



QUARTERLY PROGRESS REPORT

YEAR 1, QUARTER 2

January 1, 2020 – March 31, 2020

Local Health System Sustainability Project

Task Order I, USAID Integrated Health Systems IDIQ

April 2020

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Local Health System Sustainability Project

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

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ACRONYMS

CCEH	Center for Communication and Education on Health
CDC	U.S. Centers for Disease Control and Prevention
COR	Contracting Officer's Representative
COVID-19	Coronavirus Disease 2019
CPD	Continuing Professional Development
CQI	Continuous Quality Improvement
CSO	Civil Society Organization
DFID	UK Department for International Development
DFS	Digital Finance Services
GESI	Gender Equality and Social Inclusion
GOJ	Government of Jordan
HCP	Health Care Professional
HAS	Health Systems Assessment
IDIQ	Indefinite Delivery/Indefinite Quantity
IHAP	Inclusive Health Access Prize
IRB	Institutional Review Board
IT	Information Technology
LHSS	Local Health System Sustainability Project
MEL	Monitoring, Evaluation, and Learning
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NQPS	National Quality Policy and Strategy
OHS	Office of Health Systems
PUI	Persons Under Investigation
QED	Quality, Equity, and Dignity
R4D	Results for Development
SEARO	WHO Regional Office for South-East Asia
SHA	System of Health Accounts
TA	Technical Assistance
TRG	Training Resources Group
UHC	Universal Health Coverage

USAID
WHO

United States Agency for International Development
World Health Organization

I. INTRODUCTION

I.1 THE LHSS PROJECT

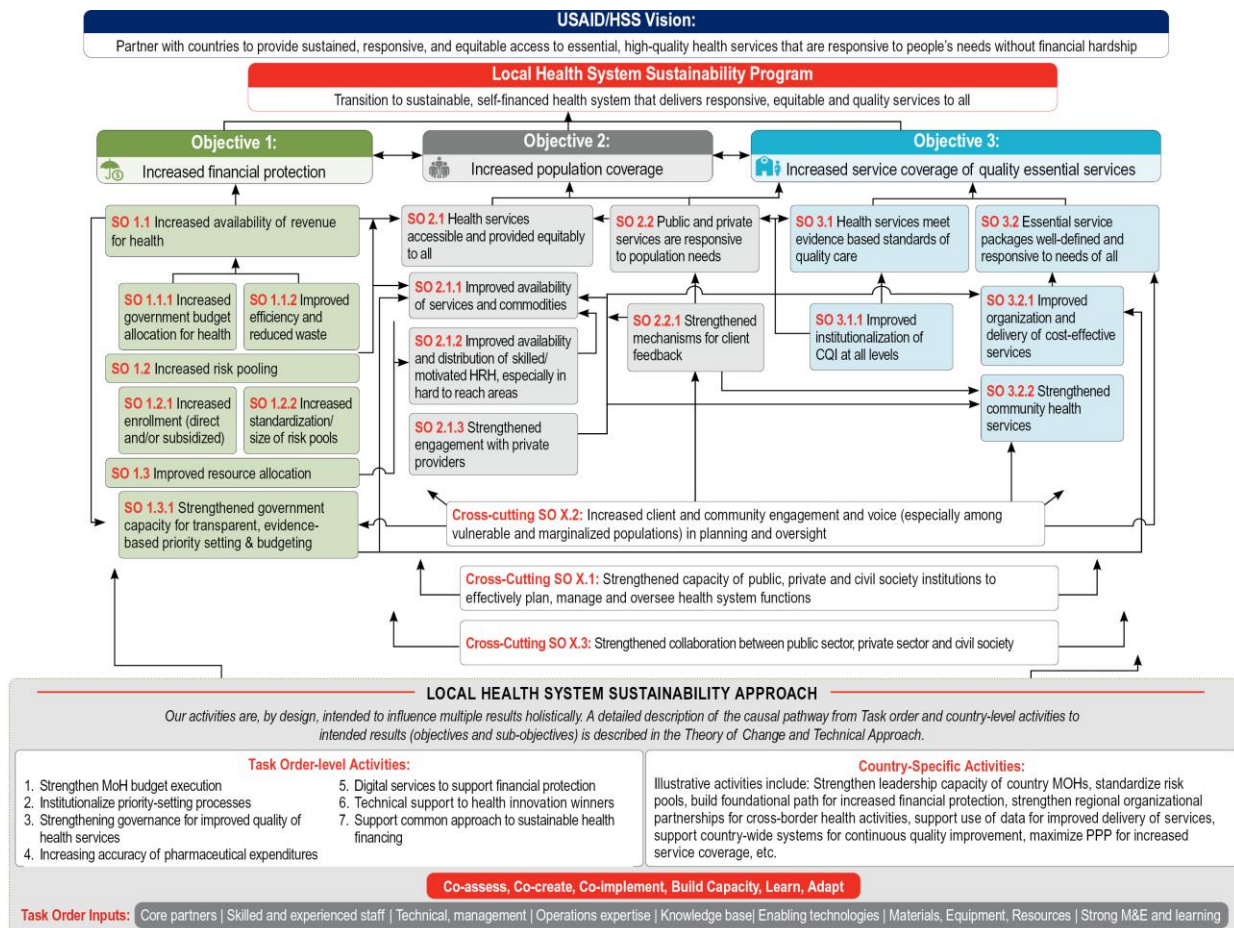
The Local Health System Sustainability Project (LHSS) is a five-year (2019-2024) global activity, funded by the United States Agency for International Development (USAID) as Task Order 1 under the Integrated Health Systems Indefinite Delivery/Indefinite Quantity (IDIQ) contract. The purpose of LHSS is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

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

I.2 RESULTS FRAMEWORK

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

Figure I. LHSS Results Framework



2. OVERVIEW

This second quarterly report covers the period from January 1, 2020–March 31, 2020. The core activities were mostly well underway during the quarter, and the Jordan activity became established with a full team in place. Preparatory work continued with the USAID Mission in Colombia while LHSS awaited the official request for a work plan. Discussions also continued with the USAID Mission in Zimbabwe, which requested a full health system assessment later in the year. New work plan requests came for East Africa and for the USAID COVID-19 response. LHSS conducted joint work with the Office of Health Systems to finalize the Results Framework and the project-wide learning questions.

2.1 PROJECT START-UP

WORK PLANS

USAID asked LHSS to prepare a work plan to increase access to and use of sustainable health services for cross-border populations in East Africa. The East Africa Cross-Border Health Activity work plan was sent to USAID for comment at the end of the quarter. In mid-February, USAID gave LHSS an opportunity to prepare a concept note on how the project might respond to the emerging COVID-19 crisis. This resulted in a request for LHSS to provide emergency support to Laos PDR for six months, and to five countries in Central Asia. A work plan for the Laos support was finalized following USAID feedback, and work plans for Central Asia were being finalized at the end of the quarter.

CROSS-CUTTING STRATEGIES AND PLANS

Scale-up of Local Capacity Strategy: LHSS completed an operational guide for country activity teams and local partners to accompany the strategy, as well as a brief orientation program for country staff, and this will be taken forward with our LHSS country teams and partners. In the next quarter, LHSS will engage with USAID to define what is meant by the goal of “20 percent of LHSS work” as written in the LHSS contract. LHSS further developed the concept of the Sustainability and Transition Index. While USAID indicated at the time of developing the report in early April that it does not endorse having the index encompass data analysis across all 52 priority countries as a project intervention, the annual Sustainability and Transition Report will detail progress in sustainability and transition across LHSS countries of operation since project inception.

Gender Equality and Social Inclusion Strategy: LHSS consortium partner Banyan Global developed a brief orientation for country programs based on the project’s Gender Equality and Social Inclusion (GESI) Strategy and conducted its first orientation for the Jordan LHSS program. GESI has been integrated into all quality assurance plans, and all country activity Year 1 work plans include GESI considerations and measurable indicators.

Monitoring, Evaluation and Learning Plan: On February 20, LHSS and the contracting officer’s representative (COR) and USAID activity leads participated in an all-day evaluation research and learning agenda-setting workshop. During the morning session, participants reached consensus on the indicators (composition, baselines, and proposed targets) based on USAID’s intentions for the project, discussed the Sustainability and Transition Index, and discussed plans for implementation and periodic reviews. The afternoon session featured break-out sessions to review the draft project evaluation and learning agenda in consultation with USAID Office of Health Systems (OHS) staff and finalize initial learning questions. LHSS submitted the revised Monitoring, Evaluation, and Learning (MEL) Plan on March 21, including performance indicator reference sheets; USAID approval was pending at the end of the quarter. LHSS will hold its first quarterly pause and reflect review session in Q3.

Knowledge Management Plan: In accordance with the Knowledge Management Plan approved by USAID in Q1, LHSS initiated work to develop the project website. The website will be a critical platform for showcasing, promoting, and storing project knowledge. Related to this, the USAID Website Governance Board gave preliminary approval for the LHSS website on February 28, 2020, subject to website compliance with privacy, security, and accessibility requirements.

Grants Manual: Following guidance in the Task Order contract, LHSS submitted a Grants Manual draft on November 12, 2019. The project was awaiting feedback from USAID at the end of at the end of Q2.

Branding Implementation and Marking Plan: USAID approved the LHSS Branding Implementation and Marking Plan on January 3, 2020. On April 5, 2020, the LHSS Task Order COR approved the project’s request for the LHSS Laos COVID-19 Response Activity to co-brand technical communication materials with the Laos Ministry of Health (MOH) logos.

MANAGEMENT AND PARTNERS

The LHSS Senior Management Team has many roles so these have been split – it now meets once a week to cover all program and operational issues and also once a week to cover all technical and learning matters. Participation in the two meetings remains the same, with chairing by the project director and technical director, respectively. All LHSS partners are convened once every three months, and overall partner engagement in LHSS was defined more specifically through a jointly agreed upon set of partnership principles. During this period, one partner, Initiatives, informed LHSS that it was withdrawing as the organization had closed down. Master sub-contracts were completed with nine LHSS partners, and work orders were prepared for partner contributions to the project’s activities.

2.2 CORE ACTIVITES

The LHSS core activities aim 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. Following approval of the core work plan at the end of Q1, almost all activities started in Q2. The exception was Activity 7, which was waiting for the COR team to transmit the USAID common approach and landscape analysis. Progress was going well for most activities until the COVID-19 crisis emerged in early March. Many of the country stakeholders involved in core activity work shifted their priorities to focus on the crisis response, leading to delays in implementation. The LHSS team prepared a summary plan describing potential delays in the implementation of activities and proposing solutions. Suggested solutions ranged from re-scoping certain activities (i.e., activities 1 and 2) to focus on COVID-19, to adapting the implementation of other activities (i.e., activity 6, for which most of the technical assistance will need to be delivered with local support, given the travel restrictions on international experts). The COR team agreed with the proposed plans for all activities except activities 1 and 2, for which LHSS will finalize the first step of landscape/literature review and pause the activities until the COVID-19 crisis ends or the COR gives approval to resume the work. More details on problems encountered and how they were addressed are included in Section 3 of this report.

The table below summarizes progress for each activity by deliverable.

Table 1: Q2 Activity Progress

Activity	Deliverables	Status	Q2 Progress
Strengthen Ministry of Health Budget Execution	Resource document incorporating findings from the literature review, stakeholder consultations, and three country case studies	Ongoing	Initiated literature review to identify good practices for health budget execution. Draft results from review

Activity	Deliverables	Status	Q2 Progress
			undergoing final quality assurance review.
Institutionalize Explicit National Health Priority-Setting Processes	Final resource on priority-setting processes, validated by countries	Ongoing	Initiated landscaping of country priority-setting experiences; results being compiled. Began key informant interviews.
	Cross-learning event between countries with an active interest in priority-setting	Not started	N/A
Strengthening Governance to Improve the Quality of Health Service Delivery	Governance of quality health care framework	Ongoing	Framework finalized with the addition of two elements: continuous quality improvement (CQI) and financing.
	Summary report on current state of governance of quality in USAID priority countries	Ongoing	Compiled materials on country National Quality Policy and Strategy (NQPS) implementation status and created draft country diagnostic matrix to organize the information.
	Technical report on key lessons and best practices for successfully operationalizing the NQPS	Ongoing	Drafted protocol for country case studies and submitted it to Abt Institutional Review Board. Drafted deep-dive case study questions.
	Identification of a learning platform At least five learning exchanges At least three webinars Repository of tools/resources	Ongoing	Initiated review of NQPS, Quality, Equity, and Dignity (QED), and other global learning platforms and listed platforms to consider.
Increasing Accuracy of Pharmaceutical Expenditure Data	Preliminary and final drafts of resource for tracking pharmaceutical expenditures	Ongoing	Established agreement on key technical inputs from WHO; desk review ongoing and near completion. COR approved Burkina Faso for exploratory fieldwork.
Digital Financial Services (DFS) to Support Financial Protection	Technical report on evidence of impact of DFS on financial protection and health system performance	Ongoing	Developed research protocol for systematic evidence review. COR approved the protocol.
	Recommendations on opportunities for USAID to advance universal health coverage (UHC) and health system strengthening through DFS investments	Not started	N/A

Activity	Deliverables	Status	Q2 Progress
	Webinar to disseminate results and generate interest in DFS integration to help achieve UHC	Planning initiated	Identified Health Systems Research 2020 conference as an optimal forum for a side session in addition to webinar, and submitted an abstract for the side session.
Technical Assistance to Support Inclusive Health Access Prize (IHAP) Winners	Technical assistance plan for each IHAP winner	Ongoing	Completed conversations with winners to identify priority technical assistance (TA) needs. Submitted co-designed TA plans for each winner to USAID.
	Final activity report	Not started	N/A
Operationalizing the Common Approach for Increasing Sustainable Financing for Health – A Proof of Concept	Operational framework outline/plan with accompanying resources	Not started	Activity's final scope and implementation plan depends on completion of 1) a USAID landscape analysis (underway), and 2) a common approach to sustainable financing for health (to be developed by USAID OHS). Work on this activity was awaiting availability of these two documents.

2.3 COUNTRY ACTIVITIES

JORDAN

The LHSS Jordan activity will support the Government of Jordan's (GOJ's) efforts to improve health care professionals' competencies to deliver quality health services through the institutionalization of a mandatory continuing professional development (CPD) system for professional license renewal. In Q2, the LHSS Jordan activity completed a successful start-up process, meeting with the primary CPD stakeholders, including USAID, MOH directorates and three councils (the Jordan Nursing Council, the Jordan Medical Council, and the Higher Health Council). The early establishment of a working relationship with key CPD stakeholders allowed LHSS to assist in creating a unified vision among all CDP actors, and to help clarify ideas and align expectations to a workable timeframe for designing and testing the CPD system. By the end of the quarter, MOH directorates, the syndicates, and the three councils were fully committed to implementing the CPD activity. However, at the end of Q2, USAID asked LHSS to postpone all CPD-related work and prepare a six-month COVID-19 work plan to support the GOJ's Pandemic Preparedness and Response Plan.

ZIMBABWE

At the request of the USAID Mission in Zimbabwe for assessments of specific health system functions (primarily human resources and health financing) and following several coordination meetings to adjust this initial scope of work, LHSS prepared a work plan for a system-wide health system assessment. The assessment will inform health policy priorities and subsequent allocation of resources, particularly with

the aim of fostering availability, accessibility, utilization, and quality of health services. The work plan, which reflects coordination between USAID and the UK Department for International Development (DFID), among other donors, was approved by the USAID Mission in Zimbabwe on April 1 and by USAID in Washington on April 12. Due to the COVID-19 situation, the start date was tentatively set for June 2020, pending confirmation by USAID.

LAOS

The LHSS COVID-19 Response Activity in Laos contributes to the Government of Laos' health emergency and health system resilience strategies, building on existing in-country platforms to rapidly implement jointly agreed upon and nationally approved plans to respond to the COVID-19 outbreak. In Q2, upon receiving an approved concept note covering the scope of work in February 2020, and leveraging Save the Children's experience and presence in the country, the Laos-based team quickly advanced planning meetings with the Ministry of Health and coordination with USAID, the World Health Organization (WHO), UNICEF, and other relevant stakeholders to ensure broad buy-in for rapid and responsive implementation. As a result a work plan was drafted, containing interventions to strengthen infection prevention and control in areas likely to see persons under investigation (PUIs) or active infections; strengthen surveillance and rapid detection; and improve existing referral systems to prevention and care for COVID-19 PUIs, patients with active infection, and border screening. LHSS submitted the draft work plan to USAID on March 9, 2020. USAID provided comments on March 25 and approved the final work plan on March 31.

COLOMBIA

After developing the concept note for an activity to help the Colombian government integrate Venezuelan migrants into the health system, LHSS received a scope of work with three objectives: strengthening governance of the health system to design and implement a national policy for migrant health and building organizational capacity at selected decentralized levels; supporting the design of mechanisms to sustainably finance health services for migrants; and increasing access to high-quality, appropriate health services, particularly primary health care priority services that respond to the needs of migrants and receptor communities. The scope of work also included a fourth objective related to support for the government's response to the COVID-19 outbreak. LHSS submitted a draft work plan to USAID on April 9. The work plan proposes detailed interventions for the first three objectives and provides a high-level description of the COVID-19 response tasks, which will be further refined on the basis of coordination and agreements between USAID and the Colombian government.

EAST AFRICA

On March 2, 2020, LHSS received a request to support the objective of improved management of risks that transcend borders, by strengthening East African-led health policies and partnerships for the benefit of cross-border and mobile populations. Countries in the East Africa region that include: Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Tanzania, and Uganda. LHSS submitted a draft work plan on March 17. Building on previous USAID investments and successes, the work plan includes three objectives: improvement and digitalization of cross-border health information systems in cross-border areas; strengthening the capacity of regional organizations to standardize regional health policies and regulations that affect cross-border populations; and strengthening regional and national financing, resource mobilization, and accountability for cross-border health. The East Africa Cross-Border Health Activity contemplates working in six cross-border areas, while engaging with regional intergovernmental organization stakeholders to provide assistance for the policies and regulations needed to improve health service provision and financing in these sites. At the end of the quarter, LHSS was waiting for USAID's comments on the draft work plan.

CENTRAL ASIA

In response to USAID's March 26 request, LHSS on April 10 submitted a work plan for the Central Asia COVID-19 Response Activity. The work plan addresses immediate epidemic prevention, detection, and response needs while building on the existing national health systems and health system resilience strategies in five countries in the Central Asia Republics: Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan. The LHSS Central Asia COVID-19 Response Activity centers on two overarching objectives: provision of surge support to the health system to strengthen COVID-19 prevention, detection, and response; and rapid mobilization of health systems and institutions to support an immediate frontline response. The draft work plan identified three main technical areas of response for LHSS: laboratory capacity, infection prevention and control, and surveillance and rapid detection/response. Based on multiple coordination efforts among USAID, MOH, LHSS, the U.S. Centers for Disease Control and Prevention (CDC), WHO, the International Federation of Red Cross and Red Crescent Societies, and other stakeholders and implementers, LHSS will mobilize the capacities of national stakeholders and leverage existing platforms to rapidly implement jointly agreed upon and nationally approved plans for detecting and responding to the COVID-19 outbreak.

3. CORE ACTIVITIES

3.1 ACTIVITY 1: STRENGTHEN MINISTRY OF HEALTH BUDGET EXECUTION

Status: Team began the landscaping and preparation for key informant interviews and case studies. However, given the COVID-19 pandemic, and in agreement with the LHSS COR, the team will pause activities for the time being.

Problem Statement: Increasing budget execution rates can potentially free up resources for health more quickly than either finding new sources of revenue or depending on revenue driven by a country's macroeconomic performance. Ministries of health know that increasing budget execution is important, but practical guidance about how to do so is limited. However, there are MOH practices that can influence budget execution rates which MOHs can adapt to address changes that are outside their control. These practices are not yet fully documented. Documenting such practices by MOHs—with a focus on the practical steps—would benefit MOHs that are looking to quickly accelerate progress in health budget execution.

Purpose: Identify and document examples of successful MOH efforts that have led to increased health budget execution, and use the lessons learned to inform USAID, development partners, and MOH efforts to increase budget execution

Interventions:

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

Planned Deliverables:

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

Consortium Partners:

- Abt Associates, Results for Development (R4D)

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

SO 1.1.1 - Increased government budget allocation for health

SO 1.1.2 - Improved efficiency and reduced waste

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

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

PROGRESS¹

DELIVERABLES

- Resource document incorporating findings from the literature review, stakeholder consultations, and three country case studies
 - **Progress:** The draft literature review of existing peer-reviewed and gray literature on budget execution in the health sector was undergoing final quality assurance review at the end of the quarter. LHSS and USAID agreed upon a stakeholder list for interviews and LHSS developed the interview guide. LHSS identified potential countries for case studies and developed the draft case study protocol.
 - **Problems encountered:** While LHSS was preparing to interview institutional and country stakeholders, it became clear that these stakeholders would be occupied with the COVID-19 pandemic. LHSS proposed refocusing the activity to be more relevant to countries' response to COVID-19 but this was not approved, and the activity was paused at the request of the LHSS COR.
 - **Activities to be undertaken during Q3:** Finalize the literature review, using information gathered so far.

¹ This quarterly report includes information on the following topics only if they were applicable to a core or country activity during the Year 1, Quarter 2 period: Progress towards sustainability, local capacity development, and local ownership/leadership/management of health systems functions; progress towards removing gender-related constraints, new opportunities pursued to create greater gender equity; results for MEL performance indicators; Waste Management Plan/Standard Operating Procedures and Climate Risk Management Plan performance; lessons learned; key challenges; completed deliverables; upcoming events; success stories; other updates.

3.2 ACTIVITY 2: INSTITUTIONALIZE EXPLICIT NATIONAL HEALTH PRIORITY SETTING PROCESSES

Status: Team began the landscaping and conducted several key informant interviews. However, given the COVID-19 pandemic, and in agreement with the LHSS COR, the team will pause activities for the time being.

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

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

Interventions:

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

Planned Deliverables:

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

Consortium Partners:

- Abt Associates, R4D, Training Resources Group (TRG)

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

SO 1.3 – Improved resource allocation

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

- **Objective 2: Increased population coverage**

SO 2.2 – Public and private services responsive to population needs

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

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

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

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

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

PROGRESS

DELIVERABLES

- Draft resource summarizing existing activities, lessons learned, and practical guidance on priority setting
 - **Progress:** The team reviewed academic literature, country policy documents and other sources, and interviewed key informants in international organizations.
 - **Problems Encountered:** The next phase of the work requires engagement with MOH staff and other in-country stakeholders, who are currently involved in the response to the COVID-19 pandemic and so are not available. Until circumstances allow us to resume this engagement, we will not be able to complete the draft resource or any of the other deliverables.
 - **Activities to be undertaken during Q3:** The LHSS team will write up its findings to date and summarize them in a PowerPoint presentation. At a meeting with LHSS COR Scott Stewart and team on April 7, 2020, it was agreed that the team should then pause work until the COVID-19 situation changes and we are able to resume conversations with in-country stakeholders. We discussed the alternative of refocusing the work on priority-setting in times of crisis, but that was not possible.
- Cross-learning event between countries with an active interest in priority-setting
 - Not started yet.

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

Status: Governance of Quality Health Care framework finalized. Online survey instrument and study protocol drafted and submitted for Abt Institutional Review Board approval. Stakeholder contact list and communication strategy developed.

Problem Statement: Governance is key to improving health sector performance, and, along with improving health financing and delivery of services, is central to achieving UHC. Government leaders and practitioners need to work collaboratively to build a system that motivates and enables health care professionals to deliver quality services and continuously improve their quality. Countries embarking on NQPS reforms are attempting to address these complexities comprehensively. However, little is known about country experiences, what competencies and skills are needed, and what governance and other system challenges emerge as countries operationalize their NQPS.

Purpose: Assess progress in USAID's 52 priority countries towards developing, implementing, or refining their NQPS; package a set of existing and new products in user-friendly formats to support countries as they operationalize and achieve their NQPS objectives; and create virtual learning exchange opportunities to connect countries that share common challenges with countries that have successfully implemented a specific quality reform.

Interventions:

- Identify governance reform lessons learned in operationalizing NQPS
- Facilitate virtual learning exchange among USAID priority countries

Planned Deliverables:

- Governance of Quality Health Care Framework
- Summary report on the current state of governance of quality in USAID priority countries
- Technical report on key lessons and best practices for successfully operationalizing the NQPS
- Identification of a learning platform
- At least five learning exchanges
- At least three recorded webinars
- Repository of tools/resources

Consortium Partners:

- Abt Associates, Institute for Healthcare Improvement

Contribution to Task Order Objectives

Objective 3: Increased service coverage of quality essential services

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

SO 3.1.1 - Improved institutionalization of CQI at all levels

SO 3.2.2 - Strengthened community health services

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

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

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

PROGRESS

DELIVERABLES

- Governance of Quality Health Care Framework
 - **Progress:** Finalized a harmonized framework to describe governance of quality in health care based on the WHO's eight elements of developing a national quality policy and strategy, with the addition of two elements: 1) continuous quality improvement, and 2) financing. The final framework includes significant input from WHO and USAID, and will guide the creation of the online survey to be applied in 52 USAID priority countries with key stakeholders.
 - **Problems encountered:** None.
 - **Activities to be undertaken during Q3:** None. Deliverable completed.
- Summary report on the current state of governance of quality in USAID priority countries
 - **Progress:** LHSS has compiled materials on country NQPS implementation status from WHO, the USAID Health Finance and Governance project, the Organization for Economic Cooperation and Development, and Internews. Country health governance documents, including NQPS where applicable, have been compiled for all 52 priority countries. LHSS has created a draft country diagnostic matrix to organize the harvested information on NQPS development, operationalization, and refinement, and has collected contact information for key stakeholders in these countries. A study protocol and online survey questions have been drafted and were being vetted at the end of the quarter. Upon emergence of the COVID-19 pandemic, LHSS updated the survey instrument to include questions related to health system preparedness and readiness, and revised the protocol to ensure mechanisms for virtual key informant interviews for the follow-on deep-dive case studies. These were submitted to the Abt Institutional Review Board (IRB), and will be finalized and approved at the beginning of Q3. LHSS has drafted an introductory letter to inform missions of the upcoming online survey to assess governance of quality, and will send it to missions at the beginning of Q3, pending USAID approval.
 - Problems encountered: N/A
 - Activities to be undertaken during Q3: In Q3, LHSS will pre-test the survey instrument in a USAID-supported, non-priority country and finish collecting contact information for certain countries. LHSS will then launch the online survey across the 52 priority countries. However, given the worldwide shift to COVID-19-related priorities and MOHs' and other participants' possibly limited time for other activities, survey responses may be delayed. In Q3, LHSS will also continue to refine and add information to the country diagnostic matrix.
- Technical report on key lessons and best practices for successfully operationalizing the NQPS
 - **Progress:** Criteria for selection of the case study countries have been created and submitted to the Abt IRB for consideration within the study protocol. LHSS will use the criteria to select countries that demonstrate a positive deviance in their systems and approaches for quality health governance and that will be a likely source of key lessons and best practices for

operationalizing an NQPS for a follow-up in-depth analysis. LHSS also drafted the deep-dive case study questions in Q2.

- **Problems encountered:** Due to the COVID-19 pandemic, the Institute for Healthcare Improvement canceled the May 2020 Africa Forum at which LHSS had planned to convene stakeholders from case-study countries. Pending USAID approval, LHSS will conduct the case study interviews virtually through platforms such as Webex and Skype. LHSS also proposes to consider contextual factors such as the presence of a local partner on the ground and existing relationships with MOHs in case study country selection.
- **Activities to be undertaken during Q3:** Following the launch of the online survey in Q3, LHSS will select up to three case study countries, in consultation with USAID.
- Identification of a learning platform; at least five learning exchanges; at least three recorded webinars; repository of tools/resources
 - **Progress:** LHSS began reviewing the existing NQPS, QED, and other global learning platforms, and developed an initial list of learning platforms to consider.
 - **Problems encountered:** None.
 - **Activities to be undertaken during Q3:** LHSS will develop criteria to guide the selection of learning platforms for sharing technical products, resources, and tools developed through this activity.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

In Q2, the team engaged an institutional capacity-building specialist from TRG to review the survey instrument and advise on how to strengthen the questions to better integrate a local capacity development lens and tease out related inputs from country stakeholders. LHSS will incorporate this feedback in the final survey instrument at the beginning of Q3.

3.4 ACTIVITY 4: INCREASING ACCURACY OF PHARMACEUTICAL EXPENDITURE DATA

Status: WHO has agreed on key technical inputs; desk review close to completion; waiting on travel restrictions to lift for exploratory fieldwork in USAID-approved country (Burkina Faso).

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

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

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

Interventions:

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

Planned Deliverables:

- Preliminary and final drafts of resource for tracking pharmaceutical expenditures
- Two country policy briefs, produced using data from country applications

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

SO 1.1.2 – Improved efficiency and reduced waste

SO 1.2 – Increased risk pooling to improve financial sustainability

SO 1.3 – Improved resource allocation

- **Objective 2: Increased population coverage**

SO 2.1.1 – Improved availability of services and commodities

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

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

PROGRESS

DELIVERABLES

- Resource for tracking pharmaceutical expenditure (as part of Health Accounts exercise)
 - **Progress:** LHSS is close to completing the desk review of gaps in Health Accounts data, having received information and data from WHO in April (Q3). The activity team established communication with WHO (Health Accounts team and Essential Medicines team in Geneva and the WHO Regional Office for South-East Asia (SEARO)) during the quarter, with meetings to introduce the activity and agree on WHO's key inputs and role. LHSS selected Burkina Faso for in-country exploratory fieldwork and obtained approval from the COR.
 - **Problems encountered:** LHSS was unable to schedule fieldwork in Burkina Faso due to COVID-19 travel restrictions. The purpose of the fieldwork is to collect and determine how to compile pharmaceutical expenditure data for incorporation into the Health Accounts framework, to understand challenges to Health Accounts teams, and to understand the policy priorities of pharmaceutical decision makers. This information is crucial for development of the resource. Therefore, until this fieldwork can happen, development of the first draft of the resource will be delayed, as will other contingent tasks, such as piloting of the resource.
 - **Activities to be undertaken during Q3:** 1) Completion of desk review; 2) Virtual meeting with LHSS, USAID Medicines, Technologies, and Pharmaceutical Services Project (MTaPS) and WHO on policy priorities for pharmaceutical decision makers; 3) Drafting of introductory and policy priorities sections in resource; 4) Planning for eventual exploratory fieldwork once travel restrictions are lifted.

OTHER UPDATES

The Health Accounts and Essential Medicines teams at WHO Geneva and also in SEARO expressed keen interest in this activity during our meetings, and they look forward to providing input as needed. The WHO Geneva Health Accounts team indicated that depending on the involvement of WHO in the development of the resource, WHO co-branding of the resource may be an option. This will be discussed further and decided upon as the activity moves forward.

3.5 ACTIVITY 5: DIGITAL FINANCIAL SERVICES TO IMPROVE HEALTH SYSTEM PERFORMANCE AND SUPPORT FINANCIAL PROTECTION

Status: Research protocol for digital financial services evidence review has been submitted to USAID for approval.

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

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

Interventions:

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

Planned Deliverables:

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

Consortium Partners:

- Abt Associates

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

SO 1.2 – Increased risk pooling to improve financial sustainability

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

SO 1.2.2 – Increased standardization/size of risk pools

- **Objective 2: Increased population coverage**

SO 2.1 Health services accessible and provided equitably to all

SO 2.1.1 – Improved availability of services and commodities

SO 2.1.3 – Strengthened engagement with private providers

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

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

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

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

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

PROGRESS

DELIVERABLES

- Technical Report
 - **Progress:** LHSS developed a research protocol for a systematic evidence review that will apply a descriptive study design to summarize evidence around the key research questions. Depending on the strength of the evidence and study designs used to generate the evidence identified, LHSS may shift towards an analytic observational study design in which we will quantify some of the key relationships between variables. This evidence review will include four phases:
 1. Systematic search for relevant evidence and identification of key informants
 2. Key informant interviews
 3. Categorization of the evidence
 4. Synthesis and recommendations

The research protocol was submitted to USAID for approval.
 - **Problems encountered:** No significant problems were encountered, but there were minor delays in the development of the Joint Research Plan with Digital Square. As set forth in the work plan, the LHSS global DFS evidence review is designed to inform and be informed by a second OHS research effort, funded through a separate Digital Square mechanism, to evaluate success of two in-country implementations of DFS for health. The Digital Square procurement was finalized in March 2020 with the award of a contract to Management Sciences for Health (MSH). This delayed the start of LHSS collaboration with Digital Square and MSH, but this will not impact our ability to produce this deliverable within the contract period. Separately, through several rounds of iterations, LHSS took care to ensure that the proposed research questions were responsive to OHS’s overall objectives and complimentary to MSH’s role.
 - **Activities to be undertaken during Q3:** Between April and June 2020, LHSS will: 1) perform a systematic literature review of several peer-reviewed and grey databases; 2) perform title/abstract and full text reviews for evidence inclusion; 3) identify stakeholders and conduct stakeholder interviews; 4) conduct the data extraction; 5) synthesize preliminary findings and prepare a draft report; and 6) present slides on findings to the client and other key stakeholders.
- Recommendations on opportunities for USAID to advance UHC and health system strengthening through DFS investments

- Not started yet.
- Webinar to disseminate results and generate interest in DFS integration to help achieve UHC Not started yet

OTHER UPDATES

In Q2 the client identified the Health Systems Research 2020 conference as an optimal forum for a side session for our digital finance activity findings and dissemination of the report, in addition to the planned webinar. At USAID's request, LHSS drafted an abstract for a side and submitted it for review by the client.

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

Status: Initial conversations with winners to identify priority TA needs have been completed. Co-designed TA plans have been finalized.

Problem Statement: As countries strive towards achieving UHC, total market approaches can fill gaps in service and population coverage and provide financial protection. Private health sector innovators are a key contributor to this effort. Previous challenge funds and equity investors have reported a need for capacity-building to increase the effectiveness of start-up funding.¹ However, innovators often lack the TA and support needed to reach scale and achieve sustainability.

Purpose: Strengthen the capacity of the five IHAP winners -- GIC Med (Cameroon), Infuss (Cameroon), JokkoSanté (Senegal), mDoc (Nigeria), and Piramal Swasthya (India) -- to sustainably scale up their innovations and thereby increase population coverage of the health services they offer.

Interventions:

- Co-design TA plans
- Implement TA plans

Planned Deliverables:

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

Consortium Partners:

- Abt Associates, TRG

Contribution to Task Order Objectives

- **Objective 2: Increased population coverage**

SO 2.1.1 – Improved availability of services and commodities

SO 2.1.3 – Strengthened engagement with private providers

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

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

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

SO 3.2.2 – Strengthened community health services

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

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

PROGRESS

DELIVERABLES

- TA plan for each IHAP winner
 - **Progress:** LHSS held calls with IHAP winners to identify and validate TA priorities, and co-design support plans centered on a primary TA need. Winners' primary TA needs relate to models for scaling up, financial sustainability, investment readiness, marketing and communications, and talent and human resources. For most winners, the final TA plans aim to better understand and validate underlying assumptions of their business models so that their strategy and path to sustainability is clear. LHSS' co-design process also determined secondary TA needs for each winner as well as cohort-level technical support the project is well-positioned to address. Based on these conversations, LHSS mapped out tailored TA delivery plans that leverage both local and global expertise. This included developing scopes of work, identifying cost-effective implementation mechanisms and resources, and selecting local and international consultants. LHSS submitted the final TA plans to USAID for review at the end of the quarter.
 - **Problems encountered:** The co-design process was heavily influenced by the time and resources the TA winners were able to dedicate to this activity. Given that most of these social enterprises have small teams with multiple and competing business priorities, the pace of TA implementation will continue to be impacted by their varying level of availability. The COVID-19 pandemic is likely to further shift priorities, and therefore the timeline for some TA may need to be adjusted. Related, COVID-19 travel restrictions have affected the delivery modes for some TA, for example, shifting in-person working sessions to shorter, online support meetings.
 - **Activities to be undertaken during Q3:** In Q3, LHSS will begin to implement the TA scopes across the five winners. LHSS will also integrate selected project learning questions into this activity's monitoring process to capture salient lessons and challenges as TA implementation progresses.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

As part of the TA plans, LHSS is working with each winner to identify key learning questions and indicators related to business model assumptions and organizational capacity goals. In Q3, LHSS will define and track these metrics to ensure the winners' ability to pivot or adapt as the enterprises grow.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

An organizational capacity-building assessment is part of the TA plan for each winner. This assessment will take place through facilitated virtual sessions, using an adaptation of TRG's organizational capacity framework and tool. In Q2, the activity core team worked with TRG to start adapting their tool for IHAP winner organizations. The assessments will be done in Q3, and will produce baseline metrics that capture current capacities and challenges across several organizational dimensions, as well as guidance for the winners on conducting future self-assessments. Like the co-design process, the capacity-building assessments will help ensure that LHSS's support aligns with the winners' organizational needs, engendering ownership and meaningful engagement.

OTHER UPDATES

- In February, USAID asked LHSS to support three of the five winners' attendance at the April SwitchPoint 2020 conference in North Carolina. However, the conference was rescheduled to September 2020 due to the COVID-19 pandemic. LHSS will resume support at the appropriate time.

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

Status: Activity implementation will begin when LHSS receives the common approach from USAID.

Problem Statement: To date, many donor-supported interventions to improve partner country domestic resource mobilization have been focused on specific programs or diseases. This approach can further fragment host country health financing systems. USAID mission health offices embrace the idea of approaching host country governments in a more integrated and streamlined manner on the subject of sustainable financing for health, and the USAID Office of Health Systems is developing a common approach to facilitate such engagement.

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

Interventions:

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

Planned Deliverables:

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

Consortium Partners:

- Abt Associates, Harvard School of Public Health, TRG

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

SO 1.1 – Increased availability of revenue for health

SO 1.1.1 – Increased government budget allocation for health

SO 1.1.2 – Improved efficiency and reduced waste

SO 1.3 – Improved resource allocation

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

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

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

PROGRESS

DELIVERABLES

- Development of operational framework outline
 - **Progress:** The work plan was approved in Q1. This activity's final scope/implementation plan depends upon the finalization of 1) a landscape analysis already initiated by USAID, and 2) a common approach to sustainable financing for health to be developed by OHS. LHSS work on this activity is awaiting the availability of these two documents.
 - **Problems encountered:** LHSS originally anticipated receipt of USAID's landscape analysis and common approach in November 2019. However, USAID has since informed us that the earliest we can expect these documents is June 2020.
 - **Activities to be undertaken during Q3:** Review the landscape analysis, common approach documentation when received and initiate framework development.

4. COUNTRY PROGRAMS

4.1 JORDAN

Status: Work plan and activity MEL Plan have been approved by USAID, and implementation has begun.

Problem Statement: In April 2018, the Government of Jordan enacted a Conditions Precedent to mandate relicensing of health care professionals (HCPs) across all health professions. This bylaw requires all licensed HCPs to complete a minimum number of CPD hours every five years to renew licenses. By 2023, an estimated 169,000 HCPs representing 53 professions will have to complete CPD for license renewal.

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

Interventions:

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

Planned Deliverables:

- Objective 1:
 - CPD Project award milestones costed
 - MOH CPD Taskforce established
 - CPD Strategic Plan approval facilitated in the National CPD Committee and among stakeholders
 - CPD learning exchange visits completed
 - Electronic management system tender and cost estimates developed
 - CPD principles and standards for activities and providers developed
 - Development of national CPD monitoring framework facilitated
- Objective 2: Costed CPD implementation plans for each council
- Objective 3:
 - Rapid review of USAID's CPD private sector mapping
 - Engagement plan for commercial businesses and small-scale private providers
 - Private sector roundtable exchanges and participation in National CPD Committee
- Stakeholders meeting on CPD course development

Consortium Partners:

- Abt Associates, TRG

Contribution to Task Order Objectives

- **Objective 2: Increased population coverage**

SO 2.1.3 Strengthened engagement with private providers
SO 2.2 : Public and private services responsive to population needs

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

SO 3.1: Health Services meet evidence based standards of quality care
SO 3.1.1: Improved institutionalization of CQI at all levels
SO 3.2.1: Improved organization and delivery of cost-effective services

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

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

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

In Q2 (including December–March 2020, as Jordan’s activity began in December 2019), the LHSS Jordan activity began CPD for relicensing activities after the finalization of the work plan. The LHSS Project Director and LHSS Country Manager completed a January 2020 start-up trip to meet with the primary CPD stakeholders, including USAID, MOH directorates (e.g., information technology (IT), human resources, quality, licensing, and communications), and the three councils (the Jordan Nursing Council, the Jordan Medical Council, and the Higher Health Council). The trip established working relationships and clarified expectations with key CPD stakeholders. LHSS Jordan finished hiring and onboarding its local team, including the Chief of Party and four technical advisors (CPD, communications and advocacy, IT, and capacity-building), two finance and administration team members, and a driver.

LHSS drafted the Champions program description, including the identification of potential champions for CPD. LHSS also completed mutual plans for the three CPD Project components in collaboration with the relevant MOH directorate. The CPD Committee made a decision to exempt HCPs from CPD hours in 2018–2020 to give the MOH time to set up the CPD system and initiate the communications campaign. Additionally, LHSS engaged with the HCP syndicates to pursue capacity-building activities. USAID and LHSS attended a CPD Committee meeting on March 11, 2020.

With the emergence of the COVID-19 pandemic, the USAID Mission in Jordan asked LHSS in March to pause planned CPD work and develop a short-term work plan to support the Government of Jordan with COVID-19 preparedness and response. Thus, all CPD follow-up activities planned for Q3 are paused, and LHSS Jordan will need to develop an amended work plan and Activity MEL Plan and revise the work plan timeline.

- Deliverable 1.1: CPD Project award milestones costed (due in Q3)
 - **Progress:** LHSS completed the costing of the MOH’s USAID-funded CPD activity. To support the exercise, LHSS sent a senior health economist to Jordan to help cost out activities with the MOH and USAID. LHSS facilitated a workshop with the MOH and follow-up meetings with MOH directorate stakeholders to gather further costing details. USAID used the resulting document to develop the budget envelope for the CPD Project.
 - **Problems Encountered:** The MOH raised several concerns during the costing exercise related to liquidity to accomplish milestones and lack of experience using a milestone-based

agreement. Through this process, USAID switched the CPD Project agreement mechanism to a cost-reimbursable agreement to support the MOH work to achieve the CPD objectives.

- **Activities to be undertaken during Q3:** Activities are postponed as LHSS Jordan pivots to the COVID 19 response in Q3.
- Deliverable 1.2: MOH Taskforce for CPD established (due in Q3)
 - **Progress:** LHSS worked with the MOH to complete the MOH CPD Taskforce formation letter. On March 9, 2020, the Minister of Health issued a letter establishing the CPD Taskforce. The taskforce is chaired by the Assistant Secretary General for Administration and Financial Affairs, and membership comprises all relevant directors. The taskforce will issue a monthly report on CPD Project progress and will follow up on the CPD Project indicators. It meets the first Wednesday of every month.
 - **Problems encountered:** MOH initially had difficulty assigning an internal managing lead for the CPD taskforce, but eventually agreed to have the Director of Education and Human Development Directorate manage the taskforce and serve as vice chair.
 - **Activities to be undertaken during Q3:** Originally planned activities are postponed while LHSS Jordan supports the COVID-19 response.
- Deliverable 1.3: CPD learning exchange visits completed
 - **Progress:** In preparation for the CPD learning exchange visits, originally set to begin in Q3 LHSS met with the counterparts at the MOH, researched CPD systems in the Middle East and globally, and consulted with two USAID CPD consultants to learn from their experiences. LHSS then developed a concept note describing the objectives and selection criteria for choosing the learning exchange country and the Jordanian participants for the CPD learning exchange trip.
 - **Problems Encountered:** COVID-19 travel restrictions delayed scheduling of the originally planned first visit. LHSS envisions delaying this trip until October 2020.
 - **Activities to be undertaken during Q3:** Originally planned activities are postponed while LHSS Jordan supports the COVID-19 response.
- Deliverable 1.4: CPD Strategic Plan approval facilitated in the National CPD Committee and among stakeholders
 - **Progress:** LHSS met with the Jordan Medical Council, the Higher Health Council, and the Jordan Nursing Council to inform them of the CPD Project components. The Minister of Health has issued directives to amend the instructions to make them easier to use in meeting the first 2023 deadline. CPD participants reached agreement on the need to exempt health care professionals from CPD hours for the first two years after the bylaw was enacted (2019 and 2020). The meeting to discuss and amend the CPD strategic plan was postponed due to COVID-19 outbreak and government shutdown.
 - **Problems Encountered:** During this period, the Secretary General for the Higher Health Council, who is the convener of the National CPD Committee, retired and a new Secretary General took over the position. This led to some delays to allow the new Secretary General to assume his responsibilities. The COVID-19 outbreak delayed arrangements for a workshop to update and endorse the strategic plan.
 - **Activities to be undertaken during Q3:** Originally planned activities are postponed while LHSS Jordan supports the COVID-19 response.

- Deliverable I.5: Electronic management system tender and cost estimates developed, based on as-is document and system requirement specifications.
- Progress: LHSS worked with the E-transformation and Information Technology Directorate in the MOH to develop a scope of work for senior business analysts to undertake the as-is and systems requirement specifications analysis for CPD for relicensing. These analyses are the first steps in developing the tender and cost estimates for the new e-system for CPD for relicensing. LHSS posted the scope of work and generated a consultant pool to select from after the COVID-19 crisis ends. LHSS also agreed with the MOH to conduct the data cleaning in two phases: 1) data filtering through a direct purchase order to develop a query linked with the Civil Status Department, and 2) issuing a tender to check the accuracy of the data against the files.
- Problems encountered: LHSS put the Business Analyst hiring process on hold due to the COVID-19 outbreak and the government shutdown.
- Activities to be undertaken during Q3: Originally planned activities are postponed while LHSS Jordan supports the COVID-19 response.
- Deliverable I.6: CPD principles and standards for activities and providers reviewed
 - **Progress:** LHSS held discussions with the MOH Directorate of Institutional Development and Quality Control to plan the process for reviewing and operationalizing the CPD standards for CPD providers and activities, and refined the MOH implementation plan for component four on this topic. Standards for CPD providers and activities were to be operationalized by Q3 but are currently on hold due to the COVID-19 crisis.
 - **Problems encountered:** Members of the CPD Committee do not agree on the definition of accreditation. The syndicates understand accreditation as being limited to counting credit hours only and not including standards for CPD activities. LHSS recommends seeking legal counsel to clarify the definition of the word accreditation to ensure that it includes minimum standards, including those related to quality, to implement CPD activities. In addition, pressure from the syndicates resulted in the Minister of Health giving direction to amend the instructions and change CPD hours to attendance hours.
 - **Activities to be undertaken during Q3:** Activities are postponed as LHSS Jordan pivots to the COVID 19 response in Q3.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS worked with USAID and the MOH directorates to expand on their work plans to activate the CPD bylaw in Jordan through implementing the CPD Project. This included developing the process for CPD standards review and implementation, raising awareness among health care professionals on the new bylaw and its requirements, and developing the CPD IT system. By the end of the quarter, MOH directorates, the syndicates, and the three councils had fully committed to implementing the CPD Project.

LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

In Q2, LHSS supported the MOH's work to finalize its CPD Project agreement with USAID, including refining MOH's scope of work and supporting the costing of their planned activities. LHSS Jordan also tailored the global LHSS Organizational Capacity Building Framework and Assessment tools to the CPD context in Jordan, and reviewed the HRH 2030 project's 2019 assessment to ensure alignment. LHSS will use this tool to assess the current capacity and gaps of the three councils, the MOH, and the syndicates to activate the CPD bylaw.

GESI PROGRESS

LHSS Jordan uses a GESI lens in all technical assistance activities. In Q2, the LHSS Jordan team received GESI orientation from LHSS home office GESI experts. LHSS incorporated GESI elements within the Organizational Capacity Building assessment and tool to use when assessing the key stakeholders -- elements that were missing from the 2019 assessments. LHSS also developed the CPD learning exchange concept note using a GESI lens to encourage equal participation on the exchange visits by men and women in CPD stakeholder organizations.

LESSONS LEARNED AND BEST PRACTICES

Unifying the vision of all CPD actors was one of the biggest challenges encountered this quarter. USAID and LHSS presence in all the CPD Committee meetings is critical to clarify ideas and ensure that the CPD Committee does not make decisions that might negatively affect the CPD Project. In addition to the MOH, it is important to build very strong relations with the Higher Health Council Secretary General and the syndicates to ensure that the CPD Committee and the CPD Project are aligned. Exempting HCPs from accumulating CPD credit hours until the system is developed was also an important decision, and will ensure that stakeholders have enough time to design and test the CPD system before its public launch.

Costing of the CPD Project award was critical to finalizing the agreement between USAID and GOJ for direct financing for MOH activities for CPD linked to health care professional relicensure. LHSS's extensive discussions with USAID Jordan, the MOH Secretary General, and other stakeholders during the costing exercise played a large part in the successful completion of the costing, and also helped LHSS gain buy-in for the CPD system among MOH directors.

PROBLEMS ENCOUNTERED

- COVID-19: At the end of Q2, USAID asked LHSS to postpone work on all CPD activities and to pivot and prepare a six-month COVID-19 work plan to support the GOJ in executing its Pandemic Preparedness and Response Plan. MOH will not move forward on CPD for relicensing until LHSS receives further notification.
- CPD-related problems include:
 - LHSS identified an early challenge in simultaneously establishing the quality standards for CPD providers and activities, which takes time, and requiring health care providers to achieve CPD hours.
 - Capacity within the Higher Health Council is extremely limited.
 - Members of the CPD Committee do not agree on the definition of accreditation.
 - Due to the COVID-19 outbreak and the government shutdown, LHSS put the Business Analyst hiring process on hold and delayed the roadmap meeting and the CPD learning exchange and planning.

UPCOMING EVENTS

Originally planned events related to CPD are on hold due to LHSS's pivot to supporting the COVID-19 response.

ACTIVITIES TO BE UNDERTAKEN DURING Q3

Activities to be undertaken during Q3:

- Amend the LHSS Jordan work plan to include COVID-19 activities for the next six months
- Amend the LHSS Jordan Activity MEL Plan to reflect COVID-19 activities
- Initiate COVID-19 response activities

4.2 LAOS COVID-19 SUPPORT

Status: Work plan approved by USAID on March 31, 2020.

Problem Statement: Surrounded by five other countries, Laos is at high risk of cross-border transmission of infectious diseases such as COVID-19. On March 24, 2020, the Vice Minister of Health announced the first two confirmed cases in the country.

Purpose: The LHSS COVID-19 Laos Response Activity builds on existing in-country national health emergency and health system resilience strategies, and will support the Government of Laos in preparing for and responding to the COVID-19 outbreak.

Interventions:

- Strengthen infection prevention and control in areas likely to see PUIs or active infections.
- Strengthen surveillance and rapid detection.
- Improve existing referral systems to prevent and care for COVID-19 PUIs and patients with active infection, and strengthen border screening.

Planned Deliverables:

- Private pharmacies oriented and trained on case definition and community case detection of coronavirus and appropriate referral of patients.
- Civil society representatives oriented and trained to disseminate information to communities on how to prevent transmission, identify warning signs of coronavirus, and referral procedures.
- Existing COVID-19 surveillance and response systems strengthened within the health sector to develop a draft Respiratory Disease Pandemic Emergency Response Plan.
- Capacity of MOH strengthened to provide effective risk communications, including via online channels.
- MOH's Center for Communication and Education on Health (CCEH) supported to develop social media content tailored to community information demands.
- Department of Hygiene supported to implement community hygiene activities.
- Robust border screening and monitoring of mobile populations at key sites supported.
- Capacity of National Hotline improved to operate in high demand situations.

Consortium Partners:

- Abt Associates, Save the Children

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

SO 1.1.1 - Increased government budget allocation for health

SO 1.1.2 - Improved efficiency and reduced waste

- **Objective 2: Increased population coverage**

SO 2.1.3: Strengthened engagement with private providers

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

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

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

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

In Q2, LHSS began drafting a six-month work plan in response to an approved concept note covering the scope of work received from USAID on February 25, 2020. Consistent with the needs of an emergency response activity, and acknowledging the requirement for Government of Laos approval for all activities—which under normal circumstances can take up to a year—the Laos-based team quickly advanced planning meetings with the Ministry of Health and coordination with USAID, WHO, UNICEF and other relevant stakeholders to ensure requisite buy-in for rapid and responsive implementation. Leveraging existing country experience, networks, and relations was critical to initiating the rapid work planning and agreements with MOH and other stakeholders. LHSS facilitated a dozen meetings with national-level government representatives, and participated in near-weekly implementing partner meetings throughout Q2. Additionally, two staff were deployed—an Abt epidemiologist based in Atlanta, and the Save the Children’s surge support specialist based in Washington, D.C.—for the rapid development of an activity work plan and budget, and to ensure proper and successful start-up planning.

LHSS mobilized a team in Laos, which was able to:

- Participate in weekly coordination meetings with the USAID Mission in Laos, WHO, and UNICEF beginning March 5.
- Join coordination meetings both within MOH and with other line ministries through special task forces and additional committees focused on COVID-19, including through the reactivation of a risk communication task force.
- Convene partner calls between Abt Associates, Save the Children, PSI, and WHO to discuss documentation that will support long-term response capacity strengthening of MOH.
- Collaborate with CDC in creating a national hotline work plan and budget.
- Coordinate with and support MOH in preparing national guidance, focused on desk preparation and drafting content. Risk reduction communication materials for distribution via social media were drafted, reflecting national guidance.
- Orient and train civil society organizations (CSOs) on transmission prevention and risk reduction messaging. The online CSO COVID-19 network was launched at the end of the training and has already shared updated guidance (e.g., on lockdown and masking), helped identify and stop fake news rumors. The network had 35 participants at the end of Q2.

GESI PROGRESS

The approved Laos Activity work plan and Laos Activity Monitoring, Evaluation, and Learning Plan reflects and reinforces the LHSS project GESI Strategy. Results of interventions will be analyzed through a GESI lens, including during planned monthly and quarterly pause and reflect review sessions and learning events.

PROBLEMS ENCOUNTERED

The government of Laos closed its borders and canceled all international flights as of March 26. This resulted in LHSS recalling two international staff on temporary assignments to Laos earlier than planned, which limited some of their planned short-term technical assistance. However, local and resident international staff with responsibilities for LHSS remain in Laos. LHSS will continue to monitor and adjust the activity's business continuity plan proactively.

NGOs and projects working in Laos must have all activities approved by the government, and all work funded by external donors must be conducted in close coordination with government partners. LHSS has benefited from Save the Children's excellent relationships, long experience in Laos, and established memorandums of understanding (MOUs) with government, drawing on these assets to initiate MOH-approved tasks quickly. Typically new activities must go through a full MOU process with the Ministry of Foreign Affairs and relevant line ministries, a process that can take a minimum of 6-12 months. LHSS continues to prioritize transparency and cooperation with the government.

COMPLETED REPORTS AND DELIVERABLES

LHSS developed the COVID-19 Laos Response Activity work plan and made revisions based on USAID review in March. USAID approved the six-month work plan on March 31, 2020.

UPCOMING EVENTS

The national Pi Mai (New Year) holiday in mid-April will potentially slow some activities due to government closures.

ACTIVITIES TO BE UNDERTAKEN DURING Q3

- Orient and train private pharmacies on case definition and community case detection of COVID-19 and appropriate referral of patients.
- Orient and train civil society representatives to disseminate information to their target communities nationwide on how to prevent transmission, identify warning signs of COVID-19, and referral procedures.
- Strengthen existing COVID-19 surveillance and response systems within the health sector to develop a draft Respiratory Disease Pandemic Emergency Response Plan.
- Strengthen capacity of MOH to provide effective risk communications, including via online channels.
- Support CCEH to develop social media content tailored to community information demands (e.g., prevention, health services, hygiene, use of personal protective equipment, treatment, quarantine, and discrimination).
- Support Department of Hygiene efforts to implement robust community hygiene activities to prevent infection and slow transmission.
- Support robust border screening and monitoring of mobile populations at key sites.
- Improve capacity of national hotline to operate in high-demand situations.

4.4 ZIMBABWE

Status: The LHSS team is conducting health systems assessment desk review and preparing for fieldwork.

Problem Statement: The health system in Zimbabwe has been under pressure, triggered by a deteriorating economic situation. In November 2019, the Government of Zimbabwe presented a proposal of US\$144 million for donor support for human resources for health. Key donors, including USAID and DFID, considered the concept note and felt that the proposal would be stronger if it were informed by a comprehensive, evidence-based, system-wide analysis of the health system in its current state to inform priorities and direct resources.

Purpose: LHSS will conduct a health systems assessment (HSA) to inform recommendations for ensuring uninterrupted availability, accessibility, utilization, and quality of health services. The assessment will provide baseline data on health systems functions that will be used for timely monitoring of health system performance in the short to medium term and inform key decisions in the health sector.

Interventions:

- Conduct HSA desk review and prepare for fieldwork
- Conduct HSA fieldwork
- Synthesize HSA fieldwork findings, develop and validate deliverables

Planned Deliverables:

- HSA assessment report
- Recommendations based on assessment findings
- Monitoring plan for tracking health system progress

Consortium Partners:

- Abt Associates, Save the Children, Health Information Systems Program

Contribution to Task Order Objectives

- **Objective 1: Increased financial protection**

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

- **Objective 2: Increased population coverage**

SO 2.1 – Health services accessible and provided equitably to all

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

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

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

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

CURRENT AND CUMULATIVE PROGRESS

DELIVERABLES

- Zimbabwe HSA Zero Draft
 - **Progress:** A team has been mobilized to expand the HSA to cover all six health system functions. The team meets regularly to collaborate on the zero draft, identify data gaps for the fieldwork, and collate desk-review data sources.
 - **Problems encountered:** Fieldwork has been delayed due to COVID-19.
 - **Activities to be undertaken during Q3:** Complete zero draft.
- HSA Discussion Guidelines- Interview Schedule
 - **Progress:** In progress.
 - **Problems encountered:** Fieldwork has been delayed due to COVID-19.
 - **Activities to be undertaken during Q3:** Develop discussion guidelines and interview schedules.

MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The Ministry of Health and Child Welfare is drafting its next National Health Strategy. It is anticipated that the HSA team will work to align the HSA priorities to not only support donor needs but also to address data needs and develop recommendations to support the ministry's effort.

PROBLEMS ENCOUNTERED

Fieldwork has been delayed due to the COVID-19 response and travel restrictions.

ACTIVITIES TO BE UNDERTAKEN DURING Q3

Activities to be undertaken during Q3:

- Conduct HSA fieldwork
- Synthesize HSA findings, develop and validate deliverables

ANNEX I: LINKS BETWEEN ACTIVITIES AND RESULTS FRAMEWORK

Table 2: Links between Project Activities and Results Framework

ASLHS Year I Work Plan Activities/ Objectives and Sub-Objectives	CORE ACTIVITIES							COUNTRY ACTIVITIES		
	1. MOH budget execution	2. Priority setting	3. Governance of quality	4. Pharmaceutical expenditures	5. Digital financial services	6. Health prize winners	7. Sustainable financing for health	Jordan	Laos COVID-19 Response	Zimbabwe HSA
Objective 1 - Increased financial protection										
SO 1.1 - Increased availability of revenue for health										
SO 1.1.1 - Increased government budget allocation for health										
SO 1.1.2 - Improved efficiency and reduced waste										
SO 1.2 - Increased risk pooling to improve financial sustainability										
SO 1.2.1 - Increased enrollment (direct and/or subsidized)										
SO 1.2.2 - Increased standardization/size of risk pools										
SO 1.3 - Improved resource allocation										
SO 1.3.1 - Strengthened government capacity for transparent, evidence-based priority setting and budgeting										
Objective 2 - Increased population coverage										
SO 2.1 - Health services accessible and provided equitably to all										
SO 2.1.1 - Improved availability of services and commodities										
SO 2.1.2 - Improved availability and distribution of skilled/motivated human resources for health, especially in hard-to-reach areas										

ASLHS Year I Work Plan Activities/ Objectives and Sub-Objectives	CORE ACTIVITIES							COUNTRY ACTIVITIES		
	1. MOH budget execution	2. Priority setting	3. Governance of quality	4. Pharmaceutical expenditures	5. Digital financial services	6. Health prize winners	7. Sustainable financing for health	Jordan	Laos COVID-19 Response	Zimbabwe HSA
SO 2.1.3 - Strengthened engagement with private providers										
SO 2.2 - Public and private services responsive to population needs										
SO 2.2.1 - Strengthened mechanisms for client feedback										
Objective 3 - Increased service coverage of quality essential services										
SO 3.1 - Health services meet evidence-based standards of quality care										
SO 3.1.1 - Improved institutionalization of continuous quality improvement (CQI) at all levels										
SO 3.2 - Essential service package well-defined and responsive to needs of all										
SO 3.2.1 - Improved organization and delivery of cost-effective services										
SO 3.2.2 - Strengthened community health services										
Transition and sustainability										
SO X.1 - Strengthened capacity of public, private and civil society institutions to effectively plan, manage and oversee health system functions										
SO X.2 - Increased client and community engagement and voice in planning and oversight										
SO X.3 - Strengthened collaboration between public sector, private sector, and civil society										