



# HEALTH SYSTEMS STRENGTHENING ACCELERATOR

## YEAR 2 ANNUAL REPORT

## About the Accelerator

A global health system strengthening initiative, funded by the United States Agency for International Development (USAID) with co-funding from the Bill & Melinda Gates Foundation (BMGF), that supports local partners as they find their own pathways to meaningful and lasting health systems change.

Program Name	Health Systems Strengthening Accelerator (Accelerator)
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	Bill and Melinda Gates Foundation U.S. Agency for International Development

**Cover Photo:** A Primary Care Provider Network Facilitation Team member in Ghana engages service provider during a workshop in Sunyani Municipal. Photo credit: Elizabeth Hammah for the Accelerator.

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## Acronym List

Accelerator	Health Systems Strengthening Accelerator
ACS	African Collaborative for Health Financing Solutions Project
ANHSS	Asia-Pacific Network for Health Systems Strengthening
AOR	Agreement Officer Representative
APO	Asia Pacific Observatory
ASC	Agents de Santé Communautaire
BMGF	Bill and Melinda Gates Foundation
CDC	US Center for Disease Control
CERRHUD	The Centre de Recherche en Reproduction Humaine et en Démographie
CHAG	Christian Health Association of Ghana
DGS	<i>Direction Générale de la Santé</i>
DHIMS 2	District Health Information Management System
DMP	Deputy Ministry of Planning, Research and Development
DRG/EI	USAID's Center of Excellence on Democracy, Human Rights, and Governance
DSC	Directorate of Community Health
EE/CA	Eastern Europe/Central Asia
EHSP	Essential Health Service Package
EPHS	Essential Package of Health Services
Exemplars	Exemplars in Global Health
FARA	Fixed Amount Reimbursement Agreement
Flagship	Harvard T.H. Chan School of Public Health
FNLS	National HIV Fund
FPP	Full Portfolio Planning
Gavi	Gavi, the Vaccine Alliance
GCC	Global Challenges Corporation
GHS	Ghana Health Service
GHS-ERC	Ghana Health Service Ethics Review Committee
GOG	Government of Ghana
HeFRA	Health Facilities Regulatory Agency
HF	Health Financing
HFU	Health Financing Unit
HIP	Health Insurance Providers
HIS	Health Information Systems
HSPRI	Health Systems and Policy Research Institutions
HSS	Health Systems Strengthening
IA	Institutional Architecture
ILO	International Labour Organisation
JFKMC	John F. Kennedy Medical Center
JLN	Joint Learning Network for Universal Health Coverage
JSI	John Snow, Inc.
KIIs	Key Informant Interviews

KOFIH	Korea Foundation for International Healthcare
KPIs	Key Performance Indicators
L4UHC	Leadership for Universal Health Coverage
LHEF	Liberia Health Equity Fund
LMICs	Low- and Middle-income Countries
LWVF	Leahy War Victims Fund
M&E	Monitoring and Evaluation
MEL	Monitoring Evaluation and Learning
MFDP	Ministry of Finance and Development Planning
MHPSS	Mental Health and Psychosocial Support
MOH	Ministry of Health
MOHPH	Ministry of Health and Public Hygiene
MSC	Most Significant Change
NCDs	Non-communicable Diseases
NDS	National Drug Service
NGO	non-governmental organization
NHIA	National Health Insurance Authority
OH	Outcome Harvesting
OHS	Office of Health Systems
P4H	Partnership for Health
PC	Presidential Coordinator
PCP	Primary Care Provider
PLHIV	People Living with HIV
PNCFS	<i>Plateforme Nationale de Coordination pour le Financement de la Santé</i>
PNLS	National AIDS Control Program's
PNSC	<i>Plan National de Santé Communautaire</i>
POP	Prioritized Operational Plan
PPME	Policy, Planning, Monitoring and Evaluation
R4D	Results for Development
RDD	Research Development Division
RDF	Revolving Drug Fund
RECO	Relais Communautaires
RFP	Request for Proposals
RIP+	<i>Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH</i>
S4H	Systems for Health
SA	Social Accountability
SBC	Social Behavior Change
SDG	Sustainable Development Goals
SIA	Supplementary Immunization Activities
SORMAS	Surveillance, Outbreak Response Management and Analysis System
SPARC	Strategic Purchasing Africa Resource Center
SPMDP	Society of Private Medical and Dental Providers
STAIP	Strategic Technical Assistance for Improved Health System Performance and Health Outcomes
TA	Technical Assistance

ToC	Theory of Change
TOR	Terms of Reference
TWG	Technical Working Group
UGMC	University of Ghana Medical Centre
UHC	Universal Health Coverage
VOT	Victims of Torture Fund
WA/RHO	West Africa Regional Health Office
WHO	World Health Organization

## Executive Summary

The Health Systems Strengthening Accelerator (Accelerator) has made significant progress over the past year in helping countries to address complex health systems challenges and improve financial risk protection, quality of health services, and equity in population coverage. It has done by developing new models of support that are more responsive to country needs, better connected to country-led processes, and more effective in strengthening country capacity to achieve health systems change. Building upon strong foundations laid in year one, the Accelerator has helped facilitate systems strengthening efforts in Cote d'Ivoire, Ghana, Guinea, Liberia, and Togo, with significant progress toward prioritized change goals in each country. For example, the Accelerator has helped enable:

- Cote d'Ivoire to analyze, plan and transition to a more sustainable and equitable financing strategy
- Ghana to align its health financing, service delivery, and equity goals and strengthen the design and implementation of strategies to deliver on them
- Guinea to analyze underlying issues hindering delivery of its community health strategy and initiate a co-creation process to define and deliver on solutions that are informed by in-country, regional and global learning and adapted to local context
- Liberia to strengthen its health financing strategy and improve the performance of its largest tertiary care center and how it fits into the broader health system
- Togo to analyze and co-create solutions for strengthening the institutional architecture required to make progress in its journey to universal health coverage (UHC)

In addition, the Accelerator has helped advance evidence and learning on key cross-cutting themes, in a way that strengthens global evidence and lays the groundwork for supporting countries to use this learning to make progress in addressing complex systems challenges. For example, the Accelerator has generated evidence and learning on how:

- Health systems and policy research institutions in Asia can strengthen their role in helping countries within the region achieve systems change
- Delivery of immunization can be strengthened through a systems approach
- Rehabilitation and mental health and psychosocial support services can be integrated into primary health care systems in post-conflict settings
- Insights and approaches from the social and behavior change field and the social accountability field can be brought together to help countries advance their health systems change goals
- Implementation research can be used to improve national-level health system reforms, such as how to improve equity in service delivery reforms in Ghana

The Accelerator has also helped catalyze further development and codification of next-generation approaches to supporting country health systems change processes. These next generation approaches represent an important shift from more traditional technical assistance models that focus on delivering pre-defined technical solutions to narrowly defined challenges to a more facilitative, holistic and adaptive approach that is grounded in country-led processes, informed by deep analysis of underlying systems issues and advanced through facilitation of co-creation processes where multi-stakeholder

groups use in-country, regional and global learning to create country-owned solutions that are adapted to the local context.

No summary of 2020 would be complete without noting the exceptional circumstances created throughout the world by the COVID-19 outbreak. The Accelerator team notes with great appreciation the dedication of change agents throughout the world who have managed the dual responsibility of responding to near term effects of COVID-19, while continuing to strengthen systems for sustainable improvements in health over the long term. Following the global outbreak earlier this year, the Accelerator rapidly pivoted to respond to near term COVID-related needs, while adapting its working approaches to ensure they are safe, efficient, and responsive. For example, the Accelerator shifted co-creation activities that had been planned to be convened in person to a virtual format, using a range of technologies and techniques adapted to [fulfill ten essential functions in a safe and efficient manner](#). And in Ghana, the Accelerator supported the government to design, organize and execute a COVID-19 response strategy across sectors, levels and partners, informed by learning from other countries.

We are grateful for the generous support of USAID and the Bill and Melinda Gates Foundation (BMGF) that enabled this work. Together with the Health Strategy and Delivery Foundation (HSDF), ICF, CERRHUD, GCC, RIP+, and other partners, we look forward to continuing to innovate and advance progress toward stronger health systems and improved health outcomes in Year 3 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).

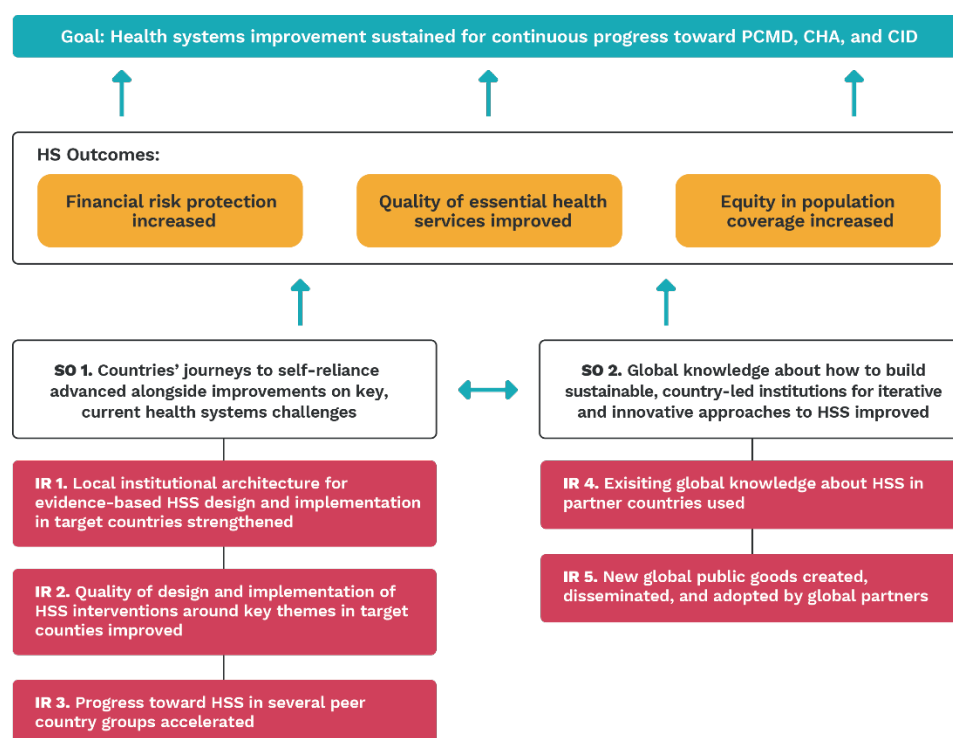


Figure 1: Accelerator Results Framework

## Cross-Bureau Activities Summary and Results

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

#### ACTIVITY 1 KEY ACHIEVEMENTS

##### Togo

1. In partnership with USAID's African Collaborative for Health Financing Solutions (ACS) project, formally selected Togo as a core fund-supported Accelerator country following two scoping trips to Togo (in October 2019 and January 2020) aimed at understanding and strengthening institutional architecture to accelerate Togo's journey to universal health coverage.
2. Formalized a relationship with regional partner, The Centre de Recherche en Reproduction Humaine et en Démographie (CERRHUD) and with in-country consultant Issa Aboubakar to help complete an analysis of UHC in Togo and to organize a virtual co-creation workshop.
3. Completed an institutional architecture framework analysis to identify key actors, processes and resources in the Togolese health system involved in the UHC roadmap.
4. Successfully completed a well-attended four-part virtual co-creation workshop aimed at advancing a stakeholder-led conversation around challenges to achieving UHC. Participants in the workshop identified and validated challenges in achieving UHC, brainstormed root causes for these challenges and potential solutions for addressing them and began the process of creating workplans aimed at operationalizing the identified solutions.
5. Secured \$300,000 in planned funding from the USAID West Africa Regional Health Office directed toward advancing UHC in Togo in Y3.

##### Guinea

1. Formally selected Guinea as a core fund-supported Accelerator country following a scoping trip to Guinea in November 2019, during which the team and key stakeholders identified areas where the Accelerator could provide support in operationalizing and strengthening implementation of the country's *Plan National de Santé Communautaire* (national community health plan or PNSC).
2. Formalized a relationship with in-country consultant Dr. Mamadou Cissé to represent the Accelerator in Guinea and to advance relationships with key stakeholders.
3. Completed an institutional architecture analysis of the Guinean health system aimed at identifying key actors, processes and resources involved in the rollout of the PNSC.
4. Advanced planning of a virtual co-creation workshop process organized around three thematic groups influencing the success of the community health strategy: financing, roles and responsibilities, and learning agenda. A number of key stakeholders validated the importance of these three themes and suggested that the Accelerator begin with implementing the financing thematic group.

## Côte d'Ivoire

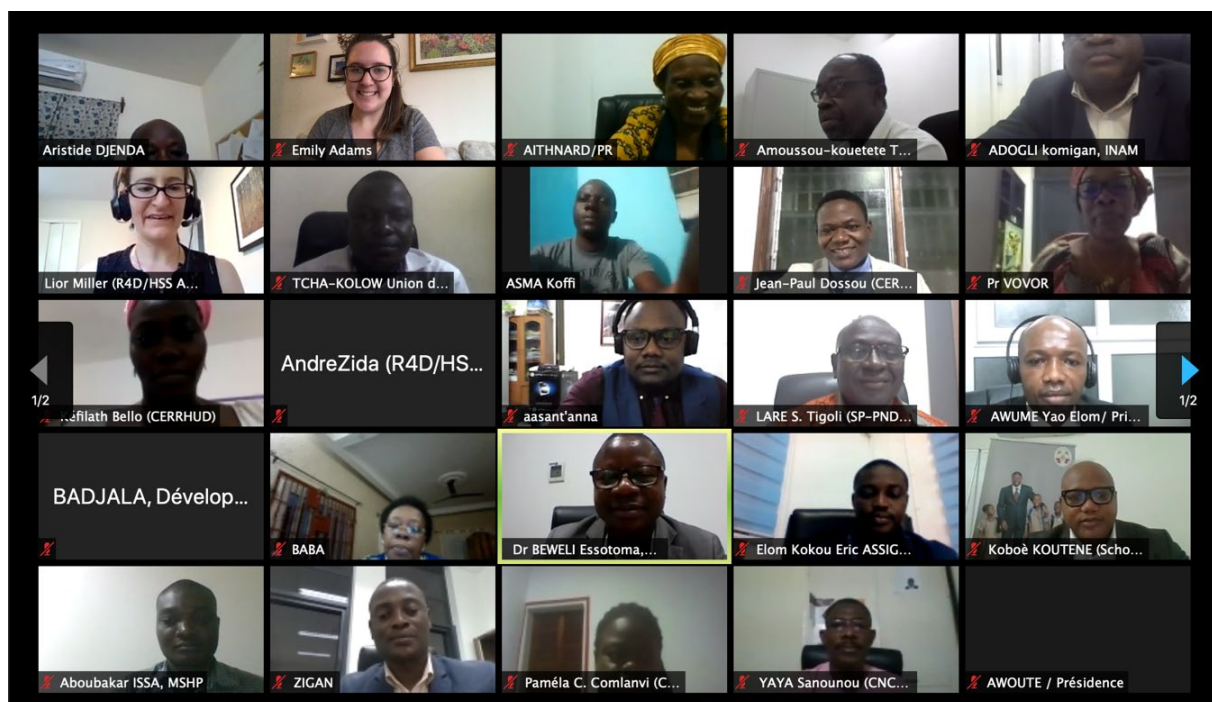
1. Formally selected Côte d'Ivoire as a core fund-supported Accelerator country after discussions with Côte d'Ivoire's Directorate of Community Health (DSC) and USAID to support the country's objectives in improving implementation of the national community health strategic plan.
2. Co-developed a scope of work and implementation plans with the DSC for several sub-activities identified to support community health priorities in Côte d'Ivoire and received approval from USAID.
3. Achieved consensus with the DSC to support their community health rollout and response to COVID-19 by creating a resource mapping tool and a national community health policy, both of which align with strengthening the capacity of the directorate and addressing community health bottlenecks.

## Overview

Under this regional activity, the Accelerator is partnering with countries in West Africa to provide integrated health systems strengthening (HSS) support to improve community health outcomes. This support responds to challenges with community-level health outcomes as a result of low government spending on health, infectious disease outbreaks, and complex systems constraints. These constraints include weak governance capacities; fragmented programs often driven by external support and disease-specific initiatives; gaps in human resources for health, especially in rural and remote areas; and low engagement of community members, especially in promoting healthy behaviors and holding government accountable.

The Accelerator is working with USAID Missions, country leaders, communities, and development partners in Togo, Guinea, and Côte d'Ivoire to address systems-level barriers hindering community health outcomes, understand entry points for change, and apply integrated systems improvement approaches.

In Y2, the Accelerator selected Togo, Guinea, and Côte d'Ivoire as priority countries for engagement following scoping trips and informational interviews with stakeholders in each country. The Accelerator carried out a landscaping analyses of community health-related challenges in each country. After the identification and recruitment of consultants and local partner organizations in each country, the Accelerator planned virtual co-creation processes aimed at bringing together stakeholders around a common goal. In Togo, the team worked with consultants from regional partner CERRHUD to complete a four-part virtual workshop series aimed at improving the rollout and implementation of the UHC roadmap. In Guinea, plans for a three-part workshop organized around thematic challenges to successful rollout of the national community health strategy are well underway and will be completed in early Y3. In Côte d'Ivoire, the team initiated work with the DSC to assess specific challenges and priorities for the implementation of the national strategic plan for community health. The Accelerator achieved consensus with the DSC to support the development of a resource mapping tool that takes into consideration the various actors and areas of interventions within community health, and a national community health policy including a situational analysis.



*Screenshot from one of the virtual co-creation workshops in Togo led by the Accelerator and ACS programs.*

### Sub-activity 1.1: Facilitate Multisectoral Dialogue among Key Stakeholders to Support UHC in Togo

The Accelerator conducted a scoping visit to Lomé in October 2019 to meet with a broad range of stakeholders across the private, public and development sector to discuss key health systems challenges and their underlying causes and identify priority areas and modalities of support from the Accelerator in coordination with ongoing support from other development partners. Building on the first scoping mission, the Accelerator completed a joint visit to Lomé in January 2020 in collaboration with USAID's ACS project and regional partner CERRHUD based in Cotonou. The team spoke to a wide range of Togolese health system stakeholders, including public health authorities, private actors, and development partners, to validate health system challenges identified during the first scoping visit and gain support for the proposed co-creation process approach.

Discussions with the health system stakeholders highlighted fragmentation across the health system in understanding, definition, and ownership for UHC; a need for improved accountability for UHC; and a need for strengthened governance, particularly in institutional ownership for UHC at the highest level.

In partnership with ACS and CERRHUD, the Accelerator worked to adapt a planned co-creation workshop to the new realities necessitated by the COVID-19 pandemic that emerged in March 2020. In Q4, the team held a virtual co-creation workshop built on an analysis of UHC in the Togolese health system completed based on the scoping trips. The four-part co-creation process was broken down as follows:

- Session 1: Introduction to the virtual co-creation process and strengthening collaboration among stakeholders

- Session 2: Validation and prioritization of the results of the situational analysis and the root causes of the main bottlenecks that hamper progress towards UHC in Togo
- Session 3: Validation and prioritization of corrective actions and solutions in a draft action plan
- Session 4: Development of plans and next steps

The co-creation workshop included participants from a variety of Togolese and global organizations, including the Global Fund, USAID, the Togolese president's office, and various ministerial representatives. The process benefited from the strong leadership and engagement of the General Directorate of Health Action and the General Directorate of Social Protection who moderated the sessions. Each of the four sessions was anchored in small group work, in which the 30-50 total participants divided into groups of approximately 10 people for rich, in-depth discussions of challenges in Togo. The groups identified the following four thematic challenges in achieving UHC and started to develop concrete solutions to address each:

- **Fragmentation/absence of coordination mechanisms/lack of leadership** – including the challenges of lack of local expertise and lack of expertise at the ministry level, instability within leadership structures within public and private institutions, and the fact that UHC is a multisectoral challenge currently spearheaded by solely the health sector
- **Lack of political engagement** – including the challenges of weak communication between politicians and technical staff, lack of national consensus and diffusion of initiatives to the local level, weak financing mechanisms, lack of national stewardship for health initiatives, and lack of coordination between partners
- **Differing interests and fear among actors of losing their responsibilities** – including the challenges of lack of national coordination of actors involved in UHC, conflict of competence between state institutions/divergence of interest at the technical level, lack of involvement of civil society in UHC implementation, and fear of reform (particularly concerning financing and human resources).
- **Inefficiencies in the use of allocated resources** – including the challenges of lack of resource monitoring mechanisms, lack of a high-level view of available resources, lack of efficient strategic purchasing mechanisms, and multiplicity of beneficiary support services

Following the fourth and final session, interested participants volunteered to take part in a newly constituted Task Force aimed at finalizing a UHC action plan, which will then be shared back with the broader stakeholder group for validation. Workplan conception will take place during a fifth, smaller working session held in early Y3.

In September, the Accelerator had the opportunity to join the annual USAID/West Africa's Regional Health Office (WA/RHO) work planning meeting during which the team shared the Accelerator approach and project implementation plan with other WA/RHO development partners. This meeting was an opportunity for the Accelerator to learn about the priorities of the WA/RHO as well as the West African Health Organization and to share project plans and synergies with others working in Togo's health sector. Through this engagement and further discussions with the WA/RHO team, the Accelerator developed new ideas for increased engagement with the private sector and civil society in Y3 of the

project, with an emphasis on assuring the access to high-quality essential health services including family planning and reproductive health services.

### Sub-activity 1.2: Integrated HSS Support in Guinea

In November 2019, the Accelerator carried out a scoping trip to Conakry. The scoping team met with a broad range of stakeholders focusing on community health in Guinea to discuss key challenges to building sustainable health systems, begin analyzing root causes of these challenges, and identify priority areas and modalities of support from the Accelerator in coordination with ongoing technical assistance support from other donors and partners.

Stakeholders validated the Accelerator's focus on community health. They emphasized that the Accelerator entered at a critical time in Guinea because a new community health policy based on *communes de convergence* is being rolled out and scaled up, offering many entry points into the community health system. Additionally, stakeholders voiced that Guinea has a strong landscape for the Accelerator work because there has been significant investment in HSS in recent years, which Accelerator can build upon to leverage past work and avoid duplications. Stakeholders were interested in support for challenges with the design, operationalization, and financing of the new community health strategy.

When the COVID-19 pandemic began in March 2020, the Accelerator continued stakeholder discussions virtually, exploring and validating the challenges to implementing the National Community Health Strategy in Guinea raised by stakeholders during the initial scoping trip. The Accelerator used this feedback, along with existing documentation and policy reviews, to identify three key thematic challenges that were validated by USAID Guinea, Dr. Facinet Yattara from the Direction of National Community Health within the Ministry of Health, and other key stakeholders and funders:

1. The sources of financing and the mechanisms for funding flows
2. Decentralized roles and responsibilities
3. Learning Agenda and Implementation Research

The program developed terms of reference for the financing, decentralized roles and responsibilities, and learning agenda/implementation research groups, which include an analysis of the challenge and outline objectives and key questions to discuss and address. These themes will serve as the basis for thematic working groups that the Accelerator is working to arrange for early Y3 (following Covid-19-related delays in confirming with Guinean government counterparts the best-positioned individuals for these groups). The team is also in communication with Exemplars in Global Health (Exemplars), funded by Gates Ventures and the Bill and Melinda Gates Foundation (BMGF), to begin exploring best practices and opportunities for knowledge exchange in the three thematic areas. The materials developed by Exemplars, including a draft financing brief with lessons learned and experiences from Liberia and draft learning brief focused on best practices in Ethiopia, align with the three thematic groups and will serve as inputs for the discussions during the working group sessions.

The team is working in close collaboration with USAID, Dr. Yattara, and other stakeholders to determine the best participant composition of each thematic group. Once established, the Accelerator will lead approximately two sessions with each group to analyze root causes of the identified thematic

challenges, discuss solutions, and outline concrete action steps that can be taken on by government stakeholders, the Accelerator, and/or other partners.

In August 2020, the Accelerator joined a multi-sectoral stakeholder meeting and introduced the project to a group of key contacts from a variety of government ministries, development agencies, and the local private sector. The Accelerator's proposed project approach was well received by the participants and the presentation led to new contacts for the program.

The team validated the Accelerator's thematic group-based approach with Dr. Lamine Yansané, the Conseiller Principal in Guinea, and based on his feedback, agreed on a focus on sustainability/resources pertaining to each theme in order to maximize the impact of the groups. The team met with Dr. Alpha Ahmadou Diallo from the Research Division of the Ministry of Health to prioritize the top implementation research questions outlined through Activity 4. Although Activity 4 is not directly linked to the co-creation process, it will inform discussions around the research landscape and challenges in Guinea for the thematic group focusing on a learning agenda and implementation research. Moving forward, the Accelerator will also consider how to work with Guinean stakeholders to publish findings and document processes and accomplishments of the strategy rollout in Guinea.

### Sub-activity 1.3: Catalytic Investment in Côte d'Ivoire

During Y2, the team engaged in discussions with the Ministry of Health's directorate of community health (DSC) to assess specific challenges and priorities for community health in Côte d'Ivoire and the implementation of the national community health strategic plan. The Accelerator first held an introductory meeting in 2019 with the DSC to share the Accelerator's ongoing field support activity (Sustainable HIV financing in Côte d'Ivoire) and to learn about the community health program. The DSC shared their action plan to strengthen community health which centered initiatives around five axes. The Accelerator identified two axes that aligned with the engagement of the Accelerator in Côte d'Ivoire: 1) strengthening governance and leadership for community health at the national level, and 2) improving the monitoring and evaluation system of community health interventions. Together with the team from the DSC, the Accelerator developed a detailed scope of work and shared it with the USAID mission team, and it was approved in July 2020.

After further consultation and in-depth discussions with the DSC around their priorities, the Accelerator identified two activities within the axes to prioritize beginning in Y2 and continuing into Y3: a **resource and stakeholder mapping tool** that takes into consideration the various actors and areas of interventions within community health and a **national community health policy**, including a **situational analysis**. Other activities will be determined as the Accelerator's engagement with the Directorate of Community Health continues throughout Y3 and emerging priorities and areas of collaboration are identified. This may include strengthening monitoring and accountability for community health and adaptive learning/implementation research.

### Resource Mapping Tool

The **resource and stakeholder mapping tool** will identify the key actors in community health and the areas of interventions of financial and technical partners. This activity will improve coordination within community health and facilitate partnerships and collaboration, particularly in the context of COVID-19 which has highlighted the fragmentation of community health services and partners' efforts. For example, based on project funding, some community health workers only provide HIV, TB, or malaria



services instead of the envisioned integrated package of preventive services. The Accelerator will lead the recruitment process and hire consultants to support the work in early Y3 and will use the resource mapping tool to identify gaps in financial and technical support.

### **National Community Health Policy**

The **national community health policy** will outline the institutional and organizational framework of community health, the mechanisms for integrating community health into the national health system, and a **situational analysis** of community health. As part of the situational analysis and policy development process, the Accelerator will support the DSC to convene a **technical working group** to develop and validate the policy. The Accelerator will additionally identify areas for coaching support to achieve the objectives outline in the national community health policy. As part of our virtual scoping efforts in quarters three and four, the Accelerator organized several consultative meetings with the DSC team to build rapport and finalize an operational model to engage in Côte d'Ivoire, working with a local partner and/or local consultants that will be recruited at the beginning of Q1, Y3. The Accelerator also reviewed the National Strategic Plan for Community Health (2017-2021), other health policy documents, and national community health policies from the region to identify key objectives, elements, opportunities, and gaps that the national community health policy could address.

The team additionally developed an **implementation timeline** that they will share with DSC at the start of Y3. Both activities will involve significant stakeholder engagements with a series of workshops anticipated, though COVID-19 guidelines and safety considerations will make it difficult to convene in-person meetings. Instead, the DSC and the Accelerator identified opportunities to facilitate workshops virtually, building off the Accelerator's experiences facilitating virtual co-creation workshops in Togo and in other settings.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
Across all three countries, the COVID-19 pandemic has delayed initiation and/or implementation timeframes for activities	The Accelerator has continued to maintain strong communication with key stakeholders through local partners, proposed and initiated virtual alternatives to in-person activities, and maintained flexibility, adaptability, and responsiveness to local needs	The Accelerator has worked to identify possible linkages between COVID-19 priorities and the identified interventions for Accelerator support. For example, on the basis of these discussions in Côte d'Ivoire, the resource mapping tool emerged as a key initiative to respond to COVID-19 challenges, and the broader community health strategy, by using the tool to promote alignment and coordination of efforts.



COVID-19 limitations to travel and group gatherings pose challenges to arranging co-creation workshops in Guinea and Togo	The team adapted planned in-person co-creation workshops to virtual processes conducted over several months with continuous communication with stakeholders	
Need to finalize operational model in Côte d'Ivoire	The Accelerator continues to discuss whether individual consultancies or a subaward with a local partner such as the existing local partner, GCC, would best meet the needs of the project.	Early in Q1 of Y3, the Accelerator is launching a competitive call for proposals, most likely initiating this work with individual consultancies, and then as the work evolves and expands, launching a competitive process to identify a local sub-awardee

## Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Integrated HSS support in Togo</b>				
Conduct preliminary scoping trips	X	X		
<b>Develop Phase 1 scope of work</b>		X		
Develop Togo UHC landscape document			X	
<b>Develop Co-creation process methodology</b>			X	
Implement Co-creation process with stakeholders				X
<b>Integrated HSS support in Guinea</b>				
Continued conversations with key stakeholders through visits and remote stakeholder calls	X	X		
Finalize start up scope of work		X		
Develop virtual co-creation workshop series*			X	X
Develop draft knowledge briefs on best practices and innovations in community health approaches through collaboration with Exemplars in Global Health			X	X
<b>Catalytic investment in Côte d'Ivoire</b>				
Jointly develop community engagement plan with the MOH and integrate into existing buy-in activities			X	

Finalize and share scope of work with the directorate of community health				X
Develop implementation plan				X
Provide implementation support aligned with existing work plan**				

**Notes:**

*\*Implementation of the co-creation workshop in Guinea has shifted to Y3 Q1*

*\*\*Implementation in Côte d'Ivoire has shifted to Y3 Q1*

## Deliverables

The deliverables listed in the Y2 workplan were intentionally broad across all three countries in the portfolio to allow for further scoping and dialogues with key stakeholders. Based on the feedback we received during scoping conversations, the following deliverables listed below were completed.

**Togo:**

COMPLETED	DELIVERABLES SHIFTED OR NO LONGER RELEVANT
<ul style="list-style-type: none"> <li>• <a href="#">Trip report from October 2019 scoping mission</a></li> <li>• <a href="#">Trip report from January 2020 scoping mission</a></li> <li>• <a href="#">SOW for the co-creation process</a></li> <li>• Co-creation presentations for sessions <a href="#">1</a>, <a href="#">2</a>, <a href="#">3</a> and <a href="#">4</a></li> <li>• <a href="#">Presentation for RHO workplanning meeting</a></li> </ul>	N/A

**Guinea:**

COMPLETED	DELIVERABLES SHIFTED OR NO LONGER RELEVANT
<ul style="list-style-type: none"> <li>• <a href="#">Trip report from November 2019 scoping mission</a></li> <li>• <a href="#">SOW for start-up phase</a></li> <li>• <a href="#">Institutional architecture assessment</a></li> <li>• Co-creation thematic group overview documents <ul style="list-style-type: none"> <li>○ <a href="#">Financing</a></li> <li>○ <a href="#">Roles and Responsibilities</a></li> <li>○ <a href="#">Learning Agenda</a></li> </ul> </li> <li>• <a href="#">National Community Health Strategy theory of change</a></li> <li>• <a href="#">Multisectoral platform presentation</a></li> </ul>	N/A

Côte d'Ivoire:

COMPLETED	DELIVERABLES SHIFTED OR NO LONGER RELEVANT
<ul style="list-style-type: none"> <li>• <a href="#">Trip report from February 2020 mission</a></li> <li>• <a href="#">Scope of Work of potential activities</a></li> <li>• <a href="#">Timeline for the completion of each activity</a></li> </ul>	<p>Due to prolonged dialogue and institutional relationship building with the Directorate of Community Health and COVID-19 related delays, implementation support and associated deliverables shifted from Y2 to the beginning of Y3. The team, with the DSC, has now identified key areas for the Accelerator's engagement and support, described in the Y3 workplan including the following deliverables:</p> <ul style="list-style-type: none"> <li>• National community health policy document</li> <li>• Resource mapping tool</li> </ul>

## Activity 2: Strengthen Institutional Architecture for Continuous Health Systems Strengthening

This activity is now complete. Going forward, the team will utilize funds under various field support activities to apply the Institutional Architecture (IA) framework in partner countries where it is relevant.

## Activity 3: Applying Improved Technical Assistance Model for Sustainable Health Systems Strengthening

### KEY ACHIEVEMENTS:

1. Designed learning forum focused on HSS themes of highest priority across Accelerator activities; pivoted to virtual format to be implemented in Q1 Y3 (3.1).
2. Identified experts through the coaching database to support the Office of the Presidential Coordinator for Ghana's COVID-19 response program (3.2).
3. Provided remote coaching support in Cote d'Ivoire to co-create a capacity development plan to improve the management of HIV program resources (3.2).
4. Launched initial coaching e-learning modules in collaboration with Strategic Purchasing Africa Resource Center (SPARC) and ACS and grew the number of regional and country-based expert "coaches" from 37 to 107 in Y2 (BMGF-funded).
5. Received supplemental funding from BMGF to enhance systematic learning and coaching priorities (BMGF-funded).

### Overview

In Y1, the Accelerator began developing and testing several new approaches to technical assistance (TA) for health system strengthening (HSS). In Y2, the Accelerator built on this foundational work to further apply several improved TA models and begin learning from stakeholders what is working well or not among the new TA approaches. The Accelerator built a community of locally and regionally based expert "coaches" to complement traditional, direct TA provision. Coaches will guide, facilitate, and mentor local partners through HSS and change management processes in specific technical areas identified through the country engagement process.

Supplemental funding from BMGF provided complementary support for Activity 3, enhancing systematic learning and the development of the coaching database and e-learning modules.

#### Sub-activity 3.1: Facilitate multi-stakeholder forum on how new TA models are advancing HSS across Accelerator activities

The Accelerator designed a multi-stakeholder forum for internal reflection and action-oriented learning on effective approaches to addressing priority health systems challenges in the countries the Accelerator supports. This forum was initially planned as an in-person event to be held in Fall 2020. Due to the COVID-19 pandemic, the Accelerator converted the design of the event into a fully virtual format (a virtual series) to deliver on the same objectives. The forum will be organized around three major cross-cutting topics prioritized by Accelerator activity teams:

1. Achieving sustainable and equitable financing for UHC and other health system priorities

2. Strengthening integration of priority programs into the broader health system
3. Assessing and strengthening IA for HSS

Sessions will be facilitated by relevant Accelerator activity teams and will include opportunities for active involvement and experience-sharing. The target audience for the virtual learning series includes the Accelerator, partners in-country, the Office of Health Systems (OHS) and Agreement Officer Representative (AOR) team, and the USAID mission teams. The sessions will be a mix of plenary and small group discussions, with use of interactive tools such as polling to ensure active and participatory discussions. The virtual learning series will take place between October and December 2020 and will result in a final report highlighting major HSS themes what TA approaches are most suitable for different health systems challenges.

#### Sub-activity 3.2: Apply and further develop coaching approach to advance health system priorities in Accelerator field-supported activities

The Accelerator collaborated with ACS and the SPARC to support regional and country institutions and individuals to serve as a sustainable source of expertise to facilitate country-led health systems change.

The Accelerator provided coaching support through field-supported activities. For example, in Ghana the Accelerator supported the Office of the Presidential Coordinator for Ghana's COVID-19 response to hire an expert identified through the coaching database to advise on risk communications and psychosocial strategies to reduce the spread of the COVID-19 virus in Ghana. In Côte d'Ivoire, the Accelerator's local partner, the GCC, played a coaching role to support a technical working group of government and health managers at decentralized levels to identify and address priority capacity needs to better mobilize, allocate, and manage HIV program resources. GCC provided remote process facilitation through the onset of the COVID-19 pandemic, resulting in the co-creation of a capacity development action plan to improve resource tracking, transparency and efficiency for increased accountability and sustainability of the HIV program.

The Accelerator leveraged cost-share funding from BMGF to support the development of global public goods and platforms, such as a global database of experts and the production of e-learning modules that share practical tips on how to effectively facilitate country-led health systems change through a coaching approach. With USAID funding, the Accelerator will adapt and apply these global public goods to support future field-supported activities. Y2 accomplishments include:

- **Strengthening the capacity of regional and country experts:** Using BMGF funds, the Accelerator finalized and published the first coaching e-learning module in partnership with the eCampus team from Amref's Institute of Capacity Development. A global public good, the e-learning module orients experts who will provide support to Accelerator field-supported activities. To share the content with a broader range of technical experts, the Accelerator promoted the modules via a webinar entitled "Reimagining technical assistance: coaching and beyond" for 365 attendees and also shared the coaching approach via this [blog](#). To date, the modules have been accessed and viewed by more than 100 individuals. The team is currently drafting and producing two additional e-learning modules on Process Facilitation and Remote Coaching.
- **Increasing the visibility of regional and country experts:** With support from BMGF, the Accelerator designed and conducted user testing for the database of HSS experts. The team identified a growing number of regional and country experts (37 at the beginning Y2 and 107 at

the end of Y2) and profiled their experience in the interim database. The Accelerator identified experts from eighteen countries in sub-Saharan Africa and three countries in Asia<sup>1</sup>. Most of the experts have over ten years of technical experience in HSS, with a focus on primary health care, community health, and strategic health purchasing. Their coaching skills include capacity development, stakeholder analysis, strategic communications, and facilitating stakeholder dialogues. In addition, more than half of the experts are proficient in English, French, and Swahili. The Accelerator has continued to add new members to the database from other activities—for example, individuals who applied for the COVID-19 Collaborative facilitation team—and has used the interim database to rapidly respond to TA needs across multiple countries.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
Delays in BMGF supplemental grant slowed the finalization of the coaching database and Process Facilitation and Virtual Coaching e-learning modules	R4D received the funding in September 2020 and is working rapidly to complete the database and process facilitation module in December 2020. As the remote coaching content is developed, the team will provide interim resources to coaches that can support them during this time.	N/A
COVID-related pivot for the learning forum series	The learning series was changed to a virtual format. It is designed to be as interactive as possible with small group discussions and tools such as live polling and a virtual whiteboard.	N/A

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<sup>1</sup> Afghanistan, Bangladesh, Benin, Burkina Faso, Cameroon, Comoros, Côte d'Ivoire, Ghana, Guinea, India, Kenya, Mali, Namibia, Nigeria, Rwanda, Senegal, South Africa, Togo, Uganda, Zambia, and Zimbabwe

## Timeline

Include complete timeline for Y2 and indicate what has been completed.

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>3.1 Multi-stakeholder forum on coaching and other elements of Accelerator's approach</b>				
Prepare materials for the convening (participants, agenda, pre-reads, facilitation plans, etc.) <sup>2</sup>				X
Facilitate convening				
Draft final report				
<b>3.2 Apply and further develop coaching approach to advance health system priorities in Accelerator activities</b>				
Identify regional and country experts to support country activities and expand the pool of expertise captured in the global database of experts <sup>3</sup>	X	X	X	X
Adapt and use coaching modules to orient regional and country experts <sup>4</sup>				X
Capture and disseminate lessons learned from applying the coaching approach		X	X	X

## Deliverables

To share principles, approaches, and tips for experts interested in providing support to country partners through the coaching approach R4D has created 2 introductory modules in [Building Capacity for Sustainable Health Systems Change](#). These modules are designed for experienced health systems professionals who are interested in applying the coaching approach. Through the modules, users can expect to gain an understanding of, and contribute feedback to, the coaching approach and exchange lessons learned around some of the key competencies needed to apply this approach.

<sup>2</sup> The virtual multi-stakeholder forum series is planned for October-December 2020 so the implementation activities and final reporting will carry over into Q1 of Year 3.

<sup>3</sup> Initially planned for Q1 and Q3, identifying country and regional experts to support country activities and expand the pool of experts in the global database has been an ongoing activity throughout the year.

<sup>4</sup> Coaching modules were completed in Q3.



# Activity 4: Integrating Implementation Research to Improve Community Health Outcomes in Guinea

## Overview

The effectiveness of many HSS efforts in Guinea and elsewhere are limited by insufficient use of practical implementation research and ongoing design adaptation based on evidence. Some evidence generating activities require prohibitively large budgets, which limits their scale and the frequency of use. Others are inadequately responsive to questions that decision-makers need answered within limited timeframes.

The Accelerator is working to address these common challenges by conducting targeted implementation research to assess strategies and services at early stages and inform decision making for promising, scalable solutions. Through rapid feedback loops, this implementation research will support decision-makers through the process of iterative adaptation.

In Guinea, the Accelerator is applying implementation research and adaptive learning methods to provide evidence on the design coherence, effectiveness, and scalability of the PNSC, in alignment with cross-bureau Activity 1.

### KEY ACHIEVEMENTS:

1. In close collaboration with Activity 1, the Accelerator conducted scoping conversations, policy and document review, and initial analyses on the gaps and challenges in operationalization of Guinea's National Community Health Strategy. This informed the identification of specific areas and challenges that require further exploration through implementation research. Key stakeholders in Guinea identified the lack of a learning agenda and implementation research as a significant challenge in the implementation of the health strategy.
2. The team worked with Ministry of Health (MOH) officials to prioritize three implementation research questions that are the most relevant to the current community health landscape in Guinea.
3. Began outreach to local research institutions in Conakry to identify a partner for collaboration on this activity.

The Accelerator continued remote conversations with key stakeholders to identify the main challenges in implementation of the National Community Health Strategy in Guinea. Through close collaboration with in-country decision makers, the team gained consensus on the inclusion of implementation research and a learning agenda as one of three thematic working groups within a virtual co-creation process for the National Community Health Strategy that is being carried out under Activity 1 of the Accelerator. The initial scoping conversations, policy and document review, and challenge synthesis and

analysis carried out under Activity 1 were critical in establishing the framework, landscape, and priorities for Activity 4.

The implementation research under Activity 4 was initially planned to be sequenced after the learning agenda thematic group meetings that will be held as part of the co-creation process under Activity 1. However, COVID-19 caused delays to the Activity 1 co-creation process, which led to a shift in implementation timeline for Activity 4. While this implementation research activity will still be connected with the co-creation process of Activity 1, particularly with the implementation research and learning agenda thematic group, it will be somewhat delinked for a more expedited implementation that will occur simultaneously rather than sequentially.

The Accelerator team discussions with MOH personnel on the importance of implementation research and learning in their current health strategy. The MOH staff emphasized the importance of these components and reported that there is a significant gap in terms of documentation of the ongoing work in Guinea. The team developed terms of reference for this thematic group, including an analysis of the challenges, which have been shared with Dr. Facinet Yattara, the director of DSC.

The team also connected with Dr. Alpha Ahmadou Diallo, the director of the Research Division within the MOH to explore the current implementation research landscape and get feedback on our proposed areas of research. Dr. Diallo provided feedback on the shaping and focus of our questions and identified three questions as current priorities in Guinea. The prioritized questions, revised and listed below, have been shared with Dr. Yattara for his review and feedback.

**Revised guiding light question:**

- To what extent is the essential package of integrated services provided by RECOs (community mobilizers, or *Relais Communautaires*) and supervised by the ASC (Community Health Workers, or *Agents de Santé Communautaire*) effective in meeting the health needs of populations at the community level in Guinea?

**Revised output-level question:**

- What is the level of knowledge among local government actors on their roles and responsibilities, and are the available resources adequate for implementing the community health strategy?

**Revised outcome question:**

- To what extent have RECO/ASC social mobilization efforts improved the community confidence in the health system and encouraged health-seeking behavior?

The team also received recommendations from Dr. Yattara, Dr. Diallo, and the USAID in Guinea Mission on local research institutions that the Accelerator could potentially collaborate with. The Accelerator has connected with the Centre de Formation et de Recherche en Santé Rurale de Maferinyah in Guinea, who has experience conducting operational research and has worked previously with USG funded programs. The program will also be connecting with several other research institutions to learn more about their experience before carrying out a competitive process to select a partner. Finally, the program will soon confirm the required processes for research approvals in Guinea, creating a timeline that aligns Guinea

MOH approvals with collaborative review and approval from USAID's Guinea Mission and OHSs' implementation research advisers.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
Limited travel and data collection opportunities are expected due to the COVID-19 crisis	<p>The Accelerator is considering appropriate alternate research approaches and modes of remote data collection, such as remote telephone calls with community health workers and community mobilizers.</p> <p>The Accelerator is also identifying local research institutes with whom to partner.</p>	N/A
The co-creation process of Activity 1, including the thematic group discussions on the learning agenda, were initially planned as an in-person workshop that would take place earlier in the year. Due to travel limitations, the team is unable to convene this in person, and the timeline has been delayed	<p>Activity 4 will be somewhat delinked from the co-creation workshop, so that it can have a more expedited implementation.</p> <p>The Activity 1 is deconstructing the traditional co-creation workshop to consist of a series of meetings and continuous dialogue that take place over several months.</p>	N/A

## Timeline

Include complete timeline for Y2 and indicate what has been completed.

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Scoping and Preparation Phase</b>				
Conduct preliminary scoping conversations		X	X	
Outline terms of reference for implementation research and learning for the co-creation process in Guinea			X	
Prioritize key research questions with key stakeholders				X

Begin outreach to research institutions in Guinea for potential collaboration				X
Technical report of data and findings*				
Memo of recommendations*				

**\*Note:** Due to COVID-19, these activities have been shifted into Y3.

## Deliverables

COMPLETED	DELIVERABLES SHIFTED OR NO LONGER RELEVANT
<ul style="list-style-type: none"> <li>• <a href="#">List of top 3 implementation research questions prioritized and revised by Guinean government stakeholders</a></li> <li>• <a href="#">Terms of reference for the thematic group on implementation research and learning, including an analysis of the challenges on this area in Guinea</a></li> </ul>	<p>Deliverables that were initially planned for Y2 that have been delayed to Y3*:</p> <ul style="list-style-type: none"> <li>• Technical report that presents all data collected and synthesizes key findings from the implementation research in Guinea</li> <li>• Memo that discusses recommendations based on the research findings and highlights cross-country learning</li> </ul>

**\*Note:** Since the scoping for this activity, in collaboration with Activity 1, and implementation of the activity was delayed due to COVID-19, these deliverables have been pushed back into Y3.

# Activity 5: Improving Equity in Coverage and Financial Protection through Ghana's Preferred Primary Care Provider Networks

## KEY ACHIEVEMENTS:

1. Validated country participation and set up a core research team led by the principal investigator from the Ghana Health Service (GHS).
2. Received ethics approval from the Ghana Health Service Ethics Review Committee with the permission to conduct the study with human subjects.
3. Finalized study protocol (including data collection tools) and received approval from USAID.
4. Trained 17 data collectors and supervisors on study principles and concepts; equipped them with skills on conducting household survey, semi-structured interviews and facilitating focus group discussions.
5. Launched data collection and completed collection of qualitative data from the South Dayi district.

## Overview

According to USAID's forthcoming Health Systems Strengthening Vision 2020-2030, health equity means that the system affords every individual the opportunity to attain their highest level of health regardless of social or demographic factors, with particular emphasis on underserved populations. Improving equity in health leads to healthy, educated, and prosperous societies and help countries achieve their Sustainable Development Goals (SDGs)<sup>5</sup>. Equity is one of the core concepts underlying UHC in Ghana and a key objective of many HSS reforms in the country. Promoting equitable access to essential health services is one of the three core objectives of the Primary Care Provider (PCP) Network initiative of the Government of Ghana (GoG). Activity 5 is adding catalytic support to the field support activity to advance understanding of the role PCP Networks could play in promoting Ghana's equity objectives for UHC and contribute to global knowledge on equity enhancing strategies.

The activity applies implementation research and adaptive learning methods to understand if and how the equity objectives of the Networks are being met, and how the context affects implementation of the Network model at the sub-district level. The results of this implementation research will provide actionable evidence to the government about how equity-enhancing initiatives can be built into the Network design as the model is scaled up nationally. For the adaptive learning component, the results of this implementation research will be presented and discussed in a co-creation event with the GOG and

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<sup>5</sup> USAID, 2016. "Acting on the Call: Ending Preventable Child and Maternal Deaths; Focus on Equity". <https://www.usaid.gov/sites/default/files/Final-AOTC-file-v2.pdf>. Accessed August 13<sup>th</sup>, 2020.

PCP Network practitioners to lay out a framework for incorporating equity enhancing approaches in PCP Network design and implementation in different regions of Ghana.

The implementation research also aims to produce generalizable learning that can be used to advance equity in other settings beyond Ghana.

#### Sub-activity 1.1: Enhance equity in coverage and financial protection through implementation research and adaptive learning

In Y2, the Accelerator validated country participation and ownership of the study, finalized the study protocol, trained data collectors, and launched data collection for implementation research.

In Q1 and Q2 the Accelerator engaged in series of consultations with the government counterparts and core team of experts advising on the implementation of PCP Networks to solicit their buy-in and approval for the study and ensure local ownership for sustainability and effectiveness of the initiative. As a result, the GoG validated their participation and designated the Research Development Division (RDD) of GHS as an institutional home for the study. Cornelius Debpuur - Deputy Director of Research at RDD - was designated the principal investigator. Dr. Debpuur leads a core research team comprising of researchers from the GHS, equity consultant from the University of Ghana, PCP Network practitioner and Accelerator representatives. An expanded research team was also formed - comprised of PCP Network design experts and directors from GHS. This group is routinely consulted to ensure that study design and implementation aligns with the PCP Network design and scale-up objectives.

In Q3 and Q4, the Accelerator worked with the Principal investigator from GHS and core research team to develop an equity-focused proposal for implementation research and submit the proposal for review by Ghana Health Service Ethics Review Committee (GHS-ERC). The team went through an extensive literature review and a consultation process to discuss study objectives and research questions, parameters and methodology, and to develop a detailed study protocol. This included consultations with the USAID mission in Ghana, AOR team and Equity teams for consultation and feedback on study questions and methodology. The Accelerator landed on a mixed methods approach for the implementation research. Quantitative methods will be employed to determine the extent to which service provision and use are equitable across various socio-economic groups in the communities served by the PCP Networks. A qualitative component will explore how the context affects equity and what factors contribute to the performance of PCP Networks across selected equity dimensions. The qualitative component will also explore how the network model could be applied to enhance equity in service provision and utilization, especially as the initiative is scaled up nationally. The research team also determined study area and population, sample size and profiles of study respondents.

Household wealth, gender, and residence were selected as key equity variables to be explored. The equity tool will be utilized to measure relative wealth of the household and a survey questionnaire has been drafted to investigate health utilization practices. Gender was selected in line with key public health priorities of the GHS. Promoting the health and empowerment of women and girls is not just a health sector priority for Ghana – it is rather recognized as a crucial prerequisite for sustainable development and a foundation for economic prosperity for Ghana's Journey to Self-reliance. Both a quantitative survey and qualitative tools will enable gender-disaggregated analysis (e.g. one of the two focus group discussions conducted in the districts will comprise of women only). Finally, residence in hard to reach areas (determined by the distance from the nearest health facility, based on GPS

coordinates collected during The survey) will be explored as an equity variable to understand if PCP Networks have been able to reach these marginalized groups, as envisioned by the original design of the initiative. In Q4 the study protocol was submitted for USAID’s review and approval as well. A study implementation workplan was developed. Also, in Q4, final approvals for the study were granted from GHS-ERC and USAID and the team launched field work in the Volta region. Outreach was conducted to the regional and district health directors to receive buy-in, approval and support for conducting field work.

GHS and the Accelerator trained 17 data collectors and supervisors on September 22 – 26, 2020 in Ho, Volta region, Ghana. At the end of the training, participants were equipped with skills to conduct surveys, use a survey software and trouble-shoot common issues arising during data collection. For the qualitative component, the data collectors were trained on skills to facilitate focus group discussions and conduct effective semi-structured interviews and all participants were trained on approaches to manage disruptive behaviors of respondents and minimize study bias. The data collection tools were translated into the local language and tested in an adjacent district to Ho – Adaklu – that launched a PCP Network approach in 2019. Data collection tools were finalized based on the feedback from testing and data collection started on September 28, 2020.

At the end of Q4, qualitative data collection was finished in one of the study districts – South Dayi. 151 out of 250 households listed had been surveyed in South Dayi and 125 out of 250 listed in South Tongu.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
The COVID-19 pandemic delayed the start of the study due to preparatory and preventative measures on the ground.	Once the activities were resumed, the team took precautions to prevent the spread of COVID-19 during data collection.	Precautionary measures for data collection: data collectors were extensively trained and equipped for COVID-19 prevention protocols.
Rainy season may cause delays in collection data from some areas in the Volta Region.	Different transport solutions (e.g. motorbikes) employed for hard to reach areas. Data collection scheduled in a way that takes rainy areas into account.  4 additional enumeration maps have been solicited from Ghana Statistical Service that can be used if the original set of areas is inaccessible.	N/A

Other priorities in the field (e.g. Immunization days, other research projects of the GHS researchers) may delay data collection and analysis	“Buffer” time included in the data collection and analyses to account for conflicting priorities in the field	N/A
Presidential elections on December 7, 2020 may affect field work and availability of key GOG stakeholders	According to the schedule, data collection and analysis should be finalized before the Presidential elections and we hope that no field work will be necessary or affected.  Study findings dissemination to the GOG will be carried out in January 2021.	N/A



*Data Collectors' Training. Photo Credit: Juliana Amoateng for the Accelerator*





*Data Collectors Going through the Interview Questionnaires; Data Collectors' Training. Photo Credit: Juliana Amoateng for the Accelerator*

## Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4	STATUS
Validation of country participation		X			Completed
Finalization of design and methods				X	Completed
Root cause analysis and generation of approaches to test in ongoing/new PPP pilots*					Continued implementation in Y3
Drafting of report, review, and finalization*					Continued implementation in Y3

**\*Note:** The activity was delayed due to COVID-19 in Spring and the iterative process with the government and other stakeholders on the design of the study.

## Deliverables

COMPLETED	DELIVERABLES SHIFTED OR NO LONGER RELEVANT
<ul style="list-style-type: none"> <li><a href="#">Draft protocol and proposal for ethics approval for the Ghana Health Service Ethics Review Committee.</a></li> <li><a href="#">Study protocol for USAID approval submitted to and reviewed by the USAID/GH/HSS team.</a></li> <li><a href="#">Finalized data collection tools (quantitative).</a></li> </ul>	Deliverables regarding the brief describing equity-enhancing approaches for PCP Networks, presentation to external audiences and the final technical report have been moved to implementation year 3. The deliverable on retrospective analysis on barriers will be tied into the technical report as a part of the scoping review conducted for the activity.

<ul style="list-style-type: none"> <li>• <a href="#">Finalized data collection tools (qualitative).</a></li> <li>• <a href="#">Study workplan and data collection schedule.</a></li> </ul>	
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## Activity 6: Improving the Linkages between Social Accountability and Social Behavior Change

### KEY ACHIEVEMENTS:

1. Completed data collection in Cote d'Ivoire, Ghana, and Guinea through an online survey and 21 virtual key informant interviews, adapted to constraints of COVID-19 crisis.
2. Conducted data analysis and developed preliminary findings report.
3. Developed a knowledge brief on the linkages between social accountability (SA) and social and behavior change (SBC).

### Overview

There is significant evidence on SA to advance health system goals. Extensive work has also been undertaken in the area of SBC. However, less common is work that explicitly acknowledges the overlap of these two areas and unites them within specific approaches or strategies to improve health and health systems. The knowledge gap is both foundational and operational requiring more detailed validation of whether and how SBC approaches can aid SA for HSS (foundational knowledge). This activity aims to generate learning on the linkage between SA and SBC, in support of improved accountability for UHC. Because of the COVID-19 crisis, the Accelerator has made some adjustments in the overall approach to the activity, enabling fully remote data collection.

#### Sub-activity 6.1: Extend mapping to Côte d'Ivoire, Ghana, and Guinea

Because of COVID-19, the Accelerator's original plan to leverage and build upon the in-person, field-based SA mapping methodology through the ACS Accountability Learning Collaborative had to be adjusted. The mapping for Cote d' Ivoire, Ghana, and Guinea was primarily undertaken through the administration of an on-line stakeholder survey, virtual key informant interviews, and the subsequent analysis and reporting of the data.

The on-line survey, informed by desk reviews, consultation with Accelerator country teams, and input from a survey design expert was designed and pilot tested over Q2 and Q3. The survey aimed to better understand the following:

- Social accountability approaches being used for HSS and UHC

- Actions and behavior that facilitate or impede success for HSS and UHC

The survey was launched in Cote d'Ivoire, Ghana, and Guinea in Q4 through the Google Forms platform in English and French. The survey was administered to 1,370 valid email addresses, with a response rate of 13.1%. Administering the survey to a relatively large number of stakeholders was a purposeful strategy, given that response rates to online surveys are commonly low. The email addresses were obtained in consultation with country-based Accelerator team members. The survey did not request personally identifying information, and the link between an individual's email address and their response was anonymized.

In addition to the on-line survey, 21 key informant interviews were carried out across Cote d'Ivoire, Ghana, and Guinea. Key informants were grouped into six broad categories, with one key informant per category per country:

- Ministry of health
- Civil society organization
- Implementing partner, international nongovernmental organization, or nongovernmental organization
- Health care provider
- Community health
- Donor

The key informants were selected in consultation with country-based Accelerator team members. Each interview was conducted by a lead interviewer and note-taker, one based locally in the capital city and one based from the Accelerator's headquarter team and was recorded with the permission of each key informant. The key informant interviews were structured around open-ended questions that explored the research questions and were divided into the following sections:

- Introductions—Work Responsibilities and Challenges
- Stakeholders in Your Country
- Social Accountability in Your Country
- Universal Health Coverage in Your Country
- Behavior Change Efforts in Your Country

The findings from data collection were used to develop the preliminary report in sub-activity 6.2.

#### Sub-activity 6.2: Review mapping outputs to generate learning on SBC

The Accelerator prepared a preliminary report, which incorporated findings from the literature review, on-line survey, and key informant interviews.

Data from the survey indicate that the majority of respondents believe that SA is a priority in their country, and the large majority believe that SA requires behavior change. Respondents were divided on whether UHC includes SA in their country. However, the majority indicated they believed that there is an active effort to advance UHC, led by government officials.

The preliminary report has been shared with the USAID AOR team and USAID SBC advisor, for feedback and discussion. The Accelerator, in collaboration with USAID, will determine areas of interest for further analysis, which will be incorporated into the final report and recommendations.

### Sub-activity 6.3: Knowledge translation on the linkages between SA and SBC

As a follow-up to the rapid desk review completed in Q2, USAID and the Accelerator agreed that it would be valuable to develop a knowledge brief to summarize the findings of the rapid desk review and assess what might be gained through increased use of behavior change strategies within SA approaches. During Q3, the team collected examples of comparable briefs to inform the layout and outline and drafted a preliminary brief. The knowledge brief was drafted in Q4, after the completion of survey and data collection so that the Accelerator team could incorporate insights from these findings. The brief explores the linkages and distinctions between SA and SBC, why those linkages might be weak, and what parties should be involved in strengthening the linkage. This knowledge brief has been shared with USAID for feedback.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
COVID-19 crisis resulting in restrictions on travel has affected implementation plan for data collection for mapping exercise in Cote d'Ivoire, Ghana, and Guinea (originally planned as in-person key informant interviews)	The Accelerator adjusted methods to shift to fully virtual data collection methods for the mapping exercise, including an online survey and virtual key informant interviews.	N/A

## Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Sub-Activity 6.1: Extend mapping to Cote d'Ivoire, Ghana, Guinea</b>				
Planning and mobilization in concert with ACS	X			
Data collection and analysis in Cote d'Ivoire, Ghana, and Guinea			X	X
<b>Sub-Activity 6.2: Review mapping outputs to generate learning on SBC</b>				
Analysis of mapping outputs to synthesize learning on links between SBC and SA		X	X	
Preliminary report				X
Technical report*				
<b>Sub-Activity 6.3: Knowledge translation on the linkages between SA and SBC</b>				

Rapid desk review		X		
Knowledge brief			X	X
Action planning (Year 3)				X
Report on applying Phase 1 learnings **				

**\*Note:** The preliminary report was developed in Y2 and a final technical report has shifted into Y3.

**\*\*Note:** The report on Phase 1 learnings will be included as part of quarterly reporting in Y3 as the team undertakes deeper country engagement in Cote d'Ivoire, Ghana, and Guinea to analyze, disseminate, and support use of the findings.

## Deliverables

COMPLETED	DELIVERABLES SHIFTED OR NO LONGER RELEVANT
<ul style="list-style-type: none"> <li><a href="#">Knowledge brief on the linkages between social accountability and social and behavior change</a></li> <li><a href="#">Preliminary report</a></li> </ul>	<p>Deliverables planned for Y2 that have been shifted back to be completed in Y3:</p> <ul style="list-style-type: none"> <li>Technical report</li> </ul> <p>Deliverables originally planned for Y2 that have changed:</p> <ul style="list-style-type: none"> <li>Report documenting how the learning generated is applied in support of the field-supported activities in Cote d'Ivoire, Ghana, Guinea, and Togo, including through the multi-country convening planned for Y2 through cross-bureau Activity 3</li> </ul>

**\*Note:** The Y3 work plan for this activity focuses on deeper country engagement to analyze the findings, develop recommendations, and support at least two countries to apply the learning and develop behavior change integration roadmaps. The Accelerator will include updates in quarterly reporting on how the learning generated is supporting activities in Cote d'Ivoire, Ghana, and Guinea (Togo is not a focus country for this cross-bureau activity). Due to COVID-19 restrictions, the multi-stakeholder convening planned under cross-bureau Activity 3 was postponed and will take place instead as a virtual learning series in October – December 2020.

## Field-support Activities Summary and Results

### Côte d'Ivoire: Sustainable financing for HIV

#### Overview

The Government of Côte d'Ivoire is 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 partners GCC and *Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH* (RIP+), 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, contribute to a sustainable financing transition plan for HIV programs, and assist the civil society in addressing barriers to accessing HIV services.

During its engagement, the Accelerator helped establish an institutional foundation for transition, increased key HIV program stakeholders' understanding of the opportunities and the challenges of the HIV financing transition, and helped create novel approaches to solve the challenges to sustainable financing for HIV in collaboration with the Ministry of Health and Public Hygiene (MOHPH), *Direction General de la Santé* (DGS), Global Financing Facility (GFF), National AIDS Control Program (PNLS), National HIV Fund (FNLS), and UNAIDS. The Accelerator contributed to the collection of data and engaged with key stakeholders of the HIV program to develop the UNAIDS-funded and R4D-led assessment of the HIV program in Côte d'Ivoire. This assessment highlights the practical aspects of the transition and opportunities to integrate the HIV program into ongoing reforms and initiatives in the health financing space. Relatedly, the Accelerator helped establish an HIV-focused multi-stakeholder group within the *Plateforme Nationale de Coordination pour le Financement de la Santé* (PNCFS) that will facilitate priority setting and action planning around the HIV financing transition in Côte d'Ivoire and implement the HIV Transition Plan and Roadmap. Further, the Accelerator supported the FNLS efforts to increase domestic resource mobilization and private sector commitments to the HIV response by drafting a resource mobilization plan based on an analysis of funding gaps from the PNLS.

The Accelerator also collaborated with the DGS, the PNLS, and health managers at decentralized levels of the health system to identify and address priority capacity needs for effective planning, budgeting, and engagement of key stakeholders of the program, while will help ensure HIV program managers are able to mobilize, allocate, and manage resources.

Finally, the Accelerator helped assess the financial landscape for HIV services and barriers to service access and utilization for People Living with HIV (PLHIV). The Accelerator led the implementation of a Community Treatment Observatory to monitor cases of direct payments for HIV services at health facilities and collaborated with Ivorian civil society organization RIP+ on the PHLIV Stigma Index 2.0

study to assess whether key populations experience HIV-related stigma or discrimination when seeking care. Concurrently, the Accelerator is conducting a landscape analysis on user fees charged for HIV services at facility-level to evaluate the impact of out-of-pocket expenses on funding for the HIV program and the implications of the Ivorian government's policy on the free provision of HIV services.

#### Sub-activity 1: Facilitate multi-stakeholder analysis and priority setting for sustaining the HIV response

##### KEY ACHIEVEMENTS:

1. Co-facilitated a workshop that achieved consensus among key government stakeholders on the HIV program and HIV financing transition in Côte d'Ivoire, which in turn aided the development of a comprehensive HIV Transition Plan and Roadmap that will be validated and implemented by the HIV Task Force of the *PNCFCS*.
2. Collaborated with the DGS, GFF, and UNAIDS to establish the HIV Task Force within the *PNCFCS* to facilitate multi-stakeholder analysis, priority setting and action planning around HIV and the HIV financing transition.
3. Drafted a resource mobilization plan for the FNLS based on the PNLs analysis of funding gaps in the national HIV program.

##### Sub-activity 1.1: Establishment of an HIV Task Force with members of the *PNCFCS*

In Q1 Y2, the Accelerator joined UNAIDS and the MOHPH in organizing a workshop to discuss an assessment of the HIV program in Côte d'Ivoire and draft an HIV Transition Plan. Participants, including government officials, implementing partners, civil society, and the private sector, conducted a preliminary risk analysis that informed the development of key aspects of the draft HIV Transition Plan.

Separately, the Accelerator joined the GFF and DGS in establishing an HIV Task Force within the *PNCFCS* to ensure greater coordination and collaboration amongst key stakeholders of the HIV program and maintain prioritization of financing transition needs. Originally, the HIV Task Force's first task was to validate findings and recommendations and finalize the HIV Transition Plan, but that finalization was paused in order to align with Cote d'Ivoire's newly created National Strategic Plan. The Accelerator has been working with UNAIDS to create a "road map" that helps connect the broader National Strategic Plan to the more focused steps outlined in the draft Transition Plan. Once those two key policies are well aligned, the Accelerator will finalize the Transition Plan in Y3, and has engaged with the GFF to lead the first HIV Taskforce meeting in Y3.

##### **Sub-activity 1.2: Technical support to the FNLS**

The Accelerator supported the FNLS in increasing national and private sector commitments to the HIV response through effective domestic resource mobilization this year. The government requested technical assistance to produce the domestic resource mobilization plan to inform the Ivorian government's approach to HIV financing transition. The Accelerator worked with Ivorian stakeholders to



complete this plan just prior to the onset of the COVID-19 global pandemic - it was submitted to the FNLS for review and approval in February 2020. The pandemic has delayed the FNLS's ability to move toward operationalizing this plan, but it is now ready to be used as a critical building block as the government activates more and more parts of the HIV financing transition 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

#### KEY ACHIEVEMENTS:

1. Assessed the management capacity development needs of HIV program managers at the central and decentralized levels of the health system to strengthen their ability to better plan, monitor, supervise and manage the program. Then developed a management capacity development plan to address the needs identified in collaboration with representatives of the DGS, PNLS, WHO, UNAIDS, district and regional directorates. The Director General of Health at the MOHPH validated the plan in August 2020.
2. Revitalized decentralized committees for the fight against HIV/AIDS with improved tools for effective operational planning and to strengthen committees' capacity to manage and monitor the HIV program sustainably.
3. Created a draft of the Coordination Framework for the PNLS and HIV Focal Points in the districts and regions to strengthen the leadership, monitoring and evaluation of the HIV program at the decentralized level of the system. The PNLS will finalize the Coordination Framework.
4. Obtained a commitment from the PNLS and DGS to use a financing tool to track the ongoing domestic expenditure and resource mobilization needs to monitor implementation of the HIV program at the national level.

#### **Sub-activity 2.1: Finalize and implement a management capacity development plan with the DGS, the PNLS, district, and regional directorates**

In the first quarter of the year, the Accelerator **conducted a rapid assessment of capacity building needs to strengthen the skills of HIV program managers**. A technical working group with representatives of UNAIDS, WHO, the DGS, the PNLS, district and regional directorates was formed to co-create a capacity building plan based on the needs that were identified. Due to delays and challenges resulting from government directives during the COVID-19 pandemic, the capacity building plan was finalized virtually in June 2020. The working group highlighted activities that require external financial and technical support to be implemented and the Accelerator made a commitment to support two of the government of Côte d'Ivoire's priority activities in the plan.

The Accelerator **supported the government in revitalizing the regional and departmental committees for the fight against HIV/AIDS and strengthening national capacity to manage and monitor the HIV program at the decentralized level of the health system**. The Accelerator organized a workshop to



(re)introduce the DGS, PNLS, UNAIDS, and representatives of the regional and district health centers to key concepts of strategic and operational planning. The Accelerator subsequently drafted operational action plans for the committees, shared guidance to draft detailed workplan of activities to support implementation of the operational action plans, and proposed schedules and agendas for the committee meetings. As a next step, the government of Côte d'Ivoire will continue to revitalize the committees with the signature of prefectural orders and the implementation of roadmaps for regional prefects in charge of managing the committees. After, the government is expected to replicate the Accelerator's workshop in other regions of Côte d'Ivoire.

Additionally, the Accelerator **collaborated with the PNLS and DGS to strengthen national capacity to manage, monitor and evaluate integrated HIV programs at the central and decentralized levels** and ensure their sustainability. R4D Program Director Dr. Andre Zida introduced the stakeholders to a tool to monitor financial expenditure and illustrate the financial landscape of HIV activities. Key stakeholders of the HIV program were encouraged to advocate for its appropriation by the MOHPH and its use at the national level.

The Accelerator also **developed a Coordination Framework** for the PNLS and district and regional HIV Focal Points that the PNLS made a commitment to finalize along with the terms of reference outlining the roles and responsibilities of the HIV Focal Points by the end of the calendar year. The PNLS also plans to brief HIV Focal Points and other health leaders at the central and decentralized levels of the system on the implementation of the Coordination Framework.

In the end, the key capacities that exist include the management capacity development plan with activities that can continue after the Accelerator engagement, operational action plans to revitalize the regional and departmental committees, and a Coordination Framework for HIV focal points.

### Sub-activity 3: Collaborate with civil society and government stakeholders to assess and remove main barriers to accessing and using HIV services (user fees, stigma, and discrimination)

#### KEY ACHIEVEMENTS:

1. In support of USAID and PEPFAR goals to bolster local capacity to guide the HIV transition, signed a subaward agreement with RIP+ to collaborate on activities to assess and address key barriers to access and utilization of health services for PLHIV. The Accelerator helped RIP+ develop systems, processes, and strategies to become compliant to receive USAID funding for the first time and to plan a vital ongoing role in monitoring the transition.
2. Produced a foundational report on the user fees removal policy including cost of HIV services and evidence of user fees in Côte d'Ivoire.
3. Conducted a rapid study to document cases of user fees charged for HIV services, generating a more complete financial landscape for HIV services to inform strategies to address financial barriers to HIV service access and utilization. Preliminary findings were presented during PEPFAR's COP20 Planning Meetings in February 2020.
4. Managed the development of the methodology and data collection for the Community Treatment Observatory to monitor cases of direct payments for HIV services at health facilities
5. Provided financial and technical support to implement the People Living with HIV Stigma Index 2.0 study and assess whether key populations experience HIV-related stigma or discrimination when seeking care in Côte d'Ivoire
6. Launched a landscape analysis study of user fees charged for HIV services at facility level to gather information on the implications - at national and subnational levels - of abolishing user fees and illustrate the impact of out of pocket expenses on funding for HIV in Côte d'Ivoire. The study will be finalized in Y3.

#### **Sub-activity 3.1: Conduct a rapid study on the incidence of fees charged for HIV services**

The Accelerator reviewed literature on the cost of HIV services and the evidence of user fees charged for HIV services. The Accelerator collected and compiled findings from several studies, reports, and policies that highlighted the extent of the Ivorian government's commitment to providing free HIV services. The team finalized the report of the literature review in January 2020 and findings helped create the methodology for other activities of the Accelerator workplan, including the rapid study of user fees levied at facility level and the financial landscape analysis (read more below).

The Accelerator planned and implemented a study to assess whether user fees are still charged at health facilities in Côte d'Ivoire and understand the impact of user fee removal on PLHIV and service providers. Preliminary findings of the study were shared with USAID in Côte d'Ivoire and discussed during PEPFAR's COP20 Planning Meetings in February 2020. The Accelerator subsequently shared findings of the study in a detailed report that could be used to advocate the elimination of all barriers to service access and utilization for PLHIV. As an immediate next step, the Accelerator is co-creating an action plan with

activities and strategies to address the potential causes of user fee incidence in collaboration with key national stakeholders. The Accelerator intends to finalize the user fee action plan in December 2020.

### **Sub-activity 3.2: Support the implementation of the Community Treatment Observatory**

The Accelerator led efforts to document cases of direct patient payments for services, stigma, and discrimination of PLHIV at health facilities through a Community Treatment Observatory implemented by ITPC and RIP\*. The Accelerator assisted in developing the methodology and tools to gather data on the collection of HIV user fees at facilities in 139 PEPFAR priority sites across Côte d'Ivoire. The COVID-19 pandemic forced the Accelerator and its partners to modify the methodology, approach, and timeline for implementing the Observatory, but the final report from this work is on track to be completed by December 2020.

### **Sub-activity 3.3: Support the implementation of the Stigma Index Assessment 2.0**

The Accelerator partnered with UNAIDS, GNP+, and USAID to prepare the budget and protocol for the implementation of the HIV Stigma Index 2.0, a study designed to assess if key populations experience HIV-related stigma and/or discrimination when seeking care. Globally, GNP+ and UNAIDS is leading implementation of the study. The program provided financial and technical support to implement it. The Accelerator joined the study steering committee and led the process of recruiting data collectors who are PLHIV as well as experts on statistics, community health and socio-anthropology to assist with data collection and analysis. The start of data collection was delayed due to COVID-19 and is still ongoing. Fortunately, the Global Fund – through its partnership with civil society group, Alliance Côte d'Ivoire – will support GNP+ and UNAIDS to finalize the study in the coming year.

### **Sub-activity 3.4: Landscape analysis on user fees charged for HIV services at facility level**

The Accelerator is conducting a landscape analysis on user fees charged for HIV services at facility level to illustrate the impact of out of pocket expenses on funding for the HIV program. The research team aims to answer the following research questions:

- What role did HIV user fees play prior to their abolishment for facilities and service providers?
- What was the funding gap left by user fees at the national level in 2013 and 2018 (prior to the passage of the 2014 law affirming that HIV services must be provided free of charge and the passage of the 2019 directive clarifying implementation of the 2014 law)?
- What has Côte d'Ivoire done to increase health sector-specific resources and/or increase efficiency to fill the funding gap left from user fees removal for HIV care following the 2019 directive?

The Accelerator collected primary data from health providers and key informants at the FNLS as well as secondary financial and epidemiological data to answer the questions. Findings from the analysis will provide recommendations on steps that the government can take to mitigate the risks associated with abolishing user fees for HIV services and to mobilize more resources to fill a potential gap left by the removal of the fees in funding for the national HIV response. The Accelerator intends to finalize a report by December 30.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
Finalizing the HIV Transition plan took longer than anticipated and the PNCFS was slow to launch	<p>Led efforts to launch the HIV Task Force with hope that an active HIV Task Force would invigorate the PNCFS.</p> <p>The Accelerator worked very closely with UNAIDS to obtain approval to share the HIV Transition Plan with the HIV Task Force as a motivation to convene the first meeting of the group. Dr. Ambroise Kobenan, Liaison Officer of the GFF and Point of Contact for the PNCFS, and Dr. Yves Maxime Kouadio, a Health Economist at USAID in Côte d'Ivoire, were involved in the discussions. Dr Kouadio, who was designated the US Government's representative within the HIV Task Force, was a driving force to increase momentum in the second and third quarters of the year, especially.</p>	N/A
The onset of the COVID-19 global pandemic - American and Ivorian governments' directives on social distancing and other measures to slow the spread of COVID-19 slowed implementation and required modifications to the workplan.	<p>The Accelerator dedicating parts of its weekly check-in meetings with partners (R4D, GCC, ICF, USAID in Côte d'Ivoire and SFI) to sharing updates on government directives and their potential impact on the work program.</p> <p>Most of the meetings that were otherwise conducted in person took place virtually until June 2020, including multi-stakeholder convenings. With external support from R4D, GCC facilitated a series of virtual meetings of the Technical Working Group in charge of developing the management capacity building plan (sub-activity 2) on the videoconferencing platform Blue Jeans.</p>	N/A
PLHIV had to collect data for the Community Treatment Observatory during the height of the COVID-19 pandemic.	Several meetings were organized with USAID in Côte d'Ivoire, GCC, RIP+, and ITPC to discuss strategies to mitigate risks and defining potential modifications to the workplan. The budget of Observatory was modified to enable the procurement of gels, masks, hand sanitizer gel and other materials necessary for safe field data collection from the MOHPH and FNLS.	N/A

	Additionally, USAID in Côte d'Ivoire and the Accelerator validated the reduced number of sites where data was collected.	
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## Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Facilitate multi-stakeholder analysis and priority setting for sustaining the HIV response</b>				
Co-facilitated a consensus-building workshop on the HIV program and HIV transition in parallel with the development of the UNAIDS-funded and R4D-led HIV transition assessment, plan, and roadmap	X			
Established the HIV Task Force of the PNCFS to facilitate multi-stakeholder analysis, priority setting and action planning around HIV and the HIV financing transition in Côte d'Ivoire		X		
Drafted a domestic resource mobilization plan for the FNLS and submitted it to the Director of Resource Mobilization at the FNLS for review		X		
<b>Support further development of government capacity to provide oversight and leadership of HIV programs at central and decentralized levels to ensure their sustainability</b>				
Co-created the capacity building plan with the DGS, PNLS, WHO and UNAIDS after conducting a rapid needs assessment exercise		X	X	
Created tailored tools and frameworks to assist program managers at the central and decentralized levels of the health system in strengthening national capacity for good governance, sustainable leadership, effective monitoring, and efficient management of the HIV program				X
Supported the government of Côte d'Ivoire's efforts to revitalize HIV/AIDS committees at the decentralized levels of the system to help strengthen the capacity to manage and monitor the HIV program at the decentralized level, promote good governance, and ensure the sustainability of the committees				X
Created a template of the operational plans of the HIV/AIDS committees as well as schedules and agendas for committee meetings				X
Created a draft of the Coordination Framework for the PNLS and HIV Focal Points in districts and regions following a re-definition of the Focal Points' roles and responsibilities for strengthening the leadership, monitoring and evaluation of the HIV program at the decentralized level of the system*				X
Introduced the PNLS and MOHPH to a tool to track health expenditures that will help illustrate the financial landscape for HIV and monitor implementation of the HIV program at the national level				X

Collaborate with civil society and government stakeholders to assess and remove main barriers to accessing and using HIV services (user fees, stigma, and discrimination)				
Launched data collection and analysis for the Community Observatory on Treatment in collaboration with RIP+ and ITPC*			X	X
Launched data collection for the Stigma Index 2.0 to assess whether key populations are affected by stigma and discrimination when seeking care*			X	X
Launched the landscape analysis of the impact of user fees for HIV and the implications of abolishing them*				X

**\*Note:** Activities ongoing. Additionally, it was a priority to work closely with partners in Côte d'Ivoire to ensure the Accelerator was as helpful and as responsive as possible to Côte d'Ivoire's COVID-19 response. When it was necessary to do so, the Accelerator adjusted its strategies and approach for activity implementation in Côte d'Ivoire to ensure that work could continue safely and efficiently.

## Deliverables

COMPLETED	DELIVERABLES SHIFTED OR NO LONGER RELEVANT
<ul style="list-style-type: none"> <li>• <a href="#">Terms of Reference (TOR)</a> for the HIV Task Force of the PNCFs</li> <li>• <a href="#">Report of the review of literature</a> on the cost of HIV services and evidence of user fees charged for HIV services in Côte d'Ivoire</li> <li>• <a href="#">Draft of the domestic resource mobilization plan</a> for the FNLS</li> <li>• <a href="#">Preliminary report of the challenges and opportunities for capacity building at the central and decentralized levels of the health system</a> identified during the rapid needs assessment exercise conducted in fall 2019 ( <a href="#">Excel tables and graphs</a> )</li> <li>• <a href="#">Revised TOR for the first meeting of the HIV Task Force</a> and <a href="#">List of proposed members</a></li> <li>• <a href="#">Capacity building plan</a> to strengthen health managers' capacity to monitor and manage the HIV program at the central and decentralized levels of the health system</li> <li>• <a href="#">Template for the operational plans of the decentralized HIV/AIDS committees</a></li> <li>• <a href="#">Final report of the rapid study on the incidence of user fees charged for HIV services</a> to support advocacy for the elimination of financial barriers to access and utilization of services for PLHIV in Côte d'Ivoire</li> </ul>	<p>Deliverables shifted that will be completed in Y3:</p> <ul style="list-style-type: none"> <li>• Draft schedules and agendas for committee meetings (committees will finalize them)</li> <li>• Draft of the Coordination Framework for the PNLS and HIV Focal Points in the districts and regions (the PNLS will finalize it)</li> <li>• Action plan including activities and strategies to address the root causes of user fee incidence that were identified in the rapid user fee study</li> <li>• Final report of the analysis of the financial implications of the government's directives to abolish user fees for HIV services in Côte d'Ivoire</li> </ul>

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

## Overview

Ghana is recognized as a pioneer within sub-Saharan Africa for its efforts to advance UHC. As Ghana continues to advance its UHC Roadmap from 2019, key health actors will need to harmonize their approach to realize this roadmap, as well as to mobilize and efficiently use health resources to achieve Ghana's vision of health for all. The Accelerator has built on USAID in Ghana's past investments to address key health systems challenges, working with the GOG and other local actors to ensure adequate and efficient use of health sector resources to support achievement of Ghana's vision of health for all.

Through a consultative process, the Accelerator defined five interconnected sub-activities for Y2 with Ghanaian stakeholders:

1. Strengthen overall stewardship and capacity within the health sector to drive health systems change. Following the outbreak of COVID-19 in March 2020, Accelerator also began providing support to the country's COVID response.
2. Support the National Health Insurance Authority (NHIA) to become a more strategic purchaser.
3. Support the process of refining, disseminating, and updating the "essential universal services" in the UHC Roadmap.
4. Advance the continuation, transition, and scale-up of PCP Networks; and
5. Support Health Facilities Regulatory Agency (HeFRA) to ensure quality of primary health care.

Sub-activity 1: Strengthen overall stewardship and capacity within the health sector to drive health systems change

### KEY ACHIEVEMENTS:

1. Co-designed and facilitated Ghana's Health Financing Forum in collaboration with the MOH and development partners and presented results of retrospective analysis of the 2015 Health Financing Strategy at the Summit.
2. Facilitated the rapid set-up of Ghana's COVID-19 Presidential Coordinator's office, including recruitment of dedicated staff and formation of advisory cells to provide global and local evidence to strengthen coordination of Ghana's response across sectors.
3. Convened multi-stakeholder engagements to discuss data integration of health sector systems. Integration of COVID-19 data systems is ongoing and is a test case for broader systems integration for HSS.
4. Developed the health financing reforms section of the UHC Prioritized Operational Plan (POP), which will be used to implement the UHC roadmap.

The first year of implementation of the Accelerator in Ghana was pivotal in positioning the project to collaborate effectively with stakeholders to develop strategies and approaches for operationalizing the UHC Roadmap that was published in 2019. The operational plan for the UHC Roadmap is expected to deviate from the status quo and consider innovations that will guide Ghana to achieve UHC by 2030. The COVID-19 pandemic in late 2019, threatened to upheave achievements of the previous year, but the Accelerator and other health sector partners transitioned support to the response efforts, whilst continuing to support with previously planned activities. COVID-19 put the spotlight on the health system, exposing existing weaknesses thrusting them onto the national stage. After the initial outbreak in Ghana, the Accelerator pivoted some of its efforts to support the GOG's response efforts, working specifically with the MOH and the COVID-19 Presidential Coordinator's Office.

After validating the Y2 workplan with a broad group of stakeholders, the Accelerator collaborated with the MOH's Policy, Planning, Monitoring and Evaluation (PPME) Directorate to conduct a retrospective analysis of the 2015 Health Financing Strategy to take stock of the progress made in implementing the strategy. Based on the findings from this report, the Accelerator supported the MOH and other development partners to prepare for and co-facilitate the Health Financing (HF) Forum in November 2019, which brought together stakeholders to define strategies for health sector financing for the short, medium and long-term. The results from the Health Financing Strategy stock taking analysis were presented at the Forum.

In Q2 Y2, the Accelerator continued to support the MOH on follow-on activities from the Health Financing Forum, as well as the MOH's plans for the 2020 Health Summit. However, following the first cases of COVID-19 in Ghana in early March 2020, the 2020 Health Summit was postponed, and attention was directed towards the country's response efforts.

Accelerator also began working with the GFF and other partners to develop the UHC Roadmap POP, a composite document based on strategies, targets, and activities to organize and operationalize the country's UHC Roadmap from 2020-2030. The Accelerator led the development of strategies and reforms for financing the roadmap and supported to organise the teams working on mapping resources, developing strategies for service delivery and clinical and public health emergencies.

Later in the year, the Accelerator supported the MOH to inaugurate the Health Information Management technical working group (commonly called the Data Governance Technical Working Group [TWG]). The TWG had been envisaged by the MOH to provide leadership and direction for data governance, access, and ownership within the health sector. The Accelerator will support the TWG to engage stakeholders in developing a strategy for data governance and implement activities to integrate and improve interoperability of data systems within the health sector.

### **Support to COVID-19 Response**

After the President of Ghana appointed a Presidential Coordinator (PC) to support intersectoral coordination for the government's COVID-19 response program, the Accelerator supported the PC to establish the governance structure for the secretariat and develop detailed job descriptions and terms of reference to help recruit and fill several essential positions for a program manager, a personal assistant and coordinators for four advisory cells. The Accelerator also provided TA and financial support



for the experts in the advisory cells to provide global and local advice on epidemiology and surveillance, clinical care, risk communications, and psychosocial care.

The Accelerator engaged staff from the University of Ghana to develop and maintain real-time ArcGIS systems and dashboards to provide the PC's War Room with situational epidemiological and surveillance maps and data. This support helped to fill gaps identified within the national surveillance system for geographic data.

At the PC's request, to connect with and learn from other countries that had mounted a successful response to COVID-19, the Accelerator facilitated engagement with international experts involved in the response of South Korea and Singapore. They shared experiences and key lessons learned with the PC through a virtual workshop.

As the pandemic continued, actors in the sector began to focus attention on integrating COVID-19 response activities into overall HSS. To that end, the Accelerator helped to establish a HSS advisory cell at the PC's office to capitalize on the focus of policy makers on the health sector and bring the longer-standing, pre-COVID-19 challenges of the sector—including domestic resource mobilization—to the fore. With support from the Accelerator, the cell developed a brief on vital HSS approaches and areas for investment, beyond infrastructure, to the Presidency.

Outside the PC's office, the Accelerator worked with the MOH on data integration and interoperability of digital tools for the COVID-19 response. In June, the Accelerator supported the MOH to convene stakeholders to review the systems deployed by the GHS, the University of Ghana School of Public Health, and the University of Ghana Medical Centre (UGMC) for contact tracing, case management, and data analytics. Participants agreed to integrate the Surveillance, Outbreak Response Management and Analysis System (SORMAS), with the District Health Information Management System (DHIMS 2) platform to share aggregate data for wider access by planners within the health sector, and to consider the use of the UGMC home care management app across other health facilities and COVID-19 treatment centers.

The Accelerator continued to support the MOH with its COVID-19 activities and a meeting of stakeholders to move forward with implementing activities to integrate SORMAS and DHIMS II systems to share COVID-19 data and develop an Monitoring and Evaluation (M&E) framework and indicators for ongoing monitoring and reporting. Although pandemic restrictions in Ghana were largely eased during Q4, social distancing procedures remained in place and the Accelerator worked closely with the MOH to issue a request for proposals (RFP) to design and install virtual conferencing facilities to enable the MOH to seamlessly host and participate in virtual and hybrid meetings. The installation of the facilities will take place in Y3.

Whilst COVID-19 caused severe disruptions to activities in the health sector, it also provided unexpected opportunities to strengthen health sector capacity in pandemic response and health sector stewardship. As critical as the role of the COVID-19 PC was, activities of the office began to scale down four months after the first case, when the MOH and its agencies built up their capacity in the pandemic response and were fully managing all aspects of the response in the health sector. Additionally, the Accelerator's work with the MOH to coalesce the health sector on COVID-19 IT systems integration provided an opportunity to work through a test case that can serve as a template for scaling up integration and interoperability

of systems within the health sector. Accelerator will continue to work with MOH to lead the sector in IT systems integration, making data available for planning and decision making.

Sub-activity 2: Support the National Health Insurance Authority to become a more strategic purchaser

KEY ACHIEVEMENTS:

1. Convened and co-facilitated a multi-stakeholder, co-creation workshop with NHIA and USAID in Ghana to facilitate discussions among actors in the health sector to ease bottlenecks related to data generation and harmonization and prioritize areas for future investment, which spurred on work related to systems interoperability throughout the year.
2. Coordinated and facilitated discussions with NHIA, Global Fund, IQVIA, and ILO about updates to the NHIA Actuarial Model and ways to support capacity building for NHIA's actuarial team including placement of an actuarial fellow, expected in Y3.

At the Health Financing Summit, NHIA, USAID in Ghana, and Accelerator agreed to convene a co-creation workshop to engage country partners. In March, the Accelerator collaborated with the NHIA and USAID in Ghana to design and organize a co-creation workshop in Accra, which was attended by over 40 participants across Ghana's health sector. The Accelerator co-facilitated the workshop and engaged participants in interactive and iterative sessions around the following problem statement: *How might the NHIA optimize data use to promote efficiency, equity, access, and quality for improved member experience and health outcomes.* Through a series of ideation sessions, participants developed key actions to optimize data use around each of these outcome areas.

Activities in Y2 with the NHIA stalled considerably following the outbreak of COVID-19, but the primary activity that saw progress was around the actuarial model. During Q2 Y2, the Accelerator supported the NHIA in updating their proposal to the Global Fund to move forward actuarial model sensitization and capacity building activities. Accelerator has facilitated conversations with the NHIA, Global Fund, and IQVIA about two inter-related activities related to building capacity within the NHIA's Actuarial Unit. First is IQVIA's role in updating the actuarial model (begun in Q4) based on several requests from the NHIA and to account for the short- and long-term effects of COVID-19 on the population. The other is identification and placement of an actuarial fellow from the International Labour Organisation (ILO), who will be embedded within the NHIA to work directly with the NHIA's Actuarial Unit. This person, once identified, will also support development of communications documents about results of the updated model.

Despite delays in the Accelerator's work with NHIA due to COVID, in Q4 the Accelerator started research for a landscaping study of provider payment agreements and how they can promote efficiency and quality of service provision. This activity will continue into Y3.

### Sub-activity 3: Support the process of refining, disseminating, and updating the “essential universal services” in the UHC Roadmap

#### KEY ACHIEVEMENTS:

1. Developed a roadmap for updating the UHC Essential Health Service Package (EHSP) by (in part) convening a virtual stakeholders’ meeting with the MOH.
2. Held stakeholder consultations and key informant interviews (KIIs) and completed thematic analysis of stakeholder responses to interviews about the EHSP to guide the ongoing experts’ review of core areas in the development of the EHSP.

The Accelerator provided TA to the MOH to lead a multi-stakeholder process for refining, disseminating, and routinely updating the “essential universal services” in Ghana’s UHC Roadmap. To kick start the process, in collaboration with the World Health Organization (WHO), Accelerator supported the MOH to convene a virtual stakeholders’ meeting in April to develop a framework for updating the UHC EHSP, which will be done in two phases. The first phase (which is underway with support from the Accelerator) is to review the existing draft package and develop a prioritized list of essential services (clinical, preventive, promotive, palliative) every Ghanaian needs. The second phase will be to develop a financing plan by harmonizing the EHSP with the existing NHIS benefits package to determine what can be afforded now and how to incrementally build on the insurance package to ensure universal coverage with the essential package by 2030 as defined by the UHC roadmap.

In consultation with the MOH, Accelerator engaged a consultant to lead a team of experts to develop Ghana’s EHSP. The consultant in collaboration with the MOH completed the following tasks:

- Developed a roadmap for the process of developing Ghana’s EHSP
- Configured, developed a TOR and convened the inaugural meeting of a Steering Committee to oversee the process.
- Held stakeholder consultations and KIIs with key institutions including GHS, NHIA, Christian Health Association of Ghana (CHAG), HeFRA, Society of Private Medical and Dental Providers (SPMDP), UNICEF, WHO, USAID and completed thematic analysis of stakeholder responses to interviews.

The Accelerator is working with WHO and UNICEF to convene meetings for five TWGs to review core areas of the essential package to be followed by a 5-day workshop for a 10-member experts team to finalize and disseminate the package of services in early Y3.

The Accelerator also supported the MOH to initiate a process to harmonize and streamline health data governance and management, conducting a scoping exercise to map the availability of health facilities data within national and other partner organizations and drafting a concept note to serve as a basis for further discussions on the data harmonization process across key health Institutions. Furthermore, the Accelerator supported the MOH to convene the inaugural meeting of an Interagency Data TWG to build a consensus on how to operationalize the data harmonization process. The meeting agreed on the need for a National Health Information System (HIS) Strategic Plan and set up a planning committee to

develop the framework for developing the plan. Also, as a member of the committee, the Accelerator supported completion of the framework and is working with the MOH to convene the next TWG meeting to review and approve the framework for Implementation.

#### Sub-activity 4: Advance the continuation, transition, and scale-up of the primary care provider networks

##### KEY ACHIEVEMENTS:

1. Launched Phase II of PCP Networks in collaboration with the GHS for nationwide scale-up and identified MOH, GHS and NHIA champions to mainstream the networks and drive initiative forward.
2. Re-defined approach and design of PCP Network implementation to make it government-led, demand driven and flexible to include more private and CHAG facilities.
3. Built a national resource team for PCP scale-up and launched networks in two districts in Bono region with the formation of 12 new networks.

In Y2, the PCP Networks (formerly the Preferred Primary Care Provider (PPP) network) fully transitioned out of the pilot phase under the Systems for Health (S4H) project and GHS launched Phase II of the initiative under the Accelerator. The Accelerator supported GHS in convening a kickoff meeting that shaped the new vision and approach to Phase II, which would primarily focus on a number of key areas including addressing pilot design issues and lessons learned, as well as how to roll out a demand-driven scale-up of the networks under government leadership and with special attention to equity and quality improvement. Implementation went into full effect shortly after the kickoff of meeting and the Accelerator supported the government in achieving a series of milestones throughout the course of the year, as outlined below:

- Nomination and appointment of representatives from GHS, NHIA, and MOH as key national advocates and champions of the PCP Networks who are core members of the support team and will facilitate mainstreaming of networks for scale-up.
- Increased awareness and advocacy of PCP Networks through regional sensitizations, key stakeholder meetings, and dissemination of an informative two-page brief to cultivate demand and interest for networking not only with additional districts in Volta but other regions as well (Bono and Upper East Regions).
- Configuration and establishment of a 20 member PCP Networks Facilitation Team, to create demand, facilitate the scale-up, and provide necessary support to districts and regions. The team includes key stakeholders including the national network champions, network practitioners from the pilot districts, and representatives from the regions, districts, and private sector.
- Completion of the PCP Networks Operational Manual, which provides practical guidance on how to implement the networks, as well as other training tools and materials required for scale-up.

- Establishment of networks in two districts of Bono Region, which entailed conducting district briefings to orient key actors on the network concept and holding a network launch and first workshop in which twelve new networks were formed.
- Development of proposal and roll out plan for expansion of networks in four additional networks in Volta and Oti regions, whose first phase will be funded by Korea Foundation for International Healthcare (KOFIH).
- Generated findings and lessons learned through holding joint virtual supervision (that engaged all four districts in Volta region) and follow on one on one virtual supervision visits with Adaklu and Ho West districts, that will facilitate peer-to-peer learning across networks, and inform and refine networks implementation and scale-up.

In Y3, the Accelerator will continue to provide technical support and assistance to government actors to advance implementation and scale up and document findings and learnings as they undergo the process.

#### Sub-activity 5: Support the Health Facilities Regulatory Agency to ensure quality of primary health care

##### KEY ACHIEVEMENTS:

1. Increased awareness of HeFRA's role within health sector through a presentation to the development partners meeting, highlighting areas for potential future support.
2. Began process of harmonizing of HeFRA's 40+ tools for facility accreditation to ensure each level of facility is held to appropriate and up-to-date standards.

HeFRA has a mandate to “license and monitor health facilities for the provision of quality public and private health care facilities.” HeFRA is still carving out and growing into its critical regulatory role within the health sector, unfortunately while facing resource constraints. Following the NHIA co-creation workshop, HeFRA's leadership expressed an interest for the Accelerator to support HeFRA in convening and facilitating a co-creation workshop around developing solutions to help them achieve the goals in their strategic plan. Since the initial request, the Accelerator worked with HeFRA to begin planning for its co-creation process to help clarify the role HeFRA plays within the health sector, define its strategic plan, and identify how HeFRA can work with other government entities.

HeFRA has proposed several priority questions to guide the co-creation process, including how to: expand licensing to all health facilities, decentralize HeFRA's functions, strengthen governance and admin structures, and ensure financial sustainability for the Agency.

The Accelerator also worked with HeFRA to identify a consultant to finalize and harmonize HeFRA's more than 40 credentialing assessment tools (for each of the many levels of health facilities in Ghana). The consultant has completed a draft of the standards for regulation, which includes an assessment of “measurable elements” and “critical measurable elements” to assess a facility and assign it a score that reflects its capacity to safely provide services. This assessment tool will enable HEFRA to conduct routine

monitoring and evaluation across the country. It will be fully validated with HeFRA's leadership and members of the Accelerator and finalized early in Y3.

Finally, the Accelerator facilitated a request from HeFRA to present at the development partners meeting to help generate further interest and possible assistance for HeFRA as it conducts activities in its strategic plan.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
The onset of the COVID-19 pandemic posed a major challenge and risk to the health system in Ghana. Accelerator saw reduced/delayed implementation of key activities due to a shift in attention and partners' availability towards COVID-19 response activities	The Accelerator pivoted to provide critical support for Ghana's COVID response throughout the year. and is also working with partners to use remote and virtual work approaches where possible.	N/A
The PCP Networks are seeing organic and increased demand across new districts and regions in Ghana, however the scale-up is resource intensive, particularly for initial sensitization and capacity building (training of health managers and service providers, upgrading of facilities, etc.), and the Accelerator	The Accelerator has drafted a concept note on PCP Networks, its benefits, process, and cost of implementation to be shared with other DPs to encourage their buy-in to support the continued and unconstrained expansion of PCP networks to respond to demand.	N/A

## Timeline

Despite some challenges in implementation due to COVID-19, the Accelerator has successfully completed a number of activities and effectively pivoted to support Ghana's COVID-19 response efforts.

Sub-activity 1: Strengthen overall stewardship and capacity within the health sector to drive health systems change

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4	Notes
<b>Task 1.1: Provide coaching and mentorship and selected training support to MOH's Provider Payment Monitoring and Evaluation (PPME) Directorate</b>					
Review MOH competency requirements, identify existing gaps and needs, and align with global best practices					Activity not implemented

					due to COVID-19 disruptions. Included in Y3 workplan
Develop a targeted capacity development and implementation plan for MOH					“
Pair MOH with technical experts to provide coaching and mentorship around identified needs					“
<b>Task 1.2: Support formation and facilitation of a HFTWG</b>					Activity revised due to the setting up and ongoing work of the UHC POP Taskforce by the MOH and partners
Finalize a TOR for the HFTWG					“
Support HFTWG to set priority activities for 2020					“
Facilitate routine HFTWG meetings					“
<b>Task 1.3: Work with MOH to generate evidence for and co-facilitate the Health Financing Summit and support HF TWG to revise the Health Financing Strategy (HFS)</b>					
Review 2015 HFS and provide recommendations for the Health Financing Summit	X				
Support the planning, implementation, and co-facilitation of the Health Financing Summit	X				
Support HFTWG to revise and update the 2015 HFS					“
<b>Task 1.4: Support MOH to harmonize governance structures and systems-level integration of databases of Ghana’s health agencies and private sector, starting with the governance of DHIMS</b>					Activity began in Q4 due to COVID-19 response disruptions
Facilitate routine meetings of the MOH data governance team				X	
Establish guidelines for DHIMS governance structure and access					Activity in progress

<b>Task 1.5: Support MOH (and other health actors) to review management structures and streamline, monitor and disseminate health sector's performance review</b>					Activity not implemented due to COVID-19 disruptions. Will determine with the MOH if all activities will be implemented in Y3.
Review the annual health sector meetings calendar and agree on select steps of the health sector review process for Accelerator support					
Support key review meetings and dissemination processes					
Conduct assessment of existing governance structures, including a review of the district level governance system					
Engage health sector agencies to review the annual performance and progress indicators					
Develop an annual stakeholder engagement, dissemination strategy, feedback and accountability mechanisms					
Develop a draft Health Sector Annual report and validate with agencies					
Support public engagement on annual report via town-hall-style meetings and media engagements					

Sub-activity 2: Support the National Health Insurance Authority to become a more strategic purchaser

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4	Notes
<b>Task 2.1: Collaborate with NHIA and USAID in Ghana to design and facilitate a co-creation workshop</b>					
Organize and co-facilitate a co-creation workshop with NHIA	X	X			
Develop and start implementing scope of work with NHIA for Accelerator support based on outputs from co-creation workshop		X			
<b>Task 2.2: Support NHIA to institutionalize the use of the actuarial model and strategically communicate findings from the actuarial model, in collaboration with other development partners</b>					



Generate outputs from 3-5 additional scenarios using actuarial model and package findings for key National Health Insurance Scheme (NHIS) stakeholders					Delayed due to COVID-19 disruptions; included in FY21 workplan
Develop an advocacy and communication plan for engaging key NHIS stakeholders					“
Engage and disseminate findings of modelled scenarios to key NHIS stakeholders					“
Present 1-2 priority scenarios to policymakers for inclusion in NHIS benefit package					“
Develop TOR for senior level Actuary					
<b>Task 2.3: Support activities to build awareness among stakeholders and help concretize the NHIA’s role as a strategic purchaser</b>					
Assess levels of awareness, knowledge, and understanding of strategic purchasing amongst key stakeholders					Delayed due to COVID-19 disruptions; included in FY21 workplan
Develop materials to raise awareness on strategic purchasing tailored to different audiences					“
<b>Task 2.4: Work with NHIA on any needs around the process of decoupling the regulation of the private health insurance industry from the NHIA (as stated in the UHC Roadmap)</b>					Not implemented due to COVID-19 disruptions and delays
Generate evidence (from local and international sources) to inform the decoupling process					
Facilitate a multi-stakeholder process with MOH, NHIA, private health insurance, and others to guide the decoupling process					
<b>Task 2.5: Identify and support mechanisms for NHIA to strengthen member voice</b>					Delayed due to COVID-19 disruptions; included in FY21 workplan

Develop NHIA communication strategy for engaging with NHIS members					
Review and refine NHIA pilot from 2015-2017 of member unit in district hospitals					

Sub-activity 3: Support the process of refining, disseminating, and updating the “Essential Universal Services” in the UHC roadmap

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4	Notes
<b>Task 3.1: Support MOH to lead -based process for refining, disseminating, and routinely updating the “essential universal services” in the UHC Roadmap and complementary policies</b>					
Facilitate meetings to review and refine existing set of essential services in UHC Roadmap and other related policies		X	X	X	Ongoing
Develop process guidelines for updating essential services		X	X	X	“
Conduct national level stakeholder workshop to validate draft of essential universal services		X	X		“
Convene working session to finalize essential universal services			X	X	Delayed. To be completed in Q1 Y3
Disseminate and raise awareness around the essential universal services			X	X	Not started
<b>Task 3.2: Provide analytic support to generate evidence to inform the implementation of the “essential universal services”</b>					
Conduct facility mapping assessment in 1 region			X	X	Re-defined, to be completed in Y3
<b>Task 3.3: Facilitate discussions between MOH and NHIA to harmonize the “essential universal services” in the UHC Roadmap and the NHIS benefit package</b>					
Facilitate discussions around the harmonization of the essential universal services and NHIA benefit package*		X	X	X	The second phase of the process will continue in Y3

#### Sub-activity 4: Advance the continuation, transition, and scale-up of the PCP Networks

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4	Notes
<b>Task 4.1: Support GOG to refine network design and incorporate key additional policy areas</b>					
Support and advocate for the implementation of policy recommendations from Phase I*	X	X	X	X	
Conduct national stakeholder workshops to refine networks design based on Phase I policy recommendations*	X	X	X		
Conduct national co-creation workshops to integrate new design components into networks**		X	X	X	
<b>Task 4.2: Work with national stakeholders to institutionalize network operations and support and drive implementation</b>					
Support identifying additional financial support for PPP networks implementation	X	X			
Support national HFTWG in providing strategic oversight of networks		X	X	X	
Conduct quarterly monitoring and supervisory visits in network districts		X	X	X	
Document and disseminate implementation findings and lessons learned			X	X	
<b>Task 4.3: Support national and regional actors in conducting demand driven scale up of networks in Ghana, inclusive of profiling, sensitization, formation, and training of new networks</b>					
Provide technical support to develop scale up resources and materials		X			
Conduct 3-4 regional demonstrations to increase awareness and generate demand			X	X	
Co-facilitate capacity building trainings, orientations, and peer learning for new networks in two districts				X	

#### Sub-activity 5: Support the Health Facilities Regulatory Agency to take on its regulatory function

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4	Notes
<b>Task 5.1: Support HeFRA to clarify its role, strategic plan, and support needed to take on its regulatory function</b>					

Convene and facilitate a strategic planning workshop with HeFRA		X			Began planning; final planning and workshop to take place Y3
Develop key performance indicators for HeFRA to routinely monitor and report				X	Will continue into Y3
<b>Task 5.2: Help coordinate DPs to provide complementary support to strengthen HeFRA's regulatory role</b>					
Create a process for mobilizing and coordinating DP support at HeFRA			X	X	
Build HeFRA's capacity to develop concrete proposals to request DP support		X			Delayed due to COVID-19 disruptions; included in Y3 workplan
<b>Task 5.3: Strengthen collaboration between HeFRA and other regulatory agencies to improve the quality of care at the primary level and streamline regulatory activities</b>					
Facilitate routine dialogues between HeFRA and other regulatory agencies					Delayed due to COVID-19 disruptions; included in FY21 workplan
<b>Task 5.4: Work with HeFRA and other stakeholders to strengthen its credentialing assessment tool and provide implementation support</b>					
Develop materials to orient and train assessors to use credentialing assessment tool				X	Assessment tool under development; will carry over into FY21
Convene a workshop to co-develop solutions for how to scale up use of credentialing assessment tool					"
Establish an annual review process for updating the credentialing assessment tool				X	Begun in Q4 with development of tool; will continue in FY21

## Deliverables

Deliverable	Timeline	Status	Notes
<a href="#">Report summarizing findings and recommendations from retrospective analysis of 2015 Health Financing Strategy</a>	Sept. – Nov. 2019	Completed	Submitted to HF Summit Planning Committee on November 14, 2019
<a href="#">Concept note for NHIA co-creation workshop</a>	Dec. 2019	Completed	Submitted to USAID/Ghana on December 20, 2019
<a href="#">Meeting report from workplan validation meeting with stakeholders</a>	Dec. 2019	Completed	Submitted to MOH/PPME before Christmas for review and circulation to participants.
<a href="#">Pre-reads</a> and <a href="#">agenda</a> for NHIA co-creation workshop	Jan-Mar. 2020	Completed	Shared with participants in advance of workshop on March 10
<a href="#">Meeting report from PCP Network Phase II Kickoff Meeting</a>	Feb. 2020	Completed	Submitted to GHS on February 21 for review and circulation to stakeholders
<a href="#">Draft TOR for NHIA actuarial consultant</a>	Mar. 2020	Completed	Draft TOR completed on March 17, and shared with NHIA CEO
<a href="#">Draft concept note and agenda for the health financing session of the annual Health Summit</a>	Mar. 2020	Summit postponed due to COVID-19	Draft submitted to USAID and the Health Summit planning committee on March 17
<a href="#">PCPN Factsheet</a>	Mar-June 2020	Completed	Final submitted to GHS June 17
<a href="#">Weekly situational updates from COVID-19 Presidential Coordinator's Office</a>	April – Sept 2020	Ongoing	Submitted by staff of the Coordinator's office to the Accelerator and USAID
<a href="#">TORs for staff for the COVID-19 Presidential Coordinator's office</a>	April-May 2020	Completed	Staff recruited between March and May 2020.
<a href="#">TOR for EHSP Consultant</a>	May 2020	Completed	Shared with MOH on May 17
<a href="#">PCP Networks Virtual Monitoring Report</a>	May 2020	Completed	Submitted to GHS on June 25
<a href="#">Concept note on data harmonization across health Institutions and development of a health facilities map</a>	May - June 2020	Completed	Shared with USAID and MOH on June 12
<a href="#">Regional Sensitization Meeting Report</a>	June 2020	Completed	Submitted to GHS June 22
<a href="#">Meeting report on data integration for COVID-19 digital response applications</a>	June-July 2020	Completed	Submitted to MOH on June 19
<a href="#">TOR for EHSP Steering Committee</a>	July 2020	Completed	Shared with MOH on September 3, 2020

<a href="#">Roadmap for EHSP development and tools for stakeholder consultations on EHSP</a>	August 2020	Completed	Shared with MOH on September 2, 2020
<a href="#">PCP Budget Template</a>	August 2020	Draft	Submitted to GHS for pretesting
<a href="#">Facilitation Team Orientation Report</a>	August 2020	Draft	Submitted to GHS for review
<a href="#">PCP Networks Training Guide</a>	September 2020	Final draft under review	Submitted to GHS September 19, 2020
<a href="#">PCP Operational Manual</a>	April – September 2020	Completed	Submitted to USAID September 1, 2020
<a href="#">Concept note for Development Partners for resource mobilization for PCP Networks scale-up</a>	September 2020	Draft in progress	
<a href="#">UHC POP Theme 3 report on health financing strategies and reforms</a>	September 2020	Final Draft	Submitted to the UHC POP lead consultant

# Liberia: Sustainable Health Financing to Improve Health Outcomes

## KEY ACHIEVEMENTS:

1. Completed, validated, and disseminated—in partnership with a local costing TWG, USAID, and MOH senior management—both facility and community costing models and a supplementary guide, and final reports on primary health and community health care to guide health financing reforms, including budgeting and strategic planning and future iterations of USAID’s Fixed Amount Reimbursement Agreement (FARA).
2. Built key knowledge and skills needed for the implementation of the Liberia Health Equity Fund (LHEF) through facilitation of a full-day LHEF Orientation Workshop for representatives from MOH, Ministry of Finance and Development Planning (MFDP), and civil society.
3. Conducted extensive assessments of the financial management, supply chain, and service delivery systems at the John F. Kennedy Medical Center (JFKMC) in Monrovia; facilitated the identification and prioritization of interventions, and supported an implementation team from JFKMC to begin addressing identified gaps and opportunities for improvement.

## Overview

USAID in Liberia engaged the Accelerator to support Liberia’s MOH and related stakeholders to shape the design and advance the adoption of the LHEF and other health financing reforms, with the goal of improving the effectiveness of Liberia’s health system and the sustainability of its public health financing. Late in 2019, the Accelerator’s scope in Liberia expanded to include a partnership with the leadership team of the JFKMC in Monrovia to improve the facilities financial management, supply chain management, and service delivery systems.

### Technical Activities

The Accelerator convened a multi-stakeholder team to prioritize and plan for health financing reforms to provide targeted technical support to the leadership of the MOH and Health Financing Unit (HFU) and the collaborative development and deployment of a costing methodology. Since January 2020, the Accelerator has also identified and supported the implementation of systems improvements at JFKMC, the foremost tertiary hospital in Liberia.

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

The Accelerator concluded work on the development and institutionalization of a costing tool for Liberia’s Essential Package of Health Services (EPHS) in public primary care facilities and the community-based model to inform the adoption of the LHEF and other key health financing reforms. The Accelerator validated both facility and community models with the costing TWG, USAID, and MOH senior management. The final costing report on the facility model was completed in December, along

with a supplement to the model, which explains how data is brought together in the model's engine and offers a simple tutorial for future updates.

The team also prepared a Costing Policy Note, which was disseminated alongside both costing models and reports and discussed with key stakeholders including MOH, USAID, and Strategic Technical Assistance for Improved Health System Performance and Health Outcomes (STAIP). The team also had a technical discussion with the STAIP team to review both costing models in depth, discuss the unit costs derived from the studies and sustainability of the models, and agree on next steps. The Accelerator's costing results will serve as important inputs in ongoing health financing activities, including the use of derived unit costs in designing reimbursables for strategic purchasing.

### **TA and capacity building for MOH-led financing reforms**

The Accelerator supported Liberia's MOH, HFU, and key stakeholders through targeted technical assistance supporting the advancement of the LHEF and other health financing reforms, with the goal of improving the effectiveness of Liberia's health system and the sustainability of its public health financing. The Accelerator convened multiple costing TWG to share progress on the costing model, present findings and solicit stakeholders' input in the final validation of the costing results. Members of the TWG included the Deputy Ministry of Planning, Research and Development (DMP), HFU, Health Monitoring Evaluation and Research (HMER) Unit, and Community Health.

The Accelerator also engaged Mr. Anthony Gingong, the former Director of Provider Payment at Ghana's NHIA, to provide technical coaching for the HFU and other MOH officials (including Minister of Health, DMP, 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 stepping-stone to the LHEF in the long-term. As a result, this strengthened the capacity and cross-country learning efforts of key stakeholders and within the HFU.

Responding to a request for additional health finance capacity building for stakeholders who would need to be consulted in order to successfully introduce the LHEF, the Accelerator held a one-day LHEF Orientation Workshop for representatives from MOH, Ministry of Finance and Development Planning (MFDP), and civil society in November 2019. Health finance topics included revenue generation, resource allocation and strategic purchasing under LHEF, as outlined in the LHEF Policy Note. Participants of the workshop reported a better understanding of the basis for the reforms outlined in the LHEF Policy Note.

### **Support systems improvement efforts at JFKMC**

In 2020, the Accelerator engaged with the JFKMC and relevant stakeholders to conduct a thorough assessment of JFKMC's financial management, supply chain management, and service delivery systems to identify gaps and areas for improvement. The results highlighted a number of gaps including weak governance structures; unavailability of policy documents, standard operating procedures and guidelines, and standardized tools; weak data and information management and reporting structures and processes; inadequate audit and control processes; and poor human resources management.

The Accelerator presented the results and—working with JFKMC's newly formed Implementation Team—co-developed recommendations and an implementation plan for activities, prioritizing short-



and long-term activities considering cost, impact, and timeline implications to identify a set of "quick wins"—high impact interventions with no or low cost that were feasible within a short time period.

Despite setbacks from COVID-19 and healthcare workers' strike, the implementation team made significant progress on its prioritized activities and achieved notable milestones across the three domains including networking of the administrative block to restore QuickBooks for enhanced financial management; setting up a new laboratory warehouse and finalizing the transfer of the National Drug Service (NDS) warehouse for its use towards improving warehousing and inventory management practices; and procurement of emergency trolleys, and directional signage within the hospital. The Accelerator shared relevant evidence and best practice from other settings with the JFKMC team to guide them through development of: SOPs for warehousing and inventory management, human resource manual, financial management guidelines and policy documents, key performance index guides for Health Insurance Providers (HIP) assessment.

Accelerator also supported the JFKMC team to present the assessment findings to the Hospital's Board as an advocacy tool to solicit additional support. As a result, the Minister of Finance committed to provide funding for set up of a central cash collection point at JFKMC to curb revenue loss.

There are potential opportunities for collaboration between MOH and JFKMC, and these remain to be explored further in Y3.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
The MOH decided to pause on the development of a web-based platform for the costing models and expressed a preference to focus efforts elsewhere.	The Accelerator prioritized support and trainings for the costing TWG around the use of the costing models so they can be updated periodically and used as evidence to guide future policy and decision-making.	N/A
The team was unable to conduct in-person facilitation with JFKMC team members in Liberia due to the COVID-19 pandemic.	The team consulted with USAID in Liberia and pursued alternative ways to provide remote facilitation to the JFKMC amidst the COVID pandemic, such as through virtual meetings, phone calls and weekly updates.	N/A
Implementation was delayed for some core activities due to the COVID-19 pandemic, exposure of some members of the JFKMC implementation management team to the virus, and a nationwide strike by Nursing staff union	The team consulted with JFK senior leadership as they were available to identify a point person with time to dedicate to the implementation team. Accelerator also worked to align with JFK management on an adjusted timeline of the activities.	N/A

## Timeline

ACTIVITIES AND BENCHMARKS	TIMELINE	Q1	Q2	Q3	Q4	STATUS	NOTES
<b>Development of Costing Methodology</b>							
Completion of costing model development and integration of primary data collected	Y2Q1	X	X			Complete	
Hiring firm to complete software development and installation at Ministry of Health	Y2Q1-Y2Q2	X	X			Rescoped	The MOH decided to delay development of the web-based platform and focus instead on more imminent uses of the tool.
Validation and adoption of final costing report and software	Y2Q1-Y2Q2	X	X			Complete	
<b>Multi-stakeholder Analysis and Priority Setting for Health Finance Reforms</b>							
Convene Health Financing strategic working session to develop LHEF Operationalization Plan	Y2Q1	X				Complete	
Development of transition plan to hand Accelerator activities over to new HSS bilateral	Y2Q1	X				Complete	
<b>Technical Assistance and Capacity Building for MOH Stakeholders</b>							
Capacity building sessions for Ministry of Health staff and other stakeholders	Y2Q1	X				Complete	
Additional implementation skills trainings	Y2Q1	X				Rescoped	A needs assessment and a capacity building plan was developed, but there was not enough time to hold additional trainings; the remainder of this activity was transitioned to STAIP
<b>Scoping and Administration of Comprehensive Assessment Tools</b>							
Design a compressive assessment methodology and tool (informed by best practices) to review JFK's financial management, supply chain and service delivery systems	Y2Q2		X			Complete	
Conduct survey and key informant interviews using assessment tool	Y2Q2		X			Complete	
Obtain necessary documents and evidence of the	Y2Q2		X			Complete	

representations provided by the interviewees during the assessment							
Develop a comprehensive improvement plan with realistic implementation timelines and required resources to improve the hospital’s financial management, supply chain and overall service delivery system	Y2Q2-Y2Q3		X	X		Complete	
Supportive Coaching and Technical Assistance for Change Management							
Prioritize and implement high impact low cost investments identified the customized improvement plan. This may include mentoring, coaching, and TA on digitalization of the supply chain system	Y2Q3-Y2Q4			X	X	Ongoing	Delays due to COVID-19 and healthcare workers’ strike, completion timeline rescheduled for Y3Q1.
Provide coaching and mentorship to CEO and senior executives on change management	Y2Q3-Y2Q4			X	X	Ongoing	
Provide TA on client flow and service provision by working with the department heads to develop a master list of recommendations	Y2Q3-Y2Q4			X	X	Ongoing	
Provide TA in the area of supply chain management and review on-going assistance on eLMIS	Y2Q3-Y2Q4			X	X	Ongoing	
Facilitate Dialogue with Ministry of Health							
Facilitate dialogue with the Ministry of Health stakeholders on connections between health system strategies and JFK’s challenges throughout the proposed phases, particularly where cross-learning and strengthened relationships may benefit both parties (e.g., eLMIS, supply chain management, and others)	Y2Q3			X		Ongoing	Activity is due for completion in Y3

## Deliverables

Deliverables	Timeline	Status	Notes
Costing of facility-based service delivery: <a href="#">model</a> and <a href="#">report</a> and <a href="#">supplement</a>	Y2Q2	Complete	Submitted to USAID
Costing of Community Health programs: <a href="#">model</a> and <a href="#">report</a>	Y2Q2	Complete	Submitted to USAID
<a href="#">Final Costing Policy Note</a>	Y2Q2	Complete	Submitted to USAID
<a href="#">Report on JFKMC Assessment</a>	Y2Q3	Complete	Submitted to USAID
Joint health financing roadmap across MOH (4 units), USAID, World Bank GFF		Rescoped	This deliverable was anticipated as a result of the Forum, which was deprioritized by MOH and removed from Accelerator workplan.

## Directed Core

# Improving Health Systems Strengthening and Policy Research Capacities in Asia

### KEY ACHIEVEMENTS:

1. Completed a landscaping of health systems and policy research institutions (HSPRI) across 27 countries within the region and identified 76 HSPRIs; classified each HSPRI's role in the institutional architecture for HSS and evidence translation process at country level to understand the current role that HSPRIs play in supporting health systems and policy research
2. Completed consultations with global and regional actors engaged in broader health systems and policy research capacity strengthening within the Asia region to develop recommendations on how to advance the HSPR ecosystem and build stronger linkages among platforms and HSPRIs
3. Developed an approach for virtual co-creation involving a range of global, regional, and country-level actors engaged in generating and applying health systems evidence to co-create a vision and action plan for a more responsive and robust ecosystem of HSPR initiatives and institutions to facilitate continuous HSS.

## Overview

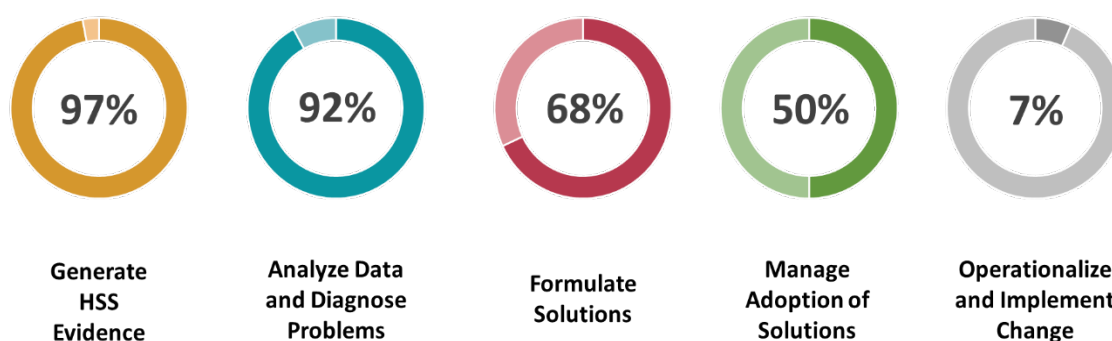
As Asian countries implement health sector reforms and advance towards UHC, there is documented country demand to strengthen the capacities of health policy and systems research institutions (HSPRIs) to generate health systems research and translate new (or existing) evidence into policy. To better understand this demand, and the opportunities for tailoring regional and global learning platforms and capacity strengthening efforts to meet this demand, the Accelerator produced a synthesis of key regional needs to institutionalize HSS learning programs in the region and priority learning topics across HSPRIs and policymakers. The review also summarized opportunities for increased collaboration among regional and global initiatives and identified potential regional and international partners to shape USAID Asia Bureau activities in future years.

**Sub-activity 1.1: Synthesize key regional needs and identify high-potential opportunities for support**

In Y2, the Accelerator completed the landscaping of 76 HSPRIs across 27 Asian countries. The Accelerator collected a standard set of data on each HSPRI to identify and assess the roles they play in evidence translation processes. The identified HSPRIs include academic institutions, semi-autonomous government agencies, independent research institutions, and non-governmental organizations (NGOs).

The Accelerator applied its IA framework for driving health systems change to understand what functions the HSPRIs play in health systems change processes at the country level. The analysis revealed

that among the included HSPRIs, 97% generated HSS evidence, 92% analyzed data and diagnosed health systems-related problems, and 68% formulated policy and programmatic solutions to the identified challenges. Among the institutional architecture functions focused on the translation of evidence into policy or practice, 50% of the included HSPRIs worked to manage the adoption of the solutions and only 7% were involved in operationalizing and implementing change (Figure 1).



*Figure 1: Functions of institutional architecture for HSS carried out by analyzed HSPRIs (N=76)*

These findings are reflective of the typical roles that HSPRIs play in the generation and translation of HSS evidence to policy. The analysis of HSPRIs engaged in the adoption of the solutions revealed a gap in the meaningful engagement of HSPRIs in the evidence translation process—this finding points toward an important opportunity to strengthen the role of HSPRIs in helping countries in the Asia region to achieve health systems change. The Accelerator also developed an approach for a series of virtual convenings involving a range of global, regional, and country-level actors engaged in generating and applying health systems evidence to co-create a vision and action plan for a more responsive and robust ecosystem of HSPR initiatives and institutions to facilitate continuous HSS in Y3.

#### Sub-activity 1.2: Develop tools and recommendations for strengthening regional networks and HSS capacity development approaches

In Y2, the Accelerator completed consultations with a range of global and regional actors engaged in training courses and learning platforms. The consultations included: Harvard T.H. Chan School of Public Health (Flagship), Nossal Institute, Leadership for Universal Health Coverage (L4UHC), Partnership for Health (P4H) Network, Asia Pacific Observatory (APO), Asia-Pacific Network for Health Systems Strengthening (ANHSS), BMGF, China Medical Board, The WHO Alliance for HSPR, International Center For Health Systems Strengthening, and multiple teams within the World Bank, including the Primary Health Care Anchor Trust Fund and Flagship teams.

Using findings from the consultations, the Accelerator synthesized broader successes and challenges in strengthening HSPR and HSS capacities within Asia. The consultations revealed fragmentation in both content and approaches to HSPR capacity strengthening, lack of mentorship opportunities and structured follow-up for participants after completing training programs, and the limited support that these capacity strengthening programs provide in developing evidence translation capacities. As a result of the COVID-19 pandemic, the consultations also underscored the need for capacity strengthening efforts that employ virtual modalities given a historical reliance on in-person engagement for the majority of the capacity strengthening programs and platforms included in the consultations.

Using these findings, the Accelerator developed recommendations to address the identified challenges to continue to strengthen capacities for HSPR within the region. These include:

- Facilitate increased collaboration and alignment of capacity strengthening programs/platforms such as the JLN, L4UHC, flagship and others to reduce fragmentation in content and approaches to better meet the needs of HSPRIs and other health systems actors.
- Work with programs and platforms to co-design enhanced models of support that could help extend the learning of courses and strengthen connections and peer learning among program participants, both regionally and globally.
- . Develop and implement content on evidence translation to create more opportunities for dialogue among researchers and policy makers to implement and achieve priority health systems change.
- Rapidly adapt training programs to virtual formats both in the short-term to address the challenges presented by the COVID-19 pandemic and in the long-term to increase the reach of course offerings.

In Y3, the Accelerator will convene relevant stakeholders (HSPRIs and global and regional actors) to begin to address some of these recommendations through a proposed co-creation approach.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
In-depth country-level engagement with a select set of HSPRIs was delayed given COVID-19	The Accelerator continued the HSPRI landscaping as a desk review exercise with additional validation from external experts. In Y3, the Accelerator will conduct further in-depth, virtual consultations with a subset of HSPRIs identified from the landscaping exercise.	N/A
HSR2020 decision to move to an abbreviated virtual format made. implementation of the original vision for satellite session challenging.	In Y3, the Accelerator will implement a series of virtual convenings that will seek to achieve a similar set of objectives as the HSR2020 satellite session.	N/A

## Timelines

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Synthesize key regional needs and identify high-potential opportunities</b>				
Conduct desk review and key informant interviews	X	X	X	
Produce draft synthesis of key regional needs for review with Asia Bureau			X	X
Finalize the synthesis of key regional needs				X
Produce draft of recommendations for USAID and Asia Bureau investments, to review internally				X
Finalize and disseminate report of HSSA opportunities and recommendations				X
Commence construction of specific SOWs based on synthesis				X
<b>Develop tools and recommendations for strengthening regional networks</b>				
Compile list of experts consulted during consultation phase		X	X	X
Develop roster of experts		X	X	X
Produce draft synthesis of opportunities and recommendations for linking regional experts to relevant initiatives and platforms for review with Asia Bureau				X
Finalize list of recommendations, and incorporate into work plan for HSSA support				X

## Deliverables

DELIVERABLES	
Items	Status
<p>Synthesis of key regional needs for strengthening knowledge translation, knowledge exchange, and HSS training capacities</p> <p>Synthesis of opportunities and recommendations for linking regional experts to initiatives and HSS learning platforms</p>	<p>One combined <a href="#">report</a> covering both syntheses was finalized and submitted to USAID Asia Bureau in September 2020. It summarizes findings of the HSPRI landscaping and consultations with HSS/HSPR platforms and programs to produce recommendations and options analysis for future USAID investments.</p>



Roster of regional experts	<a href="#">Landscaping report</a> includes roster of learning platform and program experts to be engaged in future activities; list of HSPRIs from landscaping also included in landscaping report. More detailed roster of experts in HSPRIs will be developed during HSPRI consultations planned in Y3.
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# Strengthening Routine Immunization to Reach Unvaccinated Children

## KEY ACHIEVEMENTS:

1. Completed consultations with key global-level actors on the use of campaigns, impact of funding policies on campaigns, reasons why campaigns underperform, and impact on routine immunization and health systems.
2. Completed systematic evidence review on the ways in which immunization campaigns could be leveraged for routine immunization and health system strengthening.
3. Following consultations with USAID and Gavi, designed a new approach and detailed scope of work to support countries to diagnose and prioritize critical constraints, and co-create potential solutions that create resilient immunization systems able to reach the unimmunized within the context of COVID-19.

## Sub-Activity 1: Synthesize existing knowledge to maximize potential for campaigns to strengthen routine immunization

Campaign-based delivery approaches provide essential health services and commodities in countries whose health systems cannot regularly reach their target populations. However, over-reliance on supplementary immunization activities as a delivery modality has led to trade-offs in country-led strengthening of routine immunization systems and, in many instances, has not achieved coverage targets for key populations. Prior to the COVID-19 pandemic, the Accelerator conducted consultations with global/regional actors and began a landscaping analysis to synthesize current challenges and existing evidence on improving the use of supplementary immunization activities (SIA) to strengthen routine immunization and reach unvaccinated children. The Accelerator interviewed 10 global level experts from Gavi, the Vaccine Alliance (Gavi), UNICEF, the WHO, John Snow, Inc. (JSI), and US Center for Disease Control (CDC). These expert consultations provided a variety of perspectives on the need for campaigns, their impact on the health system, impact of funding policies on campaign decisions, reasons why campaigns underperform, and reasons why they do not reach their potential to inform and strengthen routine immunization.

Given the delays and cancellations of many immunization campaigns, as well as the more acute challenges of delivering safe immunization services, resulting from the COVID-19 pandemic, USAID requested that the Accelerator rethink its scope of work (see Activity 2). It was agreed with USAID that the Accelerator should complete the systematic literature review as originally planned, given that there is still need to better understand how to maximize potential for campaigns to strengthen routine immunization systems and the evidence will be important for countries as they consider reintroducing campaign-based delivery modalities during the COVID-19 pandemic.

The systematic literature review explored the following research questions: 1) what strategies have been employed to improve the planning and execution of campaigns, 2) what opportunities or risks

have campaigns posed to the health system, 3) how have resources from campaigns been used to improve routine immunization and/or the broader health system, 4) how have countries responded to carrying out immunization campaigns during times of epidemic/pandemic. Major thematic findings included:

- A significant evidence base (synthesized in the literature review) that describes that describes the ways campaigns have or can become more effective at reaching their target populations
- Limited literature on how countries choose among multiple campaign modalities for a specific vaccine, including cost-effectiveness data to inform decision-making
- Strong documentation of the risks that immunization campaigns pose to RI systems and the health system as a whole
- Evidence that campaigns tend to provide a substantial number of health system inputs, such as cold-chain equipment or microplanning capacity strengthening; however, efforts to improve campaign effectiveness or leverage campaign-generated resources for RI strengthening have focused less on strengthening systems performance drivers — policies, regulations, organizational structures, and/or behaviors — that could contribute to larger impacts on immunization systems writ large; this results in missed opportunities to leverage campaigns to strengthen routine immunization
- Measles and polio SIAs have been somewhat successful in reaching hard-to-reach and hard-to-vaccinate communities, but there have been many missed opportunities to strengthen these linkages and develop more robust pro-equity immunization planning beyond measles and polio.

Currently under review with USAID, the Accelerator will explore channels through which to disseminate the findings in Y3, such as through the Task Force for Global Health's Health Campaign Effectiveness Coalition or through USAID MOMENTUM Routine Immunization Transformation and Equity.

#### Sub-Activity 2: Support country-level planning to better reach unvaccinated children

Given urgent needs arising from the global COVID-19 pandemic, the Accelerator and USAID agreed to pivot and focus on supporting countries to develop new approaches to building stronger immunization and health systems amid the pandemic. The Accelerator consulted with USAID and Gavi, and identified an opportunity to support the facilitation of Gavi's full portfolio planning (FPP) process in select countries. The FPP process is intended to help Gavi-supported countries create more holistic and integrated plans for strengthening immunization programs across different Gavi funding streams, including identifying strategies to better reach under- and unimmunized children. Based on conversations to-date with USAID and Gavi, the Accelerator has proposed to facilitate the FPP process in two to three countries, subject to further discussion and agreement with USAID and Gavi. Another area of proposed support includes facilitating peer learning to help countries deliver immunization services during the COVID-19 pandemic. The peer learning intends to explore a range of topics, such as sharing innovations to improve PHC services, service delivery adaptations needed under COVID-19 to continue safe services or maximizing the value of the FPP process to strengthen routine immunization.

The Accelerator continued to consult with USAID and Gavi through the final quarter of Y2 to identify possible FPP-priority countries that the Accelerator could support. While these conversations have taken longer than expected due to urgent matters related to Gavi's COVID-19 response, the Accelerator will be sharing an updated concept for its model of support to FPP facilitation that will be used in discussion with Gavi senior country managers in October 2020 to help identify possible countries.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
The temporary suspension and modification of immunization campaigns because of COVID-19 led to a rethinking of Accelerator support in this area	The Accelerator, in consultation with USAID and Gavi, rescoped its original campaign-focused work to develop new approaches to facilitating country-level co-creation and planning processes to diagnose and prioritize critical systems constraints in reaching underimmunized children.	N/A
Identification of countries for FPP process facilitation is dependent on Gavi decision and the timeline of FPP process implementation is still unknown given the COVID-19 pandemic	The Accelerator remains in continued discussion with USAID and Gavi to try and identify the FPP countries, including a planned engagement with Gavi senior country managers on the Accelerator's model of support in October 2020	N/A

## Deliverables

Please note that these deliverables are based on the revised workplan submitted to USAID in July 2020.

DELIVERABLES		
ITEM	STATUS	NEXT STEP/TIMELINE
<a href="#">Evidence review report</a>	Draft completed and submitted to USAID for review in July 2020	Incorporate USAID feedback and finalize/disseminate
Terms of reference for the Accelerator role in Gavi FPP process in up to three countries	Delayed as discussions on Accelerator's support to FPP planning processes with Gavi took longer than expected and are still underway; plan to finalize in first quarter of Y3	To be completed in Q1 Y3 following agreement on country selection with Gavi

## Timeline

Please note that this timeline is based on the revised workplan submitted to USAID in July 2020.

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Activity 1 - Synthesize existing knowledge to maximize potential for campaigns to strengthen routine immunization</b>				
Complete report summarizing findings from evidence review, identifying key data gaps for future research	X	X	X	
<b>Activity 2 - Support country-level planning to better reach unvaccinated children</b>				
Terms of reference for the Accelerator role in FPP process in up to three countries				X

# Strengthening Rehabilitation Services in Post-Conflict Countries

## KEY ACHIEVEMENTS:

1. Conducted background research and landscape analyses to identify areas of need for Accelerator programming that are impactful and sustainable.
2. Completed a scoping phase to prioritize and select three countries for engagement, ultimately obtaining Mission concurrence for Accelerator activities in Sri Lanka, Ethiopia, and Georgia, in addition to support from the Deputy Minister of Health in Georgia.
3. Finalized a concept note detailing Accelerator approaches and entry points to rehabilitation programming at a country level to guide conversations with Missions and stakeholders
4. Developed a concept note for a global knowledge product on financing rehabilitation for UHC and received USAID approval to commence development of a detailed activity plan and initial analytical framework
5. Developed a concept for a regional technical collaborative for HSS/Rehabilitation in Eastern Europe/ Central Asia and launched scoping phase

## Overview

Rehabilitation services enable optimal functioning and quality of life, maximize the effectiveness and impact of health interventions (especially for non-communicable diseases, injuries and aging populations), and thus represent essential components of UHC. Despite growing need, rehabilitation is frequently under-prioritized rather than integrated in countries' health systems and UHC strategies, and especially so in low- and middle-income countries (LMICs). WHO's Rehabilitation 2030 Initiative is calling attention to this issue and has called for global action by all stakeholders.

Through funding from the Leahy War Victims Fund (LWVF), the Empowerment and Inclusion Division of USAID's Center of Excellence on Democracy, Human Rights, and Governance (DRG/EI) has partnered with the Accelerator to support countries in integrating and strengthening rehabilitation services in health systems within post-conflict countries.

### Sub-activity 1.1: Strengthen integration of rehabilitation services into UHC

#### Country-level engagements

In Y2, the Accelerator launched a scoping phase to landscape the existing body of evidence and ongoing efforts surrounding integration of rehabilitation into broader health systems. In parallel with background research, the Accelerator conducted consultations with key global, regional and country-level champions of rehabilitation programming, including from the WHO's Rehabilitation 2030 Initiative. In doing so, the Accelerator established a collaboration with the WHO, which provided guidance on utilizing available resources, insights about ongoing activities in high-potential countries,

and access to rehabilitation-specific country assessments. The information generated from these activities also helped the team to identify existing gaps in knowledge and additional areas of need for Accelerator support—leading to the expansion of the portfolio to include regional and global activities.

Through these scoping activities, the team created a set of selection criteria for evaluating country demand and potential for impact and identified a set of high-priority countries for in-depth consultations with rehabilitation and HSS stakeholders. After conducting outreach to USAID Missions in priority countries, the Accelerator successfully confirmed concurrence from Missions in Sri Lanka, Georgia, and Ethiopia to begin exploring opportunities for country-level support. The team held strategic conversations with the Missions to align on country engagement approaches.

Tools and outreach materials developed throughout the activity year were utilized to prepare for discussions with country governments, including a concept note detailing potential Accelerator approaches to rehabilitation programming at a country level developed in collaboration with DRG-LWVF. In Y3, the Accelerator will work with government stakeholders to co-develop country-specific scopes of work that address expressed needs and priorities.

#### [Regional technical collaborative for HSS/rehabilitation](#)

Through a collaborative process with DRG-LWVF, the Accelerator finalized a concept note for a regional technical collaborative for countries in the Eastern Europe/Central Asia (EE/CA) region. This initiative will create a space for leaders of rehabilitation to discuss and learn how to integrate rehabilitation into countries' financing strategic for UHC policies and catalyze countries' ongoing efforts. The technical collaborative will support a series of webinars (accompanied by virtual technical assistance) that address systemic challenges common to countries in the EE/CA region and fill existing knowledge gaps. To expand upon this activity, the Accelerator held an introductory conversation with Joint Learning Network for Universal Health Coverage (JLN) management to discuss potential options to include rehabilitation in ongoing or future JLN initiatives.

In Y3 the Accelerator will continue to develop the concept for this collaborative, prepare for mission and stakeholder outreach, and explore opportunities to integrate rehabilitation into broader UHC initiatives to ensure continuity and sustainability of current efforts. The team will furthermore continue to align with, and leverage knowledge generated by the global rehabilitation financing product being developed in parallel (described below).

#### [Global guidance for policymakers on financing rehabilitation for UHC](#)

Through the scoping phase, the Accelerator identified a general lack of evidence documented on how countries can finance rehabilitation equitably and effectively, with a focus on ensuring access to affordable and quality services. To address this need, the Accelerator developed and received approval to partner with country-level and global health experts to develop guidance on how rehabilitation could be financed in different health systems and financing contexts. The team envisions that this guidance will analyze options for integrating rehabilitation in countries' UHC platforms and provide practical recommendations on how to use equitable and efficient financing mechanisms to minimize health disparities, especially among persons with disabilities and those needing rehabilitation. During the start-up phase for this activity (still ongoing), the team developed a concept note and activity plan detailing intended outputs and approaches to country engagement. This includes a scoping review of 15-20 countries for descriptive analysis and in-depth engagement of 6-10 countries for participation in webinars, doing case studies and extracting lessons from practical experiences. The team also drafted an

analytical framework on health financing functions for rehabilitation that will be used to do descriptive analysis of financing mechanisms for rehabilitation at the country level, and a normative analysis of how these approaches help achieve UHC objectives.

In Y2, the team conducted consultations with stakeholders from the WHO Rehabilitation 2030 Initiative to verify the concepts for the regional technical collaborative and financing knowledge product and discuss opportunities to align and/or coordinate with ongoing efforts in the region. Discussions indicated that WHO could potentially provide country engagement and technical support on the activities. The Accelerator will continue aligning with WHO for these initiatives in Y3, referring to USAID for further guidance on collaborations as they evolve.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
The COVID-19 pandemic and associated travel restrictions have delayed in-country scoping activities. We also anticipate obstacles for communicating with health and Rehabilitation leadership within ministries of health, where the COVID-19 response is being prioritized.	<p>The team is maximally relying on virtual consultations with country stakeholders whenever possible and seeking to identify local partners to lead implementation of activities on-the-ground.</p> <p>In light of the travel restrictions, the team has expanded its portfolio to include regional and global-level activities that can be conducted virtually. The team will continue to follow up with stakeholders to understand evolving priorities.</p>	N/A

## Implementation Timeline

Illustrative activities and benchmarks listed in the Y2 Workplan were suggestions and prior to do any concrete scoping of portfolio and country priorities. Updated list of activities and benchmarks (marked with \*\*) reflect the iterative process of country and stakeholder consultations to develop a scope for Accelerator support to strengthening rehabilitation in health systems.

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Strengthen integration of rehabilitation into UHC</b>				
Finalization of intervention design*			X	X



Synthesis of costs and benefits of integrating rehabilitation (illustrative)				
Development and dissemination of knowledge/action briefs (illustrative)				
Integration of rehabilitation into country UHC roadmaps (illustrative)				
Country selection and scoping**		X	X	
Prepare for and support development of knowledge product on financing Rehabilitation for UHC**			X	X
Prepare for and support a regional technical collaborative for Strengthening Health Systems for Rehabilitation**			X	X

**Notes:**

\*timelines and benchmarks have changed due to COVID-19 pandemic

\*\*the task has replaced illustrative tasks listed in Year 2 workplan of the Accelerator

## Deliverables

Due to travel restrictions and competing government priorities resulting from the COVID-19 pandemic, the team has not yet completed 1-3 country-specific scopes of work as originally planned in the Y2 workplan. It is anticipated that these deliverables will be completed early in Y3. Instead, the team focused efforts on advancing regional and global initiatives that are implemented through virtual platforms and entail analytical work that does not necessitate travel. The deliverables produced through this work are listed below:

- [Concept Note: HSS Functions for Rehabilitation](#)
- [Concept Note: Accelerator Activity in Georgia](#)
- [Concept Note: Financing Rehabilitation for Universal Health Coverage: Guidance for Policy Makers and Managers](#)
- [Concept Note: Regional Technical Collaboration to Finance Rehabilitation for UHC in Eastern Europe and Central Asia](#)
- [Activity Plan: Financing Rehabilitation for Universal Health Coverage](#)
- [Mission talking points on Accelerator for Rehabilitation](#)
- [PowerPoint Presentation: Introduction to the Accelerator in Georgia](#)
- [PowerPoint Presentation: Introduction to the Accelerator in Sri Lanka](#)

# Strengthening Mental Health and Psychosocial Support in Post-Conflict Countries

## KEY ACHIEVEMENTS:

1. Conducted background research and landscape analyses to identify areas of need for the Accelerator programming that are impactful and sustainable.
2. In collaboration with DRG-VOT and USAID in Liberia, finalized the selection of Liberia as the first country recipient of HSS TA to scale up MHPSS and secured Mission concurrence.
3. Completed initial scoping activities to landscape key systemic MHPSS challenges in Liberia and potential solutions through a combination of country-specific desk research and key informant interviews.
4. Submitted a report to USAID which details the Accelerator approach and framework for scoping activities, synthesizes key findings from scoping activities, and identifies high-potential opportunities and modalities for Accelerator support.
5. Developed a consensus scoping brief containing the highest-priority entry points for Accelerator “HSS-for-MHPSS” technical assistance in Liberia

## Overview

Countries are experiencing rapid increases in the burden of non-communicable diseases (NCDs), and the integral role that mental health and psychosocial support (MHPSS) services play in improving well-being is gaining recognition. As a result, effectively integrating prevention, screening, diagnostics, and treatment for mental disorders into existing health systems is of increasing interest globally and with some country governments. However, many health systems have responded inadequately. Limited access to MHPSS services is compounded—especially in fragile and post-conflict states—by pervasive stigmas about mental disorders and treatment as well as a systemic lack of government investment, human resources, medical supplies, and information systems.

With support from the Victims of Torture Fund (VOT), the DRG/EI has partnered with the Accelerator to support the integration and strengthening of MHPSS in the health systems of post-conflict countries.

### Sub-activity 1.1: Landscaping MHPSS/HSS initiatives and priorities in lower- and middle-income countries

In Y2, the Accelerator began conducting a landscaping of MHPSS and HSS priorities in LMICs. The Accelerator identified health system barriers to scaling up high-quality MHPSS services in LMICs and structured an agenda for technical assistance under the Accelerator. Based on the landscaping, the team created a list of key scoping questions to assess systemic MHPSS issues in a country to be used during key informant interviews with stakeholders.

With support from DRG-VOT, the Accelerator also held conversations with the MHPSS team at the WHO, which launched a “Special Initiative” to expand and strengthen MHPSS services within health systems in up to 12 countries. As a result, the Accelerator is exploring opportunities to collaborate with the Special Initiative and expand its portfolio of activities. The team will conclude conversations and commence implementation with WHO in the coming year.

#### Sub-activity 1.2: Developing entry points and approaches for Accelerator programming

In collaboration with DRG-VOT and USAID in Liberia, the Accelerator finalized the selection of Liberia as the first country to receive "HSS for MHPSS" technical assistance. Over the course of April – June, the Accelerator conducted in-depth scoping activities, including key informant interviews with a broad range of Liberian stakeholders in the MHPSS space (including Ministry of Health representatives, care providers, local and international development partners, etc.). Through these consultations, the Accelerator obtained diverse perspectives on the barriers to improving the quality and accessibility of MHPSS services in order to better meet the needs of the Liberian population, as well as insights on potential solutions that could be integrated into the Accelerator's scope of work in Liberia.

The team compiled findings from these activities in a scoping report, which was submitted to DRG-VOT and USAID in Liberia. The report a) details the assessment framework that was utilized to structure the inquiry into a potential scope of work; b) summarizes the major challenges and stakeholder suggestions that emerged most prominently in desk research and key informant interviews, and c) identifies high-potential entry points and modalities for Accelerator support. The table below includes examples illustrating various possibilities for how the team could apply an HSS TA approach to the entry points identified in the scoping report:

	Process Facilitation	Coaching/Capacity Building	Knowledge Translation	Evidence Generation & Learning
<b>Governance &amp; Stewardship</b>	Position mental health systems sub-group of the MHPSS Technical Coordination Committee to lead the “HSS for MHPSS” agenda	Generation and use of routine and reliable MHPSS data	Review models to organize MHPSS in community health strategies & develop recommendations	MHPSS research and data for decision-making
<b>Organization of service delivery</b>	Review and revision of the MHPSS component of the community health strategy	Sustainability and transition analysis for community health platform	Review innovative community-level and rehab service delivery models in other settings	A social contracting model/ pilot between the government and the private sector
<b>Financing</b>	Sustainable financing / Domestic Resource Mobilization dialogue for MHPSS	Resource tracking and on-budgeting of MHPSS funding	Landscape MHPSS financing approaches and develop recommendations	Options analysis for integrating MHPSS into financing mechanisms

<b>HRH and inputs</b>	Develop an approved cadre of Mental Health Clinicians	Community health worker or social worker association	Drug sourcing, logistics, and financing, & assurance practices	Assessment of supply-chain and procurement needs
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The team reconvened with DRG-VOT, USAID in Liberia, and MHPSS stakeholders to discuss and further prioritize these options for Accelerator programming across the lifespan of the activity. In early Y3, the Accelerator will design and host a virtual workshop with Government of Liberia stakeholders to co-develop a scope of work for programming that is reflective of country priorities and begin implementation.

CHALLENGES AND PROPOSED SOLUTIONS		
CHALLENGES	SOLUTIONS	NOTES
The COVID-19 pandemic and associated travel restrictions have delayed in-country scoping activities. We also anticipate obstacles for communicating with health and MHPSS leadership within the MOH, where the COVID-19 response is being prioritized.	<p>The team is maximally relying on virtual consultations with country stakeholders whenever possible and seeking to identify a local partner to lead implementation of activities on-the-ground.</p> <p>Since travel restrictions are in place, the team is also coordinating with DRG-VOT to explore opportunities for additional activities that can be conducted virtually, including collaborating with the WHO's Special Initiative for Mental Health around financing for MHPSS.</p>	N/A
The Accelerator anticipates that COVID-19 will impact countries' fiscal space for health, service delivery platforms, and ability to prioritize MHPSS programming.	Accelerator support will be geared towards enabling the GoL to strengthen resilient systems that can maintain provision of basic services (inclusive of MHPSS), including during the next wave of COVID-19 and any future shocks. The team is continuously following up with stakeholders to understand country priorities.	N/A

## Implementation Timeline

ACTIVITIES AND BENCHMARKS	Q1	Q2	Q3	Q4
<b>Strengthen MHPSS in health systems</b>				
Finalization of intervention design				X
Synthesis of costs and benefits of integrating MHPSS (illustrative)				
Development and dissemination of knowledge/action briefs (illustrative)				
Integration of MHPSS into country UHC roadmaps (illustrative)				
Landscape MHPSS/HSS initiatives and priorities in LMICs**		X		
Country short-listing and selection**		X		
Develop entry points and approaches for integrating and strengthening MHPSS in health systems			X	
Co-create and launch a scope of work for engagement in Liberia together with local stakeholders*				
Develop and discuss additional avenues for MHPSS programming**			X	X

### Notes:

\*timelines and benchmarks have changed due to COVID-19 pandemic

\*\*the task has replaced illustrative tasks listed in Year 2 workplan of the Accelerator

## Deliverables

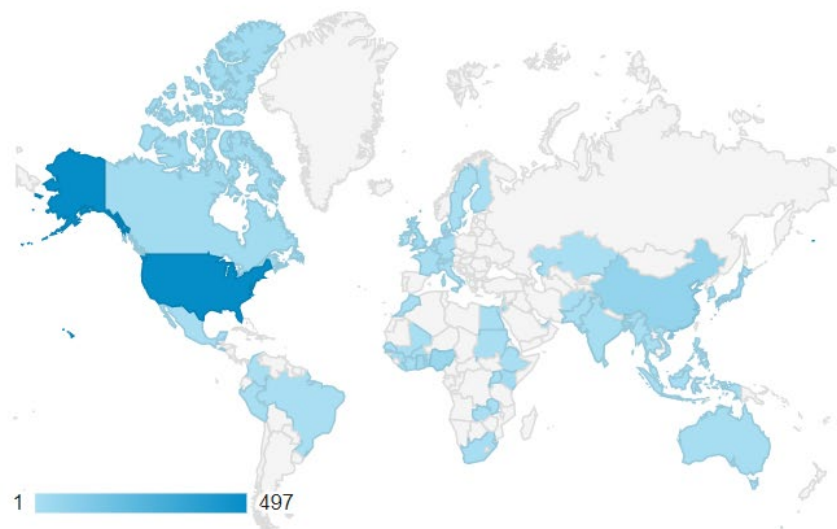
Due to travel restrictions and competing government priorities resulting from the COVID-19 pandemic, the team has not yet completed a country-specific scope of work as originally planned in the Y2 workplan. It is expected that this deliverable will be completed in Q1 Y3. The deliverables produced during Y2 are listed below:

- [PowerPoint Presentation: Accelerator Approach to MHPSS](#)
- [PowerPoint Presentation: Scoping on HSS for MHPSS in Liberia](#)
- [Scoping Report: Health System Strengthening to Scale up Mental Health and Psychosocial Support \(MHPSS\) Services in Liberia: Initial Assessment of Landscape & Opportunities](#)
- [Scoping Brief: Options for Accelerator HSS-for-MHPSS Programming in Liberia](#)

## Cross-Cutting Components

### Communications and Knowledge Management

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 Accelerator launched a program website in Y2 as well as rolled out an updated visual identity (e.g. logo, document templates, etc.). Since the website went live in January 2020, the site has been visited by 868 unique users from 60 countries. This has resulted in 8,635 pageviews with an average session duration of 3 minutes and 53 seconds. The bounce rate, or how quickly visitors have left the site, is relatively low at 7.13%, which suggests positive user engagement.



*Figure 2: Geographic distribution of visitors to the Accelerator website in year 2.*

The program launched Twitter and Facebook accounts in November 2018. As of September 30, 2020, the Accelerator twitter account ([@AccelerateHSS](https://twitter.com/AccelerateHSS)) had 948 followers. In Y2, the program posted 321 tweets, which generated 278 retweets; 137,389 impressions (individuals who saw our content); 2,792 engagements (individuals who interacted with our content); and we added an additional 334 followers. This is an increase from year 1, when the Accelerator had 550 Twitter followers. Users had retweeted Accelerator content 169 times; engaged with content 1,564 times; and reached approximately 76,000 individuals.

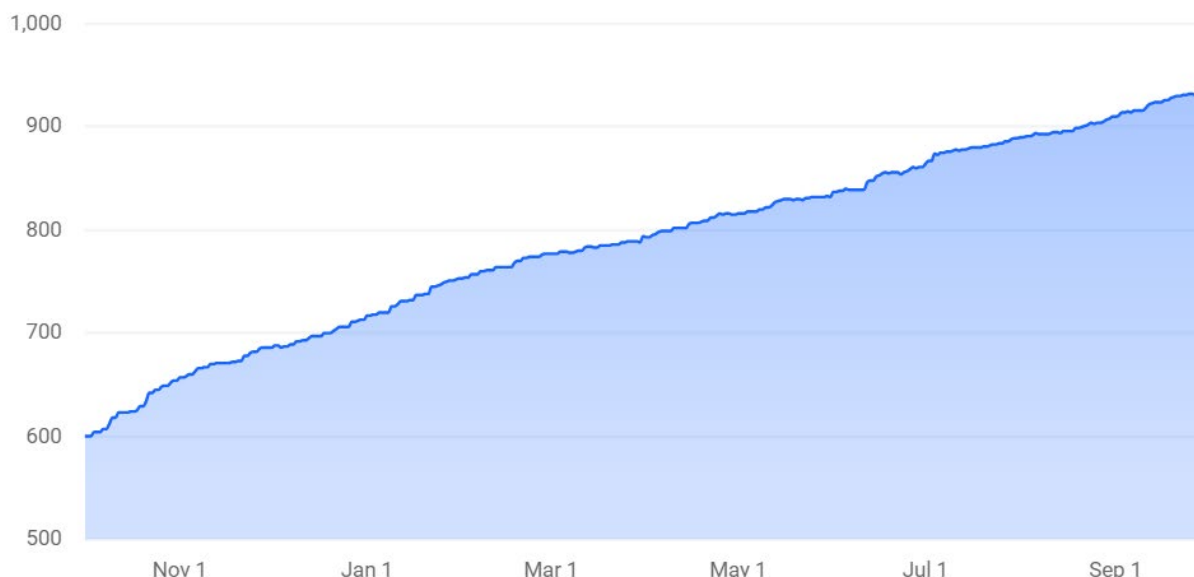


Figure 3: Twitter follower growth in year 2 of the program.

The Accelerator team also produced several blog posts highlighting the program or HSS generally. Examples of blogs include:

1. [Accelerator Partners with Civil Society to Address Barriers to HIV Service Access and Utilization in Côte d'Ivoire](#)
2. [USAID: Helping Countries Respond During a Pandemic and Beyond](#)
3. [New Accelerator Activity Aims to Strengthen Rehabilitation Services in Post-Conflict Countries](#)
4. [Virtual Peer-to-Peer Learning Workshop Supports the Implementation and Scale up of Primary Care Provider Networks in Ghana](#)
5. [Virtual Co-creation to Accelerate Progress Towards Universal Health Coverage in Togo](#)
6. [Accelerator Mobilizes Local and Regional Experts to Support Ghana's COVID-19 Response](#)
7. [Improving Health Systems Strengthening and Policy Research Capacities in Asia](#)
8. [Webinar: Coordinating Multi-sectoral, Multi-level Pandemic Responses](#)
9. [Call for Expression of Interest in National Coordination of a Multi-sectoral and Multi-level Pandemic Response Learning Collaborative](#)
10. [Workshops in the Time of Corona: Flattening a different curve](#)
11. [When Old Diseases Crash Upon New: Crisis and Opportunity](#)

The communications function also supported various activities, including webinars. The communications function also provided strategic communications, editing, formatting, social media, and design support across all activities.

## Monitoring, Evaluation and Learning

The Accelerator's Monitoring, Evaluation and Learning (MEL) function aims to generate and document learning on the extent to which the Accelerator is making progress towards the expected results, and how. The project systematically reviewed its MEL plan and took major strides towards embedding MEL approaches in all Accelerator activities in Y2.

The systematic assessment of the MEL Plan, validated against the diverse activities that emerged in Y1 and Y2, highlighted the need for minor adjustments pertaining to measurement of institutional architecture. The Accelerator originally envisioned creating a progression model for the institutional architecture needed for continuous health system strengthening, which would have generated quantitative index scores. However, after extensive literature review and expert consultation, the Accelerator instead develop a framework that enables qualitative, rapid baseline assessments, strategic planning for how to strengthen institutional architecture while advancing particular system goals, and assessing improvement over time. This evolution in the nature of the framework and how it will be applied resulted in the need to modify two key performance indicators (KPIs) originally developed to align with a progression model—KPIs 4a and 4b. Revisions to the PIRS associated with the identified KPIs is ongoing and will be discussed with USAID for consideration and subsequent approval.

The Accelerator also built new tools, processes, and materials necessary to monitor, evaluate, and learn from activities. These include developing a Theory of Change (ToC) approach, template and guidance for standardized use across all activities and selecting two additional monitoring and learning methodologies, Outcome Harvesting (OH) and Most Significant Change (MSC), that will enable ToC-based learning. Application of the standardized ToC approach across all major activities will enable activity teams to: (i) make explicit the health systems change goals they are working toward and the pathways through which it is hypothesized they can be achieved and (ii) test assumptions, unpack complexity, track progress, and make adaptive changes based on learning.

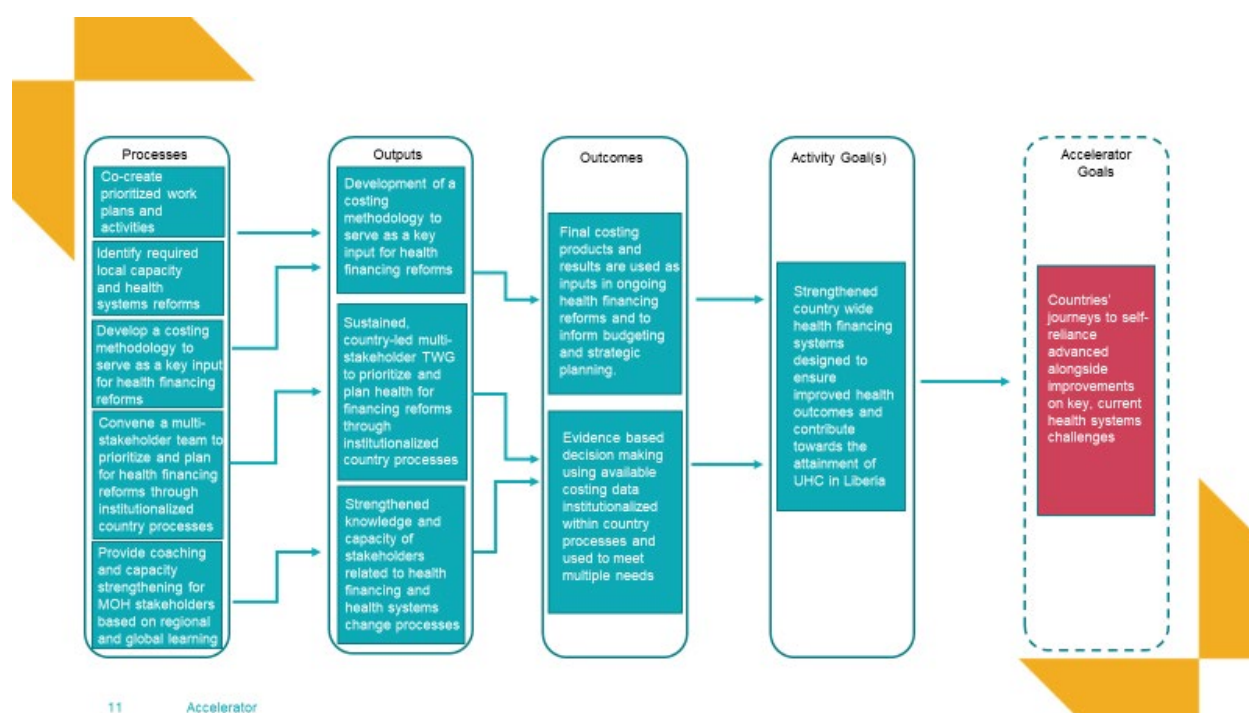


Figure 4: Example of Standard Theory of Change Diagram from Health Financing Activity in Liberia



During the last quarter of Y2, the team rolled out the ToC template and guidance across four activities: Activity 1 (West Africa) and field-supported activities in Ghana, Liberia, and Cote d'Ivoire. The Accelerator will apply this standard approach to all activities in Y3 as an integral part of good management practice and to enable learning that cuts across activities and diverse change goals. This standard ToC approach will also be applied to all new Accelerator activities from inception in the future.

The Accelerator began applying Most Significant Change and Outcome Harvesting in the latter half of the year. Most Significant Change is a participatory monitoring and evaluation method involving project stakeholders in deciding the sorts of change to be collected as well as in analyzing the data. It is a form of monitoring that occurs throughout the lifetime of the project and provides useful information for learning and managing the project while providing data on impact and outcomes.<sup>6</sup> Outcome harvesting is a monitoring and evaluation methodology useful for complex and dynamic programs to identify, describe, verify and analyze the changes brought about through a development intervention. It is designed to collect evidence of change, and then work backwards to assess contribution to that change.<sup>7</sup> The Accelerator chose these two methods because they are especially well-aligned with the kinds of complex health system changes the project is supporting, both are participatory in nature and both are conducive to helping strengthen capacity in data analysis and use. The most impactful triggers of change, such as the sequence of dialogue or information exchange that leads a key policymaker to change behavior, can be missed by other monitoring methods but captured by Most Significant Change; and Outcome Harvesting can similarly capture results—and causal pathways to results—that go beyond assumptions made prospectively in Theories of Change. Together, the combination of developing and tracking theories of change and applying most significant change and outcome harvesting is expected to generate more comprehensive understanding of whether and how the Accelerator and partners are strengthening health systems.

The MEL team first applied Outcome Harvesting in the Liberia field-supported activity. The results demonstrate that Accelerator support influenced decisions made by the MOH to revise its strategy for the Revolving Drug Fund, as well as its decision to apply the results of the costing tool for multiple purposes beyond the immediate context in which it was developed, such as community health. A full analysis and evaluation report will be completed in the Q1 Y3. In the first quarter of Year 3, the Accelerator will begin the outcome harvest for the Cote d'Ivoire field-supported activity as well as for Activity 1.

In Y3, as field engagements progress, the Accelerator will continue to strengthen the MEL function's ability to evaluate health systems outcomes by applying (i) MSC to Ghana's sub-activity 4 (Strengthening Primary Healthcare Provider Networks), (ii) analyzing and reporting results and lessons learned from Cote d'Ivoire's sustainable financing for HIV activity, and (iii) the continued progress in the West Africa activity beginning with the co-creation events. The early results and learning from applying the ToCs, OH and MSC will be integrated with the virtual learning series that will be conducted in Y3 as part of Activity 3 (Improving TA Models for HSS). This virtual learning series will address both substantive technical themes for health system strengthening (e.g., community health, financing, integration, SA/SBC) and TA approaches (especially coaching and institutional architecture).

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<sup>6</sup> [‘The Most Significant Change’ \(MSC\) Technique: A Guide to its Use](#) by Rick Davies and Jess Dart, 2005.

<sup>7</sup> Wilson-Grau, R and Britt, H (2013). Outcome Harvesting. Ford Foundation, November 2013