

Global Grants Program

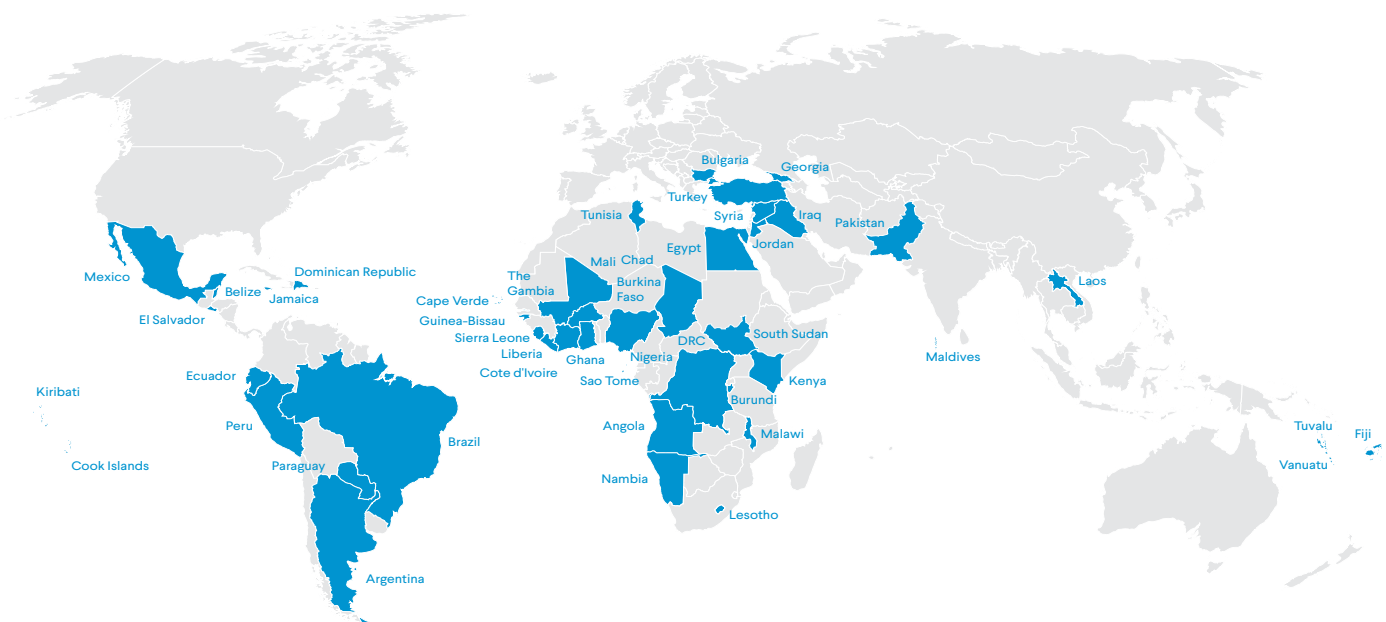
Supporting the analysis and use of data for public health action



Many countries seek to strengthen the use of data in their public health decision making

Without an accurate assessment of the most pressing public health challenges, health priorities are not identified and critical issues are not addressed. The Global Grants Program (GGP) supports governments to address these information gaps and improve their data processes so that accurate data can inform and prioritize policy development and public health investments.

Countries with GGP Projects



The Global Grants program was designed to follow the lead of the countries in which we work, expand on lessons learned from Data for Health global efforts and to promote regional collaboration, including the sharing of best practices and technical expertise, between countries addressing similar issues.

Locally Led Approach

Our country partners are health experts who are intimately familiar with the needs of their local health systems and communities. They are the driving force behind the work that is undertaken. Locally-led and managed projects result in sensible, tangible, and sustainable deliverables that fit local needs.

Methods

The Global Grants Program, has supported over 100 projects in 50 LMIC's in most regions of the world to enhance their systems of data analysis and use, focusing on Civil Registration and Vital Statistics, data-to-policy translation and setting up population based cancer registries. Our country partners address longstanding data gaps and systems improvements to ensure that decision makers get the data that they need to prioritize health challenges, develop policies, deploy resources, and measure success. The GGP and D4H center country ownership and leadership in our practices and approach, which you can read more about in this [GGP publication](#) and [D4H case study](#).

Successes

1. In Nigeria, The Gombe State Primary Health Care Development Agency in Nigeria used birth data to examine and improve health care for children in Gombe State, which had a high concentration of internally displaced people due to conflicts with extremist groups. Birth and death registration for children were crucial as they enabled access to social benefits such as health care, education, property inheritance, and voting rights. This project highlighted that geography was a significant determinant of access to essential health resources, in addition to factors such as gender, race, and religion. With this critical data, governments were able to adopt evidence-based approaches to developing programs and policies that enhanced population health and addressed existing inequities in resource access.
2. In Brazil, a project carried out by the Secretariats of Health in Goiania, alongside the Office of the Governor in Rio Grande do Norte linked 13 databases of the Municipal Health Department to better understand the trajectory of victims of gender violence in Goiania. The project produced data reports on burden mortality for gender-based violence for government officials. The team identified 8,295 reports of interpersonal violence against women in the ten years analyzed. Of this total: 7,904 (97.7%) women had only one notification of violence; 77% of the notifications were made in general hospitals and specialized hospitals or emergency services; primary health care units made less than 10% of the notifications, showing that the violence that does not advance to a severe case has been underreported, despite the compulsory notification required by law. This work clearly demonstrated that notification of gender violence in primary care is an essential strategy to address violence and protect those exposed to it.

Promoting Health and Gender Equity

As GGP continues to expand its work with new country partners, the team evaluated the impact of previous grantees' work to ensure equity achievements are captured. Of the 30 projects with an identified health equity component, 24 projects have utilized data to inform action, aiding governments in resource allocation and effective planning. Emphasizing gender and geographic equity, particularly in Africa and South America, teams have targeted areas with historically limited access to healthcare services. Over 129,000 births have been registered in previously under-registered regions, while 4,000 Verbal Autopsies have deepened our understanding of health disparities. Additionally, 13 Data Impact resources have been developed, enhancing data analysis capabilities for informed policymaking. These achievements underscore GGP's ongoing dedication to [advancing health equity worldwide](#).

1. A team working on refining cause of death data in Brazil was able to quickly pivot and incorporate COVID-related mortality in their work.
2. A team working in Ecuador was able to use training received in IRIS through GGP to quickly capture and report on COVID-related excess mortality.

Our Global Partners

- CDC Foundation
- Global Health Advocacy Incubator
- Johns Hopkins Bloomberg School of Public Health
- Pan American Health Organization
- U.N. Economic and Social Commission for Asia and Pacific
- U.N. Economic Commission for Africa
- U.N. High Commissioner for Refugees
- U.S. Centers for Disease Control and Prevention
- World Health Organization

Our Funders

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Bloomberg Philanthropies Data for Health Initiative

Today, approximately half of all deaths in the world go unrecorded; accordingly, health policy decisions are often based on inadequate information. Data for Health, funded by Bloomberg Philanthropies and The Gates Foundation, partners with low- and middle-income countries to improve public health data and use of data for policymaking.