STRATEGIC INVESTMENT IN COUNTRY DATA SYSTEMS TO SYSTEMATICALLY PREPARE COUNTRIES TO MEASURE IMPACT

PURPOSE:

This paper introduces a strategic investment plan, based on recommendations from the Technical Evaluation Reference Group, to strengthen country data systems in order to prepare countries to measure impact and to position the Global Fund to better deliver on its goal of investing for impact. The paper was reviewed by the Strategy, Investment and Impact Committee (SIIC) at its 5th Meeting in Geneva in October 2012, which recommended the decision point below to the Board for approval:

B28/EDP/02: Strategic Investment in Monitoring and Evaluation

The Board notes:

1. ***the importance of strengthened national data systems to ensure effective program implementation; demonstrate impact; and guide the optimal use of limited resources;***
2. ***the High-Level Independent Review Panel's recommendation to focus on outcomes rather than inputs and to improve in-country data quality; and***
3. ***the concerns cited in the Five-Year Evaluation and by the Technical Review Panel regarding the need to strengthen in-country data systems and capacity.***

The Board approves a strategic investment of up to US$ 10 million of incremental Grant funds to strengthen national data systems to measure impact in 20 priority countries established by the Global Fund. The amount of the additional Grant funds committed to each country shall be determined on the basis of joint country and partner data quality assessments.

The incremental budgetary implications of this decision point for Strategic Investments in Country Data Systems are US$ 10 million.

1. BACKGROUND

1.1 The Five-Year Evaluation (5-YE) of the Global Fund identified inadequate data systems and M&E capacities in countries. It recommended that the Global Fund should work with partners to "*urgently seek a more coordinated approach and the more systematic investment of partners to strengthen the country health information systems and conduct ongoing evaluations*".

1.2 In 2011, the High-Level Independent Review Panel recommended a "Focus on Outcomes not Inputs". The Panel identified data quality as a risk and recommended investing in country data systems and "paying for baseline data surveys of the incidence and prevalence of the three diseases at the country level" and that the Global Fund "mandate and underwrite simple (such as cellphone-based) data-tracking and management systems in the field". They also recommended expanding Data Quality Audits and coordinating with partners on these to guide these investments.

1.3 At the 3rd SIIC meeting, 9-12 July 2012, the General Manager of the Global Fund emphasized the commitment to measuring impact data through country reviews. Recognizing the importance of strengthened national data systems in measuring impact, the SIIC requested a "comprehensive plan to fill data gaps" and "*an investment plan to fill data gaps in priority countries to be developed with partners*" (GF/SIIC03/12).

1.4 The Technical Review Panel (TRP) in its report on the Transitional Funding Mechanism in July 2012 (GF/B26/ER07) also identified the need for stronger data on impact and investments in country data systems, with more frequent assessments of implementation progress and impact, rather than only at three-year intervals.

1.5 The Global Fund's Monitoring and Evaluation Strategy (GF/B6/11 - adopted at the Sixth Board Meeting), recognizes "adequate resources need to be allocated by grant recipients for effective monitoring and evaluation" and noted donor experiences that suggested "5% to 7% of total annual disbursements to grantees should be targeted towards M&E". These indicative ranges establish general investment parameters that vary in practice based on country context.

1.6 The Technical Evaluation Reference Group (TERG) of the Global Fund commissioned an independent evaluation of Global Fund investments in country M&E systems in 2011. The study revealed that M&E as a cost category was fairly consistently budgeted below the Secretariat recommended 5-10% level, averaging 3.1% of the total program budget across sampled grants. Overall, grant M&E funds appeared to have been used for supervisory and monitoring visits, with this being the largest single category, rather than for improving country data systems. Given the context of financial resource constraints, the study recommends consolidating M&E investments along the principles of country ownership and sustainability.

1.7 In order to achieve greater impact of M&E investments, the TERG recommends that the Global Fund establish more targeted guidelines on how available M&E funding is utilized in grant programs. *As guidance, the TERG has recommended 5-10% of future investments in grants to be systematically programmed and tracked according to the major partner agreed categories to strengthen data systems to measure impact.*

2. DISCUSSION

2.1 At its retreat on May 3-4 2012, TERG agreed with partners such as WHO, UNAIDS, PMI, GAVI, World Bank and PEPFAR, on an M&E investment approach to assess data systems and data quality and invest in national data systems. The M&E investment approach comprised the following elements: (1) a country data system and data quality assessment process; (2) an investment framework agreed with partners; and (3) allocation of funding across countries (GF/SIIC05/paper 04).

2.2 The M&E country platform with five components on data systems and analysis was agreed by TERG as the overall M&E framework for assessing country data systems. The M&E framework will be used to identify gaps in data systems and prioritization of M&E system-strengthening actions by disease. TERG requested the Global Fund Secretariat to collaborate with partners to implement a consolidated data system and data quality assessment (DQA) and to develop plans based on investment frameworks in 20 high impact countries. The updated data system and data quality assessment checklist following its in-country pilot is given in Annex 1. The objective of the M&E investment framework is to ensure resources are optimally invested to strengthen data systems in-country. It will provide a focused approach for strategic investments based on gaps in data systems; and allow for adaptability across disease components and country specific contexts. The investment framework will also offer unit cost benchmarks as guidance for investing to strengthen data systems.

2.3 At its 20th meeting on 3-4 September 2012, the TERG reviewed the progress on the data quality assessment work and the country application of the checklist for HIV, TB and malaria. The TERG welcomed the progress and made recommendations to include additional components, for example commodity tracking and including a column on grant investments over the medium term. In addition, the TERG stressed this approach should be linked closely to grant M&E standards and should catalyze improvements in M&E spending. Furthermore, the TERG noted that the M&E investment approach should be an important part of the new funding model and based on (1) a country review and dialogue process; (2) a strategic investment framework with partners; and (3) financial allocation for countries.

2.4 Accordingly, the TERG recommended that the Global Fund invest an average of US$ 500,000 per country, in 20 high impact countries, to strengthen identified weaknesses in country data systems and to catalyze further investments in data systems. In addition, they recommended pursuit of co-financing by WHO and PEPFAR to complement the investment in the 20 countries.

2.5 Following discussions on the M&E investment approach, the WHO agreed in principle to invest US$ 250,000 per country, for the 20 high impact countries, to improve data systems through the Country Accountability Framework for Women's and Children's Health. The assessments are being jointly planned with countries and key partners, for example PEPFAR, WHO Stop TB, GMP and HIV departments. The Global Fund and partners will develop a joint work plan for countries and a common investment framework so that respective investments have a complementary effect.

2.6 The Secretariat will take the lead on operationalization and implementation of the suggested investments to strengthen data systems and ensure assessment of impact. Consultation with the TERG and regular reporting to the SIIC will provide the appropriate monitoring and oversight of such implementation.

3. RECOMMENDATIONS FROM TERG

3.1 The TERG recommends an investment by the Global Fund of US$ 500,000, on average per country, for 20 high impact countries, totaling US$ 10 million to strengthen identified weaknesses in data systems, catalyze further investments in data systems and prepare countries to measure impact. This amount of US$ 10 million will be committed under existing grant agreements in the 20 high impact countries and incorporated by the Secretariat into grant budgets. The exact amount and priorities for each country will be guided by the outcomes of the data system and data quality assessment and approved by the Secretariat. This will facilitate investment in data systems and data quality beyond disease-specific and parallel reporting systems and will be used to catalyze further investment from Global Fund grants, partners and domestic funding for strengthening data systems.

3.2 The TERG recommends that investments in M&E with grant funds follow appropriate guidelines on both the amount and nature of how grant funds are invested. As such, it recommends grants to allocate 5-10% to M&E, including 7% to strengthen national data systems of reporting, surveys and program reviews. The guideline allocations are 2% for analytical capacity and reviews; 2% for strengthening HMIS; 2% for population-based surveys; and 1% for birth and death statistics (vital registration), respectively, which can be adjusted by country setting. These figures and categories are indicative ranges that may serve as guidance for the Secretariat in the management of grant investments to strengthen M&E systems.

4. RECOMMENDATIONS TO SIIC

Based on the discussions above, the SIIC approved the following decision point at its 5th Meeting in Geneva in October 2012:

SIIC Decision Point SIIC05/DP1: Strategic Investment in M&E

The Strategy, Investment and Impact Committee (the "SIIC") endorses the recommendations of the Technical Evaluation Reference Group (the "TERG") as contained in GF/SIIC05/05. The SIIC requests the Secretariat to establish operational procedures and guidelines on appropriate amounts and activities for M&E investments with grant funds.

The SIIC recommends that the Board approve a strategic investment of up to US$ 10 million in additional grant funds to strengthen national data systems to measure impact in 20 priority countries established by the Global Fund.

Recognizing the constrained time available to the Board at its upcoming meeting, the SIIC recommends the following decision point to the Board for an electronic vote after its Twenty-Eighth Meeting:

B28/EDP/02: Strategic Investment in Monitoring and Evaluation

The Board notes:

1. ***the importance of strengthened national data systems to ensure effective program implementation; demonstrate impact; and guide the optimal use of limited resources;***

2. ***the High-Level Independent Review Panel's recommendation to focus on outcomes rather than inputs and to improve in-country data quality; and***

3. ***the concerns cited in the Five-Year Evaluation and by the Technical Review Panel regarding the need to strengthen in-country data systems and capacity.***

The Board approves a strategic investment of up to US$ 10 million of incremental Grant funds to strengthen national data systems to measure impact in 20 priority countries established by the Global Fund. The amount of the additional Grant funds committed to each country shall be determined on the basis of joint country and partner data quality assessments.

The incremental budgetary implications of this decision point for Strategic Investments in Country Data Systems are US$ 10 million.

Annex 1: DATA SYSTEMS AND DATA QUALITY ASSESSMENT CHECKLIST Country:			
Checklist Item	**Current Status and documented Source of Information**	**Grading** (A- Excellent, B1 - Adequate, B2 – Inadequate but potential seen, C – Inadequate)	**Targets to Improve Performance and Required Immediate and medium term Investments**
1. Analysis, Review and Transparency			
1.1 Are health performance reports produced annually with dedicated analysis and synthesis of all relevant health data (including analysis of HIV, TB and malaria)? Are reports available on the web?		**A** - All areas in place; **B1** - Program reviews and plan to provide analytical capacity and annual reports; **B2** - Program review schedule planned; **C** - No Program Review planned in next phase of implementation	**Goal 1: Regular performance reviews with analytical capacity** **(See Guidance for each section)**
1.2 Are periodic program reviews conducted for health (annual) and HIV, TB and malaria (mid-term, end-term) and are reports available on the web?			
1.3 Has MoH adequate and dedicated analytic capacity to produce quarterly management reports and annual health sector progress reports? Does it ensure all basic reports and data are available on the web?			
2. Routine Health Reporting (including clinical reporting and facility assessments. Core support to HMIS, if parallel system, please indicate)			
2.1 What per cent (%) of health facilities (or districts) submit (as required) monthly/quarterly reports on time?		**A** - HMIS 80% coverage and strong in all areas; **B1** - HMIS 80% coverage but gaps in other areas; **B2** - HMIS less than 80% with plan to improve coverage; **C** - HMIS less than 50% with no investment plan to improve coverage.	**Goal 2: HMIS coverage to 90% with reporting by disease (use of DHIS2 and electronic reporting system)**
2.1 Does routine health facility reporting include (a) key services for HIV, TB and malaria; (b) outpatient and inpatient cases and deaths; (c) private and community reporting where relevant; (d) stratified by age, sex or risk groups periodically where relevant?			
2.3 Is there routine surveillance data reported regularly (malaria weekly reports, HIV sentinel and MARPS, TB/HIV, drug resistance, ARV adherence)?			
2.4 Does data verification of facility data occur on a regular basis to verify the completeness and consistency of data?			
2.5 Has facility assessments of service readiness been conducted (two per five years), including quality of services?			

3. Population-based Surveys			
3.1 In the past 5 years, have nationally representative surveys provided sufficiently precise and accurate estimates for HIV, TB and malaria? Are mid-term surveys place?		**A**- Complete survey schedule; **B1** - Gaps in key populations; **B2** - Five year surveys and plan to fill gaps; **C**-No surveys in place and no plan to provide	**Goal 3: Complete Five Year survey plan with intermediary surveys**
4. Administrative and Finance Data Sources			
4.1 Is there a national database/roster of public and private sector health facilities with unique identifier codes, with estimates of health care coverage?		**A** - Routine spending data and all other areas; **B1** - Routine spending data and LMIS; **B2** - Plan in place for routine spending data; LMIS in place; **C** - No plan for spending data and no LMIS.	**Goal 4: Routine spending data by disease**
4.2 Is there a national database of the health workforce in the public and private sector, and completeness which allows estimation of health workforce per population?			
4.3 Is there is system for tracking general health expenditure, and specifically HIV, TB and malaria expenditure?			
4.4 Is there is a Logistics Management Information System (LMIS) in place?			
5. Vital Registration and Community Reporting (indicate if national or parallel community implementer)			
5.1 Is there is a reliable source of nationwide vital statistics, stratified by age and sex?		**A** - Nationwide vital registration of 75% coverage with community reporting system; **B1** - (50-75%) coverage of vital events by age and sex only; **B2** - hospital data only and plan for civil registration; **C** - No data or plan to improve civil registration.	**Goal 5:** **Reporting of vital events by age and sex through a community reporting system (e.g. SMS systems relevant for other events, services, stock outs).** **Analysis of hospital deaths.**
5.2 What is the coverage of births and deaths, by age and sex?			
5.3 What is the coverage of cause of death using ICD 10 coding?			
5.4 Is there a community reporting system, e.g. SMS, to input relevant vital events, services, stock outs			
5.5 Are there are reliable hospital data on causes of death, stratified by age and sex and using ICD 10 coding?			
6. Additional details for HIV			
6.1 Regular schedule of sentinel surveillance: antenatal clinics in generalized epidemics; Integrated Behavioural and Biological Surveys (IBBS) in most-at-risk populations (MARPs) in low-level and concentrated epidemics.			
6.2 Longitudinal ART patient cohort monitoring over time, ideally nation-wide or in representative sentinel sites: patient adherence & survival (tracking loss-to-follow-up).			

6.3 DHS or other nationally representative household surveys to monitor trends in HIV sero-prevalence, risk behaviour and KAP			
6.4 Availability of model-based (EPP/Spectrum) estimations.			
6.5 Finance: National Health Accounts with HIV/AIDS sub-account, NASA or other spending assessments; by funding source and service area.			
7. Additional details for TB			
7.1 Surveillance systems Standards & Benchmarks checklist applied (case and death notification and vital registration systems).			
7.2 Inventory (e.g. capture-recapture) studies assessing completeness of case/death reporting, including from private sector, are implemented.			
7.3 Prevalence survey(s) are implemented (in selected high-burden countries; see WHO Stop TB Impact Task Force guideline).			
7.4 Drug resistance surveys or surveillance are implemented			
7.5 Annual review of NTP budget and expenditure, by funding source and service area, according to WHO-Stop TB guidelines.			
8. Additional details for Malaria			
8.1 Health Management Information System (HMIS) captures data on outpatients, inpatients and deaths nation-wide or in sentinel facilities			
8.2 Program reporting: LLIN distribution/IRS records; # microscopy & RDT tests and treatments delivered; # courses delivered to facilities & stock-outs – all by district and month.			
8.3 Household surveys (e.g. DHS, MICS and MIS) to monitor anemia/ parasitemia prevalence, under-5 mortality and ITN/IRS/IPT/treatment coverage implemented.			
8.4 Sentinel clinics with catchment population and area, and established reliable coverage of parasitologically confirmed malaria cases and case/death reporting completeness.			
8.5 Finance: Annual review of NMP budget and expenditure, by funding source including all donors and domestic contributions, validated with in-depth expenditure studies according to WHO-GMP reporting guideline.			

Guidance on Targets to Improve Performance	Initial funding guidance (US$)

1. Analysis, Review and Transparency - Goal: Regular performance reviews with analytical capacity	
Target 1: High quality annual performance reports and quarterly management reports with HIV, TB and malaria analysis; Target 2: Regular program reviews; Target 3: Dedicated HMIS or MOH analytic team which produces quarterly management reports and annual health sector progress reports; Target 4: All reports and key data published transparently on the web.	20k p.a. for production of reports 50k p.a. for program review 90k p.a. for team of 3 analysts 30k p.a. for web platform
2. Routine Health Reporting (Core support to HMIS, if parallel system, please indicate) – Goal: HMIS coverage to 90% with reporting by disease	
Target 1: To increase coverage to 80% with good timeliness; target 2: To ensure HIV, TB and malaria indicators are integrated within HMIS; Target 3: To increase routine surveillance coverage to 80% for key health conditions and HIV, TB and malaria, with regular reporting; Target 4: Annual data verification; Target 5: Bi-annual sample facility assessments to assess readiness, quality of data and service quality (up to 100k per survey)	2% of grant amount on HMIS (or parallel routine reporting and supervision) 100k MARPS/ARV adherence surveillance 50k p.a. 100k every two years
3. Population-based Surveys – Goal: Complete Five Year Survey Plan with intermediary surveys	
Target 1: Complete survey schedule every 5 years with intermediate surveys.	2% of grant amount on Surveys
4. Administrative and Finance Data Sources – Goal: Routine spending data by disease	
Target 1: Routine NHA tracking with breakdown by HIV, TB, malaria; Target 2: Logistics Management Information System (LMIS) in place; Target 3: National database of health facilities and health workforce to estimate health care and worker coverage.	50k p.a. Procurement budget Up to 50k p.a.
5. Vital Registration and Community Reporting. Goal: Reporting of vital events by age and sex through a community reporting system. Analysis of hospital deaths.	
Target 1: To increase coverage to 75% for all births and deaths, by age and sex; Target 2: To increase coverage to 75% for cause of death; Target 3: To increase hospital data on causes of death, by age and sex, to 80%. Target 4: To implement community reporting system, e.g. SMS, to input relevant vital events, services, stock outs	1% of grant amount to support vital, community, hospital reporting. 70k for analysis of hospital data

Guidance on Process
Stage 1: **Desk Review and partner planning** - Plan assessment with WHO and Global Fund Country Team; Conduct initial desk review with input from Country Team and WHO; Identify co-investments with key partners; e.g.: investments for HIV, TB, Malaria and maternal and child health. **Stage 2: Country Diagnostic Review -** country diagnostic review visiting WHO Country Office, PR, MOH, HMIS unit, disease programs, Central Statistics Unit, Key partner, coordinated by the Country Team and with WHO. Include one site visit. Focus discussion first on Impact and impact trends, then on systems and support to improve their measurement. Distinguish clearly (1) Immediate priority investments, e.g. analytical support, program reviews, and (2) Medium term investments, e.g. large surveys or HMIS capacity building **Stage 3: Investment Plan -** Post-visit review with IRE team, and prioritization of activities and investments with Country Team. Develop co-investments and include partner investments clearly in the assessment tool e.g. the gaps WHO and PEPFAR will fill. **Stage 4: Follow up** - If required, plan an additional data quality audit where systematic site visits are required. Follow up on investments and improvements with CT and partners.