

BLUEPRINT FOR GLOBAL HEALTH RESILIENCE



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Summary

As demonstrated by the COVID-19 pandemic, USAID's global health programs must work together and within the full scope of development programs to strengthen health resilience. Resilience is the ability of individuals, families, communities, and countries to maintain and improve their well-being in the face of short and long-term shocks and stressors, and health and well-being are critical to resilience. Integration of health programming along with sustainable financing, actionable data, innovation, and whole-of-society partnerships will help ensure the world is better prepared for the next global crisis and enable countries to be self-reliant when addressing a range of shocks and stressors.

USAID brings several comparative advantages to building health resilience. These include:

- Organizational strengths and experience - we have local expert staff in over 80 countries supported by global leaders in Washington across a full range of global health and development programming for over five decades, who address a range of development contexts from fragility to graduation and who have deep experience within communities;
- Operational strengths - we have the ability to partner with a full range of organizations at global, regional, and local levels and through a variety of partnership modalities from grants and contracts to direct government awards and engagement with private sector organizations as well as multilateral bodies; and
- Technical expertise - USAID has developed technical innovations and approaches targeting individuals, families, communities, and local and national systems, all of which are critical to building health resilience.

Going forward, USAID will draw on its comparative advantages, promising practices, and past lessons learned to help ensure that the world is more resilient when faced with the next major health challenge.



Introduction

The current COVID-19 pandemic and past outbreaks of Ebola in Guinea, Liberia, Sierra Leone, and DRC, severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and the East Africa Rift Valley fever continue to underscore the urgent need to build health resilience. These outbreaks pose a threat to families and communities in their respective countries and the United States; they are national security and public health concerns. Health resilience requires public health services such as community mobilization, disease surveillance, and water, sanitation, and hygiene services as well as private sector collaboration. At its root, health resilience is based upon good governance and sufficient financing. Health resilience presence or absence is most evident during times of shock or crisis (e.g., global COVID-19 pandemic); still, it is founded on countries' ability to support health during times of relative stability and deliver quality healthcare to their citizens. Countries achieve health resilience by promoting care continuity through an integrated network, including the public sector, the private sector, faith-based organizations, civil society, local and international non-governmental organizations (NGOs), and communities. Health resilience increases when the entire health sector, together with its partners, operate in a coordinated and collaborative manner to optimize resources, are shock-responsive, and adapt as necessary to enable the whole population access to quality health services when and where they are needed.

The U.S. Government's global health programs, specifically those developed and implemented by USAID, have contributed to health resilience for more than 50 years. USAID will prioritize its work around a new strategic vision to build health resilience through integration and alignment of programs and expertise. The increasing frequency of novel infectious disease outbreaks and other health and non-health-related healthcare shocks and stressors within low- and middle-income countries will continue to impact the U.S. population. It is paramount that USAID act to assist countries in developing health resilience to minimize future healthcare risks.



Vision

USAID, led by the Bureau for Global Health (GH), strengthens resilience by addressing the negative health impacts caused by a range of shocks and stressors and increasing the ability of all people and communities to maintain optimal health. USAID and country partners will achieve health resilience through public health standards, community education, social and behavior change, outreach services, and access to healthcare facilities. Ultimately health resilience ensures that the health care needed by people and communities is available and accessible, at sufficient quality to be effective, without causing financial hardship.

Health resilience is a critical component of a country's self-reliance. USAID's Journey to Self-Reliance approach, articulated in the [2019 USAID Policy Framework](#), calls upon the Agency to partner with host country governments, private sector organizations, and other donors to achieve locally led and sustained results, help countries mobilize public and private revenues, strengthen local systems, capacities, and commitment, and accelerate enterprise-driven development.¹ Self-reliant countries are resilient and can plan, manage, adapt, and finance their continued development, even as challenges arise. In health, this means that countries can address and mitigate health-related challenges, whether from short- or long-term shocks or stressors. These stressors include epidemics, natural disasters, conflict, poor governance, discrimination, marginalization, gender-based violence (GBV), lack of safe water and sanitation, lack of access to sustainable and nutritiously produced food year-round, limited access to preventive and promotive health interventions, etc.

Health resilience is built when country-level health institutions and their partners (e.g., government, the private sector, non-governmental and faith-based organizations, communities, and families) work together to improve health and respond to day-to-day stressors (such as stockouts of drugs and supplies or health worker shortages). For example, the ability to maintain essential services during a crisis such as COVID-19 was facilitated by prior experience in adapting service delivery models to everyday stressors, including health worker shortages.

This blueprint for health resilience is explicitly inclusive of women and youth, persons with disabilities, marginalized groups, and the overall community and societal support systems and structures. It recognizes the need to address gender and other norms and inequalities that contribute to lower resilience levels and poor health among these groups. The inclusion of all individuals and families including marginalized groups regardless of socioeconomic status, education level, or political affiliation is essential to health resilience in a community.

¹ United States Agency for International Development, *Policy Framework: Ending the Need for Foreign Assistance*, Washington, DC, 2019.

Building Health Resilience

USAID has played a vital role in preventing, preparing for, responding to, and recovering from a range of infectious disease outbreaks, which has provided lessons to inform health resilience efforts. The global HIV epidemic required the scale up of health services at the local level. The Ebola outbreak in West Africa revealed the health system weaknesses and the need for integrated health service delivery so that local systems could simultaneously respond to the Ebola outbreak while continuing to provide essential services. The current COVID-19 pandemic highlights the interconnectedness of local and global health programs and service delivery. All of these lessons highlight the importance of engaging communities in preparedness, planning, and implementation to better understand community dynamics and structural inequalities that influence differential impacts of epidemics (e.g., increased risk for GBV, greater difficulty accessing services among lower-income groups and persons with disabilities, marginalized ethnic and religious minorities). These communities should be represented in risk communication, community engagement activities, and health services response. Consequently, diverse stakeholders' engagement is needed for informing public health responses.

USAID draws upon a vast and increasing network of partners and implementers (e.g., public sector groups, private entities, NGOs, professional societies, institutions, and faith-based groups). This network channels funds, provides technical assistance, and galvanizes leadership quickly for immediate action. Additionally, USAID and its partners strive to build local capacity to transfer program ownership to regional entities.

Health Resilience capacities:

Absorptive capacity: Prevention and coping measures to avoid permanent, negative impacts from shocks and stressors and to maintain health system stability.

(Ex. Implementing task-shifting or task sharing to optimize health workforce to meet priority needs.)

Adaptive capacity: The ability to make changes in response to longer-term change. The capacity of the health system to make adjustments while improving overall system performance.

(Ex. Leveraging digital solutions during COVID-19 for training and/or clinical decision support.)

Transformative capacity: The enabling environment for systemic change. The ability to make fundamental change that addresses underlying vulnerabilities and contextual dynamics which impact system performance and progress towards health outcomes.

(Ex. Instituting formal arrangements between public and private providers to share resources (workers, supplies, etc) during times of crisis.)



Lesson Learned: Collaboration across all sectors

The health sector alone cannot build resilience capabilities that enable prevention and response to pandemics and other major health-affecting events. Health resilience requires coordination and transition between and across health, development, and humanitarian programs to ensure they are appropriately aligned and include handoffs as necessary to build healthy and resilient families, communities, and countries. For example, as humanitarian interventions drawdown, recovery must align with ongoing or new development programs. Similarly, ongoing development programs can be scaled up and adapted to respond to humanitarian crises. Specific health threats, such as gender-based violence, can increase during crisis or stress and must be addressed across the portfolio; similarly, community engagement and community action are essential.

Many novel infectious diseases spillover from animal populations to humans due to increasing population pressures, unsustainable land and watershed management practices, decreasing biodiversity, economic growth, and other unchecked increased interactions between people and animals. For example, the COVID-19 epidemic is just the latest in a series of zoonotic diseases that plague society. Diseases passed from animals to humans are on the rise as the world continues to see environment-related stressors such as an unprecedented destruction of wild habitats by human activity. Furthermore, science suggests that degraded habitats may encourage more rapid evolutionary processes and diversification of diseases, as pathogens spread easily from nature to livestock and humans. Therefore, prevention, detection, and

response require closer alignment between different sectors, including through a one health² approach that explicitly recognizes the congruence of animal-human-environment sectors in promoting health.

USAID has a depth and breadth of in-country presence with the largest field staff of any international development institution, and an even larger cohort of experienced national staff, who have intimate knowledge of domestic capacity and limitations. This presence allows us to determine the most optimal, feasible, viable, and sustainable investments. In addition to global health expertise, USAID also brings a breadth of knowledge across the international aid portfolio.

- *Humanitarian Assistance:* When complex emergencies occur or disaster strikes, USAID's humanitarian assistance response through the Bureau for Humanitarian Assistance (BHA), saves lives by providing immediate life-saving assistance across the areas of food, water, shelter, health care, and protection services to people who need them most. USAID ensures that the protection of people in vulnerable and crisis-affected situations is central to its work by providing life-saving protection activities, applying safe and accountable programming principles, and promoting age, sex, and social inclusion. Specifically, USAID has made the prevention and response to GBV a key component of its humanitarian assistance, recognizing the critical impact this type of violence has on the lives of women and girls in times of crisis and conflict.³ USAID's humanitarian efforts empower communities to become more self-reliant by preparing them for disasters before they strike. Preparing for and responding to the health-related impacts of crises and major pandemics requires close coordination across the humanitarian to development nexus. Also, through USAID/BHA's lead federal coordinator role in the humanitarian assistance space, USAID has a track record of interagency coordination. USAID draws on the entire government's expertise to respond to multifaceted events, including specific responses to large-scale outbreaks and pandemics.
- *Water, Sanitation, and Hygiene (WASH):* Sustained access to safely managed drinking water, handwashing facilities and supplies and safe sanitation in homes, schools, and health facilities are critical to resilient and healthy lives.⁴ This public health infrastructure, backed by strong institutions, leadership, and good governance, and complemented by community-driven engagement, is the foundation on which health resilience for individuals, families, and communities is built.
- *Agriculture and Food Security:* Food insecurity has long-term impacts on the ability of families and communities to be healthy, develop, and prosper. Good nutrition is fundamental to a country's development, yet the cost, availability, and access to safe, nutritious food all year round remains a major constraint to improving diets across the lifecycle, with specific impacts

² USAID defines one health as a collaborative, transdisciplinary approach that recognizes the interdependence among the health of the environment, wild and domestic animals, and humans to achieve resilient and sustainable outcomes across complex systems from local to global levels.

³ United States Agency for International Development, *The United States Strategy on Women, Peace, and Security 2019*, Washington, DC, 2019.

⁴ United States Agency for International Development, *U.S. Government Global Water Strategy*, Washington, DC, 2017.

on infants, young children, and pregnant and lactating women.⁵ As countries aim to make more nutritious food available to their populations, there is a need to mitigate against risks caused when changes to the way land is used result in wild animal populations having more interactions with humans or with livestock which increases the chance that infectious diseases spillover from one species to another. The increasing utilization of meat based diets and the transportation of foods to urban settings also increases this risk. Creating explicit linkages between sectors is critical to health resilience. For example, GH participates in the Agency's Nutrition, Water and Resilience Leadership Councils, led by the Bureau for Resilience and Food Security, to elevate these sub-sectors, enhance intra-agency coordination, and maximize joint efforts.

- *Biodiversity/Environment:* Cross-sectoral development approaches drawn from multiple development sectors beyond health have shown improved development indicators beyond achievements possible in single-sector projects. Integrated Population-Health-Environment (PHE) projects have shown that increased access to and involvement of women in conservation and natural resource management activities positively impacts both families and the environment. Pressure on environmental and natural resources has been increasing as the global population moves past seven billion people and a larger percentage of those living in urban areas. To increase resilience and mitigate this demographic pressure, countries need to address interconnected development challenges through various productivity, environmental, economic, and social solutions, including health; infection prevention and control; and voluntary healthy timing and spacing of pregnancies.



- *Democracy, Governance, and Conflict Prevention:* The ability to provide health to a population is a critical factor in citizen perceptions of and trust in their governments and contributes to country stability.⁶ Similarly, country fragility, as evidenced by weak governance and the rule of law, or frequent unrest and political strife, can impede a country's ability to provide needed health services. Many national political processes, policies, and legislative actions impact individuals' and families' access to healthcare, potentially in unanticipated ways. Communities can be influential advocates for health and sources of accountability for quality health service provision. Close coordination between the democracy and governance sector and the health sector is needed to ensure effective policies and processes that support equitable access to services that meet the needs of women, youth, persons with disabilities, and other populations in vulnerable situations⁷, address issues of stigma, violence, and discrimination, and promote transparency and openness.⁸ Including civil society's voices in resilience policy and program design processes ensure that programs meet beneficiaries' needs and encourage citizen engagement when crises arise. These actions create societal-level conditions necessary for the early reporting of disease outbreaks and effective government responses. Similarly, many different global, regional, and multilateral organizations need to collaborate around global governance for health resilience to address the transboundary nature of many shocks, including outbreaks and pandemics.
- *Economic Growth:* Economic growth is inextricably linked to health resilience⁹ -- a strong economy can facilitate a country's ability to absorb shocks or stressors. Strong, equitable economies possess the ability to absorb shocks and mitigate impacts, especially for vulnerable populations. A healthy workforce that has sustained access to social protections drives productivity and inclusive growth. The development of a robust domestic financing system based on transparency and accountability principles is critical for mounting a sustainable, whole-of-society crisis prevention and response effort. Stable, diversified, and equitable economies with strong employment allow individuals, families, and communities to respond to possible economic uncertainties following an unexpected crisis and reduce financial hardship. A

⁶ United States Agency for International Development, *USAID Strategy on Democracy, Human Rights, and Governance*. Washington, DC, 2019.

⁷ "[Suggested Approaches for Integrating Inclusive Development Across the Program Cycle and in Mission Operations](#)" [Additional Help for ADS 201](#)" defines marginalized groups as "People who are typically denied access to legal protection or social and economic participation and programs (i.e., police protection, political participation, access to healthcare, education, employment), whether in practice or in principle, for historical, cultural, political, and/or other contextual reasons. Such groups may include, but are not limited to, women and girls, persons with disabilities, LGBTI people, displaced persons, migrants, indigenous individuals and communities, youth, older people, religious minorities, ethnic minorities, people in lower castes, and people of diverse economic class and political opinions. These groups often suffer from discrimination in the application of laws and policy and/or access to resources, services, and social protection, and may be subject to persecution, harassment, and/or violence. They may also be described as "underrepresented," "at-risk," or "vulnerable." "

⁸ United States Agency for International Development, *Youth, Peace, and Security Act of 2020*. Washington, DC, 2020.

⁹ Hynes, William & Trump, Benjamin & Love, Patrick & Linkov, Igor. (2020). *Bouncing forward: a resilience approach to dealing with COVID-19 and future systemic shocks*. Environment Systems and Decisions. 40. 10.1007/s10669-020-09776-x.

diverse economy and a strong tax base and system also minimize secondary shocks to domestic revenue generation, which impacts a country's health budgets. Finally, inclusive growth can be led by developing a robust private sector that can also provide redundancies and alternative options for financing and service delivery during crises and disruptions to government systems.

- *Education:* The more educated individuals and families are, the more likely they are to be healthy; research has shown that a mother's education is the most important correlation for child health.¹⁰ Conversely, when individuals and families are healthier, they are more likely to access the available education. Schools are an essential place for conveying biological and health information, thus enabling people to be healthier overall. In the context of pandemic preparedness and response to other shocks, education, and the accessibility of new information, improve individuals, families, and communities' ability to adopt new behaviors to protect their health. During a pandemic or emergency, new information about changing conditions and appropriate actions must be quickly disseminated, continually updated, and trusted and understood by the population.

USAID's Approach Going forward: Improved collaboration throughout USAID

USAID will strengthen linkages across its entire programming portfolio (e.g., health, development, and humanitarian assistance). This approach will promote program efficiency and reinforce synergies between health and economic development, agricultural production and environment, safe housing, governance, and education, for example. By better, more deliberately, and more comprehensively linking its humanitarian assistance efforts to its health and other development programming, USAID will promote program continuity for beneficiaries transitioning from shocks. USAID will use its internal expertise, leadership, and proven approaches from Humanitarian Assistance and Global Health Security to leverage health to support an all of USAID strategy for strengthening resilience. The agency will layer its health efforts with other multi-sectoral activities to reach the people of greatest need and address the most significant barriers to resilience (fragility, conflict, disasters, illness, inequality between men and women, violence, including GBV, etc). Health development efforts in coordination with humanitarian assistance will optimize coverage and support for populations in vulnerable situations.

Health development projects will use adaptive management, conflict-sensitive, and complexity-aware approaches where appropriate. These approaches will improve projects' flexibility, effectiveness, and responsiveness and support spanning the humanitarian assistance (HA) and development assistance (DA) continuum. In line with USAID's resilience policy, this multi-phased approach recognizes humanitarian principles and "Do No Harm" approaches. Such an approach may include providing technical assistance in development practices to humanitarian assistance teams; this assistance would help bridge the transition between HA and DA efforts and vice versa. Technical assistance in humanitarian practices to GH teams would continue to support work in conflict/post-conflict settings,

¹⁰ United States Agency for International Development, *U.S. Government Strategy on International Basic Education*, Washington, DC, 2019.

disease outbreaks, and recovery from disasters. Health projects will also explore opportunities for greater cross-sectoral collaboration to be more effective in building country resilience. Health approaches may need to be designed for the long-term to ensure that resilience-building efforts can be fully developed, tested, and sustained over periods of crisis and recovery.



Illustrative Spotlight: GH Linkages with other Sectors

GH enjoys close coordination and collaboration across the agency on Children in Adversity and overall Gender and Youth programs, which can be leveraged to support cross-sectoral and sustainable resilience efforts. For example, GH contributes to the U.S. Government Strategy for Advancing Protection and Care for Children in Adversity (2019-2023) by funding activities that ensure children survive and thrive. Increasing the capacity of parents to nurture their children requires coordinated, multisector support. Immunization dates, postnatal visits, well-child clinics, and care service delivery platforms for childhood illness provide health workers opportunities to interact with parents and families. Health workers offer coaching on nurturing, responsive caregiving, healthy parenting, and reducing childhood violence during these interactions. In partnership with the Children in Adversity team, GH leverages its routine health care and nutrition programs to promote children's optimal development and ensure they grow in a safe and protective family environment.

USAID's nutrition work is informed by over five decades of global leadership and experience implementing programs worldwide. Delivering good nutrition requires action across health, food, and social safety net systems, as well as through humanitarian response. To leverage capacity and influence across these sectors, USAID implements a Multi-Sectoral Nutrition Strategy, 2014-2025, which emphasizes maternal nutrition, optimal breastfeeding, dietary diversity, nutrition-sensitive agriculture, hygiene, food safety, and the delivery of nutrition services in routine health care. USAID, through the Nutrition Leadership Council, actively coordinates across the Bureaus for Humanitarian Assistance (BHA), Global Health (GH), and Resilience and Food Security (RFS) to strengthen results-oriented field programming. USAID also provides leadership for the USG-wide Global Nutrition Coordination Plan. As the lead coordinator for the Feed the Future initiative, USAID is responsible for achieving the Global Food Security Act's nutrition priorities and implementing the whole-of-government Global Food Security Strategy.

USAID's work on water, sanitation, and hygiene is guided by the Water for the World Act of 2014 and the US Global Water Strategy of 2017, including an Agency Water and Development Plan. The plan outlines how the agency will deliver sustainable WASH services, including water security, and achieve outcomes through cross-sectoral action in health, infrastructure, governance, finance, and natural resource management, encompassing public and private sector organizations as well as through the humanitarian response to development continuum. USAID actively coordinates across the Bureaus for Humanitarian Assistance (BHA), Global Health (GH), and Resilience and Food Security (RFS) to strengthen results-oriented field programming.

USAID's cross-sectoral Population-Environment-Development (PED) work recognizes the interconnectedness between humans and their environment. The work supports programming to demonstrate multiple development outcomes that arise through integration with other sector development programs. Recent programmatic evidence points that investments in maternal and child health, immunization programs, and voluntary family planning (FP) may help increase the ability of individuals, households, and communities to be more resilient to human and environmental shocks.

Lesson Learned: Integration within USAID's Global Health programming

As the COVID-19 pandemic demonstrates, major disruptions affect all programs, especially when those disruptions are ongoing and sustained - maintaining the continuity of essential services requires timely adaptation and flexibility. When multiple programs adjust to unexpected circumstances, new opportunities can be identified to find common and more efficient solutions to serve target populations by providing more than one service or intervention per contact. For example, in areas with civil unrest in north-eastern Nigeria, integrated malaria and polio campaigns are vital in delivering life-saving interventions. In Ghana, the Ministry of Health is currently working to incorporate seasonal malaria chemoprevention campaigns with tuberculosis (TB) and severe malnutrition screening. The disruption of health campaigns such as child health days due to COVID-19 has created an opportunity to better integrate across existing campaigns employed to deliver public health services. Expanded use of digital technologies across programs to provide virtual and telehealth service during lockdowns has created an opportunity to integrate better and utilize accessible digital health platforms and at scale. The vast leverage of community health workers during COVID-19 and their critical role in maintaining service delivery showcases the need to advance coordination and optimize investments across programs. Advanced coordination across health programming to provide a more integrated response before shocks and stressors will enable more rapid and effective responses in the future.

Integration within USAID's Global Health programming draws upon an immense depth of knowledge that includes over 50 years of developing global best practices implemented at the country level in partnership with host country counterparts. USAID's presence on the ground and close collaboration with national health systems allow a unique insight into country capacities. It gives USAID the ability to properly assess the root cause of poor health outcomes and the optimal solutions for addressing issues in collaboration with global, regional, and local stakeholders. The extensive knowledge of best practices and context provides a framework to advise and support a broad spectrum of countries and health challenges.



Illustrative Spotlight: Global Health Programmatic collaboration:

USAID's flagship programs in infectious disease through The President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), Global Health Security Agenda (GHSA), tuberculosis (TB), and neglected tropical diseases (NTD) have established firm foundations for detecting and responding to infectious disease outbreaks and sustaining epidemic control. USAID can leverage and amplify these programs to address broader infectious disease threats. These investments have enabled countries to dramatically reduce the time it takes to identify outbreaks representing public health events of international concern correctly. These programs and other GH programs have hired and trained healthcare workers, including laboratory and community health care workers that can be deployed in the event of pandemics. These programs have built supply chains that will be able to move vaccines rapidly to communities.

Additionally, these infectious disease programs demonstrate various modalities whereby USAID effectively cooperates in an interagency and international context. For instance, USAID leads PMI and is a lead implementing agency for PEPFAR. Also, USAID leads the international focus of a national comprehensive TB strategy, with alternative agencies leading other components.

USAID's Approach Going Forward: Integration of service platforms

Ensuring the continuity of essential services and the effectiveness of risk communication and community engagement across the Global Health portfolio requires integrating programs to address common challenges. The ultimate goal is to care for people, not simply care for conditions. Critical to integration will be the alignment of USAID investments to support country digital health transformation, as called for in [USAID's Vision for Action in Digital Health 2020-2024](#).¹¹ As countries develop both commitment and capacity in the Journey to Self-Reliance, the continuity of essential services needs to include program integration for community-level interventions such as campaigns, mobile services, and essential infection prevention and coordinated support of community health workers. In addition to addressing health needs (e.g., clinical services, messaging around infection prevention), programming will also address underlying norms and inequalities that exacerbate the effect of prevention and mitigation efforts, such as the increased risk for gender-based violence. Improved health outcomes are achieved when individuals and communities are at the center of all programming.

- *Individuals* - Global Health programs will seek to understand individuals' needs, desires, and limitations regarding their health, to enable positive behaviors. This understanding includes care-seeking preferences and barriers that inhibit care seeking, overall health literacy, and respect for privacy, accessibility, and security needs. Global Health will design programs and interventions to serve individuals' unique needs, including persons with disabilities and other populations in vulnerable situations.

¹¹ United States Agency for International Development, *A Vision for Action in Digital Health 2020-2024*, Washington, DC 2020.

- *Families* - Global Health programs recognize that family systems are critical to their members' health and will continue to support them. Programs will address access barriers, including when gender, social norms, and practices influence families' decision-making and the ability to access quality care. These efforts will advance social changes and develop alternative means of accessing quality care and services. Equipping families and individuals to make informed choices creates a framework for optimizing health outcomes (e.g., nutrition, immunizations, timing healthy pregnancies, and other critical health decisions.)
- *Communities* - Global Health programs will recognize that community structures (e.g., faith groups, women's groups, youth associations, organizations of persons with disabilities, community leaders, civil society, and local governments) are critical to supporting and protecting their members' health. Programs will leverage the role that communities play in supporting and changing norms, allocating health resources, and delivering care. Global Health will work through community structures to help families and individuals through promotive, preventive, and curative practices and perspectives. Programs will address the community barriers that negatively affect equitable and affordable access to prevention, detection, and care services.
- *Providers* - Global Health programs will support strengthened and better-coordinated provider teams that deliver holistic, patient-centered, dignified care and ensure cohesion across community and facility points of service delivery. Working with country governments to better utilize the entire available workforce and ensure payment of salaries across public and private sectors will build a stronger, more adaptive, and resilient health workforce to respond to population health needs.
- *Facilities* - Global Health programs will explicitly link public and private sector facilities across different care levels to communities, families, and individuals. These links are created through the coordinated outreach from facilities into communities and families; community-based oversight of health facilities and appropriate referral systems are designed to integrate and coordinate care. Continued scaling up of quality improvement methodologies across the health system will ensure that the facilities will be places where individuals, families, and healthcare workers feel safe and secure in seeking and delivering care. These improvements include strengthening supply chains and last-mile delivery to prevent essential supply and medicine stockouts; also, the health care system sets clear care delivery expectations.

Lesson Learned: Whole-of-society partnerships

A key lesson from the 2014 West Africa Ebola virus outbreak was that countries cannot respond to pandemics unless they can also respond to day-to-day stressors (which could include antimicrobial resistance, food-borne illness, and other types of localized infectious disease outbreaks, health worker strikes, increases of sexual violence, or simply uneven performance on key preventive interventions, such as immunizations across different geographic regions). Over the past 50 years, the functions traditionally assigned to public health agencies such as environmental sanitation, control of infectious diseases, and hygiene have gradually expanded. These new operations are health promotion, management of noncommunicable diseases, and access to primary care. The increased scope led to overlap between the health care sector (e.g., nutrition, maternal and child health, and screening programs) with other government sectors and society (environment, agriculture, education, industry, urban planning, and urban health). Pursuing collaborative efforts between public health and healthcare institutions (whether public or private) can transform the health system.

High performing health care¹² not only reflects robust partnerships across society but also enables countries to sustain efforts across global health programming and expand integrated service delivery for client-focused care and population-level impact. Strong and resilient country health systems which reflect linkages and partnerships across public, private and non-governmental sectors that serve to meet everyday needs can also be effectively mobilized during crises. Such partnerships also align efforts across health service delivery and public health capacities and reflect important country-level multisectoral linkages.

USAID's work in health system strengthening (HSS) is foundational to program-specific global health activities. Cross-cutting HSS activities support the achievement of all USAID's global health goals by addressing common challenges that would be out of the purview of any one program to handle alone. Activities encompass cross-cutting actions from the national level health system to community health systems and complement and contribute to core public health functions. HSS efforts support the development of robust, integrated, and viable financial protection systems. Also, HSS supports the information systems required for effective surveillance and reporting. HSS efforts work to ensure that information on data and reporting can be combined with data on workforce location and skills to help inform optimal workforce allocation and reconfigurations during emergency periods. Thus these efforts, in turn, support the capacity of countries to hire, retain, and (re)deploy all cadres of health workers and help to ensure the supplies and funding are allocated where needed and when required, including to critical public health functions.

USAID HSS efforts are designed to build mechanisms for collaboration and linkages at and between every level of healthcare, including through referral and cross-referral for healthcare and other protection services and multi-sectoral collaboration that advances important health, social, and economic outcomes. Activities prioritize the transfer of capacities to local partners and emphasize the

¹² United States Agency for International Development. *Access to Universal Health Coverage through High Performing Health Care*. Washington, DC 2019

need to ensure effective behaviors by clients, providers, managers, and other stakeholders so that all are empowered and capable of identifying and addressing challenges as they occur.

Illustrative Spotlight: Support for supply chain platforms:

Health services cannot be sustained without the availability of essential health commodities. USAID can leverage its robust global health commodities supply chain and long-standing support for strengthening countries' supply chains for emerging pandemic threats (e.g., COVID-19). End-to-end supply chain data visibility is a crucial area of priority and programming in USAID's portfolio. It is integral to support the range of essential services across the global health portfolio and those that emerge. Current forecasting, quantification methodologies, and tools serving other programs can be built upon and adapted to address commodity needs for emerging pandemic threats (supply and demand are intertwined). Existing country warehousing and distribution systems must accommodate a wide range of health commodities. Supply chain resiliency is paramount to overall health resiliency. Strengthened country regulatory systems is another crucial component that ensures the quality, safety, and efficacy of products in the supply chain and product-related services (e.g., pharmacy practices that promote appropriate use and protect against the threat of antimicrobial resistance.)

USAID's Approach Going Forward: Whole-of-Society partnerships for health integrated with global health security

Strengthening the intersections between public health and health service delivery is more critical than ever based on the global experience with the COVID-19 pandemic. Areas of clear overlap include: strengthening community health platforms to facilitate community-centered program design; integrating community perspectives into national health dialogues; decentralizing decision-making processes and authority over critical resources to facilitate locally-led coordination, planning and implementation; exploring alternative delivery options to mitigate health risks (e.g. social distancing); exploring alternative and innovative delivery models leveraging digital solutions to improve accessibility, including those articulated in the *USAID Digital Strategy 2020-2024* and *A Vision for Action in Digital Health 2020-2024*¹³; strengthening predictive and early warning capabilities, for early identification of outbreaks; establishing processes for resource tracking and audit efforts, including for emergency and redeployment of supplies; promoting financial sustainability approaches; and addressing regulations and policy barriers that limit rapid access to affordable essential health care.

Global Health Security significantly contributes to health resilience worldwide by establishing standards, training, laboratories and surveillance. Implementation of GHS is further strengthened by stable and effective public health and health care delivery. USAID's HSS activities support and complement GHS by deliberately including work at the intersection of public health and health services. Going forward, these activities will consist of comprehensive support for developing, financing, and implementing the laws,

¹³ United States Agency for International Development, *Digital Strategy 2020-2024*, Washington, DC 2020; *A Vision for Action in Digital Health 2020-2024*, Washington, DC, 2020.

policies, and regulations critical to achieving progress. USAID will strengthen public health system infrastructure and health financing systems to optimize resources, public health operations, and health care in all communities. USAID will continue to support community engagement and participation, to prevent, detect, and respond to public health threats affecting their members. Consistent with the Journey to Self-Reliance, USAID will focus on stronger community health systems that integrate public, private, non-profit, and faith-based organizations to address collective challenges. USAID will ensure that community-level partner voices are central to decision-making, monitoring, management, and accountability processes.

Health resilience is necessary to address country and global shocks and stressors (both health and non-health). A prerequisite for health resilience is accessible primary health care. Effective collaboration between public health and primary health care (whether delivered by the public, faith-based, NGO, or private sector) also emerges as an essential area for ensuring the sustainability and high-performance of a health system. GH programs will continue to recognize that a variety of administrative structures and professional organizations help coordinate care in many countries. In addition, these entities have important roles to play in ensuring public health and executing public health functions.

Critical public health functions are often in the governments' purview but require partnerships across society. Some outcomes of these partnerships include the establishment and enforcement of standards and regulations for drinking water and sanitation; food and food safety; allocation and distribution of resources; development and dissemination of technical and clinical guidance; human resource management; surveillance and preparedness; risk communication; public health research; and subnational and regional coordination and adherence to International Health Regulations (2005). GH programs will advise and support governments, private and non-profit organizations, and communities to promote an integrated approach to caring for individuals, communities, health systems, and the global health security agenda.



Lesson Learned: Translate information into action

Robust information is critical for developing health resilience. Digital and data systems can provide accurate, timely, and validated data to inform critical public health decisions. Reliable data resources enable decision-makers to respond to on-going health concerns in a population, identify appropriate use of personnel and resources, and recognize new infectious disease threats to support prevention, mitigation of risk, and efficient service provision in crisis times. Consistent and compelling data-driven responses rely heavily on people to collect, validate, and use data for evidence-based decision-making processes. This process creates and enables a continuous flow of information between patients, care providers, communities, and governments to fortify the health system and encourage all stakeholders to engage consistently. Leveraging innovative and appropriate technologies also supports accountability and stakeholder engagement while improving data collection, quality, access, and use.

USAID's Approach Going Forward: Harnessing and using country-level data

USAID global health programs recognize that building resilience and sustainability, especially in the context of COVID-19 and future or unforeseen threats, will require access and act upon robust data through population-based demographic and health surveys and censuses, digital health systems, and logistics management information systems. Such systems (e.g., encapsulating commodity, demographic, living condition, other contexts, and patient data) will enable countries and health systems to make data-driven decisions regarding providing optimal care to individuals and families while protecting and ensuring their privacy. High-quality, actionable data will also support programming at the community or population level to identify access or outcome disparities. Secure data and digital systems have the potential to improve the targeting of interventions to specific needs based on health literacy and health, social, and economic conditions. Secure systems will also transparently provide de-identified information to international program managers and donors like USAID to effectively partner with countries to optimize program approaches while safeguarding against manipulation by malign state and non-state actors.

- *Invest in digital infrastructure:* To improve the data, communications, and flexible service delivery that are critical to building resilience, USAID will make investments in health data and digital infrastructure at the country level, including to support good governance, legal and commercial policy frameworks, and regulations; build capacity among country institutions and workforce; strengthen digital health strategies, application and analysis, and routine and crisis health responses. A comprehensive and systems-level approach supports sustainable and flexible digital health systems capable of responding to the health system's ongoing and emergency needs. Significant investments in a country's digital health architecture are required to have the ability to assess, contact, and remotely train the health workforce; to track and address interruptions in key service delivery statistics; to rapidly identify disease outbreaks and have response structures in place; and to quickly re-optimize supply chains. Well planned, long-term integrated investments enable interoperability and digitization at the systems-level. Digital health

tools enabled by widespread access, reliable infrastructure, national digital health strategies, and architectures maximize sustainability and scalability of independent digital solutions and build country resilience to future health shocks.

- *Develop and maintain accurate information on a population:* Demographic and health surveys and censuses that capture population based data about household context and access to health services complement data from health information systems to create a comprehensive view of epidemiology and programmatic opportunities.
- *Incorporate metrics for program management:* USAID will continue to collaborate with partners and countries to incorporate robust monitoring and evaluation approaches into its programming. It has vast experience providing technical assistance for building in-country monitoring and evaluation capacity, data literacy, and adaptive management for decision-making.



Lesson Learned: Sustainable financing

Financial planning, preparation, and execution at the national and international levels should recognize that shocks and stressors are not an anomaly but are perennial development features. National plans and strategies must include clear priorities with distinct, actionable local and regional activities in the case of a crisis. Increased attention and funding needs to be provided for vulnerable or low resource locations/populations in advance of a crisis to improve health outcomes and improve equitable access to interventions. Stable and effective health financing systems are based on a strong partnership between the public and private sectors and their communities. The ability to expand budgetary resources, reprogram existing public funds, and quickly mobilize private sector funding can assure disaster funds are available in a crisis.

USAID's Approach Going Forward: Financing health resilience

Building health resilience and sustainability for individuals, families, and communities requires a continuum of health financing efforts. These efforts promote households' financial risk protection and improve access to working capital to meet health systems' critical financing needs. These efforts prevent, prepare for and respond to pandemics by de-risking health systems investments, mobilizing public and private resources, and ensuring patients have ongoing access to health services with minimized risk of financial hardship. Creating financial sustainability and resilience requires improving the execution of existing funds, ensuring the use of funds produce maximum impact through employing high-impact practices, and identifying innovative ways to mobilize sustainable financing. Sustainable financing comes from a range of public, private, and international sources. It also addresses or corrects market failures and inefficiencies within the health marketplace of products, approaches, and care mechanisms.

Health financing capabilities: USAID has a strong technical capacity in public and private sector financing, including designing and implementing financial protection mechanisms, advising on improving health budget processes, tracking how resources are allocated and spent, strengthening relationships between country government health and finance officials, and identifying opportunities for sustainable blended financing models. USAID enjoys productive partnerships across sectors, such as between global health and economic growth, both at headquarters and in the field, which allows for consistency of approach to overall country financing for self-reliance. USAID also enjoys strong partnerships with other development organizations that work on health finance, ensuring conceptual and technical alignment on strategies and objectives. Further, USAID has broad, innovative financing capabilities and partnerships with the Development Finance Corporation (DFC) and other leading financial institutions that can help mobilize new private-sector resources and invest in resilience. For example, USAID is partnering with the DFC to expand loan guarantees for working capital to private COVID-19 frontline healthcare providers' USAID is also exploring partnering with the DFC to strengthen supply chains and invest in the scale-up of local manufacturing for PPE, vaccines, treatments, and diagnostics. Investments made for COVID-19 will help build local partners' and supply chains' capacities against future shocks.

Lesson Learned: Innovation

In the face of unexpected shocks, innovation and adaptation are critical to confronting radically new challenges. Existing tools and approaches may be ineffective or too expensive to address the many far-reaching, multifaceted consequences; a resilient response requires adaptations and new ideas that address health, economic and supply chain barriers, can work in crises, and be scaled quickly.

Nationwide lockdowns, limited health care commodities, and many other disruptions require novel approaches to delivering health care, safeguarding health care workers, and overcoming transportation and communication hurdles. In addition, pandemic shocks often create a critical need for new biomedical discoveries as partner countries need outbreak-specific diagnostics, vaccines and treatments that are appropriate for low- and middle-income country settings. Ensuring efficient scale up and distribution of these novel products requires careful planning, coordination, financing options, marketing and training. Innovations can be crucial to saving lives, supporting the most vulnerable, and securing the world's collective health and well-being.

Across multiple health areas, USAID has successfully leveraged a range of tools to support innovation and enable adoption of new approaches. Also, USAID has successfully launched open innovation competitions in the face of shocks. Grand Challenges for Development (GCDs) have often proven catalytic, enabling innovators to build sustainable business models, “crowd in” external funds, and expand to new countries and markets. Innovations that provide a cost-effective response to a significant health problem can offer a high return on the USG development investment. USAID's investments in just four innovations (not limited to GCDs) generated an estimated \$86 million in social benefits, suggesting a high social rate of return. To improve readiness to scale up successful innovation, USAID also has the capacity to help connect innovators, investors, and country stakeholders.

USAID's Approach Going Forward: Scaling innovations for health resilience

Partner to scale: USAID has robust partnerships with the private sector, faith-based organizations, and civil society as well as with partner country governments. These partnerships facilitate the rapid adoption of appropriate innovations in the face of a pandemic or other shock and enhance health resilience as a significant part of the Journey to Self-Reliance. Today, thousands of innovators worldwide are responding to the current COVID-19 crisis by launching new businesses, pivoting existing business models, developing new products or services and stabilizing networks of quality health care. Yet many of the innovations used to adapt to the new needs posed by COVID-19 were developed years ago with investments in research, development, testing, and scaling. USAID originally funded many innovators, some receiving a USAID grant for the first time, for other purposes, such as addressing maternal and child health needs or the Ebola outbreak. As a result of that original funding, these innovators already had trained staff, ongoing operations, and critical experience providing health services in LMICs equipping them to pivot operations, tools and approaches at the start of the COVID-19 crisis.

Innovators have been able to build on catalytic funding from USAID to develop dual market business models that meet demand in high income countries as well as low and middle income countries.

The USAID partnership with innovators, investors, countries and partners supports scaling of responses and enhances long-term sustainability for countries, health interventions, and businesses. In addition, USAID's convening power has enabled nontraditional partnerships with the private sector, where innovators can partner with established multinational companies to expand manufacturing capabilities and obtain funding from private investors to scale without a dependence on grant funding. Innovations and their successful development and deployment support countries on the Journey to Self-Reliance and are an essential component of USAID's contributions to global public health, data and analytics, health systems and community strengthening to build health resilience.



