Appendix 4

Task Force on Global Action for Health System Strengthening

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Global Action for Health System Strengthening

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Acknowledgements

Keizo Takemi and Tadashi Yamamoto would like to thank all of the members of the project task force, including the authors, international advisory board, special advisors, and reviewers, for their hard work under tight deadlines; the members of the Takemi Working Group for their ongoing commitment; participants in the October workshop and November conference for their substantive input to the papers; and other colleagues from around the world who took the time to offer guidance and feedback throughout this process. We would also like to thank Susan Hubbard of JCIE/USA, Tomoko Suzuki and other staff members of JCIE for their support in managing the project and preparing this report. We are grateful for the generous financial support we have received from the Bill & Melinda Gates Foundation, the Rockefeller Foundation, and the government of Japan, without which we would not have been able to carry out the activities that have led to the publication of this report.

Earlier versions of the papers in this volume were published by the *Lancet*, the world's leading journal on global health, on January 15, 2009.* The views presented in this report are expressed in the individual authors' personal capacities and do not necessarily represent the opinions of their institutions, JCIE, the Takemi Working Group, the G8, or the government of Japan.

* Michael R. Reich and Keizo Takemi, "G8 and Strengthening of Health Systems: Follow-Up to the Toyako Summit." *Lancet* 2008; published online January 15. DOI:10.1016/S0140-6736-(08)61899-1.

Joint Learning to Save Lives

Japan's new commitment to accountability in global health to promote human security

March 2009

I. Objectives

This project aims to promote the principles of accountability and transparency by improving access to, and quality of, data and analyses at the country level. This will be achieved, through high-level multi-stakeholder dialogues, by implementing a standard package of tools to generate evidence for health policy, including capacity development and incentives that countries and data producers need in order to collect, share, analyse, and interpret better quality data for policymaking to ultimately maximise health benefits for the world's most vulnerable populations.

II. Context

Toyako G8 summit and its follow-up activities

Since the government of Japan adopted human security as a pillar of its foreign policy, health—a matter of life or death—has been presented as a field that offers concrete examples of ways to promote human security.(1) The Japanese government committed to continuing its work on the principles and actions outlined in the *Toyako Framework for Action*, which was announced at the G8 Summit in Toyako, Japan, in July 2008, through bilateral diplomacy, multilateral activities, and links with civil society.(2) At the end of the summit, the government called for a mechanism for following up on the new policy initiatives to which the G8 leaders had committed and engaged in a process with the Takemi Working Group and the Japan Center for International Exchange (JCIE) to explore policy options. This follow-up process was designed to identify action-oriented policy recommendations for the G8 on health system strengthening and to maintain momentum and continuity for future G8 summits, especially the 2009 meeting to be hosted by Italy.

At the same time, various civil society groups began a series of seminars and meetings—including the Global Health Summit that was co-organized by the Health Policy Institute, Japan and the World Bank—to raise awareness among policy-makers and the business community and to advocate for global health as a key agenda item at the Toyako Summit. Above all, a participatory process coupled with a strategic public-private partnership with strong leadership made it possible to reach high-level policy-makers and bureaucrats and to have a strong influence on the final agenda.(3)

The Takemi Working Group continued to employ a multi-stakeholder approach, focusing on three key components of health systems—health workforce, financing, and health information (monitoring and evaluation). Through a series of consultations and

international conferences with major stakeholders—including the WHO, the World Bank, and the Bill & Melinda Gates Foundation—the working group finalized its report, *Global Action for Health System Strengthening: Recommendations to the G8* (henceforth *Takemi Report*), which was presented to the government of Japan in January 2009.(4) *The Lancet* also published the summary paper from this report along with two commentaries,(5) which supported the process initiated by the Japanese government and stressed the importance of the G8's collective action to sustain momentum for health system strengthening in the face of the current financial crisis.

The *Takemi Report* offers three major recommendations based on background papers on the key components of health systems.(4) First, the G8 should make *more effective use of existing resources*, as well as secure additional resources from both external and domestic sources. Such an approach is critical given the current global financial climate. Second, the G8 should support health system strengthening based on *country capacity and ownership to collect, analyse, and interpret data for decision making*. Third, following up its communiqué, the G8 should implement *an annual review of global health commitments*, applying a standard set of common measures to assess how resources are being provided and used to improve the performance of health systems.

Such activities have resulted in a draft resolution on health system strengthening for the World Health Assembly, inputs to the working groups of the High-Level Task Force on Innovative Financing,(6) and a series of dissemination seminars in different parts of the world, which evoked discussions and debates and generated useful inputs to the future activities of the Takemi Working Group, its partners, and global health community as a whole.

Next steps for the Takemi Working Group

The current global financial crisis makes it more critical for the G8 and global health community to address health system strengthening and deliver on commitments made at the Toyako Summit. However, one challenge that this Takemi Working Group has illuminated is that there is still no common global understanding of what works and what does not, particularly in developing countries, so that health systems can contribute to the ultimate goal of improving the health of individuals and communities. Part of the reason for this lack of a common understanding is that there is not a sufficient body of reliable, accessible data and evidence on the health systems and programmes and on the impacts that health interventions actually have. Without such reliable evidence, it is impossible to evaluate and monitor progress and design policies and other interventions

that respond to actual needs on the ground and that employ methods that have proven effective.(4, 7)

We have thus come to realize that information is essential to the creation and sustainability of a strong health system and of achieving positive health outcomes, making it a promising area for developing more substantive and larger-scale research and dialogue activities. All elements of health systems rely on accurate and appropriate information, but they can also all contribute in different ways to information systems, making health information a matter of common concern to stakeholders from all fields and all countries.(5, 7)

The policy paper on health information in the *Takemi Report* identifies a number of problems that limit the availability, timeliness, and quality of evidence for decision making.(7) First, the quantity and quality of data for monitoring progress and assessing health systems are poor and have had not received priority in investment decisions. Second, responses to data scarcity have led to proliferation of indicators, inconsistent frameworks, and fragmented activities. Third, work is duplicated across agencies, which compete to fill the same gaps rather than coordinate their efforts. Fourth, progress is slow towards making data openly accessible. Fifth, political factors and relationships influence the collection, reporting, and use of data and contribute to poor data quality. Finally, many countries lack both the incentives and capacity to collect, share, analyse, and interpret good quality data.

There are several reasons for the Takemi Working Group's decision to tackle this critical but neglected area as a strategic direction of the Japanese commitment to global health. First, Japan has been promoting the *principle of accountability and more efficient use of available resources.* Both the *Toyako Framework* and the *Takemi Report* reflect the need for accountability and the critical role of monitoring and evaluation of health systems and programmes.(5, 8) Second, the correction of fragmented activities and inconsistent frameworks requires *a high-level strong political commitment and leadership* that can bring together major stakeholders from both public and private sectors. The Takemi Working Group, in collaboration with JCIE, has shown that it has the capacity to facilitate such a process through a multi-stakeholder approach.

Third, there is an issue of *comparative advantage.* The International Health Partnership and Related Programmes (IHP+), led by the UK's DFID, has already initiated a major international consultation to develop high-level policy action programmes in the area of innovative financing (i.e. High-Level Task Force on Innovative Financing). In addition to

the potentially new sources for global health, the major debates between the two working groups of the task force include more efficient use of all available resources and results-based financing, both of which require appropriate monitoring and evaluation based on a common set of indicators.

Fourth, the *Takemi Report* identifies the critical role of *developing countries' management capacity* to use, analyse, and interpret relevant data to generate evidence for policy. Despite the many resources devoted to health worldwide, the focus of health system strengthening has been on inputs (e.g. human and financial resources), as exemplified by the High-Level Task Force on Innovative Financing and the Global Health Workforce Alliance, rather than on outputs and impact on health (e.g. effective coverage and health outcomes).(6) Such imbalance in practices needs to be corrected in order to shed more light on the system-wide impact of various global health initiatives.

Fifth, Japan is one country where *community-based information collection, analysis, and dissemination* has proven effective in shaping appropriate health-related policies and other interventions. This experience can offer valuable lessons to other countries and institutions that are struggling with this challenge. In fact, Chinese policymakers and researchers have shown a great interest in learning lessons from Japan's health system performance to develop a road map for Chinese health system reform. However, there is no regional platform to promote and facilitate such a dialogue and policy debates on the basis of evidence at higher levels. Given the uniqueness of Japan's experience and context, other countries' experiences will also need to be analyzed, particularly developing countries' experiences, to better understand what has and has not worked and why.

Finally, together with its comparative advantage of advanced information technology, Japan's emphasis on *human security* as a central pillar of its foreign policy makes it a natural potential leader in the field of health information. As a people-cantered approach, human security calls for a full understanding of the actual needs of individuals and communities, something that can only be had with accurate information collected in a manner that engages those it is meant to describe. In addition, human security's emphasis on interrelations among the many factors affecting individuals' and communities' vulnerability is well reflected in the field of health information, which cuts across all aspects of health systems, both as an input into other building blocks (e.g., by informing decision making regarding financing and resource allocation and regarding the kinds of human resources that are needed and where) and as an output (e.g., as something that is only possible with sustainable funding and skilled, engaged human

resources). Japan can exercise its "soft power" by promoting the principles of accountability and a culture of people-centered, evidence-based health policy.

III. Project Framework

The policy paper for the *Takemi Report* identified two major sources of inefficiencies in the field of health information,(7) which need to be corrected urgently: 1) existing data are neither accessible nor presented in a coherent way (a problem of technical inefficiency); and 2) data, very often with limited utility, are collected and compiled in an uncoordinated fashion, hence at higher marginal costs (a problem of allocative inefficiency).

The correction of such inefficiencies across agencies, institutions, and countries will make global health metrics more useful and reliable and leverage the comparative advantage of each stakeholder. Such efforts should focus on local capacity building through regional and global collective action, as the ultimate goal of the global health metrics community is to establish a sustainable scheme to develop local capacity to collect high-quality data, monitor and evaluate health programmes and systems, and inform policy. Some conditionality on the use of pooled resources would be necessary to give incentives and improve capacities to collect better data at the country level.(9)

This project proposal is built upon the major recommendations of the policy paper on health information in the *Takemi Report:* (5, 7)

1 Establish a "**Digital Commons**" using a network of global and regional centres of excellence to improve access to—and the quality of— datasets and analyses at the country and global levels

  1.1 Promote the principles of open access and data sharing in the public domain.

  1.2 Develop a global databank for common indicators (starting with MDG targets, human resources, and resource tracking) and a data exchange and quality assurance mechanism.

  1.3 Establish a Cochrane-type process for global health monitoring to generate empirical evidence for health policy.

2 Pool resources for health metrics at the global and country levels to create a "**Global Health Metrics Challenge**":

2.1 Develop capacity and create an incentive structure for countries and data producers to collect, share, analyse, and interpret better quality data.

2.2 Make health funding contingent upon third-party evaluation that is compliant with agreed principles, including standard measurement strategy, data in the public domain, strengthening local capacity, and appropriate use of information technologies.

3 Implement a G8 "**Annual Review**" to assess the G8's commitments to health systems and programs:

3.1 Define a standard set of metrics and measurement strategies for monitoring and evaluation of aid effectiveness, health programmes, and systems.

3.2 Plan and assess future health-related activities by the G8 and partners using a common framework and metrics.

IV. Project Activities

The overall goals of the present project are 1) to position monitoring and evaluation as a core principle of both health system strengthening and disease control and 2) to establish a shared learning process and a standard package of tools to promote evidence for policy by enhancing existing efforts and creating a new approach that directly addresses the lack of incentives to make these efforts representative.

The topics outlined above are all areas in which Japan could potentially take a strong global and regional leadership role. As such, activities dealing with each topic should explore the various policy tools that Japan can use to promote stronger health information systems around the world, particularly in the Asia Pacific region, ultimately leading to better health outcomes. Tools that might be explored include, but are not limited to, Japan's role in multilateral institutions, diplomatic tools, bilateral official development assistance, technical assistance, and its own human resources and educational institutions. In addition, each topic will include the following specific activities.

Major Activity 1: Establish an Asia Pacific "Digital Commons"

Health information is a rapidly booming sector across the region. China has also initiated an effort for achieving more equitable heath care services by 2011, a part of which is the development of a health information system to generate evidence for guiding health sector reform more efficiently and effectively. Korea has developed a

well-advanced electronic medical record system. AusAid is investing in knowledge hubs, including information hubs, to help develop its strategic direction and policy. WHO's Western Pacific Region has been working on the development of its health observatory, which is deficient of private data sources and quality control. Japan and the United States have agreed on a collaborative effort in the area of global health. Both countries have a comparative advantage in synthesis, analysis, and the use of information for policy, which could be one of the concrete areas of collaboration between the two countries in the region. To establish a digital commons in this region will require carrying out two specific tasks.

1.1 *Establish a High-Level Task Force on Health Information* to develop a standard set of metrics and measurement strategies for monitoring and evaluating aid effectiveness, health programmes, and systems. There is a tendency within the field of health information to try to gather and analyze information on every possible indicator, with some institutions collecting and analyzing information on thousands of health indicators at once.(10)

With thousands of indicators recommended but few measured well, the global health community needs to focus its efforts on improving measurement of a small set of priority areas, including aid effectiveness and health system inputs (resource tracking), outputs (effective coverage), and impact (mortality, causes of death, and morbidity). There is a need for agreement on a small, targeted set of measurable indicators that are most relevant to all of the stakeholders so that they can start experimenting on working together on a manageable set of data and a common database.

1.2 *Establish a Cochrane-type process for global health monitoring* to generate empirical evidence for health policy (see Figure 1):

a. Develop an open-access common database of a limited set of indicators relevant for evaluating health systems and monitoring progress toward achieving the MDGs.

b. Establish, maintain, and sustain a collaborative network of regional centers of excellence in Asia Pacific for systematic review and meta-analysis of health systems.

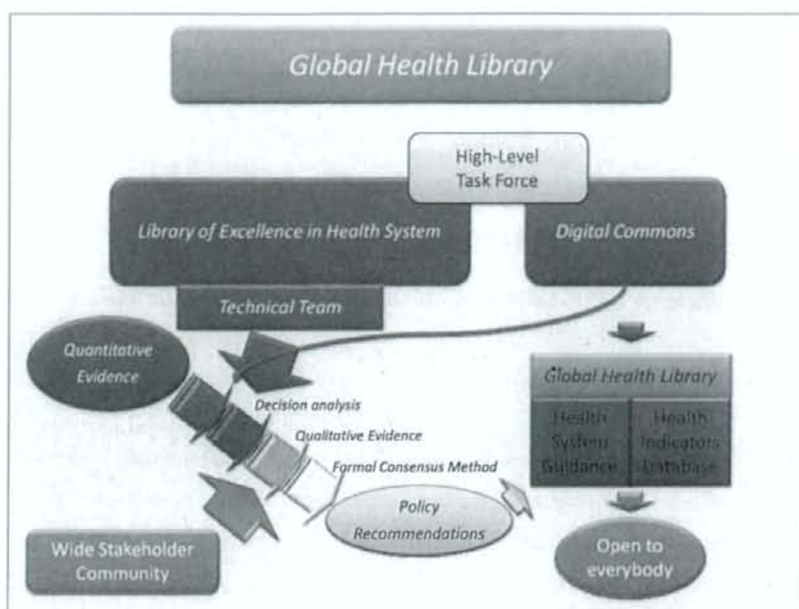

Figure 1: Cochrane-type process for health system monitoring

It will be necessary to bring together work and evidence on health system assessment done by both public and private sectors. This requires a regional and global collaborative community and shared learning across systems that can benefit all countries and communities. There are independent activities in Latin America and Europe in the form of regional health observatories, and an international partnership focusing on health information, the Health Metrics Network, is primarily focusing on advocacy and the assessment of health information systems. But neither is active in the technical area on health system performance assessment or catalytic in health system measurements. In the Asia Pacific, however, there is no formal network of regional centres of excellence to improve access to, and the quality of, datasets and analyses at the country level.

Effective coverage is considered to be a better indicator of a health system's ability to deliver services by combining needs, quality, access, and utilization of services.(11) However, this metric requires more information and analytical capacity than what is available in countries with limited resources and health information systems. One of the major objectives of the newly established Latin American Health Observatory is to complement countries' capacities through regional collaboration among centers of

excellence in health metrics and evaluation. In the latest *World Health Report 2008*, the WHO also called for more structured and intensive inter-country collaboration around policy reviews for primary healthcare, which would yield better international comparative data on variations in the development of health systems, on models of good practice, and on the determinants of successful reforms.(12)

Major Activity 2: Create a "Global Health Metrics Challenge"

2.1 *Develop a package of standardised measurement and policy formulation strategies and implement it in several representative communities in Asia* by developing capacity and creating an incentive structure for countries and data producers to collect, share, analyse, and interpret better quality data. Key functions in health information are performed by various stakeholders. Such functions—at global, national, and subnational levels, implicating government, academic, and civil society actors—include 1) data collection and compilation, 2) monitoring and evaluation processes, and 3) systematic assessment of evidence on health systems and meta-analysis of health interventions.

An often-neglected step in the health information cycle is translating the evidence into policy dialogue and specifying the actions needed to make an impact. Health information products need to be easy to use and designed to meet the immediate and strategic needs of decision makers. This in turn will enhance the awareness of decision makers at all levels of the importance of using reliable health information in their policy making.

The current flow of health information is often in one direction from communities to central governments or from countries to international agencies, and there is some concern that there will be further distancing of capacities from local data producers when data gathering and compilation happen at a higher level.(13) In fact, quite a few developing countries are using estimates generated by international agencies to track progress on the MDGs without knowing where such figures come from,(14) and there is a risk that they may not develop their capacities to collect and analyze better quality data. The health information cycle, therefore, needs to bring the information back to countries and data collectors. The ultimate goal of the global health metrics community is to develop local capacity to collect high-quality data, monitor and evaluate health programs and systems, and inform policy.

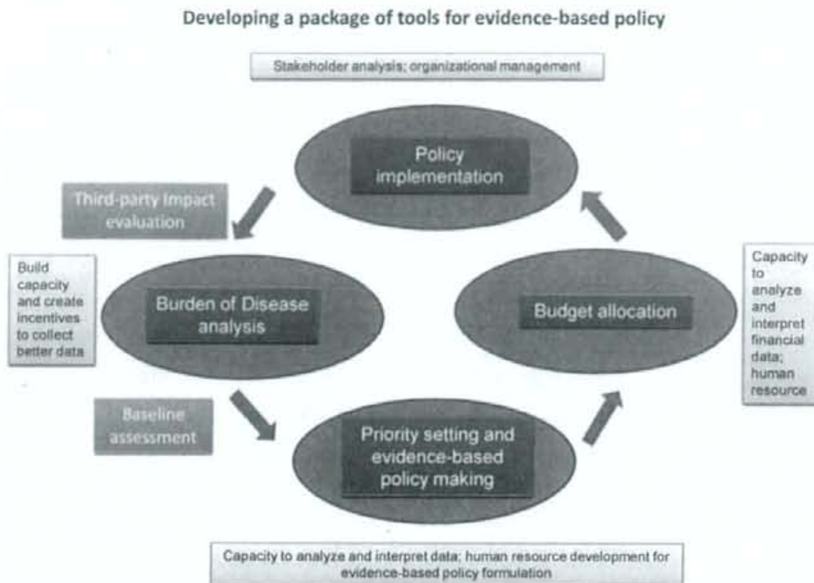

Figure 2: A package of tools to enhance evidence for policy at the community level

In many countries, a tension exists between the need to obtain valid and reliable data, often at high cost, and the need for timely local information. In practice, periodic surveys are often used to provide national measurements, whereas local decision makers have to rely on periodic or continuous collection of administrative records. New methods are needed to improve the validity and reliability of timely local measurements at a reasonable cost, including the use of lower cost sampling methods with larger design effects, record links between surveys and administrative systems allowing estimation of selection bias in administrative systems, and Bayesian methods for local-area estimation, which will be introduced in this project.(15)

2.2 *Promote results-based funding for ODA projects*, which is contingent upon third-party evaluation that is compliant with agreed principles, including standard measurement strategies (baseline and impact evaluation), data in the public domain, and strengthening local capacity. In principle, results-based commitments require a relevant baseline indicator and should directly measure subsequent changes in this. This in turn requires a pre-defined monitoring and evaluation framework and

benchmarking.(15) However, most current evaluations, such as the Global Fund's five-year impact evaluation, are done on an ad hoc basis with limited baseline data or based on a comparison of outcomes before and after a program was introduced for the same group.

The *Toyako Framework* and the *Takemi Report* have made Japan a natural leader for results-based funding by promoting monitoring and evaluation practices based on a standard set of indicators. An innovative funding mechanism is also needed in order to build country capacity to monitor and evaluate health systems and to sustain such activities at the country level.(16) One option is collective action or an arrangement that mobilizes funds for data collection and sharing by coordinating commitments of various countries, donors, and agencies. This project will assess more efficient use of available resources from ODA and others for data collection and analysis at the country level.

As in the case of conditional cash transfer programs that transfer money to poor households on the condition that they comply with a set of requirements on health and educational services,(9) some conditionality on the use of pooled resources would be necessary to give incentives and improve capacities to collect better data at the country level. Such conditions would obligate the use of standard measurements, data sharing in the public domain, and local capacity building.

Major Activity 3: Annual Review of ODA commitments in global health

3.1 *Track financial investments for global health.* There is growing interest in the efficient use of existing resources as well as the extent of commitments made by donor countries. Given that increasing donor funding lies at the heart of the global health agenda of major donor countries, tracking development assistance for health from donor countries should be the logical first step in the annual review process. However, the current approach to evaluating the commitments is limited to monitoring progress in meeting the G8 commitments: 1) qualitative rating (e.g. the G8 research group's assessments) which is essentially a subjective judgement and therefore not comparable across countries and over time; 2) OECD-DAC's analysis of aid flows, which is suitable for monitoring bilateral contributions but does not include major multilateral and private contributions or commitments by disease (e.g. HIV, malaria, TB, etc.); or 3) self-reported data from member states (e.g. annex table of the Toyako Framework), which is very difficult to verify or replicate.

Data collection and analytical methods for undertaking an annual review of all international global health financing from public and private sources are being

developed with initial estimates of the total envelope of development assistance for health from 1990 to the present and additional analyses of investments by donor country, recipient country, disease, etc.(15) Based on an assessment of data availability and a review of the development assistance for health literature, the following list of indicators for an annual review can be proposed:

a. Annual and cumulative pledges by donor countries
b. Bilateral Assistance
    i. Annual and cumulative commitments and disbursement on health-sector grants
    ii. Disease-specific commitments and disbursements
    iii. Commitments and disbursements for health system strengthening, general budget support, and debt relief
c. Multilateral Assistance
    i. Regular assessments
    ii. Total extra-budgetary support
d. Total contributions to global health initiatives like GFATM and GAVI
e. Overall ratio between cumulative disbursements and cumulative pledges

Access to timely and good quality data poses the biggest challenge for this exercise. The OECD relies on information reported by donor agencies, as a result of which the quality of the data varies considerably across donors. Moreover, there is a two-year lag between the current calendar year and the year for which data are available from the OECD.

Hence, promoting collaboration among existing researchers and identifying local researchers in each donor country who can undertake data audits to validate the information reported to the OECD as well as collect additional data on recent years using publicly available data sources will significantly improve the quality of the annual review.

3.2 *Monitor health system output and health outcomes.* The ultimate objective of donor investments for global health is to improve health outcomes in low- and middle-income countries by strengthening health systems and increasing their capacity to deliver cost-effective interventions. Hence, timely measurement of health system outputs and health outcomes is necessary to monitor progress. The challenges of tracking population health in low- and middle-income countries are well documented and several activities of the present project are designed to tackle such challenges directly.

In the context of the annual review, given the number of donors operating in the health space, the complexity of international aid flows, and the data limitations, linking changes in health system outputs and health outcomes to specific donor contributions and proving causality pose a significant challenge. However, having reliable time series data on donor contributions on the one hand and measures of government health expenditure, coverage indicators, and health outcomes in all low- and middle-income countries on the other will make it possible for the annual review process to analyze time trends and document whether the changes are in the right direction.[1]

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[1] Below, we propose indicators for tracking health system output and health outcomes.

1. Health System Output Indicators: a) government health expenditure by year; b) coverage (maternal and child health interventions, malaria interventions, HIV/AIDS interventions, TB treatment)
2. Health Outcomes: a) mortality rate; b) disease-specific health outcomes and risk factors.

The lists of indicators provided in this document are preliminary and contain the most basic set of indicators that will be needed to provide a systematic review of donor contributions. Additional indicators could be added based on data availability and quality.

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