



U.S. Agency for International Development and Department of State Fiscal Year 2024 Report to Congress on Health Systems Strengthening

USAID submits this report, in coordination with the U.S. Global AIDS Coordinator, pursuant to section 7019(e) of the Department of State, Foreign Operations, and Related Programs Appropriations Act (Division F of Public Law 118-47) (FY 2024 SFOAA), Senate Report 118-71, and House Report 118-146, which states: USAID developed the report in coordination with the Department of State’s Bureau of Global Health Security and Diplomacy/PEPFAR.

Senate Report 118-71

Health Systems Strengthening. —The Committee directs the USAID Administrator and U.S. Global AIDS Coordinator to ensure that for operating units implementing more than one global health program area, not less than 10 percent of each program line in the table under the GHP heading, including HIV/AIDS, is spent on cross-cutting health systems strengthening activities. By strengthening health systems, countries will be better positioned to sustain global health progress, prepare for emerging health threats, provide primary care services, and prevent and address non-communicable diseases. Not later than 90 days after the date of enactment of the act, the USAID Administrator and U.S. Global AIDS Coordinator shall submit an update to the report required under the heading “Health Systems Report” in the explanatory statement accompanying division K of Public Law 117–103.

House Report 118-146

Health systems. —The Administrator of USAID and the United States Global AIDS Coordinator shall submit a report to the Committees on Appropriations, not later than 90 days after the date of enactment of this Act, detailing progress on health systems strengthening activities. The report should include a description of how USAID and the Office of the Global AIDS Coordinator (OGAC) are designing efforts by operating unit, including Washington based programming, and the expected result on improved performance of country health systems. In addition, the report should include: (1) a baseline accounting of ongoing systems strengthening contributions from each program line in the table under Global Health Programs; (2) detail on reporting and performance indicators used to track and coordinate such efforts; and (3) a description of steps taken, or planned to be taken, to ensure systems strengthening investments are sustained by host countries. The report should include crosscutting efforts to strengthen local health workforces.

USAID developed this report in coordination with the Department of State’s Bureau of Global Health Security and Diplomacy/PEPFAR.

Progress on Designing Integration and Joint Funding of HSS Activities by USAID Operating Unit and Expected Results on Improved Performance of Country Health Systems

Executive Summary

- Four years on from the start of the COVID-19 pandemic, over half of the world’s population lacks access to quality health services, and billions of people face devastating costs that push them further into poverty. Protracted pressures including climate change, conflict and high debt burdens only continue to exacerbate the strain on health system financing and, ultimately, on the ability of people to achieve their right to health.
- USAID is committed to reducing inequities in life expectancy by increasing access to essential health services and bolstering national security against health threats. In countries with strong primary health systems, fewer children die before their fifth birthday and more people live longer, healthier lives.
- USAID’s approach to strengthening health systems is centered in supporting partner countries to accelerate efforts towards Universal Health Coverage (UHC), with primary health care (PHC) as a backbone of UHC. This approach emphasizes strategies, responses, and activities that improve health systems performance in a sustainable manner. Sustaining and advancing health outcome achievements requires supporting health system effectiveness, resilience, and capacity through robust and intentional investments in health systems programming.
- USAID is continuing to advance the integration and joint funding of health system strengthening (HSS) activities across Operating Units (OUs) through three strategic approaches: (1) Strengthening PHC-oriented health systems, with robust health workforces, through USAID’s Primary Impact initiative; (2) Strengthening strategic global partnerships to advance cross-cutting HSS aligned with country priorities; and (3) Expanding agency guidance, tools and resources, and technical assistance capacity for HSS investments, across all levels of the health system.
- Regarding USAID’s HSS program investments, cross-cutting HSS contributions from each Global Health Program’s program line increased in fiscal year (FY) 2023, compared to FY 2022. However, there was a relative decrease in FY 2023 in the percent of OUs meeting or exceeding the legislative directive to use at least 10 percent of each GHP-USAID program line in a “Cross-cutting Health Systems” element. USAID is continuing to refine guidance, increase technical assistance, improve program monitoring, and adjust internal tracking processes to help advance implementation of the directive and to ensure cross-cutting HSS implementation is adequately embedded across USAID’s programs to meet country health system needs.
- OUs report progress on two (quality improvement and financial risk protection) of the three standard indicators annually used to monitor cross-cutting HSS investments. Support is being provided to enhance programming as needed. Additional standard and optional metrics are being developed and rolled out for improved HSS monitoring and reporting going forward.
- The Bureau for Global Health (GH Bureau) continues to support Missions to plan and implement context-specific activities that will increase the sustainability of HSS investments across health program areas, with a number of examples included below.

In FY 2023, USAID continued to advance the integration and joint funding of health system strengthening (HSS) activities across Operating Units (OUs). Investments in HSS help USAID reach its priority global health goals of preventing child and maternal deaths, controlling the HIV/AIDS epidemic, and combating infectious disease, which directly contributes to strengthening global health security. Cross-cutting HSS activities take a comprehensive approach aimed to result in system-wide efficiencies and/or improved integrated health system performance. These activities aim to promote financial protection, efficiency, and affordability of health services in general; ensure the quality or availability of an essential package of prevention, promotion, treatment and care services; enhance equitable access to priority services by under-served, marginalized and other high priority groups; and ensure responsiveness to people's expectations. This report includes information on USAID's cross-cutting HSS activities. Except for HIV/AIDS, which is addressed in the PEPFAR section of this report, each USAID-implemented program area has a Standardized Program Structure and Definition (SPSD) code for cross-cutting HSS. By definition, funds programmed under these codes must support integrated, or cross-funded, HSS activities. This budget coding category is not inclusive of all HSS investment but was used in FY 2023 (as in past years) to track implementation of the 10 percent directive for cross-cutting HSS.

The GH Bureau facilitated implementation of this directive and reporting requirement by working with operating units across the Agency. The GH Bureau developed technical guidance including illustrative examples of cross-cutting HSS investments that align with program area objectives to help guide appropriate, integrated Mission planned investments. The GH Bureau also conducted outreach to Agency operating units through webinars and individual consultations during the development of FY 2023 Operational Plans.

The GH Bureau is working with Operating Units to advance integration and joint funding of HSS activities through multiple strategic approaches. First, USAID's approach to strengthening health systems is largely centered in supporting partner countries to accelerate efforts towards Universal Health Coverage (UHC), with primary health care (PHC) as a backbone of UHC. Launched in 2022, USAID's Primary Impact initiative¹ is working to accelerate progress in health and life expectancy globally through primary health care. Primary Impact works with partner countries as part of a learning model for how country-led teams, donors, local stakeholders, and other partners can work across health portfolios to coordinate investments in the systems and processes that drive PHC. Primary Impact now has 11 focus countries.² In these focus countries, USAID is working to orient our investments around the country's own strategies for strengthening PHC and HSS. In these countries, integrated HSS funding is being utilized to bolster cross-cutting health system capacity to deliver and sustain equitable, comprehensive, and integrated PHC and public health services across the lifespan. Integrated programming is

¹ <https://www.usaid.gov/global-health/primary-impact>

² In 2022, Primary Impact launched in an initial seven focus countries across Africa and Asia: Côte d'Ivoire, Ghana, Indonesia, Kenya, Malawi, Nigeria, and the Philippines. In 2024, it expanded to India, Rwanda, Uganda, and Vietnam.

critical to creating more collaborative, streamlined and efficient acceleration of primary health care and HSS outcomes. These efforts advance the Global Health Workforce Initiative³.

Second, USAID is working to strengthen partnerships that will help to advance cross-cutting HSS aligned with country priorities. For example, USAID is a founding partner of the Community Health Delivery Partnership (CHDP), launched at the 2023 World Health Summit and intended to coordinate commitments to deliver on National Action Plans for community-based PHC globally, following the model of our work in Primary Impact focus countries. CHDP aims to accelerate the objectives of the Community Health Roadmap, an existing partnership with 16 low-income countries⁴ and key global health institutions. USAID is working with CHDP partners and national governments to improve access to and use of standardized data to identify policy and program gaps and align investment and catalytic action to advance community health worker status, rights, and protections. USAID is also fostering strong partnerships through our pharmaceutical system strengthening investments, aligned with country priorities. USAID invests in strengthening national regulatory authorities at the national and regional level, supply chain management, and pharmacy management systems to accelerate access to and appropriate use of quality products that are safe and effective while facilitating a viable marketplace for manufacturers of quality health commodities while removing falsified and substandard products from the market.

Finally, USAID is working to strengthen agency guidance, tools, and resources for strengthening health systems investments. USAID is continuing to expand its suite of technical resources for programming cross-cutting HSS, including but not limited to strengthening the implementation of evidence-based approaches under the HSS Learning Agenda, working to advance localization efforts for HSS, and supporting multi-sectoral coordination for UHC, including at the nexus of climate resilience, recovery from shocks or conflict, and strengthening coordination for global health security. USAID/Washington continues to provide significant technical assistance to Missions designing and managing an increasing number of cross-cutting HSS bilateral programs. Additionally, USAID is co-leading an effort to strengthen cross-cutting HSS measurement, in partnership with the World Health Organization, other donors, and multilateral partners. This effort aims to develop a harmonized and prioritized set of cross-cutting HSS indicators used across donors and partners. This will help to reduce reporting burden, support shared focus on priority investments, and ensure that USAID programs are better able to track and monitor HSS progress.

³ <https://www.whitehouse.gov/briefing-room/statements-releases/2024/05/15/fact-sheet-global-health-worker-initiative-ghwi-year-two-fact-sheet/>

⁴ Afghanistan, Burkina Faso, Central African Republic, Democratic Republic of Congo, Cote D'Ivoire, Ethiopia, Haiti, Kenya, Liberia, Malawi, Mali, Mozambique, Niger, Uganda, United Republic of Tanzania, Zambia

PEPFAR-Supported Health System Strengthening Programming

PEPFAR's Five-year Strategy: Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030 includes a focus on integration to achieve sustainability, as well as a strategic pillar focused on public health systems and security to protect HIV gains. Country Operation Plan/Regional Operation Plan (COP/ROP) 2023 guidance states that "PEPFAR should also strengthen health service delivery platforms, supporting partner government capabilities." Under the Department of State's Bureau of Global Health Security and Diplomacy, PEPFAR is committed to supporting the U.S. Global Health Security Strategy (2024) and accelerating the response to end the HIV/AIDS pandemic as a public health threat by 2030, including by sustainably strengthening public health systems.

While remaining focused on addressing HIV, PEPFAR has had a significant impact on the broader health systems of PEPFAR beneficiary countries, contributing to reduced HIV, while also having the effect of reduced all-cause mortality, and strengthening systems so as to address HIV, which also have had an impact on global health security and preparedness by better equipping partner countries to swiftly and effectively address HIV in ways that also help them address other disease outbreaks. This has been demonstrated during past outbreaks to include Ebola, COVID-19, and Mpox. PEPFAR has also contributed to tuberculosis (TB) services through HIV/TB programs and antenatal care and pregnancy services to prevent the transmission of HIV to mothers and babies. To provide life-long HIV clinical services, PEPFAR has helped to establish health care systems that deliver quality routine health care for chronic conditions like HIV. PEPFAR also scaled up laboratories and connected laboratory systems back to the clinic for timely diagnosis and return of results. Additionally, PEPFAR established patient data systems to ensure that patients received effective HIV services. In FY 2023, PEPFAR supported 346,000 health workers across partner countries. The extent of the achievements made possible through PEPFAR's support in 2023 are illustrated in Annex Part B.

PEPFAR is working to facilitate and catalyze Africa-based manufacturing of HIV diagnostics, antiretrovirals (ARVs), and other HIV-related products and commodities in collaboration with multilateral partner organizations, private sector, and partner country governments and collaborating with relevant partners to develop an alternative/complementary regulatory pathway in the medium term to long term for approval and certification of African manufactured HIV commodities. This will help build a supply chain that serves the HIV response and is resilient, responsive, efficient, and adaptable to outbreaks and emergencies.

PEPFAR has prioritized and made significant progress toward providing funding across PEPFAR Operating Units to local partners. This approach has increased the delivery of direct services and established significant capacity, capability, and durability of these local partners to ensure successful, long-term engagement to strengthen the health system in order to sustain impact of HIV investments, which builds resilience.

The African Public Health Institutes Collaborative (APHIC) is a PEPFAR central initiative implemented by the U.S. Centers for Disease Control (CDC) in partnership with Africa CDC in

support of local partners. APHIC is a peer learning collaborative, which is comprised of ten National Public Health Institutes (NPHIs) and other key governmental stakeholders, that aims to further integrate the HIV response into public health systems, including laboratories, surveillance, public health workforce, and data.

The PEPFAR Nursing Leadership Initiative (NLI) is a PEPFAR central initiative targeting nurse leaders across seven PEPFAR partner countries: Botswana, Cote D' Ivoire, Eswatini, Malawi, Nigeria, South Africa, and Zambia. The initiative aims to elevate and equip nurses across the countries with leadership skills needed to respond to HIV and emerging global health security threats.

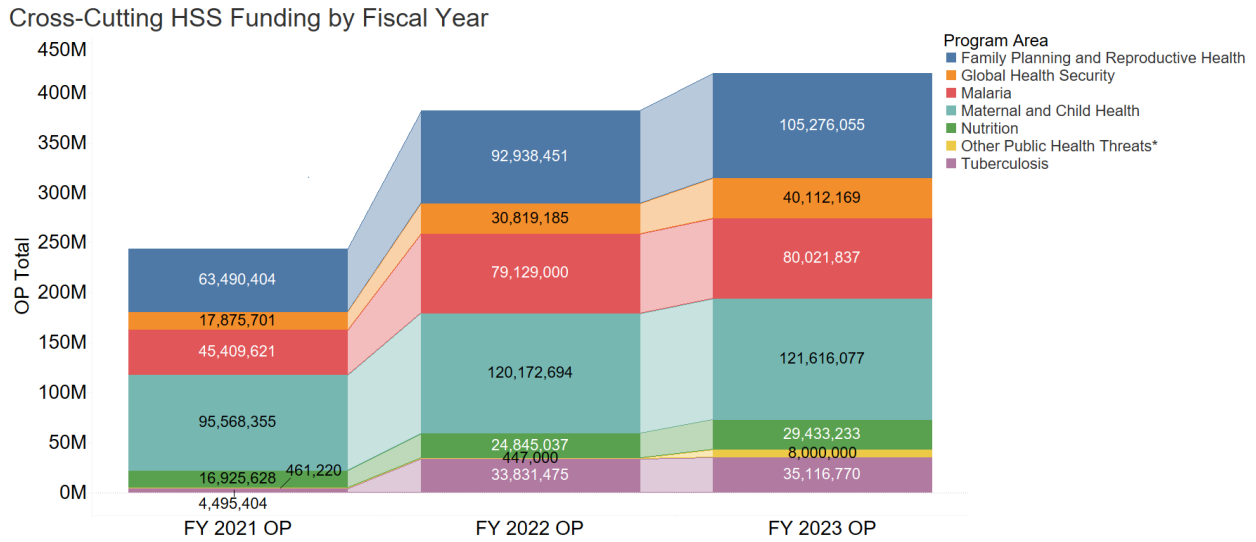
PEPFAR emphasizes alignment of HIV quality management (QM) with countries' own QM systems to reduce the presence of parallel QM systems in the country and support sustainability. PEPFAR Quality Assurance (QA) activities assess the quality and safety of services provided in the health facilities. Special emphasis is being placed on strengthening infection control and prevention (IPC) activities to protect patients and health care workers, prevent healthcare associated infections and safeguard the maintenance of essential health services during outbreak/pandemic events. Assessment of IPC standards and identification of weaknesses in reduction of infection transmission is expected to have the additional benefit to strengthen health systems, support public health emergency preparedness, and raise country and stakeholders' awareness of the importance of IPC.

(1) Baseline accounting of ongoing systems strengthening contributions from each program line in the table under Global Health Programs.

(1a) FY 2021, FY 2022, and FY 2023: Comparison of annual Operational Plan baseline accounting of cross-cutting HSS contributions from each program line in the table under the Global Health Programs-USAID account as of June 5th, 2024⁵

⁵ GHP-USAID HIV funds are excluded from this analysis - See section II.

Table 1. Cross-Cutting HSS Funding by Fiscal Year



*Other Public Health Threats: now includes \$8M for Health Reserve Fund

The chart shows cross-cutting HSS investments, which are programmed in addition to ongoing health system capacity building supported by individual program areas. USAID utilized the FY 2023 OP process to capture cross-cutting health systems strengthening contributions for each program area at the operating unit (OU) level. To isolate “jointly funded” HSS activities consistent with the FY 2023 House Report, USAID analyzed activities programmed under the cross-cutting HSS SPSD codes described above. As illustrated in the chart, in FY 2023, among the Global Health Program-USAID (GHP-USAID) program areas, maternal and child health (MCH) and voluntary family planning and reproductive health (FP/RH) accounted for the largest share of cross-cutting HSS activities. Approximately 13 percent of MCH funding and 20 percent of FP/RH funding was programmed to cross-cutting HSS.

(1b) Percent of OUs Meeting or Exceeding the Use of 10 Percent of GHP-USAID funds to Program into the “Cross-cutting Health Systems” Element within Each Program Area for Integrated Health System Strengthening (HSS) Activities

Table 2. FY 2022 and 2023 OU Results for Meeting or Exceeding Minimum 10% Directive Across Program Areas

	FY 2022	FY 2023 (as of June 5, 2024)
% of relevant OUs meeting or exceeding 10% thresholds across all program areas	52% (30/58)	23% (15/64)
% of relevant OUs meeting or exceeding 10% thresholds across some, but not all, program areas	33% (19/58)	50% (32/64)
% of relevant OUs not meeting or exceeding 10% thresholds in any program area	15% (9/58)	27% (17/64)

The FY 2024 Senate Report required an update to the FY 2022 report detailing progress on the integration and joint funding of health systems strengthening activities including the implementation of the 10 percent directive. The directive applied to relevant OUs that received at least two types of GHP funding. In the FY 2023 process, which was the second year of operational planning with the HSS directive in place, overall topline HSS investments continued to increase year over year, as some OUs continued to grow their investments. There was a decrease in the number of individual OUs meeting or exceeding the 10 percent directive for each program area, due to a number of potential factors enumerated below. Fifteen OUs have met or exceeded the 10 percent thresholds across all program areas (compared to 30 OUs in FY 2022). Thirty-two OUs met the relevant thresholds for some, but not all program areas (compared to 19 OUs in FY 2022); and 17 OUs did not meet the relevant thresholds in any program area (compared to 9 OUs in FY 2023) (See Table 2). OUs in the latter two categories provided rationales for each program area that did not meet the directive thresholds. OUs described their challenges and considerations for programming FY 2022 funds for cross-cutting HSS. The relative decrease in OUs meeting or exceeding the 10 percent thresholds in all program areas, compared to FY 2022, is likely due to a number of factors including:

- Some countries did not meet the 10 percent for each program area based on their portfolio priorities, but were close to doing so (eg, 8% or 9%).
- In other countries, health system strengthening investments are challenging because of their emergency contexts, including ongoing conflict, economic crises, and responding

to the ongoing impacts of the COVID-19 pandemic; in these contexts direct service delivery was prioritized.

- Some countries were included in the tally for the first time this year, due to receiving new Global Health Security (GHS) funding, and they were not able to pivot programs immediately.
- Finally, in other countries, HSS investments may not have been included in this report because they were not reported as jointly funded and jointly planned. In those countries, further opportunities for integration across program areas are being explored. In their operational planning rationale, OUs also described potential future shifts in programming that will enable them to better meet or exceed the thresholds going forward.

While the continued increase in overall cross-cutting HSS funding is evidence that HSS work is increasingly prioritized, the GH Bureau is continuing to refine guidance, increase technical assistance, and improve measurement to help advance implementation of the directive and to ensure cross-cutting HSS implementation is adequately embedded across USAID's programs to meet country health system needs. This support from the GH Bureau has proved useful for Primary Impact countries. In the seven Wave 1 Primary Impact countries⁶, two countries met or exceeded the threshold in all areas, and five countries met or exceeded the threshold in many but not all program areas. No Primary Impact countries across both waves missed the 10 percent minimums in all program areas.

(2) Detail on reporting and performance indicators used to track and coordinate such efforts

(2a) Reporting and Performance Indicators Used to Track and Coordinate Cross-Cutting HSS Efforts

USAID's cross-cutting HSS activities include monitoring, evaluation, research and learning (MERL) plans to account for the complexity of health systems. These MERL plans include indicators and metrics to track and monitor HSS progress and contributions. USAID's annual Performance Plan and Reporting (PPR) process is an annual performance data call across program areas worldwide. The PPR includes both indicator and narrative reporting. At minimum, where applicable, OUs utilize USAID's annual PPR indicators to measure USAID investments in health system functions, including the provision of quality essential health services, financial risk protection and population coverage/equity, and health system responsiveness. Last year, USAID developed a fourth indicator on health workforce management at facility and community levels, and this year, Missions are planning to incorporate this indicator, where applicable, for the PPR going forward, given the vital importance of the health workforce as the cornerstone of achieving country health goals

⁶ Wave 1 PI countries (Côte d'Ivoire, Ghana, Indonesia, Kenya, Malawi, Nigeria, and the Philippines) were the first countries to develop and implement Primary Impact Action Plans.

In the FY 2023 reporting year (the most recent year for which complete data are available; see Table 3), 25 missions reported on the indicator on health system responsiveness, 13 reported on financial risk protection, and 27 reported on quality improvement, representing significant increases in data collection from the previous year. Of these, 69 percent of Missions met their targets for enrollment in financial protection schemes that were strengthened by USAID technical support (the financial risk protection indicator), and 67 percent of Missions met or exceeded their targets for increased facility utilization related to quality improvement activities. Health system responsiveness targets were met or exceeded by 28 percent of Missions, indicating the need to address persistent gaps in continuity of care.

Table 3. FY 2023 PPR Reporting and Results

PPR Indicator	Number of OUs Reporting (with relevant program assignments)	% of OUs that Met or Exceeded Targets
Health System Responsiveness	25	28%
Financial Risk Protection	13	69%
Quality Improvement	27	67%

Additionally, the GH Bureau is developing a prioritized list of common HSS indicators. This list includes the required PPR indicators as well as others that reflect key areas of HSS investment shared across health programs. These indicators will be made available, with GH Bureau support, for Missions to incorporate into programming to more systematically track the immediate outputs of cross-cutting HSS activities and better understand the systems-level outcomes of cross-cutting HSS activities at the OU level. This ongoing effort aligns with the multi-donor measurement partnership described above.

Finally, USAID uses the Health Service Coverage Index, a globally available Sustainable Development Goal metric (SDG 3.8.1), as one overarching indicator to track and communicate progress of the overall health sector portfolio. In particular, our HSS investments aim to contribute to improving progress on the Service Capacity and Access component of the Index, which includes indicators related to core health system components (e.g. health worker density). These investments are critical to make and sustain progress on key health outcomes to save lives, protect communities from deadly diseases, and promote social and economic progress.

(2b) PEPFAR Reporting and Performance Indicators

In FY 2023, PEPFAR used a variety of planning and reporting data sources to help all parties understand and assess the impact of PEPFAR's health systems strengthening investments on reaching 95-95-95 global goals, advancing HIV sustainability efforts and improving population health outcomes.

Planning Data. Within PEPFAR's Financial Classification Guide, investments that support health systems broadly fall under 'Above Site' i.e., any investments that are not at the site level and do not involve actual service delivery (for example, district health office, national government). During PEPFAR planning cycles, budgets allocated to above site investments are described within a tool that is within but separate from the overall budgeting framework tool. This allows PEPFAR to effectively plan benchmarks, outcomes and budgets for each above site activity that will support health systems.

Performance Data. These data are collected and reported through a variety of mechanisms that help improve transparency among all stakeholders and allow robust monitoring of planned investments. These include:

- (1) Annual PEPFAR expenditure reporting: Annex A provides a summary of FY 2023 above site expenditures by sub-program area for FY 2023. These are linked to the planning data described above.
- (2) Annual Human Resources for Health (HRH) Inventory: This inventory summarizes the number and type of support PEPFAR provides to different cadres of health care workers (See Annex B). It is an essential element for sustainability planning and workforce development needed to sustain the gains achieved in the response to HIV.
- (3) Annual reporting-out of progress in achievement of Above Site activities: During the third quarter of every year, all operating units report on progress against benchmarks and expected outcomes of above site investments (as articulated in the planning tool described above). This allows for an open and transparent discussion on how PEPFAR above site investments both directly support HIV service delivery and sustainably strengthen public health systems.

As PEPFAR continues to refine its approach to sustainability in alignment with the PEPFAR Strategy, data for planning and reporting are routinely reviewed and updated to ensure effectiveness, efficiency and impact of PEPFAR investments to end HIV as a public health threat.

(3) Description of steps taken, or planned to be taken, to ensure systems strengthening investments are sustained by host countries.

(3a) Description of Steps Taken, or Planned to be Taken, to Ensure HSS Investments are Sustained by Host Countries

USAID has provided guidance to Missions and is supporting them to plan and implement activities that will increase the sustainability of investments across health program areas. HSS includes the strategies, responses, and activities that are designed to sustainably improve the performance of a country's health system. These investments help countries strengthen their health systems so they can sustainably provide increasingly equitable, high-quality care aligned with country goals across all levels of the health system, particularly at the PHC level; enable health systems to be resilient during health emergencies and adaptive to crises; and be better prepared to prevent, detect, and respond to infectious disease outbreaks. While sustainability approaches vary by country, they include encouraging investment in the health workforce and particularly PHC workers; investing in country-owned systems, platforms, and governance capacity; and strengthening the capacity of local institutions to identify and lead solutions for their own health systems. Sustainable financing interventions are also critical because sustained health financing means adequate funds for healthcare are raised in ways that protect people from financial catastrophe or impoverishment from paying high out of pocket costs for health services.

The following are a few of the many examples of how USAID approaches to HSS explicitly incorporate efforts to ensure sustainability of these investments.

- **USAID Helped Ukraine Adopt Telemedicine Technologies to Fill Gaps in the Health System.** Telemedicine is a crucial resource for Ukraine's health system following the internal displacement and departure of thousands of highly trained health workers. Health facilities rely on telemedicine for a wide variety of services including urgent teleconsultations from intensive care units and operating rooms, telerehabilitation, and remote monitoring of people with chronic health conditions. Ukraine's Ministry of Health adopted six new commercial telemedicine technologies into the public health system with USAID's assistance by creating a standardized evaluation and implementation process. USAID assisted the Ministry of Health to pilot several telemedicine technologies, evaluate their interoperability with Ukraine's existing eHealth platform and offer training and technical support. As of May 2024, telemedicine had connected patients to over 500 healthcare facilities and enabled nearly 25,000 consultations.
- **USAID Strengthened the Capacity of the Health System and Local Non-Governmental Organizations (NGOs) to Address Migrants' Health Needs in Colombia.** Many of the migrants arriving in Colombia, primarily from Venezuela, do not have access to PHC and rely on emergency care facilities for basic health services. This strains emergency health facilities and their limited resources and workforce and places a strain on public health

budgets. USAID worked with communities receiving high numbers of migrants to identify solutions and strengthen the capacity of local NGOs to provide health information to migrant families. Through grants from USAID, local NGOs like Fundación Mahuampi improved governance, fundraising, stakeholder coordination, and planning capabilities. USAID also supported the Ministry of Health in developing a ten-year national health plan that includes planning for migrants' health needs to manage the demand on the health system. Fundación Mahuampi used the strengthened capacity it gained from USAID's grant to deepen connections with community leaders, local government units, NGOs, and donors. The organization developed a community engagement and outreach strategy that enabled them to support more than 7,830 migrants with enrollment in the national health insurance system. These successes position local organizations like Fundación Mahuampi as trusted advocates for migrants and help reinforce inclusivity, increased trust in public systems, and access to quality health care services.

- **USAID Supported Namibia to Advance UHC through Expanding Access and Enhancing Quality of Health Services.** To address persistent gaps in access and the quality of health care across Namibia, the Namibian government, with the support of USAID using PEPFAR funds, made significant progress toward reforming the public health system for the attainment of UHC. USAID helped the Ministry of Health and Social Services to create a UHC policy framework by convening and engaging key health sector stakeholders through newly established UHC governance structures. The support also included the development of an Essential Health Services Package (EHSP) to clarify the interventions to be provided at different levels of the public health system, ensuring responsiveness to population health needs and increased equity in access. Relatedly, USAID assisted with generating and costing combinations of services and delivery modalities in the EHSP to gauge budgetary impact and affordability, guiding critical decisions around reorienting services for increased return on public investment. Key to informing EHSP delivery scenarios and their cost is a workload analysis of public health cadres, also conducted with USAID assistance, to calculate staffing needs. The workload analysis will be used to inform recruitment and deployment of health workers to ensure equitable distribution of the workforce, enabling the delivery of the EHSP. The support provided by USAID will allow Namibia to make accelerated progress towards UHC by providing high quality yet cost-effective health services that are responsive to the country's health needs and address prevailing inequities.
- **USAID Strengthened Capacity of Local Partner to Support the Subnational Government Health Offices for Health Data Transformation in Indonesia.** More than 80 percent of health facilities in Indonesia do not have digital technology and health facilities must rely on hundreds of different apps to find health data, resulting in fragmented and siloed data across a variety of systems. To address these issues, in 2021 Indonesia's Ministry of Health published the Digital Health Transformation Strategy Indonesia 2024. USAID selected Castellum Digital Indonesia (CDI), a local, private sector Indonesian firm, to support the implementation of the government's strategy through technical

assistance for the digital transformation of Provincial and District Health Offices. As a first step, USAID supported CDI to strengthen its organizational capacity, helping the organization develop an action plan for improving monitoring, evaluation and learning (MEL) and project management. CDI also received financial management training for appropriate project budget planning and management in accordance with USAID standards and policies which is essential for future collaboration with USAID. Today CDI has received direct funding from the Ministry of Health to support the enhancement of their national health information system that manages all the national health indicators for reporting. CDI is also helping subnational health offices meet targets of the national digital maturity index, develop and implement health information systems strategies and interoperability roadmaps in each district, and support districts to improve the quality of their data. As a result, engagement across provincial and district health offices tripled and measures of digital maturity across these sub-national units increased between 2022 and 2023.

- **USAID Supported Pharmaceutical Companies to Achieve WHO Prequalification (PQ).** WHO prequalification is a significant achievement and important step toward self-reliance, as it signifies a manufacturer's capability to produce a product that meets globally acknowledged quality standards and secures market authorization. This achievement can reduce a manufacturer's dependence on external technical assistance. With USAID's support, Swiss Pharma Nigeria (SWIPHA) achieved WHO prequalification in May 2023 for zinc sulfate dispersible tablets, a medicine used to treat diarrhea in children. SWIPHA Nigeria is the first WHO-prequalified manufacturer in West Africa. In Pakistan, USAID supported PharmEvo to achieve WHO PQ for zinc sulfate dispersible tablets and syrup in July 2023 through facilitated technical discussions with WHO which helped to accelerate the timeline and reduce costs for PQ. Pakistan became the first country in the world to have PQ for zinc sulfate oral solution and the fourth lower-middle income country to have a prequalified manufacturer to produce pediatric zinc sulfate dispersible tablets.
- **USAID Supported Regional Regulatory Harmonization Efforts in Africa.** National Medical Regulatory Authorities (NMRAs) play an important role in pandemic response because they ensure the quality, safety, and efficacy of medical products (i.e., diagnostics and other devices, vaccines, and drugs). USAID has long supported regulatory harmonization through partnerships with regional institutions and networks, including the African Union Development Agency's African Medicines Regulatory Harmonization (AMRH) initiative to improve collaboration and converge technical standards and guidelines for medical registration and the adoption of international and regionally endorsed standards. The AMRH initiative was created to operationalize the African Medicines Agency which will promote more efficient and higher quality regulatory oversight for medical products on the continent and enable competitive growth of the pharmaceutical industry. USAID also helped develop a framework through the African Vaccines Regulatory Reliance Network to help countries avoid duplication and increase efficiency in their regulatory processes and provided technical assistance

to laboratories across Africa and seed funding for what evolved into a locally led continental laboratory network.

(3b) Cross-cutting efforts to strengthen local health workforces

A comprehensive, trained, protected, well-equipped, and supported workforce is a key component of any health system⁷ and is the backbone for PHC, as it allows for the expansion of equitable access to public health services and health care across the globe.⁸ The health workforce, and particularly frontline health workers who are delivering PHC, are the foundation of health systems. USAID's investments in the health workforce are central to advancing the Administration's Global Health Worker Initiative (GHWI), which recently marked its two-year anniversary. Examples of USAID's integrated investments in the health workforce, with funding from more than one health area, are included below.

- **USAID is Helping Strengthen the Health Workforce in Jordan through Continuing Professional Development and Standardized Training for Infection Prevention and Control.** To improve the quality of care across the public and private sector, USAID partnered with Jordan's Ministry of Health to establish a system mandating all licensed health workers fulfill Continuing Professional Development credit hours to renew their license by 2026. USAID is also assisting the government to standardize infection prevention and control (IPC) training for public and private health workers and collaborated with the Health Care Accreditation Council to develop a certified IPC course to build, standardize, and sustain infection control programs in health facilities. Certified participants must train staff in their respective health facilities on IPC best practices, including surveillance of infection cases. Standardizing IPC interventions at the national level will help protect patients, health care workers and will promote the appropriate application of IPC measures to reduce the spread of infections and the need for antimicrobial use.
- **USAID Trained Nigerian Health Workers in Referrals to Improve Health Care.** In Nigeria's Nasarawa State, USAID trained over 400 health care workers on the country's minimum package of health services and the referral system to improve the referrals process for patients who need specialized care. Health care workers learned how to handle requesting authorizations, processing claims, managing data, and ensuring functionality of the system that links PHC centers to secondary care facilities. A month after the training, referrals from primary care providers to secondary facilities increased by more than 235 percent, especially for pregnancy-related surgeries, diabetes, anemia, and hypertension. The training led to improved operations and a more efficient working relationship between primary care and secondary care facilities, which means fewer delays and faster delivery of appropriate levels of care for patients.

⁷ <https://www.whitehouse.gov/briefing-room/statements-releases/2024/05/15/fact-sheet-global-health-worker-initiative-ghwi-year-two-fact-sheet/>

⁸ [WHO: Primary health care: closing the gap between public health and primary care through integration](#)

- **USAID Supported Stakeholders in Timor-Leste to Champion and Institutionalize Health Workforce Reforms.** Health care workers in Timor-Leste struggle with a lack of clarity about roles, required competencies, and policies surrounding performance evaluation and career progression. To address this, USAID supported institutionalization of human resource policies and manuals with the Ministry of Health. For example, the National Directorate of Human Resources enlisted USAID's support to work with civic, national, and regional stakeholders to develop the country's first job description manual to improve equitable access to employment, professional development, and promotion opportunities for current employees and those aspiring to join the health workforce. The MOH will be better equipped to lead a more motivated health workforce that provides quality services for a healthier Timor-Leste.

- **USAID is Helping Strengthen the Regulatory Workforce for Locally Manufactured Vaccines in Africa.** USAID is supporting the African Union to achieve a 60% production target for vaccines produced in Africa by 2040. To achieve that target, an estimated 10,500 trained workers are needed for local vaccine manufacturing, and countries need strong National Regulatory Authorities (NRAs) for local production to meet international quality and safety standards. USAID, with COVID GlobalVAX funding, developed a Competency Framework for Regulators of Biologicals to support this effort and an accompanying assessment tool for NRA readiness to regulate vaccines.

- **USAID Strengthened Community Health Information Systems to Improve Health Service Delivery in Tanzania.** USAID continues to strengthen health information systems in Tanzania and is focused on data systems integration, digital systems, and technology and data use for decision making. USAID aimed to build a robust and reliable community health information system that supports delivery of comprehensive community HIV, malaria, Reproductive, Maternal, Neonatal, and Child Health (RMNCH), Tuberculosis (TB), and Family Planning (FP) services in line with the community health strategic plan. The implementation of the Unified Community Systems supports community and facility-based providers to exchange client's information on HIV, TB, family planning, reproductive, maternal, newborn, child health, and malaria. This enhances linkages between community and facility sites, tracking of clients, case identification, adherence, and referral management.

- **USAID is Supporting Health Workforce Systems Strengthening, Quality of Care, and Community Health Systems in Kenya.** Through integrated program funding, USAID is building on prior work to continue establishing work councils at the country level to provide a forum to address priority health worker concerns. Through this platform, county health teams and professional union representatives meet to discuss and address labor concerns and disputes, resolving issues that would have otherwise led to health worker strikes and reduced access to essential health services. USAID is also supporting counties to apply health workforce data from iHRIS for planning, budgeting, and decision making, develop quality improvement and integrated supportive

supervision plans, and work toward development of primary care networks including critical community services.

- **USAID is Strengthening Health Workforce Planning and Management Functions in Uganda.** USAID has supported an integrated human resource information system in Uganda, currently used for annual HRH audit reports and managing facility and community staff attendance and performance. Linked with this system, USAID supported the government to review and revise the staffing structure of the public sector health workforce, resulting in increasing the approved positions from 90,000 to 215,000 positions. The enhanced staffing structure will include new cadres such as counselors and provides an opportunity for improved delivery of HIV, malaria, Reproductive, Maternal, Neonatal, and Child Health (RMNCH), Tuberculosis (TB), and Family Planning (FP) services at all levels of care in the country as well as absorption of PEPFAR and other donor supported staff currently supporting the system. This work has also included support for an around the clock Ministry of Health call center which receives calls from communities and has been key in providing information for early detection of suspected events of public health threat in the country.

3c) PEPFAR System Strengthening Sustainability.

To support countries in ending HIV as a public health threat by 2030 and sustaining epidemic control, PEPFAR is reorienting its implementation approach to focus on long-term sustainability by strengthening the capabilities of governments to lead and manage the HIV response, in collaboration with communities, the private sector and local partners. PEPFAR's approach to sustainability is driven by the partner country government's vision for a resilient and responsive health system and is responsive to the remaining gaps that must be closed to sustain the HIV response. Country ownership and leadership of the HIV response is central to sustained epidemic control of HIV and a transformed program. PEPFAR has long invested in health systems to strengthen and fill partner country system gaps, impacting the capacity and quality of services provided by local governments and providers. As countries reach a pivotal point in the HIV response, planning for political, programmatic, and financial sustainability is increasingly important.

In collaboration with countries, and in alignment with multilateral partners, including UNAIDS and Global Fund, PEPFAR is supporting the development of Sustainability Roadmaps. PEPFAR has worked closely with UNAIDS to develop guidance for countries to convene stakeholders and determine the vision for the future of the HIV response, and the high-level outcomes that must be achieved in order to sustain the response. The Sustainability Roadmaps will be living documents which will be embedded within existing national strategic planning processes. The initial vision and high-level outcomes portion of the Sustainability Roadmaps are intended to be completed by December 1, 2024, and will guide PEPFAR's COP25 and ROP26 processes.

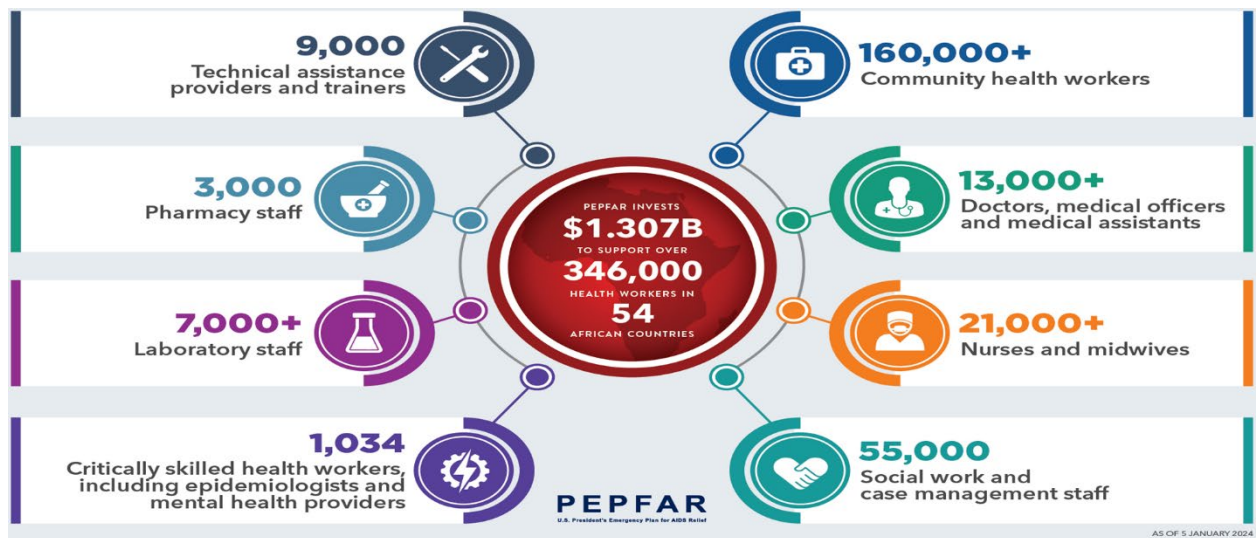
USAID and GHSD/PEPFAR will continue efforts to harmonize measurement and program planning approaches to health systems strengthening, aligned with country priorities for health system strengthening.

4) ANNEX 1: PEPFAR Investments

A. FY 2023 PEPFAR Above Site Expenditures by Sub-Program Area



B. PEPFAR Support of Health Workforce in FY23 by health worker cadre.



^[1] Data Sources: Annex Part A: Expenditure data are from PEPFAR Financial Classification Guide Annual Expenditure reporting and HRH inventory Annex Part B: PEPFAR Annual HRH Inventory.