Monitoring framework tool for Global Health Strategies

DUTCH GLOBAL HEALTH ALLIANCE

Context

Global health strategies (GHS) are essential to bolster strong commitments and resources towards health worldwide. At EU-level, the European Commission has published its GHS in November 2022. The strategy sets out measures to strengthen health systems globally, to tackle inequalities, advance towards universal health coverage and deliver social protection in health. At national level, several governments are working to deliver similar strategies, including the Netherlands who published its own strategy in October 2022.

The next step is to follow the implementation of these strategies. A **monitoring framework** is a key step to ensure transparency and accountability. This monitoring framework tool is meant to guide advocates in the process of advocating for a monitoring framework in their own contexts.

Who is this tool for?

The tool was developed by and for **non-state actors** seeking to advocate for more rigorous monitoring and evaluation of global health strategies. The tool provides **steps and success factors** to guide the process of advocating for a monitoring framework.

The monitoring process described in the tool is aimed to be adapted and implemented by **strategy owners** in cooperation with non-state actors and other stakeholders.

This monitoring framework tool can be used and adapted to advocate for monitoring of the EU's GHS as well as GHS at national level. The tool identifies the stages necessary to create and implement an effective monitoring framework of GHSs and for each stage, gives guidance as to how it can be put in place successfully.

The monitoring tool at-a-glance

1. Adapting this Monitoring Framework Tool

- **Success factor:** initial consensus

2. Advocating for the Monitoring Framework

- **Success factor:** commitment
- **Success factor:** dedicated budget for M&E

3. Identifying the co-creation group

- **Success factor:** transparency
- **Success factor:** diversity

4. Engaging the co-creation group

- **Success factor:** inclusivity
- **Success factor:** mandate
- **Success factor:** facilitated process

5. Defining the ideal final situation

- **Success factor:** clarity
- **Success factor:** identifying the strategy's added value
- **Success factor:** proportionality
- **Success factor:** integrating feedback

6. Gathering baseline data

- **Success factor:** mapping existing data
- **Success factor:** disaggregation
- **Success factor:** open data

7. Defining milestones and indicators

- **Success factor:** mapping existing data
- **Success factor:** aligning indicators
- **Success factor:** monitoring budget allocation
- **Success factor:** measuring progress annually

8. Implementing the monitoring

- **Success factor:** stakeholder feedback
- **Success factor:** high-level buy-in
- **Success factor:** ombuds figure
- **Success factor:** clear timeline

Adapting this Monitoring Framework Tool

The first step is for the users of this tool to reflect and adapt it to ensure the tool is proportionate and realistic given the context that it is being used in. This can be done through a reflection session that analyses perceptions of the GHS in question, the status of the strategy and the stakeholder landscape. This reflection session could include non-state actors and other stakeholders working in global health both in the region of the strategy owner and in the Global South when relevant.

Factors to consider could include:

- **Priority:** to what extent does the strategy owner currently consider monitoring a priority? Have they already planned monitoring?
- **Relationships:** how well connected is your NGO with the strategy owner and key stakeholders?
- **Network:** what size of stakeholder network is already mobilised around global health that could support the monitoring?
- **Timing:** to what extent does the timing of the planned GHS implementation allow for monitoring?
- **Budget:** what size of budget can we anticipate the strategy owner allocating to monitoring?

Adaptations to this tool could include:

- **Simplification:** steps could be adapted or replaced to simplify the monitoring process.
- **Scope:** the initial focus of the monitoring could be broadened or narrowed depending on the relevant factors to be monitored.
- **Stakeholder group:** the size of the participating stakeholder group could be adjusted to better suit the context and aims.

Success factor: initial consensus
Once you have adapted this monitoring framework tool for the purposes of your context, circulate it and check for consensus among your stakeholders before reaching out to the strategy owner.

For example: a final version of the document could be circulated to stakeholders with a survey to assess the level of consensus.

# Advocating for a Monitoring Framework

The next step in implementing this tool is to reach out to the strategy owner. This step could take many forms depending on your relationship with the strategy owner and the extent to which monitoring is a priority for them. This could include:

- Calling for a meeting to discuss the need for a monitoring framework
- Participating in initiatives launched by the strategy owner around the strategy (implementation) and its monitoring
- A broader advocacy campaign engaging the stakeholder community.

Success factor: commitment
Ensure that the strategy owner assumes responsibility over the monitoring and evaluation of the GHS, committing themselves to implementing the monitoring framework. This may require some further adaptation of the plan depending on the strategy owner's needs and perspective.

For example: a Terms of Reference could be set up, clearly specifying the strategy owner's commitment to the monitoring framework.
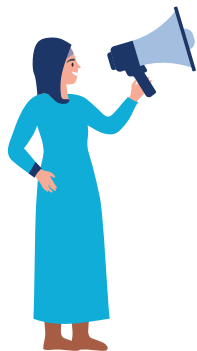
Success factor: dedicated budget for M&E
The strategy owner must allocate a dedicated budget for the implementation of the GHS. This should include the necessary resources to set up and implement M&E and to make the M&E process inclusive. The monitoring must be realistic and proportional to the level of ambition of the strategy. Funding for the co-creation process mentioned in the next step and continuous analysis is an indicator of commitment and helps ensure better alignment with policies.

For example: where no budget has been allocated to monitoring and evaluation, budget sources should be identified by the strategy owner while ensuring inclusivity.

Tools
⬀ Developing an Advocacy Strategy, Rutgers 2021
⬀ Advocacy strategy toolkit, The Pact / UNAIDS, 2014

Identifying the co-creation group

For each GHS, a monitoring framework should be developed through a co-creation process or consultation. Key stakeholders should be engaged in this co-creation. Stakeholders should be identified by conducting a stakeholder mapping.

Success factor: transparency

Ultimately, the strategy owner should be held accountable. Coordination and leadership within the co-creation group should be properly defined and made clear to all participants. Proper communication and information sharing should be ensured around the monitoring framework. There needs to be openness about potential conflicts of interest. Guidelines should be drawn up with a clear Terms of Reference.

For example: a proposed Code of Conduct document and a Terms of Reference could be circulated before the first meeting, framing the task and approach, to be discussed and agreed on.

Success factor: diversity

This mapping process should identify a diverse variety of stakeholders, including:
- CSOs in the Global North and South
- Governments in the Global North and South
- Patient organisations
- Communities
- Civil servants in the Global North and South
- Private sector

Diversity of individuals should also be taken into consideration in the co-creation group. This could include:
- Gender inclusion
- Geographical spread relevant to the strategy

For example: for a national government's GHS, a mapping exercise could be carried out by the strategy owners that would first brainstorm the key stakeholders across these six stakeholder categories before conducting a prioritisation exercise to identify the most relevant ones to invited to the monitoring co-creation process. A check could then be incorporated to ensure a balance across genders and geographical spread.

Tools
WHO Stakeholder Mapping Guide

Engaging the co-creation group

The strategy owner must first establish the co-creation group and engage the right non-state actors to give feedback on the M&E process. Inclusivity must be ensured through meaningful engagement to establish the monitoring framework. This can take the shape of a consultation process. Specific meetings should be organised for different language groups, or translation offered. The consultation can take place online, reach out to patient organisations, for example via the international NCD Alliance (and other international networks), and mobilise delegations and embassies in countries to reach communities. It can take place through existing dialogues and channels to give partners the opportunity to engage.

Success factor: facilitated process
The process of engaging the co-creation stakeholders should be facilitated by an external third party to ensure the procedure is respected and all voices are equal.

For example: a facilitator is budgeted and designated that steers the co-creation process through a series of workshops and online consultations.

Success factor: mandate
A clear mandate for the process is needed to ensure all stakeholders involved in the co-creation of a monitoring framework know what is expected from them. Specific spaces and opportunities should be created for each stakeholder to be actively involved. Careful facilitation of the engagement process is essential to ensure all stakeholder voices are heard.

For example: agendas and all necessary pre-reads should be circulated ahead of meetings, a "roles and responsibilities" document could be circulated after the first meeting, with a survey to identify how each stakeholder would like to be involved.

Success factor: inclusivity
When engaging stakeholders, meetings must take into account language and accessibility needs to ensure all stakeholders can take an active role.

For example: a first meeting might be held on Zoom using the live interpreting tool to make the call more accessible, including to stakeholders located in the Global South, who might not necessarily speak the language of the meeting. Budget would therefore need to be allocated for interpretation.

Defining the ideal final situation

To start with, a monitoring framework requires an agreement of what we want to see when the strategy's objectives are achieved: a definition or description of the ideal final situation and maybe also a realistic point where we want to be within a certain time frame (such as 1 year later or 3 years later). It should also identify which of the strategy's objectives are being assessed by the monitoring work. A version could be drafted by the strategy owner and feedback from the co-creation group can be requested to ensure clarity is obtained and possible improvements are included.

Success factor: clarity
Clear, concrete, measurable objectives are needed to evaluate the strategy's progress and to ensure that budget is allocated to key and agreed-on priorities. This allows the set-up of a clear action plan that is carefully monitored.

For example: the strategy owner could take the objectives of their GHS and work on how to make them SMART (specific, measurable, achievable, relevant, and time-bound).

Success factor: proportionality
The monitoring effort must be proportional to ensure it does not become a burden. An initial assessment should identify which of the objectives are the most relevant for the monitoring framework to ensure that a balance is struck between ensuring accountability while still making the best use of the available resources.

For example: the strategy owner could run a prioritisation exercise with the co-creation team to determine which objectives should be included in the monitoring based on their relevance.

Success factor: identifying the strategy's added value
The strategy owner should explore existing global health initiatives and map their priorities in order to identify the added value of this particular GHS. This added value can help to identify which priorities the monitoring focuses on.

For example: the strategy owner could run a mapping workshop with the co-creation group to explore the work of current initiatives.

Success factor: integrating feedback
The co-creation team should seek further feedback from a consultation group, particularly where the team is not representative of all stakeholder profiles, and with a particular focus on stakeholders in the Global South.

For example: the co-creation team could circulate the outcomes of this step to a broader consultation group for feedback through a survey or online workshop.
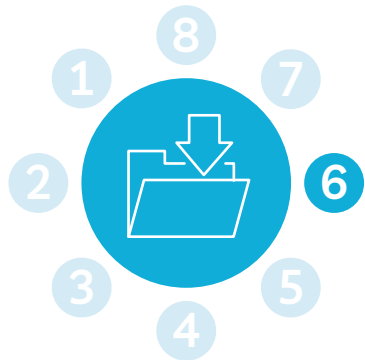
Gathering baseline data

A monitoring framework requires a baseline description or measurement of where we are now, in order to monitor progress from the starting point towards the objectives. Data must be collected and managed while respecting General Data Protection Regulation (GDPR) as well as national and international guidance.

The monitoring framework should make use of and strengthen existing data, to avoid additional burden and to support the decolonisation of research. To do so, it is necessary to map existing data. It is also important to strengthen data registration and analysis. Health management information systems should be strengthened and added to demographic health surveys. Open access to data should be ensured. Quality assurance of data is important. Data on alignment and coherence should be gathered, with clarity as to whether the end goal is GHS impact or alignment.

Success factor: mapping existing data
Starting from a mapping of existing data, gaps should be identified and designated priority. New data sets can be created where the necessary data is missing.

For example: a mapping can be carried out which rates existing data as to its relevance, quality and coverage.

Success factor: open data
The monitoring should follow the principle of open data where possible so that data can be used for policy development, practice and programmes. An open platform should be set up where results can be shared.

For example: a data platform could be set up that includes data adhering to FAIR principles (to improve Findability, Accessibility, Interoperability, and Reuse).

Success factor: disaggregation
Starting from a mapping of existing data, gaps should be identified and designated priority. New data sets can be created where the necessary data is missing.

For example: : the co-creation group could organise a workshop to identify the demographic categories by which data will be disaggregated, taking account of ethics and risk factors.
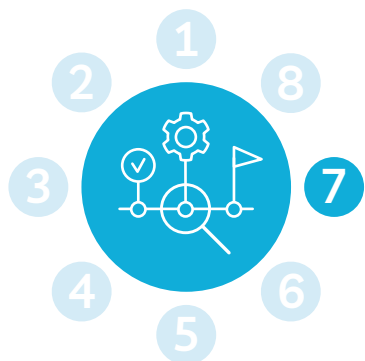
Defining milestones and indicators (1)

The objectives of the GHS should be clearly defined and translated into an action plan. Based on that, a monitoring framework can be tailored to the planned actions and their expected results.

The monitoring framework should include both the current and desired situation. Next, milestones between current and desired situation can be defined, as well as indicators to observe and measure to what extent each milestone is achieved.
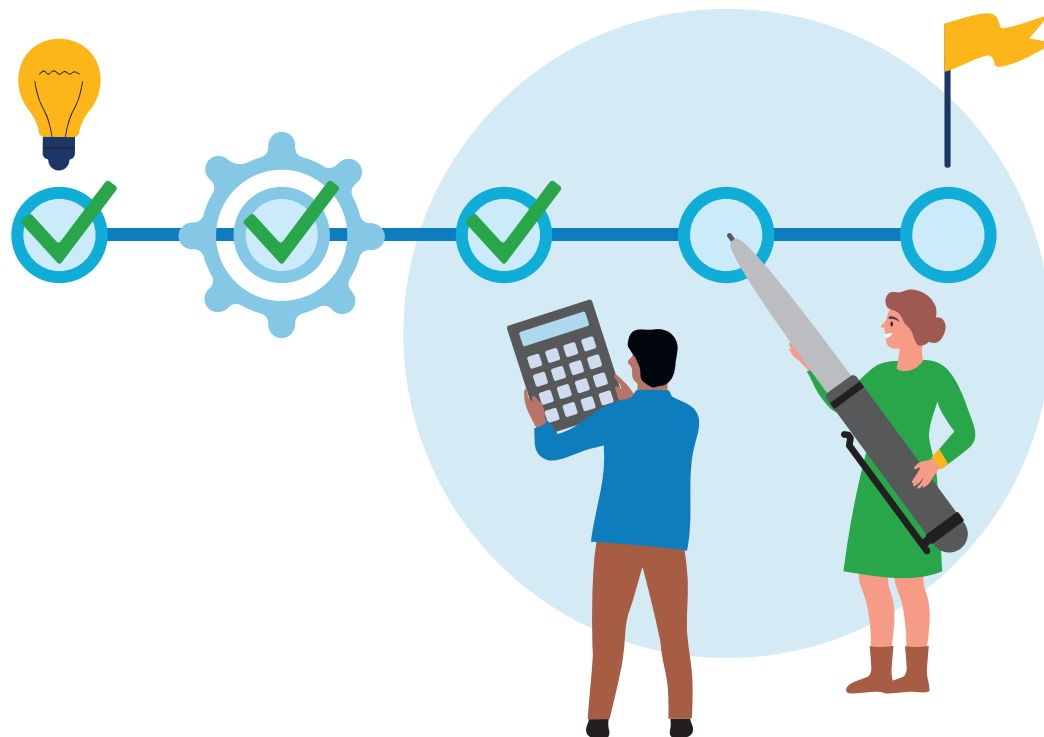
The monitoring framework is likely to include qualitative and quantitative data. The data should be evidence-based and include an analysis of which policy (implementation) affected or contributed to reach certain milestones and objectives. It should take account of policy coherence.

Indicators should be clear, and align with National Health Strategies and SDGs to avoid duplication, and, as mentioned before, include relevant disaggregation.

To determine whether the GHS has influenced indicators, there should be a focus on contribution rather than attribution, and awareness of possible bias. The monitoring framework should determine which data is to be collected: outcomes or output, and at what level.

Again, proportionality is important: the complexity and burden of data collection and analysis should be weighed against the relevance of the indicators as well as the expected effect and impact of the actions that have been taken.
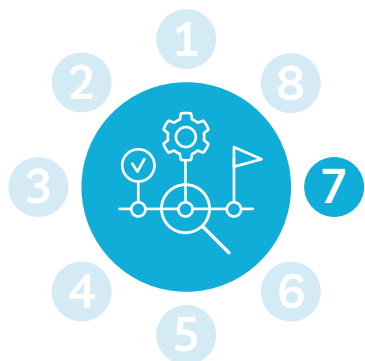
Defining milestones and indicators (2)

Success factor: monitoring budget allocation
The monitoring framework should ensure and monitor budget allocation, making a distinction between what funding is existing and what is additional. There should be transparency on budget sources and flows, including geographical spread, government budget lines and public vs private funding.

For example: the co-creation team could be tasked with identifying which types of criteria should be included regarding budget indicators and transparency.

Success factor: aligning indicators
Aligning indicators means existing relevant indicators should be identified. It is also important to strengthen data registration and analysis. Data on alignment and coherence should be gathered, with clarity as to whether the end goal is GHS impact or alignment.

For example: based on the above mapping, the co-creation group can make a selection of which indicators should be used for alignment.

Success factor: measuring progress annually
The indicators should give a sense not only of the impact on the long-term, but also of the outcomes on a yearly basis. A distinction can be drawn between output and outcomes. Analysis of the annual result will help propose adjustments to advocacy plans to be more effective in the next period, based on what works and what does not.

For example: If the objective is "improve policy coherence", an indicator could include the number of times ministry X has spoken to stakeholder Y. When measured after one year, adjustments could be made to the strategy to help ensure a better result in the following year.

Success factor: mapping existing data
As with the baseline, the indicators should make use of and strengthen existing data, to avoid additional burden and to support the decolonisation of research. To do so, it is necessary to map existing indicators. They can then be strengthened where needed. Gaps should be identified and designated priority and new indicators can be created only where the necessary data is missing.

For example: a mapping can be carried out which rates existing data as to its relevance.
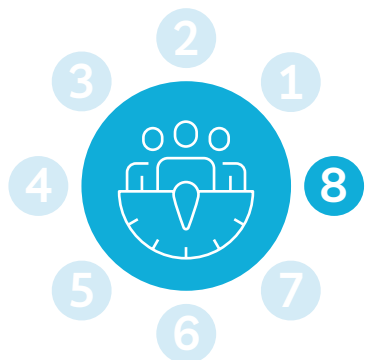
Implementing the monitoring (1)

The implementation of the monitoring should follow the timeline of the planned implementation of the GHS. Multiple steps and activities might take place at the same time. Reflection is needed on a regular basis to look back and forward and adjust where needed. It might happen that recourse is needed.

Success factor: high-level buy-in
The monitoring requires sustained commitment and buy-in from stakeholders to follow the process throughout, ensuring recommendations are implemented and linked to governance. Global Health policy level could be a platform. It should ensure continuity: that even after elections there will be sustained political will and support for the strategy. Note that this buy-in is required for the strategy itself, but separate buy-in for the M&E is equally important.

For example: the number of times the executive branch has high-level political engagement on strategy could be an indicator of buy-in.

There must be clarity on roles and responsibilities throughout the process: who is the owner and who is accountable for implementation. Any changes to these roles and responsibilities must be made clear.

A risk assessment should first be carried out to identify potential pitfalls where objectives may not be achieved.

The monitoring framework must be able to be adapted and reassessed based on review, through a feedback loop, if possible and with adequate resources. This should build off evidence-based analyses, adapting for necessary changes in both home and partner countries. Accountability reports should be drafted from these analyses that propose recourse measures.

Monitoring should be carried out using practical, digital tools that help to ensure the visibility of the monitoring for stakeholders: visual platforms to show progress on each objective in the strategy. Ideally this should communicate real-time data and be transparent and accessible.
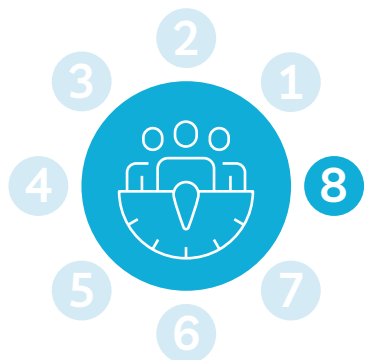
Implementing the monitoring (2)

Success factor: clear timeline
The monitoring framework must ensure clear actionable recommendations, integrating continuous learning based on the review. A predictable, clear timeline should be in place that allows people to follow, engage and have expectations. And again, this M&E implementation timeline echoes the strategy implementation timeline and should be made to fit it.

For example: data could be made available publicly with regular updates on the data platform. It could map activities around the strategy and connected to the planned timeline.

Success factor: ombuds figure
Accountability can be achieved by an ombuds figure as an external structure with a clear mandate, outside of elections and governments, with a platform on which decisions can be presented. Again, this is important both for strategy implementation as well as M&E implementation.

For example: the ombuds figure could be identified in advance by the co-creation team. The number of ombuds recommendations that are followed up could be recorded.

Success factor: stakeholder feedback
The implementation process should engage the broader stakeholder community to ensure their voices are heard throughout the process, with a particular focus on those in the Global South. Their input on the analyses of objectives and recourse procedures must be taken into account.

For example: annual workshops could be held online inviting the broader stakeholder community to give their feedback on the implementation of the strategy.

How was the tool developed?

This monitoring framework tool was commissioned by the Dutch Global Health Alliance (DGHA). The DGHA is a network of Civil Society Organisations based in the Netherlands advocating for more concerted global health action and for policy options for the Dutch government that will contribute to stronger health systems worldwide.

A three-part co-creation process developed the basis for this framework tool that can be used to monitor GHS at EU and national level. The process brought together key stakeholders around the table in a facilitated context where all voices were heard and valued. The process was facilitated by Michael Creek, co-founder and lead facilitator at Sticky Dot, a Brussels-based agency specialised in stakeholder engagement in research and innovation.

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