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EDITORIAL

Interactions between critical health system functions and HIV/AIDS, tuberculosis and malaria programmes

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The devastating health and socio-economic impact of communicable diseases such as HIV, tuberculosis and malaria in low- and middle-income countries has served as a rallying point for global health communities, including donors, to mobilize around the health-related Millennium Development Goals (UNDP). The unprecedented scale and speed of these investments has prompted a healthy debate on the effects of disease-specific funding on national health systems. In particular, the debate has centred on: (i) the interaction of these targeted programmes with wider health systems; (ii) the nature and extent of integration of these programmes with health system functions; (iii) benefits and synergies realised as a result of these interactions; (iv) unintended adverse effects of these investments on health systems; and (v) whether this programmatic approach is an effective way of achieving long-term, sustainable health outcomes (WHO Maximizing Positive Synergies Collaborative Group 2009; Atun *et al*. 2010).

There have been impressive results in the health-related Millennium Development Goals between 2000 and 2010. However, this success is quite uneven, with more progress in child health (MDG 4) and in disease control (MDG 6) than in maternal health (MDG 5); and with certain countries having made little or no progress. There is growing awareness that such variability can be, at least in part, explained by the performance of the country's overall health system. Indeed, improving maternal health substantially requires all elements of the health system to perform well and to interrelate optimally, including clinics, hospitals and referral systems. But, for MDG 4 and MDG 6, for further progress to be made, a greater involvement of the general health services is needed. Consequently, there is increasing consensus that it will be difficult to achieve the health-related Millennium Development Goals without bolstering health systems (Atun *et al*. 2009).

National health systems are the foundation for the delivery of interventions that benefit health outcomes within a country (WHO 2007). In resource-constrained countries, these foundations are often weak or overburdened in terms of infrastructure and human resources. An influx of donor resources for a disease specific programme may or may not immediately strengthen these weaknesses or fill gaps. Donor funding may exceed the absorptive capacity of the system, and parallel systems may be established in order to rapidly set up or scale up targeted disease programmes by side-stepping inefficient components of health systems or those that are not demand driven (McKinsey and Company 2005). Further, targeted funding may reflect donor priorities rather than those of a country, or ancillary benefits to the health system may not be apparent for many years, e.g. investments in human resources. Ultimately, however, there is consensus that investments that develop strong health systems are the best way to sustainably improve the health of the population.

Programmes supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, for example, are encouraged to use this disease-specific platform to strengthen health systems through investments in infrastructure, supply chain management to improve uninterrupted delivery and access to drugs and health products, interventions to recruit and retain human resources, and by improving monitoring and evaluation capacity (Friedman *et al*. 2010). The GAVI Alliance has also recognized the need to invest in health systems strengthening and consequently both agencies have accommodated this in their funding. GAVI has opened a specific health systems window, while the Global Fund has encouraged interventions in cross-cutting health systems interventions that benefit health outcomes for the three diseases and beyond.

However, some argue that donor funding may not necessarily translate into a stronger health system and, at worst, have unintended consequences for health systems, such as diverting health care workers from one area to another (Shakarishvili *et al*. 2010). Given the large volume of resources channelled through disease-specific programmes and outstanding health challenges in recipient countries, further research into the nature and extent of these effects is warranted.

As part of the larger global efforts to better understand the effects of disease-specific targeted funding on health systems, and in line with the recommendations arising from the 5-Year Evaluation of the Global Fund, which explored the system effects and impact of investments in the period 2002–07 (The Global Fund 2009), the Global Fund has collaborated with partner institutions to initiate a series of country case studies to provide detailed analysis of interactions between the programmes it finances and key health system functions, the extent to which these programmes are integrated into the health systems within which they are embedded, and the synergies and benefits produced through these interactions.

This supplement of *Health Policy and Planning* presents six articles which draw on the country case studies, carried out in Indonesia, Laos, Nepal, Papua New Guinea, Thailand and Vietnam. They employ mixed methods of inquiry to explore interactions between Global Fund-supported programmes and health systems (Desai *et al*. 2010; Hanvoravongchai *et al*. 2010; Mounier-Jack *et al*. 2010; Rudge *et al*. 2010; Trägård and Shrestha 2010). To systematically assess the nature of interactions and extent of integration between Global Fund-supported targeted programmes and health systems, the authors utilized the analytical framework set out in the Systemic Rapid Assessment (SYSRA) toolkit, which provides a set of questions for semi-structured interviews of key informants and for documentary analysis of the six major health system functions: stewardship and governance, financing, planning, service delivery, monitoring and evaluation (M&E), and demand generation (Atun *et al*. 2004). The use of this tool, which is based on a health systems framework, allows for a standardized approach to explore how systems components perform contextually and practically. The articles present the analysis of the interactions and synergies between the Global Fund portfolio for each country and the critical functions of its health system. They further explore how the portfolio is integrated with the health system and specific disease programmes, and provide suggestions for improvement.

To complement these country case studies, Coker and colleagues explore the use of a conceptual and analytical approach for the comparative analysis of countries in South-East Asia (Coker *et al*. 2010): an analysis that enables the systematic comparison of data and information from multiple countries in a robust, rigorous manner, in order to test new theories and offer new hypotheses. Conducting and comparing multiple case studies adds further rigour to the country case study approach and builds stronger evidence in health systems research (Mills *et al*. 2008).

Finally, researching the effects disease-specific targeted funding has on health systems requires a systematic approach to analysing various components of the system. Multiple frameworks have emerged to describe health systems, along with components and functions of these systems. This has led to a complex landscape, with confusion at both the national and international levels on the optimal frameworks to be used to analyse health systems and interventions aimed at health system strengthening (Shakarishvili *et al*. 2010).

For the countries covered in this supplement, progress towards reaching the health-related Millennium Development Goals has been quite encouraging. However, further progress may depend on stronger health systems and the relation between disease-specific programmes, and general health services within the wider health system are critical in this. This has been explored in the six case studies documented in this supplement.

However, such insights may not translate immediately into recipes for health systems strengthening and further health improvements. There is indeed also a growing concern that overall progress in many countries may hide growing in-country inequities in health outcomes. Further progress may critically depend on recognizing and tackling this growing health gap. Reaching the most vulnerable, the most isolated and the very poor may require specifically targeted approaches, especially in countries with concentrated epidemics of HIV, malaria and tuberculosis, such as those in Asia. There may also be pockets of appallingly high child and maternal mortality in otherwise prospering countries. Such realization may shed a new light on the merit of integration, as reaching the worst off may need targeted approaches, often going well beyond the health system in the strict sense and requiring wider community systems strengthening. However, targeted approaches may fast reach their limits if there is no backup from and link with well-functioning general health services.

Against a context where resources to support global health may not be scaled up at the rates enjoyed in the recent past, we must explore how scarce resources can be optimally applied to achieve positive health outcomes in a sustainable manner. Research which explores approaches to effectively strengthen health systems, and mechanisms which enable the use of lessons emerging from such research, are critically important to help achieve the Millennium Development Goals we have collectively committed to (Evans *et al*. 2008).

Conflict of interest

Co-authors R Atun and J V Lazarus are staff at the Global Fund, as Director of the Strategy, Performance and Evaluation Cluster, and Team Leader for Technical Publications and Learning, respectively.

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