Uniting the Power of National Health Systems and Global Health Initiatives:

Initial Findings of the Maximizing Positive Synergies Academic Consortium

Julio Frenk, MD, PhD
Harvard School of Public Health

Honourable Ministers, distinguished colleagues, ladies and gentlemen,

Let me begin by thanking our hosts, the Government of Italy and the World Health Organization, for convening this group to examine one of the most significant challenges in global health and define common lines of action. These deliberations could not be timelier. As the G8 summit approaches, global health and the broader development agenda face critical choices, in particular those introduced by the present economic climate.

The policy signals that emerge from the G8 will be crucial in charting the way forward. In 2008, with Japan as host, the G8 supported important work on health systems. Now, under Italy's leadership and with WHO's support, health policy experts have taken the essential next step, launching a process of research and policy dialogue on "maximizing positive synergies," to ask how national health systems and global health initiatives can best combine their strengths to improve health. The economic crisis

has multiplied the importance and the timeliness of this effort, even beyond what could originally have been foreseen. Current challenges make even more urgent the need for evidence-based guidance, shaped through processes such as today's high-level dialogue, to inform the difficult choices that must be made by national governments and in international forums.

Today, my task is to provide a perspective on the evidence of interactions between GHIs and national health systems that has been generated by the academic researchers participating in the work on maximizing positive synergies. My remarks will comprise four main points. First, I will briefly describe the background, aims and methods of the academic consortium. Then I will summarize the key research findings. As a third step, I will briefly compare this evidence with findings from the High-level Taskforce on International Innovative Financing for Health Systems. Finally, I will make some suggestions on how the

emerging evidence on positive synergies may inform a broader agenda for global health action.

I should say at the outset that I have not been directly involved in the MPS research process, although as Dean of the institution that has provided secretariat support to the consortium, I have followed this work with keen interest. My vantage point for reflecting on the implications of this new body of research is that of an academic who has also spent time on the battlefields of policymaking and implementation.

Speaking from my own experience, I can say that the main lesson that I learned through years in the policy arena is that we must bridge the traditional divide between the “vertical” approach, focusing on specific disease priorities, and the “horizontal” approach, aimed at strengthening the overall structure and functions of the health system but often without a clear sense of priorities. Instead, we must adopt what Jaime Sepulveda has

called a “diagonal” strategy, whereby explicit intervention priorities are used to drive improvements into the health system.

A disease-specific approach that is defined by a country’s own health policymakers raises different issues for health systems strengthening than does a GHI-sponsored programme. Yet the tensions and potential synergies between vertical and horizontal action nonetheless show commonalities.

Let me say a few words about the background, structure and methods of the academic consortium. The consortium comprises some fifteen of the world’s leading universities, research institutions and networks, spanning all six of WHO’s global regions. More than 75 individual researchers have contributed to its products. The consortium has generated case study evidence from more than 20 countries.

Methodologically, the MPS project has helped to advance a broader movement that is expanding the tools available for health systems analysis. The approach builds richly layered case studies

on specific health systems challenges by combining quantitative and qualitative methods at country, district and/or local facility level. The resulting data provide a multidimensional picture of how disease-specific programmes and broader health systems structures are interacting.

The findings of the academic consortium are best viewed as an important first step in an ongoing process to understand how to optimize GHI and health system interactions. The case study findings are preliminary and cross-country analyses will be deepened and systematized in the next phase of research. In our limited time this morning, I can provide at best a very general overview of the research findings. For a more comprehensive presentation, I refer you to the compendium of draft country case studies that WHO has produced for this meeting.

While it would be premature to distil final synthetic conclusions from this body of data, I believe the emerging picture is clear enough that we can draw some “top-line” lessons – and

dispel a number of misconceptions and received ideas. The main messages can be summarized in three headlines:

1. **Broadly positive impacts**;
2. **Variability**; and
3. **Opportunity**

The individual country case studies organize their findings according to WHO's health system "building blocks." Our three headlines provide a convenient way to condense the learning and gaps in knowledge from across the building block categories.

On the first point, **broadly positive impacts**, country-level findings from the academic consortium suggest that, while GHI impacts on health systems have been mixed, on balance, these effects have been positive. These findings tend to refute the claim that substantial resources channelled through disease-specific programmes are inherently corrosive to national health systems. They suggest clear instances where better strategies at the community, facility, national and international level could make

more optimal use of these funds, but provide little evidence of GHI involvement actually weakening health systems. On the contrary, these studies bring compelling evidence that synergistic effects are occurring between GHI-supported programmes and health systems in a wide range of countries and across a spectrum of health systems components.

These positive effects may be most clear-cut in the area of service delivery for key interventions targeted by GHIs, in particular antiretroviral therapy. However, the overall picture of mixed but broadly beneficial effects holds across the other health system building blocks. GHI-influenced improvements have been made in health infrastructure, information systems, and supply chain. Advances have also been made in the financing of health services, for example the use of Global Fund money in Rwanda to support the national health insurance programme, the Mutuelles de Sante. The GHIs have ushered in unprecedented involvement of communities and civil society. In all of these areas more focus

is needed to ensure greater coordination between stakeholders, avoid duplication, and ensure alignment with country priorities. Nonetheless, clear progress has been made.

Here, however, our second headline, **variability**, comes strongly into play. Beneficial effects of GHIs on national systems are not uniform. Reviewing results from the 21 case studies reveals wide variation in the nature and impact of interactions between GHIs and health systems. Variations are seen across countries; among GHIs working in the same country; and among different implementing partners funded by the same GHI in a given country.

Some of the MPS case studies also confirm findings from previous research suggesting substantial variation in procedures and results for the same GHI over time. Indeed, one of the broad lessons of the this research is that GHIs are “learning organizations,” characterized by the ability to rapidly assimilate

new knowledge and change their ways of working, in response to contextual conditions and country demand.

This brings us to our third headline, **opportunity**. The preliminary findings from the MPS research partners reveal crucial opportunities in at least two senses:

(1) Firstly, there is an opportunity to strengthen and more fully systematize positive synergies between GHIs and health systems through dissemination and adaptation of emerging good practice lessons, such as Malawi's Emergency Human Resource plan, which has used GHI support to drive a health workforce strategy encompassing both immediate needs and long-term expansion.

(2) Secondly, MPS research clarifies a set of opportunities for critical further learning. The studies conducted in the first wave of MPS country research are primarily descriptive in nature. This was a necessary step to build the foundation for future analytic work. MPS case studies have described in unprecedented depth and detail the most critical areas of GHI-health system interaction

in specific country contexts. In so doing, they have opened the path for future waves of mixed-methods and quantitative research that will formulate and test causal hypotheses to explain the diversity of results observed to date.

To assess the full significance of the evidence produced by Maximizing Positive Synergies, we can connect it to the findings just released by the High-level Taskforce on International Innovative Financing for Health Systems. Within the Taskforce, I chaired Working Group 1, which focused on constraints to scaling up and costs.

The Taskforce identified critical bottlenecks to scaling up health systems. Many of these correspond to points where MPS researchers have found opportunities for synergy between health systems and GHIs, including: engaging communities as active partners; ensuring the supply of essential commodities and adequate health workforce and infrastructure at the facility level; and building managerial and strategic capacity at the national

level. Countries must articulate comprehensive health strategies for addressing these bottlenecks. The evidence contained in MPS case studies can assist countries in harnessing the systems-strengthening potential of GHI programmes to meet their strategic objectives.

The High-level Taskforce also demonstrates that making better use of funds currently available for health systems will be insufficient to ensure rapid progress towards the health MDGs. Analyses led by WHO and the World Bank concluded that, assuming current levels of national spending and donor support, the global financing gap for health systems strengthening will reach $28-37 billion per annum by 2015. The lives of some 4 million children and 780,000 adults per year hang in the balance as we seek solutions. Such are the stakes of the global health policy debates unfolding at the G8 and beyond.

I would like to conclude by stepping back to suggest in broad terms how the evidence from the Maximizing Positive Synergies

initiative and the High-level Taskforce can inform a renewed global health agenda to meet these challenges. My conclusions follow a simple mnemonic: the "ABCDE" formula I previously found useful for reflecting on the lessons of Mexico's national health reform process.

"A" reminds us of the need to keep health high on the Agenda amidst such pressing global issues as the economic crisis and climate change. To do so, we must continue to make clear to our colleagues in other sectors that a well-performing health system – by alleviating poverty, improving productivity, increasing human capital, generating employment, and directly stimulating economic growth – is critical for delivering on key development, human rights, and security promises.

"B," for budget, underscores a double imperative: to make the most efficient use of existing resources, and to expand the overall financing envelope for health action on the scale the High-level Task Force has shown is needed.

Maximizing Positive Synergies evidence particularly highlights the “C” of successful health systems strengthening, which is the need to invest in long-term Capacity. Certain health interventions, such as vaccinations, may be better suited to short-term planning and vertical programming, and even then there are key opportunities to build capacity. But, programs focused on addressing a life-long chronic illness, like HIV/AIDS, by definition cannot be vertical. To fulfil their mission, the Global Health Initiatives, particularly those targeting HIV/AIDS, must learn to work effectively with countries to strengthen long-term capacity.

The research findings identify the health workforce as a key fulcrum for synergy between GHIs and health systems, a finding consistent with my own experience as Minister of Health. MPS case studies highlight opportunities to use the current workforce more effectively, through strategies such as task-shifting and better coordination of salary and other incentives. They also show

the imperative to expand the existing workforce through long-term plans for pre-service education, recruitment and retention.

“D” stands for Deliverables. A crucial lesson I learned in Mexico holds true at the global level, which is that a key ingredient to garner public support for health system reform is to show concretely how it benefits people. The best way to do so is to focus on priority diseases. In this way the public can link abstract financial and managerial notions to concrete deliverables. This notion has been critical to the momentum built around global health in the last decade, and we must not lose sight of the strategic importance of a priority disease focus, as we attempt to scale-up systems to reach the health MDGs. In this context, we see the full value and timeliness of the work on Maximizing Positive Synergies.

Finally, we have “E” for evidence. Evidence for effective decision-making is a global public good – one that I believe has too often been neglected by conventional approaches to

development cooperation. The scale-up of key health services in some low-income countries in recent years, catalyzed in part by the Global Health Initiatives, must now both accelerate and expand its reach, consistently adopting a systems strengthening lens. In many countries, success in meeting the health MDGs depends on translating the existing evidence on positive synergies rapidly into policy, while continuing to strengthen the evidence base on synergies as implementation proceeds.

This challenge is at the same time a learning opportunity. The Maximizing Positive Synergies Initiative, by harnessing innovative research methods, engaging diverse constituencies, and connecting researchers across six continents, has given direction and momentum to this learning process, which must now continue in step with health systems scale-up itself. The result will be ongoing improvement in our knowledge base, more effective collaboration among partners, and better health for people.

Thank you.