



QUARTERLY PROGRESS REPORT

YEAR I, QUARTER I

August 29, 2019 – December 31, 2019

Local Health System Sustainability Project

Task Order I, USAID Integrated Health Systems IDIQ

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Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

Submitted to: Scott Stewart, Task Order COR
Office of Health Systems
Bureau for Global Health

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CONTENTS

- Acronyms iii**
- 1. Introduction 1**
 - 1.1 The LHSS Project..... 1
 - 1.2 Results Framework..... 1
- 2. Overview 3**
 - 2.1 Project Start-up 3
 - Work Plans3
 - Cross-cutting Strategies and Plans..... 3
 - Management and Staffing 5
 - Partners and Sub-contracts 5
 - 2.2 Core Activities..... 5
 - 2.3 Country Programs 6
- 3. Core Activities 7**
 - 3.1 Activity 1: Strengthen Ministry of Health Budget Execution..... 7
 - 3.2 Activity 2: Institutionalize Explicit National Health Priority Setting Processes 9
 - 3.3 Activity 3: Strengthening Governance to Improve the Quality of Health Service Delivery..... 11
 - 3.4 Activity 4: Increasing Accuracy of Pharmaceutical Expenditure Data..... 13
 - 3.5 Activity 5: Digital Services to Support Financial Protection 15
 - 3.6 Activity 6: Technical Assistance to Support Inclusive Health Access Prize Winners 17
 - 3.7 Activity 7: Operationalizing the Common Approach for Increasing Sustainable Financing for Health: Conduct a Proof of Concept..... 19
- 4. Country Programs..... 21**
 - 4.1 Jordan..... 21
 - 4.2 Colombia..... 22
 - 4.3 Zimbabwe..... 23
- Annex I: Links Between Activities and Results Framework 24**

List of Tables

- Table I. Links Between Project Activities and Results Framework 24**

List of Figures

- Figure I. LHSS Results Framework..... 1**

ACRONYMS

ADS	Automated Directives System
COR	Contracting Officer's Representative
CPD	Continuing Professional Development
CQI	Continuous Quality Improvement
CRMP	Climate Risk Management Plan
DFS	Digital Finance Services
EMMP	Environmental Mitigation and Monitoring Plan
GESI	Gender Equality and Social Inclusion
GOC	Government of Colombia
IDIQ	Indefinite Delivery/Indefinite Quantity
IHAP	Inclusive Health Access Prize
IHI	Institute for Healthcare Improvement
KM	Knowledge Management
LHSS	Local Health System Sustainability Project
MEL	Monitoring, Evaluation, and Learning
MSPS	Ministry of Health and Social Protection (Colombia)
NQPS	National Quality Policy and Strategy
OHS	Office of Health Systems
PGS	Partner Government Systems
TA	Technical Assistance
TRG	Training Resources Group
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WMP/SOP	Waste Management Plan/Standard Operating Procedures

I. INTRODUCTION

I.1 THE LHSS PROJECT

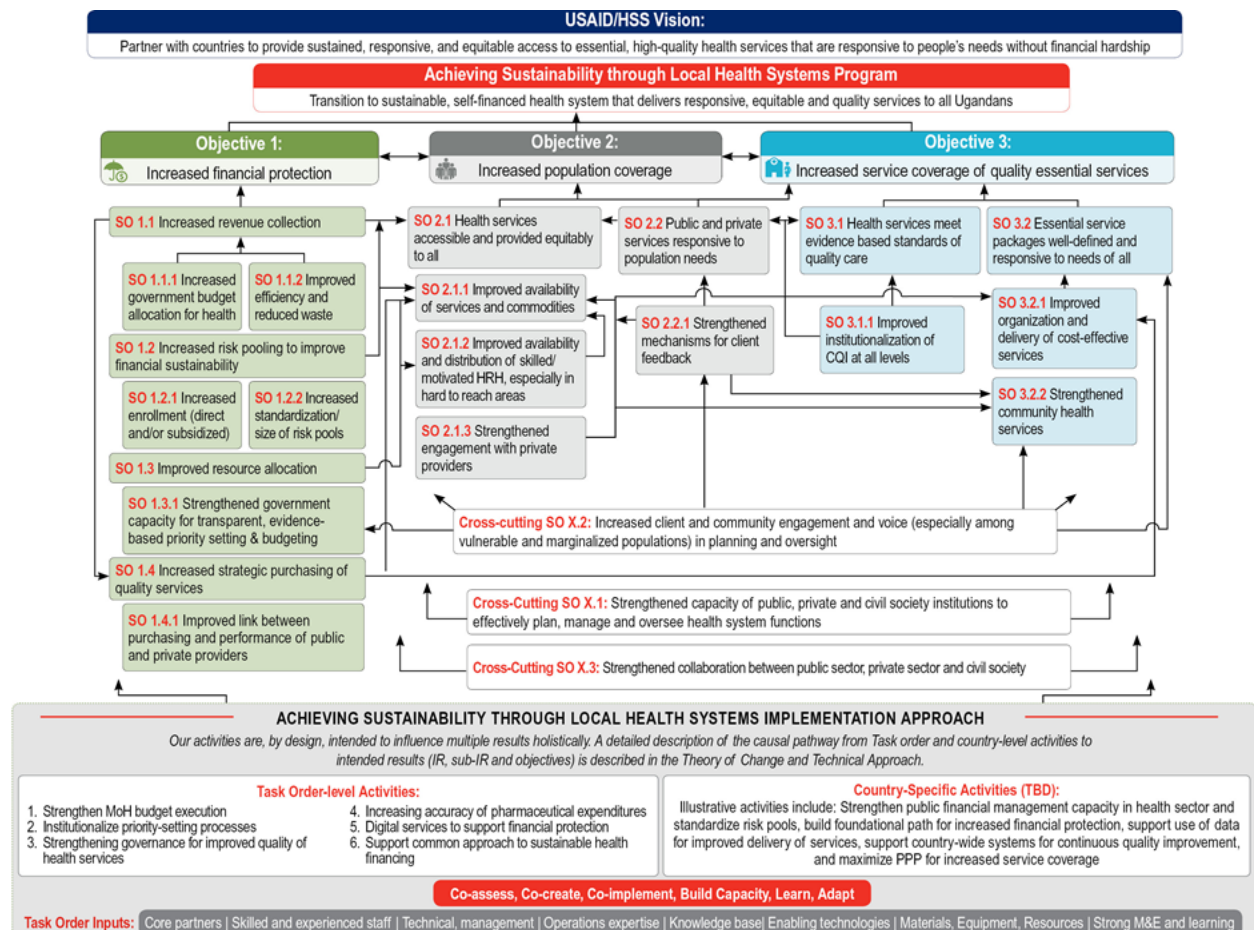
The Local Health System Sustainability Project (LHSS) is a five-year (2019-2024) global activity, funded by the United States Agency for International Development as Task Order I under the Integrated Health Systems Indefinite Delivery/Indefinite Quantity (IDIQ) contract. The purpose of LHSS is to support achievement of USAID health systems strengthening priorities as a means to achieve universal health coverage.

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

I.2 RESULTS FRAMEWORK

The LHSS results framework, below, defines the ultimate objectives and sub-objectives for both core and field-funded activities. See Annex I for links between project activities and the Task Order Results Framework.

Figure I. LHSS Results Framework



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2. OVERVIEW

This first quarterly report covers the period from project startup to December 31, 2019. Following the award of the Task Order I contract on August 29, 2019, initial work was put on hold for a short while to allow for any protests. LHSS started work in late September 2019. The project set up the home office-based senior management team and project management systems, and prepared the contractually required cross-cutting strategies and plans. In addition to completing a Year I work plan for core activities, LHSS completed a full work plan for Jordan, began designing a substantive program in advance of a likely buy-in from Colombia, and prepared for an anticipated health system assessment in Zimbabwe.

2.1 PROJECT START-UP

WORK PLANS

LHSS completed two work plans during the quarter (Q1). One covers seven core activities commissioned by and developed in close collaboration with the USAID Office of Health Systems (OHS); the other covers Year I of the Jordan activity. For each of the core activities, USAID assigned an activity manager who worked closely with the LHSS leads to clarify expectations. Following feedback from USAID on the first draft and several participatory sessions between USAID and LHSS, the project revised and resubmitted the core work plan. USAID approved the plan on December 16, 2019. Following receipt of a detailed scope from the USAID Mission in Jordan, LHSS prepared the Jordan activity work plan, including an activity monitoring, evaluation and learning (MEL) plan. The project revised the first draft based on Mission feedback, including responding to a significant change in the structure and objectives of the original scope. USAID approved the Jordan work plan in early January 2020. For both the core and Jordan work plans, LHSS ensured that progress towards sustainability, local capacity development, and local ownership of health system functions were included in the activity designs.

CROSS-CUTTING STRATEGIES AND PLANS

Scale-up of Local Capacity Strategy: As required by the Task Order I contract, LHSS submitted for review and approval by the Task Order Contracting Officer's Representative (COR) a strategy to scale up local capacity and transition work to local, country-based organizations. USAID approved the strategy on December 18, 2019. The LHSS Scale-up of Local Capacity Strategy incorporates proven approaches to building local capacity, and includes robust measurement of progress toward sustainability and local ownership. The strategy's vision for success is that, by the end of the project, more organizations central to a functioning, growing health system will be on the path to being self-sustaining entities and 20 percent of LHSS work will be implemented by local organizations. The strategy incorporates best practices in organizational capacity development and describes how core and country activities will build capacity and promote transition and sustainability. Distinguishing features are the strategy's use of Local Partner Capacity and Transition Plans, a Transition Advisory Group to inform the collaborative management approach, capacity-building and transition as a component of activity implementation, and the development and use of a Sustainability and Transition Index. In response to COR feedback, LHSS will engage with USAID in Q2 to define what is meant by the goal of "20 percent of LHSS work." LHSS will also develop an operational guide for country activity teams and local partners to accompany the strategy; the Sustainability and Transition Index; and a training program for home office and country teams.

Gender Equality and Social Inclusion Strategy: LHSS consortium partners Abt Associates and Banyan Global worked together to develop the project's Gender Equality and Social Inclusion (GESI) strategy as required by the Task Order 1 contract. The USAID policy on Gender Equality and Female Empowerment, as well as other related USAID guidance, underpinned the framework for the strategy. The project conducted a rapid literature review to examine gaps in GESI related to the project's objectives of financial protection, population coverage, and service coverage. This review informed the strategy's six-point approach to integrating GESI across the project's technical activities, management, and other cross-cutting strategies and plans. Importantly, many evidence gaps remain related to GESI and health systems strengthening, and the project hopes to contribute to learning and research in this area. USAID approved the GESI strategy on December 18, 2019. Also in Q1, LHSS GESI leads reviewed and provided input to the core work plan and the Jordan work plan. In Q2, the project will finalize its induction training materials and begin to orient home office and field staff to its GESI approach.

Monitoring, Evaluation and Learning Plan: The LHSS team prepared the Task Order-wide costed MEL plan during the quarter, adhering to the contract guidance and other best practices. Preparations included an initial draft and three consultative reviews of the annotated outline with the COR and the OHS MEL specialists. LHSS technical subject matter experts contributed to several sections of the MEL plan, particularly the proposed performance indicators and the learning agenda questions. The plan describes the process to finalize certain sections in a consultative workshop with USAID in Q2. LHSS submitted the draft MEL plan on October 31, 2019, and received comments from OHS on December 20. The project submitted a revised MEL plan on January 8, 2020. In Q2, LHSS and the COR and USAID activity leads will participate in a joint evaluation research and learning agenda-setting workshop. Additionally, the project will work with OHS MEL specialists to finalize the LHSS theory of change, results framework, and indicators. LHSS will also finalize performance indicator reference sheets and undertake a quarterly participatory 'pause and reflect' review session.

Knowledge Management Plan: LHSS developed and received USAID approval for the project's Knowledge Management Plan during the quarter. The plan explains how LHSS will systematically capture information and learning gained through program implementation and share new knowledge in through innovative, multimedia products with relevant local, USAID, IDIQ, and global audiences. The plan is based on guidance for key components provided in the Task Order contract. The project's knowledge management lead prepared the plan with input from the LHSS MEL lead; an ad hoc advisory committee of Abt colleagues; other individual LHSS senior management team members and Abt colleagues; the LHSS COR; and the USAID Senior Health Science Specialist. LHSS submitted the plan to USAID on October 31, 2019. In response to USAID feedback received December 9, LHSS revised and resubmitted the plan on December 10. USAID approved the revised plan on December 18, 2019. During Q2, LHSS will begin gathering implementation lessons and knowledge related to core activities.

Grants Manual: Following guidance in the Task Order contract, LHSS submitted a Grants Manual draft on November 12, 2019. The project was awaiting feedback from USAID at the time this report was submitted.

Environmental Compliance Plans: In Q1, the LHSS project submitted for COR review and approval a Task Order-wide Environmental Mitigation and Monitoring Plan (EMMP) and activity-level EMMPs, Waste Management Plan/Standard Operating Procedures (WMP/SOP) and Climate Risk Management Plans (CRMP) for the seven core activities. These environmental compliance plans were developed by Abt in consultation with USAID. The implementation of LHSS is subject to the requirements of the [Integrated Health Systems Improvement Project Initial Environmental Examination](#), which examined the proposed activities of the Portfolio, and assigned to each activity a threshold determination. All LHSS Year 1 activities will be focused on trainings, technical assistance, and research, which have little to no adverse environmental impacts. As country programs are developed, LHSS will produce and submit country activity-level environmental compliance plans as required.

Branding Implementation and Marking Plan: LHSS developed the project’s Branding Implementation and Marking Plan and submitted it to USAID during the quarter. The plan describes how LHSS will be named, positioned, promoted, and communicated to the public to guarantee that funds for project activities are appropriately understood as “from the American people.” The plan is based on the branding and marking format outlined in the IHS IDIQ contract, and the requirements set forth in Automated Directives System (ADS) Chapter 320 and the USAID Graphic Standards Manual. In preparing the plan, the LHSS communications lead consulted USAID’s Branding Champion and the USAID Senior Communications Advisor, both of whom provided guidance. LHSS received feedback on the plan from the LHSS Contracting Officer via the COR on January 2, 2020. LHSS revised the plan accordingly and USAID approved the revised plan on January 3, 2020.

MANAGEMENT AND STAFFING

Q1 focused on establishing the LHSS senior management team, as laid out in the final Task Order proposal submitted to USAID. Three of Abt’s LHSS consortium partners will have representatives on the senior management team: Save the Children, Institute for Healthcare Improvement (IHI) and Training Resources Group (TRG). LHSS set up weekly calls with the COR team, as requested at the Task Order kickoff meeting with the COR and Contracting Officer. The project also identified staffing for the core activity work teams and the Jordan and Colombia teams. Work also started on preparing the MandE 2.0 tool that allows for cross-partner reporting on progress and storage of key work plan deliverables. LHSS discussed early partnership with the Health Systems Strengthening Accelerator in an initial meeting with Accelerator prime Results for Developments (R4D), and a more structured engagement is planned in Q2 with the COR and Agreement Officer Representative from each project.

PARTNERS AND SUB-CONTRACTS

All 12 LHSS partners will have agreed master sub-contracts, with work orders prepared for partner contribution to each activity. Abt held one-to-one meetings with core partners, followed by an all-partner kickoff meeting on October 10 to orient the LHSS consortium; Abt agreed to hold a short, all-partners meeting every three months to brief partners on project progress, share intelligence on future opportunities and, in the future, engage in knowledge management exercises. LHSS is informing all partners of all opportunities from USAID as they arise, and is preparing an internal paper laying out principles and guidance on how Abt, as LHSS Prime, and the other 12 consortium partners will engage with each other and with USAID on project matters.

2.2 CORE ACTIVITIES

The LHSS core activities will provide USAID Missions, governments, and local partners with the knowledge and tools required for reaching and sustaining nationally defined goals for financial protection, equitable service coverage, and improved quality of services.

- Activity 1 will support USAID’s work with Ministries of Health (MOHs) to increase budget execution and improve performance, and thereby increase resources to invest in services and/or subsidize access for those most in need.
- Activity 2 will help USAID work with country stakeholders to implement priority setting so that countries can direct efforts and resources accordingly both within the health sector and between sectors that have an impact on health.
- Activity 3 builds on current and past efforts to help countries operationalize their National Quality Policies and Strategies (NQPS). Improved operationalization will in turn improve the quality of health care services and its oversight.

- Activity 4 will support improved decision-making on pharmaceuticals, by improving access to analytic expenditure data. The data will then be available to spur governments to plan for sustainable mobilization of resources.
- Activity 5 will provide evidence of the effect of digital financial services on financial protection, service utilization, and health system performance through research. The findings will enable investments in DFS solutions with proven impact on achieving Universal Health Coverage (UHC).
- Activity 6 focuses on the private sector and the winners of USAID’s Inclusive Health Access Prize (IHAP). By helping innovators soundly scale up their businesses, the work will ultimately lead to more sustainable enterprises.
- Through Activity 7, LHSS will work with USAID to implement its common approach to work with host country governments to increase resource levels for health. This will be a cohesive and integrated approach for rapid cross-mission learning and adaptation.

2.3 COUNTRY PROGRAMS

JORDAN

The LHSS Jordan activity will support the Government of Jordan’s efforts to improve health care professionals’ competencies to deliver quality health services through the institutionalization of a mandatory continuing professional development (CPD) system for professional license renewal. In Q1, the LHSS Jordan activity began drafting its work plan based on a detailed scope of work provided by USAID Jordan. During this process, LHSS and USAID Jordan clarified that one of the primary objectives of LHSS will be to support the Jordan Ministry of Health’s implementation of a new partner government systems (PGS) award for CPD. The work plan was developed to reflect the LHSS Scale-up of Local Capacity Strategy, with features addressing sustainability, local capacity development, and increased local ownership of health system functions. Implementation will begin in Q2.

COLOMBIA

USAID Colombia asked LHSS to develop a concept note for a potential country activity to support the Government of Colombia (GOC) to integrate Venezuelan migrants into the health system while strengthening the system’s financial sustainability. LHSS conducted a scoping visit to Colombia in December 2019. Based on the findings of this visit, conversations with USAID, and desk research, LHSS developed and submitted a concept note for the activity. The concept note included recommendations to strengthen capacity at the national and subnational levels to respond to the health needs of migrants and receptor communities; to support the design of mechanisms to sustainably finance the provision of health services; and to increase access to high quality, appropriate health services for migrants and receptor communities. At the end of the quarter, the project was waiting for USAID Colombia and GOC’s feedback on the concept note.

ZIMBABWE

USAID Zimbabwe asked LHSS to prepare to conduct a rapid health system assessment for Zimbabwe, particularly regarding human resources for health and health financing, to guide donor support to the Government of Zimbabwe. The proposed assessment will review the recent impact of the economic downturn and drought on the health system, define the current situation and its challenges, and provide recommendations for supporting the system to ensure provision of priority health services during the economic downturn. The project submitted a work plan and is waiting for USAID approval before planning and conducting the assessment.

3. CORE ACTIVITIES

3.1 ACTIVITY 1: STRENGTHEN MINISTRY OF HEALTH BUDGET EXECUTION

Status: Literature review has begun to identify good practices for health budget execution.

Problem Statement: \$10–100 million allocated to the health sector in African countries remains unused because of low budget execution rates.¹ Increasing budget execution rates can potentially free up resources for health more quickly than finding new revenue sources, but practical guidance about how to do so is limited.

Purpose: Equip MOHs with proven strategies to increase government budget execution.

Interventions:

- Document MOH practices that have increased budget execution and produce a resource document.
- Use lessons learned from MOHs with high budget execution to increase health budget execution in two USAID priority countries.

Planned Year 1 Deliverables:

- Interim and final resource documents
- Two country capacity-building plans to support increased budget execution
- Learning brief on local capacity-building process

Consortium Partners:

- Abt Associates, R4D

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

SO 1.1.1 - Increased government budget allocation for health

SO 1.1.2 - Improved efficiency and reduced waste

SO 1.4.2 - Increased effectiveness of the health sector budget

- **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1 - Strengthened capacity of institutions - public, private, and civil society organizations - to effectively plan and oversee health system functions

¹ WHO. 2016. Public Financing for Health in Africa: from Abuja to the SDGs. Geneva, Switzerland.

Progress²

LHSS met with the USAID Activity Manager several times to reach a common understanding of the objectives and approach for this activity. The team developed a budgeted work plan that identified key interventions, partners, and the timeline.

Upcoming Work in Q2

- Finalize literature review strategy and Gantt chart using feedback from Quality Assurance Advisor and USAID Activity Manager.
- Conduct literature review.
- Conduct stakeholder consultations, in partnership with USAID Activity Manager.
- Summarize findings of literature review and stakeholder consultations in a resource document and obtain feedback from USAID Activity Manager.
- Reach agreement with USAID Activity Manager on three countries for case studies.

² This quarterly report omits information on the following topics from most of the core and country activity reports because the topics were not applicable during the Year I, Quarter I period: Progress towards sustainability, local capacity development, and local ownership/leadership/management of health systems functions; progress towards removing gender-related constraints, new opportunities pursued to create greater gender equity; results for MEL performance indicators; WMP/SOP and CRMP performance; lessons learned; key challenges; completed deliverables; upcoming events; success stories.

3.2 ACTIVITY 2: INSTITUTIONALIZE EXPLICIT NATIONAL HEALTH PRIORITY SETTING PROCESSES

Status: Landscaping exercise is under way to identify general lessons and specific countries for more detailed analysis.

Problem Statement: Setting priorities for the health sector is an inherently political process that ultimately guides planning and resource allocation. To achieve good priority-setting processes, countries must understand and navigate complex, context-specific challenges. While some existing resources set out principles to guide high-level priority-setting processes, countries face challenges to identify and implement those most appropriate for addressing the specific barriers and opportunities they face.

Purpose: Develop and validate a resource that draws out lessons and promising practices for use in institutionalizing explicit national priority-setting in different country contexts.

Interventions:

- Identify weaknesses in existing national priority-setting processes, barriers to behavior change, and opportunities to overcome these barriers.
- Generate a practical resource on approaches and skills needed to support the priority-setting process.
- Convene a country joint learning event to discuss and validate the resource's initial findings and conclusions.

Planned Year 1 Deliverables:

- Practical resource on priority-setting processes, validated by countries
- Cross-learning event between countries with an active interest in priority-setting
- Set of criteria for selecting countries for future technical support
- Webinar to disseminate the final resource

Consortium Partners:

- Abt Associates, R4D, TRG

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

SO 1.3 – Improved resource allocation

SO 1.3.1 – Strengthened government capacity for transparent, evidence-based priority setting and budgeting

SO 1.4 – Increased strategic purchasing of quality services

- **Objective 2: Increased population coverage**

SO 2.2 – Public and private services responsive to population needs

- **Objective 3: Increased service coverage of quality essential services**

SO 3.2 – Essential service package well-defined and responsive to needs of all

- **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1 – Strengthened capacity of institutions – public, private, and civil society organizations – to effectively plan and oversee health system functions

SO X.2 – Increased client and community engagement and voice in planning and oversight

Progress

The activity work plan was developed and approved in Q1. The LHSS activity team then began gearing up to start the technical work. This included engaging consortium partners and starting the development of a literature search strategy for the initial landscaping exercise.

Upcoming Work in Q2

- Finalize literature search strategy, complete the search, and synthesize findings.
- In consultation with USAID, identify stakeholders to consult about country selection and agree on interview questions.
- Conduct interviews and document results.
- In consultation with USAID, select 5-10 countries for more detailed analysis and agree on stakeholders to interview.
- Carry out detailed analysis of selected countries' national priority-setting processes.
- Begin drafting resource summarizing existing activities, lessons learned, and practical guidance on institutionalizing explicit national health priority setting.
- Begin organizing a cross-country learning event to be held in May or June.

3.3 ACTIVITY 3: STRENGTHENING GOVERNANCE TO IMPROVE THE QUALITY OF HEALTH SERVICE DELIVERY

Status: Development of the governance-of-quality health service delivery framework to frame the rapid review of 52 USAID priority countries is ongoing. LHSS has reached out to WHO to begin compiling documentation for the rapid review.

Problem Statement: Many countries are embarking on NQPS reforms to build a system that motivates and enables the continuous provision of quality health services. This requires a complex architecture and little is known about countries' experiences: what competencies and skills are needed, and what governance and other system challenges emerge during NQPS operationalization.

Purpose: Develop new products and package existing ones in user-friendly formats to support countries as they operationalize their NQPS, including engaging the private sector, and enable a learning environment across countries on similar journeys to improve quality.

Interventions:

- Assess progress in USAID's 52 priority countries towards developing, implementing, or refining their NQPS.
- Identify governance reform lessons learned in operationalizing NQPS and produce tools to support NQPS implementation.
- Create virtual learning exchange opportunities to connect countries that share common challenges with countries that have successfully implemented a specific quality reform.

Planned Year 1 Deliverables:

- Summary report on the current state of governance of quality in USAID priority countries
- Technical report on key lessons and recommended practices for successfully operationalizing the NQPS
- Virtual knowledge exchange platforms to connect country stakeholders for shared learning and capacity-building
- Repository of technical tools, guides, and resources organized into six governance of quality functions

Consortium Partners:

- Institute for Healthcare Improvement, Save the Children

Contribution to Task Order Objectives

- **Objective 3: Increased service coverage of quality essential services**

SO 3.1 – Health services meet evidence-based standards of quality care

SO 3.1.1 – Improved institutionalization of CQI at all levels

SO 3.2.2 – Strengthened community health services

- **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1 – Strengthened capacity of institutions – public, private, and civil society organizations – to effectively plan and oversee health system functions

SO X.2 – Increased client and community engagement and voice in planning and oversight

Progress

In Q1, LHSS finalized the work plan working together with USAID. The project made progress finalizing the functions for governing quality health service delivery, including harmonizing across the Health Finance and Governance and Applying Science to Strengthen and Improve Systems projects' initial six functions, the World Health Organization's framework for developing a National Quality Policy and Strategy, IHI's framework for successfully implementing a national quality strategy, and Save the Children's proposed changes to the building blocks for health system strengthening. LHSS began discussions with WHO and USAID regarding key documents for a rapid review exercise.

Upcoming Work in Q2

- Finalize framework for rapid review exercise.
- Develop survey instrument for survey of stakeholders from 52 countries.
- Finalize list of country stakeholders.
- Deploy survey and finalize data collection for rapid review.
- Review gray literature across 52 countries.
- Identify three countries together with USAID for three-country case study.
- Determine activities at the IHI 2020 Africa Forum on Quality and Safety in Healthcare to advance the three-country case study.

3.4 ACTIVITY 4: INCREASING ACCURACY OF PHARMACEUTICAL EXPENDITURE DATA

Status: LHSS is collaborating with the Management Sciences for Health-led MTaPS program on this activity. Roles for LHSS and MTaPS have been defined and desk review is under way.

Problem Statement: Given the significant spending on pharmaceuticals as a proportion of spending on health, accurate pharmaceutical expenditure data is needed to inform pharmaceutical decision-making and ultimately increase financial risk protection.

SHA 2011 presents an appropriate framework for estimating these expenditures, but comprehensive, detailed, and practical guidance is needed on how to incorporate and analyze pharmaceutical data as part of a Health Accounts estimation.

Purpose: Produce a practical resource on pharmaceutical expenditure tracking to accompany SHA 2011 and provide capacity-building to Health Accounts and pharmaceutical decision makers to increase production and use of pharmaceutical expenditure data.

Interventions:

- Identify gaps in data and policy priorities, through desk review and in-country fieldwork, to draft a resource on pharmaceutical expenditure tracking.
- Apply the resource in two countries and build country capacity for production and use of pharmaceutical expenditure data to improve decision making.

Planned Year 1 Deliverables:

- Preliminary and then final draft of resource for tracking pharmaceutical expenditures (Abt Associates)
- Illustrative policy brief on tracking pharmaceutical expenditures (MTaPS)
- Two country policy briefs, produced using data from country applications (Abt Associates)

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

SO 1.1.2 – Improved efficiency and reduced waste

SO 1.2 – Increased risk pooling to improve financial sustainability

SO 1.3 – Improved resource allocation

SO 1.3.1 – Strengthened government capacity for transparent, evidence-based priority setting and budgeting

SO 1.4 – Increased strategic purchasing of quality services

SO 1.4.2 – Increased effectiveness of the health sector budget

- **Objective 2: Increased population coverage**

SO 2.1.1 – Improved availability of services and commodities

- **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1 – Strengthened capacity of institutions – public, private, and civil society organizations – to effectively plan and oversee health system functions

Progress

LHSS participated in an initial meeting with USAID and MTaPS to discuss activity objectives and the collaboration between the two projects. LHSS then developed the work plan for Activity 4 and refined its approach to increasing accuracy for pharmaceutical expenditure data while ensuring local capacity-building based on feedback from the COR.

LHSS also worked with collaborator MTaPS to develop a concept note that describes this activity and clearly outlines roles and responsibilities for both projects. Due to their limited budget, MTaPS is able to contribute primarily to Intervention 1; for Intervention 2 they will contribute expertise only to one dissemination activity.

In recent discussions, MTaPS proposed that they lead the development of one deliverable (the illustrative policy brief) that was originally a deliverable in the LHSS work plan under Intervention 1. Given their expertise in pharmaceuticals and their crucial role in Intervention 1, LHSS agreed to this change. Therefore, MTaPS will include this brief in their work plan as a deliverable to their client, and LHSS has removed this deliverable from its activity work plan, though it will contribute to the brief as needed and share the final brief with the LHSS COR.

Key Challenges

During development of the concept note with MTaPS, which outlines roles and responsibilities for both projects, LHSS learned that MTaPS was not able to fund certain tasks in their current budget. LHSS has assumed responsibility for those tasks and will plan ahead to source the necessary expertise to complete these tasks.

LHSS will require collaboration with the Health Accounts and Access to Medicines teams at WHO to obtain data for the desk review and to obtain expert opinion on policy priorities for pharmaceutical decision makers. Communication with these teams may result in slight delays.

Upcoming Work in Q2

- Conduct desk review of existing Health Accounts data.
- Conduct in-country fieldwork.
- Review and synthesize learnings from desk review and in-country fieldwork.

3.5 ACTIVITY 5: DIGITAL SERVICES TO SUPPORT FINANCIAL PROTECTION

Status: Meeting has been held with OHS client to discuss process for designing research protocol and refining research questions. A Q2 brainstorming session is anticipated to ensure coordination with complementary research activities.

Problem Statement: Digital Finance Services (DFS) refers to any financial services accessed and delivered through digital channels, including the internet, mobile phones, and others. The case for DFS as a means of expanding financial inclusion is well-established. However, less is known about the impact of DFS on health system performance or protection from impoverishment due to health care costs.

Purpose: Address gaps in understanding the degree to which DFS impacts health system use, performance, and/or financial protection, and under what circumstances.

Interventions:

- Conduct a landscape review of current and emerging digital savings and insurance applications in low- and middle-income countries.
- Document existing evidence on how such applications prevent and protect vulnerable populations from high out-of-pocket payments, lead to increased health service use, and support health system performance overall.

Planned Year 1 Deliverables:

- Technical report providing an up-to-date review of evidence on whether and how digital health savings and insurance services increase financial protection, use of health services, and health system performance.
- Recommendations on opportunities for USAID to advance UHC and health systems strengthening through DFS investments.
- A webinar to disseminate results and generate interest in DFS integration to help achieve UHC.

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

SO 1.2 – Increased risk pooling to improve financial sustainability

SO 1.2.1 – Increased enrollment (direct and/or subsidized)

SO 1.2.2 – Increased standardization/size of risk pools

- **Objective 2: Increased population coverage**

SO 2.1 Health services accessible and provided equitably to all

SO 2.1.1 – Improved availability of services and commodities

SO 2.1.3 – Strengthened engagement with private providers

- **Objective 3: Increased service coverage of quality essential services**

SO 3.1 – Health services meet evidence-based standards of quality care

- **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1 – Strengthened capacity of institutions – public, private, and civil society organizations – to effectively plan and oversee health system functions

SO X.3 – Strengthened collaboration between public sector, private sector, and civil society

Progress

The work plan for this activity was developed and approved in Q1. The Abt activity lead met with the client on December 11 to discuss the process for co-designing the research agenda, to ensure effective collaboration with a related OHS activity through Digital Square which envisions deep-dive DFS case studies in two countries. Q2 scheduled collaboration will depend upon Digital Square’s timing for the selection of implementing partner(s) for the DFS case studies.

Upcoming Work in Q2

- Finalize research protocol and interview guides.
- Conduct the landscape review and start drafting the report.

3.6 ACTIVITY 6: TECHNICAL ASSISTANCE TO SUPPORT INCLUSIVE HEALTH ACCESS PRIZE WINNERS

Status: USAID has introduced LHSS to the five prize winners. LHSS outreach to winners for technical assistance (TA) plan development is under way.

Problem Statement: As countries strive towards achieving UHC, total market approaches can fill gaps in service and population coverage and provide financial protection. Private health sector innovators are a key contributor to this effort. Previous challenge funds and equity investors have reported a need for capacity-building to increase the effectiveness of start-up funding.³ However, innovators often lack the TA and support needed to reach scale and achieve sustainability.

Purpose:

- Provide TA to enable the five IHAP winners below to scale up their businesses and thereby increase population coverage of their health services.
 - In Cameroon, **GIC Med** improves women’s access to services they might not otherwise seek or receive by bringing breast and cervical cancer services to them via telemedicine.
 - **Infiuss** is an online blood bank and digital emergency supply monitor in Cameroon that provides hospitals and patients with more reliable access to blood.
 - **JokkoSanté** is a health-focused digital payments application that improves accountability in the health system in Senegal by tracking medicines and enabling payments.
 - In Nigeria, **mDoc** uses a digital platform to promote access to reliable health care for people with conditions, especially chronic non-communicable diseases.
 - The **Piramal Swasthya Management and Research Institute** provides community outreach and telemedicine services to underserved and marginalized populations in India.

Interventions:

- Co-design TA plan with each winner
- Implement the TA plans with each winner
- Document and disseminate the process for learning

Planned Year 1 Deliverables:

- TA plan for each IHAP winner
- Final activity report
- Learning brief documenting lessons learned from TA provision
- Learning event report

Consortium Partners:

- TBD

Contribution to Task Order Objectives

- **Objective 2: Increased population coverage**

SO 2.1.1 – Improved availability of services and commodities

³ Barbary, V. et al. 2011. Promise and Progress: Market-Based Solutions to Poverty in Africa. Monitor Group.

SO 2.1.3 – Strengthened engagement with private providers

- **Objective 3: Increased service coverage of quality essential services**

SO 3.1 – Health services meet evidence-based standards of quality care

SO 3.2.1 – Improved organization and delivery of cost-effective services

SO 3.2.2 – Strengthened community health services

- **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1 – Strengthened capacity of institutions – public, private, and civil society organizations – to effectively plan and oversee health system functions

Progress

During Q1, USAID advised LHSS to wait on engaging IHAP winners until the prize funds were disbursed to all of them. At the end of Q1, LHSS received confirmation that all winners had received their funds, and USAID drafted an introduction email to the winners about the LHSS project. During Q1, the LHSS team also conducted rapid background research on the five IHAP winners to prepare for TA.

Key Challenges

Late transfer of payment to winners delayed USAID’s introduction email to them about LHSS and the TA support.

Upcoming Work in Q2

- Establish contact with the IHAP winners.
- Assess TA needs and develop TA plans for each winner.
- Start implementing the TA plans and documenting the process.

3.7 ACTIVITY 7: OPERATIONALIZING THE COMMON APPROACH FOR INCREASING SUSTAINABLE FINANCING FOR HEALTH: CONDUCT A PROOF OF CONCEPT

Status: Not yet initiated pending USAID guidance.

Problem Statement: To date, many donor-supported interventions to improve partner country domestic resource mobilization are focused on specific programs or diseases. Such an approach can further fragment host country health financing systems.

USAID mission health offices embrace the idea of approaching host country governments in a more integrated and streamlined manner on the subject of sustainable financing for health, and the Office of Health Systems is developing a common approach to facilitate such engagement.

Purpose: To develop and implement a proof of concept for a framework to operationalize the USAID common approach that will facilitate agreement across USAID teams, missions, and bureaus on advocacy and technical support for sustainable financing for health.

Interventions:

- Develop process and milestones for establishing an integrated approach across mission offices for engaging host government.
- Develop an approach for strategic engagement of stakeholders for sustainable financing health and test it for proof of concept.
- Identify metrics required to support a discussion with host government on sustainable financing.

Planned Year 1 Deliverables:

- Operational framework outline/plan with accompanying resources
- Proof of concept country selection criteria, operationalization plan, and final report
- Implementation research plan and final report on country engagement with the operational framework
- Evaluation concept plan for countries chosen for the proof of concept

Consortium Partners:

- Harvard School of Public Health, TRG

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

SO 1.1 – Increased revenue collection

SO 1.1.1 – Increased government budget allocation for health

SO 1.1.2 – Improved efficiency and reduced waste

SO 1.3 – Improved resource allocation

SO 1.3.1 – Strengthened government capacity for transparent, evidence-based priority setting and budgeting

SO 1.4 – Increased strategic purchasing of quality services

- **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1 – Strengthened capacity of institutions – public, private, and civil society organizations – to effectively plan and oversee health system functions

Progress

Following discussions with USAID, the work plan was approved in Q1. This activity's final scope/implementation plan depends upon the finalization of 1) a landscape analysis already initiated by USAID, and 2) a common approach to sustainable financing for health to be developed by USAID's OHS. These documents are expected in Q2.

Key Challenges

As noted above, the activity start is dependent on USAID documentation expected in Q2.

4. COUNTRY PROGRAMS

4.1 JORDAN

Status: By the end of Q1, the country work plan had been drafted and planning was under way for a January trip to Jordan to start up the project and begin costing PGS award milestones.

Purpose: This activity supports the Government of Jordan's efforts to improve health care professionals' competencies to deliver quality health services through the institutionalization of a mandatory continuing professional development system for professional license renewal.

Interventions:

- Objective 1: Strengthen MOH institutional and operational structures for a sustainable CPD system
- Objective 2: Strengthen councils' capacity (systems, human resources, and financial) to institutionalize CPD system
- Objective 3: Increase private sector engagement for CPD

Planned Year 1 Deliverables:

- Objective 1:
 - CPDP milestones costed
 - CPD Taskforce established
 - CPD Strategic Plan approval facilitated
 - Learning visits completed
 - Electronic management system tender and cost estimates developed
 - CPD principles and standards reviewed
 - Development of national CPD monitoring framework facilitated
- Objective 2: Costed CPD implementation plans for each council
- Objective 3:
 - Rapid review of USAID's CPD Mapping
 - Engagement plan for commercial businesses
 - Private sector roundtable exchanges
 - One-on-one stakeholder meetings to identify barriers
 - Challenge Fund model designed and implemented
 - Larger stakeholders meeting

Consortium Partners:

- Abt Associates, IHI, TRG, Internews (pending USAID Jordan approval)

Contribution to Task Order Objectives

- **Objective 2: Increased population coverage**

SO 2.1.3 Strengthened engagement with private providers

SO 2.2 : Public and private services responsive to population needs

- **Objective 3: Increased service coverage of quality essential services**

SO 3.1: Health Services meet evidence based standards of quality care

SO 3.1.1: Improved institutionalization of CQI at all levels

SO 3.2.1: Improved organization and delivery of cost-effective services

- **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.3: Strengthened collaboration between public sector, private sector and civil society

Progress

In Q1, the LHSS Jordan activity began drafting its work plan based on a detailed scope of work shared by USAID Jordan. This work planning effort included a virtual scoping exercise through conference call discussions with USAID Jordan staff and consultants, and a desktop review of reports and materials on CPD in Jordan to date. LHSS also held internal discussions on CPD and quality improvement, capacity-building, and media engagement with IHI, TRG and Internews, respectively. During this process, LHSS and USAID Jordan clarified that one of primary objectives of LHSS will be to support the Jordan MOH's implementation of a new partner government systems award for CPD.

LHSS also planned for a January 2020 TDY for the LHSS Project Director and the LHSS Country Manager to travel to Jordan to start up the activity and lay the groundwork to cost milestones for the new PGS award. LHSS also began recruiting local staff and consultants for the activity.

Upcoming Work in Q2

- Travel to Jordan to start up the activity (January 5-17, 2020).
- Participate in workshop with USAID Jordan and MOH to begin costing PGS milestones (January 21, 2020).
- Begin implementation of approved work plan.

4.2 COLOMBIA

Progress

The Government of Colombia has requested support from USAID as the only donor supporting the medium- to long-term response to the Venezuelan migration crisis in that country. In turn, the USAID Health Office in Bogota asked LHSS to develop a concept note for a potential country activity to support the GOC to integrate the migrants into the health system while strengthening the health system's financial sustainability. From December 9-13, the LHSS Technical Director and the Colombia Country Manager conducted a scoping trip to Bogota to:

- Collect information from Colombia's Ministry of Health and Social Protection (MSPS), USAID, and other stakeholders for the design of a program to strengthen national and local capacity to improve health care for migrants, returnees, and receptor communities and integrate them into the health system.
- Discuss with MSPS, USAID, and key implementing partners the priorities, strategies, and objectives for improving the health care and integration of migrants, and opportunities for LHSS to contribute to these efforts.
- Develop a concept note for LHSS interventions to support MSPS and USAID to achieve their

objectives.

They were accompanied by the USAID Latin America and Caribbean Bureau Health Lead.

On December 18, LHSS submitted the concept note and trip report to the USAID Mission in Colombia for their review. The main recommendations included actions to strengthen governance and implementation capacity of the national government and territorial entities to respond to changing needs of migrants and receptor communities; to support GOC to design mechanisms to sustainably finance the provision of health services for migrants and receptor communities; and to increase access to high quality, appropriate health services for migrants and receptor communities, particularly primary health care.

4.3 ZIMBABWE

Progress

Zimbabwe's health system is facing the dual challenge of decreasing resource availability and increasing demand from people experiencing the financial impact of drought and a deteriorating economy. In Q1, USAID Zimbabwe asked LHSS to prepare to conduct a rapid health system assessment to guide donor support to the Government of Zimbabwe following the government's request for \$143 million in budgetary support. LHSS accordingly prepared and submitted a work plan and is waiting for USAID approval before planning and conducting the assessment. The proposed assessment will review the recent impact of the economic downturn and drought on the system, define the current situation and challenges, and explore stakeholder expectations of how the worsening economy may further impact the system. With this information, LHSS will develop recommendations on how to support the system to mitigate against deterioration of essential priority services and prevent increases in morbidity and mortality.

ANNEX I: LINKS BETWEEN ACTIVITIES AND RESULTS FRAMEWORK

Table 1. Links Between Project Activities and Results Framework

ASLHS Year 1 Work Plan: Core Activities	CORE ACTIVITIES							COUNTRY ACTIVITIES
	1. MOH budget execution	2. Priority setting	3. Governance of quality	4. Pharmaceutical expenditures	5. Digital financial services	6. Health prize winners	7. Sustainable financing for health	Jordan
Objective 1 - Increased financial protection								
SO 1.1 - Increased revenue collection								
SO 1.1.1 - Increased government budget allocation for health								
SO 1.1.2 - Improved efficiency and reduced waste								
SO 1.2 - Increased risk pooling to improve financial sustainability								
SO 1.2.1 - Increased enrollment (direct and/or subsidized)								
SO 1.2.2 - Increased standardization/size of risk pools								
SO 1.3 - Improved resource allocation								
SO 1.3.1 - Strengthened government capacity for transparent, evidence-based priority setting and budgeting								
SO 1.4 - Increased strategic purchasing of quality services								
SO 1.4.1 - Improved link between purchasing and performance of public and private providers								
SO 1.4.2 - Increased effectiveness of the health sector budget								
Objective 2 - Increased population coverage								
SO 2.1 - Health services accessible and provided equitably to all								
SO 2.1.1 - Improved availability of services and commodities								

ASLHS Year I Work Plan: Core Activities	CORE ACTIVITIES							COUNTRY ACTIVITIES
	1. MOH budget execution	2. Priority setting	3. Governance of quality	4. Pharmaceutical expenditures	5. Digital financial services	6. Health prize winners	7. Sustainable financing for health	Jordan
SO 2.1.2 - Improved availability and distribution of skilled/motivated human resources for health, especially in hard-to-reach areas								
SO 2.1.3 - Strengthened engagement with private providers								
SO 2.2 - Public and private services responsive to population needs								
SO 2.2.1 - Strengthened mechanisms for client feedback								
Objective 3 - Increased service coverage of quality essential services								
SO 3.1 - Health services meet evidence-based standards of quality care								
SO 3.1.1 - Improved institutionalization of continuous quality improvement (CQI) at all levels								
SO 3.2 - Essential service package well-defined and responsive to needs of all								
SO 3.2.1 - Improved organization and delivery of cost-effective services								
SO 3.2.2 - Strengthened community health services								
Transition and sustainability								
SO X.1 - Strengthened capacity of institutions - public, private, and civil society organizations - to effectively plan and oversee health system functions								
SO X.2 - Increased client and community engagement and voice in planning and oversight								
SO X.3 - Strengthened collaboration between public sector, private sector, and civil society								