

## Proposal for a USAID Initiative to Strengthen Health Systems March 25, 2021

COVID-19 has shown that without strong health systems the response to health emergencies is inadequate and long-term US investments in global health, such as in maternal and child health, reproductive health, and infectious disease, can be severely jeopardized.

The United States now has a unique opportunity to leverage its global leadership to strengthen partner country health systems by making them more accountable, reliable, and equitable, including during health emergencies and in the recovery phase. With a well-designed bilateral initiative, the US can lead country partners to a much greater investment in their own health systems, building on and celebrating examples of effective domestic leadership for health.

**Background:** All US global health programs have worked to strengthen health systems while improving specific outcomes. But often these disease- or issue-specific investments lack cross-cutting or foundational health systems components, including country-led systems that sustain the workforce needed to protect communities against new threats and deliver lifesaving essential services, as well as provide decent working conditions that reflect the needs of women, who make up the majority of the health workforce. These components must be in place to reach US objectives for global health, including sustainability and resilience.

Even when USAID missions invest in cross-cutting health systems strengthening activities, they are typically done through mission-level programming that does not benefit from a strategically driven approach. Currently, funding available to the USAID Office of Health Systems is only \$9-\$10 million annually for direct awards, resulting in an under-powered effort which fails to generate sufficient momentum to meet current and expected challenges and which is insufficient to strategically drive programs in the field.

**Proposal:** Launch a USAID Health Systems Initiative, in which much greater central-level support would augment voluntary field allocations and incentivize USAID country missions to align programming toward a common strategic purpose. This initiative would leverage greater investment in health systems from national governments, the private sector, multilateral institutions, and philanthropy to strengthen human resources, supply chains, information systems, financial management, and financial protection for patients.

**Guiding principles:** This Initiative would be based on USAID's new Vision for Health System Strengthening 2030, which has Equity, Quality and Resource Optimization as its guiding principles. This approach includes a shift in focus from inputs to outcomes, a whole of society approach to health systems (includes community-based approaches and private sector) and a recognition of the links between health systems, resilience, and health security (includes lessons learned from COVID-19).

**Funding level and scope:** At an annual funding level of \$100 million, this initiative would focus on seven to ten countries to program cross-cutting health systems strengthening, based on country-identified priorities and a clear set of metrics. This funding should be in addition to attributions from cross-cutting health systems investments which are

determined by individual USAID missions and be additional to other US global health investments.

Measuring progress: Country progress would be measured using USAID's High Performing Health Care analytical tool, which has a strong emphasis on accountability and reliability. This tool would establish baselines and show whether countries are meeting key benchmarks such as health facilities within geographical reach; having sufficient staff; availability of specific types of care; adequate supplies of equipment and medicines; and access to safe water, sanitation, and hygiene in health facilities and training centers. Country progress would also be measured against World Health Organization (WHO) guidance for health system strengthening, including the WHO guideline on health policy and system support to optimize community health worker programmes (2018).

Specific measures for health workers, 70% of whom are women: With this initiative, the US can lead the world to a new social contract in the health and care sector, in which the largely female workforce has the means—decent work, safety, dignity, fair pay, and equal leadership—to do their jobs better and deliver stronger health outcomes for everyone. With such an emphasis, the initiative would align with top priorities of the WHO for health systems strengthening. It should be part of a broader alignment of US policy with efforts to reach gender parity in health and pandemic decision-making at global and national levels.

This initiative would address factors that contribute to low health worker performance and attrition, such as inadequate mentoring and supervision, irregular pay, and staff shortages. It would ensure that all cadres of health workers, including community health workers, are adequately trained, equipped, supported, compensated, and included in decision-making. It would assist countries to ensure clear scopes of practice, career advancement opportunities, and inclusion in decision-making. Performance benchmarks would also include working conditions that are decent and reflect the distinct needs of women, as well as equity in remuneration and leadership opportunities for women in the health workforce.

**Broader impact:** USAID should work to engage as broad a range of implementing partners as possible through these funds, including both US-based and local organizations, and work to build the capacity of local organizations to manage programs. Beyond the seven to ten focus countries, this initiative would require all missions programming health systems activities to implement the High Performing Healthcare tool to establish baselines and chart progress in implementation. Result: all 25 Global Health Bureau priority countries with baseline data on health systems and programs to address identified weaknesses.

**Leveraging US support to global initiatives:** This funding would support expanded technical assistance for the development and implementation of health system strengthening proposals to the Global Financing Facility and to the Global Fund to Fight AIDS, TB and Malaria, and for health systems investments by Gavi. This would help ensure that US investments in these mechanisms have maximum impact and lead to much greater domestic investment.

For more information contact: David Bryden, Frontline Health Worker Coalition.

Email: <a href="mailto:dbryden@intrahealth.org">dbryden@intrahealth.org</a>