

Summary report on the

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**Regional consultation on
strengthening country health
information systems and
capacities to monitor universal
health coverage and the
health-related Sustainable
Development Goals**

Amman, Jordan
21–23 January 2019



REGIONAL OFFICE FOR THE

**World Health
Organization**

Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions	3
3.	Recommendations.....	8

1. Introduction

The SCORE for health data technical package was developed by WHO and partners to assist Member States in strengthening country data systems and capacity to monitor progress towards the health-related Sustainable Development Goals (SDGs), including universal health coverage (UHC), and other national and subnational health priorities and targets. The SCORE technical package contains the most effective strategies and interventions for strengthening country health data systems, and encourages stakeholders to invest in a select number of interventions that synergistically have greatest impact on the quality, availability, analysis, use and accessibility of data in countries.

The five essential interventions of the SCORE package are:

- Survey populations and health risks to know what makes people sick and their risks;
- Count births, deaths and causes of death to know who is born and what people die from;
- Optimize health service data to ensure equitable, quality services for all;
- Review progress and performance to make informed decisions; and
- Enable data use for policy and action to accelerate improvement.

Based on the maturity of a country's health information system, the SCORE package provides guidance on best practice measurement methods, standards and tools to improve the availability, quality, analysis, access and use of data. These relate to, for example, birth and death registration, including the reporting of deaths and causes based on the International Classification of Diseases, hospital and clinic reporting systems, patient monitoring systems, chronic disease registers, facility and population-based health surveys, real time surveillance of public health threats, and financial and health workforce data. Guidance is also

provided on strengthening national institutional capacity for data synthesis, analysis and dissemination, the use of data to drive policy and planning, and the key elements of strong country-led data governance.

SCORE is accompanied by a monitoring instrument that allows countries, regions and the global community to identify gaps in data systems, guide investments and actions, and track progress. Establishment of the baseline status of a country's health information system, followed by regular, systematic monitoring of the implementation of the SCORE interventions, is critical for targeting interventions and tracking improvements in the health information system over time. The SCORE package includes a set of 26 indicators for monitoring the SCORE interventions at country level and a standard assessment instrument for obtaining the indicator data. The indicators include a mix of quantitative and qualitative data, and were developed in consultation with WHO staff and external experts. Development of the indicator set and the assessment instrument leveraged and ensured complementarity with other health information system assessment efforts developed by WHO regional offices and partner agencies.

The status of country health information systems need to be documented, in order to promote targeted, timely investments that will enable Member States to report on UHC and SDG indicators. To this end, WHO will support ministries of health to conduct baseline assessments using the SCORE instrument during 2018–2019, in order to produce the first ever global report on the state of the world's health information systems.

Against this background, the WHO Regional Office for the Eastern Mediterranean, in collaboration with WHO headquarters, convened a regional consultation to identify and address critical gaps and needs in country health information systems and capacities, in order to monitor UHC, the health-related SDGs, and other national and subnational

priorities. The consultation also addressed WHO's commitment in its thirteenth general programme of work 2019–2023 (GPW13) to support Member States in the effective collection, analysis, reporting and use of data. The consultation took place in Amman, Jordan, from 21 to 23 January 2019.

The specific objectives of the meeting were to:

- bring together key senior stakeholders from WHO Member States to discuss and review the readiness of country health information systems to monitor UHC and the health-related SDGs;
- review, validate and complete the preliminary assessment of each country's health information system;
- develop a plan for accelerated priority actions to address critical gaps and identify technical assistance needs; and
- introduce the new WHO SCORE for health data technical package as a technical resource for countries to strengthen health information systems.

The meeting was inaugurated by Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean. In his opening message, delivered by Dr Arash Rashidian, Director, Science, Information and Dissemination, he reiterated WHO's commitment to support countries to enhance their national health information systems and ensure that the Region is able to generate the data needed to measure the impact of GPW13 and progress towards the health-related SDGs.

2. Summary of discussions

The first day of the consultation focused on GPW13 and the 75 regional core health indicators that focus on: (1) health determinants and risks; (2) health status; and (3) health system response. The last two days

focused on the SCORE technical package. In working groups, participants reviewed the list of indicators agreed at the global level to measure impact under GPW13. The indicators relate to the measurement of the triple billion targets: 1 billion more people benefiting from UHC; 1 billion more people better protected from health emergencies; and 1 billion more people enjoying better health and well-being. With respect to the SCORE package, participants reviewed the preliminary results of a desk review on the status of country data systems. This was followed by detailed presentations on each of the five essential interventions of the SCORE package, working group sessions to review data gaps, information needs and action points to complete data collection, and a report writing exercise.

GPW13, regional core health indicators and the health-related SDGs

The participants reviewed each of the triple billion targets of GPW13 and their related indicators: 39 indicators for measuring UHC (UHC index), 19 indicators for measuring better health and well-being (healthier population index), and three main aggregate indicators summarizing country preparedness, prevention, and detection and response for emergencies (health emergency protection index). Participants also reported on the availability of data disaggregated by residency status (documented/non-documented and national/non-national) for the health-related SDGs, in line with global demands to measure equity.

While participants were able to report on the availability of data at the national level for each of the indicators related to the triple billion targets, the majority of countries highlighted a need for more technical and financial support to prepare their national health information systems to be able to collect additional data and reliably report on the indicators. In particular, indicators to measure the UHC index (that focus on “effective coverage”) were considered to be more data and computationally

demanding than indicators for the healthier population and health emergency protection indices. Participants also reiterated a need to update the regional core health indicators in light of GPW13 indicator needs.

Common challenges identified by the participants included: limited engagement with institutions outside ministries of health that also collect health-related data; the non-applicability of some indicators for selected countries in the Region (and how to adjust for that in the global monitoring process); the subjectivity or complexity of some indicators; and the unavailability of national data collection for some of the indicators. While some countries reported the availability of extensive data collection systems for GPW13 indicators, others revealed a lack of recent or ongoing data collection or reporting systems for several indicators. Household surveys were deemed to be the most common data source for most indicators. However, as highlighted by some countries, household surveys are costly to conduct and, in the context of limited resources, not a priority for ministries of health and affiliated institutions.

Specifically, some indicators were considered to be insufficiently defined, difficult to measure and requiring new data collection methods. These included the “elimination of industrially produced trans fats”, and the “proportion of the population experiencing a substantial increase in air temperature” (both part of the healthier population index). The indicator “number of children subjected to violence, including physical and psychological violence by care givers” (belonging to the healthier population index) was considered by some participants as prone to subjective interpretation, which would present challenges to obtaining valid data and consistency across countries. The “proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care” (healthier population index) was regarded as too complex and, as such, it was suggested to split it into three separate sub-indicators, corresponding

respectively to “informed decisions” about “sexual relations”, “contraceptive use”, and “reproductive health care”. The indicator “harmful use of alcohol, defined according to the national context as alcohol per capita consumption” (healthier population index) was viewed as non-applicable to countries where alcohol consumption is illegal.

Disaggregation by residency status (documented/non-documented and national/non-national) for the health-related SDGs was considered highly relevant by countries with a high proportion of migrants, refugees or displaced people among the resident population, while being deemed less relevant by other countries, reflecting the diversity of country contexts within the Region.

Using the SCORE technical package to strengthen country health data

During the consultation, participants were introduced to some of the key initiatives to improve health data for UHC and the SDGs in the Region. Discussions focused on the linkages between the SCORE package and the priorities in the Region, such as the focus on improving civil registration and vital statistics (CRVS) systems (the “C” component of SCORE), regional core health indicators programme (which contains indicators that cut across the entire SCORE spectrum), comprehensive health information system assessments, and development of national survey plans to streamline survey conduct and enhance the reporting of the maximum number of indicators generated from surveys.

Some participants wanted more clarity on the added value of the SCORE package. In response, participants were informed that SCORE builds on previous interventions, such as the Health Metrics Network, and takes into consideration innovations and data demands, to develop a comprehensive technical package that will support countries to improve their systems in line with the data demands of the Sustainable Development Agenda.

While the SCORE package was seen as being very helpful in identifying key priority areas for enhancing national health information system functionality, participants highlighted the need to address a number of technical or logistical issues. For instance, participants felt that countries needed to be provided with adequate time to complete the data collection to ensure that information gaps or source documents are identified properly. The potential for using sample registration systems in countries with limited CRVS system capacity was noted.

Standardizing the naming of some indicators listed in the SCORE package was felt necessary to avoid them being mistaken with other indicators. The application of standardized methods to measure the completeness of death registration is needed to avoid biased and unrealistic scores. The definition of “ill-defined” cases also needs to be standardized.

Participants also felt that the list of assessment topics included in the survey module of the SCORE package needed to be expanded.

There was discussion on whether assessment questions with “not applicable” responses could be omitted from the denominators when calculating scores across each of the SCORE package components. Some participants felt that the weighting of scores may need to be reviewed to ensure that the scoring is realistic and does not bias planning decisions for interventions to improve country health data systems. There was discussion on whether countries who only have indicators available at the subnational level will be scored differently to countries with indicators reported at both the national and subnational level.

It was felt that countries may need support from WHO in implementing interventions to improve health information systems based on the results of the assessment.

The following strategies and timeline to expedite completion of data collection and the development of country profiles were agreed upon.

- End February 2019: Countries to undertake national consultations to complete SCORE country profiles. Countries may consider having national stakeholder workshops to accomplish this.
- End February 2019: Countries to provide SCORE country report, source data or country reports to the WHO Regional Office, for verification purposes only.
- End March 2019: WHO to update the pre-final country profile.
- End April 2019: Countries to validate and provide final sign off. The absence of a response will be considered as validation.
- Second quarter 2019: Preliminary report to be published.
- Third quarter 2019: Final report to be published.

3. Recommendations

Recognizing the important role that the SCORE technical package will play in enhancing national health information systems, participants agreed on the following recommendations to ensure successful implementation of the package to improve health information systems.

To Member States

1. Develop or further strengthen national multisectoral strategic plans to improve health information systems, including CRVS systems, based on the findings of in-depth assessments conducted in countries of the Region.
2. Strengthen infrastructure and capacities within the ministry of health and develop regulations and procedures to assure quality standards for medical certification and coding of cause of death using the International Classification of Diseases.

3. Enhance efforts to increase awareness of the key components of the SCORE technical package to ensure that interventions are targeted properly.
4. Align interventions based on the technical guidance provided in the reference documents on improving health information systems contained in the SCORE technical package.

To WHO

5. Provide strategic and technical guidance to Member States to adapt and implement interventions and global standards for the improvement of health information systems, including CRVS systems, in line with the Sustainable Development Agenda and GPW13 priority areas.
6. Build partnerships with other United Nations organizations and development partners to facilitate implementation of interventions to improve country health data systems.
7. Provide metadata for the indicators for the triple billion targets, to assist countries in collecting the relevant data required to generate the indicators. The metadata should be clear and avoid any ambiguity that may compromise standardization in calculating the indicators.
8. Support national in-country consultations to ensure successful completion of the SCORE data collection process.
9. Provide more clarity on the weighting of some indicators to guide investments and planning.
10. Standardize the naming of SCORE indicators to avoid confusion with other indicators.
11. Develop a streamlined approach for countries to report data to WHO.



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