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Health Systems Strengthening Accelerator Concept Note

October 2018

This is an abridged version of a concept co-created by USAID, Results for Development, the Health Strategy and Delivery Foundation (HSDF), ICF and several other partners as part of USAID's Broad Agency Announcement process. The concept is still evolving, and we invite your feedback. We also humbly recognize that many others in the global health community have similar ambitions. We look forward to joining and complementing those efforts – and forming additional partnerships.

Overview

The Health Systems Strengthening Accelerator (the Accelerator) is a global initiative to improve how health systems strengthening is done locally and globally. The Accelerator will connect locally-driven health system innovation with global knowledge, improve the institutional architecture for evidence-based and sustainable health system strengthening (HSS), and accelerate countries' journeys to self-reliant health systems.

The Accelerator will support about 20 self-selected innovator countries to improve the way they strengthen their own health systems, with a focus on connecting local policy and implementation processes with global evidence and innovations,¹ institutionalizing increased capacity

in the process. Groups of innovator countries addressing similar vexing health system challenges will design and implement their own local approaches adapted from global evidence and lessons learned, sharing results and experiences with each other along the way to accelerate both their own progress and global know-how. All efforts will benefit from context-sensitive outreach and dialogue, expert coaching, on-demand knowledge translation services, and the generation of new evidence. Over five years, the Accelerator will systematically learn about how to build sustainable, country-led institutions for iterative HSS and innovative approaches to address common health systems challenges.

Results for Development (R4D) will lead the Accelerator with support from Health Strategy and Delivery Foundation (HSDF, headquartered in Nigeria), and ICF. Additional global, regional, and local partners will be selected in partnership with USAID/OHS and USAID Missions based on demand in particular countries.

Definition of HSS Architecture:

We define HSS "architecture" as the country institutions (including government and non-government organizations, laws, and regulations), functions and processes that together enable good policy design, stakeholder buy-in, and effective implementation of HSS over time.

The Health Systems Strengthening Accelerator at a Glance

Funding: Ceiling from USAID of \$200 million over five years (2018 – 2023), with additional co-funding potential from other funding partners.

Geographic Focus: Global, with potential activities in any country with a USAID mission and health system activities.

Topical Focus: Broadly focused on health systems strengthening, with specific challenge areas to be determined with country stakeholders.

Motivation for the Accelerator—A Need to Improve How Health System Strengthening is Done

Progress toward self-sustaining health systems remains slower than desired. Many countries inconsistently put known solutions into practice, fail to introduce coherent reforms and interventions across the health system, and do not effectively engage stakeholders to ensure relevance, coordination and buy-in. They also too rarely engage in continuous learning and improvement to ensure that interventions are working, and if so, that they stick and scale over time. Furthermore, direct provision of “fly-in/fly-out” technical assistance from outsiders that is not embedded in country processes does little to create sustainable local capacity to implement HSS solutions. Accelerating progress requires new approaches that address the following HSS challenges:

Root Cause Analysis and Knowledge Translation: Inadequate root cause diagnosis and systems-analysis hinders technical choices about the right integrated mix of interventions for the context. Global evidence about what works resides in numerous global knowledge aggregators and platforms (Box 1) but does not sufficiently inform local HSS due to hard-to-access information formats or lack of timely translation.

Motivation, Incentives and other Political Dynamics: HSS is too often considered a solely technical endeavor. Yet it is also an inherently political process requiring ownership and buy-in by numerous local stakeholders. Health systems may be stuck with mediocre

Box 1: Example HSS Knowledge Aggregators:

- African Collaborative for Health Financing Solutions (ACS)
- Center for Health Market Innovations (CHMI)
- Future Health Systems
- Health Data Collaborative
- Health Information Systems Strengthening Resource Center
- Health Systems Evidence (McMasters University)
- Health Systems Global
- Joint Learning Network for UHC (JLN)
- Primary Health Care Performance Initiative (PHCPI)
- RESYST
- Strategic Purchasing Africa Resource Center (SPARC)
- UHC2030
- WHO Alliance for Health Systems and Research
- WHO Global Learning Lab for Quality UHC

performance that serves the interests of some actors in the system, and others find change too difficult or risky.

Innovation and Adaptation: Existing evidence is only a starting point. Solving the same health system challenge in different contexts requires unique configurations, policies and institutional arrangements that are holistically fitted to the local context. Designing and implementing a successful intervention requires experimentation and iteration, including complementary actions elsewhere in the system.

Institutionalization and Sustainability: Health systems are complex adaptive systems: a reform in one part of the system may lead to new problems and opportunities for improvement in other areas. Country-level institutions and processes are inadequately focused on continuous

improvement and scaling, with still too much reliance on external assistance to fill gaps. The Accelerator aims to support USAID partner countries to address specific system issues and the architecture needed for self-sustained problem solving.

The Accelerator Approach

Inspired by technology accelerators that support groups of innovators working on similar approaches, the HSS Accelerator will support countries to address specific health system issues while institutionalizing country-driven processes for the selection, rapid testing and purposeful scale-up of health system strengthening interventions. Country Acceleration Teams, comprised of multiple stakeholder groups across key government functions and from private sector and civil society, will engage in multi-functional, problem-driven root cause analysis around key health systems challenges followed by selection and rapid testing of evidence-based solutions, with attention toward institutional innovations.

The Accelerator will also introduce two innovative resources to guide stakeholders through complex HSS pathways and to insert existing global knowledge into local solution design. A Coaching Network, developed in collaboration with ongoing global programs, such as USAID's African Collaborative for Health Financing Solutions (ACS) and the Strategic Purchasing for Africa Resource Center (SPARC) project which is funded by the Bill & Melinda Gates Foundation, will deploy coaches that provide strategic guidance, skill development, process facilitation, and limited direct technical assistance to the local Country Acceleration Team with the goal of building capacity toward self-guided implementation. A Knowledge Translation Service will produce tailored syntheses of evidence, innovative ideas tried elsewhere, frameworks and tools to adapt and contextualize approaches, and in-person connections with international peers and experts to support local leaders to develop a robust set of solutions to consider, adapt, and adopt.

Using country-driven processes and coaching and translation resources, the Accelerator will support individual countries and multi-country collaboratives to create innovative approaches to vexing health systems challenges, aimed at addressing multiple dimensions of the challenge (e.g., a financing innovation could be paired with HR and IT interventions). Multi-country collaboratives, influenced by successful models such as the Joint Learning Network for Universal Health Coverage and the Meso-American Health Initiative, will enable countries working on similar issues to conduct their own local HSS process while also engaging in peer learning (and friendly competition).

Finally, the Accelerator will introduce innovative methods of global learning designed to extract lessons about how to strengthen institutions for HSS and apply innovative approaches to key health systems challenges. These lessons will coordinate with and feed into USAID's new Integrated Health Systems IDIQ activities and into global health knowledge aggregators.

Health System Challenges and Expected Results

The Accelerator will generate innovations to address myriad challenges, from major policy reforms that restructure an entire health system to more discrete implementation-oriented challenges, and from national to community level issues.

The HSS issues and unit of engagement (country, state, district, community) should be determined through the country engagement process. We will likely focus on: 1) issues that require multiple systems functions to act in concert, 2) issues that benefit from reformed institutional structures and processes at the system, district or community level, and 3) issues where there is less consensus around best practices.

Expected Results:

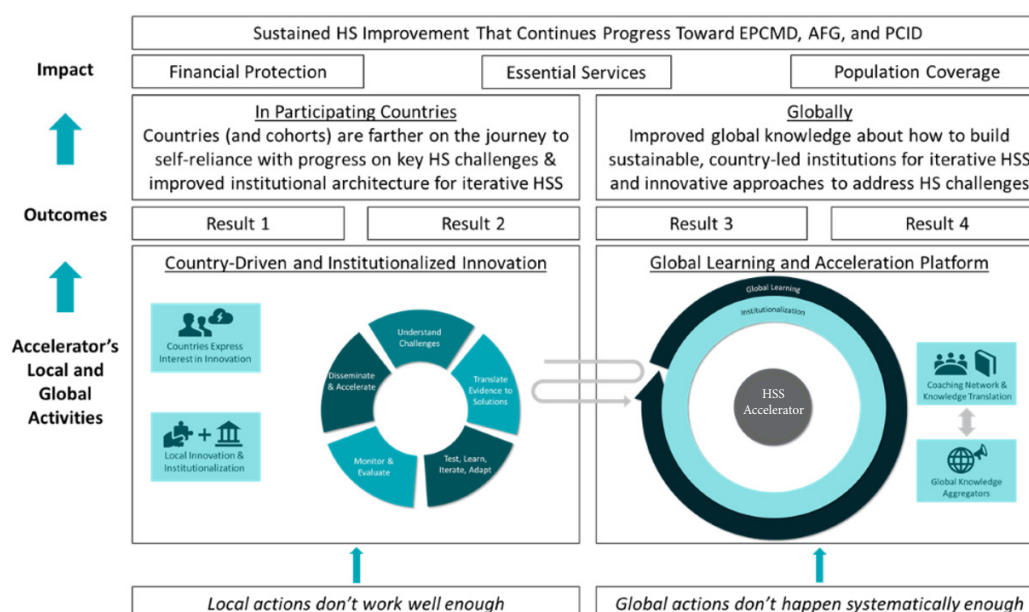
Result 1: Strengthened local institutional architecture for evidence-based HSS design and implementation in about 20 participating countries.

Result 2: Improved quality of design and implementation of health system strengthening interventions around key themes in approximately 20 countries.

Result 3: Accelerated progress toward HHS in several peer country groups (with approximately two to five countries per group).

Result 4: Existing global knowledge in use in partner countries and new global public goods (knowledge products, tools, etc.) are created, disseminated, and adopted by global partners—including a “HSS Maturity Model” produced, refined, and in use by participating countries.

Preliminary Results Framework



The Accelerator's Four Main Functions and Roles

The Accelerator will develop and perform four mutually reinforcing functions (via several roles described on the next page):

1. *Country engagement (via Ambassadors)*: engage countries to self-identify needs for HSS innovation and launch multi-stakeholder "Country Acceleration Teams" to tackle them;
2. *Coaching (via Coaches)*: build a network of local, regional and, when necessary, global coaches who work with Country Acceleration Teams in individual countries and/or with multi-country cohorts on HSS approaches, building domestic HSS capacity in the process;
3. *Knowledge translation (via Translators)*: provide tailored, practical, timely and on-demand information through a "Knowledge Translation Service," ensuring that global evidence informs local teams' decisions; and
4. *Evidence generation and adaptive learning (via Analysts)*: collaborate with Country Acceleration Teams to generate evidence to inform the design, implementation, and/or scale up of health system improvements, focusing on rapid feedback throughout country engagements so that teams learn and adapt iteratively; capture lessons from each of these engagements; and synthesize learnings across countries.

While performing these functions in partnership with global, regional, and local partners, the Accelerator will develop and test new approaches for strengthening the country institutions, functions and processes (together, the HSS "architecture") that enable good policy design, stakeholder buy-in, and effective implementation. Institutional innovation is a crucial foundation for countries on the journey to self-reliance. The Accelerator will work with countries to leverage adaptive learning, implementation research, and monitoring and evaluation strategies to assess effectiveness and continually generate data for the next generation of HSS interventions. The new knowledge generated by this platform about how to build and sustain such institutions will be one of its contributions to global public goods.

HSS Architecture Maturity Model

The Accelerator will also explore a potential paradigm-changing approach to health system strengthening—one that questions not just what the levers are for better health system performance today, but what is the institutional “architecture” that countries need to sustain their own ongoing, evidence-based health system strengthening into the future.

In year one, the Accelerator’s evidence generation team will seek guidance from globally-recognized national change agents who have led successful health systems reforms and those who study and advise them, including an Expert Advisory Panel. This group will review the latest thinking on institutional design. We will also study related country-level capacity building efforts and draw from case studies of successful HSS experiences and interdisciplinary thinking from both inside and outside the health sector.

In reviewing this literature and considering these approaches, we will focus on what architecture countries need to continually address and solve HSS challenges, which we define as:

- Functions that are needed, such as: data and root-cause analysis, routine processes for assessing global evidence and innovations from other contexts, stakeholder visioning and collaborative solution-selection, routine implementation research including rapid testing of options, scale-up planning and execution, and routine monitoring;
- Institutional roles and responsibilities, including which institutions should play which roles, how they relate to each other (functionally and in terms of accountability), what capacities they need for their role, governance and accountability mechanisms and proper authorizing environments;
- Change management, including strategic communication for stakeholder buy-in;
- Strengthening capacity, information systems and processes to carry out functions; and
- Institutional learning and maturing approaches.

Countries may require a similar set of functions and processes, but where these functions and processes are housed and how they are implemented will vary depending on the country-context and the HSS issue to be addressed. We will study different models for which functions are housed within government, quasi-government institutions, and academic institutions, or purchased from NGOs or private consultants, as well as whether functions can be regional rather than national.

This analysis will generate an HSS Architecture Maturity Model to guide country actions

and assess their progress on institutionalization. Maturity models provide a continuum to monitor progress towards outcomes when quantification is challenging. We will refine the framework and maturity model throughout the project as we learn.

Country engagements will offer the opportunity to test ideas about institutionalization. The preliminary framework will shape these engagements (especially larger, multi-year ones) to build enduring problem-solving architecture while addressing a specific health systems challenge. We will embed key functions in local institutions, with consortium partners playing coaching roles and bolstering local capacities. Fully institutionalizing all processes will take some time, but countries will be able to measurably improve functionality long before full “maturity” in terms of self-reliance. The maturity model will enable monitoring of progress and accountability for development of sustainable institutional structures.

For More Information

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