

Better Health Systems Strategies that Work

Exploring the impact of Health Systems 20/20 worldwide

Learning from Implementing the Health Systems Assessment Approach

WHAT IS THE HEALTH SYSTEMS ASSESSMENT APPROACH?

An important early step in strengthening a health system should be developing an overall picture of its particular strengths and weaknesses. Which components work well, which ones don't function as expected, and what types of interventions would improve health outcomes and the provision of quality, affordable health services?

USAID's Health Systems Assessment Approach (HSAA) has been widely used in the developing world to diagnose health systems performance and capture system-wide information to better inform health sector planning. The HSAA looks at the *entire* health system, including governance, health financing, health services delivery, human resources, pharmaceutical management, and health information systems – plus the private sector, which is an important yet often overlooked part of a health system.

HOW DOES THE HSAA COMPARE TO OTHER ASSESSMENT TOOLS?

An assessment scope can be broad or narrow, and it can be done at different points in a decision-making process. There are various health system assessment and analysis tools (figure 1), such as Marginal Budgeting for Bottlenecks or the National Health Accounts methodology, that focus on a particular aspect, such as resource allocation or tracking, respectively.



“*The Health Systems Assessment is a very, very important survey for the type of work I do. The HSA gives you a full picture of the situation on the ground, which I found very useful as I advised the Minister on how to decentralize primary health care. Take the case of pharmaceuticals. The HSA clearly gives you a picture of the problems and issues so as you prepare to transfer responsibility from the central government to local authorities, you don't move the problems with you.*”

**Mpopo Tsoele, Decentralization Advisor
Ministry of Health and Social Welfare, Lesotho**

By comparison, the HSAA (figure 2) produces a profile and analysis of the whole system which can serve as an input for the prioritization of health system strengthening solutions. Some of these other tools, such as the Lives Saved Tool (LiST), are designed to identify priority solutions using pre-set models. Because of its broader scope, the HSAA considers the interactions among the different components of a health system to develop cross-cutting recommendations.

FIGURE 1: DIFFERENT TOOLS/METHODS: RANGE OF SCOPE AND STEP IN THE DECISION-MAKING PROCESS

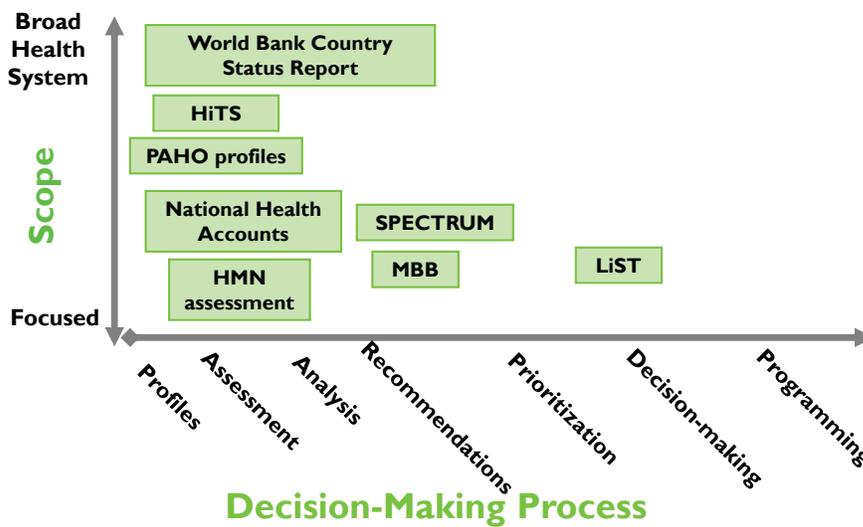
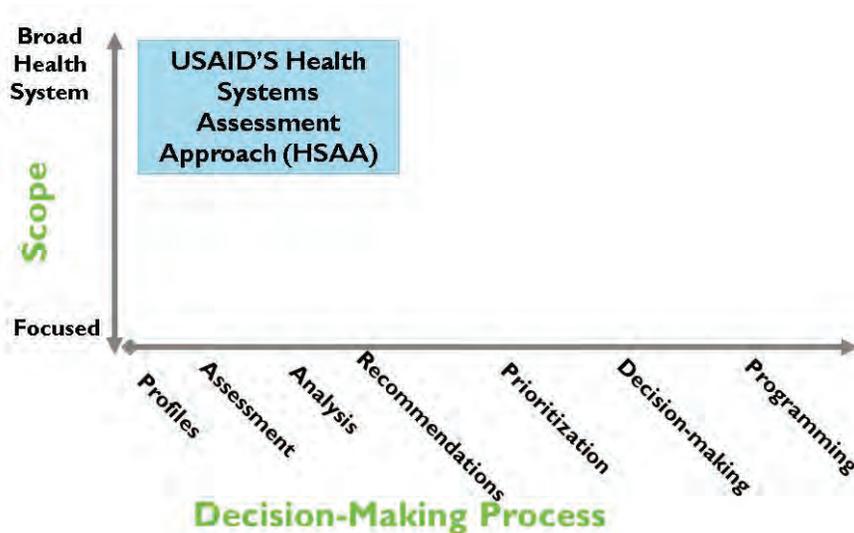


FIGURE 2: HEALTH SYSTEMS ASSESSMENT APPROACH



HOW DOES THE HSAA WORK?

The HSAA was originally designed to enable USAID missions to assess a country's health system, possibly during early phases of program development, to prioritize key weakness areas and identify potential interventions to support. The methodology calls for the results to be shared with ministries of health and other stakeholders to review and vet the findings and then identify priority issues and potential solutions.

The Health Systems Assessment Approach: A How-to Manual presents a methodology for analyzing system performance according to an internationally recognized framework and indicators. Because the HSAA has typically been used for a rapid assessment (less than three months) the HSA team does not collect any primary quantitative data. Rather, the assessment is carried out by first reviewing available literature and statistics, then interviewing key informants, conducting field visits to a sample of health facilities, analyzing the data to develop findings and recommendations, and validating the findings with stakeholders. The key steps in the HSAA process are shown in Figure 3.

FIGURE 3: STEPS IN THE HEALTH SYSTEMS ASSESSMENT APPROACH



The HSAA identifies cross-cutting health system constraints, such as limited capacity to produce evidence-based policies or the lack of an effective system to improve quality while also considering the influence of provider payment mechanisms, professional associations, and health information systems. It highlights opportunities the government, USAID, international partners, and other key stakeholders may pursue to strengthen the health system and, ultimately, improve health outcomes. Findings and recommendations have contributed to USAID sector strategies, national strategic plans, PEPFAR Partnership Frameworks, policy changes, Global Fund grant proposals, and other health system strengthening activities.

As demand for the HSAA expanded beyond USAID country missions, Health Systems 20/20 has incorporated feedback from USAID and its partners¹ to update and revise the HSAA to better respond to the needs of ministries of health and other stakeholders. For instance, the manual now reflects the latest thinking on information systems and pharmaceuticals, has more tips for private sector analysis, includes more detailed guidance on the logistics of organizing an HSA, and offers best practices for qualitative data collection and analysis. An updated version of the HSAA manual was released in early 2012 (www.healthsystemassessment.org.)

THE HSAA'S IMPACT ON HEALTH SYSTEMS

Partners for Health Reform *plus* (PHR *plus*) designed and piloted the first HSAs between 2005 and 2006 in Angola, Azerbaijan, and Benin. More than 30 HSAs have been done in Asia, Africa, Europe, the Caribbean, and South America. With each HSA, we have steadily improved the instrument and built the capacity of our partners to use the findings to boost system performance and sustainability.

In 2008, the HSA in **Senegal** assessed the implementation of the 10-year national health strategy, and also provided input to the country's new 10-year strategic plan (2009-2018). This new plan incorporated nearly all of the major HSA recommendations (see Table I), many of which the Ministry of Health is implementing. For instance, the Ministry created a Department of Planning, Research, and Monitoring and Evaluation. In addition, a social insurance system based on community-based health insurance is being implemented as is a performance-based financing system to link incentives and performance.

TABLE I. HSA RECOMMENDATIONS BEING IMPLEMENTED IN SENEGAL

HSA Recommendation	Senegal Action Taken
Improve technical coordination at the Ministry of Health (MOH) and strengthen the planning unit.	Created Department of Planning, Research, Monitoring and Evaluation at the Ministry of Health (MOH).
Devise strategies to relieve human resource shortages.	Changed the health system at the peripheral level so that health district coordinators do not also head district health centers. Separate district health offices from the health centers.
Strengthen regional health districts.	Changed the design of the health system at the intermediate level by transforming the regional health offices to regional departments of health with more powers on human resources management, financial management and service delivery.
Improve planning around health insurance.	Drafted a law to enable the pooling of funds for free care services and health insurance.

¹ Health Metrics Network, Maternal and Child Health Integrated Program (MCHIP), Measure Evaluation Project, Strengthening Health Outcomes through the Private Sector (SHOPS), Strengthening Pharmaceutical Systems (SPS) Project, Centers for Disease Control and Prevention, Health Resources and Services Administration, and others.

In **Saint Lucia**, a new national hospital is being built with grant funding from the European Commission (EC). The 2011 HSA findings raised important concerns about the costs of operating this new hospital and how it would affect the rest of the health system. In particular, the findings highlighted the urgent need for detailed cost data to make informed funding decisions regarding the new hospital in the short-term and seek efficiencies within the entire health system over the long run. Within six months, the Ministry of Health completed the costing of current hospital services to inform cost projections at the new hospital. The EC was encouraged by the Ministry's leadership during the HSA process and use of the findings. As a result, the EC allocated an additional EC\$20 million from its headquarters in Brussels to assist with completing and equipping the new national hospital.

BUILDING CAPACITY TO IMPLEMENT THE HSA

Capacity building of in-country partners has emerged as a critical part of adapting the HSA to better meet country needs and facilitate the use of its results. In **Vietnam**, the HSA was a powerful vehicle for expanding the effectiveness of the Health Strategy and Policy Institute (HSPI), a semi-autonomous organization under the Ministry of Health, to conduct research to inform health policy development, including legislation.

In 2008, Health Systems 20/20 partnered with HSPI to develop its capacity to conduct HSAs. Several assessments of Vietnam's health system at the national level had been conducted, but the information proved too broad for use at the provincial level. HSPI tested the HSA in two provinces to collect provincial-level data detailed enough to inform specific program planning, such as improving HIV/AIDS services at the local level. With support, a Vietnamese team conducted the HSAs, including data analysis, interpretation of findings, and report writing. The provinces used the findings to improve the quality and use of routine health data. Since then, HSPI has conducted HSAs in six more provinces and written a proposal to conduct HSAs in an additional 16 provinces. HSPI is now fully capable of conducting an HSA without assistance and using the evidence to inform policy development.

We have seen repeatedly that engaging stakeholders throughout the HSA process is critical to the accuracy and completeness of the assessment itself, and to the likelihood that stakeholders will "buy into" the assessment findings and that the findings will lead to real changes in the health system. To complement the manual, Health Systems 20/20 wrote and published the *Engaging Stakeholders in Health Systems Assessments: A Guide for HSA Teams*. This guide explains how HSA teams can actively involve a wide range of health system stakeholders – government, nongovernmental and civil society groups, researchers and academia, and the private sector – throughout the assessment.

LEARNING FROM DOING HSAs

Drawing on Health Systems 20/20's experience from conducting HSAs in many countries (see Table 2) and building the capacity of local organizations, we would like to offer four suggestions to make the HSAA as effective as possible.

- 1. Intensive support of local organizations is needed to implement the HSAA.** Not all efforts to build local capacity were as successful as HSPI. Implementation by a regional or local institution requires consistent training, dialogue, and mentoring, particularly in qualitative data collection and analysis. Transferring the HSAA methodology is a long-term process. Ongoing strengthening of regional institutions is needed to increase their understanding of the need for broad knowledge of the health system, to build significant expertise in qualitative data collection and analysis, and to strengthen management capacity to blend all of the inputs into a high quality report.
- 2. Engage stakeholders, especially ministry of health staff, at every phase to enhance ownership of the recommendations.** The full participation of ministry of health staff and other important stakeholders, who understand how the health system works in their country, is important for identifying and collecting the right documents and setting up interviews with the right people. Having stakeholders attend the interviews allows them to hear firsthand about health system problems. They can help the HSA team ensure that the most appropriate questions are being asked and the correct language is being used, leading to the most targeted responses.
- 3. Include the private sector's role and contributions to ensure the HSA provides an accurate perspective of the entire health system.** The private sector is a main point of service delivery in many developing countries, even among individuals from the poorest regions within a country. Harnessing the private sector can help relieve public sector constraints, and result in an expanded health workforce and service delivery infrastructure, increased responsiveness to consumer preferences, and more creative policy making.
- 4. In the dynamic field of health system strengthening, this tool will continue to evolve.** To better meet the needs of in-country partners and governments in the future, the HSAA should be further revised to become more user-friendly, more objective, and less reliant on qualitative information.

TABLE 2: OVERVIEW OF HSAs CONDUCTED BETWEEN 2005 AND 2011

Country	Year	Primary Audience	Application	Innovations
Angola	2005	USAID	Design of integrated health programs	Pilot (PHRplus)
Benin	2006	Ministry of Health (MOH)	New national health strategy	Pilot (PHRplus)
S. Sudan	2007	MOH	GAVI health systems strengthening (HSS) proposal	
Namibia	2008	Ministry of Health and Social Services	<ul style="list-style-type: none"> National Health sector review Global Fund proposal 	
Nigeria	2008	<ul style="list-style-type: none"> Federal Ministry of Health State Ministries of Health USAID/Nigeria 	Health systems strengthening planning	Subnational assessment of 32 states and the Federal Capital Territory
Senegal	2008	MOH	New national health strategy	
		USAID	Health systems strengthening planning	
Vietnam	2009	PEPFAR & MOH	Partnership Framework Implementation Plan	<ul style="list-style-type: none"> Subnational assessment of eight provinces Built HSA capacity within a
			Developing a baseline for monitoring health systems strengthening	
Cote d'Ivoire	2009	PEPFAR	<ul style="list-style-type: none"> New national health strategy Health policy reviews 	Technical work was conducted by national working groups and built local capacity.
Lesotho	2010	USAID	Health sector planning	<ul style="list-style-type: none"> Primary quantitative data collection Built MOH HSA capacity
		Ministry of Health and Social Welfare	Health systems strengthening planning	
Zimbabwe	2010	MOH	National Investment Plan	Primary quantitative data collection
		PEPFAR	Country Operational Plan	
Angola	2010	MOH	<ul style="list-style-type: none"> New national health strategy New district health strategy 	
Kenya	2010	Ministry of Medical Services and Ministry of Public Health and Sanitation	<ul style="list-style-type: none"> Health policy reviews Health sector planning Health systems strengthening planning 	Extensive stakeholder engagement, including Ministry ownership and leadership
Guyana	2010	MOH USAID	<ul style="list-style-type: none"> New health sector strategy Health systems strengthening planning 	<ul style="list-style-type: none"> Built MOH HSA capacity Tested formal stakeholder engagement methodology
Tanzania	2010	MOH, USAID, other donors	<ul style="list-style-type: none"> Health sector planning Health financing review 	Emphasis on local stakeholder engagement in the process.
Ukraine	2011	MOH	<ul style="list-style-type: none"> MOH health reform agenda HIV, TB, and family planning programming 	Drafted Cabinet Memo to inform health policy reform
		USAID, PEPFAR	Partnership Framework development	
Uganda	2011	MOH, USAID	Providing a baseline for measuring progress against recently launched national health strategy	Build capacity of regional research institution in HSA methodology

TABLE 1: OVERVIEW OF HSAs CONDUCTED BETWEEN 2005 AND 2011 CONT...

Mozambique	2011	MOH, USAID	Inform planning for new national health strategy	
Ethiopia	2011	MOH, USAID	Inform implementation of current national health strategy	<ul style="list-style-type: none"> • Built capacity of regional research institution in HSA methodology • Additional module on private sector
St. Kitts and Nevis	2011	MOH, USAID	<ul style="list-style-type: none"> • Support implementation of the US-Caribbean Regional HIV and AIDS Partnership Framework • Support MOH health sector planning 	Additional module on private sector
Antigua	2011	MOH, USAID		
St. Vincent and the Grenadines	2011	MOH, USAID		
Grenada	2011	MOH, USAID		
Dominica	2011	MOH, USAID		
St. Lucia	2011	MOH, USAID		
Benin	2011	MOH, USAID	Inform health sector planning	Build capacity of regional research institution in HSA methodology

Looking Ahead

At this time of global economic uncertainty, health systems should be even more efficient and, increasingly, are asked to provide more services with fewer resources. To meet these challenges and build sustainability, Health Systems 20/20 collaborates with our partners to assess their health system, identify its strengths and weaknesses, and then choose the most effective strategies and tools to build a more effective health care delivery system.

We recognize that each country's story is unique. Our staff combines expertise and flexibility to craft solutions that strengthen individual health systems and eliminate barriers to the use of priority health services, such as for HIV/AIDS, tuberculosis, reproductive health, and maternal and child health care.

Strengthening health systems is a process, not an outcome. Since 2006, Health Systems 20/20 has worked in more than 50 countries to cultivate and grow the next generation of health leaders. While each country will progress at its own pace, depending on its health care needs, resources, and leadership, our goal remains the same everywhere – healthier men, women, and children.

About the Better Health Systems: Strategies that Work Series

The Better Health Systems briefs explore Health Systems' 20/20 strategies and tools, why they work, and how they contribute to better health systems. Collectively, the series will distill valuable lessons learned in an effort to share the project's wisdom with our partners and colleagues. For more information, please visit www.healthsystems2020.org.

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About Health Systems 20/20

Health Systems 20/20 is USAID's flagship project for strengthening health systems worldwide. By supporting countries to improve their health financing, governance, operations, and institutional capacities, Health Systems 20/20 helps eliminate barriers to the delivery and use of priority health care, such as HIV/AIDS services, tuberculosis treatment, reproductive health services, and maternal and child health care.

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