Resilient and Sustainable Systems for Health

(RSSH)

RISE to the Challenge

LFA TRAINING 2019/2020

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

*Emmanuel Macron, President of France*

RSSH is one of four strategic objectives

**Vision**
A world free of the burden of HIV, TB and malaria with better health for all.

**Mission**
To attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria and to support the attainment of the SDGs.

**Strategic Enablers:**
- Innovate and differentiate along the development continuum
- Support mutually accountable partnerships

1. **Maximize Impact Against HIV, TB and Malaria**

2. **Build Resilient and Sustainable Systems for Health**

3. **Protect and Promote Human Rights and Gender Equality**

4. **Mobilize Increased Resources**
<table>
<thead>
<tr>
<th></th>
<th>What are the <strong>objectives of RSSH investments?</strong></th>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td><strong>A. Improve the availability of drugs, equipment, human resources, data, labs, and funding</strong></td>
</tr>
<tr>
<td>B.</td>
<td><strong>B. Improve the government’s ability to sustainably deliver high quality HIV, TB, and malaria services</strong></td>
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<tr>
<td>C.</td>
<td><strong>C. Improve the coverage and quality of HIV, TB, and malaria services at an affordable cost</strong></td>
</tr>
<tr>
<td>D.</td>
<td><strong>D. Efficiently improve the coverage and quality of HIV, TB, malaria, and Primary Health Care services.</strong></td>
</tr>
<tr>
<td>A. Improve the availability of drugs, equipment, human resources, data, labs, and funding</td>
<td></td>
</tr>
<tr>
<td>No, we want to achieve results for people, e.g. find TB cases</td>
<td></td>
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<tr>
<td>B. Improve the government’s ability to sustainably deliver high quality HIV, TB, and malaria services</td>
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<tr>
<td>We are also interested in the private sector and increased coverage</td>
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<tr>
<td>C. Improve the coverage and quality of HIV, TB, and malaria services at an affordable cost</td>
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<tr>
<td>We also want to strengthen PHC services more broadly</td>
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<tr>
<td>D. <strong>Efficiently improve the coverage and quality of HIV, TB, malaria, and Primary Health Care services.</strong></td>
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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?**

<table>
<thead>
<tr>
<th>A. 3 times higher</th>
<th>B. twice as high</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. 7 times higher</td>
<td>D. 5 times higher</td>
</tr>
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</table>
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.

<table>
<thead>
<tr>
<th>Low income (L) Wealth quintile</th>
<th>Lowest</th>
<th>Middle</th>
<th>Highest</th>
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<tbody>
<tr>
<td>49.3</td>
<td></td>
<td>33.8</td>
<td>5.9</td>
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<table>
<thead>
<tr>
<th>Lower middle income (LM) Wealth quintile</th>
<th>Lowest</th>
<th>Middle</th>
<th>Highest</th>
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</thead>
<tbody>
<tr>
<td>36.6</td>
<td></td>
<td>25.8</td>
<td>6.0</td>
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</table>

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?
RISE

Results

Innovation

Systems thinking

Equity
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
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?

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<tbody>
<tr>
<td></td>
<td>a) 150 Million US$</td>
<td>b) 800 Million US$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) 500 Million US$</td>
<td>d) 50 Million US$</td>
<td></td>
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</table>
**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.

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>a)</td>
<td>55-65%</td>
</tr>
<tr>
<td>b)</td>
<td>10-20%</td>
</tr>
<tr>
<td>c)</td>
<td>25-35%</td>
</tr>
<tr>
<td>d)</td>
<td>40-50%</td>
</tr>
<tr>
<td>e)</td>
<td>none of the above</td>
</tr>
</tbody>
</table>
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

- Public sector: 2%
- Medical Private Sector: 17%
- Other Private Sector: 81%

Poorest income quintile

- Public sector: 6%
- Medical Private Sector: 19%
- Other Private Sector: 75%

Source: Pakistan Demographic and Health Survey (2017-18 PDHS)
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

Title: Move from "compliance" to performance
Agenda outline

03 Additional information
Revised application material and guidance

- 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
- 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