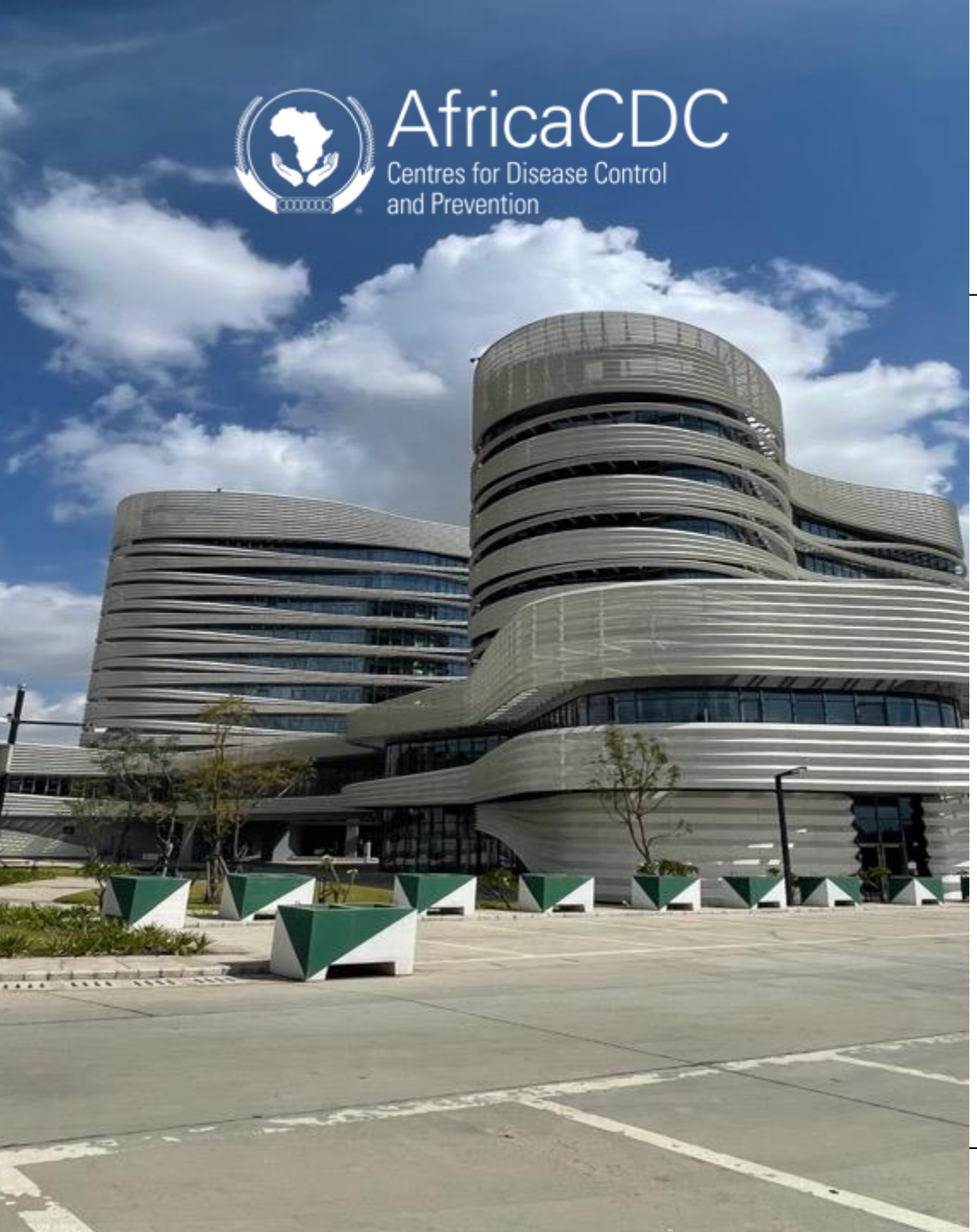
SRS Resource Mobilization

April 22, 2025

Agenda

- Intro (Sam)
- Africa CDC's overview of resource mobilization- 15 min (Emily or Joy)
- Mozambique's experience with Global Fund- 10 min (Ivalda)
- Zambia's experience with multiple co-funders- 10 min (Stephen)
- Vital Strategies' experience with Global Fund and CRVS- 10 min (Philip)
- Intro to Funder Landscaping Tool- 10 min (Daniel)
- Closing (Sam)



Africa's Health Financing in a New ERA

Atuheire Emily

Mortality Surveillance Program Lead

SRS Monthly Webinar - April 20, 2025

Historical & Emerging challenges

- **Decline in ODA:** Africa faces a health financing crisis due to a 70% decline in Official Development Assistance (ODA) (2021–2025).
- Africa risks losing the health gains made over the past decades & failure to meet the SDG 3 by 2030.
- **Spiraling debt** (USD 81 billion by 2025) limits fiscal space for health investments.
- **Insufficient Domestic Investment:** Over 30 African countries allocate less than 10% of national budgets to health. Only 3 countries meet the Abuja Declaration target of 15% health budget allocation.
- **Surging Public health emergencies**: recurring outbreaks, alongside effects of climate change and humanitarian crises overwhelming the fragile and underfunded health systems
- **Digital transformation:** Less than 30% of systems are digitized, undermining disease surveillance and early warning; multiple & duplicative solutions with limited interoperability

Africa CDC's Strategy for Health Financing in a New Era

- **Pillar 1: Domestic Financing**
  - Develop costed national health plans aligned with SDGs – embed SRS costed plans in national budgets, engaging ministries of finance & parliaments
  - Achieve Abuja target of 15% health budget allocation
  - Align donor support with national priorities (Lusaka Agenda).
- **Pillar 2: Innovative Financing**
  - E.g. Expanding community health insurance to reduce out-of-pocket expenses
- **Pillar 3: Blended Financing**
  - • Public Private partnerships for health
  - • Leveraging digital infrastructure investments

April 2025

Africa CDC's Resource Mobilization Training – Overview

Experiences from RM training for mortality surveillance: 2019, 2022

- **Aim: Capacity building**
  - Increase the capacity of Member States to develop robust proposals for national Mortality Surveillance programs
  - Grow and strengthen the donor networks of the Member States and Africa CDC Mortality Surveillance program
- **Online training:**
  - A package of training materials and fundraising resources was developed and shared in four AU languages (English, French, Arabic, Portuguese).
  - A 6-module online training program is delivered, each session lasting 3 hours
  - Feedback is gathered from participants to identify areas for additional tailored workshops
  - 1:1 support through a dedicated 'helpline' is provided to participants, linking into dedicated fundraising expertise and technical support from Africa CDC as needed

Resource Mobilization Training- Overview

Course Outline – Planning, development & submission of proposals

General Training Resources
Introduction to Resource Mobilization
Donor Identification and Engagement
Planning Your Proposal
Developing Your Proposal
Proposal Submission and M&E
Proposal Submission & Steps forward

Participation & Mode of delivery

- Participation is by official nomination
- Hybrid - combines both virtual & in person sessions
- 6 sessions in total spread across 6 weeks
- Tailored support for each country team

Success stories

- Trained a total of 25 countries on grant proposal writing and resource mobilization for mortality surveillance between 2019-2022
- Over 4 countries received new funding – Zambia, Uganda, South Africa & Namibia (D4H)
- Successful case studies in Mozambique, and Sierra Leone offered early lessons for advocacy
- Enhanced collaborations between funders & Member States
- Increased awareness and demand for mortality data availability

Resource Mobilization Training held in Nairobi 7-8 March 2022

Recommendations for Mortality Surveillance /SRS Planning

- **Advocacy** is important for government ownership & leadership
  - Identify champions at all levels - engaging ministries of finance & parliaments
- **Early Stakeholder engagement** is key for successful cross-sectoral collaboration
- **Aligning SRS plans with national priorities** is essential for sustainability
  - embed SRS within existing structures & systems + Plan for scaling up
  - Integrate SRS costed plans in national budgets from the start
- Building a **data-use** culture to ensure long-term impact and resilience, institutional capacity building

Acknowledgments

- BMGF – Funded the programme activities
- D4H Partners – CDCF, Vital Strategies
- AFENET
- CCS Fundraising
- AU Member States

THANK YOU

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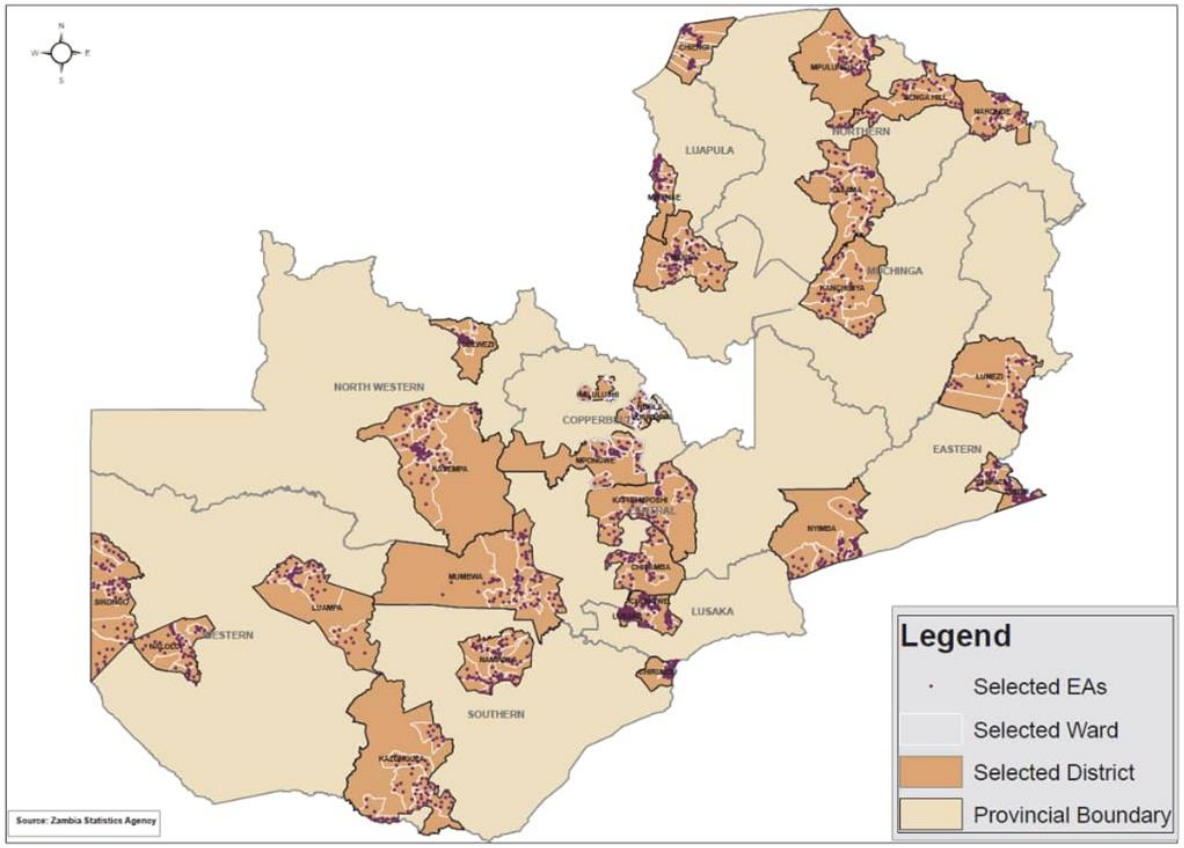
Mozambique’s Experience with the Global Fund

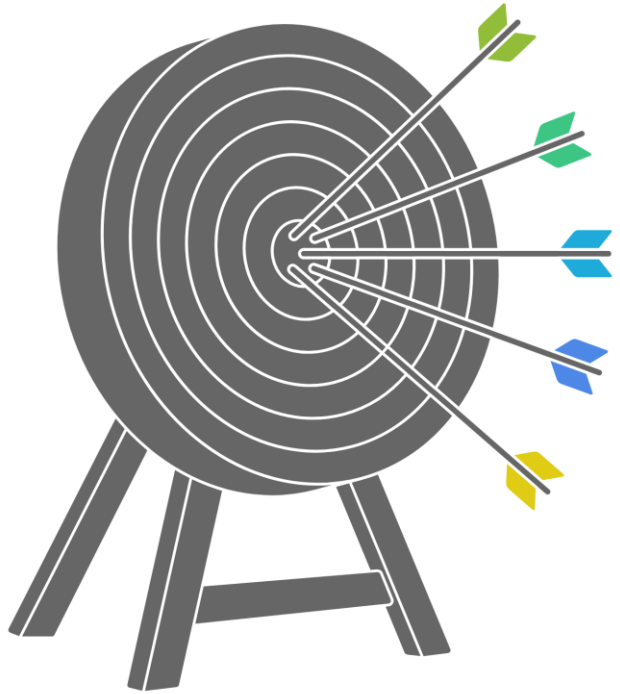
Zambia’s experience with multiple co-funders in mortality surveillance

Dr Stephen Longa Chanda,
Mortality Surveillance Coordinator/Z-SRS-VS National Coordinator
Zambia National Public Health Institute

Introduction to the Zambia Sample Based Registration System with Vital Statistics (SRS-VS)



SRS-VS Objectives



Nationally and Regionally Representative Mortality Statistics

Including urban and rural stratification at national level

Data for action at all levels

Use data for evidence-based decision-making

Social Autopsy for Select deaths

Determine social factors affecting deaths

Cause of Death Determination Using Verbal Autopsy

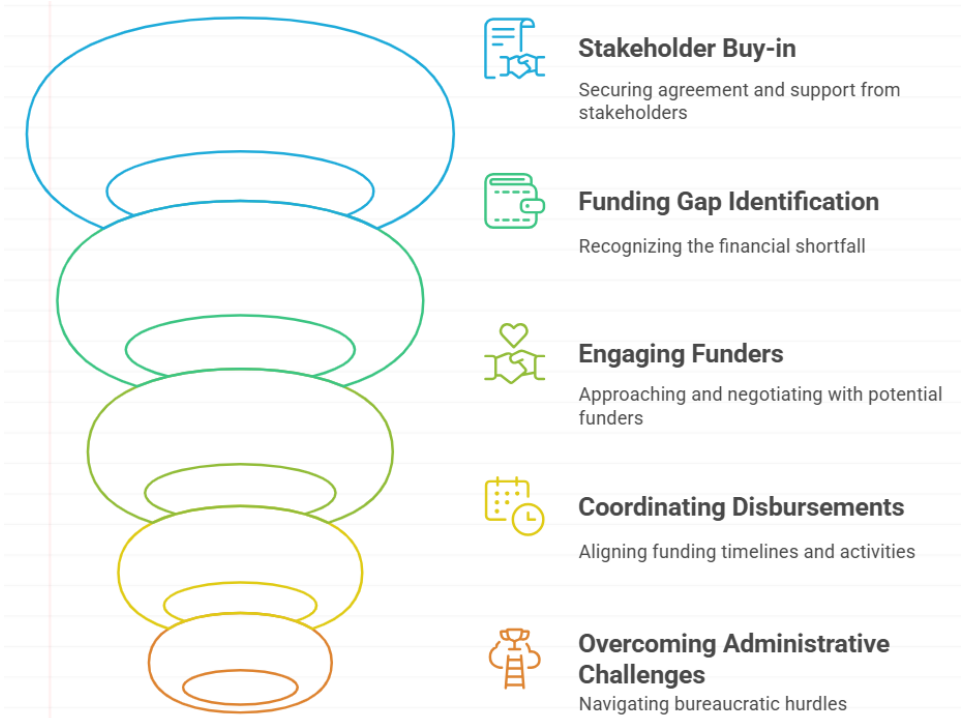
Establish causes using Verbal Autopsy

Linkage to Civil Registration System

All vital events linked to CRVS system

Overview of Funding Sources for the SRS-VS

Approach towards Funding Sourcing and coordination



Stakeholder Buy-in

Securing agreement and support from stakeholders

Funding Gap Identification

Recognizing the financial shortfall

Engaging Funders

Approaching and negotiating with potential funders

Coordinating Disbursements

Aligning funding timelines and activities

Overcoming Administrative Challenges

Navigating bureaucratic hurdles

Funding Distribution for SRS-VS Project

BMGF

Covered full implementation cycle

US CDC

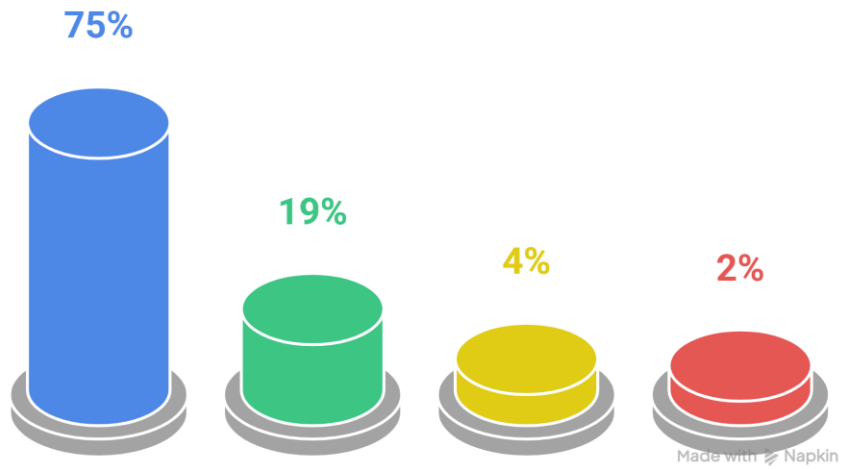
Funding towards first year with conditional funding in subsequent years

ZNPHI

Support towards capital equipment

Global Fund

Also contributed to capital equipment



Lessons learned from multi-source funding

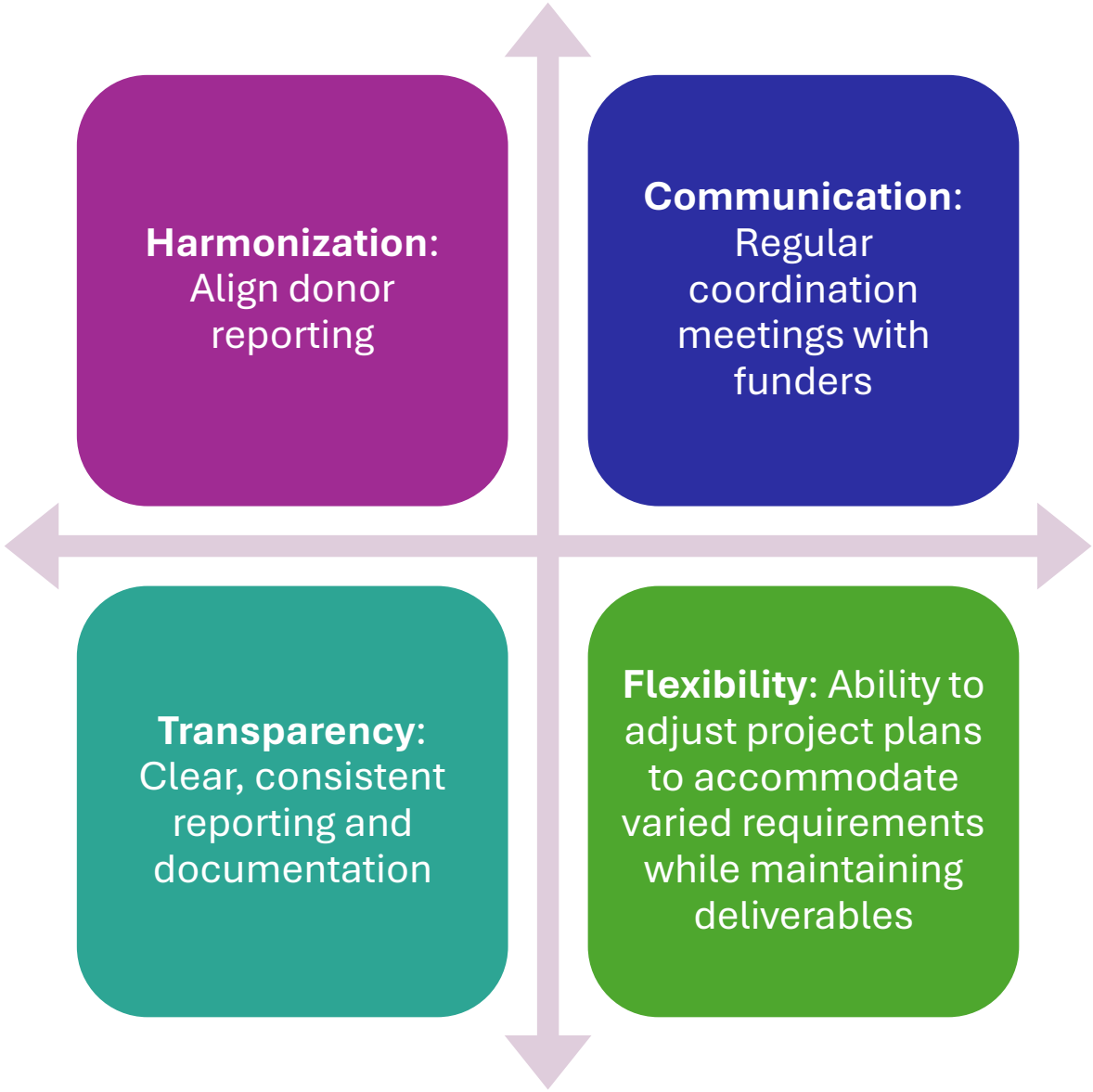
Benefits of Multi-Source Funding

- Increased Resource Pool
- Risk sharing
- Diverse expertise and accountability
- Stronger stakeholder buy-in
- Sustainability

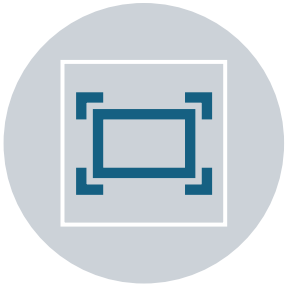
Common Challenges

- Misaligned funding timelines
- Multiple reporting channels
- Complex coordination and communication
- Prioritising planned activities by funding line
- Increase risk of threats

Strategies for Managing Challenges



Recommendations



Start small and scale up

Invest in administrative capacity

Develop robust implementation strategies

Regularly review and adapt funding strategies

Catalyzing Support for CRVS Improvement from the Global Fund to Fight AIDS, TB and Malaria

Vital Strategies

Examples from the Bloomberg Philanthropies Data for Health Initiative: Tanzania, Rwanda, and Ethiopia

Philip W Setel,
Vital Strategies

April 2025

Background & Importance

- Reliable Civil Registration and Vital Statistics (CRVS) are vital for tracking public health outcomes
- CRVS systems provide direct measurement of mortality, including for AIDS, TB, and Malaria
- Data for Health (D4H) supports countries in CRVS system development
- Worked with country stakeholders to leverage support for measuring cause of death in rural areas using verbal autopsy, integrated into the CRVS system
- Will share experiences of Tanzania, Rwanda, and Ethiopia

The Global Fund's Role

- **Invests over $5B annually to fight AIDS, TB, and Malaria**
- **In principle, supports CRVS to track cause-specific mortality and improve program accountability**
  - Views tracking cause-specific mortality as means to assess quality of services provided by supported programs
- **Encourages countries to invest in M&E and national data systems, including CRVS**
  - Strategy, Investment, and Impact Committee of the Global Fund recommended that countries allocate 5-10% of their grants to monitoring and evaluation, including 7% to strengthen national data systems for reporting, surveys, and program reviews
  - The guideline include 1% of grant funding for birth and death statistics (CRVS), which can be adjusted based on the country setting

Vital Strategies

D4H & Global Fund Synergy

- **Countries used Country Coordinating Mechanisms (CCMs) to propose funding CRVS improvement for measuring community cause of death**
  - CCMs have authority and ability to follow the guidance regarding the inclusion of funding for M&E
  - Have not routinely optimized timely and accurate cause of death data, as other needs were prioritized
- **D4H support improved awareness among CCMs and alignment with Global Fund priorities**
  - Three countries optimized Global Fund resources to improve availability of mortality data to measure overall mortality and disease-specific mortality trends for TB, HIV & Malaria

Vital Strategies

Tanzania – Mobilizing Resources

- **Background: Need for national scale-up of verbal autopsy (VA)**
- **Approach:**
  - Raised awareness among CCM stakeholders
  - Aligned priorities with Global Fund strategies
  - Implementation in nationally representative sample in phased approach
  - Demonstrated impact

Vital Strategies

Tanzania – Results

- **$300,000 secured from Global Fund over 2 years**
- **Verbal autopsy scaled up to 49 of 60 intended sites nationally**
- **Medically certified deaths more than doubled nationally (2016–2022)**
  - 18,430 → 42,385
  - Improved data quality: unusable causes down from 50% → 15%

Vital Strategies

Results: Tanzania

Age Group	ICD-coded facility data (proportion of deaths & rank)		Verbal autopsy data (proportion of deaths & rank)	
AIDS				
	M	F	M	F
0-4	10% (16th)	00% (13th)	09 (14th)	20% (10th)
5-59	40% (5th)	10% (24th)	276% (1st)	356% (1st)
60+	00%	00%	49% (7th)	57% (6th)
TB				
	M	F	M	F
0-4	00%	00%	09% (17th)	15% (11th)
5-59	40% (6th)	00%	68% (5th)	47% (7th)
60+	50% (8th)	00%	110% (2nd)	97% (3rd)
Malaria				
	M	F	M	F
0-4	60% (6th)	20% (6th)	123% (3rd)	158% (2nd)
5-59	80% (3rd)	110% (1st)	76% (4th)	63% (5th)
60+	00%	20% (12th)	83% (3rd)	99% (2nd)

Source of data: United Republic of Tanzania, Ministry of Health 2023, used by kind permission

Interpretation

- Relative rank for AIDS mortality in adults and those over 60 years of age in hospital and community data may suggest that home-based follow-up or adherence support, and palliative care may be important policy for consideration
- TB deaths in men 6th leading cause of death in facility and community data, TB mortality among elderly and adult women more prevalent community mortality patterns than in facilities
- May be a hidden malaria burden among the elderly in the community

Vital Strategies

Rwanda – Strategic Integration

- **Background: Goal to scale verbal autopsy nationwide (no sample)**
- **Strategy:**
  - Linked VA data to Global Fund reporting needs
  - Learned from Tanzania's success
  - Developed compelling concept note for CCM

Vital Strategies

Rwanda – Outcomes

- **$750,000 secured over 3 years**
  - Scale up of verbal autopsy implementation and capacity building of civil registrars on mortality reporting
- **VA system scaled in 2023 (15,406 Vas)**
- **61% deaths from NCDs, 29% communicable, 10% injuries**
- **CRVS system designated as sole and official source of mortality data**

Vital Strategies

Results: Rwanda

Age Group	ICD-coded facility data (proportion of deaths & rank)		Verbal autopsy data (proportion of deaths & rank)	
AIDS				
	M	F	M	F
0-4	000%	003% (>20th)	042%(6th)	042%(5th)
5-59	225%(8th)	270%(5th)	462%(1st)	541%(1st)
60+	071%(8th)	047%(5th)	371%(4th)	462%(5th)
TB				
	M	F	M	F
0-4	003% (>20th)	005% (>20th)	002%(27th)	003%(23rd)
5-59	269%(6th)	112%(12th)	136%(7th)	049%(13th)
60+	110% (>20th)	040% (>20th)	307%(6th)	182%(9th)
Malaria				
	M	F	M	F
0-4	009% (> 20th)	006% (> 20th)	044%(5th)	043%(4th)
5-59	034% (>20th)	017% (> 20th)	042%(21st)	027%(24th)
60+	009% (> 20th)	009% (> 20th)	026%(23rd)	035% (22nd)

Source of data: Republic of Rwanda Ministry of Health, 2023, used by kind permission

Interpretation

- Discrepancies in the ranking of AIDS and Malaria as causes in certain age groups between the verbal autopsy and health facility data
- AIDS mortality in the community ranked higher than in facility data for children and adults
- Childhood malaria ranked much more important cause in the community compared with the facility
- Indicates that more community- and home-based services may be required to combat these causes in these age-groups

Vital Strategies

Ethiopia – Laying the Foundation

- **Challenge: 80% of deaths unregistered; little community cause of death data**
- **Action:**
  - Piloted VA in 47 woredas
  - Developed training, SOPs, and reporting systems
  - Engaged CCM for CRVS funding proposal

Vital Strategies

Ethiopia – Results

- **$835,000 secured for 2 years**
- **VA pilot: 1,600+ deaths analyzed**
- **Top causes: External injuries, cardiac issues, stroke**
- **Data completeness >90%**

Vital Strategies

Results: Ethiopia

Age Group	ICD-coded facility data (proportion of deaths & rank)		Verbal autopsy data (proportion of deaths & rank)	
AIDS				
	M	F	M	F
0-4	0.1% (>20th)	0% (--)	0.6% (18th)	2.0% (10th)
5-59	1.6% (9th)	1.6% (10th)	2.6% (13th)	6.1% (5th)
60+	1.1% (13th)	1.1% (14th)	2.8% (11th)	1.6% (14th)
TB				
	M	F	M	F
0-4	0.4% (11th)	0.5% (11th)	0.6% (18th)	1.3% (13th)
5-59	3.3% (5th)	2.8% (5th)	6.4% (6th)	6.1% (5th)
60+	3.5% (5th)	2.3% (7th)	5.9% (5th)	4.3% (7th)
Malaria				
	M	F	M	F
0-4	2.2% (6th)	2.0% (6th)	8.3% (3rd)	4.0% (7th)
5-59	4.2% (3rd)	2.9% (4th)	2.8% (12th)	2.9% (9th)
60+	2.2% (7th)	3.2% (5th)	1.6% (14th)	0.5% (23rd)

Source of data: Federal Democratic Republic of Ethiopia, Ministry of Health, 2023, used by kind permission

Interpretation

- Based on large sample pilot woredas and ANACoD3 analysis of ICD-coded facility mortality data, appears AIDS, TB and malaria mortality occur at roughly the same relative proportion in facilities and in the community

Vital Strategies

Lessons Learned & Enablers

- **Success Factors:**
  - Strong local engagement
  - Clear demonstration of CRVS relevance to Global Fund goals
  - Tailored awareness-building with CCMs
- **Barriers:**
  - Competing national priorities
  - Low awareness of Global Fund CRVS support potential

Vital Strategies

Conclusion & Call to Action

- **CRVS improvements enhance health system performance and transparency**
- **Countries should:**
  - Engage CCMs early
  - Demonstrate CRVS value using local evidence
  - Align proposals with Global Fund objectives

Vital Strategies

Asante sana!
Thank you!

Vital Strategies

PLANNING A SAMPLE REGISTRATION SYSTEM FOR MORTALITY MONITORING

FUNDING LANDSCAPE FOR SRS

Objective

To identify, map, and evaluate existing and potential funding sources, mechanisms, and stakeholders at national and global levels.

FUNDING LANDSCAPE FOR SRS

- The analysis aims to provide insights into how countries can mobilize and sustain financial resources for the implementation and scale-up of SRS.
- Funding environment, identifying strategic entry points, aligning proposals with donor priorities, and streamlining processes for fund acquisition and management.

FUNDING LANDSCAPE FOR SRS

Form 1.1 – Inventory of systems

Form 1.2 – KII with stakeholders

Form 1.3 – KII with managers

Form 1.4 – Power grid analysis

Form 1.5 – Information architecture

Form 1.6 – Business process mapping

FUNDING LANDSCAPE FOR SRS

Form 1.1 – Inventory of systems
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Form 1.6 – Business process mapping

- Donor institution, type of funding, target areas, amount and duration of support
- Country presence
- Historical engagement w SRS/CRVS
- Funder/donor priorities and restrictions

- Map funding agencies to thematic and geographic focus
- Identify common themes in funder expectations and preferences

FUNDING LANDSCAPE FOR SRS

Form 1.1 – Inventory of systems
Form 1.2 – KII with stakeholders
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Form 1.4 – Power grid analysis
Form 1.5 – Information architecture
Form 1.6 – Business process mapping

- Donor priorities and restrictions
- Detailed influence pathways and engagement history
- Position key funders and domestic financing champions to tailor advocacy strategies

- Map strategic entry points for funding proposals
- Identify gatekeepers and allies

FUNDING LANDSCAPE FOR SRS

Form 1.1 – Inventory of systems
Form 1.2 – KII with stakeholders
Form 1.3 – KII with managers
Form 1.4 – Power grid analysis
Form 1.5 – Information architecture
Form 1.6 – Business process mapping

- Funding cycles and eligibility criteria
- Local financial planning processes, country-level approval, budgeting, and disbursement procedures
- Identify internal funding bottlenecks
- Funding channels and contractual arrangements

- Use social network analysis to identify influential nodes and disconnected actors
- Recommend streamlining or integration points with national budgeting systems

Announcements and Reminders

- All webinar slides, recordings, and planning tools can be found online at: jhu-viva.github.io/srs-resources/
- Resource library will soon be available online, temporarily housed on DropBox here
  - Draft SRS Technical Manual
  - Publications
- For SRS planning grant countries, SRS Workshop preparations are underway, please submit your nominations for your 10-person team to Sheikha Salum, ssalum@ihi.or.tz, and Philip Setel, psetel@vitalstrategies.org
- Our next webinar will be on May 19th
  - Presentations on situational assessment results
  - Planning for mortality system integration
  - Protocol development preparation

Thank you!