

Monitoring and Evaluation of Health Systems Strengthening – An Operational Framework by WHO

A Summary Report Sudeep Uprety and Asmita Panta HERD



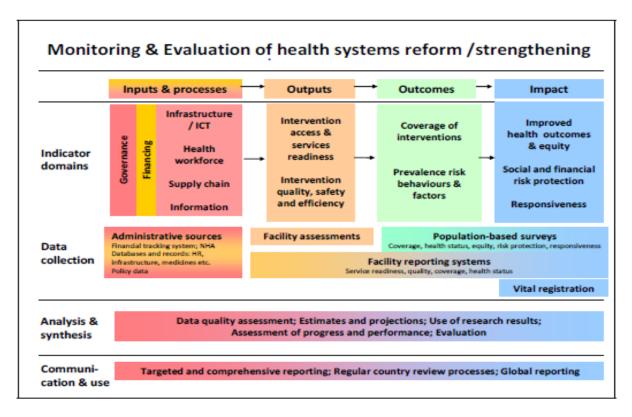
This summary report presents a framework for Monitoring and Evaluation of Health System Strengthening and discusses how it can be operationalized at the country level and how global partners can work together to support the implementation.

### M&E Framework for Health System Strengthening

The M&E framework builds on the global frameworks for assessment of health systems such as WHO framework of Health System Performance Assessment (2000), the World Bank Control Knobs Framework (2004) and the WHO Building Blocks Framework (2006) with their varying starting points, resulting in emphasis on different outcomes to be tracked. These frameworks emphasize on assessing performance of:

Health system measures	• availability, access, quality, efficiency	
Population health measures	<ul> <li>health status, responsiveness, user satisfaction, financial risk protection</li> </ul>	

However, result framework for HSS monitoring and evaluation comprises four major indicator domains: system input and processes, outputs which reflected health system capacity; outcomes and impact which reflected health system performance. This framework focuses that monitoring of health system performance should be able to show how the inputs to the system are reflected in outputs and eventual outcomes and impact including use of the services and achievement of better health status.



**Use of Core Indicators:** The indictors of the M&E framework should focus on key priorities and be able to cover full range of health issues of the respective country taking account national and subnational measurement capacities. The indicators should be informed by considerations of scientific soundness, relevance, usefulness for decision-making, responsiveness to change and data availability.

**Data Sources:** For each indicator, the data source should be identified along with best alternatives. Sources of health data can be divided into two broad groups: those that generate data relative to population as a whole, and those that generate data as an outcome of health related administrative and operational activities.

**Data Analysis and Synthesis:** M&E of HSS involves data synthesis, comparisons and analysis and summarizing into a consistent assessment of the health situation and trends using the core indicators and targets. There is a need to develop standardized tools that would permit broader engagement with such analytical processes.

**Data Dissemination, Communication and Use:** This requires packaging, communication and dissemination of statistics in a format and language accessible to the higher level policy and decision makers. The dynamic links between demand, supply and quality of information should be addressed by encouraging an information culture where information is demanded and the use of information promoted.

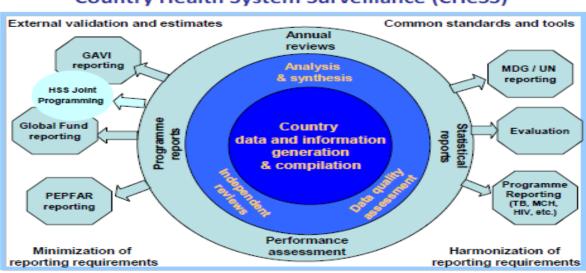
# **Operationalization of the Framework**

# Country M&E systems

Every country needs strong monitoring and evaluation system in place as the foundation for national health sector strategic planning, covering all major disease programmes and health system activities. Thus, Country Health System Surveillance (CHeSS) was developed to improve the availability, quality and use of data and related information needed to inform country health sector and to bring together the monitoring and evaluation work in disease specific programmes such as TB, HIV/AIDS and immunization.

# Global community of practice of CHeSS

The practices in the implementation of the CHeSS platform in countries include planning and data use processes of annual health sector reviews and M&E plan of national health sector strategic plan; balanced selection of indicators and targets; data sources for census, demographic surveillance; analysis and synthesis, communication and for clear roles and responsibilities of institutional capacity to support M&E of national plan and annual health sector reviews.



# National platform for Country Health System Surveillance (CHeSS)

#### Roles and responsibility of global partners

The CHeSS community of practice will comprise a web-based information sharing and communication components and a coordination or steering group, facilitated by WHO. Through better coordination, the indicators will be better standardized and reporting will be easier and effective and the data gaps can also be filled through global partner's efforts. Global partners will also support in development of easily accessible standards and tools to permit the most effective and efficient generation and use of data. This will also support to improve data access and communication along with institutional capacity building.

#### Illustrative applications of the Framework

The application of the framework can be fruitful in large scale evaluation studies, M&E of HSS joint programming, immunization tracking, HIV/AIDS tracking; performance based funding and tracking results and improving the information technologies of the health systems. However, the M&E framework for HSS should be used to better integrate M&E of specific programmes, such as immunization and HIV/AIDS into a national health information system.

# Conclusion

Frameworks such as this developed by WHO are certainly a great guidance in terms of understanding and structuring health systems in a better way. However, there is also an equal need to localize these global frameworks into country context. A good blend of global policy guidance and tailor made implementation approaches helps in making the health systems function at the local level more effectively.