Countdown to 2030

Women's Children's & Adolescent's Health

Health Policy and Systems Brief: *Beyond health system building blocks*

Exploring how to assess health systems shaping women's, children's and adolescents' health

What are health systems?

- Health systems consist of all the organizations, institutions, resources and people whose primary purpose is to promote and improve health.[1,2]

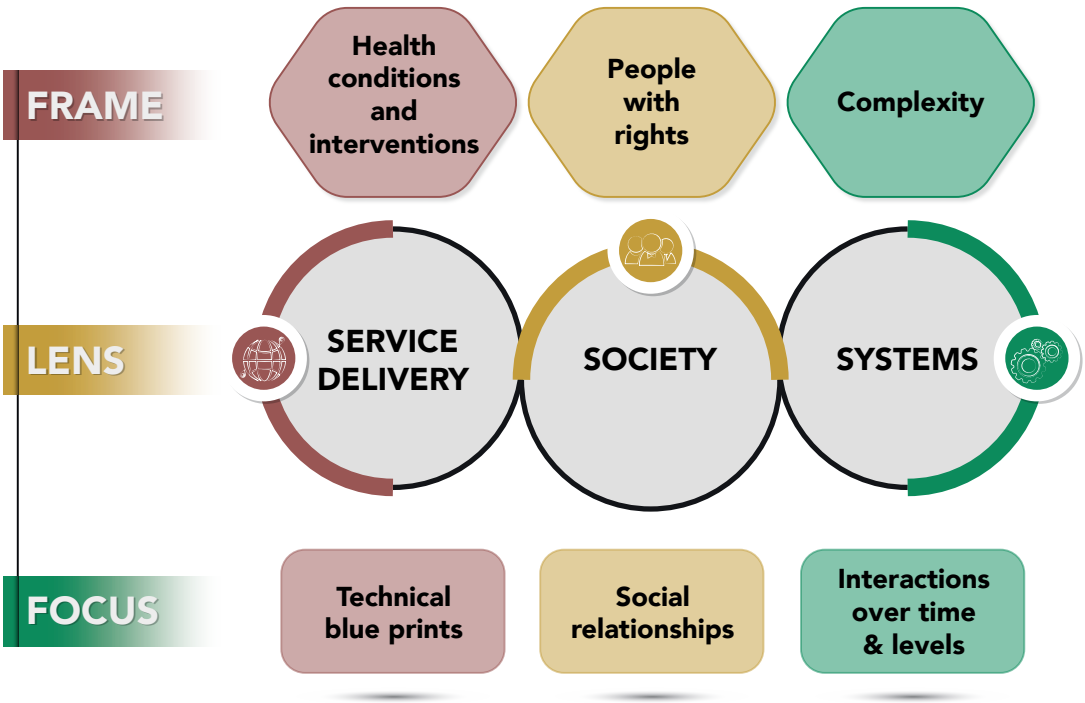
- Health system inputs include human resources, financing, medicines and commodities, infrastructure and information systems, commonly understood as health system building blocks and by some as "hardware" components of health systems.[1]

- Health policy implementation and program scale up also hinges on how health systems mobilize a multiplicity of actors for collective action to realize common goals within health programmes and across other sectors. This involves paying attention to the "software" of health systems: how people, their values and relationships shape health systems dynamically across diverse contexts over time.

Why consider lenses for understanding health systems?

The different ways of defining health systems can also be understood through three lenses (service delivery, societal and systems) (Figure 1).[3] Though the service delivery lens is dominant in women's, children's and adolescent health, there is equal value in the societal and systems lenses as they reveal important factors that are less visible but that remain influential. By making explicit the different lenses through which we see health systems, we make more transparent the choices made in terms of what is assessed, why, how and for whom.

Figure 1: Lenses to understand health system drivers for women's, children's and adolescents' health



Description of each lens

Service delivery lens

This lens mainly considers health conditions that can be addressed through specific interventions. The focus of implementation is the operationalization of plans made by managers that sequences inputs. These inputs include the technical content of policies, management mechanisms, and other inputs across the health system building blocks. Socio-demographic information about end users can also assess the equity orientation of services. Dominant research approaches include epidemiological, demographic or evaluation studies that rely on replicable measurements that validate progress or highlight gaps. Common research methods include measuring adherence to protocols, applying checklists, analysis of surveys and routine data, and ecological analysis of large data sets.

Societal lens

This lens mainly considers people with rights as its frame of reference. The focus of implementation is the social processes and relationships between the people involved in interventions, such as stakeholder positions, interests and extent of participation, organizational cultures, social capital and networks, social norms, etc. Dominant research approaches include health policy and systems research and legal analysis requiring multiple social science disciplines. Common research methods include stakeholder analysis, social network analysis, discourse analysis, case study research and others that are suited to understanding local contexts, tacit and experiential knowledge.

System lens

This lens considers health as a complex arena. The focus of implementation entails understanding how implementation evolves over time as interventions and people interact across health system levels and actors. The types of health systems factors that help understand complexity include the diversity of actors, their power, alignment and interests, contextual permeability, adaptive or learning capacity, and tipping points or motivations for emergence and change. In addition to the methods mentioned for the other lenses, dominant research methodologies include participatory and systems modelling methodologies requiring multiple social science disciplines. Common research methods include causal loop diagrams, other systems tools and longitudinal analysis that capture change over time.

Why consider levels within health systems?

Health system factors can be analyzed across health system levels i.e. micro (individual), meso (organizational) and macro (structural) levels. Some studies may clearly focus at one level, such as macro-level policy influences, whereas others may cut across levels. For those applying the systems lens, there would be consideration of multiple levels and the feedback loops between them. Box 1 provides an illustrative example of applying the lenses and levels concept in research of maternal and perinatal death audits, showing issues of trust, social norms and organizational culture as central to provider dynamics involved at micro and meso levels.[4]

What are key points to consider?

Key points to consider when aiming to understand and assess health system underpinning of women's, children's and adolescent health include:

1. There are different framings or lenses through which we can see and understand the health of women, children and adolescents.

2. Relying on one lens on its own provides an incomplete picture. Combining all the lenses provides a more holistic understanding of health systems.

3. Examining health systems from these different lenses, requires research approaches from the social sciences. It also broadens what kinds of research teams are constituted and how they work with decision-makers and implementors.

Box 1: An illustrate example demonstrating the concept of lenses and levels.

To demonstrate application of the lenses and levels concept, we look at maternal and perinatal death surveillance and response (MPDSR) - a systematic process used to improve quality of care and prevent future maternal and perinatal deaths. The different lenses reveal the different topics of investigation that one could consider. MPDSR also functions at multiple levels of the health system – national, subnational, facility – with interlinked communication systems and inter-connectedness between the different levels. Therefore, assessing implementation of MPDSR would consider all three levels since they are interlinked.

Examples of applying the different lenses

Service delivery lens could assess the tangible inputs needed for MPDSR implementation e.g. is there a national MPDSR guidelines; do regular death review meetings take place; does the process engage a multidisciplinary team?

Societal lens could assess the interactions between those involved in implementation e.g. team relationships, individual motivation, and actors.

Systems lens could assess change triggers such an adaptive learning to contexts in ways that are not always anticipated e.g. adaptability, implementation culture, and feedback loops.

Examples of the different levels

Micro level or individual level could consider an individual's willingness to "self-correct", their commitment towards conducting audit and their acceptance of open, critical discussion with peers.

Meso level could assess the proactive institutional ethos that promotes learning as a critical part of quality improvement shapes the organizational culture.

Macro level could assess a supportive policy and political environment is needed to initiate and support and sustain implementation.[5]

Key resources and illustrative examples

For more details on these points and more, please read *Lenses and levels for why, what and how we measure health system drivers of women's and children's health with a governance focus* by George and colleagues (2019).[3] This paper presents more details about the three lenses and levels and provides other case studies to further help understand these concepts.

Box 2 provides illustrative examples in the literature focusing on different lenses and levels when examining health systems drivers of RMNCAH-N.
More illustrative examples can be found in the paper.


Analysis

BMJ Global Health

Lenses and levels: the why, what and how of measuring health system drivers of women's, children's and adolescents' health with a governance focus

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Box 2: Illustrative examples in the literature focusing on different lenses and levels.

Illustrative examples in the literature are provided here showing the range of studies involved.

Examples of studies by lens

Service delivery lens

- Rasanathan K, et al. Community case management of childhood illness in sub-Saharan Africa - findings from a cross-sectional survey on policy and implementation. J Glob Health. 2014 Dec;4(2):020401. doi: 10.7189/jogh.04.020401.
- Bandali S, Thomas C, Hukin E, et al. Maternal death surveillance and response systems in driving accountability and influencing change. Int J Gynaecol Obstet 2016;135:365–71. doi: 10.1016/j.ijgo.2016.10.002.

Societal lens

- Dalglish SL, et al. Knowledge and power in policy-making for child survival in Niger. Soc Sci Med. 2017 Mar;177:150-157. doi: 10.1016/j.socscimed.2017.01.056
- Bohren MA, et al. "By slapping their laps, the patient will know that you truly care for her": a qualitative study on social norms and acceptability of the mistreatment of women during childbirth in Abuja, Nigeria. SSM Popul Health 2016;2:640–55. doi: 10.1016/j.ssmph.2016.07.003.

Systems lens:

- Varghese J, et al. Advancing the application of systems thinking in health: understanding the growing complexity governing immunization services in Kerala, India. Health Res Policy Syst. 2014 Aug 26;12:47. doi: 10.1186/1478-4505-12-47.
- Parkhurst JO, Chilongozi D, Hutchinson E. Doubt, defiance, and identity: understanding resistance to male circumcision for HIV prevention in Malawi. Soc Sci Med 2015;135:15–22. doi: 10.1016/j.socscimed.2015.04.020.

Examples of studies by levels

Macro

- Smith SL, Shiffman J. Setting the global health agenda: the influence of advocates and ideas on political priority for maternal and newborn survival. Soc Sci Med 2016;166:86–93. doi: 10.1016/j.socscimed.2016.08.013.
- Pfeiffer J, et al. Austerity and the "sector-wide approach" to health: the Mozambique experience. Soc Sci Med 2017;187:208–16. doi: 10.1016/j.socscimed.2017.05.008.

Meso

- Blake C, et al. Scorecards and social accountability for improved maternal and newborn health services: a pilot in the Ashanti and Volta regions of Ghana. Int J Gynaecol Obstet 2016;135:372–9. doi: 10.1016/j.ijgo.2016.10.004.
- Mumtaz Z, et al. The role of social geography on lady health workers' mobility and effectiveness in Pakistan. Soc Sci Med 2013;91:48–57. doi: 10.1016/j.socscimed.2013.05.007.

Micro

- Rothstein JD, et al. Qualitative assessment of the feasibility, usability, and acceptability of a mobile client data APP for community-based maternal, neonatal, and child care in rural Ghana. Int J Telemed Appl 2016;2016:2515420. doi: 10.1155/2016/2515420.
- Warren CE, et al. Manifestations and drivers of mistreatment of women during childbirth in Kenya: implications for measurement and developing interventions. BMC Pregnancy Childbirth 2017;17. doi: 10.1186/s12884-017-1288-6.

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2. WHO. The World Health Report 2000 Health systems: improving performance. Geneva: World Health Organization, 2000. https://apps.who.int/iris/handle/10665/42281
3. George A, LeFevre AE, Jacobs T, et al. Lenses and levels: the why, what and how of measuring health system drivers of women's, children's and adolescents' health with a governance focus. *BMJ Glob Health* 2019; **4**: e001316.
4. Kinney MV, Walugembe DR, Wanduru P, Waiswa P, George A. Maternal and perinatal death surveillance and response in low- and middle-income countries: a scoping review of implementation factors. *Health Policy Plan* 2021; *36*: 955-73.
5. Kinney MV, Walugembe DR, Wanduru P, Waiswa P, George AS. Implementation of maternal and perinatal death reviews: a scoping review protocol. *BMJ Open* 2019; **9**(11): e031328.

End matters

Countdown to 2030 for Women's, Children's and Adolescent's Health aims to support the reviews of the national plans, programmes, and investment cases for reproductive, maternal, newborn, child, adolescent health and nutrition (**RMNCAH-N**).

Data & Analysis Centers (DAC) have been established to support country teams with technical guidance and tools. The DAC for Health Policy and Systems Drivers, led by the University of the Western Cape, supports country teams in qualitative approaches to understanding and assessing health policy and systems.

As part of this support, a series of briefs on health policy and systems related research approaches have been developed to introduce different topics and approaches to teams.

This brief focuses on understanding context. Other briefs relating to health policy and systems research are available on the Countdown to 2030 DAC Health Policy and Systems webpage:
www.countdown2030.org/tools-for-analysis/health-policy-and-systems-data-analysis-center

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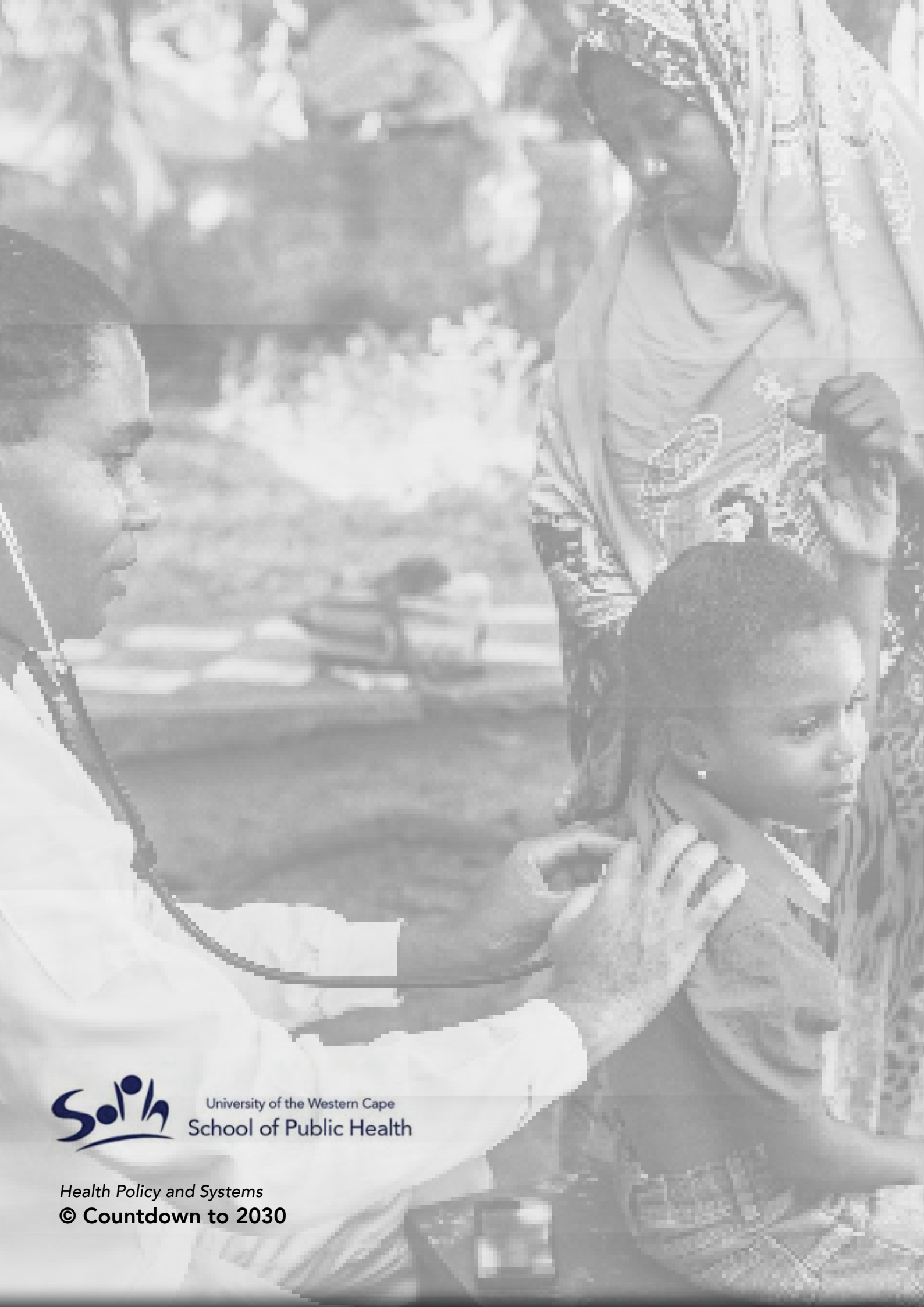

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