



USAID
FROM THE AMERICAN PEOPLE

LOCAL HEALTH SYSTEM
SUSTAINABILITY PROJECT



YEAR
**3 ANNUAL
REPORT**

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INTRODUCTION

The Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) is a five-year (2019–2024) global activity funded by USAID as Task Order 1 under the Integrated Health Systems IDIQ contract. The project’s goal is to help countries transition to sustainable, self-financed health systems as a means to expand access to universal health coverage.

Collaborating with health system partners in low- and middle-income countries, LHSS strengthens local capacity to finance, provide equitable access to, and ensure the quality of essential health care services. LHSS efforts align with USAID’s Vision for Health System Strengthening 2030 and USAID’s promotion of aid recipients’ self-reliance and resilience.

The project has three main objectives:



Increase financial protection — Reduce financial barriers through a mix of public and private interventions, so that the cost of essential health services neither prevents people from accessing them nor causes financial hardship.



Increase population coverage — Ensure equitable access to essential services, including for poor, underserved, and socially excluded populations. Ensure that health services are accountable for meeting all clients’ needs, and that clients are satisfied with those services.



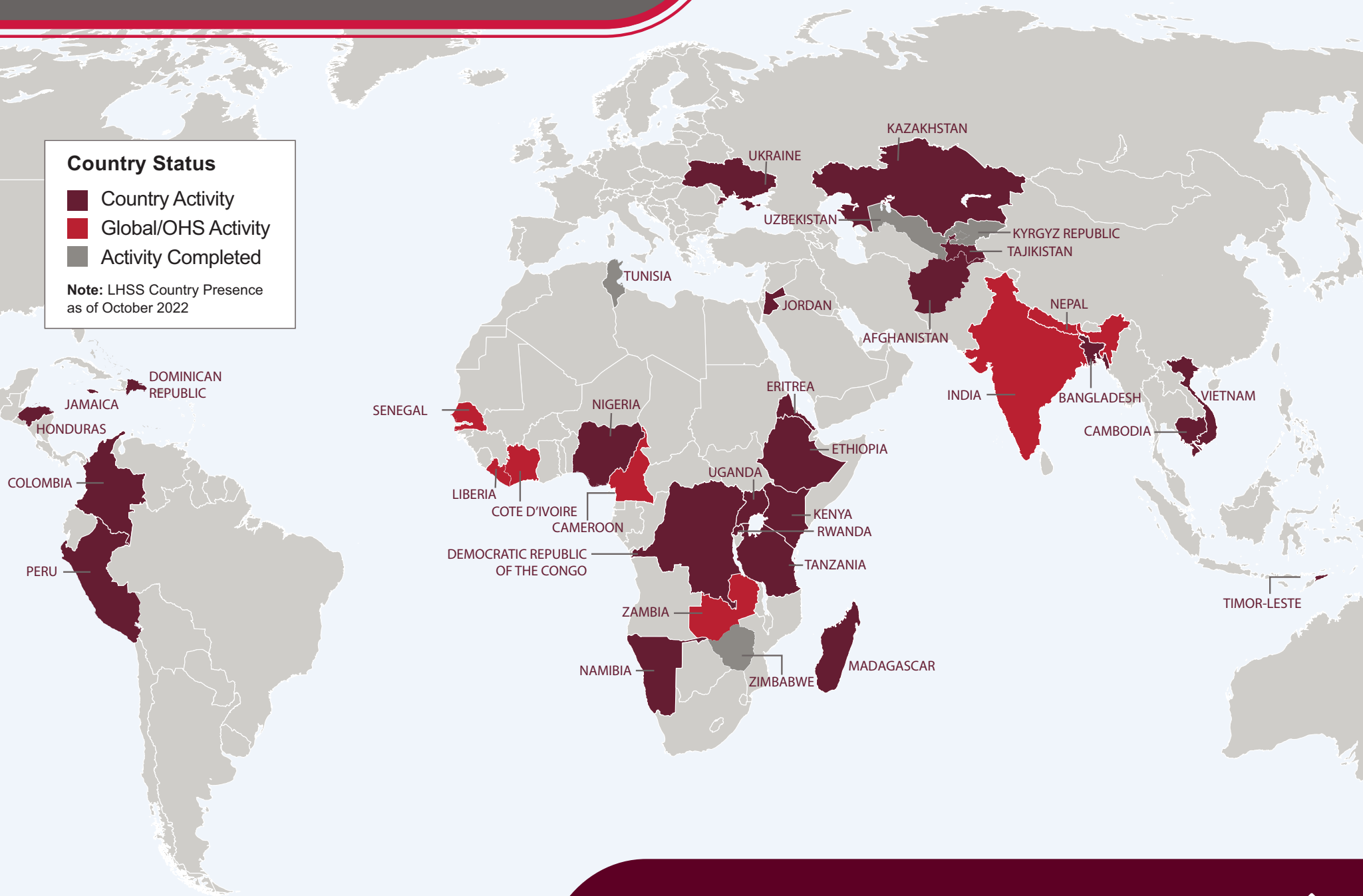
Increase coverage of quality essential services — Improve the quality of patient-centered services and ensure that care meets minimum standards. Ensure essential service packages are well-defined and effectively implemented.

BY THE MAP

Country Status

- Country Activity
- Global/OHS Activity
- Activity Completed

Note: LHSS Country Presence as of October 2022



A YEAR IN REVIEW

It has been a year of many challenges globally: the war in Ukraine, new disease threats, increased migration due to political, economic, and environmental crises, and inflation eroding purchasing power and threatening livelihoods. As these complex developments impact health systems and progress towards universal health coverage, the urgency of our work is indisputable. Countries the world over will need high performing, resilient health systems to maintain and improve people's access to high-quality, equitable, affordable health care through the inevitable, though not always predictable, shocks.

This year, LHSS deepened partnerships with governments, private sector actors, and civil society organizations to address health system gaps and expand access to care to migrants, women, people living with HIV, and many other underserved groups. We applied a systems approach, working at multiple levels of the health system and across multiple sectors. LHSS continued to support countries in combating COVID-19 and vaccine misinformation, while finding opportunities to strengthen resilience against the next health shock. We published global knowledge products, sharing lessons on implementing national quality policies and strategies, integrating social determinants of health into health workforce training, and improving health budget execution. In total, LHSS supported USAID's work in 25 countries, with new activities launched in Afghanistan, Democratic Republic of the Congo, Jamaica, Namibia, Nigeria, Ukraine, and the East Africa region.

In Year 4, LHSS will continue to support locally led implementation and produce knowledge that advances the health systems strengthening field. We look forward to sharing results, lessons learned, and promising practices for improving health system performance.



Marianne El-Khoury

*Acting Project Director, Local Health System Sustainability Project
(August 2022-January 2023)*

BY THE NUMBERS



25 COUNTRIES
SUPPORTED



\$2.5 MILLION
IN GRANTS AWARDED



\$145.7M
IN FUNDING



SUPPORTING LOCAL CAPACITY AND SUSTAINABILITY

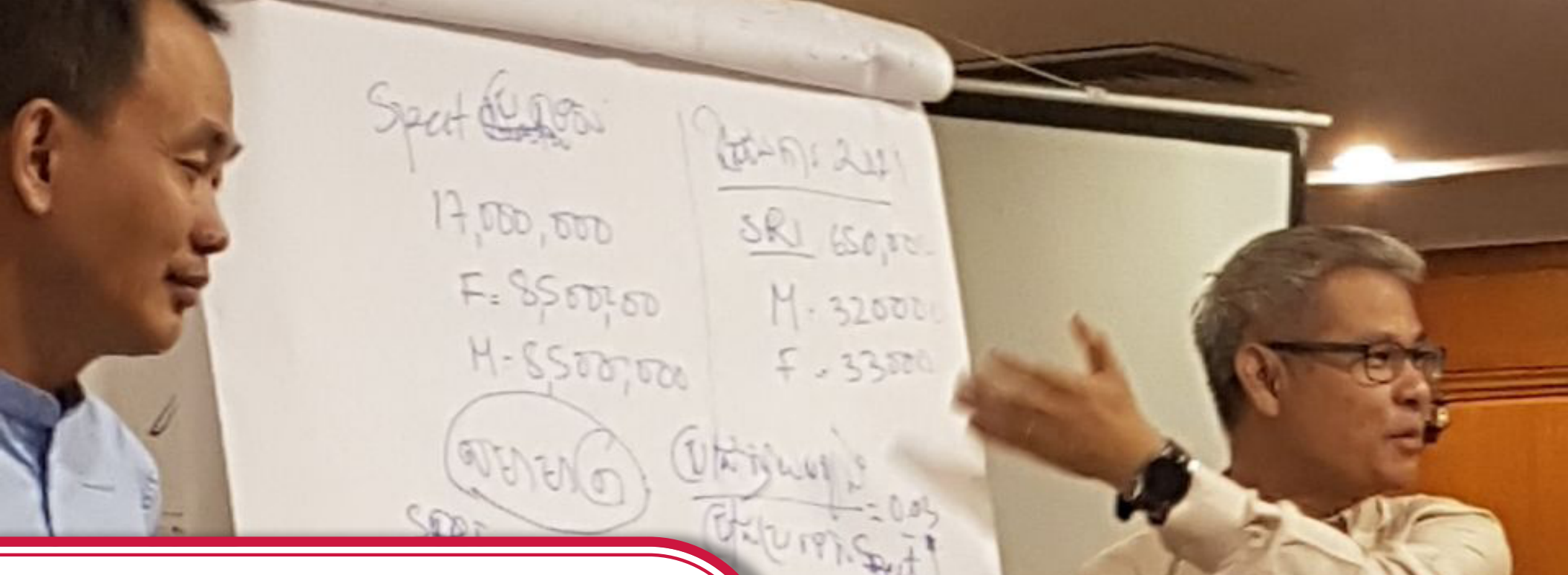
“We continue to enjoy the great working relationship with LHSS. The staff is professional, technically sound, efficient, effective, responsive, and overall, so easy to work. Thank you!”

— Dr. Andrea Brooks-Hanson, Senior Project Management Specialist (Health), Office of Environment & Health, USAID | Jamaica

Sustainable health system outcomes require strong local actors and well-functioning systems. LHSS fosters sustainability by helping local partners, including nonprofits, private and public sector entities, and community organizations, expand their capabilities and strengthen their mutual relationships.

Our approach is grounded in the belief that the best way to increase local financing, leadership, and implementation of health system functions and improvements is to follow the priorities of local stakeholders and support their chosen capacity strengthening goals. This year, LHSS’s local partners took on greater roles leading, funding, and implementing health system strengthening measures. In 23 countries, sustainability and transition plans created by project staff in collaboration with local partners reflect local priorities for capacity strengthening, transition, and sustainable health system outcomes.

As of October 1, 2022, 420 local partners had received funding through LHSS subcontracts, grants, and consulting agreements, representing more than 12 percent of project expenditures. Over \$2.5 million in grants have been disbursed through the LHSS grants program, which expanded to 14 countries this year. LHSS engaged 138 nonprofit, public sector, and private sector organizations through collaboration, technical assistance, and transition of LHSS-supported work. The project supported capacity strengthening of local partners in 25 countries, expanding their abilities to fulfill their health system roles and to receive direct funding from USAID, including through transition awards.



An LHSS expert delivers a lesson on how to calculate disease burden estimates and set health targets at a July 2022 training workshop for staff of Cambodia's Kampong Cham and Svay Rieng provincial health departments.

Photo: USAID LHSS Project/Cambodia

SUPPORTING LOCAL CAPACITY AND SUSTAINABILITY

Stronger Subnational Governance to Sustain Cambodia's HIV Response

Good health for individuals often begins with good governance at the health system level. In Cambodia, LHSS is helping the Royal Government sustain its strong HIV/AIDS care and treatment programs as it adapts to a drop in external donor funding and undertakes a shift from national- to provincial-level planning, budgeting, and implementation. This year, LHSS assisted four provincial health departments in setting their own HIV health targets based on their local disease burden. Next, LHSS helped the provinces develop plans and budgets to achieve the targets. Our capacity strengthening support gave health department staff hands-on experience with important public financial management functions – and crucial skills that will enable the provinces to successfully carry out their new governance roles into the future.

Private Health Sector Support for Vaccination in Jamaica

Lacking enough health workers to manage a rapid rollout of COVID-19 vaccines last year, the Government of Jamaica looked to private sector health providers as potential partners. This was an opportunity for LHSS to work with the MOH to facilitate a public-private partnership that would benefit both sides and have a lasting impact on the resiliency of the health sector. Using our grant-making authority, LHSS provided \$556,000 in grants to pharmacies, faith-based health organizations, private medical practices, and a private health care network. Between March and May 2022, these trusted providers delivered more than 9,000 COVID-19 vaccinations to their clientele – including many people who likely would not otherwise have gotten vaccinated due to poor access and hesitancy fueled by misinformation. In the process, the grantees received individually tailored capacity-strengthening support from LHSS, for example on cold chain management, marketing and communications, administrative procedures, and reporting mechanisms. LHSS's grants did just what they were supposed to do: engendered mutual confidence and trust between the Jamaican Ministry of Health and Wellness and the private health sector, and equipped the grantees with the know-how to support the government with future large-scale vaccination efforts.

At a February 2022 signing ceremony, Dr. Hilary Brown, with the private health care provider Vein Centers of Jamaica, displays the certificate for an LHSS grant to support Jamaica's COVID-19 vaccination effort.

Photo: Keon Predi for USAID LHSS Project/Jamaica

SUPPORTING LOCAL CAPACITY AND SUSTAINABILITY





A Vietnamese man holds up his social health insurance card, which enables him to receive reduced-cost health care services for a range of needs.

Photo: Dao Ngoc Dung for USAID LHSS Project/Vietnam

SUPPORTING LOCAL CAPACITY AND SUSTAINABILITY

Domestic Financing for TB Services in Vietnam

For the first time last year, a TB patient received treatment under Vietnam’s social health insurance program. It was a major milestone in the government’s ongoing effort to fully transition and assume funding and management responsibility for TB and HIV services after decades of reliance on international donors. LHSS played an important role. Since 2020, LHSS health financing experts have worked with the government to transition funding of TB treatment from donors and the national budget to the social health insurance (SHI) scheme, ensuring sustainable, domestic financing and an uninterrupted supply of life-saving drugs for the estimated 172,000 people in Vietnam with active TB infections. As Vietnam continues its transition, LHSS will support provincial governments and health facilities in adopting processes for meeting SHI eligibility criteria, procuring TB drugs, and managing TB supply chains.



ADVANCING EQUITABLE ACCESS TO ESSENTIAL HEALTH SERVICES

“Grateful for the hard and important work that the LHSS-Ukraine team has been doing in extremely difficult and challenging situation in Ukraine.”

— Paola Pavlenko, Senior Health Project Management Specialist, Office of Health, USAID Regional Mission to Ukraine

Ongoing crises—including the COVID-19 pandemic, mass migration, and conflicts—have jeopardized access to essential health services and exacerbated health inequities. Against this backdrop, LHSS continued to promote equitable access to health services in multiple regions and countries, with a focus on the most vulnerable and with gender and social inclusion at the heart of our approach.

In countries facing unprecedented numbers of migrants needing health services while residing in or transiting through their borders, LHSS collaborated with local and regional partners and stakeholders to expand social health protection to these highly vulnerable populations. Amidst war in Ukraine, we worked to increase access to telemedicine services for all Ukrainians. In several countries, we advanced COVID-19 vaccine equity by supporting targeted efforts to vaccinate the hardest to reach.

Throughout our work, LHSS engaged widely with public, private, civil society, and community organizations, because we know that fostering interaction and collaboration across all these groups is necessary to meaningfully enhance equity for those in need of better inclusion in local health systems.



A migrant community leader expresses his views at an April 2022 workshop in Bogotá to gather migrants' inputs into Colombia's Ten-Year Public Health Plan 2022-2031.

Photo: USAID LHHS Project/Colombia

ADVANCING EQUITABLE ACCESS TO ESSENTIAL HEALTH SERVICES

Migrant and Indigenous Inclusion in Colombia's Health Policies

Since March 2021, LHSS has helped Colombian health authorities enroll more than 90,000 Venezuelan migrants in the national health insurance system. This year, we also opened avenues for migrants and indigenous people to participate in shaping the health system that serves them. At LHSS-convened workshops in several cities, migrant and indigenous community leaders gave voice to people's most pressing health needs and the difficulties they face in accessing health services. In the coming year, these community leaders will continue engaging with local health officials to co-create strategies to make community health systems more responsive to the unique needs of migrants and indigenous people – groups that are too often excluded from the decision-making that affects their health and lives.

Primary Health Care Services for Bangladesh's Urban Poor

In 2020, the government of Bangladesh released its National Urban Health Strategy to promote quality health services for people living in urban areas. This year, LHSS collaborated local government leaders in Sylhet and Rajshahi municipalities who are taking the lead role in transforming urban primary healthcare services to meet the needs of their citizens and constituents. More than 28 million Bangladeshi people living in Sylhet and Rajshahi urban municipalities do not have access to public primary health care (PHC) services.

Working with the local government and community leaders, LHSS helped to revitalize Health Standing Committees providing support for improved capacity in budgeting, resource mobilization, implementation planning, improved coordination and collaboration, and monitoring. As a result, all 14 supported municipalities have budgeted for PHC for the first time, eight clinics will reopen this year with more planned, and three locally financed models of PHC delivery are being implemented.

Dr. Kh. Umar Khayer Fatema consults with a patient at the newly reopened Rajshahi City Hospital, where low-income city residents can receive affordable primary health care services.

Photo: Md. Sabur, USAID LHSS Project/Bangladesh

**ADVANCING EQUITABLE ACCESS
TO ESSENTIAL HEALTH SERVICES**





Mothers and their babies wait to be seen at the Epko Abasi Clinic in Cross River State, Nigeria.

Photo: Frank Ribas for Communication for Development

ADVANCING EQUITABLE ACCESS TO ESSENTIAL HEALTH SERVICES

Financial Protection for Underserved and Socially Excluded Populations

To avert the financial catastrophe that can befall those who must pay out-of-pocket for health care, many countries create insurance-based financial protection schemes. Yet, these protections often don't reach the poorest and most vulnerable.

Through a global literature review, LHSS uncovered why many people do not enroll in financial protection schemes or use available health care services. We found that, in addition to being unable to pay insurance premiums or afford transportation to a health center, people face numerous non-financial barriers: poor quality of health services, long waiting times for care, lack of knowledge about the need for health care services, perceptions that doctors and nurses will behave unkindly, and more. Indeed, issues like these may dissuade people from enrolling in financial protection schemes.

Ways to overcome these barriers? The strongest evidence pointed to four approaches: 1) having the government buy or subsidize private insurance; 2) removing user fees while also ensuring sufficient quality of health services; 3) changing the insurance benefit package while also making sure the changes are relevant to the targeted population, well communicated, and backed by sufficient quality of services; and 4) having the government pay the premiums and/or copayments for certain populations, especially by allowing automatic or very easy enrollment for those populations.



PROMOTING HIGH-QUALITY HEALTH CARE

“LHSS Peru has delivered high-quality products that have been very much welcomed by the Ministry of Health officials and other stakeholders... I look forward to continuing work with you....”

— Jaime Chang, Regional Migration and Health Office,
USAID | Peru

Quality health care is a pillar of USAID’s Health System Strengthening Vision 2030 and a major focus of the LHSS Project. This year, LHSS promoted quality health care through various activities that were codesigned with in-country stakeholders and jointly implemented for sustainable outcomes.

Collaborating with health workers, leaders, and policy makers, LHSS strengthened local capacity to provide high-quality health care according to needs identified by our local partners. We supported health worker training to address COVID-19 morbidity and mortality in the Kyrgyz Republic, health workforce development in Timor-Leste, development of standard operating procedures for care of people living with HIV in the Dominican Republic, and ongoing work to strengthen continuing professional development for health care workers in Jordan. We documented various tools and frameworks for measuring clinical and health system quality. Wrapping up a three-year effort, we also concluded a stocktaking exercise on governance for quality health care delivery within countries and plan to share the findings and lessons globally in the coming year.



Republican Center for Health Promotion Specialist Aizharkyn Egembergieva trains Kyrgyz health workers on interpersonal communication.

Photo: USAID LHSS Project/Kyrgyz Republic

PROMOTING HIGH-QUALITY HEALTH CARE

Well-Informed Vaccinators in Kyrgyz Republic

In Kyrgyz Republic, LHSS developed interpersonal communication guides based on WHO guidance for health workers to promote COVID-19 vaccinations and combat misinformation that has impeded vaccine acceptance, even among medical staff.

LHSS collaborated with the Republican Center for Health Promotion to train over 150 health care workers, offering accurate information about COVID-19 vaccines and approaches to respectfully share knowledge in ways that build trust when speaking with patients about their concerns. Participants also received flip charts and job aids to help them explain vaccine concepts and related medical information to patients. By the end of 2022, LHSS will reach an estimated 1000 health workers, who in turn will provide evidence-based guidance to tens of thousands of people across the country. In this way, the project is supporting the Ministry of Health in reaching its goal of vaccinating 70 percent of the population.

Highly Qualified Physicians for Intensive Care Units in Jordan

LHSS is helping the Jordan Ministry of Health ensure that severely ill patients receive the highest quality medical care through a new critical care fellowship program at Al Bashir Hospital. In collaboration with Jordanian American Physicians, LHSS supported training for physicians in the most advanced techniques in critical care medicine. The training expanded the number and capacity of board-certified intensivists, addressing a vital gap that became apparent during the COVID-19 pandemic.

Beginning in early 2022 with an inaugural group of 30 public and private sector doctors, fellows attended “ICU bootcamp” training, practiced alongside highly trained instructors in the field of critical care medicine, and received individualized mentorship. The Ministry of Health will now, for the first time, recognize critical care as a specialty practice.

A poster announces a training session on critical care skills for doctors in Jordan.
Poster created by Jordanian American Physicians

PROMOTING HIGH-QUALITY HEALTH CARE

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MANAGEMENT OF PULMONARY HYPERTENSION AND RV FAILURE IN THE ICU

DATE: SEPTEMBER 5, 2022

TIME: 6:00 PM AMMAN TIME

By JAP Academy expert

DR. HASSAN ALNUAIMAT
Pulmonary & Critical Care



Agostinha de Jesus, a midwife in Timor-Leste, poses for a picture during a break in her internship duties at Baucau Municipality Referral Hospital in April 2022.

Photo: Emilio Dos Santos, USAID LHSS Project/Timor-Leste

PROMOTING HIGH-QUALITY HEALTH CARE

Foundational Quality Tools in Timor-Leste

As one of the world's newest democracies, Timor-Leste is focused on rebuilding its core human resources, including health system personnel. LHSS has supported the government's efforts to systematically recruit, retain, and place qualified clinical health workers equitably across the country, especially in rural and remote areas. Creating human resource systems of accountability and performance recognition are cornerstones of this initiative, and essential to improving the quality of health care services.

This year, LHSS supported the National Directorate of Human Resources in developing a job descriptions manual, a recruitment manual, and a new performance evaluation policy for health workers. LHSS collaborated with the directorate to convene several stakeholder engagement workshops where national and municipal health workers, health professional associations, and civil society organizations offered valuable feedback that will be incorporated into the final documents. These foundational policy and management tools will propel improved health workforce performance to ensure that all Timorese people receive high-quality health care.

Strengthened Governance to Improve Quality

Strong governance is essential to improving quality and is central to achieving universal health coverage. Yet little is known about how countries are navigating the complexities of implementing their national quality policies and strategies.

LHSS completed a landmark literature review and country experience survey assessing the progress of 37 USAID priority countries in delivering equitable, people-centered health care. The study found that while financing for quality is essential for health system improvement, countries encounter profound challenges as they move from planning to action. While 92 percent of surveyed countries reported commitment to adequately fund their national quality policy and strategy, only 22 percent said sufficient resources are in place to support its costed implementation.

The investigation concluded that national quality policies and strategies require sustainable financing that aligns with larger health system financing goals. Future work will focus on practical applications of improved governance for quality health services to positively impact population health outcomes across the globe.

Two nurses care for a baby in Kyrgyz Republic.

Photo: USAID LHSS Project/Kyrgyz Republic

PROMOTING HIGH-QUALITY HEALTH CARE





OPTIMIZING USE OF RESOURCES

“You should be proud of this achievement!”

— Nguyen Cam Anh, MD. MPH, Health System Strengthening Team Lead, Office of Health, USAID | Vietnam after learning that LHSS Vietnam submissions represented four of the 26 global PEPFAR-authored abstracts at the AIDS2022 Conference

Making the best possible use of resources for health remains vital for countries that are committed to accelerating progress towards universal health coverage but face the ongoing health and economic consequences of the COVID-19 pandemic. In this context, LHSS this year expanded its support to countries to increase budgetary space for health through efficiency improvements. This included strengthening budgeting and other aspects of public financial management, improving provider payment mechanisms, and identifying and addressing sources of technical inefficiency in human resources, pharmaceutical supply chains, and other health system functions.

The project has helped national governments allocate resources more efficiently and equitably by strengthening processes for priority setting and benefit package design. LHSS has also supported national efforts to develop health financing strategies and establish health financing units in ministries of health to increase financial protection for the most vulnerable and underserved people.



A health care worker in Bangladesh administers an oral polio vaccine to a child.

Photo: Maggie Moore/USAID – CC BY-NC 2.0

OPTIMIZING USE OF RESOURCES

Better Health Budget Execution

What better way for ministries of health to learn how to increase health budget execution – and thereby get more resources to the health services they were intended for -- than by asking those who've tried what worked? This year, LHSS efforts to advance global learning on budget execution came to fruition as we culled lessons from ministry of health practitioners from eight countries. Meeting as part of the LHSS-Joint Learning Network for Universal Health Coverage Health Budget Execution Learning Exchange, these experts shared their experiences tackling the root causes of poor health budget execution and arrived at five key conclusions:

1. Health and finance ministries must share responsibility for creating an enabling environment for better budget execution.
2. Government-wide budget reforms must provide tailored solutions for the health sector, with a recognition that health budgets are characterized by sensitivity to health emergencies, uncertainty about health utilization, and varied financing arrangements.
3. Better health budget execution requires purposeful stakeholder engagement within and outside the Ministry of Health to gain acceptance and adoption of reforms.
4. Successful implementation of reforms requires capacity development at all levels of the health system.
5. Better health budget execution entails long-term commitment and investment.
6. These and other insights will be documented in a report due out by the end of 2022.

Budgetary Space for Health in Vietnam

Financing for Vietnam's health sector can be strengthened and sustained by using available resources as efficiently as possible. This year, LHSS identified opportunities for the government to increase revenue, generate savings, and spend more effectively on health, particularly primary health care. Based on a review of Vietnam's budget preparation process, we suggested several steps to strengthen the process and create budgetary space – including having the National Assembly allocate only the central budget while giving the People's Councils more authority over local budgets; updating budget line items to prioritize preventive health care, grassroots care, and medical facilities in disadvantaged areas; and clearly delineating health services to be covered by the State budget, the health insurance fund, and out-of-pocket payment.

We also suggested strategies for using pro-health taxes to raise additional revenue, some of which could be allocated to the health sector. The strategies included introducing a tax on sugar-sweetened beverages, increasing ad valorem tax rates, and shifting to a mixed pro-health tax structure – all of which would increase government revenues and reduce consumption of tobacco, alcohol, and sugary drinks. LHSS also suggested engaging reform coalitions to move the pro-health tax agenda forward, and strengthening bureaucrats' skills in implementing tax regulations and maximizing tax collection.

Next, LHSS will facilitate stakeholder workshops to prioritize the various recommendations. The ultimate goal: success for Vietnam's efforts to improve population health in the context of constrained budgetary space.

A health worker checks medical inventory at the Thai Nguyen Provincial Lung Hospital in Vietnam.

Photo: Dao Ngoc Dung for USAID LHSS Project/Vietnam

OPTIMIZING USE OF RESOURCES





BUILDING RESILIENT HEALTH SYSTEMS

“We would like to extend our profound appreciation to the USAID Health System Sustainability Activity for its excellent technical support in establishing Rede de Saúde Timor-Leste, the country’s first health network dedicated to improving civic engagement and advocacy for health system strengthening.”

— Elisabeth Lina Araujo, Interim Executive Director of Timor-Leste’s NGO Forum (FONGTIL)

Three high-level USAID policy documents – the Vision for Health System Strengthening 2030, the Blueprint for Global Health Resilience, and the Joint Statement from USAID and International Organizations on the implementation of Primary Health Care – share a common theme: that health systems are resilient when they can adjust resources, policies, and focus to respond to critical health challenges.

In 2022, LHSS continued supporting partner governments and health stakeholders in promoting such resilience. As the emergency phase of the COVID-19 pandemic subsided in many settings, LHSS remained at the forefront of efforts to advance thinking on resilience, preparedness, and epidemic prevention. We developed a library of surge capacity guidelines and tools on the Health Security Net website, healthsecuritynet.org, to help partners plan for and respond to health emergencies. We continued supporting laboratory capacity strengthening in several LHSS countries, with an emphasis on positioning diagnostic systems capable of identifying multiple pathogens. We supported COVID-19 vaccination efforts at national and community levels, helping partners expand access and overcome vaccine hesitancy while strengthening local epidemiological surveillance systems.

In the coming year, LHSS will increasingly focus on sharing lessons from our rich experiences strengthening local resilience with USAID missions, partner governments, and local implementers.



A health worker administers a COVID-19 vaccine to a Kyrgyz woman.

Photo: USAID LHSS Project/Kyrgyz Republic

BUILDING RESILIENT HEALTH SYSTEMS

Transforming Vaccine Information Systems in Kyrgyz Republic

A health care system cannot function without a well-designed, well-managed, and functioning vaccine information management system. In Kyrgyz Republic, LHSS worked with the Ministry of Health, the Republican Center of Immunoprophylaxis, and other implementing partners to strengthen the programming and distribution of immunizations nationwide by replacing the paper-based vaccine tracking system with an updated digital system that unifies data for both COVID-19 and routine vaccines. Information generated by the new system will guide policy decisions and epidemiological analysis, while enabling health care providers and managers to accurately plan and track all aspects of vaccine coverage and logistics.

The new system captures core functionality data, including cold chain storage and distribution requirements during mass vaccination campaigns. Additional features include dashboards to help users visualize and report data, and an interactive map for delivery route planning. LHSS introduced this integrated immunization information system in pilot sites in Bishkek, laying the groundwork for the MOH to roll out at several vaccination hubs in the Chui region.

Expanding Access to Telemedicine in Ukraine

With Russia's invasion on February 24, 2022, and subsequent war, the need for a national telemedicine platform has never been more urgent. Many doctors have already fled the country and Russian forces continue to attack Ukraine's health care facilities. Due to safety risks, Ukrainians are discouraged from traveling from rural areas to larger cities to seek medical help.

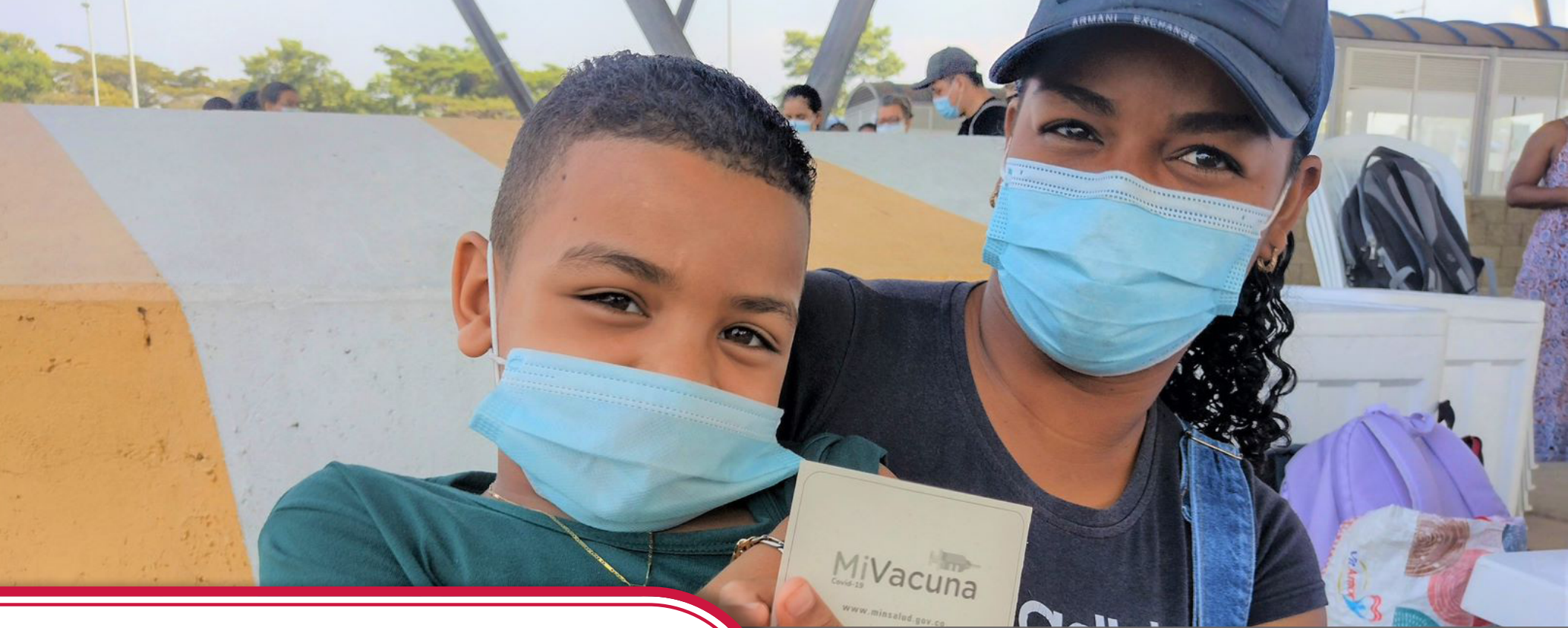
To address these challenges and strengthen the health system by sustainably, systematically increasing use of telemedicine, LHSS supported the Ministry of Health to create the country's first interagency working group focused on expanding access to telemedicine. The working group will analyze the status of telemedicine implementation in Ukraine; develop recommendations on organizational and technical solutions for telemedicine implementation; and convene state authorities to agree on priorities and improve policies on telemedicine development. By providing a structure to organize, govern, channel private sector engagement, and foster the expansion of access to quality care through telemedicine, the formation of the interagency working group is a major development in making healthcare services more accessible to the people of Ukraine.

A physician specialist uses telemedicine to consult remotely on a case.

Photo: USAID LHSS Project/Ukraine

BUILDING RESILIENT HEALTH SYSTEMS





A Venezuelan migrant and her child display the boy's COVID-19 vaccination card at an LHSS-supported vaccination event in Colombia.

Photo: USAID LHSS Project/Colombia

BUILDING RESILIENT HEALTH SYSTEMS

Evaluating Health Systems Strengthening in COVID-19 Response

LHSS is conducting qualitative evaluations and learning activities to understand the extent to which broader health systems strengthening activities and approaches have been integrated within the COVID-19 response and complementary existing health programming. Using complexity aware monitoring approaches such as outcome harvesting, LHSS aims to understand 1) the extent to which COVID-19 supplemental funding is leveraged to strengthen core health system functions inclusive of public health response and preparedness; 2) the role USAID plays in supporting and building the capacity of local actors (e.g., government and community leaders) to strengthen systems in preparation for future shocks or stressors; and 3) the effect of taking this approach on both COVID-19 response metrics and on broader health system dynamics and outcomes.

The Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) is a five-year (2019–2024) global activity funded by USAID as Task Order 1 under the Integrated Health Systems Indefinite Delivery/Indefinite Quantity (IDIQ) contract. The purpose of LHSS is to support achievement of USAID health systems strengthening priorities as a means to increase access to universal health coverage (UHC).

Working in low- and middle-income countries (LMICs) around the world with a focus on USAID’s 52 priority countries, LHSS supports local efforts to reduce financial barriers to health care, ensure equitable access to essential health services, and improve the quality of those services. By strengthening local capacity to sustain and continually improve health system performance, LHSS helps partner countries to transition away from donor support and advance on their journey to self-reliance.

Submitted to: Scott Stewart, Task Order Contracting Officer’s Representative|
Office of Health Systems
United States Agency for International Development, Bureau for Global Health

USAID Contract No: 7200AA18D00023 / 7200AA19F00014

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