



G7 Health Systems Strengthening (HSS)

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Question

What work is being done in G7 countries on health systems strengthening?

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1. Summary

There is no one specific definition of health systems strengthening (HSS). Also, no one method exists for HSS that can be applied to all countries (Reich & Takemi, 2019).

This rapid review focuses on methods used in HSS by the Group of Seven (G7) countries.¹ Research from the University of Toronto shows that all G7 countries have demonstrated cooperative action in strengthening health systems, by joint initiatives with other countries and international organisations (Barnett et al., 2018). Therefore, this rapid review will focus on G7 national policies and programmes; clarifying how HSS can be more clearly defined e.g. in bilateral health cooperation, and making a case for the adoption of a comprehensive HSS strategy. Spending data and official development assistance (ODA) on health for each G7 country is compared. Data is taken from OECD, IHME, Donor Tracker, and academic research. Lessons learned from each G7 country are highlighted below:

- *Legislation and policy regulations:* Health is stated as a developmental priority for all G7 countries. New laws, such as *The French 2019 Health Act*, have been established to better organise healthcare systems. Since the G8 Toyako summit, follow-up activities by Japan and its partners have enhanced its substantive contributions to global health policy making, rather than just providing financial donations (Reich & Takemi, 2019: 7).
- *ODA:* The US is the leading contributor of global health improvements (Global Burden of Disease Health Financing Collaborator Network, 2019). However, research from the Kaiser Family Foundation finds that US contributions to ODA institutions, including multilateral agencies, has fluctuated over time.
- *Health spending: The US, the UK, and Germany are the top three contributors to global health*, with Italy and France the lowest contributors. Forecast analysis shows that **Japan, the UK, and France are predicted to be the top three spenders for 2040**, with US foreseen to spend the least. Although fears are increasing about potential cutbacks from high-income countries in ODA, as well as private contributions to non-governmental organisations, all G7 have already committed to increasing their funding pledges for health for the 2020-2022 period. Future government health spending scenarios suggest that, with greater prioritisation of the health sector and increased government spending, health spending per capita could more than double. This will have greater impacts in countries that currently have the lowest levels of government health spending (Global Burden of Disease Health Financing Collaborator Network, 2019).
- *HSS and social protection models:* The German Government is “very active” in making crisis management funds available for health services. Japan will be expanding its cooperation to the areas of financial risk protection for health.
- *Improving collaborative actions/relationships:* The *Healthy Kids Initiative* in Canada is a successful example of **inter-agency collaboration in HSS**, combining strengths of the private sector (Alliance Health medical clinics), as well as provincial and federal government (i.e. the Public Health Agency of Canada), while including local communities. However, improvement is needed in Germany: assistance from non-governmental stakeholders in academia, civil society organisations (CSO), and the private sector are weak, compared with those in some other G7 countries (Kickbusch et al., 2019).
- *Targeting system improvements:* Canada, Italy, Japan, UK, and the US all have a strong focus on strengthening maternal, newborn, and child health services (**MNCH**). **People-centred primary healthcare models** (e.g. *My Health Team* in Canada; multidisciplinary

¹ This rapid review follows on from the G7 commitments on health reported by Lucas (2019), and universal health coverage (UHC) in G7 countries by Tull (2019).

healthcare centres [*MSPs*] in France) are gaining popularity as effective uses of health system resources.

- *Strengthening service monitoring*: **Digital technology** is used to achieve better workflows and delegation of clinical tasks, and facilitate effective decision-making (Canada, France) (OECD, 2019). **Innovation** has been used to increase access to public health systems (Canada, France, UK); improve mandatory neonatal diagnostic tests (Italy), and reduce health service waiting times (France, Italy – e.g. via ‘telemedicine’). Improving the **health literacy skills of patients** is equally important for primary healthcare strengthening, and programmes are in place in most G7 countries; however, the UK and the US are the only G7 countries monitoring **patient expectations of primary health services** (OECD, 2019).
- *Sharing knowledge*: France is leading the *G7 Primary HealthCare Universal Knowledge Initiative* to explore options for a web-based knowledge-sharing platform. Germany has also been involved in promoting health knowledge management e.g. *German Health Practice Collection*, *Global Health Hub Germany*. These platforms can be used by G7 countries to learn from each other about successful HSS approaches.
- *Strengthening workforce*: Diversification of the roles of health professionals has been successful in HSS, e.g. **community pharmacists** have been used to improve access to prevention and diseases management in remote areas where there is a shortage of primary healthcare physicians (Canada, France, US); **nurses and nursing practitioners** are taking the lead in patient planning and care coordination (France, Germany, UK) - however, this has not been the case in Italy, even though there is a nationwide shortage of specialised doctors. In terms of improving human resources for health (HRH), strategies implemented to ‘**retain**’ staff, e.g. increasing remuneration in general medicine relative to other specialities, and improving working conditions in primary healthcare, etc. have had mixed results (Germany, Italy, UK) - warranting further investigation in terms of its use in HSS.

2. HSS definitions

There is no one specific definition of health systems strengthening (HSS). According to the World Health Organization (WHO, 2011) HSS is “the process of identifying and implementing the changes in policy and practice in a country’s health system, so that the country can respond better to its health and health system challenges.” It also includes “any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency” (WHO, 2019).

No consensus exists for the operational definition of HSS either. Several competing approaches are popular in the global health community, and are promoted by different agencies (Reich & Takemi, 2019: 2-3).²

It is important to distinguish activities that support the health system, from ones that strengthen the health system. Supporting the health system can include any activity that improves services, from distributing mosquito nets to procuring medicines. These activities improve outcomes primarily by increasing inputs. Strengthening the health system is accomplished by more comprehensive changes to performance drivers, such as **policies and**

² For example, WHO presents its approach to HSS in a report entitled *Everybody’s Business* (WHO, 2007). However, this report does not provide a clear definition or boundary for a health system. The World Bank describes its approach to HSS in its strategy document on *Healthy Development* (World Bank, 2007). The document recognises that the World Bank needs a “collaborative division of labour with global partners,” including WHO, the UN Children’s Fund (UNICEF), and the UN Population Fund (UNFPA), which are viewed as providing technical expertise in disease control, human resource training, and service delivery.

regulations, organisational structures, and relationships across the health system to motivate changes in behaviour, and/or allow more effective use of resources to improve multiple health services (Chee et al., 2013).

To continue the momentum on HSS created by the G8 Toyako summit in 2008, the Japanese Government asked that follow-up activities be pursued by the Working Group on Challenges in Global Health. This resulted in three policy papers on themes emphasised in the Toyako Framework for Action on Global Health: health finance, health information, and health workforce. These three components are necessary to strengthen the performance of health systems: **managers and policy makers need money (financing), data (information/monitoring), and people (workforce) to make decisions about what a health system does** (Reich & Takemi, 2019: 6). Therefore, the following sections summarise *how* each G7 country has adapted these processes for strengthening their health systems:

3. Health financing commitments

Financial resources are an essential input to health systems: at a minimum, these are necessary to purchase medicines and supplies, build health facilities, and pay health workers (WHO, 2017: vi; Global Burden of Disease Health Financing Collaborator Network, 2019).

Table 1: Health spending and official development assistance (ODA)

Country	Global health spending, USD billion (2016)	Predicted government spending as % share (2040)	Total ODA, % of gross national income (2017)	Health ODA as % of total ODA (2019)
Canada	0.80	74.8	0.264	19.2
France	0.97	80.0	0.430	8.0
Germany	1.2	79.8	0.667	4.3
Italy	0.12	78.0	0.301	5.1
Japan	0.87	86.6	0.228	5.4
United Kingdom	2.4	83.3	0.699	13.3
United States of America	10.0	51.9	0.177	28.1
<i>G7 AVERAGE</i>	<i>2.2</i>	<i>76.3</i>	<i>0.395</i>	<i>11.9</i>

Source: OECD (2017), *Net ODA*, <https://data.oecd.org/oda/net-oda.htm> (accessed on 23.10.2019); IHME (2017: 116-131) licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License; Donor Tracker (2019: <https://donortracker.org/node/606>) licensed under a Creative Commons Attribution-NonCommercial- NoDeriv License 3.0 Unported

Table 1 shows the official development assistance (ODA)³ for health per G7 country. Fears are increasing about potential ODA cutbacks from high-income countries, as well as private

³ Defined as government aid designed to promote the economic development and welfare of developing countries (OECD, 2017). Loans and credits for military purposes are excluded. Aid may be provided bilaterally

contributions to non-governmental organisations (Reich & Takemi, 2019: 7). Actual and predicted spending is also displayed (Table 1, first and second columns). Future government health spending scenarios suggest that, with greater prioritisation of the health sector and increased government spending, health spending per capita could more than double. This will have greater impacts in countries that currently have the lowest levels of government health spending (Global Burden of Disease Health Financing Collaborator Network, 2019).

This section explains how each of the G7 donor countries are using their financial support⁴ to contribute to HSS priorities:

Canada

Global health is top priority for Canada: Canada spent USD799 million on health (in 2017 prices, latest year for which complete data is available). **This corresponds to 19% of Canada's ODA, making it the second-highest relative donor to global health among the G7 after the US** (Table 1, fourth column).

Canada has been a strong supporter of the Global Fund since the founding of their partnership in 2002, investing “CAD2.57 billion and USD100.01” million to date.⁵ Canada's contribution to the Global Fund is the largest it has made to any international financing institution for health.

However, compared with other G7 countries, Canada is the joint lowest public donor to the Global Fund. Therefore, in October 2019 at the Global Fund Sixth Replenishment Conference, Canada pledged a CAD930 million (USD699 million) investment, a 16% increase.⁶

Canada is committed to strengthening maternal, newborn, and child health (MNCH) services. In April 2019, the federal Ministry of Health announced that the Public Health Agency of Canada will invest up to CAD1.5 million (USD1.13 million) over three years in the *Alliance Wellness and Rehabilitation Inc. (Alliance Health medical clinics) Healthy Kids Initiative* (Cicci et al., 2019: 633). At the *Women Deliver* Conference held in Vancouver in June 2019, Prime Minister Justin Trudeau announced that the Government of Canada will increase its funding to reach CAD1.4 billion (USD1.05 billion) annually, starting in 2023, to support women and girls' health around the world.⁷ A ten-year commitment, this historic investment will support sexual and reproductive health rights as well as MNCH.

France

Together with education and gender equality, **health is one of the top development policy priorities of France.**^{8 9} Currently, France is the third highest of the G7 countries in terms of ODA

(i.e. from donor to recipient), or channelled through a multilateral development agency, such as the United Nations or the World Bank. Aid includes grants, "soft" loans (where the grant element is at least 25% of the total), and the provision of technical assistance. A long-standing United Nations target is that developed countries should devote 0.7% of their gross national income to ODA (Table 1, column 3). This indicator is measured as a percentage of gross national income and million USD constant prices, using 2015 as the base year.

⁴ The Global Fund to Fight AIDS, Tuberculosis and Malaria, and GAVI (officially Gavi, the Vaccine Alliance) are both global multilateral agencies which support HSS as financial instruments. *All G7 countries contribute to The Global Fund and GAVI – however, decisions on country health systems are made by the governments themselves.*

⁵ <https://www.theglobalfund.org/en/government/profiles/canada/> Data updated on 19 September 2019.

⁶ <https://www.theglobalfund.org/en/news/2019-10-10-global-fund-donors-pledge-usd14-billion-in-fight-to-end-epidemics/>

⁷ <https://pm.gc.ca/en/news/news-releases/2019/06/04/government-canada-makes-historic-investment-promote-health-and-rights>

⁸ <https://donortracker.org/france/globalhealth>

⁹ Government of France (2018). *National Health Strategy 2018-2022.*

<https://www.gouvernement.fr/sites/default/files/locale/piece-jointe/2018/10/france-national-health-strategy-2018-2022.pdf>

(Table 1, third column). **However, France is committed to increasing its overall ODA to 0.55% by 2022.** Out of the G7 countries, France is currently the fourth-largest donor country in terms of health spending. Its 2016 total ODA to the health sector stood at USD971 million, a 16% increase from 2015, and accounted for 8% of its total ODA - on par with the Organisation for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC) average, but lower than the G7 average (11.9%). However, in 2017, France's bilateral ODA to health decreased 42% according to OECD data (USD172 million, compared to USD295 million in 2016). In 2017, large shares of the funding were allocated for medical services (18%), health policy and administrative management (13%), and infectious disease control (12%), which strongly aligns with strategic priorities of global health.

France hosted the 2019 Global Fund replenishment in October 2019, and France increased its contribution by 20% to €1.296 billion (USD1.43 billion), including an additional USD60 million announced by President Emmanuel Macron.¹⁰ As the third largest contributor to the Global Fund in the G7, **France is committed to earmarking 5% of its contribution to technical assistance in support of Global Fund recipients.** The *Strategic Evaluation of the 5% Initiative (2011-2016)*¹¹ responds to a double constraint of steering and improving public action and accountability towards parliamentarians and the French taxpayer. Although half of the projects (50%) funded by the Global Fund target mostly HIV, HSS is the second highest at 29%.

Germany

Germany is committed to the Sustainable Development Goals (SDGs) on health (The Global Governance Project, 2019: 32). In recent years, Germany has strengthened its commitment to global health by **increasing its political voice through its G7 and G20 presidencies**, and through enhanced support for multilateral and bilateral partnerships (Kickbusch et al., 2019). They have “stepped-up” their engagement on SDG3, and “very deliberately” placed this issue on their G7 and G20 presidency agendas. The German Government is also “very active” in making crisis management funds available (Kickbusch et al., 2019).

According to Donor Tracker, Germany was the third-largest donor to health in 2016 (latest year for which full data is available, see Table 1) among the G7 donors, spending USD1.2 billion on ODA for health (both bilateral and multilateral). In 2016, Germany channelled 47% (USD552 million) of its health ODA multilaterally, which was a much higher share than for other sectors. Overall, 19% of Germany's total ODA went to multilaterals in 2016. The main recipients of German multilateral ODA to health in 2016 were the Global Fund, EU Institutions, and GAVI. Out of the G7 countries, Germany is the fourth-largest government donor to the Global Fund, and the third-largest to GAVI. **However, this corresponds to 4% of its total ODA, which is well below the G7 average of 11.9% for health** (Table 1, fourth column).

Germany has committed to increase its funding for health. Priorities of German HSS activities are the decentralisation of health services, development of social security instruments, and improvement of health infrastructure. Germany hosted the GAVI replenishment in January 2015 and pledged €600 million (USD702 million, as converted by GAVI) direct funding for 2016 to 2020 - a significant increase from its previous pledge (USD208 million between 2006 and 2015). During the G7 Summit in Biarritz, France in August 2019, Chancellor Angela Merkel

¹⁰ <https://www.theglobalfund.org/en/news/2019-10-10-global-fund-donors-pledge-usd14-billion-in-fight-to-end-epidemics/>

¹¹ <https://www.diplomatie.gouv.fr/fr/photos-videos-publications-infographies/publications/enjeux-planetaires-cooperation-internationale/evaluations/evaluations-2018/article/evaluation-strategique-de-l-initiative-5-2011-2016>

announced Germany's pledge of €1 billion (USD1.1 billion) for the upcoming Global Fund replenishment period (2020-2022) - a 17.6% increase.¹²

Italy

Health has been a priority for Italy's development policy in the past. It was reaffirmed as a strategic priority in the *Programming Guidelines and Directions for Italian Development Cooperation 2017-2019*.¹³ **Within health, the guidelines place a focus on HSS**, as well as MNCH; non-communicable chronic diseases; communicable diseases, and mental health.

In 2016, Italy contributed USD271 million to health ODA, increasing by 10% compared to 2015 contributions. However, the proportion for global health decreased from 6% to 5% in the same period (much lower than the G7 average: 11.9%). This is because **although Italy has started to increase its ODA levels, global health has increased at a slower pace than other sectors.** In 2017, Italy's bilateral ODA to health amounted to USD124 million (latest year for which bilateral data is available), corresponding to 4% of Italy's total bilateral ODA. This represents a substantial increase compared to USD68 million in 2016. Within health, funding focused on infectious disease control (36% of bilateral ODA in 2017), basic healthcare (14%), and medical services (13%). This is partly in line with the priorities spelled out in the *Guidelines for Development Cooperation 2016-2018*, which included a focus on universal health coverage (UHC) and HSS.¹⁴

At the Global Fund's Fifth Replenishment, Italy pledged €140 million (USD154 million) for 2017-2019. The pledge represented an increase of 40% over the country's previous contribution. **Five percent of this pledge was reserved for "in-country synergetic activities" with Global Fund-supported programmes.** In October 2019, at the Global Fund Sixth Replenishment Conference, Italy pledged to donate USD178 million over the next three years, another increase.¹⁵

Italy is also a major funder of GAVI and International Financing Facility for Immunization (IFFIm), a financing entity that makes immediate funding available to GAVI. It supports GAVI mostly through innovative finance mechanisms. With nearly 50% of total contributions, Italy is the largest donor (USD264 million between 2016 and 2020) to GAVI's Advance Market Commitment (AMC), a mechanism that provides market incentives for vaccine makers to develop and produce sustainable and affordable products for neglected diseases. In 2015, Italy committed €100 million (USD117 million) in direct funding to GAVI for 2016 to 2020, its first-ever direct contribution. In addition, Italy will contribute USD101 million (8% of total funding) to IFFIm between 2016 and 2020. Taking together all funding mechanisms (AMC, IFFIm, and direct funding), Italy has given a total of USD482 million for GAVI's 2016 to 2020 funding period.

Italy has taken actions aimed at HSS domestically via financing innovations. On 30 December 2018, the Italian government approved Budget law allocating €4 million (USD4.4 million) to mandatory neonatal diagnostic tests, and €150 million (USD166 million) to modernise infrastructure and to reduce waiting times for the provision of health services.¹⁶ On 18 April 2019, the Council of ministries approved the "Decreto Calabria." This Decree confirmed that €82 million

¹² <https://www.theglobalfund.org/en/news/2019-10-10-global-fund-donors-pledge-usd14-billion-in-fight-to-end-epidemics/>

¹³ https://www.esteri.it/mae/resource/doc/2018/07/pro_triennale_2017-2019_en.pdf

¹⁴ <https://donortracker.org/italy/globalhealth>

¹⁵

https://www.theglobalfund.org/media/8882/replenishment_2019sixthreplenishmentconferencepledges_list_en.pdf?u=637067389690000000

¹⁶ LEGGE 30 Dicembre 2018, n. 145, GAZZETTA UFFICIALE (Rome). 31 December 2018.

<https://www.gazzettaufficiale.it/eli/gu/2018/12/31/302/so/62/sg/pdf>

(USD90 million) has been allocated to Calabria (southwest Italy) for technological modernisation of its health system.¹⁷

Japan

In 2015, Japan launched a new global health policy, the *Basic Design for Peace and Health (Global Health Cooperation)*, which focuses on UHC and on preparing health systems for public health emergencies such as Ebola. However, unlike previous health strategies, the new policy does not include a timeframe, or concrete funding commitment for health.¹⁸

Japan's health spending has risen quicker than other G7 countries in recent years, partly due to the ageing population (OECD, 2017: 1). Recently the Japan International Cooperation Agency (JICA - governmental agency that coordinates ODA for the government of Japan) has been focusing on HSS as part of its support for achieving UHC.¹⁹ In the future, JICA is expanding its cooperation to the areas of **financial risk protection** for health, including projects to prevent catastrophic expenditure, and to establish health insurance systems.

In absolute terms, Japan has spent USD871 million on ODA for health. **Health ODA accounted for 5% of Japan's total ODA in 2019, well below the G7 average (11.9%)** (Table 1, fourth column). This ranks Japan as the 5th largest donor to health of the G7 in relative terms. In support of the action plan for ongoing resource mobilisation for the Global Fund's Fifth Replenishment, Japan pledged USD800 million to the Global Fund for 2017-2019 – **a 46% increase in terms of yen and the largest percentage increase, period on period, among public donors**. It had disbursed USD793 million of this at the end of July 2019. In October 2019, at the Global Fund Sixth Replenishment Conference, Japan committed to contribute USD840 million for 2020-2022 - a 5% increase over its previous pledge.²⁰ According to the Ministry of Foreign Affairs, ¥4.4 billion (USD39 million) was disbursed in FY2016 and FY2017. **Japan has also pledged USD95 million to GAVI for the period 2016 to 2020, its first ever multi-year pledge.**

UK

Global health is a key priority within UK development policy. In 2015, the UK passed a Bill to reaffirm its commitment to allocate 0.7% of the gross domestic product (GDP) to ODA (see Table 1, third column). The Chatham House Global Health Financing report²¹ called for 0.15% to go toward health. **The UK is the second-largest G7 government donor to global health, after the US**, spending USD2.4 billion on health ODA in 2016 (latest year for which full data is available- Table 1, first column). **This corresponds to 13% of the UK's total ODA in 2019**, which is higher than the average spent on health ODA by G7 donors (11.9%).

The UK is committed to increase its donations for health. The UK is a strong supporter of multilateral organisations working on global health. The UK is the third largest public donor to the Global Fund, with a total contribution of £2.88 billion (USD3.17 billion) to date.²² In April 2018, the UK further increased its commitment to the Global Fund by pledging an additional £100 million (USD110 million) for 2017-2019 to match private sector contributions to the fight against

¹⁷ http://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=3715

¹⁸ <https://donortracker.org/node/606>

¹⁹ https://www.jica.go.jp/english/news/focus_on/ticad_vi/articles/article05.html

²⁰ <https://www.theglobalfund.org/en/news/2019-10-10-global-fund-donors-pledge-usd14-billion-in-fight-to-end-epidemics/>

²¹ Shared Responsibilities for Health: A Coherent Global Framework for Health Financing. 21 May 2014. <http://www.chathamhouse.org/publication/shared-responsibilities-health-coherent-global-framework-health-financing#sthash.DXVrAfMm.dpuf>

²² <https://www.theglobalfund.org/en/government/profiles/united-kingdom/>

malaria. Its Global Fund's Fifth Replenishment 2017-2019 pledge was £1.2 billion (USD1.3 billion). The UK's current pledge for 2020-2022 is £1.4 billion (USD1.8 billion in 2017 prices) for the 2020-2023 funding period, a 16% increase from previous commitments.²³ It is also the second-largest public donor to the Global Polio Eradication Initiative (GPEI), having pledged £400 million (USD515 million) from 2013 to 2020.

Improving MNCH services is a strong focus: at the 2017 London Summit on Family Planning, the UK announced a £45 million (USD58 million) increase of its yearly commitments for women's and girls' access to modern family planning methods, bringing its contributions to an average £225 million (USD290 million) per year from 2017 to 2022, a total of £1.1 billion (USD1.4 billion) over five years. At the same summit, the UK announced its first-ever contribution to the Global Financing Facility's (GFF's) *Every Woman Every Child* initiative in the amount of £30 million (USD39 million). The UK pledged a further £50 million (USD65 million) to the GFF's replenishment in October 2018.

USA

The US, through USAID, invests in HSS to broaden the reach and enhance the sustainability of global health support. This includes investments in ending preventable child and maternal deaths (EPCMD), achieving an AIDS-free generation, and protecting communities from infectious diseases (PCID) (USAID, 2015: 11).

The US is by far the G7's (as well as the world's) largest donor to global health, spending a total of USD10.0 billion on health ODA in 2016 (the latest year in which full data is available, Table 1, first column). This is nearly five times' more than all health ODA average provided by G7 donor countries (USD2.2 billion).

Since the founding of the Global Fund in 2002, the US has been the largest donor, and has helped shape the Global Fund's strategic direction and policies as a member of the Board. US support of the Global Fund is a strategic investment in the American economy: the millions of people whose lives have been saved through Global Fund-supported programmes live in countries that are critical trade partners to the US. In October 2019, the US Congress exceeded its outstanding support at the Global Fund Sixth Replenishment Conference with USD1.56 billion a year, maintaining a 33% portion of all contributions.²⁴ The US also approved a 2019 GAVI contribution of USD290 million.²⁵

However, research from the Kaiser Family Foundation finds that US support for multilateral institutions has fluctuated over time, reflecting, in part, changing US leadership views on the relative value of bilateralism versus multilateralism. Following a period of increasing US support for multilaterals, particularly during the Obama Administration, the Trump Administration has signalled scepticism about such engagement, requesting less funding for international organisations (including multilateral health organisations) and withdrawing from several multilateral agreements (Moss et al., 2019).

4. Health information

Health information includes outputs as assessments of different health system activities, e.g. how money and people are used, and what they produce in terms of health outputs and health

²³ <https://www.theglobalfund.org/en/news/2019-10-10-global-fund-donors-pledge-usd14-billion-in-fight-to-end-epidemics/>

²⁴ <https://www.theglobalfund.org/en/news/2019-10-10-global-fund-donors-pledge-usd14-billion-in-fight-to-end-epidemics/>

²⁵ <https://www.gavi.org/investing/funding/donor-profiles/united-states/>

outcomes (Reich & Takemi, 2019: 6). Sharing this information on ‘what works and why’ is an important feature of HSS, as **concern is mounting over the possible end to a “golden era” of global health, globalisation, and interconnectedness** (WHO, 2007: vi; Munir & Worm, 2016: 7; Kickbusch et al., 2019). This section outlines the various methods to monitor and share health service delivery information used by G7 countries:

Canada

Canada has strengthened health systems worldwide through humanitarian aid and support, such as the new Centre of Excellence for **civil registration and vital statistics (CRVS) website**.²⁶ However, without bold political vision and courage to strengthen and expand the country's health system, the Canadian version of UHC is at risk of becoming outdated (Martin et al., 2018).

In recent years, **advances in electronic data storage and manipulation** have made it easier to compile and analyse datasets, and to share them widely. A good example of this is the *Canadian Institute for Health Information (CIHI)*²⁷ database. It provides comparable and actionable data, as well as information used to accelerate improvements in healthcare, health system performance, and population health across Canada. Stakeholders use the broad range of health system databases, measurements and standards, together with evidence-based reports and analyses, in their HSS decision-making processes.

France

France is leading the G7 Primary HealthCare Universal Knowledge Initiative to explore options for a web-based knowledge-sharing platform. It will allow gathering and coordinating existing expertise, and encouraging cross-country learning on primary health systems among interested countries for mutual benefits (The Global Governance Project, 2019: 69). The *Expertise France Health Department* (the French public agency for international technical assistance) is implementing a wide range of Institutional Health Partnerships, involving not only hospitals and CSOs, but also Public Health Agencies, Public Health Schools, Research Institutions, Private Sector partners for projects in line with global health agenda.²⁸ These include management and supply systems for drugs and health products, HHR, information systems and e-health, and institutional and hospital governance.

The concept of “telecare” is also coming into the French health system. On 4 February 2019, Minister of Solidarities and Health Agnès Buzyn signed the *Contract of the Health Industries and Technologies* sector. The National Institute of Health Data will disappear in favour of an expanded “health data platform” defined as a practice of distance care between a patient and one or more pharmacists. The conditions of care will be specified by decree, and will take into account “deficiencies in the supply of care due to insularity and geographical isolation.”²⁹

Germany

Although, Germany entered the global health debate later than other G7 countries, **it has shown strong leadership on global health through its G7 and G20 presidencies** (Kickbusch et al.,

²⁶ This is part of a ‘knowledge brief’ series, which aims to uncover gender bias and barriers, share case studies and emerging findings, and recommend priority areas and solutions: <https://crvssystems.ca/>

²⁷ https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en&_ga=2.104706944.1432223871.1571747106-266226025.1571747106

²⁸ <https://expertisefrance.fr/actualite?id=224489>

²⁹ Signature du Contrat stratégique de la filière. Industries et Technologies de Santé. Le portail de l'Économie, des Finances, de l'Action et des Comptes publics (Paris). 4 February 2019. https://minefi.hosting.augure.com/Augure_Minefi/r/ContenuEnLigne/Download?id=D0F01FC6-D307-4D70-8FE9-A42AF36844FE&filename=1004.pdf

2019). Though HSS is a priority of the health sector strategy of the German Federal Ministry for Economic Cooperation and Development (BMZ), the German Development Cooperation has of yet no comprehensive strategy for the pursuit of HSS (Munir & Worm, 2016: 2).

HSS is seen by BMZ as a means of achieving sustainable and inclusive health outcomes. Therefore, **knowledge transfer has been an important focus:** the *German Health Practice Collection* is a joint initiative of BMZ, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, and KfW Entwicklungsbank. Since 2004, it has involved experts working in German-supported health and social protection programmes around the globe in a collaborative knowledge management process, seeking to identify, document and widely share results and lessons learned which programmes generate during their implementation.³⁰

However, **Germany cannot strengthen its position in the global health architecture without being prepared to invest domestically** (Kickbusch et al., 2019). Domestically, the federal government has openly approached its commitment to global health, seeking out a wide range of perspectives by establishing an international advisory board in 2017 (Kickbusch et al., 2019). The board emphasises the need to strengthen Germany's global health base at home by reducing dependence on the leadership of a few individuals, and developing stronger domestic global health infrastructure, e.g. establishment of the global health discipline within Germany, and urgent investment in university and institute based science, research, and teaching.

However, assistance from non-governmental stakeholders in German academia, civil society organisations (CSOs), and the private sector are weak compared with those in some other G7 countries (Kickbusch et al., 2019). In an analysis of education and training on global health issues in German universities, Kaffes et al. (2016) paint a rather sober picture of future professionals and the knowledge and skills they are being equipped with to address global health issues, particularly when it comes to broader, interdisciplinary education and training, with "only one-third of medical schools and less than a third of all health-related degree programmes in Germany offering some kind of education in Global Health."

However, some progress has been made, including a new subcommittee on global health in the German parliament, new centres for global health in several German universities, and a new *Global Health Hub* in the Federal Ministry of Health in Berlin which was launched in February 2019. This Hub is a network for German health expertise, and is seen as a driver to work on the SDGs of the Agenda 2030.³¹ Over a period of three years (up to 2021), the Federal Ministry of Health will support the *Global Health Hub Germany* by means of seed funding (Cicci et al., 2019: 636). **The Government identified health as a priority sector in its 2017 to 2021 coalition treaty, specifically HSS**, as well as health research and development (R&D), poverty-related and neglected diseases, and international partnerships such as the Global Fund, and GAVI Germany, under the leadership of the Ministry of Health. It is currently developing a government-wide *Global Health Strategy*, and is planning to launch it at the end of 2019 or early 2020.

Italy

The Ministry of Health holds bilateral agreements on **scientific cooperation, health information exchange, and health research** with several developing countries, and set up a coordinating body for health cooperation initiatives with Mediterranean and Middle Eastern

³⁰ <http://health.bmz.de/ghpc/how-we-work/index.html>

³¹ <https://ghp-initiative.de/kick-off-global-health-hub-germany/>

countries.³² Since 2017, the Italian government is funding monitoring of the coverage and quality of polio vaccination activities in Afghanistan.³³

The use of information and communication technologies in the primary healthcare sector is increasing in Italy. By strengthening e-Health and health information infrastructure in recent years, Italy increased its focus on performance measurement (European Commission, 2017: 15). E-Health initiatives are promoted by the government and current development is focused on the overall plan to implement the *New HealthCare Information System* (NSIS, Nuovo Sistema Informativo Sanitario), which is an information system and governance tool to assist, monitor and oversee all primary levels of healthcare services (Ferré et al., 2014: 78).

Many telemedicine pilots and projects are currently ongoing, including the *Renewing Health* (REgioNs of Europea WorkINg together for HEALTH) European funded project,³⁴ which started at the beginning of 2010, coordinated by the Veneto Region. This project aims to promote the adoption of remote patient monitoring and treatment for those suffering from chronic conditions (Ferré et al., 2014: 78-79).

Japan

In an era of globalisation, the main strengths of Japan's health system, and **the need to communicate more widely with the global community**, has been recognised (Sakamoto et al., 2018: 356).

Since the G8 Toyako summit in 2008, the Japanese Government has embarked on follow-up activities to enhance its substantive contributions to global health policy making, rather than just providing financial donations (Reich & Takemi, 2019: 7). However, health policy overviews show that **quality of primary care appears variable**: OECD data (2017: 1-2) show that screening rates e.g. for breast cancer, remain low (41% mammography screening, compared to 81% in the US). High consultation rates in Japan suggest care coordination could be improved.

UK

Like other G7 countries, technology and collaboration have been used to share information about the health service. One example is the *End AIDS Portal*, a web based intervention that uses cell phones to access health information anonymously. Domestically, patients can use the *NHS App* to link with their general practices and check symptoms, whilst *NHS Digital* has responsibility for standardising, collecting and publishing data and information from across the health and social care system in England.³⁵

There are ambitious plans being developed through Sustainability and Transformation Partnerships, with the creation of new, *integrated care systems* as a way of delivering more joined up, coordinated health and social care across communities (Department of Health and Social Care, 2019: 12). **This includes NHS Digital and the Department of Health and Social Care working together to provide practices with clinical data** (Department of Health and Social Care, 2019: 23). 2020 Goals include ensuring "all clinical correspondence and transfers of

³² Ministero degli Affari Esteri. Convegno nazionale sulla collaborazione medico-sanitaria con i Paesi del Mediterraneo e del Medio Oriente. 6 Febbraio 2007.

http://www.esteri.it/MAE/IT/Sala_Stampa/ArchivioNotizie/Approfondimenti/2007/02/News_5.htm

³³ <http://www.emro.who.int/afg/afghanistan-news/government-of-italy-boosts-efforts-to-eradicate-polio-and-improve-child-nutrition-in-afghanistan.html>

³⁴ <https://cordis.europa.eu/project/rcn/191719/factsheet/en>

³⁵ The collaborative *NHS England-NHS Improvement* website will be live from April [2020]:

<https://improvement.nhs.uk/>

care are shared electronically and the opening up of systems to enable sharing of care records” (Department of Health and Social Care, 2019: 26).

USA

In its *Vision for Health Systems Strengthening* document, **USAID plans to measure HSS progress through indicators aligned with the Vision’s four strategic outcomes:** Financial Protection; Essential Services; Population Coverage, and Responsiveness (USAID, 2015: 9, 19). For example, Demographic and Health Surveys (DHS), introduced by USAID, are the gold standard for household survey information on health conditions in developing countries (USAID, 2015: 8). The use of the global System of Health Accounts (SHA) for health spending that USAID and partners also introduced has fundamentally changed understanding of health financing patterns. The *Human Resource Information System (HRIS)* workforce suite that USAID launched is a state-of-the-art open source HHR solution now widely adopted by several countries.

The US has a fragmented healthcare system: Unlike other industrialised nations in the G7, the US healthcare system doesn’t prioritise comprehensive primary care. Healthcare is uncoordinated, and emphasises intervention rather than prevention and comprehensive health management (Weinstein, 2019). Telehealth has been adopted, but unevenly (Liaw et al., 2019). Without adequate sharing, errors can occur, and critical information will not be communicated to others.

5. Health workforce

The health workforce - the people who actually deliver clinical and public health services - is a fundamental element of any functioning health system (WHO, 2017: vi; Reich & Takemi, 2019: 2). Effective use of health workforce can produce both improved health system performance and improved health outcomes. Improvement of health outcomes needs more than meeting the numbers of the right types of health workers; it requires improvements in *how* the health system creates and supports health workers, and the political context to achieve and implement reforms (Reich & Takemi, 2019: 2).

The 2017 Hamburg Summit³⁶ marked the first time the G20 committed to health systems and health workforce strengthening in a leaders’ declaration (Barnett et al., 2018: 275-276). This section explains the resources which became available through financial and political commitments from G7 donor countries:

Canada

Knowledge and skills training of healthcare workers is an important focus. An ever-evolving healthcare system requires that clinicians, managers, leaders, executives, and governors continue to develop their knowledge and skills throughout their careers. In support of this, HealthCareCAN’s professional development branch – *CHA Learning*³⁷ – is committed to delivering high quality, accessible professional development opportunities that will enable individuals and healthcare organisations to provide leadership that enables service excellence.

Canada has improved the health workforce by encouraging women into STEM (science, technology, engineering and mathematics) and providing training for midwives in Haiti (Barnett et

³⁶ G20 Action Plan on the 2030 Agenda for Sustainable Development, G20 Summit (Hangzhou) 8 September 2016. https://www.g20.org/Content/DE/_Anlagen/G7_G20/2016-09-08-g20-agenda-actionplan.pdf?__blob=publicationFile&v=1

³⁷ <https://www.chalearning.ca/?target=blank>

al., 2018: 297). *My Health Teams* in Canada are typically made up of a physician, nurse practitioner, and other allied health professionals to provide comprehensive and coordinated care (OECD, 2019: 10). This new **people-centred primary healthcare model** has been recently introduced in several provinces of Canada. Extensive, good use of **digital technology** - such as Electronic Medical Report, decision-support tools and clinical algorithms - can help to achieve better workflows and delegation of clinical tasks, and facilitate effective decision-making (OECD, 2019: 11).

France

France has demonstrated a commitment to improving the health workforces through its investment in the Pacific Public Health Surveillance Network (Barnett et al., 2018: 302). France also supports 20 (mostly sub-Saharan African) countries with approximately 30 projects, either entirely dedicated to human resources for health (HRH), or including a HRH component. The ESTHER (France) Initiative includes training of health professionals in 18 developing countries (Action for Global Health, 2011: 11).

Innovative measures have been implemented for guaranteeing better prevention and access to quality healthcare for all. There are some good examples of reforms to provide nurses with advanced roles and to increase the role of community pharmacists in prevention or management of chronic diseases, such as with the initiative *Ma Santé (My Health) 2022* (OECD, 2019: 8; The Global Governance Project, 2019: 68). Partly reflecting the measures contained in this initiative, a law on "the organisation and transformation of the health system" was passed. **The Health Act**, adopted by Parliament on 16 July 2019, aims to establish a better-organised regional healthcare system (including increase the number of doctors trained by +20% of doctors trained each year), and in particular to introduce new local healthcare structures. France currently has 910 MSPs (**Maisons de Santé Pluridisciplinaires** – i.e. multidisciplinary healthcare centres where several primary healthcare private professionals under the same roof), and over 300 are in the process of being created.³⁸ Another local structure that the law promotes: local hospitals. Structures with facilities for providing daily healthcare (geriatrics, general medicine and rehabilitation).

Germany

Germany facilitated the first G20 commitment to health systems and improving the health workforce at the 2017 Hamburg Summit (Barnett et al., 2018: 302). The German technical development agency, the Deutsche Gesellschaft für technische Zusammenarbeit (GTZ), supports partner countries in their formulation of health policy strategies and staff development plans. It advises on adapting legal frameworks and works towards increasing the management, as well as administrative and planning capacities of health workers and health personnel.

German engagement for HRH is integrated in its broader health programmes; HRH support is implemented both through projects and sector budget support. Both instruments are integrated into existing coordination structures, such as **sector-wide approaches (SWAs)** where Germany prioritises human resource management and planning (Action for Global Health, 2011: 12). Health worker programme components include pre- and in-service training by universities and other training institutions; the development of e-learning curricula and information systems, development of quality assurance and standards; the creation of monetary and non-monetary incentives to place and retain health workers; sector financing, private service provision; community-based services to improve HRH especially in rural and remote areas, and improving working conditions in primary healthcare (Action for Global Health, 2011: 12; OECD, 2019: 8). In

³⁸ <https://www.gouvernement.fr/en/health-system-transformation-strategy>

addition, **reintegration support** is offered to professionals who have trained in Germany when they return to their home country (Action for Global Health, 2011: 12).

Italy

Italy has demonstrated its commitment to improving the health workforce by contributing funding to improving vaccinator training in Afghanistan, and by agreeing to train medical personnel with India (Barnett et al., 2018: 321).

Italy's 2009 *Guidelines for Cooperation in Global Health*³⁹ call for "a level of human resources which are adequate both in qualitative and quantitative terms referring to the public health system needs." According to this framework, human resources for health should have: (i) effective systems of training and on-going education based on experience and best practices, which should be taught using active learning; (ii) salary, working conditions and adequate incentives, which can thwart the unequal geographical distribution, the mobility to the private sector, to the urban areas and to foreign countries, also through the promotion of the adoption of international codes aimed to regulate the migration of human resources for health, and (iii) adequate professional improvement, supervision and motivation. **The Guidelines also call for support, training, and incentives to increase the numbers of community health workers.**

However, Italy does not train enough health professionals to meet current demand (Action for Global Health, 2011: 30). The country needs to train approximately 35,000 new health professionals a year, yet, its training capacity is limited especially for nurses (Rocco & Stievano, 2013). This shortage of nurses and other health professionals can jeopardise Italy's ability to provide the health services its population needs. Within this context, the Italian Federation for Professional Nurses, Health Assistants and Childcare Workers (IPASVI) and Transcultural Italian Nursing Association adopted the WHO Global Code of Practice on the international recruitment of health personnel. **Its objective is to ensure that the global demand for the recruitment of health personnel does not negatively affect countries with weak health systems.** Hence, the *Manifesto for Health Workforce Strengthening* was born. It has been launched and signed by an Italian group of organisations active in Italy within the framework of health cooperation, public health, and international migration.

Shortages of doctors is an issue in the debate on the future of the Italian health system (Castagnone & Salis, 2015: 17; Paterlini, 2019). According to the National Federation of Surgeons and Dentists, the Italian Government has been cutting funds for the health system over the past 10 years, before looking at its needs. During this time, the health service (SSN) has gone through an overhaul, notably a reform shifting the oversight of recruitment and budgeting from the national to the regional level in 2012. Agenzia Nazionale Stampa Associata (Ansa) reports, 45,000 practicing doctors will retire in Italy in the next five years, and that there will be "a surge of retiring general practitioners" in 2022.⁴⁰ To buffer this worrying staff shortage, Italy's retired doctors have been called back to work. However, this approach, which has now spread to five of 20 regions in Italy, has been criticised by physicians and health advocates alike (Paterlini, 2019). This is because it might be in contradiction with the so-called 'retention in service' (trattenimento in servizio) legislative decree, which abolished the right of civil servants to work beyond retirement age. Therefore, the Ministry of University and Research has stated that an extra €100 million (USD111 million) will be allocated to finance new training grants for medical specialists. It will be gradually rolled out until 2023 (Paterlini, 2019). Strategies aimed at rebalancing territorial unbalances in the distribution of medical staff, by developing incentives to geographical mobility of doctors within the national territory are also envisaged as solutions to

³⁹ Direzione Generale della Cooperazione allo Sviluppo (DGCS): Salute Globale: Principi Guida della Cooperazione Italiana. 2009, Roma: Ministero degli Affari Esteri.

⁴⁰ <https://www.domedica.com/en/alarming-doctor-shortage-45000-retirements-in-the-next-5-years/>

local shortages. Another approach proposed by the GIMBE Foundation (a non-profit working on healthcare issues), to “implement task-shifting, where some duties can be taken over by paramedics and nurses,” has also not been well received (Paterlini, 2019).

Japan

JICA has placed a greater focus on health systems strengthening as part of its support for achieving UHC. Initiatives include strengthening the capacity of local and central level managers in the health sector. Japan has also strengthened the health workforce through creation of a licensing system for Laotian healthcare professionals (Barnett et al., 2018: 326).

Japan faces both an aging and shrinking population (IMF, 2018). This not only increases the cost and scale of healthcare needs, but **also makes it harder to replace those who age out of the health workforce itself**. Therefore, the Government of Japan aims to **strengthen policies** to improve recruitment, retention, and productivity of long-term care workers, as well as promote community-based preventive measures and strategies that encourage healthy ageing and good mental health (OECD, 2017: 1).

UK

The UK signed *The Kampala Declaration and Agenda for Global Action*⁴¹ in March 2008, which called on richer countries to “give high priority and adequate funding to train and recruit sufficient health personal from within their own country.” **The UK has one of the highest proportions of foreign-trained doctors in Europe – 29%**, compared to less than 10% for France and Germany.⁴² In the year 2000, the UK embarked on intensive international recruitment of health professionals following a directive from Department of Health and Social Care to address personnel shortages. This staffing ‘stock up’ saw an active recruitment of health workers from the Philippines, India, South Africa, and other Commonwealth countries.

Historically, the UK has always sourced nurses from developing countries (Action for Global Health, 2011: 34). The UK is developing its nursing workforce by supporting campaigns such as *Nursing Now England*⁴³ (formally the Transforming Perceptions of Nursing programme) and training healthcare workers e.g. in Bangladesh and Sierra Leone. *NHS Horizons* has developed a global learning community for accelerated development of skills for health and care improvement via a #VirtualCollaborate programme. In the past three years, new professional roles, such as Nursing Associates, Physician Associates, as well as expanding clinical pharmacists and mental health therapists embedded in primary care, have helped strengthen the NHS. In the *NHS Five Year Forward View*, NHS England will target approximately 1,500-2,000 nurses to be supported to return to work over the next two years; for doctors, reducing geographical and specialty imbalances will be the main focus. As funding for additional investment in the workforce, in the form of training, education and continuing professional development (CPD), has yet to be established, a *Workforce Implementation Plan* will therefore be published later in 2019.

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<https://www.who.int/workforcealliance/Kampala%20Declaration%20and%20Agenda%20web%20file.%20FINAL.pdf>

⁴² <https://www.migrationwatchuk.org/press-article/153/staffing-the-nhs-properly-requires-more-training--not-endless-immigration>

⁴³ The *Nursing Now* campaign, in collaboration with the WHO and International Council of Nurses, aims to raise the status and profile of nursing, and works to empower nurses by influencing policymakers: <http://horizonsnhs.com/communities/nursingnowengland/>

DFID and the Department of Health and Social Care jointly support the *UK International Health Links Funding Scheme*,⁴⁴ which provides grants and support to health institutions across the UK, allowing British health professionals to strengthen and improve health worker capacity of partners in 10 developing countries in Africa and Asia. The Scheme has given out over 30 grants to support long-term institutional partnerships between UK organisations and their 'Links' in the developing world. Building on the success of this scheme, DFID is currently developing a new *Stronger Health Partnerships for Stronger Health Systems*⁴⁵ partnership to enable UK based health workers to support human resources training in developing countries. The UK will invest up to £30million (USD39 million) to strengthen its health partnership offer to support developing country health systems. This will enable more British health professionals to share their skills with midwives, nurses and doctors in developing countries through **teaching, training, and practical assistance** (Action for Global Health, 2011: 15).

Domestically, NHS staff are under real pressure, despite a growing workforce. However, the annual NHS staff survey across 316 NHS organisations published in March 2017 showed another year of improvements, with NHS staff engagement scores at their highest level in five years.⁴⁶ This is due to **an increase in staff support measures**, e.g. the new NHS Workforce Race Equality Standard, and new standards for healthcare assistants and social care support workers (the 2015 Care Certificate). In the past three years, a new national 'CQUIN' incentive scheme has been promoting workplace health, including musculoskeletal, mental wellbeing, and weight management.

USA

The United States has undertaken cooperative international actions to strengthen health systems, and to support the health workforce. International cooperative actions include USAID's *Maternal and Newborn Health Development Impact Bond* to improve quality of maternal care in India, and the *Gauteng GP Care Cell* project on HIV services in South Africa (Barrett et al., 2019: 357).

As the US healthcare system undergoes transformation, due in part to the Affordable Care Act (ACA), **the nursing profession is making a wide-reaching impact** by providing and affecting quality, patient-centred, accessible, and affordable care. The National Academies of Sciences, Engineering, and Medicine (2016) assessed progress made by the Robert Wood Johnson Foundation/AARP Future of Nursing: Campaign for Action and others in implementing recommendations from the 2010 *The Future of Nursing: Leading Change, Advancing Health* report. Results show that **leadership development opportunities** have been established and expanded by nursing education programmes, nursing associations, and private organisations since *The Future of Nursing* was released.

6. Lessons learned

Some of the G7 (e.g. UK, US) have reviewed their own HSS efforts, and concluded with clear statements on the need for well-defined health systems strengthening strategies. Other conclusions on suitable approaches to HSS have been found by independent multi-country research:

⁴⁴ <https://www.thet.org/our-history/international-health-links-funding-scheme-ihlfs/>

⁴⁵ <https://www2.fundsforngos.org/latest-funds-for-ngos/dfid-stronger-health-partnerships-stronger-health-systems/>

⁴⁶ <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/strengthening-our-workforce/>

- There is increased need for **accountability, efficiency, and effectiveness** (Munir & Worm, 2016). However, fulfilling this need is problematic due to the lack of unity among global health actors on a standard definition and means of assessing HSS.
- Improvement in the performance of health systems is a process that has to be **adapted to the situation of each country** - its political and economic circumstances, its social values, and its national leadership.
- **Good primary healthcare** makes health systems more inclusive and functional (OECD, 2019: 3). However, primary healthcare is still too weak in some G7 countries.
- **Health systems can be slow to change.** Tri-country analysis shows that most Canadians and Germans think that their healthcare systems need minor to moderate changes, while in the US a substantial portion of the population thinks that large and fundamental changes are needed (Ridic et al., 2012). Each of the three healthcare systems analysed is experiencing a continuous process of changes and improvements, and all three systems fight the never-ending battle of cost containment, provision of quality services, and maintaining and expanding access to healthcare.
- **Additional legislative and policy reforms** may be needed to close the performance gap (Schneider et al., 2017). Promising policies adopted in some G7 countries include larger primary healthcare facilities – intermediate care facilities – that offer services 7-days a week, 24 hours a day. These have become popular and successful in Italy and the US (Pearson et al., 2016: 27).
- **Newer models of care** incorporate the five best practices that have been identified as characteristics of the most efficient continuing care systems in the world. These practices are: (1) a system of single entry; (2) coordinated assessment and placement; (3) a coordinated case management system; (4) a client-care level classification system, and (5) administrative arrangements (Smith et al., 2019). This has been successfully used in some programmes for older people in Canada.
- **Innovation and digital technology** can be used to tackle access problems due to geographical distances. In France, Germany, Italy, Japan and the UK, digital consultation and tele-expertise have been used to increase access to primary healthcare for people living in underserved areas; while home monitoring and e-patient portals allow patients to access personalised health information, and to manage their conditions in Canada and the US (OECD, 2019: 11). However, new research from the US shows that telemedicine in primary care could potentially lead to further fragmentation of care (Liaw et al., 2019). In the 2012 *The Los Cabos Growth and Jobs Action Plan*, G20 leaders in Japan committed to creating new industries and new markets through innovation in environment and healthcare (Shaw et al., 2019: 8).
- **Human security and HSS** is “very much interlinked” in Germany (The Global Governance Project, 2019: 31; Kickbusch et al., 2019). Both HSS and human security are also promoted as a central tenet of its foreign policy in Japan (Koumura, 2007; Reich & Takemi, 2019: 6; Sakamoto et al., 2018: 355). Hence the need for people-centred approaches.

The three components (finance, information, and workforce) are also related to each other: money is needed to hire people; these people work in the health system in which they collect, analyse, and interpret health information; and the data are used by people to decide how to spend more money (Reich & Takemi, 2019: 6):

Finance

Four types of payment systems have been introduced to support primary care in G7 countries (OECD, 2019: 11-12):

1. **Paying for specific activities** including care coordination, prevention activities, or disease management (as seen in France, Italy, or Japan);
2. **Pay-for-performance**, consisting of rewarding providers for delivering high-quality care, and more recently to expand the role of community pharmacies (as seen in the UK);
3. **Bundle payments**, consisting of one payment per chronic patient covering the cost of all healthcare services, provided by the full range of providers during a defined time period (as seen in Canada).
4. **Population based-payments** made to groups of health providers, such as: independent primary healthcare physicians, specialists, practice networks or hospitals, which cover most healthcare services for a defined group of population (as done in Gesundes Kinzigtal healthcare management company in Germany, and in medical homes in the US).

Information and monitoring

Improving the health literacy skills of patients is equally important for primary healthcare. Canada, Germany, Italy, Japan, and the UK have implemented counselling sessions run by primary healthcare teams. In the US, Medicare has developed tools to help primary healthcare practices assess their performance at improving patient's understanding of health information (OECD, 2019: 11).

More information is needed on the expectations and effects of primary healthcare. Health systems still know little about how primary healthcare contributes to improving people's health, as well as whether services meet people's expectations and needs. Most indicators focus on inputs and utilisation. Outcomes measures are restricted to avoidable hospitalisations for patients with chronic conditions, or appropriate prescribing in primary healthcare. While patient-reported experience measures (PREMs) are essential to improve care quality and to ensure that services responsive to people's needs and preferences, they are collected for international comparisons in only a few countries. The UK and the US are among the few G7 countries collecting PREMs at practice level (OECD, 2019: 12).

Workforce

Providing **initial and continuing training programmes** is critical to offer the tools and knowledge for primary healthcare teams to engage in these activities properly, as can be seen from examples in the UK and the US (OECD, 2019: 8).

More efficient use of health professionals' skills in primary healthcare has been seen across G7 countries (OECD, 2019: 9):

- In France and Germany, **nurse practitioners** are taking the lead in patient planning and care coordination, while promoting healthy living, preventing and managing diseases.
- In Canada, France, Italy, and the US, **community pharmacists** are used to improve access to prevention and diseases management in remote areas where there is a shortage of primary healthcare physicians.

Incentives and regulations have been used successfully to attract and maintain G7 health workforces. Many G7 countries also struggle to attract primary care workers in rural and remote areas. Japan targeted the selection of medical students coming from underserved areas, while Germany used regulations to restrict the freedom of new doctors to set up a practice in areas deemed to be adequately supplied, along with some financial incentives, with some good results (OECD, 2019: 8).

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