

# What can we learn from HSS Evaluations?



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## Introduction

The Health Systems Strengthening Evaluation Collaborative (HSSEC) brings together stakeholders to think differently about how to approach Health System Strengthening (HSS) evaluation and to work collectively to build and execute a shared agenda to improve HSS evaluations. The Collaborative is based on the belief 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: country-level stakeholders, including governments, practitioners, and communities, donors that fund HSS and HSS evaluation, and the evaluators and academics who are involved in HSS evaluation.

As part of their work, the Collaborative studied HSS evaluations commissioned by Global Health Institutions<sup>1</sup> (GHI) from 2010 to the present. The team used a focused literature review and five key informant interviews to build a cross-cutting understanding of HSS evaluations commissioned by donors.

By analyzing the GHI's strategic focus, priorities, objectives, and methodological approaches to HSS evaluation, the HSSEC was able to identify common challenges and lessons learned, as well as how evaluation findings have been used and opportunities for improvement.

This Technical Brief presents a broad overview of the study's key findings. It aims to spark interest, inform discussion, and contribute to the HSSEC's collective aim of building a shared HSS evaluation agenda.

## Overarching findings

### Approaches and methods

- **The lack of common HSS evaluation approaches and methods within and across GHIs limits the ability to make country comparisons.** Evaluation guidance, a set of appropriate HSS indicators within GHIs, and a common approach to asking evaluation questions across a range of contexts should be developed to promote high-quality, usable findings across contexts.
- **More structured approaches to HSS evaluation, that can be tailored to local contexts, would promote better comparability of findings across countries.** This includes using Theories of Change (ToCs), conceptual frameworks and data gathering tools, and standardizing evidence for synthesis. To be most effective, these approaches need to ensure that context-specific evaluation needs are addressed using local data, for example, by providing global level templates, evaluation tools and guidance for evaluation plans that can be locally adapted.

### Utilization of findings

- **It is critically important that GHIs and country stakeholders collaborate in the design of evaluations.** This ensures country buy-in from an early stage, clarity on the scope of the

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<sup>1</sup> Gavi, the Vaccine Alliance (Gavi), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), the United States Agency for International Development (USAID) and the World Bank Group (WBG) – referred to in this Technical Brief as Global Health Institutions (GHIs).

evaluation, what HSS interventions are expected to achieve, and generate interest in learning from and using findings.

- **GHIs should tailor dissemination strategies to stakeholder needs and support knowledge translation.** Future evaluations need to ensure resources are available for timely, strategic dissemination of findings that align with stakeholder needs and decision-making windows.

## Future considerations

The team developed several future considerations based on the gaps and best practices found during the study.

- **GHI guidance for evaluators should be standardized and coordinated across countries** to help improve the quality and usefulness of findings. Evaluators should use the guidance consistently to support the comparability of findings across contexts.
- **Common definitions of HSS and an appropriate set of agreed indicators should be developed** to systematically track HSS interventions. This would enable a robust HSS evidence base to develop, to support country comparisons over time.
- **Develop and/or strengthen theoretical frameworks and theories of change to clearly articulate expectations for HSS support** and elaborate on assumptions for how interventions will bring about change. GHI technical guidance on HSS should harmonize with the ToC, other related organizational systems, and monitoring, evaluation and learning thinking.
- **Continue to learn and build on the experience of assessing GHI contribution to outcomes** and impact through greater consideration and reflection on the methodologies used.
- **Ensure resources (technical, human, time) are available to support the close involvement of GHIs and country stakeholders** in designing and implementing evaluation and learning efforts. Ensure suitable feedback mechanisms are in place to promote the uptake of evaluation findings.
- **Strengthen cooperation and coordination of HSS approaches, investments, evaluations, and technical support across GHIs**, including at country level. This should be done to improve complementarity and identify key areas for how each GHI can support HSS and wider health goals.
- **Where appropriate, establish organization-wide MEL plans and structures** that support the design and implementation of HSS evaluations. These should be linked to wider strategy and facilitate and strengthen learning platforms for collecting and disseminating evidence and findings.
- **Continue to strengthen and utilize learning components of HSS evaluation** to advance understanding, practice and lessons learned on systems thinking, methods and approaches.

Despite the heterogeneity of GHI HSS evaluations, the evidence, analysis, and findings presented in the study indicate potential ways forward for creating common evaluation practices among donors. Doing so could enhance the quality and usability of evidence gathered, inform decision-making, and ultimately strengthen health systems for the benefit of those who use them.



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