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Technical support for health systems strengthening

Health systems reporter, 19 November 2008

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Technical assistance is often described as support given by governmental and

economic agencies to assist the economic, social and political development of developing countries. [This paper](#), published by HLSP, discusses some of the approaches for technical support of health systems strengthening (HSS) taken to date, and looks at problems and possible solutions.

The report finds that developing countries' capacity to strengthen their own health systems will not improve through increased donor aid alone; tailored technical support is also needed. However, the growing financial resources available for HSS do not include a commitment to providing technical support.

Currently the global market for technical support is complex: multiple agencies use different approaches for providing support, and a number of issues including institutional roles affect the supply and demand for high quality technical assistance. Key issues in this area include:

- Health systems can be hard to define and so there is confusion around the concept of HSS.
- For investment in HSS to be effective, partners and providers of technical assistance must have the capacity to achieve change.
- Country demand for technical support to strengthen health systems remains low due to limited knowledge of what it means, what it can achieve and how to best manage its implementation.

In conclusion, the provision of technical support for HSS needs to be scaled up considerably, in line with increased financial resources. Technical support approaches need to take into account the complexity of a country's national health system and the context within which it operates, such as the structural and institutional factors that underpin commitment and incentives for change. This can be achieved by the following:

- Undertaking country specific analysis that aims to better understand the country context.
- Ensuring that technical support is aligned with national strategic plans and is owned by country governments.
- Improving coordination efforts between global health initiatives that provide technical support for HSS and local governments.
- Exploring the possibility of establishing an independent technical support fund to address HSS.

More information:

- HLSP report on technical support for health systems strengthening <http://www.eldis.org/go/topics/resource-guides/health-systems&id=40739&type=Document>
- Global Fund document on technical support for health systems strengthening <http://www.>

physiciansforhumanrights.org/library/documents/reports/global-fund-technical-support.pdf

- Health Partners International paper on technical assistance www.healthpartners-int.co.uk/our_expertise/technical_profile_health_systems_strength.pdf

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Recommended readings

1. A healthy partnership: a case study of the MOH contract to KHANA for disbursement of World Bank funds for HIV/AIDS in Cambodia

Authors: D. Wilkinson

Publisher: International HIV/AIDS Alliance, 2005

This report, from the International HIV/AIDS Alliance, examines a government-NGO/CBO (non-governmental/community-based organisation) disbursement initiative, where the Cambodian Ministry of Health contracted Khana to manage the disbursement of World Bank funds meant for local NGO/CBOs. Findings show a number of strengths with this model, including: improved efficiency of project implementation; the need for technical support identified at the outset of the project; and Khana's increased ability to manage and provide technical support to the growing NGO network. However, weaknesses of the approach include: minimal links between local NGO partners and provincial activities; no contractual requirement for evaluation; and the need for additional funds to provide technical support for NGOs.

The report identifies a number of lessons learned. It highlights the need to clearly establish government and agency roles in decisions about processes and intended outcomes. Clear targets and indicators should also be established in the contract to help facilitate monitoring, implementation and evaluation. Other recommendations include: identifying where external technical support is needed and include this in the budget; maintaining flexibility in making contractual decisions about procurement procedures; and keeping the government involved and informed to maintain a healthy partnership. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=19781&type=Document>

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2. Mainstreaming AIDS in development instruments and processes at the national level: a review of experiences

Authors: ; UNAIDS; UNDP; World Bank

Publisher: Joint United Nations Programme on HIV/AIDS , 2005

This review, from UNAIDS and UNDP, examines the experiences of mainstreaming HIV and AIDS in national development instruments and the technical support provided to national partners. The review focuses on the HIV and AIDS content of national development instruments, the processes of implementation and progress to date, including gaps in technical support. Key issues highlighted in the report include: strengthening links between PRSPs (poverty reduction strategy papers), NAFs (National Action Frameworks), and sector plans; taking AIDS into account in economic and social policy; linking AIDS with poverty-related diseases and other Millennium Development Goal priorities; continuing technical support for mainstreaming; and limited mainstreaming of AIDS among national partners.

The report recommends that country-level actors and technical support providers need to promote and ensure appropriate coverage of AIDS in PRSP content and other national development instruments. This should include: a more comprehensive analysis of the links between poverty and inequality, gender and AIDS; factoring the implications of AIDS into the design of poverty reduction and growth plans, and economic and social reform programmes; and assessing and planning for the national human and institutional capacities required to achieve the AIDS objectives expressed in PRSPs. The report also recommends focusing on strengthening institutional linkages and accountabilities in national development processes in a range of areas.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=23443&type=Document>

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3. Joint evaluation study of provision of technical assistance personnel: what can we learn from promising experiences?: synthesis report on the study on promising approaches to technical assistance

Authors: T. Land

Publisher: European Centre for Development Policy Management , 2007

Technical assistance (TA) remains a controversial component of official development assistance (ODA). This study aims to contribute to the current discussions on aid effectiveness and capacity development by assessing what works in relation to the deployment of technical assistance (TA) personnel, and exploring what initiatives/reforms are being taken to improve practice. The report draws on the findings of three country studies conducted in Mozambique, Solomon Islands and Vietnam.

The study finds that key determinants of TA effectiveness include:

- partner country management of TA personnel
- a more informed understanding of how TA can support capacity development and change
- good design, including proper diagnosis of needs
- the deployment of appropriate personnel with both substantive expertise and process skills
- improved human resources planning and management within the public service of development partners
- strategic thinking about the use of TA personnel as an instrument for sustainable capacity development .

The paper makes numerous recommendations for reforming TA, which cover the following issues:

- engaging in strategic dialogue
- linking TA personnel to development planning and human resources management
- being transparent about options, costs and motives
- strengthening the human resources function
- following the Paris Declaration
- determining the right mix of 'direct' and 'indirect' approaches
- improving the capacity of development partners

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=33900&type=Document>

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4. Real aid: making technical assistance work

Authors: ; Actionaid International

Publisher: ActionAid International, 2006

This report argues that aid provided by governments needs to target poverty directly rather than expensive and often ineffective western consultants, research and training.

By drawing on international statistics, and carrying out its own investigations in four developing countries, the authors argue that rich countries' "technical assistance" consultants, research and training too often promotes donor interests and inappropriate northern solutions instead of the alleviation of poverty.

The document covers some of the following areas:

- phantom aid
- recommendations on increasing real aid and reforming the aid system
- a history of technical assistance
- efforts to reform technical assistance.

The document concludes that too much technical assistance is either having no significant impact or a negative impact – a case of phantom aid creating phantom capacity that dissipates as soon as the expatriate consultant returns home and the donor funding dries up. For technical assistance to be "real", the document argues that reform needs to be anchored in four underlying principles:

- putting recipient countries in the lead
- giving them the freedom to choose their own development path
- mutual accountability between donors and recipients
- country specificity.

[adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=23323&type=Document>

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[Latest additions from the Health systems resource guide](#)

1. Is there a market for voluntary health insurance in developing countries?

Authors: M Pauly; F Blavin; S Meghan

Publisher: National Bureau of Economic Research, USA, 2008

In many developing countries about half of all spending on health care is out-of-pocket. This study, from the National Bureau of Economic Research, examines the distribution of such spending according to income and type of health care in order to assess whether it would be possible to supply voluntary private health insurance to reduce variation in spending. Using data from the World Health Survey for 14 developing countries, the report finds that out of pocket spending varies depending on income but that most spending usually occurs in the quintiles below the top income quintile.

The authors use estimates of the variance of total spending, hospital spending, physician spending, and outpatient drug spending tends to generate estimates of the amounts of money risk averse consumers might pay for insurance coverage. For hospital spending and total spending, these amounts are larger than the

authors consider reasonable, suggesting that voluntary insurance might be feasible. However, the strong relationship between spending and income suggests that insurance markets may need to be segmented by income.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=40744&type=Document>

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2. Equity in health care financing: The case of Malaysia

Authors: C Ping Yu; D Whyne; T Sach

Publisher: International Journal for Equity and Health, 2008

This report published in the International Journal for Equity in Health assesses the equity of health care financing in Malaysia. The paper evaluates each of the five financing sources (direct taxes, indirect taxes, contributions to the Employee Provident Fund and Social Security Organisation, private insurance and out-of-pocket payments). They are each assessed independently, and also by considering the combined financing sources to evaluate the whole financing system.

The authors find that Malaysia's two-tier health system, consisting of a heavily subsidised public sector and a private sector with user-fees, has produced a progressive health financing system. In a progressive system, the individuals or households who have a greater ability to pay for health care are spending proportionally more on financing their health care. The case of Malaysia demonstrates that policy makers can gain an in depth understanding of the impact on equity of different health financing systems, in order to help shape national health financing strategies.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=40738&type=Document>

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3. Child survival gains in Tanzania: analysis of data from demographic and health surveys

Authors: H Masanja; D de Savigny; P Smithson

Publisher: The Lancet, 2008

This report published in the Lancet investigates the cause of a 24 percent drop in mortality in children under 5 years in Tanzania between 2000 and 2004. The

authors analysed data from the four demographic and health surveys conducted in Tanzania since 1990. They investigated contextual factors, both within and external to Tanzania's health system, that could have affected child mortality, in order to understand the likelihood of meeting the Millennium Development Goal for child survival (MDG 4).

The observed reduction in child mortality coincided with important improvements in Tanzania's health system, including a doubling of public expenditure on health; decentralisation and sector-wide basket funding; and increased coverage of key child-survival interventions, such as integrated management of childhood illness, insecticide-treated nets, vitamin A supplementation, immunisation, and exclusive breastfeeding. Other determinants of child survival that are not related to the health system did not change between 1999 and 2004, except for a slow increase in the HIV/AIDS burden. The authors conclude that Tanzania could attain MDG 4 if this trend in improved child survival were to be sustained. Investment in health systems and scaling up interventions can produce rapid gains in child survival.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=40737&type=Document>

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4. Health systems research in Lao PDR: capacity development for getting research into policy and practice

Authors: K Jönsson; G Tomson; C Jönsson

Publisher: Health Research Policy and Systems , 2008

This report published by Health Research Policy and Systems looks at the need within Lao PDR for evidence-based policymaking in the health care sector. The article investigates the relationship between research and policymaking from the perspective of those participating in health service research projects. The study is based on 28 interviews, 2 group discussions and the responses from 56 questionnaires.

The results show that respondents were aware of the barriers to research influencing policy and practice. But while some were optimistic, describing a change of attitudes among policymakers in the previous two years, others were more pessimistic and did not expect any real changes in the near future. The major problems listed included an inability to influence the policy process or to get policymakers and practitioners interested in research results. Another barrier was the lack of continuous capacity development and high-quality research, both of which are related a shortage of funding and international support. Many of the interviewees and questionnaire respondents also said that communication

between researchers and policymakers must be improved. The report concludes that in Lao PDR, research capacity development is at a crucial stage for translating research into implementation through policy and practice. For research to make a consistent impact on policymaking in the Lao health care sector, the attitude towards research must be changed and research prioritised, both among those conducting the research, as well as policymakers and practitioners.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=40594&type=Document>

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5. Health insurance in low-income countries: where is the evidence that it works?

Authors: E. Berkhout; H. Oostingh

Publisher: Action for Global Health, 2008

This report published by Oxfam examines the role of health insurance mechanisms will close health financing gaps and benefit poor people. The mechanisms discussed in this paper are: Private Health Insurance; Private for-Profit Micro Health Insurance; Community Based Health Insurance; and Social Health Insurance.

This paper describes those mechanisms and their success or failure to deliver health rights particularly for people living in poverty. It shows that although health insurance can have a positive effect on access to health services and on reducing health expenditure for some parts of the population, it can also pose a threat to equity and efficiency of health systems.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=40593&type=Document>

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- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

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Eldis is funded by DFID, Sida, SDC and NORAD, and hosted by the Institute of Development Studies, Sussex, UK.

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