

The Global Fund Strategic Framework for Data Use for Action and Improvement at Country Level

2017-2022



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List of abbreviations

AGYW	Adolescent Girls and Young Women
COE	Challenging Operating Environment
CRVS	Civil Registration and Vital Statistics
CTs	Country Teams
DHIS	District Health Information System
DQR	Data Quality Review
EMR	Electronic Medical Records
GAVI	Global Alliance for Vaccines and Immunizations
GOS	Grant Operating System
HDC	Health Data Collaborative
HFA	Health Facility Assessment
HMIS	Health Management Information System
IBBS	Integrated Biological and Behavioural Surveillance Survey
KPI	Key Performance Indicator

LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MECA	Monitoring and Evaluation and Country Analysis Team
NSP	National Strategic Plan
PHME	Public Health and Monitoring and Evaluation Specialist
PMI	President's Malaria Initiative
PPA	Patient Pathway Analysis
RSSH	Resilient and Sustainable Systems for Health
WHO	World Health Organization
TERG	Technical Evaluation Reference Group
UiO	University of Oslo

I. Context and purpose

The Global Fund's 2017-2022 Strategy, *"Investing to End Epidemics"*, outlines a series of strategic objectives and sub-objectives that are key to the Global Fund's contribution for a world free of the burden of AIDS Tuberculosis and malaria for all. The Strategic Objective 2, "Build resilient and sustainable systems for health", includes an operational objective to "Strengthen data systems for health and countries' capacities for analysis and use". The Strategy notes that "good data is essential for good decision-making" and that "systematic efforts and long-term investments in routine data systems are needed to improve the availability and quality of data for analysis and use in strategic decision-making". The 6-year Strategy demands that we accelerate impact and measure it better.

Mainstreaming program quality and efficiency is a key component of the Global Fund strategy. To maximize impact at country level, it is vital for the Global Fund to use data and invest in improving program quality and efficiency at each step of the business process - from the design of programs to implementation, to evaluation. As program interventions are evidence-based and more targeted, quality is improved and service delivery becomes more efficient.

Data is at the center of any successful response strategy. It is therefore critical to communicate to all Global Fund partners at all levels, the value of data collection and use, and how quality data can be used as an 'intervention' for program improvement and impact.

The *Data Use for Action and Improvement framework* supports good quality data and analyses to be used for decision making during all stages of the program cycle. It outlines how the Global Fund will support countries in strengthening their data collection and analysis capacity. The capacity in turn is expected to help countries in effective design, management and implementation of programs, and use of resources available for health thereby contributing to the achievement of all four objectives of the Global Fund strategy.

The framework outlines the following:

- ▶ **A data-driven prioritization of investments to maximize program outcomes;**
- ▶ **A focus on improving analytical capacity, management and leadership and at all levels of national health systems;**
- ▶ **Use of data at national, sub-national and community level in order to take better decisions, drive program performance and outcomes and to achieve intended impact.**

Achievements 2012-2016

The Global Fund's investments in M&E systems are synergistic with its core investments in HIV/AIDS, TB and malaria programs. The Global Fund uses and strengthens national systems and aligns with country data collection and reporting cycles. During the period of 2014-2016, US\$600 million was budgeted in grants for M&E. Since 2012, there has been an increased emphasis on in-country data analysis, program reviews, impact assessments, support for routine reporting systems, vital registration, reaching key populations and building strong partnerships to avoid duplication of efforts and resources. This emphasis has translated into increased attention to and improved focus at country level, on strengthening M&E systems and positioning programs to achieve impact.

TABLE 1
ACHIEVEMENTS (2012-2016)

AREA	KEY ACHIEVEMENTS
Simplified reporting, core list of indicators agreed with technical partners;	Reduced number of indicators to report to the Global Fund
	Moving away from monitoring inputs/process to monitoring coverage and outcomes
	Reporting on disaggregated results addressing needs of key populations and sub-groups
	Global Fund data management system- regular quality checks
Strengthened data systems through partnerships	Coordination of partner resources and activities around countries' national plans for strengthening their HMIS (e.g. through the Global Health Data Collaborative ¹).
	Programmatic data standardization and regular data quality review at the Global Fund Secretariat
	Guidelines on epidemiological and impact analyses
	Coordinated implementation of program and data quality assessment tools
Investments in M&E systems: 50% of all M&E investments in routine reporting	Increased coverage and strengthening of electronic HMIS (e.g. DHIS2 based) in more than 40 countries
	Developed building blocks for system interoperability – e.g. community services, LMIS
	Disease-specific analytical tools and dashboards ² to facilitate data use
	Guidance note on areas for M&E investments for Global fund country teams
In-country data analysis and reviews	77 program reviews and 56 epidemiological and impact analyses completed and used for National Strategy development
	Strategy for strengthening mortality analysis agreed with partners Mortality analyses completed in 18 countries
Data availability and quality for key populations	Countries with nationally adequate size estimation increased from 23 in 2013 to 55 in 2016
	Systematically mapped and updated site-level prevalence, behavioral, coverage and size estimation data by groups, and published on AIDSinfo Key Population Atlas

¹ The Global Health Data Collaborative (HDC) is a global partnership of countries, donors and international organizations with the common aim of strengthening country health data systems (see Annex 1 for details).

² Dashboards provide immediate available information on health data systems in Global Fund supported countries.

Going Forward (2017-2022)

Progress made over past several years represents remarkable achievements in data availability and quality. Global Fund's investments and support has helped scale up capacities and establish reliable data systems at country level. Further efforts are however needed to

ensure sustainable systems that are aligned with country needs and priorities. Table 2 below summarizes some of the current challenges and how the Global Fund will work towards addressing these issues guided by this framework.

TABLE 2
CURRENT CHALLENGES AND SUMMARY OF GLOBAL FUND SUPPORT IN ADDRESSING THESE CHALLENGES

CURRENT CHALLENGES	WHAT GLOBAL FUND WILL DO
1. Insufficient funding for 'global M&E public goods' that form the basis of country data systems	▶ Provide funding through grants ▶ At global level, provide catalytic funding to support the development of the M&E 'public goods'
2. Inadequate information sharing among stakeholders regarding investments in country M&E systems.	▶ Advocate for and convene stakeholders to support one M&E platform and M&E investments plan.
3. Funding and activities not always aligned with country priorities.	▶ Strengthen in-country coordination (M&E Technical Working Group). ▶ Capacity building for improved program management and leadership.
4. Project-based approaches leading to patchworks and duplication of data collection, no attention to data quality, and unsustainable systems.	▶ Ensure funding requests submitted to the Global Fund contemplate and include activities related to building resilient and sustainable M&E systems.
5. Parallel and/or multiple systems that do not speak to each other: loss of time and waste of financial resources to collate the information.	▶ Support countries in developing one single M&E platform and interoperable HMIS system.
6. Lack of integration, or fragmentation of data sources, especially between public /private /community sectors, and inter- and intra- disease.	▶ Strengthen Global Fund's approach to engaging and working with the private sector and communities. ▶ Support countries in linking community-based data collection and reporting systems to national HMIS.
7. Lack of use of available data for decision making: program planning, resource allocation, program improvement.	▶ Facilitate technical assistance for M&E systems strengthening, data analysis and data use and outcome-based agreements with service providers to ensure tangible results.
8. No regular downstream feedback from higher to lower levels of data collection and reporting.	▶ Ongoing dialogue and country missions to ensure data analysis and its use for decision making. ▶ Diversify and build strong partnerships at global and country level. ▶ Promote and support countries in dissemination of analyses and recommendations upstream and downstream.

II. Overview of the framework

VISION

To strengthen data availability and the quality and use of data in order to drive Global Fund-supported programs towards maximum impact.

MISSION

To strengthen capacity and build systems to collect, analyze and use data across all levels of program implementation.

The *Data Use for Action and Improvement framework* comprises a series of linked but discrete activities including: the assessment of data needs and investments in data systems, collection of data, synthesis, analysis and interpretation of data, and translation and communication of data for decision making. It aims to foster new partnerships and strategically utilize existing ones to deliver on the following five components of the framework (figure 1).

COMPONENT 1

Investing in country data systems and analytical capacity. Improve data availability, quality and analytical capacity through investments in country data systems that are harmonized with country priorities and other partner efforts.

COMPONENT 2

Program monitoring. Support program monitoring to track program performance and assist in effective management and timely decision-making through systematic collection of data alongside program implementation.

COMPONENT 3

Systematic data analysis and synthesis. Ensure systematic in-country analysis and synthesis of available data in order to identify bottlenecks and opportunities for increasing program performance, quality of services, efficiency and impact

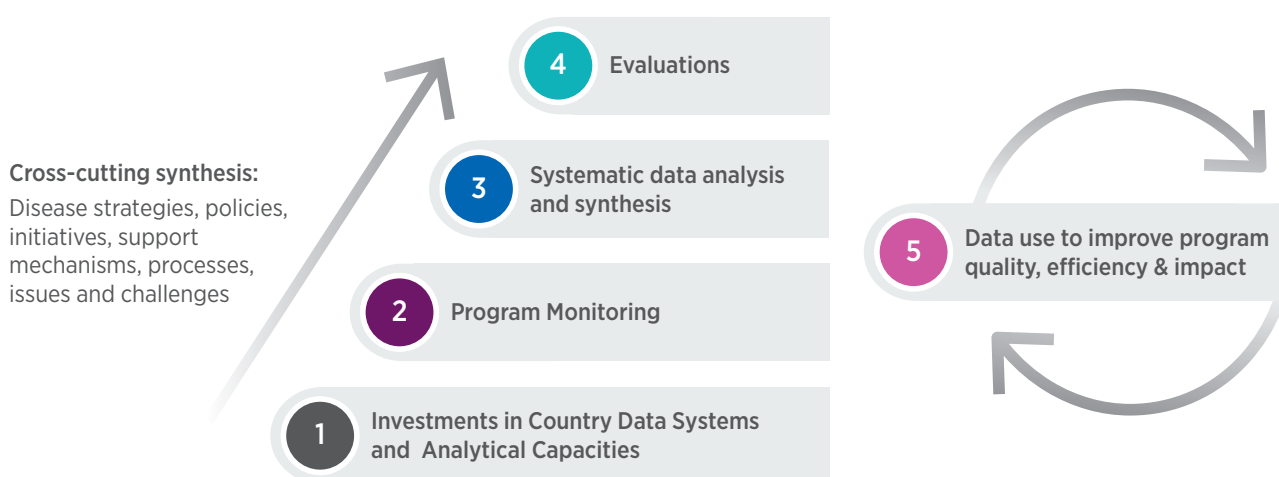
COMPONENT 4

Evaluations. Undertake in-depth evaluations to generate evidence and learning regarding the program design, implementation and outcomes to inform program scale-up and improvement.

COMPONENT 5

Data Use. Generate evidence and learning and use of data to promote improvements to program quality, efficiency and impact.

FIGURE 1
FRAMEWORK FOR DATA USE FOR ACTION AND IMPROVEMENT AT COUNTRY LEVEL



These components are interconnected and should be viewed as part of a mutually supportive framework. The steps depicted in figure 1 are interrelated, often happening simultaneously. The relationship among the steps is dynamic, with the components feeding into and driving each other. For example, investments in country data systems ensure that the required data for decision making during various stages of program planning and implementation can be collected. Improved data systems enable routine program monitoring, which in turn informs program managers whether implementation is on track, what is working and not working and allows them to take necessary actions.

Components 1 & 2 allow for systematic synthesis and analysis of data at regular intervals. Periodic analyses help assess program performance against the strategic plans, and to take corrective actions to improve program coverage, quality and efficiency. Similarly, program evaluations involve in-depth analysis of some or all aspects of the program, using all available data to enhance learning and improve program design, efficiency and maximize impact. Components 2, 3 and 4 in turn help to identify gaps and areas for investments in country data systems, analytical capacities and overall program improvement. In addition, successful implementation of this framework requires cross-cutting synthesis of policies, strategies, initiatives, support mechanisms and M&E processes, and the issues and challenges across the five components.

This *Data Use for Action and Improvement framework* is designed to support countries in the collection of the right data, undertake the required analysis of collected data, and use data for evidence-based programming to improve program and data quality, efficiency and maximize impact.

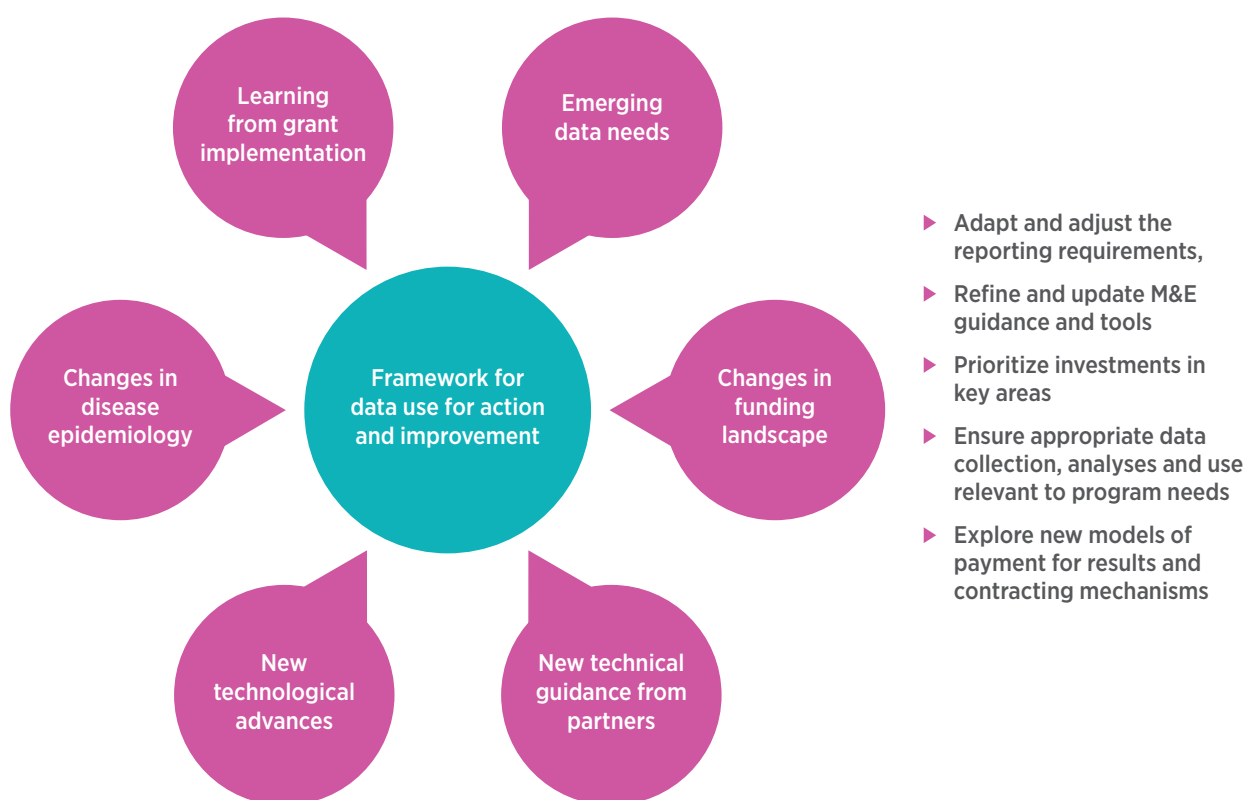
There is an enhanced focus on using the data to drive better investments to achieve even greater impact.

Enhanced features

The *Data Use for Action and Improvement framework* builds on previous Global Fund support and includes the following enhanced features:

1. **Building sustainable national M&E systems and fostering country ownership**
 - ▶ Investments in data systems based on one country-led M&E plan;
 - ▶ Supporting integrated HMIS country platforms;
 - ▶ Using existing country platforms and processes for data analysis and use.
2. **Analysis and use of data**
 - ▶ Strengthening analytical capacity, and use of data for decision making;
 - ▶ Supporting sub-national data analyses, and immediate actions at sub-national levels;
 - ▶ Analysis of quality of care, and efficiency for better resource allocation;
 - ▶ Continued analysis, interpretation and use of mortality and cause of death data.
3. **On-going learning processes and feedback loops through evaluations & reviews**
 - ▶ Systematic reviews of program and data quality; strengthening in-country program and data quality assurance processes;
 - ▶ In-country evaluations of Global Fund support;
 - ▶ Thematic reviews in areas of strategic interest;
 - ▶ Support to annual program reviews and coordinated joint partner missions to countries.
4. **Using, diversifying and multiplying partnerships to accelerate implementation**
 - ▶ Engage with stakeholders/decision makers, reaching out beyond the Ministry of Health (for example: the Ministry of Finance, social welfare, department of planning and health statistics, and others);
 - ▶ Working efficiently (avoiding duplication, building on existing in-country systems);
 - ▶ Using outsourcing when possible (service providers for data quality checks, desk reviews for key populations, technical assistance for analytical in-country support, translation services);
 - ▶ Fostering new partnerships and involving communities;
 - ▶ Collaborating with private firms/public-private partnership firms, local technical institutions and universities;
 - ▶ South-South collaboration by mobilizing national and regional expertise local institutions, universities;
 - ▶ Rigorous performance assessment of service providers;
 - ▶ Support broader monitoring of Sustainable Development Goals through the Health Data Collaborative (HDC).
5. **Continue to learn and improve the framework (figure 2)**
 - ▶ Learn from experience, improve where the Global Fund invests;
 - ▶ Align with program needs and priorities;
 - ▶ Modify Global Fund requirements and reporting tools, and build systems.

FIGURE 2
CONTINUOUS LEARNING AND ADAPTABILITY TO MAXIMIZE IMPACT



BOX 1 **KEY PRINCIPLES**

The *Data Use for Action and Improvement* framework is based on the following principles that underpin its effective implementation in countries and at the Global Fund.

- 1. Country Ownership:** The Global Fund remains fully committed to country ownership and supports countries to strengthen their systems and capacities.
- 2. Alignment and harmonization with Technical partner international guidance:** Support, strengthen, build on and align with existing in-country processes and events. Avoid creation of parallel processes and new requirements.
- 3. Partnership:** Work through partnerships to leverage technical, financial and political strengths, with mutual accountability centred on country outcomes.
- 4. Differentiation:** Support to countries are tailored to specific country context and the Global Fund principles of differentiation.
- 5. Integrated approach:** Integrated approach covering all types of data and data sources- programmatic, financial and administrative, and others.
- 6. Learning and adaptability:** continuously adjust and refine the policies, guidelines and approach based on learnings and emerging needs to achieve value for money.

Links with the Global Fund Strategic Performance Management framework

A strategic Performance Management Framework has been developed to measure the collective impact of the four Global Fund Strategic Objectives as outlined in the 2017-2022 strategy. It comprises a combination of Strategic Key Performance Indicators (KPIs), the Implementation-KPIs, and thematic reporting including management information, and evaluations, which are then underpinned by milestones and work-plans. The list of strategic and implementation KPIs for each strategic objective are described in Annex 2.

The *Data Use for Action and Improvement framework* will help the Global Fund in measuring and achieving its strategic objectives. Successful implementation of this framework is fundamental to measure Strategic KPIs 1, 2, 4, 5, 6(d, e), 8 and 9. It will also help track progress against some of the implementation KPIs and thematic reporting in some specific areas as shown in table 3 below.

TABLE 3
MEASURING PROGRESS AGAINST THE GLOBAL FUND STRATEGIC OBJECTIVES USING THE DATA USE FOR ACTION AND IMPROVEMENT FRAMEWORK

PERFORMANCE MANAGEMENT FRAMEWORK	GLOBAL FUND STRATEGIC OBJECTIVE 1	GLOBAL FUND STRATEGIC OBJECTIVE 2	GLOBAL FUND STRATEGIC OBJECTIVE 3	GLOBAL FUND STRATEGIC OBJECTIVE 4
Strategic KPIs	KPI 1 KPI 2 KPI 4 KPI 5 KPI 8 KPI 9b	KPI 6d KPI 6e KPI 8	KPI 8 KPI 9 KPI 5	
Implementation KPIs	a and e			
Thematic reporting	Data quality Program quality Key population service delivery Human rights Gender programming Adolescent girls and young women			
Data sources	Grant Performance Framework Technical partner reports Estimations and modelling M&E system profile* Program review reports Evaluation reports Health facility assessments Data quality reviews Special studies Programmatic spot checks Partner mission reports			

* For details on Global Fund M&E system profile refer to Annex 3.

III. Components of the Data Use for Action and Improvement framework

COMPONENT 1

Investing in country data systems and analytical capacity

Purpose: To improve data availability, quality and analytical capacity through investments in country data systems that are harmonized with country priorities and other partner efforts.

National health sector and disease programs require data for assessment of progress and program planning and management. Various, but coordinated, data collection systems and data sources are required to ensure availability of high quality data for routine program monitoring and for assessing the impact of disease control efforts. In addition to investments in data availability and quality, countries also need to focus on the capacity to disaggregate, analyze and use data for program quality improvement and impact.

The right data at the right level of disaggregation need to be available at the right time and used by actors at different levels of the system to drive program improvements. This approach needs collective engagement and investment to improve the **data availability, data quality and analytical capacity** at all levels: from the community to facility, sub-national, national, regional and global levels.

With new technological advances and updated technical guidance in the field of the three diseases as well as the need to monitor the revised global targets for the three diseases, new data requirements have emerged. In order to meet the current data demands and prepare countries to meet future data requirements, the Global Fund will continue to ensure long-term investments in M&E systems. It will include investments for putting systems in place to collect data disaggregated by age, sex, and key populations and at sub-national level. The Global Fund will support countries in building holistic and integrated country data systems that allow to make strategic investments in programs.

Activities

The Global Fund invests in country data systems through its grants and catalytic funding approved by the Board. Funding is based on country needs and identified gaps in six main areas:

- (a) Routine reporting
- (b) Surveys (population-based and among risk groups);
- (c) Program and data quality assessments;
- (d) Analytical capacity and reviews;
- (e) Administrative and financial data sources; and
- (f) Civil registration and vital statistics systems.

The Global Fund aims to strengthen data systems in close collaboration with partners under the umbrella of the Global Health Data Collaborative (HDC), involving 40+ international organizations, donors and partner countries. It includes aligning its support for a common investment framework based on national HMIS strategy/ M&E plan. The Global Fund will support building holistic and integrated systems across health programs and the HMIS unit.

Some key activities under this component include:

Ensuring data availability

This component involves working with countries and partners to identify data needs and make coordinated investments in data systems.

1. Supporting development of measurement frameworks and costed M&E plans aligned with national strategic plans.
2. Promoting ongoing dialogue in country and with partners to identify data needs and gaps against the agreed measurement framework and defining how to collect missing data including on key populations, adolescent girls and young women (AGYW), human rights, equity, resource mapping and financial data. In order to support the best use of limited resources in countries, the Global Fund has identified a set of prioritized areas and activities to be supported by its grants, when these are not already being supported by other resources (Annex 4).

3. Mapping available resources for monitoring & evaluation in countries against country M&E priorities. Identification of gaps and assessment of data needs that should be covered by grant resources and those that can be covered by other sources.
4. Supporting national HMIS/routine reporting systems:
 - ▶ Long-term support for development and use of digital ‘global public health goods’, such as software to collect, manage, visualize and explore data;
 - ▶ Setting up, roll out and maintenance of national reporting systems (e.g. DHIS2 based), including integration of aggregate disease reporting;
 - ▶ Integration of community-based reporting and hospital data;
 - ▶ Interoperability with other data systems such as LMIS, laboratory systems, and financial data systems;
 - ▶ Disaggregated reporting by age, sex, key population, sub-national data;
 - ▶ Monitoring costs of service delivery using indicators that monitor system efficiency such as drug delivery, out-patient visits and waiting time;
 - ▶ Training of health care workers in data collection and reporting at all levels of health system; and
 - ▶ Provision of equipment and technology and access to internet.
5. Developing and rolling out of community-based monitoring systems.
6. Developing and strengthening systems for civil registration and vital statistics (CRVS). The guidance approved by the Global Fund Board recommends that grant recipients allocate up to 1% of grant resources to strengthen civil registration and vital statistics.
 - ▶ Reporting of births and deaths and causes of death reporting in health facilities;
 - ▶ Reporting of mortality data and causes of death from community vital registers and sample registration systems, through use of affordable mobile technologies; and
 - ▶ Integration of ICD-coded health facility mortality reporting into HMIS/DHIS2.
7. Supporting countries in the creation of the Electronic Medical Records (EMRs), patient monitoring and case surveillance systems. This reflects the transition from counting services delivered to a new emphasis on people and their access to linked health services as a means of monitoring the response to the three diseases.

8. Developing and rolling out data collection tools and processes to collect data on key populations and adolescent girls and young women. This includes mapping and estimating population size for key populations, defining and routine measurement of delivery of prevention and treatment packages, outcome-based surveys on behaviors such as the integrated biological and behavioral surveillance surveys (IBBS) and other population based surveys.

Building analytical capacity

Along with data availability, strong analytical capacity at all levels of the health system is critical to using data for program monitoring and improvement. The Global Fund will facilitate analytical capacity building at country level through the following activities:

1. Financial support and training of staff at all levels of health system to undertake routine data analyses, to plan and carry out program reviews and epidemiological and impact analysis at regular intervals;
2. Creating a pool of qualified technical support providers, accredited by technical partners to support countries in specific areas;
3. Facilitating learning and sharing of experiences and easy and timely access to technical support through regional hubs comprising a pool of regional experts/ local universities and other academic and technical organizations; and
4. Developing data visualization tools and dashboards at various levels of HMIS, together with WHO and the University of Oslo. The dashboards allow users to place required data in single view, create charts, maps and pivot tables. Dashboards can contain multiple visualizations from multiple sources in a single view and help program managers in decision

BOX 2**EMBEDDING SUSTAINABILITY CONSIDERATIONS INTO PROGRAM DESIGN**

Sustainability considerations should be inherent to program planning and implementation for all countries, regardless of where they are located in the development continuum. There are several M&E systems strengthening activities that the Global Fund recommends all countries to undertake to enhance sustainability of HIV, TB and malaria programs as well as the overall health sector and to prepare for eventual transition from Global Fund support.

- 1. Systems for tracking of health and disease program spending:** To inform NSPs and health financing strategies it is essential to have relevant and updated data on health and disease program spending in the country. Countries should build on and institutionalize the national health accounts processes to track domestic expenditures on health so that data on past spending can be used regularly to inform health sector policy-making, program planning, costing and budgeting. Countries can use grant funds to invest in resource tracking.
- 2. Using national M&E systems:** In order to improve sustainability, Global Fund financed programs should be implemented using country M&E processes and systems. National systems may also include instances where the government contracts non-governmental entities, for example, to develop and roll out community-based reporting systems, or to conduct evaluations or health facility assessments. Where grants are currently implemented using parallel structures, countries should articulate plans for eventually integrating the implementation of donor-financed monitoring and evaluation activities through country systems.
- 3. Building resilient and sustainable M&E systems:** Planning and funding for building sustainable M&E systems should be aligned with the national M&E plan. Global Fund applicants and grant recipients are encouraged to include systems strengthening measures in their funding requests and grants. These include investing in routine reporting, surveillance, population size estimates, surveys, and others, while integrating data and service quality assurance and improvement into their routine processes. This allows for programs to be structured in a way that targets the right populations. In particular these systems should capture data inputs such as disease incidence, prevalence and mortality, disaggregated by gender and age and amongst key populations. The investments should be aligned with other partner investments in the country.
- 4. Develop a strategy for transition including an M&E plan:** with clear benchmarks and indicators to assess the effectiveness of the strategy for transition and allow for revisions based on new epidemiological or financial data or any other factors.
- 5. Consider challenges and mitigating actions** in developing and using national M&E systems, engaging with the Global Fund and other partners and mobilizing required support.

Indicators and targets to measure progress of investments in country data systems

INDICATOR ³	2018	2019	2020	2022
1.1. Percentage of countries ⁴ that have a comprehensive, costed national M&E plan		25/50 (50%)		40/50 (80%)
1.2. Percentage of countries ⁴ with fully deployed and functional HMIS (KPI-6d) (includes indicators 1.3 and 1.4)	12/50 (25%)	25/50 (50%)	28/50 (55%)	35/50 (70%)
1.3. Percentage of countries ⁴ with HIV, TB and/or malaria data integrated into (or interoperable with) the national HMIS capable of reporting on WHO standard indicators	5/50 (10%)	12/50 (25%)	18/50 (35%)	25/50 (50%)
1.4. Percentage of countries reporting on data quality with “medium” or “good” rating (KPI-6d)	60%	65%	70%	80%
1.5. Percentage of countries ⁴ reporting on disaggregated results (KPI-6e)	18/50 (35%)	25/50 (50%)	30/50 (60%)	
1.6. Percentage of countries ⁴ with the national HMIS capturing key aggregate LMIS indicators or interoperable with the national LMIS	5/50 (10%)	10/50 (20%)	15/50 (30%)	25/50 (50%)
1.7. Percentage of countries ⁴ with Community Health Information System integrated (or interoperable with) in to the national HMIS		10/50 (20%)		25/50 (50%)
1.8. Percentage of countries ⁴ with mortality and cause of death reporting in the national HMIS	Baseline established	20/50 (50%)		35/50 (70%)

³ Data will be collected and reported through the M&E system profile. For details refer to Annex 3.

⁴ The denominator refers to 50 high impact and core countries. Refer to Annex 5 for the list countries.

COMPONENT 2

Program monitoring

Purpose: To support program monitoring to track program performance and assist in effective management and timely decision-making through systematic collection of data alongside program implementation.

Countries continuously monitor progress and outcomes of their programs, ensure oversight and check compliance to established standards and procedures for program quality and accountability to stakeholders. Accurate, timely and reliable monitoring against set plans provides evidence-based data to support program implementation. It informs program management and decision-making to guide and improve performance. It helps identify trends and understand differences in processes or outcomes across population groups, over time, or across geographic locations. However, large gaps remain in collection of data disaggregated by age, sex and key populations obscuring inequalities and barriers to accessing health services.

For routine monitoring, the Global Fund promotes the use of standard measurement frameworks and indicators that are aligned with in-country and global data needs and harmonized with partner guidance and tools. Use of standard, partner recommended indicators allows for comparison over time and across countries and programs. Global Fund uses the national M&E systems and aligns with country reporting cycles. This streamlined approach allows for consistent reporting by countries to the different partners/agencies, alleviates the reporting burden for countries and promotes country ownership and sustainability. For details on the tools used by the Global Fund for grant monitoring refer to Box 3.

The Global Fund seeks to refocus attention to differences and inequalities related to gender, age, sexual orientation and risk behaviors. It promotes collection of disaggregated data by gender, age and key populations and necessary action to ensure programs reach those in need and no one is left behind.

Activities

The Global Fund will undertake the following activities in order to support countries in program monitoring and monitoring data and program quality:

Simplify and harmonize measurement frameworks, indicators and tools

1. Participation in global efforts to harmonize monitoring frameworks and indicators used by major stakeholders for unified data collection and reducing reporting burden on countries. This includes working with partners to adjust data collection tools to integrate new and missing elements, align disaggregation categories and promote collection of disaggregated data; and
2. Development and application of M&E frameworks for key populations, adolescent girls and young women, measuring human rights-related barriers to access services and for challenging operating environments.
3. Strengthening and using existing country reporting platforms to access real-time data, reducing processes, decreasing transaction costs and maintaining data quality.

Monitoring data quality

Quality data is required for sound decision making-program planning, investment decisions, monitoring program performance, program reviews, quality improvement, and others. The key dimensions of data quality to be considered include: completeness, accuracy and timeliness. The health facility data constitute the primary source for assessing health sector performance. The quality of routine data reported by health facilities should be assessed regularly and required investments should be made to ensure data is reliable and useable. At the same time, it is important to assess and improve the quality of data generated at the community level. The Global Fund will target clear improvements in data quality (as shown in figure 3). Countries with poor and very poor data quality will receive regular data quality reviews to closely monitor improvements over time. The reviews will be less frequent in countries with good data quality (every 3-4 years).

BOX 3**MONITORING GRANT PERFORMANCE**

The Global Fund needs data for efficient portfolio management and to make performance-based annual funding decisions. For this purpose, it uses a sub-set of data collected by countries, linked to program areas supported by the Global Fund, with a focus on higher level coverage, outcome and impact indicators. The core indicators used by the Global Fund are drawn from technical partner recommended indicators. There are no Global Fund indicators.

In order to collect this information consistently across the portfolio, the Global Fund has developed a suite of tools including a performance framework and progress updates. The performance framework is a statement of intended performance and impact, to be reported by the Principal Recipient to the Global Fund over the grant term. It is an essential part of the Grant Agreement between the Principal Recipient and the Global Fund. It includes a set of indicators and targets agreed between the Global Fund and the Principal Recipient, consistent with the programmatic gap analysis and funding request submitted by the country. Performance against these indicators is used for annual disbursement decisions. The results are reported using the Global Fund progress reporting templates.

In most cases, the performance framework includes national targets for which funding is available from Global Fund grants, domestic and other sources of funding. In some cases, the targets may be linked to Global Fund financing alone, for example, when Global Fund is supporting a specific project or covering a geographic area in its entirety.

The performance framework also requires countries to report on disaggregated data for a select set of impact/outcome and coverage indicators when they report their results.

There is a rigorous quality assurance process in place to ensure completeness, compliance with M&E guidance and consistency of information across various sections of the performance framework.

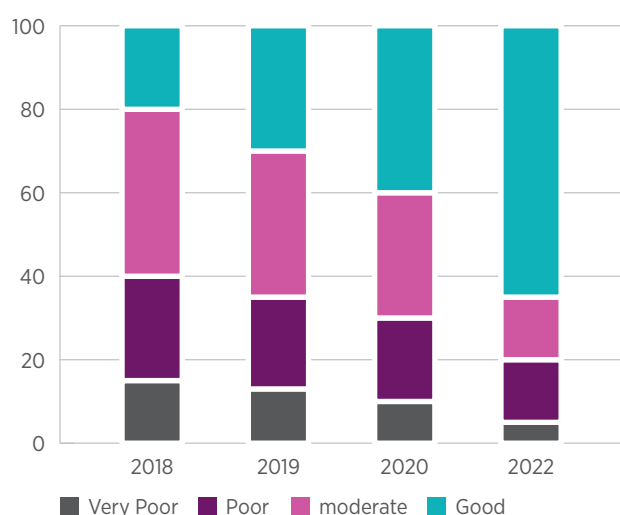
THE PERFORMANCE FRAMEWORK IS NOT MEANT TO...

- ▶ Be a tool for program management or tracking of all grant supported activities;
- ▶ Be directly linked to financial investments through Global Fund grants;
- ▶ Provide complete information for impact assessment;
- ▶ Attribute the achieved impact/outcome and other results to Global Fund contribution⁵.
- ▶ Fulfill all corporate data needs, for example, related to program and data quality, Risk and Assurance planning, KPI reporting, human rights violations and barriers to access to health services.

NOTE: Additional data from other sources will be required for other corporate data needs (see table 3)

⁵ Results reported by countries against the performance framework mostly reflect national program results.

FIGURE 3
IMPROVEMENT IN DATA QUALITY OVER TIME



Global Fund investments to strengthen data quality include the following:

1. Introduction of new functionalities/computer software applications in data systems to assess data quality, for example, WHO Data Quality Review app for DHIS2 in all high impact countries;
2. Working with partners to develop a common approach and tools, for data and service quality reviews that support national planning and program quality improvement as well as to generate accurate data for modelling and estimations;
3. Developing systematic approach to assess quality of data for service delivery at community level; and
4. Coordinated implementation of data quality reviews. This activity also forms a part of the Global Fund risk and assurance framework in selected high impact and core countries.

Monitoring program quality and efficiency

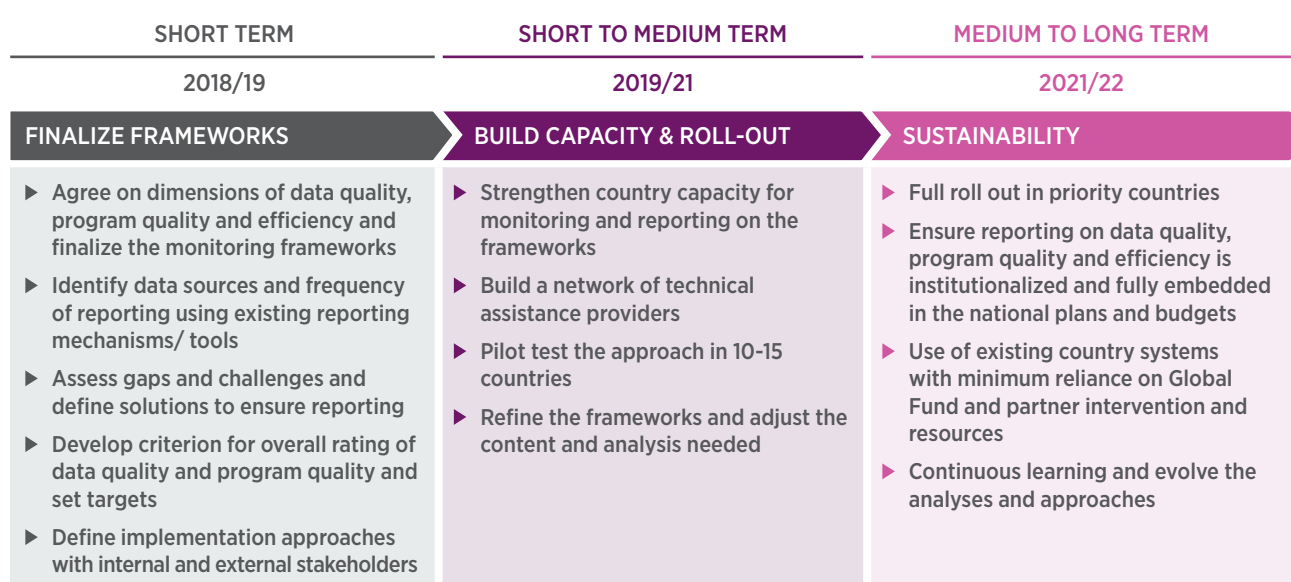
In order to maximize impact at the country level, the Global Fund is committed to improving program quality and efficiency from design to implementation. It will focus on quality assurance in each step of the results chain to maximize measurable improvements in key outcomes that drive impact, for example through:

- ▶ **Identifying and addressing critical bottlenecks at different levels of country systems;**
- ▶ **Identifying and replicating practices leading to better health outcomes, taking innovation to scale to maximize value for money.**

To achieve better results, the Global Fund will continue to improve efficiency in the allocation of resources by investing in programs that deliver the greatest impact, taking cost and resource availability into account.

Some specific activities under this component include the following:

1. Ensuring that key data on program quality is being collected by countries. The Global Fund will use that information to rate program quality and will regularly monitor changes in program quality ratings. Various data sources to gather and analyze information on quality of services include:
 - ▶ **Health facility assessments of service availability and readiness;**
 - ▶ **Health facility and other assessments of quality of care, for example record reviews and cascade analyses to assess compliance, adherence to treatment and leakage at various steps of the cascade;**
 - ▶ **Program quality indicators included in the Global Fund grant performance frameworks;**
 - ▶ **Population based surveys;**
 - ▶ **National program reviews;**
 - ▶ **Special studies with focus on program quality;**
 - ▶ **Programmatic spot checks to identify issues related to quality of services, especially non-facility based services;**
2. Utilizing existing country platforms and mechanisms for monitoring of program quality whenever possible, and supporting the strengthening of these country mechanisms/platforms.
3. Supporting training of staff, facilitating technical assistance and ensuring strong feedback loops for routine program quality monitoring.
4. Coordinating across partners on the implementation and co-financing of program quality assessments.
5. Engaging with partners in aligning and improving global tools for measuring program quality, including development of strategic guidance and additional program quality and efficiency tools specifically focused on HIV, TB and malaria.

FIGURE 4**ROADMAP FOR DEVELOPING THE FRAMEWORK FOR ASSESSMENT OF DATA AND PROGRAM QUALITY AND EFFICIENCY****BOX 4****MONITORING GRANT IMPLEMENTATION IN CHALLENGING OPERATING ENVIRONMENTS (COEs)**

A guidance for Country Teams is being developed to allow for tailored monitoring of grant implementation in COEs countries using a defined set of indicators adapted to acute/chronic situations, and to promote an innovative, adapted methodology for data collection and reporting on work-plan tracking measures.

The guidance will include:

- ▶ Tailored approach and limitations to measure impact of investments in COE countries;
- ▶ Tailored approach for grant implementation monitoring, proposing, for example, a limited list of indicators or use of work-plan tracking measures;
- ▶ Monitoring and evaluation arrangement flexibilities in line with the risk acceptance level, to support data quality and/or assurance, allowing, for example, an alternative service providers approach when there is poor accessibility in certain areas.
- ▶ A section on best practices to support data quality and reporting in COE countries.

Indicators and targets to measure progress in program monitoring

INDICATOR ⁶	2018	2019	2020	2022
2.1. Percentage of countries reporting as per the agreed M&E framework for Adolescent Girls & Young Women (KPI-8)	Framework finalized	11/13 (85%)	13/13 (100%)	
2.2. Percentage of countries ⁷ reporting on Program Quality with “medium” or “good” rating	Baseline established	10/50 (20%)	15/50 (30%)	25/50 (50%)

⁶ Data will be collected and reported through the M&E system profile. For details refer to Annex 3.

⁷ The denominator refers to 50 high impact and core countries. Refer to Annex 5 for the list countries.

COMPONENT 3

Systematic data analysis and synthesis

Purpose: To ensure systematic in-country analysis and synthesis of available data in order to identify bottlenecks and opportunities to increase program performance, quality of services, efficiency and impact.

Systematic analysis and review of available data at regular intervals is an essential part of the program cycle. It provides a chance for program managers to pause and verify that the program is running as originally planned, assess performance, identify strengths and weaknesses and adjust the program accordingly. A review is a structured opportunity for reflection, to identify key issues and concerns, and make informed decisions for effective program implementation. Regular assessment of successes, bottlenecks and opportunities is critical to maximize efficiency and impact.

While monitoring is ongoing, reviews are less frequent but not as intense as evaluations (see component 4 for details). The reviews may be conducted at different levels within program (e.g. at the national, sub-national, facility or community level) and at different times and frequencies.

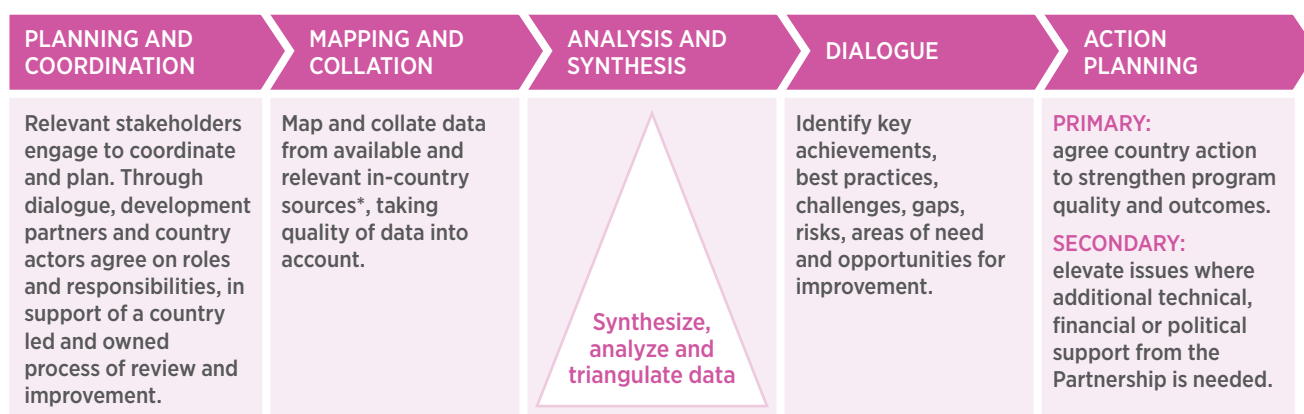
Countries conduct regular program reviews every 2-3 years to continually improve performance and quality and achieve better results. Program reviews use information from monitoring and evaluation and from various other sources to establish whether the program as a whole or its components are proceeding in the right direction and producing the desired results. Program reviews are owned by countries and should be consistent with national strategic planning cycles.

In addition to supporting program reviews, the Global Fund encourages more frequent analysis of data (every 3-6 months) at national, sub-national and site level to improve program implementation and identify areas for reprogramming where needed.

Findings from such reviews inform both program improvement and grant management. These periodic reviews of available data provide an opportunity for stakeholder feedback, promote partnership, mutual accountability, harmonization and alignment among stakeholders. The in-country dialogue and action planning following such reviews is critical to ensure that bottlenecks are addressed. Broader partnership should be mobilized to support any issues on the critical path to impact where technical, financial or political support may be needed.

Various steps involved in systematic synthesis and analysis are describe in figure 5 below.

FIGURE 5
STEPS INVOLVED IN PERIODIC IN-COUNTRY REVIEW AND DIALOGUE



* E.g. routine program data (HMIS, surveillance), survey reports, program & data quality assessments, past program & health sector review reports, evaluation reports, partner reports (local/global), administrative & financial information, Global Fund grant reports.

Activities

There is room for improvement in how the Global Fund monitors the progress of its grants in-country and its associated risks, supports the regular review of the overall national response to the diseases, and engages in data-driven dialogue with key stakeholders. To this end, the Global Fund will undertake the following activities to ensure that the required analyses are conducted:

1. Align within the Secretariat and with partners on a framework for strengthening in-country review and dialogue to help drive program improvements, articulating principles, best practice and roles and responsibilities of different actors. This involves an integrated approach covering all program areas such as assessment of impact, coverage and quality, efficiency and key risks.
2. Identify and ensure that key analyses are performed both for informing decision-making at country level as well as those needed by the Global Fund for portfolio management. This includes but is not limited to the analysis of:
 - a) Epidemiological trends over time by different subgroups (age, gender, key populations, others) and geographic areas (sub-national levels, urban/rural residence, ecological zones others)
 - b) Programmatic coverage trends over time by different subgroups (age, gender, key populations, others) and geographic areas (sub-national levels, community level, others)
 - c) Disease-specific analyses, for example, treatment cascade analyses, patient pathway analyses (figure 6), and malaria impact assessment, among others (see Box 3);

d) Mortality trend analysis;

e) Financial data, funding landscape, essential commodities and supply chain, and cost of service delivery;

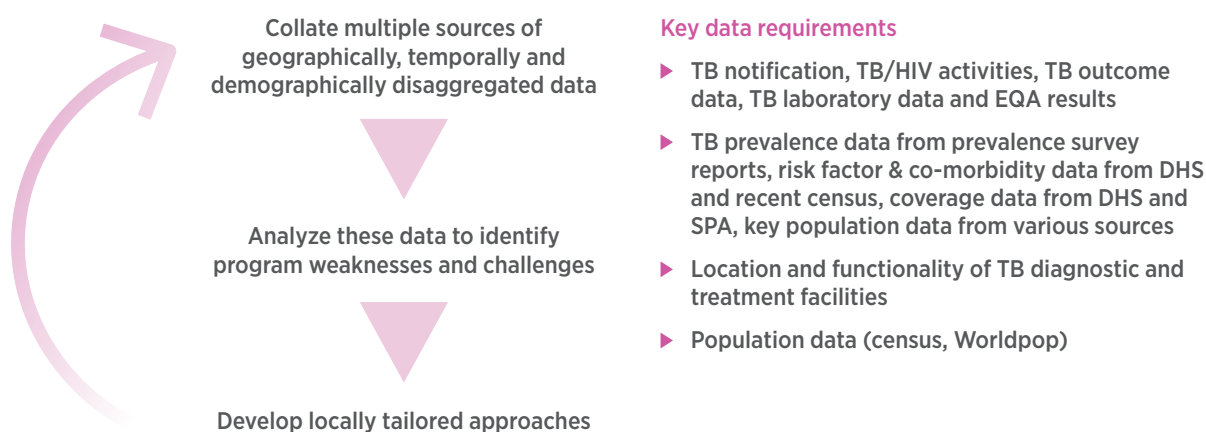
f) Efficiency (technical, allocative, and cross-program efficiency): to improve the efficiency of Global Fund and country investments, as well as country delivery mechanisms in order to improve value for money and sustainability;

g) Organization of health care delivery and program management, including partnerships.

List of recommended analyses is provided in table 4.

3. Leveraging in-country review processes and events and provide support to countries to strengthen quality and rigor of reviews. This includes coordination with technical partners and creating a pool of technical assistance providers to assist countries in their reviews. These reviews will be quality assured by WHO or by the consultants certified by technical partners.
4. Supporting sub-national data analysis and review every three to six months in most high impact and core countries through strengthening network of local academia and universities to ensure that the analyses is conducted regularly and the process is sustainable.
5. Undertaking targeted joint partner missions on specific thematic areas (under the umbrella of HDC or other joint partner initiatives) to help solve specific bottlenecks and document progress.

FIGURE 6
SCHEMATIC FRAMEWORK FOR ANALYSIS ON MISSING TB CASES
 (SOURCE: ROYAL TROPICAL INSTITUTE, KIT, AMSTERDAM)



BOX 5**EXAMPLES OF DISEASE-SPECIFIC ANALYSIS**

HIV cascade analysis examines the achievements and losses/gaps in engaging PLHIV along the continuum of care. It helps to identify where, along the steps of the continuum of care, programs fail to engage and retain PLHIV in HIV testing, care and treatment; to determine the magnitude of the losses/gaps along the continuum; and identify and analyse causes of the losses/gaps, i.e. issues and challenges related to policies, health systems, community systems and beneficiaries.

TB patient-pathway analysis (PPA) helps to better understand the alignment between patients seeking care and availability of tuberculosis service. It aims to describe the steps patients with tuberculosis are meant to take from the initial point of seeking care to the point of achieving cure. At the same time, the analysis reviews the availability of tuberculosis screening, diagnosis, and treatment at various levels of the health system. Equipped with data from a PPA, tuberculosis programs can plan tuberculosis prevention and care services in a manner that responds to patient care-seeking preferences and options.

Malaria impact assessment helps to measure impact on trends of malaria cases and deaths over the recent year, and to strengthen surveillance and deployment of interventions and resources to most affected regions/areas. The collected data will be systematically analysed, interpreted and used to assess the progress of malaria interventions in the country.

TABLE 4
RECOMMENDED ANALYSES

	NATIONAL	SUB-NATIONAL	HEALTH FACILITY/ COMMUNITY
HIV	▶ Cascade analysis ▶ ART outcome analysis ▶ Analysis of investments vs programmatic results	▶ Cascade analysis ▶ TB/HIV linkages ▶ Testing yield among testing modalities	▶ TB/HIV linkage ▶ ART outcome analysis ▶ Testing yield among testing modalities ▶ Efficiency of various service delivery models
TB	▶ Analysis to find missing cases ▶ Case detection ▶ Public private mix ▶ Analysis of investments vs programmatic results	▶ Treatment cohort analysis ▶ Sputum conversion analysis	▶ Linkages between laboratory services and enrollment ▶ Treatment cohort analysis ▶ TB/HIV linkage
Malaria	▶ Malaria surveillance systems and impact assessment ▶ Analysis of the test, treat and track (3T) pathway ▶ Analysis of investments against intervention coverage and programmatic results	▶ Malaria cases and deaths trend analysis ▶ Testing and treatment coverage analysis	▶ Case & death trend analysis ▶ Outbreak monitoring charts ▶ Testing and treatment coverage analysis
Health and community systems	▶ HMIS Coverage ▶ Program and data quality ▶ Triangulation of programmatic and commodity consumption data ▶ Technical and allocative efficiency	▶ Program and data quality ▶ Triangulation of programmatic and commodity consumption data	▶ Program and data quality ▶ Stock-out analysis ▶ Linkages between health facility and community
AGYW	▶ Age disaggregated analysis of service coverage ▶ Prevention effectiveness analysis	▶ Age disaggregated analysis of service coverage ▶ Prevention effectiveness analysis	▶ Age disaggregated analysis of service coverage
Key populations	▶ Population size estimate ▶ Access to services	▶ Cascade analysis ▶ Access to services	▶ Access to services
Human rights	▶ Analysis of major human rights related barriers to access to services		

Indicators and targets to measure progress in systematic data analysis and synthesis

INDICATOR ⁸	2018	2019	2020	2022
3.1. Percentage of countries ⁹ that have 3-6 monthly sub-national data analysis	5/50 (10%)	15/50 (30%)	20/50 (40%)	30 /50 (60%)
3.2. Percentage of countries ⁹ that had a program review quality assured according to WHO standard in the last 3 years for at least one disease	5/50 (10%)	20/50 (40%)	30/50 (60%)	40/50 (80%)
3.3. Percentage of countries where an assessment or review of M&E systems for AGYW has been conducted and action plan for program improvement developed (KPI-8)	11/13 (85%)			TBD
3.4. Percentage of countries ¹⁰ with action plan for key population program improvement based on rigorous and sound assessments (KPI-5) ¹¹	18/55 (33%)	32/55 (58%)	38/55 (70%)	
3.5. Number of countries that conduct comprehensive health system analysis including human resources, finance, supply chain and other health systems aspects (system efficiency)	5 per year	10 per year	15 per year	20 per year
3.6. Percentage of countries ⁹ that had systematic analysis of mortality and cause of deaths in the last 3 years	14/50 (28%)	17/50 (34%)	20/50 (40%)	25/50 (50%)

COMPONENT 4

Evaluations

Purpose: To undertake evaluations to generate evidence and learning regarding program design, implementation and outcomes with a view to improve these.

Program evaluation¹² is essential to a well-performing public health program. It involves in-depth analyses and provides evidence of service use, impact and effectiveness of the services offered, and service demand in order to justify the need for further programming and funding support. An evaluation seeks to define causal pathways and determine any link (or lack of it) between the interventions and achieved results. Evaluations can inform implementation (e.g. an annual or a midterm evaluation), but more often they examine larger changes (outcomes) that require more methodological rigor in analysis, such as the effectiveness, impact and relevance of an intervention or a program as a whole. The findings allow program managers, beneficiaries, partners, donors including the Global Fund and other stakeholders to learn from the experience and to improve future intervention prioritization and implementation approaches.

Program evaluation is a valuable tool for strengthening the quality of existing programs, and can lead to better informed decisions for scale-up and improved outcomes.

Activities

The Global Fund has a clear strategy for evaluation across its portfolio of grants. Under this component the Global Fund will undertake the following activities:

1. **Support country evaluations.** These evaluations will provide information on program effectiveness, impact and sustainability and on quality of services and quality of data. The findings will generate evidence and learning regarding grant design, implementation and areas for program improvement and future investments. The scope of these evaluations may vary depending on the country context and relevance to the program, size of the grant, identified risks and interventions supported by the grant. In countries piloting new approaches, these evaluations will provide information on innovations and their potential scale-up.

In high impact countries, existing platforms of routine program reviews will be strengthened (refer to component 3) as a way to support ongoing learning and to help rapid decision making. In addition, joint evaluations with partners, such as, PMI, GAVI, U.S. government, and others will be supported.

In all focused countries, evaluations will be conducted per disease during 2018-2020.

⁸ Data will be collected and reported through the M&E system profile. For details refer to Annex 3.

⁹ The denominator refers to 50 high impact and core countries. Refer to Annex 5 for the list countries.

¹⁰ These are the countries where population size estimates among key populations are considered as "Nationally adequate" as per the data quality categorization criteria developed by partners.

¹¹ This indicator is included to ensure appropriate actions are taken to improve reporting on KPI-5 "Coverage of services among Key Populations". The target for KPI-5 will be defined in 2019. In the meantime, the interim KPI-5 seeks to measure the "Percentage of countries with an assessment or review of design, implementation and systems to monitor delivery of service packages for key populations" with a target of 75% (41 out of 55 countries by 2019).

¹² As per OECD/DAC definition, evaluation is "an assessment, as systematic and objective as possible, of an ongoing or completed project, program or policy, its design, implementation and results. The aim is to determine the relevance and fulfilment of objectives, developmental efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into the decision-making process of both recipients and donors." Glossary of Key Terms in Evaluation and Results Based Management: www.oecd.org/dac/evaluation.

2. **Thematic reviews.** These reviews will be undertaken across countries/regions to gain insight into some specific program areas and to fill any gaps in information. They will help track achievement of the four Global Fund strategic objectives, where progress cannot be captured through routine monitoring alone. These reviews will cover areas such as human rights, key populations, gender, women and girls, Challenging Operating Environments, innovative financing, and others. Thematic reviews will also serve as an essential means for measuring progress in the implementation of activities related to building resilient and sustainable systems for health such as integrated service delivery platforms, national strategic planning, HMIS/LMIS interoperability, and others.

3. In addition to the above, in order to improve the Global Fund model and programs supported by the Global Fund, prospective country evaluations will be undertaken in eight countries. Led by the Technical Evaluation Reference Group (TERG), these evaluations will establish country platforms that support dynamic, continuous monitoring and evaluation, learning, and problem solving.

The prospective country evaluations will examine the pathways between Global Fund investments and impact at country level taking into account the context and other development partner investments. These evaluations seek to provide a detailed picture of the implementation, effectiveness and impact of Global Fund-supported programs.

COUNTRY INITIATED EVALUATIONS	EVALUATIONS LED BY M&E TEAM AT THE GLOBAL FUND	EVALUATIONS LED BY TERG
▶ Country evaluations, e.g. on program effectiveness, impact and sustainability, program and data quality ▶ Evaluation of innovative approaches	▶ Evaluations in focused countries ▶ Strengthen existing platforms of program reviews in high impact and core countries ▶ Thematic reviews across countries/regions to respond to Global Fund strategic objectives	▶ Prospective Country Evaluations in 8 countries ▶ Other thematic evaluations, e.g., commissioned by the Global Fund board or that require independent assessment

Indicators and targets to measure progress in undertaking evaluations

INDICATOR ¹³	2018	2019	2020	2022
4.1. Number of planned evaluations/reviews conducted in focused countries ¹⁴	35/106 (33%)	102/106 (96%)	106/106 (100%)	
4.1. Number of thematic reviews conducted and completed each year	5	5	5	

¹³ Data will be collected and reported through the M&E system profile. For details refer to Annex 3.

¹⁴ The denominator refers to the planned evaluations (for one or more disease components in 54 selected focused countries). Refer to annex 5 for the list of focused countries where evaluations will be conducted.

COMPONENT 5

Data Use

Purpose: To generate evidence and learning, and promote the use of data for improvements on program quality, efficiency and impact.

A fundamental driver of quality improvement is the use of data for learning and action. Data helps identify key opportunities for countries to increase access to programs and services, to attain improved health outcomes, and to accelerate impact toward their national strategic plans and the Sustainable Development Goals

(SDGs). Figure 7 shows examples of how various data analyses can help achieve desired results.

Figure 8 below illustrates the frequency of data analyses at national and sub-national levels and possible use of this data.

As a partnership, the Global Fund will use data for continuous improvement in the design and implementation of the programs it supports and the results that those programs achieve. Figure 9 shows how the Global Fund will use data during the various stages of the grant cycle.

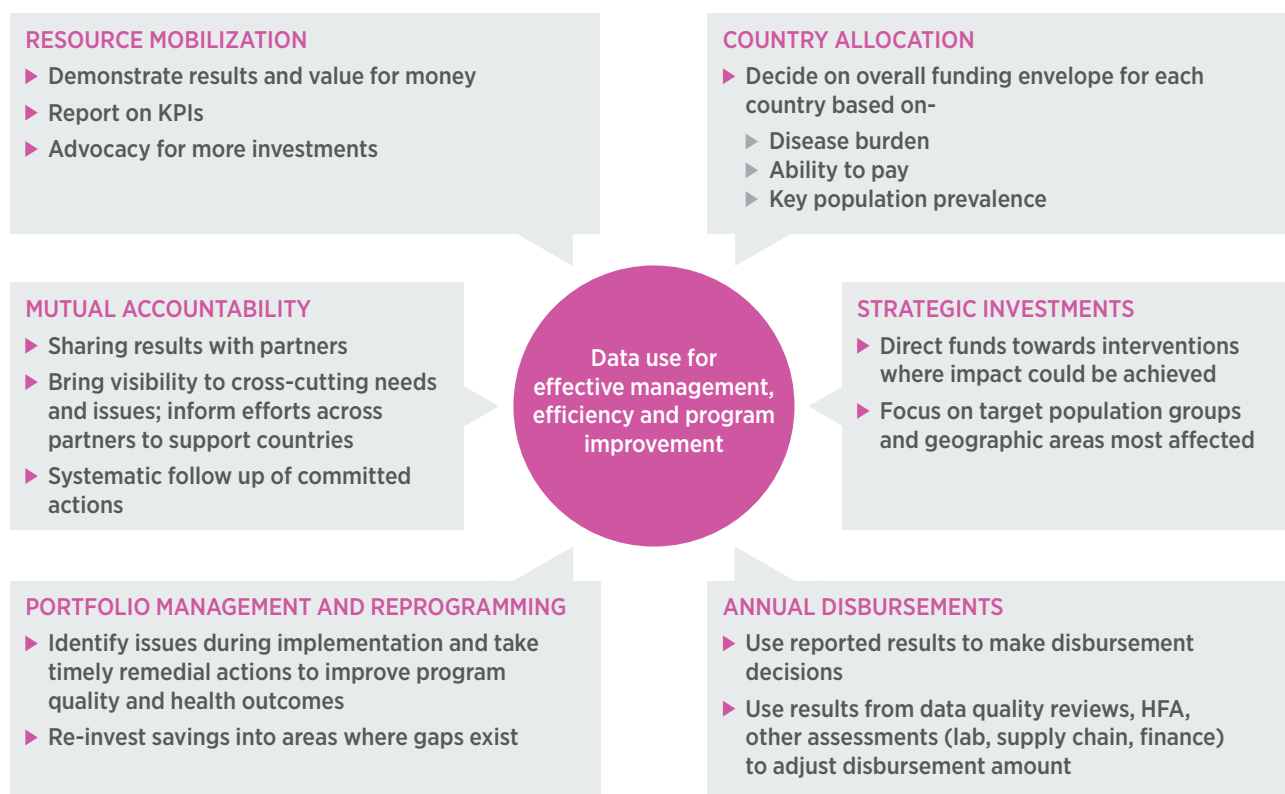
FIGURE 7
ILLUSTRATIVE EXAMPLES OF DATA USE FOR IMPROVED HEALTH OUTCOMES AND IMPACT

DATA ANALYSIS	DATA USE FOR PROGRAM IMPROVEMENT	IMPROVED HEALTH OUTCOMES AND IMPACT
HIV treatment cascade analyses	▶ Targeting right populations and geographic areas; ▶ Applying differentiated models of care	▶ Increased yield and treatment coverage; ▶ Improved retention and viral load suppression
TB patient pathway analysis	Finding missing cases of TB through: ▶ Expanding programs to reach KPs ▶ Increasing private sector notifications ▶ Using community based approaches	▶ Increased TB case detection
Malaria impact assessment	Strategic planning and targeting through: ▶ Strengthening surveillance ▶ Optimization of interventions ▶ Expanding services to improve quality of malaria case management	▶ Malaria elimination
REDUCED MORBIDITY AND MORTALITY		

FIGURE 8
FREQUENCY OF ANALYSIS AND EXAMPLES OF DATA USE AT VARIOUS LEVELS

LEVEL OF ANALYSIS	FREQUENCY OF ANALYSIS	DATA USE FOR ACTION
National	Once a year	Strategic Policy, NSP, priorities, investment, etc.
Province/ Region	2-4 times a year	Intermediate level action Planning, targeting, modification, distribution of resources, etc.
District/ health facility	Monthly or quarterly	Immediate action Operational plan, implementation, quality improvement, efficiency, targeting KPs

FIGURE 9
DATA USE FOR DECISION MAKING ALONG THE GRANT CYCLE



Activities

1. Facilitate country dialogue and ensure evidence based program planning, design and implementation.
2. Identify and prioritize key risks that may prevent the program from achieving its objectives, define and implement relevant risk mitigation actions to manage the risks and develop comprehensive assurance plans and mechanisms to check whether adequate controls and mitigants are in place.
3. Support the use of data to increase program effectiveness and lower program costs.
4. Enhance the use of reviews/evaluations, health facility and community assessments, to help inform grant management and drive program improvements.
5. Mobilize partnerships to address program implementation bottlenecks. For example, linking partners to countries based on country needs and partners' capacities to provide relevant support. The needs that cannot be addressed at country level will be elevated to appropriate regional or global partners' level to be properly addressed.

Indicators and targets to measure progress in use of data for decision making

INDICATOR ¹⁵	2018	2019	2020	2022
5.1. Percentage of countries ¹⁶ that have documented evidence of use of program review findings, for example, for- (a) NSP development/updates, (b) Strategic investment decisions, (c) Program planning and resource allocation, (d) Improved allocative efficiency, (e) Program improvement, (f) Transition planning etc.		25/50 (50%)	35/50 (70%)	40/50 (80%)
5.2. Percentage of focused countries ¹⁷ that have evidence of use of evaluation findings, for strategic investments/funding request development	5/54 (10%)	19/54 (35%)	40/54 (75%)	

¹⁵ Data will be collected and reported through the M&E system profile. For details refer to Annex 3.

¹⁶ The denominator refers to 50 high impact and core countries. Refer to Annex 5 for the list countries.

¹⁷ Targets are linked to funding request submissions to the Global Fund.

IV. Operationalizing the framework

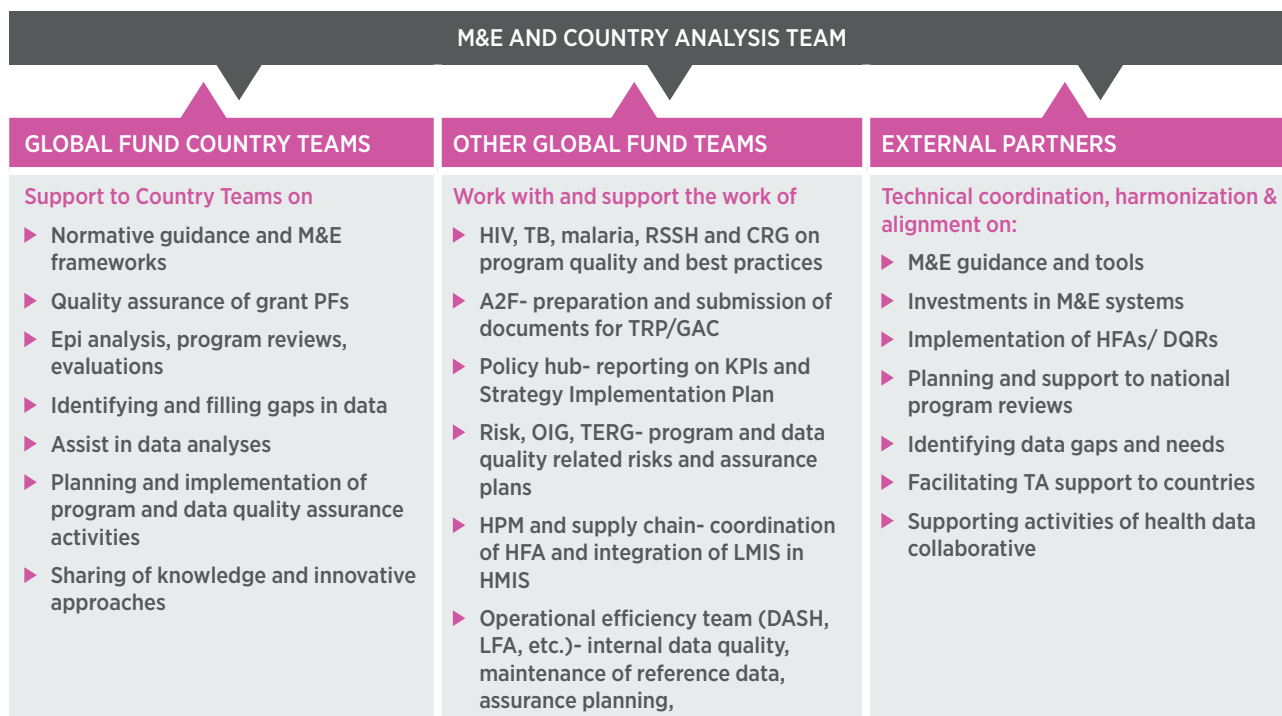
Partnerships: Working with internal and external stakeholders

The development of the *Data Use for Action and Improvement framework* is led by the Monitoring & Evaluation and country analysis team (MECA). However, the roll out and successful implementation of this framework will require collective action across various Global Fund teams/departments. In particular, Global Fund Country Teams (CTs) will play a crucial role in supporting countries in building systems and capacity to analyze and use data for decision making. In addition, the Global Fund will work with technical and other partners based on memoranda of understanding (MOUs), strategic framework agreements, and mutual accountability in context of existing mechanisms at different levels. Some of the key collaborative activities undertaken by MECA team are shown in figure 10.

A. Working with Global Fund Country Teams and PHME specialists

The MECA team works with Public Health and M&E specialists in Country Teams to ensure that this framework is embedded and disseminated to countries through an inclusive country dialogue. This framework will support Country Teams to identify the right data to be collected and to perform the right analyses. It will also support the use of data at all levels of health systems to drive program improvements. For details on MECA team support to CTs in implementing various aspects of this framework refer to the operational guidance on implementing *Data Use for Action and Improvement framework*.

FIGURE 10
ROLE OF M&E AND COUNTRY ANALYSIS TEAM



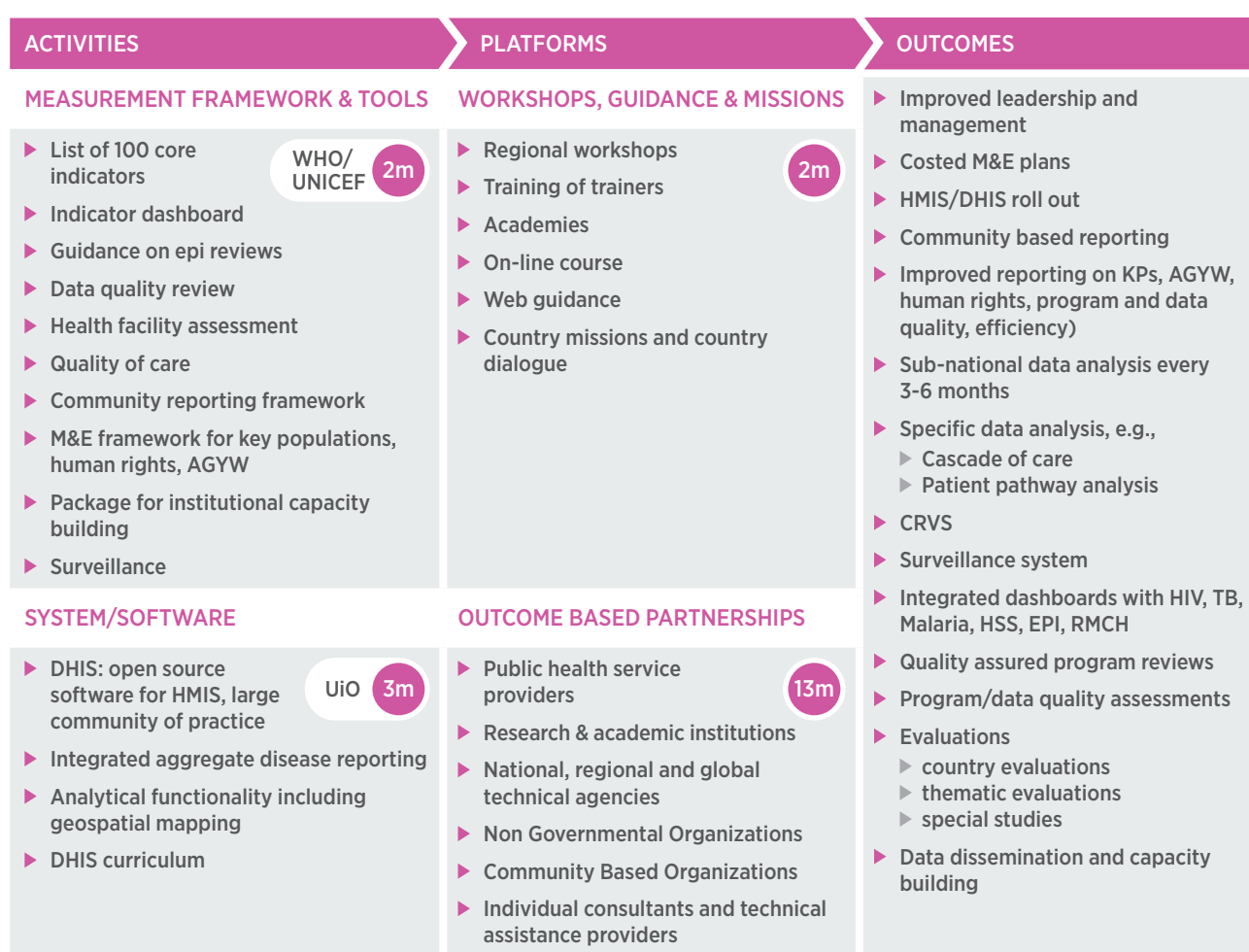
B. Working with partners

Successful application and implementation of this *Data Use for Action and Improvement framework* requires all partners to focus on supporting countries and subnational areas, from individual sites to regions, to identify major gaps in data and program quality and to act in unison and with accountability to ensure availability, quality and use of data at all levels (figure 11).

The Global Fund will work through HDC (see Annex 1 for details) and existing partnership mechanisms so that the best-placed partners in each country can

maximize leveraging their strengths to improve program quality and outcomes. The key partners include WHO, UNAIDS, PEPFAR, GAVI, BMGF, World Bank, UNICEF, University of Oslo, recipient countries and regional and local academic institutions. The approach is grounded in country-level realities and tailored to country circumstances and needs. This country-centric approach helps partners support countries more rapidly to invest available resources in effective and efficient health programs including robust and reliable M&E systems.

FIGURE 11
COORDINATION WITH PARTNERS THROUGH DIFFERENT PLATFORMS TO ACHIEVE OUTCOMES



The amounts refer to catalytic funds approved by the Global Fund board. It does not include support through grant funds.

Funding for implementing the framework

1. Countries should mobilize domestic financing and other sources of funding to support these interventions that contribute towards increased data availability, quality and data use.
2. Most of the activities under the various components of the framework described above are funded through the M&E budget in grants. The Global Fund is currently investing more than US\$200 million each year in country data systems: approximately 5 percent of total grant budgets. This trend is expected to continue in the current funding cycle, with more focused investments in: routine reporting, surveys (population based and among risk groups), program and data quality assessments, analytical capacity and reviews, administrative and financial data sources and civil registration and vital statistics system.
3. The catalytic funds (figure 12) approved by the Board to support the implementation of the Global Fund Strategy, can be used. These catalytic funds for data include:
 - a) Funds for strategic initiatives “RSSH – Data Systems – Data Generation and Use for Programmatic action and quality improvement” (US\$20 million including US\$6 million for Global Fund-led evaluations in focused countries), and
 - b) Matching funds (US\$ 30 million) - to incentivize the programming of country allocations for priority areas and strategic initiatives which are needed to support the success of country allocations but cannot be funded through country grants.

FIGURE 12
CONTRIBUTION OF GRANT FUNDS AND CATALYTIC FUNDING TO STRENGTHEN DATA COLLECTION, ANALYSES AND USE

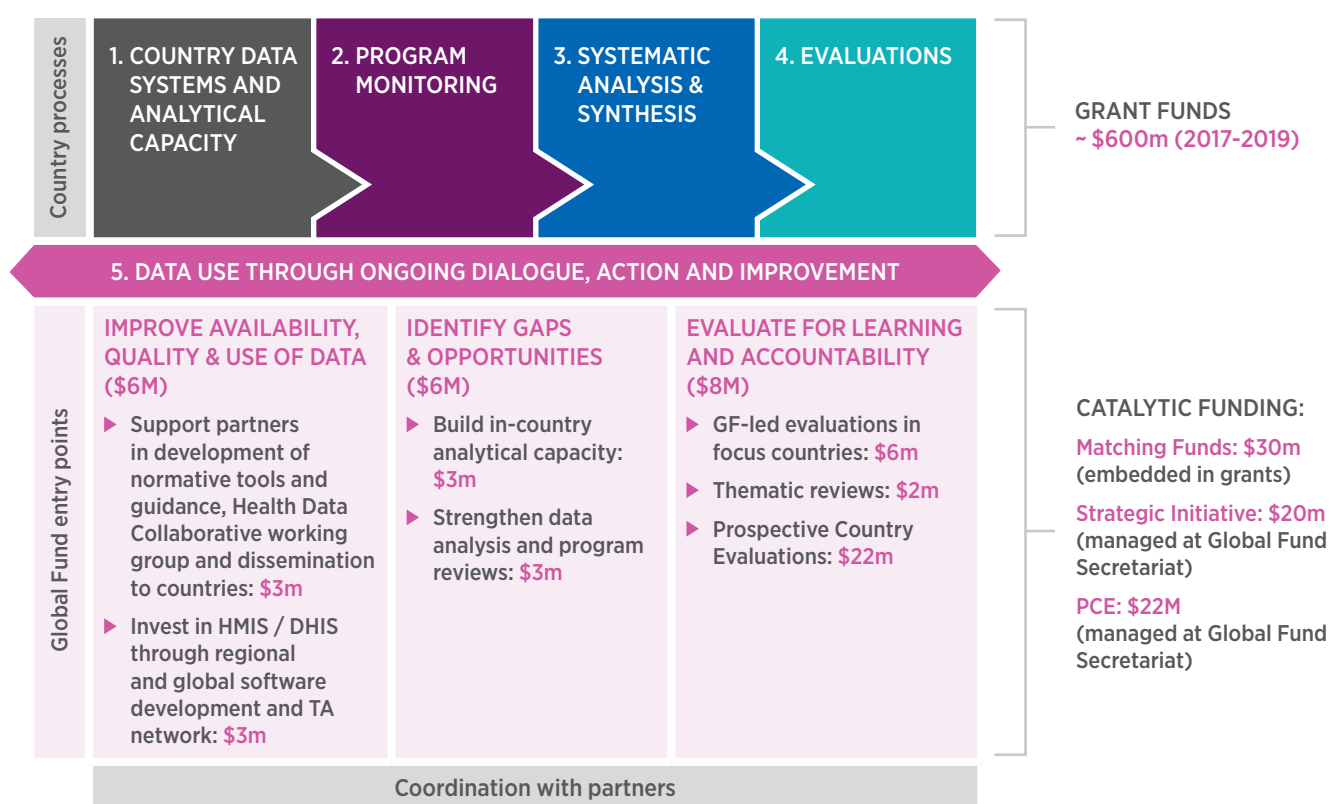


TABLE 5
CHALLENGES IN IMPLEMENTATION AND MITIGATION MEASURES

CHALLENGES	MITIGATION MEASURES
Coordination and partner engagement	
1. Lack of one common M&E framework- multiple sources of funding, parallel systems, lack of alignment across stakeholders	▶ Engage HDC to support in-country alignment and harmonization ▶ Engage partners at country level through CCM and health sector coordinating committee
2. Engaging stakeholders beyond the country M&E Units (e.g. department of statistics and planning, Senior officials in Ministry of Health, Ministry of Finance) to ensure appropriate decision making and necessary action	▶ Involve FPM and Regional Managers in RSSH discussions and engage with relevant decision makers at appropriate level in the country. ▶ Mobilize HDC and in-country partners ▶ Bring information sharing and data use on the top of the agenda
3. Technical and other partner engagement	▶ Accountability framework with outcome –based contracts ▶ Clear mutual understanding and well defined roles and responsibilities
Country priorities and national M&E systems	
4. Aligning national priorities and Global Fund strategic priorities in the funding requests to the Global Fund.	▶ Inclusive country dialogue focused on impact and efficiency ▶ Making investments through country-owned plan
5. Health sector/system reforms Weak M&E capacity Unpaid/low paid staff and motivation	▶ Support country reform ▶ Support M&E system strengthening efforts ▶ Work with World Bank, Ministry of Finance
6. Constrained funding landscape	▶ Better planning and coordination and use of resulting savings and efficiencies towards country needs and gaps
Global Fund related	
7. Performance management and accountability	▶ Foster common understanding of the strategic priorities and requirements across the secretariat (especially CTs, PHME and HPM specialists through regular updates and training) and mainstreaming of the related activities in their routine work
8. Different systems strengthening approaches across Global Fund functional areas	▶ Better alignment of activities between finance, supply chain and MECA teams
9. Focus on finance and audit and less focus on programmatic achievements and impact	▶ Shift in mindset towards achieving impact ▶ Mainstream program quality and impact in the day to day work of the Global Fund.
10. Too many processes, less time for analyzing and using data for program improvement	▶ Outcome based grant management ▶ Systematic application of differentiated approaches

Evaluating and refining the framework

Annual updates will be provided to senior management on the implementation and progress made on the *Data Use for Action and Improvement framework*. Adjustments and refinements will be made based on experience and feedback from in-country stakeholders and partners, as well as guidance from senior management.

The MECA team will continuously evaluate this framework to assess to what extent processes and outputs from the four steps have strengthened availability, quality and use of data at country and at Global Fund level. It will determine what worked well and what not with the aim of scaling up good practices and addressing existing gaps.

The evaluation will seek to determine:

1. If the defined indicators and key milestones/targets have been achieved in a timely manner.
2. If the framework helps in measuring progress in data availability, quality and data use.
3. To what extent the monitoring and evaluation and data needs of the Global Fund strategy have been met, in particular, for program and data quality and efficiency.
4. To what extent has the MECA team been effective in collaborating with internal and external partners and contributing to improving data and M&E systems strengthening and filling the gaps.
5. Make recommendations based on identified strengths and weaknesses.

The learning from continuous evaluation will be used to refine the framework and realign the activities for program improvement and impact.

Annex 1- Health Data Collaborative (HDC)

Health Data Collaborative (HDC) is an inclusive partnership of international agencies, governments, philanthropies, donors and academics, with the common aim of improving health data. It works alongside countries to improve the availability, quality and use of data for local decision-making and tracking progress toward the health-related Sustainable Development Goals (SDGs).

HDC was launched in March 2016, to ensure that global health partners align their financial and technical resources around a common agenda for measurement and accountability. The Summit on Measurement and Accountability for Health held in June 2015 in Washington, D.C., which resulted in the Five Point Call to Action, spurred the formation of the HDC, which is now operational with 35 partners and over 300 technical experts engaged in technical working groups. The approach aims to enhance the efficiency of current financing for health data (an estimated US\$1.5-2.0 billion per year) that flows through disparate projects and disease programs.

Together, HDC partners are investing in country capacity to generate, analyze and use health data, essential for improved performance and accountability. This will be achieved through the provision of: (1) a vehicle for country-led HDC, supported by regional networks for peer learning and review, and (2) a platform for developing improved global public goods to strengthen country health information systems.

For more information on HDC please refer to their website: <https://www.healthdatacollaborative.org/>

Annex 2- Global Fund Key Performance Indicators

The Global Fund performance management framework includes multiple levels of performance information (as shown in figure 13). It includes the following:

1. **Strategic KPIs** measure the Global Fund's progress towards achieving the four Strategic Objectives and the high level Strategic Targets.
2. **Management Information** tracks specific inputs, outputs and outcomes required to achieve the Global Fund's Strategic and operational objectives and supports the efficient and rigorous management of portfolios on a routine basis.
3. **Thematic Reporting** report results across the full results chain from finance, procurement, programmatic data, through to TERG evaluations. These indicators are qualitative data for the Board to better interpret KPI results.

FIGURE 13
STRATEGIC PERFORMANCE MANAGEMENT FRAMEWORK



Annex 3- Global Fund M&E system profile

The Global Fund M&E system profile brings together the key data related to the status and functioning of the M&E systems in countries supported by Global Fund grants. It includes the most important M&E system performance measures (see table 6 below) and detailed assumptions behind these measures. The M&E system profile is routinely updated by the responsible Public Health and M&E specialists working in the Global Fund Country Teams with support from the MECA team. The M&E system profile pulls together data from multiple sources in a concise way to easily convey key messages on the performance and needed investments in the M&E systems for the three diseases. The data is used by the Global Fund for the following purposes:

- ▶ Reporting on the indicators included in the *Data Use for Action and Improvement framework*
- ▶ Reporting on Key Performance Indicators (KPIs)
- ▶ Progress reporting to Senior Management and other Global Fund teams/departments such as TERG, External Relations, Strategy Committee, and others.
- ▶ Reporting on agreed management actions to the Office of Inspector General.
- ▶ Risk Management including completion of the Key Risk Matrix and maintaining and updating of the M&E related risks in the risk register.

TABLE 6

THE GLOBAL FUND M&E SYSTEM PROFILE- KEY INFORMATION COLLECTED TO ASSESS M&E SYSTEM PERFORMANCE

CATEGORY	CODING	INDICATORS
Investments in country data systems	INV-1.1.1	Health sector National Strategic Plan is valid
	INV-1.1.2	Disease specific National Strategic Plan is valid
	INV-1.1.3	Health sector costed M&E Plan exists for the NSP
	INV-1.1.4	Disease specific costed M&E Plan exists for the NSP
	INV-1.2.1	Percentage of health facilities or reporting units that submit monthly/quarterly reports to the HMIS
	INV-1.3.1	Are the aggregate disease data integrated into (or interoperable with) the national HMIS
	INV-1.3.2	Does the national HMIS have dashboards (or similar) for analysing the WHO standard indicators for the specific disease/program
	INV-1.4.1	Data quality rating from country data quality assurance (based on timeliness, completeness and accuracy)
	INV-1.4.2	Data quality rating from National Data Quality Reviews (DQR)
	INV-1.4.3	Data Quality ratings from Global Fund targeted DQR/spot checks
	INV-1.5.1	Data disaggregated by age for the Global Fund core list of indicators reported in the PU/DR?
	INV-1.5.2	Data disaggregated by sex for the Global Fund core list of indicators reported in the PU/DR?
	INV-1.5.3	Sex disaggregated data for 15-19 and 20-24 age groups for HIV treatment cascade indicators available?
	INV-1.5.4	Key population size estimate (Sex Workers, Men Who have Sex with Men, People Who Inject Drugs, Transgender)
	INV-1.5.5	Key population HIV prevalence (Sex Workers, Men Who have Sex with Men, People Who Inject Drugs, Transgender)
	INV-1.6.1	National HMIS capturing key aggregate LMIS indicators or interoperable with the national LMIS at district and/or facility level?

CATEGORY	CODING	INDICATORS
	INV-1.7.1	System (paper or electronic) in place for national reporting on community level service delivery
	INV-1.7.2	Community health information system integrated (or interoperable) with the national HMIS at district and/or facility level
	INV-1.7.3	Data quality review process in place for community reporting
	INV-1.8.1	Does the country has a system for mortality and cause of death reporting in the national HMIS
Program Monitoring	PM-2.1.1	Recommended indicators for AGYW included in the PF
	PM-2.1.2	Countries report on AGYW indicators in the performance frameworks
	PM-2.2.1	Risk category based on program quality scoring for HIV, TB and malaria
Systematic data analysis and synthesis	DA-3.1.1	3-6-monthly sub-national analysis by the first administrative level (region/province) done by central level
	DA-3.1.2	3-6-monthly sub-national analysis by the second administrative level (district/county) done by the first level
	DA-3.2.1	Disease-specific program review with epi and impact analysis done in the last three years
	DA-3.2.2	Program reviews conducted, in the last three years, quality assured according to WHO standard
	DA-3.3.1	Assessment or review of M&E systems for AGYW has been conducted and action plan for program improvement developed applicable to the 13 Global Fund AGYW focus countries)
	DA-3.4.1	Assessment or review of design, implementation and systems to monitor delivery of service packages for key populations done
	DA-3.4.2	Action plan developed for key population program improvement based on rigorous and sound assessments
	DA-3.5.1	Comprehensive health system analysis conducted including HR, finance, supply chain and other health systems aspects (system efficiency)
	DA-3.6.1	Systematic analysis of mortality and cause of deaths done in the last 3 years
	DA-3.6.2	HIV treatment cascade analysis conducted- general population, key populations, PMTCT, TB/HIV
	DA-3.6.3	TB Patient pathway analysis conducted
	DA-3.6.4	Malaria impact analysis
	DA-3.6.5	Malaria case/foci investigation done (elimination settings only)
Evaluations	EVA-4.1.1	Did the planned evaluation take place (for focused countries)
Data Use	DU-5.1.1	Documented evidence of use of program review results for i) strategic reprogramming; ii) NSP development or adjustments; iii) improved allocative efficiency; iv) targeted investments including new funding decisions etc.
	DU-5.2.1	Does the country have evidence of use of evaluation findings, for strategic investments/ funding request development (for focused countries only)

Annex 4- Recommended investments in Monitoring and Evaluation system

TABLE 7

KEY AREAS AND INDICATIVE AMOUNTS FOR DATA SYSTEM INVESTMENTS WITHIN GLOBAL FUND GRANTS, USD

COMPONENT	KEY AREAS OF INVESTMENT IN GLOBAL FUND GRANTS	HIGH IMPACT	CORE	FOCUSED	REMARKS
HIV	HIV service cascade analysis	~100K	~100K		Could be higher– depends on portfolio size
	Case-based surveillance and patient monitoring	~200-300K	~200K		Up to 400K in bigger portfolios
	ART Cohort analysis	~30-50K	~30K		Annually
	Sentinel surveillance, IBBS, Key pop size estimation	~400K	~300-350K	~100-200K	Once every 3-5 years
	Key populations – service coverage monitoring	~200K	~200K	~200K	Once every 3-5 years
	AGYW- service coverage/ outcome monitoring	~200-400K	~150-200K	~30-50K	Annually. Amount may vary depending on prevailing context
	Drug resistance surveillance	~250			Should be budgeted under treatment, care and support module. Once per grant cycle
TB	TB prevalence survey (as needed)	~3.5M	~2.5M		Depends on country need, every 7-10 yrs.
	Drug Resistance Survey	300K	~200K	~50-100k	Every 3-5 years
	Inventory studies (in countries with big private sector)	~250 K			Once every 3-5 years
Cross-cutting	HMIS (including hospital HMIS module, laboratory information system and maintenance of HMIS), CHIS	~2% of grant budget			Also includes costs of electronic reporting platforms, infrastructure, connectivity, data validation & use
	Expansion/roll-outs/added functionality to the HMIS	~1-2M	~1-2M		Varies depending on what the degree of expansion or what functionality is being added.
	Mortality reporting (Hospital & community) & analysis	~500K- 1M	~250-500K		Amount depends on the stage of CRVS implementation, country size
	Program and Data Quality Reviews & Assessments	~500K	~250-350K		Mandatory budgeting, once in a grant cycle

COMPONENT	KEY AREAS OF INVESTMENT IN GLOBAL FUND GRANTS	HIGH IMPACT	CORE	FOCUSED	REMARKS
Cross-cutting	Capacity building (data analysis and use)- epi profiling, sub-national analysis, data use for program management, improvement and resource allocation	~1M	~600K		To strengthen district, regional and national analytical skills and production of periodic analytical outputs. Local capacity development (workshops, on-site support) on data use
	Data use – systematic data analysis linked to quarterly/ six monthly reviews, sub-national analysis, by gender, age	~200K	~200K	~25-50K	Ongoing. In-country partners & GF joint forums to review success and implementation challenges, and draw actions
	Technical assistance	~400K	~300K		Mandatory: analytical support across the three diseases; DHIS2/HMIS, etc.
Evaluations	Country evaluation-including epi & impact analysis (integrated or disease specific)	~750K	~600K	Depends on budget size	Mandatory budgeting: once in a grant cycle Must be budgeted in each disease grant
	Evaluation – Multi-country grants	~150-250K	~150-250K	~150-250K	Depends on the scope & coverage of grants
	Indicative Total	~13M	~9M	~800K	

Annex 5- List of high impact, core and focused countries

Updated October 2018

FOCUSED COUNTRIES (54 PORTFOLIOS)			CORE COUNTRIES (25 PORTFOLIOS)	HIGH IMPACT COUNTRIES (25 PORTFOLIOS)
Albania	Gabon	Nicaragua	Angola	Bangladesh
Algeria	Gambia	Panama	Benin	Burkina Faso
Armenia	Georgia	Paraguay	Cameroon	Cambodia
Azerbaijan	Guyana	Peru	Congo	Côte d'Ivoire
Belarus	Honduras	Romania	Guatemala	Ethiopia
Belize	Iran	Sao Tome & Principe	Lesotho	Ghana
Bhutan	Jamaica	Serbia	Madagascar	India
Bolivia	Kazakhstan	Solomon Islands	Namibia	Indonesia
Botswana	Korea, DPR	Sri Lanka	Nepal	Kenya
Bulgaria	Kosovo	Suriname	Papua New Guinea	Malawi
Cape Verde	Kyrgyzstan	Tajikistan	Rwanda	Mali
Colombia	Mauritania	Timor-Leste	Senegal	Mozambique
Comoros	Mauritius	Tunisia	Sudan	Myanmar
Costa Rica	Lao PDR	Turkmenistan	Swaziland	Philippines
Cuba	Malaysia	Uzbekistan	Togo	South Africa
Djibouti	Moldova			Tanzania
Dominican Republic	Mongolia			Thailand
Ecuador	Montenegro			Uganda
El Salvador	Morocco			Viet Nam
				Zambia
				Zimbabwe
			▶ Afghanistan	▶ Congo, DR
			▶ Burundi	▶ Nigeria
			▶ Chad	▶ Pakistan
			▶ Eritrea	▶ Ukraine
			▶ Guinea	
			▶ Guinea-Bissau	
			▶ Haiti	
			▶ Liberia	
			▶ Niger	
			▶ Sierra Leone	

COE

These 50 core and High Impact countries serve as the denominator for several indicators in this framework

