

Title: Regional HIV/AIDS Programme for Latin America and the Caribbean

Current Projects: Integrated health systems in rural areas in Uruguay 2010 - 2012

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Background and Project Description

Uruguay has a predominantly urban population; rural areas are often neglected in relation to health service provision. For the first time in Uruguay, planning for integrated health system networks exists in the departments. The process of Health System Strengthening (HSS) of the Uruguayan SNiS (Sistema Nacional Integrado de Salud) emphasizing localities with less than 5000 inhabitants, requires changes at the level of health care provision and management. This entails improved coordination between different levels of health care and care providers, and the establishment of integrated health care networks which will increase the involvement of all actors and promote decentralized, intersectoral and participatory interventions.

The present triangular cooperation project, implemented in partnership with the Brazilian Ministry of Health (MS) and the Brazilian Cooperation Agency (ABC), the Uruguayan Ministry of Public Health (MSP), and the GIZ Regional HIV/AIDS Program on behalf of the BMZ, pursues the aim of strengthening the Uruguayan health system, emphasizing localities with less than 5000 inhabitants. Currently, the project is implemented in four prioritized departments (Artigas, Rivera, Cerro Largo, Rocha). The project stimulates a horizontal knowledge transfer using Brazilian experiences to inform practices in Uruguay in order to elaborate strategic plans, norms, and routines for the management of integrated health care networks with the participation of health system users and civil society. The knowledge transfer contributes to structuring health care networks within the SNiS by linking different subsystems, regulating information flows and processes of reference and counter-reference as well as stimulating the exchange of experiences in health care network management, and capacitating health professionals. As a result, the processes within the health network will become more coherent, thereby strengthening the overall health system. The technical assistance is complemented by financial cooperation provided from the German Government through KfW. With a total of EUR 5 million grant funds, funding is provided for the physical improvement of regional health centres in the regions and the improvement of their technical equipment.

An innovative approach – triangular cooperation for knowledge transfer

Based on Brazil's long term experience in the implementation of its own integrated health system (the SUS), through triangular cooperation Uruguay will integrate its HIV/AIDS response into the national health system and thereby promote synergies with related health services and achieve greater efficiency and amplify effects (Schwartlaender et al. 2011, Sidibé et al. 2010). The knowledge transfer from Brazil to Uruguay acknowledged in this initiative is delivered through triangular cooperation and thereby optimized by combining the knowledge of local contexts and needs (Uruguay) with technical expertise (Brazil) and experience in facilitating, and the monitoring and evaluation (M+E) of international cooperation processes (Germany). Underscored by excellent results already achieved in this and previous projects, knowledge transfer itself is a concept which bears great value and potential. Additionally, the recent international consensus of encouraging and supporting the South-South dialogue and the new agenda for aid effectiveness require a more inclusive dialogue between cooperation partners (see Paris Declaration 2005, Heiligendamm Process, Accra Plan of Action 2008, MDG 8), making this project a prime example for the value of triangulation as a new tool to combine the strengths of traditional donors and providers of South-South cooperation. It is very important to mention the positive aspect of the dissemination of public policies, through the official cooperation, as a factor of creating structured institutions with a view of capacity development.

Outputs

For the first time in Uruguay, planning for integrated health system networks exists in the departments. Based on the Brazilian SUS as a model of integrated health system management and with ample participation from local actors and health system users, a National Rural Health Plan has been created in order to provide a new framework for integrated health care in Uruguay. Furthermore, this "Plan Nacional de Salud Rural" extends the health networks from the four pilot departments to all rural areas of the country and thus serves as a first step to scaling up the results achieved during the project.

Additionally in 2012, a decree strengthens the process of HSS in all remaining national departments and scale up the process to cover all of Uruguay by 2014. In this sense, the knowledge transfer has an impact beyond the scope of the project and demonstrably affects national planning processes. As such, the process instigated by the cooperation project strengthens the process of planning and implementing integrated health care delivery networks across the country.

Moreover, not only was a dialogue initiated between national and regional/rural levels, it was also acted upon with the drawing up of concrete action plans. The cooperation project has triggered a model which provides a formal structure for the implementation of integrated health system networks, with the implementation of this structure well underway: Routes of reference and counter-reference for primary health care have been defined; as a vital part of strengthening the integrated delivery networks, this contributes to the consolidation of primary health care as the entry point into the health system for users, thereby improving and amplifying access to health care.

The project has played a role in national processes in terms of a complete reorganization of the system towards the provision of services within integrated delivery networks and the elaboration of a steering structure for HSS has advanced considerably. This is underscored by the creation and implementation of strategic departmental rural health plans and four capacity development strategies which have been created according to the necessities of each department.

To ensure sustainability and effectiveness, a departmental M+E plan has been elaborated and committees have been set up in order to ensure its implementation.

Outcomes

The project supports the drawing up and institutionalization of a new and innovative model of participative, locally based health management in Uruguay. The process of HSS currently takes place in four departments which cover an area of about 45.500 km² and have a total population of approximately 353.000. While rural areas with a population of less than 5000 inhabitants are emphasized, the integrated networks approach applied is expected to contribute to better health for the entire population: over the long term, the development and implementation of the integrated health care model will lead to increased access of the Uruguayan population (approx. 3.53 million) to integrated health services of higher quality, including improved access to HIV/AIDS diagnosis, and treatment, gender-sensitive sexual and reproductive health services, as well as stronger civil society participation in health policy definition and implementation. This expectation is coherent with PAHO/WHO recommendations which consider integrated delivery networks important contributors to universal coverage and access to the system, comprehensive, integrated and continuous care, reduced costs, and an overall improved response to population health needs (PAHO 2008).

Transferable to other contexts:

This triangular cooperation project is led by Uruguay, the beneficiary country, and aligned with national policies, needs, and context. Germany provides support based on its comprehensive knowledge and understanding of the health systems of both Brazil and Uruguay necessary to facilitate the process of knowledge transfer as well as M+E. Brazil, Uruguay, and the GIZ/KfW work together at every stage of the project – planning, implementation, and M+E. The flexibility that comes with this demand-driven approach ensures that Uruguay's needs are taken into account in the knowledge transfer. It is also an indication of the transferability of this tool to other contexts. Due to the similarity of experiences with other Southern countries, Brazil's technical skills and knowledge are more relevant to the needs of Uruguay and can be more easily transferred than those of traditional donors. It thus becomes clear that triangular cooperation represents an extremely flexible tool with ample potential for the GDC which can be easily adapted and transferred.

Gender-sensitive

In line with the principles of the GDC, gender-sensitivity is implied in the present project which will contribute to the promotion of gender equality in several important ways. By enhancing education, prevention, and health care, the project will equitably serve men, women, and Most At Risk Populations such as LGBTTTI. Women, who represent a larger part than men of both the health workforce and the health care users, will benefit substantially from a strengthened health system. Female health professionals as well as health system users will gain access to important resources in terms of further education, job opportunities, and access to services. A regional GDC project which specifically targets men's health and related issues, in which Uruguay is also taking part, will furthermore ensure that the question of men's health is not neglected in the process. Nonetheless, the rationale behind strengthening the Uruguayan health system in an integrated manner is that men and women can gain equitably from the resulting outcomes, thus foregoing the need to explicitly target either of the two groups.

Cost-effective and Sustainable

The present project represents an example of achieving ample effects with comparatively little money. Triangular cooperation combines the comparative advantages of all three partners, making the knowledge transfer more cost-effective. Germany's proficiency in facilitating knowledge transfer, Brazil's technical knowledge regarding HSS and health networks implementation, alongside the local expertise of Uruguay are joined together, ensuring that time and resources are used efficiently, knowledge transfer is delivered where it is needed, and results are subsequently expanded to country-level and maintained over the long term.

Moreover, a range of factors not only contributes to the sustainability of this particular project but also demonstrates the sustainable qualities of triangulation as a tool of technical cooperation: firstly, ownership on the side of Uruguay, including a share in financing the knowledge transfer; secondly, the strengthening of structures of knowledge transfer and international cooperation within Brazil; thirdly, the sharing of responsibilities of financial and technical support between partners. Fourthly, by helping to build legal frameworks and strategic plans for action, the project ensures the endurance of national processes over the long term. GDC resources used in this triangle cooperation thus achieve the highest possible leverage in terms of both sustainability and cost-effectiveness.

Participatory and Empowering

Participation and empowerment feature prominently in the program priorities. They are enhanced through this project on both a country and a population level. Triangulation encourages a process of knowledge transfer which is participatory and empowering for the beneficiary country. It is a horizontal partnership between equals, in which responsibility is shared and each partner's voice is heard. The element of ownership and the demand-driven approach ensure the participation and empowerment of Uruguay within the cooperative relationship. In addition, in this project Uruguay, Brazil and Germany actively encourage the participation and empowerment of civil society as well as health system users in the process of designing and implementing health policy.

Annex – References:

- Abdenur, Adriana (2007): The Strategic Triad: Form and Content in Brazil's Triangular Cooperation Practices, International Affairs Working Paper
- Altenburg, Tilman, Weikert, Jochen (2006): Möglichkeiten und Grenzen entwicklungspolitischer Dreiecks Kooperationen mit Ankerländern, Discussion Paper, Deutsches Institut für Entwicklungspolitik
- Atun, R A , Gurol-Urganci, I. McKee, M (2009): Health systems and increased longevity in people with HIV and AIDS, Editorial, BMJ 338:b2165
- Davies, P. (2010): South-South Cooperation: Moving Towards a New Aid Dynamic" in Poverty in Focus, South-South Cooperation - The Same Old Game or a New Paradigm?, International Policy Centre for Inclusive Growth, UNDP
- Fordelone, Talita Yamashiro (2009): Triangular Cooperation and Aid Effectiveness - Can triangular co-operation make aid more effective?, Paper prepared for the Policy Dialogue on Development Co-operation, OECD Development Co-operation Directorate
- John de Sousa, Sarah-Lea (2010): Brazil as an Emerging Actor in International Development Cooperation: A Good Partner for European Donors?, Briefing Paper 5, German Development Institute
- PAHO/WHO (2008): Integrated Delivery Networks: Concepts, Policy Options, and Road Map for Implementation in the Americas, Series: Renewing Primary Health Care in the Americas
- Pantoja, Edien, Elsner, Cristina (2009): Triangular Cooperation: New Paths to Development - Summary Report of the Discussions and Experiences presented in the 1st International Symposium on Triangular Cooperation, Triangular Cooperation Program, GTZ-Brazil
- Schwartlaender et al. (2011): Towards an improved investment approach for an effective response to HIV/AIDS, The Lancet, Volume 377, Issue 9782

- Sidibé, Michel, Tanaka, Sonja and Buse, Kent (2010): People, Passion & Politics: Looking Back and Moving Forward in the Governance of the AIDS Response, Global Health Governance, Vol. 4, No. 1
- Task Team on South-South Cooperation (TTSSC) (2010): Boosting South-South Cooperation in the Context of Aid Effectiveness - Telling the Story of Partners Involved in more than 110 Cases of South-South and Triangular Cooperation
- UNDP (2009): Enhancing South-South and Triangular Cooperation - Study of the Current Situation and Existing Good Practices in Policy, Institutions, and Operation of South-South and Triangular Cooperation, Study commissioned by the Special Unit for South-South Cooperation, UNDP
- WHO (2008): The World Health Report 2008 - Primary Health Care (Now More Than Ever)