

# **Investing in Health Systems Strengthening: Taking Stock of the Evolving Global Landscape**

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*Health systems strengthening (HSS) has long been one of the major areas of international health practice and a multi-billion annual investment in low- and middle-income countries resourced by local means and international donors. During the last decade important developments took place in the conceptual, policy, and programmatic approaches to HSS, alongside substantial changes in the global health funding architecture, which have influenced both—theoretical interpretation and practical implementation of HSS at the country and global levels. These developments provide a timely opportunity to take stock and analyze evolving landscape of international HSS support in order to better inform further advancements in the field, and particularly to maximize the impact of investments. This commentary briefly explores important dynamics in the global HSS setting, which occurred during the last 5-7 years, and are essential for considering by international health community while setting the future HSS agenda and investment frameworks.*

## **NEW EVIDENCE ON INTERACTIONS BETWEEN HEALTH SYSTEMS AND DISEASE CONTROL**

Research findings have become available that confirm the important role of strengthened health systems for improving health outcomes, and the vital role of HSS investments made by disease-specific Global Health Initiatives for the progress towards the Millennium Development Goals (MDGs).<sup>1</sup> This evidence has helped change the perception of the interactions between disease control and health systems: strong health systems are increasingly considered necessary prerequisite for successful implementation of health programs, than a spill-over effect of scaled-up investments in disease control.<sup>2</sup>

## **INTEGRATION OF HSS WITHIN NATIONAL HEALTH STRATEGIES**

Progressively, disease control and HSS interventions are integrated within national health strategies—to overcome the fruitless ‘vertical’ vs. ‘horizontal’ debate and to foster comprehensive health sector development approaches.<sup>3</sup> The Joint Assessment of National Strategies (JANS) is increasingly used by countries as a mechanism for assessing the quality and coherence of broader national health strategies incorporating HSS.<sup>4</sup>

## **ANALYTICAL APPROACHES TO DIAGNOSING HEALTH SYSTEM NEEDS**

Comprehensive tools have been developed to explain underlying causes of poor health system performance (e.g. USAID Health System 20/20, FHI-360). These allow countries to apply more robust analytical approaches to diagnosing and addressing

roots of the health system's weaknesses in a sustainable way, rather than superficially treating only the visible symptoms. Consequently, a shift has been made towards building HSS strategies on more analytical, rather than descriptive evidence.<sup>56</sup>

### **NEW FUNDING AND PROGRAMMING MECHANISMS**

Increased demand for integrated approaches to investment in HSS have encouraged development of new international funding instruments such as the common application form, which enables countries to simultaneously request funding from the Global Fund and GAVI Alliance, and the Health Systems Funding Platform (HSFP) that enables several international HSS donors, such as the GAVI Alliance, the Global Fund, and the World Bank to harmonize co-investments for supporting national health plans. However, it should be noted that both the GAVI-Global Fund common application process and the HSFP were scheduled to be launched in 2011, but due to financial constraints, the Global Fund's Board decided to suspend the Fund's participation until additional resources will become available.

### **GLOBAL NEEDS AND AVAILABLE RESOURCES**

Estimates for the global HSS funding amount necessary for reaching the health MDGs have been developed. In 2010, the High Level Task Force on Innovative International Financing for Health Systems concluded that spending on health in low-income countries needed to be raised from an estimated US\$31 billion to US\$67-76 billion per year by 2015, a substantial portion of which would contribute to strengthening countries' health systems. Some innovative financing mechanisms have been also described, which presumably can raise up to US\$10 billion per year, together with existing commitments, that could help fill the financing gap to reach the health MDGs.<sup>7</sup>

### **CONCEPTUALIZING HSS**

Multiple conceptual frameworks have emerged to explore and explain various theoretical aspects of the health systems.<sup>8</sup> However their operationalization into practical how-to guidelines, as well as a broadly agreed programmatic definition of the scope of HSS elude us. Consequently, recent publications describe HSS as "a vague concept," a "buzzword to label very different interventions," and urge "a consensus on what it means, how it should be done and evaluated."<sup>9,10</sup> More recently efforts were attempted to build on synergies of the existing conceptual frameworks for developing a converged model as a common technical reference for HSS, however, additional discussions seem to be needed for broader consensus building.<sup>11</sup> Additionally, efforts were also made to catalogue the programmatic content of HSS into a classification system, aimed at identifying how specific HSS activities may contribute to strengthening specific areas of the health system. The above classification has been used to track HSS investments provided by international donors.<sup>12</sup>

## **TECHNICAL ASSISTANCE**

Lack of international coordination mechanisms to streamline HSS technical assistance to countries for more effective and efficient delivery has been recognized. Several efforts to address the issue have led to establishment of regional technical hubs (e.g. the World Bank's regional hubs in Africa) and communities of practice (e.g. through Harmonization of Health in Africa initiative). Suggestions to develop an on-going partnership mechanism to assist global HSS actors coordinate their activities have been contemplated.

## **CAPACITY BUILDING**

Various training initiatives aimed at building HSS technical and operational capacities in countries led by major international organizations (e.g. the World Bank's Flagship Program), have been accelerated, and HSS has been increasingly integrated in countries' graduate training program curricula (e.g. the BRAC University, School of Public Health). These efforts have resulted in producing a critical mass of HSS professionals, many deployed in countries, although a systematic approach to mapping the availability of local resources and to efficiently utilizing them has been lacking.

## **MEASURING HSS OUTCOME AND IMPACT**

Interagency discussions have been progressing on developing a shared framework for measuring outcome and impact of HSS. Yet, broader agreement is lacking on methodological approaches, particularly on identifying measurable domains of HSS interventions and on establishing causal pathways between HSS inputs and processes, and health outcomes.

## **STREAMLINING HSS RESEARCH**

Benefits of narrowing the know-do gap for HSS practice through effective integration of health systems research into the HSS agenda have been recognized. The First Global Symposium on Health Systems Research was held in 2010, which enabled sharing state-of-the-art research and developing of a global agenda for HSS research. A follow-up symposium is planned for 2012 with focus on knowledge translation and health system research methodologies.

## **CONCLUSION**

Evidence on HSS needs and the available experience with the global HSS content inform countries' demand for HSS support. A few priority focus areas, such as improving healthcare financing and delivery models for achieving universal health coverage, addressing shortage of qualified health workers, optimizing supply-chain management systems, strengthening policy-making and governance systems, and improving health information systems have emerged as effective domains, which may be indicative of HSS investment priorities during the next decade. Constrained economic environment creates a challenging context, which requires further optimization of collective efforts by countries and major external partners. A better

coordinated effort is needed for planning future investments in disease control and health systems strengthening in a balanced, mutually complementary manner. Additionally, structured dialogue is needed for global HSS community in order to transform the priorities and the above developments into an harmonized and integrated health systems agenda for effectively taking the HSS support to the next level.

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<sup>1</sup> WHO (2008), “Maximizing positive synergies between health systems and global health initiatives,” Available at: [http://www.who.int/healthsystemsSyn3rdExpCons\\_HR.pdf](http://www.who.int/healthsystemsSyn3rdExpCons_HR.pdf) (Last accessed on September 21, 2011).

<sup>2</sup> Richard Coker, Julie Balen, Sandra Mounier-Jack, Altynay Shigayeva, Jeffrey Lazarus, James Rudge, Neepa Naik, and Rifat Atun, “A conceptual and analytical approach to comparative analysis of country case-studies: HIV and TB control programmes and health systems integration,” *Health Policy and Planning*, 25, supplement 1 (2010).

<sup>3</sup> Rifat Atun, Thyra de Jongh, Federica Secci, Kelechi Ohiri, and Olusoji Adeyi, *Clearing the global health fog: A systematic review of the evidence on integration of health systems and targeted interventions*, World Bank Working Paper 166, 2009.

<sup>4</sup> IHP+, *Joint Assessment of National Health Strategies and Plans*, 2009 Available at: [http://www.internationalhealthpartnership.net/CMS\\_files/documents/joint\\_assessment\\_guidelines\\_EN.pdf](http://www.internationalhealthpartnership.net/CMS_files/documents/joint_assessment_guidelines_EN.pdf) (Last accessed on September 21, 2011).

<sup>5</sup> USAID, *Health systems assessment approach*, 2007, Available at: [http://www.usaid.gov/our\\_work/global\\_health/hs/publications/hs\\_manual.html](http://www.usaid.gov/our_work/global_health/hs/publications/hs_manual.html) (Last accessed on October 10, 2011).

<sup>6</sup> FHI-360: *Health system rapid diagnostic tool*, 2012, available at: <http://www.who.int/workforcealliance/knowledge/resources/fhi36ordt.pdf>

<sup>7</sup> Task Force on Innovative Financing of Health Systems, *More money for health and more health for the money*, 2010, Available at: [http://www.internationalhealthpartnership.net/CMS\\_files/documents/taskforce\\_report\\_EN.pdf](http://www.internationalhealthpartnership.net/CMS_files/documents/taskforce_report_EN.pdf) (Last accessed on September 21, 2011).

<sup>8</sup> WHO, *Strengthening health systems to improve health outcomes*, 2007, Available at: [http://www.who.int/healthsystems/strategy/everybodys\\_business.pdf](http://www.who.int/healthsystems/strategy/everybodys_business.pdf) (Last accessed on October 10, 2011).

<sup>9</sup> Bruno Marchal, Anna Cavalli, and Guy Kegels, “Global Health Actors Claim To Support Health System Strengthening—Is This Reality or Rhetoric?” *PLoS Medicine*, 6, Issue 4 (2009).

<sup>10</sup> Jesper Sundewall, R. Chad Swanson, Arvind Betigeri, David Sanders, Tea Collins, George Shakarishvili, Ruairi Brugha, “Health systems strengthening: current and future activities,” *Lancet*, (2010) DOI:10.1016/S0140-6736(10)60679-4. Available at: <http://www.lancet.com/journals/lancet/article/PIIS0140-6736%2810%2960679-4/fulltext> (Last accessed on September 21, 2011).

<sup>11</sup> George Shakarishvili, Rifat Atun, Peter Berman, William Hsiao, Craig Burgess, and Mary Ann Lansang, “Converging health systems frameworks: towards a concepts-to-actions roadmap for health systems strengthening in low- and middle-income countries,” *Global Health Governance*, 4, no. 1 (2010).

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<sup>12</sup> George Shakarishvili, Mary Ann Lansang, Vinod Mitta, Olga Bornemisza, Matthew Blakley, Nicole Kley, Craig Burgess and Rifat Atun, "Health systems strengthening: a common classification and framework for investment analysis," *Health Policy and Planning*, (2010): 1–11  
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