Health Systems Connector

Country-level implementation

ACT now, ACT together to accelerate the end of the COVID-19 crisis

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In 2020, HSC made significant progress

Support is country-driven, based on locally identified needs and priorities

- **Identifying gaps**
  - Using assessments, readiness checklists, pulse surveys and other tools of analysis

- **Developing and contributing to national readiness and deployment plans**

- **Providing individualized technical support**
  - and a global knowledge sharing platform

- **Guidance, tools, training and coaching**, tailored to country needs

- **Identifying gaps...**
  - Using assessments, readiness checklists, pulse surveys and other tools of analysis

- **Assessing country readiness...**
  - 85% of countries have developed national vaccination plans
  - 68% have vaccine safety systems
  - Only 30% have developed processes to train the large number of vaccinators who will be needed
  - Only 27% have created social mobilization and public engagement strategies

- **Providing technical support...**
  - Developing and contributing to national readiness and deployment plans
  - Providing individualized technical support and a global knowledge sharing platform
  - Guidance, tools, training and coaching, tailored to country needs

- **Providing health finance tools...**
  - "Budget Dialogue Note for Financing COVID-19 Response" that sets and guides analytic work to inform national budget processes
  - Joint learning network (JLN) webinar scheduled for April (WHO and World Bank)
  - Country-specific budgetary landscape analysis developed
  - Collaboration with IMF, EIU and PPM on COVID-19 health expenditure tracking
  - Assessing rising on COVID-19 vaccine FFM issues
    - PPM resource pool recently launched
    - Ongoing PPM and COVID-19 vaccine costing reviews to identify FFM bottlenecks for vaccine delivery
HSC has also made significant progress in establishing a foundation to support countries, however efforts are ongoing

<table>
<thead>
<tr>
<th>Key deliverable</th>
<th>Status</th>
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<tbody>
<tr>
<td>Readiness, gaps &amp; bottleneck assessments*</td>
<td>WB interim insights across pilot countries.</td>
</tr>
<tr>
<td>Tools and guidelines</td>
<td>significant progress already made</td>
</tr>
<tr>
<td>Knowledge sharing platform &amp; events</td>
<td>under development &amp; ongoing, respectively</td>
</tr>
<tr>
<td>Country specifics &amp; tailored support</td>
<td>underway</td>
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<tr>
<td>US$ 500 m of PPE procured**</td>
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* Pulse surveys in 129 countries, readiness assessments in 144 countries  ** Likely underestimated and increasing rapidly
## HSC - addressing critical health system gaps

### Health financing
- Rapid revision of planning and financing for COVID-19 vaccination programmatic expenses
- Implement Public Financial Management procedures to deliver ACT-A through rapid budget execution
- Implement adequate and timely methods to track and analyze COVID-19 related health expenditures

### Private sector
- Fill information gap about the private sector and its activities
- Enhance capacity to govern the delivery of private sector solutions to problems posed by the pandemic
- Use the private sector to fill capacity gaps with health workforce, supply chain and community engagement

### Community-led responses
- Forge a stronger link between community engagement in ‘normal’ times and in emergency mode
- Bring in platforms (HC2030, PMNCH, Collective Service) with substantial reach to civil society into ACT-A
- Strengthen socio-behavioral science research to support data-driven decisions during emergencies and steady state

### Supply chain
- Implement rapid supply chain resilience module to support preparedness activities
- Establish basic traceability systems through a coordinated approach across partners and countries

### Health workforce surge and protection
- Ensure adequate numbers of health workers with the sufficient skills
- Protect health workers through strengthened IPC practices including hand hygiene and provision of PPE
- Enable conducive work environments through appropriate HRH deployment and management policies

### Clinical care
- Implement pathways and associated training for safe and effective patient flow at all levels
- Build capacity for early recognition and care at all levels to ensure timely, appropriate treatment of COVID
- Assess and continuously monitor evolving capacities for clinical care of COVID-19

### Data and monitoring
- Develop an integrated database and dashboard
- Streamline partner support behind country led plans to ramp up analysis and use of data
# Deep dive - rethinking PPE

<table>
<thead>
<tr>
<th>Focus areas</th>
<th>Key activities</th>
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<tbody>
<tr>
<td>Innovation, evidence and development</td>
<td>Identification of user needs not being met by currently available PPE including acceptability, comfort and compatibility</td>
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<td></td>
<td>Stimulation of research &amp; innovation targeting unmet needs expressed by users, as well as affordability and protection performance</td>
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<td>Reinforcement of scientific evidence to guide innovation priorities and corresponding specifications and standards</td>
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<td>Manufacturing, procurement and supply</td>
<td>Determination of how to build and sustain surge capacity, while improving equitable access and resilience</td>
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<td>Evaluation of lessons learnt on PPE procurement and buyer behaviors, and suggestion of potential best practices</td>
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<td>Design of processes to ensure quality assurance, and benchmarking / harmonization of standards</td>
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<tr>
<td>Deployment, utilization and disposal</td>
<td>Ensuring of timely training and guidance for health care workers and communities based on the latest evidence</td>
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<td>Analysis of pain points related to usage and deployment, including gap between normative guidance and real usage in countries</td>
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<td>Support for safe disposal / reprocessing of PPE</td>
</tr>
<tr>
<td>Investment case</td>
<td>Evaluation of infections averted/lives saved per $ spent on PPE and cost-effectiveness compared to other interventions</td>
</tr>
</tbody>
</table>
However, considerable challenges remain at country level

Majority of surveyed countries face guideline challenges:
- ~75% partially use non-WHO-recommended Tx products
- >70% flag divergences between national Tx guidance and Tx administered in health facilities
- One third report absence of clinical guidelines for OP settings

~60% report recurrent shortages of Tx products\(^1\) and >80% on oxygen supplies

Countries face issues in widespread Tx deployment, requiring additional financing and technical assistance on the ground

42% of eligible countries have not placed Ag RDTs orders from ACT-A Supply Consortium

Low return on investment for Dx preventing countries from scaling up testing capacities

Only 30% of countries have developed processes to train the large number of vaccinators who will be needed

Only 27% of countries have created social mobilization and public engagement strategies

CHAI/MSF survey

Assessing Country Readiness for COVID-19 Vaccines report (The World Bank)

\(^1\) Countries asked about supply of corticosteroids and anti-coagulants, as well as other drugs used
In 2021, HSC’s primary objective is to enable integrated delivery and effective deployment of COVID-19 tools

Ensure delivery of...

- US$ 6.3 bn worth of PPE

Support delivery of...

- 900 mn diagnostic tests
- Existing therapeutics for up to 12 mn severe & critical patients and new therapies for up to 100 mn treatment courses
- At least 2 bn vaccine doses

Objectives to be verified following country-level need assessment
To achieve this objective, HSC’s key priorities for 2021 are:

1. Fully integrate the work and products of the Pillars with a strengthened, ongoing COVID-19 response.

2. Rapidly identify and address country-specific health systems bottlenecks to ensure readiness and rapid scale up and delivery of COVID-19 tools.

3. Accelerate availability and use of PPE as a crucial tool for protecting health workers and ensuring the resilience of the health system.

4. Manage linkages and synergies with complementary activities for the delivery of essential health services and strengthening of health systems.
HSC aims to shift to a country-level approach

From...

- Developing global standards, tools and guidance to prepare for deployment of new tools
- HSC work streams partially aligned with SPRP pillars
- Limited interaction between HSC and the Pillars
- Incomplete visibility of availability and use of COVID-19 tools, incl. PPE
- Identifying bottlenecks

To...

- Real-time operational support at country level to increase uptake of new tools and support countries in accessing external financing
- Full integration with the national SPRPs and incident management teams at country level
- Integrated approach to Dx, Tx, and Vx Pillars with regular and frequent touchpoints
- Transparency on COVID-19 tools (e.g. procurement, delivery, uptake etc.) at the country level
- Addressing bottlenecks at the country level
Alignment of ACT and SPRP for increased country impact

IASC = Inter-Agency Standing Committee
UNCMT = UN Change Management Team
IMST = Incident Management Support Team

Domestic & bilateral financing sources

WHO-partner global IMST

Integrated multi-agency, multi-partner operational and technical platforms to drive delivery at national level

National authorities, UN country teams, and resident coordinators request technical and operational support to implement national plans, and provide public health intelligence to adapt and guide the response strategy

ACT-Accelerator integrated with the global WHO-partner IMST

Diagnostics

Therapeutics

Vaccines

WHO-partner global IMST response pillars

- Coordination, planning, financing, and monitoring
- Operational support and logistics, and supply chains
- Research and innovation
- Risk communication, community engagement (RCE) and infodemic management
- Surveillance, epidemiological investigations, contact tracing, and adjustment of public health and social measures
- Points of entry, international travel and transport, and mass gatherings
- Laboratories and diagnostics
- Infection prevention and control, and protection of the health workforce
- Case management, clinical operations, and therapeutics
- Strengthening essential health systems
- Vaccination

IASC = Inter-Agency Standing Committee
UNCMT = UN Change Management Team
IMST = Incident Management Support Team
ACT integration with SPRP pillars

Health Systems Connector

Clinical care
Health financing
Private sector
Integrated data management
Community-led responses
Integrated data management
Supply chain
Protecting health workers

Complementary Activities and Investments

Diagnostics
Therapeutics
Vaccines

1. Coordination, planning, financing and monitoring
2. Risk communication, community engagement and infodemic management
3. Surveillance, epidemiological investigation, contact tracing
4. Operational support and logistics, and supply chains
5. Laboratories and diagnostics
6. Infection prevention and control, and protection of health workforce
7. Case management and therapeutics
8. Operational support and logistics, and supply chains
9. Maintaining essential health services and systems
10. Vaccination

ACT integration with SPRP pillars
The pandemic is very disruptive to health services. However, fewer countries are reporting complete disruptions.

95% of countries reported some level of disruption to services
- 24% of countries reported disruptions in 75–100% of services
- 27% of countries reported disruptions in 50–74% of services
- 28% of countries reported disruptions in 25–49% of services
- 16% of countries reported disruptions in less than 25% of services

5% of countries reported no service disruptions

89% of countries reported some level of disruption to services
- 8% of countries reported disruptions in 75–100% of services
- 21% of countries reported disruptions in 50–74% of services
- 32% of countries reported disruptions in 25–49% of services
- 27% of countries reported disruptions in less than 25% of services

11% of countries reported no service disruptions

Note: represents global findings from all countries that responded to either round 1 or 2 of survey. Round 1 data sourced from 2020 WHO surveys on disruptions to essential health services, noncommunicable diseases, and mental, neurological and substance use disorders. 35 tracer services included in both survey rounds include services for: emergency and critical care, rehabilitative and palliative care, reproductive, maternal, newborn, child and adolescent health and nutrition, immunization, communicable diseases, noncommunicable diseases, neglected tropical diseases, and mental, neurological and substance use disorders.
HSC priority actions to drive country impact

1. Develop evidence-based guidelines & knowledge platforms to address critical health system gaps

2. Review & prioritize country response plans to identify critical gaps based on national context

3. Ensure uptake & alignment of country level financial instruments to address critical gaps and accelerate implementation of new tools

4. Monitor access to and uptake of new tools and share lessons via HSC common knowledge platform

Integrated planning at country level

- Implement existing tools
- Conduct rapid needs assessments
- Roll-out ACT-A tools
- Maintain a dashboard

Support countries in accessing available domestic & bilateral financing

THE WORLD BANK
Gavi
GLOBAL FINANCING FACILITY
TheGlobal Fund
Countries can leverage a number of funding sources

**COVAX AMC**

- Cumulative COVAX AMC pledges, cash and signed donor agreements
- AMC funding pledged and received: cumulative and year to date, net pledged and net of donors as of end of March 2021

**C19RM**

**C19RM OVERVIEW | PRINCIPLES & ELIGIBILITY**

- **Overview**
  - Diligence through a robust end-to-end process that is streamlined to collect required information up front.
  - Speed and agility appropriate for an emergency response.
  - Quality to strengthen the COVID-19 response through expanded partner engagement.

- **Eligibility Applicants**
  - All countries and regional/multicountry recipients that are currently receiving funding from the Global Fund.
  - This includes countries receiving funding during the 2017-2019 and 2020-2022 allocation periods, including through the approach for non-eligible countries in crisis.

- **Eligible Investments**
  - COVID-19 control and containment (PPE, DIs, therapeutic)
  - COVID-19-related mitigation measures for programs to fight HIV/AIDS, tuberculosis, and malaria
  - Expanded reinforcement of key assets of health systems and community-based response systems
  - C19RM should not support the procurement of vaccines, nor be primarily focused on vaccine deployment.

**MPA**

**Update from the World Bank**

**COVID-19 vaccine financing**

- The World Bank reached $2 billion in approved financing for the purchase and distribution of COVID-19 vaccines for 17 developing countries
- The $2 billion funding is supporting COVID-19 vaccination in Afghanistan, Bangladesh, Cape Verde, Cote d’Ivoire, Ecuador, El Salvador, Eswatini, Ethiopia, Gambia, Honduras, Lebanon, Mongolia, Nepal, Philippines, Rwanda, Tajikistan, and Tunisia
- The Bank expects to support 50 countries with USD $4 billion in financing for COVID-19 vaccines by mid-year
- On April 15, the World Bank Board aligned its eligibility criteria for COVID-19 vaccines with the revised eligibility criteria of COVAX and other multilateral partners

**COVID-19 health response**

- Within the initial World Bank Fast-Track COVID-19 Facility announced in April 2020, 86 projects have now been approved, for a total of USD $4.2 billion

*For clarity and alignment, this number no longer includes additional financing (AIF) or standalone financing from the pandemic emergency financing facility (PEF)*

**GFF**

**GFF C19 EHS Grants: Supporting ACT-A HSC While Delivering on GFF Mandate**

**Eligible Activities**

- Community Security & Supply Chain
- Infection Prevention and Control
- Community engagement and ICC
- Private sector and COI/NGO engagement strategies
- Integrated Data sources, systems & processes
- Public Finance Management and SLM
- Financial Barriers
- Health Systems Re-Design
  
  OFF COVID-19 will not fund portions of COVID-19 response

**Country Investment Case**

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<th>National priorities for advancing (maternal, child and adolescent health and nutrition outcomes)</th>
<th>COVID-19 Emergency Response Financing</th>
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<td>Leverage: ODA for high and COVID-19 response and vaccine rollout</td>
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<td>Improve access to and use of essential health services</td>
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**GFF COVID-19 Essential Health Services (EHS) Grants**

- Support countries to develop diversified country plans to 20 and EPIs
- Leverage ODA for high and COVID-19 response and vaccine rollout
- Improve access to and use of essential health services
- Mobilize to large increases in IMS