

HEALTH SYSTEM STRENGTHENING EVIDENCE GAP MAP SUSTAINABILITY AND SCALE UP

INTRODUCTION

Health system strengthening (HSS) interventions are effective in supporting health system capacity, performance, and sustainability when they apply approaches that are evidence based. To promote such approaches, there is a global need to strengthen platforms that systematically capture the full spectrum of emerging evidence on the effects of HSS in improving health system outcomes. USAID’s HSS Learning Agenda frames efforts to continuously gather evidence, learn, and adapt by articulating six Learning Questions that reflect current HSS priorities across the programming cycle.

In support of that Learning Agenda, the USAID Local Health System Sustainability Project (LHSS) conducted a comprehensive mapping exercise to curate existing evidence for each of the six Learning Questions and identify opportunity areas for strengthening the evidence base. LHSS accessed the PubMed database and other targeted gray literature websites to identify, screen, review, and catalog relevant evidence from peer-reviewed and gray articles from the past five years. The curated evidence is presented in an interactive [Evidence Gap Map](#).

This two-pager is part of a series of six that summarizes LHSS’s findings from the evidence mapping process for USAID’s six Learning Agenda questions. The two-pager series does not aim to answer the Learning Questions, but rather provides a high-

Health System Strengthening Evidence Gap Map

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The Evidence Gap Map identifies existing literature examining the impact of health system strengthening on health outcomes. Evidence is organized around USAID’s Health System Strengthening Learning Agenda.

What conditions or factors successfully facilitate the institutionalization and/or implementation at scale of good practices that improve health system outcomes, and why? What are lessons learned regarding planning for sustainability and achieving results at scale?

| | Multisectoral Approaches | Community Engagement/ Participation | Monitoring, Evaluation, and Learning | Other |
|--------------------------|--------------------------|--|---|-------|
| Equity | 17 | 15 | 23 | 3 |
| Quality | 36 | 35 | 65 | 13 |
| Resource Optimization | 19 | 16 | 36 | 8 |
| Resilience | 10 | 6 | 12 | 6 |

OBJECTIVES

1. Provide a snapshot of the type, range, and extent of identified evidence related to Sustainability and Scale-up (Learning Agenda Question 2).
2. Provide a high-level summary of themes from the curated evidence as a starting point for users of the Learning Question 2 Evidence Gap Map.
3. Highlight gaps in the curated Learning Question 2 evidence to inform targeted HSS programming by governments, funders, and HSS practitioners.

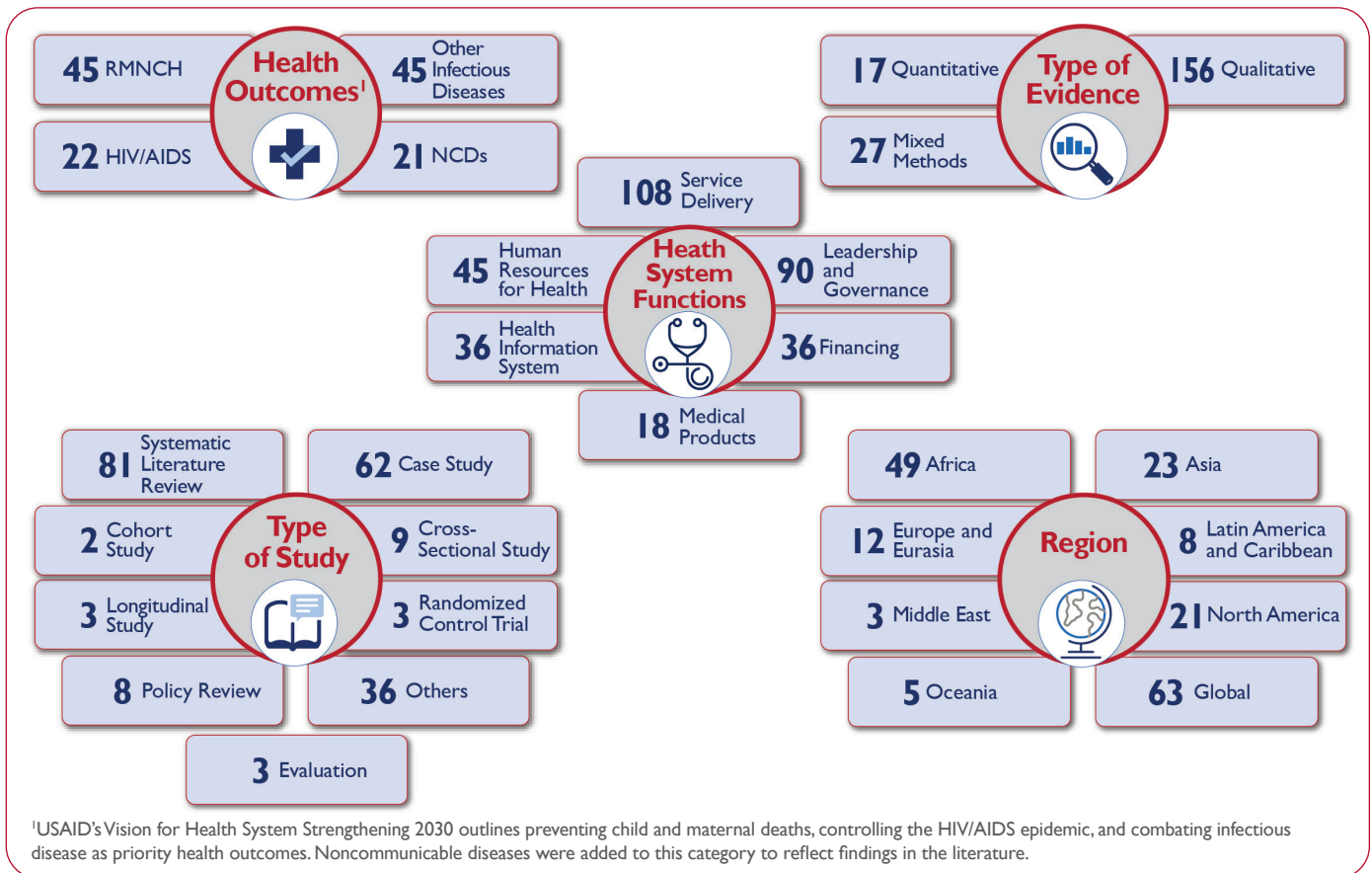
level characterization of the identified state of the evidence for each question. This two-pager focuses on USAID’s Learning Question 2, “What conditions or factors successfully facilitate the institutionalization and/ or implementation at scale of good practices that improve health system outcomes, and why? What are lessons learned regarding planning for sustainability and achieving results at scale?”.

KEY FINDINGS

Descriptive Analysis

LHSS’s Evidence Gap Map is organized around seven categories that serve as filters: Health Outcomes, Health System Functions, Region, Country, Type of Evidence, Type of Study, and Date Range. The mapping for the Sustainability and Scale-up Learning Question identified **200** relevant peer reviewed and gray literature items published from 2017 to 2022. Figure 1 shows the extent of findings in five of the categories.

Figure 1: Articles related to Sustainability and Scale-up disaggregated by number and type for Health Outcomes, Health System Functions, Type of Evidence, Type of Study, and Region categories of the Evidence Gap Map



Key Themes

- Buy-in from and ownership by local stakeholders (including communities) are crucial elements of sustainable programming. This requires alignment with local priorities and incentives.
- Sustainability and institutionalization require learning and flexibility, as priorities, stakeholders, and strategic directions are always evolving. Thus, it is good practice to invest in embedding continuous learning and adaptation processes.
- Governance structures, including both systems and capacities at subnational and district levels, are critical in planning for sustainability, and contribute to overall contextual readiness for institutionalization.
- Multisectoral and cross-agency collaboration and coordination mechanisms need to be strengthened to facilitate successful institutionalization and sustained impact.
- A well-trained and adequately supported health workforce is important for scale-up. Therefore, innovative human resource for health strategies should be part of the planning for sustainability and achieving results at scale.

Gap in the Literature

- Evidence related to mobilizing domestic resources and budgeting for scale-up of proven practices and interventions is limited.
- Outcome and impact evaluations of scale-up processes and strategies are limited.
- While there is no one-size-fits-all approach, the literature lacks general consensus and is unclear on defining the critical components of scale-up and institutionalization strategies.
- Supply chain issues are often bottlenecks for sustainability of HSS programs, but evidence on that topic is very limited.
- Importance of evidence-informed advocacy for scale-up and institutionalization is generally recognized, but articles around how to foster and meaningfully operationalize this in program design and implementation, including communication to (and with) policy makers and other decisionmakers, are limited.

Explore the Evidence Further

Click [here](#) to directly access the curated evidence around the topic of Sustainability and Scale-Up and learn more.

The LHSS Project wants to hear from you! If you are aware of relevant material that should be included in the Evidence Gap Map, please send it via this [form](#).