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Developing national health sector monitoring and accountability platforms. The opportunity of IHP+ in Benin, Burkina Faso, Mali and Senegal

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1. Introduction

Growing consensus → importance of building & strengthening national monitoring platforms in order to facilitate the evaluation of large-scale health programmes and initiatives in L/MICS

- Based on continuous monitoring of different levels of indicators
- Includes interim and summative evaluation analyses

⇒ Increase ownership by domestic constituencies

⇒ Deepen understanding of contributing factors

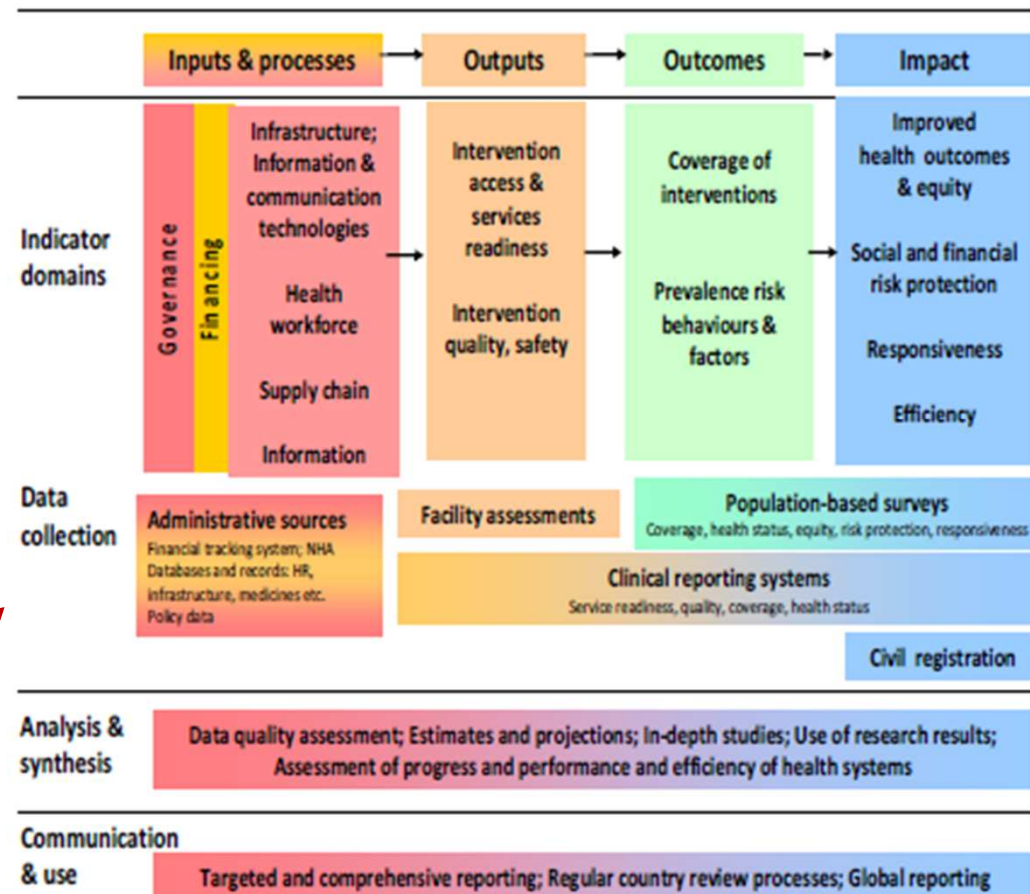
[Victora, C.G., Black, R.E., Boerma, J.T., and Bryce, J. (2010) Measuring impact in the Millennium Development Goal era and beyond: a new approach to large-scale effectiveness evaluations. Lancet 377(9759): 85-95]

1. Introduction

Growing consensus → importance of health systems strengthening, and having a common framework for M&E of progress in HSS

[WHO, GAVI, the Global Fund and the World Bank (2010) Monitoring and evaluation of health systems strengthening: an operational framework. Geneva:WHO]

Monitoring & evaluation of health systems strengthening



1. Introduction

National platform approach also relevant for improving mutual accountability – monitor, review and act – for health results

[WHO (2011) Keeping promises, measuring results. Report of the Commission on Information and Accountability for Women's and Children's Health. Geneva: WHO]

1st November 2012

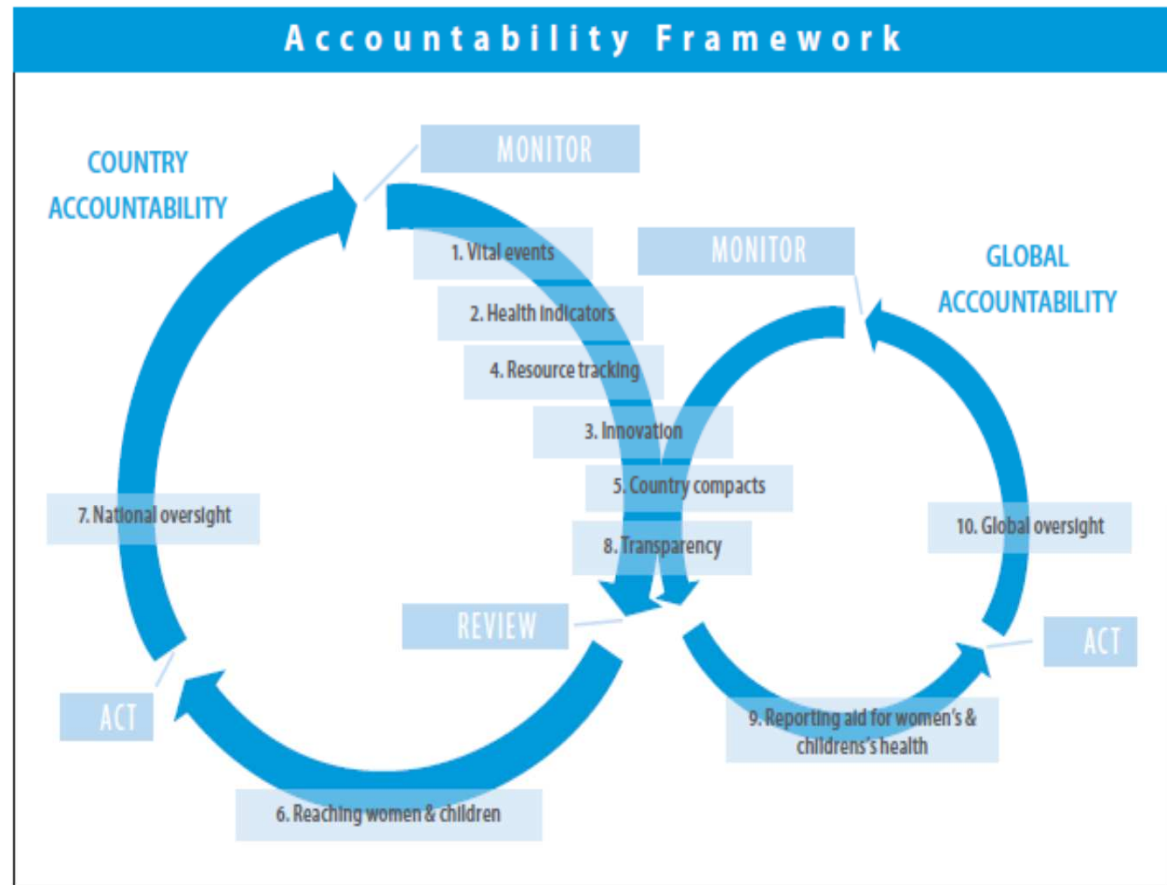


Fig. 1. The accountability framework for women's and children's health



**WHO & IHP+:
essential attributes &
characteristics for 4
areas considered to be
the foundation of a
sound M&E and review
platform for a national
health strategy**

*[WHO and IHP+ (2011)
Monitoring, Evaluation and
Review of National Health
Strategies: A country-led
platform for information and
accountability. Geneva: WHO]*

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KEY ATTRIBUTES		CHARACTERISTICS	
I. The national health strategy as the basis for information and accountability			
1.	The national health strategy specifies a sound monitoring, evaluation and review component.	1.1	Monitoring, evaluation and review addresses the goals and objectives of the national health strategy and is based on a sound situation analysis.
		1.2	Disease- and programme-specific monitoring, evaluation and review are aligned with that of the national health strategy.
		1.3	The monitoring, evaluation and review plan is costed and funded with partner support.
		1.4	Monitoring, evaluation and review is regularly assessed.
II. Institutional capacity			
2.	Roles, responsibilities and coordination mechanisms for monitoring, evaluation and review are clearly defined.	2.1	There is an effective country-led coordination mechanism for monitoring, evaluation and review.
		2.2	Key institutions and stakeholders have clear roles and responsibilities.
3.	Capacity strengthening in monitoring, evaluation and review is addressed.	3.1	Capacity strengthening requirements are identified and addressed.
III. Monitoring and evaluation			
4.	There is a comprehensive framework that guides the monitoring, evaluation and review work, including core indicators and targets.	4.1	There is a balanced and parsimonious set of core indicators with well-defined baselines and targets.
		4.2	Disease- and programme-specific indicators are aligned.
5.	The monitoring, evaluation and review component specifies data sources, identifies and addresses data gaps, and defines responsibilities for data collection and information flow.	5.1	Data sources are specified in a comprehensive and integrated manner.
		5.2	Critical data gaps are identified and addressed.
		5.3	Responsibilities for data collection and management are specified.
6.	Data analysis and synthesis work is specified, and data quality issues are anticipated and addressed.	6.1	Data analysis and synthesis work is specified.
		6.2	There are regular assessments of progress and performance, including systematic analyses of contextual and qualitative information.
		6.3	Specific processes for data quality assessment and adjustment are in place and are transparent.
7.	Data dissemination and communication are effective and regular.	7.1	Analytical outputs as the basis for national and global reporting are defined and produced.
		7.2	Appropriate decision-support tools and approaches are used.
		7.3	Data, methods and analyses are publicly available.
8.	Prospective evaluation is planned and implemented.	8.1	Prospective evaluation is planned and linked to monitoring, evaluation and review of national health strategies.
IV. Country mechanisms for review and action			
9.	There is a system of joint periodic progress and performance reviews.	9.1	A regular and transparent system of reviews with broad involvement of key stakeholders is in place.
		9.2	There are systematic linkages between health sector reviews, disease- and programme-specific reviews, and global reporting.
10.	There are processes by which related corrective measures can be taken and translated into action.	10.1	Results from reviews are incorporated into decision-making, including resource allocation and financial disbursement.
		10.2	Multi-stakeholder mechanisms are specified to provide routine feedback to subnational stakeholders.

1. Introduction

- **Assumption: International Health Partnership and related initiatives (IHP+) & national Compacts are an excellent opportunity to foster the development of country-led platforms for information and accountability**
- **National Compact → formalises commitments of recipient government and health sector partners to:**
 - increase financing efforts in the health sector
 - respect aid effectiveness principles
 - support the national health policy and strategies in a common planning, coordination, and monitoring & evaluation framework
 - IHP+ also closely connected to initiatives such as the HMN

2. Methods

- **Collaboration between GRAP-PA Santé and MoH partners in 4 Francophone Western African countries: Benin, Burkina Faso, Mali, Senegal**
 - Case studies on analysis and stocktaking of the results from implementing aid effectiveness principles in the health sector since 2004 (Benin, Mali)
 - Support to the country Health Policy Processes (Benin, Mali, Senegal)
 - Support to IHP+ national Compact (Burkina, Mali)
- **Regular monitoring approach of the dynamics in place and their results**
- **Sharing of experience**
- **Assess what further actions could be taken**

3. Results: progress achieved through IHP+

Characteristics	Benin	Burkina	Mali	Senegal
National health policy & plan	PNDS 2009-2018 Translated into a 3-year operational plan (PTD 2010-2012)	PNDS 2011-2020 Translated into rolling 3-year + an annual operational plan	PRODESS 2005-2009, prolonged 2010-2011 Translated into an annual operational plan	PNDS 2009-2018 Translated into an annual operational plan including local govt. plans
Preparation of national Compact	- Adhered to IHP in May 2009 - National Compact signed in November 2010 with 5 donors	- Adhered to IHP in May 2010 - National Compact to be signed in Dec. 2012 or Feb. 2013	- Adhered to IHP in November 2007 - National Compact signed in April 2009 with 13 donors	- Adhered to IHP in July 2009 - National Compact to be signed in Dec. 2012
IHP+ Compact encouraged strengthening the joint plan	Donors contributed to the elaboration of PTD 2010-2012	<i>No specific effect: Compact based on the existing plan</i>	Donors & SC contributed to PRODESS revision+ elaboration of HSS & HRH policy & plan	Donors & SC contributed to elaboration of 5-year operational plan (CHPP)

3. Results: progress achieved through IHP+

Characteristics	Benin	Burkina	Mali	Senegal
IHP+ Compact encouraged strengthening budget fmwk / harmonizing fiduciary fmwk	<ul style="list-style-type: none"> - Several IHP+ donors supported MTEF elaboration - Joint HSS platform = embryo of joint fiduciary framework 	<ul style="list-style-type: none"> - IHP+ donors supported MTEF updating & strengthening fiduciary framework - Preferred aid modalities = SBS, basket fund 	<ul style="list-style-type: none"> - IHP+ donors supported MTEF updating - Preferred aid modalities = GBS, SBS, PRODESS procedures, HACT 	<ul style="list-style-type: none"> - MTEF reviewed with 5-year plan - <i>Donors encouraged to align, but no specific change</i>
IHP+ Compact necessitated creating /strengthening sector coordination and M&E fmwk	<ul style="list-style-type: none"> - Creation of Compact steering committee (15.07.12) - IHP+ supported elaboration of PNDS M&E and review plan (06.06.12) (incl. 28 tracer indicators) 	<ul style="list-style-type: none"> - <i>IHP+ uses PNDS steering bodies and PNDS M&E plan</i> - Compact comprises a joint monitoring matrix (25 indicators) + matrix to follow up commitments 	<ul style="list-style-type: none"> - <i>IHP+ uses PRODESS steering bodies; M&E integrated into prolonged PRODESS</i> - Integration of SBS committees into PRODESS bodies - Adoption of joint M&E matrix (35 indicators) 	<ul style="list-style-type: none"> - <i>IHP+ uses PNDS steering bodies (regional & national annual reviews) and PNDS M&E plan</i> - Matrix to follow up commitments

4. Conclusion

- **Comparing the four countries is very interesting:**
 - Despite similar profiles, the initial dynamic within the health sector considerably influenced how the IHP+ was operationalized in the country
 - Existence of SWAp favored/accelerated IHP+ (Mali)
 - But IHP+ also propelled the setting up of a SWAp (Benin)
 - Burkina and Senegal took the time for consolidating SWAp elements before finalizing & signing Compact
- **In all four countries, the MoH seized the opportunity of IHP+ to strengthen the place of national plan and coordination mechanisms as joint platforms for M&E and accountability**