Background

Many countries have made considerable progress in using data to inform decision-making processes such as annual health sector reviews, mid-term reviews and evaluations. National authorities have expressed the need to enhance their own analytical capacities to carry out comprehensive assessments of progress and performance. In the context of the MDGs and health systems strengthening, there is increased demand for results that demonstrate the impact of investments. This has led to considerable reporting demands on countries. Strengthening the analytical capacity of countries should contribute to one sound national platform for monitoring progress and performance, from which global reporting will draw. Country annual and other health reviews should also form the basis for all global reporting requirements.

There is substantial global investment in monitoring progress against health goals. WHO, UNICEF, other international organizations and research institutions produce estimates for MDGs and other key health indicators based on available data using a variety of methods to correct for data deficiencies, impute missing values and predict values for future years. The results are made available in peer-reviewed publications and global databases. For some health indicators, such as child mortality, tools and methods are sufficiently well explained to enable countries to reproduce or recalculate the estimates made at the global level. In general, however, access to methods, tools and results is piecemeal and country use and ownership is limited.

Within the overall context of the activities and recommendations from the Commission on Information and Accountability for Women’s and Children’s Health, several global partners are collaborating to support countries in order to strengthen accountability for resources and results. Accountability has been defined as a cyclical process of monitoring, review and action. The post-Commission workplan identifies key priority areas which includes strengthening of:

- Progress and performance reviews, e.g. annual health sector reviews;
- Strengthen monitoring of results and practices (quality control, transparency, analysis, address data gaps);
- Strengthen birth and death registration systems / civil registration and vital statistics systems, with a cause of death
- Tracking of financial resources, including institutionalization of National Health Accounts (NHA) and subaccounts for reproductive, maternal, neonatal and child health (RMNCH);
- Maternal death surveillance and response, including quality of care assessments;
- Advocacy and action, based on reviews.
Objective

The overall aim of the workshop was to strengthen country accountability mechanisms including monitoring of resources and results, review of progress and performance and action.

The objectives of the workshop were to:
• Enhance analytical capacities to conduct comprehensive health progress and performance reviews in the context of national health plans;
• Conduct a situation analysis of the current practices in information and accountability, with special reference to women's and children's health introducing an assessment tool.

Outputs

The outputs of the workshop included:
• Increased capacity for analysis and synthesis among participants from country institutions;
• Sharing of tools and methods among country participants and facilitators;
• Selected outputs of country analyses that can feed into their health sector reviews;
• A draft situational analysis of information and accountability practices by country.

Participants

A total of ten countries were represented in the workshop: Afghanistan, Islamic Republic of Iran, Iraq, Libya, Oman, Pakistan, Qatar, Sudan, Republic of South Sudan, Republic of Yemen. The country delegations consisted of a mix of representatives of ministries of health, statistics offices, research organizations and WHO country offices. A list of participants is available as part of Annex A.

In advance of the meeting participants were requested to compile relevant data and statistics required for analysis, including recent survey data sets, data collection forms spreadsheets of district reports on health services, HMIS data and any other data of relevance. Templates were provided and many countries shared their inputs with WHO prior to the workshop to help prepare session exercises.

Funding for the organization of the workshop and to support the costs of participants was kindly provided by the Supreme Council for Health, Qatar, the Health Metrics Network (HMN), the UK Department for International Development (DFID), the Global Fund to fight AIDS, Tuberculosis and Malaria and GAVI.

Sessions

The workshop was organized along a distinct set of analytical outputs that should inform the monitoring of progress and performance, accountability, and the assessment of health systems performance. The agenda covered:

1. Introduction, objectives and framework
2. Current practices on monitoring and review of progress and performance / accountability mechanisms
3. General epidemiological context and strengthening monitoring: Mortality, burden of disease and risk factors
4. Monitoring coverage of key health indicators using health facility data: Data quality report card, facility surveys for data verification and service readiness assessment
5. Tracking of resources: National Health Accounts (NHA), MNCH subaccounts.
6. **Estimation of key health impact indicators**: Data issues and analytical methods to assess progress of health impact indicators?

7. **Overall quantitative performance assessment**: benchmarking country performance, bringing results, effectiveness, equity and efficiency

8. **Enhancing accountability**: Situation analysis and development of a country roadmap for improving information and accountability

Each session started with a short introduction followed by a working group discussion within country team about current country practices and issues, using the accountability assessment tool, a self assessment tool for strengthening results and accountability based around the key priorities outlined above. This was then followed by interactive training session introducing participants to methodological issues and analytical tools.

**Tools, methods and concepts**

The tools, methods and concepts were presented according to where they fit in the monitoring and evaluation (M&E) framework and how they structure around the contents of national health sector reviews. Figure 1 presents the tools mapped on to the M&E framework.

**Figure 1: Tools and M&E framework**

Within these broad categories, a total of 11 tools, methods and approaches were presented. The list of tools in each category is presented below in Table 1. Some tools have been fully tested and are available for immediate use; others are in the developmental stage.

The agenda for the workshop is included in Annex B. In addition, a day-by-day guide was distributed indicating where the tool, concept or method fitted within the framework. Figure 2 provide a snapshot of the guidance booklet.
Figure 2: Workshop day-by-day guidance booklet preview.

Each participant received a USB key with key information on all the tools, copies of workshop presentations, exercises included in the workshop and other relevant documents materials (1370 files). This comprehensive compilation of materials covers much more than could be presented in a four-day workshop and enables participants to investigate areas of interest after the workshop.

Figure 3 shows how the information materials are structured in the USB key. A number of the presentations and supplemental materials were updated or added during the workshop and made available on the desktop computers in the workshop plenary room. All the material will be added to a website that will be shared with all participants.

Figure 3: Contents of the USB Key

1 http://www.who.int/healthinfo/country_monitoring_evaluation/analysis/en/index.html
Current practices – Introduction to country assessment tool

This workshop provided the opportunity to introduce the newly developed self assessment tool on key elements of information and accountability, country practices and mechanisms. Group sessions on information and accountability were organized as follows:

- Group work I: Strengthening monitoring of results and institutional capacity (Session 2)
- Group work II: Review and accountability mechanisms (Session 2)
- Group work III: Strengthening birth and death registration (Session 2)
- Group work IV: Resource tracking and NHA institutionalization and MNCH sub-accounts (Session 5)
- Group work V: Maternal death surveillance and response & quality of care assessments (Session 6)
- Group work VI: Strengthening innovation through use of ICT (Session 8)
- Group work VII: Advocacy and outreach (Session 8)

After a brief introduction to the topic, each country team\(^2\) was provided with the self assessment tool and tasked to provide feedback and score country performance for each topic. Annex C provides the detailed draft results by country for each session, providing a short overview of the situation and main issues scored on a scale from 0-4; very poor (0), present (1), adequate (3), highly adequate (4). Priorities were assessed along a scale of 1 to 4 (low to high priority). Figure 4 presents the averaged results and top priorities of the assessment. Country participants presented their assessment results on the last day of the workshop.

\(^2\) Country teams with more than 3 participants or more excluding WHO country officials: Afghanistan (5), Iraq (4), Qatar (5), Sudan (4), Republic of Yemen (5)
Countries with less than 3 participants excluding WHO country officials: Iran (1), Libya (1), Pakistan (1), South Sudan (1).
Figure 4: Summary results for working group session for current status and key priorities

<table>
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<tr>
<th>SUMMARY OF RESULTS</th>
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<th>QATAR</th>
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<tr>
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Number of country team members

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‡The priorities and next steps outlined in the report and the country assessment represent the views of individuals participating in the workshop and they do not represent the official decisions or outcomes of a country or government.
Evaluation Results

A pre-workshop assessment of participants’ skills and knowledge of the subject areas covered in the workshop. The results of the pre-evaluation are shown in Figures 5. The results show that the main expectations included: 1) improved capacities for data analysis; 2) ability to use new tools and their applications in-country; 3) ability to make better use of available data; 4) ability to assess performance; 5) sharing of knowledge and networking with other participants.

Figure 5: Pre-evaluation results

At the end of the workshop, participants completed a second self-assessment of knowledge and skills to compare with the pre-workshop scores. The results of the post-evaluation self-assessment are shown in Figure 6.
Overall evaluation

Participants were invited to evaluate the overall usefulness, duration, level of the workshop and whether it met expectations. Overall, more than 70% of participants found the workshop useful (33%) or very useful (39%) (Figure 8).

Items were scaled from 1 to 5 with 1 indicating a negative opinion and 5 indicating a positive opinion (Figure 7). The overall usefulness of the workshop was rated high with a mean score of 4.1. The appropriateness of the duration of the workshop was rated lower at 3.3. More than half of participants rated the workshop as too short (54%), while one third found it just about right (33%). Just over 10% found the workshop too long (Figure 8).

Generally, the level of the workshop was thought to be at the right level (56%), although many participants found it too easy (44%). The level of the workshop scored 3.4 (Figure 7).

In response to the questions about whether the workshop met their expectations, participants gave an average score of 3.6, that is, the workshop mostly met their expectations. This compares with an average score of 3.9 at the Cape Town workshop and 3.7 at the Bangkok workshop. In terms of meeting expectations, the scores were 46% for mostly met and 9% completely met but 43% met to some extent or 3% not met (Figure 8).
Figure 7: Average score for the overall final evaluation
Figure 8: Distribution of responses for the final workshop evaluation

- **Overall Usefulness** (N=36):
  - Very useful
  - Useful
  - Ok
  - Not useful
  - Not useful at all

- **Duration** (N=37):
  - Much too short
  - A little too short
  - Just about right
  - A little too long
  - Much too long

- **Level** (N=36):
  - A little too easy
  - Much too easy
  - Just about right
  - A little too hard
  - Much too hard

- **Expectations** (N=35):
  - Completely met
  - Mostly met
  - Met to some extent
  - Not met
  - Not met at all
Recommendations and next steps

Although feedback was generally positive, several participants rated the workshop as too short. Many participants raised the need for more interactive and hands-on practice with the tools following the presentation in order to be able to use them effectively. Not enough time was allocated for hands-on practice.

Overall, there was a clear understanding of the potential added value of the tools for national health sector reviews.

Participants indicated the need to strengthen country capacities for data assessment and analysis through in-country training with larger country teams and follow-up support. While most of the tools were considered useful, the participants recognized the need to select tools according to country needs.

Several participants emphasized the role of the workshop in better understanding the analytical work that occurs beyond their institutions, at national, regional and global levels. An improved role is needed for those involved at national level in providing data to the global level in order to improve reporting and help avoid misunderstandings around global estimates.

A website including key documents, workshop presentations and other information is now available and includes information on previous workshops (Nairobi, Kenya 2010, Cape Town, South Africa 2011, and Bangkok, Thailand 2011). Materials from the Doha workshop will be located on this website.

Some of the tools and concepts currently under development will be further developed with in-country testing and inputs. A number of the tools have already been translated into different languages but efforts will continue to translate other tools and documentation into other languages, notably Arabic, French, Russian and Spanish.

Overall, the workshop turned out to be a very new and innovative approach for countries as well as for coordination within WHO. Some very positive feedback was received from countries through short presentations and firm plans to follow-up were established on the last day. These included:

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<tr>
<th>AFGHANISTAN</th>
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<tr>
<td>Priorities:</td>
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<tr>
<td>- CVRS,</td>
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<td>- Maternal death surveillance and;</td>
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<tr>
<td>- Monitoring coverage of key health indicator using facility data;</td>
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<tr>
<td>Tools:</td>
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<tr>
<td>- CRVS;</td>
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<td>- ANACoD;</td>
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<td>- DQAA;</td>
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<td>- Electronical medial records.</td>
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<th>IRAN</th>
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<td>Priorities:</td>
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4 http://www.who.int/healthinfo/country_monitoring_evaluation/analysis/en/index.html

* The priorities and next steps outlined in the report and the country assessment represent the views of individuals participating in the workshop and they do not represent the official decisions or outcomes of a country or government.
- Expanding family practice approach focusing on urban areas (Renewing the PHC)
- SDH with focusing on monitoring health inequality (based on 52 indicators in various aspect)
- Electronic Health Records

**Tools:**
- All tools introduced useful, however, implementation depends on level of development of the health system
- Need for customization and adaptation for each country (e.g. Vital Statistics)

### IRAQ

**Priorities**
- Review and strengthen M&E plan using IHP+ M&E criteria;
- Conduct annual facility survey for DV & SARA;
- Strengthen HMIS with focus on indicators for reviews;
- Produce quality annual progress reports and good summary for key stakeholders;
- Strengthen multi-stake-holder coordinating mechanism to oversee all M&E work;
- Strengthen the national system of MNCH reviews;
- Technical support of WHO to MoH to work on health expenditure including RMNCH;
- Advocate for national policy on maternal death notification;
- Capacity building and system support for accurate reporting and good use of ICD;
- Strengthen facility based HMIS data.

**Tools**
- Facility data quality assessment;
- Service availability and readiness assessment (SARA);
- RMNCH expenditure estimates;
- ICD training;
- Health Observatory.

### LIBYA

**Priorities and next steps**
- Formulation of a National Health Strategy with a clear POA is the highest priority;
- M&E and review plan for the national health strategy and the RMNCH strategy;
- Strengthen the MNCH
- Develop a national system for tracking budgets and expenditure
- Strengthen HMIS.

**Tools**
- Service availability and readiness assessment (SARA) (underway in 2012);
- Conduct annual facility survey for DV & SRA.

### PAKISTAN

**Priorities and next steps**
- To review the already developed National M&E Framework developed as part of National Health Strategy, in the light of recent devolution and M&E Tools introduced in the workshop;
- To strengthen M&E institutional arrangements both at strategic and operational levels by improving coordination among provinces and all stakeholders;
- To request technical assistance to review M&E institutional arrangements in post devolution scenario.
- To help in improving the technical capacity of NHIRC.
- To organize a sensitization/orientation workshop for GOP and WHO Staff on use of various tools for policy decisions.
- To organize a national master trainers in depth workshop on various data collection and use tools introduced during workshop.

**QATAR**

**Priorities and next steps**
- Strengthening monitoring of results and institutional capacities;
- Review and accountability mechanisms;
- Strengthening innovation through use of ICT;
- Advocacy and outreach.

**Tools**
- RDQA;
- DQA;
- ANACoD;
- National Burden of Diseases Toolkit;
- SARA;
- National Performance Assessment;
- ICD10 training.

**YEMEN**

**Priorities and next steps**
- Develop a comprehensive M&E and review plan for the national health strategy and the RMNCH strategy that meet IHP+ criteria;
- Develop NHIS strategy;
- Strengthen HMIS;
- Develop survey plan;
- Advocate with policy-makers and develop plan for CRVS with community involvement;
- Capacity building at all levels on resource tracking;
- Advocate for national policy on maternal death notification and develop a surveillance system;
- Engage with high level decision makers through health committee in parliament in monitoring of results and accountability;
- Mobilize commitments, enhance capacity of policy makers, parliamentarians, civil society and other stakeholders towards attainment of MDGs 4&5 through National Countdowns.

**Tools**
- Assessment of Civil Registration;
- Mortality and cause of death:
  - Rapid assessment tool
  - ICD
  - ANACoD
- RDQA and SARA;
- NHA (MNCH subaccount);
- CME.
Further suggestions from countries included:

- Request for further technical support for implementing tools at the national level as pilots;
- Regional Training of Trainers workshop;
- Need for building capacity of the national staff and sharing the knowledge further;
- Strengthening of the HMIS;
- Need for technical support for developing mortality surveillance;
- Building a virtual network for communication and continuous working group (IT based) and sharing experiences;
- Holding meeting to review results of applying the specific tool such as Regional follow-up meetings to assess the progress of countries in implementing the selected tools.
- Organize national workshops on a few selected tools by the country;
- Conducting training on communication/advocacy and community mobilization.
Annex A: Workshop list of participants

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## Annex B: Workshop final agenda

**HEALTH PROGRESS AND PERFORMANCE REVIEWS WORKSHOP: ANALYSIS, METHODS AND TOOLS**

Doha, Qatar, 12 to 15 December 2011

### PROVISIONAL PROGRAMME

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
<th>Mode</th>
<th>Responsible</th>
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<tbody>
<tr>
<td><strong>Monday – 12 December 2011 - Day 1</strong></td>
<td></td>
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</tr>
<tr>
<td>08.30 – 09.00</td>
<td>Registration</td>
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<tr>
<td><strong>1</strong></td>
<td><strong>Introduction, objectives and framework</strong>&lt;br&gt;What are the critical elements of a country platform for M&amp;E of the national health strategy?</td>
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<tr>
<td>09.00 – 09.30</td>
<td>Opening&lt;br&gt;General introduction and objectives</td>
<td>Mohamed Ali &amp; Mounir Farag (WHO), host country representative</td>
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<tr>
<td>09.30 – 10.30</td>
<td>Increasing information and accountability with special reference to women’s and children’s health framework</td>
<td>Presentation, plenary discussion</td>
<td>Ties Boerma (WHO)</td>
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<tr>
<td>10.30 – 11.00</td>
<td>COFFEE BREAK</td>
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<tr>
<td><strong>2</strong></td>
<td><strong>Current practices on monitoring and review of progress and performance</strong>&lt;br&gt;What is the current situation?</td>
<td></td>
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<tr>
<td>11.00 – 12.00</td>
<td>Monitoring results and institutional capacity</td>
<td>Group work I</td>
<td>Carla Abou-Zahr (WHO)</td>
</tr>
<tr>
<td>12.00 – 13.00</td>
<td>Review and accountability mechanisms</td>
<td>Group work II</td>
<td>Carla Abou-Zahr (WHO)</td>
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<tr>
<td>13.00 – 14.00</td>
<td>LUNCH</td>
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<tr>
<td>14.00 – 14.30</td>
<td>Country practices in civil registration and vital statistics system</td>
<td>Group work III</td>
<td>Doris Ma Fat (WHO)</td>
</tr>
<tr>
<td>14.30 – 15.30</td>
<td>Mortality and causes of death: Rapid Assessment Tool, ICD training and ANACd</td>
<td>Presentation and practice</td>
<td>Doris Ma Fat (WHO)</td>
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<tr>
<td>Time</td>
<td>Session</td>
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<tr>
<td>15.30-16.00</td>
<td><strong>COFFEE BREAK</strong></td>
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<tr>
<td>16.00-16.30</td>
<td>National Burden of Disease toolkit Presentation</td>
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<td></td>
<td>Fiona Gore (WHO)</td>
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<tr>
<td>16.30-17.30</td>
<td>Analysing mortality data (ANACoD) cont. &amp; National Burden of Disease toolkit Practice Participants</td>
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</table>

**Tuesday – 13 December Day 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>08.30-09.00</td>
<td>Review of previous day</td>
</tr>
<tr>
<td></td>
<td>Mohamed Ali (WHO)</td>
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<tr>
<td>09.00-10.30</td>
<td>Facility data quality assessment: WHO data quality report card Presentation Ties Boerma (WHO)</td>
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<tr>
<td>10.30-11.00</td>
<td><strong>COFFEE BREAK</strong></td>
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<tr>
<td>11.00-12.00</td>
<td>Facility survey for data verification (RDOA) Presentation</td>
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<td></td>
<td>Mohamed Ali (WHO)</td>
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<tr>
<td>12.00-13.00</td>
<td>Service availability and readiness assessment (SARA) Presentation</td>
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<td></td>
<td>Carla Abou-Zahr (WHO)</td>
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<tr>
<td>13.00-14.00</td>
<td><strong>LUNCH</strong></td>
</tr>
<tr>
<td>14.00-15.00</td>
<td>Current country practices in monitoring health resources Group work IV</td>
</tr>
<tr>
<td></td>
<td>Cornelis van Mosseveld (WHO)</td>
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<tr>
<td>15.00-15.30</td>
<td>Resource tracking: MNCH subaccounts and Health expenditure tracking via National Health Accounts (NHA) Presentation Cornelis Van Mosseveld (WHO)</td>
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<tr>
<td>15.30-16.00</td>
<td><strong>COFFEE BREAK</strong></td>
</tr>
<tr>
<td>16.30-17.00</td>
<td>Resource tracking Practice Participants</td>
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### Wednesday – 14 December-Day 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Participants</th>
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</thead>
<tbody>
<tr>
<td>08.30 – 09.00</td>
<td>Review of previous day session</td>
<td>Mohamed Ali (WHO)</td>
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<tr>
<td>09.00 – 10.00</td>
<td>Maternal death surveillance and response</td>
<td>Group work V</td>
<td>Thierry Lambrechts (WHO)</td>
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<tr>
<td>10.00 – 11.15</td>
<td>Child mortality estimation</td>
<td>Market place</td>
<td>Mohamed Ali &amp; Carla Abou-Zahr (WHO)</td>
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<tr>
<td>10.00 – 11.15</td>
<td>Maternal mortality assessment</td>
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<tr>
<td>11.15 – 11.45</td>
<td>Coffee break</td>
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<tr>
<td>11.45 – 13.00</td>
<td>Child mortality estimation</td>
<td>Market place</td>
<td>Mohamed Ali &amp; Carla Abou-Zahr (WHO)</td>
</tr>
<tr>
<td>11.45 – 13.00</td>
<td>Maternal mortality assessment</td>
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<tr>
<td>13.00 – 14.00</td>
<td>Lunch</td>
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<tr>
<td>14.00 – 14.30</td>
<td>Overall quantitative performance assessment: How can we benchmark</td>
<td>Carla Abou-Zahr &amp;</td>
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<tr>
<td></td>
<td>Country performance assessment</td>
<td>Fiona Gore (WHO)</td>
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<tr>
<td>14.30 – 15.00</td>
<td>Country performance assessment: Benchmarking tool</td>
<td>Practice</td>
<td>Participants</td>
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<tr>
<td>15.00 – 15.30</td>
<td>Introduction to the Regional Health Observatory</td>
<td>Presentation</td>
<td>Ahmed Bayomie (WHO)</td>
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<tr>
<td>15.30 – 16.00</td>
<td>Coffee break</td>
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<tr>
<td>16.00 – 16.30</td>
<td>Discussion</td>
<td>Flenary</td>
<td>Participants</td>
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<tr>
<td>16.30 – 17.00</td>
<td>Poster session: Advocacy and action</td>
<td>Interactive</td>
<td>Participants</td>
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</table>
**Thursday – 15 December Day 4**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Organizer</th>
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<tbody>
<tr>
<td>08.30 – 09.00</td>
<td>Review of previous day session</td>
<td>Mohamed Ali (WHO)</td>
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<tr>
<td>09.00-09.30</td>
<td>eHealth strategies and innovation for accountability</td>
<td>Doris Ma Fat (WHO)</td>
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<tr>
<td>9.30-10.00</td>
<td>Advocacy and action for accountability</td>
<td>Carla Abou-Zahr (WHO)</td>
</tr>
<tr>
<td>10.00-10.30</td>
<td>IHP+: country-led national health strategies</td>
<td>Mounir Farag (WHO)</td>
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<tr>
<td>10.30 - 11.00</td>
<td>COFFEE BREAK</td>
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<tr>
<td>11.00-12.00</td>
<td>Putting all the situation analyses together; setting priorities</td>
<td>Participants</td>
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<tr>
<td>12.00-13.00</td>
<td>Country reporting and discussion</td>
<td>Carla Abou-Zahr (WHO)</td>
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<tr>
<td>13.00-14.00</td>
<td>LUNCH</td>
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<tr>
<td>14.00-15.00</td>
<td>Final workshop evaluation and closure</td>
<td>Carla Abou-Zahr (WHO)</td>
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</tbody>
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**Group work**

- **Group work I**: Strengthening monitoring of results and institutional capacity (Session 2)
- **Group work II**: Review and accountability mechanisms (Session 2)
- **Group work III**: Strengthening birth and death registration (Session 2)
- **Group work IV**: Resource tracking and NHA institutionalization and MNCH sub-accounts (Session 5)
- **Group work V**: Maternal death surveillance and response & quality of care assessments (Session 6)
- **Group work VI**: Strengthening innovation through use of ICT (Session 8)
- **Group work VII**: Advocacy and outreach (Session 8)
Review of health progress and performance
A stepwise approach

Inputs & processes → Outputs → Outcomes → Impact

- Governance
  - Financing
  - Infrastructure / ICT
  - Health workforce
  - Supply chain
  - Information

- Intervention access & services readiness
  - Intervention quality, safety and efficiency
  - Coverage of interventions
  - Prevalence risk behaviours & factors

- Improved health outcomes & equity
  - Financial risk protection
  - Responsiveness

Have finances been disbursed?
Have policies been changed?
Is the process of implementation happening as planned?
Has access to services improved?
Did the quality of services improve?
Has utilization improved?
Did intervention coverage improve?
Have risk behaviours improved?

Contextual changes
Non health system determinants

Have health outcomes and equity improved?
Are services responsive to the needs?
Are people protected against financial risks?

Contextual changes
Non health system determinants