



July 09, 2024

Report to Congress on Neglected Surgical Conditions of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2024

The U.S. Agency for International Development (USAID), in consultation with the U.S. Department of State, submits this report pursuant to section 7019(e) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2024 (Div. F, P.L. 118-47) and Senate Report 118-71, which reads as follows:

The USAID Administrator shall support efforts to strengthen surgical health capacity to address issues such as cleft lip and cleft palate, club foot, cataracts, hernias, fistulas, and untreated traumatic injuries in underserved areas in developing countries, including training local surgical teams to provide safe, sustainable, and timely surgical care, and assisting ministries of health to develop and implement national surgical, obstetric, trauma, and anesthesia plans. Not later than 90 days after the date of enactment of the act, the USAID Administrator shall submit a report to the Committees on Appropriations on the uses of funds for these purposes in fiscal year 2023 and planned uses of funds in fiscal year 2024, including to support private sector partnerships.

USAID supports several activities related to neglected surgical conditions across multiple bureaus. This report describes efforts by the American Schools and Hospitals Abroad (ASHA) program and the Bureau for Global Health (GH) to strengthen capacities and environments for safe surgery and to improve service quality for neglected surgical conditions.

ASHA:

ASHA has supported a number of surgical-related projects in recent years, specifically three projects totaling over \$3,105,000 funded from Fiscal Year (FY) 2021 and six projects funded from FY 2022 totaling \$9,220,927.¹ These recent projects have been focused in Africa, the Middle East and Asia. In FY 2022, ASHA has supported the commodity procurement for surgical equipment to expand cleft lip/cleft palate procedures and pediatric orthopedic procedures to CURE International² awards in Kenya, Niger, Malawi and Ethiopia. Additionally, ASHA funds are supporting the construction of a satellite facility of the Tilganga Institute of Ophthalmology in Nepal, which is expected to serve a total of 274,600 patients and provide 4,600 surgeries, including cataract surgeries.

¹ Given that ASHA projects have a four-year period of performance, these projects are therefore being implemented in FY 2023 and FY 2024.

² CURE International is a global nonprofit organization that owns and operates a network of eight charitable children's hospitals in Africa and the Philippines.



USAID/GH:

Limited global MCH resources are directed toward the highest priority, most critical drivers of childhood morbidity and mortality in the underserved areas where we work. These continue to be things like vaccine preventable diseases, childhood pneumonia and diarrheal disease, and malnutrition in children under 5 (rather than the conditions listed in the reporting requirement). These priority interventions/focuses are decided by extensive, evidence-based, multi-stakeholder processes, and are codified in the [Preventing Child and Maternal Deaths Framework 2023-2030](#)³.

USAID/GH has efforts in two areas related to health systems for neglected surgical conditions: (1) safe surgery for comprehensive emergency obstetric and newborn care, including surgical fistula repair and (2) safe blood. Activities in these two areas were implemented in FY 2023 and will continue through FY 2024.

Safe Surgery and Fistula Care

One of the Bureau for Global Health's main investments in safe surgical care is through the MOMENTUM Safe Surgery in Family Planning and Obstetrics (MSSFPO) project, which seeks to improve public and private health providers' abilities to deliver safe, high-quality surgical care for medically indicated cesarean delivery and peripartum hysterectomy; and, prevention and management of obstetric and iatrogenic fistula. MSSFPO strengthens capacity to deliver surgical care by supporting the development or adaptation of policies, norms, and protocols for surgical services; curricula development and training for healthcare professionals; implementation of quality improvement approaches; and targeted procurement to address key gaps. USAID provided \$20,815,754 in combined Maternal and Child Health (MCH) funds and Family Planning and Reproductive Health (FP/RH) funds for this work in FY 2023. The planned uses of Global Health Programs funding for safe surgery and fistula care in FY 2024 is described below. USAID supports safe surgery for fistula and obstetrics in the Democratic Republic of the Congo, Guinea, India, Madagascar, Mali, Mozambique, Nigeria, Rwanda, Senegal, Ethiopia, Burundi, and Niger. In FY 2023, USAID supported 32 fistula care facilities, which provided 1,349 fistula repairs. Additional interventions addressed fistula prevention, and post-repair rehabilitation and reintegration. USAID monitors program performance according to a core set of indicators reflecting capacity for and provision of fistula prevention, detection, treatment and reintegration. Evaluation and research aim to strengthen measurement of fistula prevalence; improve the evidence base for respectful care, triage and clinical management of fistula, peripartum hysterectomy and cesarean section; and document and disseminate cost-effective models of surgical care for varied settings.

MSSFPO, in close collaboration with national professional associations, designed training packages for health providers on safe cesarean delivery and hemostatic peripartum hysterectomy in Mozambique and Rwanda, respectively, and developed a handbook for

³ <https://www.usaid.gov/PreventingChildAndMaternalDeaths/framework>



obstetric surgical teams on cesarean delivery safety and quality in India. In Rwanda and Senegal, MSSFPO is working with the respective national governments to develop fistula management guidelines and protocols.

In FY 2023, MSSFPO trained 2,000 healthcare professionals on topics such as fistula care and surgical repair, infection prevention and control, cesarean section and peripartum hysterectomy. In addition, over 37,000 community health workers and community volunteers were trained in topics including fistula prevention, identification, and referral; gender-based violence screening and referral; voluntary family planning method education and provision; and data collection and utilization. MSSFPO also provided global coordination for procurement processes including securing favorable pricing where possible for commodities required to address neglected surgical conditions for multiple countries in alignment with the global procurement framework. In Mozambique and Rwanda, MSSFPO supported coordination with government and local partners for procurement of medical commodities and equipment, e.g., to obtain and deliver anesthetic drugs and commodities to health facilities that had experienced stockouts in previous months.

In FY 2024, MSSFPO will continue to strengthen the safe surgery ecosystem through activities to improve Quality of Care, facility readiness to provide care, and referral systems. MSSFPO supports teams in surgery and labor and delivery, including physicians, specialists, mid-level surgical and anesthesia providers, nurses/midwives, hospital management, and data officers, to improve the monitoring of service quality and outcomes. Country Quality Improvement (QI) strategies are aligned with national frameworks such as National Surgical, Obstetric, and Anesthesia Plans and Reproductive, Maternal, Newborn and Child Health QI frameworks, where these exist.

Relating to the Agency's private sector engagement in this area, Johnson and Johnson (J&J) works in several countries to improve surgical capacity and systems. USAID and J&J have had technical exchanges, particularly around fistula, to share lessons learned. Additionally, USAID's MSSFPO project is partnering with Gradian Health Systems to procure, install, and train clinical staff on the use of Universal Anesthesia Machines in two countries for fistula treatment. As another example, in Nigeria, private sector partners mobilized resources for physical rehabilitation and social reintegration for patients following fistula repair, and funded facility renovations. Mobile telecommunication network providers also established WhatsApp Closed User Groups to enable prompt and efficient communication when transportation was needed for emergency cases.

Safe Blood

As part of strengthening the capacity to deliver evidence-based, quality services, GH is strengthening the safety, coverage, and oversight of systems for blood products in surgery. Blood transfusion is an essential component of health care and can be a lifesaving medical intervention.



In FY 2023, with \$3.25 million, the Health Systems Strengthening Accelerator project implemented the Safe Blood Starter Kit (developed in FY 2022) to assess national safe blood systems in Liberia, Malawi, and Rwanda. It was co-implemented with in-country stakeholders in each country and used to inform country-level technical assistance activities. In 2023, the WHO adapted the Safe Blood Starter Kit into a Blood System Self-Assessment tool and accompanying manual. This tool has been piloted in Ghana, where it has been well received. The WHO, USAID, and other partners will continue to advocate for and support adoption of the tool among blood system leaders in FY 2024.

In FY 2024, MSSFPO is working with local partners in Senegal to strengthen the availability of and access to a safe blood supply, in addition to supporting the WHO in the completion of guidance for using the Blood System Self-Assessment tool to support the availability of safe blood products and services, an essential part of the surgical care ecosystem.