

USAID Health Systems Strengthening Case Competition

Showcase Event

July 15, 2024



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HEALTH SYSTEMS
STRENGTHENING
ACCELERATOR



Agenda

- Welcome
- Opening Remarks
- Judges
- 2024 Winners
- Winning Presentations
- Moderated Discussion
- Closing Remarks

Welcome



Tara Simpson

Opening Remarks

Deputy Director
Office of Health Systems

USAID

Nathan Blanchet

Event Moderator

Senior Program Director
Project Director, HSS Accelerator

Results for Development

Global Participation



109 cases submitted

Submissions represented
44 countries, including

Angola, Bangladesh, Benin, Botswana, Cameroon, Colombia, Democratic Republic of the Congo, Eswatini, Ethiopia, Fiji, Georgia, Ghana, Guatemala, Guinea, Haiti, Honduras, India, Indonesia, Jordan, Kenya, Liberia, Madagascar, Malawi, Mali, Mongolia, Mozambique, Namibia, Nepal, Nigeria, Peru, Philippines, Rwanda, Senegal, Somalia, South Africa, Tajikistan, Tanzania, Uganda, USA, Uzbekistan, Zambia, and Zimbabwe.

48 USAID partners submitted a case

USAID's Health Systems Strengthening Learning Agenda



USAID Health Systems Strengthening (HSS) Learning Agenda—organized by **six learning questions**—aims to **strengthen the global HSS evidence base and improve HSS programming** by updating or generating, synthesizing, and disseminating evidence related to key areas of HSS practice.



Evidence syntheses under the learning agenda are used to **inform design and management** of USAID HSS strategies, programs, projects, and activities, with the broader agenda serving as a **collaborative platform** for continuous HSS **learning and adaptation**.

2024 HSS Case Competition Themes



Theme 1

What conditions or factors successfully facilitate the institutionalization and/or implementation at scale of good practices that improve health system outcomes, and why? What are the lessons learned regarding planning for sustainability and achieving results at scale?

Theme 2

What measurement tools, approaches, and data sources from HSS or other fields are most helpful in understanding interrelationships and interactions and estimating the impact of HSS interventions on health system outcomes and priority health outcomes?

Theme 3

What are effective and sustainable mechanisms or processes that enable the participation of the private sector, civil society, and public organizations in developing locally led solutions to improve high-performing health care, especially for poor and vulnerable populations? What enables the effective participation or leadership of marginalized populations themselves in the development and implementation of these solutions? Under what conditions is this participation different?

Judges



Dr. Ama Pokuaa Fenny	Senior Research Fellow, Institute of Statistical, Social and Economic Research at the University of Ghana
Anjali Dibner	Knowledge Management Advisor, Office of Health Systems, USAID Bureau for Global Health
Dr. Helen Saxenian	Independent health economist and formerly of the World Bank
Dr. Kamaliah Mohamad Noh	Professor of Public Health and Community Medicine at the University of Cyberjaya; Former head of the primary health care section of the Malaysia Ministry of Health
Dr. Karen Ann Grépin	Associate Professor at the School of Public Health, The University of Hong Kong; Non-Resident Fellow, Center for Global Development
Dr. Leizel Lagrada	Associate Professor and Coordinator, Program for Health Equity at the College of Public Health, University of the Philippines Manila
Lisa Maniscalco	Strategic Communications, Analytics, Learning and Evidence Team Lead, Office of Health Systems, USAID Bureau for Global Health
Sonya Panjwani	Strategic Information and M&E Advisor, Office of Health Systems, USAID Bureau for Global Health
Dr. Thomas Bossert	Senior Lecturer and Director of the International Health Systems Program of the Harvard T. H. Chan School of Public Health

2024 Winning Submissions



Listed and presented in alphabetical order based on case submitter's last name

Fostering Equity in Neglected Tropical Disease Services Through a Community-led Approach in Uganda: Closing the Gaps in Trachoma Mass Drug Administration Access and Uptake

Authors: Alfred Mubangizi, Ministry of Health, Uganda; Hilda Kyarisiima, Ministry of Health, Uganda; Emmanuel Ssegawa, WI-HER Uganda; Dany Chhan, WI-HER; Claire Karlsson, WI-HER; Palma Marwas, WI-HER Uganda; Elizabeth Sutherland, RTI International; Babar Khan, RTI International; Andrew Kyambadde, RTI International; Herbert Nturanemigisha, RTI International; Sharone Backers, RTI International; Taroub Faramand, WI-HER

Evidence-Based Action to Achieve Indonesia's Digital Health Transformation: Use of the Digital Maturity Index Assessment to Measure Health Information System Progression

Authors: Nony Parmawaty, CHISU; Tiomaida Seviana, Ministry of Health, Republic of Indonesia; Dian Sulistiyowati, Ministry of Health, Republic of Indonesia; Taufiq Sitompul, CHISU; Leah McManus, CHISU

A Model of Social Innovation in Health Care Systems for Reducing Severe Maternal Morbidity

Authors: Miguel Pulido, Chief of Party COP; Ana Ragonesi, Technical Director LHSS Colombia; Tatiana Díaz, Service and Quality Provision Leader; Ricardo Domínguez, Deputy Chief of Party; Rosa Cárdenas, Primary Healthcare Services and Quality Specialist David Gómez, Health Financing Lead; Francisco Daniel Trejos-Mateus, Knowledge Management Specialist; Jonathan Cali, Project Senior Manager; Brenda Hernandez, Project Manager; Yordanos Molla, Monitoring, Evaluation, and Learning Specialist.

Contributors: Institute for Healthcare Improvement -IHI, ProPacífico

Winning Presentations

Fostering Equity in Neglected Tropical Disease Services Through A Community-Led Approach in Uganda: Closing the Gaps in Trachoma Mass Drug Administration Access and Uptake

USAID's Act to End Neglected Tropical Diseases | East Program

- **Ministry of Health, Uganda:** Dr Alfred Mubangizi, Dr Hilda Kyarisiima
- **WI-HER:** Emmanuel Ssegawa, Dany Chhan, Claire Karlsson, Palma Marwas, Taroub Faramand
- **RTI International:** Elizabeth Sutherland, Babar Khan, Andrew Kyambadde, Sharone Backers, Herbert Nturanemigisha

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Theme 3



Photo Credit: WI-HER

Describe an effective approach to enabling whole-of-society participation and leadership in developing locally-led solutions to improve health system performance and health outcomes.



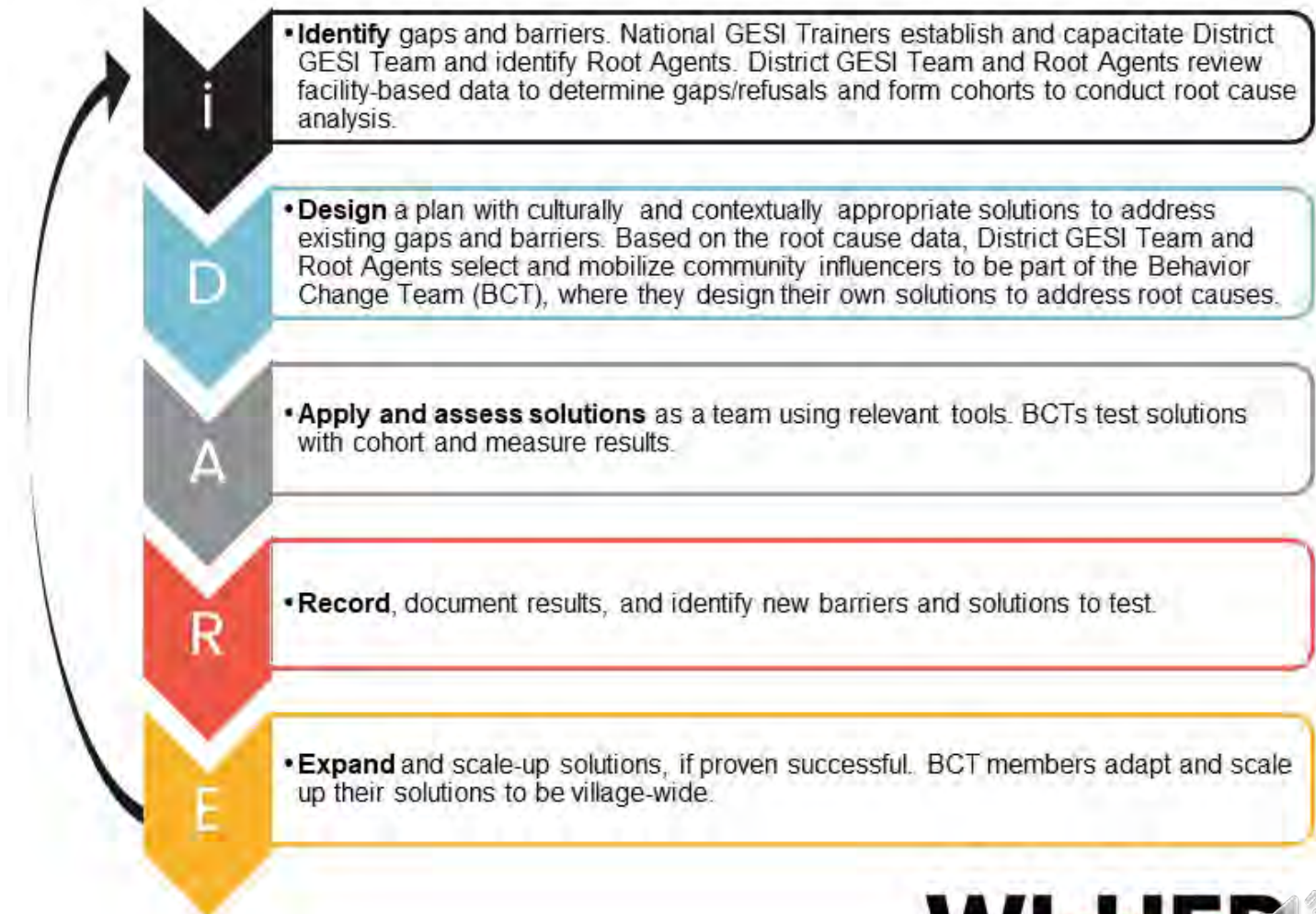
Context

- Only **5 remaining districts in Uganda** require mass drug administration (MDA) to prevent trachoma transmission
 - Moroto, Nabilatuk, Nakapiripirit, Amudat, and Buliisa
- Low treatment uptake due to challenges such as **nomadic lifestyle, gender behavior and decision-making norms, migratory patterns, and Uganda-Kenya cross-border**
- How can the “**last mile**” of trachoma elimination in Uganda be achieved? How can **key populations** often missed by a fragile health system be reached?



Gender Equity and Social Inclusion (GESI) Behavior Change Activity

- Integrate and mainstream gender equity and social inclusion (GESI) considerations, approaches, and capacity to reach the “last mile” in NTD elimination
- WI-HER’s iDARE™ methodology
 - Identify, Design, Apply, Assess & Record, Expand
- National and regional health officials, district health, NTD, WASH and health education officers, health facility staff, community influencers and community members



Activity Impact and Evidence



National,
Regional

GESI integration & institutionalization in NTD program response

District

Improved local government responsiveness to community needs

Improved coordination for health services, WASH

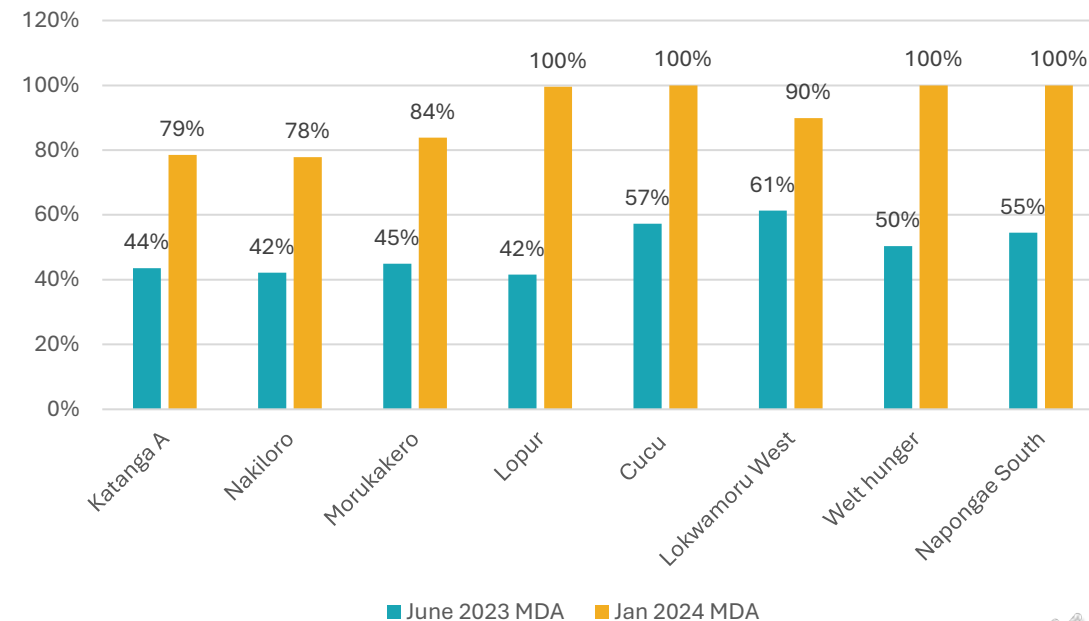
Community

More equitable service delivery

More diverse pool of leaders involved in health service planning and uptake

Contributes to **higher uptake** of trachoma medicines during mass drug administration (MDA)

Village MDA Coverage Before and After GESI BCA Implementation



Facilitating Factors

- **MOH ownership**
 - Led the expansion of the activity from pilot to all trachoma endemic districts
 - Documenting and institutionalizing the learning and interventions into national policies
- **Inclusion of social network support and capacity building**
 - Regular coaching, annual locally-led debrief meetings
 - Monitoring and learning tools
- **Involvement of key stakeholders**
 - Decision-makers and trusted influencers from many levels of the health system and community



Photo Credit: WI-HER



Challenges and Solutions



- Insecurity in the Karamoja region and mobility of pastoralist communities
 - **Coordinated with community leaders and health facility staff to safely navigate dynamic environment**
- Coverage data quality
 - **Triangulated qualitative and quantitative data to identify areas with low coverage**
- Deep-seated norms and myths around latrine use, MDA drugs, and trachoma
 - **Conducted social behavior change activities including health education with community influencers**



Lessons Learned

- Community leadership and local solutions for health and non-health areas
- Checking assumptions by identifying root causes and barriers
- Transforming gender norms
- Strategically capacitating youth
- Health education and its impact on risk perception



Photo Credit: WI-HER



Q&A

“In my family, there was belief that our relatives got blind because of a curse caused by one of the cows used [as a dowry] to marry my great grandmother. This cow is said to have been blind. However, following my selection as an influencer, and the trachoma training I received, I was able to understand all the signs and symptoms of trachoma and these are the same I saw with our relatives that became blind. With this information, I was able to mobilize my relatives for MDA, telling them blindness in our family was not caused by a curse but untreated trachoma”, Male BCT member, Nadunget S/C - Moroto District.



Photo Credit: WI-HER



Fostering Equity in Neglected Tropical Disease Services through a Community-Led Approach

UGANDA

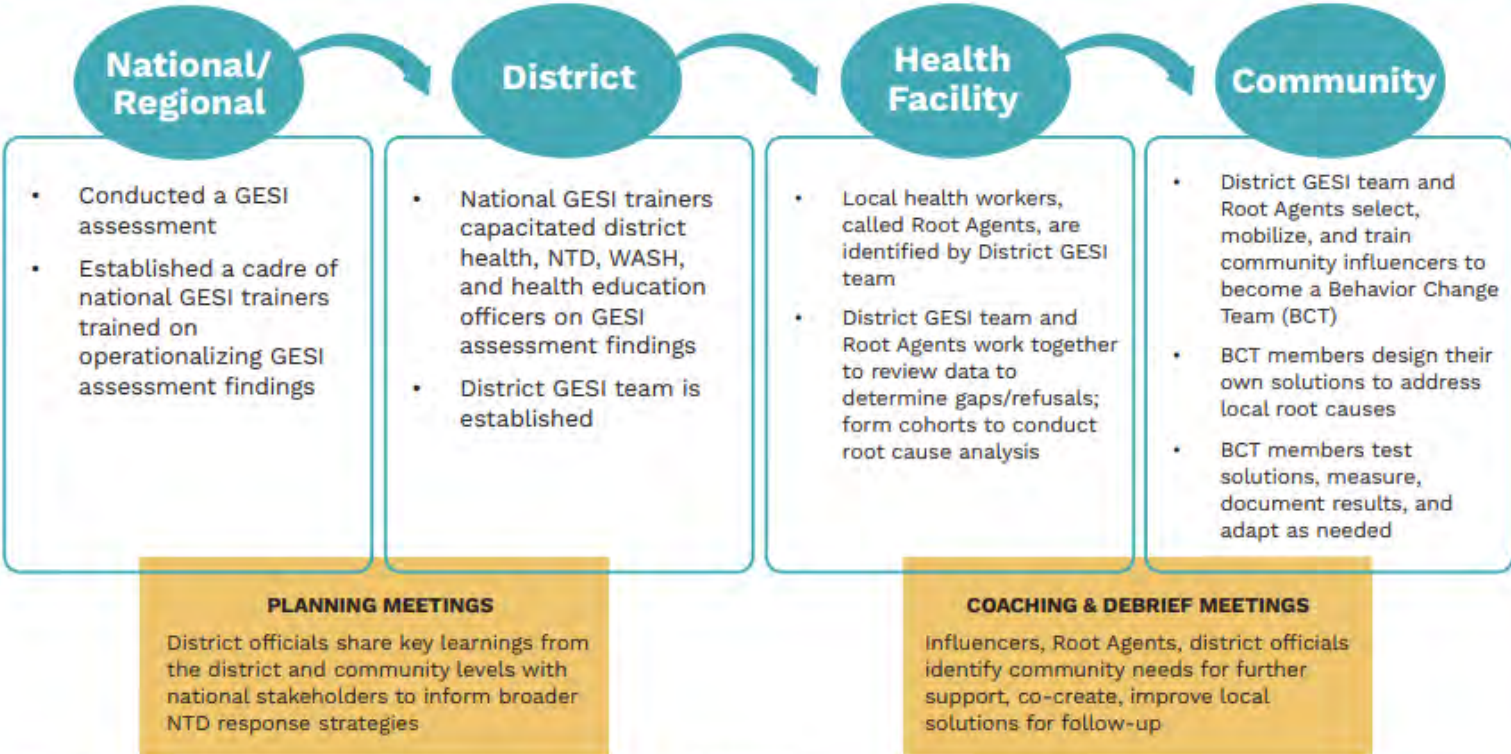
Closing the Gaps in Trachoma Mass Drug Administration Access and Uptake



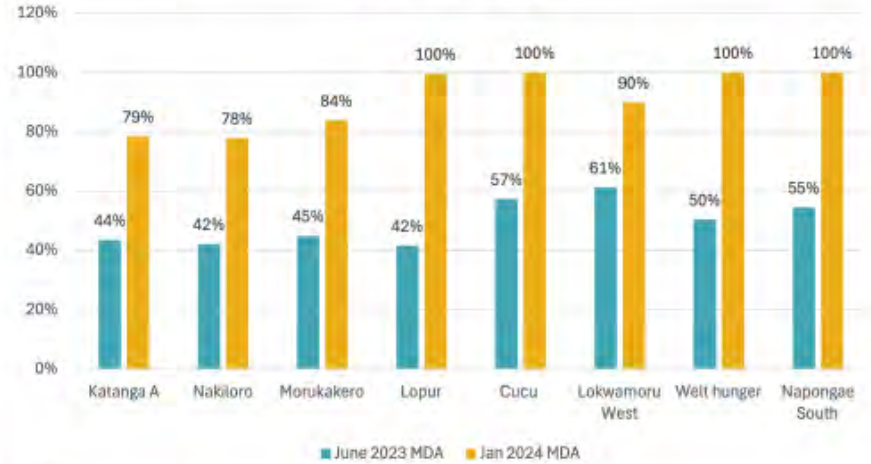
GOAL: To achieve the “last mile” in trachoma control and elimination in Uganda by reaching key populations that are often missed in service delivery by a fragile health system.

Objective: To integrate and mainstream gender equity and social inclusion (GESI) considerations, approaches, and capacity to reach the “last mile” in NTD control and elimination.

Applying WI-HER’s iDARE™ Methodology to Act | East GESI Behavior Change Activity in Uganda



Village MDA Coverage Before and After GESI BCA Implementation



IMPACTS AND ADAPTABILITY

- More equitable service delivery, reaching populations who are consistently missed by the health system like short-term laborers, street children, herders, migrant farmers, people with disability, and miners.
- Learnings and local solutions have been institutionalized into national policies such as the Uganda NTD Sustainability Plan 2020-2025 and MDA Training Curriculum.
- Other non-NTD programs such as HIV, ANC, post-COVID back to school campaigns, and child protection campaigns have leveraged community influencers from the behavior change teams for community mobilization efforts.



Evidence-Based Action to Achieve Digital Health Transformation

INDONESIA

How the Digital Maturity Index Measures Health Information System Progression.



BACKGROUND

Indonesia's Ministry of Health is advancing the country's digital transformation to optimize its health information system and in turn strengthen its health system comprising over 60,000 health facilities across 17,000 islands.

USAID's Country Health Information and Data Use (CHISU) program partnered with the Ministry's Center for Data and Information Technology (PUSDATIN) to establish its **Digital Maturity Index** to assess and inform action plans or interventions that support acceleration of digital transformation at all levels of the health sector.

DMI'S FIVE STAGES OF PROGRESSION TOWARD A STRONG HIS

The DMI measures maturity for national and sub-national health offices—along with health facilities—and incorporates the five domains and stages of progression of CHISU's approach to applying the HIS Stages of Continuous Improvement (SOCI) toolkit, with two additional domains added for more precise monitoring in health facilities.



DMI ROUTINE MONITORING COMPONENTS

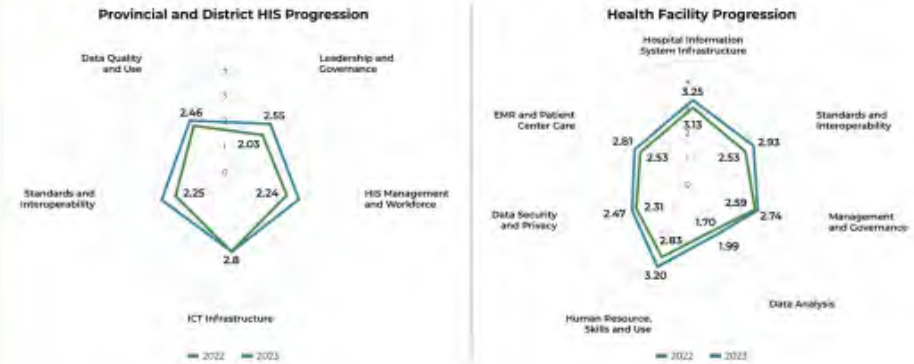
- Strategic planning and priorities
- Policy and regulatory implementation
- Resource Management
- Stakeholder engagement and collaboration
- Gender considerations

DIGITAL MATURITY MEASURES (HEALTH SYSTEM AND FACILITY)



RESULTS

2022 and 2023 DMI Assessments
(151 of 552 provinces and districts and 1,549 of 3,052 hospitals completed DMI assessments)



Digital transformation for the health system is an ongoing process, and its success depends on continuous improvement.

The DMI process helped stakeholders from across provincial and district health offices and health facilities articulate a shared and measurable vision toward digital transformation while DMI action plans prioritized data standardization and interoperability.

Interoperable health systems can reduce the amount of time health workers spend entering data by as much 50%, resulting in more time for patient care and less time on data entry.



Q&A



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USAID's Local Health System Sustainability (LHSS) Activity in Colombia

Title:

Social Innovation Model in Health Care Systems for Reducing Severe Maternal Morbidity

Authors:

Miguel Pulido, Chief of Party; Ana Ragonesi, Technical Director; Tatiana Díaz, Service and Quality Provision Leader; Ricardo Domínguez, Deputy Chief of Party; Rosa Cárdenas, Primary Healthcare Services and Quality Specialist; David Gómez, Health Financing Lead; Francisco Daniel Trejos-Mateus, Knowledge Management Specialist; Jonathan Cali, Project Senior Manager; Brenda Hernandez, Project Manager; Yordanos Molla, Monitoring, Evaluation, and Learning Specialist.

Contributors:

Ministry of Health and Social Protection, Institute for Healthcare Improvement (IHI) and ProPacífico.



Social Innovation Model in Health Care Systems for Reducing Severe Maternal Morbidity

COLOMBIA

Healthcare Workers Leading the Way in Maternal Health Improvements



BACKGROUND: Amid rising Venezuelan migration to Colombia and the COVID-19 pandemic, Colombia's National Institute of Health reported a significant rise in the Severe Maternal Morbidity (SMM) ratio among both Venezuelans and Colombians. USAID Local Health System Sustainability Project (LHSS) Colombia, with the Ministry of Health and Social Protection, implemented a Social Innovation Model to reduce the SMM ratio.

HIGHLIGHTS:



The **Collaborative Improvement strategy** involved targeted training for healthcare workers in quality care for common obstetric complications, methodologies for implementing continuous improvement processes in managing pregnant individuals, and standardized protocols for perinatal services.



LHSS partnered with the Propacífico Foundation to implement the **Mentor Hospital strategy**. High-complexity hospitals (Mentors) provided technical and clinical support to medium and low-complexity hospitals (Mentees) to enhance their capacity for timely and quality care to pregnant individuals via telemedicine.

MAIN FACTS:



By addressing root causes, the strategy led to a 40% reduction in the SMM ratio among Colombian pregnant individuals and a 30,5% reduction for Venezuelan migrants between 2022 and August 2023, across 12 medium and high-complexity participating healthcare providers. **Four hospitals achieved reductions in SMM of 20-30%** (see chart).

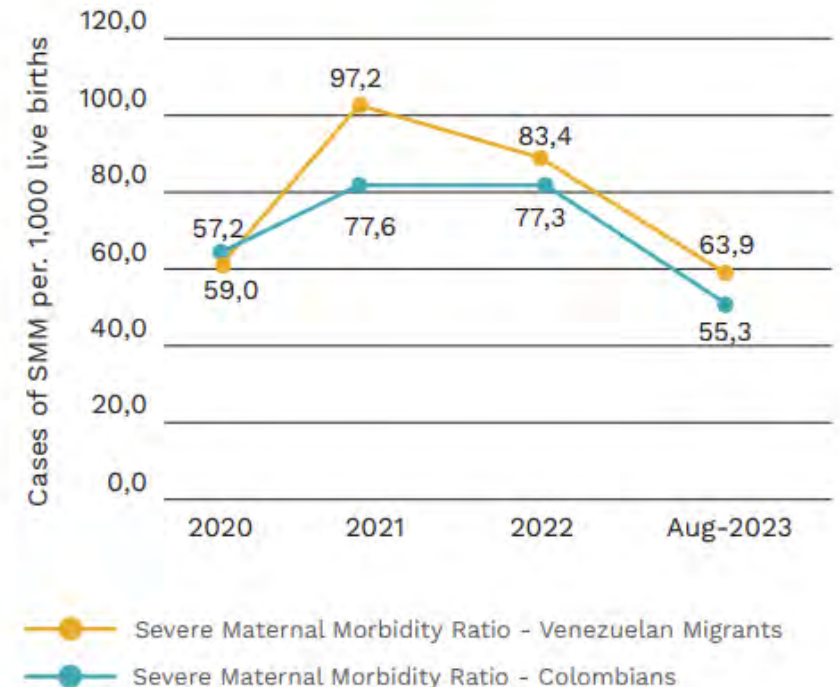


The referral rate from low and medium-complexity hospitals to high-complexity hospitals **decreased from 80% to 69% within one year** due to the Mentor Hospital strategy.



Fatalities due to SMM decreased from 0,67% in 2021 to 0,38% in 2023 across the 17 participating healthcare providers.

Trend of Severe Maternal Morbidity (SMM) ratio among 12 healthcare providers participating in the Collaborative Improvement Strategy



*The World Health Organization (WHO) defines severe maternal morbidity (SMM) as a state in which a woman nearly dies but survives a complication that occurred during pregnancy, childbirth, or within 42 days of the end of pregnancy.

Q&A



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Moderated Discussion



- *What were your biggest challenges in applying systems thinking in these cases, and how did you overcome them?*
- *What tools or frameworks have you found most useful?*

What themes should be prioritized for next year's case competition?

The last three case competitions have focused on the following eight themes:

What are the contributions of **systems thinking approaches** and tools to changes in **health system outcomes**? How do systems thinking approaches affect health system outcomes?

What conditions or factors successfully facilitate the **institutionalization** and/or **implementation at scale** of good practices that improve health system outcomes, and why? What are lessons learned regarding planning for sustainability and achieving results at scale?

Describe an example of how a specific **measurement tool, approach, and/or data source** was used for effective **HSS monitoring and evaluation**.

How have **systems thinking** approaches and tools been incorporated in activities to improve **health equity**? Were these approaches useful in achieving health equity goals? If so, what are the pathways by which these approaches helped to address the root causes of **inequity**?

What are effective and sustainable mechanisms or processes to **integrate local, community, sub-national, national, and regional voices, priorities, and contributions** into health system strengthening efforts?

What types of **social and behavioral (SBC)** changes or outcomes are commonly sought within health systems strengthening projects or interventions? How are SBC methods useful in creating behavior or norm change among government, private sector, and community health system actors? What are lessons learned regarding explicitly incorporating SBC approaches within HSS programs?

Describe an effective approach to enabling whole-of-society participation and **leadership in developing locally-led solutions** to improve health system performance and **health outcomes**.

Describe a case of an impactful HSS practice that was successfully **institutionalized and/or implemented at scale**.

*Please click the link in the chat and use code **8774 2447***

Closing Remarks

Thank you for participating in this year's
HSS Case Competition!

- For additional submission details, visit the HSS Case Competition website
- Join us for the Health Systems Strengthening Open House on July 17
- Stay tuned for the 2025 Case Competition announcement



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