USAID Health Programming Along the Humanitarian-Development Nexus: Perspectives, Case Studies, & Emerging Trends

CORE Group Humanitarian-Development Task Force Meeting

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Outline

1. Elevating humanitarian-development (HD) programming: why now?

2. Resilience across USAID

3. Shock-responsive programming & adaptive management: trends & case studies from DRC

4. Global Health Security Agenda (GHSA): priorities & trends

5. Elevating community platforms

6. Enhancing USAID GH-OFDA linkages

7. Discussion

USAID Transformation

Why?

- Changing world--from nature and complexity of development & humanitarian assistance needs, to innovative ways technology can provide responsive solutions, to diversity of partners who support our mission

- Need to align USAID framework and foundation to remain dynamic, impactful, & able to operationalize vision to end need for foreign assistance

- Need for more rigorous systems thinking and design → new ways of thinking and working to ensure Agency investments are harmonized to support continuum of needs for better health outcomes & community & country resilience

- Position USAID structures, workforce, programs, & processes to effectively advance national security & support host country partners on their journey to self-reliance

- Works in progress:
  - Increasing visibility of HD continuum, fragility, food security, and resilience
  - Rethinking coordination and integration, both internal to GH and with other bureaus

Other Opportunities to Elevate HD Programming

New guidance & initiatives:

- **Community Health Roadmap** (Rockefeller Foundation, UNICEF, USAID, Gates Foundation, World Bank; launched 2018)

- USAID **Private Sector Engagement Policy** (2019)

- USAID/CII **Blended Finance Roadmap for Global Health** (2019)

- Child Health Task Force **/ Child Health in Emergencies** Subgroup

New global USAID/GH mechanisms:

- Breakthrough ACTION

- USAID Advancing Nutrition

- MOMENTUM (under procurement)
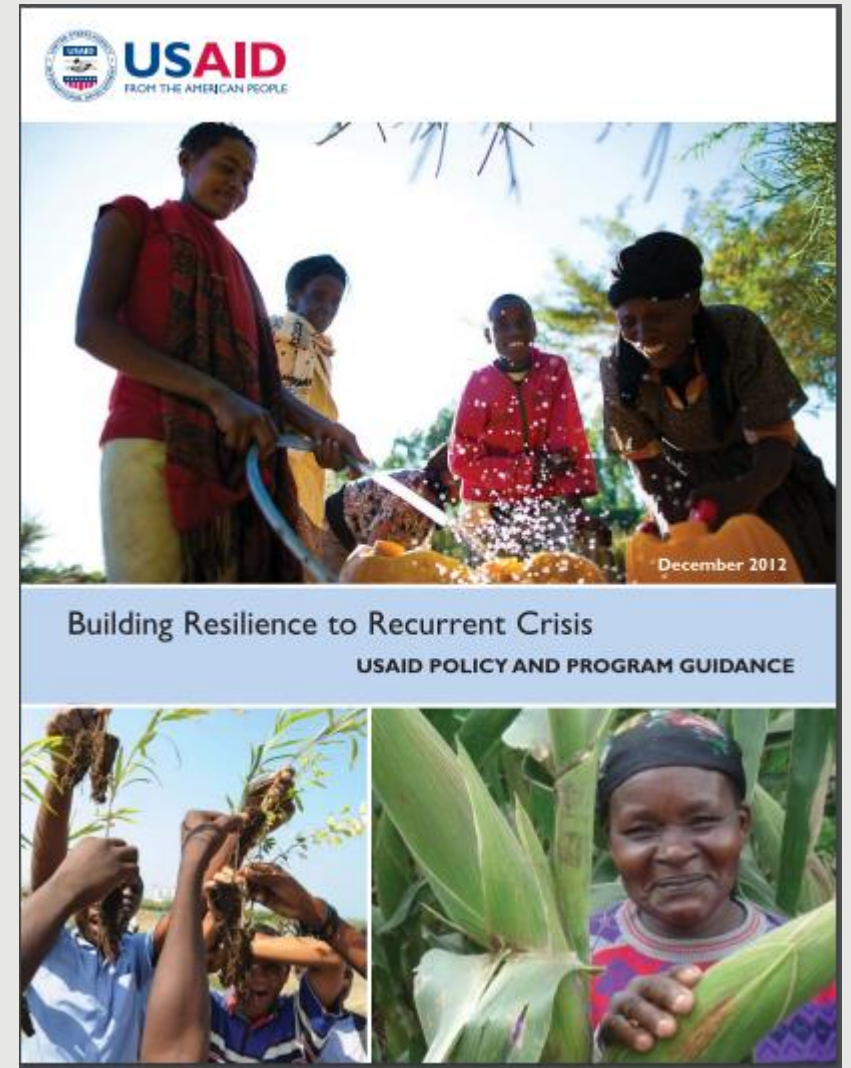
Elevating Resilience

Why?

- >2.5 billion people in 51 countries live in high-risk areas for a natural or humanitarian disaster; could overwhelm national response capacity, with huge costs

- In many LMIC countries, health & other systems weak & unprepared for stressors from population changes, increased incidence of conflict or other shocks

- Projected shortfalls in health spending in many countries, alongside increasing unexpected shocks threaten SDG target achievement & undermine journey to self-reliance

- Treating recurrent crises as a perpetual humanitarian risk, rather than a development challenge, is extremely costly!
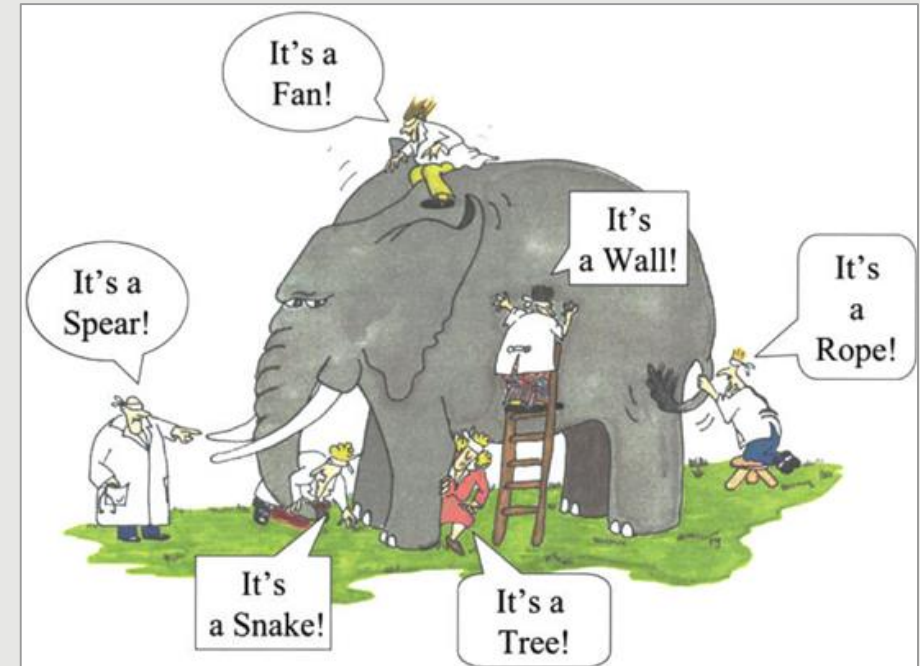
Resilience at USAID

Where are we headed?

- Policy & Program Guidance first launched 2012
  - Now being updated
- Expanding number of USAID resilience focus countries:
  - *Initial (2011) countries:* Ethiopia, Kenya, Uganda, Somalia, Niger, Burkina Faso, Mali, & Nepal
  - *New countries:* DRC, Nigeria, South Sudan, Haiti, Malawi, Zimbabwe
- Center for Resilience (DCHA/BFS)
  - Now being elevated under new USAID Bureau for Resilience & Food Security
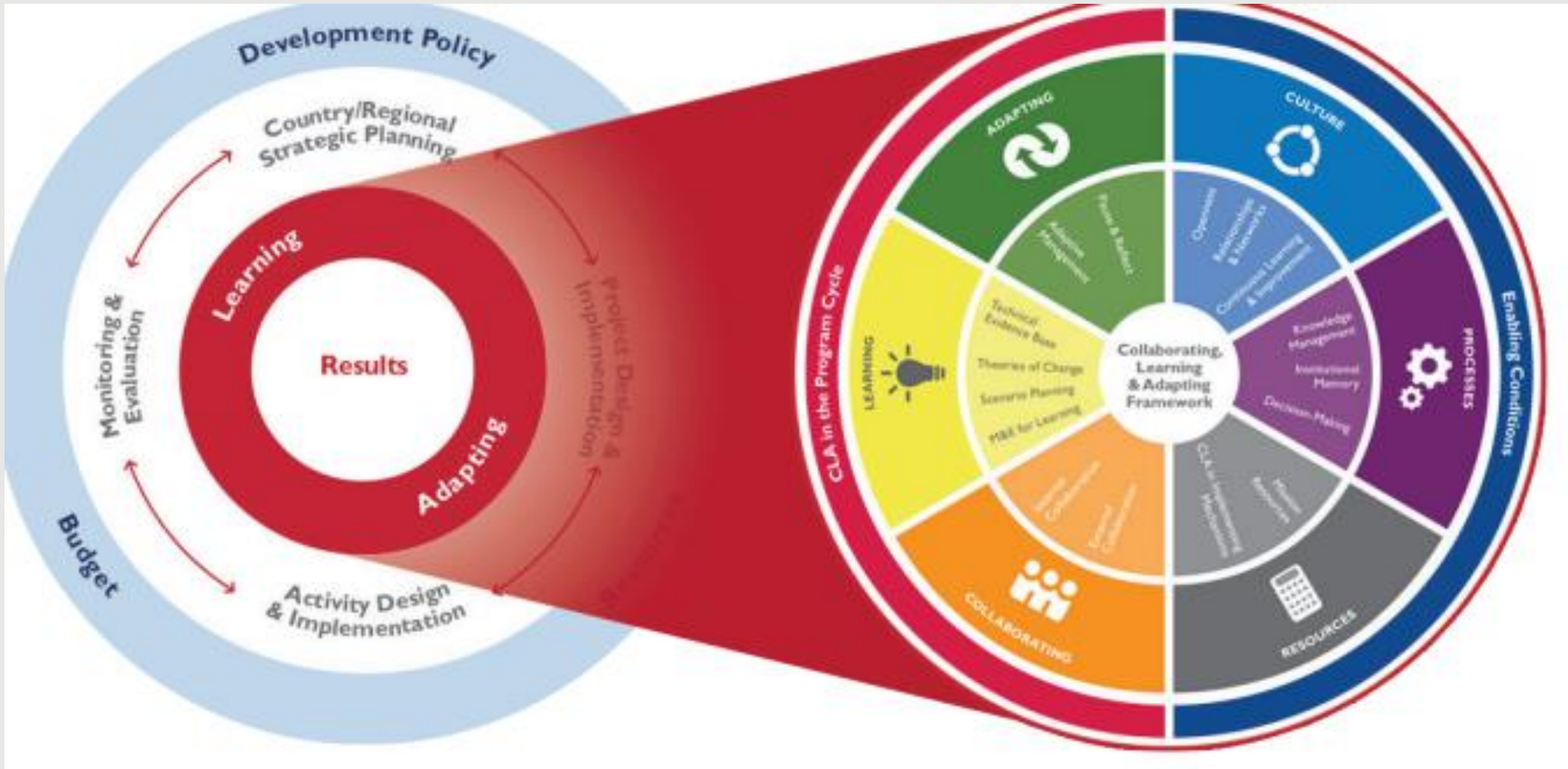
USAID Resilience Conceptual Framework
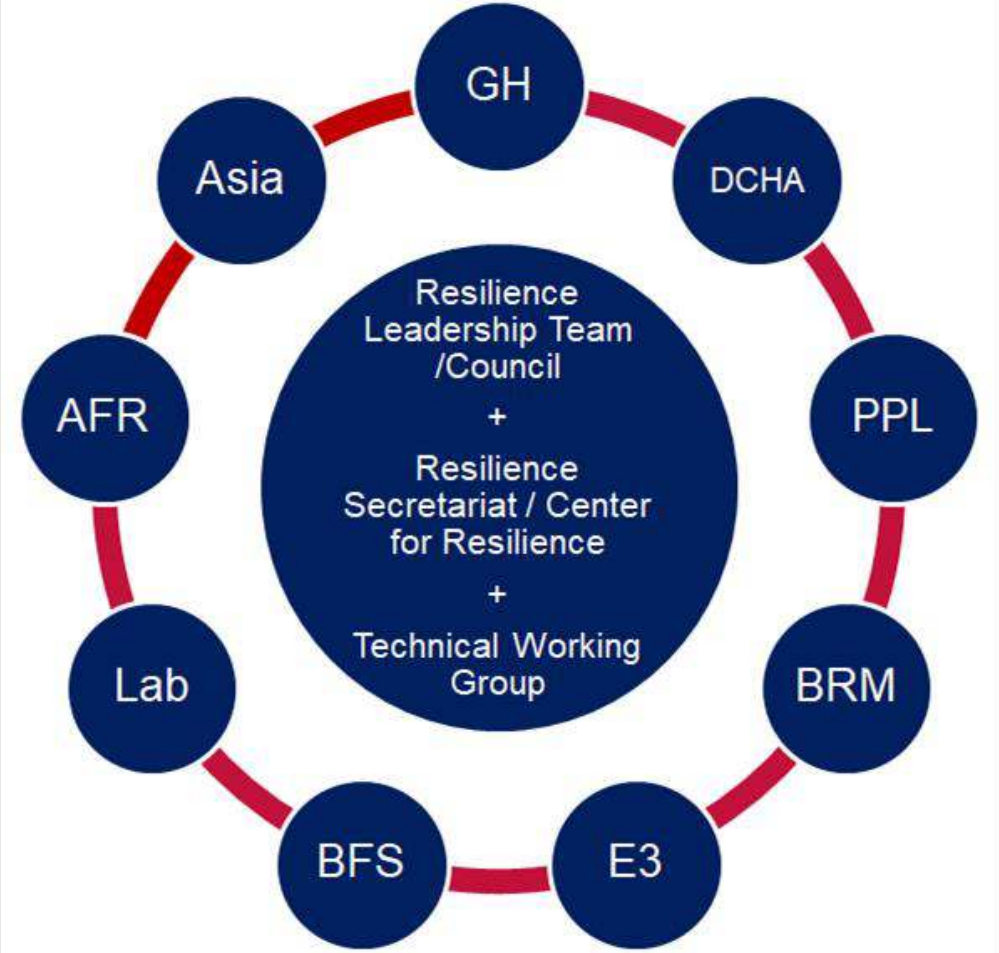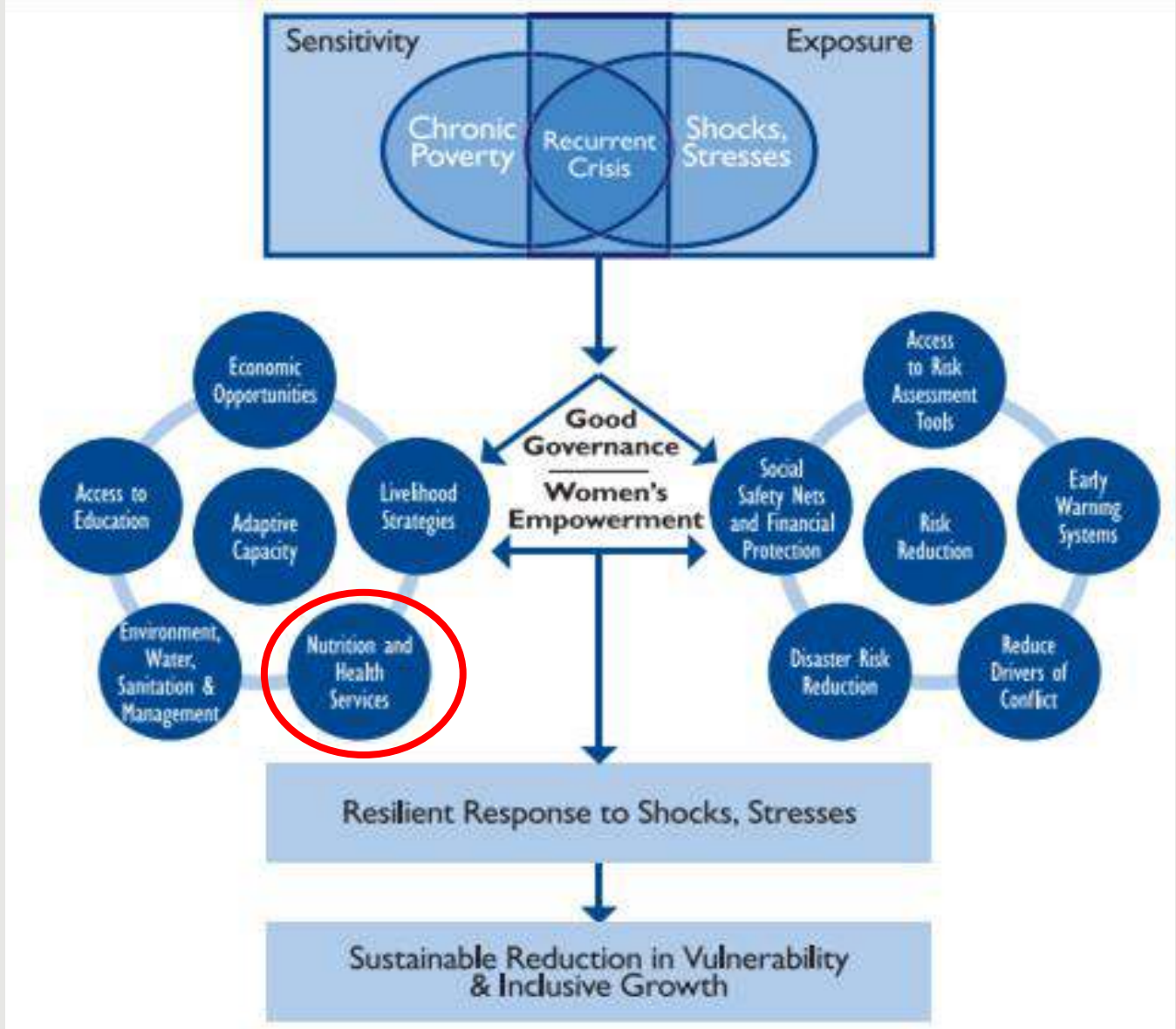
Elevating Adaptive Management Across the Program Cycle
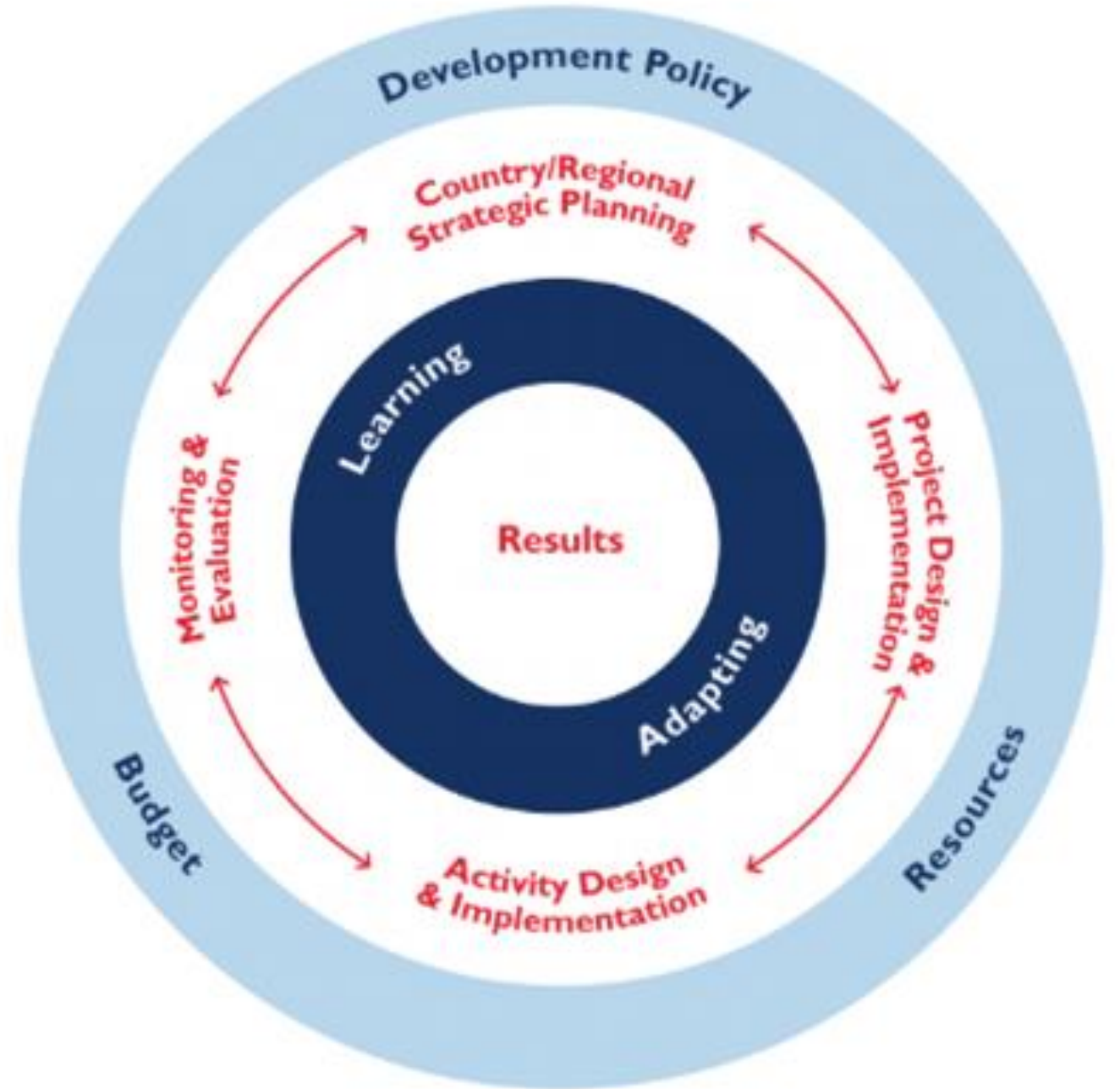
Elevating Collaborating, Learning, & Adapting (CLA)

Elevating Adaptive Management: Case Studies from DRC

WHAT:

- Build in **flexibility** to **respond quickly, effectively**, & at appropriate **scale**

- Proactively **anticipate** & **plan**

- Regularly **assess** & **adjust** causal pathway to **key outcomes** → adjust to new contextual realities

- **Iterative learning & decision feedback loop**

- Ability to employ **full range** of **development & humanitarian assets;**, consider **humanitarian, transition, recovery, & development activities** at the *same time*

WHY:

- **Shocks** → **perennial** features of DRC; gains quickly lost due to lack of infrastructure, conflict, poverty, displaced populations, difficult terrain

- Whether during crisis or not, **lessons** about what works, what does not work, and **timely adjustment** → more **effective and efficient** programs

- **Investment costs** → long term **savings**

- Important lever for implementation at **humanitarian-development nexus**

- Transition processes & phases *non-linear* & require programmatic **flexibility**

- **Speed** matters during crisis → ↓ time between onset & action

Elevating Adaptive Management: Case Studies from DRC

Illustrative priorities & efforts to enhance adaptive management:

- Conducting joint USAID monitoring field visits across sectors (e.g., economic growth, OFDA, agriculture, health, education)

- Better understanding & capitalizing on the bounds of what humanitarian vs. dvlpt. assistance funding, as well as health vs. other sector funding can do, & how they can complement each other

- Ensuring that development assistance for health mechanisms designs include technical support to government to institutionalize integration of scenario planning into routine, annual operational action plans at national, provincial, & health zone levels

- Increasing investments in operations research, iterative learning, & CLA, both internally & through USAID mechanisms

Elevating Adaptive Management: DRC case studies, cont.

Illustrative priorities & efforts to enhance adaptive management:

- Applying "humanitarian emergency" thinking to development assistance designs (e.g., crisis modifiers, conflict sensitivity analyses, Refine & Implement)

- Strategically layering mechanisms & partner for adaptive programming. Examples:

    - Between USAID *development* mechanisms: e.g., PMI-EP + MCSP.

    - Between USAID & non-USAID *development* mechanisms: e.g., SANRU/Global Fund + MCSP.
    - Same partner, USAID *development* & *humanitarian* mechanisms: e.g., MSH (via E2A) + MSH (via OFDA funding).
    - Same partner, various *development* & *humanitarian* mechanisms: e.g., IMA (OFDA + DfID dvlpt. funds), Kasai region

- Encouraging implementing partners to update their financial & administrative systems to allow them to nimbly pivot between use of development & humanitarian assistance funds

Global Health Security Agenda (GHSA)

- **GHSA** was launched in 2014 & is a growing partnership of over 64 nations, international organizations, & non-governmental stakeholders to strengthen both the global capacity & nations' capacity to prevent, detect, & respond to human & animal infectious disease threats, using a multilateral & multi-sectoral approach

- **Goal:** A world safe & secure from infectious disease threats whether naturally occurring or accidentally or deliberately spread

- **Our Outcome:** Improved country capacities across 11 Action Packages & 29 lines of work based on WHO-led Joint External Evaluation (JEE) framework & in support of National Action Plans for Health Security (NAHPS)

- **Our Impact:** Countries demonstrate improved detection & response to infectious disease threats & are able to prevent avoidable outbreaks. *The results: lower burdens of disease & reduced economic disruption*

Global Health Security Strategy & GHSA 2024

Elevating Community Platforms

- During outbreaks in Non-Permissive Environments (NPEs) or during large-scale epidemics/pandemic events, communities play an important role in helping mitigate the risk, especially when external actors may not be allowed to respond or delayed in their response

- Working with partners, including the CORE Group Polio Project (CGPP), International Federation of Red Cross Red Crescent Societies (IFRC) & RC National Societies, & other community-based organizations:

  - To work with communities to adapt tools & resources to local context & to help contain outbreaks for human & animal diseases before they spread, including community-based surveillance (CBS), risk communication, and data readiness/mapping (that includes social-anthropological information)

- Improved & integrated community engagement → not just when an event occurs, but before & after, working with local actors & trusted leaders

Enhancing USAID GH-OFDA Linkages

- Building on lessons learned from 2009 H1N1 influenza pandemic, 2014 - 2016 West Africa Ebola epidemic, 2015 Zika epidemic, and, and, and....

- Global Health & OFDA are working together to improve intra-agency communication, coordination, & collaboration for improved infectious disease outbreak preparedness & response & for other events where OFDA may be activated

- GH works with OFDA Infectious Disease and Pandemic Preparedness (IDAP) unit to support development of agency guidance for large-scale epidemics & pandemic events

- Increasing understanding of how both sides of the Agency operate

- Evolving process: Challenges & Opportunities

Thank you!
Merci!
Aksante Sana!
Natondi yo mingi!