

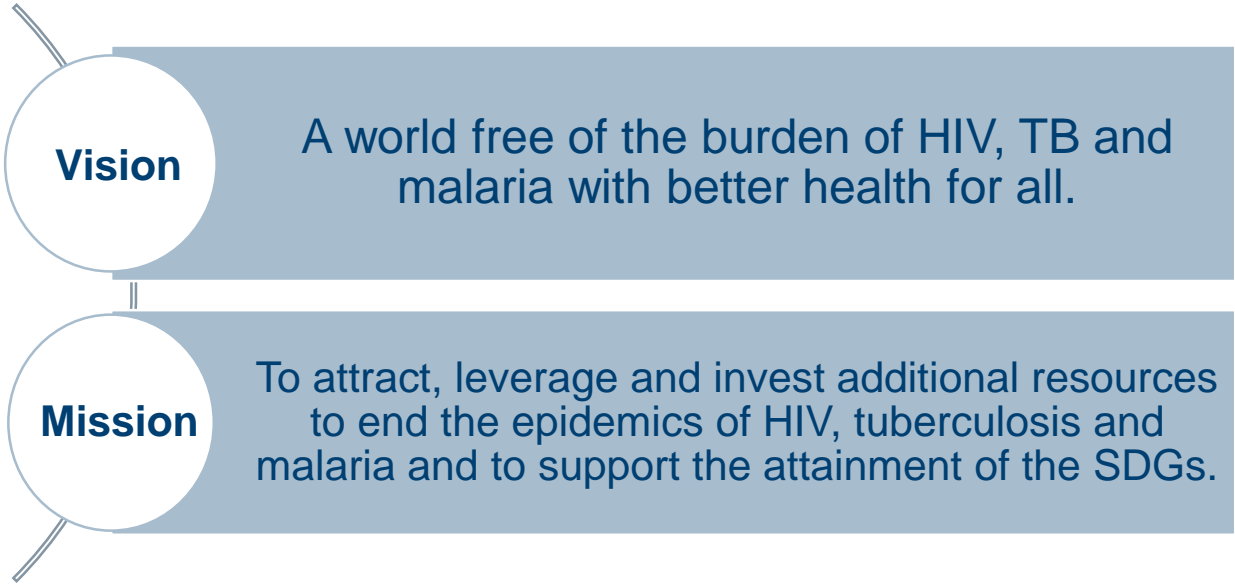
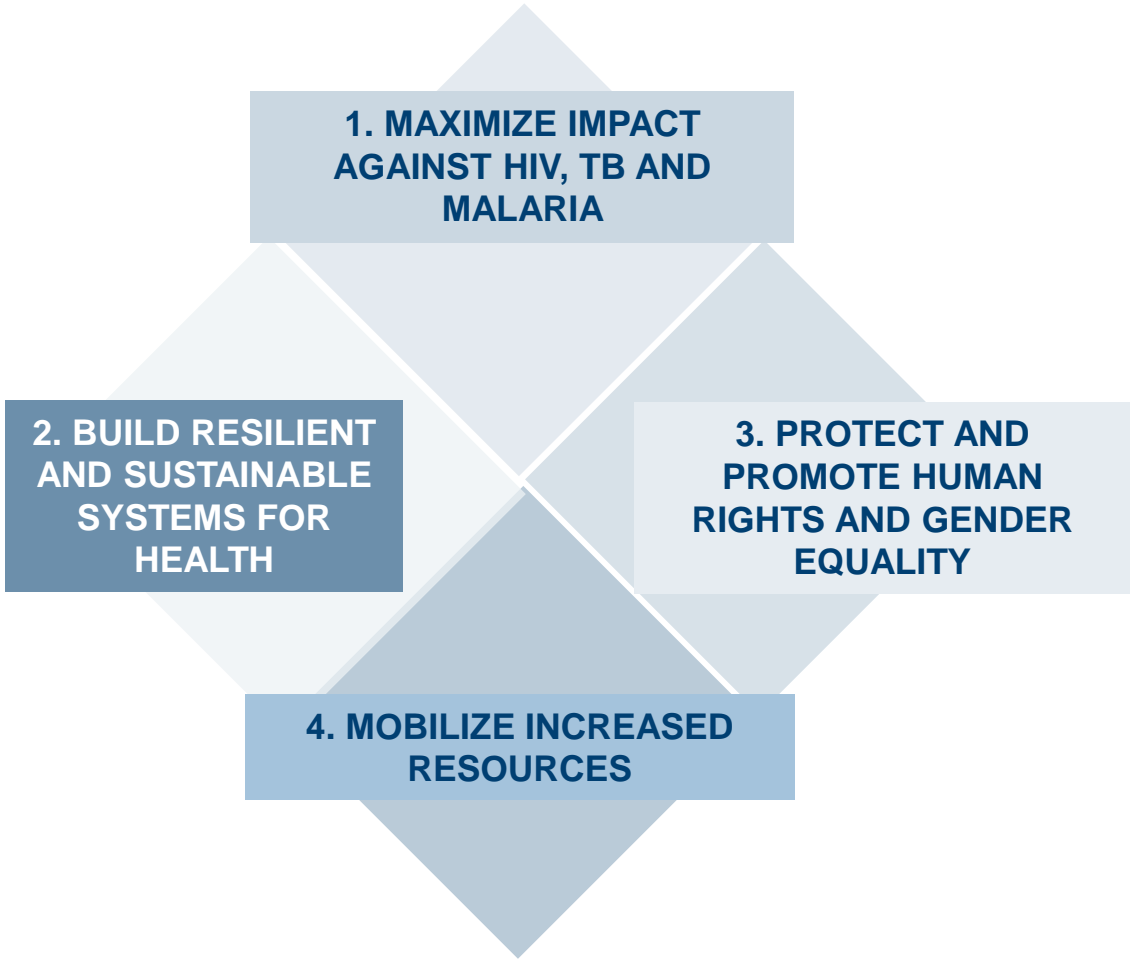
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# Linking LFA Assurance with the GF Strategy, Risk & Assurance Approach and Decision-Making

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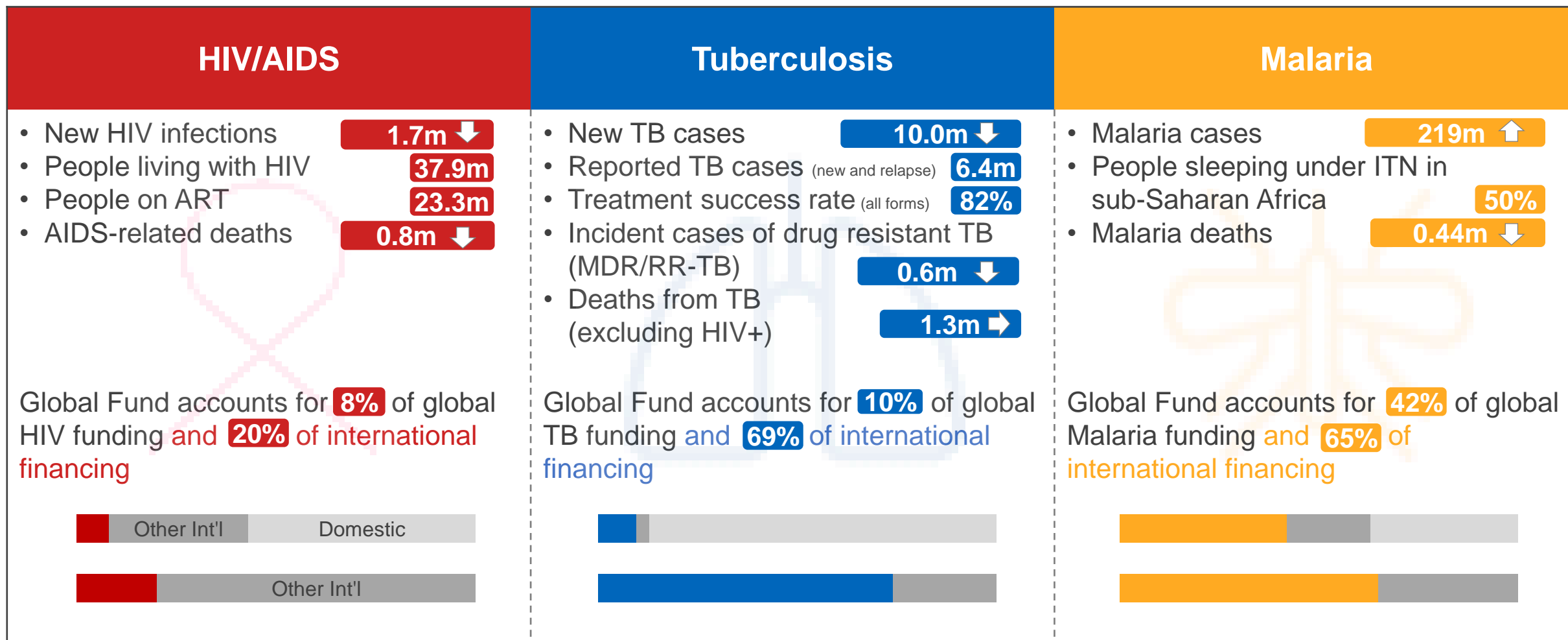
LFA TRAINING 2019/2020

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



**STRATEGIC ENABLERS:** Innovate and differentiate along the development continuum + Support mutually accountable partnerships

# Setting the context: Global progress against the three diseases



*HIV data:* UNAIDS.org, new infections (2018), people living with HIV (2018), people on ART (2018), AIDS-related deaths (2018); *TB data:* Global TB Report 2018, new TB cases (2017); reported TB cases (new and relapse) (2017); treatment success rate (all forms) (2016); incident cases of MDR/RR-TB (2017); deaths from TB (2017); *Malaria data:* WHO.int/malaria, World Malaria Report 2018: malaria cases (2017), population at risk slept under an ITN in sub-Saharan Africa (2017), malaria deaths (2017).

*Funding sources* [2016 data for HIV/Malaria, 2018 for TB]: OECD DAC-CRS; UNAIDS FactSheet World AIDS Day 2017, UNAIDS; Global Tuberculosis Report 2018, WHO; World Malaria Report 2018, WHO  
*GF share of international funding:* Global Fund 2017 Results Report

Figures are global and are not solely for countries where Global Fund resources are disbursed.



# HIV: State of the fight

## Global trends:

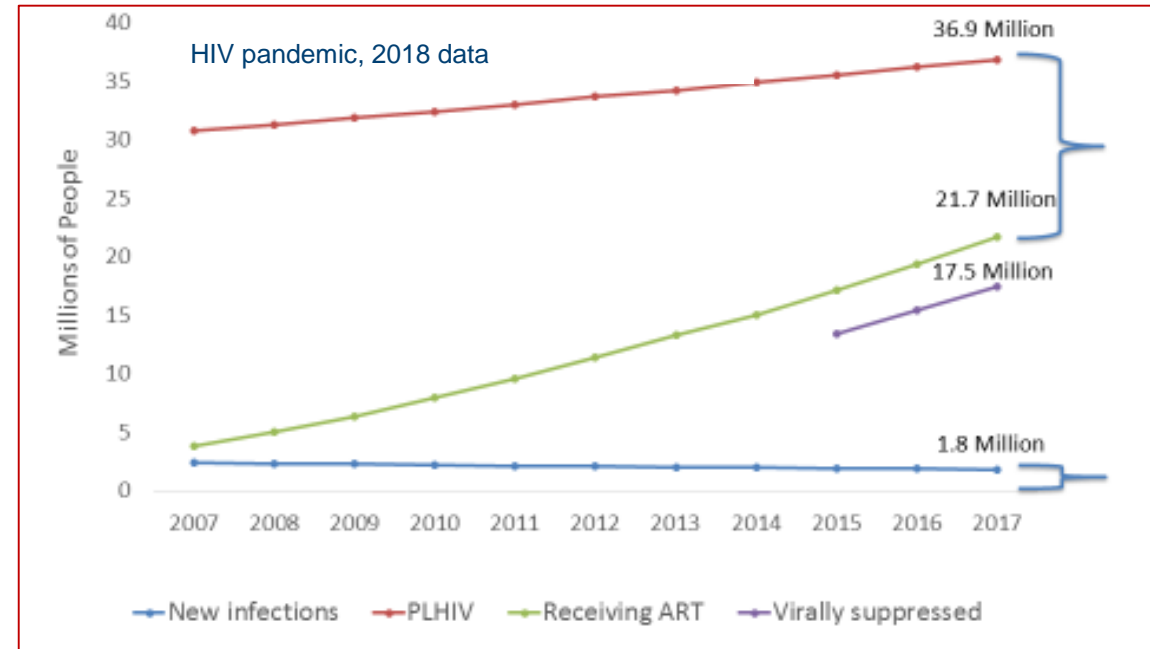
- 56% drop in AIDS related deaths since 2002, but 1.7 million new infections in 2018. 1 out of 5 people infected do not know their status
- Development assistance for HIV and AIDS has declined by almost a quarter since 2012
- Infections remain high in key populations and young women and adolescent girls

## Main challenges:

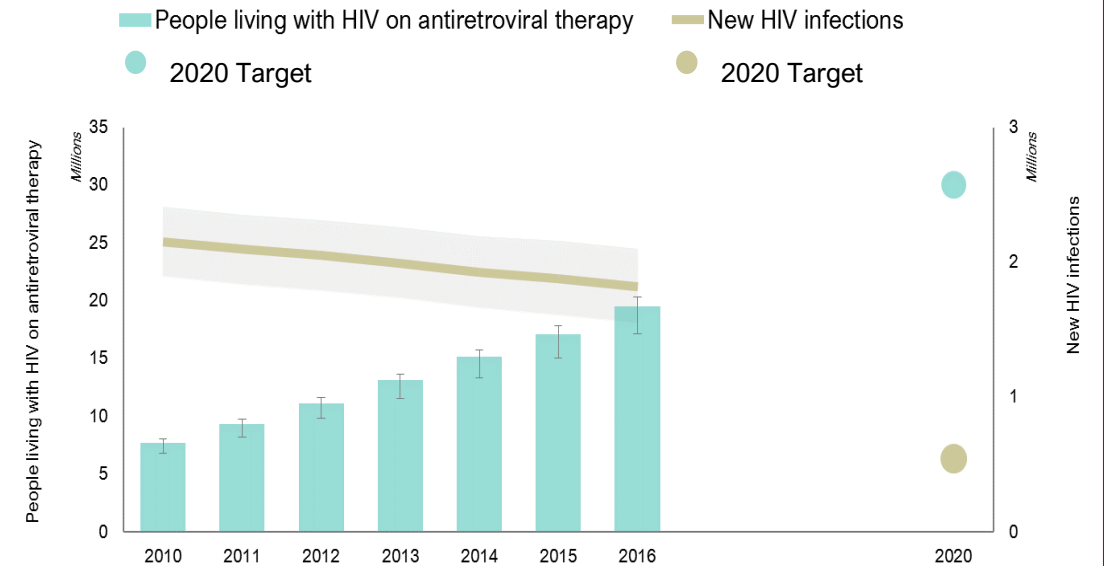
- Treatment gap – and the quality of services - adherence/retention. Late presentation.
- Prevention gap– unlikely to meet 2020/30 global prevention targets

## Top priorities:

- More directive investment guidance
- Rapid scale-up of new and innovative medicines and technologies
- Focus on key populations



New HIV Infections and People Living with HIV on Antiretroviral Therapy, 2010–2016 and 2020 Targets





# Malaria: State of the fight

## Global trends:

- Significant reduction of malaria morbidity and mortality 2010 - 2017
- The scale-up of malaria interventions has been riding on 2 powerful waves: increases in funding and a decrease in commodity prices
- In recent years, global investment has plateaued and progress has stalled, risking a resurgence of the disease and loss of hard-fought gains. For the first time in years, malaria cases are again on the rise.

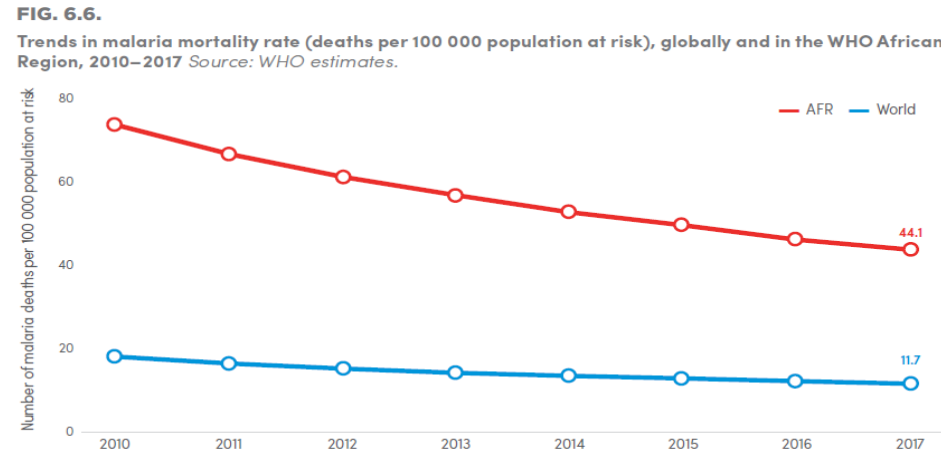
## Main challenges:

- Funding gap compromises progress made and the number of cases and deaths is likely to increase relative to current levels
- Achieving universal coverage of vector control for at risk populations and improved access to quality case management
- Maintaining efforts to stop the spread of drug resistance

## Top priorities:

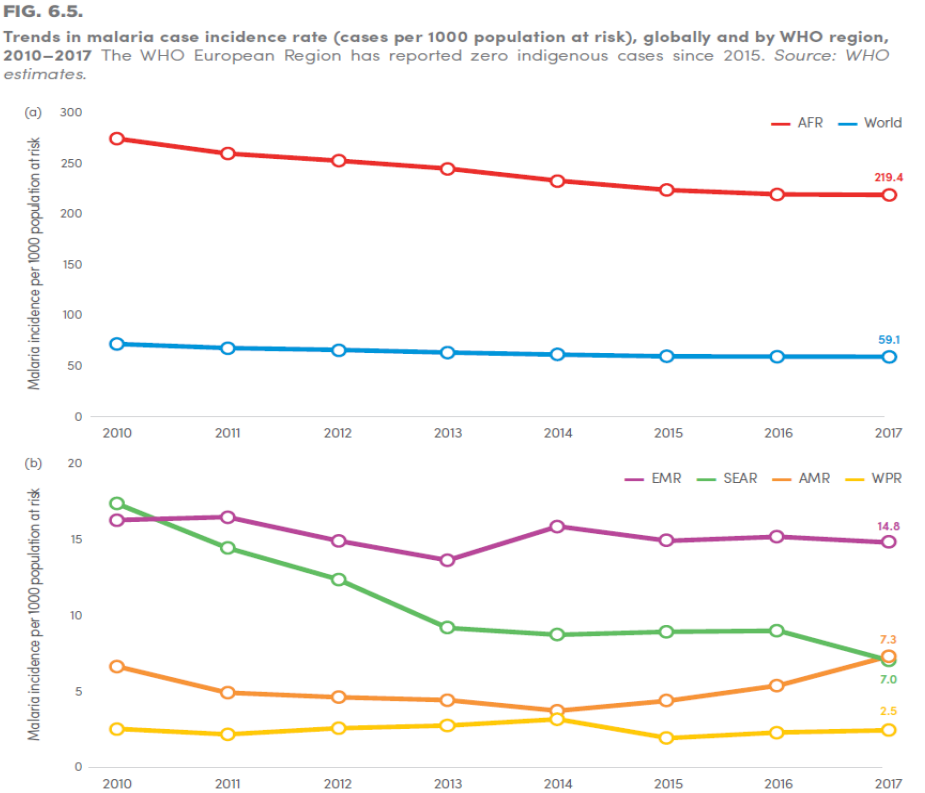
- Accelerate coverage of effective vector control through up-to-date entomologic and epidemiologic data
- Expand access to quality case management and integrated community health services
- Elimination; responsible transitions and prevention of re-establishment of transmission

Mortality rates 2010-2017

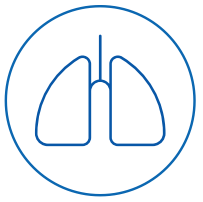


AFR: WHO African Region; WHO: World Health Organization.

Incidence rates 2010-2017



AFR: WHO African Region; AMR: WHO Region of the Americas; EMR: WHO Eastern Mediterranean Region; SEAR: WHO South-East Asia Region; WHO: World Health Organization; WPR: WHO Western Pacific Region.



# TB: State of the fight

## Global trends:

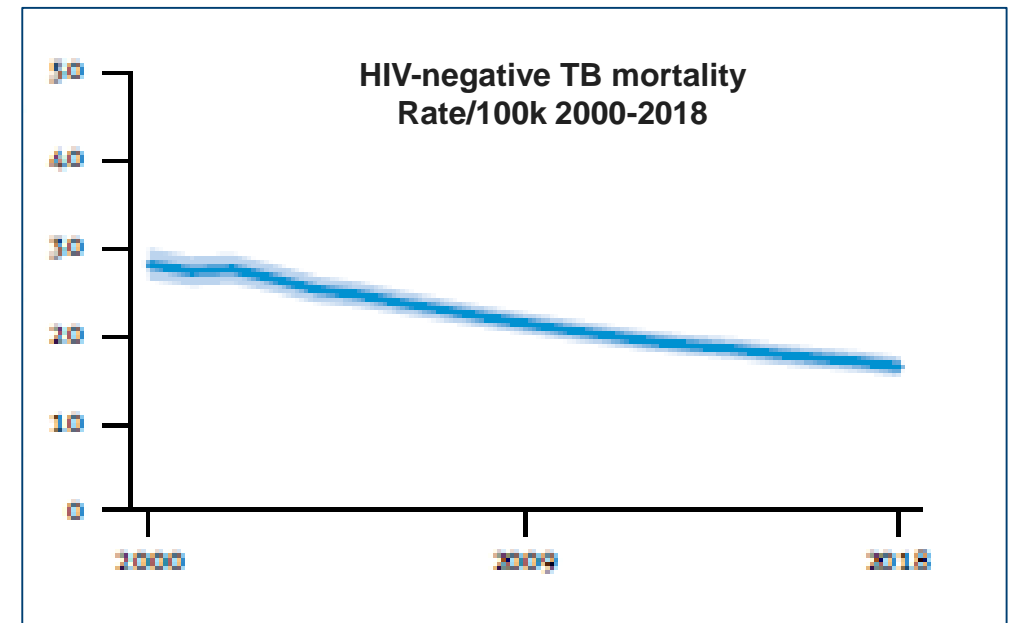
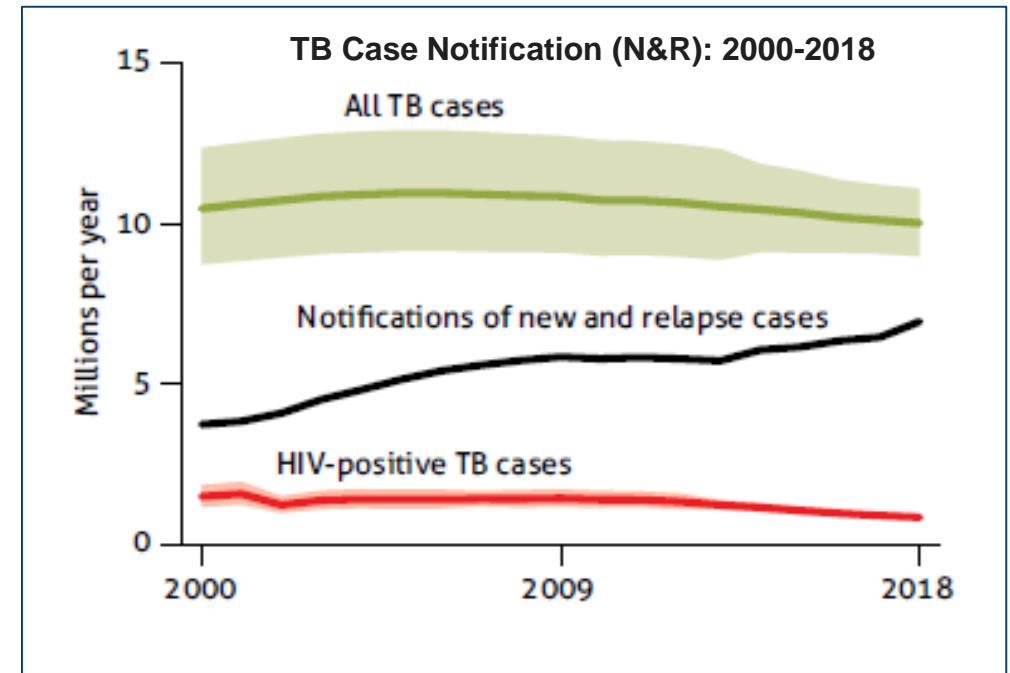
- In 2018, 1.5 million people died from TB including 251,000 deaths among people living with HIV
- 10 million fell ill with TB, 5.7 m men, 3.2 m women and 1.1 m children
- Globally, the average rate of decline in the TB incidence rate was 1.6% per year in the period 2000–2018, and 2.0% between 2017 and 2018. The cumulative reduction between 2015 and 2018 was only 6.3%, considerably short of the End TB Strategy milestone of a 20% reduction between 2015 and 2020. The global reduction in the total number of TB deaths between 2015 and 2018 was 11%, also less than one third of the way towards the End TB Strategy milestone of a 35% reduction by 2020.

## Main challenges:

- Finding missing people with TB including DSTB and DRTB
- TB Prevention

## Top priorities:

- Intensified TB case Finding
- Treatment with newer safer regimens
- TB Prevention





# Moving the needle on HIV, TB and malaria through innovative investments in RSSH

## Global trends:

- Underfinancing of health systems, especially in LICs compounded by inefficiencies in spending, results in poor quality of care and poor health outcomes
- Wide variety of health systems performance between countries, even with similar levels of spending (e.g ANC4)
- Mixed health systems, with large and increasing reliance on private sector in many countries

## Main challenges:

- Increasing and improving domestic financing
- Productively engaging with private sector
- Improving motivation, management and governance
- Using RSSH investments as a way to move the needle in the 3D

### Enable progress on 3 diseases

- Conditional cash transfers (CCTs) for improving adherence
- Performance-based financing and social contracting to deliver SMC

### Overcome health system constraints

- Strengthen integrated supportive supervision to improve health worker performance

### Leverage existing health system resources

- Increase the proportion of women receiving ANC who obtain IPTp-SP for prevention of malaria in pregnancy



## 1. Updated Modular Framework

- New modular framework with partners( WHO, UNAIDS)
- Programmatic gap tables
- Indicator guidance sheets (HIV, TB, Malaria, RSSH)
- Updated performance framework template
- Systematic Quality Assurance of Performance Frameworks

## 2. Work with CT for Systematic investments into HMIS and M&E systems

- Ensuring that Concept Note M&E budget include:
  - National program and data quality assurance audits and reviews
  - Strengthening HMIS/DHIS and analytical dashboards, including patient tracking
  - System interoperability between LMIS/HMIS and with Lab
  - Analytical capacity at sub-national level program reviews
  - Program reviews and evaluations

## 3. Revised approach to evaluations and thematic reviews

- National program reviews and epi impact analysis more systematically implemented - once per cycle
- Evaluations in ALL focused countries (90 evaluations, 56% done)
- Manage and coordinate thematic review across the GF Secretariat (Total 11, and 8 under process)

## 4. Improve data quality , availability and analytical capacity

- Technical Assistance pool (200 experts to support M&E strengthening and data use)
- Monitor and ensure data availability, data quality, and collaborate with Risk
- Agreement with National Universities to strengthen analytical capacity
- Systematizing data analyses and use at sub-national level
- Joint work with GAVI and UNICEF to produce simple dashboards at district level (focus on WCA)

## 5. Strengthen Community System framework reporting

- Development of community M&E framework with UNICEF
- Community Health Information Systems - DHIS module and dashboards

## 6. Develop opportunities to work with private sector to strengthen innovation and digital health

- Agreement with University of Oslo to support DHIS and support regional Health Information System Platforms (HISP)
- Agreement with Rockefeller Foundation for Community Health Information System
- Seeking further agreements in digital health with private sector

## 7. Programmatic approach and M&E framework at GF (work with PDT)

- Strengthen approach to measure programmatic performance
- Define Result Framework (with GPS)
- Adjust grant rating tool
- Direct reporting from DHIS to GOS

## 8. Strategic Initiative

- Development of a M&E framework for overall Strategic Initiative
- Management of current data SI (35mIn); and
- Development of next data SI (50mIn) - workplan and budget including close coordination with partners



# Feedback to LFAs from Global Fund technical teams

Importance of quality malaria case management through

- Verification of Implementation
- Targeted data quality reviews including HMIS and LMIS
- Targeted HFA to assist to identify health facilities for stratified approach

Importance of considering whether countries have a strategy for finding the missing people with TB and targeted interventions and innovative approaches and tools

Promote data use at all stages, including complimentary use of HMIS and HFA surveys (& spot-checks)

Be aware of updated policies and guidelines for TB, and transition to treatment with newer, safer regimens

Flag opportunities for integration between disease programs where feasible and makes sense.

Critical to accelerate coverage of effective malaria vector control and Preventive Interventions via

- Assessment of program implementation
- Spot checks for SMC and LLIN campaigns
- Review of supply chain and distribution
- Targeted data quality reviews

# The Global Fund Strategy 2017-2022

## Objectives

1  
Maximize Impact  
Against HIV, TB,  
and Malaria

2  
Build Resilient  
& Sustainable  
Systems for Health

3  
Promote & Protect  
Human Rights and  
Gender Equality

4  
Mobilize  
Increased  
Resources

## Targets



**14M**

Lives saved in the three-year period  
beginning in 2017



**194M**

New infections or cases of  
HIV, TB and malaria averted



**us\$35B**

Catalyzed in domestic  
finance for health



**us\$230B**

Driven in  
economic gains

# Challenges across the Global Fund portfolios

## HIV/AIDS

- Slight **overall underperformance**, especially ART (# and coverage)
- VMMC doing better but many large countries not reporting
- Countries contributing most to underperformance: Nigeria (PMTCT, IPT), South Africa (ART).
- South Africa not reporting in PF for VMMC and PMTCT so potential risk
- Best performing countries overall: Zimbabwe, Mozambique, Uganda

## Tuberculosis

- **Biggest challenge** right now in terms of performance if current persists, especially for MDR-TB (projected performance at 55% of 2022 target)
- However, could be fixed by focusing on very few countries as shares very disproportionate
- Very low performance for India, which is in highest shares of targets
- South Africa also a challenge for HIV/TB

## Malaria

- **Adequate performance** overall, but contrast between LLINs (low performance) and the rest (IRS, testing, IPTp3 – all with good performance)
- Countries contributing most to LLIN underperformance: Nigeria, DRC and India (data received since appear to indicate the opposite)
- India also potential challenge for IRS and testing as it is not reporting in PF

# 4 things we would like to change on RSSH with support from LFAs – **RISE** to the challenge



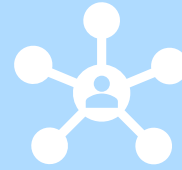
## **Results**

Move  
from  
“compliance”  
to performance



## **Innovation**

Promote  
innovative  
approaches



## **Systems Thinking**

e.g. private  
sector,  
integration,  
cross-cutting  
approaches



## **Equity**

Reach more  
poor people

# Some key achievements 2017-2019

## 1. Investment in Country data Systems and Analytical Capacity

- Analysis and Use of Facility Data DHIS [Curriculum and Toolkit](#), with reference implementations in DHIS2
- Standard Data use Dashboards for HIV, TB, and Malaria developed and roll-out in core & high impact countries
- LMIS/ HMIS system interoperability and key analysis
- Development and roll-out of **case-based reporting** system requirements and reference implementations (e.g. MDR TB Tracker, AGYW Tracker)
- 135 **TA M&E experts** deployed in 10 areas of M&E

## 2. Program monitoring

- **Grant monitoring:** performance framework
- Data related **KPI 6d:** HMIS deployment, disease integration into main HMIS platform and data quality
- **KPI6e:** data disaggregation
- Starting to **monitor data accuracy**
- Framework for monitoring **program quality**
- **Risk framework** for data and program quality

## 3. Systematic Data Analysis and Synthesis

- Strengthen **SOWs for program reviews** (still need to include RSSH)
- Recommendations on **key analyses** to be done at national and subnational level
- Increasing CT involvement in program reviews
- **Institutionalizing analytical capacity:** 2 “regional hubs” working with 11 national Universities in Sub-Saharan Africa: strengthen key analytics for 3 diseases. Include implementation of standard district dashboards in WCA

## 4. Evaluations

- Evaluations in **Focused Countries:** systematic, rigorous, simple (92 evaluations until 2020 – 21 planned for 2019, 35 planned for 2020(0 (23 in progress, 13 completed)
- **Thematic reviews:** 11 planned, 3 RFP launched, 5 soon to go. Joint work with Country teams
- Joint planning work with UNAIDS, PMI, GAVI