

# HSS Evaluation Ecosystems: Summary of Country Case Studies

July 2022



## 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. 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 look at HSS evaluations from a national perspective and identify lessons learnt and opportunities for further strengthening HSS evaluations. The first priority identified by the group was to build a better understanding of the institutional structures and processes that support HSS evaluation and opportunities to strengthen processes to enhance national HSS evaluation capacity and better respond to institutional needs. The second priority was a national stakeholder analysis to gain national perspectives on HSS, and ideas on how evaluation processes might better address country needs.

## Country case-studies

Two light-touch case studies covering Mexico and Thailand and three deep-dive case studies in Kenya, Ghana, and Rwanda were commissioned and carried out to better understand HSS evaluation ecosystems and the challenges and opportunities for further strengthening. This technical brief summarizes, at a high level, key findings from the case studies, and provides a few examples to illustrate the findings. Details from the case studies can be found in individual country reports and we recommend that this brief is reviewed jointly with the country reports, given the diversity of contexts.

## Key objectives and methodology

The objectives of the case studies were to:

- Examine the institutional structures and processes that support HSS evaluation.
- Determine the interests and needs of HSS evaluation among various stakeholders.
- Understand how HSS evaluations are designed, commissioned, and experienced by stakeholders.
- Identify opportunities for strengthening HSS evaluation to support country-level policy development and implementation.

The case studies were built on a qualitative approach, comprising a review of relevant documents on HSS evaluations in all four countries. Key informant interviews were also conducted with

policymakers/implementers, academics and researchers, bilateral/multilateral and private development partners in Mexico (n=6), Kenya (n=17), Ghana (n=10), and Rwanda (n=15). Thematic and content analyses were done on the data from the interviews and documents, respectively.

## Overarching findings

**There are no specific agreed policies or agendas on HSS evaluations in the countries.** Across the countries studied, there were no agreed formal policies around HSS evaluation. In Mexico and Thailand, evaluation priorities around HSS were related to specific health reforms or are built into the mandate of public institutions. For example, in Mexico, the Seguro Popular reform which provided comprehensive health care to the non-salaried population, had a central evaluation strategy which focused on the monitoring of public health services, the evaluation of health programs, and health systems performance assessments. This evaluation strategy remained in place for over 18 years and has recently been narrowed following a change in political administration.

In Ghana, Kenya, and Rwanda, HSS evaluation agendas are embedded into various strategies and plans. In Ghana, health sector performance assessments are embedded in their national health sector strategic, medium-term and annual plans. In Kenya, the Monitoring and Evaluation Directorate (MED) at the State Department of Planning has developed M&E norms and guidelines and it is the responsibility of Ministries to adapt these guidelines for sector specific evaluation strategies. The Ministry of Health is yet to customize the existing M&E policies and guidelines to an HSS evaluation approach.

**There exist routine and ad-hoc HSS evaluations across countries.** The ministries of health and their agencies often commission and implement comprehensive assessments of health sector performance based on priority indicators. In Ghana, for example, the Ministry of Health conducts three routine evaluations of the health system, including the holistic assessment of the health sector. The holistic assessment of the health sector is a sector-wide, agreed and comprehensive assessment of the performance of the overall health sector in implementing the annual activities and operational programs of action for the year, based on the indicators enshrined in the Health Sector Medium Term Development Plan.

External development partners have implemented a number of project or intervention specific evaluations across all countries included in our case studies. These project specific evaluations are often limited in their scope due to budget and timeframe limitations and may miss the heterogeneity of sub-national contexts given their limited scopes. These external actors also provide technical and financial support to the ministries to implement routine HSS evaluations. For example in Ghana, some donors and external partners provide assistance for the implementation of the holistic assessment of the health sector, which is led by the MoH.

**Universal health coverage (UHC) is the leading priority of recent HSS evaluations.** Across all countries, evaluation of UHC interventions has been prioritised in recent HSS evaluations. Other priorities for HSS evaluations are enshrined in national health strategic, medium-term and annual action plans and project-specific objectives. However, the current government of Mexico has placed less priority on HSS evaluation due to a lack of interest in accountability.

**HSS evaluations rely more on external than domestic funding.** In Mexico, HSS evaluations are largely funded from the regular budgets of the programmes that are being evaluated. The Thailand Research Fund (TRF) and the Health Systems Research Institute (HSRI) of Thailand provide public funding for domestic HSS evaluations. However, there are no dedicated domestic funding sources for HSS evaluations in Ghana, Kenya, and Rwanda, resulting in a fragmented HSS evaluation ecosystem and an over-reliance on external funding for HSS evaluations

**There exist varied actors and interests but weak linkages in HSS evaluation ecosystems.** The ministries of health and their agencies and local academic/research institutions are the main domestic actors in the HSS evaluation ecosystems.

External stakeholders such as USAID, WHO, UNICEF, the World Bank, Global Fund, Gates Foundation and GAVI have also supported various HSS evaluations in specific countries. However, there is poor linkage/coordination across these development partners' HSS activities/ evaluation efforts, leading to fragmentation and duplication of efforts.

**There is limited capacity for HSS evaluations at the ministries.** Deliberate attempts were made to develop evaluation capacities in Mexico and Thailand, including dedicated investments into strengthening national institutions and capacities in HSS evaluation. In Mexico, the National Institute of Public Health (*Instituto Nacional de Salud Pública*) established a center for research and teaching in health systems, the Center for Health Systems Research. The INSP has supported the development of health systems reform and subsequent evaluations.

In Thailand, two agencies, the Thailand Research Fund (TRF), and the Health Systems Research Institute (HSRI) have supported health systems research and reform development. Both the TRF and HSRI have established programmes to support health systems, health economics and financing training, including the International Health Policy Programme (IHPP) which was formally established through a memorandum of understanding (MoU) between the HSRI and the Ministry of Public Health (MOPH) in 2001. The IHPP conducts research to improve Thailand's health system through the generation of evidence.

However, in Kenya and Ghana, although monitoring and evaluation units exist in the ministries, the limited capacity of the staff does not ensure effective implementation and coordination of HSS evaluation activities.

**There are limited and weak national health information management systems.** Limited and weak data systems were identified as a key challenge in HSS evaluations in Kenya, Ghana, and Rwanda. In Rwanda, stakeholders identified strengthened information systems as a key tool in coordinating HSS evaluations among diverse actors. In Ghana, stakeholders identified challenges around ownership of data systems, and an unwillingness of all agencies within the Ministry to share data into DHIS2, and individual agencies managing data in separate systems. The fragmentation of data, and the processes involved in accessing data from various agencies, makes a comprehensive assessments of health systems progress challenging. At the time of this case study, the MoH had begun drafting a policy and a strategy on comprehensive health system information management, which will ensure that a common information management system is established within the MoH for the collection of data from all its agencies.

**Limited dedicated fora exist for disseminating HSS evaluation evidence.** In all countries, there are annual health summits/fora to disseminate evidence on health system performance to inform policy. For example, in Kenya, multiple platforms for sharing evidence from evaluations were identified, including Development Partners for Health in Kenya, Intergovernmental Forum, and Interagency Coordinating Committee. However stakeholders identified a need to further strengthen information sharing at the sub-national level, where the opportunities for improved HS practice are larger. On the other hand, some forums for dissemination have relied on political support, and in Mexico, the national health forum in Mexico has been suspended due to declined political interest.

## Implications

The following key implications of the findings provide lessons for strengthening HSS evaluations:

- A supportive legal framework and a common shared agenda on HSS evaluation can provide sustained national policy guidance and commitments to HSS evaluations.

- Development of enhanced national capacity of strong institutions, data management systems and technical expertise can lead to improved coordination of HSS evaluations and effective linkages in the evaluation ecosystem.
- HSS evaluations demand high-level dedicated domestic funding support complemented by external financial and technical support to ensure effective implementation.
- Effective stakeholder engagement and effective evidence dissemination fora are required to ensure that evaluation evidence is used to inform policy decisions.
- A strong political commitment to transparency and accountability is required to gain adequate institutional, financial, and political support for HSS evaluations.

For further information, please read the full reports for the Mexico, Thailand, Kenya, Ghana, and Rwanda case-studies.



Itad is a global organisation. Our strategy, monitoring, evaluation and learning services work to make international development more effective. We generate evidence on important issues – from malnutrition to migration – to support our partners to make informed decisions and improve lives.