



HEALTH SYSTEM STRENGTHENING EVIDENCE GAP MAP INTEGRATION AND ENGAGEMENT OF LOCAL VOICES

INTRODUCTION

Health system strengthening (HSS) interventions are most 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 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. The project 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-level characterization of the identified state of the evidence for each question. This two-pager focuses on USAID’s Learning Question 4,

Health System Strengthening Evidence Gap Map

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.

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What are effective and sustainable mechanisms to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into USAID’s health system strengthening efforts?

	Accountability and Local Ownership	Decentralization and Capacity Strengthening	Community-level Engagement and Participatory Approaches	Country Examples
Equity	37	38	39	34
Quality	77	87	80	77
Resource Optimization	52	64	58	61
Resilience	19	20	25	15

“What are effective and sustainable mechanisms or processes to integrate local, community, sub-national, national, and regional voices, priorities, and contributions into USAID’s health system strengthening efforts?”

OBJECTIVES

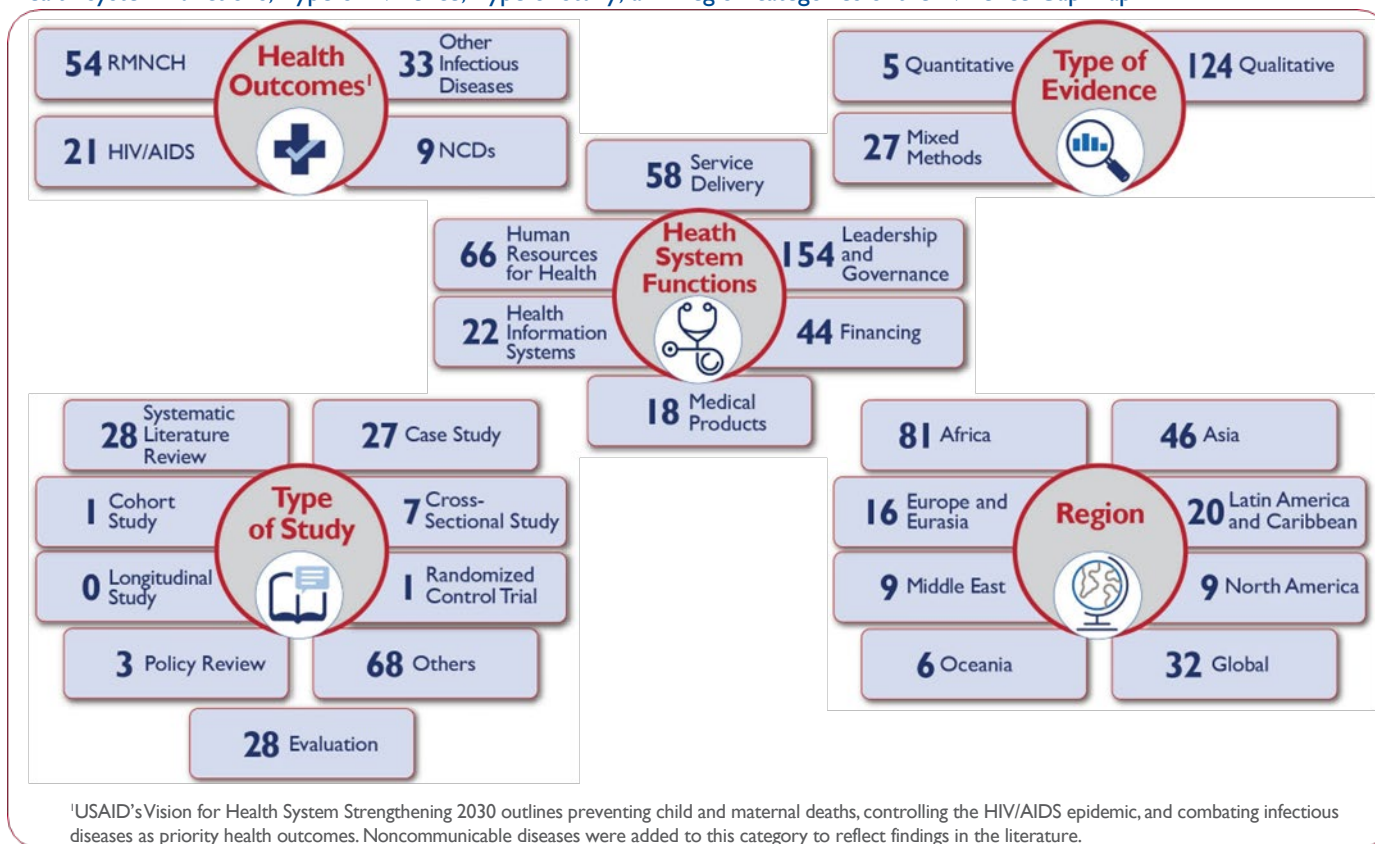
1. Provide a snapshot of the type, range, and extent of identified evidence related to Integration and Engagement of Local Voices (Learning Agenda Question 4).
2. Provide a high-level summary of themes from the curated evidence as a starting point for users of the Learning Question 4 Evidence Gap Map.
3. Highlight gaps in the curated Learning Question 4 evidence to inform targeted HSS programming by governments, funders, and HSS practitioners.

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 Integration and Engagement of Local Voices Learning Question identified **157** relevant peer-reviewed and gray literature items published from 2017 to 2022. The figures below show the extent of findings in five of the categories.

Figure 1: Articles related to Integration and Engagement of Local Voices 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

- USAID and other development partners should encourage and support the creation and/or contextualized investments of accountability mechanisms at the national and community levels. These mechanisms can be successful if they proactively seek
- USAID and development partners can facilitate local ownership by intentionally identifying the key interests and attributes of prospective government partners and community stakeholders, such as community-based organizations, local leaders, and end users, at all levels and engaging them throughout the process of decision making, priority setting, and implementing potential HSS interventions.
- Participatory approaches, such as co-creation and co-implementation, can be used amongst USAID and other development partners, government stakeholders, local leaders, end-users, and other HSS practitioners to inform tailored programming that fits within a country's context and needs, thus increasing interest and adherence to interventions, and sustaining impact of HSS.
- USAID and other development partners can play a convener role to support mutually beneficial partnerships between governments and nonstate actors. Important elements of such partnerships include creating feedback loops to exchange information and ensuring community participation in decision-making processes.
- Decentralization offers opportunities to integrate local voices and priorities in HSS efforts. Moreso, USAID and development partners should prioritize capacity strengthening at the subnational, district, and local levels of health systems to enable effective decentralized structures. If local stakeholders do not have adequate skills or resources to effectively absorb new roles and responsibilities, health systems will not be able to maximize the positive impact of decentralization.

- It is essential for USAID and other development partners to incorporate an equity-focused lens when partnering with local organizations and communities. Doing so will help development partners to better understand and account for underlying societal, structural, and power dynamics driving the issues communities are prioritizing and seeking to address.

Gaps in the Literature

- There is limited literature measuring or evaluating the success of strategies to integrate local voices in HSS strengthening efforts, including community-based monitoring. Similarly, standardized and comprehensive metrics for community engagement and the integration of local voices and priorities in HSS program implementation is lacking.
- There is a lack of empirical evidence on effective and practical accountability mechanisms across different levels of the health system, including those that are supported by USAID and development partners, although the evidence supports the need for and importance of such mechanisms.
- The literature offers limited practical guidance on how to strengthen health system capacity in the context of decentralization, especially around how to incorporate and leverage community voices and priorities as an asset in HSS efforts, from both the perspective of country health systems and external HSS partner organizations. Evidence is also needed on how to create and facilitate sustainable linkages between communities and local governments, especially without the support of donor projects.

Explore the Evidence Further

Click [here](#) to access the curated evidence around the topic of Integration and Engagement of Local Voices 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 by filling out this [form](#).