Mutual learning for health system strengthening in contexts of rapid change

Gerry Bloom

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Forty years and three global health narratives

- 1978 Alma Ata Declaration
- 2000 Scaling up and the Millennium Development Goals
- 2018 Alma Ata 2.0

Alma Ata Declaration

- Post-colonial and post-revolutionary
- State-led development model
- Build infrastructure and train health workers
- Strengthen public health programmes
- Community participation

Health for all by the year 2000

Scaling up and the MDGs

- Unipolar global community
- Increased funding and rules for aid management
- Strengthen governments to provide package of services
- Transfer of Institutional models to low and middle income countries (but which models?)
- Institutes of global health to provide learning on health system strengthening

Extreme poverty halved by 2015

Building a health system
WHO building blocks

- Service delivery
- Health workforce
- Health information systems
- Access to essential medicines
- Financing
- Leadership/governance

Blueprint approach

A world in transition

- Changing patterns of economic development (areas experiencing sustained growth and others stagnating – within and between countries, economic shocks)
- Rapid urbanisation and population ageing
- New patterns of inequality, exclusion and health need
- Shift in roles of individual and health system in managing chronic health problems
- Technological change including advances in diagnostics, therapeutics and information technology (increased expectations and new ways to meet needs)
- Changing roles of government and non-government organisations in the health sector
- Ecological change and health problems associated with pollution, emergence of new infectious diseases, climate change and anti-microbial resistance
- Changes in communications and media and rises in expectations

New sources of global innovation

- Technological innovation and emerging global corporations (pharmaceuticals, diagnostics, information technology)
- Experience of meeting needs of all social groups in a context of rapid development and major economic fluctuations
- Major health and welfare system reforms in Brazil and China

Alma Ata 2.0

- Director General of WHO a senior African politician
- Top priorities are health security and universal health coverage
- Actively seeking new sources of finance to supplement bilateral aid
- Priority given to engaging with the BRICS countries
- Four kinds of country engagement:
  - policy dialogue partner
  - strategic supporter
  - technical assistance partner
  - service delivery partner
- What is an appropriate approach for organising learning in this context?

Universal Health Coverage 2030

Adapting health systems to rapid and accelerating change

- The wide variety of public and private providers of services means that governments need to adapt new strategies to influence health system performance
- New kinds of partnership are needed for disease management (health facilities, community groups, individuals – public and provide actors – across sectors)
- Partnerships for regulation and accountability
- Politics of health and health system change and the need to meet expectations of different stakeholders
- Capacity for strategic leadership and management of change needed

Leading health system transformation

Learning by doing in China

- Identify emerging problems
- Scan horizon of available solutions in other countries, formulate potential strategies to address problems and encourage local governments to test them
- Monitor outcome of experiments and formulate policy
- Require local governments to adapt policy to local context
- Monitor outcomes using researchers and think tanks
- Modify policy on the basis of findings
- Identify emerging problems (each solution leads to new problems)
- Iterative process of adapting to rapid and interconnected changes
- China is likely to adopt the same approach to its increasing engagement in global health

Mutual learning: exchanging lessons between regions and across national borders

- Build systematic knowledge of what has worked and why?
- Establish opportunities to exchange experiences between researchers, health sector leaders and government officials in different localities
- Experience of this kind of learning between regions in large countries like Brazil and China
- Greater challenges to enable learning between countries (get below surface description to identify important lessons)
- Build long term links for new types of learning about adaptation to changes, shocks, new technologies

Lessons from IDS experience

- Senior International Associates from Brazil and China drafted papers based on a period of reflection
- Joint panels and intensive meetings generated useful exchanges but modest learning for change at scale
- Links with the Brighton City Government
  - Brighton faces problems of limited resources and increasing numbers of elderly – seeking innovative approaches in a conservative system
  - Placement of young Brazilian doctor with local NHS purchasing authority
  - Partnership with Chinese think tank and visits by Chinese policy analysts to city government and Community Commissioning Group
  - Workshop with officials from Brighton city government and Clinical Commissioning Group and Chinese policy analysts, government officials and a large social enterprise – agreed plans for a programme of mutual learning on innovations for meet (commissioning, integration of services, use of information technology)
- Build links between governments actively adapting to change and between researchers to ensure learning about what works and why

Lessons for the UK health system mutual learning for mutual benefit

- Recognise the speed of change and the need to build partnerships appropriate to new contexts
- It may be possible to transfer specific skills or organisational arrangements but in many cases, this will require adaptation to local circumstances.
- A strong case can be made for building partnerships between government agencies and regulatory authorities in the UK and other countries to build trust and mutual understanding. This can open up opportunities for trade.
- Partnerships between UK and other countries need to be constructed on the basis of mutual benefit and should include a learning process.
- A partnership between organisations in the UK and counterparts in another country can also facilitate the development of partnerships for global health

Building partnerships for mutual learning in a multi-polar world:

- What kinds of partnership would city governments in Brazil find useful?
- What are the benefits for Brazil? What can Brazil's experience teach?
- What countries or cities would be appropriate partners?
- What is the role of think tanks like Cebrap and IDS?
- What are the next steps?

Accountability for Health Equity: Galvanising a Movement for Universal Health Coverage

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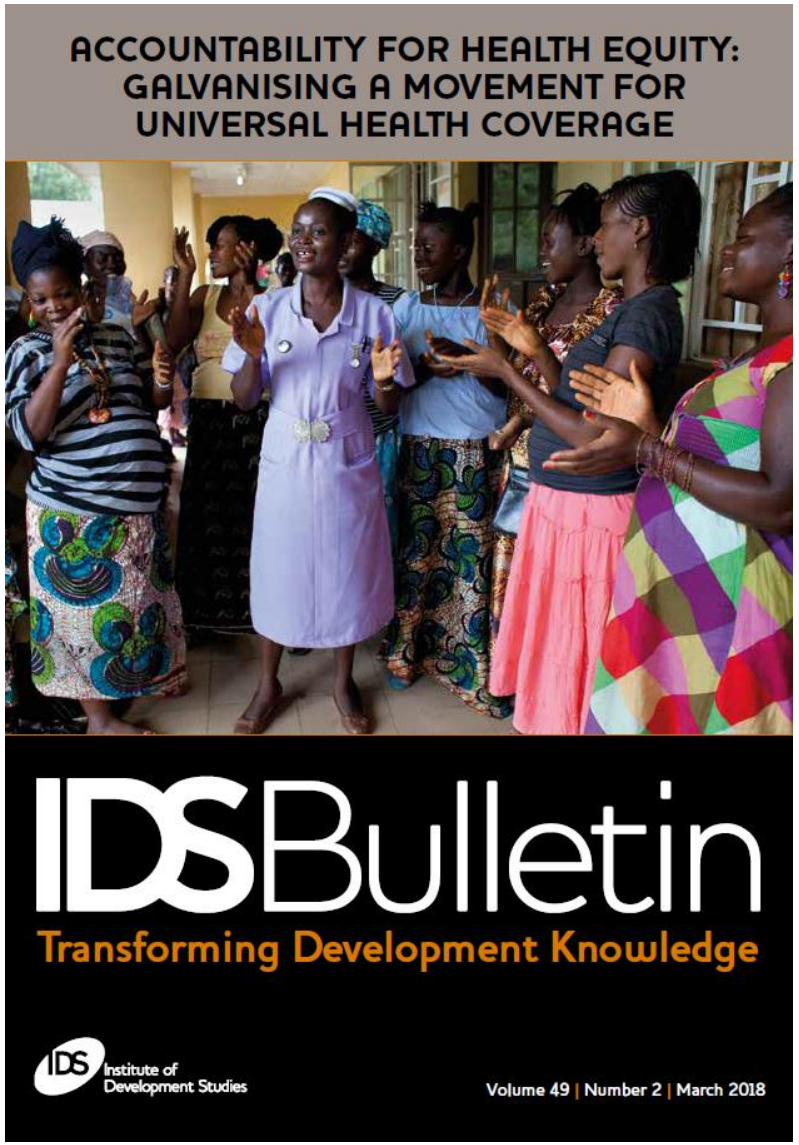
Alex Shankland
Institute of Development Studies
a.shankland@ids.ac.uk

Engaged Excellence



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Bulletin themes

- **Accountability politics in time**
- **Contested languages and meanings of accountability**
- **New accountability actors, technologies and partnerships**

Accountability for Health Equity: Galvanising a Movement for Universal Health Coverage

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Webinar: towards accountability for health equity – galvanising a movement for UHC

Webinar: 17 May 2018 16.00 CET

Contributing to the webinar will be:

- Erica Nelson (IDS, UK) – lead editor of *Accountability for Health Equity: Galvanising a Movement for Universal Health Coverage*
- Denise Namburete (N'weti Health Communication, Mozambique)
- Walter Flores (Centre for the Study of Equity in Governance in Health Systems, Guatemala)
- Chair: Amy Boldosser-Boesch (Civil Society Engagement Mechanism for UHC2030)

For more details and to register: https://www.uhc2030.org/news-events/meetings-events/article/webinar-towards-accountability-for-health-equity-galvanising-a-movement-for-uhc-471480/