BMJ Global Health

Use of Results-Oriented Monitoring tools to enhance global health accountability: lessons from the European Commission/WHO 'Health Systems Strengthening for Universal Health Coverage' programme

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To cite: Roura M, Capa E, Appelt B, *et al*. Use of Results-Oriented Monitoring tools to enhance global health accountability: lessons from the European Commission/WHO 'Health Systems Strengthening for Universal Health Coverage' programme. *BMJ Glob Health* 2024;**9**:e015536. doi:10.1136/bmjgh-2024-015536

Handling editor Naomi Clare Lee

Received 11 March 2024
Accepted 4 October 2024

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ABSTRACT

Governments and organisations must demonstrate accountability and delivery of results. Results-Oriented Monitoring (ROM) is a European Commission mechanism aiming at enhancing internal control and management. The Health System Strengthening (HSS) for Universal Health Coverage (UHC) programme provides support towards achieving UHC through policy dialogue in 115 countries.

Drawing from the ROM review of the HSS for UHC programme, we examine the value of the Commission's ROM system as a tool to enhance accountability of large Global Health (GH) programmes. We present the lessons learnt and provide specific recommendations about how ROM tools can be employed to strengthen GH accountability.

ROM reviews can provide critical data to inform the design, implementation and evaluation of large-scale GH programmes through a well-integrated mixed-methods approach in which quantitative and qualitative components reinforce each other. Recognising the tremendous power of measures of performance, they track available quantitative indicators from baseline to target along the results chain. Firmly grounded on qualitative tools, they also capture the complex nature of health systems, and the critical influence of contextual factors and stakeholder dynamics.

Poor data quality and insufficient multistakeholder engagement are persisting but not unsurmountable challenges. As increasing support is provided to strengthen health information and management systems, the process of codeveloping Monitoring and Evaluation frameworks at country level could serve as a tool to enhance mutistakeholder engagement in policy dialogue. The political nature of both results-oriented systems and GH programmes suggests that mechanisms to assess power dynamics should be incorporated into policy dialogues and ROM review processes.

SUMMARY BOX

⇒ The European Commission Results-Oriented Monitoring (ROM) system employs a mixed-methods approach to assess how well a project, programme or intervention is implemented against expected results.

⇒ Drawing from the ROM review of the Health System Strengthening for Universal Health Coverage programme—the largest Commission grant to the WHO, implemented in 115 countries—we examine the value of the Commission's ROM system as a tool to enhance accountability of large global health interventions.

⇒ The ROM approach is effective in fostering action because the recommendations are created following interaction with the various stakeholders involved; are specific, actionable and explicitly linked to study findings; and include clear responsibilities and a time frame for implementation.

⇒ Supporting countries to develop robust Monitoring and Evaluation (M&E) frameworks and health information systems is essential to the implementation of ROM approaches, as these rely heavily on the availability of valid quantitative indicators.

⇒ The political nature of both results-oriented systems and global health programmes suggests that mechanisms to identify and monitor power dynamics should be developed and incorporated into ROM methodologies as well as the process of codeveloping national-level M&E frameworks.

INTRODUCTION

Governments and organisations are under increasing internal and external pressure to demonstrate accountability, transparency and delivery of results. Results-based monitoring systems are a powerful public management tool for achieving these objectives. They allow

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to assess progress and identify trends early so that timely action can be taken.

Monitoring is 'a continuous function that uses the systematic collection of data on specified indicators to provide management and the main stakeholders with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds'.[1 2] Results-Oriented Monitoring (ROM) is an approach that focuses explicitly on how well a project, programme or policy (intervention) is being implemented against expected results. Results are defined as the output, outcome or impact of an intervention, which can be intended or unintended, as well as positive or negative.[1] To track and measure progress, a Monitoring and Evaluation (M&E) framework is developed in which a results chain illustrates the logical sequence through which inputs are translated into activities and subsequently generate changes at output and then outcome level. The results chain provides the rationale for why the intervention will work and articulates all the intermediate objectives that the intervention aims to achieve to reach its intended impact. Indicators are then identified for each type of result, and targets to be achieved are set against baseline data. The M&E framework informs the selection, measurement and analysis of indicators and constitutes the backbone of results-based monitoring.

ROM approaches build on implementation-focused monitoring systems to assess how inputs are translated into activities and outputs within the time frame of an intervention. Systematic reporting on the provision of inputs and production of outputs directly related to the intervention informs the development of recommendations on administrative and managerial issues that can lead to greater efficiency (translation of inputs into outputs). ROM also focuses on broader effectiveness issues and how outputs contribute to achieve outcomes, which are also impacted by factors beyond the scope and time frame of the intervention assessed.

This paper illustrates the value of employing ROM approaches to inform large-scale Global Health (GH) interventions through a case study of the WHO 'Health System Strengthening (HSS) for Universal Health Coverage (UHC)-Phase IV' programme. We describe the process and tools employed and examine the value of ROM reviews as a public management instrument to track achievement of results and inform programme implementation. We outline the lessons learnt and draw specific recommendations to enhance GH accountability.

THE EUROPEAN COMMISSION ROM MECHANISM

ROM approaches provide a comprehensive picture that covers the entire results chain from inputs to activities, outputs and outcomes (figure 1). The focus goes beyond assessing efficiency (are we doing things well?) to also examine the effectiveness of the intervention (Is it working?). Conclusions can thus be drawn on the extent to which the immediate results (outputs) and short-term and medium-term objectives (outcomes) are likely to produce the expected long-term impact. By interrogating an intervention's full impact pathway, ROM approaches help to identify bottlenecks along the links of the results chain.[3]

As part of the Commission's commitment to aid effectiveness, a ROM mechanism was established in 2001 and reviewed on a continuous basis to reinforce the practice of result-based management in the European Union (EU) external action operations.[4] The Commission's Directorate-General for International Partnerships (DG INTPA) and DG for European Neighbourhood and Enlargement Negotiations currently apply the ROM system.

Among the services provided by the Commission's ROM system, ROM reviews consist of short-term monitoring assessments of ongoing interventions. These include desk reviews (documentary analyses) and collection and analyses of qualitative data through on-site and/or remote interviews with key stakeholders to assess the intervention design, implementation modalities and management setup, as well as progress and achievements against expected results. It also identifies recommendations, good practices and lessons learnt. They may occur at an early stage (first year of implementation, to fine-tune the programme), at the closing stage (last 8 months, to evaluate the situation and potentially recommend extension or new phase), when implementation issues are flagged, or when specialised external support is deemed necessary to inform subsequent steps/future interventions. ROM reviews employ highly structured interview guidelines to engage stakeholders in assessing specific criteria such as relevance, efficiency, effectiveness and sustainability. They examine the quality of the intervention logic and monitoring systems, the level of coordination across stakeholders, communication and visibility, as well as cross-cutting dimensions including gender equality, climate change and rights-based approach. ROM reviews are delivered by external experts. The system is consistent with the EU Results Framework established in 2015,[4] the Global Europe Results Framework[5] and the EU

Figure 1 Results chain. Source: Authors, adapted from ROM Handbook V.6.2. European Commission INTPA, 2020, based on OECD (Organization for Economic Cooperation and Development) /DAC 2006. DAC, Development Assistance Committee; ROM, Results-Oriented Monitoring.

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adoption of the Managing for Sustainable Development Results principles in 2019. Moreover, it is a key tool to enhance accountability of EU aid, including its substantial investment in GH through the long-standing HSS for UHC strategic partnership with WHO.

THE WHO ‘HEALTH SYSTEMS STRENGTHENING FOR UHC’ PROGRAMME

The ‘HSS for UHC programme’ is the largest EU grant to WHO. Managed by DG INTPA, it provides large-scale global support towards achieving UHC through policy dialogue and HSS activities at regional and country levels. UHC supports target 3.8 of Sustainable Development Goal (SDG) 3: ‘Ensure healthy lives and promote well-being for all at all ages’. It requires everyone to receive quality health services without financial hardship,[6] including essential health services across the life course encompassing health promotion, prevention, treatment, rehabilitation and palliative care.[7] The global commitment to UHC in SDG 3 sets target 3.8 to ‘Achieve UHC, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all’ and is measured through two indicators: 3.8.1 ‘Coverage of essential health services’ and 3.8.2 ‘Proportion of population with large household expenditures on health as a share of total household expenditure or income’.

UHC is far from being accomplished. More than half of the world’s population lacks access to essential health services, and many households are pushed into poverty by out-of-pocket health expenses.[8] Following the recommendations of the WHO-WB UHC monitoring report 2019, ‘primary healthcare (PHC) on the road to UHC’ as well as the Astana 2018 declaration on PHC,[9] WHO recommends using the PHC approach to strengthen health systems to achieve UHC and health security.

The HSS for UHC programme supports more than 130 health policy advisors deployed in 115 countries to provide on-the-ground support (figure 2). The intervention target groups are governments and public-sector agencies and institutions, civil society stakeholders, national and regional centres for disease control, international organisations, GH initiatives and private-sector organisations (table 1).[10] Final beneficiaries are the estimated 3 billion people with limited access to basic health facilities.[8]

The overall objective of the HSS for UHC programme phase IV is to contribute to countries achieving UHC. Expected outcomes are:

1. Country health systems are strengthened and more resilient to address non-communicable diseases and other major health issues, including health security.
2. Regulatory and support functions of global, regional and subregional bodies are strengthened.

Expected outputs cover key dimensions of HSS, including governance/strategic planning[11]; access to medicines, vaccines and health products; health workforce; health financing; health information systems and service delivery. The M&E framework includes an ‘indicative menu of activities’ for adaptation and refinement based on diagnostic analyses conducted at regional/

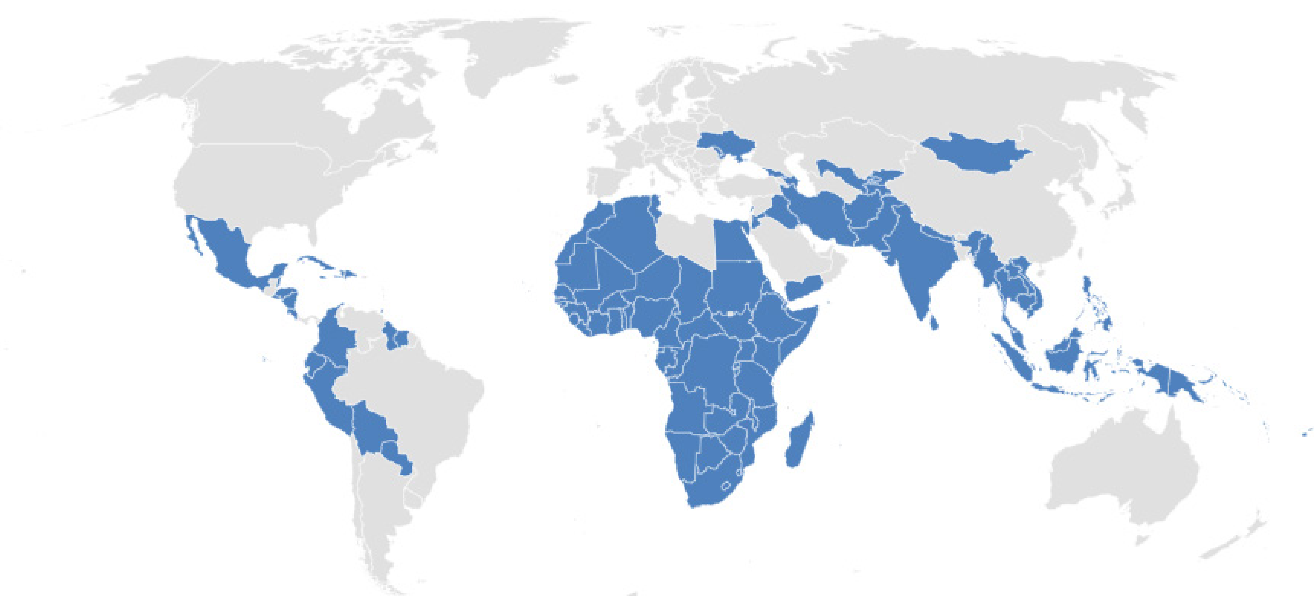

Figure 2 Geographical coverage of the HSS for UHC programme phase IV (2019–2022). HSS, Health System Strengthening; UHC, Universal Health Coverage.

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Table 1 Target groups of the HSS for UHC programme phase IV (2019–2022)

Stakeholder group	Examples
Governments and public-sector agencies, and institutions	▶ Ministries of health/trade/education/labour/social protection/agriculture/development/civil service/finance ▶ Disease control centres ▶ Regulatory authorities, including national medicines regulatory bodies and procurement agencies.
Civil society stakeholders, private sector, interested and involved in health policy, implementation and monitoring	▶ Health workers' unions, employers, national health professional associations, public and private health providers, patient groups, research and collaborative institutions, including networks and resources of UHC 2030 members and related initiatives. ▶ International Non Governmental Oganisations (such as Medecins Sans Frontieres (MSF), International Committee of the Red Cross (ICRC), Save the Children and others)
Regional centres for disease control	European Centre for Disease Prevention and Control (ECDC), African Centre for Disease Control and similar
Development partners and donors International organisations, global health initiatives and private sector foundations.	▶ United Nations (UN) agencies: ILO, UNICEF, UNFPA, UNAIDS, UNESCO, UNITAID, UNDP. ▶ The United Nations Interagency Task Force on the Prevention and Control of non-communicable diseases. ▶ The Global Financing Facility. ▶ The World Bank and relevant regional development banks. ▶ The Global Fund against AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance. ▶ The Rockefeller Foundation, the Bill & Melinda Gates Foundation and other private sector organisations. ▶ Regional economic communities and forums, development banks. ▶ WHO Collaborating Centres. ▶ Organization for Economic Cooperation and Development (OECD).

Source: European Commission/WHO, 2020.
HSS, Health System Strengthening; UHC, Universal Health Coverage.

subregional and country level to determine priority actions. These include developing country-specific timelines, roadmaps and operational plans; facilitating multistakeholder involvement; and supporting countries to establish mechanisms for evidence-informed planning and resource allocation.

ROM REVIEW OF THE 'HSS FOR UHC' PROGRAMME

The ROM review of the HSS for UHC programme-Phase IV took place between October 2021 and April 2022. The assessment team consisted of a principal investigator (MR), a researcher (EC), a quality controller (MF) and one logistical coordinator, supported by a ROM manager (ML) and the Commission Operational Manager (BA).

With the support of the WHO implementation team, 75 key informants from 12 countries were identified and recruited for individual/group interviews lasting 2–3 hours. A 'maximum diversity approach' was employed whereas countries were purposively selected to maximise the variety of countries in terms of geographical location, population size and socioeconomic development level. Information-rich participants were also purposively selected to ensure a broad spectrum of participation across stakeholder groups. These included the three WHO levels (headquarters, regional and country offices), government officials, civil society representatives and international organisations. Selected countries included Timor Leste, Colombia, the Democratic Republic of Congo, Zambia, Burkina Faso, Nigeria, Uzbekistan, the Philippines, Mongolia, Egypt, Jordan and Morocco.

The first stage of the process (or ROM review mission) consisted of a desk review of programme-related documents compiled by the logistical coordinator, the Commission Operational Manager and the WHO implementation team. Examples of documents reviewed include Commission's programming documents, the intervention's formulation documents, grant contracts, activity schedules, M&E framework, inception and progress reports, and thematic studies.

During the desk review, the principal investigator and the researcher identified data and information gaps required to answer the 30 monitoring questions (MQs) and subquestions (see Annex 2: MQ Guidance for Standard ROM reviews in ROM Handbook v. 6.2 Annexes - December 2020 | Capacity4dev) included in a standardised ROM review reporting document[4] that covers eight major themes including four out of the six OECD Development Assistance Committee evaluation criteria. These include (1) relevance, (2) coordination, complementarity and EU added value, (3) intervention logic, monitoring and learning, (4) efficiency, (5) effectiveness, (6) sustainability, (7) crosscutting issues and (8) communication and visibility.

Drawing from the available information and gaps identified, the researchers developed specific interview guidelines carefully tailored to each country and stakeholder interviewed. These guidelines were revised to ensure due coverage of areas to be assessed following the information provided by the Commission OM during a briefing meeting organised prior to the start of the field phase.

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A logistical coordinator contacted stakeholders, informed them about the nature and stages of the review, and organised 84 interview/focus group appointments via Microsoft Teams within a period of 3 weeks, which lasted a total of 193 hours.

During the field phase, the principal investigator and the researcher conducted interviews and focus group discussions using a semistructured approach in which guidelines were adapted as new issues and potential recommendations emerged. This ensured adequate breadth and depth of the information collected while engaging stakeholders in the identification of specific recommendations to guide the next steps of the programme. A hybrid approach was employed, with some interviews conducted on the field and others remotely. The last stage of the field phase consisted of a debriefing meeting in which the ROM team shared with the WHO team the main findings and emerging recommendations which were then discussed and refined to ensure due acceptability and ownership before presentation and discussion with the Commission Operational Manager. Conclusions and recommendations were shared by the ROM team with programme implementing partners (management team of the HSS for UHC programme at WHO HQ) and relevant donors (Commission DG INTPA) for further refinement and joint endorsement.

During the reporting phase, the principal investigator and the researcher drafted the ROM review reporting document with the MQs for each of the six WHO regions, including Africa (AFRO), Americas (AMRO or PAHO—Pan American Health Organization), Eastern Mediterranean (EMRO), Europe (EURO), South-East Asia (SEARO), and Western Pacific (WPRO). These included a detailed summary of the findings for each MQ assessed as well as a 'traffic light' summary indicating which of the dimensions reviewed were going well (green), needed to be revised (yellow) or eventually had serious deficiencies (red). The data collected were then analysed by the principal investigator who integrated the diverse regional reports into a consolidated MQ document for the entire HSS for UHC programme that served as a basis to develop a final 'ROM report' containing key findings, conclusions and recommendations.

During a three-stage quality control process, a senior M&E expert reviewed the MQ document and ROM report against a checklist containing all questions/subquestions to be covered to ensure adequate coverage of all the dimensions to be examined. The quality control process served to triangulate the analysis and ensured minor discrepancies in the interpretation of data were resolved through involvement of the ROM manager. We thus maximised validity through involvement of various senior researchers and quality control experts in the final interpretation of findings and applied the principle of self-reflectivity throughout our process of analysis. This included active seeking of 'negative cases' that challenged emerging hypothesis to inform the interpretation of our findings. The final report was then commented and finally endorsed by the OM and WHO.

The ROM review found that the HSS for UHC programme is a relevant intervention that is demand driven, flexible and well integrated within national plans and regional frameworks (table 2). The programme is embedded within WHO structures and processes that are strengthened through extensive recruitment of senior health system policy advisors permanently located in selected countries to provide on-the ground support. The integration of the programme within WHO structures, processes and countries' plans reflects the transformation initiated by the organisation in 2018 and translated at regional office level through recognition of positions held by health system advisers who are part of the core team at country level.

Recommendations include institutionalising a model for greater cooperation between EU Delegations and WHO country offices, supporting the development of country-level M&E frameworks, enhancing the use of the interventions' global M&E framework for tracking results and reporting, continue to conduct realist evaluation studies to evaluate hypothesised output-outcome linkages,[12 13] including the codevelopment of 'exit strategies' as an activity to implement in the next phase of the programme, reinforcing visibility of gender dimension, strengthening work with people with disabilities and the humanitarian-development-peace nexus, advancing work on refugees and migrants' health, incorporating a planetary health approach and analysing dynamics, determinants and outcomes of policy dialogue processes (table 3).

LESSONS LEARNT

Drawing from our experience conducting a ROM review of the HSS for UHC programme, we examined the value of the Commission's ROM system as a tool for informing the design and implementation of large GH programmes. As a result of this process, we identified the following lessons learnt:

- The ROM approach is effective in fostering action because the recommendations are created following interaction with the various stakeholders involved; are specific, actionable and explicitly linked to study findings while including clear responsibilities and a time frame for implementation.
- The quality of data underpinning the indicators selected at each level of the results chain persist as a key challenge to assess GH programmes. This is more challenging for HSS interventions than for disease-focused interventions as the later often rely on programmatic data over which they have oversight. Instead, HSS interventions rely more on routine government data that is often inaccurate and incomplete. In some instances, there is not even reliable baseline information so there is not a sound starting point to assess how far to go to reach

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Table 2 ROM review findings of the EU-funded HSS for UHC programme phase IV (2019–2022)

ROM dimension	Key findings
Relevance	Highly relevant intervention that responds to the current needs of target groups and beneficiaries because it is demand driven, very flexible and well integrated within national plans and regional frameworks. The intervention has shown a high degree of adaptation during the COVID-19 pandemic and found opportunities out of the pandemic. Still, in fragile contexts, such as specific countries in the African continent, health and humanitarian emergencies as well as COVID-19 may take full attention and capacity from longer-term plans and priorities required for HSS and UHC.
Coordination, complementarity and EU-added value	There are some critical areas where the EU has extensive expertise which have not yet been tapped to better integrate cross-cutting issues such as gender and inclusion. The EU and member states have a long experience providing assistance to vulnerable populations that WHO and MoH could benefit from. The Directorate-General for European Civil Protection and Humanitarian Aid Operations, for instance, has been providing humanitarian assistance to most vulnerable victims since 1992 in over 110 countries. There are good examples where the intervention has strengthened communications and relations between the EU and WHO/MoH that illustrate how the EU and WHO could find more synergies and complementarity with other EU-funded interventions on COVID-19 and health security with HSS components. Both the EU and WHO strongly identified the need for further collaboration, in particular between the EU Delegations and WHO representations at country level, and in countries where health is not a priority in the country-EU development cooperation agreement.
Intervention logic, monitoring and learning	The intervention logic is sound and clear and there is a comprehensive global logframe with a coherent vertical logic. However, this logframe is not fully used for tracking results and reporting. Outcomes, Outputs and indicators are properly formulated but not gender or inclusion sensitive. Baselines and targets are not sex disaggregated. The global logframe, based on the results framework of the WHO Thirteenth General Programme of Work, includes clear baselines, targets and verification sources. An indicative menu of activities is included as a reference to allow flexibility. The indicators are embedded within WHO corporate system following a consultative exercise. To support and monitor the programme, WHO has put in place several accountability mechanisms: (1) A three-level UHC Joint Working Team (JWT) linking the three levels of the organisation with a small secretariat in charge of the overall management and communication at HQ level; (2) An internal steering committee, meeting 2–3 times a year, chaired by the Deputy Director General and gathering concerned Assistant Director General in HQ, and Directors of Programmes of Regional Offices; (3) A multidonor coordination committee, meeting 2–3 times a year, chaired by the WHO Deputy Director General, and gathering the different donor partners of the UHC partnership as well as the members of the steering committee; (4) A live monitoring mechanism, organised by the JWT secretariat and chaired by each Regional Director for Health Systems meeting two to three times a year for each Regional Office. Although the work at country level is defined by country support strategies (CSS) based on the priorities of the MoHs, and WHO guidelines explicitly requests CSS to define indicators, there are no logframes developed at country level. Reporting is subsumed into WHO's corporate reporting and does not single out the progress of the Intervention against the logframe or the activities of the Intervention. The planning, monitoring and reporting processes are in line with the WHO's corporate systems.
Efficiency	The intervention is embedded within the institutional WHO set up at the three levels of the organisation (headquarters, regional and country offices). The WHO operational model has been strengthened by extensive recruitment of senior health system policy advisors who are permanently located in selected countries. The expenditure rate, at the time of the ROM review, was 75% of the total budget. The remaining funds are sufficient to maintain the support to the countries for the remaining duration of the intervention.
Effectiveness	There are promising indications of adequate progress, with global targets already reached for three output indicators and others in good track. In the absence of indicators disaggregated by country, it is not possible to provide an accurate assessment to the degree of achievement of outputs per country. The intervention is influencing the development, implementation and/or strengthening of policies and actions of Ministries of Health and other public institutions. By strengthening different HS components, it contributes to advance towards achieving UHC. However, attributing impact is complex.
Sustainability	The integration of the intervention within WHO structures and processes as well as the countries plans is a crucial element of sustainability. The effective combination of three elements (capacity building, demand based and alignment) makes it possible to state that the intervention is contributing to build the capacities of local partners. However, this is so far insufficient to ensure the continuation of benefits and services. Despite advancement in terms of building capacities, the sustainability of policy change processes—which will be essential to reap the benefits of many of the investments already made—requires further support. Health reform processes require strong financing and partnerships to take place over a sustained period of time, and then require of additional, continued support to be implemented, monitored and evaluated.
Cross-cutting issues	In several countries assessed, we could not identify specific activities with a gender or human rights focus. While there has been significant progress in global-level participatory processes (eg, in negotiating prices for essential medicines) at regional and country levels, the role of civil society in the decision-making processes is unclear. Some of the countries supported are authoritarian regimes where efforts to engage stakeholders meaningfully may reap little benefit or even lead to unintended negative consequences if women or other disadvantaged groups are 'empowered' and subsequently 'punished' for speaking out within unsupportive socio-political contexts. Some countries targeted by the interventions are particularly vulnerable to the effects of climate change, but environmental protection is not targeted as a priority action. Although UHC cannot be achieved without a focus on disability, the needs of disabled people are seldom addressed.

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Table 2 Continued

ROM dimension	Key findings
Communication and visibility	A communication strategy has been elaborated, which details target audiences and distribution platforms for each activity/product. While communication is an important element in the implementation of the Intervention and benefits from adequate funding, the visibility of the EU is insufficient. The Communication and Visibility Plan does not have indicators to measure results.

EU, European Union; HSS, Health System Strengthening; MoH, Ministry of Health; ROM, Results-Oriented Monitoring; UHC, Universal Health Coverage.

a goal. Promising examples of country-led innovative approaches suggest that the quality of health data and overall functioning of health information systems in low-income countries can improve.[14] Still, technical support to strengthening routine monitoring systems at country level needs to be provided on a sustained manner as progress can only be measured in countries with quality health and socioeconomic surveys

Table 3 Recommendations derived from the ROM review of the HSS for the UHC programme

Recommendation	Linked to finding	To whom
Start to develop the intervention's next phase (phase V) to ensure the continuity of the intervention in all/most countries. Consider strengthening the support provided in the AFRO region to decisively push for HSS horizontal approaches amidst an increase of 'vertical' COVID-19-specific actions.	1, 6	INTPA G 04, JWT secretariat
Complete guidelines to institutionalise a model for greater cooperation between EUDs and WHO, which should be endorsed by both institutions (eg, participation of EUDs in the country health coordination mechanisms, EU visibility).	2	INTPA G 04, JWT secretariat, EUDs
Pilot the development of country-level M&E frameworks in selected countries with support from WHO HQ/the EU. This should include, where possible, gender-sensitive indicators and disaggregation by sex. This exercise would inform the design of Phase V, and the potential rollout of M&E frameworks in countries with permanent WHO policy advisors (Developing M&E frameworks included in job descriptions).	3	INTPA G 04, JWT secretariat, EUDs, COs, ROs, WHO Policy advisors
Consider including an Annex in WHO annual 'umbrella' report with a quick quantitative assessment of the intervention activities across the six outputs. This can be done by adding two columns to the 'Country Workplan Template'/online dashboard of activities to include activity level indicators (both baseline and target). A table with aggregated activity-level data could then be incorporated as an Annex to facilitate the tracking of progress in the implementation of the Intervention's activities as well as the progress of some output indicators (eg, X strategies developed, X people trained). At the country level, a specific system to track quantitatively the activities conducted (from baselines to targets) could be helpful to generate quantitative evidence to 'pull the case' for continued investment in HSS approaches. Given the difficulties in attributing impact, this could be useful to leverage HSS funds.	3	JWT secretariat
Continue to conduct rigorous realist evaluation studies in collaboration with academic institutions to evaluate hypothesised output-outcome linkages, furthering knowledge about the intervention's impact.	5	INTPA G 04, JWT secretariat
Include plans for the codevelopment of 'exit strategies' in the design of the next phase (phase V).	6	JWT secretariat, COs, ROs, WHO Policy advisors
Strengthen the work with people with disabilities in collaboration with CSO, such as the Missing Billion initiative (themissingbillion.org). Reinforce and increase the visibility of the gender dimension of the work conducted across all the regions (eg, by including one slide addressing gender during live monitoring sessions and a section on gender in the annual reports). Consider the development of a gender strategy.	7	JWT secretariat, COs, ROs, WHO Policy advisors,
Enhance the implementation of the humanitarian-development-peace nexus and advancement of refugees' and migrants' health following steps already taken in the EMR region.	2	JWT secretariat, COs, ROs, and WHO Policy advisors
Analyse the dynamics, determinants and outcomes of participatory processes related to the intervention using mixed methods approaches (few case studies in selected countries).	7	JWT secretariat, COs, ROs, WHO Policy advisors
Incorporate a 'Planetary Health' approach in future intervention phases, so specific attention is paid to animal and environmental health.	7	INTPA G 04, JWT secretariat

COs, country offices; EMR, Eastern Mediterranean Region; EU, European Union; HSS, Health System Strengthening; JWT, joint working team; M&E, monitoring and evaluation; ROM, Results-Oriented Monitoring; ROs, regional offices; UHC, Universal Health Coverage.

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and well-functioning health facility information systems.[15] Supporting countries to develop robust Health Information and Management Systems is thus essential to the implementation of ROM approaches, which heavily rely on the availability of valid quantitative indicators. Along these lines, the WHO budget allocated to strengthening support to data and information at country level has been increased, as per the World Health Assembly 75th resolution on the Programme Budget for 2022–2023.

- Although GH actors are increasingly using policy dialogue as tool to address health sector's cross-cutting challenges,[7 16 17] multistakeholder engagement remains as a 'critical missing link'[18] to foster a wider approach to accountability that goes beyond funder requirements, to also incorporate broader citizen/civil society perspectives. The process of codeveloping M&E frameworks at country level could serve a tool to enhance participatory policy dialogues anchored in the UHC concept.[19] This is fully consistent with WHO's support to policy dialogue processes for health planning that are inclusive and evidence based, and the SDG's emphasis on involving civil society in policy-making for more participatory governance.
- Building results-based monitoring systems entail political challenges[20] as these have major effects on institutional relations, budget allocations, political agendas and public support for governments. Power inequities across and within stakeholders may hamper the value of collaborative processes as a tool for multistakeholder health governance.[19 21] In countries with authoritarian regimes, efforts to meaningfully engage stakeholders may reap little benefit or lead to unintended negative consequences if disadvantaged groups are 'empowered' and subsequently 'punished' for speaking out.[22] Mechanisms to identify and monitor power dynamics should be developed and incorporated into the process of codeveloping national-level M&E frameworks, as well as ROM methodologies.
- Demonstrating attribution is a barrier to evaluating GH programmes because the social and political determinants of health span across many sectors, and multiple interventions operate simultaneously while interdependent programme pathways interact to produce an outcome.[3 23] A holistic analysis of relationships among health system components and multiple stakeholders is required.[24] Rolling out M&E frameworks at country level would allow to track output achievement from baselines to targets, generating quantitative evidence to 'pull the case' for continued investment in HSS. A focus on activity and output level, although insufficient, is crucial given well-documented difficulties in attributing impact.[25–27]
- Cross-cutting areas in which the Commission has substantial expertise (eg, gender, human rights and inclusion) could be enhanced through institutionalisation of a model for greater cooperation between EUDs and WHO Country Offices.
- Different mechanisms, such as live monitoring sessions, stories from the field, annual reports and technical meetings, are useful to analyse, reflect and share lessons learnt. At a country level, the implementation of results-based approaches could be strengthened as few countries have an explicit M&E for UHC.[15] The development of such frameworks should be supported by senior policy advisors deployed through the programme. The fast-track service to support M&E provided by the Commission ROM mechanism could be accessed remotely via phone calls or video conferences.[28] This could enhance collaboration among decision-makers and researchers and inform prompt decision-making, in line with the evidence-based 'embedded implementation research in programming approach' promoted by WHO, which has already shown promising results in a number of settings.[29]

CONCLUSION

ROM reviews can provide critical data to inform the design, implementation and evaluation of large-scale GH interventions. As increasing support is provided to strengthen health information and management systems, the process of codeveloping M&E frameworks at country level could enhance mutistakeholder engagement in policy dialogue processes. The political nature of results-oriented systems and GH programmes suggests that mechanisms to assess power dynamics should be incorporated into ROM methodologies and the codevelopment of national M&E frameworks.

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Acknowledgements The authors would like to thank all colleagues in and outside WHO, who provided information to the ROM reviewers and Carina Soares (CS) for the logistical support provided in the organisation of in-depth interviews.

Contributors BA and ML conceived the study. MR and EC collected all data and conducted the analyses. ML, MF, DP and GS contributed to data analysis and interpretation. MR drafted the first version of the paper. All authors contributed to draft the final version of this paper. The guarantor of this study is MR.

Funding This study was funded by the European Union through the European Commission DG INTPA as part of the ROM review of the HSS for UHC programme (Contract number 2018-303/EU/ROM Global, ROM review C-404669).

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Competing interests DP and GS are members of the management team of the HSS for UHC programme at WHO HQ. BA is a second national expert to the EC and is the technical manager of the HSS for UHC programme. MR, ML, EC and MF were funded by DG INTPA to undertake this review.

BMJ Global Health: first published as 10.1136/bmjgh-2024-015536 on 7 December 2024. Downloaded from https://gh.bmj.com on 8 December 2024 by guest. Protected by copyright.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data sharing is not applicable as no datasets were generated and/or analysed for this study.

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REFERENCES

1 OECD/DAC. Guidelines for project and programme evaluations. 2009. Available: http://www.oecd.org/development/evaluation/dcdndep/47069197.pdf [Accessed 11 Mar 2024].
2 OECD/DAC. Managament for development results. In: *Principles in Action: Sourcebook on Emerging Good practices*. 2006. Available: https://documents1.worldbank.org/curated/en/194881566828011696/pdf/Principles-in-Action-Sourcebook-on-Emerging-Good-Practices.pdf
3 Roberton T, Sawadogo-Lewis T. Building coherent monitoring and evaluation plans with the Evaluation Planning Tool for global health. *Glob Health Action* 2022;15:2067396.
4 EC INTPA. *ROM Handbook v. 6.2.* 2020.
5 EC. Launching the global europe performance monitoring system containing a revised global Europe results framework. Available: https://data.consilium.europa.eu/doc/document/ST-5697-2022-INIT/en/pdf [Accessed 21 Apr 2023].
6 UN. General assembly of resolution a/67/l36 in 2012r. 2012.
7 WHO. Briefing note policy dialogue: what it is and how it can contribute to evidence-informed decision-making. Available: https://extranet.who.int/uhcpartnership/sites/default/files/reports/2015-Briefing-Note.pdf [Accessed 20 Mar 2023].
8 WHO, IBRD, WB. Tracking universal health coverage: 2017 global monitoring report. World Health Organization and International Bank for Reconstruction and Development /The World Bank; 2017.
9 WHO. Declaration of astana, global conference on primary health care, world healthorganization and the united nations children's fund (UNICEF). 2018.
10 European Commission/WHO. Description of the Action "Health Systems StrengtheningFor Universal Health Coverage Partnership." 2020.
11 WHO. *Strategizing National Health in the 21st Century: A Handbook.* Geneva: World Health Organization, 2016. Available: https://apps.who.int/iris/handle/10665/250221
12 Robert E, Ridde V, Rajan D, *et al*. Realist evaluation of the role of the Universal Health Coverage Partnership in strengthening policy dialogue for health planning and financing: a protocol. *BMJ Open* 2019;9:e022345.
13 KIT. Formative evaluation of the eu-luxembourg-who universal health coverage partnership. 2016.
14 Mpofu M, Semo B-W, Grignon J, *et al*. Strengthening monitoring and evaluation (M&E) and building sustainable health information systems in resource limited countries: lessons learned from an M&E task-shifting initiative in Botswana. *BMC Public Health* 2014;14:1032.
15 Boerma T, Eozenou P, Evans D, *et al*. Monitoring progress towards universal health coverage at country and global levels. *PLoS Med* 2014;11:e1001731.
16 Nabyonga-Orem J, Dovlo D, Kwamie A, *et al*. Policy dialogue to improve health outcomes in low income countries: what are the issues and way forward? *BMC Health Serv Res* 2016;16 Suppl 4:217.
17 Bennett S, Glandon D, Rasanathan K. Governing multisectoral action for health in low-income and middle-income countries: unpacking the problem and rising to the challenge. *BMJ Glob Health* 2018;3:e000880.
18 WHO. Universal health coverage partnership. 2015. Available: http://www.uhcpartnership.net/ [Accessed Nov 2015].
19 Robert E, Rajan D, Koch K, *et al*. Policy dialogue as a collaborative tool for multistakeholder health governance: a scoping study. *BMJ Glob Health* 2020;4:e002161.
20 Kusek J, Rist R. *Ten Steps to a Results-Based Monitoring and Evaluation System*. Washington, DC: World Bank, 2004.
21 Walt G. *Health Policy: An Introduction to Process and Power*. Zed Books.1986,
22 Roura M. The Social Ecology of Power in Participatory Health Research. *Qual Health Res* 2021;31:778–88.
23 Wisniewski JM, Yeager VA, Diana ML, *et al*. Exploring the barriers to rigorous monitoring and evaluation of health systems strengthening activities: qualitative evidence from international development partners. *Int J Health Plann Manage* 2016;31:e302–11.
24 Sheikh K, Gilson L, Agyepong IA, *et al*. Building the field of health policy and systems research: framing the questions. *PLoS Med* 2011;8:e1001073.
25 Borghi J, Chalabi Z. Square peg in a round hole: re-thinking our approach to evaluating health system strengthening in low-income and middle-income countries. *BMJ Glob Health* 2017;2:e000406.
26 Adam T, de Savigny D. Systems thinking for strengthening health systems in LMICs: need for a paradigm shift. *Health Policy Plan* 2012;27 Suppl 4:iv1–3.
27 Adam T, Hsu J, de Savigny D, *et al*. Evaluating health systems strengthening interventions in low-income and middle-income countries: are we asking the right questions? *Health Policy Plan* 2012;27 Suppl 4:iv9–19.
28 Capacity4dev E. What is the results-oriented monitoring? Europa.eu, 2022.
29 Ghaffar A, Langlois EV, Rasanathan K, *et al*. Strengthening health systems through embedded research. *Bull World Health Organ* 2017;95:87.

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