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Review

Lessons from 20 Years of Capacity Building for Health Systems Thinking

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Abstract—In 2016, the Flagship Program for improving health systems performance and equity, a partnership for leadership development between the World Bank and the Harvard T.H. Chan School of Public Health and other institutions, celebrates 20 years of achievement. Set up at a time when development assistance for health was growing exponentially, the Flagship Program sought to bring systems thinking to efforts at health sector strengthening and reform. Capacity-building and knowledge transfer mechanisms are relatively easy to begin but hard to sustain, yet the Flagship Program has continued for two decades and remains highly demanded by national governments and development partners. In this article, we describe the process used and the principles employed to create the Flagship Program and highlight some lessons from its two decades of sustained success and effectiveness in leadership development for health systems improvement.

Keywords: capacity building, health sector reform, health systems, leadership training, sustainable financing

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EMERGENCE OF HEALTH SYSTEMS REFORM AS A DRIVER OF DEVELOPMENT ASSISTANCE

In the early 1990s, the donor community was in the process of rethinking the approach to supporting the health sectors of low- and middle-income countries. Up to that point, development assistance for health usually took one of three forms: (1) humanitarian support focused on emerging needs like disease outbreaks or natural disasters and wars; (2) attention to competing disease or population groups, such as childhood versus reproductive health, communicable diseases, etc.; and

(3) investment in infrastructure, such as building hospitals and clinics in remote areas of countries. The early 1990s saw a new focus on building, strengthening, and reforming health systems.[1] Within the World Bank, a global multisectoral development agency, this shift appeared in new intellectual products (the two most prominent were *World Development Report 1993: Investing in Health*[2] and *Better Health in Africa: Experience and Lessons Learned*[3]) and expanded financial assistance and lending that targeted the health sector. Total commitments for health were less than one billion USD in fiscal year 1990 and grew to over four billion USD in fiscal year 2010 (calculated by author using the World Bank's lending database).

Donor assistance beyond the World Bank also grew substantially in the last 20 years. Overall commitment to aid in the health sector was between two to three billion USD a year in the early 1990s and steadily grew to between 12 and 13 billion USD a year in the early 2010s (data from the Organisation for Economic Co-operation and Development's Development Assistance Committee database). With so much more money entering this field, it made sense to invest in strengthening how the health sector functioned in developing countries. Reforming health systems, however, is not something that donors and funders can do from outside the country. Capacity was needed within nations so that low- and middle-income countries could reform and strengthen their health systems with their own leadership.

GENESIS OF THE FLAGSHIP PROGRAM

By 1995, the shift to a systems focus in development assistance was growing considerably. Reflecting a general concern by some donors that project-based financing in health was mainly disease focused, several bilateral donors requested the World Bank Institute (WBI), the capacity-building arm of the World Bank, to develop a training and capacity-building program initially on health financing for low- and middle-income countries. This effort grew into a broader engagement with health systems. The objectives were to (1) offer a more systematic approach to health systems across many countries at different levels of development, (2) share perspectives on the pros and cons of different options for improving the performance of health systems, (3) foster a more evidence-based approach to implementing change, and (4) contribute to regional- and national-level capacity building in the area of training and information services. WBI responded by launching an ambitious program called the "Flagship Program on Health Sector Reform and Sustainable Financing." It included a global course held annually in Washington, D.C.; regional courses in all five major geographical regions served by the World Bank; "senior policy seminars" and country-specific courses on selected themes; and distance learning and a web-based learning program.

The Flagship Program was based on a solid intellectual foundation. Fortunately, several scholars had already started to develop systemic analytical frameworks for health systems.[4,5] The World Bank developed a partnership with a number of universities and think tanks to further produce knowledge products and resources for training on health systems. The centerpiece of the knowledge building phase was a partnership with faculty members at the Harvard T.H. Chan School of Public Health to create the foundational work for health systems training. This enduring partnership produced the Flagship Framework and the Flagship Approach and helps explain the program's record of continuing success for two decades.

In the first decade of activities related to "health sector reform and sustainable financing," the World Bank Institute delivered short-term training events to over 19,000 participants in 51 countries.[6] The participants targeted were the key actors in the health sector, which included high-level staff at the ministries of health and finance, influential academicians, nongovernmental organizations, and staff from development agencies. These activities included 11 annual global courses, 132 regional courses, and 125 country-specific courses. In the second decade of activities, courses using the Flagship Approach have multiplied, with training events sponsored by various multilateral and bilateral agencies (including, for example, the United States Agency for International Development and the World Health Organization), as well as university courses on health sector reform that use the Flagship Approach and its materials. In addition, during the second decade, the World Bank has continued to organize an annual global course, along with regional and country-specific courses, each year. Harvard University also organized a one-week leadership seminar for ministers of health and finance in the early 1990s, which predated the Flagship Program, and initiated a new ministerial leadership program in health in 2012.[7] The recent diversification of Flagship Courses around the world makes it difficult to estimate the number of participants who have used the Flagship Approach in their health system training, but the number is certainly substantial.

The capacity-building approach developed by the WBI and implemented consistently for the Flagship Program used three dominant modalities and experimented with additional approaches. At the center of this approach was the global course, which was, and continues to be, held annually and is constantly updated for new content and for linking to global

trends. Regional Flagship partners (Africa, Asia, Central and Latin America and the Caribbean, Eastern Europe and Central Asia, Pacific Islands, and Middle East and North Africa) physically brought the courses closer to the clients as well as customized the contents for relevance and language. Country-specific courses were the third dominant modality where courses (e.g., eight-week-long courses across different subtopics in China, Egypt, Iran, Turkey, the Philippines, and South Africa) were used to target core teams in countries engaged in health sector reform and allowed for more in-depth knowledge transfer. These country courses were specifically tailored to the needs of a reform process in the country demanding capacity building on health sector reform. Strengthening the links among these three modalities was the use of the global faculty to train regional trainers and continuous efforts to deliver and reinvest in the Flagship content.

CORE PRINCIPLES OF THE FLAGSHIP APPROACH

The Flagship Approach is founded on certain core principles that shape its substantive content and pedagogical strategies. These foundational ideas are explained in depth in the textbook that emerged from the early years of teaching the course, *Getting Health Reform Right: A Guide to Improving Performance and Equity*.[8] This book continues as the text in Flagship courses and provides the structure, logic, language, and analytical methods that define the Flagship training approach to improving health systems.

At the highest strategic level, the Flagship's goal is to teach participants a set of concepts and tools so that they can learn how to think about health system reform in a structured and strategic manner and to manage the diverse processes involved in improving the performance and equity of health systems. First, the approach emphasizes a structural analysis of health systems, so that participants connect a limited number of controllable policy variables (the five "control knobs") with certain desired outcomes. Second, the approach focuses on policy actions, encouraging participants to identify specific measures that can be implemented to produce change and solve specific health system problems, thereby connecting theory with practice. Third, the approach draws on multiple research disciplines with the objective of improving health system performance, using theories from economics, ethics, and political science as well as management and psychology. Finally, the approach emphasizes the importance of field experience, to show how policy reforms have actually worked in practice. Those field experiences are used to instruct participants on real-world examples of how policies are implemented and the results they produce and also to revise and update course materials on a regular basis to reflect ongoing changes in global health policies and new national policy cases. The course is not intended to be prescriptive. It guides the participants to define their own problems, analyze causes and constraints, and come up with their own solutions.

Substantively, the Flagship Framework presents three ultimate performance goals of a health system: health status, citizen satisfaction, and financial risk protection (Figure 1)—each considered both as a national average along with distributional aspects (for equity). The approach does not seek to push any one of these ultimate goals, their trade-offs, or how to achieve them on national policy makers; rather, the approach explicitly seeks to strengthen the capacity of country teams to make these critical decisions. The objective is to strengthen a country's capacity and ownership over priorities about goals for the health system and how to achieve them. The three ultimate performance goals represent the dependent variables in the framework, affected by the five interdependent variables or policy levers (the five "control knobs") of financing, payment, organization, regulation, and persuasion. These policy levers are linked to the ultimate goals through the three "intermediate performance goals" of efficiency, access, and quality. The approach emphasizes that efficiency, access, and quality are not goals in themselves but rather means to improve the ultimate performance goals of a health system. Throughout the training, instructors encourage participants to focus on the ultimate goals of health status, citizen satisfaction, and financial risk protection and move away from a focus on health system inputs (such as medicines, money, and workforce) as reform objects.

The five policy levers represent the "actionable" policy instruments of the Flagship Framework. *Payment* focuses on what and how various organizations and individuals in the health system are paid and the incentives created by those payments. *Financing* refers to how the money is raised, risk pooled, and allocated and how this affects both performance and equity in the health system. *Organization* focuses on how activities in the health system are divided among public and private entities, the degree of reliance on market competition, and centralized and decentralized agencies, clinics, and hospitals, as well as internal management issues. *Regulation* refers to government efforts to alter behavior in the private and the public sector by imposing rules that are backed by sanctions. *Persuasion* refers to efforts to convince specific actors (doctors, patients, policy makers, etc.) to change certain

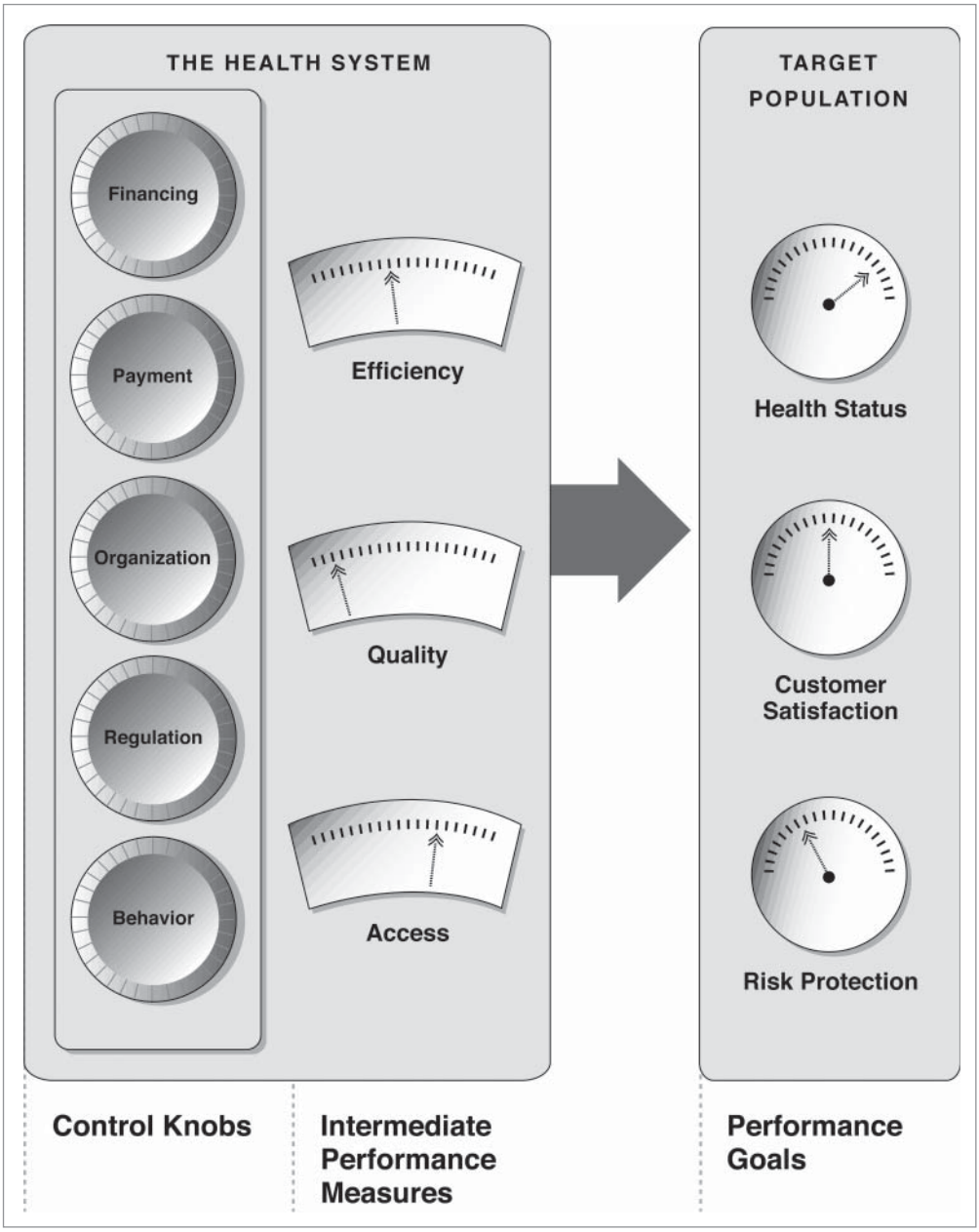

FIGURE 1. The Role of the Control Knobs in Health Sector Reform. By permission of Oxford University Press, USA, www.oup.com[8]

behaviors through education, social marketing, and other proven behavior change interventions.

These substantive activities in the health system are embedded in three kinds of analysis. The Flagship Framework emphasizes that health reform requires the use of technical analysis, ethical analysis, and political analysis. *Technical analysis* helps to identify the likely impacts of different policy options and the relative costs and benefits of different decisions, as well as evaluate performance against policy goals, monitor progress, and introduce course corrections. *Ethical analysis* seeks to clarify the social values embodied in health reforms, especially the implications of relying on market-based versus state-based approaches, as well as the distributional consequences of different interventions. The Flagship Framework does not dictate any particular set of social values but instead provides participants with a basic understanding of applied philosophy (consequentialist, rights-based, and communitarian values)—in order to develop the capacity of reformers to know their own values and decide which ones are most relevant to their national situation.[9] Finally, the Flagship Framework emphasizes the importance of applied *political analysis* throughout the

FIGURE 2. The Policy Cycle. By permission of Oxford University Press, USA, www.oup.com[8]

health reform process. Participants learn a method of political analysis that includes a careful assessment of support for and opposition to proposed policies and the design of political strategies to improve the political feasibility of the reform.[10]

Participants in the Flagship Approach then apply these core principles in the training course as they move through the policy cycle of health reform (Figure 2). Here are the core lessons they learn about the policy cycle:

- *Define a high-priority problem*: The first step is to assess the health system's current performance and select priorities for reform, with a focus on ultimate performance goals. How is your country doing on health status, citizen satisfaction, and financial protection—both on average and for various groups? How does that performance compare with similar nations in your region? Given the ethical commitments and political circumstances of the government, what priorities do you think your country should select for improving the performance of the health system? This step requires participants to deal explicitly with the implicit ethical principles (and conflicts) embedded in any definition of a problem as a high priority for reform.
- *Diagnose the causes of poor performance*: Once a reformer has decided on a health problem for reform, the causes of poor performance need to be identified. Reformers need to use systematic diagnostic methods to identify the causes of poor performance in order to develop a set of interventions that are likely to improve the outcomes they want to change.
- *Develop a reform program*: Health reform may require actions in five areas of policy intervention: financing, payment, organization, regulation, and persuasion. Reforms in one area often need complementary changes in other areas to make them effective and move deeply entrenched delivery systems to new patterns of behavior. In developing reform initiatives, policy makers can learn from available evidence about reforms in other countries and adapt that experience to their specific national conditions.
- *Assess the political feasibility of proposed changes*: Reform is intended to redistribute resources and is therefore profoundly political. Political analysis is required to decide whether a reform can garner sufficient support to be adopted and implemented and to provide a basis for developing political strategies for managing the change process. This step requires participants to analyze the political landscape around the defined problem and propose specific actions for improving the political feasibility of the proposed changes.
- *Implementation*: The impact of even the best policy depends critically on how it is implemented. National implementation capacity needs careful consideration in designing reform programs. Moreover, once reforms are initiated, ongoing attention to implementation, with support from the highest levels of the government, is critical to reform success.
- *Evaluation*: Reform requires a continuous process of learning and adaptation as conditions change. Sound monitoring and evaluation is part of this process, but reform is not a one-time event and typically requires repeated moves around the policy cycle to achieve sufficient impacts on health system performance and equity.

Participants learn the Flagship's core principles through a combination of pedagogical methods, specifically designed for adult learning. Basic ideas and country experiences are first introduced in didactic sessions. Instructors then lead business school–style case discussions that require participants to apply these ideas to solve a well-defined policy problem.[11] Each day of training concludes with a working group, where country teams apply the ideas to their national setting. These country working groups then compile their daily tasks into a final poster that presents their policy solution to a specific health system performance problem, including technical, political, and ethical analyses. The entire course then

votes on the three best posters, and the winning teams give short presentations to the entire group; they also receive small prizes to recognize their achievements. This combination of didactic lectures and case-based learning, plus country teams who compete in public presentations for reward and recognition, has proven to be both effective and enjoyable, as shown by repeated high scores reported in course evaluations over many years.

This learning approach also contributes to team building for country participants. They learn a common language to discuss, debate, and diagnose health system performance, and they carry those bonding experiences home, ready for action. This creates a foundation for applying the Flagship Approach to critical performance problems and establishing the basis for managing the reform process. When the course includes country teams with participants from ministries outside health (such as finance or planning) and development partners, the experience can be catalytic in moving reform forward.

The Flagship Approach has also been used in peer-reviewed publications to analyze health reform processes in specific countries, such as Turkey,[12] as well as specific health policy problems, such as access to treatment for Chagas disease,[13] and to organize thinking around proven ways to tackle inequality in the health sector.[14] In China, the program transformed into a long-term engagement with the China Health Economics Network by annually bringing in new content that was adapted not only for country courses but became a regular part of the curriculum in master's programs in universities and medical schools across the country.[15]

Lessons from the Flagship

The past 20 years of the Flagship Program represent a unique collaborative experience that has connected development agencies, academic faculty, and national health officials in delivering high-quality training courses on how to improve health system performance and equity. Here we would like to offer a number of lessons we have learned from this collaborative training experience.

Meeting Strong Country Demand for Capacity Building

The Flagship Course was initially designed with a fee-based approach to participation (along with other WBI courses from 1997) to ensure that courses addressed country demands and responded to market trends. A measure of the enduring success of the Flagship program and courses is that despite the global course being fee-based and located in the United States (not an easy country to get visas to), the demand for the course has remained very high. In fact, in 2015, the demand for entry was so high that a second global course was organized within a few months (first in November 2015 and then in February 2016). The fact that demand, for the global as well and regional and national courses, continues to be strong after 20 years provides strong evidence of the program's enduring ability to address national demands for capacity building and knowledge sharing on health system improvement methods, especially for policy makers in low- and middle-income countries.

Emphasizing Evaluation to Ensure the Responsiveness and Relevance of the Flagship Program

The Flagship Program has maintained a vigorous tradition of evaluation by participants during the course, followed by reflection and revision by faculty members, seeking to improve the course year to year. The evaluations have addressed multiple audiences: World Bank managers concerned with the design and operation of health reform projects; bilateral donors who provided funding for the early development and implementation of the Flagship Program; and developing country officials concerned with health system performance. These evaluations provided the foundation for turning the Flagship into a learning organization.[16] Experiences with shorter regional courses contributed to a more compact training experience, transforming the initial four-week course into the current eight-day intense experience, and country courses emerged as a major component not initially anticipated. The program also adapted to changing health policy landscapes over time, such as the emergence of universal health coverage as a global and national policy objective. Course directors thus have sought to apply the principles about reform to the course itself, seeking to learn and adapt as circumstances change, introducing new materials and concepts (such as sessions on behavioral economics, new approaches to regulation, and new case studies and panel discussions on recent national reforms).

Providing an Analytical Framework That Creates a Common Language

The Flagship Framework works as an effective analytical tool and action guide for health system reform in large part because it creates a common language and set of methods that promote team building for national government officials and their development partners. We have found the Flagship training especially effective when it includes officials from different government agencies (health, finance, planning) and from partner agencies based in the country or in headquarters. The shared language and methods help with the difficult processes

of deciding on priorities for change and the even more difficult processes of implementation. In a way, the framework becomes a platform for dialogue among the different stakeholders, facilitating a critical set of conversation needed to manage reforms. The Flagship Approach requires explicit discussion of complex ethical dilemmas and political obstacles and provides analytical methods that can be effectively used in practice. This explicit attention to the technical, ethical, and political dimensions of reform is not often achieved in other health system frameworks and courses, and many multilateral agencies find the topics too sensitive to address directly and publicly. An important lesson of our experiences in using the Flagship Approach is that these sensitive questions can be directly discussed by the relevant government officials and development partners, in order to move health reform forward and carries over between country participants who have engaged in the Flagship program, thus enriching intercountry learning and analysis.

Finding the Sweet Spot Between Academic Theory and Operational Practice

An important feature of Flagship courses, by design, is a balanced strategy to deliver high-quality and academically grounded knowledge in ways that support operational needs and target officials and key actors in countries considering health system reform. A good example of this balance is how the last two courses, which highlighted universal health coverage, continued to rely on the core content of the *Getting Health Reform Right* book but also included material from two recent World Bank books on the experiences of over 30 countries moving toward universal health coverage.[17,18] In previous years, the global course invited representatives from different countries and regions to share actual experiences in designing and implementing reforms complementing the lectures that discussed the theory behind policy choices. This combination of thinkers and doers was highly appreciated by the participants. The central partnership between the Harvard T.H. Chan School of Public Health and the World Bank shapes this balance along with collaboration with other partners such as the World Health Organization and the United States Agency for International Development and other agencies and academic institutions.

Identifying Common Themes in a Heterogeneous World

One of the most challenging features of organizing global courses is the persistent differences in needs, constraints, and resources across countries. This is especially challenging for the health sector because the course covers low-income countries and government programs that spend little on health as well as upper-middle-income countries that have seen public spending on health grow substantially as their economies developed. Despite this challenge, every year participants from all country clusters rank the usefulness of the course and the materials highly in the end of course evaluations. This consistent finding suggests that despite the heterogeneity in needs and constraints, the course highlights common themes and shares tools that are universal in nature while using diversity as a source of learning. Whether we are talking about how different provider payment methods shape behavior or the importance of political economy factors in shepherding reforms, the course highlights global themes that apply to all countries, even if at different levels of development, and uses different national experiences to highlight more universal lessons, which is a hallmark of case-based learning.

Using an Adult Learning Approach

In addition to emphasizing the principle of country ownership about key health reform strategies and values, the Flagship Approach stresses the importance of using adult learning methods. The course seeks to complement didactic lectures with the use of cross-country teams for in-class exercises and a focus on country teams that must apply the concepts and analytic methods to improve a high-priority problem in their own health system. This approach emphasizes empowerment through individual and team capacity building rather than a one-way dumping of information through repeated PowerPoint sessions. The course also offers choices in single-day sessions on specific topics (such as provider payment mechanisms, leadership development, and process improvement) and puts a high priority on the quality of teaching and feedback from participants. The use of case-based teaching and the final project and poster session further emphasize the role of teams in both learning and health system reform. Both the course process and the reform process give participants the same message: health system improvement is a team sport not a single player game—it is more like soccer than tennis.

Challenges for the Flagship Program

There is little doubt that the Flagship Program remains highly relevant and demanded, but like all successful programs it faces challenges related to future directions. Success attracts pressure for expansion in a number of ways. Throughout its

20 years, but especially in the last ten, there have been calls to move the course in different directions:

More on the How and Less on the What

Though the current running of the global course includes two days that allow participants to dig deeper on the *how* of specific topics, like provider payment or building benefits packages, there is constant pressure to do more. Historically, country-focused courses have allowed more space to dig deeper into the *how* but that is much more challenging for the global courses, especially as they became shorter and more focused.

Disease-Specific Focus

The global health community sets up global priorities and expects all development instruments to focus on new trends. Recently, there has been pressure to do more on specific health conditions, such as the emergence of noncommunicable diseases or the challenges with over- and undernutrition. The Flagship course has incorporated issue-specific content but has done so without abandoning the basic principle of not being prescriptive and, more important, by maintaining the all-important systems lens. Maintaining that balance is challenging.

Going Beyond Courses

Since its inception, the program's vision was for a learning experience that builds national capacity for the purpose of health systems reform and strengthening. Short courses have contributed to these efforts, and in the medium and long term the program has succeeded in some countries by investing in national trainers and training institutions and by connecting with the national academic community (e.g., China, Hungary, Thailand, and Turkey). Such investments, however, have required a different institutional and funding model for each country, depending on the national circumstances and individuals involved.

CONCLUSION

Two decades of experience show that the Flagship Program has been both effective and popular in creating and supporting country-based leadership for improving health system performance. The Flagship course provides participants with a language, methods, and concepts—a common mindset—on how to navigate the complex technical, ethical, and political issues of health reform. The Flagship Program has also proved flexible enough to adapt to new global health priorities, with the incorporation of new faculty from different institutions who contribute their own experiences and ideas. The approach emphasizes the idea that there is no cookie-cutter approach to health system improvement. One of the Flagship Program's strengths is its applicability to various health system problems, illustrated by past courses developed on immunization and on noncommunicable diseases.

Many countries around the world continue to request capacity-building efforts based on the Flagship Approach—precisely because of its reputation as an effective way to promote change. As countries grapple with the complexities of making health systems perform better and more equitably, we expect that the Flagship Approach will endure as a way to guide leaders in the difficult policy choices that arise. The current Global Flagship Course on Universal Health Coverage helps countries build their capacity to meet the commitments of the new Sustainable Development Goals. The Flagship Program thus remains as relevant as ever.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

No potential conflicts of interest were disclosed.

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