

HEALTH SYSTEMS STRENGTHENING IN GERMAN DEVELOPMENT COOPERATION: AN UNFINISHED BUSINESS

Summary

Health systems strengthening (HSS) sits high on Germany's development agenda as a global health actor, and with the recent inception of the *Healthy Systems – Healthy Lives Initiative* of Germany and the World Health Organization, HSS will continue to play a central role in forthcoming development policy. In May 2015, in response to the Ebola crisis, Germany announced an additional EUR 200 million to be disbursed for HSS in 2015 and 2016. This focus on HSS is not new to the German Development Cooperation (GDC), as HSS is one of three strategic areas in the German Federal Ministry for Economic Cooperation and Development's (BMZ) sector strategy on health. However, the lack of a comprehensive and unified HSS framework in the GDC prevents the measurement of and accountability for HSS.

Although Germany was globally the third largest bilateral donor for health in 2014, with HSS being a core strategy of the GDC approach to global health, little can be said about the allocation of funds earmarked for HSS in partner countries. The Creditor Reporting System of the Organisation for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC), while being the only system in place to track HSS funds, provides very limited thematic information about individual official development assistance (ODA) flows. Even more important, the lack of a unified framework for HSS gives rise to the risk of implementing HSS in an incoherent manner. Hence, there is danger of HSS turning into a "container concept", whereby HSS becomes the all-encompassing category for all health activities, without due attention towards their systemic consequences.

The GDC would benefit from refining its approach to HSS through the creation of a conceptual framework tailored to the GDC context. To this end, we propose two steps. First, the systematic analysis already done for HSS within GDC strategies and

planning documents should be extended to the implementation level. This will result in a comprehensive understanding of the GDC pursuit of HSS. Second, we propose to build a global-level HSS framework tailored to the GDC context. With an enhanced understanding of the GDC pursuit of HSS and such a framework, an integrated HSS strategy can be designed, which would in turn guide future HSS programming and allow improved measurement and accountability for HSS. The Healthy System – Healthy Lives Initiative launched in September 2015 is an important step towards the development of such a framework.

Introduction

HSS pervades the international development sphere, from the response to the Ebola crisis to negotiations for Sustainable Development Goal 3 (ensure healthy lives and promote well-being for all at all ages). Prior to this, it was and remains a primary element of the GDC approach to global health. The BMZ has embedded HSS as one of its three strategic areas of focus within health, the other two being HIV/AIDS and sexual and reproductive health and rights.

The Ebola crisis evoked significant questions pertaining to health systems and donor support. Had health systems in West Africa been better able to address the epidemic, the ensuing crisis could have been averted. In May 2015 Germany announced an additional EUR 200 million to be disbursed for HSS in 2015 and 2016. Although the relevance and strategic importance of this commitment are increasingly apparent, the measurement of and accountability towards it are noteworthy questions.

Consensus on HSS

In 2007 the World Health Organization (WHO) defined a health system as entailing six building blocks: (1) service delivery, (2) health workforce, (3) information, (4) medical products, vaccines

and technologies, (5) financing, and (6) leadership/governance. HSS emphasises issues affecting the health system and not just specific diseases, sub-systems or health issues, thereby enabling a holistic approach to addressing the health needs of a country.

Although the WHO framework is adhered to by all major global health actors, including the GDC, there is still a lack of consensus on what constitutes HSS and how to generate evidence to guide future HSS programming. With increasing attention to HSS across the development community, the endeavour for global health actors to fine-tune their approach to HSS is key to ensuring that HSS is effectively implemented.

Although HSS has long been a strong tenet of the GDC, it still lacks a guiding strategy. Without a unified strategy there is a high risk of HSS turning into a “container concept”, whereby it becomes an all-encompassing category for all health activities. Hence, the lack of a unified strategy might result in interventions that do not take systemic effects into consideration and are incoherent with HSS pursuits of other actors. These risks indicate the increasing need for a common conceptual basis for HSS within the GDC.

Germany's role in financing global health

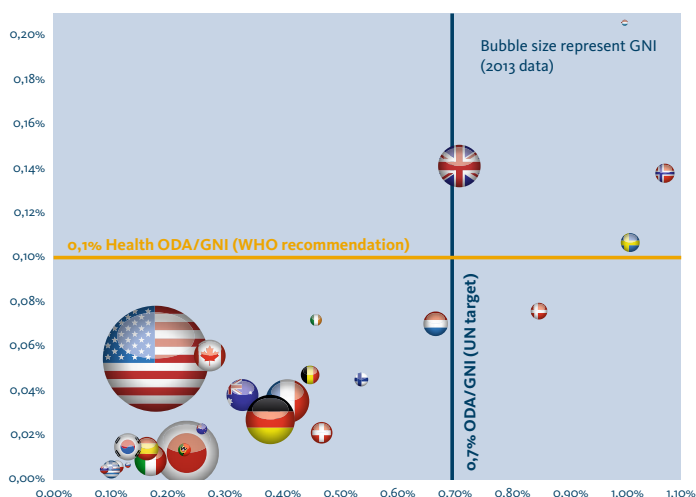
As the third largest bilateral donor for global health in 2014, Germany plays an influential role in the health development sector. In just over a decade, German ODA for health has tripled in absolute value, rising to approximately EUR 786 million in 2013. Despite this large increase in absolute terms, German health ODA only comprised 6.5% of total German ODA in the period 2002–13.

Globally, German health ODA is substantial in absolute value; however, it could stand to improve when considering German economic capacity. An analysis of bilateral donors' ODA performance in relation to their economic capacity (see Figure 1) reveals that the majority of donors, including Germany, have met neither the UN target of 0.7% ODA/GNI nor the WHO recommendation for 0.1% health ODA/GNI. In 2013, Germany had contributed 0.38% of GNI towards overall ODA, and 0.027% of GNI towards health ODA. Some countries with similar or larger economies compared to Germany committed relatively more funds to health ODA.

One of the major global health commitments subscribed to by Germany is the Heiligendamm commitment stemming from the 2007 G8 Summit. This commitment drew pledges of USD 60 billion from G8 countries, of which Germany pledged EUR 4 billion. As a milestone commitment for global health,

Heiligendamm addressed the areas of HIV/AIDS, malaria, tuberculosis and HSS. Germany fulfilled the commitment with EUR 4.3 billion cumulatively disbursed by 2013.

Figure 1. DAC members' contribution to total ODA and health ODA relative to economic capacity (GNI), 2013



Source: Own calculations based on ODA data taken from the Creditor Reporting System of the OECD/DAC, and GNI figures from the World Bank. The calculations of ODA/GNI used net ODA and for health ODA/GNI gross ODA.

The most recent commitment of EUR 200 million for HSS is in part a continuation of the efforts begun with the Heiligendamm commitment. Whereas that HSS pursuit was tied to specific diseases in the context of Heiligendamm, the new commitment focuses exclusively on HSS and is symbolic of the increased emphasis that the GDC is placing on it.

While the Heiligendamm commitment was measured through total German health ODA, until now HSS still has no clear methodology or accounting mechanism. The OECD/DAC Creditor Reporting System falls short when it comes to adequately identifying thematic allocations of ODA activities. Among other limitations, ODA activities can only be allocated one Creditor Reporting System purpose code. In the case of a complex concept such as HSS, this limitation renders the analysis of ODA flows for HSS ineffective.

With HSS being a major tenet of GDC global health policy, and with an increase of funds committed specifically to HSS, how can Germany ensure that it is effectively strengthening health systems in partner countries?

Moving towards the construction of a conceptual framework for HSS

A conceptual framework for HSS informed by previous policies, strategies and implementation experience would give structure

to GDC's pursuit of HSS, and enable continuous improvement of its approach. This framework would include a definition of what constitutes HSS in the GDC and a common understanding of how it is pursued. It would also enable the GDC to effectively measure HSS and be held accountable for its HSS endeavours.

As a first step towards an HSS conceptual framework, a systematic analysis of selected GDC policies and country planning documents looked at the diverse approaches and means of achieving HSS within the GDC in an effort to understand the status quo. This analysis was limited to the strategic level and did not reflect the realities of implementation. In this context, the analysis investigates how HSS is pursued through a policy perspective.

Approaches to HSS embraced by the GDC include *human resource development for health, solidarity-based health financing and social health protection, institutional and organisational development of national health systems, quality management, private sector cooperation, vertical programme integration, inter-sectoral cooperation*, and the *human rights-based approach* (see Figure 2). Each of these has ties to multiple WHO framework health system building blocks, which emphasises the relevance of using a systems' perspective in engaging with HSS. For example, Figure 2 shows

that the focal area of human resource development for health relates most clearly to the health workforce building block, but would be incomplete without also considering service delivery and governance. Cross-cutting approaches, such as private sector cooperation, address an even wider view of the health system.

In order to further synthesise the results of this analysis, each of the HSS approaches found in GDC policies and planning documents can be categorised with respect to the building blocks of the WHO framework. Taking this step suggests that the building blocks of leadership/governance, health workforce, health financing and service delivery are seemingly the most important regarding the GDC approach to HSS, with the remaining building blocks playing a relatively less significant role.

The results of this analysis are a starting point to investigate HSS implementation within countries and build a more comprehensive understanding of the GDC pursuit of HSS. If the analysis undertaken here were to be applied to implementation as well as policy, it would provide a comprehensive understanding of how the GDC enacts HSS. Furthermore, incorporation of the WHO framework in such an analysis would make it possible to draw on a number of further tools and frameworks focused on specific

Figure 2. HSS within GDC policies and strategic partner country documents

Focal areas	Relevance to HSS
Human resource development for health	<ul style="list-style-type: none"> ∞ health workforce building block • Skilled workforce enables effective service delivery • Enhanced organisational capacities of health staff improve local governance
Solidarity-based health financing and social health protection	<ul style="list-style-type: none"> ∞ health financing building block • Reform of health financing system improves leadership and governance • Social health protection increases the affordability and quality of health services and medical commodities
Institutional and organisational development of national health systems	<ul style="list-style-type: none"> ∞ leadership/governance building block • Enhanced planning and management capacities at national and local level enable structural changes at policy and service delivery level
Cross-cutting approach	Relevance to HSS
Private sector cooperation	<ul style="list-style-type: none"> ∞ potentially all building blocks, with strong emphasis on service delivery, governance and medical products • Cooperation of the public and private health sectors increases the provision of health care for difficult to access populations
Vertical programme integration	<ul style="list-style-type: none"> ∞ potentially all building blocks, with strong emphasis on governance, service delivery and health workforce • Integration of disease-specific and vertical programmes improves delivery of prevention, treatment and support services
Inter-sectoral cooperation	<ul style="list-style-type: none"> ∞ cross-cuts all building blocks, targets the broader context • Health prevention and promotion measures in other sectors improve the effectiveness and impact of HSS
Human rights-based approach	<ul style="list-style-type: none"> ∞ cross-cuts all building blocks • Improves availability, accessibility, acceptability and quality of health services for all, particularly for disadvantaged and vulnerable groups

Source: Own compilation based on document analysis.

health sub-systems. Using these existing resources that complement the WHO framework would not only help to streamline global efforts for HSS, but would allow the GDC to benefit from an ever-growing body of knowledge on health systems.

Future steps for health systems strengthening

In order to establish an integrated and consistent HSS strategy within the GDC, two key steps are necessary:

- 1) *Extend the analysis for GDC approaches to HSS to the implementation level.* By systematically identifying how HSS is pursued within country implementation and multilateral channels, the picture that has begun to take shape in the analysis discussed here would be completed. HSS has been an important element of the GDC's engagement with health, and as such, there is much to be drawn from the experiences in implementation. Realities from implementation could thus combine with rhetoric in the strategies and policies to guide the development of an HSS framework and ultimately building of GDC's HSS strategy.
- 2) *Develop a global HSS framework tailored to the GDC context.* Such an overarching framework would provide a *comprehensive* view of HSS orientation within the GDC, guide future HSS implementation in a streamlined way, and open possibilities

for HSS measurement and accountability. Ultimately, this framework would clarify how GDC policy and implementation in health enables HSS. Furthermore, building such a framework with a systems' lens enables the identification of positive and negative externalities of HSS-focused interventions – both within and outside the health sector. Hence, a global HSS framework is a prerequisite for an integrated HSS strategy by GDC. The Healthy Systems – Healthy Lives Initiative aims to facilitate the development of a comprehensive understanding of HSS and to improve the coordination and effective support to HSS by the international community. Hence, the initiative is an important step towards the development of a global HSS framework.

The pursuit of HSS is generally not straightforward. All the same, it is an essential element for sustainable development and is increasingly recognised as such by the global development community. At this point, HSS as described in the many health-related strategies and policies of the GDC is diverse in approach and multifaceted. To improve its effectiveness in HSS engagement, the GDC needs now to consolidate its objectives for and approaches to HSS. If the GDC is to effectively pursue HSS, it must take incisive steps in building an integrated HSS strategy, thereby enabling improved planning and evaluation of health interventions.

References

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The German Institute for Development Evaluation (DEval) is mandated by the German Federal Ministry for Economic Cooperation and Development (BMZ) to independently analyse and assess German development cooperation interventions. Evaluation reports contribute to the transparency of development results and provide policy-makers with evidence and lessons learned, based on which they can shape and improve their development policies.