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GATES *foundation*

Inception Convening

# The Doha Global South Health Policy Initiative

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19-20 February 2024 - Doha, Qatar



Summary Report

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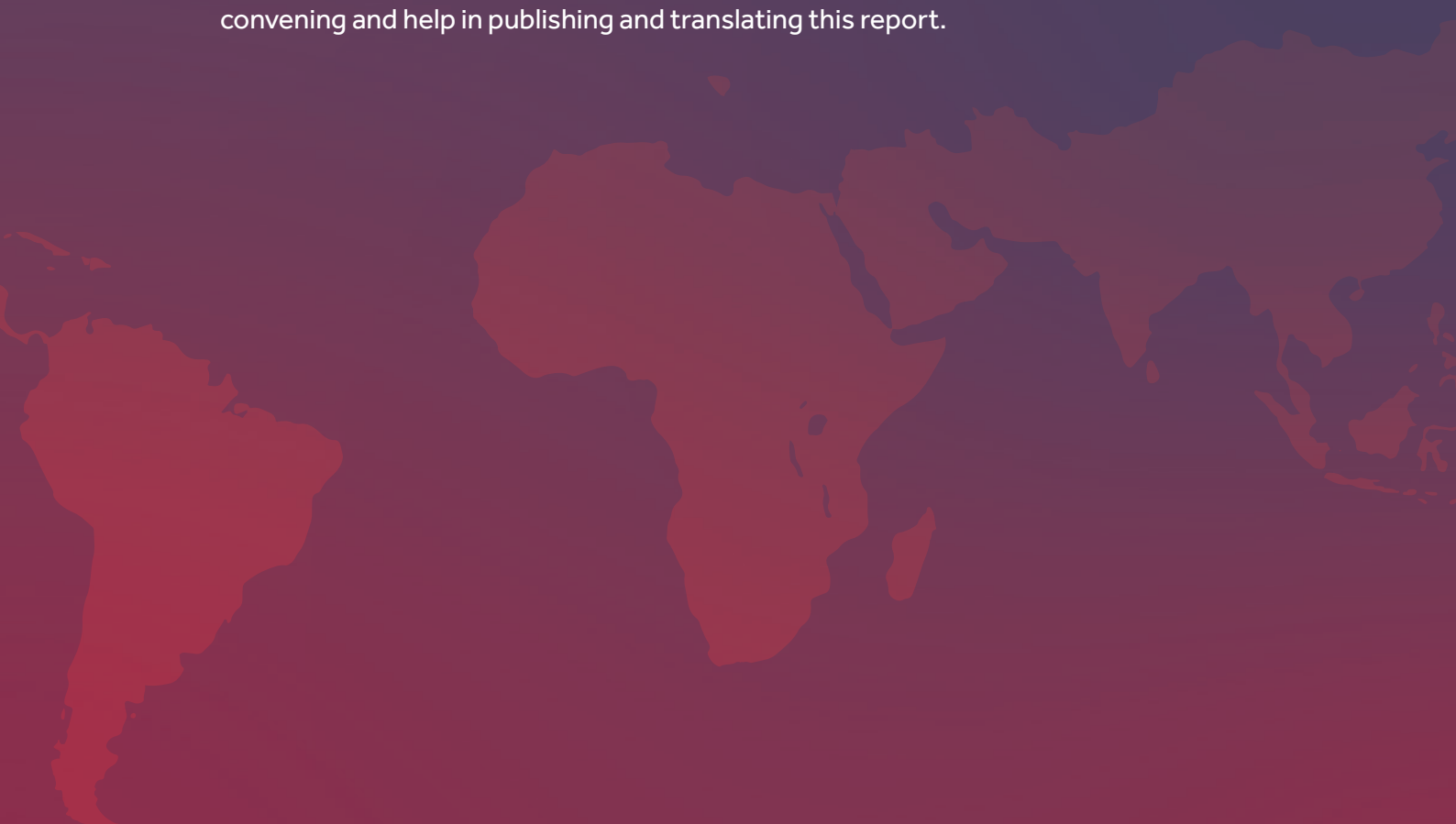
# Acknowledgment

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We are also grateful to the Qatari authorities and stakeholders for supporting this initiative through all its stages, including the Ministry of Foreign Affairs and the Ministry of Public Health. We thank the members of the steering committee who helped us prepare for the convening and moderate the discussions, including: Salih Ali Al-Marri, Soha Al-Bayat, Mohammed Mohammed Al-Hajri, Salma Al-Kaabi, Amani Dahir, Rwodah Ibrahim Al-Naimi, Buthayna Al-Muftah, Noura Al-Kaabi, Leslie Pal, Azad Bali, Hanan Abdul Rahim, and Giridhara Rathnaiah Babu. We also express gratitude for Antoinette Ba Nguz and Rana Hajjeh who helped facilitating the discussion during the convening.

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# Forward

The Global South continues to face complex and growing health challenges. After decades of progress, health indicators in low- and middle-income countries (LMICs) are stagnating, despite substantial financial support and international commitments. High maternal and child mortality rates and declining immunization coverage are stark reminders of the work that remains to be done.

In 2023, the Middle East Council on Global Affairs (ME Council) and the Bill and Melinda Gates Foundation (the Gates Foundation) launched the Doha Global South Health Policy Initiative, an innovative platform that aims to leverage the experience and knowhow of senior public officials from the Global South in identifying bottlenecks to program implementation and exploring solutions for improved service delivery.

With the support of Qatar's Ministry of Foreign Affairs, an inaugural convening of the Initiative, held in Doha in February 2024, gathered public health officials from nine LMICs with local and international experts, as well as Qatari officials from the Ministry of Public Health and the Qatar Fund for Development. Other participating local stakeholders included the College of Health Sciences at Qatar University and the College of Public Policy at Hamad Bin Khalifa University.

The convening demonstrated that there is a broad-based commitment to the Initiative and underscored the importance of local insights and experiences in identifying and addressing the implementation bottlenecks that impede resource utilization and progress.

There is an urgent need to identify pathways for boosting the effectiveness of health financing. Time is of the essence. Global humanitarian and development assistance are being stretched by competing priorities, including the accelerating ramifications of climate change and the dire humanitarian costs of increasing conflicts around the world. More must be done with less.

Looking forward, the ME Council and the Gates Foundation are committed to continuing this journey together by elevating South-South dialogue through annual convenings in Doha and activities in collaborating LMICs. With a "test and learn" approach, these innovative activities will involve collaboration between LMICs and Qatari stakeholders to address identified challenges.

By fostering collaboration, innovation, and capacity building, the Doha Global South Health Policy Initiative has the potential to catalyze positive change in global health outcomes. We are confident that with sustained effort and partnership, we can make significant strides in improving the health and well-being of communities across the Global South.

**TARIK M. YOUSEF**



*Director*

Middle East Council on Global Affairs

**CHRIS ELIAS**



*President, Global Development Division*  
Gates Foundation



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## Executive Summary

In February 2024, the Middle East Council on Global Affairs (ME Council) and the Bill and Melinda Gates Foundation (the Gates Foundation), with the support of Qatar's Ministry of Foreign Affairs, convened an inaugural meeting of the Doha Global South Health Policy Initiative in Doha. The initiative was conceived as a response to stagnating health indicators in low- and middle-income countries (LMICs), even before the COVID-19 pandemic and despite global commitments and significant funding from global health initiatives. The initiative aims to convene senior public health officials from LMICs to exchange knowledge and share insights in order to identify barriers in health policy implementation and propose effective solutions.

The inaugural convening focused on improving access to primary healthcare services in the Global South, bringing together senior public health officials from Afghanistan, Burkina Faso, the Democratic Republic of Congo, Ethiopia, Malawi, Mozambique, Niger, Nigeria, and Somalia, international experts, representatives of international organizations, and Qatari stakeholders from the Ministry of Public Health, the Ministry of Foreign Affairs, the Qatar Fund for Development, the College of Health Sciences at Qatar University, and the College of Public Policy at Hamad Bin Khalifa University.

Participants began by presenting and discussing key challenges and experiences, then broke into groups to brainstorm what is needed and make specific recommendations. Finally, they reconvened as a group to discuss how the convening and the wider initiative could support their efforts.

**Challenges and Experiences:** Participating officials noted critical needs and gaps in the delivery of primary healthcare services (particularly in maternal and child health, and immunization) in the following key areas: (1) a shortage of well-trained and well-compensated healthcare professionals; (2) weak institutional capacity, particularly in decision-making and the implementation of policies and projects; (3) effective resource allocation and sustainable



funding, including dependency on donor agendas; (4) weak program management, including within strategic planning, governance, coordination, and financial management; and (5) inadequate healthcare infrastructure and technology, such as the lack of well-equipped clinics, especially in remote areas.

**What is Needed:** Recommendations emerging from the convening include: (1) LMICs require more financial support in key areas, including maternal health, child health, and immunization; (2) LMICs must invest in healthcare workforce development; (3) community health workers should be trained and empowered to make evidence-based decisions; (4) LMICs should engage the private sector, creating partnerships in key areas such as pharmaceutical production and technological integration in healthcare; (5) LMICs must develop their capacity to engage in evidence-based discussions with donors and undertake donor mapping; and (7) LMICs require support in developing digital platforms, integrating datasets, standardizing indicators, and training officials in evidence.

**The Role of the Convening:** Participating officials suggested several key prospective future roles for the initiative: (1) the convening should continue to serve as a platform for senior public health officials and experts to exchange experiences, identify challenges, and brainstorm solutions; (2) between convenings, the initiative should undertake engagement activities, such as field visits, innovative pilot projects, implementation research, and remote learning; (3) the initiative should prioritize common themes, starting with mother and child health and immunization, with potential expansion to additional themes later; (4) support should be provided for LMICs to articulate priorities to donors, improve data collection and analysis for evidence-based decision-making; (5) a donor mapping exercise would help identify potential donors aligned with countries' priorities; and (6) the initiative should establish regular engagement with partners and outcome-oriented metrics to evaluate progress.



## Introduction

In early 2023, the Middle East Council on Global Affairs (ME Council) and the Bill and Melinda Gates Foundation (the Gates Foundation) partnered to explore the idea of a South-South health policy initiative based in Doha. Despite the allocation of sizable financial and technical resources and strong global health strategies, key health indicators in several low- and middle-income countries (LMICs) have stagnated or are in decline, even before the COVID-19 pandemic. Among the main issues are barriers and bottlenecks during program implementation that could be preventing resources from reaching or having a positive impact on their target populations.

A cornerstone of the initiative will be an annual convening of senior public health civil servants and officials from LMICs together with technical experts from the Global South to deliberate on unmet needs in public health coverage and to identify policy solutions. Between convenings, the group will conduct field operational research to identify and document the underlying barriers and bottlenecks, mobilize resources and undertake capacity building activities to address them, and share and discuss these interventions, their effectiveness, and their impact with the wider group.

The aspiration is that this platform of senior public health officials and health policy experts develops into a community of practice that engages in collaborative dialogue and cross-learning organized by, for, and within the Global South; providing LMICs with an opportunity to address the challenges they face and explore implementable solutions. The initiative will enable countries, international organizations, academics, civil society, and the private sector to collaborate and share knowledge and learning in specific areas of health policy and programming.

The first convening of the Doha Global South Health Policy Initiative was organized between February 19-20, 2024, to help define a strategy with participants from Global South countries. The two-day convening brought together representatives from nine LMICs in Africa and Asia, international experts, and representatives of Qatari stakeholders, including the Ministry of Public Health, Qatar Fund for Development (QFFD), the College of Health Sciences at Qatar University, and the College of Public Policy at Hamad Bin Khalifa University (HBKU), to discuss the challenges and solutions for enhanced access to primary healthcare services in the Global South.

The participants from the nine LMICs included Directors General, Executive Officers, General Secretaries, Directors of Public Health, and other senior administrators from Afghanistan, Burkina Faso, the Democratic Republic of Congo (DR Congo), Ethiopia, Malawi, Mozambique, Niger, Nigeria, and Somalia.





The countries were chosen to be representative of the diversity of LMICs and were selected based on the ability to identify individuals who could contribute substantively to the discussion. The discussion paved the way for subsequent activities and a second convening to be held in 2025.

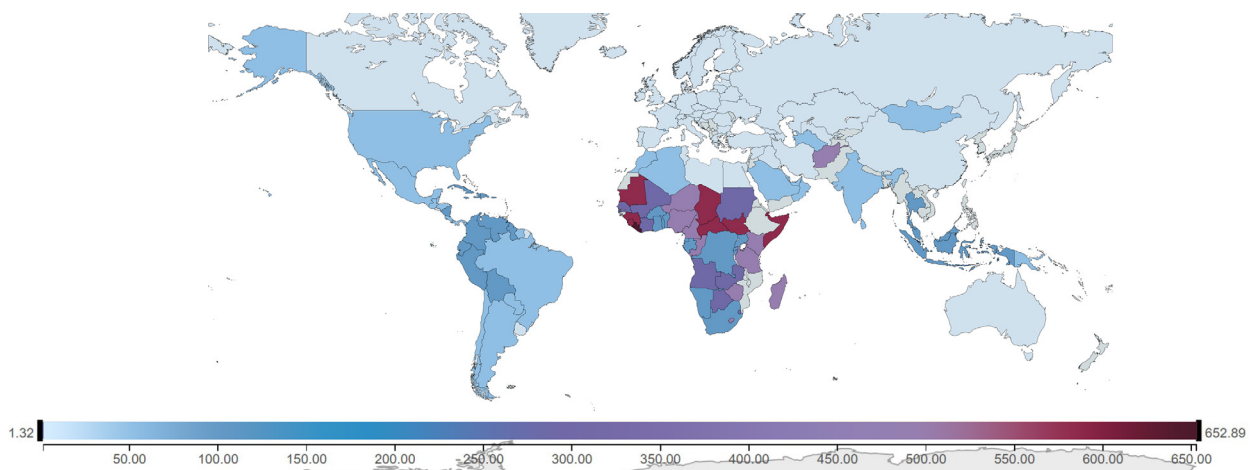
This report outlines the key issues and initial solutions discussed during this inception convening. It begins by laying out the context and motivation for the initiative. The report then summarizes the presentations and discussions of key challenges faced by public health participants from the Global South. The report then underlines the key takeaways from the breakout sessions that focused on country experiences and solutions. A final section captures the discussions around next steps and the way forward.

## Background and Context

There are a wide variety of global health initiatives supporting LMICs in achieving global health targets, and universal health coverage (UHC), including the Global Fund for Malaria, Tuberculosis and HIV; Gavi, the Vaccine Alliance; the Global Polio Eradication Initiative (GPEI); and the Global Financing Facility for Women, Children, and Adolescents (GFF). Various United Nations agencies are also providing direct and indirect support, mostly technical assistance, to countries grappling with various global health related issues. These initiatives are generously supported through funding from donor countries, non-profit organizations, and philanthropic efforts.

These efforts have helped LMICs make tremendous strides in improving health outcomes over the past few decades. However, in recent years, despite continued allocation of financial and technical resources, key health indicators, including for Maternal, Newborn, Child Nutrition, and Health (MNCNH), Primary Health Care (PHC) services, and immunization, in several LMICs have stagnated or even reversed. For instance, in terms of MNCNH, mortality among mothers and children remains high in the Global South despite efforts to address maternal and child health issues (Figure 1). This high mortality is due to multiple factors, including the stagnating funding of programs in countries, the lack of data to understand the determinants of the maternal and newborn health vulnerabilities, the poor deployment of well-known and innovative lifesaving preventive and curative interventions—such as the use of drugs and iron for postpartum hemorrhage and the use of multiple micronutrient supplements, azithromycin, and antenatal corticosteroids, etc.—the absence of support for community frontline workers, nurses, and midwives, together with little support for active political and financial authorities in countries.

Figure 1:  
**Maternal Mortality Ratio (per 100 000 Live Births), 2020**



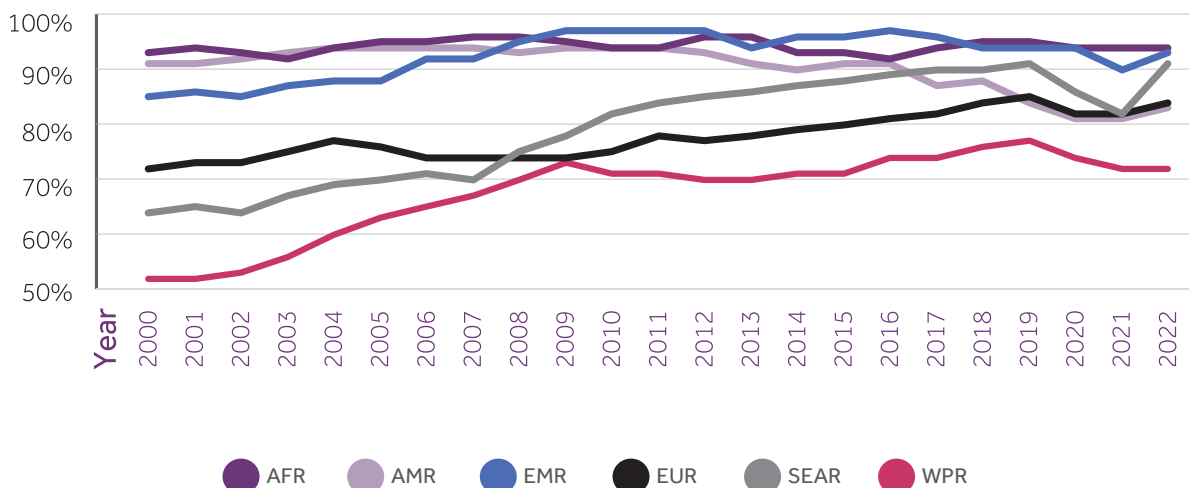
Source: The World Health Organization Global Health Observatory, "Maternal mortality ratio (per 100 000 live births)," accessed November 20, 2023, <https://data.who.int/indicators/i/AC597B1>.

For immunization, coverage has decreased after 2019. In Africa, the coverage rate for the third dose of the Diphtheria-Tetanus-Pertussis vaccine (DTP3) dropped from nearly 80% in 2019 to 72% in 2021 and 2022 (Figure 2). While disruptions caused by the COVID-19 pandemic explain part of this coverage drop, there are several other factors at play such as the lack of political engagement, poor vaccines logistics that create stock-outs, insufficient human resources (in terms of quantity and quality), insufficient funding, and poor demand from individuals and communities.

The discussed stagnation in immunization and MNCNH indicators is linked to an overall insufficiency in PHC services. While most of the countries have sought the implementation of UHC, the lack of support, the limited human resources, and the insufficient management have created in many cases poor quality PHC services that individuals and communities tend to move away from.

Further, the current funding mechanisms remain driven by a top-down approach: global strategies and targets are set and approved by country leaders and funding mechanisms flow from global to national institutions within rigid pathways. In addition, a portion of the funding appears to be absorbed by overhead costs and implementing global agencies' fees. There is little information flowing up from the field back to funders, to help identify bottlenecks and inform course correction. Indeed, those involved in implementation, such as frontline workers and senior public health civil servants, often express frustration at not having their views heard nor their learning from first-hand experiences factored into global partners' strategies to support LMICs. The absence of platforms to collect these views and channels to support feedback and learning has put the implementation and impact of global health programs increasingly at risk.

Figure 2:  
Global Coverage of DTP3 Immunization among 1-Year-Olds by WHO Regions, 2000-2022



Mediterranean (EMR), Europe (EUR), South-East Asia (SEAR), and Western Pacific (WPR).

Source: The World Health Organization Immunization Data Portal, "Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)," accessed November 20, 2023, [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/diphtheria-tetanus-toxoid-and-pertussis-\(dtp3\)-immunization-coverage-among-1-year-olds-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/diphtheria-tetanus-toxoid-and-pertussis-(dtp3)-immunization-coverage-among-1-year-olds-(-)).



Unlike existing global platforms for ministers of health, there are few gatherings for senior public health civil servants (such as the director of health, general secretary of health, director of national health agencies, etc.) They are the ones who manage health programs and partnerships with global health funds and international partners and are asked to translate global mandates into national contexts. They are therefore well placed to identify unmet needs and possible solutions vis-à-vis international aid systems. These administrators can influence decision-making on a national level, and can be a critical resource to think through what can be done at a regional and global level.

The issue of stagnating health outcomes is critical for another reason. In recent years, public health initiatives have received significant financial support from donors. However, there is a real prospect of decreased global funding for public health in the coming years, given competing global priorities and multiple challenges, such as economic crises, climate change, conflict, humanitarian needs, etc. Driving progress might require doing more with less. This requires developing strategic orientation and administrative mechanisms that improve the effectiveness of current efforts while working hand in hand with public health officials from the Global South.





# Achieving Better Access to Health Services for Individuals and Communities

In the global health landscape, addressing critical service gaps in LMICs remains paramount. The inaugural convening of the Doha Global South Health Policy Initiative brought together senior public health officials from several LMICs together with experts from the Global South to share insights, challenges, and innovative solutions in health services delivery. This section synthesizes discussions of the main challenges and experiences across nations, with the aim of identifying actionable strategies for improving health services and enhanced system resilience. Despite varying local contexts, common challenges included inadequate access to services and medicines, financial constraints, weak infrastructure, and logistical issues. In countries emerging from conflict, gaps in health facilities are compounded by geopolitical instability and resource shortages. Maternal and child healthcare consistently emerged as a primary concern across represented countries.

## Critical Health Service Needs and Gaps

**Workforce Training and Retention:** The lack of a well-trained, adequately compensated health workforce is a critical barrier to effective primary healthcare delivery across LMICs. LMICs face acute workforce shortages in medical doctors, nurses, and midwives, especially in rural and remote areas. Also, government staff do not have proper administrative, managerial, or information technology (IT) skills. Healthcare systems struggle to retain skilled workers due to uncompetitive salaries, inadequate incentives, poor working conditions, and limited career advancement opportunities. Officials often noted the emptiness of medical residency programs as professionals leave for better opportunities abroad. Participant discussions centered around the need for sustainable training programs and fair remuneration to retain skilled health professionals. They called for more training for midwives and health workers generally, especially in rural areas.

**Institutional Capacity Building:** Strengthening the capacity of health ministries and other domestic health institutions is vital. This includes improving decision-making processes and implementing policies that better manage and utilize resources. Building resilient systems that can withstand economic and political fluctuations is also crucial. This involves reinforcing infrastructure to support comprehensive health services. There was consensus that more focus should be devoted to building the capacity of local institutions rather than external ones. Officials noted the need to shift towards a more planned and strategic approach to ensure that projects are delivered in a sustainable manner. Also, academic research on health issues in LMICs needs to engage more local institutions. Leadership functions are key. If leaders cannot clearly articulate their priorities, then decisions will default to what donors want. Thus, human resources need to be improved across all levels. Donors are often reluctant to strengthen local institutions over concerns that staff will leave. Indeed, a key concern is the human cost of technical assistance: poaching good people from government institutions to run programs can cause a loss of capacity. This must be better managed.

**Healthcare System Infrastructure and Logistic Needs:** A recurrent theme across the convening was the dire need for robust healthcare infrastructure and logistics to support effective service delivery. LMICs in general suffer from inadequate and low-quality primary care facilities, equipment, drugs and vaccines logistics. In the context of prenatal and postnatal care, participants noted a lack of adequately equipped clinics. Officials highlighted a severe shortage of healthcare facilities that meet basic standards and infrastructure on which healthcare systems depend, such as reliable electricity and clean water, and they underlined a lack of drugs and vaccines. Officials also advocated for a shift from the quantity to the quality of health care facilities to enhance outcomes. In large countries, such as Afghanistan, DR Congo, and Nigeria, dispersed populations exacerbate the challenge of delivering good quality healthcare services, drugs, and vaccines.

## Resource Allocation and Funding

**Resource Allocation:** LMICs face challenges in developing sustainable funding mechanisms and grapple with how to ensure an efficient use of resources. Officials emphasized the unpredictable nature of public health funding, noting the importance of developing sustainable domestic funding mechanisms. The discussions revealed common challenges of resource and funding adequacy, misallocation, mismanagement, and delays across countries, which affect the implementation of health programs. Global health instruments are highly vertical and are often disconnected from strengthening domestic health systems. Officials emphasized the need for improved financial management and accountability to ensure that funds are used effectively. Local authorities are often unaware of what funding is available from which partners for specific projects. The lack of donor mapping and transparency makes such information not easily accessible. The program-driven nature of funding means that some programs (e.g. human immunodeficiency virus, HIV) are well resourced, while others (e.g. maternal health) are not. Officials noted the need for a more strategic approach to resource allocation in conflict-affected areas where resources are often diverted due to emergencies, leaving routine healthcare services underfunded. Rather than focusing on expensive solutions for local problems, health systems need strengthening with vertical support by having more cross-cutting “diagonal” funding that combines horizontal and vertical funding.

**Donor Agendas and Dependency:** most healthcare interventions are funded by donor countries. This can result in inflexible funding mechanisms that do not allow countries to allocate resources to where they are needed most. Officials voiced concern over inflexible donor agendas, where funding is predetermined and dedicated to one vertical issue. Listening to local partners can help programs run more efficiently. Furthermore, resources can lie idle because of bottlenecks that cannot be resolved through existing mechanisms. Officials noted a lack of consideration for local perspectives in donor-funded programs. They also noted the multiplicity and complexity of donor platforms, each with their own priorities, conditions and reporting requirements, which is an added burden for LMICs with weak grant administration capacity. Officials noted donors’ reluctance to partner with local institutions, preferring to rely on international partners or non-governmental organizations (NGOs). Sometimes, within a government, there is lack of alignment to present a united front in discussions with donors.



## Innovations and Technology in Healthcare

**Data Collection and Management:** The ability to collect, analyze, and utilize data effectively is crucial for informed decision-making in healthcare. It is especially important to map out and track hard-to-reach populations. LMICs face serious capacity issues in data collection and analysis. They need to invest in quality and reliable data to generate evidence to assess the implementation, impact, and outcomes of various programs. It is also important to counter the spread of misinformation. Yet, there are disparities in data quality and inconsistencies across different levels and institutions. There is also a lack of metrics for diseases and social determinants of health, such as sanitation, education, population growth, and transportation, which limit forecasting, proactive planning, and metrics for progress measurement. Indeed, there are gaps in even the most basic indicators that occur outside of healthcare facilities, including births and deaths. Establishment of digital ecosystems to collect and analyze primary health data is key. Officials discussed enhancing service delivery and operational efficiency through improved data management systems. However, even when capacity exists, data are collected, and reports are generated, they do not necessarily feed into decision-making. Officials noted the importance of developing a data culture that supports evidence-based planning and decision-making rather than a culprit culture where health care workers are scared to report real data because of the fear of punishment.

**Technological Innovation:** Encouraging innovation in healthcare delivery, particularly through the adoption of technology and data-driven strategies, can significantly improve service efficiency and effectiveness. Telemedicine, digitalization, and other innovations were discussed as vital to bridging the healthcare gap, particularly in underserved areas. Officials noted the need for more investment in research and development (R&D) and



innovation. They emphasized the potential of telemedicine and artificial intelligence (AI) to make healthcare delivery more effective and less costly. Integrating technological solutions such as telemedicine could also extend healthcare services to remote and underserved areas, significantly enhancing access and coverage. They also discussed the role of digital platforms in training healthcare workers, particularly in remote areas. Officials discussed local production of medicines, vaccines and medical supplies. For maternal and child healthcare, a lot of high-cost medicines are needed. Partnerships with producers would be helpful to maintain critical supplies of essential medicines. There is potential for other nations to develop local manufacturing capabilities for essential medicines and vaccines. However, it is not enough to build factories to produce medicines, LMICs need strong systems with all requirements and regulations in place.

## Challenges in Implementation and Program Management

**Planning and Strategizing:** Local health leadership is essential to develop strategic visions and data systems to assess progress. Health policy requires planning for the years and decades ahead. Strategic priorities and policy implementation then need to ensure buy-in and coordination among multiple actors, including public sector institutions, private sector firms, civil society, and local communities. It is important to align the goals and priorities among all stakeholders and to engage other sectors beyond the ministries of health. To make projects sustainable, role and systems transitions are needed to build capacity before the projects' end. Officials noted that if LMICs continue to see health as the responsibility of the ministries of health solely, healthcare will continue to be expensive and unsustainable.



**Governance and Coordination:** LMICs often face significant governance challenges, fragmented health systems, and political instability impeding systematic health service delivery. These issues necessitate strong governmental action and international support to establish coherent health policies and practices. LMICs need to identify priorities to deliver on strategic visions and align partners and stakeholders around these priorities; only then should they mobilize resources around these goals. Effective coordination among all stakeholders is critical for successful health program implementation. Officials highlighted problems of coordination within ministries and between governmental and non-governmental organizations. Some officials noted the importance of devolving decision-making authority and empowering healthcare workers.

**Financial and Organizational Constraints:** Improved financial management and strategic funding approaches are needed to enhance health service delivery in resource-limited settings. Some officials noted that the effectiveness of spending, targeting of resources, and lack of coordination may be all bigger problems than the lack of funding itself. Health initiatives are frequently undermined by overhead costs and inefficient project implementation due to complex governance and operational environments. In this context, large, earmarked budgets can cripple effective implementation, since they limit the ability of actors to course correct when necessary. Officials noted that earmarked budgets are not allowed to be re-programmed, so funds become inflexible and unresponsive to the country's current needs.







## Looking Ahead: What is Needed for Stronger Governance and Program Management

This section distills some of the key takeaways and recommendations from the discussion. It focuses on specific, actionable recommendations. For example, it highlights specific mechanisms to improve LMIC government – donor engagement, rather than reiterate what was noted above, such as that donors could be more attuned to LMICs’ needs and take their priorities into account or the need for greater collaboration among all stakeholders.

### Training and Capacity Building

The healthcare sector in many countries faces acute workforce shortages. There is a need to invest in healthcare workforce development and align training with career qualifications. This process is vital for managing the career trajectory of healthcare workers, considering both their current roles and future potential. LMICs must implement performance-based compensation systems that align rewards with service quality and patient outcomes. They must also develop comprehensive training programs that meet the specific needs of healthcare professionals across various specializations, healthcare clinicians, managers, and officials. Donors can help increase the quantity and quality of training through digital platforms, including telemedicine and data analysis outside or inside the country. Also important are the negotiation abilities of countries’ representatives as well as decision-making and management skills which can also be provided through digital platforms.

## Increased Digitalization

Greater digitalization is essential for addressing data challenges. Digitization can improve service delivery, management, and decision-making processes. The implementation of IT tools can extend capabilities beyond personnel improvement, enhancing overall healthcare service delivery. Indeed, the transition from manual to digital data collection of healthcare records is crucial and can be achieved through national ID systems for comprehensive data coverage. Individual lifelong health data on primary care should be tracked from birth to death and linked to other information from well-designed questionnaires. Interoperability is very important for effective data analysis. This will require the standardization of indicators and the integration of datasets from multiple sources; an effort that the ministries of health should lead on.

## Understanding the Global Donor Architecture

It is important to approach the right donors with the right proposals. For example, the Global Fund does not provide funding for training in the form of masters or PhDs in healthcare-related fields and data analysis. LMICs must know the system to work within it; for instance, few donors fund education in the health sector. Thus, an important area for support to LMICs is mapping international partners' contributions and aligning them with national priorities. Third-party support can map out donor priorities and connect states with the relevant donors for specific projects of interest. Donor priority mapping would also be helpful; an information center and resource for recipients supported by the Initiative.

## Engaging the Private Sector

Donors can help LMICs to engage the private sector more, in a sustainable and structured way as opposed to fragmented corporate social responsibility (CSR) interventions. The private sector can take the lead in producing medicines and medical equipment, they can help develop financial engineering of resources, for example developing investment funds/bonds that generate profits to be used in the health sector. Public-private partnerships can play a crucial role in advancing technological integration in healthcare, ensuring that innovations are both sustainable and efficient. For instance, partnerships between governments and technology companies can facilitate the development of healthcare apps that enable remote monitoring and management of chronic diseases, thereby reducing the burden on traditional healthcare facilities.

## Coordination and Learning

Knowledge sharing platforms, such as the Doha Global South Health Policy Initiative, are essential for capacity building and learning. Such platforms can also help LMICs be prepared to better interact with donors and have discussions based on needs and evidence rather than having projects be imposed based on donor preferences and assumptions. Establishing partnerships with international healthcare institutions could facilitate knowledge transfer and skill development, potentially curbing the migration of healthcare workers by improving local opportunities and conditions.

## Data Collection and Analysis

The discussion emphasized the importance of developing digital platforms, enhancing the accuracy and utility of healthcare data. However, data are often not shared. LMICs need to adopt policies that mandate data-sharing, but also protect those sharing the data. These policies should be accompanied by necessary implementation and enforcement mechanisms to ensure non-retaliation. LMICs also need support in training officials to analyze the data collected.

## More Flexible Funding

LMICs need to work with donors to develop more flexible funding mechanisms, such as channeling funding into pooled funds that allow resources to be targeted to specific areas and objectives, rather than to specific projects. This would allow them to be easily re-programmed in response to unanticipated bottlenecks and incorrect assumptions, or as priorities shift and evolve. Another approach might be to pool funding or pair donors, such that one donor can cover areas that others do not.

## Research Gaps

LMICs need to get their priorities right, which should include prioritizing access, as well as prevention and early treatment. They also need to analyze processes and address operational bottlenecks in healthcare delivery. A national research agenda is necessary to align ongoing research with national priorities and ensure resource allocation accordingly. Community health workers should be trained to support data collection efforts and empowered to make evidence-based decisions within their remit.





## The Potential Role of the Convening

In the final session, participants were invited to reflect on the convening and discussions that took place. There was consensus that the convening and the wider initiative had strong merit. Importantly, the initiative has the potential to clearly define and communicate the priorities and intended actions of the participating countries. Participants offered several suggestions for future convenings and the wider initiative:

### Knowledge Sharing

The convening can provide a knowledge sharing platform for the Global South, supporting mutual learning and the cross-fertilization of ideas. It can provide a platform for public health officials and experts to reflect collectively on their experiences, identify common priorities and challenges, and brainstorm solutions.

### Learning and Innovation

The initiative can support exchanges throughout the year through field visits and remote learning sessions. It should showcase the importance of input and feedback from senior public health civil servants. The convening can serve as a platform for creating new practices, developing pilot programs, accessing success, and sharing solutions.

## Objectives and Focus

The convening, and the wider initiative, should have a common theme and its own mission/vision should be identified. It should initially focus on an initial theme: Mother and child health (as a natural entry point to UHC). Over time, the initiative can expand to other themes.

## Administration

A sustainable Initiative needs structured support to cultivate the network and lead activities in between annual convenings. A convening is successful only if it engages and partners with Global South voices.

## Metrics for Success

The South-South platform should “be realistic and modest at the beginning.” It must be outcome-oriented and not process-oriented, with a simple framework and a few targeted metrics to evaluate outcomes (multiple speakers noted this point).

## Future Convenings Should

- 1) Undertake pre-work from participants to narrow down concrete areas of implementation,
- 2) Build a tracking framework against decisions and resolutions to measure progress, and
- 3) Ensure the needs of the Global South remain at the center of the discussions.





## Capacity Building

The initiative should help build the capacity of LMICs to articulate their priorities to donors, as well as data collection and analysis, and use of data in decision-making. Training in epidemiology and healthcare management should also be considered.

## Data Collection and Analysis

The initiative should support countries' capacity to collect quality data, to analyze and interpret it, and then act based on good evidence. It can be a hub for research on how to improve program implementation and remove bottlenecks.

## Donor Architecture Mapping

The initiative should consider supporting a third-party to conduct a donor mapping exercise. This can help countries identify donors whose priorities align with their own and can enable donor discussions at the next convening.



## Conclusion

This report encapsulates extensive discussions from the first convening of the Doha Global South Health Policy Initiative, offering deep insights into critical health challenges and presenting innovative ideas and solutions across various contexts. The discussions highlighted several critical challenges in the delivery of primary healthcare services, including the shortage of well-trained and adequately compensated healthcare professionals, weak institutional capacities, ineffective resource allocation, inadequate program management, and inadequate healthcare infrastructure.

The collective experiences and wisdom shared underline the importance of continued collaboration and commitment to improving global health outcomes. The report highlights the urgent need for comprehensive, integrated strategies to address the complex challenges facing Global South healthcare systems. By fostering robust collaboration, enhancing infrastructure and logistics, and embracing innovative solutions tailored to specific regional needs, countries can significantly improve the resilience and effectiveness of their healthcare systems.

The Doha Global South Health Policy Initiative represents a promising platform for LMICs and the global health community to identify bottlenecks to health policy implementation, share ideas, devise innovative solutions, and foster sustainable improvements in public health. The collective insights and collaborative efforts of the participating country representatives, international experts, and stakeholders are crucial to achieving these goals, ensuring that global health commitments translate into tangible outcomes in the Global South.

# Annexes



## ANNEX 1

**List of Participants****Country Participants**

- **Haidar Haidar Khan**, General Director of Diseases Control and Prevention, Ministry of Health, Afghanistan
- **Pierre Yameogo**, Director UHC and Health Financing Reforms, Ministry of Health, Burkina Faso
- **Wasso Wenceslas Koïta**, Director General of Sectoral Studies and Statistics, Ministry of Health, Burkina Faso
- **Mbongani Kabila**, National Coordinator for the UHC, Ministry of Health, DR Congo
- **Sylvain Yuma**, General Secretary of Health, Ministry of Health, DR Congo
- **Asnake Deressa Waqjira**, CEO for the Ministry of Health, Ministry of Health, Ethiopia
- **Messeret Zelalem Tadesse**, Lead Executive Officer, Maternal, Child & Adolescent Health Service, Ministry of Health, Ethiopia
- **Wubishet Temesgen Abera**, Lead, Planning, Budgeting, Monitoring and Evaluation, Strategic Affairs Executive Office, Ministry of Health, Ethiopia
- **Samson Kwazizira Mndolo**, Permanent Secretary, Ministry of Health, Ministry of Health, Malawi
- **Dalila Annette Cassy**, Deputy National Director of Planning and Cooperation, Ministry of Health, Mozambique
- **Eduardo Samo Gudo**, Director General of National Institute of Health, National Institute of Health, Mozambique
- **Moustapha Adamou**, Director Public Health, Ministry of Health, Niger
- **Saidou Malam Ekoye**, General Secretary for Health, Ministry of Health, Niger
- **Olumuyiwa Olasunkanmi Aina**, Executive Secretary, National Primary Healthcare Development Agency, Nigeria
- **Oritseweyimi Ogbe**, Program Lead, Basic Healthcare Provision Fund, National Primary Healthcare Development Agency, Nigeria
- **Guled Abdijalil Sheikh Ali**, Federal Director General of Health, Ministry of Health, Somalia

## International Experts

- **Joy Phumaphi**, Executive Secretary, African Leaders Malaria Alliance
- **Deo Nshimirimana**, Former Director for Immunization and Infectious Diseases, WHO African Regional Office
- **Antoinette Ba Nguz**, Health Advisor, Regional Office East and South African Region, UNICEF
- **Ali Mokdad**, Institute for Health Metrics and Evaluation, University of Washington
- **Joumana Haidar**, Deputy Director, WHO Collaborating Center, University of North Carolina
- **Rana Hajjeh**, Director, Programme Management, WHO East Mediterranean Region Office

## Qatari Stakeholders

- **H.E. Hanan Mohamed Al-Kuwari**, Minister of Public Health, Qatar
- **H.E. Lolwah Rashid Al-Khater**, Minister of State for International Cooperation, Ministry of Foreign Affairs, Qatar
- **Salih Ali Al-Marri**, Assistant Minister, Ministry of Public Health, Qatar
- **Sheikh Mohammed Bin Hamad Al-Thani**, Director of Public Health Department, Ministry of Public Health, Qatar
- **Soha Al-Bayat**, Director of Emergency Preparedness and Response Department, Ministry of Public Health, Qatar
- **Mohammed Mohammed Al-Hajri**, Consultant, International Emergency Medicine, Strategic Planning and Performance Department, Ministry of Public Health, Qatar
- **Salma Al-Kaabi**, Medical Consultant, Supreme Council of Health, Ministry of Public Health, Qatar
- **Hamad Al-Romaihi**, Director of HP & CDC, Ministry of Public Health, Qatar
- **Amani Dahir**, Director of the Department of Health Research Organization, Ministry of Public Health, Qatar
- **Rwodah Ibrahim Al-Naimi**, Director of Strategic Partnerships, Qatar Fund for Development (QFFD)
- **Buthayna Al-Muftah**, Head of Strategic Partnerships Development Section, QFFD
- **Noura Saad Al-Kaabi**, Strategic Partnerships Researcher, QFFD
- **Shamsa Al-Falasi**, Strategic Partnerships Development Officer, QFFD
- **Leslie Pal**, Dean of the College of Public Policy, HBKU
- **Azad Bali**, Assistant Professor, College of Public Health, Hamad Bin Khalifa University (HBKU)
- **Hanan Abdul Rahim**, Dean of the College of Health Sciences, Qatar University (QU)
- **Giridhara Rathnaiah Babu**, Professor of Population Medicine, QU

## Organizers

- **Tarik M. Yousef**, Director, ME Council
- **Nader Kabbani**, Director of Research, ME Council
- **Kamel Senouci**, Nonresident Senior Fellow, ME Council
- **Nejla Ben Mimoune**, Research Associate, ME Council
- **Tanner Manley**, Research Assistant, ME Council
- **Maysa Baroud**, Joint Visiting Fellow, ME Council
- **Ozge Genc**, Visiting Fellow, ME Council
- **Nurmukhammad Mukhammadiev**, Intern, ME Council
- **Abdulrahman Abdulrahman**, Intern, ME Council
- **Ghufrane Daymi**, Intern, ME Council
- **Salome Mamuladze**, Intern, ME Council
- **Raya Halabi**, Intern, ME Council
- **Hajer Ouzzani**, Intern, ME Council
- **Chris Elias**, President of Global Development, Gates Foundation
- **Alaa Murabit**, Director, Program Advocacy and Communications, Health, Gates Foundation
- **Magda Robert**, Deputy Director, Program Advocacy and Communications, Polio & Vaccine Delivery, Gates Foundation
- **James Carty**, Deputy Director, Middle East, Gates Foundation
- **Zahira El Marzouki**, Head of Middle East Relations Global Policy and Advocacy, Gates Foundation
- **Kgomotso Seko**, Program Officer, Immunization Country Advocacy, Gates Foundation
- **Kristin Joseph-Reynolds**, Program Advocacy and Communications, Global Policy & Advocacy, Gates Foundation
- **Wandy Luz**, Program Assistant, Gates Foundation
- **Kofi Rashid**, Advisor, Gates Foundation



## ANNEX 2

# Agenda

Doha Global South Health Policy Initiative

## Inception Convening: Challenges and Solutions for Better Access to Primary Health Care Services in the Global South

19-20 February 2024, Sheraton Hotel, Doha, Qatar

### MONDAY 19 FEBRUARY 2024

#### OPENING

#### SESSION 1: Introduction, Objectives, and Context of the Initiative

Chairperson: Nader Kabbani, ME Council

<b>8:30-9:15</b>	Welcoming	<ul style="list-style-type: none"> <li>• <b>Nader Kabbani</b>, ME Council</li> <li>• <b>Tarik M. Yousef</b>, ME Council</li> <li>• <b>Chris Elias</b>, Gates Foundation</li> <li>• <b>Participants</b></li> </ul>
<b>09:15-9:45</b>	Global Health Indicators in LMICs <i>Discussion</i>	<ul style="list-style-type: none"> <li>• <b>Kamel Senouci</b>, Nonresident Senior Fellow, ME Council</li> </ul>

#### Public Opening and Panel Discussion

MC: Rawaa Auge, Aljazeera

<b>10:35-10:40</b>	Opening remarks	<ul style="list-style-type: none"> <li>• <b>H.E. Dr. Hanan Mohamed Al Kuwari</b>, Minister of Public Health, Qatar</li> </ul>
<b>10:45-10:55</b>	Panel Introduction	<ul style="list-style-type: none"> <li>• <b>Tarik M. Yousef</b>, ME Council</li> </ul>
<b>10:55-11:50</b>	Panel Discussion	<ul style="list-style-type: none"> <li>• <b>Salih Ali Al Marri</b>, Ministry of Public Health, Qatar</li> <li>• <b>Rana Hajjeh</b>, World Health Organization</li> <li>• <b>Chris Elias</b>, Gates Foundation</li> <li>• <b>Joy Phumaphi</b>, African Leaders Malaria Alliance</li> <li>• <b>Deo Nshimirimana</b>, WHO African Regional Office</li> </ul>

Moderator: **Tarik M. Yousef**, ME Council

<b>11:50-11:55</b>	Closing Remarks	<ul style="list-style-type: none"> <li>• <b>H.E. Ms. Lolwah Rashid Al-Khater</b>, Minister of State for International Cooperation, Ministry of Foreign Affairs, Qatar</li> </ul>
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**SESSION 2: Achieving Better Access to Health Services for Individuals and Communities**

Chairperson: Rana Hajjeh, World Health Organization

<b>13:00-13:15</b>	Introduction of Session and Speakers	<ul style="list-style-type: none"> <li>• <b>Rana Hajjeh</b>, WHO</li> </ul>
<b>13:15-13:45</b>	How to Create Better Access to Primary Health Care Services: the Example of Access to Basic Health Services in <b>Nigeria</b> ?  <i>Discussion</i>	<ul style="list-style-type: none"> <li>• <b>Muyi Aina</b>, Executive Secretary of the National Primary Healthcare Development Agency, Nigeria</li> </ul>
<b>13:45-14:15</b>	How to Create Better Access to Primary Health Care Services: the Example of Maternal, Neonatal and Child Health in <b>Somalia</b> ?  <i>Discussion</i>	<ul style="list-style-type: none"> <li>• <b>Guled Abdijalil Ali</b>, Federal Ministry of Health, Federal Republic of Somalia</li> </ul>
<b>14:15-14:45</b>	How to Create Better Access to Primary Health Care Services: the Example of Immunization in the <b>Democratic Republic of Congo</b> ?  <i>Discussion</i>	<ul style="list-style-type: none"> <li>• <b>Sylvain Yuma</b>, Ministry of Public Health, DR Congo</li> </ul>

14:45-15:15 Coffee break

**BREAKOUT SESSION 1: Expressing the Needs**

<b>15:15-17:00</b>	Breakout Session 1: Expressing the Needs	<ul style="list-style-type: none"> <li>• Facilitator Group A: <b>Kamel Senouci &amp; Nejla Ben Mimoune</b>, ME Council</li> <li>• Facilitator Group B: <b>Giridhara Rathnaiah Babu</b>, Qatar University</li> <li>• Facilitator Group C: <b>Leslie Pal</b>, Hamad Bin Khalifa University</li> </ul>
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## TUESDAY 20 FEBRUARY 2024

### SESSION 2 (cont.):

#### Achieving Better Access to Health Services for Individuals and Communities

Chairperson: Rana Hajjeh, World Health Organization

<b>09:00-09:30</b>	Breakout Session 1 (cont.): Finalization of Presentations	<ul style="list-style-type: none"> <li>Facilitator Group A: <b>Kamel Senouci &amp; Nejla Ben Mimoune</b>, ME Council</li> <li>Facilitator Group B: <b>Giridhara Rathnaiah Babu</b>, Qatar University</li> <li>Facilitator Group C: <b>Leslie Pal</b>, Hamad Bin Khalifa University</li> </ul>
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<b>09:30-10:30</b>	Restitution in Plenary by the Country Participants <i>Discussion</i>	<ul style="list-style-type: none"> <li>Senior Country Delegates</li> </ul>
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**10:30-11:00** Break

### SESSION 3: What is needed for stronger governance and program management for primary healthcare services: Focus on building data and health care workers' skills?

Chairperson: Kamel Senouci, ME Council

<b>11:00-11:30</b>	The Need for Professional Education and Research in Health, the Example of <b>Burkina Faso</b>	<ul style="list-style-type: none"> <li><b>Pierre Yameogo</b>, Ministry of Health, Burkina Faso</li> </ul>
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### BREAKOUT SESSION 2: Looking Ahead

<b>11:30-13:00</b>	Breakout Session 2: Looking Ahead	<ul style="list-style-type: none"> <li>Facilitator Group A: <b>Antoinette Ba Nguz</b>, UNICEF</li> <li>Facilitator Group B: <b>Nader Kabbani</b>, ME Council</li> <li>Facilitator Group C: <b>Hanan Abdul Rahim</b>, Qatar University</li> </ul>
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**13:00-14:00** Lunch

<b>14:00-14:45</b>	Restitution in Plenary by the Country Participants <i>Discussion</i>	<ul style="list-style-type: none"> <li>Senior Country Delegates</li> </ul>
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<b>14:45-15:30</b>	Summary of the Convening and Next Steps	<ul style="list-style-type: none"> <li><b>Kamel Senouci</b>, ME Council</li> </ul>
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<b>15:30-15:45</b>	Closing	<ul style="list-style-type: none"> <li><b>Tarik M. Yousef</b>, ME Council</li> <li><b>Chris Elias</b>, Gates Foundation</li> </ul>
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# The Doha Global South Health Policy Initiative

مبادرة الدوحة بشأن السياسة  
الصحية في جنوب العالمي







# About

## **The Middle East Council on Global Affairs**

The Middle East Council on Global Affairs (ME Council) is an independent, non-profit policy research institution based in Doha, Qatar. It conducts policy-relevant research, convenes meetings and dialogues, and engages policy actors on geopolitical and socio-economic issues facing the Middle East and North Africa (MENA) region. The ME Council strives to serve as a bridge between the MENA region and the rest of the world by providing a regional perspective on global policy issues and establishing partnerships with other leading research centers and development organizations across the MENA region and the world.

## **Bill & Melinda Gates Foundation**

Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people's health and giving them the chance to lift themselves out of hunger and extreme poverty. In the United States, it seeks to ensure that all people—especially those with the fewest resources—have access to the opportunities they need to succeed in school and life. Based in Seattle, Washington, the foundation is led by CEO Mark Suzman, under the direction of co- chairs Bill Gates and Melinda French Gates and the board of trustees.



**Middle East Council on Global Affairs**

Burj Al Mana 3rd floor, Street 850,  
Zone 60, Doha, Qatar

Tel +974 4422 7802

[info@mecouncil.org](mailto:info@mecouncil.org)

[www.mecouncil.org](http://www.mecouncil.org)

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