



**USAID**  
FROM THE AMERICAN PEOPLE

# USAID'S VISION FOR HEALTH SYSTEMS STRENGTHENING



2015–2019



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## MESSAGE FROM THE ACTING ADMINISTRATOR

In every part of the world, communities depend on health systems. Strong health systems prevent, detect, and respond to deadly diseases, thereby preventing outbreaks from becoming epidemics, promote the well-being of people, and save lives. But when health systems break down, as we saw during the tragic Ebola epidemic in West Africa, their failure threatens global security and pushes more people into the depths of extreme poverty.

That is why the U.S. Agency for International Development (USAID) is committed to strengthening health systems across the globe and working to ensure quality, affordable health services for people everywhere. In support of that commitment, I am pleased to share *USAID's Vision for Health Systems Strengthening*. Building on the tremendous progress that has been made in global health over the past 20 years, this Vision guides USAID's efforts to end preventable child and maternal deaths, achieve an AIDS-free generation, and protect communities from infectious diseases. The Vision targets our efforts and resources toward proven, cost-effective interventions that help raise communities and countries from poverty to prosperity. This includes strong support for President Barack Obama's Global Health Security Agenda, recognizing the United States and the global community simply cannot effectively address the threats posed by global infectious disease without high-performing health systems.

As we continue our work to end extreme poverty and promote resilient, democratic societies, global health must remain a key priority. Thanks to strong bipartisan leadership, the United States has dedicated more than \$50 billion over the past 5 years to achieving, along with our partners, impressive global health strides that have improved and saved the lives of millions of people around the world. But, more work needs to be done to sustain and strengthen these gains. Sadly, every year, an estimated 100 million more people are pushed into poverty because of catastrophic health expenditures. *USAID's Vision for Health Systems Strengthening* puts us on a path to protect the most vulnerable among us through health systems that save lives and guarantee access, quality, and dignity for all.

Alfonso E. Lenhardt  
USAID Acting Administrator  
September 2015

## ACRONYMS

<b>DHS</b>	Demographic and Health Surveys
<b>EPCMD</b>	Ending Preventable Child and Maternal Deaths
<b>GH</b>	USAID Bureau for Global Health
<b>GHSA</b>	Global Health Security Agenda
<b>HIS</b>	Health Information Systems
<b>HSS</b>	Health Systems Strengthening
<b>LMICs</b>	Low- and Middle-Income Countries
<b>NHA</b>	National Health Accounts
<b>PCID</b>	Protecting Communities from Infectious Diseases
<b>PEPFAR</b>	U.S. President's Emergency Plan for AIDS Relief
<b>SBA</b>	Skilled Birth Attendance
<b>SHA</b>	System of Health Accounts
<b>UHC</b>	Universal Health Coverage
<b>USAID</b>	U.S. Agency for International Development
<b>WHO</b>	World Health Organization



2009 JESSICA ALDERMAN | PHOTOSHARE

## EXECUTIVE SUMMARY

**H**ealth Systems Strengthening (HSS) has been at the core of the U.S. Agency for International Development's (USAID's) mission in health for the last 20 years. Governments and donors acknowledge USAID as a valued partner in HSS because of our contributions of critical resources, technical expertise, leadership, and in-country presence. Many actors – development partners, non-governmental organizations, other civil society organizations, and public-private partnerships – increasingly are targeting their substantial resources to HSS. USAID must continue to adapt to today's rapidly changing environment to meet HSS needs. Traditionally, USAID's HSS efforts have been incorporated into our specific disease programs for such health challenges as HIV and AIDs, tuberculosis, and malaria. To elevate this work, USAID now issues this, our first-ever HSS vision statement – *USAID's Vision for Health Systems Strengthening* (hereafter referred to as the Vision) – for focusing all USAID's HSS work to achieve four strategic outcomes: financial protection, essential services, population coverage, and responsiveness. With this new Vision, USAID focuses its approach to spearhead concrete, integrated programs and projects for HSS that will help the Agency meet its goals for ending preventable child and maternal deaths (EPCMD), achieving an AIDS-free generation, and protecting communities from infectious diseases (PCID), including the Global Health Security Agenda (GHSA). The GHSA is a multi-sector, international initiative, designed to accelerate action and help build health system capacity to prevent, detect, and respond to infectious diseases. USAID is part of the U.S. Government interagency team for GHSA, and USAID's goal of PCID and HSS efforts contribute to achievement of GHSA objectives.

USAID's previous HSS work has contributed to dramatic improvements in health outcomes around the world. For example, from 1990 to 2013, the total number of child deaths fell by 48 percent from 12.6 million to 6.3 million. In the last 20 years, nearly 100 million children's lives have been spared, and the rate at which child mortality is declining continues to

accelerate. Between 2000 and 2013, the number of pneumonia and diarrhea deaths in children under 5 declined by 44 percent and 54 percent, respectively. The total number of maternal deaths decreased globally by 45 percent from 523,000 in 1990 to 289,000 in 2013. HSS has been a key component in achieving these positive health outcomes, and this Vision will guide USAID to contribute to sustaining and expanding these hard-won results. The USAID Vision answers the following questions:

### Strengthening Health Systems

*What is a health system? What does it mean to strengthen a health system? What constitutes good health system performance?*

A health system is defined as consisting of all people, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health. Strengthening a health system means initiating activities in the six internationally accepted core HSS functions – human resources for health; health finance; health governance; health information; medical products, vaccines, and technologies; and service delivery. A well-performing health system is one that achieves sustained health outcomes through continuous improvement of these six inter-related HSS functions.

### HSS Is a Good Investment

*Why does USAID invest in strengthening health systems? What is USAID's Vision in HSS? What are the strategic outcomes of USAID's HSS work?*

USAID invests in HSS to guarantee the sustainability of the life-saving impact of all our global health programs, including our investments toward EPCMD, achieving an AIDS-free generation, and PCID. Our overarching vision is to achieve four strategic outcomes that together improve financial protection and access to high-quality services that reach underserved,

marginalized, and high-priority groups. This Vision's four strategic outcomes are: (1) financial protection, so the cost of essential health services permits people to use necessary services without impoverishing them; (2) essential services, so the package of high-quality prevention, promotion, treatment, and care services are available to all; (3) population coverage, so those who are poor and underserved have the same access to essential health services as other people; and (4) responsiveness, so quality health services are delivered in a timely and confidential manner that ensures dignity and respect for each client.

### Programming HSS More Effectively

*What are USAID's technical focus areas in HSS? What is USAID's comparative advantage in strengthening developing country health systems? How does the Agency work in the core health systems functions? How can USAID missions use the Vision to design country-specific programs?*

USAID's primary HSS technical focus areas mirror the six aforementioned health functions: human resources for health; health finance; health governance; health information; medical products, vaccines, and technology; and service delivery. USAID's comparative advantage in HSS stems from a unique combination of assets that include: cross-sectoral integration, internal staff capacity, expert implementing partners, local solutions, implementation science culture, and strong private sector engagement. For each of the six functions, the Vision

identifies three specific priority objectives to solve those juggernaut barriers that Agency experience and evidence-based research have shown impede the achievement of the four overarching strategic outcomes. Combining EPCMD and AIDS-Free Generation priority countries, 41 HSS priority countries are identified, and evidence-based interventions, such as health insurance programs and human resources task-sharing/shifting, are identified for missions to adapt to their country context.

### Measuring Progress

*What are USAID's principal indicators for HSS strategic outcomes? What are USAID's illustrative indicators for the priority objectives for each of the six health systems functions?*

Indicators for the four strategic outcomes include: reducing out-of-pocket expenditures as a percentage of total health expenditures; advancing the development stage of a country's essential health services package; ensuring equity in access to skilled birth attendance; and improving client satisfaction with health services measured through available survey instruments. Illustrative indicators for the specific priority objectives range from increasing the total number of health care workers relative to the population in each priority country to increasing the median availability of essential generic medicines in public facilities.



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# I. INTRODUCTION

Investing now to strengthen health systems is a strategic imperative. A strong health system is the best insurance developing countries can have against a disease burden that is shifting rapidly and in unpredictable ways.<sup>1</sup> Evidence of this is apparent in West Africa where the worst Ebola outbreak in history led the United States to mount one of the largest ever and most complex responses to any global health crisis. This is more than a tragic story of the unyielding spread of a deadly virus; it tells of the breakdown of health systems – inadequate facilities, staff, and investments – in already fragile environments. Health systems limitations like these are binding constraints to further progress in global health.

*Health system: all people, institutions, resources, and activities whose primary purpose is to promote, restore, and/or maintain health.*

community levels. It is an Agency-wide vision that outlines the approaches, outcomes, and drivers for targeted, country-based programming that will result in sustainable health systems performance. Under *USAID's Global Health Strategic Framework – Better Health for Development* (2012–2016), HSS is identified as a priority cross-cutting area along with the other USAID Bureau for Global Health (GH) technical priority areas of saving mothers; improving child survival; fostering an AIDS-free generation; fighting infectious diseases, including malaria, tuberculosis, and neglected tropical diseases; combating emerging pandemic threats; and focusing on family planning and reproductive health.

*USAID's Vision for Health Systems Strengthening* presents an integrated, comprehensive, and holistic approach to improve health systems at the country level, including national, sub-national (province and district), and community

This Vision is designed to meet the *Global Health Strategic Framework* commitment to take deliberate steps to integrate HSS into all USAID work on global health. HSS is an essential ingredient for achieving the goals of *Ending Preventable Maternal Mortality – USAID Maternal Health Vision for Action* (June 2014), *USAID Multi-Sectoral Nutrition Strategy* (2014–2025), and the country plans announced in USAID's *Acting on the Call – Ending Preventable Child and Maternal Deaths* (June 2014), as well as the U.S. *President's Emergency Plan for AIDS Relief (PEPFAR) Blueprint – Creating an AIDS-Free Generation* (2012). This Vision is aligned with the President's GHSA and GH's PCID initiative.

HSS is a foundational and integral part of EPCMD and achieving an AIDS-free generation as well as PCID. Meeting these goals will require high-performing health systems – ones that provide financial protection; ensure coverage of quality essential services (the term “services” encompasses medical products, vaccines, and technologies); reach all people; and are responsive to their needs and preferences. We have a unique opportunity to develop a compelling strategic approach to partner with developing countries to strengthen their health systems. What makes this moment unique is a confluence of factors. Rapid economic growth enables a growing number of developing countries to finance essential services for their people with their own resources. In the process to formulate the post-2015 development agenda, many countries have acknowledged the importance of strong health systems to achieve health impact. Many are also seeking to end their dependence on development assistance and to achieve progress toward universal health coverage (see Box 1).<sup>2</sup> Technological advances also enable developing countries

*This Vision is designed to meet the Global Health Strategic Framework commitment to take deliberate steps to integrate HSS into all USAID work on global health.*

*USAID advocates for HSS investments that push each country toward UHC.*

## Box 1: UNIVERSAL HEALTH COVERAGE

USAID investments in HSS help to create an environment for universal health coverage (UHC). UHC is defined as a condition where all the people who need health services receive them without financial hardship. UHC implies equity of access for all, including those living in poverty and unable to pay out-of-pocket costs or make payments to prepaid or pooled health insurance arrangements. UHC is critical for the extremely poor, who typically forgo even essential health services. Under-utilization of essential services by the poor leads to an ongoing cycle of poverty, as people who are sick and vulnerable are unable to participate in the labor market. To stop this cycle of poverty, USAID advocates for HSS investments that push each country toward UHC.

USAID/Rwanda's innovative program on UHC illustrates how coverage for all can be expanded, including to the extremely poor. Rwanda introduced community-based health insurance, reaching 94 percent of the population. USAID worked side-by-side with the Ministry of Health to design an insurance scheme to enhance equity of access. The poorest Rwandans, about 25 percent of the population, do not pay for insurance and are not charged for health services at public facilities. Other income groups pay an annual membership fee based on household financial status and 10 percent of care costs at health facilities. Ninety percent of Rwandans eligible for insurance have been enrolled. Household membership fees and payments for services generate 65 percent of the system's revenue. In addition to the household membership fees, the Rwandan government and private insurance companies fund the remaining costs.

to leverage information and communications technology to enhance their health systems.

## USAID'S OVERARCHING GOAL FOR HSS

USAID partners with countries to provide sustained, equitable access to essential, high-quality health services responsive to people's needs without financial hardship, thereby protecting poor and underserved people from illness, death, and extreme poverty.

USAID invests in HSS to promote country ownership and sustainability, scale up solutions, and promote greater efficiencies in investments. Under this Vision, we define USAID's four strategic outcomes to achieve the overarching goal: *financial protection, essential services, population coverage, and responsiveness*. To achieve these four strategic outcomes, HSS activities will be aligned with six core health systems functions: human resources for health; health finance; health governance; health information; medical products, vaccines, and technologies; and service delivery. These six functions – also referred to as the six building blocks – comprise an established framework for guiding HSS work.<sup>3</sup> Country realities have shown that health systems constraints can involve several interconnected functions, and this Vision emphasizes our work to improve multiple functions at the same time.

For each of these six functions, USAID has identified three priority objectives, designed to focus the Agency's efforts to achieve the Vision's four strategic outcomes (see Vision At-a-Glance on page 9). The four strategic outcomes and the three priority objectives for each of the health system functions constitute the core elements of the Vision.

USAID has a track record of decades of leadership in HSS. In health information, for example, the Demographic and Health Surveys (DHS) that USAID introduced are the gold standard for household survey information on health conditions in developing countries. The use of the global System of Health Accounts (SHA) for health spending that USAID introduced with partners has fundamentally changed our understanding of health financing patterns. The Human Resource Information System workforce suite that USAID launched is a state-of-the-art open source health human resources solution now widely adopted by countries, even beyond USAID's sphere of direct engagement. USAID, with our large-scale, quality improvement projects, has deep, longstanding global experience with health services improvement in low- and middle-income countries (LMICs). USAID's early work on performance-based incentives was path-breaking, attracting considerable support from others into this area. Our efforts to procure and assure the quality of essential health commodities has radically shifted global drug pricing and set new standards for efficiency and quality.

Based on the lessons we have learned in HSS, this Vision sets out the principal objectives and approaches for strengthening health systems in priority countries. This Vision defines USAID's investment approach in HSS and is directed to our field missions and partners for them to use when and where they engage in HSS work. It is intended to be used to develop or refine country-based HSS frameworks, strategies, plans, and programs based upon the country's epidemiology, geography, demographics, state of the health system, and available financial resources in the public and private sector. Local context is key.



2005 STEPHANE JANIN | PHOTOSHARE

## Vision At-a-Glance

**Overarching Goal:** USAID partners with countries to provide sustained, equitable access to essential, high-quality health services responsive to people's needs without financial hardship, thereby protecting poor and underserved people from illness, death, and extreme poverty.

## Four Strategic Outcomes

**Financial Protection:** Cost of accessing quality, essential health services must neither keep people from using these necessary services, nor impoverish them.

**Essential Services:** Essential package of high-quality life-saving prevention, promotion, treatment, and care services must be available to and used by all those who need it.

**Population Coverage:** Poor, underserved, marginalized, and vulnerable people must have the same access to essential health services. Universal health coverage requires a special focus on equity.

**Responsiveness:** Health services delivery must assure dignity, confidentiality, autonomy, quality, and timeliness of services for poor and marginalized people.

## Three Priority Objectives for Each Health System Function

### Human Resources for Health

Develop and implement models to address special human resources for health needs of low- and middle-income countries and fragile states.

Conceive and adapt effective models for transformative education and maintenance of skills/competence.

Improve public sector stewardship and leadership in human resources for health.

### Health Finance

Increase public and private domestic resources for the shared goals of USAID and its partner countries.

Institute preferential public financing for shared goals and related services for the poor.

Catalyze and incentivize private sector investment in health using philanthropy and shared value creation/public-private partnerships.

### Health Governance

Develop sustainable country capacity in transparent and accountable law, policy, planning, leadership, and management.

Build civil society/private sector capacity for stronger voice, better advocacy to increase government transparency and accountability.

Engage a new generation of health system leaders at regional, country, and community levels.

### Health Information

Create a culture of evidence-based decision-making.

Improve approaches/increase uptake of major tools – Demographic Health Surveys, Systems of Health Accounts, Civil Registration and Vital Statistics, District Health Information Systems.

Support strategic, incremental, expansive improvement in integrated health information systems, including routine health information systems and evaluations vital for achievement of USAID and partner countries' shared goals.

### Medical Products, Vaccines, and Technologies

Strengthen supply chain components to ensure the uninterrupted supply of quality-assured health commodities, including creating a supportive environment for commodity security and sustainable supply chains.

Strengthen medicines regulatory capacity to protect the public from counterfeit and substandard products pharmaceutical sector governance to promote transparency and accountability through appropriate laws, regulations, policies, and standard operating procedures.

Increase and enhance human and institutional capacity to manage pharmaceutical systems and services, including promoting evidence-based use of medications, assuring therapeutic efficacy, protecting patient safety, and slowing the emergence and spread of antimicrobial resistance.

### Service Delivery

Scale up quality, coordinated delivery of essential, evidence-based health services.

Develop, implement cost-effective essential health services packages.

Improve the knowledge base on links among incentives, productivity, and quality health services.

## 2. DEFINING HEALTH SYSTEMS STRENGTHENING

2011 DAVID SNYDER PHOTOSHARE



### WHAT IS A HEALTH SYSTEM?

USAID’s Local Systems Framework defines local systems as those interconnected sets of actors – governments, civil society, the private sector, universities, individual citizens, and others – who jointly produce a particular development outcome.<sup>4</sup> Within that context, a **health system is a local system made up of all people, institutions, resources, and activities whose primary purpose is to promote, restore, and maintain health.** Health systems can be seen operating at many levels – national, sub-national, or community – and applied to a range of issues, but in all cases, health systems share a focus on promoting, restoring, or maintaining health. Thus, a health system includes both private and public sector actors engaged in promoting, restoring, and maintaining health but not those responsible for girls’ education or municipal water systems, as the latter activities are not primarily focused on promoting health, though improved health is an important side benefit.

### WHAT DOES IT MEAN TO STRENGTHEN A HEALTH SYSTEM?

HSS comprises the strategies, responses, and activities that are designed to sustainably improve country health system performance. Here again, USAID’s operational definition of HSS draws the boundaries based on the intent of our efforts and resulting patterns of resource allocation. HSS activities deploy resources specifically to improve one or more of the core health system functions in a sustainable fashion.

This definition places a burden of evidence-gathering on USAID and its implementing partners. As with all health

projects and programs, HSS efforts must be measured to determine whether or not they produce promised results, especially through the use of impact evaluations. Accordingly, USAID needs to invest in both impact evaluations that “prove” effectiveness of targeted interventions and implementation science research that will show us how to tailor those proven HSS interventions to diverse country contexts.

To undertake HSS work, we must have either strong evidence or a plausible hypothesis that this work will strengthen the health system’s performance. Then, we must test whether our work strengthens health system performance. For example, if we help a country introduce a logistics management information system to improve efficiency of drug procurement and availability of essential commodities at primary care facilities, we must examine how that system affects efficiency and availability over time. If we support health accounting to improve the allocation of government funds to essential health services, we must see whether improved accounting improves health resource allocation. If we support a country’s introduction of a human resources information system to increase the availability of health workers who provide essential services, we have a responsibility to investigate whether or not our support leads to the intended result. If we help a country introduce quality improvement collaboratives to improve provider compliance with care standards for skilled attendance at birth, we then need to measure whether those collaboratives indeed have that effect. A health system can only be as strong as the results it delivers. Weak health systems produce weak results. HSS interventions should provide value for the investment and should lead to sustained results.

### WHAT CONSTITUTES GOOD HEALTH SYSTEM PERFORMANCE?

**A well-performing health system is one that achieves sustained population health improvement by carrying out the inter-related health system functions of human resources for**

**health; health finance; health governance; health information; medical products, vaccines, and technologies; and service delivery.**<sup>5</sup> Because of variations among geographical areas, populations, and facilities, a strong health system

*Health Systems Strengthening: strategies, responses, and activities designed to sustainably improve country health system performance.*

ensures that decisions are made at the optimum level of government – national, provincial, district, or community – to maximize efficient delivery of services. Good health system performance ensures that people have financial



2014 GRACEVAUGHN FOR CAPACITYPLUS AND  
INTRAHEALTH INTERNATIONAL | PHOTOSHARE

protection and access to essential high-quality prevention, promotion, treatment, and care services. A well-performing health system reaches underserved, vulnerable, marginalized, and high-priority groups, ensuring equity, dignity, choice, and protection from stigma for all. Good health system performance likewise calls for demand-side accountability mechanisms (clients, legislatures, enforcement bodies, and watchdog groups).

### **WHY DOES USAID INVEST IN STRENGTHENING HEALTH SYSTEMS?**

**USAID invests in HSS to broaden the reach and enhance the sustainability of the life-saving impact of our global health support, including our investments in EPCMD, achieving an AIDS-free generation, and PCID.** As articulated in the USAID *Local Systems Framework*, sustainability is an essential component of development and a core commitment of USAID. Global best practice on how to support sustained development is embedded in principles of aid effectiveness that indicate investments are more likely to catalyze sustained development processes when they reinforce a country's internally determined development priorities (country ownership) and arrangements (country systems). We work to strengthen country ownership, so governments and country stakeholders will have the commitment, resources, and capacity to continue life-saving interventions without our continued support. US-

AID works to accelerate scale-up of life-saving interventions, so they can reach more people than our direct support can accommodate. We work to ensure that countries can identify and reach the poor with affordable approaches for ongoing delivery of interventions. We work to expand countries' capacity to sustain the health impact of interventions after our departure. We work to ensure that countries' health systems are resilient and adaptable in the face of shocks, including disease outbreaks, new epidemics, and conflicts. When countries with well-functioning health systems experience unexpected shocks – for example, from wars, a heavy influx of refugees, or political upheaval – their health systems can backslide and regress. This Vision is a beacon to guide our work in such countries through these crises and empower them to rebound and cope with these unpredictable effects on the health system. We invest in HSS because health system constraints are the bottlenecks that slow down reductions in mortality and prevent scale-up and sustainability. Working with UNICEF, USAID recently identified a detailed list of bottlenecks that stand in the way of meeting EPCMD goals and the proven strategies and interventions for cutting through those bottlenecks. Resolving most of the bottlenecks, whether in community-based interventions, outreach services, or clinical services, will require an HSS solution.<sup>6</sup>

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*USAID invests in HSS to ensure that the life-saving impact of our global health support extends beyond our time of direct engagement.*

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### 3. VISION

#### WHAT IS USAID'S VISION FOR HSS?

USAID's vision is to help all USAID GH priority countries (listed in Box 2) achieve strategic outcomes that together improve financial protection and access to essential high-quality services that reach underserved, marginalized, and high-priority groups, and ensure dignity, choice, and protection from stigma. In doing so, this Vision is designed to contribute to meeting USAID commitments to inclusive development through health coverage for all persons, including those historically excluded from fair and non-discriminatory access to health services. Strengthening health systems advances the principles USAID has championed in policies on women and gender; youth; and lesbian, gay, bisexual, and transgender individuals.<sup>7</sup> This Vision complements these policy commitments by promoting government accountability to all citizens, encouraging evidence-based decision-making and working toward equitable access to essential services for all people.

HSS is fundamental to our success in achieving USAID's core mission to end extreme poverty and promote resilient democratic societies, by making health care more accessible and affordable to all. Through a sharp focus on financial protection and an understanding of the bi-directional relationship between health and wealth, this Vision will help ensure that the cost of health services neither keeps people from using necessary services, nor impoverishes them, and that health systems are able to reach everyone, especially the poor, underserved, marginalized, and vulnerable.

*"A high proportion of the world's 1.3 billion poor have no access to health services simply because they cannot afford to pay at the time they need them."  
(WHO 2010)*

We do this in ways that promote effective country ownership and improved capacity of all institutions that deliver health services; drive the global agenda to guarantee access to affordable, high-quality essential services for poor and

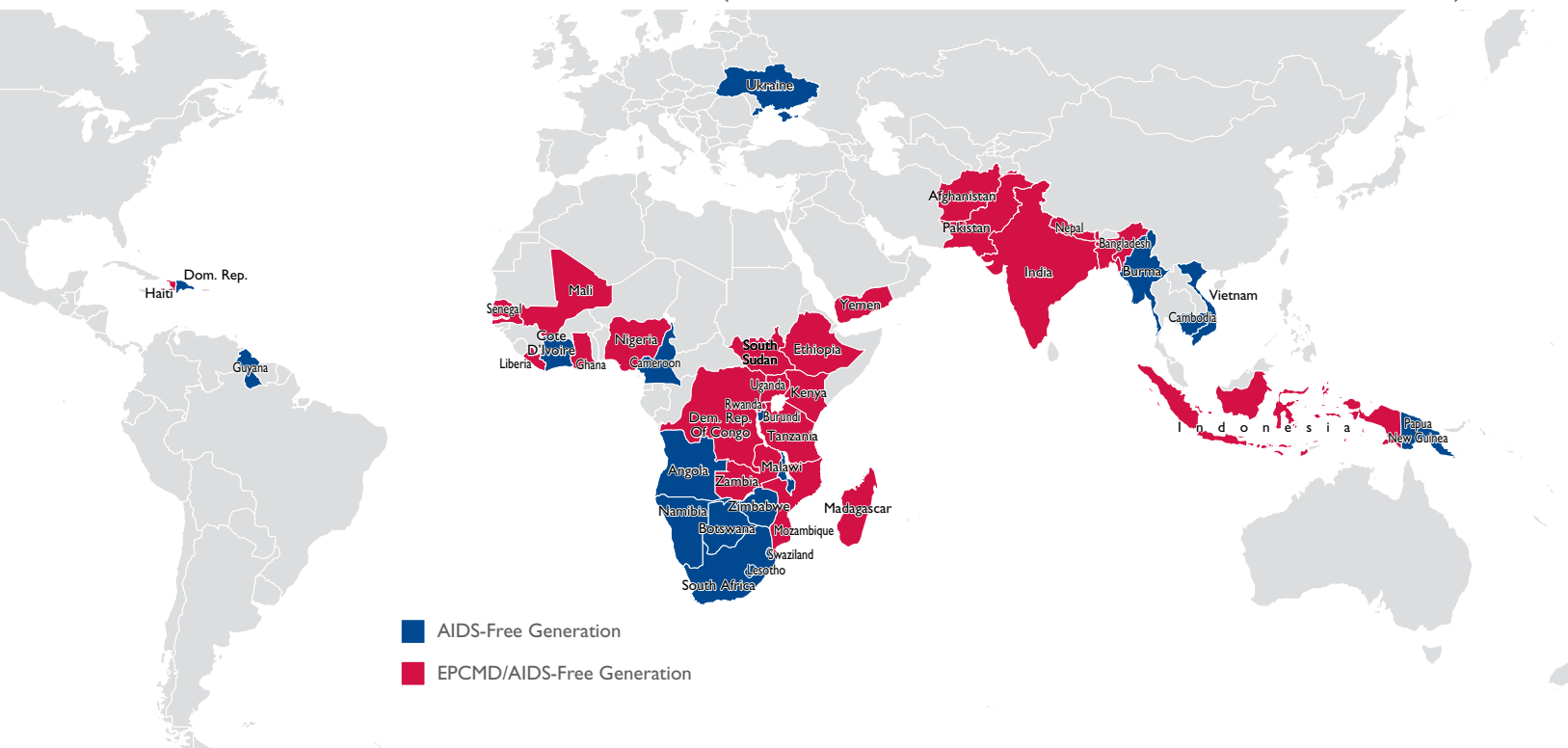
#### Box 2: GEOGRAPHICAL FOCUS OF USAID'S HEALTH SYSTEMS STRENGTHENING WORK

USAID's HSS efforts are focused on the GH priority countries that account for the greatest share of the world's communicable disease burden and family planning needs and where health systems weaknesses create binding constraints on sustainable maternal and child survival. We allocate limited technical resources to countries graduating from development assistance and those fragile states recovering from severe shocks. The current primary geographical focus for HSS under this Vision (Figure 1) is the 24 EPCMD countries combined with the 32 AIDS-Free Generation priority countries (some of which overlap), collectively referred to as GH priority countries:

- Africa:** Angola, Botswana, Burundi, Cameroon, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Nigeria, Rwanda, Senegal, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.
- Asia:** Afghanistan, Burma, Bangladesh, Cambodia, India, Indonesia, Nepal, Pakistan, Papua New Guinea, and Vietnam.
- Middle East:** Yemen.
- Europe/Eurasia:** Ukraine.
- Latin America and the Caribbean:** Dominican Republic, Guyana, and Haiti.

underserved people; and apply new knowledge and innovation. This work contributes centrally to USAID's overall mission of ending extreme poverty by helping to build systems that extend coverage to the poorest of the poor,

**FIGURE 1: GH HSS PRIORITY COUNTRIES (EPCMD + AIDS-FREE GENERATION COUNTRIES)**



and prevent the poor and near poor from falling deeper into poverty as a result of catastrophic health expenditures. Besides spearheading access to health services for the poorest and most vulnerable, our work helps protect countries and households from health-related shocks and stresses to promote resilience through responsive and flexible health systems. The protracted conflicts in countries such as Syria, Yemen, and South Sudan, mean that health systems must deal with traumatized populations and bring specialized health services to war victims. As more countries graduate from lower income status to middle income status, HSS is a critical vehicle for enabling them to cover their population through efficient, cost-effective, and equitable health systems. According to the Lancet Commission’s recent analysis of the economic transition of health, structured investments in HSS must accompany all spending – global or domestic – on discrete disease interventions.<sup>8</sup> Without complementary HSS programs, USAID’s disease programs, such as those to combat HIV and AIDS, tuberculosis, or malaria, risk having less sustained impact.

Through this work, USAID will hone our efforts and enhance our role as leading partner to help developing countries identify and solve binding health systems constraints that prevent them from achieving rapid declines in preventable mortality. By applying practical, evidence-based, cost-effective, and scalable solutions, we will influence the global agenda and contribute to HSS solutions. The Ebola crisis in West Africa demonstrated

that global health security depends upon high-functioning health systems, including investment in recruiting, training, and deploying health workers.<sup>9</sup> Building on USAID’s long years of leadership, experience, and deep expertise in strengthening health systems, we will focus our efforts to strengthen human resources for health; health finance; health governance; health information; medical products, vaccines, and technologies; and service delivery to help countries improve their health systems.

**WHAT ARE THE STRATEGIC OUTCOMES OF USAID’S HSS WORK?**

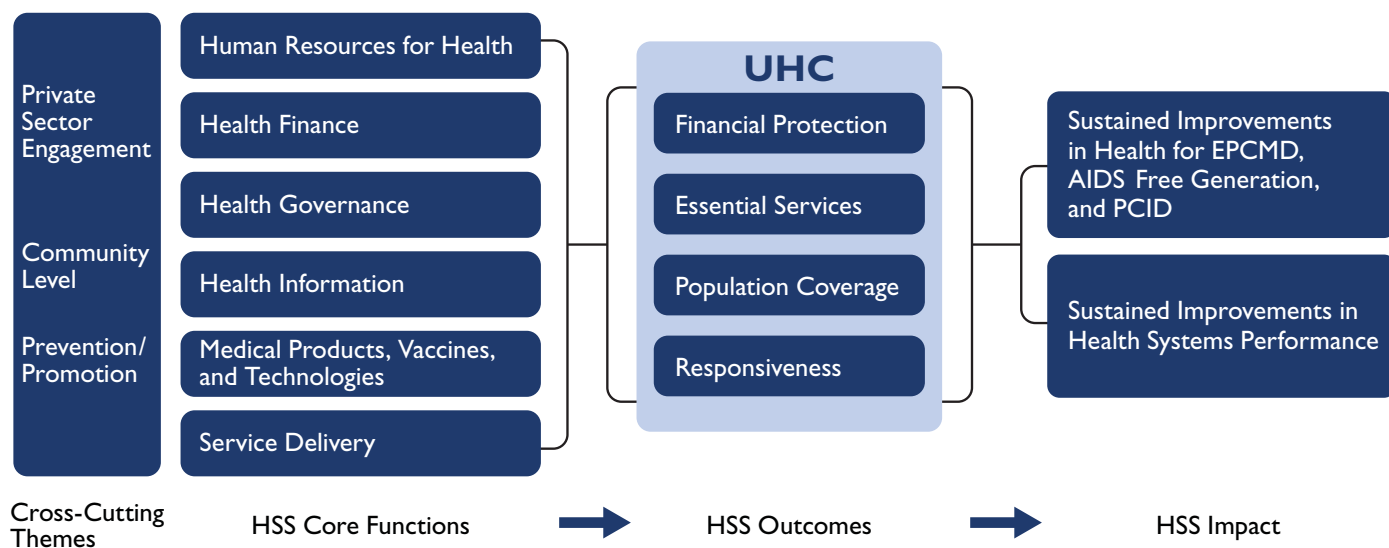
USAID works to promote four strategic outcomes (Figure 2) that together constitute effective health systems performance and support sustained health impact of our global health efforts.

- 1. Financial Protection:** The cost of accessing quality, essential health services must neither keep people from using these necessary services nor impoverish them. USAID’s particular focus is on reducing financial barriers to access to essential life-saving services for the poor.
- 2. Essential Services:** To achieve improved health outcomes, an essential package of high-quality life-saving prevention, promotion, treatment, and care services must be available to and utilized by all those who need it. USAID works with countries to ensure that priority affordable reproductive, maternal, newborn, child, and

adolescent health, nutrition, and infectious disease services are included in the national essential benefits packages. Recognizing that countries differ in their ability to finance essential packages, we collaborate with each country, so the package it can afford optimizes health impact within its budget constraint. We work with countries to improve quality and availability of essential health services and to sequence the expansion of service coverage as health budgets expand. Recognizing that countries also differ in their ability to deliver the essential package to all people, we support governments to adapt management and service delivery approaches based on their local contexts.

3. **Population Coverage:** People who are poor, underserved, marginalized, and vulnerable must have the same access to the essential health services they need as anyone else. Our focus is on attaining coverage for people in the bottom wealth quintile and for other marginalized people. We recognize that universal coverage requires a special focus on equity.<sup>10</sup>
4. **Responsiveness:** The way health services are delivered must assure dignity, confidentiality, autonomy, quality, and timeliness of services for poor and marginalized people. USAID's focus is on improving the satisfaction of poor and marginalized people with essential services provision.<sup>11</sup>

**FIGURE 2: VISION'S HSS CORE FUNCTIONS**







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## 4. APPROACH

### WHAT ARE USAID'S TECHNICAL FOCUS AREAS IN HSS?

*By maintaining expertise across the health systems functions and customizing USAID support to the country context, we can have the greatest impact.*

USAID works with priority countries to strengthen all basic health system functions – human resources for health; health finance; health governance; health information; medical products, vaccines, and technology; and service

delivery – that have an impact on achieving desired health outcomes. We focus on addressing binding health systems constraints that impede accomplishment of EPCMD, achieving an AIDS-free generation, and PCID goals and on helping countries build capacity to achieve and sustain health goals and outcomes with declining donor assistance in the future. We do not focus on hospitals, physical infrastructure, equipment, or training of high-level medical specialists.

The six functions are interconnected and examined holistically in any given country. HSS must be customized to solve each country's bottlenecks. Thus, each country must tailor its HSS objectives to meet EPCMD, an AIDS-free generation, PCID, including the GHSA, and other health goals. GHSA is a critical international Agency effort to help partner countries build the capacity to prevent, detect, and respond to infectious diseases. GHSA underscores the linkages between animal health and human health and among environment, agriculture, and health. This Vision for HSS helps achieve the GHSA.

USAID chooses to maintain technical expertise in all of these health systems functions to most effectively help

priority countries with their unique needs. One country may have the financial and technical capacity to spearhead universal childhood immunization but lack the political will and civil society accountability to make this a national priority (health governance). Another country may spend enough on health to guarantee everyone an essential package of health services yet lack the health financing arrangements to pool and allocate these funds effectively (health finance). Another country may have expanded its community health infrastructure but lacks the trained, qualified human resources to deploy to these facilities (human resources for health). Another country may have the political will and financing to achieve population coverage

#### Box 3: BANGLADESH SETS UP MONITORING AND MANAGEMENT UNIT

Recognizing the need for a robust health information system from which to generate evidence-based policy, in Bangladesh, USAID supported the establishment of a Program Monitoring and Management Unit in the Ministry of Health to monitor progress of the sector program that integrates all six core health systems functions. The major purpose of this unit is to add rigor to the monitoring and evaluation of the health sector plan by developing semiannual progress reports and facilitating independent annual reviews of the sector program using performance indicators, service statistics, and national survey data to evaluate progress. The skills inherent in the data-to-policy continuum are now institutionalized within the Government of Bangladesh by the Program Monitoring and Management Unit cell and drive the annual revision and update of 32 health sector operational plans.

of newborn health services but fail to achieve health impact because technical problems prevent it from delivering evidence-based health services (service delivery). Some countries lack a basic civil registration and vital statistics system to count births and deaths – an important tool (health information).<sup>12</sup>

Context and needs for HSS vary across countries and health systems problems often entail the interaction of multiple functions (see Boxes 3 and 4). We can have the greatest impact by customizing USAID’s HSS support to the country context and aligning it with country priorities. The simplified steps we take to do this are to conduct a country-based health systems assessment, including a thorough exploration of host country health objectives; match our available HSS resources and portfolio with country priorities; and adjust USAID’s country-based HSS programming on an ongoing basis to keep pace with changing country dynamics.

USAID’s multi-disciplinary approach, which brings together expertise in all six health systems functions, allows us to implement comprehensive, cost-effective solutions and to encourage efficient use of existing resources. USAID also brings three cross-cutting themes to our HSS work through: **private sector engagement, community engagement in health and local systems, and prevention and promotion** (see Annex A: USAID Uses the Following HSS Cross-cutting Themes for the Six Functions). Under the auspices of this Vision, USAID will knit these three cross-cutting themes into all HSS work.

#### Box 4: GHSA AND LIBERIA COUNTRY PLAN

Liberia is one of the GHSA Phase 1 countries. The country roadmap will build on the Ebola response and recovery support, particularly the work in HSS, including the building of emergency operations systems, improvements to disease surveillance and reporting, and laboratory strengthening. GHSA is a powerful vehicle for helping countries meet the International Health Regulations, including the capacity to detect, respond, and report on infectious diseases.

### WHAT IS USAID’S COMPARATIVE ADVANTAGE IN STRENGTHENING DEVELOPING COUNTRY HEALTH SYSTEMS?

USAID’s comparative advantage stems from both the application of our five guiding principles and a unique combination of Agency assets. The five guiding principles are:

1. Be a trusted partner in the broad spectrum of HSS in all priority countries.

2. Drive the global agenda to ensure access to affordable services for the poor.
3. Direct USAID’s HSS investments to evidence-based, highest impact interventions.
4. Scale up innovative solutions that advance financial protection, quality essential services, equitable population coverage, and responsiveness.
5. Engage top multi-disciplinary expertise to achieve health goals.

### USAID’S UNIQUE COMBINATION OF ASSETS INCLUDES:

- **Cross-sectoral Integration:** As a development agency, we are able to link our work on HSS to broader cross-sectoral development efforts. For example, we work on health governance together with Democracy and Governance colleagues to strengthen government effectiveness in all sectors, using integrated health and Democracy and Governance programming at the field level. We understand that HSS technical challenges are intertwined with political and economic considerations; thus we collaborate across the Agency on cross-sectoral, integrated programming. We work to improve health financing in collaboration with economic growth sector colleagues to increase fiscal space and improve tax administration. For example, under GHSA, USAID is introducing national and multi-national regulatory guidelines promoting poultry and livestock production and marketing practices that minimize the risk of zoonotic disease emergence.
- **Internal Staff Capacity:** USAID has a worldwide network of hundreds of highly educated and skilled public health, finance, drug quality, and human resources professionals, among others, working at USAID headquarters and in our field missions across the globe, providing technical leadership and helping countries solve health systems challenges. These thought leaders and technical experts work in multi-disciplinary teams to provide developing countries with comprehensive support in HSS (see Box 5).
- **Expert Implementing Partners:** USAID has hundreds of expert implementing partners that are pioneering programs in priority countries. Our programs concentrate world-class technical assistance in specialized areas and make this expertise readily available in GH priority countries. USAID has flagship global mechanisms that utilize an HSS approach in human resources for health; health finance; health governance; health information; medical products, vaccines, and technology; service delivery; and in cross-cutting areas of private sector engagement, community-level focus, and prevention/promotion. USAID missions have a variety of regional and country-based bilateral HSS projects.

## Box 5: USAID'S HSS ROLES

**GH Office of Health Systems** serves as the Bureau's and the Agency's center of excellence and focal point to provide worldwide leadership and technical expertise in HSS. It is responsible for three core functional roles: technical leadership and strategic direction; knowledge and talent management; and field support and program implementation.

**Other GH Offices and Health Element Teams**, such as, Health, Infectious Diseases and Nutrition; Population and Reproductive Health; and HIV/AIDS, incorporate HSS into their health priorities and programs. They identify and articulate health systems constraints to effective implementation of their activities and goals.

**Regional Bureaus**, such as, Africa, Asia, the Middle East, Latin America, Office of Afghanistan and Pakistan Affairs, and Europe and Eurasia, serve as the lead Agency representatives of regional multi-country initiatives related to HSS. This includes collaborating with various international stakeholders as they relate to their geographic areas and coordinating mission responses on HSS within their regions.

**Missions** design and implement USAID assistance related to HSS at the country level. They strategize, design, implement, and evaluate work programs that incorporate HSS activities. They lead the Agency's dialogue with country counterparts in governments, development partner organizations, civil society organizations, the private sector, and with other stakeholders.

Their technical expertise and the capacity to operate effectively in local conditions complement global flagship mechanisms.

- **Local Solutions:** USAID maintains a strong orientation toward strengthening the last mile of the health system that reaches people in need and focuses on the community. USAID works with partner governments to improve management of the overall health sector. We do so in the context of ensuring that local community clinics and private drug outlets, often the primary points of service for the poorest of the poor, have the resources they need when they need them for essential services.
- **Implementation Science Culture:** USAID aims to go beyond merely identifying various approaches to HSS to reach a deeper understanding of the factors associated with success and failure and to share this knowledge for the benefit of other countries. For example, we know

that the introduction of maternity vouchers is associated with increased use of skilled attendance at birth in multiple countries. What we seek to understand is whether and to what extent this is due to removing a financial barrier, or providing more effective information and outreach, or motivating providers better. We know that governments that conduct national health accounts (NHAs) or systems of health accounts (SHAs) often respond to information about the low level of public investment in health by increasing public spending on health. What we seek to ascertain is whether this is because civil society exerts greater pressure or because ministers of health are better equipped to advocate to ministers of finance for increased funds. USAID has long-term experience in implementation science research that has been used worldwide to identify effective interventions that lead to positive health outcomes. Our implementation science culture bridges the gap between what is aspirational in health services and what is actually doable.

- **Private Sector Engagement:** Our strong emphasis on effective engagement of the private sector stems in part from the unique nature of public-private relations in the United States and our conviction that private sector capacity for efficiency and sustainability can be harnessed to meet important social objectives. Our leadership in private sector engagement includes expanding and leveraging private sector capacity for a variety of roles, including delivering essential health services; educating health professionals; providing financing for, procuring and distributing essential commodities; and holding governments accountable for results.

## HOW DOES USAID WORK IN THE CORE HEALTH SYSTEMS FUNCTIONS?

USAID's approach is to assess the multiple interactions and relationships among the six core health functions and design an HSS response that improves system performance (see Figure 3). USAID focuses on three specific priority objectives for each of the six core health systems functions to solve selected juggernaut barriers that Agency experience and evidence-based research have shown impede achievement of HSS strategic outcomes. USAID missions balance an emphasis on long-term systems building with an emphasis on addressing current pressing health needs. The three priority objectives for each of the six functions are recommended for missions to use for priority setting, but when and why a mission programs in these six functions and their corresponding priority objectives will depend on country circumstances. In one country, it may be critical to change governance structures because corruption and fraud are rampant. In another country, it may be essential to hone in on health information because fundamental baseline data on health status is non-existent. Some functions, such as human resources for health, are important in all countries because chronic shortages of trained health workers are ubiquitous.

**FIGURE 3: INTER-RELATED SIX HEALTH SYSTEMS FUNCTIONS**



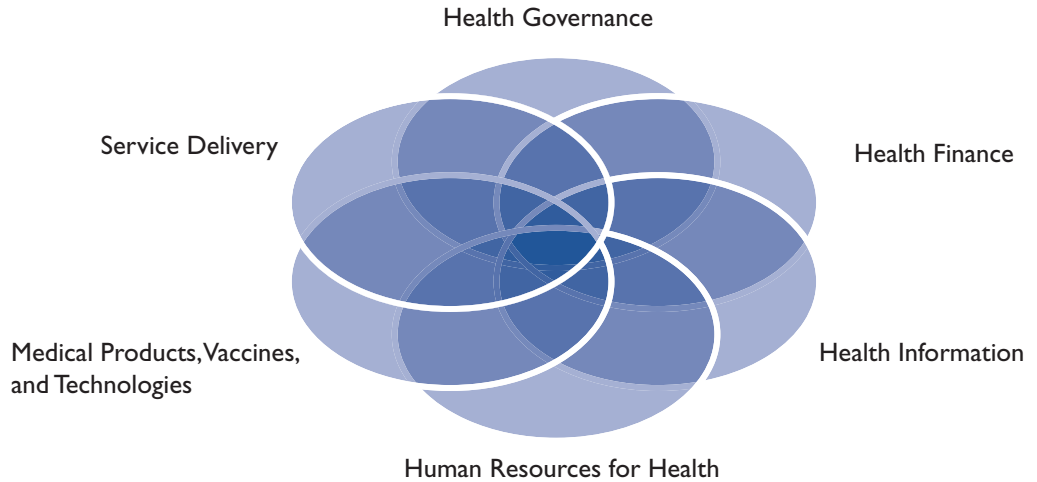
**Dominican Republic**  
 USAID collaborated with the Ministry of Health to clean payroll data, reclaiming the salaries of more than 10,000 “ghost workers” at a savings of \$6 million annually. Reinvestment of payroll savings contributed to 87 percent of women tested for HIV receiving test results on the same day, compared with 51 percent from baseline study.



**Ethiopia**  
 USAID has supported community-based health insurance for informal sector workers in 161 districts, thereby increasing service use, quality, and access to services; 50 percent of eligible households are registered insurance card holders, resulting in financial protection for 650,000 people.



**Afghanistan**  
 USAID helped leaders of community shuras (local groups) in 12 provinces, empowered via governance training, to spearhead work with health clinics; governance scores improved from baseline by an average of 21 percent at district health units, reflecting the results of responsive, patient-centered care.



Over the next 5 years, USAID intends to make progress toward meeting the priority objectives listed below for each of the six functions:

**Strengthening human resources for health:**

USAID enables partner countries to have a technically competent, well-deployed health workforce that provides essential services in accordance with standards in a timely, patient-centered manner. Our priority objectives in human resources for health are to:

- Develop and implement models for addressing special human resources for health needs of LMICs and fragile states.
- Conceive and adapt effective models for transformative education and maintenance of skills/competence.
- Improve public sector stewardship and leadership in human resources for health.

**Strengthening health finance:**

USAID ensures that countries mobilize sufficient resources to pay for health needs, effectively pool resources to foster efficiency and equity, and purchase packages of high-quality, high-impact services. Our priority objectives in health finance are to:

- Increase public and private domestic resources for the shared goals of USAID and its partner countries.
- Institute preferential public financing for these shared goals and related services for the poor.

- Catalyze and incentivize private sector investment in health using philanthropy, shared value creation, public-private partnerships, impact investing, and creating new market opportunities.

**Strengthening health governance:** USAID invests in health governance in countries to promote robust oversight that curtails corruption and expands accountability and transparency for health activities and results in the public and private sectors. Our priority objectives in health governance are to:

- Develop sustainable country capacity in transparent and accountable law, regulation, policy, planning, leadership, and management to advance shared goals in national agendas.
- Build capacity of civil society and private sector for a stronger voice and better advocacy to increase government transparency and accountability.
- Engage a new generation of health systems leaders at regional, country, and community levels.

**Strengthening health information:** USAID ensures that countries collect, analyze, disseminate, and use timely and high-quality health information. Our priority objectives in health information are to:

- Create a culture of evidence-informed decision-making.
- Improve approaches and increase uptake of major tools, e.g., DHS, NHAs and/or SHAs, civil registration and vital statistics systems, district health information systems, standardized health facility assessments, standardized clinical records, administrative data collection tools, and eHealth tools.

- Support strategic, incremental, and expansive improvements in integrated health information systems, including routine health information systems and evaluations vital for achievement of goals shared by USAID and its partner countries.

**Strengthening medical products, vaccines, and technologies:** USAID ensures that people have sustained access to and make appropriate use of essential medical products that are safe, effective, and of assured quality. Our priority objectives are to:

- Strengthen supply chain components (forecasting, supply planning, procurement, storage, distribution, inventory control and logistics information systems, laboratory harmonization, and waste management) to ensure the uninterrupted supply of quality-assured health commodities, including creating a supportive environment for commodity security and sustainable supply chains.
- Strengthen medicines regulatory capacity to protect the public health from counterfeit and substandard products and pharmaceutical sector governance to promote transparency and accountability through appropriate laws, regulations, policies, and standard operating procedures.
- Increase and enhance human and institutional capacity to manage pharmaceutical systems and services, including promoting evidence-based use of medications, assuring therapeutic efficacy, protecting patient safety, and slowing the emergence and spread of antimicrobial resistance.

**Strengthening service delivery:** USAID ensures access to effective, safe, and high-quality public and private sector services by those who need them, when and where they are needed, with maximum efficiency and patient choice. Our priority objectives are to:

- Scale up quality and coordinated delivery of essential, evidence-based services.
- Develop and implement cost-effective essential health services packages.
- Improve the knowledge base on links among incentives, productivity, and quality of services.

Three key themes cut across USAID's work to advance all six functions: private sector engagement, including to provide additional capital for HSS; community engagement to harness local knowledge and resources to improve delivery, learning, and accountability in health systems; and prevention and health promotion to reduce the need for

curative health services and enable families to save limited resources (see Annex A: USAID Uses the Following HSS Cross-cutting Themes for the Six Functions).

## WHAT ARE USAID'S PRINCIPAL INDICATORS FOR HSS STRATEGIC OUTCOMES?

USAID plans to measure HSS progress through indicators aligned with the Vision's four strategic outcomes:

- **Financial protection indicator:** Out-of-pocket expenditure as a percentage of total health expenditure.
- **Essential services indicator:** Status/development stage of the essential package of health services in national policies of each priority country.
- **Population coverage:** Equity in access to skilled birth attendance (SBA) in each priority country, as measured by national coverage, difference between urban and rural coverage, and difference between coverage of top and bottom wealth quintiles.
- **Responsiveness indicator:** Client satisfaction with health services as measured through Quality of Care Indicators derived from USAID's Service Provision Assessment surveys is a preliminary indicator as we work to develop a more precise measurement.

HSS indicators will remain flexible and take into consideration individual country contexts and program content and will be outlined in a companion HSS toolkit. This toolkit will include details on further strategic outcome measures and indicator options for the six health functions.<sup>13</sup> For population coverage, to illustrate, we measure equity in access to skilled birth attendance, as shown in Figure 4. Using the most recent DHS data, population coverage could be measured by three variables: (1) the national coverage percentage of SBA; (2) the differences in SBA coverage between urban and rural populations; and (3) the difference in SBA coverage between the top and bottom wealth quintiles. As a benchmark, Figure 4 shows that the median national coverage percentage of SBA in 18 EPCMD countries is 53 percent.



### Zimbabwe

*USAID helped to replace paper-based records with an electronic logistics management system, giving access to all actors in the supply chain. The government had a stock-out rate of only 5 percent (2007–2013); nearly 2.2 million couples were protected with family planning products by 2013.*



### Liberia

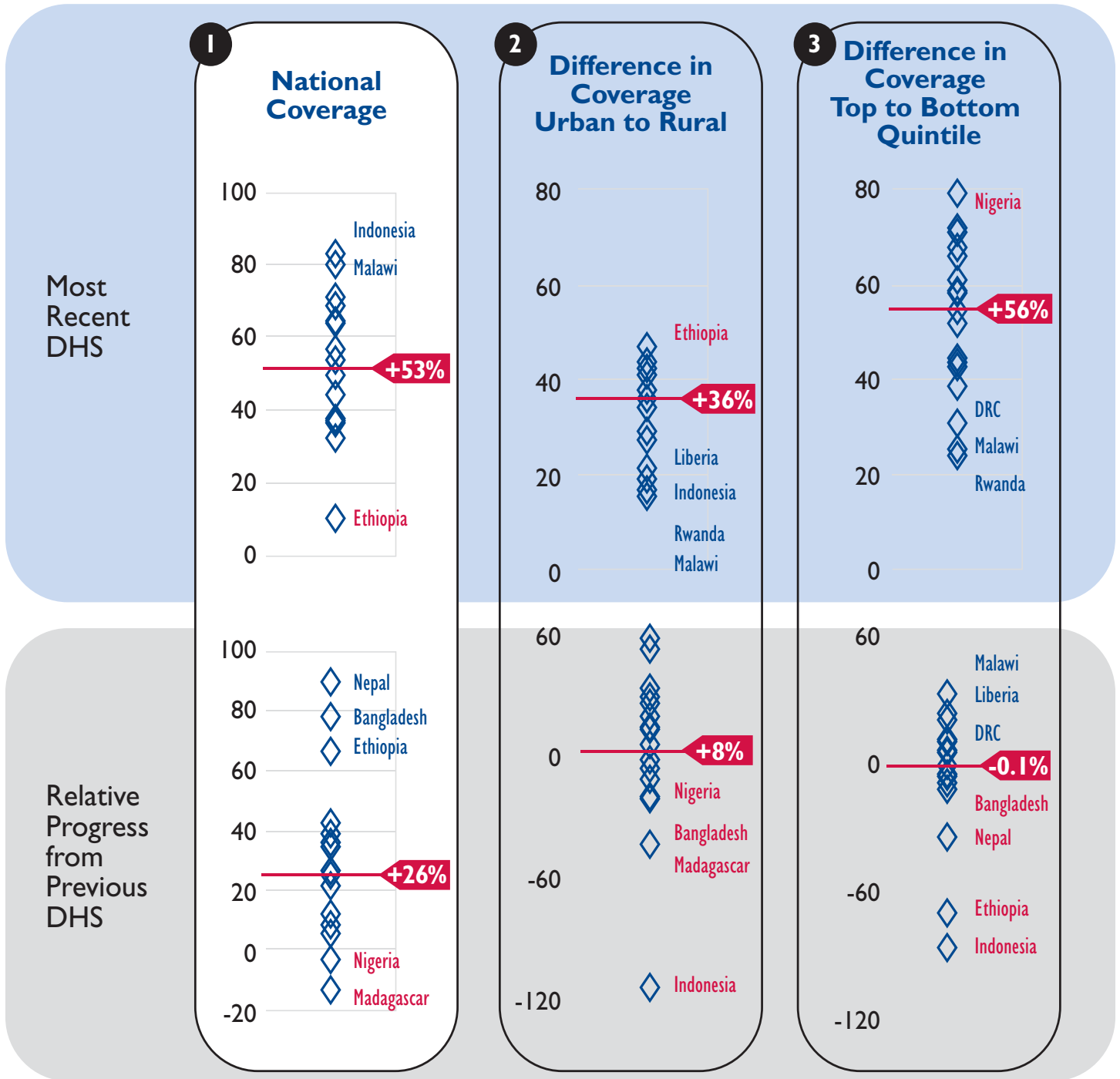
*USAID supported the establishment of a national quality control lab where pharmaceuticals are tested, thereby providing evidence for government enforcement actions, including removal of counterfeit, substandard, and unregistered products from the national market. Twenty counterfeit drug makers were prosecuted; their illicit outlets closed; and all substandard medicines destroyed.*



### Kenya

*When a nurse-midwife cadre was added to outreach teams, based on a USAID quality service assessment, the numbers of pregnant women actively referred to health facilities for antenatal care (ANC) and skilled deliveries increased dramatically. Women completing 4 ANC visits went up from 37 percent to 57 percent, and the percentage of skilled deliveries went from 33 percent to 52 percent (2010–2011).*

FIGURE 4: EQUITY IN ACCESS TO SKILLED BIRTH ATTENDANCE IN 18 EPCMD PRIORITY COUNTRIES



In Figure 4, each indicator's median serves as a benchmark for comparison across countries. Stronger performers are shown in blue, while weaker performers are shown in red. For example, the median national coverage for skilled birth attendance (SBA) is 53 percent, a 26 percent increase from the median of previous DHS data. Although Ethiopia increased national SBA coverage by 67 percent since the previous DHS, the latest survey shows that national SBA coverage is still the lowest of the 18 countries.

Note: Data spans from 2001 to 2013. Of the 24 EPCMD priority countries, there was no DHS data available for India, Yemen, and South Sudan. There was only one DHS for Afghanistan. Mali and Zambia's previous DHS lacked SBA coverage disaggregated by wealth quintile.

## WHAT ARE USAID'S ILLUSTRATIVE INDICATORS FOR PRIORITY OBJECTIVES FOR THE SIX FUNCTIONS?

HSS starts with improving the processes that directly affect performance of health systems functions and consequently leads to improved health. Interventions under an HSS project usually influence multiple functions; therefore, it is preferable to use multiple indicators in many closely associated functions for tracking and evaluating health systems performance. The selection of indicators depends upon the country context and activity as well as the bottlenecks being addressed. More guidance on selecting indicators and locating baseline data and methods for collecting new data will be provided in the upcoming HSS monitoring and evaluation guidance manual. Below are illustrative indicators for each of the six health systems functions:

### Human Resources for Health

- Total number of health care workers relative to population and disaggregated by cadre, sex, age, and distribution (geographic, facility, and sector)
- Production of health care workers consistent with existing and future human resources needed to deliver priority health services, especially child and maternal health, family planning, and HIV and AIDS services
- Percentage of national and/or health budget allocated to human resources development and management annually<sup>14</sup>

### Health Finance

- Total private and public spending on health care, with disaggregation of pure public spending on health as a share of total health expenditures
- Out-of-pocket health spending in the lowest two income quintiles
- Coverage for people in the bottom two income quintiles under social health insurance schemes

### Health Governance

- Health policy index score<sup>15</sup>
- Number of community-based organizations that formally participate in government decision-making at the national, state, and local level
- Number of community-based organizations receiving U.S. Government assistance engaged in health advocacy<sup>16</sup>

### Health Information

- Evidence-based decisions made and actions taken using data sources supported by USAID assistance

- Availability of service readiness data from a health facility assessment survey (based on international standards) implemented within the previous 3 years
- Existence of a functioning health information system governance mechanism (multi-stakeholder national committee/regulatory body)

### Medical Products, Vaccines, and Technologies

- Median availability of selected (essential) generic medicines (percentage) in public facilities
- Regulatory decisions made and actions taken based on local pharmacovigilance data in the last 2 years
- Existence of routine medicines quality monitoring system for the public and private sectors

### Service Delivery

- Mean level of compliance with applicable clinical guidelines for essential services for a sample of patients
- Mean mortality rate at one week for a sample of children under 5 years who were treated for uncomplicated pneumonia
- Proportion of public and private facilities with copies of all applicable national clinical guidelines<sup>17</sup>
- Existence of cost-effective essential services packages

## HOW CAN USAID MISSIONS USE THE VISION FOR HSS TO DESIGN COUNTRY-SPECIFIC PROGRAMS?

Just as there is no single ideal health system, there is no single approach to HSS. Countries operate in different political, social, economic, cultural, demographic, and epidemiological contexts, from fragile states with weak economies to those with democratic governance and emerging economic growth. Broad political economy issues often drive health systems organization, priorities, and performance.

That said, some commonly used process steps to design an HSS program, either stand-alone or integrated into a health service delivery project, are necessary to initiate country-based HSS strategic plans and activities. The critical first step is to conduct a health systems assessment. A health systems assessment includes a detailed examination of the health system environment as a foundation, along with an analysis of the six health systems functions, and includes a description of the private health sector. USAID's *The Health Systems Assessment Approach – A How-To Manual (2.0)* is a key field resource. The health systems assessment typically is conducted with a team of internal USAID and external partners' experts selected by the mission.

A mission may use this Vision and its health systems assessment together to take the next steps to create comprehensive HSS programs. The Vision and health systems assessment may be used to: inform new project designs and re-designs in Project Approval Documents; make decisions on priorities for limited financial resources; guide project work plans and activities and mid-term reviews; structure and complete Health Implementation Plans, HSS action plans, and other USAID reporting; create monitoring and evaluation plans, including the selection of key indicators; design and conduct baseline, mid-term, and end-line project evaluations; share with national governments to influence and advocate for them to adopt HSS strategies and policies; and engage in global dialogue with multilateral and bilateral partners, non-governmental organizations, and private sector to stress the need for strategic investments in HSS.

Evidence on the extent to which interventions to strengthen and enhance health systems performance contribute to improvements in health status has been scarce, scattered

and not widely disseminated. USAID and other partners have been challenged by a lack of a robust evidence base for investing scarce health funds in HSS interventions in an environment of competing investment options.

To enhance the basis for decision-making, GH commissioned a rapid review of systemic reviews to summarize and document the effects of HSS interventions on proxy measures for health status. The preliminary results of this rapid review identified thirteen HSS interventions that have demonstrated a positive effect on the following proxy health outcome measures: improved service provision/quality; increased financial protection; increased service utilization; uptake of healthy behaviors; and reduced morbidity and mortality.<sup>18</sup> The 13 interventions are summarized in Annex B: HSS Interventions Demonstrated to Produce Positive Effects on Health Outcomes. We recognize that this Vision contains only a partial list of HSS interventions that may produce positive effects. Other sound HSS interventions are not listed because there was not a systemic review of the specific intervention yet available.



## 5. MOVING FORWARD

USAID missions and partners are encouraged to use this Vision and subsequent operational guidance for HSS strategic design and programming.<sup>19</sup> The GH Office of Health Systems will subsequently publish an HSS toolkit. This toolkit will elaborate on the evidence for the approach and provide guidance for selection, data gathering, and use of HSS indicators. Relevant tools will be provided to guide assessment, implementation, evaluation, and scale-up on key topics related to the six HSS functions: human resources for health; health finance; health governance; health information; medical products, vaccines, and technologies; and service delivery.

USAID GH will work alongside USAID missions, governments, and partners in priority countries to use the Vision to guide country assessments and program and project design. The Vision and the upcoming toolkit will be used to expand USAID's contribution toward the development or revision of national HSS strategies and plans. We will update and revise the Vision approximately every 5 years to keep it current with new research and field experience with HSS programs that work.

This Vision sets boundaries around USAID's work in HSS, so we are concentrating our efforts on the four strategic objectives, rather than, for example, covering the social de-

terminants of health or addressing medical care access and services for wealthy segments of the population. USAID applies the vision and approach set forth in this document to guide all its HSS programming.

We cannot do it all. To focus our efforts, we rely on country-level assessments and decisions to address the chief gaps and bottlenecks that inhibit each health system from achieving good performance. Effective HSS investments will require a range of partnerships among countries; field missions; other donors and multilateral organizations; the private sector; and civil society. USAID is uniquely situated to build such partnerships to support countries' efforts to create efficient, inclusive, and sustainable health systems.

USAID maintains a holistic view of health systems that recognizes the links between health systems functions and the effects activities to improve one function may have on another. To advance that view, we maintain expertise across the health systems functions. HSS will ensure that the life-saving impact of our global health support extends beyond those we can reach directly today and in the future. HSS fosters country ownership, utilizing country systems to build durable health systems functions. HSS is an approach to sustaining programs and hastening the time when external assistance no longer is required.



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# ANNEXES

These Annexes are to be used in conjunction with the Vision and serve to deepen and expand understanding of how to achieve the four strategic outcomes and specific priority objectives for each of the six health systems functions identified.

## ANNEX A. USAID USES THE FOLLOWING HSS CROSS-CUTTING THEMES FOR THE SIX FUNCTIONS

- **Private sector engagement.** We encourage the private sector to make additional financial capital available for HSS. We work with the private sector in innovative ways, such as expanding population coverage through social franchising models that do not necessarily require businesses to act as funding partners. For example, under the USAID Fighting Ebola Grand Challenge for Development, the private sector re-engineered a user-friendly worker protective suit and created a powdered bleach additive to enhance decontamination for workers combatting Ebola, filling an emergency gap and at the same time making highly marketable products. Under this Vision, we take advantage of the Agency's historically robust approach to the inclusion of the private sector. We suggest using *USAID's Assessment to Action – A Guide to Conducting a Private Sector Assessment (PSA) in Developing Countries* to formulate a plan for reaching out to the private sector in individual countries.<sup>20</sup> This includes outreach to clinics and hospitals; individual practitioners; and labs, diagnostic centers, and pharmacies as well as health consumers. Given USAID's unique leadership in leveraging the private sector, this Vision applies a private sector lens across-the-board to all six functions.

Under this Vision, private sector engagement includes: catalyzing private philanthropy; energizing corporate social responsibility actions that move businesses toward directly offering affordable health services and products; leading shared value creation to create traditional public-private partnerships; using blended investment approaches to meet inclusive and beneficial health outcomes; and engaging new market opportunities with private capital, especially so women and children can become part of a vibrant health economy where their fundamental needs are met.

- **Community engagement in health and local systems.** Community engagement as an integral component of health and local systems strengthening is central to USAID's vision for achieving and sustaining population level health and development outcomes with equity and at low cost; improving performance and responsiveness of systems; and producing sustainable development benefits through governance, accountability, and

empowerment of communities and local civil society.<sup>21</sup> A growing body of evidence and country experience demonstrates that the six health systems functions need to leverage effective partnerships with communities to accelerate progress, including building strong community-based service delivery systems with community health workers.<sup>22</sup> Community engagement needs to be integrated and expanded as part of strategies for HSS in national and local policies and implementation plans. To support decentralization of governance and health systems delivery, USAID is strengthening inclusive, data-driven partnerships among governments, non-state actors (civil society, private sector), and communities. Such partnerships institutionalize and scale up viable community health platforms to support an expanding continuum of care to end preventable child and maternal deaths. This reflects a paradigm shift in fostering partnerships between communities and critical systems actors to harness local and community knowledge and resources to improve delivery, adaptation, learning, and accountability in systems.<sup>23</sup>

- **Prevention and promotion.** In HSS, the emphasis is on helping countries develop institutions and build local capacity to effectively oversee the prevention and promotion functions of the health system. Prevention and health promotion reduce demand for curative health services, so healthy families do not need to spend limited resources on treatments. USAID has rich, long-term experience in social and behavior change communications interventions that result in population-level behavior shifts with measurable public health outcomes in the area of nutrition, family planning, and child survival.<sup>24</sup>

The essence of our HSS cross-cutting themes is to work directly with both the private and public sector, especially local and district government entities, such as primary health care units, at the point of service to take practical steps toward realizing a health system that is locally owned, locally led, and locally sustained. Country ownership and partnerships are essential to achieve this Vision's HSS strategic outcomes.

In summary, this Vision uses these cross-cutting themes – private sector engagement; community engagement in health and local systems; and prevention and promotion – as part of USAID's model of development that emphasizes institutional capacity building. We use partnering with other stakeholders at the global, regional, country, and local levels to build consensus, expand and direct available resources to shared priorities, and bring about change. We partner with the World Health Organization (WHO) and the World Bank to develop a pragmatic approach for countries to track progress toward universal coverage with essential services. We use our convening power to bring

together global stakeholders in health resource tracking to agree on a common methodology. We foster regional peer-to-peer networks. For example, in Africa, we carry out our efforts to build country drug regulatory capacity through a regional peer network. We recognize the need for international health cooperation among donors, collaborating with WHO, the World Bank, Global Alliance for Vaccines and Immunizations, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the African Union. We have initiated projects that drive health systems improvements on the regional level.

## ANNEX B. HSS INTERVENTIONS DEMONSTRATED TO PRODUCE POSITIVE EFFECTS ON HEALTH OUTCOMES<sup>25</sup>

- **Human Resources for Health.** Improving service quality through health worker training and task-sharing/shifting can expand the pool of health workers available to provide essential services. Transferring responsibility for HIV anti-retroviral therapy from doctors to nurses is an example of task-sharing/task-shifting. Health worker training and task sharing/shifting improves quality service provision, increases uptake of healthy behaviors, and reduces mortality/morbidity.
- **Health Finance.** Conditional cash transfers, voucher programs, health insurance, user fee reductions, and supply-side performance-based incentives have positive effects on health status. Both conditional cash transfers and vouchers increase use of maternal health services. Conditional cash transfers reduce maternal mortality and child malnutrition, while vouchers reduce the prevalence of sexually transmitted infections and increase use of reproductive health services. Health insurance coverage increases utilization of health services, and performance-based incentives (also known as results-based financing or performance-based financing) increase institutional deliveries, bed net coverage, and vaccinations. User fee reduction interventions increase health services utilization.
- **Health Governance.** Contracting out and community engagement/decentralization contribute to better health outcomes. For example, government contracting of non-government health services providers increases



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service utilization and reduces out-of-pocket payments in countries where health services are underprovided. Community-provider engagement, including reaching out to women's groups, increases service use and reduces mortality. Decentralization increases healthy behaviors and service use.

- **Health Information.** Incorporating mHealth and eHealth information technology systems into all levels of health services increases service utilization and the uptake of healthy behaviors and reduces morbidity and mortality.
- **Medical Products, Vaccines, and Technologies.** Pharmaceutical systems strengthening initiatives improve service provision and quality.
- **Service Delivery.** Bringing health services closer to patients and service integration increases service utilization and the uptake of healthy behaviors and reduces morbidity and mortality. Figure 5 on page 26 summarizes these key HSS interventions.

**FIGURE 5: SUMMARY RESULTS OF RAPID SYSTEMIC REVIEW:  
DOCUMENTED EFFECTS OF 13 TYPES OF HSS INTERVENTIONS**

HSS Function	Types of Interventions	Improved Service Provision/ Quality	Increased Financial Protection	Increased Service Utilization	Uptake of Healthy Behaviors	Reduced Morbidity/ Mortality
Human Resources for Health	Task-sharing/task-shifting	X				X
	Improving service quality through health worker training	X			X	X
Finance	Supply-side performance-based incentive programs		X			X
	User fee exemptions		X			
	Conditional cash transfers		X	X	X	X
	Voucher programs		X	X	X	X
	Health insurance		X	X		X
Governance	Contracting out service provision		X	X		X
	Community engagement/ decentralization	X		X	X	X
Information	Information technology supports (mHealth and eHealth)			X	X	X
Medical Products, Vaccines, and Technology	Pharmaceutical systems strengthening initiatives	X				
Service Delivery	Bringing health services closer to the community level			X	X	X
	Service integration			X	X	X

*Note: The list is not comprehensive. The absence of a given HSS intervention only reflects the absence of published systemic reviews on the specific intervention.*

# ENDNOTES

1. Institute of Medicine, *Investing in Global Health, Sustaining Gains, Transforming Lives* (October 2014).
2. The global goals for UHC announced in May 2014 by the World Health Organization (WHO) and the World Bank, after an extensive consultation process with health sector partners and governments, are: By 2030, all populations, independent of household income, expenditure or wealth, place of residence or gender, have at least 80 percent essential health services coverage; and by 2030, everyone has 100 percent financial protection from out-of-pocket payments for health services. See WHO and World Bank, *Monitoring Progress Towards Universal Health Coverage at Country and Global Levels: Framework, Measures and Targets* (May 2014).
3. These six core functions were originally crafted by the WHO and are now used worldwide in partner countries and by other donors to focus and measure HSS outcomes and impact. See WHO, *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action* (2007); WHO, *The World Health Report 2000 – Improving Performance* (2000).
4. See <https://www.usaid.gov/policy/local-systems-framework>
5. WHO, for example, has issued a set of composite indicators to monitor improvements in these six functions. See, e.g., WHO, *Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies* (2010).
6. USAID, *Acting on the Call – Ending Preventable Child and Maternal Deaths* (June 2014), pages 66–79; See also, Chopra M., Sharkey A., Dalmiya N., Anthony D., Binkin N., “Equity in Child Survival, Health, and Nutrition – Strategies to Improve Health Coverage and Narrow the Equity Gap in Child Survival, Health, and Nutrition.” *The Lancet*. Vol. 380 (September 20, 2012), pages 1331–1332.
7. See USAID, *Gender Equality and Female Empowerment Policy* (March 2012); USAID, *Policy on Youth in Development – Realizing the Demographic Opportunity* (October 2012); USAID, *Lesbian, Gay, Bisexual, and Transgender (LGBT) Vision for Action – Promoting and Supporting LGBT Individuals* (May 2014).
8. Lancet Commission on Investing in Health, *Global Health 2035: A World Converging within a Generation* (December 2013), pages 47–48.
9. Kieny M.P., Evans D., Schmets F., and Kadandale S., “Health Systems Resilience: Reflections on the Ebola Crisis in Western Africa,” *Bulletin of WHO*. Volume 92. No. 12 (December 2014), pages 849–852.
10. Inequity in health outcomes and use of health services between poor and non-poor households persists. In many countries, for key indicators, such as infant and child mortality rates; maternal mortality and universal access to reproductive health, as proxied by births of mothers ages 15–49 attended by skilled health personnel; the contraceptive prevalence rate; the rate of antenatal care coverage; and communicable disease outbreaks, including HIV prevalence, the poorest 40 percent have made less progress than the richest 60 percent. In some countries, access to care and health outcomes for the poor have even deteriorated in absolute terms. See World Bank, *Ending Poverty and Sharing Prosperity – Global Monitoring Report* (2015).
11. At the October 2014 Global Symposium on Health Systems Research, participants issued a joint statement calling for health systems to be directly accountable to ordinary people and more responsive to clients, stressing the need to reach out to civil society groups and encourage community participation in the management of health providers and services. See Cape Town Joint Statement from the Third Global Symposium on Health Systems Research – the Science and Practice of People-Centered Health Systems, Cape Town, South Africa (October 3, 2014). Available at: [http://healthsystemsresearch.org/hsr2014/home?qt-programme\\_at\\_a\\_glance=1](http://healthsystemsresearch.org/hsr2014/home?qt-programme_at_a_glance=1).
12. Globally, two thirds (38 million of 56 million) of annual deaths are still not registered, and the births of almost half the world's children go unregistered. See WHO, *Civil Registration: Why Counting Births and Deaths Is Important*. Fact Sheet 324 (May 2014).
13. See, e.g., USAID, *The Health Systems Assessment Approach: A How to Manual (Version 2.0)* (September 2012). [http://www.healthsystemassessment.com/wp-content/uploads/2012/06/HSA\\_Manual\\_Version\\_2\\_Sept\\_2012.pdf](http://www.healthsystemassessment.com/wp-content/uploads/2012/06/HSA_Manual_Version_2_Sept_2012.pdf).
14. WHO, *Handbook on Monitoring and Evaluation for Human Resources for Health* (2009).
15. WHO, *Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies* (2010).
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18. USAID, Impact of Health Systems Strengthening on Health (July 2015). <https://www.hfgproject.org/wp-content/uploads/2015/07/Impact-of-Health-Systems-Strengthening-on-Health.pdf>.
19. See the Vision for HSS At-a-Glance, on page 9, as a useful framing for prioritization of HSS interventions.
20. USAID, Assessment to Action, A Guide to Conducting Private Sector Assessments in Developing Countries (Strengthening Health Outcomes through the Private Sector [SHOPS] [2014]).
21. USAID, Taking the Long View: A Practical Guide for Sustainability Planning and Measurement in Community Oriented Health Programming. <http://cedarscenter.com/sfoverview.cfm> (2008); Sarriot E.G., Kouletio M., Jahan S., Rasul I., Musha A.K.M. Advancing the Application of Systems Thinking in Health: Sustainability Evaluation as Learning and Sense-making in a Complex Urban Health System in Northern Bangladesh. 2014, 12:45. <http://www.health-policy-systems.com/content/12/1/45>.
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23. USAID, Local Systems: A Framework for Supporting Sustained Development (April 2014). <https://www.usaid.gov/policy/local-systems-framework>.
24. Fox E. and Obregon R., Population-level Behavior Change to Enhance Child Survival and Development in Low-and Middle-Income Countries. *Journal of Health Communication*. Vol. 19 (September 1, 2014).
25. USAID, Impact of Health Systems Strengthening on Health (July 2015); See also: WHO, the World Health Report 2013 – Research for Universal Health Coverage (2013). Pages 96–100.



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