USAID VISION FOR HEALTH SYSTEM STRENGTHENING

2030

CONTENTS

COVID-19: Impacts and Opportunities for Health Systems

This Vision for HSS is both timely and important in light of the global COVID-19 pandemic. To date, COVID-19 has had— and will continue to have—an extraordinary impact on the countries to which USAID provides support. These health systems are severely strained by the pandemic. Many were already fraught by a high incidence of non-communicable and infectious diseases, an inability to adequately provide high-quality primary and specialty health care, and escalating costs. The pandemic and the associated economic impacts have decreased public revenues and increased debt, affecting the public health budget, as well as contributing to other national challenges, including civil strife. These factors continue to steadily undermine access to equitable and quality essential health care and place further strain on human and financial resources in the health sector. All of these factors underscore the imperative to maximize development assistance for health by supporting country capacity to implement low-cost, high-impact activities; coordinate across the health sector as well as with other sectors such as education and water, sanitation, and hygiene (WASH); and mobilize whole-of-society efforts that include the public- and private-sectors, and communities in these efforts.

Regardless of the ultimate duration of the COVID-19 pandemic, ongoing stress on health systems exacerbates the ability to respond to and adequately control other diseases, resulting in millions of people becoming vulnerable to dying from insufficient access to prevention and treatment. Health systems will also continue to face an existential threat from misinformation about the virus. While the issues differ, misinformation and rumors about COVID-19 are present in every region and undermine trust in health care. At the center of this health emergency is the fragility and inequality of many countries' health systems.

Despite these critical concerns, there is also a real opportunity to use the worldwide roll-out of COVID-19 vaccines to put into practice the HSS approaches included in this document to improve and strengthen country health systems and better align primary health care, public health capacity, and health system resilience. For example, COVID-19 vaccination will require an approach capable of reaching the entire population; it will require a substantial increase in the number of trained vaccinators and supervisory staff. The likely need for ongoing vaccination efforts will require incorporating the supply chain, human resource, information, and financing arrangements into the core primary health care system for ongoing services. Failing to coordinate and integrate these efforts would represent a real missed opportunity; routine immunization capacity with wide coverage, capable of reaching vulnerable populations, would provide an excellent example of this Vision in action. Missing this opportunity would severely limit a country's ability to bounce back and build stronger systems for the future.

FOREWORD

It is my distinct pleasure to share with you USAID's Vision for Health System Strengthening 2030. Health system strengthening plays an important role in our partner countries' achievement of sustainable development and USAID's support along that path. Stronger health systems are necessary to achieve access to universal health coverage, deliver sustainable improvements in health outcomes, and ultimately to contribute to countries' economic growth.

Fittingly, USAID launches its Vision for Health System Strengthening 2030 while the world struggles with the COVID-19 pandemic. USAID has mounted a strong, multi-pronged response to the pandemic as part of the U.S. government's overall effort. This Vision is designed to leverage improvements in resilience that can come with sound approaches to health system strengthening and prepare country health systems to better respond to shocks.

Finally, this Vision represents a shift of focus of our efforts from health system building blocks to the outcomes of health system strengthening. The Vision further recognizes the importance of engagement between the public- and private-sectors, including communities and nongovernmental organizations. These additional emphases will help us better work, with partner countries to promote accessible, high-quality health services across their populations in an efficient, transparent manner.

I welcome your interest in USAID's health system strengthening work, and I look forward to working in partnership to realize this important Vision.

Sincerely,

GLORIA D. STEELE
Acting Administrator

Key Definitions:

Community Health System refers to a set of local actors, relationships, and processes engaged in producing, advocating for, and supporting health in communities and households outside, but related to, the formal health system. Health and community systems are dynamic overlapping systems that independently contribute to improving health.

Digital Transformation or Digitalization refers to the use of digital technologies at scale designed to modify or create new organizational processes, culture, and client experiences, creating new value-producing opportunities. Digitalization therefore encompasses a technical process (i.e., digitization) but goes further by requiring an organizational and cultural evolution to be effectively implemented.[1] Digitalization requires the use of digitized data to impact how work gets done, transforming how clients and the institution engage and interact. For example, health administrators use a health information system to dynamically anticipate demand (based on historical data) for medical commodities at the sub-district levels, minimizing stockout and improving the client's experience, advancing health outcomes.

Digitization is the technical process of changing specific business processes from analog to digital form, e.g., changing the incentive payments of Community Health Workers (CHWs) from cash to mobile money (i.e., digitizing payments) or patient health records from paper to electronic records.

Digital Health is the intersection of digital technologies with health, health care, and society to enhance the efficiency and quality of health care delivery and make medicine more personalized and precise. Digital health is the systematic application of information and communications technologies, computer science, and the data they generate, to support informed decision-making and engagement by individuals, the health workforce, and health systems to strengthen resilience to disease and improve health and wellness for all.

As described in the draft 2020–2024 WHO Digital Health Strategy, the term "digital health" refers to "the field of knowledge and practice associated with any aspect of adopting digital technologies to improve health," and incorporates the subdomains of eHealth, medical informatics, health informatics, telemedicine, telehealth, and mHealth, as well as data-analytics, big data, and artificial intelligence. USAID understands digital health to be relevant to all aspects of strengthening health institutions, including health management information systems, and to encompass the use of digital financial services, including banking, insurance, and payment services accessed through mobile phones, electronic cards, and vouchers.

Equity: An equitable health system affords every individual a fair opportunity to attain their highest level of health regardless of social or demographic factors, with particular emphasis on underserved, socially excluded, and vulnerable populations.

Quality: A quality health system is responsive to patient and population needs and utilizes data-informed, continuous process improvement to consistently provide safe, effective, trusted, and equitable health care and medical products to improve and maintain health outcomes for all people.

Resource Optimization: Resource optimization ensures that partner-country health systems adopt sustainable approaches to mobilize and use their various resources efficiently, effectively, and transparently to 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.

Systems Thinking: A set of analytic approaches— and associated tools—that seek to understand how systems function, evolve, behave, and interact with their environments and influence each other.

Systems Practice: The use of systems thinking throughout the design, implementation, monitoring, evaluation, and adaptation of USAID projects.

Theory of Change: An articulation of the reasons why the chosen activities are expected to result in the outcomes of interest.

Key Acronyms:

AIDS	acquired immunodeficiency syndrome
AMR	antimicrobial resistance
ART	antiretroviral therapy
CAR	Central African Republic
CH	community health
CHWs	community health workers
COVID-19	coronavirus disease 2019
DDI	Bureau for Development, Democracy, and Innovation
DNF	Directorate of Pharmacy
DRC	Democratic Republic of Congo
FSR	Financing Self-Reliance framework
GHSA	Global Health Security Agenda
GOI	Government of Indonesia
HCAC	Health Care Accreditation Council
HIV	human immunodeficiency virus
HR	human resources
HSS	health system strengthening
JKN	Indonesia's National Health Insurance
LMICs	low- and middle-income countries
MEL	monitoring, evaluation, and learning
MERL	monitoring, evaluation, research, and learning

MNH	maternal and newborn health
MOH	Ministry of Health
NCDs	non-communicable diseases
NGOs	nongovernmental organizations
OHS	Office of Health Systems
PFM	public financial management
PHC	primary health care
PMI	President's Malaria Initiative
PSS	pharmaceutical systems strengthening
QI	quality improvement
SARS	severe acute respiratory syndrome
SBC	social and behavior change
SDGs	Sustainable Development Goals
TB	tuberculosis
UHC	universal health coverage
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USG	U.S. government
WASH	water, sanitation, and hygiene
WHO	World Health Organization

INTRODUCTION

USAID's global leadership in Health System Strengthening (HSS) dates back decades with signature contributions to the field, including the development of approaches that provide critical information for health system practitioners and enable evidence-based health system improvements. From the development of National Health Accounts methodologies,[2,3] to the introduction of modern quality improvement approaches in low- and middle-income countries (LMICs), USAID's pioneering health systems assessment approach[5] and the Pharmaceutical Systems Strengthening Insight (PSS Insight) tool,[6] among many other tools and approaches, USAID works to provide the information necessary to diagnose health system challenges and operationalize improvements.

USAID's first Vision for Health System Strengthening,[7] published in 2015, comprehensively brought existing knowledge and experience together to describe the boundaries of HSS and the critical steps necessary to strengthen health systems. It recognized that systems can be strengthened in furtherance of specific health programs as well as in more cross-cutting ways. This new Vision builds on past efforts and articulates a comprehensive approach toward improving health systems to advance USAID and national health priorities. The comprehensive approach outlined includes shifting focus from the individual health system "building blocks" (financing, governance, information, human resources, service delivery and medical products, vaccines and technologies) to health system outcomes, and by more deliberately guiding decision-making regarding how to program for health system strengthening as opposed to the prior focus on defining what constitutes HSS.

USAID continues to recognize that cross-cutting HSS efforts (see Annex 2), which promote the sustainability of multiple health programs at the same time, as well as HSS efforts conducted within specific global health program areas, work together and link to other development sectors to achieve the same overall goals, namely to improve health outcomes and foster sustainable development. The principles and concepts of this Vision are meant to apply to both types of HSS activity approaches.

This vision also recognizes that cross-cutting health system strengthening activities are critical for enabling countries to prepare for, adapt to, and face the near- and long-term effects of shocks that affect the availability of quality essential health care and threaten progress toward positive health outcomes. Since 2015, a series of successive infectious disease outbreaks from Ebola in West and Central Africa to Zika in Latin America, to the global COVID-19 pandemic have shown that weak health systems threaten progress across all global health issues. The less visible pandemic of antimicrobial resistance (AMR) compounds these vulnerabilities and risks undoing the progress of modern medicine, impacting the entire health system from operating rooms and maternity wards to the community.

The Sustainable Development Goals adopted by UN member states, recent high-level declarations related to Universal Health Coverage (UHC)[8] (at the 2019 UN General Assembly High-Level meeting on UHC) and renewal of a focus on primary health care (PHC)[9] (via the 2018 Astana Declaration at the PHC conference) have put health system improvements at the forefront of the global health agenda. Within this agenda, UHC takes on an expanded definition to include financial risk protection as well as access to quality essential health care services for all, including access to and appropriate use of safe, effective, quality-assured,

and affordable essential medicines and vaccines. It reflects an understanding that these objectives are best achieved progressively by focusing first on PHC.[10] PHC also provides a platform to integrate related global health security efforts with UHC. Health outcome achievements in USAID's global health technical priority areas to date also indicate that further progress in reaching health outcomes requires simultaneous and collaborative health system improvements driven by multi-faceted HSS approaches. For example:

- Since 1990, under-five deaths have been reduced substantially in the early childhood period, from over 12 million deaths per year to about 5.3 million, which includes more than 2.5 million newborns who die in the first month and about 1 million in the first day after birth.[11] Given the proportion of newborn deaths, continued progress to match the previous success requires changes to the strategies that achieved these successes. Health systems will need to support the needs of and care for vulnerable babies at birth, mothers in the early postpartum period, and marginalized communities.

- Despite improved access to maternal health care through the scale-up of activities such as the use of skilled birth attendants, 295,000 mothers still die each year. Systems that improve access to specialized quality care during pregnancy, childbirth, and postnatal period are essential to save these mothers and their vulnerable babies.

- USAID has contributed to a 20 percent decline in malaria case rates and a 51 percent decline in death rates in President's Malaria Initiative countries since 2006.[12] USAID's efforts to address Neglected Tropical Diseases have resulted in millions of people no longer needing treatment for trachoma, onchocerciasis, or lymphatic filariasis. These achievements are due, in part, to widespread implementation and high coverage of population-wide public health measures such as administration of efficacious drug therapies and widespread distribution of bed nets. Further progress for both issues requires strong country health information systems and human resource capacity to inform routine actions based on comprehensive information regarding the incidence and geography of remaining cases. Such system capacity will, for example, accelerate efforts to protect more than 400,000 people worldwide—mostly young children and pregnant women in sub-Saharan Africa—who still die from malaria every year.

- As countries progress toward epidemic control of HIV/AIDS, efforts are increasingly focused on managing HIV/AIDS as a chronic condition, requiring clients to adhere to lifelong ART to maintain suppression of the virus and to slow the emergence and spread of AMR. Controlling HIV/AIDS and other chronic disease efforts require a complex interaction of health information systems, quality improvement methods, and human, financial, and pharmaceutical resource alignment at multiple levels of a country's health system to provide client-centered care.

- While unmet need for family planning has been reduced in many countries due in part to global efforts like FP2020 and the Ouagadougou Partnership, communities with the remaining greatest unmet need for the full range of family planning care correlate to the same communities with least access to trained and supported frontline health workers.

Health Systems Support to Development Goals

While designed specifically to address Global Health goals, often there are intersections with other development goals, which USAID's health systems expertise can help to address. Aging populations, prevalence of non-communicable diseases (NCD), and conflict-induced injuries place a heavy burden on health systems around the globe with an ever-increasing need for rehabilitation services. The Bureau for Development, Democracy, and Innovation's (DDI) Hub for Inclusion has partnered with the Office of Health Systems to strengthen and integrate rehabilitation services in post-conflict countries. Through this partnership, USAID is developing strategic and technical guidance to sustainably finance and integrate rehabilitation services into country UHC planning. Similarly, adaptable and resilient health systems should be able to translate USAID's capacity-building technical assistance for chronic care management of diseases like tuberculosis (TB) or HIV/AIDS to help address other types of burdens on the health system.

Promoting HSS aligns with USAID's New Partnerships Initiative, and the Agency's overall Policy Framework,[13] all of which emphasize a programmatic focus on building local capacity, expanding partners, investing for impact, and promoting systemic change.

Stakeholders critical to achieving resilient and sustainable health system success include partner-country governments, global development partners, nongovernmental organizations (including faith-based organizations), the private sector, and civil society—in health and related sectors—as well as health workers, communities, and clients who are all critical to driving lasting change. These entities are both investors (of money and expertise) in building high-performing health systems and targets of health system investments. They deliver health care, advocate for improvements, hold those responsible accountable, and contribute to the evidence base through research and guidance on effective actions. Coordinated and collaborative efforts across these entities will improve the strength and resilience of health systems.

This Vision for HSS 2030 continues USAID's leadership role at the forefront of global HSS. While the Vision is directly relevant to planning and programming by USAID missions and USAID implementing partners, USAID also hopes to influence a broad range of stakeholders through articulation of this Vision. USAID's and others' efforts toward this Vision will begin a new era of HSS that emerges from a holistic understanding and appreciation for the complex nature of health systems and that builds on approaches of the past. The Vision sets a new path forward in HSS to accelerate achievement of health outcomes and support national health systems as countries advance on their Journeys to Self-reliance. The Vision extends through 2030, in alignment with the Sustainable Development Goals, and underscores that high-performing health systems support progress in all global health programs to achieve lasting and country-owned success. (Annex 1 provides additional background information USAID considered in developing this Vision.)

USAID's Vision for Health System Strengthening

Graphical depiction of USAID's Vision for Health System Strengthening with the desired intermediate outcomes of Equity, Quality, and Resource Optimization that lead to positive health outcomes. Learning and Adaptation, the Building Blocks representing the six core functions of a health system, and Cross-Cutting Approaches that include Social and Behavior Change, Cross-Sectoral Linkages, and Enabling Local Organizations are critical elements of activities that lead to high-performing health systems.
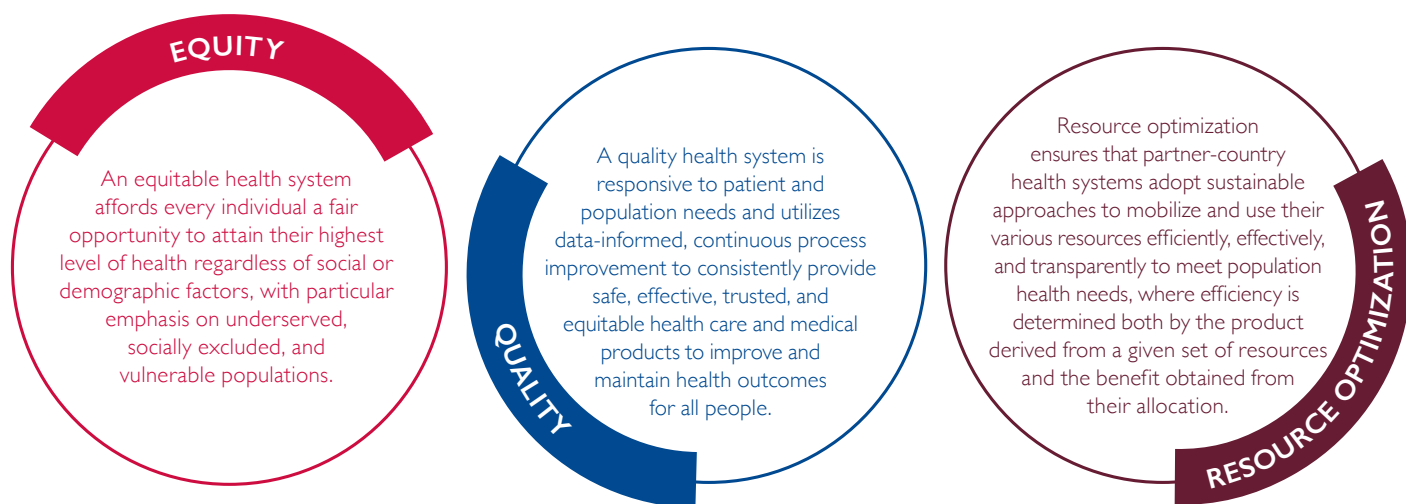

CROSS-SECTORAL LINKAGES

ENABLE LOCAL ORGANIZATIONS

EQUITY

QUALITY

BETTER HEALTH OUTCOMES

RESOURCE OPTIMIZATION

SOCIAL AND BEHAVIOR CHANGE

LEARNING AND ADAPTATION

BUILDING BLOCKS

CROSS-CUTTING APPROACHES
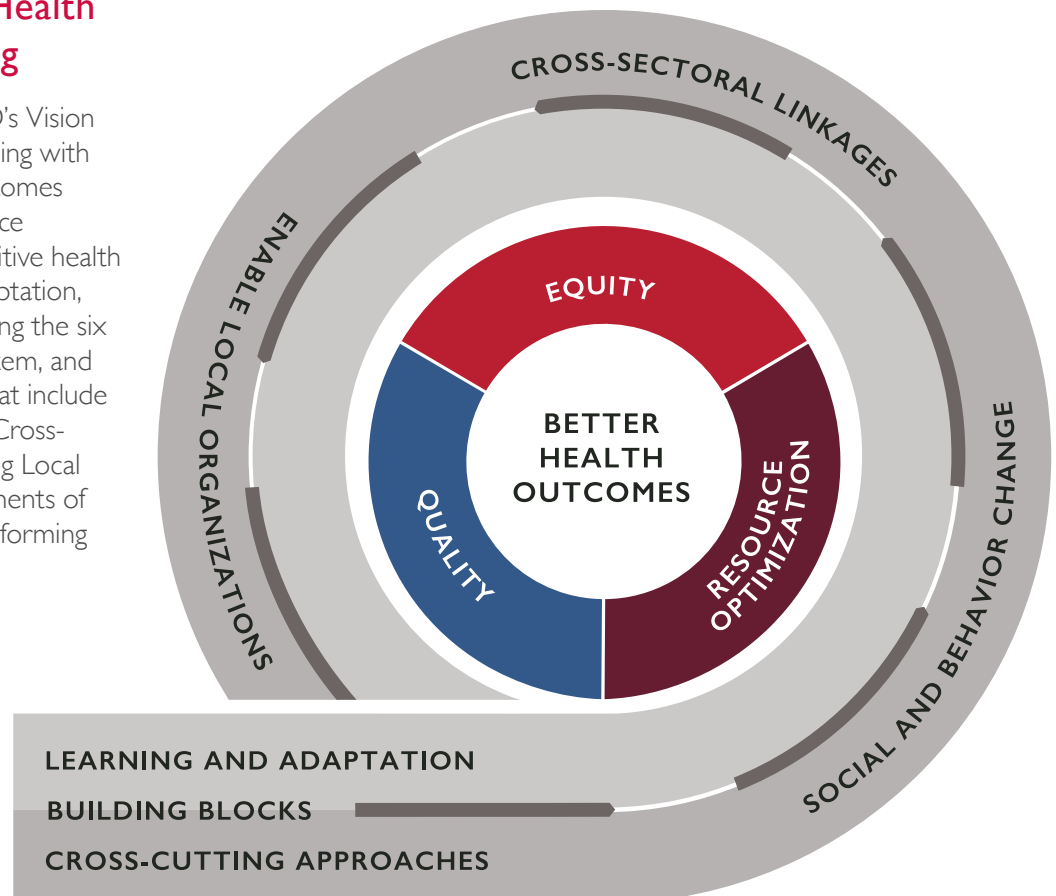
VISION 2030

The goal of this Vision is to establish HSS as a critical component to the achievement of USAID's global health goals of Preventing Maternal and Child Deaths, Controlling the HIV/AIDS Epidemic, and Combating Infectious Disease. Sustainable attainment of these goals requires high-performing health systems. High-performing and resilient health systems are an imperative for improving and sustaining health progress and can also mitigate the deleterious health and economic effects of infectious disease outbreaks, such as Ebola, Zika, or SARS-CoVID-19.

Health system activities support and contribute to positive health outcomes and are not a tradeoff to achieving those outcomes. Historically, despite increasingly effective and affordable interventions within specific health areas, fragile or low-capacity health systems have posed the main barrier to delivering high-quality care at scale.[14] The Ebola crisis in West Africa, for example, resulted in weakened health systems and limited health resources and was linked to corresponding increases in maternal and child mortality rates.[15]

Countries have committed to Sustainable Development Goal 3 to "Ensure healthy lives and promote well-being for all at all ages," including target 3.8, "Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all." Through this Vision, USAID adapts and interprets the three main components of the UHC goal as *achieving population equity in health outcomes through implementation of high-quality interventions and optimization of all health-sector resources.* Whereas the aspirational goal of UHC has been defined by the global community as expanding coverage to additional services and populations while balancing financial risk, by specifying expanded access to quality services for less-served populations through a full optimization of available resources more closely aligns the interpretation of UHC to USAID's priority goals.

This Vision for HSS shifts the Agency's health system focus further along the input-impact continuum, from strengthening individual building blocks—or functions—to orienting investments toward improving the health system outcomes reflected in our interpretation of UHC. Shifting the focus of health system activities to the outcome level is essential to achieve USAID's global health program goals, while simultaneously building country self-reliance in health. Strengthening individual building blocks remains relevant in the context of achieving these outcome goals. However, by orienting toward the achievement of health system outcomes, most activities will integrate across more than one building block. The original WHO document that introduces the building blocks concept noted, "A health system, like any other system, is a set of interconnected parts that must function together to be effective. Changes in one area have repercussions elsewhere. Improvements in one area cannot be achieved without contributions from the others. Interaction between building blocks is essential for achieving better health outcomes."[16] Returning to and expanding on this original framing of the interactions of building blocks is the starting point for this new Vision.

EQUITY

An equitable health system affords every individual a fair opportunity to attain their highest level of health regardless of social or demographic factors, with particular emphasis on underserved, socially excluded, and vulnerable populations.

QUALITY

A quality health system is responsive to patient and population needs and utilizes data-informed, continuous process improvement to consistently provide safe, effective, trusted, and equitable health care and medical products to improve and maintain health outcomes for all people.

RESOURCE OPTIMIZATION

Resource optimization ensures that partner-country health systems adopt sustainable approaches to mobilize and use their various resources efficiently, effectively, and transparently to 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.

This Vision for HSS strongly emphasizes systems thinking and systems practice in health program design, implementation, learning, and adaptation. It emphasizes the role of communities, civil-society, and the private-sector in those processes and the need for partnership with the public-sector. In focusing attention on outcomes, USAID expects programs to better consider how relationships among the building blocks can advance equity, quality, and resource optimization and achieve health outcomes in measurable ways.

USAID's health goals will be achieved through a focus on PHC, reflecting the Agency's support of the Astana Declaration[18] and the notion that PHC serves as the foundation for achieving access to UHC. Evidence shows that PHC designed in an inclusive manner best addresses the broad range of health needs that individuals, their families, and communities require—including resilience against public health threats such as infectious disease outbreaks and other natural or manmade shocks.[19,20] USAID supports high-performing and sustainable PHC systems as the basis for personal health, community stability, economic development, and national security.

Defining Systems Thinking and Systems Practice

Systems thinking refers to a set of analytic approaches—and associated tools—that seek to understand how systems behave, interact with their environments, 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.[17]

Systems practice refers to the use of systems thinking throughout the design, implementation, monitoring, evaluation, and adaptation of USAID projects.

Better Alignment of Health Systems Related Terms and Concepts

USAID's HSS Vision and overall approach to HSS helps to bring clarity to a range of associated concepts and terms that are often used interchangeably within health systems dialogue, but are not all equivalent.

At the Global level, the UHC concept and target within the SDGs is most commonly associated with HSS. PHC is seen as the engine through which to achieve UHC and therefore is also a critical starting point for building strong health systems.

The COVID-19 pandemic has resulted in closer alignment between UHC and Global Health Security by demonstrating the interdependencies within systems areas such as public health and service delivery at primary, secondary, and tertiary levels.[21, 22, 23] Increasingly, the goals of Universal Health Coverage, Global Health Security, and Health Systems Resilience are all used when articulating the need for strong health systems. Traditionally, however, UHC-associated HSS efforts have not strongly emphasized public health capacities (e.g., laboratory systems, surveillance), which are required for Health Security. In turn, Health Security efforts fall short in recognizing the role that traditional HSS efforts play in building security and resilience. What is needed is for all of these goals and the interventions employed to achieve them to work together.

USAID's previously released High-Performing Health Care [24] framework is a starting point to bridge these concepts as it describes the expected characteristics that would be observable when different systems areas are effectively working together. The approach described in this Vision for HSS is another step forward in bringing these concepts together.

High-Performing Health Care is Accountable, Affordable, Accessible, and Reliable.
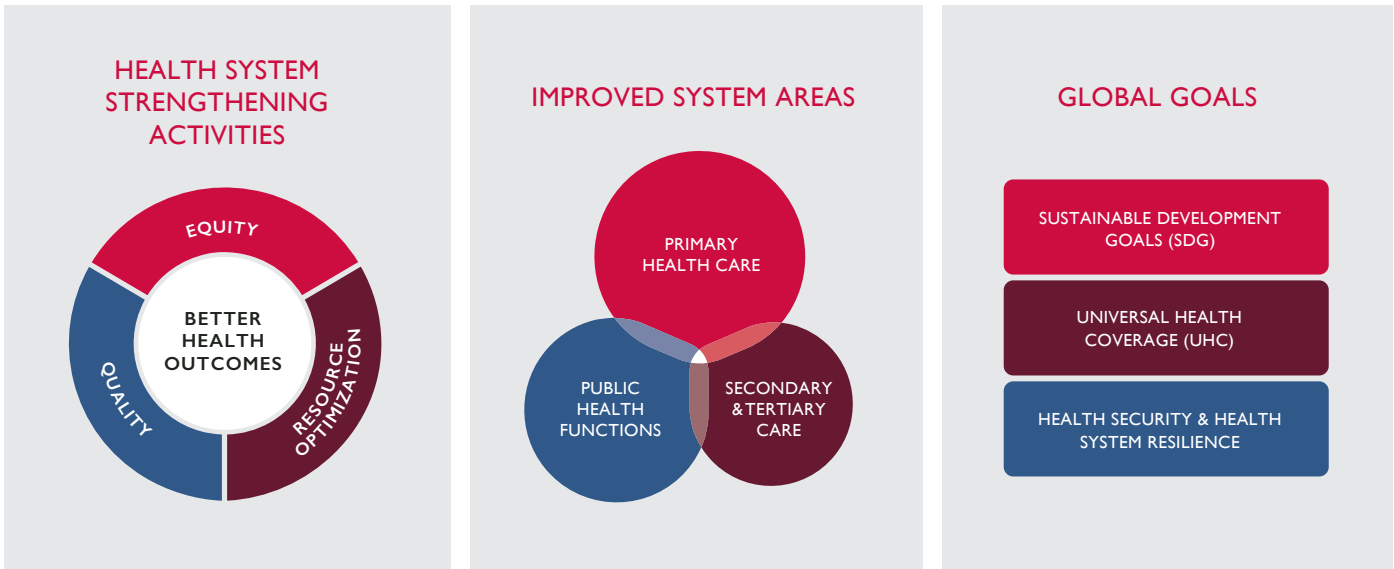
HEALTH SYSTEM STRENGTHENING ACTIVITIES

EQUITY
BETTER HEALTH OUTCOMES
QUALITY
RESOURCE OPTIMIZATION

IMPROVED SYSTEM AREAS

PRIMARY HEALTH CARE
PUBLIC HEALTH FUNCTIONS
SECONDARY & TERTIARY CARE

GLOBAL GOALS

SUSTAINABLE DEVELOPMENT GOALS (SDG)

UNIVERSAL HEALTH COVERAGE (UHC)

HEALTH SECURITY & HEALTH SYSTEM RESILIENCE

HEALTH SYSTEM STRENGTHENING: SHIFTING TO OUTCOME GOALS

USAID believes that focusing its and other stakeholder efforts on three interrelated outcome goals (equity, quality, and resource optimization) will result in strong health systems that produce improved public health outcomes that are sustainable, including during times of uncertainty, crisis, or transition.

Equity

Health equity is fundamental to the achievement of both USAID and partner-country goals. It is based on the principle that all people should have a fair opportunity to achieve their health potential. Health care is equitable when people who need it can access it in trusted ways that are available to all, including to poor, underserved, and socially excluded populations. Effective health systems ensure that all populations have access to the health care they need, which is critical for attaining similar health outcomes across population groups.

As countries develop and socioeconomic dynamics shift, inequities in health may worsen.[25] Health inequity is costly for everyone. Beyond direct medical costs, health inequity has consequences for a country's economy, national security, business environment, and workforce viability. Societies can only attain their PHC and UHC goals if they address inequity deliberately.

USAID will focus efforts on addressing systemic barriers to providing equitable, essential care by identifying and addressing related health and social determinants as well as health system performance limitations. Determinants that influence both an individual's and a country's ability to achieve health outcomes include, but are not limited to, gender, age, vulnerability, geographic isolation, level of education, social-cultural marginalization, racial and ethnic disparities, and economic barriers. Equity-focused approaches are dependent on local,

contextual factors and require adaptive learning to maintain focus on the behaviors, norms, and policies that drive health outcomes.[26] USAID is uniquely positioned to coordinate with other sectors to implement integrated programming in the pursuit of equity.

USAID's priority approaches to improving health equity build on our decades-long support in the following areas:

• Social Accountability: Amplifying community and client voices is important to increase equity and identify improvements to health care. Individuals and communities must understand their rights regarding health care and be able to engage with policymakers and other duty bearers to hold them accountable. Promoting social accountability includes supporting and enabling people from underserved and vulnerable populations to participate in the provision and delivery of care. The significant body of work and existing evidence on social accountability[27] can be leveraged to promote effective and deliberate approaches to increase equity.

• Social and Behavior Change: Social and behavior change is a critical component to ensuring active empowerment and participation of clients and providers in health care choice and decision-making, and such efforts must also be integrated as a key component of equity-focused programming. Social and behavior change approaches are needed in communities to promote more equitable norms (including gender norms) and to empower people to improve their own health and access care. Social and behavior change approaches are needed in health care settings to reduce provider biases, increase provider motivation, and improve interactions between clients and providers.
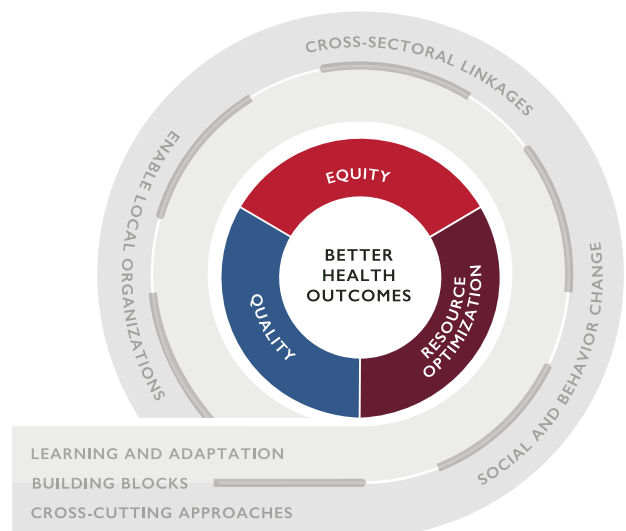
- Community Systems for Health: Incorporating strong community systems, actions, and voices into health system activities strengthens societal partnerships, builds capacity in communities, and promotes trust and shared accountability for health system performance. USAID will support local organizations and governments to fully realize the role of the community health workforce in delivering care and of communities in planning, prioritization, implementation, monitoring, and evaluation of health programs as a core value to improve the reach and responsiveness of the health system to those most in need.

- Populations that are underserved or that are in vulnerable situations: USAID can make considerable progress by intentionally engaging populations whose health needs are not fully met through existing health systems. Examples of such intentional engagement includes the integration and empowerment of girls and women as clients and providers, addressing barriers to access for geographically and socially isolated populations, and ensuring respectful, affordable, quality care for everyone.

Equity intersects with the other two health system outcomes. Achieving high service coverage is insufficient and even harmful if it does not meet minimum quality standards for all populations, including underserved and socially excluded populations. Similarly resources are not optimized if equity is sacrificed in the process. As countries move toward locally sustainable financing, it is critical to ensure they have access to promising approaches and strategies. Countries and development partners should fully leverage private-sector and innovative approaches to ensure equitable coverage of quality care at an affordable price.

Photo: Jocelyn Akakpo /MSH

Strengthening systems to improve equity

In 178 health zones in the Democratic Republic of Congo, which cover nearly a third of the population, USAID works in partnership with the government to strengthen health systems and governance at provincial and facility levels. These efforts are helping to increase access for millions of Congolese to high-quality, integrated health care and medical products and to increase adoption of healthy behaviors such as sleeping under bed nets and utilizing available quality health care.

Quality

The dimensions of quality include care that is safe, effective, efficient, timely, people-centered, integrated, and equitable.[28] These dimensions should be embedded throughout the roles, rules, and relationships of a health system. USAID's operational approach defines a quality health system as one that is responsive to population needs and that utilizes continuous process improvement to consistently provide safe, effective, and trusted health care and medical products to improve and maintain health outcomes for all people.

USAID will take a holistic approach to quality, expanding on both the range of stakeholders required to achieve quality as well as expanding beyond clinical care to a system-wide approach. Health system leaders should actively engage with and motivate health care providers and system stakeholders and provide essential tools and supportive structures to create an enabling environment for continuous process improvement across all six health system functions. Every health system partner, from facility cleaning staff, who play a critical role in infection prevention and control, to Ministry of Health leadership should feel empowered to identify needed improvements within their areas of responsibility. Creating and sustaining this enabling environment requires instituting supportive policies,[29] optimizing resources (human, health care infrastructure/medical products, and financial), and ensuring equitable and affordable access to information, care, and medical products.

USAID works to enhance health system quality at all levels of the system through a range of interrelated intervention areas, including:

- Supporting country-led strengthening of health system governance and leadership structures and processes for ensuring quality across public- and private-sectors, such as supporting the operationalization of national quality policies and strategies;[30] strengthening national bodies for registration and licensure and encouraging broader capacity building of health professionals; supporting accreditation of health facilities and pharmacies; supporting regulation of medical products and supporting infrastructure; and optimizing financing mechanisms in support of continuous quality improvement.

- Supporting health system managers and community leaders to apply quality improvement methodologies to the overall stewardship and oversight of increasingly complex health systems (at district, facility, and community levels) to strengthen mid-level management and provider engagement and increase capacity for improving intersectoral and interrelated management processes including financing, human resources, data analysis and use, supplies and logistics, etc.

- Institutionalizing continuous quality improvement for health care delivery and health worker performance, such as integrating quality improvement into job descriptions and workforce retention strategies, strengthening routine health information systems and data use for monitoring and adaptive management at the point of care, and incorporating clients and community members in improvement groups to ensure care processes are responsive to individual and community needs and preferences. The Model for Improvement,[31] a framework used to drive continuous improvement through small incremental changes, is frequently used in the health care field to improve processes and outcomes.

- Optimizing the organization and structure of care through improved coordination of intra- and inter-sectoral health system networks and partnerships and strengthening collaborations with private health entities and other public-sectors, including ministries of finance, education, security, youth affairs, social welfare, and gender, etc.

- Strengthening the pharmaceutical system, including the regulatory system and pharmacy practices, to ensure sustainable access to and appropriate use of safe, effective, quality-assured, and affordable essential medical products and pharmaceutical services in the public- and private-sectors. Addressing the full spectrum of pharmaceutical system components includes attention to supply chain management, pharmacovigilance, product quality assurance, prioritization and financing including for medicines benefits coverage, and other processes needed to protect clients and communities, including combating antimicrobial resistance.

Quality improvement through health system strengthening

USAID supported high-volume health facilities in three districts in northern Uganda to improve quality of care for integrated management of health to address the main causes of childhood and neonatal mortality. Quality improvement teams were formed, composed of health care providers across the continuum of care (delivery, postnatal, well child/vaccination, nutrition, and outpatient sick child), including village health team representatives. The teams received bi-weekly coaching and mentorship sessions on how to identify gaps in care processes and organization of care, how to prioritize areas for improvement, and how to develop, test, and eventually implement change ideas that had the potential to bring about improvement. The improvement teams met regularly in peer-to-peer learning sessions to share their experiences, insights, and good practices. From the baseline in July 2015 to the end line in March 2017, correct and comprehensive assessment (meeting all assessment standards) of vital and danger signs (e.g., respiratory rate, temperature) improved from 0 percent of sick children to over 80 percent of sick children. In addition, prescription of unnecessary antibiotics decreased by 29-57 percent (varying by diagnosis), and the availability of essential medicines improved as a result. For example, cotrimoxazole stock-outs decreased 85 percent.

Photo: Gonzalo Guajardo / _Communication for Development Ltd

Resource Optimization

In line with USAID's overall policy objectives to support countries to finance their own self-reliance and better engage private-sector solutions for advancing country progress, health system activities should ensure that partner-country health systems mobilize and use various resources efficiently, effectively, and transparently to meet population health needs as much as possible, whatever the resource envelope. Efficiency for the health system is determined both by the product derived from a given set of resources and the benefit obtained from their allocation and use. Health system resources include, but are not limited to, human and financial resources, health care infrastructure, information resources, and medicines, and other health technologies. Focusing on the optimization of resources recognizes actual and potential structural, political, and financial constraints that may impinge upon a country's ability to maximize resources in the short or medium term to deliver high-impact health care.

As with quality and equity, health system resource optimization is a necessary condition to achieve sustainable improvements in a nation's health system. Increases in efficiency yield improvements in program investments. Improved effectiveness promotes the use of resources for their intended purposes, without placing undue constraints on health systems to respond to crisis. Greater transparency gives rise to both responsiveness and accountability; hence, USAID works toward the outcome of resource optimization by promoting transparent and participatory institutions based in local systems. USAID encourages partner countries and development partners to pursue evidence-based decision-making, learning, and adaptation.

Working directly with partner countries, USAID missions promote resource optimization by identifying and strengthening constituent processes within local health systems, assisting stakeholders in determining the most appropriate allocation and use of resources within the system, and promoting the availability of health system resources adequate to deliver high-quality, accountable, and responsive care that emphasize the needs of underserved and socially excluded populations. This work employs the following principles:

- Effective resource optimization involves both public- and private-sector stakeholders leading their countries' health development agenda.

- Improving the mobilization of resources for health, where health system resources are defined as above, may leverage national and sub-national processes, e.g., for budget, procurement, and health workers' pre-service education.

- Strengthening the pooling and management of resources will articulate and refine local practices that inventory, track, and steward existing resources in a transparent and efficient way.

- Enhancing arrangements for resource allocation will increase transparency of and opportunities to participate in evidence-based decision processes for priority-setting and the distribution of resources to programs and geographies. Change may come incrementally or as wholesale reform. Either way, efforts will be aided by a strong appreciation of the local health system's social context and political economy.

Sustainable improvements in resource optimization typically recognize and build on existing institutional arrangements within the health system. In this way, USAID supports partner countries to articulate and achieve their own development objectives in health.

Optimizing resources for improved affordability and reliability

The Government of Indonesia (GOI) began expanding National Health Insurance (JKN) in 2014 to achieve its commitment to UHC. Under this expansion, the need for cost savings became critical. USAID assisted the Indonesian Ministry of Health (MOH) to develop long-term revenue and expenditure forecasts. These forecasts enabled the MOH to effectively advocate for the appropriate resources for the health-sector and for JKN to make needed changes to its insurance design so that more private-sector health providers would enroll. In addition to increased funding overall, gains in efficiency were achieved through capitation for primary health care, reduction of out-of-pocket expenditure, and improvements to information systems. As of Indonesia's Fiscal Year (FY) 2019, the number of private-sector health care providers using JKN rose to 14,000, and the GOI plans to increase that figure to 20,000 in FY 2020. An increase in health providers using JKN means more Indonesians can access affordable and reliable health care.

Photo: Aboubakar Koné / HRH2030 Chemonics

High-Performing Health Systems: What Success Looks Like

Achieving strategic outcomes of equity, quality, and resource optimization will require a country's health system to perform well. A high-performing health system will be able to promote, protect, and help maintain health for all people. All people and communities should be able to access the promotive, preventive, curative, rehabilitative, and palliative health care they need, of sufficient quality to be effective, while also ensuring that the use of this care does not expose the user to financial hardship. Health systems should empower people, families, and communities to take responsibility for their own health and to practice and promote positive, risk-avoiding behaviors for optimal health and well-being.

A high-performing health system is made up of a constellation of high-performing public and private health institutions that deliver high-quality health care that is Accountable, Affordable, Accessible, and Reliable. These characteristics are broadly indicative of high-performing health systems and complementary to the overall health systems outcomes of equity, quality, and resource optimization.

Accountable:

High-quality health care that is accountable means society as a whole plays a role in ensuring that the health care provided meets people's needs. This means that communities, civil-society, faith-based organizations, and the private sector are engaged with the government as partners in the management and oversight of health care systems. This includes instituting mechanisms to ensure service quality and patient satisfaction, as well as recourse options for patients or communities dissatisfied with health care. When health care systems are accountable, they require information regarding the financing, delivery, and outcomes of care to be publicly available and enable sustainability. Finally, accountable health care licensing agencies exist to set standards, credential providers, and accredit facilities.

Affordable:

Health care systems that are affordable ensure that money spent on health care provides the best value possible. This means people are not impoverished from routine or unexpected health care costs, including the cost of medicines, and they continue to seek needed care after considering the total cost of that care. Additionally, people may opt to participate in pre-payment or insurance plans to improve

their abilities to access health care and protect themselves from financial hardship due to illness. At the national level, governments allocate financial and human resources to meet priority needs of their populations and work with a broad range of stakeholders to increase the resources available for health care and ensure adequate distribution of resources.

Accessible:

Health care that is accessible is available when and where people need it. People understand when, why, and where to get the care they need and are motivated to seek it. Health care that is accessible is also delivered in a manner that ensures equitable health outcomes and promotes dignity and respect for all patients and providers and complies with established standards. Health facilities and medicines are located within a reasonable distance, are consistently open on a regular schedule known to the community, and have the staff and equipment to fulfill their designated functions, including during emergencies. Transportation to facilities is also available, especially in cases of emergency. Finally, accessible health care means that alternative care options exist to extend the reach of traditional health facilities, including both paid and volunteer community health workers, as well as digital or e-health applications, drug shops/pharmacies, mobile outreach, and others.

Reliable:

Health care systems that are reliable deliver quality health care in a timely and confidential manner that ensures dignity and respect for all patients. To be reliable, health facilities and health workers must have the right supplies and commodities to deliver needed care and systems to manage pharmaceuticals. Logistics must be in place so that medicines, devices, and commodities are safe and of expected quality, and controls that minimize the risk of theft or falsification must be in place. Health workers must have the right knowledge, motivation, skills, and cultural understanding to provide the care with which they are entrusted. They should be able to participate in continuing education and be regulated through professional and licensing associations, and they should have adequate incentives to stay in their jobs and be safe and protected from harm. Patients must trust that the system will provide them with the care they need in a way that meets their needs respectfully, without stigma, shame, fear, or abuse, and help them understand the proper use of medicines. The overall system must ensure continuity of care during times of disruption, shock, or crisis.

CROSS-CUTTING THEMES

To achieve this Vision and its impact and outcome goals, in consideration of the current HSS landscape, there are three key approaches that together reflect overarching choices for how HSS efforts will be implemented by USAID.

The themes complement each other, promote systems practice, and are applicable across outcome goals. These strategies are broad enough to include supply and demand factors for health system strengthening as well as changes in policy and regulatory frameworks, including the role of the private-sector. At the same time, they can be implemented with enough specificity to impact one or more health system functions.

As USAID looks to develop health system activities, they should be designed to take into account how the behavior of households and communities, providers, policymakers, and other health system stakeholders would need to change to support them. Likewise they should aim to transition the locus of effort to local partners and bolster local capacity by linking together local stakeholders from across the health system.
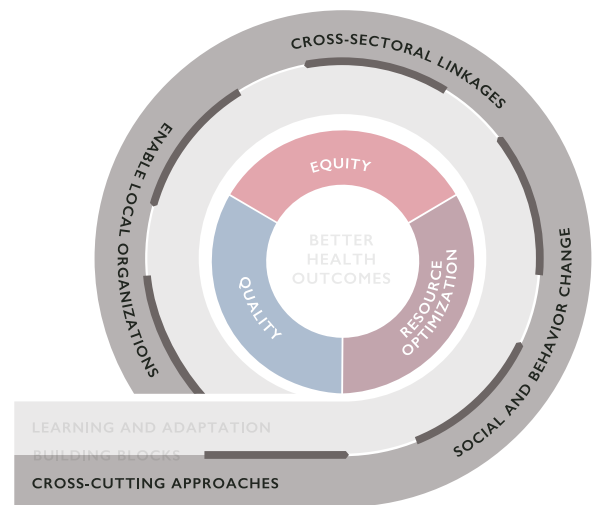
FACILITATE TRANSITIONS TO LOCAL PARTNERS

High-performing health systems will require local partners to proactively adapt and evolve their systems for continued progress. Supporting and strengthening partnerships with civil-society and the private-sector to support local government is essential for sustaining progress and building commitment, cohesion, and accountability in local systems. Local organizations, communities, and individuals need to be empowered and enabled to take a central leadership role in health systems and to strengthen citizen voices. USAID will support and strengthen partnerships that build the commitment and capacity of local governments, civil-society, private-sector, and communities to sustain results and build collaboration toward accountability and social cohesion in systems. HSS assistance achieves local transitions by supporting country governments and local organizations to: better coordinate; mobilize and manage public and private resources; strengthen capacities across the public and private-sectors; and generate and incorporate innovation in order to achieve locally sustained results. Country partners must be able to rely on their health systems to identify and resolve

problems as they occur. These local systems should have the capacity to make timely detection of potential challenges, adopt emerging technologies for improving efficiency, and handle system shocks and stressors.

USAID, development partners, and country-led activities should support local public, private, faith-based, and other civil-society partners to more effectively address barriers to achieving sustainable health systems and build human and institutional capacity. Health systems approaches should, as needed, diversify implementing partners and adapt technical assistance models to locally- and regionally-based conditions, focus more on locally relevant measurement and robust tracking of system performance, and strengthen local institutions that are best placed to continuously catalyze system change.

Such transitions to local partners are not only an objective of HSS activities but are also a means of implementation as USAID increasingly seeks to implement programs through new partners and partnerships that promote local ownership.

Accrediting Jordan's Public, Private, and University Health Facilities

The Health Care Accreditation Council (HCAC) of Jordan was first established with assistance from USAID but has become a fully self-sustained, private-sector not-for-profit organization since funding ended in 2012. Today, it is known to be the only internationally certified independent accreditation institution in the region. HCAC is the organization solely responsible for accrediting Jordan's public, private, and university health facilities. Their partnership with this full range of stakeholders has generated strong momentum and a clear footprint in pushing for improvements to quality throughout Jordan's health system.

The organization not only employs a cost-effective business model that generates financial resources from the hospitals it accredits, but it also has a proven track record of providing consultation, capacity building, and advocacy and communication services for a wide array of foundations and academic institutions. HCAC is now undertaking the accreditation process for Jordan's largest public hospital, Al Bashir, that will overhaul hospital management protocols and ensure the new facilities and equipment are properly managed and maintained to provide high-quality and safe care over the long term.

ENABLE AND SUPPORT SOCIAL AND BEHAVIOR CHANGE

HSS assistance can integrate new and emerging evidence-based social and behavior change (SBC) methodologies and approaches into HSS efforts to address the social and behavioral drivers that affect health system performance and accelerate or impede positive health outcomes. SBC activities not only shape demand for accountable, affordable, accessible, and reliable care, but can also address and support the behaviors of all people and organizations within the health system essential to the equitable provision of quality care.

Critical to the success of high-performing health systems is the bidirectional influence of behavior change. High-performing health systems enable all stakeholders, from clients to policymakers, to practice behaviors that support health; the collective practice of these behaviors reinforces and strengthens the health system. Social and behavior change within the health system includes applying SBC theory and tools to the development of locally contextualized policy to improve the enabling environment for behavior change in individuals, communities, and institutions. For example, social accountability efforts that amplify community voices and create collective action require behavior and norm changes of community members. Successful social accountability efforts reinforce the behavior of health care providers, managers, and program implementers at the service-provision level and can also influence policymakers and other leaders' behaviors

related to their leadership and governance of the health system by addressing the norms of responsive leadership.

Efforts to change norms and behaviors along the responsiveness continuum, from the community to the leaders, require a supportive health system to be successful. Together, they also strengthen the system's performance.

Social and behavior change has numerous touch points within HSS and contributes to all three health system outcomes. Communities, families, and health care workers prepared with the right skills, information, incentives, and supportive norms can maximize equitable access to lifesaving commodities and high-quality health care. Social and behavior change activities can provide insights into why health care workers may not be providing quality care by analyzing and responding to underlying bias or social norms that may be indirectly weakening access to high-quality and equitable health care.

SBC approaches can address a lack of trust and faith in national and local health systems to treat clients in a safe and effective manner. Further, the social environment and the broader systems within which health care workers and clients interact influence their decision-making, and incorporating social and behavioral insights into how information and choices are presented can have an impact on behaviors.

Similarly, improving the efficient and effective use of resources requires the health workforce and health system leadership staff to shift their mindset to accountability/good governance, responsiveness to community needs, a shared responsibility and shared power for resource allocation and decision-making with community members. HSS activities can utilize the power of structural interventions such as new policies to facilitate social and behavior change by health system leaders, professionals, organizations, and community members.

Photo: MTaPS

SUPPORT LINKAGES AMONG COMMUNITIES AND THE PUBLIC- AND PRIVATE-SECTORS

Achieving high-performing systems that are responsive to the needs and preferences of the people they serve requires an approach that recognizes and integrates the roles of communities, civil society, and the private sector in national and local systems. Government health priorities are more likely to be achieved if they are enacted through inclusive, country-owned partnerships.

Fully optimized community health platforms integrated in health and local systems contribute to quality, equity, resource optimization, and health outcomes through achieving and sustaining effective coverage of preventive, promotive, and curative high-impact activities at scale. To fully realize the impact of harnessing local and community knowledge and action for HSS, health system leaders must recognize, prioritize, and invest in the development of clearly defined roles for communities in health systems alongside other partners.[32, 33]

Photo: HRH2030 Chemonics

Health system activities should support and strengthen community roles in: health care delivery, promoting social and behavioral norms, household production of health, oversight and governance, and facilitating agency and accountability through community voice and empowerment to exercise self-care. Health systems activities should focus on unleashing the power of communities, social networks, partnership opportunities (including those with the private sector and faith-based organizations), and technology to harness or develop local solutions and strengthen collaboration at different levels of the system and in diverse community and country contexts to drive system outcomes.

Health systems need to also recognize and incorporate the increasing role that the private sector plays in the delivery of care. From small drug shops and pharmacies to health care networks and digital platforms, citizens have increasing options for accessing care. Health system activities should ensure that these options allow for stigmatized and vulnerable groups to access care in places that are more comfortable for them. It is important to ensure high quality across access points. To the extent possible, market segmentation efforts should also be applied to optimize the use of resources across these sites.

USAID's Private-Sector Engagement Policy[34] offers greater opportunities to strengthen the relationship between public- and private-sectors. High-performing health systems need to both bring in private-sector capital and market-based approaches and better include and incorporate the full array of private-sector delivery options into HSS efforts.

Health systems are bound to and influenced by the context in which they are embedded. Building or strengthening linkages from national to community levels and across the private sector, civil society, and government addresses inherent power dynamics, enhances social cohesion and accountability, and promotes health equities among different population groups. More broadly, system practice should also include building collaborations, coalitions, and alliances with communities, civil-society organizations, faith-based organizations, and other groups in both health and non-health sectors to engage these stakeholders in promoting or influencing health and health system outcomes.

Toward Institutionalizing Community Health in Primary Health Care

The Community Health (CH) Roadmap[35] is an innovative collaboration among country governments and traditional multilateral and bilateral donors, private funders, and global health leaders including USAID, the World Bank, the WHO, the Bill & Melinda Gates Foundation, The Rockefeller Foundation, UNICEF, and Office of the WHO Ambassador for Global Strategy to better align efforts and existing resources and to attract new investment to community health.

The CH Roadmap has three main objectives: to elevate country priorities for community health, to increase domestic and global funding for community health, and to provide a platform for country engagement, donor collaboration, global advocacy, and cross-country learning.

Fifteen countries* are engaging with the CH Roadmap to advance their national priorities for achieving their community health goals. This engagement has been useful for countries in guiding their community health strategies and policies whether they are in their early or later stages of scaling up community health systems. These countries are at different stages of institutionalizing community health as part of Primary Health Care (PHC): Ethiopia's Health Extension Programme is well integrated into PHC, but now is under further optimization to link the women's development army with the Health Extension Workers. Zambia has developed a new Strategic Plan, which has included detailed financial analyses to further scale up the community health program. Kenya is developing sub-national County Community Health Services Bills to provide legal recognition and regulation of community health care as they develop and roll out a new community health strategy. Common priorities across the 15 CH Roadmap countries include: global and domestic financing; CH systems integration; program optimization; future-fit design; performance management; and sustained, high-level political commitment.

A Catalytic Fund was also established to provide modest but quick injections of flexible funding to Ministries of Health to directly support community health projects that would either unlock more funding, address bottlenecks, introduce innovation, or have some other catalytic effect. Ministries of Health in Afghanistan, Liberia, Malawi, and Zambia have used catalytic funds to support their national priorities, including COVID-19 at the community level.

The CH Roadmap is building a platform for global and country engagement collaboration to better align efforts and investments to build strong, sustainable health systems that promote, protect, and expand access to health at the community level.

*Afghanistan, Burkina Faso, Cote D'Ivoire, CAR, DRC, Ethiopia, Haiti, Kenya, Liberia, Mali, Malawi, Mozambique, Niger, Uganda, Zambia

HSS: FOR PUBLIC HEALTH

High-performing health systems support improved patient care and health not only at the individual level, but also at the public and population levels. Health system strengthening efforts need to do more to develop public health capacities. Building public health capacity helps to prevent disease, prolong life, and promote health and well-being. Over the past 50 years, there has been increasing convergence between health service delivery and public health capacity. Environmental sanitation, control of communicable diseases, and hygiene intersect with health promotion, control of noncommunicable diseases, and access to primary care. All of the above are components of USAID programs across infectious diseases, maternal and child health and nutrition, and family planning. These capacities also link to other sectors of government and society (environment, agriculture, education, industry, and urban planning as well as urban health).[36] When each of these programs operate alone it can lead to gaps or duplication of effort. Pursuing collaborative efforts between public health capacity development and HSS can bridge these gaps and create efficiencies to transform the health system.

Collaborative efforts can build off of USAID's work in HSS that supports development of robust, integrated, and viable financial protection systems, as well as the information systems required for effective surveillance and reporting. HSS efforts work to ensure that information on data and reporting can be combined with data on workforce location and skills to help inform optimal workforce allocation and configuration. An HSS approach to these data systems also includes support for organizational and behavioral responsibilities that promote timely use of data and information, which is important for an appropriate response to public health needs.

USAID's HSS activities in the intersection of public health and health care also include support for developing and implementing the laws, policies, and regulations critical to achieving progress. USAID's HSS work strengthens health system infrastructure and health financing systems to optimize resources, including the resources required to carry out important public health operations and ensure that resources flow to and are available for use at the frontlines. Lastly, community engagement and participation, as an integral part

Global Health Security Agenda

The Global Health Security Agenda (GHSA)[37] is a group of countries, international organizations, NGOs, and private-sector companies that have come together to advance a world safe and secure from infectious disease threats. Under the GHSA, nations from all over the world make new, concrete commitments to elevate global health security as a national leaders-level priority. The GHSA works through member action, international coordination, and standard setting primarily around a set of action packages that include antimicrobial resistance (including infection prevention and control, rational use of antimicrobial medicines, surveillance, and multi-sectoral coordination), biosafety and biosecurity, immunization, sustainable financing, surveillance, workforce development, zoonotic disease, laboratory systems, and emergency operations centers. GHSA is one of the primary vehicles for implementing the interagency USG Global Health Security Strategy[38] that outlines the U.S. government's approach to strengthen global health security, including accelerating the capabilities of countries to prevent, detect, and respond to infectious disease outbreaks.

of HSS, are powerful forces to prevent, detect, and respond to public health threats affecting their members and ensure overall community health and well-being. USAID's HSS efforts aim to build strong community health systems to ensure that networks exist and are inclusive of and elevate key, community level partner voices into decision-making, monitoring, and accountability processes and facilitating actions.

This Vision is intended to include work at the intersection between public health and health care, incorporating in particular relevant efforts supported by other USAID programs such as GHSA, WASH, environment, and democracy and governance. Given the COVID-19 pandemic as well as the potential for future pandemics, strengthening such intersections is more important than ever, starting with areas of clear overlap such as: strengthening community health platforms to facilitate community-centered program design and integrate community perspectives into national health dialogues; reinforcing decentralized decision-making processes and authority over key resources to facilitate locally led coordination, planning, and implementation, including exploring alternative delivery options in alignment with broader public health mitigation measures in place (e.g., social distancing); exploring alternative and innovative delivery models leveraging digital solutions that are already deployed in country to improve accessibility; strengthening predictive and early warning capabilities, particularly at the community and district levels where outbreaks can be identified and contained early; establishing processes for resource tracking and audit efforts, including emergency and reprioritized resources in order to reduce potential waste, fraud, and misuse; promoting financial sustainability approaches; and addressing regulations and policy barriers that limit rapid access to affordable essential health care.

As countries work toward achieving access to UHC, expanding primary health care remains a critical first step. Effective collaboration between public health and primary health care also emerges as an essential area for ensuring the sustainability and high performance of a health system.

Laying a Foundation for Future Health Care While Coping with COVID-19

In response to the 2020 COVID-19 pandemic, USAID quickly mobilized resilience capacity strategies in more than 30 countries to address infection prevention and control in health facilities, strengthen laboratory diagnostics, improve public health screening at points of entry, promote risk communications and engagement with communities, improve the management of COVID-19 cases, and support surveillance, rapid response, and emergency operations. These measures helped countries cope with the challenges associated with COVID-19 while also laying a foundation to provide effective care for emergency and routine health needs in the future.

Photo: LHSS

Health System Resilience

Increasing the ability for a health system to withstand and effectively respond to shocks and stressors is critical to achieving this Vision for HSS and to maintaining progress to date on USAID's global health goals. To be resilient, health systems must be flexible enough to adjust resources, policy, and focus in response to constantly emerging challenges. By referring to both shocks and stressors, USAID recognizes the need to build resilience to acute, time-bound events such as disease outbreaks, as well as to longer-term dynamics such as protracted population displacements, weak government authority or legitimacy, population pressure, social exclusion, and climate variability.

The type, intensity, and number of overlapping shocks and stressors cannot always be predicted, but the fact that there will be shocks and stressors can. In many countries, health systems are unprepared for these inevitable events, whether unexpected external crises or internal governance challenges such as worker strikes, shortages, or payment delays.

Absorptive, adaptive, and transformative are the three levels of resilience capacity that can be observed during times of crisis but that, ideally, should be developed in advance in order to effectively respond. Absorptive capacity relates to the existing ability of a health system to take intentional protective action and to maintain stability in the face of known shocks and stressors to prevent or limit negative impacts. Adaptive capacity is the capacity of the health system to make incremental and flexible adjustments in order to better manage a changing environment while improving overall system performance. Finally, transformative capacity refers to the ability of the health system to make fundamental functional and structural changes that address underlying challenges and contextual dynamics which impact performance and progress toward health outcomes.[39] By implementing holistic health system strengthening strategies that improve equity, resource optimization, and quality, USAID and other stakeholders can improve health system resilience and build absorptive, adaptive, and transformative capacities before crises occur.

USAID works with stakeholders to strengthen key health system functions critical to response and recovery, in the event of health system shocks, including the ability to ensure continuity of care and the basic functioning of health institutions during crises. Creating resilient health systems by strengthening vulnerable components and building in redundancies to maintain core functions during crises will reduce loss of life and mitigate adverse health consequences by providing the ability for effective care for emergency and routine health needs. It also reduces back-sliding of positive health gains by minimizing social and economic disruptions that characterize outbreaks and other large-scale health threats by aiding the quick resumption of normal activity.

HSS: ACROSS THE PROGRAM CYCLE

Systems practice is increasingly used throughout the design, implementation, monitoring, evaluation, research, and adaptation of all USAID projects. Systems practice throughout implementation of any health project with a systems component is critical to the achievement of this Vision for HSS for the following reasons:

- Shifting the focus of HSS from inputs to outcomes requires designing programs that integrate various functions of the health system. Applying systems practice enables USAID to conceptualize and prioritize HSS activities that are most likely to contribute to strengthened local capacity to address equity, quality, and resource optimization across interrelated health system building blocks, and ultimately to improved performance of the country health system.

- Effective HSS requires engagement of local stakeholders and context-specific programming. Particularly, because HSS is a relatively new field, it is critical to continue to generate evidence that can be translated across programs. There is a need to generate ongoing learning and evidence through both qualitative and quantitative approaches in a way that accounts for interactions among various components within the health system,[40] including how they may influence or be influenced by factors beyond the health system. Systems practice includes monitoring, evaluation, research, and learning approaches that can explore how these interactions can influence health outcomes and health system changes, and allow health system practitioners to understand the contribution or impact of HSS efforts.

- HSS program outcomes are often long-term goals that may not always move linearly. As such, building in a systems approach that allows for adaptations along the way is essential. Applying systems practice can ensure that improvements to the performance of the partner-country health system will yield long-term results in USAID-priority health areas, and often has crossover benefits to all health areas.

- Because health systems and their multi-sectoral contexts are dynamic and constantly changing, systems practice also enables HSS activities to be flexible to changing, complex conditions and to emerging results from ongoing learning. Ultimately, to build resilient health systems with adaptive capacity, implementation efforts must model the same adaptive capacities they are trying to create. An HSS approach grounded in systems practice will maximize countries' sustainable progress on their chosen paths to health coverage for all and self-reliance.

Certain implementation components are almost always central considerations when applying the concepts of systems practice, and this section discusses the application of these components to HSS projects throughout the program cycle. These components—including inclusive decision-making; context analysis, problem identification, and theory of change development; and monitoring, evaluation, research, and adaptive management—are connected throughout the HSS program lifecycle.
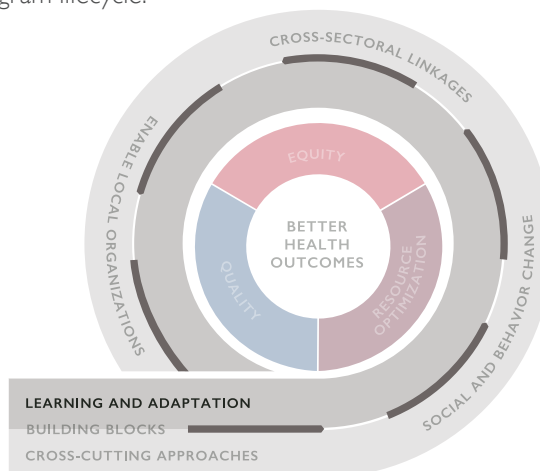
INCLUSIVE DECISION-MAKING

The engagement of local stakeholders in decision-making is a critical part of applying systems practice throughout HSS programs, from identification of the problem, development of the theory of change, selection of implementation approaches, and continuous learning and adaptation throughout implementation to efforts to monitor and evaluate the success of HSS efforts. Engaging local stakeholders in the problem identification and design process enables them to help prioritize which HSS challenges to address and how to address them; it also facilitates innovation and fosters local ownership of the HSS process and outcomes over time. Understanding key HSS barriers and gaps that contribute to existing health inequities, for example, is best defined in-context and in partnership with participants representing a range of health equity needs. Local engagement from the beginning stages is imperative to successfully achieving sustainable health systems improvements that address locally identified HSS needs.

Prioritization should be transparent, based on clear decision criteria, and record the stakeholders involved and the values and constraints used to set activities and their boundaries. In health system activities, key stakeholders should be drawn from across society at every relevant level of the health system, and might include members of community health councils, health workforce networks and representative bodies, members of regional networks active in-country, civil-society representatives, elected representatives, faith leaders, other community members, donors or multilateral partners, or others. Promoting inclusive decision-making for HSS includes facilitating involvement of vulnerable or marginalized stakeholder populations who are often not represented in these structures.

Inclusive decision-making should remain a core practice throughout implementation. Because systems are complex and actions in one area affect others, only through broad participation is it possible to identify and mitigate unintended ancillary consequences from planned actions. Such consistent engagement can also contribute to improved accountability and build local resilience, capacity, and ownership.

Photo: Michelle Byamugisha / HRH2030 Chemonics

DEVELOPING A THEORY OF CHANGE

Every HSS project should have a theory of change that describes how the specific activity ultimately links to the achievement of high-performing, resilient health systems, and public health outcomes. Specifically, a theory of change for HSS will describe why the chosen activity is expected to improve equity, quality, and/or resource optimization in furtherance of improved health status, tailored to the country context. Further, a theory of change for HSS must account for relevant contextual information from across health areas and across health system functions in combination.

In general, activities selected as part of a theory of change should be based on an intentional process that maps the complex system and assesses the specified problems and potential solutions from multiple different perspectives. (Forthcoming operational documents will include links to systems thinking/systems practice tools and resources that may support this process.) Informed by the theory of change, the decision regarding how to design activities in line with the problems or challenges they seek to overcome ultimately will be made based on local consensus, value judgements, and country-specific contextual factors. For HSS, accounting for a wide range of contextual factors may include, for example, taking advantage of political momentum behind a recent policy change to engage local stakeholders and build capacity, or recognizing the limitations of a new insurance program without citizen confidence in the quality of care being provided. It is critically important to document why approaches were selected and/or rejected. These choices then serve as the foundation for monitoring system-wide effects and understanding in real-time whether the theory of change remains appropriate or if it needs to be adapted due to altered local conditions that have influenced the health system (such as a loss of political momentum or success in improving citizen trust in the system that can be capitalized on) or inaccurate initial assumptions.

Photo: MTaPS

Inclusive Theory of Change and Activity Development:
A Country Example

One approach to systems practice for HSS involves exploring the root causes of specific health problems. The analytic process should look not only at the proximate root causes of a health problem but also at contextual factors like determinants of health (such as age, nutrition, sanitation, and the quality of girls' education). A further understanding of opportunities, roles, and relationships at the country level can support the process.

In Indonesia, USAID and partners completed a systems mapping analysis to identify local partners including non profits, the private sector, and civil society, which could contribute to a theory of change to provide solutions to previously identified maternal and newborn health (MNH) challenges. By analyzing the organizations, roles, and potential relationships, USAID was able to identify better solutions and include more partners than previous efforts would have engaged. The theory of change that emerged from the Indonesia mission for USAID was: "If MNH evidence is available and compellingly communicated, and if influential stakeholders are engaged, then constructive and inclusive partnerships, solutions, and advocacy can flourish…and these efforts can spur an MNH movement that contributes to reducing maternal and newborn mortality in Indonesia, specifically for the poorest and most vulnerable."

Based on this theory of change, USAID and partners co-created local solutions in six provinces, resulting in 17 different solutions using a systems approach to improve private-sector engagement in MNH. To help those partnerships, solutions, and advocacy to thrive and change behaviors in a sustainable way, the systems approach hypothesized that activities were needed in two key areas within the local system: (1) support to institutions instrumental in generating evidence to shape policy decisions, and (2) support to local stakeholders interested in identifying ways that they could collectively improve MNH outcomes.

The solutions that emerged leveraged more than $240,000 and have been adopted by public- and private-sector stakeholders. The local solutions included improving access to maternal health services in factories with a total female workforce of 28,000 and providing counselling to 2,365 pregnant women by December 2020; establishing "MNH corners" to increase coverage of prenatal visits at a nationwide convenience store chain where women are offered counselling and check-ups by midwives; and introducing "floating ambulances" into the referral system to ensure that women across more than 70 islands in South Sulawesi can access emergency care.

USAID and partners are supporting the sustainability and scalability of these solutions by supporting and advising local bodies to develop local capacity and ownership, and engaging the "whole of market" in order to have a more complete view of the challenges and possible solutions and to develop a potentially broader base of domestic resource mobilization. These initiatives are now being widely replicated without USAID support — demonstrating both Indonesia's commitment to a whole-of-society approach and capacity to improve maternal health outcomes.

IMPLEMENTING MONITORING, EVALUATION, RESEARCH, LEARNING, AND ADAPTATION IN HSS

Monitoring, Evaluation, Research, and Learning (MERL) is critical to health system strengthening and should be embedded into all HSS efforts from the beginning of project design and throughout implementation. HSS MERL supports the implementation of strategic, sustainable, evidence-based approaches to improving equity, quality, and resource optimization. HSS MERL is essential to understanding how health system components interact and impact one another to produce health outcomes and health system changes. It allows health system practitioners to understand the contribution or impact of HSS efforts. It is also essential to ensure that programming can adapt or rapidly respond to contextual and political changes and circumstances.

MERL in HSS projects thus focuses on three main components: (1) generating evidence to measure change in health system outcomes (including equity, quality, and resource optimization); (2) generating evidence to validate the selected activities/ approaches, including determining potential contributory or causal links between the activities and changes in health outcomes; and (3) using evidence to strategically adapt HSS programming in real time and for the future. Data and evidence can come from both discrete research and monitoring activities or be produced by a range of information systems across the health sector and related sectors. HSS MERL provides important information to other cross-cutting health system programs seeking to replicate similar results, allows health system programs to tell the full story of the impact and importance of HSS, and helps to ensure the success of HSS programming. These goals will be supported by the HSS Learning Agenda.

Because system-wide effects are rarely linear or directly related, health system MERL methods must be able to identify individual

HSS Learning Agenda

The HSS Learning Agenda is a separate document that describes key learning questions of interest to USAID HSS programming. The Agenda serves as a platform to capture relevant learning from past investments and to inform approaches and priorities going forward. The learning questions include:

1) What are the contributions of systems thinking approaches and tools to changes in health system outcomes? How do systems thinking approaches affect health system outcomes?

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?

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?

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?

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, 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?

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?

aspects of the theory of change that may contribute to or impact changes in health outcomes, and also be responsive to adjustments due to unintended consequences, unexpected positive outcomes, or changes to the underlying dynamics. Measuring system-wide change requires accounting for the internal and external dynamics of the system, relationships among key actors, policy and regulatory implementation, resources, and other contextual factors for real-time adaptive management and future programming. Selecting methodologies and indicators to identify improvement as well as system-wide effects enables practitioners to identify the nature and magnitude of any changes and can also document how constraints or externalities affect project outcomes. Subsequent activities can then address priority constraints, beginning a cycle of continuous improvement and adaptation.

It is worth noting that tracking and addressing system-wide effects includes a recognition of the multi-sectoral intersections relevant to health system strengthening. Although health system practice is concerned with strengthening the internal health system processes and functions to affect the health system outcomes within the influence and control of the system, the health system also intersects with the broader policy, socio-economic, and technological environment.

USAID believes mixed-method approaches best generate quality evidence to adapt current and future HSS programming. There are many evidence-based and flexible approaches to HSS MERL. These methods should be chosen carefully, based on context-specific and activity-specific needs, and the availability of resources, time, and sufficient information. Examples span the cycle from program planning through implementation and beyond. For example, causal loop diagrams[41] and the socio-ecological model are tools that can help illuminate critical factors and potential causality, and dynamic systems modeling[42] and social network analysis can provide valuable insights for program design. Approaches such as realist evaluations[43] and participatory evaluations can, respectively, facilitate pragmatic understanding of how context has influenced an activity and support the use of culturally relevant measures.[44] Implementation research can be embedded in programs to illuminate facilitators, barriers, and other critical contextual factors that are influencing program implementation and outcomes, providing knowledge important for sustainably taking health system programs to scale. Innovative methods such as outcome harvesting[45] can identify both expected and unexpected outcomes. All of these approaches can and should be designed inclusively with local stakeholders, as they will be improved by the involvement of diverse perspectives and worldviews. USAID HSS programs should be innovative and forward-leaning in their applications of MERL. (For more information, see USAID's HSS MERL Guide).[46]

In order for these MERL approaches to enable real-time adaptive management to adjust for different circumstances, they need to be integrated robustly throughout the program life cycle—not just in the planning and evaluation phases. HSS program designs should allow for real-time adjustments and adaptations if MERL processes, such as implementation research or real-time data use and monitoring, demonstrate that the assumptions underlying the theory of change have shifted. These adjustments may happen at the USAID management level, the project or activity level, or within national and sub-national health system components. If evidence shows that the assumptions of an activity's impact on improving health equity, quality, or resource optimization are not validated during implementation, adaptations should be considered to achieve the greatest impact possible.

Evidence in the field of HSS continues to evolve. High-quality MERL is critical not only to support high-quality program design and adaptation, but also to contribute to the global HSS evidence base. Sharing learning and evidence across HSS programs, both those managed in the field and in Washington, will strengthen and inform the collective practice of HSS.

MEASURING PROGRESS TOWARD USAID'S HSS VISION

This Vision for Health System Strengthening will be achieved when country health systems are able to learn, adapt, and improve in response to changing circumstances. Success is defined by creating the conditions and processes by which countries themselves are able to continually improve system outcomes. As countries make these improvements, they also generate global learning and contribute to state-of-the-art health system development, which in turn helps donors, like USAID, provide further technical assistance to countries to address emerging health system issues through innovative programming.

Common measures help to identify where support to strengthen health systems is effective and where these support processes can be improved. Without quality, effectiveness of care is an illusion, and without equity, continued health disparities will reduce overall health impact. Both quality and equity require an optimized use of resources especially in countries where those resources are constrained. Within a country system, equity and quality can be directly reflected by existing program-specific measurements and through disaggregation by wealth, sex, or social groups. Resource optimization, which emphasizes efficient deployment of health system inputs, can be measured empirically by changes over time in health outcomes for a given budget envelope or through identification of cost-effective approaches to resource use and observation of their uptake in national and sub-national systems.

For cross-country comparisons around common metrics, USAID endorses existing World Bank and World Health Organization efforts to track national progress[47, 48, 49] toward UHC via two separate, but important, indices: service coverage and financial protection. Rather than developing and using new indicators and tracking methodologies, USAID supports improving the availability and use of the underlying indicators that make up these indices as an important resource to track progress.

These global indicators, while useful for measuring and comparing country-level progress, provide less actionable information to inform improvement efforts related to country health system development. Processes that make the health system accountable, accessible, affordable, and reliable outlined by the High-Performing Health Care Framework[50] are not given attention and measured regularly. These processes are the backbone for creating and sustaining quality, equity, resource optimization, and other outcomes and impact. USAID is rolling out a tool for monitoring the perceived functionality of these processes and their contributions to health system outcomes.

USAID looks forward to a decade of innovative collaboration with partners to better measure, document, and learn from progress toward achieving this Vision.

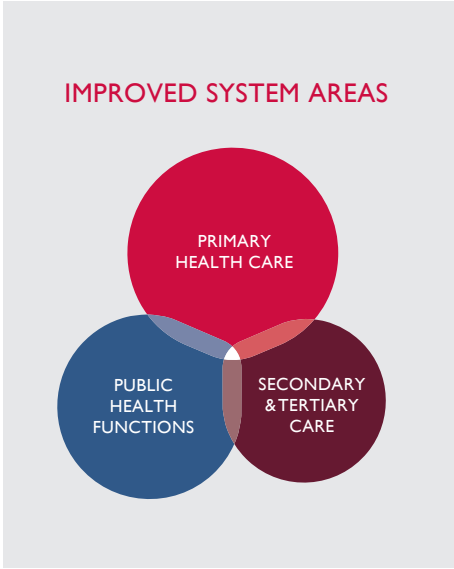# High-Performing Health Care is Accountable, Affordable, Accessible, and Reliable.

HEALTH SYSTEM STRENGTHENING ACTIVITIES

EQUITY

QUALITY

RESOURCE OPTIMIZATION

BETTER HEALTH OUTCOMES

IMPROVED SYSTEM AREAS

PRIMARY HEALTH CARE

PUBLIC HEALTH FUNCTIONS

SECONDARY & TERTIARY CARE

GLOBAL GOALS

SUSTAINABLE DEVELOPMENT GOALS (SDG)

UNIVERSAL HEALTH COVERAGE (UHC)

HEALTH SECURITY & HEALTH SYSTEM RESILIENCE

Photo: Franki Rabui / Communication for Development

Digital Transformation for Health Equity, Quality, and Resource Optimization

Digital transformation initiatives in the health sector are most effective when designed to reach strategic health systems goals and elevate health system capacity, and when they are interoperable, secure, and sustainable. Digital transformation can advance health service delivery standards, when paired with sufficient investment in the analog components of digital transformation, such as strengthening institutional and workforce capacity and culture, to advance progress toward outcomes of equity, quality, and resource optimization.

Those who draft and administer health policy can improve health system capacity and resource optimization by leveraging digital solutions and data to enhance oversight of health sector performance, including health surveillance efforts, inform resource allocation strategies, and improve service delivery standards.

Digital transformation empowers and supports health workers by, for example, providing remote training reinforcement; reducing the burden of mundane, repetitive tasks; and supporting protocol adherence with digitized decision support, ultimately resulting in improved quality of care and more time for providers to address complex cases.

Access to affordable, user-friendly digital tools and solutions with relevant content can reduce health outreach gaps and the digital divide. The ubiquity, and projected proliferation, of mobile phones provides a key opportunity to advance health equity through digital inclusion. Increasingly, the health system will be able to engage key populations through mobile phones, advancing user-centric service delivery. Mobile phones are a means to connect potentially vulnerable groups, including youth, to the health system, facilitating access to the benefits of digital transformation such as client financial resilience (via digital savings, remittances, etc.), ease of payments and reimbursements (via mobile money services), access to improved quality and responsiveness of care (via telemedicine, etc.), and increased engagement with the health sector (via two-way SMS communications, etc.). Supporting equitable access to and use of mobile phones and other digital technologies is critical to enable these connections.

As described in USAID's Digital Health Vision,[51] Digital Strategy,[52] and Policy Framework,[53] digitalization efforts in the health sector should strengthen country and regional health capacity and planning, leveraging wherever possible the use of evidence-based, scalable software systems. Effective health system digitalization requires accountable and transparent institutions, led by appropriate strategies and accompanying regulations, as well as infrastructure such as electricity, mobile telephony and internet connectivity.

Health system digitalization efforts should be governed by digital health strategies that are aligned with country health strategies. Through digital health strategies, country governments should identify those aspects of the health strategy that could be most enhanced by digitization.

High-performing health systems include digital health solutions designed to empower health system stakeholders, and advance strategic health services outcomes. National digital health strategies can also create incentives for all health system stakeholders to advance decentralized, user-centric development, adoption and use of digital health technologies that contribute to health system performance.[54]

Considerations for digitalization within health system implementation

Embracing digital transformation as part of HSS efforts and national health strategies can strengthen resilience and guard against fragmentation and an increase in the digital divide. Digital transformation comes with risks of increasing inequality, repression, and instability. Governments must guard against digital infrastructure agreements that advance divisive messaging, crime, illicit finance, and vendor lock-in, among other risks, to ensure equitable digitalization. A health system approach—transforming the mindset, behavior, incentives, and capacities of health sector stakeholders to effectively drive change—should be the foundation upon which a digitalization agenda for improved health service delivery is layered.

Digital health strategies should support health systems by enforcing digital investments that advance health service delivery standards and ensure interoperability between systems from the onset. Interoperability should include both the ability of computer and software systems to exchange and make use of information as well as the ability of information systems to exchange and interpret shared data for enhanced decision-making. Interoperability should be enabled through an enterprise architecture, which establishes key applications, how they interact, and how they support the business processes tied to the health service delivery goals. Global goods, digital health tools such as software, services, and content that are open-source and adaptable to different countries and contexts, can advance digitalization efforts as they support interoperability and offer fewer inherent risks.

Digitalization provides a critical opportunity to strengthen government partnerships with the private sector (e.g., technology firms or organizations with technology development capabilities) in the co-design of health care innovations, product design, and the production, storage, and maintenance of information systems and data analysis required for effective digital transformation. There is also a role for private finance to invest in the digitalization of health systems, partnering with technology firms, private health providers, and others to contribute to national outcomes.

A whole-of-society approach to health system development must also consider the client privacy concerns that may arise from digital transformation efforts. The cyber security and privacy concerns surrounding the ever-growing amount of data stored and analyzed to inform decision-making should be explicitly addressed within digital health system activities. Controlling the security, use, and ownership of client data will be one of the major challenges facing health planners of the future. At the country level, efforts to secure data must be incorporated not only at the individual and provider levels but also at the national level with general data protection regulations.

ANNEXES

ANNEX 1: BACKGROUND

This annex contains information reviewed and considered in developing the Vision.

Emergence of health system strengthening and challenges from past approaches

Prior to 2007, the field of health systems was viewed through a series of successive generations of reform, often occurring in response to major global trends, such as transitions to market-oriented economies or structural adjustments required for debt crises. The 2000 World Health Report[55] introduced ideas related to improving the performance of systems. However, sensitivities around the performance measures used in the Report and the resulting ranking of country health systems overshadowed the underlying message about the need to improve the performance of systems.

In 2007, the World Health Organization's (WHO) "Everybody's Business: Strengthening Health Systems to Improve Health Outcomes"[56] introduced "a single framework with six clearly defined building blocks and priorities" to recognize and communicate the importance of HSS within a growing global health environment. This seminal work aligned the international community, including USAID, around HSS as an important contribution to the improvement of health outcomes by taking a "diagonal approach" whereby the desired health outcome is the starting point for identifying the health system constraints impeding the scale-up of specific services. The report also encouraged implementation of HSS activities to achieve both specific health outcomes and system-wide effects of benefit to the health system beyond individual programs.

In response to a set of priorities identified for each of the building blocks, USAID and the global community over the next 12 years developed a robust body of evidence about specific activities within each building block. The body of evidence provides comprehensive knowledge about effective ways to address individual health system building blocks. Publications and research interest in health systems has increased steadily since the 1990s and more rapidly over the past few years.[57] There are a wealth of tools, research, and approaches about improving each function, which remain relevant.[58]

The building blocks, however, were never meant to be individualized into specific areas of work or support. Unintended consequences of the focus on building blocks included the division of HSS activities into silos and specializations without cross-fertilization of expertise, and the resulting cognitive bias where all health systems challenges seen through the lens of a specific building block or function are thought to be solved via a solution from that building block, which further reinforced a siloed view of the building blocks. Ultimately, the loss of attention to the interactive nature of the building blocks resulted in a disconnection from the outcomes of interest in favor of definitions of success centered around improvements to the functioning of the building block of interest. The original WHO document notes, "A health system, like any other system, is a set of interconnected parts that must function together to be effective. Changes in one area have repercussions elsewhere. Improvements in one area cannot be achieved without contributions from the others. Interaction between building blocks is essential for achieving better health outcomes."[59] Returning to and expanding on this original framing of the interactions of building blocks is the starting point for this new Vision, which is further informed by recent global consensus, via the 2018 Astana Declaration on Primary Health Care[60] and the 2019 Declaration for the UN High-Level Meeting on UHC[61] both of which reflected the need for a more integrated and outcomes-based approach to health systems.

Contextual factors important to Health System Strengthening and USAID's response

Societal shifts in the broader development context.
Major macro-level changes within the development landscape, including the impact of changing climates on where people live, how they earn livelihoods and the health threats that impact them, the ongoing long-term trend to move to cities and urban environments, the increasing encroachment of human populations on animal environments, as well as increasing instances of racial and ethnic conflict and other threats to stability all require new thinking in how health systems are structured to address and respond to these and other new changes.

- This Vision includes specific attention to and definition of health system resilience as beyond mere improvements to "strength" or core capacities and toward an emphasis on building absorptive, adaptive, and transformative capacities, of ensuring that health systems are learning entities that have inherent abilities to adapt in response to changing conditions. The Vision embraces continuous learning and adaptation both as a core feature of USAID support as well as something to be developed within countries as an objective of that support.

Epidemiological shifts in burden of disease across populations. NCDs represent a growing proportion of deaths in LMICs requiring health systems to address the dual burden of the unfinished agenda on key health programs while also addressing the growing burden of NCDs.

- While USAID does not program specifically to address NCDs, this Vision recognizes the need for health systems themselves to be able to learn and adapt, which is critical to their abilities to address changing conditions—whether external or internal shocks or stressors or a changing epidemiological profile. Additionally, while health systems themselves cover everything from community level prevention to private-sector tertiary care, the Vision focuses attention on primary health care to focus, in particular on the equity dimension.

Need for more robust system-level evidence and learning to inform health system priority-setting and programming. The HSS field specifically lacks sufficient global learning that identifies the contributions of health system strengthening activities to system-wide changes and improvements in health outcomes. Addressing this shortfall requires intentional evidence generation that pays attention to the interrelationships, interactions, and dependencies across health system activities, and their relationships to system outcomes. There is a renewed interest in learning from existing health system strengthening projects through documentation of system-wide effects, tracking causal pathways of activities to outcomes, and exploring innovative HSS activities through evaluations and research.

- This Vision shifts the focus of HSS from inputs to outcomes and articulates a more deliberate approach to activity choice and documentation to help grow evidence in a way that accounts for context and inter-relationships within the system.

Digital technology is also changing the way clients, providers, and administrators engage with the health system and facilitating how health systems are managed and continuously improved. Digital technology carries immense potential to transform health systems by improving efficiency, surveillance, outreach, and client-centered care. Digital technologies are already reshaping health system processes, including those in LMICs. Realizing this potential requires using digital technologies to enhance health system improvements. The adoption of digital technology itself will not lead to improvements in health systems. Rather, digital systems must be incorporated into health system processes in a way that facilitates care and advances health equity and quality. The use of digital solutions must address HSS priorities; without such alignment they risk being unused, devalued, or constrained to the realm of donor projects without country-level internalization and utilization. Interoperability must include policy alignment. Client privacy must be protected.

- This Vision builds on USAID's Vision for Action in Digital Health[62] and the Private-Sector Engagement Policy[63] demonstrating the intrinsic linkages of these documents with health system strengthening.

Emergence of new stakeholders and expanded definition of the range of stakeholders who contribute to high-performing health systems and incorporation of new voices to address HSS challenges. There is a renewed interest and willingness to engage with private health care providers (both commercial providers and nonprofit providers) and other organizations in the private-sector that serve as both purchasers and deliverers of health care as well as potential sources of health financing. There is also increasing recognition that most country health systems are mixed, meaning that there are important roles for not only the public sector but also for private for-profit and not-for-profit entities, including small drug shops and pharmacies as well as clinics run by NGOs or faith-based organizations. HSS efforts need to include and embrace both the current role and potential roles of each of these stakeholders within the system.

Community, faith-based, and civil-society groups are increasingly recognized as important to hold systems accountable, advocate for health needs, and participate as active contributors to health outcomes not only in an oversight role, but also as direct participants in making health systems stronger.[64] A growing group of entities (governments, nongovernment organizations, faith-based organizations, multilaterals, donors, philanthropists, etc.)— both traditional and new to the community health systems arena—are increasingly collaborating and coordinating around a common agenda for large-scale systems change with a focus on integration of communities into the broader health system. This group brings renewed energy to solving the challenge of weak health systems but needs to coalesce with the broader health systems community in a common approach to the field.

- This Vision embraces overarching USAID policy guidance related to Private-Sector Engagement, the New Partnerships Initiative, and financing self-reliance. It also identifies the importance of a whole-of-society approach to strengthening health systems that links together all the diverse stakeholders. For example, for-profit private providers can generate revenue for a health system, reduce caseloads at public facilities, and provide high-quality

care under appropriate regulatory oversight. The public-sector can take advantage of private-sector comparative advantages by outsourcing some key functions such as last-mile delivery or laundry services. Communities can marshal resources for outreach and home-based care needs.

Renewed advocacy for structural reforms in health systems. A side effect of the siloed approach resulting from a focus on building blocks along with a lack of concrete evidence conclusively linking health systems interventions to health outcome improvements and analyses estimating that poor-quality health systems result in more than eight million deaths per year in LMICs, has led to growing calls to focus health systems efforts on structural change.[65] Where opportunities exist to make major health systems changes, they should be explored, as should opportunities to continue to build improvement into health systems at all levels.

- This Vision builds on USAID's legacy of work in quality improvement, allowing for both structural and incremental change. Quality improvement in health care has long been grounded in the Donabedian model, which describes quality in terms of structure (input), process, and outcome. Whereas emphasis had been on the process component of this model, applying principles from the Donabedian model and the Model for Improvement[66] across all health systems functions enhances the potential for effective structural reforms. Ensuring that health systems are optimally structured requires understanding that (1) health systems are dynamic, so approaches should be adaptable, flexible, and continually monitored to make necessary iterative changes; (2) interactions with other sectors (e.g., education, finance, transportation) influence how health systems operate; and (3) demand-side factors, such as patient and provider behaviors, are impacted by and influence policy, planning, and service delivery models, all of which impact the structure of care.

Photo: KC NWAKALOR / USAID

ANNEX 2: CROSS-CUTTING HEALTH SYSTEM STRENGTHENING

Within USAID, HSS efforts in line with this Vision should be advanced across all programs. In addition, USAID prioritizes guidance and support to countries on cross-cutting health system strengthening activities, which are activities that do not benefit one particular program over another but are nevertheless critical to achieving lasting progress across all of the programs that USAID funds. Such cross-cutting health system activities include support to:

Building Sustainable Health Financing Systems: USAID supports countries in their efforts to design, implement, and evaluate sound health financing policies and programs related to revenue collection, risk pooling, and purchasing. USAID supports health financing policies and programs to facilitate countries' abilities to adequately finance their health programs, increase financial protection for their populations, and allow health care providers to deliver the right care to the right populations at the right time. Furthermore, USAID does this in ways that are consistent with the principles of the Agency's Financing Self-Reliance (FSR) Framework.[67]

Improving Health Equity through Social Accountability and Behavior Change: One of the ways that USAID is improving health equity is by identifying and supporting promising opportunities for social accountability and social and behavior change efforts in partner countries. In order to improve equitable access to quality services, the Office of Health Systems is identifying strategies for social accountability to be more social and behavior change oriented. This includes addressing provider bias in health services and improving participatory governance and budgeting in UHC strategy and planning.

Strengthening Public Financial Management: In the health sector, USAID works to assist countries to align public financial management (PFM) and public-sector health financing and leverage PFM for better health. Activities at the intersection of PFM and health financing involve working with Ministries of Health to ensure health budgets are: formulated based on realistic budget envelopes, reflect policy priorities, and are program-based; executed in a timely, efficient, and transparent manner to enable effective service delivery while balancing flexibility with the need for fiscal controls; and are reported on to ensure there is accountability for progress achieved with funds. USAID also works to promote multi-sectoral coordination to influence population health and ensure the health sector advocates for funding with Ministries of Finance in a convincing and timely way.

Improving the Management of National Resources: USAID applies the globally accepted model of health financing functions to all health system resources and supports the national allocation and reallocation of government resources devoted to health care (i.e., human, financial, and supplies) using or, if necessary, building on, domestic systems for doing so. USAID also supports country reviews of these allocations to ensure optimal use of resources and so that Ministries of Health and Finance can make adjustments to respond to data and changing circumstances to achieve country-level results.

Promoting the Role of the Private-Sector in Health Care: High-performing health institutions foster a whole-of-society approach that includes public, private, and nonprofit sectors. USAID supports the FSR pillars of strengthening the enabling environment for private-sector actors in health and improving financial markets. Where appropriate, USAID promotes this inclusive and coordinated approach through market segmentation of health care across sectors in a way that minimizes duplication of care. Within the public sector, USAID supports Ministries of Health to outsource functions to the private sector or contract out based on comparative advantage. USAID supports the inclusion of private-sector assets in public health functions and the governance of health care. Finally, USAID helps mobilize private-sector investment for the health sector within the context of overall financing strategies.

Addressing Inefficiencies in Health Care: Across health care and system functions, USAID works to ensure governments prioritize their health activities to maximize impact, through strategic planning with key stakeholders, promotion of cost-effective solutions, and integrated digital solutions, as feasible.

USAID recognizes and works through domestic systems for decision-making in strategic planning and management, and promotes effective monitoring of efficiency across the health system.

Improving Quality: USAID funds the implementation of Quality Improvement (QI) approaches across all levels and functions of the health system from facilities to the district, regional, and national levels. Activities include development and implementation of QI policies, the teaching of leadership development and management skills across levels, and the improvement of provider skills that adhere to internationally recognized standards.

Investing in Human Resources: USAID works with governments to plan and forecast needs for human resources (HR) for health. The Agency and its partners help to create and implement cross-cutting policies for recruitment and career progression, including those that focus on addressing barriers to career advancement and advancing women's leadership in the health sector; develop information systems that contain data on health workers, including their certifications and employment status; and incentivize improvements to performance and standards, including through policies and other means to improve motivation and retention, such as on-time and effective salary payments.

Strengthening Community Health Systems: As part of a whole-of-society approach to health care, USAID promotes mechanisms of coordination and leverage between communities and health institutions, including policies to overcome fragmentation of services within communities, behavioral strategies to promote self-care/access, and community oversight of health care/health facilities.

Improving the Collection and Use of Data and Information: The effective use of data is critical to high-performing health care. USAID supports data use and data integration across systems and levels of practice; data governance protocols for privacy/interoperability; and development of digital strategies, national capacities for the use of data, and overall evidence-based learning within health institutions.

Building Resilient Health Care: Creating absorptive, adaptive, and transformative capacity within health institutions supports their overall resilience. USAID helps governments implement and adhere to International Health Regulations, overcome shocks, and put in place supportive policies for community, individual, and household resilience.

Strengthening Pharmaceutical Systems (PSS): USAID examines the full system required for the delivery of safe and effective pharmaceuticals to patients who need them, including by ensuring a seamless process from the selection of medicines to their use. PSS requires regulatory regimes that include the registration of products through streamlined registration processes while safeguarding public health by inspections and surveillance to ensure product quality, safety, and efficacy; supply chain management including public- and private-sectors; accreditation and other pharmacy-practice reforms to promote the rational use of products and combat antimicrobial resistance; pharmacovigilance/prescribing/dispensing policies; post-marketing surveillance of the quality of products; the inclusion or prioritization of medicines in health benefit packages; health technology assessments; the tracking of pharmaceutical expenditures; supply chain management including the cold chain; and the manufacturing of quality products.

Photo: Samy Rakotoniaina / MSH

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