HEALTH SYSTEM STRENGTHENING

LEARNING AGENDA

IMPLEMENTING THE VISION FOR HEALTH SYSTEM STRENGTHENING 2030
THROUGH THE
HEALTH SYSTEM STRENGTHENING LEARNING AGENDA

PURPOSE

Through the Health System Strengthening (HSS) Learning Agenda, the Bureau for Global Health, led by the Office of Health Systems (OHS), aims to improve health system strengthening programming by updating or generating, synthesizing, and disseminating evidence related to key HSS learning questions. The Learning Agenda will serve as a platform for continuous HSS learning and adaptation. Evidence from the implementation of the Learning Agenda will be used in the design and management of USAID health system strengthening strategies, programs, projects, and activities. OHS will regularly collate and share this evidence within the Agency and with our donor, implementer, government, private sector and civil society partners, to inform our collective efforts to support sustainable health systems.

Different questions within this Learning Agenda may meet the needs of different stakeholders, but the priority audiences for this effort are USAID Mission staff, USAID implementing partners, other development partners, and our partner country governments, who develop, implement, and manage HSS programming.

BACKGROUND

The Vision for Health System Strengthening (2015-2019) focused USAID's HSS work on achieving four HSS strategic outcomes: financial protection, essential services, population coverage, and responsiveness. This previous Vision also reflected state-of-the-art thinking within each of the six World Health Organization health systems building blocks that contribute to these outcomes, and introduced a refined list of priority objectives for each building block. The evidence generated by USAID and others around each of these six core functions of a health system provides a comprehensive body of knowledge for strengthening health systems. Relatedly, under the Marshalling the Evidence (MTE) Initiative,[1] which took place in the same time frame, OHS considered the overarching learning question for the Office: "What are the documented effects of health systems strengthening interventions on health status and on health system outcomes (including health service utilization, quality service provision, uptake of healthy behaviors, and financial protection)?" Both the previous Vision and the publications resulting from MTE summarized existing evidence and knowledge gaps available at the time of writing.

The field of health system strengthening and USAID's HSS activities have evolved over time, providing an opportunity to develop a Learning Agenda that reflects new evidence needs, current priorities, and

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[1] Marshalling the Evidence Status Report. 2016. USAID Office of Health Systems.
https://www.hfgproject.org/impact-hss-health-systems-performance-outcomes-marshalling-evidence-status-report/

renewed strategic directions. This updated Learning Agenda corresponds with the complementary development of the renewed Vision for Health System Strengthening 2030, discussed in more detail below.

This Learning Agenda also aligns with other relevant learning agendas that are recently developed or in-process,[2] including the Agency Learning Agenda and metrics, and with the broader goals outlined in the GH Research and Development Strategy (2017-2022).[3] The GH Strategy articulates goals for GH programming to "accelerate the development, introduction, scale-up, and sustained use of health technologies, tools, and approaches to address critical unmet needs and emerging challenges" and "to identify, generate, and apply evidence" through implementation science "to influence the adoption, implementation, and health impact at scale of priority life-saving health and development interventions." As stated in the Strategy, to achieve these goals, USAID will "*develop and regularly update...prioritized research agendas within and across countries.*"

A revised Learning Agenda will better position USAID staff and programs to advance the state of the art in HSS while iteratively learning from and rapidly adapting interventions across the program cycle.

A LEARNING AGENDA VISION

The Office of Management and Budget defines a learning agenda as a set of broad questions directly related to the work that an agency conducts[4]. A learning agenda prioritizes and establishes a plan to answer short- and long-term questions across relevant program and policy areas, and supports the aggregation of knowledge. USAID's approach to implementation science includes the development and implementation of learning activities with local stakeholders to generate locally-relevant evidence. However, many implementation findings have relevance beyond a single country, improving our understanding of what works, why, and in what contexts, and cross-country collaboration enables the sharing of emerging lessons and experiences. Each question in the HSS Learning Agenda can and should encompass a variety of research, monitoring, and evaluation learning activities that will contribute to the larger body of HSS evidence. Individual activities and investments build on work and evidence to date, producing a range of outputs; in aggregate, these outputs can begin to fill evidence gaps and improve the rigor of HSS research, learning, and implementation. Ultimately, the Learning Agenda will support the prioritization and implementation of high-quality, evidence-based HSS programming.

The Learning Agenda prioritizes learning efforts that:
- Support high-performing health care that is accountable, affordable, accessible, and reliable;

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[2] Relevant Learning Agendas include the Agency Learning Agenda and the J2SR Secondary Metrics; the Agency's Gender Learning Agenda; the Private Sector Engagement Learning Agenda; the Community Health Roadmap; and others. These agendas address requirements on sharing lessons learned in the Foundations for Evidence-Based Policymaking Act of 2018 (Section 312. Agency evidence-building plan).

[3] USAID Global Health Research and Development Strategy (2017-2022). USAID Bureau for Global Health.

[4] OMB Learning Agenda. 2017. Office of Management and Budget Evidence Team, Office of Management and Budget. USAID Learning Lab.

- Contribute to improved health system equity, quality and resource optimization, as defined by the USAID Vision for Health System Strengthening 2030 [5];
- Advance USAID's Vision for Health System Strengthening 2030 by documenting evidence on the effectiveness of systems practice and other strategies promoted by the Vision; and
- Are locally-led and support countries in the development of sustainable, resilient health systems.

In line with the Vision for Health System Strengthening 2030, this agenda will focus on questions related to applying a systems practice approach to health system strengthening, and how to work across multiple health system strengthening areas and with new partners to create high-performing health systems. The questions involve the full range of health system actors - the organizations and people responsible for health system strengthening, including government bodies, health providers, civil society and private sector actors, academic institutions, communities, households and individuals. Activities under this agenda will contribute to advancing outcomes in:
1) Health system performance (in the individual functions/building blocks) and resilience;
2) HSS outcomes (equity, quality, resource optimization);
3) Priority health outcomes (preventing child and maternal deaths, controlling the HIV/AIDS epidemic, and combating infectious disease);
4) Scale-up, sustainability, and institutionalization of effective evidence/programs in these outcome areas; and
5) Local health system research capacity, including the commitment and capacity of partner countries to plan, implement, manage, and learn from and adapt their health systems according to their countries' needs and context.

Questions were developed through multiple stakeholder consultations, considering the feasibility of contributing to these questions through new or ongoing activities or existing data sources; relevancy/urgency of the questions; applicability to USAID's priorities; and potential duplication with other ongoing work. This included a review for duplication and alignment across these learning questions and those identified or proposed by other recent reviews of health systems research priorities.[6] This Learning Agenda reflects the input of the Office of Health Systems and others in the Bureau for Global Health, Regional Bureau health teams, representatives from USAID Missions, and external partners, through engagement conducted over a period of months in 2019-2020.

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[5] USAID's Vision for Health System Strengthening 2030. USAID Bureau for Global Health, Office of Health Systems. Published 2021.

[6] These reviews include:

K Scott, N Jessani, M Qiu, S Bennett, Developing more participatory and accountable institutions for health: identifying health system research priorities for the Sustainable Development Goal-era, Health Policy and Planning, Volume 33, Issue 9, November 2018, Pages 975–987, https://doi.org/10.1093/heapol/czy079;

Kruk et al. 2018. High-quality health systems in the Sustainable Development Goals era: time for a revolution. The Lancet Global Health Commission; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30386-3/fulltext

Whicher, Rosengren, Siddiqi, Simpson (eds). 2019. The Future of Health Services Research: Advancing Health Systems Research and Practice in the United States. National Academy of Medicine.
https://nam.edu/the-future-of-health-services-research-special-publication/

METHODS

Evidence generation and knowledge creation in this Learning Agenda are broadly defined along the MERL (monitoring, evaluation, research, and learning) continuum. Under this Learning Agenda, existing knowledge will be tracked, consolidated, analyzed, and better utilized, and new knowledge will be developed, tested, and applied. Types of evidence-generating methods (both quantitative and qualitative) include the full range of applied and implementation research; monitoring, formative, performance and impact evaluations; and other learning and adaptation investments.[7] [8] Contributions to each learning question may require different methodological approaches, and we encourage the use of appropriate methods or a combination of methods to contribute to these questions individually and collectively. As discussed in the Vision, MERL approaches should be designed and implemented inclusively with key stakeholders. Often, MERL can be strategically embedded in regular programming within central mechanisms and bilateral mechanisms from the beginning of activities. Standalone or cross-cutting research and syntheses are also important to prevent siloed or disease-specific learning, to allow for connections across health/disease areas, and to implement quasi-experimental research methods. Within the USAID context, MERL activities may be supported with specific annual funding streams (for both embedded or stand-alone activities), but ongoing required MERL activities within awards, such as implementation of project-level learning agendas, MEL plans, and mid-term evaluations, are relevant as well.

QUESTIONS AND ILLUSTRATIVE ACTIVITIES

Many areas of work could and should fall within these questions. Specific cross-cutting areas of focus including gender, youth, and digital health are all relevant to different aspects of these questions. It is expected that some contributions to these questions will focus on specific sub-areas within these questions, while other contributions will be broader. Further, these questions can be mutually reinforcing: learning from each question will be iteratively incorporated in the evidence-generation and analysis process for the other learning questions, as relevant. MERL activities contributing to these questions should be conducted in partnership with local entities where possible, to develop health systems research capacity over time.

Question 1: What are the contributions of systems thinking[9] approaches and tools to changes in health system outcomes[10]? How do systems thinking approaches affect health system outcomes?

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[7] See methodology definitions and examples, see: Aqil A, Silvestre E, Hotchkiss D, Maniscalco L. 2017. HSS MEL Guide. https://www.measureevaluation.org/resources/publications/tr-17-167c.

[8] See also: Implementing a Learning Agenda Approach. USAID Learning Lab; USAID Scientific Research Policy. 2015; and USAID Evaluation Policy. Updated 2016. USAID's Bureau for Policy, Planning, and Learning's Office of Learning, Evaluation, and Research.

[9] Systems thinking refers to a set of analytic approaches —and associated tools—that seek to understand how systems behave, interact with their environment and influence each other. Common to all of these approaches is a conviction that particular actions and outcomes are best understood in terms of interactions among elements in the system. (Local Systems: A Framework for Supporting Sustained Development. 2014.)

[10] Health systems outcomes: Equity, quality, and resource optimization. Equity is defined as "System affords every individual the opportunity to attain their highest level of health regardless of social or demographic factors, with particular emphasis on underserved populations." Quality is defined as "A quality health system is responsive to population needs and utilizes data-informed continuous process improvement to consistently provide safe, effective, trusted, and equitable healthcare services and medical products to improve and maintain health outcomes for all." Resource optimization is defined as "Ensuring that health systems adopt sustainable approaches to mobilize and use its various resources efficiently, effectively, and transparently to

Systems thinking provides a systematic approach to understanding complex challenges, and can facilitate more strategic investments and responses. Systems thinking approaches make contextual considerations and changes (both within the health sector and across the multi-sectoral enabling environment) explicit before and throughout programming. This question encompasses the "what, why and how" of systems thinking within HSS. By applying systems thinking to HSS implementation, USAID expects programs to be better able to consider how relationships among the six health systems building blocks, as well as external factors, can interact to advance equity, quality and resource optimization in measurable ways. More evidence is needed to better understand and elaborate upon the applications of systems thinking approaches and tools within HSS, and to facilitate the widespread uptake of systems thinking within health systems program design and management.

Activities in this area could focus on, for example, illuminating the different causal pathways through which systems thinking approaches can make a difference in health system outcomes - documenting and understanding changes in health system outcomes due to the application of systems thinking approaches and tools. MERL methods could also be applied to understanding implementation science questions such as understanding what conditions are suitable for the application of systems thinking, or need to be created to make these approaches effective.

Question 2: What conditions or factors successfully facilitate the institutionalization and/or implementation at scale of good practices that improve health system outcomes, and why? What are lessons learned regarding planning for sustainability and achieving results at scale?

While evidence exists to demonstrate the impact of HSS approaches in improving one or more health system outcomes, additional evidence is required regarding how best to institutionalize those interventions, programs, and approaches, or how to otherwise sustainably implement them at needed scale. This includes improved understanding of how country context and governance impact and are impacted by health system strengthening implementation. Though questions of sustainability and scale are relevant across health and development programs, sustainability and scale are particularly important for the field of health system strengthening, where implementation often involves interventions with multiple stakeholders across multiple levels of the health system and over a longer time-horizon. Sustainable implementation at scale is an especially critical goal for cross-cutting HSS programs, as maintaining improvements in health systems functionality supports the continued improvements of specific health-element programs as well.

Potential MERL topics under this question could include implementation science questions related to how to plan for, support, and document the scale-up and/or sustainability of critical HSS investments at different stages of implementation and in the medium- and long-term. These questions should focus on the "how" and "why" of these processes and the factors that impact them, from the "pre-conditions" for implementation and the "pre-implementation" groundwork to specific implementation, maintenance and

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meet population health needs; where efficiency is determined both by the product derived from a given set of resources and the benefit obtained from their allocation." See: USAID's Vision for Health System Strengthening.

evolution factors.[11] It is also worth noting that some HSS programs or initiatives may begin "at scale" and not require scale-up but rather maintenance at scale; others may exist in some form and require strengthening but not the creation of altogether new systems, structures, and processes. The sustainability question, however, is relevant across all of these HSS activities and can link to key sub-questions around what activities in what contexts are most effective at catalyzing increases in partner government commitment to affordable, accessible, and responsive health services - and how that commitment interacts with health system capacity to improve equity, quality, and resource optimization.

Question 3: What measurement tools, approaches, and data sources, from HSS or other fields, are most helpful in understanding interrelationships and interactions, and estimating impact of HSS interventions on health system outcomes and priority health outcomes?

Literature reviews have noted[12] that the field of HSS would benefit from the availability and application of measurement tools and approaches that would improve, within a given context: 1) Understanding of specific relationships and interactions among factors relevant to systems strengthening efforts - including, but not limited to, the six health systems building blocks and the different health element areas, and 2) The impact of strengthened HSS programs improved health system outcomes including equity, quality, and resource optimization, as defined above, as well as improved system resilience. The use of such tools and approaches, either newly-developed or tailored from other sectors to the field of HSS, can facilitate improved program design, implementation, monitoring, and management. Moreover, HSS interventions are often quite distal to an organization or a country's health goals, and demonstrating the direct or indirect impact of HSS interventions on health outcomes remains a challenge for HSS implementers.

Improving our capacity to both understand interactions and estimate impact would support both more effective program monitoring and evaluation, as well as more effective advocacy with partners and stakeholders for increased HSS focus and investment. Practically, these efforts can be embedded within project MEL, research, reporting, and learning/adaptation activities; they can also be applied by external researchers and evaluators. This area of learning should also consider context-specific health-outcome opportunity costs of *not* implementing health systems interventions. Learning under this question could also include exploration of how to better utilize existing information systems to answer these questions, as well as costing considerations related to specific methodologies. Methods questions could demonstrate the applicability of qualitative and mixed methods in a systematic way to answer questions around impact.

Question 4: What are effective and sustainable mechanisms or processes to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into USAID's health system strengthening efforts?

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[11] Koon, A. D., Conrad, A., Naimoli, J. F., Saxena, S., Connor, C., & Rodriguez, D. C. 2019. Implementing health system strengthening projects at USAID: Findings from five cases using an integrated framework. Global public health, 14(12), 1829-1846. https://doi.org/10.1080/17441692.2019.1622758

[12] For example: Diana, Yeager, and Hotchkiss. 2017. Health Systems Strengthening – A Literature Review. MEASURE Evaluation. https://www.measureevaluation.org/resources/publications/tr-17-167a

USAID and the Bureau for Global Health have long supported the integration of community, sub-national, national, and regional voices, priorities, and contributions into its work. This integration improves local ownership of, commitment to, and participation in HSS initiatives, increases responsiveness and accountability within programs, and builds resilience and local capacity. However, there are gaps in the available evidence regarding the most effective and most sustainable ways to ensure this integration is successfully operationalized within and throughout USAID health system strengthening activities. Documentation of experience and evidence in this area will enable more strategic integration of local voices and contributions across all levels, particularly the community level, into USAID HSS programs. For example, USAID and its partners may explore the process of co-designing methods for ongoing local engagement, or around how to tailor distinct integration approaches to different contexts. Evidence under this question focuses specifically on USAID's global health portfolio.

Question 5: What are effective and sustainable mechanisms or processes that enable the participation of private sector, civil society, and public organizations in developing locally-led solutions to improve high-performing health care[13], especially for poor and vulnerable populations? What enables the effective participation or leadership of marginalized populations themselves in the development and implementation of these solutions? Under what conditions is this participation different?

More research is needed to identify the mechanisms and processes that enable effective whole-of-society participation in developing locally-led solutions to improve health system performance and health outcomes. In order to be productive, this research will need to recognize and account for various financial and political structures across multiple settings. Effective private sector, civil sector, and public engagement in developing and implementing locally-led solutions is critical to achieving health system outcomes and to supporting high-performing health care, especially for poor and vulnerable populations. This includes an explicit focus on improving the participation and leadership of marginalized voices in these processes.

Developing a deeper understanding of the "where, how, and why" of the processes and mechanisms that enable this participation is the next step that put local solutions at the forefront of HSS programs. Evidence under this question will facilitate HSS assistance in generating local commitment and strengthening local institutions that are best placed to catalyze system change. Numerous sub-questions may emerge under this question, such as: What specific barriers and facilitators exist for greater collaboration between governments, private sector, and civil society? What are effective models for improving the capacity of local research institutions to design, implement, and analyze HSS MERL+adaptation (MERLA) initiatives? How can we build the evidence for the social return on investments (SROI) from formalizing the integration of community and facility-based services?

Question 6: What are key behavioral outcomes that indicate a functioning, integrated health system? In what ways can integrated health system strengthening approaches explicitly include social and behavior change?

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[13] Including the improved transparency, accountability, affordability, accessibility and reliability of health services.

Social and behavior change is a fundamental aspect of health system strengthening. The achievement or improvement of key behavioral outcomes is a marker of a functioning, integrated health system. More work is needed to develop, elaborate upon, and understand the use of behavioral indicators to measure progress towards achievement of an inclusive, equitable, and resilient health system.

Integrated HSS approaches also can and should more explicitly incorporate social and behavior change methods and approaches within programs. For example, HSS assistance might focus on behavior change to address behavioral barriers to health system strengthening efforts, influence the behaviors of health system actors essential to the provision of quality services,[14] or integrate new and emerging behavioral and social science methods and approaches into HSS efforts. This is an emerging area of evidence-generation for HSS, but builds upon a body of extensive theoretical and applied evidence in the field of social and behavior change.

IMPLEMENTATION OVERVIEW

In operationalizing this learning agenda, USAID/OHS staff will:

1. Track and support learning efforts within and across existing HSS activities conducted by global and field-based mechanisms funded by USAID/Washington and Missions;
2. Identify, build upon, and apply existing USAID evidence resources and relevant externally-generated evidence;
3. Support new knowledge creation where funding permits;
4. Collaborate with external donor, multilateral, academic, and country partners interested in contributing to the Learning Agenda or conducting complementary activities;
5. Regularly synthesize, disseminate, and support use of collated learning and evidence; and
6. Periodically pause, reflect, and update the Learning Agenda with key stakeholders based on newly identified challenges and emerging trends.

A more detailed implementation plan exists separately and will be updated regularly. The HSS monitoring, evaluation, research, learning, and adaptation lifecycle is a specific focus within the Vision for Health System Strengthening 2030. As noted in the Vision, MERL is critical to health system strengthening and should be an inclusive practice. MERL should be embedded in all HSS efforts from the beginning of project design, but learning activities can also be adapted or reimagined as needed along the way, recognizing that it is never too late to incorporate MERL into HSS programs. Inclusive design and decision-making is also a key principle of the Vision, and relevant stakeholder participation should be prioritized consistently throughout the development and implementation of learning activities.

As detailed in the Vision, this Learning Agenda supports HSS MERL in providing important information to other cross-cutting health system programs seeking to replicate similar results, allowing health system

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[14] As described on page 1, this includes the organizations and people responsible for health system strengthening, including but not limited to government bodies, health providers, civil society and private sector actors, academic institutions, communities, households and individuals. Other sector actors may also play relevant roles. Potential behaviors of interest are wide-ranging and could include any behavior that improves the health system or health outcomes.

programs to tell the full story of the impact and importance of HSS, and helping to ensure the quality and success of HSS programming. Outcomes should be documented, incorporated into future programming iterations and shared with others. USAID implementing partners and management teams are encouraged to regularly document and disseminate the findings of research and learning activities that are responsive to one or more of these questions. Dissemination should be conducted strategically, and must include feedback loops to the key stakeholders involved in design and implementation. Dissemination channels can include informal and peer-reviewed publications and conference presentations; the development of case studies, tools, and programmatic guidance; both targeted and broad virtual dissemination methods; and sharing of reports and findings through global and regional organizations and platforms to facilitate south-to-south learning.

Further, documenting the *application and use* of HSS evidence demonstrates effective adaptive management and implementation of collaborating, learning, and adapting (CLA) principles.[15] "The translation of research on problems, interventions, and implementation into decisions and policies that affect how systems are organised is one challenge facing the development of health systems guidance."[16] USAID HSS managers and implementers should focus on the application and utilization of key findings to continue to strengthen HSS programs. OHS will support the utilization of knowledge generated under the Learning Agenda questions through a variety of knowledge management and implementation science approaches, partnering with others across the Agency and externally to proactively share, adapt, and apply HSS knowledge and evidence within real-world program practices.

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[15] USAID CLA Toolkit. USAID Learning Lab.
[16] Bosch-Capblanch et al. 2012. Guidance for Evidence-Informed Policies about Health Systems: Rationale for and Challenges of Guidance Development. https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001185