Getting on the same page: the concept and assessment of 'health systems strengthening'

Welcome to this ReBUILD for Resilience webinar

The session will begin at 12:00 BST (11:00 UTC)

Please note that this webinar is being recorded

ReBUILD FOR RESILIENCE

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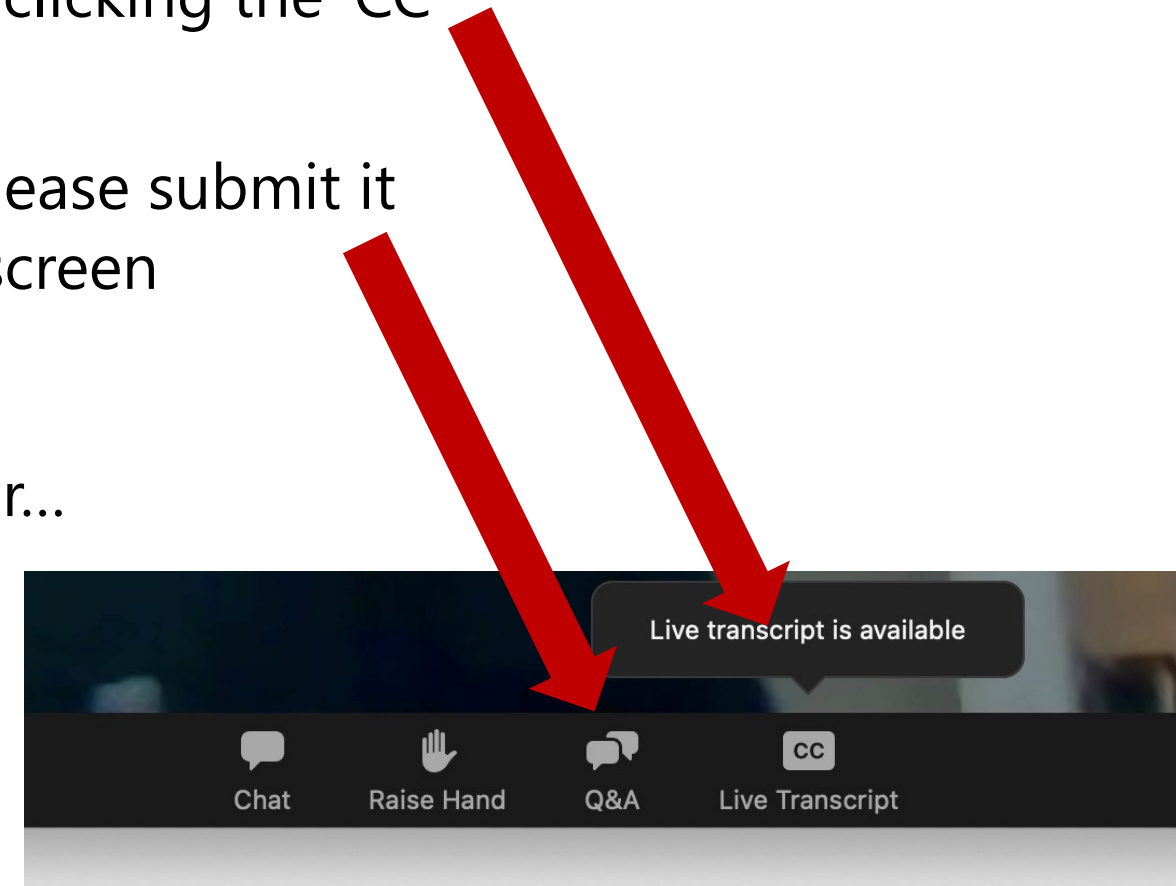
Housekeeping

- Your camera and microphone are both switched off – no one can see or hear you
- **Live transcript** is available. Enable this by clicking the 'CC' box at the bottom of the screen
- If you have a question for the panellists, please submit it using the **Q&A box** at the bottom of the screen
- The **chat** function is not available today
- We would love to hear from you via Twitter…
  @ReBUILDRPC #HealthSystems



Today's programme

Professor Sophie Witter
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Dr Jo Keatinge
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DR KABIR SHEIKH

Policy Adviser at Alliance for Health Policy
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Conceptualizing health systems strengthening

Questions to ask ourselves:

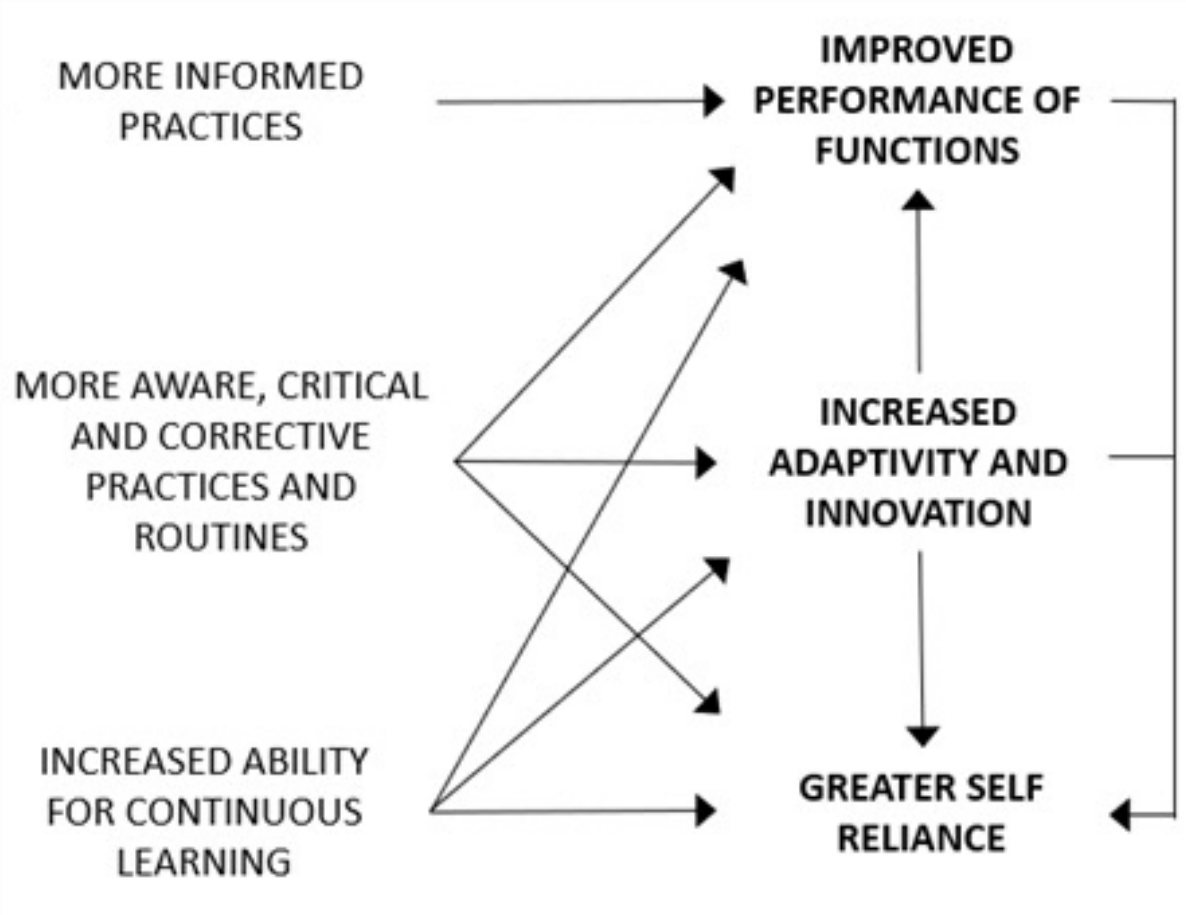
- Health Systems: **the building blocks or beyond?** (Health determinants, Whole of society / government)?
- Should we assess "strengthening" in terms of **outcomes** (e.g. access, coverage, equity, quality and security) or **attributes** (e.g. resilience, responsiveness, learning)?
- Is assessing **strengthening** different from assessing **performance?**

Time: A key variable

- Does strengthening cease when the intervention concludes? ("projectification")
- How can health systems continue to strengthen themselves?
- *"Systems that don't learn from history…"*

Learning Health Systems make the link between past actions, the effectiveness of those actions, and future actions

Alliance for HPSR Flagship Report on Learning Health Systems 2021



Assessing health systems strengthening

"Weaker vs Stronger" clarity

- What (sustained) changes are expected to occur?

Epistemic diversity

- Should there be different ways of assessing different types of change?

The "time" element

- Is strengthening for now or for the future? How does that affect how we assess?

Parsimonious or comprehensive?

- Should common evaluation frameworks be encompassing, or should they attempt to find common ground?

Health system strengthening in LMICs: reflections on challenges in evidence

Professor Sophie Witter

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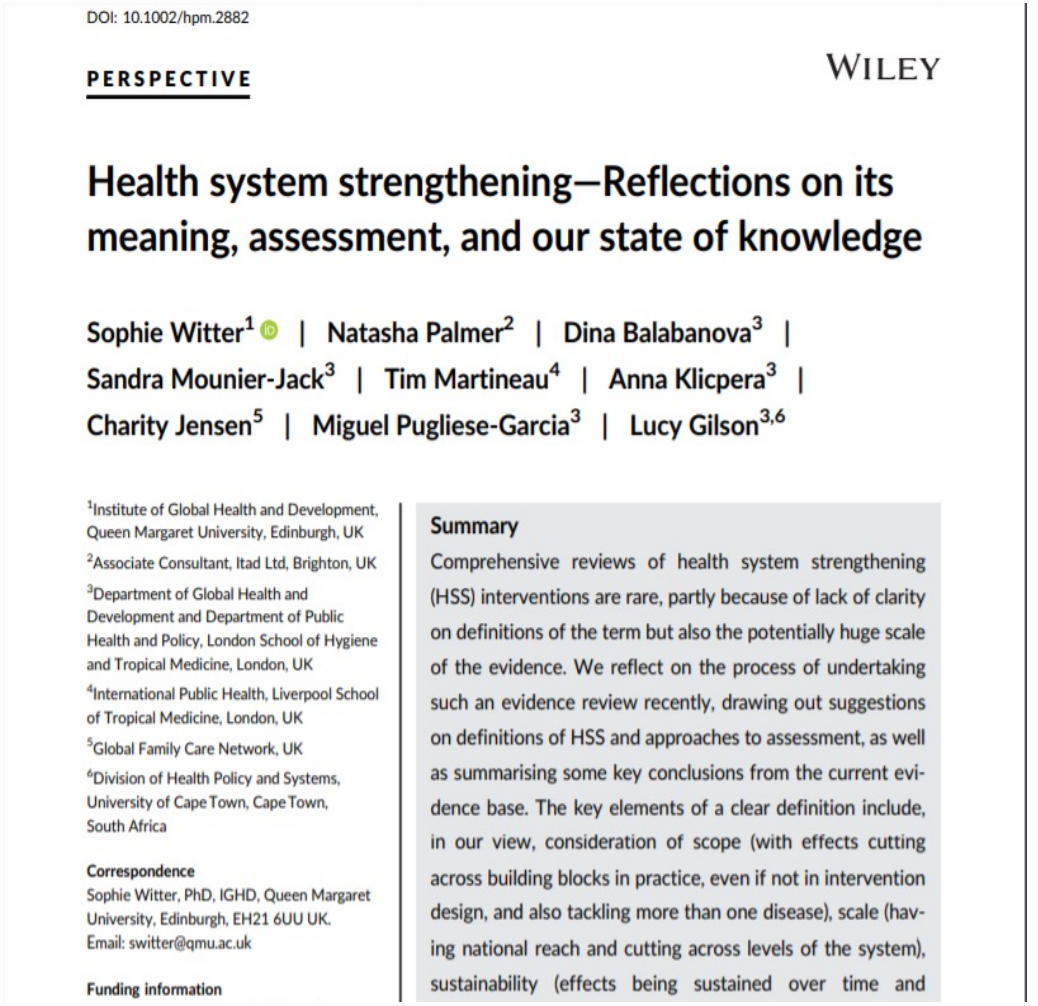
Background

- Introduction to ReBUILD
- Evidence reviews for DFID/FCDO in 2019 and 2021, aiming to inform investment in HSS

(Linked) challenges arising – lack of:

- Existing reviews
- Consensus on concepts and definition
- Clarity on frameworks for design and evaluation so that we:
  - Ask the right questions about impact
  - Generate credible but nuanced evidence



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PERSPECTIVE

WILEY

Health system strengthening—Reflections on its meaning, assessment, and our state of knowledge

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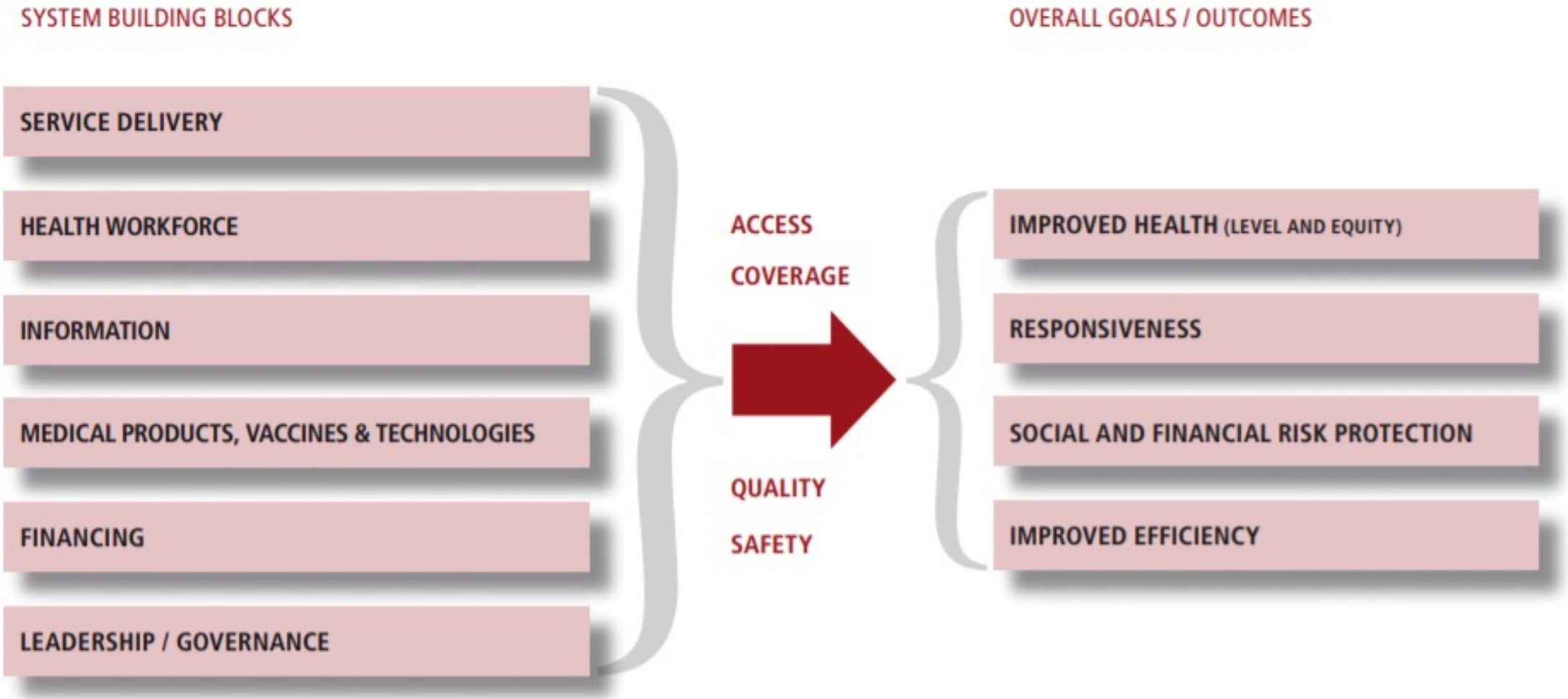
Funding information

Summary

Comprehensive reviews of health system strengthening (HSS) interventions are rare, partly because of lack of clarity on definitions of the term but also the potentially huge scale of the evidence. We reflect on the process of undertaking such an evidence review recently, drawing out suggestions on definitions of HSS and approaches to assessment, as well as summarising some key conclusions from the current evidence base. The key elements of a clear definition include, in our view, consideration of scope (with effects cutting across building blocks in practice, even if not in intervention design, and also tackling more than one disease), scale (having national reach and cutting across levels of the system), sustainability (effects being sustained over time and

THE WHO HEALTH SYSTEM FRAMEWORK



A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health (WHO 2007)

HSS: definitional challenges

History: emerging from debate about vertical programme; largely conceptualised by Global Health Institutions, not by people working within health systems themselves.

- "any array of initiatives that improves **one or more of the functions** of the health systems and that leads to better health through improvements in access, coverage, quality or efficiency" (WHO, 2019 glossary)
- Adam and De Savigny (2012) highlight that, to be considered HSS, an intervention needs to have **system-level changes** as opposed to changes at the organisational level

- Chee et al. (2013): health systems strengthening as "**permanently making the systems function better, not just filling gaps** or supporting the systems to produce better short-term outcomes" i.e.
  1) The interventions have cross cutting benefits beyond a single disease;
  2) They address identified policy and organisational constraints or strengthen relationships between the building blocks;
  3) They produce long term systemic impact beyond the life of the activity; and
  4) They are tailored to country specific constraints and opportunities with clearly defined roles for country institutions

Health system strengthening definition

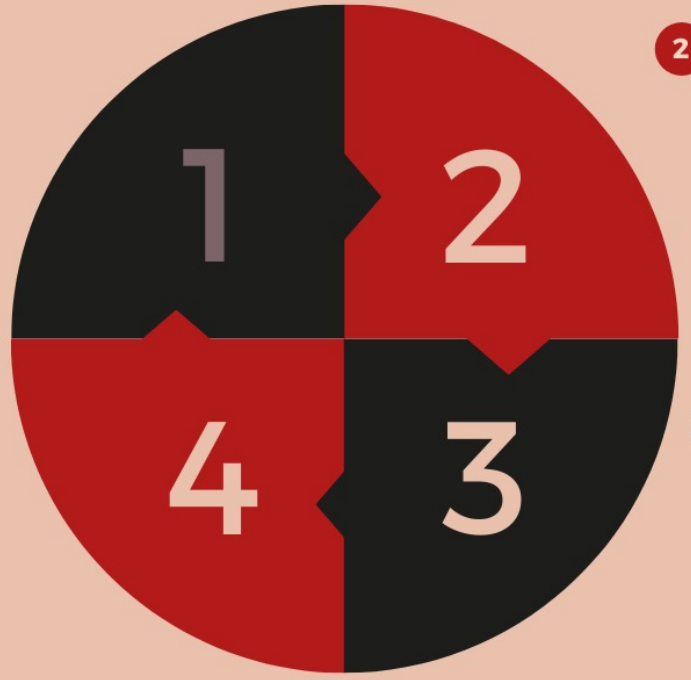
BY EVIDENCE REVIEW TEAM

1 Scope

Should have effects cutting across building blocks in practice, even if not in intervention design, and also tackling more than one disease

2 Scale

Should have national reach and cut across more than one level of the system



4 Sustainability

Effects should be sustained over time and address systemic blockages

3 Effects

Should impact on outcomes, equity, financial risk protection and responsiveness, even though these impacts may occur after a time lag

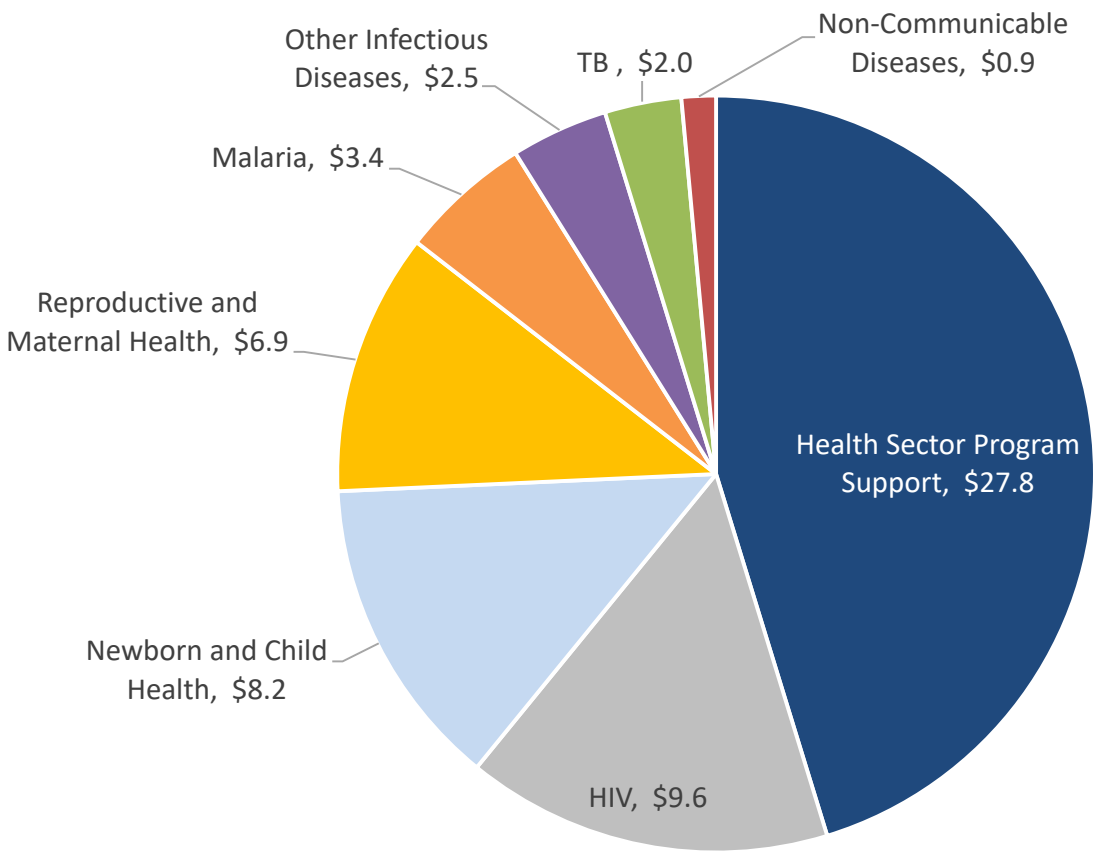
Agency definitions differ markedly and appear to still be under development in many organisations.

Implications of non-agreement on definition

Overall, HSS investments comprise 28% of total DAH (IHME database), but lack of agreement on boundaries leads to:

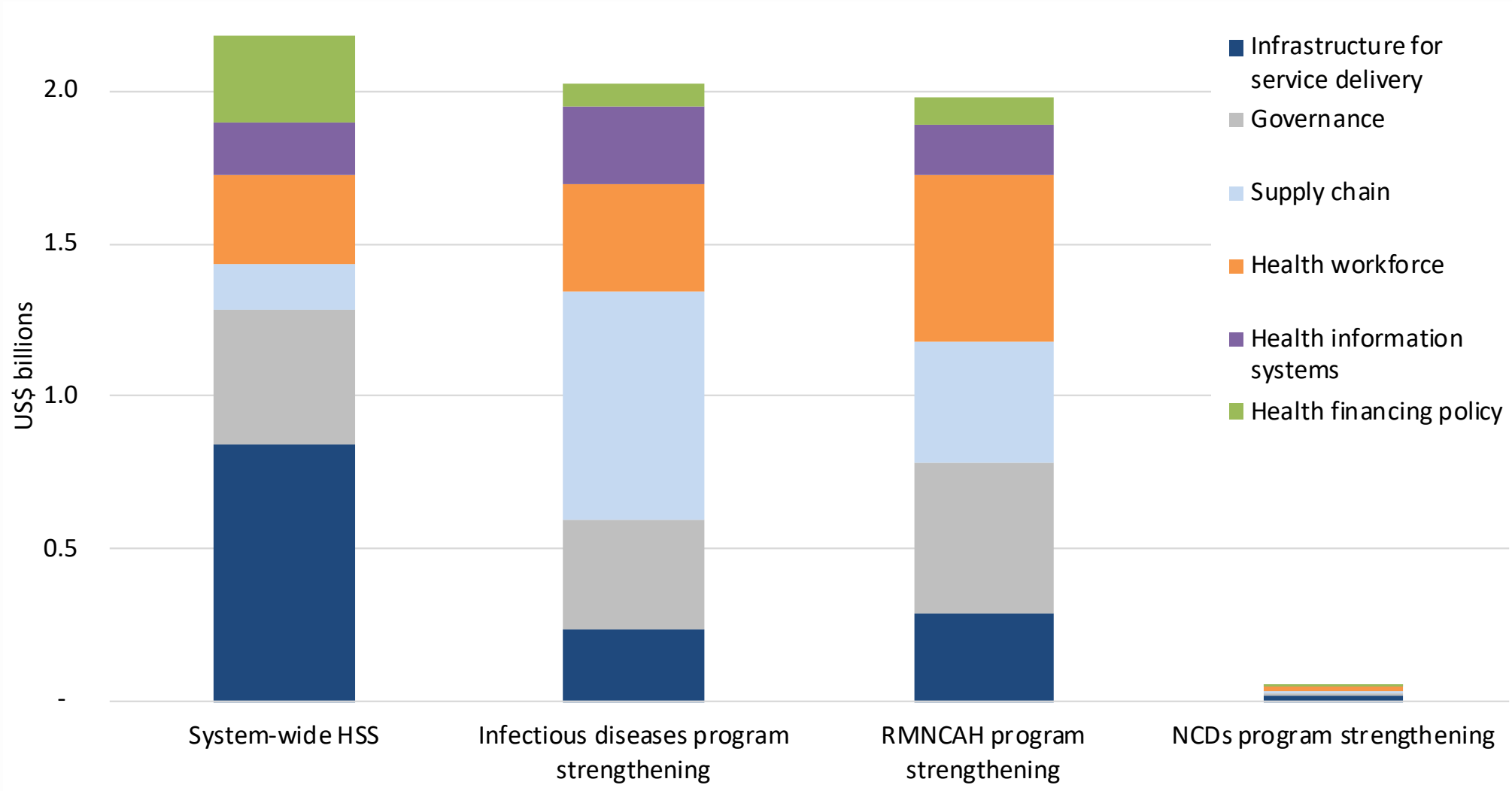
- Challenges tracking investment and spend by different funders
- Challenges for design of HSS interventions and their assessment

DAH for HSS by health sub-sector/investment area, US$ billions, 2015-2019 (IHME database)



Also skewed allocations?

DAH for HSS by program area and health system component, US$ billions, 2015, OECD CRS database



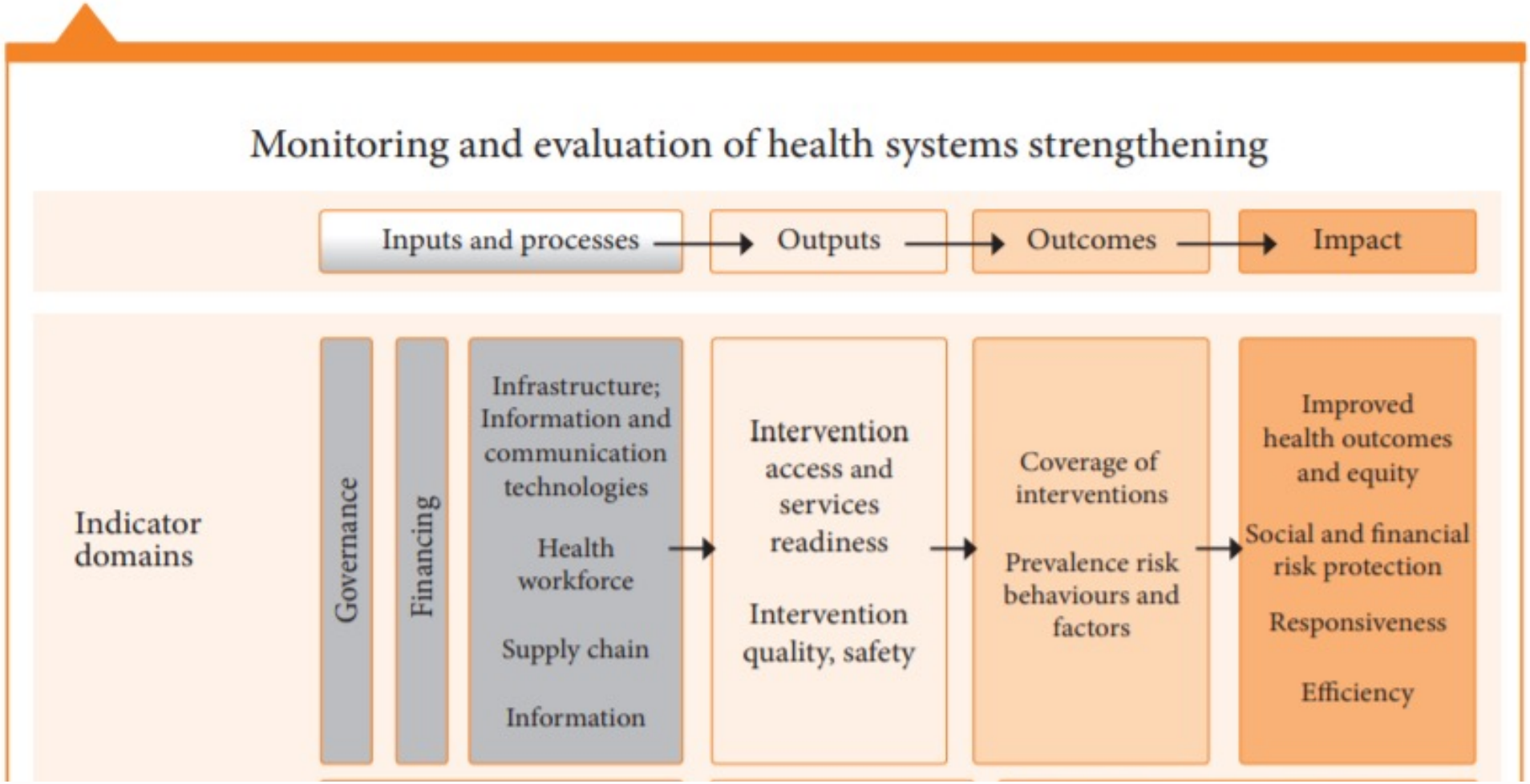
Challenge 2: Frameworks for design and evaluation

- Lack of HSS evaluation frameworks
- Programmes (usually) have ToC for their focus area but narrowly targeted
- Studies often have narrow focus on outcomes in their block, so verticalise
- The overall literature is highly skewed towards:
  - Better funded areas, with more external support and interest
  - 'New' initiatives
  - Areas which are more policy-oriented than practice (hence inverse relationship between spend and research in areas like HIS and PSM)
  - Simple interventions
  - Project-based and short-term, more than organic national reforms, followed over longer time-frames

Result: large evidence gaps exist; lack of robust evidence is no indication of lack of effect

WHO HSS framework (2010)

Figure 2. Monitoring and evaluation of health systems strengthening



Health Systems Strengthening Framework

Health system inputs	Mechanisms of change	Health system process goals	Health system outputs, outcomes, impact
Governance, structures, financing, infrastructure, workforce, supply chain, information	For example, training & skills building, changed incentives, social dialogue, exposure to new ideas, organisational culture change, new administrative procedures, (e.g. governance or financing processes) structural reforms – singly or in combination	Development of system, services and infrastructure reflects national priorities and equity goals Resources (funds, supplies, information etc.) flow in timely and adequate way to frontline providers Distributed and transformative leadership is developed Information systems are integrated Information is reviewed and fed back into decisions – active learning cycle Teamwork and collaboration are supported A culture of service, desire for excellence, care and solidarity is developed Capacity is built (at individual, organisational and system levels) Staff are deployed where needed, with right skills and attitudes There is mutual accountability upwards and outwards, including rewards for performance (and sanctions for non-performance) Risks are pooled across wider population, focusing first on vulnerable populations Package of services available to population is expanded, with priority given to most cost-effective and equitable ones Services are integrated and delivered at most appropriate level, with continuity of care and appropriate referrals Communities are engaged to ensure responsiveness and manage own health needs effectively	Quality, safe services available and accessible Responsiveness Efficiency High coverage of interventions Reduced risk prevalence Improved health outcomes and equity Social and financial risk protection

Conclusions on evidence

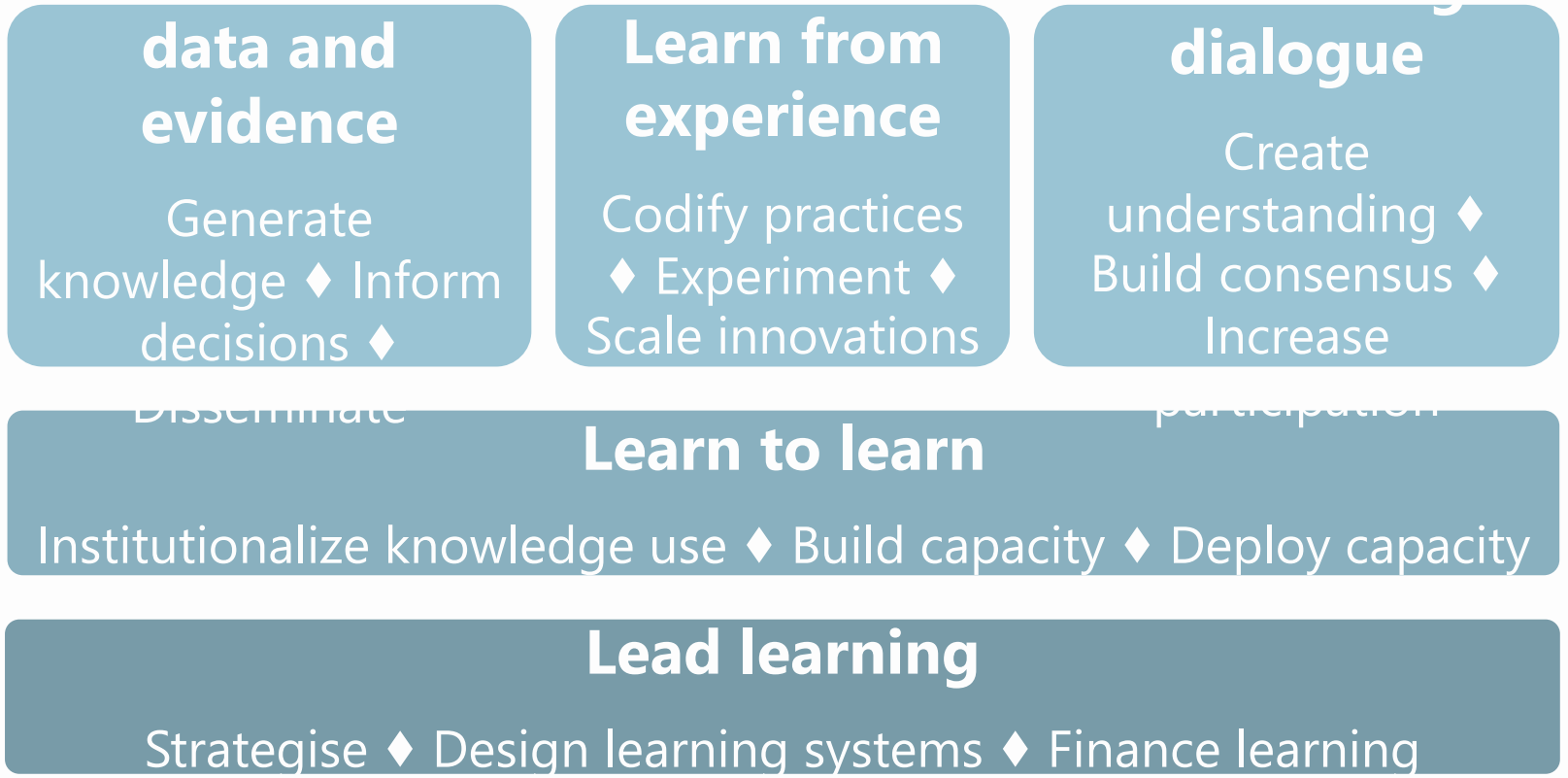
Our review **highlights areas with stronger evidence and overall the importance of HSS** (and opportunity costs of not doing so)
Given role of context in determining effects, we cannot look at effects in isolation from an understanding of **processes and mechanisms of change, software and history** – i.e. adaptation to context
HSS **may not be appropriate in all contexts** - e.g. preventing collapse is key in emergencies

Factors highlighted across the studies which are **likely to increase HSS success** include:

- Political commitment to a process, taking advantage of windows of opportunity
- Shared societal values
- Sustained commitment
- Coherent reform programmes
- Quality of implementation
- Community engagement in the design and implementation of the interventions
- Individual and organisational capacity development and mentoring
- Iterative learning and adaptation

LHS key to HSS

- Evidence on HSS is of value for health systems, when it is contributing to learning and change
- Health systems learn and change in other ways, that may be more significant than evidence use
- Capitalizing on experiential and deliberative learning *in addition to evidence,* will be crucial for HSS



The Alliance's Learning Health Systems framework

Priorities for research

1. Reaching agreement on what constitutes HSS, starting with a more bottom up approach (local and national health systems) and considering public/private/informal sectors and interactions with communities
2. Agreement on indicators of a 'strong health system' which can allow for coordinated tracking over time as HSS interventions are rolled out (in simple or complex bundles)
3. Systems for assessing them longitudinally, ideally using routine or existing survey/periodic information systems
4. Methods for assessing or modelling linkages from health system process goals to outputs, outcomes and impact
5. Building evidence of which HSS approaches are best suited to different contexts - especially for fragile and shock-prone settings

Foreign, Commonwealth & Development Office

Strengthening health systems

Presentation by Dr Jo Keatinge, Health Advisor, Global Health Directorate, FCDO

Wednesday 19th May 2021

Foreign, Commonwealth & Development Office

Our on HSS journey so far…..

- FCDO has been supporting a HSS approach for years – but we know we could do better.
- Slow shift in mindsets, narratives, behaviours and incentives – but still a way to go.
- Opportunities/challenges/priorities continue to change e.g. SDG/MDG, C-19, UHC/GHS
- The evidence continues to evolve and this is helping to inform our approaches. We know a lot more about:
  - What works e.g. combine interventions for health workforce development;
  - What we need to more of e.g. addressing interlinkages aspects and the political economy;
  - Different country contexts and stages of system transformation;
  - Where we have knowledge gaps e.g. minimal cost-effective studies on HSS interventions and integration; weak HSS metrics;
  - How investments work together or duplicate or fragment.

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This has helped FCDO have a clearer focus BUT it's complex!

- Our priorities are on **Universal Health Coverage and Health security** – and to do that we need strong and resilient health systems.
- There is **no 'one size fits all' to HSS** – not predictable, difficult to forecast, difficult to measure, durability of impact is unreliable – therefore we still need evidence and to try out new things.
- HSS is as much a **political as a technical issue** e.g. incentives, behaviour, motivation, governance and politics all impact on how a system can be strengthened
- Systems building is **not a one-off**, irreversible process – needs long term action which is often difficult to secure.
- The HSS building blocks provide a good starting point, but they are **not linear and optimising just one part of the system is not sufficient.**
- Interdependency of embedded systems across larger systems requires **multi-sector and multi stakeholder engagement.**
- Elements of the system change themselves (they adapt) and any adaptations have consequences for the rest of the system. Small changes can have big effects – either positively or negatively so we need to carefully track what we are doing.

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So where is FCDO headed on our approach to HSS?

Ways of programming

- Using the latest technical and normative guidance.
- Not being prescriptive but flexible based on country needs.
- Ensuring there is adaptation built in to our programming.
- Focusing on making **all of our investments work better together**.

Core principles

- Protecting and promoting people's right to health;
- Leaving no one behind;
- Respecting country leadership and working together;
- Doing no harm; and
- Being evidence-based, cost-effective and promoting value for money.

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What we want to do better – our key focus areas:

- Taking a longer-term approach
- Integrating **key essential services** – breaking down siloes
- Building resilient **public health functions**
- Greater focus on **quality**
- Supporting leadership on **health financing**
- Strengthening the **health workforce**
- Exploring better ways to **measure impact**
- **Measuring equity**
- Using **digital innovations** to strengthen health systems
- Strengthen our **multisector approach**

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How will we do this?

- Actively engage and mobilise the **extensive FCDO network** and work in close collaboration with **other government departments** e.g. Department of Health and Social Care.
- Work closely with a wide range of stakeholders e.g. professional and regulatory bodies, the research community, the private sector, non-governmental organisations and civil society.
- Show UK leadership on HSS on the international stage e.g. G7, G20, COP26, UNGA, WHA etc.
- Leverage the UK's engagement and investments in multilateral organisations e.g. WHO, UN agencies, World Bank etc.
- Work with the Global Health Initiatives (GHIs) to do more on HSS and better e.g. GFATM
- Reinforce our HSS approach through engagement and implementation of programmes at country and regional level linked closely with greater join up of central and multi-country programmes.
- Use a strong, evidence-based approach and support R&D

Foreign, Commonwealth & Development Office

Thank you!

Reflections on HSS

Olga Bornemisza

MAY 19, 2021

The Global Fund

Increasing global attention to HSS from 2000 – 2021: A quick, non-inclusive, tour…

2000

Discussion of broad health system issues in WHO's *World Health Report 2000*
Millennium Development Goals established

2002

GAVI and Global Fund Established
Paris Declaration on Aid Effectiveness

2007

- World Bank's Strategy for Health Nutrition and Population 'Healthy Development' focuses on Strengthening Health Systems
- First Global Forum on Human Resources for Health
- WHO 'Everybody's Business' - 6 building blocks
- Accra Agenda for Action 2008

2010

- High Level Task Force on Innovative International Financing for Health Systems recommends establishing a Health Systems Funding Platform
- World Health Report 2010 – UHC Cube
- Health systems building blocks - M&E framework

2012

- Health Systems Funding Platform abolished

2018

- PHC Astana Declaration

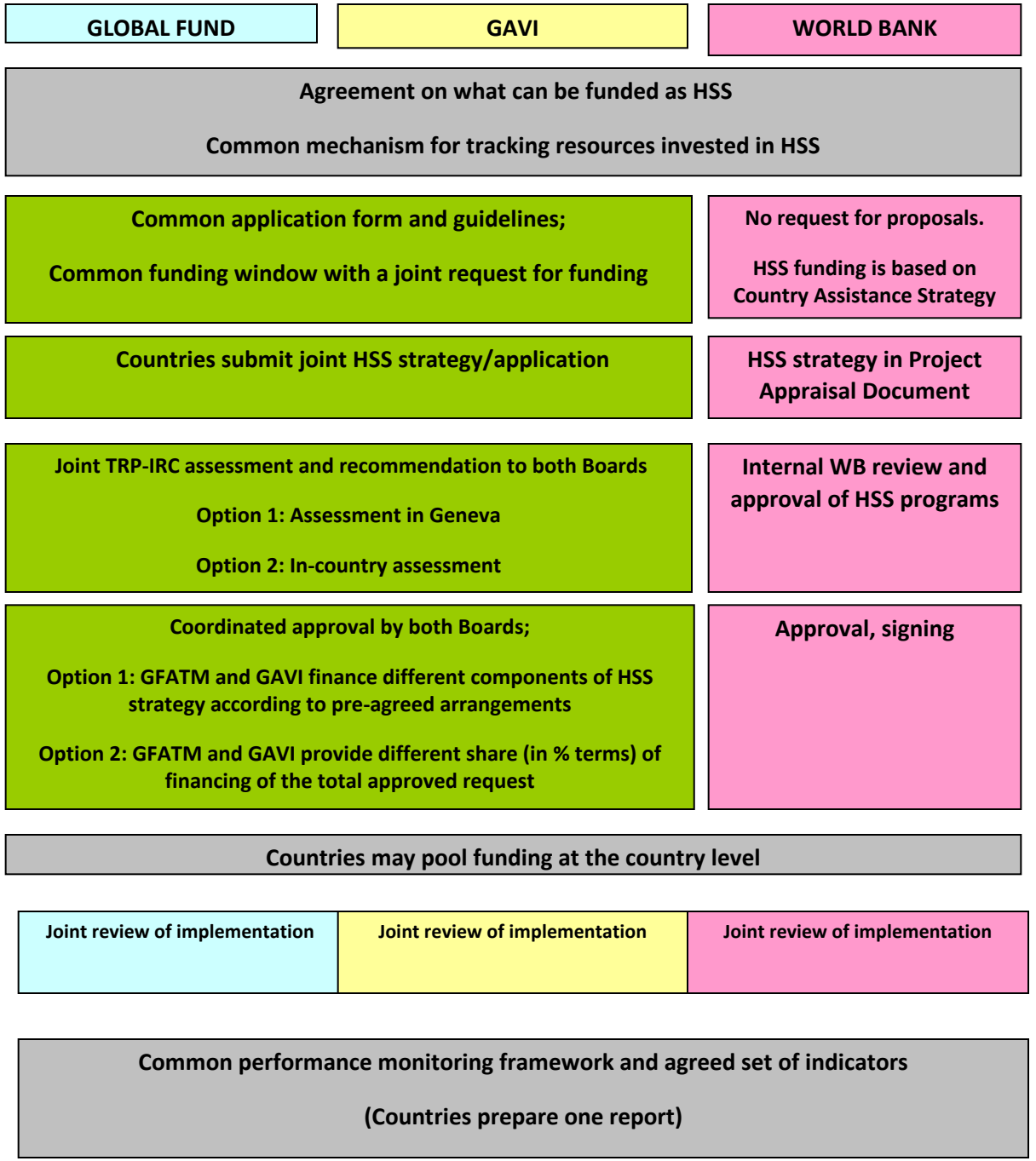
2021

- **So what is HSS? (and how does it link to health security?)**

Adapted from: M. Reich and K. Takemi, G8 and strengthening of health systems: follow up to the Toyako summit

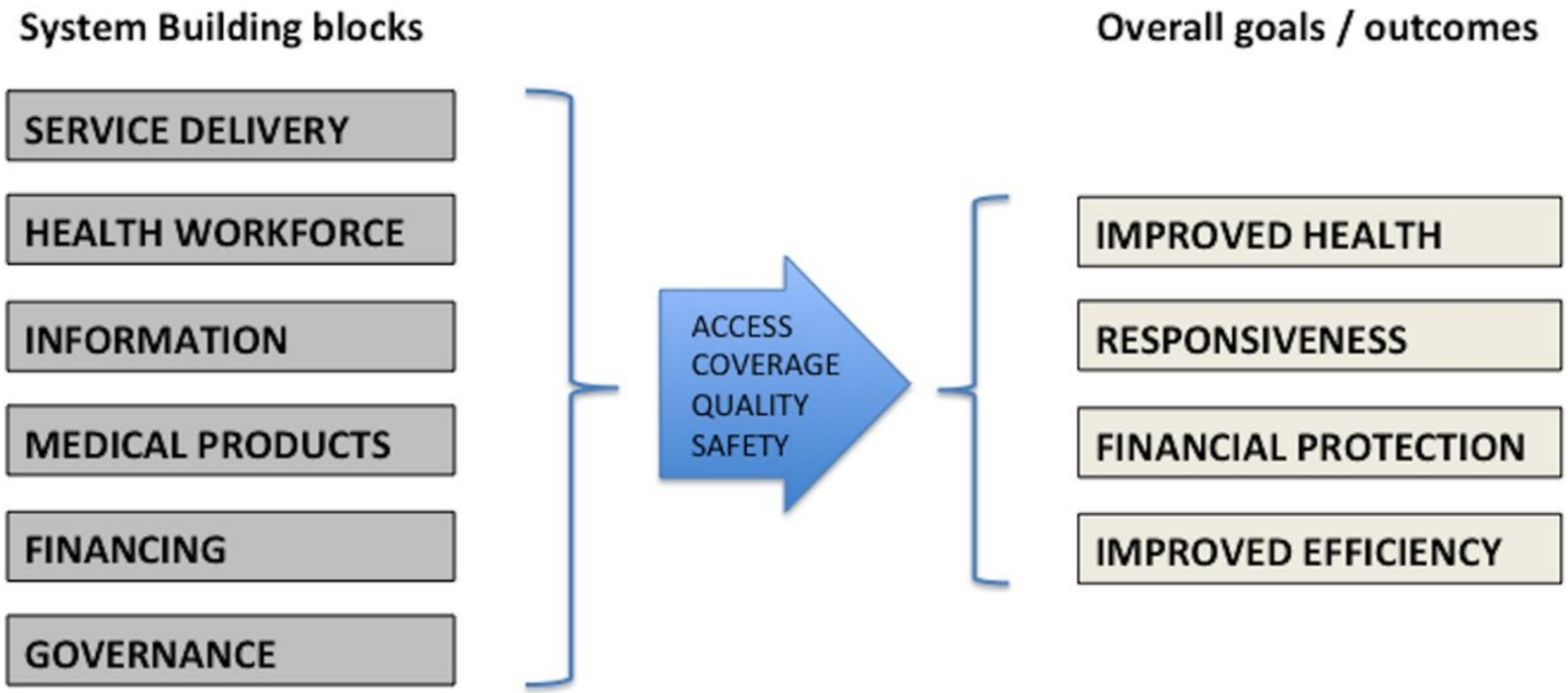
Health Systems Funding Platform 2009-2012: An effort to harmonize

- Recommended by the High-Level Task Force on Innovative International Financing for Health Systems in 2009
- Attempt to harmonize funding and efforts between Global Fund, GAVI, WB and WHO
- Made some progress but then leadership changed at Global Fund, GAVI and WB
- Global Fund's round 11 was also cancelled and Secretariat was reorganized.
- Some successes: developed joint funding request for HSS (GAVI and GF), and linked up financial mgt processes and M&E frameworks
- Many challenges – different mandates, different bureaucracies..



The WHO ‘building blocks’ remain relevant today:

The focus has (perhaps) shifted to the right with focus on UHC



Some Recent Additions to HSS Frameworks

Analysis

BMJ Global Health

Beyond the building blocks: integrating community roles into health systems frameworks to achieve health for all

Emma Sacks,[1] Melanie Morrow,[2] William T Story,[3] Katharine D Shelley,[4] D Shanklin,[5] Minal Rahimtoola,[6] Alfonso Rosales,[7] Ochiawunma Ibe,[2] Eric Sarriot[8]

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ABSTRACT

Achieving ambitious health goals—from the Every Woman Every Child strategy to the health targets of the sustainable development goals to the renewed promise of Alma-Ata of 'health for all'—necessitates strong, functional and inclusive health systems. Improving and sustaining community health is integral to overall health systems strengthening efforts. However, while health systems and community health are conceptually and operationally related, the guidance informing health systems policymakers and financiers—particularly the well-known WHO 'building blocks' framework—only indirectly addresses the foundational elements necessary for effective community health. Although community-inclusive and community-led strategies may be more difficult, complex, and require more widespread resources than facility-based strategies, their exclusion from health systems frameworks leads to insufficient attention to elements that need ex-ante efforts and investments to set community health effectively within systems. This paper suggests an expansion of the WHO building blocks, starting with the recognition of the essential determinants of the production of health. It presents an expanded framework that articulates the need for dedicated human resources and quality services at the community level; it places strategies for organising and mobilising social resources in communities in the context of systems for health; it situates health information as one ingredient of a larger block dedicated to information, learning and accountability; and it recognises societal partnerships as critical links to the public health sector. This framework makes explicit the oft-neglected investment needs for community health and aims to inform efforts to situate community health within national health systems and global guidance to achieve health for all.

Summary box

- The six WHO building blocks have become a useful reference point for national and global policymakers; however, critical elements and the dynamic interplay required to implement community health effectively are insufficiently represented in the building blocks.
- Service delivery and health workforce approaches often rely on community health workers and strategies, without adequate investment or recognition at the policy level. Community organisations, societal partnerships, household production of health and information systems are often not seen as part of the health system.
- Using evidence, we support an expansion of the WHO building block framework, showing dynamism between health system components, and explicit community health needs, which central policymakers should proactively address and resource in order to institutionalise community health within the wider health system.
- Even without prescribing particular community health implementation modalities, explicit attention to community-level services, actors and partnerships is necessary to strengthen health systems and provide primary healthcare for all.
- A framework which goes 'beyond the building blocks' may be useful for national and global policymakers to recognise, prioritise and invest resources in aspects of the health system that promote community health in efforts to reach ambitious global goals.

INTRODUCTION

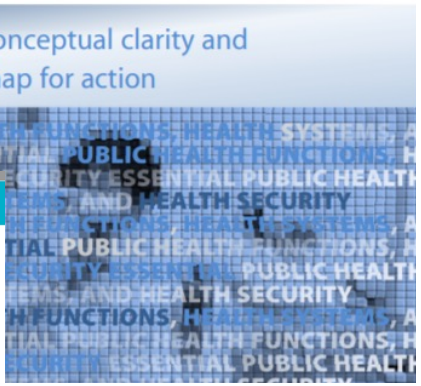
Global efforts to improve health, especially of women, newborns and children, require comprehensive and creative approaches. New global frameworks and calls to action (Every Woman Every Child, People-Centred Health Systems, United States Agency for International Development (USAID) Acting on the Call), all state the value of involving multiple stakeholders in health, including and especially 'communities'.[1–3] The UN's Global Strategy, similar to other global guidance documents, labels community health work as an 'essential component of health system resilience' and community engagement as 'one of the nine action areas' required to improve health systems.[4–6] The recent Global Conference on Primary Health Care (PHC), held in Astana, Kazakhstan, in 2018, renews past promises and principles of healthcare for all.[7]

- ❑ Communities
- ❑ Cross-programmatic efficiency
- ❑ Essential public health functions
- ❑ Health security

World Health Organization

ESSENTIAL PUBLIC HEALTH FUNCTIONS, HEALTH SYSTEMS, AND HEALTH SECURITY

Developing conceptual clarity and a WHO roadmap for action



Approach to sustainability and transition…

- **System-wide perspective:**
(Minister, not the program manager)

Enable **effective domestic revenue** collection and allocation for the **entire sector**

Budget and manage expenditures better to get better results

Target streamlining of functions across programs **to reduce duplication and misalignment, while ensuring good results**

RESULTS

GOALS

ACTIONS

Global Public Health security and resilient societies

Inclusive economic growth and employment

Equitable health outcomes and wellbeing

HEALTH SECURITY

UNIVERSAL HEALTH COVERAGE

Multi-Sectoral Action for Health

Health System

Governance
- Policy and vision
- Stakeholder voice
- Information and intelligence
- Legislation and regulation

Resource Generation
- Health workforce
- Infrastructure and medical equipment
- Pharmaceuticals and other consumables

Financing
- Revenue collection
- Pooling
- Purchasing

Service Delivery
- Public health
- Primary Health Care
- Specialist care

Common Goods for Health				
Policy & Coordination	Regulation & Legislation	Taxes & Subsidies	Info. collection, analysis and communication	Population Services

Organizations are structured around the building blocks: An example from the Global Fund

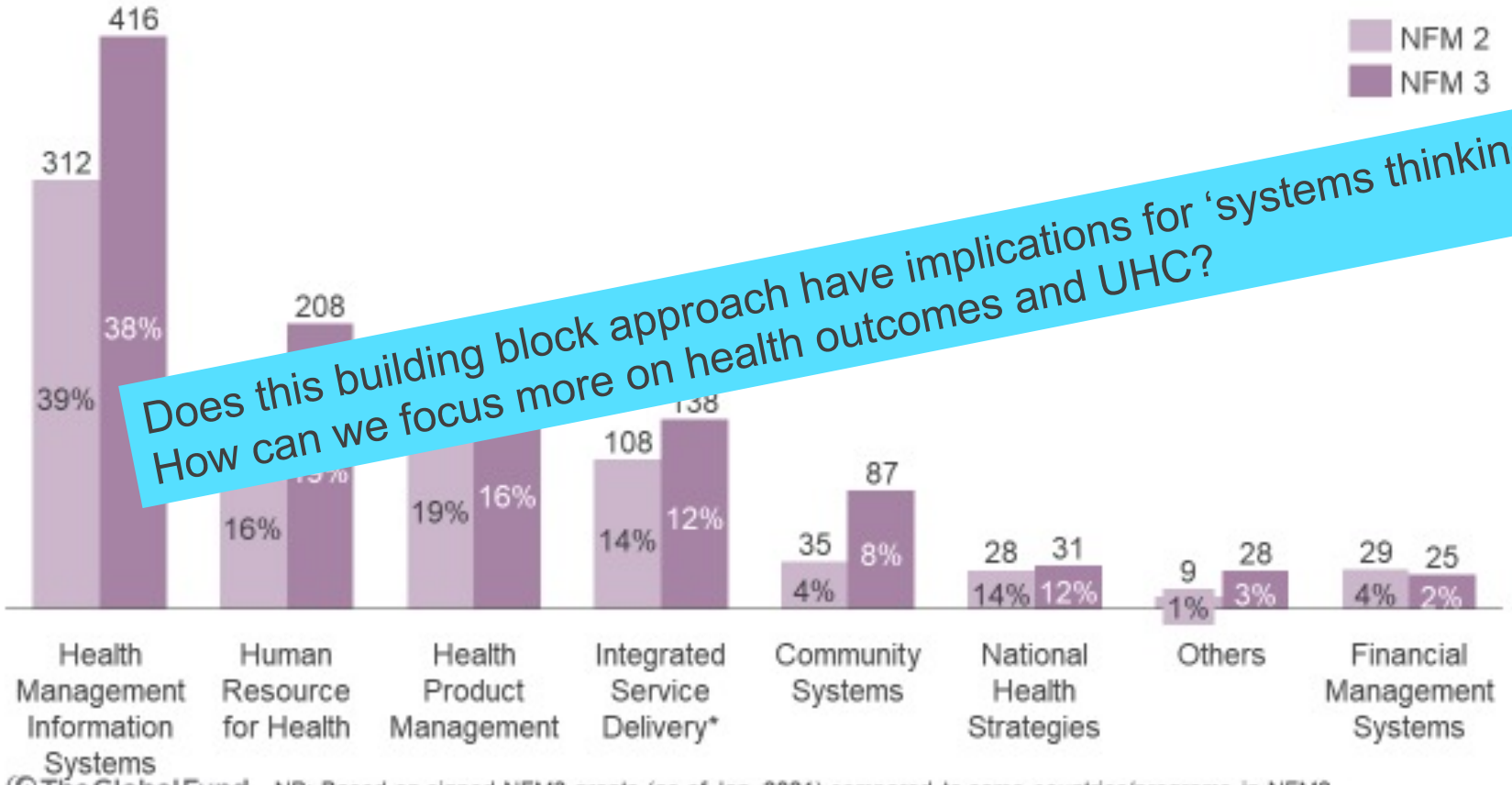
Health system component	What does it mean from a GF perspective? (*Source: Global Fund Strategy 2017-2022)*[1]	Who within the GF Secretariat is currently responsible to support Country Teams on this component?
Community responses and systems	Ensure communities can supplement existing M&E work, are close to GF grant-makers, and have capacity to provide good, sustainable health services	Community Rights and Gender team / RSSH team
Integrated service delivery	Increase access especially to RMNCAH patients, ensure ATM entry points support other diagnoses, support partners to deliver efficient, integrated care	RSSH team
Procurement and supply chain systems	Support higher funding for critical health products and procurement systems, build supply chain capacity in key countries, leverage technical assistance	Supply Operations team
Human resources for health	Increase supply, retention and quality of health workers; support long-term HRH development plans; provide financing for CHWs and trainings	RSSH team
Data and information systems	Improve data quality & availability at all units of analysis, track program implementation and impact, invest in data systems and effective data usage	MECA team
National health strategies	Support implementation of strategies, engage in stakeholder management processes, encourage training to strengthen program managers and leaders	RSSH team
Health financing: Financial management systems	Increase accountability in health spending reports, work with partners to assess country PFM systems, create synergies for donors and countries	Program Finance team
Laboratory systems	Scale up facility / community-based lab systems, update national lab policies based on global standards, ensure support to transport / storage needs	RSSH team
Health financing: Domestic resource mobilization	Support countries to increase fiscal mobilization, increase budget health allocations, prioritize within health budgets and increase spend efficiency	Health Financing team; Finance
Mobilization of partners, private sector, and NGOs	Increase existing/future partnerships to accelerate GF aims, with focus on private sector health providers and NGO actors where helpful	Partnerships team

Largest **direct** RSSH investments in NFM3 are seen in HMIS, HRH and HPM components

See annex for detailed analysis

PREMLIMINARY

Direct RSSH investments for NFM2 and NFM3, by SO2 sub-objective,
in million dollars and % of total direct RSSH investments in this component



Does this building block approach have implications for 'systems thinking' ?
How can we focus more on health outcomes and UHC?

Key insights:

- Community System Strengthening (CSS) shows largest relative … +149% … far)
- … agement Information Systems (HMIS) has largest absolute increase with $104million (+32%) and represents about 40% of total direct RSSH.
- HMIS, Human Resources for Health (HRH), and Health Product Management (HPM) account for 73% of direct RSSH investments
- All other categories also show increases

TheGlobalFund

NB: Based on signed NFM3 grants (as of Jan. 2021) compared to same countries/programs in NFM2
*** Includes investments in labs**

8

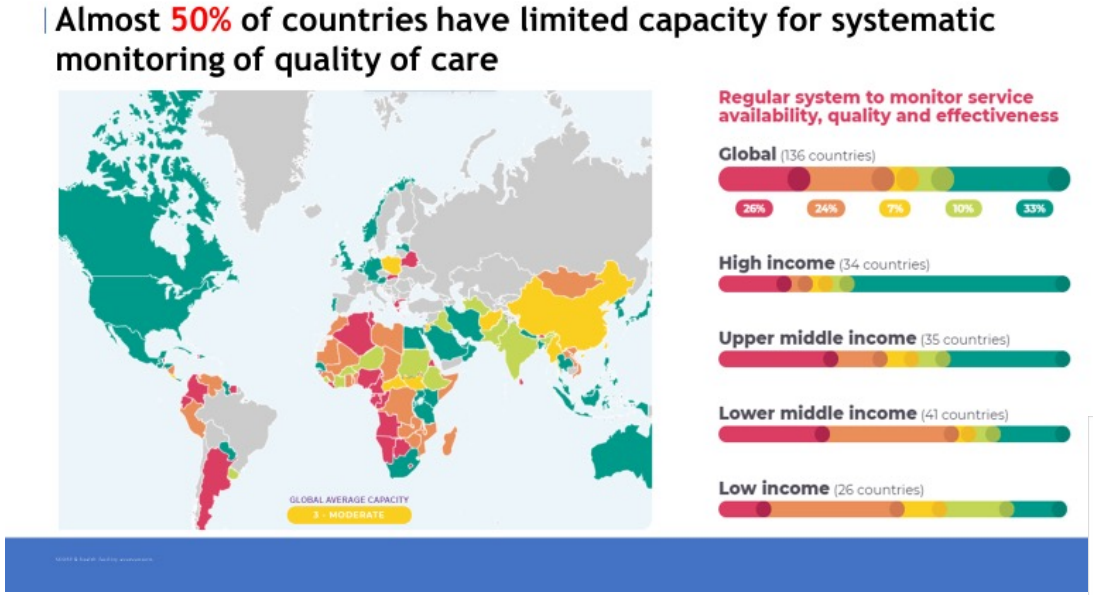
Way Forward: Further Harmonization?

- Agencies continue to approach HSS in different ways. Results in improved coverage (maybe), but also leads to fragmentation
- Recent efforts to harmonize – PHC declaration, and more recently Global Action Plan (Sustainable Health Financing and PHC Accelerators) but challenges as each agency has its mandate, funding, programs and bureaucracies
- Recent efforts around COVID, through ACT-A and its different workstreams, including one on health system responses
- Many harmonization efforts around the building blocks – labs, quality of care, supply chains, M&E, etc
- Various investment cases – GFF RMNCAH; PHC Investment case aimed at the '4Gs'; Community Health (worker) investment case. But mostly quite topic specific.

- Continue to work towards better harmonization … but still a way to go.

Regarding evaluation..

- Potentially focused more on evaluating the building blocks (and projects), less focus on outcomes and impact at country level
- Have tools (for example, health facility assessments) but haven't been widely used on regular basis, so difficult to see trends.
- Rely more on surveillance systems (e.g. Global Fund has put lots of effort to DHIS), plus research community to study various health system issues
- Convening platforms in M&E have been helpful (Health Data Collaborative, PHCPI, etc)



HARMONIZED HEALTH FACILITY ASSESSMENT

Getting on the same page:

Health System Strengthening at national and sub-national level

Sushil Baral, PhD

HERD International, Nepal

(a partner of ReBuild for Resilience, Research Programme Consortium)

Some key perceptions on HSS at national and sub-national level

- Government policy mentions, *'equitable access to quality healthcare'* through a decentralized system so country is addressing HSS policy goals – **policy players**
- Government policy and its implementation does not benefit poor and marginalized, policy ignores many attributes of HSS – **CSOs**
- People struggle accessing quality healthcare when needed. Healthcare is too expensive, we can't afford it – **people**
- It is unclear that we are addressing HSS policy goals in practice, there is need to do more for HSS at national and sub-national level - **partners**

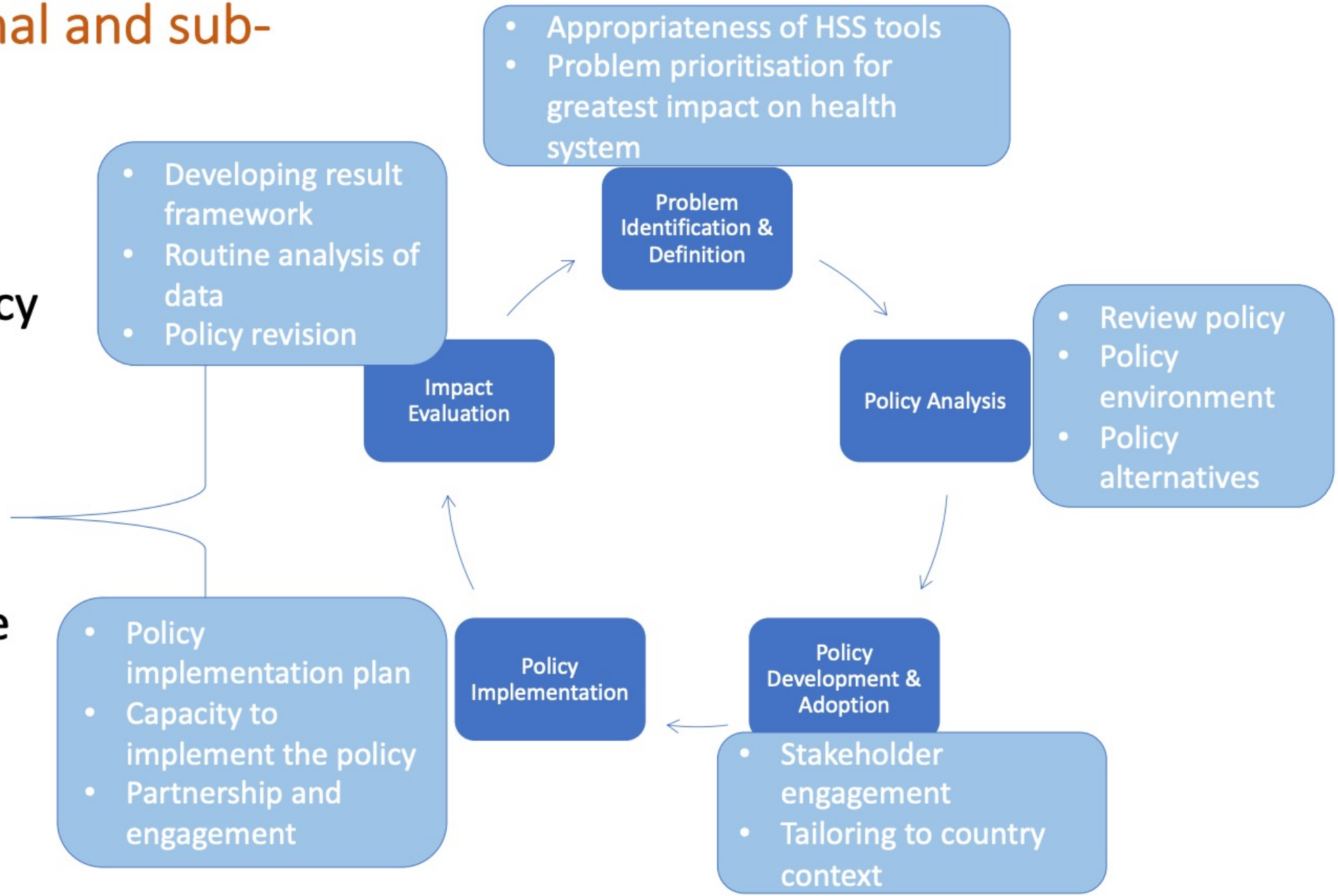
What confuses often in defining HSS in *National and Sub-national* Context?

- Varying understanding / definitions of HSS, its interventions and evaluation – *consensus is a hard gain*
- To think that the public sector service delivery system is "the health system", which has consequences;
  - Leaves out households
  - Private finance, private supply chain
  - Private workforce training
  - Private health care
- Health systems are plural, often we define otherwise
- Free care is the patient centeredness – a big missing
- National average measures policy goals, disaggregation is complex and seen by some as less needed – *leaving the left behind*

Embedding HSS concepts in policy process at national and sub-national level

Key asks

- What are the policy goals for HSS?
- How can the HSS policy goals be measured?
- What can be done differently that might improve effectiveness of HSS policy goals?



Are there enough data sources for HSS profiling at national and sub-national level?

- A level of HSS measures can be generated using currently available datasets – *are we using them appropriately?*
- A simple evaluation can measure 'what works, for whom, where and how?'
  - *explore more rigorously the impact of interactions among different aspects of HSS components*
- Gradually build HSS centralized databases using appropriate HSS indicators across all components – *system thinking, system willingness*
- Raise awareness – appropriate dissemination of what are knowns and unknowns and why? *Not merely a national dissemination, also engage sub-national stakeholders including community*

Finance: a policy execution tool for HSS at national and sub-national levels

- **Is rational allocation of resources achieved across national and sub-national levels?**
- **What extent are resources allocated, delivered and tracked to achieve HSS policy goals? Are they progressive and inclusive?**

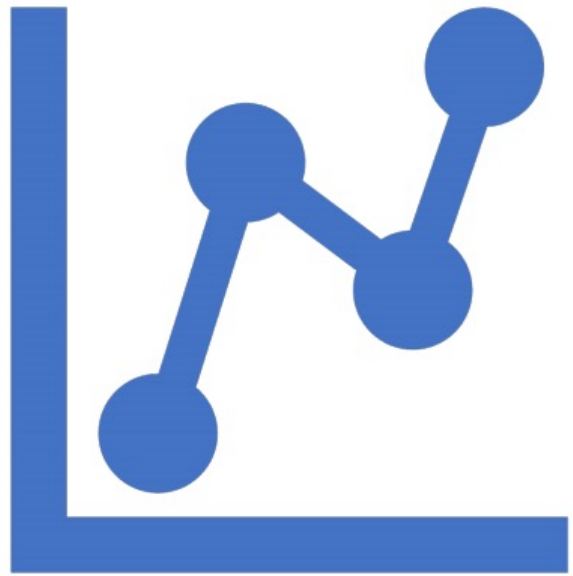
- Health financing framework – policy priority to resource allocation
- Time-series data on financing and access at national and sub-national level
- HSS budget marker – to be practiced routinely
- Annual planning and budgeting framework in devolved context – 7 steps planning at LGs
- Community system and Community Engagement – a platform towards localisation of HSS priorities

HSS and Development Partners: Aid to HSS Action

- Government health expenditure as a percentage of GDP for 2019/20 is 2%- slow rise, need gaps to be filled – support by development partners support and private sector to be harmonized
- Health system still driven by disease centric vertical programmes, need to link with HSS policy goals at national and sub-national level
- While aid harmonization platform at national level focuses on sector reform, fragmentation (resources and approaches) to be addressed
- Attribution Vs Contribution debate may shift focus – to be addressed
- Turning the focus to HSS considering COVID-19 pandemic response – an area for discussion for long-term focus on HSS

HSS monitoring at sub-national level : where we lack?

- Lack of data on sub-national resource allocation hinders analysis of finance and service delivery relationship
- Presentation of *population coverage* and *health outcome indicators* using national average masks gaps at sub-national - this approach does not quantify within group variability
- Lack of intersectionality focus in data generation and use leading to *limited data points for disaggregated analysis at sub-national level*
- Wider social determinants that impact health and well-being are less obvious in data system – *affecting HSS prioritization at sub-national level*



Issues: national and sub-national level

- defining HSS policy goals and approaches – *getting on the same page across levels of government*
- health sector competing among other priorities – *health is merely a development priority – under funded health sector*
- understanding of health as an illness over wellness – *focus on hospital care over PHC*
- quality care through a quality health system – *service expansion over quality*
- clarity of roles and responsibility - *governance and accountability*
- human resource management – *not all under health sector domain*
- use of evidence in decision making – *complex hence less practiced*
- masked by 'analysis and use of national average' – *lack of sub-national evidence*

Summary

- Policy goals of HSS may not be achieved only focusing on public sector, ‘whilistic systems thinking’ is essential
- What works in one place may not work or produce similar result in other setting – so contextualization of HSS considering national and sub-national can produce higher quality results than a simple adoption
- A HSS model that builds on mechanisms of continued reflection, review and innovation should be considered in local context
- People and people centered care should remain at the core of any HSS approach
- In sub-national context, measuring HSS goals towards UHC can be challenging. However, we can start making a good use of existing data sources to measure HSS policy goals that help progressive realisation of HSS and UHC
- It is vital that we recognise and use community knowledge to deepen understanding of HSS approaches at the local level

Areas to focus in HSS

- Need of applying system thinking tools and practices – increase capacity among government stakeholders, need for adoption of multiple tools and approaches
- Strengthening health systems foundation to deliver quality of care and accountability – enabling regulatory structures
- Dedicated leadership at national and subnation level to implement system, and services
- Creating a platform to enable interaction across three tiers of governments to promote coordinated planning and delivery
- Aligning interests of development partners to country's priorities for reforms towards HSS
- Strengthen public-private partnership to fill health systems gaps and needs, and towards achieving UHC
- Promote community engagement, make the system and people more accountable
- More health system strengthening research that identify root causes to addressed gaps and needs

Thank you

HERD International, Nepal

www.herdint.com

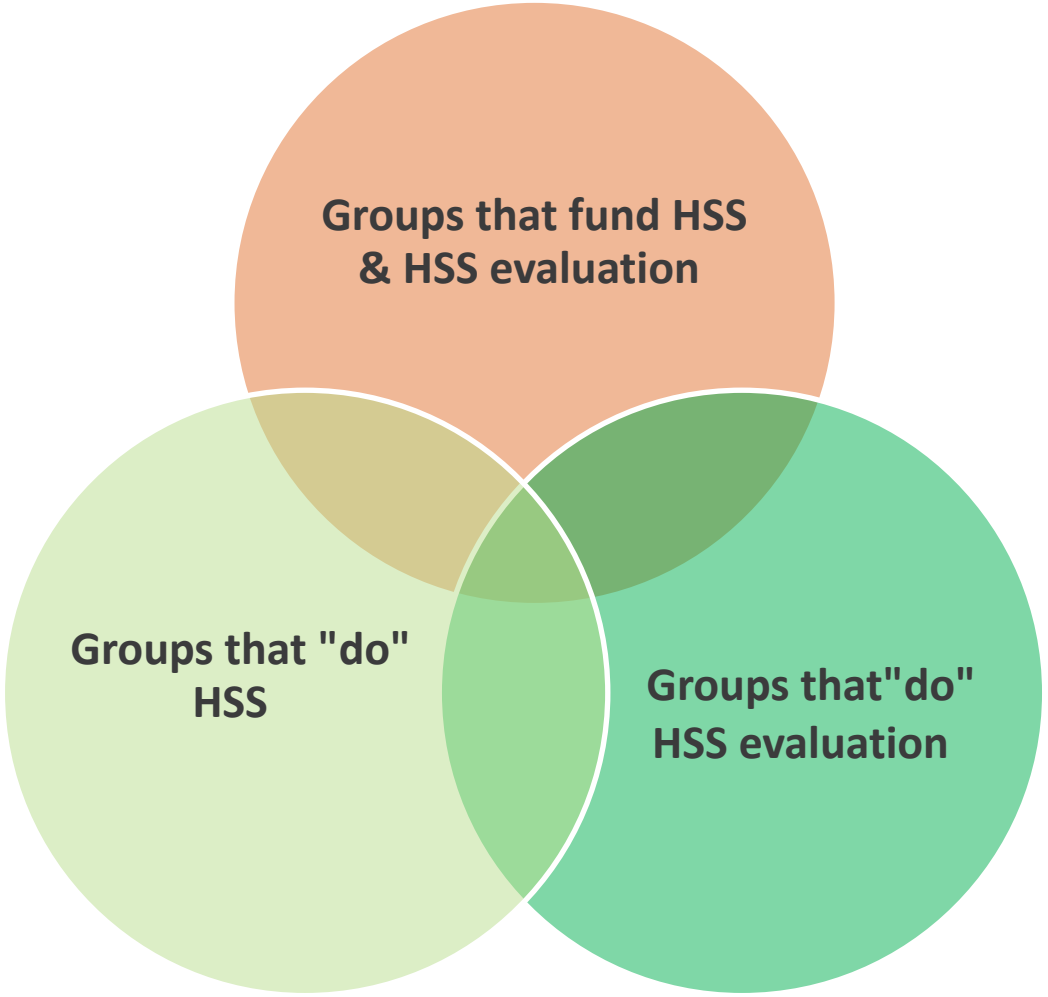
Introduction to the HSS Evaluation Collaborative

Natasha Palmer, Itad

19th May 2021

Collective Impact to improve Health Systems Evaluation

Key Stakeholder Groups in our initiative



A fragmented field ….

This work has stemmed from the struggle of “HSS investors” to know how to engage with HSS evaluation

1. **Lack of consensus on definitions and boundaries ; no equivalence in terms**
   - ‘Health systems strengthening’ rendered almost meaningless by many things it describes

2. **Fragmented institutional approaches**
   - Investors sometimes want/need to evaluate impact of their own projects in isolation; evaluation becomes skewed to external interventions
   - Little consultation on system wide approaches ; little co-ordination of investment or evaluation
   - Little co-ordination with what countries’ evaluation needs are – parallel worlds

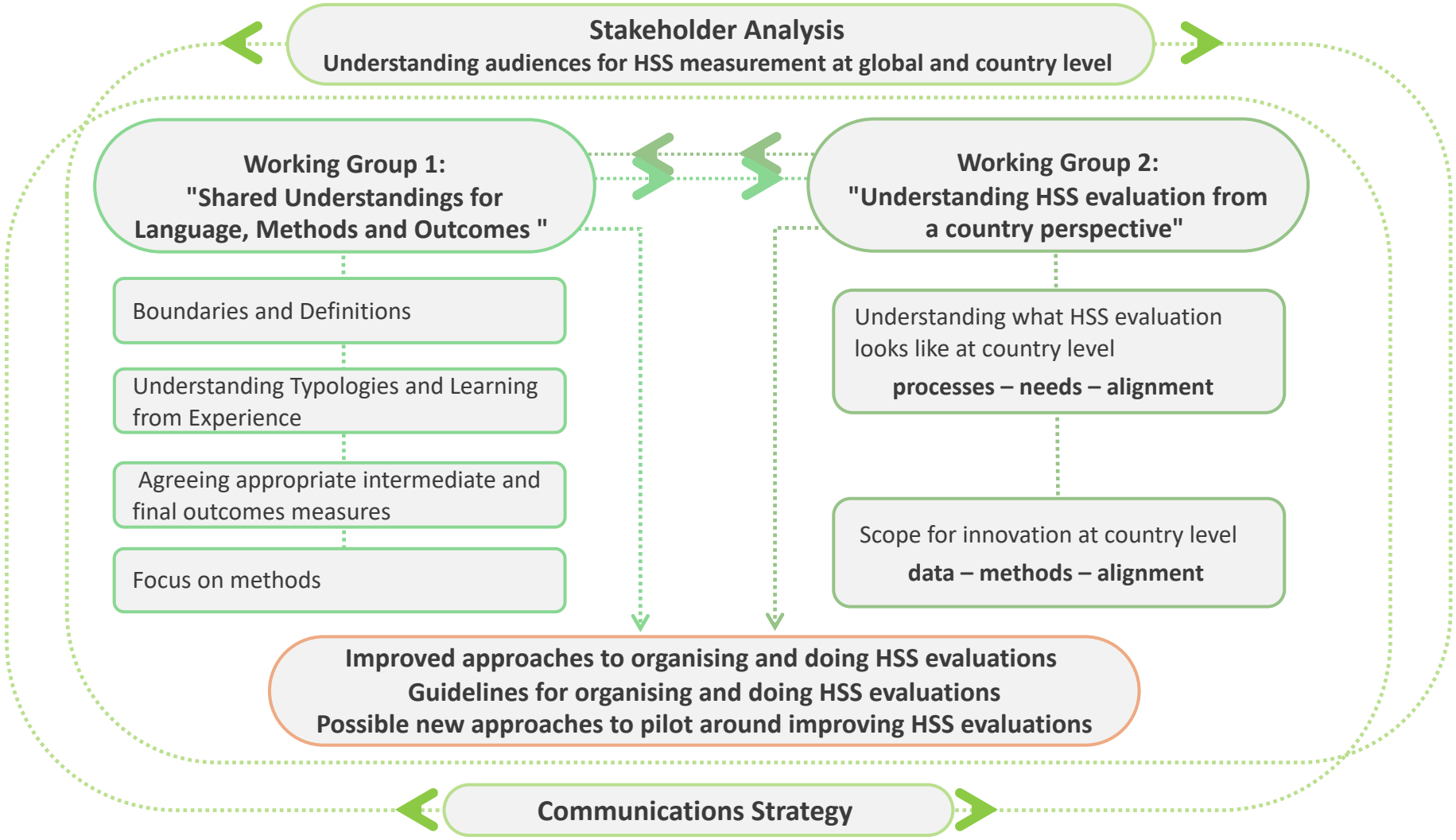
3. **Fragmented evidence base**
   - Methodological approaches that verticalize evaluation into silos
   - Limited good quality evidence on most interventions
   - Contested approaches to reliance on routine indicators (which indicators?)
   - Some descriptive clarity on inputs, no frameworks to translate these into outcomes

Collective Impact

- Goal of the Collaborative is to bring together **HSS funders** (initially GFF, GAVI, GFATM, USAID, World Bank and BMGF) , **evaluators, and implementers** to share information and understand past experiences, suggest new and better approaches

- Collective Impact involves
  - a dedicated backbone support organization (Itad) ;
  - structured process to reach a common agenda ;
  - Working Groups around areas of shared interest,
  - *moving towards* a shared measurement system;
  - continuous communication, and mutually reinforcing activities among all participants

Our Common Agenda



Stakeholder analysis

- Recognition that this area is not just a technical process, it is also a political one. Understanding what kind of **evidence of HSS impact different stakeholders want to see** could significantly shape evaluation practice

- In some cases, evaluation approaches need to contend with a demand for evidence that HSS investments have measurable effects
- In others, the wish is expressed by some to understand the process and pathways by which system strengthening occurs
- Both points are valid - a need **for better understanding of the different audiences of HSS evaluation** outputs

- Work will be joint between Itad/ University of British Columbia with support from Johns Hopkins University, and will include
    i. Brief Landscape analysis of different stakeholders in HSS evaluation
    ii. Exploring views of stakeholders and their different needs in terms of HSS evaluation
    iii. Subsequent development of a communications strategy for the findings and outputs of the Working Groups

Working Group 1:
Shared understandings for Language, Methods and Outcomes in HSS evaluation

Suggested Objectives

- To review the current state of HSS investment , boundaries and definitions as well as learn from existing body of evaluation by HSS donors (what has worked, what hasn't worked)
- To assist HSS stakeholders to move towards agreed / **common typologies or frameworks that both describe ways of investing in health systems, but also ways of evaluating the impact of these investments**
- To inform HSS stakeholders on existing and possible new approaches to **measuring outcomes** in HSS evaluation and possibly seek agreement/ validation for a standard set of system-level outcomes (with possible modelling to health outcomes)
- To provide guidance on **methodologies** that emerge as of interest from discussions

Working Group 2 :
Understanding HSS Evaluation from a country perspective

Objectives – **four overarching questions to be refined by the Group**

- To understand **the process** by which HSS investors engage with health systems in countries and the implications this has on designing successful HSS evaluations
- To assess country stakeholders' **interests and needs** related to HSS evaluation, including barriers and facilitators to meeting these needs
- To review **potential innovations** in methodology or approaches to evaluation at country level
- To gather information on country **capacities** to implement HSS evaluations and priority investments to enhance this capacity

Reflections and learnings so far

Institutional reflections: *'politics' meets 'technical'*

- The need to manage expectations of those who commission evaluations -
  - The limits of research methods in being able to answer all questions.
  - The need for some institutions to also clarify their approaches and Theories of Change
- Issues of efficiency and cost – repeated data collection exercises which often don't yield much of value?
- What is seen as the opportunity cost of HSS : "supply chains vs bednets"

Methodological reflections emerging:

- **The 'missing middle'** in terms of strong systems frameworks or indicators – capacity to describe inputs and describe desired outcomes, but lack of capacity to fully conceptualise what we mean by systems strengthening and indicators to evaluate it (intermediate, system level outcomes)
- The **longer term nature of systems strengthening** also means results cannot be measured in the lifetime of projects or funding rounds, reflects again **the need for a bigger picture**
- The temptation to retreat back into our thematic or methodological silos, away from system wide approaches

Come Join us!!

This webinar is opportunity to broadcast this initiative

Need to engage as widely as possible

If you are interested to hear more about Working Groups or outputs of this initiative please contact us.

In addition, we want to run time efficient ways of engaging with policy makers/ people working in health systems related to this so would be keen to involve you as a key informant or participant in data gathering initiatives.

Thank you for listening

Contact

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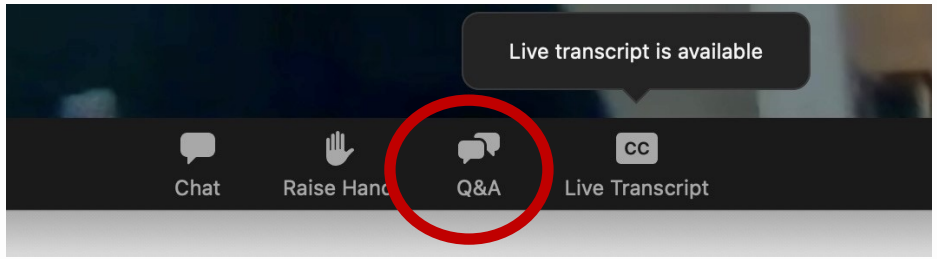
Getting on the same page:

the concept and assessment of ‘health systems strengthening’

Questions and comments

- If you have a question or comment, please use the **Q&A box**
- You will only see your own questions



ReBUILD FOR RESILIENCE

Thanks for attending today

Have more questions?
Email us at **rebuildconsortium@lstmed.ac.uk**

The recording of this webinar will be available shortly – we will be in touch

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