

Opportunities for Global Health Initiatives in the health system action agenda

SUMMARY

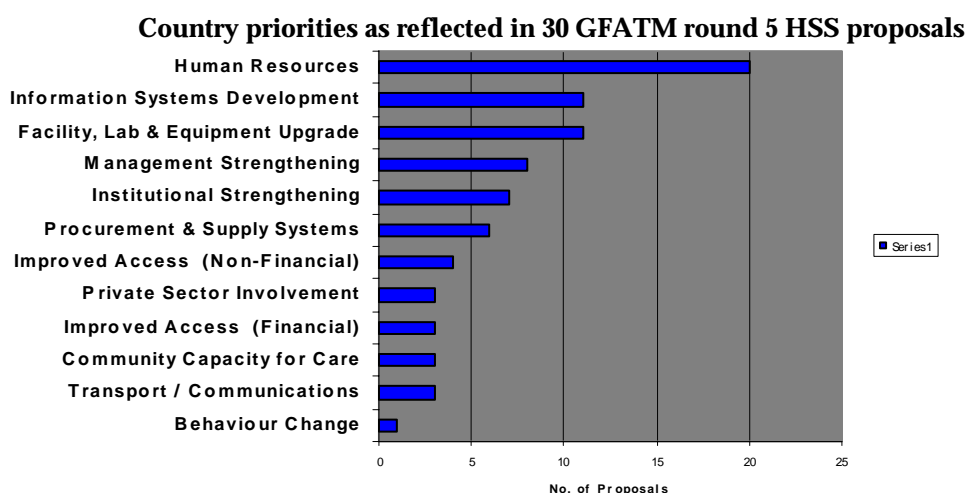
1. Global health initiatives (GHIs) are highly diverse in nature, scope and scale. Some are financing institutions eg GFATM, GAVI. Most are partnerships for specific conditions which focus on advocacy, coordination, resource mobilization and technical support. This paper is prepared for the GAVI Board, but has relevance to other GHIs.
2. There is currently much debate about the role GHIs should and should not play in strengthening health systems. The debate has gained momentum for several reasons. There is increasing realization that without more support to help countries build health system capacity, the resources mobilised by GHIs are unlikely to reach their full potential. And unprecedented levels of external funding for health allows GHIs and others working to improve health in low income countries to think differently about what they do.
3. In reality, GHIs already invest in health systems through the policies and activities they support. The question is therefore not whether GHIs invest, **but in what they invest and how**, given other actors, and their own mandates and ways of working.
4. There are six conditions that would make it easier for GHIs to invest in health systems beyond the specific programmes and goals they were created to address: greater **clarity** on what is meant by health system strengthening; **confidence** that returns from investment are possible; greater **consensus** on what to fund; definition of areas of **comparative advantage** of GHIs vis à vis other agencies; **convincing metrics** for tracking changes in health systems performance, and mutually acceptable ways (to countries and to GHIs) for GHIs to **channel funds**.
5. Health system strengthening means improving capacity in critical components of health systems, in order to get more equitable and **sustained improvement across health services** and outcomes. The **six components** are: policy; financing; human resources; supply systems; service management and information & monitoring systems.
6. By greater application of current knowledge, much can be done to strengthen health systems in a medium timeframe.
7. For each of the six components of health systems, there are opportunities, roles and responsibilities for GHIs, and some emerging platforms for more concerted action in countries. GHIs can invest in health system strengthening in **four ways**: through direct funding; by participation in critical policy dialogue in countries; by more informed advocacy on health systems by GHIs to their partners, and by finding ways to align better with national policies and systems, as set out in the Paris Declaration on Aid Effectiveness(1).
8. Limited evidence of 'what works' is not an acceptable reason for inaction. It does mean that investments must be accompanied by two things: careful monitoring of trends and effects to allow course corrections by countries as needed, and a much greater effort to evaluate and share lessons within and across countries.
9. Practical **metrics for tracking health system performance** are required for management and for accountability. More work is needed, and GHIs must be active partners in this.
10. Engaging in health system strengthening has implications for the ways GHIs work with others, and for internal policies and processes, to ensure investments avoid increased fragmentation and lead to sustained improvements in health services and outcomes.

Section 1

Why it is in everyone's interest for GHIs to invest in health system strengthening

There is currently much debate about the role global health initiatives and partnerships (GHIs)(2) should and should not play to support countries' efforts to strengthen their health systems. GHIs are highly diverse in nature, scope and scale. Some are financing institutions eg GFATM, GAVI. Most are partnerships for specific conditions which focus on advocacy, coordination, resource mobilization and technical support. The debate about their role has gathered momentum for several reasons. Many of the GHIs which emerged to accelerate scale up to meet the health MDGs in poor countries are now thinking how to sustain results. Their achievements include a greater profile for their health priorities; innovative, faster, sometimes more inclusive ways of working, and an emphasis on accountability for results. However, in some countries GHIs have encountered problems with slow disbursement or implementation due to weak health systems. In some, GHIs have served to reveal, and sometimes unintentionally exacerbate, weaknesses in already fragile health systems. All this suggests that without more support to help build health system capacity, the resources mobilised by GHIs are unlikely to reach their full potential(3). The debate is also fuelled by new opportunities. Unprecedented levels of external funds are available for health in poor countries(4), and the prospect of countries being able to finance a basic package of care is greater than before. Higher funding, coupled with commitments to more predictability and flexibility, provides GHIs, along with the many other actors facing the same problems in health development, with opportunities to think differently about what they should do.

There is no doubt that demand from countries for support in strengthening health systems is high. For example, 30 countries (25 from Africa) sent a health system strengthening proposal to the GFATM in round 5. The chart below provides some indication of the areas of health systems that countries perceived as most in need of investment(5;6)(7)



Given renewed awareness of the importance of health systems and demand from countries for support, questions are being asked about whether and how GHIs should respond.

1. Should GHIs invest more broadly in health systems, beyond priority interventions and programmes?
2. If so, what would make it easier for GHIs to do so?
3. How to align and coordinate with others working on health system strengthening?

Should GHIs invest more broadly in health systems? The reality is that health interventions are delivered through health systems, so efforts to scale up access to care cannot be separated from efforts to strengthen systems. Globally, around 20% of external aid for health is now through GHIs, but in the poorest countries the GHI share of total health spending can be much higher than that(8). And GHIs already spend money on, for example, human resources: 27% of all expenditures approved for

GFATM round 5 were for human resources and training(5)(9). All this means that GHIs, through the policies, programmes, projects, targets and activities they promote or fund, are already part of a national health system in a country, and affect its development and performance at all levels. The question is less whether GHIs invest, but more **in what they invest, and how**.

No-one has all the answers about how to strengthen health systems but more consistent messages are emerging on key elements of an action agenda. All would benefit from GHIs thoughtful engagement in this agenda, given their importance and experience: health workers, governments, the general public, other agencies and GHIs themselves. This paper considers opportunities for GHIs to help strengthen health systems, given their mandates and distinct ways of working. It is not about the whole health system agenda. It gives suggestions on what could be funded directly through GHIs alone or in synergy with others; contributions through more informed advocacy and shared experience; and what to avoid, to ensure GHIs 'do no harm'.

Section 2

What would make it easier for countries and for GHIs to invest?

Countries, GHIs, and other partners, are asking **what** to invest in and **how** to invest. Six conditions can be identified that - if met - would make it easier.

1. **Clarity** on what is meant by 'health system strengthening'
2. **Confidence** that health system strengthening is not a 'bottomless' pit, but involves clear strategies and actions, which get **returns from investment** within a reasonable timeframe, and support outcomes of interest.
3. Greater **consensus** on what to fund. For example, in order to improve a national health information system, or the performance of health workers.
4. Greater definition of **comparative roles** of GHIs in health system strengthening compared with other institutions such as development banks, technical agencies, bilateral donors.
5. **Convincing metrics** for tracking improvements in *health systems performance*, that can be linked to outputs and outcomes of interest.
6. Alternative ways for GHIs to **channel** funds - through pooled funding or through GHI financed HSS projects, and implications for their own policies and processes.

This paper does not provide all the answers, but it proposes ways of thinking them through.

Section 3

What is meant by health system strengthening?

Building on WHO's definition of the goals and core functions all health systems perform regardless of how they are organised(10), health system strengthening is defined as building capacity in critical components of health systems to achieve more **equitable** and **sustained improvements across** health **services** and health **outcomes**. These are

- **Policy:** defining sector strategies, clarifying roles and managing competing demands
- **Financing:** ensuring fair and sustainable financing
- **Human resources:** creating a sufficient and productive workforce
- **Supply systems:** ensuring supply, maintenance, proper use of drugs, equipment
- **Service management:** improving organization, management and quality of services
- **Information and monitoring systems**

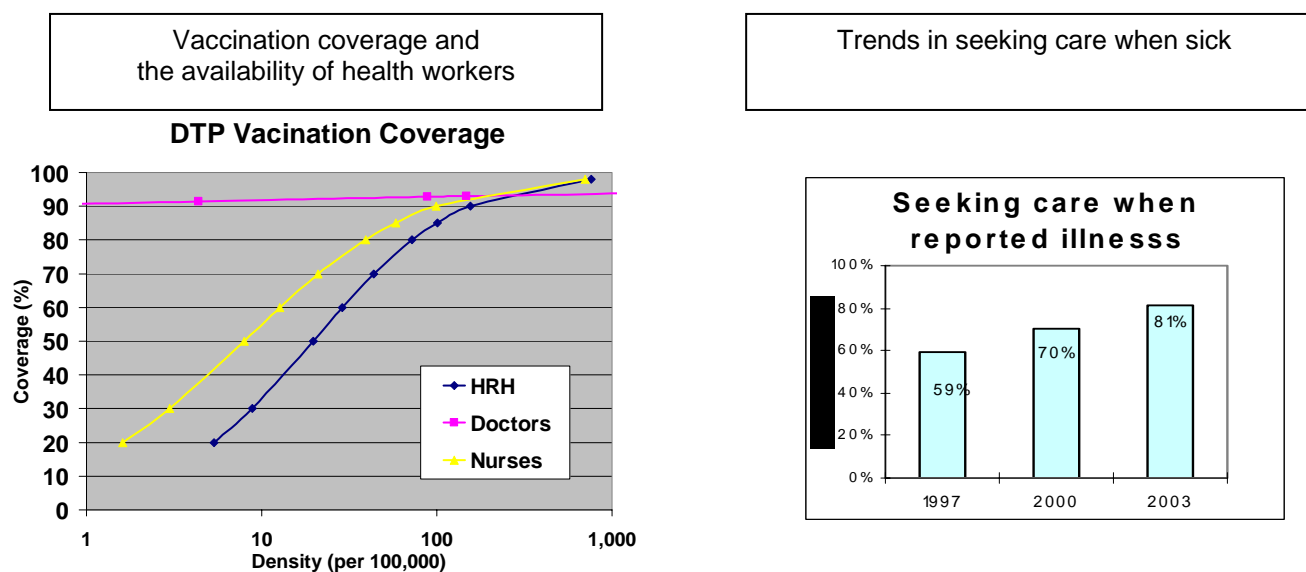
Building capacities may involve actions at **one or more levels**, from households to national and global level. It may involve changes in **skills** and knowledge; in key **support systems**, or in institutions,

structures and policies. It almost always involves many different actors. Creating a strong sense of in-country ownership is a key element of capacity building.

Section 4

What returns from investment can be expected?

There are often questions about *whether* and *when* returns from investment might be seen. The difficulty of showing causal links between changes in policies and institutions and changes in outputs and outcomes are well recognised but examples of plausible associations exist, and two are given here. The left diagram(11) shows a clear association between health worker availability and immunization coverage. The right diagram shows how health financing policy changes in one country (which included the abolition of user fees) contributed to a significant rise in people seeking care when sick(12).



Investors must be realistic about the time needed for some of the more 'upstream' actions to bear fruit. However, many examples do exist of well conceived system interventions having demonstrable results in a short to medium (2 - 5 year) timeframe. The right diagram shows one example. There are also changes for which a longer horizon is essential but for which actions may need to be initiated now. More examples are given in section 5.

Section 5

What actions are needed, and where can GHIs specifically add value?

As mentioned, increasingly consistent messages are emerging on the key political and technical elements of a health system action agenda. Clearly, specific actions will vary by country, and all efforts must recognize that ultimately different health interventions are delivered by the same - often limited - group of health workers and facilities. What do GHIs have to offer? What should they NOT do? A recent paper (3) argues that, as well as new resources, scaling up also requires greater *alignment* with national policies and systems. To do this, GHIs have to have something they can have confidence in *aligning with*. This section summarises challenges and directions to improve performance in each of the six key components of health systems, and gives examples of opportunities and possible actions by GHIs and their 'sister' national programmes. Given the imperative for action despite limited evidence, and the fact that the same actions can have different effects in different places, a key message common to all components is that investments must be

accompanied by two things: careful monitoring of trends and effects to allow adjustments as needed, and a much greater effort to evaluate and share lessons within and across countries and GHIs.

A. Policy

Defining overall sector strategies, clarifying roles and managing competing demand

Key challenges, opportunities, directions for action

Governments are expected to provide both public and private health system actors with overall policy direction; to create conditions that allow them to do their jobs; to ensure oversight across the whole system with particular attention to equity concerns, and to reconcile competing views and demands for resources from a wide range of groups including the general public. GHIs have helped foster links with a wider range of stakeholders including private providers and communities. This is a positive development but it has - together with the growing share of external funds being channelled through GHIs - highlighted the need to improve national capacity to oversee a wide range of stakeholders in health. One way to tackle this is to have a sector strategy that defines national goals, priorities and the roles of different partners in health development. The absence of or limitations in national sector strategies is cited as a key barrier to alignment by many GHIs.

Examples of ways in which GHIs can contribute, and what they should avoid

Main message: GHIs have a key strategic role, to be part of national policy dialogue and find ways to inform and fit with overall sector strategies and plans.

GHIs can contribute through investing in

- Active participation in the development of sector strategies, plans, medium term expenditure frameworks and PRSP's, to ensure they reflect major health priorities; clarify roles of different partners, and maximise the extent to which specific technical strategies and plans benefit from and fit with national plans.
- Ensuring GHI's own funds support areas within national plans in which they have a comparative strength and can be of benefit to all programmes and services. An example for GAVI could be to support improved facility waste management in general.
- Efforts to share lessons in improving, for example, planning capacity; managing multiple constituencies, working with communities, innovative approaches to oversight of state and non-state providers(13)(14).
- Helping keep a focus on equity: eg GAVI's reporting on immunizations by district

GHIs should avoid

- To the extent possible, supporting national technical strategies and implementation plans developed in isolation from overall sector strategy
- Unintended transaction costs through, for example, unsynchronised planning cycles

B Financing

Ensuring fair and sustainable financing

Key challenges, opportunities, directions for action

Successful scale up requires lowering financial barriers to access, plus strategies for financial sustainability and sound financial management. 180 million people suffer financial catastrophe each year because of the costs of health care. The root cause of this is out of pocket payments - which may be incurred even for services that are officially free. Most efforts of GHIs focus on ensuring free access to treatment for a specific priority. Many are thinking how to assure financial sustainability. The inevitable result if these efforts continue separately will be a series of parallel approaches in a country

that are unmanageable, wasteful and inequitable. With more funds for health becoming available, there is a real opportunity to take a more coherent and longer term view. There are steps that can be taken now to help countries begin to develop fairer and more sustainable health financing systems, which will benefit all. Current thinking is summarised in a draft 'core technical framework' for health financing(15). Equally important and with earlier benefits is the role GHIs can play in helping to strengthen weak financial management systems in countries.

Examples of ways in which GHIs can contribute, and what they should avoid

Main message: There is a strategic role for GHIs in national financing policy dialogue; and an active role to play in improving financial management, and in channelling funds through new national financing institutions designed to promote sustainable financing.

GHIs can contribute through investing in

- Being part of national efforts to develop more consistent financing policy, and collective strategies for greater financial sustainability; international dialogue to mobilise more stable funds
- Ways to channel more funds through emerging national 'pooling' institutions, as seems likely to happen in Rwanda, with GFATM support
- Improving local financial management capacity, in ways that dovetail with national financial management systems where needed
- Better information on health spending; costs; resource gaps; efficiency; effects of spending on the vulnerable; reducing out of pocket spending in low income countries

GHIs should avoid investing in

- Developing separate pricing structures or financing systems for the services which they support.

C Human resources

Creating a sufficient, fairly distributed and productive workforce

Key challenges, opportunities, directions for action

One of biggest constraints to scale up in Africa is the shortage of health workers, where more than 60% of the population lives in areas with less than 5 nurses or midwives / 10,000 people(16). ref HIVAIDS has compounded this crisis as workload and illness among existing staff have risen. Losses due to migration make the problem worse. And there are difficulties in maintaining balance across health services as well-funded programmes risk diverting staff from other health priorities. GHIs can support the political and technical actions needed for a more substantial and balanced response with early and longer-term benefits. Country activities to 'train, retain and sustain' national workforces are increasing, but more concerted action by external agencies is needed. The emerging Global Health Workforce Alliance is an opportunity to promote greater consensus, coherent support and visibility for critical health workforce development issues(17). The World Health Report 2006(18) will summarise the most up to date thinking on which strategies seem to work and which do not, in low income countries.

Examples of ways in which GHIs can contribute, and what they should avoid

Main message: GHIs are a critical part of a well-balanced approach to health workforce development. It is an area where a reappraisal of current investment patterns could lead to greater returns on investment, short and longer term.

GHIs can contribute through investing in

- Development of clear salary, workplace safety and staff incentive policies that GHIs can then align with and allow their funds to be used to support; more coordinated in-service training; better personnel management
- Efforts by the public sector to work more effectively with private providers
- Developing more comprehensive national HRH strategies to combat priority health problems, within the context of the overall health strategy. Where such strategies exist, align GHI activities with them - Malawi is an example where this is happening.
- Engage with the emerging *Global Health Workforce Alliance* and associated regional initiatives, to strengthen technical cooperation, and to strategically address fiscal and migration issues.

Avoid investing in

- Isolated programme- specific solutions for increasing emergency or longer-term staff numbers, without considering implications for other programmes
- Projects that focus on single solutions such as on-the-job training without considering how other HRH needs eg basic training curricula are being addressed.

D Supply systems

Supply, maintenance and proper use of drugs, equipment, infrastructure

Main message: Opportunity for investment by GHIs in areas of comparative strength, in ways that have benefits across other programmes.

Key challenges, opportunities, directions

Health workers can only perform well if other key resources - medicines(19), supplies, equipment and the premises they work from are available, functional and safe. Yet many health facilities experience drug stock outs; poorly maintained equipment and lack of safe water, waste disposal and electricity. A major share of GHI spending goes towards the procurement of pharmaceuticals, vaccines and other commodities. A number of reports suggest that there have been missed opportunities by GHIs in some countries to help strengthen existing procurement, distribution and maintenance systems in countries, as these have been bypassed in the interests of rapid scale up(8;20;21). This is an area where different GHIs will have different strengths, and where some relatively small shifts in investment could result in benefits across all local programmes and services.

GHIs can contribute through investing in

- National procurement, distribution and stock management systems where possible. To illustrate, GAVI has particular experience in cold chain management. At facility level, GAVI could support improvements to the entire cold chain. It could allow the purchase of solar panels big enough to support all electricity needs, not just those for immunization. This could not just give all programmes access to properly working fridges, but also lighting to the labour ward. Waste disposal would be another example.

What should GHIs avoid

- Failing to engage in efforts to improve national procurement / distribution systems in those situations where parallel systems may be needed temporarily to avoid stock-outs.

E Service management

Improving the organization, management and quality of services

Key challenges, opportunities, directions

The rapid expansion of services puts major strains on all types of managers. District and programme managers have more funds to manage, and more providers to deal with, as private, voluntary and community providers also begin to receive funds. The paradox is that trained managers are in scarce supply, but are being expected to do many things: ensure access to basic services; get a wide range of providers to work together; ensure quality, and find ways to ensure national priorities are observed. In some countries managers are caught in between increasing decentralization of responsibility for services and the multiple, often centralized procedures of external funding agencies. Inadequate funding of management capacity to execute and oversee scaled up programmes is a real threat to countries' ability to meet performance targets(3). A second challenge to scale up is the dearth of successful examples of how to 'go national' from effective small-scale expansions in service delivery.

Examples of ways in which GHIs can contribute, and what they should avoid

Main messages: There are many investment opportunities for GHIs, but with some reappraisal of ways of working.

GHIs can contribute through investing in

- More evaluations of efforts to 'go to scale', as well as experimentation in approaches, and peer-learning across GHIs and others, of ways external players can operate effectively within decentralized health systems
- Simple approaches to build local management capacity that have a proven track record of some early results, in low resource settings(22)
- Resources for the longer haul to tackle some of the 'slower but still essential' changes often needed to sustain results, such as different procedures, systems, basic training
- Joint efforts to build competencies that are common to all managers, and take account of any national efforts; focus on workforce and financial management in particular

Avoid investing in

- More training, and training materials and tools without careful consideration of what is already available within country or from other agencies

F Information and monitoring systems

Key challenges, opportunities, directions

Many existing information systems are fragmented and functioning poorly. Countries with the highest disease burden tend to have the weakest health data, and least capacity to combine reliable data on money and staff with service coverage and outcomes. Yet there is increased demand for such performance data by GHIs and other agencies. Their demands for accountability are over-riding countries' own needs to collect and use information for resource allocation, programme management and improvement, and creating more duplication. For example, in some countries district managers are currently spending up to a third of their time writing reports, many of which overlap. The new global Health Metrics Network (HMN) partnership(23) provides a vehicle for joint action by external agencies to help strengthen and reform country health information systems, and strengthen the use of information. It has recently approved proposals from 41 countries to develop a coherent approach to national health information system development.

Examples of ways in which GHIs can contribute, and what they should avoid

Main messages: Given the results focus of GHIs, there is a great opportunity to help accelerate development and alignment with comprehensive country information strategies.

GHIs can contribute through investing in

- Use of the Health Metrics Network framework, processes and tools to build health information system strengthening more routinely into GHI work.
- Comprehensive medium-term national action plans that are agreed with all partners including GHIs such as GAVI, along the lines of the HMN framework.
- Aligning monitoring requirements with overall poverty and health monitoring master plans in the country
- Generation and greater use of information at district and facility levels, using simple, validated tools proven to be 'fit for purpose'
- Studies and evaluations which cut across programmes and services and improve understanding of 'what works, where and why'

Avoid where possible

- Single disease / single programme data collection efforts to fulfil international accountability needs
- Demand for data and statistics outside national plans
- Creation of more indicators
- Demand for very frequent reporting

In summary, health system strengthening can be supported by GHIs in four ways: through direct funding of activities; by more participation in critical policy dialogue in countries (which may also need resources); by more informed advocacy by GHIs on health systems to their partners, and by 'doing no harm' - by finding ways to align better with national policies and systems, as set out in the Paris Declaration on Aid Effectiveness(1). A GHI's engagement in specific activities to strengthen different components of health systems is likely to be influenced by: the type of action required; the level at which action is needed; whether it has a 'comparative strength' in that area, and the timeframe for results.

Section 6

Metrics for tracking progress in health system performance

Being able to tell whether or not health systems are improving is critical for three reasons:

- Day to day management and more strategic decisions
- Accountability
- Improving the knowledge base

Decision makers need to be alerted to problems sufficiently early on so that they can make timely course corrections in policies and strategies. And governments need to be able to demonstrate to their own general public and external donors that investments are not being wasted, and that progress is being made - as equitably as possible. A key question needs to be 'are changes in the health system helping front-line workers deliver more and better care'?

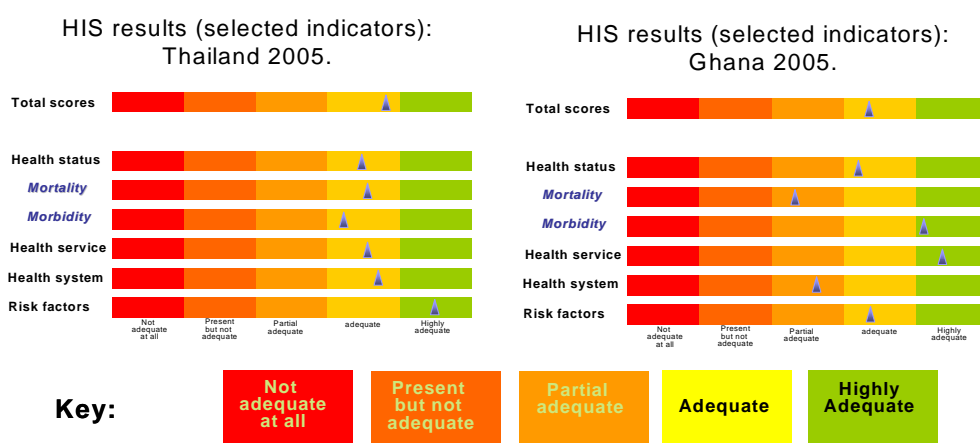
Many countries with SWAps already report annually to partners on overall health sector performance using a small set of indicators. There has also been much work internationally to develop more systematic ways to measure and improve data on trends in health system inputs, outputs, outcomes and efficiency of health systems. More work is now being done to develop practical ways to track changes in the performance of the different components of health systems on a regular basis - at **national** and at **sub-national** level.

A core set of health system metrics for these different components is under development by WHO with others. The table shows the work's current status.

	Core	Additional	Under development
Policy			CPIA
Financing	Total health spending/capita	% pop. with catastrophic expenditures	
Human resources	Health workers/1000 (by category)	Nurse/physician ratios Expenditures on HRH	Annual losses of health workers, by cause
Supply systems	Stock outs		
Service provision	Measures of personal and population based services		% districts with essential services
Health information system (HIS)	% total deaths recorded and used for vital statistics	Availability of key health indicators at natl / district level	Index of HIS functioning

In addition, to take appropriate action, decision makers need to know where the strengths and weaknesses lie *within* different components of health systems. More effort is needed to develop practical ways of doing this. To illustrate with one example, a simple tool for assessing inputs, processes, functioning and results for health information systems has been developed by the Health Metrics Network. The diagram below (24) gives a snapshot of the strengths and weaknesses of two health information systems using this tool. Such an assessment could be repeated at regular intervals to track changes.

Health information system performance



More work is needed for all components. Countries and international health agencies including GHIs are essential partners in this exercise.

Section 7

Implications for GHI policies and processes

Section 5 suggested several ways in which GHIs can support health system strengthening more explicitly. The main focus of this section is on the implications of direct investment. Having made the decision to invest differently from current practice, there are two sets of implications to work through:

- How to ensure synergy and complementarity with other actors
- How to allocate funds

Ensuring synergy with other actors, at country and global level

GHIs are one group among many that influence health system development in countries. Other external agencies include the development banks, bilaterals and multilaterals (especially UN technical agencies). The worst scenario would be one in which individual GHIs fund separate health system programmes, leading to more of the duplication and fragmentation that already cause difficulty. The need for synergy is not unique to health systems support (specific diseases also get support from multiple sources) but it is critical.

The best way to promote synergy between external partners is at country level - by aligning with countries' own plans and rules of engagement with partners. Where credible plans exist with agreed procedures for accountability and indicators for tracking progress, it should be the exception rather than the rule to operate outside them. Where there is no such agreement, any support still need to take account of activities of other players.

A second approach could be to agree clear 'divisions of labour' in terms of scope of activity between agencies, but this is harder to do than one might think. The rising numbers of players make it ever harder to have watertight rules about divisions of labour, applicable in all situations. In practice the roles of external partners vary between countries, and are eventually decided by a combination of mandate, presence, and locally perceived strength. A broad policy statement on scope of activity could be developed by the GHI concerned, but be considered as guidance to recipients.

A third route is through greater interaction at global level between GHIs and others active in health system strengthening. Ways to do this that are being considered range from an informal but regular forum for all parties(3) to more formal partnership agreements..

How to allocate funds

Once a GHI decides to support investments in health system strengthening that underpin specific health priorities, projects or programmes, questions arise about internal policies and procedures, especially in relation to fund allocation. There are many ways to secure and allocate funds but each GHI has its own established systems and procedures and pragmatism is needed. Both GAVI and the Global Fund have some relevant experience.

The following questions are asked, by Boards and Secretariats. How much do existing instruments need to change? Are new instruments needed for new investments - for example, levying a tax on total funds granted? What guidance is needed for countries asking for funds? How to appraise requests for funds? How to allocate funds (by earmarking within the programme budget; by supporting proposals in discrete systems areas; by supporting overall sector strategies)? Who should manage the funds at country level? What changes to technical support are needed?

Some adaptation of existing instruments is almost certainly needed, and different funding instruments will be appropriate to different settings. The paper by the HSS reference group considers the questions posed above in more detail, for discussion by the GAVI Board(25).

In general, large or elaborate changes in a GHI's rules and procedures are probably impractical and so should be avoided. What might be the minimum needed in order to 'get started'? We suggest that this could be a set of **clear policy messages** to country programme managers, coupled with a **continuing appraisal** of the costs and benefits for countries and GHI secretariats resulting from any changes. The messages to be communicated include:

- At the point of delivery different health interventions are delivered by the same health workers working from the same facilities
- Activities that have benefits across programmes e.g. for all child health services not just EPI, should be able to receive support
- Country plans should show how proposed investments will capitalise on a GHIs comparative strengths, and how they will have benefits for other programmes.
- Even if funds are still *managed* by a specific programme manager, *allocations* need to be done according to an agreed plan that takes account of investments from other programmes.
- To strengthen health systems, actions can be required at several levels of the system, but the more inclusive approach to planning and resource allocation proposed above may initially be most easily done on a district basis, near the point of service delivery.

Technical support

Technical support capacity for different areas of health systems strengthening is currently limited and fragmented. Yet coordinated technical support is a key determinant to its success(26). And more support is needed for actual implementation(8). Efforts to improve the situation need to address the demand, supply and funding of technical support, with a key principle being that it should be demand i.e. country - driven(26). On the response side, regional and global co-operation is needed. Emerging responses include the development of an Africa HRH initiative, and the plan for an African Observatory on HRH(17). The Health Metrics Network is a vehicle for more co-operation in information system support. A forthcoming conference on health financing will discuss how to improve support to countries in this area. GHIs could help further develop and then use these networks.

Tracking progress in the ways GHIs support national efforts

Section 6 discussed ways to track improvements in country health system performance. The recent High Level Forum paper(3) presented a framework for accountability for global health partnerships themselves, based on a draft set of best practice principles for their harmonization with other agencies and alignment with country health systems (annex1). The paper suggests this could be used as the basis for self-assessments of individual GHI practice.

Conclusion

Without more support to countries to build health system capacity, the resources mobilised by GHIs are unlikely to reach their full potential. With current knowledge, much can be done. GHIs are clearly only part of any response, but they have a potentially important role to play in strengthening capacity in each of the six critical components of health systems outlined here, in concert with other actors.

Annex 1: taken from the High Level Forum paper, 2005(3)

Draft Best Practice Principles for Engagement of Global Health Partnerships at Country Level

Global Health Partnerships (GHPs) commit themselves to the following best practice principles:

OWNERSHIP	
1	To respect partner country leadership and help strengthen their capacity to exercise it. GHPs will contribute, as relevant, with donor partners to supporting countries fulfill their commitment to develop and implement national development strategies through broad consultative processes; translate these strategies into prioritised results-oriented operational programmes as expressed in medium-term expenditure frameworks and annual budgets; and take the lead in coordinating aid at all levels in conjunction with other development resources in dialogue with donors and encouraging the participation of civil society and the private sector.
ALIGNMENT	
2	To base their support on partner countries' national development and health sector strategies and plans, institutions and procedures. Where these strategies do not adequately reflect pressing health priorities, to work with all partners to ensure their inclusion.
3	To progressively shift from project to programme financing.
4	To use country systems to the maximum extent possible. Where use of country systems is not feasible, to establish safeguards and measures in ways that strengthen rather than undermine country systems and procedures. <i>Country systems in this context would include mechanisms such as sector-wide approaches, and national planning, budgeting, procurement and monitoring and evaluation systems.</i>
5	To avoid, to the maximum extent possible, creating dedicated structures for day-to-day management and implementation of GHP projects and programmes (<i>eg Project Management Units</i>)
6	To align analytic, technical and financial support with partners' capacity development objectives and strategies; make effective use of existing capacities; and harmonise support for capacity development accordingly.
7	To provide reliable indicative commitments of funding support over a multi-year framework and disburse funding in a timely and predictable fashion according to agreed schedules.
8	To rely to the maximum extent possible on transparent partner government budget and accounting mechanisms.
9	To progressively rely on country systems for procurement when the country has implemented mutually agreed standards and processes; and to adopt harmonized approaches when national systems do not meet agreed levels of performance. To ensure that donations of pharmaceutical products are fully in line with WHO Guidelines for Drug Donations.
HARMONISATION	
10	To implement, where feasible, simplified and common arrangements at country level for planning, funding, disbursement, monitoring, evaluating and reporting to government on GHP activities and resource flows.
11	To work together with other GHPs and donor agencies in the health sector to reduce the number of separate, duplicative missions to the field and diagnostic reviews assessing country systems and procedures. To encourage shared analytical work, technical support and lessons learned; and to promote joint training, (eg common induction of new Board members).
12	To adopt harmonized performance assessment frameworks for country systems.
13	To collaborate at global level with other GHPs, donors and country representatives to develop and implement collective approaches to cross-cutting challenges, particularly in relation to strengthening health systems including human resource management.
MANAGING FOR RESULTS	
14	To link country programming and resources to results and align them with effective country performance assessment frameworks, refraining from requesting the introduction of performance indicators that are not consistent with partners' national development strategies.
15	To work with countries to rely, as far as possible, on countries' results-oriented reporting and monitoring frameworks.
16	To work with countries in a participatory way to strengthen country capacities and demand for results-based management, including joint problem-solving and innovation, based on monitoring and evaluation.
ACCOUNTABILITY	
17	To ensure timely, clear and comprehensive information on GHP assistance, processes, and decisions (especially decisions on unsuccessful applications) to partner countries requiring GHP support.

Reference List

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