



Health Systems Strengthening

Health systems strengthening has been at the heart of RTI International's mission for 60 years. A dynamic blend of innovation, research, and project implementation enables us to achieve universal health coverage (UHC), advancing equity and improving health outcomes. We achieve systems change by applying contextualized and evidence-based best practices that strengthen the enabling environment, improve information and governance systems, leverage opportunities for integration, and improve quality and access.

Our approach is guided by three interconnected pillars:

- Multi-dimensional, systems-focused problem identification.
- Rapid, iterative implementation with constant stakeholder feedback.
- Quantifiable measurement of health systems gains to ensure intended impact and country ownership.

Our capabilities:

- Strengthening local policies and systems to improve health outcomes.
- Applying governance approaches to the health sector.
- Supporting systems and adapting norms for integrated services.
- Assessing the health financing landscape to improve the equity, efficiency, and quality of health service delivery.
- Pioneering innovative technologies and tools to maximize impact.

Partner with us

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Photo: Patrick Adams

Key Impacts

Senegal: USAID Owod

Identified 82,310 people suffering from fever, of whom 30% tested positive for malaria and received appropriate treatment.

Vaccinated nearly 100,000 children over three years, with three-dose vaccination coverage rising to 89.3%.

Provided 3,943 prenatal consultations and 2,638 pregnant women with iron/folic acid.

Philippines: ReachHealth

Enabled 433 healthcare facilities to access public health insurance financing.

Guinea: Notre Santé

Achieved annual increase of 15% in the percentage of children receiving BCG and of 9% in the number of women completing 4 prenatal visits. Annual decrease in maternal deaths of 11%

Global: Neglected Tropical Diseases Programs

Delivered 2.2 billion treatments, resulting in 295 million people no longer at risk for lymphatic filariasis, 150 million people no longer at risk for trachoma, and 14 million people no longer at risk for onchocerciasis.

Strengthening Local Policies, Services, and Systems to Improve Health Outcomes

RTI works with national and local health leaders to ensure health system interventions respond to the root causes of system challenges, incorporate bottom-up health service planning and budgeting, and improve government and citizen relations through social accountability.

The **USAID Owod (Getting Healthy)** project supports the Government of **Senegal** to improve health outcomes for women and children in five priority regions. USAID Owod strengthens the capacity and commitment of Senegal's health system at the district and regional levels to provide improved services by strengthening health systems, improving access to services and quality of care, and increasing community engagement.

The **USAID/Guinea Notre Santé** project implements a whole-of-system approach that is locally led, adaptive, integrated, multisectoral and gender and socially inclusive. The project works with the Ministry of Health and Public Hygiene (MSHP), the private sector, and local partners to deliver an integrated, regionally tailored primary health care package.

The **USAID/Bangladesh Strengthening Local Level Health Systems** project helps Bangladesh move toward its goal

of achieving universal health coverage by delivering high-performing, responsive, equitable, resilient, and adaptive services at the local level. The project builds on previous USAID investments and reflects a strategic shift from systems support to system strengthening, through enabling a robust local health system that conducts evidence-based planning, optimizes resources for planned activities, sustains improvements, is resilient to shocks and stressors, and transitions leadership and ownership of health sector goals to local actors.

The **USAID Country Health Information Systems and Data Use (CHISU)** project focuses on strengthening health information systems (HIS) to increase the quality, availability, and use of health data to improve the health of communities around the world. Under CHISU, RTI works in Haiti, Kenya, Sierra Leone, The Democratic Republic of Congo, Serbia, Thailand, Togo and Indonesia to strengthen local capacity to make the best use of the available health data at all levels.

Through **USAID's ReachHealth project** in the **Philippines**, RTI worked to reduce unmet needs for family planning services, decrease teen pregnancy rates, and improve newborn morbidity and mortality. We supported the Philippines Department of Health to roll out a universal health care (UHC) package in 33 project sites.



Photo: Nelson Gonzales

Applying Governance Approaches into the Health Sector

We promote collaboration between government, civil society, and the private sector to ensure government responsiveness and to maximize the use of resources.

RTI supports health governance interventions in nine countries under **USAID's Promoting Results and Outcomes through Policy and Economic Levers (PROPEL Health)**, including a rapid political economy analysis in Honduras, tailored stewardship curricula in **Madagascar** and **Guatemala**, and facilitation joint accountability approaches for advocates in **Malawi**.

RTI supported ten countries under predecessor **USAID's Health Policy Project** and the **Health Policy Plus Project**. Under HP+, we led the design and implementation of community engagement strategies in **Nigeria**, reaching over 100,000 community members with health coverage information, supported the roll-out of health sector reform in **Guatemala**, scaled up a country-driven tracking mechanism for Family Planning 2020 commitments in **East Africa**, aligned roles and responsibilities of county and national governments following decentralization reforms in **Kenya**, and supported approaches to fight discrimination of people living with HIV and other key populations in **Ghana**, **Jamaica**, and **Tanzania**.

In **Guinea**, we support the implementation of the national community health strategy, including the deployment and support of community health workers and support for mobile clinics to work primarily with at-risk and hard-to-reach populations to increase immunization (including zero dose), antenatal care visits, fistula case identification/tracking, malaria cases identification and treatment, and family planning services. We also work at communal, district, and national levels to enhance governance structures, such as Community Action Groups.

In **Senegal**, we strengthen the participation of communities in health service management and the ability of local municipalities to provide services. The USAID-funded **Governance for Local Development (GoLD) program** partnered with the Government of Senegal to build a culture of collaboration among all stakeholders to build local governments capacity to respond to citizen demands, mobilizing and improving the use of public resources for health, and increasing community capacity to advocate and engage in participatory management for better health services. The **USAID Owod** project provides grants to regions and districts, enabling health service provision and fostering appropriate supervision and accountability led by the Senegalese Ministry of Health and Social Action.

Key Impacts

Senegal: USAID GoLD

Municipalities were able to increase resources for health services. In Koumpentoum, for example, a new surgery block was constructed and a vaccination campaign was held..

Senegal: USAID Owod

Good governance at local levels continues to be measured and improved. Governance indices across five regions range from 47-72%, pointing to opportunities for continued quality improvement.

Guinea: Notre Santé

40 mobile clinics have reached 961 pregnant women for intermittent preventive treatment of malaria in pregnancy, 412 pregnant women for prenatal care, and 8,025 people diagnosed with malaria and treated.

Trained 18 GACs on good governance and as a result have negotiated that 75% of local taxes from gas stations and telephone companies are provided to the community for health-related expenses.

Key Impacts

In the **Philippines**, social insurance payments were adjusted for medical inflation over a 10-year period resulting in an increase of 30% in case rates, totaling an estimated Php 42B (USD720M) increase in social insurance payments for 2024.

In **Senegal**, USAID Owod is improving the coverage of mutual health insurance schemes through advocacy, community awareness-raising, and collaboration with authorities to enroll members of vulnerable groups. In just one year, coverage rose from 28% to 35% in regions supported by the project.

In **Kenya**, USAID CHISU introduced a simple, easy-to-use malaria stratification platform that enables the Ministry of Health and other local stakeholders to independently and routinely conduct stratification analyses. These analyses identify areas most at risk for malaria and allow decision-makers to improve targeting of interventions, and more efficiently allocate resources.

Assessing the Health Financing Landscape to Improve Health Service Delivery

RTI assesses the health financing landscape to identify trends, gaps, and opportunities to improve the equity, efficiency, and quality of health service delivery and to address financial barriers to health services. We work closely with governmental and other partners to assess the unique factors in a country's health financing landscape, including analyzing financial barriers to delivering noncommunicable disease (NCD) health services.

In the **Philippines**, ReachHealth supported the creation and expansion of case-based payment for over 4000+ case rates, including Family Planning, Drug-susceptible Tuberculosis, HIV Treatment, Anti-rabies Treatment (Animal Bite Package), and Maternity and Newborn Care and support the adjustment of Social Insurance payments.

Pioneering Innovative Technologies and Tools to Maximize Impact

RTI expands the use of cutting-edge applications to meet health needs. Our experts ensure technologies—such as mobile phones and open-source software—serve transformational purposes on cost-effective and sustainable in-country platforms.

In **Senegal**, local organizations have been awarded grants to test, trial, scale, and replicate innovative solutions to address local health sector challenges. To date, grants have been awarded to set up an ambulance service for obstetric emergencies, for improving the coordination of care across facilities, and to establish a telemedicine service.

In the **Philippines**, we supported the adoption of health information systems (HIS) tools at local government level. In Manila and Batangas, the project supported private sector engagement in HIS, allowing the local government to capture and consolidate health data to facilitate local health governance and facilitate Social Health Insurance claims filing.

In **Ethiopia**, we supported the Ethiopian Federal Ministry of Health (FMOH)'s NTD program to integrate with the national health management information system, helping them build the technology infrastructure required to allow subnational data entry and access to data to drive programmatic decisions.

Under CHISU, RTI introduces and supports the roll-out of data innovations globally to strengthen HIS and data use.

Select Publications

Lipsky, A., et al. (2024). Ground-truthing social network analysis for universal health coverage advocacy networks in Nigeria. RTI Press. RTI Press Policy Brief No. PB-0028-2405. <https://doi.org/10.3768/rtipress.2024.pb.0028.2405>.

Yeika, E., et al. (2024). Integrating care for noncommunicable diseases into maternal healthcare services in Cameroon: A triangulated qualitative analysis. RTI Press. RTI Press Research Report No. RR-0051-2401. <https://doi.org/10.3768/rtipress.2024.rr.0051.2401>

Lava, J. B., et al. (2023). Integrating COVID-19 vaccination in primary care service delivery: Insights from implementation research in the Philippines. *Glob Health Sci Pract* 12 (Suppl 1): e2300202. <https://doi.org/10.9745/GHSP-D-23-00202>

Warren, N., et al. (2023). Identifying and classifying COVID-19 stigma on social media. RTI Press. RTI Press Occasional Paper No. OP-0087-2305. <https://doi.org/10.3768/rtipress.2023.op.0087.2305>.

Brinkerhoff, D. W., et al. (2019). Stewardship and health systems strengthening: An overview. *Public Adm Dev*, 39: 4–10. <https://doi.org/10.1002/pad.1846>

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