

Leveraging Pact Global Health & HIV Programs for Improved Global Health Security



Using our multi-country learning from COVID-19, Pact is now leveraging our global health and capacity development programming in line with Global Health Security (GHS) priorities to strengthen resilience of public health, health service delivery, and community systems for prevention, detection and response to infectious disease threats, wherever they occur in the world.

Adapting health & HIV programming during the COVID-19 pandemic

As the COVID-19 pandemic rapidly spread around the world, Pact’s global health programming quickly adapted implementation approaches to prevent interruption of essential health and social welfare services. Working with our donors, we pivoted workplans and budgets to adequately support and resource governments and local civil society organization (CSO) partners to respond to the escalating pandemic and the health, social and economic impacts on HIV-affected households (Box 1).

Using existing community engagement platforms and partnerships, Pact implemented a range of COVID-19 risk communication and community engagement activities across the world, including development and distribution of educational materials, use of social media communications, and integration of interpersonal communications into platforms such as household case management for orphans and vulnerable children (OVC).

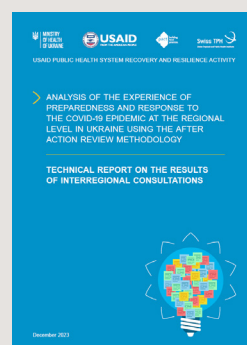


BOX 1: To maintain essential health and social services during the COVID-19 pandemic, under the USAID-funded [Government Capacity Building and Support](#) project in South Africa, Pact and its local partners remotely conducted family risk assessments, including for food insecurity and exposure to domestic violence; referred beneficiaries for food aid, emergency grants, and gender-based violence services; monitored families needing psycho-social support; and facilitated messaging on both COVID-19 prevention and continued HIV treatment. Working with Department of Health clinics and social service delivery points, Pact and its implementing partners maintained quality health and social services and supported community health platforms for continued delivery of primary health care.

Strengthening Health Systems for GHS Preparedness and Response

The COVID-19 pandemic exposed the degree of complementarity and mutually reinforcing roles between governments, civil society, and communities to maintain a functional and trusted public health system. Post-pandemic, Pact continues to leverage our expertise, resources, and partnerships in HIV prevention, care and treatment and broader global health programming to enhance health security efforts, including conducting learning activities to identify needs, gaps and synergies for effective preparedness and response to current and future public health emergencies (Box 2).

BOX 2: In Ukraine, the Ministry of Health requested the Pact’s managed USAID [Public Health System Recovery and Resilience \(PHS R&R\)](#) Activity to conduct an after-action review (AAR) of Ukraine’s experience of emergency preparedness and response to the COVID-19 pandemic at the regional level. The AAR was designed and conducted according to World Health Organization guidance and engaged 140 participants representing health and non-health facilities and institutions from eight regions to collectively analyze the response to COVID-19 by identifying challenges and best practices.



Pact’s systems strengthening programs are using this COVID-19 learning to strengthen future pandemic preparedness. In consultation with country governments, we are using existing global health and HIV programs to improve countries’ abilities to prevent, detect, and respond to infectious disease threats.

For example, our global PEPFAR-funded [Adolescents and Children HIV Incidence Reduction, Empowerment and Virus Elimination \(ACHIEVE\)](#) program has identified several overlapping areas where their social welfare systems strengthening activities can address USAID’s global health security technical areas, such as through health workforce activities that increase skilled and competent national, subnational, and community health personnel and strategic information activities that improve national capacity to analyze data.



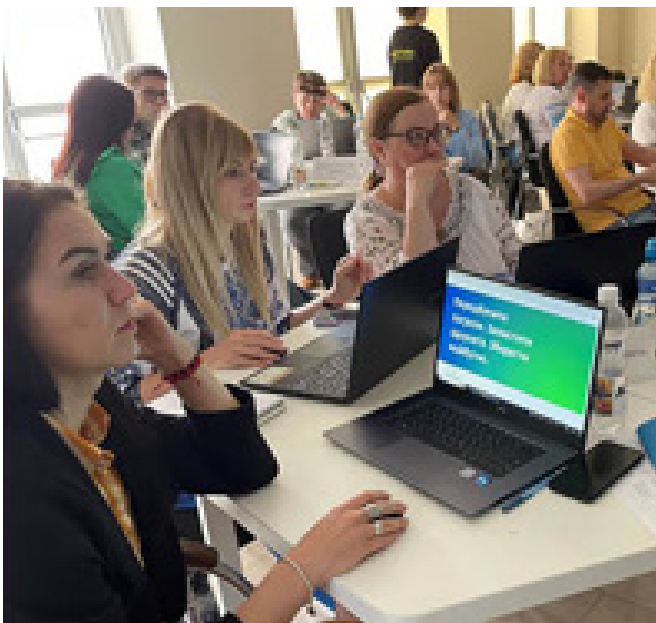
Under [USAID Zambia Integrated Health](#), which focuses on integrated HIV and reproductive, maternal, neonatal and child health programs, Pact leveraged PEPFAR resources to support the provincial government response to a cholera outbreak, distributing commodities (chlorine, spray pumps, soap, etc.) and integrating prevention messages into existing health campaigns to help with cholera prevention and case management. The Activity will continue to enhance the Zambian government’s subnational capacity to detect and respond to future threats through strengthening laboratory-based diagnostics and improving safe and effective specimen transport.

In Ukraine, our PHS R&R Activity aims at strengthening national preparedness and response to infectious disease and other public health threats, increasing regional capacity to perform essential public health operations, including responding to public health threats, and strengthening community resilience against potential public health threats. (Box 3).

BOX 3: In consultation with USAID, PHS R&R is implementing activities to build sustainable functional capacity demonstrated nationwide within the International Health Regulations (2005) technical areas such as emergency preparedness and response, surveillance, risk communication, and human resources. As part of these efforts, PHS R&R jointly with the Ministry of Health and the Ukrainian Public Health Center developed a white paper titled Advancing Global Health Security in Ukraine: Successes, Challenges, and Future Direction that describes Ukraine’s advancements in national health security, sectoral gaps, and priority actions; these actions include strengthening epidemiological surveillance, public health workforce, capacities for preparedness and response to public health emergencies, as well achieving vaccination coverage rates of more than 95% in routine childhood immunization.



Enhancing durable last mile services to prevent, detect and respond to future threats



Pact’s strong footprint in strengthening community health service delivery was instrumental for last mile risk communication and community engagement (RCCE) and vaccine mobilization during COVID-19. In particular, our capacity strengthening activities that increased the community health workforce through our OVC programs proved an essential component of many governments’ COVID-19 responses. Trusted volunteer cadres disseminated COVID-19 information to households, provided valuable surveillance data by recording household vaccine uptake using existing community data systems, and improved uptake of vaccines using community access points and well-established facility-community referral systems (Box 4).

BOX 4: In Eswatini, at the request of USAID and in close collaboration with the MOH, Pact assisted with COVID-19 vaccine rollout through demand creation efforts and clinical service provision through the USAID-funded Triple R project. As a result of this work, as of September 2023, Pact had provided 28% of all COVID-19 vaccinations in the country. To increase vaccine demand and uptake, Pact trained existing community cadres and engaged peer youth mobilizers and a new cadre of Community Vaccine Mobilizers to deliver COVID-19 vaccine education information to households and other community groups. Pact also deployed roving vaccination teams to administer the COVID-19 vaccine in hard-to-reach communities. Pact incorporated use of a mobile application to provide COVID-19 and vaccine information and elicit client level feedback to tailor messaging and refine community engagement approaches.

Pact continues to leverage our global health and HIV programming to improve adaptability to health system shocks by strengthening these last mile systems. We use human centered design and community-led monitoring to engage communities in collective action that advances locally owned solutions, promotes equitable services and influences policies to safeguard the community's health and well-being. In the event of a future threat, these established platforms are available for timely and effective two-way communication between health providers and communities to prepare and protect individuals, develop community-led solutions that control the outbreak and contribute to community resilience. Our technical assistance improves clinical-community collaborations and synergies and increases government access to last mile health data through digitization of community case management tools in countries such as Eswatini, Dominican Republic, Zimbabwe, Tanzania and Zambia, efforts which contribute to early detection of and response to future public health threats.

Way forward

Pact believes that increased investment in the public health system and strengthened system organization and governance, including through civil society and private sector engagement, will improve national and subnational capacities for prevention, detection, preparedness and response to epidemic disease outbreaks. Our work to strengthen the capacity of communities to protect themselves from infectious diseases will lead to improved health seeking behavior and practices that, in turn, facilitate greater trust in public health and health system responsiveness to the needs of all, including vulnerable populations, in the event of future global health security events.



For More Information

Gloria Sangiwa

Vice President, Global Health

gsangiwa@pactworld.org

Pact builds systemic solutions in partnership with local organizations, businesses, and governments that create sustainable and resilient communities where those we serve are heard, capable, and vibrant. On the ground in nearly 40 countries, Pact's integrated adaptive approach is shaping the future of international development.

