



HEALTH SYSTEMS STRENGTHENING ACCELERATOR



HEALTH SYSTEMS STRENGTHENING ACCELERATOR YEAR 1 ANNUAL REPORT



About the Accelerator

The Health Systems Strengthening Accelerator (Accelerator) is a global, USAID Cooperative Agreement to strengthen institutions and processes, and build local expertise, to ensure that health systems can tackle future challenges and weather shocks with less reliance on external support. The Accelerator is applying a potentially paradigm-changing approach to support countries on their journey to self-reliance. And, to ultimately ensure that health systems work for the people and communities who need them.

The Accelerator is led by Results for Development (R4D) with support from Global Challenges Corporation (GCC), Health Strategy and Delivery Foundation (HSDF, headquartered in Nigeria), and ICF. Additional global, regional, and local partners will be selected in partnership with USAID/OHS and USAID Missions based on demand.

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Disclaimer:

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Acronym List

Accelerator	Health Systems Strengthening Accelerator
ACS	African Health Financing Collaborative
AOR	Agreement Officer Representatives
BMGF	Bill and Melinda Gates Foundation
CCFS	Comité de Coordination pour le Financement de la Santé
CHW	Community Health Workers
CHS	Community Health Services
DGS	Direction Générale de la Santé
DRG	USAID Democracy, Rights, and Governance
EGAL	Evidence Generation and Adaptive Learning
EPHS	Essential Package of Health Services
FARA	Fixed Amount Reimbursable Agreement
FNLS	Fonds National de Lutte contre le sida
GCC	Global Challenge Corporation
GFF	Global Financing Facility
HeFRA	Health Facilities Regulatory Agency
HFU	Health Financing Unit
HMO	Health Maintenance Organization
HSDF	Health Strategy and Delivery Foundation
HSS	Health Systems Strengthening
IA	Institutional Architecture
JLN	Joint Learning Network
LHEF	Liberia Health Equity Fund
LMIC	Low and Middle-Income Country
LWVF	Leahy War Victims Fund
MCSP	USAID Flagship Maternal and Child Survival Program
MEL	Monitoring, Evaluation and Learning
MFDP	Ministry of Finance and Development Planning
MOH	Ministry of Health
MOHPH	Ministry of Health and Public Hygiene
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
OHS	Office of Health Systems
PHC	Primary Health Care
PHCPI	Primary Health Care Performance Initiative
PHIS	Private Health Insurance Schemes
PM	Progression Model
PNCFS	Plateforme Nationale de Coordination du Financement de la Santé
PNLS	Programme National de Lutte contre le Sida
RDF	Revolving Drug Fund

RIP+	Ivorian Network of People Living with HIV
R4D	Results for Development
RFP	Request for Proposals
SPARC	Strategic Purchasing Resource Center
TOR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
USAID	United States Agency for International Development
USAID/WA	USAID/West Africa
VOT	Victims of Torture
WAHO	West Africa Health Organization
WHO	World Health Organization

Executive Summary

On behalf of the Health Systems Strengthening Accelerator (Accelerator) program team, we want to share some reflections from Year 1 of the program, including what we set out to do, what we're learning, and how we're adapting to strengthen health systems in our partner countries.

Many countries are tackling complex health systems challenges that require multiple parts of the system to work in concert. The Accelerator technical assistance model is designed to work with partner countries to identify the root causes of these challenges, align the relevant stakeholders to develop innovative solutions, and institutionalize capacity and systems for continuous learning and improvement to help countries on their journey to self-reliance.

In Year 1, the Accelerator launched field-supported activities in Cote d'Ivoire, Ghana and Liberia; activities aiming to improve community health outcomes in Guinea and Togo; and emerging activities aiming to improve HSS and policy research capacities in Asia, mental health and psychosocial support and rehabilitation services, and immunization campaign effectiveness. We will continue to adapt and learn as we move forward and remain flexible and responsive to partner country demands.

Year 2 will usher in a deliberate transition away from an intensive (and instructive) building phase towards a proactive growth phase. USAID missions in additional countries will have the opportunity to learn more about the Accelerator and the opportunities this mechanism provides to accelerate diffusion of innovations to help countries drive progress in addressing complex systems challenges.

The start-up phase is complex and has required up front investments to develop systems and processes. Because we invested the time up front to methodically listen to a broad range of stakeholders and document the challenges and priorities countries are facing to advance their goals, the Accelerator has developed a robust and grounded base on which we are building a demand-driven program of support.

We remain committed to the notion that health systems strengthening interventions will only be sustainable if the institutional architecture – the actors, processes and resources – is fit for purpose, and stakeholders engage in continuous learning that is institutionalized through feedback loops that inform decision-making in a timely manner. Our growing team will take time to evaluate our approach and take an in-depth, critical look at key project activities and approaches to iterate and adapt where needed for continuous improvement.

We are committed to communicating what we are learning in multiple ways, including through webinars, blogs and technical reports, to help inform improvement and decision-making by a range of stakeholders. We are grateful for the support of USAID and the Bill and Melinda Gates Foundation and look forward to working with the Health Strategy and Delivery Foundation (HSDF), ICF, Global Challenge Corporation (GCC) and other partners to build on the foundations laid and learning generated from Year 1 to support countries to innovate in order to accelerate progress toward complex health systems challenges in Year 2 and beyond.

Peter Hansen
Accelerator Project Director

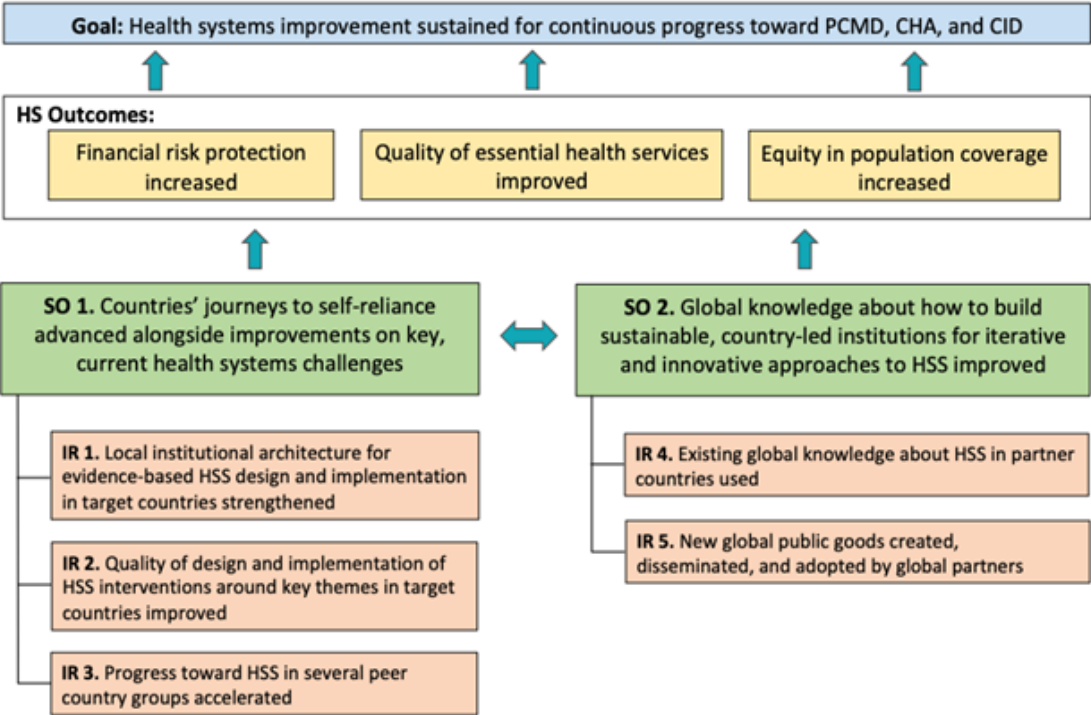
Results Framework and Program Goals

The Accelerator’s technical assistance model is designed to flexibly address a wide variety of key, current health systems challenges—from national financing strategies to systemic approaches for specific diseases or health needs, including:

- Organizational primary care service delivery and workforce to improve quality, including at the community level
- Management capacity-building in decentralized contexts
- Risk pooling and strategic purchasing
- Resource allocation and improving efficiency
- Private sector engagement and regulation
- Furthering self-reliance in the context of gradual country transition from dependence on donor financing
- Responsiveness to epidemiological transitions and dual burdens of disease
- Health security and systems resilience

In addition to these specific themes, the Accelerator can also address several cross-cutting areas of need, such as generating and using data for decision making; developing evidence and learning capacities; improving institutional capacities to manage health systems change; strengthening primary care as the foundation of the health system; and advancing progress towards universal health coverage (UHC).

FIGURE I. RESULTS FRAMEWORK



Program Partners

Results for Development

Results for Development (R4D) is a leading non-profit global development partner. We collaborate with change agents around the world — government officials, civil society leaders and social innovators — to create strong systems that support healthy, educated people. *We help our partners move from knowing their goal to knowing how to reach it.* We combine global expertise in health, education and nutrition with analytic rigor, practical support for decision-making and implementation, and access to peer problem-solving networks. Together with our partners, we build self-sustaining systems that serve everyone and deliver lasting results. Then we share what we learn so others can achieve results for development, too. For more information, visit our website at: www.r4d.org.

Health Strategy and Delivery Foundation

Health Strategy and Delivery Foundation (HSDF) is a non-profit firm established to support key stakeholders in both the public and private sectors, in making evidence-informed decisions and ensuring effective execution of their strategies. We provide thought partnership, strong analytical support, and deploy innovative tools to generate measurable and sustainable results. HSDF takes on complex and fundamental system challenges in the health and social sectors in Africa. We leverage our contextual knowledge of the continent, deep sector expertise, strong analytics, and vast networks to solve our clients' issues. We work closely with our clients at all levels ensuring they are empowered to sustain the impact and continue to excel beyond the duration of our active engagement. For more information, visit our website at: www.hsdf.org.ng.

ICF International

ICF is a global consulting and technology services provider with more than 5,000 professionals focused on making big things possible for our clients. We are business analysts, public policy experts, technologists, researchers, digital strategists, social scientists, and creatives. Since 1969, government and commercial clients have worked with ICF to overcome their toughest challenges on issues that matter profoundly to their success. We're helping clients turn big goals into realities every day. For more information, visit our website at: www.icf.com.

Global Challenges Corporation

Global Challenges Corporation (GCC) is a consortium of local and regional experts working to support African institutions and organizations with expertise in capacity building, program evaluations, organizational audit, strategic planning, health economics, resource mobilization, as well as impact and feasibility studies. GCC was created in 2007 by a consortium of international experts who decided to put their experiences at the service of African organizations. In 2012, an office was set up in Bangui in the Central African Republic to expand its activities. For more information, visit our website at: www.globalchallenge-ci.com.

Cross-Bureau Activities

Activity 1: Integrated Health Systems Strengthening Support to Improve Community Health Outcomes in West Africa

KEY ACHIEVEMENTS:

1. Completed a rapid landscaping of existing evidence and documentation from 11 West African countries to identify health systems strengthening (HSS) priorities and systems challenges that are impeding the improvement of community health outcomes in the region.
2. Further refined the vision to prioritize rapid engagement with and support to priority countries and defined a country engagement model that includes a bottom-up approach to cross-country and regional learning.
3. Selected Togo and Guinea as priority countries for engagement in collaboration with USAID/West Africa and USAID/AOR and obtained confirmation of interest from relevant Missions. The Accelerator is also providing catalytic support to ongoing field-supported activities in Cote d'Ivoire.
4. Developed a theory of change and the codification of country scoping methodologies.
5. Held stakeholder consultations with key country partners and identified priorities and activities for Accelerator engagements in Togo and Guinea, based on existing documentation generated through the country's own processes. The Accelerator also landscaped what existing or pipeline initiatives are in the works from different agencies and partners, to ensure our support is catalytic and synergistic. This has helped develop strong readiness for scoping missions scheduled for Q1 of Year 2.

Overview

The Accelerator collaborated with USAID/Washington, USAID/West Africa (USAID/WA), and the West African Health Organization (WAHO) to co-create a vision and sequence of actions for supporting select countries in West Africa to improve community health outcomes. The vision for this activity is to support integrated HSS that complements and supports West African countries' UHC efforts, inclusive of financing, service delivery, governance, and the delivery of primary care and community-level services in a way that improves the health of vulnerable and underserved populations at community level.

Technical Activities

In Year 1, the Accelerator developed and refined a phased process of demand scoping and shaping for implementation through pre-engagement activities with selected countries to develop country-level scopes of work. A rapid desk review was conducted to identify countries' national priorities and challenges that impede the improvement of community-level health outcomes in West Africa. There was continuous engagement with USAID missions and country stakeholders through key informant interviews and in-country scoping missions to understand the country context, challenges, priorities, and to support country teams to conduct system analyses. The Accelerator partnered with USAID/WA in activity design and country selection, with input and feedback from the AOR, and began substantive engagements with Togo and Guinea. Through the preparatory materials and early partner consultations, the team identified emerging themes and illustrative activities for Accelerator support in Togo and

Guinea. The scoping missions took place in Year 2 (Togo in October 2019 and Guinea in November 2019). The Accelerator also began scoping a catalytic support to Cote d'Ivoire by engaging with the Ministry of Health Directorate of Community Health.

To begin testing the Accelerator technical assistance model, which includes sustainability approaches, the Accelerator collaborated with the African Health Financing Collaborative (ACS) and the Strategic Purchasing Resource Center (SPARC) to draft four orientation modules on prioritized competency areas for Accelerator Coaches, including (1) coaching and mentoring, (2) process facilitation, (3) knowledge and experience translation, and (4) strategic communications.

In Year 1, the Accelerator released a call for experts in West Africa to further build the database of HSS experts/coaches to support country engagements. Through this process the team identified several promising individuals that may serve as technical consultants/coaches in Guinea and Togo.

The Accelerator identified evidence generation and adaptive learning (EGAL) methodologies that will be tailored to the context of each country engagement and incorporated into the approach and workplan once the implementation work begins following the scoping missions in Q1 of Year 2. The results from the EGAL process will be used to develop cross-country learning materials in Year 2.

CHALLENGES AND PROPOSED SOLUTIONS

CHALLENGES	SOLUTIONS
The Accelerator began working to ensure the EGAL approach is applied directly in support of the goals of field engagements (primary) and global goals of the Accelerator (secondary).	In Years 1 and 2, the Accelerator is working with field supported activity teams to embed EGAL process and methods in Cote d'Ivoire, Guinea and Togo.
EGAL approaches can be fairly cost intensive.	In Year 2, the Accelerator is tailoring EGAL approaches based on country context and finding efficiencies to ensure that they fit within the envelope of available resources and represent good value for money. The Accelerator is also focused on developing the capacity of local partners to drive forward the approaches themselves.
There are often trade-offs between institutionalizing local capacity and delivering rigorous, high-quality evidence.	In Year 2, the Accelerator is working with key stakeholders within country and regional supported activities to prioritize EGAL activities to ensure the right and most feasible balance between quality, rigor, and ownership. The Accelerator is adapting an approach of <i>learning by doing</i> in which we work side by side with local partners to implement EGAL methods in a way that 1) generates buy-in for adaptive learning and for evidence-informed decision making; and 2) develops the capacity of those partners to drive forward the work.

Activity 2: Strengthen Institutional Architecture for Continuous HSS

WHAT IS INSTITUTIONAL ARCHITECTURE FOR HSS?

Institutional Architecture for HSS refers to the **actors, processes, and resources** that interact—or fail to interact—to perform a set of **functions** that produce health systems improvements.

KEY ACHIEVEMENTS:

1. Conducted literature review on institutional architecture, HSS progression models, and country experiences driving health systems change to serve as basis for institutional architecture for HSS framework.
2. Based on initial research and consultation, developed an evidence-based institutional architecture for HSS framework, including high-level functions and components and their respective definitions.
3. Systematically documented different ways the framework can be used to support USAID Missions and countries to achieve their HSS goals.
4. Conducted several meetings with health systems experts to get feedback on the preliminary institutional architecture for HSS framework and finalized the framework accordingly.

Overview

In Year 1, the Accelerator developed a framework to assess and build capacity for self-reliant, continuous HSS in low and middle-income countries (LMICs). The framework will enable country leaders to self-assess strengths and weaknesses in their HSS capacity, deliberately plan for capacity building, and track progress toward self-reliance. In addition, this framework enables external assistance providers to better prioritize how to strategically invest in supporting countries to strengthen their capabilities. The result will be accelerated progress on key health systems challenges and a faster path to self-reliant HSS.

Technical Activities

Undertake Preparatory Research and Consultation

The Accelerator conducted an extensive preparatory analysis and consultative process to understand and develop the concept of institutional architecture as it relates to health system strengthening, and in turn, how assessing institutional architecture for HSS could support country-led initiatives to better understand complex health system challenges. This included research on concepts such as HSS, UHC, measurement of health system performance, governance, stewardship, health system resilience, sustainability and transition, and institutional and organizational capacity building.

To inform the framework, the Accelerator reviewed 28 different HSS progression models and other related tools. We also conducted a preliminary desk review to document country experiences undertaking health systems change in Japan, Mexico, Thailand and Turkey. These countries were

selected because each country was illustrative of some or all components of the institutional architecture for HSS.

The Accelerator also conducted several consultative meetings with health system experts to inform the initial design of the framework. The model was improved and modified based on their feedback, which included moving away from a progression model (as originally intended) towards a framework for facilitated change.

Develop Health Systems Strengthening Institutional Architecture Framework

Based on preparatory research and inputs from experts, the Accelerator developed a preliminary conceptual model and options for application.

Figure 1 below shows the five functions and three components (actors, processes, and resources) that make up the framework. The visual highlights how the functions are part of a continuous cycle of change and improvement and emphasizes the cross-cutting role of stakeholder engagement across all functions. In Table 1 on the next page, the Accelerator provide definitions for the functions, actors, processes, and resources.

The theory of change is that strengthening a country’s capacity in each of these functions—by strengthening the actors, processes and resources underpinning each function—will accelerate its progress towards a stronger, more resilient, and more self-reliant health system. During country engagements in Year 1 the Accelerator conducted initial testing of the hypothesis that this type of evidence-based and context-tailorable framework can help countries and their development partners better understand, and prioritize actions, for strengthening their institutional architecture for HSS. Experiences from field-supported activities in Year 1 indicate that this framework can be useful in many contexts when it is adapted and tailored to address the needs of specific contexts.

FIGURE 1: INSTITUTIONAL ARCHITECTURE FOR HSS FRAMEWORK

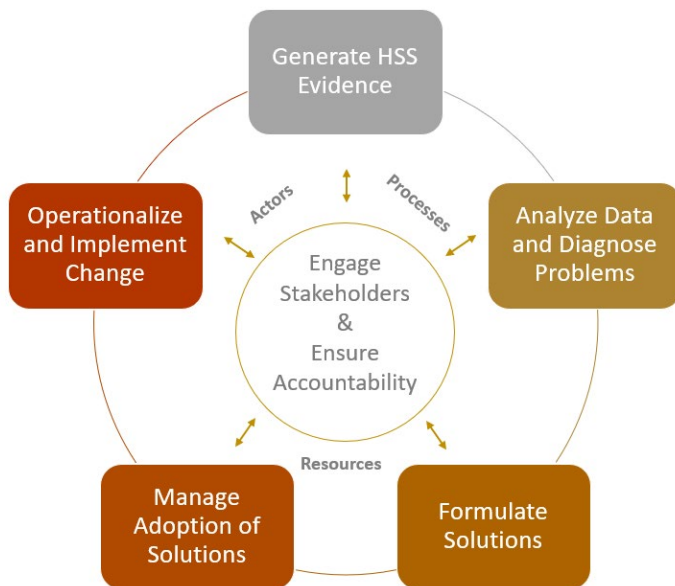


TABLE 1: DEFINITIONS OF THE COMPONENTS

Important note: Institutional architecture for HSS is not solely focused on formal or public institutions or entities; it includes a range of individuals and organizations from both the public and private sectors that play a role in the functioning of the health system. The concept also underscores the importance of relationships between diverse stakeholders across multiple sectors that are involved in the functions that produce health system improvements. These relationships include formal platforms for engagement but may also occur informally, for example through clientelism and patronage.

COMPONENTS OF INSTITUTIONAL ARCHITECTURE FOR HSS	
COMPONENTS	DEFINITIONS
Actors	The organizations and people responsible for driving forward continuous HSS, including how their roles are defined and relationships among them. <i>Examples:</i> government bodies, businesses, health service administrators and providers, academic institutions, civil society organizations, and international stakeholders.
Processes	The various activities that contribute to HSS. These are defined by rules, norms, informal practices, and standards—some codified into regulations or laws. <i>Examples:</i> annual health sector forums, public sector budget formulation, legislative procedures, public procurement, and informal networking and advocacy.
Resources	In Year 2, the Accelerator is working with key stakeholders within country and regional supported activities to prioritize EGAL activities to ensure the right and most feasible balance between quality, rigor, and ownership. The Accelerator is adapting and approach of learning by doing in which we work side by side with local partners to implement EGAL methods in a way that 1) generates buy-in for adaptive learning and for evidence-informed decision making; and 2) develops the capacity of those partners to drive forward the work.

TABLE 2: DEFINITIONS OF THE FUNCTIONS

FUNCTIONS OF INSTITUTIONAL ARCHITECTURE FOR HSS	
FUNCTIONS	DEFINITIONS
Generate HSS Evidence	The capacity to generate usable evidence that facilitates evidence-based decision making. This includes producing new data to meet specific needs, producing high-quality routine data, and integrating new measurements into analytic processes.
Analyze Data and Diagnose Problems	The capacity to analyze, interpret, and use data to identify issues that need action. This includes monitoring programs and policies, evaluating the effects of policy changes, recognizing that a problem warrants action, and diagnosing root causes.
Formulate Solutions	The capacity to curate and develop solutions to identified problems. This includes cultivating domestic and international innovations (from public and private sectors), identifying existing approaches that can be translated from other contexts, designing new approaches, generating proposals, and iteratively refining solutions.
Manage Adoption of Solutions	The capacity to maneuver, within a given political economy context, from proposed solutions to the adoption of new policy or some other change in practice. This includes building consensus to act, prioritizing among proposals, building winning coalitions, formalizing strategies and policies/practices in statutes or organizational mandates, advocating for resources, and communicating strategically about the selected change.
Operationalize and Implement Change	The capacity to allocate and manage financial, human, and physical resources efficiently and effectively to implement change. This includes the ability to adapt solutions for implementation, assign and authorize responsibility, define and build capacity for new processes, build new systems for evaluation, and manage teams effectively for change.
CROSS-CUTTING FUNCTION	
Engage Stakeholders and Ensure Accountability	The capacity to enable a diverse set of stakeholders to participate in the above functions and to integrate stakeholder feedback. This includes the ability to conduct stakeholder analysis, seek and facilitate input, monitor, adapt, design, and redesign as needed to reflect the input, and hold leaders and implementers accountable for action.

Application of Institutional Architecture Framework in Field-Supported Activities

In Year 1, the Accelerator adopted this framework in several field-supported activities. The framework provides a systematic way to think about long-term engagement with country stakeholders to build sustainable capacity for health systems change. The framework can add value to many HSS activities and can be tailored to respond to specific contexts and country needs.

The framework can be applied to help country leaders and development partners in at least three ways:

1. **Take stock** (whether descriptively or evaluatively) of the existing actors, processes, and resources needed for each function in relation to a health system challenge;
2. **Strategize and plan** by identifying components of the institutional architecture for HSS that could be strengthened through new, stand-alone activities or ongoing activities; and
3. **Learn** by tracking progress and best practices in strengthening institutional architecture for HSS over time (likely in a qualitative manner).

In Year 2, the Accelerator will adopt this framework as part of its model for country engagement, relevant for informal scoping, mapping, formal assessment, and/or work planning, and will use the framework for its global monitoring, evaluation and learning (MEL) goals, synthesizing findings, specifically, in Guinea and Togo.

CHALLENGES AND PROPOSED SOLUTIONS

CHALLENGES	SOLUTIONS
The Accelerator initially planned to develop a progression model, though it was found through research and consultative meetings that a progression model might not be responsive to country governments' and missions' current needs	After research and feedback, the team re-oriented its work from a formal progression model to a more adaptable framework with a variety of use-cases to help country leaders and development partners strengthen institutional architecture for continuous HSS.
Because institutional architecture is not a commonly used term in the health systems space, it was challenging to develop a definition and framework components that encompassed a shared understanding of the term.	The Accelerator conducted an extensive literature review – including reviews of work in which institutional architecture was already used – to develop a definition and framework that builds on existing definitions and models. This is a working framework and has already been modified and improved upon after feedback from several consultative meetings and additional research. One key for successful adaptation of the framework is to be highly sensitive and responsive to different contexts, and to be flexible in adjusting the language that is used when needed. It is not the specific term that matters, but the utility of the framework when appropriately applied to a given context, in language that resonates with local stakeholders.

Activity 3: Applying Improved Technical Assistance Model for Sustainable HSS

YEAR 1 ACHIEVEMENTS:

1. Leveraging lessons from ACS, the Accelerator developed an initial country engagement framework which details the ways in which country demand and ownership will be evaluated, how scopes of work will be developed jointly with USAID Missions and country stakeholders, and how the consortium will identify and work through local and regional partners to lead implementation. In Year 1, the model has been tested and refined through the Accelerator engagements in Cote d'Ivoire, Ghana and Liberia.
2. In Year 1, the Accelerator finalized a rapid demand scoping exercise to begin prioritizing and preparing to meet country needs for HSS support. This exercise highlighted country-owned priorities and innovations for HSS and continues to support the Accelerator in communicating about the types of health systems challenges the program is well positioned to address.

Overview

Progress toward strong, self-sustaining health systems remains slower than desired. Many countries inconsistently apply best practices, fail to introduce innovations and coherent interventions across the health system, and do not effectively engage stakeholders to ensure relevance, coordination and support. They also too rarely engage in continuous learning and improvement to ensure that interventions are working, and, if so, that they are sustained and grown over time. In LMICs, HSS activities often depend on partnerships between domestic institutions, international donors, and external providers of technical assistance. Especially where donor funding is declining, countries are seeking to build capacity for HSS that increasingly leverages local and regional expertise. The Accelerator is applying an improved model of technical assistance for sustainable HSS that responds to these long-term shifts while helping countries tackle their immediate health system challenges. In Year 2, the program will continue to engage in a process of continuous learning, with ongoing improvements made to the model based on learning from ongoing field-supported activities.

In Year 1, the Accelerator began developing and testing a new technical assistance model for sustainable HSS. The model includes new ways of involving a diverse range of country stakeholders in problem identification and planning; preliminary infrastructure and methods for expert “coaches” to replace traditional, direct technical assistance provision; integration of knowledge translation from policymakers’ regional peers; and identifying several ways that the project will incorporate problem-driven, adaptive learning into activities.

Technical Activities

Network of Experts and Partners

The Accelerator technical assistance model includes multiple sustainability components, including deploying regional and local technical experts to mentor and coach critical ministry of health (MOH) staff on key interventions. Locally and regionally based coaches guide, facilitate and mentor key stakeholders through change processes in specific technical areas—identified through the country

engagement process—using a combination of HSS and change management approaches. In Year 1, the Accelerator began identifying potential coaches. In Year 2, the Accelerator will develop a database (with proposed cost share from the Bill and Melinda Gates Foundation (BMGF)), to allow country stakeholders and other programs to easily identify and source local or regional coaches. The Accelerator will convene health systems experts to validate the coaching approach and other elements of HSS in Year 2.

Development of New Field Supported Activities

In Year 1, the Accelerator worked closely with the USAID Office of Health Systems (USAID OHS) to foster the development of several field-supported activities, including facilitation of calls with USAID and potential partners; development of initial scopes of work, illustrative activities, and budgets; early landscaping of technical literature on potential topics; and support to scoping exercises. Emerging activities include:

- USAID Democracy, Rights, and Governance (DRG) Leahy War Victims Fund (LWVF): improving integration of rehabilitative services into country health systems
- USAID DRG Victims of Torture Fund (VoT): supporting integration of mental health and psychosocial services into countries' UHC agendas
- USAID Asia Bureau: cross-country facilitation of health policy research institutions and strengthening coordination of training platforms
- USAID Maternal and Child Health: improving the effectiveness of immunization campaigns

In Year 2, the Accelerator will ramp up outreach to USAID Missions, other donors, and potential partners at the country and global levels to raise the visibility of the mechanism and educate stakeholders on the unique value of the Accelerator's technical assistance model.

Testing and Refinement of Country Engagement Mechanisms

The Accelerator began testing three models for country engagement through ongoing field-supported activities:

- **Working through local partnerships:** In Cote d'Ivoire, the Accelerator is working with a local partner, GCC, with virtual oversight and technical backstopping from Washington. This arrangement has allowed the Accelerator to draw from existing expertise within a local organization, while the DC-based team provides global evidence to support local processes.
- **Leveraging existing consortium presence in-country:** In Ghana, the Accelerator has a lean Ghanaian team stationed in country, with local consultants. This model has allowed for the Accelerator to draw on existing local expertise and stakeholder relationships built through past USAID investments in the country.
- **Drawing from the consortium's regional expertise:** In Liberia, the Accelerator is working with a regional partner and regional advisor with oversight from R4D Washington. Drawing on regional connections has ensured timely technical support to Liberian counterparts. Regional staff work closely with the Ministry of Health to ensure that evidence is translated and adapted to suit local context.

In Year 1, the Accelerator developed a country engagement model to guide how country demand is verified and shaped during the scoping phase. The model outlines how scopes of work are developed jointly with USAID Missions and country stakeholders; and how the consortium will identify and work through local and regional partners to support implementation. In Year 1, this model has been further refined and tested in Cote d'Ivoire, Ghana and Liberia. Key outputs include:

- A suite of materials to on-board the Accelerator’s local partners to the core approaches, including materials providing an in-depth review of EGAL theory and practice.
- Draft criteria to guide scoping and validation of country demand.
- Country brief template and stakeholder mapping tools to support scoping visits.

Finalization of a Rapid Demand Scoping Exercise to Identify Possible Accelerator Areas of Focus

In Year 1, the Accelerator finalized a rapid demand scoping exercise to begin prioritizing and preparing to meet country needs for HSS support. Objectives included:

1. To develop an Accelerator technical agenda that aligns with country-owned priorities for HSS and has high potential for improving health outcomes.
2. To identify a set of priority topics for focused learning, where the Accelerator can proactively invest in developing and translating a body of evidence over the life of the project.
3. To inform future field support activities, including local experts and partners who could collaborate with the Accelerator on identified themes.
4. To articulate the types of health systems challenges the Accelerator is well positioned to address.
5. To create opportunities for collaborative learning across multiple countries on common themes as well as building global knowledge and public goods on priority challenges.

The rapid demand scoping identified eight potential themes for Accelerator support, including (1) primary care delivery organization, (2) resource allocation and efficiency, (3) risk pooling and purchasing, (4) managing decentralization, (5) private sector engagement, (6) transitions from external financing, (7) epidemiological transitions, and (8) health security. Findings were captured in a desk review summary, “Landscaping Priorities for Country-led Health Systems Strengthening”, which was submitted to USAID OHS in July 2019.

Field-support Activities Summary and Results



Dr. Ambroise Kobenan (Liaison Officer, GFF), Mr. Tia Gboko (Consultant, World Bank), Mr. Raymond Bleou (Consultant, GCC), Mr. Eustache Akpane (Managing Director, GCC), Ms. Kirsten Zindel (Consultant, World Bank) and Mrs. Meredith Lathrop (Senior Program Officer, R4D) discussing the Accelerator's ongoing support to the PNCFS in Abidjan in July 2019. (Photo credit: Loriade Akin-Olugbade/Accelerator)

Côte d'Ivoire: Sustainable financing for HIV

KEY ACHIEVEMENTS:

1. Contributed to the planning and execution of the National Dialogue on Health Financing event which brought attention to the importance of improved effectiveness, efficiency, and accountability in the health system while planning for financial transitions to ensure the sustainability of health programs and achieve better population health outcomes.
2. Collaborated with the Global Financing Facility (GFF) to support the establishment of the Comité de Coordination pour le Financement de la Santé (CCFS), a platform convening health financing stakeholders in Côte d'Ivoire that is led by the Ministry of Health and Public Hygiene (MOHPH).
3. Working with the Fonds National de Lutte contre le Sida (National HIV Fund) (FNLS) to strengthen its capacity on resource mobilization techniques and support efforts to improve domestic resource mobilization and allocation for HIV/AIDS services.

4. Obtained approval from the MOHPH, through the Direction Générale de la Santé (DGS) and the Programme National de Lutte contre le Sida (PNLS), to create an HIV Task Force/Working Group to lead a country owned HIV financing transition process in Côte d'Ivoire. Submitted Terms of Reference and a list of proposed members to the DGS and PNLS for validation.
5. Developed data collection tools to begin identifying priority capacity building needs for effective management and oversight of the HIV program at all levels of the health system. Obtained validation of the exercise's TOR and data collection tools from the DGS.
6. Conducted 12 interviews with key informants in four regions and six health districts in various parts of the country for three weeks. Engaged partners in the PNLS and DGS in Abidjan to gain insight on capacity building needs at the central level of the health system.
7. Liaised with USAID and the Ivorian Network of People Living with HIV (RIP+), to start developing the Stigma Index Assessment 2.0 study protocol and implementation plan.

Overview

The Government of Côte d'Ivoire is highly committed to improving and sustaining the national HIV response but continues to face challenges in achieving key targets for epidemic control. To better understand this discrepancy, health financing stakeholders have identified resource tracking, transparency, and efficiency as priorities towards improved accountability and sustainability of the HIV program. The Accelerator, through its local partner the GCC, leads activities to achieve sustainable financing in the health sector and ensure the HIV transition. The Accelerator aims to translate global knowledge to the Ivorian context and partner with local stakeholders to improve the efficiency of HIV spending as well as contribute to a sustainable financing transition plan for HIV programs.

Technical Activities

In Year 1, the Accelerator facilitated multi-stakeholder coordination with domestic Ivorian leadership to improve the management and coordination, and consequently the sustainability, of the HIV response. The Accelerator helped translate relevant global experience to enhance local decision-making, provided coaching and technical assistance for specific needs in Côte d'Ivoire's transition plan, and applied adaptive learning techniques to guide work plans to ensure strong domestic leadership and support while contributing to the goal of epidemic control for HIV through the efficient and sustainable use of funding resources.

Sub-activity 1. Facilitate Multi-stakeholder Analysis and Priority Setting for Sustaining the HIV Response

Establishment of an HIV Task Force with Members of the PNFCS

In Year 1, the Accelerator helped establish a multi-stakeholder platform to facilitate conversations between government entities and development partners with a stake in Cote d'Ivoire's health financing space and helped coordinate activities to improve health outcomes. The *Plateforme nationale de coordination du financement de la santé* (PNCFS) was officially created in June 2019 to ensure that key stakeholders of the HIV program lead HIV financial transition planning, including the development of a country-led and country-owned HIV financing transition plan. The PNCFS will host three technical

working groups focused on: (1) UHC and scale-up of performance-based financing/strategic purchasing; (2) hospital reform and decentralization/operationalization of districts, and; (3) improving the efficiency of external funding and the sustainability of domestic funding, particularly considering the Gavi and HIV transitions. The Accelerator met with partners within the DGS, the FNLS, GFF, and UNAIDS in Year 1 to discuss plans to establish an HIV-focused multi-stakeholder sub-group (“HIV Task Force”) within the third technical working group that will create and implement an HIV transition plan. GCC has drafted Terms of Reference for the group and a proposed list of members.

Once established, the HIV Task Force will help the government of Côte d’Ivoire lead a country owned HIV financing transition process in Year 2.

Technical Support to the National HIV Fund

In Year 1, the Accelerator also worked with the FNLS to identify key areas of potential support, particularly regarding the effective engagement and mobilization of the private sector in the fight against HIV. The Accelerator also provided technical support to increase domestic resource mobilization and helped the FNLS efforts to increase both national and private sector commitments to the HIV response. This quarter, the Accelerator/Côte d’Ivoire obtained an analysis of funding gaps in the national HIV program from the PNLs that was sent to the Director of Resource of Mobilization at the FNLS to aid in developing a more targeted domestic resource mobilization plan.

In Year 2, the Accelerator will provide light touch support to the FNLS to finalize and operationalize this plan.

Sub-activity 2: Support Further Development of Government Capacity to Provide Oversight and Leadership of HIV Programs at Central and Decentralized Levels to Ensure their Sustainability

In Year 1, the Accelerator collaborated with the DGS and PNLs and health managers at decentralized levels to identify and address priority capacity needs around effective planning, budgeting and engaging with key stakeholders of the program. The aim is to ensure managers of the HIV program are better able to mobilize, allocate, and manage resources for the HIV program.

The Accelerator, led by GCC, engaged the DGS, the PNLs and USAID intensely to prepare for a data collection mission involving meetings with civil servants/program managers in four priority regions and six priority health districts to inform the creation of a capacity development plan, including tailored materials for effective training sessions as well as coaching and mentoring support. Following an initial meeting with USAID/Côte d’Ivoire partners on the topic, the Accelerator developed the terms of reference (TOR) and data collection tools in partnership with Accelerator consortium partner ICF and shared with the DGS and PNLs in Abidjan in August 2019. The directors of both government structures approved the TOR and the tools, granting permission for data collection to proceed as planned. The Coordinating Director of the PNLs also designated a representative to join the research team and assist with data collection.

Over the course of three weeks in September 2019, the research team met with central, regional, and district health managers to inquire about their existing capacities, needs, strengths and opportunities for capacity building linked to the management and supervision of the HIV program at the district, regional and central levels of the health system. Using tools specifically developed for this exercise, the research team asked questions on governance and leadership, planning and coordination of the program,

financial management, human resources, service delivery, the supply chain for drugs and medicines, the health information system, and the health teams' engagement with the community and civil society.

Preliminary findings indicate an absence of clear policies for planning, implementation and management of the HIV program at district level. Additionally, district health management teams are not aware of an HIV transition plan and have little knowledge of the MOHPH decentralization policy.

Data will be further analyzed throughout the beginning of Year 2 with a view to co-develop with the DGS, PNLS, and managers at the decentralized level a comprehensive and targeted capacity management plan by the end of the year.

Sub-activity 3: Collaborate with Civil Society and Government Stakeholders to Assess and Address Key Barriers to HIV Service Access and Utilization (user fees, stigma, and discrimination)
The Accelerator began to help the government and other key stakeholders of the HIV program to better understand the financial landscape for HIV services and thus become better equipped to address user fees and other key financial barriers to HIV service access and utilization. The team compiled several documents on the cost of HIV services and evidence of user fees in Côte d'Ivoire including studies, reports and policies. The Accelerator obtained a copy of ministerial decree number 0047 / MSHP / MEF / CAB of 21 March 2012 on the package of free HIV services (gratuité) that public health facilities should provide to understand the policy and its limits. GCC also curated the literature on UHC, the cost of health care for people on antiretroviral treatment, and a rapid assessment of user fees and barriers to linkage and retention through desk research, site visits and working sessions with RIP+, the PNLS, USAID and the DGS. In Year 2, the Accelerator will submit a summary of findings to key stakeholders on of the HIV program.

The Accelerator liaised with RIP+ to begin developing a protocol for the Stigma Index Assessment 2.0 study. With people living with HIV serving as interviewers, the Stigma Index Assessment 2.0 study assesses whether key populations are affected by HIV-related stigma and discrimination when seeking care.

Following an initial meeting in Year 1, RIP+ and GCC, on behalf of the Accelerator, will jointly develop a budget and implementation plan early in Year 2.

CHALLENGES AND PROPOSED SOLUTIONS

CHALLENGES	SOLUTIONS
Despite receiving a request to support in revising and implementing the FNLS resource mobilization plan, the Accelerator/Côte d'Ivoire experienced some difficulty to obtain the latest version of the plan due to a supposed change in priorities at the FNLS.	Obtained an HIV funding gap analysis from the PNLS to aid in identifying gaps to fill through domestic resource mobilization and with private sector funds. Discussed findings of the analysis with the FNLS.

Ghana: Improving Equity in Coverage and Financial Protection Through Ghana's Primary Care Provider Networks

KEY ACHIEVEMENTS:

1. Conducted an initial scoping exercise to co-create and validate opportunities for supporting Ghana in developing a sustainable health system to advance its vision for UHC.
2. Provided facilitation support to the National Health Insurance Authority's (NHIA) co-creation workshop. The workshop provided new insights, perspectives, and suggestions on innovative ways the NHIA can repackage its strategic objectives.
3. Initiated a stocktaking analysis of the 2015 Health Financing Strategy to inform Ghana's upcoming Health Financing Summit.
4. Developed and submitted the Year 2 workplan and budget to USAID.

Overview

The Accelerator began building on USAID/Ghana's past investments to address key health systems challenges and working with the Government of Ghana and other local actors to ensure adequate and efficient use of the health sector resources to achieve Ghana's vision for UHC. In Q3 of Year 1, the Accelerator conducted a successful scoping exercise, where they engaged with a wide range of stakeholders to explore and validate opportunities for supporting Ghana in developing a sustainable health system to advance its vision for UHC.

In Q4 of Year 1, the Accelerator began supporting Ghanaian stakeholders around a few identified needs including the following:

Provide facilitation support to the NHIA's co-creation workshop: The Accelerator provided facilitation support to the NHIA's co-creation workshop, which was convened to discuss the NHIA's strategic plan and priority activities with its partners. The workshop provided new insights, perspectives, and suggestions on innovative ways the NHIA can repackage its strategic objectives.

Conduct stocktaking analysis of the 2015 Health Financing Strategy to inform Ghana's Health Financing Summit: The Accelerator began providing analytic support to inform the design and structure of the Health Financing Summit, which is being organized by the MOH in November 2019. The Accelerator submitted an inception report for conducting a review of the 2015 Health Financing Strategy and recruited a local health economist to support the review and co-facilitate the Health Financing Summit.

Support NHIA to examine their oversight role over private health insurance schemes (PHIS) and nascent health maintenance organization (HMO) types in alignment with Ghana's UHC goals. The Accelerator was approached by the NHIA Board Chair and chief executive officer to provide support to understand: 1) how the NHIA can better work with and regulate PHIS to play a complementary role in alignment with Ghana's UHC goals; and 2) the implications of the growth of nascent HMO types that are emerging in Ashanti region on the National Health Insurance Scheme (NHIS). The Accelerator submitted terms of reference to the NHIA and will continue to provide support on this issue in Year 2.

The Accelerator also drafted and submitted its Year 2 workplan to USAID, which will be validated by Ghanaian stakeholder in Q1 of Year 2. The Accelerator is currently recruiting two local staff (Program Coordinator and a Country Engagement Manager) and will set up an office in Accra in Year 2.

Liberia: Sustainable Health Financing to Improve Health Outcomes

ACTIVITY KEY ACHIEVEMENTS:

1. Developed and validated a costing methodology tailored to Liberia's health system, including facility-based service delivery and community health models
2. Completed a situational analysis to better understand the organizational data and financial flows at the MOH and how these flows might affect costing model assumptions, and collected primary data on service utilization and staff time across Liberian facilities
3. Convened two costing working group meetings to get input and share progress on costing activities and model development with key health financing stakeholders
4. Advanced the capacity strengthening and cross-country learning efforts of key leaders and managers within the health financing unit (HFU) through an innovative coaching approach led by a regional expert
5. Conducted a needs assessment with stakeholders in Liberia's health system to gauge level of understanding in key health financing topics and inform targeted capacity building efforts

Overview

In Liberia, the Accelerator provided support to the MOH to bolster the evidence for health financing reforms, weigh its options for sustainable reform, and plan for health financing reforms in the short, medium, and long-term.

USAID/Liberia engaged the Accelerator to support Liberia's MOH and related stakeholders to shape the design and advance health financing reforms toward adoption of the Liberian Health Equity Fund (LHEF), with the goal of improving the effectiveness of Liberia's health system and the sustainability of its public health financing.

Technical Activities

Since January 2019, Accelerator has leveraged multi-stakeholder involvement and Liberian leadership to deliver targeted technical support to the leadership of the MOH and HFU and the collaborative development and deployment of a costing methodology.

Development of a costing methodology to serve as key output for health financing reforms

One of the major priorities that emerged during the Accelerator scoping visit was an accurate, user-friendly costing of Liberia's EPHS at primary care facilities throughout the country. Such a costing represents a key input into data-informed decision-making for both the MOH and USAID/Liberia, as they navigate health finance reforms and budding strategic purchasing efforts such as through the Fixed Amount Reimbursable Agreement (FARA).

The Accelerator developed two costing models for this purpose. The first includes facility-based service delivery, as many models have done in the past. The second is based on community health service delivery, which are typically donor driven and are currently not accounted for in the government's budget. The MOH expressed an interest in providing reliable evidence on the cost of community health services (CHS) to advocate for better prioritization of CHS as a way of reaching the most remote populations.

The assumptions underlying both models (and their implications for the models) were extensively discussed with USAID/Liberia and the MOH. The team completed a thorough review of secondary data collected from a wide range of stakeholders/departments in the MOH—including supply chain, infrastructure, salaries, services, diagnostics and medical supplies—to understand the organizational structure, and how data and money flow within and between MOH and health facilities in the country.

To ensure the most reliable and accurate estimates of cost, the team conducted primary data collection of service utilization and staff time at primary health care (PHC) I and II clinics and health centers across all 15 counties in Liberia. In addition to contracting The Khana Group to contribute to data collection, the Accelerator worked closely with representatives of MOH to train and oversee enumerators while in the field. The team also worked with the HFU, the Health Monitoring Evaluation and Research and Information Communication and Technology teams to identify requirements and eventually hire a vendor to develop and install a web-based costing platform based on the models.

Convene a multi-stakeholder team to prioritize and plan for health financing reforms

In Year 1, the Accelerator convened two costing technical working groups (TWG) to ensure stakeholders in the health financing space provided input on how the costing study would be undertaken, from development to final validation of results. Members of the TWG included representatives of MOH, Ministry of Finance and Development Planning, and development partners including USAID/Liberia, The Global Fund, and Last Mile Health. The first costing TWG meeting focused on verifying buy-in around the activity and validating key assumptions of the costing methodology. Participants went on to support secondary data collection and analysis and proved essential in advancing costing activities within the MOH and elsewhere. The second costing TWG meeting focused on sharing and validating progress since the first convening. The Accelerator explained the existing model for PHC and received feedback from the TWG, who discussed in detail the methodology of the secondary data collection and findings from the situational analysis, as well as its impact on the costing model. The team also discussed challenges and mitigation strategies for items such as management costs and staff cadre. Following the completion of model development, data collection, and preliminary analysis, the Accelerator will convene the TWG to validate results and present the findings to the Senior Management Team at MOH.

Sub-activity 3: Provide targeted technical assistance and capacity building for Ministry of Health stakeholders

The Accelerator engaged Mr. Anthony Gingong, the former Director of Provider Payment at Ghana's NHIA, who had also traveled with the scoping team in February 2019, to provide technical coaching for the HFU and other MOH officials (including Minister of Health, Deputy Minister for Planning, Assistant Minister for Policy and Planning). During his time embedded at MOH, Gingong worked closely with the HFU to revise documents related to the implementation of a revolving drug fund (RDF) and considerations for how RDF in the short-term could serve as a steppingstone to the LHEF in the long-term. Gingong also represented the Accelerator in conversations with high-level MOH officials about the

value of earmarking a portion of the recently passed excise tax for the health sector. The MOH was eager to advocate for additional resources but needs to align in their approach to those conversations prior to engaging Ministry of Finance and Development Planning (MFDP) and Liberia Revenue Authority around the specifics of such an earmark.

Building on the foundation laid by Mr. Gingong around advancing health finance reforms, the Accelerator developed and conducted a needs assessment to gauge the level of knowledge around key health financing topics among stakeholders in the health system. In Year 2, the needs assessment results will be used to inform targeted efforts (such as trainings) to enhance capacities in key health financing functions (e.g., revenue raising, pooling, purchasing) and implementation skills (e.g., public financial management and benefit package design) for key MOH staff and other stakeholders. It was originally planned that these capacity building trainings would build up to a high-level national stakeholder forum to support technical and targeted working group sessions and make decisions about key factors related to Liberia’s plans for the LHEF. However, the Ministry intends to focus on rolling out revolving drug funds (RDF) and expressed that the time is not right to convene such a Forum. In Year 2, the Accelerator will continue its partnership with MOH and USAID/Liberia to continue to support Liberia’s health financing reform efforts.

CHALLENGES AND PROPOSED SOLUTIONS

CHALLENGES	SOLUTIONS
<p>Though plans had been in place to conduct a high-level stakeholder forum on health financing reforms, the government felt it was not the right time to move forward with this form of technical assistance.</p>	<p>The team worked closely with the MOH and USAID/Liberia to continue to provide TA to the MOH in their health financing reform efforts. The team is currently planning a training on health financing and the LHEF for key MOH stakeholders, as well as ad hoc TA through our country engagement manager.</p>
<p>The team encountered delays in completing the costing methodology due to lack of responsiveness from the MOH. Due to such delays, the team was unable to co-create the methodology with the costing working group/Liberian stakeholders.</p>	<p>The team has solicited regular feedback from the costing working group for validation of the costing methodology and the model as it has been created. The team has also validated its findings with the MOH and USAID/Liberia to validate the model and has worked with key government stakeholders in the hiring process for a firm to create and install the costing software.</p>

Cross-Cutting Components

Communications and Knowledge Management

The Accelerator made significant progress in its communications and knowledge management-efforts during Year 1. The Marking and Branding plan was approved, the Accelerator Communications Strategy was submitted, and the program hired a communications director.

The team focused on building communications platforms and channels to support more regular outreach, generating new content, and ensuring that technical content was tailored to reach the right audience. The program launched Twitter and Facebook accounts in November 2018. Although there was not a significant push to grow the Facebook following in Year 1, the twitter account ([@AccelerateHSS](#)) had 650 followers as of September 30, 2019. Twitter users had retweeted Accelerator content 169 times; engaged with content 1,564 times; and reached approximately 76,000 individuals. The Accelerator also launched a quarterly newsletter to highlight the program's field-supported activities and core sustainability approaches.

The Accelerator team also produced several blog posts highlighting the program or HSS generally. A list of blogs are below:

- [New \\$200 Million Global Initiative to Improve Health Systems Strengthening](#)
- [What's the difference between 'coaching' and technical assistance?](#)
- [Laying the Foundation for Liberia's Health Equity Fund](#)
- [Global Challenges Corporation Joins Accelerator Consortium to Support Sustainable Financing for HIV](#)
- [National Dialogue on Health financing Leads to the Launch of the National Health Financing Strategy in Cote d'Ivoire](#)
- [Improving Community Health Outcomes in West Africa](#)
- [Accelerator Coach Provides Practical Guidance on How to Adapt and Use Global Evidence](#)

In Year 1, the Accelerator began working with a contractor to develop a website for the program. Although USAID's Website Governance board greenlit the website's development, the site launch will be contingent upon approval by the agency's privacy team. The Accelerator hopes to launch the site in Year 2 by the end of 2019 as well as updated visual identity (e.g. logo, document templates, etc.).

Global Technical Leadership

The Accelerator recognizes that it can and should play a key role in shaping, informing, and advocating for the global HSS agenda. In addition to the communications efforts described in the section above, the program made efforts to ramp-up presence at health sector events in Year 1.

In Year 1, the Accelerator sought opportunities to connect with other organization working in the HSS space. The program began engagement with the World Bank, WAHO, the Global Fund, academic institutions and a range of other agencies. While the first year of implementation involved relationship-building with these groups, the team foresees ramping up involvement and collaboration in Year 2, including a more focused effort to position the Accelerator's global technical leadership at relevant conferences and convenings.

Monitoring and Evaluation

Program efforts in the first half of Year 1 focused on drafting the monitoring and evaluation plan and finalizing the program's data management plan. In consultation with USAID/Washington, the M&E plan was approved in Q2 and the Data Management Plan was approved in Q3.

In Year 1, the Accelerator continued to advance the development of EGAL and M&E methods to support current and future field-supported activities. The team collaborated with field-support teams to generate evidence to inform the design, implementation, and/or scale up of health system improvements, focusing on rapid feedback throughout country engagements so that teams learn and adapt iteratively; capture lessons from each of these engagements; and synthesize learnings across countries. Due to budgetary efficiency, the Accelerator did not fill the M&E manager role in Year 1. In Year 2, the Accelerator anticipates hiring a full time M&E manager to work closely with all activity teams to further strengthen data management and learning systems.

In Year 2, as field engagements progress, the Accelerator will assess the effectiveness of the MEL Plan in measuring impact on HSS, including a brief analysis of changes in the project's context; the status of progress against the MEL plan; the identification of unanticipated challenges in the collection of evaluation data; and suggest any proposed revisions to the plan.

Program Highlights



Kelechi Ohiri of Health Strategy Delivery Foundation, Accelerator Coach Anthony Gingong, and Samuel Ayamba of USAID/Liberia (left to right) receive a tour of a primary facility in Bong County. (Photo credit: Accelerator)

Spotlight: Accelerator Coach Provides Practical Guidance on How to Adapt and Use Global Evidence to Launch the Liberian Health Equity Fund

“Coaching in Liberia was one of the best experiences of my life,” says Anthony Gingong. “I told them I was not coming as a foreigner. I was coming as one of them. That alone eased the tension in the room.”

Gingong is a health professional with almost 30 years’ experience within Ghana’s National Health Insurance Scheme (NHIS) where he established the Quality Assurance and Provider Payment units within the National Health Insurance Authority (NHIA) — the institution that oversees the operations of the NHIS. He is also an Accelerator Coach with decades of hands-on experience implementing health systems strengthening interventions.

Gingong is currently working with the Accelerator in Liberia to provide practical guidance to senior Ministry of Health (MOH) officials on how to adapt and use global evidence to establish their own

version of national health insurance — the Liberian Health Equity Fund (LHEF) — drawing on the knowledge and skills he learned at the NHIA.

“Working with Gingong was a great experience,” says Roland Y. Kesselly, director for health financing at the Ministry of Health in Liberia. “We have always looked for partners who are more like us, and who understand our context. So, the experience with Gingong and the Accelerator was just that.”



Anthony Gingong gets his temperature taken while visiting primary health facilities in Bong county. (Photo credit: Accelerator)

The concept of coaching is one of several sustainability approaches the Accelerator is testing to improve the way health systems strengthening is done. Accelerator Coaches differ from consultants in several ways. Most notably, they are not the active doers of work and producers of technical outputs.

Coaches are tasked with working alongside and supporting country stakeholders through processes to identify root causes of health system challenges, interpret and apply locally generated and global evidence, develop and implement solutions that are technically valid, feasible, and have the buy-in of stakeholders.

“It’s been interesting working alongside decision-makers, government and non-governmental, in Liberia to examine the financing system, specifically the Medicine Management Systems, as well as exploring

the possibility of advocating for earmarked funding, and beginning the process of costing of medicine and medical consumables for the health sector,” says Gingong.

With support from Gingong and our regional partner the Health Strategy Delivery Foundation (HSDF), the MOH and the Accelerator are jointly developing near-term adjustments to public financing to lay the foundation for longer-term transitions that will lead to more sustainable financing mechanisms for the LHEF while also exploring the short-term efforts to establish a Revolving Drug Fund.

“We didn’t know how to really go about starting the LHEF,” said Nuaker Kwenah, a health financing officer in the department of Planning, Research and M&E. “Gingong was able to guide us through when we were talking about the Revolving Drug Funds. We all had a different idea, but Gingong was able to put it all into perspective based on his experience in Ghana.”

Gingong is just one of many Coaches the Accelerator hopes to deploy over the life of the program who is testing a paradigm shifting approach that pairs technical assistance with coaching and mentorship for key staff. The working theory? That health systems interventions will produce more sustainable results if country leadership is equipped with the skills that are needed to continuously adapt, such as management capacity, knowledge translation, evidence generation and adaptive learning, as well as ‘soft skills’ like stakeholder engagement and strategic communications.

“Gingong’s work as a coach is a good example of what makes the Accelerator approach different and valuable,” said Jessica Healey, Director of USAID/Liberia’s Health Office. “The connection he has made with the MOH is tremendous, and they clearly value his advice and recommendations.”

To date, Gingong has made several trips to Liberia to provide key officials with guidance on everything from provider payment and policy considerations to the effectiveness of Revolving Drug Funds.

“Gingong helped us understand that if you are developing an intervention, you also have to support it with documentation like policy for the sector or some other aspect of it. And based on that, when you’re planning, you should reference this document,” says Nuaker. “Gingong also noted that it was important to understand the political issues that you will need to address if you are implementing health systems interventions, such as the political will, the beginning capital [to start the Revolving Drug Funds], the capacity of those who will be implementing, and the different roles and responsibilities that each of those people will need for successful implementation.”

Looking ahead, Gingong hopes to continue working as an Accelerator Coach to provide guidance to other countries that are exploring health systems strengthening interventions.

“I like that we worked with them, not for them. By working with them, even if you leave, they should see the process as something that was produced by them with support from the Accelerator,” says Gingong. “Otherwise, they only see that an additional worker has left.”

In addition to providing Coaching support, the Accelerator — led by our regional partner HSDF — is working closely with a multi-unit team from within the MOH to develop a methodology to estimate the costs of delivering Liberia’s Essential Package of Health Services. This costing tool and the capacity to use it are key inputs into the MOH’s ability to strategically plan and make decisions for the future of the health sector. The costing process will continue in close coordination with the MOH to ensure the Ministry can adapt and repeat it as needed in the future.

Spotlight: National dialogue on health financing leads to the launch of the National Health Financing Coordination Platform in Côte d'Ivoire

The Accelerator provided technical and financial support for a National Dialogue on Health Financing, organized by the Ivorian Ministry of Health and Public Hygiene, in Abidjan from April 15–18 2019. The National Dialogue brought together government, partner, civil society, and private sector stakeholders to discuss improved health financing strategies and define strategies to ensure harmonization of efforts on national health priorities. The event also provided an opportunity to familiarize health system stakeholders with the national investment case and advocate for both the mobilization of domestic resources and the sustainable financing of health programs.

Members of the Accelerator consortium joined the organization committee to raise the visibility of transition financing as a key theme among political leaders. As part of both Accelerator support and cost shared UNAIDS work around HIV transition assessment and planning, Accelerator staff prepared a slide deck overview of transitions which was presented jointly with Global Fund and Gavi, the Vaccine Alliance.

Development partners agreed to harmonize procedures, ensure the alignment of external funding with national priorities, and support the government of Côte d'Ivoire in preparing for the best possible transition. Similarly, the government notably pledged to increase the annual health budget, invest in infrastructure improvements, and implement the key structural reforms needed for greater efficiency in the health system such as decentralization, performance-based financing, and the hospital reform.