

CONCEPT NOTE

**MIND THE GAP:
Common M&E Framework for Global Health Initiatives**

Wendy J Graham, France Donnay and Andres de Francisco
First outline prepared for the PMNCH Board meeting, April 28-30th 2010, Dhaka

PREAMBLE

Priority Action 6 of the PMNCH's current work plan is "*Tracking progress and commitments to MNCH*". One of the five main outputs (no. 2) is "*common M&E framework agreed among Global Health Initiatives and disseminated in high priority countries*." This, in turn has, two main parts:

- 2.1 GHI agree on common M&E framework to be used in priority countries
- 2.2 M&E gaps identified and addressed through existing groups or new collaboration, if needed.

The purpose of this concept note is to stimulate discussions at the PMNCH Board meeting specifically on output 2.2, and to provide recommendations. The note is presented as the basis for a subsequent journal article, if deemed appropriate. Other outputs of PA6 focus on: (i) the linkage of pledges, commitments, disbursements, and derived programmes (Output 1); and (ii) Countdown to 2015 (Outputs 3-5).

I. INTRODUCTION

2010 is a crucial year for the global community. Not only does it represent a "moment of truth" in the tracking of progress towards achieving the Millennium Development Goals most directly linked to the health and survival of women and children (MDG 4,5&6). But also the calendar for 2010 shows an unprecedented series of high level meetings to secure firm political commitments backed-up by additional financial resources to accelerate real progress on the ground in priority countries. The powerful narrative in the background documents and earlier deliberations leading to 2010 - as an "*annum tremendus*" - include many key phrases suggestive of the high expectations of activities broadly called monitoring and evaluation (M&E). Terms like "accountability", "results-based funding", "targets", "scaling-up" and "tracking performance" are markers of assumptions about the availability of reliable data and about its use in decision-making. This heightened attention and demand for health information at national and international levels provides a tremendous opportunity and responsibility to harmonize approaches to M&E - to reduce transaction costs, increase efficiency and reduce unreasonable pressure on countries (Boerma et al, 2009). It also provides the imperative to mind the gaps that matter in data to inform and track both the scale-up of essential interventions and broader health systems strengthening. The purpose of this short paper is to identify the major international initiatives supporting country-based capture and use of health information, and to flag gaps of most relevance to improving the health and survival of women and children. The recent Consensus Statement on RMNCH will be taken as the point of reference for grappling with the gaps of most relevance.



2. METHODS

This review is based on a literature and web-based search for relevant papers on Global Health Initiatives M&E, reports and web-pages. The databases and search words used are indicated in the notes at the end.

The terms “health information” and “health data” are used synonymously in this paper, and are taken to encompass measures of the availability, access, quality and efficiency of health care & services, as well as of the consequences for women and children in terms of health status, responsiveness, satisfaction and financial risk. “Monitoring and evaluation” (M&E) is used here to include national (& international) monitoring of inputs, processes and outputs to inform future investment and judge performance, and evaluation of at-scale initiatives and reforms in terms of health gains (outcomes and impact).

3. RESULTS (DRAFT TEXT)

3.1 Conceptual frameworks

The key conceptual framework underlying the Consensus Statement is the continuum of care linking women-babies-children, and household to hospital (Figure 1).

In regard to M&E conceptual frameworks, there are many published examples (refs), of varying complexity. Developments from IHP+ and CheSS focus on M&E for health system strengthening and on country needs and ownership can be seen in Figures 2, 3 & 4 of the accompanying presentation.

Marrying of MNCH and M&E framework has been most apparent in Countdown initiative. Countdown tracks progress in 68 countries in **coverage** of critical interventions across maternal, newborn and child health (RMNCH) continuum of care, inequities in coverage, progress in health policy and strengthening of health systems, and financial inputs (both donor assistance and national funding) to MNCH.

- Recommendation 1 to PMNCH Board: Need for consolidated/updated M&E framework that links the RMNCH continuum of care with a continuum of accountability for credible results (from household to head of state), so emphasizing the pivotal position of M&E in guiding and in demonstrating progress.

3.2 M&E current landscape

Table 1 presents characteristics and remits of major M&E initiatives.

The goal of harmonization of Global Health Initiatives M&E Frameworks is still to be achieved, but there is renewed opportunity through the 2010 Joint Action which recognises existing efforts and seeks: 1). to ensure additional leadership, organisation and accountability; 2). build on significant progress to date; and 3). gain commitment of new and influential partners (Focus is on 49 aid-dependent countries, compared to 68 Countdown countries) (High Level Task Force on innovative International Financing for Health Systems, 2009).

- Recommendation 2 to PMNCH Board: Urgent need within the Joint Action to reposition M&E systems as a crucial investment and not merely a “cost”.

3.3 Gap analysis

The Joint Action calls for the mobilisation of all actors around the widely-adopted Global Consensus on RMNCH. The latter provides a 5-prong framework (Figure 5) for prioritising key-evidence-based services and strategies. Operationalizing this Consensus across the 49 aid dependent countries will enable a range of target outputs and outcomes to be achieved, such as “additional women receiving quality antenatal care” and “preventing 1.5m stillbirths”. Given the prominence and results-focus of the Consensus, it provides one useful basis for identifying gaps or limitations in existing M&E initiatives and frameworks. Gaps can be seen as weaknesses in terms of choice of indicators, data availability and disaggregation, data quality, and use of data.

3.3.1 Indicators

The choice of core indicators to monitor and evaluate actions towards the Consensus requires: balancing/managing tensions of including range from inputs to impact indicators against risk of country overload; SMART indicators linked appropriately to targets; maximizing use of existing & endorsed indicators; building on synergies within health sector and between priority streams – such as MDG4,5 &6 (see Figure 6);

The five pillars of the Consensus face particular indicator limitations in terms of:

1. Community engagement and mobilisation
2. “High quality” services across the continuum (quality metrics need to be defined)
3. Services free at point of use
4. Indicators which capture timely inputs (“right place at right time” – especially with regard to emergency services for RMNCH)
5. Accountability metrics & validation (credible) markers

➤ [Recommendation 3 to PMNCH Board](#): need for inclusive/consultative process to map and agree core indicators to track progress with the for Consensus for RMNCH

3.3.2 Data availability & disaggregation

Data sources typically divided into population-based and health services-based. It is evident that there is a lack of focal agency for improving availability of mortality outcome data – to reduce dependence on modeling approaches (especially for maternal mortality).

Equity lens (wealth, gender and spatial) is crucial but often only available for population-based sources (e.g. surveys) and thus not on a real time basis. Some major platforms relying on service data (e.g. Global Fund) currently have limited disaggregation capacity.

➤ [Recommendation 4 to PMNCH Board](#): lobby/advocate for essential equity disaggregation as a basic requirement for meaningful core indicator tracking for GHIs.

3.3.3 Data quality

Quality/credibility of results now has increased awareness but further effort needed by demonstrating the costs and consequences of erroneous data and unacceptable uncertainty boundaries. There is a need for brokering between generators of data and robust independent “assessment” to assure credibility. Must be integrated into the fifth pillar of Consensus. A great potential of technology platforms to enhance capture, quality and streaming of real-time data is available to do this.

- [Recommendation 5 to PMNCH Board](#): seek opportunities to support/promote other initiatives pioneering new data-driven technologies, and to link to other Priority Action areas.

3.3.4 Data use

- Still comparative “orphan area”, especially crucial step of uptake into decision-making.
 - Recognised need to create information culture, which in practice means institutionalising and providing incentives for data use (Boerma et al, 2009).
 - Opportunity to build incentives into the accountability pillar of Consensus by linking data to resource allocation.
 - Need to draw-upon and actively engage civil society organisations in powerful, accurate communication of results (as part of pillar I).
- [Recommendation 6 to PMNCH Board](#): Utilise existing mechanisms and planned occasions to advocate for strengthened M&E resources and capacity as part of PA5.

DISCUSSION AND CONCLUSIONS

Limitations of gap analysis: fast-moving area in international aid, not all captured by literature (not clear where or how such developments can/are being shared across the community). Linkage with work of other PMNCH Priority actions, in particular PA1 on Knowledge management, PA2 on packages of interventions, PA5 on advocacy and other elements of PA6 (Output 1: tracking financial accountability, and Outputs 3-5 on the Countdown process).

RECOMMENDATIONS TO PMNCH

Crucial mandate of PMNCH (i.e. added-value) is essential to observe for M&E gaps, particularly given the significant number of other players and risk of duplication.

Need to link across Priority Action areas as many recommendations have cross-cutting implications.

➤ Possible recommendations to Board:

1. Facilitate development of consolidated/updated M&E framework that links the RMNCH continuum of care with a continuum of accountability for credible results (from household to head of state);
2. Enable and support the Joint Action to reposition M&E systems as a crucial investment and not merely a “cost”;
3. Commission inclusive/consultative process to map and agree core indicators for Consensus for RMNCH;
4. Advocate for essential equity disaggregation as a basic requirement for meaningful core indicator tracking;
5. Promote other initiatives pioneering new data-driven technologies, and seek opportunities to link to other PMNCH Priority Action areas e.g. PA1 & PA3;
6. Utilise existing mechanisms and planned occasions to advocate for strengthened M&E resources and capacity as part of PA5.

REFERENCES:

Boerma T, AbouZahr C, Bos E, Hansen P, Addai E, Low-Beer D. Monitoring and Evaluation of health systems strengthening: an operational framework. WHO, World Bank, GAVI and Global Fund. (Draft 22 October 2009).

Toure K, de Francisco A. 'Towards a consolidated framework for impact evaluation of large-scale health initiatives for MDG 4 and 5'. Roundtable discussion 20th April 2008, Cape Town, South Africa. (Final version May 6th 2008).

Table 1 M&E current Initiatives

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ¹	Frequency of tracking	Major reports/ publications	Contacts, Website
1	Countdown to 2015	Track progress towards achievement of MDGs 1, 4 & 5. Tracks coverage levels for health interventions proven to reduce maternal, newborn & child mortality.	2005-2015	Countdown initiative is a supra-institutional collaborative effort of concerned individuals and partner organizations	The key partners - not clear.	Aga Khan University; AusAID; Basic Support for Institutionalizing Child Survival; Bellagio Child Survival Group, The Lancet; DFID; FCI; International Paediatric Association; Johns Hopkins University; LSHTM; NORAD; Save the Children; SNL; Gates Foundation; Lancet; PMNCH; World Bank; UCL Centre for International Health and Development; UNFPA; UNICEF; Universidade Federal de Pelotas; UoA Dept Public Health; USAID; WHO	68 Countdown priority countries are tracked	Existing resources: Reports from the WHO, UN agencies & World Bank; data from MICS & DHS surveys; publicly available databases (DevInfo, WDI, UNICEF). See Annex A 2008 report full details.	A comprehensive range of indicators looking at MNCH outcomes & MNCH service coverage (See Annex B-D of 2008 report full details)	Summary report published annually since 2005	Countdown 2005 Report; Countdown 2008 Report; Lancet Series; Countdown 2010 Report to be released at Women Deliver, June 2010.	http://www.countdown2015mnch.org/index.php
2	Measure DHS	Collecting and disseminating accurate, nationally representative data on fertility, family planning, maternal and	Since 1984	Macro International	USAID; Contributions from other donors, as well as funds from participating countries, also	Since 2008: Johns Hopkins Bloomberg School of Public Health/Center for Communications; PATH; The	Over 85 countries worldwide					http://www.measuredhs.com/aboutdhs/

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ¹	Frequency of tracking	Major reports/ publications	Contacts, Website
		child health, gender, HIV/AIDS, malaria, and nutrition			support surveys	Futures Institute; CAMRIS International; Blue Raster						
3	Roll Back Malaria	To achieve and sustain universal coverage for all populations at risk with locally appropriate interventions for prevention and case management • To reduce global malaria cases from 2000 levels by 50% in 2010, and by 75% in 2015 • To reduce global malaria deaths from 2000 levels by 50% in 2010, and to near zero preventable deaths in 2015	1998-2015	Hosted by WHO		WHO, UNICEF, UNDP & World Bank founding members of partnership. MEASURE Evaluation, MEASURE DHS, USAID, UNICEF, World Health Organization, CDC, MACEPA		MIS, MICS, DHS surveys recommended	Eight outcome indicators that will be used to measure the proportion of the population that is covered by the interventions outlined by the RBM technical strategies & 3 impact indicators		"Guidelines for core Population-based Indicators: 2009" & "Global Malaria Action Plan: 2008". The Roll Back Malaria Progress & Impact Series is a collection of high-level reports benchmarking progress towards the RBM 2010 goals (launched March 2010)	http://www.rollbackmalaria.org/index.html
4	3ie	Improve the lives of poor people in low- and middle-income countries by providing, and summarizing, evidence of what works, when, why and for how much.	Since 2006/07	Hosted by Global Development Network	Contributions from member institutions.	The Campbell Collaboration; PEGNET (Poverty Reduction, Equity and Growth Network); Impact Evaluation Network; InterAction	Various			?	3ie working papers; Database of impact evaluations	http://www.3ieimpact.org/
5	IHME	Aim to put as much	Since 2007	Department of Global Health at		Various partners for a range of	Various countries			?	?	http://www.healthmetrics

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ⁱ	Frequency of tracking	Major reports/ publications	Contacts, Website
		information as possible about health in the public domain in a way that is useful, understandable and credible to enable policy-makers and decision-makers to craft the best policies with the highest benefit for their own context.		University of Washington		projects						andevaluation.org/
6	Health Metrics Network	Create a harmonized framework for country HIS development (the HMN Framework) which describes standards for country health information systems. Strengthen country HIS by providing technical and catalytic financial support to apply the HMN Framework. Ensure access and use of information by local, regional and global constituencies	Since 2005	WHO	WHO		6 wave one countries; 63 breadth countries					www.who.int/healthmetrics/en/
7	GAVI Alliance	Accelerate the	2000-2015	GAVI uses two		75 developing			The 2007 - 2010			www.gavi.org

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ⁱ	Frequency of tracking	Major reports/ publications	Contacts, Website
		uptake and use of underused and new vaccines and associated technologies and improve vaccine supply sec; Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner; Increase the predictability and sustainability of long-term financing for national immunisation programmes; Increase and assess the added value of GAVI as a public-private global health partnership through improved efficiency, increased advocacy and continued innovation.		mechanisms that draw heavily on private-sector thinking to help overcome historic limitations to development funding for immunisation. These mechanisms are the AMC and the IFFI. The former reflects the need to meet disproportionately high costs in the early stages of implementing aid programmes; the latter developing countries' need for sustainable predictable funding		countries			Roadmap; The 2008 Workplan; The 2008 Deliverables			ianace.org/
8	3by5 Initiative	The 3 by 5 target was to distribute	2003-2005 (now ended)	UNAIDS & WHO					Tracking progress of implementation			www.who.int/3by5/en/

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ¹	Frequency of tracking	Major reports/ publications	Contacts, Website
		antiretroviral treatment to 3 million people in 50 developing countries by the end of 2005. The 3by5 initiative aimed to make this happen.							of country programmes. Monitoring of process indicators such as number of countries with emergency plans, numbers of people being trained, new treatment sites opened, size of financing gaps, among others.			
9	MEASURE Evaluation	Provides technical leadership through collaboration at local, national, and global levels to build the sustainable capacity of individuals and organizations to identify data needs, collect and analyze technically sound data, and use that data for health decision-making		Carolina Population Center at the University of North Carolina at Chapel Hill	USAID	As a key component of the United States Agency for International Development's (USAID) Monitoring and Evaluation to Assess and Use Results (MEASURE) framework, MEASURE Evaluation is a Leader with Associates award implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Futures Group International, ICF Macro, John	Angola; Cote d'Ivoire; Democratic Republic of the Congo; Ethiopia; Ghana; Guinea; Kenya; Liberia; Madagascar; Mali; Mozambique; Namibia; Nigeria; Rwanda; Senegal; South Africa; Sudan; Swaziland; Tanzania; Togo; Uganda; Zambia; Zimbabwe; Bangladesh; Burma; China; Laos;		MEASURE Evaluation provides technical leadership in seven program areas through collaboration at local, national, and global levels. Avian Influenza: Strengthening national programs for M&E of Avian Influenza programs. Family Planning & Reproductive Health: Examining the role of fertility desires that lead to unprotected sex. HIV/AIDS: Supporting the		Data Demand and Use Tools: Core tools to stimulate data demand and capacity building and enhance evidence-based decision making. Data Quality Assurance: Methods for assessing M&E plans and systems that collect and report data for program management and reporting. Geographic Information Systems: Tools to support field efforts by providing a geographical context to activities -	www.cpc.unc.edu/measure/

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implement ation	Data sources/ capture methods	Main types of indicators ⁱ	Frequency of tracking	Major reports/ publications	Contacts, Website
						Snow, Inc., Management Sciences for Health, and Tulane University.	Thailand; Vietnam; Brazil; Dominican Republic ; El Salvador; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Nicaragua; Panama; Paraguay; Peru; Egypt		President's Emergency Plan for AIDS Relief to develop innovative methods for measuring emergency plan indicators and conducting public health evaluations. Malaria: Developing indicators, data collection tools, and guidance on M&E of malaria control programs. Orphans and Vulnerable Children: Improving programs for orphans and vulnerable children by providing and sharing much-needed data about programs and populations. Poverty and Equity: Developing low-cost, reliable procedures to measure health inequalities. Tuberculosis: Strengthening capacity for M&E of TB		Knowing "where" can provide understanding about "who", "how" and "why". Health Facility Assessment Methods: Methods to increase utilization of facility-based information for decision making about investments in health systems and services. Capacity Building Guides: Processes that improve the ability of a person, group, organization or system to meet objectives or to perform better. (SAVVY) Sample Vital Registration with Verbal Autopsy: A resource library of best-practice methods for strengthening vital events monitoring and measurement, including causes of death. (PRISM) Performance of Routine Information	



No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ¹	Frequency of tracking	Major reports/ publications	Contacts, Website
									programs at national and sub-national levels.		System Management: A framework that ensures relevant data and guarantees that outcomes will be usable for decision making.	
10	CHeSS ⁱⁱ		Since 2008	Framework has been developed by the Monitoring and Evaluation Working Group of IHP+ (International Health Partnership and Related Initiative) and is led by WHO and the World Bank . Various partners have been involved in the development and implementation. The International Health Partnership and related initiatives (IHP+) seeks to achieve better health results by mobilizing donor countries and other development			Partner Countries: Benin Burkina Faso Burundi Cambodia Dem Republic of Congo Djibouti Ethiopia Kenya Madagascar Mali Mozambique Nepal Niger Nigeria Rwanda Senegal Sierra Leone Togo Uganda Vietnam Zambia. Initial preparatory work has been undertaken in Ethiopia and Zambia and in		In order to make these efforts operational at country level, the country health systems surveillance or CHeSS approach is under development. This consists of three streams of activity: the development of consensus around indicators and measurement strategies for health systems monitoring; enhanced support to capacity-building for data synthesis and analysis, including filling critical data gaps; and improved access to and use of			http://www.internationalhealthpartnership.net/en/home

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ⁱ	Frequency of tracking	Major reports/ publications	Contacts, Website
				partners around a single country-led national health strategy, guided by the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. Launched in September 2007, the IHP+ aims to better harmonize donor funding commitments, and improve the way international agencies, donors and developing countries work together to develop and implement national health plans			several non-IHP+ countries		data for health planning and decision-making. Initial preparatory work has been undertaken in Ethiopia and Zambia and in several non-IHP+ countries			
11	RHRC Consortium ⁱⁱⁱ	To increase access to a range of quality, voluntary reproductive health (RH) services to crisis- affected persons around the world. Specific objective for M&E: To				American Refugee Committee (ARC); CARE; Colombia University; International Rescue Committee (IRC); JSI Research and Training Institute (JSI); Marie Stopes					RHRC Monitoring and Evaluation Tool Kit 2004; Progress, Gaps and Challenges Ahead: Inter-agency Global Evaluation of Reproductive Health for Refugees and Internally Displaced Persons	http://www.rhrc.org/about/who.html

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ⁱ	Frequency of tracking	Major reports/ publications	Contacts, Website
		develop, disseminate and utilize guidelines for the design, monitoring and evaluation of reproductive health projects in humanitarian settings.				International (MSI); Women's Refugee Commission. ARC, CARE, IRC and MSI - focus specifically on provision of RH services to displaced populations. JSI & Columbia University are primarily involved in project research, staff training & technical assistance. The Women's Refugee Commission is an advocacy organization & provides technical assistance local & international NGOs providing RH services to displaced communities. As the sole European organization, MSI plays a vital role in the Consortium's advocacy work in Europe.					2005 ; Maternal & Newborn Care Fact Sheet	
12	Network of networks on Impact Evaluation	NONIE was formed to promote quality impact	Current	Organization for Economic Co-operation & Development's	World Bank	Most NONIE members are evaluators from the bilateral &					Impact Evaluation and Development: NONIE	

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ⁱ	Frequency of tracking	Major reports/ publications	Contacts, Website
	(NONIE)	evaluation. NONIE fosters a program of impact evaluation activities based on a common understanding of the meaning of impact evaluation & approaches to conducting impact evaluation. NONIE focuses on impact evaluation & does not attempt to address wider monitoring & evaluation issues. NONIE aims to: Build an international collaborative research effort for high-quality & useful impact evaluations as a means to improving development effectiveness; Provide its members with opportunities for learning, collaboration, guidance, & support, leading to commissioning		Development Assistance Committee (OECD/DAC) Evaluation Network, the United Nations Evaluation Group (UNEG), the Evaluation Cooperation Group (ECG), & the International Organization for Cooperation in Evaluation (IOCE) - a network drawn from the regional evaluation associations.		multilateral agencies. They have joined by virtue of their membership in donor networks & because they have a strong interest in impact evaluation. Some members provide core funding. NONIE's membership also includes developing country participants who bring important perspectives on these issues. Further applications are welcome through IOCE from those who feel they can make a contribution to the network, particularly from developing country governments.					Guidance on Impact Evaluation	

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ¹	Frequency of tracking	Major reports/ publications	Contacts, Website
		& carrying out impact evaluations										
14	The Development IMpact Evaluation (DIME) Initiative	A World Bank-led effort involving thematic networks and regional units under the guidance of the Bank's Chief Economist. Objectives are to: increase the number of Bank projects with impact evaluation components; To increase staff capacity to design & carry out such evaluations; To build a process of systematic learning based on effective development interventions with lessons learned from completed evaluations.			World Bank			Several critical evaluation themes coordinated across countries in different regions of the world include: Malaria control; Early Childhood Development; Pay for performance in health ; HIV/AIDS treatment & prevention Examples of impact evaluation: Malaria Impact Evaluation Program: The Malaria Impact Evaluation Program (MIEP) is a multi-country micro-empirical study on the effectiveness of alternative provision mechanisms for anti-malarial treatment and control products and services. Evidence generated by the program will assist participating countries in improving their national response strategy and will inform policy in malaria-afflicted countries in general. All evaluations have full government support and have been designed by National Malaria Control Programs in collaboration with World Bank impact evaluation teams. Only rigorous evaluations that ensure a valid counterfactual or comparison group are included; The MIEP is a joint venture between the Development Impact Evaluation Initiative and the Africa Impact Evaluation Initiative (AIM). Analysis in each country is conducted by a dedicated country-specific team which includes health and impact evaluation specialists. These are supported by four working groups comprising experts in the areas of Biometrics; Cognitive Effects; Socioeconomic Analysis and Knowledge, Attitudes and Practice (KAP); and Cost-Effectiveness Analysis			See the following resources: Working Paper Series; World Bank Impact Evaluation Website; Africa Impact Evaluation Website; Spanish Impact Evaluation Fund	http://go.worldbank.org/1F1W42VYV0
15	Disease Control Priorities Project (DCPP)	An ongoing effort to assess disease control priorities & produce evidence-based analysis & resource materials to	1993-Present		World Bank	Bill & Melinda Gates Foundation (principal funder); World Bank; WHO; John Fogarty International Centre; US	Global	In the past decade, conditions in many countries have changed; knowledge has been gained about effective interventions and strategies and about the role of	Health outcomes; economic outcomes		DCPP 1 st Edition (1993); DCPP 2 nd Edition (2006); Priorities in Health; Global Burden of Disease & Risk Factors	http://www.dcp2.org/page/main/About.html

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ⁱ	Frequency of tracking	Major reports/ publications	Contacts, Website
		inform health policymaking in developing countries. DCPD has produced three volumes providing technical resources that can assist developing countries in improving their health systems & ultimately, the health of their people				National Library of Medicine		households, communities, and health systems in improving health conditions				
16	CDC Global Health	In partnership with other parts of the US government, public health officials throughout the world, & host countries, CDC works to protect & promote global health in many areas: HIV/STD/TB prevention & control; global malaria research, prevention, & control; polio eradication; global disease detection & response; fewer deaths from			US Government	To contribute to shared global health objectives, CDC works in close partnership with a wide array of international agencies and institutions to shape global health policies and to fund, implement, and evaluate programs. CDC's partnerships with international and multinational organizations include the World Health Organization and its regional						

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ¹	Frequency of tracking	Major reports/ publications	Contacts, Website
		measles; capacity building through training in epidemiology, surveillance, & management; maternal, prenatal, infant & child health strategies; nutrition assessments & interventions; refugee health; emergency response; laboratory systems & infrastructure development; & injury prevention & control.				offices, other United Nations agencies (such as UNICEF) and affiliated agencies (such as the United Nations Foundation), the World Bank, other federal agencies within the U.S. Government, private foundations, universities, and global health organizations.						
15	Stop TB Partnership	To realize the goal of eliminating TB as a public health problem &, ultimately, to obtain a world free of TB.	Established in 2001 building upon the Stop TB Initiative that was launched by WHO in 1998	WHO?	Currently TB control is financed mainly by three funding sources: government (including loans), the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), and other donor agencies	A network of international organizations, countries, donors from the public & private sectors, governmental & nongovernmental organizations & individuals that have expressed an interest in working together to achieve this goal (1324 partners)	Global/22 high-burden TB countries	The Stop TB M&E Framework states that a variety of methods are typically used to gather TB information. No single data source can provide all of the information required for M&E—a combination is necessary. Include: Routinely collected health information; Global TB Reporting; Special Survey & Studies	Key TB control indicators that make up a minimum set of M&E indicators for assessing the performance of an NTP. Indicators for Global Reporting (TB case detection rate; Treatment success rate; DOTS coverage; Surveillance of multidrug-resistant TB; HIV		Compendium of Indicators for Monitoring and Evaluating National Tuberculosis Programs (WHO/HTM/TB/ 2004)	http://www.stoptb.org

No	Name of initiative	Stated aim/ goal/ purpose	Duration	Implementing organisation	Funder	Key partners	Location of implementation	Data sources/ capture methods	Main types of indicators ¹	Frequency of tracking	Major reports/ publications	Contacts, Website
									seroprevalence among TB patients) Indicators for Program Outcomes; Political Commitment; Diagnosis and Laboratories; Case Management and Treatment; Drug Management; Recording and Reporting; Supervision; Human Resources Development; Health Systems (i.e. Equitable distribution of DOTS)			

Notes:

- 1. Search strategy in Google advanced search:** Various combinations of the words and phrases below have been tried to see if one produces more relevant & focused results. Consultation with UoA library support for online searching indicates that the search works i.e. it finds relevant websites with the search terms. However, even with limiting to websites that end with .org/ .int/ .gov/ .edu/.ac.uk to filter out commercial websites such as www.amazon.com the scale of the results is significant. Given the nature of Google searching the most relevant website may not rank at the top of the search results thus requiring manual filtering through as many as 2,000 hits if not more. Therefore although the websites above are relevant to this brief, given the search strategy the list is not exhaustive. [In Google advanced can search for "all of these words" plus "this exact phrase" plus "one or more of these words" - various combinations of terms/phrases below tried.]
- 2. Terms/phrases:** "monitoring and evaluation in developing countries", maternal, child, newborn, neonate/al, tuberculosis, malaria, HIV/AIDS, regional, global, initiative, program/me, partnership, "impact evaluation", accountability, "evidence base", "technical guidance", implementation, method, strategies, tracking, "health information", "health information systems", "millennium development goal/s", mdg 4/5/6, "maternal, neonatal and child health", "global initiative", "regional initiative" etc.

3. Initiatives/Networks/Groups that do not meet the criteria but have some relevance in terms of focus and scale

The Global Health Initiative - not an M&E initiative. Focuses on bringing business together with countries for development purposes (led by World Economic Forum). They do work with Global Fund for AIDS, TB & Malaria as well as Roll Back Malaria & the Stop TB Partnership.

4. **An interesting group of resources highlighted on the UNC website.** Although not strictly M&E global/regional initiatives they appear to be communities of practice aiming to foster best practice relevant to their particular data niche e.g. vulnerable children, health facility assessment etc.

- UNC Carolina Population Centre Networks;
- AIMEnet, ChildStatusNet, DataUseNet, IHFAN, RHINO;
- HIV/AIDS Monitor;
- Center for Global Development

ⁱ e.g. service coverage, health outcome, costs etc.

ⁱⁱ 29 January 2010, Geneva – WHO launched the Country Planning Cycle Database which presents a country-by-country overview of national planning, health programmatic and project cycles together with information on donor involvement and technical support. The aim is to improve coordination and synchronization of country health system planning efforts. The database is developed and maintained by WHO in collaboration with partners. Contact: Casey Downey (downeyc@who.int) .
http://www.internationalhealthpartnership.net/en/news/display/country_planning_cycle_database_

ⁱⁱⁱ RAISE: RHRC Consortium member agencies are partners of the Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative, a global endeavor designed to catalyze change in how reproductive health is addressed within relief organizations, field services and global decision-making.