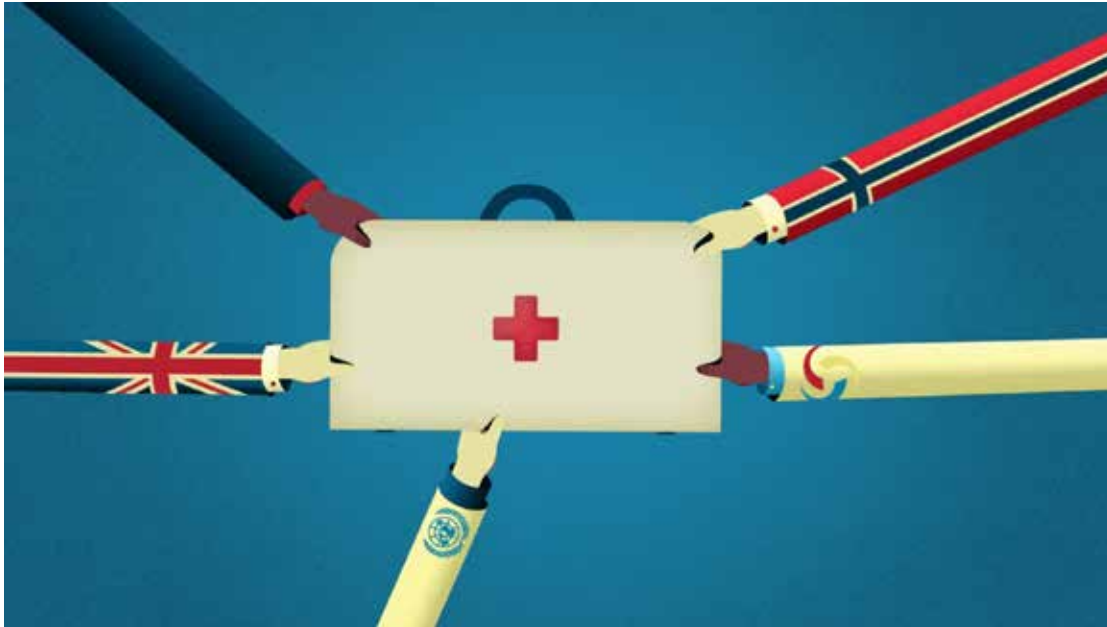


## International health cooperation and health systems strengthening: Time for a global symposium?

Start with: Effective development cooperation in health (IHP+ video, 2 Min.)



<https://vimeo.com/138836813>

### 1. International health cooperation: What are we talking about?

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.

### 2. International health cooperation: A crowded space

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.

### 3. An uncertain future for international health cooperation – as part of a bigger picture

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.

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.

#### **4. Health cooperation: a contested field – and there is need for critical self-reflection, frank debates and mutual learning**

- Story 1: Mozambique - Donor dependency
- Story 2: Ebola - poor health systems, failed cooperation

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. Some examples:

- 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, philanthropical foundations (Gates bashing), NGOs, public-private partnerships, WHO
- Aid alignment and effectiveness:  
Promoting the donor agenda or real “health partnership plus”?  
People and communities: Beneficiaries or partners/owners?
- Innovation (the new buzzword) vs. access to healthcare
- etc.

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.

- 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.

#### **5. International cooperation and national health policies, plans and systems: Self-reflection takes place in many places, but cannot be taken as granted**

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.

The challenging key questions is: When it comes to strengthening – and not weakening – people centred health policies and systems, is international cooperation part of the solution or 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

But after all, the events and contributions of the MMI Network and its members and partners 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.

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.”

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

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?

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)

## **7. International health cooperation at global health conferences: No easy home**

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”!

## **8. Conclusions, proposals**

**General approach (by organizations working in the field of health cooperation)**

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 centred national health policies and systems.

### **Overall platforms**

Let us renew our interest and invest(igate) in instruments and 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 such as:

- UHC 2030 Alliance  
Let us join it and, from within, promote continued attention on the role and contributions of international health cooperation
- NGO Code of Conduct  
Let us further develop, promote, implement it  
Let us investigate in how to integrate it into broader instruments
- MMS and MMI Network:  
A MMI working group on “effective health cooperation” (MMI EHC) to be launched at the MMI Assembly in May

### **Events**

So back to the teasing title. Is it “time for a global symposium?” We admit that we have been tempted, but today we would rather say no...

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 in these events, such as:

- Geneva Health Forum GHF
- World Health Summit WHS
- European Congress on Tropical Medicine and International Health
- Global Symposium on Health Systems Research
- People’s Health Assembly (!)

Let us invest in improving the “reflective quality” of our own events, eventually introducing and promoting a quality label and a specific events calendar.

## Discussion

Analysis: International health cooperation:	Conclusions and proposals
<ul style="list-style-type: none"><li>• A crowded and contested field</li><li>• To remain relevant, health cooperation needs to move beyond aid, and its approaches, policies and instruments need to be carefully reassessed.</li></ul>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<ul style="list-style-type: none"><li>• There are spaces and instruments for the discussion and promotion of effective health cooperation, but self-reflection cannot be taken as granted.</li></ul>	<ul style="list-style-type: none"><li>• Let us renew our interest and invest(igate) in instruments and platforms and communities of practice for critically assessing our own work and promoting more effective health cooperation!</li></ul>
<ul style="list-style-type: none"><li>• International health cooperation at global health conferences: No easy home</li></ul>	<ul style="list-style-type: none"><li>• Let us promote in global health events the creation of particular tracks/sessions on international health cooperation and health systems strengthening.</li><li>• Let us invest in improving the “reflective quality” of our own events, eventually introducing and promoting a quality label and a specific events calendar.</li></ul>

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forces towards Health for All