



Health Systems Strengthening Accelerator Quarterly Performance Report Q1 2019

(September 2018 – December 2018)



The Health Systems Strengthening Accelerator

USAID's Health Systems Strengthening Accelerator (the Accelerator) is a global initiative to improve how health systems strengthening is done locally and globally. The Accelerator will connect locally-driven health system innovation with global knowledge, improve the institutional architecture for evidence-based and sustainable health system strengthening (HSS), and accelerate countries' journeys to self-reliant health systems

February, 2019

Cooperative Agreement No: 7200AA18CA00037

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This publication was produced for review by the United States Agency for International Development.

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Acronyms and Abbreviations

ACS - African Collaborative for Health Financing Solutions

AIDS - Acquired Immune Deficiency Syndrome

BAA – Broad Agency Announcement

BMGF - Bill and Melinda Gates Foundation

CAT - Country Acceleration Team

EGAL - Evidence Generation and Adaptive Learning

FARA – Fixed Amount Reimbursement Activity

HIV - Human Immunodeficiency Virus

HR – Human Resources

HRH - Human Resources for Health

HSDF - Health Strategy and Delivery Foundation

HSS - Health Systems Strengthening

HSSA - Health Systems Strengthening Accelerator

HSSA PM - Health System Strengthening Accelerator Progression Model

IT – Information Technology

JLN - Joint Learning Network for Universal Health Coverage

PEPFAR – President’s Emergency Plan For AIDS Relief

PMHIA - Progression Model for HSS Institutional Architecture

R4D - Results for Development

RF MERL - Rapid Feedback Monitoring, Evaluation, and Adaptive Learning

SPACES - Strategic Program for Analyzing Complexity and Evaluating Systems

SPARC - Strategic Purchasing Africa Resource Center

UNAIDS – United Nations Programme on HIV/AIDS

UNICEF - United Nations International Children's Emergency Fund

USAID - United States Agency for International Development

Introduction

This report summarizes performance under the Health Systems Strengthening Accelerator (the Accelerator or HSSA) during the first quarter (Q1) of fiscal year 2019 (October through December 2018).

Future quarterly reports will organize performance in sections including Progress By Objective, Progress By Work Plan Activities and Progress By Region/Country. Because activities conducted during this period were implemented in parallel to work plan development and focused primarily on developing the Accelerator's functionality, performance in this report is organized as Progress By Country and Progress Building Core Functions for Improved HSS.

Executive Summary (Quarterly Highlights)

During this inception period for the program, Accelerator staff at Results for Development (R4D) worked closely with USAID and program partners HSDF and ICF to develop work plans, define scopes of work, establish program infrastructure, and communicate with a diverse array of potential partners and collaborators. Country engagements in Cote d'Ivoire and Liberia also commenced during this period.

The Accelerator team made significant progress preparing for engagement with countries. During Q1 we:

- Drafted the Year 1 work plan and operationalized the Accelerator team
- Commenced discussions with USAID Missions in Cote d'Ivoire and Liberia for Accelerator engagements
- Outlined the HSSA's engagement principles, which include alignment with and responsiveness to multi-stakeholder country demand, country ownership, sustainability, collaborative processes, cultural competency, and continuous learning
- Defined the country engagement process, including demand identification mechanisms, country scoping, and implementation of Country Acceleration Teams
- Developed systems to track and cultivate incoming country demand
- Scoped potential thematic areas to inform the Year One work planning process
- Developed an operational plan for the Accelerator's coaching community and identified capacity building resources
- Landscaped global HSS knowledge aggregators
- Developed a taxonomy of approaches and tools for evidence generation and adaptive learning
- Initiated development of a Progression Model for HSS Institutional Architecture (PMHIA), which will evaluate the ability of a country to establish and sustain the functions, capacities and processes for a health system to be effective and efficient
- Developed a communications strategy and began targeted outreach

Project Summary

The Health Systems Strengthening Accelerator project is a five-year USAID-funded cooperative agreement to improve how health systems strengthening (HSS) is done locally and globally. The Accelerator connects locally-driven health system innovations with global knowledge, improves the institutional architecture for evidence-based and sustainable HSS, and accelerates approximately 20 countries' journeys to self-reliant health systems.

The Accelerator is designed to achieve the following results:

Result 1: Strengthened local institutional architecture for evidence-based HSS design and implementation in target countries.

Result 2: Improved quality of design and implementation of health system strengthening interventions around key themes in target countries.

Result 3: Accelerated progress toward HSS in several peer country groups (with approximately two to five countries per group).

Result 4: Existing global knowledge about HSS in use in partner countries

Result 5: New global public goods (knowledge products, tools, etc.) are created, disseminated, and adopted by global partners

Theory of Change

The Accelerator's overall theory of change is: *if we support countries to apply systemic analysis and adopt innovative, systems approaches to complex health system performance problems, then we will see countries with increased financial risk protection, improved quality of health services, and increased equity in the provision of those services. Those results in turn will contribute to attaining greater resilience to shocks and continuous improvements in health system performance for ending preventable child and maternal deaths, controlling HIV/AIDS, and combatting infectious diseases.*

Secondarily, we hypothesize that *how* we “support countries” affects both health system performance (e.g., how much improvement in financial risk protection occurs) and countries' abilities to continue making such improvements with less external assistance (i.e., how much they progress on the “journey to self-reliance”). We disaggregate the “how” of our support into several functions which when integrated together will yield the intermediate and higher-level results¹.

¹ The Accelerator's core functions are described more extensively in the HSSA Abridged Concept Note and in the Program Description of Cooperative Agreement No. 7200AA18CA00037

Progress By Country

Preparations for engagement in Cote d'Ivoire and Liberia began in the latter part of Q1, subsequent to discussions with the Office of Health Systems, USAID Missions, and country stakeholders.

Cote d'Ivoire

In October 2018 the USAID/Côte d'Ivoire Health Team expressed interest in working with the Accelerator to address the challenge of ensuring sustainability of HIV response. This expression of interest came with a set of pre-determined objectives and activities set forth by the funding sources of the Côte d'Ivoire buy-in, namely PEPFAR (through the COP 18 budget) and the Sustainable Financing Initiative. The initial scope of work was developed and focused on leveraging the Accelerator to contribute to achieving PEPFAR strategic objectives, including enhancing national capacity for governance, sustained leadership and ownership, and effective health policy adoption, particularly in regards domestic resource mobilization for HIV activities. The team, understanding that the scope of work proposed aligns strongly with both ongoing initiatives and government priorities in Côte d'Ivoire, sought ways to adapt it to reflect the Accelerator's extensive functionalities and incorporate related work such as R4D's collaboration with UNAIDS on the development of an HIV module for Côte d'Ivoire's Health Financing Systems Assessment.

Plans for a scoping visit to meet with key stakeholders of the Ivorian health system were initiated. The primary purpose of the visit would be to discuss key challenges to the sustainable financing of HIV programming activities, analyze root causes of these challenges, and identify priority areas and modalities of support from the Accelerator in coordination with ongoing technical assistance support from other donors and partners. As the first trip to the first Accelerator buy-in country, the scoping visit was also designed to test various communications approaches through presentation of the functions and objectives of the core Accelerator approach to potential partners and stakeholders in-country.

Liberia

In Liberia, the Accelerator team worked with the USAID Mission to outline a speculative scope of work inclusive of broad strategic support to the Health Financing Unit of the Ministry of Health, as well as co-development and country-led implementation of a costing model to inform further refinements of the FARA reimbursement agreement and other health financing reforms. Tools, processes, and meeting agendas for an initial scoping visit (which was conducted in early Q2) were developed.

Progress Building Core Functions for Improved HSS

Country Engagement

The Accelerator aims to work with key country stakeholders to identify needs for HSS innovation and launch Country Acceleration Teams (CATs) – a group of country change agents leading the system innovation process and serving as the locus of in-country activity— to implement solutions. Country Engagement priorities for Q1 included:

- Outlining the HSSA’s engagement principles, which include alignment with and responsiveness to multi-stakeholder country demand, country ownership, sustainability, collaborative processes, cultural competency, and continuous learning
- Defining the country engagement process, including demand identification mechanisms, country scoping, and implementation of CATs
- Developing systems to track and cultivate incoming country demand
- Conducting a scan of potential thematic areas to inform the Year One work planning process

Development of the Country Engagement Approach

Informed by an initial influx of country interest and USAID Office of Health Systems guidance, country selection criteria were defined and drafted. The criteria will be used to evaluate expressions of country demand and include elements such as the country’s broader political environment, the scope of work initially proposed by the country, and alignment with the priorities of relevant USAID Missions. The criteria were tested and refined during Cote d’Ivoire and Liberia buy-in discussions.

Scoping of Country Thematic Priorities for HSS

Accelerator staff began identifying priority HSS themes on which USAID Missions and country partners may seek the project’s support. This “demand scoping” builds on consortium expertise and includes a review of USAID strategy and past project documents, landscaping of global literature on common health systems challenges and HSS research priorities.

Preparing to Respond to Mission/Country Interest

Early in Q1 the Accelerator received expressions of interest from multiple countries and has developed tools for tracking the progression of each engagement. Initial discussions with *Cote d’Ivoire* and *Liberia* have transitioned into Mission field support activities, detailed later in this report. The team also had nascent-stage discussions with stakeholders from Tanzania, Myanmar, Ghana, and Nepal.

To improve efficiency and coordination of HSS support in Africa, the Accelerator worked with the Strategic Purchasing Africa Resource Center (SPARC) and the African Collaborative for Health Financing Solutions (ACS) to develop cross-initiative messaging for discussions with USAID Missions. Moreover, the Accelerator has leveraged SPARC and ACS for lessons learned from country engagements, scoping, and demand identification, among other topics.

In addition, the Accelerator and its AOR team have engaged in early discussions of potential partnership with the Joint Learning Network for Universal Health Coverage (JLN) Steering Group and is exploring how the Accelerator and JLN can work together to support Liberia, also a JLN country.

Coaching Community

The Accelerator aims to bring together HSS experts to support countries and develop a sustainable source of local and regional expertise. Q1 priorities for this Coaching Community included developing plans for coordinating with and leveraging similar approaches from existing programs.

Through dialogue with partners at SPARC and ACS, Accelerator staff further developed the vision for the Coaching function over the lifespan of the project. Plans for developing a web-based database of global experts and a coaching and mentoring capacity building and certification program were initiated. Extensive internal discussions were conducted to detail intersections between coaching and mentoring activities and country engagement, evidence generation and adaptive learning, and knowledge translation. Work planning also included dialogue with ACS and SPARC to determine how the three initiatives could collaborate on building and testing this coaching and mentoring approach in sub-Saharan Africa.

We conducted a landscaping of workshops, trainings, courses, and manuals across a range of geographies and mediums. The landscaping will inform the development of capacity building programs to build a core set of competencies for coaches and mentors. Additionally, the team began laying the groundwork for user research to inform the development of the database of global experts. The team also began conducting a series of informational interviews with experts in health systems, capacity-building, and organizational psychology to gather feedback on the coaching and mentoring approach.

Knowledge Translation

The Accelerator aims to provide tailored, practical, timely and on-demand information to equip local change agents with appropriate evidence for decision-making and action. In Q1, Knowledge Translation priorities included further landscaping global knowledge aggregators and modalities beyond those identified in the Accelerator's design phase.

The Knowledge Translation team began to map relevant platforms, networks, partnerships and initiatives in order to: 1) identify synergies among existing platforms and portals, 2) understand how knowledge aggregators are engaged in knowledge management related to HSS, and 3) explore potential partnerships and links to these existing resources.

The team began to draft a set of best practices for institutionalizing feedback loops that will enable the Accelerator to broker knowledge generated across the program and simultaneously find and build upon synergies with related global knowledge aggregators already operating in the HSS space.

Evidence Generation and Adaptive Learning (EGAL)

The Accelerator aims to develop and test new approaches that help advance global knowledge for HSS and improve the quality of HSS approaches through adaptive learning. Q1 priorities included codification of these approaches and identification of tools.

The team worked to iteratively develop a strategy for EGAL across the life of the project and a Year 1 work plan for its development and operationalization. Strategy and work plan development was conducted through small group sessions as well as larger workshops, with extensive internal discussions held with representatives of the Accelerator's other core functions to identify and detail intersections. USAID also provided input into these discussions.

To define the set of relevant methods and tools and further codify the EGAL approach, the team conducted a landscaping exercise of research methods and tools utilized by relevant initiatives such as USAID's Rapid Feedback Monitoring, Evaluation, and Adaptive Learning (RF MERL) and Strategic Program for Analyzing Complexity and Evaluating Systems (SPACES) MERL. Identified methods and tools were then mapped to the Accelerator's process and key research questions. This "taxonomy" will be used to develop communications tools to share, solicit feedback on, and implement the EGAL approach and methods in activities. Over time, it may be refined as an external resource on the Accelerator's offerings related to evidence generation and adaptive learning.

The team also conceptualized how EGAL approaches can support new country activities being initiated under the Accelerator, including problem identification methods and theory of change design for the Cote d'Ivoire activity.

Progression Model

The Accelerator began work on the development of a Progression Model for HSS Institutional Architecture (PMHIA), which will help map, assess and grow countries' capacities to continuously improve their health systems.

In Q1, the team engaged health system strengthening thought leaders to begin identifying functional elements necessary for self-reliance. These leaders included former Ministers of Health and academics that have supported public health graduate schools in developing countries. In addition, the Progression Model team developed an initial set of potential “domains” of institutional architecture from initial readings. A fuller literature review is ongoing and seeks to build on existing health system strengthening assessments and progression/maturity models. Finally, the team compiled a list of possible advisory group members to interview in Q2 to inform the next stage of work.

Communications

In Q1 the Accelerator team focused on strategic planning for communications and the initial launch and outreach efforts. A mini communications strategy was developed that identifies important audiences and stakeholders for the program (the result of a mapping exercise) and articulates our communications vision for success as follows:

1. Target audiences understand what the Accelerator is, what it does (and what it doesn't do) and they want to get involved (e.g., provide funding/field support, become a coach, become a partner, collaborate on in-country activities, access and share HSSA knowledge/tools/resources).
2. Technical content and HSS learnings are packaged and delivered in a way that maximizes uptake (both at the local level and at the global level).
3. The communications capacity of local and regional orgs and experts is strengthened.
4. HSS Accelerator impact is well documented and packaged in a way that's useful to USAID.

On October 8, we publicly launched the program with a [web announcement](#) and the creation of an HSSA Twitter account (<https://twitter.com/AccelerateHSS>). We developed interim branding for the program and featured the web announcement in R4D's monthly newsletter that is delivered to roughly 7,000 people. We also prepared a robust social media toolkit for partners to help promote the announcement. These efforts paid off — in Q1 the web announcement received 2,250 views (making this the best performing web announcement R4D has ever published) and the HSSA Twitter following grew to 329 (36% from the United States, 12% from Nigeria, 7% from the United Kingdom, 5% from Kenya and 5% from India) with 27.6K impressions.

The Accelerator team also conducted significant targeted outreach via one-on-one meetings and networking at the 2018 Global Health Systems Research Symposium in Liverpool, October 5-8, and at the R4D-hosted “Exploring New Models for Supporting Change Agents and Local Organizations” event on November 15. As a result, we have met with 40+ different institutions and many individuals who are eager to collaborate with the program. For these meetings, the communications team prepared an abridged version of the original HSSA concept note.

Materials were developed to support scoping trips to Côte d'Ivoire and Liberia, including a 4-pager overview of how HSSA works in-country and how it can add value to existing programs,

and a PowerPoint deck. Both pieces were prepared in French and English. In Q2 these materials will be adapted as we receive feedback from the scoping teams and USAID about the utility of the materials.

Program Management

During the first quarter, the Accelerator's management team prioritized development of the Year One work plan, operationalization of the program and its team and cultivation of strategic partnerships.

R4D held three days of kick-off workshops, beginning October 4th, 2018, convening program partners and staff to ensure common understanding on purpose, scope, stakeholders, obligations and operational start-up plans. A project management framework was created to provide clarity on roles and responsibilities for technical (Country Engagement, Coaching, Knowledge Translation, EGAL, Communications, M&E) and operational (HR, Finance, IT, Management) functions.

On November 20th, 2018, the Accelerator team submitted the first draft of its Y1 work plan, MEL plan, gender action plan and climate risk management plan to USAID. Iteration of the work plan continued with the AOR team through the end of the reporting period.

R4D continued to develop the Accelerator team, hiring four new Program Associates, one Administrative Coordinator and one Finance Officer to complement existing technical and operational expertise.

The management team also engaged in a variety of strategic outreach efforts which are summarized in the Collaborative Activities section of this report.

Collaborative Activities

Bill and Melinda Gates Foundation

Continuing a collaboration begun during the BAA process, the Accelerator team and USAID worked with the Bill and Melinda Gates Foundation (BMGF) to identify opportunities for co-investment. R4D submitted a formal proposal and received tentative approval for a grant of \$750,000 to supplement work with country change agents to identify locally-driven solutions to complex health systems challenges. (The grant contract from BMGF was formally signed in Q2.) Over a period of 12 months the investment will help catalyze the work of the Accelerator to quickly start-up and engage in country activities and support the launch of the thematic window on Improving the Health of Underserved Populations in West Africa.

Summary of Exploratory Meetings/Contacts

The Accelerator is designed to leverage a wide variety of local and global stakeholders as implementation partners, advisors, co-investors, knowledge partners and technical assistance (coaches). In Q1 the team initiated many exploratory meetings to inform the ongoing design of the program and to gauge interest and lay groundwork for future partnerships. Some of the organizations/individuals engaged with include:

- Approximately 22 meetings with over 40 individuals at the Health Systems Research Symposium, Liverpool, with senior representatives from international organizations (e.g., WHO), academia, global health donors, and implementing partners; in addition to potential individual recruits (full list of organizations met available upon request): October 8-12, 2018
- Hattaway Communications: CEO, October 22, 2018
- Former Minister of Health of Mexico: Julio Frenk, October 29, 2018
- McMaster University Health Forum: John Lavis, November 7, 2018
- Former Minister of Health of Peru: Midori de Habich: November 14, 2018
- MTaPS project: senior project staff, November 14, 2018
- GSK Global Health Programs: Access to Medicines program staff, November 16, 2018
- Bitran y Asociados: Ricardo Bitran, health financing expert, November 16, 2018
- Harvard School of Public Health: Tom Bossert, November 20, 2018
- UNICEF: David Hipgrave, November 26, 2018
- Institute for Development Studies: Gerry Bloom and colleagues, November 27, 2018
- World Bank Global Financing Facility (GFF): November 27, 2018
- Tulane University: David Hotchkiss and colleagues, November 28, 2018
- Harvard Program in Global Surgery and Social Change, December 20, 2018
- World Bank GFF: Cote d'Ivoire management, December 20, 2018

Financial Performance

A complete financial report for Q1 was submitted to USAID on January 31, 2019. To date, the program has implemented solely with core funds. Country buy-ins are anticipated in Q2.

Core Funds	Mission Funds	Total Obligated Amount	Q1 Expenditure	Remaining Balance
\$5,773,853.42	\$0	\$5,773,853.42	\$861,340.18	\$4,912,513.24