



Technical Working Group on Health System Assessments

BACKGROUND PAPER:

Harmonizing and Aligning Health Systems Assessments (HSA)

Review of HSA tools and approaches

CONTENT

Rationale and structure of the review	3
Glossary	5
Executive Summary	7
Section 1: Methodology for the Health System Assessment tool review	8
Section 2: Descriptive overview of the selected Health System Assessment tools	10
Section 3: Comparative analysis of the selected tools	12
Section 4: Characteristics of sound HSA tools and processes	20
Section 5: Potential entry points for increasing comparability - options for conducting a more harmonized and aligned HSA:	
a) Alignment and Harmonization of Health System Assessments – technical level	22
b) Alignment and Harmonization of Health System Assessments – political level	25
Section 6: Conclusion and suggestions for UHC2030 TWG on HSAs	27
Annex 1: Review and Analysis of individual health system assessments	28

RATIONALE AND STRUCTURE OF THE REVIEW

The aims of the UHC 2030 Technical Working Group on Health System Assessments, building on UHC 2030 meetings in June and December 2016, are to

- (1) recommend options for conducting a more harmonized and aligned Health System Assessment (HSA), with practical guidance on the optimal country-led and country-tailored process
- (2) recommend a common, adaptable annotated framework for health systems performance assessment

It is hoped that by fulfilling the above-mentioned aims, HSAs will work more positively for countries to truly contribute to improved health systems performance with a reduction in the often heavy administrative burden. The present review aims to support objective #1 of the TWG tasks, which is to:

- Examine all relevant, existing tools and approaches on health systems assessments;
- Examine potential entry points for harmonization by distilling its pros and cons;
- Come to a consensus on how to better align the different approaches, where feasible, by elaborating a common reporting framework;
- Agree on what should be a HSA in the SDG era, with a view to what is needed to progress towards UHC including clear linkages to on-going work such as UHC assessments;
- Agree upon principles and main approaches for a country-led process, given the differing needs of those conducting the assessments, as well as the objective of lowering transaction costs from a MoH/government perspective.

The focus of this review is to examine relevant tools and approaches to identify potential entry points for harmonization and alignment.

Thus, the review examines tools that provide an assessment of the *whole health sector*, i.e. tools that specifically look to provide a system-wide and comprehensive analysis of all relevant health systems areas (such as health financing, governance, human resources for health, etc.). Guided by the overall aim to increase country-led and country-tailored processes and thus decrease the (administrative) burden on countries by establishing common entry points, this review includes health system performance assessments (HSPA).

Consequently, tools that focus on only one specific aspect of the health system (e.g. one of the health system building blocks, or one service delivery area) were not included in this review as they do not offer thoroughly system-wide perspectives (these are often called ‘deep dives’).

This HSA tool review report serves as a background paper to the first face-to-face TWG meeting on Health Systems Assessments in Geneva in October 2017 and focuses around three main areas:

- Descriptive overview of existing and relevant tools;
- Comparative analysis of those tools;
- Potential entry points for harmonization and alignment.

The structure of the review is as follows:

- 1) The first section will explain the criteria for selection of tools to be included in this review, as well as the **core set of questions (methodology)** guiding the document review of the selected Health System Assessment tools. The methodology used for the key informant interviews will also be elaborated upon.
- 2) The second section will **provide a descriptive overview of the selected tools, including key commonalities and differences**, drawn from the tool's documentation and structured according to the guiding questions (see annex 1), and complemented by key informant interview information.
- 3) The third section will provide a **comparative analysis of the different tools**.
- 4) The fourth section will, based on the above, **propose relevant characteristics** for both an 'ideal' assessment tool as well as for an 'ideal' assessment process.
- 5) Based on the analytical synthesis, the fifth section will then **discuss potential entry points for harmonization and alignment** in regard to the
 - a) **Technical content** as well as
 - b) **HSA process** of tool applicationto increase comparability between the different health system assessment tools.
- 6) Section six will conclude the analysis by suggesting **additional elements to expand** the work on HSAs by the TWG.

GLOSSARY (ALPHABETICAL ORDER)

Deep dive tools: Those are assessment tools that provide an in-depth study of one specific health system-related area. They do not necessarily provide an assessment of the whole health sector.

Health System Assessment tools: Tools that provide an assessment of the whole health sector by looking to provide a system-wide and comprehensive analysis of all relevant health systems areas (such as health financing, governance, human resources for health, health programmes, and cross-cutting topics as well).

Health System Building Blocks: In 2007, WHO delineated the basic health system functions into six “building blocks”: Service delivery; health workforce; information; medical products, vaccines and technologies; financing; leadership and governance. All six building blocks are needed to improve outcomes.

“To achieve their goals, all health systems have to carry out some basic functions, regardless of how they are organized: they have to provide services; develop health workers and other key resources; mobilize and allocate finances, and ensure health system leadership and governance”

-- Everybody’s business: strengthening health systems to improve health outcomes: WHO’s framework for action, 2007.

Health System Goals: The same 2007 publication mentions the following as examples of health systems goals: Improved health, responsiveness, social and financial risk protection, improved efficiency.

“Health systems have multiple goals. The World health report 2000 defined overall health system outcomes or goals as: improving health and health equity, in ways that are responsive, financially fair, and make the best, or most efficient, use of available resources”

– (Everybody’s business: strengthening health systems to improve health outcomes: WHO’s framework for action, 2007).

Methodological guidance: Structured guidance provided by a tool on how to conduct the assessment in regard to procedural and logistical aspects.

Sub-national: Sub-national level refers to all levels below the national level, i.e. local, district or regional level. Sub-national planning is generally determined by the dimension and range of decentralization, as well as the degree of autonomy of the sub-national planning authority.

Technical guidance: Technical background and information in regard to the HSA content areas that are to be assessed. This implies an indicator framework, information gathering and technical guidance in regard to the areas (e.g. building blocks) to be assessed.

Tool: The term “tool” is used as a generic term to summarize HSA tools, approaches and methodologies, even though their original name might be different.

Tool owner: Institutions/Organizations that created a health system (performance) assessment tool / approach and are promoting it for use in countries.

Tool user: Countries/institutions conducting a health system (performance) assessment through the means of a specific HSA tool

EXECUTIVE SUMMARY

The analysis of tools and the interviews conducted with tool owners and tool users showed that the reviewed tools show broad similarities in regard to their aims, focus of assessment, process of assessment and the use of results. All reviewed tools are able to support planning and policy making in a similar direction, with slightly differing support in regard to the development of recommendations and the detail in which technical guidance is provided.

Thus, the choice of tools does not seem to be the most relevant determinant for influencing national and international partners' willingness to engage in aligned and harmonized assessment efforts.

What matters more seems to be the 1) political readiness of national and international partners to contribute to alignment and harmonization efforts and the 2) quality of the results established through the assessment (i.e. technical soundness of the assessment), the latter probably determining the first. To put it differently, national and international partners seem to be more willing to harmonize and align if they trust the HSA as technically sound and the results as adequately reflecting reality.

Thus, potential entry points for harmonization and alignment presented in this review are related to 1) political aspects of harmonization and alignment and 2) ways for increasing the validity and reliability of the assessment results.

SECTION 1: METHODOLOGY FOR THE HEALTH SYSTEM ASSESSMENT TOOL REVIEW

HSA tools focussing on whole-of-system assessments were the target of this review. The selection of tools was thus based on the following criteria:

- Can the HSA tool be considered a formal assessment methodology, including a framework to analyse (the performance of) the health system and communicate its results?
- Does the assessment take a systems approach and assess systems elements critically, and from a systems perspective?

To select the tools, an intense literature search for adequate tools/approaches was undertaken. A broad internet search through various websites and databases was conducted:

- Broad internet search based on health system assessment/tool criteria: Google, Google scholar, PubMed.
- Database search, for example: WHO National Health Planning Tools, Procurement and Supply Management (PSM) Toolbox, Human Resources for Health tools and guidelines/WHO, WHO Management for Health service Delivery, Health Statistics and Information Systems/Data Analysis tools, Essential Medicines and Health Products Information Portal.
- Search on specific web pages: WHO, UNDP, World Bank, USAID, UNAIDS, UNICEF, Global Fund, GIZ, GAVI, Ministries of Health (Germany, UK, France, Sweden, Norway), universities.

The following tools were selected for the review:

Table 1, Health System Assessment tools

Name of the tool	Run by	Year
Health System Assessment Approach: A How-To Manual	USAID	2016
Health System Performance Assessment	WHO /EURO	2012
Health System Analysis for better Health System Strengthening	World Bank	2011
Monitoring the Building Blocks of Health Systems: a Handbook of Indicators and their Measurement Strategies	WHO	2010
Health System Rapid Diagnostic Tool	FHI 360	2011
Situation Analysis of the Health Sector	WHO	2016
Health System Reviews (HiTs)	WHO / EURO	2010
<i>Joint Assessment of National Strategies</i>	<i>IHP+</i>	<i>2015</i>
<i>Service availability and readiness assessment (SARA)</i>	<i>WHO</i>	<i>2005</i>

Next, a review of the documentation publicly available on each of the selected HSA tools was undertaken. To fill any gaps in information, the document review was complemented by

interviews with “tool owners” as well as other key informants (KI) such as country users of assessments¹.

The selection of key informant interviews were based on the following criteria:

- Tool owner of the tools included in the present review
- Country representatives that were present during the June/December 2016 meetings

Both the document analysis of individual tools as well as the interviews with tool owners were guided by the following questions:

Table 2: Outline of guiding questions for tool analysis / interviews

Area reviewed	Guiding questions
HSA tools’ stated purpose and intention	What are the objectives of the tool? How is the HSA structured? What is the main target audience?
HAS tools’ scope	Which areas are covered under the HSA? Which approach is used to cover those areas? What level of assessment is offered?
Adaptability of the HSA	Can the tool be (easily) adapted to the country-specific context? Is the tool relevant and acceptable to stakeholders? Can the tool (easily) be adapted to stakeholder’s general and/or specific objectives?
Current use of the HSA	Who is using the tool? Why are stakeholders using the tool? How are the results of the assessment used?
Comparative advantages of the HAS tools	What are the distinctive elements of the tool that make it unique or essential?

Interviews with country-level users focused on how they adapted tools and assessment approaches to their own national context and assessment goals. A key observation here is that one specific tool may not have been used. The interviews were guided by the following questions:

- Reasons for choosing an assessment methodology (i.e. a tool)?
- Challenges and advantages of the assessment process with the chosen methodology?
- Discussion of characteristics of sound HSA processes (do’s and don’ts from country perspective).

¹ Interviews were conducted with USAID, Abt Associates, fhi360, WHO/ EURO, World Bank, European Observatory on Health Systems and Policies, an independent consultant with extensive country HSA experience, WHO Sierra Leone, Hungary, Liberia, Institute of Public Health India and OECD.

Section 2: Descriptive overview of the selected Health System Assessment tools

A detailed discussion of the reviewed tools is provided in Annex 1. However, a brief overview of the tools is given in Table 3 and hereafter:

Health System Assessment Approach: A How-To Manual (USAID): The how-to-manual is most widely-used as a formal approach and goes into great detail on the different content areas as well as the process suggested for a HSA: It provides both a detailed methodological guidance as well as comprehensive technical guidance. Its aim is to provide an in-depth analysis of causes and effects and identify strengths and weaknesses as well as reasons for malfunctioning of the health system and its building blocks. The tool provides support to develop concrete recommendations for reform and policy options.

Health System Performance Assessment (WHO/EURO): This approach is mainly used in the EURO Region of WHO and focuses on the assessment of health system goals based on health system strategies. Methodological guidance is provided, however, there is no specific technical guidance provided. The tool addresses the strategic level and can be used to support/supplement a situation analysis to identify policy options or defining general recommendations.

Health System Analysis for better Health System Strengthening (World Bank): The World Bank does not promote this tool anymore. However, it is still used in this review because it is an approach that was used in many countries and that can support the identification of entry points for harmonization and alignment of tools.

The World Bank tool provides a methodological framework of elements that should be present during an analysis and hence supports a country in setting up the assessment. However, technical guidance is not provided. Its main aim is to identify determinants of health system performance and support the development of policies and strategies to improve that performance.

Monitoring the Building Blocks of Health Systems: a Handbook of Indicators and their Measurement Strategies (WHO): The handbook is a collection of indicators and measurement strategies in regard to the six health system building blocks. It does not provide a specific assessment approach, however it is still part of this review as it could be a complementary assessment option for countries. The handbook presents core indicators for each building block and demonstrates methods and sources how to collect the relevant data. It does not provide a guided approach on how to develop recommendations and policies.

Health System Rapid Diagnostic Tool (fhi 360): The tool is designed to be used within the oversight of the FHI 360 country office, intensely focussing on methodological/process-oriented aspects of the assessment. The tool seeks to establish a diagnostic that could serve as the bases for designing a health system strengthening strategy. It takes the health system

building blocks and health system functions into account but it does not provide technical guidance on those areas.

Situation Analysis of the Health Sector (WHO): The tool focusses on a sector-wide approach for the development of a national plan/strategy. However, it is also adaptable to certain thematic areas or analysis objectives. Similar to the rapid diagnostic tool (FHI 360) WHO's methodology focuses on the process (rather than the technical aspects) but it additionally provides guidance on how to reach an evidence-based and relevant information basis for further analysis. It does not give any additional technical guidance for the assessment of specific technical areas, but it does provide a step-by-step approach on "how" to undertake an assessment.

Health System Reviews (WHO/EURO): The HiT tool provides a template and guidelines (including specific questions, definitions, suggestions for data sources) that are intended to produce a detailed description of the health (care) system and of reform and policy initiatives. Unlike the other tools, it is not meant to be participatory, and depends on a fixed writing team.

Two additional tools which are not really HSA approaches have been examined as well: **Service availability and readiness assessment (SARA)** and **Joint Assessment of National Strategies (JANS)**. Their inclusion is justified by the fact that the findings and results generated by these approaches are used in the same way HSA results would be used. The results of those tools might be used as the basis for a HSA and vice versa. In addition, they might influence the way a health system assessment is done in countries.

SECTION 3: COMPARATIVE ANALYSIS OF THE SELECTED TOOLS

The following comparative analysis of the tool intends to show the differences in regard to the scope, focus and aims between the tools (see guiding questions, table 1). However, those differences need to be seen as nuances, given that all tools provide a high degree of similarity and flexibility in regard to both, methodological aspects (process) as well as technical areas for the assessment. Despite those broad areas of consent, the following discussion will highlight the different emphasises the tools use.

3.1. HSA tools' stated purpose and intent

The overall stated rationale and purpose of the different tools resemble one another: to assess and diagnose the strengths and weaknesses of the health system.

However, there is a difference in regard to the **underlying intentions and more specific objectives of each tool**: While some tools intend to support the identification of solutions and provide recommendations for implementation (e.g. HSAA manual by USAID; diagnostic tool by fhi 360), other tools remain on the level of a descriptive diagnosis (HiT by WHO EURO; Monitoring the Building Blocks of Health Systems: a Handbook of Indicators and their Measurement Strategies by WHO HQ).

Additionally, the tools differ in regard to the **elements and categories** that they use to structure the assessment process. Almost all tools recommend a number of similar steps for assessing the health system. However, the different tools provide different levels of detail on each step - for example the number of steps, purpose of each step, etc. are not elaborated upon in the same way for each tool. Some tools may list each step in detail (e.g. HSAA manual by USAID, rapid diagnostic tool by fhi 360) while others might simply give an indication of possible landmarks, instead of concrete recommended steps (e.g. Situation Analysis by WHO, Health System Assessment by World Bank) Finally, all of the tools emphasize the aspect of being flexible, i.e. even though certain recommendations are given as to when to take which steps, tool users should ultimately define and decide on the steps based on the local context.

Almost all tools focus the evidence **analysis on the national level** with options for adapting either the use of the tool to sub-national levels or for adapting the implementation of recommendations identified at national level to sub-national levels. The rapid diagnostic tool by fhi360 is the only tool that primarily and directly targets the sub-national levels.

The **target audience** for all tools are mainly two stakeholder groups: MOH/government entities (potentially at different levels – taking decentralization into account) and international stakeholders. However, participation during the assessment process is usually also extended to other health sector actors (e.g. civil society, private sector,...).

3.2.HSA tools' scope

The **areas covered** by the tools reflect the full spectrum or parts of:

- the health system building blocks,
- established health system goals,
- established health system functions.

Most tools additionally make reference to cross-cutting themes, for example linking the analysis to social determinants of health, universal health coverage, etc.

The scope of some tools is linked directly to one of the three above-mentioned areas, such as the six building blocks, while others cover multiple areas at once (e.g. building blocks plus functions). For example, the fhi 360 rapid diagnostic tool focuses on the building blocks and also takes health system functions into account. The HSPA tool by WHO/EURO focuses on the accomplishment of health system goals based on health system strategies. As a consequence, the chosen focus might influence and alter the analysis and thus will have an impact on the way the results are presented.

Indicators used: All tools base their assessment on a chosen set of indicators.² However, there is no common set of indicators, nor is there clarity on the definitions of different terms and indicators used across the tools.

Types of recommendations given: Some tools provide a *prescriptive approach*, that is, they provide guidance on using the collected data to develop recommendations and solutions and combine this with *methodological guidance*, i.e. a structure on how to conduct the assessment in regard to procedural and logistical aspects (e.g. HSA how-to-manual USAID).

Yet other tools stay at the *descriptive level* and thus facilitate the understanding of the health system status quo. However, they provide neither recommendations nor solutions to identified challenges (e.g. HiTs WHO Euro).

This variation in (the type of) recommendation provided is linked to the overall purpose of the tool: for example, if the tool aims to support a reform process (e.g. through a full assessment like the USAID approach), the focus of the HSA will differ vis à vis a tool objective of providing technical input to specific planning steps (e.g. the WHO indicator framework).

The **level of planning which** the tool focuses on also has repercussions on how far it may foray into recommendations and solutions. For some tools, the strategic aspects of an HSA are more relevant, while others emphasize operational aspects. For example, the HSPA tool looks more heavily at the strategic level to provide “the big picture” foundation to assess the performance of a health system holistically, while the USAID manual guides the identification of strengths, weaknesses, opportunities, and threats of health system

² This may entail an explicit set of (core) indicators in the HSA tool per se, or a reference to recommended indicators, e.g. indicators used in the recent National Health Plan endorsed by the MOH.

components, and subsequently supports the development of specific recommendations to overcome challenges.

3.3. Adaptability of the HSA tools

All tools emphasize a high degree of flexibility and adaptability to **national and sub-national contexts**: Indeed, the areas of assessment as well as the methodologies provided do seem flexible enough to be adjusted to individual national circumstances.

That being said, tools usually do not provide insights on how exactly this adaptation would work out and what specific national/local circumstances they are referring to. The only exception is the WHO situation analysis, providing support to countries wishing to undertake an assessment in decentralized or fragile or aid-dependent contexts.

Similar to national/local circumstances, adaptability to **donor priorities** (e.g. focus on one specific aspect of the building block more than on other building blocks) and objectives (e.g. planning and justifying financial investment) are an understood element of assessment methods. Some tools (.e.g. USAID manual) even suggest the inclusion of other external stakeholders during the assessment.

However, the tools leave it unclear how to best adapt to donor priorities, how the adaptation could work out for all involved stakeholders and how to concretize corresponding roles and responsibilities.

Hence, both from a technical and a political perspective, adaptability remains a vague concept in all reviewed tools.

3.4. Current use of the HSA tools

In regard to the use of the tools, two perspectives will be discussed:

- how the tools that are reviewed in this report are used in countries from the perspective of tool owners, based on tool owner interviews and tool documentation
- The country perspective of how HSAs are conducted, irrespective of the methodology used

3.4.1. Application of the reviewed tools in countries

The assessments are usually organized through MOH and the respective partner (tool owner). The results have mainly been used to contribute to two objectives: 1) development of national plans, strategies or reform processes and 2) supporting funding applications.

Most HSAs specifically encourage the **participation (and buy-in) of stakeholders** – no tool actively discourages it.³ However, the tools do not particularly specify which stakeholders to engage and how, and for which types of analysis or decisions. Some leave it open and simply mention that national/local decision-making should be encouraged with locally defined and

³ HiT is a special case since the assessment is fully conducted by experts/WHO EURO. However, the discussion and distribution of results is still intended to be broad.

selected stakeholders. Some tools do provide more specific examples, but the decision on the details of stakeholder engagement is left up to the country.

Some HSA tools are specifically promoted in certain circumstances by donors but no technical pattern could be identified as to the rationale behind the [selection of tools](#): the most relevant decision for or against a HSA tool seems to be the national (planning) context and the funding and international partner landscape of the country, not so much the technical concept of the tool. Other tools are designed specifically for certain geographical regions (e.g. HiTs/Europe).

Thus a high or low use of specific HSA tools cannot be attributed to the quality of the tool but rather to contextual factors (e.g. donor influence as stated above). For example, the Global Fund to fight AIDS, Tuberculosis and Malaria promotes the USAID manual to support the writing process of Global Fund HSS applications.

Interviewed tool owners, except the HITs, confirmed that they are [not always aware if and how the tool is used](#) since the tools are promoted widely over the internet and accessible publicly. Usually, the tool owner is involved in cases where support from the tool owner is needed or in cases where the tool owner directly encourages the use of the tool. Additionally, it is not possible to trace the dissemination of the published results/reports related to the assessments.

3.4.2. Country perspective on HSA tool application

Despite the availability of the reviewed tools (and tool owner support), the choice of tools from a country perspective seems to be quite diverse. Obviously, there is a number of countries using the reviewed tools fully or in parts; however, many assessments are also undertaken without a specifically labelled ‘tool’ at all, depending on a methodology that is either created just for this occasion, usually consisting of desk reviews, interviews and field visits; or based on already in-country existing methodologies (e.g. for regular review purposes). Clearly, this could still be seen as a tool or methodology or approach, even if it is not called as such. While the closeness to the country reality is a plus side to this, an obvious disadvantage is the lack of consistency across countries and reproducibility and comparability over time.

Interviews with key informants from countries that already undertook assessments or are planning to conduct assessments showed that awareness of existing tools / tools that are reviewed in this paper is generally low.

Those assessments are usually supported by international stakeholders (e.g. WHO) but given the lack of a formal “assessment design”, the methodology is difficult to grasp and analyse, often only reflected in the Terms of Reference for the national/international consultants, or hidden in other forms of documentation. Even though those “spontaneously” created assessment methodologies are not part of this review, they might become relevant for the TWG: moving towards greater harmonization and alignment would also mean to move more

towards country perspectives where they might create their own assessment design and spontaneously pick what they need from formal tools and other approaches, i.e. some elements but maybe not all, and put it together to use what is most relevant to them. Interviews with country stakeholders have demonstrated that the flexibility and adaptability of tools is imperative for the decision to use a tool.

3.5. Comparative advantages of the HSA tools

In regard to the distinctive elements of reviewed HSAs, a continuum in regard to the guidance provided could be identified with the two endpoints on each end of a spectrum:

- The most explicit and detailed tools focus on two components of the assessment: methodological guidance plus technical guidance.
- Other tools provide a brief overview of how to approach an assessment (or an indicator framework), without actually providing technical or methodological guidance

Additionally, in regard to the **objective** of the assessment, some tools specialize in:

- a descriptive overview of the health system
- recommendations and options for (e.g.) reform implementation.

All tools have a distinct way of ensuring that the tool users are “empowered” to decide what it is they need from the tool and how they can make the tool work for them. Thus, all reviewed tools provide some kind of endorsement for self-reliance of the country. However, the tools differ in regard to the amount of support they provide for the identification of which (health) aspects to look at during the assessment (e.g. how to decide on the technical focus).

The following table provides an overview of the specificities of the reviewed tools:

Table 3: Specificities of reviewed tools

Tool name	Run by...	Area of assessment	Focus of the tool	Description
Health System Assessment Approach: A How-To Manual	USAID	Health System Building Blocks	Methodology of process of assessment - with technical guidance	In-depth analysis of causal pathways; Identification of strengths and weaknesses; Establishment of reasons for malfunctioning health system elements; Provides analytical support to develop recommendations for reform and policy options.
Health System Rapid Diagnostic Tool	Fhi 360	Health system building blocks and health system functions into account	Methodology of process of assessment	Designed for the use within the oversight of the FHI 360 country office, focussing on methodological and process-oriented aspects of the assessment
Health System Performance Assessment	WHO /EURO	Accomplishment of health system goals based on health system strategies	Methodology of process of assessment	Positioned at a strategic level and could be used to support / supplement a situation analysis to identify policy options or defining general recommendations
Health System Analysis for better health system strengthening	World Bank	Broader system aspects; adaptable to a particular (e.g. disease) programmes or specific donor objectives. Suggestion to explicitly consider financing, delivery, governance, institutions.	Methodology of process of assessment	Methodological framework in regard to the elements that should be present during an analysis and hence supports a country in setting up the assessment
Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies	WHO	Health System Building Blocks	Collection of indicators and measurement strategies	In-depth indicator framework that could be of help during an assessment process

Situation analysis of the Health Sector	WHO	Analysis of health data and measuring the performance of the health sector; Analysis of the implementation of health sector activities, budgets and finances; Analysis of the effectiveness of NHPSP activity areas	Methodology of process of assessment	Step-by-step approach on “how” to undertake an assessment with a strong focus on the methodological and procedural aspects of an assessment (situation analysis),
Health system reviews (HiTs)	EURO/ WHO	All relevant aspects of health system building blocks	Methodology of process of assessment - with technical guidance	Specific set of report, based on an expert-led writing process. Not intended to develop specific recommendations for improvement, but able to inform the planning process on needs and gaps in health systems from a descriptive perspective, focussing on the “functioning of health systems in countries as well as reform and policy initiatives in progress or under development”.
JANS - Joint Assessment of National Strategies	IHP+	Strengths and weaknesses of a (new) national health strategy/ plan	Quality of the strategy	The JANS tool assesses different elements (attributes) of the national plan or strategy from an analytical perspective. It establishes analytical criteria to look at the inputs, processes and outputs that would be part of health system performance under the new strategy.
Service availability and readiness assessment	WHO	Assess and monitor the service availability and readiness of the health sector; Generate evidence to support the planning and managing of a health system.	Methodology and process of assessment with technical guidance	Able to expose key gaps in the health system that could be affecting progress towards established health system goals. Through its approach, the results of a SARA are adequate to feed into the (regular) health sector review process.

3.6. Conclusion

Overall, the tools show broad concurrence in regard to their aims, their foci and their methodological specificities. Differences exist in respect to providing support for developing recommendations and the depth of the technical areas assessed. However, those differences seem to be diluted by the adaptability and flexibility all tools emphasise. Additionally, all tools are able to meaningfully support health planning and policy making by providing the guidance to thoroughly assess the health system. Hence, the choice of tool does not seem to be the most significant determinant for a sound and sustainable health system assessment (process and results) that would be widely accepted by different national and international partners. Interviews with country stakeholders have emphasized that the acceptance of assessment processes and results might even increase if countries were able to rely on a widely (and internationally) accepted technical frame of reference that could be adapted to their own needs and purposes.

Finding options for harmonization and alignment for better comparability thus seems to depend more on the

- 1) readiness of stakeholders to engage in joint assessment efforts and the
- 2) leeway stakeholders have to base their strategical and operational support on sustainable and robust assessment results.

Consequently, two areas seem to be relevant for continuing the work on increasing comparability for improved harmonization and alignment of HSA tools:

- 1) the political readiness and willingness of national and international partners to contribute to alignment and harmonization efforts and
- 2) the quality of the results established through the assessment (i.e. technical soundness of the assessment, both process and content-related), the latter probably determining the first.

Thus, potential entry points for harmonization and alignment presented in this review are related to

- 1) political aspects of harmonization and alignment and
- 2) ways for increasing the validity and reliability of the assessment results (section 5).

SECTION 4: CHARACTERISTICS OF SOUND HSA TOOLS AND PROCESSES

Based on the document review of tools and the interviews conducted, a few key characteristics of a sound HSA approach and process surfaced that seem to find consensus.

This set of characteristics is not necessarily a comprehensive list; yet they are the ones which were repeated by KIIs in relation to a sound HSA tool/ process:

Characteristics of a sound HSA tool

- **Clear definitions and clear understanding of indicators:** Too many indicators or too vaguely defined indicators might provoke unintended negative consequences in regard to the soundness of the results of the assessment. Tools should therefore be clear and precise in regard to the choice and definition of indicators.
- **Establishing methods for reducing complexities:** A whole-of-system assessment is a very intense and complex exercise. Tools could offer guidance on how to reduce complexities and support prioritization exercises to show better usage of results.
- **Understanding relationships:** An assessment should not just “assess” the strengths and weaknesses on a technical level but also be able to uncover the relationships between technical areas and thus include the political level to be able to get to the root causes and identify causal pathways.
- **Be country-relevant:** Countries prefer to adapt tools or specifically designed methodologies to the country context to make sure to capture country specific challenges. Tools and methodologies should therefore be adaptable to the country context and flexible enough to grasp country challenges.

Characteristics of a sound HSA process

- **Being prepared:** paying attention to upfront work is extremely relevant. Preparation of the assessment process, both on a technical as well as logistical level needs to start before the tool application begins.
- **No “one-off” exercise:** conducting a HSA should always be embedded into a national process (e.g. national planning cycles) and linked or even attached to national reviews and assessments. Promoting follow-up action is vital in regard to the success and sustainable implementation of the recommendations gathered during the assessment and in regard to the buy-in of key stakeholders.
- **Expert-led facilitation:** Even though all tools (except HITs) offer a very flexible and adaptable approach – sometimes combined with supportive guidance, all would require a certain amount of facilitation through a well-informed “expert” (e.g. team leader) to target complexities and scope the discussions.
- **Selection of key stakeholders:** the choice of which stakeholders to be included seems to be quite difficult. And it is not just a question of including the right balance of stakeholders, but it is also a matter of relationships and roles between them e.g. national (public sector) stakeholders, private sector stakeholders, civil society

representatives, etc. Thus, a well-thought out stakeholder mapping is essential for a successful HSA process.

- **Establishing systems for follow-up:** Tracking the use of the assessment tool/approach and evaluating the usefulness of the assessment, including the implementation of recommendations established through the assessment.

SECTION 5: POTENTIAL ENTRY POINTS FOR INCREASING COMPARABILITY - OPTIONS FOR CONDUCTING A MORE HARMONIZED AND ALIGNED HSA

This section will discuss possible areas for harmonization and alignment in regard to a) technical measures and b) political aspects aiming at increasing (long-term) comparability of health system assessments.

Even though there are some similarities and common aspects in regard to the reviewed tools, there are still challenges to be overcome in regard to comparability. Thus, creating more alignment and harmonization across different HSAs would require stakeholder engagement on two levels:

- Increasing synchronization of processes and results (**technical level**);
- Promoting a more accountable HSA environment (**political level**).

a) Alignment and Harmonization of Health System Assessment tools – technical level

Based on the review and analysis of the HSA approaches (see section 2 / Annex 1) and the interviews conducted with key informants, some conclusions for greater harmonization and alignment can be drawn and the following entry points for action could be identified:

A joint framework for presentation of results would increase comparability: Depending on the HSA tool used, the results can vary between a rather descriptive presentation of findings to a prescriptive set of concrete recommendations to overcome operational (and strategic) challenges. Comparability of the two might be impossible due to the different analytical levels - and it might not be feasible (or advisable) to re-design tools to the extent of changing their objectives in order to increase coherence of results.

However, designing a format (framework) for reflecting results of descriptive as well as prescriptive/action oriented approaches, might be an option. Based on the document review of individual tools and taking into consideration interviews conducted with tools owners and tool users, the following initial parameters for the framework seem relevant:

- Descriptive elements could be reflected as a preliminary stage determining subsequent measures for improvement. In this regard, it is essential to separate generated evidence from the recommendations that would be developed based on this evidence. The framework could serve as a platform to present the evidence that would link up to the developed recommendations for implementation. Thus, the reflection of results could be designed in a “levelled approach”, where results are arranged according to their analytical detail and complementing results could be included later on.
- This framework could serve as a consistent point of reference for each individual country, across different points in time and for comparison between countries. From a

methodological perspective, it might be useful to design the format in a way that enables the tool user to put outputs in relation to each other.

- The framework – and especially the information used to fill the framework - would need to be “stored” and accessible for future reference and use (as an example: Health Sector Situation Analysis: <http://www.healthsituation.org/>).

Improved handling of indicators: All tools base their assessment methods on the use of indicators. To increase comparability and reproducibility, three main entry points seem most relevant:

- **Joint approach to indicator use:** The use and usability of indicators appears to be one of the major issues in regard to harmonization. Two steps (the second one building on the first one) could offer potential entry points:
 - 1) Increasing clarity on indicator use with common definitions: Tools and tool users identify a variety of indicators to support the assessment and the choice of indicators might be specific to the national context or the analytical framework of the tool.

Additionally, even the “same” indicators might be subject to variation in regard to their interpretation. Thus, creating consistent definitions of indicators is a first step to stronger harmonization and alignment – and would increase the comparability of results. Aligning and harmonizing the approach to indicator use would be a tremendous step forward.

- 2) Identification of a common core set of indicators: By agreeing on a common set of indicators that would be included in the assessment, the different assessment approaches would become more complementary. Political commitment, besides the technical feasibility, seems to be a fundamental aspect in this regard. The Health Data Collaborative⁴, consisting of global health partners (e.g. international organizations) and countries, would be a key partner in this regard, given that it aims to expand the “availability, quality and use of data for local decision-making and tracking progress toward the health-related SDGs” in order to strengthen a “common agenda for measurement and accountability”³.

- **More emphasis on data consistency could increase validity for comparison:** Most assessments are mainly based on national data. However, some of the data might be incomplete or inaccurate and transparency on the means of data collection might be lacking. Additionally, tools or tool users might find different solutions to substitute or handle missing information. Differences in certain aspects of assessment results might arise from that problem.

⁴ www.healthdatacollaborative.org

- **Clear and consistent terminology:** A joint semantic “baseline” might strengthen the boundaries of the assessment. For example, the definition of “health system goals” might be differing from tool to tool. Providing and creating a very detailed and consistent terminology across tools would increase harmonization and alignment – and enable comparison over time and maybe even facilitate discussion between countries.

Tracking and tracing use and usefulness: The interviews conducted with key informants highlighted that it is oftentimes difficult for tool owners to track the use and the sustainable usefulness of the assessment. However, creating options for tracing the use of the tool would provide benefits in regard to sustainability for both the tool owner with potential to improve the HSA approach and the tool user with potential to improve the implementation of results.

A transparent weighing of components could increase reliability for comparison: The results of the assessment will also depend on the relative importance that is given to the components assessed because they will shape the focus of the results and influence the measures for improvement. Deciding on a common weighing of the relative importance of assessed areas/components would increase comparability of approaches but might not be feasible due to differing priorities. However, finding a way to reflect the relative importance that is attributed to the components might increase transparency.

Improved ways to access existing (national) data and assessment results: Tool owners reported that even though national data might exist, and maybe even a previous assessment might have generated relevant data, it seems difficult to trace information on it. Increasing the awareness of stakeholders, also beyond the health sector, of existing data sources and assessments would be imperative to avoid duplications. Encouraging the use of existing data for “new” assessments to develop recommendations would be a first step. A generic suggestion could be a common data platform where assessment reports are filed.⁵

A common weighing of socioeconomic, nutritional and environmental factors could increase adaptability: For example, cross-cutting issues, food security or ecological public health aspects, are differently valued in the tools and challenge a consistent picture of results across the tools. A standard approach on how to deal with these cross-cutting issues might not be feasible, given the variance in value the different tools give it. However, some degree of standardization on how to assess those factors could be useful.

Common understanding on HSA follow-up and use of results: Established processes for follow-up action and ensuring a good use of the assessment and its results – for example, by maintaining access to results by national and international stakeholders - might reduce the likelihood of undertaking multiple assessments and thus decrease some of the country burden of assessments.

⁵ Linking with the [Health Data Collaborative](#) will be crucial, as it already works on harmonizing data collection efforts and improve accessibility of data and results.

Provide guidance on selecting a HSA tools: A joint knowledge base on existing and relevant HSA tools might enable the international community to better guide countries to select the most appropriate tool for their needs. An option would be to update and reinforce the WHO repository/National Health Planning Tools (<https://extranet.who.int/nhptool/>) and provide guiding support on how to select a tool. An example of this type of guiding support can be found in the Costing Tool Guide which several costing tool owners and users were involved in between 2008 and 2010. The Guide helps to select an appropriate costing and resource planning tool for estimating the costs of specific health actions: apps.who.int/pmnch/topics/costingtool.

b) Alignment and Harmonization of Health System Assessment tools – political level

For the political level, two prerequisites seem to be relevant for increasing alignment and harmonization of HSAs: emphasising mutual accountability and enhancing mutual trust. Based on the previous review and interviews with key informants, the following aspects seem sensible and suitable to increase both:

Recognizing the relevance of HSAs: The importance and political/technical potentials a health system assessment might offer are still not recognized in all contexts and to all stakeholders. It is therefore important to promote the strategic and operational importance of HSAs, when properly embedded in the national (health) planning cycle, and its role in health system strengthening.

Lowering transactions costs to the country: By increasing technical consistency of the HSA approaches, the assessment of a health system and its components could be more balanced and more adapted to different donor objectives and funding scenarios. Thus, the transaction costs of undertaking one (or several) assessments could be lowered for the country. Stakeholders should force themselves to find a way to “use” existing HSA results or build on previously undertaken assessments. HSA results should in turn be made easily available to all interested parties. Well established relationships between development partners on the ground or the existence of IHP+ Country Compacts seem to be factors positively reducing the repetition of assessments.

Increasing the willingness of stakeholders to identify options for harmonization and alignment: Stakeholders need to understand the advantage of being able to compare assessment results for their own benefit. A degree of standardization would enable comparisons not just over time in one country – but also between countries. Increasing peer-to-peer capacity building activities would benefit the national capacities while providing cross-country evidence for further harmonization and alignment. Hence, tools and the use of tools might also provoke capacity building on health system issues in countries.

Understanding the boundaries for harmonization and alignment: Even if a stronger comparability of HSAs can be achieved, parallel assessments will probably not be avoided

altogether since specific and detailed programme assessments cannot be replaced through strategy-oriented whole system assessments. However, agency-specific requirements to conduct whole-of-systems assessments for pointed and specific programmatic purposes could potentially be avoided.

SECTION 6: CONCLUSION AND SUGGESTIONS FOR UHC2030 TWG ON HSAS

Based on the findings of the review, additional elements will need to be considered to further strengthen the work on improving harmonization and alignment of HSAs:

More focus on “users”: To fully understand how alignment and harmonization of HSAs can be increased to benefit the countries and create a more demand-driven approach to this exercise, it is crucial to 1) continue to investigate the use and perception of tools by country stakeholders and 2) continue to gauge the needs and expectations of the countries aiming to undertake an assessment.

Include “reality-check”: During the interviews, it became clear that tool owners, for good reasons, are not always engaged when their tool is used, are not necessarily aware how the tool is used, and are lacking information on the follow-up process to the assessment. Starting discussions to find out how assessments in countries are conducted (e.g. using just parts of the tools, using no tool at all, combining different approaches and tools) might generate additional entry points for more country-led approaches.

Clarify role of “deep-dive” tools: Tools that focus only on a specific technical area, e.g. one of the six health system building blocks, or a specific service delivery area, might be included in this review with the aim to strengthen harmonization and alignment also between whole system and deep-dive tools. However, based on the variety and amount of relevant deep-dive tools, the working group would need to establish clear selection criteria for those deep dive tools.

Clarify role of private sector: It remains challenging to understand the role of the private sector 1) as a stakeholder during the assessment process as well as 2) part of the health system that needs to be assessed. The working group might need to gain clarity on the significance they want to assign to the private sector for HSAs.

ANNEX 1: REVIEW AND ANALYSIS OF INDIVIDUAL HEALTH SYSTEM ASSESSMENTS

Health System Assessment Approach: A How-To Manual (USAID)

1. General approach and context of the HSA

The Health System Assessment by USAID “is a structured, indicator-based methodology for rapid, comprehensive assessment of a country’s health system. The HSA approach synthesizes information [...] to identify the strengths, weaknesses, opportunities, and threats (SWOT) of a wide range of health system components, and transform the findings into specific recommendations and strategies both across the health system as well as for individual ‘core health system functions’”.

The use of the manual is intended for three main purposes:

- *“Enable users to assess a country’s health system, possibly during development of a health program or sector plan. This assessment will diagnose the relative strengths and weaknesses of the health system among the different health actors, prioritize key areas for strengthening, and identify potential solutions or recommendations for interventions that build on the comparative advantages of both public and private health sectors.*
- *Inform all stakeholders – both public and private – about the basic elements and functions of health systems for all health systems stakeholders.*
- *Assist users to conceptualize key health systems challenges and to engage in a process for systematically gathering key information and engaging key stakeholders in order to identify solutions to priority problems”*

The assessment process of the HSA module is organized around 5 steps:

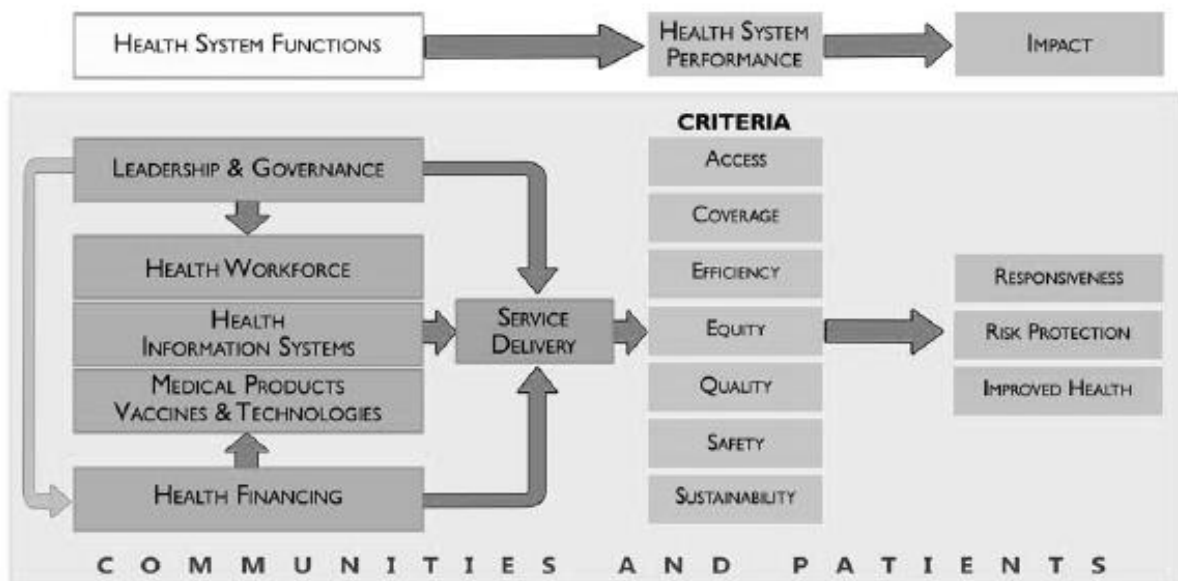
- (1) Shape the assessment
- (2) Mobilize and Operationalize the Team
- (3) Collect Data
- (4) Organize and Analyse Findings and Develop Conclusions
- (5) Formulate Recommendations and Prepare Report

The main target audience or users of the tool would be governmental entities (e.g. Ministry of Health), international donors and other interested stakeholders.

2. Scope of the tool

The manual focusses on the six health system building blocks and their respective interactions. The underlying key concept for this health system strengthening approach is the link to the Universal Health Coverage (UHC) objectives (United Nations Sustainable Development Goal 3).

Figure 1: Impact of Building Block Intervention, USAID (2012), p. 84



Additionally, the manual incorporates interrelationships and effects for measuring overall system performance through the performance criteria:

- Equity (horizontal equity and vertical equity)
- Efficiency (technical efficiency and allocative efficiency)
- Access (financial access and physical access)
- Quality
- Sustainability (financial sustainability and institutional sustainability)

The HSA manual is divided into 7 modules:

- Module 1: Country and Health System Overview
- Module 2: Service Delivery
- Module 3: Human Resources for Health
- Module 4: Medical Products, Vaccines, and Technologies
- Module 5: Health Information System
- Module 6: Health Financing
- Module 7: Governance

All modules follow a similar structure:

- Definition of core functions and its key components of the respective area
- Guidelines on preparing a profile / overview of the respective technical area in the country
- Indicators to assess the functions, capabilities, and quality
- Process for summarizing findings and developing recommendations
- Checklist of topics that the team leader or other writers can use to make sure they have included all recommended content in the chapter

The manual uses a reference for the assessment the six health system building blocks. Those building blocks serve as the main organizational structure for the categorization of modules, but they also serve as the main analytical framework for the assessment.

Evidence is suggested to be gathered from all types of sources: documentation, field visits, and interviews. The range of suggested information is quite broad – ranging from general health sector documents to specific information of detailed issues of the building blocks. Methodological insights on how to analyse and prepare information is provided.

The six health system building blocks can be assessed individually but the manual acknowledges the dynamic relationship among those blocks, thus reflecting cross-cutting (and environmental) issues: Team leaders are especially encouraged to detect cross-cutting health system issues.

The assessment allows for an in-depth analysis of causal pathways, resulting strengths and weaknesses and the establishment of reasons for malfunctioning health system elements. The manual provides analytical support to develop recommendations for reform and policy options. The analysis and synthesis of findings are a crucial element of the manual.

3. Adaptability of the HSA

The manual can be adapted to country context, including the area / content of assessment. Individual modules can be used for a brief assessment of certain areas, or the full manual can be used. The manual is also adaptable according to the priorities of the client of the HSA (e.g. donor, Ministry). Additionally, the objectives of the HSA can be modified and adapted to in-country needs. Feasible and sound options for improvement are critical elements, reflecting on countries individual situations.

The manual uses a general approach, independent from donor or country priorities. But the assessment can be adapted to donor-specific priorities and stakeholder's preferences.

4. Current usage

The tool has been used in 34 countries⁶, mainly organized through MOH and USAID – its results have contributed to the development of national plans and strategies, PEPFAR partnership frameworks, grant applications and general health system strengthening activities. Participation of a variety of stakeholders, including the private sector, has been promoted by USAID to “ensure buy-in to the HSA process and findings, and sustainability of follow-up”.

5. Comparative advantage

The HSA manual offers a technical and analytical guidance document combined with process-related and methodological support for organizing, conducting and finalizing the assessment. This combination of extensive technical as well as detailed procedural support,

⁶ Angola, Azerbaijan, Benin, Pakistan, Yemen, Malawi, Ghana, South Sudan, Vietnam, Namibia, Nigeria, Senegal, West Bank, Vietnam, Cote d'Ivoire, Lesotho, Zimbabwe, Angola, Kenya, Guyana, Tanzania, Uganda, Ukraine, Ethiopia, St Kitts and Nevis, Antigua, St. Vincent and the Grenadines, Grenada, Dominica, St Lucia, Benin, Guatemala, Indonesia, Mali

including guidance on developing recommendations by transforming assessed gaps and needs into policy options, offers an extensive and multi-faceted support mechanism to countries undertaking assessments for the full health system or for parts / selected building blocks.

Additionally, in regard to its scope, the HSA approach of the manual combines significant and relevant aspects of (health system) performance aspects and takes into account health systems inputs and processes.

Health System Performance Assessment – a manual to conducting health system performance assessment at national or sub-national level (WHO / EURO)

1. General approach and context of the HSA

The Health System Performance Assessment (HSPA) uses a country-specific analytical framework to assess the performance of a health system from a holistic perspective, aiming at identifying policy options and recommendations for action.

The HSPA is structured around 6 steps:

- 1) Defining and elaborating a project charter
- 2) Building the performance framework
- 3) Selecting indicators
- 4) Collecting and understanding the data
- 5) Interpreting the data and organizing and writing the report
- 6) Discussing policy options or recommendations and disseminating the report

The tool is intended to be used by national actors at the national, regional or local level in the European Region.

2. Scope of the tool

HSPA is a tool that can be used to strengthen health systems in general, but it has a specific focus on strategically strengthening governance and leadership.

HSPA is able to assess the accomplishment of health system goals based on health system strategies. However, the performance framework that is to be used for the assessment is designed by the country itself, so the approach to be used can vary from country to country.

Since the framework for the assessment is to be designed by the country and according to the country's priorities, there is no fixed area of analysis that would require a cross-cutting assessment. All areas can be included into the assessment framework, based on the availability of indicators.

Despite the analytical and recommendation-based approach of the HSPA, its primary role is to look at the strategic level ("providing the big picture"). HSPA is not intending to assess the strengths or weakness on an operational level, but focusses on a strategic level.

3. Adaptability of the HSA

Countries are able to adapt the framework to their needs and specific conditions, varying approaches to undertake the HSPA are supported through the manual. Even though the concrete areas of assessment are to be defined by the country itself (e.g. country evaluation framework adapted to national context), the framework is providing the principles of assessment and practical steps. However, the rationale and objectives of the HSPA are to be defined by the country, not by the tool / framework.

Through its participatory approach, the HSPA also provides support for aligning different stakeholders (even beyond health sector) to national strategies / plans and national priorities. Its main anchor is the national strategy / plan but it tries to rally different stakeholders to national plans and policies.

4. Current usage

HSPA is mainly promoted by WHO / EURO so evidence about the use of this HSA is mainly from European countries that are supported by WHO / EURO during an ongoing assessment process.

5. Comparative advantage

The tool is not intending to capture needs, strengths and weaknesses at an operational level (e.g. focussing on the six building blocks). Thus, the HSPA is positioned at a strategic level and could be used to support / supplement a situation analysis to identify policy options or defining general recommendations. The HSPA will support a country in “providing the big picture” and thus gaining a broad overview of the entire spectrum and potential reform needs and assessing possible areas for further operational analysis.

Health System Analysis for better health system strengthening – World Bank

1. General approach and context of the HSA

The Health System Analysis for better health system strengthening was developed by the World Bank to “understand the determinants of health system performance and to develop better policies and strategies to improve that performance.”

HSA suggests certain key elements that should be part of the analysis:

- a health system performance framework,
- measures of health system performance,
- assessment of health system performance,
- descriptions of health system component,
- description of relevant external factors and components affecting the health system and performance,
- Theory and hypothesis about the causal linkages between health system components and external components and factors and health system performance,
- proposals for health system change or reform to improve performance,
- assessment of the feasibility of policy and operational change,
- Estimates of the effects of change on performance.

National stakeholders as well as development partners are both encouraged to undertake or participate in the assessment.

2. Scope of the tool

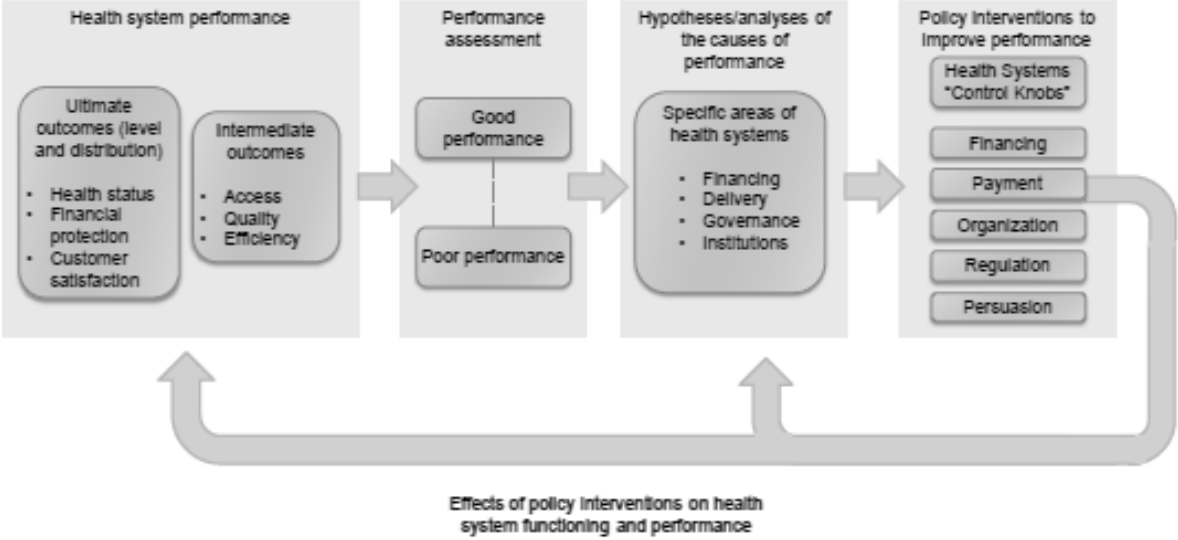
The above mentioned key elements for the assessment are focussing on the broader system aspects, they could also be adapted to a particular (e.g. disease) programmes or specific donor objectives. So there are no fixed areas covered under the HSA. However, the HSA is suggesting to explicitly consider specific areas of the health systems, namely financing, delivery, governance, institutions.

HSA is proposing a logic for the system analysis that is based on:

- Health System Performance
- Performance Assessment
- Hypothesis / analysis of the causes of performance
- Policy interventions to improve performance

Scope and level of assessment can vary according to the country context and the objective of the assessment (broad and system-wide or focussed on specific aspects). However, a specific set of indicators is not provided.

Figure 2: The logic of Health Systems Analysis, Berman and Bitran (2011), p.7.



3. Adaptability of the HAS

The content of the assessment would vary according to the objective of the assessment. The assessment is extremely flexible, since it only provides a guiding framework but no specific technical support. The framework needs to be adapted and linked to country-specific priorities and areas of assessment.

Priorities of the assessment need to be defined and matched against the analytical framework. In this regard, donor priorities and objectives of different stakeholders can be included in the framework, especially if they are part of the health system areas proposed by the HSA (financing, delivery, governance, institutions).

4. Current usage

The World Bank is providing some information on countries where the HSA approach has been used. However, it seems to be mostly related to World Bank funding scenarios.

5. Comparative advantage

The “Health System Analysis for better health system strengthening” serves as an overview of how to look into the topic of assessments, without providing technical guidance for the assessment of specific (technical) areas. However, it serves as a methodological framework in regard to the elements that should be present during an analysis and hence supports a country in setting up the assessment.

Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies – WHO

1. General approach and context of the HAS

This handbook provides a collection of indicators and measurement strategies, covering the six health system building blocks. In this regard, it is not a system assessment approach itself. However, it is still a part of this analysis as countries might use it to gain additional or complementary assessment possibilities.

The handbook is promoting methods and sources on how to collect relevant data, by providing indicators for each building block and by providing guidance on how to obtain relevant data and information.

The framework provided aims at:

- “monitoring of programme inputs, processes and results, required for the management of health system investments;
- health systems performance assessment, as the key for country decision-making processes; and
- evaluating the results of health reform investments and identifying which approaches work best.”

2. Scope of the HSA

The handbook is addressing the six health system building blocks from an indicators-based and measurement perspective. It focuses on inputs, processes and outputs of the system in relation to the six building blocks, and identifies a brief set of indicators for each and related measurement strategies.

The handbook is not providing guidance for an analytical assessment or the development of policy and reform recommendations. It is a rather descriptive approach, supporting evidence-based decision-making. The handbook suggests that the core indicators will support the production of a country dashboard that would contain the instruments which health systems trends can be regularly monitored and compared.

3. Adaptability of the HSA

The handbook is suggesting a set of “core” indicators, but is also discussing additional options / indicators that might depend on the country’s health system specificities and needs.

Indicators could also be adjusted to stakeholder needs and requirements, given their flexibility to look beyond the “core” set of indicators.

4. Current usage

The use of the handbook is difficult to track because the use of the handbook is not manifested in “results” (i.e. reports). There is no traceable evidence of the use of the handbook.

5. Comparative advantage of the HSA

The handbook provides an in-depth indicator framework that could be of help during an assessment process. However, it does not provide a guided approach on how to develop recommendations and policies. It does not provide guidance on how to design reform approaches and how suggested reforms would bring about improvement in performance.

The Health System Rapid Diagnostic Tool – FHI 360

1. General approach and context of the HSA:

The Health System Rapid Diagnostic Tool (HSRDT) provides a “framework, operational guide, and metrics to measure the strength of priority health system functions”. It was developed in 2011 by the “Family Health International 360 strategic initiative” and is intended to serve “FHI 360 country offices and their partners to diagnose the performance of health system functions that are priorities within their particular country and program contexts”.

The tool is divided into 5 phases that would lead to the “completion of a key output”:

Phase 1: Preparing for the Rapid Diagnostic:

Phase 2: Design and plan the rapid diagnostic:

Phase 3: Gather data and analyse health system strengths and weaknesses:

Phase 4: Investigate the root causes of health system weaknesses

Phase 5: Communicate the findings

The tool is specifically designed for the use of “FHI 360” country offices, stating that their participation is key for the success of the assessment.

2. Scope of the HSA

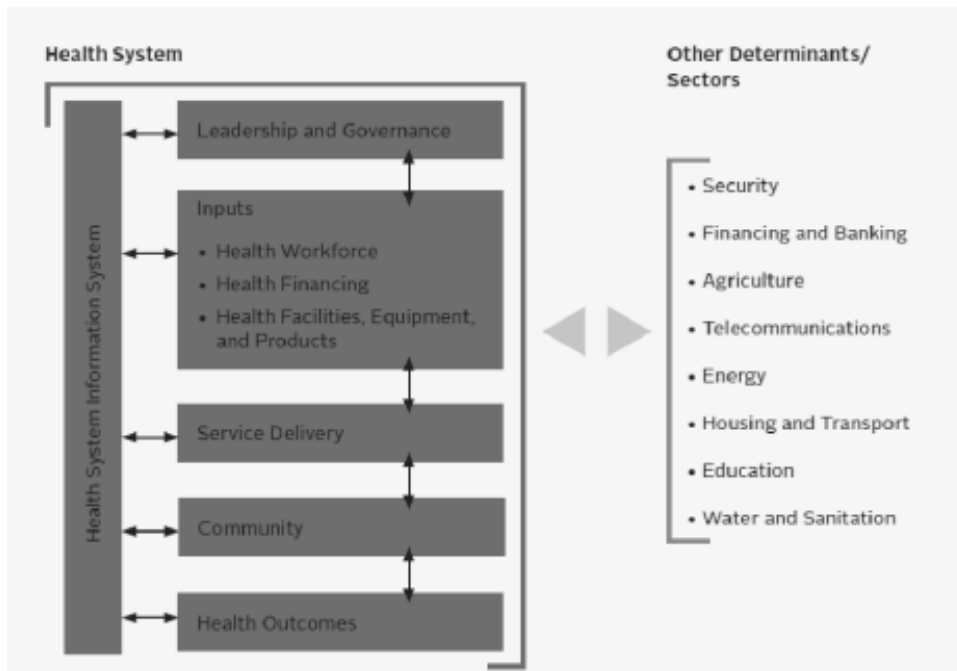
The HSRDT focusses on two basic concepts: the WHO’s health system building blocks and, to complement the tool with a community component and to make evident the relationships between the blocks, it also takes “health system functions” into account.

The tool identifies health system functions as “specific processes performed within each health system building block” and assesses which functions are performing well and which are not and how to improve performance. However, the HSA does not offer guidance on which dimensions of health system performance, inputs and processes would be useful to be assessed. It is possible to take the entire system into account - but it is also possible to just look at specific features.

The 5 phases that would lead to the “completion of a key output” are spelled out in detail, followed by an intense list of annexes, mainly providing a brief overview on the health system functions and an overview of generic performance indicators for the functions as well as for the 6 building blocks. However, the specific aspects of dimensions to be assessed would need to be defined by the tool user – there is no guidance provided (e.g. on the assessment of the building block elements).

The tool is based on the 5 phases (see above) that would reflect the interaction of inputs, processes and outputs and how those might be interacting with environmental factors. Performance and causes for non or mal-performance can be assessed and recommendations for improvement or reform can be generated. However, given that the tool is not suggesting specific areas, the performance assessment depends on the priorities of the user.

Figure 3: FHI 360 Health System Framework, Wendt (2012), p.41.



3. Adaptability of the HSA

The tool offers the opportunity to include any kind of aspect in the assessment that might seem useful or necessary from a country perspective. The design of the tool is very flexible and no area or aspect for assessment are specifically spelled out and no orientation on the assessment of specific areas is provided.

The tool is specifically designed for “FHI 360” country offices. It must be assumed that a certain amount of support by those offices is envisaged and it is questionable if other donor-specific criteria are planned to be incorporated (although the flexible design of the tool would offer the possibility).

4. Current usage

The tool is mainly used in FHI 360 projects on Health System Strengthening.

5. Comparative advantage of the HSA

The tool is intending to focus on methodological and process-oriented aspects of the assessment, but does not provide any technical guidance (besides the set of indicators) in regard to the areas (e.g. building blocks) to be assessed.

The tool is designed for the use within the oversight of the FHI 360 country office – partnering with national institutions. It does not seem to be a tool that is intended to be used without FHI 360 involvement. However, given its comprehensiveness, it might be possible to use it without fhi 360 involvement. It is the only tool promoted by a non-governmental organization.

Situation analysis of the Health Sector – World Health Organization

1. General approach and context of the HSA

As part of the WHO publication “Strategizing national health in the 21st century: a handbook”, the WHO approach to situation analysis was discussed and presented in the form of a how-to manual. It provides a “participatory, inclusive health sector situation analysis methodology to address that simple but very basic need of obtaining a realistic snapshot of the strengths and weaknesses of a country’s health system, as well as a more profound understanding of the reasons behind those strengths and weaknesses, so as to better enable a viable alternative (or successful scale-up)”.

The analysis is organized in 6 main subsections, focusing on:

- What is a situation analysis of the health sector?
- Why should a situation analysis be done?
- When should a situation analysis take place?
- Who should be involved in a health sector situation analysis?
- How should it be conducted?

The main audience of this approach is basically any institution or entity interested in a situation analysis, like Ministry of Health, civil society organizations, private sector, and development partners.

2. Scope of the HSA

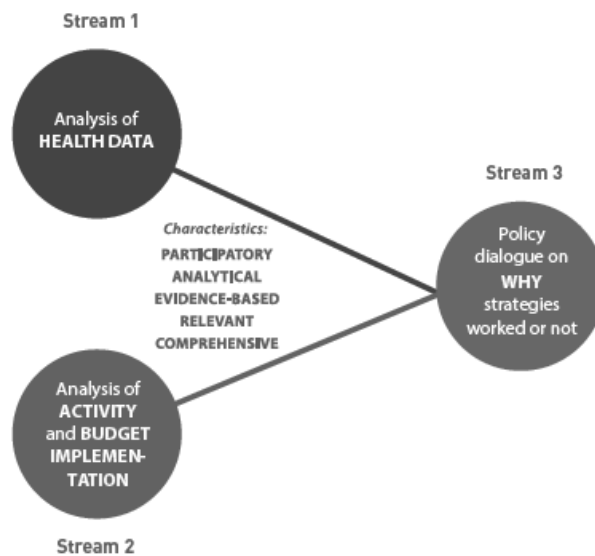
The assessment is focussing on a sector-wide approach for the development of a national plan / strategy. However, it is also adaptable to certain thematic areas or analysis objectives.

It focusses on the process (rather than the technical aspects) but it provides an in-depth step-by-step approach on “how” to undertake an assessment. Additionally it provides guidance on how to reach an evidence-based and relevant information basis for further analysis.

The analysis suggests three main streams to undertake an assessment (situation analysis):

1. *“Analysis of health data and measuring the performance of the health sector as per its indicators;*
2. *Analysis of the implementation of health sector activities, budgets and finances;*
3. *Analysis of the effectiveness of NHPSP activity areas: policy dialogue with a wider stakeholder group on the strengths and weaknesses of the health system (e.g. health workforce, pharmaceuticals, health financing, service delivery, etc.) and health programmes (HIV, non-communicable diseases, nutrition, maternal health, immunization, etc.), their causes and effects, and cross-cutting issues.”*

Figure 4: Three streams of work in a health sector situation analysis, Schmets, Rajan, Kadandale (2016), p.134.



The approach focusses on process-related elements, linking the assessment to the full planning cycle of the country and especially to priority-setting assessments. The methodology provided offers technical as well as process guidance on how to link the different streams and develop recommendations for improvement. Although no indicators are provided, the tool offers categories for the assessment.

3. Adaptability of the HSA

The content to be assessed under this approach is quite flexible and adaptable to the country situation and priorities. The approach provided by WHO refers to other tools (e.g. USAID how-to manual) and useful assessment guides (e.g. WHO taxonomy) to ensure that the assessment is country-owned and country-based.

The suggested approach takes donor-specific priorities and criteria / objectives into account and offers additional guidance in case the country is highly dependent on external aid, focussing on how to rally donors and external partners around national priorities.

4. Current usage of the HSA

The approach is developed for all countries wishing to undertake a situation analysis in regard to the development of a (new) national health strategy or plan.

5. Comparative advantage of the HSA

The approach does not provide additional technical guidance for the assessment of specific technical areas. However, the approach offers step-by-step approach on “how” to undertake an assessment with a strong focus on the methodological and procedural aspects of an assessment (situation analysis), ensuring that countries understand the strong link between an analytical assessment and the methodology used for assessment.

Health Systems in Transition / Health system reviews (HiTs) – WHO / EURO 2010

1. General approach and context of the HSA

The main purpose of the HiTs “ are country-based reports that provide a detailed description of each health care system and of reform and policy initiatives in progress or under development”.

For example, it can be used to establish a baseline for assessing the impact of (potential) reforms.

Thus, HiTs may focus on the following areas:

- “to learn in detail about different approaches to the organization, financing and delivery of health services and the role of the main actors in health systems;
- to describe the institutional framework, the process, content and implementation of health care reform programmes;
- to highlight challenges and areas that require more in-depth analysis; and
- to provide a tool for the dissemination of information on health systems and the exchange of experiences of reform strategies between policy-makers and analysts in different countries”.

The HiT template consists of 9 chapters, covering:

1. Introduction
2. Organization and governance
3. Financing
4. Physical and human resources
5. Provision of services:
6. Principal health reforms
7. Assessment of the health system (e.g. based on the stated objectives of the health system, financial protection and equity in financing; user experience and equity of access to health care; health outcomes, health service outcomes and quality of care; health system efficiency; and transparency and accountability)
8. Conclusions (e.g. lessons learned from health system changes; summarizes remaining challenges and future prospects)
9. Appendices (e.g. references, further reading and useful web sites)

2. Scope of the HSA

The template provided is able to cover all relevant aspects of health system building blocks, without a specific indicator framework.

The Health System review methodology and process provides a template and guidelines for reviewing the health system. The template is designed to be used in a flexible way and to be

adapted to country context and national circumstances; nevertheless, it provides a detailed set of specific questions, guiding the user.

The assessment is based on technical information and intense compilations of data sources. The tool does not intend to go beyond reported data (e.g. no interview with stakeholder). Country actors (e.g. MoH) are not necessarily included in the assessment. The authors are encouraged to receive comments by the Ministry of Health, but not necessarily include the ministry (or other actors) in the analysis. Given the data-based approach and the focus on external experts, the tool is not intended to assess the health system with the aim to develop reform recommendations and improvements.

3. Adaptability of the HSA

The template provided under the approach suggests a broad and wide-ranging set of questions which is supposed to be adaptable to the national context as well as the priorities of authors and editors.

The HSA is organized by the European Observatory and conducted by external experts. The rather descriptive aim (focus on data, no development of recommendations) of unfolding the functioning of health systems in countries as well as reform and policy initiatives implies that donor priorities and criteria are not relevant for the development of the review.

4. Current usage of the HSA

HiTs are usually produced by country experts in collaboration with the European Observatory's research directors and staff – but once final open for use during broader public consultations. The HiT health system reviews mainly cover the countries of the WHO European Region.

5. Comparative advantage of the HSA

The HiTs are a specific set of report that are promoted and issued through the European Observatory, based on an expert-led writing process. They are not intended to develop specific recommendations for improvement, but they are able to inform the planning process on needs and gaps in health systems from a descriptive perspective, focussing on the “functioning of health systems in countries as well as reform and policy initiatives in progress or under development”.

Service availability and readiness assessment – A Methodology for measuring Health Systems Strengthening

1. General approach and context of the HSA:

The “Service Availability and Readiness Assessment” (SARA) is a health facility assessment tool to:

- to assess and monitor the service availability and readiness of the health sector;
- to generate evidence to support the planning and managing of a health system.

SARA is based on a survey, focussing on a set of tracer indicators generating reliable and regular information on service delivery. It is designed around a set of indicators and measurement methods for “Service Availability and Readiness” (physical presence of services; capacity to deliver services), focussing on key inputs and outputs of the health system.

2. Scope of the tool

The tool is capturing system issues from a service delivery perspective, by answering the following questions:

- What is the availability of basic packages of essential health services offered by public and private health facilities?
- Is there an adequate level of qualified staff?
- Are resources and support systems available to assure a certain quality of services?
- How well prepared are facilities to provide high-priority services such as reproductive health services, maternal and child health services, and infectious disease diagnosis and treatment (e.g. HIV, sexually transmitted infections, tuberculosis and malaria)?
- Are facilities ready to respond to the increasing burden of noncommunicable diseases?
- What are the strengths and weaknesses in the delivery of key services at health-care facilities?

The assessment tries to reveal key gaps in the health system that could be affecting progress towards established health system goals. The SARA approach generates indicators that are used to:

The SARA survey generates a set of tracer indicators of service availability and readiness that can be used to:

- “detect change and measure progress in health system strengthening over time;
- plan and monitor the scale-up of interventions that are key to achieving the MDGs, such as implementing interventions to reduce child and maternal mortality, HIV/AIDS, tuberculosis and malaria, and to respond to the increasing burden of noncommunicable diseases;
- generate the evidence base to feed into country annual health reviews, to better inform the development of annual operational plans and to guide more effective country and partner investments;
- support national planners in planning and managing health systems (e.g. assessing equitable and appropriate distribution of services, human resources and availability of medicines and supplies).”

The user is enabled to identify policy options and recommendations for action based on its analytical focus and the ability to be adapted to the country context.

3. Adaptability of the HSA

The SARA manual provides guidance on how to adapt the questionnaire and the overall framework for analysis to country context. It also provides support on which areas would be specifically important to adapt to in-country scenarios.

The data collected through a SARA can be adjusted, based on a set of generated indicators that are adaptable to country or stakeholder objectives and priorities.

4. Current usage

A variety of countries have undertaken a SARA, for a variety of purposes like feeding into the national planning process or to support financial applications to donors.

5. Comparative advantage

Even though SARA is not to be considered as a health system assessment, it is nevertheless able to expose key gaps in the health system that could be affecting progress towards established health system goals. Through its approach, the results of a SARA are adequate to feed into the (regular) health sector review process.

Joint Assessment of National Strategies – JANS

1. General approach and context of the HSA

The purpose of the JANS tool is to assess the strengths and weaknesses of a (new) national health strategy/ plan. Countries are using a JANS for the following reasons:

- “To enhance the quality and relevance of the national health strategy.
- To increase confidence in the strategy and help inform decisions about funding, ensuring that funding is closely aligned to the national health strategy.
- To reduce transaction costs at country level and cut down multiple assessments and review processes by different agencies.”

The JANS tool is structured around 4 principles:

- “Be driven and led by the country
- Build on existing in-country processes and experiences
- Have a strong independent element
- Be inclusive, involving civil society and other stakeholders in the health sector”

2. Scope of the HSA

The JANS tool assess the quality of the national strategy / plan in 5 specific areas:

1. *Situation analysis and programming*: clarity and relevance of priorities and strategies selected based on a sound situation analysis
2. *Process*: soundness and inclusiveness of development and endorsement processes for the national strategy
3. *Costs and budgetary framework for the strategy*: soundness and feasibility of the financial framework
4. *Implementation and management*: soundness of arrangements and systems for implementing and managing the programmes contained in the national strategy
5. *Monitoring, evaluation and review*: soundness of review and evaluation mechanisms and how their results are used.

The JANS is intended to be country demand driven and led by the country. It is envisaged to be built on existing in-country processes, including the inclusion of national stakeholders (reaching from civil society to other Ministries) and international stakeholders. The outcome of the assessment is intended to be based on strengths and weaknesses of the national strategy and provide recommendations for improvement.

The JANS tool assess different elements (attributes) of the national plan or strategy from an analytical perspective. It establishes analytical criteria to look at the inputs, processes and outputs that would part of health system performance under the new strategy.

3. Adaptability of the HSA

The JANS tool uses a very generic approach, focussing on the core elements of a sound national strategy. But the specification of those elements is dependent on the country context

and the circumstances of the assessment. Besides the assessment of the overall strategy, it is also possible to use the JANS to assess a specific sub-sector plan.

The assessment promoted by the JANS involves multiple stakeholders including government, civil society and development partners/donors: a mix of partners from public and non-state sectors and from development agencies in the team itself or in the group overseeing the assessment.

4. Current usage of the HSA

Any country interested in assessing the national strategy or plan could undertake a JANS. In practice, usually IHP+ signatory countries are using the tool, but it is free and accessible to any country.

5. Comparative advantage of the HSA

Thus, the JANS is not intending to assess the strengths and weaknesses of the system but the strategy / plan designed to overcome identified weaknesses. In that regard, the JANS offers a valuable contribution to verifying and validating decisions in regard to health system strengthening activities, performance and characteristics of health systems inputs and processes and subsequently funding priorities.