Global Fund investment in CRVS

Achievements and prospects

April 2018
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

HI Asia
- $1,055,843.00
- $2,938,526.00

HI Africa 1
- $1,413,150.00
- $4,698,249.00

HI Africa 2
- $2,338,666.00
- $6,177,314.57

Other
- $360,000.00
- $365,083.68
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 strengthening & analysis: $3,362,726.00
- Hospital mortality & CoD Analysis: $3,060,416.00
- Disease-specific mortality analysis: $924,643.00
- Community death reporting: $841,429.68
- SAVVY: $276,000.00

Total investment: US$ 19 Million
Mortality data sources in country funding applications
Progress to date: mortality data mapping and analysis
## Mortality analysis in 17 priority countries

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

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