

Definitions and Boundaries of Health System Strengthening: Implications for Evaluation and Learning



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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 stakeholders to think differently about approaching Health System Strengthening (HSS) evaluation and working collectively to build and execute a shared agenda to improve HSS evaluations. The Collaborative believes that to move HSS evaluation beyond its current fragmented form, leadership and commitment for advancing and changing ways of working must come at least partially from the joint action of three key groups of stakeholders: (i) country-level stakeholders, including governments, practitioners, and communities, (ii) donors that fund HSS and HSS evaluation, and (iii) evaluators and academics who are involved in HSS evaluation.






The HSSEC convened a working group to build a shared understanding of language, methods, and outcomes for HSS evaluation. WG1 members felt it was important to have a shared understanding of what definitions of health systems strengthening exist, and what their implications are for evaluation. This technical brief summarises definitions of HSS and how these impact on health systems strengthening evaluation (HSSE). The process of doing this is helpful in illuminating how different organisations and stakeholders define HSS and invest in health systems, and therefore what the implications are for the field of HSS evaluation. Where we have found competing definitions or concepts of HSS, we try to unpick these.

HSS investments: challenges of identification & recognition

The term 'Health Systems Strengthening' has become commonly used within donor agencies but with little consistent meaning. It came about as a recognition that increased expenditure by donors on vertical programmes was unlikely to deliver the expected results without simultaneous investments in systems. The term was described in 2009 as 'the new buzzword in discussions about international health, in danger of becoming a container concept that is used to label very different interventions' (Marchal et al 2009).ⁱ

In donor agencies, Health System Strengthening (HSS) investments compete with disease programme goals or Universal Health Coverage (UHC) goals for recognition. The range of investments included under 'HSS' is highly varied and poorly documented. Investments can range from providing inputs for service delivery to higher-level system reform. Difficulties in defining the amount spent on HSS and the activities being funded are common within all HSSEC agencies. Stakeholders in HSSEC have struggled to describe or quantify their HSS investments in detail, which presents a significant challenge for evaluation.

Table 1: Is a supply chain management intervention strengthening the health system?

Simplified Intervention	HSS 	not HSS	Comment
A. Externally recruit logisticians and eLMIS specialists		 X	Provides a necessary support for the performance of the health system. Does not increase internal capacity to last beyond project.
B. Build warehouses and procure cold chain equipment	 ? 		Does increase standing infrastructure capacity. Does not increase processes to sustain capacity.
C. i) Design and implement a policy for recruiting logisticians and eLMIS specialists, and secure national and subnational funding for the positions. ii) Train workforce and district teams in use of eLMIS and establish regular review processes, including early warning of stockouts. Strengthen last-mile supply chain management	X 		While this intervention does not address everything in the health system, it works on a subsystem to build lasting capacity, with clear interrelations with other subsystems (HRH, policy, financing).

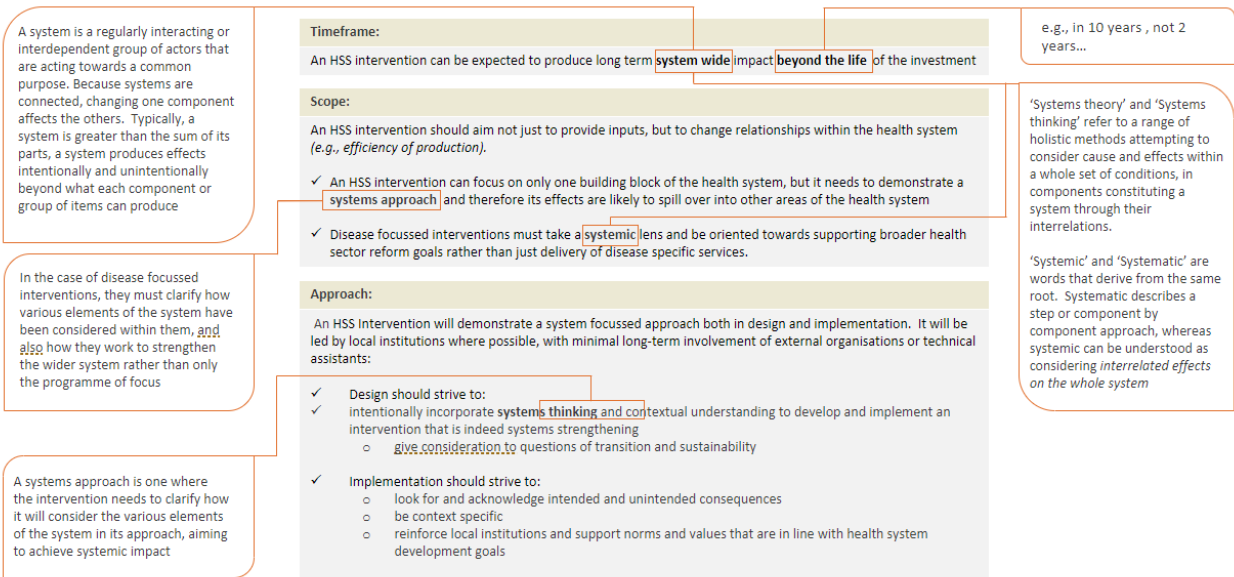
Definition(s) of Health Systems Strengthening

Thinking on definitions of HSS is now evolving. While early definitions considered investments in any part or subsystems of building blocks to be HSS, recent work has emphasised HSS as needing to go beyond a single ‘building block’ or subsystem and address issues of how the system functions and interacts (Chee et al 2013ⁱⁱ, Taghreed and Adam 2010ⁱⁱⁱ, Witter et al 2019^{iv})¹. This invites a distinction between different types of investment in a health system between those that are more system-focused and those that are more focused on other goals such as service delivery support. HSS should imply an approach that targets the development of the system and will continue to strive to achieve these goals over time as much as the achievement of outcomes.

A categorisation of Health Systems Strengthening vs Health Systems Support (Chee et al 2013) can be used as a basis for classifying investments. This will allow evaluation parameters to be more clearly set and provide a better foundation for the field of HSS evaluation. Health System Strengthening investments should exhibit the following features:

¹ In some definitions of HSS, an investment in any part or sub-system of the health system can be described as HSS, whilst others argue that HSS implies something more fundamental- going beyond a ‘building block’ or sub-system to address issues of how the system functions (and interacts).

HSSEC definition of Health Systems Strengthening



Other investments should more accurately be labelled as Health Systems Support (or another set of terms that further unpacks this category). These investments are also acknowledged as vital to maintaining service delivery in many contexts, and the importance of evaluating these investments is given equal weight.

Finally, the difference between strengthening and support is best viewed along a continuum rather than as a binary distinction. Strengthening interventions can also be employed in fragile contexts.

Implications for HSS evaluation

This classification will help HSS evaluation by indicating that different types of investments may need different evaluative approaches. Successful evaluation of HSS interventions requires a clear understanding of this range of HSS investments as well as related Theories of Change.

Existing Challenges to HSS evaluation

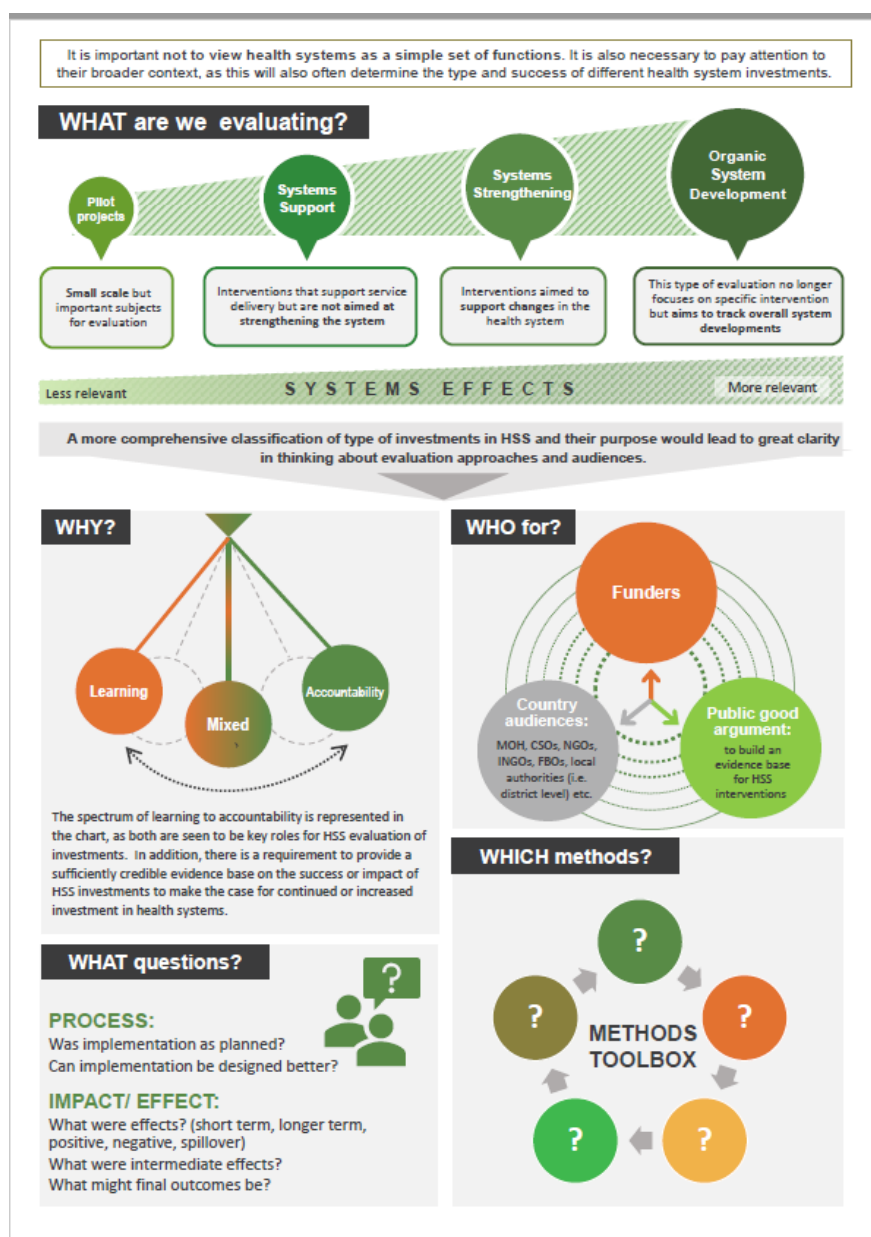
Technical Brief: Review of HSS evaluations describes in greater detail the challenges faced by existing HSS evaluations commissioned by donor agencies. In particular, trying to understand health system strengthening interventions outside of broader trends in a health system can be problematic, as can attempting to isolate the impact of specific investments on health system or disease outcomes.² In addition, short timeframes for evaluation and difficulties of follow-up evaluation once investments are complete (to assess sustainability and long-term change) weaken the current evidence base on the health system impact of investments. Finally, the funding cycle of donor agencies does not fit easily into an HSS evaluation agenda that is truly systems focussed, as this implies supporting change over a long time frame.

² A framework / approach that allows intermediate process goals of system strengthening to be looked for will unlock some of the current complexity in thinking about how to evaluate HSS interventions. This is Technical Brief: Health System Process Goals - A tool for HSS evaluation

A proposed common framework for approaching HSS evaluation

The diagram below lays out a draft framework for approaching HSS evaluation more systematically, drawing on the typology of HSS investments outlined above.

From the left-hand side, catalytic investments or pilot projects are relatively small scale but clearly important subjects for evaluation. Moving towards the right-hand side of the chart, interventions become more systemic but remain at the level of a project or programme for Systems Support and Systems Strengthening. Finally, it may be desirable to evaluate the overall development of the system, to understand whether the health system is moving in a positive direction. System effects become more important to consider in the middle two types of intervention and are less relevant at the outer ends.



The above graphic presents a developing framework for HSS evaluation. It contains components of good evaluation practice and considerations that are unique to the HSS evaluation field. In particular, the degree to which different types of HSS investment should be evaluated using a systems lens is highlighted.

References

ⁱ Marchal, B., Cavalli, A., & Kegels, G. (2009). Global health actors claim to support health system strengthening—is this reality or rhetoric? *PLoS medicine*, 6(4), e1000059.

ⁱⁱ Chee G, Pielemeier N, Lion A, Connor C. Why differentiating between health system support and health system strengthening is needed. *Int J Health Plann Manage*. 2013 Jan-Mar;28(1):85-94. doi: 10.1002/hpm.2122. Epub 2012 Jul 9. PMID: 22777839; PMCID: PMC3617455. p89

ⁱⁱⁱ Taghreed Adam , Saad Ahmad, Maryam Bigdeli, Abdul Ghaffar, John-Arne Røttingen. Trends in health policy and systems research over the past decade: still too little capacity in low-income countries. [Trends in Health Policy and Systems Research over the Past Decade: Still Too Little Capacity in Low-Income Countries | PLOS ONE](#)

^{iv} Sophie Witter, Natasha Palmer, Dina Balabanova, Sandra Mounier-Jack, Tim Martineau, Anna Klicpera, Charity Jensen, Miguel Pugliese Garcia and Lucy Gilson. 2019. [Evidence review of what works for health systems strengthening, where and when?](#)



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