

# What can be done to help low- and middle-income countries learn from others as they build and strengthen their health systems?

**Policy brief**

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**LEARNING FOR  
ACTION ACROSS  
HEALTH SYSTEMS**



**Oxford Policy  
Management**

# Learning for Action Across Health Systems

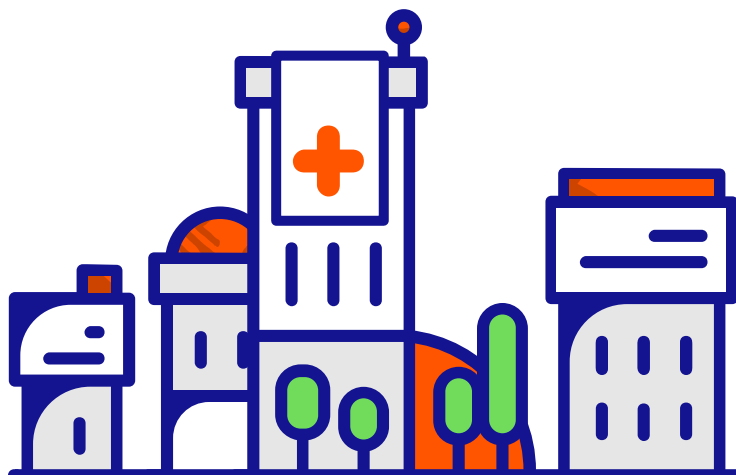
Health systems face complex and ever-changing challenges. These are greatest in low-income countries, which typically have greater health needs, faster population growth, and fewer financial resources for healthcare.

With the exceptional increase in access to information and travel facilitated by modern technology, the potential to learn effectively from the experiences of other countries has grown. Such lessons could help governments as they strive to offer more, better-quality services to a larger proportion of their populations, paid for in such a way that getting sick does not push individuals into poverty.

And yet, if you were a Director of Planning or a Minister of Health, how exactly would you go about doing this? With all the differences between one health system and another and your busy schedule, how would you (a) find out which countries have relevant experience, (b) learn from it, and (c) act on it within your context? Once you start thinking about it, learning from another country is much more complicated than it initially seems.

With this in mind, and with a focus on sub-Saharan Africa, in 2017 the Bill & Melinda Gates Foundation commissioned Oxford Policy Management (OPM) to look at the 'what', the 'why', and the 'how' of learning between countries in health systems strengthening. Could cross-border learning lead to healthier populations around the world? And so *Learning for Action Across Health Systems* was set up. The 18-month study included literature reviews, expert meetings, key informant interviews, and eight country case studies spanning Europe, Asia, Africa, and Australia.

Facilitating learning between countries is a complex process; it is more than a technical issue of passing on 'knowledge'. It involves subtle and long-term adaptation, negotiation, and internalisation; however, the potential benefits across all areas of the health system are immense.



# What is Learning for Action Across Health Systems?

*Learning for Action Across Health Systems is about helping and encouraging policy stakeholders as they engage with international health policy and systems experience to use it to effect better health policy and implementation in their countries.*

Learning in policy design and implementation encompasses many different elements and players that interact in the political arena. It does not happen in a laboratory under ‘ideal conditions’: it happens in the real world, with all its complexities.

We considered three common elements of learning within the context of health policy: the individuals who learn; the object of learning (what you are learning about); and the expected effect of learning (the impact learning will have on subsequent policy change).

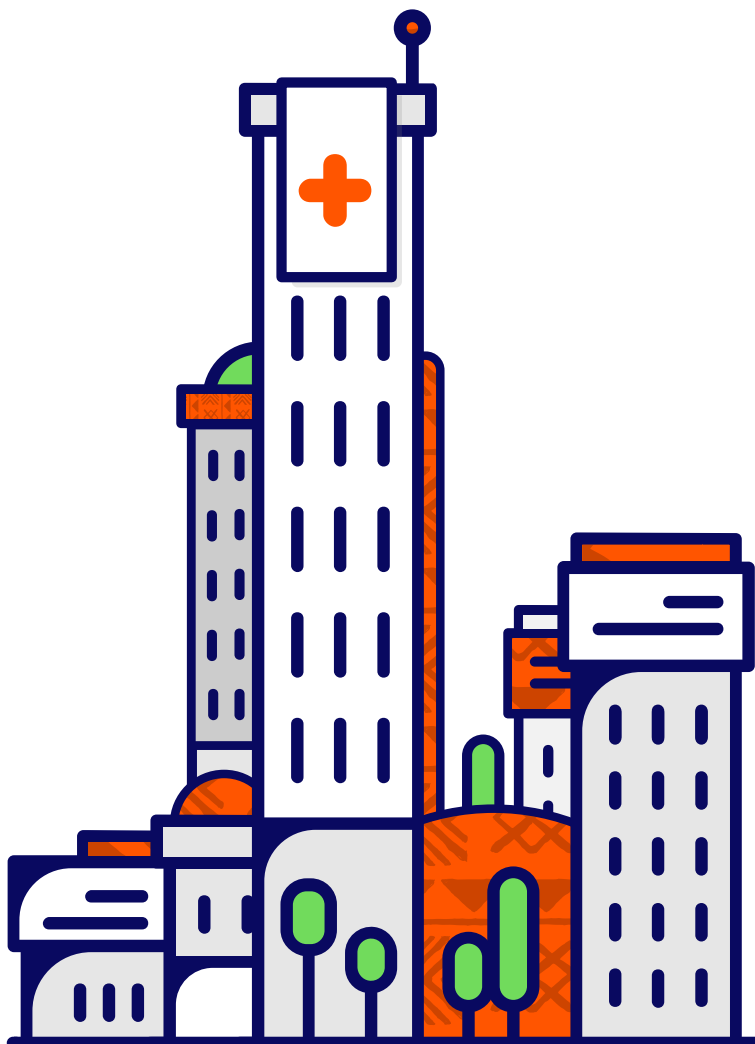
In these recommendations, the *learners* are the health policy stakeholders—in particular (but not exclusively), this means ministers, politicians, and civil servants. Ministers and politicians often face significant pressure to deliver results fast, with short-term appointments and responding to a broad range of interests. They are generally responsible for overseeing the performance of an entire institution. Civil servants are often less able to put issues on the agenda and face a more limited scope of interest, as they are generally responsible only for a particular area. However, they are appointed for longer, giving them a crucial learning role in the formation of institutional knowledge and memory. Any intervention to facilitate the spread of lessons and their use in health system reform needs to engage with at least these three groups.

The *object* of learning is international health policy and systems experience. International examples are an unparalleled source of real information about what works and what does not in public policy, and it should be recognised that the ability to learn from another country’s successes and mistakes is an incredibly useful resource. Globalisation and advances in technology and communication have facilitated the connection between different countries, as well as the existence of international organisations involved in the design, implementation, and analysis of regional and domestic policies.

We place extra emphasis on the *effect* of learning, reflected in the ‘for action’ part of the title. Learning is an instrument—a means to reach a tangible end. The real objective is the improvement of people’s quality of life through the implementation of more effective and efficient public policies. As such, this proposal focuses on helping countries learn in a way

that is conducive to taking action. The objective is not just to learn lessons but to ensure those lessons inform future policy and implementation in a way that improves the health system and services available. This requires an understanding of policy design to implementation processes, and how those involved in these processes learn.

While *Learning For Action Across Health Systems* is clearly a global issue, these recommendations focus on sub-Saharan Africa. The ability to incorporate international examples into health policy in European, Asian, Pacific, and American countries, while far from perfect, is already greatly facilitated by some relatively strong national institutions complemented by international structures. Examples of such structures include the European and Asia Pacific Observatories on Health Systems and Policies, the Pan American Health Organization, and the Organisation for Economic Co-operation and Development. This is not to say similar institutions do not exist in sub-Saharan Africa, but their current breadth and functionality is more limited, making them a less useful resource for policy stakeholders.



# High-level observations from background work

Through extensive consultation, particularly with key policy stakeholders, many have expressed that:

1. there is a need for a better regional coordination mechanism that facilitates learning between countries and, where appropriate, draws on wider international lessons;
2. policy stakeholders currently struggle to 'navigate' the complex body of research, data, and lessons, as well as the existing mechanisms for accessing this information, such as networks and communities of practice;
3. they would like a trusted 'one-stop shop' for information about other countries and best practice recommendations (this may be a response to point 2);
4. they would like more information about 'how' rather than 'what'. For the purposes of informing health policy reform in one country, policy stakeholders may like to ask other countries: 'How do you manage your performance-based financing schemes?' The majority of the information available, however, relates to 'What was the impact of your performance-based financing scheme?';
5. the concept of learning is most appreciated within mutually respectful inter-country relationships without hierarchy, and thus the model of a 'teaching' country and a 'learning' country is less attractive; and
6. there is little appetite for establishing new institutions in this field.

In addition, through interviews and case studies, the OPM team observed that:

7. most instances of evidence use across borders are currently mediated by trusted brokers, including specific agencies such as WHO, individual consultants, and specific country policymakers with whom relationships have been formed;
8. there is a need to build confidence in the relevance of other countries' experience, particularly beyond the conceptualisation stage and into the operationalisation stage of a reform. Most of those potentially involved in the learning process see contextual differences more clearly than contextual similarities, especially once a policy in their own country is well formed;
9. the learning process must be owned by those who are able to act on it, as it is seldom effectively pushed and then implemented;

10. a significant component of Learning for Action Across Health Systems happens within the learning country. Specifically, a lot of work is required to adequately contextualise and internalise information from another setting, particularly in terms of the actual implementation and institutionalisation of reforms. The ability to implement a combination of trial, error, and adaptation appears important in this context;
11. where cross-country learning occurs, it combines demand for new ideas and evidence with the supply of that evidence in ways that are accessible and meet the needs and timing of users. Where it does not occur, this can be due to under-supply, under-demand, or an inability to access or use the existing supply; and
12. different countries face different challenges in Learning for Action Across Health Systems. Even within one country, challenges change over time and between regions.

*Overall, the OPM team observed a gap in national capacity to engage with the international evidence base, as well as inefficient coordination across countries.* This is not to say that this gap is entirely the result of national-level deficiencies. The complex, overlapping fields of activity driven by international institutions play a significant part in creating a body of evidence that is very hard to navigate. The only sustainable and achievable location for a solution to this problem, however, is at the national level—because then individual countries can develop contextualised and effective learning going forward, and are better equipped to take the lead in their own development.

# What could an external funder do to facilitate national health system learning and to increase the likelihood of that learning being translated into action?

While there is no simple, straightforward, or risk-free option available to external funders wishing to contribute toward addressing this gap, there are potentially attractive public good investments available that are unlikely to be funded or developed by low- or lower-middle-income governments themselves.



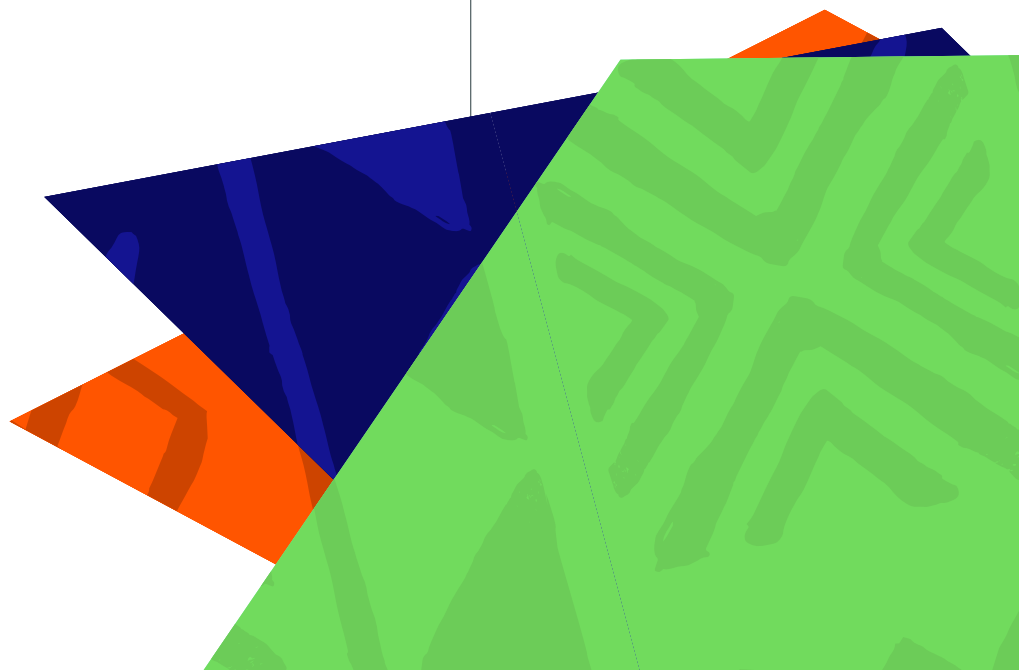
# The technical proposal

OPM's recommendation is to address the gap by facilitating nationally hosted partnerships between existing national institutions, international institutions, and national health policy stakeholders. Together, these partnerships should be given the financing necessary to implement key demand-led knowledge brokerage activities with a focus on making better use of the existing international evidence base. These nationally hosted partnerships should be linked by an international secretariat to optimise and further facilitate collation, synthesis, and discussion at the regional and international level.

It is our judgement that information about international health policy and systems experience is currently underappreciated by many policy stakeholders. Because of this, improved learning between countries is unlikely to occur at sufficient depth and speed by itself: proactive, catalytic investments are required.

Because a significant amount of the learning into action process occurs within the learning country (after the information has been shared), and because it is so important for learning to be 'owned' by the learning country if it is to be acted on, each country ultimately needs to have its own national-level institutions to facilitate local-level knowledge brokerage activities.

The top five knowledge brokerage activities we believe could help are described in the table on the opposite page.



**Table 1: Indicative list of core nationally hosted partnership activities**

Menu of core activities	Explanation
Rapid response services	Near-immediate response to a policy stakeholder's questions (within a day, or a maximum of one week). Can be written, face-to-face, over the phone, etc. Highly valued by the 'decision maker' category of policy stakeholder (politicians and ministers). Their interests may focus around very specific questions, and they are likely to be subject to strict time constraints. This product is crucial for building demand for new information, as it is the knowledge brokerage service that is best aligned with the rapidly changing policy schedule. The rapid response is generally informed by the knowledge of the knowledge broker themselves and only requires a minor evidence review between question and answer.
Evidence synthesis/rapid review services	Two- to six-week timeframe between question and answer. This is commissioned by policy stakeholders and provides an account of the global evidence base and its relevance to a current policy concern. This service is generally more valued by the 'civil servant' category of stakeholder. They are likely to have more time to consider alternatives, conduct analysis, and generate recommendations.

Facilitation of policy dialogue Category	Policy dialogues are a means of gathering punctual and discreet advice from a trusted, respected source in a safe environment. Current or former stakeholders from other countries can share their personal experiences and lessons learned regarding policy success and failure, navigating the political arena, etc. Dialogues can also be coordinated between policy stakeholders within one country to create space for internal co-digestion of information or knowledge sharing. Interactions can be arranged face-to-face, by Skype, or by phone, and can be complemented with on-site visits if required.
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Facilitating use of existing platforms for learning across countries	Guidance and facilitation for policy stakeholders on the existing platforms, such as communities of practice, networks, international conferences/technical meetings, etc., and how to make use of them.
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Production of Health in Transition reports (HiTs)	HiTs are country-based reports that provide a detailed description of the healthcare system and of the reform and policy initiatives in progress or under development. Each review is produced by a collaboration of academic and policy stakeholder country experts based on a standardised template. This production process itself is an important part of the activity. Once done, the review becomes a useful input into the ability of individuals from other countries to learn from the HiT subject country.
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Such partnerships will vary in size and structure between countries. Some may be hosted within universities, others within think tanks, and others in parastatal public health institutes. The flexibility to take local political constraints and preferences into account will be important. In all cases there should be an emphasis on the 'action' component of the brokerage. Each partnership should be:

- i. sufficiently close to government that it can generate and advocate learning that gets traction with government; but also
- ii. sufficiently independent from government that it is able to conduct and synthesise research and learning in an evidence-based and systematic way.

To complement these nationally hosted partnerships, we propose a regional secretariat that can help coordinate them at the international level. Such a secretariat would reduce duplication between national partnerships, help navigate the information that is already available both globally and within Africa, and generally act as the 'glue' between national partnerships. It would collate and share national-level learnings and convene and synthesise international level-discussion. Again, this secretariat should be hosted within an existing institution. There is no need to create any new institutions to achieve this goal.

Our proposal aims to enable something that is similar (with adaptations) to the models through which the European and Asia Pacific Observatories on Health Systems and Policies work, built entirely through leveraging and optimising existing initiatives.

For more information, please visit [www.learningforaction.org](http://www.learningforaction.org)



## About Oxford Policy Management

Oxford Policy Management is committed to helping low- and middle- income countries achieve growth and reduce poverty and disadvantage through public policy reform.

We seek to bring about lasting positive change using analytical and practical policy expertise. Through our global network of offices, we work in partnership with national decision makers to research, design, implement, and evaluate impactful public policy.

We work in all areas of social and economic policy and governance, including health, finance, education, climate change, and public sector management. We draw on our local and international sector experts to provide the very best evidence-based support.

## Find out more

For further information

visit: [www.opml.co.uk](http://www.opml.co.uk)

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