Why Co-creation Matters:
How Empowering Local Leaders Transforms Health Systems

Co-creation, a powerful and collaborative approach, is not just a method but a catalyst for change. It empowers local leaders, transforms health systems, and addresses power imbalances. USAID, a champion of co-creation since 2012, has integrated it into its contracting and partnership mechanisms, supporting Private Sector Engagement and Localization strategies. In 2022, USAID further emphasized its importance for Collaborating, Learning, and Adapting (CLA) practices. From 2018 to 2024, the USAID-funded Health Systems Strengthening Accelerator (the Accelerator), led by Results for Development (R4D), utilized co-creation to build effective and sustainable health systems. Engaging multiple stakeholders, including local public and private sector actors, co-creation has proven particularly valuable in designing health systems strengthening solutions that support and promote localization.

Box 1: Goals and Advantages of Co-creation

- Advances localization and addresses power imbalances in development.
- Breaks down silos among actors.
- Anticipates challenges and crowd-sources solutions pre-implementation or scale-up.
- Builds long-term efficiency through ongoing awareness, engagement, and resource identification.

This brief highlights the Accelerator's application of co-creation, showcasing its advantages (Box 1) and providing case studies and recommendations for applying this method to solve health systems challenges.

Understanding Co-Creation: What It Is and What It Isn't

Co-creation is a participatory process that brings together diverse stakeholders to tackle complex health system problems. Recognized as one of USAID's 14 localization best practices, co-creation involves stakeholders such as policymakers, government officials, donors, technical partners, clinicians, health service users, and the public (USAID, 2023; BMJ, 2021a). This approach identifies problems, sets shared objectives, generates solutions, and plans joint actions (USAID, 2022).

Several terms, including *co-creation*, *co-production*, *co-design*, and community or stakeholder *engagement,* describe collaborative problem-solving. While these terms are sometimes used interchangeably, engagement is often limited to more passive stakeholder consultation, such as delivering or collecting information or inputs from stakeholders (USAID, 2022; Vargas et al., 2022; BMJ, 2021b). In contrast, co-creation, co-design, and co-production emphasize active participation and contributions from different stakeholders. To synergize

Box 2: Features of Co-creation

- Involves diverse stakeholders: policymakers, officials, donors, providers, clinicians, patients, and the public.
- Participants see and value their involvement.
- Focuses on a specific objective, resulting in concrete outputs.
- Facilitates health systems strengthening design and implementation.
- Uses workshops and events for dialogue, knowledge sharing, and decision-making.

participants' interest and will to participate, these processes are also distinguished from engagement for having some level of shared power or decision-making between and among participants and a platform that can encourage and sustain dialogue between participants until the objective is achieved (USAID, 2022; Vargas et al., 2022; BMJ, 2021b). Vargas et al. (2022) frame co-creation as an umbrella term encompassing co-design and co-production. Co-design focuses on analyzing and planning around a problem, while co-production involves generating data and implementing plans. USAID defines co-creation as an intentional, time-bound approach with a clear start, end, and defined outcome (USAID, 2022). Though often employed during program design, co-creation can be applied at any program cycle stage.

Workshops and events are common mechanisms for co-creation, facilitating power sharing, decision-

making and dialogue among stakeholders (USAID, 2022; Vargas et al., 2022; BMJ, 2021a). These gatherings build trust and consensus, fostering innovative solutions for system improvements. Unlike collaborative learning, which builds general capacity and knowledge, co-creation aims for tangible outcomes such as program design, implementation guidelines, and policy frameworks.

Co-Creation in Action

The Accelerator, a global USAID Cooperative Agreement, aims to strengthen institutions and build local expertise to help health systems tackle current and future challenges with less donor dependence.
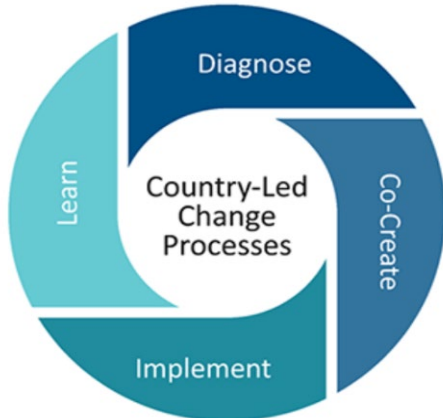
Its technical assistance model is designed to flexibly address various health system challenges while ensuring local stakeholder ownership for sustainable solutions. The Accelerator's country-led change model begins with demand-driven engagement to identify and prioritize health system challenges and diagnose root causes. Local and

regional expertise is then leveraged to co-create solutions, implement them, and foster collaborative learning. Co-creation has been central to the Accelerator's change process, with 67% of activities incorporating it at least once. This approach has been applied in over 15 countries to generate critical policy inputs and intervention designs or co-produce research on health systems strengthening (Box 3).

Box 3: Co-creation Applications in Accelerator Countries

- Design COVID-19 vaccination campaigns (Mauritania)
- Improve safe blood systems (Liberia, Malawi, and Rwanda)
- Enhance health insurance and UHC interventions (Benin, Ghana, and Togo)
- Co-produce research (Ethiopia, Georgia, Ghana, Guinea, Liberia, Nepal, and the Philippines)
- Build a supportive ecosystem for Health Policy and System Research Institutions (HPSRI)
- Design quality assurance and improvement tools for health facilities (Liberia)
- Develop governance and implementation plans for community and primary health programs (Cote d'Ivoire, Ghana, Nigeria, and Tanzania)

The Accelerator's co-creation processes reflect principles promoted by USAID, focusing on local actors and change agents from government, civil society, and academia. Key principles (Box 4) include involving typically underrepresented local actors, using situational analyses, building trust, and fostering environments conducive to meaningful dialogue. While some activities involved one-time workshops, most found that complex objectives benefit from a longer process with multiple convenings and ongoing communication. During the COVID-19 pandemic, the Accelerator adapted by conducting virtual co-creation sessions, which provided an opportunity to improve inclusivity and build better working relationships by extending the collaborative process beyond the typical length of traditional in-person workshops.

The next section of this brief presents three mini case studies showcasing the Accelerator's use of co-creation to facilitate health systems change in Ghana and Togo and to support the development of the Health Policy and Systems Research Institute (HPSRI) ecosystem in Asia. Each case study details the context, processes, achievements, and lessons learned.

Case 1: Strategic Action Planning for Achieving Universal Health Coverage in Togo

The Government of Togo aims to achieve universal health coverage (UHC) by 2030, integrating it into national policies and programs. In 2020, the Accelerator launched a multisectoral co-creation process to address key challenges and root causes in Togo's UHC journey. This effort, led by Togo's Ministry of Health and Public Hygiene and the Ministry of Public Service, Labor, Administrative Reform, and Social Protection, involved diverse stakeholders in identifying problems, developing solutions, and creating a country-owned UHC action plan.

The four-week co-creation process, which involved virtual and in-person meetings, aimed to enhance cross-sector cooperation, reach consensus on UHC challenges, and inform the UHC action plan. The Accelerator team employed two strategies early in the process that helped the government ensure the overall success of the co-creation effort.

First, the Accelerator team spent several weeks sensitizing critical stakeholders to the co-creation concept through individual and small group discussions to ensure all stakeholders understood the rationale and aim for the subsequent convenings. This engagement, facilitated by a seasoned Togolese consultant, built

participants' trust, understanding, and motivation. A second important element was a situational analysis that assessed previous UHC initiatives in Togo and hypothesized potential root causes for previously encountered challenges, such as divergent visions across the health and social protection ministries. The situational analysis, shared with over 60 stakeholders from 20 state institutions from various sectors, including private sector actors, civil society organizations, municipal authorities, healthcare providers, international organizations, and donors, provided a common

reference point for identifying challenges and aligning visions for UHC. This groundwork enabled stakeholders to develop a shared vision and find synergy, a crucial achievement.

The Accelerator facilitated additional sessions to identify and prioritize solutions for UHC bottlenecks such as lack of coordination, divergent interests, and limited political direction. The resulting UHC action plan detailed steps for strengthening UHC, with clearly defined roles and responsibilities to foster ownership among stakeholders.

Following this process, the government formed a task force to generate a single, coherent national UHC plan. Drawing on trust built during the co-creation series, the Accelerator continued facilitating the UHC Task Force. These convenings ultimately resulted in a unified national UHC plan. This plan informed the Accelerator's multi-year technical assistance, which focused on continuous learning, reducing UHC fragmentation, resource allocation, and maintaining political support.

A key strategy for this successful effort involved a broader range of stakeholders, including CSOs, promoting social accountability and addressing beneficiary needs. High-ranking officials from key institutions were also engaged to ensure political support for collaborative UHC efforts.

Box 4: Accelerator Principles for Co-creation

- Include diverse stakeholders like CSOs, non-health sectors, local government, and financial services.
- Build trust and relationships, including trust in the process.
- Ensure open and ongoing communication for transparency and shared understanding.
- Participants are willing to engage without additional incentives.
- Foster ownership among all stakeholders.
- Define shared vision, goals, roles, and contributions.
- Value local knowledge through participatory approaches like root cause analysis and collaborative learning.
- Consolidate global and local evidence for a shared understanding of the problem or objective.

First session:	Second Session:	Third session:	Final Session:
Introduce the co-creation process	Validate the results of the situational analysis	Validate and prioritize the content of the action plan	Finalize action plan and allocate roles across stakeholders

- The co-creation process was presented to the participants, including the objective and methods of co-creation.
- R4D presented the participants with the results of the situational analysis of UHC in Togo and facilitated an exercise to validate the key challenges identified.
- Stakeholders reflected on the results of the situational analysis and proposed potential solutions and strategies.
- Stakeholders continued to develop possible solutions and strategies. The group also outlined the key next steps for finalizing the action plan, including assigning responsibilities for these next steps.
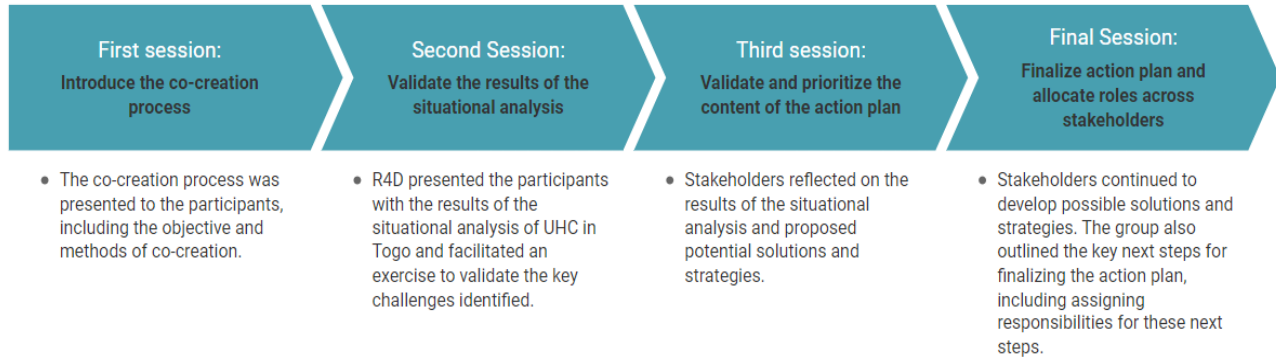
Figure 1: Structure of the co-creation process in Togo

This multi-stakeholder approach fostered robust accountability mechanisms and solidified relationships to support UHC promotion.

Through co-creation, Togo's leadership and governance were strengthened at national and subnational levels, advancing the country's UHC journey. The Accelerator's support for CSO engagement in decision-making will lead to UHC reforms that are equitable and responsive to community needs.

Case 2: Building a Dynamic Health System and Policy Research Ecosystem in Asia

Health policy and systems research (HPSR) are vital for evidence-based decision-making in low—and middle-income countries as they strive toward UHC. Strengthening local HPSR institutions (HPSRIs) and fostering collaboration with policymakers ensures evidence is generated and translated into actionable decisions.

As Asian countries implement health reforms, the demand for health systems strengthening (HSS) best practices and technical assistance grows. However, existing learning platforms and training programs often lack engagement with HPSRIs and provide limited follow-up support, hindering their capacity to contribute effectively to UHC efforts.

In 2020, the Accelerator began working with regional HPSRIs, using co-creation to enhance their engagement with policymakers and key health systems decision-makers. A landscape exercise, including key informant interviews, identified the need to co-develop a shared vision and action plan to strengthen HPSRI programs and platforms.

The Accelerator addressed this need with a six-part virtual co-creation series involving over 40 stakeholders from India, the Philippines, the World Bank Health Systems Global Flagship Program, and the Asia Pacific Observatory on Health Systems and Policies. The team employed the principles of a time-bound approach, equity, and action-oriented outputs to develop
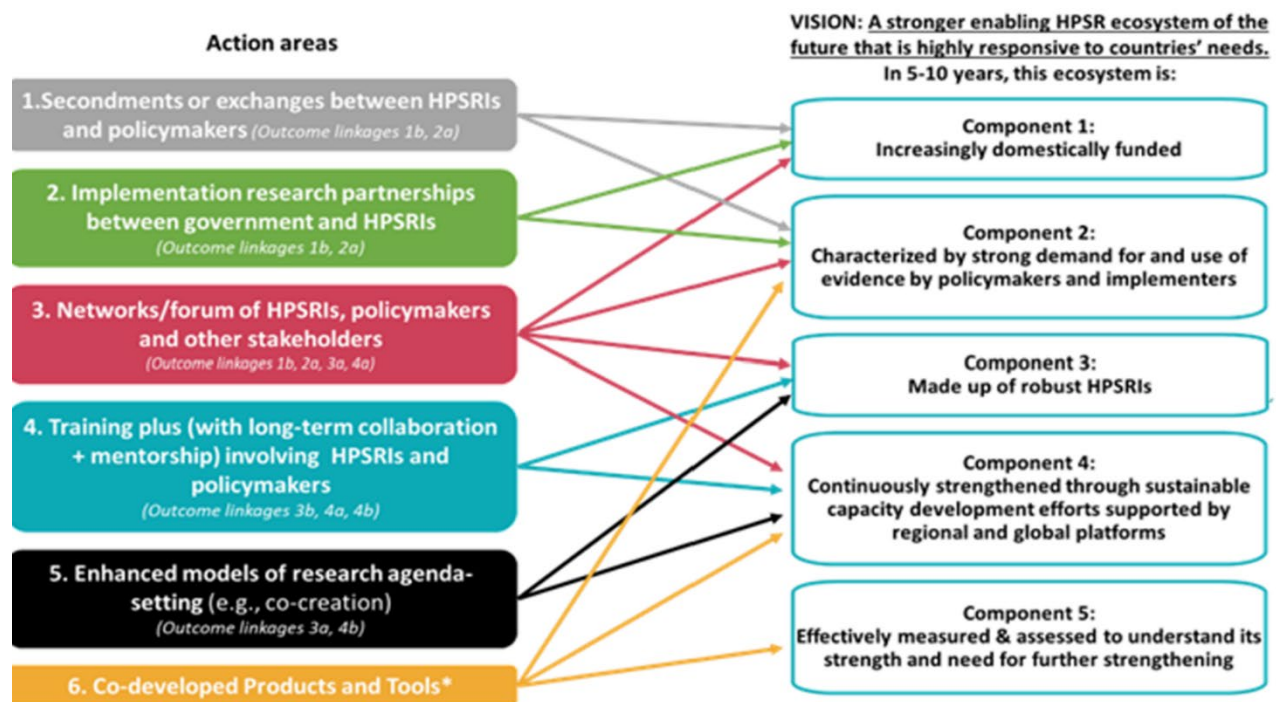
Figure 2: Participant developed action areas and corresponding vision components

a shared vision and align expectations among participants. Through the progression of the series, facilitators used several tools to capture ideas, promote collaboration, and gauge agreement. Large group plenary sessions and small group break-out sessions were complemented by individual work time.

Participants identified over 65 activity ideas and synthesized them into cross-cutting action areas. The shared vision, *"a stronger enabling HPSR ecosystem that is highly responsive to countries' needs,"* emphasized increased domestic funding, strong demand for evidence, sustainable capacity development, and robust HPSRIs.

The co-creation process led to the development of five components and six action areas, fostering mutual accountability and resulting

in an Ideas Marketplace. This marketplace transformed shared vision into fundable actions, shifting the focus from challenges to actionable ideas.

The group transformed those actions into specific pilot projects that resulted in new relationships and commitment of local actors, including HPSRIs in four USAID priority countries (Nepal, India, Indonesia, and the Philippines). Collectively, these pilots are progressing towards more sustainable policy engagement models for HPSRIs to better respond to country demand and needs.

Case 3: Harnessing Co-Creation to Propel Universal Health Coverage in Ghana

Ghana, a leader in advancing UHC in sub-Saharan Africa, developed a UHC Roadmap in 2019 to guide its vision of Health for All by 2030.[1] Since then, the Accelerator has worked with the Government of Ghana (GOG) and local actors to ensure the efficient use of health resources.

Over the project lifetime, the Accelerator team used co-creation in short- and longer-term engagements with a variety of national- and sub-national level government stakeholders to produce guidelines, roadmaps, and actionable program recommendations, and has subsequently generated several lessons and insights about when and under which circumstances co-creation is an effective approach. One successful short-term effort was a half-day co-creation workshop with the Ghana Health Service (GHS) to disseminate findings from an implementation study on the primary care Networks of Practice (NOP) model, a key strategy for UHC. With participation from regional, district, and facility levels, stakeholders examined the study's results, jointly identified gaps, and generated an agreed-upon set of feasible and actionable recommendations for all health system levels.

Longer-term efforts included co-creating guidelines for scaling up the NOP model and strengthening the mandate of Ghana's Health Facilities Regulatory Agency (HeFRA). The Accelerator and GHS engaged 45 stakeholders over 20 months to review data, identify gaps, and generate a shared vision for NOP implementation with perspectives from all health system levels. These guidelines were completed in February 2024 for nationwide roll-out.

A similar co-creation process improved HeFRA's institutional effectiveness. The Accelerator facilitated a two-day, in-person workshop with over 40 participants from 10 agencies to create a shared understanding of regulatory responsibilities. This led to a memorandum of understanding (MoU) between HeFRA and the National Health Insurance Authority (NHIA). The defined actions in the MoU will harmonize tools and processes for health facility assessment between HeFRA and NHIA to reduce duplication of functions, minimize the regulatory and financial burden on health facilities, and identify other ways of improving health regulation efficiency and effectiveness in Ghana.

Although the Accelerator has been able to repeatedly apply and use co-creation to help the GOG

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[1] Defined in the UHC Roadmap as: "All people in Ghana have timely access to high quality health services irrespective of ability to pay at the point of use."

advance its UHC roadmap, there have been instances where stakeholders have been less open and receptive to co-creation. For example, when developing a preventative and promotive benefit package, the GHS preferred to lead the process with expert support rather than using a collaborative approach. Recognizing this, the Accelerator adjusted its methods to maintain a country-led approach.

These experiences underscored the importance of understanding stakeholder motivations and dynamics when applying co-creation. The Accelerator found success by facilitating, not leading, co-creation processes, allowing stakeholders to set outcomes and pace. Technical partners remain crucial for mobilizing resources and structuring co-creation efforts.

Lessons, Implications, and Recommendations

Over six years of HSS work, the Accelerator has frequently used co-creation to launch and enhance interventions, align stakeholders,

and facilitate evidence-based health policy and service delivery. The application of co-creation has varied across contexts, showing that a flexible approach is necessary. Key lessons and recommendations have emerged from these diverse experiences.

Don't Force Co-creation as the Solution

Before a co-creation effort begins, engagement and dialogue with stakeholders about why co-creation might be needed and how it can be used is critical to building a true consensus that lays the groundwork for later action. Stakeholders must understand the process and agree to participate fully, or sustained commitment will be hard to achieve.

Situational Analysis and Targeted Outreach Lay the Groundwork

Preparatory work, such as desk research, outreach, and information gathering with the full range of participating stakeholders, is
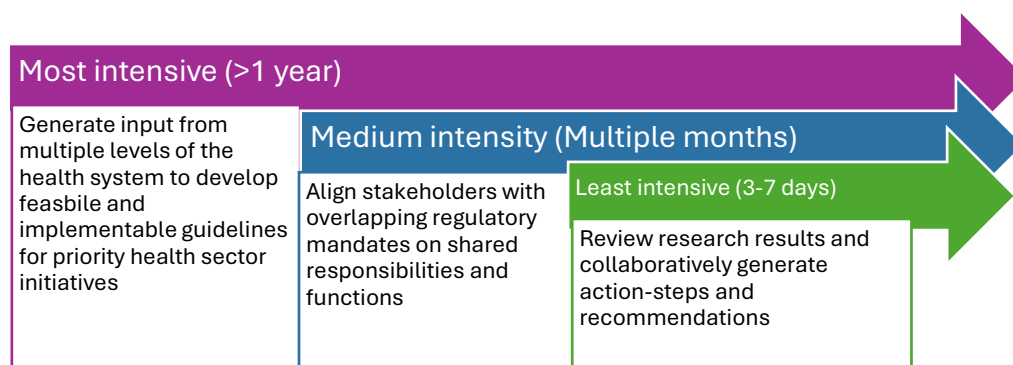
Most intensive (>1 year)

Generate input from multiple levels of the health system to develop feasbile and implementable guidelines for priority health sector initiatives

Medium intensity (Multiple months)

Align stakeholders with overlapping regulatory mandates on shared responsibilities and functions

Least intensive (3-7 days)

Review research results and collaboratively generate action-steps and recommendations

Figure 2: Ghana applied co-creation in different intensities to advance different HSS goals

essential. This effort provides useful inputs to frame the co-creation process and ensure that each participant can "see" themselves reflected throughout the succeeding engagement. This builds participant trust and helps stimulate and sustain ongoing participation, setting a solid foundation for co-creation.

An Outside, Dedicated Facilitator can be Vital

A designated facilitator ensures open communication and organization. Facilitators must ensure that co-creation convenings incorporate discussion and establishment of accountability mechanisms that participating stakeholders can use to hold one another accountable to roles, responsibilities, and commitments defined through the process. When Accelerator teams were seen as stakeholders, engaging a neutral external facilitator helped build trust and effectively manage the process. An important but often overlooked part of co-creation is ongoing stakeholder engagement after the conclusion of discrete stakeholder convenings. Facilitators can help by incorporating discussion and establishing accountability mechanisms that participants can use to hold one another accountable to roles, responsibilities, and commitments defined through the process.

Convene a Diverse but Empowered Co-creation Team

Careful consideration of who is best placed to participate in co-creation is not just about maximizing the number of stakeholders or institutions involved but should also seek to understand the levers, gaps, and shortages of power. Engage stakeholders with decision-making authority or influence. Carefully select participants based on their relevance to the objectives, not just their rank or previous engagement levels.

Co-creation Requires Dedicated Time, Resources, and Patience

Co-creation is often resource-intensive and time-consuming, especially for complex problems. Clearly defining an endpoint (e.g., action plan, policy guideline, roadmap document) and tracking progress so that participants can understand how close or far they are from the goal is crucial for keeping stakeholders motivated and on track. Resourcing for ongoing engagement outside of convenings helps to ensure participants uphold commitments to action reached within the process.

In-person or Virtual Formats offer Different Benefits

Co-creation can succeed in both in-person and virtual formats, but tradeoffs exist. In-person events make it easier for stakeholders to focus on collaboration and more quickly build trust. Virtual

convenings offer opportunities to include participants who would be otherwise unable to join an in-person convening and diversify the means of collaboration by leveraging online tools and digital platforms like WhatsApp. When virtual or mixed co-creation formats are used, it is necessary to allow more time for a co-creation process due to the potential distractions and allow for "offline" communication and dialogue to increase the touchpoints for participants to collaborate.

Conclusion

Co-creation involves local actors, including government, civil society, and academia, to ensure diverse and meaningful engagement. It relies on building trust, relationships, ownership among stakeholders, shared vision, clear roles, and leveraging local expertise. Effective co-creation involves understanding the context, engaging critical stakeholders early and often, investing in a neutral facilitator to build trust, and recognizing that the time required can vary based on stakeholder experiences and expectations.

Acknowledgments

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