Slide 01

Sian Curtis: Welcoming everyone who's here in the room with me or online, which I've got to get used to, to this project update. This is the first time we've tried to do something like this, with so many people in so many places doing so many different things in this project its always kind of a challenge to deal with the internal communication and one of the things we're trying to do in Phase III is to improve our communication within the project. We got a lot of good ideas and input from the launch meeting back in February and also from the pre-launch meeting with our country resident advisors and that's all been very helpful as we've been trying to think about how to improve our communication and this particular presentation is a bit of an experiment. It's the first time we've tried to do something like this. We're going to use some of this online technology to try and communicate across the different sites of the project, so please bear with us as we work with the technology and any glitches or anything that happen today and also provide feedback as to whether this is a useful and effective means of improving communication within the project. Leah is always taking lots of input and doing a lot of creative thinking about how to use technology and other means to improve our communication within the project. We are intending to post this presentation and audio on the internet for those who can't participate in this meeting live. So, keeping that in mind I'm going to try and keep the presentation fairly short, under 20 minutes, and I will also address questions at the end so that we can go ahead and do the recording and then deal with the questions at the end. And for those who are listening off-site I believe you have to post them through the chat feature and I will try and notice them and read them out and anyone here in the room you can just ask a question and I'll repeat it for the recording.

Slide 02

Sian Curtis: For this update, I'm going to focus on three things that have happened since the project launch meeting and these are the recent 2009 Portfolio Review, the end of the Task Order in Phase II, and the new Global Health Initiative. This is by no means meant to be anywhere near a comprehensive review of what's been happening in the project over the last six months or nine months, nor is it meant to be a comprehensive review of what we're going to be doing and I'll apologize in advance for anything I've missed off that you think is significant, anything that individuals have done that you would have liked me to have mentioned, but given that we are trying to keep this short I'm just going to focus on these few highlights that I hope will provide some direction, some ideas for what's likely to come up in the future and I hope will be useful and interesting to everyone.

Slide 03

Sian Curtis: The 2009 Portfolio Review. In October of each year, we have to submit a portfolio review to USAID Washington, and the portfolio review contains selected results achieved by the project in the last year for the core portfolio. It is focused only on the core agenda. The aim of the portfolio review and the results reported there is to address the kind of "so what" question. So, what they're really looking for are results that speak to outcomes or significant outputs, rather than just processes or outputs. So we're really trying to get at the "so what." The outcomes. They're also meant to address the three

intermediate results of the Washington Bureau for Global Health, and those are: Global leadership, demonstrating and policy advocacy and service; the knowledge generated, organized, and communicated to advance best practices; and thirdly support to the field to implement effective programs. So, everything in the core agenda that the Bureau for Global Health funds is meant to address those three intermediate results and the support to the field function is primarily from USAID's perspective or in terms of producing tools and resources that will support the field. USAID uses the portfolio review to take stock of achievements with recent core funding and it's part of the initial planning for work for the future year's funding and work planning cycle. It's also used for its own reporting to the USAID front office and also ultimately to Congress. The results that we submit are compiled from the results that are reported into our results reporting database and sometimes we add a few things that we know are just finishing up and almost haven't quite been documented yet, but they're on the verge of being documented and we'll try and fast-track those through. It isn't meant to be a comprehensive review of everything achieved by the project in the last year, the Annual Report does more of that, but rather it is a few highlights and it is focused on the core agenda.

Slide 04

Sian Curtis: To give you a sense of the kinds of things that we reported this year, this slide presents the headlines results reported for the bureau-wide agenda. The results that we reported this year addressed things like our regional training partners and the progress they've made in implementing M&E workshops independently, and we had quite a few independent workshops to report this year. We also reported findings from the first national post-census mortality survey in Mozambique on the leading causes of death there, and we reported on improved communication and knowledge sharing around data use that was associated with the Arusha workshop that we held earlier this year on data use and also with the community of practice that was subsequently established. We also reported two results from work in Latin America on strengthening routine health information systems associated with leveraging of resources and use of the PRISM and the HMN Assessment tools, both of which involved core investments in earlier years of the project. Although the actual Latin America regional work was funded with regional field support funds, it does demonstrate how core investments subsequently can lead to impacts in the field.

Slide 05

Sian Curtis: Turning to the HIV/AIDS portfolio review we actually reported six results, three on this slide and three on the next slide, that covered different aspects of our HIV core portfolio. As you may remember from the launch meeting, organizational development is a new component of our capacity building in Phase III, since we had recognized in Phase II that some of those organizational constraints can be very important in effecting M&E capacity, and so the new virtual leadership development program that we initiated this year was a very innovative, significant event because it's the first time that anything like that has been offered for M&E teams and it's our first major organizational development activity. We had over 150 teams applying for the twelve places in the first course, so clearly demand for this was very high. And we are actually offering a second offering right now. We also saw significant commitments to

linking health and mapping efforts based on a workshop that we did with UNECA. The CODIST workshop, which is the Committee on Development Information, Science and Technology, and they have a biannual meeting and it was the first time that we brought together people from the health sectors, specifically Ministries of Health, with national mapping agencies to talk about mapping and health, and led to some significant commitments coming out of the CODIST meeting. We also reported on findings from the recently completed ADHERE study in South Africa, which highlighted things like lack of funding and for food and transport as constraints to adherence to antiretrovirals.

Slide 06

Sian Curtis: The other three results, again one focused on findings from the evaluations on four programs supporting OVC in Kenya and Tanzania, it was conducted under Phase II, and a second result that we reported was around reported improvements in information systems associated with community-based programs based on the CLPIR field test, the Community Level Program Information Reporting Toolkit. That also reflects some field investments as well because there was also field technical assistance going on, but for the purposes of the portfolio review, which focuses on the core investment, the CLPIR field test was the core investment there. We also reported on the three interlinked patient monitoring systems, which was the result of a long-term collaboration with WHO. If you're interested, the dissemination meeting from the OVC programs was done in September in Washington and the audio from that is posted on our Web site if you want to hear more about the findings from that evaluation.

Slide 07

Sian Curtis: Finally, on the portfolio review these are the three results that we reported for the health infectious disease and nutrition core portfolio. In Kenya, some results from a new outcome monitoring survey that we conducted based on the lot quality assurance sampling technique to identify priority districts for program interventions based on having indicators that were much lower than anywhere else or very much below average. So that was a demonstration of this LQAS methodology for outcomes monitoring. In Egypt, we developed an M&E plan which was significant for the Avian Influenza program, particularly the animal component of it, the animal health component of it, and that was significant because not a lot of work has been done in that area, so it can serve as a model for other programs in that area as well as being very useful for the program in Egypt, and it was done with core funding. We also, in the area of malaria, did a study in Madagascar that demonstrated the rapid scale-up of, how intensive scale-up of malaria programs can have benefits for treatment and services of other diseases such as pneumonia and acute respiratory infections.

Slide 08

There is no audio for this slide.

Slide 09

Sian Curtis: Okay, so turning now to the end of the Task Order and Phase II. Clearly two of the major milestones in the last six months or so have been the end of MEASURE Evaluation Phase II in September and the end of the Task Order back in March of earlier

this year. Completing all of these activities and closing out the awards has been a very significant achievement, both technically and administratively, and I want to thank everyone for all their work to make that happen. Everyone, in the Task Order we completed 165 deliverables in 18 months, which is a tremendous level of productivity from everyone and we should all feel very good about how much work we did in such a short amount of time. So, a big thank you to everyone for all of that work. The Task Order also required us to set targets for our indicators and our performance management plan, and we met or exceeded 9 of the 19 PMP targets. We were more likely to meet the targets related to process and outputs, things like people trained, publications produced, the networks that we participated in, than we were to meet the targets that were more outcome oriented, things like documented improvements in M&E systems, or in M&E capacity, or in data use. You can look in the Task Order End of Project report which is available on the internet to see full details of exactly which indicators and what the targets were, and so forth.

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Sian Curtis: This begs the question of why we didn't meet some of the targets, and particularly why we didn't meet the outcome targets in the Task Order. And there are several potential explanations, some of which we talk about in the Task Order and you all may have other thoughts and ideas about this. Just briefly, it was the first time we've ever had to set targets for our PMP indicators and the nature of the indicators that we've been using don't really lend themselves to target setting. They're more qualitative, so it's a little questionable how meaningful that process really is and we based the targets on what people thought they would report, what was in the work plan, and past experience. In reflection, some of the targets were too ambitious, particularly for the kind of outcome indicators where we only have a limited degree of control over, for example, when somebody actually uses data or when we're looking at system improvements they take time to really become apparent, and with an 18-month timeframe on the Task Order there isn't a lot of time to demonstrate that. So, a second factor is the interdependency between the components of our project's framework. For example, if we report a result around M&E system strengthening that also reflects capacity, and often also data use, but it only gets reported once. The narrative may be actually touching on multiple different components of the results framework but it only gets reported once, and we certainly don't want to have everybody reporting everything multiple times. So, in that sense it's kind of hard to really uniquely put a result on one's indicator. Thirdly, it's quite difficult to measure outcomes in the areas in which we're working. Some of the tools for measuring improvements in M&E systems and in health information systems are now available, but many of them, like the PRISM tools or the Data Quality Assessment tools were only developed by us in the last phase of the project. They're only now beginning to be used widely, and so we often didn't have a formal measurement of systems performance, or capacity, in which to demonstrate progress. Finally, I think we all recognize that the reporting burden of the evidence-based narratives is high, and many people were very busy finishing deliverables and getting things going with Phase III and we recognize that some of the results that probably were achieved just didn't get documented and because of the way the targets are set, it has to be documented. So, we think there's also some under-reporting.

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Sian Curtis: Despite the limitations of the target-setting process, there is a useful take home message, and that is that we really do need more attention on measuring and documenting outcomes relative to monitoring and evaluation and health information system strengthening. M&E and HIS interventions are health systems interventions and they require research and monitoring and evaluation to identify best practices just like any other intervention. Personally, I'm not sure that's always fully appreciated. I think people think it's all about reporting and do not always recognize that this is a health systems intervention and I feel we really need to advocate about this when we talk about the work of the project, that we are doing interventions. We aren't just doing this to report. We also recognize that we need to simplify our results reporting process and make it easier to document what we achieve. This is partly about collecting similar information smarter, in different ways, to reduce for example the number of evidence-based narratives and to collect information more routinely through other existing project reporting systems. It's also about improving or increasing the resources available for monitoring and evaluation within the project, both human and financial. We have, for example, hired a second person to work in our M&E unit here and we are actively looking for opportunities to integrate measurement and evaluation of our own work into our global leadership agendas, to provide resources for evaluation of our work and to contribute to our global leadership in M&E and health information systems strengthening. Another part of this is planning ahead for monitoring and evaluation through the M&E plans, which we are trying to do within the context of technical strategies and country strategies, because these allow us to identify what it is we need to measure and if we know what we need to measure then we can start to plan resources and look for resources to make sure that we can measure them. Overall, I think we will have some good opportunities to strengthen the evidence base on what works in monitoring and evaluation and health information systems interventions in this phase of the project as we see more of our work in the field come to fruition, and now that we have more measurement tools available to be able to document or measure this more formally.

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Sian Curtis: Finally, I would like to turn to the new Global Health Initiative that was announced in May by President Obama.

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Sian Curtis: The Global Health Initiative expands on the existing initiatives in HIV/AIDS, TB and malaria that we're all familiar with by adding an emphasis on maternal and child health, family planning, and other neglected tropical diseases. Like PMI and PEPFAR, it is a cross-agency initiative. That is, it means it involves multiple USG agencies, not just USAID. Central to the Global Health Initiative are five crosscutting approaches. I took this version from a presentation from the State Department. I've seen more recent versions that organize these very slightly differently, but basically the five crosscutting approaches are: woman-centered programming, strategic integration and coordination, country ownership, sustainability in health systems strengthening, and improved metrics monitoring and evaluation. These five approaches represent some important shifts in emphasis compared to earlier initiatives, but details of

exactly what these approaches will mean and how they will be operationalized is still being worked out, and I'm sure things are going to continue to evolve over the next few months as people think this through much more. We will have the opportunity to contribute to some of the ongoing discussions. For example, I think it's next week David Hotchkiss and I have been invited to participate in an upcoming consultation for the Metrics, Monitoring and Evaluation approach, and there will be other opportunities I'm sure, to contribute to this.

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Sian Curtis: What might this mean for us? Well, because things are still very much evolving it's not entirely clear exactly what this is going to mean for us, but the overall crosscutting areas are consistent with some of the emerging areas that I mentioned in the presentation I gave at the launch meeting, such as evaluation, health systems strengthening, institutional capacity building sustainability, and integration linkages and interoperability of national and vertical information systems. So, these are things that we were already thinking about. We already have activities beginning in these areas, and in some cases have had interventions in those areas for some time. It also highlights a couple of new areas, such as M&E and gender, and M&E of integrated programs and referral systems and those kinds of things. Shelah Bloom, our gender specialist, has been developing a gender strategy for the project and it's currently being revised based on some input, and that I think will be helpful as we move forward to thinking about what gender means in the context of M&E, and we have a couple of ideas. We had an activity at the end of the Task Order around referral systems, and we have people here who have worked extensively with integrated programs as well. So, we're well placed I think to move forward on some of those issues.

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Sian Curtis: In terms of current opportunities, we have a few things going on right now that relate to these emerging areas and the Global Health Initiative. For example, we have some core funds available for emerging areas and evaluation, and we are currently in the process of programming those. We have developed a series of concept papers, very brief concepts, around several themes that are relevant to the Global Health Initiative based on discussions we've had with people inside the project and with USAID, and we will be discussing those with USAID later this week. Hopefully, that will lead to those funds being programmed in some concrete activities in these new priority areas shortly. I hate to say it, but the draft Year 3 workplan is also right around the corner, even though some of us are still finishing the Year 2 work. It isn't too early to be thinking about ideas for the Year 3 workplan, very specific, concrete things that we could do and propose for Year 3. We'd particularly like to get ideas and input for the Year 3 workplan that link field and core needs and priorities together in synergistic ways, so opportunities for a kind of commingling or using both field and core resources together to achieve multiple objectives. Our overall level of funding isn't likely to increase much as far as we know, but we do have the opportunity to introduce some of these new ideas as other things come to completion and by integrating them into ongoing work in creative ways. So the more prepared we are now, the better place we will be to prepare a strong and creative Year 3 workplan.

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Sian Curtis: To conclude, the last six months have seen some considerable achievements and I want to congratulate again and thank everyone for the highly productive period and smooth transition to Phase III. Just a tremendous amount of work has been done in the last several months, and it's something we should be very proud of. The Global Health Initiative looks like it will be the new organizing framework for the foreseeable future, and provides many potential opportunities for us because it fits very well with a lot of the things that we are doing already and we will need good ideas to shape and respond to the Global Health initiative as details of that emerge. Important in this, is demonstrating our global leadership in monitoring and evaluation and health information systems strengthening by evaluating our own interventions and that's something that I think we are well placed to deliver in this phase of the project. Thank you.

Sian Curtis: I'll repeat the question for those listening online. John Spencer is asking if I could speak a little bit more about what the organizational structure is likely to be for the Global Health Initiative, given that it's a cross-USG agency initiative is there going to be something like OGAC? At this point, I haven't heard that there's going to be an OGAC-like structure for the Global Health Initiative, so I'm not sure exactly how that is going to work yet. It's very new, the Global Health Initiative. What I do know is that a series of working groups, cross-agency groups, have been set-up around each of the approaches and I think also around the element areas, maybe HIV/Infectious Disease and also around the MCH Family Planning, and so forth, components of this, and those are working right now to I think work through what recommendations they would make in terms of implementing this. That's about as much as I know right now.

Sian Curtis: Just to repeat the question, Tara is asking whether, I've talked about a lot of the lessons learned for ourselves internally but have we had any feedback from USAID on what kinds of things they would like to see us focusing on in the coming year. What kind of new initiatives they're thinking that we should be working on? I think the emerging areas that I've talked about line up fairly closely with what USAID is also highlighting and I think that's also reflected in the fact that the emerging areas line up very well with the Global Health Initiative. A big area that there's been a lot of talk about, not just within USAID but also globally with the Global Fund and other agencies, is health systems strengthening and clearly health information systems is a component of health systems strengthening. There is a WHO building blocks framework for health systems strengthening and health information is one of those building blocks and that framework appears to be what is being used, at least within USAID, as a structure for talking about health systems strengthening. There is a USAID-specific health systems strengthening initiative which is cross-office within the Bureau of Global Health, but that's really just getting off of the ground. I think the whole area of health systems strengthening, and health information systems as a component of that, is one that we will need to be watching and figuring out where we fit into that, but we've been a little bit waiting to see where the USAID health systems strengthening is going and how we best match with that. We have done a concept paper that David Hotchkiss prepared with input from a lot of other people at JSI and elsewhere around developing a research agenda around health systems strengthening that might look at interventions that impact health

information systems, and particularly then how health information systems impact on health systems, but we are waiting for feedback on that from USAID. Another area is gender is very prominent; it's an area of the Global Health Initiative. Recently, The World Bank and the Global Fund have also been working on gender strategies or thinking about gender in their HIV programming particularly. So, that's another area where there's a lot of emphasis at the moment, and then overall on sustainability and capacity building. The new head of the Office of Global AIDS Coordinator is talking a lot about sustainability and country ownership.

Sian Curtis: To repeat the question, Phill is asking whether we know whether there will be focus countries in the Global Health Initiative. At this point, I haven't heard any discussion of focus countries, but as I say things are still very preliminary on the Global Health Initiative.

Sian Curtis: Jimeka's question is if M&E and health systems strengthening is an intervention, will there be any emphasis on management. Specifically, people using data for management at lower health system levels. I think management is always within any interventions, but what I was really trying to say here is yes I think that when we look at health systems strengthening interventions, or health information systems interventions, or M&E systems interventions, if you look at the frameworks that we have now, like the 12-point framework for the M&E systems for HIV/AIDS, or if we look at the PRISM framework, data use is very central in both of those frameworks, and in the discussions that we've had so far thinking about how we evaluate health information systems the kind of immediate outcomes for health information systems that we're most interested in are data quality and data use. So in that sense, yes, one of the outcomes that we should be looking at when we're thinking about how to evaluate M&E and health information systems strengthening interventions is data use. So, absolutely it would be part of it, and that could be at any level, it could be at the global level, the national level, the subnational level, the facility level. It could be at lots of different levels. Thanks Jimeka for that question.