

Taking Forward the Health Systems Agenda:

Report of a Consultation on Developing the Health Systems Action Network

Draft for Comment

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Abstract

The idea of a Health Systems Action Network (HSAN) was first proposed at a WHO-sponsored meeting in Montreux in April 2005, where it was thought that the creation of a Health Systems Action Network could intensify the global focus on health systems and broaden the range of participants in health systems strengthening. However the proposal has lacked specificity. This report presents findings of a structured and systematic consultative process that aimed to document what stakeholders at the country and global level believe a Health Systems Action Network should do.

Weak health systems were widely perceived to be the major bottleneck to improving health outcomes. HSAN would aim to promote stronger and more coordinated action to strengthen health systems, through

- Enhancing the creation and flow of credible information;
- Promoting networking and exchange among country stakeholders, regional and sub-system specific networks
- Promoting a sense of professional identity among health system practitioners
- Strengthening coordination and collaboration at country and global levels for improved health systems strengthening.

The report provides suggestions for specific activities which HSAN might pursue and also discusses the various alternative organizational arrangements for HSAN, as well as next steps in its development.

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Executive Summary

The Need for a Health Systems Action Network (HSAN)

A Health System Action Network could help intensify the global focus on health systems, galvanize a range of participants to engage in health systems strengthening, and promote the achievement of country and global health goals through more coordinated and concerted action. While the idea of a Health Systems Action Network was first proposed at a WHO-sponsored meeting in Montreux in April 2005, the proposal has lacked specificity. This report presents findings of a structured and systematic consultative process that aimed to document what stakeholders at the country and global level believe a Health Systems Action Network should do. The consultations aimed to establish what would be the “value added” of HSAN, or in other words, what it would be possible to achieve through HSAN, that organizations and countries would not be able to achieve alone. The report is based upon face-to-face or telephone interviews with 61 people and a web-based survey to which 95 responses were received.

There was consensus among respondents that weak health systems are the major bottleneck to improving health outcomes.

The Aims and Objectives of the Health Systems Action Network

As part of broader efforts to achieve the health MDGs, HSAN’s mission should be to promote stronger and more coordinated action to strengthen health systems.

HSAN should do this through

- **Enhancing the creation and flow of credible information** – both through improving access for stakeholders throughout developing countries to health system resources, and providing a voice at the global level for grass-roots and country-level stakeholders regarding what health systems strengthening strategies are effective;
- **Promoting networking and exchange** among country stakeholders, regional and sub-system specific networks
- **Developing a professional identity among health system practitioners** by creating a broad community of professionals that consider themselves part of the health systems strengthening community.
- **Strengthening coordination and collaboration** at country and global levels for improved health systems strengthening.

Priority Activities for HSAN to pursue

While many innovative ideas were expressed about what HSAN should do, those on which there was a high degree of consensus, were:

- Organize internet access to technical information on health systems, and in particular briefs and primers on “what works”;
- Assess the nature of the market for technical assistance in health systems strengthening and propose how to make it work better, particularly in light of forthcoming calls from GAVI and the Global Fund on health systems strengthening;
- Promote a voice for regional and national partners on the global stage through linked websites and networking functions;
- Support the development of regional networks on health systems, through helping to mobilize long term and predictable funding for them;
- Promote exchange between regional and sub-system networks, via the website, and through issue-focused workshops and meetings;

- Encourage the development, of pioneering schemes, at the country level, which aim to coordinate external sources of funding better, in order to build health systems, and document and disseminate these experiences.

HSAN's organizational structure

HSAN should not operate as a typical global health partnership (with a secretariat and board etc). Many stakeholders perceive that the coordination costs of operating such entities are too high. Instead there is a need to explore a broader set of options for the organizational structure of HSAN. This might include for example, building capacity to undertake specific functions within existing organizations, and pursuing specific activities through project type mechanisms.

HSAN may work best as a loose network composed primarily of country, regional and sub-system specific networks, as well as other entities (funders, multilateral organizations) involved in or centrally concerned with health system strengthening. HSAN needs to build on, rather than compete with, the many existing sub-system and regional networks in this field

HSAN should provide a platform for the exchange of information that can accommodate various values.

Next Steps

We seek feedback on the findings of this consultative report from a wide spectrum of stakeholders.

A small quorum of champions is needed to take the next steps in the development of HSAN. This informal group should determine which of the range of activities identified above are priorities that the group wishes to take forward. Next steps could be driven by the need to address specific urgent concerns (such as improving the organization of markets for technical assistance) or, alternatively, by the need to better specify the organizational arrangements for HSAN (for example, holding a consultation with regional stakeholders, and initiating an organizational development process).

1. Introduction

The idea of a Health Systems Action Network (HSAN) was first proposed at the WHO-hosted, Montreux Challenge meeting in April 2005, where it was thought that the creation of a Health Systems Action Network could present an opportunity to intensify the global focus on health systems, and broaden the range of participants engaged in health systems strengthening. While a number of stakeholders expressed support for the development of such a network, there remained a lack of clarity about what the primary objectives of such a Network should be, and how it would work. In response, a small group of stakeholders developed a concept note, and hosted an initial consultative meeting at the Global Health Council Meeting in May in Washington DC. Driven by the considerable interest and support that was expressed, USAID offered to sponsor an exploratory process with the aim of determining the way forward.

This report presents the findings of this consultative process, conducted between October and December 2005, which aimed to explore the perspectives of a broad group of stakeholders concerning the most important objectives and the most appropriate organizational form/s for a Health Systems Action Network and to determine whether and, if so, how to move forward.

This consultation is occurring at a critical time. The importance of strong health systems to achieve sustained improvements in health outcomes is becoming widely recognized. With this increased focus on health systems comes demand for quality information about what works, and the need to access a community of experts that can provide assistance. While there is recognition that a range of functions is needed to support health systems strengthening, the current environment is one of resistance to creating another global health initiative.

The consultation process was set up as a means to seek views on the development of a new entity (HSAN). While the consultation has clarified HSAN objectives, and led to a very rich dialogue about the activities needed to enhance global capacity to build stronger health systems, it has not led to consensus on an appropriate organizational form for HSAN. Further work on the organizational form will be required and should consider not only the development of a new global entity, but also a broader set of options, including for example, building capacity or expanding the mandate of existing organizations and pursuing specific activities through project-type mechanisms.

This first section of the report, describes the broader context, in which, this consultation took place, including the emerging recognition of the importance of strong health systems and questions about the changing architecture of development assistance in health. Section 2 of the report describes the objectives of the consultation and the methods used, Section 3 reports and analyzes the findings. Given these findings, Section 4 proposes principles for the operation of the Health Systems Action Network and Section 5 presents a proposal. The final section suggests next steps.

1.1 The Emerging Challenge of Health Systems

There is increasing recognition that weak country health systems inhibit achievement of health goals. Lack of appropriately trained staff, limited regulatory capacity and fragmented health information systems, for example, impede the achievement of disease specific goals. This observation pervades

reports of the UN Millennium Project¹, the discussions of disease and service-specific programs² (such as the Global Fund, GAVI, Stop TB etc), as well as reports from bilateral aid agencies³. Recognition that strong health systems are needed to achieve disease-specific objectives has driven the Global Fund to expand its mandate to support health systems strengthening in addition to funding programs specific to malaria, TB, and HIV/AIDS. Appreciation for the importance of strong health systems has also motivated GAVI to announce intentions to provide significant funding for system strengthening in its next round.

The expansion of some of the global health initiatives into health systems work has presented a number of issues and concerns.

- While many have welcomed the possibility of additional resources for health systems strengthening, **entities such as GAVI and the Global Fund have relatively limited capacity to support the work needed to strengthen health systems.**
- **There is a tension between the desire for quick results and the longer-term, sustained processes required to build strong health systems.** Furthermore this desire for quick results often generates duplicate structures to oversee and implement programs at the country level, which weakens the leadership role of the government and inhibits building a strong integrated health system.
- **Reliance on volatile external funding inhibits the ability of countries to implement systems strengthening interventions.**

The health systems “community” does not have a coherent identity and has not provided adequate guidance on how to strengthen health systems. What is needed are health systems lessons translated into understandable and actionable pieces.

“Global health initiatives and partnerships have a tendency to bypass the health system. This is because they want quick results. However, without a good health system you cannot have effective disease control. So should you stop doing project-type activities, or should you try to strengthen the health system at the same time as doing work on malaria?”

Disease control programme respondent

In practice, health systems is not a single unified field, but rather one made up of multiple disciplinary perspectives (management, planning, economics etc.) and composed of several sub-systems (pharmaceutical management, health information systems, insurance schemes etc). While the multiple skill sets and disciplines within the health systems field may lead some to question whether it constitutes a discrete “field” at all, on the ground it is clear that effective health systems strengthening requires an overarching understanding of how different elements of the health system fit together, as well as complementary skills in different areas. If countries have a coherent vision of what health system strengthening should achieve, then it is possible to pick low-lying fruit –working to strengthen specific sub-systems, whilst simultaneously implementing longer term measures to strengthen the overall system.

¹ Freedman L., Waldman R., de Pinho H., et al (2005) Who’s got the power? Transforming health systems for women and children, Task Force on Child Health and Maternal Health. New York: UN Millennium Project.

² Stop TB (2006) The Global Plan to Stop TB 2006-2015, Stop TB, Geneva.

³ Forsberg and Pharris (2005) Disease Control and Health Systems Strengthening: Current Policies, Plans and Actions in International Organizations. Karolinska Institute, Stockholm.

1.2 The Evolving Aid Architecture

The global architecture for international assistance has changed in the past decade with Global Health Initiatives (GHIs) emerging as the dominant model of organization to address global health issues⁴. At one end of the spectrum are GHIs that provide funding to countries to support disease and service specific programs. The Global Fund and GAVI are the most prominent examples. Other GHIs serve by coordinating partners (Stop TB), addressing gaps in priority areas (Health Metrics Network, the new Human Resources Alliance), and promoting exchange of information (IAEN). This trend is relevant to HSAN because the majority of people consulted assumed that HSAN would be structured as a global partnership.

Many are questioning the current global architecture of aid. A number of the people interviewed noted that Global Health Initiatives were developed because existing global organizations were weak and not providing leadership. By engaging a wide range of committed stakeholders, the hope was that GHIs would help to fill this vacuum by mobilizing global support. Now people are questioning whether GHIs in their current form are the answer.

GHIs impose significant costs as well as benefits. A recent study produced by McKinsey and Company for the High Level Forum meeting in November 2005, suggests that there are both significant costs and benefits to Global Health Initiatives⁵. As currently structured, GHIs impose costs of coordination at the country level and introduce a range of distortions into health systems because of their narrow disease focus and relatively short project cycle. GHIs impose high participation costs at the global level as well, as donors and country representatives frequently participate in meetings, on steering committees and boards⁶. It is also important to stress that the benefits of GHIs are considerable and include: avoiding duplication of investments and activities; economies of scale and scope; pooled resources; sharing knowledge, and creating momentum and attracting funding.⁷ With over 70 GHIs currently functioning, people are questioning whether there is an alternative approach that can preserve the value they add but reduce both the global and country level costs.

There are many questions about the current architecture for aid but no consensus has yet emerged. Donors and countries are tired of partnerships because of the high transaction costs they impose. They are beginning to believe that partnerships are not the solution to weak performance of the global organizations that have the mandate for technical leadership (WHO, World Bank, other UN Organizations). In response, there is a high degree of resistance to the creation of another GHI. Some are suggesting that the better response will be to address the performance problems of WHO, WB and other UN organizations by strengthening their capacity. Others believe that relying exclusively on these organizations for leadership is not prudent and, instead, advocate developing other structures. Still others suggest that some GHIs may need to merge and others may need to close.

Funding for health system strengthening is often project based and relatively short term, making it challenging for countries to commit to longer term health system strengthening. Funding for health systems strengthening now comes from a variety of sources (bilateral donors, development banks, global health initiatives, as well as countries' own budgets). A challenge is that it is not clear that this pattern of external support is best shaped to match developing country needs. Funding is often tied to projects with

⁴ McKinsey and Company, *Global Health Partnerships: Assessing Country Consequences*, November 2005. (Report presented at the High Level Forum, November, 2005)

⁵ McKinsey and Company, November 2005.

⁶ These coordination costs at both the country and global level are collectively referred to in this report as "transaction costs".

⁷ McKinsey and Company, November 2005.

relatively short time horizons, making long-term investments in health systems strengthening less viable. Another challenge is that countries are concerned that the current large inflows of funding for health will not continue, making them reluctant to make sweeping changes that may not be able to be sustained.

The incubation of HSAN will occur in this context of flux. There appeared to be an evolution in thinking among those interviewed even during the two-month period that consultations occurred. Early interviewees were more likely to react against the perceived transaction costs that an HSAN modeled after existing global partnerships might imply. People interviewed after the High Level Forum meetings appeared to have begun to re-think the global architecture for aid and some were more willing to consider a new initiative for health systems. This reflects the growing consensus that strengthening health systems is a global priority. The result is that the global architecture for development assistance in health is being re-examined and changes are likely to occur.

2. Consultation Objectives and Methods

A key driver of the success of HSAN will be that it enables organizations and countries to achieve objectives that they are not able to reach on their own. These benefits from being associated with HSAN are the “value added” that will contribute importantly to its success. Our approach to determining what HSAN should do and how was to consult with a wide range of stakeholders to understand their perceptions of the challenges to health systems strengthening and the objectives, ways of working, and the form of organization that would position HSAN to contribute most effectively to global health goals.

The consultation was conducted through (i) interviews with a broad group of stakeholders by phone and face-to-face; (ii) a widely circulated web-based survey; and (iii) follow up interviews with a selection of country based respondents to the web based survey who indicated a willingness to share views by phone.

For one-on-one interviews we began by identifying the following categories of stakeholders:

- Health systems experts (country and global level)
- Donors (bilateral and multilateral) (global level)
- Foundations (global level)
- Advocates (country and global level)
- Global Health Partnerships (global level)
- Country level policy makers and program implementers (country level)
- NGOs (country level)

Our goal was to interview a sample of individuals from each category, ensuring representation of both developing country stakeholders and global level stakeholders. We began by identifying and contacting people known to our team. Additional interviewees were identified through the web-based survey conducted through the HSAN web site enabling us to interview more people based in developing countries from both the public and non-state sectors. A total of 61 persons were interviewed. Of these, only 14 worked in developing countries for governments or indigenous institutions. Annex 1 presents the people interviewed.

In advance of the interview, global level stakeholders were sent a short briefing note providing background on HSAN and a description of three potential models of HSAN to guide the discussion (see Box 1 and Annex 2). Interviews took place both by phone and face-to-face. The three models were presented as a menu of possible options to structure the discussion and it was made clear that a combination of the models, or models with different features, should also be considered. Interview questions also addressed the objectives of HSAN, activities HSAN could engage in for both the short and longer term, and the form of organization that would be feasible.

Box 1 Three possible models of HSAN presented to guide discussions

Model 1: Network Model for Coordinated and Informed Advocacy

Objective: Provide a platform for a wide range of advocacy, civil society organizations, and developing country governments to ensure that global health initiatives and other major funders of health interventions, are responding to country health system needs.

Similar existing network: People's Health Movement

Model 2: Network Model of Health Systems Experts

Objective: Develop a global community of health systems thinkers and practitioners to achieve consensus on priority elements of health systems and to mobilize global attention. Provide a platform for health system researchers and practitioners to share and exchange information, identify gaps and areas lacking consensus, and to develop strategies to reach consensus and fill gaps in knowledge and agreement about important aspects of health systems.

Similar existing network: IAEN, RHINO

Model 3: Partnership Model to Coordinate Health Systems Strengthening Work

Objective: Improve coordination between existing global health initiatives and programs, and major bilateral programs in terms of what they are doing to strengthen health systems. Help create clearer technical consensus and vision on health systems strengthening and how global level partners should address this. Reduce duplication and inconsistency between global programs at the country level.

Similar existing partnership: Stop TB

In-depth interviews with respondents from developing countries followed a slightly different set of questions, which focused more on the challenges faced in the respondent's country to promoting health systems strengthening, and what role an entity such as HSAN might play to help address these challenges.

In addition to one-on-one interviews a number of group consultations were conducted (e.g., at the IAUTLD conference in Paris, and with a group of USAID staff), and in one case a set of questions about HSAN was emailed around members of the steering group of a regional health systems network.

Qualitative analysis of the transcripts of interviews was conducted.

A web-based survey was launched through a number of online channels⁸ which combined have an estimated reach of more than 35 thousand people. The announcement appeared in numerous forms: on primary homepages, discussion forums, scrolling news feeds, in weekly/monthly electronic newsletter items, and in special dispatches sent to existing mailing lists. Potential respondents were invited to visit the HSAN website to read the views of some prominent health systems thinkers and then complete a brief on-line survey that enabled them to offer input about the priorities for global focus on health systems and about the design of HSAN. It was hoped that the online survey would garner feedback from people outside of the small circles focused on health systems, who may have different perspectives to offer. The survey was posted online on September 15, 2005 in English, Spanish and French and ran through December 6, 2005. Ninety five responses were received, of which 83 completed the survey in English, 7 in Spanish, and 5 in French. About half of respondents (54 percent) indicated that they live in North America or Western Europe, and the rest are from the Global South. The survey instrument that was posted on-line is included as Annex 3.

⁸ Specifically, online channels used were StopTB, IAEN, IHEA, Global Aids Alliance, DFID Health Systems Resource Centre, Communication Initiative/Drum Beat.

The web-based survey was at least partially successful in reaching beyond the “usual suspects”:

- 46% of respondents were from developing countries
- while 30% of respondents were consultants, there were also many researchers (22%), health care providers (11%) and some advocates (8%)
- Policy makers were poorly represented (6%)
- Respondents were relatively equally scattered among different types of employers (government, private, NGO, etc.)
- Nearly all respondents employed by Ministries of Health and other government branches are from the South, as were half of respondents employed by service providers.

3. Findings from the consultation

There was consensus among those interviewed and those completing the web-based survey that strengthening health systems is a priority. Opinions differed more with respect to what should be done, given the needs, and what is feasible given the current context. In some cases there appeared to be a disconnect between desired objectives and the form of organization needed to achieve them. In other cases, it appeared that responses regarding objectives for HSAN were influenced by concerns about what kind of organizational structure this would imply.

A few clear differences emerged between groups of respondents. Employees of multilateral organizations (WHO and the World Bank) were most concerned by the prospect of “yet another global health initiative”, although such concerns were fairly widely voiced. People based in countries often approached the questions from a very different perspective to those at the global level; while they had practical and concrete suggestions about how to work at the country level, many were uncomfortable proposing changes needed in organizational relationships at the global level.

What follows is a description of respondents’ views on the importance of strong health systems, the favored objectives of HSAN, activities HSAN might implement, and the forms of organization HSAN might assume.

3.1 *Are health systems important?*

Weak health systems are the major bottleneck to improving health outcomes.

There is a growing consensus among those concerned about improving health in the developing world that health systems must be strengthened. Challenges to achieving Millenium Development Goal health targets and the goals of Global Health Initiatives such as Stop TB and bilateral initiatives such as PEPFAR have demonstrated that weak health systems are the bottleneck. Respondents almost universally agreed with this view. In the web based survey all but one respondent stated that they thought health systems strengthening was a top priority to prevent and cure illness and extend life in developing countries.

Respondents stated that the time is right to elevate health systems strengthening to a key global priority. Several suggested a need to look at this in historical perspective and to draw on lessons learned from the rise and fall of “health sector reform” in the nineties to develop approaches that strengthen the case. For example, elements which may help explain the lack of success during the 1990s include:-

- the failure to tie systems strengthening interventions to health results
- the promotion of somewhat standardized solutions that did not always respond to local values or contexts
- a failure to clearly communicate the time frame and nature of health system reforms
- weak implementation capacity that sometimes derailed effective reform designs

Respondents acknowledged the need to tie together the health systems and disease-specific agendas, to demonstrate their complementarity, and also to directly address the other factors identified above.

3.2 *What objectives should HSAN pursue?*

Most of the people interviewed had devoted considerable thought to the models and had opinions about the appropriate objectives of HSAN. Overall, there was consensus and support for the need to increase

knowledge by improving access to information, through forums for exchange, and by contributing to the body of evidence on what works (Model 2). Less consensus existed on whether HSAN should work to improve coordination among donors (Model 3). Those who favored this objective were passionate supporters, while those who did not may have been partly responding to the general environment of “partnership fatigue”. Limited support was expressed for the advocacy objectives of Model 1, though considerable support was expressed for development of products to support the aims of health systems advocates at both the global and country level. Many respondents expressed a preference for more of a country-rooted focus in all of the models.

People are hungry for information on what works, to have convenient access to information, to engage and exchange with others struggling with health systems strengthening challenges, and to become part of a global community of health systems thinkers and practitioners.

Almost all agreed that the information sharing and knowledge generation objectives of Model 2 are important. Respondents typically felt that HSAN could help solve a global need for improved information by providing a forum for increasing the evidence base and exchanging information about health systems. If well designed and orchestrated, HSAN could address the current problem that information on best practices in health systems is currently scattered by making information accessible in one place. It could also facilitate the process of building and strengthening a community of health systems experts, which could contribute to developing consensus.

These conclusions were supported by the web-based survey. Respondent rating of possible objectives for HSAN was highest for “build knowledge” (see Table 1), with 77% of respondents rating this objective to be very important. In contrast, 58% of respondents rated the need to “exchange information” as very important. In-depth interviews helped elaborate this distinction further. Many respondents believe that they had access (largely via the web) to a lot of information but what they did not have access to was information about “what works”.

Some respondents expressed the belief that inherent in the objectives of a variant of Model 2 is that all views should be welcome. To be effective, these respondents thought that dialogue among people with different values would help promote understanding, increase the usefulness of exchange, and contribute to the objective of moving toward consensus. Another respondent expressed that before productive exchange can occur, it will be necessary for individuals and institutions to clarify underlying values⁹.

⁹ Examples of underlying values include: belief in role of the private vs. public sector to deliver a package of primary health care services, appetite (or distaste) for a segmented service delivery system, appetite (or distaste) for segmented systems of pooling financial risk, and importance placed on equity.

Table 1. Respondent Rating of Possible Objectives of HSAN

	Very important	Important	Somewhat important	Not important	Total
Improve accountability: Hold Global Health Initiatives and programs accountable for addressing health systems needs.	62%	29%	6%	2%	100%
Build knowledge: Increase knowledge about what works to strengthen health systems.	77%	20%	3%	0%	100%
Exchange information: Share and exchange information about health systems.	58%	31%	12%	0%	100%
Mobilize attention: Mobilize global attention on the importance of health systems.	54%	38%	8%	0%	100%
Improve coordination: Improve coordination of health system strengthening initiatives and reduce duplication and inconsistencies between Global Health Initiatives and programs.	63%	29%	7%	0%	100%

Source: Analysis of responses to HSAN web-based survey.

Strong support was expressed for some variant of Model 2 from country-based people and most donors. Some donors would support the objectives of Model 2 only if achieved with low transaction costs.

Country based people were enthusiastic in their support of an entity that would expand knowledge and facilitate exchange of and access to information. If successful, a HSAN that achieved these objectives could solve information problems that constrain country- based leaders from considering a full range of potential health systems strengthening options. HSAN could also link people at the country level to others in neighboring countries grappling with similar challenges and could link regional networks with each other to promote global learning and exchange. Several respondents expressed support for objectives that include strengthening and linking regional networks (Equinet, Dragonet). Some donors and global policy makers were strongly supportive. Others support these objectives only if they can be achieved with low transaction costs.

Improving coordination among partners involved in health system strengthening was valued by many respondents, but “partnership fatigue” makes it less clear that HSAN should pursue this goal.

Many people interviewed thought that the objective expressed in model 3 (improve coordination between existing GHIs and bilateral and multilateral programs in terms of what they are doing to strengthen health systems) was the most important of the different objectives listed. 63% of respondents to the web-based survey felt that “improved coordination” was very important (see Table1). This objective also elicited the most passionate responses. Some recommended, for example, that HSAN be the umbrella global partnership for systems strengthening that would integrate the objectives of other partnerships that focus on sub-systems (such as human resources or health information). Those who were supportive of Model 3

objectives typically stated that their concerns were very much focused at the country level, and that any approach adopted should be very “bottom up”.

It is impossible to strengthen health systems within the uncoordinated investment environment that we currently have. There is a lack of coordination within the health system and with other sectors such as education, finance, and public administration. There are too many donors and their efforts are fragmented - this has severe impacts at the facility level. In a recent study that we did, one health care facility had fifteen revolving funds (drugs, bednets etc). How can a facility manager, manage effectively under such conditions? Country-level action alone cannot resolve this problem, we need the synergy of country and global level action. We need a Health Systems Action Network, with country roots and a global reach that can undertake advocacy and test innovations in coordination.

Developing country researcher

However, many respondents also expressed deep concern about the feasibility or desirability of pursuing this objective through HSAN. The concerns expressed centered on the considerable transaction costs associated with establishing and operating a new entity to conduct such coordination.

A majority of global level respondents did not see value in pursuing advocacy regarding health system needs; country level respondents were more likely to value advocacy.

People working in the field of advocacy constituted a small minority of respondents for both the in-depth interviews and the web-based survey. Other than people working in the advocacy sphere relatively few respondents supported this objective. One concern expressed about the feasibility of HSAN pursuing an advocacy role was how this might fit with other roles and the composition of HSAN. If HSAN was a broad based network including donors and multilateral organizations, how comfortable would it be for it to encompass advocacy functions? Some suggested that it might be possible for existing entities to advocate for strong health systems with technical support in the form of information exchange and policy briefs from HSAN.

If HSAN were to engage in advocacy work, what might it advocate for? There was a lack of clarity on this issue, and differing views were expressed:

- At the global level, advocacy could help ensure continued support for health system strengthening. Advocacy could help to reposition health systems and increase understanding that it is not possible to divorce health systems strengthening from achieving public health results;
- An advocacy function could help give voice to national and regional level stakeholders in order to hold global level actors, such as the Global Health Initiatives and multilateral organizations, more accountable;
- Health system experts could be mobilized to address misperceptions about the benefits of investing in health systems including demonstrating that the benefits of investing in strengthening health systems outweigh the costs.
- HSAN could produce policy briefs and detailed technical materials to educate global and country level advocates.

At the country level, respondents expressed a need for assistance to advocate for support to strengthen health systems. This need is especially important when governments change and new leaders need to be educated.

Some respondents suggested that HSAN and the health systems community could learn lessons about the benefits of strategic advocacy from disease initiatives and the relatively recent movement to mobilize support for human resources in health. These initiatives used public relations firms to help chart out a communication and advocacy strategy that helped generate global and country level support.

Objectives that focus on building consensus and knowledge about health systems logically precede objectives focused on strengthening coordination and informed advocacy

A number of interviewees suggested that there was a logical progression of activities. The information generation and sharing objectives of Model 2 were most often mentioned as the necessary foundation for both advocacy and effective action at the country level. For example, effective advocacy required clear policy statements that specify what to advocate for. Advocacy briefs could be one of the products of a Model 2 that would have to come before effective advocacy could be launched. Similarly coordination around health system strengthening would be more likely and more effective if there was greater agreement between partners concerning how to strengthen health systems.

3.3 What activities should HSAN engage in and what would be the value added?

People interviewed suggested a wide range of activities that HSAN could engage in that would contribute to strengthening health systems and filling current gaps. The following activities are organized into sections that loosely reflect the three stylized models presented to interviewees. Activities are presented to reflect the health systems strengthening problems respondents intended they would solve. The section ends with a discussion of challenges in the market for technical assistance, which is a constraint to effective health system strengthening mentioned in discussions about all three stylized models.

Advocacy

Problem 1: The lack of a broad community of experts who define themselves as “Health System Strengthening” experts impedes moving toward consensus and inhibits communication of the benefits of health systems strengthening at all levels. Health systems encompass many groups of experts, some labeling themselves as health systems experts and others as sub-system experts in fields such as: drug management, health information systems, or health financing. Lack of appreciation for the contribution of each sub-system to the performance of the health system impacts on how technical experts communicate the value of health system strengthening. To address this challenge:

- HSAN could promote the value of being part of a community of health systems strengthening experts through the web site, with advocacy briefs, with targeted meetings and face-to-face exchanges, and through communication with networks focused on subsystems.

Problem 2: There is a need to inject some life and vitality into a health systems strengthening agenda that is flat and unexciting. The general case made for strengthening health systems fails to mobilize broad support. To mobilize broad support for health systems strengthening, communicating the benefits of health systems strengthening in an exciting and accessible way will be necessary.

- HSAN could learn from disease, service, and subsystem specific networks to develop an advocacy strategy to build momentum and support for health systems strengthening.

Problem 3: Global and local level advocates lack concise and accessible information on the health systems strengthening interventions for use in making the investment case for health systems. Lack of evidence that investing in health systems strengthening generates results and is worth the costs incurred impedes donor and government commitments. Country based respondents mentioned the need for

advocacy materials to help make the case for health systems strengthening with new government leaders each time there is a change in government.

- HSAN could develop policy briefs for both global and national advocates to use to make the case for support for health systems strengthening.
- HSAN could contribute to making the “investment case” for health systems strengthening by demonstrating that the benefits justify the costs. This will require increasing the body of evidence that links system strengthening interventions to results and demonstrates that it is more cost effective to invest in long term system strengthening interventions than in shorter term fixes.

Problem 4: Mechanisms through which country and regional level stakeholders can have an impact on global policy are weak.

- HSAN could provide a forum for regional networks to have a voice to influence global policy and action and try to promote the downward accountability of GHIs.

Information Exchange and Knowledge Building

Problem 5: There is limited knowledge of “what works” to strengthen health systems and the approaches that have been tried. People interviewed stressed that information about what has worked or been tried in other settings would be extremely useful. There is a preference for policy briefs and case studies as opposed to articles from peer-reviewed journals or theoretical papers. It would also be useful if what is known is synthesized. The following activities were suggested that address this problem and would add value:

- HSAN could facilitate a process to produce short, accessible descriptions of systems strengthening interventions that countries have tried that include some description of features of the health system and the context so that policy makers in other countries can determine if solutions are a possible fit in their own context. Cases could be included that failed as well as those that made a difference to improve public health outcomes.
- HSAN could run an “Ask the Expert” series. Identified experts in key health systems areas could host an open session for a period on the HSAN web site where questions and answers from the expert would be broadly available. Comments from others could also be posted.
- HSAN could build on the momentum started in Montreux by facilitating a process to develop core technical frameworks for key areas and integrating the frameworks that have been developed by related and other initiatives.
- HSAN could stimulate a program to synthesize evidence that exists, to identify gaps, and to promote research to fill gaps.
- HSAN could identify core areas that are not the focus of other expert groups and facilitate a process to identify what is known, the gaps, areas of consensus and disagreement, and to engage in research to fill knowledge gaps and promote consensus.

Problem 6: Lack of a generally accepted framework to assess the performance of health systems is a barrier to organizing global evidence and to identifying possible solutions in specific countries.

Desire for a framework to assess the performance of health systems was expressed by a number of people. Others expressed skepticism about whether a common framework is possible and suggested that a series of frameworks for countries with specific characteristics (example: fragile states, former Soviet Union, LAC, low income) may be more useful. Others expressed doubts about whether any approach to developing a framework would be useful. To address this, HSAN could:

- Build on current health system assessment frameworks that have been developed, such as by USAID¹⁰ and by Imperial College in London¹¹ to develop, test and refine an approach to developing health system assessment framework(s) that are useful to policy makers and implementers. The goal would be to develop framework(s) that assess(es) the strengths and weaknesses of health systems.

Problem 7: There are limited opportunities for dynamic exchanges around health systems strengthening. Country level practitioners expressed the desire to interact with others grappling with similar challenges. They expressed frustration that they are often dependent on advice from a small handful of international experts who are frequently tied to particular donors. The following activities address this challenge:

- HSAN could run a series of facilitated discussions on key topics. One model might begin with a brief paper discussing a strategy or a country experience with some open questions to stimulate discussion and debate.
- HSAN could support problem solving at the country level by identifying a policy question and have a group of people who are working on solving a similar problem come together to discuss potential solutions.
- HSAN could facilitate linkages among regional and sub-system networks through web-based interaction and meetings.

Problem 8: Information that currently exists on what works to strengthen health systems is often dispersed and hard to locate. Respondents mentioned that they often search the Internet for information but that information is difficult to locate and it is hard to determine whether all that exists has been identified. The following activities address this problem:

- The HSAN web site could be enhanced to act as a portal to other sites that act as repositories of lessons learned in key areas. HSAN could facilitate the development of other sites so that the way information is organized meets country and global user needs.
- HSAN could map the health systems strengthening activities that are happening and could identify gaps and overlaps.
- Information about health systems strengthening events and resources could be posted on the HSAN web site with links.
- HSAN could develop and maintain a searchable database of lessons learned in health systems strengthening.

Building coordination at the Country Level

Problem 9: The costs of coordination at the country level are too high and impede a long-term focus on strengthening health systems to achieve better outcomes. Some respondents suggested that HSAN should facilitate a process with a handful of “pioneer” countries to improve impact by reducing the costs of coordination and enhancing the benefits. Candidate countries considered to be chosen as the pioneers should have funding from global disease initiatives, bilaterals, and multilaterals and have governments committed to a long-term vision of health system strengthening.

- Once pioneer countries are chosen and the process of coordination is improved, HSAN could document guidelines for coordination based on what works in the pioneer countries.

¹⁰ Partners for Health Reform^{plus}. Draft January 2006. Health Systems Assessment Approach. Bethesda, MD: The Partners for Health Reform^{plus} Project, Abt Associates Inc.

¹¹ Atun, Rifat, N. Lennox-Chhugani, F. Drobniewski, Y.A. Samyshkin, and R.J. Coker. "A Framework and Toolkit for Capturing the Communicable Disease Programmes within Health Systems". European Journal of Public Health 2004. 14:267-273.

- HSAN could also contribute to evaluating, documenting, and disseminating the impact of health systems strengthening initiatives in the pioneer countries for the global community.

Technical Assistance

Problem 10: The market for technical assistance to support health systems strengthening is not working well. A number of respondents agreed that it was difficult for countries to identify and contract qualified experts to provide system strengthening technical assistance. While there are a number of initiatives to look at the TA question in specific areas (such as a study conducted under the Global Task Team, and ongoing work on human resources for health) none focus broadly on health systems strengthening. There is an urgent need for a more coordinated approach to TA given forthcoming calls for proposals on health systems strengthening from both GAVI and the Global Fund. One solution would be to improve the market for technical assistance by enhancing information flow and linking qualified consultants to the countries or other entities that need them.

- HSAN could identify the barriers and constraints to accessing technical assistance and recommend solutions that help connect countries with quality expertise.
- HSAN could maintain a searchable database of firms and individuals who provide technical assistance. This database could include evaluations from clients and past performance references to help clients evaluate qualifications.

3.4 What should be the organizational structure of HSAN?

Concerns about transaction costs at both global and country levels, as well as limited evidence on the effectiveness of global partnerships, led most respondents to prefer a “light touch” organization.

Respondents expressed a wide variety of views about the organizational form of HSAN (see Box 2).

At the most ambitious end of the spectrum, respondents recommended that in order to have influence, HSAN should provide direct funding for health system strengthening, coordinate donors and countries, provide technical assistance, exchange information, advocate for health systems strengthening, and expand the body of evidence. Others supported a model that would improve coordination among donors at the global and country level with funding coming from other sources. Some respondents believed that there are too many global partnerships and that there was a need for some to merge and others to close: they believed that HSAN could be an “umbrella” partnership that links health system elements, coordinates donor and country activities, and reduces transactions costs.

“Model 3 seems to be guaranteed to sink huge amounts of money into YET ANOTHER GHI which has no likely guarantee of effectiveness.”

Regional network respondent

The more prevalent view, however, was that HSAN should be a “light touch” organization. Respondents at this end of the spectrum saw value in exchanging information and expanding global evidence but had no

appetite for a new global entity that attempts to coordinate activities among donors. A “light touch” organizational form would most probably not have a board, would employ a web-master to maintain the web site, and would depend upon contributions of time from donors and experts already employed in existing organizations.

An intermediate organizational structure, which several respondents supported, added a small secretariat (one or two people) to the “light touch” model.

Box 2. Respondents suggestions on organizational structure

Lightest touch:

- Enable an existing entity (NGO, government, or multilateral) to expand to manage HSAN. Don't create a new organization.
- Agree in advance to disband HSAN after 3 years. Create a virtual network with no secretariat. One or several agencies could be focal points for key areas with regular teleconferences to share views.
- Consider a rotating secretariat.
- Consider modeling HSAN after the WHO Health Systems Development Steering Committee of a decade ago but consider joint WHO-World Bank leadership.

Medium weight touch:

- Create a hub that that facilitates the network.
- Create a secretariat, housed in WHO, with a core group that maintains links to home institutions (GAVI, Global Fund, other) but comes together for coordinated work on health systems.
- Create a small secretariat of 2-3 full time people, housed in a Global Disease Initiative.
- House HSAN in the Alliance for Health Policy and Systems Research or in other WHO think tank like centers that operate outside some of the WHO bureaucracy.
- House HSAN in an existing organization known to provide useful assistance to countries on the ground- not WHO or the World Bank.
- House HSAN in an organization like ODI or a regional institution like the African Development Bank for activities in that region. Funding would be needed for a small secretariat and for convening functions.
- Create a structure of HSAN with different arms, each funded by different baskets of donors, and all linked with a common secretariat. Example: Advocacy could be funded by Foundations and country level implementation and coordination by bilaterals.

Heaviest touch:

- Create a WHO-based or independent secretariat at the global level with a convening, coordination, knowledge sharing, and advocacy role. At the country level create a steering committee of stakeholders to improve coordination and benefit from knowledge sharing with the global level of HSAN. In addition, create a regional level entity to encourage regional level sharing among similar countries.
- House HSAN in an existing organization known to provide useful assistance to countries on the ground. In each country, HSAN should build on an existing mechanism of decision makers (not executors) such as the PRS or MTEF group for coordination and increased focus on HSS.

The current distaste for new initiatives frequently led to a disconnect in respondents' views between the activities to be pursued, and the structures and levels of staffing needed to pursue them.

Interview transcripts suggest that respondents often proposed organizational structures that were not commensurate with the objectives and activities which they proposed for HSAN. In particular, proposed activities were commonly ambitious, whereas the organizational structure proposed had few if any staff.

There was no consensus as to where HSAN might be housed

Many people responded to questions about where HSAN should be housed with a discussion of the relative merits and disadvantages of WHO, the World Bank, and other organizations that could potentially house it. Discussions focused on the perceived mandates of these agencies and whether current

bureaucratic obstacles and other constraints such as inadequate human resources could be overcome. WHO was probably the most favored place to house HSAN, with respondents from a broad range of stakeholder groups (donors, developing country respondents, civil society organizations) suggesting that it be housed there, but there were also very strong contradictory views. Several respondents suggested that the most effective place to house HSAN would be in a Global Disease Initiative that supports health system strengthening such as the Global Fund or GAVI.

There was little agreement among those interviewed. We believe this lack of agreement reflects the current context of questioning whether the respective mandates of global agencies are indeed clear, and whether there is a need to create a new compact regarding responsibilities for global leadership in the health sector generally, and in health system strengthening specifically.

Respondents frequently favored an organizational form that was rooted within developing countries

Many respondents observed that coordination between partners to strengthen health systems, needs to be promoted at the country level (rather than at the global level). Moreover, it was argued, all real health systems strengthening occurs within the country context. This in turn implies an organizational structure that is rooted in countries. While respondents were clearer about the objectives and activities that could be included in a country based approach, there were few ideas about the form that HSAN should assume at the country level, or the role that it should play.

HSAN would not be the first or only entity involved in supporting health systems strengthening: its organizational structure must reflect this

Another challenge to the organizational structure of HSAN is that there are many stakeholders interested in aspects of health system strengthening, making it challenging to conceive of a structure for HSAN that will be effective at engaging all. Health systems have many components and within components are communities of experts that need to be linked to encourage information exchange and a holistic view of health systems. It is challenging to consider how to identify the groups of experts and effective mechanisms for exchange. One person went as far as to say that since health systems permeate everything done in health it may not be possible to “box” health systems into a network.

Besides the existing networks that focus on specific elements of the health system, there are also multiple regional networks. Participants in, and leaders of, these regional networks stressed:

- HSAN should not replace or control the work that such networks are already doing;
- Additional support for existing networks, in terms of supporting broader information exchange, enabling them to have greater voice at the global level, and providing them with suitable advocacy materials would be much welcomed;
- The effectiveness of existing networks often depends upon face-to-face meetings and mutually beneficial relationships between individuals involved in the networks;
- Exchange between regions would be welcomed;
- HSAN would be most appreciated not as an organization in its own right but as a forum for exchange and support to existing networks.

This group of respondents, however, was not supportive of HSAN as a membership-based organization, particularly one that charged fees for membership, as they perceived that this might inhibit access to and participation in HSAN.

4. Principles for the Development of the Health Systems Action Network

This section and the following ones shift from reviewing the findings of the consultation to proposing a way forward. Here we describe five principles, based on the consultative process, which will help define the development of HSAN.

The development of HSAN needs to be driven by the needs of countries. Providing access to information about what works to strengthen health systems, linking countries with resources, and providing a voice for countries to be heard at the global level would help respond to country-expressed needs.

HSAN needs to build on, rather than compete with, the many health system networks (regional and sub-system) that already exist. HSAN would not be the first network focused on health systems strengthening, many such networks already exist. Existing networks are often regionally focused, or have a mission to support a particular element of the health system such as the health information system, health financing or drug management. Given the rather fragmented nature of health systems work, and the need for sensitivity to country contexts, HSAN should add value by providing a loose umbrella that links existing initiatives.

HSAN will provide a platform, that can accommodate various values, for the exchange of information on health systems. While health systems typically embody societal values (for example the importance of solidarity versus individual responsibility), HSAN would seek to provide a platform for the exchange of information on health systems that will be open to all views.

HSAN must be robust enough to evolve in the context of multiple possible developments in the global health architecture. Given the broader developments in the international architecture for development assistance for health described in earlier sections of this report, it is important that the initial organizational form of HSAN be sufficiently robust to endure through and adapt to possible changes in the global architecture. Given the mandates of current global institutions such as WHO and the World Bank, none are likely to be able to fully meet the need for professional exchange and capacity building of health systems within countries. HSAN complements the mandates of these global institutions.

HSAN must start lean, but steer an evolutionary path that is sufficiently flexible to allow further development in the future. Current allergies to creating new global initiatives because of the participation costs imposed on donors and countries argues for an initial structure of HSAN that minimizes these transaction costs. Many respondents have advised that HSAN should identify logical starting points and build core strengths before expanding activities. For example, building greater shared knowledge on what works in health systems and cultivating a stronger sense of community amongst those working in the health system field (as proposed in model 2 described above) may be necessary preconditions for further more action-oriented development (as proposed by model 3).

5. Proposal

Based upon the findings of the consultative process, our understanding of the current context and the principles articulated above, this section of the document outlines a possible mission, objectives and set of activities for HSAN to engage in. Given the varied views expressed by respondents in the consultative process, it is not possible to define a role for HSAN that matches the preferences of everyone. This proposal tries to identify areas where there was sufficient agreement amongst a quorum of key stakeholders to suggest that there would be support for moving forward.

5.1 Overview and Mission

HSAN should be a network composed primarily of country, regional and sub-system specific¹² networks, as well as other entities involved in or centrally concerned with health system strengthening.

As part of broader efforts to achieve the health MDGs, HSAN's mission would be to promote stronger and more coordinated action to strengthen health systems, through:-

- **Enhancing the creation and flow of credible information** (i) in terms of improving access for stakeholders throughout developing countries to health systems resources and (ii) providing a voice at the global level for grass-roots and country level stakeholders regarding what works.
- **Promoting networking** and exchange among countries and regional and sub-system specific networks.
- **Developing a professional identity** among health systems practitioners by creating a broad community of professionals that consider themselves part of a health systems strengthening community;
- **Strengthening coordination and collaboration**, at country and global levels for improved health systems strengthening.

5.2 The HSAN website: a platform for exchange and portal to partners

The primary mechanism to exchange information, link networks, and build professional identity among health systems experts will be the HSAN website. The website should serve as a platform for exchange between partners. For example, it might include briefings on all the different HSAN-related activities. It could host blogs and debates on specific health system issues, and it could run an "Ask the Expert" section. Different partners within HSAN might take responsibility for implementing specific activities.

The HSAN website should also serve as an organized portal to other resources such as providing links to websites of all partners involved in the Network, to Network materials on "best practice", and links to archives of materials on other websites.

The kind of activities and resources that the "virtual home" of HSAN might host are described in more detail below.

¹² E.g., specific to health information systems, drug management systems etc

5.3 Enhancing the flow of credible information

- **Organizing access to technical information on health systems** – there are currently multiple websites and sources of information on health systems. Someone searching for material on strategies to promote retention of health workers might find relevant material scattered across at least a dozen websites. Given that health systems is such a huge field it would be impractical and undesirable to provide one central repository on all health systems work. But there are many existing websites that already have a strong focus on a particular health system element.
 - *HSAN should support a process to identify different websites as primary repositories for material on different elements of health system strengthening. HSAN and other websites should then link to these designated archives and producers of literature on health systems should be encouraged to send electronic versions of reports and papers to the relevant electronic archives.*

- **Promoting access to materials on “what works” and building knowledge** – from policy makers and practitioners in the field, to activists, and staff of global health initiatives, there was a consistent message that the health systems community needs to provide much clearer guidance on what works. A number of initiatives – such as the Health Metrics Network and The Human Resources for Health Alliance - are already underway which aim to produce such succinct guidance. Guidance on “what works” is valued more highly if it results from collaboration across multiple organizations, as it is perceived to present a consensus view that promotes similar approaches across organizations.
 - *HSAN should promote the production of briefs that review evidence, synthesize lessons learned, and promote consensus on what works. Such briefs should be made available via the HSAN website.*
 - *HSAN may also commission such reviews of the evidence base where no other partner appears to be taking the area forward.*
 - *HSAN should launch an “Ask the Expert” section of the website, drawing upon the experience of the Health Evidence Network¹³, and developing a roster of international experts willing to perform this task.*
 - *HSAN could facilitate meetings among health systems experts to share information on what works and to support the development of a health systems strengthening community.*

- **Improving the functioning of the market for technical assistance** –Concerns about the market for technical assistance were widely voiced at the global level, and there has been increasing attention paid to the technical assistance issue by disease specific programs (such as Stop TB, and the GTT process for HIV/AIDS), however no clear solutions have yet emerged as to how to improve the market for technical assistance, and there may be specific issues regarding the market for health systems TA. Countries and donors have a hard time identifying experts to provide technical assistance and perceive there is a global shortage of experts in key areas.
 - *HSAN should support an assessment of the market for TA in health systems strengthening with a view to developing proposals about how to make it work better.*

- **Promoting a voice for regional and national partners on the global stage** –There is no organized fashion in which the voice of people on the ground can be consistently heard at the global level. Unfortunately many of those on the ground are too swamped by their day-to-day

¹³ www.euro.who.int/HEN/.

responsibilities to have the energy to fight to get their voices heard. Increasingly national and regional level structures are organizing themselves in an effort to get their voice better heard.

- *HSAN should link its website to those of regional and country level partners, and feature the voices of partners on the ground who have feedback to give to the global level stakeholders, HSAN should maintain its “speakout” section to give voice to regional and country partners.*
- *The proposed networking function of HSAN (see below) should also promote communication from the ground up, for example by leading to statements on specific health system issues.*

5.4 Networking, Exchange and Professional Identity

Participants in existing regional networks stressed the importance of long-term trust-based relationships, and the role that face-to-face interaction played in promoting a stronger sense of community and shared professional identity. This is supported by the burgeoning literature on communities of practice¹⁴ which stresses the social nature of knowledge and learning, particularly with respect to problem solving in more complex areas (such as health systems). For complicated health systems problems, tools and best practice documents may be useful but are unlikely to be fully exploited without the opportunities that social interaction around these problems affords.

The development and maintenance of communities of practice depends upon people personally identifying with the topic and the goals of the community – these are not factors that can be engineered from on high, but must be nurtured from the bottom up.

- *HSAN should promote the development of regional networks on health systems and seek to help mobilize long term, predictable funding for such networks that is sufficiently flexible to support their core administrative and management costs. HSAN’s role with respect to such networks should be facilitative; helping link networks with possible supporters and informing networks of global level developments.*
- *HSAN should enhance understanding of how expertise in health sub-systems contributes to and connects with the broad health system and, by doing this, create a community of health system strengthening experts. Outreach to existing initiatives and networks of sub-system experts reinforcing the value of a systemic vision and encouraging participation in HSAN web-based and in-person exchanges will support this aim.*

Currently there are few opportunities for international exchange around health system issues. Conferences such as those of the International Health Economics Association, the Society for Equity in Health, and the Global Health Council present the best opportunities but are all somewhat limited in their scope. While in some parts of the world regional networks are relatively well developed and afford substantial opportunities for exchange, participants in such networks, and other respondents stated that it was important to promote exchange not just within regional networks but also between regions. Respondents were typically not supportive of more academic-type conferences (with people presenting papers) but rather wanted problem-focused international meetings that provided opportunities for exchange between stakeholders in different countries struggling to solve similar issues.

- *HSAN should promote exchange between regional and sub-system networks, and country and global level partners, both via the website but also through problem-focused workshops and meetings.*

¹⁴ Etienne Wenger “Communities of Practice”, Verna Allee “Knowledge networks and Communities of Practice”

5.5 Coordination and Collaboration at the Country level

A subset of respondents was passionate about trying to improve coordination and collaboration for health systems strengthening at the country level. This mission has become particularly urgent with the new funding for health systems flowing through the Global Fund and about to flow through GAVI. There is increasing recognition of the huge burden that parallel proposal development, planning and reporting processes put on countries¹⁵, and some concern that neither of these entities have sufficient capacity to support effective health system strengthening. While the consultative process did not reveal a clear vision of how a more coordinated approach to health systems strengthening at the country level could be engineered, a number of respondents expressed support for the idea of collaborating in a sample of countries to reduce unnecessary burdens and improve coordination and collaboration.

It is proposed that 3-6 pioneer countries, which are recipients of GF and/or GAVI support for health systems, be supported to experiment with alternative approaches to coordinated health systems strengthening. Elements of such a demonstration approach could include:-

- ❑ Development of a country-led but widely shared strategy for strengthening key aspects of the health system, which might form part of the Sector-wide Approach (SWAp);
- ❑ Explicit agreement by the key funding partners to waive certain country monitoring processes in an effort to create a streamlined and commonly shared reporting process;
- ❑ Experimentation with alternative approaches to securing technical assistance such as development of a technical assistance fund, that delinks TA from funding source and perhaps pilots databases on TA;
- ❑ Exploration of alternative approaches to stabilize and make more predictable external financial flows for the health sector, as well as preserve fiscal space for health;
- ❑ Documentation of the processes involved and perceived success of the demonstrated approaches;
- ❑ Impact evaluations of discrete elements of the health systems strengthening approaches adopted, so as to build knowledge.

While pioneer countries would have to meet a number of criteria such as the presence of multiple donors, country commitment to leading the process would likely be a priority. It may also make sense to ask countries to submit proposals to be considered as one of the pioneers, using a competitive selection process to increase the probability of country commitment and ultimate success.

Implementation of an initiative such as this would require partnership and collaboration between a number of key stakeholders in the country. While government would play the lead role, it would need support from multilateral and bilateral organizations, including technical assistance support, to make such an ambitious initiative work. What role could HSAN usefully play?

- *HSAN should encourage the development of pioneering schemes to better coordinate external sources of funding in order to build health systems;*
- *HSAN should help ensure that local health system organizations and networks are involved, have ownership of the process and develop capacity through the process.*
- *HSAN should support the documentation and learning from such pioneering schemes, and be a channel for disseminating lessons learnt to the broad community of stakeholders so as to encourage the application of better coordinated approaches to health system strengthening, throughout the world.*

¹⁵ McKinsey report

5.6 HSAN's organizational form

There is consensus that in its initial stages, the organizational structure of HSAN should impose limited costs of participation on donors and countries. For example, respondents suggested a rotating secretariat or a loose committee structure to govern HSAN. These proposals are very much driven by prevalent concerns about the high transaction costs (both at global and international levels) associated with existing global partnerships. Based on the interviews it seems that attempting to establish a new entity, similar to existing global partnerships – for example with a Geneva based secretariat and board – will alienate many stakeholders who are otherwise very supportive of the goals of HSAN.

There is a danger of disconnect between the goals and activities that HSAN might pursue and the organizational structures proposed. It must be recognized that the objectives and activities proposed for HSAN to take forward are substantial, and there is a real concern that a very loose or fluid organizational structure that depends upon volunteer labor spread across existing organizations will simply not be strong enough to pursue this broad agenda of work.

Organizational options for HSAN should include consideration of not only the development of a new global entity, but also a broader set of options, including for example building the capacity and extending the mandate of existing organizations, and pursuing specific activities through project-type mechanisms. Though not considered in the consultation process, it is possible that delegating the functions of HSAN to an independent entity and assuring adequate accountability could be a solution to current desires to pursue health system strengthening objectives in the context of reluctance to create another global partnership.

Members of HSAN should include regional and country based entities engaged in health systems strengthening, networks of experts that address sub-systems in the health system, funding organizations that support health systems strengthening, and health systems research organizations.

The consultation suggests that core members of HSAN should come from the following groups:

- Regional and country based networks and organizations that have a central concern with health systems (such as Equinet, Dragonet, the proposed Middle Eastern Health Policy Network)
- Networks and alliances that have a primary focus on a particular sub-system element (such as the Health Metrics Network, RHINO, the Human Resources Alliance etc).
- Bilateral organizations and the relevant departments of multilateral organizations which have a core focus on health systems
- Health systems research organizations

In particular, the regional and country level entities would form the core constituency of HSAN. Furthermore, HSAN should adopt the principle of subsidiarity, that is, to the extent possible, responsibility should remain with existing entities that meet country or regional level needs, or needs specific to certain communities within the field of health systems strengthening. HSAN should only play a role with respect to those needs that cannot be addressed through existing forums and should support and strengthen existing indigenous networks.

We anticipate that the audience for HSAN products will be made up of a broader group of stakeholders including, country policy makers, global health initiatives and disease specific partners, as well as advocates interested in health systems.

6. Next Steps

The consultative process described here gave stakeholders the opportunity to voice their opinions about what HSAN should be and do. During the consultation process several entities expressed interest in supporting and participating in HSAN. However this support is clearly contingent upon the final vision of HSAN that emerges. The first “next step” therefore is to circulate this report widely, both to get feedback on the findings and conclusions presented here, and to enable stakeholders to determine whether or not they are interested in supporting HSAN. The HSAN website will be used to post comments and reactions to the report.

While we have sought to identify areas where there is broad consensus about what HSAN should be or do, ultimately what is required is a sufficient quorum of stakeholders who feel strongly enough about the need for HSAN to make this happen. We strongly believe that it is critical to the success of HSAN that next steps in the development of HSAN be pursued by a small group of committed stakeholders, rather than by any single funder.

If such a quorum of champions emerges, then it is proposed that a small (and informal) steering committee be established to guide next steps. The next steps in the process of building HSAN should focus on:-

- Conducting with key stakeholders a development process to determine the appropriate organizational structures of HSAN, potential costs and funding sources.;
- Conducting a mapping, and a more formalized consultation, with existing regional and sub-system networks to determine if and how they would wish to participate in HSAN, and how best to strengthen their capacity to further the health systems agenda;
- Closely related to the two steps identified above, scenario planning should be conducted to determine what the key challenges for health systems might be over the coming years, and hence what role HSAN, and other relevant entities will need to play;
- Identifying a suitable home and funding for the activities carried out by HSAN including the webmaster and other key activities;
- Initiating an assessment of the market for technical assistance in health systems strengthening, with a view to developing proposals about how to make it work better and what role HSAN or its partners might play in this.

As stated at the beginning of this report, the global architecture for development assistance appears to be evolving rapidly. It will be important for the core group backing HSAN to track developments in the broader aid architecture so that they can understand how best to position HSAN to play a role that really adds value to countries.

**Annex 1:
List of Participants in Phone, Face-to-
Face and Group Interviews**

Eric Friedman, Physicians for Human Rights
David McCoy, People's Health Movement
Jose Luis Castro, IUATLD
Andrew Cassels, WHO
Tim Evans, WHO
Phyllida Travis, WHO
Kei Kawabata, World Bank
George Schieber World Bank
David Peters, World Bank
Marco Vujcic, World Bank
Hernan Rosenberg, PAHO
Pieter Van Maaren, WHO-WPRO
Cristian Baeza, World Bank
Bernt Anderson SIDA
Stewart Tyson DFID
Nick Banatvala DFID
Jorn Heldrup DANIDA
Kathy Cahill Gates Foundation
Dan Kress, Gates Foundation
Dan Kraushaar, Gates Foundation
Fraser Fowler, CIDA
George Brown, Rockefeller Foundation
Bob Emrey, USAID,
Kelly Saldana, USAID,
Forest Duncan, USAID,
Robert Rosenberg, USAID,
Ishrat Husain, USAID,
Karen Cavanaugh, USAID,
Kama Garrison, USAID
Misun Choi, USAID
Susan Wright, USAID
James Heiby, USAID
Maria Francisco, USAID
Mario Raviglione Stop TB
Alex Ross, WHO
Joe Naimoli, World Bank
Bernhard Schwartlander, Global Fund
Bo Stenson, GAVI
Fatoumata Nafu Troare RBM
Anne Mills, LSHTM
Ron Waldman, Columbia University
Birger Forsberg, Karolinska Institute
Anastasia Pharris, Karolinska Institute
Francois Boillot, France
Xiadin Wei U. of Leeds
John D. Walley, U. of Leeds
Lola Dare, ACOSHED, Nigeria
Liviu Drugus, George Bacovia University
Romania

Rene Loewenson, Equinet,
Equinet Steering committee
Manodj Hindori, Ministry of Health, Suriname
Atef El Maghraby, Ministry of Health and
Population, Egypt
Ninel Kadyrova, Ministry of Health, Kyrgystan
Sugiharto Sulastomo, National Task Force for
Social Security Reform, Indonesia
R. Hangwa, Tanzania
Chakaya J.M., Kenya
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Annex 2

The Health Systems Action Network (HSAN)

Increasing recognition of the obstacles that weak health systems pose to the achievement of the health Millennium Development Goals (MDGs) and other global health targets has led to increased momentum for building stronger health systems. A multiplicity of partners are now interested in this area. Yet for many, it is not clear what health systems strengthening actually entails, and how to proceed. There is a need for credible information, rooted in country experiences, about how to address the need for stronger health systems.

In April 2005, the World Health Organization organized a meeting called “The Montreux Challenge: Making Health Systems Work”, to identify what is known about how to strengthen health systems, the gaps and areas where there is no consensus, and to mobilize the efforts of many individuals and groups who work on health systems strengthening to develop Core Technical Frameworks in key areas to guide countries and donors. At this meeting it was decided that there is a need to develop a Health Systems Action Network (HSAN) to coordinate and potentially unite the many groups working in this area to give consistent guidance and to advocate for stronger health systems that achieve improved health outcomes.

It was thought that HSAN could serve as a means to:

- Build on the growing interest and momentum around creating stronger health systems by providing a vehicle through which diverse partners could help maintain attention on health systems
- Improve communication and the flow of credible information about how health system strengthening could be done, and
- Help promote greater coordination and collaboration.

Subsequent to the Montreux meeting, a group of interested partners jointly developed a concept note that was circulated for comment and was debated at an open meeting during the Global Health Council meetings in Washington DC in June 2005.

Building upon this process to-date, we have identified three different potential models for HSAN, which are articulated in the following table. These models are not entirely mutually exclusive, nor are they the only ways in which HSAN could work. Rather, they are intended to stimulate discussion.

More information about HSAN can be found at www.hsnet.org

Model 1: Network Model for coordinated and informed advocacy, particularly with respect to Global Health Initiatives (GHIs)
Objective
Provide a platform for a wide range of advocacy, civil society organizations, and developing country governments to ensure that GHIs and other major funders of health interventions are responding to country health system needs.
Interested Participants
International, national and local advocacy groups; civil society organizations; developing country governments.
Potential “Value Added”
Share and exchange advocacy-related knowledge about health systems – what needs to be done, what are the priorities? Accelerate momentum around the importance of health systems by holding GHIs and other funders accountable for funding programs that strengthen health systems and make them more responsive.
Mechanisms of influence or work
<ul style="list-style-type: none"> ▪ Interactive web based communication to receive and synthesize input from a wide range of health sector stakeholders, so as to provide information to inform the advocacy process about intricacies of health systems. ▪ Periodic global and regional meetings with advocates and/or working groups to amass input from the grassroots, to request feedback on emerging consensus messages, and to provide information to inform the advocacy process about intricacies of health systems. ▪ Build capacity and facilitate civil society contribution, at the country level to discussions and decision-making about health programs. ▪ Coordinate with technical leaders in health systems thinking to develop concise and easily accessible documents on key aspects of health systems to inform advocates and non-health systems experts.
Form of Organization
Probably an independent entity (so there is no conflict of interest with a host institution). Alternative models include: <ul style="list-style-type: none"> • Board (comprised of advocates, other stakeholders, GHIs, and other large funders) and small secretariat to manage web site, organize working groups, plan and convene meetings etc. • Loose network of existing organizations, with working groups on specific issues composed of representatives from different groups, and rotating Board made up of different organizational affiliates
Funding Requirements and potential funders
Relatively low cost option, particularly if takes the form of a network and there is no secretariat or only a small secretariat. Potential funders include foundations and individuals, unlikely to attract government support.
Similar existing networks/partnerships
People’s Health Movement

Model 2: Network model of Health System Experts
Objective
Develop a global community of health systems thinkers and practitioners to achieve consensus on priority elements of health systems and to mobilize global attention. Provide a platform for health system researchers and practitioners to share and exchange information, identify gaps and areas lacking consensus, and to develop strategies to reach consensus and fill gaps in knowledge and agreement about important aspects of health systems.
Interested Participants
Health systems researchers and policy makers, foundations, members of GHIs, bilaterals and multilaterals, health systems consultants and firms that provide technical assistance to countries.
Potential “Added Value”
Share, exchange and build knowledge to improve effectiveness in health system strengthening and avoid duplication of resources. Accelerate momentum and attract funding for health systems by building a common understanding of what health systems are, and how they can be strengthened that helps build legitimacy for health systems.
Methods of influence or work
<ul style="list-style-type: none"> ▪ Interactive web based approach to share and exchange information on health systems. ▪ On-line and face-to-face working groups to reach consensus on Core Technical Frameworks for specific aspects of health systems and to identify key catalysts that improve health systems performance. ▪ Periodic meetings of health systems researchers and practitioners to share and exchange information, identify gaps, and facilitate a global process to reach consensus about effective models of health systems strengthening and catalysts that improve performance. ▪ Strategic communication to target audiences about consensus of what works to improve health system performance. ▪ Develop criteria of quality and manage an “accredited” roster of consultants and firms that can provide quality technical assistance in elements of health systems.
Form of organization
Either an independent entity or housed in an existing organization. Board comprised of health system researchers, multilateral and bilaterals, GHIs, foundations, developing country governments, and firms that provide technical assistance. Small permanent secretariat staff to manage web site; organize working groups; plan and convene meetings etc.
Funding requirement and potential funders
Moderate cost option, particularly if interaction is initially primarily via the web (costs increase as more meetings and conferences are held). Potential funders include foundation and bilateral organizations.
Similar existing networks/partnerships
International AIDS Economics Network (IAEN) Routine Health Information Network (RHINO)

Model 3: Partnership Model to Coordinate Health System Strengthening Work at the Global Level
Objective
Improve coordination between existing GHIs and programmes, and major bilateral programmes in terms of what they are doing to strengthen health systems. Help create clearer technical consensus and vision on health systems strengthening and how global level partners should address this. Reduce duplication, and inconsistency between global programs at the country level.
Interested Participants
GHIs, multilaterals, bilaterals, Foundations, providers of technical assistance to strengthen health systems.
Potential “Added Value”
Build consensus about priority health system strengthening measures to enable achievement of goals of GHIs and programmes. Reduce waste by avoiding duplication of investments and activities, share knowledge and resources to improve effectiveness, reduce unnecessary competition.
Methods of Influence or work
<ul style="list-style-type: none"> ▪ Brokering agreement across GHIs on a common approach to health systems strengthening. ▪ Building capacity at a small secretariat to provide (or procure) technical support to GF, GAVI or other GHIs – both in terms of support for strategy and procedures at the global level, as well as a resource for country level assessments and plans. ▪ Periodic regional meetings of stakeholders focused on health systems strengthening and different GHIs (e.g. to address questions such as how effective is Global Fund support in strengthening health systems, what could be done better). ▪ Develop criteria of quality and manage an “accredited” roster of consultants and firms that can provide quality technical assistance in elements of health systems to countries and donors.
Form of Organization
Housed in an existing organization such as WHO, or conceivably at the office of a Global Health Initiative. Probably Geneva-based to maximize interaction with GHIs. Board comprised of multilateral and bilaterals, GHIs, foundations, developing country governments, and firms that provide technical assistance. Slightly larger (than other models) technical and administrative staff to coordinate health system activities across GHIs; manage web site; organize global, regional, and local meetings etc.
Funding Requirements and Potential Funders
Relatively high cost option. Potential funders include Foundations, and governments. Could also consider funding via a “tax” upon GHIs.
Similar existing networks/partnerships
Stop TB Partnership