HEALTH SYSTEMS STRENGTHENING ACCELERATOR

FINAL REPORT

NOVEMBER 2024

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The Health Systems Strengthening Accelerator (Accelerator) helps countries apply a whole-of-system lens to health systems challenges, connect local innovation and global knowledge, strengthen local ownership and processes, and build the institutional architecture to ensure lasting change.

Program Name	Health Systems Strengthening Accelerator
Reporting Period	Final Report
Start Date and End Date	September 20, 2018 – September 19, 2024
Prime Implementing Partner	Results for Development
Cooperative Agreement Number	7200AA18CA00037
Accelerator Core Partners	Results for Development Health Strategy and Delivery Foundation ICF

Cover photo: Health officials participate in a workshop to support the initial Networks of Practice pilot in Ghana's South Dayi and South Tongu districts. (Photo credit: The Accelerator)

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INTRODUCTION

The Health Systems Strengthening Accelerator (Accelerator) was a six-year global initiative led by Results for Development (R4D) and funded by the United States Agency for International Development (USAID), with co-funding from the Bill & Melinda Gates and Rockefeller Foundations, that expedited progress toward universal health coverage (UHC) in low- and middle-income countries.

The program advanced equity, quality, and resource optimization by:

- supporting local leaders to apply a systems lens to complex health systems issues
- connecting local innovation and global knowledge
- strengthening local ownership and system improvement processes
- building countries' ability to drive lasting health system improvements

The Accelerator was responsive to local priorities and worked on various health systems issues, from improving health financing and strengthening community health to integrating rehabilitation, mental health, and psychosocial support services into primary health care, among other complex challenges.

On day 2 of the Monrovia Community Health Symposium 2023, the Accelerator-supported pre-conference sessions where community health workers from around the globe call for cross-country priority setting, including payments, sustainability, increased training, and sufficient drugs and supplies. (Photo credit: The Accelerator)

The Accelerator's core consortium of R4D, ICF, and the Health Strategy and Delivery Foundation (HSDF) was supported by several other global, regional, and local partners, including CERRHUD (Benin), Curatio International Foundation (Georgia), Global Challenges Corporation and RIP+ (Côte d'Ivoire), *Comité Jeunes Mon Avenir d'Abord* (My Future First Youth Committee, or CJMAD) (Guinea), and the Liberia Association for Psychosocial Services (LAPS) and Phebe Hospital (Liberia) among others, and a network of local experts.

Challenges in Health Systems Strengthening

Over the past few decades, global health and well-being have significantly improved in many regions, largely due to strategic investments that strengthened health systems.

However, progress toward strong, self-sustaining health systems remains too slow, and the COVID-19 pandemic has caused considerable setbacks. To achieve lasting health improvements and well-being for all, country leaders must adopt innovative approaches that accelerate the development of stronger, more sustainable health systems.

The Opportunity to Accelerate Universal Health Coverage

Achieving universal health coverage through self-sustaining, high-performing health systems is possible. To make this a reality, countries and their development partners must tackle complex, systemic challenges with dynamic and innovative solutions tailored to each country's unique needs. This also calls for new partnership models where regional and country-level institutions and technical experts lead the way in driving health system innovation and improvement.

The Accelerator's Work

The Accelerator has supported country leaders in co-creating, innovating, and adapting to build more effective and sustainable health system interventions. Our innovative systems-strengthening approaches advanced progress by:

- Scaling up primary care networks to expand access and improve the quality of primary health care

- Improving national-level and decentralized health policy and governance

- Using social accountability and behavior change strategies to advance universal health coverage

- Elevating the professionalization of community health workforces as a vital part of primary health care improvement

- Enhancing sustainable health financing and strategic purchasing, with a focus on under-prioritized programs such as rehabilitative care

The Accelerator's Approach to Health System Strengthening

The Accelerator worked with change agents from various sectors—government officials, local and regional technical organizations, and community leaders—to identify critical systemic issues, uncover root causes, and co-create innovative solutions drawn from regional and global expertise, tailored to local contexts.

The program's flexible approach empowered local partners to define their goals, lead the implementation process, and navigate pathways to meaningful, lasting health systems change. Beyond traditional technical assistance, the program used a mix of techniques to ensure that interventions were deeply rooted in each country's context, tailored to promote institutionalization, and fully owned by local stakeholders.

Key Accelerator Principles

1 **Ensure that priorities are set by local change agents and work through country-led processes**

2 **Coach rather than do: support local teams to select, design, and implement contextually appropriate solutions**

3 **Co-create and innovate based on evidence and learning drawn from across multiple geographies**

4 **Support adaptive learning and implementation research for evidence-based policymaking and program implementation**

The Supervision Team interacts with service providers at Hlefi Health Centre, the Network hub for Weto-Hedzefe Network in Ho West District, Ghana. (Photo credit: The Accelerator)

HIGHLIGHTS:

SIX YEARS OF DIVERSE, LOCALLY LED, AND COLLABORATIVE HEALTH SYSTEM STRENGTHENING

Participants engage in conversation at a regional convening to strengthen the health policy and systems research (HPSR) ecosystem in Asia, held from June 5-7, 2024, in Jakarta, Indonesia. Co-hosted by BKPK with support from USAID Asia Bureau, the workshop brought together HPSR leaders, policymakers, and partners to co-create, envision, and advance evidence-based policymaking and researcher-policy relationships within the HPSR field. (Photo credit: The Accelerator)

6 YEARS

Highlights: Six Years of Diverse, Locally Led, and Collaborative Health Systems Strengthening

Diverse Partnerships

The Accelerator forged diverse partnerships, collaborating with country leaders, local and regional partners, and USAID Missions. This cooperation extended across USAID's Bureau for Global Health, Bureau for Democracy, Development, and Innovation, Africa Bureau, and Asia Bureau.

COUNTRIES

Armenia | Benin | Côte d'Ivoire | Ethiopia | Georgia | Ghana | Guinea | India | Indonesia | Nepal

Liberia | Malawi | Mauritania | Namibia | Togo | Philippines | Rwanda | South Africa | Tanzania
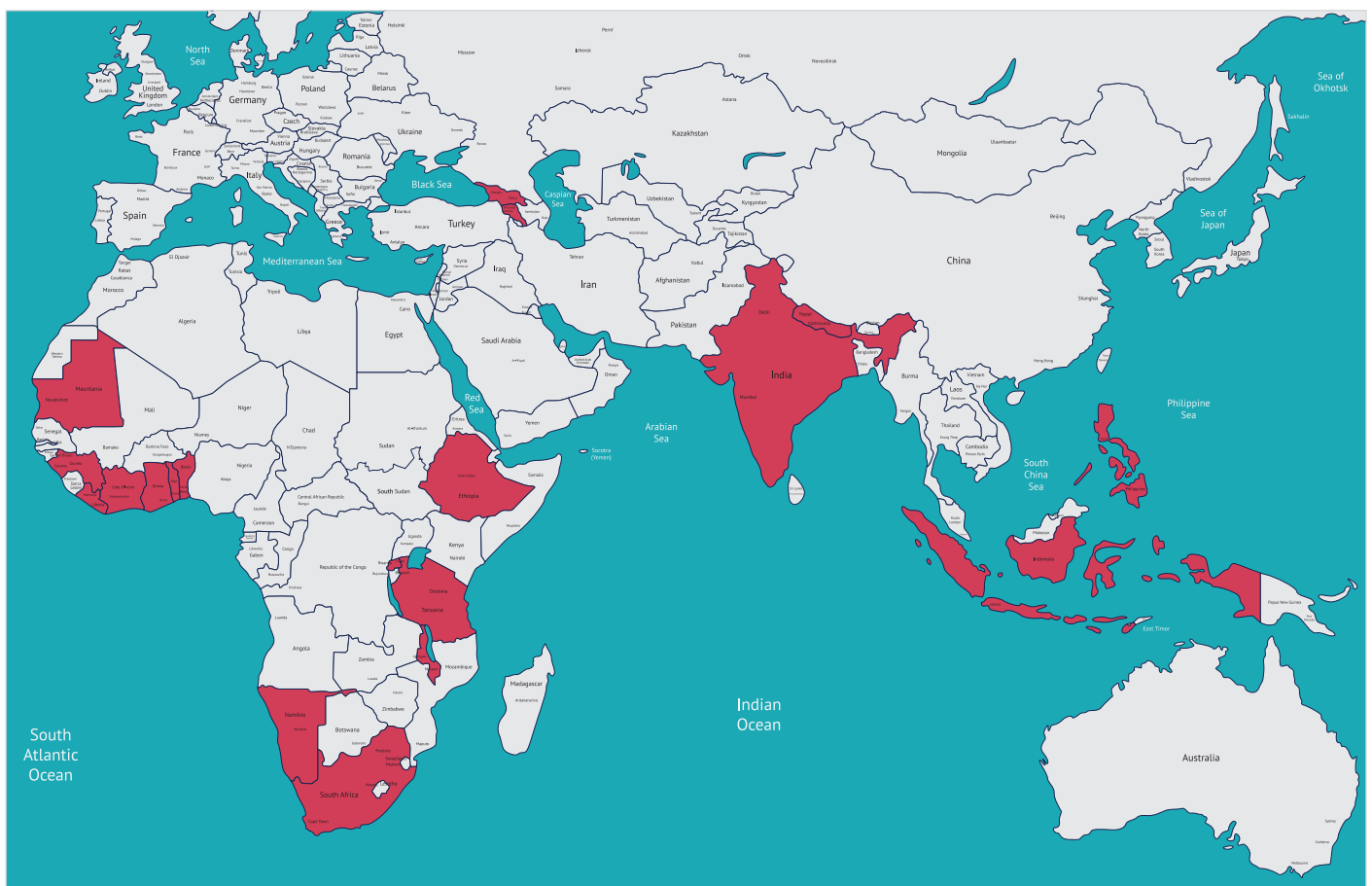
Regional and Global Collaborative Learning

Through in-person workshops and virtual exchanges, the Accelerator engaged practitioners worldwide through collaborative learning activities to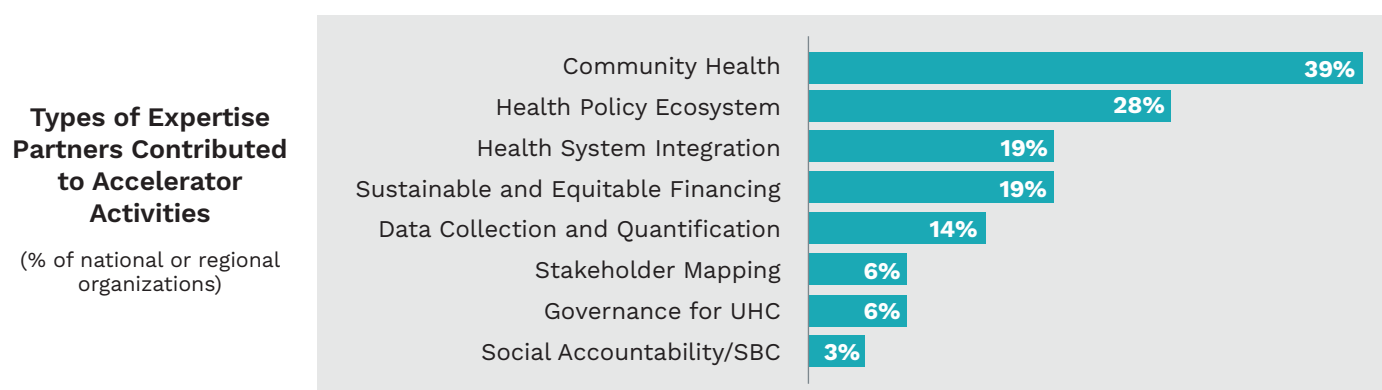 identify what has worked, what has not, and why. Participants co-developed or identified practical, adaptable tools and knowledge products through these collaboratives. The Accelerator facilitated multiple learning collaboratives to facilitate knowledge-sharing, including:

Climate Smart Health Systems Collaborative

Virtual Roundtable on Strategic Communications for Rehabilitation in Universal Health Coverage

Indonesian Ministry of Health, Health Development Policy Agency Peer Learning

Primary Health Care Financing Collaborative

International Development Innovation Alliance (IDIA) Training Course

Togo Learning Agenda Webinar Series

Asia Region Health Policy and Systems Research Institutions Co-Creation Workshops

COVID Collaborative

Safe Blood Learning Collaborative

Local and Regional Leadership and Expertise

The Accelerator ensured that priorities were set by local change agents and worked through country-led processes. The project focused on coaching rather than doing and supported local partners in selecting, designing, and implementing contextually appropriate solutions.

More than **fifty** regional and national organizations shared their knowledge and expertise to shape, enhance, or implement health systems strengthening (HSS) initiatives, with twenty contributing over multiple years. The Accelerator's partners included a diverse range of stakeholders, such as government agencies, non-governmental organizations, research institutions, universities, and regional organizations, all of which played a role in addressing various health systems challenges.

Types of Expertise Partners Contributed to Accelerator Activities

(% of national or regional organizations)

Type of Expertise	Percentage
Community Health	39%
Health Policy Ecosystem	28%
Health System Integration	19%
Sustainable and Equitable Financing	19%
Data Collection and Quantification	14%
Stakeholder Mapping	6%
Governance for UHC	6%
Social Accountability/SBC	3%

The Accelerator's Local and Regional Partners

COUNTRY	PARTNER
Armenia	National Institute of Health
Benin	Center for Research on Human Reproduction and Demography (*Centre de Recherche en Reproduction Humaine et en Démographie (CERRHUD)*)
	Ministry of Health
	Ministry of Social Affairs and Microfinance, National Social Protection Agency (ANPS)
	National Platform of Health Service Users of Benin (PNUSS)
	Coalition of Benin CSOs for UHC (COBCUS)
Côte d'Ivoire	Ministry of Health
	Global Challenge Corporation (GCC)
	Ivorian Network of Organizations for PLHA (*Reseau Ivoirien des Organisations de Personnes Vivant avec le VIH-SIDA (RIPlus)*)
Ethiopia	Federal Ministry of Health
Georgia	Curatio International Foundation
	Ministry of Internally Displaced Persons, Labor, Health, and Social Affairs
Ghana	Health Facilities Regulatory Authority (HeFRA)
	Ghana Health Service (GHS)
	Ministry of Health
	National Health Insurance Authority (NHIA)
	Ubora Quality Institute
	University of Ghana, Institute of Statistical, Social, and Economics Research (ISSER)
Guinea	"My Future First" Youth Committee (*Comité Jeunes "Mon Avenir d'Abord" (CJMAD)*)
	Ministry of Health
	Université Gamal Abdel Nasser, African Center of Excellence (*Centre d'Excellence d'Afrique (CEA-PCMT)*)
	Africa Health Consulting

COUNTRY	PARTNER
India	ACCESS Health International
Indonesia	University of Gadjah Mada, Center for Health Policy and Management
	Ministry of Health, Health Development Policy Agency (BKPK)
Liberia	Liberia Association of Psychosocial Services (LAPS)
	Phebe-Esther Bacon College of Health Sciences
	Ministry of Health & Social Welfare
	JFK Medical Center
Malawi	Kamuzu University of Health Sciences (KUHeS)
	Malawi Blood Transfusion Service (MBTS)
	Valiant Impact Limited
Mauritania	Ministry of Health, Expanded Program on Immunization (EPI)
	Civil Society Support Network for Vaccination and Health Systems Strengthening in Mauritania (VACNET)
Namibia	Namibian Blood Transfusion Service (NamBTS)
Nepal	HERD International
	Ministry of Health and Population, Epidemiology and Disease Control Division
Nigeria	Health Strategy and Delivery Foundation (HSDF)
	National Primary Health Care Development Agency (NPHCDA)
Philippines	Alliance for Improving Health Outcomes (AIHO)
Rwanda	Rwanda Biomedical Center (RBC), Blood Transfusion Division
South Korea	Seoul National University
Sri Lanka	Institute for Health Policy
Tanzania	Healthy Entrepreneurs
	Tanzania Ministry of Health
	Zanzibar Ministry of Health

COUNTRY	PARTNER
Togo	Ministry of Health, Public Hygiene and Universal Access to Healthcare
	APRODIFE (*Action pour la Promotion et le Développement Intégral de la Femme et de l'Enfant* (Action for the Promotion and Integral Development of Women and Children))
	MUSATRAV (*Mutuelle de Santé des Travailleurs* (Health Workers Mutual))
	Union of NGOs in Togo (UONGTO)
	International Network for Social Protection Rights-Togo (Insp!r-Togo)
	Network of Associations of People Living with HIV/AIDS (RAS+ Togo)

The Accelerator also collaborated with several global networks and platforms, including the Joint Learning Network, P4H Social Health Protection Network, Leadership for UHC, Global Learning Collaborative for Health Systems Resilience (GLC4HSR), and the Alliance for Health Policy and Systems Research. Regional networks included: HSG Asia and Pacific Regional Network, Asia Network for Health Systems Strengthening (ANHSS), Asia Pacific Observatory on Health Systems and Policies (the APO), and Southeast Asia Regional Collaborative for Health (SEARCH). Country-specific networks included: India Health Systems Collaborative and Indonesian Health Policy Network.

Research team for the rollout of Guinea's community health policy as part of the Accelerator's implementation research activity. (Photo credit: The Accelerator)

The Accelerator Model of Health Systems Change

The Accelerator's technical assistance model was designed to flexibly tackle a broad range of health system challenges while ensuring that local stakeholders own the system improvement processes, making them easier to institutionalize and sustain over time. The Accelerator applied twelve distinct approaches to achieve these goals, which can be grouped thematically.

Demand-Driven Country Engagement

1

Country Engagement and Partnership Models: These involve collaborating with country leaders and key stakeholders to identify and analyze local issues, prioritize actions, and co-create sustainable solutions that enable local actors and institutions to address future challenges independently.

2

Scoping for Local Demand: Used during the early stages of health systems strengthening engagement, this approach helps collaborating partners understand the local context, priorities, and needs.

3

Root Cause Analysis: A method to uncover the fundamental reasons behind an identified problem, such that solutions address underlying causes rather than just symptoms. May use techniques like the "5 Whys" to trace cause-and-effect relationships.

4

Collective Priority Setting: Involves gathering relevant stakeholders—such as government representatives, civil society organizations, researchers, donors, and implementing partners—to review qualitative and quantitative data on health systems challenges and align on criteria to guide intervention design and resource allocation.

5

Institutional Architecture for HSS Framework: When scoping, designing, or implementing activities, the Accelerator used the internally developed IA framework assessment to consider the actors, processes, and resources that interact—or fail to interact—to perform a set of functions that produce health system improvements.

Evidence Generation and Use + Adaptive Learning

6

Evidence Generation: Various processes to collect, analyze, and/or synthesize data about a health systems intervention in the context of implementation.

7

Implementation Research: Structured data collection and analysis of ongoing interventions and programs to generate real-time evidence that stakeholders and decision-makers can use to inform policy and program planning, design, and implementation.
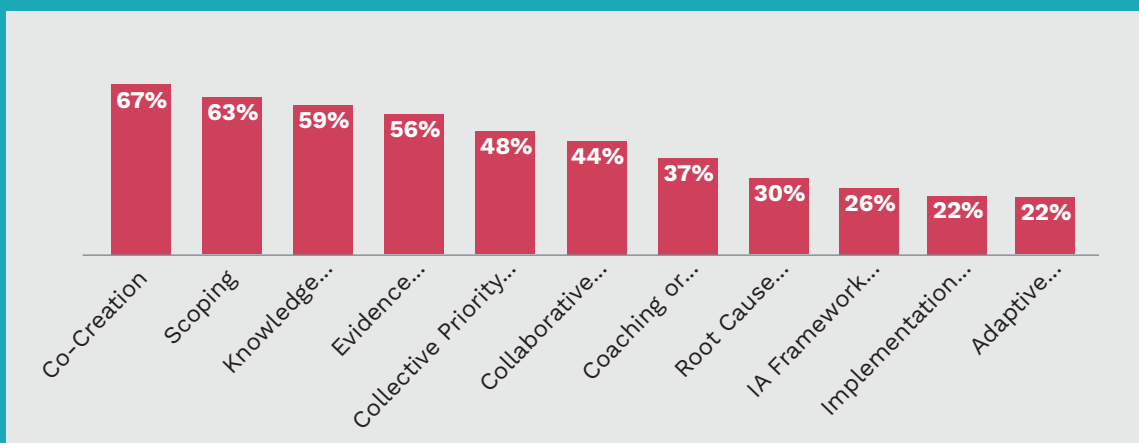
8

Knowledge Translation: Contextualizing and rendering existing technical information digestible and relevant for local stakeholders to facilitate data-driven decision-making.

9

Adaptive Learning: An intentional approach to facilitate the use of existing and/or newly generated data and information to test, iterate on, adjust, and adapt a policy, program, or intervention to improve the achievement of desired outcomes.

Accelerator Approaches to Design and Implement HSS Interventions (%)*

Approach	%
Co-Creation	67%
Scoping	63%
Knowledge…	59%
Evidence…	56%
Collective Priority…	48%
Collaborative…	44%
Coaching or…	37%
Root Cause…	30%
IA Framework…	26%
Implementation…	22%
Adaptive…	22%

* The general approach of "country engagement and partnership" was not explicitly measured.

Leverage Local and Regional Expertise to Co-Create, Learn, and Implement

10

Co-Creation: A participatory approach for developing innovative solutions to specific complex health systems challenges, co-creation brings together diverse stakeholders to identify and analyze problems, generate new solutions, prioritize actions, and collaboratively plan. The approach focuses on building trust and consensus to create contextually tailored solutions for specific issues.

11

Collaborative Learning: A structured learning method where individuals facing similar challenges in different contexts come together to share experiences, adapt knowledge, and identify solutions. Practitioners set agendas and goals, engage in workshops and virtual exchanges, and develop practical tools and knowledge products for broad application, aiming to increase ownership and uptake.

12

Coaching and Mentoring: This approach relies on local and regional practitioners or technical experts to guide stakeholders through a process to achieve a specific goal. Coaches engage consistently over a defined period of time to address a specific technical task and may work side-by-side with country partners. Mentors provide high-level strategic guidance at critical decision points.

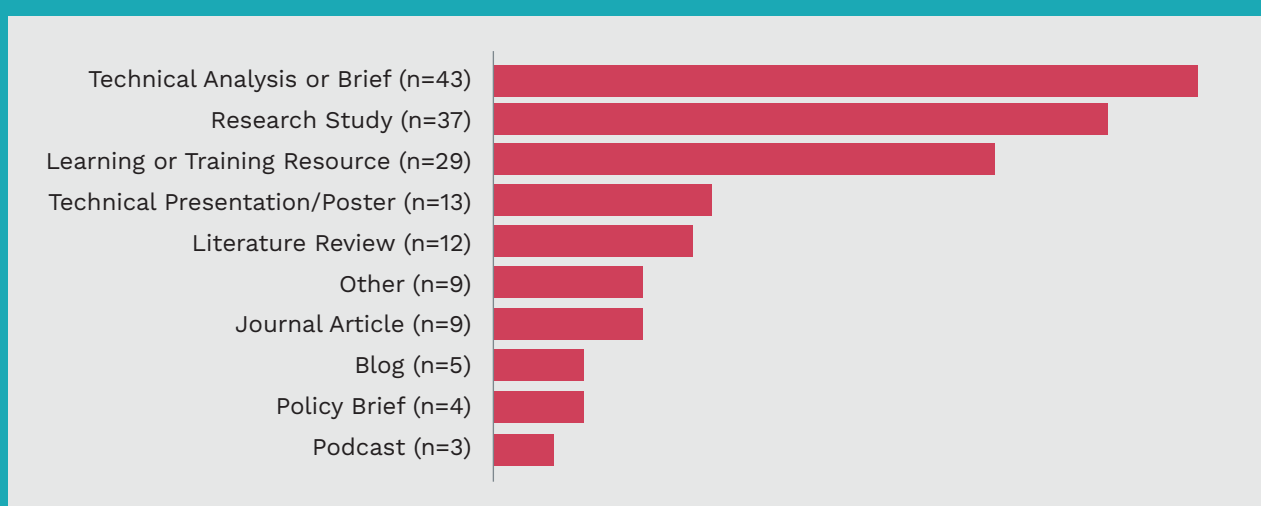## NOTABLE CAPACITY INCREASES FROM THE ACCELERATOR'S ASSISTANCE

Ghana's Health Facilities Regulatory Agency (HeFRA) developed and deployed a digital assessment platform with Accelerator assistance. HeFRA continues to use the tool and has institutionalized regular data review processes.

Liberia's John F. Kennedy Medical Center (JFKMC) overhauled its data collection and management procedures. It also trained staff to use data tools to improve and maintain routine reporting and instituted data review mechanisms with Accelerator support. The facility now adheres 100 percent to reporting to Liberia's District Health Information System (DHIS). It has made several improvements in adhering to the checklists, conducting monthly quality improvement meetings, and instituting change ideas and necessary solutions.
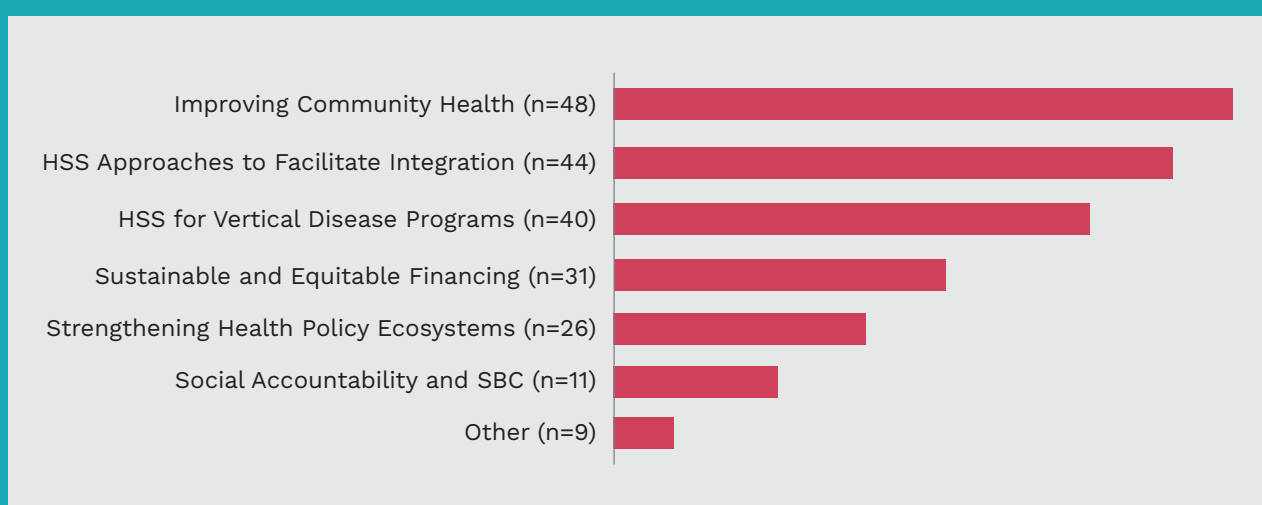
Advancement of Global Knowledge for Health Systems Strengthening

The Accelerator expanded the knowledge base for effective HSS by developing conceptual frameworks, conducting original research and analysis, creating country-specific and global knowledge resources, and facilitating the participatory dissemination and application of these knowledge products through its partners. One hundred sixty-four knowledge and knowledge translation products were produced and disseminated:

Types of Accelerator Knowledge Products Produced (Over the Life of the Project)

Product Type	Count
Technical Analysis or Brief (n=43)	
Research Study (n=37)	
Learning or Training Resource (n=29)	
Technical Presentation/Poster (n=13)	
Literature Review (n=12)	
Other (n=9)	
Journal Article (n=9)	
Blog (n=5)	
Policy Brief (n=4)	
Podcast (n=3)	

Themes Addressed by Accelerator Knowledge Products (Over the Life of the Project)

Theme	Count
Improving Community Health (n=48)	
HSS Approaches to Facilitate Integration (n=44)	
HSS for Vertical Disease Programs (n=40)	
Sustainable and Equitable Financing (n=31)	
Strengthening Health Policy Ecosystems (n=26)	
Social Accountability and SBC (n=11)	
Other (n=9)	

KEY ACHIEVEMENTS AND LESSONS

To support Guinea's efforts to strengthen routine immunization, Accelerator partner CJMAD conducted a field visit to the Forécariah health district to encourage social mobilization to support vaccination with local officials. (Photo credit: The Accelerator)

Next-Generation Approaches to Implementing Technical Assistance for Health Systems Strengthening

1

Overview

In low- and middle-income countries (LMICs), building robust health systems often depends on partnerships between domestic institutions, international donors, and external technical assistance providers. To catalyze sustainable, locally-driven health systems transformations, the Accelerator developed, tested, and refined improved models of technical assistance that address both long-term shifts and immediate health system challenges. Three key models emerged:

> • **Co-Creation:** Engaging a diverse range of country stakeholders in identifying problems, setting priorities, and planning solutions.
>
> • **Coaching and Mentoring:** Building infrastructure and methods that replace traditional technical assistance by empowering local or regional experts.
>
> • **Collaborative Learning:** Facilitating action-oriented knowledge exchange among policymakers and health systems actors to drive change.

The Accelerator's country-led change model began with demand-driven engagement, prioritizing health system challenges and diagnosing root causes. By leveraging local and regional expertise, the Accelerator co-created solutions, supported implementation through coaching and mentoring, and fostered collaborative learning to amplify impact.

The Accelerator's Experience

Co-Creation

Co-creation is a participatory process to jointly define problems and design solutions in a way that supports local leaders and addresses power imbalances. It is a facilitated process that includes articulating a shared vision, seeking diverse stakeholder input, collaboratively designing solutions, as well as testing, reflection, learning, and iteration. The Accelerator directly applied this approach in 12 countries, generating critical policy inputs, designing interventions, and co-producing research, knowledge, and tools for health systems strengthening (Box 1).

At a regional level in Asia, the Accelerator engaged diverse stakeholders—including local public and private sector actors and a network of domestic health policy and systems research institutions (HPSRIs)—to co-create solutions that promote localization and strengthen health systems. HPSRIs co-created a long-term vision for a robust health policy and systems research ecosystem, developed pilot programs, and produced adaptable tools that can benefit HPSRIs globally.

In Ghana, rapid co-creation helped stakeholders review research results and collaboratively develop action steps, while longer-term engagements (over a year) supported the creation of primary care network guidelines.

In Togo, co-creation led to the formation of a universal health coverage (UHC) task force and a UHC plan.

CO-CREATION IN ACTION: APPLICATIONS IN ACCELERATOR COUNTRIES

- **Co-designed COVID-19 vaccination campaigns** (Mauritania)

- **Improved safe blood systems** (Liberia, Malawi, Rwanda)

- **Enhanced health insurance and UHC interventions** (Benin, Ghana, Togo)

- **Co-produced implementation research** (Ghana, Guinea, Liberia, Nepal, and Philippines)

- **Built a supportive ecosystem for Health Policy and System Research Institutions** (Asia)

- **Co-designed quality assurance and improvement tools for health facilities** (Liberia)

- **Co-developed governance and implementation plans for community and primary health programs** (Côte d'Ivoire, Ghana, Nigeria, Tanzania)
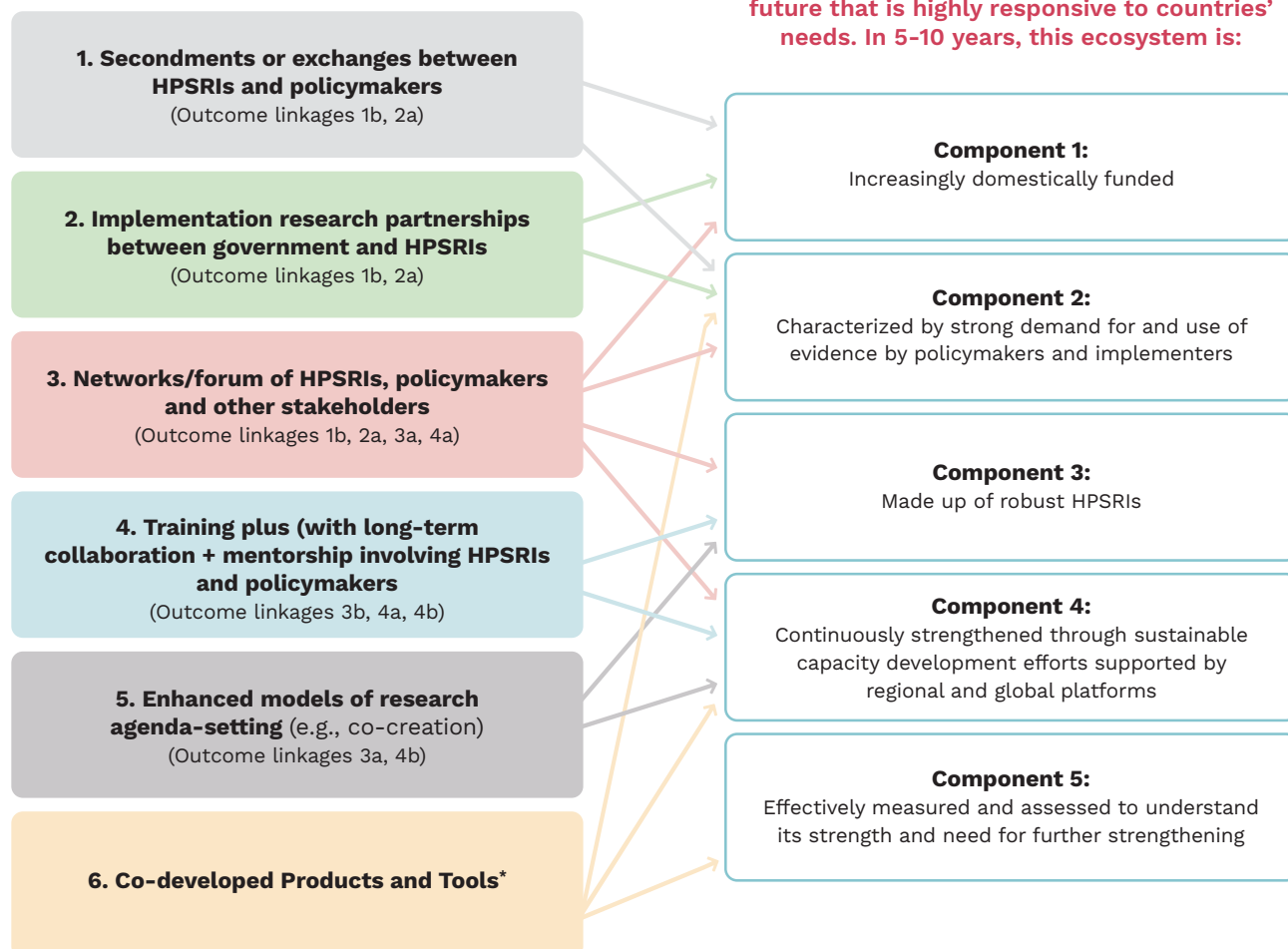
Source: Why Co-creation Matters: How Empowering Local Leaders Transforms Health Systems **(VISIT LINK)**

Actions Supporting a Co-Created Vision of a Stronger HPSR Ecosystem in Asia

ACTION AREAS

1. Secondments or exchanges between HPSRIs and policymakers
(Outcome linkages 1b, 2a)

2. Implementation research partnerships between government and HPSRIs
(Outcome linkages 1b, 2a)

3. Networks/forum of HPSRIs, policymakers and other stakeholders
(Outcome linkages 1b, 2a, 3a, 4a)

4. Training plus (with long-term collaboration + mentorship involving HPSRIs and policymakers
(Outcome linkages 3b, 4a, 4b)

5. Enhanced models of research agenda-setting (e.g., co-creation)
(Outcome linkages 3a, 4b)

6. Co-developed Products and Tools*

VISION

A stronger enabling HPSR ecosystem of the future that is highly responsive to countries' needs. In 5-10 years, this ecosystem is:

Component 1:
Increasingly domestically funded

Component 2:
Characterized by strong demand for and use of evidence by policymakers and implementers

Component 3:
Made up of robust HPSRIs

Component 4:
Continuously strengthened through sustainable capacity development efforts supported by regional and global platforms

Component 5:
Effectively measured and assessed to understand its strength and need for further strengthening
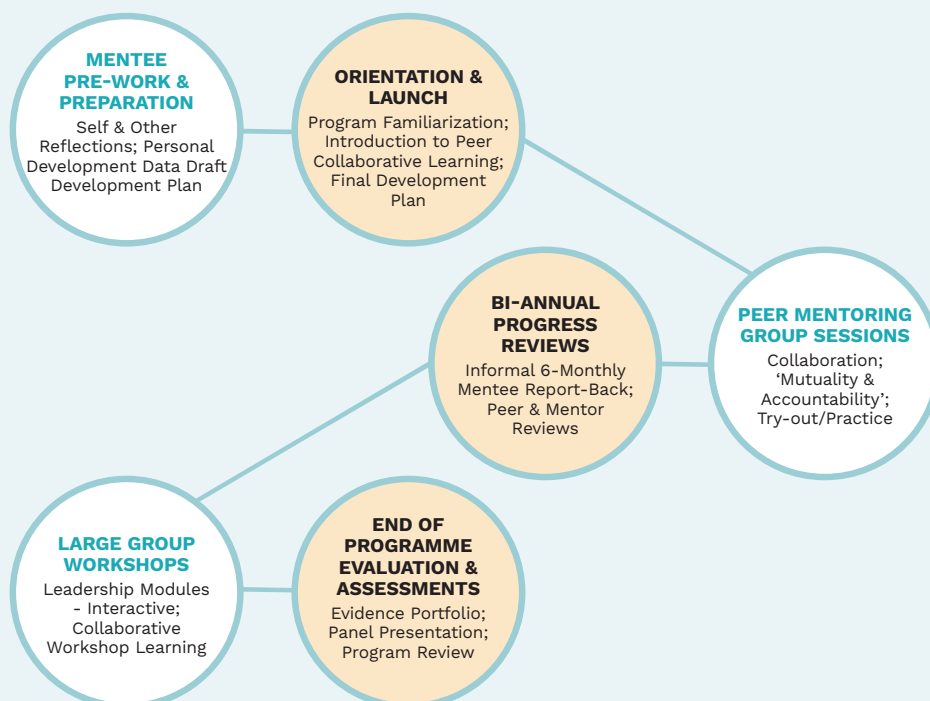
Coaching and Mentoring

The Accelerator implemented coaching and mentoring as an innovative approach to technical assistance, shifting the role of external experts from active producers of technical outputs to supporters of country-led change. We engaged local and regional experts to guide, facilitate, and mentor key stakeholders, through change processes in specific technical areas—often identified through co-creation. This approach integrated both health systems strengthening (HSS) and change management strategies to drive sustainable transformation.

With additional support from the Bill and Melinda Gates Foundation, the Accelerator developed a global database of over 350 HSS experts from 44 countries, available as a public resource. To further strengthen these experts' capabilities, we created e-learning modules on coaching, equipping them with the skills needed to effectively mentor and support local change agents to drive health systems change sustainably.

The Accelerator customized its coaching and mentoring approach to meet the unique needs of country change agents. In **Benin**, we established a peer coaching mechanism between 14 new health zones and seven original pilot health zones implementing the national health insurance program. Additionally, a coaching forum across 50 communes was created to share insights and develop practical solutions to challenges related to the program. The program's coaching efforts extended to different levels of the health system. In **Liberia**, we worked with quality improvement teams; in **Togo**, we mentored civil society organizations; and in **Ghana**, we provided coaching support to the Ministry of Health. By embedding coaching and mentoring into these contexts, the Accelerator empowered local actors to lead health system improvements, ensuring that changes were sustainable and aligned with local priorities.

COACHING AND MENTORING IN ACTION: STEPS IN LEADERSHIP MENTORING FOR GHANA'S MINISTRY OF HEALTH

MENTEE PRE-WORK & PREPARATION
Self & Other Reflections; Personal Development Data Draft Development Plan

ORIENTATION & LAUNCH
Program Familiarization; Introduction to Peer Collaborative Learning; Final Development Plan

BI-ANNUAL PROGRESS REVIEWS
Informal 6-Monthly Mentee Report-Back; Peer & Mentor Reviews

PEER MENTORING GROUP SESSIONS
Collaboration; 'Mutuality & Accountability'; Try-out/Practice

LARGE GROUP WORKSHOPS
Leadership Modules - Interactive; Collaborative Workshop Learning

END OF PROGRAMME EVALUATION & ASSESSMENTS
Evidence Portfolio; Panel Presentation; Program Review

Collaborative Learning

Collaborative learning is a powerful method for enhancing local expertise and fostering ecosystems that drive long-term systems change. It creates an engaged community of leaders who learn from each other, jointly solve problems, generate new knowledge, and adapt and apply it in real-time.

The Accelerator used Collaborative Learning to bring local leaders and experts into a structured cycle of learning and action. Through this process, they learned from one another, co-created new knowledge, and adapted and applied their insights to tackle priority challenges. For instance, during the onset of the COVID-19 pandemic, Collaborative Learning helped facilitate cross-country learning on establishing national coordination mechanisms for pandemic response. Additionally, the Accelerator partnered with government leaders through the Joint Learning Network for Universal Health Coverage to develop a shared learning agenda and plan for a technical collaborative on strengthening rehabilitation in health systems.

The HSS Practice Spotlight: Collaborative Learning to Drive Policy Change and Action highlights

further examples of how this approach drives policy change and action, ultimately supporting sustainable health systems strengthening.

Key Lessons

These complementary approaches have proven effective both individually and in combination to drive and accelerate health systems change. At their core, they prioritize and strengthen local and regional expertise, ensuring that reforms and technical assistance can continue beyond the lifespan of any single project. However, their success depends on engaging a wide range of local actors and requires significant time, resources, and patience.

Key elements for their effectiveness include building trust, fostering strong relationships, and creating a sense of ownership among stakeholders. A shared vision, clearly defined roles, and strong facilitation are essential, as is active engagement of local change agents. Additionally, flexible work plans and budgets are critical, allowing projects to adapt to local needs and respond to evolving demands for technical assistance.

COLLABORATIVE LEARNING IN ACTION: SUPPORTING SAFE BLOOD SYSTEMS IN LIBERIA, MALAWI, AND RWANDA

Country demand for learning topics	Virtual and in-person collaborative learning	Implementation activities	Integration of learning that enhances implementation activities and sustainability
Key informant interviews, co-created a learning agenda, and prioritized learning topics	Learning sessions tied to ongoing implementation	Cross-country learning team to ensure feedback loops	**Liberia:** Incorporating blood donor satisfaction surveys **Malawi:** Creating offline data collection and management systems **Rwanda:** Integrating marketing and communication strategies

Making Integrated Health Systems Work for Priority Services

2

Overview

A critical step toward achieving universal health coverage (UHC) is the integration of priority health and disease areas into broader health systems. Economic growth has increased citizens' expectations for better public services and entitlements, while the expansion of UHC policies has pushed governments to focus on sustainability and efficiency in providing essential health services. At the same time, decreasing donor funding has left some populations and health programs at risk, highlighting the need to integrate siloed, unsustainable ("vertical") health programs into domestic health system financing, service delivery, and governance mechanisms. To meet this challenge, the health systems strengthening (HSS) community must continue to advance health system integration, offering clear guidance on how to start and proceed, synthesizing lessons learned, and sharing examples of success.

The Accelerator's Experience

The Accelerator spearheaded health system integration initiatives across key areas, generating knowledge, producing practical guidance, and driving both policy and implementation. These efforts included multi-country, multi-year programs that integrated rehabilitation services, mental health and psychosocial support, national safe blood systems, and COVID-19 immunization programs into "horizontal" health systems. The Accelerator worked closely with national governments, USAID offices, country missions, and both global and local partners and experts to implement these changes.

Rehabilitation Services and Technologies

Rehabilitation services and technologies are essential to achieving UHC and fulfilling Sustainable Development Goal 3: "Ensuring Healthy Lives and Promoting Well-being at All Ages." With support from the Leahy War Victims Fund, the Accelerator collaborated with USAID to integrate rehabilitation services into national health systems, moving beyond the traditional focus on humanitarian and disability care. This effort incorporated rehabilitation into health system financing, service delivery, and governance mechanisms. Collaborating with the World Health Organization's Rehabilitation 2030 Initiative, the Accelerator created the first-ever global knowledge product on optimizing health financing for rehabilitation in low and middle income countries (LMICs).

In **Ethiopia, Georgia, and Nepal,** the Accelerator worked with national governments to:

- Define essential rehabilitation services
- Expand access to assistive technologies like wheelchairs and hearing aids
- Monitor spending and resource flows
- Develop health management information systems (HMIS) to monitor routine information collection

By driving awareness, building governance structures within ministries of health, and enabling data-driven decision-making, the Accelerator's work helped embed rehabilitation care into national health systems. The lessons learned from these efforts offer valuable insights for integrating rehabilitation—and other health services—into the broader health systems across various contexts (See Box 1).

BOX 1	Five Universal Lessons from Integrating Rehabilitation

Five key lessons for integrating rehabilitation services from the Accelerator's work in Ethiopia, Nepal, and Georgia:

1. **Awareness drives prioritization:** Non-governmental advocates, along with technical assistance and service providers, play a crucial role in educating health systems stakeholders about the importance of rehabilitation. Reframing rehabilitation as an essential health service helps elevate its status and integrate it across the health system.

2. **Governance structures are foundational:** Establishing clear governance structures and designating a "focal point" within the Ministry of Health, at national and sub-national levels, is essential for driving policy and actions that integrate rehabilitation services.

3. **Data for decision-making requires flexibility:** While health information systems with rehabilitation modules are important for informed decisions, gaps in service delivery and expansion often delay data collection. Decision makers must use alternative sources of formal or informal data, using creative survey and estimation approaches to fill the gaps.

4. **Dialogue and transparency protect rights:** Continuous dialogue with policymakers is vital to safeguarding the rights of persons with disabilities, especially when resources are limited. Policymakers must maintain transparency in balancing rights-based concerns with programmatic priorities.

5. **Addressing workforce shortages is key:** The demand for rehabilitation services often exceeds the availability of trained professionals. To meet this need, it is essential to allocate resources for task-shifting strategies while expanding and strengthening formal degree programs.

Scaling Up Mental Health and Psychosocial Support Services in Liberia

In Liberia, the Accelerator partnered with USAID's Victims of Torture Fund and the Ministry of Health's (MOH) Mental Health Unit to scale-up mental health and psychosocial support (MHPSS) services. In alignment with the WHO's Special Initiative for Mental Health, the Accelerator worked to strengthen the health system's capacity to deliver MHPSS care. This effort included:

- Developing local capacity for training of mental health clinicians
- Integrating mental health indicators into routine health management information systems (HMIS)
- Planning and managing the supply of essential psychotropic medicines
- Creating a roadmap for scaling up community-based mental health service delivery
- Supporting the MOH in planning and governance efforts, including the development of a national mental health policy and strategy.

Strengthening National Safe Blood Systems in Liberia, Malawi, and Rwanda

The Accelerator, in partnership with USAID's Office of Maternal and Child Health and Nutrition and the Center for Innovation and Impact launched an innovative program to strengthen national safe blood systems in Liberia, Malawi, and Rwanda. Blood and blood products—such as red blood cells, platelets, and plasma—are critical for treating severe conditions like severe postpartum hemorrhage and widespread childhood anemia. In these three countries, the Accelerator piloted a global tool to assess national safe blood systems and worked closely with national blood transfusion services and MOHs to co-develop agendas for strengthening blood systems. The program supported the creation of national blood system policies and strategies, embedding them into broader health sector planning efforts. Key areas of focus included:

- Using new evidence and health system planning and policy processes to increase domestic resource allocation for blood systems, as countries transition from declining donor funding (such as PEPFAR and Global Fund)
- Enhancing blood collection practices, integrating blood systems data into routine health information systems, and improving facility readiness to deliver high-quality services.

Ensuring Sustainable COVID-19 Vaccination in LMICs through Integration

As external financial, human, and vaccine support for COVID-19 vaccination diminishes in low- and middle-income (LIMCs), integrating COVID-19 vaccination into routine health systems is crucial for long-term sustainability. The Accelerator, in collaboration with the MOMENTUM Routine Immunization Transformation and Equity program (M-RITE), produced evidence on the progress of integrating COVID-19 vaccination with routine immunization and other health interventions, as well as strategies for maintaining vaccination efforts in the future.

Drawing on experiences from **Benin, Ethiopia, Ghana, Liberia, Nigeria,** and **Togo**, the Accelerator and M-RITE produced guidance on several key areas, including:

- Identifying priority populations for COVID-19 vaccination integration
- Leveraging the COVID-19 vaccination experience to develop life-course vaccination approaches with routine immunization
- Establishing sustainable financing mechanisms for COVID-19 vaccination
- Integrating COVID-19 vaccination into routine health system strategies, plans, and monitoring and evaluation systems.

This integration approach is essential for ensuring that COVID-19 vaccination efforts continue as part of broader, sustainable health system initiatives in LMICs.

Advancing Health System Integration: Key Lessons from the Accelerator's Experience

Integration of health programs into routine health systems requires continuous investment to generate evidence, facilitate learning, and share best practices to improve country-level implementation. The Accelerator's work highlights the need for policymakers to receive guidance and support in three critical areas:

1. **Incorporating vertical programs into routine operations:** Policymakers must develop strategies to transition externally funded (and even domestic) verticalized programs into routine health system operations.

2. **Facilitating interagency collaboration and defining roles:** Integration requires strong collaboration between government agencies and stakeholders. Policymakers need to develop clear, context-specific policy pathways that assign key responsibilities across sectors, ensuring a unified approach to health systems strengthening.

3. **Expanding the integration agenda to underprioritized health areas:** Mental health, rehabilitation, and blood safety are often underprioritized by both donors and domestic health system policymakers. Elevating these areas along with the voices of key stakeholders, such as persons with disabilities, remains essential to advancing the integration agenda.

Donors can enhance integration by aligning support with country health priorities, co-financing integrated health programs, and expanding health benefits policy and purchasing modalities to include siloed programs. Improved resource tracking will increase efficiency and value for money, making it easier for countries to transition from donor funding to domestic resources. Prioritizing areas like mental health and rehabilitation will also prepare LMICs to manage the ongoing epidemiological transition to non-communicable diseases.
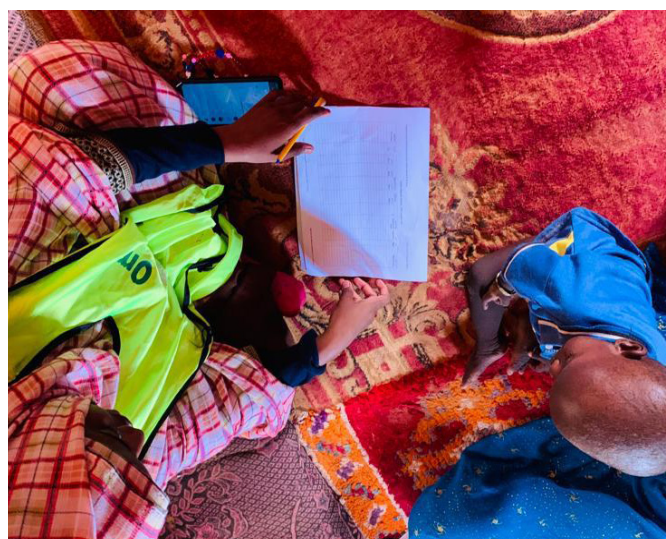
Photos: To address hesitancy and boost coverage, the Accelerator worked with women civil society leaders in Mauritania's Atar & Chinguity districts on social mobilization for COVID-19 vaccination and routine #immunization. (Photo credit: The Accelerator)

Transformative Approaches to Strengthen Community-based and Primary Health Care to Achieve UHC

Overview

Access to functional, quality primary health care (PHC) is critical in building resilient and responsive health systems. Despite progress, many countries continue to face significant challenges in strengthening their PHC systems. Common obstacles include inadequate and unsustainable funding, insufficient training for community health workers (CHWs), and poor integration of community health programs into the broader health systems.

To address these challenges, the Accelerator applied transformative approaches across multiple countries to strengthen community-based PHC services and generate global evidence for knowledge exchange. These efforts helped local governments redesign service delivery systems, promote sustainable financing, and empower civil society to hold governments accountable to their UHC commitments.

The Accelerator's Experience

Enhancing Primary Health Care Delivery through Networks of Practice in Ghana

Improving equitable access to high-quality PHC services requires careful strategic planning for how health services are delivered and utilized. Despite Ghana's commitment to achieving UHC by 2030, challenges remain within the PHC system. Many citizens continue to bypass community-level health facilities, opting instead to seek care at hospitals, even for basic services. This trend leads to longer travel times, higher costs, and increased pressure on hospitals, which in turn compromises the quality of care.

Through multi-stakeholder co-creation, the Accelerator supported Ghana's quest for better health for all, with primary care Networks of Practice serving as the key vehicle for delivering quality health care at the community level.

Working closely with the Ghana Health Service (GHS), Ministry of Health and other partners, the Accelerator provided technical support for the development of the networks' implementation guidelines, piloting, and scale up. The Accelerator also supported GHS to conduct implementation research that helped improve the design of networks as they scaled.

The Accelerator partnered with Ghana's MOH and the Ghana Health Service (GHS) to design, pilot, and scale-up primary care provider networks as part of broader PHC reforms. These Networks of Practice (NoPs) were created to strengthen PHC service delivery by enabling smaller, lower-capacity facilities to pool resources and offer a wider range of services, while reinforcing the gatekeeper system. This approach ensured that community-level facilities could manage resources more efficiently and helped streamline patient referrals, reducing unnecessary burden on hospitals.

The success of the initial pilot led policymakers to prioritize NoPs as a key strategy in Ghana's UHC Roadmap. With support from the Accelerator, Ghana has begun a nationwide roll-out of NoPs. These networks have improved equity in coverage and access, enhanced the quality of service delivery, and strengthened referral coordination. The networks have also provided a platform for capacity building across over 400 facilities and over 90 networks, supporting Ghana's progress toward UHC.

Scaling Up Networks of Practice in the Volta Region

The NoP initiative was first piloted in the Volta Region from 2017 to 2019. The pilot, launched in South Dayi and South Tongu districts, introduced a hub-and-spokes model for PHC service delivery. Larger health centers acted as hubs, offering technical and operational support to smaller CHPS compounds and clinics (the spokes), creating a more coordinated and efficient system of care. This model improved referral processes between facilities, fostered collaboration and resource sharing, and enhanced task-shifting policies, with senior staff from health centers providing guidance to lower-level facilities. District hospitals also played a crucial role in ensuring effective referrals and offering technical expertise. These early successes set the stage for broader implementation, and by December 2023, the Volta Region had expanded the NoP initiative to nine districts. The expansion was driven by local resources and several innovations that ensured the initiative's sustainability and scalability.

A major innovation during the scale-up was the establishment of a **Tele-Consultation Center (TCC)** at Hohoe Regional Hospital, which allowed smaller facilities to remotely consult specialists. This reduced unnecessary patient transfers, improved referral compliance, and strengthened communication between facilities. The TCC became a critical tool in improving service delivery efficiency by optimizing resources, especially in rural and underserved areas.

The Volta Region also established a multidisciplinary **Regional NoP Technical Team** to guide the scale-up process. This team identified four phases of network development—setting up, operating, maturing, and sustaining—and developed tools to monitor each phase, ensuring that networks evolved systematically and effectively. These innovations helped the region maintain momentum, providing the groundwork for broader national PHC reform.

The lessons from the Volta Region's experience have highlighted the importance of hands-on implementation, where NoP formation requires direct engagement with facilities and staff. Additionally, stakeholder engagement is key to success—securing buy-in from health service management, community members, and key actors ensures the sustainability of the networks. Another critical factor is continuous investment in network hubs, as these facilities play a central role in maintaining capacity and performance. Furthermore, the introduction of teleconsultation significantly enhanced the referral system, proving to be one of the NoP's most impactful innovations.

As the NoP initiative expands nationwide, these lessons provide a roadmap for further scale-up efforts. The Ghana Health Service has begun collaborating with the Volta Region to document implementation progress, identify gaps, and refine policies for national adoption. Cross-regional learning exchanges, study visits, and strategic investments in hub development are part of the broader strategy to scale up PHC reform across Ghana. The Volta Region's success in transforming its primary care system offers a model for other regions in Ghana and beyond, positioning the Networks of Practice initiative as a critical driver of Ghana's journey towards achieving UHC by 2030.

Community Health Strategy and Workforce

There is growing global recognition of the critical role CHWs play in achieving UHC and other health sector goals. Efforts have also accelerated to ensure that community health programs are properly integrated into national health systems, sustainably funded, and that CHWs are fairly compensated and formally recognized as part of the health workforce—particularly through initiatives like the Community Health Roadmap partnership. The Accelerator adopted a systems approach to address community health policy implementation challenges in countries that were developing, implementing, or redesigning their community health programs and strategies, such as Guinea, Nigeria, and Tanzania.

Engaging Civil Society in PHC-Centered UHC Policies

CSOs play a critical role in holding governments accountable and ensuring health policies are relevant, inclusive, and equitable. In Togo, the Accelerator helped strengthen CSOs' capacity to engage more effectively in policy and decision-making processes related to UHC as the country designed and implemented its new national health insurance program. The Accelerator co-created a capacity-building plan with local CSOs, provided training sessions, coaching, and support for developing and implementing advocacy activities. This approach improved CSOs' understanding of UHC, enhanced their ability to facilitate community dialogue, and fostered a collaborative relationship

Strengthening Community Health in Guinea through Collaborative Action and Sustainable Financing

In 2018, Guinea launched its first national community health policy, aiming to enhance health services at the community level. However, significant challenges emerged, including gaps in sustainable financing, ineffective decentralization, and limited citizen engagement and accountability. To address these issues, the Health Systems Strengthening Accelerator played a pivotal role in bringing together Guinea's Department of Community Health, civil society organizations (CSOs), and other key partners through a co-creation process designed to develop solutions tailored to local needs.

This collaborative approach led to the creation of a sustainable financing action plan, ensuring that Guinea's community health system was locally-owned and responsive to the realities on the ground. In a major advocacy success, CSOs, supported by the Accelerator, helped secure the passage of a new law in 2023 mandating that the national government recruit and pay Community Health Workers (CHWs). This marked a crucial step in formalizing and securing the future of Guinea's community health workforce.

Further strengthening the policy's implementation, the Accelerator partnered with a local research institution to conduct a comprehensive implementation research study. This study assessed the rollout of the community health policy within Guinea's decentralized system. The findings highlighted gaps in local governments' capacity to implement their new responsibilities, while also showcasing the vital role CHWs were playing in improving maternal health services. These insights were instrumental in guiding CSO advocacy for sustainable financing and informed the development of Guinea's 2023-2027 National Community Health Strategy and the 2024-2028 National Immunization Strategy.

By fostering collaboration and supporting evidence-based policy improvements, the Accelerator helped Guinea build a more resilient, sustainable community health system that empowers CHWs and improves health outcomes at the grassroots level.

between civil society and government actors. In Benin, where the government launched its national health insurance program, AM-ARCH, the Accelerator established a "consultative committee" to create an inclusive platform for policy dialogue. This committee allowed civil society organizations wereto provide feedback on the program's scale-up. The Accelerator also supported CSOs in raising awareness, increasing enrollment, and promoting the use of the national health insurance program, particularly in rural and remote areas where participation has been low. Additionally, civil society was tasked with managing a new complaints management system, enabling users to provide feedback on the program, thereby improving patient rights and strengthening accountability.

Key Lessons

The Accelerator's efforts to strengthen community-based PHC services have achieved significant progress, but continued investment is essential. Donors and implementing partners should prioritize learning from and scaling successful models for service delivery and workforce development within community health and PHC programs. Investments in implementation research and other learning activities should inform the design and execution of these programs.

It is also important for partners to support country decision-makers to lead the prioritization of community health investments and integrate these programs into existing health system structures. Empowering CSOs, especially at the sub-national level, to participate in policy development and monitoring will enhance accountability and responsiveness. Applying systems thinking to the design of community health programs and fostering collaborative learning among countries are crucial for improving health systems quality, resilience, and sustainability, which are key to achieving UHC.

Redesigning Nigeria's CHIPS Program to Strengthen Primary Health Care

In Nigeria, the Accelerator played a pivotal role in the successful redesign of the country's Community Health Influencers, Promoters, and Services (CHIPS) program, aimed at enhancing community health initiatives to improve access to primary health care.

To support this effort, the Accelerator collaborated with the national program implementation unit (PIU) to conduct a rapid assessment of the governance and coordination systems of the CHIPS program. This assessment helped identify both strengths and areas needing improvement. Additionally, the Accelerator also facilitated a learning exchange, sharing global findings on financing, recruitment, training, and digital innovations for CHWs program with key stakeholders.

The National Primary Health Care Development Agency (NPHCDA) has leveraged the findings from both the assessment and learning exchange to redesign the CHIPS program. The redesign focuses on creating a well-equipped and supervised CHW workforce, fully integrated into Nigeria's PHC system.

Benefits Policy Design to Align Financing with Essential Services

4

Overview

Health benefits policy, which defines the health services and commodities funded by pooled public resources and the rules for accessing them, is a critical tool for governments to advance commitments to UHC in line with available financing. Given that resources are always limited, designing benefits policy is essentially a priority-setting exercise that must align with financing systems and determine how services and commodities are purchased from providers. Smart purchasing strategies can generate efficiencies, enabling more generous benefits.

While technical guidance on benefits policy design is growing, these policies are also highly political and require consensus on difficult trade-offs, such as determining who will benefit from public funds. The Accelerator provided technical support and facilitated processes to help countries like Ethiopia, Georgia, and Ghana translate global evidence into practical steps for designing benefits policy that align with available financing and operationalize those policies effectively.

The experiences in these countries show that inclusive stakeholder engagement, effective policy advocacy and communication, and the use of locally generated and contextualized evidence can help governments incrementally expand benefits and strengthen their UHC commitments, even amid fiscal constraints and limited resources.

The Accelerator's Experience

Ethiopia Takes Steps Toward Sustainable Financing for Family Planning and Maternal, Newborn, and Child Health

Ethiopia faces declining donor funding for family planning and maternal, newborn, and child health (MNCH) commodities, creating a need for the country to take on a larger role in financing and procurement. In response to this threat, senior government leaders initiated discussions on sustainable financing and the prioritization of essential services and commodities that should continue to be provided free of charge. The MOH convened a technical working group (TWG) to identify which commodities should be prioritized for domestic funding and to identify sustainable financing options. The Accelerator played a key role in this process, providing analytics of commodity needs to inform priority-setting. Through this collaborative effort, the TWG reached a consensus on the commodities that the Ethiopian government should fund using domestic resources to ensure continued access to essential health services amid shifting donor support.

Georgia Expands Access to Rehabilitation Services Through Strategic Policy Reforms

Georgia identified the urgent need to improve access to rehabilitation services, noting a shortage of outpatient rehabilitation facilities, health workers, and established standards of care.

The country's focus intensified following the WHO's 2021 report on rehabilitation, which highlighted the growing demand for these services, particularly for high-need populations. The report helped build political commitment to address the gaps in rehabilitation care.

The MOH initiated a process to include outpatient rehabilitation services in the national health benefits package. The Accelerator supported this effort by engaging policymakers and providing evidence on the broader benefits of rehabilitation—not only for individuals with disabilities but for improving overall productivity and quality of life. Rehabilitation was shown to enhance the impact of other health interventions, offering good value-for-money.

A consensus was reached on a phased approach to implementing these services, starting with rehabilitation for spinal cord injuries and stroke. The Accelerator also contributed by conducting a costing and budget impact analysis for the prioritized package, using benchmark payment rates from Estonia as a reference. The comprehensive support has paved the way for improved access to critical rehabilitation services in Georgia, contributing to better health outcomes for the population.

Ghana Advances Health Promotion and Prevention Through Innovative Benefits Package

Ghana's 2019 "UHC Roadmap" set a strong focus on health promotion and prevention, yet the National Health Insurance Scheme (NHIS) continued to prioritize curative services. To align NHIS benefits with the country's UHC goals, Ghana sought to introduce a Health Promotion and Prevention Benefits Package (HPPBP) as part of the NHIS offerings. Additionally, Ghana was working to scale up primary care networks, or "networks of practice," and link them to NHIS financing, which required defining the services these networks would deliver and determining how to compensate providers.

Benefits Package Expansion in Ghana

In Ghana, the Accelerator recognized that navigating the political landscape was just as important as addressing the technical aspects of expanding health benefits. By working closely with government counterparts, the Accelerator helped seize a "window of opportunity" to expand benefits coverage during an election year, when such initiatives tend to appeal to both leaders and voters. Preventive services, in particular, were an attractive option because they are low-cost, and pose minimal political risk.

While it was relatively straightforward to add preventive services to the political agenda, securing long-term government commitment to finance these services proved more challenging. The Accelerator facilitated progress by advocating for a more incremental approach, starting with a small set of high-impact services: universal annual measurement of blood sugar, body mass index, and blood pressure. This strategy allowed for a quick win, enabling the government to move forward, test the costs and benefits of these services, and keep the door open for future discussions on expanding the full package of 68 prioritized services.

The Accelerator played a role in facilitating the design of the HPPBP as a subset of Ghana's Essential Health Services Package and conducted analytics to operationalize it. Due to NHIS concerns, the full package will not be offered immediately. Instead, Ghana will implement a short-term strategy, beginning with a small subset of the 68 identified services, which will be offered through an "annual health check." This annual health check package will be piloted through the primary care networks and financed by the NHIS through a new payment mechanism.

This phased approach will allow stakeholders to learn from the pilot and refine the strategy for gradually expanding the HPPBP to a broader population through the NHIS. The initiative marks an important step toward balancing curative and preventive health services in Ghana's journey to achieving UHC.

Key Lessons

These key lessons highlight the importance of advocacy, inclusive stakeholder processes, evidence-based prioritization, and proactive financial planning in successfully expanding benefits packages in resource-constrained environments.

Getting Expanded Benefits on the Policy Agenda

In all three countries—Ethiopia, Georgia, and Ghana—expanding existing benefits packages was achieved despite constrained fiscal environments. Advocacy efforts, coupled with locally generated evidence, were key in demonstrating that current UHC commitments necessitated the expansion of benefits. In Ethiopia, a decline in donor funding, which threatened the supply of essential commodities, prompted the government to act to protect maternal and child health commitments. In Georgia, global advocacy raised awareness of the unmet need for rehabilitation services, while local analysis underscored the return on investment, driving the expansion of rehabilitation benefits. In Ghana, analysis showed that UHC goals could only be achieved by covering health promotion and prevention services, leading to the expansion of benefits.

Establishing Effective Stakeholder Processes

Reaching consensus on benefits expansion in all three countries was made possible through highly inclusive, facilitated stakeholder processes. In Georgia, for example, the Accelerator facilitated stakeholder engagement, ensuring input from various voices, including government agencies, provider associations, and representatives of the community and disabled populations. A household survey further informed the process by identifying barriers to accessing rehabilitation services. This approach ensured that all relevant stakeholders contributed to shaping the benefits expansion, making the process transparent and inclusive.

Selecting and Applying Criteria to Prioritize Services and Commodities

Once consensus on expanding benefits was achieved, further prioritization of services and commodities was necessary to align with limited financing. In each country, stakeholders developed criteria to guide prioritization, such as disease burden, cost-effectiveness, and need (as proxied by service utilization, with higher utilization signifying higher need). Value judgments also influenced decision-making in each context. The Accelerator supported the application of global evidence and locally generated data to apply these decisions.

Estimating Budget Impact and Exploring Purchasing Arrangements

Benefits expansion efforts in Ethiopia, Georgia, and Ghana were closely aligned with available financing from the start. Up-front analysis helped estimate the budget impact and identify appropriate provider payment methods and rates. Policymakers, with the support of the Accelerator, took multiple steps to manage financial risk, including scaling back the initially defined expansion and agreeing to phased implementation. Ghana piloted its new package to gather better estimates of budget impact at scale, while Georgia implemented bundled provider payment and utilization management to control costs.

Incorporating Cross-Cutting Concepts into Health Systems Strengthening

5

Overview

Several key cross-cutting concepts—social and behavior change (SBC), social capital, resilience and youth, and equity—significantly influence health systems challenges, though they are not traditionally considered part of health systems strengthening efforts. Recognizing the potential for these concepts to drive greater health impact, the Accelerator developed numerous knowledge products aimed at guiding policymakers, program managers, and project implementers. These resources highlight how to effectively incorporate SBC, social capital, resilience and youth, and equity into HSS initiatives, offering practical insights to enhance the reach and sustainability of health interventions. By incorporating these cross-cutting concepts, health systems can become more resilient, equitable, and responsive to the needs of diverse populations, particularly vulnerable groups.

Across the Accelerator's global activities, 37 knowledge products include a focus on integrating cross cutting concepts into HSS work.

The Accelerator's SBC work produced valuable resources and knowledge products that illustrate the crucial pathway from research to practice. An initial low-cost study generated data that informed sustained country engagement, awareness raising, and the examination of implementation strategies.

Social and Behavior Change: A Cross-Cutting Concept in Health Systems Strengthening

USAID has consistently defined social and behavior change (SBC) as an evidence-based approach to systematically improving and sustaining behavior changes, shifting social norms, and shaping the enabling environment. SBC interventions aim to influence key behaviors and social norms by addressing their individual, social, and structural determinants. Rooted in disciplines such as systems thinking, strategic communication, marketing, psychology, anthropology, and behavioral economics, SBC helps create lasting health impact.

In the context of HSS, the Accelerator applied an SBC lens by considering the behaviors of various actors—ranging from individual actors in households and communities and government actors, health system actors, to health facility actors. Early formative research, a further literature review, dissemination efforts, and identification of programming examples emphasized that a crucial first step in integrating SBC into HSS is to clearly define an SBC goal within health systems programs.

The Accelerator demonstrated this approach through several country-specific initiatives. In Guinea, it developed a tool to help CSOs undertake SBC-informed budget advocacy for national policies around community health. We convened an SBC workshop in Togo for the Universal Health Coverage (UHC) task force. We supported developing an SBC-oriented action plan to address barriers to civil society engagement in national UHC efforts, which was included in national programming around advancing UHC.

These examples illustrate how intentional application of SBC can enhance the effectiveness of HSS initiatives, ensuring that health systems better respond to behavioral and social factors critical to achieving lasting health outcomes.

Social Capital as a Lever for Health Systems Strengthening

Social capital—comprising networks, relationships, norms, and trust—enables individuals and communities to collaborate effectively to achieve common goals. Evidence increasingly shows that social capital is linked to better health outcomes, but most of this evidence is based on work from high-income countries, leaving a gap in actionable recommendations for low- and middle-income countries.

To address this gap, the Accelerator conducted an in-depth analysis of social capital's role in HSS, particularly LMICs. Based on a deep dive in the literature and robust analysis of longitudinal data from South Africa, the Accelerator formulated several key recommendations for leveraging social capital in HSS policy:

1. **Social capital positively impacts health outcomes,** indicating that fostering social capital through targeted interventions can improve population health. This approach may be especially beneficial for improving health equity.

2. **Interventions should target areas with low social capital,** as theory suggests that these communities are more likely to experience health improvements when social capital is strengthened.

3. **Research should expand the evidence base by assessing** the impact of social capital-building interventions and policies.

Resilience and Youth as Linked Focal Themes for Health Systems Strengthening

Resilience—the ability to manage adversity and change without compromising future well-being—is closely tied to youth programming in global health, as it focuses on ensuring and protecting the well-being of young populations. In many USAID-supported countries, youth (defined as individuals aged 10-30) represent a significant proportion of the population, projected to reach up to 62% in LMICs by 2050.

The Accelerator conducted a case study in Nigeria to understand youth and resilience programming during the shock of COVID-19. By interviewing USAID Nigeria staff and implementing partners, the Accelerator sought to understand how youth resilience was supported and how programs sustained their activities during this period of shock. A key finding from the study was that systems thinking was essential to achieve youth-focused goals—for example, focusing on youth employment or income generation appeared vital to maintaining youth engagement during times of crisis.

Resilience and youth programming, deeply connected to the functioning of the overall health system, require systems-wide solutions that address the multi-dimensional barriers young people face in accessing healthcare. The stresses and shocks experienced by youth are complex, and addressing these issues at scale demands multi-level, multi-sectoral approaches.

Enhancing Equity in Health Systems Strengthening Efforts

Achieving UHC requires a focus on equity to ensure that services are available and accessible to everyone, without causing financial hardship. This means paying deliberate attention to underserved populations, ensuring that their needs are recognized and understood. Policies and programs must have pro-equity effects, not only aspirations.

Inclusive decision-making, bolstered by localization and good governance, enables health systems to more effectively serve their populations (see this brief). In Guinea, the Accelerator facilitated the co-creation of action plans for the MOH, including CSOs that represented vulnerable populations. This collaborative approach resulted in the passage of a new law supporting salaries for CHWs, underscoring how inclusive and equitable processes can lead to more equitable outcomes.

The Accelerator documented how implementation research, combined with adaptive management, can enhance health system equity. First, implementation research bridges the gap between the design and implementation of pro-poor policies and strategies, as seen in the development of Guinea's community health policy. By explicitly measuring and accounting for equity-related variables, as seen in Ghana's scale-up of primary care networks, implementation research helps ensure more equitable outcomes. Additionally, it empowers disadvantaged groups to influence the programs and policies designed for their benefit.

Achieving health equity requires multiple approaches and ongoing focus throughout a policy or program's life cycle, as discussed in the Accelerator's podcast series, "Pathways to Accelerating Health Equity."

Key Lessons

SBC, social capital, resilience, youth, and equity are inherently complex and multi-dimensional concepts. Incorporating these elements into HSS efforts adds another layer of complexity, requiring thoughtful integration and synthesis. Research and learning conducted through the Accelerator have highlighted the potential benefits of embracing these intersections. Many in-country actors have expressed both willingness and interest in exploring how these concepts can be woven into HSS efforts to improve health outcomes and system resilience.

Looking to the future, a key lesson for donors and implementing partners engaged in HSS work is the need to maintain a strong focus on the human elements within health systems. Strengthening health systems requires addressing the behaviors and social norms that shape health outcomes, while deeply considering population demographics and how households and communities build and maintain connections. Recognizing that health systems are composed of people, with all their unique behaviors and interactions, is essential for driving meaningful and sustainable improvements.

Country delegates contributing to the safe blood access hub agenda through a collaborative group exercise, part of the cross-country learning activities that enhanced implementation support. These efforts culminated in the capstone event, *Reflections and the Ways Forward: Sustainability of Cross-Country Learning for Safe Blood Systems*, held on June 11, 2024. (Photo credit: The Accelerator)

FINAL REFLECTIONS

The Accelerator was a dynamic program that advanced innovative health system strengthening approaches (the "how") while helping countries make tangible progress on diverse health challenges (the "what"). Reflecting across these approaches and country and regional progress made, the Accelerator team would share the following conclusions that we hope can help guide others' ongoing efforts to create more effective, equitable, and sustainable health systems.

"Health Systems Strengthening" is Proven to Benefit Diverse Health Needs: The field of HSS has evolved significantly over the past decade, becoming widely recognized as a core component of global health development and increasingly grounded in implementation science. This evolution has led to the development of more advanced conceptual frameworks for HSS, such as those promoted by the Accelerator, which have been applied to health services like rehabilitation, mental health and psychosocial support, and safe blood systems to prevent postpartum hemorrhage. These frameworks reflect a holistic approach, integrating key elements such as financing, governance, health workforces, and service delivery to create more resilient and effective health systems, leading to better health outcomes and more sustainable improvements.

New HSS Approaches Enhance Sustainability: What the Accelerator referred to as "next generation technical assistance models" have proven effective for enhancing the sustainability of system change efforts that are initially supported by external assistance. These innovative approaches include:

- **Joint problem identification and co-creation of solutions,** ensuring that interventions are tailored to local contexts and needs.
- **Multistakeholder, whole-of-society platforms,** which serve as the drivers of change by engaging diverse actors in the process.

- **Regional and local coaches** who act as trusted guides, fostering local ownership and building capacity.
- **Processes that amplify community voices,** ensuring that the perspectives of those most affected are central to decision-making.
- **Greater direct implementation by local organizations,** which strengthens local capacity and reduces dependence on external actors.

Building a Strong, Community-Oriented Workforce is Critical for Primary Health Care: At the global and country levels, policymakers, implementers, healthcare providers, and partners are working urgently to identify and implement innovative and cost-effective solutions to address challenges and achieve the SDGs and UHC, particularly through PHC. Community health workers (CHWs) have been identified as a key group that can serve as a strong bridge between the formal health sector and the communities. CHWs are uniquely positioned to provide essential care in areas the formal health sector may find difficult to reach. To fully harness the potential of CHWs, it is paramount that they are well-defined, carefully recruited, and sufficiently trained to meet the needs of the communities they serve. They must also be supervised, well-equipped, adequately compensated, and well-supervised. Furthermore, documenting their performance and integrating CHW programs into the broader health systems are essential steps to minimize fragmentation, build more responsive and resilient health systems, and foster the enactment of government policies and the allocation of domestic funding. By strengthening the role of CHWs and integrating them into the health systems, countries can reduce dependence on donor funding, foster sustainability, and contribute to achieving UHC and the SDGs.

Cross-Country Collaborative Learning Facilitates Innovation: HSS requires innovation and collaborative problem-solving. One effective approach is cross-country collaborative learning, which elevates local expertise and drives sustainable HSS. Collaborative learning fosters a vibrant community of leaders engaged in peer-to-peer learning to jointly solve problems, generate new knowledge, and adapt and apply it in their implementation contexts. By facilitating discourse about priority HSS issues, collaborative learning helps to streamline information about what strategies are effective and which are not while building momentum around neglected issues and services. The Accelerator's cross-country collaboratives on strategic communications for rehabilitation and COVID-19 exemplify this, highlighting how sharing learning can address pressing health issues. Additionally, the Accelerator facilitated cross-country collaborative learning in response to the demand for real-time experience-sharing and peer support during the emergency phase of the COVID-19 pandemic, enabling countries to strengthen their pandemic response through collective knowledge and support.

Engaging Civil Society to Enhance Gender Equity is a promising opportunity to increase women's participation in HSS advocacy, policy, and decision-making processes. Women-led CSOs, in particular, play a crucial role in elevating women's voices and driving gender-inclusive health agendas. The Accelerator's work in Guinea and Mauritania highlights the impact of women-led CSOs in advocating for equitable health policies and actively sharing HSS efforts.

Augmenting Technical Assistance with Infrastructure Improvements: In very low-resource and conflict- affected settings, neglected or emerging health sector priorities like mental health and safe blood often struggle with limited integration into health systems. These settings typically rely heavily on donor funding, out-of-pocket spending, and fragmented service delivery initiatives. To enhance impact in these settings, policymakers, donors, and implementers may need to combine HSS technical assistance with basic infrastructure improvements, with clear expectations regarding provision of equipment and supplies set early in HSS interventions. This approach can: (1) enable uptake from extremely resource-constrained ministries of health, and (2) give passionate advocates and implementers within programmatic units and departments a better chance at generating momentum for their programs within integrated health system efforts. This kind of direct procurement of inputs should be considered cautiously, but sometimes flexibilities are essential for progress in the face of severe infrastructure constraints.

Additionally, greater coordination among various funding mechanisms—such as USAID's global and Mission-led programs—can help align technical assistance with basic infrastructural and material support to build a locally-led health system response to critical health concerns.

Embrace Reflexivity and Change Management for HSS: Just as the end of donor-funded projects triggers a period of reflection, policymakers and practitioners at the national and sub-national levels must consistently evaluate what changes are necessary and how to manage the health system through these changes. This requires addressing not only technical aspects but also the behaviors, social norms, and population demographics that shape health systems. Additionally, understanding how households and communities maintain connections, leverage social capital, and build resilience. By focusing on the human dimension of health systems, interventions can go beyond technical solutions to address social and behavioral factors, fostering holistic, adaptive solutions. Ultimately, recognizing and embracing the human aspect of health systems is key to achieving meaningful and sustainable improvements, ensuring that changes are implemented, maintained, and supported by the very people who are part of the system.

Photos: To support Guinea's efforts to strengthen routine immunization, Accelerator partner CJMAD conducted a field visit to the Forécariah health district to encourage social mobilization to support vaccination with local officials. (Photo credit: The Accelerator)

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