



HSS Evaluation Collaborative

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

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Working Group 1 - Working Paper 1

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1. Introduction

1.1 Background

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.

This paper summarises work and discussions of the HSSEC Working Group 1 (WG1) around issues related to definitions and boundaries of HSS evaluation.

1.2 The paper

Working Group 1 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 paper 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.

The paper addresses the following questions:

- How can we define a health system?
- How do different agencies define health systems strengthening and how has this term evolved?
- What are different agencies investing in which they term HSS?
- How can HSS investments be better classified?
- What are the implications of this for HSS evaluation?

1.3 Structure

The first section of the paper contains a brief overview of evolving work on defining health systems and their features. Competing definitions of health systems strengthening, as well as some reflections on the use of the term and its connotations, are contained in the second section. The section on typologies of HSS investment starts to unpack what different organisations are investing in when they use the term health systems strengthening. The aim of this is to highlight what mechanisms of change they are funding in order to bring about change within a health system. A final section suggests a framework for thinking about HSS evaluation and makes early conclusions on what the implications are for HSS Evaluation and Learning and for the work of the HSSEC.

2. Definitions of a Health System & ‘Health Systems Strengthening’

2.1 Health System

Definitions of health systems and how to approach their constituent parts are still evolving. There is an increasing literature that defines different aspects and dimensions of a health system, with the unifying factor that they all address the overarching system as a whole, rather than the specific parts that might make up the functioning of the system. Some approaches try to breakdown the system into its constituent parts, whilst others stress the importance of taking a system-wide perspective.

- WHO defines a health and health care system as: “The health system comprises all organizations, institutions and resources that produce actions whose primary purpose is to improve health. The health care system refers to the institutions, people and resources involved in delivering health care to individuals”.
- Others have expanded this definition to emphasise the broader role that health systems play. Gilson (ed) refⁱ offers a more comprehensive definition which emphasises how health systems ... “are also part of the social fabric in any country, offering goals beyond health”. There is an increasing literature that defines different aspects and dimensions of a health system, with the unifying factor that they all address the overarching system as a whole, rather than the specific parts that might make up the functioning of the system.
- Further recent work on health systems highlights that the ways in which systems can learn or respond to shocks are defining factors in their long-term ability to develop and strengthen and has proposed the dimensions of resilience, learning and system responsiveness. Others have called attention to the dimensions of ‘hardware’ and ‘software’ in the health system as both important elements to sustain health systems development.
- A review of definition of health systems used by donor agencies active in the HSS field suggests that they are largely based around this WHO definition.

2.2 Health System Strengthening

Since its emergence, the related concept of ‘Health System Strengthening’ (HSS) has had multiple definitions, frequently revisited by both academics and donor agencies (as Table 2 and the following text demonstrate). While early definitions considered investments in any part or sub-systems of building blocks to be HSS, recent work has emphasized HSS as needing to go beyond a single ‘building block’ or sub-system and address issues of how the system functions and interacts (Chee et al 2013ⁱⁱ, Taghreed and Ahmad 2010ⁱⁱⁱ, Witter et al 2019^{iv}). Originally, the term came about as a result of recognition that increased expenditure by donors on vertical programmes was unlikely to deliver expected results, without concomitant investments in systems. It was also increasingly recognised that these vertical programmes could themselves have a distorting effect on the system (Witter et al 2021^v, Morton et al 2016^{vi}, Banteyerga et al 2005^{vii}, Rifkin and Walt 1986^{viii})¹. Two trends in the early 2000s led to convergence around the term:

1. In 2000 WHO published the World Health Report on “Health Systems: Improving Performance”. This was a landmark event in health systems thinking, which was then followed in 2007 by the publication of the 6 Building Blocks framework for the health system.^{ix}
2. The early 2000s also saw a rapid increase in vertical global health initiatives (Biesma et al 2009).^x Examples included the Global Fund to Fight AIDS, TB and Malaria (GFATM), the World Bank Multi-country AIDS Program, the US President's Emergency Plan for AIDS Relief, and GAVI. Private foundations (Clinton Foundation, BMGF) and these new Global Health

¹ SWEF reports done by Bennett et al @Abt

Initiatives emerged as major actors, with targeted strategies to address specific priorities and demonstrating considerable funding leverage which shaped priority setting processes. It became rapidly clear that weak health systems were constraining the effectiveness of many high impact interventions (Van Olmen et al 2012).^{xi}

As a result, HSS emerged in the early 2000s as a term used by donor organisations, merging the WHO's renewed attention to health systems definition and delineation with the major challenges experienced by GHIs into a new 'catchword' (Van Olmen et al 2012) to describe the solution that was needed to scale up service delivery. However, whilst the term was adopted, a stable and universally applied definition has not followed. Multiple publications have concluded that the area needs greater definition, some are highlighted below:

- Swanson et al (2010)^{xii} conducted a systematic review of 633 documents from peer-reviewed and grey literature for HSS definitions, examples, and explanations and "*found little consistency and wide variation among the definitions cited*".
- Witter et al (2019) reviewed the evidence on effective health systems strengthening approaches in different contexts and concluded in a similar vein that there is "*still no consensus on definitions of HSS interventions and evaluation that are operational, including how to capture the cross-cutting elements of interventions*".
- A 2020 review for DFID of their HSS programme^{xiii} observed that "*despite record levels of investment, global HSS efforts have been hindered by a number of conceptual and knowledge gaps*". They particularly noted 1) Lack of an agreed definition of HSS 2) Lack of consensus on what interventions constitute HSS, and 3) Lack of evidence of the effectiveness of HSS interventions.

Hafner and Shiffman (2013)^{xiv} observe the origins of the term:

"After a period of proliferation of disease-specific initiatives, over the past decade and especially since 2005, many organizations involved in global health have come to direct attention and resources to the issue of health systems strengthening.....We find that the critical factors behind the recent burst of attention include fears among global health actors that health systems problems threaten the achievement of the health-related Millennium Development Goals, concern about the adverse effects of global health initiatives on national health systems, and the realization among global health initiatives that weak health systems present bottlenecks to the achievement of their organizational objectives. While a variety of actors now embrace health systems strengthening, they do not constitute a cohesive policy community. Moreover, the concept of health systems strengthening remains vague and there is a weak evidence base for informing policies and programmes for strengthening health systems."

2.3 HSSEC members definition of HSS

Each of the HSSEC stakeholders has a working definition of HSS which is shown overleaf in Table 2. In contrast to the health system definitions, here the definitions are varied and focus on different aspects of the system. In some cases, they are also a work in progress, pending or under debate.

Table 1: Organisational Definitions of HSS

Stakeholder	Definition
BMGF	PHC is “a package of preventative, curative, and promotive health services and the system that delivers those services. It is important to underline that PHC is a set of services, not a place.”
FCDO	FCDO has no working definition of HSS, and follows the WHO definition(s). FCDO launched a position paper on Health Systems Strengthening that outlines their approach in December 2021’ Health systems strengthening for global health security and universal health coverage - GOV.UK (www.gov.uk)
Gavi	Definition for 5.0 is pending.
GFATM	<p>“The Global Fund is the largest multilateral investor in health systems investing US\$1 billion a year to build resilient and sustainable systems for health. This includes: improving procurement and supply chains; strengthening data systems and data use; building an adequate health workforce; strengthening community responses and systems; and promoting more integrated service delivery so people can receive comprehensive care throughout their lives.”</p> <p>“The Global Fund’s work to build stronger systems for health aligns with the priorities of governments by supporting national health strategies and disease-specific national plans.”^{xv}</p>
GFF	Main targets are stated around strengthening systems for achieving UHC
UNICEF	“UNICEF defines HSS as actions that establish sustained improvements in the provision, utilization, quality and efficiency of health services, including both preventive and curative care, as well as the resilience of the system as a whole.” ^{xvi}
USAID	Health system strengthening comprises the strategies, responses, and activities that are designed to sustainably improve country health system performance. Health system strengthening aims to make comprehensive changes in how the system functions through changes to policies, regulations, organizational structures, and relationships across the system. Health system strengthening has benefits which cut across all programs to support and contribute to the improvement of health system outcomes, including equity, quality, and resource optimization, and ultimately to improved health outcomes. A high-performing health system is made up of a constellation of high-performing public and private health institutions that deliver high-quality health and comprehensive integrated care that is accountable, affordable, accessible, and reliable.
WHO	“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” ^{xvii}
World Bank	<p>“The World Bank Group (WBG) supports countries’ efforts towards achieving Universal Health Coverage (UHC) and to provide quality, affordable health services to everyone — regardless of their ability to pay — by strengthening primary health care systems and reducing the financial risks associated with ill health and increasing equity.”^{xviii}</p> <p>One of WBG’s areas of focus for helping countries achieve UHC is “strengthening health systems and health financing”.</p>

2.4 Varying definitions and purposes

Different definitions suggest different ways of thinking about HSS and its purpose.

- Some organisations emphasise Universal Health Coverage as the ultimate goal and see HSS as a principle underlying this goal.
- Other organisations take a more instrumental view of HSS, seeing it as a set of activities that will enable more defined service delivery scale up goals.

These two approaches (or belief systems...) also have implications for the level and type of evidence that is expected or required around health systems.

- For the first type of approach, specific evidence around the “impact” of HSS is seen as less important than strategies to achieve UHC.

- For the latter approach, HSS is seen as competing with other potential investments such as purchasing commodities or vertical disease programming and therefore the case has to be made that it is a cost effective intervention.

Finally, agencies for whom strengthening health services is not the key remit but seen rather as means to an end such as scaling up service delivery (GFATM, GAVI), may tend to invest in ways that are closer to their immediate disease/ service specific goals. On the spectrum of health systems strengthening to health systems support, this can manifest as more immediate short-term support rather than long term health systems strengthening. Other agencies who see HSS as more core to everything that they do may tend to invest in ways that cut across building blocks or take in 'upstream' issues of financing and governance.

2.5 Health Systems Strengthening or Health Systems Support?

The many types of actions/ investments described by the term 'Health Systems Strengthening' are reflected in this ongoing fluidity over precise definitions in this field. Investments/ activities can range from the provision of inputs for service delivery to higher level reform of the system. Purchasing equipment, running training courses, translating manuals can exist alongside high-level reforms of health care financing or modes of provision under the term 'HSS'.

There have been several attempts to introduce a more disciplined way of thinking about these different investments. Chee et al (2013) drew a distinction between health systems strengthening and health systems support. They defined health systems strengthening as "about permanently making the system function better, not just filling gaps or supporting the system to produce better short-term outcomes".

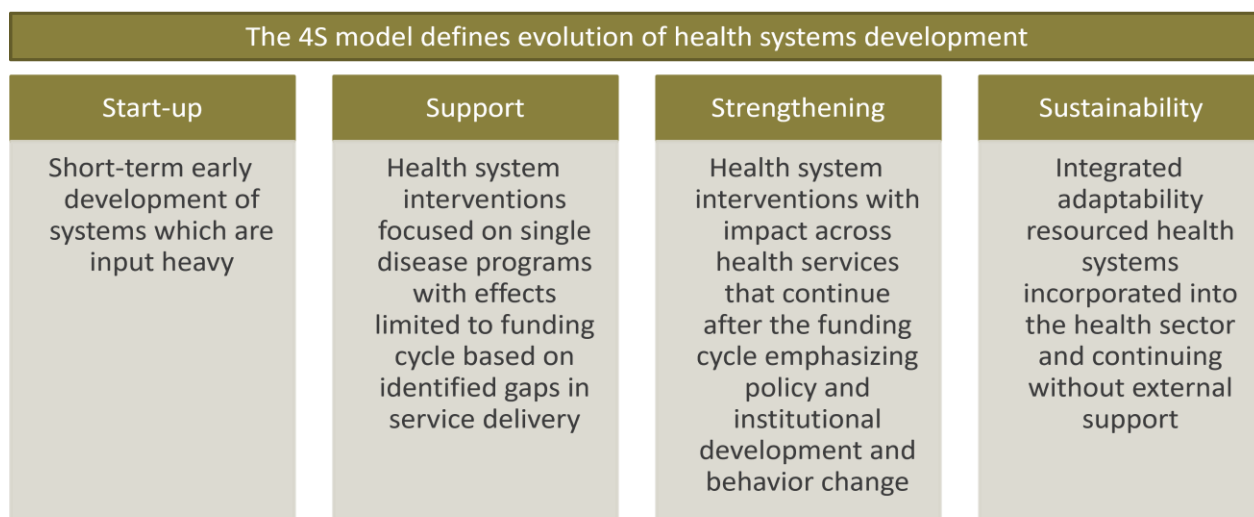
From Chee et al (2013) on the distinction between 'Health Systems Strengthening' and 'Health Systems Support':

"...It is important to distinguish activities that support the health system, from ones that strengthen the health system. Supporting the health system can include any activity that improves services, from distributing mosquito nets to procuring medicines. These activities improve outcomes primarily by increasing inputs. Strengthening the health system is accomplished by more comprehensive changes to performance drivers, such as policies and regulations, organisational structures, and relationships across the health system to motivate changes in behaviour, and/or allow more effective use of resources to improve multiple health services."^{xix}

" A basic outcome difference between health system strengthening and support is that whereas providing support addresses the constraints currently found, strengthening the system actually changes the system so that it can address these constraints in the future. A stronger health system is more able to adapt and respond to external changes, whether emerging diseases, financial crises, or population migrations".

Recent work by the TERG and TRP of the GFATM mirror some of this thinking. The 4S framework suggests categories of "System Start Up, System Support, Systems Strengthening and Systems Sustainability".

Figure 1: 4s framework



The following table serves as an illustration of the continuum between support and strengthening activities, using the example of supply chain management:

Table 2: 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 recruitment of 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 sub-system to build lasting capacity, with clear interrelations with other subsystems (HRH, policy, financing)

3. What types of investments are agencies making as HSS?

HSSEC attempted to look at the types of investments being made by stakeholders represented in the Working Group (USAID, GFATM, GAVI, World Bank, BMGF) which are categorised as HSS investments. We hoped to identify mechanisms of change² which HSS investments are hoping to bring about to strengthen health systems. Each agency identified challenges with identifying data about investments and separating out investments specific to HSS.

Common problems identified by the stakeholders in HSSEC were that:

- It is hard to disentangle whether any one investment or set of grants should be categorised as an HSS intervention. Organisations use different terms that overlap with HSS e.g., “primary health care”, “universal health coverage” etc.
- In many cases, the HSS elements of a grant are packaged up with some disease specific elements, and it would require a grant-by-grant analysis to go through this.
- In almost all cases, it was not possible to quantify and list the HSS investments that organisations are making or to identify specific mechanisms of change that they were aiming to bring about with their investments.

Currently for most agencies it is easier to gain information on an investment area category and less easy to find details of actual activities funded, without going to grant level analysis. In the table below we present the still broad areas of investment that agencies can report which further illustrates the lack of precise definition and categorisation of investments.

Table 3. HSS investment categories

Stakeholder	Investment primary category	Secondary category
BMGF	Global Delivery Programs contains a Health Systems sub team, which tends to use the lens of primary healthcare rather than HSS as the objective of what they're trying to strengthen.	'Bodies of work' (portfolios of investment) of the HS sub team are grouped into 4 buckets of investment: supply chain, data, finance and primary healthcare and routine immunization learning agenda. Investment into HSS comes primarily from this team, but also in part from other teams (though amount of HSS funding from other teams isn't clearly set out)
GAVI	Investments are separated into Vertical: immunization specific and Platform: Broader PHC/health system.	Funds are broken up in detail by health area. For example, broader PHC/health system funds are spent on the following: Microplanning activities, Scaling up SC infrastructure and equipment, Training and capacity building for health workers, Monitoring and supportive supervision, Improving supply chain management system, Strengthening routine Health information systems, capital investments in infrastructure, vehicle procurement, Training and capacity building on supply chain, etc.
GFATM	"Direct" RSSH funding from RSSH modules strengthen the health system broadly, and "Contributory" RSSH funding are investments in disease programmes that provide benefits to the health system. GFATM uses a detailed methodology to calculate contributory RSSH investment.	In order of greatest to lowest relative investment, direct RSSH investments are in HMIS, HRH, health product management, integrated service delivery, community systems, national health strategies, and financial management systems.
USAID	Investments are distinguished as foundational HSS (which aim to benefit the system overall, rather than specific programme, health area or outcome) and programme-area specific HSS investment.	Illustrative input examples of HSS investments include providing technical assistance, capacity building, strategy development, coordination etc in areas such as health financial systems, PFM, resource management, private sector roles, system efficiencies, quality improvement, human resource systems, community health system strengthening, data/information, pharmaceutical systems strengthening, health system resilience, and more

² A literature review linked to an evaluation of DFID's MCHSS programme (OPM, 2020) set out to provide evidence on whether the design of DFID's programme was based on available evidence of how to achieve HSS. It conducted a review of the different approaches that have been adopted in 'donor funded interventions aimed at strengthening health systems' and whether these approaches have been effective. The review identified 23 different approaches or 'mechanisms of change' that donors have employed with the intention of strengthening country health systems.

4. HSSEC recommendations on Boundaries & Definitions: implications for evaluation

A common typology or understanding of the field of HSS or HSS evaluation is still lacking, which hampers actors working on HSS and HSS evaluation. This in turn causes frustration in potential investors in HSS due to the perceived lack of an easily communicated evidence base.

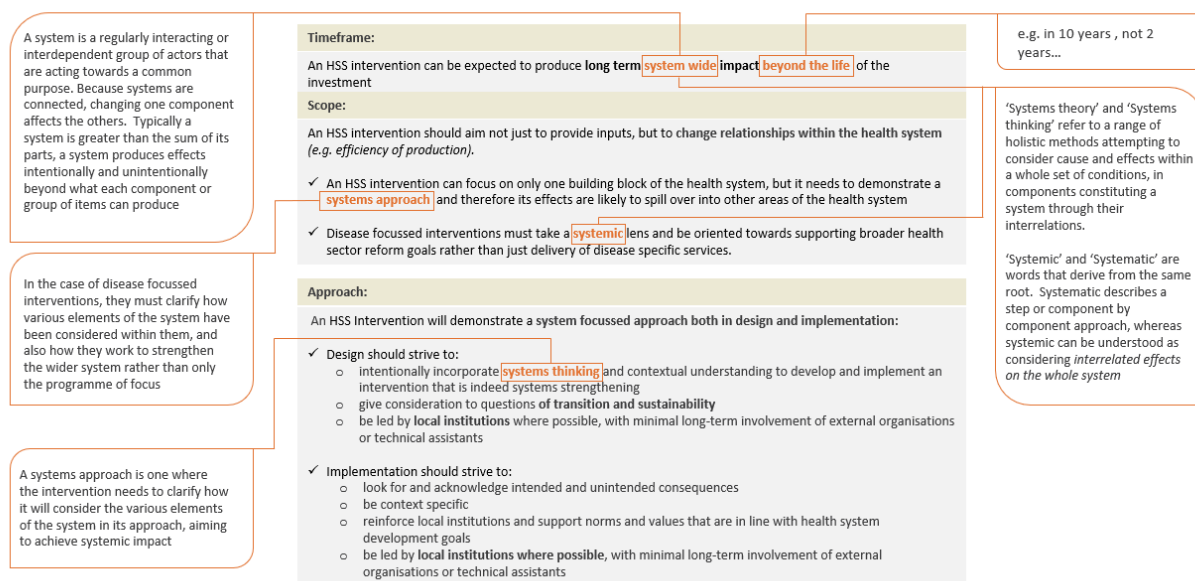
Building on previous work, HSSEC concluded that the following were important messages:

- Health outcomes or goals can be achieved by different means, but the term Health Systems Strengthening should imply an approach that is targeting the development of the system and will continue to strive for the achievement of these goals over time *as much as* the achievement of outcomes.
- The difference between Health Systems Strengthening, and Health Systems Support is best viewed along a continuum rather than as a binary distinction. Strengthening interventions can be employed in fragile contexts, but there are also many contexts in which ‘supporting’ the health system is the appropriate approach (Witter et al 2019; Witter and Pavignani 2016^{xx}). These interventions should all be evaluated, but approaches to evaluation will vary depending on the type of intervention.
- Evaluation of all investments classified should include attention being paid to intended and unintended spill over effects on other parts of the health system.
- A framework / approach that allows intermediate process goals of system strengthening to be looked for, in shorter time horizons, is desirable and will unlock some of the current complexity in thinking about how to evaluate the outcomes of HSS interventions³
- Building on the definitions of systems support vs system strengthening as initially proposed by Chee et al (2013), debates within the HSSEC Working Group resulted in the following definition of HSS (Figure 1)

³ This is the work of Focal Area 3 of Working Group 1.

Figure 2: Health System Strengthening investments should exhibit the following features:

HSSEC definition of Health Systems Strengthening

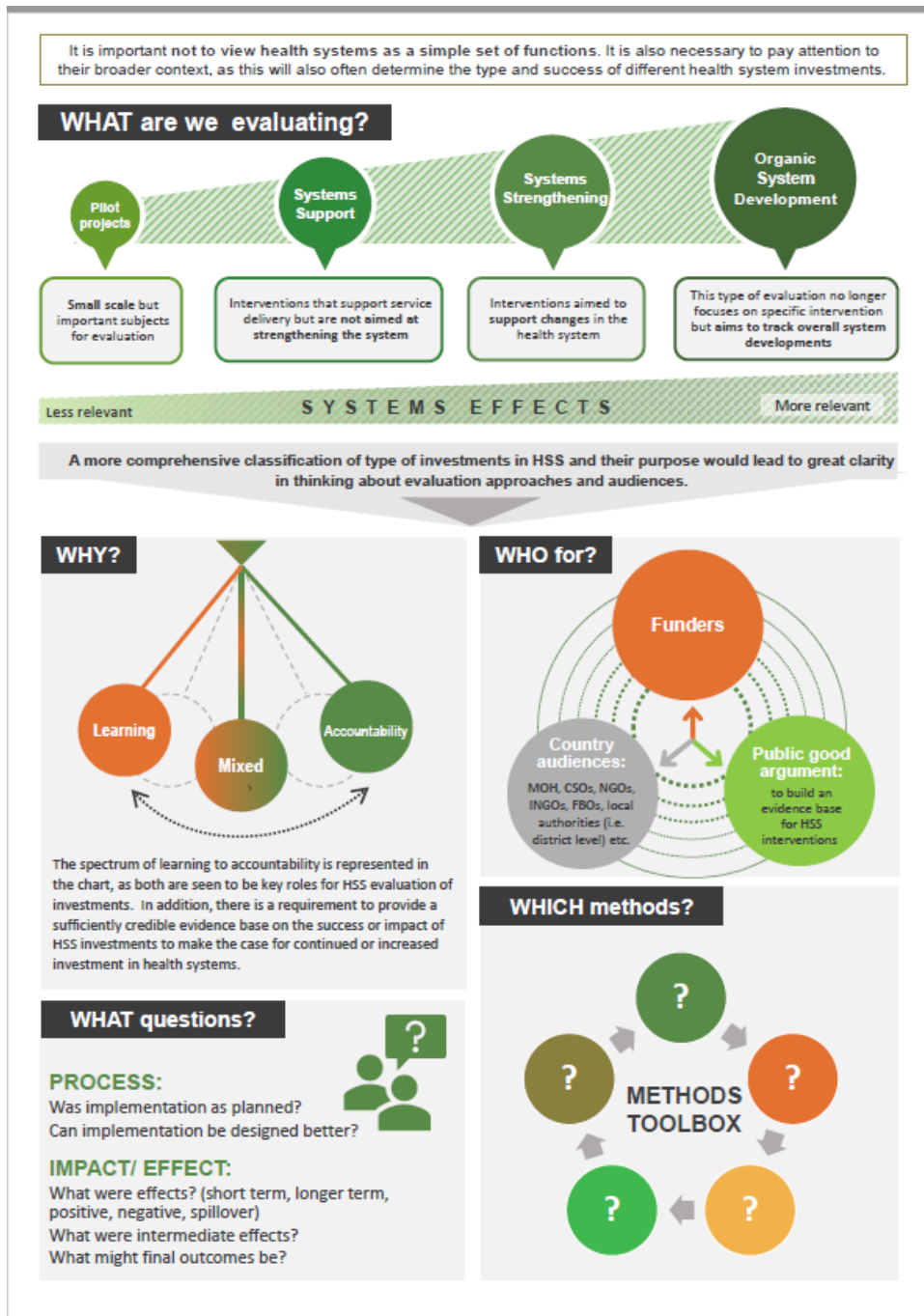


Discussions among HSSEC also highlighted the need to more logically breakdown the interventions that are being described as 'HSS' investments. A start to this has been made in the chart below, which tries to demonstrate the variety of interventions that may be included in the term 'HSS'.

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, in order to understand whether the total activities of health systems development are moving in a positive direction. System effects become more important to consider as the type of interventions moves along the dimension from left to right. A more comprehensive classification of type of investments in HSS and their purpose would lead to great clarity in thinking about evaluation approaches and audiences.

In the case of Health Systems Strengthening interventions funded by donors, the funding cycles of these investments (often 3-5 years) are likely to mean that evaluations need to be completed before the final results of the investments that they have made can be understood, or questions of sustainability can be answered.

Figure 3. How to evaluate HSS interventions can be thought about using the following framework



5. References

- ⁱ Gilson, L, Alliance for Health Policy and Systems Research & World Health Organization. (2013). Health policy and system research: a methodology reader: the abridged version / edited by Lucy Gilson. World Health Organization. Health policy and systems research : a methodology reader / edited by Lucy Gilson (who.int)
- 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?
- ^v Witter et al. Evidence review of what works for health systems strengthening, where and when?. 2021
- ^{vi} Morton, A., Thomas, R., & Smith, P. C. (2016). Decision rules for allocation of finances to health systems strengthening. *Journal of health economics*, 49, 97–108. <https://doi.org/10.1016/j.jhealeco.2016.06.001>
- ^{vii} Banteyerga, Hailom, Aklilu Kidanu, Sara Bennett, and Kate Stillman. October 2005. The System-Wide Effects of the Global Fund in Ethiopia: Baseline Study Report Final Draft. Bethesda, MD: The Partners for Health Reform plus Project, Abt Associates Inc.
- ^{viii} Rifkin SB, Walt G. Why health improves: defining the issues concerning 'comprehensive primary health care' and 'selective primary health care'. *Soc Sci Med*. 1986;23(6):559-66. doi: 10.1016/0277-9536(86)90149-8. PMID: 3764507.

^{ix} World Health Organization. (2007). Everybody's business -- strengthening health systems to improve health outcomes : WHO's framework for action. World Health Organization. <https://apps.who.int/iris/handle/10665/43918>

^x Regien G Biesma, Ruairí Brugha, Andrew Harmer, Aisling Walsh, Neil Spicer, Gill Walt, The effects of global health initiatives on country health systems: a review of the evidence from HIV/AIDS control, *Health Policy and Planning*, Volume 24, Issue 4, July 2009, Pages 239–252, <https://doi.org/10.1093/heapol/czp025>

^{xi} Van Olmen J, Marchal B, Van Damme W, Kegels G and Hill P ‘ Health systems frameworks in their political context: farming divergent agendas’ *BMC Public Health* 2012 12: 774

^{xii} Swanson R, et al 2010 *Plos medicine* Towards a Consensus on guiding principles for health systems strengthening.

^{xiii} Waife, Nicola & Witter, Sophie & Jones, Stephen. (2019). Evaluation of DFID's Approach to Making Country Health Systems Stronger (MCHSS) Literature Review Report. 10.13140/RG.2.2.23615.23202.

^{xiv} Tamara Hafner, Jeremy Shiffman, The emergence of global attention to health systems strengthening, *Health Policy and Planning*, Volume 28, Issue 1, January 2013, Pages 41–50, <https://doi.org/10.1093/heapol/czs023>

^{xv} The Global Fund. [Focus on Building Resilient and Sustainable Systems for Health](#). 2019.

^{xvi} UNICEF. [The UNICEF Health Systems Strengthening Approach](#). 2016. New York.

^{xvii} World Health Organization. [Health Systems Strengthening Glossary](#). Accessed: 27 May 2021.

^{xviii} The World Bank. [Health Overview](#). Last updated: 2 April 2020, Accessed: 27 May 2021

^{xviii} Report by TrP on RSSH investments in the 2017-2019 funding cycle

^{xx} Witter, S and Pavignani, E Review of Global Fund Investments in Resilient and Sustainable Systems for Health in Challenging Operating Environments. Report for Global Fund for AIDS, Tuberculosis and Malaria.DO - 10.13140/RG.2.2.33241.93281