

**HEALTH METRICS NETWORK:
UPDATE ON ACTIVITIES
NOVEMBER 2004**

Abuja December 2004

Health Metrics Network: Update on activities November 2004

At the meeting of the High-Level Forum on the Health Millennium Development Goals on 8 and 9 January 2004, participants agreed that health information systems need to be strengthened, better coordinated, and more orientated towards country priorities and needs. First and foremost, information systems must provide data for policy-making at national level; but they also need to respond to global demands to monitor progress towards the MDGs.

Participants noted with concern the multiplicity of actors across different sectors engaged in generating data and the lack of overall coordination. The result is fragmentation and duplication, caused specifically by donor requirements for separate, complex, disease-based monitoring and evaluation systems that which impose heavy burdens on over-stretched health information systems without meeting country needs. It is essential to empower countries themselves to generate and disseminate better quality health information and use it for policy development and policy-making.

The creation of the Health Metrics Network (HMN) focusing on enhancing coordination, reducing duplication and strengthening country health information systems was welcomed. HMN was a timely initiative that could contribute significantly to coherence and harmonisation in health information systems around a common single technical framework. The HLF encouraged a rapid launch and requested that HMN report to the next HLF on progress in a number of priority challenges.

- Identification of a limited set of intermediate health indicators that can be used by all for short-term and regular tracking of progress towards the health-related MDGs. The set should be limited to those indicators that are immediately relevant to policy-makers and programme managers.
- Strategies to improve data quality and dissemination and to enhance the coherence of data collection platforms.
- Development of innovative strategies for addressing emerging developments in health system organization, such as decentralization, and for generating disaggregated data in order to better monitor progress towards equity in health.

Consensus-building around the goals and objectives of HMN

The development phase of HMN continued for longer than had been anticipated at the January meeting of the HLF as a result of additional inputs to the HMN business plan from

key stakeholders including countries, multilateral and bilateral agencies, foundations, technical experts and representatives of both health and statistical constituencies. The final business plan defines HMN's goal as to catalyze the development of country health information systems, thus increasing the availability and use of timely and sound health information to support decision-making at country and global levels. In support of this goal, HMN has three objectives:

- Forge consensus around technical approaches including tools, indicators, and analyses to guide drive the development of country health information systems and enhance access to and quality of data;
- Provide technical and financial support to countries to strengthen their health information systems; and
- Develop policies, systems and incentives to ensure access to and use of information for decision-making in countries and globally.

The delay in the formal announcement of funding did not prevent ongoing activities on a number of fronts, including a first meeting of the HMN Board in June 2004 during which Board members made a number of recommendations regarding HMN objectives, activities and governance. This update, jointly produced by the HMN Interim Secretariat based in WHO and the World Bank, provides a brief overview of these activities.

Technical advances to improve health information systems

Proximate indicators

The World Bank has been instrumental in taking forward collaborative efforts to identify a consensus framework for understanding the determinants of health outcomes and to identify a core set of intermediate indicators for regular monitoring of progress. In November 2001, the World Bank convened a consultation of some 50 operational and technical specialists to examine which indicators are most appropriate for measuring progress on health, nutrition, and population development goals. The meeting reached agreement on a number of key determinants of the goals, and proposed a small number of measurable indicators for monitoring and evaluation, which have since been incorporated into PRPSs. Since then, experience has demonstrated the need for additional indicators for monitoring inputs and processes as well as for measures of policy and institutional performance to be monitored alongside the more usual health outcome and health care coverage indicators. To these ends, a one day meeting of representatives of UN agencies (UNICEF, UNDP, World Bank, WHO), bilaterals (USAID), and academics (Johns Hopkins University, Columbia University) was convened to explore different avenues and to present some alternative options. The group came up with a number of suggestions such as examining the feasibility of a health commodity index, analyzing the predictive power of specific indicators relative to health

outcomes, linking health expenditure and outcome data, identifying a menu of indicators for countries to select from and developing a set of metrics of health system performance to be used alongside the health outcome and service coverage indicators. Work on the strengths and weaknesses of these approaches is currently under way (with support from DFID).

Child mortality

Child mortality is a key indicator for monitoring progress towards country and global goals including the Millennium Development Goals (MDGs). Work on reconciling child mortality estimates derived from different sources has continued and there is now agreement to work towards a single set of estimates that will be used by all international agencies. In addition, training will be provided to national statistical agencies to facilitate adopting the methodologies developed for estimating child mortality from multiple sources. The foundation will be a common database and uniform, transparent estimation methods. In addition, considerable progress has been made in addressing the complex challenge of causes of child deaths, information that is critical for determining programmatic interventions. This includes an important new area of work, estimates of deaths occurring in the first month of life; considerable progress has been made in generating consensus on regional and global figures. This body of work has been carried forward by multilateral agencies (WHO, UNICEF, the World Bank, the United Nations Population Division) working closely with technical experts (Johns Hopkins University, London School of Hygiene and Tropical Medicine, Centers for Disease Control, Aga Khan University and others) and partners working in the area of child survival. (Saving Newborn Lives).

Count the dead

Throughout the development phase of HMN, the need to reaffirm and support the special role of vital registration as a tool for generating data on numbers and causes of deaths has been emphasized. Increased efforts and resources need to be directed to improving vital registration, drawing upon innovative approaches such as sample registration and verbal autopsy. Now that HMN funding has been secured, a major effort to expand sample registration will be actively undertaken. As a starting point, WHO and partners including MEASURE/USAID (with support from Japan's Ministry of Health, Labour and Welfare) have proceeded to convene technical workshops on validation of verbal autopsy tools; these will be critical for determining causes of death in settings where most people die at home and where medical certification of cause of death is not possible.

Evaluation

During the development phase of HMN attention was drawn to the need to address evaluation questions such as overall impact of disease-focused programmes, their effects on health systems, and possible unintended consequences, especially when complex interventions are

being rapidly scaled-up. A one day meeting of technical experts in evaluation, representatives of academia, the UN system and bilateral agencies, was held to assess the potential value of establishing a working group on evaluation. As no HMN funds are yet available to involve a broader group of participants, this meeting was limited to individuals and organizations located on the east coast of the USA. The group concluded that HMN is well-placed to focus on impact evaluation, taking a multi-disease and systems-wide approach and to address the challenge of translating evaluation findings into policy. The discussions fed into a meeting of the technical evaluation reference group of the Global Fund and into an evaluation strategic plan which is currently being drafted.

Equity dimensions of health information

The challenge of responding to the need for sound data on equity dimensions in health was frequently reiterated during the development phase of HMN and attention was drawn to this issue at the High Level Forum in January 2004. Inequity has many dimensions – sex, age, wealth, educational socio-cultural, and geographic stratifiers are all critical for an understanding variations in health status and access to the health care system. However, the current fragility of health information systems mean that much of the information needed for an understanding of inequity is not available. Innovative strategies are needed to generate disaggregated data. For example, HMN partners are currently collaborating to develop tools for generating district level data that will permit better understanding of the geographic dimensions of inequity. The results will be reported to HLF members.

Achieving coherence in data collection platforms

International Household Survey Network

HLF participants requested that HMN take forward work on enhancing the coherence of data collection platforms and made particular reference to household surveys, which have become a dominant form of data collection in developing countries. A number of survey programmes are sponsored by international agencies such as UNICEF, USAID, Centers for Disease Control (CDC), the World Bank, and WHO. Although these efforts have resulted in significant gains in terms of data availability and national capacities to collect and process data, the plethora of survey programmes has come at some considerable costs in terms of overlap and duplication and a heavy demand on fragile country statistical systems.

Harmonizing surveys and providing a platform for survey coordination was also a recommendation of the Marrakech Action Plan for Statistics, which called for establishment of an international household survey network. In follow-up, the World Bank Development Economics Data Group (DECDG) and WHO convened consultations in Washington and

Geneva with participation of key survey sponsors, including those involved in the formation of the Health Metrics Network. These meetings resulted in the establishment of the International Household Survey Network (IHSN) the goal of which is to promote enhanced survey coordination, greater harmonization, and improved tools for archiving and dissemination of survey micro data and metadata. An immediate product of this collaboration is expected to be a central survey data archive and dissemination toolkit currently under development at the World Bank, which offers the possibility of building a common register of survey data. The World Bank is sharing its work with key partners such as WHO and UNICEF to expand the contents of the database. See the website under construction at www.surveynetwork.org

Country logbook

Many national and international actors are involved in different aspects of health information and this presents some critical challenges in knowing what is ongoing and planned in countries. It is not unusual for countries to find themselves involved simultaneously in a number of parallel data collection activities that lack overall coordination. A simple strategy to enhance information sharing is the country log book which brings together all that is known about completed, ongoing and planned health information activities, whether in the area of censuses, vital registration, household surveys, facility based data collection, or surveillance. The country log book is currently under development and will be linked to the data archive currently being developed at the World Bank (see above).

Core health indicators database

A specific contribution to HMN goals by WHO is an Organization-wide database of core health indicators that will be updated on a regular basis and that will include not only data but also essential background information on data collection methods, definitions, sources etc. and thus permit users to better judge the overall quality and comparability of the indicators. The core health indicators will include, but not be limited to, the health-related MDGs and will thus permit users to build a comprehensive picture of the health challenges facing countries at different levels of development.

Support to country health information systems

The World Bank's new lending program for statistics, STATCAP, is designed to provide the resources needed to build a long-term sustainable statistical system in support of countries' statistical capacity projects. One of its special features is that it will provide flexibility in financing, including meeting recurrent costs, providing new means for investments and making best use of all sources of technical support and advice. The first two countries participating in the STATCAP program are Burkina Faso and Ukraine. Statistical Master Plans have been developed and agreed by both countries, and projects resulting from these plans

(of \$10 and \$32 million respectively) have been appraised and approved by the World Bank Board in March 2004.

Preparation of projects for a number of other countries is ongoing. Kenya has developed a Statistical Strategy, and is developing a more detailed Statistical Master Plan in preparation for a STATCAP project. Projects are in the pipeline for Sri Lanka, India, and Yemen. Through the Trust Fund assistance is being given to Yemen to help in the preparation of Master Plan.

The HMN secretariat has continued to receive requests from countries for support in developing their health information systems. Pending HMN Board decisions regarding criteria for country selection and the receipt of funding for country support, these requests have been put on hold for the time being.

However, work has continued on the consensus technical framework, and the associated health information system reform guideline, that will integrate coherent support to country health information systems development. A first draft of a technical framework is under development and will be reviewed by stakeholders during the first half of 2005.

The consensus technical framework will describe a strategic approach to health information system reform will help ensure the biggest return on investment. A strategic approach means dealing with not only the technical aspects of health information – the definitions, sources, methods, interpretation and analysis. It means also tackling the underlying reasons for weak data, which relate to the interactions between technical, contextual and behavioural factors and involve multiple actors – producers, users and subjects of data.

The country reform guide sets out the vision to which country health information systems should aspire and lays out a strategy to help country partners turn that vision into a reality. The philosophy underlying the approach is that the reform of country health information systems must:

- be country owned and country led
- be spearheaded by ministries of health and national statistics offices
- be undertaken through consensus among interested parties including donors
- involve both health and non-health constituencies
- be realistic and feasible
- be sustainable in the longer term as well as immediately productive.

HMN will actively solicit wide-ranging consensus around the framework at both global and country levels. Application and refinement in countries identified for HMN support will

commence shortly thereafter. Work is also continuing on criteria for country selection and on a roll-out plan that will permit rapid scale up of HMN support on receipt of funding.

Governance and management

Funding and staffing

Pending the finalization of the HMN business plan and the receipt of funding, the interim secretariat based in WHO has maintained communications between Board members and other interested parties.

Advocacy and communications

A draft HMN logo is available (see masthead) and will be submitted to the Board at its next meeting. A prototype HMN website is available and will be formally launched once HMN is fully operational. www.who.int/healthmetrics/

Bulletin and CD ROM

The technical development phase of HMN generated a rich set of analyses that need to be more widely disseminated. To this end, a health information systems special issue of the WHO Bulletin will be issued early in 2005. In addition, an edited version of the original technical papers will be issued on CD ROM before the end of 2004.

Upcoming activities

HMN partners have sought to maximize opportunities to disseminate information about the goals and activities of the Network. At the *Ministerial Summit on Health Research* from November 16-20, 2004 in Mexico City, Mexico, round table sessions on HMN and on country experiences in health information system strengthening enabled additional stakeholders to share ideas on how to take forward the HMN agenda.

The 2005 report by the United Nations Secretary General on the MDGs will review progress and set the scene for accelerated efforts. The need to strengthen health information systems in order to accurately track progress will be highlighted in the report.

The second meeting of the HMN Board is scheduled for January 2005. It is expected that during this meeting Board members will review and finalize a workplan for the Network and will take decision about structure, governance and funding priorities.

Conclusion

The delay in finalizing the business plan and receipt of funding slowed down, but did not halt, HMN activities. The challenge now will be to catalyse action among the various partners in order scale up quickly, particularly with regard to HMN support to country health information systems. With the receipt of funding and the upcoming Board meeting in January 2005, HMN activities will be initiated widely, bringing in multiple partners and building on the momentum already created by the progress made to date.

Actions by the High Level Forum

The HMN is seeking:

- feed-back on progress to date from the High Level Forum,
- endorsement for the areas of action identified and reviewed in this update, and,
- involvement of all stakeholders in support HMN's overall goals.

Particular efforts are needed to strengthen collaboration between the health and statistical constituencies and to bring together disease-focused programmes and partners around a shared vision for stronger health information systems.

HLF members are also invited to use the emerging consensus around strengthening health systems to leverage the health information system reform. HMN represents the first global collaboration around a core component of the health system. Growing awareness of the need to strengthen institutions and management structures, and for development partners to work towards more harmonized approaches aligned around country health systems, provide additional opportunities for furthering the goals and objectives of the Health Metrics Network.