

Global Reference List of Core Indicators for Results Monitoring
Outcome statement of the working group on indicators and reporting requirements
September 2014

1. Preamble

- a. This statement is the result of the work of a multi-agency working group, established by Global Health Agency Leaders in September 2013 and chaired by the DG-WHO, aiming to reduce the indicators reporting burden for countries. On 27-28 August 2014 the working group, country and civil society representatives met under the auspices of IHP+ in Geneva to discuss and produce a statement for consideration by the Global Health Agency Leaders.
- b. As described in the IHP+ Monitoring & Evaluation (M&E) framework, strong country M&E systems are characterized by a comprehensive national M&E plan; institutional capacity among state and non-state actors; an M&E framework that specifies core indicators; data sources, analysis and use; and inclusive transparent country mechanisms for review and action. A tested, relevant, balanced and parsimonious set of core indicators is one critical element that contributes to the overall strengthening of country M&E systems and accountability.

2. Global Reference List of 100 Core Indicators

- a. The *Global Reference List of Core Indicators* for results monitoring is a standard set of 100 indicators prioritized by the global community to provide concise information of the health situation and trends, including responses at national and global levels. The reference list reflects indicators of relevance for country, regional and global reporting across the full spectrum of global health priorities relating to the MDG agenda, as well as to new and emerging priorities such as NCDs, universal health coverage and other key issues in the post-2015 development agenda. This list will be a “living document”, updated periodically as technologies develop, new priorities emerge and interventions change.
- b. The *Global Reference List* will contribute to reduced reporting requirements and to greater alignment and smarter investment in country data and M&E systems. The list does not focus on those indicators that are required for more detailed programme management at national and sub-national levels or for financial tracking of specific grants and projects. It is recommended, however, that investments in monitoring of specific project management indicators be made in a way that strengthens the country M&E systems, and minimizes the use of parallel reporting systems that are not interoperable with the national health information system. The *Reference List* and the behaviours described below are drafted in the spirit of the IHP+ and should be understood within that framework.
- c. The purpose of the *Global Reference List* is to:
 - reduce excessive and duplicative reporting requirements;
 - serve as a general reference and guidance for standard indicators and definitions;
 - enhance efficiency of data collection investments in countries;
 - enhance availability and quality of data on results; and
 - improve transparency and accountability.
- d. The *Global Reference List* should be used as normative guidance, rather than as a required or exclusive list:
 - guide monitoring of health results nationally and globally;
 - guide the selection of priority indicators;
 - provide a basis for the rationalization and alignment of reporting requirements on results by global partners;
 - contribute to higher quality global data bases of health results;

- facilitate more harmonized investments in country data systems and analytical capacity;
- reflect evolving public health priorities and as such be updated and maintained in a sustainable way.

3. Global partners should aspire to the following behaviours

- Use of core indicators for rationalizing reporting requirements:* focus results reporting requirements on the global reference list of core indicators, including disaggregation (by gender, age, socioeconomic status, place of residence), and the related M&E system strengthening investments.
- Align reporting cycles:* rationalize reporting requirements in terms of contents and frequency and progressively align with countries own monitoring practices.
- Ensure global *data collection investments* meet country health data and M&E systems needs, including data quality, in the most efficient manner.
- Include a significant proportion of investments for *country institutional capacity and M&E system strengthening*, including government and non-government actors.
- Broaden monitoring to focus on measuring overall country results, which may include specific contributions to collective results.

4. Good behaviours at the country level (with examples of actions)

- Countries* lead and invest in strengthening their M&E and review platform that have the key attributes and characteristics of the IHP+ monitoring framework. Examples include:
 - existence of a good quality comprehensive costed national M&E plan;
 - adequate and qualified staffing of the M&E system, centrally and sub-nationally;
 - institutionalization of routine mechanisms to independently assess data quality, including transparent accessible quality databases and explicit mechanisms for data sharing and use by state and non-state actors;
 - regular system of household surveys;
 - high quality timely results reports for national joint annual health reviews and other accountability processes;
 - systematic use of common, sustainable and interoperable digital solutions where feasible and appropriate; and
 - existence of an effective country-led coordination mechanism for M&E and review with active involvement and support of relevant development partners, civil society and other non-state actors.
- Development partners* support the strengthening of a single country-led platform for information and accountability, as described in the IHP+ framework for monitoring national health strategies. Examples include:
 - support for the country M&E plan, including a process for progressive alignment of program-specific monitoring and reviews with the overall health strategy, using the same indicators, data collection, and time cycles;
 - use of a common investment framework based on comprehensive assessment of country needs for a multi-year period;
 - alignment of results reporting requirements related to specific grants with the country monitoring system including a process of progressive alignment, using the same indicators;
 - investments in data collection and quality verification investments that strengthen the national monitoring and accountability platforms including surveys and health facility data collection; and
 - Investment in and use of common, sustainable and interoperable digital solutions where feasible and appropriate.