

Report
on
GAVI Health Services Strengthening Task Team Meeting
and
Briefing with WHO and GFATM

Geneva Switzerland

12-15 September 2006

Prepared by: **Lee-Nah Hsu, Chair, Steering Committee, HSAN**
 Frank Nyongator, Member, Steering Committee, HSAN
 Alexa Khan, Co-chair, Steering Committee, HSAN

22nd September 2006

I. GAVI Health Systems Strengthening (HSS) Task Team Meeting

A. *Pre-meeting working dinner, 12th September 2006*

On the eve prior to the TT meeting, GAVI hosted a working dinner to prepare the participants for the up-coming two-day consultation. Lee-Nah participated in this pre-meeting. The key messages from GAVI Secretariat at the gathering were as follows:

- GAVI's past track record won its support from a consortium of donors to select GAVI to administer the HSS fund as the global lead agency, although GAVI is an imperfect entity to do so. GAVI wants its partners to collaborate and coordinate with its efforts to fulfill this objective rapidly.
- Although GAVI's focus is Immunization, the HSS fund GAVI administers, will reflect the strengthening of the overall HS consistent with existing national plans.
- The key impact indicators are two: Reduction in <5 mortality; and increase in immunization coverage.

B. *Day one consultation summary, 13th September 2006*

The first day of consultation focused on learning from the country process to date and deliberate on the TA process. Four countries were discussed: Cambodia, Viet Nam, Ethiopia and Uganda. Key challenges identified were as follows:

- The need to ensure that HSS proposal preparation and consultation process in country is lead by the Planning office of the Ministry of Health and not the immunization group.
- The proposal should support the existing national plans not a new, separate initiative.
- Timely and appropriate TA, either within the country or field externally, coupled with close communication to clarify the expectations, processes, format, etc. are critical to ensure timely fulfilment of the deadlines.
- Each country took its own approach for in-country consultation process. The process needs to be clearly documented and will be pre-reviewed.

Discussions included the need to ensure participation of civil society in the consultation and proposal drafting process. Clarification of the relationship of proposed HSS fund support with that of country SWAP.

Action point:

A draft review process document, including TA, pre-review, International Review Committee; and a draft list of potential pool of IRC members have been prepared and discussed. The revised drafts, based on the discussions, were circulated to all TT consultation participants post meeting. HSAN through Lee-Nah provided input before the deadline of 19th September.

C. *Day two consultation summary, 14th September 2006*

The day started with two queries as follows to a panel of partners, including HSAN which was represented by Lee-Nah:

- What are current partner activities on HSS?
- How can HS be strengthened and what approaches can be suggested for effective coordination and harmonization at country level including your organization's specific contributions to HSS.

The following summarizes the panel inputs:

Health Workforce Alliance (HWA)

Mandate

- Respond to the shortage of qualified health work force.
- Global level HW advocacy.

Current actions

Develop evaluation tool on adequacy of health workforce to the HWA Board. This tool will evaluate health workforce needs across the sector and its management to inform recruitment and retention strategies.

Suggestions to GAVI HSS

- The GAVI HSS funds should not be tied exclusively to immunization but should incorporate HW issues;
- Develop joint strategies to address HR challenges using African Observatory support on health workforce as an example.

Global Fund for AIDS, TB and Malaria (GFATM)

- GFATM does not consider health system support to HIV, TB and Malaria as vertical. It supports HSS in its three diseases grants to ensure effective results. It agrees with GAVI's coordination and harmonization effort, including on technical assistance.
- Monitoring is critical to reflect HSS impact and provides evidence for allocating support for HSS.
- Countries need to improve their understanding of what HSS entail and HSS request should be demand driven to ensure country ownership and sustainability.

World Bank (WB)

- Global Health Partnerships and HSS are parallel, duplicative initiatives can distort sector financing. The country level are overburdened with limited capacity of planning, budgeting and personnel management .
- WB task managers suggested “damage control” to minimize the disconnect between GAVI HSS and Bank sponsored initiatives and to ensure value for money while minimizing transaction costs. This could be achieved through:
 1. common system for applications
 2. joint assessment mechanisms
 3. adoption of standard procedures for reporting/monitoring and evaluation;
 4. collaboration on joint mapping of HSS initiatives
 5. establishment of common procurement systems
 6. Establishing integrated systems for supervision of programs and projects at country level.

Stop TB

- Approach “diagonally” instead of vertical or horizontal
- Suggest joint missions including financing streams, logistics, etc.
- Develop assessment tools on HSS impact on TB
- Plan HR and build capacity
- Develop joint indicators

Scaling up for Better health – WHO initiative

- Focus on country and regional level initiatives in the framework of the Global Agenda;
- Increased collaboration as opposed to adversarial approach
- Policy and process driven approach vs experts and tools
- Work with Ministries of Finance

GAVI Secretariat

- Effectiveness of HSS funding requires partners' support
- Study HS barriers to inform effective allocation of HSS funds
- Develop measurable indicators to monitor progress on specific HSS components
- Identify lessons learned and develop actionable strategies
- Develop demand side strategies including leadership issues at country level

Health Systems Action Network (HSAN)

- Unique composition – A mix of government, civil society, practitioners, academics and activists including journalist. Still being shaped. More details will be in the HSAN presentation which was in the next agenda item.
- Ensure a neutral forum to incorporate voices of all stakeholders including consumers.
- Gather good practices, tools, knowledge base and lessons learned for dissemination.
- A repository to provide country and regional level technical input to complement global initiatives.
- In the longer term, cultivate critical non-health sectoral partnerships (transport, education, etc.) whose contribution is critical for effective Health Systems function.

Health Metrics Network (HMN)

- build a dashboard on HS components through the work of six steering committees. These committees are global assessment stewardship, human resources, financing, information systems, service delivery and supply systems;
- Indicators to assess HSS will be discussed at a HMN meeting, 28th-29th September, 2006.

HSAN is one of the civil society entity being introduced to the Team. A copy of HSAN PPT presentation. . Frank presented the PPT. The PPT has been separately loaded onto HSAN workspace.

In Conclusion

The GAVI HSS TT appreciated the participation of HSAN in the meeting and recommended HSAN to link up with Alliance for Health Policy and Research to reduce overlap in supporting the GAVI HSS initiative. The GAVI HSS TT also invited HSAN to be part of the action points to involve civil society organizations.

HSAN will support the GAVI HSS by:

- Identifying ways in which civil society can be represented in HSS TT initiatives and provide links to networks
- Strengthening links between HSS civil society network and broader GAVI civil society group network.

- Ensuring civil society is supported by GAVI HSS at country and regional levels
- Providing input to background documents for GAVI HSS Board in November

II. Briefing with WHO and GFATM, 15th September 2006

A. GFATM

The briefing with GFATM was hampered by the fact that there was an internal strategic planning exercise going on at the Secretariat at the same time. In addition, the Technical Review Panel of GFATM was also concluding that day, which required the Secretariat's attention. Nosa met with Lee-Nah but Schwazlander had to cancel out at the last moment.

Nosa was familiar with HSAN and received feedback already from Samson post-Toronto. HSAN representative suggested the possibility of country and regional level technical support to assist country proposal preparation on the HSS component as well as at the implementation stage. Nosa welcomed the idea and reiterated the need for close collaboration.

B. WHO

The briefing to WHO included an introduction of HSAN, update on the outcome of the Toronto meeting and clarifying their roles and strategies for HSS. The information would help position HSAN as a mechanism that could support partners as well as complement current initiatives on HSS. Frank and Alexa participated in the WHO consultations.

1. Department of Health Policy and Services – Phyllida Travis and Dela Dovlo

The focus is on country level management strengthening, knowledge generation and sharing to ensure a common understanding of what works and what doesn't. They plan to develop a HSS strategy to be presented to the Executive Board in January 2007.

Suggestions for HSAN

- Channel messages, information between WHO and constituents at country level on HSS.
- Act as a mechanism to facilitate the exchange of ideas, advocacy of issues and information on HSS.
- Serve as a reviewer of WHO draft documents. The department could also do the same for HSAN.
- Function as a watchdog on HS similar to Amnesty International by assessing country HS and publish findings.

2. Alliance for Health Policy and Systems Research- Sara Bennett

The Alliance was established in 1999 with a focus on small projects to synthesize evidence for policy making. It conducts systematic reviews of HS issues.

Suggestions for HSAN

- Focus on 'tacit knowledge' research instead of the Alliance's formal technical research.
- Serve as a repository of HSS resources and documents
- Document evidence for policy making at country level

- Build country level capacity on knowledge generation and synthesis for decision making in collaboration with the Alliance.
- Focus on south-south efforts and develop code of practice /guidelines for strengthening health systems
- Perform advocacy role similar to the Peoples' Health Movement
- Create a structure of rotating secretariat in southern regional organizations such as BRAC, University of the West Indies etc.

3. Stop TB- Diana Weil

Suggestions for HSAN

- Advocate for collaboration across groups involved in HSS

Stop TB could assist HSAN by marketing the organization at a Conference scheduled for October 31st, 2006. see www.iuatld.org and by issuing an invitation to a Conference Call. HSAN could send a 'PRESS RELEASE' to be distributed to participants at the Conference. Stop TB can share its experience in communication and social marketing with HSAN as it positions itself as a global activist for health system strengthening.

4. Evidence and Information for Policy- Tim Evans

Suggestion for HSAN

- Develop "communities of practice"

EIP is willing to support HSAN's effort in this direction.

5. Knowledge Management and Sharing – Ariel Pablos Mendez

Suggestions for HSAN

- Develop specific targets for what the organization wants to achieve in HSS
- Engage with relevant agencies (MSH, AHSRP, HMN, Health Workforce Alliance).
- Consider *Indepth Network* as a feasible organizational approach and the Connection (MSH, Boston)
- Establish itself as a legal entity and formally register with WHO
- Apply to Gates Foundation and Rockefeller Foundation for a Bellagio Meeting to signify the legal birth of HSAN

KMS is willing to support HSAN to build communities of practice to generate and share knowledge on what works and does not work in HSS;

6. Director Health Information – Ties Boerma

Suggestions for HSAN

Build a bridge between Health Metrics Network and HSAN

GAVI Secretariat suggestion for civil society role:

- Review ways in which civil society can be represented in HSS TT and links to networks
- Strengthen links between HSS civil society and broader GAVI civil society group
- How best to ensure civil society is supported by GAVI HSS at country and global level
- Provide inputs to paper for board in November

III. Conclusion

Most people and organisations we interacted with were keen to see:

1. HSAN up and running to provide support to current global initiatives to strengthen country health systems, particularly those being championed by GAVI and those supported by GFATM
2. HSAN to remain autonomous and be able to engage in constructive discussions on HSS with Global organisations such as WHO, GAVI, GFATM, HSM for country assessments, etc
3. HSAN to be structured in such a way to facilitate stakeholders at country and sub-national levels to have a voice

HSAN needs to set-up its structure and function as soon as possible. It is proposed a technical working group for HSAN's structure, function and regulations be set up immediately within the Steering Committee to finalize its details as suggested by our partners. . A draft outline is attached.

Annex

Proposed HSAN organization structure preliminary draft

Structure

- Constitution
- Membership profile and entry requirements
- Registration of HSAN
- Bank account
- Work plan

Establishment of a Secretariat and a Virtual Office

- Administration
- Composition of the Secretariat
- Point of communications

Sub-Networks

Proposals for setting up networks at regional and country Levels should include guidelines and codes

Guidelines for establishing Country Networks

Structures at country Levels to involve

- Civil Society Organizations, academic and research institutions and other stakeholder groups including consumer groups
- Public health officials and ministries of health
- Other relevant Ministries, government Agencies, entities (non-gov, could be foundation, charity, institutions)

