Global Fund investment in CRVS

Achievements and prospects

April 2018

The Global Fund

Why invest in mortality systems?

Focus on maximizing impact

- We need reliable data to **track impact of investments** in disease control

- More than a decade of intensified investments in HIV, TB and malaria, programs are likely having a remarkable impact on mortality among children and adults. This needs to be systematically captured.

A key indicator of program impact and service quality

- ✓ A major **outcome measure** of health and disease control program efforts
  - A decline in population-level mortality, in the absence of a strong alternative explanation, serves as a compelling evidence of impact of programmatic efforts.

- ✓ An ultimate measure of **lives saved**, when carefully analyzed

- ✓ An important measure of the **quality of programs**
  - a declining death in a treatment cohort (e.g., patients on ART, TB and malaria treatments) shows an improvement in the quality of care

Global Fund investments in CRVS: Where do we stand?

Global Fund Board approved guidance

GF/SIIC05/05

"…recommends grants to allocate 5-10% to M&E, including 7% to strengthen national data systems of reporting, surveys and program reviews. The guideline allocations are 2% for analytical capacity and reviews; 2% for strengthening HMIS; 2% for population-based surveys; and **1% for birth and death statistics (vital registration),** respectively, which can be adjusted by country setting. These figures and categories are *indicative ranges* that may serve as guidance for the Secretariat in the management of grant investments to strengthen M&E systems."
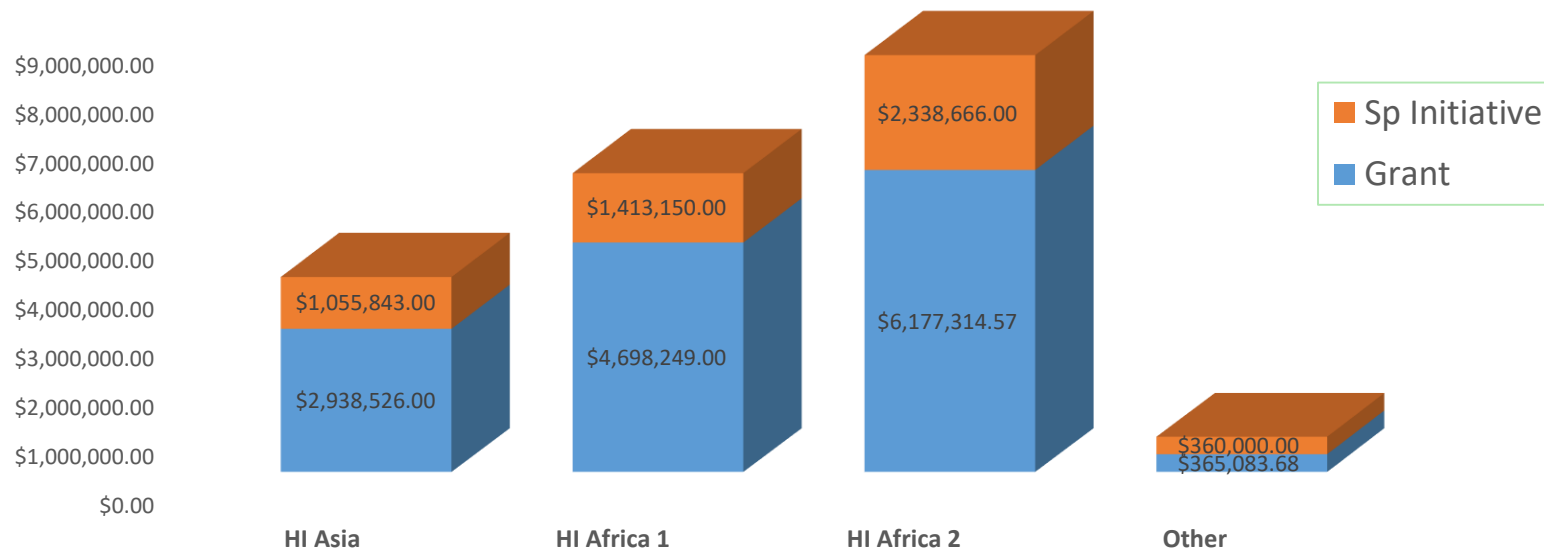
DP GF/B31/DP06

Special initiative on mortality data generation and analysis
Joint efforts in 17 countries
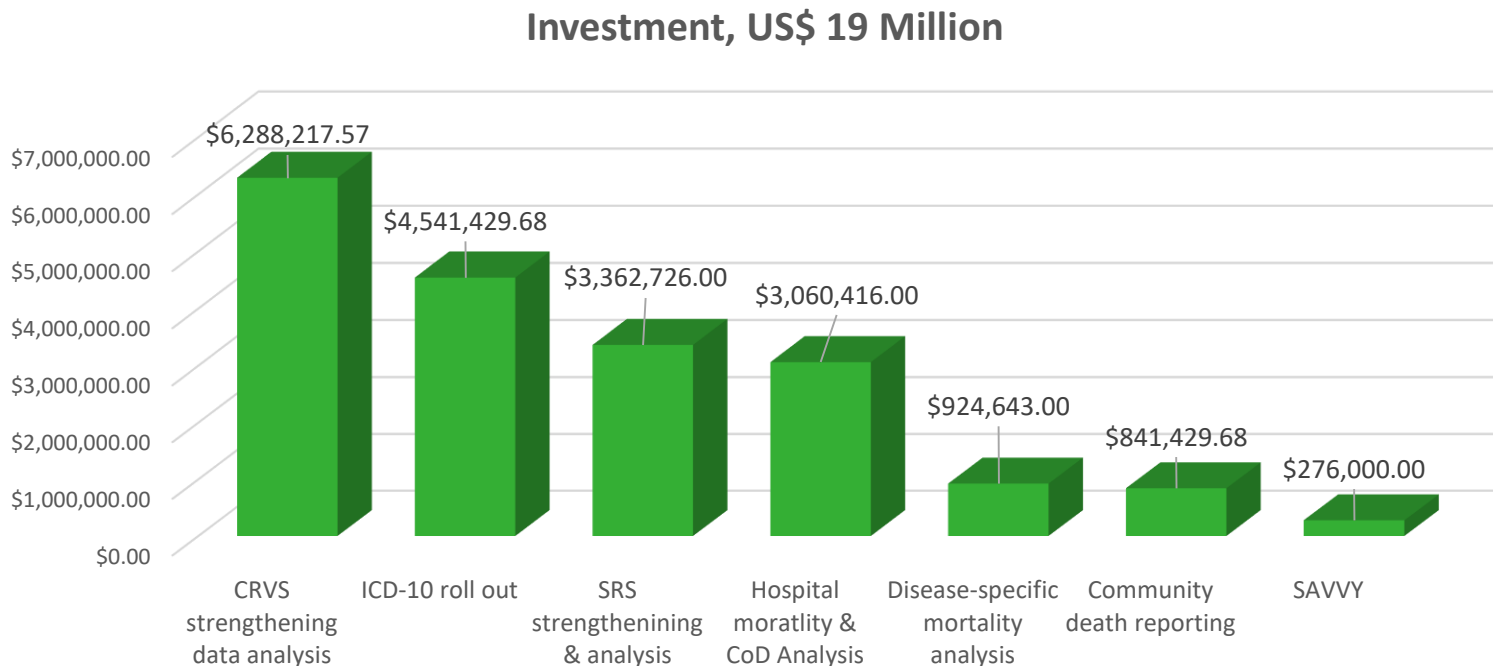
TERG Recommendation 2017

- Mortality is a key measurable indicator in Sustainable Development Goals (SDG) used as measurement for 5 goals, and Global Fund contribution to this measurement will be highly relevant.

- In addition, investments in data systems will produce more robust data on COD, which will contribute to strengthen health systems.

- Therefore, the TERG, recommends the Global Fund to continue to assist the **roll out of DHIS2-COD** for health facility death, especially in priority countries, with proper training of staff in coding.

- Further, the TERG encourages the Global Fund to support countries that are willing to introduce sample community Verbal Autopsy in their CRVS systems as a likely cost-effective method to improve estimation of causes of deaths that occur outside of health facilities. At a minimum, the number of deaths by sex and age categories should be collected and fed into CRVS.

Progress to date: investments during 2014-2017

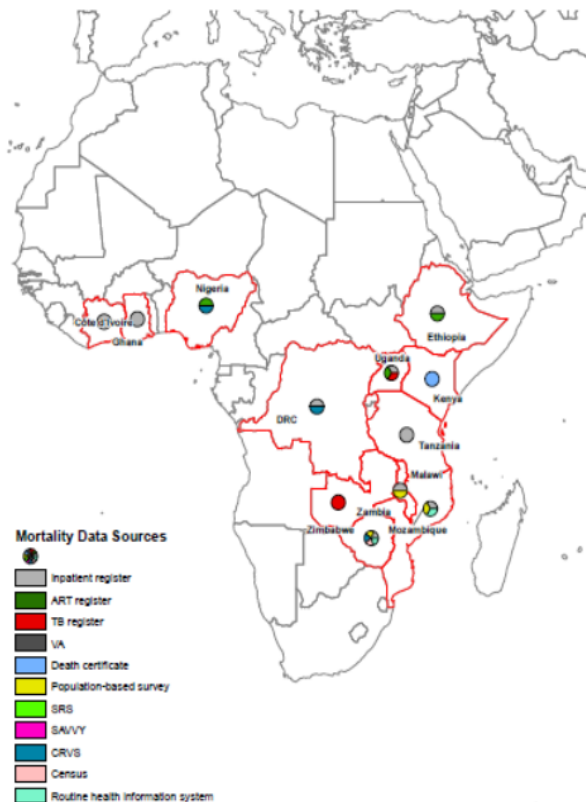**$ 14.2 Million in Grants**
5.2 Million in Special Initiatives

Chart data:

Category	Grant	Sp Initiative
HI Asia	$2,938,526.00	$1,055,843.00
HI Africa 1	$4,698,249.00	$1,413,150.00
HI Africa 2	$6,177,314.57	$2,338,666.00
Other	$365,083.68	$360,000.00

Progress to date: investments in the current grant cycle

Investment, US$ 19 Million

- CRVS strengthening data analysis: $6,288,217.57
- ICD-10 roll out: $4,541,429.68
- SRS strengthenining & analysis: $3,362,726.00
- Hospital moratlity & CoD Analysis: $3,060,416.00
- Disease-specific mortality analysis: $924,643.00
- Community death reporting: $841,429.68
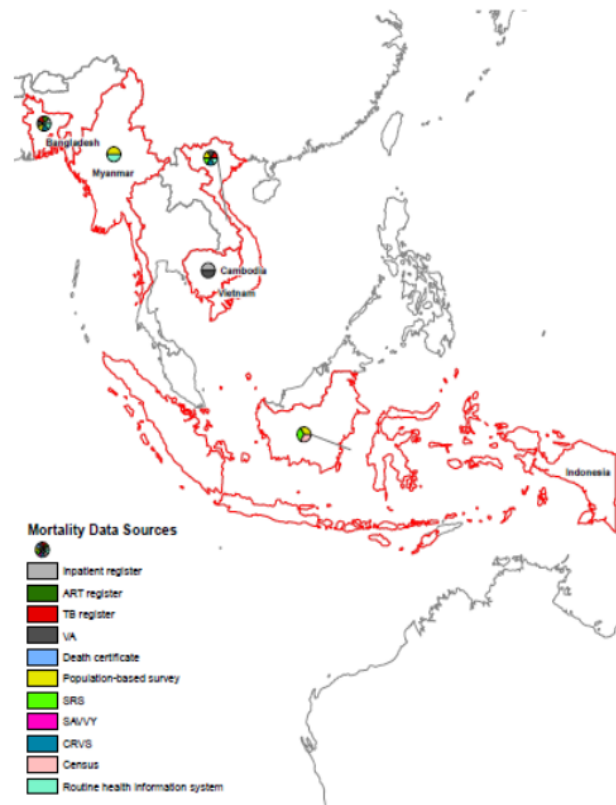- SAVVY: $276,000.00

Mortality data sources in country funding applications
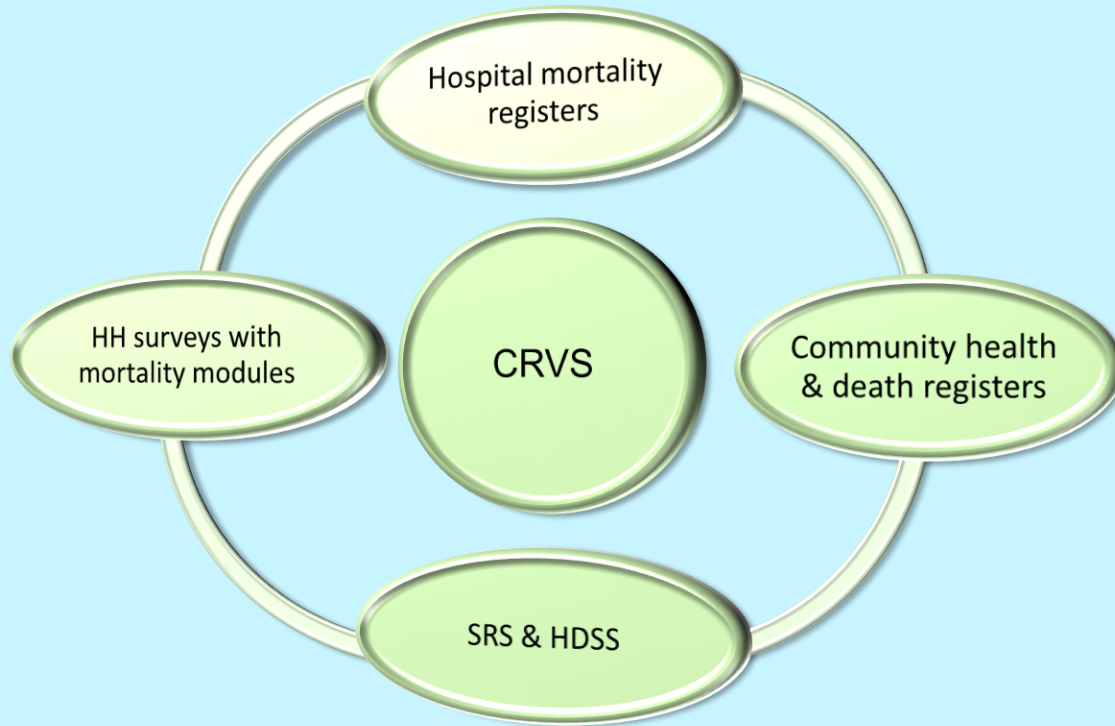

Mortality Analysis Data Sources in Country Proposals

Mortality Analysis Data Sources in Country Proposals

Mortality Data Sources
- Inpatient register
- ART register
- TB register
- VA
- Death certificate
- Population-based survey
- SRS
- SAVVY
- CRVS
- Census
- Routine health information system

Progress to date: mortality data mapping and analysis

Mortality analysis in 17 priority countries

Country	Focus	Status
Bangladesh	TB Mortality – multiple sources	Final report received
India	Hospital mortality data	Final report received
Indonesia	SRS data analysis	Final report received
Myanmar	Hospital mortality data	Analysis underway
Vietnam	TB Mortality – multiple sources	Final report received
Cote d'Ivoire	Hospital mortality data	Analysis completed
DRC	Hospital mortality data	Final report received
Ghana	Hospital mortality data	Analysis completed
Sudan	Hospital mortality data; Mortality in HIV care cohort	Final report received
Ethiopia	Hospital mortality data; ART cohort analysis; HDSS mortality data	Final report received
Kenya	Hospital mortality data; ART cohort analysis; HDSS mortality data	Draft Report received
Mozambique	Mortality data – multiple collections	Status update pending
Tanzania	Hospital mortality data	Final report received
Uganda	Mortality data – multiple sources	Analysis underway
Zambia	Mortality in TB treatment cohort	Analysis completed
Zimbabwe	Mortality data – multiple sources	Final report received
Malawi	Hospital mortality data	Status update pending

Country success story

Ghana: Health Ministry launches system for tracking death statistics

Wednesday 12th April , 2017 3:14 pm

Mr Kwaku Agyeman Manu, the Minister of Health has launched an improved facilitating technology known as the District Health Information Management System (DHIMS2) Dashboard, for programme tracking and improving cause of death statistics.
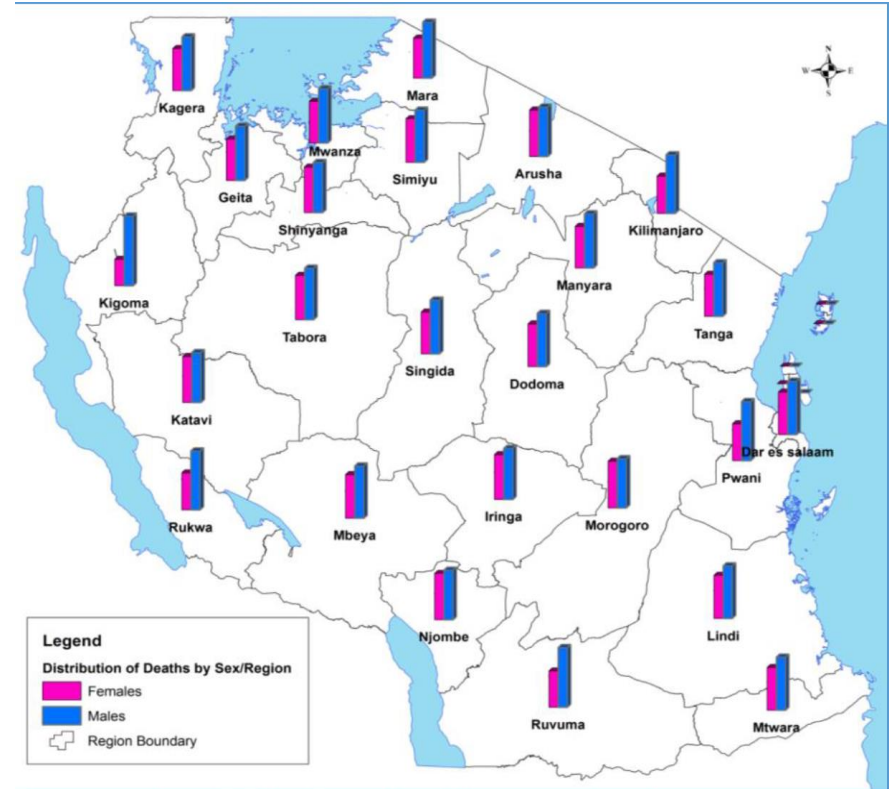
The DHIMS, which was first deployed by the Ghana Health Service (GHS) in 2012, had been used for the collection and analysing of routine health service data, and operated in all the 216 districts. It is currently available to all health facilities and service delivery points.

Over 10,000 users from government, quasi-government, private and faith-based facilities currently submit their service reports each month through the DHIMS 2 Dashboard.

Country success story

Tanzania:

- Adopted the WHO 2016 medical certificate of cause of death (MCCD);

- Conducted training of doctors in all district and regional hospitals. Would continue with the training of the ICD-10 coders.

- Completed comprehensive analysis of hospital mortality and causes of death for 235,000 deaths over 10-year period

Age distribution of death by sex and region

Country success story

Bangladesh:

- Adopted the WHO 2016 medical certificate of cause of death (MCCD);

- Planning to integrated standard mortality list (SMoL) in DHIS.

- Completed two successive analyses on TB mortality:

  ➢ Triangulation of secondary data from multiple existing sources ; &

  ➢ Community-based cross sectional study with VA

Building mortality data systems: Global Fund approach

Focus on building systems for generating and reporting ICD-coded mortality information as part of routine health information, including Hospital COD Module in DHIS2.

Support mortality trend analysis, in the context of building country analytical capacity, for analysis and use of data to track progress and impact.

Support country CRVS strengthening efforts in the context of investing in Resilient and Sustainable Systems for Health

Support community reporting, including mobile CRVS-VA module into DHIS, as appropriate

The way forward

The main focus in the current allocation cycle (2017-2020) is on:

a) supporting the 17 countries who undertook mortality analysis to finalize the ongoing work and draw key lessons for future scale-up;

b) supporting ICD-10 roll out as well as integration of mortality reporting into DHIS 2 in selected countries;

c) increasing grant resources and technical support for mortality system design, and

d) providing guidance and support to country applicants on the key areas for investment in mortality data systems;

https://www.theglobalfund.org/media/6503/me_investmentsinmortalitydatasystemsanalysisuse_infonote_en.pdf?u=636602523160000000

The way forward: Where GF support could fit best

Item	Support?
1. Analysis and use of mortality data from surveys, surveillance, routine reports and vital registers	Yes
2. Integration of mortality reporting into HMIS/DHIS 2	Yes
3. Reporting and analysis of mortality data from community vital registers	Yes
4. Assessment of the health sector components of CRVS system	Yes
5. Assessment of death registration and reporting coverage in CRVS	Yes
6. Partnerships and TA facilitation for mortality analyses	Yes
7. Training pool of TA providers	Yes
8. ICD-10 implementation & cause of death reporting in clinical settings	Yes
9. Sample registration systems (SRS) and SAVVY	Partly
10. Establishment of vital registers in health facilities	Partly
11. Establishment of vital registers at community level	Maybe
12. Establishing national CRVS systems	No

Thank you!