



**Review of Multi-Disciplinary Evidence on and Health Systems
Strengthening and Coordination in Countries under Stress**

Methodological Inception Report

Sara Van Belle & ITM Review Team

Introduction

There is increased attention and demand from global stakeholders in health to explore how to better match health systems strengthening interventions and coordination of international actors to implementation factors and context conditions (i.e. governance and capacity constraints) in countries under stress.

The literature review, an initiative of the IHP UHC 2030 Working Group on Support to Countries With a Fragile or Challenging Operational Environment, is intended as a first step in the process of the development of guidance for a tailor-made approach to coordination and HSS in these settings.

The operational guidance will be built on three context scenarios, of which a country under stress would usually exhibit elements of at least two. The first scenario entails low health system or sub-system capacity, the second scenario is related to sub-optimal health governance and public accountability; the third scenario is the context of conflict and emergencies, including the transition from relief to development assistance.

Considerable attention needs to be given to the regional (i.e. trans-border issues, sub-regional conflict or emergencies), as well as sub-national patterns. In many cases, fragility patterns transcend borders and possess a sub-regional character, or are specific to a sub-national aspect, such as armed conflict linked to mineral resources.

This Methodological Inception Report is based on the Terms of Reference developed by the sub-group of the IHP UHC 2030 Working Group on Support to Countries With a Fragile or Challenging Operational Environment and is subject to review by the literature panel.

Purpose of the exercise

The purpose of this review is to assess what works in terms of health systems strengthening and coordination of support to countries with fragile or challenging operational environments, specifically how and why something works and under which specific context conditions or what doesn't and why (see Annex for definitions).

The specific objectives are to appraise existing peer-reviewed and grey literature from different disciplines (public health, political science/public administration, area studies, development studies, humanitarian and conflict studies) with a view of:

- developing a better understanding of drivers of **health systems strengthening interventions** in fragile or challenging operational environments, including harmonised HSS approaches for rapidly improved service delivery, particularly primary health care supported by district health stewardship and community engagement (*scenario 1*)
- developing a better understanding of mechanisms driving (lack of) **government stewardship** at national and sub-national levels, engagement with non state-actors (horizontal accountability) and accountability towards communities (public accountability) in fragile or challenging operational environments (*scenario 2*)
- exploring the mechanisms driving (a) humanitarian or disaster relief **actor coordination** and modes of operation with specific attention to the role of the WHO as lead agency (compared to the role of UNOCHA) in conflict and natural disaster settings and to the transition to or the tensions between relief and development cooperation; (b) the interaction between actors and their modes of operation in the transition phase from relief to development; (c) (*scenario 3*)
- developing a better understanding of the embeddedness of the **mechanisms** referred to above in specific governance “patterns”, and the interaction with sub-regional or sub-national context conditions

- identifying **knowledge gaps** which could be further explored through thematic (e.g. resource extraction contexts) or country studies.

Review questions

The guiding review question is: “What does the existing peer-reviewed and selected grey literature evidence tell us about what works (and does not work), how and why in health systems strengthening and actor coordination in countries with fragile or challenging operational environments?”

We aim to explore the following review questions:

- What are the main drivers and bottlenecks of effective and efficient health service delivery and health system strengthening interventions (incl. actor coordination)?
 - Which harmonised approaches to rapidly improve first line service delivery and / or as precursor for building resilient HS are most and least efficient and sustainable?
 - Which are most and least feasible and durable?
 - Which actors or actor configurations are best suited to carry out the intervention?
- What are the key drivers of actor coordination (and specific modes of operation) in conflict or emergency situations and in the transition towards development assistance?
 - Which aid coordination mechanisms for development partners are most efficient in different contexts?
 - Which coordination mechanisms between development and humanitarian partners are most efficient in different contexts?
- What are the reported contextual conditions (with specific attention to governance), including sub-regional patterns and sub-national themes?
 - Which factors to include in a situation analysis preparing for intervention and/or coordination?
- What are the lessons learned of the implementation process?
 - Which factors to include in a situation analysis related to implementation modalities or in a plan of action?
- What were the reported outcomes and the level of effectiveness?
- What were issues reported related to feasibility and sustainability?
- What are the main mechanisms underlying (lack of) government stewardship in health, engagement with non-state actors in health (horizontal accountability) and public accountability (including accountability towards specific groups) in health in countries with fragile or challenging operational environments?
- What can we learn about aspects of health systems strengthening, governance & accountability and actor coordination that are unique to these settings as compared to similar interventions in other LMIC (not under stress)?
- What is the quality of data available in general and per discipline / area of study?

Review sequencing: combining different types of reviews

To ensure comprehensiveness, the exercise will consist of three different literature reviews, each with specific objectives and methodologies.

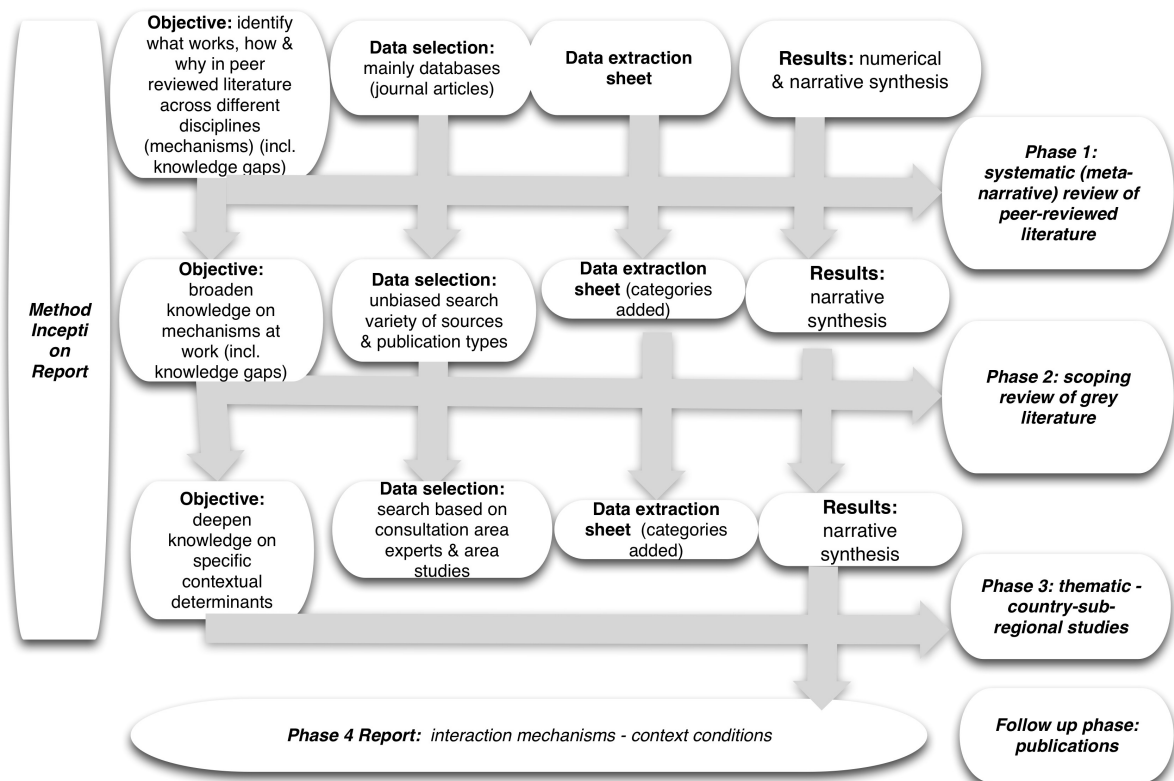


Figure 1: Sequencing of the reviews

We start with a systematic review (Liberati et al., 2009) to assess the size and nature of the existing peer-reviewed literature in different disciplines such as public health, political science/ public administration development studies, conflict and humanitarian studies and to compare knowledge gaps across different disciplines. The search will include a range of databases of peer-reviewed literature from abovementioned disciplines. This review could be, time permitting, further developed to a meta-narrative review (Wong et al., 2013), pointing to knowledge gaps and paradigmatic differences between disciplines. Data extraction categories not only focus on intervention outcomes, but explicitly focus on the how and why of interventions (see section below for further detail) Results will be presented in numerical and narrative synthesis (Popay et al., 2006). A protocol will be prepared for publication.

The knowledge gaps identified during the systematic review process inform a second phase literature review. This second phase consists of a scoping review (Arksey and O'Malley, 2005 and further refinements: Levac et al., 2010), aiming to address the knowledge gaps in the peer-reviewed literature and, further broadening the scope of knowledge on mechanisms underlying health systems strengthening interventions and actor coordination in countries under stress. Results will be presented according to the principles of narrative synthesis. (Popay et al., 2006)

After data selection of the scoping review, the data will be reviewed to identify possible knowledge gaps in terms of context conditions, which require further exploration of specific country, thematic or sub-regional cases (phase 3). Literature case studies will be selected together with the panel.

In a fourth phase, the data from the reviews will be brought together in a review report. Inspiration might be taken from realist methodology to inform the report (Rycroft-Malone, 2012; Wong et al., 2013), with its focus on the interaction between mechanisms (i.e. patterns of action) and context conditions underlying health system strengthening interventions, and actor coordination, and their outcomes in countries under stress.

The whole protocol and actual reviews may be published in peer-reviewed journals.

Provisional Timeline

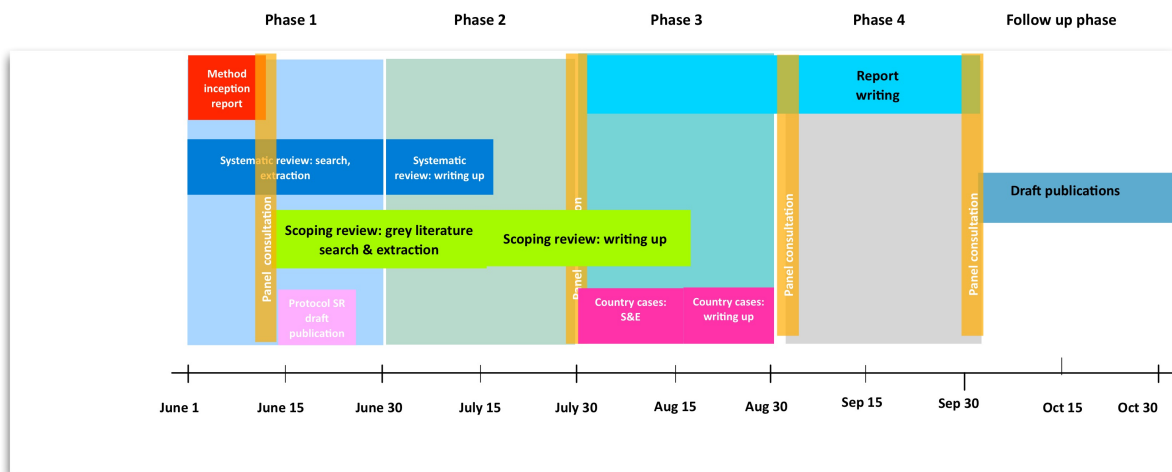


Figure 2: Provisional timeline

The exercise starts with the preparation of a methodological inception report. The systematic search already starts beginning of June. A first discussion of member(s) of the Review Team with the Panel on the basis of the methodological inception report is scheduled for mid-June. A draft protocol for the systematic review is ready for publication by the end of June. Finishing the writing up of the systematic review is planned for July 30. The provisional results of the systematic review will inform the scoping review protocol (i.e. adding additional thematic categories for data extraction).

The Review Team also already starts mid-June with the search strategy for the scoping review, followed by data extraction, analysis and writing up taking the month of July. A second conference meeting with the Panel is foreseen for the end of July, where the systematic review findings and the provisional findings of the scoping results will be discussed on the basis of a brief data report or PowerPoint presentation.

Based on the last consultation of the Panel end of July, a mutual decision will be taken by the Panel and the Review Team whether to further refine the analysis of the scoping review, or to expand the literature review further through selected thematic, country or sub-regional studies, for which data identification, extraction and writing up will take place during August. A meeting to take stock of the results and how to integrate these in a final report will take place at the end of August. The month of

September (and beyond, for the publications) will be devoted to report writing and drafting of publications.

Data Management and process quality control

The Review Team will use Dropbox and Endnote or Mendeley to store and share documents. Besides a Methodology and Final Report file, each review has its separate folder, containing the search strategy file and flow diagram, the data extraction sheet (excel), data quality file, the selected articles and / or documents and write up file. The Panel and Coordinator will be given access to the Dropbox folder.

For each review, one review team member will be appointed to verify data selection and data extraction.

Assumptions and Limitations

We clarify our assumptions at the outset of the review exercise. These assumptions inform our choices in terms of review methodology and the choices of categories for the data extraction.

- There is no blueprint for health systems strengthening interventions – pathways for change are context-specific and path-dependent as they are embedded in the political, social and cultural context (incl. the type of fragility and specific challenges, related emergence, sub-regional dynamics). See also the conclusions of the International Round-table on Health Systems Strengthening in Fragile Settings, February, 12, 2015).
- In its WHO report 2000, the WHO defines health systems strengthening as “building capacity in critical components of health systems to achieve more equitable and sustained improvements across health services and health outcomes”. (WHO, 2000) Of course, multiple definitions exist. (Marchal et al., 2009)
- Lessons learned for actor coordination need to take into account the principle of “best fit” in terms of context (or in other words adaptation to local context) (see also the conclusions of the International Round-table on Health Systems Strengthening in Fragile Settings, February, 12, 2015).
 - Specific attention will be devoted to (actor coordination with) private actors.
- Governance issues beyond the health sector, formal and informal arrangements between state and non-state actors, stewardship and public accountability are a key driver to explore in countries with fragile or challenging operational environments, including actor coordination. Both illustrations of institutional lock-in as well as rapid change can be found in these contexts.
- Issues of temporality (stagnation, fluctuation, fall-back, emergence) and actor space (formal division of labour, actual network dynamics, levels and interfaces between health system levels) are at play in humanitarian and disaster relief actor coordination and in the transitioning phase.
- The dynamics under review are embedded in a changing aid landscape. The review will respond to these changes through sourcing innovations from non-traditional channels.
- Certain knowledge gaps can already be identified beforehand, as the literature tends to focus on areas / countries relatively more accessible (e.g. in terms of language). For example, evidence from countries of the Middle East, the Mashreq or the Horn of Africa are relatively underreported.
- In the grey literature search strategy, specific attention will be devoted (via different channels, through the contacts of the review team) to publications documenting failures.

- The review appraises peer-reviewed literature and select grey literature. Its aim is to provide a comprehensive overview of publications from a range of sources and disciplines, without pretending to be exhaustive.
- The search strategy and inclusion criteria of this review draw on different disciplines and types of literature: public health, political science/public administration, humanitarian studies, development studies, area studies and conflict studies. (Petticrew and Roberts, 2006, Petticrew, 2015).
- The grey literature will be sourced via a separate search strategy and supplemented with publications sourced from (1) international organisations, INGOs, humanitarian actors, bilateral and multilateral agencies and philanthropic foundations via contacts already established by the review team (2) communities of practice, (including the bi-lingual COPs Health Service Delivery and Health Financing) and the Emerging Voices global network, part of Health Systems Global (3) literature proposed by the Working Group. Specific inclusion/exclusion criteria will be developed, in consultation with the Sub Group.

Methodology in detail

1. SYSTEMATIC REVIEW

Responsible team member

Sara Van Belle

Objectives

- To assess the existing knowledge and identify knowledge gaps in peer-reviewed literature across disciplines of what works, why and how in health system strengthening interventions and actor coordination in countries under stress;
- To identify the key mechanisms and context factors at play in health system strengthening interventions and actor coordination in countries under stress.

Identification of the research evidence

The peer-reviewed literature will be primarily accessed via databases, if possible selecting also other languages than English. We propose to search the following databases:

- Web of Science (social sciences: political sciences/public administration, development studies, area studies, conflict studies)
- PubMed (health)
- CINAHL (nursing)
- McMaster University Health Systems Evidence (health systems)
- LexisNexis (law, humanitarian studies)
- Universal Human Rights Index (human rights, humanitarian studies)

Search strategy

A PRISMA flow diagram of the search / inclusion process will be produced. Search terms will include free-text words in TI OR Keyword and combinations (Table 1).

Health system intervention terms	WHO building block model terms, rapid *, service delivery, offer, demand, health system intervention, macro/micro/meso, health care, primary health care, first line, district*, access, capacity building, reconstruction, re-building, capacity development, essential package, short term relief AND health system *, fostering, reinforcing, resilient, resilience, community engagement participation, decentralized structures, interfaces, levels, government central level, health management team, regional, provincial
Aid management terms	External support, interface, coordination, levels, centres, power, humanitarian AND development, harmonised, align*, coordination within, coordination between, complementary, substitution, surpassing, instrumentalizing, added value, comparative advantage, Paris, Busan, aid effectiveness, trust fund, pooled funding, cash transfer, PBF, financial arrangements, implementation arrangements, joint PIU, contracting, MOU, trans-border assistance
Actor space terms	Government, state, decision-makers, policy-makers, administration, local government, central *, NGOs, INGOs, GHI, Ministry of Health, Ministry of Finance, sector working group, policy dialogue, non-state actors, state actors, private actors, providers, managers, donors, development actors, humanitarian actors, humanitarian affairs, humanitarian coordination, inter-sector coordination interfaces, levels, *coordination, networks, government, community-based *, grassroots *, faith-based, private for profit, private not for profit, arena, decision space, landscape, trans-border, sub-regional, mapping, web, charity, philanthropy, non-traditional, lead, WHO, UN, coordinator, country team, compact, JANS, ...
Terms related to temporality	Post-conflict, transition, emergence, stagnation, fall-back, status quo, rapid change, dynamics, fluctuat*, reconstruction, ...
Implementation & process modalities including bottlenecks terms	Decision-making *, process, aid effectiveness, innovation, diffusion, replication, policy transfer, strengths, weakness, advantage, bottleneck, challenge, financial arrangements, service delivery arrangements, ...
Outcomes terms	Efficiency, effectiveness, match*, best fit, chaos, confusion, building, reconstruction, resilient, resilience, improved*, strengthened, weakness, strength
Context conditions	Low capacity, governance, stewardship, conflict, emergency, natural disaster (famine, flooding), humanitarian*, fragil*, duress, stress, conflict, war, violence, geography, extraction, mining, ethnic, cleansing, terrorism, gender, social, cultural, political, climate, environment, pollution, migration, weapons, gangs, crime, armed,

	(sub-) regional *, emergent, spontaneous, stability, relief, ...
Governance-related terms	Governance, stewardship, (public) (social) (community) (citizen) accountability, corruption, societal fragility, civil society, democratic*, authoritarian, regime, patronage, institutions, institutional arrangements, levels, interfaces, transparency, enforceability, rule of law, oppression, opposition, instrumentalizing, mandate, roles and responsibilities, community engagement, community participation, collective action, political will, government, ownership, disenfranchised groups, poor, representation, legitimacy, rule of law, justice, human rights, discrimination, abuse, opposition, political party, freedom, denial, rights, decentralised, sub-regional,...
Lessons learned including failures	Obstacles, challenges, successful, effective, low, how, lessons, lessons learned, recommendation(s), conclusion(s), evaluation, monitoring,...
Feasibility and sustainability issues	Feasibility, feasibility assessment, sustainability, durability, *equity, acceptability, embedded, participatory, ...
Tools to prepare for systems intervention/ actor coordination	Situation analysis, assessment, appraisal, context analysis, pre-intervention, scenario-building, forecasting, back-tracing, forward mapping, ...

Table 1: Search strategy terms

Inclusion criteria

Each abstract (without abstract: full-text article) will be screened for inclusion using the standardized criteria stated in the table below. After inclusion on abstract, full-text articles will be screened.

The inclusion strategy will be reviewed by another senior review team member based on a sample of 20 publications. Differences will be discussed and corrected.

Criteria	Included	Excluded
Timeline	2000-June 2017	Before 2000
Countries and sub-regions	All countries and sub-regions under stress (see Fragile states index Fund for Peace, 2017)	None
Google citation index	If warranted	Not applicable
Languages	English, French, Spanish	All other languages
Publication types	-Peer-reviewed primary implementation research /empirical studies / primary data analysis: randomized control	-NGO Meeting reports -NGO advocacy publications

	trials; quasi-experimental studies, before/after, longitudinal, qualitative studies (e.g. case studies, action research, grounded theory, ethnography) in public health, political science/public administration, area studies, humanitarian and conflict studies -Systematic reviews	-Conference proceedings -Dissertations -On-going research -Comments / opinions without empirical content -Monographs and readers
Quality appraisal	Criteria of Mays and Pope (BMJ, 2000), Grade-CERQUAL (Lewin et al., 2015)	

Table 2: Inclusion criteria

Data extraction

Grounded in our assumptions, outlined above, we propose the following categories for data extraction. We will use this standardized set of categories across all reviews, supplemented with additional thematic categories for the scoping review of grey literature and the case studies. Data extraction will be verified by another senior team member based on a sample of 20 publications. Differences will be discussed and corrected across the complete data extraction sheet.

Data extraction categories
Author
Funding source
Year (s) of Intervention
Original language
Publication type and study design
Number of citations (if warranted)
Study countr(ies)
Study (sub-region)
Purpose of the intervention / purpose underlying actor coordination (outcome envisaged)
Scale of intervention ¹ (sub-regional/national/ provincial/district, other)

Target Population
Quality of study
Description of the intervention / aid coordination modality
Actor space: who are the actors involved and in which manner
Temporality: timing of the intervention and duration of the intervention (post-conflict, reconstruction, etc.)
Implementation modalities of health system strengthening / actor coordination (activities) and reported barriers to implementation
Mechanisms of action
Contextual conditions reported
Governance-related issues reported
Reported outcomes
Feasibility /Sustainability issues
Lessons learned (incl. failures)
Tools used to prepare for system intervention or actor coordination (situation analysis etc.)

Table 3: Categories for data extraction

Evidence synthesis

We will use numerical synthesis to report on the study characteristics and narrative synthesis (Popay et al., 2005) to report on the findings of the review.

2. SCOPING REVIEW

Responsible team members

Wim Van Damme & Remco van de Pas, with contribution of other team members

Objectives

- To broaden our knowledge on the mechanisms at work in health systems strengthening interventions and actor coordination in countries under stress, using grey literature.
- To understand better the influence of context conditions in health systems strengthening interventions and actor coordination initiatives in countries under stress, using grey literature.

Identification of the research evidence

Documents will be accessed through a variety of sources and channels, combining various publication types, also in other languages than English.

Search strategy

We propose to use a guided approach to capture the relevant grey literature. We will start by identifying relevant sources, including:

- sub-regional and other research institutes (CODESRIA, LASDEL, APAD, ...) working beyond the health sector; institutes working in the areas of interest,
- networks and communities of practice (also beyond the health sector - incl. conflict studies research networks, African studies networks (ECAS), humanitarian aid networks)
- conflict studies research groups and area researchers (University of Ghent, LSE, IDS-Sussex, IOB, SciencesPo / gouvernance, ...);
- contacts of the review team with international organisations, INGOs, bilateral and multilateral research agencies;

Once key documents are identified, the snowballing technique will be used to identify further relevant documents. Guidance and suggestions from the Panel will be taken into account during this process.

We aim to be comprehensive but not exhaustive. We will cap the number of grey publications to the point when saturation has been reached and no new approaches to HSS and actor coordination emerge.

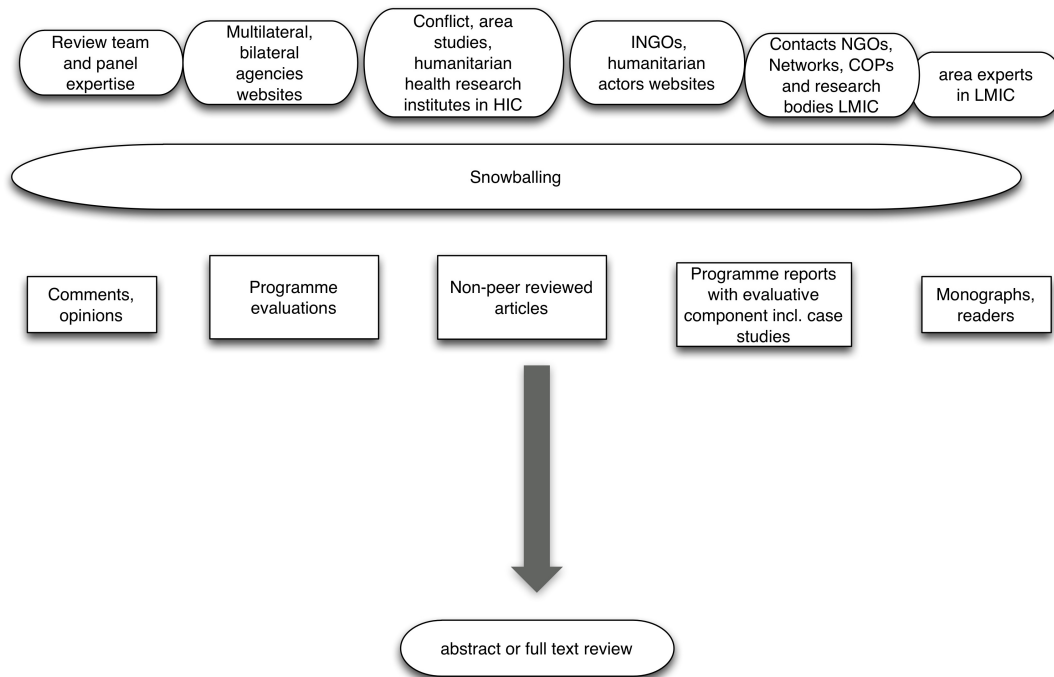


Figure 3: Search strategy: sources and publication types

Inclusion criteria

Each abstract or, in case of documents without abstract: the full-text article or monograph will be screened for inclusion using the criteria stated in the table below. After inclusion on abstract, full-text articles will be screened.

A flow diagram of search and inclusion/ exclusion criteria for scoping reviews will be produced, calculating the number of publications and publication types per channel (see diagram above: sources and publication types). (Greenhalgh & Peacock, 2005) The inclusion strategy will be reviewed by a senior review team member based on a sample of 20 publications. Differences will be discussed and corrected.

1.1.1.1.1.1.1 Criteria	1.1.1.1.1.1.2 Included	1.1.1.1.1.1.3 Excluded
Timeline	2000-June 2017	Before 2000
Countries and sub-regions	All countries and sub-regions under stress (see Fragile states index Fund for Peace, 2017)	None
Google citation index	If warranted	
Languages	English, French, Spanish	All other languages
Publication types	<ul style="list-style-type: none"> - Non-peer-reviewed primary and secondary implementation research /empirical studies / data analysis: randomized control trials; quasi-experimental studies, before/after, longitudinal, qualitative studies (e.g. case studies, action research, grounded theory, ethnography) in public health, political science/public administration, area studies, humanitarian and conflict studies -(Development or humanitarian actor) programme evaluations and where relevant policy documents or guidance -(Programme) reports with an evaluative component, case-studies, working papers research institutes -Comments and opinions with empirical content -Monographs and readers 	<ul style="list-style-type: none"> -Bilateral or multilateral, INGO or NGO / project meeting reports -Bilateral or multilateral, INGO or NGO advocacy publications -Conference proceedings -Dissertations -On-going research -Comments / opinions without empirical content

Quality appraisal	Criteria for appraising of qualitative research of Mays & Pope (BMJ, 2000); GRADE-CERQUAL (Lewin et al. 2015)
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Table 4: Inclusion criteria

Data extraction

To facilitate the synthesis of findings across the different reviews, the same set of data extraction categories will be used for this review. As we wish to further explore implementation modalities, mechanisms, context factors and outcomes at play and their interactions in settings under stress, we will further refine the analysis by adding more thematic categories, based on the findings of the Phase 1 systematic review (i.e. knowledge gaps).

Evidence synthesis

Findings will be summarized using narrative synthesis primarily (Popay et al., 2006).

3. COUNTRY, THEMATIC AND/OR SUB-REGIONAL CASE STUDIES

Responsible team member

To be decided.

Objectives

- To develop case studies regarding specific areas of interest in order to explore further how context influences on health systems strengthening interventions and actor coordination in countries under stress.

Identification of research evidence: choice of cases

The selection of cases will be informed by:

- the consultation of area experts;
- the discussion of the findings of the previous reviews with the Panel;
- the knowledge gaps in previous reviews (e.g. countries / sub- regions underrepresented).

Data inclusion / data exclusion

The same data inclusion/ extraction will be used as for the scoping review, with certain adaptations as per case study. A flow diagram of the search strategy will be developed.

Data extraction

The standardized set of data extraction categories will be used, supplemented by additional categories to be decided after consultation of the panel and area experts.

Evidence synthesis

The findings will be summarized using narrative synthesis primarily (Popay et al., 2006).

For guidance in terms of a typology of (political) contexts, we would like to use Political Settlement Analysis, originally developed by Khan (2010) and refined by the ESID Centre at the University of Manchester and ODI. (Jones et al., 2012; Hickey, 2013; Kelsall, 2016)

4. SYNTHESIS OF THE REVIEWS AND FINAL REPORT

The findings of the three reviews will be presented during a conference call meeting provisionally scheduled at the end of August and will be reviewed by the Panel. This will inform the final report.

The final report (and an article, if possible) will draw on the overall guiding review question and operational questions to appraise the evidence on actor coordination and health systems strengthening interventions in countries with fragile and challenging operational environments. The report will be written up conform the requirements in the TOR and will contain comprehensive data extraction sheets for the peer reviewed, the grey literature and the case studies.

Bibliography

Anderson, S., Allen, P., Peckham, S., Goodwin, N. (2008) Asking the right questions: scoping studies in the commissioning of research in the organisation and delivery of health services. *Health Res Policy Syst*, 6, 7.

Arksey, H., O'Malley (2005) Scoping Reviews: Towards a Methodological Framework. *International Journal of Social Science Research Methodology*, vol.8, no.1.

Barnett-Page, E. & Thomas, J. (2009) Methods for the Synthesis of Qualitative Research: A critical review. *BMC Medical Research Methodology*, 9, 59.

Booth, A., Sutton, A., Papaionnaou, D. (2016, 2nd Edition) *Systematic approaches to a successful literature review*. London: Sage; 326 p.

Cooper, H., Hedges, L.V. & Valentine, J.C. (2009) (eds.) *The Handbook of Research Synthesis and Meta-Analysis*. New York: Russell Sage Foundation.

Daudt, H.M., Mossel, C.V. & SCOTT, S.J. (2013) Enhancing the Scoping Methodology: a large interprofessional's team's experience with Arksey and O'malley's framework. *Medical Research Methodology*, 13, 1-9.

Hickey, S. (2013) *Thinking About the Politics of Development. A Relational Approach*. Manchester: University - ESID.

Jones, B., Elgin-Cossart, M., Esberg, J. (2012) *Pathways out of Fragility. The Case for a Research Agenda on Inclusive Political Settlements in Fragile States*. London: DFID, Norad and Carnegie Corporation.

Kelsall, T. (2016) *Thinking and working with Political Settlements*. London: Overseas Development Institute.

Khan, M. (2010) *Political Settlements and the Governance of Growth-Enhancing Institutions*. London: SOAS.

Levac, D., Colquhoun, H. & O'Brien, K.K. (2010) Scoping studies: advancing the methodology. *Implementation Science*, 5, 69.

Lewin et al. (2015) Using Qualitative Evidence in Decision Making for Health and Social Interventions: An Approach to Assess Confidence in Findings from Qualitative Evidence Syntheses (GRADE-CERQual). *Plos Medicine*, Oct 27.

Mays, N., Pope, (2005) Qualitative research in health care. Assessing the quality of qualitative care research. *BMJ*, Jan 1;320(7226):50-2.

Marchal, B. Cavalli, A., Kegels, G. (2009) Global Health Actors Claim To Support Health System Strengthening—Is This Reality or Rhetoric? *Plos Medicine*, April 29.

Petticrew, M. Roberts, (2005) *Systematic Reviews in the Social Sciences*. London: Wiley-Blackwell.

Popay, J., Roberts, H., Sowden, H., Petticrew, M., Arai, L., Rodgers, M. et al. (2006) *Guidance on the conduct of narrative synthesis in systematic reviews: A product from ESRC Methods Programme*. Swindon: Institute of Health Research, University of Lancaster.

Rycroft-Malone, J., McCormack, B., Hutchinson, A.M., DeCorby, K., Bucknall, T.K., Kent, B., Schultz, A., et al., (2012) Realist Synthesis: Illustrating the Method for Implementation Research, *Implementation Science*, 7:33.

Van Belle, S. (2015) Final Report of the International Round Table of Health Systems Strengthening in Fragile Settings, Institute of Tropical Medicine in collaboration with the Ministry of Development Cooperation, Belgium and the Because Health Forum.

WHO (2000) The World Health Report 2000. Health Systems: Improving Performance.

Wong G, Greenhalgh T, Westhorp G, et al. (2013) RAMESES publication standards: meta-narrative reviews. BMC Medicine, 11:20.

Wong, G., Greenhalgh, T., Westhorp, G., Buckingham, J., Pawson, R. (2013) RAMESES publication standards: realist syntheses. BMC Medicine; 11:21.