



CENTER FOR  
INTEGRATION SCIENCE  
in Global Health Equity

The Center for Integration Science in Global Health Equity is a joint initiative of



**PEN-Plus**  
**Partnership**

# An Introduction to the NCDI Poverty Network and PEN-Plus Partnership

World Bank  
16 November 2022

Gene Bukhman, MD, PhD

Center for Integration Science  
Brigham and Women's Hospital  
Harvard Medical School  
Partners In Health  
NCDI Poverty Network

# PEN-Plus Resolution at WHO AFRO Regional Committee Meeting: Togo, August 23, 2022



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WHO Africa

## African health ministers endorse new strategy to curb chronic disease crisis

23 August 2022

**Lomé** – With the burden of cardiovascular disease, mental and neurological disorders and diabetes rising in the region, African health ministers today endorsed a new strategy to boost access to the diagnosis, treatment and care of severe noncommunicable diseases.



[Click image to enlarge](#)

[AFRO PEN-Plus Resolution Delegation Statements on YouTube](#): <https://www.youtube.com/watch?v=5hyQtTNB1es>

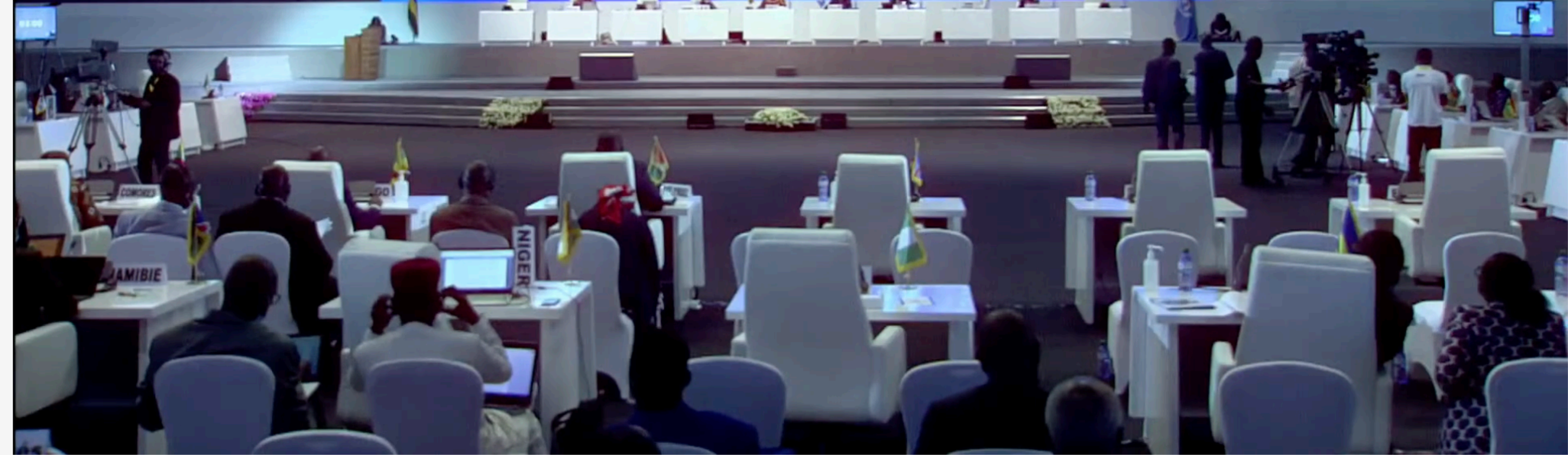




Organisation  
mondiale de la Santé  
Région africaine



Organisation  
mondiale de la Santé  
Région africaine





# African health ministers endorse new strategy to curb chronic disease crisis

23 August 2022

**Lomé** – With the burden of cardiovascular disease, mental and neurological disorders and diabetes rising in the region, African health ministers today endorsed a new strategy to boost access to the diagnosis, treatment and care of severe noncommunicable diseases.

The health ministers, gathering for the Seventy-second session of the World Health Organization (WHO) Regional Committee for Africa in Lomé, Togo, adopted the strategy known as *PEN-PLUS, A Regional Strategy to Address Severe Noncommunicable Diseases at First-Level Referral Health Facilities*. The strategy supports building the capacity of district hospitals and other first-level referral facilities to diagnose and manage severe noncommunicable diseases early, resulting in fewer deaths.

Severe noncommunicable diseases are those chronic conditions that lead to high levels of disability and death among children, adolescents and young adults if left undiagnosed or untreated. In the worst cases patients live no longer than a year after diagnosis. In Africa, the most prevalent severe noncommunicable diseases include sickle cell disease, type 1 and insulin-dependent type 2 diabetes, rheumatic heart disease, cardiomyopathy, severe hypertension and moderate to severe and persistent asthma.



“Africa is grappling with an increasingly hefty burden of chronic diseases whose severe forms are costing precious lives that could be saved with early diagnosis and care,” said Dr Matshidiso Moeti, WHO Regional Director for Africa. “The strategy adopted today is pivotal in placing effective care within the reach of patients and marks a major step in improving the health and wellbeing of millions of people in the region.”

In most parts of Africa, severe noncommunicable diseases are treated at tertiary health facilities, which are mostly in large cities. This exacerbates health inequities, as it puts care beyond the reach of most rural, peri-urban and lower-income patients, who can often only easily access district hospitals and local health centres. These facilities lack the capacity and resources to effectively manage severe noncommunicable diseases.

The strategy adopted today urges countries to institute standardized programmes to tackle chronic and severe noncommunicable diseases by ensuring that essential medicines, technologies and diagnostics are available and accessible at district hospitals. Only 36% of countries in the African region reported having essential medicines for noncommunicable diseases in public hospitals, according to a 2019 WHO survey. Governments should also ensure that people seeking care in private hospitals can access services for severe noncommunicable diseases.



[Click image to enlarge](#)

**For Additional Information or to Request Interviews, Please contact:**

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Email: [okas@who.int](mailto:okas@who.int)

**Related Links:**

[Malawi](#)



# PEN-Plus In Action Event Introduces a Global Partnership to Fight Severe, Chronic NCDs

September 21, 2022



FROM LEFT TO RIGHT, RAOUL BERMEJO (UNICEF), ANA MOCUMBI AND GENE BUKHMAN (NCDI POVERTY NETWORK), ABOUBACAR KAMPO AND REEM BATARSEH (UNICEF)



What is PEN-Plus?



# Background

- For over a decade, WHO has been promoting the decentralization of integrated care for chronic diseases
  - Practical Approach to Lung Health (PAL)
  - Integrated Management of Adult and Adolescent Illness (IMAI)
  - Mental Health Gap Action Programs (mhGAP)
- WHO Package of Essential NCD (PEN) interventions
  - Primary health centers in low-resource settings
  - Adopted in 2010 by NCD and Mental Health cluster
  - Prevention and management of common NCDs
    - Uncomplicated hypertension, type-2 diabetes, chronic respiratory disease, and identification and referral of breast and cervical cancer



# The remaining gaps in care

- In many countries no access to care for severe NCDs at district (first-level) hospitals: e.g.
  - Type-1 diabetes
  - Advanced Rheumatic heart disease, congenital heart disease, “malignant” hypertension, cardiomyopathies
  - Sickle cell disease
  - Diagnostic evaluation of severe chronic respiratory disease
  - Advanced malignancies



# PEN-Plus clinics: a march towards UHC

- Decentralized, integrated, person-centered
- Severe diseases: lethal, disabling, disproportionately affect the poorest and youngest
- Rural majority: Increased access to care by overcoming geographic and financial barriers
- Promote decentralization: training, supervision, and mentorship of health center and community staff

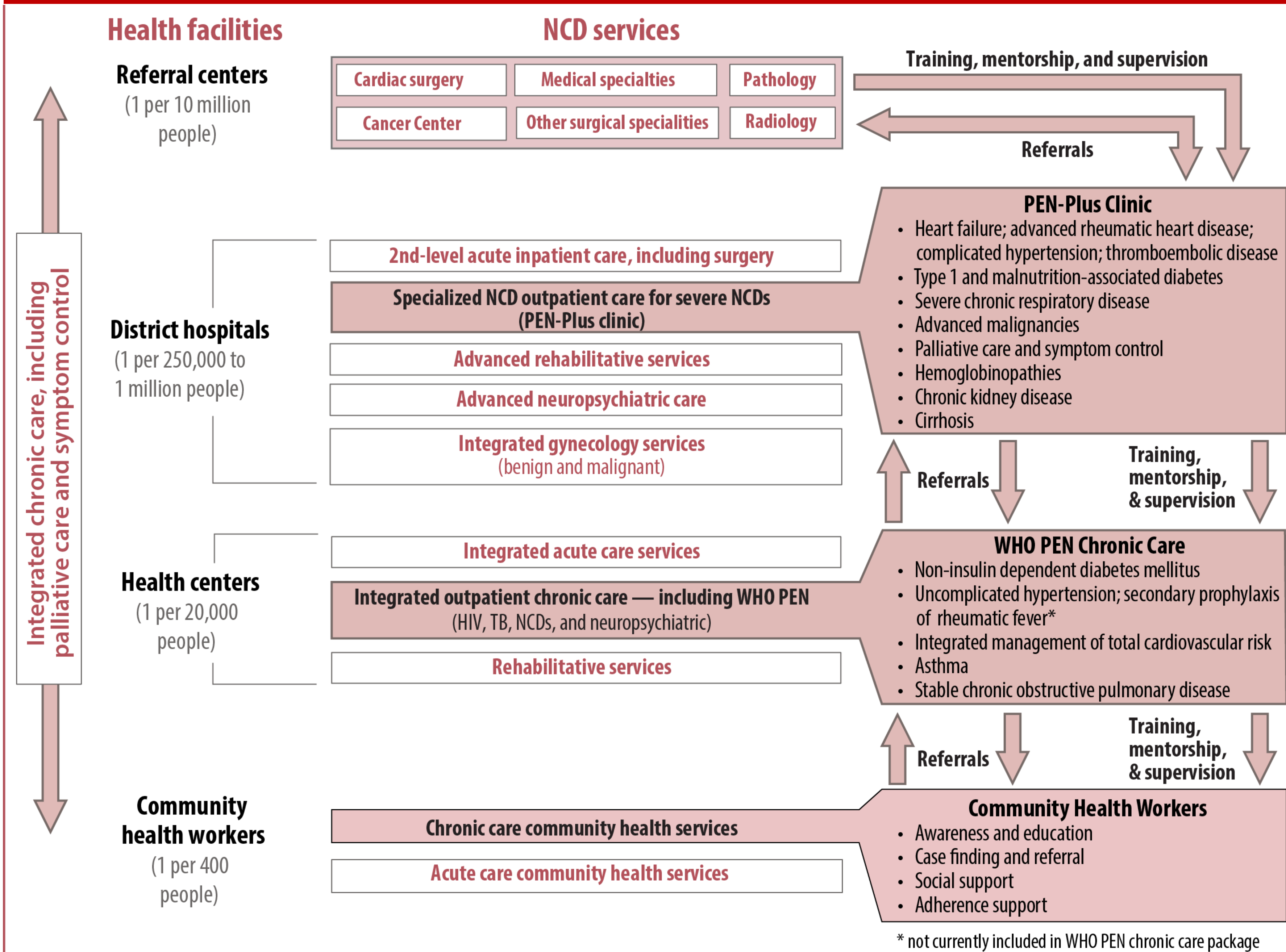


	WHO PEN	PEN-Plus
Facility Level	Most Peripheral	First-Referral
Disease Prevalence	High	Low
Disease Severity	Low	High
Standardization	Standardized	Individualized
“Therapeutic Window”	Wide	Narrow
Training Model	Short, Didactic	Longer, Didactic + Clinical Practice



<b>WHO PEN Conditions</b>	<b>PEN-Plus Conditions</b>
Type 2 Diabetes	Type 1 and Insulin-dependent diabetes
Stage 1 and 2 Hypertension	“Malignant Hypertension” and Cardiomyopathies
Asthma and COPD	Severe Asthma, COPD, and Bronchiectasis
Asymptomatic Rheumatic Heart Disease	Advanced Rheumatic and Congenital Heart Disease
	Sickle Cell Anemia
	Cirrhosis
	Advanced Kidney Disease
	Palliative Care for Malignancies

# Expanded PEN Services in an Integrated NCD Services Model





Addressing Severe versus Common NCDs:  
Chronic Care Delivery Packages and Monitoring Frameworks  
in the WHO AFRO Region

Global Health Delivery Partnership Meeting  
Monday October 16, 2017



Boston, MA

WHO: HQ NCD Management and AFRO NCD Cluster

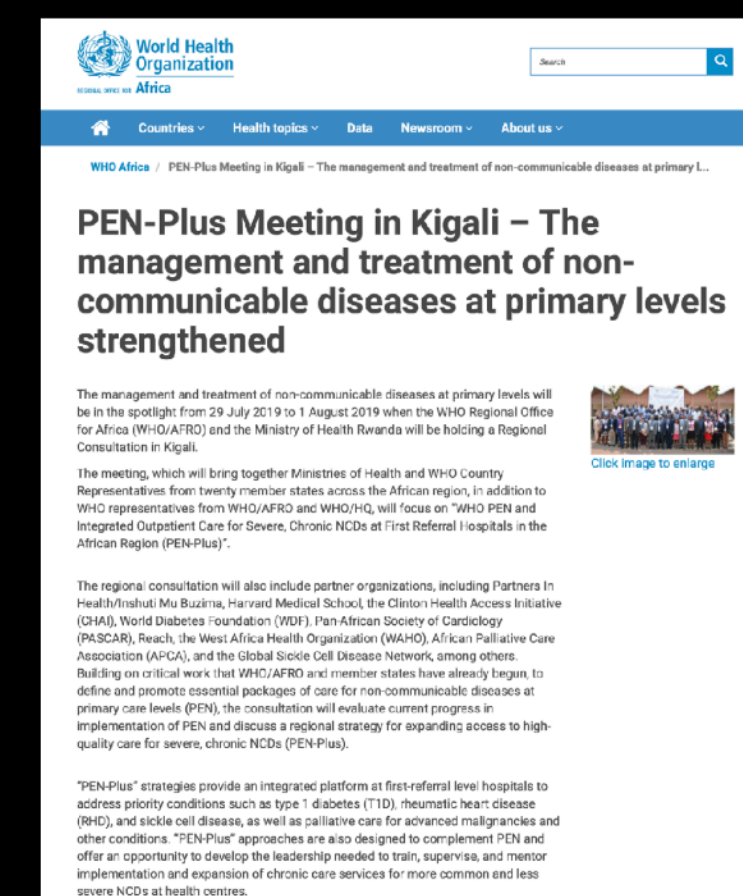
7 Ministries of Health: Ethiopia, Haiti, Lesotho, Liberia, Malawi, Rwanda, Kenya

WHO African Regional Meeting, Dakar, 28 August 2018  
“PEN-Plus” official side-event



<http://ncdsynergies.org/harvard-medical-school-afro-session/>

WHO/AFRO hosts PEN-Plus meeting in Kigali  
July 29 – August 2019



<https://www.afro.who.int/publications/who-pen-and-integrated-outpatient-care-severe-chronic-ncds-first-referral-hospitals>



What is the NCDI Poverty Network  
and the PEN-Plus Partnership?



# THE LANCET

September, 2020 [www.thelancet.com](http://www.thelancet.com)

**The Lancet NCDI Poverty Commission:**  
bridging a gap in universal health  
coverage for the poorest billion



"For the poorest of our world, non-communicable diseases and injuries (NCDs) account for more than a third of their burden of disease; this burden includes almost 800 000 deaths annually among those aged younger than 40 years, more than HIV, tuberculosis, and maternal deaths combined."

A Commission by The Lancet

## Lancet NCDI Poverty Commission Report Published and Launched

The landmark report of *The Lancet Commission on Reframing NCDs and Injuries for the Poorest Billion* has been published and is now available to be read and downloaded.

[Access Report](#)

The report was launched at a global virtual event on September 15. In the video below, Co-Chairs Gene Bukhman and Ana Mocumbi present the Commission's key findings and recommendations, followed by a discussion with Lancet editor Richard Horton.

## The Lancet Commission on Reframing NCDs and Injuries for the Poorest Billion



**Gene Bukhman**  
Commission Co-Chair



**Ana Mocumbi**  
Commission Co-Chair



**Rifat Atun**



**Anne Becker**



**Zulfiqar Bhutta**



**Agnes Binagwaho**



**Chelsea Clinton**



**Katie Dain**



**Majid Ezzati**



**Gary Gottlieb**



**Indrani Gupta**



**Adnan Hyder**



**Yogesh Jain**



**Margaret Kruk**



**Julie Makani**



**Jaime Miranda**



**Ole Norheim**



**Rachel Nugent**



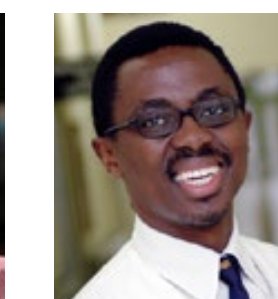
**Nobhojit Roy**



**Cristina Stefan**

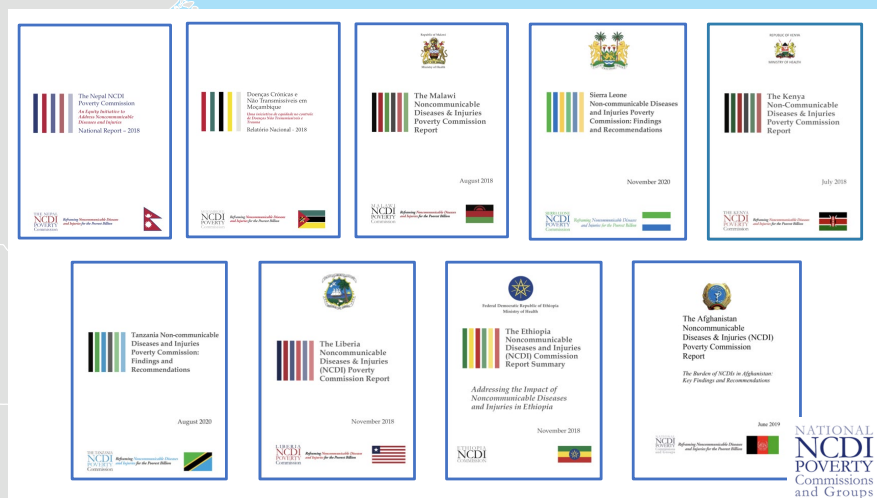
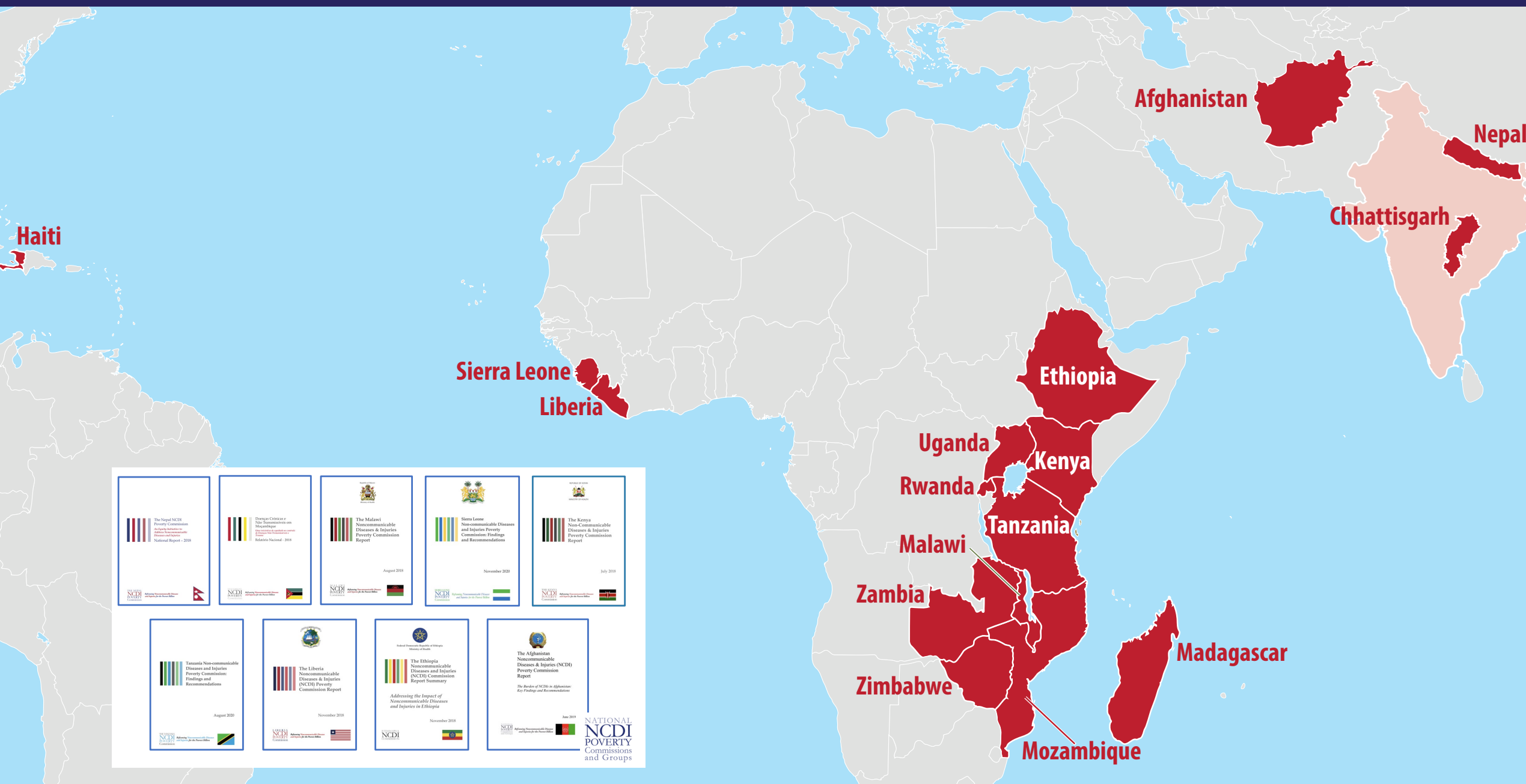


**Lee Wallis**



**Bongani Mayosi**  
(deceased)

## National NCDI Poverty Commissions 2017-2020



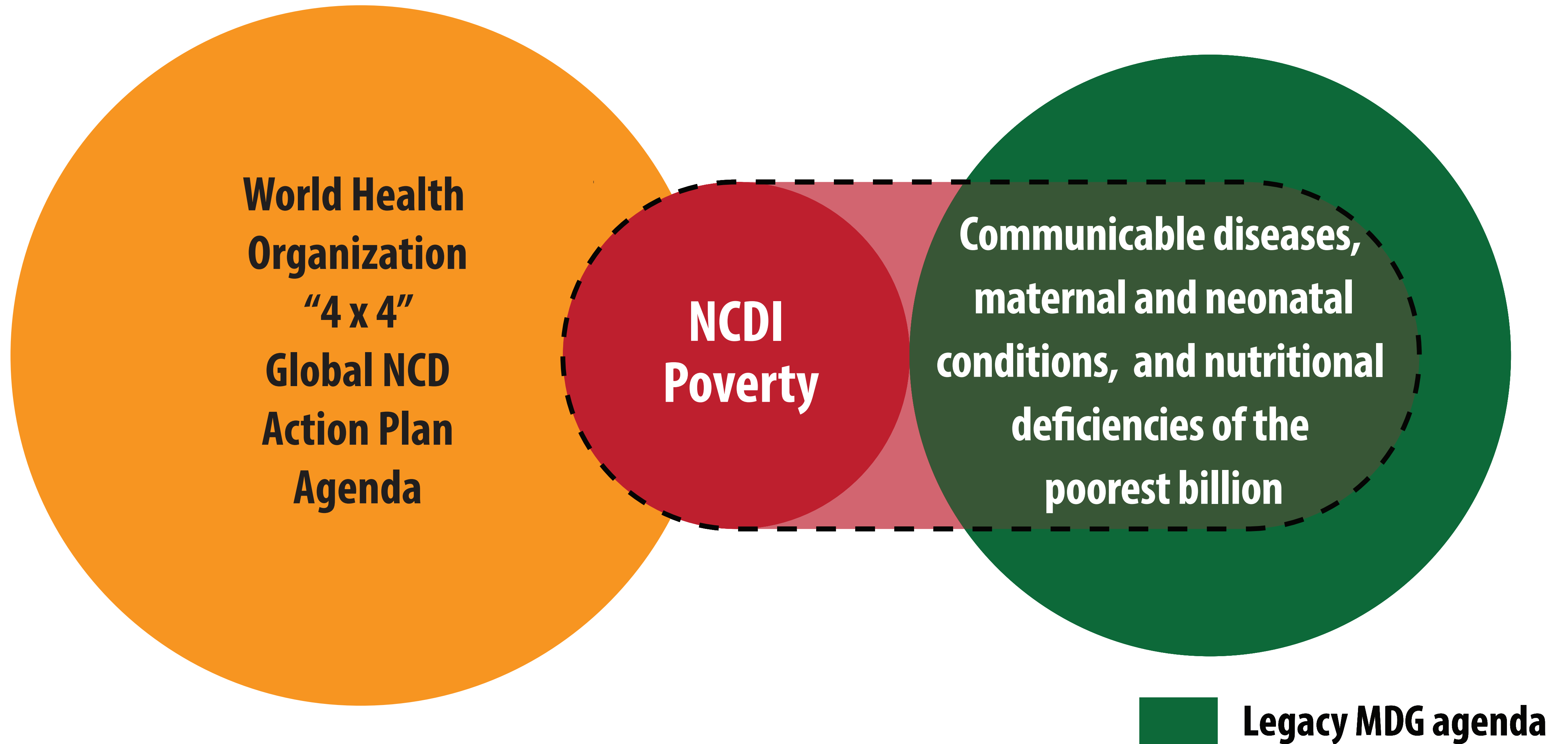
## 16 NCDI Poverty Commissions, 328 Commissioners



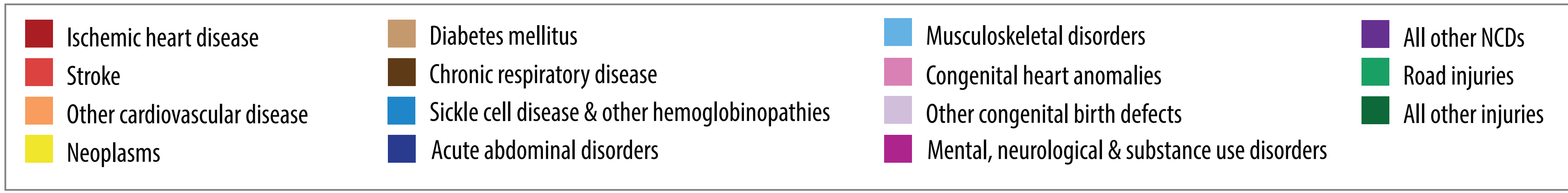
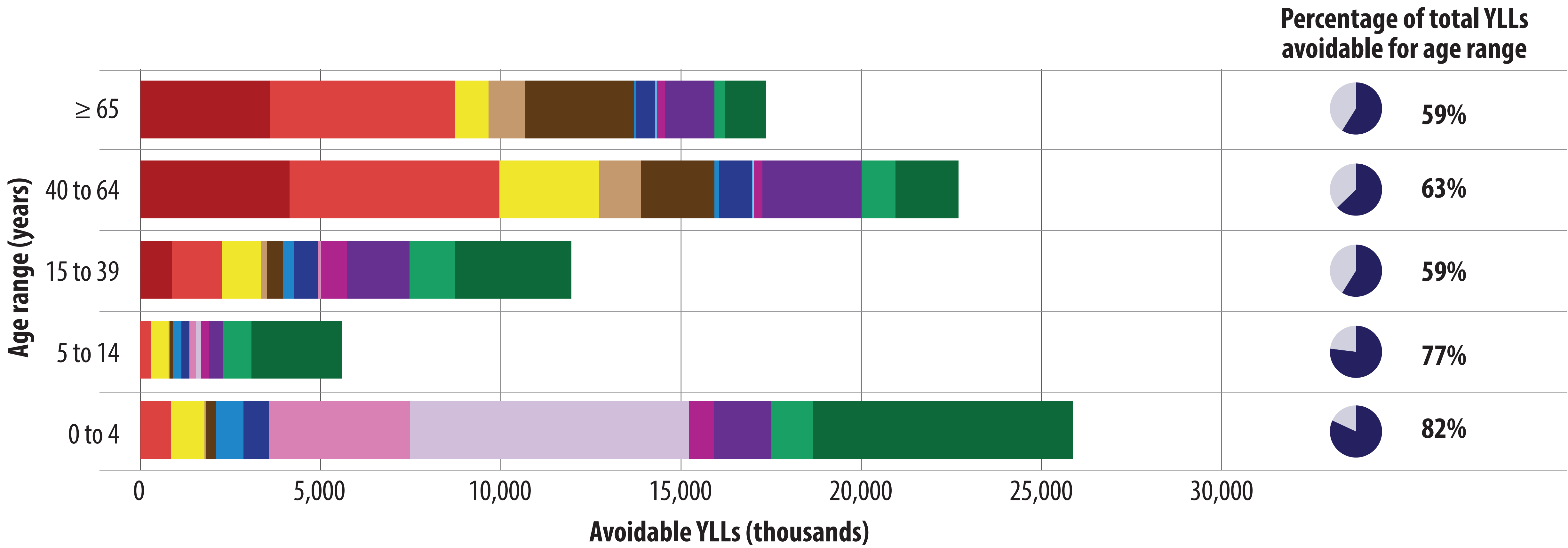
NATIONAL  
NCDI  
POVERTY  
Commissions  
and Groups



# Visualizing NCDI Poverty

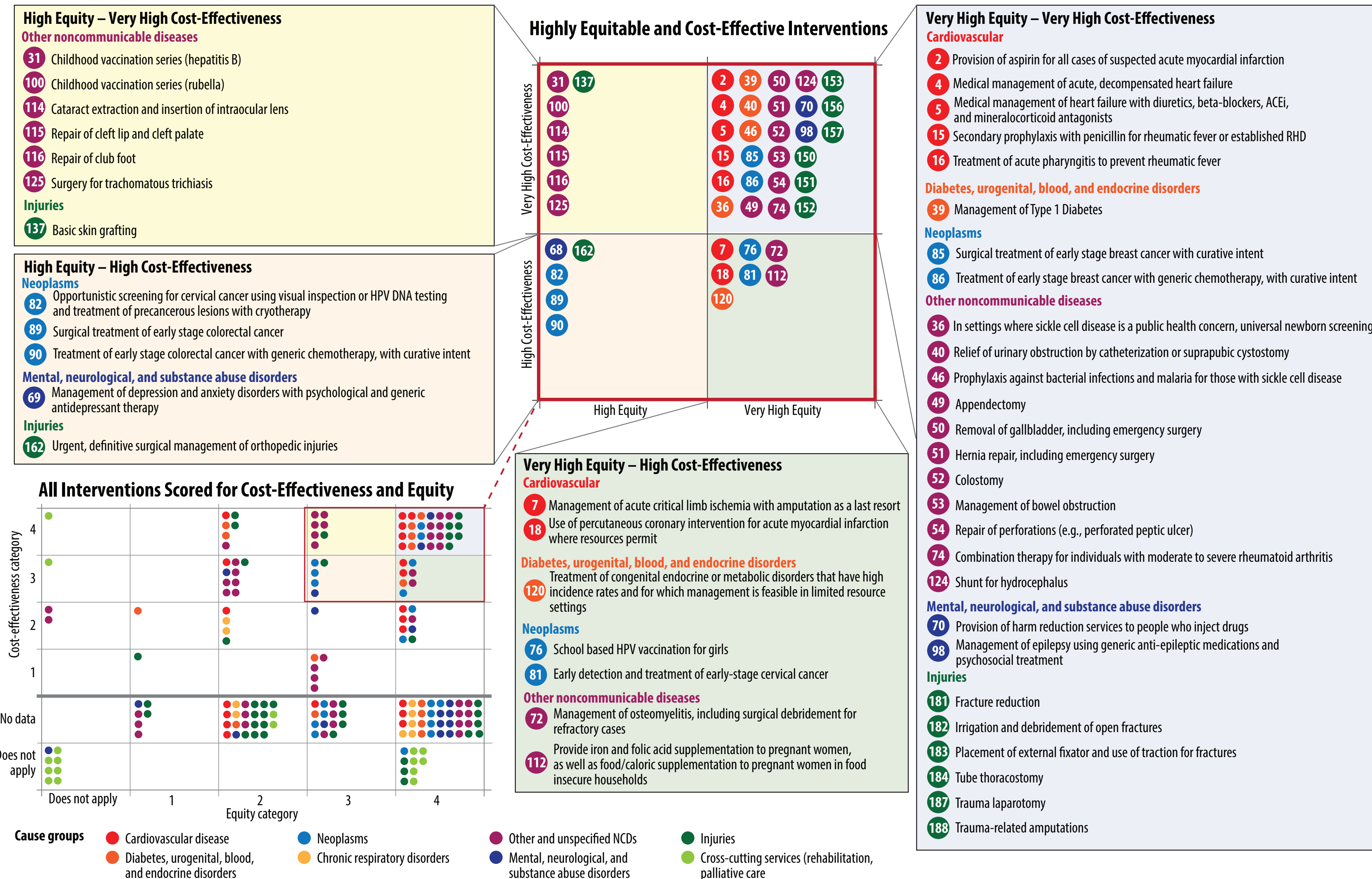


# Avoidable years of life lost (YLLs) among the poorest billion





# Health-sector interventions scored for cost-effectiveness and equity



Cost-effectiveness data from Disease Control Priorities, Third Edition<sup>1</sup> with additional equity analysis by this Commission. All interventions are identified and described in more detail in Appendices 2.B and 2.C.

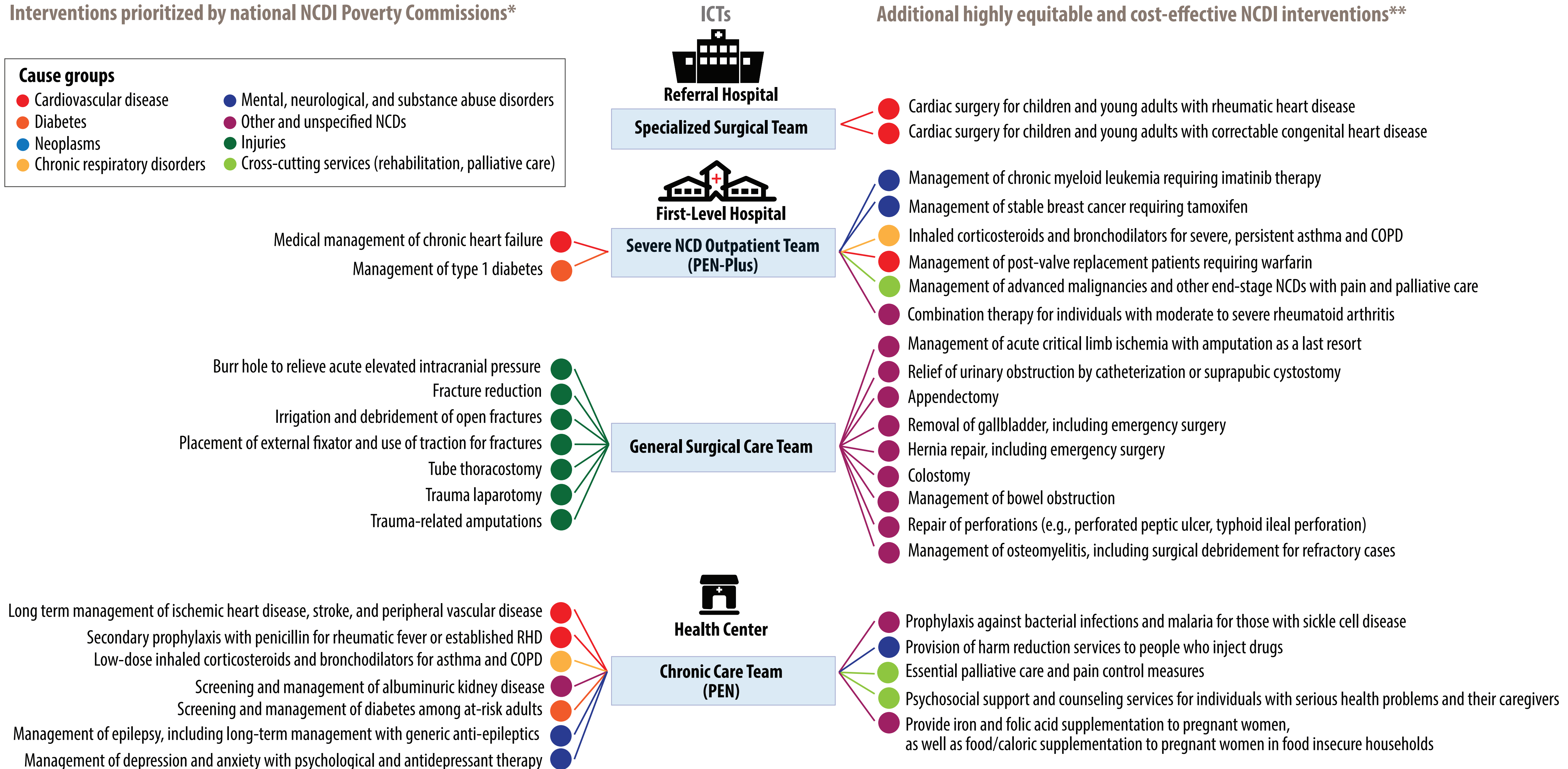
<sup>1</sup> Jamison DT, Gelband H, Horton S, Jha P, Mock CN, Nugent R. Disease Control Priorities, Third Edition (Volume 9). Washington, DC: World Bank Publications, 2018.

# Examples of selected ICTs at different levels of the health system

## Interventions prioritized by national NCDI Poverty Commissions\*

### Cause groups

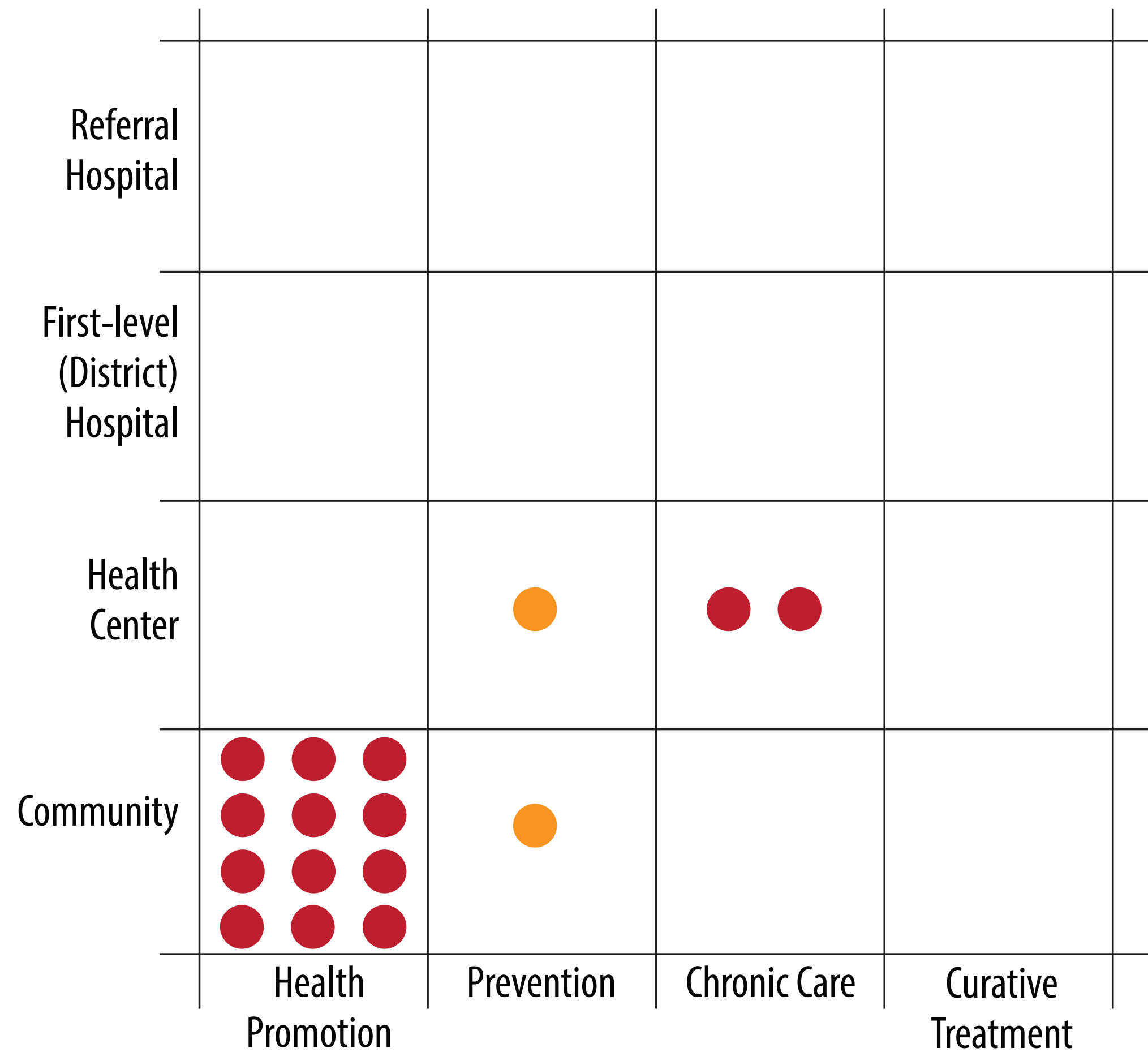
- Cardiovascular disease
- Diabetes
- Neoplasms
- Chronic respiratory disorders
- Mental, neurological, and substance abuse disorders
- Other and unspecified NCDs
- Injuries
- Cross-cutting services (rehabilitation, palliative care)



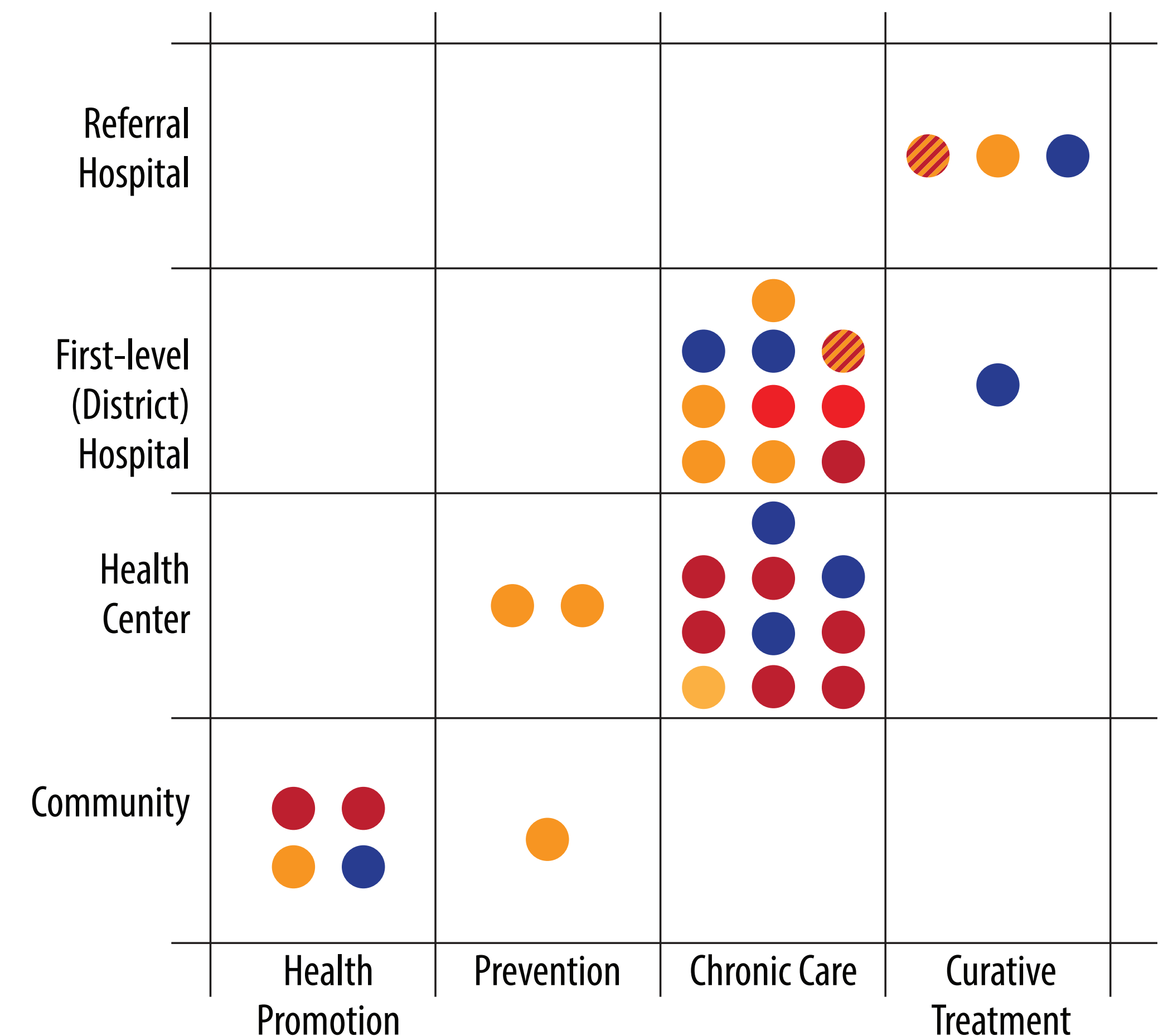


# Global Action Plan “Best Buys” and Interventions Prioritized by National NCDI Poverty Commissions – a Complementary Agenda

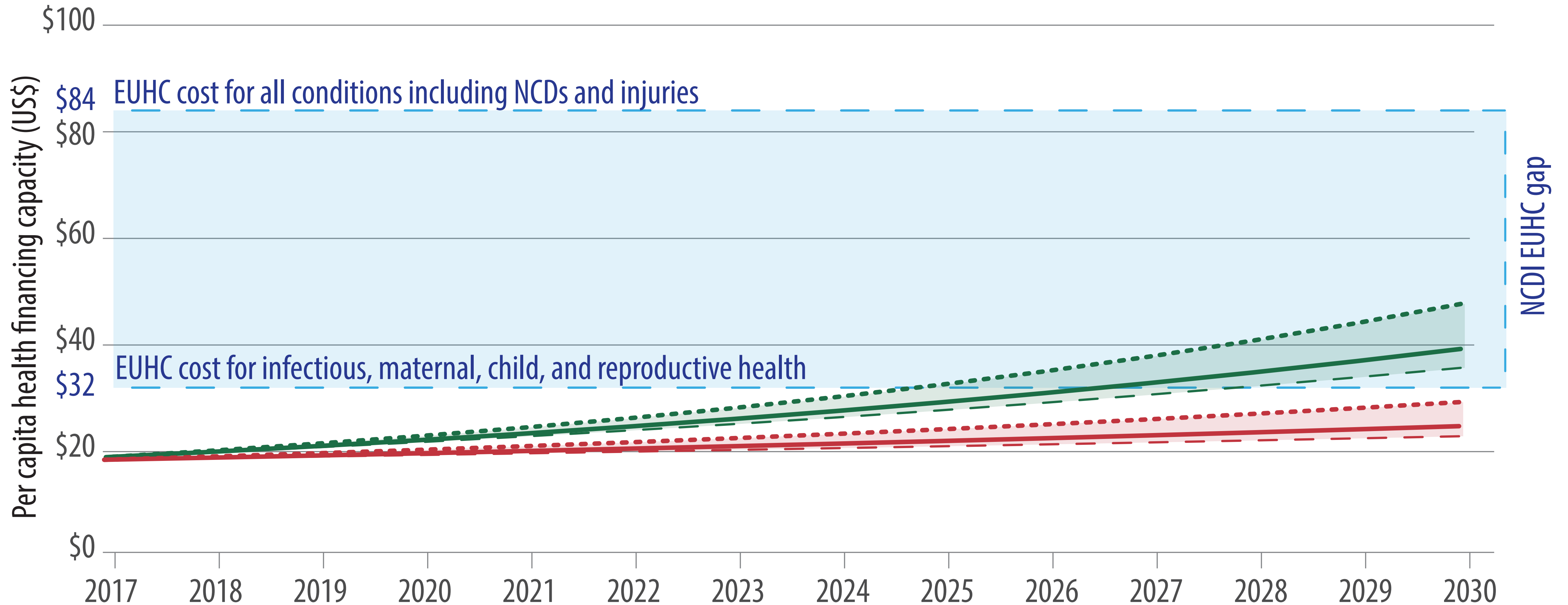
## Global Action Plan “Best Buys”



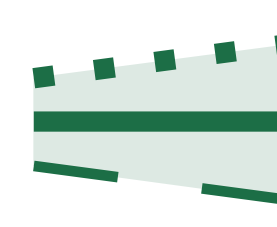
## Interventions Prioritized by National NCDI Poverty Commissions



# Projected health financing capacity vs. essential Universal Health Coverage (EUHC) costs in low-income Poorest Billion countries, 2017-2030

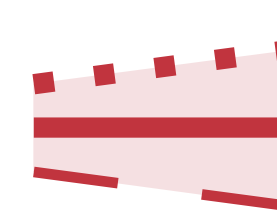


range of projected health financing capacity with **linear increases in revenue generation and government expenditures on health**



- 6% per year annual per capita GDP growth
- 4% per year annual per capita GDP growth
- 3% per year annual per capita GDP growth

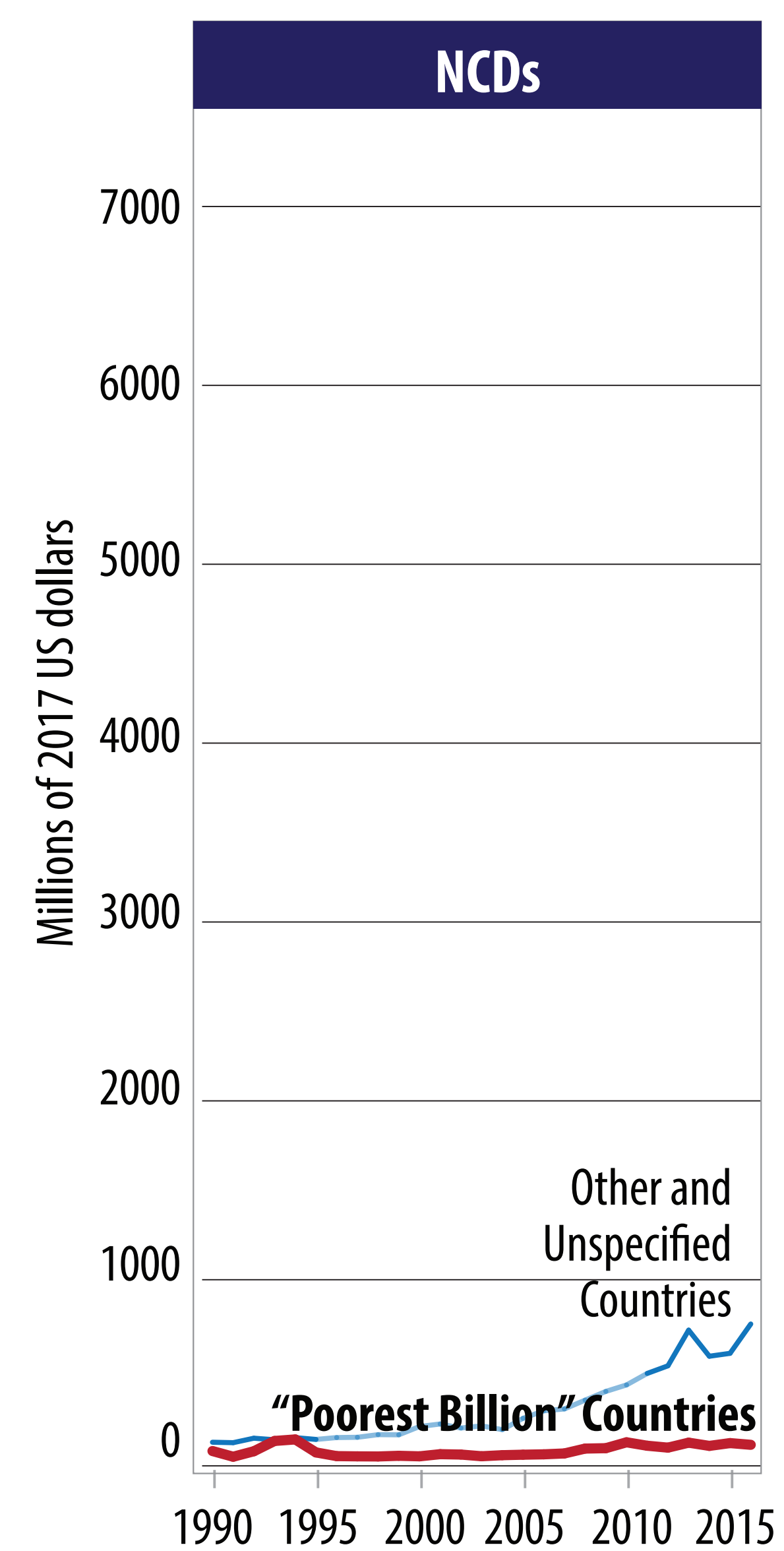
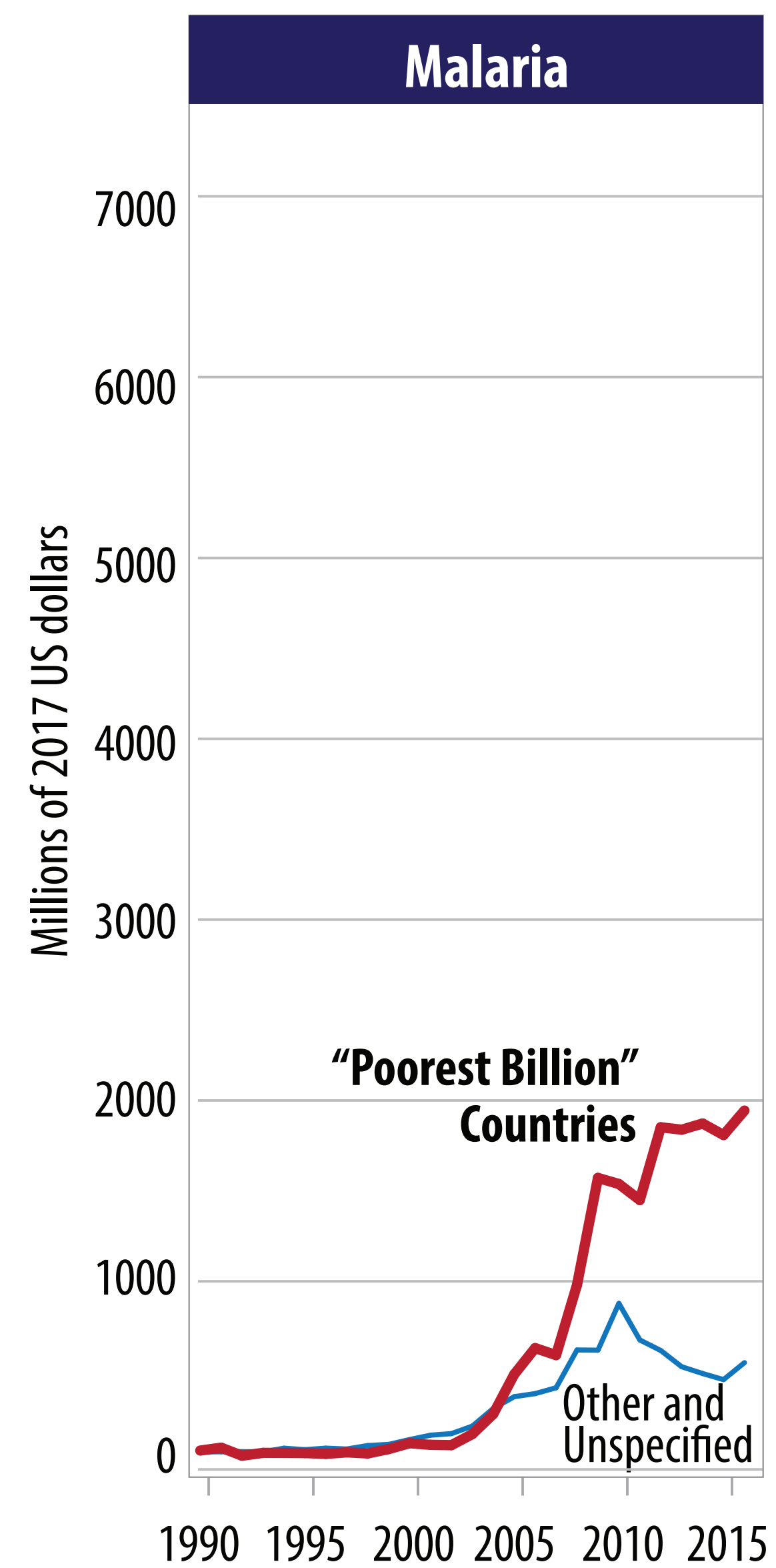
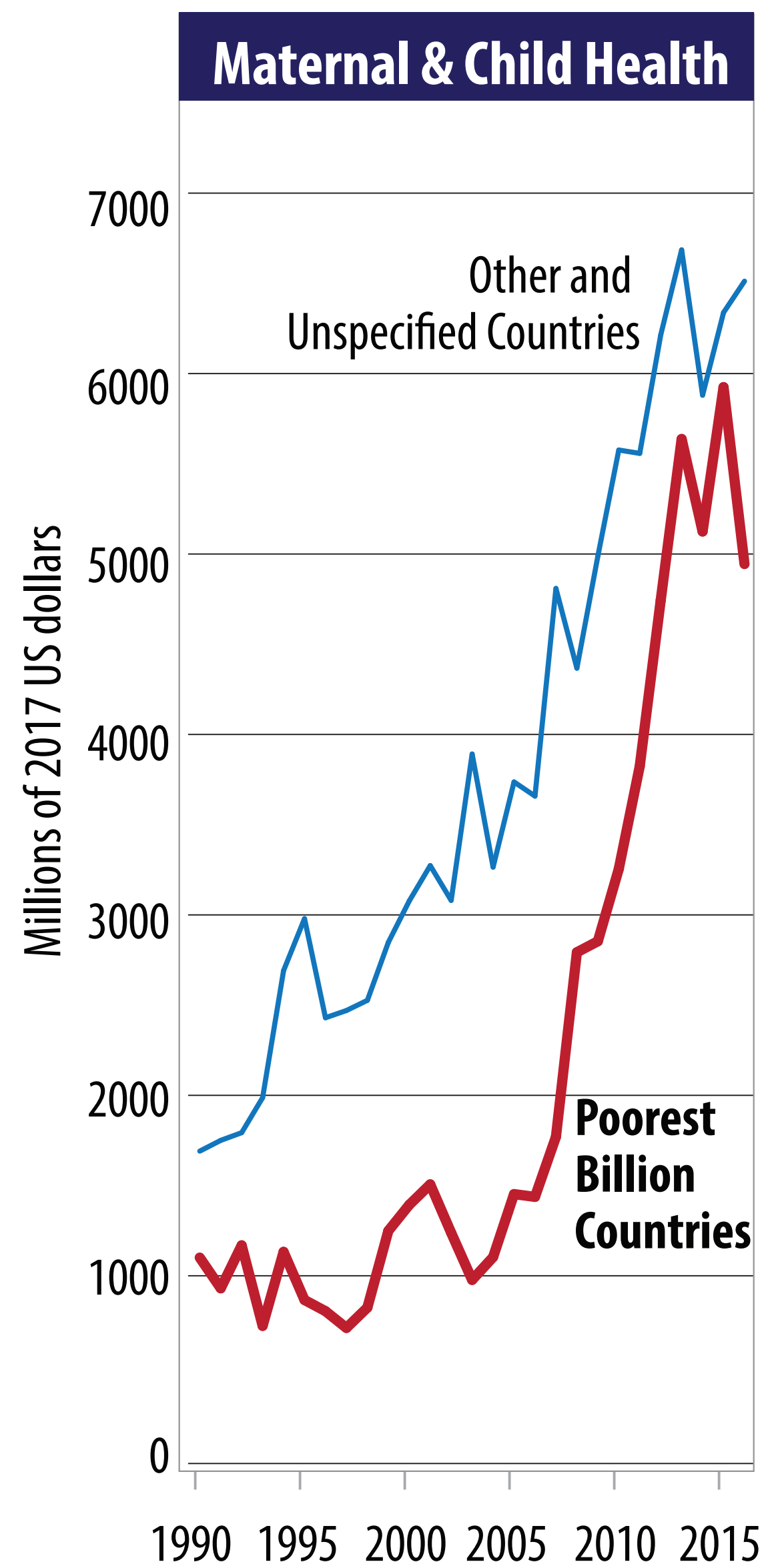
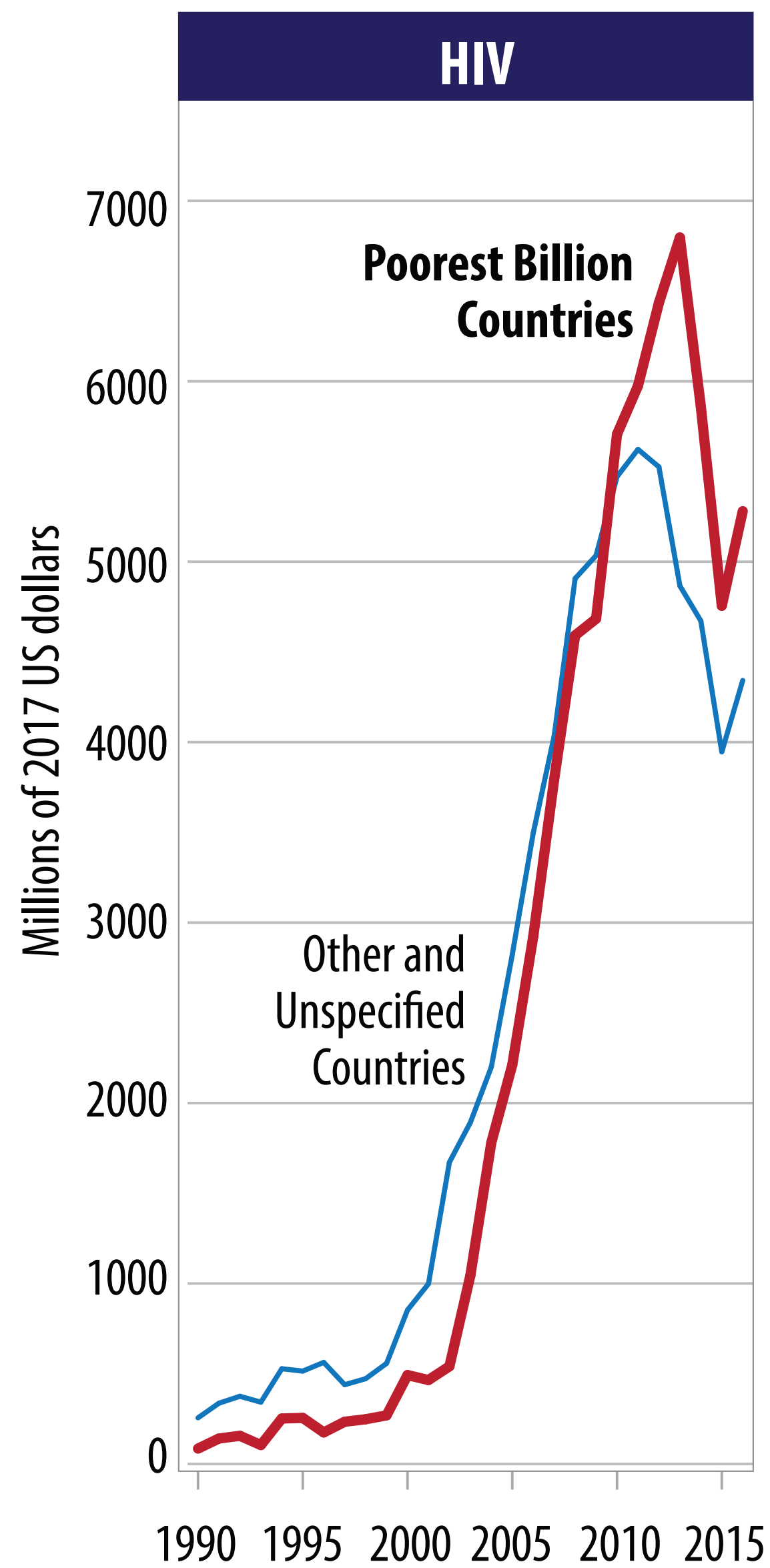
range of projected health financing capacity with **constant revenue generation and government expenditures on health at current levels**



- 6% per year annual per capita GDP growth
- 4% per year annual per capita GDP growth
- 3% per year annual per capita GDP growth



# DAH to "poorest billion" and other countries by condition – 1990–2016







*Bridging a Gap in Universal Health Coverage  
for the Poorest Billion*







**NCDI**

**POVERTY**

**NETWORK**

**@NCDIPoverty**

**#NCDIPoverty**

**[www.ncdipoverty.org](http://www.ncdipoverty.org)**



# NCDI Poverty Network Structure

## Co-Secretariat

- Center for Integration Science/Harvard (USA) & IEM (Mozambique)
- Coordination, administration, resource mobilization, communications

## Steering Committee

- Overall governance and strategy/objectives
- Representation of Network in communications and partnership-building

## Advisory Group

- High-level regional and global institutional representatives advising the Steering Committee for global visibility, partnerships, and growth

## Strategic Initiative #1

### Expanding the NCDI Poverty Network

- Building an evidence base for NCDI Poverty at global, regional, national levels
- Network building and knowledge exchange for global advocacy

## Strategic Initiative #2

### Integration Science for NCDI Care Delivery

- Assessing and optimizing task integration for NCDI service delivery

## Strategic Initiative #3

### The PEN-Plus Partnership

- Supporting establishment of national training sites, service delivery centers, and operational plans
- Aligning resources and developing partnerships to support PEN-Plus

## Strategic Initiative #4

### The NCDI Poverty Fund

- Catalyzing funding for national and regional scale-up of PEN-Plus

## Network Members (institutions)

National NCDI Poverty Commissions and Stakeholders at the Global, Regional, and National Levels



# Steering Committee Members



**Dr. Gene Bukhman**  
Steering Committee Co-Chair  
Director, Program Global NCDs and  
Social Change, Harvard Medical School



**Dr. Yogesh Jain**  
Public Health Physician,  
Chhattisgarh, Central India



**Prof. Julie Makani**  
Associate Professor, Muhimbili  
University of Health and Allied  
Sciences, Tanzania



**Dr. Santigie Sesay**  
Director NCD and Mental Health,  
Ministry of Health and Sanitation,  
Sierra Leone



**Dr. Jones Kaponda Masiye**  
Deputy Director of NCD and Mental  
Health Clinical services,  
Ministry of Health, Malawi



**Dr. Ana Mocumbi**  
Steering Committee Co-Chair  
Head, Division of NCDs, Mozambique  
Institute of Health Education &  
Research



**Dr. Biraj Karmacharya**  
Department of Community  
Programs at Dhulikhel Hospital-  
Kathmandu University Hospital



**Dr. Mary Amuyunzu-Nyamongo**  
Exec. Director of African Institute for  
Health & Development (AIHD), Kenya



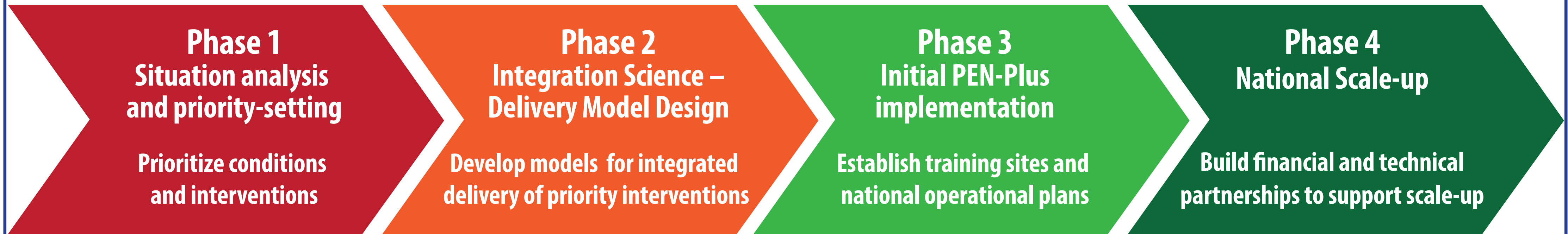
**Dr. Sharon Kapambwe**  
Assistant Director, Cancer  
Ministry of Health, Zambia



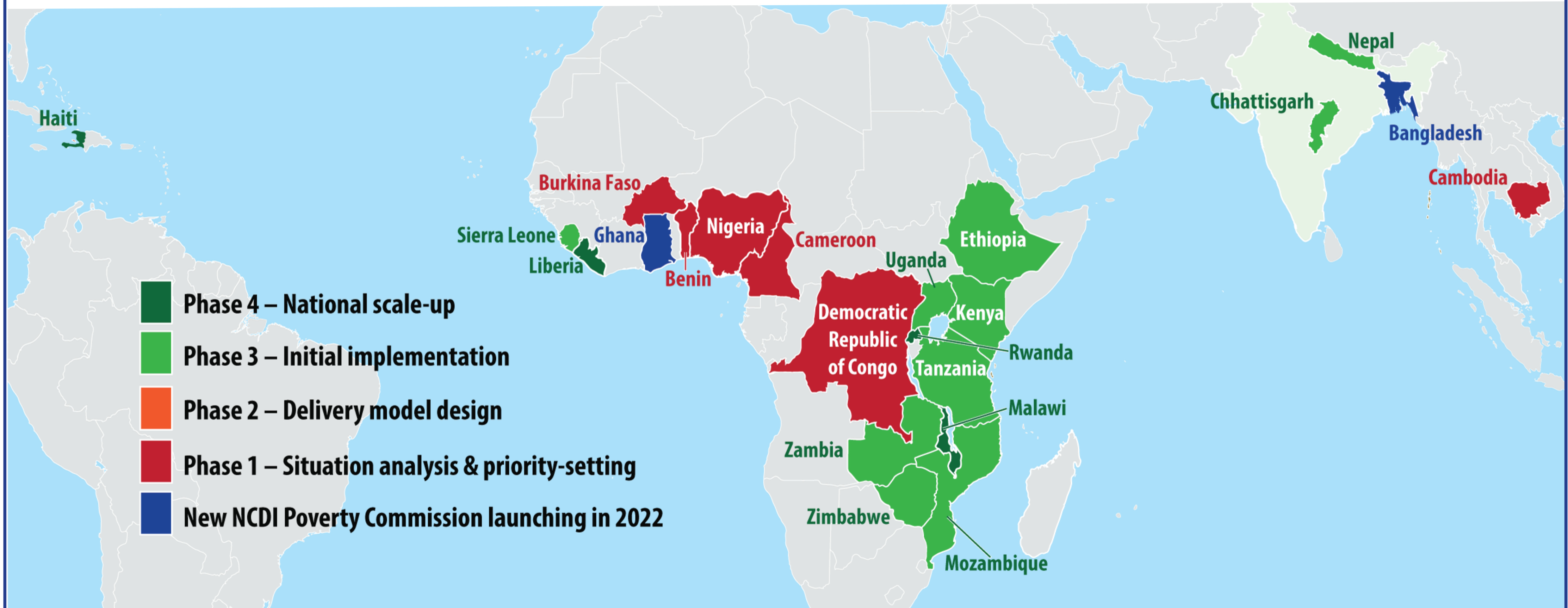
**Dr. Aimée Lulebo**  
Associate Professor, Department of  
Epidemiology and Biostatics,  
Kinshasa School of Public Health



# The NCDI Poverty Network's four-phase theory of change ...



## and the status of Network member countries – June 2022





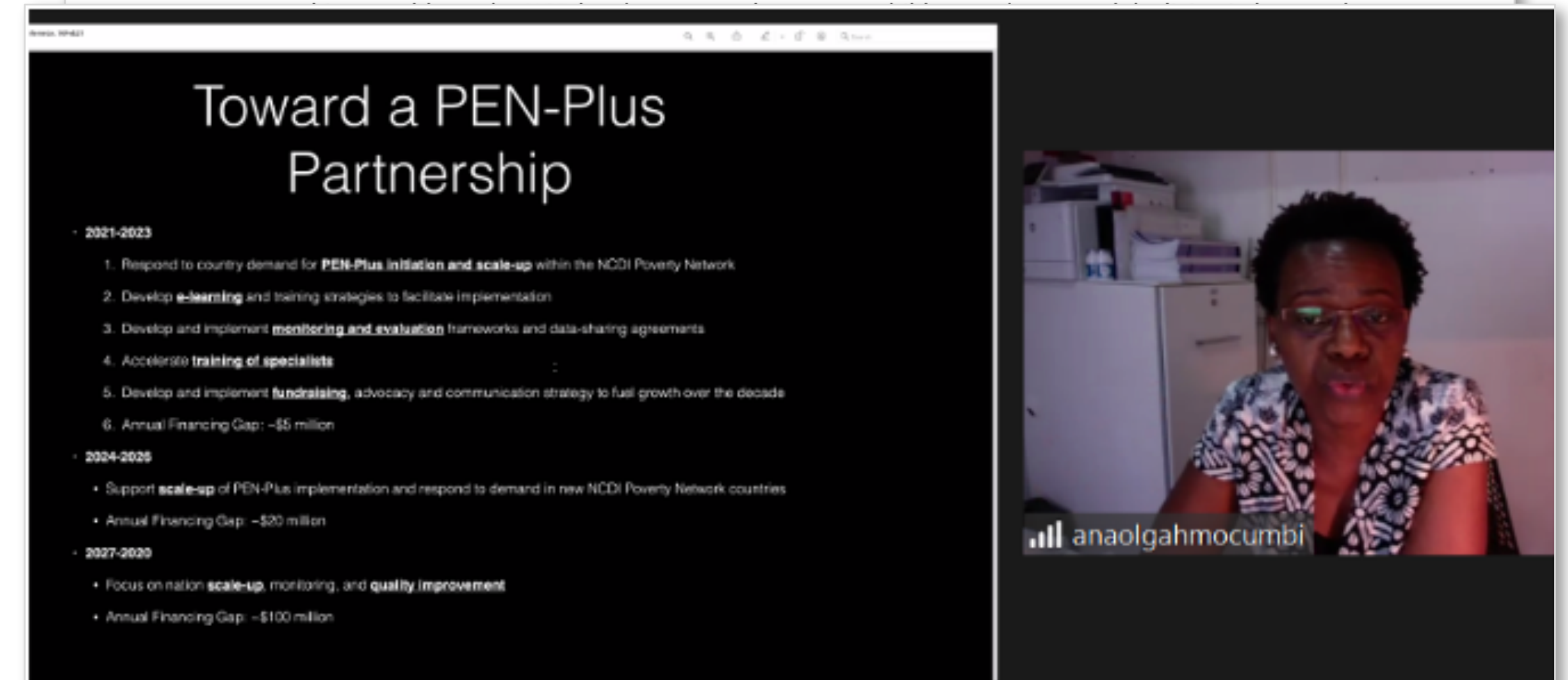
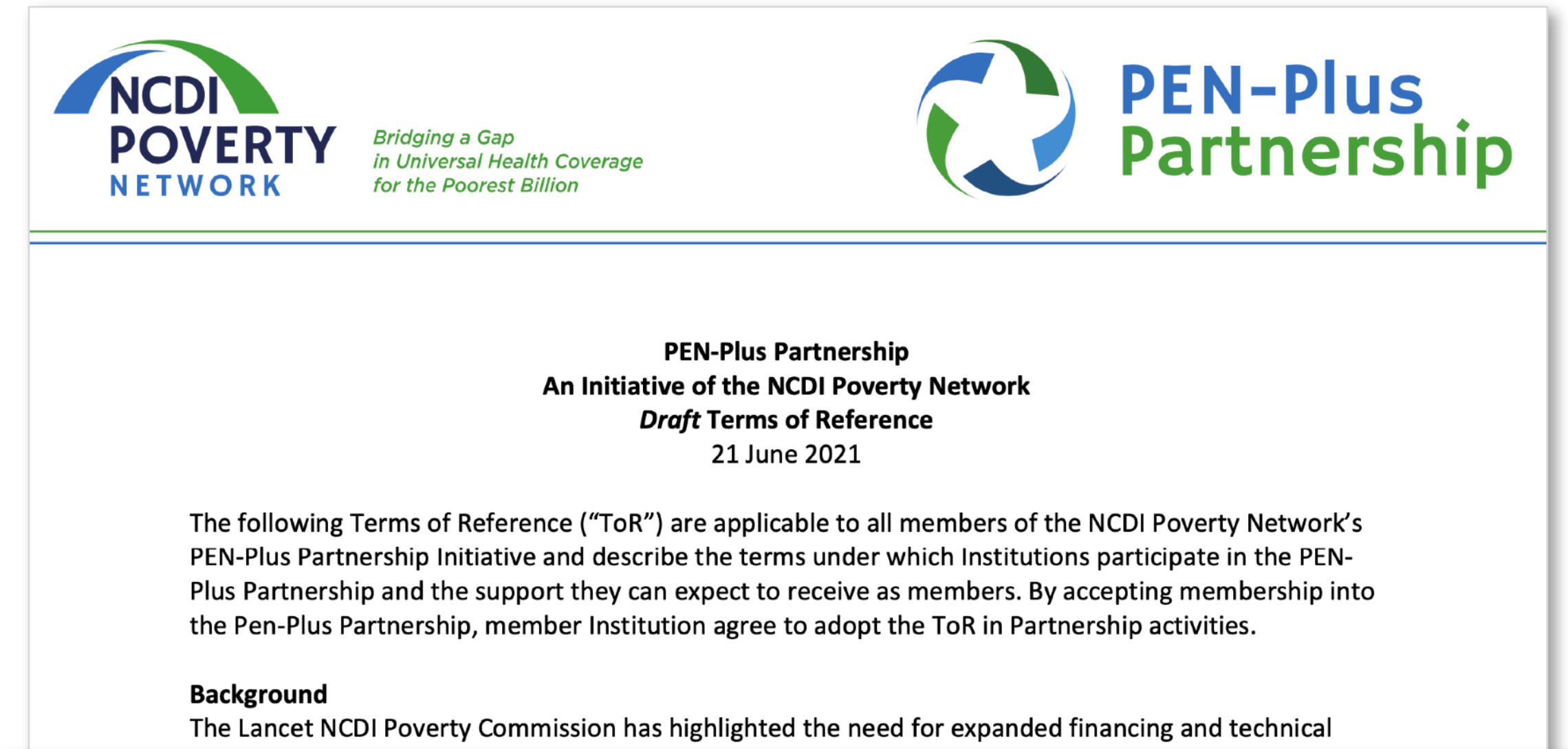


**PEN-Plus**  
**Partnership**

# Global PEN-Plus Partnership



- **June 23rd, 2021:** initial PEN-Plus Partnership meeting with 31 institutions.
  1. Reviewed and approved the TORs
  2. Introduced Working Group Structure (training; M&E + research; advocacy and resource mobilization)
- **WHO/AFRO** PEN-Plus Regional Strategy Approved in August, 2022
- Sept 15, 2022: **External PEN-Plus Partnership launch hosted by UNICEF** in New York





# A rapidly growing list...

WG1 – E-Learning & Specialist Training	WG2 – M&E and Research	WG3 – Advocacy and Fundraising
<ul style="list-style-type: none"> <li>✓ ISPAD</li> <li>✓ American Academy of Pediatrics</li> <li>✓ Guy’s &amp; St. Thomas Hospital Foundation Trust</li> <li>✓ American Society of Hematology</li> <li>✓ Children’s HeartLink</li> <li>✓ Life for a Child</li> <li>✓ PATH</li> <li>✓ Obiageli Nnodu (SPARCo – Sickle in Africa consortium)</li> <li>✓ Global Sickle Cell Disease Network</li> <li>✓ Isaac Odame (Sick Kids Toronto)</li> <li>✓ American Heart Association</li> <li>✓ CUAMM</li> <li>✓ <i>Kaushik Ramaiya (East African Diabetes Study Group)</i></li> <li>✓ American College of Cardiology</li> <li>✓ REDAC Network</li> <li>✓ World Heart Federation</li> <li>✓ CHAI eSwatini</li> <li>✓ Victoria Nembaware (SADaCC)</li> </ul>	<ul style="list-style-type: none"> <li>✓ ISPAD</li> <li>✓ Guy’s &amp; St. Thomas Hospital Foundation Trust</li> <li>✓ American Heart Association</li> <li>✓ Life for a Child</li> <li>✓ Telethon Kids Institute</li> <li>✓ Obiageli Nnodu (SPARCo – Sickle in Africa consortium)</li> <li>✓ American Heart Association</li> <li>✓ World Diabetes Foundation</li> <li>✓ Kaushik Ramaiya (East African Diabetes Study Group)</li> <li>✓ American College of Cardiology</li> <li>✓ CUAMM</li> <li>✓ REDAC Network</li> <li>✓ World Heart Federation</li> <li>✓ CHAI eSwatini</li> <li>✓ Boston Children’s Hospital</li> <li>✓ Victoria Nembaware (SADaCC)</li> </ul>	<ul style="list-style-type: none"> <li>✓ American Heart Association</li> <li>✓ Children’s HeartLink</li> <li>✓ Global ARCH</li> <li>✓ CUAMM</li> <li>✓ American Society of Hematology</li> <li>✓ Telethon Kids Institute</li> <li>✓ PATH</li> <li>✓ Global Sickle Cell Disease Network</li> <li>✓ Isaac Odame (Sick Kids Toronto)</li> <li>✓ American Heart Association</li> <li>✓ CUAMM</li> <li>✓ World Diabetes Foundation</li> <li>✓ <i>Beyond Type 1</i></li> <li>✓ American College of Cardiology</li> <li>✓ Sickle Cell Aid Foundation</li> <li>✓ REDAC Network</li> <li>✓ World Heart Federation</li> <li>✓ CHAI eSwatini</li> <li>✓ Victoria Nembaware (SADaCC)</li> </ul>
<ul style="list-style-type: none"> <li>✓ Institutional partner confirmed</li> </ul>	<ul style="list-style-type: none"> <li>✓ Individual partner confirmed</li> </ul>	

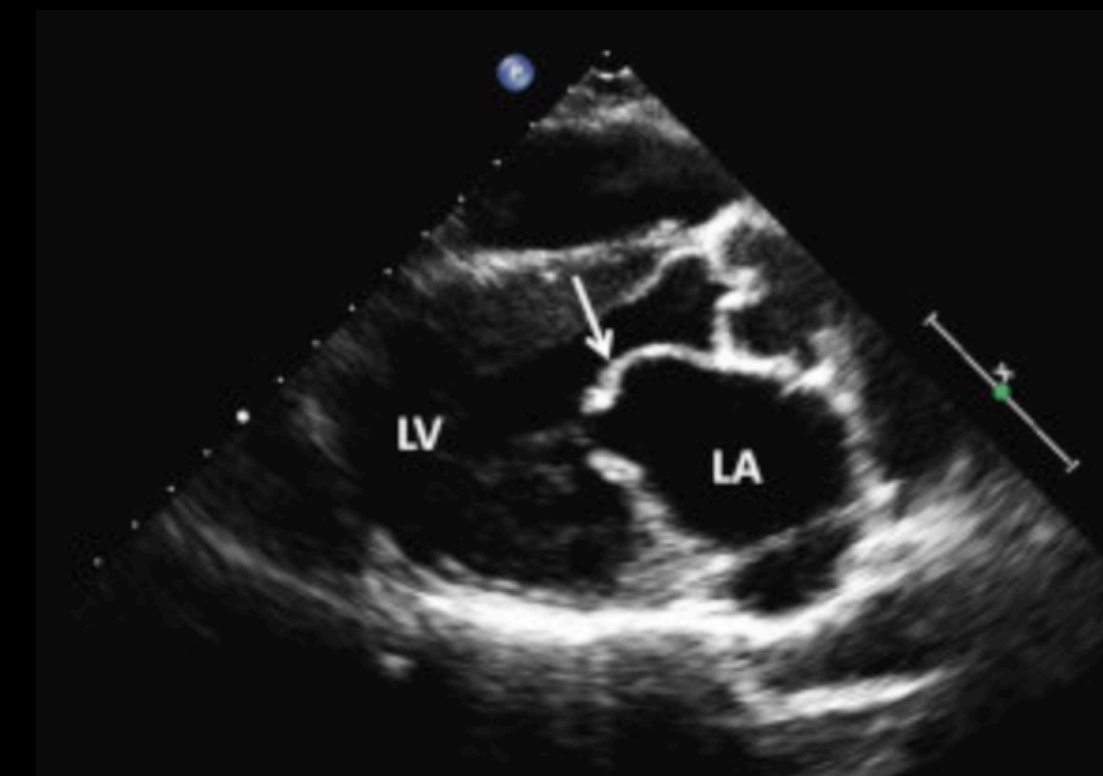




T1D  
Type 1 Diabetes



SCD  
Sickle Cell Disease



RHD  
Rheumatic and Congenital  
Heart Disease



# Why T1D, RHD, and SCD?

- Childhood Onset
- Lethal without treatment in the short term
- Passionate advocacy communities
- Benefit from shared infrastructure for: careful and chronic care, attention to detail, psychosocial and peer support, patient education, registration, and follow-up systems

# Projected PEN-Plus initiation, implementation, scale-up and costs – 2021-2029

	Sites / Estimated cost in US\$	Cycle 1			Cycle 2			Cycle 3		
		2021	2022	2023	2024	2025	2026	2027	2028	2029
1	Malawi	938,032	1,519,169	2,302,967	2,750,749	3,890,111	5,218,979	4,429,887	4,667,759	5,893,641
2	Liberia	565,265	912,160	1,216,741	995,117	1,098,557	1,707,193	1,440,930	1,705,525	1,955,544
3	Haiti	1,010,690	1,568,031	2,383,106	2,844,190	3,342,007	4,173,426	3,253,810	4,296,897	4,792,161
4	Sierra Leone	336,144	289,262	344,674	720,851	1,007,254	1,542,685	1,590,387	1,870,273	2,195,756
5	Mozambique	348,630	310,045	376,976	1,478,003	2,295,488	3,795,832	4,208,411	5,118,107	6,385,871
6	Uganda	342,957	299,581	360,080	2,632,055	3,965,548	6,399,816	6,887,191	8,131,756	10,291,896
7	Tanzania		342,993	297,020	354,475	5,565,992	8,302,872	11,919,378	13,687,946	14,871,228
8	Zimbabwe		343,678	291,720	342,246	4,516,307	6,479,222	8,798,580	9,655,768	9,772,219
9	Madagascar		336,278	288,289	342,419	2,518,694	3,589,527	5,550,281	5,699,953	6,483,634
10	Zambia		342,908	294,340	348,736	2,466,141	3,590,124	5,019,406	5,643,397	5,936,952
11	Kenya		337,353	286,673	337,797	9,859,296	13,941,552	18,883,033	20,908,834	21,370,658
12	Ethiopia		355,919	324,196	400,225	3,950,449	6,579,741	11,407,153	13,163,531	16,344,357
13	Nepal		361,039	334,946	420,252	2,302,205	3,931,962	6,870,547	7,260,473	8,238,871
14	Mali			340,514	293,915	350,283	1,646,776	2,393,560	3,749,338	3,914,044
15	Benin			334,298	281,740	330,225	3,635,035	4,972,589	6,514,583	7,053,622
16	Nigeria			340,255	292,792	348,109	22,296,069	32,726,521	46,183,162	52,583,970
17	Lesotho			338,226	286,938	337,473	586,768	796,950	1,059,898	1,146,488
18	Chhattisgarh State			376,368	365,829	469,644	1,181,950	2,063,590	3,484,155	4,349,604
19	Afganistan			343,361	303,436	368,044	1,880,529	2,880,564	4,737,349	5,219,709
20	Cambodia				334,178	282,658	332,344	3,798,373	5,237,051	6,946,314
21	Yemen				342,340	296,696	354,444	2,423,676	3,588,250	5,693,262
22	Sudan				335,093	291,573	350,782	2,459,971	3,602,016	5,763,827
23	Bangladesh				433,784	473,146	643,731	3,538,563	7,339,620	13,659,866
24	Lao				330,899	277,440	324,381	3,289,025	4,382,465	5,595,627
25	Guatemala				346,655	296,017	348,518	3,874,994	5,664,503	7,841,990
26	East Timor (Leste)					343,516	297,335	354,621	242,360	315,675
27	Burundi					340,273	292,858	348,233	1,095,019	1,567,578
28	Cameroon					338,354	287,936	339,513	4,647,530	6,595,476
29	Togo					341,808	293,886	348,884	885,358	1,261,602
30	DRC					342,958	294,419	348,857	9,139,926	13,428,041
	<b>TOTAL</b>	<b>3,541,718</b>	<b>7,318,415</b>	<b>11,174,749</b>	<b>17,914,714</b>	<b>52,606,264</b>	<b>104,300,692</b>	<b>157,217,476</b>	<b>213,362,802</b>	<b>257,469,483</b>

Phase 1: Planning, training site development, and initiation

Phase 2: Implementation and scale-up

Phase 3: Maintenance and evaluation



# PEN-Plus Partnership

- Increase the number of the poorest children and young adults receiving **high quality treatment** for type 1 diabetes, rheumatic/ congenital heart disease, and sickle cell disease, and other severe chronic NCDs by a **factor of 10 by 2030**.
- Accomplish this by training district hospital nurses and other mid-level health workers to deliver **integrated services** normally provided by sub-specialist physicians at major referral centers.
- Find the resources needed to finance implementation at scale by elevating the **shared humanity** of those affected by these diseases in rich and poor countries and aligning the passion and excellence of vertical stakeholders around a **shared operational strategy** and delivery mechanism.

# Stages of PEN-Plus Implementation

- **Stages 1: PEN-Plus initiation ~ 3 years**

1. Develop training sites with cohorts of ~500-600 patients for a 250,000 person catchment area
2. Support from specialists to train (for example) in simplified echocardiographic strategies
3. Develop policies, guidelines, information systems, operational plan for national scale-up. Train additional specialists if needed. Develop systems for supervision, continuous professional development. Report on initial outcomes
4. Cost: ~\$300-500K USD annually depending on number of training sites

- **Stage 2: National Scale-Up of PEN-Plus ~3-6 years**

1. Use training sites for precepted clinical training (minimally 3-month program)
2. Continue to train additional specialists if needed
3. Cost: depends on size of country and rate of implementation. ~\$25-50K in start-up costs per facility (250,000 catchment area) and ~\$50-100K in annual operational costs

- **Stage 3: Transition to domestic financing**

1. quality improvement
2. transition to domestic financing depending on situation



# Toward a PEN-Plus Partnership



2021–2023	2024 – 2026	2027 – 2030
<ul style="list-style-type: none"><li>• Respond to country demand for <b>PEN-Plus initiation and scale-up</b> within the NCDI Poverty Network</li><li>• Develop <b>e-learning and training</b> strategies to facilitate implementation</li><li>• Develop and implement <b>monitoring and evaluation</b> frameworks and data-sharing agreements</li><li>• Accelerate <b>training of specialists</b></li><li>• Develop and implement <b>fundraising, advocacy and communication</b> strategy to fuel growth over the decade</li><li>• <b>Annual Financing Gap: ~\$5 million</b></li></ul>	<ul style="list-style-type: none"><li>• Support <b>scale-up</b> of PEN-Plus implementation and respond to demand in new NCDI Poverty Network countries</li><li>• <b>Annual Financing Gap: ~\$20 million</b></li></ul>	<ul style="list-style-type: none"><li>• Focus on national <b>scale-up</b>, monitoring, and <b>quality improvement</b></li><li>• <b>Annual Financing Gap: ~\$100 million</b></li></ul>