



**Using a COMMON FRAMEWORK
for reducing
Transaction Costs of M & E
at the country level**

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**Country Health Systems Surveillance platform
(CHeSS)**

*Fern Greenwell
Health Statistics & Informatics (HSI)
WHO Geneva*

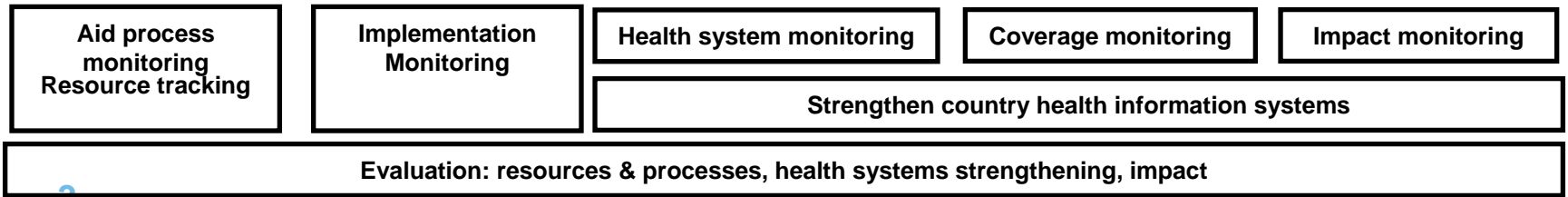
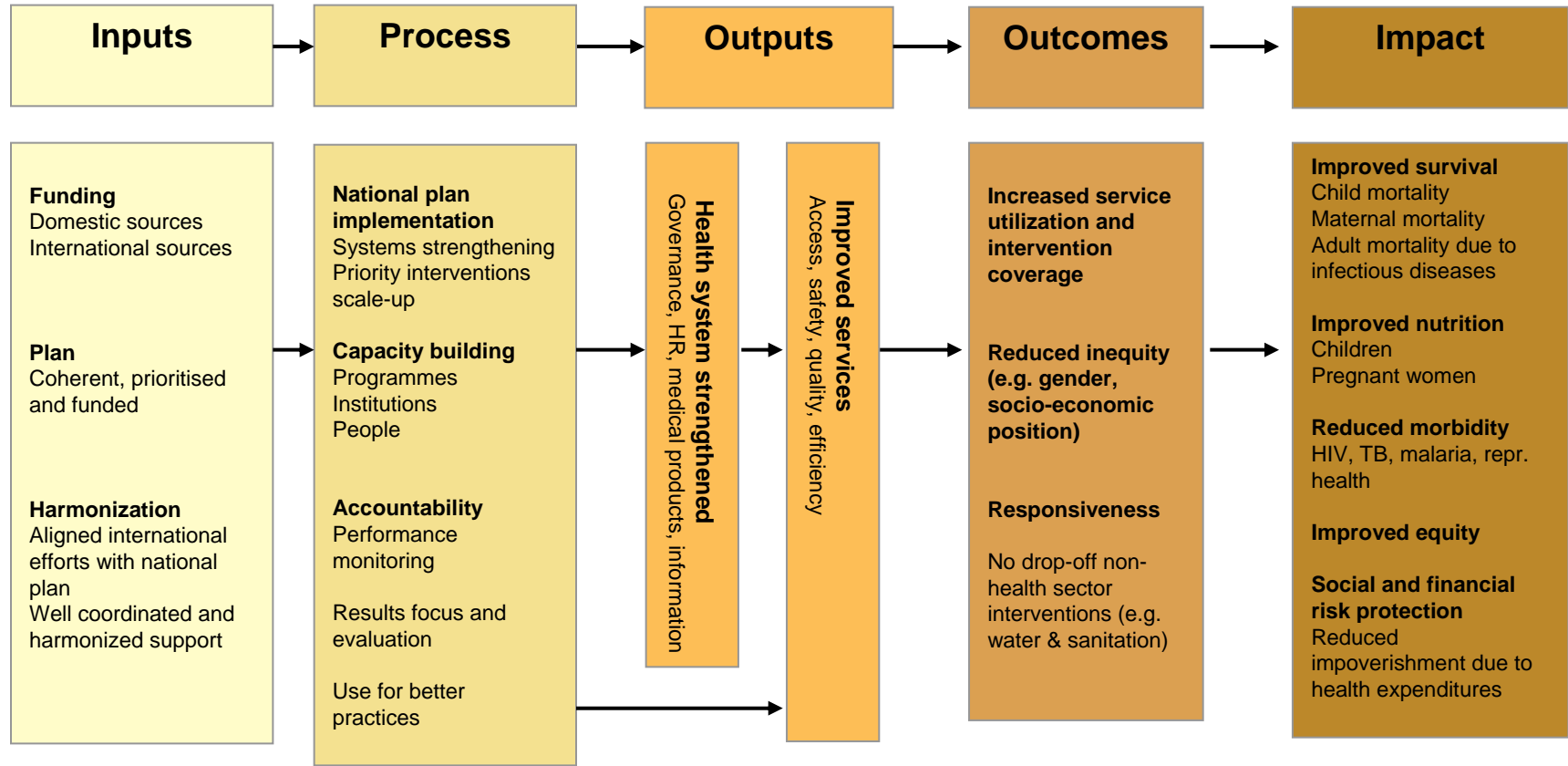
On behalf of Ties Boerma,
Chair of IHP+ M&E Working Group



Outline

- WHY a common Framework?
- WHAT is the common Framework?
- How can it reduce transaction costs?
- How to operationalize at country level?
 - CHeSS Platform (AGL, sea level)
- Next steps

IHP+ COMMON EVALUATION FRAMEWORK





Unintended burden of multiple missions – reaches district level

TANZANIA DISTRICT
EXAMPLES

Missions can consume
10-20% of a DMO's time:

Number of one-day missions to Temeke
during last 6 months



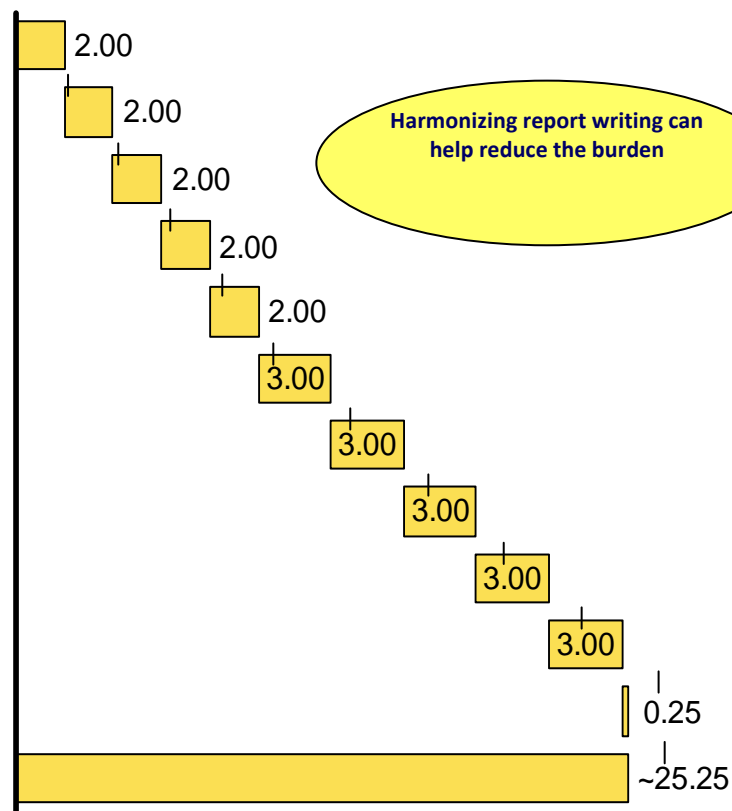
Report writing can consume even more time

Number of full days per quarter spent on writing reports (Morogoro)



PEPFAR	4
GFATM	2
NTP	2
Gates Foundation	1
Norwegian TB	1
EPI	1
UNICEF	1
WHO	1
NACP	1
NMCP	1
London School	1
Total	16

JICA	2.00
Finnish	2.00
Axios	2.00
UNICEF	2.00
World Vision	2.00
MoH – TB	3.00
MoH – Malaria	3.00
MoH – AIDS	3.00
MoH – EPI	3.00
MoH – Maternal Health	3.00
Weekly notifiable disease reports	0.25
Total	~25.25



* Assumes around 50 working days per quarter and 100 per half year although reported to work in excess of that
Source: In-country interviews; DMO visitor log; team analysis





Reducing Transaction Costs of M&E

...STAKEHOLDER EXPECTATIONS (of countries)

- To provide a limited & relevant set of indicators
 - E.g., MDGs, WHO Building Blocks, others
- Comparable across time, across sub-national areas, and permit assessment of Equity issues
- Indicators can be verified independently *
- Data are accessible *
 - Electronic
 - Properly documented/archived (e.g., IHSN ADP)
 - Anonomized



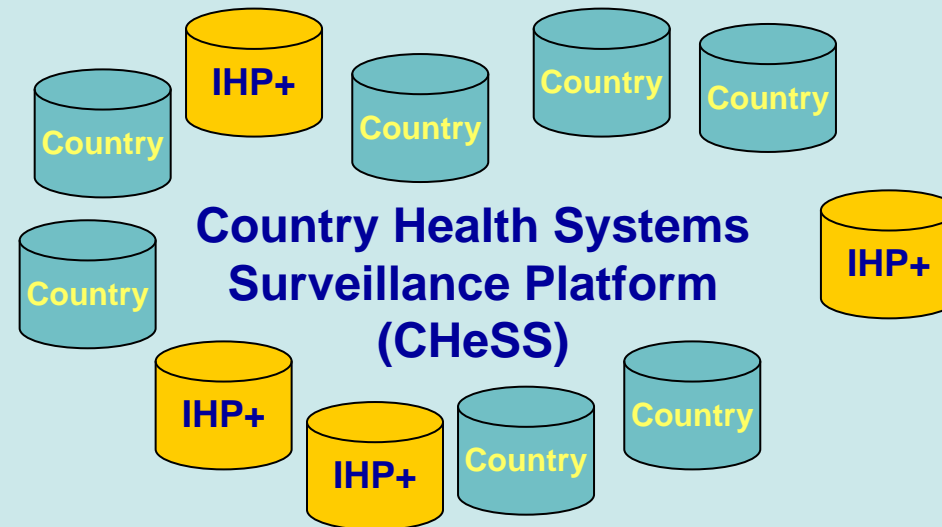
...COUNTRY EXPECTATIONS (of 'CHeSS')*

- Link global reporting requirements more efficiently with country M&E processes
- Assistance in leveraging needed funds
- Provide technical support to collect, analyse and use data
- Platform of tools and methodological approaches to strengthen country M&E processes

Current situation in countries

Country data use for health sector reviews and planning

- Considerable progress and many country initiatives
- Focus on trends in indicators with targets in reviews
- Scope for improved communication of results
- Limited interaction strong disease programs with annual review processes



Data generation and sources

- More surveys but duplication and fragmentation
- Weak HMIS, some improvements often limited to a single disease
- Major gaps: vital registration, health system building blocks (e.g. HR, financing, service delivery)

Analysis and synthesis

- Data quality assessment and transparency: often weak
- Limited (institutional) capacity, limited external support
- Scope to strengthen analysis



Next steps

- Transform the IHP+ M&E working group into a much broader community of practice including the CHeSS platform, with strong country participation
- Develop country guidance based on the Common Evaluation framework
- Work with countries:
 - Based on country demand;
 - Alignment of international partners into one work plan to strengthen country review processes
- Focus on priority areas identified (so far):
 - Strengthening existing review processes:
 - Data quality assessment → standard tools development (September)
 - Analysis and synthesis → multi-country training workshops (starting November)
 - Communication of results → access to easy to use tools (e.g. dashboard)
 - Support to new data generation to address major gaps such as service delivery or outcomes
 - Focus on institutional capacity building (for data quality and analysis)