**Text versions of the images featured in the case study - Improving conceptualisation and evaluation of health system strengthening**

**Figure 1: HSSEC debated and agreed a definition of HSS**

**Long term**

can be expected to produce long term **system wide** impact **beyond the life** of the investment – that *means in 10 years and not in 2 years*

**Systemic**

should aim not just to provide inputs, but to change relationships within the health **system** *(e.g. efficiency of production) and demonstrate a systems approach*

**Locally led**

* give consideration to questions of transition and sustainability
* be led by local institutions where possible, with minimal long-term involvement of external organisations or technical assistants
* Reinforce local institutions and support norms and value in line with health system development goals

**Figure 2. Health process goals (goals for a ‘strong’ health system)**

**Ownership**, **participation & accountability**

Ownership by country stakeholders at different levels of the health system and coordination of external stakeholders /donors are emphasised

Distributed (local), dedicated and transformative leadership is supported

High-quality, effective multisectoral collaboration, linkages and networks are established

Stakeholder and community participation, as well as inclusive and open governance and accountability are promoted and made a political priority

Communities are engaged and empowered to ensure responsiveness, manage own health needs and support social and behavioural change [to address SDH]

**Service** **delivery**

Services are integrated and delivered at most appropriate levels, with continuity of care and appropriate referrals

The package of services available to the population is expanded, with priority given to most cost-effective and equitable ones

Quality of services is ensured, ensuring safe, appropriate, respectful and person-centred car

A culture of service, commitment, desire for excellence, care and solidarity is developed

**Use of resources** **and information**

Systems, services & infrastructures are aligned & reflect evidence-based health priorities & equity goals

Pharmaceuticals, consumables, & medical equipment are available in the right amount, where needed, safely & at the right quality

Efficiency & resource optimisation are ensured

Staff are deployed where needed, with the right skills, attitudes & support

Funding is based predominantly on public or compulsory sources; it is stable, predictable and equitable

Resources (funds, supplies, information, etc.) flow in a timely & adequate way to frontline providers, who have flexibility to manage them according to local needs

**Learning and resilience**

Capacity is built at individual, organizational, and system levels

System is able to respond to changes in context (e.g. at societal and ecological levels) and to shocks – absorbing, adapting and transforming to maintain essential services

Teamwork and collaboration are supported

Intelligence, information and evidence reflect diverse perspectives and knowledge, and are used for decision-making at all levels of the system

Learning, adaptation and organisational flexibility are fostered at all levels of the health system

**Figure 3. Thinking through HSS evaluation**

A complex diagram of arrows, boxes and text

**Figure 4. HSSEC members recommended a set of principles at country level**

Better engagement between funders of evaluation in HSS space to create more “joined up” evaluations and data collection with a more robust longitudinal element

Better use of expertise at country level

Establish long term partnerships and longer-term agenda for evaluation

Reduce fragmentation between donors, evaluators and government stakeholders