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## HEALTH SYSTEMS REPORTER: focus on global health partnerships

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produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Systems Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is on [global health partnerships](#). The bulletin also features summaries of new documents and other additions to the [Health Systems Resource Guide](#).

[Health Systems Reporter archive](#) - an archive is now available on the Health Systems Resource Guide. See previous issues of the Health Systems Reporter at [www.eldis.org/healthsystems/archive.htm](http://www.eldis.org/healthsystems/archive.htm)

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact [r.wolfe@ids.ac.uk](mailto:r.wolfe@ids.ac.uk).

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## Feature: global health partnerships

Global health partnerships (GHPs) are alliances among multiple organisations that seek to strengthen healthcare in developing countries through research and development, capacity building, advocacy or funding. Many GHPs consist of both public and private sector organisations that collaborate in decision-making processes and implementing projects. Major GHPs include the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). Increasingly, funding towards specific diseases has been allocated through these initiatives rather than directly to countries.

GHPs have been successful in raising the profile and mobilising funding for under-resourced or neglected diseases and improving access to appropriate and affordable medicines and vaccines. GAVI has provided 15 million children with basic vaccines and increased the availability of safe injection equipment by delivering over a billion disposable syringes. The Roll Back Malaria Partnership has improved global political commitment to malaria through advocacy, and supported technological advancement in the development of long-lasting insecticide treated nets and new combination drug therapies.

Despite these benefits, the proliferation of GHPs has raised several problems at country levels. For instance, many GHPs focus on narrow issue specific goals such as reducing the transmission of malaria or increasing diagnosis and treatment of tuberculosis. These goals are not always aligned with existing country priorities and programmes and can distort funding and resources away from these priorities. Other issues that GHPs raise include a lack of adequate support to plan, implement and monitor GHP programmes, and lack of effective communication with recipient countries resulting in parallel processes and wasted resources.

There is increasing recognition that GHPs must align their approaches with country plans, institutions and procedures, and better coordinate with other donors in order that they can reach targets and lessen duplication and waste. A recent report by the United Kingdom (UK) Department of Health emphasises the need for GHPs to respect partner country leadership and strengthen their capacity to exercise it. Other recommendations for GHPs include: to use country systems (planning, procurement, budgeting and monitoring) as much as possible; to commit funding over a multi-year framework; and to collaborate with other GHPs at the global level.

### For more information see:

- Health systems resource guide section on global initiatives and public-private partnerships  
[www.eldis.org/healthsystems/global/index.htm](http://www.eldis.org/healthsystems/global/index.htm)
- HLSP Institute section on global health partnerships  
[www.hlspinstitute.org/aideffectiveness/global/](http://www.hlspinstitute.org/aideffectiveness/global/)
- DFID Health Resource Centre global health partnership study papers  
[www.dfidhealthrc.org/publications/global\\_init.html](http://www.dfidhealthrc.org/publications/global_init.html)

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## Recommended readings on global health partnerships

### Mapping global health partnerships: what they are, what they do and where they operate

Authors: Carlson, C.

Produced by: Department for International Development Health Systems Resource Centre (DFID HSRC) (2004)

This paper, from the DFID Health Resource Centre (HRC) aims to provide a common understanding of what Global Health Partnerships (GHPs) are, how they might be classified and how they operate. The document reviews definitions of GHPs, outlines a classification system used in the Resource Centre's broader GHP project, describes the key findings, and provides a detailed list of GHPs with their missions, aims and/or objectives. It also details a global GHP mapping exercise, which examined prevalence or cases of specific diseases of interest to target GHPs, poverty, and political and health systems characteristics.

The document classes GHPs into four categories: research and development, including discovery and development of new therapies; technical assistance/services support, including drug donations; advocacy at national and international levels; and financing, which includes providing funds for specific programmes. Its findings show that Africa has the highest level of GHPs and there is a high correlation between GDP levels and numbers of GHPs. However, neither the type of government (authoritarian to democratic) nor the percentage of public spending going to the health sector were found to be correlated with the number and type of GHPs operating in a country. [adapted from author]

Available online at: [http://www.dfidhealthrc.org/publications/global\\_initiatives/Mapping%20-%20FINAL.pdf](http://www.dfidhealthrc.org/publications/global_initiatives/Mapping%20-%20FINAL.pdf)

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### **TB and malaria: trends in donor funding**

Authors: HLSP Institute

Produced by: HLSP Institute, UK (2006)

This technical brief considers the implications of increasing donor assistance for tuberculosis (TB) and malaria. Based on three recent studies, the brief considers key questions: is funding for communicable diseases increasing; how is the support through global health partnerships (GHPs) impacting on the overall allocation of development assistance; are global processes undermining country level processes; what are appropriate governance arrangements; and is funding being channelled to countries and people in the greatest need, and to the most cost-effective interventions?

The authors argue that although GHPs have resulted in additional resources for TB and malaria programmes they have still been unable to provide enough financial means to deliver even a basic level of services. Donors will need to decide how to channel their support between competing mechanisms and uses. For instance, should donors focus their efforts on GHP expansion or should they put assistance into budget or sector support? Key factors in this decision will include: overall performance of GHP; specific programmes or directions being promoted by the GHP; extent of existing funding imbalances; the merits of country versus global funding approaches; and the political fallout from not supporting or reducing support to a particular GHP. [adapted from author]

Available online at: <http://www.hlspinstitute.org/projects/?mode=type&id=83733>

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### **Global health: making partnerships work**

Authors: Buse, K.; Harmer, A.

Produced by: Overseas Development Institute (ODI) (2007)

This ODI briefing paper discusses what is going wrong, what is going well and what could and should be going better with global public-private health partnerships (GHPs). The paper outlines contributions made by GHPs to tackling diseases of poverty. These include: getting specific health issues onto national and international agendas; mobilising funds; improving access to cost-effective health care for poor populations; and establishing international norms and standards. The paper also discusses habits that result in sub-optimal performance and negative side effects. It suggests that many GHPs are not transparent; they neglect diseases that are not suited to public-private synergy; and they lack of resources to carry out activities.

Finally, the paper recommends actions that GHPs should take to improve their effectiveness. They must embrace international agreed principles of good aid practices and strive for more balanced representation of stakeholders; the private sector needs to be assessed prior to embarking on new projects and GHPs should apply standards for the selection of partners. Also, partnerships must be adequately resourced to prosper, and relationships between partners must be better managed.

Available online at: [http://www.odi.org.uk/publications/briefing/bp\\_jan07\\_global\\_health.pdf](http://www.odi.org.uk/publications/briefing/bp_jan07_global_health.pdf)

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### **Best practice principles for global health partnership activities at country level: report of the working group on global health partnerships**

Authors: Working group on global health partnerships

Produced by: High-Level Forum (HLF) on the Health Millennium Development Goals (MDGs) (2005)

This background paper for the High-Level Forum on the Health MDGs (Millennium Development Goals) examines how Global health partnerships (GHPs) can help scale up priority health interventions and investments. It argues that GHPs have played a major role in this. They have been instrumental in advocating for large-scale new financing, raising the profile of target diseases, and raising the profile of non-governmental stakeholders including NGOs (non-governmental organisations) and the private sector. The authors argue that the collective impact of GHPs has created a series of problems at country level, such as: poor coordination and duplication; high transaction costs from multiple initiatives; variable degrees of country ownership; and lack of alignment within country systems.

The authors conclude that without increased support to build health systems capacity, GHPs will not reach their full potential. They stress the need for more aligned and harmonised approaches. They recommend that GHPs should endorse and enact some best practice principles for country-level work; and should work with countries and other agencies to solve relatively simple problems at the same time as developing approaches to more challenging issues. They also recommend a regular, issue-focused global forum for GHPs, governments and donors to review principles, practice and progress. [adapted from author]

Available online at: <http://www.hlfhealthmdgs.org/Documents/GlobalHealthPartnerships.pdf>

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### **Global health partnerships: the UK contribution to health in developing countries**

Authors: Crisp, N.

Produced by: Department of Health, UK (2007)

This report, published by the United Kingdom's (UK) Department of Health, examines how the UK's experience and expertise in health can be used to best effect to support developing countries. It sets out examples of individual and National Health Service (NHS) partnerships working to improve health and share learning, and reviews the need to strengthen health systems in developing countries. The report finds that developing countries need to take the lead and own the solutions for improving health systems and services; support by international, national and local partnerships must be based on mutual respect; the UK and other developed countries have a responsibility to support scaling-up of training, education and employment of health workers in developing countries.

The report provides recommendations to help develop partnerships that fit in with country plans, respond to their needs and enhance UK support. Specific recommendations are incorporated into broader categories including: stronger links between health and development; making the UK contribution more effective and sustainable; strengthening health systems through partnerships and learning; tackling the staffing crisis; and making evidence and best practice available to health workers, policy makers and the public.

Available online at: [www.dfid.gov.uk/pubs/files/ghp.pdf](http://www.dfid.gov.uk/pubs/files/ghp.pdf)

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### **Other documents from the health systems resource guide**

#### **Global tuberculosis control: surveillance, planning, financing: WHO report 2007**

Authors: World Health Organization

Produced by: World Health Organization (2007)

This eleventh annual report on Tuberculosis (TB) by the World Health Organization (WHO) assesses whether national TB control programmes (NTP) around the world met the 2005 targets of 70 per cent case detection and 85 per cent cure, and examines the effectiveness of the Stop TB strategy. The paper finds that TB is still a major cause of death worldwide, but the global epidemic is on the threshold of decline - in 2005 the TB incidence rate was stable or in decline in all six WHO regions, and had reached a peak worldwide. Most government health services now recognise that TB control must go beyond DOTS (the recommended strategy for controlling TB, however, the broader Stop TB Strategy is not yet fully operational in most countries.

The report concludes that the NTPs worldwide narrowly missed the 2005 targets for case detection and treatment success. A major effort is needed to step up collaborative TB/HIV activities and the management of drug-resistant TB. Also, the global TB burden is not yet falling fast enough to satisfy the more demanding targets set by the Stop TB Partnership within the Millennium Development Goals framework: at the current rate of progress, the 1990 prevalence and mortality rates will not be halved worldwide by 2015.

Available online at: [www.who.int/tb/publications/global\\_report/2007/download\\_centre/en/index.html](http://www.who.int/tb/publications/global_report/2007/download_centre/en/index.html)

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#### **How effective are health systems strengthening programs in reaching the poor? A rapid assessment approach**

Authors: Kahn, M. M.; Hotchkiss, D.

Produced by: Partners for Health Reformplus (PHRplus) (2006)

This paper provides an overview of the rapid assessment methods used to evaluate health programmes and their impact on the health of poor people over a short period of time. Based on a literature review, the study proposes a methodology that can be used to identify methods to rapidly assess the effect of health policy changes on the health service utilisation and health status of poor people. The paper presents an overview of rapid methods for identifying the poor and assessing the effects of health reform activities and interventions on the health status of the poorest sections of the population. It also identifies health sector indicators which are likely to be sensitive to short run changes.

The report proposes a short questionnaire that can be used in poor developing countries. The questionnaire includes questions on educational status of the head of the household; housing conditions; employment status; whether the household hires any help; whether the members work outside; ownership of various assets and food security. For rapid assessment of health effects the report suggests several indicators that can be used including: nutritional status measures (height-for age and weight-for-age scores); unmet service demand for various types of health conditions; child mortality and maternal health.

Available online at: [http://www.phrplus.org/Pubs/Tech086\\_fin.pdf](http://www.phrplus.org/Pubs/Tech086_fin.pdf)

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### **Public-private partnerships to build human capacity in low income countries: findings from the Pfizer program**

Authors: Vian, T.; Richards, S. C.; McCoy, K.; et al

Produced by: Human Resources for Health (2007)

This article, published in Human Resources for Health, evaluates an approach to public-private partnership whereby corporate volunteers provide technical assistance to improve organisational and staff performance in the health sector in developing countries. From 2003-2005, the Pfizer Global Health Fellows programme sent employees to work with organisations in 19 countries. The article finds that over three-quarters of Fellows appear to have imparted skills or enhanced operations of NGOs in HIV and AIDS and other health programmes. Partners organisation staff reported that the Fellows provided training to clinical and research personnel; strengthened laboratory, pharmacy, financial control, and human resource management systems; and helped expand partner organisation websites.

The paper concludes that public expectations have grown regarding the role corporations should play in improving health systems in developing countries. Through technical assistance, corporate programmes can help build the organisational and human capacity of frontline agencies delivering health services. The authors recommend that more attention is needed to measure and compare outcomes of international volunteering programmes, and to identify appropriate strategies for expansion. [adapted from author]

Available online at: <http://www.human-resources-health.com/content/5/1/8>

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### **Indian community health insurance schemes provide partial protection against catastrophic health expenditure**

Authors: Davadasan, N.; Van Damme, W.; Criel, B.; et al

Produced by: Health Services Research (HSR) [journal] (2007)

This article in BMC health services research examines two Indian community health insurance (CHI) schemes, ACCORD and SEWA, to determine whether insured households are protected from catastrophic health expenditure (annual hospital expenditure greater than 10 per cent of annual income). The paper finds that in the absence of CHI schemes, patients would have had to pay out of pocket (OOP) payments for their hospitalisation. With the CHI schemes, 67 per cent and 34 per cent of patients did not have to make any OOP payments for their hospital expenses at ACCORD and SEWA, respectively. Both CHI schemes halved the number of households that would have experienced catastrophic health expenditure by covering hospital costs.

Despite this, some households still experienced catastrophic health expenditure due to: low annual income; benefit packages with low maximum limits; exclusion of some conditions from the benefit package; and use of the private sector for admissions. The article concludes that CHI appears to be effective in halving the incidence of catastrophic health expenditure among hospitalised patients. This protection could be further enhanced by improving the design of CHI schemes, especially by increasing the upper limits of benefit packages, minimising exclusions and controlling costs.

Available online at: <http://www.biomedcentral.com/1472-6963/7/43/abstract>

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## Factors influencing implementation of the community health fund in Tanzania

Authors: Kamuzora, P.; Gilson, L.

Produced by: Health Policy and Planning (2007)

This paper, published in Health Policy and Planning, reports on the findings of a study that examines the factors influencing low enrolment in Tanzania's health prepayment schemes (community health fund). Prepayment schemes are hailed internationally as part of a broader solution to health care financing problems in low income countries. However, evidence suggests that schemes often exclude the poor and those most in need of health care. The paper finds that district managers have a direct influence over the factors explaining low enrolment (inability to pay membership contributions; low quality of care; lack of trust in scheme managers). District managers' actions appeared, in turn, to be at least partly a response to ways in which the community health fund was implemented.

The paper concludes that managerial practices influence policy implementation and scheme performance. The authors recommend that in order to better achieve the objectives of prepayment schemes, it is important to focus attention on policy implementers, who are capable of re-shaping policy during its implementation, with consequences for policy outcomes. Identifying more clearly the causes of current implementation problems is vital in considering in how they can be addressed. [adapted from author]

Available online at: <http://www.equinet africa.org/bibl/docs/DISKamGOV.pdf>

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<http://www.med.monash.edu.au/spppm/conference/index.html>

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The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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