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HEALTH SYSTEMS STRENGTHENING PRACTICE SPOTLIGHT

COLLABORATIVE LEARNING TO DRIVE POLICY CHANGE AND ACTION

Strengthening Health Systems Through Peer-To-Peer Collaborative Learning

ABOUT THIS BRIEF

This brief introduces collaborative learning as an effective approach to support sustainable health system strengthening. Collaborative learning brings together local leaders and experts to learn from one another, problem-solve, co-create new knowledge, and adapt and apply their learning. Collaborative learning can be incorporated within HSS programs as an alternative or complementary model of technical assistance. With strong participant engagement and effective facilitation, it has the potential to strengthen health systems and accelerate progress towards improved health outcomes in low- and middle-income countries.

INTRODUCTION

The people working within health systems – health care workers, government officials, policymakers, researchers, civil society leaders, and social innovators – have tremendous expertise and experience. They understand well the challenges and realities of their local context, but they often lack opportunities to share their knowledge and draw on the experience of their peers in other countries. Collaborative learning is one effective approach for elevating local expertise and developing strong ecosystems to drive sustainable systems change and strengthening. It is about creating a vibrant community of leaders deeply engaged in peer-to-peer learning to jointly solve problems, generate new knowledge, and adapt and apply that knowledge in real time.

Over the past decade, collaborative learning has gained traction in global health as an innovative and complementary model of technical assistance (TA) that is country-led, demand-driven, and action-oriented. Collaborative learning uses adult learning principles and social learning theory (Bandura, 1979) to support communities of practice to engage in a process of collective learning (Wenger-Trayner & Wenger-Trayner, 2015). Collaborative learning can also support social change processes, build group norms, shift power dynamics, and support collective action (Restrepo, Lelea, Christinck, Hulsebusch, & Kaufmann, 2014). To address persistent global health challenges, numerous collaborative learning networks and initiatives have formed to support health systems strengthening (HSS).

As the global development field increasingly focuses on shifting leadership, ownership, decision-making, and implementation to local actors, development partners like USAID are seeking new modes of providing TA. Collaborative learning can serve as an alternative or complementary form of TA in HSS, elevating the expertise of country practitioners and supporting them to learn from one another. International organizations may play a catalytic role in launching collaborative learning initiatives, an indirect role in providing technical

inputs to learning activities based on global evidence, or facilitative roles in bringing peer learners together.

Collaborative learning aids in identifying and solving problems, sharing abstract concepts, and transferring and assimilating knowledge. It fosters interdisciplinary thinking, leads to deeper understanding of others, and engages the whole learner (Gatome-Munyua, Tapsoba, & Cashin, 2022). With effective facilitation and active participation, collaborative learning has the potential to accelerate progress towards improving key health outcomes and strengthen health systems in low- and middle-income countries (Box 1).

BOX 1: PEER-TO-PEER COLLABORATIVE LEARNING:

- Creates space to analyze root causes of implementation challenges.
- Generates workable strategies for adapting and applying best practices in a variety of contexts.
- Increases shared ownership of implemented strategies and key principles.
- Increases participants' knowledge, social capital, and power to effect change.
- Facilitates opportunities for partners to be responsive to country priorities.

COLLABORATIVE LEARNING APPROACH

Collaborative learning is a systematic cycle of learning and action among peers that is iterative, adaptive, and highly practical (Results for Development, 2023). Collaborative learning starts with building a learning community among a group of peers, identifying common challenges, and jointly setting a learning agenda. Through a facilitated process of technical framing that brings together the relevant global evidence grounded in local experience, the learning community sets off on a structured process of experience-sharing, collaborative problem-solving, and co-creation of solutions and new knowledge products. Technical facilitators support the community to capture the learning in practical and accessible formats. Members of the community are encouraged to adapt and apply the learning in their unique contexts and share their implementation progress and challenges through regular feedback loops within the

learning community. The collaborative learning cycle uses a mix of in-person and virtual formats - both synchronous and asynchronous - for convening and collaborating (Figure 1).

This virtuous cycle of sharing-learning-adapting can be facilitated with different levels of resources and timelines, ranging from large global networks operating over multiple years, learning collaboratives of two to three years, and rapid-cycle learning exchanges. Although short-term peer-to-peer exchanges and one-time workshops have value for learning and dissemination, collaborative learning ideally includes enough time for cyclical knowledge sharing and support for adaptation and implementation of learning.

FIGURE 1: COLLABORATIVE LEARNING CYCLE



Collaborative learning can be distinguished from other participatory or peer-to-peer approaches through **ten essential ingredients**, which facilitate deeper learning and translation of learning into action (Results for Development, 2023) (Box 2).

BOX 2: TEN ESSENTIAL INGREDIENTS FOR COLLABORATIVE LEARNING

1. **Strong, shared interest and purpose among participants:** A sharp vision, clear call to action, and compelling value proposition are essential to getting started and nurturing the learning process.
2. **Grounded in mutual trust, respect, and accountability:** Collaborative learning is founded on the importance of social interaction in adult learning, requiring inclusive, safe spaces and both formal and informal opportunities for people to build ties with one another.
3. **Driven by participant demand and engagement:** Participants must be at the center of the network's design and agenda-setting to feel a sense of shared purpose and ownership and to ensure the learning activities are timely, relevant, and supportive of their day-to-day work.
4. **Continuous demand identification:** Facilitators need to routinely engage and continuously assess evolving participant needs to ensure the learning activities remain timely and responsive to participants' priorities.
5. **Participants have the authority and ability to drive local change:** Facilitators need to strategically identify and actively engage the "right" participants: individuals who are well-positioned to integrate local experience into learning agenda-setting, actively participate both as learners and sharers, and ensure the learning gets shared, adapted, and applied locally.
6. **Experienced and skilled technical facilitation:** Facilitators need to effectively respond to participant demand, frame the learning agenda within relevant evidence and experience across countries, and support all stages of the collaborative learning cycle. Effective technical facilitation requires in-depth technical knowledge, and the ability to listen to and learn from practitioners' experiences, elicit and synthesize lessons, and co-create useful knowledge products with participants.
7. **Strong management and coordination:** Collaborative learning network managers identify member demand, co-design the learning agenda, pay attention to group dynamics and culture building, ensure effective technical facilitation and knowledge management, disseminate knowledge products as global public goods, and much more.
8. **Support to adapt and implement the learning in local contexts:** Facilitators and managers can foster a strong sense of ownership and commitment among those who can act upon the learning. They can also build and broker partnerships with TA projects that can support country teams to adapt and apply the learning within their ongoing work plans and country change processes.
9. **Measurement of results and impact:** Effective collaborative learning initiatives are committed to measurement, evaluation, and learning. They have a well-developed theory of change and clearly defined inputs and outcomes.
10. **Sustainability planning to ensure long-term impact:** Any collaborative learning initiative intended to drive system-level change and large-scale, lasting results should be designed with a longer-term vision, adequate staffing and financial resources, and a plan for sustaining or transitioning the learning process after donor funding runs out.

CASE STUDIES

Over the past 15 years, multiple collaborative learning networks have launched to support health systems strengthening. These include the [Joint Learning Network for Universal Health Coverage \(JLN\)](#), [Linked Immunisation Action Network \(Linked\)](#), the [Primary Health Care Performance Initiative's Community of Practice](#), the [WHO Health Services Learning Hub \(HLH\)](#), and the [Global Learning Collaborative for Health Systems Resilience \(GLC4HSR\)](#), among others. Regional platforms like the [Strategic Purchasing Africa Resource Center \(SPARC\)](#), the [Asia Pacific Network for Health Systems Strengthening \(ANHSS\)](#), and [SaluDerecho \(SD\)](#) are incorporating collaborative learning within a larger suite of evidence generation, TA, and knowledge management activities.

Several countries have also set up subnational collaborative learning networks to facilitate learning between subnational actors. Examples include [Nigeria's subnational JLN](#), originally supported by USAID's Health Finance and Governance Project and the Bill & Melinda Gates Foundation and now in the hands of government, and [Colombia's Primary Health Care Community of Practice](#), supported by the World Bank. Annex I contains examples of collaborative learning networks.

The two cases below describe how collaborative learning can support locally led HSS. The first features an example of country health system impact through Linked's collaborative learning approach, and the second an example of a USAID-supported rapid learning exchange in partnership with the JLN.

Case 1: Mobilizing Domestic Commitment for Health Priorities

Linked (formerly LNCT - Learning Network for Countries in Transition) is a global collaborative learning network established in 2017 that supports country practitioners and their immunization partners from over 20 countries in identifying common immunization program challenges and the transformative practices that will lead to greater resilience, equity, and sustainability. Linked focuses on helping middle-income countries prevent and mitigate backsliding on routine immunization and advance new vaccine introduction. Previously, the network focused on supporting low- and middle-income countries transitioning from Gavi support (Linked Immunisation Action Network, 2023).

Linked's approach to collaborative learning focuses on understanding top immunization program challenges, facilitating peer-to-peer knowledge sharing, supporting the implementation of good practices and lessons learned, strengthening skills and capacities, and capturing and disseminating implementation experiences. The network supports countries along a "causal pathway" from 1) identifying common barriers to sustainability, equity, and new vaccine introduction; to 2) identifying workable strategies, good practices, and lessons for addressing these challenges; to 3) adapting and implementing these strategies; to 4) achieving specific outcomes. Linked countries have prioritized several HSS-focused topics, including increasing access to key missing vaccines, sustaining high and equitable vaccine coverage, and ensuring sufficient and sustainable domestic financing for immunization programs.

Armenia's journey along Linked's "causal pathway" provides an illustrative example of how a country's political commitment, engagement in a learning network, and alignment of network offerings with the country's policymaking processes and timelines can lead to key health system achievements (Linked Immunisation Action Network, 2023).

- **Identification of barriers to sustainable and equitable coverage:** Linked facilitators conducted an initial needs assessment to identify the barriers to sustaining and increasing equitable vaccine coverage. Armenia identified that a key barrier to achieving the country's goal of 95 percent DTP3 coverage by 2025 was limited knowledge and weak performance

of primary health care (PHC) workers responsible for immunization. Despite sufficient availability of health care workers at PHC clinics, Armenia indicated a shortage of public health personnel within the Expanded Programme on Immunization and Ministry of Health to conduct supportive supervision visits to PHC clinics to monitor and build the capacity of doctors and nurses.

- **Identification of strategies to address barriers:** In July 2022, Linked facilitators convened an in-person collaborative learning workshop in Tbilisi, Georgia, with country teams from Armenia, Azerbaijan, Georgia, Moldova, Mongolia, Ukraine, and Uzbekistan. The Armenia country delegation included three representatives from the Ministry of Health, including two from the National Center for Disease Control. The theme of the workshop was "Strengthening Immunisation Service Delivery through Primary Health Care Platforms," and a key area of focus was strengthening PHC health worker capacity and performance. In July 2022, three government representatives from Armenia also attended Linked's "Benefits and Considerations for Electronic Immunisation Registries (EIR)" virtual learning exchange. This exchange responded to challenges reported by middle-income countries in tracking routine immunization and rolling out COVID-19 vaccines, and shared the recent experiences of several countries in leveraging EIRs to support expansion of vaccination coverage.
- **Supporting the adaptation and implementation of learnings:** Following these collaborative learning activities, the Armenia delegation developed an action plan with the following objectives:
 - Development and integration of an immunization training course in the national curriculum of pre-diploma education.
 - Integration of the immunization training course into the mandatory continuous professional development of narrow specialists and visiting nurses.
 - Strengthening immunization capacity of PHC health workers at parents and maternity schools, including supportive supervision.

- Demand generation by implementing a secondary school-based training and a revision of the performance-based payment mechanism.

During the next engagement call in October 2022, the network learned that, in agreement with the WHO country office, all components of the action plan had been incorporated into Armenia's national plan, which is supported by a European Union grant. Additionally, all four of the objectives were in the process of being implemented.

Furthermore, the Armenia delegation noted that Linked's workshop was the first time they had learned about the new prioritization of zero-dose children at the global level, and when they returned home, they immediately began working with their health information system operator to include zero-dose data in the routine system. The Armenia delegation commented that Linked's learning engagements served as key advocacy opportunities for including these objectives in the country's national plan.

The example of Armenia's engagement in Linked offers several lessons about how collaborative learning can support HSS:

- **Offering a causal pathway to system change that builds on country priorities:** Linked's causal pathway that begins with identifying a country's key challenges establishes a basis for engagement in the network rooted in a country's priorities and upcoming planning processes. In Armenia, the delegation identified a need to enhance PHC workers' capacities in immunization with an eye toward influencing upcoming national planning processes. With these clear objectives in mind, Linked provided a path forward for addressing a key performance challenge.
- **Sustained, active engagement of a strategically selected country delegation:** Linked engages with countries through delegations of approximately three to five individuals who are strategically placed within ministries of health, finance, and other key agencies and commit to long-term engagement with the network. This sustained commitment from actors in positions to bring about change allows delegations to develop focused and agreed-upon objectives and see these objectives through Linked's causal pathway to implementation.
- **Alignment with national planning processes:** Armenia's national plan development followed Linked's PHC workshop, and Linked facilitators supported the country to develop its action plan on a timeline that fit into this ongoing national process. This awareness of and engagement with national processes allowed the delegation to turn its Linked action plan into reality.
- **Support from in-country partners:** Support from WHO's country office played a key role in ensuring that the activities in Armenia's action plan had the support needed to be included and funded in the national action plan. Linked regularly engages in-country partners in its learning activities; these partners, in turn, play key roles in providing technical support to their countries as they adapt Linked learnings and advocacy for use in their unique settings.
- **Working through local leaders:** Linked Steering Committee Member and National Immunization Program Manager Gayane Sahakyan played a critical leadership role in Armenia's delegation and served as a leading advocate for the incorporation of the delegation's action plan into the country's national plan. At the launch of the revised network, Gayane said, "During [LNCT], Armenian members were passive participants. Currently, I will do my best to involve Armenian colleagues more actively in events and share our practices and knowledge, and benefit from this opportunity to learn other countries' best practices." Gayane's commitment was an important facilitator of Armenia's active participation in Linked and its success in implementing its action plan.

Case 2: Strengthening Leadership Capacity for Pandemic Coordination and Improved Health System Resilience

During the emergency phase of the COVID-19 pandemic, countries' demand for real-time experience-sharing and peer support with pandemic response increased significantly. The Joint Learning Network for Universal Health Coverage, a global network of policymakers and practitioners from 34 countries, rapidly evolved its activities to host a fully virtual "COVID-19

NODE (Network for Open Dialogue and Exchange).” Between December 2020 and February 2022, USAID’s Health Systems Strengthening Accelerator (Accelerator) partnered with the JLN to facilitate a virtual learning exchange under the COVID-19 NODE called The National Coordination of Pandemic Response Collaborative.

Multisectoral pandemic response teams from six countries (Kingdom of Bahrain, Bangladesh, Ethiopia, Kenya, Mongolia, and Senegal) came together for virtual collaborative learning and peer problem-solving. Participants shared their experiences, lessons, and best practices on strengthening leadership capabilities and functions for pandemic coordination and improved health system resilience. Country teams engaged in self-reflection exercises, received tailored peer advice to address their most pressing pandemic-related challenges, and developed action plans to navigate their countries through the pandemic. For example, the Ethiopia team sought to learn from peers about how to ensure effective multisectoral collaboration, improve population coverage in the COVID-19 vaccine rollout, and increase compliance with non-pharmaceutical interventions. (Health Systems Strengthening Accelerator and the Joint Learning Network for Universal Health Coverage, 2022).

The National Coordination of Pandemic Response Collaborative offers several lessons for how collaborative learning can be used to address a rapid need for information and experience-sharing.

- **Responding to pressing health system challenges:** The Collaborative provided a timely and responsive virtual platform for USAID to support cross-country exchange and collaborative learning based on common challenges and urgent priorities articulated by country policymakers, practitioners, and other country stakeholders. The Accelerator first identified this demand through its support to Ghana’s Presidential COVID-19 Response Coordinator and then confirmed similar demand through other Accelerator country engagements and scoping conducted by the JLN network manager. The JLN assesses country demand in several ways, including through country stakeholder groups, a country-led global steering group, routine member engagement, and calls for country expressions of interest for learning activities. Mechanisms like these that facilitate demand-driven agenda-setting can be

integrated into other HSS mechanisms by co-landscaping and co-capturing country priorities, engaging local actors in setting project priorities and designing activities, and routinely assessing country demand and adapting project implementation based on countries’ evolving priorities.

- **Co-creating global knowledge and practical tools for country leaders and practitioners:** Facilitators supported Collaborative members in jointly identifying a set of practical lessons and promising practices for pandemic coordination, coalescing around four principles: 1) responsive leadership, 2) multisectoral collaboration, 3) deliberate community engagement and participation in the response, and 4) effective communication strategies. Facilitators organized the Collaborative’s learning agenda and virtual engagement sessions around these priorities. The Collaborative resulted in several practical products (a synthesis brief, country cases, and blogs) that could be adapted and applied by pandemic response leaders and other HSS practitioners to strengthen their pandemic coordination efforts and become more resilient to future pandemics.
- **Supporting adaptation and implementation of learning:** As the pandemic evolved and the availability of global evidence and country experience grew, participant demand shifted from peer-to-peer learning and information exchange to needing focused, tailored peer support to address context-specific challenges. In response, the Collaborative incorporated more focused coaching and tailored collaborative problem-solving sessions to support countries in adapting and applying the learning generated through the exchange. This Collaborative highlighted the value of aligning collaborative learning with in-country TA mechanisms, when possible, to provide added country-level support to adapt and use the learning.
- **Developing collaborative learning facilitation skills among local and regional experts:** Building facilitation teams with subject matter expertise, practitioner experience, and facilitator training brings credibility to the collaborative learning process. A geographically diverse team of HSS experts with prior government leadership and HSS practitioner experience, some of whom had been past

participants in the JLN, served as facilitators of the Pandemic Response Collaborative. The Collaborative benefited from facilitators with practitioner experience from Mali, Nigeria, Portugal, and South Korea. The facilitators received an orientation to JLN approaches and had access to a community of practice for peer support and experience-sharing among JLN facilitators. Much of the orientation focused on effective virtual facilitation techniques considering the JLN's pivot to fully virtual engagements during the COVID-19 pandemic.

IMPLEMENTATION CONSIDERATIONS

Collaborative learning has become an increasingly common approach for supporting health system strengthening. As the development community works to localize leadership and support, translate learning into action, and support sustainable health system strengthening, collaborative learning provides a demand-driven, active learning approach that HSS practitioners can integrate into future programs. To increasingly integrate collaborative learning, we offer the following recommendations:

1. Use collaborative learning to support locally derived and led solutions.

Collaborative learning methods can position local health system leaders as not only beneficiaries of learning but as local system experts driving the learning. These experts can be important change agents in their local contexts driving policy and action. They can also become resource persons and facilitators of collaborative learning. Through demand-driven agenda-setting and centering practitioners as the experts in the room, collaborative learning promotes country leadership and ownership. When the right participants engage, collaborative learning has the potential to empower and motivate local health system leaders, enhance their knowledge and skills, develop teams and institutional processes to manage health system strengthening, and support relationship-building, problem-solving, and continuous learning within country health systems and between countries.

2. Use collaborative learning to address practical implementation (or “how-to”) challenges.

Experiential or tacit knowledge of how to implement and advance a complex system change process is not often captured and readily shared in global development. While best or promising practices for strengthening a health system may be known, leaders often get stuck in the implementation process. Collaborative learning is valuable for addressing implementation challenges, when how to move forward is uncertain. Collaborative learning focuses on increasing the confidence, knowledge, and skills of practitioners and implementers, who have the mandates to implement policies and best practices. It brings together groups of HSS practitioners to learn from one another, jointly problem-solve, capture and share tacit knowledge, and support one another in adapting that learning into different health system contexts.

3. Use collaborative learning as a complement to other forms of technical assistance.

Collaborative learning provides demand-driven technical support on common technical challenges, prioritized by the learning community. When most impactful, collaborative learning is closely linked to specific and ongoing country health system change processes. The members of the collaborative learning community support one another and offer technical advice and assistance. Collaborative learning can be effectively integrated into ongoing change processes when the collaborative learning agenda aligns with political commitment, HSS “windows of opportunity,” and funding and workplan priorities. This requires skilled facilitation and strong partnerships to match country priorities with timely and responsive learning engagements. For example, through the Coordination of Pandemic Response Collaborative, the specific country priorities and the learning questions of multisectoral COVID-19 response teams became the basis for the design and prioritization of all collaborative learning activities.

4. Integrate the full cycle of collaborative learning in HSS programming when time and resources permit. If not feasible, consider lighter-touch options.

Ideally, collaborative learning activities can integrate the full cycle of identifying demand, learning, and adapting. Through the experiences of numerous collaborative learning networks, this demand-driven and systematic learning process has demonstrated an ability to adapt to participants' needs and foster the uptake and use of the learning to accelerate progress towards key outcomes and strengthen the system. However, implementing a full cycle of collaborative learning can be time and resource-intensive, often requiring at least six to eight months for a rapid-cycle learning exchange and two to three years for a collaborative that results in a co-developed knowledge product. When it is not possible to support a comprehensive collaborative learning cycle, valuable elements of collaborative learning can still be integrated into more discrete HSS programming through lighter-touch approaches (Box 3).

BOX 3: EXAMPLES OF LIGHTER-TOUCH COLLABORATIVE LEARNING APPROACHES

- Systematic demand assessment: Using expression-of-interest processes, stakeholder dialogues, and routine country engagements to listen carefully, ask questions, and co-create a learning agenda.
- Co-creation: Engaging key stakeholders to deeply analyze common challenges, set shared priorities, and develop a learning agenda and priority activities.
- Rapid learning exchange: Bringing key stakeholders together around a priority topic, framing the issue based on available evidence and international experience, facilitating sharing of concrete country examples, and synthesizing emerging themes.
- Collaborative problem-solving: Facilitating “LabStorms” (Feedback Labs, 2023) or peer assists, inviting a country leader to present a concrete challenge and facilitate the sharing of relevant experience, insights, and actionable suggestions from peers in the room.

5. Invest in developing collaborative learning facilitators, particularly local and regional facilitators.

Facilitation is a critical skillset for collaborative learning, requiring a blend of technical knowledge and expertise and the art of orchestrating coordinated action among diverse groups. Both are necessary, and neither is sufficient on its own. Investing in developing skills for facilitation is important for implementing effective collaborative learning networks. Moreover, local leaders who sharpen their facilitation skills by taking part in collaborative learning can more effectively facilitate change processes in their own countries and convene future collaborative learning initiatives, bringing a much-needed blend of technical knowledge and contextual familiarity to support country health system progress. Collaborative learning facilitation tools are available to current and future facilitators through the JLN and Results for Development, including a toolkit and an e-learning orientation program for collaborative learning facilitators ([Collaborative Learning | Results for Development \(r4d.org\)](#)).

6. Invest in developing a robust measurement, evaluation, and learning framework to assess the impact of collaborative learning.

Health system-level impacts can sometimes take years to come to fruition. It is therefore challenging to attribute distal systems-level outcomes to collaborative learning, but robust measurement, evaluation, and learning methods can be used to assess network performance and the contribution of collaborative learning to health system change. Monitoring and evaluation tools such as outcome harvesting (Health Systems Strengthening Practice Spotlight, 2021), complexity-aware monitoring (USAID, 2021), country case studies, progress markers (Heam, n.d.), member surveys, and organizational network analysis (Pact, 2011) can be used to capture network results and impact over time. Ultimately, robust measurement, evaluation, and learning are needed to continuously improve collaborative learning methods and further demonstrate the value of collaborative learning for health systems strengthening.

ANNEX I: EXAMPLES OF COLLABORATIVE LEARNING NETWORKS

Collaborative Learning Network	Objective and Primary Purpose	Geography and Membership	Date of Establishment
Joint Learning Network for Universal Health Coverage (JLN) www.jointlearningnetwork.org	Help to bridge the gap between theory and practice to extend health coverage to more than 3 billion people. JLN members build on real experience to produce and experiment with new ideas and tools to implement universal health coverage.	Global 34 full and associate member countries, made up of teams of policymakers and practitioners dedicated to implementing UHC	2009
Linked Immunisation Action Network (Linked, formerly LNCT) www.linkedimmunisation.org	Identify common immunization program challenges and the transformative practices that will lead to greater resilience, equity, and sustainability.	Global Country practitioners, technical experts, and immunisation partners from over 20 middle-income countries (formerly low- and middle-income countries in Gavi transition)	2017
Strategic Purchasing Africa Resource Center (SPARC) https://sparc.africa	Strengthen strategic purchasing expertise in Sub-Saharan Africa and move countries closer to universal health coverage.	Regional (Africa) Consortium of 11 technical partners in 10 countries in Africa	2019
Primary Health Care Performance Initiative Community of Practice	Develop community of primary health care stakeholders to learn from one another and adapt and apply global knowledge and tools to measure and improve primary health care.	Global Country implementation teams from three countries and individual peer learners from >25 countries	2020
Asia Health Policy and Systems Research Community https://www.acceleratehss.org	Develop a strong, sustainable ecosystem of country and regional health policy and systems research institutions to support country health systems strengthening and progress toward universal health coverage.	Regional (Asia) Domestic health policy and systems research institutions from six countries, plus regional and global learning platforms	2021
Nigeria Subnational Joint Learning Network www.jointlearningnetwork.org	Enable experience sharing and knowledge translation across states and between states and the federal level.	Nigeria State implementers, federal policymakers, technical partners	2017

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