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Sustaining Technical and Analytic Resources (STAR)

Final Program Report

May 2018-July 2024

Dr. David Hausner
STAR Program Director

Executive Summary

The Sustaining Technical and Analytic Resources (STAR) program was a cooperative agreement awarded by USAID’s Global Health Bureau on May 1, 2018, and implemented through July 1, 2024. Through fellowships, internships, and strategic partnerships, STAR supported global health professionals and organizations to make inclusive, collaborative, and innovative contributions to global health. STAR was conceived as a program focused on strengthening the capacity of diverse health professionals to make innovative, measurable contributions to global health. STAR envisioned the recruitment and support of up to 600 fellowship placements and partnerships with private and philanthropic organizations as well as academia “to enable global health professionals and academia to make significant contributions to sustaining global health capacity.”

The STAR consortium included several partners led by PHI. At various times, they included Johns Hopkins University, University of California San Francisco (UCSF), Consortium of Universities for Global Health (CUGH), Tangible Development, and Aspen Management Partnership for Health (AMP Health). From the beginning, STAR was faced with the challenge of navigating its identity as a hiring mechanism to recruit, hire, and support global health talent for USAID and its programs versus a global health program focused on making sustainable contributions to global health. Throughout the program, STAR served both purposes by recruiting and supporting 330 skilled global health professionals that were able to contribute technical leadership and expertise in many areas. STAR participants and partners collaborated in the development of systems and tools that strengthened and sustained local and global health responses and built capacity to better address diseases, epidemics, and pandemics in resource variable settings. Some of these areas including the following:

COVID

(ER Department protocols, Respiratory Care, Knowledge, Guidance, and Training Hubs, Surveillance Dashboard, Learning from HIV response, Oral Therapeutics, Vaccinations, T2T, O2 Ecosystems)

TB

(BCG vaccination policy, pediatric IPT, TB and drug users, Latent TB among HW, Evaluation, TB and Leprosy)

MALARIA

(Prevention and Control)

HIV

(ARV uptake, Pediatric ARV, Community mobilization and Testing)

FAMILY PLANNING

(HIPs during COVID, SBC)

CHILD HEALTH

(Donor Impact, Immunizations)

HEALTH SYSTEMS

(Essential Medicines, Ventilator use)

LEADERSHIP AND MANAGEMENT

(Essential Medicines, Ventilator use)

GLOBAL HEALTH TRAINING PROGRAMS

(Competencies, Learning Programs, Leadership Capacity Building, Training Curricula, Facilitation Skills)

DEIA

(Masked Recruitment)

OTHER

(Palliative Care)

Key Performance Outcomes

Highlights of indicators achieved from the STAR Monitoring & Evaluation Plan are below. See Annex A for a full list of indicators, targets, and results achieved throughout the life of the program.

IR 1: Strengthened capacity of diverse American and low-and-middle-income country (LMIC) health professionals at all levels to make innovative contributions to global health (GH)

IR 2: Strengthened capacity of US and LMIC GH academic and other institutions through engagement with STAR partnerships

66



total in-person and virtual recruitment events

5,431



listserv subscribers

77



Total commitments from UCSF Technical Advisory Group (TAG) members

97%

POCs “satisfied” or “very satisfied” with quality of candidates

>500,000

Unique visitors

from **>210**

countries

to UCSF’s [Opencriticalcare.org](https://www.opencriticalcare.org)

334

Positions supported

217

USN

117

LMIC

76%



Fellows from LMIC countries

30



Targeted learning offerings

41



STAR-generated resources

Lessons Learned and Recommendations

Over the past six years, STAR has successfully brought skilled professionals and partners to USAID and other global health institutions. The summary below outlines key lessons and recommendations for creating a fellowship and internship program focused on professional development and organizational capacity-building, rather than serving as a staffing mechanism for USAID.

Upfront Investment

Fellowship programs require substantial initial funding for organizational and program infrastructure to build a global health workforce. Insufficient upfront investment can lead to financial instability and reduced program services. Future programs should focus on leadership and capacity-building rather than just employment.

Employment vs. Leadership Development

Fellows should focus on leadership and professional skill development rather than solely on employment. USAID is encouraged to invest in leadership development activities that enhance organizational effectiveness.

Limit Involvement of Funding Offices

Host organizations should be involved from the start to foster trust and buy-in. USAID's direct involvement in day-to-day management may hinder program success; a cooperative agreement model is recommended.

Establish Fellowship Cohorts

Cohorts should be pre-planned to foster meaningful professional connections and prioritize learning, thereby strengthening global health workforce networks.

Focus on Sustainability

Future programs should include a sustainability plan to maintain resources and networks beyond the program's conclusion, ensuring lasting impact.

Cost Share Requirement

Reducing or eliminating cost share requirements can allow for greater participation from non-governmental and private organizations, enhancing the program's reach and success.



The STAR program has demonstrated significant contributions to global health through its innovative approach to workforce development and capacity-building. By integrating leadership training, fostering strategic partnerships, and addressing critical health challenges, STAR has not only supported the immediate needs of global health professionals but also laid the groundwork for sustained impact in the sector. The lessons learned and recommendations outlined here provide a blueprint for future initiatives aiming to build resilient global health systems.

As STAR concludes, the legacy of its accomplishments will continue to resonate within the global health community. The insights gained from this program serve as a powerful reminder of the importance of investing in people and partnerships to drive meaningful and lasting change. Future programs should build upon STAR's successes to ensure the continued growth and effectiveness of the global health workforce.

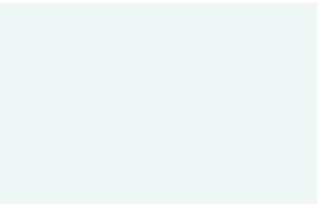
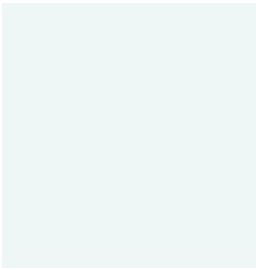


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Acronyms

| | |
|------------|---|
| ADC | Anti-Discrimination Committee |
| AFREhealth | African Forum for Research and Education in Health |
| AMPATH | Academic Model Providing Access to Healthcare |
| AMP Health | Aspen Management Partnership for Health |
| APHA | American Public Health Association |
| AMS | USAID Administrative Management Services |
| ART | Antiretroviral Therapy |
| BCG | Bacilli Calmette-Guerin |
| BMGF | Bill and Melinda Gates Foundation |
| BYOD | Bring-Your-Own-Device |
| CAR | Central African Republic |
| CAT | Capacity Assessment Tool |
| CCM | Country Coordinating Mechanism |
| CDC | Centers for Disease Control and Prevention |
| CLHIV | Children Living with HIV |
| CoLab | Collaboration Laboratory |
| CRS | Catholic Relief Services |
| CUGH | Consortium of Universities for Global Health |
| DEC | Document Experience Clearinghouse |
| DEI | Diversity, Equity, and Inclusion |
| DEIA | Diversity, Equity, Inclusion, and Accessibility |
| DTG | Dolutegravir |
| EG | Equatorial Guinea |
| EOR | Employer of Record |
| EPI | Essential Programme on Immunization |
| EpiC | Meeting Targets and Maintaining HIV Epidemic Control Project |
| ESICM | European Society of Intensive Care Medicine |
| FAQ | Frequently Asked Questions |
| FIN | Finance |
| FPM | Fund Portfolio Manager |
| FSN | Foreign Service National |
| GAVI | Global AIDS Vaccine Initiative |
| GF | Global Fund |
| GH | Global Health |
| GHB | Global Health Bureau |
| GHFP-II | Global Health Fellows Program II |
| GHTP | Global Health Technical Professionals |
| PDMS | Office of Professional Development and Management Support |
| GO | Global Operations |
| GOALS | Growth, Outcomes, Activities, Learning Needs, and Success |
| HBCU | Historically Black Colleges and Universities |
| HIV | Human Immunodeficiency Virus |
| ID | Infectious Diseases |
| IDEAAL | Inclusion, Diversity, Equity, Anti-Racism, Access, and Learning |
| IDSA | Infectious Disease Society of America |
| IFPW | International Federation of Pharmaceutical Wholesalers, Inc. |
| ILP | Individualized Learning Plan |
| IMARS | Information Management and Reporting System |

Acronyms

| | |
|----------------|---|
| IP | Implementing Partner |
| IPC | Infection Prevention and Control |
| IRB | Institutional Review Board |
| ISP | Internet Service Provider |
| IT&A | IT and Administration |
| JHU | Johns Hopkins University |
| KII | Key Informant Interviews |
| KM | Knowledge Management |
| KPI | Key Performance Indicators |
| LEAP | Long-term Exceptional Technical Assistance Project |
| LCN | Local-Country National |
| LLC | Learning and Leadership Circle |
| LLIN | Long-lasting insecticidal net |
| LMIC | Low- and Middle-Income Country |
| LMS | Learning Management System |
| LRN | Learning |
| MCHN | Maternal Child Health and Nutrition |
| MCDI | Medical Care Development International (now called MCD Global Health) |
| MCS | Malaria Control Service |
| M&E | Monitoring and Evaluation |
| MEL | Monitoring, Evaluation, and Learning |
| MFA | Multi-Factor Authentication |
| mHealth | Mobile (phone) Health |
| MNCH | Maternal, Neonatal, and Child Health |
| MOH | Ministry of Health |
| MP | Management Partner |
| MSI | Minority-Serving Institution |
| ND | Neglected Diseases |
| NIH | National Institutes of Health |
| NMCP | National Malaria Control Program |
| NSP | National Strategic Plan |
| NTLP | National Tuberculosis and Leprosy Program |
| NTP | National Tuberculosis Program |
| NVDCP | National Vector-Borne Disease Control Program |
| O ₂ | UCSF's Oxygen Ecosystem Program |
| OCC | UCSF's Open Critical Care |
| ODK | Open Data Kit |
| OHA | Office of HIV/AIDS |
| PAT | Partnership Assessment Tool |
| PCI | Project Concern International |
| PDMS | Professional Development & Management Support Logistics USAID team |
| PE | Partnership Engagement |
| PGSSC | Program in Global Surgery and Social Change at Harvard Medical School |
| PHI | Public Health Institute |
| PLHIV | People Living with HIV |
| PM | Performance Management |
| PMBOK | Project Management Body of Knowledge |
| PMP | Performance Monitoring Plan or Project Management Professionals |
| POC | Point of Contact |
| PPE | Personal Protective Equipment |
| PR | Principal Recipient |

Acronyms

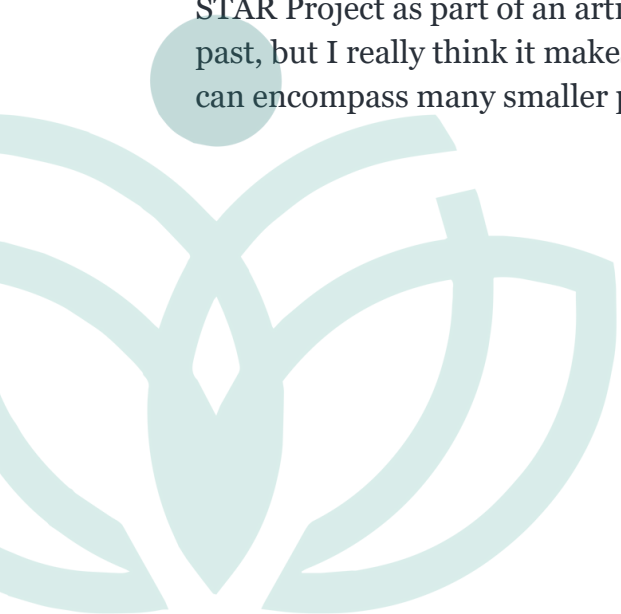
| | |
|--------|---|
| PRH | Population and Reproductive Health |
| PSM | Procurement and Supply Chain Management Project |
| PY | Program Year |
| RACI | Responsible, Accountable, Consulted, and Informed |
| RAM | Random Access Memory |
| RBM | Roll Back Malaria |
| RE-AIM | Reach, Effectiveness, Adoption, Implementation, and Maintenance |
| RISE | Reaching Impact, Saturation, and Epidemic Control Project |
| RO | Recruitment and Outreach |
| ROC | Republic of Congo |
| SaME | Sahel Malaria Elimination |
| SCCM | Society of Critical Care Medicine |
| SEO | Search Engine Optimization |
| SMC | Seasonal Malaria Chemoprevention |
| SR | Sub-Recipient |
| SSD | Solid State Drive |
| STAR | Sustaining Technical and Analytic Resources |
| SUNY | State University of New York |
| T2T | UCSF's Test-to-Treat Program |
| TA | Technical Assistance |
| TAG | Technical Advisory Group |
| TB | Tuberculosis |
| TCN | Third-Country National |
| TD | Tangible Development |
| TDY | Temporary Duty Assignment |
| UCSF | University of California, San Francisco |
| USAID | United States Agency for International Development |
| USD | United States Dollars |
| USFX | University of Saint Francis Xavier |
| USN | United States National |
| VDI | Virtual Desktop Infrastructure |
| VOIP | Voice Over Internet Protocol |
| WFH | Work-from-home |
| WFSA | World Federation of Societies of Anaesthesiologists |
| WHO | World Health Organization |



I. STAR's Global Health Impact

The Sustaining Technical and Analytic Resources (STAR) program was a cooperative agreement awarded by USAID's Global Health Bureau on May 1, 2018, and implemented through July 1, 2024. Through fellowships, internships, and strategic partnerships, STAR supported global health professionals and organizations to make inclusive, collaborative, and innovative contributions to global health. STAR was conceived as a program focused on strengthening the capacity of diverse health professionals to make innovative, measurable contributions to global health. STAR envisioned the recruitment and support of up to 600 fellowship placements and partnerships with private and philanthropic organizations as well as academia “to enable global health professionals and academia to make significant contributions to sustaining global health capacity.”

STAR recruited and supported over 300 skilled global health professionals that were able to contribute technical leadership and expertise in many areas. STAR participants and partners collaborated in the development of systems and tools that strengthened and sustained local and global health responses and built capacity to better address diseases, epidemics, and pandemics in resource variable settings. Throughout the report, I have changed project to program wherever it is referring to the STAR program. I left it as project whenever it is referring to project activities within STAR program, for example, UCSF's COVID projects and AMP Health's project within STAR. I also left it as project whenever it was part of a proper noun, like the title of an event, job position, or article (even when it incorrectly said STAR Project as part of an article title). I know this is different from what we've done in the past, but I really think it makes more sense this way as a program denotes a larger entity that can encompass many smaller projects.



STAR's Reach

Throughout the life of the project, STAR participants' work made an impact in 41 countries.



Global Impact

A larger version of the map above can be found in Annex B. Countries in which STAR's work focused:

Afghanistan
 Angola
 Bangladesh
 Bolivia
 Burma
 Cambodia
 Central African Republic
 Chad
 Congo (DRC)
 Djibouti
 Eswatini
 Ethiopia
 Ghana
 Haiti

India
 Indonesia
 Kazakhstan
 Kenya
 Kyrgyzstan
 Liberia
 Malawi
 Mauritania
 Moldova
 Mozambique
 Namibia
 Nigeria
 Pakistan

Panama
 Philippines
 Rwanda
 Sierra Leone
 South Africa
 Tajikistan
 Tanzania
 Uganda
 Ukraine
 Uzbekistan
 Vietnam
 Zambia
 Zimbabwe

STAR-Generated Resources

The program encouraged STAR participants and PHI STAR staff to submit all completed work products for dissemination on the STAR website. These resources included conference abstracts, technical briefs, toolkits, technical knowledge-sharing, web-based portals, informational tools for healthcare providers, and peer-reviewed manuscripts.

Throughout the life of the project, there were 42 STAR participant- and staff-generated resources. These resources show only a small portion of STAR's overall impact on the field of Global Health. While the main objectives of STAR were centered on the participant experience, the reason behind the fellowships, internships, and special partnerships always focused on improvements in global health for populations and communities most in need. Below are examples of some of the impact STAR had.

COVID-19

- In Nepal, during the collaboration laboratory implemented with STAR partner, CUGH, the Kathmandu University School of Medical Sciences worked with the Medical College of Wisconsin to develop much needed emergency department training and protocols for safer triage and intubation of COVID-19 patients.
- STAR partner, UCSF, provided technical assistance and developed global goods for Ministries of Health and other global health stakeholders in various aspects of COVID-19 patient management, including proper ventilator setup, maintenance, and use, respiratory care, oxygen ecosystems, and test-to-treat (T2T) protocols. UCSF developed a web-based training and knowledge hub to host up-to-date and multi-stakeholder vetted information in all areas of patient management for COVID-19.
- STAR Fellow, Adeoye Ayodeji Adegboye and colleagues, did a multi-country study to explore if the Bacilli Calmette-Guerin (BCG) vaccine is protective against fatality due to COVID-19 and found some positive correlation. Further studies were needed to confirm and found mixed results; however, due to the advent of the COVID-19 vaccine, this line of exploration was halted.
- STAR Fellow, Mohammad Golam Kibria, developed an online surveillance dashboard to track all COVID-19 cases, recoveries, and deaths for the country of Bangladesh.

- STAR Fellow, Maria Carrasco and colleagues, explored and demonstrated the similarities between the HIV pandemic and COVID-19 pandemic. They found many similarities and ways in which the global response to HIV could inform and improve the response to COVID-19. This included the areas of education, information, and communication strategies, widespread testing, and promoting prevention behavior changes.
- STAR Fellow, Folake Olayinka and colleagues, worked with National Immunization Technical Advisory Committees and the World Health Organization to provide guidelines for concrete COVID-19 vaccine procedures in multiple countries facing supply constraints and complex programmatic and delivery logistics.

TB

- STAR Fellows in Afghanistan studied the rates of household TB contact screening and testing and subsequent number of children under 5 years of age with latent TB infection who were initiated and who completed isoniazid prophylaxis therapy and found very high rates in Afghanistan. Likewise, they studied the rates of latent TB infection among healthcare workers in Afghanistan and found high rates, leading to recommendations for better infection control measures in health facilities. In addition, STAR Fellows worked to address TB among people who use drugs in Afghanistan.
- STAR Fellow, Fasil Tsegaye Kassa, along with colleagues from the Ministry of Health in Ethiopia and elsewhere, documented the state of TB and Leprosy in Ethiopia, including prevention, control, and treatment as well as efforts supported and implemented by multiple stakeholders.

Malaria

- STAR Intern, Emma Brofsky and colleagues, described and highlighted the collaboration between Peace Corps and the US President's Malaria Initiative towards promoting malaria prevention and control in multiple countries in Africa, especially in the areas of social and behavior change interventions.

HIV

- STAR Fellow, Adeoye Ayodeji Adegboye and colleagues, supported community-based efforts in Northern Nigeria to link hard to reach people living with HIV (PLHIV) to antiretroviral treatment services. The vast majority of PLHIV who had refused treatment eventually accepted treatment using the alternative community treatment method. Most of these PLHIV continued their treatment for 6 months and attained virological suppression.

- STAR Fellow, Jeffrey Samuels and colleagues, explored the benefits of using dolutegravir (DTG) in pediatric doses for children living with HIV (CLHIV) and made recommendations for how LMIC can most effectively implement its use to close the gap on pediatric HIV treatments globally.
- STAR Fellow, Maria Carrasco and colleagues, demonstrated how prioritizing and implementing community mobilization strategies increased the probability of rural residents in Zambia getting tested for HIV, an essential step to getting more PLHIV on needed treatments.

Family Planning

- STAR Fellows, Maria Carrasco, Laura Raney, Ados May, and colleagues, found that the COVID-19 pandemic strained health systems and disrupted voluntary family planning and reproductive health care. In response, they outlined applications of the High Impact Practices – evidence-based practices reflecting global expert consensus - in Family Planning to assist program managers to adapt services to the COVID-19 context and ensure accessibility, availability, and continuity of voluntary family planning services globally.
- STAR Fellow, Laura Raney and colleagues, emphasized the need to focus on overcoming individual, relational, and social barriers faced by women and couples when making decisions about using family planning to limit their families to their desired sizes. Achieving global family planning goals requires sustained investment in social and behavior change interventions alongside investments in strong health systems and supply chain systems.

Child Health

- STAR Fellow, Folake Olayinka and colleagues, highlighted gaps and barriers to improving routine immunization services around the world and their uptake by families with children under 5 years old, and recommended strategies for national, subnational, and local health leaders to engage in to close the gap and overcome the barriers. Governance structures and health agencies must commit to delivering quality and accessible services, availability of immunizations must be ensured with adequate financing, and public health programs need to increase access and demand to strengthen public trust in immunizations and the services that deliver them. Additionally, immunization services can be mutually supportive with other primary health care services improvements leading towards universal health coverage. Urban poor face significant challenges to receiving equitable immunization services. Overcoming these challenges also needs to be a priority and will require more tailored delivery strategies, improved use of digital data, and child-friendly services.

- STAR Fellow, William Wiess and colleagues, demonstrated through careful, controlled analysis, that large-scale donor programs like those funded by USAID have had a significant impact on reducing child mortality in LMIC.

Health Systems

- STAR Fellow, Alison Mhazo and colleague, found high drug prices, inequitable access to drugs, and irrational use of drugs were some of the major barriers to enabling adequate access to essential medicines in sub-Saharan Africa, posing a significant threat to achieving universal health coverage in those countries. Prioritization of public health policies over trade policies, improved systems thinking, and economic-oriented reforms are needed to change availability and access to essential medicines.

Global Health Training Programs

- STAR team members (Meike Schleiff, Bhakti Hansoti, Anike Akridge, Caroline Dolive, David Hausner, Sharon Rudy, Sara Bennett, Angelina Gordon, Daniela Rodriguez, and Melanie Atwell) along with other colleagues, researched, explored, developed, and tested various learning programs, including competency frameworks, mentorships, training curricula, leadership capacity-building, and group facilitation skills for global health professional development. Additionally, the gaps, challenges, and opportunities for global health leadership training programs were explored and methods for effective programs were recommended.

DEIA

- STAR team members (Rachel Mases, Jennifer Dogbey, Natasha Wanchek, Malika Mirkhanova, and David Hausner) introduced innovative, masked applicant review strategies to reduce unconscious bias in recruitment for global health positions. Analysis of the data showed that the strategy of hiding candidates' personally identifying attributes was successful for increasing the diversity of candidates who were shortlisted for final interviews. However, unconscious bias crept back into the recruitment process during face-to-face interviews once those attributes could no longer be masked. This demonstrated that unconscious bias is indeed a factor that needs to be addressed to increase diversity of the global health workforce, that masked recruitment strategies can help to overcome some unconscious bias, and that additional efforts need to be put in place to truly remove unconscious bias from recruitment.

Other

- In Uganda, during the collaboration laboratory implemented with STAR partner, CUGH, the Uganda Martyrs University worked with the University of Notre Dame to assess the availability of palliative care facilities. They showed that palliative care facilities covered about 88.5% of Uganda's population, that there are both public and private palliative care

facilities, that most patients received palliative care for non-communicable diseases, cancer, and HIV, and that palliative care consisted largely of outreach, home visits, psychosocial, legal, bereavement, and spiritual support, and provision of morphine for pain management. Limitations on true access to palliative care are due to lack of transport services, financial support, and shortages in morphine.

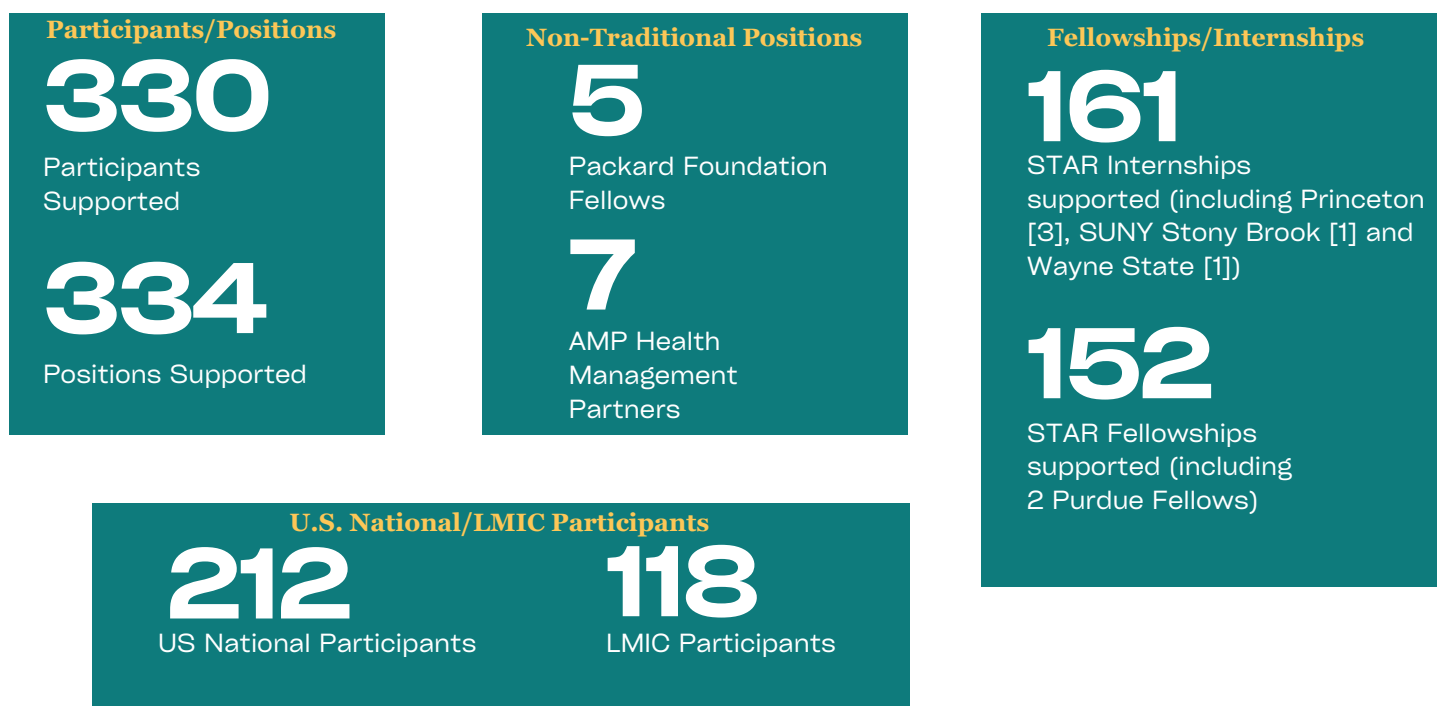
For a complete list of STAR-generated resources, please see Annex C.

II. STAR Participants

Specifics about STAR participants were reported throughout the program as part of indicators 1.3.1 (the number of participants supported) and indicator 1.6.1 (number and percentage of participants from LMICs).

- Number of participants supported (1.3.1): Throughout the life of the project, STAR supported a total of 330 participants, including 150 STAR Fellows, 160 STAR Interns, 12 non-traditional participants overseas, and 9 Foreign Service Nationals.¹
- Number and percentage of participants from LMICs (1.6.1): Of 330 STAR participants, 39% (130 participants) were from LMICs, not meeting the target of 50%. However, when considering the 150 STAR Fellows, 12 non-traditional participants, and 9 Foreign Service Nationals (in other words, excluding STAR Interns, for a total of 171 participants), the percentage of participants from LMICs increases to 76%.

More details about STAR participants are below:



¹ Totals add to 331 instead of 330 because one participant was both an Intern and a Fellow at different points in time.

**FSN Program
Participants**

9

Foreign Service
Nationals Participants

Countries

41

Countries

Gender

201

Female Participants

2

Non-Binary Participants

126

Male Participants

1

Non-specified
participant

**MOH Fellowship
Positions**

88

MOH Positions
(including 79 MOH-TB;
8 MOH-MAL; 1 MOH-
HIV)

USN Race/Ethnicity

93

White Participants

33

Asian Participants

55

Black Participants

9

Two or More Races

15

Hispanic or Latino Participants

7

Race not specified

U.S./Overseas Positions

217

US Positions

117

Overseas Positions

Position Details/Levels

2

Associate III Positions

75

Senior Technical
Advisor Positions

7

AMP Health Management
Partners

4

Uniquely Skilled Senior
Technical Advisor

2

Associate IV Positions

18

Senior Technical
Advisor II Positions

3

Uniquely Skilled Senior
Technical Expert

9

Foreign Service Nationals
Participants

9

Technical Advisor
Positions

39

Mid-Career Technical
Advisor Positions

149

Master's Intern
Positions

6

BA/Level IV Intern

6

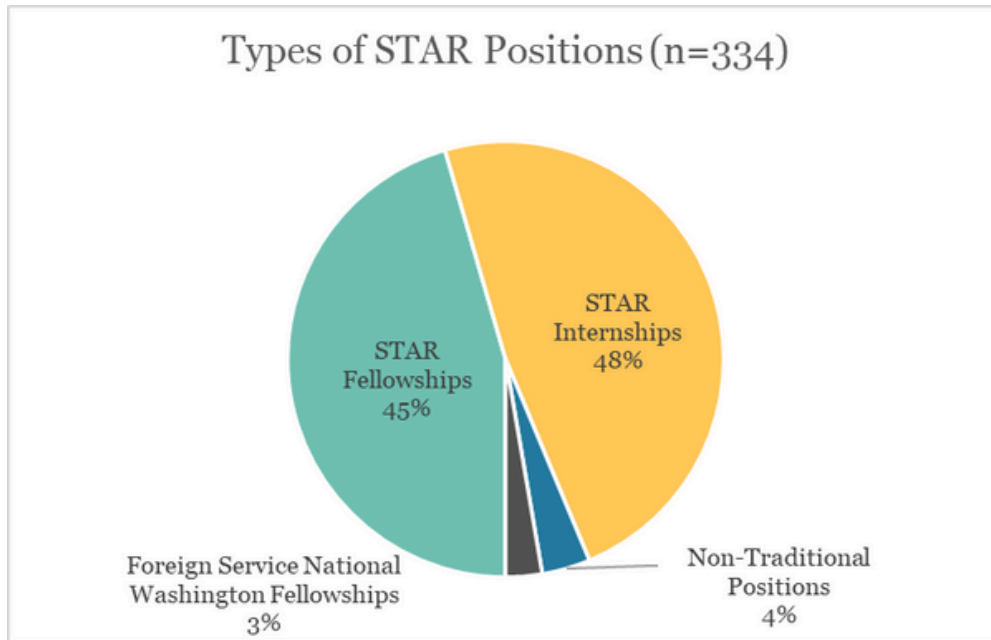
PhD Intern

5

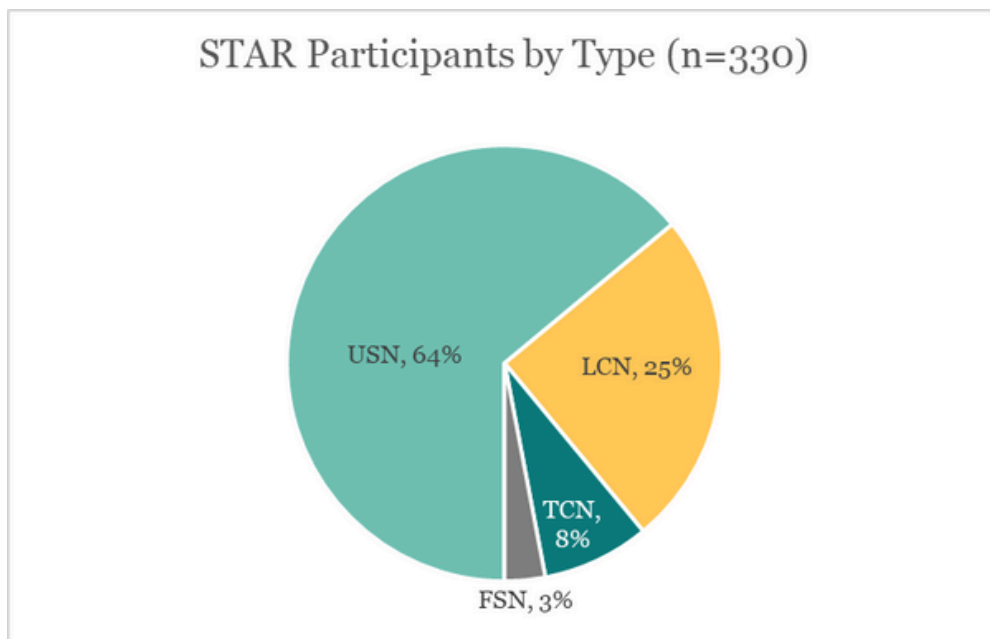
Packard Foundation
Participants

Types of STAR Positions & Participants

Of the 334 STAR positions throughout the life of the project, 152 were STAR fellowships (46%), 161 were STAR internships (48%), 12 were non-traditional positions (4%) including David and Lucille Packard Foundation Fellows and AMP Health Management Partners, and 9 (3%) were Foreign Service National Washington fellowships.

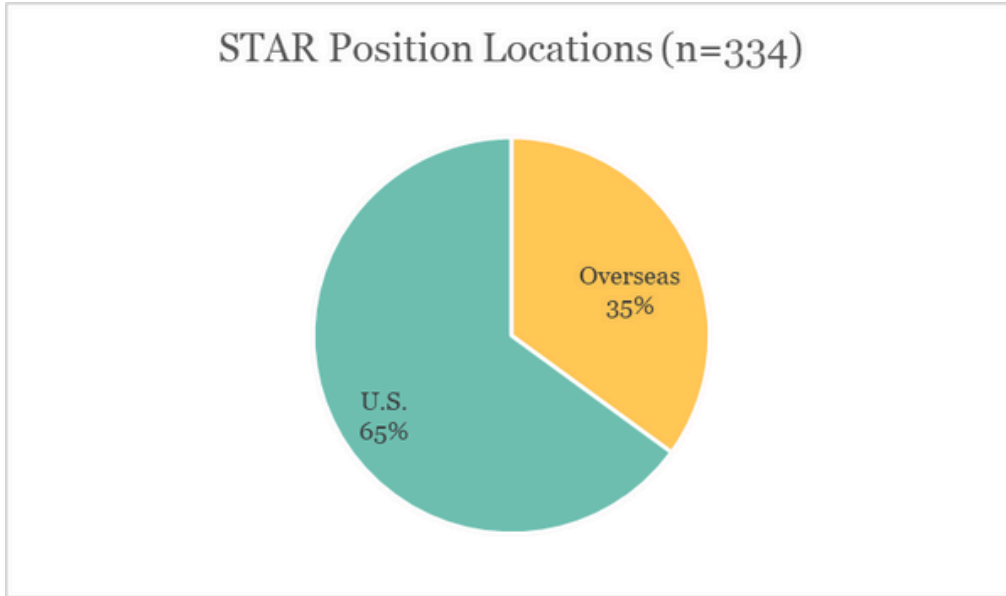


Of the 330 STAR participants, 212 were USNs (64%), 84 were LCNs (25%), 25 were TCNs (8%), and 9 (3%) were Foreign Service Nationals (FSN). All Interns were USN participants.

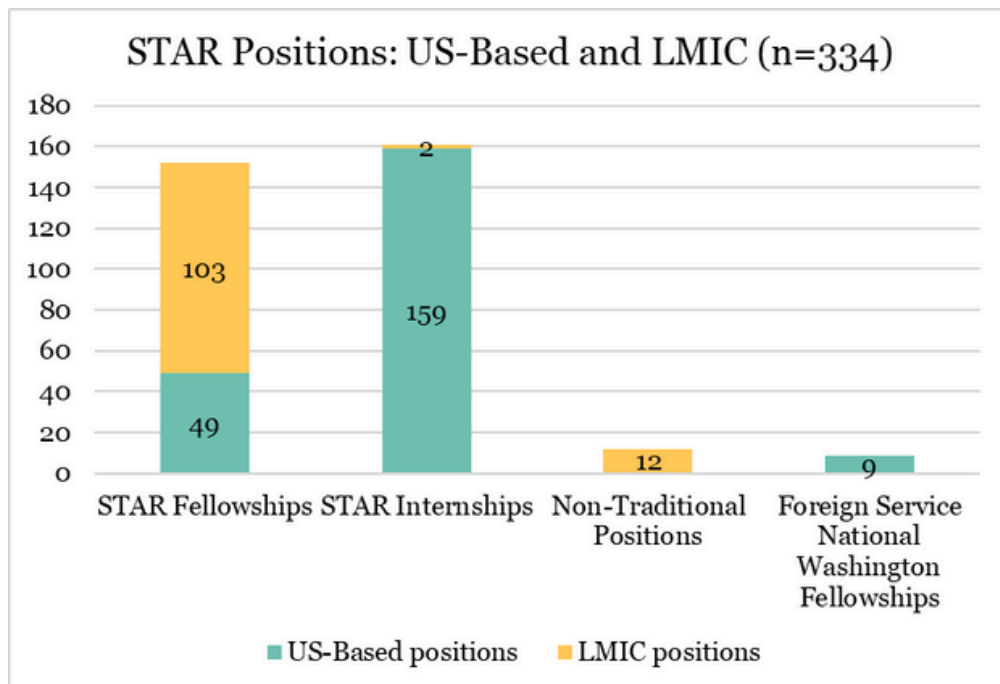


Location of STAR Positions

35% of STAR positions were overseas (117 positions), while 65% were based in the U.S. (217 positions).

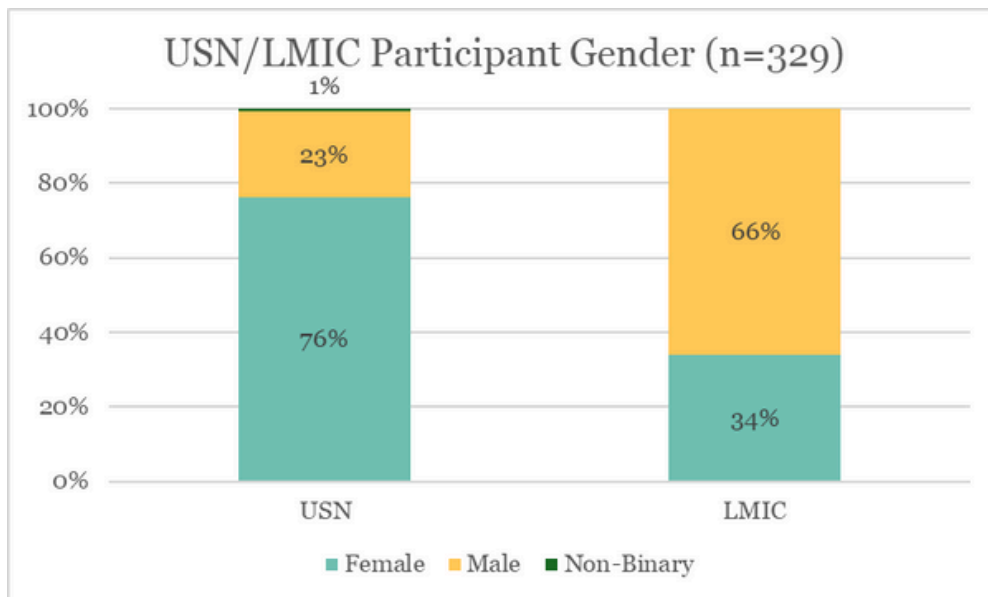
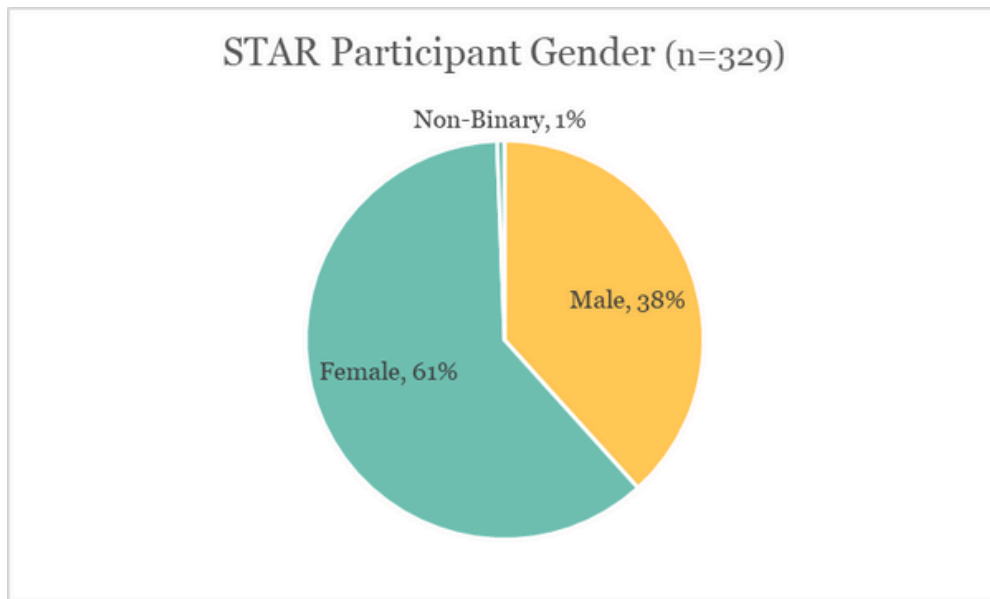


99% of STAR Internships were based in the US, while most STAR Fellowships (68%) were based overseas.



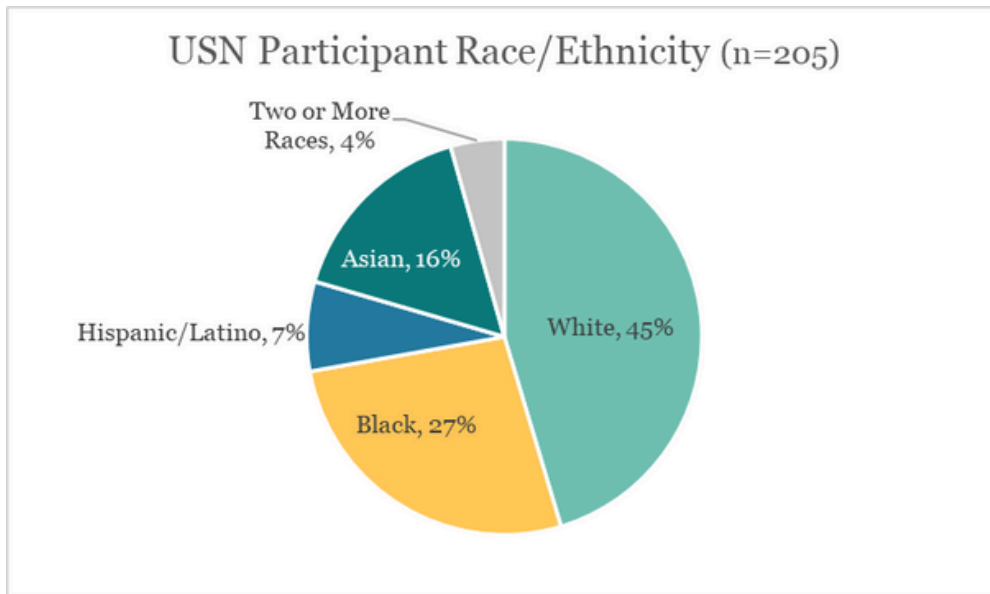
Gender of STAR Participants

Most of STAR's participants were female (61%). However, the type of nationality of participants significantly impacted the breakdown, based on USN or LMIC (including LCNs, TCNs, and FSNs), as seen in charts below.

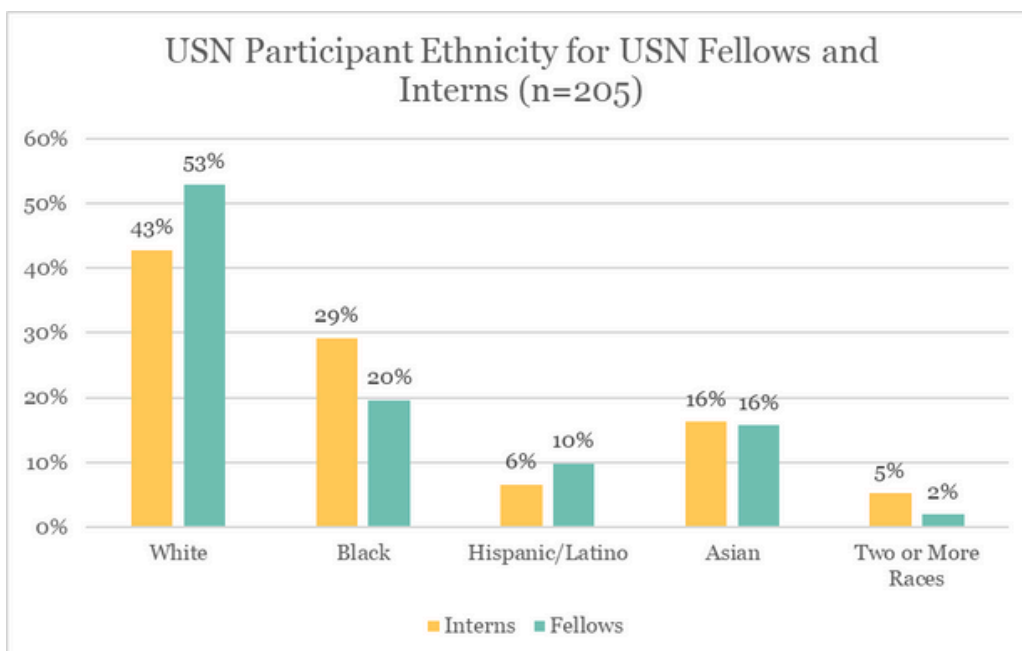


USN Participant Race/Ethnicity

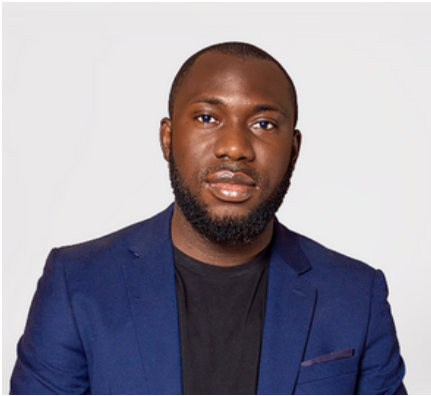
For 205 USN participants for whom STAR has race/ethnicity data, 45% were white, followed by 27% Black, 16% Asian, 7% Hispanic or Latino, and 4% two or more races.



A comparison for the 205 USN participants by ethnicity, disaggregated by Interns and Fellows, is provided below. This applies for 154 Interns and 51 Fellows.



STAR FELLOW SPOTLIGHT



Abdulmalik Abubakar, MHE, MA, Strategic Information Advisor

Hosted by: Health, Population, and Nutrition Office, USAID, based in Lilongwe, Malawi

Abdulmalik Abubakar worked as a Strategic Information Advisor within the Health, Population, and Nutrition Office of USAID in Lilongwe, Malawi. His role reflected his

expertise and leadership, particularly in guiding the PEPFAR Program's healthcare strategies and interventions. Mr. Abubakar's interest in data analytics and healthcare began with a singular focus: to monitor and evaluate the effectiveness of healthcare programs. His adeptness with tools like Tableau, Excel, Quantum GIS, QGIS, and Python allowed him to perform intricate data analyses, driving informed, data-centric decisions. These decisions, in turn, empowered healthcare providers to deliver better

services and interventions to the Malawian population. One of his standout achievements was the institutionalization of a routine data review process in Malawi, which revolutionized the way healthcare data is handled, enhancing its precision and reliability.

By ensuring that data is meticulously reviewed and utilized, Mr. Abubakar significantly improved the strategies and interventions deployed in the healthcare sector.

Amy Bloom, MD, Uniquely Skilled Sr Tuberculosis Technical Advisor

Hosted by: Tuberculosis Division, Office of Infectious Diseases, Bureau for Global Health, USAID

As a Senior Tuberculosis Technical Advisor at USAID, Dr. Amy Bloom has made significant contributions to the understanding and treatment of TB, TB/HIV, and multidrug-resistant TB. Her influence extends beyond direct healthcare provision to international settings, where she has shaped global health policies and initiatives. Dr. Bloom has served on multiple international boards and task forces, including the

Tropical Disease Research Coordinating Board, the Advisory Council for Eliminating TB, and the Stop TB Partnership Coordinating Board. Her leadership in these roles underscores her commitment to combating infectious diseases globally. Focused on addressing healthcare disparities, she has been instrumental in developing and implementing inclusive healthcare strategies. Her dedication has improved the lives of individuals within marginalized communities and set a standard for

inclusive healthcare practices worldwide. Capacity-building has been a cornerstone of her career. She has devoted significant efforts to equipping healthcare professionals with the skills and knowledge necessary to address healthcare disparities effectively. Her initiatives have empowered countless healthcare workers, enabling them to better serve their communities and contribute to the overall improvement of global health standards.

STAR FELLOW SPOTLIGHT

[Name Redacted], MD, MHS, Sr. Clinical Services Advisor

Hosted by: Pediatric and Maternal Clinical Branch, Prevention, Care & Treatment Div., Office of HIV/AIDS Bureau for Global Health, USAID

Driven by a desire to advocate for underserved populations, this Fellow has always focused on alleviating health disparities and strengthening global health interventions. They emphasize sustainability and localizing skill sets, aiming to create indigenous, resilient, and self-sufficient health structures globally.

With STAR, this Fellow made substantial contributions to health interventions through technical reviews of solicitations. Their advocacy for vulnerable populations, especially children and families in global health settings, led to initiatives with significant societal impacts.

Their affiliation with USAID amplified their contributions and opened new avenues, including capacity-building in South Africa. They

emphasized the importance of individual metrics and supporting colleagues' professional development, particularly assisting LMIC health professionals through the publication process for knowledge dissemination. supporting colleagues' professional development, particularly assisting LMIC health professionals through the publication process for knowledge dissemination.

Emmanuel Matechi, MPH, MD, Sr TB & Global Fund Grant Advisor

Hosted by: Ministry of Health, Community Development, Gender, Elderly and Children, National TB and Leprosy Programme (NTLP), based in Dodoma, Tanzania

Dr. Emmanuel Matechi contributed significantly to the development of Tanzania's national health programs, particularly the National Tuberculosis and Leprosy Programme (NTLP).

He leveraged his extensive background in public health and operational research to support various departments within the NTLP. Dr Matechi's

medical expertise and experience in operational research allowed him to effectively communicate with and understand the challenges faced by his colleagues and program participants. His ability to articulate data in accessible ways was invaluable in his advisory role. A cornerstone of his work has been an unwavering commitment to supporting Tanzanian program managers. He views their success as his primary goal and emphasizes the importance of prioritizing the



collective success of the team over individual achievements. His dedication highlights the importance of collaboration and a service-oriented mindset in achieving public health outcomes.

STAR FELLOW SPOTLIGHT



Dr. Nana Zarkua, Senior TB Technical Advisor

Hosted by: National TB Program Office, Ministry of Health of Tajikistan

Dr. Nana Zarkua served as a Senior Tuberculosis Technical and Analytic Resources Advisor with the STAR program in Dushanbe, Tajikistan. Her journey has

been marked by a steadfast dedication to combating tuberculosis (TB) and achieving significant strides in TB control. Based within the National Tuberculosis Program (NTP),

Dr. Zarkua collaborated closely with the National TB Program Manager and USAID experts. Her responsibilities included grant writing, program management, and providing technical support to scale up M/XDR-TB activities.

Her contributions to developing the five-year

Strategy Plan and updated guidelines underscore the importance of technical capacity building and local ownership in TB control efforts. Dr. Zarkua advocates understanding the local context, fostering collaboration, and building a strong network for effective TB control. Balancing her outsider perspective as a public health doctor from Georgia, she cultivates personal relationships within her team to foster trust and facilitate open communication.

Maria Idrissova, MD, MSC, Sr. Drug-Resistant TB Advisor

Hosted by: National TB Program Office, Ministry of Health, Bishkek, Republic of Kyrgyzstan

Dr. Maria Idrissova's professional journey in TB management has been marked by innovation and strategic diligence. She spearheaded the TB6 Program, integrating core and advanced indicators to achieve programmatic goals. Her approach balanced innovative solutions with foundational strategies, promoting rigorous target tracking and meticulous data quality monitoring. Dr. Idrissova pioneered cohort analysis in Tajikistan over two decades

ago, and it is now a standard practice in Kyrgyzstan, advancing analytical practices within TB management. Collaboration and communication are central to Dr. Idrissova's approach, facilitating continuous dialogue with stakeholders to adapt to new guidelines and ensure alignment. Her exceptional communication skills foster critical discussions, such as engagements with NCP management to discuss progress and policies. Lessons learned include the importance of robust TB



strategies, effective collaboration, impeccable data quality, and tailoring projects to intrinsic goals for sustained success and innovation. Moving forward, Dr. Idrissova will focus on developing the TB6 Program and finalizing decisions on the new TB strategy, ensuring clear communication of partners' roles and responsibilities.

STAR FELLOW SPOTLIGHT



**Mohammad Golam Kibria, MPH, MBA
Sr. TB Strat. Planning Tech Advisor**

Hosted by: National TB Control Program, Directorate General of Health Service, Ministry of Health, Mohakhali, Dhaka, Bangladesh

Mohammad Kibria, a seasoned expert in health information systems and monitoring and evaluation programs in Bangladesh, made significant contributions to the healthcare landscape through his extensive experience and involvement in the STAR Project. As a STAR Fellow, Mr. Kibria managed reports and activities,

including preparing the National Tuberculosis Strategic Plan and Operation Plan. His role enhanced collaboration with partners and brought a systems perspective to complement clinical focuses in the TB Program.

He emphasized the importance of aligning indicators to achieve Sustainable Development Goals and government plans. Strengthening the systems perspective and promoting capacity-building were key achievements, along with documenting use cases to analyze project outcomes.

Mr. Kibria continues to strengthen health information systems as he pursues his PhD in Health Informatics at the University of North Carolina where he is researching the integration of artificial intelligence and health informatics. He aims to gain more global experience before potentially starting his own company.

III. PHI STAR Team

Led by PHI, the STAR staff supported participants and partners in their efforts to enhance global health capacity at Ministries of Health, Academic Institutions, and USAID. STAR staff provided expertise in the following areas to support effective implementation of the program:



STAR Team, 2019

Recruitment & Outreach

Designed and executed strategies to attract and hire qualified candidates, ensuring alignment with project needs and diversity goals. Developed and maintained relationships with external partners to enhance STAR's visibility and talent pipeline.

Learning

Developed and implemented educational initiatives and events to enhance participant skills and knowledge, supporting professional growth. Assessed training needs, designed curricula, and evaluated the effectiveness of learning interventions.

Communications

Amplified the work, achievements, and activities of STAR participants and increased STAR's visibility and brand awareness through strategic communications on various platforms.

Monitoring & Evaluation

Designed and implemented data collection tools and processes to assess program performance and impact, analyzed results and generated reports to inform decision-making and improve program outcomes.

Performance Management

Provided tailored performance support to all STAR participants by developing and implementing strategies to check in on and enhance participant performance and professional development.

Partnership Engagement

Engaged academic and private institutions in STAR as requested by USAID and/or to help support STAR's mission and meet the obligated cost share requirement. Onboarded and managed specialized partnerships with various institutions through the life of STAR.

Global Operations

Onboarded and supported STAR participants across several countries, managing complex logistics, work permits, and regulatory compliance. Navigated challenges such as the COVID-19 pandemic and geopolitical crises, and managed collaboration with Employer of Record (EOR) partners.

IT & Administration

Managed STAR's technology infrastructure and administrative functions, ensuring efficient and secure operations.

IV. Fellowship Program Activities

Outreach

Throughout the program, the STAR team participated in a range of events tailored to specific target demographics, contingent upon the location of the positions for which STAR was hiring. Positions primarily fell into two categories: those based in the US and those outside the US, in low-and-middle-income countries (LMIC).

To enhance outreach efforts for positions based in the US, the STAR team focused on attending events and activities at minority-serving institutions (MSI). This strategy aimed to boost applications from a diverse range of public health professionals.

Outreach efforts for LMIC positions involved participation in public health and tuberculosis (TB)-specific conferences such as the International Union Against TB and Lung Disease, American Public Health Association's (APHA) annual conference, the Consortium of Universities for Global Health's (CUGH) annual conference, the Nutrition 2019 Conference, Global Health Forum, The African Forum for Research and Education in Health (AFREhealth), Women Leaders in Global Health, and Women Deliver, among others.

STAR participated in a total of 66 virtual and in-person events during the life of the program. By the end of the program, STAR had acquired 5,431 listserv sign-ups and a database of 14,373 applicants.



66

Virtual and in-person events



5,431

Listserv sign-ups



14,373

Applicant database

Recruitment

In the first two years of the program, STAR exceeded the target for average number of days for recruiting participants (1.2.1). However, over the subsequent three years, meeting the target became increasingly difficult due to prolonged recruitment processes for positions in LMICs. The expertise required for these positions often made it difficult to find local candidates and candidates had to be sourced from other countries as third-country national (TCN) hires.

Upon completion of each recruitment, STAR conducted surveys with Points of Contact (POC) to gauge their satisfaction with the quality of candidates presented to them. STAR consistently surpassed the target of 85%, with an average rating of 96.75% achieved. The lowest rating recorded stood at 92%, while a perfect score of 100% was achieved on two occasions.

The STAR team dedicated significant effort to comprehensively understand the positions from the outset, establish strong relationships with the hiring teams, conduct thorough local (in-country) advertising, and identify ideal candidates for each role. Through research into relevant media channels and specialized websites, STAR developed an extensive catalog of advertising platforms tailored to specific skills and countries needed for STAR positions.

Notable Recruitment and Outreach Events

STAR conducted outreach sessions at global health and professional conferences to build awareness of the program among potential candidates. In addition to conducting targeted outreach, STAR also sought to enhance the quality of applications received and build the capacity of students and professionals to write an effective resume and successfully apply for competitive global health positions. To ensure equitable access to this information, STAR hosted webinars that were open to anyone who was interested. Notable events are listed below:

- STAR hosted a Town Hall meeting during a CUGH conference to announce the project and invited conference participants to spread the word about STAR placement opportunities across their networks.

- STAR conducted a presentation at the Science Stage of the Nutrition 2019 Conference, titled “Building Human Capacity for Global Health through the Sustaining Technical and Analytic Resources (STAR) Project.” The presentation raised awareness about opportunities at STAR. In total, the conference gathered 3,600 participants.
- STAR’s session, “How to Stand Out from the Pack of Applicants When Preparing an Application for STAR Fellowships: International Applicants Edition,” targeted prospective LMIC applicants and was attended by 80 participants from 24 countries.
- The “Spring Clean Your Global Health Resume” webinar was attended by 229 participants from over 30 countries.

For a full list of recruitment and outreach events throughout the life of the program, see Annex D.

“

I want to share with you my deepest gratitude to the great support [STAR’s participant support team] offered during my many years with STAR. Life would have been unnecessarily complex had it not been for their passionate, professional, and kind support for every minor or major issue or request. They have raised the bar for what it means to support people with hectic and crazy schedules and workloads.

-USN FELLOW

”

Masked Recruitment

PHI piloted masked recruitment during STAR's predecessor the Global Health Fellows Program II (GHFP-II), but the pilot was only conducted with Interns. Like STAR, GHFP-II was a fellowship program that recruited, hired, and supported Fellows and Interns for USAID. All GHFP-II's placements were hired by PHI. STAR expanded masked recruitment to Fellows and Interns hired by PHI.

The numbers in the table below reflect the US-based Fellows and Interns hired using masked recruitment.

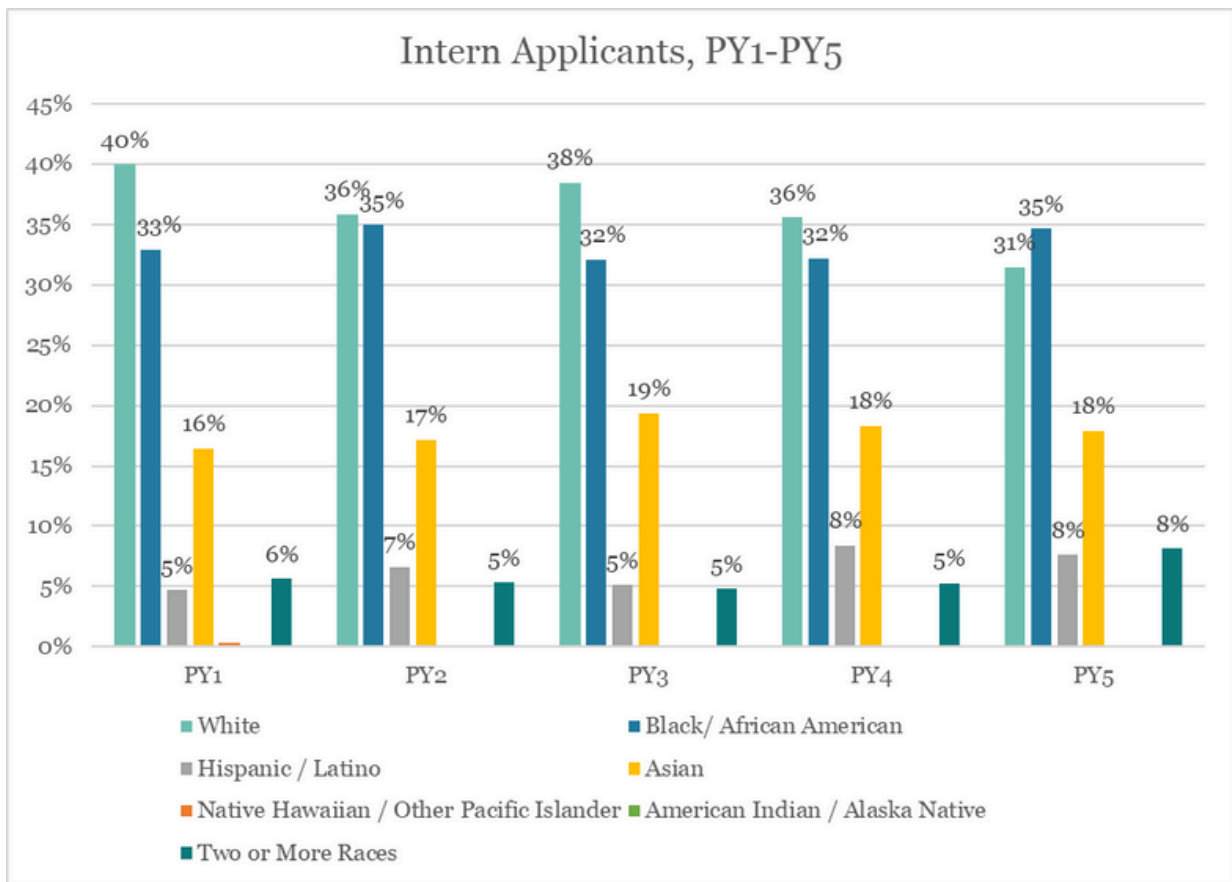
| | PY1 | PY2 | PY3 | PY4 | PY5 | PY6 |
|------------|-----|-----|-----|-----|-----|-----|
| US FELLOWS | 17 | 20 | 5 | 6 | 1 | 0 |
| US INTERNS | 38 | 20 | 39 | 29 | 31 | 1 |

To ensure the success of masked recruitment, STAR conducted educational sessions with the hiring teams, explaining the process and its advantages. STAR introduced the process with each position request, accompanied by a video highlighting the benefits of fostering a diverse workforce. Interview questions were requested in advance to guarantee fairness and to mitigate the likelihood of illegal questions being asked.

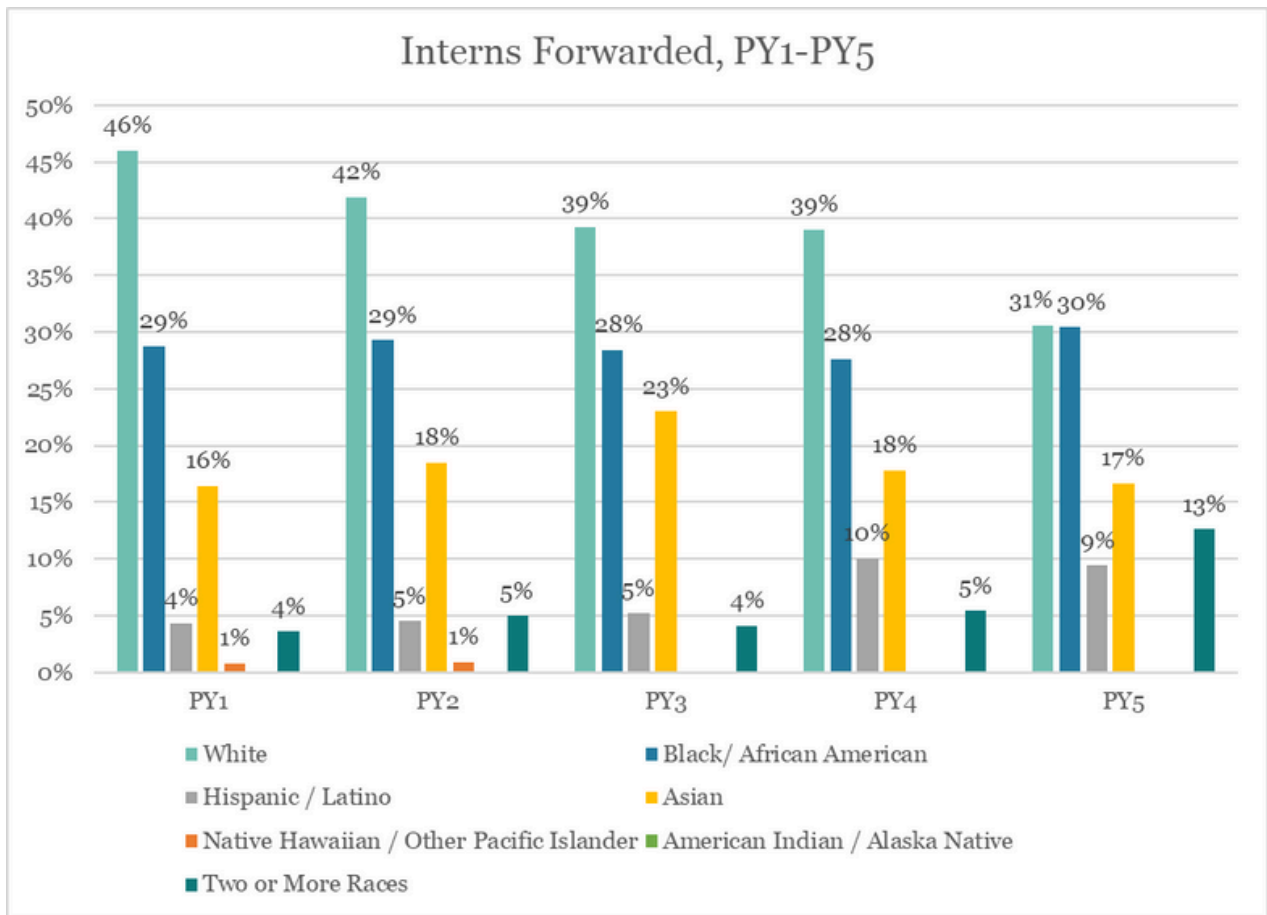
Candidates were informed during screening that their identities would be revealed at the interview stage. Many candidates who had never anticipated reaching that stage were thrilled to know that their skills and experiences alone had propelled them to that point.

As the program continued, there was an increase in minority groups being hired for STAR positions. STAR conducted analysis of Intern recruitment data throughout the program due to the higher numbers of open internship positions recruited and found four key components of the recruitment process with which adjustments could be beneficial and could serve as ideal focal points for further data analysis.

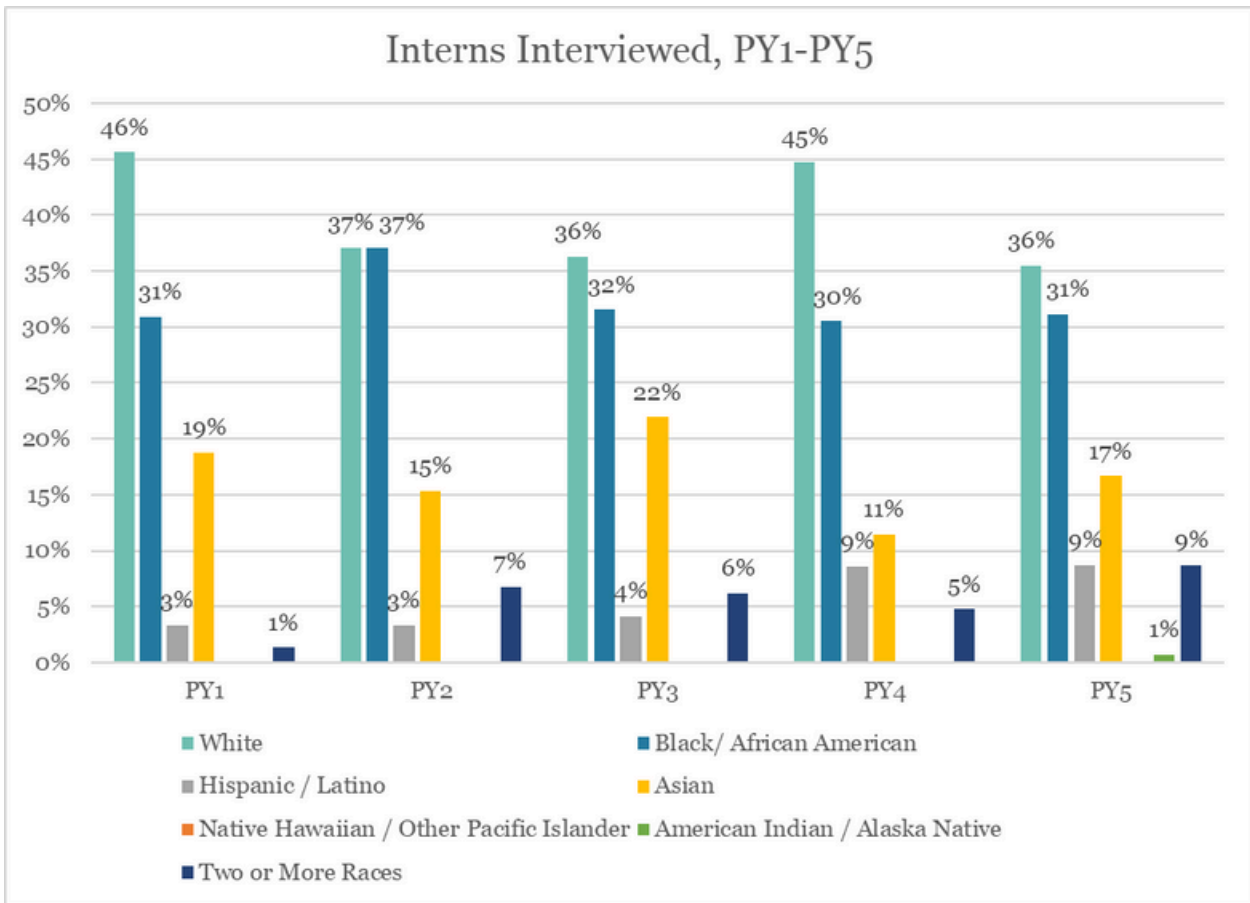
- Intern Applicants:** STAR closely monitored incoming applications, and it was apparent that the locations and demographics targeted in the program’s advertising efforts had been influential. Specifically, STAR prioritized outreach to minority-serving institutions (MSI) and public health affinity groups and associations. As shown in the charts below, there was a steady rise in the number of minority applicants and a decrease in White/Caucasian applicants. The total numbers of White/Caucasian applications were still the highest amongst all groups, with Black/African American applications being a close second with 7% and 6% less in PY1 and PY3, respectively. However, PY5 saw approximately 4% more applications from the Black/African Americans than White/Caucasians. On the other hand, though PY3 had the greatest number of positions overall, the minority groups submitted fewer applications that year. Native American/Hawaiian and Pacific Islanders submitted extremely few applications throughout the program.



- Interns Forwarded:** During this stage of the application process, the STAR team reviewed and selected applicants to be shared with USAID teams. There was a progressive decline in the number of White/Caucasian applicants who were forwarded to the client. The percentage of Black/African American applicants forwarded remained relatively steady throughout the five years, while the percentage of Asian applicants steadily increased in PY1 to PY3 and declined in PY4 and PY5. The percentage of Latino applicants increased in time, with the most significant increases in PY4 and PY5. The year with the highest percentage of applicants who identified with two or more races was PY5.



- Interns Interviewed:** In PY2, the percentages of Black/African American applicants and White-Caucasian applicants who were selected to be interviewed was the same. However, there were roughly 4% more White/Caucasian applicants interviewed than Black/African Americans in PY3 and P5 and about 14% more in PY1 and PY4. This stage of the hiring process is pivotal because it allows candidates to compete and, ultimately, be chosen. Masked recruitment facilitated this by enabling candidates who might not have had a fair chance based on their name or educational background to participate.



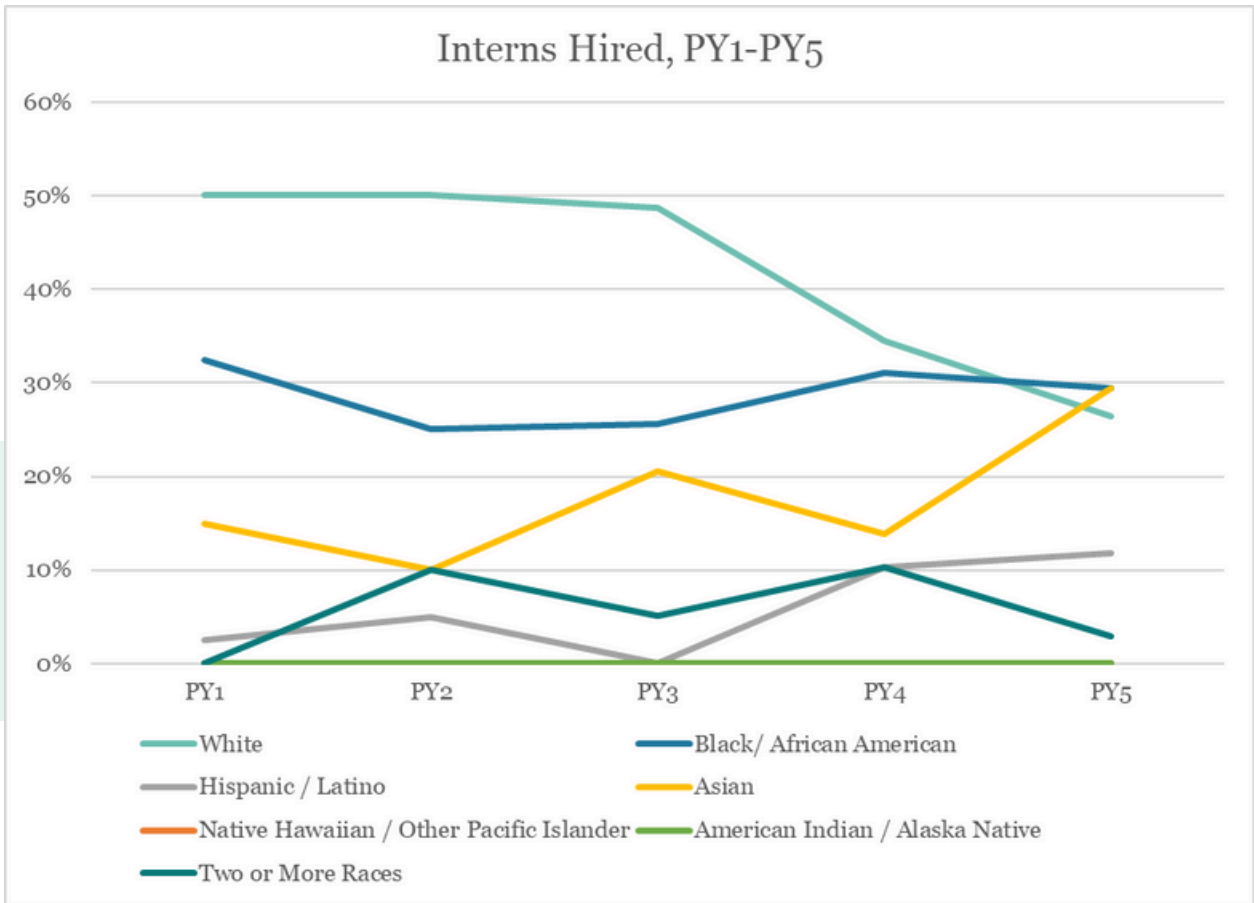
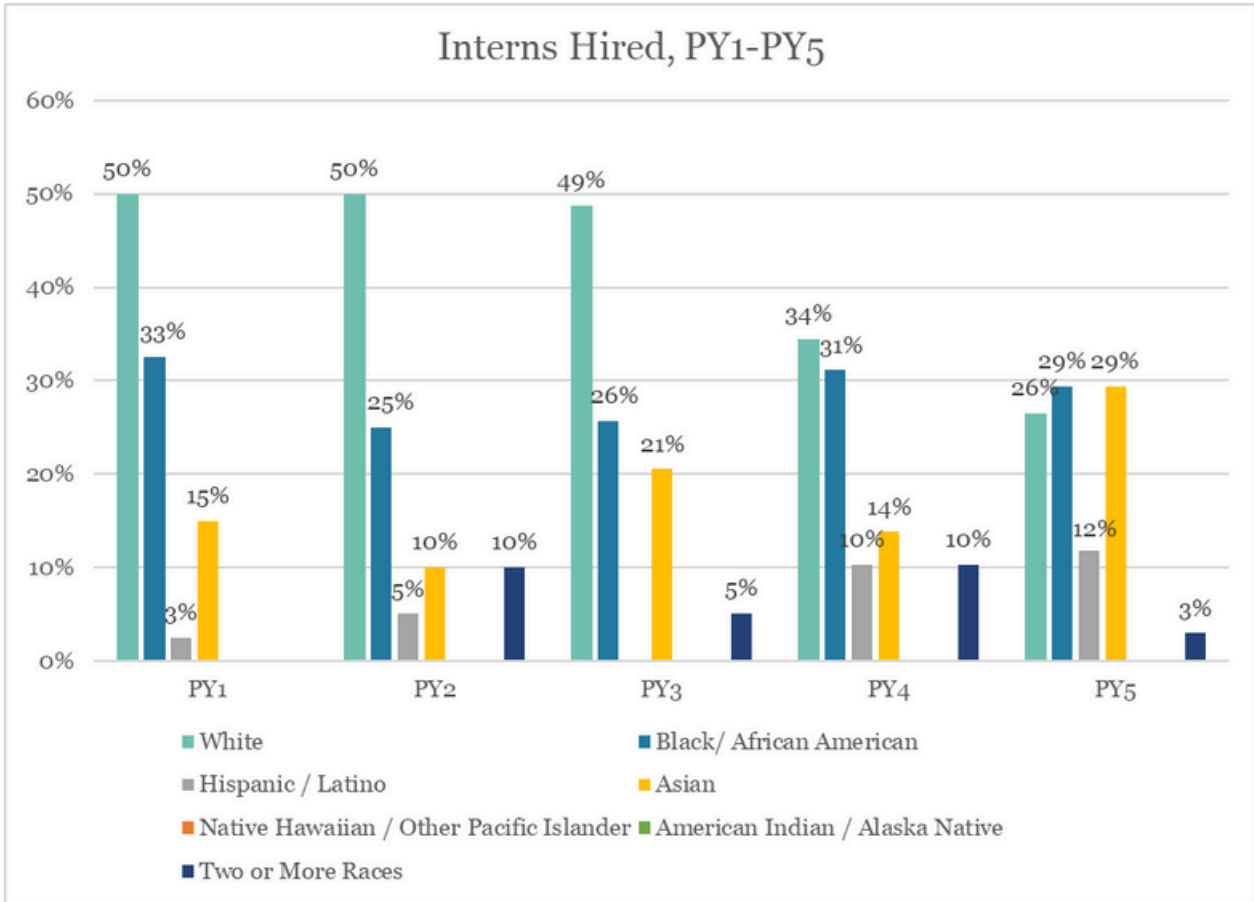
- Interns Hired:** The first three program years saw the largest disparities between the racial/ethnic groups hired. White/Caucasian candidates were hired an average of 21% more than Black/African American candidates. In the latter part of the program (PY4 and PY5), disparities reduced, and there were more African Americans and Asians hired to the program, surpassing White/Caucasians in the final year. In PY5, Latinos comprised nearly 12% of hired candidates, which was this group’s highest showing in any program year.


“

I just wanted to say thank you for being incredibly kind, patient and supportive during my entire time with PHI from start through the end, including our repatriation. PHI is by far the best employer I've had, and you all made it even better. I sincerely appreciated your style and tone in every communication and engagement we had - even in my times of anxiety and high maintenance questioning of logistics, etc. PHI and everyone you work with is super lucky to have you. I hope our paths cross again in this small world.

-LMIC FELLOW

”






The STAR team acknowledges that achieving significantly higher proportions of minority group hires may require more time and effort. Nonetheless, even small improvements can have meaningful effects on people's lives. To achieve greater impact, there must be a shift in mindset regarding race and educational background, as both factors influence decisions made by host organization teams. Inherent bias also plays a role, as humans naturally gravitate to those who share similar thoughts and behaviors. Introducing someone who challenges the status quo can be unsettling because it can disrupt the sense of familiarity.

Race has long been a significant issue in the United States. During STAR's operational period, the murder of George Floyd brought recognition of systemic racial issues to the forefront, compelling organizations to address race-related concerns in the workplace. STAR's leadership in masked recruitment was identified by USAID's Global Health Bureau as a strategy for reducing bias in the recruitment process.

While masked recruitment led to a more diverse set of candidates being forwarded to host organization teams, once their background was revealed there was often bias towards candidates' educational background. Bias from host organization staff led them to favor candidates from their alma mater or larger schools with more renowned Public Health programs over those from lesser-known MSIs. The program prioritized outreach efforts to these institutions and advocated for the selection of candidates from MSIs that produce highly capable candidates who excel in the workplace.

Dissemination of Best Practices: CUGH Presentations



STAR team members Rachel Mases, Jennifer Dogbey, Natasha Wanchek, and David Hausner submitted an abstract for the Consortium of Universities for Global Health (CUGH) 2022 conference titled "Blind Recruitment is Necessary But Not Sufficient to Increase Diversity of the Global Health Workforce." It was approved and aired as

an abstract presentation on March 28, 2022. The presentation, by Jennifer Dogbey and Rachel Mases, focused on the definition of masked recruitment, how it is applied, masked recruitment's impact on STAR, how other organizations can benefit from implementing it, and additional interventions that are needed to create a more inclusive and diverse global health workforce.



In 2023, Jennifer Dogbey and Rachel Mases submitted another abstract to the CUGH conference, titled “Best Practices for Recruiting a Diverse Global Health Workforce.” The abstract was approved and was presented in person on April 16, 2023, in the category of Decolonizing - Reforming Global Health, Equity, Justice, Global Health Education, and Research. The presentation focused on tools organizations can use to recruit diverse global health professionals. The use of STAR data highlighted the results of STAR’s recruitment strategies including masked recruitment.

Recruitment Challenges

Prolonged Hiring Processes

Indicator 1.2.1, with a target of hiring fellowship positions in ≤ 50 days, was not met in program years 3, 4, and 5. In PY3, while the target was met for USN Fellow recruitments (36 days for US positions; 45 days for USAID Mission positions), it was not met for LMIC recruitments (96 days). Since most STAR positions were overseas for LMIC recruitments, the high average number of days affected the average for recruitments overall (82 days).

International positions generally took longer to fill for several reasons, some of which were the challenges in assembling sizable interview panels comprising officials from Ministries of Health and USAID teams. Candidate availability also contributed to difficulties in securing appointments. In other cases, negotiations with finalists for overseas positions took longer due to country-specific benefits and allowances that needed to be negotiated and confirmed by the employer of record (EOR).

During program years 4, 5 and 6, the target was not met, regardless of the location of positions. During this period, open STAR positions generally were more senior and highly specialized, rendering the pool of eligible applicants smaller. Notably, PY3 also coincided with the onset of the COVID-19 pandemic, resulting in initial cancellation of events such as conferences and career fairs and the subsequent shift to remote work, as organizations adapted to working in a virtual landscape.

Impact of COVID-19 Pandemic and Global Emergencies

Travel for outreach activities halted in March 2020 due to the COVID-19 pandemic and did not fully resume until 2023, near the end of the program. During this period, STAR relied on LinkedIn Recruiter and virtual events to market the program to potential candidates. COVID-19 and global emergencies also impacted STAR's ability to recruit in certain countries. For example, STAR needed to recruit a Russian-speaking Vaccine Safety Advisor in Uzbekistan; however, potential candidates preferred to remain in their home countries with occasional travel to Uzbekistan, rather than being posted there. The war in Ukraine also paused recruitment efforts in that country, initially causing delays and eventually leading to the cancellation of recruitment efforts.

Performance Management

STAR provided performance management (PM) support to Fellows and Interns to produce quality deliverables and contribute to enhancing the global health capacity of placement organizations. STAR support helped to ensure that Fellows and Interns understood employer (PHI, Atlas, or Velocity) and STAR policies. STAR regularly provided guidance and supported host organization points of contact (POCs) to understand their role in managing participant performance.

Placement Support

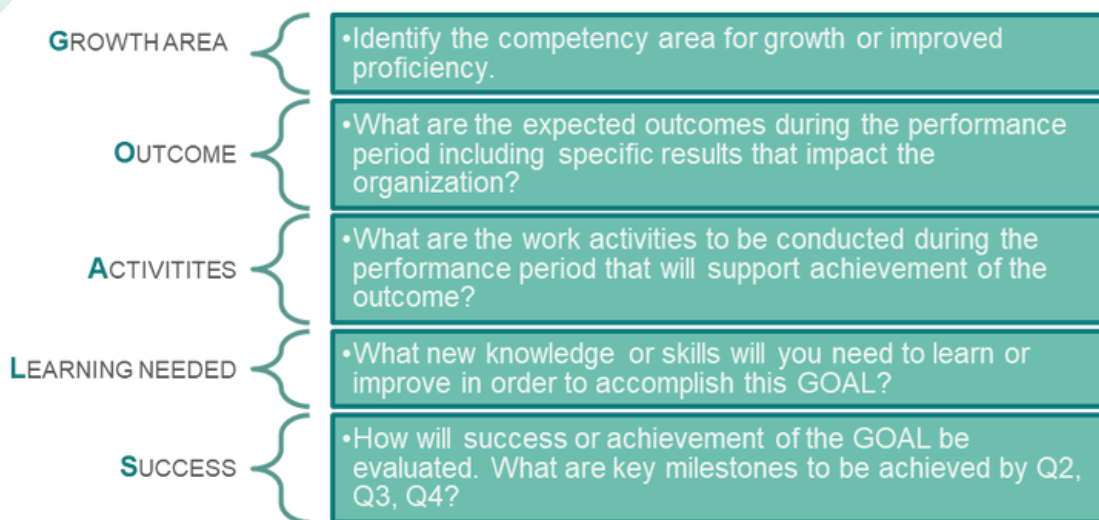
Performance Management support on STAR began in the early stages of recruitment. STAR's PM team worked closely with the Recruitment team to review the scope of work and to understand the objectives and context of each position. The success of fellowship and internship placements hinged on the support and infrastructure in place around the placements. This was especially true for participants placed at MOHs. In countries where the Advisors had dedicated support from the USAID/Mission and Mission staff introduced the Fellow to the MOH and checked in with them regularly, placements were successful. In countries where there was less coordination between the USAID Mission and the MOH, Fellows struggled to understand their role and gain the trust of the Ministry. STAR worked with USAID teams to understand and clarify roles between USAID, MOH and the Fellows throughout the fellowships and provided ongoing support to Fellows as they navigated these relationships in each country.

Orientation

All STAR Fellows and Interns participated in a program orientation during the first weeks of their placement. The orientation provided participants with an overview of the program, policies, and the roles of STAR and their employer. This was particularly critical for Fellows employed by EORs and placed at Ministries of Health (MOH) who often struggled to understand their role in relation to STAR, the USAID Mission, and their respective MOHs. Throughout the program STAR developed standard language to help participants understand the roles of key people involved in their positions. STAR tailored orientation content to contextualize each placement based on the participant's experience and familiarity with their host organization and role.

GOALS and Monitoring Performance

Each fellowship year or at the beginning of an internship, STAR participants developed an annual workplan using the GOALS (Growth, Outcomes, Activities, Learning Needed and Success) framework. This framework was designed to help participants and their POCs align their individual growth in specific areas to their job description and the needs of the organization. STAR GOALS served as a tool to monitor and evaluate individual performance and inform the STAR team of the learning and support needed to facilitate the participant's success.



To monitor performance, STAR required Fellows to complete quarterly check-in surveys describing progress in achieving the outcomes identified in their GOALS and any concerns or challenges they were experiencing in their placement. Surveying Fellows allowed staff to flag potential issues and maximize their time by conducting targeted follow up and interventions with Fellows and their POCs. STAR staff were also available and responsive to support participants with performance concerns raised outside of the regular check-in cycle.

STAR also requested feedback on performance and contributions to the organization from Fellow POCs via a semi-annual survey. Response rates from POCs were low throughout the program, which was likely because there were multiple POCs involved in fellowship placements. However, when there were performance concerns identified by POCs, they sought out support from STAR staff. Similarly, when participants raised a performance concern, STAR engaged POCs to understand the context from their perspective and to develop solutions that were supportive of the participants and the host organizations.

Performance Management of Interns

STAR also provided performance management support to Interns placed at USAID. Interns were hired for three or six-month placements with the option to be extended for up to twelve months. All Interns were oriented in the first week of their placement by STAR and attended additional orientations with PHI and USAID. Like Fellows, Interns developed a set of GOALS to ensure alignment of their individual goals and organizational priorities. STAR monitored the performance of Interns during frequent touch points throughout the internship and offered opportunities to enhance this support through peer networking and learning experiences. Because Interns' time was limited on the program and received ongoing support from STAR, feedback on their overall performance from their POCs was provided at the end of the internship.

Most Interns were young professionals who had limited work experience, which led to more frequent performance concerns, particularly around time and attendance and managing in a remote environment. STAR incorporated guidance on best practices and expectations into orientation and reinforced these messages throughout the program during peer learning sessions and during individual touchpoints. STAR also met with all Intern POCs to explain the POC role and provide guidance on engaging STAR for performance concerns. During the program, STAR staff worked with Interns and their POCs to ensure that all Interns were able to successfully complete their initial placement.

Transitioning to Remote Work due to COVID-19

STAR staff and participants transitioned to full-time remote work in March 2020 due to COVID-19. PHI required all PHI-employed participants to work 100% from home, including those in overseas placements. STAR worked with LMIC participants employed by EORs to navigate local requirements and their host organization's expectations.

Performance challenges increased, especially for Interns, during the era of remote work. This was likely due to a feeling of disconnection from the work, lack of engagement with colleagues and POCs, and the stress of the ongoing pandemic. For LMIC participants, remote work hindered their ability to do their jobs particularly in the early months of the pandemic, when many of the Fellows who were technical experts in tuberculosis were asked to support the local response to COVID-19. Fellows provided critical support to sustain or build the capacity of local health systems in the areas of disease surveillance, testing, and management of supply chains. Fellows and Interns who were new to USAID, frequently struggled to connect with their colleagues and adapt to the culture of their office or mission while more experienced Fellows often managed shifting priorities and increased workloads as USAID's Global Health Bureau workforce had to quickly prioritize responding to COVID-19. Interns often did not receive the kind of hands-on guidance that many young professionals need to thrive, nor did they have as many networking opportunities as previous in-person cohorts.

There were two main lessons learned from the rise of remote work. First, the proliferation of remote work due to the COVID-19 pandemic proved that many people, particularly those who were more senior or seasoned, were able to work successfully from home at least part of the time. Overall, once the pandemic receded,

this allowed higher flexibility, reduced commute times, fewer temporary duty assignments (TDY), and better work-life balance. Conversely, more junior professionals, like STAR Interns, suffered the most from full-time remote work, as they were unable to form deeper connections with their colleagues.

Transitioning Participants to Other Staffing Mechanisms

In 2023 as the program approached its end, STAR began planning for Fellows to transition to new hiring mechanisms. Uncertainty about the timing of awards and details of future employment was a source of stress and uncertainty for many Fellows as STAR was not able to provide information about the new mechanisms.

Most USAID-based Fellows were transitioned to the Global Health Training and Support Contract (GHTASC) in May 2023. Since STAR was the last of several Bureau of Global Health hiring mechanisms to transition employees, enabling the STAR team to learn from the experience of the others, and PHI was part of GHTASC's implementation team, the process was relatively smooth.

LMIC TB Advisors were expected to transition to the Long-Term Exceptional Technical Assistance Project (LEAP) Local and LEAP Global mechanisms; however, delays in the award meant that STAR was unable to provide participants with information about the future of their employment beyond the end of their STAR fellowships. To ensure Fellows continued their employment, USAID requested several last-minute contract extensions, which in some cases added new complexity to the Fellows' employment agreements. Eventually all Fellows were successfully transitioned to new hiring mechanisms by March 2024.

Learning

STAR fellowships were intended to build global health capacity and be developmental in nature with both the Fellows and their placement organizations benefiting from the expertise developed or enhanced through learning. To ensure that learning remained a priority, all STAR scopes of work included dedicated level of effort (LOE) focused on learning and capacity-building activities. Additionally, the GOALS framework for work planning included learning required to accomplish objectives.

The STAR Learning program was first implemented with JHU and informed by global health technical competencies. The early partnership with JHU afforded STAR an opportunity to inform the Learning program design with a strong academic foundation grounded in adult learning principles. As a result, the STAR Global Health Competency Framework was developed and served as the conceptual framework that guided the learning onboarding process. During their initial onboarding, Fellows completed a STAR Global Health Competency Assessment, the assessment sought to identify gaps in competencies deemed necessary for global health professionals. STAR researched, identified and classified resources to address competency gaps and developed a database of these activities. Upon completion of the competency assessment, Fellows worked with STAR to develop an Individual Learning Plan to address gaps in competencies, knowledge, or skills required for their success.

Learning Funds

The initial conception of STAR's learning program included a robust professional development budget for individual learning with tiered budgets allocated based on fellowship levels. More junior Fellows received higher budgets to accelerate skill acquisition and advancement while more senior Fellows received smaller budgets as it was anticipated they were less likely to take advantage of learning funds. While this was a laudable intention—it quickly became clear that it was unsustainable financially.

In PY3, learning budgets were reduced to a standard \$3,000 for all domestic and some overseas Fellows, Interns received \$500 a year, and TB Fellows received no learning budget as the funding office rejected inclusion of individual learning funds in their budgets. The lack of individual learning funds for TB Fellows, almost all of whom were LMIC Fellows placed at Ministries of Health, exacerbated inequity between them and those Fellows who already had access to a myriad of professional development resources through their placement at USAID. This disparity prompted STAR to design responsive programming to address the learning gaps identified by Fellows.

Based on feedback from participants, it was clear that each participant type had distinct needs and thus the program pivoted to meet those most expressed by the participants. For Interns, it was connection to each other and support around essential professional skills that would bolster their ability to adapt to the workplace

and their new roles. For many US Fellows, it was simply to access their learning funds to supplement what was not available at USAID. This included immersive language experiences, attending professional conferences, and accessing subscriptions that kept them technically current. LMIC Fellows within USAID wanted to take advantage of their funds by advancing their professional education, publishing research, and experiencing study exchanges at other Missions and in different countries. Finally, most TB Fellows seconded to Ministries of Health felt isolated in their advisory roles and wanted professional connections, the ability to grow and cultivate new skills in community, and to attend the annual national TB Union Conference. With this understanding, STAR pivoted and met the needs of the participants by leveraging existing resources and the brilliance of the participants themselves.

Optimizing High-Impact, Low-Cost Technical Resources

In 2021 at the beginning of PY3, the partnership with JHU ended due to changing priorities within the USAID/GHB and resulting program budget constraints. When the learning program was launched, JHU set a high bar that included considerable academic rigor that informed the intake competency assessments, curated learning objectives and a robust database of global health learning opportunities that Fellows could choose from. JHU also provided Fellows with access to a mentorship program with JHU professors and access to their online library, which was useful for enabling participants' access to research publications. LMIC Fellows felt the loss of access to such a prestigious global health institution. While the transition of JHU resulted in the initial loss of staff members, mentorship programming and access to academic resources, the early STAR programming was conceptually heavy, rooted in academic frameworks that lacked the agility to adapt to the felt needs of the participants. However, the downsizing required considerable simplification to focus on and expand what mattered most to Fellows.

“

STAR worked promptly and professionally on all issues. I received excellent support all the time.

-LMIC FELLOW

”

The STAR team simplified the learning onboarding and approval processes and identified new ways to fill gaps in access to technical and academic resources and identify learning opportunities that were low-cost but offered high quality and high

impact. STAR partnered with the GH/TB/Research team to facilitate access to a free WHO Implementation Science course that had a STAR cohort-specific track. PHI also offered access to its existing learning resources to STAR’s LMIC Fellows who were not PHI employees. Through PHI’s institutional EBSCOhost account, participants could access many scientific and academic publications that had previously been available through the JHU library. Additionally, PHI’s learning management system, Percipio, provided participants with access to online courses, tutorials and publications to enhance professional skills. Percipio served as a primary resource for asynchronous learning for all participants. Interns and overseas Fellows accessed the platform most frequently, likely due to their limited (Interns) or lack of access (TB Fellows) to learning funds and USAID University. Five participants completed Project Management Professionals (PMP) preparatory training using this platform and successfully obtained the distinguished PMP certification. The most frequently accessed courses on PHI Percipio by participant type were:

| INTERNS | LMIC/OVERSEAS FELLOWS |
|--------------------|--|
| PMP BOOT CAMP | PMP BOOT CAMP |
| TABLEAU DESKTOP | PROJECT MANAGEMENT SERIES (PROJECT MANAGEMENT BODY OF KNOWLEDGE (PMBOK & PRINCE2)) |
| DATA VISUALIZATION | ENGAGING TEAM MEMBERS AND STAKEHOLDERS |
| EXCEL | EFFECTIVE TEAM COMMUNICATION |
| | TAKING STOCK OF WORK/LIFE BALANCE |

Curated Learning Events

Throughout the program, STAR delivered virtual and in-person learning experiences that enhanced the participants’ understanding of the global health landscape. STAR participant sub-groups had distinct needs, so STAR prioritized cohort-specific learning based on emerging needs of the various types of participants. The most highly rated sessions were learning webinars, panels, and fireside chats, including The Business of Global Health, A Publishing Series for LMIC, Women in Global Health, Navigating the Space Between to Advance Global Public Health, a COVID-19 series, and career panels featuring diverse global health leaders.

Peer Learning and Creating Opportunities for Connection

Participants' desire to engage with one another increased during and after the COVID-19 pandemic as virtual work became the norm and a core capability of STAR emerged-- facilitating opportunities for peer learning and connection. These networking opportunities were especially valued by FSNs, LMIC Fellows, and Interns—three sub-groups that were eager to learn and most interested in expanding their professional networks.

Learning and Leadership Circles (LLCs)

In response to expanded interest in peer learning and networking, STAR developed and implemented Learning and Leadership Circles (LLCs) which served as a platform for participants to:

- Build peer-coaching capabilities
- Create a space to support each other and translate technical skills into practice
- Develop and enhance career opportunities by promoting meaningful professional connections
- Reinforce and cultivate a connected network

Through participation in LLCs, participants connected with their peers by participant type (Intern/Fellow), geography (Africa, Eurasia, US), and availability. This flexibility ensured participants sufficient opportunity to engage with one another. Over the course of the program, over 60% of STAR participants took part in at least one LLC session and the design of the LLCs expanded their professional networks and provided a safe space to learn with and from other global health professionals. Participants (particularly TB Fellows and Interns) expressed great appreciation for these spaces and how it enriched their personal and professional lives.

“

The STAR fellowship is the best fellowship I have participated in. The support team is beyond excellent

-LMIC FELLOW

”

The LLCs and the topics that participants selected reinforced how important essential professional skills are to being a successful global health practitioner. One of the skills that is often undervalued but critical to one's ability to build consensus among diverse stakeholders is facilitation. To deliver the LLCs, the STAR team relied on a group of self-elected Fellows who were keen to both learn the art of facilitation and hold space for their peers to discuss topics that made them stronger professionals. This topic was also the subject of a CUGH Conference Poster Presentation titled “The Missing Piece in Global Health Leadership: “Technical skills will get you to the table... but leadership and facilitation skills will keep you there,” where it was explored more deeply.

LLC Facilitator Training

To sustainably implement the Learning and Leadership Circles, STAR worked with a Senior STAR Fellow (who was also an expert coach and facilitator) to design and deliver the facilitator training. Five Interns, fifteen Fellows, and one STAR staff completed the 12-hour (six-session) training. Participants in the training expressed the desire to adopt LLC concepts for use with their host organizations and other key stakeholders and identified the LLC model to transform culture within their workplaces. Trainees have expressed the continued value of the training in their work and professional lives.

LLC Sessions at-a-glance

5

Topics selected by participants were delivered

82%

of participants reported an increase in professional connection

52%

of STAR participants attended at least one LLC

91%

of the Fellow attendees were LMIC-based

100%

report the LLCs facilitating their increased access to learning resources

100%

of participants reported they would like to see LLCs continue

“

Thank you for those facilitation training sessions! They are lifelong lessons and it's been a blessing ever since.

-LLC FACILITATOR

”

“

The LLC has helped me grow professionally and to express myself more eloquently...

-LLC PARTICIPANT

”

Rising STARS

Over the course of the program, the learning content designed for the Interns evolved from highly academic and technical global health topics to content focused on the development of essential professional skills tailored to the realities of their career stage. The Rising STARS series---initially facilitated by STAR staff was adapted into an LLC series and was implemented in PY4. Four Interns were trained as facilitators and contributed to the design and delivery of the Rising STARS content. The short-term nature of internships resulted in many Interns completing their terms before they were able to participate in all of the Rising STARS sessions; however, they all spoke to the value of facilitation skills training and the ways in which it supported them as they transitioned into their next global health role.

“

STAR was very supportive before and during my internship especially with travel preparations!

-INTERN

”

Some of the most popular Rising STAR topics were:



Overseas and Travel Support

The STAR team onboarded and supported 313 traditional participants during the life of the program. This included 105 overseas participants in 40 countries, 98 of which were hired through the employers of record (EOR), and seven of which were US Nationals or Permanent Residents hired by PHI. The EOR-employed participants included 21 third-country nationals (TCN) and seventy-seven local-country nationals (LCN). There were also 49 domestic Fellows and 160 Interns, including placements through Purdue University, SUNY Stony Brook, Wayne State, and Princeton, and overseas Interns in Liberia and Rwanda.

Managing Participant Queries

Given the various types of STAR participants, the STAR team developed a creative and efficient system to manage issues and queries from overseas participants. To accomplish this, a helpdesk style model was implemented that all relevant team members had access to in a shared inbox. This allowed specific team members to specialize in certain participant types (Interns, EOR, overseas, etc.) and allowed for seamless backstopping during leave and staffing changes. It also ensured that relevant team members had access to all these historical communications.

Country-specific Participant Issues

Country-specific regulations and other issues provided a variety of challenges for the STAR team to overcome. Work permits for TCNs often proved challenging to obtain because the process was subject to the policies and decisions of local government offices. In best case scenarios, the team was able to utilize various contacts to expedite the process. In some instances when long processing times were expected, they were able to create processes to employ TCNs as LCNs in their home countries until their work permits were approved, allowing them to relocate and transition to TCN positions. Depending on local regulations, sometimes these participants were able to travel to their TCN work location while their permit was in process to meet their team and better adapt to their new roles.

Local economics also proved challenging. Because local laws usually dictated that TCNs had to earn salaries in local currency, even as their salaries were determined as US dollar (USD) equivalents, during periods of local hyper-inflation, TCN participants' relative earnings were reduced. To combat this, STAR implemented a currency fluctuation tracking system and quarterly review to ensure that participants who were being paid in a local currency never lost more than 10% of their baseline pay. Although rare, whenever local laws allowed, TCN participants were paid in USD.

Adapting to the COVID-19 Pandemic

Ensuring Workplace Safety

Global events also caused major disruptions to the work of STAR staff and participants. The most impactful event globally was the COVID-19 pandemic. As the governments of the 40 countries in which STAR worked each responded differently to the crisis, the STAR team had to be flexible in the guidance and support it provided to participants. Additionally, the team had to advocate on behalf of participants to ensure they had safe work environments, taking into consideration their risk tolerance, health considerations for them and their families, and the overall situation in each country. This often involved pushing for host partners to be more accommodating of remote work, minimizing non-essential site visits, and taking steps to ensure improved workplace conditions. STAR implemented baseline standards and request forms to be completed for returns to office and site visits, to ensure proper precautions were taken and mitigation practices were in place. STAR also provided participants with a quarterly personal protective equipment (PPE) allowance so that they could procure needed PPE equipment in-country for personal and professional use. When international travel resumed for USAID-placed participants in the summer of 2021, the STAR team navigated a more rigorous approval process through USAID and PHI Central Operations, to help reduce the risks inherent in such travel.

Adapting to Remote Work Processes

With the shift to remote work, USAID had to adjust its procedures for onboarding new employees. The STAR team worked closely with the USAID Administrative Management Services (AMS) Officers to onboard participants virtually and ensure they received access to USAID systems. STAR developed a strong working relationship with the AMS Officers, but their team was often short-staffed, resulting in slow response times and delays in processing USAID facility access security applications. To help combat some of these issues, STAR collaborated with the AMS Officers to refine the Professional Development & Management Support (PDMS) Logistics team process and tracking spreadsheet to track all STAR security actions.

Adapting to a New USAID Security Badging Process

As USAID Washington participants were called back to work, STAR staff had to again navigate changes to the onboarding processes at USAID. There was a new requirement put in place that all participants, even those working fully remotely, had to come to DC to get their USAID security badge and receive access to USAID systems. This had budgetary implications and was logistically challenging, as the team had to arrange badging appointments and book trips to DC (often on short notice) for participants not local to the area.

Responding to Other World Events: Afghanistan, Ukraine, Myanmar, and Haiti

Some STARs participants were also impacted by more violent global events, which resulted in some evacuations of participants. The highest profile events occurred in Ukraine and Afghanistan, while STAR also faced issues in Myanmar and Haiti. Evacuations were complicated by visa and employment regulations. STAR was able to evacuate TCNs to their home countries, as there were no visa issues, but there were often limits on how long they could remain employed in their work country while working remotely for their home country. The process for LCNs was more challenging, especially for citizens of countries like Afghanistan, who could not easily obtain visas to enter other countries.

Afghanistan

When Afghanistan fell to the Taliban, STAR was employing two LCNs, and four TCNs had concluded their fellowships in the prior months. STAR was unable to evacuate the Fellows and their families, but the team worked with USAID to get their paperwork submitted through the proper visa process and are still in continued communication with them as they progress through the system. The fall of Afghanistan also brought the country's banking system to a halt, and STAR worked with the EOR partner for months to find a way to ensure that active Fellows received their full compensation, which was even more critical with the evolving humanitarian crisis in-country. They were eventually paid in full and very grateful for the work done to ensure payment.

Ukraine

In Ukraine, STAR evacuated the TCN Fellow just days before the Russian invasion. As the war continued and it became clear that the Fellow would not be able to return to Ukraine, the team was able to convert her to a LCN position in her home country so that she could continue to support her colleagues and the work still being done in Ukraine.

Myanmar

During a period of particularly high unrest in Myanmar, the STAR team evacuated the TCN Fellow and his family to their home country. STAR also worked to get his salary paid to a bank in his home country so that he could access the funds. The team also modified his employment benefits to allow for his family to remain in his home country when he returned to Myanmar until the situation there improved.

Haiti

STAR faced a similar challenge in Haiti due to the increasing violence and was able to evacuate the TCN Fellow to his home country, where he remained for the duration of his fellowship.

Field-Based Experiences

From the start of the program, STAR recognized the importance of field experience, both for Fellows and Interns. Although STAR did not have control over whether fieldwork took place, the program valued and promoted these experiences. Travel restrictions due to the COVID-19 pandemic significantly limited the ability of STAR Fellows and Interns to participate in fieldwork. Travel opportunities were limited in PY 3-5 with travel resuming slowly in PY4 for some Fellows.

Indicator 1.5.1 measures the percentage of Fellows who participated in a field experience by the end of their fellowship, with a target of 85%. It is important to note that data for indicators 1.5.1 and 1.5.2 come from self-reported survey data and therefore, due to survey response rate, results often do not reflect the experience of all STAR participants.

Foreign Service Nationals

In PY2, STAR facilitated Professional Development and Learning activities for a cohort of nine Foreign Service Nationals (FSNs) from seven countries. The STAR Learning team designed a curriculum and facilitated a series of workshops and peer learning opportunities aimed at enhancing the leadership and global health diplomacy skills of visiting FSNs. The program featured a variety of key activities, including a welcome session with Global Health Bureau representatives, a visit to Capitol Hill to observe the FY2021 Budget Hearing for USAID with the House Foreign Affairs Committee, a Global Health Diplomacy Workshop and Panel Discussion, and an Effective Communication workshop.



Foreign Service Nationals, 2020

The program featured a variety of key activities, including a welcome session with Global Health Bureau representatives, a visit to Capitol Hill to observe the FY2021 Budget Hearing for USAID with the House Foreign Affairs Committee, a Global Health Diplomacy Workshop and Panel Discussion, and an Effective Communication workshop.

The planned two-month rotations in Washington were cut short in February 2020 due to the COVID-19 pandemic. Despite this setback, STAR pivoted to continue providing virtual learning support. The transition to virtual learning, along with the curriculum developed for the FSNs, became a template for how STAR supported LMIC professionals for the remainder of the program. Fellows and Global Health Bureau representatives rated the program and activities highly, though the program was ultimately discontinued due to the pandemic.

The FSN program represented a unique opportunity for STAR to support USAID's FSNs in advancing their professional development goals. The cohort structure enabled STAR to facilitate peer learning exchanges effectively. Although the pandemic curtailed in-person activities, the experience underscored the importance of adaptability and innovation in continuing professional development and learning amidst global challenges.

V. STAR Partnerships

STAR Partners



Consortium of Universities on Global Health (CUGH)
CUGH implemented the Collaboration Laboratory (CoLab). Focusing on specific global health technical and academic needs of low- and middle-income (LMIC) academic institutions, the CoLab recruited pairs of academic institutions to develop, test, and codify best practices for successful, sustainable partnerships.



Johns Hopkins University (JHU)
JHU facilitated academic support, training, adjunct lecture opportunities, and mentoring opportunities to maximize learning opportunities for STAR Fellows and Interns and equip tomorrow's global health practitioners with knowledge, attitudes, and skills needed for success. JHU's early work on STAR set the stage for STAR's signature learning program.



University of California San Francisco (UCSF)
UCSF's Center for Health Equity in Surgery and Anesthesia supported STAR's technical assistance work related to USAID's global COVID-19 programming. Specific technical assistance areas included building a knowledge hub and training resource for global ventilator donations, supporting the development and dissemination of global goods, and reviewing pilot implementation of test-to-treat (T2T) protocols and oxygen (O2) ecosystem development. UCSF's Institute for Global Health Sciences academic and clinical experts facilitated STAR Fellows' and Interns' advancement in global health diplomacy and led STAR's technical advisory group, which helped establish and support some of STAR's early goals and objectives.



Aspen Management Partners for Health (AMP Health)
AMP Health is a program of the Aspen Institute and partnered with STAR to work with host country governments to strengthen leadership and management capacity for public health teams and contribute to improved health systems and outcomes. Through the placement of long-term advisors in Republic of the Congo (Brazzaville), Central African Republic, Chad, Mauritania, and Namibia, AMP Health strengthened the institutional capacity of National Malaria Control Programs and National TB Programs to utilize Global Fund investments to achieve country goals and objectives.

Other Academic Partners

Throughout the implementation of STAR, multiple universities were engaged to either place participants or source participants for USAID placement. These included several Interns from Princeton University placed at USAID, an Intern from the State University of New York Stony Brook (SUNY Stony Brook) placed at USAID, an Intern from Wayne State University placed at USAID, a Fellow placed at the University of Minnesota, and two Fellows with shared placements at Purdue University and at USAID.

STAR was in discussions and negotiations with several other potential partners to fund and place Fellows with organizations in several countries. Unfortunately, because of the COVID-19 pandemic, those new and innovative partnerships were put on hold as organizations suddenly had other priorities they needed to manage and fund.

Cost Share and Partnership Engagement/ Special Projects

STAR's strategic focus on special projects and partnerships continued during the reporting period and remained focused on programmatic outcomes. Partnerships included:

Diversity, Equity, Inclusion, and Accessibility (DEIA) assessment and training with Tangible Development (TD)

In early 2021, STAR was asked by USAID's Office of HIV/AIDS (OHA) to identify subject matter experts to support the implementation of a DEIA assessment of OHA and development of training and strategies to support an inclusive workplace culture. Tangible Development (TD), a DEIA consulting firm was identified and began work in March 2021. TD's work expanded in September 2021 to include support USAID's Global Health Bureau (GHB) and in March 2022 to support USAID's Office of Population and Reproductive Health (PRH). Tangible Development completed the following deliverables to support DEIA initiatives from February 2021 to March 2023:

- **OHA**

TD supported a comprehensive assessment of DEIA in OHA and development of a strategy and trainings to build a more inclusive workforce culture. Deliverables included:

- OHA Assessment Report and Recommendations for advancing DEIA in OHA
- Tailored virtual training for OHA Staff and Leadership
 - Building a Culture of Accountability (All Staff)
 - Inclusive Leadership and Skill Development (OHA Leadership)
- DEIA Accountability and Coaching for Staff and Leadership
- Training evaluation and recommendations for sustained organizational change

- **PRH**

TD's work with PRH started March 2022 to support the Office's Anti-Discrimination Committee (ADC) in the development and socialization of a Strategic Action Plan.

TD completed the following deliverables:

- Visioning sessions with PRH Leadership
- Strategy Development sessions with ADC members
- Development of a set of IDEAAL (Inclusion, Diversity, Equity, Anti-Racism, Access and Learning) Strategic Goals
- Communications plan and socialization of IDEAAL goals to PRH staff

- **GHB**

The work plan for TD changed frequently throughout the contract due to the shifting priorities and roles and responsibilities for DEIA within USAID and GHB. Final deliverables included:

- DEIA Presentation and Global Health Leaders workshop
- Leadership Readiness Sessions for Office leaders
- Focus Groups and Listening Sessions for all staff
- Communications Assessment and Report to standardize DEIA in internal and external communications
- Understanding and incorporating a DEIA Lens into Communications workshop
- Curated resources titled "Global Health Best Practices for Hiring Diverse Talent" as a tool for hiring teams to integrate DEIA best practices into the Bureau's hiring and selection processes

Staff support and organizational effectiveness capacity-building with David and Lucile Packard Foundation

STAR's partnership with the Packard Foundation in India was focused on reproductive health, including among adolescents, and organizational effectiveness capacity-building. STAR managed four "Fellows" placed with the Packard Foundation office in India. The Fellows functioned similarly to USAID-funded Fellows and included one South Asia Regional Advisor, one Research Associate, one Program Associate, and one Administrative Assistant. Like with our USAID-placed Fellows, STAR provided legal supervision, performance management, and learning/professional development support to these Packard Foundation-funded Fellows. Additionally, Packard Foundation provided a grant to STAR to work with Packard Foundation grantees in South Asia to promote localization by building organizational capacity in non-technical areas, such as organizational financing, management, human resources, coping with COVID-19 and other emerging security issues, legal and regulatory issues, etc.

Promoting Academic Partnerships with CUGH, Purdue University, and other Academic Institutions

STAR partnered with the Consortium of Universities on Global Health (CUGH) early in the program to establish a foundation of high-quality academic partnerships across the globe, and to increase the capacity of individuals and academic institutions around the world to improve global health practice. CUGH produced several documents and tools that helped lay the groundwork for establishing a collaboration laboratory (CoLab) of US-based and LMIC-based academic institution pairings centered around contributions to global and local public health, including:

Capacity Assessment Tool (CAT)

to identify systemic barriers that hinder information flows for effective knowledge generation and sharing

Partnership Assessment Tool (PAT)

to help partnering institutions to pause, reflect, self-assess, and identify areas within the partnership that may need development

Comprehensive Review of Academic Partnerships

to inform overall understanding about what information currently existed about formalized academic partnerships

Landscape Analysis

to understand the capacity needs (e.g. workforce, structures, skills, tools) with respect to effective global health engagement

The CoLab documented the best practices for developing and sustaining successful academic partnerships. In total, there were four partnership pairings as presented in Table 1.

“

Excellent team that makes work easy with results!

-LMIC FELLOW

”

“

I can't thank you enough as without your timely and always helpful demeanor I could not have done my work to the level to which I did it. You were always a quick email away and always helpful.

-USN FELLOW

”

DETAILS

Table 1: Collaboration Laboratory Partnerships, Projects, and Key Accomplishments

| TYPE OF PARTNERSHIP | PARTNERS | LOCATION | PROJECT TITLE/FOCUS AREA | PURPOSE | KEY ACCOMPLISHMENTS |
|---------------------|--|---------------------------|---|---|--|
| LMIC-to-LMIC | Valley View University | Accra, Ghana | <i>Cross-Institutional Collaboration Approach to Curriculum Design and Implementation</i> | Determine the effective conditions, mechanisms, and challenges of a cross-institutional collaborative approach to curriculum design and implementation. | <ul style="list-style-type: none"> Evaluation Tool for infectious diseases and prevention curricula focused on gender inequities Knowledge Management team formed to create awareness about and build KM systems |
| | Kenyatta University | Nairobi, Kenya | | | |
| US-to-LMIC | University of Notre Dame | South Bend, Indiana, USA | <i>Strengthening Research Infrastructure and Collaboration in Palliative Care</i> | Develop and ensure sustainability of an information management system for the palliative care surveillance project. | <ul style="list-style-type: none"> Development of palliative care data collection tool Health surveillance system developed |
| | Uganda Martyrs' University | Kampala, Uganda | | | |
| US-to-LMIC | Kathmandu University, School of Medical Sciences | Dhulikhel, Nepal | <i>Emergency Medicine Protocol Development and Implementation Through Simulation in Nepal</i> | Improve the quality of emergency medical care and patient safety. | Emergency Room COVID protocols developed |
| | Medical College of Wisconsin | Milwaukee, Wisconsin, USA | | | |
| US-to-LMIC | University of Saint Francis Xavier | Sucre, Bolivia | <i>Establishing an Institutional Review Board in Bolivia</i> | Institutionalize an educated, functioning, and well-organized Review and Ethic Committee within USFX | Research ethics and integrity course was developed |
| | Touro University California | Vallejo, California, USA | | | |

Each of the four academic pairs received a small grant to support their partnership efforts. The partnership pairs participated in several formalized learning exchanges, which used two tools that were developed by STAR, the CAT and the PAT, which outlined the growth areas that the partnerships needed to work on. As the universities progressed in building trust and developing their working relationships, they also progressed towards key technical accomplishments as outlined in their partnership goals and objectives. Throughout the implementation of the CoLab, the STAR academic partnerships team observed how the partners worked together and documented their findings about what makes strong, trusting, and sustainable, partnerships. Details of these findings and corresponding recommendations, as well as the overall process and implementation of the CoLab, can be found in the final collaboration laboratory report.

Throughout STAR implementation, multiple universities were engaged to place participants or source participants for USAID placement. These included several Interns from Princeton University placed at USAID/ID and USAID/CII, an Intern from the State University of New York Stony Brook (SUNY Stony Brook) placed at USAID/OHA, an Intern from Wayne State University placed at USAID/MCHN, a Fellow placed with USAID/MCHN and hosted at the University of Minnesota, and two Fellows with shared placements at Purdue University and at USAID/OHA. For the latter two Fellows, STAR entered a partnership with Purdue University's Pharmacy School through the Academic Model Providing Access to Healthcare (AMPATH) consortium to place two Global Equity Pharmacy Fellows at USAID/OHA for one year and at Moi Teaching and Referral Hospital, Moi University School of Medicine in Kenya the second year. The fellowships were funded in part with a grant from the Eli Lilly Foundation. Unfortunately, due to COVID-19, the second year of the fellowships could not be held in Kenya and instead were held at Purdue University in Indiana.

Enhancing learning and professional development for Participants with Johns Hopkins University (JHU)

JHU facilitated academic support, training, academic medical/public health library access, adjunct lectures, and mentoring to maximize learning opportunities for STAR Fellows and Interns and equip tomorrow's global health practitioners with knowledge, attitudes, and skills needed for success. During the initial stages of the program, JHU led a scoping review to assess the availability of learning opportunities in every aspect of global health and professional success that STAR participants could access and created a curated activity library. They then identified

the most essential learning needs for successful global health professionals, matching those against what was globally available. Using this analysis, the STAR developed a comprehensive theory of change (Figure 1) including a Competencies Framework (Figure 2), individualized and tailored learning (Figure 3), a deliberate practice approach, mentorship groups (Figure 4), and networking, all expected to develop highly skilled public health technical professionals who make innovative, measurable contributions to global health challenges. The JHU team also authored three papers focused on evaluating the competency gaps in global health leaders, their learning needs, and showcasing STAR’s learning database. STAR staff also contributed to six articles focusing on leadership training for professional learners in global health.

Figure 1: STAR Learning Program’s Theory of Change

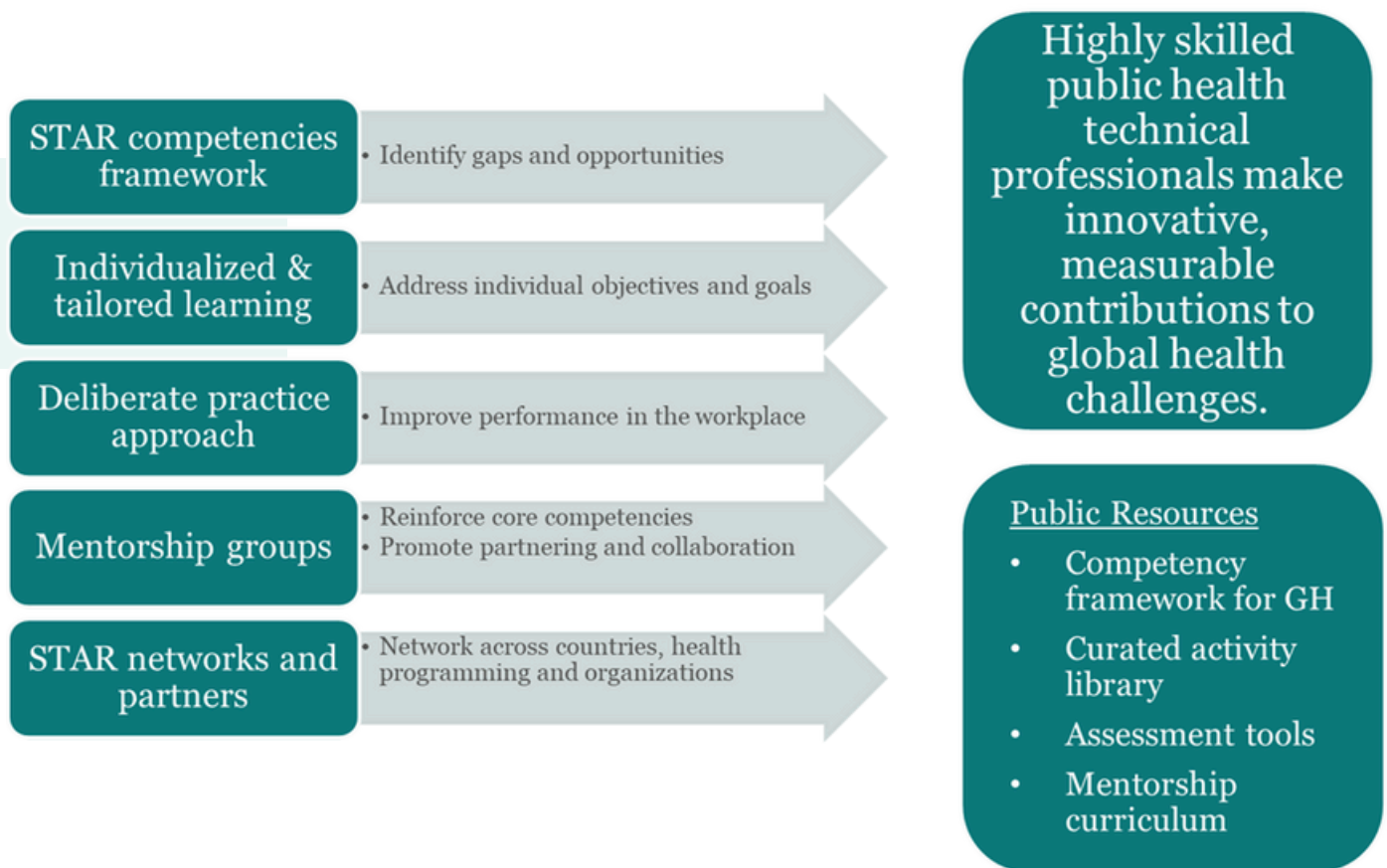


Figure 2: STAR Global Health Competencies

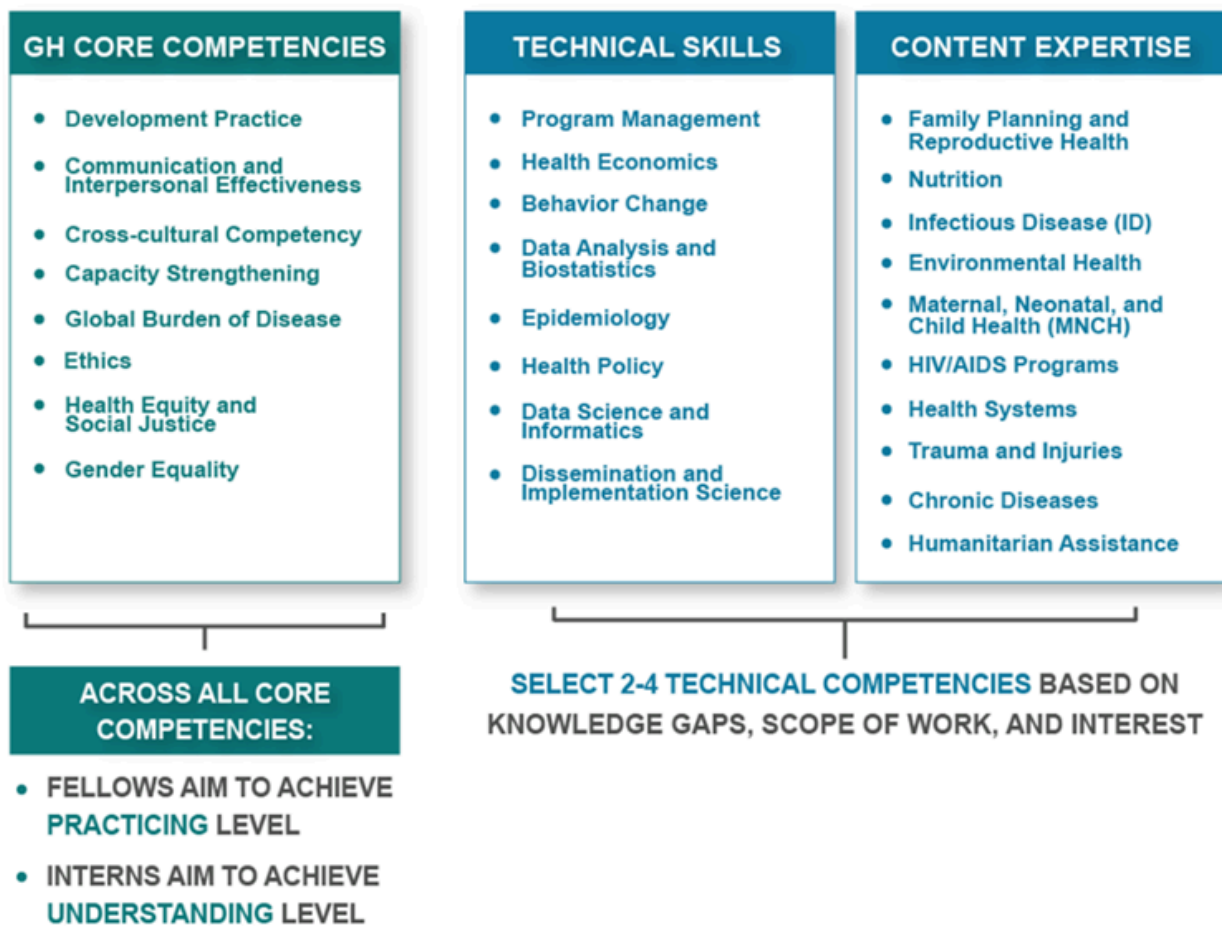


Figure 3: STAR’s Individualized Learning Plans

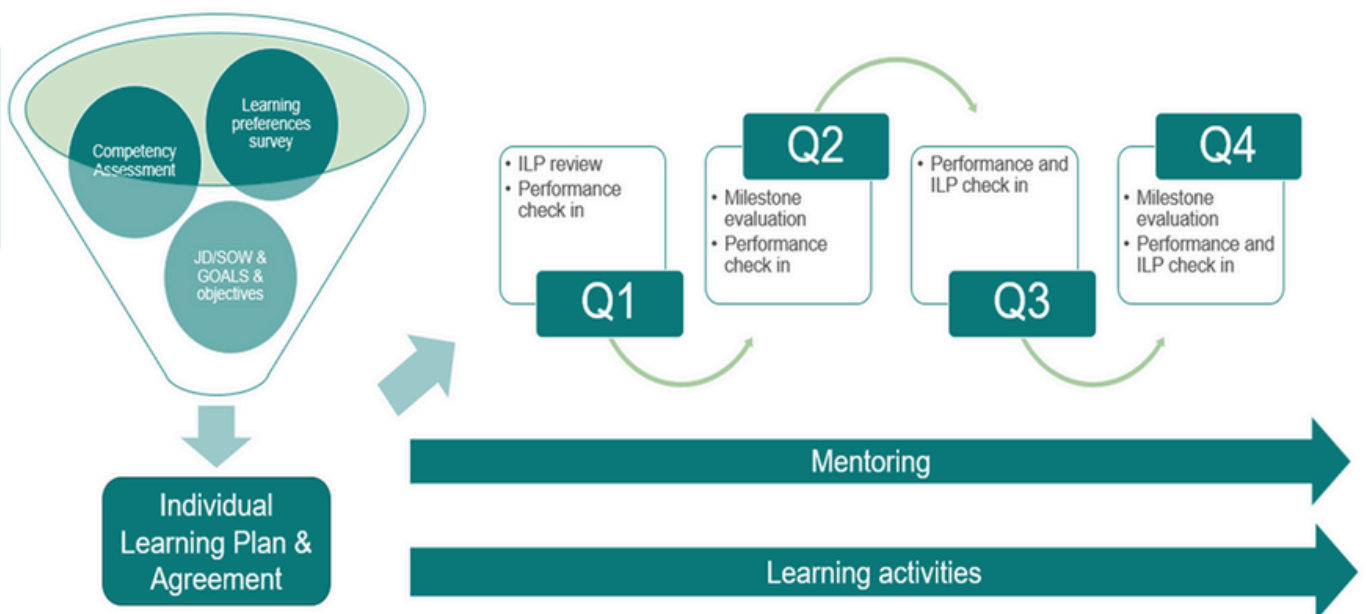
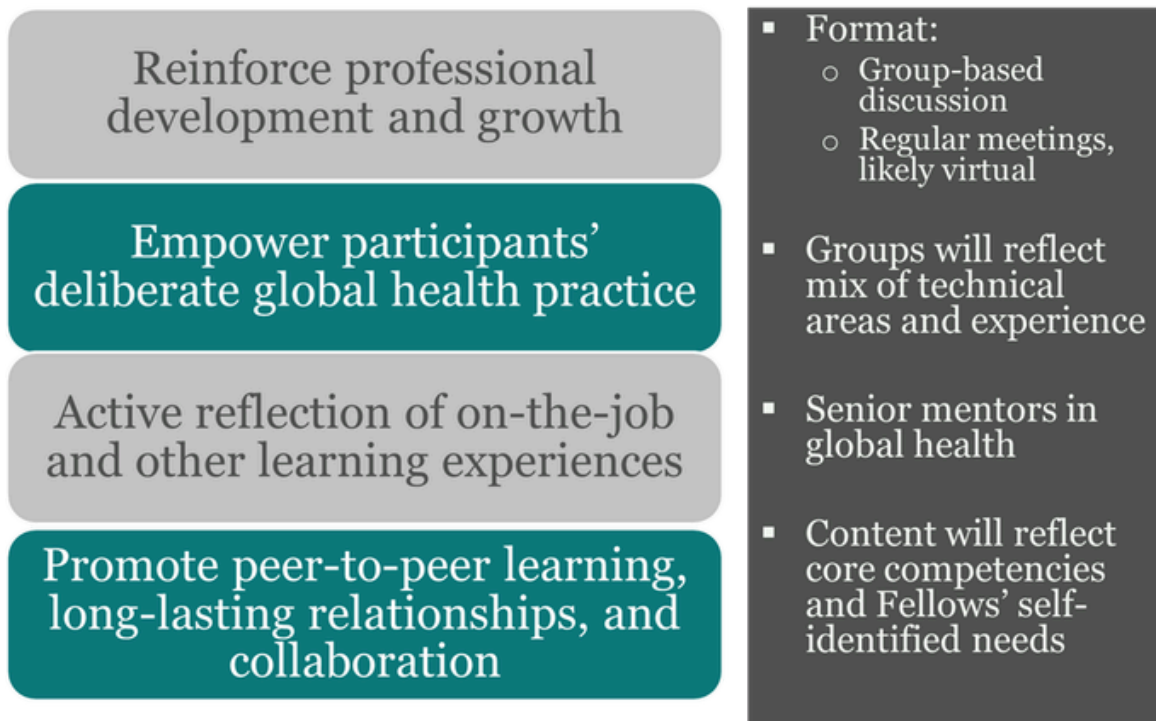


Figure 4: STAR Mentorship



STAR identified key gaps in available activities and developed training modules and webinars for participants. Some of these included a series on how to write and publish scientific papers and an online course on Gender and Global Health. Although STAR was not able to fully implement this comprehensive learning approach due to the COVID-19 pandemic and changing USAID/GH priorities, this early work set the stage for STAR's longer-term, signature learning program, which is described earlier in this final report.

Technical Advisory Group and Global Health Diplomacy with the University of California, San Francisco

In partnership with STAR, the UCSF Institute for Global Health Sciences established a Technical Advisory Group (TAG) to serve as a connection to academia, NGOs, private sector companies, and LMIC government agencies to promote the STAR vision, goals, and objectives. The TAG members were chosen for their experience, influence, and relationships in global health so that they could leverage their networks and partnerships to identify potential LMIC participants and field experience opportunities, engage academic institutions and professional associations to share educational and technical resources, and provide mentorship

for STAR participants. UCSF also facilitated fireside chats – an opportunity for STAR participants to have an in-depth and less formal conversation with high level global health experts and developed and implemented a course on global health diplomacy for STAR participants, especially the first and only cohort of FSN Fellows that STAR hosted.

The TAG developed a potential fellowship model whereby existing, local staff at Ministries of Health would be selected to be Fellows and provided all of STAR’s learning, networking, mentorship, and other professional development activities and resources. The fellowship would have focused on building the Fellows’ capacities to continue working at the Ministries, thereby also building local capacity of the Ministries. Leveraging existing relationships, the TAG arranged a meeting among STAR, USAID, and the US Ambassador to Equatorial Guinea to set up pilot for this fellowship model. Following that meeting, STAR secured external funding, interest of the Ministry, and identification of a MOH Fellow. Unfortunately, as the STAR team was preparing to begin the fellowship, the COVID-19 pandemic started, and plans had to be put on hold. Although this model was never able to be tested under STAR, the model is a promising one that perhaps USAID might implement at another time.

COVID-19 global goods technical assistance and pilot project technical review with the University of California, San Francisco

Soon after the onset of the COVID-19 pandemic, USAID approached STAR for support of its presidentially mandated, global ventilator donation strategy. UCSF’s Center for Health Equity in Surgery and Anesthesia was engaged to support the strategy, and the partnership grew to provide additional technical assistance around COVID-19 patient management. STAR-UCSF built an online knowledge hub and training resource for global ventilator donations, supported the development and dissemination of global goods, and reviewed pilot implementation of test-to-treat (T2T) protocols and oxygen (O₂) ecosystem development. See the Global Technical Assistance for COVID-19 section below for details of this partnership’s activities and results.

Ministry of Health leadership and management capacity-building with AMP Health

The partnership among STAR, the Aspen Institute’s AMP Health, and USAID built capacity and promoted leadership and management within MOH National Malaria Control Programs (NMCP) in five countries in Africa, and within MOH National

TB Program (NTP) in one country in Africa. AMP Health embedded management partners in Chad, the Republic of Congo (ROC), Central African Republic (CAR), Mauritania, and Namibia, who worked with national teams to improve health systems and outcomes, utilizing Global Fund investments to achieve country goals and objectives. See MOH Leadership and Management Support section below for details of this partnership's activities and results.

Other Innovative Partnerships that were interrupted due to the COVID-19 Pandemic

During the first years of STAR, the partnerships team worked to develop relationships with potential partners. The purpose was to implement some innovative fellowship opportunities with private sector and foundation funding. Several of these partnerships were in the final stages of being set up and ready to implement. Because of the COVID-19 pandemic, these new partnerships had to be abandoned. Funders and potential host organizations suddenly had other priorities they needed to focus on and could no longer commit to becoming part of the STAR consortium. Nevertheless, it is worth mentioning these here since it may be possible to re-ignite these innovative ideas in the future.

- **International Federation of Pharmaceutical Wholesalers, Inc. (IFPW)**

The IFPW is a professional organization whose members include associations, manufacturers, service organizations, and wholesalers. IFPW was interested in funding short-term fellowship placements of employees from among their member organizations with international global health implementing partners that work specifically with supply chain management. STAR had also lined up a host organization in Kenya and Tanzania, called inSupply Health Ltd., where the IFPW Fellow(s) would be placed.

- **CARE India and Project Concern International (PCI) India with Bill and Melinda Gates Foundation (BMGF) funding**

The BMGF was interested in funding two Fellows with their family planning and reproductive health program in Bihar, India. One of the Fellows would have been hosted at CARE India and the other at Project Concern International India.

- **MCD Global Health with the Equatorial Guinea Ministry of Health and the US Embassy**

Through connections with Ambassador Eric Goosby of UCSF and the then US Ambassador to Equatorial Guinea, STAR negotiated and arranged to institute special fellowships at EG's Ministry of Health. Two-to-three promising staff at the Ministry were to be selected as Fellows and would participate in STAR's learning and professional development activities with other Fellows during their one-to-two-year fellowships. Likely topic areas for the Fellows included malaria program management, laboratory management, and health systems strengthening. The funding for the fellowships was arranged through MCD Global Health, formerly known as Medical Care Development International (MCDI).

- **Harvard University Program in Global Surgery and Social Change (PGSSC)**

STAR and USAID/GH were deep in discussions with Harvard University's PGSSC to accept short term Fellows from the program to be placed at USAID in the GH Bureau. Fellows would have provided important technical assistance around global surgical needs while gaining experience working with the world's largest global health donor. Funding for the fellowships would have come from Harvard University.

Global Technical Assistance for COVID-19

In partnership with UCSF, STAR supported USAID recipient countries' responses to the COVID-19 pandemic by providing global technical assistance. Work initially focused on technical assistance for ventilator deployment, critical care capacity assessments, and critical care education and training and evolved to focus on COVID-19 case management and Oxygen (O₂) ecosystem scaleup.

STAR/UCSF's work in five objective areas for COVID-19 response are described below.

Objective 1: Technical Advisory Group (TAG) – Vent and Oxygen Ecosystem Activities

The respiratory care/O₂ ecosystem TAG with subject matter experts in clinical assessment and triage, testing for COVID-19, therapeutics and supportive medical care for COVID-19, and infection prevention and control.

Objective 2: Critical Care Facility Level Assessment Survey – Vent Activities

STAR/UCSF's work on the novel survey tool, which assessed facility-level capacity to care for critically ill patients who required mechanical ventilation.

Objective 3: Critical Care Education and Online Portals – Vent Activities

In partnership with multiple US academic institutions, NGOs, and leading medical authorities, the STAR/UCSF team built and maintained multiple novel dissemination platforms for delivery of critical care educational material relevant to resource-variable settings, including the OpenCriticalCare.org portal, COVID19treatmentguidelines.org, Oxygencalculator.org, and COVIDprotocols.org. [Oxygencalculator.org](https://www.oxygencalculator.org) remains live with multiple updates implemented, including additional language support and unit conversions. [Opencriticalcare.org](https://www.opencriticalcare.org) also remains live and has received more than 500,000 visitors from >210 countries.

Highlights of STAR/UCSF's products include the following:

Job Aids

The Job Aid tool launched on OpenCriticalCare (<https://opencriticalcare.org/job-aid-builder/>) allows users to mix and match to create their own pocket card from the job aids already available on OCC, to suit local needs. The job aid tool remains live on the [Opencriticalcare.org](https://www.opencriticalcare.org) website and available for users.

Oxygen Calculator

OxygenCalculator.org(<https://www.oxygencalculator.org/cylinder/cylinderduration>) has undergone significant improvements in the design phase to version 2.0.

- Multiple updates to the calculator have been implemented, including additional facility-level estimates by ward and a beta tool for estimating consumable costs.
- There were ongoing conversations with global organizations to facilitate adoption of these tools.
- A new mapping tool was tested for release, to show global prices of oxygen.
- New functionality to allow users to compare facility supply and demand was implemented.

What Would You Like to Calculate?

- O₂ Demand**
- O₂ Supply
- SpO₂ to PaO₂
- Cylinder Duration
- Cylinder Size

How much oxygen can my source provide?

O₂ Demand Calculator

How much oxygen does my ward/facility consume per day?

1 How do you want to provide data?

- I will enter my data
- Help me model a ward

2 Enter the number of patients, O₂ flow rates and device types

- < All prior dates
- 06.07.2021
- 06.08.2021**
- + New Day

06/08/2021

| Patients | Delivery Device | Settings | O ₂ Consumption (LPM) per Device | O ₂ Liters per Day all Patients |
|--|-----------------|----------|---|--|
| 10 @ 40 % | Nasal Cannula | | 3 | 0 |
| 10 @ 40 % | Ventilator | | 8 | 0 |
| @ 12 (LPM) minute ventilation, 0 (LPM) bias flow, FIO ₂ 1 | | | | |
| 10 @ 40 % | CPAP or NIPPV | | 15 | 0 |

Calculated Results

Average Consumption per Day

4 392 L

Liters Cubic Meters

Total Consumption per 2 Days

52 704 m³

Liters Cubic Meters

Forecasted Results

Predicted Total Consumption for 30 Days

52 704 m³

OpenCriticalCare Image Library

One of the OpenCriticalCare (OCC) resources, the Image Library, hosts free, high-quality images related to oxygen devices and airway management. Responding to a need from the community for accurate and clear images for education and reference, the Image Library makes these available for any end-user on a Creative-Commons license. Numerous images from the library have been published by users in scientific manuscripts and educational material, including by the World Health Organization.

OpenOximetry.org

During the early project periods, STAR-UCSF responded to implementing partner (IP) and OCC user requests for TA on pulse oximetry by creating the OpenOximetry.org portal. The Open Oximetry Project and site are co-funded by multiple supporters and collaborators and will be sustained for multiple years. The website provides resources on the latest publications in pulse oximetry, device performance data to aid in procurement decisions, as well as FAQ on pulse oximetry. The site is continuously updated with new data and information.

Courses

To meet IP and in-country clinician needs to access quality, online courses relevant to care of COVID-19 patients in resource-variable settings, STAR-UCSF managed a learning management system (Moodle and Learnworlds) to provide access to critical care training courses free of charge to end users during the early project periods. All courses have now been sunset or transitioned back to partners (e.g., Lifebox, BASIC Team) for hosting on their own platforms.

Three courses were hosted on the UCSF Learning Management System (LMS):

- BASIC for COVID-19 Course designed for healthcare providers caring for COVID-19 patients requiring mechanical ventilation.
- BASIC LR for SARI Course providing training on severe acute respiratory infections in resource-variable settings; and a Lifebox PPE Course providing training on personal protective equipment.
- The Lifebox PPE Course was created in direct collaboration with STAR-UCSF and STAR-UCSF also contributed to the BASIC for COVID-19 Course in content design and translation.

UCSF also created a dedicated LMS in Spanish to host a Spanish version of the American Association of Critical Care Nurses COVID-19 course (translation done by FHI360).

- Online courses were hosted, translated or co-developed by the UCSF team, often in collaboration with implementing partners and collaborating organization: BASIC Critical Care Course – 500 users English, Spanish Users, Mongolian Users; Lifebox PPE and Pulse Oximeter Courses – >300 users; Harvard EdX AARC Mechanical Ventilation for COVID-19 Course updated and Spanish subtitled by STAR-UCSF – 43,000; American Association of Critical Care Nursing COVID-19 Course translated into Spanish with FHI360/Palladium and created hosting platform for the course – 250 users.
- These courses were well received and served to fill an acute gap at a key juncture.

Additionally, select countries received wireless access points loaded with COVID-19 and critical care educational resources, especially in areas where Internet connectivity was poor.

Objective 4: COVID-19 Education, Guidelines and Online Portals - Oxygen Ecosystem Activities

Oxygen Encyclopedia

In recognition of the need for an authoritative resource on respiratory care topics, the Oxygen Encyclopedia was created to house comprehensive references on these topics and remains available after the project's conclusion. Modeled on popular medical reference sites like UpToDate, it contains innovative features including the ability to dynamically shift encyclopedia content based on the learning level of the user.

Test-to-Treat Algorithm

STAR-UCSF coordinated the creation of an algorithm to guide treatment with oral antivirals under the Test-to-Treat strategy. Utilizing the TAG, STAR-UCSF incorporated guidelines from high-income country institutions and input from lower-resourced settings to develop the algorithm. This algorithm is now widely adopted by the IPs as a central part of USAID's Test-to-Treat program and remains live on the [Opencriticalcare.org](https://www.opencriticalcare.org) website.

Objective 5: Remote Technical Assistance

STAR-UCSF continued to update the FAQ section of the online portal established to answer common questions related to COVID-19 and oxygen received from IPs and site users. Further additions to the FAQ including answers to commonly asked T2T questions solicited from IP country partners are underway.

Webinars

STAR-UCSF participated in five webinars for the COVID-19 TA Webinar series, as well as the COVID-19 Clinical Updates for Global Practice Webinar Series, in addition to convening and hosting the webinar on “Oxygen Therapies and Delivery Devices in COVID-19.” STAR-UCSF also supported USAID in preparing content for a webinar on COVID-19 T2T Therapeutics.

T2T and O2 Program Reviews

STAR/UCSF’s work in three objective areas for T2T and O2 Program Reviews is described below.

Objective 1: Conduct desk reviews of implementation materials

STAR/UCSF conducted reviews in eight countries that were implementing USAID-supported pilots for T2T and O2. The countries included: Côte d'Ivoire, El Salvador (T2T only), Ghana, Malawi, Mozambique, Rwanda (T2T only), Vietnam (O2 only), and on a limited basis, the Democratic Republic of the Congo (DRC). The main objective of the program reviews was programmatic and quality improvement.

STAR/UCSF met with the two IPs, EpiC and RISE, that were implementing the pilots to introduce the program reviews and answer their questions and concerns. The IPs shared their desk review materials, including job aids, recorded webinars, clinical guidelines, and poster materials. The STAR/UCSF team reviewed, categorized, and assigned themes to those materials while also identifying gaps.

Objective 2: Conduct KIIs & engage stakeholders using Delphi methodology

STAR/UCSF drafted the T2T and O2 KII guides for headquarters, country-level, and facility-level stakeholders. While in Abidjan, the team field tested the T2T KII guide with key stakeholders from the El Salvador EpiC in-country team. Soon after, the STAR/UCSF team reached out to IP and USAID partners to elicit the contact information of key individuals who should be interviewed. The KII guides were translated in French, Spanish, Portuguese, and Vietnamese to prepare for KIIs with country-level teams.

HQ-level KIIs were conducted with USAID, RISE, EpiC, and Procurement and Supply Chain Management (PSM). Country-level KIIs were conducted during country-level visits, which began with El Salvador and then continued with Rwanda, Vietnam, Côte d'Ivoire, and Mozambique. DRC and Ghana country-level KIIs were conducted virtually. Country-level KIIs included individuals from Ministries of Health, USAID local mission offices, and implementing partner (RISE, EpiC, PSM) offices in all of the countries except for Côte d'Ivoire. Due to difficulties getting political buy-in in Côte d'Ivoire, the team agreed not to conduct T2T KIIs with the MOH nor with health. Additionally, facility-level KIIs were conducted at four T2T health facilities in El Salvador, three T2T health facilities in Rwanda, two O2 facilities in Vietnam, two O2 facilities in Côte d'Ivoire, two T2T and one O2 facilities in Mozambique, and two T2T health facilities and one O2 health facility in Ghana. Following each of these country-level visits, KII notes were finalized and translated (when applicable), and key themes, including barriers and enablers, were categorized and highlighted during debrief presentations. These themes and insightful quotes from the KIIs were included in the T2T and O2 Program Review Reports.

For the O2 Program Review, a Delphi survey was drafted and distributed to key stakeholders at HQ- and country-levels to reach consensus regarding the appropriateness and feasibility of the WHO Key Performance Indicators (KPI) for medical oxygen ecosystems. The results of the Delphi survey were incorporated into the report, which has been reframed as an interim assessment due to delays at country-level in O2 program implementation.

Objective 3: Apply implementation science framework to assess public health impact and translatability

STAR/UCSF drafted and shared the quantitative indicators for the T2T and O2 program reviews with IPs and USAID, incorporating their feedback in subsequent iterations. The final indicators were then programmed into Open Data Kit (ODK) forms on electronic tablets to prepare for country-level visits where data collection/abstraction would occur. During the country-level visits, STAR-UCSF teams collected the quantitative indicators in line with the RE-AIM framework to better understand implementation of T2T and O2 activities. Preliminary findings were shared with country-level teams during debrief presentations. More in-depth analyses took place for T2T and O2 data. Quantitative results were incorporated into the T2T and O2 Program Review Reports which were shared with key stakeholders for their feedback before final dissemination.

The T2T program review and the O2 Interim program review reports are available on the STAR website as well as in the USAID Document Experience Clearinghouse (DEC).

For a list of UCSF's program review indicators, please see Annex F.

MOH Leadership and Management Support

At the request of the USAID Center for Innovation and Impact (CII), USAID/Malaria, and USAID/TB, STAR worked with several National Malaria Control Programs and one National TB program within Ministries of Health in Africa to support strengthening capacity to more effectively manage and implement Global Fund grants towards achieving country malaria and TB goals and objectives. STAR partnered with the Aspen Institute's AMP Health program to meet this request. Through the placement of long-term management partner (MP) advisors in the Central African Republic, Chad, Mauritania, Namibia, and the Republic of Congo, STAR together with AMP Health achieved the following objectives:

- **Effectively manage and implement Global Fund (GF) grants, including**
 - Understanding and mastery of GF processes, including financial management and accountability
 - Engaging successfully with the Fund Portfolio Manager (FPM) and Sub-Recipients (SRs) or with the Principal Recipient (PR)
 - Engaging successfully with the Country Coordinating Mechanism (CCM)

- **Efficiently and effectively manage staff and internal operations, including**
 - Staff management (performance, transitions, delegation)
 - Coordination and communication
 - Motivational leadership
- **Manage external relationships, including**
 - Partner/donor coordination and planning
 - Engaging successfully with the Ministry of Health and other entities of the host country government (finance, customs, civil service, etc.)
- **Use data to plan and manage strategically, including**
 - Strategy development and execution
 - Assessing progress against objectives on a regular basis
 - Adjusting programs as conditions change

This section provides a brief overview of key activities undertaken in each country. AMP Health develops partnership objectives jointly with each partner team, typically focused on improvements in the management of healthcare delivery and wider health system performance through the lens of leadership and management. Each country partnership section provides an update on the progress made towards each team's partnership objectives. A more detailed version of each set of partnership objectives is included in Annex G.

CENTRAL AFRICAN REPUBLIC (Malaria)

The National Malaria Control Program (NMCP) of the Central African Republic (CAR) undertook significant efforts to enhance its leadership and management capabilities, crucial for executing its malaria intervention campaigns and strategic plans.

Strategic Planning and Workshop Facilitation

To address identified leadership and management gaps, the AMP Health MP assisted the NMCP team in organizing the overdue 2022 annual planning workshop. This event brought together key stakeholders and focused on task delegation, effective communication, and team empowerment. The successful workshop invigorated partnerships and spurred broader interest within the Ministry of Health for leadership and management development.

Key Leadership and Management Competencies

The NMCP team, with MP support, identified essential competencies to strengthen, including internal communication, strategic planning, project management, and stakeholder coordination. These skills were crucial for tasks such as:

- Reviewing the 2018-2023 Malaria Strategic Plan
- Developing the 2024-2028 Malaria Strategic Plan for Global Fund submission
- Conducting mass long-lasting insecticidal net (LLIN) distribution campaigns
- Preparing an application for introducing an antimalaria vaccine in CAR in collaboration with the Essential Programme on Immunization (EPI) Directorate and Global AIDS Vaccine Initiative (GAVI)

Internal Communication Improvements

The team faced significant internal communication challenges, leading to inefficiencies. The MP helped establish weekly meetings, mailing lists, and a WhatsApp platform to enhance transparency and accountability within the CAR NMCP team.

Leadership and Management Training

To ensure continuous improvement in leadership and management skills, the MP, with the AMP Learning Team, designed monthly briefing sessions. These sessions included planning, monitoring and evaluation (M&E), and teamwork training, supported by partners like the Global Fund's Principal Recipient, World Vision, WHO, and Roll Back Malaria (RBM) Partnership. These activities clarified technical terms, enhanced M&E understanding, and improved coordination and reporting skills within the context of CAR's health programs.

Strategic Plan Development and Global Fund Submission

Considering the previous team lead's sudden passing, the MP provided crucial support to the new team lead. This included coordinating stakeholder input for the 2024-2028 National Malaria Strategic Plan and securing a consultant for the Global Fund application. The MP also facilitated collaboration with the HIV and TB programs in CAR, enhancing the team's preparation for the Global Fund NFM4 submission.

Enhancements in Collaboration and Advocacy

MPs focused on improving the NMCP team's collaboration and advocacy skills in CAR. Aligning with the Ministry's community program, optimizing the LLIN campaign, and securing partnerships with organizations like PATH and BMGF were key achievements. A workshop facilitated by AMP Health further refined planning and coordination skills, leading to better role awareness and team coordination within the CAR NMCP team.

Overall, the CAR NMCP team made significant strides in leadership, management, and collaboration, gaining visibility within the Ministry and among external stakeholders. The Minister of Health and Population's request to expand AMP Health's support to other health programs highlights the recognized value of these improvements. The continued development of these competencies is expected to enhance the effectiveness of malaria intervention campaigns and broader health initiatives in the Central African Republic.

CENTRAL AFRICAN REPUBLIC (TB)

Observing the positive effects of the STAR/AMP Health partnership with the NMCP, the National Tuberculosis Program (NTP) of the Central African Republic requested to also be a part of the partnership to reinforce their leadership and management capabilities. A new MP was enlisted to provide targeted capacity-building, coaching, and mentoring to the ten-member NTP team. The MP organized workshops on effective communication, planning, and resource management, enhancing the team's effectiveness. The strengthened skills aim to improve coordination within the program and with local partners.

The collaboration with the CAR NTP team advanced their partnership objectives, focusing on healthcare management and system performance. Key areas of impact included:

In-country experiential learning workshops

AMP Health conducted two workshops addressing skill gaps and team dynamics. They focused on communication, trust-building, data management, and activity planning, including budget tracking tool development.

Strengthening communication and engagement within the team

Efforts were made to improve digital literacy and internal communication through coaching sessions and technology familiarization. Weekly meetings became consistent, even in the absence of senior members, ensuring information exchange and collaboration.

Reinforcement of team lead's leadership skills

Coaching sessions with the team lead emphasized transparency, fair task distribution, conflict management, and stakeholder engagement. This led to improved leadership effectiveness and team performance, with ongoing support needed for sustained progress.

All of the above activities contributed to the achievement of the CAR NTP objectives, which were on track at the end of STAR. These included:

Effectively manage and implement programmatic funds and grants

CAR NTP successfully secured the GF GC7 grant alongside the HIV and NMCP programs by December 2023, crucial for implementing its 2024-2028 strategic plan. Extensive stakeholder consultations were conducted, aided by valuable coaching from the MP. A project planning tool, developed with MP guidance, enhanced activity implementation, particularly for GF GC7-funded initiatives. The MP regularly employed reminders and reinforcement mechanisms to support the team in applying newly acquired skills and tools effectively.

Efficiently and effectively manage staff and internal operations

The team's mastery of planning skills and tools steadily improved, supported by monthly planning sessions in leadership briefings led by the MP. They adapted their approach to enhance communication platform usage and project planning, with the MP meeting team members at their technological proficiency level.

Manage external relationships

The NTP team identified the need for an integrated budget tracking tool to improve financial management and transparency. The MP supported the team in developing this tool. Additionally, the preparation of the GF GC7 grant application facilitated collaboration with stakeholders, enhanced stakeholder management skills, and enabled effective advocacy for strategic plan proposals to various partners and Ministry of Health officials.

Use data to plan and manage strategically

The NTP's communication, project planning, and financial management tools have improved data flow within the team.

CHAD (Malaria)

The NMCP team in Chad, the largest supported by AMP Health with 40 members, underwent significant development and growth under AMP Health's guidance. Initially, efforts focused on strengthening trust and cohesion among leadership and team sections, resulting in improved team culture, clearer roles, and enhanced meetings. The team restructured, creating four services above existing sections to streamline coordination and delegation.

Communication and stakeholder management were prioritized, with the team improving internal communication through daily meetings and a WhatsApp group. External stakeholder relationships were enhanced, resulting in strengthened ties with the Global Fund Principal Recipient and other partners. The team's public engagement via social media, particularly Facebook, increased stakeholder awareness and engagement.

Experiential learning workshops were pivotal in enhancing time management, communication skills, and accountability. These sessions culminated in actionable plans for improved teamwork and performance. The team demonstrated autonomy by leading the development of the National Strategic Plan (NSP) and preparing a Global Fund grant application, showcasing strategic thinking and leadership.

AMP Health supported the team's transition to sustainability by facilitating workshops and providing in-country visits. This included defining objectives, identifying champions for commitments, and establishing a transition plan for continued leadership and management development. The team's readiness for sustainability was underscored by their proactive approach and commitment to continuous improvement.

Overall, the NMCP team in Chad has evolved into a cohesive, proactive unit capable of managing complex programs independently while maintaining strong partnerships and stakeholder engagement.

MAURITANIA (Malaria)

The NMP team in Mauritania, previously consisting of over 40 members, underwent a significant reduction to just four members as it transitioned from an independent program to the Malaria Control Service (MCS). Despite this loss of personnel and autonomy, the team remained committed to its ambitious mission. With support from AMP Health, the focus was on motivating team leadership through coaching, rebuilding trust with the Ministry of Health, and enhancing communication to attract financial partners. This effort culminated in securing nearly \$400,000 USD for the 2022 Malaria Chemoprevention Campaign and successfully running the campaign. Recently, the team regained its status as a National Malaria Control Program, signaling renewed support and resources.

AMP Health closely collaborated with the team to advocate for this reinstatement and support the team's planning and implementation efforts. The team's strategic management of activities, including the 2022 operational plan and major campaigns like Seasonal Malaria Chemoprevention (SMC) and LLIN distribution, demonstrated significant progress. Effective stakeholder management, improved communication tools like WhatsApp groups and mailing lists, and active engagement with partners and regional teams contributed to better coordination and implementation outcomes.

The team faced challenges in managing multiple simultaneous campaigns and activities in 2023. Strategic planning sessions, facilitated by AMP Health, focused on aligning activities with budgets, coordinating with partners like the Global Fund, and fostering new partnerships. The team also prepared for the Sahel Malaria Elimination (SaME) Initiative meeting to showcase their progress and funding needs.

Additionally, AMP Health supported the team's transition to a program by assisting in staff recruitment, onboarding, and leadership coaching. The executive coaching sessions for the team lead contributed positively to team dynamics and leadership effectiveness.

The team encountered challenges related to team expansion and preparation for the Global Fund application. Key interventions by AMP Health included embedding a Country Support Manager within the team to address morale shifts and operational challenges. An in-country workshop focused on enhancing collaboration, communication, and management capacities through tools like the RACI matrix and conflict management sessions. Training sessions for regional health workers and improved LLIN distribution coordination further strengthened team cohesion and operational efficiency.

NAMIBIA (Malaria)

The National Vector-Borne Disease Control Program (NVDCP) in Namibia faced significant challenges during the reporting period, including the loss of key personnel to COVID-19, team resignations, and operational setbacks. The AMP Health Management Partner (MP) implemented strategic interventions to address these challenges effectively:

Team Building and Resilience Enhancement:

- Conducted team-building exercises and counseling sessions to boost morale and foster resilience.
- Interactive workshops were designed to unify the team and enhance determination.

Capacity-Building and Strategic Planning:

- Led strategic planning sessions aimed at improving planning, time management, and communication within the team.
- Contributed to the formulation of a successful strategic plan and improved project delivery timelines.

Enhanced Communication and Stakeholder Engagement:

- Implemented training sessions to improve communication skills within the team.
- Fostered collaborative relationships with key stakeholders to align project objectives effectively.

Conflict Resolution and Effective Decision-Making:

- Facilitated sessions focused on conflict resolution to address operational challenges.
- Encouraged open dialogue and problem-solving approaches to enhance decision-making processes.

In-Country Experiential Learning Workshop:

- Organized a transformative workshop focused on leadership and management growth within the team.
- Tailored exercises, including practical communication activities and panel discussions, to improve team dynamics.
- Encouraged candid discussions and collaborative problem-solving, contributing to increased team efficiency and resilience.

Overall, the collaborative efforts and strategic interventions led by the MP resulted in positive outcomes for the NVDCP in Namibia. These included improved planning, coordination, communication, and streamlined operations. The team's enhanced capacity to manage challenges and engage effectively with external partners created an environment conducive to successful program management and project implementation. As the MP transitions out, the strategies and skills imparted are expected to support sustained success for the NVDCP, underscoring the importance of ongoing commitment to strengthening internal processes and external collaborations.

REPUBLIC OF CONGO (Malaria)

The NMCP in the Republic of Congo, supported by AMP Health's Management Partner (MP), encountered several challenges including team restructuring and leadership transitions. Despite these challenges, the team expanded to 32 members with the MP's guidance, focusing on aligning roles and responsibilities through transparent communication channels. This expansion aimed to bolster the program's capacity to effectively manage and implement malaria control activities across the country.

One significant achievement was the smooth transition to a new team lead. The MP played a crucial role in this process by emphasizing leadership and management skills necessary to navigate the complexities of the role. This included coaching sessions on effective team management, strategic planning, and fostering a collaborative work environment among team members.

A notable initiative undertaken by the MP was the implementation of a code of conduct review within the NMCP. This review aimed to address concerns related to punctuality, absenteeism, and overall work ethic among team members. Through coaching and mentoring sessions, the MP instilled a framework for ethical behavior and professional conduct, thereby improving team morale and operational efficiency.

In collaboration with the Communications Officer, the MP also spearheaded efforts to enhance the visibility of NMCP activities. This involved developing outreach materials and effective messaging strategies to raise awareness about malaria prevention and the impact of the NMCP's initiatives. Notably, these efforts culminated in the creation of a slogan for International Malaria Day, further bolstering public engagement and support for malaria control efforts in the Republic of Congo.

Additionally, the MP facilitated effective debriefing sessions and health facility supervisions within the NMCP. These sessions were instrumental in improving communication among team members and enhancing the quality of data presentation during joint field visits. Such initiatives underscored the MP's commitment to enhancing team collaboration and performance across all operational levels.

Moreover, the MP supported the NMCP in navigating team expansion and strengthening onboarding processes for new staff. This included advocating for streamlined administrative procedures and clearer delineation of roles and

responsibilities within the program. By collaborating closely with the Ministry of Health, the MP ensured that new staff assignments aligned effectively with the strategic goals and operational needs of the NMCP.

Strategic collaboration between the NMCP and key stakeholders, particularly Catholic Relief Service (CRS), was another focus area for the MP. Facilitating discussions and addressing communication challenges with CRS improved coordination of activities and enhanced the budget absorption rate for malaria control initiatives. These collaborative efforts were pivotal in advancing the NMCP's objectives and fostering sustainable partnerships in the fight against malaria.

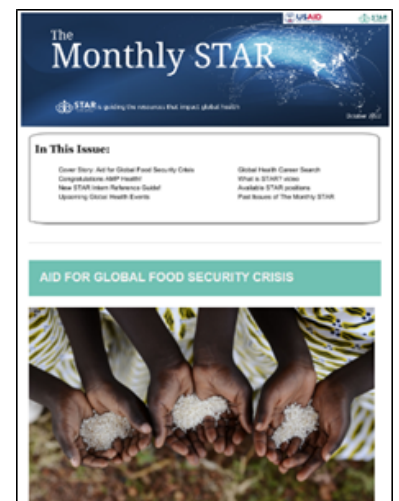
Overall, the strategic guidance and collaborative efforts led by the MP significantly strengthened the NMCP in the Republic of Congo. By addressing leadership gaps, improving communication, enhancing visibility, and fostering ethical practices, the MP contributed to the program's growth and success. Moving forward, the NMCP remains committed to building on these achievements and sustaining impactful initiatives to combat malaria effectively across the country.

VI. Program Operations

Communications

STAR Newsletter

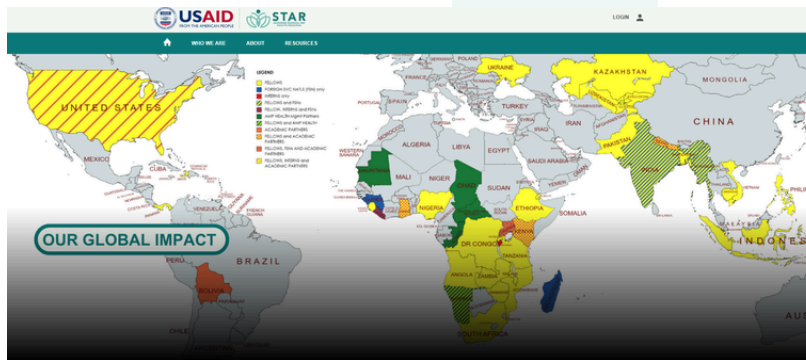
In January 2021, a newly redesigned, revamped, and mobile-friendly version of the STAR internal newsletter was produced. The Monthly STAR focused on amplifying the work and activities of STAR participants. Each month, a STAR Fellow or Intern was designated for the “STAR Spotlight of the Month,” which included a Q&A style two-page interview that highlighted their accomplishments and provided them with an opportunity to share their insight and perspective on various global health-related topics. In addition to the newsletter, the article was featured across all STAR social media platforms and on the STAR listserv and website. The “Shining STARS” section showcased accomplishments of STAR participants, such as recently published articles, papers, and online dashboards.



Monthly STAR Newsletter

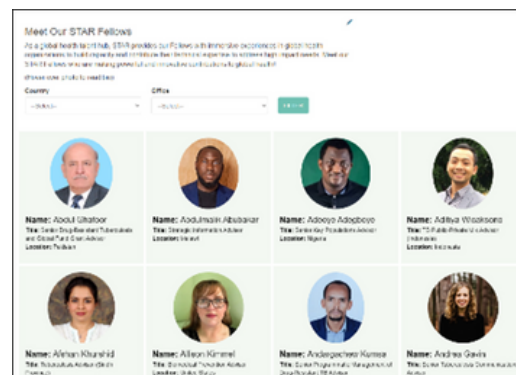
STAR Website

In February 2021, a newly designed and refreshed STAR website launched, with easier navigation, increased search engine optimization (SEO), and improved site functionality. The website served as a gateway to introduce STAR to the global health community and provide a platform for engaging, educating, and recruiting key target audiences. The new website format encouraged visitors to “take action” with direct links embedded in phrases such as, “Join Our STARS! Apply Now,” “Join the STAR Listserv,” “Register Now,” etc. The updated features included:

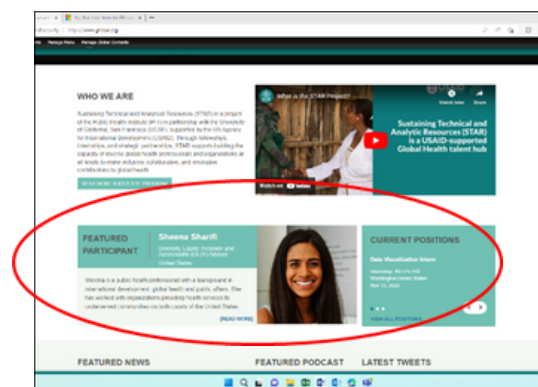


STAR Website

- “Meet Our STARS” featured drop-down menu options to showcase each STAR Fellow and Intern. This section included an interactive feature that displayed photos of each participant and flipped to reveal their personal bios and achievements when hovered over. There was also an option to locate each participant through a filter selection of country and/or office.
- “STAR Resources” showcased recent publications, articles, and resources from STAR participants.
- “News and Events” provided links to register for upcoming global health-related events and links to access recordings from past events.



Each day, on the front page of the website, a different STAR Fellow or Intern was showcased as the “Featured Participant,” showcasing their background, accomplishments, and current role in STAR.



STAR Promotional Video

STAR produced a video titled “What is the STAR Project?” with an accompanying one-page flyer, which was housed on the STAR website. The video highlighted the mission, goals, and purpose of the STAR program, as well as how to apply for open positions and access more information about the program.

STAR Tagline

In 2021, a new STAR tagline was developed to increase recognition of the STAR brand within the global health community: “STAR is guiding the resources that impact global health,” appeared on the website, STAR one-page promotional flyer, online promotional materials, and the STAR newsletter. It was also added to STAR banners, table covers, and other outreach promotional materials used at STAR exhibit booths at national conferences.

STAR-Generated Resources

The program encouraged STAR Fellows to submit all completed work products to STAR’s Information Management and Reporting System (IMARS). These resources included conference abstracts, technical briefs, toolkits, technical knowledge-sharing, web-based portals, informational tools for healthcare providers, and peer-reviewed manuscripts. STAR participant-generated resources were shared widely through the “Resources” drop-down menu option on the STAR website, in the “Shining STARS” section in the monthly newsletter, and via various social media platforms.

STAR Social Media

Consistently leveraging social media and other targeted communications augmented STAR’s visibility and value to target audiences within the global health community. This resulted in a marked increase in new social media followers across all platforms as well as STAR listserv subscribers.

Communications Challenges/Lessons Learned

The STAR team created a new LinkedIn platform to engage members of the global health workforce in interactive dialogue that promoted transformative practices to center diversity, equity, and inclusion (DEI) work in organizational culture within global health. Titled “DEI Is Not a Checkbox”, this LinkedIn group was a convening platform between recruiters, DEI advocates, and diverse global health applicants to share tips and resources that promoted expanded access to opportunities and career paths to increase workforce diversity in the United States.

While this LinkedIn group garnered significant interest and many subscribers, it proved challenging for the STAR team to maintain the necessary bandwidth to administer the platform frequently and consistently. This experience demonstrated that for such initiatives to succeed, the content generators and administrators must have the bandwidth, dedication, and time to upload, moderate, and manage posts routinely.

IT & Administration

STAR launched with two priorities for IT and Administrative systems, identifying potential efficiencies in existing systems due to a smaller budget and upgrading and transitioning to cloud-based solutions for its technology needs. STAR also focused on creating an infrastructure that was more modern and mobile to extend support to participants that would be stationed overseas while also prioritizing data security and the user experience.

STAR implemented an IT solution that combined cloud technology with directory and device management. This allowed STAR to have a central hub of control but divide that control to be either user-based or device-based and customize the support approach for staff and Fellows. Since program staff would be primarily based in STAR's DC office, a user-based directory was created and linked to Microsoft 365 cloud service. A device-based system for Fellows allowed STAR to keep administrative control over updates and device security while users had devices that functioned closer to a personal computer, with individualized licensing and password setups. This also allowed for easier servicing of laptops, as these laptops or their hard drives could easily be swapped for each other in a pinch. These changes proved to be particularly critical as STAR staff and Fellows transitioned to remote work due to the COVID-19 pandemic.

The global pandemic necessitated the decision to close STAR's office in DC at the end of PHI's lease in 2021. The office closure was a huge undertaking of displacing, recycling, or disposing of equipment, furniture, and miscellany and canceling services needed to support a physical office. STAR's voice over internet protocol (VOIP) phone system and dedicated teleconferencing systems were cut and replaced with videoconferencing and meeting software services Zoom and Microsoft Teams. Service with STAR's internet service provider (ISP), was also cancelled solidifying decentralized support and management of user's own devices and networks. These changes added a layer of complexity to IT support and service, but the preparation from the beginning of the STAR program readied the team and systems for the changes and ongoing adjustments.

The transition to remote work required additional solutions to ensure IT security and allow for user collaboration. In response to these needs, the team implemented a multi-factor authentication (MFA) solution to better protect devices and data. The web-based Microsoft 365 and SharePoint solutions implemented at the beginning of the program proved to be robust enough for users to collaborate and work in fullness with each other allowing administrators to centralize security and access, which offered staff more choice and freedom for how they wanted to work. This approach has outlasted the pandemic and is now preferred in a work climate that favors hybrid and remote work scenarios.

IMARS (Information Management and Recruitment System)

IMARS was developed by PHI during GHFP-II and enhanced during STAR. The system was used to manage applicant and participant data and enable the generation of reports frequently requested by USAID.

As a recruitment tool, IMARS served as the avenue for candidates to create profiles, submit applications for roles, and upload their resumes and cover letters. Reports provided insights into positions, applications, HR data, and outreach. Offering complete customization, the system facilitated a smooth implementation of masked recruitment. Its standout feature was its high level of customization, allowing for continuous system enhancements.

IMARS was also used throughout the fellowship/internship lifecycle to track participants' data and key information about participants' placements. IMARS allowed STAR staff across functional areas (Recruitment, Finance, Global Operations, Performance Management, and Learning) to access and share information about each participant. In addition, IMARS allowed staff to easily generate reports to support MEL efforts and respond to data calls from USAID and PHI.

IMARS was initially designed as a recruitment system and information management tool. As a result, the functionality was often limited. There were efforts early in STAR to develop interactive components that would allow participants to access and upload information throughout their fellowships to reduce the need for frequent email communication. Unfortunately, the system was not designed for this purpose and these efforts had limited success.

Working with EORs

Managing the EOR

PHI did not have the capacity to hire non-US employees in 40 countries, and the cost and time it would have taken to establish and manage entities so many countries was not practical for the timelines required by USAID. Thus, PHI procured one, and later two, EOR companies that were registered in over 120 countries to enable faster onboarding at a much lower cost than registering and maintaining separate entities. The EORs served as the legal employer in various countries for all LCN and TCN employees and processed all payroll, taxation, and reimbursements in accordance with local regulations.

This was a new hiring model for PHI and STAR, so the team had to create and implement systems and policies from the ground up that enabled the hiring of ninety-eight participants through the EORs. The first two STAR Fellows were onboarded in 68 days following the candidates' acceptance of their offers. The expedited timeline proved challenging, but baseline processes were established and continuously improved with each onboarding. As a result, twenty-nine Fellows in sixteen countries were onboarded in the first twelve months after the first EOR was contracted.

Maintaining Equity

To support EOR participants, STAR established baseline benefits and support standards across the program to maintain equity with PHI-employed participants while also aligning with local labor laws. This required the creation of more than 40 separate country benefit profiles along with a global benefit package for TCNs. The team also created separate onboarding and travel procedures for EOR participants, as the EORs utilized different HR management and reimbursement systems than PHI.

While it would not have been possible to do the work of STAR without the EORs, the EOR process came with challenges. The added layers of EORs with PHI's account management support team, regional HR teams, and local country teams, often led to long processing and communication times, and in some cases, a lack of information-sharing.

In Ethiopia, the local representative for the EOR disappeared, leaving several months of tax payments unpaid. This incident underscored the challenges of managing operations across multiple countries, especially when dealing with a wide range of activities remotely. It was the discovery of this issue that prompted STAR to immediately secure a second EOR. This required the creation of new internal and participant-facing processes and resources, as the systems and procedures of the EORs varied significantly. However, leveraging its existing experience, the STAR team swiftly implemented the changes and successfully transitioned the Ethiopian Fellows to the new EOR.

There were also registration challenges in Djibouti and Ukraine, which posed additional challenges for the STAR team and participants. In Djibouti, delayed registration prevented the EOR from paying employer taxes on time. The EOR addressed the issue directly, and it had no impact on the Fellow. However, in Ukraine, the delay was exacerbated by the onset of the COVID-19 pandemic as EOR leadership was unable to travel to Ukraine to sign the necessary paperwork in person. This resulted in a several-month delay for a portion of the Ukraine Fellow's salary, although full compensation was eventually made.

Additionally, the varied processes and timelines of the EORs made operational tasks particularly challenging. Managing the day-to-day operational support of participants employed by three different employers—PHI and two EORs—required handling three HR systems, expense processing systems, and finance systems. The timing for processing reimbursements was also problematic. For example, expenses had to be approved by the 25th of the month for payment at the end of the following month. Consequently, if a participant traveled or incurred costs at the end of the month, it would take two months to receive reimbursement, which was frustrating for some participants.

The timing issues and payments processes of the EORs also meant there was no mechanism to provide travel advances, which posed a problem for participants in low resource countries when they had the opportunity to travel overseas. This issue was particularly evident during the 2020 TB Union Conference when dozens of participants were invited to attend, creating an equity issue due to global salary variance. The STAR team developed a process where participants who lacked the funds for advance costs for their trip received a “bonus” prior to the trip, which was then reversed upon submission of their actual reimbursement request. The STAR credit card was also used whenever possible to cover airfare and hotel expenses, ensuring participants could maximize their opportunities and impact regardless of their personal financial situations.

The STAR team established effective systems and processes with both EORs and program participants to ensure smooth onboarding and support throughout the participant lifecycle. However, the transition off STAR proved challenging. Most STAR Fellows moved to one of two new USAID programs. This process was rarely smooth, often necessitating last-minute submissions to either end or extend fellowship positions for additional months.

Gender

STAR's gender strategy was drafted in the first six months of the program and was revised in October 2020. The initial phase of developing the strategy included conducting a trend analysis and concluded that, while many women can join the global health workforce and successfully progress to senior leadership positions (especially domestically), unconscious pre-existing biases, cultural prejudices, and gender norms create gender inequity. This finding necessitates a proactive strategy to support gender equity within the global health workforce. As such, STAR's gender strategy sought to address implicit biases in recruitment, identify approaches that mitigate the impact of caregiver responsibilities on performance and advancement, and provide focused mentorship and training on creating and maintaining gender-equitable institutional culture and practices.

STAR implemented the gender strategy throughout the program to reduce gender bias. The global health workforce in the US continues to be female dominated with 76% of STAR's domestic hires identifying as female, 23% as male, and 1% as non-binary. Conversely, in LMIC settings, STAR participants were predominantly male (66%). A key component of the gender strategy was the use of masked recruitment; however, STAR was not able to implement this in LMIC settings due to the variations in identifiers and local labor laws.

STAR was able to implement other components of the gender strategy for all participants. STAR sought to reduce salary inequities by establishing fixed compensation rates based on the level of position. This resulted in equitable pay for similar positions regardless of the salary history. STAR also provided ongoing training and support to participants that reflected a commitment to gender equity. All participants were required to complete training on sexual harassment in the workplace, regardless of local requirements to do so. While this is common in the US, it was new for many LMIC settings where STAR participants were based, as it had not previously been a requirement in those settings. Additionally, STAR sought to provide peer networking opportunities for LMIC women to connect them with a broader network of women working in global health through panels and facilitated discussion groups.

The COVID-19 pandemic exacerbated existing gender inequalities as women bore the brunt of caregiving responsibilities while also attempting to work from home. However, the pandemic also demonstrated that many knowledge workers were able to work remotely and often expressed that they were more productive because of being able to work from home. This resulted in the adoption of more flexible telework policies that allow for improved work/life balance for all employees regardless of gender.

DEIA

STAR demonstrated its commitment to diversity, equity, inclusion, and accessibility (DEIA) through integration of DEIA principles and best practices in program activities. PHI has maintained its reputation as a thought leader and innovator for integration of DEIA approaches in recruitment and development of a pipeline of diverse and qualified global health professionals through USAID-funded fellowship programs, including STAR.



Throughout the program, STAR conducted outreach to underrepresented groups with the goal of developing a diverse candidate pool for global health careers, especially STAR fellowships and internships. STAR targeted outreach efforts to minority-serving institutions, professional organizations, and affinity groups and offered virtual webinars to help candidates prepare their resumes for global health careers. In addition, in PY5, STAR developed and maintained a LinkedIn group for global health professionals called “DEI is not a Checkbox,” offering a platform for professionals to share how DEIA challenges are being tackled in their organizations, to post jobs, and to highlight best practices that reduce bias and drive equitable hiring.

STAR’s innovative approach to masked recruitment for US-based positions increased the diversity of candidates selected for positions with USAID. This approach was shared with other global health organizations at the CUGH conference in 2023. As a result of STAR’s leadership in DEIA, the Global Health Bureau sought STAR’s expertise to advance their internal approaches to DEIA. Through its partnership with Tangible Development, STAR supported the development of DEIA strategies, training, and resources for the Bureau. (See more details about this initiative with Tangible Development earlier in this final report). Additionally, STAR placed a Fellow and an Intern in the Global Health Bureau with scopes of work dedicated to advancing DEIA efforts. Finally, STAR recognized the importance of ensuring equitable access to

program resources and sought to reduce inequities in the management of individual learning funds by identifying innovative approaches to meet the unique needs of the various participant groups (LMIC, FSN, Interns, and US-based placements). (See details of STAR’s learning approach earlier in this final report).

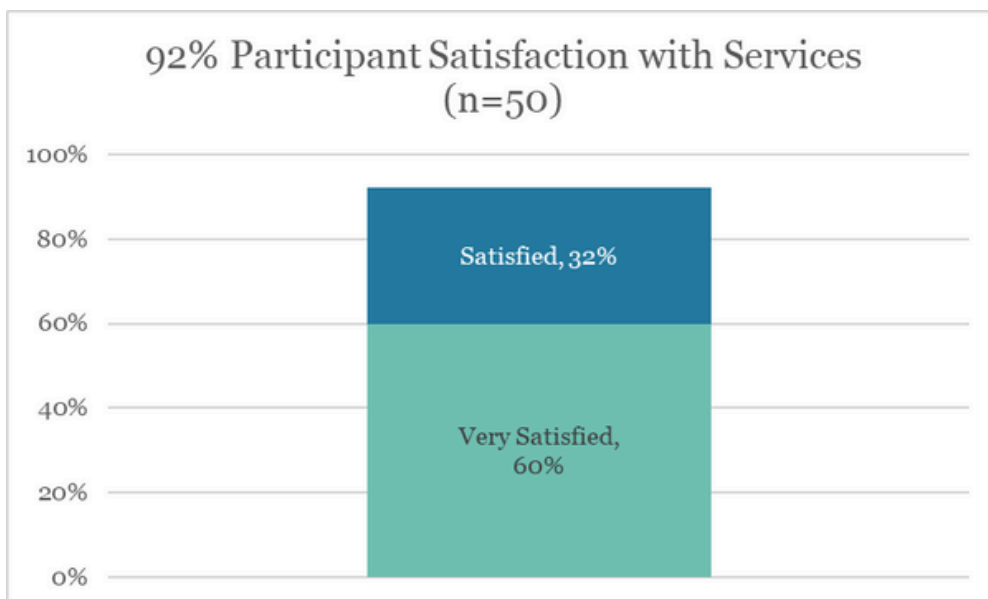
VII. Participant and POC Feedback

The importance of Fellow, Intern, and POC experience with STAR was reflected in three indicators that focused on satisfaction with STAR services and support. For full details on annual performance indicator results throughout the program, see Annex A.

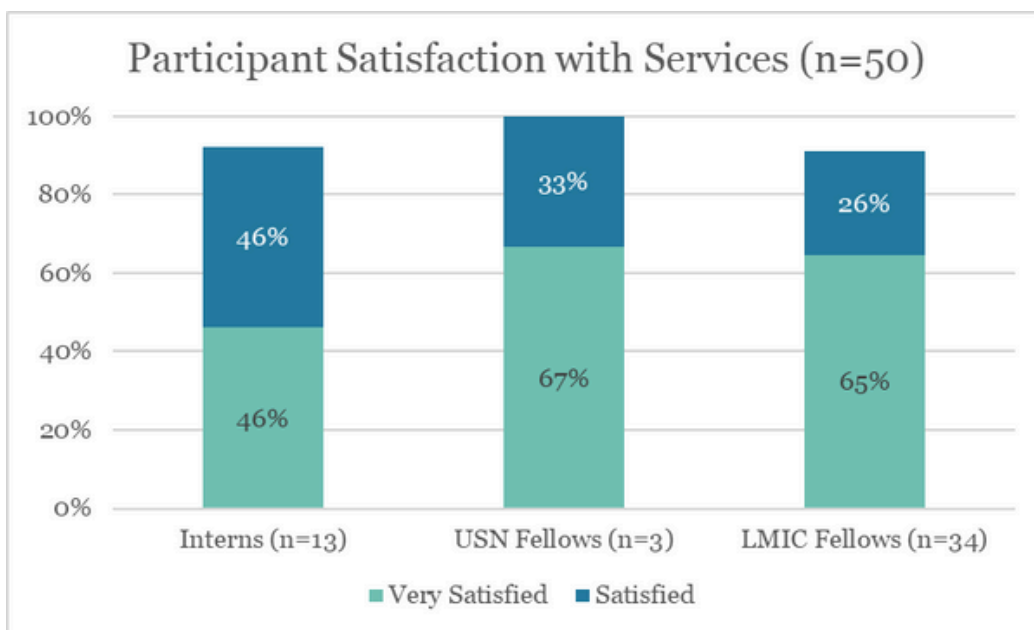
Throughout the program, STAR conducted annual surveys with participants and their POCs. For the first five years of STAR, annual surveys were conducted at the end of each program year, in late September. For the last half-year of the program, surveys were distributed to participants and their POCs as participants were finishing their tenure in the program. Due to the program ending, there were fewer participants and POCs to provide feedback for the final annual survey than in previous years. For details on survey completion rates throughout the program, see Annex E.

Participant Feedback

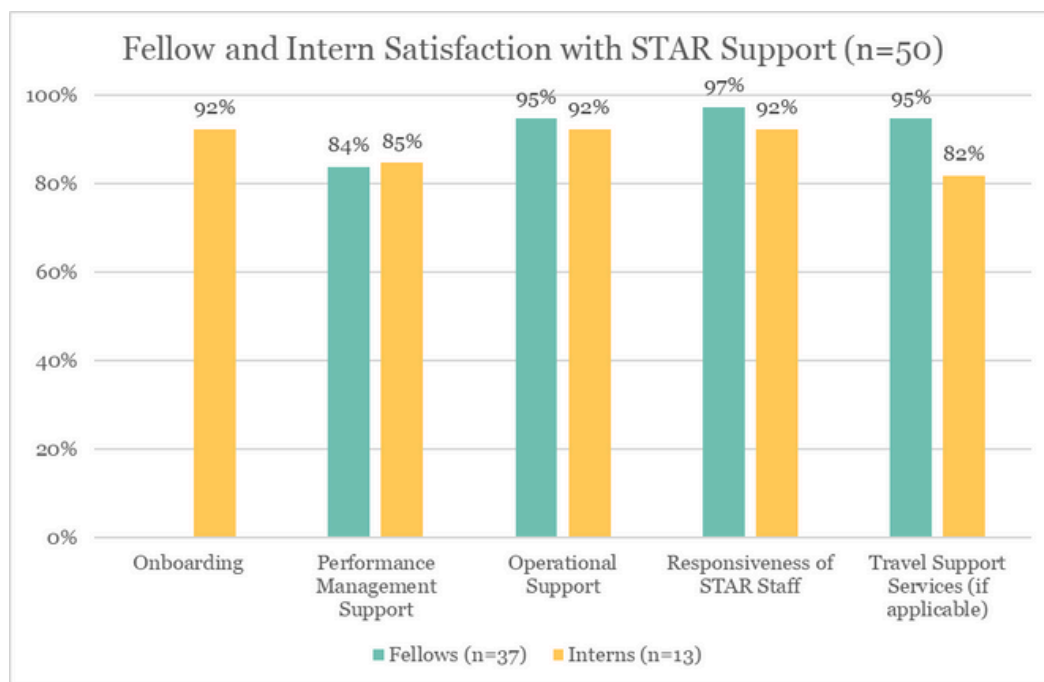
92% of STAR participants who responded to the final survey indicated that, overall, they were ‘satisfied’ or ‘very satisfied’ with STAR services – exceeding the 85% target (1.3.3).



All types of participants were primarily ‘satisfied’ or ‘very satisfied’, ranging from 91% for LMIC Fellows to 100% USN Fellows.



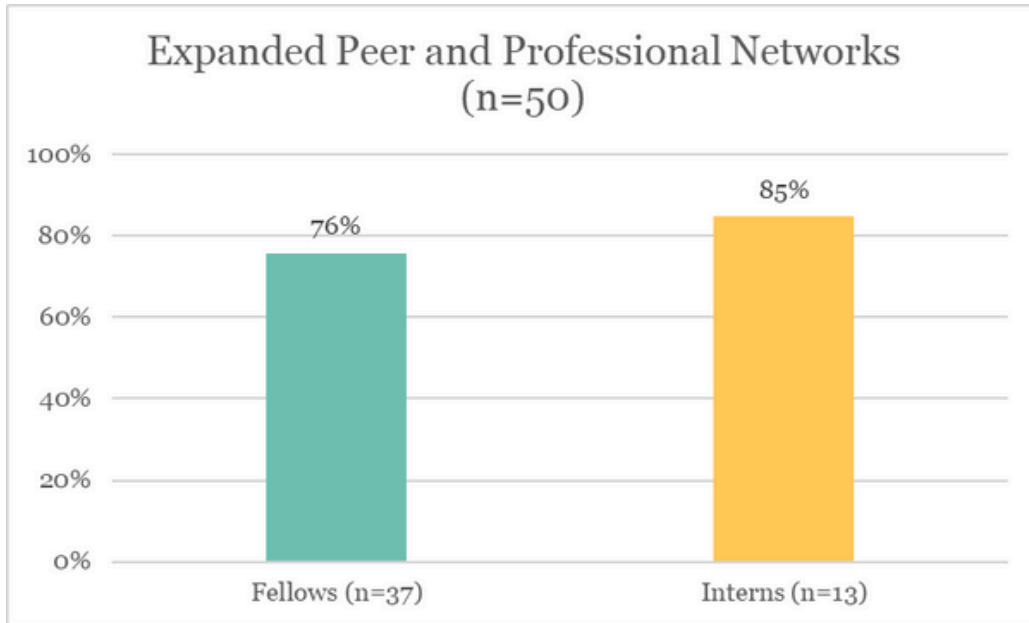
Participant feedback was strong for multiple aspects of STAR support services,² with the most positive feedback for the responsiveness of STAR staff (97% for Fellows and 92% for Interns).



² STAR Fellows were not surveyed about their onboarding experience.

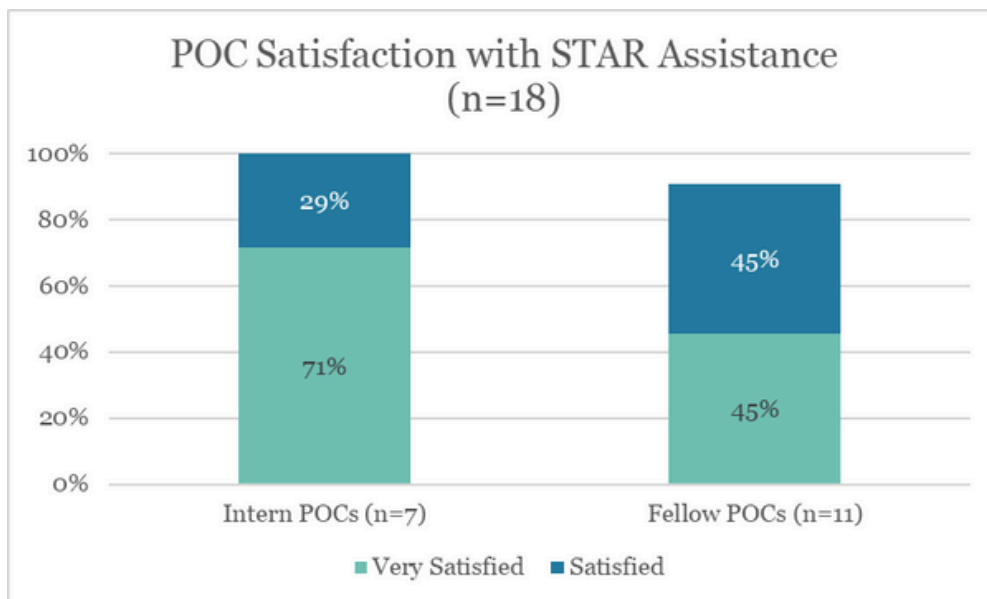
Expansion of Peer and Professional Networks

STAR provided opportunities for participants to network. When asked whether participation in STAR helped expand their peer and professional network beyond their immediate colleagues and organization, 78% of all respondents indicated that it had (39/50). Results were particularly strong for Interns with 85% responding yes.

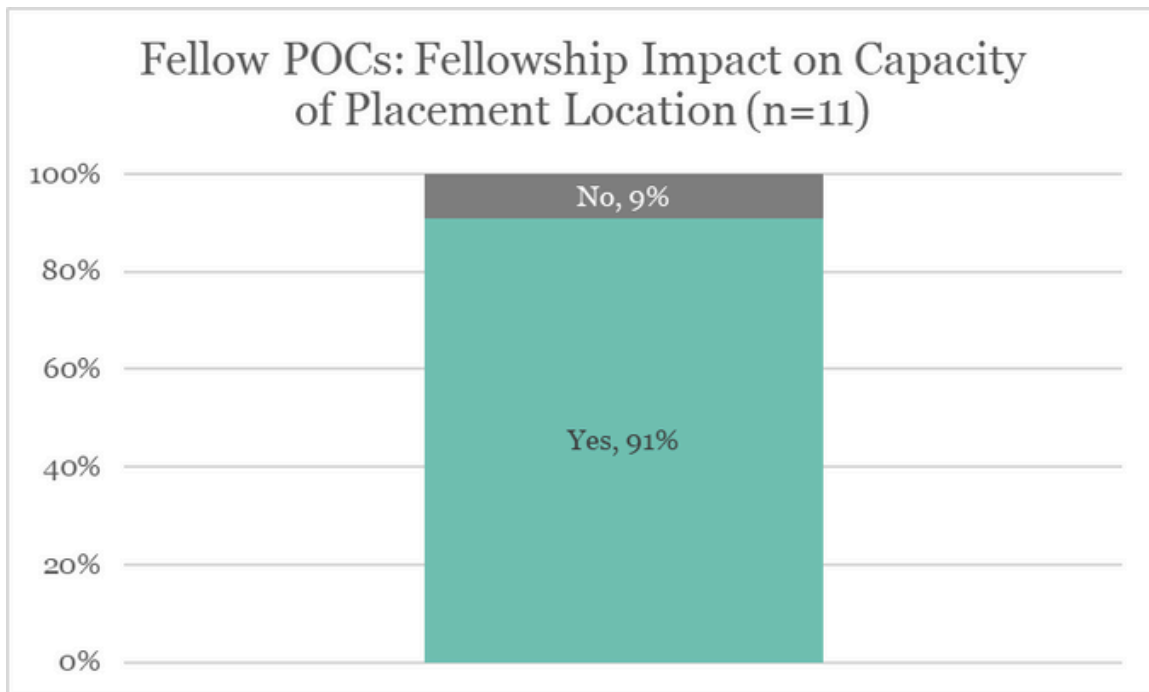


POC Feedback

Maintaining consistent, responsive, helpful support for Fellow and Intern POCs was a STAR priority, and that focus resulted in positive feedback throughout the program. 94% (17/18) of all POC respondents indicated that they were 'satisfied' or 'very satisfied' with the STAR assistance provided to them – exceeding the 85% target (1.3.2).



The STAR survey also asked Fellows' POCs whether the fellowships had impacted the capacity of the placement location. This question was particularly relevant for LMIC participants working at MOHs, and 91% indicated that there had been an impact (10/11), and many provided specific examples.



POC Feedback About STAR Assistance

"Our Advisor was highly qualified and responsive to duties. She voiced that STAR supported her as well over the contract period."
-Fellow POC

"The mechanism was flexible and was able to accommodate our needs even when they were remotely connected to the project SOW."
-Fellow POC

"STAR did an excellent job setting up two internships for our team in the Office of PRH. They were responsive and helpful when we reached out to them and always provided quick answers to the questions that we had. They were flexible when extending the internships as well."
-Intern POC

"I felt like I was very well supported while managing a STAR intern. I really appreciate [STAR's Performance Management support and] proactiveness once [they were] made aware of issues. [They] did everything I could have wanted to help support me as well as work with the intern to try to correct the issues."
-Intern POC

Fellow POCs: Fellowship Impact on Capacity of Placement Location

- “The Fellow has made critical contributions to the TB program in Zambia.”
- “The Fellowship has helped us (in our Branch) be more effective and organized.”
- “The supply chain advisors helped identify issues, related policies, proposed appropriate solutions. Her efforts contributed significantly to the successful transition of DS-TB services into health insurance scheme.”
- “The network supervision advisor helped regional TB program to develop and implement their supervision plan for all provinces in the region.”
- “There is high level of skills transfer to the local officers in the concerned offices.”
- “The technical expertise provided was appreciated and definite improvements in technical reporting and presenting were evidence of this influence.”
- “The fellows were seconded by USAID through STAR to the National TB Program (NTP). The fellows’ support has significantly improved the performance of the NTP.”

VIII. Lessons Learned and Recommendations

By all accounts, STAR has been a very successful program, bringing talented, qualified, and specialized individuals and partners to USAID, Ministries of Health, academic institutions, multilateral organizations, and other global health institutions for the past six years. At the same time, there have been many lessons learned, which have generated recommendations for how to implement an even more successful, effective fellowship program in the future. Many of the learned lessons are described throughout this final report. The following lessons learned and recommendations are some of the more significant ones and are particularly relevant if the aim is to build out and implement a true, professional development and organizational capacity-building-focused fellowship and internship program rather than a staffing mechanism for USAID.

Upfront Investment

Running a fellowship program requires significant organizational and program infrastructure to build a capable and diverse global health workforce, particularly if the Fellows are employed globally. This requires a significant upfront investment that is not tied to individually employed Fellows. STAR received very little initial funding to build the infrastructure needed to implement, manage, and sustain the activities as originally intended. Funding was received for each individual Fellow and Intern and was primarily meant for use only for that participant. STAR charged program allocable to set aside a small portion of funds for program management costs; however, program allocable funding was only available after a fellowship or internship was started. This required STAR to continually borrow funds from participant budgets to support management costs and ultimately cut services that were part of the program's original intent to ensure the program was financially viable.

USAID may consider developing and funding a fellowship program with a focus on leadership and capacity-building of organizations and individual professionals, and establishing partnerships with host organizations, rather than funding the employment of individuals.

Employment vs Leadership Development

STAR Fellows and Interns were hired as employees of PHI or its EORs to implement a scope of work on behalf of USAID. The program was viewed as a method for hiring talent that could not be hired directly by the Agency. As a result, there was conflict between the desire to enhance individual skills and the job to be done. Fellowships are, by definition, intended to be developmental opportunities both for the individual and the organization they are supporting. Rather than funding the employment of individual Fellows, USAID may consider investing in leadership development activities for the global health workforce. Individual learning should focus on building leadership and professional skills to contribute to organizational effectiveness and technical leadership of host organizations.

“

I did want to share with you how valuable I found the support provided to me through the work of [STAR's participant support team]. Their continual availability, flexible approach to problem solving and good senses of humor are surely attributable to my own achievements and success in my efforts to support USAID. Even with my remote location, I felt both were close colleagues and helped me to maintain a warm connectivity to the PHI family.

--USN Fellow

”

Limit Involvement of Funding Offices

The STAR team's experience has shown that fellowships are most successful when the host organizations are involved from the very beginning of the fellowship. This creates buy-in and ultimately contributes to trust between the Fellow and the host organization. Significant involvement from USAID can create a perception that the Fellow is being managed by USAID to advance the Agency's agenda and not that of the organization. STAR was limited in its ability to establish relationships with host organizations and establish partnerships in LMIC settings because of the funding office's involvement in program implementation including the development of the scope of work, recruitment process, and communications with host organizations and missions. In order for a fellowship program to be effective, the implementer should work directly with the host organization to develop the scope of work and identify the Fellow, and funding offices' involvement in program implementation should be limited. In the future, USAID may consider funding a fellowship program as a cooperative agreement without significant day-to-day involvement from USAID.

Establish Fellowship Cohorts

Some of the most impactful learning STAR implemented was through the Learning and Leadership Circles. LLC participants established meaningful professional connections that will continue beyond their STAR fellowship or internship. They were able to apply the lessons learned to their host organization and identified the model to transform culture within their host organizations. Because of the responsive nature of STAR's recruitment, establishing cohorts was challenging as participants were in different phases of their fellowship with competing priorities. Establishing fellowship cohorts with preplanned and scheduled learning engagements would allow participants to prioritize learning, but also establish meaningful connection through their shared experience and identity as a STAR Fellow. These professional networks can support continued strengthening of the global health workforce through knowledge sharing.

Focus Early on Sustainability

There was no mandate as part of STAR or previous fellowship programs to establish an alumni network or resources that could be accessed by the global health workforce after the program closes. Integrating a plan to build the capacity of program participants or host organizations to maintain resources created by the program would ensure lasting benefits to the global health workforce.

Lower or Eliminate Cost Share Requirement

STAR required a 25% cost share that was ultimately reduced. However, without the ability to host Fellows and Interns with non-governmental and/or private organizations, raising the 25% cost share, amounting to over \$25 million, was not possible and took staff time and funding away from other program areas. USAID may consider lowering or eliminating cost share requirements for future fellowship programs.

STAR's success suggests that there is a strong desire for fellowship programs that support the leadership development of the global health workforce. To meet this demand, future programming should focus on building leadership and technical skills and the professional networks of high potential individuals within local organizations and consider placing technical and organizational experts as Fellows within a diverse array of organizational types, especially local, non-governmental organizations, which may also contribute to greater success and capabilities towards the greater goals of localization.

“

I wanted to let you know how much I have appreciated your support, friendliness and the enabling environment you provided under STAR. My accomplishments at USAID are widely acknowledged, but they could not have been achieved without STAR's support.”

--USN Fellow

”

Annex A: Status of STAR Performance Indicators by Program Year

| INDICATOR | Target | PY1 Result | PY2 Result | PY3 Result | PY4 Result | PY5 Result | PY6 Result | Summary |
|---|------------------------------------|--|--|--|---|---|--|--|
| Intermediate Result (IR) 1: Strengthened capacity of diverse American and low-and-middle-income country (LMIC) health professionals at all levels to make innovative contributions to global health (GH) | | | | | | | | |
| Sub-Intermediate Result (Sub-IR) 1.1: Increased awareness of opportunities for fellowships, internships and placement sites | | | | | | | | |
| 1.1.1 Number of outreach events promoting awareness of STAR within the global health community and number of people reached, including diverse U.S. audiences and LMIC audiences | N/A | 20 Total events; 17 In-person (14 US; 6 Overseas) 3314 listserv sign-ups | 18 Total events; 13 In-person; 5 virtual (16 US; 2 Overseas) 1,703 listserv sign-ups | 16 events (virtual) 400 listserv sign-ups | 21 events (virtual) STAR had more than 5,200 listserv subscribers by September 2022 ¹ | 8 events (virtual) STAR had more than 5,300 listserv subscribers by September 2023 | 0 events in PY6 (outreach complete) >100 new listserv subscribers | 66 total in-person and virtual events 5,431 listserv subscribers throughout all program years |
| S-IR 1.2: Participants recruited | | | | | | | | |
| 1.2.1 Average # of days recruiting (from posting the position to finalist selection) | PY1: 45 days PY2-PY5: ≤ 50 days | 26 days | 35 days | 81.8 days (all) Includes 96 days for LMIC positions, 45 days for USAID Missions, and 36 days for US positions | 58 days (all) Includes 58 days for LMIC positions and 58 days for US positions | 90.4 days for the 5 fellowship positions (average for overseas positions alone: 80.8) | N/A – only 1 new recruitment | Target exceeded in PY1 and PY2 Target not met PY3 – PY5 |

¹ The number of listserv subscribers for indicator 1.1.1 will be reported cumulatively going forward.

| | | | | | | | | |
|--|--------------------------|---------------------------------|------|-----|-----|------|--|--|
| 1.2.2 Percent of Points of Contact (POCs) who rate their satisfaction with the quality of STAR candidates as 'satisfied' or 'very satisfied' | PY1: 80% PY2-PY5: 85% | N/A – no recruitment took place | 100% | 95% | 92% | 100% | N/A – only 1 new recruitment and no Hiring Manager surveys completed | Target exceeded in all relevant program years |
| 1.2.3 Percent of POCs who describe their overall satisfaction with STAR's recruitment process as 'satisfied' or 'very satisfied' | PY1: 80% PY2-PY5: 85% | 80% | 100% | 95% | 92% | 93% | N/A – only 1 new recruitment and no Hiring Manager surveys completed | Target met or exceeded in all relevant program years |

S-IR 1.3: Participants supported

| | | | | | | | | |
|---|--------------------------------------|------|------|-----|------------------------------------|-----|-----|--|
| 1.3.1 Number of participants supported | N/A | 59 | 132 | 174 | 193 participants and 194 positions | 177 | 89 | 334 total throughout the entire program |
| 1.3.2 Percent of POCs who are 'satisfied' or 'very satisfied' with STAR assistance provided to them | PY1: 70% PY2: 75% PY3-PY5: 85% | 94% | 100% | 98% | 94% | 95% | 94% | Target exceeded in all program years |
| 1.3.3 Percent of participants who describe their overall satisfaction with STAR services as 'satisfied' or 'very satisfied' | PY1: 70% PY2: 75% PY3-PY5: 85% | 100% | 88% | 99% | 97% | 93% | 92% | Target exceeded in all program years |

S-IR 1.4: Learning and career planning supported

| | | | | | | | | |
|---|--|-----|-----|---|---|--|--------------------------------|---|
| 1.4.1 Percent of participants who indicate that they were 'satisfied' or 'very satisfied' with the learning support they received from STAR during their fellowship or internship | PY1: 70% PY2: 75% PY3-PY5: 80% | 92% | 79% | 91% | 96% | 92% | 88% | Target exceeded in all program years |
| 1.4.2 Percent of Fellows who develop an Individualized Learning Plan (ILP) | PY1: N/A PY2: 60% PY3-PY5: 70% | N/A | 4% | 79% | 73% | 70% | 68% | Target not met in PY2 and PY6 Target met or exceeded in PY3-PY5 |
| 1.4.3 Number of targeted learning offerings for STAR participants | PY1-PY2: N/A PY3: 6 events; 20 participants PY4-5: 3 or more | N/A | N/A | 8 | 17 | 5 | N/A – Learning events complete | 30 total learning events total Target exceeded in all relevant program years |
| 1.4.4 Percent of STAR learning offerings where participants find the activity relevant professionally | PY1-PY2: N/A PY3-5: 65% of events have at least 80% of participants who found the | N/A | N/A | 100% of events had at least 80% finding the event relevant professionally | 100% of events had at least 80% finding the event relevant professionally | 80% of events had at least 80% finding the event relevant professionally | N/A – Learning events complete | Target exceeded in all relevant program years |

| | | | | | | | | |
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| | event relevant | | | | | | Across the 5 events, 94% of respondents indicated that they found the event relevant professionally | |
| 1.4.5 a) Percent of Fellows who use learning funds and b) percent of learning funds spent | PY2: a) 80%; b) N/A PY3-PY5: 80%; 50% | N/A | 44% | a) 40% b) 38% | a) 34% b) 23% | a) 31% b) 32% | N/A | a) Targets not met for any program years b) Targets not met for any program years |
| 1.4.6 Number of STAR-generated resources made publicly accessible | N/A | N/A | N/A | 25 | 8 | 6 | 2 | Cumulative: 42 |
| S-IR 1.5: Global health professionals participate in field-based experiences² | | | | | | | | |
| 1.5.1 Percent of U.S. national Fellows who participate in field experience annually | PY1: N/A PY2-PY5: 85% | N/A | 40% | N/A | 50% | 38% | 0% | Targets not met |

² Data for indicators 1.5.1 and 1.5.2 come from self-reported survey data and therefore, due to survey response rate, results often do not reflect the experience of all STAR participants.

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|---|-----------------------------|-----|-----|-----|-----|-----|-----|-----------------|
| 1.5.2 Percent of U.S. national Interns who participate in field experience by the end of their internship | PY1: N/A PY2-PY5: 50% | N/A | 35% | N/A | N/A | 21% | 31% | Targets not met |
|---|-----------------------------|-----|-----|-----|-----|-----|-----|-----------------|

S-IR 1.6: Participant demographics are reflective of the countries where they work

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|--|--|--|---|---|--|--|--|--|
| 1.6.1 Number and percent of Fellows from low-and-middle-income countries | 50% for USAID/funded participants (cumulative) | 25% (14 LMIC USAID-funded Fellows of 55 total PY1 Fellow and Intern participants) For USAID-funded Fellows, 14 were USNs and 14 were LMIC – 50% | For all 129 participants: USN: 64% LMIC: 36% For the 78 Fellows only: USN: 41% LMIC: 59% <i>(Medtronic associates not included)</i> | For all 175 positions: LMIC: 43% (76) USN: 57% (99) For the 117 fellowships only: LMIC: 64% (75) USN: 36% (42) | For all 194 positions: LMIC: 45% (88) USN: 55% (106) For the 135 fellowships only: LMIC: 65% | For all 177 participants: LMIC: 47% (83) USN: 53% (94) For the 118 fellowships only: LMIC: 62% | For all 80 participants: LMIC: 64% (51); USN: 36% (29) For the 57 fellowships only: LMIC: 89% | Of 330 STAR participants, 39% (130 participants) were from LMICs, not meeting the target of 50%. For the 150 STAR Fellows, 12 non-traditional participants, and 9 Foreign Service Nationals, LMIC: 76%. |
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S-IR 1.7: Opportunities for Foreign Service Nationals (FSNs) supported

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|--|-----------------------------|-----|------|-----|-----|-----|-----|--|
| 1.7.1 Percent of Foreign Service Nationals (FSNs) in the FSN fellowship program who rate | PY1: N/A PY2-PY5: 85% | N/A | 100% | N/A | N/A | N/A | N/A | PY2 target exceeded; work concluded in PY2 |
|--|-----------------------------|-----|------|-----|-----|-----|-----|--|

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|---|--|-----|------|-----|-----------------|-----|-----|--|
| their satisfaction with STAR's assistance as 'satisfied' or 'very satisfied' | | | | | | | | |
| 1.7.2 Percent of Host Sponsors and staff in USAID/HR and in GH/PDMS who rate their satisfaction with STAR assistance related to Foreign Service Nationals (FSNs) in the FSN fellowship program as 'satisfied' or 'very satisfied' | PY1: N/A PY2-PY5: 85% | N/A | 100% | N/A | N/A | N/A | N/A | PY2 target exceeded; work concluded in PY2 |
| IR 2: Strengthened capacity of US and LMIC GH academic and other institutions through engagement with STAR partnerships | | | | | | | | |
| S-IR 2.1: Strengthened and engaged networks of and platforms for institutional participants | | | | | | | | |
| 2.1.1 Number of paired Collaboration Laboratory knowledge experiments with at least two captured collaborative iterations | PY1: N/A PY2: ≥4 PY3-PY5: N/A | N/A | 4 | 4 | N/A - Completed | N/A | N/A | All targets met; work completed in PY3 |
| 2.1.2 a) Number of intellectual property resources developed through | PY2: 4 developed; and number | N/A | 4 | 4 | N/A - Completed | N/A | N/A | All targets met; work completed in PY3 |

| | | | | | | | | |
|---|---------------------------------|------------------------------------|---|---|---|---|--|-----------------------|
| institutional collaborations; b) Number made publicly accessible | made accessible will be tracked | | | | | | | |
| S-IR 2.2: TAG creates innovative, durable opportunities that amplify the impact of STAR activities | | | | | | | | |
| 2.2.1 (a) Number of commitments made by each TAG member, and (b) number of commitments kept | N/A | 62 commitments from 12 TAG members | 15 commitments kept from 10 TAG members | N/A | N/A | N/A | N/A | Work completed in PY2 |
| S-IR 2.3: Strengthened global health platforms and resources created by academic partners and STAR participants | | | | | | | | |
| 2.3.1 Number of COVID-19 TAG members regularly contributing to planning for technical assistance (COVID-19 Response activities) | N/A | N/A | 14 | 30+ | 12 | 5-10 | N/A – concluded in PY5 | N/A |
| 2.3.2 Number of unique visitors to the COVID-19 critical care portal and accessing other educational content curated or created by the project (COVID-19 Response activities) | N/A | N/A | OpenCritical Care.org – 4,700 (90 countries) – web Anaesthesia Tutorial of the Week – 10,000 (150 countries) – web | OpenCritical Care.org – 163,000 users (214 countries) Anaesthesia Tutorial of the Week – >200,000 users (210 | OpenCritical Care.org – 300,000 visitors (210 countries) cumulatively, with >80% from outside the United States and 10-20% accessing the | OpenCritical Care.org: >500,000 visitors from >210 countries, with >80% from outside the US and 10-20% accessing the Spanish | Opencritical care.org remains live ³ and has received >500,000 visitors from >210 countries cumulatively | N/A |

³ Resources remain live, but visitors are not being actively tracked after the conclusion of the project on November 30, 2023.

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| | | | <p>Print materials – pending</p> | <p>countries)</p> <p>COVIDprotocols.org – 96,783 users (201 countries)</p> | <p>Spanish version of the site</p> <p>Anaesthesia Tutorial of the Week – not currently tracking</p> <p>COVIDprotocols.org – 178,000 users from >200 countries cumulatively</p> | <p>version of the site.</p> <p>Anaesthesia Tutorial of the Week: >200,000 total users from 210 countries cumulatively.</p> <p>COVIDprotocols.org: >200,000 users from >200 countries cumulatively.</p> | | |
| <p>2.3.3 Number of remote COVID-19 technical assistance tools and webinars curated or created for the portal or partners (COVID-19 Response activities)</p> | N/A | N/A | <p>Online interactive FAQ</p> <p>Online Live Chat Function</p> <p>5 webinars, 250 participants</p> | <p>COVID19 Clinical TA Webinar series – 5 webinars; 388 live participants and 1,329 total participants, including asynchronous views</p> | <p>>100 free open source images, >20 job aid panels and algorithms</p> | <p>>10 novel resources and >100 novel educational illustrations</p> | <p>No webinars hosted.</p> <p><10 resources including fact sheets and FAQs</p> | N/A |

Annex B: STAR Global Impact World Map

STAR's work spanned 41 countries.



Annex C: STAR-Generated Resources

Resources created by STAR participants and staff contributed to indicator 1.4.6. There was a total of 42 STAR-generated resources over the life of the program.

| | Resource Shared | Participant Name | Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC) | Date and Location Shared |
|---|---|--|--|---|
| 1 | Published study in <i>PLOS One Journal</i> : “Implementation of global health competencies: A scoping review on target audiences, levels and pedagogy and assessment strategies” | Bhakti Hansoti, Anike Akridge, David Hausner | STAR Staff | LinkedIn, Twitter, PHI website, Newsletter (on 1/19/21), STAR Website (2/19/21) |
| 2 | Published article in <i>Global Advances in Health and Medicine Journal</i> : “Advancing Malaria Prevention and Control in Africa Through the Peace Corps” | Emma Brofsky, MSPH | STAR Intern (USN) | LinkedIn, Twitter (12/2/2020) Newsletter (1/19/21), STAR Website (2/19/21) |
| 3 | <i>International Journal of Infectious Diseases</i> published article, “Effect of community treatment initiative on antiretroviral therapy uptake among linkage-resistant people living with HIV in Northern Nigeria” | Adeoye Ayodeji Adegboye | STAR Fellow | STAR Website (2/19/21) |
| 4 | <i>Journal of Infectious Diseases and Epidemiology</i> published article, “A Multi-country Level Comparison of BCG Vaccination Policy and COVID-19 Cases and Mortality” | Adeoye Ayodeji Adegboye | STAR Fellow | STAR Website (2/19/21) |
| 5 | <i>Pedagogy in Health Promotion Journal's</i> published article, "Developing a High-Impact Learning Program for Global Health Professionals: The STAR Project" | Bhakti Hansoti, Anike Akridge, David Hausner | STAR Staff | STAR Website (2/19/21) |
| 6 | <i>Journal of International AIDS Society's</i> recently published article, “The Promise of Paediatric Dolutegravir” | Jeffrey Samuel and partner Fellow | STAR Fellows | STAR Website (2/19/21) |
| 7 | <i>Open Access Emergency Medicine Journal's</i> published article, “COVID-19 Emergency Department Protocols: Experience of Protocol Implementation Through in-situ Simulation” | Department of General Practice and Emergency Medicine, Kathmandu | STAR CoLab Partner | STAR Website (2/19/21) |

| | Resource Shared | Participant Name | Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC) | Date and Location Shared |
|----|--|---|--|---|
| | | University School of Medical Sciences | | |
| 8 | <i>PLOS One</i> published article, “Active household contact screening for tuberculosis and provision of isoniazid preventive therapy to under-five children in Afghanistan” | [Redacted] ⁴ | STAR Fellows | STAR Website (2/19/21) |
| 9 | Non-peer reviewed article: “Tuberculosis among Drug Users: A Double Burden for the Already Compromised Health Services of Afghanistan” | [Redacted] | STAR Fellow | STAR Website (2/19/21) |
| 10 | Non-peer reviewed article: “Prevalence of latent tuberculosis infection among health workers in Afghanistan-a cross-sectional study” | [Redacted] | STAR Fellow | STAR Website (2/19/21) |
| 11 | COVID-19 critical care resources: A Respiratory Care Pocket Reference Guide and an Oxygen Supply and Demand Calculator | STAR, University of California San Francisco (UCSF) and World Federation of Societies of Anaesthesiologists | STAR Partners | (2/19/21) STAR Website, Newsletter, Twitter, LinkedIn, PHI Website |
| 12 | OpenCriticalCare.org portal | STAR, University of California San Francisco | STAR Partners | (2/19/21) STAR Website, Newsletter, Twitter, LinkedIn, PHI Website |
| 13 | COVID-19 Protocols portal | STAR, University of California San Francisco | STAR Partners | (2/19/21) STAR Website, Newsletter, Twitter, LinkedIn, PHI Website |
| 14 | COVID-19 Surveillance Dashboard | Mohammad Golam Kibria | STAR Fellow | (2/19/21) STAR Website |
| 15 | COVID-19 Guidelines Dashboard | STAR, University of California San Francisco | STAR Partners | (2/19/21) STAR Website, Newsletter, Twitter, LinkedIn, PHI Website |

⁴ For requested privacy reasons, some Fellows’ information has been withheld for Afghanistan and Ukraine.

| | Resource Shared | Participant Name | Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC) | Date and Location Shared |
|----|--|---|--|--|
| 16 | Published article in Sexual and Reproductive Health Matters: “Applications of the High Impact Practices in Family Planning During COVID-19” | Maria Augusta Carrasco, Laura Raney, Ados May | STAR Fellows | (3/19/21) STAR Website, Newsletter, Twitter, LinkedIn |
| 17 | Published article in American Journal of Public Health, "The HIV Pandemic Efforts Can Inform the COVID-19 Pandemic Response in the United States" | Maria Augusta Carrasco | STAR Fellow | (3/25/21) STAR Website, Newsletter, Twitter, LinkedIn |
| 18 | Published article in BioMed Central, “Agenda setting for essential medicines policy in sub-Saharan Africa: a retrospective policy analysis using Kingdon’s multiple streams model” | Alison Mhazo | STAR Fellow | (5/19/21) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 19 | Published article in Studies in Family Planning, "Elevating Social and Behavior Change as an Essential Component of Family Planning Programs” | Laura Raney | STAR Fellow | (7/23/21) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 20 | Published special collection in Annals of Global Health "Special Collection on Capacity Building for Global Health Leadership Training" | Bhakti Hansoti, editor | STAR Staff | (7/12/21) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 21 | Published article in Annals of Global Health, “Gaps, Challenges, and Opportunities for Global Health Leadership Training” | David Hausner, Anike Akridge Joachim Voss Sandul Yasobant Edith Tarimo Esther Seloilwe Yohana Mashalla | STAR Staff | (7/12/21) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 22 | Published article in Annals of Global Health, “Measuring for Success: Evaluating Leadership Training Programs for Sustainable Impact” | Bhakti Hansoti Joel Njah Adebusuyi Adeyami Kerry Bruce Gabrielle O'Malley Mary Kay Gugerty Benjamin H. Chi Nanyombi Lubimbi Elizabeth Steen Sonora Stampfly | STAR Staff | (7/12/21) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |

| | Resource Shared | Participant Name | Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC) | Date and Location Shared |
|----|--|--|--|--|
| | | Eva Berman Ann Marie Kimball | | |
| 23 | Published article in Annals of Global Health, “Training Curriculum, Skills and Competencies for Global Health Leaders: Good Practices and Lessons Learned” | Bhakti Hansoti Meike J. Schleiff Patrick Mwirigi Mburugu John Cape Rama Mwenesi Nathanael Sirili Sean Tackett David P. Urassa Yohana Mashalla | STAR Staff (past) | (7/12/21) STAR Website, Newsletter, Twitter LinkedIn, Facebook |
| 24 | Published article in Annals of Global Health, “Training Global Health Leaders: A Critical Review of Competency Gaps” | Bhakti Hansoti Anike Akridge Elizabeth Hahn Caroline Dolive Melanie Atwell Anant Mishra Meike Schleiff | STAR Staff (past and present) | (7/12/21) STAR Website, Newsletter, Twitter LinkedIn, Facebook |
| 25 | Published article in Annals of Global Health, “Delivering Modern Global Health Learning Requires New Obligations and Approaches” | Bhakti Hansoti Scott J. N. McNabb Mabel Magowe Nadine Shaw Amanda M. Berrian Michael Wilkes Affan Shaikh Onesmus Gachuno Lucy A. Perrone Brittany L. Murray Eva Berman | STAR Staff (past) | (7/12/21) STAR Website, Newsletter, Twitter LinkedIn, Facebook |
| 26 | Published article in Population Health Metrics, "Estimating the impact of donor programs on child mortality in low-and middle-income countries" | William Weiss | STAR Fellow | (1/21/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 27 | COVID-19 Clinical Updates for Global Practice Webinar series, “Review of Oral Therapeutics” | Paul Auwaerter, Mike Reid, Phyllis Tien, and Bella R. Siasoco | STAR Partner | (3/17/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |

| | Resource Shared | Participant Name | Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC) | Date and Location Shared |
|----|---|---|--|--|
| 28 | CUGH 2022 Conference oral abstract presentation, “Blind Recruitment is Necessary but not Sufficient to Increase Diversity of the Global Health Workforce” | Rachel Mases, Jennifer Dogbey, Natasha Wanchek, and David Hausner | STAR Staff | (3/28/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 29 | Blog Post on STAR website, “The Power of Engaging Local Community Leaders: Innovative Approaches to Access Isolated Rural Communities with Health Interventions” | Eyelachew Desta | STAR Fellow | (3/21/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 30 | OpenCriticalCare.org portal | STAR, University of California San Francisco | STAR Partner | (4/21/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 31 | Published article in BioMed Central, “Palliative care in Uganda: quantitative descriptive study of key palliative care indicators 2018-2020” | Lacey Ahern | STAR Colab Team (past) | (5/12/22) STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 32 | Published article in Springer Link, “Community Mobilization is Associated with HIV Testing Behaviors and Their Psychosocial Antecedents Among Zambian Adults: Results from a Population-Based Study” | Maria Carrasco | STAR Fellow | STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 33 | Published article in Science Direct “Building and sustaining public and political commitment to the value of vaccination: Recommendations for the Immunization Agenda 2030 (Strategic Priority Area 2)” | Folake Olayinka | STAR Fellow | STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 34 | Published article in Science Direct “Immunization programs to support primary health care and achieve universal health coverage” | Folake Olayinka | STAR Fellow | STAR Website, Newsletter, Twitter, LinkedIn, Facebook |

| | Resource Shared | Participant Name | Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC) | Date and Location Shared |
|----|--|--|--|---|
| 35 | Published article in Science Direct “COVID-19 vaccine policy development in a sample of 4 countries—Key findings from a December 2021 survey of National Immunization Technical Advisory Groups (NITAGs)” | Folake Olayinka | STAR Fellow | STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 36 | Published bulletin, “Annual Tuberculosis and Leprosy Bulletin”. This 8 th edition of the bulletin features trends of important TBL indicators and strategic initiatives to help end TB in Ethiopia. | Fasil Tsegaye Kassa | STAR Fellow | STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 37 | Published article in Vaccine “Improving Equity in Urban Immunization in Low- and Middle-Income Countries: A Qualitative Document Review” | Folake Olayinka | STAR Fellow | STAR Website, Newsletter, Twitter, LinkedIn, Facebook |
| 38 | CUGH 2023 Conference Peer-reviewed oral presentation, “Best Practices for Recruiting a Diverse Global Health Workforce” | Jennifer Dogbey, Rachel Mases, Malika Mirkhanova | STAR Staff | April 2023 |
| 39 | CUGH 2023 Conference peer-reviewed poster presentation, “The Missing Piece in Global Health Leadership: “Technical skills will get you to the table... but leadership and facilitation skills will keep you there” | Anike Akridge, Baker Maggwa, Eleni Carali, Elise Mann, David Hausner | STAR Staff and STAR Fellow | April 2023 |
| 40 | A new algorithm for the oral antiviral outpatient therapy known as "Test-to-Treat" intended to help clinicians at the point of care initiate early oral antiviral treatment for COVID-19. | STAR, University of California San Francisco | STAR Partner | STAR Website, Newsletter, Twitter, LinkedIn, Facebook |

| | Resource Shared | Participant Name | Participant Type (Fellow, Intern, Staff, Partner) (USN, LMIC) | Date and Location Shared |
|----|---|--|--|---------------------------------|
| 41 | A review of a COVID-related patient management pilot program for USAID related to the test-to-treat (T2T) protocol. | STAR, University of California San Francisco | STAR Partner | STAR Website |
| 42 | An interim review of a COVID-related oxygen ecosystems (O2) pilot program for USAID. | STAR, University of California San Francisco | STAR Partner | STAR Website |

Annex D: List of STAR Outreach and Recruitment Events by Program Year

| PY1 Conferences | Date | Location | Target Groups |
|--|------------------|-----------------|----------------------|
| Population Association of America 2019 Conference | April 9-10, 2019 | Austin, TX | Domestic |
| The 3rd AFREhealth Annual Symposium | August 5-9, 2019 | Lagos, Nigeria | LMIC |

| PY2 Conferences | Date | Location | Target Groups |
|--|-------------------------------|------------------|------------------------------------|
| The 50th Union World Conference on Lung Health: Ending the Emergency | October 30 – November 2, 2019 | Hyderabad, India | LMIC |
| APHA: Creating the Healthiest Nation "For science. For action. For health." | November 2-6, 2019 | Philadelphia, PA | Domestic, LMIC and minority access |
| Johns Hopkins Bloomberg School of Public Health Information Session | November 7, 2019 | Baltimore, MD | Domestic and LMIC |
| Johns Hopkins Bloomberg School of Public Health, Department of International Health, Division of Social and Behavioral Interventions Alumni Reunion | November 8, 2019 | Baltimore, MD | Domestic |
| Annual Biomedical Research Conference for Minority Students (ABRCMS) 2019 | November 13-16, 2019 | Anaheim, CA | Minority students |
| Women Leaders in Global Health | November 9-10, 2019 | Rwanda, Rwanda | LMIC, women |
| Society for International Development Career Fair | January 20, 2020 | Washington, DC | Domestic and LMIC |
| Drexel University Dornsife School of Public Health Information Session | February 4, 2020 | Philadelphia, PA | Domestic minority |
| Temple University Information Session | February 4, 2020 | Philadelphia, PA | Domestic |
| DevEx Virtual Career Fair | February 20, 2020 | Washington, DC | Domestic minority and LMIC |
| George Washington University STEM and Health Career Fair | February 28, 2020 | Washington, DC | Domestic and LMIC |
| Gallaudet University Spring 2020 Internship & Job Fair (disabled individuals) | March 6, 2020 | Washington, DC | Domestic |

| | | | |
|--|--------------------|---|---------------------------|
| John Hopkins Bloomberg school of public health 36th Annual Public Health career fair | March 6, 2020 | Baltimore, MD | Domestic |
| Columbia University | March 27, 2020 | Virtual | Domestic |
| Global Health and Innovation Conference | April 4-5, 2020 | New Haven, CT (Virtual) | Domestic |
| 11th Annual CUGH Conference (LMIC audience) | April 18-20, 2020 | Washington, DC (Virtual) | Cancelled due to COVID-19 |
| Bethune Cook University | April 3, 2020 | Virtual | Minority domestic |
| 23rd International AIDS Conference | July 6-10, 2020 | San Francisco and Oakland, CA (Virtual) | LMIC |
| George Washington University Career Fair | September 10, 2020 | Virtual | Domestic and LMIC |

| PY3 Conferences | Date | Location | Target Groups |
|---|-----------------------|-----------------|------------------------------------|
| London School of Economics Information Session: Careers in the US | October 6, 2020 | Virtual | LMIC, Domestic |
| APHA Annual Meeting and Expo – "Creating the Healthiest Nation: Preventing Violence" | October 24 – 28, 2020 | Virtual | Domestic, LMIC and minority access |
| STAR Information Session Webinar: How to gain a competitive advantage when applying for fellowships and internships in Global Health | January 27, 2021 | Virtual | Domestic, LMIC and minority access |
| CUGH Education Committee Satellite Session | March 6, 2021 | Virtual | Domestic, LMIC |
| Columbia University | February 19, 2021 | Virtual | Domestic |
| Tufts University | February 23, 2021 | Virtual | Domestic |
| George Washington University Virtual Internship Fair | February 26, 2021 | Virtual | Domestic |
| Xavier University Information Session | March 31, 2021 | Virtual | Minority access (HBCU) |
| Information Session on STAR to Howard University | April 5, 2021 | Virtual | Minority access (HBCU) |

| | | | |
|---|--------------------|---------|----------------------------------|
| GHTechX Webinar: How to stand out from the pack of applicants when preparing an application for STAR fellowships | April 23, 2021 | Virtual | Domestic, LMIC |
| STAR Webinar -Spring Clean Your Global Health Resume | April 28, 2021 | Virtual | LMIC, Domestic |
| STAR Webinar-Leveling Up Your Global Health Resume | July 23, 2021 | Virtual | Domestic, LMIC |
| San Diego State University Fall Career and Internship Fair (STEM, Health & Human Services) | September 15, 2021 | Virtual | Minority access (HSI), Domestic |
| Atlanta University Center 2021 Career Fair | September 16, 2021 | Virtual | Minority access (HBCU), Domestic |
| Arizona State University Tourism, Nonprofit + Government Career & Internship Fair | September 23, 2021 | Virtual | Minority access (HSI), Domestic |
| Grambling State University Fall 2021 Virtual Career and Graduate School Fair | September 28, 2021 | Virtual | Minority access (HBCU), Domestic |

| PY4 Conferences | Date | Target Groups |
|---|---------------------|----------------------|
| USAID First Annual Virtual Hispanic Serving Institutions/LatinX Conference and Career Expo: Global Health Fellowships and Internships at USAID (jointly with GHTP) | October 6, 2021 | MSI, HIS |
| Michigan State University Science and Health Job and Internship fair | October 6, 2021 | Domestic |
| London School of Economics Public Health Information Sessions: Exploring Global Health Career Opportunities in the US (jointly with GHTP) | October 13, 2021 | LMIC |
| Johns Hopkins Bloomberg School of Public Health Information Session: Exploring global health career opportunities at USAID (jointly with GHTP) | October 20, 2021 | Domestic |
| TB Union | October 19-22, 2021 | LMIC |
| Virginia State University 2021 Virtual graduate and Professional career fair | October 21, 2021 | Domestic |
| Bethune-Cookman University Fall 2021 Virtual Graduate School and Career fair | October 27, 2021 | MSI, HBCU |

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|---|---------------------------|---------------------|
| University of Maryland School of Public Health Career Expo Fall 2021 | November 3, 2021 | Domestic |
| North Carolina Masters & Doctoral Virtual Career Fair | November 4, 2021 | Domestic |
| New Mexico State University Health Professionals Virtual Career Fair | November 4, 2021 | MSI, HSI |
| Drexel Virtual Health Professions Career Fair 2022 | February 15, 2022 | Domestic |
| Boston University Virtual School of Public Health Career Fair | February 17, 2022 | Domestic |
| Howard University Spring 2022 College of Arts and Sciences (COAS) Virtual Career Fair | February 24, 2022 | MSI, HBCU |
| Bethune-Cookman University's Spring 2022 Virtual Graduate School and Career Fair | March 16, 2022 | MSI, HBCU |
| Consortium of Universities for Global Health (CUGH) Conference | March 21, - April 1, 2022 | Domestic, MSI, LMIC |
| STAR Webinar: How to Gain Competitive Edge When Applying to STAR Fellowships and Internships | February 23, 2022 | LMIC, HSI, HBCU |
| STAR Webinar: Spring Clean Your Global Health Resume | March 23, 2022 | LMIC, HSI, HBCU |
| University of Washington Bothell Virtual Spring Job & Internship Fair | April 19, 2022 | MSI, HBCU |
| Xavier University Virtual Career Fair | April 21, 2022 | MSI, HBCU |
| STAR Webinar: Let's Talk About Interviewing for Global Development Jobs | May 4, 2022 | LMIC, HSI, HBCU |
| STAR webinar: Moving Beyond Borders: Becoming a Regional Global Health Expert | June 22, 2022 | LMIC, HSI, HBCU |

| PY5 Events | Date | Target Groups |
|--|------------------|----------------------|
| London School of Economics Public Health Information Sessions: Exploring Global Health Career Opportunities in the US (jointly with GHTP) | October 12, 2022 | LMIC |
| George Washington University Virtual Spring 2023 Career Exploration Expo | February 9, 2023 | Domestic |

| | | |
|--|-------------------|-----------------------------|
| Alabama A&M University Spring 2023 Virtual Career Fair | February 14, 2023 | MSI, HBCU |
| Spring 2023 Hispanic-Serving Institutions Virtual Career Exp (CSUB, CSUDH, CSUSB, CSUS, FIU, Fresno State, Lehman College, Texas A&M, UTRGV, UTSA, UCM, UIC, and UIW) | February 22, 2023 | MSI, HSI |
| Drexel LeBow Recruiter Networking Mixer 2023 | February 23, 2023 | Domestic, Majority Minority |
| Columbia University Mailman School of Public Health Spring 2023 Virtual Career Day | March 3, 2023 | Domestic |
| STAR Webinar: Spring Clean your Global Health Resume | April 19, 2023 | LMIC, HSI, HBCU |
| STAR Webinar: Let's Talk About Interviewing for Global Development Jobs | May 3, 2023 | LMIC, HSI, HBCU |

Annex E: Annual Survey Response Rates, PY1-PY6

A summary of survey dates, questions, and response rates are below.

| Survey | Open | Response Rate | Indicators |
|--|---|---|----------------------------|
| 1. Fellows Survey - USNs | PY1: Oct. 1-11, 2019 PY2: Sept. 29 – Oct. 9, 2020 PY3: Sept. 28 – Oct. 8, 2021 PY4: Sept. 20 – Sept. 30, 2022 PY5: Sept. 20 – Oct. 16, 2023 PY6: Dec. 14, 2023 – May 6, 2024 | PY1: 91% (10 of 11) PY2: 74% (20 of 27) PY3: 68% (27 of 40) PY4: 70% (30 of 43) PY5: 38% (13 of 34) PY6: 50% (3 of 6) | Three: 1.3.3, 1.4.1, 1.5.1 |
| Q3) Please describe your OVERALL satisfaction or dissatisfaction with STAR services. [INDICATOR 1.3.3] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i> | | | |
| Q5) Please describe your OVERALL satisfaction with STAR learning support. [INDICATOR 1.4.1] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i> | | | |
| Q12) Have you participated in field experience(s) under STAR that were at least two weeks in length (cumulatively)? [INDICATOR 1.5.1] <i>Options: yes, no</i> | | | |
| IF YES: Q13) Did the field experience include active, technical engagement? <i>(Examples include program support and evaluation)</i> | | | |
| 2. Fellows Survey – LMIC | PY1: Oct. 1-11, 2019 PY2: Sept. 29 – Oct. 9, 2020 PY3: Sept. 28 – Oct. 8, 2021 PY4: Sept. 20 – Sept. 30, 2022 PY5: Sept. 20 – Oct. 16, 2023 PY6: Dec. 14, 2023 - May 6, 2024 | PY1: 100% (2 of 2) PY2: 90% (37 of 41) PY3: 93% (62 of 67) PY4: 83% (62 of 75) PY5: 92% (67 of 73) PY6: 87% (34 of 39) | Four: 1.3.3, 1.4.1 |
| Q3) Please describe your OVERALL satisfaction or dissatisfaction with STAR services. [INDICATOR 1.3.3] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i> | | | |
| Q5) Please describe your OVERALL satisfaction with STAR learning support. [INDICATOR 1.4.1] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i> | | | |
| 3. POC Survey – Fellows | PY1: Oct. 1-11, 2019 PY2: Sept. 29 – Oct. 9, 2020 PY3: Sept. 28 – Oct. 8, 2021 | PY1: 46% (6 of 13) PY2: 49% (21 of 43) PY3: 40% (28 of 70)(for 107 Fellows) PY4: 51% (38 of 74)(for 118 Fellows) | One: 1.3.2 |

| Survey | Open | Response Rate | Indicators |
|--|---|---|----------------------------|
| | PY4: Sept. 20 – Sept. 30, 2022 PY5: Sept. 20 – Oct. 16, 2023 PY6: Dec. 14, 2023 - May 6, 2024 | PY5: 35% (24 of 69)(for 106 Fellows) PY6: 34% (12 of 35) | |
| Q2) Please rate your OVERALL satisfaction or dissatisfaction with STAR assistance provided to you? <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i> | | | |
| 4. POC Survey - Interns | PY1: Oct. 1-11, 2019 PY2: Sept. 29 – Oct. 9, 2020 PY3: Sept. 28 – Oct. 8, 2021 PY4: Sept. 20 – Sept. 30, 2022 PY5: Sept. 20 – Oct. 16, 2023 PY6: Dec. 14, 2023 - May 6, 2024 | PY1: 56% (10 of 18) PY2: 45% (17 of 38) PY3: 40% (18 of 45)(for 50 Interns) PY4: 45% (21 of 47)(for 56 Interns) PY5: 42% (20 of 48)(for 59 Interns) PY6: 38% (8 of 21) | One: 1.3.2 |
| Q2) Please rate your OVERALL satisfaction or dissatisfaction with STAR assistance provided to you? <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i> | | | |
| 5. Intern Survey | PY1: Ongoing PY2: Ongoing PY3: Ongoing PY4: Ongoing PY5: Ongoing PY6: Ongoing – closed May 6, 2024 | PY1: 50% (1 of 2) PY2: 79% (30 of 38) – PHI Interns PY3: 85% (22 of 26) PY4: 77% (27 of 35) PY5: 78% (29 of 37) PY6: 62% (13 of 21) | Three: 1.3.3, 1.4.1, 1.5.2 |
| Q3) Please describe your OVERALL satisfaction or dissatisfaction with STAR services. [INDICATOR 1.3.3] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i> | | | |
| Q5) Please describe your OVERALL satisfaction with STAR learning support [INDICATOR 1.4.1] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i> | | | |
| Q13) Have you participated in field experience(s) under STAR that were at least two weeks in length (cumulatively)? [INDICATOR 1.5.2] <i>Options: yes, no</i> | | | |
| 6. POC Recruitment Survey | PY1: Ongoing PY2: Ongoing PY3: Ongoing PY4: Ongoing PY5: Ongoing | PY1: 31% (15 of 49) PY2: 50% (33 of 66) PY3: 49% (44 of 89) PY4: 49% (26 of 53) PY5: 100% (15 of 15) PY6: N/A | Two: 1.2.2, 1.2.3 |
| Q1) How satisfied were you with the STAR recruitment process, from when you first contacted STAR about this position through the time the candidate(s) signed the offer letter? <ul style="list-style-type: none"> Quality of STAR candidates [INDICATOR 1.2.2] Overall satisfaction with the STAR recruitment process [INDICATOR 1.2.3] <i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i> | | | |
| 7. FSN Survey | PY2: May 5-15, 2020 | PY2: 78% (7 of 9) | One: 1.7.1 |

| Survey | Open | Response Rate | Indicators |
|---|----------------------------------|--------------------------------|------------|
| | PY3: N/A | PY3: N/A | |
| <p>Q4) Please describe your OVERALL satisfaction or dissatisfaction with STAR's learning and professional development activities.</p> <p><i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i></p> | | | |
| 8. FSN Manager Survey | PY2: May 14-29, 2020 PY3: N/A | PY2: 100% (3 of 3) PY3: N/A | One: 1.7.2 |
| <p>Q2) Please describe your OVERALL satisfaction or dissatisfaction with STAR's learning and professional development support for FSNs.</p> <p><i>Options: very satisfied, satisfied, dissatisfied, very dissatisfied</i></p> | | | |

Annex F: UCSF T2T Program and O2 Interim Program Review Indicators

The UCSF COVID-19 team conducted in-country program reviews for USAID’s pilot implementation of COVID-related Test-To-Treat (T2T) and Oxygen Ecosystem Strengthening (O2) projects. Eight new indicators were developed in PY5 to track progress on these program reviews.

| INDICATOR | End-of-Project Target | PY5 Result | PY6 Result | Summary |
|---|-----------------------|--|--|-----------------|
| GOAL: To strengthen the capacity of National Malaria Control Programs (NMCPs) to utilize Global Fund investments to achieve country goals and objectives | | | | |
| 1 – T2T Program Reviews | | | | |
| 1.1: Number of T2T desk reviews completed | 1 | 1 | 1 | Target met |
| 1.2: Number of T2T key informant interviews conducted | 15 | 34 (5 HQ, 9 El Salvador, 9 Rwanda, 1 Côte d’Ivoire, 5 Mozambique, 5 Malawi) | 38 (5 HQ, 1 Côte d’Ivoire country-level, 5 El Salvador country-level and 4 facility-level, 2 Ghana country-level and 2 facility-level, 3 Malawi country-level and 2 facility-level, 3 Mozambique country-level and 2 facility-level, 6 Rwanda country-level and 3 facility-level) | Target exceeded |
| 1.3: Number of country-level T2T data collection activities completed | 6 | 5 (El Salvador, Rwanda, Côte d’Ivoire, Mozambique, Malawi) | 6 | Target met |

| | | | | |
|---|----|---|---|-----------------|
| 1.4: Number of T2T program reviews completed | 1 | 0 | 1 | Target met |
| 2 – O2 Program reviews | | | | |
| 2.1: Number of O2 desk reviews completed | 1 | 1 | 1 | Target met |
| 2.2: Number of O2 key informant interviews conducted | 15 | 29 (5 HQ, 3 DRC, 6 Vietnam, 5 Côte d'Ivoire, 5 Mozambique, 5 Malawi) | 33 (5 HQ, 3 Côte d'Ivoire country-level and 2 facility-level, 3 DRC country-level, 3 Ghana country-level and 1 facility-level, 3 Malawi country-level and 2 facility-level, 4 Mozambique country-level and 1 facility-level, 4 Vietnam country-level and 2 facility-level) | Target exceeded |
| 2.3: Number of country-level O2 data collection activities completed | 5 | 4 (Vietnam, Côte d'Ivoire, Mozambique, Malawi) | 5 | Target met |
| 2.4: Number of T2T program reviews completed | 1 | 0 | 1 | Target met |

Annex G: AMP Health Indicators for NMCP Support Activities

AMP Health indicators were added to the PMP in January 2022. This STAR initiative falls under S-IR 2.3 and is a stand-alone activity. Targets were determined in Q4 of PY4 and are included in the revised table below.

| INDICATOR | Target | PY4 Results | PY5 Results | PY6 Results |
|---|--|---|--|--|
| GOAL: To strengthen the capacity of National Malaria Control Programs (NMCPs) to utilize Global Fund investments to achieve country goals and objectives | | | | |
| 1 – Strengthened capacity of NMCPs to effectively manage and implement Global Fund (GF) grants | | | | |
| 1.1 – # of NMCP team members who receive practical training from Management Partners on GF processes | # of individuals engaged per team: CAR – 11 team members Chad – 26 team members Congo – 19 team members Namibia – 6 team members Mauritania – 4 team members | CAR – 11 team members Chad – 26 team members Congo – 19 team members Namibia – 11 team members Mauritania – 4 team members | CAR – 15 team members Chad – 45 team members Congo – 33 team members Namibia – 10 team members Mauritania – 18 team members | CAR – 15 team members Chad – 45 team members Mauritania – 18 team members Namibia – 10 team members Congo – 33 team members |
| 1.2 – # of NMCP teams that strengthen their capacity to engage with GF stakeholders | 5 (CAR, Chad, Congo, Namibia, Mauritania) | 5 teams | 5 teams | 5 teams |
| 2 – Strengthened capacity of NMCPs to efficiently and effectively manage staff and internal operations | | | | |

| | | | | |
|--|---|--|--|---|
| <p>2.1 – # of NMCP teams with improved staff management</p> | <p>5 (CAR, Chad, Congo, Namibia, Mauritania)</p> | <p>3 out of 3 teams exhibited overall improvement in staff management.* *Only baseline data is currently available for Namibia and CAR.</p> | <p>5 out of 5 teams exhibited overall improvement in staff management (refers to cumulative improvement against baseline).</p> | <p>5 out of 5 teams exhibited overall improvement in staff management (refers to cumulative improvement against baseline)</p> |
| <p>2.2 – #/% of NMCP team members who report improved coordination and communication skills</p> | <p># of individuals engaged per team: CAR – 11 team members Chad – 26 team members Congo – 19 team members Namibia – 11 team members Mauritania – 4 team members</p> | <p>23 team members (100% of those we work with who completed both a baseline and 2nd round of MEL data) reported improvement in their coordination and communication skills* *Only baseline data is currently available for Namibia and CAR and changes in team composition in other teams meant only one data point is available at the moment.</p> | <p>57 team members (95% of those who completed both baseline/previous rounds and the subsequent (current) round of MEL data) reported improvement in their coordination and communication skills. # of team members who improved on coordination and communication skills by country: CAR: 10 Chad: 14 Mauritania: 6 (the team size has increased since the targets were established) Namibia: 5 Congo: 22</p> | <p>57 team members (95% of those we work with who completed both baseline/previous rounds and the subsequent (current) round of MEL data) reported improvement in their coordination and communication skills. # of team members who improved on coordination and communication skills by country: CAR: 10 Chad: 14 Mauritania: 6 (the team size has increased since the targets were established) Namibia: 5 Congo: 22</p> |
| <p>2.3 – #/% of NMCP team members who report improvements in team effectiveness</p> | <p># of individuals engaged per team: CAR – 11 team members Chad – 26 team members Congo – 19 team members</p> | <p>23 team members (100% of those we work with who completed both a baseline and 2nd round of MEL data) reported improvement in team's effectiveness*</p> | <p>50 team members (96% of those who completed both baseline/previous rounds and current round of MEL data) reported improvement in team's effectiveness. # of team members who improved on</p> | <p>50 team members (96% of those we work with who completed both baseline/previous rounds and current round of MEL data) reported improvement in team's effectiveness.</p> |

| | | | | |
|--|--|---|--|--|
| | <p>Namibia – 6 team members Mauritania – 4 team members</p> | <p>*Only baseline data is currently available for Namibia and CAR and changes in team composition in other teams meant only one data point is available at the moment.</p> | <p>team effectiveness skills by country: CAR: 9 Chad: 13 Mauritania: 4 Namibia: 4 Congo: 20</p> | <p># of team members who improved on team effectiveness skills by country: CAR: 9 Chad: 13 Mauritania: 4 Namibia: 4 Congo: 20</p> |
| 3 – Strengthened capacity of NMCPs to manage external relationships | | | | |
| <p>3.1 – # of NMCP teams who report improved partner coordination skills</p> | <p>5 (CAR, Chad, Congo, Namibia, Mauritania)</p> | <p>3 out of 3 teams reported overall improvement on partner coordination skills. *</p> <p>*Only baseline data is currently available for Namibia and CAR.</p> | <p>5 out of 5 teams reported overall improvement on partner coordination skills.</p> | <p>5 out of 5 teams reported overall improvement on partner coordination skills.</p> |
| <p>3.2 – #/% of NMCP team members who report improved work planning skills</p> | <p># of individuals engaged per team: CAR – 11 team members Chad – 26 team members Congo – 19 team members Namibia – 11 team members Mauritania – 4 team members</p> | <p>23 team members (100% of those we work with who completed both a baseline and 2nd round of MEL data) reported improvement in work planning skills. *</p> <p>*Only baseline data is currently available for Namibia and CAR and changes in team composition in other teams meant only one data point is available at the moment.</p> | <p>57 team members (95% of those who completed both baseline/previous rounds and current round of MEL data) reported improvement in work planning skills.</p> <p># of team members who improved on work planning skills by country: CAR: 11 Chad: 14 Mauritania: 6 Namibia: 4 Congo: 22</p> | <p>57 team members (95% of those we work with who completed both baseline/previous rounds and current round of MEL data) reported improvement in work planning skills.</p> <p># of team members who improved on work planning skills by country: CAR: 11 Chad: 14 Mauritania: 6 Namibia: 4 Congo: 22</p> |
| 4 – Strengthened capacity of NMCPs to use data to plan and manage strategically | | | | |

| | | | | |
|---|--|--|--|--|
| <p>4.1 – # of NMCP teams who report improved strategy development skills</p> | <p>5 (CAR, Chad, Congo, Namibia, Mauritania)</p> | <p>3 out of 3 teams reported overall improvement in strategy development skills.*</p> <p>*Only baseline data is currently available for Namibia and CAR.</p> | <p>5 out of 5 teams reported overall improvement in strategy development skills.</p> | <p>5 out of 5 teams reported overall improvement in strategy development skills.</p> |
| <p>4.2 – # of NMCP teams who report improved ability to regularly assess progress against objectives (implementation skills)</p> | <p>5 (CAR, Chad, Congo, Namibia, Mauritania)</p> | <p>3 out of 3 teams reported overall improved ability to regularly assess progress against objectives.*</p> <p>*Only baseline data is currently available for Namibia and CAR.</p> | <p>5 out of 5 teams reported overall improved ability to regularly assess progress against objectives.</p> | <p>5 out of 5 teams reported overall improved ability to regularly assess progress against objectives.</p> |
| <p>4.3 – # of NMCP teams who report improved ability to make programmatic adjustments as conditions change</p> | <p>5 (CAR, Chad, Congo, Namibia, Mauritania)</p> | <p>2 out of 3 teams reported overall improvement in the ability to make programmatic adjustments as conditions change.*</p> <p>*Only baseline data is currently available for Namibia and CAR.</p> | <p>5 out of 5 teams reported overall improvement in the ability to make programmatic adjustments as conditions change.</p> | <p>5 out of 5 teams reported overall improvement in the ability to make programmatic adjustments as conditions change.</p> |

Annex H: STAR Participant List

There were 330 STAR participants⁵ active throughout the life of the program, including 150 STAR Fellows, 160 STAR Interns, 5 Packard Fellows, 7 AMP Health Management Partners, and 9 Foreign Service Nationals.

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|----|-----------------|------------------|---|---------------------|-------------------|
| 1 | Farid | Abarca Realegeno | Pediatric and Adolescent HIV Treatment Intern | GH/OHA/PCT | Intern |
| 2 | Abdulmalik | Abubakar | Strategic Information Advisor | USAID/Malawi | Fellow |
| 3 | Khalda | Abuelgasim | Adult Clinical Branch Intern | GH/OHA/PCT | Intern |
| 4 | Fouad | AbuHijleh | Digital Health Intern | GH/AA/CII | Intern |
| 5 | Bailey | Adams | Maternal and Child Health and Nutrition Communications Intern | GH/MCHN/FrontOffice | Intern |
| 6 | Adeoye | Adegboye | Senior Key Populations Advisor | USAID/Nigeria | Fellow |
| 7 | Maka | Akhalaia | Senior TB Laboratory Advisor | USAID/Tajikistan | Fellow |
| 8 | Namita | Akolkar | HIV/AIDS Vaccine Research Intern | GH/OHA/RES | Intern |
| 9 | Ekram | Ali | Malaria Communications Intern | GH/ID/MAL | Intern |
| 10 | Saidi | Alli | TB Quality Management Associate | USAID/Tanzania | Fellow |
| 11 | Charles Patrick | Almazor | Senior TB Advisor (Haiti) | USAID/Haiti | Fellow |
| 12 | Hanna | Amanuel | OVC/Pediatric-Adolescent Intern | GH/OHA/PPIR | Intern |
| 13 | Abena | Amoakuh | USAID DREAMS Program Visualization Intern | GH/OHA/PPIR | Intern |
| 14 | Yom | An | Senior Operational Research and Strategic Information Technical Advisor | USAID/Cambodia | Fellow |
| 15 | Adelaide | Appiah | Prevention of Mother to Child Transmission and Pediatric HIV Intern | GH/OHA/PCT | Intern |
| 16 | Marcos | Arevalo | Senior Family Planning and Reproductive Health Advisor | USAID/Nepal | Fellow |
| 17 | Moses | Arinaitwe | TB Monitoring and Evaluation Technical Advisor | USAID/Uganda | Fellow |
| 18 | Aditi | Arunmozhi | Key Populations Data Analysis Intern | GH/OHA/PPIR | Intern |
| 19 | Meron | Asfaha | HIV Testing Services Intern | GH/OHA/PCT | Intern |

⁵ For requested privacy reasons, some Fellows' information has been withheld.

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|----|-------------------|----------------|---|--------------------------------|---------------------------------|
| 20 | Lusine | Aydinyan | Uniquely Skilled Senior TB Financing Technical Advisor (Kazakhstan) | USAID/Kazakhstan | Fellow |
| 21 | Marie | Ba Lacouture | AMP Health Management Partner | AMP Health - Mauritania | Management Partner - AMP Health |
| 22 | Emory | Babcock | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern |
| 23 | Marshall | Bailey | Gender and Sexual Diversity Intern | GH/OHA/PPIR | Intern |
| 24 | Sylvie | Bambara | AMP Health Management Partner | AMP Health - Republic of Congo | Management Partner - AMP Health |
| 25 | Lily | Banda | Foreign Service National | GH/PRH | Foreign Service National |
| 26 | Lamine | Bangoura | Foreign Service National | GH/ID/MAL | Foreign Service National |
| 27 | Lemlem | Baraki | Data Science Intern | GH/OHA/SIEI | Intern |
| 28 | Margaret (Maggie) | Barnes | Health Systems Strengthening Intern | GH/OHS | Intern |
| 29 | Emma | Bassin | High Impact Practice Engagement and Dissemination Intern | GH/PRH/RTU | Intern |
| 30 | Caitlin | Baumhart | WHO Contraception Guideline Intern | GH/PRH/FrontOffice | Intern |
| 31 | Timur | Bazikov | Senior Tuberculosis Advisor | USAID/Kyrgyzstan | Fellow |
| 32 | Bilen | Berhane | HIV Prevention Care and Treatment Intern | GH/OHA/PCT | Intern |
| 33 | Hana | Berhe | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern |
| 34 | Pamela | Bernard-Sawyer | Foreign Service National | GH/PRH | Foreign Service National |
| 35 | Sirisha | Bhadriraju | Social and Behavior Change Intern | GH/PRH/PEC | Intern |
| 36 | Yusuf | Bhamu | COVID Coordination Advisor (Malawi) | USAID/Malawi | Fellow |
| 37 | Reshma | Bhattacharjee | Senior Surveillance and Epidemiology Advisor | GH/OHA/SIEI | Fellow |
| 38 | Yubika | Bhattarai | Health Management Information Systems Intern | GH/OHA/SIEI | Intern |
| 39 | Amy | Bloom | Uniquely Skilled Senior Tuberculosis Technical Advisor | GH/ID/TB | Fellow |
| 40 | Marie Eva "Eva" | Bonny Antoine | Senior Supply Chain and Capacity Building Advisor | USAID/Haiti | Fellow |
| 41 | Sambo | Boy | Senior Technical Advisor for Laboratory Strengthening | USAID/Cambodia | Fellow |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|----|------------|-------------|--|---------------------------|--------------------------|
| 42 | Emma | Brofsky | PMI Private Sector Engagement Intern | GH/ID/MAL | Intern |
| 43 | Erica | Brooksieker | Malaria Supply Chain Analytics Intern | GH/ID/MAL | Intern |
| 44 | Brandon | Brown | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern |
| 45 | Victor | Burinschi | Senior TB Technical Advisor | USAID/Kazakhstan | Fellow |
| 46 | Vicent | Butera | Data Analytics for Health Workforce Intern | GH/OHA/SPS | Intern |
| 47 | Raymond | Byaruhanga | Senior Tuberculosis and Global Fund Grant Advisor | USAID/Uganda | Fellow |
| 48 | Linda | Cahaelen | Uniquely Skilled Senior Family Planning/Reproductive Health Finance and Policy Advisor | GH/PRH/PEC | Fellow |
| 49 | Kristina | Caparrelli | Adolescent & Young Adult HIV Treatment Intern | GH/OHA/PCT | Intern |
| 50 | Maria | Carrasco | Senior Behavioral and Structural Interventions Advisor and Senior Implementation Science Technical Advisor | GH/OHA/PCT and GH/PRH/RTU | Fellow |
| 51 | Marcia | Carvalho | Tuberculosis and Global Fund Grant Advisor (Angola) | USAID/Angola | Fellow |
| 52 | Mattelynn | Castle | Health Informatics Intern | GH/OHA/SIEI | Intern |
| 53 | Gina | Celata | Maternal and Child Health Policy Intern | GH/MCHN/FrontOffice | Intern |
| 54 | Roni | Chandra | Senior TB Diagnostic Network Advisor | USAID/Indonesia | Fellow |
| 55 | Angela | Chen | Strategic Information Intern | GH/OHA/SIEI | Intern |
| 56 | Rhehabi | Chimzizi | Senior Tuberculosis and Global Fund Grant Advisor | USAID/Zambia | Fellow |
| 57 | Hto Aung | Cho | Foreign Service National | GH/OHS | Foreign Service National |
| 58 | Misun | Choi | Uniquely Skilled Senior Malaria Technical Advisor | GH/ID/MAL | Fellow |
| 59 | Allysha | Choudhury | Maternal and Child Health Monitoring and Evaluation (M&E) and Data Analysis Intern | GH/MCHN/RP | Intern |
| 60 | Allison | Cole | HIV/AIDS Implementation Science Research Intern | GH/OHA/RES | Intern |
| 61 | Kelly | Connors | Market Access and Scale-Up Intern | GH/AA/CII | Intern |
| 62 | Sheridan | Coomer | Capacity Building and Partnerships Communications Intern | GH/OHA/SPS | Intern |
| 63 | Beata | Corcoran | Innovation and Scale Up Intern | GH/AA/CII | Intern |
| 64 | Beata | Corcoran | Saving Lives at Birth (SL@B), Innovation and Scale-Up Intern | GH/AA/CII | Intern |
| 65 | Bradley | Corner | Senior Family Health Technical Advisor (Ghana) | USAID/Ghana | Fellow |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|----|------------------|-------------|---|--------------------|-------------------|
| 66 | Loide | Cossa | Programmatic Management of Drug-Resistant TB Advisor | USAID/Mozambique | Fellow |
| 67 | Kelsey | Crow | Structural and Behavioral Interventions Intern | GH/OHA/PCT | Intern |
| 68 | Margaret | Cunningham | Adult Clinical Branch Treatment Cluster Intern | GH/OHA/PCT | Intern |
| 69 | Kaliane | Davidson | President's Malaria Initiative Program Management Intern | GH/ID/MAL | Intern |
| 70 | Stephanie | Davis | Data Visualization Intern | GH/P3/SAEO | Intern |
| 71 | Boubacar M | Dembele | HIV Testing Services Intern | GH/OHA/PCT | Intern |
| 72 | Madiera | Dennison | Gender and Sexual Diversity Intern | GH/OHA/PPIR | Intern |
| 73 | Melaku | Dessie | Senior Strategic Information Advisor | GH/OHA/SIEI | Fellow |
| 74 | Eyelachew | Desta | Innovation and Scale-Up Intern | GH/AA/CII | Intern |
| 75 | Orlane | Destin | Social Service Intern | GH/OHA/PPIR | Intern |
| 76 | Andrew | Devlin | Senior Data Science Advisor | GH/OHA/SIEI | Fellow |
| 77 | Binta | Diallo | Monitoring and Evaluation Intern | GH/PRH/PEC | Intern |
| 78 | Tomas | Doce | Senior TB Monitoring and Evaluation Advisor | USAID/Mozambique | Fellow |
| 79 | Kezia | Domond | Monitoring, Evaluation and Learning Intern | GH/P3/SAEO | Intern |
| 80 | Taruni | Donti | Malaria Communications and Public Affairs Intern | GH/ID/MAL | Intern |
| 81 | Mila | Dorji | Innovation and Scale-Up Intern | GH/AA/CII | Intern |
| 82 | Thanduxolo | Doro | Senior People Living with HIV Civil Society Advisor | USAID/South Africa | Fellow |
| 83 | Jeneva | Du Preez | Private Sector and Civil Society Engagement Advisor (Namibia) | USAID/Namibia | Fellow |
| 84 | Jennifer | Duncan | HIV Pre-Exposure Prophylaxis Intern | GH/OHA/PCT | Intern |
| 85 | Maya | Eashwaran | Health Communications and Public Affairs Intern | GH/ID/NTD | Intern |
| 86 | Farnese Murielle | Edimo Motto | Orphans and Vulnerable Children (OVC) and Pediatric Programs Intern | GH/OHA/PPIR | Intern |
| 87 | Courtney | Eker | Capacity Building and Partnerships Communications Intern | GH/OHA/SPS | Intern |
| 88 | Ruaa | Elkhair | Population and Reproductive Health Data Intern | GH/PRH/PEC | Intern |
| 89 | Anna | Erlandson | Malaria Communications Intern | GH/ID/MAL | Intern |
| 90 | Austin | Escalante | Data Visualization Intern | GH/AA | Intern |
| 91 | Nicholas | Ezati | Senior TB Diagnostic Network Advisor | USAID/Kenya | Fellow |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|-----|--------------|-----------------|---|--------------------|-------------------|
| 92 | Ronald Allan | Fabella | Senior Tuberculosis and Global Fund Grant Advisor | USAID/Philippines | Fellow |
| 93 | Blessing | Falade | HIV Testing Services Intern | GH/OHA/PCT | Intern |
| 94 | Victor | Falokun | Senior Tuberculosis and Global Fund Grant Advisor (Liberia) | USAID/Liberia | Fellow |
| 95 | Shiza | Farid | Family Planning Data Analysis Advisor | GH/PRH/FrontOffice | Fellow |
| 96 | Daria | Faulkner | HIV Voluntary Medical Male Circumcision Intern | GH/OHA/PCT | Intern |
| 97 | Lindy | Fenlason | Senior Nutrition and Capacity Building Advisor | GH/MCHN/NEH | Fellow |
| 98 | Nimasha | Fernando | HIV Prevention Care and Treatment Intern | GH/OHA/PCT | Intern |
| 99 | Ivana | Ferrer | Data Science Advisor | GH/OHA/SIEI | Fellow |
| 100 | Andrew | Fleming | Senior Provincial HIV/AIDS Technical Advisor (South Africa) | USAID/South Africa | Fellow |
| 101 | Niguse | Gade | Senior Tuberculosis and Global Fund Grant Advisor (Sierra Leone) | USAID/Sierra Leone | Fellow |
| 102 | Nicola | Gallagher | Malaria Communications Intern | GH/ID/MAL | Intern |
| 103 | Anthony | Gallanis | Digital Health Intern | GH/AA/CII | Intern |
| 104 | Tina | Gant | Adult Clinical Branch Intern for Mental Health and Psychosocial Support | GH/OHA/PCT | Fellow |
| 105 | Heysha | Garcia Melendez | Diversity, Equity, Inclusion and Accessibility (DEIA) Intern | GH/FrontOffice | Intern |
| 106 | Andrea | Gavin | Senior Tuberculosis Communications Advisor | GH/ID/TB | Fellow |
| 107 | Nega | Gebreyesus | Senior Health Information Systems (HIS) Advisor | GH/OHA/SIEI | Fellow |
| 108 | Joshua | George | Maternal and Child Health Intern | GH/MCHN/MNH | Intern |
| 109 | Abdul | Ghafoor | Senior Drug-Resistant Tuberculosis and Global Fund Grant Advisor | USAID/Pakistan | Fellow |
| 110 | Cynthia | Gire | Senior Health Systems Strengthening Advisor | USAID/India | Fellow |
| 111 | Jacob | Girista | TB Supply Chain Associate | USAID/Tanzania | Fellow |
| 112 | Andrew | Goldbaum | Private Sector Engagement Intern | GH/ID/MAL | Intern |
| 113 | Birru Shigut | Gondol | Senior Tuberculosis and Global Fund Grant Adviser | USAID/Malawi | Fellow |
| 114 | Olivia | Gonzalez | Pediatric and Adolescent HIV Treatment Intern | GH/OHA/PCT | Intern |
| 115 | Catherine | Griesedieck | Data Analytics Hub Communications Intern | GH/P3/SAEO | Intern |
| 116 | Brian | Guzman | Health Communications and Public Affairs Intern | GH/ID/NTD | Intern |
| 117 | Hana | Hanfi | HIV Testing Services Intern | GH/OHA/PCT | Intern |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|-----|-------------------------|---------------|---|-------------------------|---------------------------------------|
| 118 | Wisam | Hanna | Senior Health Information Systems (HIS) Advisor | GH/OHA/SIEI | Fellow |
| 119 | Muhammad Maksudul | Hannan | Senior TB Strategic Planning Technical Advisor (Bangladesh) | USAID/Bangladesh | Fellow |
| 120 | Natasha | Hansen | Malaria in Pregnancy Intern | GH/ID/MAL | Intern |
| 121 | Mary Beth | Hastings | Senior Gender Advisor | GH/PRH/FrontOffice | Fellow |
| 122 | Elizabeth | Hawryluk | Family Planning/HIV Intern | GH/OHA/PPIR | Intern |
| 123 | Nicholas | Hayes | Strategic Information Program Management Intern | GH/OHA/SIEI | Intern |
| 124 | Zoe | Henderson | Family Planning and Reproductive Health Strategic Communications and Outreach Intern | GH/PRH/FrontOffice | Intern |
| 125 | Kathryn | Hogan | Malaria Case Management Intern | GH/ID/MAL | Intern |
| 126 | Rami | Hussien | Monitoring, Evaluation and Learning Intern | GH/P3/SAEO | Intern |
| 127 | Liyana | Ido | Gender Integration and Reporting Intern | GH/PRH/PEC | Intern |
| 128 | Maria | Idrissova | Senior Drug-Resistant TB Advisor | USAID/Kyrgyzstan | Fellow |
| 129 | Oghogho | Igodan | Audit Support Advisor | PPL/AA/Performance Team | Fellow |
| 130 | Chukwuemeka "Austin" | Ihesie | Senior TB Advisor (Nigeria) | USAID/Nigeria | Fellow |
| 131 | Abdul Naser | Ikram | Senior TB Country Level Strategic Information and Analysis Advisor | GH/ID/TB | Fellow |
| 132 | Dora | Illei | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern |
| 133 | AHMAD | ISMAIL | Tuberculosis Advisor (Khyber Pakhtunkhwa Province) | USAID/Pakistan | Fellow |
| 134 | Geraldine | Itana | AMP Health Management Partner | AMP Health - Namibia | Management Partner - AMP Health |
| 135 | Anuradha | Jain | Foreign Service National | GH/OHS | Foreign Service National |
| 136 | Anne | Jean Baptiste | Adolescent and Young Adult HIV Treatment Intern | GH/OHA/PCT | Intern |
| 137 | Leeda | Jewayni | HIV and COVID-19 Adaptations Intern | GH/OHA/PCT | Intern |
| 138 | Tyler | Johnson | Multi-Drug Resistant TB Intern | GH/ID/TB | Intern |
| 139 | Mushota | Kabaso | TB Monitoring and Evaluation Advisor | USAID/Zambia | Fellow |
| 140 | Marat | Kaliev | Senior TB Financing Technical Advisor (Uzbekistan) | USAID/Uzbekistan | Fellow |
| 141 | Samuel | Kasozi | Senior TB and Global Fund Grant Advisor | USAID/Zimbabwe | Fellow |
| 142 | Fasil | Kassa | Senior TB and Global Fund Grant Advisor (Ethiopia) | USAID/Ethiopia | Fellow |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|-----|----------------|-------------------|--|---------------------------------------|---------------------------------|
| 143 | L | Katrin | HIV Testing Services Intern | GH/OHA/PCT | Intern |
| 144 | Peter | Kerndt | Senior TB HIV Medical Advisor | GH/ID/TB | Fellow |
| 145 | Erick "George" | Ketcham | Social Service Intern | GH/OHA/PPIR | Intern |
| 146 | Shahzarin | Khan | Packard Program Associate | Packard | Packard Fellow |
| 147 | Azharul | Khan | Senior TB Mitigation and Coordination Advisor | USAID/Bangladesh | Fellow |
| 148 | Komal | Khanna | Senior Social Behavior Change Advisor (India) | USAID/India | Fellow |
| 149 | Afshan | Khurshid | Tuberculosis Advisor (Sindh Province) | USAID/Pakistan | Fellow |
| 150 | Mohammad | Kibria | Senior TB Strategic Planning Technical Advisor | USAID/Bangladesh | Fellow |
| 151 | Hailey | Kieltyka | Strategic Partnership Engagement Intern | GH/ID/MAL | Intern |
| 152 | Clare | Killian | Monitoring, Evaluation and Learning Intern | GH/P3/SAEO | Intern |
| 153 | Allison | Kimmel | Biomedical Prevention Advisor and Senior Biomedical Prevention Advisor | GH/OHA/PCT | Fellow |
| 154 | Pamela | Kisoka | TB Monitoring and Evaluation Technical Advisor | USAID/Tanzania | Fellow |
| 155 | Rodney | Knotts | Senior Marketing Advisor | USAID/South Africa | Fellow |
| 156 | Yannick | Koudoufio Sopiote | AMP Health Management Partner | AMP Health - Central African Republic | Management Partner - AMP Health |
| 157 | Akshara | Kumar | Health Equity Technical Advisor | GH/OHA/SCH | Fellow |
| 158 | Jyoti | Kumari | Packard Program Associate | Packard | Packard Fellow |
| 159 | Andargachew | Kumsa | Senior Programmatic Management of Drug-Resistant TB Advisor | USAID/Ethiopia | Fellow |
| 160 | Tenzin | Kunyki | HIV/AIDS Prevention Care and Treatment Program Management Intern | GH/OHA/PCT | Intern |
| 161 | Priscilla | Kwarteng | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern |
| 162 | Andrew | Kyambadde | Foreign Service National | GH/OHS | Foreign Service National |
| 163 | Neha | Lalwani | Innovation and Scale-Up Intern | GH/AA/CII | Intern |
| 164 | Marcel | Lama | AMP Health Management Partner | AMP Health - Central African Republic | Management Partner - AMP Health |
| 165 | Beth | Larson | High Impact Practices in Family Planning Research Intern | GH/PRH/RTU | Intern |
| 166 | Ngoc | Le | Regional TB Technical Advisor | USAID/Vietnam | Fellow |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|-----|----------------------|--------------|--|--|-------------------|
| 167 | Rachel | Leeds | Monitoring, Evaluation and Learning Intern | GH/P3/SAEO | Intern |
| 168 | Isack | Lekule | Programmatic Management of Drug-resistant TB Advisor | USAID/Tanzania | Fellow |
| 169 | Kevin | Li | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern |
| 170 | Naomi | LinceDeroche | Senior Policy Advisor | USAID/South Africa | Fellow |
| 171 | Mary (Maggie) | Machaca | Maternal and Child Health Policy and Programs Intern | GH/MCHN/FrontOffice | Intern |
| 172 | Stephen | Macharia | Senior Tuberculosis and Global Fund Grant Advisor (Kenya) | USAID/Kenya | Fellow |
| 173 | Baker | Maggwa | Uniquely Skilled Senior Program Research Technical Advisor | GH/PRH/RTU | Fellow |
| 174 | Siva Anggita | Maharani | Multi-sector Partnership and Policy Advisor (NTP-Indonesia) | USAID/Indonesia | Fellow |
| 175 | Sinead | Maharrey | Community Programming and Clinical Integration Intern | GH/OHA/PCT | Intern |
| 176 | Luke | Martin | COVID-19 Task Force Project Management Intern and HIV Prevention Care and Treatment Intern | COVID-19 TF/Executive Office and GH/OHA/PPIR | Intern |
| 177 | Emmanuel | Matechi | Senior Tuberculosis and Global Fund Grant Advisor | USAID/Tanzania | Fellow |
| 178 | Ados | May | Senior Technical Advisor - IBP | GH/PRH/FrontOffice | Fellow |
| 179 | Curran | McSwigan | Health Communications and Public Affairs Intern | GH/ID/NTD | Intern |
| 180 | Bonnie Jeanne | Medeossi | Senior Quality Improvement Advisor | USAID/South Africa | Fellow |
| 181 | Martha | Medina | Geospatial Analysis and Visualization Intern | GH/OHA/SIEI | Intern |
| 182 | Margaret | Melville | Innovation and Scale-Up Intern | GH/AA/CII | Intern |
| 183 | Nicodem | Mgina | TB Safety Associate | USAID/Tanzania | Fellow |
| 184 | Tichatyei (Alison) | Mhazo | TB Procurement and Supply Chain Advisor | USAID/Malawi | Fellow |
| 185 | Alexandria | Mickler | High Impact Practices & Data-Driven Dissemination Intern | GH/PRH/RTU | Intern |
| 186 | Jerome | Milimu | Prevention Data Analysis Advisor | USAID/South Africa | Fellow |
| 187 | Erin | Milner | Senior Nutrition Monitoring, Evaluation and Learning Advisor | GH/MCHN/NEH | Fellow |
| 188 | Zaynab | Minawi | Malaria Case Management and Community Health Intern | GH/ID/MAL | Intern |
| 189 | Seponono John (John) | Molifi | Facility Laboratory Integration Advisor | USAID/South Africa | Fellow |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|-----|------------|---------------|---|---|---------------------------------------|
| 190 | Subrato | Mondal | Foreign Service National | OH/PRH | Foreign Service National |
| 191 | Joseph | Monehin | Senior Child Health Technical Advisor | GH/MCHN/CHI | Fellow |
| 192 | Jairo | Montes | Resource Tracking and Costing Intern | GH/OHA/SIEI | Intern |
| 193 | Stephanie | Mork | Nutrition Intern | GH/MCHN/NEH | Intern |
| 194 | Aryc | Mosher | Senior Neglected Tropical Diseases Advisor | GH/ID/NTD | Fellow |
| 195 | Dr Adneen | Moureen | TB New Technologies and Diagnostics Advisor (Bangladesh) | USAID/Bangladesh | Fellow |
| 196 | Muhammad | Mputu | Drug Resistant TB Advisor | USAID/Zambia | Fellow |
| 197 | Asif | Muhammad | Senior MDR-TB Advisor | USAID/Burma | Fellow |
| 198 | Olivier | Muhongya | Senior Monitoring and Evaluation Advisor | USAID/Democratic Republic of Congo (DRC) | Fellow |
| 199 | Benjamin | Mukasa | AMP Health Management Partner | AMP Health - Namibia | Management Partner - AMP Health |
| 200 | Fidele | Mukinda | Senior Monitoring and Evaluation Advisor (DRC) | USAID/Democratic Republic of Congo (DRC) | Fellow |
| 201 | Kelsey | Mulka | Data Visualization Intern | GH/P3/SAEO | Intern |
| 202 | Helena | Mungunda | Senior Tuberculosis Advisor | USAID/Namibia | Fellow |
| 203 | Ohvia | Muraleetharan | Pediatric and Adolescent HIV Treatment Intern | GH/OHA/PCT | Intern |
| 204 | Sarah | Mure | HIV/AIDS Prevention Care and Treatment Program Management Intern | GH/OHA/PCT | Intern |
| 205 | Dorcas | Muteteke | Senior Tuberculosis Adviser | USAID/Democratic Republic of Congo (DRC) | Fellow |
| 206 | Winfridah | Mwanza | TB Laboratory Technical Advisor | USAID/Zambia | Fellow |
| 207 | Nalini | Naidoo | Senior Drug-Resistant TB Technical Advisor (South Africa) | USAID/South Africa | Fellow |
| 208 | Hawa | Nakato | TB Procurement and Supply Chain Management Advisor | USAID/Uganda | Fellow |
| 209 | Nikoloz | Nasidze | Senior TB Technical Advisor | USAID/Uzbekistan | Fellow |
| 210 | INNOCENT | NCHU | Maternal and Infant HIV Treatment Intern | GH/OHA/PCT | Intern |
| 211 | Sandesh | Neupane | Tuberculosis and Global Fund Grant Advisor (Nepal) | Ministry of Health | Fellow |
| 212 | Stacy | Nganga | Digital Communications Intern | GH/FrontOffice | Intern |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|-----|---------------------------|----------------|--|--------------------|----------------------|
| 213 | Nguyen Thi | Nguyen | Procurement and Supply Chain Management Technical Advisor | USAID/Vietnam | Fellow |
| 214 | Catherine | Nichols | Senior Data Analysis Advisor | GH/OHA/SIEI | Fellow |
| 215 | Jeanne | Ntiranyibagira | Senior Malaria Technical Advisor | USAID/Djibouti | Fellow |
| 216 | Chukwuemeka | Nwachukwu | Implementation Science Technical Advisor | GH/PRH/RTU | Fellow |
| 217 | Simmie | Nyanfor | Private Health Sector Intern and Private Health Sector Advisor | USAID/Liberia | Intern and Fellow |
| 218 | Christopher | Obermeyer | Biomedical Prevention Advisor | GH/OHA/PCT | Fellow |
| 219 | Kingsley | Ochei | Senior Tuberculosis Surveillance Advisor | USAID/Nigeria | Fellow |
| 220 | Aoife | OConnor | Family Planning and Reproductive Health Strategic Communications and Outreach Intern | GH/PRH/FrontOffice | Intern |
| 221 | Izabella | Oganezova | TB Lab Advisor (Uzbekistan) | USAID/Uzbekistan | Fellow |
| 222 | Ezinne | Ogbonna | Structural and Behavioral Interventions Intern | GH/OHA/PCT | Intern |
| 223 | Ednner | Oketch | HIV Voluntary Medical Male Circumcision Intern | GH/OHA/PCT | Intern |
| 224 | Folake | Olayinka | Uniquely Skilled Senior Global Immunization Program and Policy Expert | GH/MCHN/CHI | Fellow |
| 225 | Regan | OMarra | HIV/AIDS Vaccine Branch Intern | GH/OHA/RES | Intern |
| 226 | David | Omotayo | Senior Programmatic Management of Drug-Resistant TB Advisor | USAID/Malawi | Fellow |
| 227 | Samuel | Oppong | Malaria Data Advisor | USAID/Ghana | Fellow |
| 228 | Tara | Ornstein | Senior TB Multilateral Advisor | GH/ID/TB | Fellow |
| 229 | Ezinwa | Osuoha | COVID-19 Monitoring, Evaluation and Learning Advisor | PPL/AA/LER | Fellow |
| 230 | Philip | Owiti | TB Epidemiologist, Monitoring and Evaluation Advisor | USAID/Kenya | Fellow |
| 231 | Ghenimelle Rose (Ghen) | Pasumbal | Procurement and Supply Chain Management Advisor | USAID/Philippines | Fellow |
| 232 | Krystle | Pate | Visual Communications Intern | GH/OHA/SCC | Intern |
| 233 | Laura Marie | Peeples | Orphans and Vulnerable Children (OVC) Program Assessment Intern | GH/OHA/PPIR | Intern |
| 234 | Anna | Pelesh | Monitoring, Evaluation and Learning Intern | GH/P3/SAEO | Intern |
| 235 | Jenna | Pellegrino | Policy, Advocacy, Financing and Governance Intern | GH/PRH/PEC | Intern |
| 236 | Yusie | Permata | Programmatic Management of Drug-Resistant TB Advisor | USAID/Indonesia | Fellow |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|-----|-------------|----------------|---|--------------------|--------------------------|
| 237 | Julie | Perng | Senior Data Science Advisor | GH/OHA/SIEI | Fellow |
| 238 | Jessica | Petrillo | Senior Anti-microbial Resistance and Global Health Security Agenda Advisor | GH/ID/GHSA | Fellow |
| 239 | Diana | Poindexter | HIV Testing Services Intern | GH/OHA/PCT | Intern |
| 240 | Kristen | Pollick | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern |
| 241 | ADRIANA | PONTE | Senior HIV Advisor (Panama) | USAID/Guatemala | Fellow |
| 242 | Kaitlin | Powers | HIV Prevention Care and Treatment Intern | GH/OHA/PCT | Intern |
| 243 | Annie | Preaux | High Impact Practices in Family Planning Research Intern | GH/PRH/RTU | Intern |
| 244 | Hasan | Rahman | Data Analyst Intern | GH/OHA/SCH | Intern |
| 245 | Prasann | Ranade | Strategic Information Data and Visualization Intern | GH/OHA/SIEI | Intern |
| 246 | Laura | Raney | Senior Family Planning High Impact Practices Advisor | GH/PRH/FrontOffice | Fellow |
| 247 | Sonia | Rao | Survey, Research and Evaluation Intern | GH/PRH/PEC | Intern |
| 248 | Camille | Ray | Family Planning and Reproductive Health Strategic Communications and Outreach Special Advisor | GH/PRH/PEC | Fellow |
| 249 | Hajarijaona | Razafindrafito | Foreign Service National | GH/OHS | Foreign Service National |
| 250 | Kimberly | Ritraj | Policy, Advocacy, Financing, and Governance Intern | GH/PRH/PEC | Intern |
| 251 | Sarah | Robinson | Program Quality Visualization and Communication Intern | GH/OHA/SIEI | Intern |
| 252 | Sabreena | Robinson | Strategic Partnerships Engagement Intern | GH/ID/MAL | Intern |
| 253 | Caoilfhionn | Roche | Program and Data Quality Intern | GH/OHA/SIEI | Intern |
| 254 | Kim | Rodgers | Population and Reproductive Health Social and Behavior Change Intern | GH/PRH/PEC | Intern |
| 255 | Elisabeth | Ruggiero | Innovation and Scale-Up Intern | GH/AA/CII | Intern |
| 256 | Neilah | Rustemi | Strategic Partnerships Intern | GH/ID/MAL | Intern |
| 257 | Tiar | Salman | TB Procurement and Supply Chain Management Advisor | USAID/Indonesia | Fellow |
| 258 | Michael | Salvatore | Adult Clinical Branch Treatment Cluster Intern | GH/OHA/PCT | Intern |
| 259 | Jeffrey | Samuel | Heath Equity Fellow | GH/OHA/SCH | Fellow |
| 260 | Gina | Sarfaty | Senior Strategic Information Advisor (South Africa) | USAID/South Africa | Fellow |
| 261 | Catherine | Sayikanmi | HIV Voluntary Medical Male Circumcision Intern | GH/OHA/PCT | Intern |
| 262 | Hanna | Schweitzer | Mental Health and HIV Integration Intern | GH/OHA/PCT | Intern |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|-----|----------------|--------------|---|--|--------------------------|
| 263 | Megan | Sehr | Youth Family Planning and Reproductive Health Intern | GH/PRH/SDI | Intern |
| 264 | Rita | Seicas | Senior TB Drugs Quality Technical Advisor (NTP-Kazakhstan) | USAID/Kazakhstan | Fellow |
| 265 | Md Abdul Hamid | Selim | Uniquely Skilled Senior TB and Global Fund Grant Adviser | USAID/Bangladesh | Fellow |
| 266 | Kitambala | Sentime | Senior Procurement and Supply Chain Management Advisor | USAID/Democratic Republic of Congo (DRC) | Fellow |
| 267 | Sheena | Sharifi | Diversity, Equity, Inclusion and Accessibility (DEIA) Advisor | GH/FrontOffice | Fellow |
| 268 | Kaiser | Shen | Senior Tuberculosis Diagnostics Technical Advisor | GH/ID/TB | Fellow |
| 269 | Nonhlanhla | Sibanda Moyo | Gender Based Violence Civil Society Advisor | USAID/South Africa | Fellow |
| 270 | Lee | Sims | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern |
| 271 | Pragati | Singh | Senior Family Planning and Reproductive Health Advisor (India) | USAID/India | Fellow |
| 272 | Pailwan | Singh | Packard Administrative Assistant | Packard | Packard Fellow |
| 273 | Anand | Sinha | Packard Country Advisor | Packard | Packard Fellow |
| 274 | Haley | Sisel | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern |
| 275 | Elizabeth | Sklar | Key Populations and Sustainable Development Intern | GH/OHA/PPIR | Intern |
| 276 | Holly | Slade | Health Management Information Systems Intern | GH/OHA/SIEI | Intern |
| 277 | Megan | Snyder | HIV/AIDS Microbicide Research Intern | GH/OHA/RES | Intern |
| 278 | Ajara | Sompo Ceesay | Maternal and Infant HIV Treatment Intern | GH/OHA/PCT | Intern |
| 279 | Ngak | Song | Senior Technical Advisor for Programmatic Management of Drug-Resistant TB, Childhood TB and Latent TB Infection | USAID/Cambodia | Fellow |
| 280 | Aderayo | Soyemi | Youth Engagement Intern | GH/OHA/PPIR | Intern |
| 281 | Karishma | Srikanth | Strategic Information Data Intern | GH/OHA/SIEI | Intern |
| 282 | Rhobbinah | Ssempebwa | Foreign Service National | GH/PRH | Foreign Service National |
| 283 | Jenisha | Stapleton | Data Analysis Intern | GH/OHA/SIEI | Intern |
| 284 | Raz | Stevenson | Senior Implementation Research Advisor | GH/MCHN/RP | Fellow |
| 285 | Morgan | Stoner | Global Health Intern | USAID/Rwanda | Intern |
| 286 | Alexis | Sullivan | Malaria Case Management Intern | GH/ID/MAL | Intern |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
|-----|------------------|-------------|--|-------------------|---------------------------------|
| 287 | Amadou | Sy | AMP Health Management Partner | AMP Health - Chad | Management Partner - AMP Health |
| 288 | Misty | Tabora | Youth Family Planning and Reproductive Health Program Intern | GH/PRH/SDI | Intern |
| 289 | Sahil | Tandon | Packard Research Associate | Packard | Packard Fellow |
| 290 | Aisha | Tepede | Community Programming and Clinical Integration Intern | GH/OHA/PCT | Intern |
| 291 | Natasha | Thaweese | HIV Pre-Exposure Prophylaxis Intern | GH/OHA/PCT | Intern |
| 292 | Sein | Thi | Senior Global Fund and Tuberculosis Advisor (Eswatini) | USAID/Eswatini | Fellow |
| 293 | Virginia | Thonyiwa | Senior DREAMS Coordinator and Adolescent Girls and Young Women (AGYW) Technical Advisor (Malawi) | USAID/Malawi | Fellow |
| 294 | Jeri | Thuku | Maternal and Infant HIV Treatment Intern | GH/OHA/PCT | Intern |
| 295 | Emma | Tobin | Maternal and Child Health Policy and Programs Intern | GH/MCHN/RP | Intern |
| 296 | Ariana | Traub | HIV Prevention Care and Treatment Intern | GH/OHA/PCT | Intern |
| 297 | Dan | Twizelimana | Adolescent & Young Adult HIV Treatment Intern | GH/OHA/PCT | Intern |
| 298 | Maya | Ulin OKeefe | Orphans and Vulnerable Children/PPIR Social Services Intern | GH/OHA/PPIR | Intern |
| 299 | Vanessa | Vassall | Maternal and Child Health Monitoring and Evaluation Intern | GH/MCHN/RP | Intern |
| 300 | Eduardo | Velazquez | COVID-19 Monitoring, Evaluation and Learning Advisor | PPL/AA/LER | Fellow |
| 301 | Erika | Vitek | Senior Multi-Drug Resistant Tuberculosis Technical Advisor | GH/ID/TB | Fellow |
| 302 | Anh | Vo | Behavioral Sciences and Social Behavior Change Intern | GH/OHA/PCT | Intern |
| 303 | Manoj | Vuddagiri | Information Systems Development Intern | GH/P3/SAEO | Intern |
| 304 | Zelege Alebachew | Wagaw | Senior TB and Global Grant Fund Advisor | USAID/Ghana | Fellow |
| 305 | Yasir | Waheed | Tuberculosis Advisor (Islamabad Capital Territory) | USAID/Pakistan | Fellow |
| 306 | Agnes | Wandwalo | TB Data Management Associate | USAID/Tanzania | Fellow |
| 307 | Lakeshia | Watson | HIV Pre-Exposure Prophylaxis Intern | GH/OHA/PCT | Intern |

| | First Name | Last Name | Title | Office | Fellow/ Intern |
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| 308 | William | Weiss | Senior Monitoring & Evaluation Advisor for MNCH | GH/MCHN/RP | Fellow |
| 309 | Aditiya | Wicaksono | TB Public-Private Mix Advisor (Indonesia) | USAID/Indonesia | Fellow |
| 310 | JAZMIN | WILLIAMSON | Global Health Localization Intern | GH/OCS | Intern |
| 311 | Sena | Woldetensay | Key Populations Intern | GH/OHA/PPIR | Intern |
| 312 | Jon (Ben) | Woods | Senior Anti-Microbial Resistance and Tuberculosis Technical Advisor | GH/ID/TB | Fellow |
| 313 | Abbey | Woolverton | Data Science and Visualization Advisor | GH/P3/SAEO | Fellow |
| 314 | Ann | Yang | LAC COVID-19 Regional Advisor | LAC/RSD/PHN | Fellow |
| 315 | Mitchell | Yep | HIV Voluntary Medical Male Circumcision Intern | GH/OHA/PCT | Intern |
| 316 | Kossana | Young | Maternal and Child Health and Nutrition Communications Intern | GH/MCHN/FrontOffice | Intern |
| 317 | Sharofiddin (Sharaf) | Yuldashev | Senior TB and Global Fund Grant Advisor | USAID/Uzbekistan | Fellow |
| 318 | Ferdiana | Yunita | Senior Multisector Partnership for TB Control Advisor (Indonesia) | USAID/Indonesia | Fellow |
| 319 | Nana | Zarkua | Senior Tuberculosis Technical Advisor | USAID/Tajikistan | Fellow |
| 320 | Dahiany | Zayas Toro | Nutrition Research, Analysis and Knowledge Management Intern | GH/MCHN/NEH | Intern |
| 321 | Sergine Cindy | Zeufack | Structural and Behavioral Interventions Intern | GH/OHA/PCT | Intern |
| 322 | Michelle | Zhu | Adult Clinical Branch Intern for HIV and Cervical Cancer | GH/OHA/PCT | Intern |
| 323 | [Redacted] | [Redacted] | Senior Clinical Services Advisor | GH/OHA/PCT | Fellow |
| 324 | [Redacted] | [Redacted] | Senior TB Monitoring and Evaluation Technical Advisor | USAID/Ukraine | Fellow |
| 325 | [Redacted] | [Redacted] | TB Procurement and Supply Chain Management Advisor | USAID/Afghanistan | Fellow |
| 326 | [Redacted] | [Redacted] | Senior TB Technical Advisor | USAID/Afghanistan | Fellow |
| 327 | [Redacted] | [Redacted] | Senior TB Urban DOTS Advisor | USAID/Afghanistan | Fellow |
| 328 | [Redacted] | [Redacted] | Senior TB New Technologies Advisor | USAID/Afghanistan | Fellow |
| 329 | [Redacted] | [Redacted] | Senior TB Monitoring and Evaluation Technical Advisor | USAID/Afghanistan | Fellow |
| 330 | [Redacted] | [Redacted] | Programmatic Management of Drug-Resistant TB Advisor | USAID/Afghanistan | Fellow |