Absorption Data Overview

IHME/PATH Consortium

11 November, 2019

Research questions

Using 2018-2020 PUDRs, we wanted to know:

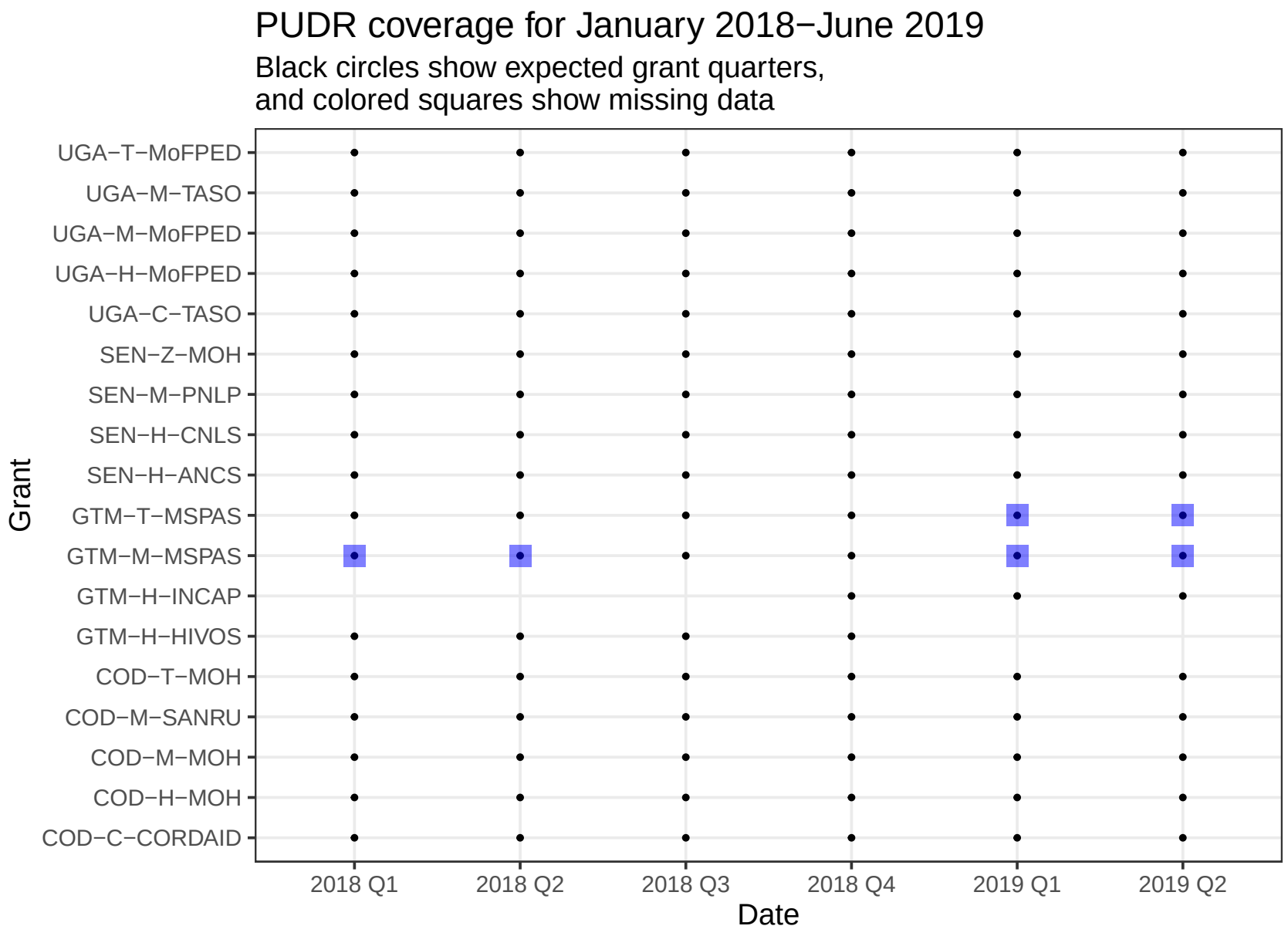
1. Are there any trends in the 2019 absorption so far?
2. Has absorption changed since the beginning of the grants?
3. How does it compare to this semester in the 2015-2017 cycle?
4. Are there specific findings for RSSH or key populations?

List of current grants

Country	Grant Period	Grant	Disease
COD	2018-2020	COD-H-MOH	HIV
COD	2018-2020	COD-C-CORDAID	HIV/TB
COD	2018-2020	COD-M-MOH	Malaria
COD	2018-2020	COD-M-SANRU	Malaria
COD	2018-2020	COD-T-MOH	TB
GTM	2018-2020	GTM-H-INCAP	HIV
GTM	2019-2021	GTM-M-MSPAS	Malaria
GTM	2016-2019	GTM-T-MSPAS	TB
SEN	2018-2020	SEN-H-ANCS	HIV
SEN	2018-2020	SEN-H-CNLS	HIV
SEN	2018-2020	SEN-M-PNLP	Malaria
SEN	2018-2020	SEN-Z-MOH	TB
UGA	2018-2020	UGA-H-MoFPED	HIV
UGA	2018-2020	UGA-C-TASO	HIV/TB
UGA	2018-2020	UGA-M-MoFPED	Malaria
UGA	2018-2020	UGA-M-TASO	Malaria
UGA	2018-2020	UGA-T-MoFPED	TB

DRC, Senegal, and Uganda are all on the same grant cycle, and their grants will span from 2018-2020. Guatemala is on a slightly different schedule, and so to preserve comparability across grants, no data from Guatemala will be included in the following analyses.

Reporting completeness



Research questions

Using 2018-2020 PUDRs, we wanted to know:

1. **Are there any trends in the 2019 absorption so far?**
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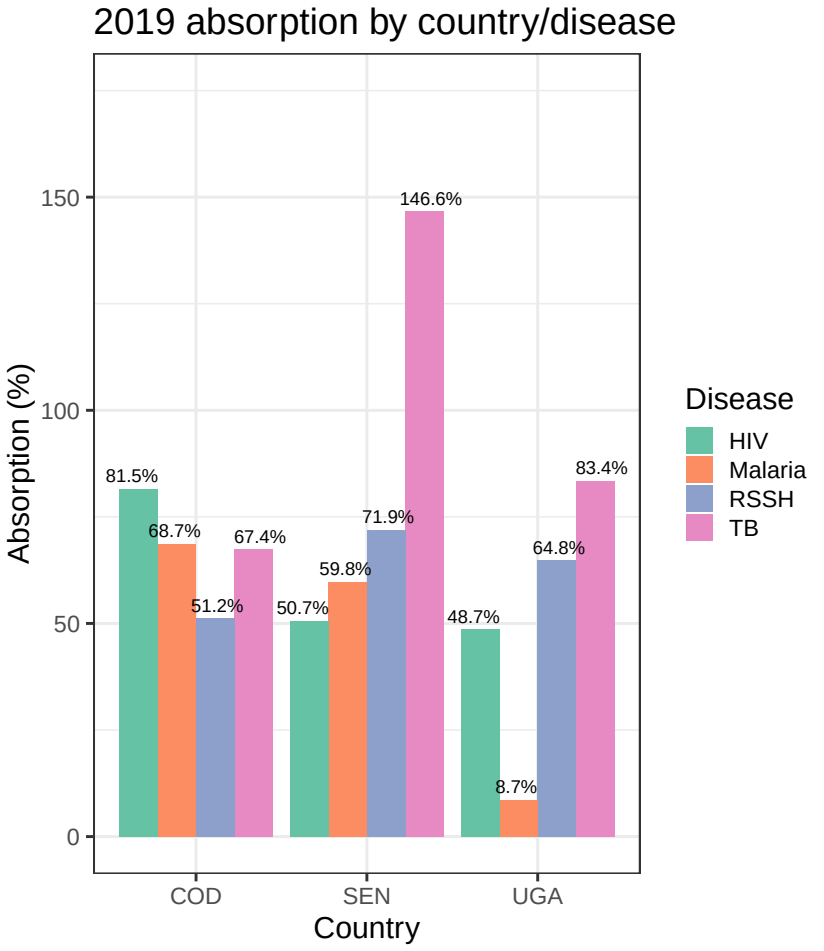
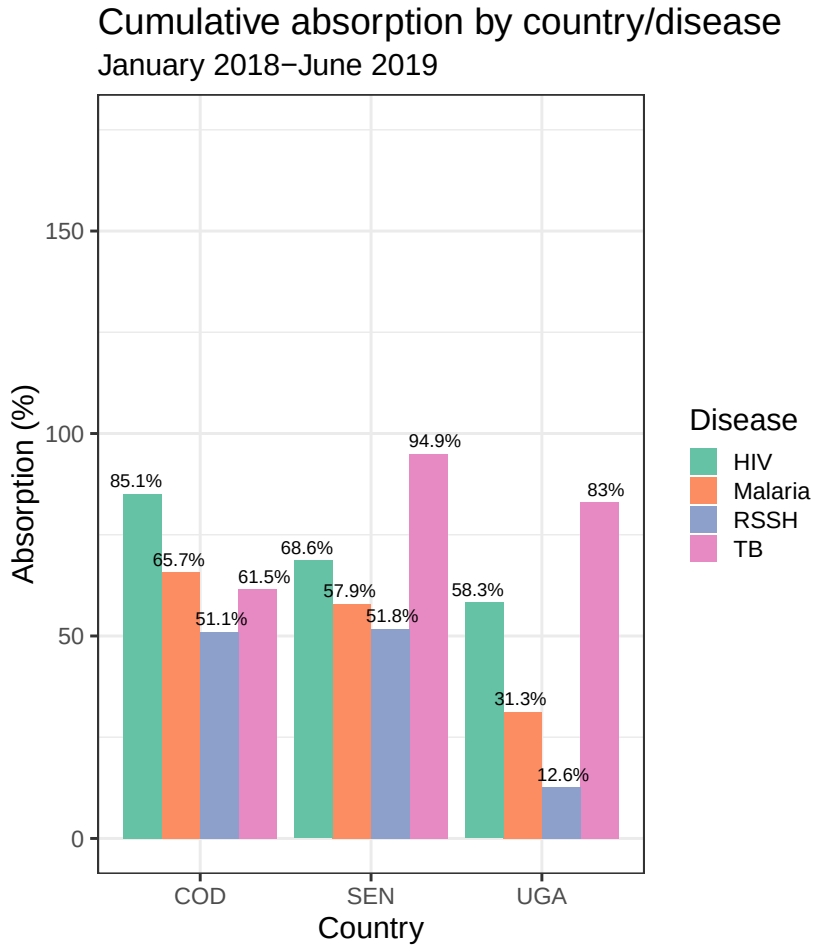
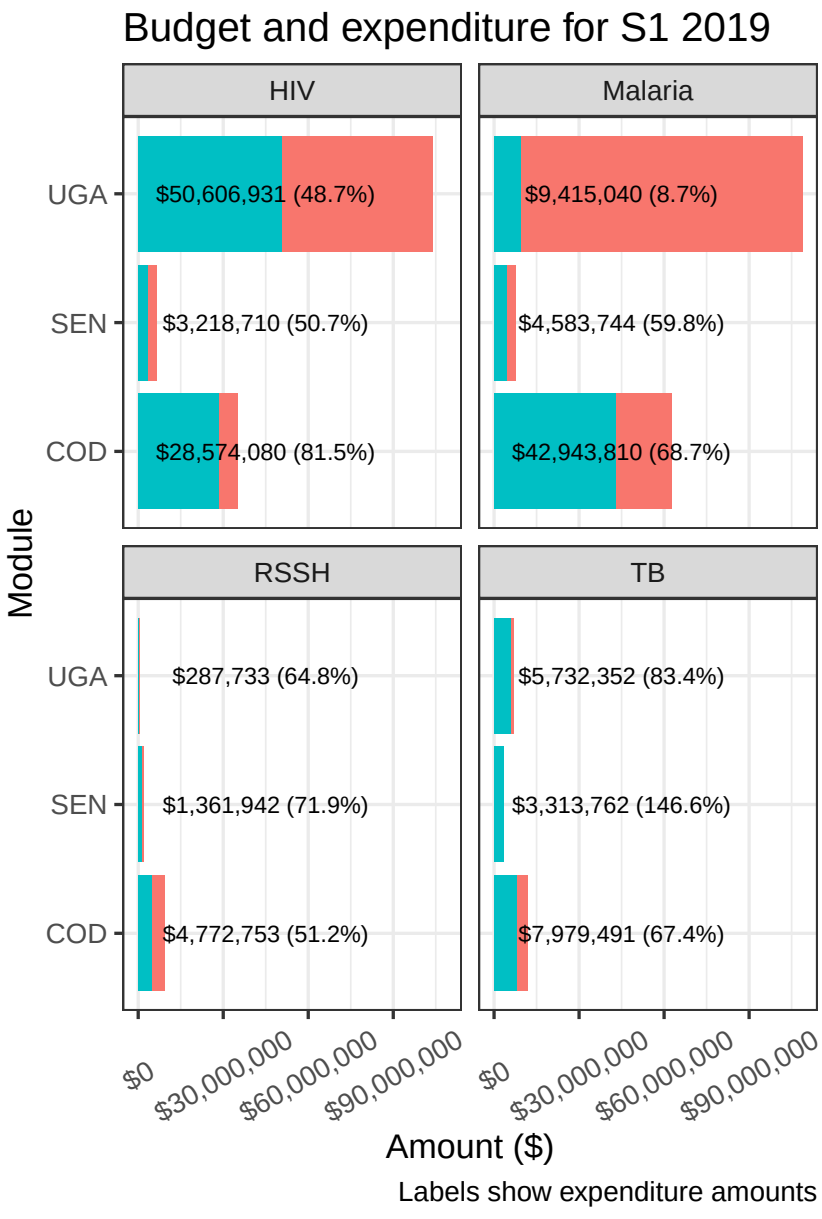
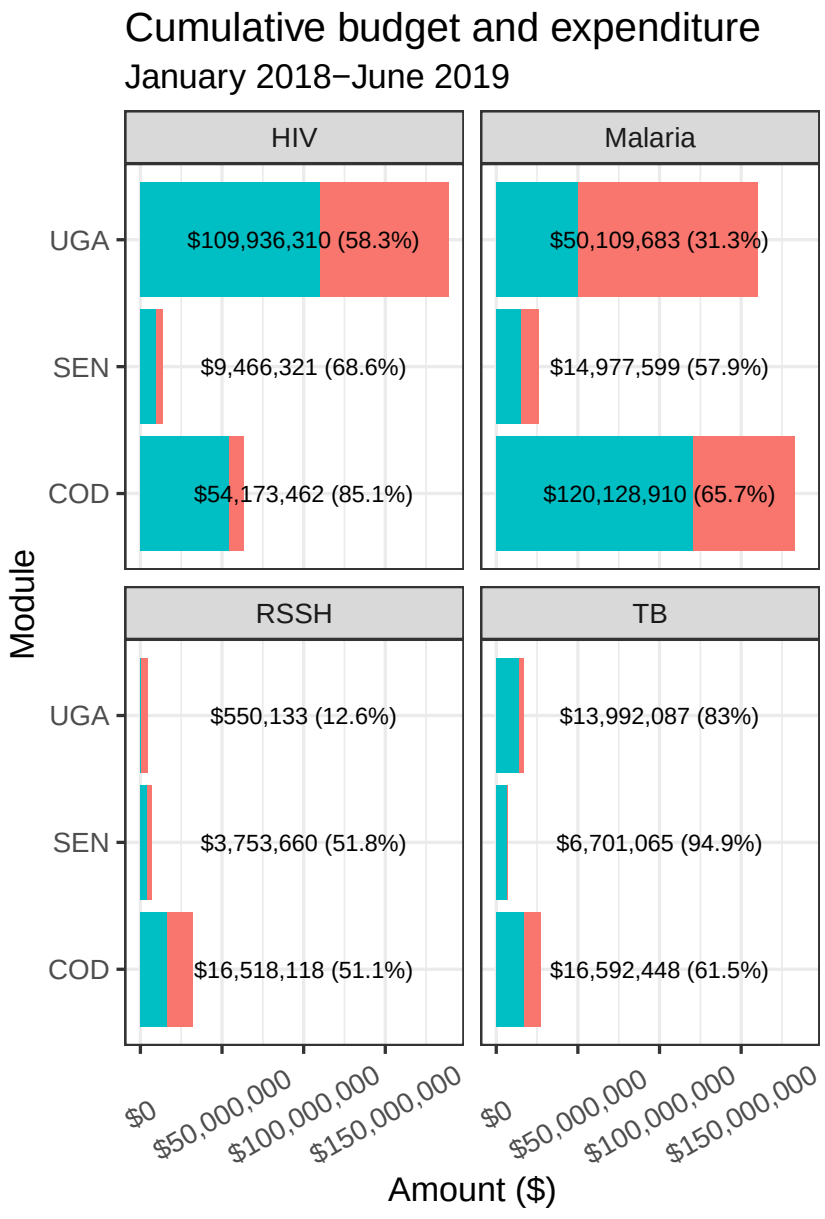
Absorption overview by country



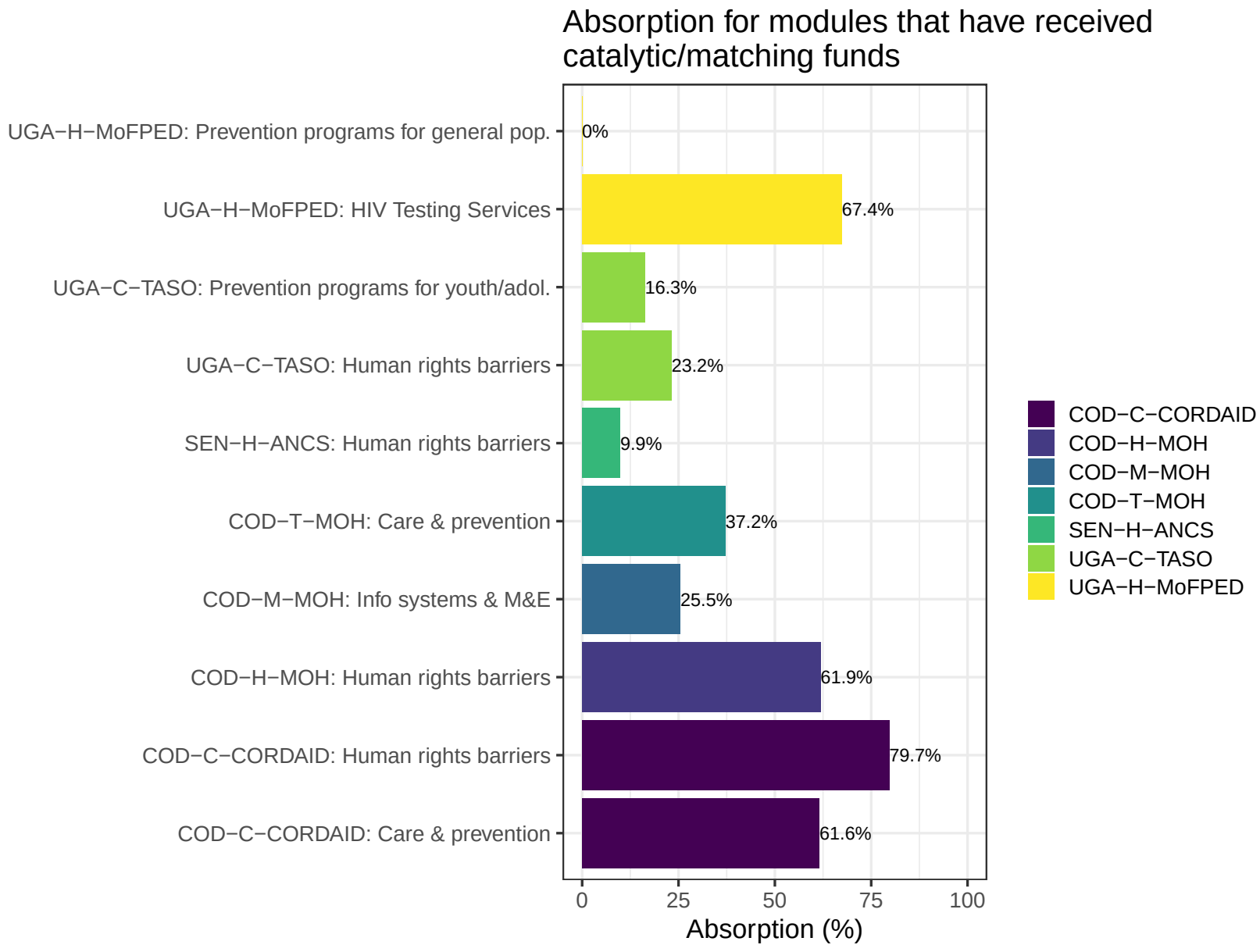


Budget/Expenditure by country

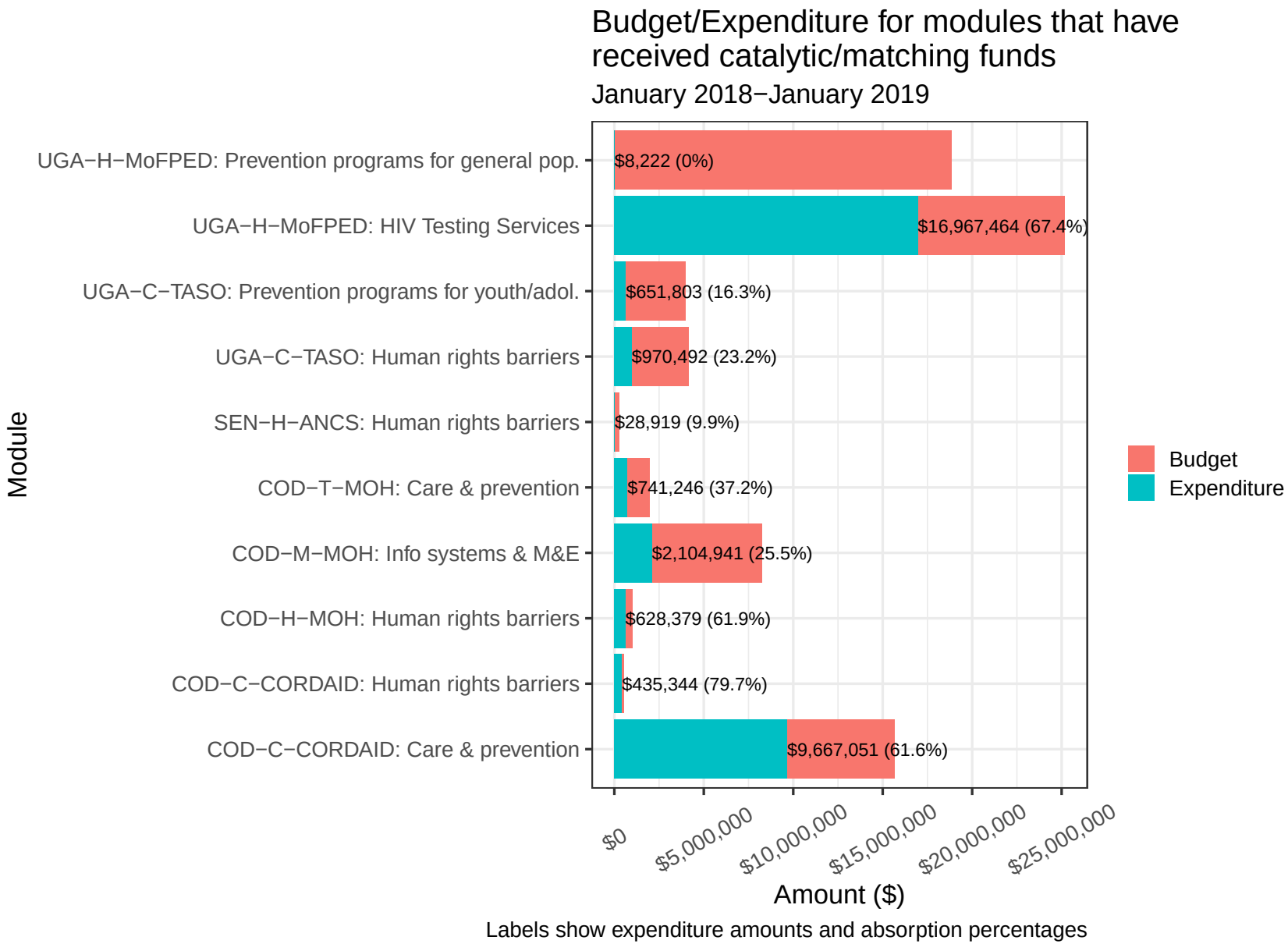




Absorption for catalytic/matching funds



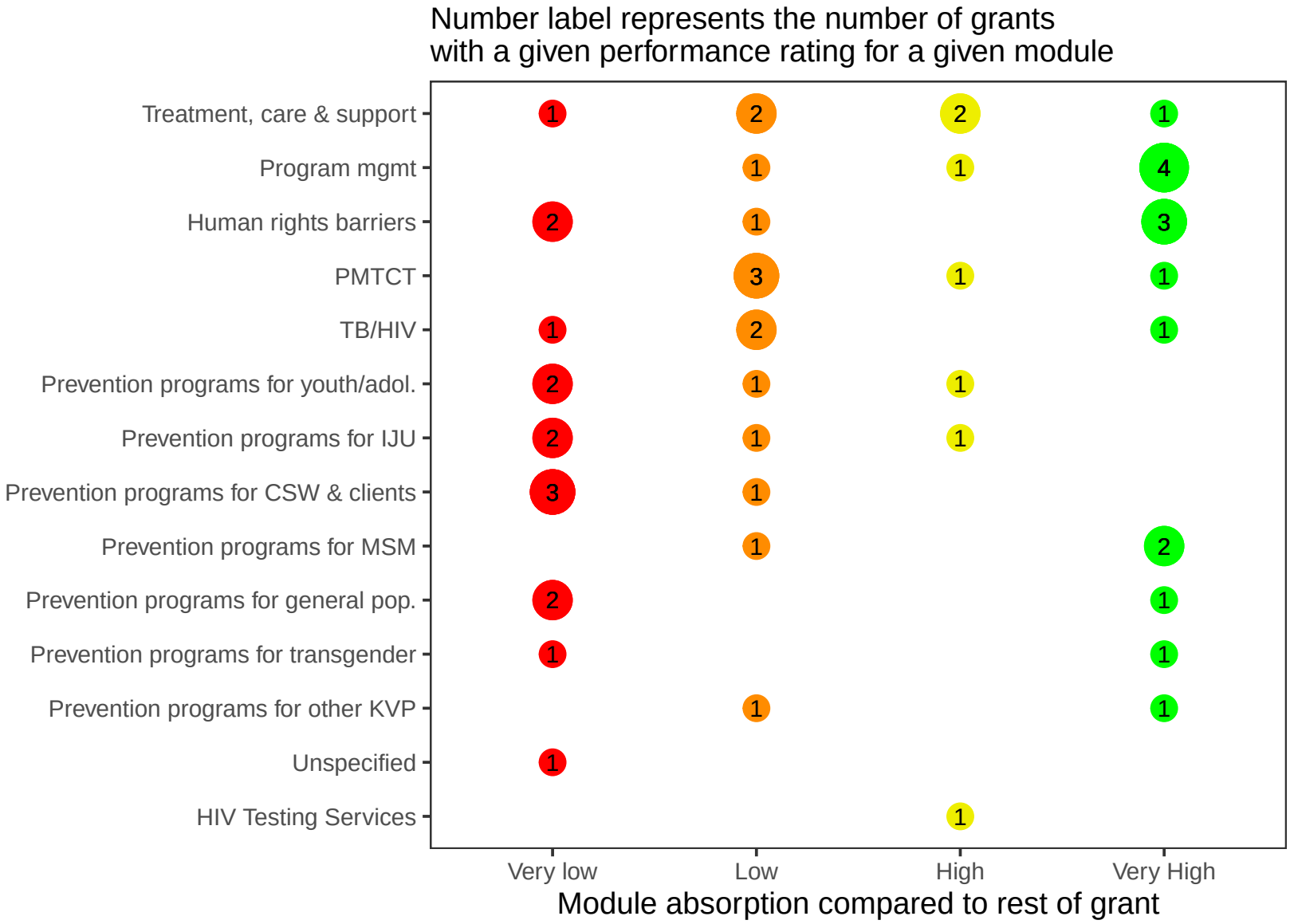
Budget/expenditure for catalytic/matching funds



Across grants, which modules have higher absorption than the PUDR average in 2019?

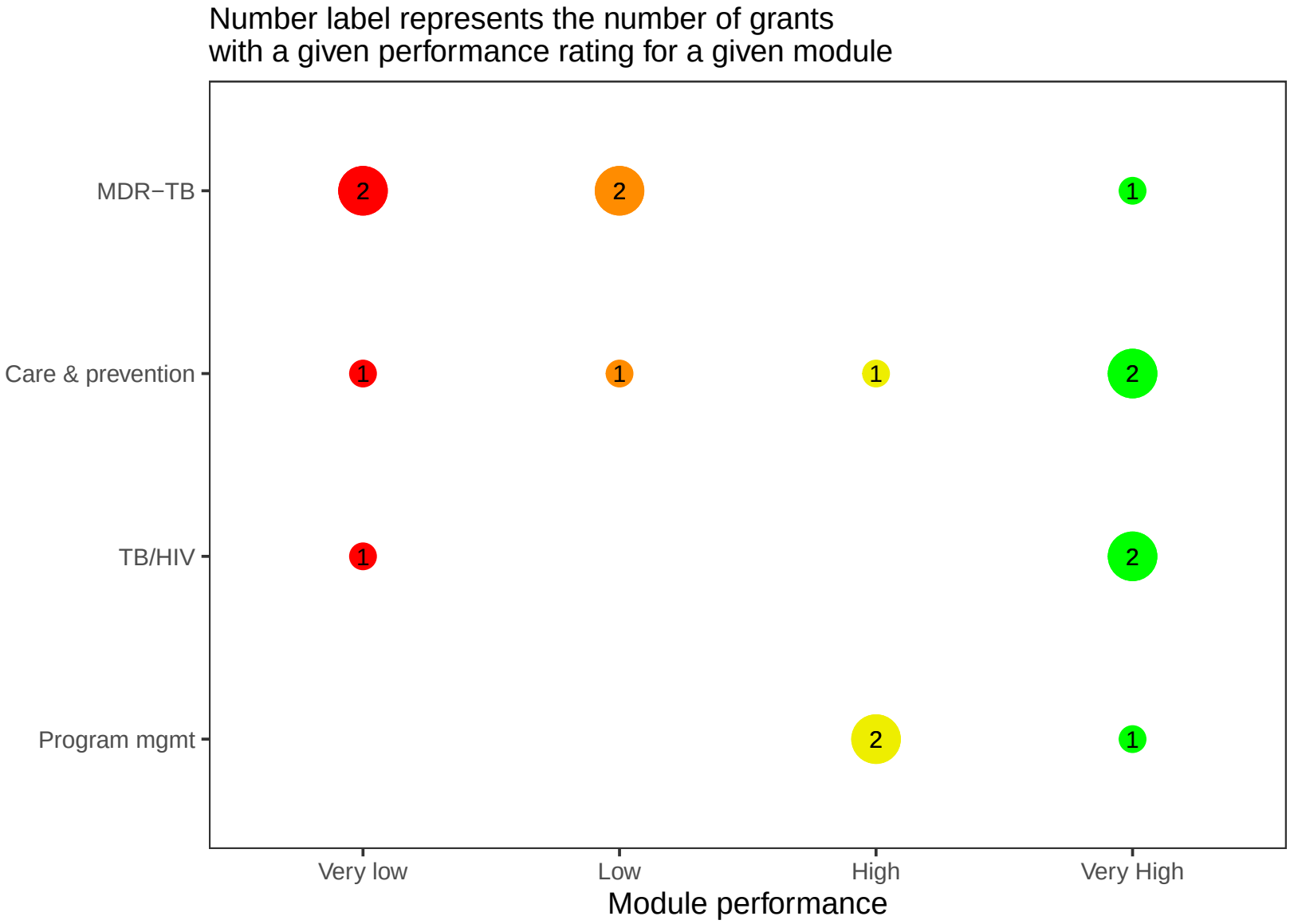
This is based on the 14 PUDRs from DRC, Senegal, and Uganda, and is calculated by comparing the absorption for a given module to the absorption performance of the rest of the PUDR. So, for example, if a module performs below the 25th-percentile of absorption within a given PUDR, it will be given an absorption performance rating of "Very low".

Comparing HIV module absorption to average grant absorption in Semester 1 2019



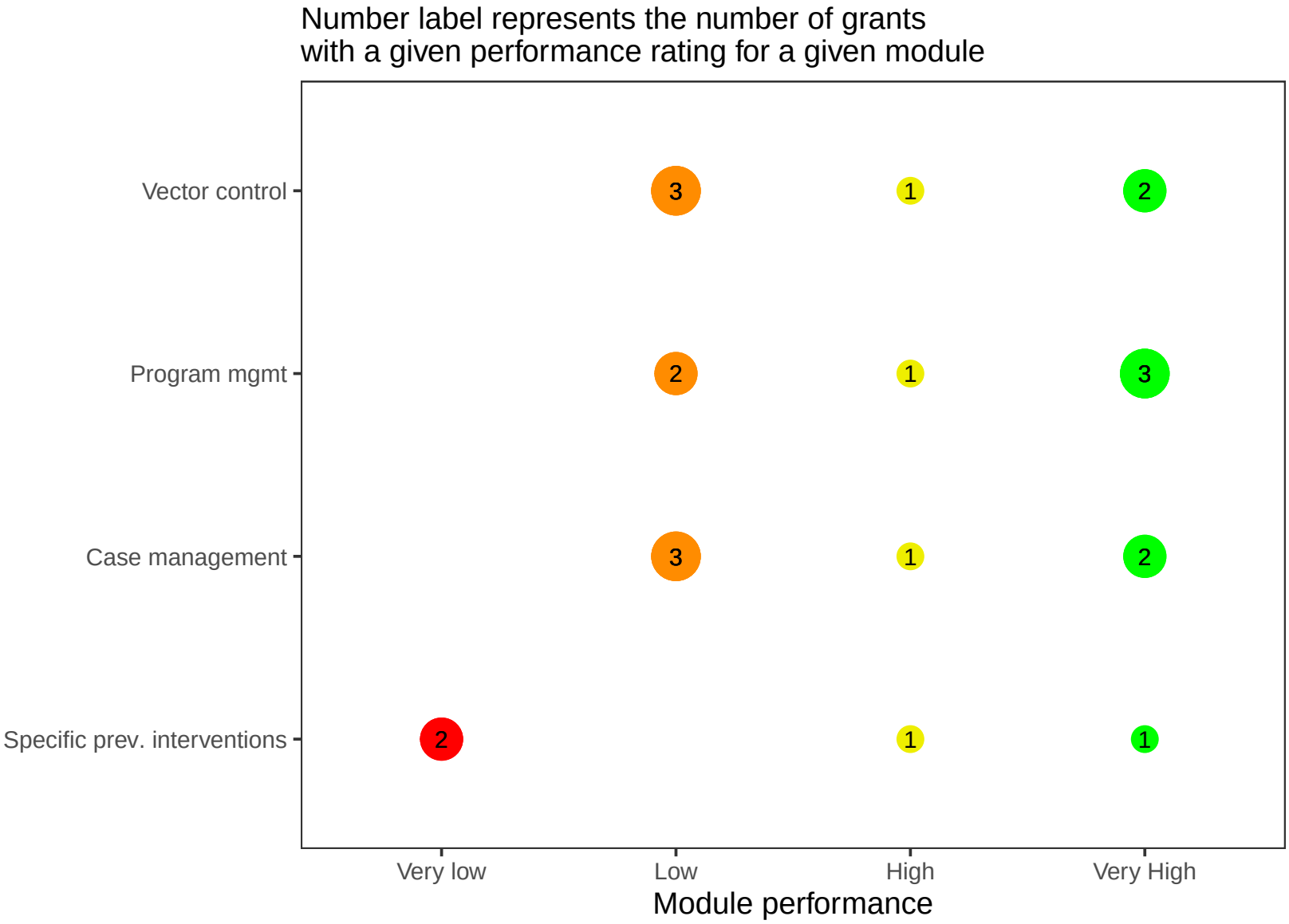
*There are 6 HIV and HIV/TB grants represented in this analysis

Comparing TB module absorption to average grant absorption in Semester 1 2019



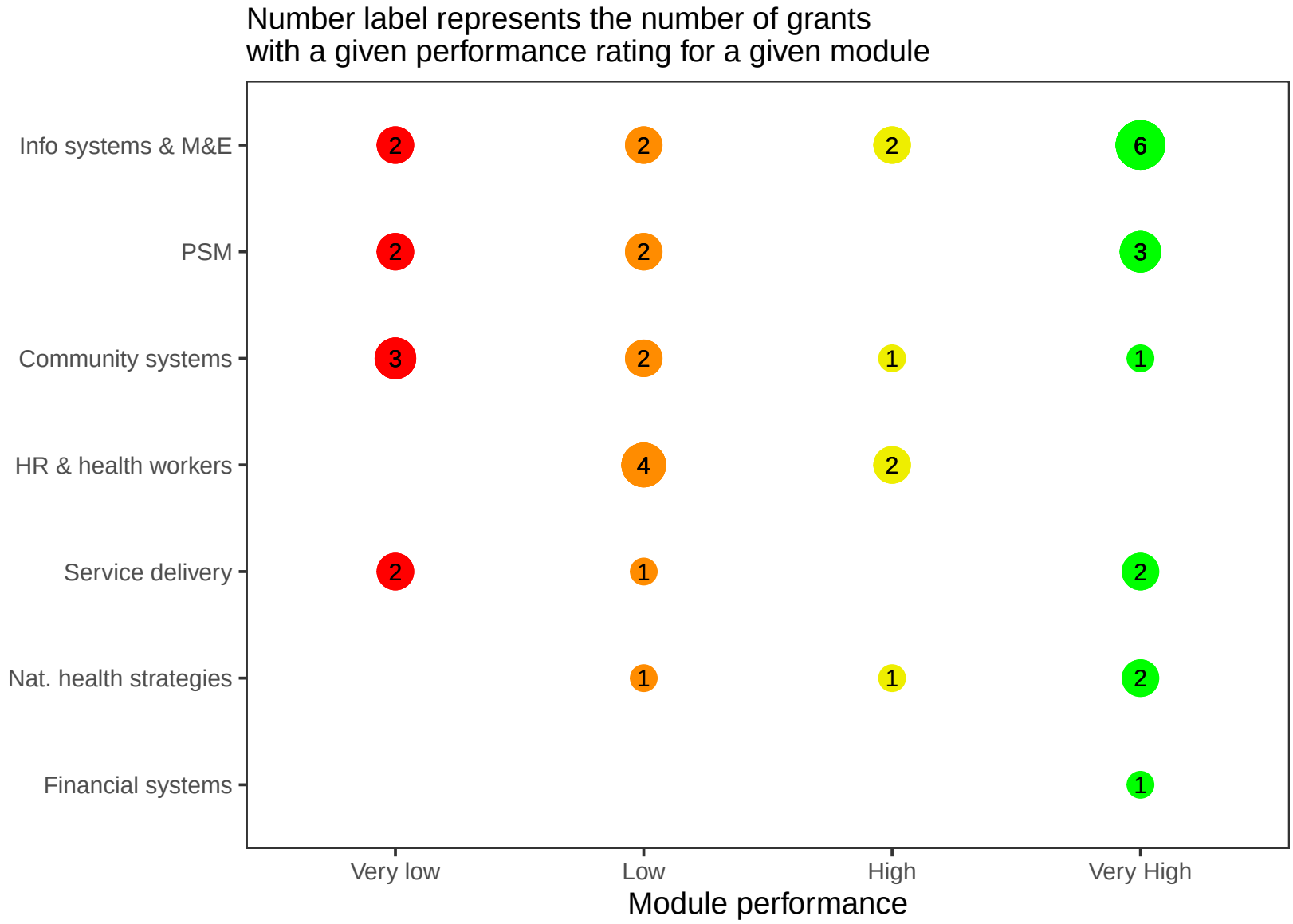
*There are 5 TB and HIV/TB grants represented in this analysis

Comparing malaria module absorption to average grant absorption in Semester 1 2019



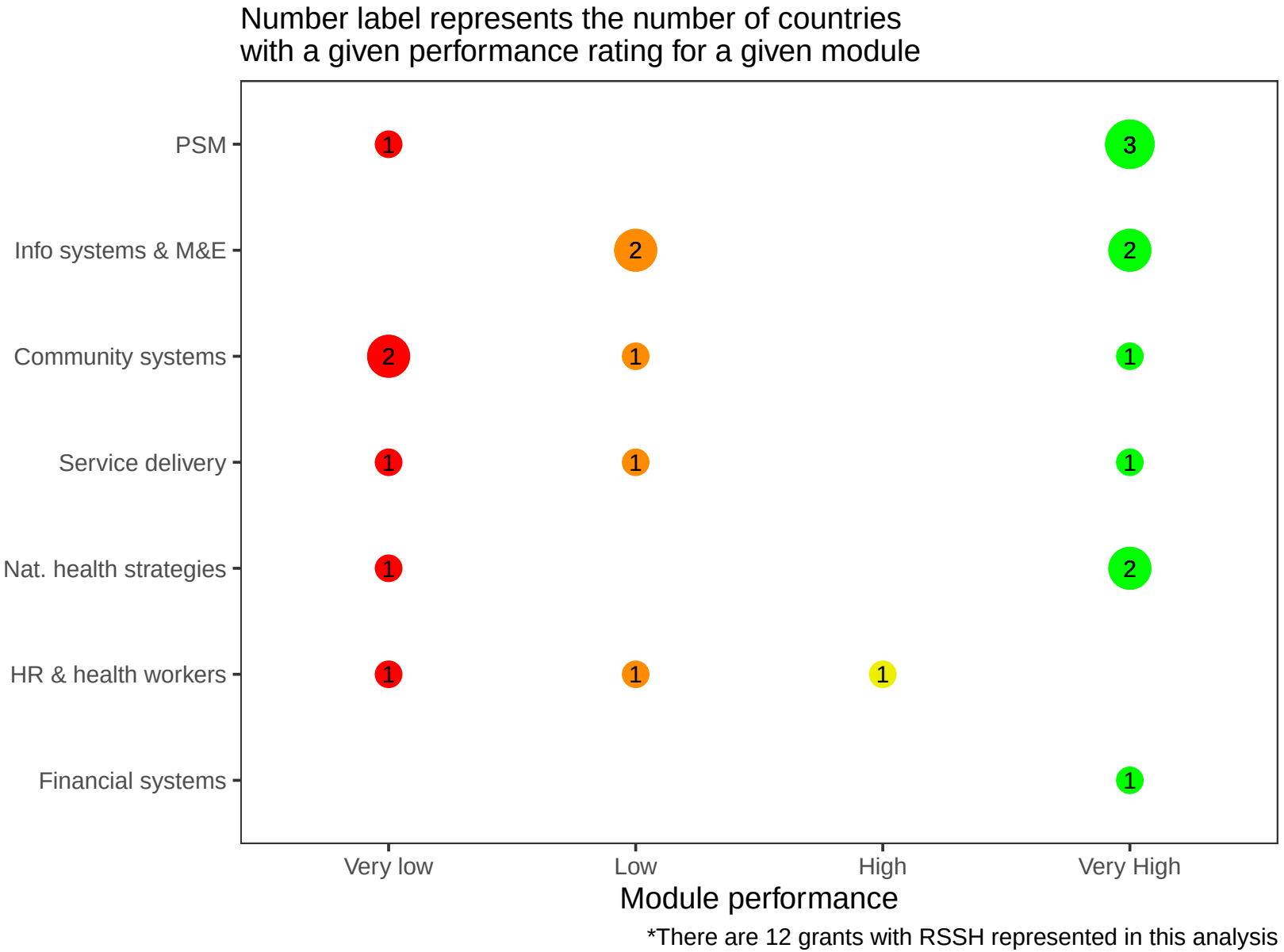
*There are 5 malaria grants represented in this analysis

Comparing RSSH module absorption to average grant absorption in Semester 1 2019



*There are 12 grants with RSSH represented in this analysis

How does RSSH absorption compare to average country absorption?



*There are 12 grants with RSSH represented in this analysis

Finding statements for research question #1

- Overall, tuberculosis grants reported the highest absorption numbers, both in Semester 1 2019 and over the first 18 months of the grants. They also have much lower grant budgets when compared to HIV and malaria.
- For HIV and HIV/TB grants, absorption for PMTCT, sex workers, adolescents/youth and people who inject drugs were consistently below average, while program management was consistently above average.
- For TB grants, general care and prevention, TB/HIV, and program management are performing above average, while MDR-TB is performing below average.
- For malaria grants, performance across all modules is mixed.

Finding statements for research question #1 (continued)

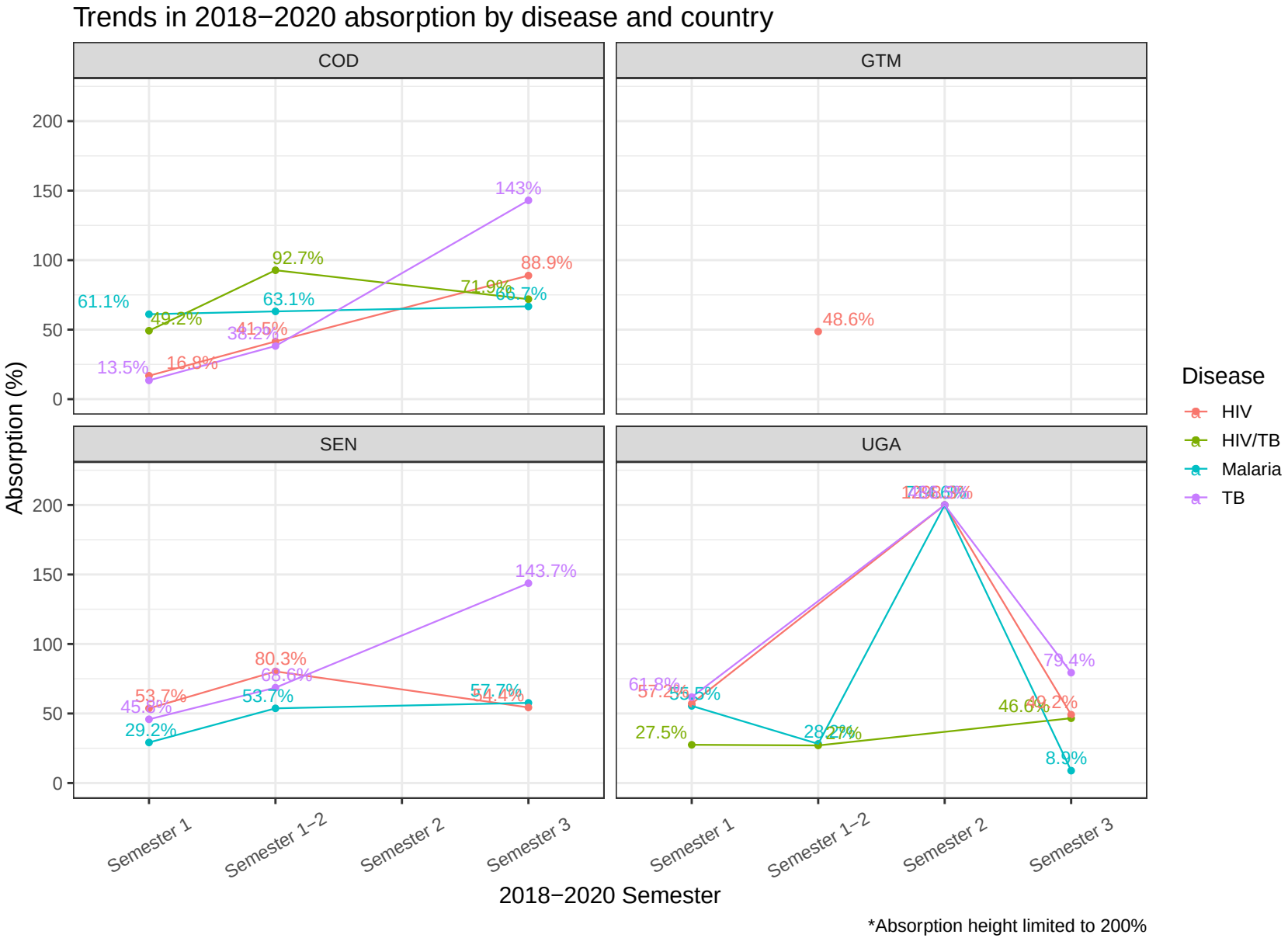
- When looking at the first 18 months of absorption, RSSH is performing the poorest when compared to HIV, TB, and malaria, but not by much in DRC and Senegal. The gap is more pronounced in Uganda.
- Within RSSH modules, many grants are both investing in and reporting high absorption for HMIS (Info systems and M&E). 11 out of 14 grants have some money budgeted for this module.
- Community responses and systems is performing below average.
- A majority (6/10) of modules targeted for catalytic funding are reporting below 50% absorption.

Research questions

Using 2018-2020 PUDRs, we wanted to know:

1. Are there any trends in the 2019 absorption so far?
2. **Has absorption changed since the beginning of the grants?**
3. How does it compare to this semester in the 2015-2017 cycle?
4. Are there specific findings for RSSH or key populations?

Have absorption rates increased since the start of the grant?



Finding statements for research question #2

- Absorption has steadily increased for DRC and Senegal since the beginning of the grant cycle. Absorption in Uganda has been more mixed, although the spike in Semester 2 may have been from catalytic funding that was not incorporated into the PUDR budget. In Guatemala, we don't have enough data to draw a time trend.

Research questions

Using 2018-2020 PUDRs, we wanted to know:

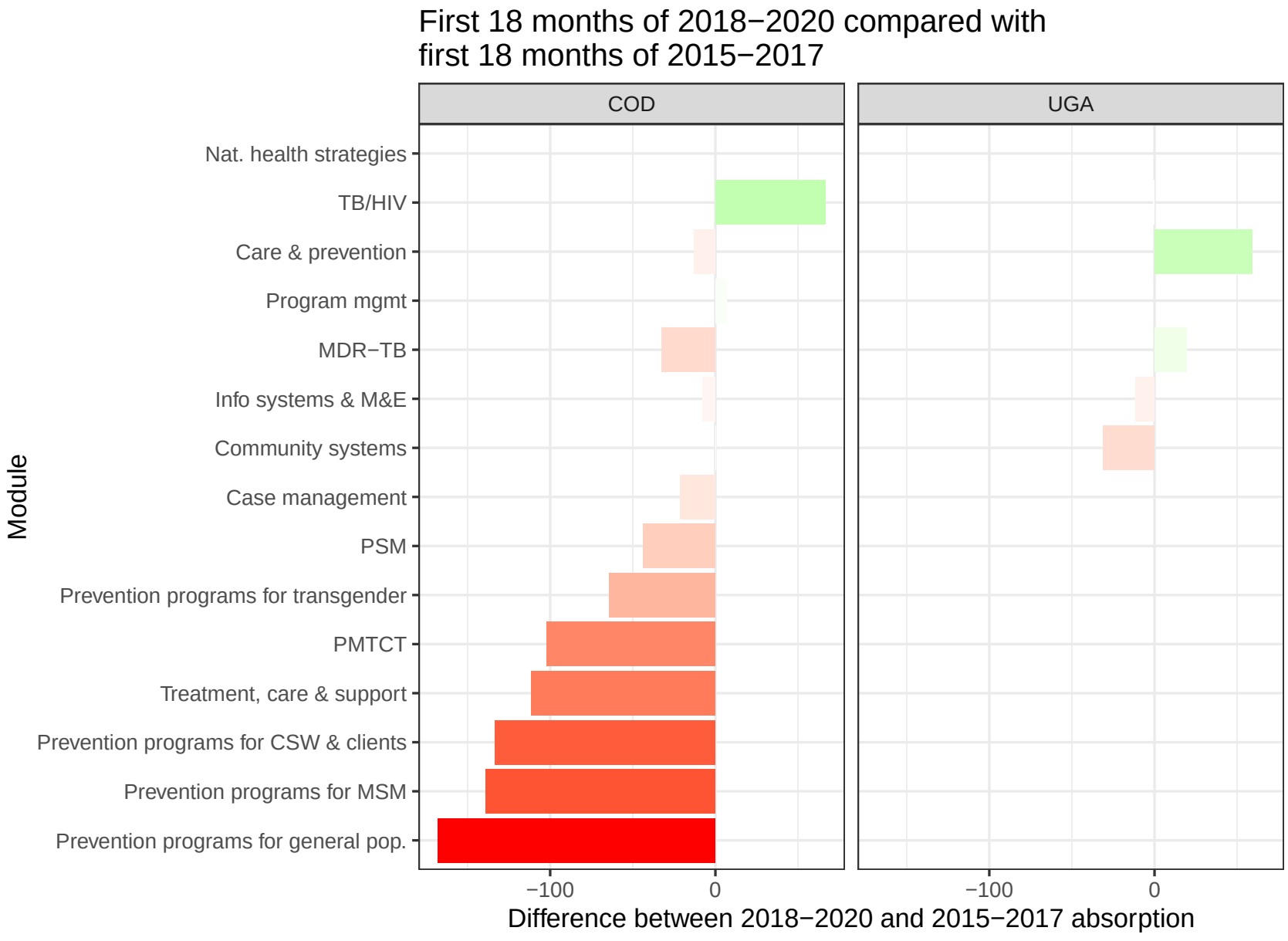
1. Are there any trends in the 2019 absorption so far?
2. Has absorption changed since the beginning of the grants?
3. **How does it compare to this semester in the 2015-2017 cycle?**
4. Are there specific findings for RSSH or key populations?

List of available PUDRs for Semester 1-3 2015-2017

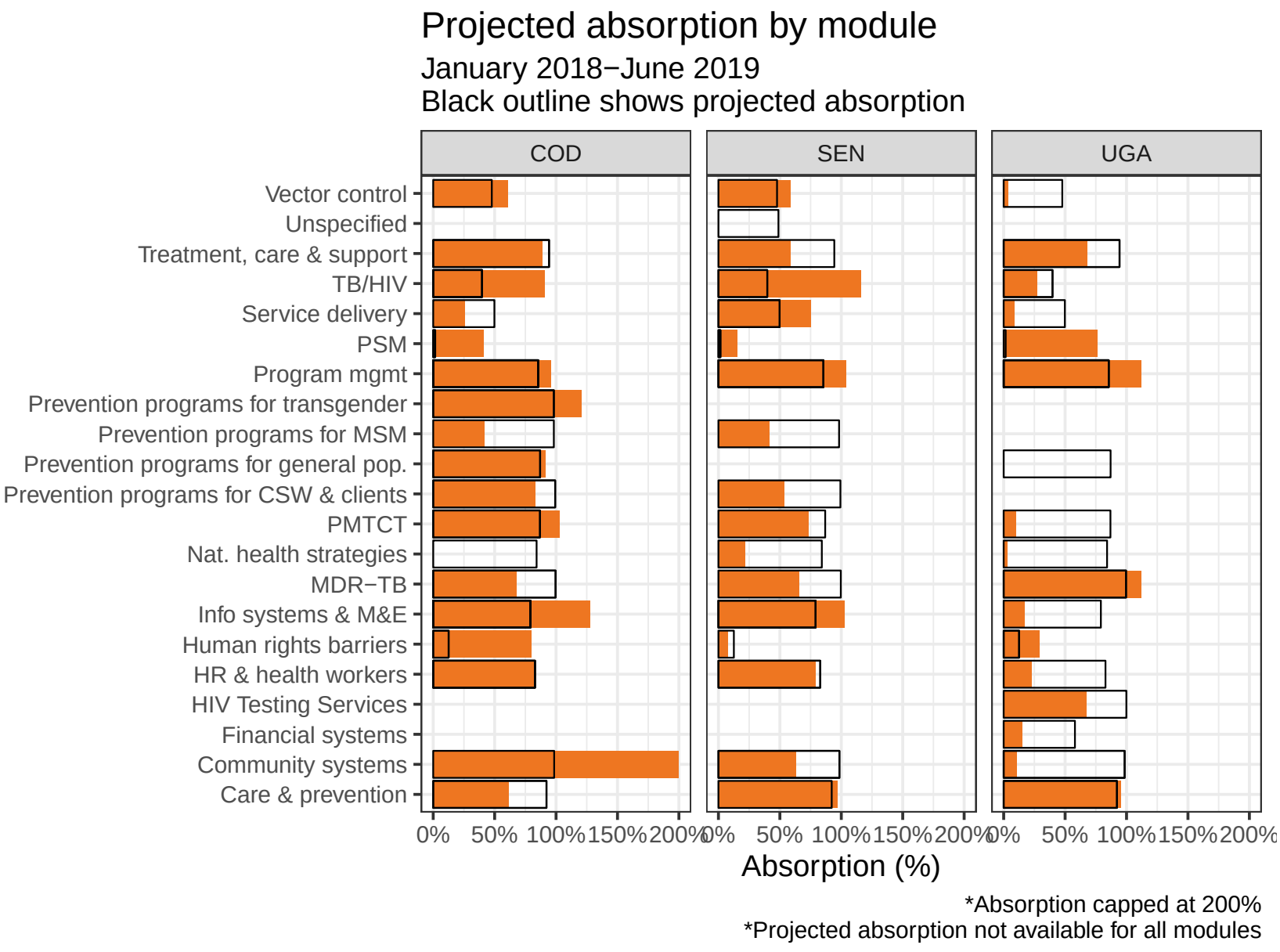
Grant	Grant Period	Semester
COD-H-CORDAID	2015-2017	Semester 3
COD-H-MOH	2015-2017	Semester 3
COD-M-MOH	2015-2017	Semester 1-2
COD-T-CARITAS	2015-2017	Semester 2
COD-T-CARITAS	2015-2017	Semester 3
COD-T-MOH	2015-2017	Semester 3
UGA-T-MoFPED	2015-2017	Semester 3

The following slides compare PUDRs from 2015-2017 with the same period in 2018-2020. There are two data limitations, first, that we have a limited number of PUDRs from S1-S3 2015-2017, which are listed above, and second, we only conducted this analysis for modules that we have data for in both time periods.

Historical absorption, by country



Contextualizing performance using projected absorption



Finding statements for research question #3

- The 2015-2017 comparison is mainly using data from DRC. In the first graph, the main takeaway is that prevention programs for key populations are performing worse in the current grant cycle than in the former one.
- When comparing the first 18 months of 2018-2020 absorption to the historical module average, we can see that there are large variations between countries. In particular, the modules for community responses and systems, PMTCT, and prevention programs for the general population stand out.
- Notably, there are also several modules where absorption is keeping up with historical averages across countries, namely program management, or is performing markedly worse than average, as for national health strategies.

Research questions

Using 2018-2020 PUDRs, we wanted to know:

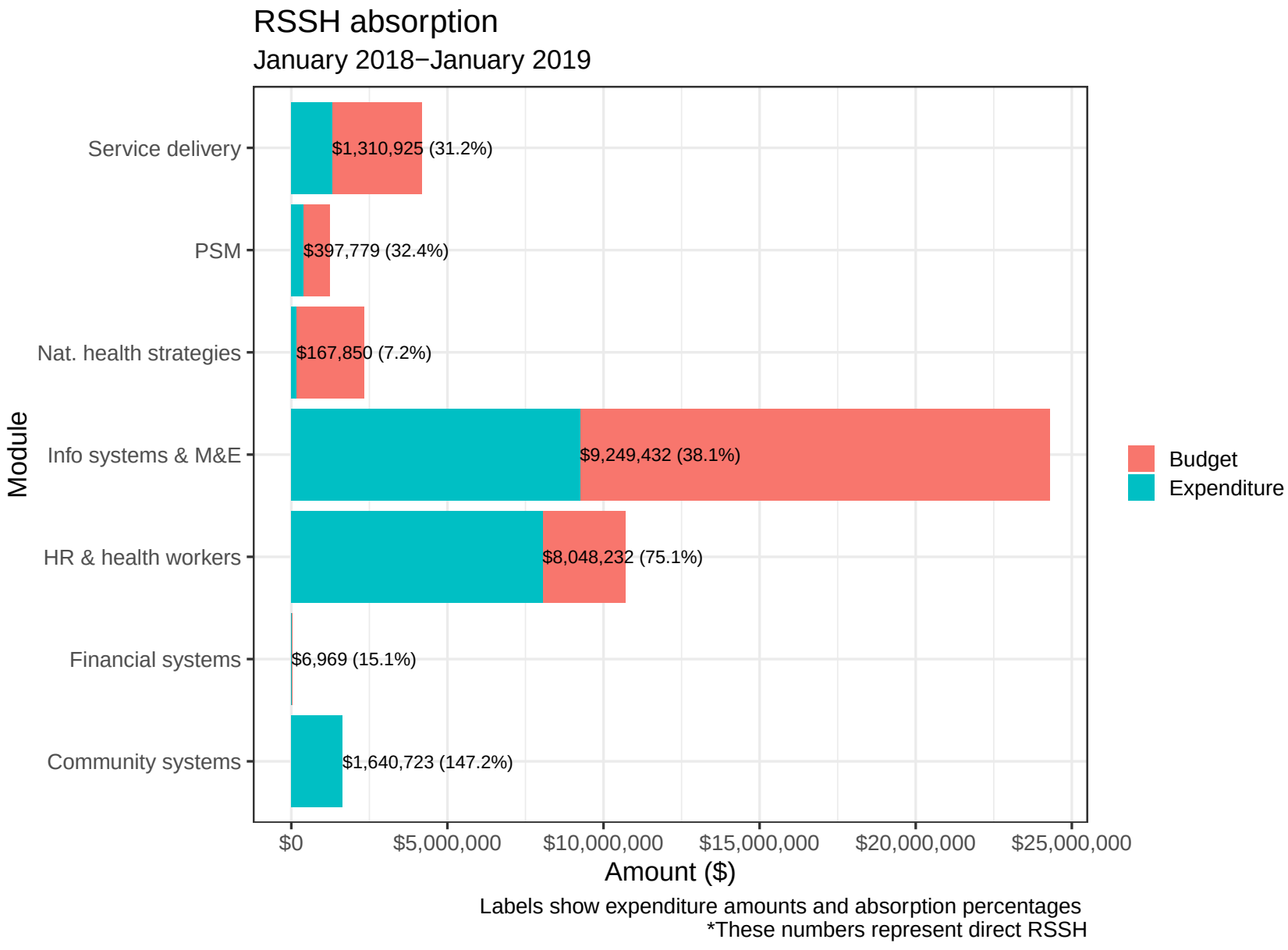
1. Are there any trends in the 2019 absorption so far?
2. Has absorption changed since the beginning of the grants?
3. How does it compare to this semester in the 2015-2017 cycle?
4. **Are there specific findings for RSSH or key populations?**

How many grants are reporting for each RSSH module?

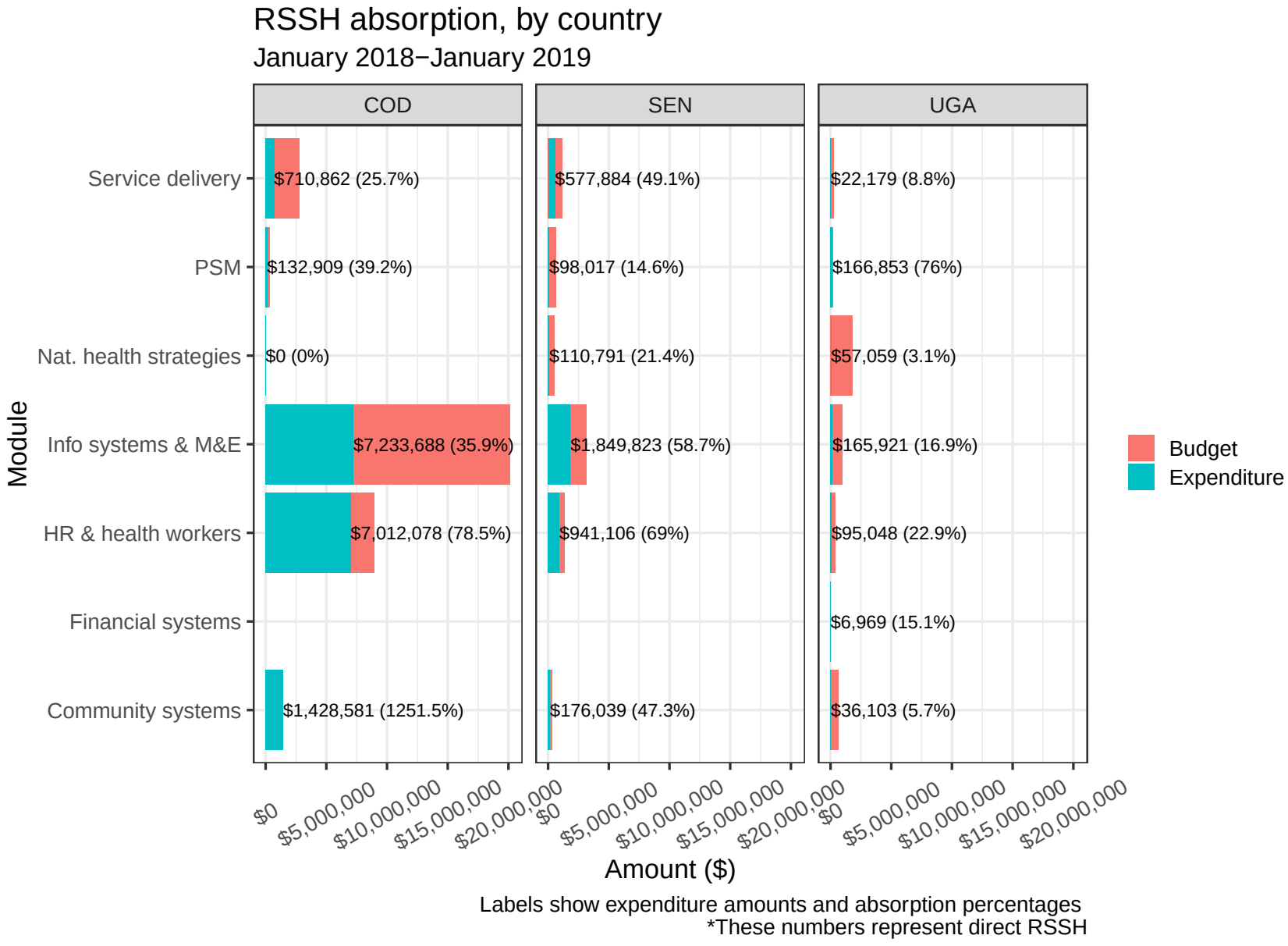
Module	Number of Grants
Info systems & M&E	11
Community systems	6
HR & health workers	6
PSM	6
Service delivery	5
Nat. health strategies	4
Financial systems	1

12 of the 14 grants in this analysis reported some spending on RSSH.

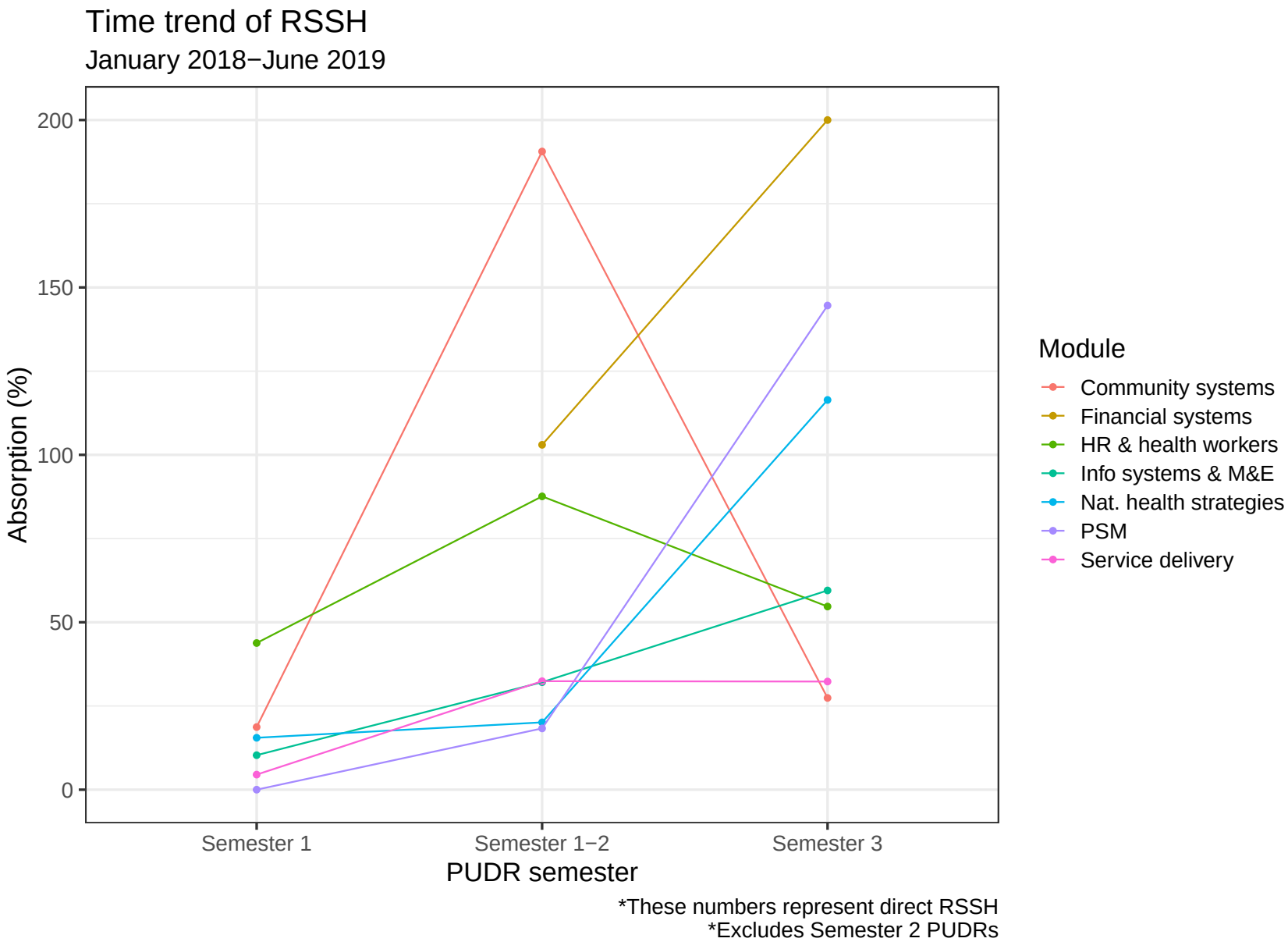
Within RSSH modules, which have the highest absorption?



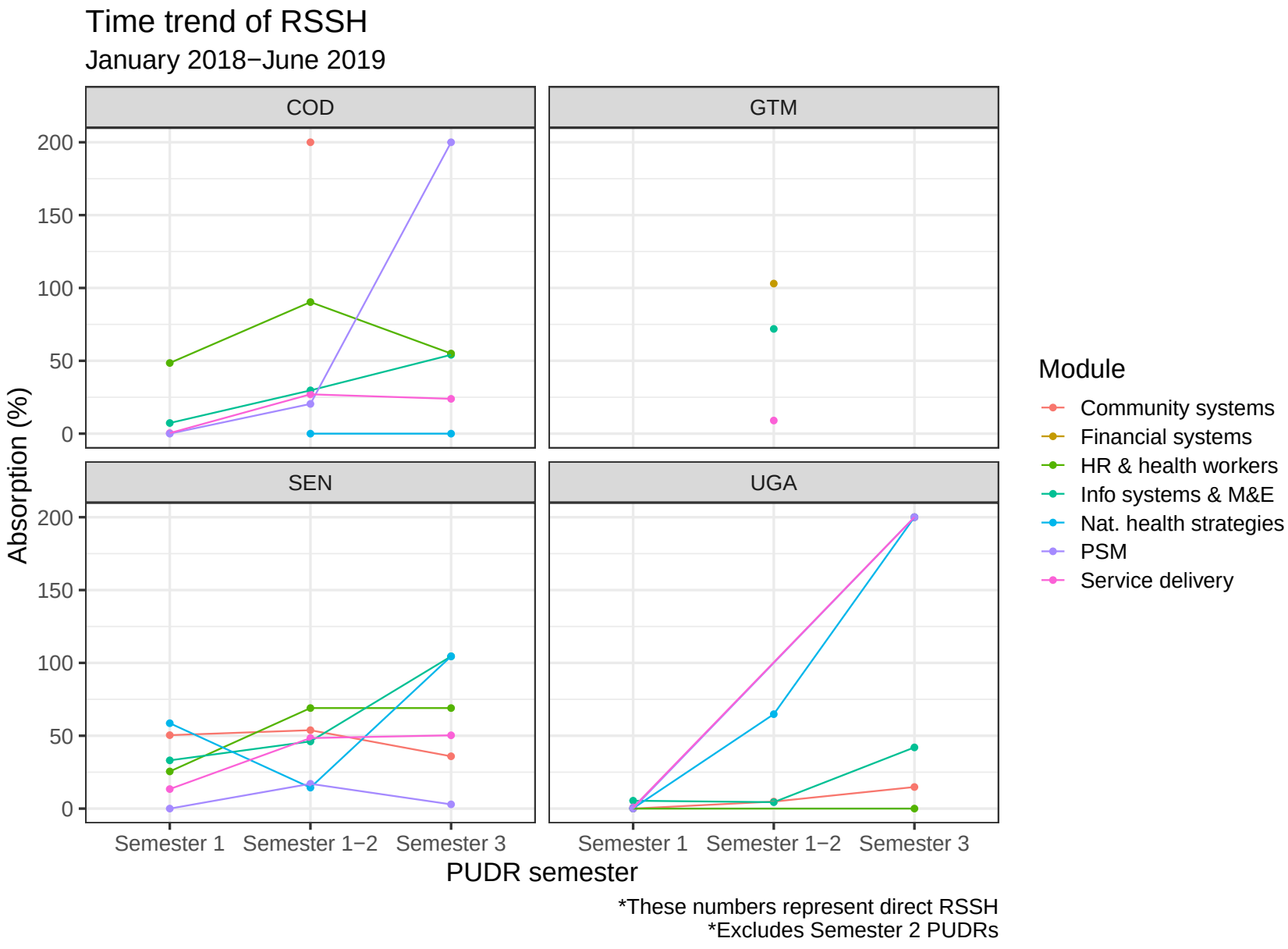
Which RSSH modules have the highest absorption, by country?



Time series of RSSH absorption

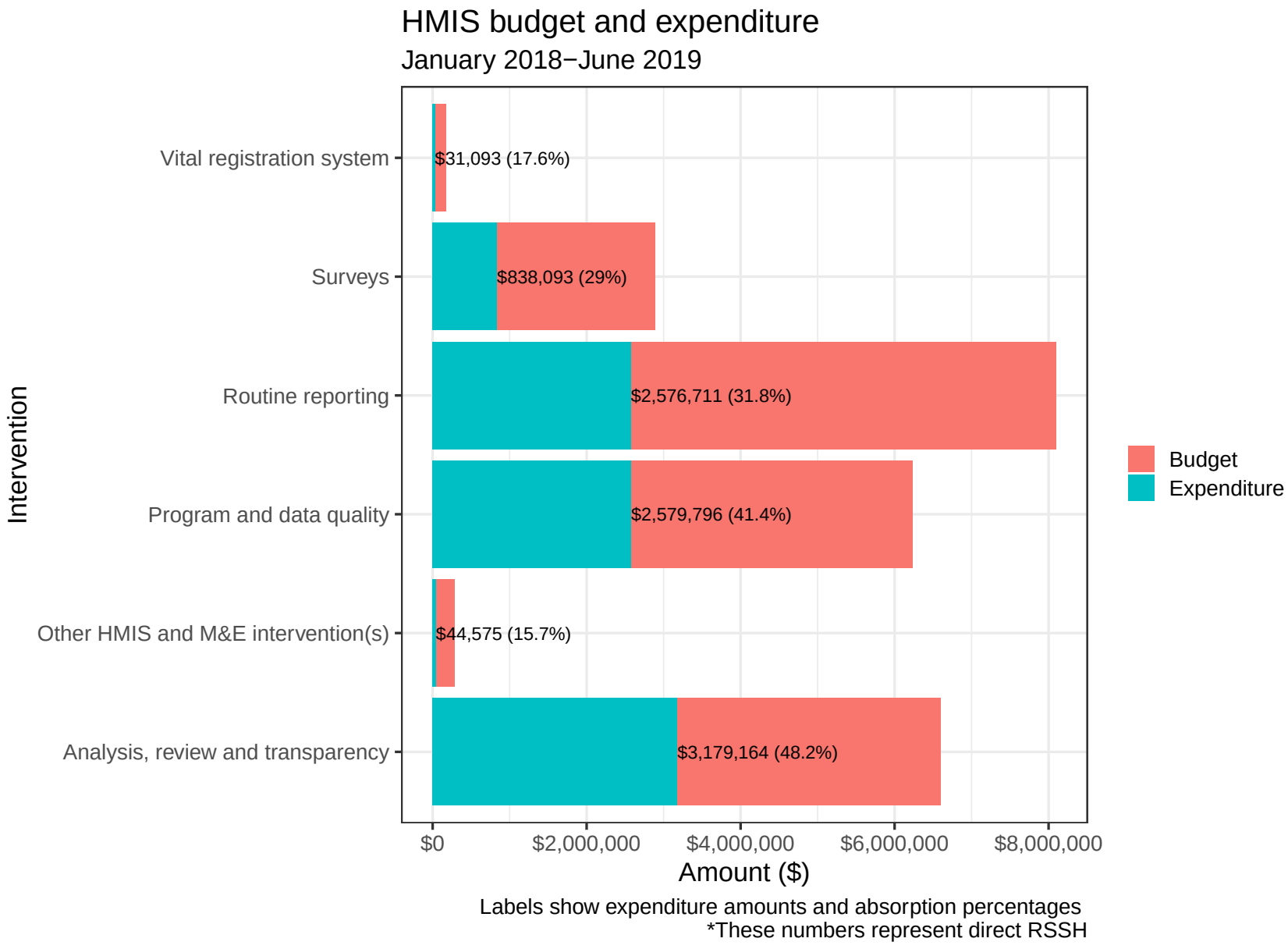


Time series of RSSH absorption, by country

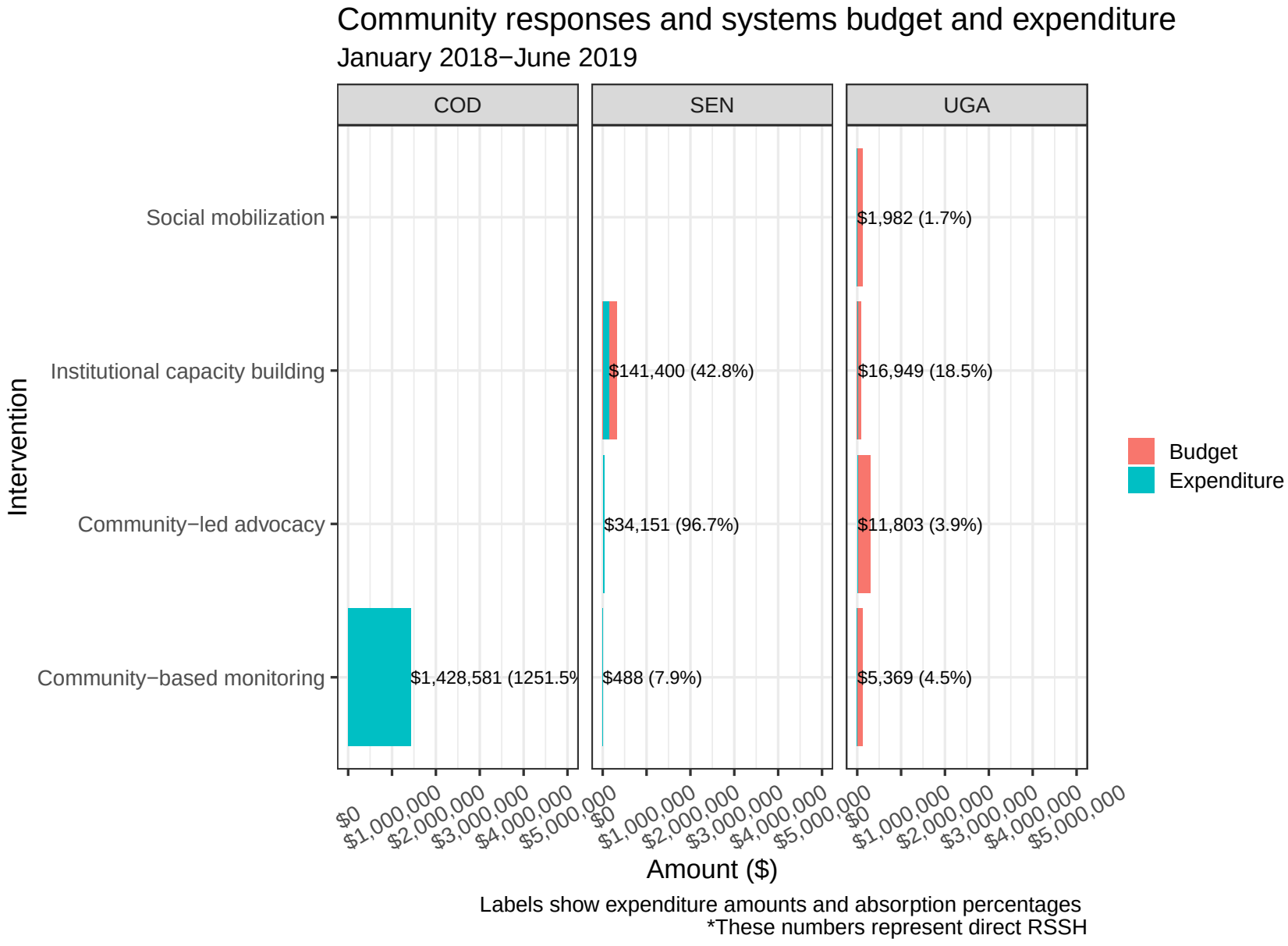


*These numbers represent direct RSSH
*Excludes Semester 2 PUDRs

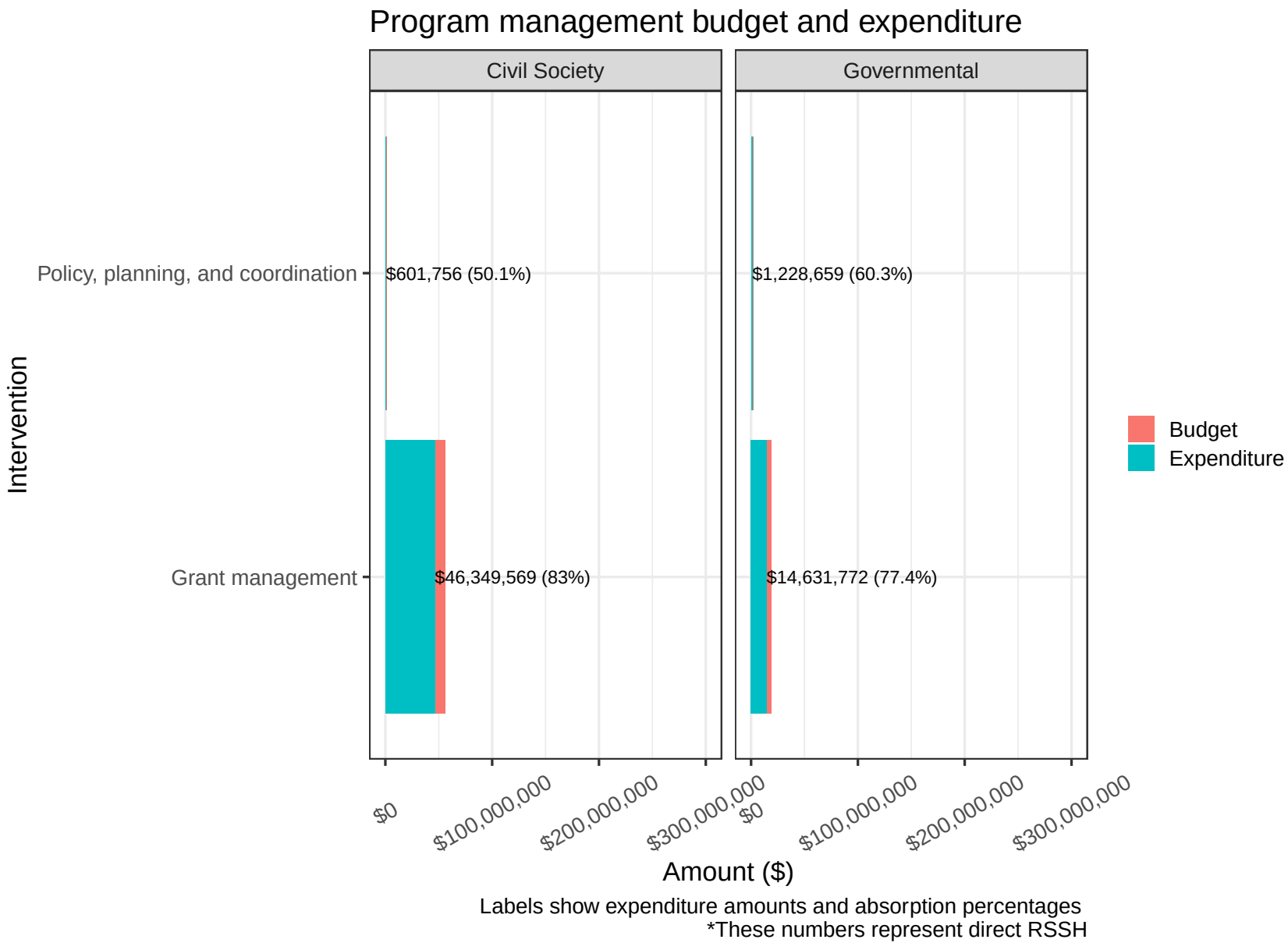
Absorption for interventions within HMIS



Absorption for interventions within community responses and systems



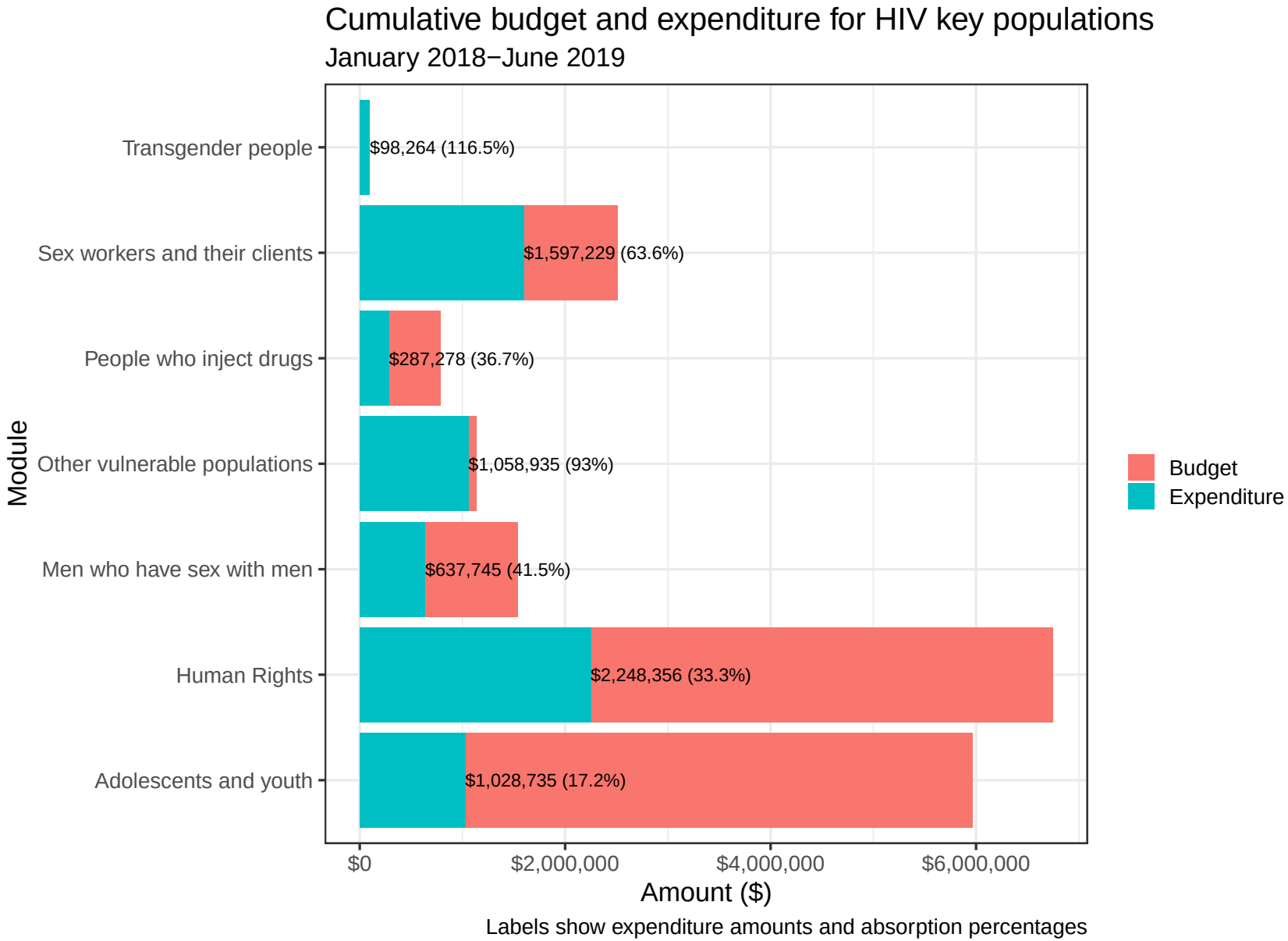
Absorption for interventions within program management



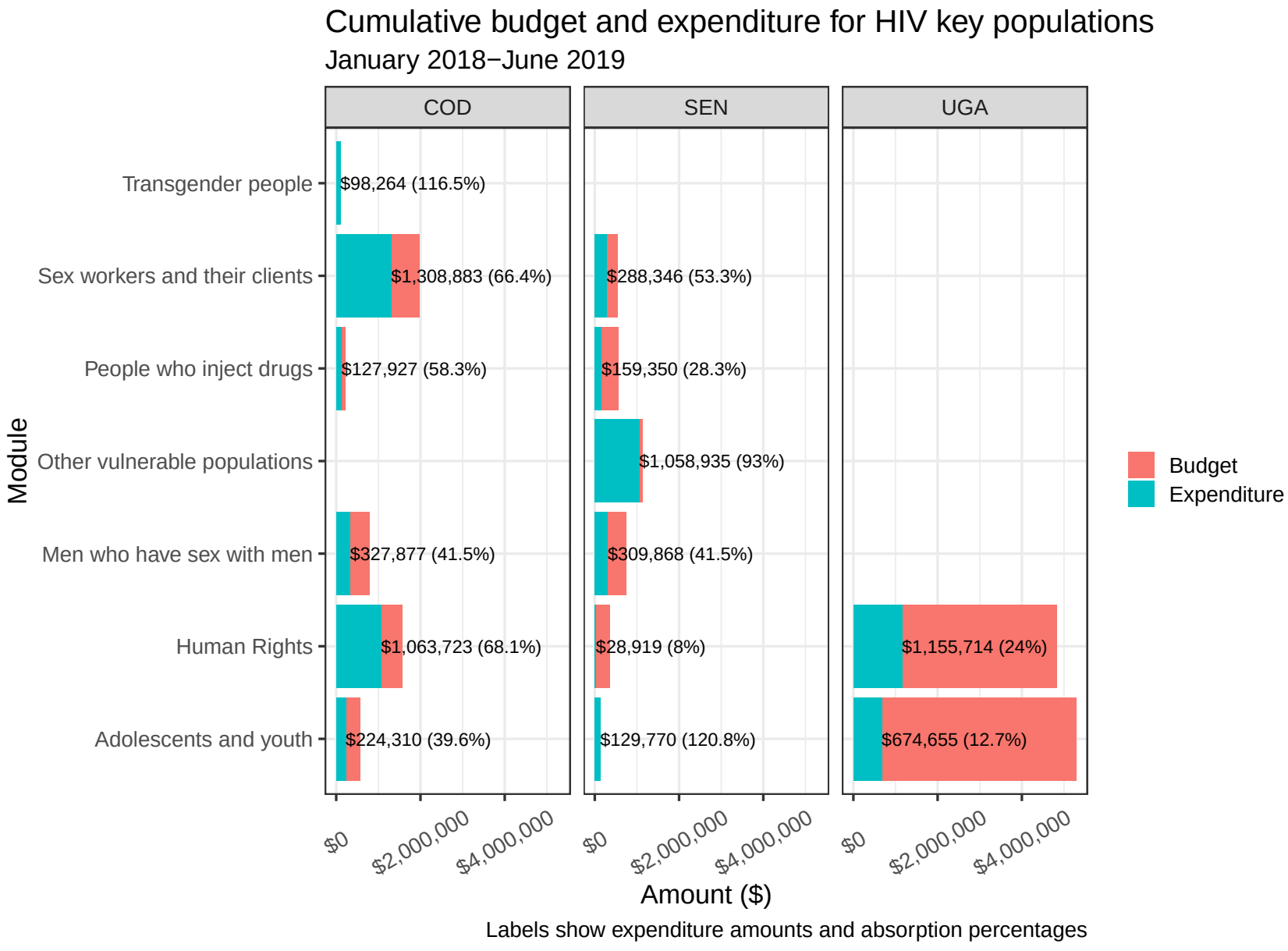
Finding statements for research question #4 (RSSH)

- Information systems and M&E has the largest overall budget, but it's still absorbing below 50% even with 18 months of absorption data.
- Both "national health strategies" and "community responses and systems" have relatively low budgets, but they're reporting very different absorption numbers. National health strategies is performing very poorly, while community responses and systems is absorbing above 100% of funds.
- However, the performance on community responses and systems is poor except for one intervention in DRC, "Community-based monitoring".
- Absorption for RSSH funds has improved over time, with 4 of 6 modules reporting over 50% absorption for Semester 1 2019.

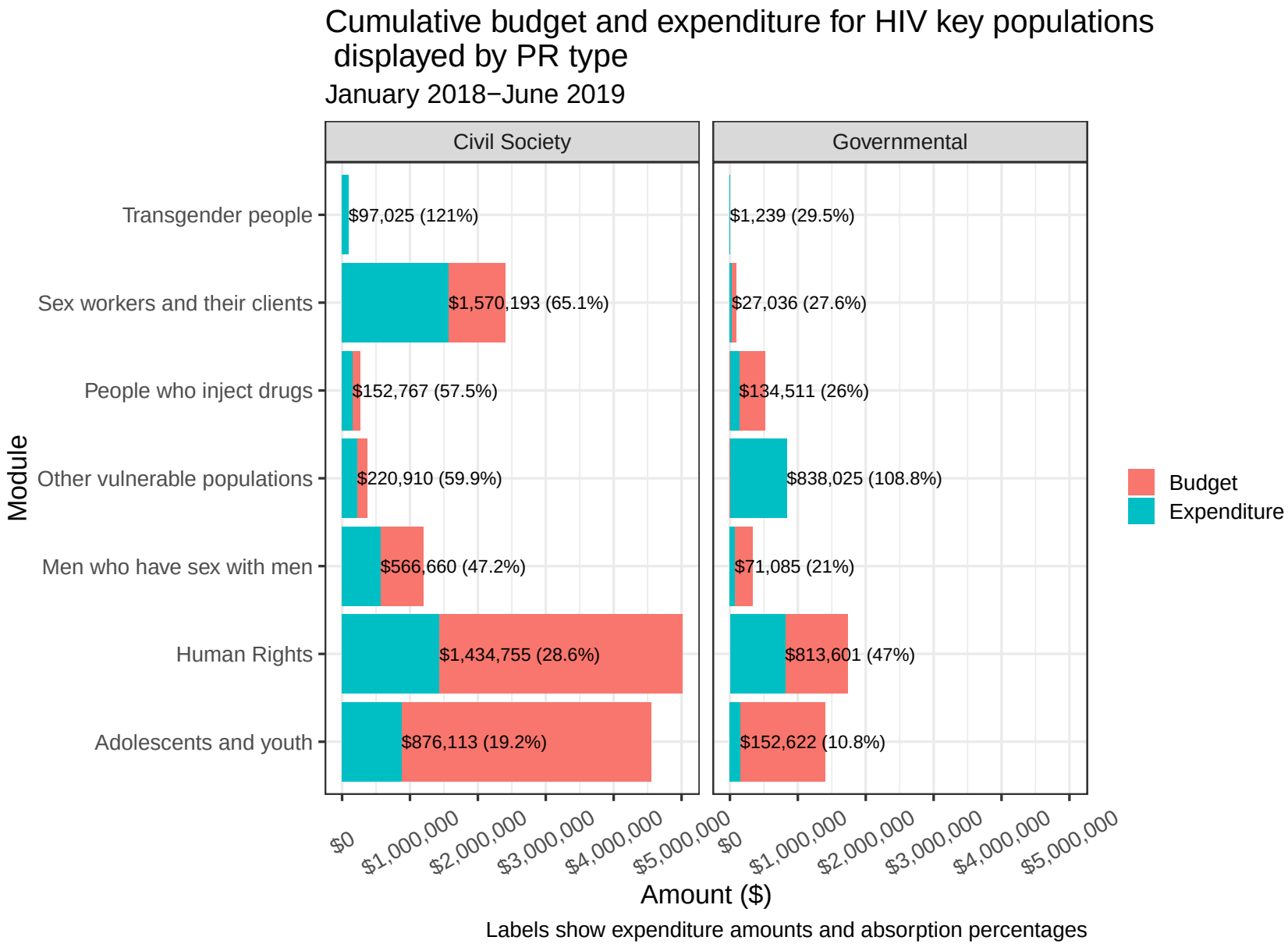
Are there trends in absorption for HIV key populations and human rights?



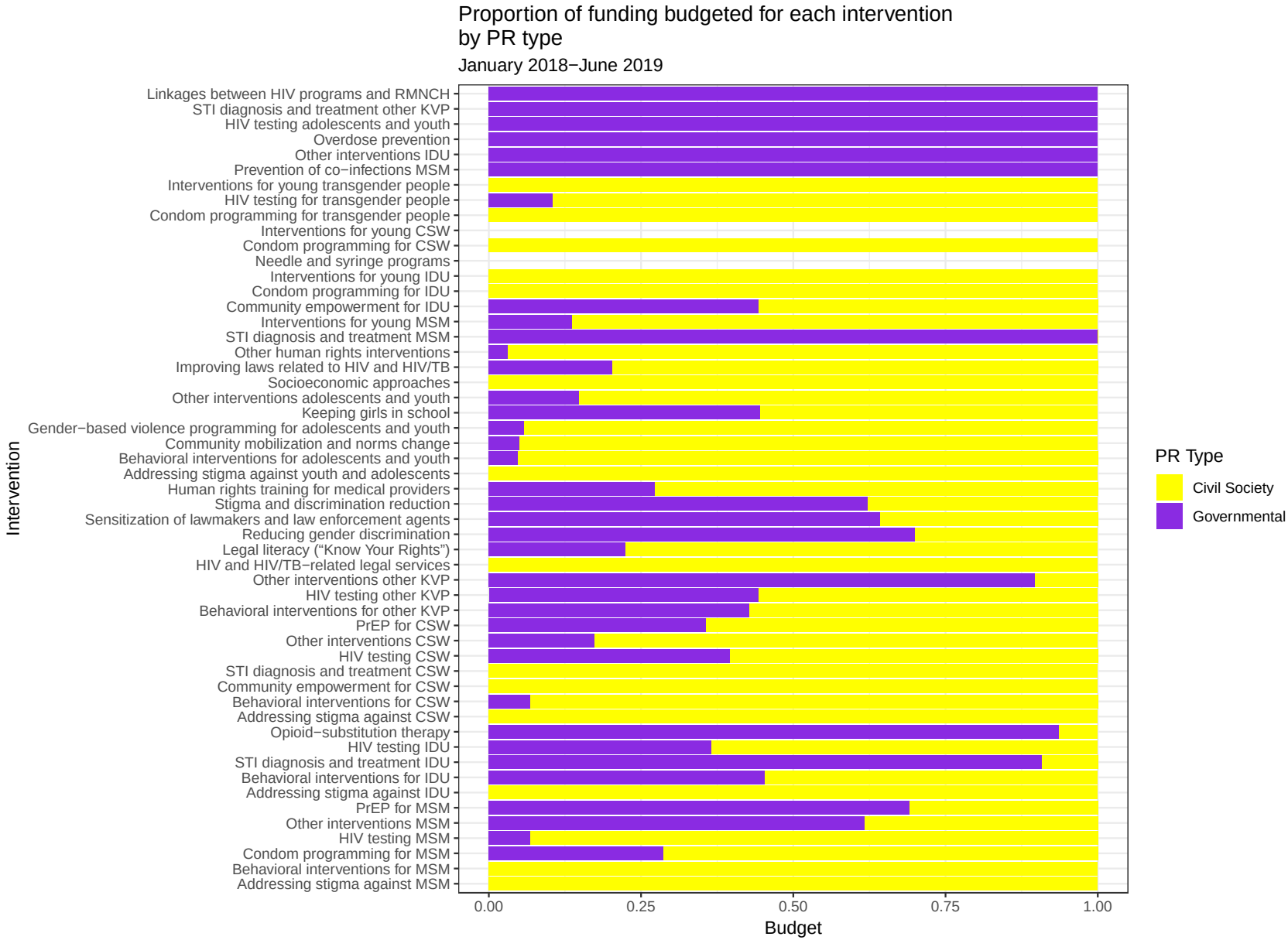
HIV absorption for key populations, by country



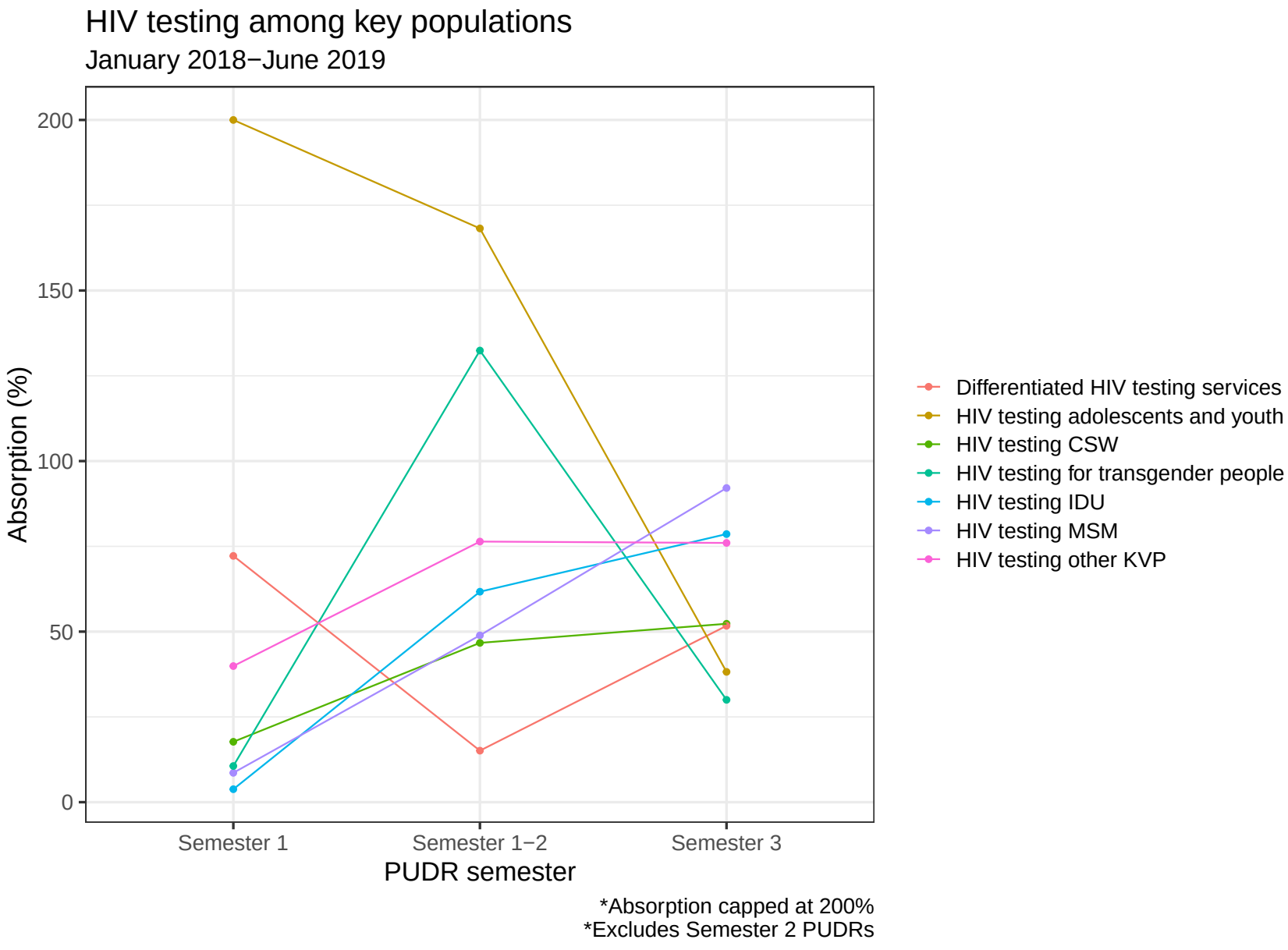
HIV key populations absorption, shown by PR type



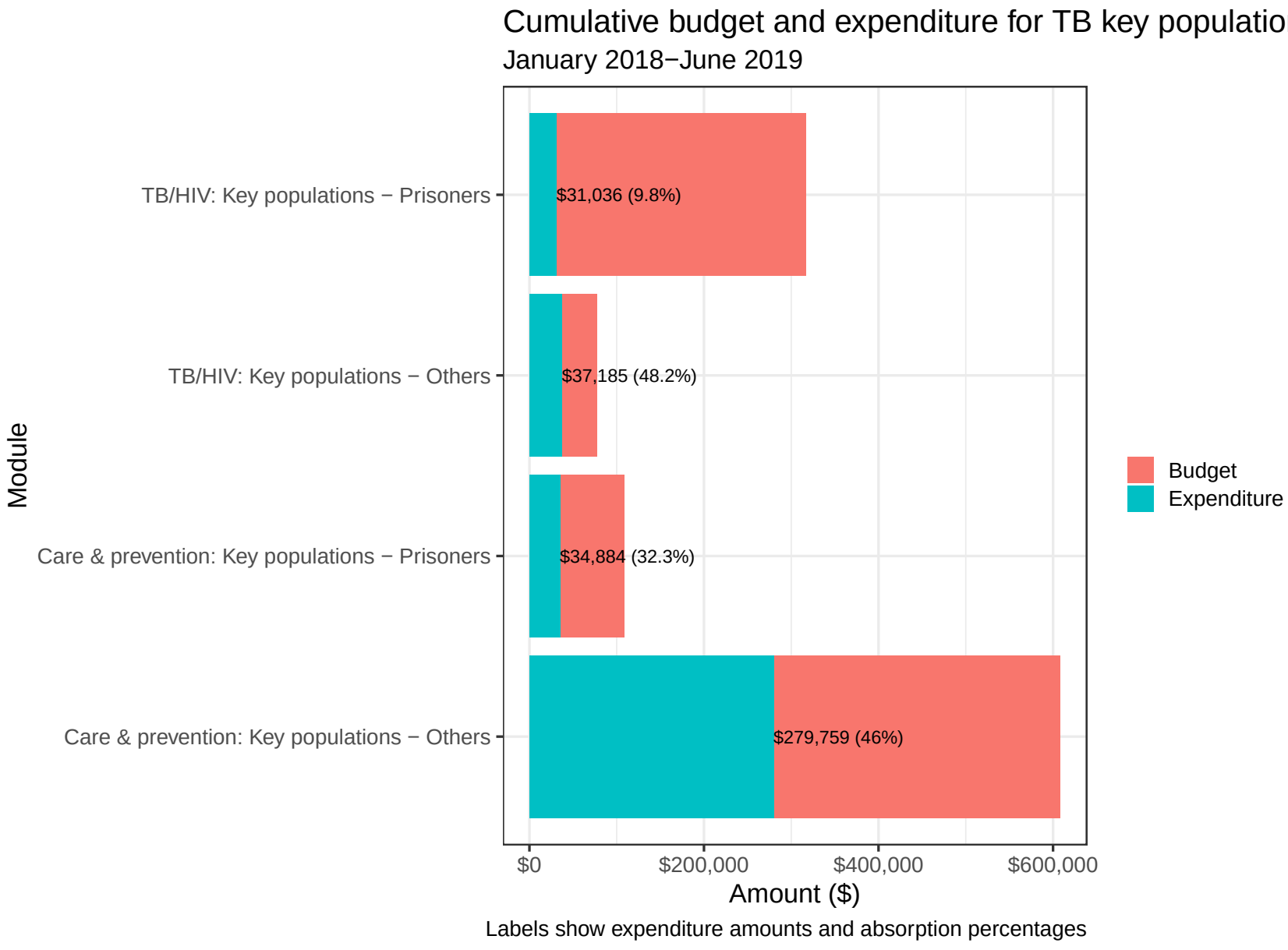
What kind of interventions are being funded by each PR type?



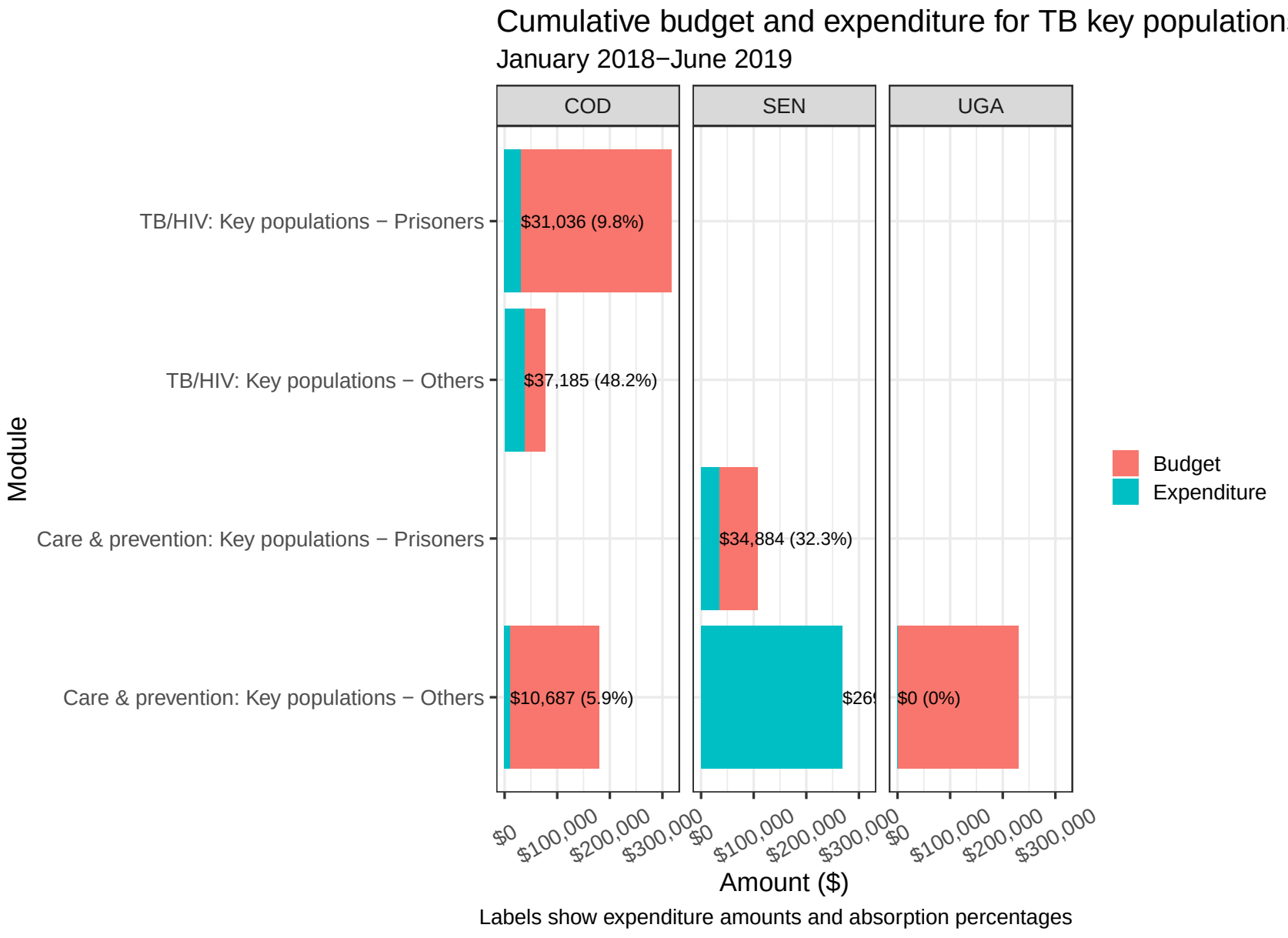
Review absorption for HIV testing among key populations



Absorption for TB key populations



Absorption for TB key populations, by country



Finding statements for research question #4 (key populations)

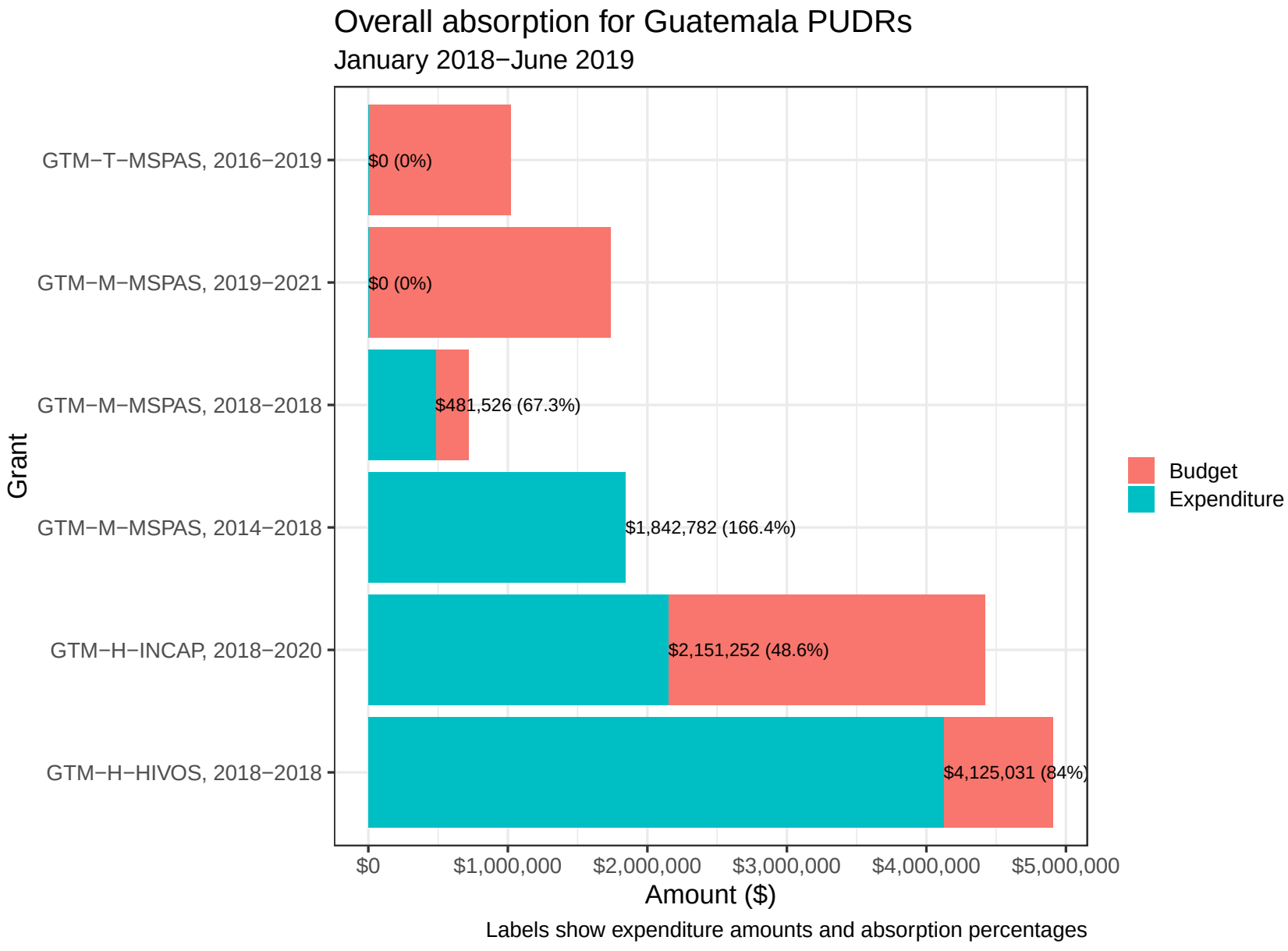
- The modules with the smallest budgets are reporting the best absorption numbers, and vice versa. In particular, absorption for human rights interventions and adolescents and youth has been very low.
- Although civil society PRs have the bulk of funding for key populations, there is a mixed picture on absorption when comparing governmental and civil society PRs for the same module.
- Absorption for HIV testing for key populations has improved over time, except for transgender people and adolescents and youth.

Guatemala absorption overview

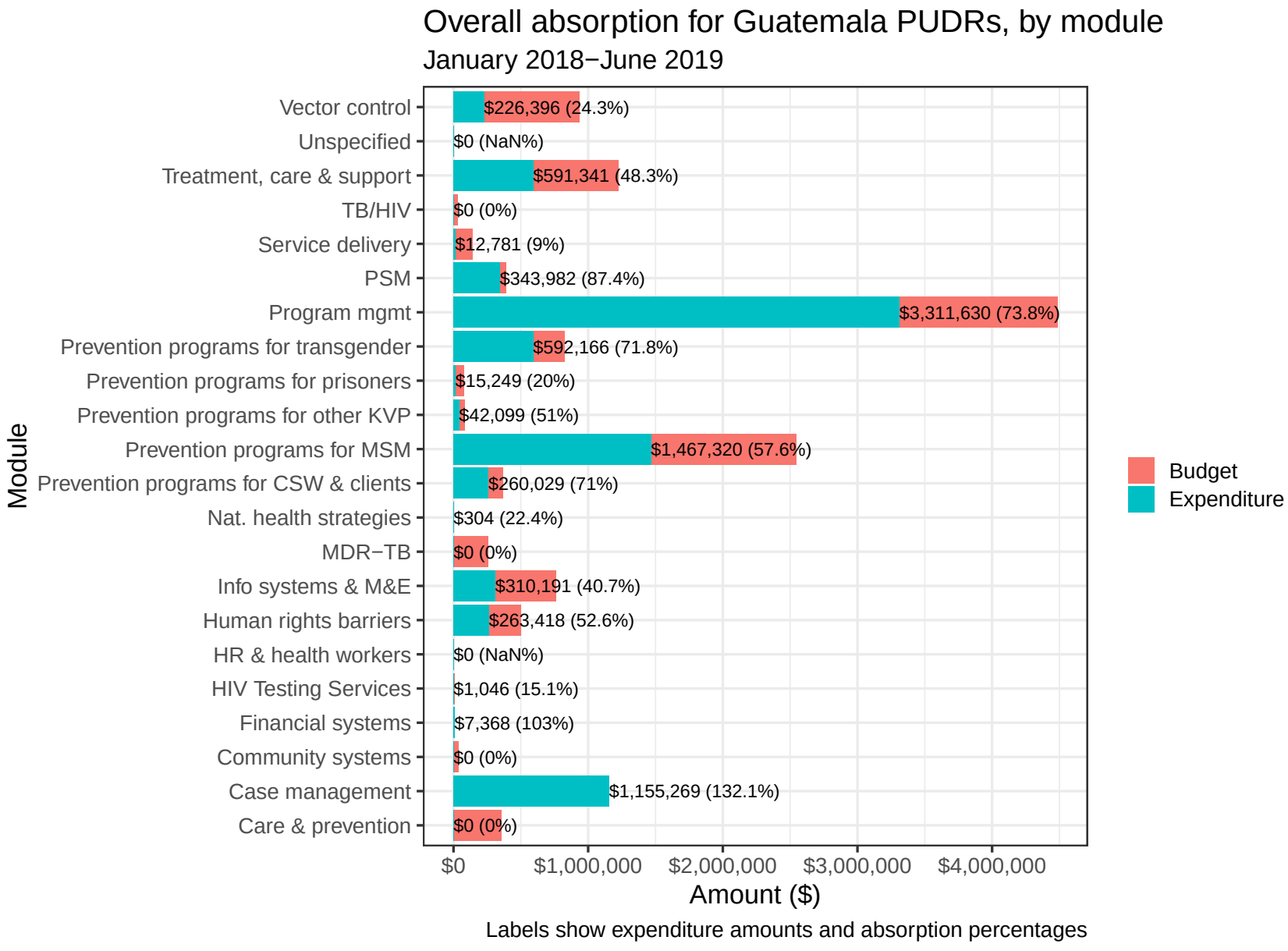
Grant	Grant Period	Start Date	End Date
GTM-H-HIVOS	2018-2018	2018-01-01	2019-01-01
GTM-H-INCAP	2018-2020	2018-10-01	2019-10-01
GTM-M-MSPAS	2014-2018	2018-01-01	2018-07-01
GTM-M-MSPAS	2018-2018	2018-07-01	2019-01-01
GTM-M-MSPAS	2019-2021	2019-01-01	2019-07-01
GTM-T-MSPAS	2016-2019	2018-07-01	2019-01-01

This is the list of Guatemala PUDRs we've received that cover the period from January 2018-June 2019.

Guatemala absorption overview, by grant



Guatemala absorption overview, by module



Finding statements for Guatemala

- Absorption performance is largely due to where the grants are in their implementation cycle, although the tuberculosis grant for 2016-2019 is reporting $0 expenditure at the end of it's grant cycle.
- Across all grants, program management is a large proportion of the budget and the expenditure.
- There has been impressive absorption for malaria case management funds.