UNDERSTANDING THE DYNAMICS OF SUCCESSFUL HEALTH SYSTEM STRENGTHENING INTERVENTIONS
Summary of study and cross-case results

This brief summarizes the results from cross-case analysis of five retrospective, qualitative case studies of successful USAID-funded health systems strengthening (HSS) interventions

Selected Case Study HSS Interventions

Intervention name	Country	Period	Budget / Funding source	Focus
Dialogue on HIV and TB Project (Central Asia) – Kazakhstan	Kazakhstan	2009 – 2015	$3.04 million (Kazakhstan), $14.8 million (project) /USAID	Treatment and support for HIV/AIDs and TB in key populations
Improving Health Outcomes through Clinical Pharmacy Services – Ethiopia	Ethiopia	2012 – 2016	$428,299 /USAID	Clinical pharmacy services
Maternal & Child Centers of Excellence: Improving health systems and quality of services in the Dominican Republic	Dominican Republic	2009 – 2014	$15,500,000 /USAID	Quality and management improvement
Twubakane Decentralization and Health Program – Rwanda	Rwanda	2005 – 2010	$34,871,226 /USAID	Local district management and financing to inform access to and quality of healthcare services
Zambia Integrated Systems Strengthening Program	Zambia	2010 – 2014	$88,092,613 /USAID	Strengthen systems for planning, management, and delivery of quality, high-impact health services at national, provincial, and district levels

Case study methods

Case selection: Systematic, purposive case selection from the 143 cases submitted to USAID's 2014 Global Call for Health Systems Strengthening Cases that are successful, robust examples of HSS Interventions

Document review: Review of 30 project documents following structured rubric

Stakeholder interviews: Completed 44 semi-structured interviews with stakeholders from implementing partners, host governments, and USAID

Analysis: Qualitative coding and analysis in NVivo following combined implementation framework

Research questions

1. How were a range of successful HSS interventions implemented in different countries?
2. What factors facilitated and constrained the successful implementation and documented outcomes of the interventions?
3. What were important factors about implementation that emerged across the different cases?
4. What are the implications of this study for implementing future HSS interventions?

Key cross-case results by implementation stage

Pre-condition

Enabling environment
- ❖ Political representation: Projects were in democratic countries, but three projects were in countries with strong state control
- ❖ Governance: Decentralization featured prominently across four projects; positively in some and negatively in others

Project design
- ❖ All characterized by marriage of agreed-upon problems with well-defined set of solutions
- ❖ Project designs largely focused on solving service delivery problems in nuanced ways
- ❖ Strong involvement of sub-contractors, local implementing partners, and government

Pre-implementation

Characteristics of organization
- ❖ Diverse composition of implementing teams
  - ▪ Inclusion of government, local and international NGOs
  - ▪ Interdisciplinary teams coordinated by technical working groups
- ❖ Identity of the prime implementer was key
  - ▪ Highly context-specific, wide agreement that this was the "right" prime
  - ▪ Close professional relationships with stakeholders

Implementation climate
- ❖ Inclusive and engaging project structure: Transparent decision-making internally; trust among implementing partners; deep connections created "family" environment

Planning
- ❖ Planning processes were transparent, had plural participation through collaboration and engagement at each stage in process
- ❖ Existing strong-evidence base aided in creative project design and adaptability

Implementation

Implementation approach
- ❖ From design through implementation
  - ▪ Working with multiple actors at multiple levels of health system
  - ▪ Project activities as catalysts for government initiatives
  - ▪ Contributions to governance and accountability
- ❖ Organizational learning and project adaptation was affected by national context, external forces, and factors internal to project

Actors and relationships
- ❖ Strong relationships between prime and sub-contractors; had shared mission regardless of leadership style
- ❖ Strong connections with and support from USAID Mission teams
- ❖ Projects engaged with MOH and many others (e.g., public administration, local government, civil society)
- ❖ Individual actors, supportive or resistant, did not play significant role

Maintenance and evolution

Sustaining implementation
- ❖ Sustainability challenges:
  - ▪ Uncertainty about continued funds and contracting delays
  - ▪ Shifts in follow-on projects
  - ▪ Government staff turnover made sustaining project activities difficult
- ❖ Planning for sustainability during design was explicit in some cases and implicit in others

Changes & Dissemination
- ❖ Little to no mention of unexpected changes or dissemination, which was potential missed opportunities for dissemination within USAID

Recommendations for donor-supported HSS projects

1. Expect project to be **responsive to local conditions and priorities** in design and implementation to ensure effectiveness, support, commitment, and sustainability
2. Encourage efforts to **target multiple levels of the health system** to address bottlenecks that impede lasting change
3. **Engage stakeholders early, often, and with purpose** across the range of actors and institutions with interests at stake to ensure productive, collaborative working relationships
4. Ensure **participatory planning** in program operations to ensure stakeholder engagement and collaboration, alignment with government priorities, and sector-wide coordination
5. Frame **monitoring and evaluation of HSS implementation as an opportunity for learning** by using indicators that capture HSS interventions rather than health outcomes and incorporating monitoring and evaluation into project planning and learning cycles

USAID Technical Advisory Group from Bureau for Global Health

Organizers: Joseph Naimoli and Sweta Saxena (Office of Health Systems)
Members: Kristina Yarrow, Elisa Adelman, and Jean-Jacques Frere (Asia)
Ishrat Husain (Africa)
Amy Kay (Middle East)

Katie Qutub (Latin American and the Caribbean)
Rochika Chaudhry (Office of Country Support)
Aye Aye Thwin (Office of Health Systems)
Maggwa Baker (Office of Population and Reproductive Health)

Janine Hum (Center for Innovation and Impact)
Martin Alilio (President's Malaria Initiative)
Claudia Conlon, Helen Petach, Bill Weiss, and Anne Palaia (Office of Maternal and Child Health and Nutrition)
Diana Frymus (Office of HIV/AIDS)