Global Stakeholder Analysis for HSS Evaluation Collaborative[1]

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Introduction

Health systems strengthening (HSS) is widely understood to be key to achieving universal health coverage and to ensuring robust responses to health emergencies. In recent decades, global health investors have put more attention and investment towards HSS, leading to accelerated efforts to evaluate HSS policies and programs initiated by those investments. Yet, a common definition and framework for how to evaluate HSS interventions remains elusive, hampering efforts to strengthen, coordinate and amplify HSS programs.

The Health Systems Strengthening Evaluation Collaborative (HSSEC) brings together key global and national stakeholders to suggest ways to strengthen the quality of evaluations of health systems strengthening (HSS) investments in LMICs and to improve coordination across stakeholders in this space.

Key Objectives

In this technical brief , we show summarized l findings from a stakeholder analysis which focuses on global health funders and implementers in HSS that sought to understand their perspectives on the type of evaluation evidence needed to improve the levels and targeting of HSS investments, and suggestions for improving the quality, uptake and coordination of HSS investments.

Overarching Findings/Themes

Global health stakeholders rely on – and demand – different types of evidence in HSS evaluations, and for different purposes. Greater clarity in categorising these different types of evidence would be beneficial.

Funding for global health is finite, and investors need to balance multiple dimensions in their decision-making: impact of investment on health outcomes, time to impact (lives saved in the near-term v. the long-term), perceptions and priorities around the disease- or health-conditions targeted, and national interests on the part of bilateral donors.

Global health investors diverged considerably in the type of HSS evaluation evidence sought or desired, and in the end purpose for gathering that evidence. Some respondents sought evidence that draws a “line of sight’ between HSS investments, outputs and outcomes, including impact on health status. Other investors want to understand the overall cost-effectiveness of HSS investments compared with disease-specific investments, as well as relative “cost-effectiveness” of HSS interventions (investments in health workforce compared with investments in supply chain systems). Finally, a few respondents stressed the need for context-specific evidence that examined major learnings and considered how to improve HSS investments (understanding the “how”).

Despite a number of global agreements that evaluating the **contribution** of investments to collective outcomes rather than **attributing** specific outcomes to specific investments is desirable, respondents noted that funders were still often interested in attribution.

The uptake of HSS evaluation evidence was complicated by problems with timeliness and interpretability. A few respondents shared perceived challenges with interpreting evidence on HSS, likening some health systems work as akin to "art appreciation". Others noted that HSS evaluation timelines did not match programming cycles, and said that more emphasis on real-time evidence would be useful to investors. Communicating HSS evidence was widely acknowledged as challenging given its complexity. In addition, some respondents believed that more translation and dissemination of HSS evaluation evidence was needed at the country-level, and that evaluations currently appear to be tailored to donor uptake, as opposed to national-level stakeholders. It was clear that the HSR community can do better in communicating its findings in ways that are clear and actionable (for policy makers) and are also clear and understandable on a more human level (how do health systems impact on people's lives?). Weaknesses in consistent policies towards HSS by donor agencies, poor definitions and a lack of funding have all contributed to weaknesses in the development of this field.

Barriers to a coordinated approach to HSS evaluations included misaligned values, incentives and architectures among global health donors, within donor organizations and between donors and national-level stakeholders: . Internal consensus within global health donors regarding health systems and HSS also stood as a barrier to coordinating evaluation efforts. Finally, evaluation questions were often driven by donors and not national-level stakeholders, creating further barriers to effective coordination across all stakeholders.