

Executive Summary

Research Project: Monitoring and evaluation of Thailand's global health initiatives

The Thai government introduced its first Global Health Strategic Framework for 2016 to 2020 in 2016, under the cooperation between the Ministry of Public Health, Ministry of Foreign Affairs, and other sectors involved in global health initiatives. This was to promote policy coherence across sectors and enhance the country's health security, which can contribute to sustainable economic and social development. It also aimed at enabling Thailand to play a leading role in global health policy issues. In order to accomplish the goals of the global health strategic framework and effectively implement the strategy, the development of a monitoring & evaluation (M&E) mechanism is required as a tool to monitor progress and evaluate outputs of the plan.

This study aimed to review monitoring and evaluation mechanisms and frameworks implemented in other countries. Information obtained from this review will be used to support the development of an M&E mechanism and framework for the Thai global health strategic framework. Researchers employed descriptive literature search and review to obtain the required data. The review results were grouped into two categories: 1) M&E mechanisms implemented in seven countries, namely Australia, Canada, Japan, Norway, Switzerland, the UK, and the USA; and 2) case studies of M&E frameworks used to evaluate three global health issues, i.e. communicable disease surveillance, prevention and control of HIV/TB, and health systems strengthening, which were developed and promoted by the World Health Organization, Global Fund, and their partner organizations.

Findings

1. Principles and process for the selection of global health issues

Principles that are widely used for the selection of global health issues to be included in a country's global health strategic framework comprised (1) health problems that threaten global communities including the country that is developing the strategic framework and (2) public health and foreign policies of the country that is developing the strategic framework. Deliberative discussion and consultation with stakeholders was the method that all seven countries employed for the selection of global health issues for the development of their global health strategic framework. Stakeholders included policymakers, policy implementers mainly from the Ministry of Foreign Affairs, and experts of specific health issues. There was no evidence for the use of quantitative methods or weighting methods for prioritization or selection of global health issues. At the beginning of the process, the responsible organization drafted the country's global health strategic framework by researching relevant data, and consulting and interviewing individuals or representatives of relevant agencies to explore key global health issues. This information was used to develop the strategic framework, after which a consultative meeting was organized for stakeholders to provide comments on the draft in order for the responsible organization to make appropriate revisions before endorsing the framework. According to the documents reviewed, there was no determination of proportion and level of participation of stakeholders' involvement in the entire process.

2. Principles underpinning M&E activities

The review of policy documents of the seven countries revealed three main principles underpinning M&E activities: (1) incorporating M&E activities as an integral part of the global health strategic framework with clear goals and a plan for M&E at the beginning of the process – which should include monitoring of working progress and evaluation of outcomes of the plan implementation of specific global health issues; (2) aiming to evaluate both outcomes and impacts of the strategic framework (if possible); and (3) appropriately designing the M&E process to fit the strategic framework and its implementation activities. Participation of stakeholders was a key activity that all seven countries emphasized.

3. Agencies responsible for the development, implementation, and M&E of the strategic framework and a body to steer the direction of the framework implementation

Agencies responsible for the development, monitoring, evaluation and governance of a country's global health strategy were appointed by its government. These new responsibilities were, commonly, extended tasks of a country's international health initiatives. The appointed agencies usually acted as a coordinating unit working with both domestic and international agencies to carry out the global health strategy to achieve its respective goals. These agencies included the Ministry of Foreign Affairs, Ministry of Public Health, other governmental agencies, funding agencies, global health partnership organizations, and government of a recipient country—usually low-income countries receiving grants from high-income countries to work on certain global health issues.

Monitoring and evaluation of the global health initiatives comprised two separate parts. The first part was monitoring of outputs which was normally carried out by agencies responsible for the implementation of the global health strategy. The second part included (1) internal evaluation performed by an appointed M&E committee that was usually a part of the agencies responsible for the global health strategy implementation; and (2) external evaluation by outside evaluators. Both internal and external evaluations involved collection of data according to indicators pre-specified in the global health strategy and employed an evaluation framework that included input, process, output, outcomes, and impact, which were elements that could reflect the benefits that a government or funding agencies gain from the investments in global health strategy.

A body responsible for steering the direction of the global health strategy implementation played a part in a governing structure that was important for facilitating and connecting global health work, shaped by emerging political situations, carried out at domestic and global levels. The steering committee consisted of experts in specific global health issues. Their roles included monitoring and steering the implementation of the global health strategy towards the goals. These committees also worked with high-ranking authorities at the policy level to facilitate implementation.

4. Process and timelines for M&E

An evaluation performed by external evaluators was conducted to compare performance with targets at different stages of the timeline. According to the reviewed documents, a six month period was a common timeframe recommended for regular M&E. The evaluation was normally carried out at mid-term and at the end of the plan. The results obtained from the mid-term review were expected to provide information for global health strategy implementers to adjust their plans to cope with changing situations. Meanwhile, results obtained from the final evaluation were expected to show effectiveness and outcomes of the program performance compared to the investment in it.

5. Recommended data and sources for M&E

Data used to perform evaluations according to the input, process, output, outcomes, and impact framework can be divided into five groups: 1) administrative sources including financial tracking system, National Health Account (NHA) databases and records, human resources database, infrastructure, medicines, and relevant policy data; 2) health facilities assessment data; 3) clinical reporting systems; 4) population-based surveys; and 5) civil registration. These were examples of data and sources of data commonly used for evaluation. In addition, selected data and sources should be relevant to the global health issues. In the long run, there should be supportive measures provided to agencies responsible for data collection and establishment of records to promote systematic organization of those data. This is to facilitate responsiveness to the need for data in M&E as well as to support decision-making in a timely manner.

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