Thursday, 21 April 2016, 12:30-14:00 Federal Café at the Geneva Health Forum

International Health Cooperation and Health Systems Strengthening: Time for a Global Symposium?

Thomas Schwarz Medicus Mundi International Network Health for All

# International health cooperation:

What are we talking about?



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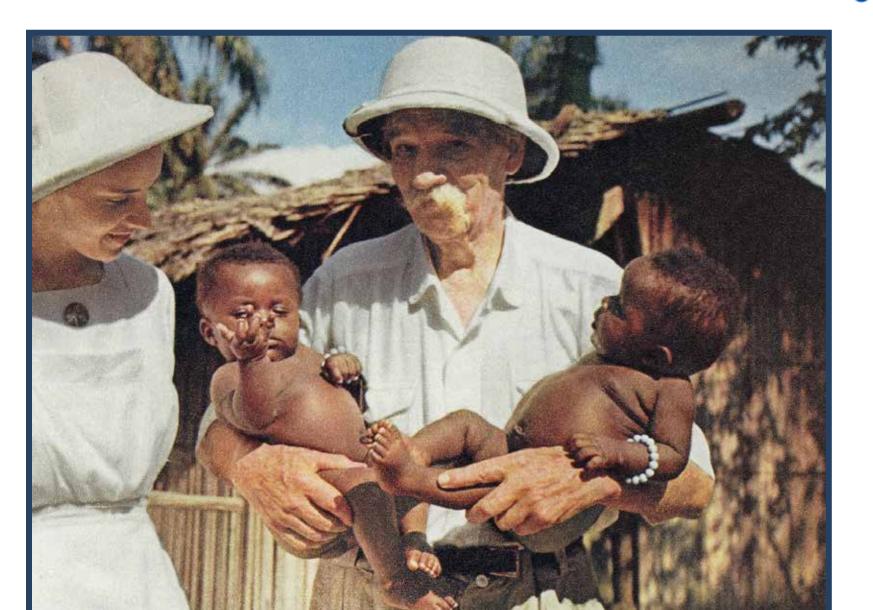
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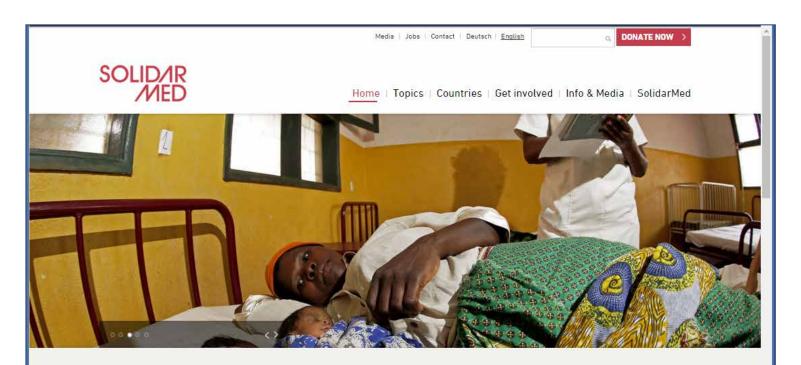
We will use the term "international health cooperation" in the sense of development cooperation for health: organizations leading themselves health programmes in low- and middle income countries ("developing countries") or supporting public or private partner organizations technically and/or financially in order to improve health outcomes and the access to health care.

 Traditionally most of the members of the Networks hosting today's session (MMI and MMS) are rooted in development cooperation for health, health aid, humanitarian assistance or technical cooperation – fields of activities that have, such as the terms to describe them, considerably developed over time.



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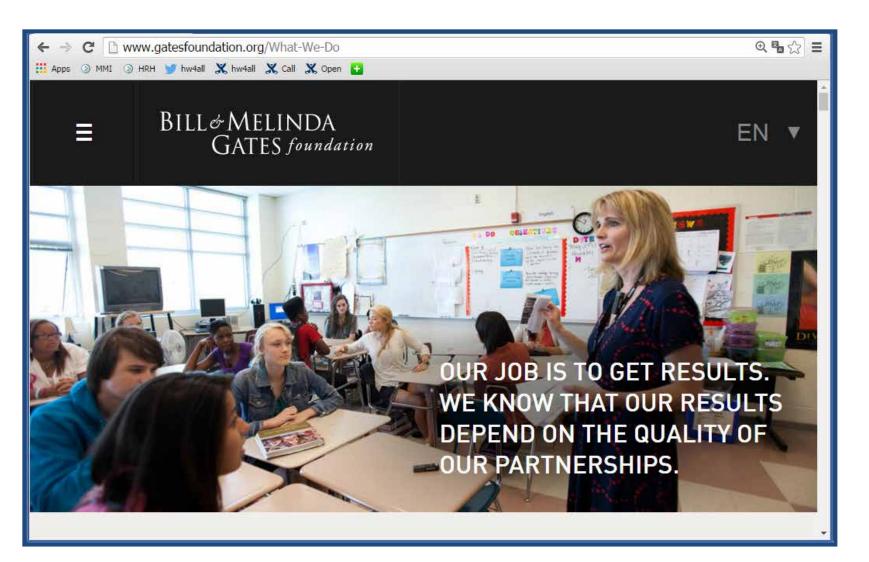
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## https://www.eda.admin.ch/deza/en/home/themes-sdc/health-development/health-systems-sanitation.html



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# http://www.cccmhpie.org.cn/Pub/3721/126109.shtml



Cooperation for health has moved beyond aid and hence cooperation with other actors has become more relevant and necessary. And there are many... Health cooperation has become a crowded and rather confusing space.

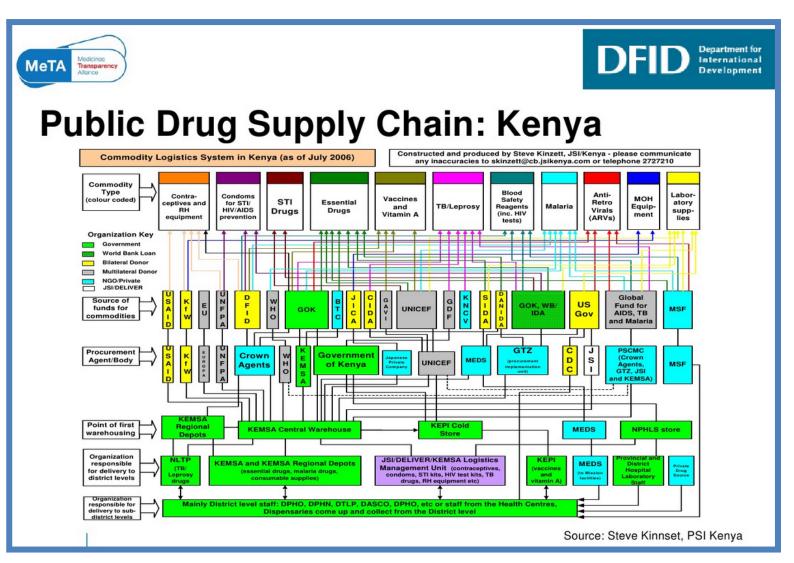


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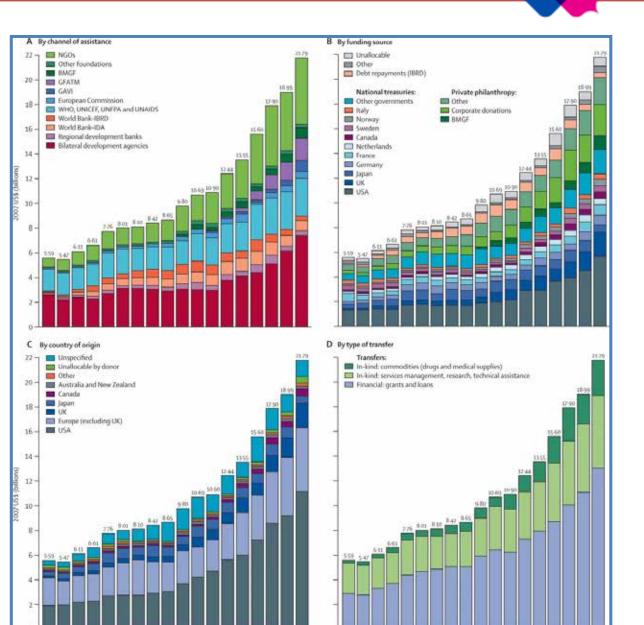
http://www.gavi.org/about/

Development assistance for health from 1990 to 2007 by

- channel of assistance (A)
- source of funding (B)
- country of origin (C)
- type of assistance (D).

IN: Financing of global health: tracking development assistance for health from 1990 to 2007. Ravishankar et al., Lancet 2009

http://www.thelancet.com/journals/lanc et/article/PIIS0140-6736%2809%2960881-3/fulltext



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#### LOST IN THE CROWD The World Health Organization once dominated global funding for health. Powerful new funding organizations and growing national aid programmes have surpassed it. 1.2 Development assistance for health (US\$ billions) 1990 1.0 ..... 0.8 0.6 0.4 0.2 0 NGOs UNFPA PAHO WHO USA FRA JPN ITA UNICEF SWE 8 Development assistance for health (US\$ billions) 7 .... 6 ..... Founded 5 ..... 2002 Founded 4 .... 1994 Founded 3 2000 2 \*\*\*\* \*\*\*\* 0 WHO BMGF IBRD USA GFATM NGOs UK GAVI EC \*Country figures represent country bilateral aid. 2010 values are preliminary estimates.

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http://bit.ly/1MHI8a5





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- It has become difficult to sustain political support for development cooperation (see the current parliamentary debate in Switzerland).
- Development cooperation is trapped between macroeconomic and business approaches to social development (including the neoliberal "let the market do it")...
- ...and a rather mixed track record and controversial history of aid – leading to fundamental objection of "aid" for political reasons.





- "Beyond aid", actorship and ownership for development should rather lie with the countries and people/communities, and the attention of the "developed countries" should rather focus on addressing the economic and political determinants (SDoH, policy coherence, HiaP)
- This is reflected in the Sustainable Development Goals SDGs which, contrary to the MDGs, promote a holistic, universal and integrated vision of development. If this is taken and implemented seriously, there is no more "us and them", but just one World.







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## http://www.socialwatch.org/node/17174

# Health Policy and Planning Advance Access published August 16, 2012

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# Interrogating scarcity: how to think about 'resource-scarce settings'

**Ted Schrecker** 

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Accepted 10 May 2012

The idea of resource scarcity permeates health ethics and health policy analysis in various contexts. However, health ethics inquiry seldom asks—as it should—why some settings are 'resource-scarce' and others not. In this article I describe interrogating scarcity as a strategy for inquiry into questions of resource allocation within a single political jurisdiction and, in particular, as an approach to the issue of global health justice in an interconnected world. I demonstrate its relevance to

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http://heapol.oxfordjournals.org/content/early/2012/08/16/heapol.czs071.full

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https://theconversation.com/ebola-and-zika-epidemics-are-driven-by-pathologies-of-society-not-just-a-virus-54191

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# http://lcid.org.uk/2014/09/30/ending-global-poverty-is-not-about-aid-its-about-politics/

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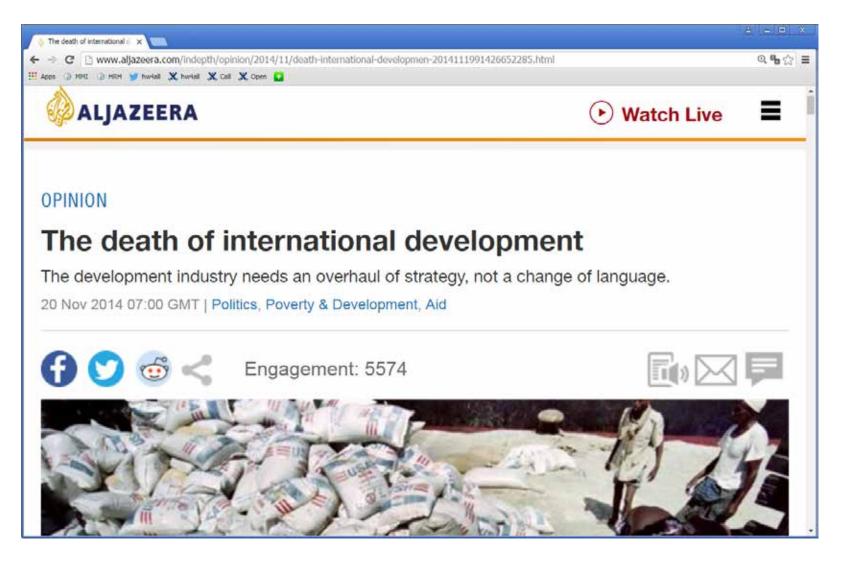
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- All this leads to the statement that we are approaching the "end of aid" or "death of international development" (as we know it).
- Let us nevertheless, for the time being, conclude that we are not yet at the there. Nevertheless, to remain relevant in the future, health cooperation needs to move beyond aid, and its approaches, policies and instruments need to be carefully reassessed.





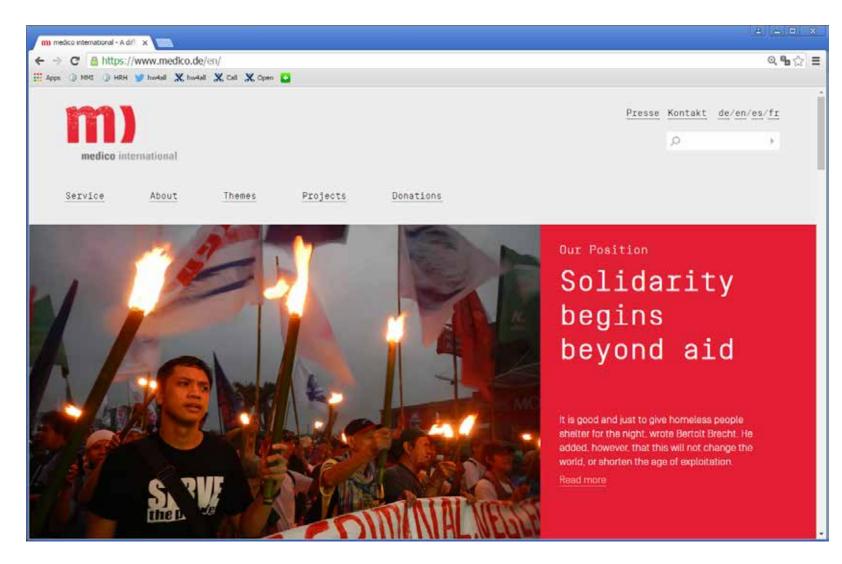
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Jason Hickel, <u>http://www.aljazeera.com/indepth/opinion/2014/11/death-international-developmen-2014111991426652285.html</u>

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Health cooperation: A contested field – and there is need for critical self-reflection, frank debates and mutual learning

There are fierce controversies about the approaches, strategies and instruments used in health cooperation, about the actors involved – and their power and interests – and about the governance of cooperation and health partnerships.



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To start with two particular cases:

- Mozambique: Donor dependency
- Ebola: Poor health systems, failed cooperation

Trailer "A luta Continua" (english subtitles)



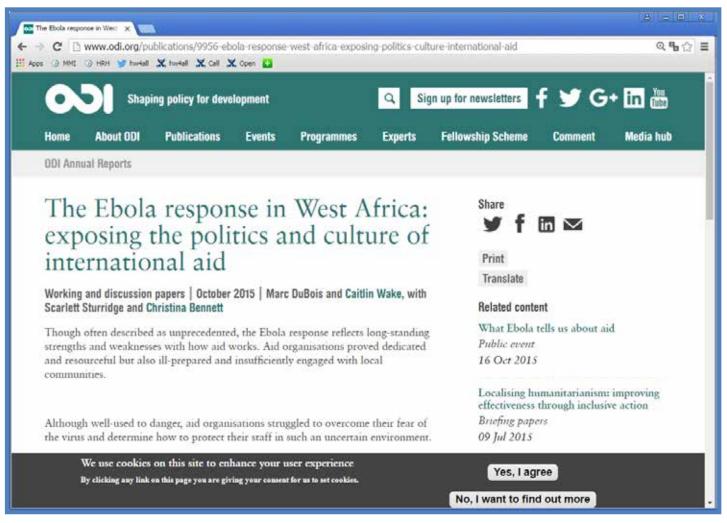
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Mozambique: donor dependency <u>https://www.youtube.com/watch?v=I\_G3SLBQypA</u>

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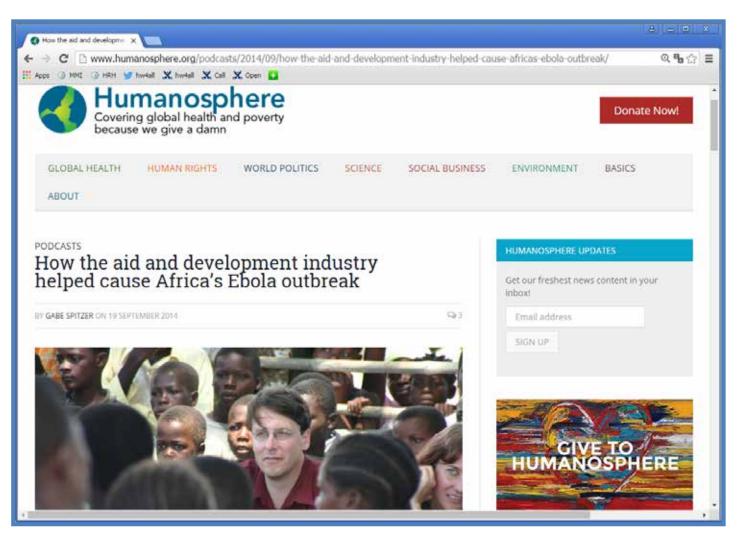


Ebola: poor health systems, failed cooperation

http://www.odi.org/publications/9956-ebola-response-west-africa-exposing-politics-culture-international-aid

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Ebola: poor health systems, failed cooperation http://www.humanosphere.org/podcasts/2014/09/how-the-aid-and-development-industry-helped-cause-africas-ebola-outbreak/

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Ebola: poor health systems, failed cooperation<

http://www.dailymail.co.uk/wires/afp/article-2840334/IMF-World-Bank-policies-share-blame-Ebola-crisis.html

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Ebola: poor health systems, failed cooperation< http://www.humanosphere.org/world-politics/2014/11/africans-geldof-dont-need-another-band-aid-solution/



...and more examples of controversies:

- Vertical interventions (rapid wins? silver bullet? quick fix?) vs. strong health systems, primary health care
- Results based financing / Payment by results
- Actors and governance of health cooperation, and in particular: global health initiatives, foundations (Gates bashing), NGOs, global initiatives, WHO
- Aid alignment and effectiveness: Promoting the donor agenda or real "health partnership plus"? People and communities: Beneficiaries or partners/owners?
- Innovation vs. ownership, absorption, access

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Should All Vertical Programs Just Lie Down?									
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"Vertical" health programs are once again unfashionable, subject to a blistering set of critiques from all manner of experts - some of whom were instrumental, just a few short years ago, in promoting views of the authors drawing									

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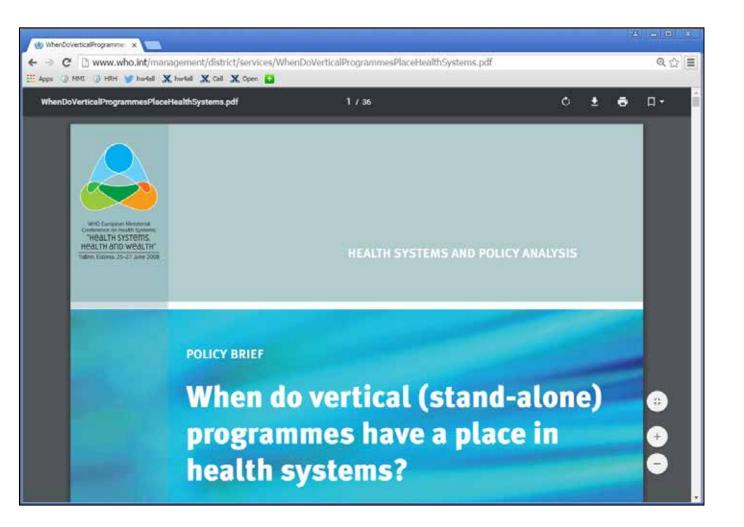
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Vertical interventions (rapid wins? silver bullet? quick fix?) vs. strong health systems, primary health care <a href="http://www.cgdev.org/blog/should-all-vertical-programs-just-lie-down">http://www.cgdev.org/blog/should-all-vertical-programs-just-lie-down</a>

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Vertical interventions (rapid wins? silver bullet? quick fix?) vs. strong health systems, primary health care <a href="http://www.who.int/management/district/services/WhenDoVerticalProgrammesPlaceHealthSystems.pdf">http://www.who.int/management/district/services/WhenDoVerticalProgrammesPlaceHealthSystems.pdf</a>

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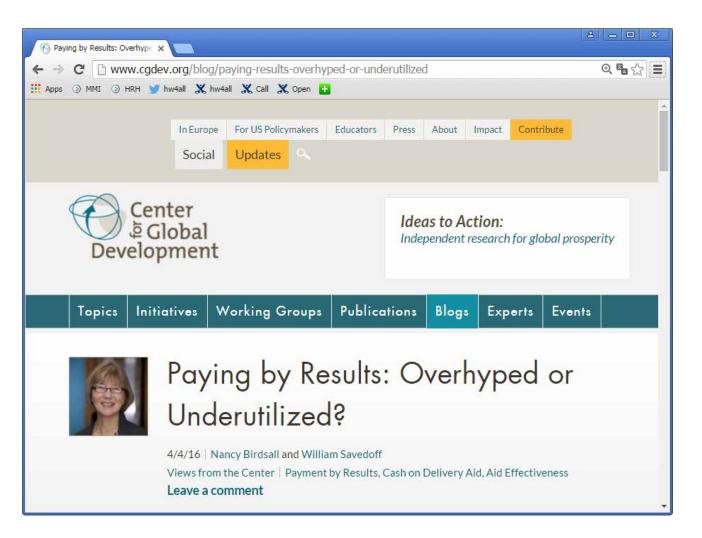
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Results based financing / Payment by results

http://oxfamblogs.org/fp2p/payment-by-results-hasnt-produced-much-in-the-way-of-results-but-aid-donors-are-doing-it-anyway-why/

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Results based financing / Payment by results http://www.cgdev.org/blog/paying-results-overhyped-or-underutilized

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Actors and governance of health cooperation http://www.southcentre.int/wp-content/uploads/2014/02/RP49\_PPPs-and-PDPs-in-Health-rev\_EN.pdf

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Actors and governance of health cooperation http://www.theguardian.com/business/2013/may/09/save-the-children-teams-up-glaxosmithkline

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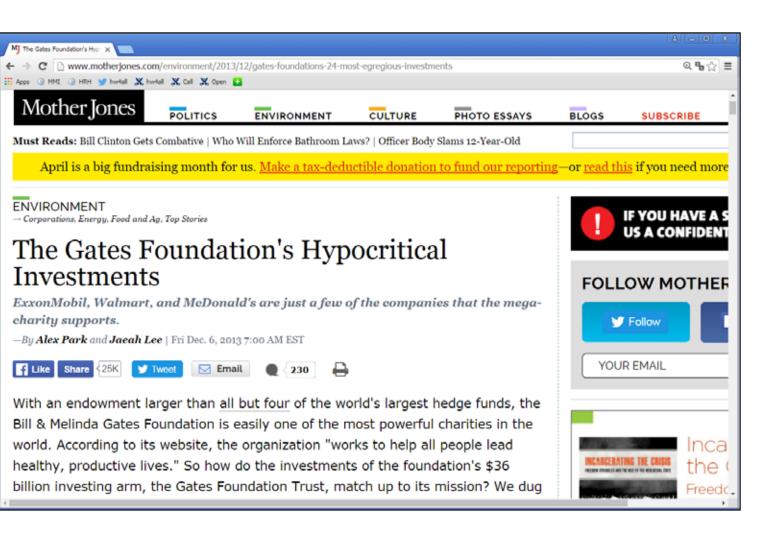
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Actors and governance of health cooperation http://www.theguardian.com/global-development-professionals-network/2015/nov/12/aid-should-ngos-close?CMP=share btn tw

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## Actors and governance of health cooperation

http://www.motherjones.com/environment/2013/12/gates-foundations-24-most-egregious-investments



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Aid alignment and effectiveness: https://www.youtube.com/watch?v=kROW3cXOxvk

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http://www.sustainablegoals.org.uk/beneficiary-engagement-sdg-era/



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A contested field – and there is need for critical self-reflection, frank debates and mutual learning

In all these fields – and there are more of them – there is still a lot to learn and to share (and again: to debate) between all the actors in the field of international cooperation – and between themselves and the "owners" of their development.



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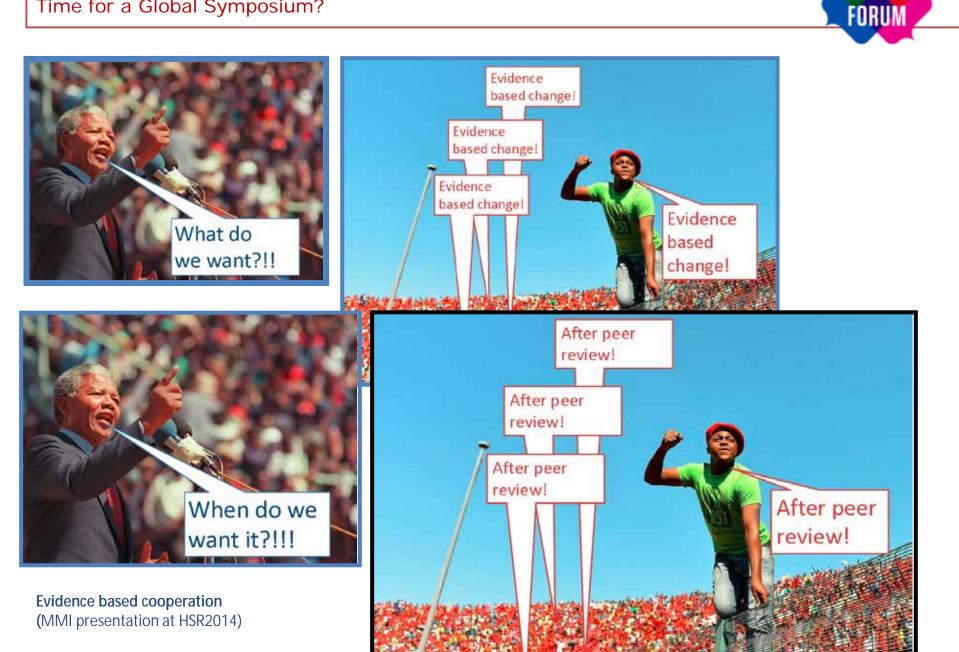
- Evidence based change evidence based cooperation
- Open data
- Complexity of health/social systems
- Particular settings such as humanitarian crises or fragility
- ...just to mention a few.



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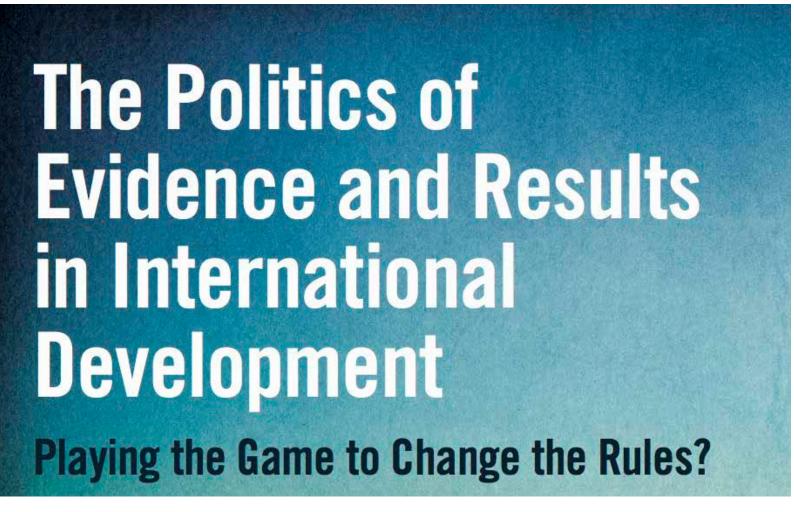


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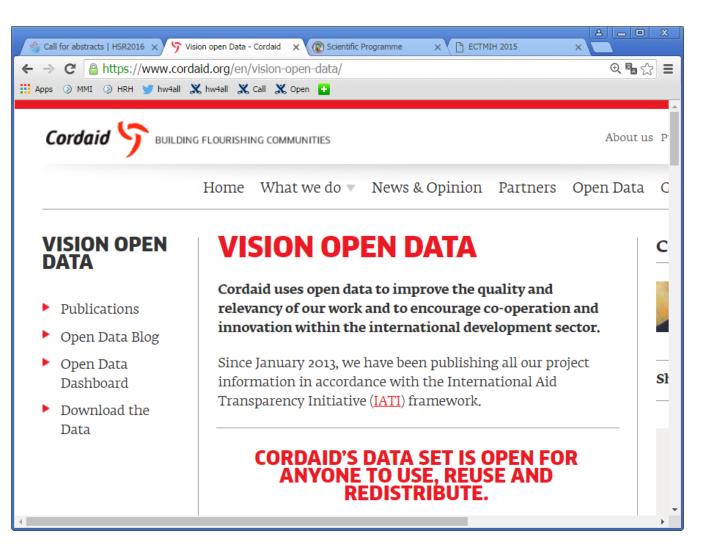
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Evidence based cooperation <a href="http://www.gavi.org/about/">http://www.gavi.org/about/</a>

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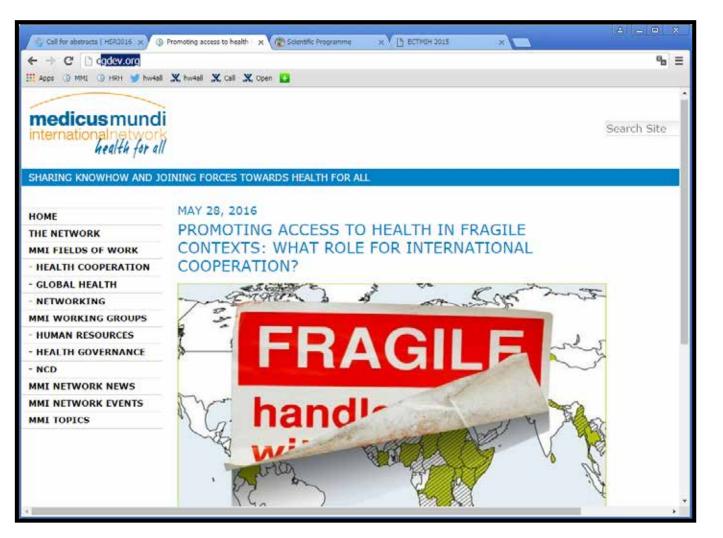
## Complexity

http://oxfamblogs.org/fp2p/can-aid-agencies-help-systems-fix-themselves-the-implications-of-complexity-for-developmentcooperation/

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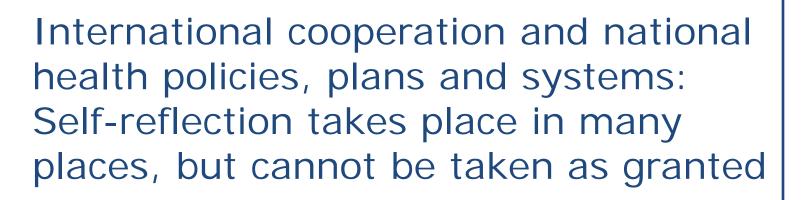
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#### Particular settings

http://www.medicusmundi.org/en/contributions/events/2016/promoting-access-to-health-in-fragile-contexts-what-role-forinternational-cooperation-mmi-annual-assembly-and-informal-wha-side-event





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- Over the last years, we have seen the beginning of a paradigm shift among the actors of international (health) cooperation: From analysing the health and health systems crisis of LMIC as "their problem" (and how we can help them to overcome it) to assessing our own role and instruments. Effectiveness has become an issue.
- This corresponds with the "Paris declaration" (2005) process.



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The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action		
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http://www.oecd.org/dac/effectiveness/34428351.pdf



The challenging key question is:

When it comes to strengthening – and not weakening – people centered health policies and systems, how can international cooperation be part of the solution and not part of the problem?





The MMI Network contributed to the dialogue on the role of NGOs and "their" health cooperation with a series of eye-opener events:

- People's Health Assembly workshop, 2012
- Mozambique workshop at MMI Assembly during WHA 2015



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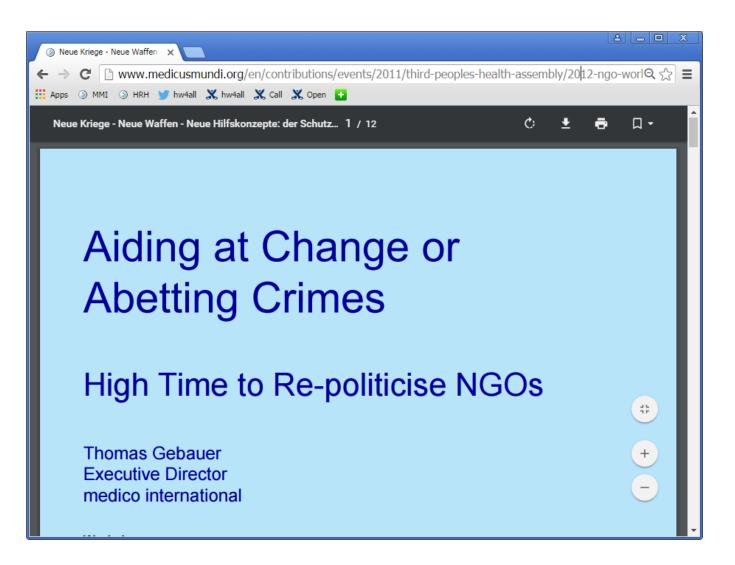
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http://www.medicusmundi.org/en/contributions/events/2011/third-peoples-health-assembly

# But all in all, our events and contributions are too often...

- Mainly promotional ("this is what we are doing")
- Taking the plurality of actors and approaches as a given
- Providing too little space for critical reflection and frank debate on each other's approaches and practices



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This has led us to defining a new strategic focus of the MMI Network in its Strategy 2016-20:

"We will promote knowledge sharing and mutual learning between actors in international health cooperation."



There are already spaces and instruments for the debate and promotion of effective health cooperation: Let us sustain, expand, promote and use them!



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- IHP+ (International Health Partnerships Plus) is a "group of national governments, development agencies, and civil society organisations promoting effective development cooperation in the health sector" hosted by the World Health Organization.
- IHP+ is great platform which we intended to join, but it will be transformed this year into a comprehensive "UHC2030 Alliance". Will there still be enough attention on the role of international cooperation?



- GENEVA HEALTH FORUM
- On the NGO side, the "NGO Code of Conduct for Health Systems Strengthening" launched eight years ago is not really "alive and kicking".

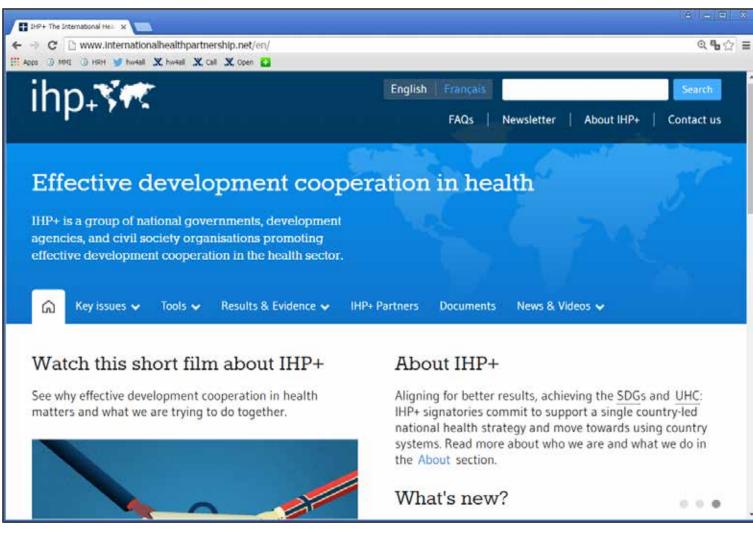
Finally there are various spots and communities of practice such as:

- At a national level: Medicus Mundi Switzerland (within the limitations explained above)
- Thematically: GCM NCDs working group (but struggling with the basics)



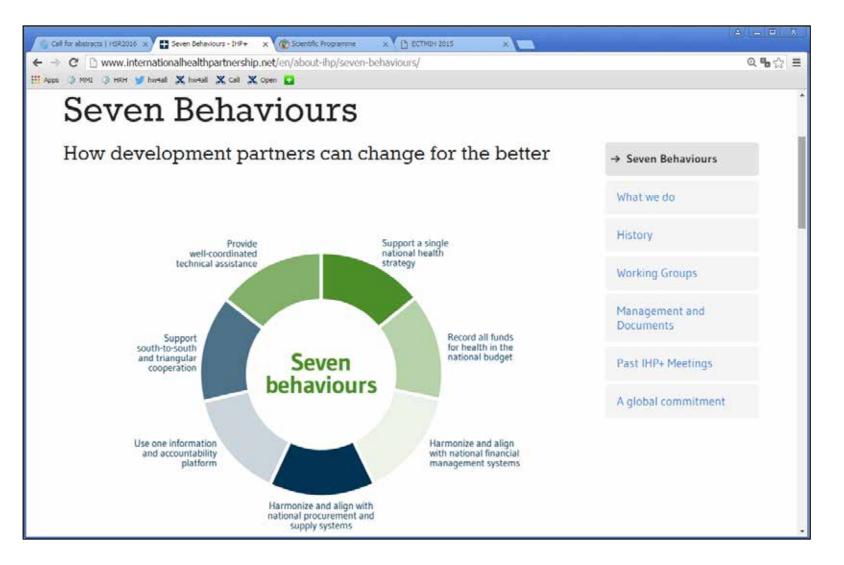
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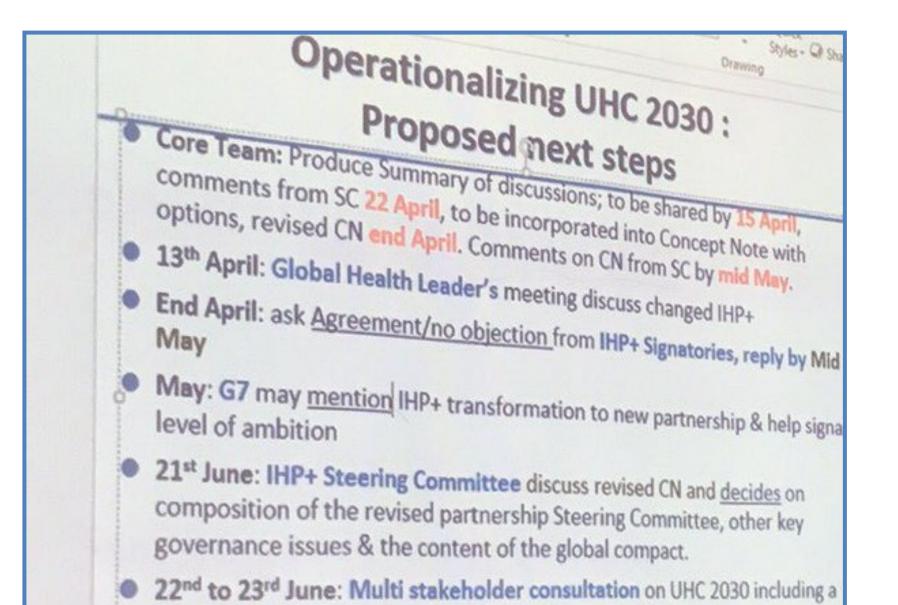


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http://www.internationalhealthpartnership.net/en/



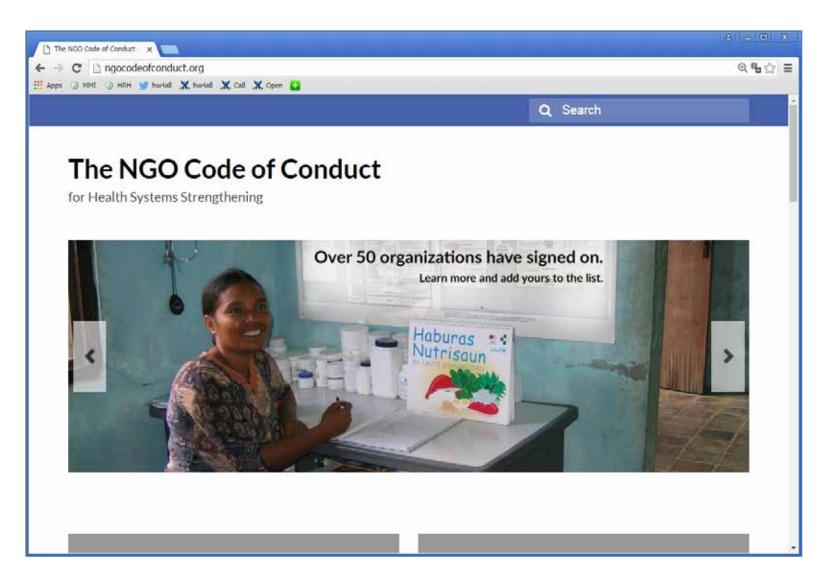
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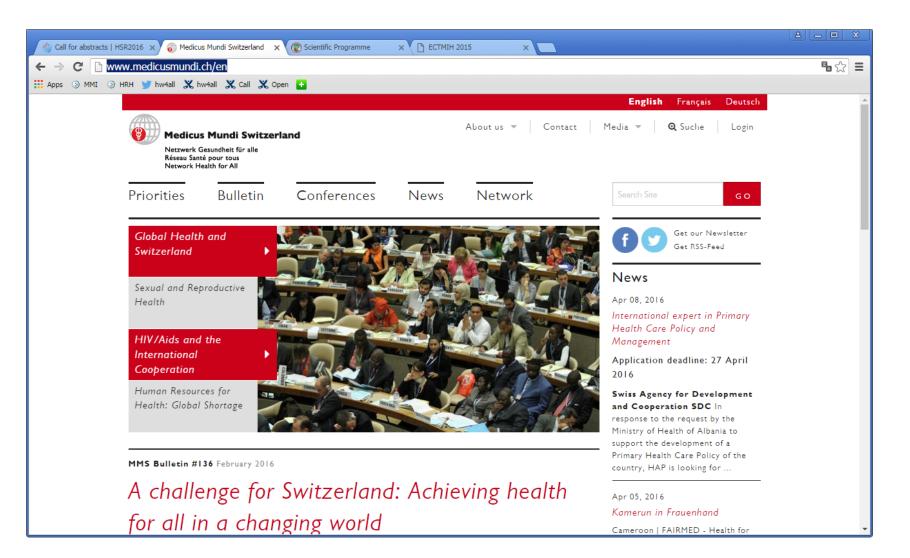
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	The NGO Code of Conduct       Introduction       Code Articles       Suggested Readings       Sign On       Contact Us         for Health Systems Strengthening						
	Code Articles						
	Click on any link below to access NGO Code of Conduct articles. You can also download the entire Code of Conduct (as a PDF) by clicking <b>here</b> .						
	Preamble						
	I. NGOs will engage in hiring practices that ensure long-term health system sustainability.						
	II. NGOs will enact employee compensation practices that strengthen the public sector.						
	III. NGOs pledge to create and maintain human resources training and support systems that are						
	good for the countries where they work.						
	IV. NGOs will minimize the NGO management burden for Ministries of Health.						
	V. NGOs will support Ministries of Health as they engage with communities.						
	VI. NGOs will advocate for policies which promote and support the public sector.	Ŧ					

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## http://www.medicusmundi.ch/en

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Global Coordination Mechanism on NCDs	The WHO GCM/NCD Working Group on the alignment of international cooperation with							
Participants	national plans on NCDs (Working Group 3.2,							
Working Groups								
Dialogues	The WHO GCM/NCD Working Group on the alignment of international cooperation with national plans on NCDs (Working Group 3.2, 2016-2017) was formed under Objective 3 of the GCM/NCD 2016-17 work plan to provide a forum to identify barriers and share innovative solutions and actions for the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and to promote							
NCD themes								
News and events								

# http://www.who.int/global-coordination-mechanism/working-groups/working-group-3-2/en/

# International health cooperation at global health conferences: No easy home



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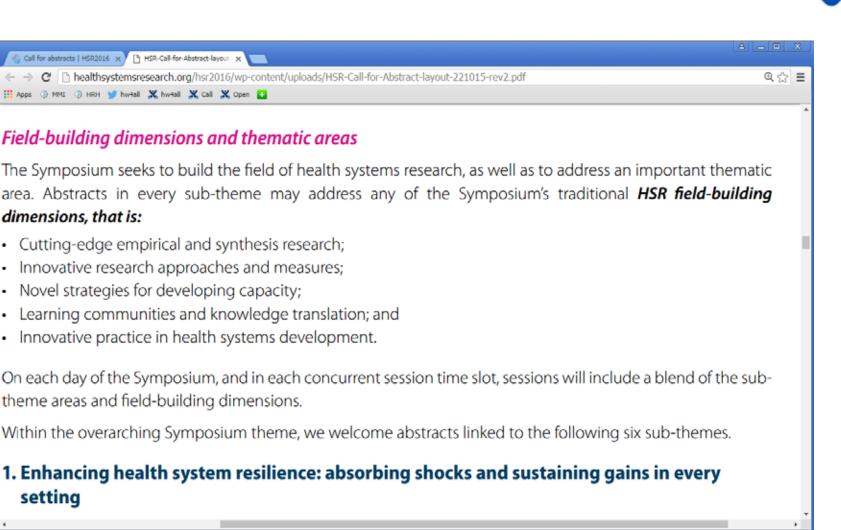
 There are always many people/institutions working in the field of international health cooperation participating in global health conferences such as GHF, HSR Symposium, ECTMIH, but these conferences are not an easy home for us to participate in the conversation.





- Also in the outline of the Geneva Health Forum 2016, international health cooperation has not been considered as a "vector of innovation". Despite the fact that there are be many representatives of international health cooperation participating, it has proved difficult to find the right entry point to address approaches, policies and instruments of health cooperation and their impact on national health policies and systems.
- Happy to see ourselves now in the "Federal Café"!





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	You are here → Home → Abstracts → Abstract Topics							
	Late Breaking News	Abstract Topics						
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	Guidelines	Track 3: Disease syste						
	Abstract Topics	<ul> <li>3.1 Diseases of poverty (HIV/AIDS, TB, Malaria)</li> </ul>						
	<ul> <li>3.2 Neglected tropical diseases (NTDs) and relevant rare diseases</li> <li>3.3 Non-communicable diseases (NCDs) / chronic conditions / co-morbidity and multimorbidity</li> <li>3.4 Environment and diseases / antibiotic resistance</li> <li>3.5 Reproductive and child health</li> <li>3.6 Infection, immunity and nutrition</li> </ul>							
	Conference 2015	Conference 2015 Track 4: Health and social systems and their determinants						
	<ul> <li>Information for Speakers</li> <li>and Authors</li> <li>4.1 Health systems structure, function, governance and financing</li> </ul>							
	<ul> <li>Poster Printing Service</li> <li>4.2 Determinants: access, equity, vulnerability and resilience</li> <li>4.3 Determinants: behaviour, culture (adherence, compliance)</li> </ul>							
	4.4 Health and social systems: effectiveness and impact     4.5 Population growth, migration and dynamics     4.6 Ecosystems, health and well-being							
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EREVA HEATTH FORUM APRIL 19-21 2016					
Vectors of innovation					
<ul> <li>Diagnostics, imaging</li> </ul>					
<ul> <li>Medtech, biotech</li> </ul>					
<ul> <li>Health information technology, mHealth, eHealth, telemedicine, social media</li> </ul>					
Corporate and Academic Social					
<ul> <li>Responsibility in healthcare</li> </ul>					
<ul> <li>Governance, Innovative financing for R&amp;D, economic models</li> </ul>					
<ul> <li>Quality assurance for healthcare</li> </ul>					
Healthcare management					
<ul> <li>Logistics and supply chain</li> </ul>					
• Empowerment					
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## Conclusions, proposals

- General approach
- Overall platforms
- Events



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- Let us admit the limitations and challenges of health cooperation, but let us not give it up with it too easy. Health cooperation still has an important role to play.
- Let us not allow business as usual nor a "strategic marketing" approach for the further development of our own work, strategies and instruments.
- Let us invest in shaping and sharpen our analytical instruments, our policies and approaches and our technical skills towards contributing more effectively and sustainably to strong, people centered national health policies and systems.



## Conclusions, proposals

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- Let us renew our interest and invest(igate) in instruments, platforms and communities of practice for critically assessing our own work and promoting more effective health cooperation!
- Let us jointly promote and use all already existing spaces and communities that allow an in-depth dialogue and debate



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## Conclusions, proposals

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So back to the teasing title. Is it "time for a global symposium?" Today we would rather say no.

• The idea has been tempting, but let us agree that we are not interested in building a new silo (even if it might be a "strategic niche") by promoting a new "global symposium on international health cooperation".





- Let us rather get into a dialogue with (selected) organizers of global health events (focusing on health systems and policies) and let us promote the creation of particular tracks/session (or any other method of hosting a dialogue, attracting attention to it and providing a structure and entrance point on the particular role and contributions of international health cooperation.
- Let us invest in improving the "reflective quality" of our own events, eventually introducing and promoting a quality label and a specific events calendar.



Thursday, 21 April 2016, 12:30-14:00 Federal Café at the Geneva Health Forum

International Health Cooperation and Health Systems Strengthening: Time for a Global Symposium?

Thanks for your attention!

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