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?
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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SolidarMed – For Health in Africa.

SolidarMed is committed to health in southern Africa and improves health care for 1.5 million people in Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe.

http://www.solidarmed.ch/en
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http://www.gatesfoundation.org/What-We-Do
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http://www.gavi.org/about/
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http://www.cccmhpie.org.cn/Pub/3721/126109.shtml
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.
Public Drug Supply Chain: Kenya

Source: Steve Kinnset, PSI Kenya

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).

http://www.thelancet.com/journals/lancet/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.

http://bit.ly/1MHl8a5

*Country figures represent country bilateral aid. 2010 values are preliminary estimates.
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.
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http://www.weckruf-armut.ch/
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http://www.socialwatch.org/node/17174

INVEST MORE IN THE CARING ECONOMY, AND GROWTH WILL COME

Published on Wed, 2016-03-30 14:49

More public investment in caring infrastructure is well warranted under existing evidence, is the message that emerges from a new study released recently by the ITUC (“the study”).

The study shows that investment into the care economy of 2 per cent of GDP in just 7 countries would create over 21 million jobs and help countries overcome the twin challenges of ageing populations and economic stagnation. Investing in care narrows the gender pay gap, reduces overall inequality and helps redress the exclusion of women from decent jobs.

The importance of investing in infrastructure has re-emerged as a priority in the international development agenda in the last decade, especially under the emphasis the Group of 20 (G20) has been placing on the issue. The G20 sees infrastructure as a key to boost demand and growth, and with it employment. Amidst growing signs of malaise and
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 the situation in Chile and provide a historical context (1982) with both a global and local perspective.
Ebola and Zika epidemics are driven by pathologies of society, not just a virus

March 30, 2016 3.52pm BST

David Sanders

Emeritus Professor, School of Public Health, University of the Western Cape

Disclosure statement

David Sanders receives funding from the South African National Research Foundation. He is affiliated with the People's Health Movement, a global social movement.

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7 reasons the SDGs will be better than the MDGs

The sustainable development goals are launched this weekend at the United Nations headquarters in New York. Here are seven reasons to celebrate

http://bit.ly/1OYDIZG
• 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.
The death of international development

The development industry needs an overhaul of strategy, not a change of language.

20 Nov 2014 07:00 GMT | Politics, Poverty & Development, Aid

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https://www.medico.de/en/
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.
To start with two particular cases:

- Mozambique: Donor dependency
- Ebola: Poor health systems, failed cooperation
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Mozambique: donor dependency  https://www.youtube.com/watch?v=l_G3SLBQypA
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Ebola: poor health systems, failed cooperation
Ebola: poor health systems, failed cooperation
Ebola: poor health systems, failed cooperation

Ebola: poor health systems, failed cooperation
...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
Vertical interventions (rapid wins? silver bullet? quick fix?) vs. strong health systems, primary health care
http://www.cgdev.org/blog/should-all-vertical-programs-just-lie-down
Vertical interventions (rapid wins? silver bullet? quick fix?) vs. strong health systems, primary health care

http://www.who.int/management/district/services/WhenDoVerticalProgrammesPlaceHealthSystems.pdf
Results based financing / Payment by results
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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
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A link to an article on the Guardian website about GlaxoSmithKline partnering with Save the Children.

Save the Children teams up with GlaxoSmithKline

GlaxoSmithKline will pay for the training of more healthcare workers who will dispense medicines and give vaccinations.

Actors and governance of health cooperation
http://www.theguardian.com/business/2013/may/09/save-the-children-teams-up-glaxosmithkline
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Aid is often criticised as ineffective and wasteful, but millions still work in the sector. How can NGOs reconcile that and ensure their work has a positive impact?

Aid: Should all NGOs close down?

Actors and governance of health cooperation
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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
Beneficiary engagement in the SDG era

The international community now agrees that successful aid intervention requires the involvement of communities and beneficiaries in the decision-making process. But what should this involvement look like, and how can it be achieved?

By Jonathan Glennie, Director of Policy and Research, Save the Children UK

There are few knowns in international development. While there is no shortage of ‘experts’ giving their firmly-held opinions on any number of important issues, the range of diverse views along with the changing fads and common wisdoms imply that there is little certainty. On one issue, however, there is consensus both in anecdotes from development professionals and in the academic literature:

Aid alignment and effectiveness:
http://www.sustainablegoals.org.uk/beneficiary-engagement-sdg-era/
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Global Health: Sustainable and Affordable Innovations in Healthcare

Innovation hype
http://www.gavi.org/about/
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.
Evidence based cooperation
(MMI presentation at HSR2014)

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The Politics of Evidence and Results in International Development
Playing the Game to Change the Rules?

Evidence based cooperation
http://www.gavi.org/about/
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Open data
http://www.cordaid.org
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Complexity
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Particular settings
http://www.medicusmundi.org/en/contributions/events/2016/promoting-access-to-health-in-fragile-contexts-what-role-for-
international-cooperation-mmi-annual-assembly-and-informal-wha-side-event
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.
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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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Aiding at Change or Abetting Crimes

High Time to Re-politicise NGOs

Thomas Gebauer
Executive Director
medico international

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A LUTA CONTINUA! STRENGTHENING OR WEAKENING
HEALTH SYSTEMS? WORKSHOP AT THE ANNUAL
ASSEMBLY OF MMI

Let's not forget that health is an endless business.

Screenshot from "A luta continua" (Medicus Mundi Catalunya, 2014)

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
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!
• 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)
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http://www.internationalhealthpartnership.net/en/
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http://www.internationalhealthpartnership.net/en/
Operationalizing UHC 2030: Proposed next steps

- **Core Team**: Produce Summary of discussions; to be shared by 15 April, comments from SC **22 April**, to be incorporated into Concept Note with options, revised CN **end April**. Comments on CN from SC by mid-May.
- **13th April**: Global Health Leader’s meeting discuss changed IHP+
- **End April**: Ask Agreement/no objection from IHP+ Signatories, reply by mid-May
- **May**: G7 may **mention** IHP+ transformation to new partnership & help signal level of ambition
- **21st June**: IHP+ Steering Committee discuss revised CN and decides on composition of the revised partnership Steering Committee, other key governance issues & the content of the global compact.
- **22nd to 23rd June**: Multi stakeholder consultation on UHC 2030 including a
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http://ngocodeofconduct.org/
The NGO Code of Conduct
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 here.

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.

http://ngocodeofconduct.org/
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A challenge for Switzerland: Achieving health for all in a changing world

http://www.medicusmundi.ch/en
WHO Global Coordination Mechanism on the Prevention and Control of NCDs

The WHO GCM/NCD Working Group on the alignment of international cooperation with national plans on NCDs (Working Group 3.2, 2016-2017)

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

http://www.who.int/global-coordination-mechanism/working-groups/working-group-3-2/en/
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.
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• 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”!
Field-building dimensions and thematic areas

The Symposium seeks to build the field of health systems research, as well as to address an important thematic area. Abstracts in every sub-theme may address any of the Symposium’s traditional *HSR field-building dimensions, that is:*

- Cutting-edge empirical and synthesis research;
- Innovative research approaches and measures;
- Novel strategies for developing capacity;
- Learning communities and knowledge translation; and
- Innovative practice in health systems development.

On each day of the Symposium, and in each concurrent session time slot, sessions will include a blend of the sub-theme areas and field-building dimensions.

Within the overarching Symposium theme, we welcome abstracts linked to the following six sub-themes.

1. Enhancing health system resilience: absorbing shocks and sustaining gains in every setting

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http://www.ectmihbasel2015.ch/ectmih2015/abstracts/abstract-topics.html
Vectors of innovation

- Diagnostics, imaging
- Medtech, biotech
- Health information technology, mHealth, eHealth, telemedicine, social media
- Corporate and Academic Social
- Responsibility in healthcare
- Governance, Innovative financing for R&D, economic models
- Quality assurance for healthcare
- Healthcare management
- Logistics and supply chain
- Empowerment

http://ghf2016.g2hp.net/call-for-contributions/
Conclusions, proposals

• General approach
• Overall platforms
• Events
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

• General approach
• **Overall platforms**
• Events
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
Conclusions, proposals

• General approach
• Overall platforms
• Events
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.
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Thanks for your attention!

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