



STRENGTHENING HEALTH SYSTEMS



USAID Systems for Health Project partnered with staff at Ghana's Savelugu Hospital to implement quality improvement problem solving activities to reduce high rates of maternal and child mortality. Photo credit: DDC International

URC – as a leader, a partner, and a technical advisor – is helping countries across the world to provide better health care and support people to live longer, healthier, and more productive lives. We strengthen health systems through evidence-based approaches that improve access to health care, the quality of services, and health outcomes in Africa, Asia, Eurasia, Latin America, and the Caribbean.

URC's work improves the performance and interconnectedness of the six World Health Organization health system building blocks: service delivery, health workforce, strategic information, commodities, health financing, and leadership and governance.

CHALLENGES

Lower- and middle-income countries (LMICs) have difficulty implementing evidence-based solutions to strengthen their health systems, just as higher-income

countries do. But LMIC health systems face additional issues, including:

- ◆ Higher disease prevalence;
- ◆ More limited human and material resources;
- ◆ A disconnect between national policy and local implementation;
- ◆ More limited opportunities to improve health care providers' ability to deliver better services; and
- ◆ Local attitudes, beliefs, and social norms that pose obstacles to providing effective health care.

ADDRESSING QUALITY

Through the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project that supported 46 countries, URC trained and worked with more than 5,000 facility- and community-based teams to apply quality improvement (QI) methods to identify and address gaps

in services for HIV, maternal and child health, malaria, tuberculosis, nutrition, non-communicable diseases, and Zika virus prevention and case management.

ASSIST's evidence-based QI approaches improved the implementation of high-impact interventions with a focus on the needs of marginalized and underserved populations and gender, age, and social differences that affect care access and utilization. In each of the project's 29 long-term technical assistance countries, the project applied an integrated design approach to define:

- ◆ The evidence-based improvement strategies to achieve the objectives set by USAID and the country;
- ◆ How strategies would be implemented in partnership with local stakeholders;
- ◆ How the improvement would be scaled up, sustained, and institutionalized; and
- ◆ How the activities would contribute to local and global learning.

In Ghana, the USAID Systems for Health Project helped the Ghana Health Service improve their readiness to access donor funds, pursue QI approaches, use data, and enhance clinical competency. The collaborative effort accelerated reductions in preventable child and maternal deaths, unmet need for family planning services, and childhood mortality and morbidity from malaria. The effort also improved the nutritional status of children under five and pregnant women.

URC empowered the Ghana Health Service to sustain ongoing shared learning activities in 75 districts across the five target regions. These activities promoted peer-to-peer learning and joint problem solving among groups of health facilities in Ghana in the project's five operational regions: Greater Accra, Central, Western, Northern, and Volta.

STRONGER HEALTH SYSTEMS, GREATER HEALTH STEWARDSHIP

The Regional Health Integration to Enhance Services in Northern Uganda (RHITES-N, Acholi) Activity in Uganda is helping to increase access to and use of high-quality integrated services that accelerate the ability and capacity

of health facilities to respond to community needs. The Activity is enhancing district capacity to provide services in HIV; tuberculosis; maternal, newborn, and child health (MNCH); reproductive health and family planning; malaria; nutrition; and water, sanitation, and hygiene.

The Office of the Global AIDS Coordinator has cited Uganda's QI approach as a best practice and has asked all PEPFAR countries to adopt the approach. As the lead QI partner for USAID, RHITES-N, Acholi successfully implemented QI collaboratives across the country, bringing lessons learned in the Acholi sub-region to scale nationwide to address Ministry of Health priorities.

Also, in Uganda, the Regional Health Integration to Enhance Service in East Central Uganda (RHITES-EC) Activity is working to increase utilization of services for: malaria; MNCH; family planning; nutrition; HIV prevention, care, and treatment; and tuberculosis. The Activity aims to strengthen district health systems; improve quality of services; increase availability of, access to, and demand for these services; and support the health sector to sustain higher use of services in 12 districts in East-Central Uganda.

Historic power struggles and limited access to health facilities and providers have negatively impacted the health outcomes of the majority Muslim population of the Mindanao Region in the Philippines. To help reverse these trends, URC is supporting the Ministry of Health in this region – the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) – to achieve a self-reliant health system by building commitment and strengthening the capacity of the government, civil society, and communities to develop, implement, and finance solutions to improve health.

The Bangsamoro Autonomous Region in Muslim Mindanao for Health (BARMMHealth) Project works to:

- ◆ Improve social norms and strengthening healthy behaviors among underserved adolescents, youth, women, and men;
- ◆ Strengthen the quality of family planning and maternal and child health services; and
- ◆ Bolster public health policies and systems to support behaviors and services for maternal and child health.