YEAR 2 ANNUAL REPORT

Local Health System Sustainability Project

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The Local Health System Sustainability Project

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

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

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

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

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

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A YEAR IN REVIEW

As we close Year 2 of the LHSS Project, the world continues to suffer the impacts of COVID-19. Vaccine distribution is still far behind global need. Strong and sustainable health systems have never been more relevant or more critical to ensuring a country's capacity to protect the health of its people.

One of the goals of USAID's Vision for Health System Strengthening 2030 is improving equity in access to health services. The COVID-19 pandemic has brought equity to the forefront of global political discourse. Can we seize this moment to improve health service coverage for populations most in need?

In Latin America, we are helping countries navigate the complex challenges of integrating large migrant populations into their health systems. In Central Asia, we are helping countries improve their national diagnostic capabilities to rapidly detect and report health threats. We are also building the capacity of primary health care facilities to implement effective infection prevention and control measures to protect their local communities. In countries around the world, we are working with government, private sector partners, and advocacy groups to reduce barriers to access and promote universal health coverage.

The year has been particularly difficult for frontline health workers, who have worked tirelessly to save the lives of COVID-19 patients, sometimes with very limited resources and at risk to their own lives. The added burden of caring for COVID-19 patients has made it difficult for these workers to address other health needs in their communities, and to tend to their own physical and mental health. LHSS is working with national ministries of health (MOHs) to give health care workers the resources, capacity development, and support they need to provide high-quality care. This also means working with policy makers, civil society, and professional associations to strengthen the governance structures of the health system itself.

This year, LHSS supported the work of USAID missions in 17 countries, with new activities launched in Bangladesh, Madagascar, Peru, and Timor-Leste. Additionally, we began work with the USAID Bureau for Latin America and the Caribbean to implement activities in the Dominican Republic and Honduras. And we continue to expand our work with USAID Washington to enrich the global knowledge base on health system sustainability. Activities to support the COVID-19 response continued in eight countries and were successfully completed in Laos. As we move into Year 3, we are planning

for new activities in Democratic Republic of the Congo, Jamaica, Namibia, Ukraine, and the East Africa region.

Looking to the future, LHSS will continue to champion the USAID Vision for Health System Strengthening and its outcome goals of equity, quality, and resource optimization. We will do this through our LHSS Approach: collaborating with local actors to co-design solutions, supporting locally led implementation, and embedding monitoring and learning in all activities to inform local adaptation. Throughout, we will mindfully and meaningfully add to USAID's knowledge base on systems approaches to achieving universal health coverage and the broader Sustainable Development Goals.

Bob Fryatt, Project Director

"We'd like to express gratitude for our collaboration. During this challenging time, your support and assistance were very needed, important, and effective!"

— Sholpan A. Makhmudova, Regional Health Specialist, Health and Education Office, USAID Central Asia

BY THE NUMBERS

"A sincere huge thank you to the LHSS team for the past year and a half on this journey to get the right COVID equipment to the right place around the country."

— Christian Fung, Regional Director of the Democracy & Health Office, USAID Central Asia

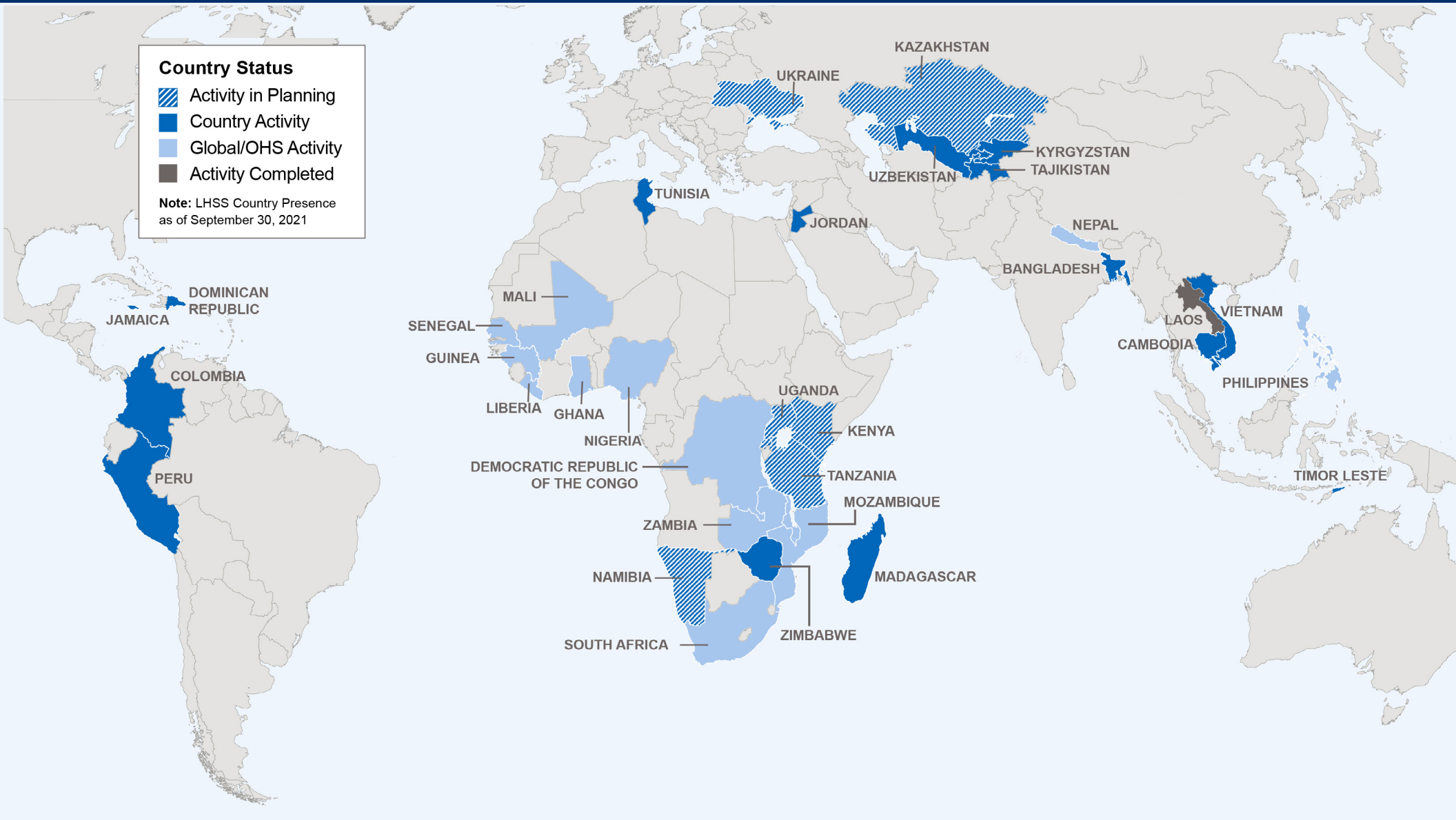
CONTINUED EXPANSION AND GROWTH

21 COUNTRIES

$64.2M IN FUNDING

330K IN GRANTS

BY THE MAP


Country Status
Activity in Planning
Country Activity
Global/OHS Activity
Activity Completed
Note: LHSS Country Presence as of September 30, 2021
KAZAKHSTAN
UKRAINE
KYRGYZSTAN
TAJIKISTAN
UZBEKISTAN
TUNISIA
JORDAN
NEPAL
BANGLADESH
DOMINICAN REPUBLIC
JAMAICA
MALI
SENEGAL
GUINEA
LIBERIA
GHANA
NIGERIA
VIETNAM
LAOS
CAMBODIA
PHILIPPINES
COLOMBIA
PERU
UGANDA
KENYA
DEMOCRATIC REPUBLIC OF THE CONGO
TANZANIA
MOZAMBIQUE
ZAMBIA
NAMIBIA
MADAGASCAR
ZIMBABWE
SOUTH AFRICA
TIMOR LESTE

BUILDING RESILIENCE

Health emergencies are typically marked by a dearth of information to guide programming. The COVID-19 pandemic has presented the opposite problem: an almost overwhelming amount of data generation, rapidly evolving scientific breakthroughs, and global spread of disinformation. Even the most well-resourced health systems have had to contend with finite resources and the challenge of mounting emergency responses while maintaining essential health services and ensuring long-term health system preparedness.

As highlighted in the USAID Blueprint for Global Health Resilience (2021), COVID-19 has reminded us that global health work in diverse areas is intrinsically interconnected. Working with vendors and equipment suppliers, we see the vital importance of collaborating with the private sector. Strengthening HIV/TB and primary health care platforms, we are witnessing the power of integrating across health platforms. Engaging with communities and non-state partners, we experience the value of Whole of Society approaches. And working on data management and epi-surveillance, we demonstrate that capturing and using country-level data is foundational to resilience.

Importantly, we are also learning that resilience in the face of a rapidly moving epidemic requires that donors, governments, and partners be able to identify and scale innovations in a timely manner. Recognizing that the COVID-19 pandemic will be a prolonged event, LHSS is working to institutionalize resilience in national systems and activities.

282

Number of facilities receiving technical assistance for case management, such as facility-level assessments, guidance and/or trainings.

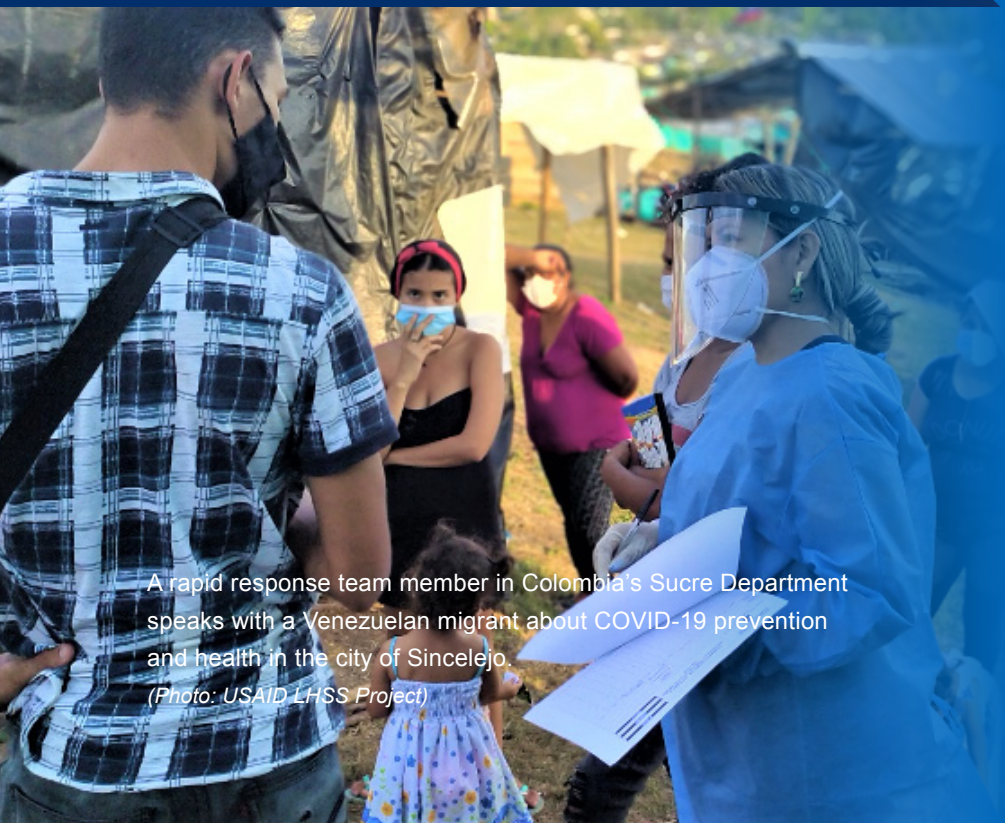
204,107

Units of specimen transport materials, diagnostic equipment, lab consumables and intensive care unit materials procured and delivered.

Critical Investments in Laboratory and Hospital Equipment

In **Central Asia**, LHSS continued to support procurements that strengthen the health system and improve country preparedness for future health threats. In addition to consumables needed for emergency COVID-19 testing, we invested heavily in diagnostic equipment, infection prevention and control materials (such as autoclaves, water distillers, and upgrades to hospital electrical and water piping systems), oxygen ecosystems, and information technology epi-surveillance tools that will serve country health systems over the long term.

A high-capacity oxygen concentrator procured by the LHSS Project in place at a Kyrgyzstan hospital. *(Photo: USAID LHSS Project)*



A rapid response team member in Colombia's Sucre Department speaks with a Venezuelan migrant about COVID-19 prevention and health in the city of Sincelejo. *(Photo: USAID LHSS Project)*

Rapid Response Teams to Support Health Authorities

In **Colombia**, LHSS supported the MOH in creating and deploying rapid response teams to assist more than 600 local health units with urgent COVID-19 needs. Working under local leadership, the four-person teams improved COVID-19 surveillance and data collection, supported testing and contact tracing, and supported health communication efforts. By the end of Year 2, 15 percent of response team staff had transitioned to being fully funded by local health administrations. The Colombia MOH and local health authorities have now adopted this new model for rapidly mobilizing human resources to address health emergencies.

Capacity Development for Intensive Care Units

In **Jordan**, LHSS partnered with the MOH to assess the capacity of public health laboratories and field hospital intensive care units to handle the demands of COVID-19. The result was a visionary capacity development plan with roles for the MOH and the private sector. To support the provision of high-quality critical care at field hospitals, LHSS worked with the MOH to develop a training package covering respiratory therapy, mechanical ventilation, critical case management, leadership, and hospital management. MOH trainers now deliver COVID-19 care and treatment updates to their hospital colleagues in a continuous cycle of capacity development.

A Jordanian health care provider participates in an online training module.
(Photo: Sami Kattan)

SUPPORTING LOCAL CAPACITY AND SUSTAINABILITY

LHSS is serious about transitioning health system functions to country-based entities. Our project is designed to prepare local public and private sector partners to implement health system strengthening work independently of external technical assistance – and ultimately to transfer at least 20 percent of our USAID funding to local organizations.

For the LHSS Project, organizational capacity development is a collaborative endeavor. We talk with organizational stakeholders about their desired performance; co-assess and analyze performance gaps; jointly select and implement performance improvement solutions; and together monitor and measure changes.

Whether we are providing direct funding, in-kind grants, procurement support, or technical assistance, we strive to align our support with local priorities. When supporting capacity development, we focus on the most impactful domains and aim for sustainable results.

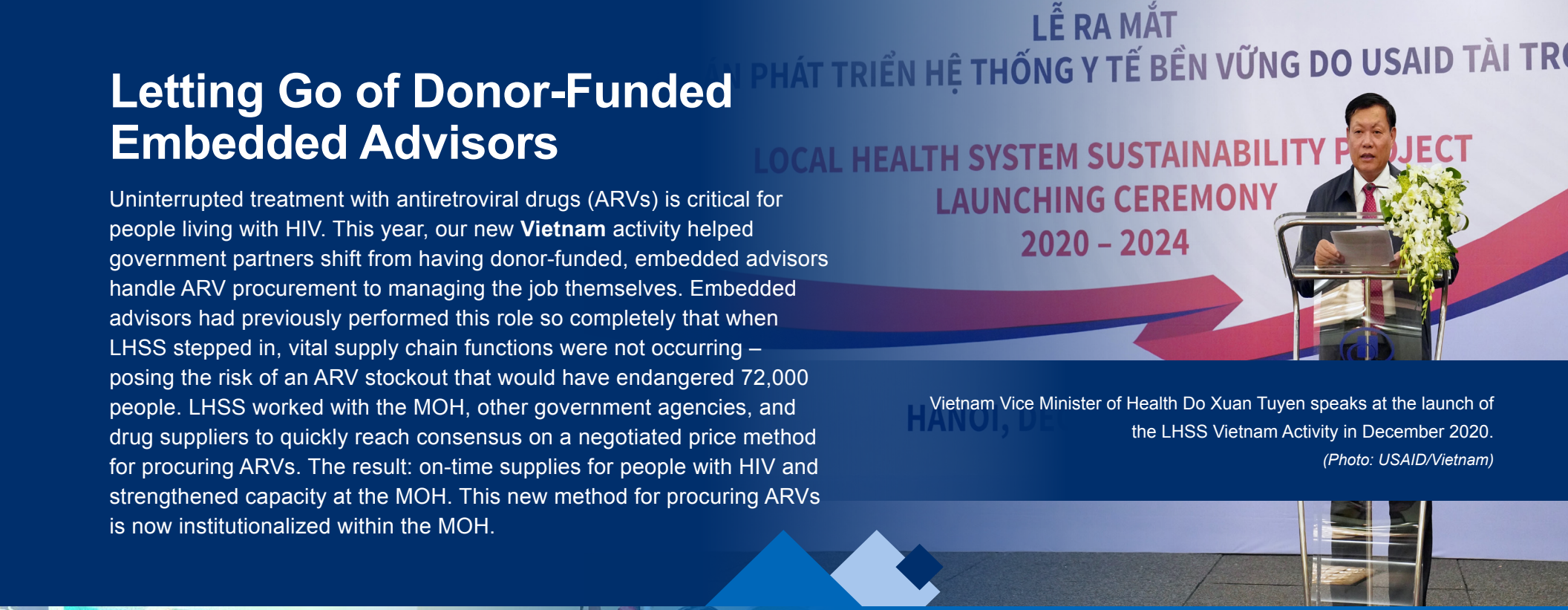
10 Countries have Sustainability and Transition Plans.

5 Countries where LHSS has engaged local partners to establish capacity baselines.

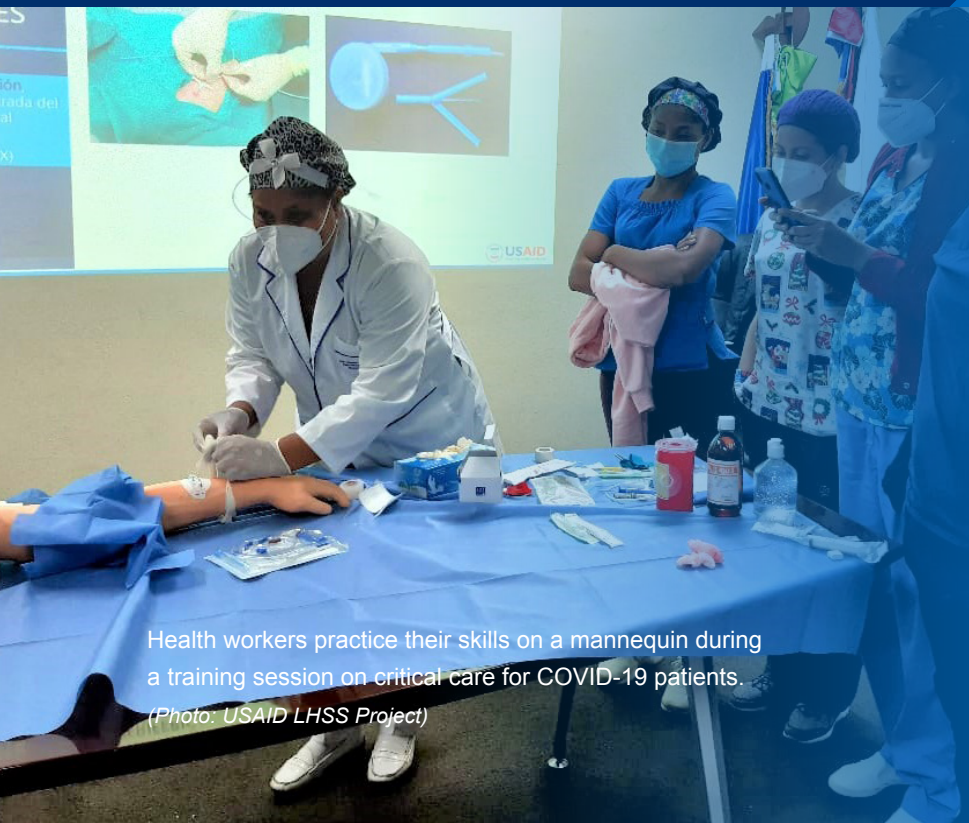
10 Countries where LHSS is in the process of implementing grant programs.

Letting Go of Donor-Funded Embedded Advisors

Uninterrupted treatment with antiretroviral drugs (ARVs) is critical for people living with HIV. This year, our new **Vietnam** activity helped government partners shift from having donor-funded, embedded advisors handle ARV procurement to managing the job themselves. Embedded advisors had previously performed this role so completely that when LHSS stepped in, vital supply chain functions were not occurring – posing the risk of an ARV stockout that would have endangered 72,000 people. LHSS worked with the MOH, other government agencies, and drug suppliers to quickly reach consensus on a negotiated price method for procuring ARVs. The result: on-time supplies for people with HIV and strengthened capacity at the MOH. This new method for procuring ARVs is now institutionalized within the MOH.



Vietnam Vice Minister of Health Do Xuan Tuyen speaks at the launch of the LHSS Vietnam Activity in December 2020. *(Photo: USAID/Vietnam)*



Health workers practice their skills on a mannequin during a training session on critical care for COVID-19 patients. *(Photo: USAID LHSS Project)*

Institutionalizing COVID-19 Care and Treatment

In the **Dominican Republic**, LHSS collaborated with the Servicio Nacional de Salud (National Health Service) to promote high-quality clinical care and treatment for critically ill COVID-19 patients, including pediatric cases. We worked with the Servicio Nacional de Salud to develop standard operating procedures that meet national and World Health Organization guidelines, and co-developed critical care trainings for health workers. The Servicio Nacional de Salud has now adopted the procedures and training curriculum, and LHSS has provided training to 941 health workers and trainers.

New Collaborations to Strengthen the Health Workforce

In **Jordan**, LHSS mentored the Jordan Nurses and Midwives Council and the Private Hospital Association in the nuts and bolts of managing a USAID grant, including financial management, monitoring and evaluation, reporting, and cultivating productive relationships with government counterparts. Armed with these new skills, the Jordan Nurses and Midwives Council has gone on to receive a contract from LHSS to staff an MOH COVID-19 call center. The Private Hospital Association is now sought after to provide training to the hospitals in their network – a new endeavor for them. Our grant has positioned both organizations as future providers of continuing professional development for health care workers throughout Jordan.

The president of the Jordan Nurses and Midwives Council, Khaled Rabab'h (left), and Jordan Minister of Health Nathir Obeidat celebrate with an elbow bump after signing an agreement to develop the national COVID-19 call center.
(Photo: USAID LHSS Project)

ADVANCING EQUITABLE ACCESS TO ESSENTIAL HEALTH SERVICES

Equity is central to LHSS's mandate and approach. Our work at the global, country, and community levels advances USAID's vision of health systems that afford "every individual a fair opportunity to attain their highest level of health regardless of social or demographic factors, with particular emphasis on underserved, socially excluded, and vulnerable populations."

As we have seen in countries around the globe, the COVID-19 pandemic has exacerbated inequities and requires a gender equality and social inclusion (GESI) lens for effective solutions. For migrants, the pandemic compounds existing social, economic, and political challenges in accessing health care. Women migrants are especially likely to work in the informal economy as domestic workers or in other roles that do not allow them to practice social distancing, exposing them to greater risk of infection.

This year, across an expanded portfolio and during a global pandemic, LHSS applied diverse approaches and gleaned valuable learning about how to strengthen health systems to ensure equitable access to essential health services.

6 Countries where LHSS is working to strengthen engagement of civil society to improve access to essential health services for poor and vulnerable populations.

3 Number of countries with GESI analyses and action plans.

6,043 Number of migrants enrolled in the General Social Security Health System in Colombia.

Data Systems to Drive Equity

With LHSS training and technical support, **Cambodia**'s General Secretariat of the National Social Protection Council began collecting disaggregated data for many critical indicators as part of its monitoring and evaluation system. Critical indicators include new beneficiary enrollment, dropouts, and service utilization for all social protection schemes and programs, disaggregated by sex and province. Similarly, LHSS worked with the secretariat's research team to insert new questions into the national Cambodia socioeconomic survey questionnaire. This will enable analysis of data on perceptions of public and private sector health care quality, and access to social protection benefits according to sex and female-headed households.

Expanded social health protection programs based on high-quality data for decision making will benefit all Cambodians, including children like these in Siem Reap Province.
(Photo: Julia Koefender)

Sahloul Hospital in Sousse is one of many health facilities supporting the COVID-19 response in Tunisia.
(Photo: Rusty Clark)

Assessment to Understand Differential Health Outcomes

USAID's support in **Tunisia** has not included health for several years. However, the COVID-19 pandemic has exposed vulnerabilities in several aspects of the health system. LHSS conducted a rapid health system assessment to help USAID identify opportunities to support Tunisia's efforts to strengthen its system. The review identified several issues that LHSS will explore further, like expanding Tunisia's locally developed technological innovations for tracking COVID-19 vaccine use; addressing children's nutritional issues through activities with a highly educated female population; and expanding access to private sector care for populations with free or subsidized government coverage.

Providing Migrants with Access to Affordable, High-Quality Medical Care

In **Colombia**, where the constitution grants everyone the right to health care, LHSS supports the Ministry of Health's efforts to enroll Venezuelan migrants in the national health insurance system. Once enrolled, regular migrants (those with a Special Permit of Permanence) have access to the same comprehensive health care package as Colombians, including prevention and health promotion services, medical checkups, medication, urgent care for high-cost diseases, and financial protection for chronic diseases. This year, LHSS analyzed the key barriers to migrant enrollment and helped municipal health authorities conduct enrollment days where migrants could get help filling out the enrollment forms. To promote awareness and trust, LHSS mobilized community-based organizations to help spread the word about the enrollment campaigns and provide information on the enrollment process. During 55 enrollment days held between March and September 2021, more than 6,000 migrants enrolled.

On an enrollment day in La Guajira, a woman living in Colombia as a migrant receives help signing up for the national health insurance program. *(Photo: USAID LHSS Project)*

Guided by USAID policy and guidance, LHSS is committed to implementing standards to ensure that local health systems meet everyone's needs for access to quality essential health services. *(Photo: USAID Southern Africa)*

GESI Network Leverages Project-wide Learning

LHSS launched the **GESI Focal Point Network** to increase the integration of GESI considerations across all activities. The network is a community of practice with representatives from seven LHSS country teams who share best practices, take deep dives into important GESI issues, and design ways to increase GESI integration across the project. The network captures experiences and learning across the global project to facilitate peer-to-peer learning, and provides a model for implementing cross-cutting objectives when dedicated GESI resources are not available in smaller teams.

PROMOTING QUALITY HEALTH CARE

USAID's Health System Strengthening Vision 2030 envisions locally designed approaches that account for unique country conditions, resulting in higher-quality health care that reaches the most disadvantaged and vulnerable. In Year 2, LHSS broke new ground by learning about enablers and barriers to effective governance for quality health care.

Through a survey of 39 USAID priority countries, we learned that national health leaders feel confident in using various quality improvement methods and interventions, quality indicators, and core measures. They are also adept at aligning quality improvement approaches with national health priorities. However, they are less confident in their ability to nurture a culture of continuous quality improvement and contextualize the definition of quality to local settings. Many surveyed countries also lacked reliable health management information and data systems.

LHSS also identified common country strengths in the design and implementation of national quality policies and strategies. The survey found high levels of national leadership commitment and stakeholder engagement across all stages of policy and strategy development and implementation. Conversely, a common challenge is health system fragmentation, which shows up as wide variations in regional health services, disconnects between the private and public sectors, and the absence of a shared definition of quality among stakeholders.

Another governance challenge for many countries is a lack of coherence between policy and practice, which can manifest as inadequate translation of national policies into subnational or health facility plans, misaligned incentives, incongruent measurement systems, and varying levels of maturity in national quality policy and strategy alignment across regions and levels of government.

8,079 **Number of health workers trained in COVID-19 case management.**

422 **Number of health care professionals in Jordan who benefited from new training courses on mental health and coping during the COVID-19 pandemic, treating patients with disabilities, providing home care for patients, and improving counseling skills.**

Review of Global Tools and Frameworks for Measuring Quality of Care

As part of a review of 12 global tools and 14 frameworks for measuring quality of care, LHSS found that while the tools are excellent for tracking clinical quality, there is a glaring need for a coherent approach to measuring the effectiveness of quality health systems. To remedy this, we are working with leaders and practitioners involved in quality-of-care measurement to prioritize investments that develop and mainstream simple, country-validated, and easy to implement metrics for tracking the effectiveness of quality health systems, and to facilitate continuous learning and adaptation.

(Photo: Sergio Santos)

This nurse is one of more than 3,000 private sector health care workers and medical students in Jordan who have taken online training on caring for patients — and themselves — during COVID-19.
(Photo: Sami Kattan)

Online Support and Coping Skills for Frontline Health Care Workers

LHSS worked with the **Jordan** MOH and the private sector to facilitate online and in-person training courses on health care provider competencies needed to respond effectively to the COVID-19 pandemic. The training offers health care professionals courses on mental health and coping during the pandemic, treating patients with disabilities, providing home care for patients, and improving counseling skills. It also addresses some of the unique social and cultural challenges — including gender and equity issues — that Jordanian health care providers have encountered since the pandemic began in March 2020. Other modules covered how to care for COVID-19 patients with visual, hearing, mental, and physical disabilities. Designed and led by people with disabilities, this training has helped health care providers rethink how they care for their patients.

USAID Technical Working Group to Advance Quality Health Systems Agenda

LHSS provided support to USAID in its efforts to set up and facilitate an internal advisory/technical working group that will consolidate the Agency's leadership in quality systems. The group will define a cohesive, evidenced-based approach across the Agency to advance the quality health systems agenda and improve quality of care.

A nurse cares for a pregnant woman during a prenatal checkup in Tajikistan.
(Photo: USAID Central Asia)

A health worker provides care to COVID-19 patients.
(Photo: Tempura)

Study Reveals Alarming Rates of Health Worker Burnout

In an LHSS-supported study in **Colombia**, 99.8 percent of primary care, hospital, and emergency health services workers reported experiencing burnout. The mixed-methods study assessed the factors that health workers perceived as contributing to higher levels of stress and burnout, including increased demand for health care services; inadequate working conditions; increased workload; lack of autonomy; inadequate compensation and lack of recognition and rewards; and physical and verbal violence perpetrated by patients and the patients' family members. Within the context of the COVID-19 pandemic, it is likely that this level of stress is not unique to Colombia. Next year, LHSS will collaborate with local health officials and hospitals in Colombia to implement strategies to lessen stress and promote joy in work among health workers.

OPTIMIZING THE USE OF HEALTH RESOURCES

Countries are facing increasing demand for health care, combined with extra pressures from COVID-19 and, for many, reductions in external funding. All need to make the best possible use of resources – financial and otherwise – to meet the priority health needs of their populations.

In Year 2, the range of LHSS activities focusing on resource optimization expanded rapidly. Some activities focused on finding ways to reduce costs and hence reach more people with essential services and financial protection using the resources already available. For example, several activities included interventions explicitly targeted on efficiency of financial resource use, such as improving public financial management in Vietnam, Cambodia, and Bangladesh; improving billing and auditing of health service providers in Colombia; and project work on budget execution. Other activities are exploring ways to increase the total resources available for health from private as well as public sources.

6 **Countries where LHSS is working to increase financial protection**

36% in 2020 → **55%** in 2021

Percent of people living with HIV (PLHIV) in Vietnam receiving ARVs through the Social Health Insurance (SHI) fund.

69% → **94%**

Percentage of PLHIV in Vietnam using SHI cards for HIV/AIDS services.

Improving Efficiency through Spending More of the Health Budget

Increasing budget execution rates can increase the resources available for health more quickly than economic growth or finding new sources of revenue. Causes of low budget execution are often deeply rooted in the financial laws of a country, and take time to change, but some MOHs have identified helpful steps they can take. LHSS is partnering with the Joint Learning Network to facilitate a learning exchange with officials representing some of these ministries. They have identified common challenges, including the persistence of rigid line-item budget structures and cumbersome processes, and are learning from each other's experience in tackling these challenges through legal and regulatory changes and improvements in technology and information management systems. LHSS will collaborate with the participants to produce a practical guide to help ensure that available health budget resources are fully spent on national health priorities.

Better budget execution can help ensure that funds are available to prevent stockouts of essential medicines. *(Photo: CommsForDev)*

A mother and child are protected from malaria by sleeping under a mosquito net. *(Photo: U.S. President's Malaria Initiative)*

Aligning Priorities for Investing in Health

LHSS work has shown that governments that wish to secure more private investment in health must first understand and find ways to align with the priorities of private sector stakeholders. For example, in exploring blended finance opportunities to finance insurance coverage and health services for migrants, we found that private sector stakeholders in Colombia would prefer to support projects that add value beyond the contribution they are already making to health insurance on behalf of their employees. And LHSS's analysis of private sector support for malaria elimination across Uganda, Côte d'Ivoire, Democratic Republic of the Congo, and Liberia found that most private companies that invest in malaria prevention, diagnosis, and treatment services for their employees and sometimes the broader community, do so because they can see a clear business case.

Task-Shifting in Kyrgyzstan

Working with the Ministry of Health and Social Development, LHSS helped design a pilot focused on improving care for COVID-19 patients at three hospitals in the Kyrgyz Republic. The functions of three types of task-oriented nurses were merged into one patient-centered nursing role called the Universal Nurse. Under the pilot, a single nurse performed multiple duties for the same patient, and the workload per nurse was reduced from 40 or more patients to a much more manageable 8–12 patients in the general ward, or three in intensive care. The result: better health care for patients with the same number of doctors and nurses. The Ministry now plans to include the Universal Nurse in its registry of positions and will be expanding the new staffing model to additional sites in the coming year.

Gulnaz Azhymambetova with the Kyrgyz Republic Ministry of Health and Social Development collaborated with LHSS to design the Universal Nurse model.

A customer in Kenya pays for goods and services using mobile money.

Uncovering Evidence on the Value of Digital Financial Services

Doing a deep analysis of the evidence base, LHSS found that digital financial services can help service users, governments, and providers do more with their scarce health funds. When national health insurance schemes go digital, the transaction costs of enrollment and membership renewal go down, as do the costs of extending subsidized health insurance programs to larger populations. That means more underserved people can be reached. We also found that digital financial services can make claims management for national health insurance schemes faster and cheaper. Digitalization can improve financial management and accounting systems within health facilities, improving facility performance and reducing costs. And governments and health facilities can use digital financial services to pay health workers, which can in turn increase health system accountability, reduce transaction costs, and raise productivity by increasing health worker attendance.

Efficient and Sustainable HIV Service Delivery to Key Populations

This year, LHSS began working with the **Vietnam** Administration for HIV/AIDS Control (VAAC) and other USAID implementing partners to make HIV service delivery more equitable, efficient, and sustainable for key populations, including men who have sex with men, sex workers, transgender people, and partners of people living with HIV. We collected country examples of social contracting for HIV prevention and control and worked with the VAAC and the Ministry of Finance to develop the methodology for costing these services. Based on these efforts, the national social contracting technical working group proposed three packages to be contracted via civil society organizations. LHSS worked with the VAAC to submit to the MOH the full proposal for a social contracting pilot, which would use donor funding but follow state budget law. The results of this activity will help the MOH make efficient use of the state budget to contract with more civil society organizations led by key populations.

A participant speaks at the VAAC national conference.
(Photo: USAID LHSS Project)

ADAPTIVE LEARNING

LHSS is working across multiple countries, addressing some of the most complex challenges facing health systems today. We recognize the important role we can play to support global learning in health system strengthening.

This year, we launched **LHSS Cross-Country and Core Learning Groups**, composed of LHSS staff from country activities and facilitated by a senior technical advisor. Each learning group focuses on a thematic area and works to address a set of questions key to the activities they support. In parallel, each country activity defines country-specific questions that respond to the Mission's and local stakeholders' focus to guide learning from activity implementation.

While creating forums for learning within LHSS, we are also working to share what we learn with USAID and the global health systems community. This year, LHSS launched its external website, a robust platform for sharing project knowledge and learning. LHSS hosted seven webinars, including a COVID-19 series, launched the Health Systems Podcast, and shared many blogs and stories through social media platforms.

On June 10, 2021,

LHSS hosted a semi-annual project-wide pause and reflect session with USAID to examine how the project's COVID-19 and broader health system resiliency work is functioning to advance specific resilience objectives outlined in USAID's HSS 2030 Vision. The session covered how broad HSS thinking can address the everyday stressors that limit health system performance, and the priority functions necessary to provide surge response and maintain core health system functions when shocks occur. The discussion also highlighted health system vulnerabilities revealed by the COVID-19 pandemic and broader health system stressors that would need to be addressed in context to ensure long-term resilience.

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