

Summary report on the

# Intercountry workshop on country capacity to report on core indicators

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Cairo, Egypt  
15–17 August 2016



**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 all countries since 2012 has resulted in a clear framework for health information systems and 68 core indicators that focus on three main components: (i) monitoring health determinants and risks; (ii) assessing health status, including morbidity and cause-specific mortality; and (iii) assessing health system responses. Indicators are derived from different data sources that fall into two main categories: institution-based and population-based. Irrespective of the data sources for core indicators, regular assessments of national health information systems and country capacity, as well as future plans to report on the core indicators, are warranted. This is critical within the context of the data revolution and the Sustainable Development Goals (SDGs), which call for countries to foster and promote innovation to fill data gaps, alongside leadership and coordination to enable the data revolution to play its full role in the realization of sustainable development.

Assessing country capacity to report on core indicators is an important step to support countries in planning their national strategy to regularly report on the 68 core indicators and monitor their progress toward achievement of the SDG targets. In this regard, a web-based assessment tool on country capacity to report on core indicators was developed and sent to Member States for completion. The assessment tool covered key capacity domains such as existing data sources, frequency of data collection, data analysis, existing resources and use of appropriate standards for data collection, processing and analysis.

The WHO Regional Office for the Eastern Mediterranean convened an intercountry workshop on country capacity to report on core indicators in Cairo, Egypt from 15–17 August 2016. The objectives of the workshop were to:

- discuss the results of the assessment on country capacity to report on core indicators;
- discuss key public health challenges in reporting on core indicators and needed technical resources to enhance quality and reporting;
- discuss opportunities and action steps to strengthen data sources in order to enhance country capacity to report on core indicators;
- plan for collection of and reporting on the SDG indicators.

The intercountry workshop focused on: the framework for health information systems, 68 core indicators and SDG indicator data needs; data sources for the core indicators and operational metadata registry; importance of civil registration and vital statistics (CRVS) systems; results of the assessment on country capacity to report on core indicators; and, methods/processes for the production and clearance of official WHO health estimates. Group discussions focused on: key challenges and innovative solutions to achieve functional health information systems in countries; conducting population-based surveys; the 15 estimated core indicators; and SDG health-related indicators.

The workshop was inaugurated by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean and chaired by Dr Arash Rashidian, Director of Information, Evidence and Research, WHO Regional Office for the Eastern Mediterranean. In his opening remarks, Dr Alwan reiterated the need for countries to reliably report on the 68 core indicators and be confident in reporting on the SDGs.

## **2. Conclusions**

### *Key results of the assessment*

The assessment on country capacity to report on core indicators was completed by 17 of 22 countries in the Region. All the countries report

annually on the core indicators, irrespective of the number of indicators reported. The average amount of indicators collected is more than 60% in group 1 and 2 countries, and around 45% in group 3 countries.

Regarding the three groupings of indicators, 70% of health status indicators are the responsibility of the ministry of health within countries. Population size, infant mortality rate and under-5 mortality rate are among the most commonly collected and reported indicators. Of all the health status indicators, surgical infection rate was the least reported.

Most of the indicators in the group of health determinants and risks come from population-based surveys conducted every 3–5 years. Forty percent of countries know about the estimation process; and almost all countries report following WHO standardized methods to calculate indicators. Ninety percent of countries publish annual statistical reports and use the ICD-10 coding system on cause-specific mortality; only two countries are using ICD-9. Sixty percent of countries report data on cause-specific mortality and used ICD-10 during the 5 years prior to the assessment.

While most indicators are reported at the national level, there were gaps between indicators that are collected and those that are reported. With most indicators coming from population-based surveys, the majority of low- and middle-income countries in the Region use international donor funds to conduct their population-based surveys.

#### *Key challenges identified by the assessment*

The assessment identified several key challenges including the issue that a number of indicators are collected but not reported (e.g. on cause-specific mortality), and that some indicators are not applicable to some Member States (e.g. use of impregnated bed-nets for malaria).

In many countries, there is a lack of integration of national health information systems with other relevant ministries (and/or national statistic offices) that share the responsibility of reporting on core indicators. There are also inherent communication issues between relevant departments within ministries of health that affect the quality or reporting of core indicators. In some countries, although efforts have been made to improve health information systems, there is still fragmentation and underdevelopment of mortality data collection systems with associated dysfunctional CRVS systems.

In many countries, most data collection activities (e.g. population-based surveys) are donor-driven and limit the ability of countries to report the most up-to-date data. Another key challenge is related to limited multi-stakeholder approaches, particularly engagement of health ministries in survey planning and implementation in most group 3 countries. Use of electronic web-based data collection and reporting is low in group 2 and 3 countries. Limited capacity in data collection, data management, quality assurance and analysis of indicators continues to persist across all countries that completed the assessment.

In general, assessment of data quality/validity is lacking, especially if data are generated from routine data sources. There is a lack of standard operating procedures for data management, which compounds the data quality problems. Persistent security challenges in some countries have created a black hole in statistics due to incomplete coverage of reporting due to inaccessibility of areas under insurgency. While data collection activities are conducted in some settings, poor cooperation of local authorities in the collection process is hampering coverage and representativeness of data. High staff turnover is prevalent particularly among staff trained in critical areas related to functionality of health information systems and CRVS systems in almost all 17 countries.



### 3. Action points

With the urgent need to reliably report on the core indicators and the SDGs, participants agreed key actions for strengthening health information systems.

- Countries to enhance efforts to increase awareness of the role of health information systems in policy planning.
- Countries to consider collecting data on equity, especially those undergoing humanitarian crises with an important impact on equity issues. Countries should seek WHO support and expertise from the Emergency and Humanitarian Action team to develop indicators to measure equity.
- WHO to provide guidance on key population-based surveys to address reporting needs for the core indicators and SDGs. A list of recommended surveys for countries will be developed by mapping out available surveys conducted in the Region against planned surveys to generate the core indicators and SDG indicators.
- WHO to support country capacity to collect, process and analyse data following international practices and standards on data disaggregation, integration, dissemination and use.
- WHO to set measurable action points and a timeline to improve reporting on core indicators and health-related SDGs. Action points can be distilled into five key strategic areas for strengthening health information systems: governance; quality assurance; infrastructure; data management and standards; and dissemination and use of data for policy and planning.
- WHO to review and compile metadata for the SDGs and update the core registry. Metadata will be shared with countries, and the draft operational metadata registry for the 68 core indicators will be updated to include SDG indicators. A workshop will be planned to familiarize countries with the SDG indicators.

- WHO to continue to work with Member States to improve CRVS systems. Two Member States will be supported to conduct outstanding CRVS comprehensive assessments.
- WHO to plan comprehensive routine health information system (RHIS) assessment through organizing an intercountry workshop to review harmonized tools for RHIS assessment, conducting pilot RHIS assessment in two countries and conducting subsequent comprehensive assessments in other countries.
- WHO to enhance sharing of experience among countries by providing case-studies of successful interventions to improve health information systems.
- WHO to work with countries to mobilize resources within the Region and from international partners to overcome funding challenges in improving health information systems, and ensure that key strategic areas (such as training of staff) benefit from available resources.
- WHO to hold a follow-up meeting to assess progress and enhance reporting of SDG indicators.



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