



Policy Brief

A HEALTH SYSTEMS-ORIENTED PANDEMIC RESPONSE: LESSONS FROM MOMENTUM

The COVID-19 pandemic tested the resilience of health systems globally, particularly their capacity to maintain essential maternal, newborn, and child health, nutrition, and family planning and reproductive health (MNCHN/FP/RH) services while also preventing and responding to the spread of COVID-19. Historically, donor funding for crises or emergency responses has often been directed vertically toward disease-specific (e.g., HIV/AIDS) or theme-specific (e.g., maternal and child health) programming. Such vertical responses to crises, such as the COVID-19 pandemic, are found to have unintended negative effects on health systems, including creating or reinforcing siloed health infrastructure and distorting domestic funding for health. In contrast, employing health systems strengthening (HSS) approaches can help countries prepare for, prevent, and respond to shocks and support sustainable improvements to health systems overall.¹

Overview of COVID-19 HSS Learning Activity

MOMENTUM Knowledge Accelerator led a multi-country learning activity to document the factors that facilitate or inhibit the implementation and outcomes of health systems strengthening- (HSS-) oriented COVID-19 activities. The findings from the three case studies and multi-country analysis are available [here](#).

MOMENTUM is USAID's flagship suite of integrated MNCHN/FP/RH projects, working alongside governments, local and international organizations, and other stakeholders to accelerate improvements in maternal, newborn, and child

health services. MOMENTUM projects supported more than 15 countries from 2020-2023 to combat COVID-19 while maintaining or improving quality of care for essential MNCHN/FP/RH services. To better understand the use of HSS approaches in COVID-19 responses, this policy brief presents key findings from an analysis of three case studies of MOMENTUM interventions in India and Sierra Leone. Each case study draws on primary data from key informant interviews and focus group discussions with project, partner government, and local health staff, as well as secondary data from document reviews and project monitoring data. This brief synthesizes the lessons learned by identifying factors that may facilitate the successful implementation of HSS-oriented approaches while also improving MNCHN/FP/RH outcomes in the context of a disease outbreak. These lessons should inform donor and government policies that support the use of HSS-oriented approaches in future outbreak and pandemic responses.

Box 1: What Is an HSS Approach?

Health systems strengthening (HSS) comprises the strategies, responses, and activities designed to sustainably improve country health system performance. Many HSS theoretical frameworks propose key building blocks and quantifiable outcomes.

Source: USAID. Health Systems Strengthening. <https://www.usaid.gov/global-health/health-systems-innovation/health-systems-strengthening>.

MOMENTUM HSS RESPONSES TO THE COVID-19 PANDEMIC

Strengthening Responses to Gender-Based Violence in India

Globally, data suggest that the COVID-19 pandemic led to significant increases in gender-based violence (GBV).² In India, a National Commission for Women survey reported a two-fold increase in reported GBV cases, driven by reduced movement outside of homes, limited employment opportunities (especially for migrant workers), and increased rates of alcoholism.³ To address this crisis, MOMENTUM Safe Surgery in Family Planning and Obstetrics worked with local nongovernmental organizations (NGOs) and state-level government partners in 25 districts across six states to train frontline service providers, including health providers, community health workers, social workers, counselors, and legal aids, in GBV prevention and response across sectors. The partnership also worked to strengthen One-Stop Centers established by the Ministry of Women and Child Development to deliver quality holistic medical, legal, and psychosocial support services to GBV survivors.

MOMENTUM investments led to the creation of a cadre of master trainers, increased community awareness about GBV, and improved knowledge among more than 78,000 frontline health workers to identify and refer GBV cases to appropriate services across six states. The intervention contributed to improvements in data quality and strengthened the routine use of data to inform GBV activities across sectors. It also helped to establish and strengthen coordination mechanisms across government sectors involved in GBV response to support the operationalization of the GBV referral and response system.⁴

Reaching the Last Mile with COVID-19 Vaccines in India

India's national COVID-19 vaccine program, launched in January 2021, successfully reached the majority of the population by July of the same year. However, data show significant inter-state variation in coverage, driven by supply challenges (e.g., difficult geographic terrain) and demand challenges (e.g., vaccine hesitancy among marginalized populations). To enhance equity in access to and uptake of COVID-19 vaccines, MOMENTUM Routine Immunization Transformation and Equity supported efforts to reach priority vulnerable populations, including remote or tribal communities, truckers, migrants, geographically hard-to-reach areas, and tightly knit communities. Collaborating with local NGOs, MOMENTUM provided technical assistance to monitor and report COVID-19 vaccine supply, distribution, delivery, and data analysis to assess and manage vaccine coverage for last-mile service delivery as well as social mobilization and community engagement activities at the district level and below in 298 districts across 18 states.

The project partnered with and built the capacity of 26 local community-based non-governmental organizations to mobilize and improve awareness of COVID-19 vaccinations among marginalized and/or hard-to-reach communities to improve uptake of vaccines. The intervention also strengthened the capacity of government officials to use and learn from their data to better manage vaccine distribution, leveraged the establishment of COVID-19 vaccination sites to expand routine immunization among hard-to-reach populations, and improved overall cold chain systems.⁵ The approach to address both demand and supply-side health system challenges contributed to the successful delivery of more than 15.5 million vaccine doses.

Improving Infection Prevention and Control Readiness in Sierra Leone

In Sierra Leone, MOMENTUM Country and Global Leadership collaborated with national and district-level government officers in 26 high-volume facilities delivering maternal, newborn, and child health services across 4 districts to ensure continued delivery of essential health services as the pandemic began. The intervention provided rapid, needs-based support focused on water, sanitation, and hygiene (WASH) and infection prevention and control (IPC), along with readiness and risk communication and community engagement (RCCE). MOMENTUM also supported efforts to improve the quality of care, including addressing immediate health care facility infrastructure and supply IPC material shortages and providing virtual and in-person WASH-/IPC- and quality improvement-focused training, coaching, and mentorship.



As a result of the intervention, IPC readiness scores across the 26 health care facilities nearly doubled. The intervention's use of facility management committees to liaise between facilities and the communities was reported to increase trust and ownership by community members and traditional chiefs and leaders. MOMENTUM also strengthened the use of data to inform decisions at the facility level and by district and national leaders, including the institutionalization of quality improvement cycles, with staff reporting a stronger sense of ownership to maintain and improve quality of care in facilities.⁶

STRENGTHENING THE POLICY ENVIRONMENT TO SUPPORT HSS-ORIENTED PANDEMIC RESPONSE

In most of the case studies, the intervention's goal was to strengthen the health system and increase its use during the pandemic. While each intervention addressed a different health challenge in a different context, key lessons emerged across cases that should inform policies that support the use of HSS-oriented approaches in future outbreak and pandemic responses.

Adopt and implement policies that strengthen continuous use of data for learning and quality improvement.

Program implementation during the pandemic underscored the importance of routine use of data for adaptive learning, particularly as interventions pivoted between in-person and virtual approaches. MOMENTUM's efforts used program data to inform learning and decision-making. In Sierra Leone, MOMENTUM trained health facility and district staff to use quality improvement metrics to identify areas for future development and facilitated a culture of data use by leveraging user-friendly platforms such as WhatsApp. MOMENTUM strengthened use of the Government of India's digital vaccine tracker platforms to monitor vaccine coverage by identifying communities with low vaccine uptake,

exploring the reasons behind low vaccination coverage, and adapting community mobilization efforts accordingly. The intervention coached service providers at health facilities and One-Stop Centers in India to report accurate data into their respective systems and encouraged district meetings to use the data. The use of data for continuous learning and adaptation is foundational to rapid, effective pandemic responses; a culture of data use can be further strengthened by investments during a crisis. Health system actors may need to find feasible ways to collect data on the hard-to-reach populations represented among their clientele so they can better provide equitable service access and delivery. Policies should address training infrastructure for data use, user-friendly data platforms, and establishment of mechanisms for regular review of data by decision-makers.

Ensure health policies support and leverage continuous community engagement, including through CHWs. One common thread throughout the three interventions was working with community health workers (CHWs) to address misperceptions, reach vulnerable populations, and increase demand for essential services. Case studies underscored that CHWs were critical to maintaining stability in the face of pandemic-driven disruptions and stressors, ultimately mitigating the negative impact on programs. While CHWs played different roles in different contexts, all programs emphasized the importance of training and supporting community-based individuals who could increase health service demand and availability.

Similarly, all interventions focused on increasing ownership and participation by the communities they served. For example, in Sierra Leone, the intervention solicited the support of chiefs and leaders to create change within facilities by holding facility decision-makers accountable and reinvigorating facility management committees. In India, community influencers (youth and male champions) were trained to discuss GBV issues and promote One-Stop Centers at community fairs/events. Notably, while community engagement was a significant activity for all interventions, only MOMENTUM Routine Immunization Transformation and Equity demonstrated that engagement effectively increased the uptake of available services among vulnerable groups. Policies should support community engagement to increase the interventions and approaches implemented by the health system are responsive to the needs of all community members.⁷

Ensure human resource policies address staff retention in the health sector when crises occur. HSS human resource goals include staff being deployed where needed, with the right skills, attitudes, and support.⁸ Retention of trained, experienced staff is particularly critical when crises like the COVID-19 pandemic occur, since activities are often implemented on short, intense timelines and retraining staff can slow programs down when there is no time to lose. Many of the interventions worked on training health care workers to carry out activities but were not always positioned to directly address core drivers of staff attrition. In India and Sierra Leone, MOMENTUM reported challenges with retention among both project and government staff. Intervention-trained staff often left for other opportunities, resulting in significant information gaps and the need for additional training investments. Human resources for health policies should aim to identify and address the drivers of high staff turnover and develop stopgap retention strategies that can be activated when shocks occur. These could include temporary measures such as salary bonuses, psychosocial support, and other incentives that support health workers and reduce staff attrition.

Create action plans to address the sustainability of effective responses at the outset of a crisis, before the short-term infusion of funds expires. All teams experienced challenges achieving transformative resilience—the capacity to make fundamental functional and structural changes that address underlying challenges and contextual dynamics that impact performance—which they attributed to short-term timelines and available funding.⁹ For example, in India, stakeholders noted that despite the interventions' success, government commitment to sustain financing beyond the intervention remained unclear in many states. Similarly, stakeholders in Sierra Leone acknowledged the difficulty of securing long-term financing for activities; however, government partners did request support from other donors such as the World Health Organization and United Nations Children's Fund to implement activities beyond the life of MOMENTUM's support. It may be possible to anticipate the infusion of short-term funding when crises occur and develop guidance to address sustainability of successful interventions from the outset.

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