



Strengthening Country Systems:
An Experience Summit
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COMPLEXITY AND LESSONS LEARNED FROM THE HEALTH SECTOR FOR COUNTRY SYSTEM STRENGTHENING

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EXECUTIVE SUMMARY¹

Health systems are increasingly becoming viewed as complex and dynamic, requiring new approaches and ways of thinking about them as interconnected components of a whole rather than as discrete elements². This background paper is intended to:

- Take what little direct evidence there is for elements that contribute to or hinder successful health system strengthening (HSS) efforts
- Link USAID experience to what is known about system transformation more generally
- Make recommendations about ways to move forward incorporating systems thinking for HSS
- Apply lessons learned in the areas of HSS to other country system strengthening (CSS) initiatives

While evaluation of CSS efforts is noted as a priority for USAID and other USG agencies, a key gap identified in both high income countries (HICs) and low and middle-income countries (LMICs) is the lack of attendance to feedback loops, monitoring, and evaluation activities.³ Based on the literature reviewed for this report, as well as our own knowledge and

¹ This summary is taken from a background paper prepared for the USAID Strengthening Country Systems Experience Summit. To access the full paper, please visit <http://kdid.org/library/complexity-and-lessons-learned-health-sector-country-system-strengthening>.

² A. Best, P. Clark, S. Leischow, W. Trochim (Eds.), "Transforming tobacco control through systems thinking: Integrating research and practice to improve outcomes", U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute, 2007.

JD Sterman, "Learning from evidence in a complex world." *American Journal of Public Health*. Vol. 96, No. 3 (2006): 505-514.

³ Independent Evaluation Group, "Do health sector-wide approaches achieve results: Emerging evidence and lessons from six countries" (Washington, D.C.: World Bank, 2009).

C.D. Willis, B.L. Riley, A. Best, P. Ongolo-Zogo, "Strengthening Health Systems through Networks: The Need for Measurement and Feedback." *Health Policy and Planning*, 27 Suppl 4:iv62-iv6. (2012).

B. Riley, A. Best, "Stakeholders, organizational partnerships, & coalitions," in *Health behavior change in populations: The state of the evidence and roles for key stakeholders*, edited by S. Kahan, A. Gielen, P. Fagan, L. Green (Baltimore, MD: Johns Hopkins University Press, 2012).



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experiences, here are recommendations for processes, methods, and indicators that may be useful to measure the success of HSS efforts:

- **Engage all relevant stakeholders:** Incorporating the knowledge and expertise of stakeholders from all of the relevant sub-systems within the health system, the intervention can be designed and re-designed to maximize intended impacts, leverage scarce resources, avoid duplication of effort, and minimize potential negative consequences.
- **Use an Evaluation Framework:** The use of an evaluation framework can help stakeholders focus on the highest priority goals and measures in evaluation work.
- **Select relevant indicators:** For the evaluation, it is important to determine or select indicators to track, and identify the best methods and design to track those indicators.⁴ It will be important to identify indicators that will highlight negative impacts of the proposed intervention, so course corrections can be made early on in the implementation process.⁵
- **Obtain funding for the evaluation:** Based on recommendations made by the WHO, IEG, and others, as well as our own experience, longer-term outcome measures may be of most interest to program funders. However, indicators that can help identify short-term intervention alterations to keep an intervention on course should likely be prioritized.
- **Create and strengthen monitoring and evaluation infrastructure:** While USAID priorities understandably emphasize quality and timely data for use in monitoring and evaluation efforts, it is strongly recommended that future HSS and other CSS initiatives use or strengthen country capacity and country systems for data collection and reporting.
- **Create learning communities:** These consist of practitioners engaged in health systems strengthening work in similar contexts who can discuss what they are learning in practice, and share those learnings with their counterparts. This type of activity supports progress not only in evaluation and learning, but also country ownership, engagement, human resource capacity, power, and integration.

⁴ D. de Savigny, T. Adams (Eds.), Systems thinking for health systems strengthening, (Geneva: World Health Organization: 2009).

A. Best, T. Greenhalgh, S. Lewis, J.E. Saul, S. Carroll, J. Bitz, "Large-system transformation in health care: a realist review," The Milbank Quarterly, 2012; 90(3):421-56.

⁵ Ibid



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To date, USAID has invested a great deal of time and resources (both human and financial) in developing an approach to HSS that prioritizes a systems approach. Disease-focused programming is no longer the preferred strategy for addressing health-related problems, both due to a growing awareness of the complexities of health systems, and a shrinking pool of resources from which to draw to address such problems. However, an analysis of the actions needed to address change at one or more system levels seem to be missing from USAID HSS work.