

Measuring Progress: Performance based funding

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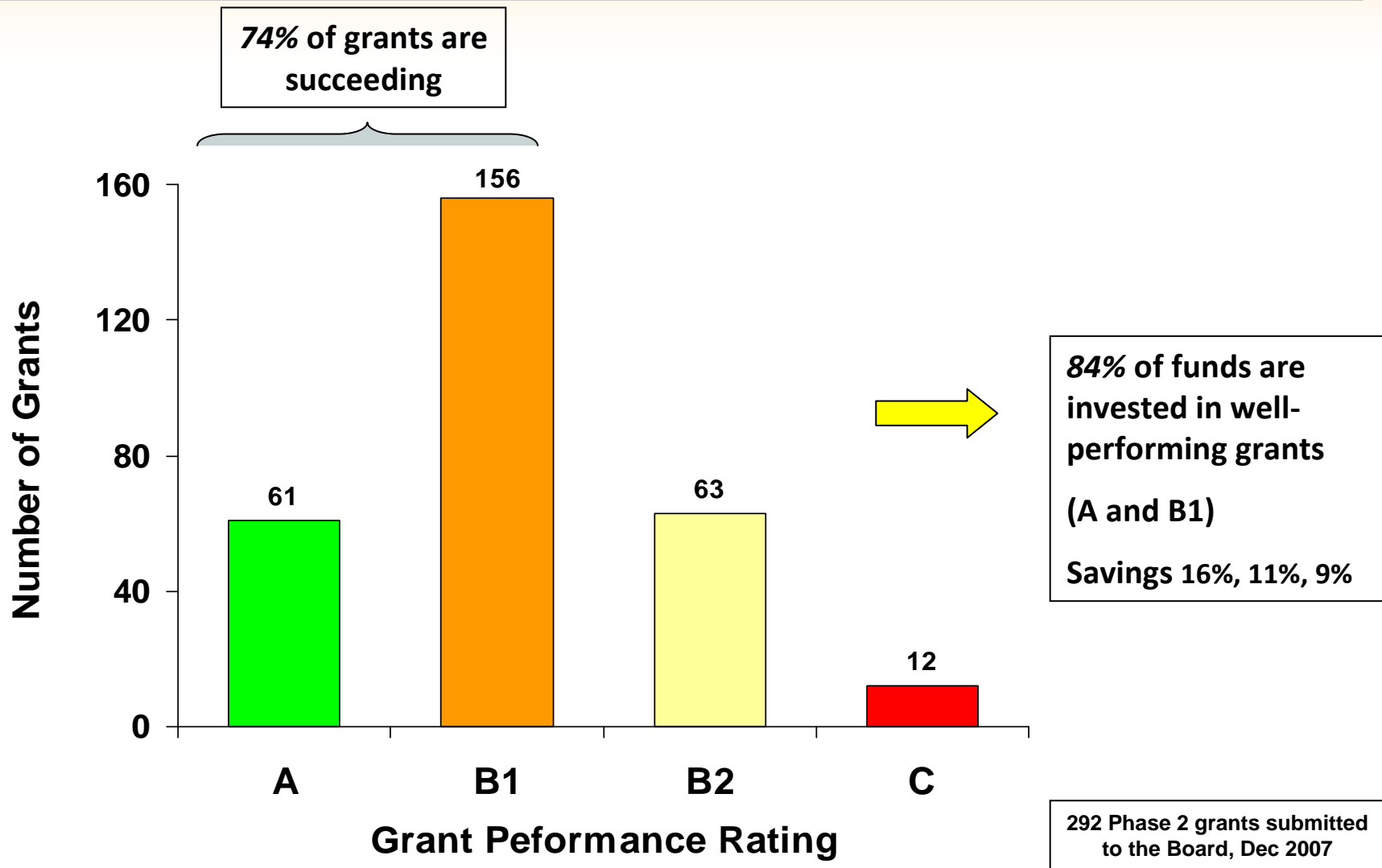
1. Results for 2007: rapid growth in ITNs

Intervention	Results End-2007	% increase over year
HIV: People on ARV treatment	1,400,000	88%
TB: People treated under DOTS	3,300,000	65%
Malaria: Insecticide-treated nets distributed	46,000,000	155%

Challenge of impact: 30-45% of international targets

Increasing to 60-80% for ITNs by 2010

Country owned results – managing by performance



1a. Global Fund model for malaria with partners

- **Comparative advantages**

- Supporting **country owned programs with partners**

- Leading with prevention, scaling up treatment

- **Flexible financing** of services and systems

- Multi-country Southern Africa: diagnosis, procurement, staff

- **Performance based funding for impact**

- Ethiopia grant: achieving scale with partners

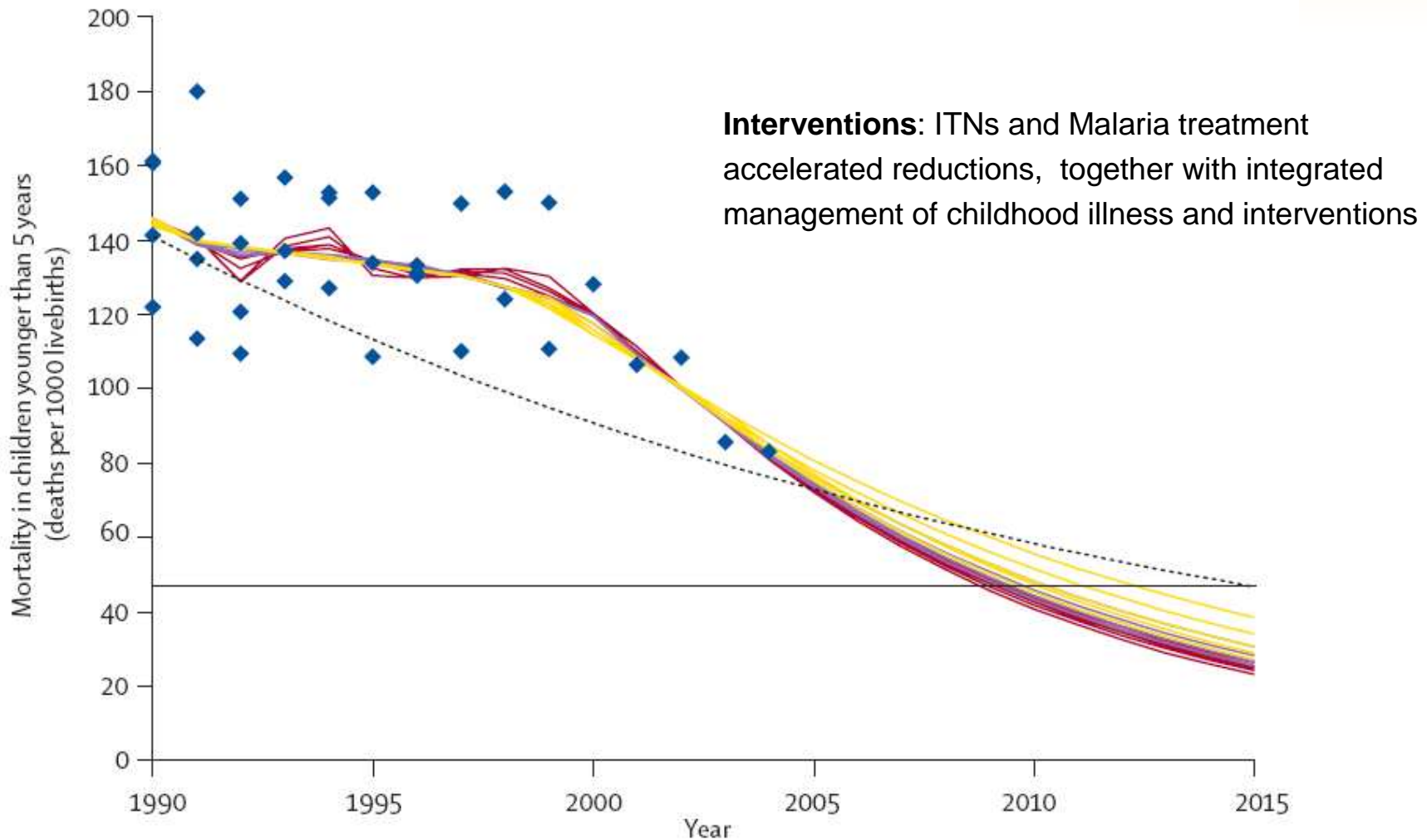
Increasing evidence of impact on malaria: from pilot studies to national impact

Country	Evidence	Interventions
Rwanda	64% decline in child malaria cases 66% decline in child malaria deaths (Facility data, 2005-2007)	2.4 million ITNs distributed National ACT roll-out
Zanzibar	50% decline under 5 mortality in some districts 86% decline in malaria cases in Zanzibar	National ACT roll-out Universal coverage ITNs/Spraying
Burundi	45% decline in malaria incidence (2000-2005)	National ACT roll-out (first countries) 1 million ITNs distributed
Eritrea	71% decline in malaria deaths (2000-2006) 91% decline in out-patient malaria cases (2000-2006)	ITN coverage increased to 60% Introduced ACT treatment in 2007
Kenya	61% decline in malaria in children (coastal districts, 1999-2006)	ITNs (mass distribution) and ACTs
Mozambique, Swaziland, South Africa	87-96% reduction in malaria incidence 82-87% reduction in malaria mortality 53-94% reduction in malaria parasite prevalence	-5 million people protected by IRS -Universal coverage with effective drugs
Ethiopia	54% declines in malaria cases and 48% in malaria deaths. Evaluation of data underway by WHO, also in Zambia	9.4m ITNs (20m in total), ACTs

Lower burden countries – considering eradication

Accelerating achievements of MDG6 and MDG4

Tanzania accelerating reduction of child mortality



Masanja et al, 2008

1b. Strengthening health systems

How Global Fund Programs support health systems

1. Disease specific funding: 35% of grants

- 23% Human Resources
- 9% Infrastructure
- 3% Monitoring and Evaluation

2. Cross-cutting actions beyond a single disease

- US\$ 363 million approved in 2007 (13%)

3. Performance management to achieve results

- Identifying bottlenecks during implementation, focusing on results

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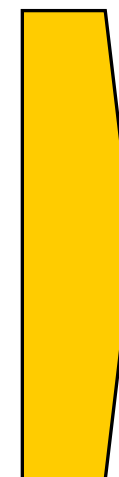
Three ones for the three diseases

- Partner tools on country data quality
 - M&E Systems Strengthening Tool (5-10% invested with partners)
 - Data Quality Audits with on-site verifications
- Investing in M&E systems (Manage the Epidemic)
 - Complete survey schedule (5 years and 2-3 years)
 - DHS and MICS
 - Surveillance: people reached by services
 - Mortality systems
 - Country analytical capacity

Capacity – People Reached by Services - Impact

Performance learning: link finance, results, incentives and learning

Performance	Country	Adjustment
A	Niger Malaria	Use International Red Crescent to Accelerate ITN delivery
B1	Malawi HIV	HIV treatment – human resources bottleneck, invested US\$ 40 million
B2	Ethiopia Malaria	B2 rated, identified bottleneck, now A rated
C	Senegal, Nigeria	Reformed CCM, rebuilt M&E system, signed new grants



1. Accelerate
2. Systems Strengthening
3. Revision where required

Conclusions

- **Partners in impact**

- Strong common goals: services and outcomes
- Performance management of investments
- Transparent
 - Successes and progress
 - Challenges

- **Country systems: joint investments**

- Management as well as monitoring