

Provisional concept note – 8 May 2024

Strengthening health system measurement & performance: Aligning behind country-led plans and systems to drive impact

Background & rationale

Strengthening the measurement and performance of resilient health systems based on the core principles of primary health care (PHC), is at the core of WHO's work, and is critical for making progress towards universal health coverage (UHC) and health security. The [WHO General Programme of Work 14](#) highlights the need for transformative re-orientation of health systems towards a PHC approach. This requires a shift from systems and services designed around singular diseases or programmes to a more inclusive, integrated and responsive people-centred approach that ensures the equitable delivery of high-quality comprehensive health services, as close as feasible to people's everyday environments, while providing financing protection, and leaving no one behind.

Having a common set of unified health systems metrics and tools to support country measurement of health system progress and performance is critical. Yet, it has eluded the global health community until now, with different partners applying use of a variety of metrics and approaches, resulting in weakening, duplication and fragmentation of data systems as well as heavy transactional costs and inefficiencies at the country level that undermine national systems.

There is however strong demand from countries and recognition from a growing number of bilateral partners and GHIs of the need to incorporate a common set of health system metrics into organizations' strategies and results frameworks, with the understanding that strengthening health systems requires collective investments towards achieving country priorities and plans. This builds in part from the Lusaka Agenda priorities that focus on reorienting global financing mechanisms towards coordinated approaches that align, support and strengthen country health systems more sustainably and coherently.¹ With a number of the GHIs reviewing their overall strategies or due to go through replenishment rounds in the next six months, there is a window of opportunity to influence their direction and incorporate the inclusion and use of a common set of health system metrics.

There is now an urgent need to improve partner alignment behind country-led systems and plans to reduce reporting burden and fragmentation in countries, further integrate health systems strengthening into national monitoring and evaluation (M&E) efforts, deliver more effective and efficient technical support to improve the availability, quality and use of data to inform decision making in countries, and ultimately maximize the impact of health systems investments.

In this context, WHO is leading a process to identify a core set of common health system metrics and to harmonise methods and tools that can be promoted, funded and used collectively by global health initiatives (GHIs), donors, and at the country level, based on country priorities.

¹ The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process: <https://futureofghis.org/final-outputs/lusaka-agenda/>

Aim & scope

This track of work focuses on health systems measurement and has an overall aim to develop a joint /shared approach for countries and partners to monitor health system performance in a unified way, that is efficient, and strengthens country capacities and leadership.

This work forms part of a broader scope of work to strengthen the one common country plan, budget and M&E framework approach (as per the [Lusaka Agenda](#) and supported by the [UHC Partnership](#)). The M&E framework is very often a part of the national health plan in countries. National health policies, strategies and plans take into account several elements that are central to a comprehensive planning and policy formulation cycle (e.g. stakeholder engagement in policy dialogues, comprehensive situation analyses, priority setting, operational costing/financing, and M&E framework development).

National plans or policies have increasingly acquired a function for stabilizing country processes and activities in favor of the health sector as a whole, including participation and equity dimensions. In 2009, WHO and partners defined key attributes to recognize national health strategies or policies as strong enough to be funded by various partners supporting the health sector or through more comprehensive or focused approaches (e.g. participation, feasibility, risk aversion, political commitment, budget, financial management capacity, accountability and transparency, annual reviews, and decision-making, among others)². As such, consideration of these attributes and the current status of country planning and review processes in each country will be at the centre of each track of work.

Aligned and coherent M&E systems and metrics are critical to delineate and support country priorities. In this way, this track's focus on M&E alignment can provide a basis for more in-depth discussions around both country- and global-level capacities and adjustments needed to facilitate a "one plan, one budget, one M&E framework" approach to foster health system strengthening and achieve impact.

Objectives

The objectives of the health systems measurement track of work are as follows:

1. Agree on a core set of health systems metrics that can be used by countries and partners collectively to monitor health system progress and performance;
2. Agree on common set of modules for inclusion in set of tools (e.g. facility, patient, community, etc.);
3. Agree on pathways for joint implementation of data collection and sharing, based on country priorities, plans and systems; and
4. Pilot a joint measurement approach that places the country at the centre, and document learning in a range of diverse settings.

Approach: Health systems measurement track

The approach will involve the following:

1. **Preliminary mapping & review:** A preliminary mapping of existing health systems & PHC metrics, methods, tools and measurement activities has been consolidated by WHO for partner review and further inputs.

² Joint Assessment of National Health Strategies and Plans (JANS): Joint assessment tool: the attributes of a sound national strategy. WHO 2009.

2. **VIRTUAL partner meeting**

A first virtual meeting of GHIs and other partners was convened by WHO on Monday, 15 April 2024 to take stock of partner health systems metrics, tools & implementation approaches; and identify opportunities and incentives for improved partner alignment behind country-led systems. The outcome of this call was overall commitment of all partners to take forward joint work on health systems metrics and measurement. As follow up to this call, a technical working group including WHO, UNICEF, World Bank, Gavi, The Global Fund, GFF and USAID has been convened to finalize a shared concept note and propose a shortlist of common health system metrics and a measurement approach to be presented and discussed with countries at the June in person meeting (see below).

3. **IN-PERSON meeting**

25-27 June in Geneva, Switzerland (2-day partner meeting + 1 day for WHO and country teams)

WHO will convene an in-person meeting involving participation from all partner agencies as well as country-level representatives to facilitate in-depth discussion and consensus-building around core health system metrics, tools and methods based on country-led systems and priorities.

The main objectives of the in-person meeting will be to:

1. Agree on core set of health system metrics and a proposal for an aligned set of tools that can be used by countries and partners to monitor health system performance;
2. Identify barriers and opportunities for improved alignment of investments based on country priorities, plans, budgets and systems; and
3. Draft joint workplan/terms of reference for a shared approach to health system measurement in demonstration countries based on country priorities and plans.

Expected outputs:

- Agreement on common health systems metrics;
- Commitment to improve alignment of data collection efforts behind country priorities and plans; and
- Agreement on joint draft workplan/terms of reference for aligned measurement approach in demonstration countries

4. **Joint implementation in demonstration countries & learning**

Implemented activities will form part of a broader approach with three parallel tracks to drive improved partner alignment behind one country plan, budget and M&E framework. The measurement track will comprise of the following activities:

1. Finalize terms of reference for implementing a country-led and partner aligned measurement approach in 4-8 demonstration countries (building on preliminary drafts prepared in June meeting);
2. Develop a learning framework to capture results;
3. Under the leadership of interested countries, coordinate across GHIs and development partners to prepare for and implement the approach (including preparatory meeting), based on country priorities and plans; and
4. Analyse and disseminate findings to inform investments and actions

Expected outputs:

- Implementation and documentation of learning from aligned HS measurement approach in 4-8 demonstration countries, linked to learning from country planning and costing tracks.

Participation

The Health Systems Measurement track of work and related meetings will involve participation of: 1-2 senior policy advisors and/or health systems and M&E leads from GHIs and other UN/partner agencies: WHO (HQ and regions); the World Bank/ Global Financing Facility; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and UNICEF; as well as key donors supporting health systems measurement at country level: Foreign, Commonwealth and Development Office, United Kingdom of Great Britain and Northern Ireland; United States Agency for International Development; Bill & Melinda Gates Foundation; Department of Foreign Affairs, Trade and Development, Canada; European Commission; French Development Agency; German Agency for International Cooperation; Ministry of Foreign Affairs, Japan; and the Norwegian Agency for Development Cooperation.

Country-level representatives from 4-8 countries will also participate. 1-2 participants from each country (e.g. 1 Ministry of Health representative responsible for health planning and 1 WHO Country Office representative responsible for advising on health systems and/or UHC policy) will be invited to participate in the in-person June meeting.