Strengthening Health System Capacities Through Institutional Development

Enhancing Collaboration Between Donors and Organizations in Low-Income Countries

Final Meeting Report

Rockefeller Bellagio Center
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Bellagio, Italy
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<td>ACHEST</td>
<td>African Centre for Global Health and Social Transformation</td>
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<td>CAS</td>
<td>Complex Adaptive Systems</td>
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<td>HSS</td>
<td>Health Systems Strengthening</td>
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<td>LIC</td>
<td>Low-Income Country</td>
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<td>LMIC</td>
<td>Lower-Middle-Income Country</td>
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<td>NHSRC</td>
<td>National Health Systems Resource Centre</td>
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<td>NORAD</td>
<td>Norwegian Agency for Development Cooperation</td>
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<td>USAID</td>
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Executive Summary

On August 27, 2012, a group of 22 global health leaders convened in Bellagio, Italy to consider ways that stakeholders from around the world could optimize their actions and interactions to better strengthen health systems. The purpose of this meeting, sponsored by the Rockefeller Foundation, was to highlight the important role that institutions play in strengthening health systems, and outline concrete steps that donors can take to support successful organizations in low- and lower-middle-income countries (LICs and LMICs) that are capable of adapting and responding effectively to ever-changing challenges.

Health Systems Strengthening (HSS) can be most simply explained as the process by which all actors, broadly defined, involved in delivering, maintaining, and promoting health:

1) Agree on and commit to common, long-term goals;
2) Interact efficiently and effectively;
3) Repeatedly evaluate their interactions, processes, and outcomes in order to constantly improve on reaching the previously-established goals.

The particulars of HSS are enormously complex, and the purpose of this report is to give a specific accounting of what ideas the Bellagio Conference attendees explored and what conclusions were agreed upon.

Below is a condensed list of the consensus points:

1) Health systems are complex, adaptive, social systems that are incredibly diverse. The goals and activities of stakeholders must be aligned to achieve global health goals.
2) HSS has emerged in recent years as central to promoting and protecting health and relieving suffering. It consists of all actors, not only those traditionally associated as responsible for providing health care.
3) The process of HSS depends fundamentally on the ability of in-country organizations to learn, adapt, and optimize interactions over time to achieve health goals.
4) The relationship between external global players (such as donors) and in-country organizations has been dominated by a focus on short-term, results-driven actions.
5) The global health community can do much better to strengthen organizational capacity that leads to strengthened health systems around the world.
6) The Complex Adaptive Systems (CAS) approach deserves serious consideration and testing in terms of its application to organizational capacity building for HSS because of its analytical and transformational potential.
I. Introduction

There is a growing global consensus around the need for strong health systems to improve health long-term, despite divergent approaches to Health Systems Strengthening (HSS). Health organizations and the institutions that govern the behavior of those organizations play a crucial and central role in HSS by supporting and performing research, analyzing health policy, organizing social movements, and training health professionals. Indeed, many of the recent HSS foci, including service delivery, quality improvement, knowledge transfer, eHealth, and sustainability are dependent upon robust, adaptive, and capable health organizations.

Successful organizations are adaptive so that they can respond to constantly changing health challenges (such as emerging infections, drug resistance, and increasing chronic disease prevalence) and political and social environments. Indeed, health organizations should be “learning organizations,” organizations that are continuously expanding their capacity to create their own future. Developing strong organizations now is likely to have a significant impact in the future.

Donors have recognized the importance of supporting health organizations, although that recognition has not translated sufficiently into action. Based on our collective experiences, the relationship between donors and local organizations could be improved. For example, too often funding is meager, unpredictable, erratic, and not coordinated with local health priorities, thus impairing the development of core administrative and skills-building activities. Target indicators are often too rigid and short-term to allow for longer-term capacity building. Technical and other experts are primarily employed externally, instead of training and empowering local people. What is needed is improved synergy in the ways that donors and organizations, and organizations themselves, interact and coordinate their activities around the world. This would, among other things, ensure an appropriate mix of roles and functions; optimize the comparative advantages of different types of organizations; and enable appropriate checks and balances. In promoting strong health systems, it is essential that organizations engage in finding a synergistic balance relating to each other, so as to achieve effective and sustainable HSS.

The time has come for the global health community to make a focused commitment to strengthening organizational capacity in LICs and LMICs, as well as implement mechanisms to ensure that strong organizations work together harmoniously and support weaker organizations. A shared vision between donors and receiving organizations regarding objectives, indicators, and activities is crucial for successful HSS.

The Bellagio meeting connected a unique mix of educators, researchers, and practitioners with on-the-ground organizational capacity building experience from the public sector, as well as civil society, and linked them with international donors that support innovative approaches to supporting HSS.

1 The Fifth Discipline, Peter Senge, p. 14.
II. Purpose and Objectives

**Purpose**: To highlight the important role that organizations play in strengthening health systems and outline concrete steps that donors can take to support successful organizations in LICs and LMICs that are capable of adapting and responding effectively to ever-changing challenges.

**Problem Statement**: Reductionist approaches to global health that emphasize short-term goals or interventions focused on one aspect of the health system in isolation too often undermine local health systems by creating or supporting potentially harmful institutions, without due attention to strengthening the capacity of local organizations.

**Key Question**: How can donors and local organizations optimize their interactions to strengthen health systems in a world that is increasingly complex?

**Objectives of the Meeting**

- To develop a better understanding of the processes leading to health systems strengthening, using Complex Adaptive Systems (CAS) theory and methods as a lens.
- To analyze and develop a common understanding on the current partnership architecture between donors and local organizations from a multiple stakeholders, systems perspective.
- To develop a common understanding on the existing challenges and opportunities in strengthening health systems through enhancing organizational capacity, and the institutions that enable and constrain them.
- To identify the current gaps and strengths in organizational capacity development and plan future directions.
- To identify and outline key responsibilities of technical agencies (e.g. WHO) and donors in assisting organizational development.
III. Summary of conference

Day 1 Summary

The day began with a welcome of each participant and review of the agenda, proposed objectives, and outcomes of the meeting. This was followed by a roundtable discussion on Systems Thinking moderated by Chad Swanson. This roundtable discussion set the stage for deliberations on key perspectives with which we look at health systems and their complexities.

The key highlights of the discussions were centered on the need to change the way we conceptualize health and the lack of Systems Thinking in practice and interaction between disciplines. The discussions also emphasized the importance and transformative potential that Systems Thinking can provide to the discourse around HSS. The discussion was followed by a review of the importance of organizational capacity and institutions on HSS. The group discussed hierarchy of needs; leadership challenges; constraints on transferring money where needed; and understanding the context, constituent concerns, and the need for long-term investments in capacity enhancement activities.

The post-lunch sessions focused on local organizational capacity strengthening case studies and institutional arrangements to strengthen health systems. Presentation of country-specific and global case studies on how local organizational capacity can be strengthened highlighted what worked, what the constraints and challenges were in capacity enhancement, and why some initiatives failed. Another emphasis sought to understand how institutions are viewed and analyze aid effectiveness in current efforts to strengthen health systems.

The day concluded with group discussions on approaching a common vision for the conference. The participants gave suggestions on strengthening the purpose and objective of the meeting.

Day 1 Presentation Abstracts

Systems Thinking: A Round Table Discussion

Allan Best, Canada: “Health as a Complex, Adaptive System”

The WHO Alliance Report insightfully positions people as central to the Health Systems Strengthening strategy linking governance, information, financing, service delivery, human resources, and medicines and technologies. A critical challenge is to support these systems actors in a paradigm shift to Systems Thinking focused on facilitation and empowerment, participatory action, coalition alignment, and continuous evaluation. Effective networks are at the heart of the paradigm shift. Effective networks require clear common aims, trust, and collaborative leadership, sensitivity to power issues, effective membership structure, and action learning. Four stages in network development – (1) framing the strategy, (2) taking stock of assets, (3) measuring investments and returns, and (4) monitoring progress – can capitalize on a plethora of Systems Thinking tools, including concept mapping, knowledge synthesis, network analysis, dynamic modeling, and learning networks, feedback, and comparative case studies. The critical challenge for HSS is to apply these principles and tools to HSS innovation.
Rifat Atun, United Kingdom: “Organizations as Independent Agents in Health Systems”

While it is important to note that organizations often "sub-optimize" to reach short-term goals at the expense of the larger system, they play an important role in determining whether and how innovations are adopted and diffused in systems. Through the dynamic interactions between organizations and the individuals within them, the health system and broader context determines organizational responses. If policy makers (especially politicians and those at international agencies driven by a narrow set of desired results) fail to take a systems view, the organizations (including managers/agents within them) will “maximize rent” for the short-term for their own organizations at the system’s expense. Rifat Atun expanded on this observation and presented an approach that enables organizations and individuals to take a systems view.


Although widely used, the term “private sector” has different implications for different people. Most frequently it refers to multinational corporations (e.g. the pharmaceutical industry), private non-profit, for-profit, and private financers of healthcare, including those expenditures individuals make “out-of-pocket.” The contribution of the private sector to the health system is poorly documented, leading to a lack of understanding of its role at national and global levels. There is also a lack of recognition of the importance of the informal sector in LICs and LMICs. There is a need to reach common understanding of (1) the private sector’s role in health systems, (2) the public’s preferences for choosing private vs. public healthcare providers, (3) documentation of best practices, and (4) shifting the focus of research and policy development from measuring the private sector’s contribution to assessing policy options and defining ways to improve engagement in reaching the health systems’ goals.

Somsak Chunharas, Thailand: “Learning Organizations”

Health Systems are complex primarily because the main drivers are people, be them health personnel, community members or other key stakeholders in various development agencies and sectors, each with their own expectations, values, and understanding about health. New management approaches, such as learning organization and “chaordic” management, emphasize the development of common goals, participation, and continuous learning as a way to build synergy and harvest differences into convergence towards common goals. Adopting the concept of “chaordic” management and deploying its tools and techniques with an emphasis to create interactive learning among key stakeholders in the health system are key to achieve sustainable HSS at all levels (from healthy public policy development to community partnerships for health, etc.).

Health Systems Strengthening: A Review of the Importance of Organizational Capacity and Institutions

Wim Van Damme, Belgium: “Health Systems Strengthening: Perspectives, Current Status, and Resources”
There are several fundamental problems underlying the difficulties of external actors to engage in HSS:

1) Different time perspectives between donors and a lack of focus on what is needed for comprehensive and balanced HSS;
2) Donor-oriented accountability thinking is flawed;
3) Obsession with proven impact, needing outcome indicators, and project selectivity;
4) Obsession with short-term financial sustainability; and a lack of diversification between countries (fragile states vs. LICs vs. LMICs).

To overcome these issues, a 3-pronged time perspective model can be used which includes going for the quick wins when possible, strengthening the wider health system, requiring a medium-term time perspective, and investing long-term in strong capacity.

David Sanders, South Africa: “Capacity Development for Health Systems Strengthening”

Zimbabwe and South Africa have had different experiences in capacity development for HSS. Capacity building, as defined by the WHO, is extremely broad, and the six building blocks of the definition oversimplify without putting the real issues into context. Capacity building does not only consist of knowledge and skills, but includes accepting responsibilities, authority, making decisions, and controlling resources. More emphasis needs to be given to capacity development for research.

Improving Institutions and Enhancing Local Organizational Capacity to Strengthen Health Systems: A Round Table Discussion on Organizations’ Perspectives

Patrick Kadama, Uganda: “Perspectives on Improving Institutions and Enhancing Local Organizational Capacity to Strengthen Health Systems – A profile of an African Think Tank (ACHEST)”

ACHEST is an African regional think tank organization with a mission to promote evidence-based and technically sound policies and strategies that are owned and driven by African populations, their social values, and their own institutions to attain better health outcomes. Local and regional organizations have an important position in health systems because they play a critical role in supporting Ministries of Health at the country level. They add value to systems in low resource settings by:

1) Addressing the capacity gap in policy dialogue of partners from developing countries at the global level and between upstream and downstream partners at the country level;
2) Building partnerships and networks for action;
3) Applying their intimate knowledge of established or emerging countries and the African regional institutions for local engagement, building trust for local ownership and for relevant agenda setting;
4) Facilitating access to global networks for expertise and brokering of knowledge management and application for fair dialogue;
5) Facilitating the enhancement of resource mobilization.
Delanyo Dovlo, Ghana (WHO): “Improving Institutions and Enhancing Local Organizational Capacity to Strengthen Health Systems - A Case Study from Rwanda”

Rwanda boasts an effective, performance-driven healthcare system. This has been developed as a result of decentralization of the health system to district local governments, focus on health outcomes as a major performance marker for district mayors and other authorities, implementation of performance-based pay for key sector positions, and performance-based funding with built-in incentives for hospitals, health centers, and community health workers. Maintaining such data and performance-focused systems and processes requires certain institutional and individual capacities, and Rwanda still has challenges in terms of general human resources shortages.

University of Western Cape: David Sanders, South Africa

The case study of the University of Western Cape (UWC) offers unique insights into the challenges of institutional improvement. One specific challenge is building human resource capacity given the social context of oppression of the black population in South Africa. Although the UWC has managed to strengthen the undergraduate and graduate studies department, challenges such as mentoring health workers in the field, internet, and increasing the international student ratio still remain. There also remains a strong need for public health curriculum to be more prominent at the undergraduate level.

National Health System Resource Centre (NHSRC): Thiagarajan Sundarraman, India

The NHSRC is seeking to improve its institutions through various architectural corrections such as decentralization, strengthening community processes, and increasing the human resources undertaken by India. Roles of NHSRC include building institutional capacity, policy and strategy development, and coordinating technology assistance. The NHSRC is an example of institutional strengthening using domestic influence and resources.

Health Systems Action Network (HSAN): Arvind Betigeri, India

The HSAN experience includes how the organization evolved into a global network, its current goals, and its challenges. The key challenges faced by HSAN are:

- Responsiveness
- Need for a virtual structure
- Data Maintenance
- Knowledge management
- Timelines
- Funding and support

These challenges can be addressed by having:

- Consistent funding sources
- A central core
- Paid membership
- Innovation
- Partnerships
Transforming Institutional Arrangements to Strengthen Health Systems

Stephen Jan, Australia: “Institutions: What Are They, and Why Do They Matter in Health Systems Strengthening?”

“Institutions” are the constraints that structure human interactions—social norms, for example. They differ from “organizations” because institutions are the rules of the game, while organizations are players. Their role in economic life as such is in facilitating interactions between these players. Efficient institutions are a system of rules that minimize the costs of transacting and, in the context of health systems, strengthen such systems by better facilitating the initiation and sustainability of health sector activities that may be mutually beneficial. Some characteristics of efficiently-designed institutions are information symmetry, repeat transactions, and informal characteristics such as trust. From the point of view of understanding organizational performance, it is important to recognize that efficient institutions are needed to not only facilitate interactions between organizations, but also between individuals and groups within organizations.

Juliet Nabyonga, Uganda: “Aid Effectiveness to Strengthen Health Systems”

Faced with inadequate funding, the capacity of health systems in many LICs has been noted to be weak in effectively delivering a package of health services. Donor aid offers an opportunity to improve available funding for health, strengthening the health system and institutional capacity. Although efforts to align donor aid to country priorities have been put in place at both global and country levels, progress seems to be slow with varied performance amongst the different partners with respect to the Paris principles. Efforts have been made to invest in strengthening health systems, but again the results are varied. There are mixed understandings of what constitutes proper HSS. As a result, although in some instances health systems have been strengthened, they have tended to focus on the vertical programs that donor aid is primarily intended to support. In addition, systematic monitoring of HSS using donor aid has not received much emphasis. Improving aid effectiveness will require efforts at the global and country levels, and both on the side of receiving governments/organizations and donor agencies.

Day 2 Summary

The first panel featured four distinctive types of donors: a large bilateral agency, represented by Karen Cavanaugh from USAID; a bilateral donor heavily engaged in multilateral funding represented by Paul Fife from NORAD; The Doris Duke Charitable Foundation, a private foundation represented by Mary Bassett; and ESSENCE, a consortium of funders for research capacity building represented by Garry Aslanyan. Each presentation focused on the unique opportunities and limitations of that specific type of donor organization from a HSS perspective.

The second panel included representatives from various ministries of health, including Francisco de Campos from Brazil, Walaiporn Patcharanarumol from Thailand, Ann Phoya from Malawi, Thiagarajan Sundararaman from India, and Damen Gebrekiros from Addis Ababa University. They
each spoke about their respective ministries’ activities, successes, and challenges.

During the third panel, Walaiporn Patcharanarumol from Thailand, Thiagarajan Sundararaman from India, and Patrick Kadama from ACHEST presented on how to optimize interactions between organizations to maximize HSS.

After lunch, there were three presentations. Somsak Chunharas spoke about the characteristics of a learning health system. Tea Collins discussed the opportunities for HSS presented by the new global health emphasis on Non-communicable Disease (NCD) prevention and management. And Paul Fife and Garry Aslanyan presented on different approaches to increase research capacity, improve knowledge translation, and transform health education and training.

To end the day of learning and discussion, there was a conversation led by Jo Ivey Boufford to recap and reassess the proceedings of the day. While much was discussed, the general goal going forward was how to use the ideas of the conference to best reflect a “systems lens” of looking at health issues.

**Day 2 Presentation Abstracts**

*Improving Institutions and Enhancing Local Organizational Capacity to Strengthen Health Systems: A Round Table Discussion on Donors’ Perspectives*

**USAID: Karen Cavanaugh, USA**

Primary among USAID’s changes is the rapid economic growth in many developing countries that enables them to finance the essential health services that USAID has supported in the past. This will enable USAID to focus their direct support for essential health services in those countries where economic development is not proceeding at such a rapid pace. By 2015, 30% of USAID’s funds will go through government-to-government (G2G) support or through local organizations. USAID is also increasing mechanisms for accountability and transparency, including the website foreignassistance.gov and the AIDTracker software. Some of the common challenges they face are those of bureaucratic red tape in recipient countries, measurement of capacity development, meeting Congressional expectations for rapid results while building capacity, and working through the learning phase when local organizations are not yet performing at full capacity.

**Doris Duke Charitable Foundation: Mary Bassett, USA**

In 2009, the Doris Duke Charitable Foundation awarded a portfolio of grants aimed at strengthening district health systems in Ghana, Mozambique, Rwanda, Tanzania and Zambia. Successful applicants were asked to intervene in a geographic area of at least 250,000 people. As implementation has proceeded, initial interventions were all modified and work has proved intensive, highly iterative, and context-specific, making program documentation a critical activity. To further document how and why implementation progressed as it did, an additional evaluation process was added. Strategies included appeals to common sense, expert advice, use of metaphor for systems approaches, and a willingness to “reach high and high risk.”
NORAD: Paul Fife, Norway

The roles, ways of working, and added-value of international development partners are fast changing in response to globalization opportunities and pressures, political and socioeconomic changes, as well as lessons learned from fifty years of development cooperation. The Government of Norway will continue to focus its official development assistance on those countries most in need, expand political advocacy for sustainable development at international and domestic levels, and further exploit collaborative academic partnerships in education and research for longer-term system capacity building and learning in the field of health policy and systems. In addition to investing in the shorter-term scaling up of proven interventions in line with national and international priorities, there is a need to revisit how international assistance can better support the longer-term development of human and institutional capacities in LICs and LMICs. NORAD will, through its new program NORHED, expand its Norway-South collaboration with universities and teaching institutions, including how they interact with Ministries of Health and other local partners to advance policy, practice, education, and research.

ESSENCE on Health Research: Garry Aslanyan, Canada

ESSENCE (Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts) on Health Research is an initiative to increase the effectiveness of research for health in Africa. It is a collaborative framework between funding agencies to scale up coordination and harmonization of the research capacity investments. It aims to improve the impact of investments in institutions and people, to increase collaboration between funding agencies and research institutions in LICs, particularly in Africa, and to strengthen research systems as important components of the overall health system. The ESSENCE on Health Research initiative is open to a broad range of funders interested in collaboration, harmonization, and better alignment with country needs. ESSENCE members maintain that funding should be aligned with national priorities. The initiative recognizes that successful research capacity also requires competencies in issues such as governance and management, strategic planning, evidence assessment, ethics, and translation of evidence into policy.

Improving Institutions and Enhancing Local Organizational Capacity to Strengthen Health Systems: A Round Table Discussion on Ministries’ of Health Perspectives

Brazil: Francisco de Campos, Brazil

The Constitution National Health System (NHS) in Brazil is universal, equitable, and based on a holistic approach. One of its features is social participation as a keystone to generate sustainable policies. In the past, a small number of public health professionals spoke about NHS as the most inclusive public policy and it was extended to thousands of committed academics, managers, and representatives of communities around the country. Since the health workforce is considered the number one factor in delivering good services, intersectoral dialogue, especially within the education sector, is necessary. The Ministry of Health is investing its own resources in reorienting technical and professional education, residencies, and system and managerial training. Initiatives to
guarantee continuous education are important not just to educate the workforce, but also to give conditions to retain people in the most remote areas.

**Development Assistance and Local Organizational Capacity: Human Resources for Health-Related Cases from Ethiopia:**
*Damen Gebre Kiros, Ethiopia*

Currently, there are a handful of national and local initiatives in Ethiopia for optimizing development assistance for human resources for health-related capacity building. Using reviews of national level assessments and case studies, it highlighted the opportunities and challenges observed in effectively utilizing and coordinating international development assistance as relevant to human resources for health in the country.

**Thailand: Walaiporn Patcharanarumol, Thailand**

One trend in strengthening institutions is the development of evidence-producing entities connected to, but semi-independent of, the Ministry of Health to provide evidence base for policy and help evaluate and monitor programs. Stable leadership of these entities in the face of major turnover of governments and Ministries of Health in the past 15 years has provided strong continuity and capacity. A high level of worker satisfaction has resulted in zero brain drain for young professionals sent abroad to train in areas of needed expertise.

**Health Systems Strengthening: Tools and Platforms for Fostering Partner Interaction and Coordination in the Health Sector: Ann Phoya, Malawi**

Health Sector reforms adopted by many countries include adoption or creation of frameworks believed to enhance performance through harmonization of different players in the health sector. The Government of Malawi adopted the Sector Wide Approach (SWAp) as an overarching framework for planning, financing, implementing, and monitoring health service delivery in the country. The SWAp entails formation of trusting relationships between the Ministries’ of Health partners (both local and international) in order to harness collective efforts towards achievement of common shared goals. To ensure successful interaction between partners in the SWAp arrangement, there is a need for government to take an active role in developing and instituting tools for effective interaction. Recommended tools for interaction include National Health Sector Strategic Plans (HSSP) developed with participation of all parties, Memoranda of Understanding (MOU), Joint Financing Agreements (JFA), and Performance Assessment Frameworks (PAF). These tools provide parameters for the interactions as they spell out the core business of the health sector, financing mechanisms for the HSSP, obligations of each player, and how success of the sector will be measured.

**India: Thiagarajan Sundarraman, India**

A case study of the National Rural Health Management initiative highlights effective governance mechanisms: Directorate of Health, Missions Program Management Units, Regulatory Bodies, and mechanisms for representativeness through State Health Societies. One example is the Tamil-Nadu
drug distribution system. Although it was hard to scale up due to governance issues in other states for reasons such as corruption, stereotypes of public agencies, and building norms of behavior between doctors and patients, this effort was very successful. One initiative in another state failed due to the World Bank’s refusal to accept local solutions when contrasted with the UNOPS’ (United Nations Office for Project Services) model.

**Optimizing Interactions between Organizations to Strengthen Health Systems**

**Thailand: Walaiporn Patcharanarumol, Thailand**

The Thai model is the “triangle that moves mountains.” This paradigm successfully links political leadership, public engagement, and evidence for policy to make change. The “care” example of national health care reform was used and the model was elaborated with the appropriate actors. A key is transforming from strong individual leadership to strong institutional leadership.

**India: "Institutional Design and Constraints to Strengthening Public Health Systems": Thiagarajan Sundararaman, India**

There are many institutional design constraints to strengthening public health systems. Many categories of institutions have been involved in “Five Year Plans.” Multiple analyses show differential success of the same intervention when rolled out amidst different institutional contexts, problems of new programs superimposed on previous institutional forms, and problems when explicit decisions are made to design institutions for political reasons to satisfy constituents rather than maintain functionality. There is a need for flexible frameworks that provide the “rules to make the rules,” but allow for diverse, context-specific solutions. There is also a great need to use research evaluation to inform policy makers and the public about what really works.

**“Mapping Organizations that Strengthen Health Systems in Africa”: Patrick Kadama, Uganda**

This undertaking sought to implement recommendation number three of the *Strong Ministries for Strong Health Systems Study* report. The mapping study identifies and characterizes Health Resource Partner Institutions (HRPIs) in five African countries - their focus work areas, and sources of financing, as well as their needs for building capacity. HRPIs are a critical mass of individuals, groups, organizations, and institutions that interact regularly among themselves and with their governments, parliaments, and civil societies as agents of change. They hold accountable their governments and each other, as well as provide support. Regional networking between in-country players will be essential to promote cross learning and support. The HRPI includes professional associations, national academies of medicine and science, universities, freestanding think tanks, research and development organizations, businesses, the private sector, and NGOs, all of which can work with Ministries to create a culture of evidence based policy and practice and hold all involved accountable. Issues raised in the study were presented to the 2nd African Health System Governance Network Congress and have contributed to a continuing debate on capacity and institutional
development. Follow-up work in these countries will focus on strengthening institutional arrangements for HRPIs in their country setting.

Complex Adaptive Systems and the Learning Health System: Implications and Possible Actions towards Health Systems Strengthening: Somsak Chunharas, Thailand

Based on the concept of interactive learning among stakeholders, five actions aiming at HSS through the lens of CAS were proposed:

1) The development of new types of leaders called "chaordic leaders." These leaders understand the complex relationship among stakeholders and are able to create common goals and interactive learning.
2) Shifting organization management to emphasize creating learning environments and providing opportunities for sharing and learning among organization members and their respective constituencies and stakeholders.
3) The creation and strengthening of key mechanisms in policy and system development so that stakeholders understand and can better use knowledge to create interactive learning fora and other tools that enhance interactive learning among key stakeholders.
4) Changing the policy development model from top-down, detailed program/project planning to a model that is more participatory, with emphasis on goals and purposes among stakeholders, allowing more autonomy in deciding on detailed plans.
5) A new model of technology and knowledge transfer that can make better use of tacit knowledge of people in the health service delivery system to ensure better integration into the system.

From Montreux to Beijing: Moving the HSS Agenda Forward in the Face of NCDs and Other Emerging Challenges: Tea Collins, The Republic of Georgia

Non-Communicable Diseases (NCDs) are becoming ‘new challenge diseases’ that require multisectoral and all-of-society approaches to be tackled effectively at the national and global levels. However, in the aftermath of the UN High Level Meeting on the Prevention and Control of Non-Communicable Diseases in September 2011, several strategies have been proposed, such as integration of NCDs with other chronic diseases, particularly HIV/AIDS programs; Directly Observed Treatment Short-courses (DOTS) for NCDs – a five-point policy package previously used to address tuberculosis in low-income countries; and integration of NCDs with reproductive health programs and family medicine. No matter what the strategy, primary healthcare remains the foundation of effective, sustainable and responsive healthcare systems in rich and poor countries alike. It is the best setting for ensuring continuity of care and effective referral, which is critical for NCDs. There is a need for research to explore different models of care and the extent to which they can be exported to different settings. In this context, multi-country comparison studies are needed as well as studies that explain challenges of policy implementation vs. only formulation in LICs and LMICs.
Day 3 Summary

The day began with a review of a consensus statement initially drafted by Chad Swanson, Arvind Betigeri, and David Sanders. The group also talked about possible future venues to continue discussion and share the consensus statement.

After these initial proceedings, the group then broke into discussion groups. One group focused on how to better ensure that donors are more responsive to local needs in organizational capacity enhancement to strengthen health systems; a second group attempted to identify ways to measure organizational capacity building and institutional improvements; and a third group explored which strategies will be most effective at ensuring that these ideas are disseminated and incorporated into global health practice and policy. After discussing each topic, each group came back and presented their ideas, which prompted further conversation from members of other groups. From these discussions, two key goals emerged:

1) The need to use learning organization approaches as a way to apply CAS thinking and potentially develop a group of case studies.
2) The need to develop methods and metrics to assess health systems as a CAS.

In the afternoon, two groups worked to make more explicit plans to pursue the two objectives discussed in the morning session. There will be teams assembled to complete research and draft documents exploring the ideas discussed in the conference. The goal is that these documents would be completed by the end of the 2012 calendar year and a report made for funders and the Bellagio Conference participants by March 31, 2013.

The overall feeling of the group as the conference concluded was that while there are many challenges facing health systems, a beginning has been made by the group to bring those challenges to the forefront of the HSS agenda.
IV. Outcomes and Recommendations

Lessons Learned
Our understanding of viewing health systems through the CAS lens was enhanced. Health systems are complex, unpredictable, and adapt organically over time in response to internal and external social and political forces. Organizations such as health policy institutes, universities, and advocacy groups are central players in strengthening health systems, and building their capacity should be a central global health focus. Finally, Systems Thinking approaches and methods hold tremendous potential for understanding the dynamic interactions between diverse health systems actors.

Challenges
The topic of our discussion was too broad, and narrowing the focus of viewing health systems from a CAS lens was a challenge. The discussions deviated at times from the primary focus of the meeting due to the interdisciplinary nature of health systems and its underlying complexity. Two of our proposed conference central topics, (1) institutional analysis and (2) organizational capacity, were not discussed in greater detail due to paucity of time and competing attention to different components of health systems. Finally, there seemed to be a lack of a common language when discussing fundamental concepts such as institutions, organizations, and systems.

Recommendations
The following recommendations were made for further action:

1. The group has prepared the first draft of a brief consensus statement that summarizes the complex, adaptive nature of health systems, the role that increasing in-country organizational capacity can play in strengthening those systems, and the potential that Systems Thinking approaches and methods have for transforming health systems. We will polish our message, prepare a professional document, and distribute it widely.

2. Two working groups have been formed that will explore ways to apply Systems Thinking principles and tools on the ground and enhance shared learning.

3. The group has committed to preparing and submitting one paper for publication in a peer-reviewed academic journal, and we have discussed preparing several others.

4. Perhaps most importantly, the group has committed to meet in the future to learn from our experiences and reassess future plans. Specifically, about half of our attendees met at the 2nd Global Symposium on Health Systems Research in Beijing, and discussed and modified next steps. We are also considering organizing a follow-up meeting in about two years, perhaps again in Bellagio.
V. Consensus Statement

After the discussions and deliberations, the group agreed upon the following seven points, which the group believes warrant serious consideration at all levels of global health practice, research, policy, and education:

1. Health systems are complex, adaptive, social systems that are comprised of a wide variety of people, organizations, and networks, each with its own set of values and interests that must be aligned to achieve health and other health systems goals.

2. Health Systems Strengthening (HSS) has emerged in recent years as central to promoting and protecting health and relieving suffering. HSS is a complex, iterative, and learning process wherein the interactions between actors, structures, services, and subsystems are optimized over time while striving for health systems goals. As such, this process:
   · Is highly contextual and influenced fundamentally by institutional relationships at local, national, and global levels, and will differ greatly from country to country and within countries at different times.
   · Involves people and organizations outside of what is generally thought of as a health system, including health-related sectors, the private sector, agriculture, education, and others.

3. The process of HSS depends fundamentally on the ability of in-country organizations to learn over time, adapt to emerging challenges, and optimize interactions with citizens, communities, and other organizations to reach health systems goals. These organizations should become “learning organizations,” organizations that are continuously expanding their capacity to create their own future [1]. While technical capacity is very important, other capacities are also key, for example:
   · prioritizing needs,
   · taking risks,
   · mobilizing,
   · advocating,
   · identifying and supporting participatory leadership, and
   · maximizing synergies between sectors and disciplines.

4. The relationship between external global players, such as donors and in-country organizations, has been dominated by a focus on short-term, results-driven actions. Such a focus too often undermines local organizational capacity and leads to fragmented efforts.

5. We as a global health community can do much better to strengthen organizational capacity that leads to strengthened health systems around the world.

6. The CAS approach deserves serious consideration and testing in terms of its application to organizational capacity building for HSS because of its analytical and transformational potential. Key CAS themes in social systems have been neglected in much of health systems activities, such as:
   · collaboration across sectors and disciplines around a shared vision,
   · feedback loops between interconnected components,
   · social and organizational networks,
   · transformational, systems level leadership at all levels,
· ongoing, iterative learning, and
· creation of a local environment that encourages emergent self-organization and innovation.

7. We hope that all global health stakeholders from practice, academia, policy, and education will consider the points above and make appropriate changes within their sphere of influence to increase local organizational capacity and strengthen health systems around the world.
### VI. Annexure

#### 1. Bellagio Meeting Agenda

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activity</th>
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<tr>
<td><strong>August 27:</strong></td>
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<td>Arrival</td>
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<tr>
<td><strong>August 28:</strong></td>
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<td><strong>8:00-9:00</strong> Breakfast</td>
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|             | **9:00-10:00** | **Introductions:** Each participant will take two minutes to share current Health Systems Strengthening activities, and “one specific outcome” that they would like to come out of this conference.  
**Moderator:** Chad Swanson, all attendees participate |
|             | **10:00-10:30** | **Welcome, Review Agenda, and Proposed Objectives and Outcomes of meeting**  
**Chad Swanson** |
|             | **10:30-11:30** | **Systems Thinking: A Round Table Discussion**  
**Moderator:** Chad Swanson 5 min |
|             |             | **Allan Best:** “Health as a Complex, Adaptive System” 12 min |
|             |             | **Rifat Atun:** “Organizations as Independent Agents in Health Systems” 8 min |
|             |             | **Tea Collins:** “The Private Sector as an Important Component of Health Systems” 8 min |
|             |             | **Somsak Chunharas:** “Learning Organizations” 8 min |
|             | **11:30-11:50** | **Break** |
|             | **11:50-13:00** | **Health Systems Strengthening: A Review of the Importance of Organizational Capacity and Institutions**  
**Moderator:** Dalanyo Dovlo |
|             |             | **Wim Van Damme:** “Health Systems Strengthening: Perspectives, Current Status, and Resources” |
|             |             | **David Sanders:** “Capacity Development for Health Systems Strengthening” |
13:00-14:00 Lunch

14:00-15:30 Improving Institutions and Enhancing Local Organizational Capacity to Strengthen Health Systems: A Round Table Discussion on Organizations’ Perspectives
Moderator: Wim Van Damme

African Center for Global Health and Social Transformation (ACHEST): Patrick Kadama

WHO: Delanyo Dovlo

University of Western Cape: David Sanders

National Health System Resource Center: Thiagarajan Sundararaman

Health Systems Action Network: Arvind Betigeri

15:30-15:45 Break

15:45-16:15 Transforming Institutional Arrangements to Strengthen Health Systems
Moderator: Tea Collins

Stephen Jan: “Institutions: What Are They, and Why Do They Matter in Health Systems Strengthening?”

Juliet Nabyonga: “Aid Effectiveness to Strengthen Health Systems”

16:15-17:30 Approaching a Common Vision for the Conference:
Moderator: Arvind Betigeri. Attendees will break up into four small groups, and spend ten minutes making suggested changes on the Conference Problem Statement, Key Question, and Objectives. They will then spend 20 minutes selecting two Proposed Outcomes, and suggest a detailed plan of implementation.

David Sanders will then lead the presentations of the outcomes, and a discussion.
***The third day is open (even the suggested questions are very flexible), and the activities of that day will depend on this discussion.***

17:30-19:00 Free Time
19:00-19:30 Cocktails
19:30-20:30 Dinner

**August 29**

8:00-9:00 Breakfast

9:00-10:15 Improving Institutions and Enhancing Local Organizational Capacity to Strengthen Health Systems: A Round Table Discussion on Donors’ Perspectives

  Moderator: Jo Ivey Boufford

  USAID: Karen Cavanaugh

  Doris Duke Charitable Foundation: Mary Bassett

  NORAD: Paul Fife

  ESSENCE on Health Research: Garry Aslanyan

10:15-10:30 Break

10:30-11:45 Improving Institutions and Enhancing Local Organizational Capacity to Strengthen Health Systems: A Round Table Discussion on Ministries of Health Perspectives

  Moderator: Paul Fife

  Brazil: Francisco de Campos

  Addis Ababa University: Damen Gebre Kiros

  Thailand: Walaiporn Patcharanarumol

  Malawi: Ann Phoya

  India: Thiagarajan Sundararaman

11:45-12:00 Break
12:00-1:00  
**Optimizing Interactions between Organizations to Strengthen Health Systems**  
Moderator: Allan Best  
Thailand: Somsak Chunharas and/or Walaiporn Patcharanarumol  
India: "Institutional Design and Constraints to Strengthening Public Health Systems" Thiagarajan Sundararaman  
Africa: “Mapping Organizations that Strengthen Health Systems in Africa” Patrick Kadama

13:00-14:00  
**Lunch**

14:00-14:13  
**Complex Adaptive Systems and the Learning Health System: Implications and Possible Actions towards Health Systems Strengthening**  
Somsak Chunharas

14:13-14:26  
**From Montreux to Beijing: Moving the HSS Agenda Forward in the Face of NCDs and Other Emerging Challenges”**  
Tea Collins

14:26-14:40  
**Networks and Approaches to Increase Research Capacity, Improve Knowledge Translation, and Transform Health Education and Training**  
Paul Fife and Garry Aslanyan

14:40-15:00  
**Recap and Reassess:** Jo Ivey Boufford

15:00-18:00  
**Boat Ride** on Lake Como

18:00-18:50  
**Free Time; get ready for special dinner at the Villa**

18:50  
**Leave for Special Dinner at the Villa**

19:30-20:30  
**Dinner**

**August 30**  
8:00-9:00  
**Breakfast**
9:00-11:00  Small Group Initial Discussions - groups and discussion leaders to be determined on day 2

Group 1: “How can we better ensure that donors are more responsive to local needs in organizational capacity enhancement to strengthen health systems?”

Group 2: “How can we measure organizational capacity building and institutional improvements?”

Group 3: “What strategies will be most effective at ensuring that these ideas are disseminated and incorporated into global health practice and policy? What are some high-leverage activities?”

11:00-11:30  Break

11:30-12:00  Group 1 Presentation on “How can we better ensure that donors are more responsive to local needs in organizational capacity enhancement to strengthen health systems?” and group discussion.

12:00-12:30  Group 2 Presentation on “How can we measure organizational capacity building and institutional improvements?” and group discussion.

12:30-1:00  Group 3 Presentation on “What strategies will be most effective at ensuring that these ideas are disseminated and incorporated? What are some high leverage activities?” and group discussion

13:00-14:00  Lunch

14:00-14:30  Recap and Reassess

14:30-16:00  To be Determined; this time will be spent finalizing plans, polishing documents, etc. through large or small group discussions, conference calls, or other approaches.

16:00-16:30  Break

16:30-17:30  To be Determined; See 14:30-16:00 time slot.
17:30-18:00  Final Recap
       What have we learned?
       What are our plans for next steps?
       Moderator: David Sanders

18:00-19:00  Free time

19:00-19:30  Cocktails

19:30-20:30  Dinner

**August 31: Depart**
Self-serve Continental Breakfast Available

Depart Bellagio Center
## 2. Bellagio Meeting Participants List

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Nationality</th>
<th>Title</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>ATUN</td>
<td>Rifat</td>
<td>UK</td>
<td>Professor of International Health Management</td>
<td>Imperial College London</td>
</tr>
<tr>
<td>BASSETT</td>
<td>Mary</td>
<td>USA</td>
<td>Director of the African Health Initiative</td>
<td>Doris Duke Charitable Foundation</td>
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<tr>
<td>BEST</td>
<td>Allan</td>
<td>Canada</td>
<td>Senior Scientist</td>
<td>Centre for Clinical Epidemiology and Director of the Community</td>
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<td>Partnerships for Health Research Program,</td>
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<td>Vancouver Coastal Health Research Institute</td>
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<tr>
<td>BETIGERI</td>
<td>Arvind</td>
<td>India</td>
<td>Co-Chair</td>
<td>Health Systems Action Network</td>
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<tr>
<td>BOUFFORD</td>
<td>Jo Ivey</td>
<td>USA</td>
<td>President</td>
<td>New York Medical Academy</td>
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<tr>
<td>CAVANAUGH</td>
<td>Karen</td>
<td>USA</td>
<td>Lead, Inter Agency Collaboration and Governance, President’s Global</td>
<td>USAID</td>
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<td>Health Initiative</td>
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<tr>
<td>CHUNHARAS</td>
<td>Somsak</td>
<td>Thailand</td>
<td>Secretary-General</td>
<td>National Health Foundation-Thailand</td>
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<tr>
<td>DE CAMPOS</td>
<td>Francisco</td>
<td>Brazil</td>
<td>Executive Secretary</td>
<td>Open University National Health System</td>
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<td>Eduardo</td>
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<td>DOVLO Delanyo</td>
<td>Ghana</td>
<td>Rwanda Country Representative</td>
<td>World Health Organization</td>
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<tr>
<td>COLLINS Téa</td>
<td>Georgia</td>
<td>Executive Director</td>
<td>Non-Communicable Disease Alliance</td>
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<tr>
<td>FIFE Paul</td>
<td>Norway</td>
<td>Director, Department for Global Health, Education and Research</td>
<td>Norwegian Agency for Development Cooperation (Norad)</td>
<td></td>
</tr>
<tr>
<td>GARRY Aslanyan</td>
<td>Canada</td>
<td>Policy Manager Special Program on Research and Training on Tropical Diseases</td>
<td>World Health Organization</td>
<td></td>
</tr>
<tr>
<td>GEBRE KIROS Damen</td>
<td>Ethiopia</td>
<td>Associate Professor in the Department of Community Health</td>
<td>Addis Ababa University</td>
<td></td>
</tr>
<tr>
<td>JAN Stephen</td>
<td>Australia</td>
<td>Senior Health Economist</td>
<td>George Institute for Global Health</td>
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<tr>
<td>KADAMA Patrick</td>
<td>Uganda</td>
<td>Director for Health Policy and Strategy</td>
<td>African Center for Global Health and Social Transformation (ACHEST)</td>
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<tr>
<td>NABYONGA Juliet</td>
<td>Uganda</td>
<td>Medical Officer</td>
<td>WHO Uganda</td>
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<tr>
<td>PATCHARANARUMOL Walaiporn</td>
<td>Thailand</td>
<td>International Health Policy Program</td>
<td>Thailand Ministry of Public Health</td>
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<tr>
<td>PHOYA</td>
<td>Ann</td>
<td>Malawi</td>
<td>Director of the Sector-Wide Approach</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>SANDERS</td>
<td>David</td>
<td>South Africa</td>
<td>Professor Emeritus</td>
<td>University of Western Cape School of Public Health</td>
</tr>
<tr>
<td>SUNDARARAMAN</td>
<td>Thiagarajan</td>
<td>India</td>
<td>Executive Director</td>
<td>National Health System Resource Centre (NHSRC)</td>
</tr>
<tr>
<td>SWANSON</td>
<td>Robert</td>
<td>USA</td>
<td>Adjunct Assistant Professor</td>
<td>Brigham Young University</td>
</tr>
<tr>
<td>VAN DAMME</td>
<td>Wim</td>
<td>Belgium</td>
<td>Senior Lecturer</td>
<td>Institute of Tropical Medicine Antwerp</td>
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