

Findings of the Academic Consortium

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The Question

How do we maximize positive synergies?

What does 'maximizing positive synergies' actually mean?

How can global health initiatives and national health systems optimize their interactions to capitalize on positive synergies and minimize negative impacts, thereby achieving their common goal of improving health outcomes?

How can we use additional, disease- or intervention-specific funding to simultaneously strengthen health systems, optimize health outcomes, and improve equity?

WHO Positive Synergies Initiative



- WHO-led initiative for G8 Summit, Italy 2009
- 3 consortia:
 - Academic
 - Civil society
 - Implementers
- Fifteen academic partners from Africa, Asia, Europe, and the U.S.

Academic Consortium

Agence Nationale de Recherche sur le Sida (ANRS)
Center for Global Development
Dakar University Teaching Hospital
George Washington University
Harvard University
Heartfile, Pakistan
Imperial College, London
Institute of Tropical Medicine, Antwerp
Kenyatta University
Public Health Foundation of India
Royal College of Surgeons, Ireland
The AIDS Support Organization (TASO)
University of Buéa
University of Pretoria
University of the Western Cape

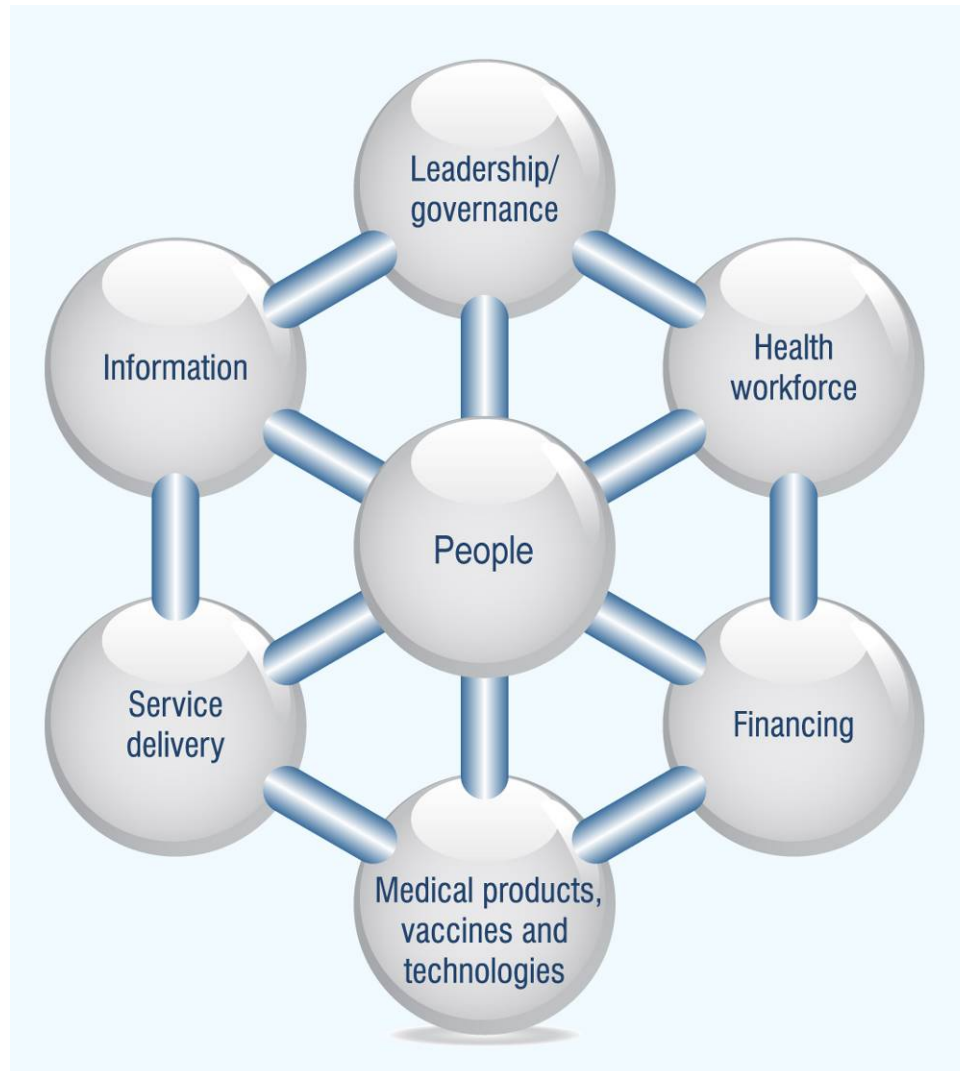
Academic Consortium

Timeline

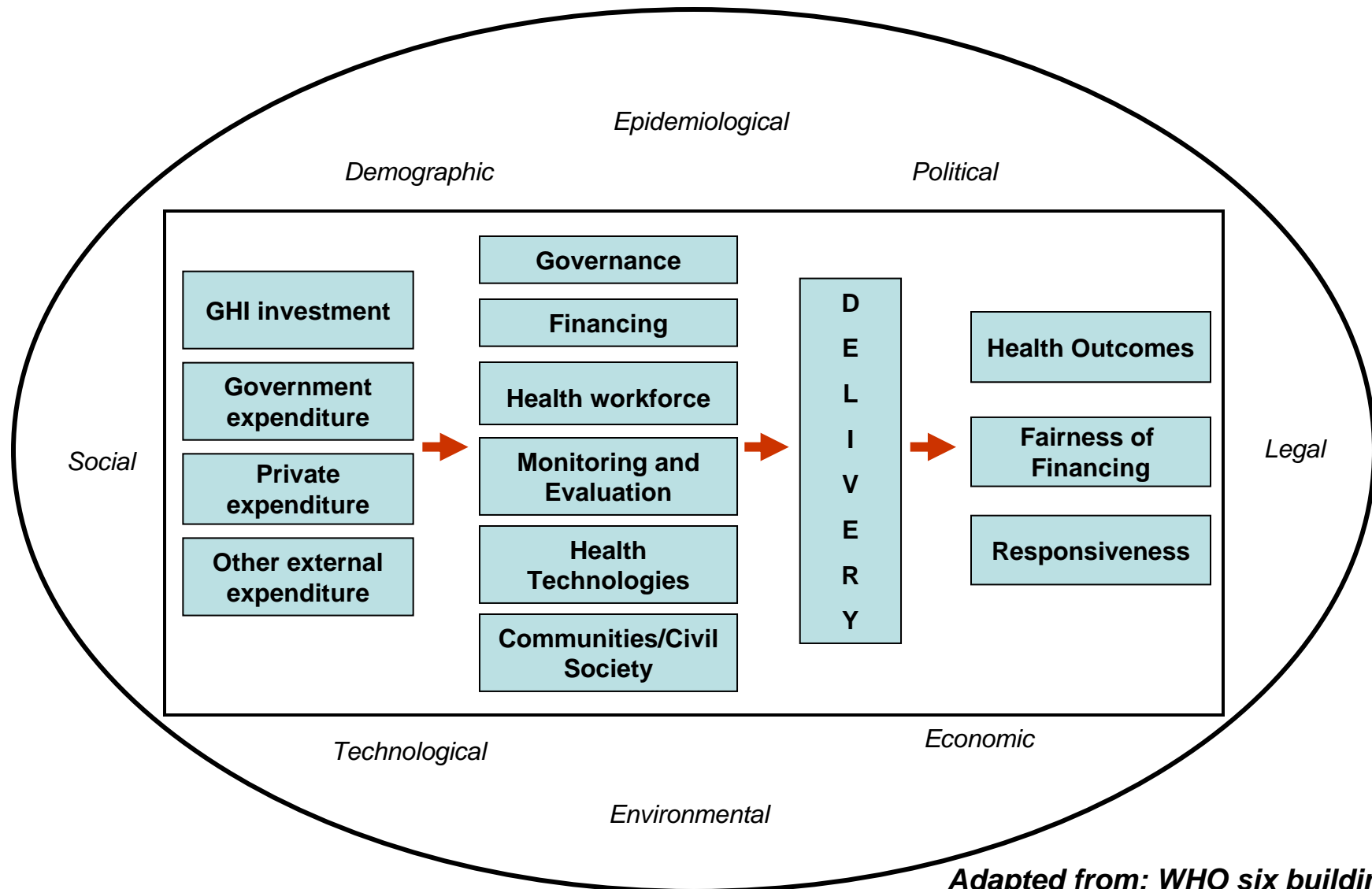
May 29-30: First Consultation, Geneva	August 5: Second Consultation, Mexico City	Oct 2-3: Third Consultation, Geneva	Nov - Feb Primary Data Collection	Mar 26-27: Fourth Consultation, Geneva	April 23-24: Implementers Consortium Mtg, Thailand
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WHO Health Systems Building Blocks

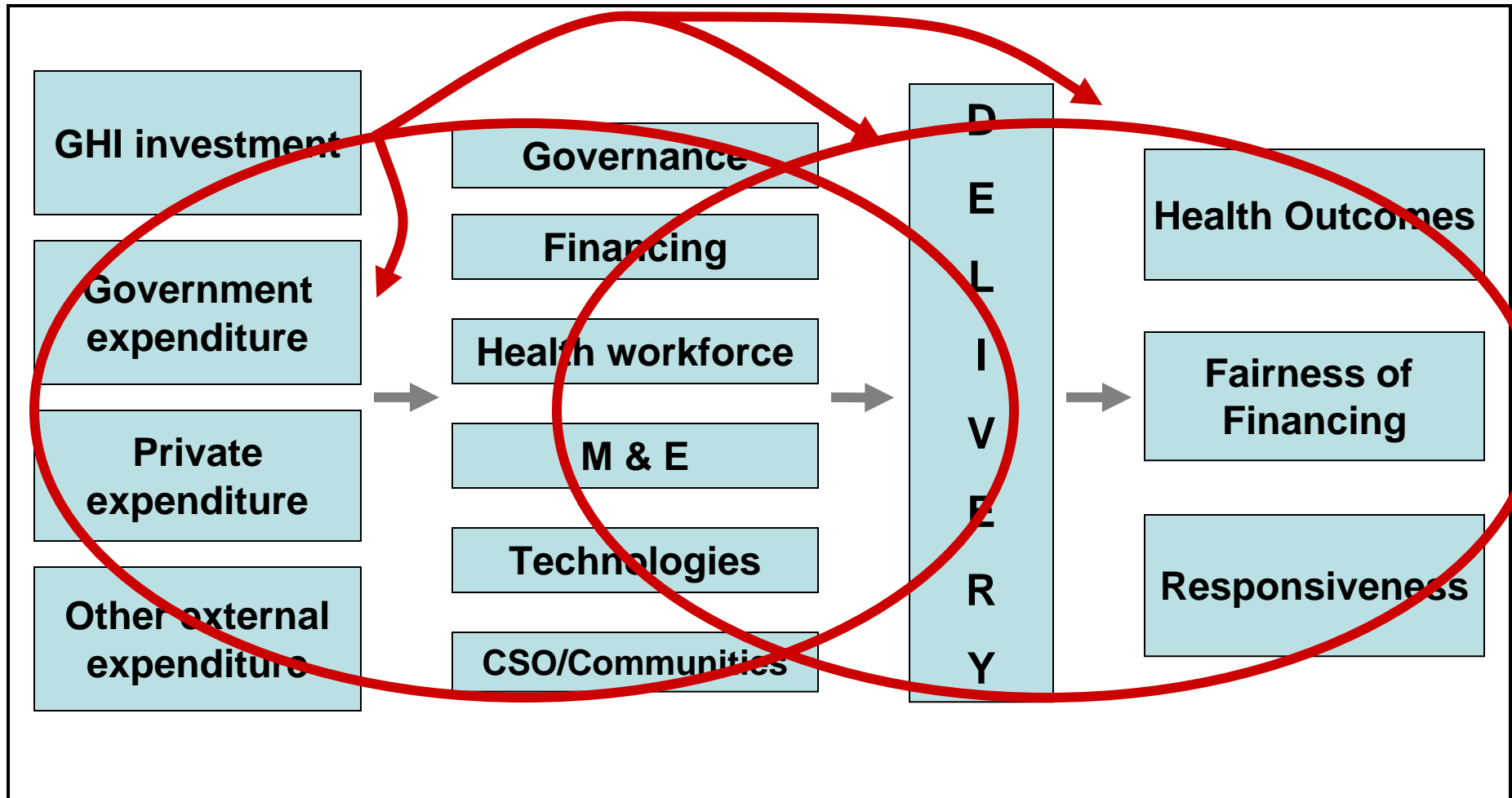


Conceptual Framework



Adapted from: WHO six building blocks and RA Atun et al, 2006

Pathways to Impact



Types of Analysis

- Systematic literature review
- Cross-country quantitative analysis
- Mixed-method country case studies and facility-level studies
- Cross-cutting comparative analyses of country studies
- Multi-country studies and policy analysis

WHO Positive Synergies

Research Questions

How do GHI-funded programmes interact with health systems in varied country contexts?



WHO Positive Synergies

Methods

- Qualitative and quantitative case studies
- Key informants:

<u>Institutions</u>
National AIDS Control Council
WHO
PEPFAR
Global Fund for AIDS, Malaria, and Tuberculosis
USAID
CDC
UNAIDS
AAR Private Healthcare
National Newspaper
Ministry of Health
Treasury Department
Family Health International
Aidspan GFATM watchdog
Ministry of Public Health and Sanitation
AIDS NGO Consortium



WHO Positive Synergies

Research Questions

How do different health system designs and specific implementation strategies influence the coverage of targeted and non-targeted interventions?



WHO Positive Synergies

Methods

Facility Assessment Tool



Prior to GHI_date:

PLEASE FILL OUT THE FOLLOWING TABLE FOR PAID HEALTHCARE WORKERS IN THE PERIOD BEFORE THE GLOBAL HEALTH INITIATIVE BEGAN. WHEN EXACT NUMBERS ARE UNKNOWN PLEASE ESTIMATE.

HUMAN RESOURCES on site (salaried/wages only – not volunteers)	Total Number	Estimated Full time equivalent for GHI in question	Full time equivalent total	Comment
Surgeon/Obstetrician				
Medical Doctor (specialist)				
Medical Doctor (non-specialist/primary care)				
Non-doctor clinicians (clinical officers/physician assistant)				
Nurse (> 4 yrs training) Mid-wife/Public Health nurse etc				
Nurses (4 years)				
Nurses (3 years)				
Auxiliary nurses (≥ 1 year)				
Auxiliary nurses (≤ 1 year)				
Laboratory technicians (degree)				
Laboratory technician assistant (non-degree)				
Pharmacists (degree)				
Pharmacist assistant (non-degree)				
Counselor (degree)				
Counselor (non-degree)				
Community Health Workers (based in the community, but affiliated with health center)				
Lay providers (if not included above)*				
Other				
Other				
Other				

Currently:

PLEASE FILL OUT THE FOLLOWING TABLE FOR CURRENT PAID HEALTHCARE WORKERS. WHEN EXACT NUMBERS ARE UNKNOWN PLEASE ESTIMATE.

HUMAN RESOURCES on site (salaried/wages only – not volunteers)	Total Number	Estimated Full time equivalent for GHI in question	Full time equivalent total	Comment
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Medical Doctor (specialist)				
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Laboratory technician assistant (non-degree)				
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Pharmacist assistant (non-degree)				
Counselor (degree)				
Counselor (non-degree)				
Community Health Workers (based in the community, but affiliated with health center)				
Lay providers (if not included above)*				
Other				
Other				
Other				

*Members of the health team may not have specific training, but act as formal education for the ward

Findings

Building a strategic framework for action with mixed methods casework

**From ‘Building Blocks’
To ‘Action Areas’**

Mixed Methods Country Cases

- 20+ country sample
 - Includes Africa, Latin America, Asia, the Middle East, and Eastern Europe
 - New and in-progress research
 - Academic and Civil Society Cases
 - Varied methods mixing qualitative and quantitative
- Exploratory and Descriptive cases
- Ample country-level evidence of positive *and* negative interactions
- Building a framework for GHI/HS interaction
 - Focus on areas of ‘consistency’ across countries

Variability

- Region
- Type of country
 - Fragility of state
 - Country income level and health expenditure
 - Type of HIV epidemic (generalized vs concentrated)
- Similar countries
- Within countries
 - Urban vs Rural
 - Public vs Non-governmental

Variability

- Different GHIs in the same country
- Same GHI in different parts of a country
- Different implementing partners funded by the same GHI in a country
- ***Same GHI over time***

Consistency

- Areas of consistency between cases, where both positive and negative interactions have been observed
- These '**Action Areas**' may be most critical for *Maximizing Positive Synergies*
- At 'Action Areas' design and strategy matter most

Action Areas

1. Health Workforce
2. Care Delivery Models
3. Infrastructure
4. Procurement and Supply Chain
5. Health Care Financing
6. Stewardship, Ownership, and Participation
7. Strengthening Community Systems
8. Information Systems

1. Health Workforce

- Evidence for selective increases in staffing levels
 - But increased workload
- Issues with distribution
 - Urban/rural
 - Internal brain drain from public sector
- Training builds capacity, but focused short-term
 - Mostly in-service to fill gaps
 - Can contribute to absenteeism
 - Need for more pre-service training

1. Health Workforce

- GHIs encourage innovative HRH strategies, such as task shifting
 - Could incorporate CHWs more
- Need for credible, long-range HRH strategies at country level
- Need for improved HRH information, forecasting, and management systems

2. Models of Care

- Integration
- Decentralization
- Elimination of user fees and reduction of out-of-pocket expenditure
- Addressing social determinants of health

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- Integration
- Decentralization
- Elimination of user fees and reduction of out-of-pocket expenditure
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3. Infrastructure

- Evidence for improvements attributable to GHIs
 - Significant variability in how GHI funding is used for local implementation
 - Shaped by country demand
- Still major gaps, *particularly in rural areas*

4. Procurement and Supply Chain

- Significant gains in procurement of affordable essential commodities
 - Importance of bulk purchasing and pricing
 - Vulnerability to IP and patent regimes
- Improvements in warehousing and distribution, but stock outs still occur
- Improvements in regulatory capacity
- Limitations in evidence
 - Predominantly qualitative
 - Focused on HIV, TB, Malaria commodities

5. Health Care Financing

- Increasing magnitude of health funding
 - Increasing country health budgets
 - Increasing share of external funds
- Fiscal space
 - No consistent relationship between GHI funding and domestic health expenditure
- Variation in country level funding mechanisms
 - Some countries use basket funding
 - Trend towards national authorities
- Predictability is key

6. Stewardship, Ownership, and Participation

- Importance of country ownership and coordination
- Complex array of coordinating mechanisms with variable efficacy
- Instances of multiple coordinating bodies
- District level coordination inadequate in some places

7. Strengthening Community Systems

- GHI sub-grants strengthen community systems
 - Help to professionalize and build capacity for CSO work
 - Give greater voice to CSOs
 - Process not as beneficial to CBOs
- Civil society is diverse
 - Need for internal coordination and accountability

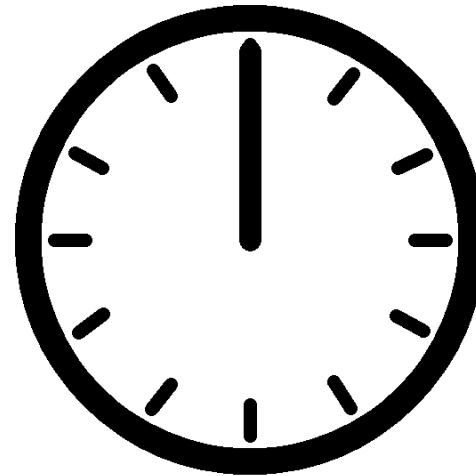
8. Health Information Systems

- General improvement in M&E capacity
- Challenges remain
 - Poor data quality, particularly at periphery
 - One-way flow of information
- Reporting requirements can introduce inefficiency
 - Duplicative requirements
 - Emphasizing quantity over quality of care
- Opportunity for knowledge sharing through communities of practice

WHO Positive Synergies

Challenges

1. Time
2. Time
3. Time
4. Qualitative methods
5. Sampling strategy
6. Attribution
7. Data Availability and Quality



Implications for Action

1. “Positive Synergies do exist”
- Eric Buch
2. Complex, highly variable, context-dependent systems
3. GHIs are learning organizations
4. To Maximize Positive Synergies...
 - Expand resources for health action
 - Focus on the Action Areas
 - Particularly Health Workforce

Implications for Research

Phase 1

- ‘Proof of Concept’
- Build a research partner consortium including academics and civil society
- Identify gaps in knowledge and data
- Build a strategic framework with exploratory and descriptive, mixed methods cases

Implications for Research

Phase 2

- Agree on common set of HSS Indicators
- Conduct large-scale, country-level quantitative health facility surveys
 - Baseline and time-series
- Test propositions with explanatory mixed methods case studies focused on Action Areas

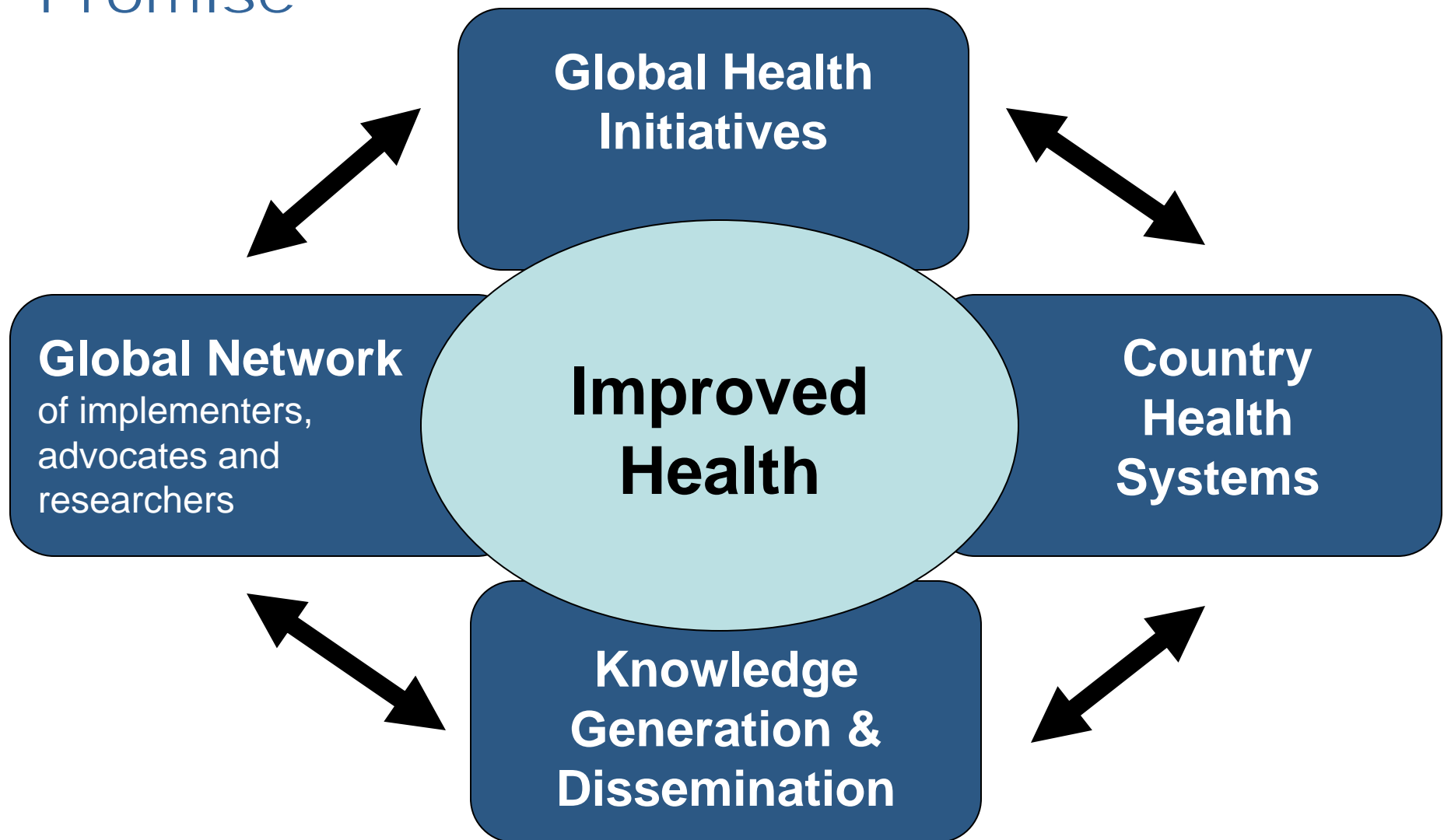
Implications for Research

Phase 3

- Prospective trials comparing different systems designs and strategies

WHO Positive Synergies

Promise



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 - Alia Khan
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It is not a case of either or: we do not have this option... it is about making sure that all available resources produce the maximum possible benefits in improving the lives & well-beings of our people.

-Dr. Carissa Etienne

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World Health Organization

Thank you