



## **Analysis of Global Health Council member survey results**

Compiled in collaboration with the Center for Global Development

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The Global Health Council, in collaboration with the Center for Global Development (CGD), surveyed members about the most significant barriers faced in improving global health. Preliminary survey results were reported by Dr. Nils Daulaire, President and CEO of the Global Health Council, at CGD's Global Health Policy Research Network conference in September 2005, convened to guide the direction of future global health policy research.

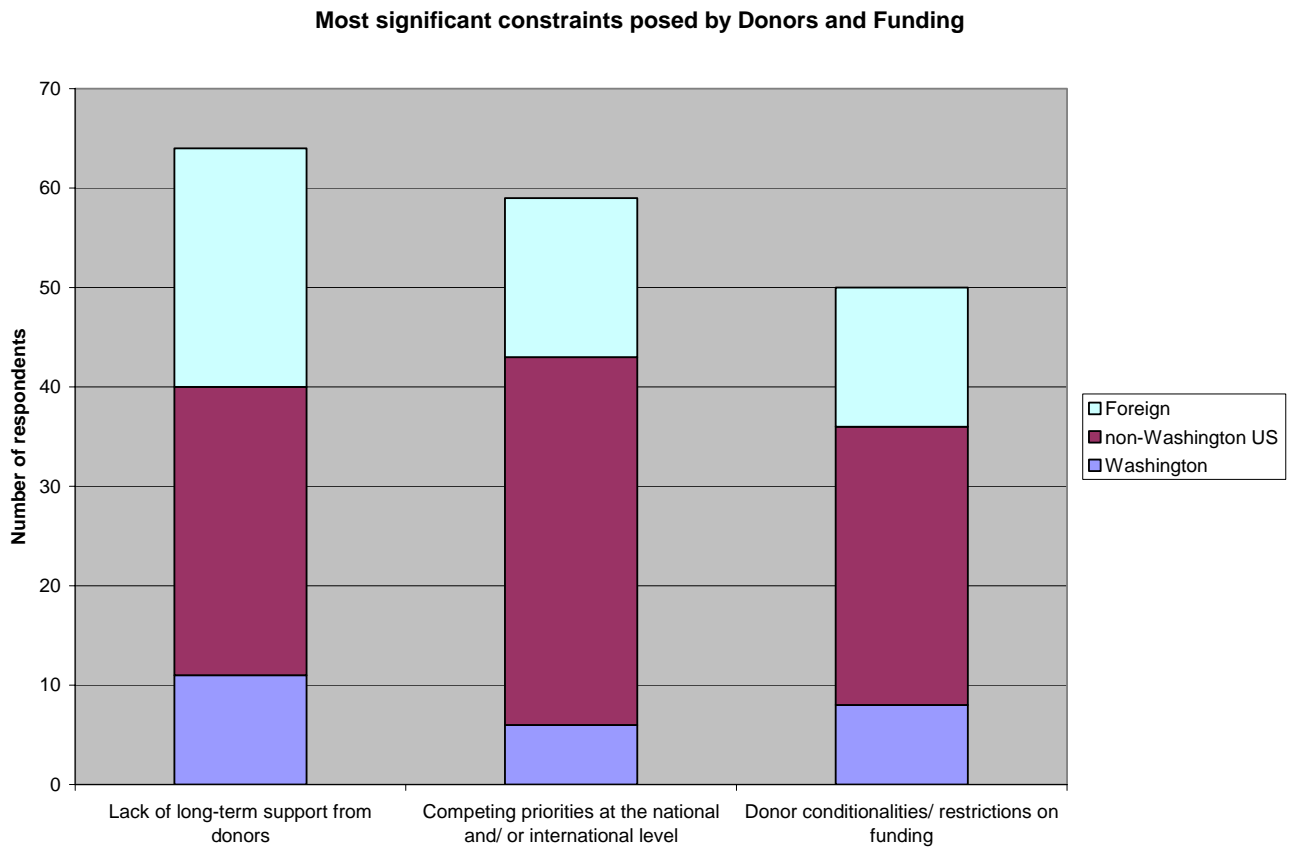
Of the 1,353 surveys sent to members via e-mail, there were 139 respondents. 40% of respondents were based outside of the US and 87% were directly involved in service delivery. The majority of respondents reported sociological, managerial, and operational constraints as the greatest challenges in global health programs, far greater than technological challenges. Even among the challenges related to donors, lack of funding was surprisingly not the biggest constraint; rather, the lack of long-term support for projects and competing priorities were identified as major obstacles, followed by the conditionalities and restrictions placed on donor funding. With health systems, the greatest challenges were seen as how to build systems at the local, national and community levels. Poor administration and management were reported to be the greatest challenges posed by host-country governments; as a group, however, host-country governments were identified as less of a constraint than donors and health systems.

While this snapshot of perceptions and experiences reported by a subset of members does not suggest methodologically rigorous conclusions, it does offer timely insight into some of the major policy and finance challenges in global health. A more detailed analysis of the survey results can be found below.

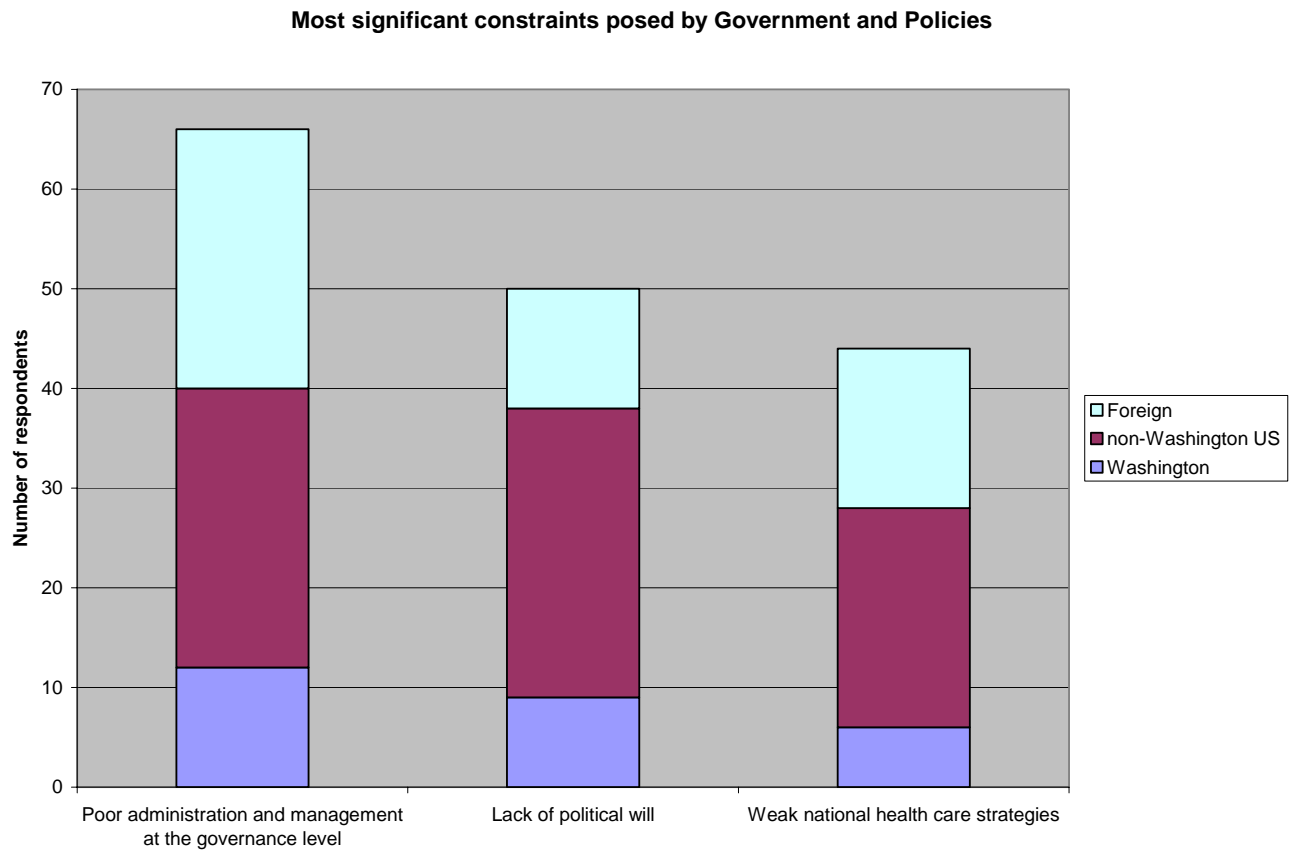
For questions about the survey, feel free to contact Jessica Gottlieb at the Center for Global Development, [jgottlieb@cgdev.org](mailto:jgottlieb@cgdev.org); or Rachel Wilson at the Global Health Council, [rwilson@globalhealth.org](mailto:rwilson@globalhealth.org).

1) When survey responses are grouped by location of respondent (non-US, Washington, DC, and other US), the following trends arise:

- Both foreign and US (non-Washington) respondents agreed that the biggest challenges posed by donors are **lack of long-term support** and **competing priorities**. In contrast, respondents from Washington highlighted **donor conditionalities** as an important constraint.

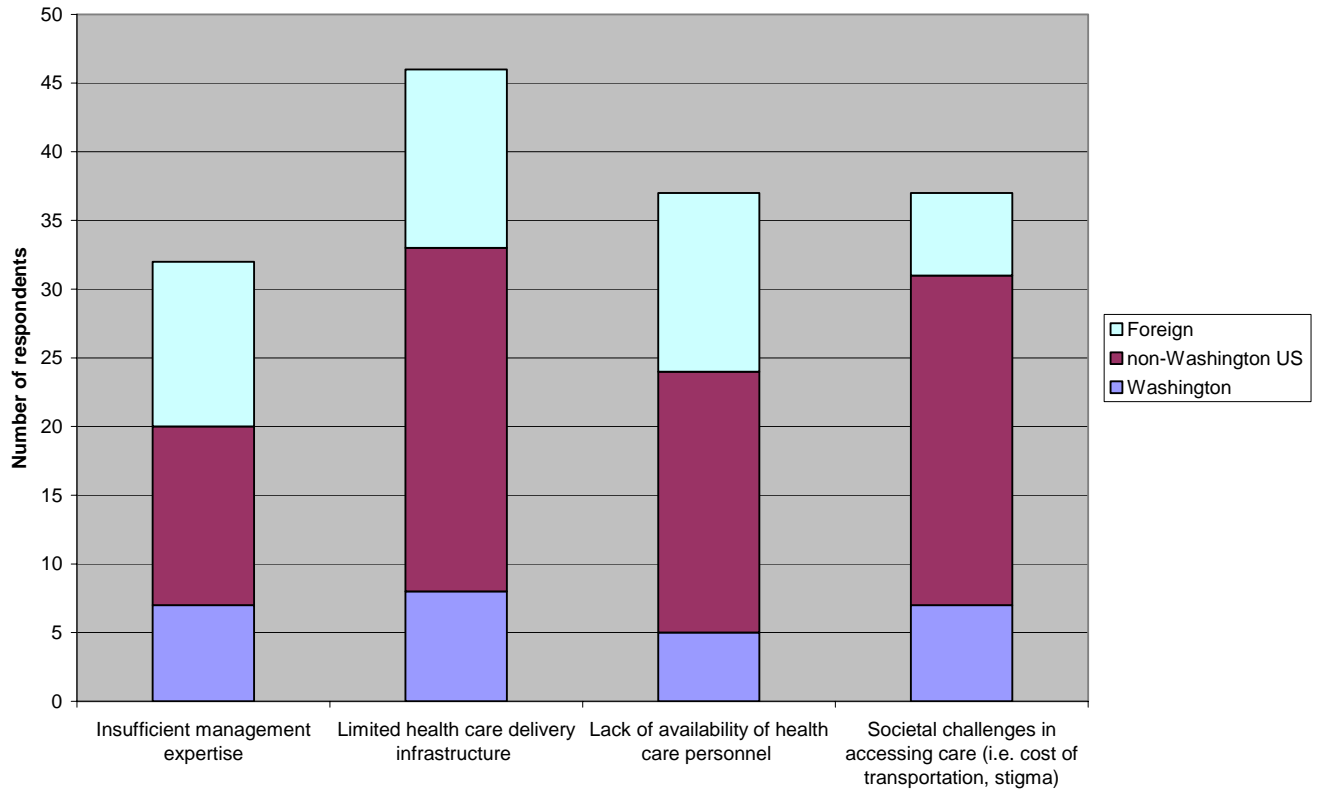


- There was near-agreement among respondents that the two most significant challenges posed by host-country governments were **poor administration and management** and **lack of political will**. However, foreign respondents put a stronger emphasis on **weak national health care strategies**.



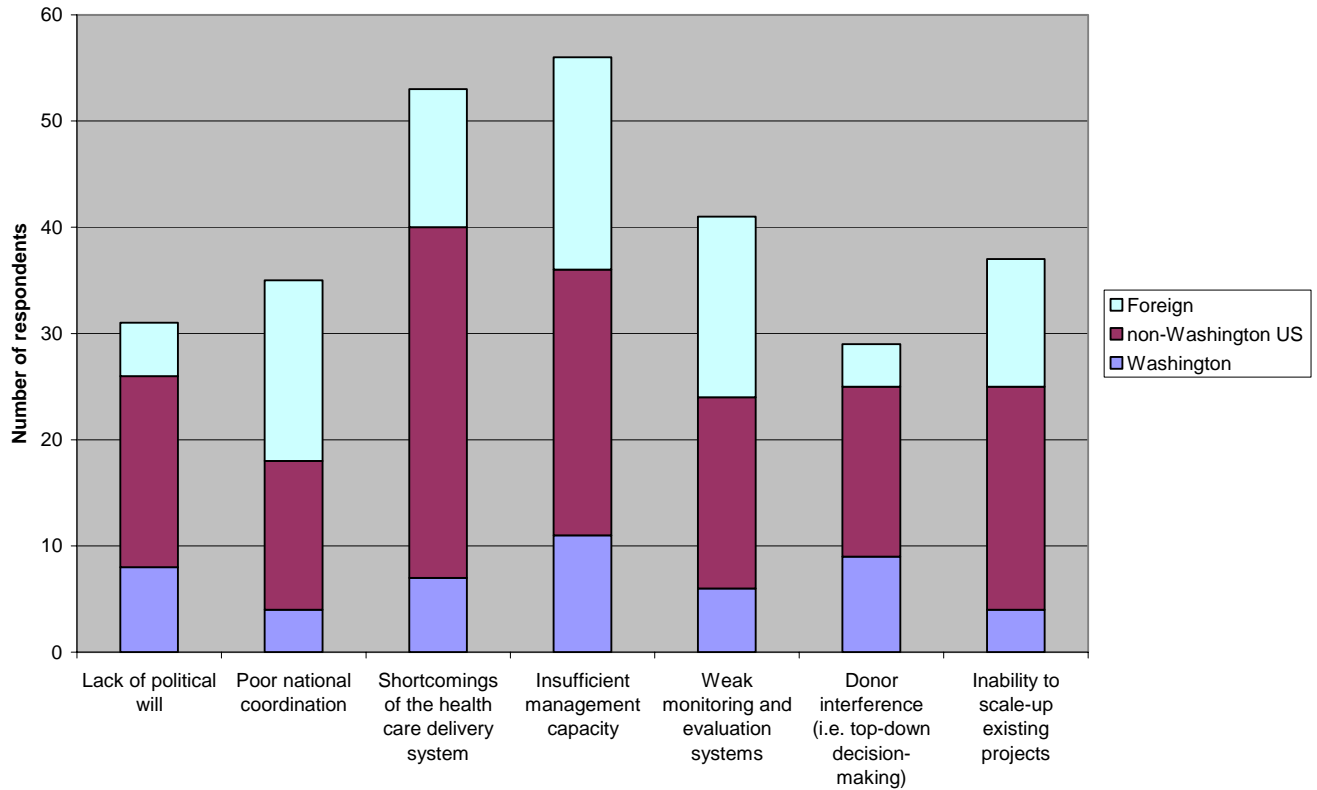
- While all groups agreed that **limited health care delivery infrastructure** was an important constraint, Washingtonians highlighted **insufficient management expertise** while other American respondents thought **societal challenges in accessing care** (i.e. cost of transportation, stigma) were most critical. Foreign respondents alternately emphasized **lack of availability of health care personnel**.

**Most significant constraints posed by Health Systems and Infrastructure**



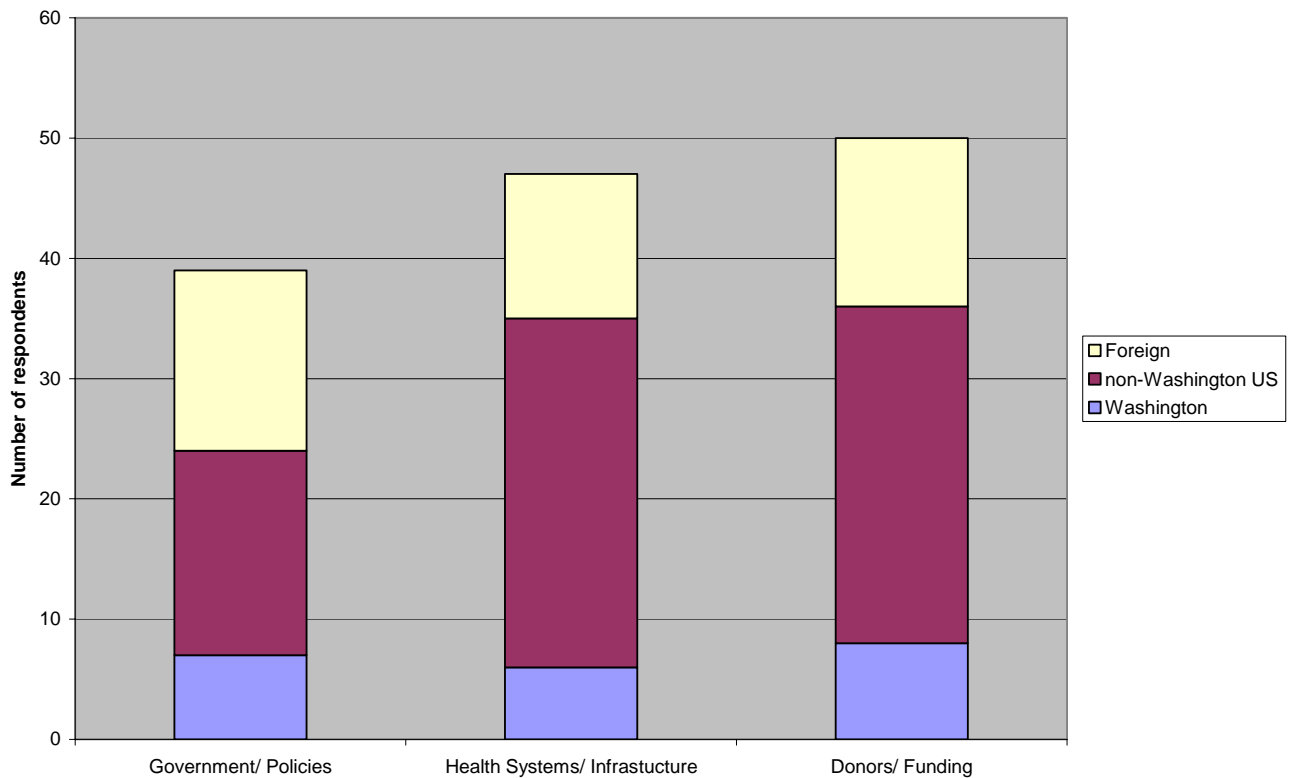
- Where funds have been made available, thoughts about critical constraints diverged:
  - Washingtonians highlighted **lack of political will** and **donor interference**,
  - Other Americans pointed to the **health care delivery system** and **inability to scale-up** existing projects
  - Foreign respondents thought **poor national coordination** and **weak monitoring and evaluation systems**

Most significant constraints where funds have been made available



- Respondents from Washington considered **working within or improving existing health care delivery system** to be the most challenging activity, rather than **securing sustainable financing**
- When asked which category of constraints is the most challenging and/ or has the largest impact on overall success, there was disagreement among groups:
  - Non-Washington Americans thought the **health system/ infrastructure** was most important.
  - Washingtonians thought **donors/ funding** was most important.
  - Foreign respondents thought **government/ policies** were most important.

**Category of constraint with the largest impact on success**

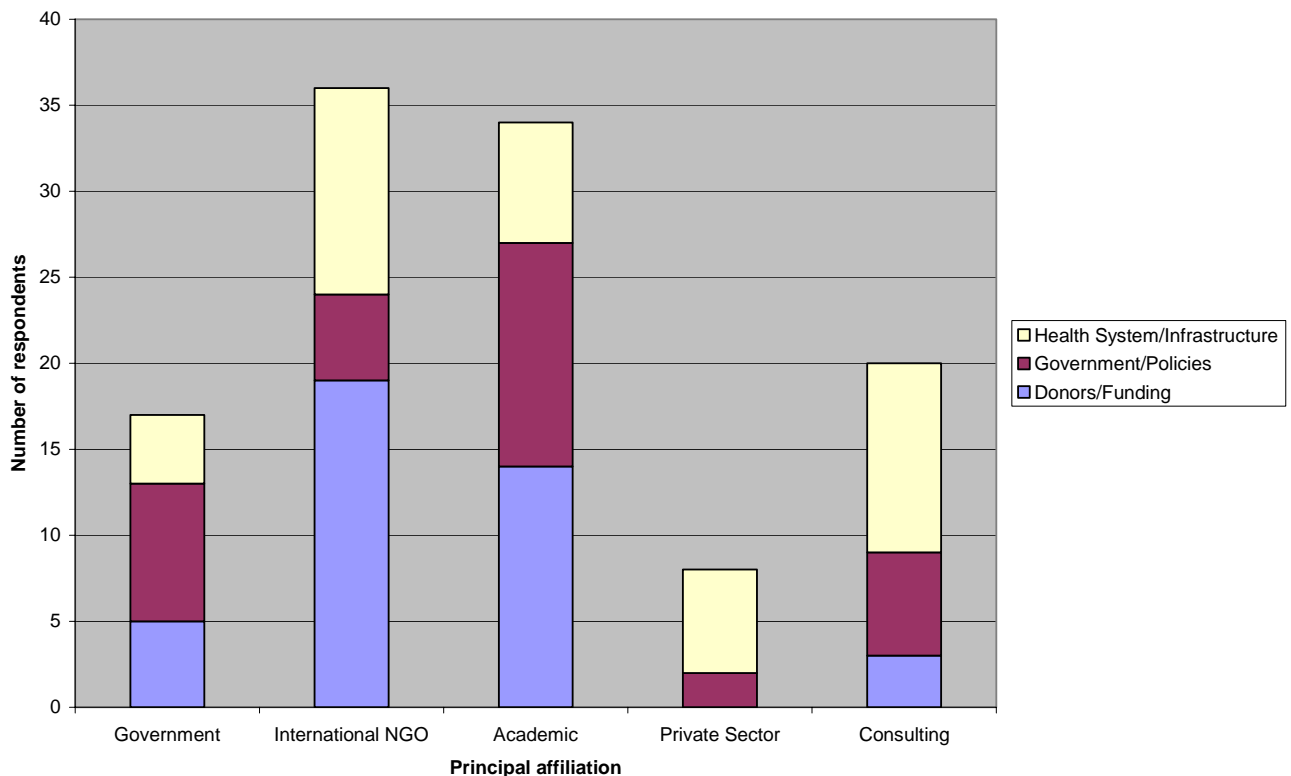


Priority-setting is dependent upon perspective—and that perspective is sensitive to location. While respondents from Washington tended to be more aware of issues at the donor and policymaking level, American respondents outside of Washington seemed more concerned with societal and logistical constraints on the ground. Foreign respondents were typically more sensitive to country-level issues, particularly those that would affect developing countries at the national level.

2) When responses are analyzed by self-reported affiliation (Government, International NGO, Academia, and Private Sector/Consulting), the following patterns were observed:

- Government (17 respondents):
  - Respondents were more likely than others to focus on **weak monitoring and evaluation systems**. They also labeled **government/ policies** as the most challenging category of constraints to address.
- International NGO (38 respondents):
  - Respondents were more likely than others to focus on **donor conditionalities** and funding restrictions. They pointed to **donors/ funding** as the most challenging category of constraints.
- Academia (34 respondents):
  - Respondents were more likely than others to highlight problems at the national level in developing countries such as **weak national health care strategies** and **lack of long-term commitment by national governments**. They also highlighted **societal challenges to accessing care** as one of the more important health system-related constraint whereas other groups focused on lack of health care personnel.
- Consultants and Private Sector (28 when grouped together)
  - A noticeable difference in the results from this group of respondents is that **health systems and infrastructure** was considered to be a more important constraint than donors/funding or government/policies. Furthermore, there this group diverged from the others in the conviction that the most challenging activity is working within or **improving existing health care delivery systems** in contrast to the more common response—securing sustainable financing.

Category of constraint with largest impact on success



While lack of funding was a critical constraint to any group, the way in which an individual or organization is funded affects the types of challenges faced. For example, international NGOs that depend on outside funders expressed that the most important challenges lie with funding and donor conditionalities. In contrast, this was not as significant for private sector groups and consultants for whom problems on the ground posed the biggest challenge. Individuals from these various affiliations hold differing views of where problems and challenges lie. Because no group can overcome policy and finance constraints in a vacuum—without some collaboration between researchers, policymakers, implementers and funders—the analysis supports the need for communication between groups to accommodate for varying perspectives and priorities.

3) Two common themes can be observed among the open-ended survey comments:

- A major reported problem in global health funding is that **donor priorities** do not often reflect the needs on the ground.
  - A government official from Japan said, “Program design not appropriate for population.”
  - An academic from Boston said, “If we could reduce the amount of foreign politics in international health and instead focus on implementing proven successes or scaling up successful program with strong monitoring and evaluation, I think we would come a long way towards the various development goals that seem so impossible to reach.”
  - A government official from Atlanta said, “Politics [is] driving technical agendas.”
  - A lot of responses complained of the “flavor of the month” approach to global health by the US and its donor country counterparts. One example is from an International NGO in DC: “Often there is not a lack of funding for programs however often funding is not provided for core needs and instead are devoted to the "flavor of the month." This makes building and sustaining political will at the country level very difficult as they are willing to shift from their own priorities to receive funding.”
- There is not enough attention paid to **community empowerment**:
  - An academic from South Carolina said, “There needs to be a focused emphasis on researching and measuring community empowerment which is the key to making health systems accountable in the long run. Any donor program that consciously or unconsciously subdues community empowerment should be ranked as a failure regardless of the short term objectives achieved, because in the long run it cripples local capacity for sustained development.”
  - A consultant from DC said, “There is a minimal recognition of the fact that health begins "at home" and therefore, NGOs and CBOs who are interactive at community/household levels must be involved from the beginning in planning and implementation of national level programs. GFATM is beginning to address this issue, but there is little support for strengthening collaboration among these NGO/CBO stakeholders.”
  - An academic from Atlanta said, “Recognize that projects to succeed need to have ownership from the beginning from those involved - review Bossert's study of factors contributing to USAID project success.”