RESULTS MEASUREMENT

OVERVIEW

This paper presents the GFF's approach to providing guidance to countries on results measurement. The proposed approach is based on the recently-released "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)", which was developed through a process led by the World Health Organization. The paper also outlines the GFF's approach to supporting country capacity building for results measurement. A draft of the paper was circulated and discussed in a consultation with Investors Group representatives, and the feedback received is reflected in this version.

RECOMMENDATIONS

The Investors Group is recommended to endorse the approach set out in the paper. It is recommended that the GFF proceed with the reporting and monitoring approach as laid out in this paper, namely that the GFF approach is embedded within the monitoring framework of the Global Strategy in an effort to ensure close correspondence with the overall reporting process for the SDGs. This alignment is intended to minimize the monitoring and reporting burden by countries and to highlight the fact that reporting for the GFF should be closely connected with national systems rather than treated as "project" reporting. Additionally, the approach recognizes that some additional effort and investments will be required to bolster the measurability of some indicators.

ACTION REQUESTED

The Investors Group is requested to endorse the approach set out in the paper.

INTRODUCTION

The Global Financing Facility (GFF) plays a key role in financing for the recently launched Every Woman Every Child "Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)", and therefore has highlighted the importance of ensuring consistency between the results measurement agenda for the GFF and the work underway in the context of the Global Strategy (cf. the GFF Business Plan).

The World Health Organization (WHO) has been leading the process of defining indicators for the Global Strategy, which just been released in the document "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)". The framework highlights sixteen key indicators on the status of women's, children's and adolescents' health. Additional indicators have also been recommended for monitoring the Global Strategy, divided into those that are included in the Sustainable Development Goals (SDG) indicators and those that are additional to the SDGs. While the full set of selected indicators for the Global Strategy is large (around 60), not all indicators are likely to be used at all times. However, the intent is for these indicators to encourage alignment with major strategies and monitoring effects for reproductive, maternal, newborn, child, and adolescent health (RMNCAH) including Every Newborn Action Plan, Ending Preventable Maternal Mortality, Countdown to 2030, etc., as well as the GFF. The monitoring framework for the Global Strategy also contributes to other dimensions of the Global Strategy's Unified Accountability Framework, which looks to strengthen partner mutual accountability and contribution to the Independent Accountability Panel's reports on progress towards women's, children's, and adolescents' health in the SDGs.

The reporting and monitoring approach for the GFF is embedded within the monitoring framework of the Global Strategy in an effort to ensure close correspondence with the overall reporting process for the SDGs. This alignment is intended to minimize the monitoring and reporting burden by countries and to highlight the fact that reporting for the GFF should be closely connected with national systems rather than treated as "project" reporting. Additionally, the approach recognizes that some additional effort and investments will be required to bolster the measurability of some indicators.

CORE INDICATORS

The GFF provides results-focused financing so each Investment Case should include a results framework, as described in the GFF guidance on Investment Cases. In an effort to align with the Global Strategy measurement processes described above, the following **core impact level indicators** should be included in each Investment Case results framework.

1.	Maternal mortality ratio (*Global Strategy key indicator; SDG indicator)*
2.	Under 5 mortality rate (*Global Strategy key indicator; SDG indicator)*
3.	Neonatal mortality rate (*Global Strategy key indicator; SDG indicator)*
4.	Adolescent birth rate (*Global Strategy key indicator; SDG indicator)*
5.	Percentage of women of reproductive age who have their need for family planning satisfied with modern methods (*Global Strategy additional indicator; SDG indicator)*
6.	Prevalence of stunting among children under 5 years of age (*Global Strategy key indicator; SDG indicator)*

These are a subset of the 16 core indicators proposed in the Global Strategy that are expected to be

applicable to all Investment Cases. The full set of core and additional indicators outlined in the Global Strategy will be shared with countries as a resource for countries to use in the preparation of Investment Case results frameworks based on the specific areas of emphasis of each Investment Case.

Given the GFF's emphasis on financing and the importance of improving data availability on health financing, Investment Cases should also contain a set of **core health financing indicators.** The Global Strategy indicator guidance contains only a few indicators on health financing, so additional work is ongoing with the World Bank Group and WHO, building on paper GFF/IG2/3, "Tracking Financing for RMNCAH, UHC, and Health: Defining Indicators for Smart, Scaled, and Sustainable Financing". The following indicators reflect the ongoing discussions and, once finalized, they would be recommended for inclusion in all Investment Cases. Almost all of these (or the raw data for them) are routinely captured in either health accounts or household surveys, so the additional work required to measure them should be minimal.

SMART FINANCING
1. Percentage of current health expenditures on primary health care (*allocative efficiency*)
2. Average price of a basket of essential RMNCAH medications compared to the international reference price (*technical efficiency*)
SCALED FINANCING
3. Current country health expenditure per capita (and specifically on RMNCAH) financed from domestic sources (*Global Strategy key indicator)*
4. Ratio of government health expenditure to total government expenditures (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*) 5. The incidence of financial catastrophe due to out of pocket payments 6. The incidence of impoverishment due to out of pocket payments *(WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*) (**Note:** where there is no recent household expenditure survey, an alternative to #5 and #6 is out of pocket expenditures as a percentage of current health expenditures, from health accounts data; however, this is not the preferred indicator because #5 and #6 are more useful for measuring equity, as changes in out of pocket expenditure can be difficult to interpret[1])
SUSTAINABLE FINANCING
7. Growth rate in domestically sourced current total health expenditures since baseline (and for RMNCAH expenditures) divided by the growth rate of GDP

ADDITIONAL INDICATORS

Each GFF country will also be provided with a list of additional indicators to consider for inclusion in their Investment Case results framework so as to capture changes in programmatic coverage, health financing, health systems strengthening, and monitoring and evaluation systems.

[1] For example, if the out of pocket expenditure by the richest segment of the population significantly increases, this is likely to drive up out of pocket expenditure as a percentage of total health expenditure, but this does not reflect a broad worsening of the equity situation in a country.

Programmatic Indicators

Improvements in health impact will take time to measure and therefore measurement of changes in coverage of key interventions across the RMNCAH continuum will be important to assess the progress GFF countries are making to reaching their health impact targets. Given that Investment Cases are based on the context and prioritization of interventions within each country, the selection of indicators must depend on the priorities outlined in the Investment Case. Below is a list of coverage indicators across the RMNCAH continuum for countries to consider including when developing their results frameworks. GFF countries are already collecting data on many if not all of these indicators, given that almost all are included both in the Global Strategy and WHO 100 Core Indicators.[2] In addition to this list, countries may include additional indicators on specific technical areas based on the existing national health management information systems, national surveys, etc.

1.	Proportion of women aged 15-49 who received 4 or more antenatal care visits (*Global Strategy additional indicator; WHO 100 Core indicator)*
2.	Proportion of births attended by skilled health personnel (*Global Strategy additional indicator; WHO 100 Core indicator)*
3.	Proportion of women who have a postpartum contact with a health provider within 2 days of delivery (*Global Strategy additional indicator; WHO 100 Core indicator)*
4.	Proportion of newborns who have a postnatal contact with a health provider within 2 days of delivery (*Global Strategy additional indicator; WHO 100 Core indicator)*
5.	Proportion of infants who were breastfed within the first hour of birth (*Global Strategy additional indicator; WHO 100 Core indicator)*
6.	Percentage of children with diarrhea receiving ORS (under-5) (*Global Strategy additional indicator; WHO 100 Core indicator)*
7.	Percentage of children fully immunized (*Global Strategy additional indicator)*
8.	Proportion of children with suspected pneumonia taken to an appropriate health provider (*Global Strategy additional indicator; WHO 100 Core indicator)*
9.	Percentage of children aged 6−59 months who receive Vitamin A supplementation (*WHO 100 Core indicator)*
10.	Prevalence of anemia in women aged 15-49 (*Global Strategy additional indicator; WHO 100 Core indicator)*
11.	Contraceptive Prevalence Rate, modern methods (mCPR) (*WHO 100 Core, FP2020)*

There are important limitations with the list of indicators proposed above. As noted in "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)", "there are several critical target areas in the Global Strategy for which no indicators are available that meet the criteria for inclusion in the list of indicators". For example, no adolescent health indicators are included in this list. In GFF countries, lack of data availability on adolescent health requires investments in data systems to be able to capture these data. Therefore, to the extent possible, disaggregated data will be collected based on existing data systems to capture progress made on

[2] In addition these individual indicators contribute in part to the both the universal coverage index developed jointly by the WB/WHO and the coverage index defined by the Global Strategy and therefore can contribute to the measurement of these indices through the Global Strategy reporting processes

adolescent health in key indicators such as ANC visits and mCPR. However, better data on adolescents can only be anticipated once national data systems are further strengthened.

Equity is an important principle of the GFF. Based on the World Bank/WHO framework for tracking progress on Universal Health Coverage, the GFF approach is to focus on encouraging countries to collect disaggregated data, with a particular focus on three primary elements: economic status (measured by household income, expenditure or wealth), place of residence (urban/rural) and sex. It is recommended that all countries collect disaggregated data on the coverage indicators included in their Investment Case results frameworks. In addition, countries have the flexibility of collecting data on other equity stratifiers such as race, occupation, gender, religion, education status, and social capital or resources. The type of data on equity stratifiers is expected to vary across countries, but this will be further assessed in the rapid M&E assessment that is further described below.

Another challenge of these indicators is that they do not capture the shifts in service delivery modalities that are key elements of many Investment Cases. Examples of these in the initial GFF countries include approaches such as refining and rolling out a core package of essential interventions, expanding strategic purchasing, introducing a new approach to community care, and strengthening engagement with the private sector. The nature of these shifts is such that it is not possible to have standardized indicators for them, but that does not mean that countries should not track progress in achieving the shifts that they wish to bring about; the implication of this is that countries should develop indicators that are tailored to the national context. Additionally, qualitative research may be useful in this regard.

In addition to the programmatic indicators, when Investment Cases contain multisectoral approaches, it is important capture these in results frameworks. The "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)" contains a number of indicators on multisectoral areas, particularly under the "Thrive" and "Transform" axes, and these are the recommended starting point for Investment Case results frameworks.

Health Financing Indicators

Additional indicators for countries to consider including in their Investment Case results frameworks on smart, scaled, and sustainable financing are presented below.

SMART FINANCING
1. Government budget execution rate in health
SCALED FINANCING
2. Percentage of donors that are financing RMNCAH that directed their funding to the priorities identified in the Investment Case
SUSTAINABLE FINANCING
3. Growth rate in domestically sourced expenditure (government and compulsory contributions schemes) divided by growth in external expenditures for ALL of health
4. Growth rate in domestically sourced expenditure (government and compulsory contributions schemes) on RMNCAH divided by growth in external expenditures for RMNCAH
5. Percentage of total health expenditure that is domestically sourced

It is important to recognize that improvements in health financing are expected to take time and therefore these health financing indicators have been defined based on this long term perspective. As a result, more

immediate changes will have to be interpreted carefully, looking at both shifts in the numerator and denominator. For example, indicators #3 and #4 might show short-term deteriorations as a result of a significant increase in development assistance for health (which might be important for achieving RMNCAH outcomes). Therefore, it is important for countries to examine the underlying data and contextualize the changes in these indicators (which, as noted, have been designed to reflect the long-term vision of increasing domestic financing).

Health System Strengthening Indicators

In addition, given the role of the GFF in supporting health systems strengthening (HSS), it is important for the results frameworks of Investment Cases to measure improvements in health systems. Presented below is a list of globally agreed indicators on health systems strengthening. The focus of HSS activities in each GFF country varies, so countries should select the indicators relevant to the areas of focus of their Investment Case. Innovation will be encouraged to develop suitable routine measures in areas where there are gaps in data and measurement such as quality of care.

1.	Health worker density and distribution (*WHO 100 Core indicator)*
2.	Availability of essential medicines and commodities (*WHO 100 Core indicator)*
3.	Number and distribution of health facilities per 10,000 population (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
4.	Number and distribution of inpatient beds per 10,000 population (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
5.	Number of outpatient department visits per 10,000 population per year (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
6.	General service readiness score for health facilities (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
7.	Proportion of health facilities offering specific services (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
8.	Number and distribution of health facilities offering specific services per 10,000 population (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
9.	Specific-services readiness score for health facilities (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
10.	Annual number of graduates of health professions educational institutions per 100,000 population, by level and field of education (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
11.	Policy index (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
12.	Basic Equipment Availability (*Primary Health Care Performance Initiative*)
13.	Continuity of care: DTP3 drop out rate; Antenatal drop out rate (*Primary Health Care Performance Initiative*)
14.	Diagnostic Accuracy (*Primary Health Care Performance Initiative*)
15.	Provider Absence Rate (*Primary Health Care Performance Initiative*)

Monitoring and Evaluation System Indicators

The GFF will also emphasize the strengthening of national data systems through the Investment Cases (*elaborated further below*) so as to capture real time data on RMNCAH and promote the use of these data for decision-making for improving RMNCAH programming. Below is a list of indicators on M&E systems, including civil registration and vital statistics systems, from which countries can choose as appropriate given their national systems.

1.	Proportion of children under 5 years of age whose births have been registered with a civil authority (*Global Strategy core; SDG)*
2.	Percentage of births in a given year registered (*WHO, Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies, 2010*)
3.	Percentage of deaths in a given year registered (*WHO, Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies, 2010*)
4.	Completeness of reporting by health facilities (*WHO 100 Core)*
5.	HMIS data quality TBD
6.	Health information system performance index (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010)*
7.	A timely audited report of government expenditures (including on-budget funding from external partners) including on RMNCAH is available for the most recent financial year
8.	A set of health accounts with distributive matrices has been produced in the last 3 years

SUPPORTING CAPACITY BUILDING ON RESULTS MEASUREMENT

A key challenge in many GFF countries is weak M&E systems that are not able to capture changes in both programmatic coverage and health financing in a timely manner. Without strengthening national systems, the ability to report on progress made in GFF countries will be greatly limited. Therefore, considerable efforts are underway to strengthen data systems (particularly routine systems, such as health management information systems), including through the recently-launched Health Data Collaborative.

The GFF is strongly supportive of these efforts and so encourages countries to define priorities for strengthening national M&E systems in Investment Cases. This includes the systems and capacities needed to track programmatic progress (including household surveys such as DHS and MICS, facility surveys such as SARA, SPA, and SDI, and routine health management information systems such as DHIS2), health financing (including health accounts, household expenditure surveys/modules, public expenditure reviews, and public expenditure tracking surveys), and civil registration and vital statistics.

The focus on strengthening data systems and improving measurement will have multiple positive effects:

- Strengthening measurement on programmatic indicators will help move towards real time availability of data, strengthening of routine systems including DHIS2, and emphasizing decentralized verification and use of data for decision-making. This is essential for improving the quality of programmatic decision-making and for detecting early warning signs that provide alerts about significant risks to program implementation. In addition, innovations for existing gaps in data such as measures on adolescent health and quality of care can be developed through the GFF and contribute to the global measurement dialogues on these key areas that currently lack sufficient routine measurement.

- Strengthening CRVS systems will improve decision-making for RMNCAH programming by providing accurate and timely information on births, deaths, causes of death, and marriages. Civil registration systems have a number of other benefits, including those related to legal identity and legal rights (e.g., related to property ownership).
- Strengthening measurement on health financing is essential for better understanding how much money is spent on health and particularly on RMNCAH, as well as the composition of this spending, which is essential for understanding the equity of a health financing system. This information is necessary to ensure that resources are being used in ways that are both equitable and efficient, both of which are critical for improving health outcomes.

Building on an approach pioneered by the Global Fund to Fight AIDS, Tuberculosis and Malaria[3], the GFF strongly recommends that each country undertake a rapid assessment at the outset of the process of developing an Investment Case. This exercise would take stock of existing indicators, data, systems, and existing and planned surveys within each country so as to design a country specific approach to collecting data. This assessment serves two purposes:

- It identifies in a comprehensive manner all of the data sources available in a country, thereby contributing to ensuring that the Investment Case process is based on the most recent and most relevant data available in a country. Experience in the initial GFF countries has revealed that if this step is not taken, important sources of data may be overlooked in the process of preparing Investment Cases, resulting in decision-making that is not fully informed by the latest data.
- It enables gaps in data availability to be identified early in the process, in time to include the investments necessary around M&E in the Investment Case. For example, if the next household survey in a country is not scheduled to occur for a number of years, this could prompt the country to include a mini-DHS or other household survey in the Investment Case to ensure that coverage data is available more continuously over the course of the implementation of the Investment Case.

This assessment should cover the three dimensions of M&E systems that the GFF focuses specifically on (programmatic progress, health financing, and CRVS), but should be conducted in a manner that is harmonized with other M&E efforts in the country, such as the Global Fund's self-assessment on M&E and/or efforts under the rubric of the Health Data Collaborative. The availability of disaggregated data should be considered in the rapid assessment, so as to ensure that countries are able to track equity.

In practice, countries may want to begin by compiling all of the M&E assessments that have conducted in recent years and chart any planned upcoming assessments. The gaps in these would then shape the rapid assessment.

For routine data use to be improved both government and partners need to be convinced of the quality of this routine data. As such the GFF will support the verification of routine data and so encourages countries to invest in these mechanisms, preferably ones that contain an independent element. As an initial step, the rapid assessment will be used to ascertain existing verification systems that exist at national and sub-national levels and the gaps in them.

Based on the rapid assessment, the Investment Case can contain the prioritized investments required to ensure timely availability of high-quality programmatic, health financing, and CRVS data (including the

[3] See http://www.theglobalfund.org/en/me/strengthening/.

verification of data). The types of investments required will vary by country but at a minimum they should ensure that the country can measure all of the core indicators detailed above. Building on the experience of the Global Fund and others, the GFF recommends that countries commit 5-10% of their budgets on monitoring and evaluation.

www.globalfinancingfacility.org