

Resilient and Sustainable Systems for Health (RSSH)

RISE to the Challenge

LFA TRAINING 2019/2020



Agenda outline

01 Resilient and Sustainable Systems for Health

02 What do we want to do differently this funding cycle?

03 Additional information

Learning objectives

Participants should :

- Share an understanding of the Global Fund's approach to RSSH
- Apply systems thinking to the LFA's scope of work
- Innovate and evaluate

Agenda outline

01 Resilient and Sustainable Systems for Health

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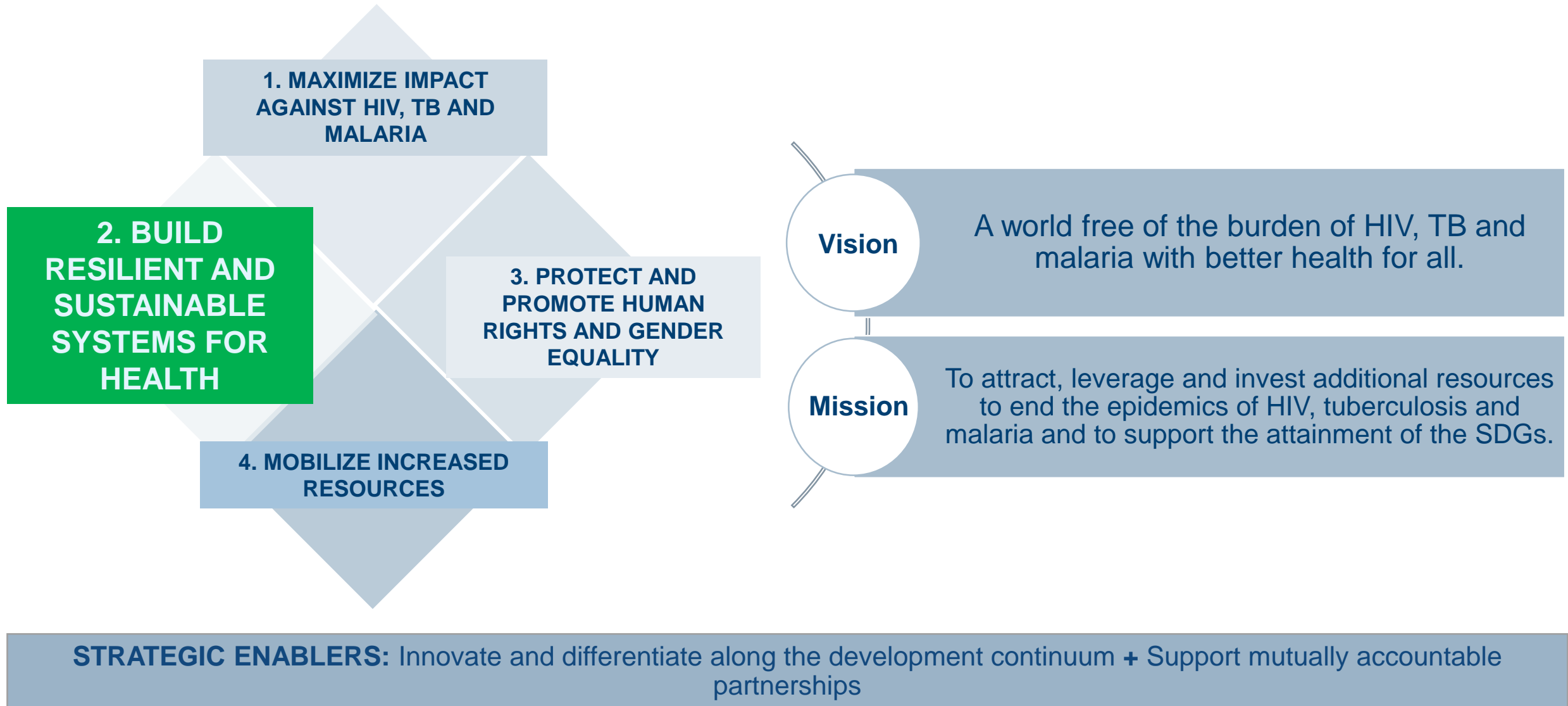
Where health systems are weak, the fight against the diseases is weaker.

Emmanuel Macron, President of France



The Global Fund 2017-2022 Strategy: “Investing to End Epidemics”

RSSH is one of four strategic objectives



What are the **objectives** of **RSSH** investments?

A. Improve the availability of drugs, equipment, human resources, data, labs, and funding

B. Improve the government's ability to sustainably deliver high quality HIV, TB, and malaria services

C. Improve the coverage and quality of HIV, TB, and malaria services at an affordable cost

D. Efficiently improve the coverage and quality of HIV, TB, malaria, and Primary Health Care services.

Answers (objectives of RSSH investments)

A. Improve the availability of drugs, equipment, human resources, data, labs, and funding

No, we want to achieve results for people, e.g. find TB cases

B. Improve the government's ability to sustainably deliver high quality HIV, TB, and malaria services

We are also interested in the private sector and increased coverage

C. Improve the coverage and quality of HIV, TB, and malaria services at an affordable cost

We also want to strengthen PHC services more broadly

D. Efficiently improve the coverage and quality of HIV, TB, malaria, and Primary Health Care services.

In low and lower-middle income countries, poor children (in the poorest income quintile) have a malaria prevalence rate that is **how many times higher than children in the richest income quintile?**

A. 3 times higher

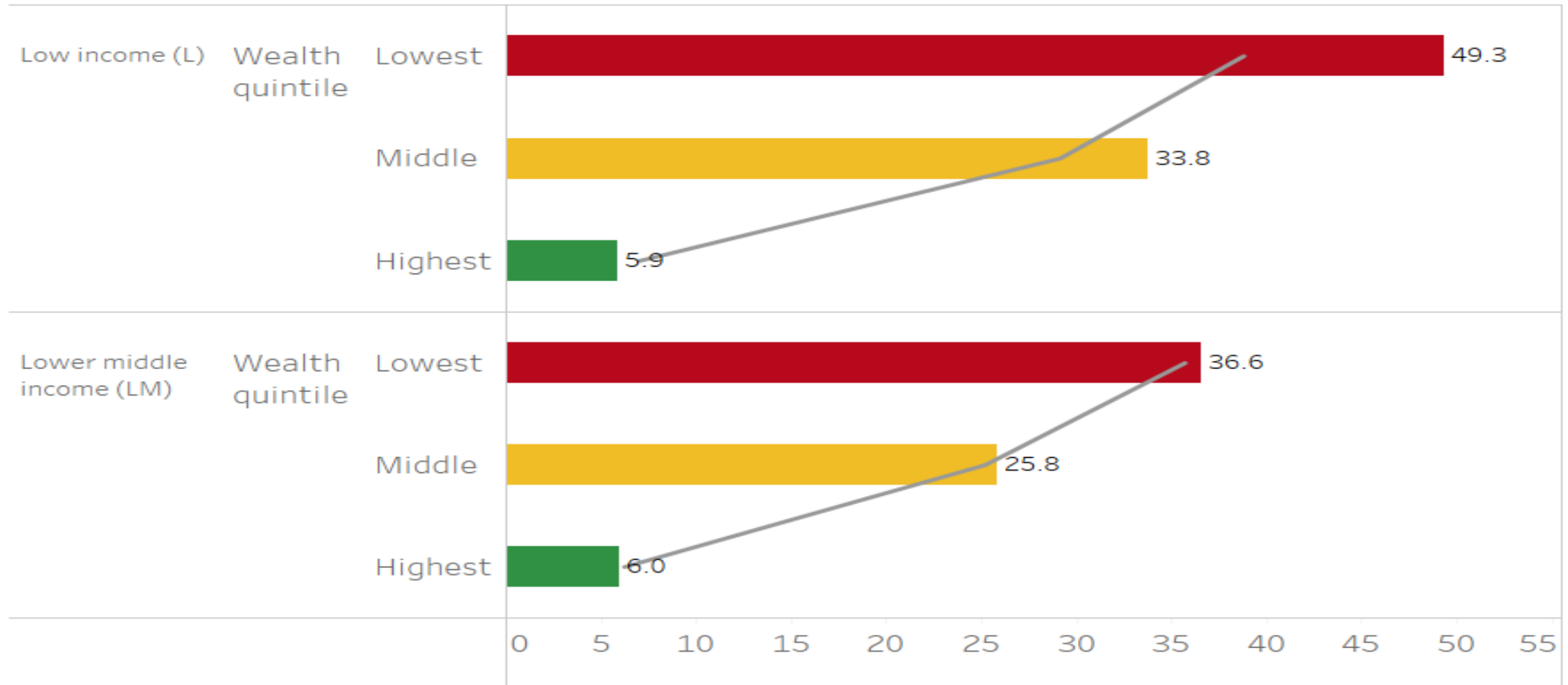
B. twice as high

C. 7 times higher

D. 5 times higher

Malaria prevalence is 7 times higher among poor children

Percentage of children age 6-59 months tested using a rapid diagnostic test (RDT) who are positive for malaria. Countries median with last data available between 2010 and 2018 by Income levels. Grey lines are avgs.



Source: DHS/MIS, last year available between 2010 and 2018. 21 countries analysed.

What can RSSH investments do for HIV, TB and malaria?

Enable progress on 3 diseases

- Bring RSSH approaches to the fight against the 3 diseases
- Conditional cash transfers (CCTs) for improving adherence
 - Performance-based social contracting
-

Overcome health system constraints

- Improve health worker motivation and performance
- Strengthen integrated supportive supervision
-

Leverage existing health system resources

- Use the rest of the health system to step up the fight
- Increase the proportion of women receiving ANC who obtain IPTp-SP for prevention of malaria in pregnancy

Agenda outline

02 What do we want to do differently this funding cycle?

Results

Innovation

Systems thinking

Equity

RISE

What is RISE?

Results

- Measure results against improvements in ATM outcomes & health system performance, i.e. coverage & quality of care
- Measure and evaluate outcomes robustly

Innovation

- Increase appetite for innovative approaches
- Evaluate them properly to maximize learning

Systems thinking

- Transition from short-term, input focused support to strategic systems thinking
- Consider the private sector,
- Seek opportunities for integration
- Apply cross-cutting “management, governance and motivation” approaches

Equity

- Design programs to reach the poorest people
- Increase focus on the communities

The logo features a large yellow semi-circle at the top, resembling a rising sun, positioned behind three overlapping light blue triangles that form a mountain range. The word "RISE" is written in a large, green, serif font across the base of the triangles.

RISE

Apply **RISE** principles to the 7 RSSH sub-objectives



Results

Innovation

System thinking

Equity

How much will the Global Fund spend on **in-service training** in funding cycle 2017-2019?

a) 150 Million US\$

b) 800 Million US\$

c) 500 Million US\$

d) 50 Million US\$

Applying RISE to Improving Human Resources in Health (HRH)

Country example: Collaborative Learning in DRC

Problem: Little evidence to suggest that one-off in-service training lead to sustained improvements in performance. In NFM2 the **GF will spend US\$508 on in-service training globally.**

Solution: Collaborative learning. Greater results focus (measuring health worker performance). Robustly testing innovation.

RISE	Current approach to training	Collaborative Learning in DRC
R: What outcome is measured?	# of providers trained	Improved knowledge, skills, and quality of care provided by health workers
I: Who does the training?	MoH	Peer-led with facilitator
I: What is the methodology?	Didactic approach	Problem-based and goal orientated, monthly sessions, interactive
I: How is innovation evaluated	No innovation	<i>OR protocol with WHO & University of Kinshasa</i>
S: What is relationship to other systems interventions?	One-off trainings	Part of larger package of interventions (<i>job description, baseline training, supervision</i>)

According to the latest available Demographic and Health Survey (DHS) in Pakistan **what proportion of fever cases in children are treated in the private sector?**

a) 55-65%

b) 10-20%

c) 25-35%

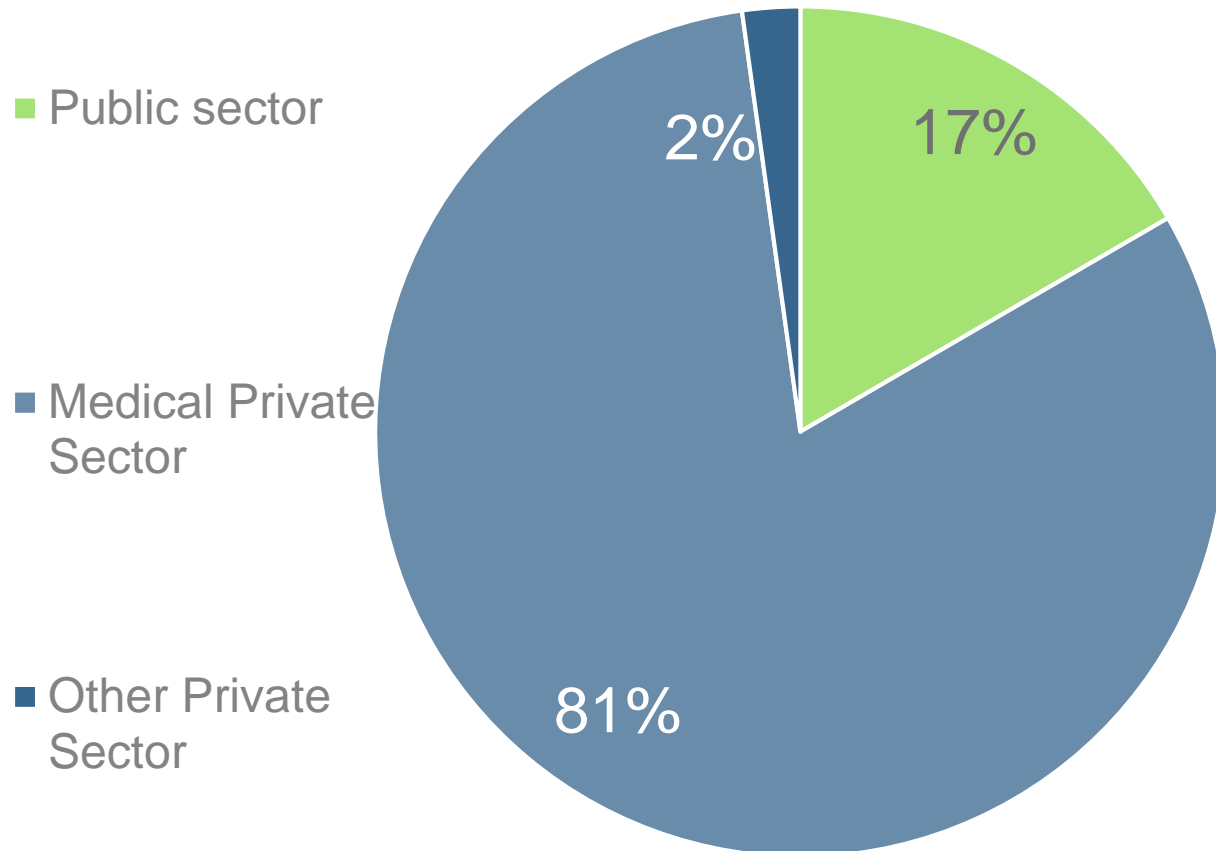
d) 40-50%

e) none of the above

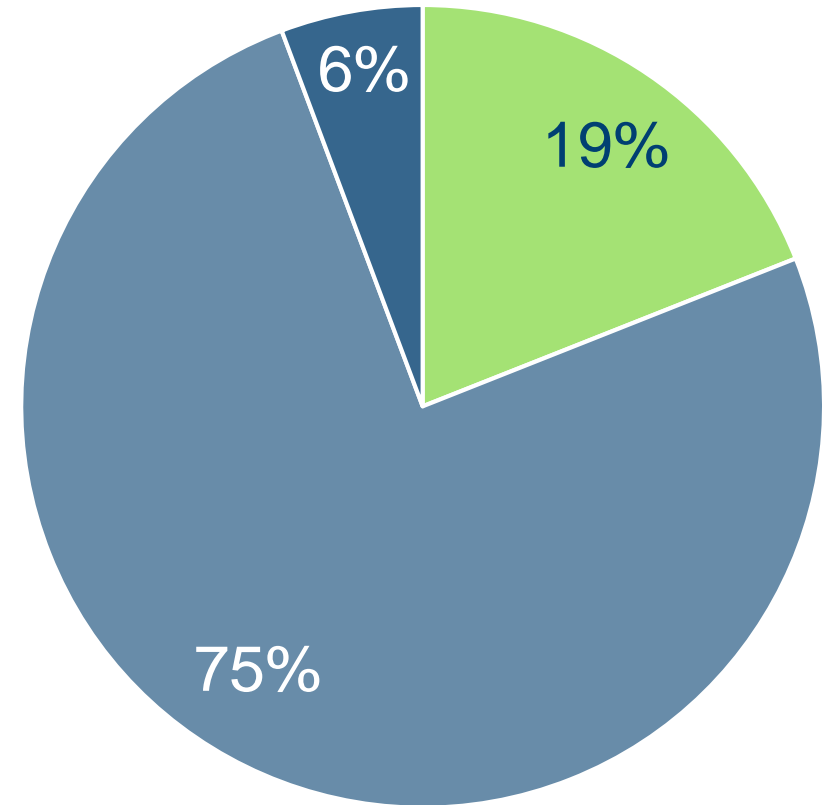
81% of Pakistani Children with fever seek medical treatment in the private sector

The place at which medical treatment or advice was sought for the last episode of fever and/or difficulty breathing.

Overall country results



Poorest income quintile



Use **systems thinking** to focus on management, governance and motivation (MGM) approaches

A) Private sector engagement:

- 1) Social contracting with local CSOs/NGOs to deliver services. Part of the payment is linked to actual performance e.g. SMC in the Sahel, ITN distribution in northern Mali
- 2) Public-private mix (PPM) – Beyond TB to HIV, malaria, and PHC more broadly
- 3) Mobilizing private sector managers to help strengthen public sector management

B) Incentivizing Providers and Patients

- 1) Performance-based financing (PBF); Payment directly to health facilities based on the quantity and quality of services provided
- 2) Decentralized facility financing (DFF); Providing operating budgets directly to health facilities with autonomy
- 3) Conditional Cash Transfers (CCTs) to young women to get tested, counseled, & vaccinated
- 4) Supervision 3.0 – electronic quantitative checklists with HF dashboard

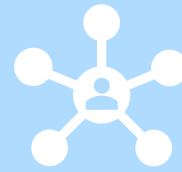
4 areas we would like to change with support from LFAs



Move to more
systems
thinking



Support
innovative
approaches



Move
from
“compliance”
to
performance



Reach more
poor people

Agenda outline

03 Additional information

RSSH profile / dashboards

RSSH Profile ^{TZA}

Tanzania (United Republic)

HFA Availability

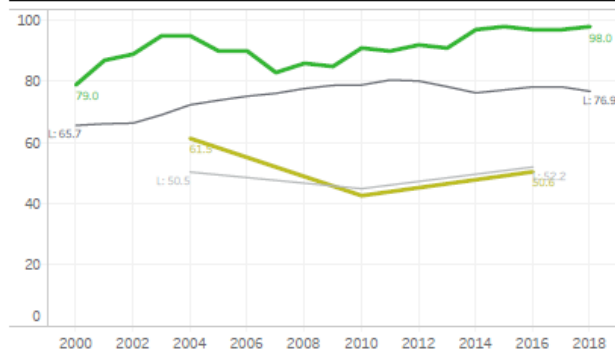
Survey Name	Status	Access to raw data	2012	2014	2015	2017
SARA	completed	NO - neither in WHO a..				
SDI	completed	YES - Stata/SAV/SPSS..				
SPA	completed	YES - Stata/SAV/SPSS..				

HHS Availability

Survey type	Survey Datasets/Status	1992	1994	1995	1996	1999	2004	2005	2008	2010	2012	2016	2017
AIC	Data Available												
DHS	Data Available												
KAP	Data Available												
MICS	Data Available												
MICS	Data Available												

Results Indicators and Country Health Expenditure

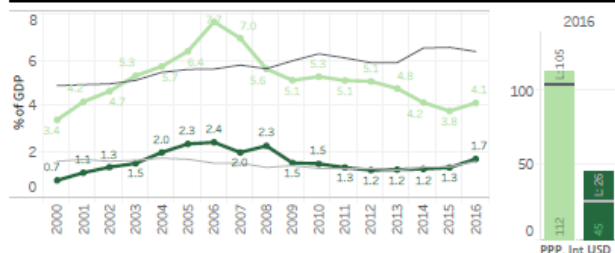
Results on ANC 4 and DTP3 immunization coverage (%)



Indicators. Note: gray colors correspond to the income level averages.
 ■ Antenatal care coverage - at least four visits (%)
 ■ Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)

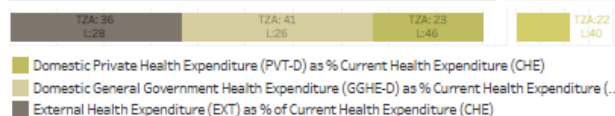
Sources: Household Surveys (National, DHS, MICS) most recent year available.

Current and government health expenditure per capita (PPP, Int USD) and as % of GDP



Indicators. Note: gray colors correspond to the income level averages.
 ■ Current Health Expenditure (CHE) per Capita in PPP, Avg income
 ■ Current Health Expenditure (CHE) per Capita in PPP, Numeric Value
 ■ Domestic General Government Health Expenditure (GGHE-D) per Capita in PPP Int\$, Avg income
 ■ Domestic General Government Health Expenditure (GGHE-D) per Capita in PPP Int\$, Numeric Value

Composition of Current Health Expenditure

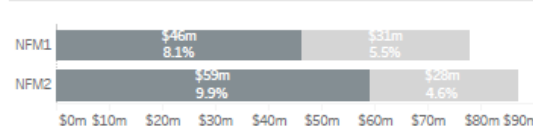


Source: Global Health Expenditure Database (GHED), WHO, 2019. Last year available. Income level categories: L - Low income, LM - Lower-middle income, UM - Upper-middle income, H - High income.

Global Fund Investments on RSSH

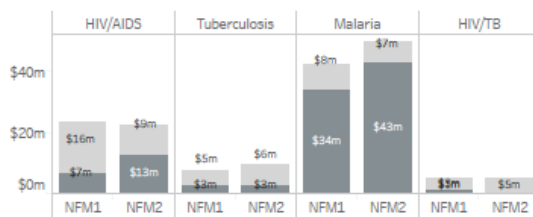
RSSH investment in 2014-2019 allocation periods (approved budget)

Total RSSH Investment across funding cycles



Note: Percentage values refer to RSSH investments over Total country portfolio per cycle

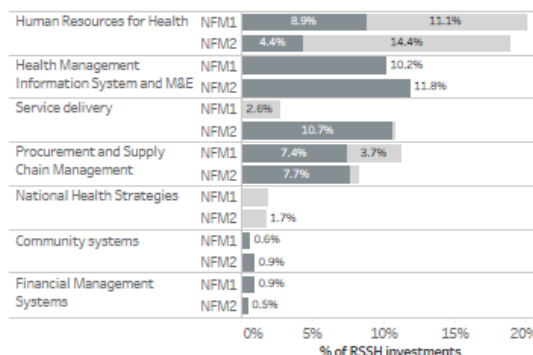
RSSH investments within components across funding cycles



Type of RSSH investments

■ Contributory
 ■ Direct

RSSH distribution in 2014-2019 allocation periods (approved budget)



Notes: Direct RSSH investments: all interventions in cross-cutting RSSH modules strengthening the systems. Contributory RSSH investments through disease: investments from diseases interventions supporting the capacity of the systems to deliver quality services. NFM1 refers to the period between 2014-2018 and NFM2 between 2017-2019. Sources: The Global Fund financial investment data.

Health Systems Inputs

Availability of health systems tracer inputs

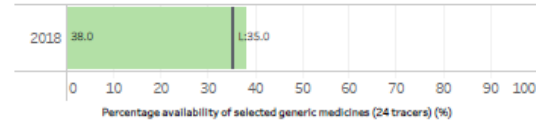
Human resources for health availability



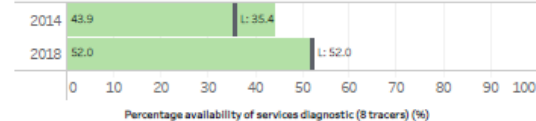
Service delivery availability



Medicines availability



Service diagnostic availability



Notes: Gray lines reflect the income level average at the year in question.

Key health systems performance indicators

External supervision



Absence rate



Sources: Health Facility Assessments (SARA, SPA, SDI), WHO/Global Health Observatory. For each indicator, the most recent available data is included.

Revised application material and guidance

Funding Request Form
Allocation Period 2020-2022

Refer to the "Full Review" Instructions to complete this form

Summary Information

Country(s)	
Component(s)	

Modular Framework Handbook

JULY 2019

- Added directional language in funding request, modular framework and information notes to encourage more cross-programmatic RSSH investment and linkages to the broader health system

TheGlobalFund Resilient and Sustainable Systems for Health
Core list of indicators
Last updated: 31Jul2019

Module	Type of Indicator	Indicator code	Indicator Description
Outcome indicators (All modules)	Outcome	HSS O-5	Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting
	Outcome	HSS O-6	Percentage of facilities providing diagnostic services on the day of the assessment
	Outcome	HSS O-7	National aggregate HMIS fully deployed, with HIV, TB and malaria indicators integrated, and complete and timely reporting
	Outcome	HSS O-8	Active health workers per 10,000 population
	Outcome	HSS O-9	Percentage of antenatal clients with 1st visit before 12 weeks
	Outcome	HSS O-10	Proportion of population with large household expenditure on health as a share of total household expenditure or income (catastrophic spending on health)
systems	Coverage	PSM-3	Percentage of health facilities providing diagnostic services with tracer items available on the day of the visit or day of reporting

- Additional and revised RSSH indicators and workplan tracking measures
- Updated RSSH Information Note and technical briefs

Thank you very much for your attention and participation