Getting on the same page: the concept and assessment of 'health systems strengthening'

Questions and answers from webinar 19th May 2021

- All the questions/comments below were posted by attendees during the webinar. Questioners' names have not been included.
- Panellists have responded to these questions, both during the webinar and afterwards. Some questions have responses from more than one panellist.

Question	Answer(s)
Are the 6BB are so well accepted anymore, really? BB were a stepping stone, we should be grateful but it seems to me that we have evolved. Should we start from at least a slightly different basis taking into account how systems can produce health? Since we are trying to find a new way forward...	Agree, that was a starting point but we should be working with more connected and dynamic models now. The building blocks also help less 'technical folks' to understand the concepts of HSS so they can be a useful lever to start conversations.
Based on the definition of scope, does that mean that a vertical health areas (say family planning) isn't able to support health system strengthening?	I would say that it depends on effects - does it impact on other services? In that case it can be HSS. There is also room for 'vertical health areas' to think more about HSS which requires more work on making interlinkages with other 'vertical programmes'.
What do you think the best output measurements for health systems change?	I think the WHO HSS indicators are fine on the output side (just miss the 'black box' in terms of systemic features)
Do you think the higher amount of funding in infrastructure may be driven by the demand side? There is a discussion among the Bangladeshi health systems researchers/professionals is that the MoH people are always more inclined on infrastructure development and equipment purchase as these have a higher	Yes, I agree that it may be - and that is a risk. But of course infrastructure matters, if matched to need, so needs contextualised analysis. That said, other aspects of HSS are also open to corruption e.g. procurement systems so ensuring we address anti-corruption

potential for corruption. Funding on other aspects of HSS are less amenable to corruption. Interested to hear your thoughts.	throughout the system is important and we probably don't address this enough.
Comment- the issue with HSS is donors want to show they are the only ones "making the impact" so big numbers and splashy is what everyone runs to do. Systems strengthening is the pipes that bring clean water to your home. Not sexy but needed. Until we get donors and governments to get this we will be stuck in retrofitting things to say what we are doing to strengthen health systems vs strategic health systems	Yes, I agree - how do we make it more appealing? That said, different disease advocates also want to use key results to push a particular priority area as well so we need to do more in bringing multiple result areas together.
one of the key issues around HSS is understanding the political economy. How does PEAs fit into our assessment of health systems and to strengthen health systems. Secondly, health systems are complex adaptive systems so how does applying a CAS lens to health systems strengthening issues come into the discussion.	PEA is key to how and why HSS does or does not happen so is a key tool in the HSS box, to my mind anyway. Ditto for CAS - it is an important way of understanding the responses within the health system to HSS. PEA is beginning to get more recognition e.g. WHO PEA on health financing but there is some way to go.
Given the UK debate about linkages between health and social care, and the importance of a whole health-social care system approach to managing the pandemic, should we be talking (aspirationally) about 'health and social care strengthening' as one system.	Interesting idea. I think we are not yet ready for that in FCAS settings. But we do need to be supporting more effective cross-sectoral planning and responses for health, as highlighted by Kabir. One of the issues here is also different countries define health and social care differently. An opportunity could be to ensure we use the latest focus on primary health care to push both of these.
Would Sophie's suggestion of a bottom up HSS agenda align better with production of health (local), localization, responsiveness, and sustainability?	That is the aspiration, we still need to test it though
Very helpful, thanks Sophie. On your point about evaluations often being relatively narrowly focused (around specific programme target areas), rather than examining wider health system effects - could you say a bit about implications for resourcing of evaluations? Thinking that sometimes this might require eg additional interviews, survey modules, evaluation team expertise etc	Yes, this does have implications for resourcing of studies and their tools, and also bringing in more HS generalists (not just specialists in PSM, for example, as is the common practice at the moment) Evaluations on health system changes also require longer time periods which is often a problem with evaluations as is the whole

	attribution/contribution issue – particularly given the political economy dimensions.
Thank you for talking about the importance of community health system strengthening. For all the panellists, are any countries doing better with prioritizing HSS?	I would be interested to hear from participants on this – any good examples you are aware of? It is very difficult to answer 'who is doing better' as each country has a different type of health system. There are good examples that come from countries such as Thailand and Japan – but these aren't always applicable in every country.
In Concern we have added CHSS to the 6 BB, attention & effort essential on the provider and user sides.	Excellent! I think this is more common in models used these days, which is good practice. More work definitely needs to be done in joining up all the different aspects of community health systems including linking them up with broader multi-sector responses that contribute to better health e.g. nutrition, livelihoods, education.
I find it useful to differentiate between the formal health "sector" (in which case the building blocks/control knobs type approaches can be useful), and the broader health "ecosystem" which is more diverse and inclusive. Think back to the original WHO definition of a health system "A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities." - when seen this way it forces us to look beyond the classic formal system.	Yes, it is there in the WHO definition but we often find narrower focus in practice in studies
Unfortunately, and not only in LDCs, health systems / providers not people / patient oriented, led.	Indeed, hence the need to focus on software and values, and to try to track them (and so assess how they can be supported)
Health systems are more and more integrated to global health systems (e.g. global supply chains; financing; etc.) but I've seen very little research and programmes that address the global dimension (one notable exception is supply chain, although the perspective is	This is a good point. There is however more recognition about the importance of regional hubs bringing together joint action on various issues e.g. regulation of medicines etc. C-19 also has highlighted the importance of regional surveillance capacity in terms of laboratory

often biased towards the donors'). What do panellists think about this?	support, epi warning systems. So more work to be done but things are moving in a slow but right direction.
In terms of donors and health systems-- another angle to this is that external flows often around 0.5-3% of total health spend in most LMICs, with the exception of a smaller number of LICs. You can't "project" your way out of these problems. System strengthening to help spend the other 98% of domestic resources seems like the obvious way (except you can't attribute specific change to $1 of donor spend)	True but I think that HSS should be a domestic agenda too, not just for donors. It is clear that external financing could do more to coordinate and align with national investments and should start talking about sustainability of funding right from the go. Ultimately domestic spend maintains the main components of a health system e.g. health workforce but domestic allocations on health can remain very low, which is why a focus on supporting domestic resource allocation is important.
For the 5 research priorities listed at the end of Sophie's presentation is the panel aware of any plans for collaborative research initiatives/programs to move these forward & any timelines? Thank you.	Obviously we are trying to take some of this agenda forward in ReBUILD, but would love to hear from others who are working on it too!
'@Sophie - how do you distinguish "outputs", "outcomes" and "impact" and how are each defined? Could you offer some examples of indicators of each?	I guess an example would be: service availability (as output); quality of care (as outcome); better health etc (as impact). Does that make sense?
Health system strengthening literacy is much required for the political leadership at national and sub-national levels. A focus on building health system over fitting the leakage is something more required-COVID has taught us and this should be a reflective learning	100% agree - HSS literacy not always given priority or rewards. That said, it is good to see it more mentioned as part of the response to C-19 – we just need to keep going with the messaging.
Thanks for bringing innovation component Sushil, It would be good to know few examples of compelling Health systems innovations. Thanks.	One example more broadly is digital technologies which are transforming how we deliver health systems e.g. tele-medicine (service delivery), and how we monitor and capture client satisfaction e.g. smart phones being used for data collection. The issue is often these innovations are at small scale and often need scaling up which takes time and additional resources.

In the HSS discourse the missing element most often is the 'motivation' of the health workforce. How the motivational aspects should be discussed, analysed and supported while talking about HSS	I see this as fitting within the 'health system process goals' - eg. motivated, supported workforce is a key part of this, supported to be collaborative, adaptive etc. The evidence on what keeps a health workforce motivated is very mixed – a lot comes from HICs but there are some studies in MIC/LMICs. Understanding interventions that have a long term impact are few and far between. From what is emerging, there are multi-dimensional aspects at play e.g. social, work, community and all need to be considered. This therefore hints that we need to do more at looking at this as a multi-sector issue which we rarely do
To [...]'s point, it is the case that many countries express their aspirations for health in a broader way, for instance by having a "Ministry of Health and Quality of Life" or "Ministry of Health and Welfare"; I think while there is a use for HSS as a (more or less) bounded discipline is it not also important for the HSS community, if it aspires to support countries, to fit in with those broader visions where they exist?	Yes, you have to adapt to the organisational structure in each context (how sectors are bundled, which does vary)
Considering the lack of disaggregated data at least up to district level generated from periodic household survey and poor data quality of routine health information system, how are we going to use the evidence to design the intervention contextualized for specific subgroup of population? Why DHS and MICS survey not generating evidence of district level in Nepal. Whereas DHS in India takes the sample to generate the evidence at district level...?? Thanks	Thanks for the question. Yes, many of our population based surveys do not provide district or municipality specific disaggregated data. I also agree that HS routine data require improving data quality. While we continue to focus on improving routine data quality, we shall explore existing data sources and try to generate /analyse evidence that helps to inform district/local level interventions. My point here is, we shall use existing multiple data points and try to generate evidence to inform HSS goal at sub-national level. We need to particularly careful we don't overburden countries with multiple surveys or data collection processes – these are not only very expensive but can undermine the focus on utilising and

	improving the quality of data that already exists but is not always utilised to it's full capacity.
How can we engage political leadership to prioritize health system strengthening? Without alerting the political leadership, the health stakeholders at the ministry or its department are army without a great general	Thanks. I fully echo you on the need to securing political commitment not only in policy and papers but also in resource allocation and practice. Getting them on board with use of available evidence at the country level which demonstrate need to invest in health (a rational investment), and ensure people accountability framework is key at all levels. We need to particularly careful we don't overburden countries with multiple surveys or data collection processes – these are not only very expensive but can undermine the focus on utilising and improving the quality of data that already exists but is not always utilised to it's full capacity.
I find HSS a strange concept to work with as a scientific concept as it entails a normative aspect (i.e. 'strengthening') which somehow implies that any change is positive. What about health system interventions that do not strengthen but weaken the system. Do we call them health systems weakening interventions? Is it thus better to use 'health system interventions/policies/programs'? On the question 'how to recognize a strong system when we see them': to what extend is this a scientific question rather than a political one?	Yes HSS is normative, but where progress is not happening, then there is no HSS (or could be a reversal of HSS). I think this is an important policy question, so relevant for policy researchers (and most system researchers are policy researchers, are they not, with a responsibility for impact on systems?) One way we also do this is ensuring 'we do no harm' which can we be a useful way of analysing the impact of our interventions.
How to align donors' funds? In some instances, the same donor has been seen, funding for verticalization while supporting system strengthening in other instances. Where do you see the donors' accountability in the framework?	This is a key element, you are right that the HSS framework needs to have external actors adding. Donors are slowly beginning to take on more HSS approaches but they will need better metrics on HSS to support tracking results and value for money.

'@Sophie: I love that your brought up the community engagement as an attribute of HSS. You mentioned that there will be a report (?) coming out on learning health systems approach soon. Will the community engagement in LHS be addressed as well? Also, how do you measure community engagement? My experience of community engagement in national and sub-national HS has been involvement of few representatives and leaders from the community and exclude the service users who are directly affected by the decisions. So measuring quality of engagement may also be meaningful?	Excellent point about quality of engagement. The issue of quality of community engagement is really critical and I am not sure we have strong but practical tools for this at the moment – happy to be informed if you know of any. The Alliance for HPSR's flagship report on Learning Health Systems will be published shortly, and includes a strong role for communities. The framework for learning in health systems describes deliberative and experiential learning as being as important as information for a learning health system. The report highlights how platforms for community engagement and participatory planning enable deliberative learning, and identifies actions that community representatives and civil society organizations can take to amplify citizens' and service users' voices and participation and spur shared learning.
service availability as in clinic density per capita?	As in: is the basic service package actually available in clinics (for example)?
In moving to a 'yes-and' approach with heath systems, I'm wondering if 'values' are a more useful anchor than 'interventions'…	Values have to be embodied in health systems, in my view (and we try to get to those in our HS process goals, though measurability is a challenge)
'@Sushil: on the role of public-private partnerships to fill gaps in HS: is there evidence that PPP contribute to HSS?	Thanks. It is really an appropriate question, especially when we are in a context to mobilise 'whole of the government, whole of the society including private health sector' in addressing COVID pandemic. Effective PPP models which are well designed not only considering service delivery model but also system strengthening consideration do have positive impacts on HSS and there are some examples, although comprehensive analysis of PPP's contribution to HSS is limited. My point is to explore and contextualise PPP considering national and sub-national needs on HSS. Obviously,

	not bringing private sector into mainstream of HSS would be a missed opportunity.
In my view, HSS is strengthening 7 (6BB + CHSS) systems within the health system, interdependent and interconnected. Can we go back to HICAP Eric, remember Bangladesh CSP. Served well I think.	Agree. Research often added too - thinking of our learning health systems...
At Action for Animal Health we are developing policy recommendations for animal health system strengthening. We have a lot to learn from the human health sector and are at a much earlier stage. We will be reaching out to the speakers for your advice and expertise. In the interests of One Health this audience may be interested in an event we are hosting tomorrow with Prof. David Heymann as a keynote speaker. Find out more and sign our call to action at www.actionforanimalhealth.org	Thanks - conversation to be continued, definitely
Measuring Impact: identifying aspirations of 'target communities' - agreeing on outcomes - tracking progress towards achievement of those outcomes ... is possibly one way of going about it. Requesting Comment from Panel, please.	Thanks – very good thoughts. It is indeed complex to measure 'impact', even it would be infeasible or unrealistic without engaging community/beneficiaries. The question is how do we engage them to take part in measuring HSS outcomes and then impact. Framework for community engagement, not merely in periodic meetings but understand the holistic 'community system' and linking to measuring HSS goals, has no alternative. I believe, there are locally generated evidence across LMIS, and in Nepal we have Health Facility Operation and Management Committees with participation of community reps. More evidence is of course needed. Thanks. There are some good examples on community engagement in tracking progress also from Thailand and the National Assembly concept. It would be good to know if these sorts of models have also been tried in other countries so do share any good examples.
Thanks to Jo for really interesting and important forward directions, and for emphasising political realities. In terms of those political realities, we're all very aware of huge FCDO cuts, including to lots	It is worth looking at the foreign secretary's responses in parliament on this and also the Integrated Review that has also been released. The FCDO HSS position paper will help identify

of health systems research as well as HSS programmes. How are you reprioritising and which of these areas can still be taken forwards?	priority areas that we will take moving forward from an HSS perspective.
How to take into consideration the complexity of HSS in complex health systems ; Dependence on initial conditions (Acute shortage of HRH, organisational capacity…) ? I think that more evaluation research focusing on mechanisms of change, embedded research are needed to guide the context relevant policies and HSS reforms …etc Very interesting presentations!! Greetings from Morocco	Good points and I fully agree - complexity has to be at the heart of how we study and work with HSS
'@Sophie/Sushil: Despite having some good evidence on what works where in terms of HSS, there seems to be general lack of intent to make use of the evidence which are already available. We see the same bottleneck repeating or persisting for several years. Where do you think the gaps are? Is the issue with how HSS researchers put out the message, for instance- in ways that do not get enough buy-ins? Is it that the evidence is too scattered and perhaps discouraging the policy makers/HSS implementers to use them? What do you see as the take-aways in terms of better usage of available data and evidence for HSS?	Maybe we need to communicate better about what works but also the need for all evidence to be contextualised (I think the latter part may be part of the reason why people feel we don't know much). What do you think? We also need to better at adjusting our core messages depending on the audience and understanding the political economy better – having one or two clear messages can often provide the hooks you need rather than presenting the breadth of the evidence. We need therefore to better at deciding what these are.
I find that in United States there is often lot of talk and forums about collaboration between health, energy and housing but in the end there is not lot of action between these sectors. The main reason for it that the people who actually do the work, the mid-level managers, are not included into those talks. Everything is directed toward leadership at very high level who have no idea how the programs can work together or what changes would have to be	I agree and think that is why the adaptive functions need to be embedded at all levels, not just leadership. We also need to make sure there is a common language that people from different sectors understand. We often don't spend enough time starting off where there is 'commonality' and starting from here.

implemented for sectors to work across the sectors and how much labor and administrative burden it requires. So that might be something for you to consider.	
Thank you very much for this webinar and interesting questions raised In « Building the Field of HPSR", by Dr Sheikh et al in PLoS Med in 2011 https://doi.org/10.1371/journal.pmed.1001073 appear the software dimensions in health systems. These software dimensions are essential for the functioning of health systems. However they very rarely appear in the HSS strategies and conceptual framework. If you agree with this, how do you think we could include these dimensions in HSS?	Some of these are in our proposed 'health system process goals', though maybe could be boosted - do say if you think they can be better expressed
What is the 'best' agreed with MoH partners & service providers assessment framework being used to assess institutional health system capacity currently? Please send links. Thanks.	I am not sure what institutional capacity is being referred to. There are frameworks for assessing health system performance – e.g. see a recent one for fragile states, produced by the UHC2030 group. WHO has harmonised some good tools to look at health facility performance that may be useful.
Most of the GLOBAL fund support are in combating HIV/AIDS, TB, HIV, MALARIA. Which are vertical program…however one of the speaker mentioned about drawaback of vertical disease control program rolled out at different levels…so, my query to Olga…	Yes, its true most of the funding is for HIV, TB and malaria but there is also funding for HSS. And the way that GF supports HIV, TB and malaria can also strengthen health systems, if it's done in a less vertical way -for example supporting HRH, labs, supply chains, quality of care, etc. in a way that benefits the health system and the 3 disease programs
[…]'s point about weakening HSS also points to potential importance of assessing health system effects for interventions that aren't explicitly HSS, to pick up on any unintended outcomes (eg effects of specific disease programmes on health worker capacity, policy coordination etc)	Agree - there are few system interventions which DON'T have some kinds of knock-on effects on other areas (intended and unintended), so we should be tracking those. Some organisations look at this using a 'do no harm' lens which can be helpful.

Great. Thank you!	n/a
With the 6BB, it's the synergies and interactions between investments/resourcing into BBs that compound to achieve the outcomes. They effect an impact together, are not effective when approached/supported in isolation.	Yes, we should be looking at packages in general and harmonising our efforts more. Strengthening collaboration and coordination is an important part of this.
What has happened to the Abuja Declaration? 19 years ago, African Countries vowed to spend 15% on Health https://bit.ly/31jltuC	Yes, interesting that its profile has sunk, though still gets referenced in national HF strategy documents, I think (but honoured more in the breach..) The Abuja target is mentioned in multiple resolutions – the problem there is no legal instrument to hold countries to account. This is being tracked and looked at e.g. WHO's health financing reports along with other financial markers including out of pocket expenditures on health. We need to continue to also ask the question of whether even limited amounts of funding are being spent wisely and on the right things to progress the achievement of UHC.
If we are talking about systems of systems, then health system really needs to start seriously collaborating with energy system and understand that energy access is prerequisite for most of the public health objectives. However, health sector seems to not be taking it as seriously as they should and I am not sure why. Maybe they think that everyone has adequate amount of energy or it does not affect their outcomes as much as it actually does. I don't see how the health system is going to be strengthened until it starts seriously working together with energy system	Thanks for this comment – good to share with group for wider reactions. A start would be to make sure we have a common language to discuss these issues across sectors. Do you know if this is happening? We also need to consider the political economy here – we need to acknowledge there will always be a competition for resources and we need to ensure that dialogues between sectors can see the joint 'win-wins'.
If during this pandemic, all countries have not learned we need to invest more in protecting health and in health system strengthening, I'm not sure what will? Advocacy and lobbying with government leaders and representatives is critical.	It is a continual battle, but yes, agree that the pandemic has really highlighted that this is critical – HSS including key public health functions and linked to whole-of-society approaches.

	But there is a shift with this latest pandemic. HSS has been mentioned more often than not so we need to use these opportunities and not give up!
I agree that political leadership around HSS is critical, as is solid national leadership and strategic planning for HSS. My sense is that a lack of the latter often makes it difficult for donors/partners to engage in a harmonised and effective way, especially where they have primarily narrow mandates and pressure to achieve specific programmatic results yet also deal in HSS. Strengthening leadership and planning functions for HSS to better guide donor/partner efforts would be a worthwhile investment. Keen to hear if this resonates with others.	Yup, that makes total sense. Requests for support often come in a siloed way too, reflecting lack of strong HSS team in Ministries, for example. So action is needed at all levels
We the 'HSS converted' need to make HSS more exciting for all the key stakeholders, governments, donors and service user populations.	Maybe that needs to be the theme of the next webinar - how to ignite fires for HSS? Please share your thoughts!
Supporting HSS at the country level can be done through a variety of funding mechanisms. Given FCDO's continued interest in HSS, their desire for multisector approaches, and trying to get your investments working together better - will we be seeing more FCDO aid being delivered through sector wide approaches?	There are pros and cons of sector wide approaches. A key focus for FCDO in the immediate term will be ensuring all our current investments work better to support national priorities and plans
Thanks for the great discussion. Harmonised and joined up working, evidence of what works and benefits (economic/developmental) of adopting a HSS approach communicated in a way that engages stakeholders at all levels are key.	n/a
Great. Thanks. As a health worker firstly, (nurse & midwife), MPH Liverpool! Is v different looking in at health systems 'from the outside'. And HWs need to be supported, trained and paid for health services to happen.	Absolutely, and this is a big part of our (ReBUILD) resilience framework, as well as being key to HSS
HSS outcome/impact evaluation seems herculean task in LMICs, and we mostly rely on the service indicator to relate with the inputs ..	Yes, but I think we can be more creative about how we use existing data sources for learning and HSS

[…] has a good point around a One Health approach, something we are looking at in terms of evaluating efforts to build AMR surveillance capacity under the UK gov Fleming Fund. Lots of gaps and cross learning, and interesting to look at it in terms of common outcomes.	Agree and important to ensure all of this is linked up.
Excellent Webinar! Would be great that if this chat be available to absorb this vast learning in addition to ppt and recording. Will this be continued as a collaborative learning platform for continued learning and unlearning of HSS concept, as this is so complex.	Yes, we will put this online, along with the presentation and recording. We will also be reflecting on priorities going forward. In the meantime, do please contribute to the Gates/ITAD initiative on HSS evaluation, if you are able.
Very thoughtful and engaging webinar. Thanks for this. Looking forward to more of this kind of interactions.	Thanks, we look forward to your engagement in future events

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