WHO-EM/HIS/026/E

Summary report on the

Expert consultative meeting to discuss priority national population-based surveys for better reporting of WHO regional core indicators and SDG health-related indicators

Cairo, Egypt
11–12 December 2017

World Health Organization
Regional Office for the Eastern Mediterranean

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1. Introduction

The strengthening of health information systems is a priority for the World Health Organization (WHO) in the Eastern Mediterranean Region. Intensive work with countries since 2012 has resulted in a framework for health information systems and 68 core indicators that focus on three main areas: 1) monitoring health determinants and risks; 2) assessing health status, including morbidity and cause-specific mortality; and 3) assessing health system response. Key Sustainable Development Goal (SDG) indicators have been incorporated in the regional core indicators list to provide countries with a unified approach for reporting on health-related indicators. This brings the current list of core indicators to 75. A recent assessment of the capacity of countries in the Region to report on the initial 68 core health indicators showed that most of the indicators within the area of health determinants and risks come from population-based surveys that should be conducted every 3–5 years. Furthermore, a majority of countries use international funds to conduct the population-based surveys, thereby limiting their ability to conduct surveys according to their needs.

Within the context of the SDGs, population-based surveys still play a key role as sources of data for most of the SDG 3 and other SDG health-related indicators. In August 2016, the WHO Regional Office for the Eastern Mediterranean organized an intercountry meeting to review the results of the assessment and map out strategies to better support countries to report on the core indicators and the SDG 3 indicators on health. During the meeting, participants recommended the need to document the available national population-based surveys in the Region and identify those surveys that are expected to generate data for the core health indicators and SDG 3 indicators.

A team of consultants then developed options for a prioritized list of national household surveys in response to recommendations by meeting participants. Following this, the WHO Regional Office convened an expert consultative meeting to discuss priority population-based surveys for better reporting of WHO regional core indicators and SDG 3 indicators in Cairo, Egypt, on 11–12 December 2017.

The objectives of the meeting were to:

- discuss current initiatives and future plans by WHO and other agencies to improve health statistics through national population-based surveys in the Region;
- present results of an agreed programme of work by external consultants on prioritizing surveys and make them applicable to the countries in the Region;
- discuss modalities and capacity to report on WHO regional core indicators, SDG 3 indicators and other SDG health-related indicators; and
- review recommended modules and plans for national-population-based surveys and the needed resources for improving the reporting and quality of health indicators in the Region.

The meeting was inaugurated by Dr Arash Rashidian, Director, Information, Evidence and Research, WHO Regional Office for the Eastern Mediterranean. In his opening remarks, he reiterated the commitment of WHO in supporting countries to strengthen their national health information systems and enhance reporting on the regional core health indicators to monitor progress towards universal health coverage. He noted that strengthening national health information systems is part of the overarching agenda of implementing the regional framework for health information systems and improving civil registration and vital statistics systems.

2. Summary of discussions

In working groups, the experts discussed the following key areas related to the implementation of population-based surveys: (1) a recommended list and timetable for population-based surveys for better reporting of core health indicators; (2) the main survey modules to be considered as part of survey plans; (3) the number of recommended surveys to be conducted and the ideal inter-survey period; and (4) survey and data needs for countries experiencing humanitarian emergencies. The presentations, discussions and outcomes are detailed and synthesized for each topic below.

Health information system framework for policy-making in the Region

The experts reiterated the role of comprehensive national health information systems in generating data of high quality to inform policy-making in the Region. While there has been tremendous progress across countries in enhancing national health information systems and reporting on core indicators, special efforts are needed to enhance the generation of data for response and policy-making in countries experiencing humanitarian emergencies. Countries need support to identify innovative ways to mobilize support and advocacy for health information systems as a tool for decision-making and to ensure that all health information system interventions are within the framework of the United Nations Fundamental Principles of Official Statistics. There is also a need to work with partners to engage offices for national statistics during survey implementation, in order to support adherence to national legislation on the production of official statistics.

A number of surveys conducted in the Region are not easily accessible or have stringent conditions for access. Experts recognized the need to develop data-sharing policies and databases to enhance public access to data. The establishment and role of national working groups to coordinate efforts in generating core indicators is a priority for countries. This aligns with the WHO recommendation for countries to establish national coordination committees for health information systems, which may serve in this role.

Key implementation challenges for population-based surveys in the Region

Implementation of surveys in many countries is beset by a number of challenges, such as staff turnover at ministries of health. Despite several repeat surveys conducted in the Region, experts noted that they often work with different staff every time a new one is conducted. The Region is also experiencing some of the worst humanitarian crises in the world. The political instability and insecurity has affected coordination, planning and implementation of major data collection activities at the population level. Another challenge identified by experts relates to the fragmentation of coordination mechanisms for survey implementation and data-sharing within ministries of health.

Recommended list and timetable for the main population-based surveys

While most indicators use data from population-based surveys, future efforts to report on core indicators, particularly in middle- and low-income countries, may be compromised since donor decisions or priorities have a bearing on the quantum and tempo of population-based surveys in each country. Thus, any national survey plan or timetable should be developed in consultation with donors and national statistical offices, where applicable. To the extent possible, a survey timetable should be developed and adjusted, based on the surveys already conducted in a country. This approach will enable countries to have a realistic trajectory of surveys and indicators to be reported in the future. When countries develop survey plans, formal endorsement of the plans by the Ministry of Health can ensure commitment to them. Moreover, ensuring that countries have national survey plans will also enable WHO to plan and mobilize its technical support accordingly.

Main survey modules to be considered as part of survey plans

In order to guide countries in reporting on the maximum number of core health and SDG health-related indicators, experts recommended the following standard survey modules to be implemented: household information; adult health; child health; and adolescent health.

In 2016, WHO developed and supported the implementation of the first wave of the health examination survey in Tunisia. The survey focused on health care utilization, health expenditure, household deaths, health state, behavioural and biological markers, chronic conditions, health service coverage and reproductive health. Certain indicators can be obtained from the survey if questions are added to the existing modules. Experts recognized that conducting surveys with multiple modules can provide an opportunity to compare several thematic areas during analysis, and also enable identification of cross-linkages for priority interventions. This cannot easily be done with specialized surveys.

Number of recommended surveys and ideal inter-survey period

Experts highlighted that the decision to adjust the inter-survey period should take into account the chance of observing significant changes in selected indicators. This will ensure that investments made in conducting the surveys yield the expected returns. To this effect, countries may consider administering a shorter version of a standardized survey for indicators that can change rapidly. Experts also noted that, to the extent possible and mindful of the variations in available expertise and resources across the Region, conducting one household survey annually is ideal for each country. This is especially so if the coordinating institution is the same for different surveys.

While many surveys, such as demographic and health surveys or multiple indicator cluster surveys, are conducted once every five years, it is reasonable to consider increasing the inter-survey period, contingent on several factors, such as: the type of survey and target population; feasibility or resource availability; the need to measure or assess the impact of any interventions; whether there are one or more partners involved; the presence of external funding opportunities; administrative and political considerations; and the income grouping of countries.

Survey data needs or recommendations for countries in different income groups

Recognizing that the Region has countries falling within different income groups (high-, middle- and low-income), experts highlighted that each group of countries can have an additional set of survey recommendations depending on country capacity, measured by the efficacy of health information systems and capacity in data management and analysis.

The establishment of national coordination mechanisms (if non-existent) can help in reducing the number of surveys and promote implementation of multi-partner surveys.

Ideal inter-survey periods for countries in different income groups can also be recommended, based on the country context and sample sizes of the surveys involved.

Surveys and data needs for countries experiencing humanitarian emergencies

Data needs for countries experiencing emergencies are enormous, and where data exist they are used to respond to suspected public health events or actual emergencies. Reliable data are important during the preparedness and response phases of each humanitarian response programme cycle. Some of the challenges experienced by countries in emergencies that were highlighted were: (1) information gaps due to limited census and population-based survey data; (2) fragmented information systems; (3) ensuring the representativeness of data collected at the national level (for example, sampling decisions to include or not include refugee populations); (4) ease of access to some parts of the country but not others, affecting the representativeness of the data; and (5) lack of core indicators and associated metadata dedicated to countries in emergencies.

There are ongoing global initiatives to develop all-hazard indicators for emergency settings. Experts noted that while some population-based surveys, such as multiple indicator cluster and demographic and health surveys, have been conducted multiple times in some countries, they are not ideal for assessing the progress of health indicators in emergency settings. Consequently, the use of tools such as the Service Availability Readiness Assessment (SARA) or the Health Resources Availability Monitoring System (HeRAMS) should continue, depending on the country context, existence of acute or protracted crises, and the presence of preparedness data. Alternative solutions or innovative ways to address survey data needs in emergency settings include conducting initial assessment surveys for prioritization of action, involving civil society organizations and other international partners in data collection, using available administrative data, and using any available private, public and preparedness data.

3. Recommendations

Recognizing the critical role of population-based surveys in generating data for most of the core health and SDG health-related indicators, experts agreed the following recommendations on implementing a prioritized list of national population-based survey plans and modules, and enhancing efforts to improve health information systems.

To Member States

- Enhance efforts to increase awareness of the role of health information systems in policy planning.
- Align survey plans with national health strategic plans to effectively monitor implementation of health strategies.

To WHO

- Provide further guidance on the following key components of population-based survey implementation: survey modules; time intervals between surveys; geographical coverage; and suitable representative sample sizes.
- Support development of realistic national survey plans for population-based surveys that can be effectively implemented using available expertise and resources.
- Provide guidance on implementing population-based surveys in countries with humanitarian emergencies.
- Support countries in developing data sharing policies and databases to enhance public access to data in conformity with each country’s statistics legislation.
- Support countries to establish national coordination mechanisms or working groups to mobilize resources and expertise for implementing population-based surveys.

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