

Strengthening Monitoring and Evaluation of National Health Plans and Strategies: Operationalizing the CHeSS framework

Report of Technical Meeting
Glion, 14-15 July 2010

Background

Monitoring and evaluation (M&E) is a core component of current efforts to scale up for better health. Global partners and countries have developed a common framework for M&E of health system strengthening (HSS)¹ that builds upon the principles of the Paris declaration on aid harmonization and effectiveness and the International Health Partnership and related initiatives (IHP+), putting country health strategies and the related M&E processes, such as annual health sector reviews, at the centre. The framework addresses indicator selection, related data sources, analysis and synthesis practices (including quality assessment), performance review, communication and use. Country M&E systems should generate the information needed for global monitoring while minimizing the reporting burden for countries. The IHP+ Joint assessment of national strategies (JANS) and health systems funding platform provide new opportunities to align all partners around these principles.

Global partners are working together to strengthen the M&E of HSS in a joint approach called the Country Health Systems Surveillance (CHeSS), whose goal is to improve the availability, quality and use of the data needed to inform country health sector reviews and planning processes, and to monitor health progress and system performance.

Meeting Objectives

A meeting to operationalize the CHeSS approach was conducted in Glion, on 14-15 July 2010. The objectives of the meeting were:

1. To discuss and agree on *practical guidance for the M&E component of National Health Strategies*, that also addresses prospective evaluation, performance based funding and institutional capacity strengthening needs in countries in the context of CHeSS
2. To discuss and agree on a *common strategy to strengthen country data collection, analysis, and reporting* in conjunction with the M&E component of National Health Strategies, including common approaches for results reporting and performance reviews among funders and countries.

A review of the *M&E component of national health strategies* in selected countries was presented in the meeting.

¹ WHO, GAVI, Global Fund and the World Bank. Monitoring and evaluation of health systems strengthening: an operational framework. November 2009. Geneva.

Participants

Representatives from 10 countries (Benin, Ethiopia, Ghana, Kenya, Mali, Mozambique, Nepal, Rwanda, Thailand and Uganda)² attended the meeting, along with representatives from international agencies, institutions, organizations and bilateral agencies, including GAVI, Global Fund, WHO, World Bank, UNAIDS, UNICEF, USAID, CDC, DFID, NORAD, CIDA, ACOSHED, Center for Global Development, and Public Health Foundation of India.

Review of Country Practices

A review of the M&E components of the national health strategy and the annual health sector reviews of selected countries³ had been conducted prior to the meeting. The following questions guided the review:

- Are the indicators selected for setting targets and monitoring trends well chosen and balanced?
- Are the data sources to provide the data for the indicators in good shape and appropriately used?
- Are quality assessment processes in place? Completeness of reporting of routine data; independent quality reviews
- Is there sufficient capacity to carry out analysis and synthesis to assess progress and performance, for example, equity analysis (i.e. income, ethnicity, geographic) and data reconciliation
- Is the communication of results to the key audiences effective and are data shared with potential users?

The main findings of the review were as follows:

1. **M&E structure and processes:** Most countries have an M&E component of national health plan, with indicators and targets. Several countries have a national plan for health information system (HIS) strengthening, often using HMN guidance, but the focus is generally limited to routine, facility-based data and the activities of the health management information system (HMIS). Many countries have well-established annual health sector reviews involving multiple stakeholders, which produce reports on progress in implementing the national health plan. Whereas annual reviews are often well-established, mid-term reviews and final evaluations are less institutionalized and often involve out-of-country consultants.
2. **Indicators:** A list of core indicators is generally present, covering all components of the common M&E framework and permitting the monitoring of progress towards the main objectives of the national health plan. However, in some cases, the lists includes more than 100 indicators and is often skewed towards particular elements of the results chain. The challenge is to ensure an appropriate balance across the full range of inputs, outputs, outcomes and impact indicators.
3. **Data sources:** Generally, data sources are listed in the plans and review reports. Data for input indicators are usually obtained from administrative sources. HMIS is the most common source of annual data for coverage indicators, while household surveys such as DHS and MICS are the most important sources for impact indicators. The use of health facility assessments is often limited,

² Representatives from DR Congo, Sierra Leone and Vietnam were also invited, however, they were unable to attend the workshop.

³ Benin, Cambodia, DR Congo, Ethiopia, Ghana, Kenya, Nepal, Mali, Mozambique, Rwanda, Sierra Leone, Thailand, Uganda, Vietnam and Zambia.

although they can generate data on outputs such as service accessibility and readiness, including at local levels. Civil registration systems remain weak in most countries reviewed.

4. **Data quality:** Data can be multiple and varied across countries but a common feature observed everywhere is that routine reports from health facilities and districts are often subject to bias, incompleteness and tardiness. Only a few countries assess the quality of such data in a systematic and regular way.
5. **Capacity for data analysis and synthesis:** Data analysis and synthesis are often done by out-of-country consultants. Most analyses focus on progress against targets and are well presented in the annual or other review processes. Reconciliation of data across multiple data sources is limited, partly as a result of lack of knowledge about available tools and capacity to use these. Equity analysis, particularly at sub-national level, is of particular value and is usually based on household survey data. Analysis of performance assessment, such as comparative analysis and benchmarking, efficiency analyses (results for specified inputs) and step-wise analysis to assess progress, are quite limited.
6. **Communication and use:** Annual health statistics yearbooks, statistical abstracts or similar reports are the most common vehicles by way of which health information is transferred from data producers to end-users. Despite the effort and resources directed to generating national annual health statistics reports, they are often underutilized by the health and development community due to lack of presentation of information (e.g. long and complex "indigestible" tables), and poor accessibility (e.g. unavailable or un-downloadable on the website) and timeliness of the reports. The challenge is to introduce innovative and creative ways of communicating and disseminating information that facilitates planning and decision-making, in a timely manner.

Presentations and panel discussions during the meeting re-emphasized the many positive developments in M&E at country level, often associated with disease-specific programmes such as HIV/AIDS. Such systems could form the basis for more generalized health information system strengthening. But there are persistent challenges, including numerous reporting requirements, challenges in harmonization and alignment between demand and supply and between donors' and country needs, continuing data gaps (availability and quality) and limited capacity at every point in the system.

Rwanda's presentation highlighted the legal and operational challenges around the health sector M&E, as well as the achievements obtained so far. For example, the Ministry of Finance requested each sector, including the health sector, to set up an M&E taskforce, representing an opportunity to strengthen M&E. The presentation by Kenya reinforced issues around the importance of bottom-up planning and reporting and the need for improved harmonization and collaboration between different stakeholders within country.

One issue that was also highlighted in the meeting was that the "E" (evaluation) component of M&E has generally not received enough attention in discussions and interventions related to strengthening country health information systems. Analytical capacity for evaluations goes beyond that needed for monitoring and therefore explicit plans and resources are needed to enhance this capacity in countries. CHeSS offers an opportunity to emphasize development of country health information systems that clearly support evaluations.

Practical Guidance for the M&E component of National Health Strategies

The guidance document is intended for users in countries (health planners, M&E experts) as well as international partners involved in shaping country M&E practices. Its aims are two-fold: (1) to provide general guidance to countries and partners in the development and implementation of the national M&E plan, and (2) to serve as a tool to assess the quality of the country system for accountability and results monitoring.

The draft guidance outlines the elements necessary for an effective M&E component of national health strategies, looking at the existence, structure and functioning of the national health plans, comprehensive M&E framework and country-led M&E platform. Having reviewed and discussed the draft, meeting participants generally felt that it was a good starting point and that it resonated with the situation in countries as well as with discussions at the global level.

The meeting came up with the following suggestions to improve the draft:

1. Terminology:
 - Clarification and consistent use of terms across the document, e.g. "framework", "platform", "strategies", "components", etc
 - Careful use of the acronym "CHeSS" to avoid it being interpreted as another Initiative
2. Operationalization:
 - Elaboration on how countries and partners can move with the CHeSS framework and platform
 - Inclusive of different starting points at country level (i.e. the guidance needs to apply to countries at different stages of planning and implementation) and country practices (i.e. the guidance needs to work for the majority of countries, not 'out-of-reach')
 - Definition of a process to operationalize, e.g. through a checklist
 - Description of explicit link to the IHP+ Joint Assessment of National Strategy (JANS)
3. "National M&E Plan"/Policy environment:
 - Elaboration on costing and financing of M&E, both governments and international partners need to invest in M&E
4. "Framework":
 - Explanation on the indicators pyramid and relationship between levels (management, program and sector indicators); a menu of core indicators from which countries can select and adapt based on their needs
 - Expansion of the sections on data quality as a separate item from analysis and review
 - Expansion of the analysis section, to emphasize learning imperative, e.g. 'bottleneck analysis' and 'what works and why'
 - Expansion of the communication and use section,
5. "Platform"/Institutional environment and capacity:
 - Additional section on ensuring the adherence of international partners to country-led platform
 - Stronger section on review processes: elaboration on the link between country and global processes; the issue of accountability, ownership and performance; roles of civil society

The guidance will be revised based on these inputs and circulated to the meeting participants within four weeks of the meeting. There was a request for the guidance to be made available for country use sooner rather than later, including the need for translation into various languages, particularly in French.

Towards a common platform to strengthen country data collection, analysis, and reporting

International partners present at the meeting confirmed their willingness to work together on a common approach for supporting to country M&E and reporting requirements. Several global partners presented their current strategies and emphasized how these related to the CHeSS platform :

- Evaluation and GAVI: a three-tiered M&E approach that includes routine programme monitoring at the lowest level of programme implementation, targeted studies to complement such data in the middle, and comprehensive evaluation at the higher level. The GAVI approach is entirely integrated with the CHeSS approach, with an emphasis on evaluation.
- Strengthening M&E, HSS and US government: the Global Health Initiative is strengthening its emphasis on HSS and on collaboration with partners , an approach that is well-aligned with CHeSS. The M&E focus is on measureable goals in HIV/TB/malaria, maternal, neonatal and child health, nutrition, family planning/reproductive health, neglected tropical diseases and HSS. A recent joint visit at the request of Mozambique by WHO, Global Fund and CDC illustrates the willingness of the partners to work together in support of the strengthening of country M&E systems.
- Joint Health Systems Funding platform: The Global Fund, GAVI and the World Bank encourage joint proposals which use a common performance and M&E framework with shared indicators. The operationalization of the common M&E framework at the country level can build upon the CHeSS approach. Significant resources can be allocated to M&E.
- International Health Partnership (IHP+) and Joint Assessment of National Strategies (JANS): IHP+ encourages the rising numbers of actors in health service delivery/financing to align their support for national health strategies. A key way of achieving this is through 'Joint assessment', which is a shared approach to assessing the strengths and weaknesses of a strategy. This is seen as a way to improve the quality of strategies and to get greater partner confidence in them, thereby securing more predictable and better aligned funding. An IHP+ inter-agency working group developed a assessment tool with five sets of generic attributes, including a review of the soundness of "Results, monitoring and review mechanisms". JANS are being conducted in a rising number of countries, and provide an entry point for discussing how to strengthen capacity to monitor strategy implementation i.e. they help set the context in which operationalising CHeSS is taking place. Further considerations raised during the workshop include (1) getting real partner commitment to support national efforts to strengthen M&E of national strategies/plans; (2) ensuring a credible M&E plan in the developmental stages of national plan development; (3) prioritizing implementation steps

Performance based funding

There are different forms of performance-based funding (PBF). Practices may vary at individual, facility, district, project and national levels. The meeting's presentation by the Global Fund focused on their experience with PBF at national or large project level.

PBF ensures funding decisions are based on a transparent assessment of results against time-bound targets. Programs supported by the Global Fund are required to report on a small set of output indicators (5 to 15) and relevant impact and outcome indicators. As grants progress, PBF decisions are based on increasingly comprehensive information and higher-level evidence of program success and impact. A Grant Rating Methodology was developed to strengthen the relationship between consistent

assessments of grant performance and funding decisions. Independent On-Site Data Verifications (OSDV) by the local fund agent have enabled the identification of data quality issues in grants and initiation of corrective actions.

The Global Fund put forward the joint partners' principles of PBF as follows:

1. **Country owned reporting and health reviews, which include:**
 - a. Explicit indicators and time bound targets
 - b. Joint guidance on common HSS indicators
 - c. Provide results on health systems strengthening and for immunization, AIDS, TB and malaria services and outcomes
 - d. M&E plan for measurement including necessary investments
2. **Explicit, Transparent, Performance Ratings**
 - a. Based on an initial country review of performance (as part of the health review process)
 - b. These should include explanations of deviations between results and targets, including catch up plans
 - c. Common guidance to be provided on ratings and how they are adjusted by contextual factors
3. **Use of clear Performance incentives**
 - a. To accelerate funding to grants related to activities that are supported
 - b. Invest in systems strengthening for those which do not fully perform but show potential
 - c. Reduce funding where it is not used, and exceptionally to stop funding
4. **Alignment of reporting between partners and with country cycles**
 - a. Align reviews to an annual cycle, with mid-year triggers where necessary
 - b. Align performance reviews to a common timing between partners who participate in the joint funding platform
 - c. Align the timing of performance reviews and funding decisions to the underlying country results and budget cycles
 - d. Coordinate performance reviews as a basis of continued partner funding
5. **Joint system strengthening for performance reviews**
 - a. The approach will require investments to build the capacity of countries in reporting, data quality and analysis, as to improve performance reviews
 - b. Partners agree to commit 5-10% of health funding to these activities
 - c. Partners to coordinate data quality assessments to ensure regular on-site data verification and sampled, detailed audits. This will either involve joint tools or cross-accreditation and recognition of partner tools

The ensuing panel discussions highlighted in-country examples of PBF and the key factors, challenges and winning conditions in implementing PBF, including: good design of PBF mechanisms; selection of indicators, with agreement among partners; adequate organization and structures in place; and good health information systems to respond to data requirements.

Institutional capacity strengthening

The CHeSS platform in countries should be supported by a clear M&E plan and system, a common framework and a supportive institutional environment. This implies clear roles and responsibilities for the different stakeholders. It also implies adequate capacity for the various components of an effective M&E system in support of progress and performance reviews.

The core *functions* that an institutional mechanism might perform include:

1. Data compilation and storage: bringing together for analytic purposes data generated by the national statistics office, ministries of health, researchers, donors, development partners, funds, NGOs, and others;
2. Data quality assessment, validation and adjustment: independent assessment of the quality of data generated from clinical and administrative sources, ad hoc surveys, etc.;
3. Data analysis and synthesis: bringing together data from multiple sources for the purpose of health sector reviews and planning, policy analysis, country, regional and global reporting, and evaluation; this also includes estimation and statistical modeling
4. Data presentation, interpretation, dissemination to different target audiences.

USAID presented on its plans to support institutional capacity which will feature more prominently in the coming years. Institutional strengthening will seek to address multiple aspects of institutions such as M&E culture, policy, quality assurance and knowledge management. USAID and CDC have been lead external investors in monitoring and evaluation, including capacity, during the past decades (e.g. MEASURE/DHS, MEASURE/Evaluation, CDC field epidemiology training program, development logistics & management tools).

Reference was also made to the World Bank Institute's Capacity Development Results Framework, which identifies three dimensions of capacity that are of particular relevance in relation to specific development goals:

- Conduciveness of the socio-political environment, e.g. the commitment of leaders, compatibility of social norms and attitudes, and political and social accountability
- Efficiency of policy and other formal incentive instruments, e.g. their clarity, legitimacy, resistance to corruption and low negative externalities
- Effectiveness of organizational arrangements, e.g. their operational efficiency, financial viability and stakeholder supportiveness for realizing opportunities.

Thailand provides a good example of the development of a strong institutional basis for its reviews. A case study was presented on the impact assessment of the Universal Coverage (UC) policy. The National Health Security Office (NHSO) is tasked with the M&E of UC, with funding from the government. Data from different sources, produced by different institutions, were analysed to inform the assessment. The findings were then fed back to the government and policy makers. The key factors that contribute to the institutionalization of M&E were described, including the gradually-evolving culture among policy makers in the use of evidence for decision making; adequate financing and human resources for HIS development; long-term capacity building; good collaboration between data producers, data users and policy makers, and networking with key stakeholders at sub-national, national, and international levels. The structure of the HIS development and networking was presented as follows.

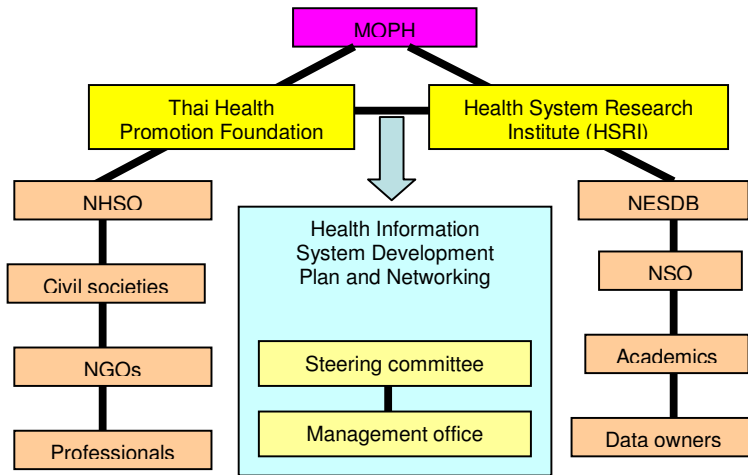


Figure 1. Structure of the HIS Development and Networking in Thailand

An integral part of any approach is the identification of country institutions to support the M&E components of the national plan and annual health sector reviews, with clear definition of roles and responsibilities, and support of international partners. Such country institutions should be able to address M&E requirements at both national and subnational levels, and should have the capacities to cover data collection, data analysis and synthesis, and use. Transparency is essential in all steps.

Different organizational forms for such institutions can be envisaged, from an integral part of a Ministry of Health to an entirely separate private, non-profit organization. Governance and financing structures may also differ. However, evidence from a number of countries suggests that capacity-strengthening efforts should preferably be directed towards institutions that are independent of programme implementation so as to maximize objectivity and minimize risks associated with vested interests. In some countries, national statistics offices that have aligned themselves with the Fundamental Principles of Official Statistics⁴ can provide this degree of objectivity and transparency. Elsewhere, academic, research and public health institutes may be well placed to provide this function. Landscaping of the institutional context would be included in the country-based CHeSS platform described above, and would serve as the foundation for decision-making regarding capacity strengthening activities.

A range of institutional mechanisms for data quality assurance exist in countries:

- No institutional mechanism beyond existing programme efforts;
- Fully embedded within the Ministry of Health, no specific independence or autonomy;
- Embedded within the Ministry of Health, with some degree of autonomy and full or partial government funding;
- Separate institution with degree of autonomy with full government funding;
- Separate institution with degree of autonomy with partial government funding;
- Separate institution with complete external funding, but well specified role in government health analytical processes;
- Separate institution, fully externally funded, no specific role in government health analytical processes, but producing regular report

⁴ <http://unstats.un.org/unsd/dnss/gp/fundprinciples.aspx>

Next steps

The final session summarized the demand from countries and supply from global partners as follows:

Country demand:

- Guidance document to be finalized and shared
- Technical assistance and capacity building to operationalize CHeSS
- Training in data management, metadata dictionary, etc
- Support to the development of M&E plans as part of national health plans and strategies, e.g. in countries where JANS have been conducted
- Support to strengthening data sources
- Support to align vertical disease M&E teams into national M&E system
- Support to develop communication strategies (dissemination and effective use of information produced by the national M&E)

Global supply:

- Support to the development of M&E component of national plans, as part of policy dialogue with governments and applying the guidance (e.g. countries that will be updating their national health strategies within the next years, such as Mali and Mozambique)
- Effective dissemination of CHeSS approach, e.g. each global health partnership/initiative and bilateral agency sends a 1-2-pager on CHeSS to their staff at country level
- Documentation of progress/process of this effort, including examples from developed countries
- Provide change management expertise
- Establish explicit link to the IHP+ Joint Assessment of National Strategy (JANS)
- Advance global indicators agenda
- Separate option paper: CHeSS in the context of performance-based funding (PBF) and joint health systems funding platform (JHSFP)

The more immediate next steps include:

- Revise the draft guidance based on the comments at the workshop and circulate it for another round of inputs from all participants and partners
- Finalize CHeSS analysis toolkit and conduct training workshops in all regions during the next year, provided sufficient funds can be raised
- Conduct joint country visits of main partners in response to country demand
- Actively work together with IHP+ JANS and Joint health systems platform
- Reach agreement on core set of indicators for CHeSS.

Annexes

Agenda

List of Participants

Agenda

Wednesday, 14 July

Background and objectives		
<i>Moderator: Carla Abou-Zahr</i>		
9:00-9:15	Introductions & welcome	WHO/GAVI/GFATM/World Bank working group
9:15-9:45	M&E of HSS / CHeSS platform: framework and purpose of the meeting	Ties Boerma, WHO
9:45-10:00	Joint health systems funding platform and M&E	Eddie Addai, Global Fund
10:00-10:15	US Global Health Initiative	Pamela Rao, USAID
10:15-10:30	Discussion	
10:30-11:00	Coffee break	
Current country M&E practices: national plans and review mechanisms		
<i>Moderator: Carla Abou-Zahr</i>		
11:00 - 11:15	M&E component of the national health sector strategic plan	Aline Niyonkuru, Rwanda
11:15- 11:30	Situation analysis and performance review process	Harrison Kiambati , Kenya
11:30- 11:45	Review of country practices based on M&E plans and practices	Fiona Gore, WHO
11:45- 12:30	General discussion	
12:30 - 14:00	Lunch	
Strengthening the M&E component of national health plans: guidance		
<i>Moderator: Michael St.Louis</i>		
14:00- 14:15	IHP+ Joint Assessment of National Strategies	Phyllida Travis, WHO
14:15 - 15:00	Draft guidance for M&E of national health strategies - introduction	Ties Boerma, WHO
15:00 - 16:30	Small working groups to review guidance	All
16:30 - 17:30	Plenary	All
18:00	Reception	
19:30	Dinner	

Thursday, 15 July

Changing approaches: global monitoring in support of country platforms <i>Moderator: Lola Dare</i>		
09:00-09:15	Brief summary of day 1 and goals of day 2	WHO
09:15-09:30	GAVI tiered approach	Peter Hansen, GAVI
09:30-09:45	HIV and health systems M&E	UNAIDS
09:45-10:00	Accountability in the context of the MNCH initiative of the G8 and SG Joint action plan	CIDA
10:00-10:30	Harmonization and alignment of global partners in M&E - Country comments	Panel with country perspectives *
10:30-11:00	Coffee break	
Changing approaches: global monitoring in support of country platforms Country perspectives on global partners and M&E <i>Moderator: Humphrey Karamagi</i>		
11:00 -11:15	Performance-based approaches and national systems	Daniel Low-Ber, Global Fund
11:15-12:00	Performance based funding and strengthening country platforms	Panel country perspectives **
12:00-12:30	General discussion	
12:30-14:00	Lunch	
Institutional mechanisms to support M&E <i>Moderator: Lalit Dandona</i>		
14:00 - 14:15	Institutional mechanisms to support M&E of national health plans, reviews etc.	Jessica Rose, USAID
14:15 - 14:30	Thailand's system of accountability	Phusit Prakongsai, IHPP, Thailand
14:45 - 15:00	Review of institutional mechanisms	WHO
15:00 - 15:30	Discussion	
15:30- 16:00	Coffee break	
The way forward in countries: country needs and the role partners <i>Moderator: Eddie Addai</i>		
16:00 - 17:00	Plenary and next steps	
17:00	Closure	

* Invited to panel "Harmonization and alignment of global partners in M&E - Country comments": Nelson Musoba (Uganda), Laxmi Raj Pathak (Nepal), El Hadj Benzerroug & Nurbai Calu (Mozambique), Marie-Rose Nago (Benin), Lalit Dandona (India)
(max. 5 minutes each, no slides)

** Invited to panel " Performance based funding and strengthening country platforms" Emanuel Owusu-Ansah (Ghana), Phusit Prakongsai (Thailand), Amadou Sanguisso (Mali), Samuel Were (Kenya), Israel Lemma Hailu (Ethiopia)
(max. 5 minutes each, no slides)

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