

Summary report on the
**Subregional review
workshop on improving
monitoring capacity in
humanitarian and fragile
settings in the Eastern
Mediterranean Region**

Alexandria, Egypt
18–20 September 2023



**World Health
Organization**

Eastern Mediterranean Region

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1. Introduction

The WHO Regional Office for the Eastern Mediterranean has initiated a project to improve monitoring capacities in humanitarian and fragile settings in the WHO Eastern Mediterranean Region. The project aims to enhance the ability of countries/territories and partners to monitor the impact of the humanitarian response efficiently and effectively. Five countries/territories (Libya, the occupied Palestinian territory, Somalia, the Syrian Arab Republic and Yemen) were chosen for a pilot phase based on specific criteria, including the accessibility, complexity and maturity of their health information management systems.

Regional key performance indicators (KPIs) were formulated after assessments and workshops conducted at country and regional levels, and endorsed following discussions among departments of the Regional Office. Since 2022, WHO has been collecting baseline data on the KPIs from four of the five pilot countries/territories (the occupied Palestinian territory, Somalia, the Syrian Arab Republic and Yemen), who have differing levels of data availability for the KPIs.

In this context, a workshop was held to enhance the WHO Regional Office's and its partners' capacities for the monitoring of humanitarian health action at country and regional levels, in order to increase the effectiveness and accountability of the humanitarian response.

The specific objectives of the workshop were to:

- assess the progress made in implementation of the response monitoring project;
- deliberate on recommendations on strengthening country implementation and agree on a final country support plan; and
- review the analytical products based on the regional KPIs.

The workshop involved the participation of WHO country office staff and ministry of health focal points from the four pilot countries and territories. Representatives of several WHO headquarters and Regional Office teams also attended.

The workshop provided an opportunity for participants to come together to reflect upon the strengths and weaknesses of their monitoring and evaluation systems, as well as the challenges encountered in establishing and maintaining effective response monitoring strategies. By creating an environment for open dialogue and the sharing of best practices, the workshop aimed to equip participants with the necessary knowledge and tools to draft comprehensive country action plans.

2. Summary of discussions

On the first day of the workshop, Dr Thomas Mollet, Programme Area Manager of the Health Emergency Information and Risk Assessment Unit at the WHO Regional Office for the Eastern Mediterranean, welcomed participants, highlighting the need to monitor the humanitarian responses to emergencies to assess their impact on public health. The day focused on the importance of monitoring and evaluation in emergencies, the challenges faced in implementing monitoring and evaluation strategies, the progress made in the regional response monitoring initiative and the need for using data for action.

In the first session, the Monitoring, Evaluation, Accountability and Learning (MEAL) framework and its components were presented. During discussion, participants shared their experiences and challenges in developing monitoring and evaluation strategies. Issues such as defining indicators and collecting baseline data were highlighted. The importance of stakeholder engagement and the long-term sustainability of monitoring and evaluation efforts was also emphasized.

The second session presented the progress and challenges of the regional response monitoring initiative. The history and aims of the regional KPI framework were discussed, along with the development of country-specific dashboards.

The participants engaged in discussion on aligning with other countries, the difference between development and emergency responses and the involvement of partners in indicator selection. Participants also discussed a focus on outcomes, data quality challenges, and learning and accountability.

The linkages between emergency operations, response indicators and using data for action were explored during the third session. The discussion included stories from the occupied Palestinian territory and Gaziantap, Türkiye. Challenges presented by the fragmentation of systems, undertaking data collection in emergency contexts and ensuring timely and quality data were highlighted.

In the fourth session, presentations were given on the response monitoring situations in Somalia, the Syrian Arab Republic and Yemen. These provided insights into efforts to improve data collection, data quality and the use of data for decision-making, and the challenges encountered.

The day concluded with discussions on innovative approaches to mortality estimation and the resources required for implementing such approaches at the national and regional levels. The importance of consensus-building and engaging local stakeholders was emphasized.

The second day of the workshop began with a session on the Health Resources and Service Availability Monitoring System (HeRAMS). The sustainability of HeRAMS in resource-constrained settings and its integration into health management information systems were discussed, highlighting the contribution of accumulated capacity to long-term health information management system strategies.

Adopting a complementary approach to HeRAMS and health facility feasibility assessment was emphasized, and it was agreed that there is complementarity rather than conflict between the District Health Information System (DHIS) and HeRAMS.

The Incident Management Support Team toolkit was presented, highlighting its links with the Emergency Response Framework. The involvement of country offices and coordination with WHO's country programme implementation data repository for emergency operations centres were discussed. The links of the toolkit to the regional MEAL strategy were also noted.

A health information system (HIS) session was held that addressed the alignment of national KPIs with regional KPIs. Country offices shared their experiences of national HIS strategies and costing. Yemen's current strategy was described as an "emergency context strategy". Some hospitals in the Syrian Arab Republic have started using electronic medical records software.

Key actions were discussed, including supporting countries in data analysis, conducting assessments of KPIs and selecting indicators based on feasibility. Challenges such as fragmentation, data utilization and data quality were identified, along with recommendations to address these challenges. The need for data validation and the importance of reporting all indicators were highlighted.

A session on mortality estimates and models for calculating population estimates from the London School of Hygiene & Tropical Medicine was greatly appreciated by participants. Civil registration and vital statistics systems in fragile, conflict-affected and vulnerable (FCV) settings are often weak or non-functional, making it challenging to obtain accurate mortality estimates. The approach presented by London School of Hygiene & Tropical Medicine, which was recently used in Somalia to

calculate excess mortality, was seen as a valuable way to bridge this data gap or provide a short-term alternative. Similarly, a session on models for calculating population estimates, which are crucial for determining denominators for many indicators, including those in the response monitoring framework, was also highly valued by participants.

The sixth session presented feedback from a recent regional WHO Health Emergencies (WHE) programme team leaders retreat. This had a positive reception and participants showed willingness to consider the recommendations during a group work exercise to develop costed action plans for sustaining and/or scaling the initiative in their countries. The discussions and feedback were closely aligned with the perspectives of the WHE team leaders, staff from the WHO Regional Office's Universal Health Coverage/Health Systems programme and Health Cluster Coordinators on the initiative. Participants welcomed the possibility of the initiative becoming a way to validate the effectiveness of humanitarian health action in emergencies through data. The challenges of recommending indicators for the Regional Director's five-year report were also discussed, given the lack of available data at regional level and national estimates or data collected with sufficient frequency, a gap the initiative could fill.

The next session presented the indicators for WHO's Thirteenth General Programme of Work (GPW 13) and their review for the development of GPW 14. There was discussion on the need to calculate a composite indicator to monitor progress in FCV settings based on dimensions of health service availability, utilization and quality.

The day concluded with group work sessions focused on developing country action plans.

On the third day, the participants reconvened into their respective country working groups and presented their action plans, carefully

considering the associated costs and seeking feedback from other participants. The plans aimed to address the various opportunities and challenges identified by participants.

Challenges

Despite the progress made, several challenges persist. For example, in the Syrian Arab Republic, the three emergency response areas (Damascus, north-west Syria and the Amman hub) are still using different versions of HeRAMs, a system that provides data for over 60% of the indicators of the response monitoring framework.

Reliable data is essential for decision-makers to make informed decisions, making data quality a significant concern. To effectively utilize data to guide decisions and actions, there is a need to improve data quality in all pilot countries. To tackle this issue, it is important to enhance collaboration between different departments within the WHO Regional Office and WHO headquarters.

Fragmentation is another significant challenge, as the systems and tools used for data collection, such as DHIS2, HeRAMs and disease surveillance systems, remain disjointed and do not communicate with each other. It is crucial to align data collection systems and tools that contribute to the response monitoring framework and other processes, including indicator definitions and denominators, and across frameworks and systems to ensure interoperability.

Although having an effective HIS is one of the main challenges for health systems, it is not given the importance it deserves. The reluctance of donors and ministries to invest in data and HIS is an additional challenge. While some countries are working on developing their HIS strengthening strategies, others have indicated interest in doing so and have requested support from WHO to help them to do so. However,

funding to implement HIS strategies, as illustrated by an example quoted by South Sudan, which has developed a costed HIS strengthening strategy requiring over US\$ 50 million, remains uncertain. The question of securing funding for implementation of these strategies once developed, remains unanswered.

3. Recommendations

1. Each WHO country office should collaborate with the Regional Office to develop and implement a country action plan for the pilot countries. The Regional Office should provide support throughout the process.
2. Each Member State, with support from the WHO country office, should ensure the harmonization of indicators across different areas. This alignment is crucial for consistency and effective monitoring and evaluation.
3. It is important to invest in establishing emergency monitoring and evaluation systems for WHO country offices and countries that do not already have them. This should be included as a specific action in each country's action plan.
4. There is a need to invest in learning and accountability. This should be addressed in the monitoring and evaluation strategy currently being drafted by WHO. Tools and resources should be provided to enhance learning and support the utilization of information for decision-making purposes.
5. WHO country offices should collaborate with the Health Emergency Information and Risk Assessment Unit at the WHO Regional Office for the Eastern Mediterranean and other relevant units within the Regional Office to improve data quality. This can be achieved by providing the necessary infrastructure to support data collection, enhancing the capacity of staff and implementing validation and verification processes at the country level. This will ensure that reliable and accurate data is obtained for decision-making processes.



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