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FY2024 QUARTER 3

April 1, 2024 – June 30, 2024

Local Health System Sustainability Project
Task Order 1, USAID Integrated Health Systems IDIQ

THE LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

The Local Health System Sustainability Project (LHSS) is a six-year (2019–2025) global activity funded by USAID as Task Order 1 under the Integrated Health Systems Indefinite Delivery/Indefinite Quantity (IDIQ) contract. The purpose of LHSS is to support achievement of USAID health systems strengthening priorities as a means to increase access to universal health coverage (UHC).

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

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ACRONYMS

AI	Artificial Intelligence
AMELP	Activity Monitoring, Evaluation, and Learning Plan
ARPA	American Rescue Plan Act
ARV	Antiretroviral
ASMO	Afgahn Social Marketing Organization
AY	Activity Year
BHCPF	Basic Health Care Provision Fund (Nigeria)
CDC	U.S. Centers for Disease Control and Prevention
CHW	Community Health Worker
CONAMUSA	<i>La Coordinadora Nacional Multisectorial en Salud</i>
COR	Contracting Officer's Representative
CPD	Continuing Professional Development
CRMP	Climate Risk Management Plan
CSL	Commodity Security and Logistics Division – USAID
CSO	Civil Society Organization
EAC	East African Community
DR	Dominican Republic
DRC	Democratic Republic of the Congo
ELISA	Enzyme-Linked Immunosorbent Assay
eLMIS	Electronic Logistics Management Information System – Vietnam
EMMP	Environmental Mitigation and Monitoring Plan
ETITD	Electronic Transformation and Information Technology Directorate – Jordan
FONGTIL	Timor-Leste Non-Government Organization Forum
FY	Fiscal Year
GESI	Gender Equality and Social Inclusion
GHS	Global Health Security
GIZ	German Agency for International Cooperation
GKS	Global Knowledge Strategy (LHSS)
GS-NSPC	General Secretariat's National Social Protection Council – Cambodia
HAMNASA	Hamutuk Nasaun Saudavel (Timor-Leste)
HCJ	Health Connect Jamaica
HMIS	Health Management Information System
HPHC	High Performing Health Care (Tool)
HSS	Health System Strengthening
ICDDR,B	International Centre for Diarrheal Disease Research, Bangladesh
ICU	Intensive Care Unit
IDIQ	Indefinite Delivery/Indefinite Quantity
IGAD	Intergovernmental Authority on Development
IHI	Institute for Healthcare Improvement
IOM	International Organization for Migration
IRB	Institutional Review Board

IT	Information Technology
JLN	Joint Learning Network
LAC	Latin America and the Caribbean
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer
LGI	Local Government Institutions (Bangladesh)
LHSS	Local Health System Sustainability Project
LMIC	Low- and Middle-Income Country
LPHID	Licensing Professionals and Health Institutions Directorate – Jordan
MEL	Monitoring, Evaluation, and Learning
MERL	Monitoring, Evaluation, Research, and Learning
MODEE	Ministry of Digital Economy and Entrepreneurship – Jordan
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare – Bangladesh
MOHSP	Ministry of Health and Social Protection of the Population – Tajikistan
MOHSS	Ministry of Health and Social Services - Namibia
MPOX	Monkey Pox
MTaPS	Medicines, Technologies, and Pharmaceutical Services Program
NAA	National AIDS Authority – Cambodia
NDVP	National Deployment and Vaccination Plan – Kyrgyz Republic
NQPS	National Quality Policy and Strategy
PAHO	Pan American Health Organization
PCR	Polymerase Chain Reaction
PDR	People’s Democratic Republic
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PFM	Public Financial Management
PHC	Primary Health Care
PLHIV	People Living with HIV
PMI	President’s Malaria Initiative
PPE	Personal Protective Equipment
PROSUR	Forum for the Progress and Development of South America
PY	Project Year
Q	Quarter
RCI	Republican Center for Immunization
RCIP	Republican Center Immunoprophylaxis (Tajikistan)
REBAS-TL	Rede Ba Saúde Timor-Leste
RIGO	Regional Intergovernmental Organization
RFA	Request for Applications
RFQ	Request for Quotes
RNA	Ribonucleic Acid
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communications
SES	Sanitary and Epidemiological Service
SDoH	Social Determinants of Health

SGSSS	<i>Sistema General de Seguridad Social en Salud</i> /General Social Health Insurance System – Colombia
SHI	Social Health Insurance - Vietnam
SOPs	Standard Operating Procedures
SSK	<i>Shasthyo Surokhsha Karmasuchi</i> – Bangladesh
TA	Technical Assistance
TB	Tuberculosis
TO	Task Order
TWG	Technical Working Group
UHC	Universal Health Coverage
UNAIDS	United Nations Program on AIDS/HIV
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VAAC	Vietnam Administration of HIV/AIDS Control
VRIO	Venezuelan Response and Integration Office
VSS	Vietnam Social Security
WMP/SOP	Waste Management Plan/Standard Operating Procedure
WHO	World Health Organization

INTRODUCTION

The Local Health System Sustainability Project (LHSS) is a six-year (2019–2025) global project funded by USAID as Task Order 1 under the Integrated Health Systems Indefinite Delivery/Indefinite Quantity (IDIQ) contract. The purpose of LHSS is to support the achievement of USAID health systems strengthening priorities to increase access to universal health coverage (UHC).

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

This report provides a high-level summary and highlights as well as activity progress reports for all activities implemented during this reporting period.

PROGRESS TOWARD SUSTAINABLE HEALTH SYSTEM STRENGTHENING

LHSS continues to advance a systems thinking approach to achieve sustainable health system improvements in countries of operation. The project actively promotes learning across its country and core activities to share lessons and promising practices in health system actor engagement and capacity strengthening. In May 2024, LHSS held an internal technical and learning meeting focused on LHSS engagement with academic partners, as a distinct type of local partner and health system actor. Entities such as universities, think tanks, research institutes, and consulting firms are uniquely positioned to provide health system strengthening support. To date, LHSS has worked with academic institutions in nine countries. A analysis of LHSS's work with such institutions in Colombia, Kazakhstan, Peru and Tajikistan, found that through its grants and technical assistance, the project achieved improvements in institutional capacity with a strong likelihood of sustainable impact. For example, academic partners have institutionalized and adapted LHSS-supported curricula and other innovative learning products.

During Quarter 3, LHSS completed its activities in Bangladesh and the Democratic Republic of Congo. Through the project's Global Knowledge Strategy process, it has identified system level performance improvements in both countries which hold promise of being sustained past the life of the project. In Bangladesh, LHSS and local stakeholders agreed that municipality health departments and local government institutions (LGIs) have improved coordination, management, and monitoring to strengthen budgeting, planning and implementation of the municipality-level primary health care system using national and local government resources. In the Democratic Republic of Congo, LHSS supported local partners in contributing to improvements in financial governance through an increased disbursement rate of health sector budget commitments.

During Quarter 3, LHSS closed out 12 grants across five countries (Colombia, Jordan, Nigeria, Timor-Leste, and Ukraine). These awards were implemented by a range of actors including private sector entities, non-governmental organizations, local governments, and a university partner.

Following are selected sustainability and transition outcomes from these grants:

- In Timor-Leste, an in-kind grant to the Ministry of Health's Department of Health Management Information System (HMIS) provided phone credits, enabling MOH officers to meet data entry requirements for the HMIS and COVID-19 immunization tracker. Recognizing the importance of these improvements, the MOH has integrated internet service fees for digital health tools into its annual budget.
- In Ukraine, NK Group Consulting received a fixed amount award to expand the availability of mental health care via mobile telehealth for those affected by the war with Russia. The grant supported NK Group in significantly improving its mobile app, resulting in user interface improvements and optimized features for people with special needs. The grant also helped strengthen the capacity of mental health professionals to provide remote consultations, improve data security and transfer protocols, and enhance patient care plans. In sum, these improvements boosted product awareness, attracted new users, and helped establish partnerships with new medical and technology platforms.
- In Colombia, local grantee CORPODINCO received a fixed amount award to reduce the burden of mental health needs on the Colombian health system. This was achieved by strengthening the capacity of community networks in the Municipality of Cúcuta Norde de Santander to implement community health strategies. The local health secretariat has now assumed leadership and responsibility to continue this work, including the integration of community strategies into the local mental health and community welfare agenda.

GENDER EQUALITY AND SOCIAL INCLUSION

LHSS continues to reinforce understanding of GESI principles, their applicability in the health system, and to sustain this progress across its activities. The GESI Focal Points carry this forward through their country activities where they engage various stakeholders. As country activities make progress toward integrating GESI in their health system, they share lessons across the project to infuse and strengthen GESI initiatives in context specific ways throughout the project. In early June 2024, LHSS dedicated a Technical and Learning meeting to GESI. The session included a refresher on key GESI topics for LHSS staff and a panel discussion where members of the LHSS Colombia and Nigeria country teams shared their experiences supporting the LHSS Mozambique team in conducting a gender analysis to better understand the barriers women face as community health workers. LHSS held a GESI Focal Points meeting in June 2024 where LHSS discussed approaches to integrating GESI and shared reflections on their LHSS GESI work to date.

Boosting GESI Capacity For Sustained Improvements To Service Delivery.

LHSS Colombia completed in-person and virtual training sessions to transfer the GESI Toolkit, co-developed with the Ministry of Health, to territorial entities and community-based organizations across 10 sites throughout Colombia. This effort aims to strengthen knowledge and skills within these organizations to uphold GESI considerations as they support and sustain health service provision for migrant populations. Training participants were enthusiastic about using the Toolkit to build out their GESI capacity and ensure continuity and quality in their delivery of health services. Participants from community-based organizations also used the training sessions as productive networking opportunities.

LHSS Nigeria continued its work integrating GESI within state government agencies and the work of other relevant stakeholders. For example, the project is collaborating with local civil society organization sub-grantees to ensure GESI is integrated in their operations, and is mentoring GESI Focal Points. LHSS Nigeria also arranged a GESI training, a training on the

Guidelines for Integrating Equity and Identifying Populations Facing Vulnerability, and validated the GESI analysis findings with officials of the State Health Insurance agencies, Primary Health Care Development Boards, State AIDS control agencies, and local civil society organizations in Lagos and Kano States. Finally, LHSS Nigeria team developed practical guidelines to help primary health care boards and state health insurance agencies implement GESI policies.

LHSS Jordan has supported the Jordan Ministry of Health in analyzing GESI integration data, planning and checking for inclusion opportunities, and developing gender-sensitive indicators. This work has generated insights on the challenges Jordan faces in supporting and retaining women in the labor force. It is also bringing to light lessons on effective approaches to mainstream gender in health systems in countries with an enabling national policy environment. The LHSS Jordan team conducted GESI awareness sessions with Ministry Directorate staff. Content from these workshops was well-received, even in more conservative areas. Building on LHSS Jordan's work raising awareness about the importance of integrating GESI, Ministry Directorate staff are more readily and more confidently discussing and cascading training on GESI topics.

COMMUNICATIONS AND KNOWLEDGE MANAGEMENT

LHSS Communications and KM are dedicated to continuous quality improvement, knowledge generation through project deliverables, and dissemination through webinars, stories and blogs, and social media.

Publications and Deliverables. In Quarter 3, LHSS posted 30 unique resources to the LHSS website, including reports, news stories, and events. Across all publications, users downloaded LHSS resources more than 2,300 times during the quarter. This value does not include document views, which the project is not able to track. The number of document views on the website would likely be even higher.

USAID HSS Practice Spotlight Series. Working with USAID, LHSS launched a deliberate campaign, using email and social media, to promote readership of the HSS Practice Spotlight Series.

- In Quarter 3, our campaign resulted in 550 downloads. The top three Practice Spotlight Briefs downloaded were: Contribution Analysis (103), Financing Quality Across the Health Sector (72), Outcome Harvesting (63).

Global Health Security Conference. On June 18-21, 2024, in Sydney, Australia five field staff presented LHSS activities at the conference. More than 1,200 people attended, representing more than 200 organizations working in global health security.

LHSS oral presentations included:

- *Designing a contextually appropriate behavior change campaign to increase COVID-19 vaccination: Lessons from Peru*
- *Strengthen the territorial response in public health surveillance through community health surveillance networks in Colombia*
- *Using QMS assessments to advance global health security in Kazakhstan*

LHSS poster presentations included:

- *Strengthening private provider capacity and engagement to ensure access to priority health provisions for Afghan women and urban poor*
- *Increasing COVID-19 vaccination coverage in two regions of Peru*

- *Fostering mental health in migrant and host communities: Strategies for preparedness, prevention, and collaborative engagement in Colombia*

Global Symposium on Health Systems Research (HSR2024). During Quarter 3, LHSS was notified of multiple acceptances to present at HSR 2024 in Nagasaki, Japan. One panel, six oral, and five poster presentations were accepted. In addition, LHSS's proposed satellite session on *Achieving change in complex health systems: How to understand the effects of integrated interventions on health systems performance* was secured on the schedule for Monday, November 18, 2024.

Closing Ceremony in Timor-Leste. On June 14, 2024, USAID Health System Sustainability Activity in Timor-Leste celebrated its achievements in a closing ceremony. The Vice Prime Minister Mariano Assanami Sabino, Minister of Health Dr. Élia António de Araújo dos Reis Amaral, U.S. Embassy Timor-Leste Chargé d'Affaires Marc A. Weinstock, and other key officials, donors, and community stakeholders attended. [Watch the video of activity achievements.](#)

USAID HSS Case Competition. Out of 109 submissions, LHSS Colombia's submission, *A Model of Social Innovation in Health Care Systems for Reducing Severe Maternal Morbidity*, was selected as one of three winners in the 2024 case competition. [See the announcement.](#)

Social Media. On X (formerly Twitter), LHSS posted an average of 53 tweets per month, generating approximately 25,435 impressions and 77 link clicks to LHSS web pages. On Facebook, an average of 47 posts per month garnered nearly 700,000 impressions and 2,367 link clicks to LHSS web pages. On LinkedIn, an average of 29 posts per month resulted in almost 40,000 impressions and 171 link clicks to LHSS web pages. LHSS's followers on social media continue to grow. In Quarter 3, LHSS added 191 new followers on X, 355 new followers on Facebook, and 389 new followers on LinkedIn.

Monthly Newsletter. At the end of each month, LHSS sends an e-newsletter promoting the latest stories, news, and blogs, while also featuring publications in an LHSS technical area. By the end of Quarter 3, the Project's global mailing list included over 4,600 total subscribers.

MEL AND PERFORMANCE

In Quarter 3, LHSS supported 15 countries and two regional activities. The project is also carrying out work in 19 Core and four Directed Core activities. LHSS is close to achieving its end of project localization target of 20 percent, with 19 percent of Task Order (TO) work currently being implemented by local partners. Of the 19 percent of work implemented by local partners (including subcontractors and consultants), 44 percent was implemented through subcontracts and 29 percent through grants.

Annex 1 presents progress on selected TO indicators, highlighting notable country achievements during Quarter 3.

Highlights of LHSS Results by Task Order Objective.

Increased Financial Protection. Five LHSS supported activities (in Afghanistan, Cambodia, Colombia, Nigeria and Vietnam) reported increased enrollment in financial protection schemes. For example, in Afghanistan, 71 percent of U.S. government-supported facilities offered one or more integrated financing schemes, such as Patient Welfare Programs, Discounted Care, Vouchers and Free Medical Camps. Six LHSS supported activities (in Cambodia, Colombia, Madagascar, Namibia, Nigeria and Timor-Leste) have identified or reduced key public financial management (PFM) bottlenecks to strengthen budget execution.

In Colombia, LHSS supported the inclusion of resources in the Territorial Health Plan to meet health care access goals for Venezuelan migrant populations, Colombian returnees, and host communities. In Cambodia, a TB Patient Cost Survey found 38 percent of TB patients face potential catastrophic costs. LHSS is supporting stakeholders in responding to recommendations from the survey working group including enhancing social protection enrollment, implementing a conditional cash transfer scheme, prioritizing nutritional support, and strengthening referral systems.

Increased Population Coverage. LHSS continued to improve health care coverage among underserved populations. In Nigeria, the Activity supported the expansion of services to an additional 37 facilities in Lagos under the State Health Insurance Scheme and Basica Healthcare Provision Fund. In Colombia, the Activity supported healthcare providers, local health authorities, and community-based organizations in strengthening their capacity to mitigate access barriers in areas such as reducing stigma, discrimination and inequality.

Increased Quality of Essential Services. In Timor-Leste, 62 percent of organizations supported by LHSS improved their performance. Building on the Activity's continued capacity strengthening activities, key Ministry of Health departments are now leading selected activities such as dissemination of new job descriptions, and developing and updating health expenditure analyses, community-based monitoring guidelines, and health management information system guidelines. Similarly, grantee partners are strengthening their capacity to conduct advocacy initiatives and implement community-based monitoring at the village level.

In Vietnam, 92 percent of LHSS supported organizations demonstrated performance improvement, including the Vietnam Social Security, the Vietnam Administration of HIV/AIDS Control, and the National Centralized Drug Procurement Center. Among government organizations supported by USAID, 22 out of 24 have demonstrated performance improvement based on criteria using the CBLD-9 methodology in areas including procurement of antiretroviral and TB drugs, and management of TB and HIV programs.

Finally, LHSS Activities supported improved laboratory system quality in Jordan and Kazakhstan.

GLOBAL KNOWLEDGE STRATEGY

Building on LHSS's learning processes and project implementation experience, the global knowledge strategy provides a roadmap for synthesizing lessons and capturing promising practices to inform and advance the global field of integrated health systems strengthening.

Workstream 1: Studying Determinants of Health System Performance. In Quarter 3, country teams in Colombia, the Dominican Republic, Namibia, and Nigeria facilitated workshops with local stakeholders to examine determinants of health system performance and to discuss conditions and actions needed to sustain performance. All workshops were held in-person and in-country. Country teams are working to analyze workshop findings and recommendations. Written documentation will be included in country final activity reports and incorporated into the project's global synthesis of determinants and conditions.

Workstream 2: Identifying Promising Practices in Migration and Health, Health System Resilience, and Resource Optimization. In Quarter 3, LHSS began promoting the first brief on integrating and including migrants in national health systems. The draft for a second brief on resource optimization was sent to USAID for review and is expected for publication in Quarter 4. Virtual events on migration and health are also planned for Quarter 4.

MANAGEMENT AND PARTNERS

During Quarter 3, LHSS hired an additional four staff and engaged three new consultants worldwide. At the end of Quarter 3, 179 staff (excluding consultants) were working on LHSS.

LHSS completed all activities in Bangladesh and the Democratic Republic of Congo in Quarter 3.

SECTION 1: ACTIVITY HIGHLIGHTS

CORE ACTIVITY HIGHLIGHTS

In alignment with the project's overall objectives, LHSS core work aims to 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.

Highlights from FY24 Quarter 3 core-funded activities are provided below. For full updates, please reference [Section 2](#) of this report.

CORE ACTIVITY 19 & 29: SOCIAL DETERMINANTS OF HEALTH AND HEALTH WORKERS (ACTIVITY 10 & 17 FOLLOW-ON)

- LHSS Colombia began reaching out to local and national-level stakeholders who were identified as prospective key informants based on a rapid stakeholder mapping and analysis. LHSS is using the Social Determinants of Health (SDoH) process guide to convene and facilitate stakeholder meetings to identify principal SDOH-related challenges associated with the delivery of clinical care.
- LHSS drafted a Theory of Change for integrating social determinants of health into clinical practice and in-service training in La Guajira, Colombia. LHSS is using this theory of change to frame the multistakeholder engagement sessions, identify challenges, develop recommendations, and develop forthcoming recommendations to address these challenges.

CORE ACTIVITY 20: E-LEARNING MODULE ON EXPANDING FINANCIAL PROTECTION (ACTIVITY 12 FOLLOW-ON)

LHSS finalized the e-learning module on the Articulate 360 platform and obtained USAID approval for the module as the final activity deliverable. The e-learning module is designed for USAID staff and in-country technical experts and policymakers engaged in supporting countries addressing barriers to accessing health care. Participants will gain a foundational understanding of the financial and non-financial barriers associated with accessing services and reflect on strategies for applying the Activity's learning to their country contexts.

CORE ACTIVITY 21: COUNTRY POLICIES AND STRATEGIES TO MITIGATE HEALTH WORKFORCE BURNOUT

LHSS completed the first round of the Delphi process and shared a summary of findings on health worker burnout with USAID. The purpose of this three-part process is to identify, prioritize and recommend actionable interventions to mitigate health workforce burnout in lower- and middle-income countries.

CORE ACTIVITY 8/22: INSTITUTIONALIZING CONTINUOUS QUALITY IMPROVEMENT

- LHSS and USAID agreed on four countries for interview and notified USAID Missions in Bangladesh, Ethiopia, Ghana, and Uganda.
- LHSS drafted definitions for institutionalization and institutional inquiry plan. These definitions will be used to form the basis of the key informant interview guide, interview analyses, and the design of the technical brief deliverable. LHSS then identified key interviewees in each country while the interview guide was being developed. These interviewees include key leaders in each country's Ministry of Health responsible for quality planning and delivery, technical advisors involved in institutional quality, and other relevant health system experts.

CORE ACTIVITY 23: LINKING PRIORITY SETTING WITH BUDGET EXECUTION (LINKING CORE ACTIVITIES 1 AND 2)

- LHSS completed its technical assistance to Peru and documented the process that Peru's Ministry of Health (MOH) used to identify priority programs and allocate resources to those programs.
- LHSS continued providing technical assistance to Namibia's Ministry of Health and Social Services (MoHSS) in Quarter 3. This assistance aims to strengthen the capacity of regional directorates to allocate their budgets in line with priorities and programs defined in the government's essential health services package.

CORE ACTIVITY 24: INCLUSION OF THE PRIVATE SECTOR IN GOVERNANCE OF MIXED HEALTH SYSTEMS FOR UNIVERSAL HEALTH COVERAGE

- LHSS met with the World Health Organization (WHO) to receive updates on its progression pathway model, which LHSS and WHO agreed can be cross referenced with the LHSS toolkit.
- LHSS incorporated USAID and informal advisory group feedback in the overview of tools, documentation of challenges faced by countries in stewardship of private sector actors, and the toolkit outline, sharing all three with the WHO and USAID for feedback.

CORE ACTIVITY 11/27/33: HSS PRACTICE SPOTLIGHTS

- LHSS edited and formatted an externally authored brief, titled The Critical Role of Implementation Research to Enhance Equity within Health Systems.
- LHSS began the desk review for the LHSS-authored resource optimization brief on improving provider payment mechanisms through social contracting.
- LHSS supported a boosted post on social media channels for the following four briefs: 1) Applying A Social Determinants of Health Lens to Improve Outcomes, 2) Collaborative Learning to Drive Policy Change and Action, 3) Digital Social and Behavior Change in HSS, and 4) Social Accountability and Social and Behavior Change. These four briefs garnered a total of 139 downloads during Quarter 3.

CORE ACTIVITY 28: HIGH PERFORMING HEALTH CARE TOOL IMPLEMENTATION

- In May 2024, LHSS conducted two workshops (one per country) with representatives from the Colombia and Timor-Leste ministries of health, USAID Missions, and LHSS Country and Core Activity teams to share the results from the High Performing Health Care (HPHC) survey and validate LHSS's proposed recommendations to strengthen health system processes in each country.
- LHSS completed its country report deliverables for Colombia and Timor-Leste. The reports detail the HPHC survey results and proposed recommendations to improve health system performance in each country. Both reports were submitted to USAID for review and concurrence in June 2024.

CORE ACTIVITY 30: RESOURCE OPTIMIZATION E-LEARNING COURSE

- LHSS shared the annotated outline of the e-learning module with USAID and has revised the outline based on feedback.
- LHSS is working on storyboarding the course content for the first draft of the e-learning module.

CORE ACTIVITY 31: HEALTH FINANCING SUPPORT TO AFRICA CDC

- LHSS reviewed Africa CDC's Prioritization Framework at the Africa CDC Workshop presenting the Continental Framework for Institutionalizing Evidence-Informed Priority Setting in Africa, April 2024, in Addis Ababa, Ethiopia. The workshop allowed LHSS to meet with several African countries to understand where they are in their priority-setting processes for health financing.

CORE ACTIVITY 32: LEARNING AGENDA: EVIDENCE GAP MAPPING PART 3 (ACTIVITY 14 & 26 FOLLOW-ON)

- LHSS finalized the full-text review to inform the Evidence Gap Map update of peer-reviewed and gray literature published in 2023 associated with USAID Learning Questions 1, 2, 3, and 5. LHSS also created additional tagging capabilities such as expanded disease categories and country income status on the Evidence Gap Map and re-tagged all existing and new 2023 articles. LHSS has shared a draft updated Evidence Gap Map for Learning Questions 1, 2, 3, and 5 with USAID.
- LHSS reviewed the valuable feedback and suggestions to improve the Evidence Gap Map from a broad community of internal and external practitioners working in health system strengthening (HSS) space and has included relevant articles according to the context of each USAID Learning Question to the EGM. A total of 10 individuals across seven institutions offered feedback in this process.

CORE ACTIVITIES 34 AND 35: TAILORING POLICY DIALOGUE AND PROGRAM SUPPORT TO COUNTRIES' BUDGETARY SPACE FOR HEALTH

- LHSS completed work on a taxonomy of countries receiving USAID health funds and an assessment of the current state of financing for health in the seven focus countries of the Primary Impact Initiative, USAID's Primary Health Care Learning Model. Both pieces of work identify implications of the post-COVID-19 economic downturn for domestic health financing policy and provide recommendations for USAID's future policy and programming discussions in this area
- LHSS conducted a literature review and completed the first draft of a report on health and social protection policies that prioritize service delivery and financial protection for the poor in public health spending during periods of economic downturn.

INTEGRATING COMMUNITY HEALTH WORKERS INTO PRIMARY HEALTHCARE

- LHSS supported the MOH in revising the Community Health Worker (CHW) Operational Guidelines in Tanzania, with a focus on introducing career progression elements, including a new "CHW Peer Leader" role.
- LHSS presented findings from the CHW Assessment and Improvement Matrix toolkit pilot to the National Community-Based Health Care Technical Working Group in Namibia. Opportunities for career advancement emerged as one of the key areas for improvement.
- LHSS submitted abstracts to the Health Systems Research Symposium and Global Health Practitioners Conference and was accepted for oral and poster presentations that will take place in Year 6 Quarter 1.

LANDSCAPE ANALYSIS FOR HEALTH CARE FUND OF FUNDS

- The Activity finalized and submitted its final report and presentation to USAID which presented two solutions based on the analysis: a blended fund of funds and a catalytic fund in response to key market challenges. These principal market challenges include increasing diversity of capital for healthcare focused fund managers, closing the financing gap for health enterprises, and bridging the access and affordability of healthcare delivery gap for consumers.

CORE-DIRECTED HIGHLIGHTS

Highlights from core-directed activities are provided below. For a full updates, please reference [Section 3](#) of this report.

EFFECT OF COVID-19 RESPONSE ON HEALTH SYSTEMS

- LHSS submitted an abstract describing work conducted under this Activity that was accepted for oral presentation at the 8th Global Symposium on Health Systems Research (HSR 2024) in Nagasaki, Japan.
- LHSS conducted an in-person stakeholder validation workshop in Johannesburg, South Africa in April 2024. Representatives of the USAID Mission in South Africa, officials from the national and regional Ministry of Health, and implementing partners participated to discuss the Most Significant Change processes and to refine, verify and rank the most significant change stories of the effect of the COVID-19 response on health systems in South Africa.
- LHSS developed a slide deck template for the country-specific results and provided instructions to each consultant in five countries on content expectations for the slides.
- The Activity developed and received approval from USAID for two learning brief outlines. The first brief will present a synthesis of findings from the Learning Activity across the five countries, and the second brief will present the methods and results of work conducted under this Activity.

DECISION SUPPORT TOOL FOR OUTSOURCING SUPPLY CHAIN SERVICES (CSL)

- LHSS's developers continued to build out the structure and algorithm of the Decision Support Tool, a resource designed for use by ministry of health officials and will focus on finalizing the tool in Quarter 4.
- LHSS compiled a short-list of countries, including Liberia and Tanzania, where the tool can be piloted. The Activity will select final pilot country with USAID in Quarter 4.

BUILDING PRIVATE SECTOR E-COMMERCE CAPACITY THROUGH INNOVATIVE FINANCING (CSL)

- LHSS marketing and communications experts reviewed the two grantees' market segmentation approaches and LHSS digital specialists supported the grantees' digital activities. Activity Lead Tenly Snow conducted an in-person visit to Uganda-based grantee, MM Partners Logistics, Ltd., to support its digital platform improvements, improve data analysis techniques and to develop marketing materials and communications tools.
- LHSS's Ghana grantee Zuri Solutions, Ltd. held two free medical camps in underserved areas of Accra. The purpose of these camps was to educate underserved women about sexual and reproductive health rights and provide access to modern contraceptives and information. The two camps served a total of 7,444 clients, 400 of whom were children. The impressive turnout for these camps highlighted Zuri's growing capacity to engage communities and address unmet need for healthcare services, two key objectives of this grant.

POLITICAL ECONOMY ANALYSIS OF CENTRAL MEDICAL STORE IN CAMEROON

- LHSS completed its financial data collection and interviews with key informants from Cameroon's Central Medical Store (CENAME) and other stakeholder groups (e.g., Ministry of Public Health officials, donors, and international organizations) to inform its political economy and financial analysis of the Central Medical Store.
- LHSS documented its findings and proposed recommendations from the political economy and financial analysis and presented these to USAID in April 2024. The findings and recommendations were submitted as part of LHSS's report deliverable to USAID on June 14, 2024.
- The team developed and shared an initial outline for its upcoming webinar for USAID's Commodity Security and Logistics (CSL) Division in May 2024. The internal webinar is planned for August 27, 2024 as part of CSL's 'Topical Tuesday' series, and will use the Cameroon PEA to emphasize the importance of PEA for strengthening supply chains.

COUNTRY AND REGIONAL ACTIVITY HIGHLIGHTS

During Quarter 3, LHSS worked in 15 countries and two regions (East Africa and Latin America and the Caribbean).

Highlights from country and regional funded activities are provided below. For full updates, please reference [Section 4](#) of this report.

AFRICA

LHSS DEMOCRATIC REPUBLIC OF CONGO

- LHSS DRC successfully closed out its activities and submitted an End of Activity report highlighting its major achievements during the life of the program in the country.

LHSS EAST AFRICA REGION

- The LHSS-supported East Africa Community (EAC) cross-border health communications and advocacy strategy was ratified by the Council of Health Ministers. The strategy will facilitate fast tracking of domestication and implementation of health directives, policies, and programs by rallying the commitment of policy and decision makers at the Partner States' level to implement cross-border health programs.
- LHSS partnered with IntelliSOFT, the CDC-funded Kenya Health Management Information System project, and the Busia County health management team to coordinate the installation of the latest electronic medical record, Version 18.8.0, which includes the Cross-Border Data Health Solution (CB-DHS) module, to eight cross-border health facilities in Busia County on the Kenya side of its border with Uganda.

LHSS MADAGASCAR

- In April 2024, following the culmination of LHSS support for health financing in Madagascar, the Ministry of Health (MOH) validated the implementation plan for the government's National Health Financing Strategy during a high-level meeting chaired by the Secretary General of MOH, with the engagement of the Health Financing Subcommittee members, as well as other stakeholders and partners.
- As part of its institutional capacity strengthening efforts, LHSS Madagascar supported the MOH's Directorate of Administrative and Financial Affairs in conducting two successful round table meetings with key stakeholders. The purpose of these meetings was to assess and strengthen the MOH's Planning, Programming, Budgeting and Monitoring-Evaluation process and to support pre-budget deliberations for the Government of Madagascar's fiscal year 2024-2025 budget formulation.
- To ensure sustainability beyond LHSS, the Activity supported the MOH's Universal Health Care (UHC) Support Unit in establishing a core team of trainers in the Fénérive Est district. These trainers will strengthen the capacity of 145 community-based health insurance schemes newly elected board members and promoters of these schemes in administration and financial management.
- The MOH launched its fiscal year 2022 health accounts exercise. This is the second round supported by LHSS. The launch marks a significant step toward the regular production and use of health resource tracking data through health accounts for decision-making in the health sector.

LHSS NAMIBIA

- LHSS Namibia supported the Ministry of Health and Social Services (MoHSS) in clearly defining selected services and developing relevant procurement documentation for the social contracting demonstration project. This project aims to test the processes and procedures that would allow the MoHSS to leverage existing capacities of civil society organizations for the provision of community-level health services.
- LHSS Namibia supported the validation of the scenario analysis on costing for Essential Health Services Package and the validation of the community health worker strategy. This costing analysis and strategy aim to address inequities, improve the alignment of health services with the population's health needs, and improve access to these services, especially at community level.
- With LHSS Namibia support, the MoHSS finalized its data collection and mapped resource flows for the resource tracking exercise. Results will help estimate health and HIV expenditures from 2020/21 to 2022/23.

LHSS NIGERIA

- LHSS supported the Nasarawa State Health Insurance Agency in holding a Domestic Resource Mobilization review meeting. The purpose of the meeting was to brief the 13 Local Government Area chairmen on the impact of the equity fund. Other meeting participants included stakeholders who advocated to legally convert the equity fund into a first line charge in FY2023 to ensure the Fund's sustainability petition for additional resources. The meeting was chaired by the Deputy Governor of Nasarawa State who committed to revitalizing and expanding primary health care (PHC) and its district concept known as implementation of the 'PHC under-one-roof' policy. To date, USD \$90,360 has been released to provide health coverage through various insurance schemes for nearly 21,000 poor and vulnerable people.
- In Plateau state, a total of USD \$27,070 in equity funds has been released from all 17 Local Government Areas to the Plateau State Contributory Health Care Management Agency. This amount will provide health insurance coverage through the Basic Health Care Provision Fund (BHCPF) for nearly 3,600 enrollees.
- In Kano State, LHSS worked with state agencies to train staff in 93 facilities on quality HIV service delivery and use of reporting tools. As a result of this and previous such trainings, 83 percent (538 out of 618) facilities offer HIV testing services under the State Health Insurance Scheme.

ASIA

LHSS AFGHANISTAN

- LHSS Afghanistan supported the Afghan Social Marketing Organization (ASMO) in conducting its sixth annual organizational development assessment. This exercise benchmarks and monitors progress made toward strengthening the organization's technical, institutional and financial capacities. The Activity also co-developed the action plan with ASMO's senior management team and finalized the Patient Equity Support Assessment Tool to support Objective 2 grantees to efficiently and equitably identify beneficiaries for the LHSS-supported integrated financing schemes for indigent populations.

- LHSS approved an additional grant of USD \$90,000 to the Afghan Family Guidance Association. The purpose of this grant is to establish and operationalize the Comprehensive Reproductive Health Center in Kabul. With co-funding of an equivalent amount from the Norwegian Agency for Development Cooperation, the Center will serve as a high quality, affordable referral facility for sexual and reproductive health clients who need additional services.
- The Activity developed presented a poster titled “*Strengthening private provider capacity and engagement to ensure access to priority health provisions for Afghan women and urban poor*” at the Global Health Security Conference in Sydney, Australia between June 18-21, 2024.

LHSS CAMBODIA

- LHSS has worked with all 70 targeted MoH antiretroviral (ARV) sites to train staff on enrolling people living with HIV (PLHIV) into the ID Poor social protection scheme.
- The National AIDS Authority (NAA) has accepted LHSS’s recommendation to use Provincial AIDS Committees to identify and enroll entertainment workers in social protection schemes, addressing challenges the NAA has faced enrolling people individually or through their employers.
- The TB Patient Cost Survey found 38 percent of TB patients face potential catastrophic costs. LHSS is supporting stakeholders in responding to recommendations from the survey working group including enhancing social protection enrollment, implementing a conditional cash transfer scheme, prioritizing nutritional support, and strengthening referral systems.

LHSS KAZAKHSTAN (GHS)

- The Activity supported the Ministry of Health (MOH) in developing the One Health Technical Working Group (TWG) statute. This represents a milestone in institutionalizing the One Health TWG and provides a detailed description of the group’s goals, functions, team composition, organization and work format. The statute also describes the TWG’s governance, communication channels, and reporting mechanisms.
- During a joint meeting with the Government of Kazakhstan and national and international stakeholders in April 2024, LHSS assisted the MOH in presenting the final report on findings from the Quality Management System assessment conducted in February 2024. This assessment covered six reference laboratories of the Scientific Practical Center for Sanitary and Epidemiological Expertise and Monitoring. The assessment found that the ventilation system in laboratories, especially in microbiology and virology laboratories, requires complete renovation to prevent the spread of pathogens and to bring them into compliance with WHO and ISO standards.
- LHSS Kazakhstan presented the results of its work at the 2024 Global Health Security (GHS) Conference in Sydney, Australia in June 2024. The team delivered presentations titled “Using QMS Assessments to Advance Global Health Security in Kazakhstan” and “Operationalizing One Health – Building and Planning for an Effective One Health Working Group.”

LHSS TAJIKISTAN (GHS)

- LHSS and the USAID Mission in Tajikistan hosted Deputy Assistant Administrator Nidhi Bouri. The team met with local partners during her visit to showcase LHSS program activities, challenges, and opportunities. Additionally, USAID conducted a field trip to

observe LHSS's activities and technical support to the health system in Panjakent, Republican Center of Immunoprofilaxis (RCIP), Tajik Research Institute of preventive medicine (TRIPM) Republican Health LifeStyle Center and Ministry of Health and Social Protection of Population (MoHSPP).

- LHSS and the Ministry of Health and Social Protection of Population (MoHSPP) organized on-the-job training in Khorog district for 24 lab staff from medical institutions. The curriculum focused on sample collection and transportation for infection testing (e.g., hepatitis, chlamydia, herpes, and cytomegalovirus).
- LHSS contracted local information technology company "A1" to develop the Laboratory Information Management System for 14 virology laboratories, as requested by the Tajik Research Institute of Prophylactic Medicine.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

- The USAID Health System Sustainability Project (the Activity) in Timor-Leste held its closing ceremony on June 14, 2024. The Activity celebrated achievements made over the past four years in strengthening Timor-Leste's health system in the areas of financing, governance, and service delivery.
- In-kind grantee, Associação dos Médicos de Timor-Leste, collaborated with the Ministry of Health (MOH) to complete the validation of draft Competency Standards & Code of Ethics for Timor-Leste's medical doctors, with input from more than 100 stakeholders.
- The Activity worked with the MOH to finalize and launch key documents such as Health Management Information System (HMIS) Guidelines, Health Financing and Public Financial Management Glossary, Community Based Monitoring for Health Guidelines, and Advocacy Manual. These new and foundational resources will contribute to strengthening the health sector. Each document emphasizes active community participation in identifying and addressing local health issues, and improving the quality and use of health data to ensure public health services are responsive and accountable to the needs of Timorese citizens.

LHSS VIETNAM

- LHSS supported the Vietnam Administration of HIV/AIDS Control (VAAC) in organizing a consultation workshop to validate initial situational assessment findings of Vietnam's HIV program. This assessment was aimed to guide the development of a national HIV Response Sustainability Roadmap. LHSS also worked with VAAC to hold three regional training workshops attended by nearly 200 staff from 63 Provincial Centers for Disease Control to collect and report HIV budget and expenditure data. Discussion results and data collected from these workshops will inform VAAC's development of the Sustainability Roadmap, including policy change efforts to address existing challenges.
- With technical support from LHSS, the Ministry of Health (MOH) issued Circulars 07/2024 and 05/2024 regulating drug bidding at public health facilities and the list of drugs to be procured by price negotiation, respectively. These circulars contribute to streamlining drug procurement, particularly facilitating the decentralized procurement of anti-retroviral (ARV) and tuberculosis (TB) drugs at the provincial and health facility levels. They also legitimize the preparation for open bidding of Tenofovir-Lamivudine-Dolutegravir for the October 2024-December 2025 period and support the resumption of Tenofovir-Lamivudine-Efavirenz (TLE400) price negotiations for the July 2024-December 2025 period, ensuring uninterrupted treatment for HIV patients.

EUROPE / EURASIA

LHSS UKRAINE

- The Cabinet of Ministers of Ukraine established a regulatory framework for the use of telemedicine in rehabilitation and emergency health care. LHSS supported this process by preparing amendments to five decrees which the Cabinet adopted during Quarter 3. The Cabinet also adopted an outline of procedures and conditions for telemedicine to enhance the quality and timeliness of medical services.
- LHSS transferred its documentation of the telemedicine architecture and support of telemedicine solutions to the State-owned enterprise, eHealth (SOE eHealth). LHSS has strengthened the capacity of e-Health, and the enterprise is committed to continue developing use of telemedicine in Ukraine, thus ensuring the institutionalization of the project's work.
- LHSS finalized its report titled *Summary of Experiences, Lessons Learned, and Best Practices for Implementation of Telemedicine during the War in Ukraine* and submitted it to USAID. This report distills key lessons for working with telemedicine solutions provided as humanitarian aid. It also summarizes feedback from medical professionals and quantitative results. Application of the learnings contained in the report will bolster the effective use of telemedicine and its integration into Ukraine's e-health system.

LATIN AMERICA AND CARIBBEAN

LHSS COLOMBIA

- LHSS Colombia's Model of Social Innovation in Health Care Systems for Reducing Severe Maternal Morbidity won the 3rd annual USAID Health Systems Strengthening Case Competition. This award acknowledges the Activity's efforts to advance the inclusion of Venezuelan migrants, Colombian returnees, and host communities into the national health system by improving equity, quality, and resource optimization in multiple areas of the system
- The Activity supported the MOH in finalizing its Support and Inclusion Plan for the Migrant Population 2024-2027. LHSS provided support throughout the development process, including providing technical inputs, supporting its dissemination for feedback from local governments, socializing the Plan within MOH offices charged with its implementation, and facilitating opportunities for collaboration between the national and local governments. The Plan will be adopted by the MOH, with LHSS support, before the end of 2024.
- LHSS launched a public-private partnership with Novartis and local health secretariats in Barranquilla, Bogotá, Bucaramanga, Cali, Cartagena, Cúcuta, Medellín, Riohacha, Santa Marta and Necoclí to help strengthen the capacity of local health officials in prevention and early detection of breast cancer and cardiovascular illnesses among migrants and returned communities..

LHSS DOMINICAN REPUBLIC

- LHSS drafted the operational terms of reference for the public-private coordination board to guide implementation of the roadmap for private sector engagement in the national HIV response. This document outlines the board's scope, membership, member roles and

responsibilities, and technical aspects such as session planning and reporting. LHSS will present the final draft for validation with stakeholders at the next board meeting in July 2024.

- LHSS conducted its Global Knowledge Strategy workshop with national stakeholders involved in the health system performance improvement titled: *Strengthened policy framework to increase access and delivery of HIV services at the community level in the Dominican Republic during 2020-2022*. Workshop participants identified determinants and conditions that supported performance improvement. Additionally, the workshop provided a platform for USAID to engage with national counterparts on the needs and potential next steps to sustain and scale up improvements in the national HIV program past the life of the project.

LHSS JAMAICA

- LHSS provided technical assistance to the Ministry of Health and Wellness (MOH) in developing and submitting its second Pandemic Fund application. At the MOH's request, Activity support included conducting a multi-sectoral workshop to develop the application concepts, drafting key sections, ensuring alignment with the Fund's priorities, and sharing relevant international experience. The application emphasizes the need to enhance human resources, strengthen laboratory systems, and support for implement a One Health approach.
- The Activity convened a series of stakeholder meetings, with MOH, PAHO, and civil society organizations. These meetings aimed to reinforce partnerships and LHSS's ongoing commitment to supporting Jamaica in coordinating its One Health strategy. Stakeholders validated LHSS's FY24 work plan activities and discussed an implementation strategy and proposed activities for FY25.

LHSS LAC BUREAU

- LHSS supported the Ministry of Health (MOH) in Honduras in facilitating a workshop to present the main findings from ongoing referral and financing gap studies. At the workshop, LHSS guided the process of validating study findings and incorporated stakeholder feedback which will be integrated into the final deliverables prior to submission. As an outcome of the validation meeting LHSS held with the Minister of Health, LHSS identified priority areas for technical assistance in FY25. This scope will include strengthening referral systems for mental health and supporting the MOH in its planning to incorporate resources to meet the needs of migrant populations.
- LHSS released a podcast episode titled "Mental Health Matters: Challenges and Promising Practices for Mental Health Wellbeing among Migrant Women and the LGBTQ+ Community in the Latin America and Caribbean (LAC) Region. The episode features local leaders and organizations in Peru and Colombia who are making a significant impact on the mental health landscape and sharing challenges and promising practices.

MIDDLE EAST

LHSS JORDAN

- LHSS has completed its support to develop and implement the two-year Adult Critical Care Fellowship Program. Eight second-year fellows graduated and passed the Jordanian Medical Council board exam in the critical care specialization, increasing the critical care capacity of Jordan's healthcare system. The MOH has committed to sustaining the fellowship program.

- LHSS supported the Ministry of Health's (MOH) Central Laboratory in preparing for and successfully attaining laboratory accreditation from the Health Care Accreditation Council. This accreditation represents a major step towards ensuring high-quality laboratory standards and patient safety.
- LHSS finalized a post assessment following the first segment of the MOH's Continuing Professional Development (CPD) communication campaign. The findings will provide valuable insights to improve future CPD promotion campaigns and implementation plans.
- LHSS developed and uploaded five CPD-accredited online laboratory courses to the MOH's CPD training platform. These courses offer accessible, equitable, and standardized training opportunities for healthcare professionals.

SECTION 2: FY24 QUARTER 3 PROGRESS REPORTS FOR CORE-FUNDED ACTIVITIES

CORE ACTIVITY 19 AND 29: SOCIAL DETERMINANTS OF HEALTH AND HEALTH WORKERS (ACTIVITY 10 & 17 FOLLOW-ON)

Activity Lead: Mignote Haile

FY24 QUARTER 3 HIGHLIGHTS

- LHSS Colombia began reaching out to local and national-level stakeholders who were identified as prospective key informants based on a rapid stakeholder mapping and analysis. LHSS is using the Social Determinants of Health (SDoH) process guide to convene and facilitate stakeholder meetings to identify principal SDOH-related challenges associated with the delivery of clinical care.
- LHSS drafted a Theory of Change for integrating social determinants of health into clinical practice and in-service training in La Guajira, Colombia. LHSS is using this theory of change to frame the multistakeholder engagement sessions, identify challenges, develop recommendations, and develop forthcoming recommendations to address these challenges.

ACTIVITY PROGRESS

Intervention 1: Pilot the SDOH Process Guide (Activity 19).

The Activity conducted a rapid stakeholder mapping and analysis to identify stakeholders with the appropriate role, influence, and interest to advance the integration of SDOH-related competencies, approaches, and tools into clinical care in La Guajira, Colombia. The stakeholder mapping covered both national and local stakeholders, including policy makers, educators, care providers, civil society organizations, and community groups. LHSS used the results of the stakeholder analysis to prioritize and categorize stakeholders and determine different engagement mechanisms. In collaboration with the LHSS Colombia team, the Activity then began outreach to the identified stakeholders and developed a semi-structured questionnaire to facilitate dialogue around SDOH-related challenges and priorities, particularly in clinical care provision. The initial outreach also served to inform national and local government counterparts about the scope and objectives for piloting the process guide. Through this effort, LHSS also introduced the Activity's in-country consultant who is leading the stakeholder engagement effort with support from the LHSS Colombia team.

LHSS held two stakeholder engagement sessions in June 2024. The first was held virtually for health secretaries and the second was held with national stakeholders. The latter was attended by the National Academy of Medicine, National Associations of Faculties of Medicine and Nursing, Association of Education for the Work Institutions, National Learning Service, Colombian Association of Hospitals and Clinics, Association of State Social Enterprises and Public Hospitals. The purpose of both sessions was to develop a shared understanding of the health challenges and disparities faced by indigenous, refugee, and other vulnerable populations in La Guajira. The meetings also aimed to build preliminary support for and

generate interest about the Activity's objectives, gather feedback on priority SDoH competencies and tools, and reach agreement on potential next steps and a timeline for follow-up meetings. Concurrently, the Activity planned and prepared for in-person stakeholder sessions in the La Guajira region (e.g., in Maico, Riohacha, and Uribia). The Activity will use findings from the stakeholder engagement sessions to develop recommendations with actionable strategies to advance the integration of SDoH competencies, processes, and tools into the provision of clinical care.

In Quarter 3, the Activity also drafted a Theory of Change for integrating social determinants of health into clinical practice and in-service training in La Guajira, Colombia. The theory of change covers inputs related to curriculum integration, capacity development, institutional and policy support, resource allocation, and community engagement. The Activity is using this theory of change in combination with the SDoH process guide as the basis for the semi-structured questions for the stakeholder engagement sessions. LHSS will refine the theory of change as themes emerge from the stakeholder sessions.

Finally, the Activity consolidated input from the LHSS Colombia team and the Activity's local consultant into the English and Spanish versions of the SDoH process guide adapted for the Colombia context. This version of the guide now reflects contextually relevant terminology and stakeholder discussion questions.

Activity 19 has been extended to November 30, 2024, and Activity 29 has been extended to June 30, 2025. USAID has approved of this extension.

Intervention 2: Convene a Stakeholder Workshop to Synthesize Learnings (Activity 19).

Intervention 2 will begin in Quarter 4.

Intervention 3: Produce and Disseminate Communication Material (Activity 19).

Intervention 3 will begin in FY25.

Intervention 4: Support Local Partners to Implement the SDOH Process Guide Through a Grant Award (Activity 29).

LHSS is pending concurrence from the USAID Mission in the Philippines to proceed with the grant solicitation process for the Ateneo de Zamboanga University School of Medicine. The initial concurrence request was submitted on February 28, 2024. LHSS then held a meeting with the Mission in Quarter 3 to discuss the selection of Ateneo de Zamboanga and the proposed scope and size of the grant. An updated concurrence request was submitted on May 23, 2024. The grant's purpose is to expand use of the process guide at the country level and to strengthen local capacity to apply it as part of broader efforts to improve equity and quality of care. Further work on this intervention will ideally begin in Quarter 4 following concurrence from USAID Philippines.

Intervention 5: Revise and Adapt SDOH Process Guide (Activity 29).

Intervention 5 will begin in FY25.

EVENTS NEXT QUARTER

There are no events planned for Quarter 4.

PRIORITIES NEXT QUARTER

- Finalize plans for stakeholder meetings and interviews, including an in-person multistakeholder sessions scheduled for July 2-5, 2024 across three cities in La Guajira.

- Develop tailored recommendations to integrate prioritized SDoH competencies and tools into clinical care delivery and in-service training in La Guajira, Colombia.
- Following concurrence from USAID Philippines, organize pre-solicitation meetings with Ateneo de Zamboanga University to ascertain their SDoH-related priorities, capacity to conduct local trainings on the SDoH process guide, and jointly finalize the grant scope of work. The grant package to Ateneo de Zamboanga University will be awarded through a single-source procurement.

CHALLENGES

Under Intervention 4, LHSS is experiencing delays receiving concurrence from USAID Philippines to proceed with the grant to Ateneo de Zamboanga University School of Medicine. LHSS has flagged this challenge with its USAID Activity Manager for further follow-up.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

No deliverables were submitted in Quarter 3.

CORE ACTIVITY 20: E-LEARNING MODULE ON EXPANDING FINANCIAL PROTECTION (ACTIVITY 12 FOLLOW-ON)

Activity Lead: Heather Cogswell

FY24 QUARTER 3 HIGHLIGHTS

LHSS finalized the e-learning module on the Articulate 360 platform and obtained USAID approval for the module as the final activity deliverable. The e-learning module is designed for USAID staff and in-country technical experts and policymakers engaged in supporting countries addressing barriers to accessing health care. Participants will gain a foundational understanding of the financial and non-financial barriers associated with accessing services and reflect on strategies for applying the Activity's learning to their country contexts.

ACTIVITY PROGRESS

Intervention 1: Develop and Disseminate the E-learning Module.

The beta version of the e-learning module underwent several rounds of internal reviews and testing before it was shared with USAID. USAID reviewed and approved the e-learning module. LHSS is working towards placing the module on the LHSS website and/or Global Health Learning Center so that it's publicly available.

EVENTS NEXT QUARTER

This activity concluded in early Quarter 3. No events are planned for next quarter.

PRIORITIES NEXT QUARTER

This activity concluded in Quarter 3. There are no priorities for next quarter.

CHALLENGES

No challenges were encountered during Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

E-Learning Module on Expanding Financial Protection. Submitted to USAID on April 23, 2024.

CORE ACTIVITY 21: COUNTRY POLICIES AND STRATEGIES TO MITIGATE HEALTH WORKFORCE BURNOUT

Activity Lead: Mariam Reda

FY24 QUARTER 3 HIGHLIGHTS

LHSS completed the first round of the Delphi process and shared a summary of findings on health worker burnout with USAID. The purpose of this three-part process is to identify, prioritize and recommend actionable interventions to mitigate health workforce burnout in lower- and middle-income countries.

ACTIVITY PROGRESS

LHSS completed the first round of the Delphi process. The Delphi Process entails three rounds of collecting approaches, tools and interventions from health experts to develop actionable policy recommendations in addressing health worker burnout. The first round involved surveys of global and local experts in health, collecting 30 responses from participants. Countries represented include Colombia, Ethiopia, Malawi, Nepal, Philippines, Uganda, Democratic Republic of Congo, India, Namibia, Pakistan, and South Africa.

Intervention 1: Phase 1 - Desk Review and Analysis.

This intervention was completed in Quarter 3.

nd burnout. The lowest rated interventions included monitoring the mental health needs of the workforce, offering stress-management-related training or interventions, and strengthening human resources for health information systems for adequate staffing.

The findings from the first round of the Delphi noted that addressing health workforce burnout is highly contextual. The effectiveness of interventions varies significantly based on the settings and needs of the health workers involved. This underscores the importance of tailoring strategies to local contexts and ensuring multi-level and multi-sectoral engagement. LHSS will refine and build upon these initial findings in the second round of the Delphi process with a goal of providing actionable policy recommendations and solutions for lower and middle-income countries to prevent and mitigate health worker burnout.

EVENTS NEXT QUARTER

No events are planned for Quarter 4.

PRIORITIES NEXT QUARTER

Conduct the second round of the Delphi process.

CHALLENGES

No challenges were experienced during Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

No deliverables were submitted in Quarter 3.

CORE ACTIVITY 8/22: INSTITUTIONALIZING CONTINUOUS QUALITY IMPROVEMENT

Activity Lead: Kelley Laird

Technical Lead: Nana Twum-Danso

FY24 QUARTER 3 HIGHLIGHTS

- LHSS and USAID agreed on four countries for interview and notified USAID Missions in Bangladesh, Ethiopia, Ghana, and Uganda.
- LHSS drafted definitions for institutionalization and institutional inquiry plan. These definitions will be used to form the basis of the key informant interview guide, interview analyses, and the design of the technical brief deliverable. LHSS then identified key interviewees in each country while the interview guide was being developed. These interviewees include key leaders in each country's Ministry of Health responsible for quality planning and delivery, technical advisors involved in institutional quality, and other relevant health system experts.

ACTIVITY PROGRESS

Intervention 1: Hold Structured Consultation Sessions with Improvement Experts and Country Stakeholders.

LHSS identified and USAID has approved the selection of four countries (Bangladesh, Ethiopia, Ghana, and Uganda) where discussions will be held with quality improvement experts and local stakeholders. USAID has communicated the country selections to the respective Missions. The selection criteria included the existence of a sustainable quality management system, or the likelihood of being able to create such a sustainable system through a robust quality improvement initiative. LHSS has identified and reached out to prospective key informants in each country. Interviews will be conducted with principal leaders responsible for quality planning and delivery within each country's Ministry of Health. Additional interviewees will include technical advisors involved in institutional quality and other relevant health system experts. The Activity is scheduling interviews and aims to have them completed by the end of August 2024.

LHSS drafted the definition of institutionalization within the context of continuous quality improvement in low- and middle-income country national health systems. An institutional inquiry plan was also drafted. These definitions were used to form the basis of the key informant interview guide that will be employed in each country. The institutional inquiry plan includes the process for sustainability, quality planning, quality improvement, quality control, and learning systems. LHSS used these health system elements to determine inquiry themes, identify the type of quality-related documents to collect from each country, and key questions to ask during the interviews.

Intervention 2: Develop a Technical Brief.

This intervention will begin following the in-country consultations sessions and will be finalized by the end of FY24 Quarter 4.

EVENTS NEXT QUARTER

- The Activity will hold expert validation meetings during August and September 2024. These discussions will be to corroborate the findings and analyses from the interviews.

PRIORITIES NEXT QUARTER

- Complete all interviews in each country and develop a draft report.
- Conduct two expert validation meetings with a broad group of global and country practitioners and policymakers to validate the conclusions and findings from the country consultations and key informant interviews. Meeting participants will also review recommendations and proposed interventions.
- Finalize the technical brief which will present LHSS's proposed most promising sequencing of activities, structures, policies, and processes to institutionalize continuous quality improvement within national health systems of lower- and middle-income countries. The report will also propose interventions that may be funded to support countries committed to institutionalizing continuous quality improvement approaches.

CHALLENGES

No challenges were encountered in Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

No deliverables were submitted during Quarter 3.

CORE ACTIVITY 23: LINKING PRIORITY SETTING WITH BUDGET EXECUTION (LINKING CORE ACTIVITIES 1 AND 2)

Activity Lead: Karishmah Bhuvanee

FY24 QUARTER 3 HIGHLIGHTS

- LHSS completed its technical assistance to Peru and documented the process that Peru's Ministry of Health (MOH) used to identify priority programs and allocate resources to those programs.
- LHSS continued providing technical assistance to Namibia's Ministry of Health and Social Services (MoHSS) in Quarter 3. This assistance aims to strengthen the capacity of regional directorates to allocate their budgets in line with priorities and programs defined in the government's essential health services package.

ACTIVITY PROGRESS

Intervention 1: Support Two Countries to Translate Health Priorities to Budget Formulation and Execution.

LHSS completed its technical support to Peru's MoH to define clear health priorities and ensure these are reflected in national health budgets. Peru's MOH has identified strengthening primary health care as a priority area, with the minister of health personally emphasizing his commitment to lead and champion efforts to strengthen the MOH's process of preparing its multi-annual and annual budget allocation processes for the period 2024-2027. Following LHSS's technical support, the Activity documented Peru's process of identifying primary health

care as a priority and the process for allocating resources to these services and related challenges. This knowledge product will serve as a guide for the MOH to identify and budget for future health priorities. Other countries interested in developing this capacity will be able to replicate and adapt Peru's process and experience in their own context.

LHSS requested and received approval from USAID to extend this activity to August 31, 2024. The extension will allow the project to provide at least three months of technical assistance to Namibia's MOHSS to strengthen the capacity of regional directorates to align their budget with priorities and programs defined in the national essential health services package. The Activity will document the process and lessons learned following this technical assistance effort. LHSS has since begun providing technical assistance to Namibia's MOHSS. The LHSS country activity is already supporting the review of the essential health services package and the alignment of programs and the Chart of Accounts for program-based budgeting. The LHSS Core Activity will focus on documenting and addressing challenges experienced by subnational level MOHSS entities to allocate budgets with national priorities. The LHSS consultant conducted a rapid desk assessment of these challenges followed by a visit in June 2024 to meet with MOHSS officials. The scope included visits to regional management teams, district health management teams, and local finance teams to better understand day-to-day challenges aligning budgets with national essential health services package priorities. The MOHSS's deputy financial director and policy advisor participated in these site visits. This experience raised their awareness about challenges experienced at the regional level, while facilitating real-time agreement on next steps to address subnational level challenges.

Findings from the field interviews will be presented to the Government of Namibia in Quarter 4 to inform the scope the next phase of LHSS's capacity strengthening support to the MOHSS.

LHSS is drafting the technical brief for this Activity. The Activity team shared an initial outline with USAID in June 2024 and is incorporating USAID's feedback into the final deliverable during Quarter 4.

EVENTS NEXT QUARTER

- There are no events planned for Quarter 4.

PRIORITIES NEXT QUARTER

- Continue providing technical assistance to Namibia's MOHSS, including a second visit to provide in-person technical assistance.
- Continue developing the LHSS technical brief deliverable to document country processes and lessons learned.

CHALLENGES

- No challenges were encountered during Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

- No deliverables were submitted during Quarter 3.

CORE ACTIVITY 24: INCLUSION OF THE PRIVATE SECTOR IN GOVERNANCE OF MIXED HEALTH SYSTEMS FOR UNIVERSAL HEALTH COVERAGE

Activity Lead: Shipra Srihari

FY24 QUARTER 3 HIGHLIGHTS

- LHSS met with the World Health Organization (WHO) to receive updates on its progression pathway model, which LHSS and WHO agreed can be cross referenced with the LHSS toolkit.
- LHSS incorporated USAID and informal advisory group feedback in the overview of tools, documentation of challenges faced by countries in stewardship of private sector actors, and the toolkit outline, sharing all three with the WHO and USAID for feedback.

ACTIVITY PROGRESS

Intervention 1: Develop and Disseminate Toolkit on Governance of Mixed Health Systems.

LHSS met with the WHO on April 17, 2024 to exchange progress and updates on LHSS's Toolkit for Stewardship of Private Sector Providers in Mixed Health Systems and WHO's work with its progression pathway model. The WHO presented a slide deck version of the progression pathway to illustrate the content and structure of the product on the governance behaviors. The progression pathway model uses six governance behaviors to strengthen countries' capacity to steward private health sector participation. LHSS applied its improved understanding of the progression pathway to revise the activity slide deck on challenges faced by countries in the stewardship of private sector actors. This updated deck is now better aligned with WHO's content. In the toolkit, the 'country challenges' section will allow users to consider which challenge(s) resonate best with their own country context. Each challenge will explain which governance behaviors need to be strengthened and which tools can be used to strengthen said behaviors to help address the challenge. The high-level outline describes the toolkit's user-friendly organization, with explanations about the governance behaviors, common challenges that may resonate with users, and which tools can be applied address specific governance behaviors. After revising the toolkit content and country challenges slide deck to accommodate the new information provided by WHO, LHSS shared the updated country challenges slide deck and toolkit outline with WHO and USAID for their feedback. LHSS tried to schedule a follow-up meeting with WHO to discuss this feedback in June 2024, but WHO requested to postpone this meeting to July 2024.

After completing consultations with members of the activity's informal advisory group in Quarter 2, LHSS documented four new tools and five additional resources now included in the toolkit. This deck of tools was also shared with WHO and USAID for their feedback.

EVENTS NEXT QUARTER

No events are scheduled for Quarter 4.

PRIORITIES NEXT QUARTER

- Finalize the toolkit outline and draft the full content to be included in the final toolkit.

- Share the draft toolkit content with the activity's informal advisory group, USAID, and WHO for their feedback.
- Obtain concurrence from the USAID Mission in Namibia and initiate planning to validate the toolkit through consultations with global and in-country stakeholders during a virtual workshop that will be conducted from Namibia, anticipated for Year 6 Quarter 1.

CHALLENGES

LHSS had been experiencing continued delays coordinating with WHO to ensure alignment of the toolkit with WHO's progression pathway model. In Quarter 3, LHSS and USAID continued to meet with WHO to discuss progress on each activity. Despite these efforts, LHSS experienced delays with WHO's sharing of materials and feedback required for LHSS to advance development of its toolkit. In response to delays experienced by LHSS communicating with and accessing important data from WHO, and to ensure future alignment with WHO's progression pathway model, LHSS has obtained USAID approval to extend the timeline for this activity into Year 6 (February 2025).

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

No deliverables were submitted in Quarter 3.

CORE ACTIVITY 11/27/33: HSS PRACTICE SPOTLIGHTS

Activity Lead: Melinda Fenn

FY24 QUARTER 3 HIGHLIGHTS

- LHSS edited and formatted an externally authored brief, titled *The Critical Role of Implementation Research to Enhance Equity within Health Systems*.
- LHSS began the desk review for the LHSS-authored resource optimization brief on improving provider payment mechanisms through social contracting.
- LHSS supported a boosted post on social media channels for the following four briefs: 1) *Applying A Social Determinants of Health Lens to Improve Outcomes*, 2) *Collaborative Learning to Drive Policy Change and Action*, 3) *Digital Social and Behavior Change in HSS*, and 4) *Social Accountability and Social and Behavior Change*. These four briefs garnered a total of 139 downloads during Quarter 3.

ACTIVITY PROGRESS

Intervention 3: Production and Dissemination of Externally Authored Briefs (FY22 funding).

LHSS received the second externally authored brief under the Equity series, titled *The Critical Role of Implementation Research to Enhance Equity within Health Systems*. LHSS edited and formatted the brief and shared it with USAID for final review. USAID's Health Systems Strengthening Accelerator (HSSA) is drafting the third and final brief in this series, titled *Promoting Inclusivity in Health System Decision-Making*. LHSS will produce this final brief upon receipt from USAID. Once the content on this third brief is finalized, LHSS will publish the three-part practice spotlight series on the LHSS website and launch their promotion via the LHSS mailing list and social media channels. LHSS will also develop and produce a podcast on the equity series to amplify its promotion and dissemination. USAID has approved LHSS's request

to extend this activity through December 2024 to accommodate time required to complete the third brief and podcast production.

Intervention 4: Production and Dissemination of LHSS Authored Brief and Externally Authored Briefs (FY23 funding).

USAID and its implementing partners are drafting the three remaining externally authored briefs under Activity 27. The topics for these briefs are still under final consideration by USAID. LHSS will produce these briefs upon receipt from USAID. To provide adequate time to complete these briefs, USAID approved LHSS's request to extend this intervention through April 2025.

Intervention 5: Production and Dissemination of LHSS-Authored Brief and Externally Authored Briefs (FY24 funding).

LHSS began its desk review for the first LHSS-authored resource optimization brief. This product will focus on improving provider payment mechanisms through social contracting in ways that strengthen the broader health system and contribute to sustainability and transition. In collaboration with USAID, LHSS has started identifying advisory committee members to guide this brief's content. LHSS also presented two potential topics to USAID for the second LHSS-authored resource optimization brief: Illustrative titles of these briefs are: 1) Transforming health workforce development for primary health care: lower and middle-income country policies and practices to optimize health education investments, and 2) Leveraging subnational health planning and budgeting processes to strengthen the primary health care workforce. USAID will inform LHSS of their choice topic once it is determined.

LHSS also continued to promote the HSS Practice Spotlight briefs, using its digital platforms to raise awareness about the series within the HSS community and increase views and downloads of each brief. During Quarter 3, LHSS supported a boosted post on Facebook, LinkedIn, and X for four briefs: 1) *Applying A Social Determinants of Health Lens to Improve Outcomes*, 2) *Collaborative Learning to Drive Policy Change and Action*, 3) *Digital Social and Behavior Change in HSS*, and 4) *Social Accountability and Social and Behavior Change*. The four briefs garnered a total of 139 downloads during the quarter.

Finally, USAID and selected partners are drafting the two externally authored briefs under this intervention. USAID is still determining the topics of these briefs. LHSS will produce the two briefs upon receipt from USAID. To provide adequate time to complete all the briefs, USAID approved LHSS's request to extend this intervention through April 2025.

EVENTS NEXT QUARTER

No events are scheduled for next quarter.

PRIORITIES NEXT QUARTER

- LHSS will share an annotated outline with USAID for the first resource optimization brief, finalize membership of the advisory committee, and begin drafting the brief.
- LHSS will confirm the topic for the second resource optimization brief with USAID and begin the desk review exercise. LHSS will also identify and reach out to potential advisory committee members to request their guidance on this brief.
- LHSS will continue disseminating the Practice Spotlight brief products via boosted posts on social media.
- LHSS will begin preparations for a podcast episode on the equity series.

CHALLENGES

LHSS experienced delays in receiving externally authored briefs. To address this challenge, LHSS sent regular updates and reminders to USAID, and will continue to check in with USAID to ensure that all externally authored briefs are received with sufficient time to finalize, produce, and promote them prior to the end of the Project.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

No deliverables were submitted this quarter.

CORE ACTIVITY 28: HIGH PERFORMING HEALTH CARE TOOL IMPLEMENTATION

Activity Lead: Mignote Haile

FY24 QUARTER 3 HIGHLIGHTS

- In May 2024, LHSS conducted two workshops (one per country) with representatives from the Colombia and Timor-Leste ministries of health, USAID Missions, and LHSS Country and Core Activity teams to share the results from the High Performing Health Care (HPHC) survey and validate LHSS's proposed recommendations to strengthen health system processes in each country.
- LHSS completed its country report deliverables for Colombia and Timor-Leste. The reports detail the HPHC survey results and proposed recommendations to improve health system performance in each country. Both reports were submitted to USAID for review and concurrence in June 2024.

ACTIVITY PROGRESS

Intervention 1: Select Countries and Define Scope of Assessments.

Completed.

Intervention 2: Conduct HPHC Assessments in Selected Countries.

LHSS completed its HPHC assessments in Timor-Leste and Colombia in Quarter 2, achieving 81 and 68 responses, respectively. Results from the surveys demonstrated an overall perceived health system performance score of 37 percent for Timor-Leste and 52 percent for Colombia. LHSS reviewed and organized each country's survey results based on respondents' highest and lowest mean scores for health system processes across the four domains of accountable, accessible, affordable, reliable health care. Based on the results, the Activity team generated several action-oriented recommendations that were validated and contextualized by key local stakeholders. LHSS's recommendations included greater citizen participation in health system decision-making, strengthening linkages between health and other social services, and expanding telehealth or digital technologies for improved access to care.

In Quarter 3, LHSS facilitated two workshops (one per country) with stakeholders from the Colombia and Timor-Leste ministries of health, USAID Missions, and LHSS Country and Core Activity teams. These meetings were designed to share the findings of the HPHC survey with invited stakeholders and validate LHSS's recommendations to strengthen health system processes related to equity, quality, and resource optimization in both countries. LHSS used the

survey findings to develop these recommendations, which were then further refined based on stakeholder input during the validation workshops.

The Timor-Leste workshop was conducted on May 9, 2024, with both in-person and virtual participation. The Colombia workshop was virtual and took place on May 29, 2024. LHSS's findings and recommendations were positively received by stakeholders in both countries, with only minor revisions to LHSS's recommendations. LHSS included the validated recommendations in the Activity's final country report deliverables. Both reports were submitted to USAID for concurrence in June 2024.

EVENTS NEXT QUARTER

There are no events planned for Quarter 4.

PRIORITIES NEXT QUARTER

None. The activity is completed.

CHALLENGES

Participants were slow to respond to the survey in both countries. This was a potential risk that the LHSS team proactively identified at the work planning stage and addressed through targeted follow-up actions using its in-country networks. LHSS's Colombia and Timor-Leste country teams also conducted additional follow-up actions and identified over 150 additional stakeholders to participate in the survey. While the HPHC is designed to be a relatively low cost and quick-to-use assessment tool, these challenges made its implementation considerably more time intensive than originally anticipated. LHSS received COR approval for a timeline extension to June 2024 to accommodate these delays and has completed the activity.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

LHSS submitted two 4-page country report deliverables (one per country) to USAID during Quarter 3. The Timor-Leste country report titled *Timorese Health System Performance Assessment Using USAID's High Performing Health Care Tool*, was submitted to USAID on June 10, 2024. The Colombia report titled, *Colombian Health System Performance Assessment Using USAID's High Performing Health Care Tool*, was submitted on June 26, 2024.

CORE ACTIVITY 30: RESOURCE OPTIMIZATION E-LEARNING COURSE

Activity Lead: Sarah Insanally

FY24 QUARTER 3 HIGHLIGHTS

- LHSS shared the annotated outline of the e-learning module with USAID and has revised the outline based on feedback.
- LHSS is working on storyboarding the course content for the first draft of the e-learning module.

ACTIVITY PROGRESS

Intervention 1: Develop Content on Resource Optimization for Inclusion in E-Learning Course.

LHSS shared the annotated outline with USAID for input and received feedback on the structure and scope of the content of the e-learning module. The content will discuss the health production function as a basis for understanding resource optimization, and strategies and country experiences associated efforts to optimize specific types of health system resources, including financing, human resources, and pharmaceuticals.

Intervention 2: Develop E-learning Course.

The storyboarding process to develop the draft technical content of the e-learning modules is underway and on track to be completed in Quarter 4.

EVENTS NEXT QUARTER

No events planned for Quarter 4.

PRIORITIES NEXT QUARTER

Complete the storyboarding and packaging of the e-learning course content to share with USAID for feedback prior to finalization.

CHALLENGES

No challenges were encountered during Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

No deliverables were submitted during Quarter 3.

CORE ACTIVITY 31: HEALTH FINANCING SUPPORT TO AFRICA CDC

Activity Lead: Elaine Baruwa

FY24 Quarter 3 Highlights

LHSS reviewed Africa CDC's Prioritization Framework at the Africa CDC Workshop presenting the Continental Framework for Institutionalizing Evidence-Informed Priority Setting in Africa, April 2024, in Addis Ababa, Ethiopia. The workshop allowed LHSS to meet with several African countries to understand where they are in their priority-setting processes for health financing.

ACTIVITY PROGRESS

LHSS provided several recommendations after working with country teams during the priority-setting framework workshop. First, the framework must incorporate equity considerations throughout the proposed process, including goal setting and stakeholder engagement. Second, the framework process must outline the pros and cons during method selection and clearly and explicitly discuss whether the methods adequately capture public health and prevention interventions. Participants highlighted workshop discussions that focused on 'personal' services, such as those being considered for national health insurance benefit package schemes, where enrolled individuals would have access.

LHSS has been working with Africa CDC's Health Economics and Financing Program to develop questions to guide the development of a conceptual framework summarizing how to identify processes, metrics, and methods to facilitate reflections on a country's health priorities in resource allocation decisions. Proposed deliverables for the activity include a brief description

of the approach used to gather data, an in-depth country case study, and a final report of findings.

Resource allocation will be defined broadly enough to capture decision-making at different points and by different people and institutions during the planning and budgeting processes. Institutions may include planning departments at sub-national and national levels, donors, health facility staff, and others.

Case study country selection criteria have been identified, including regional and language representation, income, and priority-setting progress. Proposed countries include Ghana, Malawi, Mozambique, Sao Tome, Tanzania and Zanzibar. Ghana has been prioritized due to existing relationships and momentum following its use as a case study for the Priority Setting Framework developed by Africa CDC and presented in April 2024.

EVENTS NEXT QUARTER

No events are planned for Quarter 4.

PRIORITIES NEXT QUARTER

LHSS will finalize the methodology and approach for the priority-setting workshop in a concept note and complete country visit preparation, including mission concurrence, in time for an FY25 Quarter 1 visit.

CHALLENGES

Africa CDC had agreed to provide country consultants to work on data collection and analysis of the country case studies. However, due to an organization-wide audit, procurement activities, including hiring consultants, are on hold indefinitely. LHSS will aim to finalize one country case study within its budget.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

No deliverables were submitted in Quarter 2.

CORE ACTIVITY 32: LEARNING AGENDA: EVIDENCE GAP MAPPING PART 3 (ACTIVITY 14 & 26 FOLLOW-ON)

Activity Lead: Ekpenyong Ekanem

FY24 QUARTER 3 HIGHLIGHTS

- LHSS finalized the full-text review to inform the Evidence Gap Map update of peer-reviewed and gray literature published in 2023 associated with USAID Learning Questions 1, 2, 3, and 5. LHSS also created additional tagging capabilities such as expanded disease categories and country income status on the Evidence Gap Map and re-tagged all existing and new 2023 articles. LHSS has shared a draft updated Evidence Gap Map for Learning Questions 1, 2, 3, and 5 with USAID.
- LHSS reviewed the valuable feedback and suggestions to improve the Evidence Gap Map from a broad community of internal and external practitioners working in health system strengthening (HSS) space and has included relevant articles according to the context of each USAID Learning Question to the EGM. A total of 10 individuals across seven institutions offered feedback in this process.

ACTIVITY PROGRESS

Interventions 1, 2, and 3 were completed under Activity 26, which concluded in Q2.

Intervention 4 (Activity 32): Update and Expand Evidence Mapping Part 3.

During Quarter 3, LHSS conducted a search for new evidence published in 2023 associated with USAID Learning Questions 1 (Systems thinking), 2 (Sustainability and scale), 3 (HSS measurement), and 5 (Localization and whole of society engagement) for inclusion in the updated Evidence Gap Map. These articles were validated for relevance by the LHSS team after the initial search, then tagged according to existing filter options. LHSS added 46 peer reviewed and 4 gray literature articles for Learning Question 1; 36 peer reviewed and 8 gray literature articles for Learning Question 2; 75 peer reviewed and 18 gray literature articles for Learning Question 3, and 72 peer reviewed and 21 gray literature articles for Learning Question 5. LHSS also added new tagging capabilities corresponding to expanded disease categorizations, including global health security, malaria, tuberculosis, and neglected tropical diseases, as well as country income status according to the World Health Organization classifications.¹ This process was completed in accordance with the activity's internal process guide used to maintain methodological consistency across each iteration of updates. LHSS also solicited and received additional feedback on the EGM tool and potential articles associated with the four USAID Learning Questions. Article suggestions were offered by LHSS Country and Core activity teams and external audiences, panelists, and participants of the two EGM webinars LHSS has held through Activity 26 in Year 5 of the project.

LHSS has also updated and expanded evidence for USAID Learning Questions 4 (Integration and engagement of local voices) and 6 (Social and behavior change). As scheduled, LHSS will update the six corresponding spotlight learning briefs in Quarter 4. In addition, LHSS will ensure that updated Evidence Gap Map products and the USAID spotlight brief series are linked and searchable on the Evidence Gap Map website.

Intervention 5 (Activity 32): Transition EGM to New Hosting Platform.

USAID has approved a new end date of June 30, 2025 for the Activity, with Intervention 5 planned for Project Year 6. The activity budget will not be impacted by this timing shift. LHSS will continue exploring options to transfer the Evidence Gap Map from the LHSS project website to USAID or an alternate partner website. The goal will be to maintain global access and sustainability of the Evidence Gap Map past the life of the LHSS project.

EVENTS NEXT QUARTER

No events are planned for Quarter 4.

PRIORITIES NEXT QUARTER

- LHSS will complete the Evidence Gap Map updates, including the incorporation of evidence published in 2023 and new tagging capabilities for all existing and new articles associated with USAID Learning Questions 4 and 6.
- LHSS will update its six spotlight learning briefs with new technical findings and the information on articles disaggregated by filter options.

¹ [World Bank Country and Lending Groups – World Bank Data Help Desk](#)

- LHSS will continue exploring plans with USAID to transfer the Evidence Gap Map platform from its project website to USAID or an alternative partner site in Year 6.

CHALLENGES

No challenges were experienced in Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

The updated Evidence Gap Map, enhanced with new evidence published in 2023 and all existing and new articles tagged with new filters for Learning Questions 1, 2, 3, and 5 was shared with to USAID at the end of Quarter 3.

CORE ACTIVITIES 34/35: TAILORING POLICY DIALOGUE AND PROGRAM SUPPORT TO COUNTRIES' BUDGETARY SPACE FOR HEALTH

Activity Lead: Julia Watson

FY24 QUARTER 3 HIGHLIGHTS

- LHSS completed work on a taxonomy of countries receiving USAID health funds and an assessment of the current state of financing for health in the seven focus countries of the Primary Impact Initiative, USAID's Primary Health Care Learning Model. Both pieces of work identify implications of the post-COVID-19 economic downturn for domestic health financing policy and provide recommendations for USAID's future policy and programming discussions in this area
- LHSS conducted a literature review and completed the first draft of a report on health and social protection policies that prioritize service delivery and financial protection for the poor in public health spending during periods of economic downturn.

ACTIVITY PROGRESS

Intervention 1: Develop a Taxonomy of Countries Receiving USAID Health Funds by Indebtedness and Other Drivers of Budgetary Space for Health.

LHSS completed a slide deck describing the methodology and results and explanatory notes on the taxonomy of countries receiving USAID health funds. The taxonomy categorizes the countries by their potential to mobilize additional sustainable domestic financing for health over the coming two to three years. This categorization considers each country's risk of debt distress, per capita income and forecasted economic growth over the next two years. For each category, LHSS provides broad recommendations to inform USAID's health policy dialogue and programming for health financing in the recipient countries.

Intervention 2: Empirically Assess the Current State of Financing for Health and Contextualize a Country-Specific, Medium-Term Approach for Funding for the Seven Focus Countries of the Primary Impact Initiative.

LHSS completed slide decks covering seven focus countries of USAID's Primary Impact Initiative (Côte d'Ivoire, Ghana, Indonesia, Kenya, Nigeria, Malawi, and the Philippines). The slides present country-specific analyses of the economic drivers of domestic health expenditure and of health system outputs and outcomes. The deck summarizes implications of the findings

for domestic health financing policy, especially for primary health care programs, and offers recommendations for USAID policy and programming discussions in each country.

Intervention 3: Develop Countercyclical Health Policy Options to Protect the Poor During Economic Downturns.

Based on the annotated outline agreed with USAID in Quarter 2, LHSS carried out a review of academic and grey literature and developed a first draft of a technical report. The report will identify strategies for USAID Missions to support countries in implementing countercyclical health and social protection policies that prioritize service delivery and financial protection for the poor in public health spending during future downturns. USAID has approved LHSS's request to extend this activity to July 31, 2024.

EVENTS NEXT QUARTER

No events are planned for Quarter 4.

PRIORITIES NEXT QUARTER

Finalize the report on countercyclical policies.

CHALLENGES

No challenges were encountered during Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

Slide decks on the seven Primary Impact Initiative focus countries (Côte d'Ivoire, Ghana, Kenya, Nigeria, Malawi, Indonesia, and the Philippines) were submitted during Quarter 3. Titled *Potential for increased domestic resource mobilization for health in the short and medium term*, the slides present an assessment of the current state of financing for health and contextualize country-specific medium-term approaches for funding in the seven countries.

CORE ACTIVITY: INTEGRATING COMMUNITY HEALTH WORKERS IN PRIMARY HEALTH CARE - PROFESSIONALIZATION AND CAREER ADVANCEMENT

Activity Lead: Kate Greene

FY24 QUARTER 3 HIGHLIGHTS

- LHSS supported the MOH in revising the Community Health Worker (CHW) Operational Guidelines in Tanzania, with a focus on introducing career progression elements, including a new "CHW Peer Leader" role.
- LHSS presented findings from the CHW Assessment and Improvement Matrix toolkit pilot to the National Community-Based Health Care Technical Working Group in Namibia. Opportunities for career advancement emerged as one of the key areas for improvement.
- LHSS submitted abstracts to the Health Systems Research Symposium and Global Health Practitioners Conference and was accepted for oral and poster presentations that will take place in Year 6 Quarter 1.

ACTIVITY PROGRESS

LHSS and USAID agreed to submit a modified workplan for Year 6 under this activity. The workplan will be finalized and submitted to USAID in Quarter 4.

Intervention 1: Document Promising Career Advancement Practices from Countries that have Professionalized Community Health Worker (CHW) Programs.

This intervention was completed in FY23.

Intervention 2: Provide Targeted Technical Assistance Drawing from Identified Promising Practices in Career Advancement.

Tanzania: LHSS began implementing the interventions proposed to USAID/Washington in Quarter 2. Namely, LHSS developed a protocol to assess institutional frameworks, roles, responsibilities, and capacity for CHW supervision, with the goal of using the findings to inform a CHW supervision structure, with entry points for career progression in Tanzania. The Activity will use findings from this assessment to support the Ministry of Health (MOH) in developing a supervision model that incorporates supportive mentorship and efficient performance oversight and management structures. LHSS also held discussions with the USAID Mission in Tanzania to coordinate the selection of councils for data collection and proceeded to draft data collection tools for use during the assessment. LHSS drafted scopes of work for a local Tanzanian research analyst and a junior coordinator to support this institutional assessment workstream. Recruitment for both roles is underway, with data collection slated to begin in Quarter 4 (pending local ethical clearances).

In addition, LHSS drafted an implementation plan for the learning and advocacy workstream. The Activity will gather relevant learnings and best practices related to formally integrating CHWs into policy, regulatory, and budget frameworks, with the end goal of developing a learning and advocacy brief to support the institutionalization of career progression as part of the transition into the new Integrated and Coordinated CHW Program. As part of this work stream, LHSS's country lead accompanied the MOH delegation and participated in a learning trip to Uganda organized by USAID Tanzania to examine an entrepreneurial model for CHWs. LHSS plans to build on learnings from this trip and organize a second regional learning exchange. This event will feature learnings from countries that have successfully incorporated national CHW career pathways into their health service workforce. LHSS has developed selection criteria to identify a learning exchange country in collaboration with Tanzania MOH and USAID Tanzania in Quarter 4.

Finally, LHSS supported the MOH in revising Tanzania's National Operational Guidelines for Community-based Services. The goal of this revision was to align the guidelines with Tanzania's new Integrated and Coordinated CHW Program. LHSS facilitated a technical working group that focused on the community-based health workforce chapter within the Guidelines and collaborated with the MOH and other partners to introduce several updates to this chapter, including opportunities to integrate foundational elements of career progression. Importantly, this chapter revision introduces the CHW Peer Leader, a new position and selection criteria for this role. The CHW Peer Leader will be responsible for coordination of fellow CHWs, ensuring the timely submission of reports, and attending meetings with PHC and village committee leadership on behalf of fellow CHWs. Final revisions to the operational guidelines were incorporated following a validation workshop organized by UNICEF in collaboration with MOH and other government representatives. The final draft of the revised guidelines has been submitted to the MOH for approval.

Namibia: LHSS presented the synthesized findings and recommendations from its CHW Assessment and Improvement Matrix toolkit pilot performed in Quarter 2 to the National

Community-Based Health Care Technical Working Group (TWG). The Activity received positive feedback from TWG members who noted that the assessment validated anecdotal evidence on the strengths and challenges of the CHW program, including the need to improve advancement opportunities for CHWs.

In addition, LHSS conducted a validation workshop for the curriculum framework and certification workstreams, using inputs from the workshop to prepare a full draft of the curriculum framework document. The Activity received feedback from the Health Professionals Council of Namibia, the National Qualification Agency, and the National Training Authority. This feedback suggested that the curriculum framework be submitted to the National Training Authority by Namibia's Ministry of Health and Social Services (MOHSS) for the curriculum to be recognized as a national document. This recognition will enable any accredited training institution to use the curriculum as an official training resource. Revisions to the curriculum incorporate additional modules that reflect the expanded scope of practice for CHWs and increase the duration of their pre-service training from six to 12 months. LHSS is facilitating the necessary meetings and paperwork required for the MOHSS to gain endorsement from the ministerial management committee needed to obtain national recognition of the revised CHW training curriculum.

Finally, LHSS has begun consultations to develop the career progression framework workstream, including working with the MOHSS and other implementing partners working on human resources for health to determine the format of the framework. LHSS also continued to facilitate discussions between the Namibia MOHSS, the USAID Mission in Kenya, and officials from the Government of Kenya to explore a potential learning trip to Kenya, which has been delayed until Quarter 4.

Mozambique: The Activity received the necessary approvals from the Mozambique Ethics and Scientific Committees, administrative approval from the Ministry of Health, and an exemption from U.S. Institutional Review Board (IRB) for its operations research protocol and data collection instruments for the CHW gender analysis study. LHSS completed recruitment of four local research analysts to support data collection, transcription, and data cleaning for this study. The Activity also initiated procurement of the necessary tablets and other equipment that will be required to carry out the research in collaboration with the Abt-led Efficiencies for Clinical HIV/AIDS Outcomes (ECHO) project team. LHSS will officially launch the study in Quarter 4.

Finally, LHSS completed a Mozambique-specific stakeholder analysis and mapping exercise which will inform the CHW career progression framework, integration roadmap, and advocacy brief workstreams. LHSS also initiated recruitment of a local human resource manager consultant who will be responsible for supporting the development of a career progression framework and a roadmap to formalize the integration of CHW Agentes Polivalentes Elementares within the Ministry of Health's Human Resources structures. This position will begin work in Quarter 4.

Intervention 3: Knowledge Gathering, Sharing and Findings Dissemination.

LHSS developed a timeline and initiated work to develop a spotlight brief which will address the common systems barriers and enabling factors to CHW career progression. The Activity finalized membership of the advisory committee, composed of five external reviewers, who will guide the development of the brief. The reviewers have global and country-level health systems strengthening and community health worker program expertise, and include representatives from USAID/Washington, AMREF, and the University of the Philippines Manila School of Health Sciences. LHSS drafted two potential topics for the spotlight brief and shared both with advisory committee members for their ranking and additional feedback. The topic of the brief will be determined in Quarter 4.

In addition, LHSS submitted and received acceptance of two abstracts to the Global Health Practitioners Conference in Nairobi, Kenya in October 2024. This poster presentation will focus on findings from the Activity’s technical brief published under Intervention 1, titled “Establishing career pathways for community health workers – models and key considerations.” The 90-minute breakout session oral presentation titled “Accelerating Community Health Workers’ Integration: Lessons from Mozambique, Namibia, and Tanzania” will highlight work conducted under Activity’s three technical assistance countries. LHSS also submitted and received acceptance of an abstract to the Health Systems Research Symposium in Nagasaki, Japan in November 2024. This oral presentation will focus on “Strengthening institutional frameworks to better integrate and support community health workers from findings of a case study from Tanzania.” LHSS in-person participation in these conferences will foster cross-country learning from this Activity’s three country’ implementation contexts and to disseminate these findings to a diverse global audience.

EVENTS NEXT QUARTER

- A trip to Mozambique to provide technical assistance for the gender analysis operations research and to conduct a supportive supervision pilot planned for early Quarter 4.
- A trip to Tanzania to provide technical assistance for the institutional assessment launch planned for early Quarter 4.

PRIORITIES NEXT QUARTER

- Finalize the revised CHW curriculum framework in Namibia and submit it to the Ministry of Health and Social Services for official certification.
- Finalize the topic and scope of the spotlight brief with input from the Activity advisory committee.
- Plan logistics and prepare presentation materials for a panel session and poster presentation at the Global Health Practitioners Conference and an oral presentation at the Health Systems Research Symposium ahead of the events in early Year 6 Quarter 1.

CHALLENGES

No challenges were encountered in Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

No deliverables were submitted in Quarter 3.

PROGRESS ON PERFORMANCE INDICATORS

LHSS updated one of the seven indicators under this Activity during Quarter 3. The indicator, “Number of CHWs officially registered with the Health Professionals Council of Namibia (disaggregated by sex),” was found to be impractical because CHW training will take at least a year to complete, going beyond the life of this Activity. In response to this new information, LHSS has reframed the indicator as “CHWs recognized as a registered cadre with the Health Professional Council of Namibia”.

CORE ACTIVITY: LANDSCAPE ANALYSIS FOR HEALTH CARE FUND OF FUNDS

Activity Lead: Arun Asok

FY24 Quarter 3 Highlights

The Activity finalized and submitted its final report and presentation to USAID which presented two solutions based on the analysis: a blended fund of funds and a catalytic fund in response to key market challenges. These principal market challenges include increasing diversity of capital for healthcare focused fund managers, closing the financing gap for health enterprises, and bridging the access and affordability of healthcare delivery gap for consumers.

ACTIVITY HIGHLIGHTS

Intervention 1: Landscape Analysis for Health Care Fund of Funds.

The Activity finalized its deliverables and submitted them to USAID. The final report included the overview and background of the Activity, the theory of change, methodology of the landscape assessment, key findings from the desk research of the impact investing and healthcare markets, key findings from the key informant interviews with the fund managers and asset owners, and proposed recommendations. The final report also presented examples of previously implemented models that align with the proposed recommendations. Summarizing key insights from the desk research and key informant interviews, the final presentation will serve as a principal communications tool for use with key stakeholders, including USAID.

Through the key informant interviews, Fund Managers shared their insights on fundraising, healthcare sub-sectoral opportunities, and gender lens investing in healthcare. Both South and Southeast Asian markets saw most of the impact capital for healthcare deployed by Development Finance Institutions who were primarily focused on larger ticket sizes, later stage deals, and did not have a healthcare priority or mandate. This created a lack of diversity among asset owners in the market and introduced challenges for early stage/first time fund managers. Additionally, nascent exit markets in healthcare deter asset owners from investing into healthcare focused funds and has also made raising a healthcare focused fund challenging.

Most invested sub-sectors were healthcare technologies, diagnostics, healthcare platforms, online and offline pharmacies, and specialty health centers. Five out of 10 fund managers preferred to invest in health technologies, stating that technology was the best suited to bridge the gap of access and affordability at scale and profitably. All Fund Managers adopted a gender lens in their portfolio management and due diligence process. All Fund Managers were interested in applying a climate lens to the healthcare investments but needed capacity building to define a climate lens for healthcare investments and create a framework aligned with international standardized disclosure requirements.

Similarly, asset owners expressed difficulty finding sector specialist funds in South and Southeast Asia. They also stated that nascent exit markets in healthcare deterred them from investing in healthcare funds. This sentiment was echoed by fund managers as well. Asset owners placed a high emphasis on local fund managers and localization of investment decision making as key criteria for investments into funds. Most asset owners look for a strong investment track record in Fund Managers making it challenging for first time fund managers. Asset owners tended to invest in Funds which were investing in geographies, sectors, and stages of investment that they do not directly invest in, therein creating a pipeline of co-investment opportunities.

To address the gap of lack of diversity of capital for healthcare focused funds and the need for more financing towards healthcare enterprises, the Activity designed two solutions: a Blended Fund of Funds and a Catalytic Fund. The Activity recommended the Fund of Funds which will provide anchor investments into the funds (as an early fund investor) through *pari passu*² and first loss positions as relevant, enabling the fund managers to raise additional private capital. In addition, the mechanism will also allocate a pool of capital toward investing directly in mature companies in the portfolio of the underlying funds – to contribute to the later stage funding needs of these investees and progressing them to larger investment rounds that will forge exit opportunities. As a fund investor, the Fund-of-Funds will have significant leverage over the fund managers to influence the investment mandates of their funds toward increased health care, localization, and early-stage focus.

In Quarter 3, the Activity presented the key findings and recommendations from the Activity to the Director of the USAID Center for Innovation and Impact and to the LHSS USAID Activity Managers. The discussion also involved outlining objectives for the next phase of the Activity and aligning activities to be accomplished in a follow-on stage.

EVENTS NEXT QUARTER

No events are planned for Quarter 4 as the Activity has been completed.

PRIORITIES NEXT QUARTER

No priorities are planned for Quarter 4 as the Activity has been completed.

CHALLENGES

The Activity did not encounter any challenges during Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

The final report and presentation *Landscape for Healthcare Fund of Funds* were submitted to the USAID on May 15, 2024.

² Pari-passu is a Latin phrase meaning "equal footing" that describes situations where two or more assets, securities, creditors, or obligations are equally managed without preference.

SECTION 3: FY24 QUARTER 3 PROGRESS REPORTS FOR DIRECTED CORE ACTIVITIES

DIRECTED CORE ACTIVITY: EFFECT OF COVID-19 RESPONSE ON HEALTH SYSTEMS

Activity Lead: Yordanos Molla

FY24 QUARTER 3 HIGHLIGHTS

- LHSS submitted an abstract describing work conducted under this Activity that was accepted for oral presentation at the 8th Global Symposium on Health Systems Research (HSR 2024) in Nagasaki, Japan.
- LHSS conducted an in-person stakeholder validation workshop in Johannesburg, South Africa in April 2024. Representatives of the USAID Mission in South Africa, officials from the national and regional Ministry of Health, and implementing partners participated to discuss the Most Significant Change processes and to refine, verify and rank the most significant change stories of the effect of the COVID-19 response on health systems in South Africa.
- LHSS developed a slide deck template for the country-specific results and provided instructions to each consultant in five countries on content expectations for the slides.
- The Activity developed and received approval from USAID for two learning brief outlines. The first brief will present a synthesis of findings from the Learning Activity across the five countries, and the second brief will present the methods and results of work conducted under this Activity.

ACTIVITY PROGRESS

Intervention 1: Prepare for and Design the Learning Activity.

Intervention 1 has been completed.

Intervention 2: Implement Learning Activity and Develop Stakeholders' Capacity in Complexity Aware Monitoring.

The Activity has completed Intervention 2 activities in Peru, Ghana, Colombia, and Tajikistan.

The following milestones were completed in Quarter 3 by the South Africa team: Identified change stories (based on desk reviews) reflecting preliminary data covering the four health system dimensions of change (i.e., change description, project contribution, significance of the change, and its ripple effects).

Planned and conducted in-person workshop to verify and rank the identified change stories.

Intervention 3: Synthesize, Document, and Disseminate Learnings.

Following the workshops in Peru, Ghana, Colombia, and Tajikistan, to verify and rank change stories, the consultants from each country verify disputed stories, and revised and finalized these change stories prior to conducting preliminary analyses. The consultants then conducted analyses of the full data sets and documented key findings using a consolidation tool developed by this Activity. Country-specific findings are being synthesized in slide decks which will be submitted as deliverables for this learning activity.

LHSS in-country consultants received training on presenting methods, analysis, and results to develop their country study slide deck. Each country team used the same template for their presentation.

The following activities were completed in Quarter 3 by Colombia, Ghana, and Tajikistan. These same activities are currently in process in South Africa and will be completed in Quarter 4 and were all completed in Peru during Quarter 2. Revised country-specific change stories based on participant input during the in-person stakeholder validation workshops.

Compiled findings from the validation workshop into a country-specific excel data analysis template.

Developed a country-specific report and a slide deck that showcases methods, country contexts, key findings from the change stories by health system domain, significance of the changes, answers to learning objective questions, and considerations for future pandemic responses.

During Quarter 3, LHSS developed slide decks with country-specific results for Peru and Colombia. The Activity submitted these decks to USAID Washington and the respective USAID Missions for their review. Feedback from USAID/Washington has been received and already incorporated.

Country-specific findings are presently under review in Ghana and Tajikistan. The South Africa study team is currently synthesizing its results.

EVENTS NEXT QUARTER

No events are planned for Quarter 4.

PRIORITIES NEXT QUARTER

- Analyze study data and synthesize results from the South Africa study
- Develop a slide deck to present the South Africa study methods, data collected, key findings, and recommendations. Finalize the formatting for the Peru, Colombia, Ghana, and Tajikistan slide decks.
- Develop two learning briefs to showcase learning activity methods and results across all five countries.

CHALLENGES

The Activity faced challenges associated with the timing of the South Africa workshop and subsequent activities. In response, the Activity requested and received an extension to complete the deliverables for the South Africa study from March 31 to July 31, 2024.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

During Quarter 3, the Activity submitted a revised versions of the Peru and Colombia slide decks, and the draft slide deck for Ghana.

DIRECTED CORE ACTIVITY: DECISION SUPPORT TOOL FOR OUTSOURCING SUPPLY CHAIN SERVICES CSL (FOLLOW-ON)

Activity Lead: Miquel Sitjar

FY24 QUARTER 3 HIGHLIGHTS

- LHSS's developers continued to build out the structure and algorithm of the Decision Support Tool, a resource designed for use by ministry of health officials and will focus on finalizing the tool in Quarter 4.

- LHSS compiled a short-list of countries, including Liberia and Tanzania, where the tool can be piloted. The Activity will select final pilot country with USAID in Quarter 4.

ACTIVITY PROGRESS

Intervention 1: **Develop a Decision Support Tool.**

Complete.

Intervention 2: **Convert and Disseminate the Decision Support Tool.**

LHSS continued to build out the Decision Support Tool and shared a first draft with USAID in April 2024. LHSS has begun to incorporate USAID's feedback into the next stage of the tool design and user interface.

LHSS also compiled and shared a short-list of countries with USAID for LHSS's upcoming Decision Support Tool pilot. Selection criteria for short-listed countries included Abt's presence in the country, its current private sector engagement and outsourcing activities, and the maturity of the health supply chain. The final country short-list includes Liberia and Tanzania. USAID is also reaching out to the Missions in these two countries to gauge their interest in piloting LHSS's Decision Support Tool. With support from USAID, LHSS will seek concurrence in Quarter 4 from one of these two finalist countries to pilot the tool. The pilot will test and validate the tool's technical content and structure and generate important feedback from potential country-level users.

LHSS will determine a web host for the tool in consultation with USAID during Quarter 4.

EVENTS NEXT QUARTER

- There are no events planned for Quarter 4.

PRIORITIES NEXT QUARTER

- Finalize the structure and content of the web-based Decision Support Tool.
- Coordinate an online host for the tool.
- Solicit feedback on the web-based tool from USAID and the Activity's expert advisory group and integrate this input into the final version.
- In consultation with USAID, select a final country and obtain Mission concurrence to pilot the tool (TBD).

CHALLENGES

There were no challenges during Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

- No deliverables were submitted during Quarter 3.

DIRECTED CORE ACTIVITY: BUILDING PRIVATE SECTOR E-COMMERCE CAPACITY THROUGH INNOVATIVE FINANCING (CSL)

Activity Lead: Tenly Snow

FY24 QUARTER 3 HIGHLIGHTS

- LHSS marketing and communications experts reviewed the two grantees' market segmentation approaches and LHSS digital specialists supported the grantees' digital activities. Activity Lead Tenly Snow conducted an in-person visit to Uganda-based grantee, MM Partners Logistics, Ltd., to support its digital platform improvements,

improve data analysis techniques and to develop marketing materials and communications tools.

- LHSS's Ghana grantee Zuri Solutions, Ltd. held two free medical camps in underserved areas of Accra. The purpose of these camps was to educate underserved women about sexual and reproductive health rights and provide access to modern contraceptives and information. The two camps served a total of 7,444 clients, 400 of whom were children. The impressive turnout for these camps highlighted Zuri's growing capacity to engage communities and address unmet need for healthcare services, two key objectives of this grant.

ACTIVITY PROGRESS

Intervention 1: Provide Seed Funding and Technical **Assistance to Digital Innovators**
Ghana grantee | Zuri Solutions, Ltd.

The purpose of this grant is to strengthen the technical capacity of Zuri Solutions, Ltd. (Zuri), a pan-African health technology company. In Quarter 3, Zuri continued to make progress toward its activity milestones and deliverables outlined in the grant program description. Notably, Zuri successfully held two health camps in underserved regions of Accra.

The first Free Medical Health Camp was held in Tema West, Accra, Ghana on April 27, 2024, drawing an impressive turnout of 3,216 women (including 187 children), 346 of whom received modern contraceptive methods and information. This significant participation underscores Zuri's progress toward achieving its grant objectives to increase community engagement and addressing unmet need for healthcare services. The successful Tema West health camp provided the population of this underserved region with direct access to modern contraceptives and information. The event also promoted Zuri's brand and platform within a new patient demographic which is integral to business growth and user engagement.

Zuri's second Free Medical Health Camp held June 1, 2024 in Gomoa Obuasi in Ghana's Eastern region was equally successful, serving 4228 women (including 213 children), 423 of whom received modern contraceptive methods and information. Both camps were held in partnership with the Ghanaian Health Service and the Erama Medical Center and Gomoa East District Health Directorate, respectively.

Zuri provides accessible and convenient healthcare through multiple channels, including a mobile app, website, WhatsApp bot, and SMS service. These services help users access affordable healthcare services from pharmacies, laboratories, telemedicine, and doctor-at-home services. Zuri is also expanding its digital platforms and incorporating data into their decision-making processes and marketing enterprises. Since the start of grant implementation, Zuri has attracted 81,257 new SMS subscribers as of June 27, 2024, and 41,328 bot engagements as of May 1, 2024. These impressive engagement numbers were achieved with LHSS support and due to Zuri's successful free medical health camps.

Uganda grantee | MM Partners Logistics, Ltd.

The purpose of this grant is to strengthen the technical capacity of MM Partners Logistics Ltd., a Ugandan pharmacy and health care company. Through this grant, MM Partners will expand its digital platform and reach across Uganda, increase strategic partnerships with public and private sector stakeholders, and increase access to family planning commodities, information, and decision support. In Quarter 3, MM Partners progressed toward achieving its grant milestones and deliverables. Notably, the grantee has made significant improvements in its family planning programming, business intelligence, and market segmentation initiatives.

In Quarter 3, MM Partners refined its business-to-consumer platform, the Drugs Express App, via developments and testing. The app was developed with grant funding and aims to improve access to family planning products and services. Consumer testing of the app found that it was well-received, with its registration process, navigation, and delivery system all

meeting or exceeding user expectations. MM Partners is continuing to develop several functions that require refinement, such as the app's language features and product searchability.

After creating a framework to evaluate and select a business intelligence tool for MM Partners' Drugs Express Digital Supply Chain Enhancement project, the grantee selected PowerBI. This tool will gather, analyze, and use data to enhance digital supply chain systems in the pharmaceutical sector. PowerBI will allow MM Partners to transform complex datasets into actionable insights to drive informed strategic decisions and help the grantee maintain its competitive value-added position in the industry.

EVENTS NEXT QUARTER

There are no events planned for Quarter 4.

PRIORITIES NEXT QUARTER

- Soumitra Ghosh, private sector engagement and health market development specialist and technical contributor to the activity, will travel to Accra to meet with Ghana-based grantee Zuri Solutions, Ltd. to provide in-person technical assistance to support the grantee in making progress toward achieving its program milestones and deliverables.
- LHSS will produce a technical brief summarizing the grant experiences in Ghana and Uganda, including the grantee profiles, funding and technical assistance, challenges, lessons learned, and activity outcomes.

CHALLENGES

- No challenges were encountered during Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

- No deliverables were submitted during Quarter 3.

DIRECTED CORE ACTIVITY: POLITICAL ECONOMY ANALYSIS OF CENTRAL MEDICAL STORE IN CAMEROON

Activity Lead: Shipra Srihari

FY24 QUARTER 3 HIGHLIGHTS

- LHSS completed its financial data collection and interviews with key informants from Cameroon's Central Medical Store (CENAME) and other stakeholder groups (e.g., Ministry of Public Health officials, donors, and international organizations) to inform its political economy and financial analysis of the Central Medical Store.
- LHSS documented its findings and proposed recommendations from the political economy and financial analysis and presented these to USAID in April 2024. The findings and recommendations were submitted as part of LHSS's report deliverable to USAID on June 14, 2024.
- The team developed and shared an initial outline for its upcoming webinar for USAID's Commodity Security and Logistics (CSL) Division in May 2024. The internal webinar is planned for August 27, 2024 as part of CSL's 'Topical Tuesday' series, and will use the Cameroon PEA to emphasize the importance of PEA for strengthening supply chains.

ACTIVITY PROGRESS

Intervention 1: Assess the Political Economy of CENAME and its Financial Performance and Viability.

LHSS completed its remaining stakeholder interviews (e.g., with officials from the Central Medical Stores, the Ministry of Public Health, UNFPA and WHO) in Quarter 3. The Activity team completed an analysis of the interview results and presented a high-level summary of its key findings and proposed recommendations to USAID on April 18, 2024. LHSS also requested and received USAID approval to extend the Activity through June 2024 to allow enough time to plan the webinar for USAID on the political economy and financial analysis of the Central Medical Stores. LHSS incorporated findings and recommendations from its analysis and feedback from USAID into its report deliverable. These focus on aligning recommendations with the Central Medical Store's ongoing initiatives and strategic priorities. LHSS submitted the first draft of its report to USAID on June 14, 2024 and is awaiting USAID's feedback at the writing of this quarterly report.

Finally, LHSS drafted an outline and working slide deck for the Activity's webinar that will be presented internally to USAID Washington's Commodity Security and Logistics Division and staff of the USAID Mission in Cameroon. The webinar, originally planned for June 2024, has been re-scheduled for August 27, 2024 to allow time for LHSS to present and validate its findings with the Central Medical Store, as recommended by USAID.

EVENTS NEXT QUARTER

LHSS will contribute to a webinar for internal USAID audiences to share findings from the Cameroon Political Economy Analysis of the Cameroon Central Medical Store.

PRIORITIES NEXT QUARTER

- Present LHSS's findings and recommendations from its political economy and financial analysis a meeting with key stakeholders from the Cameroon Central Medical Store.
- Incorporate feedback from USAID and the Central Medical Store on LHSS's findings and recommendations into the Activity's final report deliverable.
- Present findings and recommendations from the analysis during an internal USAID webinar in August 2024.

CHALLENGES

No challenges were encountered during Quarter 3.

DELIVERABLES SUBMITTED TO USAID IN QUARTER 3

LHSS submitted a first draft of its report deliverable, Political Economy Analysis and Financial Analysis of Cameroon's Central Medical Store: Findings and Recommendations, to USAID for review on June 14, 2024.

SECTION 4: FY24 QUARTER 3 PROGRESS REPORTS FOR COUNTRY AND REGIONAL ACTIVITIES

LHSS AFGHANISTAN

FY24 QUARTER 3 HIGHLIGHTS

- LHSS Afghanistan supported the Afghan Social Marketing Organization (ASMO) in conducting its sixth annual organizational development assessment. This exercise benchmarks and monitors progress made toward strengthening the organization's technical, institutional and financial capacities. The Activity also co-developed the action plan with ASMO's senior management team and finalized the Patient Equity Support Assessment Tool to support Objective 2 grantees to efficiently and equitably identify beneficiaries for the LHSS-supported integrated financing schemes for indigent populations.
- LHSS approved an additional grant of USD \$90,000 to the Afghan Family Guidance Association. The purpose of this grant is to establish and operationalize the Comprehensive Reproductive Health Center in Kabul. With co-funding of an equivalent amount from the Norwegian Agency for Development Cooperation, the Center will serve as a high quality, affordable referral facility for sexual and reproductive health clients who need additional services.
- The Activity developed presented a poster titled "*Strengthening private provider capacity and engagement to ensure access to priority health provisions for Afghan women and urban poor*" at the Global Health Security Conference in Sydney, Australia between June 18-21, 2024.

QUARTERLY ACTIVITY PROGRESS

Objective 1: Provide Financial and Technical Support to the Afghan Social Marketing Organization Aimed at Expanding its Role and Improving its Organizational Capabilities to Deliver Sustained Impact.

LHSS supported ASMO in conducting its sixth annual organizational development assessment exercise using Abt's Social Marketing Organization Development Assessment Tool. The exercise included interviews with functional managers and key staff, reviews of relevant documents and evidence. The assessment also included virtual workshops with ASMO's senior staff engaged in analyzing the organization's strengths, weaknesses, threats and opportunities. LHSS also supported ASMO in developing a 12-month action plan to address prioritized institutional capacity gaps. The organizational assessment highlighted the critical human resources gaps in social marketing, institutional sales, research and monitoring, internal auditing, and organizational business development functions. Findings underscored the importance of addressing gaps in staff training and development. They also highlighted the need to address gaps institutionalizing GESI considerations. This can be achieved by reinvigorating the gender committee, increasing gender balance at the senior management level, and ensuring ASMO's human resource policy is aligned with GESI principles. By

addressing these gaps, ASMO will further strengthen its institutional capacity in GESI, and improve its overall organizational performance. The Activity supported ASMO in developing their transition plan from LHSS to ASMO to lead the assessment process in 2025. This includes training two ASMO staff to use the assessment tool and plan for the seventh round of organizational assessment, planned for 2025.

Objective 2: Increase Product Coverage and Support Establishment of Franchising and Provider Networking Models to Improve Service Provision by Partnering with Additional Social Marketing/Franchising Organizations.

The Activity finalized the Patient Equity Support Assessment Tool for use by grantees. The tool will support organizations in efficiently and equitably identifying beneficiaries of LHSS-supported integrated financing schemes for indigent populations. The Activity supported Greenstar Social Marketing, LHSS Afghanistan's Technical Assistance partner, in conducting a desk review and shortlisting an appropriate poverty assessment tool for the Afghan context. The tool was piloted to assess its feasibility, applicability, and acceptability among health facilities run by LHSS grantees. LHSS Afghanistan and Greenstar shortlisted and selected the multi-platform Equity Tool and automated it to enhance usability by data collectors. This automation allows grantees' staff at facilities to calculate national and urban wealth quintiles for each patient to determine appropriate subsidies for eligible clients.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity reviewed ASMOS's new product launch plan and promotional materials and provided input to better integrate GESI in the organization's social marketing activities. With LHSS support to improve its planning and management functions, ASMO continued expanding its coverage in low-income areas of peri-urban districts and slums, prioritizing outreach to women in these areas. Grantees supported under Objective 2 of the Activity served approximately 101,805 low-income clients (85 percent of whom were women) with free or discounted services using integrated financing schemes.

WASTE, CLIMATE RISK MANAGEMENT

LHSS Afghanistan is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Afghanistan FY24 Annual Work Plan, and with host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

Objective 1: LHSS assistance resulted in increased access to and availability of ASMO products in low-income areas of the peri-urban districts and slums by expanding to 51 markets (LHSS Indicator #7) including opening 9 new and reactivating 204 retail outlets, and by sustaining its network of 146 midwives collaborating with 32 hospitals and 126 pharmacies located in such localities.

Objective 2: The Activity supported its grantees in training 559 private providers in priority technical areas (LHSS Indicator #14). The grantees served 178,316 patients with priority health services (LHSS Indicator #12), approximately 72 percent of whom were women. Among the 115 U.S. government -supported health service providers and facilities, 85 percent are using integrated financing schemes (LHSS Indicator #16).

EMERGING LESSONS

The pilot exercise carried out to finalize the Patient Equity Support Assessment Tool highlighted the grantees' lack of objectivity and consistency in targeting beneficiaries and providing subsidies in the grantees' existing welfare programs. LHSS recommended using the tool to identify low-income patients in wealth quintiles 1-3, with priority given to women, and to offer higher subsidies to those in lower wealth indexes to enhance program effectiveness.

CHALLENGES

Visa restrictions imposed by neighboring countries for Afghan residents have prevented Afghan health professionals from attending trainings, business meetings, conferences, and knowledge exchange programs. Additionally, delays in signing Memorandums of Understanding with the Ministry of Public Health continue to affect timely project implementation. The Taliban has recently raised objections to procurement of long-acting reversible contraceptives for the private market. LHSS supports its grantees and their staff in taking precautions and to ensure compliance with Taliban guidelines. The Activity has advised grantees to comply with regulatory requirements and adhere to Taliban restrictions in procuring long-acting contraceptives when using non-USAID funding, including complying with regulatory requirements and Taliban restrictions, and refer family planning clients for counseling to grantee' trained clinic-based providers

DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Capacity Strengthening: Round-VI Assessment Findings and Action Plan for Afghan Social Marketing Organization (July 2024)
- Targeting demand-side financing: Feasibility Assessment and Adoption of Patient Equity Support Tool for Efficient Targeting of Patient Subsidy in Afghanistan (July 2024)

EVENTS NEXT QUARTER

There are no upcoming events planned for Quarter 4.

PRIORITIES NEXT QUARTER

LHSS will finalize all grant and contract modifications and the workplan for FY2025 and submit it to USAID for approval.

ENGAGING LOCAL AUDIENCES

The Activity supported grantees in engaging local stakeholders including the Ministry of Public Health, Afghanistan Food and Drug Authority, and provincial health directorates through workshops, television, radio, billboard campaigns, and facility-based community outreach sessions. These outreach and communications efforts aimed to raise awareness about the availability of grantee health services. LHSS also supported grantees in using television, radio, and billboard campaigns to promote products and services offered by their clinics. Facility-based community outreach sessions conducted by grantees with LHSS support focused on dispelling myths, prevailing misconceptions and promoting health seeking behavior. These sessions also promoted services offered by the facilities, prices, and referral benefits.

LHSS CAMBODIA

FY24 QUARTER 3 HIGHLIGHTS

- LHSS has worked with all 70 targeted MoH antiretroviral (ARV) sites to train staff on enrolling people living with HIV (PLHIV) into the ID Poor social protection scheme.
- The National AIDS Authority (NAA) has accepted LHSS's recommendation to use Provincial AIDS Committees to identify and enroll entertainment workers in social protection schemes, addressing challenges the NAA has faced enrolling people individually or through their employers.
- The TB Patient Cost Survey found 38 percent of TB patients face potential catastrophic costs. LHSS is supporting stakeholders in responding to recommendations from the survey working group including enhancing social protection enrollment, implementing a conditional cash transfer scheme, prioritizing nutritional support, and strengthening referral systems.

ACTIVITY PROGRESS

Objective 1: Expand Social Protection Systems - General Secretariat for the National Social Protection Council (GS-NSPC).

LHSS and the General Secretariat held a workshop for reporting unit members, including the Health Equity Fund and National Social Assistance Fund, on the development and use of dashboards to enhance real time reporting in the monitoring and evaluation platform. The General Secretariat will add a new indicator on the number of insured members per reporting unit to better represent the percentage of the population covered by social protection. LHSS also assisted the General Secretariat in recruiting new staff to better manage the social protection registration portal and interoperability. Additional staff will also coordinate, train, and troubleshoot with reporting units.

National Social Protection Registry: LHSS provided technical assistance to the Registry through consulting with IntechDev to set up a test environment to address challenges, including slow speeds and hardware upgrades. With the registry now complete, the General Secretariat will conduct a field test in targeted communes in Siem Reap and other provinces to prepare for the national roll-out of the single portal.

National Payment Certification Agency: LHSS developed process maps and integration options to support the Agency in streamlining claims management of the Health Equity Fund and the National Social Security Fund. LHSS is also recommending that the Agency include digital transformation and information and communications technology as part of its upcoming 2024-2030 strategy.

Objective 2: Strengthen the Decentralization of Health Financing Functions – NAA.

LHSS assisted NAA in assessing the registration process for entertainment workers and key populations into existing social protection schemes. Findings suggested that while there is strong political will to register these groups into the social protection system, only a small number of individuals have been registered to date. The assessment found that target groups need more information and support to pursue registration. The NAA, through its Provincial AIDS Committee network, is key to strengthening the capacity of sub-national administrations to support the registration process. Civil society organizations also play an important role in disseminating information and mobilizing new enrollees. NAA acknowledged these findings and

endorsed the recommendation for provincial AIDS committees to coordinate the registration of entertainment workers in their respective provinces. LHSS supported the NAA in developing Government-Donors Joint Technical Working Group on HIV/AIDS monitoring indicators related to social protection.

National Center for HIV/AIDS, Dermatology and STD: LHSS supported the Center in training 70 Ministry of Health (MOH) ART sites on ID Poor (equity card) registration for PLHIVs. With the ID Poor registration, health service providers at ART sites can claim fees for services rendered to PLHIVs, and PLHIVs can receive all health services they need, including those unrelated to HIV/AIDS, free of charge.

National Center for TB and Leprosy: LHSS, under the Center's leadership and in consultation with stakeholders, finalized the report on Cambodia's first national TB Patient Cost Survey and initiated conversations with the National Center on plans to implement the survey's recommendations. LHSS and the USAID Mission in Cambodia visited sites piloting the community-based TB model and will strategize with the National Center on ways to improve the model going forward. LHSS is supporting the National Center in conducting the first TB Optima Study to model the cost-effectiveness of current and future TB prevention strategies, case findings, and treatment programs. The National Center is reviewing the study protocol and, in collaboration with the MOH, will finalize the study documents. National Center for Parasitology, Entomology, and Malaria Control: LHSS supported the Center in clarifying roles for the National Malaria Sustainability Roadmap. LHSS continues to support pilot malaria Prevention of Re-establishment activities in two districts in Battambang province. These initiatives include developing commune-level workplans and discussing the mobilization of government funds for malaria activities through commune investment plans.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity actively pursues opportunities to promote equal participation, sustainability, and a focus on social inclusion, especially in expanding national social health protection schemes to cover vulnerable populations. LHSS is supporting the expansion of ID Poor registration for PLHIVs and enrollment in health equity funding for key populations at risk (e.g., entertainment workers, transgender individuals, men who have sex with men, and other vulnerable groups).

ENVIRONMENTAL COMPLIANCE REPORTING

The approved work plan determines that the LHSS Cambodia Activity qualifies as a categorical exclusion, according to the USAID Cambodia IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

PROGRESS ON PERFORMANCE INDICATORS

- Indicator 10: LHSS support contributed to a continued increase in the number and percent of PLHIV covered under social financial protection scheme ID Poor. In Quarter 3, the number of PLHIVs covered increased to 36,554 (53.5 percent, up from 48.7 percent in Quarter 2). LHSS aims to reach a target of 47,800 PLHIVs covered by the end of Quarter 4, representing 70 percent of the PLHIV population of 68,285 nationwide.
- Indicator 17: The number of communes/*sangkats* that have HIV activities and funds included in their Commune Investment Programs increased from 98 in Quarter 2 to 205 in Quarter 3.

EMERGING LESSONS

In comparison with the previous manual data input system, the use of application programming interfaces has helped decrease the time required and error rate in users' data entry and submission to the General Secretariat for the National Social Protection Council's monitoring and evaluation system. The login system now has role-based access for reporting dashboards with tailored views for users, and improved graph presentations and filtering options. This user-centered design can be applied to other sectors needing differentiated data access, making it easier for users to interpret data, identify trends, and plan strategically.

CHALLENGES

- The General Secretariat has faced pressure to quickly roll-out the single registration portal as well as focus on other initiatives based on commitments made during the National Social Protection week. However, system tests revealed the need to proceed systematically to allow for more user piloting to address challenges. The World Bank requested additional payment options to disburse funds through its Government to Private Initiative. Additionally, the Korea Foundation for International Healthcare advocated for reprogramming the claims management system with Java. LHSS has supported the General Secretariat and the National Payment Certification Agency in focusing on higher priority tasks in the face of this external pressure.
- Additional time and coordination with local stakeholders, including operational districts and health center teams, is needed to integrate malaria and TB activities into commune investment plans. LHSS is working with the USAID Mission in Cambodia and national programs on next steps in the roll out of TB in commune investment plans and how to use lessons for subnational malaria funding.

DELIVERABLES SUBMITTED IN QUARTER 3

- Digital Solutions for National Payment Certification Agency Claims Management, submitted June 28, 2024 (Activity 1.2.1)
- TB Patient Cost Survey Report, submitted May 15, 2024 (Activity 2.4.2)
- Addressing Catastrophic Costs for TB-Affected Households, submitted June 28, 2024 (Activity 2.4.3).

EVENTS NEXT QUARTER

- Support the General Secretariat in disseminating its annual report, conducting a reporting unit workshop, conducting social protection registry pilot field visits, launching the Strategic Plan for Digital Transformation in Social Protection 2024 – 2027, and conducting a dissemination workshop for the National Payment Certification Agency's Annual Report
- Conduct a reflection workshop on ID Poor registration at ART sites and preliminary findings on use of Health Equity Fund by PLHIV ID Poor cardholders.
- Hold a lessons learned workshop on Community-based TB model implementation and disseminate findings and recommendations from the TB Optima study.
- Disseminate lessons learned from the prevention of reestablishment of malaria pilot.

PRIORITIES NEXT QUARTER

- General Secretariate monitoring and evaluation: Add application programming interfaces and improved dashboards to connect reporting units. Introduce a new indicator to measure reporting and identify missing data. Print and disseminate the Strategic Plan for Digital Transformation in Social Protection 2024-2028. Support completion of 2024-2030 strategy.
- National AIDS program: Support scale up and monitor PLHIV ID Poor registration process. Assess health service utilization among PLHIV equity card holders.
- NAA: Finalize the procedure document for enrolment of entertainment workers and key populations into social protection schemes. Support development of Operational Plan for the Cambodia HIV Sustainability Roadmap 2023-2029.
- National TB program: Document and share lessons learned from the implementation pilot of the Community-based TB model. Support development of an action plan to respond to key recommendations from TB Patient Cost Survey. Conduct the TB Optima study. Assist in developing the National TB Sustainability Roadmap.
- National Malaria program: Support and document lessons learned on prevention of reestablishment model. Support development of the National Malaria Sustainability Roadmap. Support an assessment of the transition of village malaria workers to domestic funding.

ENGAGING LOCAL AUDIENCES

LHSS posted for the following Cambodia interventions during Quarter 3:

- [Integrating entertainment EW/KPs for social health protection:](#) LHSS Cambodia held a consultative workshop to discuss the Royal Government's decision, interministerial prakas #359, to register EW/KPs for social health protection, another step toward universal health coverage.
- [The interviews with EW/KP:](#) An LHSS consultant interviewed individuals in the informal economy and tourism services, particularly individuals vulnerable to HIV infection, and discussed challenges in obtaining health equity cards and accessing healthcare and prevention services.
- [Identified potential catastrophic costs associated with tuberculosis \(TB\):](#) LHSS Cambodia conducted Cambodia's first-ever study founding that TB patients and their families face potential catastrophic costs, deepening their financial vulnerability, despite free treatment.
- [Integrating people living with HIV \(PLHIVs\) into social health protection:](#) LHSS Cambodia completed its initial support to the National Center for HIV/AIDS, Dermatology, and STDs with onsite training and equipment to register PLHIVs into social health protection schemes. This effort aims to optimize the Royal Government's domestic funding to reduce out-of-pocket expenses and advance toward universal health coverage.
- [Working on good governance for better health outcomes and an improved health system:](#) LHSS in Cambodia supports the Royal Government in enhancing governance for improving health outcomes and transitioning the country from external to domestic funds for health system improvement.

LHSS COLOMBIA

FY24 QUARTER 3 HIGHLIGHTS

- LHSS Colombia's Model of Social Innovation in Health Care Systems for Reducing Severe Maternal Morbidity won the 3rd annual USAID Health Systems Strengthening Case Competition. This award acknowledges the Activity's efforts to advance the inclusion of Venezuelan migrants, Colombian returnees, and host communities into the national health system by improving equity, quality, and resource optimization in multiple areas of the system
- The Activity supported the MOH in finalizing its Support and Inclusion Plan for the Migrant Population 2024-2027. LHSS provided support throughout the development process, including providing technical inputs, supporting its dissemination for feedback from local governments, socializing the Plan within MOH offices charged with its implementation, and facilitating opportunities for collaboration between the national and local governments. The Plan will be adopted by the MOH, with LHSS support, before the end of 2024.
- LHSS launched a public-private partnership with Novartis and local health secretariats in Barranquilla, Bogotá, Bucaramanga, Cali, Cartagena, Cúcuta, Medellín, Riohacha, Santa Marta and Necoclí to help strengthen the capacity of local health officials in prevention and early detection of breast cancer and cardiovascular illnesses among migrants and returned communities..

ACTIVITY PROGRESS

Objective 1: Strengthen Governance and Management of the Migrant Health Response.

In Quarter 3, a second cohort of 250 local authorities completed the course "Legal and Policy Frameworks for Guaranteeing the Right to Health of the Venezuelan Migrant Population, Colombian Returnees, and Host Communities," which LHSS created in collaboration with the MOH. The course provides public officials skills to improve services for target populations, formulate more inclusive and effective policies, and raise awareness about health challenges faced by the migrant population and other vulnerable communities in Colombia.

The Activity also organized the first virtual meeting of the Territorial Health Management Training Program, with support from the MOH, the Pan American Health Organization, the Colombian Corporation of Municipal Health Secretaries, and the Colombian Public Health Association. The session was attended by more than 200 individuals responsible for guaranteeing the right to health, including public officials, healthcare workers, and managers of health service providers. LHSS presented on the topic "Health Governance with a Migration Focus," which covered general concepts of governance, health, and migration, equity, and the prevention of xenophobia. This forum served as a strategic opportunity for LHSS and key actors from cities prioritized by USAID Colombia's Office of Migration to share experiences and knowledge with decision-makers in non-project territories, encourage replication in these new areas, and discuss LHSS's approach to sustaining performance improvement past the life of the project.

In Quarter 3, LHSS supported the new local governments in nine cities to integrate migration and Gender Equality and Social Inclusion (GESI) approaches into territorial health and development plans. These plans, which each new administration is legally obligated to develop and implement in its jurisdiction, will guide local policy for the next four years. With LHSS's

support, these territorial governments defined in their plans strategies, actions, and resources for including the migrant population in the Colombian health system. For example, Cúcuta's new 2024-2027 Municipal Development Plan and the city's new Territorial Health Plan include proposals to guarantee the migrant population's right to a dignified life, and to provide greater attention to migrant populations with HIV, tuberculosis, and leprosy. The inclusion of migration and GESI approaches in health and development plans bolster the sustainability of these initiatives.

Objective 2: Promote Sustainable Financing of Health Services for Migrants and Receptor Communities.

In Quarter 3, LHSS launched a public-private partnership with Novartis and local health secretariats in Barranquilla, Bogotá, Bucaramanga, Cali, Cartagena, Cúcuta, Medellín, Riohacha, Santa Marta, and Necoclí to conduct workshops to train health care personnel and strengthen the capacity of territorial health officials in prevention and early detection of breast cancer and cardiovascular illnesses within migrant and host communities.

The Activity continued monitoring the "Voy a Ser Mamá" (I'm Going to Be a Mom) performance-based contract mechanism in the city of Barranquilla. Simón Bolívar University verifies the performance of MiRed, a public-private health service provider, and the Julio Maria Santo Domingo Foundation makes payments based on the performance results. LHSS, the mechanism's three implementors, and the USAID Mission in Colombia will analyze the results since the contract mechanism's launch in April 2024, and identify actions to strengthen coordination among actors responsible for implementation. The goal is to improve access to health services for pregnant women who cannot enroll in the health system due to their irregular migratory status.

In Quarter 3, the Activity supported six prioritized territories (Barranquilla, Cali, Cartagena, La Guajira, Norte de Santander, and Santa Marta) in formulating financial plans for allocating resources to fund activities included in their Territorial Health Plans. These financial plans include resources for projects that meet public health and health care access goals for the Venezuelan migrant population, returnees and host communities. For example, the Santa Marta local health authority incorporated a chapter on the costing of care for the Venezuelan migrant population in its financial plan for the first time.

Finally, utilizing LHSS Colombia's new private sector engagement methodology, the Activity conducted a legal framework analysis and a needs assessment for 10 prioritized local health authorities (Barranquilla, Bogotá, Bucaramanga, Cali, Cartagena, Cúcuta, Medellín, Necoclí, Riohacha, and Santa Maria). The assessment revealed that most local health authorities had not previously partnered with the private sector and did not know how to do so within the existing regulatory framework. Based on this analysis, the Activity supported these local authorities in strengthening their capacity to identify, mobilize and leverage resources from the private sector and international partners to strengthen the local health system. The goal of this work is to help local authorities to understand the importance and impact of developing relationships with private sector partners and learn the specifics of how to do so. This support resulted in local authorities initiating or establishing new partnerships with private sector entities. For example, the local health authority in Santa Marta is initiating conversations with companies in the construction sector (Constructora Bolívar), the mining-energy sector (Grupo Daabon), and the health sector (private health providers), and Apartadó's local health authority is planning to incorporate private sector engagement into its territorial development plan.

Objective 3: Strengthen Mechanisms to Increase Access to Appropriate and High-Quality Health Care Services for Migrants and Host Communities.

In Quarter 3, the Activity supported MOH's Office of Healthcare Quality in creating a methodology for drafting Colombia's National Policy for Healthcare Quality. LHSS then supported the MOH in conducting four workshops in Bogotá, Barranquilla, Medellín and Cali with 270 participants from local health authorities, health insurance administrators, health service providers, universities, and health users' associations. During these workshops, the MOH shared its methodology and strategic objectives of healthcare quality policy and gathered inputs and ideas from participants. The MOH will use this constituent feedback to develop the country's first national health quality policy. LHSS supported the meeting logistics and organized data collected from participants.

Between May 7-9, 2024, LHSS participated in the MOH's national workshop for maternal health to review implementation progress of the Acceleration Plan to Reduce Maternal Deaths, known locally as PAREMM. LHSS presented progress achieved to date on the development of tools guidelines the MOH is developing with LHSS support to implement this accelerated plan to reduce maternal death. Interventions will include a web-based tool to monitor pregnancies and telehealth guidelines for pregnant women.

Objective 4: Strengthen Health System Resilience for Responding to Current and Future Shocks.

The Activity provided grants to Caminos IPS and CORPRODINCO, a local service provider and a local civil society organization serving mobile populations, to strengthen community networks for mental health support among Venezuelan migrants, returnees, and host communities in Cúcuta, Cartagena, and Necoclí. LHSS conducted over 80 workshops aimed at strengthening the capacity of over 2,000 migrants in community empowerment, social integration, and reducing mental health stigma. Participants learned to use art to manage their emotions, develop personalized roadmaps for their future goals, identify mental health warning signs, and promote healthy habits. The Activity developed mental health tools and established 12 strategic partnerships between grantees, community organizations, and local institutions to broaden the use and impact of skills learned during the community-based workshops and enhance mental health resilience within communities. These new partnerships lay an important foundation for sustaining impact by encouraging participants to share the knowledge and tools acquired through workshops, fostering community empowerment, and providing ongoing support for mental health initiatives. In Cartagena, for example, grantee Caminos IPS partnered with the city's Intégrate Center, which provided guidance on accessing the health system, gender-based violence prevention and response, and psychosocial care.

Through the "Risk Management of Health Emergencies in Territories" diploma program, LHSS supported training for over 400 health care workers in risk identification and reduction response to emergencies, disasters, outbreaks, and epidemics, and developing Territorial and Emergency Response Plans. LHSS also collaborated with the MOH to develop emergency preparedness workshops implemented by CES University. The objective of these workshops will be to train participants in effective emergency response and coordination with emergency responders such as firefighters and medical personnel. To date, 320 people from 12 territories, including community members, emergency response coordinators, project managers of local health authorities, and healthcare providers, participated in the first session of the series.

Finally, the Activity provided training to subnational health actors in the General Adjusted Methodology for project management, a methodology that must be used by any actor who applies for or implements public investment projects in Colombia. In Quarter 3, the Activity held four training sessions on drafting public investment projects using this methodology, certifying more than 220 people from 37 territories. Additionally, the Activity provided technical input to 11 public investment proposals submitted by participating emergency response centers for the

acquisition of infrastructure and equipment. The goal of this support was to equip officials with the knowledge and capacity needed to plan projects, manage government health responses, and manage emergency response centers, leading to Colombia's overall enhanced ability to respond to national health emergencies.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

In Quarter 3, LHSS Colombia continued to mainstream the GESI approach in various capacity-strengthening efforts, including through a session on equity and xenophobia held during the Territorial Health Management Training Program. The Activity participated in Module III on health governance with a migratory approach, incorporating GESI principles and addressing the health needs of migrants, social determinants of health, xenophobia prevention, and the transition to sustainable, localized health policies and practices.

Changes in local health personnel have posed challenges to the sustainability of interventions developed under LHSS Colombia's GESI approach, but the Activity has used its transition and sustainability plan to articulate the scope and importance of GESI to local and national stakeholders. As a result of these efforts, these stakeholders are committed to GESI priorities, thereby increasing the likelihood that GESI activities will be sustained and replicated.

ENVIRONMENTAL COMPLIANCE REPORTING

The approved work plan determines that the LHSS Colombia Activity qualifies as a categorical exclusion, according to the USAID Colombia IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

PROGRESS ON PERFORMANCE INDICATORS

LHSS launched a partnership with Novartis to strengthen the technical capacities of local health authorities in the prevention and early diagnosis of breast cancer and cardiovascular diseases among migrants, returnees, and host communities. As a result, the Activity facilitated four public-private partnerships, achieving 100 percent of the initial goal (Indicator 8).

The Activity supported five events to enroll migrant populations into the national health system. In all, 181 Venezuelan migrants were enrolled and therefore granted access to preventative and specialized health services. Since the launch of its strategy to enroll migrants, returnees and host communities into the national health system in October 2021, LHSS has supported 448 events, resulting in the enrollment of 111,001 Venezuelan migrants. This represents 10 percent of the total number of migrants enrolled in the subsidized health system in the project territories LHSS has achieved 100 percent of its target (Indicator 30).

EMERGING LESSONS

LHSS has observed that private sector companies and foundations are more likely to contribute to health care for vulnerable populations, including migrants, if local health authorities clearly communicate a need for private sector engagement, propose how private sector entities can contribute, and the value-added of their participation in achieving their own mission.

To this end, the Activity has facilitated multiple capacity strengthening sessions with local health authorities on actor mapping, needs identification, and developing private sector engagement strategies. In Bucaramanga, for example, LHSS organized a meeting between the local government, private sector representatives, and international cooperation agencies. This opportunity allowed for the exchange of experiences, needs, and challenges associated with delivering health care to vulnerable populations. The discussion helped private sector

attendees, including hospitals, universities, and pharmaceutical companies, to better understand the public sector's needs and their role in helping to meet these needs. In turn, public sector participants learned more about the types of support private sector and international cooperation agencies could offer. After the meeting, the local health authority expressed its intention to collaborate with universities to develop a work plan with Novartis on breast cancer prevention and treatment initiatives.

CHALLENGES

Colombia does not have national methodological guidelines or standard processes for costing health services, including those provided to the migrant population. To address this gap, LHSS supported the MOH in piloting a health service costing tool at the Simón Bolívar Hospital in Bogotá. This pilot program will provide information to replicate and expand the tool to other territories, adapting it to meet their costing needs..

Local policymakers are faced with many competing priorities and interests vying for inclusion in local plans and budgets. In this context, LHSS faced the challenge of ensuring that migration and health issues be included among the priorities of the new local governments. The Activity adopted several strategies, including organizing 13 high-level meetings between LHSS Colombia leadership and the new mayors and health secretaries, facilitating 12 "Café and Tequeño" sessions, and participating in more than 30 Territorial Planning Workshops and five technical assistance sessions for local budgeting. Through these initiatives, LHSS successfully facilitated the inclusion of migration and health in local government agendas.

DELIVERABLES SUBMITTED IN QUARTER 3

No deliverables were submitted during Quarter 3.

EVENTS NEXT QUARTER

- Host "Pause and Reflect" sessions with participation from healthcare provider institutions, including managers, scientists, and quality leaders, to enhance capacity strengthening of health providers.
- Host a high-level site visit by USAID/Colombia staff in Barranquilla to share design details and early achievements of the performance-based contract mechanism for the pregnant migrant population.
- Hold capacity building workshops in collaboration with Colprensa in Riohacha, Bucaramanga, and Bogotá for journalists covering migration and health, aimed at incorporating inclusive language in news narratives.

PRIORITIES NEXT QUARTER

- Hold a learning exchange event for community-based organizations prioritized by the Activity to reflect on the capacity strengthening process, sustainability and the integration of the GESI approaches.
- Support the MOH and the National Planning Department in disseminating the Ten-Year Public Health Plan to mainstream the social determinants of health approach in intersectoral planning forums and planning tools.
- Strengthen the process for monitoring the implementation of the performance-based contract mechanism in Barranquilla and promote the expansion of the model to other territories.

- Monitor the usage of toolkits by infectious disease committees in health care institutions for analyzing and strengthening the capacity of human resources focused on monitoring infectious diseases.
- Pilot a dashboard created in collaboration with the National Institute of Health for use by infectious disease committees to create infographics.
- Rollout the human resources capacity strengthening strategy to community-based organizations to local-level capacity to respond to the need among Venezuelan migrants with HIV to access healthcare services.

ENGAGING LOCAL AUDIENCES

Between June 18-21, 2024, LHSS participated in the 2024 Global Health Security Conference in Sydney, Australia. Here, the Activity presented on its collaboration with the MOH to establish community surveillance networks for detecting, preventing and responding to health emergencies. LHSS also presented a poster on innovative strategies to address mental health challenges among Venezuelan migrants, Colombian returnees, and host communities.

The Activity's work has been featured in a range of media outlets including the USAID Mission in Colombia's media channels, and regional newspapers such as El País Cali and El Universal Cartagena. News about LHSS's work has also been disseminated by local government secretariats through their communication channels. Between April to June 2024, the Activity also published a total of 89 knowledge products on USAID/Colombia's and LHSS's social media accounts (X, Facebook, LinkedIn, and Instagram). These products included:

Facebook:

- [Global Health Security Conference 2024](#) announcement, featuring presenters Ana Ragonesi, Technical Director in Colombia, and Ricardo Dominguez, Senior Deputy Chief of Party;
- [Creating a Sustainable Way to Respond to Health Emergencies in Colombia](#), blog post.

LinkedIn:

- ["Colombia Without Maternal Deaths"](#) alliance launch announcement.

X (formerly known as Twitter):

- [Repost from ProPacífico](#) on LHSS' learning workshop to strengthen maternal health care in Barranquilla.

LHSS DOMINICAN REPUBLIC

FY24 QUARTER 3 HIGHLIGHTS

- LHSS drafted the operational terms of reference for the public-private coordination board to guide implementation of the roadmap for private sector engagement in the national HIV response. This document outlines the board's scope, membership, member roles and responsibilities, and technical aspects such as session planning and reporting. LHSS will present the final draft for validation with stakeholders at the next board meeting in July 2024.
- LHSS conducted its Global Knowledge Strategy workshop with national stakeholders involved in the health system performance improvement titled: *Strengthened policy framework to increase access and delivery of HIV services at the community level in the Dominican Republic during 2020-2022*. Workshop participants identified determinants and conditions that supported performance improvement. Additionally, the workshop provided a platform for USAID to engage with national counterparts on the needs and potential next steps to sustain and scale up improvements in the national HIV program past the life of the project.

ACTIVITY PROGRESS

Objective 1: Increase Opportunities to Mobilize Sustainable Domestic Resources for the National HIV Response.

Intervention 1.1 Support The Design And Development of a Public-Private Board to Steward Implementation of the PSE Roadmap.

LHSS supported the National HIV Program, CONAVIHSIDA, in continuing its efforts to launch and operationalize the program's Board by planning for the next board meeting. Together, LHSS and the National HIV Program developed a meeting agenda and materials aimed at presenting and validating the final draft of the operational terms of reference outlining the board's scope, membership, and roles and responsibilities. The document also addresses the legal context of national health policies and legal frameworks that support intersectoral coordination. At the next board meeting, LHSS will share updates on its progress to develop a workplace health program in coordination with Central Romana and FHI360 (Intervention 1.2). Finally, LHSS will also use the meeting to plan for Activity transition and sustainability with national counterparts, in anticipation of the LHSS DR Activity close out at the end of August 2024. While originally scheduled for June 2024, due to scheduling conflicts with key members, the next board meeting will be held in July 2024. LHSS will submit the operational terms of reference and minutes from the board meeting to the USAID Mission in the DR following as an output of this Activity.

Intervention 1.2 Support Development of HIV-Inclusive Workplace Programs.

LHSS has made progress in developing an HIV-inclusive workplace program in coordination with Central Romana, an agricultural company in the sugar industry, and FHI360, the lead implementer of the USAID-funded HIV Service and Systems Strengthening Project. These efforts have focused on identifying the existing health benefits, mechanisms, and health networks available to employees at the field level. Additionally, LHSS has conducted an analysis to identify gaps and opportunities where HIV activities and services can be integrated into the current health benefits and prevention activities package.

To address these gaps and improve Central Romana’s ability to offer HIV prevention and care services, LHSS has collaborated closely with both FHI360 and its implementing partner, ADOPLAFAM. The goal of this collaboration is to implement a cohesive approach and tailor work agreements that will enable the integration of HIV services into communities around Central Romana. Priority services for consideration include rapid HIV testing, linkage to care, and providing capacity building support to Central Romana’s community-based staff. These services will be linked to the local public sector network of HIV clinical sites, which are supported by PEPFAR, ensuring a comprehensive and coordinated approach to HIV care and prevention.

The next steps include reviewing the final program design with both Central Romana and FHI360 to ensure alignment with identified needs and agreements. Once consensus is reached, the proposal will be submitted for review to USAID Mission in DR.

Objective 2: Strengthen Models for Increasing Access to HIV Products and Services.

Intervention 2.1 Develop a Landscape Analysis to Integrate Private Sector Data into National HIV Monitoring and Evaluation Platforms.

LHSS has successfully completed this assessment. The report includes an analysis of reporting mechanisms at the national level, and findings from data collection conducted with private health providers. It also presents a proposal for a new reporting mechanism designed to facilitate reporting from private sector providers to the public health sector’s reporting mechanisms and databases.

The landscape analysis report deliverable was submitted to the USAID Mission in the Dominican Republic for review and concurrence on June 17, 2024. Once approved, LHSS plans to request a meeting with the Mission during Quarter 4 to present the results outlined in all project deliverables and discuss next steps. This meeting will ensure that all aspects of the reports are thoroughly reviewed and understood, before submission to the COR and closure of implementation.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS has facilitated coordination efforts between the public health sector and private stakeholders to establish collaborative relationships and interventions that enhance access to HIV prevention and care services. By targeting private stakeholders and fostering intersectoral collaboration with entities involved in the national HIV program, including PEPFAR implementing partners, LHSS has worked to adapt existing health programs and initiatives from sugar industry companies to incorporate HIV services offered to sugar industry workers’ communities. These efforts specifically target hard-to-reach and key mobile populations, including migrants and their families, to address critical gaps experienced by these groups in accessing essential and inclusive health care services.

ENVIRONMENTAL COMPLIANCE REPORTING

The LHSS DR team is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS DR FY24 Annual Work Plan, and with host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

LHSS has developed the draft operational terms of reference for the public-private coordination board addressing the board's scope of work, roles and responsibilities (Indicator #2).

EMERGING LESSONS

As a result of evaluating health information systems for the national HIV program, the Activity has identified that data sharing and reporting between the public and private health sectors is limited and lacks a robust framework to ensure data privacy and quality. Maintaining confidentiality of HIV service delivery information is a high priority for both private and public sector providers and is an essential condition for the private sector's decision to participate in data sharing with the public sector. Effective data collection and fostering a culture of information sharing require active engagement from both sectors. This entails creating and implementing a plan to strengthen health information systems and reporting mechanisms, aiming to build interoperable systems that ensure data privacy and confidentiality.

CHALLENGES

Coordinating meetings among stakeholders has been challenging due to conflicting agendas and delayed responses during the engagement process. This has led to several postponed meetings. Despite these challenges, LHSS has maintained active engagement with national counterparts to reschedule and plan new meeting dates. LHSS has also supported the MOH in planning and coordinating with stakeholders, preparing technical support documents such as presentations, meeting minutes, and proposed agendas to ensure that future stakeholder meetings are organized and productive.

DELIVERABLES SUBMITTED IN QUARTER 3

- Landscape analysis and recommendations report to integrate private sector data into national HIV M&E platforms, submitted to USAID/DR on June 17, 2024.

EVENTS NEXT QUARTER

Support the MOH in convening its second meeting of the public-private coordination board, planned for July 10, 2024.

PRIORITIES NEXT QUARTER

- Submit of remaining Activity products and deliverables.
- Engage with USAID/DR and national stakeholders to discuss the closure of LHSS implementation. This includes identifying and planning any necessary transition efforts to ensure the continuity of ongoing initiatives.
- Develop and submit the End of Activity report and finalize Activity close out.

ENGAGING LOCAL AUDIENCES

LHSS engaged local stakeholders by facilitating the LHSS Global Knowledge Strategy workshop. Participants included National Health Service, MOH, and USAID/DR colleagues. The purpose of this workshop was to take stock of LHSS's DR interventions focused on strengthening the national HIV program policy framework. Discussions centered on how these interventions have translated into performance improvements in the health system, specifically by incorporating HIV community services and increasing access to HIV services. The collaborative nature of this workshop facilitated agreement among stakeholders about

achievements to date and the proposed future direction for expanding access to the national HIV program across the country.

LHSS DEMOCRATIC REPUBLIC OF CONGO (DRC)

FY24 QUARTER 3 HIGHLIGHTS

LHSS DRC successfully closed out its activities and submitted an End of Activity report highlighting its major achievements during the life of the program in the country.

ACTIVITY PROGRESS

Objective 1: Strengthen Health Financing and Governance for More Efficient Allocation and Use of Resources.

LHSS finalized work under this objective in Quarter 2.

Objective 2: Contribute to the Modernization of the Public Financial Management System Within the MSPHP.

In Quarter 3, LHSS rescoped its activities under objective 2 as the principal MOH counterpart for the project, the Administration and Finance Directorate, had re-advertised key positions within the MOH, and these roles remained vacant at the beginning of the quarter. Therefore, the Activity shifted away from the originally planned training course for managers in MOH's Administration and Finance Directorate on the fundamental principles and mechanisms established by the new budgetary and accounting legislation. Instead, LHSS worked with the staff within the Administration and Finance Directorate who were still available to co-develop a one-page health financing advocacy document and a PowerPoint presentation for use in an advocacy workshop with stakeholders involved in health financing. The advocacy document and presentation are intended to illustrate progress made toward increasing capacity, improving resources for the Directorate, lessons learned, challenges, transition plan, recommendations. The materials conclude with next steps for concrete actions that will lead to results achieved by various actors involved in health financing.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS continued working with the MOH to ensure gender parity in meeting attendance and identifying women who can play larger roles in leading meeting discussions.

ENVIRONMENTAL COMPLIANCE REPORTING

LHSS DRC is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS DRC FY23 Annual Workplan, and with host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

Indicator #5 Percent of USG-assisted organizations with improved performance (CBLD-9):

By the end of the Activity, LHSS DRC has gathered some data on progress made by the Directorate of Finance and Administration toward developing the performance improvement road map using findings from the Participatory Institutional Capacity Assessment and Learning tool. This analysis identified some progress on the identified milestones such as "Milestone V: Improvement in leadership of the Directorate in terms of budget management" through the development of the financing mapping done by the Directorate, its quarterly updates, and by

popularizing financial reform in the health sector. The Directorate has also made progress toward developing job descriptions and the recruitment process. The Directorate has initiated work on other milestones, but the Activity was unable to track and document progress on these activities prior to LHSS's close out. Two of such milestones are "Milestone I: Operationalization of the DAF administrative, financial and logistics system", and "Milestone II: Production of normative documents and various plans serving as a compass in the implementation of activities."

EMERGING LESSONS

No emerging lessons were identified during Quarter 3.

CHALLENGES

To address the challenges described under Objective 2, the Activity requested a work plan modification to rescope the activities that involved the MOH cabinet members. USAID approved LHSS's modification request on May 13, 2024.

DELIVERABLES SUBMITTED IN QUARTER 3

- Democratic Republic of Congo: End of Activity Report 2022-2024, submitted May 31, 2024.
- Advocacy PowerPoint presentation for the operationalization of the MOH's Financial Directorate, submitted May 31, 2024.

EVENTS NEXT QUARTER

No events are planned for next quarter due to the Activity concluding on May 31, 2024.

PRIORITIES NEXT QUARTER

No priorities have been identified for next quarter due to the Activity concluding on May 31, 2024.

ENGAGING LOCAL AUDIENCES

The Activity did not engage with local audiences during Quarter 3.

LHSS EAST AFRICA REGIONAL

FY24 QUARTER 3 HIGHLIGHTS

- The LHSS-supported East Africa Community (EAC) cross-border health communications and advocacy strategy was ratified by the Council of Health Ministers. The strategy will facilitate fast tracking of domestication and implementation of health directives, policies, and programs by rallying the commitment of policy and decision makers at the Partner States' level to implement cross-border health programs.
- LHSS partnered with IntelliSOFT, the CDC-funded Kenya Health Management Information System project, and the Busia County health management team to coordinate the installation of the latest electronic medical record, Version 18.8.0, which includes the Cross-Border Data Health Solution (CB-DHS) module, to eight cross-border health facilities in Busia County on the Kenya side of its border with Uganda.

ACTIVITY PROGRESS

Objective 1: Improved and Digitized Cross-Border Health Information Systems.

LHSS and the Kenya Health Management Information System project which supports the Ministry of Health's (MOH) Health Management Information System (HMIS) activities worked together to successfully install the latest Kenya Electronic Medical Records Version 18.8.0, which includes the Cross-Border Data Health Solution (CB-DHS) module, in eight facilities in Busia County. This concludes the integration of the CB-DHS as part of the National Electronic Medical Records in Kenya and will ensure the module is sustained through future upgrades and scale-up. Any enhancements of the CB-DHS module can be done in conjunction with participating cross-border facilities by the national Electronic Medical Records partner, IntelliSOFT.

LHSS supported the EAC's Health Secretariat in conducting country consultations with partner states aimed at harmonizing regional guidance on data protection. This guidance covers national personal data protection acts and data protection policies in accordance with the draft health data sharing governance framework. Through a grant, LHSS will continue to support the Health Secretariat in finalizing this health data sharing governance framework for proposed ratification by the Council of Ministers in November 2024.

The EAC Health Secretariat's delegation from the East Africa Community's Regional Expert Working Group for Digital Health, Data, Technologies, and Innovations conducted a visit to the Busia cross-border sites on June 29, 2024. The purpose of this visit was to advance the proposed adoption of the CB-DHS as a regional cross-border data sharing initiative, and to transition its ownership to the regional intergovernmental organization. The delegation visited health management teams and providers using the CB-DHS on both the Kenya and Uganda sides of the border. Following the visit, the Digital Health, Data, Technologies, and Innovations working group offered the following key directives to East Africa Community:

- Facilitate adoption and scale-up of the CB-DHS module for data sharing and interoperability at additional EAC cross-border sites to facilitate access to healthcare services for cross-border and mobile populations.
- Finalize and present for approval regional data sharing guidelines and standards for cross-border health data handling and sharing to Digital Health, Data, Technologies, and Innovations Expert Working Group for approval.

- Mobilize resources to procure required information and communications technology (ICT) infrastructure, facilities, and software for hosting and maintaining the CB-DHS and the Health Information Exchange.

Objective 2: Increased Capacity of RIGOs to Lead the Development and Implementation of Cross-Border Programs and Policies.

LHSS supported EAC in its presentation of the EAC Cross-Border Health Advocacy and Communication Strategy at the 24th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health on May 3, 2024 in Dar es Salaam, Tanzania. The Council approved the six-year strategy (2024-2030) aimed at fast-tracking domestication and implementation of health directives, policies, and programs by rallying the commitment of policy and decision-makers at the Partner States' level to implement cross border health programs.

Following approval of this EAC strategy, with LHSS support, the EAC Secretariat convened the Regional Expert Working Group on Knowledge Management for a three-day workshop between June 25-27, 2024 to orient participants on the strategy. During the workshop, Partner State experts developed key messages and shared best practices for engaging national-level decision-makers on the benefits and relevance of domestication of key policies and cross-border initiatives. These include the regional data-sharing governance framework and the CB-DHS initiative which are in the pipeline for approval during the next Council of Ministers meeting planned for November 2024.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS remains committed to GESI initiatives in the East Africa activity. LHSS has incorporated a GESI-lens review of the work plan and work plan deliverables this quarter to ensure activities are responsive to the needs of women and vulnerable cross-border communities.

ENVIRONMENTAL COMPLIANCE REPORTING

LHSS East Africa is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS East Africa FY21 Annual Workplan, and with host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

- Indicator 1.1: Regional data-sharing framework and cross-border data-sharing guidelines developed and submitted for EAC Council of Minister's approval (Yes/No): One EAC regional data governance framework developed and validated by EAC Expert Working Group on Digital Health, Data, Technologies, and Innovations workshop. The framework still awaits approval by the EAC Council of Ministers.
- Indicator 2.3: EAC Communications and Advocacy Strategy operationalized (Yes/No): One EAC Cross-Border Health Advocacy and Communication Strategy approved by the 24th Ordinary Meeting of the EAC Sectoral Council of Ministers. Partner States have not yet operationalized the approaches in the strategy, but the EAC is working to develop guidelines for cross-learning and regional technical exchanges.

EMERGING LESSONS

- As partner states in the East Africa region increase their focus on ensuring equitable access to health services across borders, it is crucial to have strong political support from state

authorities, including ministers of health, digital health departments, and local government department of finance. Each of these actors plays a vital role in driving investments in the essential elements necessary to enhance healthcare for mobile and vulnerable cross-border communities.

- Promising strategies, such as sharing cross-border data and health insurance portability, depend on the commitment of high-level officials, and their willingness to invest in digital infrastructure in cross-border areas. Progress also depends on achieving consensus on regional policies and principles governing data sharing and personal data protection. Therefore, engaging the EAC's Council of Health Ministers is critical to building consensus among partner states for project initiatives such as the CB-DHS data-sharing initiative and the regional health data-sharing framework.

CHALLENGES

In both EAC and Intergovernmental Authority on Development (IGAD's) regions, there are varying levels of digital maturity, digital infrastructure, human capacity, and technological readiness at cross-border health facilities. This variability among partner states slows down the processes of domesticating and operationalizing the data-sharing framework. Despite the advancements made to implement a regional data governance framework, these disparities will impede data-sharing practices and operationalizing standard practices. LHSST supports countries in conducting digital readiness assessments at cross-border facilities. The readiness assessments identify technology and capacity gaps at these facilities and provide recommendations to enhance digital readiness in these sites. The findings and recommendations are also shared with the digital health departments and local health management teams within each county's MOH.

DELIVERABLES SUBMITTED IN QUARTER 3

Task 3.2.1 - Options for Strengthened Cross-Border Readiness for Coordinated Outbreak Response to Border Health Threats in the East Africa Community. Submitted to USAID June 28, 2024.

EVENTS NEXT QUARTER

Conduct the first workshop for the IGAD and EAC's digital health and data experts to share experiences and learnings from their efforts in regional health data sharing, planned for September 2024.

PRIORITIES NEXT QUARTER

- LHSS East Africa will support EAC's digital health systems team in conducting a data hosting capability assessment. The purpose of this work will be to identify the necessary technical and infrastructural enhancements needed to ensure the EAC's readiness to effectively steward the CB-DHS health information exchange interoperability layer. The assessment will define requirements for maintenance and technical staff capacity to sustain the EAC's hosting functionalities.
- The Activity will facilitate scale-up of the CB-DHS in Kenya/Tanzania cross borders sites and work with EAC and technical partners to engage with Tanzania and Kenya's national electronic medical record partners. LHSS will also conduct CB-DHS readiness assessments at two cross-border health facilities (Sirari and Muhuru bay/Jirongwe) in preparation for deployment of the module.

ENGAGING LOCAL AUDIENCES

Following its ratification, LHSS published news about the EAC Cross Border Health and Advocacy Strategy on various platforms:

- <https://www.eac.int/press-releases/147-health/3085-24th-ordinary-sectoral-council-on-health-approves-the-eac-cross-border-health-advocacy-and-community-strategy-2024-2023>
- https://www.linkedin.com/posts/lhssproject_tanzania-healthsystems-activity-7199422641106042880-fOQx?utm_source=share&utm_medium=member_desktop
- LHSS Project on X: "The East Africa Community Secretariat, with support from USAID's LHSS Project, developed the Cross-Border Health Advocacy and Communication Strategy. Approved at the 24th EAC Sectoral Council of Ministers of Health in Dar es Salaam, #Tanzania, this 6-year strategy aims to <https://t.co/P4hqeorJs5>" / X
- The Local Health System Sustainability Project LHSS | Facebook

The LHSS East Africa Activity also published and promoted general information about its activities on the LHSS website:

- https://www.linkedin.com/posts/lhssproject_hiv-tb-malaria-activity-7211005366581493762-NEg1?utm_source=share&utm_medium=member_desktop

LHSS JAMAICA (GLOBAL HEALTH SECURITY)

FY24 QUARTER 3 HIGHLIGHTS

- LHSS provided technical assistance to the Ministry of Health and Wellness (MOH) in developing and submitting its second Pandemic Fund application. At the MOH's request, Activity support included conducting a multi-sectoral workshop to develop the application concepts, drafting key sections, ensuring alignment with the Fund's priorities, and sharing relevant international experience. The application emphasizes the need to enhance human resources, strengthen laboratory systems, and support for implement a One Health approach.
- The Activity convened a series of stakeholder meetings, with MOH, PAHO, and civil society organizations. These meetings aimed to reinforce partnerships and LHSS's ongoing commitment to supporting Jamaica in coordinating its One Health strategy. Stakeholders validated LHSS's FY24 work plan activities and discussed an implementation strategy and proposed activities for FY25.

ACTIVITY PROGRESS

Objective 1: Integrate Key GHS Considerations into MOHW and Private Sector Health System, Financing, Planning, Management, and/or Monitoring.

In Quarter 3, LHSS supported the MOH in leading a collaborative multi-sectoral workshop to gather insights into the country's priorities for its second Pandemic Fund application. The workshop brought together officials from various government sectors, including the MOH, Ministry of Agriculture, Ministry of Environment, and representatives from civil society and the private health sector. The primary objective was to collect diverse perspectives to shape the strategic focus of the application. Discussions centered on the need to strengthen human resources in health, enhance laboratory systems, and integrate a One Health approach. Stakeholder feedback was crucial in identifying key areas of need and ensuring a holistic approach to health emergency preparedness. The workshop was the first attempt at an intentional One Health coordination initiative in Jamaica and lays the groundwork for LHSS to continue to support the MOH's Global Health Security (GHS) One Health coordination efforts.

LHSS provided extensive technical support to the MOH to develop its second Pandemic Fund application. The Activity supported the MOH in drafting key sections of the application, ensuring alignment with the Fund's priorities, and incorporating insights on priority needs identified during the multi-sectoral workshop. LHSS assisted the MOH in identifying the key objectives and a strategic direction for the proposal and ensured that a One Health approach was mainstreamed throughout the proposal.

In June 2024, the LHSS team engaged with key stakeholders, including representatives from the MOH, PAHO, and various civil society organizations, to validate the Activity's work plan for the remainder of FY24, and to strategize on FY25 activities. Discussions focused on aligning planned activities with the Government's priorities for One Health and ensuring that LHSS activities meet stakeholders' priority needs. Key activities for the remainder of FY24 include advancing the readiness assessment, partnering with Breakthrough, a global human rights organization, to organize a workshop in August 2024 to design and implement a One Health Risk Communication and Community Engagement strategy, and confirming a multi-sectoral workshop planned for September 2024.,

Objective 2: Strengthen Private Sector Capacity to Address GHS Workforce Gaps.

LHSS is coordinating a Risk Communication and Community Engagement workshop funded by USAID, in collaboration with Breakthrough Action. Planned for Quarter 4, the workshop will provide a comprehensive overview of One Health and integrating Risk Communication and Community Engagement approaches during health emergencies. The workshop will include simulation exercises to enhance participants' practical understanding and emergency preparedness. This initiative aligns with the MOH's vision for increased private sector participation in health emergency responses. By including diverse stakeholders and focusing on practical training, the workshop is expected to significantly bolster Jamaica's capacity to effectively manage future health crises.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS played a pivotal role in ensuring that Jamaica's Pandemic Fund proposal was inclusive and mindful of gender equality and social inclusion considerations. Drawing from the lessons learned during the COVID-19 pandemic, LHSS ensured that organizations representing vulnerable and marginalized groups, including civil society organizations and advocacy groups, were actively involved in the planning and development of the Pandemic Fund application. This inclusive approach ensured that the voices and needs of these populations were adequately represented and addressed.

ENVIRONMENTAL COMPLIANCE REPORTING

LHSS Jamaica is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Jamaica FY24 Annual Workplan, and with host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

The Activity provided technical assistance to the MOH and other national stakeholders in Jamaica to prepare and develop a Pandemic Fund application. This support included in-depth consultations and collaborative workshops to identify key priorities, challenges, and strategies tailored to Jamaica's specific needs. As a result of this effort, the MOH successfully submitted the application to the Pandemic Fund on May 17, 2024 (Indicator #7).

EMERGING LESSONS

The One Health approach, which integrates human, animal, and environmental health, is globally recognized, yet locally coordinated. This dynamic results in significant variation in implementation by country. For LHSS, it was crucial to understand that Jamaica currently lacks a centralized One Health coordination mechanism. Implementing a One Health framework in Jamaica will require substantial time and effort to conceptualize and establish a cohesive system tailored to the country's specific needs and circumstances.

CHALLENGES

Jamaica has considerable experience with multisectoral collaboration across various One Health domains. However, these efforts have historically not been conducted in a cohesive manner under the formal banner of One Health. This fragmented approach presents coordination challenges, and aligning different sectors and stakeholders to work synergistically can be complex. Recognizing these coordination challenges has been a critical step in

progressing towards designing an effective One Health coordination framework for Jamaica. Awareness of these challenges has allowed LHSS and other stakeholders to strategically plan and implement initiatives that promote cohesive multisectoral collaboration.

DELIVERABLES SUBMITTED IN QUARTER 3

- Overview of Oncology Services, Framework for Jamaica, submitted on June 1, 2024.

EVENTS NEXT QUARTER

- LHSS will support the MOH in organizing and leading a multisectoral workshop on One Health.
- LHSS will support the USAID-funded Breakthrough ACTION project in implementing risk communication and community engagement training for civil society organizations and private health sector actors

PRIORITIES NEXT QUARTER

Develop the FY25 workplan for LHSS's Jamaica activities.

ENGAGING LOCAL AUDIENCES

In June 2024, the LHSS team met with stakeholders from the MOH, PAHO and private sector partners to validate the Activity's FY24 workplan and develop an implementation strategy and proposed activities for FY25.

LHSS JORDAN

FY24 QUARTER 3 HIGHLIGHTS

- LHSS has completed its support to develop and implement the two-year Adult Critical Care Fellowship Program. Eight second-year fellows graduated and passed the Jordanian Medical Council board exam in the critical care specialization, increasing the critical care capacity of Jordan's healthcare system. The MOH has committed to sustaining the fellowship program.
- LHSS supported the Ministry of Health's (MOH) Central Laboratory in preparing for and successfully attaining laboratory accreditation from the Health Care Accreditation Council. This accreditation represents a major step towards ensuring high-quality laboratory standards and patient safety.
- LHSS finalized a post assessment following the first segment of the MOH's Continuing Professional Development (CPD) communication campaign. The findings will provide valuable insights to improve future CPD promotion campaigns and implementation plans.
- LHSS developed and uploaded five CPD-accredited online laboratory courses to the MOH's CPD training platform. These courses offer accessible, equitable, and standardized training opportunities for healthcare professionals.

ACTIVITY PROGRESS

Objective 1: Institutionalize a Sustainable CPD System in Jordan.

LHSS facilitated a meeting with the Electronic Transformation and Information Technology Directorate on the development of the e-CPD system. Meeting stakeholder participants included MOH, Ministry of Digital Economy and Entrepreneurship, the e-CPD system development vendor, and the National CPD Committee. The group agreed on workflows for the e-CPD system business process, an essential step in the digitalization of CPD services. The National CPD Committee's input, guidance, and approval of these workflows have allowed the MOH to obtain the necessary documentation to advance development of the e-CPD system in alignment with the national relicensing by-law and guidelines.

LHSS assisted the Institutional Development and Quality Control Directorate in conducting four dissemination workshops on the national CPD activity standards. Participants included 93 representatives of accredited CPD providers from public and private hospitals, health associations, universities, MOH directorates, and the Royal Medical Services. During the workshops, LHSS presented the e-CPD system functions and processes to orient CPD providers on using the system for activity accreditation and reporting. To strengthen the evidence between CPD and service quality improvement, LHSS mapped MOH health indicators including maternal and child health services, postnatal services, and infection rates that can be monitored to measure performance improvements based on CPD.

Through a grant with the Health Care Accreditation Council, LHSS began training 120 CPD focal points from the MOH, Royal Medical Services, and private sector to strengthen these organizations' capacity to implement CPD and support health care providers in attaining the necessary CPD hours for license renewal every five years. The training also focused on encouraging the organizations to adopt a unified methodology for developing facility level CPD plans based on facility performance gaps, priorities, and quality indicators. Through a grant with MedLabs Consultancy Group, LHSS developed five virtual CPD-accredited laboratory-focused

courses to complement the MOH's central laboratory accreditation, expand MOH's online training catalogue, and promote low-cost courses. These opportunities will be accessible for health care providers in marginalized, less affluent, and remote areas, in addition to women and/or persons with disabilities.

LHSS designed and conducted a post-campaign survey to evaluate the reach and effectiveness of the first segment of the MOH's CPD communication campaign. Drawing from the assessment results, LHSS collaborated with Health Communication and Awareness Directorate in developing the second segment of the campaign which is set to launch in September or October 2024. This next segment will focus on how and why it is important to begin accumulating CPD hours. Results of the assessment showed that 75.2 percent of participants have heard and/or seen information (e.g., via media) about CPD programs, while 68.4 percent have already begun accumulating CPD hours toward reaccreditation.

Objective 2: Strengthen Health System Resilience to Respond to Future Shocks.

On May 22, 2024, LHSS conducted a handover meeting with His Excellency the Minister of Health and presented, in collaboration with relevant MOH directorates, the MOH's "Pathway to Strengthened Intensive Care Units (ICUs) in MOH Hospitals". This sustainability plan highlights ICU improvements to date and expands on MOH plans to sustain, institutionalize, and scale up these improvements in the transition to a closed ICU system at MOH.

Eight Adult Critical Care Fellowship Program fellows from MOH, Royal Medical Services, and Jordan University Hospital passed the Jordan Medical Council Board's Critical Care Medicine exam. LHSS and the Jordanian American Physician Association have developed and implemented this comprehensive fellowship program over the past two years. The program includes teaching rounds, hands-on training bootcamps, and many other interventions designed to strengthen critical care competencies of participating fellows. The intensivists who have successfully graduated from the program are expected to serve as primary instructors and transfer their knowledge and expertise to future fellows enrolled in the program.

Objective 3: Strengthen the Quality of MOH Laboratory Systems.

The Central Laboratory successfully passed the Health Care Accreditation Council's laboratory accreditation final survey on April 24, 2024. This achievement is significant because it proved, for the first time, that MOH staff can prepare for accreditation using their own internal capacities. Under the leadership of the Institutional Development and Quality Control Directorate and the Central Laboratory staff, LHSS strengthened the Ministry's capacity to prepare for accreditation. The Central Laboratory met all requirements for the Council's standards in the critical, core, and stretch categories.

Objective 4: Initialize and Test Telemedicine Services in Jordan.

LHSS supported the telehealth instructions committee conducting two workshops to begin drafting telehealth bylaw instructions. LHSS completed a baseline assessment of the four suggested MOH health centers and hospitals in the Zarqa governorates where the telehealth pilot model of maternal and child health services will be implemented. The baseline assessment outlined information technology (IT) and medical equipment required to implement the pilot. MOH established an advisory committee to oversee the implementation process of the telehealth pilot model which is planned to begin in FY25 Quarter 1.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS developed and completed three GESI-centered products during Quarter 3: 1) a desk review report of existing studies and publications on the conditions for women working for MOH, 2) a needs assessment report for women and men working at MOH, and 3) an advocacy action plan on human resources policies. LHSS held a round table discussion on gender mainstreaming at MOH. The Activity supported the MOH Gender Unit in conducting activities with 30 representatives from USAID's implementing partners and gender community of practice members, MOH staff, and other donor agencies. Finally, LHSS developed a toolkit on gender mainstreaming in the health sector which was used during seven awareness raising sessions with a total of 130 MOH staff (35 men, 95 women) in Mafraq, Ajloun, Amman, Madaba, Karek, Ma'an, and Aqaba governorates. These sessions were facilitated by MOH's gender task force members with support from Gender Unit staff.

ENVIRONMENTAL COMPLIANCE REPORTING

The approved work plan determined that the LHSS Jordan Activity qualifies as a categorical exclusion, according to the USAID Jordan IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

PROGRESS OF PERFORMANCE INDICATORS

- LHSS, with the Institutional Development and Quality Control Directorate and Central Laboratory staff, supported MOH in finalizing preparation for accreditation of its Central Laboratories (Indicator 28).
- LHSS developed and uploaded five, out of an annual target of 16, CPD-accredited online laboratory-focused courses on critical values in clinical chemistry, immunoassays, phlebotomy, stool analysis, and urine analysis. The remaining 11 courses are scheduled to be uploaded on MOH's CPD training platform by the end of FY 2024 (Indicator 8).
- Eleven fellows from MOH, Royal Medical Services, and Jordan University Hospital sat for the Jordan Medical Council Board exam, and eight were awarded the Jordanian Board in Critical Care Medicine (Indicator 26).

EMERGING LESSONS

LHSS is carrying out a Global Knowledge Strategy to synthesize and broadly disseminate lessons and promising practices, with a focus on performance improvements in the Intensive Care Unit (ICU). The Activity has conducted two workshops with relevant MOH directorates, summarized workshop outputs, and developed a plan for the MOH to sustain its ICU performance improvements. Workplan participants have noted that the introduction of an interdisciplinary team approach in the ICU has resulted in overall health system improvements. Participants agreed that the approach leads to better ICU case management, resulting in an earlier discharge for patients and more beds available for new patients.

CHALLENGES

MOH's online CPD training platform, developed with LHSS support, has experienced technical challenges with user login, new course upload, and user experience in moving through online training modules. Many of these issues are related to changes in internet security and authentication protocols instituted by the Ministry of Digital Economy and Entrepreneurship. LHSS is working with the MOH Medical Education and Training Directorate, Electronic

Transformation and Information Technology Directorate, and Ministry of Digital Economy and Entrepreneurship to address these challenges and to conduct user testing to verify the platform's functionality and reliability.

DELIVERABLES SUBMITTED IN QUARTER 3

- Task 2.2.1, Pathway to Strengthened ICUs in Jordan, submitted May 17, 2024.
- Task 3.1, Jordan's Central Laboratory: Preparation for Accreditation, submitted June 4, 2024.

EVENTS NEXT QUARTER

- Conduct two CPD system orientation workshops for CPD activity providers from the private sector, health associations, and universities.
- Conduct a telehealth instructions workshop.
- Celebrate the institutionalization of the Adult Critical Care Fellowship Program.

PRIORITIES NEXT QUARTER

- Support MOH in launching the e-CPD system.
- Support MOH in developing an updated CPD Program workplan.
- Conduct CPD costing for MOH and Royal Medical Services CPD activities.

ENGAGING LOCAL AUDIENCES

Empowering Health Care Excellence: Jordan's MOH Launches Continuing Professional Development Training Platform to Improve Health Outcomes | Local Health System Sustainability Project (lhssproject.org) May 2024

LHSS KAZAKHSTAN (GLOBAL HEALTH SECURITY)

FY24 QUARTER 3 HIGHLIGHTS

- The Activity supported the Ministry of Health (MOH) in developing the One Health Technical Working Group (TWG) statute. This represents a milestone in institutionalizing the One Health TWG and provides a detailed description of the group's goals, functions, team composition, organization and work format. The statute also describes the TWG's governance, communication channels, and reporting mechanisms.
- During a joint meeting with the Government of Kazakhstan and national and international stakeholders in April 2024, LHSS assisted the MOH in presenting the final report on findings from the Quality Management System assessment conducted in February 2024. This assessment covered six reference laboratories of the Scientific Practical Center for Sanitary and Epidemiological Expertise and Monitoring. The assessment found that the ventilation system in laboratories, especially in microbiology and virology laboratories, requires complete renovation to prevent the spread of pathogens and to bring them into compliance with WHO and ISO standards.
- LHSS Kazakhstan presented the results of its work at the 2024 Global Health Security (GHS) Conference in Sydney, Australia in June 2024. The team delivered presentations titled *"Using QMS Assessments to Advance Global Health Security in Kazakhstan"* and *"Operationalizing One Health – Building and Planning for an Effective One Health Working Group."*

ACTIVITY PROGRESS

Objective 1: Support Gork's Efforts to Improve the National Laboratory System.

The Activity partnered with The Scientific Practical Center for Sanitary and Epidemiological Expertise and Monitoring, UNDP, WHO, and USAID to begin improvements to laboratory ventilation systems. LHSS helped draft a Request for Proposals to identify a vendor capable of providing technical assistance, including air quality measurements during and after the installation of the ventilation system. The Activity also received a request from Scientific Practical Center for additional equipment (e.g., safety showers, infection prevention control materials, and thermologgers) for its existing refrigerators and freezers. The Activity subsequently shared this list of requested equipment with its partners, WHO and UNDP, to consider as part of their joint renovation efforts. In addition, LHSS is procuring a two-year warranty extension for the MALDI-TOF mass spectrometer purchased in 2020 during the COVID-19 emergency phase.

Objective 2: Support the Gork in Strengthening the Capacity of its One Health Workforce.

The Activity supported the Scientific Practical Center, the National Center for Public Health of the MOH, the Scientific Institutes of Veterinary and Zoology, and other interested stakeholders across sectors in adapting a unified One Health curriculum for specialists from the health, agriculture and ecology ministries. LHSS is continuing to implement priorities of the Astana Feb 2024 One Health TWG Resolution in close and constructive collaboration with the government. The Activity conducted several meetings with national stakeholders to discuss next steps in this process. The parties agreed that the next national One Health TWG meeting will take place between September and October 2024. LHSS presented results of One Health and Good Laboratory Practice short course pilot in April and May 2024 in Turkestan region and Almaty

city, respectively. During the pilot, 120 participants received training on One Health and 40 participants received training in Quality Management Systems. LHSS also launched Central Asia's first CDC Field Epidemiology Training Program, a three-month frontline One Health course, for specialists from the Ministries of Health, Agriculture, and Ecology between June to September 2024.

The Activity also facilitated several meetings with national stakeholders to discuss the following priority areas:

- Finalization of the terms of reference for the One Health Technical Working Group.
- National One Health Roadmap for 2025-2027, encompassing national legislation, collaboration mechanisms, zoonotic diseases and epidemiologic surveillance, lab system support, information system and data exchange improvement between sectors, continuing professional development, and social mobilization and communication
- Effective intersectoral collaboration between the Government of Kazakhstan, international donors, and technical partners.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

As the Activity supports local stakeholders in creating and piloting One Health educational program, it ensures that the short courses are conducted at times, in locations, and in formats that are accessible to everyone, particularly women and persons with disabilities. To expand this reach and make the short courses even more accessible, the Activity is planning to offer an online option.

ENVIRONMENTAL COMPLIANCE REPORTING

LHSS Kazakhstan is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Kazakhstan FY24 Annual Workplan, and with host country's laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

Indicator #9: Number of field personnel and heads of department trained on GHS and One Health technical and leadership topics. The Activity conducted two training initiatives. The One Health training was attended by 120 participants and the training on Quality Management Systems was attended by 40 participants.

Indicator #10: Percent of participants in the One Health short courses demonstrating an increase in knowledge. The Activity made significant progress toward achieving this indicator. After completing the One Health course, the average increase in knowledge reached by all participants was 32.2 percent. The average increase in knowledge reached by all participants in the Quality Management System training was 20.5 percent.

EMERGING LESSONS

While introducing One Health TWG and organizing short courses, LHSS discovered that the Health, Veterinary and Ecology sectors do not have a standardized national training system for cross-sectoral capacity building. In response, LHSS supported the groundwork for technical planning to build a standardized One Health curriculum and supported the Scientific Practical Center in collecting existing training materials, including from WHO's One Health Global Laboratory Leadership Program. The Activity also facilitated discussions on the process of

approving the short course curriculum with the Ministries of Health, Agriculture and Ecology. The resolution from the One Health Intersectoral TWG gave an important boost to standardizing the country's first One Health curriculum for specialists across the health, veterinary, and ecology sectors.

CHALLENGES

As its implementing partners, LHSS is dependent on MOH, WHO and UNDP to support renovations of the Scientific Practical Center building to improve laboratory ventilation systems. The process of reaching an agreement and division of labor among the partners has been lengthy and has led to delays in launching the renovation work. UNDP and WHO will soon be conducting a full reconstruction and workflow assessment of the laboratory. Following this assessment, LHSS will coordinate with these partners to select a vendor to install a new ventilation system.

DELIVERABLES SUBMITTED IN QUARTER 3

No deliverables were submitted in Quarter 3.

EVENTS NEXT QUARTER

- Conduct an interministerial study trip to Germany in September 2024 for laboratory leaders from across the three ministries to improve laboratory management.
- Support selected LHSS staff and officials from across government ministries in attending the Southeast Asia One Health University Networking Conference in Thailand in September 2024. The purpose of attending this conference will be to learn about the Southeast Asia regional model and catalyze discussions about replicating this model by establishing a Central Asia Region One Health University.
- Continue supporting Central Asia's first CDC's Field Epidemiology Training Program Frontline 3-months courses based on One Health modules with participation of specialists from the three ministries.

PRIORITIES NEXT QUARTER

Continue supporting the government in hosting and facilitating the next One Health Intersectoral TWG meeting, planned for September or October 2024 in Astana.

ENGAGING LOCAL AUDIENCES

The Activity utilizes official government communication channels to highlight its work and to engage with local audiences. For example, the Press Service of the MOH announced the launch of the training on One Health and Quality Management System on the MOH's website. Information about the training was also posted on Facebook, LinkedIn, and X. <https://hls.kz/ru/archives/43101> and <https://hls.kz/ru/archives/43259>.

LHSS LAC BUREAU

FY24 QUARTER 3 HIGHLIGHTS

- LHSS supported the Ministry of Health (MOH) in Honduras in facilitating a workshop to present the main findings from ongoing referral and financing gap studies. At the workshop, LHSS guided the process of validating study findings and incorporated stakeholder feedback which will be integrated into the final deliverables prior to submission. As an outcome of the validation meeting LHSS held with the Minister of Health, LHSS identified priority areas for technical assistance in FY25. This scope will include strengthening referral systems for mental health and supporting the MOH in its planning to incorporate resources to meet the needs of migrant populations.
- LHSS released a podcast episode titled “Mental Health Matters: Challenges and Promising Practices for Mental Health Wellbeing among Migrant Women and the LGBTQ+ Community in the Latin America and Caribbean (LAC) Region. The episode features local leaders and organizations in Peru and Colombia who are making a significant impact on the mental health landscape and sharing challenges and promising practices.

ACTIVITY PROGRESS

Objective 1: Strengthen SHP mechanisms to increase access to high-quality health services for women and children in high migration contexts in Honduras

Task 1.1.2: Complete study and proposal to strengthen referral systems across networks of migrant first response centers and primary care centers.

Following data collection at three Centers for Returned Migrants during Quarter 2, LHSS analyzed the results and developed a set of recommendations to address identified needs and close gaps in the referral process used by migrant care centers to other health networks. During this process, LHSS engaged with various points of contact within the Ministry of Health's departments, including the Integrated Health Services Networks Unit and Departmental Health Regions. The purpose of these consultations was to validate information, discuss preliminary recommendations, explore potential next steps, and incorporate feedback into the technical report. The Activity submitted the full report to the USAID LAC Bureau team for concurrence on June 28, 2024.

Task 1.2.1: Complete Health Financing Gap Study.

LHSS supported the MOH in facilitating validation meetings with regional MOH teams from El Paraíso, San Pedro Sula, and the Cortés region to build consensus on findings from the data collection process. During these meetings, the teams also validated estimates of healthcare resource needs for in-transit migrants in the department of El Paraíso and returned migrants in the department of Cortés. Feedback provided by stakeholder participants has been incorporated into the analysis and will inform recommendations for interventions aimed at addressing identified gaps. Through this intervention, the Activity is supporting the MOH Planning Unit in its planning and decision-making processes to address budgetary needs in the Unit's next budget planning cycle.

Task 1.3.1: Finalize the Honduras Migrant HIS Assessment.

The Activity finalized the Honduras Migrant Health Information System (HIS) assessment and facilitated a workshop with local stakeholders to discuss its findings and recommendations.

These focus on enhancing the maturity and interoperability of health information systems. LHSS met with the Minister of Health to discuss the assessment prior to submission to the USAID LAC Bureau. The Activity also submitted a technical brief and a comprehensive report on the assessment findings and recommendations which address governance, data collection, interoperability, and the use of data to strengthen the provision of health services for migrants.

Objective 2: Increase Awareness of Efforts to Expand Access to Social Health Protection For Women and Children in High Migration Contexts.

LHSS released the podcast episode titled “Mental Health Matters: Challenges and Promising Practices for Mental Health Wellbeing among Migrant Women and the LGBTQ+ Community in the Latin America and Caribbean (LAC) Region.” The episode highlights the inspiring work of local leaders and organizations in Peru and Colombia who are making a significant impact to improve the mental health landscape in these countries. The podcast featured experts and advocates who provided valuable insights into the challenges and promising practices associated with addressing the mental health needs (e.g., including those related to gender and sexuality) among the region’s diverse migrant populations. Since its release, the episode has reached over 1,189 people through social media posts and clicks, with 242 plays on the episode.

Additionally, LHSS collected regional information for the summer edition of its newsletter, scheduled for release in Quarter 4. The newsletter will feature updates from Colombia, Peru, and Mexico, and findings from recently published regional studies. The Activity has also made progress in planning its third webinar, titled "Bridging the Gap: Insights for Advancing Social Health Protection for Migrants in Honduras." This webinar will share results and recommendations from LHSS's efforts in Honduras, focusing on identifying needs and interventions to close gaps in health financing, strengthen health information systems, and improve referral systems for migrants to primary care centers. The webinar is scheduled for the end of Quarter 4.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS has continued its efforts to support the strengthening of referral systems, particularly targeting maternal and mental health services and support for sexual assault survivors. The Activity is aiding the Ministry of Health in enhancing access to these essential services for migrant women and children. Additionally, LHSS has identified financing gaps related to the health coverage needs of the migrant population. The results from its study of health care resource needs for in-transit populations will provide national counterparts with a clearer understanding of financing requirements and opportunities to improve health service coverage for migrants in Honduras.

ENVIRONMENTAL COMPLIANCE REPORTING

The LHSS LAC Bureau Activity is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS LAC Bureau FY24 Annual Workplan, and with host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

LHSS conducted a validation workshop with national stakeholders to discuss and validate findings and recommendations from three technical products developed by the Activity. Feedback received from counterparts was incorporated into these technical products before the

final versions were submitted. (Indicator #2). The LAC podcast episode successfully reached over 1,189 people through social media posts and clicks, with 242 plays on the episode. This engagement underscores the significant interest in and importance of addressing mental health challenges and promoting wellbeing among marginalized communities in the region. (Indicators #4 and #5).

EMERGING LESSONS

The Minister of Health's decision to withdraw the MOH from its leadership role of the Interagency Intersectoral Board of Health and Migration required the Activity to identify alternative points of contact within the MOH. In the future, coordinating with MOH as the main government counterpart for project activities, rather than leadership of an interagency body, may offer a more reliable configuration for working with the project. For example, it would protect the activity from shifting priorities with the interagency coordination work, while still leaving open the opportunity to participate in interagency coordination spaces with other stakeholders.

CHALLENGES

In addition to the MOH's withdrawal from leadership of the Interagency Intersectoral Board, other Ministry personnel changes required the Activity to identify new points of contact to coordinate project activities. LHSS continues to actively engage with these new points of contact to maintain the momentum in implementing all project activities and redirecting focus toward coordinating interventions directly with the MOH.

DELIVERABLES SUBMITTED IN QUARTER 3

Evaluation of referral and articulation systems between first response centers for migrants and health care centers in Honduras, submitted June 28, 2024.

Technical brief: Assessment of Migrant Health Information Systems in Honduras, submitted June 28, 2024.

EVENTS NEXT QUARTER

Webinar: "Bridging the Gap: Insights for Advancing Social Health Protection for Migrants in Honduras." September 2024 (date TBD).

PRIORITIES NEXT QUARTER

- Submit the final version of the financing gap study after validation with national counterparts.
- Complete and publish the summer 2024 edition of the newsletter.
- Conduct the webinar: "Bridging the Gap: Insights for Advancing Social Health Protection for Migrants in Honduras."
- Finalize the FY25 Activity Workplan focused on continuing to strengthen health systems and support for migrant populations.

ENGAGING LOCAL AUDIENCES

LHSS has actively engaged with local audiences through several meetings with the MOH and the USAID Mission in Honduras. This engagement included field visits and interactions with regional health offices to present the Activity's ongoing work and coordinate data collection efforts for technical products. Additionally, LHSS released a Spanish-language podcast episode, (<https://www.lhssproject.org/resource/podcast-episode-5-mental-health-matters-serving->

[migrant-women-and-lgbtq-people-spanish](#)). This podcast was shared with stakeholders across the region, further expanding outreach and engagement with key partners and audiences.

LHSS MADAGASCAR

FY24 QUARTER 3 HIGHLIGHTS

- In April 2024, following the culmination of LHSS support for health financing in Madagascar, the Ministry of Health (MOH) validated the implementation plan for the government's National Health Financing Strategy during a high-level meeting chaired by the Secretary General of MOH, with the engagement of the Health Financing Subcommittee members, as well as other stakeholders and partners.
- As part of its institutional capacity strengthening efforts, LHSS Madagascar supported the MOH's Directorate of Administrative and Financial Affairs in conducting two successful round table meetings with key stakeholders. The purpose of these meetings was to assess and strengthen the MOH's Planning, Programming, Budgeting and Monitoring-Evaluation process and to support pre-budget deliberations for the Government of Madagascar's fiscal year 2024-2025 budget formulation.
- To ensure sustainability beyond LHSS, the Activity supported the MOH's Universal Health Care (UHC) Support Unit in establishing a core team of trainers in the Fénérive Est district. These trainers will strengthen the capacity of 145 community-based health insurance schemes newly elected board members and promoters of these schemes in administration and financial management.
- The MOH launched its fiscal year 2022 health accounts exercise. This is the second round supported by LHSS. The launch marks a significant step toward the regular production and use of health resource tracking data through health accounts for decision-making in the health sector.

ACTIVITY PROGRESS

Objective 1: Promote and Increase Domestic Resource Mobilization to Make Faster Progress Towards Universal Health Coverage.

On April 4, 2024, LHSS supported the MOH in convening a validation meeting of the government's 2024-2028 National Health Financing Strategy implementation plan. The meeting was chaired by the Secretary General of MOH. It was attended by key MOH directors, representatives of other ministries, representatives of both chambers of the national assembly, international organizations, and technical and financial partners. Stakeholders approved all four strategic pillars in the plan and the core activities under each pillar. These include increasing domestic resource mobilization, ensuring the promotion of health insurance mechanisms in Madagascar, implementing strategic purchasing adapted to each mechanism model, and improving the efficiency in spending for health. The Secretary General commended the contributions of all stakeholders and partners in developing this implementation plan, which will be used to advance the government's UHC agenda.

Additionally, LHSS supported the MOH's Directorate of Administrative and Financial Affairs in assessing its Planning, Programming, Budgeting, and Monitoring-Evaluation process. The purpose of this assessment was to identify current strengths, weaknesses, and areas of improvement in the process. In collaboration with the MOH, LHSS organized two round-table meetings with stakeholders involved in MOH planning and budgeting to discuss the assessment results and develop an action plan to resolve challenges identified in the assessment. In April 2024, the Directorate of Studies, Planning and System of Information, the General Directorate of

Resources (including the Directorate of Administrative and Financial Affairs, and the UHC Support Unit) met for the first round of table meetings to discuss and validate findings from the planning and programming assessment. The meeting aimed to forge a common understanding of challenges related to planning and budgeting, and to strengthen interdepartmental collaboration to address these barriers. The challenges ranged from insufficient time accorded by the MOH for the annual budget exercise, ineffective budget dialogues between MOH program heads, and budget allocations that are not based on needs or evidence. The second round-table meeting, held in May 2024, included technical and financial partners, the Health Financing Subcommittee, the Regional Directorates of Public Health of Analamanga and Itasy regions, and the Ministry of the Economy and Finance. The stakeholders discussed the results of the assessment and developed an action plan to address shortcomings in the planning and budgeting process identified in the assessment. Round table members will continue discussions on strengthening planning and budgeting, and monitor progress toward addressing the associated challenges.

Objective 2: Promote, and Help to Increase, Domestic Resource Mobilization to Make Faster Progress Towards Universal Health Coverage.

LHSS supported MOH's UHC Support Unit in conducting a six-day 'training of trainers' workshop for community-based health insurance scheme promoters in the district of Fénériver Est. The workshop was held in Toamasina from May 13-18, 2024. Among those trained were 22 master trainers from regional health bureaus, district health bureaus, primary health care facilities, referral hospitals and local NGOs. The training curriculum included modules on basic concepts and key principles, administrative and financial management and communication and sensitization of community-based health insurance schemes, and quality of care.

Following this workshop, LHSS supported the MOH's UHC Support Unit and master trainers in training 145 community-based health insurance scheme board members in administrative and financial management of health insurance schemes. Two to three representatives of the community-based health insurance scheme at the Fokontany³ level who are responsible for raising awareness and collecting insurance premiums also attended the training. Three training sites were set up, each bringing together 43- 57 commune-level insurance scheme staff.

Concurrent with May 2024 workshop dates, all heads of public health facilities in Fénériver Est who will be contracted to serve community-based health insurance scheme members were trained in basic concepts and key principles of insurance schemes, contracting of services, and quality of care. A total of 41 providers participated in the training, including 23 from primary health care facilities, and 18 from the Regional Reference Hospital Center.

Objective 3: Improve Availability and Use of Health Budget and Expenditure Data.

On May 10, 2024, LHSS supported the MOH in officially launching the 2022 health accounts exercise to inform and mobilize key actors to participate in the production of 2022 health accounts. The official launch was an important step in getting the private sector involved in the health accounts data collection process and follows lessons learned on increasing response rates from the private sector during production of the 2019-21 health accounts.

Following the launch ceremony, LHSS supported a variety of activities in preparation for data collection. LHSS helped the Directorate of Studies, Planning and System of Information to finalize the health accounts protocol and tools, recruit data collectors, facilitate a refresher

³ A Fokotany is the smallest administrative unit in Madagascar, comprising one or several villages.

training on production and analysis tools for the health accounts core team, train data collectors and supervisors on various survey tools, and facilitate sensitization and advocacy meetings with targeted private sector stakeholders. During the meetings, a summary of the 2019, 2020, and 2021 health accounts data was presented to remind the private sector actors of the use and importance of their spending data. As a result of these meetings, the Directorate of Studies team set up a WhatsApp forum to facilitate dialogue and exchanges with private-sector stakeholders during the data collection period.

The data collection in public and private sector facilities began on May 27, 2024 and is expected to be completed by mid-July 2024.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity collaborated with the MOH to proactively integrate GESI into all relevant activities. During all meetings and trainings LHSS encouraged women's attendance and active participation. For example, during the round table meetings to discuss the planning and budgeting analysis, LHSS specifically reached out to two female members of the Directorate of Administrative and Financial Affairs to ensure their voices were heard. LHSS also identified women who could play larger roles in leading meeting discussions, such as facilitating the round table meetings under Objective 1. Finally, LHSS took GESI into account during the recruitment process and training of data collectors for the 2022 health accounts exercise. This was reflected in the final gender balance of the data collectors, with thirteen women and nine men.

In developing the communication tools for the community-based health insurance scheme sensitization campaign, LHSS used a variety of communications approaches (e.g., radio programming, leaflets, posters, and in person community outreach) to strategically target different population groups and to ensure the inclusion of these groups in the enrollment of insurance schemes. During the health insurance scheme board member training workshop, 42 percent of the participants were women. This high number will help ensure that women have the skills and knowledge in financial management to administer health insurance schemes.

Finally, the Activity continued to emphasize individual coaching of women leaders and managers in the UHC Support Unit in its organizational capacity strengthening activities. This focus will ensure that female members are empowered to be effective in their roles.

ENVIRONMENTAL COMPLIANCE REPORTING

The approved work plan determines that the LHSS Madagascar Activity qualifies as a categorical exclusion, according to the USAID Madagascar IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

- Progress on Performance Indicators
- Indicator #3. *“Number of Health Financing Technical Sub-Committee meetings held to define Health Financing Strategy action points and assign roles during the calendar year.”* Monthly meetings of the Health Financing Sub-Committee were held in May and June 2024 to assess progress toward implementation of activities in the Sub-Committee action plan. The April 2024 meeting was canceled due to the unavailability of UHC Support Unit staff and leadership involved in implementation of field activities.
- Indicator #5. *“Number of stakeholder collaborative instances held between the UHC Support Unit, MOH, MOF, Public Health Commission of the National Assembly etc., to share evidence about the benefit of investing in health.”* One MOH validation meeting was held of the 2024-2028 of the government’s National Health Financing Strategy implementation plan,

with participation by the Ministry of Finance, MOH, and the UHC Support Unit. LHSS also facilitated two round tables focused on identifying strengths and weakness in the planning and budgeting processes and developing an action plan to address these challenges, and the second focused on developing LHSS Madagascar has reviewed the AMELP to include key recommendations discussed during the Pause and Reflect workshop, such as replacing process indicators with result-specific indicators. LHSS will share the suggested AMELP changes with the USAID Mission in Madagascar.

EMERGING LESSONS

- LHSS's efforts to engage early and frequently with the MOH's Directorate of Administrative and Financial Affairs facilitated buy-in to improve budgeting efficiencies.
- Community outreach and sensitization are essential to inform the timing of the community-based health insurance scheme launch. For example, LHSS learned that households may not have steady income outside of the harvest season, impacting the viability of this activity.

CHALLENGES

Implementing the community-based health insurance scheme roadmap in the pilot district of Fénérive Est has occasionally been delayed by the unavailability of regional health counterparts due to vaccination campaigns and a lack of coordination in the execution of insurance scheme initiatives. To overcome this challenge, the Activity suggested that the UHC Support Unit consider incorporating insurance scheme activities into the routine activities of primary health care facilities as a cross-cutting theme and to assign the implementation of the insurance scheme roadmap to the management committee.

DELIVERABLES SUBMITTED IN QUARTER 3

Policy brief that analyzes a policy question using health budget and Health Accounts data for GOM and other health sector partners in Madagascar, "*Les Observations sur les Depense de Sante des Menages au Madagascar pour les Decideurs Politiques*", submitted April 6, 2024.

EVENTS NEXT QUARTER

- The Activity will support the Directorate of Administrative and Financial Affairs in initiating an internal dialogue with the heads of budget programs (Disease Control, Maternal, and Child Survival and Development, Quality Health Care Supplies, Administration, and Coordination). These discussions will focus on the results, identify perspectives, and determine the needed resources, as part of planning the budget preparation for the fiscal year 2025.
- The Activity will support the UHC Support Unit and regional health teams in conducting follow-up site visits in the community-based health insurance scheme pilot sites to assess the sensitization and mobilization prospective enrollees, and to plan for the official launch of the schemes in August 2024.
- In collaboration with WHO and UNICEF, the Activity will support the Directorate of Studies in finalizing the 2022 health accounts data analysis and report development.
- In collaboration with DELTA Associates, a local institutional and organizational capacity strengthening firm, the Activity will support the UHC Support Unit in developing an advocacy plan to engage with stakeholders for resource mobilization and health insurance schemes.

ENGAGING LOCAL AUDIENCES

LHSS continues to regularly promote its work to engage and connect with local audiences through platforms such as X (@LHSSproject), Facebook, and the LHSS official website. Quarter 3 posts included:

- Validation of the implementation plan of the National Health Financing Strategy: LinkedIn link and X link.
- Institutionalizing Health Accounts in Madagascar to Accelerate Progress Towards Universal Health Coverage: LHSS website link and Facebook link.

LHSS NAMIBIA

FY24 QUARTER 3 HIGHLIGHTS

- LHSS Namibia supported the Ministry of Health and Social Services (MoHSS) in clearly defining selected services and developing relevant procurement documentation for the social contracting demonstration project. This project aims to test the processes and procedures that would allow the MoHSS to leverage existing capacities of civil society organizations for the provision of community-level health services.
- LHSS Namibia supported the validation of the scenario analysis on costing for Essential Health Services Package and the validation of the community health worker strategy. This costing analysis and strategy aim to address inequities, improve the alignment of health services with the population's health needs, and improve access to these services, especially at community level.
- With LHSS Namibia support, the MoHSS finalized its data collection and mapped resource flows for the resource tracking exercise. Results will help estimate health and HIV expenditures from 2020/21 to 2022/23.

ACTIVITY PROGRESS

Objective 1: Support the Ministry of Health and Social Services' Efforts towards Universal Health Coverage and Sustainable Health Financing.

The LHSS Namibia activity supported the MoHSS in developing its Universal Health Coverage (UHC) policy framework and implementation plan, which is expected to be presented to the MoHSS management committee and Cabinet for final approval in Quarter 4. Following Cabinet approval, the Activity will collaborate with the MoHSS to implement the relevant reforms. While the UHC policy framework outlines clear strategies to address prevailing inequities, barriers to access, and the quality of health services, the specific pathways to ensure the availability and adequacy of funding for health are not yet clearly defined. To address these weaknesses, LHSS Namibia conducted an extensive analysis of innovative health financing options, culminating in a policy brief advocating for health taxes to address non-communicable diseases in Namibia.

The Activity is supporting the MOHSS in making concerted efforts to strengthen its community health worker program. This program aims to help address inequities in access to healthcare that persist as a significant challenge in Namibia. Access barriers are especially acute for clients who must travel vast distances to reach a health facility and the remote areas of the country where many population groups live. LHSS has supported the development of a costed community health worker strategy which was validated and finalized in Quarter 3. The strategy will guide the MoHSS in implementing relevant reforms to strengthen the community health worker program across the country to improve access to health services at community level.

Objective 2: Improve the Efficient Use of Resources through Evidence-Based Decision-Making and Improved Accountability.

During Quarter 3, LHSS Namibia made significant strides in advancing the MOHSS's capacity to make evidence-based decisions through finalizing the costing results of selected health and HIV services. This analysis was done using a time-driven activity-based costing methodology, and by completing and validating the scenario analyses on the costs of implementing the Essential Health Services Package. Both interventions aim to enable the MoHSS to make

decisions relating to the prioritization and allocation of resources to ensure universal access to essential health services and to mitigate inequalities in health.

LHSS Namibia continued to support the Ministry's efforts to expand access to health services at community level by supporting planning efforts for the implementation of a social contracting demonstration project. This project aims to test the processes and procedures that would allow civil society organizations to provide selected community-level health services with direct funding from the MoHSS. These services would be delivered within the context of the Namibian government regulatory frameworks related to contracting, monitoring and financial management. The procurement processes for the demonstration project are expected to be finalized in FY 24 Quarter 4, while the contracts for service provision under the demonstration project are planned for implementation in FY 25.

With the support of LHSS Namibia, the MoHSS has finalized data collection for the resource tracking exercise and mapped the resource flows of health and HIV expenditures covering the period from 2020/21 to 2022/23. The resource tracking exercise was implemented using a combined System of Health Accounts and National AIDS Spending Assessment methodology to simultaneously estimate health and HIV spending. The results of the exercise are expected to be finalized in Quarter 4.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS Namibia continues to make concerted efforts to ensure greater gender equality and social inclusion across all its activities. The social contracting support focuses on increasing access to health services at community-level, with a particular focus on vulnerable populations, people living with diseases, youth, and communities living in remote and hard-to-reach areas. These same population groups were prioritized in the development of the Essential Health Services Package. The community health worker strategy also aims to increase access and improve the quality of health services at community level for these groups.

ENVIRONMENTAL COMPLIANCE REPORTING

LHSS Namibia is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, with mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Namibia FY24 Annual Workplan, and with host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

In Quarter 3, LHSS achieved 140 percent of its Indicator 2 target on MoHSS-led initiatives to apply evidence to mobilize and allocate resources for health benefit package planning, design, and costing. Steady progress was also achieved on Indicator 3 by completing 75 percent of the targeted number of capacity-strengthening activities for the development of systems and processes to improve resource allocation and use.

EMERGING LESSONS

The Global Knowledge Strategy (GKS) workshop facilitated by LHSS Namibia on May 29, 2024 identified determinants that have contributed toward the improved engagement of a broad range of stakeholders in health policy decision-making. The capacity strengthening support provided by LHSS was recognized as key factor contributing to the MoHSS's ability to take the lead in coordinating in the implementation of reforms and generating increased awareness and participation of stakeholders in UHC decision-making processes. This increased stakeholder

engagement in turn improved the transparency of the reform process, enabling greater accountability.

CHALLENGES

During Quarter 3, LHSS Namibia experienced challenges in engaging key counterparts within the Ministry of Finance to develop budget structures for the implementation of program-based budgeting. While initial efforts to engage the Ministry of Finance through the MoHSS Directorate of Finance were unsuccessful, LHSS Namibia has now managed to secure a meeting for early July 2024 with the Ministry of Finance by working with the Policy and Planning Directorate. While this challenge has caused delays in the implementation of the program-based budgeting intervention, the LHSS Namibia team expects to make progress in Quarter 4.

DELIVERABLES SUBMITTED IN QUARTER 3

- Applying Activity-Based Costing and Management to HIV and Health Services in Namibia: Improving Resource Allocation and Efficiency. Submitted to USAID on June 11, 2024.
- Recommendations for institutionalizing health resource tracking in Namibia. Submitted to USAID on June 30, 2024.
- Policy brief: Advocating for health taxes to address non-communicable diseases in Namibia. Submitted to USAID on June 30, 2024.

EVENTS NEXT QUARTER

- Hold a private sector engagement workshop to identify services to be contracted by the MOHSS for delivery by private health care providers.
- Conduct training on program-based budgeting for MoHSS finance staff.

PRIORITIES NEXT QUARTER

- Conduct mapping and cost benchmarking of services for private sector contracting.
- Implement procurement processes for the social contracting demonstration project.
- Facilitate stakeholder consultations to inform the development of the scope and implementation plan for the Public Expenditure and Financial Accountability assessment.
- Support the MOHSS in finalizing the resource tracking results.

ENGAGING LOCAL AUDIENCES

LHSS continues to regularly communicate its work to engage and connect with local audiences through platforms such as X (@LHSSproject) and the LHSS official website. Quarter 3 posts included:

- The Ministry of Health and Social Services engages key stakeholders to validate the essential health services package:
<https://twitter.com/LHSSproject/status/1787920304729182546>
- The Ministry of Health and Social Services educates senior staff on social contracting processes and the identification of needs:
<https://x.com/LHSSproject/status/1790021296618610949>
- Celebrating milestones: <https://x.com/LHSSproject/status/1796191038672941435>

LHSS NIGERIA

FY24 QUARTER 3 HIGHLIGHTS

- LHSS supported the Nasarawa State Health Insurance Agency in holding a Domestic Resource Mobilization review meeting. The purpose of the meeting was to brief the 13 Local Government Area chairmen on the impact of the equity fund. Other meeting participants included stakeholders who advocated to legally convert the equity fund into a first line charge in FY2023 to ensure the Fund's sustainability petition for additional resources. The meeting was chaired by the Deputy Governor of Nasarawa State who committed to revitalizing and expanding primary health care (PHC) and its district concept known as implementation of the 'PHC under-one-roof' policy. To date, USD \$90,360 has been released to provide health coverage through various insurance schemes for nearly 21,000 poor and vulnerable people.
- In Plateau state, a total of USD \$27,070 in equity funds has been released from all 17 Local Government Areas to the Plateau State Contributory Health Care Management Agency. This amount will provide health insurance coverage through the Basic Health Care Provision Fund (BHCPF) for nearly 3,600 enrollees.
- In Kano State, LHSS worked with state agencies to train staff in 93 facilities on quality HIV service delivery and use of reporting tools. As a result of this and previous such trainings, 83 percent (538 out of 618) facilities offer HIV testing services under the State Health Insurance Scheme.

ACTIVITY PROGRESS

HPN Interventions.

Objective 1: Expand Financial Risk Protection in Targeted States to Reduce Financial Barriers and Out-Of-Pocket Payments.

In May 2024, LHSS conducted capacity building and mentoring workshops for 15 new chief executive officers of State Social Health Insurance Agencies (SSHIA). With support from WHO and LHSS, the workshops were facilitated by the Nasarawa Honorable Commissioner for Health and two Insurance Agency CEOs. The sessions focused on the role of Health Insurance Agencies in advancing the country towards Universal Health Coverage (UHC), leveraging Information Communication Technology for effective and efficient health insurance schemes, and applying a political economy framework to manage health insurance ecosystem stakeholders.

In June 2024, LHSS supported Nasarawa State's domestic resource mobilization review meeting chaired by the Deputy Governor, who committed to continuing to prioritize the revitalization of PHC. In Plateau state, a total of \$27,070 in equity funds were released from all 17 Local Government Areas to the Plateau State Contributory Health Care Management Agency. With LHSS support, release of these funds follows advocacy efforts by Plateau's Health Management Agency to Local Government Area chairpersons, resulting in each chairperson committing to pay a total of USD \$ 1,592 between May to August 2024.

Objective 2: Increase Coverage and Improve Equitable Access to Quality Essential Health Services for the Poor and Most Vulnerable Populations Through Effective Social Health Protection Programs.

In May 2024, LHSS provided technical and financial support for the National Health Insurance Authority's strategic engagement meeting with the UHC Forum and other stakeholders. The objective of this meeting was to support the National Health Insurance Authority in engaging with stakeholders to reflect on past achievements, assess the present situation, and develop a shared vision for the future of health insurance in Nigeria. At this meeting, the National Health Insurance Authority presented its strategic blueprint, which is based on the Nigeria Health Sector Renewal Investment Initiative, for the first time to over 135 stakeholders, including the Deputy Chairman of the Senate Committee on Health and the media. LHSS presented the completed Fiscal Space Expansion Strategy for the Vulnerable Group Fund. LHSS also participated in a panel discussion focused on how to transition from policy to action in expanding fiscal resources for the Vulnerable Group Fund. This stakeholder meeting was an essential part of supporting the National Health Insurance Agency to refine its strategy and goals. The timing of this work is especially important, as the Agency begins implementing its activities under the leadership of its new Director General and the coordinating minister for Health and Social Welfare.

Objective 3: Increase the Proportion of Revitalized and Fully Functioning PHC Facilities To Provide Essential Health Services.

To demonstrate the impact of the facility quarterly Quality of Care assessment process, LHSS conducted a deep-dive analysis to understand the factors responsible for the differences in quality of care improvement observed in PHC facilities over time. The facility assessment scores for Quarter 2 FY24 (January-March 2024) were compared with the scores at the beginning of LHSS quality of care support in Quarter 3 FY23 (April-June 2023). The purpose of this assessment was to identify the best and least performing PHC facilities in the Nasarawa and Plateau. Key informant interviews with officers in charge of two facilities were conducted using semi-structured questionnaires to collect and analyze qualitative data. Most determinants of quality improvement included leadership and management skills of facility officers in charge, access to regular direct facility financing, adequacy and skill of human resources for health, and community participation.

HIV/AIDS and Tuberculosis Interventions.

Objective 4: Expand Coverage and Integration of HIV Services into SHIA and BHCPF.

In May 2024, LHSS collaborated with the Lagos State Health Management Agency to organize a retreat for stakeholders of the Lagos State Health Scheme and the newly elected members of the Lagos State House of Assembly. The objectives of the retreat were to provide an update on the progress made towards UHC and Lagos State officials to advocate with the Lagos State House of Assembly for the release of State Health Equity funds to increase coverage of additional poor and vulnerable persons. This allowed the House Assembly to advocate directly to state assembly members to ensure continued support.

LHSS collaborated with Kano State Agency for the Control of AIDS, Kano State Contributory Healthcare Management Agency, and Kano State Primary Healthcare Management Board to train 93 facilities on HIV testing and utilization of reporting tools to accurately document HIV services. Notably, 538 out of 618 (83 percent) facilities offer HIV testing services under the State Health Insurance Scheme.

Objective 5: Improve Sub-National Government Planning and Expenditures for Increased Health Insurance Coverage for PLHIV.

LHSS has provided technical assistance to the Lagos State Agency for the Control of AIDS through an in-kind grant on Public Financial Management. The objective of this grant is to strengthen the Agency's public financial management processes and to improve its absorptive capacity. This support has led to the Agency to receive budgetary approvals of \$151,000, representing 41.9 percent of the Lagos State's FY2024 health budget USD \$365,000.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

LHSS disseminated findings and recommendations from the GESI Analysis conducted in FY23 in Lagos and Kano States with stakeholders from the two State Health Insurance Agencies. Following the dissemination, the Lagos State Health Care Management Agency requested GESI training for its staff to improve its capacity to integrate GESI into program implementation and address gaps identified in the GESI analysis.

ENVIRONMENTAL COMPLIANCE REPORTING

The approved work plan determines that the LHSS Nigeria Activity qualifies as a categorical exclusion, according to the USAID Nigeria IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

PROGRESS ON PERFORMANCE INDICATORS

Indicator 12: Number and percent of priority population (lowest 2 quintiles) covered by risk pooling mechanisms: LHSS contributed to increased coverage among priority populations through risk pooling mechanisms from a baseline of 0.64 percent in 2021 to 3.33 percent by the end of FY24 Q3 in Nasarawa, Plateau and Zamfara states.

Indicator 18: Percent of PLHIV who are enrolled in PEPFAR-supported financial protection schemes: LHSS contributed to increased enrollment of PLHIV in Lagos and Kano states from a baseline of 0.8 percent in 2021 to 4.71 percent by the end of FY24 Q3. (Disaggregated by vulnerable population groups e.g. lowest quintiles, gender, age groups).

EMERGING LESSONS

Peer learning among states enables exchange of information about strategies with proven efficacy and stimulates uptake of these strategies.

Following the landmark achievement of the release of health equity fund by all 13 Local Government Areas (LGAs) in Nasarawa State, LHSS supported peer learning activities between Nasarawa State and all other 35 states in Nigeria and the Federal Capital Territory, (including the LHSS-supported states of Plateau, Zamfara, Lagos and Kano States). This initiative led to the commitment of the 17 LGA Chairmen in Plateau State to release equity fund, with the first installment of USD \$27,070 paid during Quarter 3. LHSS will continue promoting and supporting the peer learning sessions across the activity states and at the national level to replicate this domestic resource mobilization achievement

CHALLENGES

Persistent insecurity in Zamfara is an obstacle to the BHCPF enrollee verification exercise.

To verify BHCPF enrollment in Zamfara State and obtain accurate data on gaps in enrollment, LHSS is supporting the Zamfara State Contributory Health Care Management Agency in conducting a house-to-house survey to verify enrollees. However, prevailing insecurity in several parts of the State, including in the Central Senatorial District where the exercise started, is a major obstacle impeding the teams' access to survey households. To address this

challenge, LHSS facilitated collaborative meetings between the Zamfara State Agency and the State Operations Coordinating Unit of the National Social Safety-Net Coordinating Office, the entity charged with grievance redress in almost every community in Zamfara State. LHSS identified and trained grievance officers from the Coordinating Office to conduct the verification exercise in their respective communities. Mobilization and training of these officers ensured adequate inclusion of survey communities, mitigated undue exposure to insecurity, and allowed the officers to safely move from house to house within their own communities. The officers used the Online Data Kit (ODK) and other skills acquired during their training to collect and verify survey data.

DELIVERABLES SUBMITTED IN QUARTER 3

- Best Practices for Integrating HIV Services into Social Health Protection Schemes, A Guide for PEPFAR-Funded Implementing, submitted July 8, 2024
- Technical Brief: Practical approaches for strengthening informal sector participation in financial risk protection schemes, submitted July 10, 2024

EVENTS NEXT QUARTER

- Conduct State Domestic Resource Mobilization meetings in Plateau and Zamfara States on expanding health insurance coverage among the poor and vulnerable.
- Launch the Nasarawa State Government adoption program to expand health insurance coverage among the poor and vulnerable.
- Conduct provider engagement meetings in Lagos and Kano States.
- Convene the Lagos State Health Management Agency Health Insurance Summit

PRIORITIES NEXT QUARTER

- Support the Ministerial Oversight Committee in conducting peer learning sessions and provide technical support for oversight of BHCPF implementation.
- Conduct organizational capacity strengthening activities with the National Health Insurance Agency.
- Complete BHCPF enrollee verification in Zamfara state.
- Support BHCPF enrollment across Nasarawa, Plateau and Zamfara States.
- Support the State Social Health Insurance Agencies and State Primary Health Care Development Agencies of Nasarawa, Plateau and Zamfara States in implementing remediation plans to address challenges identified in BHCPF audit reports.

ENGAGING LOCAL AUDIENCES

LHSS is supporting the BHCPF Ministerial Oversight Committee in producing BHCPF's biannual newsletter by providing content and reviewing drafts prior to publication. This newsletter is used to improve visibility of the successes and impact of BHCPF implementation across the country. LHSS is also developing a success story template for BHCPF to improve the collection and presentation of stories. At the state level, LHSS is supporting the state health insurance and primary health care agencies in developing marketing and communication plans and knowledge products. These materials are geared to increase demand for financial risk protection and primary health care services.

- The Activity posted the following material in local and national media during Quarter 3 LHSS Nigeria Global Knowledge Strategy Workshop: Determinants of Health System Performance Improvements. Link: [LHSS Conducts Workshop with Local Partners in Nigeria to Discuss Determinants of Health System Performance Improvements | Local Health System Sustainability Project \(lhssproject.org\)](#)
- National Health Insurance Agency Strategic Stakeholders Engagement in collaboration with the Nigeria Universal Health Coverage Forum and Local Health System Sustainability Project (LHSS), Project Nigeria. Link: [NHIA Urges Collective Effort to Overcome Health Insurance Challenges – Voice of Nigeria \(von.gov.ng\)](#)
- Building a Healthy Future Together: Strengthening Social Health Insurance for All in Lagos State”, organized by LASHMA on the Lagos State Health Scheme (LSHS). Link: [LASHMA INDUCTS LAGOS SPEAKER, HONOURABLE MEMBERS AS ILERA EKO AMBASSADORS, UHC CHAMPIONS – Lagos State Government](#)
- Second Domestic Resource Mobilization meeting organised by the Nasarawa Health Insurance Agency and supported by LHSS Nigeria. Link: [Rimawa Global News - General News , Local News,: Health: Nasarawa Deputy Governor Opens Key Meeting to Boost Health Care Access and Coverage](#)

LHSS TAJIKISTAN (GLOBAL HEALTH SECURITY)

FY24 QUARTER 3 HIGHLIGHTS

- LHSS and the USAID Mission in Tajikistan hosted Deputy Assistant Administrator Nidhi Bouri. The team met with local partners during her visit to showcase LHSS program activities, challenges, and opportunities. Additionally, USAID conducted a field trip to observe LHSS's activities and technical support to the health system in Panjakent, Republican Center of Immunoprofilaxis (RCIP), Tajik Research Institute of preventive medicine (TRIPM) Republican Health LifeStyle Center and Ministry of Health and Social Protection of Population (MoHSPP).
- LHSS and the Ministry of Health and Social Protection of Population (MoHSPP) organized on-the-job training in Khorog district for 24 lab staff from medical institutions. The curriculum focused on sample collection and transportation for infection testing (e.g., hepatitis, chlamydia, herpes, and cytomegalovirus).
- LHSS contracted local information technology company "A1" to develop the Laboratory Information Management System for 14 virology laboratories, as requested by the Tajik Research Institute of Prophylactic Medicine.

ACTIVITY PROGRESS

Objective 1: Strengthen National Laboratory Systems.

Between April 30 to May 10, 2024, LHSS facilitated two five-day training courses focused on polymerase chain reaction (PCR) and enzyme-linked immunoassay (ELISA) for 17 virology laboratory personnel. The training covered brucellosis, hepatitis, and infections such as chlamydia, herpes, and cytomegalovirus. To improve the capacity of laboratories to detect additional co-infections such as hepatitis, LHSS supported the procurement and distribution of reagents, kits, and consumables for 14 virology laboratories across the country. LHSS also procured six computers to improve supply chain efficiency in virology laboratories and, in June 2024, distributed them in target districts. Laboratories that received computers will receive on-the-job training in relevant software. In June 2024, LHSS contracted a local IT company, 'A1', to expedite the development of the Laboratory Information Management System. Based on a digital assessment of laboratory needs, ten computers will be procured to enable Laboratory Information Management System to be rolled out.

On June 12, 2024, LHSS supported the MoHSPP in conducting on-the-job training in Khorog on storing, collecting, and transporting laboratory samples for infections such as hepatitis, chlamydia, cytomegalovirus, and herpes. This training was attended by 24 participants, including laboratory staff from the HIV center, TB Center, Primary Health Care, and the Narcology Center. During the training on co-infections, LHSS supported the installation and re-programming of the ELISA analyzer. The REALBEST-diagnostics program was also installed on the Rotor-Gene amplifier. These resources will enable labs to detect and quantify viral hepatitis B and C using RT-PCR. This progress builds on support previously provided by LHSS to improve PCR diagnostic systems during the COVID-19 emergency. Additionally, LHSS conducted cascade training on the collection, storage, transportation, and disposition of medical waste for 16 primary health care and State Service of Sanitary and Epidemiological Surveillance workers in Khorog district.

In Quarter 3, LHSS continued to support the MOHSP Technical Working Group (TWG) in developing Standard Operating Procedures (SOPs) and training modules on Infection Prevention and Control (IPC) and medical waste management for microbiological laboratories. LHSS supported a three-day training-of-trainers on medical waste management at the national and regional levels for representatives of the State Service of Sanitary and Epidemiological Surveillance and primary health care responsible said management in their facilities

Objective 2: Improve the Capacity of the Health Workforce.

On April 16, 2024, LHSS conducted a partners' meeting where the National Republican Healthy Lifestyle Center introduced its vision for implementing a Community One Health model. FHI360, The UN Food and Agriculture Organization, and the International Committee of the Red Cross representatives shared their vision and planned activities. Participants determined pilot districts and expressed their goal to complement each other's activities. From April 23 to April 30, 2024, LHSS supported the Lifestyle Center in conducting a needs assessment in the Balkhi and Levakant districts of the Bokhtar zone to plan for the One Health model pilot. On May 24, 2024, LHSS conducted a workshop and presented the findings from this assessment.

These included: men are less interested than women in pursuing community-based approaches and are mainly concerned with diagnostics and treatment of illnesses, instead of prevention. Young women lack independence and decision making.

In total, 40 participants attended the partners' meeting, including representatives of local authorities, health and social protection services, education services, local media, community leaders, women's committees, youth committees, and religion leaders. On June 25, 2024, the Lifestyle Center conducted a Coordination Council meeting in Dushanbe for Center representatives and partners. During the meeting, the Center presented One Health activities supported by LHSS in April of 2024, and demonstrated its ability to implement and adapt action plans. The Lifestyle Center is currently developing an information campaign for estimated completion in July 2024.

In May 2024, LHSS handed over and installed TA-Lab Voltametric analyzers to the emergency response center in Regional State Service of Sanitary and Epidemiological Surveillance of Bokhtar and Khujand cities of Khatlon and Sughd regions and trained ten regional laboratory staff in conducting water quality diagnostics.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION (GESI)

LHSS continues to integrate GESI principles throughout its GHS interventions. During Quarter 3, 193 laboratory specialists participated in LHSS trainings, 61 percent of whom were women. The One Health needs assessment conducted in Balkhi and Levakant districts found that all Community Health Team members are women. While this represents a positive outcome in terms of empowering women, participants of focus group discussions also highlighted the benefits of involving men as volunteers. Men often hold decision-making authority within families, child vaccinations and overall family health and well-being. Therefore, promoting the participation of men in community health work could enhance the effectiveness of project intervention efforts. LHSS continues to encourage equal and active participation of both genders, highlighting social inclusion principles and outlining equitable access to health care and social protection services for people with developmental delays and disabilities.

ENVIRONMENTAL COMPLIANCE REPORTING

According to the USAID Tajikistan IEE and the LHSS IDIQ IEE, the approved work plan determines that the LHSS Tajikistan Activity qualifies as a categorical exclusion. Thus, accompanying reports are not required.

PROGRESS ON PERFORMANCE INDICATORS

- *Indicator 2: Number of laboratories with full inventory tracking systems (supply chain management) digitalized and implemented:* Under COVID-19 funding, LHSS installed the 1C: Medicine Hospital Pharmacy system in seven virology laboratories. Under GHS funding, LHSS has supplied computers, modems, and software to six already identified virology laboratories, bringing the total to 13 virology laboratories.
- *Indicator 7: Number of laboratories supported with equipment/materials provided to support the country:* Cumulatively, LHSS has supported a total of 16 laboratories. LHSS supported the delivery of two TA-Lab Voltametric analyzers to Emergency Response Centers in the Regional State Service of Sanitary and Epidemiological Surveillance of Khatlon and Sughd regions. Additionally, LHSS procured and delivered six computers to the Gorno-Badakhshan Autonomous Oblast (GBAO), Khatlon, and Dushanbe laboratories. Finally, LHSS procured and delivered to the regional virology laboratory of GBAO a set of reagents for Hepatitis B, C, Chlamydia, and cytomegalovirus, as well as universal pipettes, sample collection tubes, a magnetic tripod, and Personal Protective Equipment.

EMERGING LESSONS

In April 2024, LHSS supported representatives of the Lifestyle Center in leading a comprehensive needs assessment on One Health implementation in the Balkhi and Levakant districts of the Khatlon region. The results were shared with stakeholders and served as the basis for the Lifestyle Center to actively collaborate with the local religious leaders (Hukumats) of the Khatlon region. The leaders used these findings to address needs and challenges identified during the assessment, such as access to clean water, pollution and waste management, and zoonotic diseases. By leveraging the legitimacy and prestige of the Hukumats, LHSS and the Lifestyle Center were better able to ensure community buy-in to address the identified challenges. This collaboration demonstrated the efficacy of joint actions between civil society organizations and religious leaders in addressing community problems.

CHALLENGES

- LHSS continued discussions with the MoHSPP, WHO and UNICEF on the infection prevention and control package. The Activity is still waiting for the UN organizations to share with development partners the training package module for infection prevention and control based on the new guidelines. This delay is holding up LHSS's planned cascade training on infection prevention and control.
- To align the Laboratory Information Management System on previous donor investment, LHSS asked the World Bank-funded TEC-19 project to showcase the "System for registration of virology test" and to provide access to the source code. Unfortunately, although this system has been handed over by TEC-19 to MoHSPP, it is non-functional. For the last 4 months TEC-19 has been working to devise a solution. Therefore, LHSS is working with A-1 and TEC-19 to ensure the systems can integrate (should the TEC-19 system work in the future) yet also ensuring the Laboratory Information Management System can stand on its own.

DELIVERABLES SUBMITTED IN QUARTER 3

No deliverables for Quarter 3.

EVENTS NEXT QUARTER

- Conduct on-the-job training for State Service of Sanitary and Epidemiological Surveillance and primary health care personnel responsible for management of medical waste in their institutions within LHSS pilot districts.
- Conduct cascade training on ELISA/PCR for laboratory staff on hepatitis and torch infection, and approved infection and prevention control packages.

PRIORITIES FOR NEXT QUARTER

- Finalize and implement the Laboratory Information Management System in 14 pilot laboratories.
- Conduct lab training on zoonotic diseases with the Food and Agriculture Organization in Dushanbe and pilot districts.

ENGAGING LOCAL AUDIENCES

- LHSS conducted a round table meeting with key partners who participated in the 2023 laboratory assessment to discuss findings and establish a plan for acting on assessment recommendations.
- LHSS conducted a workshop to present findings from the Bokhtar needs assessment to Bokhtar Hukumat and all key stakeholders from Balkhi and Levakant districts. In total, 40 participants attended, including representatives from Khatlon Hukumat Regional Health Department, the Regional Education Department, district authorities, the Women's Committee, the Youth Committee, local media, the Lifestyle Center, regional State Service of Sanitary and Epidemiological Surveillance staff, and religious leaders.

USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

FY24 QUARTER 3 HIGHLIGHTS

- The USAID Health System Sustainability Project (the Activity) in Timor-Leste held its closing ceremony on June 14, 2024. The Activity celebrated achievements made over the past four years in strengthening Timor-Leste's health system in the areas of financing, governance, and service delivery.
- In-kind grantee, Associação dos Médicos de Timor-Leste, collaborated with the Ministry of Health (MOH) to complete the validation of draft Competency Standards & Code of Ethics for Timor-Leste's medical doctors, with input from more than 100 stakeholders.
- The Activity worked with the MOH to finalize and launch key documents such as Health Management Information System (HMIS) Guidelines, Health Financing and Public Financial Management Glossary, Community Based Monitoring for Health Guidelines, and Advocacy Manual. These new and foundational resources will contribute to strengthening the health sector. Each document emphasizes active community participation in identifying and addressing local health issues, and improving the quality and use of health data to ensure public health services are responsive and accountable to the needs of Timorese citizens.

ACTIVITY PROGRESS

Objective 1: Improve Health System Governance, Financing, and Information Systems Through Data-Driven Decision-Making.

The Activity successfully launched the Health Financing and Public Financial Management Glossary. This critical document will serve as reference for the MOH's Finance and Budgeting Departments when analyzing health budgets. The Activity also conducted Health Financing Training focused on resource mobilization and strategic purchasing for 13 MOH officials. This training is a continuation of health financing training provided to MOH officials in FY23 and will contribute to optimizing health resources in various departments based on need and proper utilization of the allocated budget.

To improve the usage of MOH's HMIS, the Activity conducted a survey in April 2024 of data sharing and data utilization by applying the Complexity Aware Monitoring Evaluation and Learning approach. The survey helped to identify the percentage of MOH managers who use the HMIS data in decision making. It also helped to identify cases where data was used to improve decision-making.

Objective 2: Strengthen Health Sector Workforce Management.

In Quarter 3, in-kind grantee Associação dos Médicos de Timor-Leste collaborated with the MOH to host a validation workshop for its draft of Competency Standards & Code of Ethics for Timor-Leste's medical doctors. The purpose of this validation workshop was to evaluate the standards and ethics code for theoretical soundness and practical implementation. More than 100 participants attended, with representation from the MOH, private clinics, NGOs representing the community and underserved populations, and educational institutions. The participants provided input to ensure the document is applicable to real-world settings. Based on participant feedback, the final document included gender-responsive approaches in the competency standards, underscoring the MOH's prioritization to meet the diverse needs of women, men, and

gender minorities. These include reproductive health, gender-based violence, and cultural sensitiveness, ensuring equitable access to healthcare for all genders.

The Activity continued to develop the Human Resource Manual for health workers during Quarter 3, adding content in eight new chapters, bringing the total to 24 manual chapters. The manual focuses on assessing performance across the country by providing standards for improving processes, resolving conflicts, and addressing concerns.

The Activity continued supporting the National Directorate of Human Resources in disseminating previously drafted job descriptions and performance evaluation manuals in 13 municipalities covering over 500 health professionals. The roll-out of the new job descriptions provides health professionals an opportunity to share suggestions for improving recently approved job description templates, to ask questions about the new performance evaluation tools and recruitment process, and to provide feedback on the manuals.

Objective 3: Strengthen Existing Community Health Systems to Improve Healthy Behaviors.

In Quarter 3, the Activity focused boosting sustainability of the community-based monitoring for health approach in all 19 villages of Manufahi, Covalima, and Ermera municipalities. With the support of grantee Hamutuk Ita Ajuda Malu Health, the Activity completed three technical promotion working group meetings in Manufahi and Covlima, and one Nutrition Sensitive Agriculture working group meeting in Ermera. These working groups monitor and oversee the implementation of community-based monitoring for health programs. During the meetings, the grantee presented the results of its work to date and discussed ways to sustain the activities beyond the life of the Activity.

Hamutuk Ita Ajuda Malu Health held 23 regular orientation sessions for 733 Village Health Assembly members in Ermera, Manufahi, and Covalima municipalities. In addition to community and faith leaders, participants included the VHA had representatives of groups such as people with disabilities, adolescents, and youth. The Village Health Assemblies are advancing initiatives including creating appropriate clinic infrastructure, and more efficient and effective outreach services to help to address the needs of marginalized groups. Membership among 19 Village Health Assemblies includes 56 percent male and 44 percent female. Of the 19 Assemblies 15 have youth representatives and nine have representatives of people with disabilities.

At the completion of the grant, the Activity supported Hamutuk Ita Ajuda Malu Health in drafting its final capacity strengthening action plan. This plan includes recommendations for the grantee to strengthen its technical and institutional capabilities. As part of its the final work under the grant, Hamutuk Ita Ajuda Malu Health conducted three stakeholder review meetings at Ermera, Covalima, and Manufahi municipalities and prepared a detailed action plan to manage and advance its work going forward.

Objective 4: Improve Civic Engagement and Advocacy for Health System Strengthening.

The Activity supported Rede Ba Saúde Timor-Leste (REBAS-TL), the umbrella body for civil society organizations (CSOs) in launching *Advocating Effectively to Improve Health Outcomes – Reference and Guide for Civil Society Organizations*. This important new resource is supported by His Excellency Vice Minister of Health and Commission of National Parliament, responsible for social reforms and health. The document will help REBAS-TL and CSOs to strengthen their capacity by applying evidence-based advocacy to improve quality of health services in the country. To advance this initiative, REBAS-TL will conduct a comprehensive assessment to understand each CSO member's needs. It will also adopt Memoranda of Understanding (MOUs) to formalize working relationships between the MOH and CSOs. These agreements will also

facilitate regular joint strategy sessions between REBAS-TL and the MOH to ensure alignment of goals and to maintain joint commitment towards civil society engagement.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The Activity ensured the integration of gender and social inclusion measures in the revision of the Human Resources Manual. Throughout seven chapters, the Activity included explicit language committing to equal opportunity for all staff and equal treatment of all patients regardless of race, religion, age, ethnicity, disability, gender, political affiliation, or social standing. The team also included representatives from all groups when conducting workshops throughout the quarter.

ENVIRONMENTAL COMPLIANCE REPORTING

The approved work plan determines that the USAID Health System Sustainability Activity in Timor-Leste qualifies as a categorical exclusion, according to the USAID Timor-Leste IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

PROGRESS ON PERFORMANCE INDICATORS

- The Activity co-created a total of 12 briefs, events and materials to improve governance capacity (Indicator 4).
- The Activity completed 19 information exchanges between the MOH and CSOs to promote accurate information and accountability (Indicator 15).

EMERGING LESSONS

Supporting institutional knowledge transfer needs a repository of resources to facilitate sustainability and transition. The Activity has underscored the importance of sustainability and transition from the outset. To pave the way for a smooth transition at the end of the project, all interventions were designed through close collaboration and co-creation with the MOH, CSOs, and community members. This approach encouraged local ownership, accountability, and supported scale up of the Activity's work. This approach culminated in developing a repository of reference materials to guide partner's continued work after the life of the Activity. This collection of resources has been transferred to the MOH and REBAS-TL to support their continued organizational improvement processes, enhance and disseminate knowledge, and continue expanding health care quality improvement interventions nationwide.

CHALLENGES

Competing priorities and staffing changes after the formation of the new government impeded the MOH from making progress in areas such as pursuing active engagement with the national health sector coordination committee, joint health sector review, joint health sector planning summit, and development partners health coordination group meetings. As a result, the Activity also faced several challenges and delays. For example, it has been challenging to coordinate work between the National Institute of Health (Instituto Nacional de Saúde) and the MOH due to political differences among members. Activity was also delayed in its ability to complete the Leader Management Development Program. The Activity engaged with members across the MOH and its institutions, facilitated a meeting with the MOH senior leadership team, and provided budgetary support where necessary to overcome these challenges. In all, the Activity has done all it could to minimize disruption of planned interventions during FY24.

DELIVERABLES SUBMITTED IN QUARTER 3

The Activity submitted a learning brief titled Implementation of Community-Based Monitoring for Health Program and Health Workforce Policy Recommendations for Timor-Leste in June 2024.

EVENTS NEXT QUARTER

The Activity completed all planned events in June 2024.

PRIORITIES NEXT QUARTER

Finalize the End of Activity Report.

ENGAGING LOCAL AUDIENCES

With over 1,700 followers on its Facebook page and 105 followers on X, the Activity generated 29 social media posts on trainings and workshops, events, and important achievements in Quarter 3. The posts have reached over 23,900 users on Facebook, had over 4,300 visits, 201 new followers, 1,200 interactions, and 55 link clicks which redirects users to the LHSS webpage.

The Activity hosted the End of Activity Closing Ceremony to celebrate its successful conclusion. The team prepared a press release for the event published in eight media outlets. To highlight its achievements, the Activity prepared a video, six posters to showcase each workstream, infographics on human resources for health, and health information systems to share at the closing ceremony. The team live streamed the event to encourage online participation and shared the recording of the ceremony across LHSS social medial platforms.

LHSS UKRAINE

FY24 QUARTER 3 HIGHLIGHTS

- The Cabinet of Ministers of Ukraine established a regulatory framework for the use of telemedicine in rehabilitation and emergency health care. LHSS supported this process by preparing amendments to five decrees which the Cabinet adopted during Quarter 3. The Cabinet also adopted an outline of procedures and conditions for telemedicine to enhance the quality and timeliness of medical services.
- LHSS transferred its documentation of the telemedicine architecture and support of telemedicine solutions to the State-owned enterprise, eHealth (SOE eHealth). LHSS has strengthened the capacity of e-Health, and the enterprise is committed to continue developing use of telemedicine in Ukraine, thus ensuring the institutionalization of the project's work.
- LHSS finalized its report titled Summary of Experiences, Lessons Learned, and Best Practices for Implementation of Telemedicine during the War in Ukraine and submitted it to USAID. This report distills key lessons for working with telemedicine solutions provided as humanitarian aid. It also summarizes feedback from medical professionals and quantitative results. Application of the learnings contained in the report will bolster the effective use of telemedicine and its integration into Ukraine's e-health system.

ACTIVITY PROGRESS

Objective 1: Strengthen Telemedicine Governance, Policies, and Financing.

LHSS provided the government expert technical advisory support to develop its Decree No. 370. Adopted by the Cabinet of Ministers of Ukraine on April 2, 2024, this decree introduced amendments to three policies. First, the procedure for providing rehabilitation assistance in the health care sector was updated to include telerehabilitation. Second, regulations related to hospital-based rehabilitation departments were updated to require the introduction of modern technologies, specifically telerehabilitation. And third, a standard provision for multidisciplinary rehabilitation teams was updated to include telemedicine tools in its list of rehabilitation aids.

On May 3, 2024, the Cabinet of Ministers of Ukraine adopted Decree No. 500. Developed with LHSS technical support, this decree establishes a regulatory framework for the use of telemedicine services in emergency health care. Through subsequent amendments to governmental decrees, the Cabinet of Ministers clarified the roles of three key actors involved in telemedicine services in emergency health care: the emergency health care teams and stations, and the operational dispatch service. Decree No. 500 also outlines procedures for notifying and dispatching emergency health care teams to emergency sites. Relevant actors now have clear guidance in two primary areas of telemedicine use: teleconsultations between emergency health care teams and doctors, and telemetry tools that transmit real-time data to dispatch centers.

The Activity has completed the transfer of its technical task implementation to the state-operated entity eHealth in preparation for project closeout. LHSS has prepared technical documentation for integrating teleconsultation, telemetry, and teleradiology into the e-health system. Additionally, LHSS has provided registers of services, facilities, and donors, as well as educational materials for doctors and patients. The documentation transfer process was

facilitated through numerous consultations eHealth specialists to ensure compliance with regulatory requirements.

The LHSS team supported the National Health Service of Ukraine in developing a set of telemedicine performance indicators and completed a baseline analysis of service delivery through teleconsultation under the National Health Service's contracts for the Program of Medical Guarantees from 2021 to 2024. More than 23 million electronic health records were analyzed to distill trends in teleconsultation service provision, focusing on the types of health facility and services delivered, and patients' age, gender, and location. The National Health Service has used these data to inform the development of its telehealth performance indicators.

Objective 2: Restore Availability and Access to Essential Services Using Telemedicine.

Two LHSS Ukraine grantees completed their projects during Quarter 3. The first grantee, LLC "NK Group Consulting," provided 3,493 online psychological consultations via the "Doc Doc" application developed under its grant, exceeding the target of 3,200 services provided. In addition, the grantee trained 30 psychologists to work with clients experiencing trauma. Based on the successful delivery of mental health consultations, the organization is now seeking donors to support continued service delivery. LHSS's second grantee, CF "Sheptytskyi Hospital," provided 1,569 teleconsultations in Lviv and Ternopil oblasts for internally displaced persons and persons with reduced mobility, exceeding the target of 1,500 services provided. The grantee also conducted a survey of 60 patients to measure their level of satisfaction with services. Results from this survey will be analyzed and shared during Quarter 4.

LHSS contracted MI Health to develop an information campaign on telemedicine in Ukraine. The goal of the campaign is to disseminate knowledge and increase awareness about the benefits of telemedicine. During Quarter 3, MI Health developed a concept and implementation plan for the information campaign. Additionally, LHSS and MI Health conducted several consultations with the communication departments of the MOH, National Health Service of Ukraine, and eHealth. Media groups within these institutions will disseminate the campaign materials to doctors and patients, ensuring the sustainability of the campaign's activities and results past LHSS Activity.

Objective 3: Strengthen GOU Capacity to Respond to Emergent War-Related Health Conditions and Interrupted Access to Health Services.

LHSS submitted its report titled, *Summary of Experiences, Lessons Learned, and Best Practices for Implementation of Telemedicine during the War in Ukraine* to USAID for approval. This document analyzes key steps in working with telemedicine solutions provided in the context of humanitarian assistance to maximize the use of telemedicine solutions, their integration into the health system, and sustaining system strengthening outcomes. The report examines regulatory support, testing, training of doctors, technical assistance, and experience exchange. It also summarizes feedback from medical professionals using these solutions and presents quantitative results. Dissemination of lessons learned, challenges, and recommendations from this report will contribute to the effective use of telemedicine and its integration into Ukraine's e-health system well into the future.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUALITY AND SOCIAL INCLUSION

The LHSS team incorporated GESI considerations into the analysis of telemedicine service delivery for the Program of Medical Guarantees in 2021–2024. The data showed that 58 percent of teleconsultations were provided to women and 42 percent to men. In absolute terms and as a proportion of all telemedicine services provided, most teleconsultations were provided in war-

affected regions. Nearly 60 percent of all teleconsultations were conducted with adults aged 40 years and older. LHSS is working with the National Health Service of Ukraine to introduce GESI indicators within its routine monitoring system. The Activity is also supporting the National Health Service to further develop and expand delivery of telemedicine services, especially among rural, hard-to-reach, and internally displaced populations.

LHSS Ukraine grantee CF Sheptytskyi provides telemedicine services to patients living in remote areas and in shelters for internally displaced persons. The Activity conducted a monitoring visit to study how CF Sheptytskyi's services meet the needs of patients and the grantee's approach to integrating GESI. Clients expressed their satisfaction with the grantee's services. Specifically, they appreciated receiving services in their residence, saving time and money, the relaxed service delivery atmosphere, and the quality of consultations.

ENVIRONMENTAL COMPLIANCE REPORTING

The approved work plan determines that the LHSS Ukraine Activity qualifies as a categorical exclusion, according to the USAID Ukraine IEE and the LHSS IDIQ IEE. Thus, accompanying reports are not required.

PROGRESS ON PERFORMANCE INDICATORS

In Quarter 3, LHSS achieved significant increases in key indicators related to the functioning of telemedicine solutions donated to Ukraine as humanitarian aid:

- LHSS supported the MOH in training 534 health care providers on the use of donated telemedicine solutions, resulting in 2,436 providers trained cumulatively (Indicator 6; 162.4 percent of target achieved).
- LHSS supported 120 health care facilities in providing telemedicine services through donated telemedicine solutions, resulting in 519 facilities cumulatively (Indicator 7; 103.8 percent target achieved)
- LHSS experts carried out 1,829 technical assistance interactions to resolve operational and functional issues, achieving 5,143 interactions cumulatively (Indicator 8; 342.9 percent target achieved)
- Health care workers provided 13,294 health care and rehabilitation services using donated telemedicine solutions, resulting in 28,063 services provided cumulatively (Indicator 9).

EMERGING LESSONS

- It is possible to build a national e-health vision while managing wartime constraints: LHSS helped the MOH establish a vision for telemedicine through the national telemedicine strategy. This strategy subsequently supported uptake of new telemedicine solutions and allowing Ukraine's telemedicine initiative to be implemented with broad consensus and operate nimbly in a dynamic, highly politicized and insecure environment.
- A proper legal framework is essential for the successful introduction and functioning of telemedicine, especially in difficult conditions such as martial law: The LHSS Ukraine team implemented a proactive approach to address legal uncertainty surrounding the use and procedures governing telemedicine. This strategy led to legislative support for the development of innovative medical technologies. This strategy has laid the foundation for the successful and sustained integration and use of such technologies nationwide. Health facility leadership plays a key role in the deployment and continued use of telemedicine solutions: Health facility managers who are aware of the benefits of telemedicine solutions

and support their use encourage physicians and patients to have a positive attitude toward telemedicine, contributing to effective and sustained use of the solutions.

CHALLENGES

In Quarter 3, the Activity transferred its telemedicine architecture documentation and support of telemedicine solutions to the state-owned enterprise eHealth, as the organization responsible for Ukraine's eHealth System operations. E-health will also be responsible for overseeing the integration of telemedicine functionality and any future modifications to the eHealth system. Despite the urgent need to introduce telemedicine functionalities within the eHealth system, neither eHealth nor the National Health Service of Ukraine, the owner of the eHealth system, currently have the financial resources to outsource the technical work to keep telemedicine services functioning. This financial deficit is due to the severe shortage of budget and human resources caused by the war and martial law. This has been communicated to USAID/Ukraine and the MOH. Such resource shortages are the status quo among many non-defense Government of Ukraine entities due to the war.

DELIVERABLES SUBMITTED IN QUARTER 3

- Summary of experiences, lessons learned, and best practices for implementation of telemedicine during the war in Ukraine, submitted to USAID for approval July 8 (with COR for approval)
- Summary: Technical specifications for the telemedicine enabling environment, submitted to USAID June 26, 2024, approved by USAID July 3, 2024 (approved by USAID)

EVENTS NEXT QUARTER

Conduct a meeting of the Telemedicine Interagency Working Group as part of LHSS closeout activities.

PRIORITIES NEXT QUARTER

- Finalizing key products of "Telemedicine in Ukraine" information campaign, including its concept and implementation plan, in collaboration and agreement with key counterparts including the MOH, National Health Service of Ukraine, and eHealth.
- Conduct LHSS Ukraine closeout activities, including financial, administrative, and information technology functions (e.g., property disposition, subcontracts, consultant and grantee agreements, archiving and final reporting. etc.

ENGAGING LOCAL AUDIENCES

LHSS conducted meetings with key stakeholders to discuss performance improvements related to telemedicine legislation, and with health care providers to discuss performance improvement related to public-private partnerships in telemedicine solutions.

All meetings yielded powerful feedback about enabling and inhibiting factors, along with input about the vision, conditions, actions, and actors who will enable sustainability and scaling of telemedicine improvements over the next three to five years.

These findings support LHSS's Global Knowledge Strategy (GKS) learning linked to the Ukraine activity. Additionally, Kyrylo Malakhov, a researcher from Hlushkov Institute of Cybernetics of National Academy of Sciences of Ukraine, published an article titled "Insight into the Digital Health System of Ukraine (e-health): Trends, Definitions, Standards, and Legislative Revisions," in the International Journal of Rehabilitation. This article highlighted Ukraine's progress in

telemedicine. Malakhov's work acknowledges the significant contributions of LHSS, particularly through its collaboration with partners and local entities to improve health care accessibility, service quality, and financial sustainability.

Finally, a nationally broadcast television channel conducted an interview with MOH Deputy Minister Mariia Karchevych about Ukraine's expanding telemedicine program. The interview included a health facility manager working on the frontlines in Kramatorsk who spoke about how the Teladoc system – introduced with LHSS support - is being successfully used in his hospital.

Articles published on the MOH website:

- *Costs of donated telemedicine solutions:* <https://moz.gov.ua/article/news/za-ostanni-dva-roki-ukraina-otrimala-gumanitarnu-dopomogu-u-vigljadi-telemedichnih-rishen-na-ponad-4-mln-dolariv>.
- *Adoption of CMU Decree on telemedicine-related amendments to rehabilitation:* <https://moz.gov.ua/article/news/urjad-rozshiriv-mozhlivosti-zastosuvannja-telemedicini-v-reabilitacij>.
- *Carebits telemedicine solution:* <https://moz.gov.ua/article/news/provedeno-ponad-10-tisjach-viddalenih-diagnostik-vagitnih-ukrainok-z-vikoristannjam-telemedicini>.
- *Telemedicine services (status) and LHSS telemedicine cost analysis:* <https://moz.gov.ua/article/news/v-ukraini-zbilshuetsja-kilkist-telemedichnih-konsultacij>.
- *Adoption of CMU decree on telemedicine-related amendments to emergency health care:* <https://moz.gov.ua/article/news/ekstrena-medichna-dopomoga-stane-sche-dostupnishoju-dlja-zhiveliv-deokupovanih-teritorij-zavdjaki-zasobam-telemedicini>.

Articles & mentions in scientific journals:

- Kyrylo S. Malakhov. Insight into the Digital Health System of Ukraine (e-health): Trends, Definitions, Standards, and Legislative Revisions. *Int J Telerehabil.* 2023; 15(2): e6599. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10754247/>.

LHSS VIETNAM

FY24 QUARTER 3 HIGHLIGHTS

- LHSS supported the Vietnam Administration of HIV/AIDS Control (VAAC) in organizing a consultation workshop to validate initial situational assessment findings of Vietnam's HIV program. This assessment was aimed to guide the development of a national HIV Response Sustainability Roadmap. LHSS also worked with VAAC to hold three regional training workshops attended by nearly 200 staff from 63 Provincial Centers for Disease Control to collect and report HIV budget and expenditure data. Discussion results and data collected from these workshops will inform VAAC's development of the Sustainability Roadmap, including policy change efforts to address existing challenges.
- With technical support from LHSS, the Ministry of Health (MOH) issued Circulars 07/2024 and 05/2024 regulating drug bidding at public health facilities and the list of drugs to be procured by price negotiation, respectively. These circulars contribute to streamlining drug procurement, particularly facilitating the decentralized procurement of anti-retroviral (ARV) and tuberculosis (TB) drugs at the provincial and health facility levels. They also legitimize the preparation for open bidding of Tenofovir-Lamivudine-Dolutegravir for the October 2024-December 2025 period and support the resumption of Tenofovir-Lamivudine-Efavirenz (TLE400) price negotiations for the July 2024-December 2025 period, ensuring uninterrupted treatment for HIV patients.

ACTIVITY PROGRESS

Objective 1: Support The Government of Vietnam in Strengthening Public Financial Management Systems for Public Health and Achieving Greater Efficiencies in Social Health Insurance.

LHSS grantee CMC Applied Technology Institute completed the trial version of the artificial intelligence (AI) Optical Character Recognition tool which will be integrated into the Vietnam Social Security (VSS) medical claims review system. Once the tool is rolled out, it will help automate and improve the efficiency of the claims review process. LHSS also worked with VSS and Hanoi University of Public Health to analyze disease patterns and social health insurance (SHI) costs using claims data from 2018 – 2023. The team has been working with VSS on results validation and is expected to complete the report by September 2024.

Objective 2: Support The Government of Vietnam in Sustainably Financing HIV Prevention and Treatment Services.

LHSS supported VAAC and the US.CDC's Enhancing HIV Program Innovations and Collaboration (EPIC) in Vietnam project in organizing three training workshops for provincial Centers for Disease Control to collect the 2021-2024 provincial budget and expenditure data for provincial HIV programs. Nearly 200 provincial-level Centers for Disease Control staff from 63 provinces participated in these trainings. The workshops focused on how to use the web-based HIV resource tracking tool to report, import, and validate HIV budget and expenditure data. The trainings highlighted challenges experienced at the local level in carrying out budget execution and procurement functions. Additionally, LHSS supported VAAC in organizing a consultation workshop with key stakeholders to introduce the plan and framework for the development of an HIV response sustainability roadmap toward 2030. Workshop participants also validated preliminary assessment findings on the status of Vietnam's HIV response. Discussion and data collected during these workshops will inform VAAC's development of a national HIV Response

Sustainability Roadmap, including policy change efforts to address existing challenges. For example, challenges associated with public financial management (PFM) in the context of decentralization illustrate the need to strengthen PFM capacity at the local level.

Objective 3: Strengthen the Capacity of Vietnam’s Supply Chain Management System to Drive Improved Patient Outcomes.

LHSS provided technical support to the MOH in revising drug procurement policies, leading to Circulars 07/2024, regulating drug bidding at public health facilities, and 05/2024, regulating the process and list of drugs and medical supplies to be procured by price negotiation. These circulars contribute to streamlining drug procurement at all levels and facilitate the decentralized provincial ARV procurement. The MOH completed the procurement of Tenofovir-Lamivudine-Dolutegravir by approving the framework agreement in June 2024, which will cover the drug demand for the next three months. Subsequently, LHSS supported VAAC in virtually guiding the awarded supplier and health facilities in 63 provinces to expedite the drug supply to health facilities. Delivery of these drugs is presently on schedule. The National Centralized Drug Procurement Center and VAAC ramped up the open bidding process to procure Tenofovir-Lamivudine-Dolutegravir and resumed price negotiations for TLE400, an alternative first-line therapy for adults living with HIV. These actions will ensure uninterrupted drug supply to patients until December 2025.

Objective 4: Support The Government of Vietnam in Integrating TB Services into Social Health Insurance.

LHSS supported the National Lung Hospital/National TB Program in developing economic-technical norms for 50 TB prevention services, (i.e., 36 biological testing services and 14 latent TB infection prevention services) to be included in a MOH circular. LHSS worked with the NTP to monitor and guide provincial TB programs and health facilities to sign supply contracts for SHI TB drugs for 2024-2025. All six awarded suppliers have signed supply contracts with over 88 percent of health facilities, contributing to uninterrupted access to SHI TB drugs for the more than 100,000 annual TB patients.

OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY AND SOCIAL INCLUSION

LHSS organized five workshops with in-person attendance by 54 percent (156 of 290) women. Participants are leaders and officials at central VAAC and provincial government agencies (provincial Centers for Disease Control) responsible for planning and budgeting for HIV programs in all 63 provinces. Participants also represent social organizations, which played an important role in implementing and reviewing the progress of the social contracting pilot. These initiatives have contributed to the development of a sustainability roadmap for HIV/AIDS control.

ENVIRONMENTAL COMPLIANCE REPORTING

LHSS Vietnam’s commitment to conducting environmentally responsible operations continued through ensuring compliance with conditions set out in the IEE, with mitigation measures in the CRMP and WMP/SOP sections of the approved LHSS Vietnam FY24 Annual Workplan, and with host country laws and regulations.

PROGRESS ON PERFORMANCE INDICATORS

- Indicator #1: LHSS’s policy development support to government agencies resulted in three⁴ of four planned laws, policies, regulations, or standards adopted and implemented.
- Indicator #2: 92 percent⁵ of the USG-assisted organizations demonstrated improved performance (CBLD-9) in policy development, the use of an electronic logistics management information system to manage TB drugs, monitoring HIV and TB treatment programs, ARVs and TB drug procurement, and ARV drugs and treatment.
- Indicator #13: 91 percent of people living with HIV (PLHIV) on ART have received ARVs through the SHI scheme, accounting for 96 percent of the set target. This achievement is due to the successful procurement of nine open-bids and one price negotiation of ARV drugs, in combination with sound ARV supply chain management led by VAAC.

EMERGING LESSONS

The supply of drugs after October 2024 is still at risk until the procurement of open-bid Tenofovir-Lamivudine-Dolutegravir and price negotiation of TLE400 are complete. To address this pending crisis, LHSS provided technical assistance to facilitate coordination and collaboration among stakeholders to identify possible solutions, including pooled procurement through price negotiation and open bidding. Though facility procurement was considered, stakeholders found this would be feasible for only some facilities with large volumes and strong procurement capacity. LHSS’s support underscored the need for responsive short- and long-term solutions to mitigate the challenges of decentralized procurement and strengthen Vietnam’s vulnerable ARV drug supply chain.

CHALLENGES

- Although Tenofovir-Lamivudine-Dolutegravir was procured to address the three-month demand, health facilities may face stockouts after October 2024 without a contingency plan in the face of potential delays in centralized procurement of open-bid Tenofovir-Lamivudine-Dolutegravir and TLE400 price negotiations. LHSS is working with the VAAC, the National Centralized Drug Procurement Center, the MOH, and other stakeholders to mitigate risks, while concurrently supporting expedited work on SHI ARV decentralized procurement in the long term.
- Delayed project approval by the Government of Vietnam has impeded some project activities. Additionally, the Hanoi Department of Industry and Trade conducted an inspection of the Representative Office of Abt in Vietnam. This inspection resulted in the office’s license being suspended from June 10 to August 10, 2024, significantly affecting the implementation of LHSS Vietnam’s project activities. LHSS Vietnam and Abt management are working on solutions to address the inspection findings and will communicate the mitigation plan to USAID.

⁴ (1) Circular 22/2023/TT-BYT on November 17, 2023, on the new SHI examination and treatment services fee, including the new cost for the Gene Xpert test with a cartridge; (2) Circular 05/2024/TT-BYT on May 14, 2024, on the lists of drugs, medical devices, and testing supplies procured through price negotiation and supplier selection procedures for packages applying the price negotiation method; (3) Circular 07/2024/TT-BYT on May 17, 2024, on drug bidding at public health facilities.

⁵ 22 out of 24 governmental organizations supported by USAID have demonstrated an improvement in their performance based on pre-set criteria using the CBLD-9 methodology.

DELIVERABLES SUBMITTED IN QUARTER 3

- Study report and policy brief: *Out-of-pocket expenditure and willingness to pay among PLHIV accessing SHI ART and viral load services in Vietnam*, submitted May 28, 2024.
- Summary of LHSS’s technical assistance and recommendations to provinces on the mobilization of the local budget for TB activities in Vietnam, submitted May 28, 2024.
- Policy brief: *The HIV social contracting pilot in Vietnam – Operational feasibility and recommendations*, submitted June 28, 2024.
- Mid-term assessment report: *Pilot implementation of social contracting with social organizations in HIV services delivery in Vietnam from 2022-2024*, submitted June 28, 2024.

EVENTS NEXT QUARTER

- Consultation workshops with the National Coordination Group to develop the sustainability roadmap for HIV/AIDS control toward 2030 and beyond (July – August 2024).
- A consultation workshop with M&E staff and healthcare providers to obtain user feedback on the eLMIS 4.0 system (July 2024).

PRIORITIES NEXT QUARTER

- Support VAAC in updating its ARV supply chain management guidance and conduct a situational analysis on decentralized procurement and supply of ARV drug categories in accordance with the new Bidding Law and related policies.
- Support VAAC and the National Centralized Drug Procurement Center in procuring open-bid Tenofovir-Lamivudine-Dolutegravir and negotiating prices for TLE400.
- Work with VSS, the USAID Mission in Vietnam, and USAID’s Meeting Targets and Maintaining Epidemic Control Project to finalize an HIV patient database being established to manage HIV treatment.
- Assess the TB drug transition into the SHI scheme.
- Support the National TB Program in guiding TB facilities to strengthen their supply chain management capacity for SHI TB drugs procured for 2024-2025.
- Estimate the SHI copayment amount for all TB patients receiving outpatient treatment in Long An province, and develop a strategy for replication in additional provinces.

ENGAGING LOCAL AUDIENCES

LHSS released two [SHI policy newsletters](#), incorporating news about SHI and HIV-related regulations and other health-related and health system sustainability information.

LHSS continued its media campaign to promote social contracting in HIV services delivery through the following programs, publications and posts:

- Two radio programs ([VOV2 - April: The Role of Government Agencies to Institutionalize Social Contracting](#), [VOV2 - May: Existing Legal Barriers for Social Contracting Implementation in Vietnam](#))
- Seven newspaper articles ([MOH’s e-portal](#), [MOH’s Lifestyle magazine](#), and [the News page](#) – April: *Social contracting – a part of the solutions to effectively control HIV epidemic in Vietnam* [MOH’s Lifestyle magazine](#), [Communist Party’s website](#) – May: *Community*

outreach workers, an important workforce in the fight against HIV/AIDS; [Communist Party's website](#) – June: *What Vietnam needs to do to scale up social contracting implementation*; [the News page](#) – June: *Capacity building and technical assistance to CBOs/SEs to participate in social contracting*).

- Three Facebook posts. ([Facebook 1](#): *Challenges facing Vietnam in institutionalizing social contracting using the state budget*, [Facebook 2](#): *Significant contribution of community outreach workers to the social contracting pilot*; [Facebook 3](#): *three groups of tasks need focus to institutionalize social contracting*).

ANNEX 1: LHSS TASK ORDER INDICATORS

TABLE 1: FY24 QUARTER 3 PROGRESS ON LHSS TASK ORDER INDICATORS

Indicators *	Data	Notes
Goal: Transition to a Sustainable, Self-Financed Health System that Delivers Responsive, Equitable, and Quality Services To All		
Objective 1. Increased Financial Protection		
<p><i>1.1 Number of LHSS-supported countries with observed improvement in population coverage through enrollment in USAID-assisted financial protection schemes in area(s) receiving USAID assistance</i></p>	<p>5 countries:</p> <ol style="list-style-type: none"> 1. Afghanistan 2. Cambodia 3. Colombia 4. Nigeria 5. Vietnam 	<p>In Afghanistan, LHSS-supported grantees offered discounted or free priority health services (e.g., MCH, Non-communicable Diseases, Nutrition, TB) delivered under partner-specific schemes. 71 percent of USG-assisted facilities offered one or more integrated financing schemes aimed at increasing demand among low-income groups and women through subsidized, discounted, and free health services. 101,805 low-income clients, the majority of whom were women, utilized integrated demand side financing schemes at a health facility receiving USG support. In Cambodia, LHSS supported the National Center for HIV/AIDS, Dermatology and STD in completing the IDPoor registration for PLHIV across 69 MOH antiretroviral therapy sites nationwide. Among PLHIV, 54% are now covered under the IDPoor social protection scheme and can receive services free of charge. In Colombia, LHSS continued supporting the enrollment of migrant populations into national health system. Since the inception of this strategy, LHSS has supported the enrollment of 111,001 Venezuelan migrants in the subsidized health system, representing 10% of the total number of migrants enrolled (100% of the target). In Nigeria, LHSS supported enrollment in financial protection schemes through health insurance agencies in Nasarawa, Plateau, and Zamfara States. Combined, 3.97 percent of the populations of these states were enrolled in USAID-assisted financial protection schemes, an increase from 0.85 percent at baseline in 2021. In Vietnam, the percentage of PLHIV receiving Social Health Insurance ARVs reached 91 percent in Quarter 3.</p>

<p>1.2 Number of LHSS-supported countries that have taken steps to identify or reduce key public financial management (PFM) bottlenecks, such as lack of capacity at subnational level to adhere to PFM guidelines, rigid line-item budget structures, cumbersome budget formulation processes, late disbursements, etc., to strengthen budget execution</p>	<p>6 countries:</p> <ol style="list-style-type: none"> 1. Cambodia 2. Colombia 3. Madagascar 4. Namibia 5. Nigeria 6. Timor-Leste 	<p>In Cambodia, LHSS supported the government in developing two resources to help the National Payment Certification Agency manage and harmonize two claims management processes (Health Equity Fund and National Social Security Fund). In Colombia, LHSS supported six prioritized territories in allocating resources for their Territorial Health Plans. In Madagascar, LHSS supported local partners in organizing two round tables with key MOH directorates, the Ministry of Finance and other stakeholders to discuss results from an MOH assessment and develop an action plan to address challenges identified in the study. In Namibia, LHSS held a social contracting training for government program managers focused on procurement processes to improve resource allocation and use. In Nigeria, LHSS is supporting HIV agencies in Lagos and Kano States to reduce key PFM bottlenecks, including early submission of funds requisition memos, prompt release of funds, and improved budget execution. In Timor-Leste, LHSS conducted a refresher training for the MOH health financing unit members on health financing and PFM concepts.</p>
<p>Objective 2. Increased Population Coverage</p>		
<p>2.1 Number of persons trained with U.S. government assistance to advance outcomes consistent with gender equality or female empowerment via their role in public or private institutions or organizations (GNDR-8)</p>	<p>Persons trained = 448</p> <ol style="list-style-type: none"> 1. Colombia: 384 2. Nigeria: 64 	<p>In Colombia, LHSS trained 384 healthcare providers, local health authorities and community-based organizations in reducing stigma, discrimination and inequality. In total, the Activity has conducted 96 trainings and capacity strengthening activities on gender equality, social inclusion, and human rights., surpassing the initial target of 84. Beginning in Quarter 2, LHSS supported local partner E.S.E. Norte in training 83 percent of its auxiliary and administrative staff in 17 sites (e.g., diverse sexual and gender orientations, sign language). This partner has not received any complaints of discrimination in care since implementing its new 'Checklist of Good Practices' in March 2024. In Nigeria, LHSS supported a workshop attended by 64 government partners and civil society organizations to disseminate and validate findings from the GESI analysis. As a result of GESI trainings, these stakeholders have developed GESI policies to improve access and utilization of health services by marginalized groups, and established GESI focal points in their organizations.</p>

<p>2.2 Number of LHSS-supported countries with observed improvements in the number of health facilities eligible to receive funding from prepaid and pooled sources such as the public budget and national health insurance schemes that cover the entire population</p>	<p>1 country:</p> <ol style="list-style-type: none"> 1. Nigeria 	<p>In Nigeria, LHSS grantee LASHMA empaneled an additional 37 facilities in Lagos under the State Health Insurance Scheme and Basic Healthcare Provision Fund. These facilities can now offer improved quality services under the scheme, expanding access to services to underserved populations.</p>
<p>Objective 3. Increased Service Coverage of Quality Essential Services</p>		
<p>3.1 Number of countries where USAID provided specimen transport, quality assurance, expanded diagnostics, and/or training support for laboratory systems for COVID-19 (USAID Global COVID-19, 4.0) and other diseases</p>	<p>2 countries:</p> <ol style="list-style-type: none"> 1. Jordan 2. Kazakhstan 	<p>In Jordan, LHSS supported the MOH in preparing for the successful accreditation of the Central Laboratory. In Kazakhstan, LHSS conducted two quality management system trainings for 40 laboratory specialists from the Ministries of Health, Agriculture, and Ecology.</p>
<p>3.2 Number of countries where USAID provided equipment, commodity, policy, and/or training support for infection prevention and control related to COVID-19 (USAID Global COVID-19, 6.0) and other emergencies</p>	<p>3 countries:</p> <ol style="list-style-type: none"> 1. Colombia 2. Kazakhstan 3. Tajikistan 	<p>In Colombia, LHSS made progress toward implementing a subcontract to strengthen the capacities of local health authorities in prioritized migratory corridors. This process aims to advance implementation of guidelines for public health surveillance and territorial risk management within the Global Health Security Agenda. In Kazakhstan, LHSS piloted the One Health short course with two cohorts (120 people trained) and received USAID approval to procure a two-year warranty covering annual maintenance for the MALDI-TOF equipment. In Tajikistan, LHSS supported the MOHSPP in conducting a three-day training of trainers on Medical Waste Management at the national and regional level for 62</p>

		representatives of Sanitary and Epidemiologic Service and Primary Health Care responsible for medical waste management in their facilities.
Cross-Cutting Sub-Objective X.1: Strengthened Capacity of Public, Private, and Civil Society Institutions to Effectively Plan, Implement, Manage, Oversee, and Implement Health System Functions		
<i>X.1.1 Percentage of U.S. government-assisted organizations with improved performance (CBLD-9)</i>	3 countries: 1. Colombia 143% (over life of project) 2. Timor Leste: 62% 3. Vietnam: 92%	In Colombia , LHSS is systematically documenting the methodological process used to strengthen capacity, and identify lessons learned and promising practices. In Timor Leste , LHSS supported the MOH and grantees in strengthening capacity (e.g., advocacy, publishing new job descriptions, documentation and implementing the Community-based Monitoring for Health program at the village level. In Vietnam , LHSS supported 22 of 24 governmental organizations in strengthening their organizational capacities (e.g., electronic logistics management information systems to manage TB and HIV drug procurement and treatment programs, and policy development.
<i>X.1.2 Percentage of the TO work implemented by local partners</i>	19% (\$36.1million out of \$192.8million)	Of the 19% work implemented by local partners, 44% was implemented through subcontracts, 29% through grants and 27% through consultancies.