

Proposal for a
Health Systems Action Network (HSAN)
Supporting Countries to Achieve or Exceed the Health MDGs by
2015

Draft for Consultation and Discussion
May 23, 2005

***Invitation for Comments** - The ideas presented in this draft concept note are for consultation. In April 2005, WHO hosted a meeting in Montreux¹, that brought together country representatives, technical agencies, academic institutions, civil society, multilaterals, the private sector and donors to discuss what should be done, to create greater shared vision, and move the health systems strengthening agenda forward. Amongst the proposals made at this meeting was the idea of creating a Health Systems Action Network (HSAN).*

Subsequent to the WHO-sponsored Montreux meeting, a number of participants from the meeting committed to explore further the role that a Health Systems Action Network could usefully play. An article in the May-June 2005 edition of Global Healthlink (Issue 133, Evans et al) reviewed the main challenges to making health systems work and issued an open invitation to a consultative meeting on the Health Systems Action Network to be held at the Global Health Council Conference on 31 May 2005. A number of further consultative meetings are proposed and this concept note will be adapted and elaborated throughout the consultative process.

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1. Why is a Health Systems Action Network needed?

Increasing recognition of the obstacles that weak health systems pose to the achievement of the health MDGs and other global health targets has led to new momentum for building stronger health systems. Multiple partners, including some new types of partners (such as global health initiatives and advocacy groups) are now interested in this area. Yet for many, there remains a lack of clarity about 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. The relative lack of dialogue and consensus, at the global level, between those focused on disease and service-specific issues and those focused on broader health system strengthening, and the lack of a shared understanding as to how these two aspects relate, has limited the emergence of clear avenues of investment for strengthening health systems at the country level.

HSAN would build on the growing interest and momentum around creating stronger health systems, and provide a vehicle through which a range of diverse partners could help maintain attention on the need for health systems as a core component of achieving health

¹ The Montreux Challenge: Making Health Systems Work, Glion-sur-Montreux, 5-6 April 2005.

goals, improve communication and the flow of credible information about how this could be done, and help promote greater coordination and collaboration.

Multiple organizations are currently engaged in some way or another in building health systems and there are a number of existing forums² that are seeking to increase information flows and harmonization. Nonetheless, we believe that there is a niche for an entity such as HSAN. HSAN would:-

- Focus solely on developing country **health systems**;
- Not be an intergovernmental forum but rather a network of government and non-state actors;
- Act as a conduit between Global Health Initiatives (and the various civil society organizations associated with these) and the health systems strengthening community;
- Be driven by country and field perspectives as articulated by national governments, NGOs, and existing health system-focused organizations and networks.

The time for action on health systems is now. Without a concerted effort to engage the broader group of actors now interested in health systems strengthening – emerging in part due to new bi- and multilateral disease-specific initiatives – the current attention to health systems may be short-lived. Given the focus of this year's G8 Summit, quickly establishing commonly shared goals for health systems strengthening must be a high priority. If progress in addressing weak health systems is not made now, then the possibility of achieving global health goals will further recede, potentially jeopardizing the credibility of the sector, its ability to attract future investment, and the health of millions.

2. The Context

Health systems face challenges unlike those they have ever faced before. Widespread economic crisis in low income countries during the 1980s contributed to their decline, but dwindling health budgets were exacerbated by a range of other emerging issues. Globalization has increased labor migration from the South to the North, making it harder for countries to retain qualified health staff. Reforms in the public sector, such as decentralization and privatization, although often designed to improve accountability and responsiveness, have sometimes been implemented in ways that have further undermined health systems. Boundaries between public and private sectors have become more blurred: health workers have moonlighted in the private sector or charged clients informal fees in government health facilities, in order to enhance their meager salary.

On top of all this, health systems face increasingly difficult health challenges, from HIV/AIDS in particular, but also from the rise in associated infectious diseases (such as TB)

² For example, the High Level Forum on the Health MDGs was established to provide an opportunity for candid (and high level) dialogue to identify opportunities for accelerating action on the health-related MDGs. Another, very different example, is the People's Health Movement, which is a coalition of grassroots organizations dedicated to re-establishing health and equitable development as political priorities, which has a strong focus on promoting and strengthening comprehensive primary health care. The Alliance for Health Policy and Systems Research is a forum for partners engaged in knowledge generation and use on health systems.

and the rapid emergence of non-communicable diseases. While these problems are manifest at the country level, their increasingly complex and global nature means that they cannot be resolved entirely by individual countries alone.

Many of the health system problems described above are long standing, but they have come under the spotlight recently because of increasing recognition of the obstacles that weak health systems pose to the achievement of the health Millennium Development Goals and other global health targets for HIV/AIDS, malaria, and TB.

A response to the health systems challenges is now emerging. Global health partnerships, such as GAVI and the Global Fund are newly increasing their investments in health systems strengthening. In addition, new initiatives to strengthen specific aspects of health systems – such as the Health Metrics Network (for health information systems) and the emerging inter-agency platform on Human Resources for Health are being launched. A Special Partnership Programme for Health System Research, to support a stronger evidence base for policy, is in development.

Health systems and health systems strengthening

Health systems in different countries aim to achieve similar goals - improved health (as equitably as possible), through systems that are also responsive and financially fair. And all health systems have to carry out the same basic functions regardless of how they are organised or which health interventions they are trying to deliver. These functions are the development of human and other key resources; service provision; financing and stewardship (oversight and guidance). At its broadest, health system strengthening can be defined as any of a broad array of initiatives and strategies aimed at making improvements to one or more of the four functions of the health system, that lead to better health through improvements in - for example - access, coverage, quality and efficiency

However the response to-date has been patchy and somewhat incoherent: not all important health system elements have been addressed, and the nature of the response has not always been conducive to the development of consistent, coherent, locally relevant and country-led health system strengthening strategies.

Furthermore, those working primarily on health systems strengthening have failed to communicate the health systems strengthening agenda effectively. Greater effort is needed to

agree on priorities, and simplify messages so as to create broadly shared goals and expectations of health systems strengthening.

As additional resources are committed to and mobilized for global health initiatives, and the call for health systems strengthening becomes clear, appropriate use of global initiative and health systems resources can lead to improvements both in health systems and health status. Capitalizing upon and informing these two important streams of effort is critical – if resources are appropriately used they could lead to fundamental improvements in health systems and leverage global initiatives. But without such an organizing framework, large investments in global initiatives, including those which seek to support health systems elements, could distort health systems.

The range of actors active in health development is increasing, both within countries and internationally, and now includes many 'non-traditional' players – such as global health initiatives and partnerships, NGOs and advocacy groups, including those focused on specific

diseases, as well as international actors such as the IMF and UNDP whose programs impact upon health systems. National policy makers receive a wealth of advice from both national advisers and external partners. Not infrequently, different country and global stakeholders hold conflicting views as to which health system strengthening strategies are likely to be most effective. If stronger health systems are to be built, there are clear arguments for having greater consensus on those options that have been shown to be effective, and explicit recognition that health system change is a political as well as a technical issue. Technical assistance providers must become familiar with the resources available from an increasing number of bilateral and multilateral initiatives and aware of what constitutes an appropriate use of these funds for health systems strengthening.

3. HSAN's Vision

HSAN will work to achieve a vision of health systems that ensures universal coverage of quality health services with equitable access for all people based on needs.

Specifically the Network would influence, communicate and advocate with credible information for:

- **Finance** – minimal financial barriers to accessing essential health services, especially for the poor, which would entail improved financial management and better targeting of resources;
- **Health workers** – sufficient, trained and motivated health workers, located where they are most needed, and compensated adequately;
- **Drugs and commodities** – access for all to safe, affordable, essential drugs and commodities when needed;
- **Knowledge for action** - Generation and exchange of knowledge that enables all health system stakeholders to engage in informed action; this includes the development of functioning health information systems that empower citizens, civil society organizations, health workers at all levels and policy makers to chart progress against these and other health goals.
- **More effective stewardship of health systems**, by governments, leading to improved coordination of resources within the health sector, greater accountability and strong, effective public health legislation.

The achievement of this vision would, first and foremost, produce long term benefits in accessible and well-functioning health systems which promote equity and are able to respond to people's needs. This development would, in turn, have major positive impacts upon the achievement of the targets and goals set by Global Health Initiatives and partnerships. It would help increase disbursement rates of major funders, and enhance country capacity to provide needed services for AIDS, TB, malaria, reproductive and child health.

4. HSAN's Mission and Objectives

As part of broader efforts to help countries to achieve or exceed the health MDGs by 2015, HSAN's mission would be to help accelerate more informed and coordinated action by key partners, and to assist in the creation of expanded, comprehensive and high-impact health

systems strengthening activities in developing countries. In particular HSAN would focus on reconciling disease specific initiatives with health systems strengthening.

HSAN would pursue its mission through activities in the following four areas:-

- **Partnerships** - To catalyze participation and engagement by a broad range of stakeholders, particularly non-traditional stakeholders, in shaping action for health systems strengthening;
- **Informed Advocacy** – To launch coordinated, informed, advocacy campaigns to accelerate action;
- **Information Sharing** - To share information on critical elements of health systems, harmonization and best practices in health systems strengthening;
- **Support for Countries** -To support country and regional partners in promoting stronger and more appropriate responses to country health system strengthening needs, by listening, channelling, and responding to the needs and perspectives expressed by countries concerning health systems strengthening.

5. Tasks and functions

Potential roles of HSAN, and benefits to members, include:-

5.1 Partnerships

As noted above there are many potential partners now interested in health systems strengthening, or, alternatively, whose decisions impact directly upon health systems. HSAN would provide a forum to promote partnerships between actors concerned about health systems, particularly through the engagement of non-traditional actors.

HSAN would promote the engagement of non-traditional actors such as civil society organizations (both at the country and global level) in ongoing debates about health systems strengthening. Given the growing interest in health systems on the part of the global health initiatives, and the multiple civil society organizations associated with them, it would be critical for HSAN also to link with such existing disease and service-specific groups. For example, HSAN could provide a forum to connect people working on Global Fund Country Coordinating Mechanisms, GAVI Interagency Coordinating Committees, and other country level entities with a concern about health system strengthening. HSAN would enable them to share experiences, inform utilization of internal and external resources to achieve health goals, and promote more effective participation by a range of different partners. There are a number of existing entities and initiatives around health systems strengthening which may become more effective if they were more open to participation by non-traditional actors. These existing entities and initiatives include, for example, the proposed post-Montreux working groups on specific health system elements.

Other non-traditional actors in the health sector include global actors such as the IMF and UNDP, and country entities, such as Ministries of Finance, and Ministries of Planning, whose policies and country-level work may affect budgetary ceilings in the health sector, civil service reform programs and decentralization initiatives. There is a need to promote greater dialogue between these actors and those working to strengthen health systems.

While HSAN would work to promote partnerships, where such partnerships or networks already exist at the country or regional level, HSAN would target its activities to support existing networks and not undermine or displace them. In particular, HSAN might play a useful role in creating stronger links between existing country and regional networks and global policy discussions.

Finally HSAN's role in promoting information sharing between a broad range of stakeholders would also help promote broader participation in health systems strengthening debates and actions, by providing people with the necessary information to enable them to participate.

5.2 Informed advocacy

The health systems community has not been as effective as it needs to be in articulating why health systems strengthening is important and what it entails. Articles and papers on health systems strengthening are often written in an inaccessible language, and messages are not sharply defined. Perhaps part of the problem has been a lack of clarity as to *what* should be communicated to global and country level decision makers. Sharper, clearer messages are needed. In particular, one of the reasons underlying the success of the Global Health Initiatives in attracting new resources, has been their ability to articulate and mobilize actors around clear and specific objectives (such as 3 by 5 or Stop TB). HSAN would help the health systems community to move towards clearer goals and objectives, and in so doing raise the political priority of health systems strengthening at both country and global level.

HSAN would also provide a forum where those engaged in global health advocacy work can exchange ideas with those working on particular technical aspects of health systems so that, individuals and organizations with strong field experience in health systems strengthening can help shape advocacy campaigns and messages, and advocacy groups can provide the sense of perspective and knowledge of current global policy issues, which are needed for clearer technical presentations and papers.

As part of its advocacy work, HSAN would promote harmonization by advocating with different agencies and global health initiatives and partnerships to ensure more coordinated responses on different elements of health systems support and buy-in to Core Technical Frameworks (CTFs) which define priority investments in different health systems areas.

5.3 Information Sharing

Internationally, WHO and other technical agencies bear primary responsibility for articulating clear, evidence-based guidance on different approaches to building better health systems in different settings. As noted above, a stronger vision of how health systems can be strengthened, and how to tell whether progress is being made, is urgently sought. One particular response to this, which emerged during the Montreux Challenge meeting, was the idea of establishing a number of inter-agency and inter-partner working groups, with the aim of developing core technical frameworks (CTFs), defining priority investments in different health system areas.

While individual HSAN members may contribute to the development of the CTFs, a more important role for HSAN to play would be to catalyze this process, through creating a demand for the final product (the CTF) and helping ensure that the final products meet the

needs of possible users. HSAN would work with existing global and country level processes to identify opportunities to use such core technical frameworks. For example, the CTFs could help guide the Global Fund's Technical Review Panel when it assesses health system proposals, or might influence the shape of investments by bilateral agencies. HSAN would be the umbrella through which such opportunities are identified and pursued.

Harmonizing approaches to health systems strengthening is both a complex and political issue and it needs to be pursued through multiple channels. Certain (high level) actions are already being undertaken by the High Level Forum on the health MDGs. Other more discrete efforts to harmonize approaches exist around specific technical areas (such as National Health Accounts). The proposed CTFs could also make a major contribution to harmonizing technical approaches to health systems strengthening across different agencies by providing clear guidance on appropriate actions. Health systems strengthening strategies need to respond to different country and regional contexts, and greater clarity is needed as to what can be decided globally and which decisions must rest at the country level.

Finally, broad information sharing to a range of partners through website, newsletters, listserves or conferences would be promoted. Such information sharing would cover both technical issues on health systems strengthening (such as emerging needs at the country level, recent significant new research and evaluation findings) as well as "current events" in the health system strengthening arena (such as news from the Global Fund about health system strengthening calls for proposals, or particularly relevant meetings or conferences).

5.4 Support for Countries

It is at the country level where the impact of global initiatives and global agreements are felt. HSAN must embrace and include within its umbrella a wide range of country level actors (Ministries of Health, civil society organizations, private health care providers, academics etc.). While there are formal forums, such as the World Health Assembly and the High Level Forum, where country partners can voice concerns about health systems and the effects of global policies on health systems, HSAN could provide a forum for a wider range for voices to be heard. Additionally side or pre-meetings can be held by HSAN groups during or in advance of these relevant international meetings.

HSAN would also play an important role in terms of identifying and documenting successes and problems at the country level and bringing them to the attention of other countries and global actors. To provide some specific examples, HSAN could work through its partner organizations to identify success stories, where for example country policy makers have effectively harmonized health system strengthening approaches across different Global Health Initiatives, and document how this happened. HSAN could also undertake a "Do no harm" initiative that would involve monitoring and calling attention to activities at the country level which could potentially damage health systems. This could cover issues related to lack of harmonization. For example, instances where agencies have not abided by agreements on health workers salaries or top-ups could be documented and disseminated. In order for such action to be credible, it would need to be based on clear guidelines and evidence about what is bad practice. The core technical frameworks (see above) might be one mechanism for gaining consensus on good and bad practice.

HSAN could also help shape other emerging initiatives which aim to establish appropriate mechanisms to respond to technical assistance (TA) needs. While many countries have wished to hire experienced technical assistance to support their Global Fund applications (for example), identifying appropriate TA providers currently depends substantially on personal connections. There are a number of currently emerging initiatives to promote more organized channels for identifying suitable TA (such as that proposed by the Global Task Team on AIDS). HSAN could play a role in nurturing such approaches and ensuring that they adequately address health system needs, and promote the use of Southern TA providers, as well as advocating for a greater quantity and quality of TA provided from the international entities.

6. Opportunities for HSAN action 2005

2005 is an extremely busy year for international development issues, and health systems issues in particular. While HSAN might eventually grow into a broad entity with multiple strands of activity, in the short term it will need to focus its efforts around a small number of concrete issues or activities. These efforts could both take advantage of particular strategic windows of opportunity that are likely to arise over the next few months, as well as help build the credibility and legitimacy of HSAN over the medium term.

Which particular issues should HSAN mobilize around? A number of options exist:-

- Feed into ongoing discussions by global health initiatives (GHIs) (particularly GAVI and the Global Fund) and also bilateral initiatives (such as the Presidential Emergency Plan for AIDS Relief) about how they should best address health systems. This could include HSAN members participating in the programme of work developing on health systems and GHIs.
- Work with existing advocacy groups to design and initiate a communications strategy on health systems in the run up to the G8 Summit or the UN Summit on the MDGs and other important global fora.
- Promote the idea of a high level inter-agency team, involving health system specialists and disease and service-specific specialists, to evaluate how GHIs are affecting health systems and feed this experience into the ongoing debate about how GHIs should best support health systems.
- Catalyze and provide technical input into the working groups that will develop Core Technical Frameworks for different health system elements;
- Contribute and help shape current discussions about how to improve the quality and quantity of TA provided by various multi and bilateral agencies, universities etc.
- Focussed work in a small number of countries to support groups which promote HSAN objectives including promoting greater participation by non-traditional actors in shaping health systems strengthening dialogue, improved advocacy for health systems and information sharing, particularly between disease and service-specific people and health systems people.
- Contribute to the evaluation criteria used by the Global Fund Technical Review Panel to review Round 5 health system strengthening proposals and help strengthen the health systems strengthening proposals received.

7. Organizational Structure and relationship with other entities

There are multiple possible organizational structures for HSAN. For example should HSAN:-

- *Take the form of a loose federation of interested organizations, versus a more formalized and centralized entity?*
- *Be an entirely independent organization, or should it be embedded within or have a close relationship with existing actors such as WHO, the Global Fund or GAVI?*
- *Focus predominantly on global issues or predominantly on country and regional issues?*

*For each of these dimensions there is a range of possible organizational forms. Two possible organizational options are proposed here. These options are proposed as a means to **provoke reaction and discussion**. They are not in any way fixed.*

Option 1 – HSAN as a network linked to WHO or another Global Institution

HSAN would be an international network. Members of the network would not pay fees in order to join the network. Organizations would simply gain membership through their efforts to contribute to the HSAN mission.

HSAN would have a small secretariat which would be embedded within an existing institution such as WHO, or possibly one of the Global Health Initiatives. Partner institutions could also second staff to the Secretariat to support particular activities.

Funding for HSAN activities could be derived from multiple sources including (i) contributions by donors and foundations to specific activities (ii) slicing a small amount of financing from multiple existing GHIs or (iii) supported by the organizational budget of an existing entity – probably the host organization.

HSAN would have its own board of directors who would be appointed to represent different partner constituencies. The Board would meet annually to approve workplans and budgets as well as provide overall strategic direction to HSAN.

While the Secretariat would undertake some of HSAN's core functions, most HSAN activities would be undertaken by working groups composed of HSAN members. This would be quite a fluid arrangement, with different members aligning on specific issues, and choosing to co-implement particular activities.

Option 2 – HSAN as an independent NGO

HSAN would be an international membership organization with institutions in the North and South paying different membership fees. HSAN would invite membership from interested NGOs, private sector institutions, bilateral and multilateral agencies, foundations and developing country governments. HSAN would seek to complement this source of revenue with grants from foundations and donors for specific initiatives.

Organizations would choose to join HSAN because they value the objectives that HSAN seeks to promote and because they wish to help shape the way in which health systems strengthening is addressed.

HSAN would have a small secretariat (most probably based in Geneva or close to Geneva), which would coordinate the different activities that HSAN engaged in, as well as itself undertaking specific tasks around the four main HSAN objectives (promoting participation, information sharing, informed advocacy and support for country action). The Geneva location is proposed so as to maximize the extent to which HSAN could interface with global level stakeholders (such as the Global Health Initiatives, UN Agencies etc.). Depending upon the relative shares of global level advocacy and information sharing, versus country or regional level advocacy and information sharing, HSAN could also consider an organizational model of small regional secretariats in each region.

HSAN would be an independent entity, and would not owe its existence to any one specific agency, but rather to the broad body of its members. WHO, given its primacy in terms of technical standard setting for health may have a special relationship with HSAN, for example it could have a permanent seat on the HSAN board (see below). WHO would also undertake to provide HSAN with relevant technical information relating to the HSAN mission and objectives.

HSAN would have a board of directors who would be elected by different groups of member constituencies (for example two seats on the board representing NGOs from the South, two seats for developing country governments etc). The Board would meet on an annual basis to approve annual workplans and budgets as well as provide overall strategic direction to HSAN.

As for Option 1 above, while the small secretariat would undertake some core HSAN functions, most would be undertaken by working groups composed of interested HSAN members.

7. Timeline and next steps

Action	Time Frame
Drafting committee circulates draft concept note to broader review group	12 May
Comments from drafting committee received	19 May
Revised version of concept note prepared and circulated for discussion at GHC meeting	25 May
Consultative meeting at GHC	31 May
Organize regional consultations on the concept paper	June, July, August 2005
Briefings and organize meetings at the G8 summit	
Propose to UNAIDS GTT	
Propose to GAVI and GF	
Secure funding for HSAN development	

Develop business plan, (workplan and budget for one year)	July, August 2005
Briefings and organize meetings at the UN meeting on the MDGs	
Convene Stakeholders Founding meeting	September 2005