Local Health System Sustainability Project

YEAR 1 ANNUAL REPORT

USAID
FROM THE AMERICAN PEOPLE

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ACRONYMS/ABBREVIATIONS

AMELP	Activity Monitoring, Evaluation, and Learning Plan
ASEW	Agency of Sanitary and Epidemiological Wellbeing
ASSIST	Applying Science to Strengthen and Improve Systems
BHA	Bureau of Humanitarian Assistance
CB-HIPP	Cross-Border Health Integrated Partnership Project
CCEH	Center for Communication and Education on Health
CO	Contracting Officer
COR	Contracting Officer's Representative
CPD	Continuing Professional Development
CQI	Continuous Quality Improvement
CSO	Civil Society Organization
DCDC	Department of Communicable Disease Control
DFS	Digital Financial Services
DHHP	Department of Health and Hygiene Promotion
DO	Development Objective
DR	Dominican Republic
ETICA	Eliminating Tuberculosis in Central Asia
FCDO	Foreign, Commonwealth, and Development Office
FDD	Food and Drug Department
GESI	Gender Equality and Social Inclusion
GOJ	Government of Jordan

ACRONYMS/ABBREVIATIONS

GS-NPC	General Secretariat National Social Protection Council
GVN	Government of Vietnam
HCP	Health Care Professional
HFG	Health Finance and Governance project
HiSP	Health Information Systems Program
HMIS	Health Management Information System
HRH	Human Resources for Health
HSA	Health Systems Assessment
HSR	Health System Resilience
ICU	Intensive Care Unit
IDIQ	Indefinite Delivery/Indefinite Quantity
IGAD	Intergovernmental Authority on Development
IHAP	Inclusive Health Access Prize
IHI	Institute for Healthcare Improvement
IOM	International Organization for Migration
IPC	Infection Prevention and Control
IRB	Institutional Review Board
JLN	Joint Learning Network
LAC	Latin America and Caribbean
LHSS	Local Health System Sustainability Project
LMIC	Low and Middle Income Country
MDT	Multidisciplinary Team

ACRONYMS/ABBREVIATIONS

MEL	Monitoring, Evaluation, and Learning
MERL	Monitoring, Evaluation, Research, and Learning
MOF	Ministry of Finance
MOH	Ministry of Health
MTaPS	Medicines, Technologies, and Pharmaceuticals Services
NQPS	National Quality Policy and Strategy
OCB	Organizational Capacity Building
OFDA	Office of Foreign Disaster Assistance
PCR	Polymerase Chain Reaction
PFM	Public Financial Management
PGS	Partner Government System
PHA	Private Hospitals Association
PHC	Primary Health Care
PMI	President's Malaria Initiative
PRA	Paperwork Reduction Act
PSE	Private Sector Engagement
QHS	Quality Health System
QI	Quality Improvement
QOC	Quality of Care
R4D	Results for Development
RCCE	Risk Communication and Community Engagement

ACRONYMS/ABBREVIATIONS

RIGO	Regional Intergovernmental Organizations
RMNCH	Reproductive, Maternal, Newborn, and Child Health
SAI	Servicios de Atención Integral
SDOH	Social Determinants of Health
SHA	System of Health Accounts
SHI	Social Health Insurance
SO	Sub-Objective
SOP	Standard Operating Procedure
TA	Technical Assistance
TO	Task Order
TRG	Training Resources Group
TWG	Technical Working Group
UHC	Universal Health Coverage
VRIO	Venezuelan Response and Integration Office
VSS	Vietnam Social Security
WHO	World Health Organization


1. PROJECT AT A GLANCE

The **Local Health System Sustainability Project (LHSS)** started on August 29, 2019 with the award of the five-year $209 million first Task Order (TO) under the Integrated Health System Indefinite Delivery/, Indefinite Quantity (IDIQ) contract. Its goal is to support achievement of USAID health systems strengthening (HSS) priorities as a means to expand access to universal health coverage (UHC). Our over-riding objectives are to increase financial protection, population coverage, and service coverage of essential quality services in up to 52 low- and middle-income countries (LMICs) globally.

This first annual report provides a summary of the project's work, including some reflections on early lessons and successes. The annexes contain detailed reports on the progress of LHSS LHSS across all activities.

LHSS approach: During Year 1, we focused on integrating our cross-cutting strategies—gender equality and social inclusion (GESI), scale up of local capacity, and monitoring, evaluation, and learning (MEL)—within our overall technical approach. This has involved collaborating with local actors to ensure we implement our work in a way that strengthens and leaves behind systems that are flexible, evolving, and responsive.

Core work: LHSS 'core' or global work provides USAID missions, governments, and in-country partners with the knowledge and tools to reach nationally defined goals for financial protection, equitable service coverage, and improved quality of essential services—see text box.; See also **Section 3.3.1** for a summary; more detail is provided in **Annexes 1 and 2**.

LHSS Core Work

Resource optimization—priority setting, budget execution, pharmaceutical expenditures, and USAID's 'common approach' to health financing

Promoting equitable access—digital financial services, workforce education on social determinants of health, and behavioral elements of equitable financial protection

Advancing quality of care—national quality policies and strategies (NQPS), and measuring quality

Supporting private sector engagement (PSE)—Inclusive Health Access Prize Winners (IHAP) and President's Malaria Initiative (PMI)

COVID-19 work: LHSS was asked in February 2020 to support the USAID response to the COVID-19 pandemic. During Year 1, LHSS provided surge support in Laos and five Central Asian countries (Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan). In Jordan, Colombia, and Dominican Republic (DR), we undertook urgent COVID-19 tasks to complement existing country work plans. In Uzbekistan, Colombia, and DR, we received additional funds for facility assessments and training on critical care and the use of ventilators. See **Section 3.3.2** for a summary.

Country and regional work: In Year 1, LHSS rapidly expanded our work to 15 country and three regional activities. See **Section 3.3.3** for a summary; more detail is provided in **Annex 3**.

Funding: LHSS started operations rapidly, with several indications of multi-year buy-ins from missions globally. In Year 1, we received obligations of over $36.5m, of which 57 percent is already spent or committed. Most of this (82 percent) is for country work either for missions (46 percent) or for COVID-19 (36 percent).

Early learning: Much has been learnt already, particularly around helping health systems respond to COVID-19. To capture our lessons, we analyzed our work in alignment with USAID's new vision for HSS:

Equity—LHSS is addressing intersectional vulnerabilities, notably for women and children; giving visibility to displaced groups; strengthening governance and financial solidarity mechanisms by strengthening social insurance plans; and reducing stressors to allow health systems to adapt.

Quality—LHSS is responding to the absence of adequate assessment of financing, community engagement, and evaluation/learning through a

LHSS Country and Regional Work

Asia and the Middle East

- **Jordan**—supporting the government to improve health care professional (HCP) competencies to deliver quality services.
- **Cambodia**—working with General Secretariat National Social Protection Council (GS-NSPC) to improve domestic resource efficiency to strengthen social health protection.
- **Vietnam**—working with key stakeholders to increase domestic funding and management responsibility for HIV/TB.

Africa

- **Zimbabwe**—conducting a health systems assessment (HSA).
- **East Africa**—improving risk management through policies and partnerships to benefit cross-border/mobile populations.

Latin America and the Caribbean (LAC)

- **LAC**—working with the USAID regional bureau to increase country capacity to implement social health protection platforms for women in high-migration contexts.
- **Colombia**—working with the Ministry of Health (MOH) to increase access to care for migrants and receptor communities, and strengthen the health system's resiliency to respond to COVID-19.
- **DR**—strengthening governance, management, and quality of HIV services, and supporting the national COVID-19 response.

global review of NQPS; these are potential drivers to improve service quality, along with the need for continuous quality improvement that emphasizes a 'no-blame' culture.

Resource optimization—LHSS is implementing core and country activities to strengthen local capacity to generate domestic resources and then make fair, transparent, and evidence-informed decisions about how best to use them to address national priorities.

Health systems resilience (HSR)—LHSS has been directing rapid emergency response efforts for COVID-19 towards long-term HSR and broad pandemic preparedness.

Private sector engagement (PSE)—LHSS is being asked across most of its work to include the private sector in baseline assessments, and explore PSE to expand health system capacity.

Digital transformation—LHSS has embedded digital transformation across all of its work to identify, select, and create solutions either to improve health support systems or transform services.

Sustainability and transition: LHSS has started developing local partner transition and sustainability plans in all its country and regional work. This will ensure mutual accountability, a shared understanding of capacity needs, and a vision for transition. See **Section 5** for more detail.

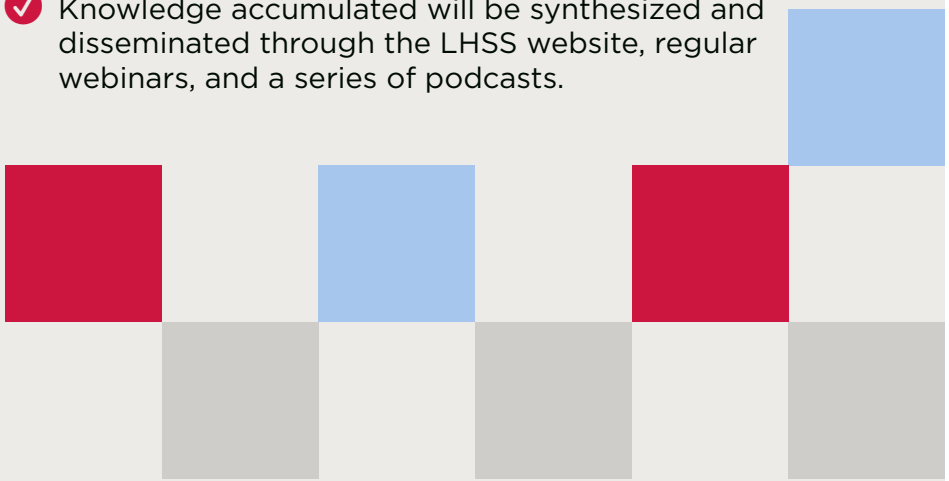
MEL: LHSS has developed a robust digital mechanism that provides data for learning and monitoring progress globally. We initiated our learning agenda through agreement on key questions to be answered through LHSS. Regular 'pause and reflect' sessions are now routine at global and country levels. See **Section 6** for more detail.

GESI: Our GESI strategy is being implemented, with a statement of commitment agreed across the LHSS team, GESI orientations conducted for all staff, and GESI assessments underway to inform our work. See **Section 7** for more detail.

Success Stories: Although this report covers the first year of implementation, LHSS has already demonstrated success in achieving results and impact, especially as part of USAID's emergency response to COVID-19. Throughout the report, we document some of our success stories.

Looking Ahead to LHSS Year 2:

- Year 2 work plan has been approved, continuing core, regional, and country work as agreed in Year 1.
- New core areas have been added—e.g., COVID-19 learning on scaling up and supply chains for Family Planning.
- Preparations are underway for new countries—Timor Leste, Bangladesh, and Madagascar.
- Knowledge accumulated will be synthesized and disseminated through the LHSS website, regular webinars, and a series of podcasts.





2. INTRODUCTION

2.1. The LHSS Project

LHSS is a five-year (2019-24) global activity funded by USAID as TO1 under the Integrated Health Systems IDIQ contract. The purpose of LHSS is to support achievement of USAID HSS priorities as a means to expand access to UHC.

Working in LMICs around the world with a focus on USAID's 52 priority countries, LHSS is helping countries transition away from donor support by strengthening local capacity to finance, provide equitable access to, and ensure the quality of primary health care (PHC) services. This is being achieved in line with USAID's Vision for Health Systems Strengthening 2015-19[1] and USAID's Journey to Self-Reliance.[2] The three objectives of LHSS are to:

1. 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 when they do.

2. Increase population coverage—ensure equitable access to essential services, including for poor, under-served, and socially excluded populations. Ensure that health services are accountable for meeting all clients' needs, and that clients are satisfied with those services.

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

The LHSS results framework in **Annex 4** demonstrates how the project will contribute to USAID's HSS development objectives (DOs), and depicts a causal pathway from outputs to sub-objectives (SOs) and objectives, desired outcomes, and ultimate impact. **Annex 4** also includes links between core and field-funded project activities and the LHSS results framework.

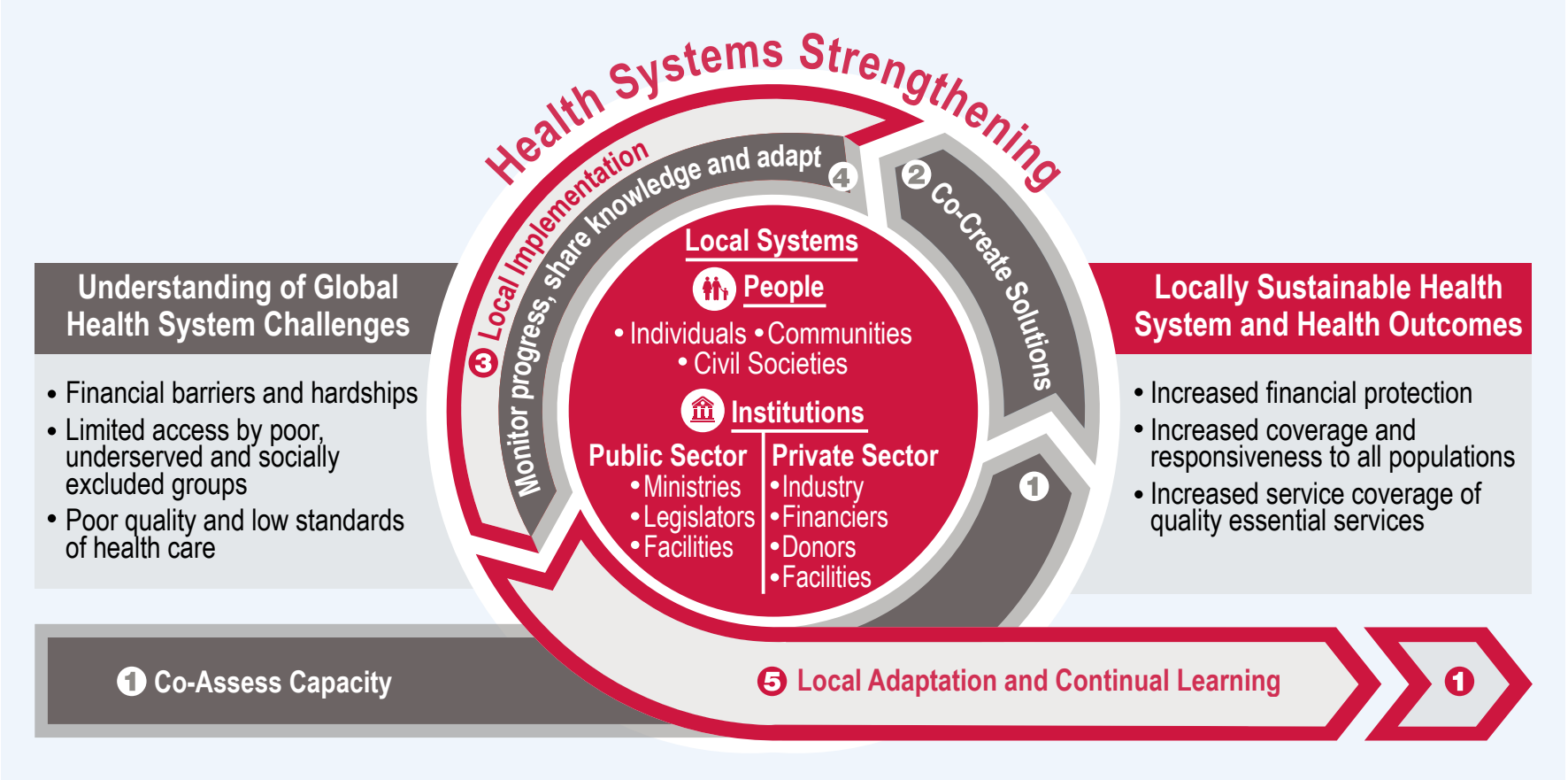
2.2. LHSS Approach

During Year 1, the project integrated the cross-cutting strategies—GESI, scale up of local capacity, and MEL—into the LHSS approach. Integration of these strategies enhances the project`s effectiveness to collaborate with local systems (individuals, institutions, and their relationships), so that implementation strengthens and leaves behind systems that are flexible, evolving, and responsive.

1 https://www.usaid.gov/sites/default/files/documents/1864/HSS-Vision.pdf
2 https://www.usaid.gov/selfreliance

As shown in the figure, LHSS provides guidance to country teams to build a collaborative environment with local actors and counterparts, enabling a continuous learning cycle of co-assessment of systemic problems, co-creation of contextualized solutions based on an understanding of stakeholders' interests and power dynamics, and locally-owned implementation processes alongside MEL. Ultimately, the LHSS approach ensures that local actors are in the driving seat of their own journey to self-reliance.

The LHSS Approach to Local Health System Sustainability





3. OVERVIEW

The purpose of this section is to provide an overview of project progress during Year 1. More detail is provided in the annexes to the report—the appropriate annex is cross-referenced in each sub-section below.

3.1.Project Start-up

Following award of the contract to Abt at the end of August 2019, the first priority was to set up management structures, particularly the Senior Management Team. The Senior Management Team oversees programs and operations, and ensures excellence in our technical response and learning.

In addition to developing our LHSS approach (see **Section 2.2**), we completed the Grants Manual and Environmental Compliance Plans. Together with our cross-cutting strategies and accompanying plans, these were key to guiding our first year's work and refining our overall technical implementation approach.

Technical work started with a request from the USAID Office for Health Systems to take forward core work in seven areas. This allowed us to develop working relationships with the USAID activity managers overseeing each area. The core work was extended to another five areas, and accompanied by directed core work from PMI and the USAID Population Office in Washington (See **Section 3.3.1**).

Country work started with requests from Jordan and Colombia, and was accompanied by early visits to develop key relationships and define priorities and approaches with USAID missions. By the end of the year, we were working with 15 country missions and three regional bureaus, with work plans approved in all but three of these. LHSS work was dominated from February 2020 onwards with USAID's response to the global COVID-19 crisis in nine countries.

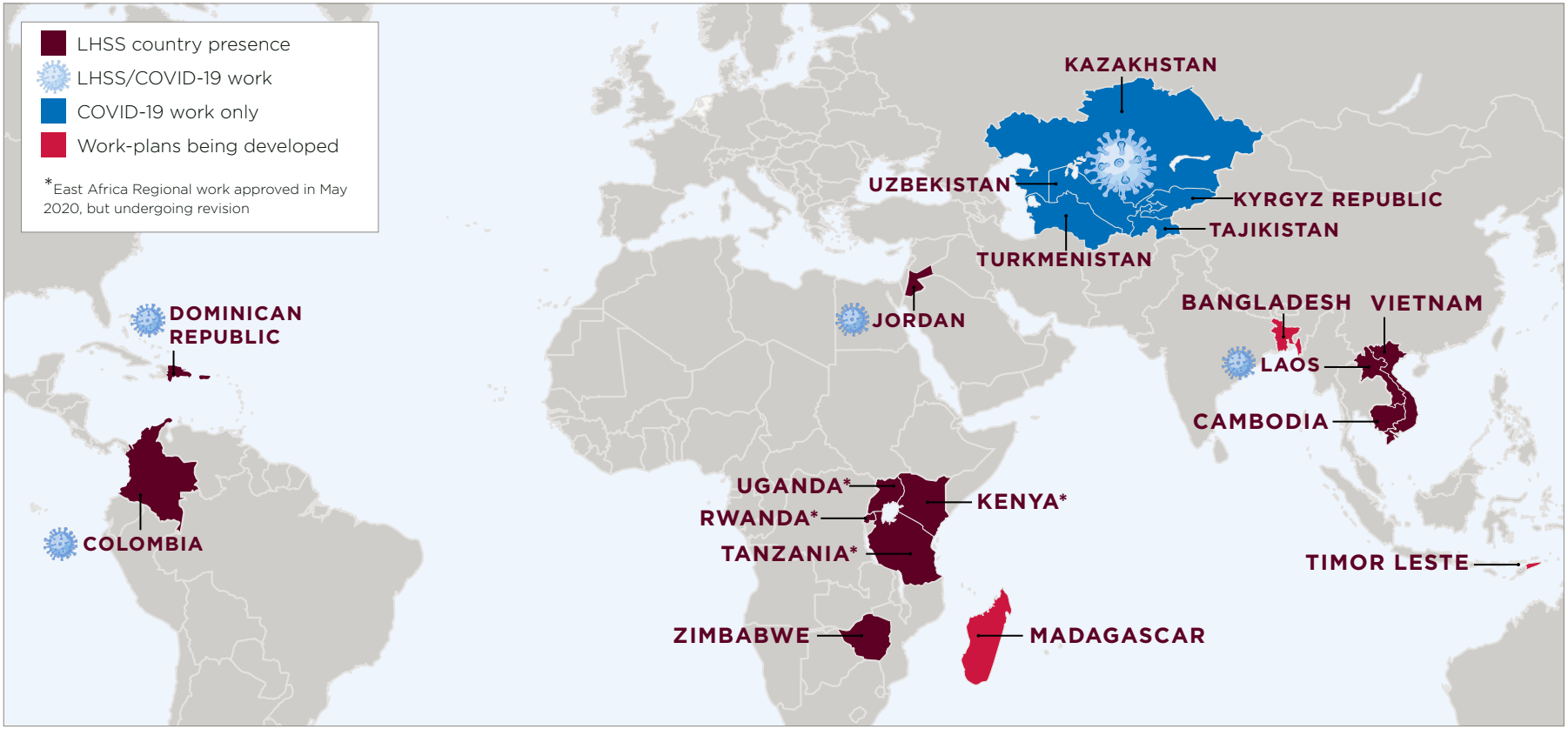
Rapid project start-up was possible through the work of LHSS operations and finance teams working remotely across the world, with support from legal, procurement, recruitment, IT, banking, and tax experts in Abt's head office.

Relationships with the Contracting Officer (CO) and Contracting officer's Representative (COR) teams were key to successful start-up. Weekly calls with the COR team are used to clarify and resolve operational issues, supplemented by frequent communications and approvals from the CO. Monthly progress reports are accompanied by half-day sessions to 'pause and reflect' on what has been learnt and where adaptations in approach may be required.

Laboratory specialists at the National Center of Expertise in Almaty hold boxes of supplies needed to conduct PCR tests for COVID-19. The materials were procured through the LHSS Project and delivered to the Kazakhstan Ministry of Health in June.

Photo: USAID Central Asia

3.2. Where We Work



3.3. Activities Summary

Year 1 activities are grouped below under three headings—core/global, countries/regions, and COVID-19. More detail is provided in **Annex 1** (Core Activities), **Annex 2** (Directed Core Activities), and **Annex 3** (Field Support Activities). This section also contains a summary of our partnerships and funding during Year 1.

3.3.1. Core/Global Activities

The LHSS 'core' or global work provides USAID missions, governments, and in-country partners with knowledge and tools to reach nationally defined goals for financial protection, equitable service coverage, and improved quality of essential services. In Year 1, LHSS implemented core activities in several countries, including Burkina Faso, Nigeria, Cameroon, Senegal, India, DRC, Cote d'Ivoire, Liberia, and Uganda. A summary of the core portfolio is provided below; more detail is provided in **Annex 1**, and emerging lessons are presented in **Section 4**.

3.3.1.1 Supporting Resource Optimization

- LHSS is supporting country efforts to **mobilize and use scarce resources efficiently, effectively, and transparently** to meet population health needs. This is being achieved by identifying promising practices for institutionalizing explicit national priority-setting processes in different country contexts. Many governments lack an explicit and accountable way of setting national priorities for the health sector. As a result, resources are often allocated in ways that do not reflect the needs and values of the population as a whole, and progress towards national health and development goals, such as UHC, is reduced.

- LHSS is identifying successful MOH efforts to increase budget execution and share lessons. MOHs often want to **increase budget execution** to free resources for health services, but need strengthened capacity to effectively absorb public funding.

- LHSS is producing a practical resource on **pharmaceutical expenditure tracking** to accompany the System of Health Accounts 2011 tool and help governments plan for sustainable financing. Pharmaceuticals are a major part of health spending, but governments and their partners often lack the data to make informed decisions about how much funding to allocate to them.

- LHSS will support **implementation of USAID's "common approach"**, a cohesive method for working with host country governments to efficiently increase resource levels for the health system. Although USAID-supported countries often need additional revenues, donor-supported programs can fragment host country health financing systems and force governments to manage multiple donor priorities.

3.3.1.2 Promoting Equitable Access

- LHSS is collecting evidence to enable policy makers, donors, and program managers to invest in digital solutions with proven impact in advancing social equity and expanding UHC. While **digital financial services** – financial services accessed and delivered through the internet, mobile phones, and other digital channels – can expand financial inclusion, less is known about their impact on protecting vulnerable people from impoverishing health care costs or improving health system performance. Furthermore, evidence suggests that digital financial services can unintentionally exclude vulnerable populations.[1]

- LHSS is documenting successful efforts to integrate **social Determinants of Health (SDOH)** into health workforce education to inform USAID, development partners, MOHs, and professional and educational associations as they design training and ensure a more impactful approach to health care provision. SDOH are usually focused on behaviors and interventions outside the formal health sector (e.g., early childhood development, education, and employment). However, health workers delivering care need to be aware of all these aspects to achieve the best outcomes for their patients.

- LHSS is exploring the contextual, behavioral change, and political economy constraints that need to be overcome, and identifying promising approaches to ensure more **equitable financial protection**, particularly for underserved and socially excluded populations. Countries commonly focus on addressing the financial barriers to enrolling the poor and most vulnerable in financial protection schemes, but other challenges exist related to population behaviors.

1 Jennings L., Omoni A., Akerele A., Ibrahim Y., and Ekanem E. 2015. Disparities in mobile phone access and maternal health service utilization in Nigeria: a population-based survey. Int. J *Med Inform.* 84: 341–8

3.3.1.3 Advancing Quality of Care

- LHSS is packaging new and existing tools and resources in user-friendly formats to help governments operationalize their quality strategies, and creating opportunities for countries to learn from each other's successes in solving quality challenges. Many countries have adopted **national quality policies and strategies (NQPS)** as an important step toward ensuring that the services provided through their health systems are of high quality.
- LHSS is working to advance quality of care (QOC) through improved measurement tools and better coordination to help countries **measure quality and evaluate** progress made under their NQPS. In collaboration with USAID and other stakeholders, LHSS will leverage existing USAID QOC activities to examine quality measurements in reproductive, maternal, newborn, and child health (RMNCH), identify linkages, and propose a cohesive set of systems-wide indicators that can be incorporated into existing quality assessment tools and resources. This will support USAID and its partner countries to improve oversight and accountability of all actors delivering RMNCH care.

3.3.1.4 Supporting Private Sector Engagement

- LHSS is providing technical assistance (TA) and support to **IHAP winners** to support them to scale up their services to reach more people sustainably. In 2019, USAID awarded cash prizes to five entrepreneurial businesses in West Africa and India that demonstrated evidence-based solutions to increase the accessibility, affordability, accountability, and reliability of essential health care.
- LHSS is supporting PMI in its strategic efforts to **expand country-level engagement with private sector actors** in alignment with USAID's PSE Policy. The goal is to increase country self-reliance to maintain gains in malaria control, and work towards sustainable malaria elimination. LHSS is conducting a comprehensive landscape review of relevant private sector activities in selected PMI priority countries to identify practical recommendations on potential strategic partnerships and tools.

3.3.2. Country/Regional Activities

In Year 1, LHSS worked in 15 countries, in addition to three regional activities. These are summarized below. More detail is provided in **Annex 3**, and emerging lessons are presented in **Section 4**.

3.3.2.1 Asia/Middle East Region

Jordan

The LHSS Continuous Professional Development (CPD) activity supports the Government of Jordan's (GOJ's) efforts to improve HCP competencies to deliver quality health services. In April 2018, the GOJ enacted a mandate to relicense all 169,000 HCPs by 2023. This bylaw requires all licensed HCPs to complete a minimum number of CPD hours every five years to renew their license. LHSS began activities early in the fiscal year to support USAID's efforts to establish the Partner Government System (PGS) Award for CPD. Addressing the enabling environment, LHSS began strengthening the capacity of the MOH to institutionalize CPD through working with USAID and the MOH directorates to expand on their work plans to activate the CPD bylaw in Jordan.

CPD milestones under the PGS were costed and an MOH CPD taskforce established. A pause was initiated in April 2020 by USAID Jordan to address COVID-19. However, LHSS Jordan worked on and submitted a draft CPD workplan for FY21 at the end of FY20, which will be initiated soon.

Cambodia

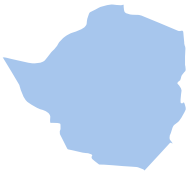
LHSS in Cambodia will work in partnership with USAID, the GS-NSPC, and provincial governments to improve the health status of vulnerable populations. In Q4, USAID requested LHSS to consider a scope of work focused on high level capacity building and improved domestic resource management. Consultations took place over several weeks, the chief of party and other key staff were identified and recruited, and operational support initiated to establish an office in Cambodia. The team prepared a final work plan, which USAID approved for work to commence on October 1, 2020. The goal is to contribute to improved efficiency and effectiveness of domestic resources to strengthen social health protection.

Vietnam

LHSS is providing TA to the Ministry of Finance (MOF), Vietnam Social Service (VSS), and the MOH to address challenges facing Vietnam in meeting current and future health demands. Upward pressure on health spending has put Vietnam's ability to meet current and future health demands at risk, particularly as development partners seek to reduce support for programs that traditionally have relied on external funding. The Government of Vietnam (GVN) has made significant achievements in increasing its own funding and management responsibility for HIV and TB responses. However, in 2019, 52 percent of HIV funding and 62 percent of TB funding was donor supported. While most provinces are using their local budgets to cover SHI premiums and/or ARV co-payments, seven do not, but should. This highlights the need to mobilize domestic funding and improve government financial management systems. At the same time, PEPFAR and the Global Fund have transitioned the procurement and distribution of ARVs to the GVN, to be managed by VSS, the MOH, and the provinces. This transition, combined with the transition from central to SHI funding for ARVs, entails changes in policies and procedures, and demands capacity among GVN actors.

3.3.2.2 Africa Region

Zimbabwe



LHSS is conducting an HSA covering Zimbabwe's human resources for health (HRH), financing, governance, commodities, service delivery, and information systems. The Zimbabwean health system has been under pressure for several months, triggered by the deteriorating economic situation. Anecdotal information on the impact of the economic crisis on HRH and other system elements is plentiful. Infrastructural issues are also readily identifiable, including limited health commodities, high fuel prices, and rationed electricity. USAID and the UK's Foreign, Commonwealth, and Development Office (FCDO) are working with the Government of Zimbabwe to develop an evidence-based, system-wide analysis of the situation. LHSS submitted a zero draft of the HSA for mission review. The draft outlined preliminary findings, including strengths and weaknesses in the health system, and

highlighted significant data gaps that, along with COVID-19 impacts, need to be addressed during fieldwork. Due to COVID-19, fieldwork has been postponed at the mission's request until early 2021.

East Africa

The LHSS activity in East Africa aims to improve risk management by catalyzing East African-led health policies and partnerships to benefit cross-border and mobile populations. The East Africa region experiences an influx of people moving across or living at land or water borders. These populations are affected by high rates of maternal and child morbidity and mortality, stunting, and food insecurity. Controlling disease and accessing essential services is difficult given the constrained ability to collect migration statistics and provide continuity of care. This context demands a collaborative and multi-sectoral approach that leverages the strengths and capacities of existing regional institutions. The goal of the LHSS activity in East Africa is to increase access to and use of affordable and quality health care in cross-border areas. Work plan development is nearly complete.

3.3.2.3 Latin America and Caribbean Region

Latin America and the Caribbean Region

LHSS will provide TA to increase the capacity of two countries to adapt, finance, and implement appropriate social health protection platforms for women in high-migration contexts. The Latin America and Caribbean (LAC) region is facing an unprecedented migration crisis,[1] characterized by both intra- and extra-regional migration,[2] with increasing numbers of women represented in both types of migration flows.[3] Extending social health protection to ensure coverage of women in high-migration contexts is essential for mitigating the lack of access to health services and the health impacts of migration on women. This will require the design of financing and policies to improve, operationalize, and mobilize adequate resources for gender-sensitive social health protection, and to mobilize adequate resources to expand and sustain coverage. LHSS will identify promising practices and lessons learned from LAC and globally with social health protection platforms in high-migration contexts. The LHSS 15-month work plan for this activity was approved in September 2020, and is in start-up phase of finalizing the MEL, developing the study design, identifying local partners, and working with USAID to further define the target population.

Colombia

LHSS is helping Colombia: 1) increase access to high quality and appropriate health care services for migrants and receptor communities; and 2) strengthen the health system's resilience to respond to current and future shocks, including the COVID-19 pandemic. The Colombian government faces the dual challenge of providing social services to the nearly two

1 Axel van Trotsenburg, "Facing an Unprecedented Migration Crisis in Latin America and the Caribbean," El País América, March 29, 2019. https://www.worldbank.org/en/news/opinion/2019/03/29/america-latina-y-el-caribe-frente-a-una-crisis-migratoria-sin-precedentes

2 Rodolfo Córdova Alcaraz, "Migratory Routes and Dynamics between Latin American and Caribbean (LAC) Countries and between LAC and the European Union," edited by Adriana Detrell, Olivier Grosjean, and Tamara Keating (paper for the International Organization for Migration [IOM], Geneva, 2012). https://publications.iom.int/system/files/pdf/migration_routes_digital.pdf

3 IOM, "World Migration Report 2020." IOM, Geneva, 2019. https://publications.iom.int/system/files/pdf/wmr_2020.pdf

Shown in August, these LHSS-supported Rapid Response Team members assisted with epidemiological surveillance for COVID-19 in Cartagena de Indias, Colombia.

Photo: LHSS Project – Colombia

million migrants fleeing Venezuela due to social, political, and economic instability, while also responding to the COVID-19 pandemic. Colombia's constitution grants everyone the right to health care, and the government has committed to integrating migrants into the health system without overburdening receptor communities. Concurrently, the COVID-19 pandemic is straining an already resource-constrained health sector. LHSS initiated research to inform policy to expand care to migrants, completed financial analysis of the cost of expanding care to migrant groups, and developed strategies to strengthen primary and community care. The financial study presents different scenarios for health service coverage of migrant populations, and has already proven instrumental in helping MOH define key aspects of a national migrant health policy. LHSS has also deployed 125 experts and health workers to work in Rapid Response Teams on the COVID-19 response across the country; strengthened the COVID-19 surveillance system by building human resource capacity; improved HRH planning and management for future emergency detection and response systems; and built capacity to treat critical care patients who may need ventilator support.

Dominican Republic

The LHSS activity in DR is: 1) strengthening governance, management, and quality of HIV service delivery at the facility and community levels; and 2) supporting the government to address the national COVID-19 epidemic through deployment of 50 mechanical ventilators donated by USAID, and improving intensive care case management capacity. DR has made considerable progress in its national HIV response over the past 10 years. Through strong national coordination and ownership, along with the decentralization of service delivery through *Servicios de Atención Integral* (SAIs)[1] and community-based and mobile services, the country has doubled ART coverage.[2] However, significant gaps remain in achieving the 95-95-95 targets,[3] and fully implementing Treat All. However, significant gaps remain in achieving the 95-95-95 targets, and fully implementing Treat All. The LHSS work plan (approved in August 2020) contains support to the government to operationalize and supervise global standards of HIV clinical care at the facility and community levels, ensuring Focus Clients (individuals of Haitian descent residing in the DR)[4] have access to quality services. The national election delayed the start-up of HIV activities. However, COVID-19 response work commenced with LHSS drafting training materials and standard operating procedures for critical care patients.

3.3.3. COVID-19 Activities

In late 2019, USAID issued a call for LHSS to respond to the emerging COVID-19 crisis within its existing results framework. In spite of the disruptions caused, LHSS was able to successfully pivot and incorporate a COVID-19 response in our approach. This section provides a brief overview of the support provided to date and a summary of key results.

In February 2020, USAID issued a call for LHSS to respond to the emerging COVID-19 crisis within its existing results framework. In spite of the disruptions

1 HIV units that provide the full range of prevention and treatment services.
2 HIV Sustainability Index Dashboard (SID) 2019.
3 That target is 95 percent of people living with HIV knowing their HIV status; 95 percent of people who know their status on treatment; 95 percent of people on treatment virally suppressed by 2030.
4 PEFPAR COP 2020

caused, LHSS was able to successfully pivot and incorporate a COVID-19 response in our approach. This section provides a brief overview of the support provided to date and a summary of key results.

LHSS is providing emergency support to Lao People's Democratic Republic and five countries in Central Asia (Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan). In addition, Jordan, Colombia, and DR added urgently needed COVID-19 tasks to their existing country work plans. In Uzbekistan, Colombia, and DR, LHSS received additional funds and is conducting facility assessments, and supporting clinical training on critical care and the use of ventilators; ventilators were funded by USAID and delivered in September 2020. LHSS COVID-19 work in these nine countries is aligned with country-led response plans, and organized around the COVID-19 emergency response pillars: preparedness/prevention, detection/diagnosis, case management, and long-term resilience.

In FY20, COVID-19 activities resulted in many successes. These include: 1) **a coordinated, strategic approach to procurement** of over $4.7million in equipment, materials, and supplies which will not only provide an immediate response to the pandemic by improving rapid response capacity, but also strengthen long-term resilience for country health systems in areas such as improved laboratory capacity; 2) **improved the skills** of over 3,500 individuals—master trainers, front line laboratory workers, PHC workers, private sector pharmacists, and members of civil society organizations in surveillance and case finding, critical care management, risk communication, preparedness, and response; and 3) **provided a cadre of experts** in nine countries establishing LHSS as an active partner in the pandemic response.

SUCCESS STORY

Training of Trainers to Tackle COVID-19 in Kyrgyzstan

As part of the preparation plan for a possible second wave of COVID-19 infections, the MOH in the Kyrgyz Republic developed and approved a training concept note and training program for a multidisciplinary team (MDT) of doctors and nurses on COVID-19 with the support of LHSS. Based on a "training of trainers" model, doctors from various specialties are acquiring the knowledge and skills necessary to train other doctors in providing quality care to COVID-19 patients.

The first certified national-level MDT in Bishkek consisted of 17 doctors and 11 nurses, whose training took place from September 14 to 19, 2020. The training of a second national-level MDT in Osh took place from September 21 to 26. The MDTs included motivated doctors with experience working in "red zones" in the country: pulmonologists, infectious disease specialists, resuscitators, cardiologists, pediatricians, obstetricians-gynecologists, endocrinologists, psychologists, and other specialists. Leading experts in various fields of medicine were involved as trainers and teachers under the coordination of professors T.M. Sooronbaeva and A.Z. Kutmanova. The MOH plans to train and prepare another seven mobile MDTs in each region of the country.

This program is creating an effective system of continuing education for doctors and nurses, and a stable MDT network in all regions of Kyrgyzstan. The approach is helping strengthen human resources, providing better preparedness in pandemic response, and improving the quality of COVID-19 medical care.

MDT training of doctors and nurses in Osh City

3.4. Partnerships

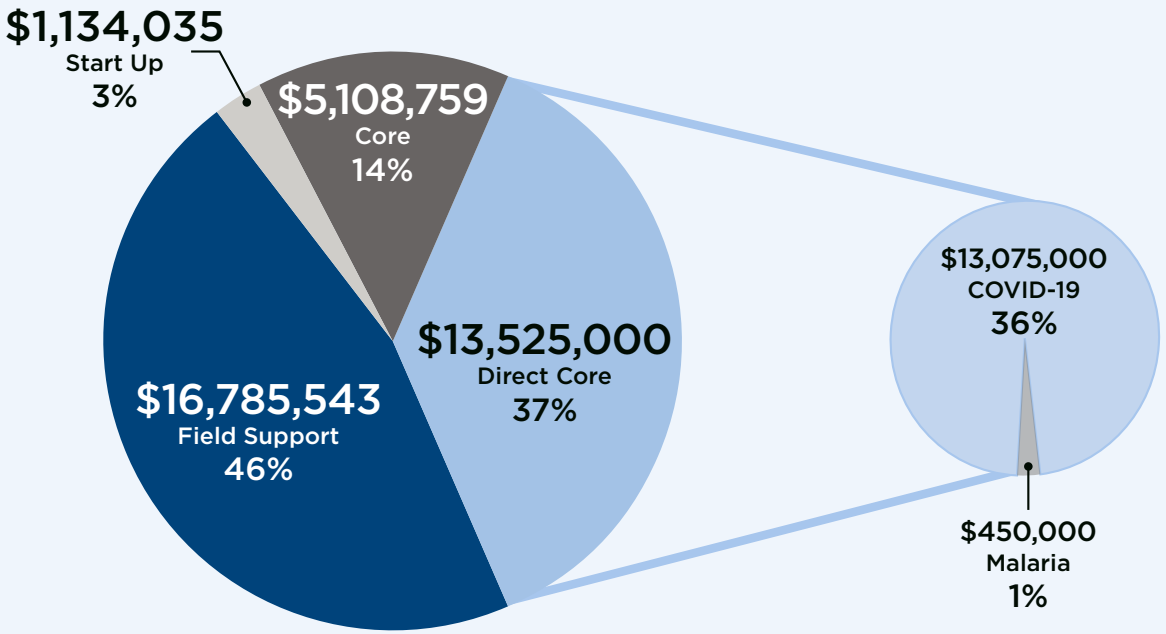
The LHSS consortium originally consisted of Abt Associates and 12 partners—Avenir, Banyan, Harvard, Health Information Systems Program (HiSP), Institute for Healthcare Improvement (IHI), Initiatives, Internews, McKinsey, Results for Development (R4D), Save the Children, The Net, and Training Resource Group Inc. (TRG). However, Initiatives has withdrawn from the partnership due to its closure. The consortium agreed on a set of partnership principles in the first few months of the project, which Abt will use to monitor and guide engagement. By the end Year 1, Abt had work underway with 10 partners. The partners meet on a three-monthly basis, and all LHSS partners are briefed about new buy-in opportunities as they arise. More important is the collaboration and partnerships in-country, laid out in activity work plans and sustainability and transition plans.

In addition, LHSS has three grants in place in Jordan, and two sub-contracts with local partners (Laos and DR); we expect this to grow substantially in Year 2.

3.5. Funding

LHSS had received obligations equal to $36,553,337 by September 30, 2020 from USAID. The total obligation received from the Core Cross Bureau is $5,108,759; start-up funding $1,134,035; field support $16,785,548; and core directed $13,075,000, from which $13,075,000 has been obligated to support COVID-19 and $450,000 malaria activities.

LHSS Funding Yr 1
$36,553,337





4. EARLY LEARNINGS AND PROMISING PRACTICES

In alignment with USAID's vision for HSS, and building on the early formulation of LHSS learning questions, we analyzed both our core and country work related to: 1) the achievement of equitable access; 2) quality of care; 3) resource optimization; and 4) health system resilience. This is discussed below. In addition, this section highlights opportunities for PSE and digital transformation to foster HSS outcomes in our country activities.

4.1. Equity

Equity is central to achieving UHC, the Sustainable Development Goals, and the upcoming new vision of USAID's Office for Health Systems for HSS. It is also central to the mandate of LHSS. LHSS is working with governments, regulatory bodies, and social insurance systems to strengthen existing capacity and structures to build sustainable financing platforms, based on recognition of the evidence for UHC's lasting impact on structural inequities. LHSS Year 1 efforts to address equity include: addressing intersectional vulnerabilities, notably for women and children; giving visibility to displaced groups falling through the cracks of host and origin countries; strengthening governance and financial solidarity mechanisms through social insurance strengthening plans; and reducing stressors to allow health systems to adapt.

4.1.1. Key Questions

How can governments respond to the structural inequity weighing on displaced populations across borders? How can governments develop inclusive migrant health policies that take into account diverse types of migrants and their needs?

These are the dominant questions that nascent LHSS Year 1 activities in Colombia, the LAC region, and East Africa are addressing. They are complex problems where multiple issues are intertwined: loss of the social connections and institutionalized rights to health in a country of origin; structural and financial barriers to access to care in the new

country; and transience and instability, which are compounded by financial insecurity, and personal and household stress. National political agendas in receptor/host countries add the complexity of status determination of displaced populations—whether considered refugees under international law statutes or migrants. Threats are amplified by intersectional factors—poverty, gender, and ethnic tensions—sometimes pre-existing or provoked by the arrival of a new population. The crisis in Venezuela in particular has had a disproportionate impact on women.[1,2] Even welcoming host nations, such as Colombia, fear tensions among receptor/host communities due to stress placed on the system by the needs of Venezuelan communities.[3,4] Central American populations are moving across borders under these different stressors and face the intersectional threats of loss of remittances, and gender-based violence.

Intersecting Problems, Intersecting Solutions

The major themes of this Year 1 Report from LHSS represent lenses of analysis on complex, intersecting, and "wicked" problems faced by country health systems. Colombia provides just one example of how equity problems intersect with resource optimization issues (see 4.1.3 above). LHSS addresses intersecting problems with intersecting—synergistic—solutions, using its expertise to discern the most appropriate primary analytical lens.

4.1.2. Early Learning on Equity

To inform the development of a policy to sustainably integrate migrants into Colombia's health system, LHSS conducted a literature review of country experiences with integrating migrants, particularly into health systems in LAC and European countries. The review found several international and regional frameworks to guide national efforts and promote common areas of cross-country action, many of which recognize the important role of health in facilitating migrant integration. While approaches differ depending on the type and duration of migration, demographics of migrant populations, and values and attitudes on diversity and assimilation, common high-level principles emerged across countries. Effective integration is best achieved within a framework of humanity and solidarity, and through long-term and whole-of-community efforts involving migrants and host communities. Migrant-sensitive health policies integrate migrant needs into national policies and plans, address social determinants of health, and prioritize system strengthening, in addition to short- and long-term public health actions. Implementation challenges include: increasing and sustaining financing; political considerations (e.g., regime change or decentralization that may lead to policy reversals or uneven implementation); and lack of data on migrant groups and health and economic impacts. The results of migrant integration policies may only be seen over generations. However, there is growing evidence about how countries have successfully improved health coverage by improving access to and delivery of insurance schemes for labor migrants. Questions remain around how best to balance inclusivity and access given health financing constraints, and how to manage internal political processes, governance, and institutionalization aspects. There is emerging consensus that these issues might best be addressed within a broader framework of achieving UHC.

1 See: https://profamilia.org.co/wp-content/uploads/2019/05/Evaluation-of-the-sexual-an reproductive-health-needs.pdf
2 Human rights in the Bolivarian Republic of Venezuela* Report of the UNHCR on the situation of Human rights in the Bolivarian Republic of Venezuela. Human Rights Council. Forty-first session. 24 June–12 July 2019. Agenda item 2. Annual report of the UNHCR and reports of the Office of the High Commissioner and the Secretary-General. A/HRC/41/18. Advance Unedited Version. 5 July 2019.
3 "Health inequalities for migrants and refugees": https://profamilia.org.co/wp-content/uploads/2020/06/Health-services-inequalities-affecting-the-Venezuelan-migrant-and-refugee-population-in-Colombia-how-to-improve-the-local-response-to-the-humanitarian-emergency.pdf
4 National Health Plan for the migration response: https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/COM/plan-respuesta-salud-migrantes.pdf

4.1.3. Country Snapshots on Equity

LAC—addressing systemic inequities from both country of origin and host nation

Across the LAC region, LHSS is working with USAID to optimize its response and support host nations to address coverage issues, expand essential health services, and inform reform of SHI in both host countries and countries of origin. LHSS is aiming to address systemic inequity by acting on levers in both countries of origin (improving social protection and access to care in these countries may reduce the out-flux), and host nations to support integration. The LHSS plan therefore includes partnering with migrant communities and civil society.[1]

Colombia—integrating migrants in the health system and improving access to quality services

In Colombia, efforts to address policy issues on the enrollment of migrants in subsidized insurance are coupled with advocacy to national and subnational authorities for expanding access to PHC services for migrant communities. This approach will reduce stress in the system and integrate migrant communities over time. To be effective, LHSS is also emphasizing the expansion of quality improvement systems in health services for migrant and receptor communities, and improving efficiency by demonstrating the value of bolstering community health and preventive care efforts within PHC. The results of the literature review (mentioned in **Section 4.1.2** above) together with a review of Colombia's national migrant response, are being used to inform a policy brief. The brief will be presented to MOH next quarter. In addition, LHSS undertook a financial analysis to provide key information for decision making at the ministerial level—see **Section 4.1.2**. MOH has adopted key decisions regarding coverage (population and services) that will frame the migrant health policy.

East Africa—cross-border governance and generating visibility through information systems

LHSS in the East Africa region is setting up a response to cross-border migration and vulnerability, currently focusing on six cross-border sites between Kenya and Uganda (three sites), Kenya and Tanzania (two sites), and Rwanda and Tanzania (on site). Building on work undertaken by the USAID Cross-Border Health Integrated Partnership Project (CB-HIPP), LHSS Interventions are designed to tackle different levers of systems issues. This includes: building capacity for governance and standardization of policies for cross-border responses in Regional Intergovernmental Organizations (RIGOs), i.e., the East Africa Community and Intergovernmental Authority on Development (IGAD); addressing essential health financing and service delivery challenges; and strengthening the essential information systems with digital innovation to support remedial interventions.

4.2. Quality

The global public health community has reached the conclusion that UHC without quality is meaningless. This is after three seminal publications in 2018 on the world's state of quality by the Lancet Global Commission on Quality, the WHO/OECD, and the National Academy of Sciences, Engineering, and Medicine. Quality is also central to LHSS, with the overarching aim of improving coverage of quality essential health services.

1 Intentioned LHSS' work in the Dominican Republic may provide another example.

4.2.1. Key Question

What factors enable continuous adherence to quality standards in the delivery of health services?

The LHSS quality portfolio of work spans three core activities and multiple country projects. A global survey is planned to understand governance mechanisms deployed by countries to develop, implement, and sustain their NQPS. NQPS are now a key component of health sector governance that, along with improving health financing, help ensure the delivery of quality services on the road to UHC. However, little is known about how countries have mobilized support to initiate activities, what competencies and skills are needed, and what governance and other system challenges emerge as countries operationalize their NQPS.

To undertake a global stocktaking exercise of 52 USAID priority countries' progress on an NQPS, LHSS first conducted a comparative analysis of the following existing governance frameworks to develop a comprehensive lens for assessing country progress on their NQPS journeys:

- Eight elements of developing a NQPS developed by WHO;[1]
- Eight stones for governing quality developed by the USAID Applying Science to Strengthen and Improve Systems (ASSIST) and the Health Finance and Governance (HFG) projects;[2] and
- Six critical functions of governing quality health care developed by USAID's HFG project.[3]

The analysis was also informed by practical experiences of the IHI through intensive support in 10 countries to develop and implement NQPS. To avoid confusion by presenting yet another 'governance framework', LHSS framed the analytical lens around the WHO NQPS framework's eight elements, and proposed two further elements that are critical missing pieces of effective quality governance.

Two additional LHSS functions are: quality and measurement; and support to USAID's Technical Working Group on Quality.

4.2.2. Early Lessons on Quality

Four lessons stand out after comparing three governance approaches to improving the quality of health services:

- Financing, including the deployment of financing mechanisms as levers to improve the quality of care, was included in the USAID HFG/ASSIST and USAID HFG frameworks but was not mentioned as a key element in the WHO NQPS development framework. The practical issue of costing the implementation, evidenced by the costed implementation plan of the Ghana

1 Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO

2 Tarantino L, Laird K, Ottosson A, Frescas R, Mate K, Addo-Cobbiah V, Bannerman C, Pacheco P, Burssa D, Likaka A, Rahimzai M, Massoud MR, Syed S. 2016. Institutional Roles and Relationships Governing the Quality of Health Care: Country Experiences, Challenges, and Lessons Learned. Chevy Chase, MD: Health Finance & Governance Project, Abt Associates and USAID Applying Science to Strengthen and Improve Systems Project, URC.

3 Cico A, Nakhimovsky S, Tarantino L, Ambrose K, Basu L, Batt S, Frescas R, Laird K, Mate K, Peterson L, Sciuto C, Stepka R. October 2016. Governing Quality in Health Care on the Path to Universal Health Coverage: A Review of the Literature and 25 Country Experiences. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.

National Healthcare Quality Strategy, was missing in all three frameworks. Without these, governance structures created at multiple levels could lack the critical resources to function. Secondly, the crucial opportunity to deploy financing mechanisms to drive quality care at a system level may be missed.

- Community engagement is referenced in three frameworks but not called out explicitly as a crucial element of health system quality governance.[1] The role of communities continues to be a critical element in stimulating demand for quality through active involvement in the care process.
- Evaluation, research, and learning are key elements that link to continuous monitoring of quality indicators and other indicators captured in country Health Management Information Systems (HMIS). If not called out explicitly, many countries risk getting stuck in the collection of important service data with little or no attention to reflection and learning for improvement.
- Continuous quality improvement (CQI), emphasizing a no-blame culture in a system of transparent reporting on performance, led by leadership and self-reporting of adverse events by practitioners, was not adequate.

4.2.3. Country Snapshots on Year 1 Quality Activities

Across LHSS activities, 10 countries include quality health service programming:

- **Jordan**—LHSS is improving coordination of CPD. In addition, and as part of mounting the response to the COVID-19 pandemic, LHSS is helping develop COVID-19 training modules and interventions to strengthen diagnostic laboratory services. National stakeholders have learnt to closely collaborate with other bilateral and global projects across the country.
- **Laos**—LHSS is helping demonstrate the power of community mobilization. Thirty-five civil society groups were activated and participated in trainings, and 22 of them conducted community-level activities focused on COVID-19 prevention in households and communities. Three lessons stand out in Laos: a multi-level response enhances effectiveness by enabling the mobilization of a large pool of implementing partners; early investment in risk communication builds trust and support while also improving the quality of messaging via social listening; and frontline community action should extend beyond the health sector by utilizing other ministries, the private sector, and civil society.
- **Colombia**—LHSS is strengthening access to high quality health services for migrant populations and receptor communities. This is being achieved by leveraging the launch of the National Quality and Policy Strategy and Migrant Health Policy in 2020 to align with the priorities of the new Quality Division of the MOH. The LHSS team's deep understanding of the local context and key stakeholders is being used in an agile way to contextualize quality health interventions for Venezuelan migrants
- **Vietnam and DR**—LHSS is improving the management of HIV service delivery including at community level and under Social Health Insurance.
- **Kazakhstan, Kyrgyz Republic, Tajikistan, and Uzbekistan**—LHSS, as part of the emergency COVID-19 response, is strengthening procurement of priority specimens collection kits, transport and testing; effective case management; and community and partner mobilization.
- **Uzbekistan, Colombia, and DR**—LHSS is providing TA focused on building clinical capacity for better case management of severe COVID-19 cases requiring intensive care unit interventions.

1 Sacks E, Morrow M, Story WT, et al. Beyond the building blocks: integrating community roles into health systems frameworks to achieve health for all. *BMJ Global Health* 2019;3: e001384.

COVID-19 risk reduction posters, developed by LHSS in partnership with the Laos Center for Communication and Education on Health, were designed for easy understanding by low-literacy audiences.

Photo: Philomling Vilay/LHSS Project – Laos

4.3. Resource Optimization

LHSS is supporting countries to ensure that their health systems mobilize and use resources efficiently, effectively, and transparently to meet population health needs, whatever the resource envelope.[1] LHSS is implementing a combination of core and country activities to strengthen the capacity of local institutions to generate domestic resources and make fair, transparent, and evidence-informed decisions about how best to use them to address national priorities.

4.3.1. Key Questions

What can MOHs do to improve budget execution and ensure that scarce resources are used to meet the priority health needs? Which success factors or barriers play a role in the outcome of interventions to reduce fragmentation and increase the size and diversity of risk pools?

Three core activities are generating global learning that will support countries to optimize resources at different stages of strategic planning and implementation in the health sector: 1) institutionalizing explicit (transparent, fair, evidence-informed, and inclusive) national priority-setting processes for health; 2) implementing budgets that reflect those priorities; and 3) accurately measuring expenditure on pharmaceuticals in order to improve resource allocation within budgets.

4.3.2. Early Lessons on Resource Optimization

Core activities started with a literature review or landscaping study, which generated some early findings. The review of national health priority-setting processes shows that donor support to countries focuses mainly on specific diseases or health service interventions. The elements of explicit priority setting for the health sector that remain most challenging include:

- Developing inclusive processes for engaging a wide range of stakeholders, especially those with the greatest needs, such as the poor and marginalized, in national priority setting;
- Building institutional mechanisms to ensure that the results of priority setting routinely feed through into planning and budgeting; and
- Sustaining high-level political commitment for the length of time required to develop and institutionalize an explicit priority-setting process.

A literature review on MOH budget execution identified common challenges, including:

- Lack of alignment between health financing priorities and national public financial management (PFM) systems—PFM functions can impede the achievement

1 Stakeholder draft of USAID Vision for Health System Strengthening, 2020-2030

of health priorities, for example, when budgets are based on inputs rather than outputs or outcomes;

- Inadequate health financing capacity at all levels of the system;
- Fragmentation of health budgets across different national and international funding bodies, making it difficult to understand which resources are available and how to manage them;
- Political pressure to prioritize non-essential services; and
- Imbalance between flexibility in the use of funds and levels of accountability.

The findings so far suggest that there are reforms within the health sector that can improve budget execution, but guidance for countries needs to move beyond theory into practice, i.e., "how to". Future work with countries that have successfully increased health sector budget execution will provide further learning about the combinations of interventions and circumstances that contribute to this success.

A desk review of 36 health accounts reports conducted as part of the pharmaceutical expenditure activity found that many countries are not reporting this expenditure at all, and none report the total amount. The review identified some of the main challenges for measuring pharmaceutical expenditure accurately through the System of Health Accounts (SHA) 2011 framework. These include difficulty accessing and compiling the required data, and challenges in classifying it due to the structure of the SHA 2011 framework. Fieldwork in Burkina Faso will generate further learning about these challenges and how they can be overcome.

4.3.3. Country Snapshots on Year 1 Resource Optimization Activities

- **Colombia, Vietnam, and LAC**—LHSS is exploring efficient ways of generating additional resources for health, including assessing the scope for collaborative public/private engagement. In Cambodia and Vietnam, missions have also requested support to improve the efficiency of social health protection schemes, in addition to support being provided to incorporate HIV financing into nationally financed social health protection schemes.
- **Cambodia, Vietnam, and Bangladesh**—LHSS is focusing on PFM through the core activity on budget execution.
- **Colombia**—LHSS is optimizing the use of non-financial resources, including helping governments make more efficient use of human resources for the COVID-19 response.
- **Uzbekistan, Vietnam, and the Kyrgyz Republic**—LHSS is strengthening logistics and supply chain management in order to ensure consistent supplies of essential commodities.

4.4. Health Systems Resilience

The first and best line of defense against any emergency is a strong health system. Across our work, LHSS strives to strengthen the foundations of resilience by building and reinforcing the structures that bolster a health system's ability to mitigate, adapt to, and recover from shocks and stressors. During this reporting period, HSR became of central importance as LHSS sought to direct rapid emergency response efforts for COVID-19.

4.4.1. Key Question

How can short-term financial support and TA can strengthen local health systems for long-term resilience and self-reliance?

The LHSS portfolio related to the COVID 19 response strives to ensure that, from the outset, we seek ways to build HSR. As part of USAID's COVID-19 global strategy, LHSS immediately coordinated with the government-led response in each country. We clarified our contributions to strategic preparedness and response plans with an HSR lens, sought to avoid overlap or duplication of interventions, and coordinated with other Abt-led projects, such as Eliminating Tuberculosis in Central Asia (ETICA), and our partners, such as Save the Children in Laos.

4.4.2. Early Lessons on HSR

LHSS experience over the past several months demonstrates the following early lessons:

- There are ways to strategically build long-term HSR via short-term emergency support through, for example, careful selection and placement of materials, diverse training for long-term knowledge gain, and extensive planning with multiple partners.
- As we engaged in the emergency phase of the epidemic, the LHSS goals for HSS helped clarify technical and financial investments that would pursue longer term HSR gains. This included, for example, investing in community information platforms for the long term (Laos), scaling-up the number of health personnel in all sectors trained for broad infection prevention and control and BioSafety protocols (Jordan, Colombia, CAR), and developing laboratory case detection capacities for threats well beyond COVID-19 (CAR, Jordan).
- In shock events, where the shared event differs in each context, adaptive management among LHSS and other implementing partners s of critical importance as the epidemic evolves (CAR, Jordan, Laos)
- The COVID-19 lockdown in many countries required that LHSS reimagine ways to pursue capacity development and training. Close coordination with local partners helped us adapt socially distanced, remote, and self-learning approaches to modules (DR, Jordan, CAR)
- Staying current with rapidly emerging science and respecting country autonomy is critical but can be challenging. For example, reporting standards varied

across countries, as with pneumonia, COVID-19 data was kept separate.

- Public and private frontline HCPs and community members are the people experiencing and addressing COVID-19 in local communities, and therefore must be kept in the forefront with regards to effective two-way communication.
- Local partners have the people who will build HSR; LHSS must continue to emphasize the development of local capacity and use local talent.

4.4.3. Country Snapshots on Year 1 HSR Activities

Laos—the critical importance of accurate and lasting risk communication channels.

LHSS worked with the MOH and local community information networks to ensure communities had access to timely and accurate COVID-19 prevention and case management information. By supporting existing local structures (such as the National COVID-19 hotline), mobilizing volunteer medical students, and engaging frontline healthcare workers (particularly those working in private drug outlets), LHSS was able to rapidly increase local access to information, extend the MOH's reach, and advance lasting multi-stakeholder involvement. Multi–channel communication—including social media tools with audience-specific content—was used to counter early rumors and disseminate accurate information to local communities, helping build resilience to future threats.

Colombia—mobilizing local surveillance for the short- and long-term

LHSS worked with the MOH, health departments, and health secretariats in multiple cities in Colombia to advance local surveillance and coordination for both COVID-19 and longer-term pandemic preparedness. Accurate monitoring and surveillance of national COVID-19 outbreaks was and remains critical to containment and strategic use of resources. Coordination in mounting the emergency response is also key if lasting HSR gains are to be achieved. In Colombia, this is particularly important as the epidemiological situation and on-going migrant crises demand more complex engagement. LHSS work involved mobilizing MDTs focused on addressing urgent surveillance needs for COVID-19. This was done in a coordinated way that also identified gaps and recommendations for permanent changes to the MOH surveillance systems, and to prepare roadmaps for future rapid deployment needs.

CAR—investing in procurements for lasting detection capacities

LHSS has been supporting five countries in CAR (Kazakhstan, Kyrgyzstan Republic, Tajikistan, Turkmenistan, and Uzbekistan) to rapidly secure, rationalize, prioritize, quality assure, procure, and monitor delivery of nearly $4.7 million USD in procurement funding for national COVID-19 responses. The key learning is that even in a complex emergency situation such as the early onset of COVID-19, where there is overwhelming need and a rapidly evolving situation, rationalized selection of procurements can be achieved for longer-term HSR gains. By strategically selecting materials with longer-term impacts, the procurements made by LHSS in this period have positioned national health systems to address future, diverse epidemic threats.

LHSS in collaboration with local decision-makers advocated for procurement of two broad categories of materials: 1) quality assured specimen collection and sample preparation materials to support emergency case detection scale-up; and 2) laboratory equipment and consumables that immediately scale-up case detection materials and position epidemiology and virology units

for longer-term pandemic preparedness. We emphasized ***pre-analytic*** interventions, including: training laboratory personnel on IPC and safe specimen collection of infectious materials; procurement of viral transport medium and swabs; and supporting governments in the validation and verification of new testing options. We also emphasized ***analytic*** interventions for laboratory resiliency, including procurement of RT-PCR, Immunofluorescence, Mass Spectrometry, and other equipment linked to broad case detection and research capacity. Lastly, we focused on ***post-analytic*** interventions, supporting trainings for high quality interpretation, recording, and reporting of case detection information, data analysis, and internal quality control within COVID-19 processing sites.

4.5. Private Sector Engagement

LHSS has been asked to undertake PSE work across the majority of its country and core portfolios. This includes engaging with private sector stakeholders across the healthcare value chain and at different levels of the health system—such as private provider associations; health innovators and social enterprises; financial services providers and insurers; suppliers of medical devices, equipment, and consumables related to the COVID-19 response; and large corporations within and beyond the health industry for resource mobilization.

4.5.1. Key Question

What are the key motivators for PSE in HSS projects?

HSS projects have not always involved PSE to the same extent, but initial work suggests a robust country-led demand for PSE. Understanding the motivations for engaging the private sector provides insights into where LHSS and other HSS projects might see demand grow for future PSE work.

4.5.2. Early Lessons on PSE

Based on Year 1 and Year 2 requests, there are four key motivators for LHSS to engage the private sector (text box **page 30**).

Of the four motivators, **expanding health system capacity** is arguably best-aligned with LHSS objectives. For example, the Jordanian MOH and Private Hospitals Association (PHA) have joined in a new collaboration to provide surge capacity for the COVID-19 response. This partnership helps the GOJ better respond to population needs during the pandemic, and assists the PHA with reopening medical tourism services, an important source of income for private hospitals. The urgent need for governments to expand health system capacity by engaging private providers in response to crises may clear the path for more sustained collaboration that enables health systems to expand their capacity through a total market approach.

From global experience, sharing data on private provider contributions to national health priorities **builds government understanding of the total health system**, and make informed decisions about whether and how to most effectively work with private providers to reach their health goals. LHSS is well-positioned to collect and share data on the private sector to support government decision-making and efficient collaboration in the provision of care.

LHSS is providing technical assistance to help the Nigerian health startup mDoc strengthen its human resource systems. mDoc provides mobile and web-based services to help people manage their chronic, noncommunicable diseases.

Photo: mDoc

U.S. Ambassador Daniel Rosenblum (right) and MOH/ASEW Director Bahodir Yusuopaliyev (left) at the handover ceremony.

SUCCESS STORY

Delivering Essential Laboratory Supplies to Uzbekistan

Through LHSS, USAID is helping Uzbekistan respond to the COVID-19 outbreak. The assistance is preparing laboratory systems for large-scale testing, preventing and controlling infections in health care facilities, improving COVID-19 surveillance and rapid response, enhancing case management of people who have been infected, combating disinformation about the virus, and engaging communities to work together.

On June 5, 2020, the U.S. Embassy handed over viral extraction kits to Uzbekistan's Agency of Sanitary and Epidemiological Wellbeing (ASEW) to assist in COVID-19 testing as part of this assistance. LHSS facilitated the first tranche of essential laboratory supplies and materials. The donation includes 60 boxes of RNA reagent manufactured by the molecular diagnostics firm QIAGEN—enough to conduct 15,000 COVID-19 tests. Forty more boxes of QIAGEN RNA kits, enough for 10,000 tests, will arrive in Uzbekistan within a few weeks.

The U.S. Ambassador to Uzbekistan and key officials from the MOH participated in a special handover ceremony at the Ministry. "Working together with our partners in the Ministry of Health, we will improve detection, reduce the toll of this dangerous virus, and save lives in Uzbekistan," said U.S. Ambassador Daniel Rosenblum.

Expressing gratitude, ASEW Director Bahodir Yusupaliyev said, "These reagents will support our fight against COVID-19 and improve the health and well-being of our citizens."

In addition to helping save lives by procuring essential laboratory supplies, LHSS is working closely with partners in Uzbekistan to strengthen the health system by improving laboratory systems, supporting disease surveillance, and bolstering the rapid-response capacity of local epidemiologists and infectious disease specialists.

LHSS is working most closely with the private sector on the Core activity support to IHAP winners, through which the project is **leveraging private sector innovation and expertise**. There are two key learnings from this activity: 1) co-assessing needs and co-creating solutions with private sector stakeholders is critical; and 2) integration with the health system is essential for achieving scale. A flexible and participatory co-creation process allows LHSS to understand the business interests of private sector stakeholders and allows private sector actors to co-design the way forward. This approach is critical for buy-in and sustainability, particularly if private sector investment is desired. As USAID and governments seek to harness private sector innovation, they must identify ways to connect those innovations into the broader health system. For individual innovations, this may be through working with regulatory bodies, accreditation through national health insurance plans, or introductions to health professional associations. There is also need to integrate the processes of identifying and investing in promising innovations from the private sector into national health system infrastructure.

4.6. Digital Transformation

The opportunities for digital transformation in the health sector are growing, especially as COVID-19's short- and long-term impact is felt across different populations and health systems are required to find new ways to adapt. LHSS has been asked to use digital transformation to tie together its three broad objectives. Transformations during Year 1 include: enhancing interventions; leveraging current investments; expanding usability and scale to promote sustainability; and working with local stakeholders to identify, select, and create appropriate solutions.

4.6.1 Key Questions

What is the potential for digital transformations in improving and transforming health services? How can we evaluate and assess the realization of this potential?

Motivators For PSE in LHSS

1. Expand health system capacity—LHSS is being asked to explore engaging the private sector to expand health system capacity to deliver care to citizens. Country counterparts recognize the private sector as an important partner in responding to global health, such as COVID-19, and humanitarian emergencies, such as Colombia's migrant crisis.
2. Understanding the total health system—LHSS is being asked across most of its work to include the private sector in health systems assessments and more targeted landscape assessments.
3. Leverage private sector innovation and expertise—LHSS is being asked to leverage private sector innovation and expertise through support to IHAP winners to identify new ways to expand and sustain health care access.
4. Increase resources for health—LHSS is being asked to engage the private sector to increase resources for health; this is demonstrated by requests to develop resource mobilization strategies that seek investment from private sector players.

LHSS is conducting **research into digital financial services (DFS)** to provide evidence of the effect of DFS on financial protection, service use, and health system performance. This will enable policy makers, donors, and program managers to make meaningful investments in DFS solutions with proven impact on achieving universal health coverage. In addition, LHSS is providing **TA to digital transformation innovators**, focusing on IHAP winners. Several activities from these organizations are using digital tools in significant ways, including: 1) ***Infiuss***, an online blood bank and digital emergency supply monitor in Cameroon that provides hospitals and patients with more reliable access to blood; 2) ***JokkoSanté***, a health-focused digital payments application that improves accountability in the health system in Senegal by tracking medicines and enabling payments; and 3) ***Doc***, a digital platform to promote access to reliable health care , especially for people with chronic non-communicable diseases.

4.6.2. Country Snapshots on Year 1 Digital Transformation Activities

- LHSS in **Cambodia** is assisting the GS-NSPC to develop an M&E system that will use data to inform actions, including a web-based data collection tool within GS-NSPC that will be used to analyze and interpret the data.
- LHSS in **Jordan** is developing a digital platform to coordinate the participation and completion of accreditation e-system courses by HCPs. This will be used, for example, by the MOH to coordinate HCP training as part of the COVID-19 response. LHSS is also identifying stakeholders and champions from both the private and public health sectors to develop a policy brief on implementing insurance coverage for telemedicine services. Lastly, the LHSS team in Jordan is using Internews' Rumor Tracking methodology to identify and counter the prevalence of misinformation by collecting rumors through online, radio, and face-to-face feedback and creating Rumor-Tracking bulletins to provide information from experts and other reliable sources.
- LHSS in **Colombia** is working with territorial and national stakeholders to identify the highest priority needs for disseminating targeted COVID-19 risk communication information. This includes supporting the dissemination of government-approved risk communication products through print materials, mass media audio and video spots, and social media advertising.
- LHSS in **Laos** is working with the local Centre of Communication and Education for Health (CCEH) team to produce a joint FAQ for unified messaging to the public via both telephone and Facebook. LHSS will help plan the national roll out of training to improve the quality of phone-based counseling.

SUCCESS STORY

Building Laboratory Muscle in Tajikistan

Lab workers learn how to perform high-quality COVID-19 tests

Farida Sharipova, a medical laboratory specialist in Khujand, Tajikstan, is one of 24 government laboratory specialists who, thanks to support from LHSS, recently learned how to use polymerase chain reaction (PCR) technology to diagnose COVID-19. PCR testing detects the virus's genetic material. It is one of the most accurate methods for detecting, tracking, and studying the virus, and using it is a key to breaking the chain of transmission.

Early in the pandemic, there were no laboratories equipped for PCR testing in Khujand, Tajikistan's second largest city. To address this challenge, LHSS teamed with USAID's mission in Tajikistan and the MOH to lead a nationwide training for laboratory specialists. Following WHO protocols, the training covered all aspects of PCR testing, from collecting samples and reading and interpreting test results, to managing the supply of test kits.

"I am proud that I was nominated to participate at these trainings," said Farida. "Now I will be able to do testing for COVID-19 in my home city."

With support from WHO, LHSS also helped Khujand SES Laboratory procure PCR testing equipment, and in September 2020, the project provided on-the-job training and mentoring to Farida and her colleagues to use their new equipment safely and effectively.

"Timely mentoring and on-the-job training helped eliminate problems specialists encountered in interpreting test results and ensuring quality control," said Domullojonova Muminakhon, head of Khujand SES Laboratory.

The laboratory now has the capacity to perform up to 600 PCR tests a day, and as of September 30, it had conducted and analyzed 35,415 tests.

"Our lab's role during the pandemic has been invaluable, and thanks to high-quality test results, doctors have saved the lives of many patients," said Muminakhon.

By procuring PCR testing equipment and imparting advanced skills that will last a lifetime, LHSS is improving Tajikistan's capacity to respond to the immediate COVID-19 threat – and ensuring that professionals will be ready to help their country face whatever infectious disease challenges may lie ahead.

A specialist at the Khujand SES Laboratory works with LHSS-procured PCR equipment in September 2020.

Photo:LHSS Project-Tajikistan



5. SUSTAINABILITY AND TRANSITION

LHSS works with local partners to achieve results that will be sustained beyond the life of the project by building capacity at all levels and deliberately supporting the transition from development partner support.

5.1. Strategy, Guidelines, and Quality Assurance

In Year 1, LHSS laid the groundwork for a project-wide approach to sustainability and transition by defining its **Scale-Up of Local Capacity Strategy** (December 2019). The accompanying Implementation Guide (April 2020) provides practical guidance, tools, and templates for activity managers operationalizing the approach. LHSS training materials and induction sessions for in-country partners and staff reinforce the principles and techniques for building capacity, and support transition and sustainability of health outcomes. The **Project Grants Manual** (May 2020) articulates how grants will be used to build local partner capacity, scale up innovation, and foster the organizational development of non-traditional local partners.

Out of 30 Year 1 core and country activity work plans, 15 include local partner engagement in the form of subcontracts and grants. Of the $36.60M obligated through to September 30, 2020, $1.04M is budgeted for grants and local subcontracts, and $4,661 has been disbursed to local partners through those mechanisms.

5.2. Approach to Sustainability and Transition

The LHSS approach to sustainability begins with **co-creation**. We work with local partners to drive conceptualization, planning, implementation, and monitoring of technical interventions and milestones grounded in a shared understanding of capacity needs and a vision for transition. Adaptive implementation is bolstered by effective capacity development interventions. In Year 2, we will continue to increase the level of work local partners undertake over the course of the project. We will use findings from capacity assessments and co-creation meetings to further develop **Local Partner Sustainability and Transition plans** linked to national strategies. LHSS will track and improve the implementation of plans by establishing feedback loops with transition advisors and country counterparts through transition advisory groups. Annual country sustainability and transition reports will inform understanding of the journey

to self-reliance in the health sector by tracking: local partner capacity and transition plans; MEL indicators of capacity; health outcomes; and high-level transition indicators to assess country ownership.

5.3. Country Snapshots – Addressing Capacity Gaps

Year 1 activities centered on identifying, planning, and initiating the capacity development required to achieve sustainability and transition to local ownership. All LHSS country activities include capacity strengthening at the organizational, system, and even regional levels:

- In **Cambodia, Colombia, LAC, East Africa**, and Vietnam, LHSS is strengthening country capacity to sustainably finance health services and increase social health protection for vulnerable groups. In Colombia, capacity building in policy implementation will be complemented with increased financing for migrant care.
- In the **DR, LAC,** and **Jordan**, LHSS work plans include strengthening technical capacities and knowledge sharing to improve quality of care, supporting policy development for migrant social health protection, and strengthening the health work force. In Jordan, LHSS is strengthening the technical capacity of universities and in-service training providers to respond to the current and future health emergencies by providing pre-service and in-service training materials and training in managing critical care related to COVID-19.
- In **Colombia, DR, LAC, Vietnam**, and soon in **East Africa**, LHSS is building capacity through strengthened policies, systems, and processes. In Vietnam, LHSS will work with GVN to strengthen PFM systems for public health and achieve greater efficiencies in SHI by strengthening systems and processes within and among the MOH, MOF, and VSS.

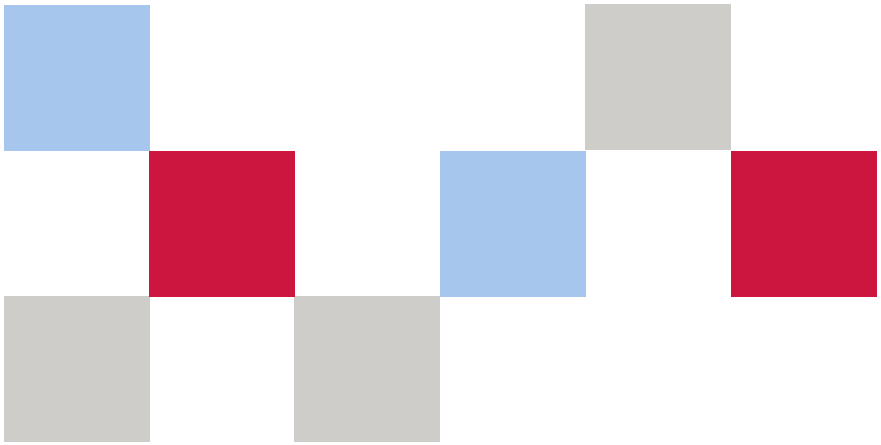
5.4. Leadership and Commitment

LHSS is supporting work on sensitive issues where commitment must broadly exist across society. Work plan activities leverage country commitment and leadership in a number of ways. For example:

- In the **Kyrgyz Republic**, LHSS began by engaging stakeholders, working with the MOH, media outlets, and recipient groups, to ensure ownership and skills in communicating essential public health messages around COVID-19.
- In **Colombia** and **Cambodia**, LHSS technical support is focused on maximizing country commitment towards investment for expanding social health protection platforms.
- In **Jordan,** LHSS is decreasing its support over three years to a point where MOH is able to continue leadership and strengthening of the CPD system through local partnerships.

5.5. Monitoring Sustainability and Transition

In Year 1, LHSS proposed an approach to track sustainability and transition through a **Sustainability and Transition Index (SaTI).** While the full SaTI exercise was ultimately not approved by USAID, the concepts underlying the SaTI have been incorporated into our MEL approach for sustainability and transition. In Year 1, LHSS established country program baselines for capacity, commitment, and health system performance, and preliminary **Local Partner Sustainability and Transition** plans that establish milestones with local partners. Knowledge sharing is key for holding ourselves accountable, and LHSS learning questions will add to the global evidence base on how to effectively support paths to transition and sustainability in different country contexts.



Ensuring COVID-19 Emergency Responses Strengthen Sustainability and Resilience

During the global COVID-19 pandemic, LHSS has quickly responded to urgent health sector needs with a view to building health system resiliency and preparing for future health threats.

LHSS is supporting COVID-related capacity building in seven countries and is employing a range of country-appropriate methods. For example, embedded advisors in Cambodia work closely with counterparts to strengthen procedures and systems. By developing guidance documents and tools, and providing virtual training-of-trainers in DR, LHSS is institutionalizing all aspects of its TA with local partners.

Country activities have adapted to COVID-19 restrictions with virtual meetings and training modalities, and are working through local counterparts earlier and more intensely than expected, so that capacity building is embedded in implementation from the get go.

SUCCESS STORY

Answering the Call

Helping field 5,000 COVID-19 questions a day in Laos

The COVID-19 pandemic has changed the way we live, work, and celebrate globally. In March 2020, the Government of Laos announced a nationwide lockdown, canceling Lao New Year, or Pi Mai, the country's most important social and religious event of the year. At a time when they expected to be calling relatives to plan celebrations, many people called the National Hotline instead.

Laos' Department of Communicable Disease Control (DCDC) created the hotline to respond to the SARS and Avian Flu outbreaks. Before COVID-19, 12 part-time volunteers answered occasional calls on eight phones. But as calls surged to the thousands after the lockdown, the hotline was overwhelmed.

At the request of the Laos MOH, LHSS mobilized 66 volunteer medical students to help. Soon the hotline was operating 24 hours a day, with 30 counselors per shift staffing 30 phones. At the peak of the Pai Mai holiday, the hotline fielded 5,000 calls a day.

Working with the DCDC, LHSS developed job aids and standard procedures, and trained operators to listen to callers' COVID-19 concerns and communicate key facts. Operators screened each caller for COVID-19 symptoms, counseled them on avoiding transmission, and explained how to self-isolate.

"This hotline is very important because there are a lot of people who do not have access to social media and other sources of information, especially those in rural areas," said Khamphian Maithaphom, a 22-year-old medical student volunteer.

LHSS also helped the DCDC install an interactive voice response system to speed up response times (e.g., "press 1 if you are concerned you have COVID"). The system meant operators spent less time managing hang-up calls and wrong numbers, and more time speaking to callers.

When it became clear that hotline operators lacked the language skills to serve all of Laos' ethnic groups, LHSS worked with the WHO and DCDC to create a simple call-back system to connect the callers with an operator who spoke their language.

"I received about 4-5 phone calls from Hmong callers, and am very proud to help answer calls in the Hmong language," said hotline volunteer Chuevang Fongvan, a member of the Hmong ethnic minority.

The huge spike in hotline calls has subsided as has Laos' COVID-19 incidence, and the hotline is back to 12 part-time staff. But if demand rises again – whether due to COVID-19 or a future health threat -- the hotline will continue to benefit from the tools and training developed with support from LHSS.

Khamphian Maithaphom, a fourth-year medical student volunteer, at the hotline center in April.

Photo: Philomlong Vilay/LHSS Project-Laos



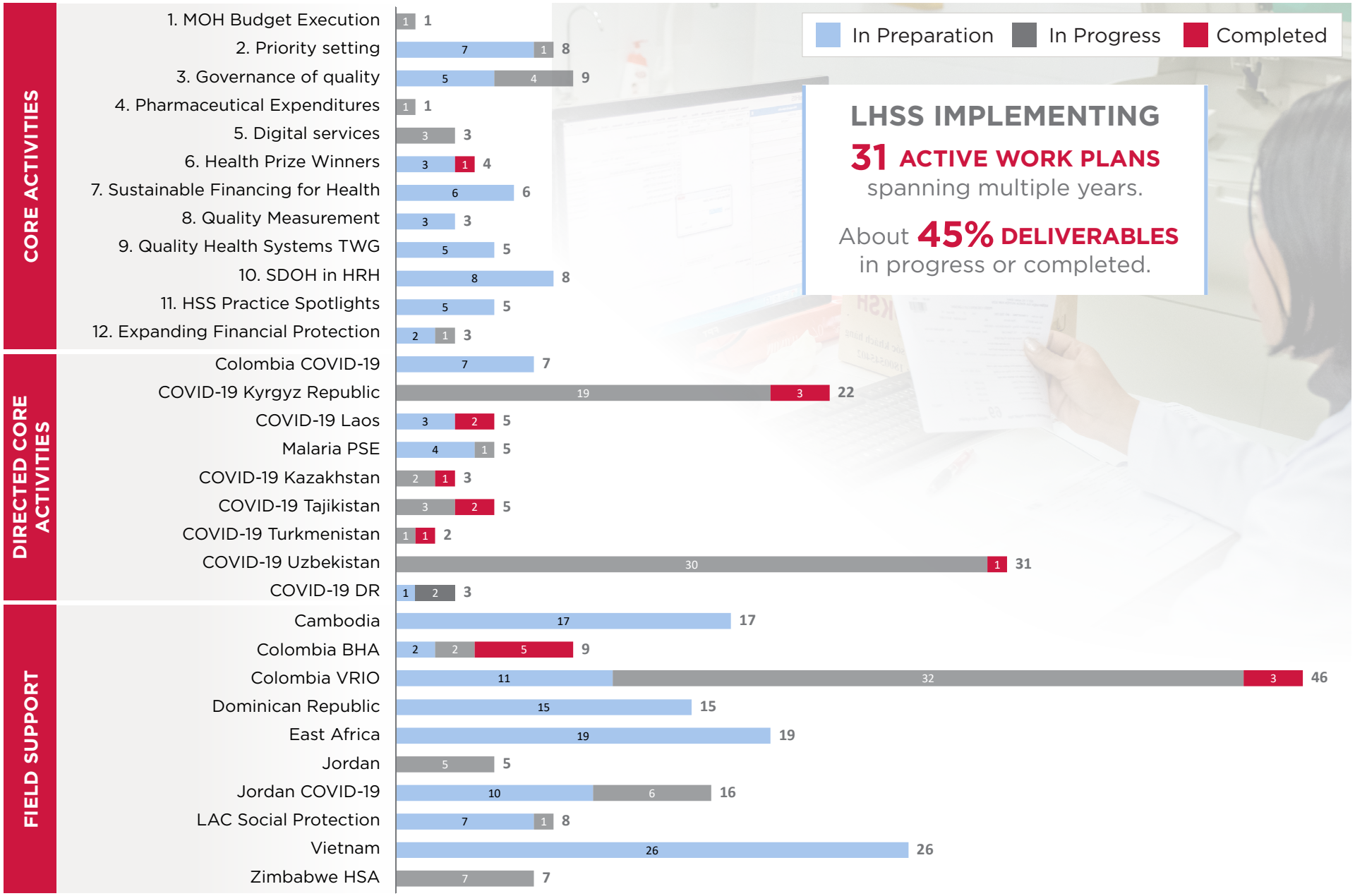
6. MONITORING, EVALUATION, & LEARNING

An integral part of LHSS approach is MEL implemented intentionally and systematically as described in both the project's MEL plan and individual country-level activity MEL plans. The figure (**page 38**) summarizes the status of activity implementation and deliverables at the end of Year 1. The majority of activities related to start-up with performance periods extending beyond September 30, 2020. Summaries of progress implementing activity level MEL plans are included in the country activity sections in (**Annex 2 and 3**). Progress on project-level indicators are detailed in **Annex 5**.

LHSS hosted two project-wide 'pause and reflect' sessions and learning workshops in Year 1 with the USAID Task Order COR team. The sessions included country and USAID mission counterparts from Colombia and Jordan. During the sessions, participants reflected on the first nine months of the project, particularly: the start-up experience; partner and counterpart engagement; and in-depth technical discussions on PSE and quality health services. In addition, big-picture perspectives related to the LHSS mandate and broader HSS, including the potential impact of the COVID-19 pandemic. The sessions were also an opportunity to provide feedback on the LHSS-COR working relationship.

LHSS also reviewed and provided feedback during Year 1 on USAID's draft HSS learning agenda, which plays a central role in generating evidence and learning for collective implementation of the forthcoming USAID Vision for Health System Strengthening (2020-30).

Status of Activity Deliverables Implementation Year 1





7. GENDER EQUALITY & SOCIAL INCLUSION

As detailed in the LHSS GESI strategy, applying a GESI lens is a critical part of the LHSS approach to increasing the extent to which health systems respond to the needs of diverse populations, expand health service coverage, and ensure equity in access.

7.1 Responding to Migrant and Mobile Populations

In Year 1, in alignment with mission priorities, LHSS designed activities to reach and benefit highly vulnerable cross-border populations and migrants in **East Africa** and **LAC**. Guided by the LHSS GESI Strategy, LHSS is using gender and social analyses to understand the context-specific complexities that shape migrant and mobile women's and men's access to healthcare, the extent to which existing policies and practices respond to their differential constraints, and entry points for expanding their enrollment in and/or use of insurance.

7.2. Inclusive Communication

In **Laos**, LHSS is working with CCEH to design social media messages in response to community demands that also responds to barriers information access and use among lower literacy populations, including women and children. Similarly, in **Colombia**, LHSS is applying the "communicating with communities" methodology to increase indigenous populations' access to information that reflects their questions and concerns to make health-related decisions.

7.3. Strengthening Health Worker Resilience

In light of the increased stress that HCPs are experiencing during the COVID-19 pandemic, LHSS is co-designing options to strengthen health worker resilience that respond to the different needs of women and men. In **Jordan**, LHSS is working with the MOH to identify the key pain points and needs of female and male HCPs during COVID-19. The team is also working with the MOH to ensure CPD offerings are delivered in response to female HCP's specific constraints. LHSS will identify champions among local partners who can advocate for CPD that responds to the challenges that affect women HCPs the most, such as time and mobility constraints and loss of revenue to attend trainings. Similar work will be done in **Colombia.** Addressing barriers to women's participation in CPD will help increase the overall number of HCPs who can benefit to enhance service quality. The CPD curriculum will also be gender sensitive, for example, by not reinforcing

stereotypes about men's' and women's roles and responsibilities in health facilities. Implementation of the recommendations could strengthen empowerment and the quality of care even after the COVID-19 crisis ends.

7.4. Supporting Transformative Change

LHSS's approach to GESI is designed to expand the reach and benefits of local health systems to diverse populations, including the most vulnerable. To support transformative changes in health policies, GESI issues further downstream must be well understood. For example, GESI analysis in **Colombia** is investigating the different constraints, needs, and preferences of men and women migrants to access healthcare. These findings can be used by the MOU to inform policies and practices that are tailored to respond to different groups (e.g., migrant women of reproductive age, young single men, or elderly women). GESI analysis is also critical to the LHSS approach to identifying the most impactful entry points and levers to make health systems more resilient and inclusive. This approach is helping local health systems to recover from COVID-19, while supporting measures to mitigate and address the negative effects of the pandemic on women, girls, boys, and minority populations' health outcomes.



8. ENVIRONMENTAL MITIGATION AND MONITORING

LHSS is committed to carrying out environmentally responsible operations. The project ensured compliance with conditions set out in the Integrated Health Systems Improvement Project Initial Environmental Examination (GH-17-064), approved environmental mitigation and monitoring plans (EMMPs), host country laws, and regulations. All activities qualified for ***Categorical Exclusion***, pursuant to 22 Code of Federal Regulations Section 216.2(c)(1) and (2), meaning there were no foreseeable significant direct or indirect impacts to the environment. Therefore mitigation measures were not required.

LHSS activities do not directly include the generation of harmful waste. The project complies with approved Waste Management Plan Standard Operating Procedures, which guide the disposal of general waste generated through activities and hazardous waste generated through partner activities. The waste reduction and hierarchy framework as per USAID Sector Environmental Guidelines: Solid Waste is strictly adhered to, and all waste disposal measures on healthcare waste are followed according to USAID Sector Environmental Guidelines: Healthcare Waste.

The majority of LHSS activities are classified as low climate risk, and no additional actions have been needed to address these risks. Where moderate climate risks were identified, LHSS leveraged existing resources, such as early warning systems and on-going monitoring, to minimize disruptions to activities. No climate-related delays were experienced in Year 1.



9. LOOKING AHEAD TO YEAR 2– UPCOMING EVENTS

LHSS will host external webinars throughout Year 2 to share project approaches, achievements, and learning, and to stimulate inclusive discussion. Webinars will aim to serve audiences with a direct interest in learning from LHSS's work, including USAID Washington and mission personnel, local government officials and stakeholders, USAID implementing partners, and other organizations and individuals working in the HSS field. With recommended limits on in-person gatherings due to COVID-19 expected to continue through much of FY21, LHSS is not planning any live events.

In addition, LHSS technical experts will participate in several international virtual conferences. Currently scheduled participation includes the following:

- In October 2020, the LHSS senior technical advisor for PSE will host a panel discussion with three USAID IHAP winners at the Social Capital Markets ***SOCAP Virtual*** conference.

The following country-based events are planned for the first quarter of Year 2:

- The U.S. Ambassador to Kyrgyz Republic will formally hand over LHSS-procured oxygen concentrators for the Kyrgyz COVID-19 response during a virtual event planned in November 2020.
- The LHSS activity in Colombia will present to the MOH the results of the analysis of financing needs and funding models for migrant health.
- In November 2020, LHSS will host a webinar on international experiences with migrant integration.
- In DR, a kickoff activity will be held for the USAID mission to present the LHSS activity to the Minister of Health, set to take place in Year 2, Quarter 1.
- In Jordan, there will be a signing ceremony for the new PGS award between the MOH and USAID.
- In Vietnam, there will be an event to launch the LHSS activity (November 2020).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