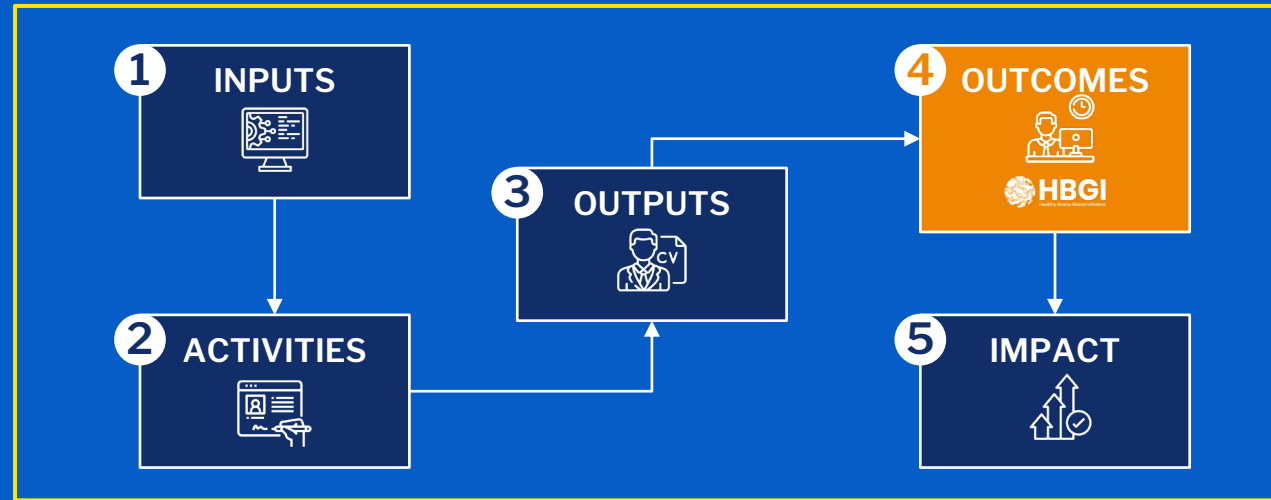


Paying for Outcomes on Mental Health Programs





स्वागत!

Bienvenu!

Bem-vindo!

مرحباً!

خوش آمدید!

¡Bienvenido!

Willkommen!

Welcome to the Launch

Structure

The Context



Introduction to HBGI and Outcomes



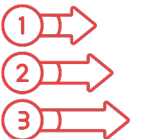
Purpose of the Call and the Report



Two of the Examples Highlighted



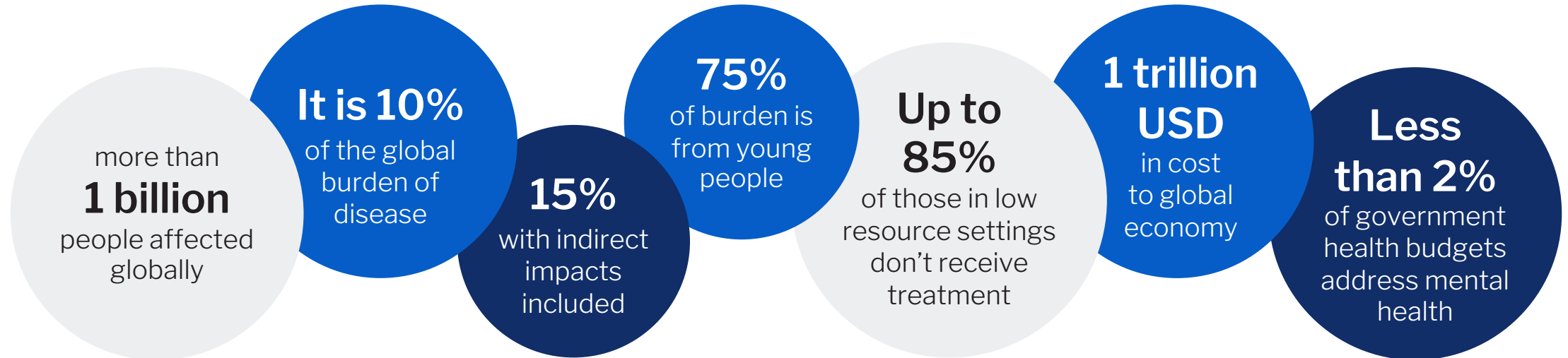
Way Forward





Poor Mental Health – The Context

Poor Mental Health – the Global Context in Numbers



**Covid 19 accelerated mental health decline:
25% increase in anxiety and depression globally.**

Poor Mental Health – One Regional Picture



1 in 7 young people are estimated to have a mental health condition



Yet, countries in Africa have the smallest proportion of mental health workers



The number of suicides in Africa is a fifth higher than the global average



More than 4 out of 5 people with mental health conditions don't have access to treatment











6 of the countries with the top 10 suicide rates are in Africa



Africans have the highest out-of-pocket expenditure for receiving psychiatric services

Poor Mental Health – the Human Impact

Poor mental health is mixed up with a wide range of personal and social challenges:

- | | | | |
|---|--|---|--|
|  | Poor school attendance and/or academic performance |  | Substance addiction/dependency |
|  | Unemployment |  | Domestic abuse and violence |
|  | Child pregnancy |  | Poor physical health – no health without mental health |
|  | Homelessness |  | Poor adherence or uptake of physical health treatment |

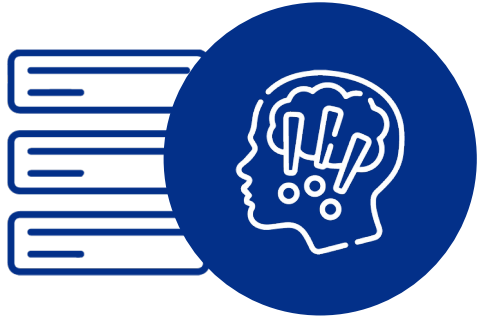
It is inextricably linked with poverty and social exclusion and drags on the recovery from every disaster and conflict.

Unless concrete, and coordinated action is taken, **by 2030 mental health conditions will be one of the top three causes of morbidity and mortality globally.**



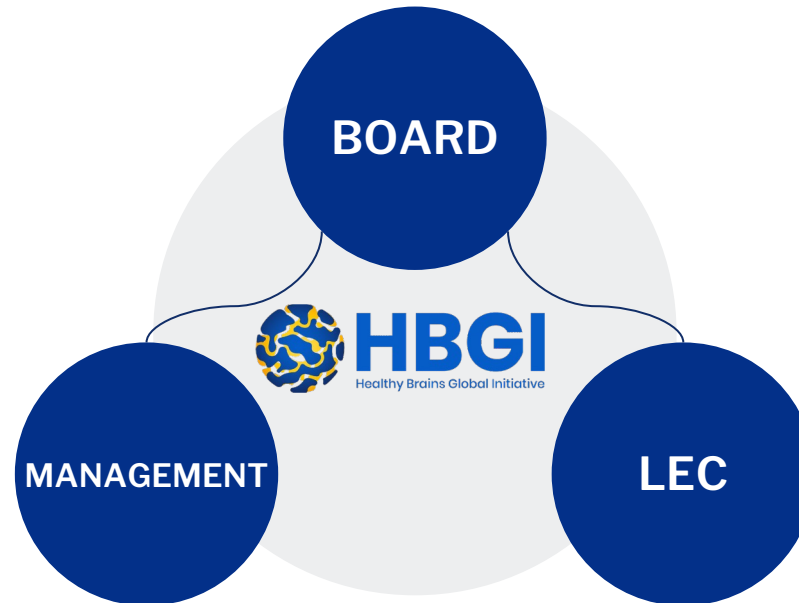
Introduction to HBGI and Outcomes

HBGI – Who we Are



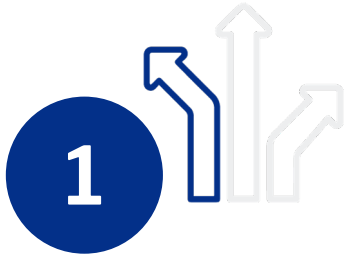
HBGI uses outcomes-based funding to contract a range of programs targeting the causes and consequences of poor mental and brain health

Our Structure

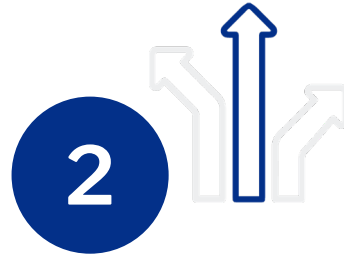


HBGI – Our Work

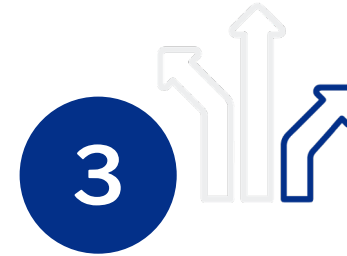
We operate in three ways:



Pooling the funds of donors into **Regional or Thematic Outcomes Funds** (e.g., a Fund for Africa or a Fund for Sport and Mental Health), which HBGI manages and uses to contract new programs, identified in partnership with stakeholders, with **HBGI as the ‘outcomes funder’**.



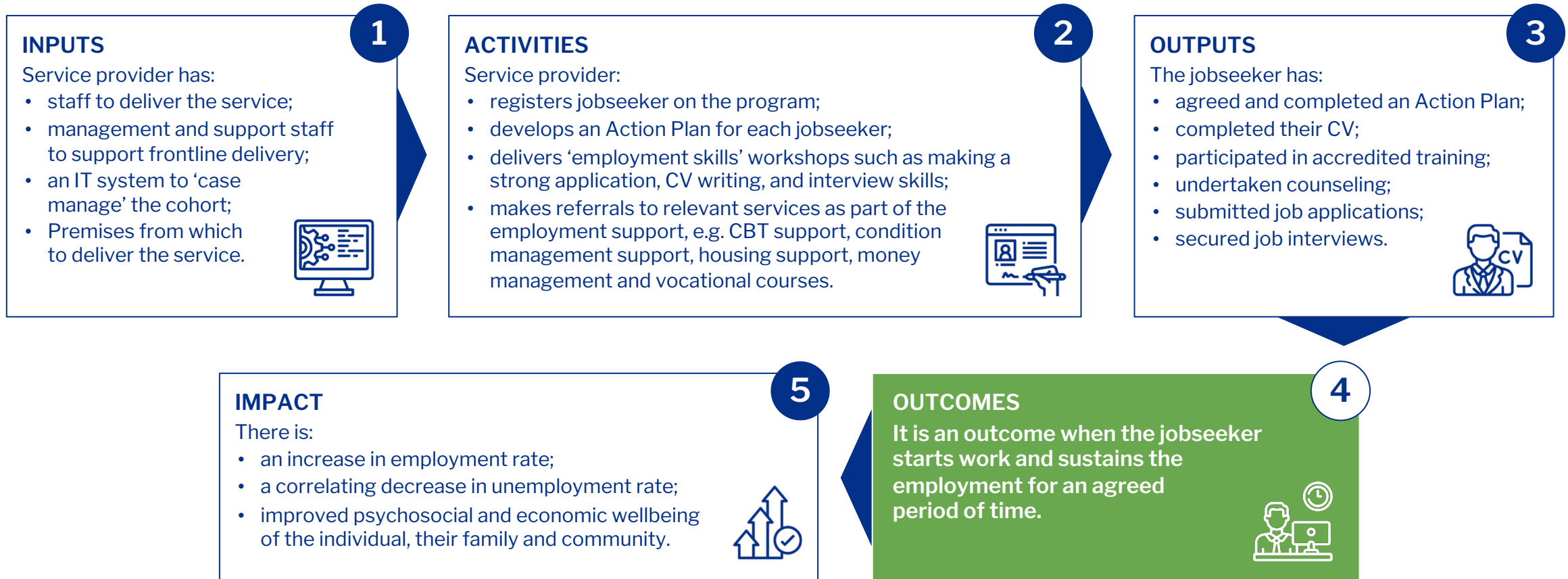
Working with individual donors who have an interest in particular populations or challenges; **to contract and oversee specific programs** for these donors.



Supporting fund holders, such as governments, to design and mobilize contracted programs, building and operating performance management systems to drive the outcomes and impact of these programs.

Outcomes – What Are They?

The Results Chain - an Employment Program Example



Functional Outcomes

Programs which deliver impact that truly change someone's life chances



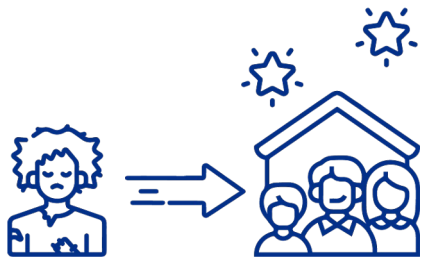
Newborn achieving developmental milestones



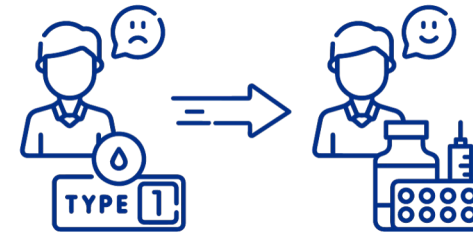
Returning to school and improving educational attainment



Securing a job



Reduction in alcohol use



Better management of a physical health condition

Outcomes – Why They Matter



Enable a **ground-up, localized approach**



Focus on and **tailored** for each individual



Increase the **quantity** of performance



Increase the **quality** of performance
(minimum service level required)



Greater **value for money**, as spend
is tied to results



Address donor fatigue –funding is directly
linked to **evidenced results**



Increase **accountability** as it
increases **transparency** over where
the money goes



Enable **flexibility** and incentivize
innovation



Provide **rich, real-time data**



Questions and Comments



Purpose of HBGI's Call for Expression of Interest and the Paying for Outcomes on Mental Health Programs Report

Purpose of the Call for Expressions of Interest

Questions from Funders:



'What sort of programs are you going to be contracting?'

'What sort of outcomes are you likely to be paying for?'

'Is there really the interest and capacity out there to deliver and be paid for outcomes like this?'

HBGI's Response:



The Call for Expressions of Interest.

Paying for Outcomes on Mental Health Programs Report.

What we Learnt from the Call



There is an active and engaged service provider market, interested in outcomes-based contracting.



Outcomes-based contracting could be applied effectively to programs targeting poor mental health.

The Responses



The Responses

Africa

Ghana

Pantang Hospital

Kenya

Nzumari Africa

UKOO

Triggerise

batyr

CAPMHK

CorStone

Lesotho

Partners in Health

Liberia

LiCORMH

The Carter Centre

Partners in Health

Malawi

Save The Children

Partners in Health

Mozambique

PATH

Namibia

Zvandiri

Rwanda

YLabs

Partners in Health

Sierra Leone

Partners in Health

South Africa

Waves for Change

Centre for Community Impact

Stellenbosch University

Zvandiri

Uganda

Finemind

Village Enterprise

African Centre for Suicide Prevention and Research (ACSPR)

SEEK-GSP

Makerere University School of Public Health

Zimbabwe

THRU ZIM (The Health Research Unit Zimbabwe)

SPANS

South Asia

Bangladesh

British Asian Trust

India

Sangath (and Harvard Medical School)

Harvard-led consortium

Banyan Academy of Leadership in Mental Health (BALM)

British Asian Trust

Innovators in Health

CorStone

Arogya World

Iswar Sankalpa

Nepal

Save The Children

Pakistan

British Asian Trust

Aga Khan Foundation

Philippines

MLAC Institute

Eastern Europe

Ukraine

Teenergizer

Trauma Resource Institute

Americas

Brazil

Brazilian Coalition on MH Innovations and Impact

USA (California)

Harvard Medical School

TrustCircle

Mexico

Glasswing

Open

Red Dot 365

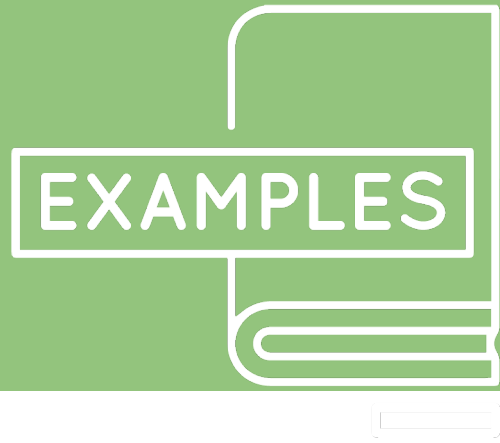
SELF Circles Inc

Social Finance

ICRC

Stronger Brains

Opa Mind



Two of the Compelling Examples

Achieving HIV & mental health outcomes through a platform approach



Tiko Kenya Experience

HBGI EOI Report Launch – 30 March 2023





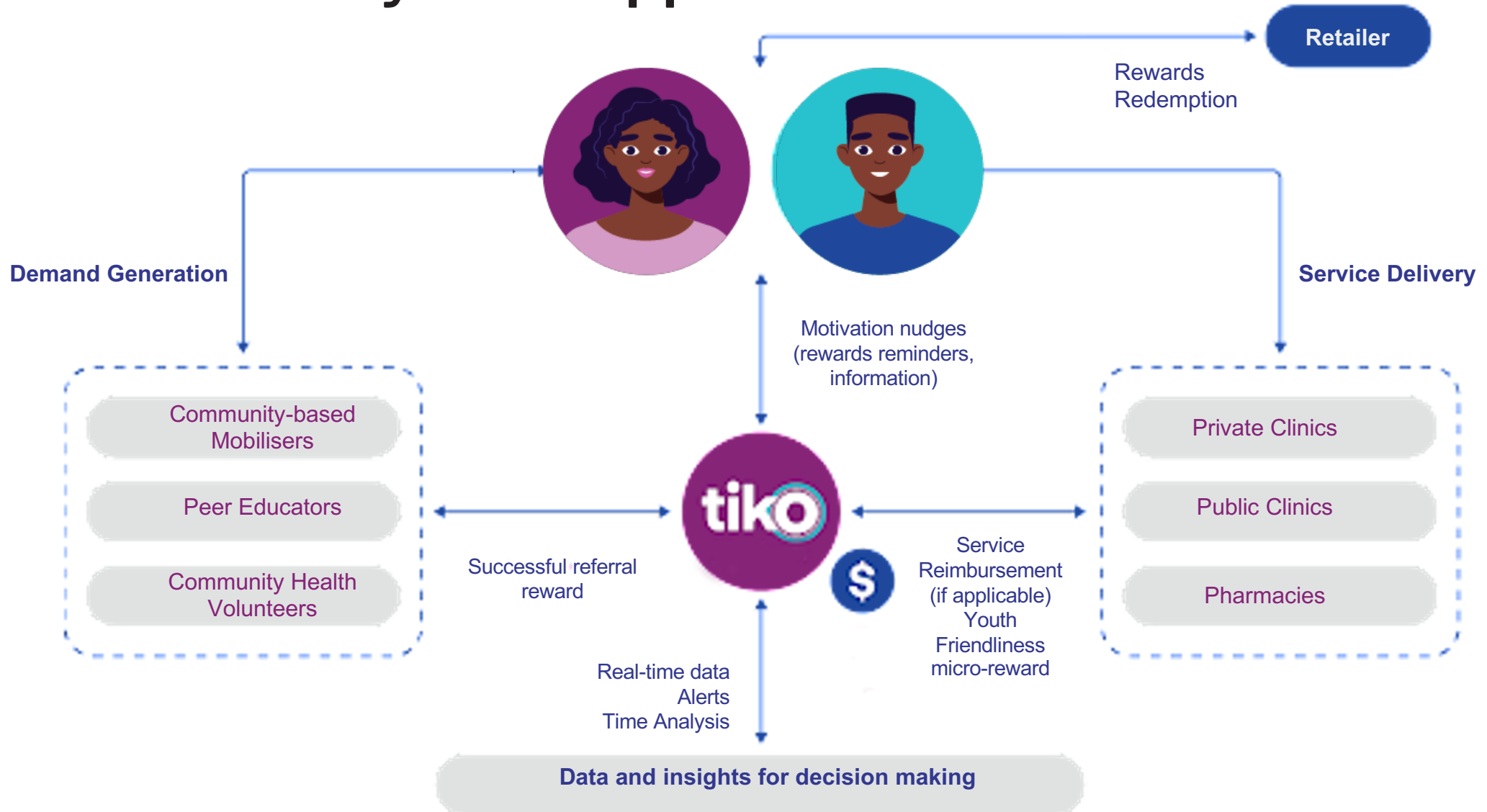
About us | Triggerise / Tiko

Triggerise / Tiko is a global non-profit headquartered in South Africa, that motivates young people to make positive choices using innovative tech, real-time data, and behavioural insights.

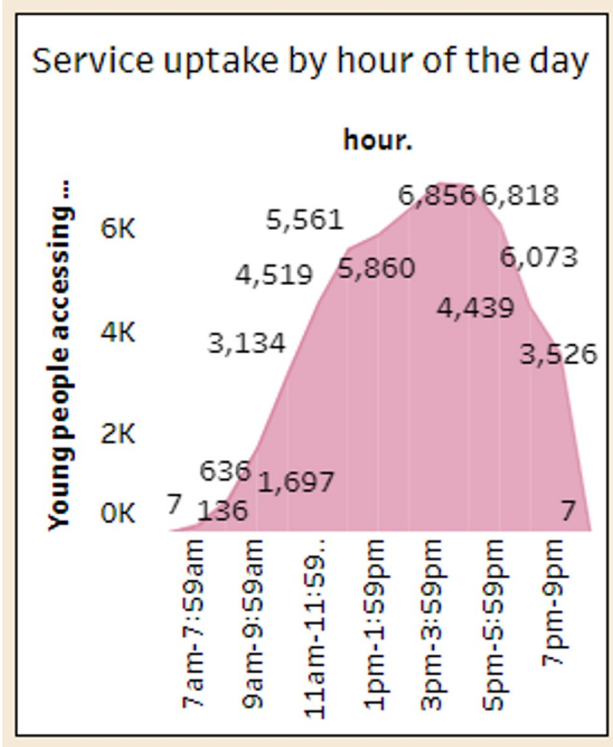
Through our digital platform, **Tiko**, and our local ecosystem of partners, we connect Tiko members to existing local service providers to meet their health and wellness needs.

Since we began operations in 2014, we have impacted **2.2 million young people** through our platform.

The Tiko Ecosystem Approach



Real-time Data Capabilities

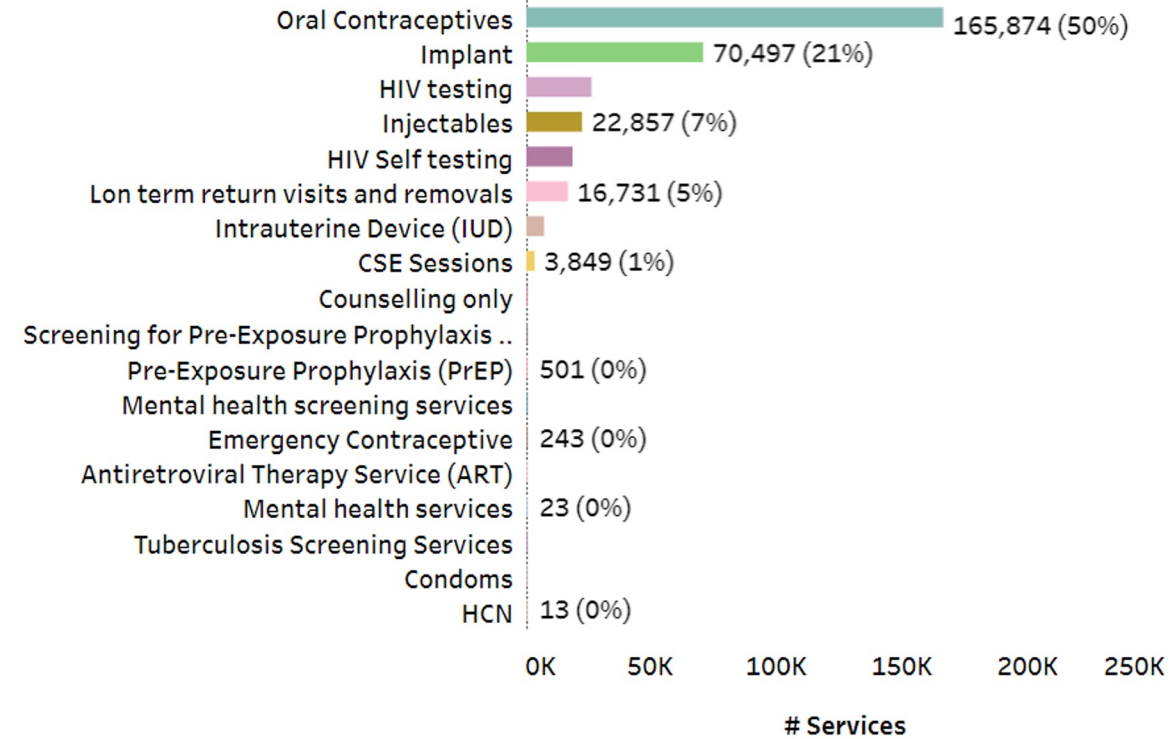


13,494 HIV self-test kits distributed
123% of 11,000 target






1,228 young people taking PrEP
54% of 2,277 target

Service uptake by service type



In these snapshots from our Tableau dashboards, see detailed breakdowns of data across various projects.

Our Outcome-based Funding Initiatives

	Kenya  2020 - 2022	Ethiopia  2022 - 2024	Kenya  2023 - 2025 Phase 1
What	World's First Adolescent Sexual & Reproductive Health Development Impact Bond	Access to Sexual & Reproductive Health Services for Young People	Scaling the World's First Adolescent Sexual & Reproductive Health Development Impact Bond
Outcomes/ payment metrics/ Targets	Outcomes: Surpassed sexual & reproductive service target by 148% (362,000 versus target of 244,445), cost per service down from \$25/service to \$17	Payment metric: number of contraceptive services taken up on Tiko Target: 162,000 services over 3 years	Proposed payment metrics: number of contraceptive and HIV services taken up on Tiko Proposed Target: uptake of 528,000 contraceptive and HIV services
Amount	\$8.6m	€3.3m	\$9.7m

Integrating Mental Healthcare into SRH



In Mombasa county, Kenya, we have integrated mental healthcare into a pre-existing sexual and reproductive health programme.

- **Aim:** To support young people living with HIV and vulnerable key populations like transgender sex workers and people who inject drugs with the mental health support they need, as improved mental health leads to increased adherence to PrEP and related HIV treatment.
- **Donor & Amount:** Elton John Aids Foundation – \$1m
- **Duration:** 3 years (launched in May 2022)
- **Programme:**
 - Ecosystem approach connects a network of ‘actors’ (e.g., clinicians, retailers) to support the above populations in accessing the sexual and mental health services they need
 - Partnership with StrongMinds to build capacity among members of community-based organisations to become lay counsellors who can screen youth for mental health
 - Tiko connects the mental health work to our wider offering to bolster more holistic health outcomes for young people

A Snapshot of our Mombasa Ecosystem



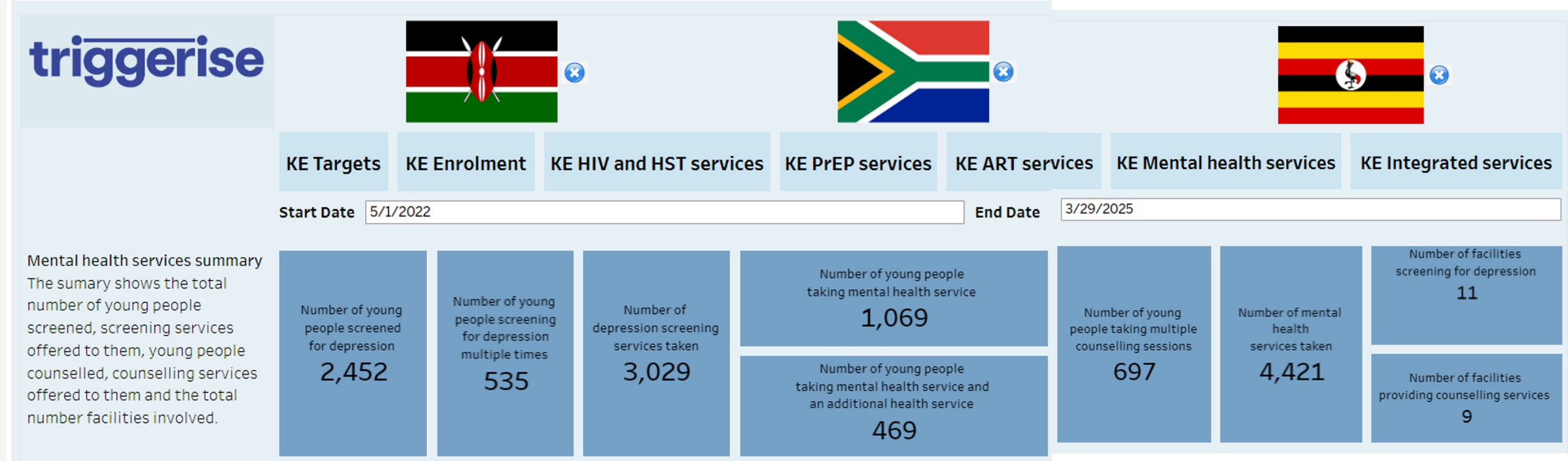
Achieving Functional Mental Health Outcomes

Anticipated Outcomes:

- Young people having improved and sustained sexual and mental health leading to improved sexual health and decreased HIV risk behaviours, and
- Young people having improved agency and quality of care in their options of mental health and HIV service providers

Potential HIV and mental health payments metrics associated with:

- Uptake and ongoing access to mental health, HIV testing, PrEP and treatment services
- Addition of newly trained community-based mental health service providers to Tiko
- Individual demonstration of increased empowerment over mental and sexual health, measured using multi-scale Likert questions



Thank you!

triggerise

w: triggerise.org | in: [@triggerise](https://www.instagram.com/triggerise) | t: [@triggerise](https://twitter.com/triggerise)

Benoit: benoit@triggerise.org | Nathalie-Ann: nathalie-ann@triggerise.org | Stephen: stephen@triggerise.org



Waves for Change: An Innovative Approach to Mental Health Care for Adolescents & Large-Scale Youth-Led Health Systems Change in LMICs

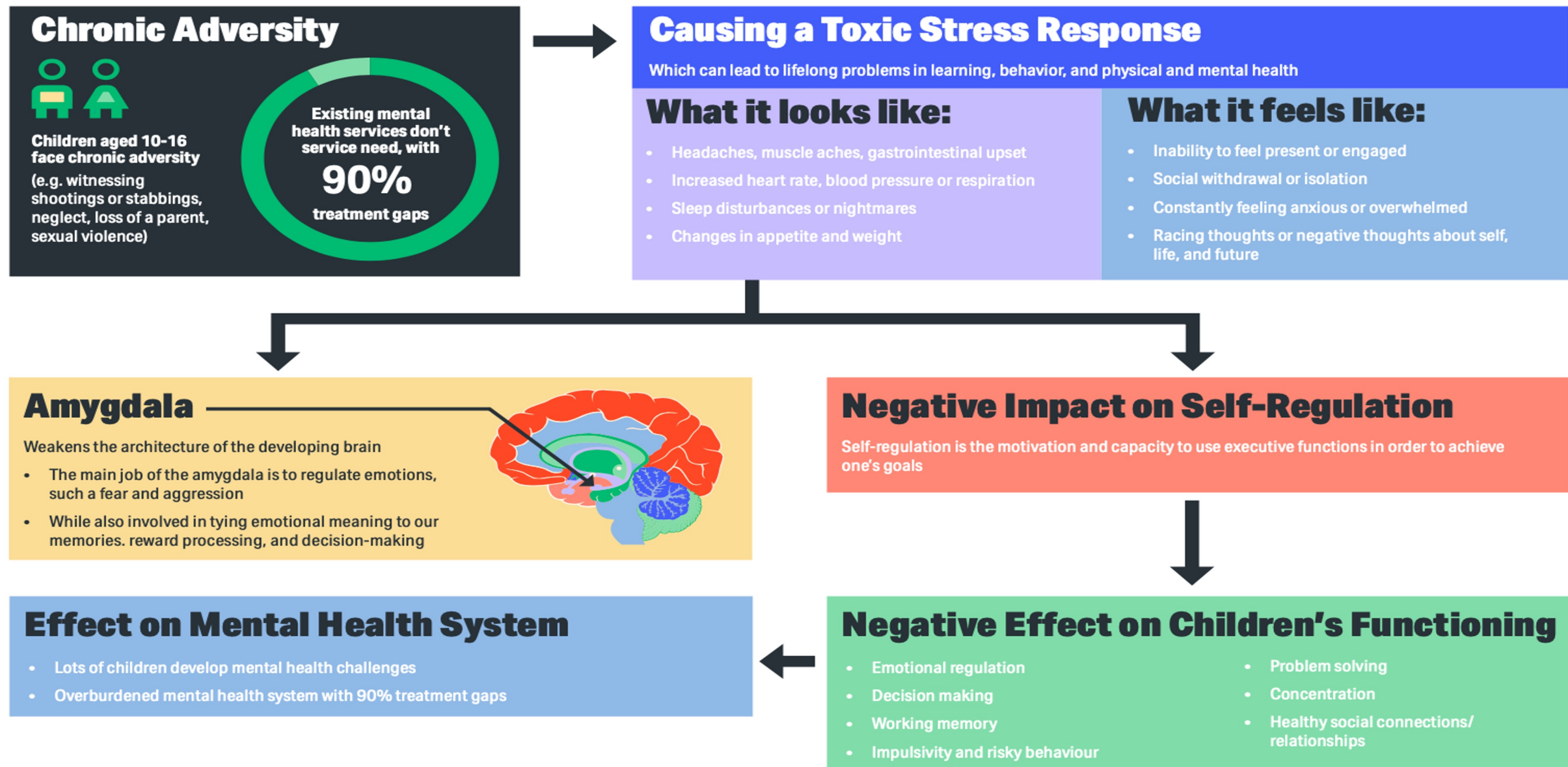
For more information please contact:

Serai Dowling

Director of Fundraising and Communication

serai@waves-for-change.org

W4C's Theory of Change: The Problem



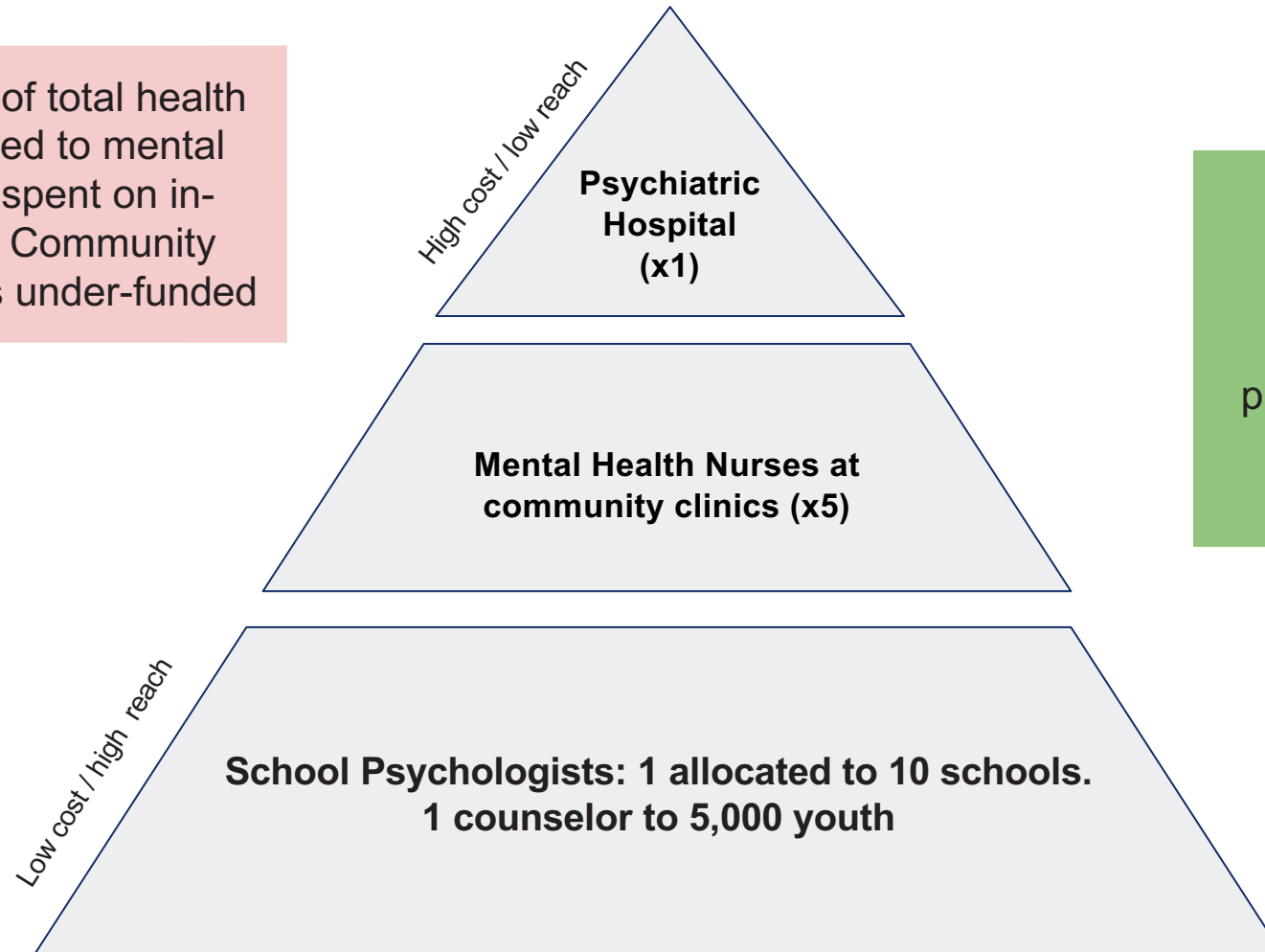
The problem at a community level. Khayelitsha Township. Population +/- 1 million



Problem: 5% of total health budget directed to mental health. 78% spent on in-patient care. Community based services under-funded

9 in 10 people needing mental health support in Khayelitsha do not receive it.

Hospitals will continue to be overwhelmed



Solution

Increase number of organisations that can provide mental health early intervention/prevention services

A child-led framework for effective solutions



Connections: 'A new family'

Confidence: 'A new sense of belief'

Self-regulation: 'Able to control emotions'

Respite: 'A sense of peace'

The Scalable Unit: The Coach

Coaches taught to form attachment & teach social/emotional skills

Coach Capabilities	Soft Skills for Adolescents	Mental well-being
Managing meaningful conversations	Critical Thinking	Pro-Social Behavior
Emotional learning	Social Skills	Recovery from negative emotions
Positive discipline	Empathy	Positive Emotions
Effective affirmations	Positive Self-Concept	Mindfulness, Mind-wandering
Non-violent communication	Self-Control	

Coaches taught games that improve self-regulation skills using sport



- Social Lessons -

- ✔ Listen to each other
- ✔ Share with each other
- ✔ Respect each others feelings



- Cope with stress & self-belief -

- ✔ Meditate and breath
- ✔ Identify strengths
- ✔ Learn to calm down
- ✔ Learn how to channel energy



- Create purpose -

- ✔ Positive decision making
- ✔ Identify how to apply skills in real life

Waves for Change

Surfing & Psychosocial Education

'Surf Therapy': Evidence Based Mental Health Promotion/Prevention Services to At-Risk Youth

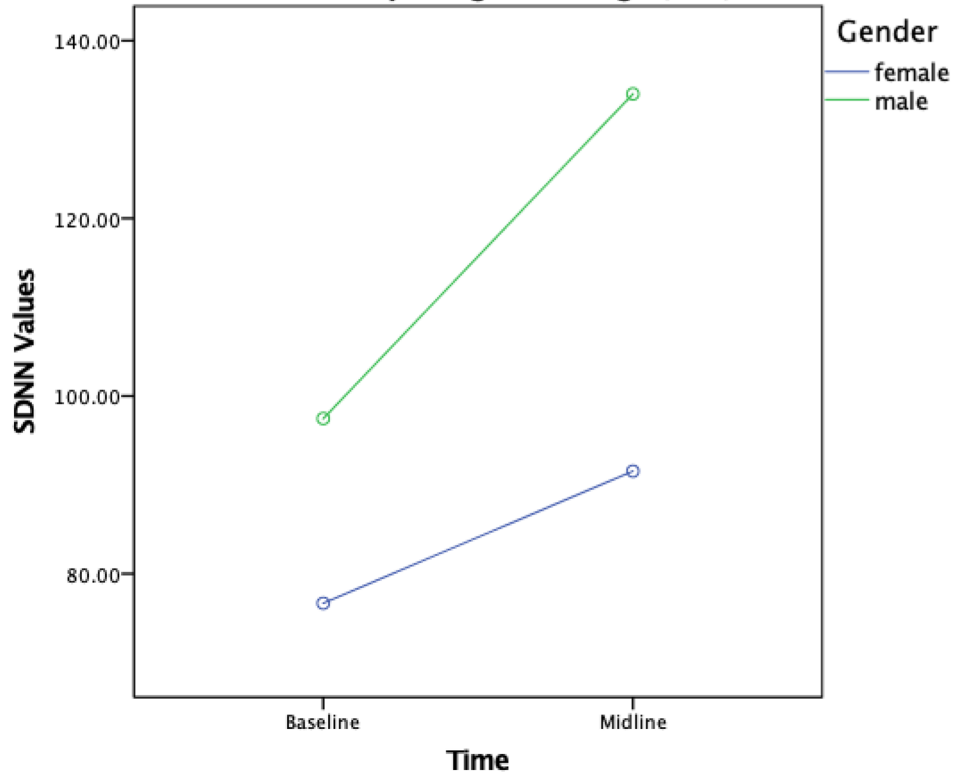


- **45** trained coaches
- **5** beach centers
- **2,500** children
- **10** month courses
(1 session per week)
- **Ongoing aftercare**
(1 session per month)

What are the outcomes?



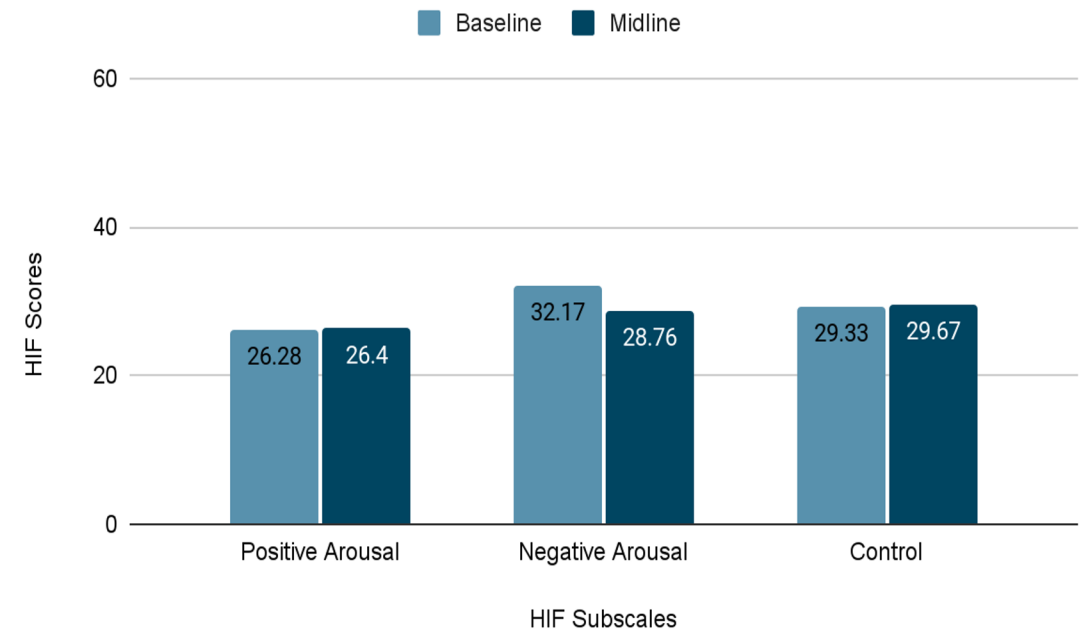
Physiological Change (HRV)



There is an increase in HRV among participants when we control for age. (Age is controlled for because HRV changes with development.)

Emotional Arousal & Control

How I Feel Questionnaire



There was a statistically significant reduction in negative arousal, suggesting that participants experienced fear, anger, and sadness with less frequency and intensity.

Scale through partnerships: Proof of concept in Somalia



unicef



30 coaches - 2 Somali Cities

1 week grounding training

A one week training that covers essential programme theory and sets shared goals for the year. Attended by all coaches and, if possible, all programme directors.

Bi-weekly support calls

Every Thursday, Elman coaches complete 90 minute debrief with Waves for Change team. Debriefs review how the sessions went, explore concepts that worked / didn't work and introduce the next week's teaching topic.

Additional on-demand support

A whatsapp channel allows coaches to contact W4C master trainers. The channel is used to

- Problem solve live
- Share useful additional readings

This training	
Improved my knowledge of mental health.	83%
Equipped me to better deliver mental health informed activities.	89%
Was engaging and enjoyable	78%
Will be useful for my work as a coach.	78%



A Design for Scale

Distribution of Control

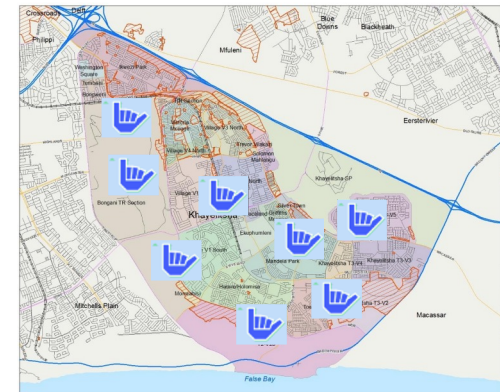
1: Grow Direct Service Delivery

- 5 Surf Therapy sites
- 2,500 youth annually
- 20% funding from state healthcare



2: Systems Change Partnerships:

- Train clusters of partners in high-needs communities
- Connect partners with stakeholders in their community health ecosystem (clinics, schools, hospitals, social workers)
- Increase number of organisations that can deliver 'prevention' programmes.



W4C today

Grow Direct Reach

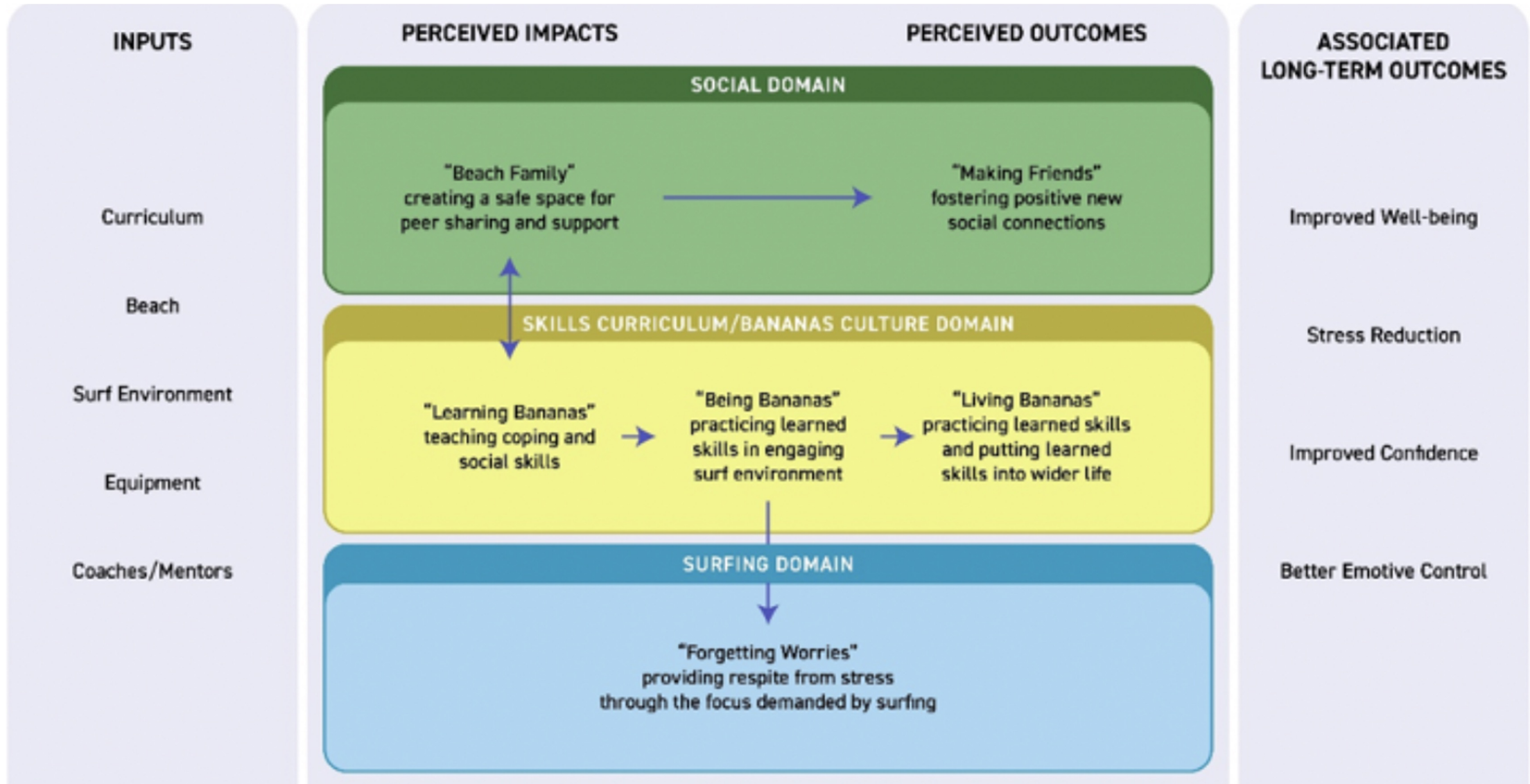
+

Community System
Change partnerships

=

Increased number of
prevention
programmes

What enables effective outcomes?



Pay for outcomes & drive scale

- **Activation Payments - launch programmes**
 - Per coach completing training
 - Per child referral into a programme
- **QA Payments - incentivise repeat attendance**
 - Per child attending 50% of their available sessions
 - Per child who reports feeling
 - Safe at the programme
 - Making new friends at the programme
 - Learning a new coping skill at the programme
 - Enjoying the programme activities
- **Outcomes Payments - reward excellent programming**
 - Per child reporting improved mental health (WHO-5, HRV)

More transparent & consistent programming

More financially secure implementing agencies

Better outcomes for young people

Tech enabled data for decision making, reduced risk & improved transparency



Waves for Change 2022 administrator

Tim Conibear

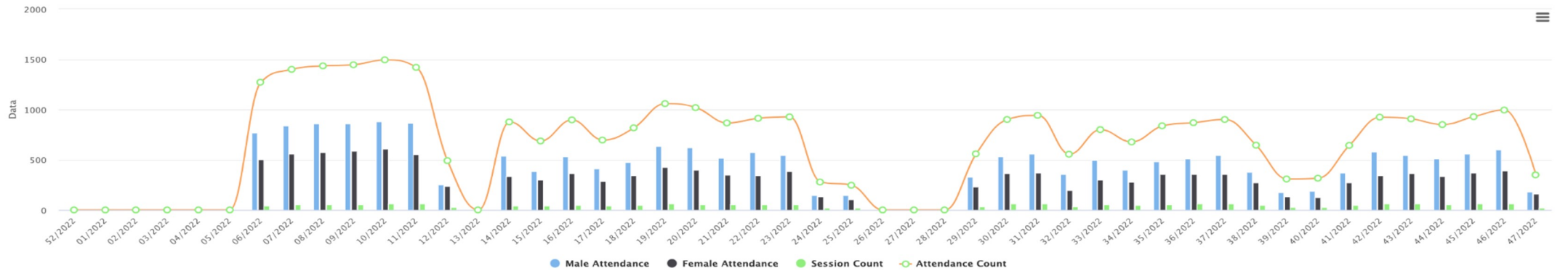
My Dashboard

My Sessions

Participant Performance

Group Performance

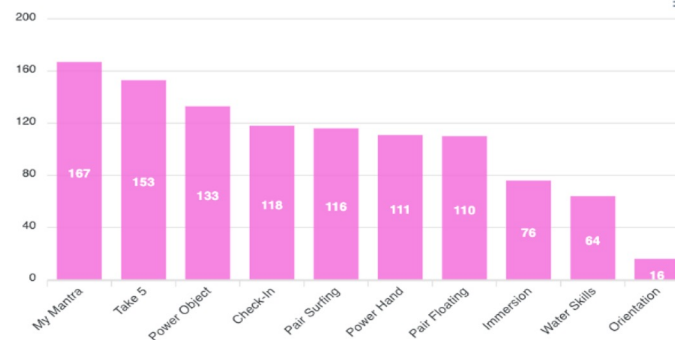
User Performance



USERS	35
ENGAGED PARTICIPANTS	2367
GROUPS	66
SESSIONS	1889



My Mantra	167
Take 5	153
Power Object	133
Check-In	118
Pair Surfing	116



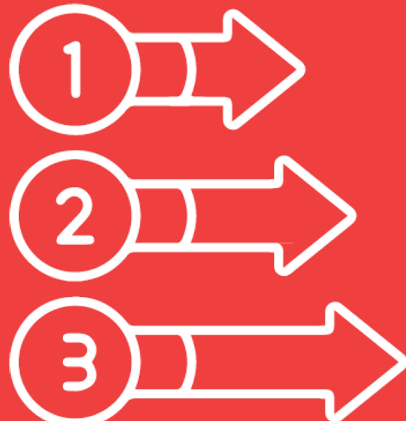
For more info please contact:

Tim Conibear (Founder, CEO, Ashoka Fellow) @ timothy@waves-for-change.org

Or Serai Dowling (Director of Fundraising & Communication) @ serai@waves-for-change.org



Questions and Comments



The Way Forward

Dissemination



Purpose:

- Raise awareness of the growing mental health challenge;
- Promoting the benefits of outcomes-based contracting.



Target Audience:

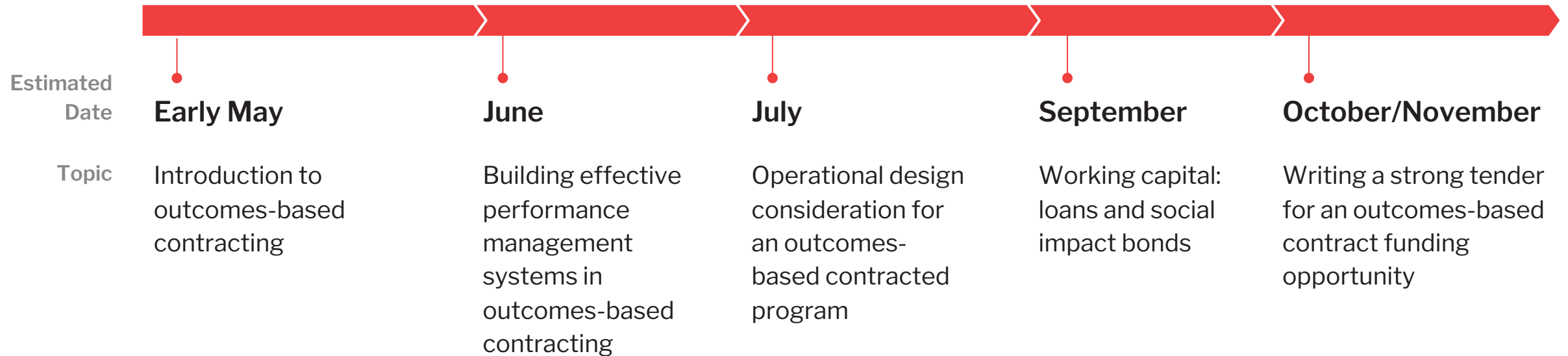
- Service provider market;
- Donors;
- Researchers;
- Global institutions;
- Governments;
- Policymakers and influencers.



Channels:

- Digital platforms;
- Direct mail to growing contact database;
- Lived Experience Council and Board, and their extensive networks;
- Other partners and supporters;
- Mental health advocacy networks.

Capacity Building Workshop





Questions and Comments



Thank You and Close



Thank you for attending!

The report can be found on [HBGI's website](#)

If you would like to discuss the report or find out more about the programs featured,
please contact:

- Richard Johnson, CEO (richard.johnson@hbgi.org)
- Shomsia Ali, Special Advisor (shomsia.ali@hbgi.org)