The Global Fund

Guidance Note

Essential Set of Data System Investments

15 June 2017

I. Purpose

This guidance note is aimed to facilitate discussions between applicant countries and the Global Fund Public Health and M&E specialists who are involved in reviewing funding applications and negotiating grants and supporting grant implementation. The purpose of this note is to direct the focus of country dialogue towards essential M&E activities required for successful program planning, management and quality improvement. It also seeks to ensure that sufficient funding is available to support these activities from Global Fund and/or government or other partner resources. It does not prevent countries from investing in other data elements essential to a particular country context and where gaps exist.

II. Context

National health sector and disease programs require data for program planning, program management and assessment of progress. Various data collection systems and data sources are required to ensure data availability for routine monitoring and assessing impact of disease control efforts. In addition to investments in data sources and collection methods, countries should also focus on the capacity to disaggregate, analyze and use data for program quality improvement and impact.

III. Prioritizing investments in data systems

In order to ensure best use of limited resources, it is essential to identify a set of prioritized areas and activities to be supported by the Global Fund. The purpose of this guidance is to emphasize areas that require special attention and should be budgeted for in the Global Fund grants **if not already supported by other resources.**

What

Table 1 summarizes some key M&E activities/interventions and indicative investment amounts. The Global Fund Country Teams (esp. PHME Specialists) should proactively discuss these specific elements with the countries and identify the areas that could benefit from Global Fund support. These interventions should be supported through Global Fund grants taking into account the availability of domestic and other resources. For details, refer to annexes A, B, C, D and E. The full range of M&E activities that can be supported by the grants are described in the Modular Framework handbook[1] as well as in the Information Note on Resilient and Sustainable Systems for Health through Global Fund Investments[1].

[1] Available at: http://www.theglobalfund.org/en/applying/funding/resources/

When

Funding request stage: Applicants to the Global Fund should be encouraged to proactively include investments to scale up capacities, establish sustainable systems for data generation, analysis, and use at country and sub-national levels in their funding requests. If sufficient resources are available from domestic or other sources, this should be described in the funding applications.

Grant making: At this stage, the Country Teams & country applicants/PRs should ensure that adequate funds are allocated in grant M&E budgets to support the priority activities.

Grant Implementation: Once the grant is in the implementation phase, grant revisions[2] are possible. PHME/CTs or PRs/CCMs could propose reprogramming of grant funds in order to fund and/or cover any additional costs related to the priority activities, where needed. These could benefit from any savings in grant or any additional funds that become available, for example, through portfolio optimization exercise.

How

The prioritization should be done through an iterative process between the applicants/Principal Recipients and the Global Fund Country Teams. It will ensure that required data is available at the right time to inform and drive continuous improvements in the design and implementation of programs and evaluation of the results. The country dialogue at the time of preparation of the funding request should continue during grant making and implementation phase to mobilize necessary resources for generating data for decision-making.

IV. Annexes:

A. Costing tool for maintaining and strengthening DHIS2 (University of Oslo)- https://www.theglobalfund.org/en/monitoring-evaluation/strengthening/
B. Information Note on Global Fund investments in mortality data systems, analysis and use- https://www.theglobalfund.org/en/monitoring-evaluation/strengthening/
C. M&E investment plan for key populations- https://www.theglobalfund.org/en/monitoring-evaluation/strengthening/
D. Operational Policy Note on Program and Data Quality- Operational policy manual

[2] Refer to the OPN on grant revisions for details. https://www.theglobalfund.org/en/policies-guidelines-templates/operational-policies/

Table 1: Key areas and indicative amounts for data system investments within GF Grants, USD

Component	Key areas of investment	High Impact	Core	Focused	Remarks
HIV	HIV service cascade analysis	~100K	~100K		Could be higher– depends on portfolio size
	Case-based surveillance and patient monitoring	~200-300K	~200K		Up to 400K in bigger portfolios
	ART Cohort analysis	~30-50K	~30K		Annually
	Sentinel surveillance, IBBS, Key pop size estimation	~400K	~300-350K	~100-200K	Once every 3-5 years
	Key pops – service coverage monitoring	~200K	~200K	~200K	Once every 3-5 years
	Drug resistance surveillance	~250			Should be budgeted under treatment, care and support module. Once per grant cycle.
TB	*TB prevalence survey (as needed)*	*~3.5M*	*~2.5M*		Depends on country need, every 7-10 yrs.
	Drug Resistance Survey	300K	~200K	~50-100k	Every 3-5 years
	Inventory studies (in countries with big private sector)	~250 K			Once every 3-5 years
Malaria	Surveillance system assessment & strengthening	~250K	~200K	~200K	Focused countries in elimination phase might require higher budget
	Malaria indicator survey (as needed)	*~1M*	*~1M*		In high-burden countries, every 3-5 years
	Insecticide resistance monitoring	~200K	~150K		Should be budged under vector control module, every year
	Therapeutic efficacy surveillance (TES)	~150K	~120K		Should be budged under case management module, every 2 years
Cross-cutting	HMIS (including hospital HMIS module and laboratory information system)	~2% of grant budget	~2% of grant budget		Also includes costs of electronic reporting platforms, infrastructure, connectivity, data validation & use
	DHIS2*	~1-2M	~1-2M		In countries that use DHIS as a platform
	Hospital mortality reporting & analysis; community reporting(as needed)*	*~500K- 1M*	*~250-500K*		Amount depends on the stage of CRVS implementation and country size
	Program and Data Quality Reviews & Assessments	~500K	~250-350K		Mandatory budgeting, once in a grant cycle
	Analytical capacity – (epi profiling, sub-national analysis of the three diseases and health systems)	~1M	~600K		To strengthen district, regional and national analytical skills and production of periodic analytical outputs.
	Data use for program quality improvement, better resource allocation & improved program management	~400K			Local capacity development (workshops, training, on-site support) on key analytical outputs and data use for action
	Data use – systematic in-country reviews & dialogue	~200K	~200K	~25-50K	In-country partners & GF joint forums to review success and implementation challenges, and draw actions
	Technical assistance	~400K	~300K		Mandatory: analytical support across the three diseases; DHIS2((HISP) support, etc.
Evaluations and reviews	Evaluation & reviews - including epi & impact analysis (integrated or disease specific)	~750K	~600K	Depends on budget size	Mandatory budgeting: once in a grant cycle Must be budgeted in each disease grant
	Evaluation – Multi-country grants	~150-250K	~150-250K	~150-250K	Depends on the scope & coverage of grants
	Indicative Total	**~13M**	**~8.5M**	**~750K**	

* See DHIS2 & CRVS info notes for details; Red highlighted text: Mandatory budgeting either in Global Fund grant(s) or with other resources