
Lessons from existing ‘cross country learning’ platforms

Notes from telephone interviews

Kara Hanson

Telephone/skype interviews were conducted during August–September 2017 with those responsible for eight key platforms that seek to encourage cross-country learning in the field of health policy and systems. The interview guide is attached as Appendix 1. The purpose of the interviews was to identify the key features of existing platforms, to understand what factors underpinned their success, and to determine whether there was objective/independent evidence of their success. The latter was felt to be important because all of these initiatives are funded by external donors, who therefore have an interest in demonstrating their effectiveness to their funders.

Methods

All the interviews were conducted by skype/telephone, other than the interview with the European Observatory team, with whom a one-day face-to-face meeting in London was organised. A research assistant participated in all the interviews, other than those with the International Decision Support Initiative (IDSI) and the African Health Observatory. All remote interviews, other than the one with the African Health Observatory, were recorded with the permission of the respondent, and notes were taken. Because of internet connectivity constraints, the interview with the African Health Observatory was undertaken by telephone and was not recorded.

Participants

The following individuals were interviewed:

1. Don de Savigny, Swiss Tropical and Public Health Institute (Regional East African Community Health Policy Initiative (REACH)).
2. Bruno Meesen (Performance Based Financing (PBF) Community of Practice (COP) and The Collectivity—www.thecollectivity.org/); www.healthfinancingafrica.org/.
3. Neil Cole (Collaborative African Budget Reform Initiative (CABRI)—www.cabri-sbo.org/)
4. Kalipso Chalkidou (IDSI—www.idsihealth.org/).
5. Amanda Folsom (Joint Learning Network for Universal Health Coverage (JLN)/Research for Development (R4D)—www.jointlearningnetwork.org/).

6. Delanyo Dovlo (African Health Observatory (WHO/Africa Regional Office)—www.who.int/afro).
7. Nima Asgari-Jirhandeh (Asia Pacific Observatory on Health Policies and Systems (APO)—www.searo.who.int/asia_pacific_observatory/en/).
8. Team from the European Observatory on Health Systems and Policies (one-day meeting in London)—www.euro.who.int/en/about-us/partners/observatory.

Key findings

1. Many organisations already occupy this ‘policy learning’ space. Our literature review and web search identified many more initiatives than the eight discussed here.
2. These initiatives or platforms are hosted by a range of different types of organisation—universities, non-profit firms, non-governmental organisations, and WHO regional offices. **REACH** (which did not develop beyond the initial concept stage) was to have been hosted by the East African Community. The **PBF COP** is a virtual mechanism bringing together experts, policymakers, researchers, and implementers, coordinated from the Institute of Tropical Medicine in Antwerp. **CABRI** is an inter-governmental organisation based in South Africa that brings together national policymakers within a learning network. **IDSi** is hosted by Imperial College London, although it was initially established as the international arm of the UK National Institute for Care Excellence (NICE). The three **Observatories** (APO, the African Health Observatory, and the European Observatory) are hosted by the relevant WHO regional offices. Both APO and the European Observatory are described as ‘partnerships’ drawing together international organisations, national governments, and academic partners. The European Observatory, for instance, includes international organisations (the European Commission, the World Bank); national governments (Austria, Belgium, Finland, Ireland, Norway, Slovenia, Sweden, Switzerland, and the United Kingdom); decentralised authorities (the Veneto Region of Italy and the French National Union of Health Insurance Funds (UNCAM)); and academic organisations (the London School of Economics and Political Science and the London School of Hygiene and Tropical Medicine). It is one of the four WHO-hosted partnerships,¹ which provides it with a particular governance arrangement.² The JLN is an independent network governed by a country-led steering group and coordinated by R4D in partnership with ACCESS Health and the World Bank.³ The JLN receives funding from bilateral, multilateral, and philanthropic agencies.
3. The nature of the host organisation will influence the incentives facing the initiative, and also its trustworthiness and ability to be perceived as an ‘honest broker’, free of a specific agenda. One respondent pointed to the challenges of being in an academic setting where the main metrics of assessment are grant income/research papers, and where other activities such as capacity development and policy impact are less valued. Others noted that academics can have difficulty ‘letting information go’ and providing rapid response. Consulting firms (even non-profits) have a different set of incentives that might emphasise revenue generation.

¹ www.who.int/about/collaborations/partnerships/hosted-partnerships/en/.

² www.who.int/about/collaborations/partnerships/hosted-partnerships/Generic_Hosting_Terms.pdf?ua=1.

³ Starting in October 2018, Management Sciences for Health will become the JLN’s network manager.

4. Most of the initiatives sought to bring together multiple stakeholders—policymakers, programme implementers, and researchers. CABRI had a narrower remit, with members drawn from Ministries of Finance/Planning and Budgeting.
5. All the initiatives reported undertaking a variety of activities. These included health system profiling (the HITS produced by both APO and the European Observatory), co-produced technical materials (JLN), policy dialogues to bring together stakeholders on a particular issue (CABRI, APO, and the European Observatory), experiential peer learning (CABRI, JLN, and COP), benchmarking and comparative analysis (the European Observatory and COP), and a summer school (the European Observatory).
6. Respondents identified a number of factors contributing to success.
 - **Having a country-led agenda:** this was vital for country engagement in learning processes. The issues and challenges needed to emerge from country policy processes and priorities. Some noted that it is also important to ask decision makers who they want to learn from and whose experience they see as relevant to their own situation.
 - **Country-level investment:** this was important in Europe, where contributions from member states represent an important source of resources. It was noted that this was more difficult to achieve in low- and middle-income country settings.
 - **Having the right people involved:** there is a lot of turnover at senior levels of government, so engaging national networks at the technical/managerial level was identified as important for continuity and progress.
 - **Buy-in and support of senior leaders:** technical people involved with the spread of information need to be supported by senior officials, ideally from Ministries of Finance and Planning as well as from Ministries of Health.
 - **Peer learning:** sharing experience and learning from those who have tackled the same issues in other settings was considered vital to knowledge transfer processes (COP, JLN, CABRI, Observatories).
 - **Legitimacy/mandate:** WHO is seen by national governments as being a normative and technical organisation with considerable independence, and therefore legitimacy. Academic institutions were also seen as potentially important sources of independent disinterested advice (European Observatory).
 - **Trusting relationships:** deep relationships are underpinned by trust, and this is built up through interaction over time.
 - **Continuity and long-term commitments:** because relationships take time to build, a longer-term financial commitment is needed.
7. Key challenges were also identified by respondents.
 - **Measuring/demonstrating effectiveness:** we found it difficult to identify independent evidence on the effectiveness of these different initiatives. It would be important for a new initiative to develop an evaluation framework that will provide objective measures of success from the start and encourage independent evaluation.
 - **Funding/resources:** this was identified by the southern-led initiatives (the African Health Observatory, APO, and particularly REACH, which never succeeded in securing the resources needed to move ahead).

- **Moving beyond products to policy dialogue:** APO particularly identified the challenge of moving beyond the assembly of evidence and knowledge products to activities that would support the use of this evidence in decision making. The European Observatory seemed to have a strong model for policy dialogues—some of these were bilateral, focusing on the policy needs of a specific country, but others involved multiple countries on a particular issue (see www.euro.who.int/en/about-us/partners/observatory/activities/policy-dialogues/previous-policy-dialogues for list of dialogues up to 2017).
- **Time:** ‘To develop the culture [of evidence use in policymaking] takes a generation/15 years.’ This means that organisations need long-term financial commitment to enable this culture to be developed, nurtured, and eventually normalised.

Overall, it is very hard to comment on the success of these initiatives. This is not to say there is evidence to suggest they have not made positive (or, indeed, negative) contributions to health systems strengthening; it is simply that their impacts remain unclear. Representatives from one of the initiatives suggested that, given the evaluative tools at our disposal, we may have to accept we are simply not going to know more than this. Even trying to understand theoretically how you would tease out the effects of most of the initiatives we saw (including and beyond those covered in this note) was difficult; the inputs and outputs were interwoven with so many other health system factors, and likely counterfactuals were basically impossible to construct. Instead, we may need to accept softer measures of success, for example connected with carefully selected and monitored processes.

The project’s final recommendations put more emphasis on building the role and ability of existing national institutions to interact with these international platforms and answer their government’s questions, whatever they may be. We felt this may help governments better leverage existing international platforms (such as COPs, IDSI, the Observatories, etc.). Over the course of the project, a commonly expressed policy stakeholder (minister, politician, civil servant) view was that ‘there is just so much international information and assistance out there to help, but I don’t know how to navigate it and I don’t have time to inform myself, so I stop trying’ (paraphrased). Trusted national institutions could play a greater role here, complementing and harnessing the work of existing international platforms.

Appendix 1: Interview guide

1. What is the nature of this platform for supporting cross-country learning, and how did it develop?
2. What are the key activities that it undertakes?
3. What do you feel works well, and what does not work so well?
4. What evidence do you have of the effectiveness of your activities?
5. What sort of organisation/platform do you think would work best to support cross-country learning (what would you recommend to the Gates foundation) and why?