Regional Technical Consultation (RTC) on Monitoring quality health indicators and achievements in health status at the national and subnational levels

9—11 November 2022, Kathmandu, Nepal

Background

The South-East Asia Region (SEAR) Member States have shown strong commitment and made some progress in achieving Universal health coverage (UHC), the health and health-related Sustainable Development Goals (SDGs), WHO GPW’13 triple billion targets and regional flagship programme. Monitoring progress towards these global, regional, and national health priorities has become an integral part of a countries’ monitoring and evaluation frameworks and health information system (HIS) platforms. These actions are reflected in all components of the national HIS particularly, in target setting and integrating indicators into national monitoring and evaluation platform. A face-to-face RTC was held in Kathmandu, Nepal for the first time since 2019. The three-day technical consultation provided guidance and aimed to renew efforts in strengthening national capacity in monitoring quality health indicators to support evidence-based policies and improve measurement and accountability towards achieving UHC, the health and health-related SDGs, triple billion targets and regional flagship programme. The RTC provided guidance on issues around HIS strengthening such as improving data quality, increasing data use, and strengthening civil registration and vital statistics (CRVS).

RTC objectives

- To assess the current situation and share countries’ experiences and lessons learnt in monitoring progress towards achieving UHC, the health-related SDGs, the regional flagship priority programme KPIs and targets, the WHO GPW13 programmatic targets, and to provide an orientation on relevant global tools and guidelines (focusing on the SCORE for health technical package of essential interventions).
- To discuss and share the common gaps and challenges in monitoring quality health indicators, and to elaborate country-specific approaches and actions to address those.
- Outline countries’ roadmaps (short- and medium-term) in strengthening data quality monitoring including data use in informing policies and plans.
- Identify further requirement for WHO’s and partners’ support in strengthening the measurement of quality health indicators at national and subnational.

Day 1: Setting the scene

Opening ceremonies included welcome remarks from the Health Secretary, Minister of Heath and Population, Nepal, Dr Roshan Pokharel, emphasizing the need to share lessons learned, successes and challenges in strengthening the health information system (HIS) to improve monitoring of UHC, health-related SDGs, Regional flagship programme and triple billion target. The WHO Representative of Nepal on behalf of Dr Poonam Khetrapal Singh, Regional Director, WHO SEARO, provided opening remarks stressing the importance of a shared culture of measurement and accountability for results, to identify and address gaps in resources and rates of progress and to account for and prepare for the emerging challenges that can influence the trajectory of progress, especially in the wake of the post-pandemic year. Dignitaries in their address stressed that quality data is fundamental to monitor impact, to inform policy, and to adjust interventions at the subnational, national, regional, and global levels.

Country delegates from Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Thailand, and Timor-Leste were joined by representatives from WHO, USAID, UNICEF, UNFPA, the British Embassy, GIZ, and three international technical experts. Once underway, the consultation began with plenary I and II where countries reflected on their journey in improving the monitoring of the health and health-related SDGs as best aligned with their own national health priorities. A few overarching and outstanding challenges were shared by several countries in: (i) how to further optimize the number of indicators and measurements to meet the national, regional and global monitoring requirements; (ii) how best to utilize open-source technologies and digital solutions and within that the management of the vast data sets generated; (iii) how to strengthen the use and purpose of the expanded data gathered from RHIS, the house-hold based surveys and the surveillance systems data in decision-making processes at all service delivery levels. Plenary III highlighted the importance of integrating multiple data sources. Countries demonstrated varying capacities in collating data from the subnational to the national level, using paper-based and digitized solutions, to be shared through common platforms for decision-making and policy. Day 1 concluded with plenary IV where countries had an opportunity to revisit the SCORE for health assessment findings using their country profile and identify areas that required strategic investments and interventions to improve data quality, availability and use in decision-making and to optimize accountability to national, regional, and global health priorities.
Day 2: Improving data quality and increasing data use

Day 2 began with plenary V, technical discussion on the importance of monitoring progress towards the health-related SDGs and triple billion targets with quality data. A regional outlook was provided of countries progress towards the triple billion and the health-related SDGs target using the trends analysis presented in the regional annual monitoring report and the Regional Health Information Platform (HIP) to highlight health areas that are in need of accelerated efforts to achieve the ambitious goals. This was complimented by presentation on improving availability of not just any data but high-quality data for policy, planning and patient health care. The WHO's data quality review framework (DQR) and toolkit were introduced (with country examples from Bangladesh, Maldives among others) aimed at improving countries capacities in assessing and monitoring the data quality improvement of their routine health information system (RHIS).

Plenary VI on national annual health statistics reports highlighted variable capacities in countries and how they have streamlined processes to develop annual health reports HMIS data. However, there remains an imperative need to develop countries analytical capacities at the subnational and national level to improve routine data use. This discussion served as a prelude to plenary VII on health data for policy and practice. Our international technical expert gave an orientation on "health data analytics for policy and practice” course designed for mid-level personnel managing the HIS. Commissioned by SEARO, the 6-module course aims to support countries conduct a critical self-evaluation of national health information report, and to identify the actions needed to improve the quality, availability, and usage of country health data.

Plenary VIII focused on setting national targets in trends with health and health-related SDGs. The core principles of target setting were discussed, and countries showcased the process of targets setting from i) consolidating a core list of health indicators based on national health priority and programs; ii) aligning those to international data standards and well-identified data sources; iii) mapping those to national and global action plans; and iv) establishing a regular monitoring mechanism at the subnational and national level, for measurable health outcomes as well as health systems performance.

Plenary IX delved into the quest for equity in health outcomes at sub-national and national level. Countries presented their efforts in monitoring equity and identifying sub-population left behind through three levels of health equity: Health outcome, service coverages and harder to measure multi-correlation on inequity dimension. Day 2 concluded with plenary X where our international technical expert stressed the importance of examining the mortality and cause of death statistics systems via a situational analysis of data availability, an overview of generic mortality modelling processes and a comparison of adjusted civil registration statistics and Global Burden of diseases (GBD) estimates, and selected domains for interventions to strengthen national mortality data availability.

Day 3: Strengthening civil registration and vital statistics (CRVS) systems in SEAR countries

Day 3 began with countries reflections (during group work 2) on the progress achieved in strengthening their CRVS systems and plan of action. A selection of key achievements was discussed such as: the integration of death registration from the health facility system into the civil registration system which also helped improve data quality; in some countries an outreach and communication campaign increased awareness on the importance of death registration which continuous to improve notification and completeness; and the adoptions of enforcement laws to improve birth and death registration. The availability of quality cause -of-death data was a common challenge faced by almost all countries. In plenary XI, countries discussed their short and medium country-specific action plan (with technical and financial assistance from WHO and global partners): in strengthening CRVS coordination mechanisms internally within the health sector and intersectoral among different agencies and stakeholders; technical support for the transition from ICD-10 to ICD-11; targeted capacity building workshops for health workers on recording and reporting of birth and death registration (including medical certification of cause of death (MCCoD) and verbal autopsy (VA).

During group work 3, countries reflect on their ‘HIS ecology’ adopting a ‘system-thinking’ approach to prioritize actions towards stronger regular reporting mechanisms, monitoring practices and data quality enhancements. Some critical ‘short-term’ highlights were: capacity building among different level stakeholders to understand indicators definitions purpose and use (in situational, operational and global monitoring) and the limitations of the collected data; regular random checks of data present in source documents (registers and reporting forms) at the health facility and the HMIS-entered one; simple analytics by way of trends analysis and heat-maps of core health indicators; creating easy to operate dashboards for core indicators to promote analysis, integration and use. Medium-term priorities were expressed around: raising awareness on the importance of data quality at the operational level; improving the digital literacy (via an HIS curriculum) of health workers in support of quality service provision and the electronic data flow between facilities and different end users; assessing national data standards and terminologies against programme-specific ones and those defined by global monitoring strategies and instruments; and integrating all sources of health information and harmonizing those in a one-stop portal/platform where possible.
Data availability to ‘Leave No One Behind’

Health-related SDG data including disaggregated data comes primarily from household surveys such as DHS, MICS and STEPS. These surveys are conducted at an intervals of 3-4 years, leading to data lag thereby impacting continuous and timely monitoring of the SDG and UHC services.

Recent data which are available for limited indicators indicated negative impact of COVID-19 pandemic on health-related SDGs and UHC services. Due to lack of recent data across all indicators and services, the true impact of COVID-19 pandemic is yet to be fully understood. Discussions emphasized the need for timely and quality data to assess and monitor health impacts and situation to information policy and responses a national, regional, and global level.

Aligning the health-related SDG indicators with national frameworks and data platforms

Countries demonstrated variable capacities in the integration of health-related SDG indicators from multiple sources, effective communication, and use of data for decision-making. Countries have made good progress in aligning the health SDG indicators with in their national health strategy and monitoring plans. Countries demonstrated varying capacities in collating data from the subnational to the national level, using paper-based and digitized solutions. They showcased the use of innovative tools and techniques—such as real-time monitoring dashboards to inform managers and policy makers.

Roadmap to Improved Health Measurement Reporting and Status

1. **Data quality review**: Countries have shown strong interest to improve quality (completeness, timeliness, and consistency) of their routine health data. Implementing the WHO Data quality review (DQR) framework and toolkit provide an opportunity for a harmonized approach to measuring and improving data quality through routine and regular data reviews and feedback.

2. **Health data analytics and policy**: the course commissioned by the Regional Office is designed to help countries conduct a critical self-evaluation of national health information reports and to identify the actions needed to improve the quality, availability, and usage of country health data.

3. **Strengthening CRVS**: a well-functioning CRVS produces reliable, timely and disaggregated data (sex, age geographical and administrative level) at a relatively low cost. The role of health sector could be crucial in epidemics and emergencies, particularly to avoid duplication, cover critical data gaps, and to promote the effective use and sharing of data across government.
Health-related SDGs target setting and roadmap for an accurate measurement of progress and effective accountability

The 2030 health SDG targets are comprehensive and ambitious. The inclusive and universal nature of the SDGs provides all countries with an opportunity to set their own targets guided by their national health plans and priorities. Setting country specific health-related SDG targets is still warranted in all countries. Most SEAR countries have national SDG coordinating mechanisms that facilitate the process of target setting. However, not all countries have set targets for all the health-related SDG indicators and targets. Similarly, not all health-related SDG indicators are embedded in national health strategies and monitoring plan. Countries are recommended to standardize data collection and harmonize indicators and definitions to international standards to allow for a comparable assessment of their national health system performance and progress reporting (nationally, regionally, and globally). In return, countries made specific asks for financial and technical support from WHO and global health development partners for: how best to establish interoperable electronic health records; devising and supporting an implementation plan of digital health strategy (focusing on governance and leadership, investments, infrastructure, ICT solutions, guidelines and interoperability, legislation and policy adherence and the necessary workforce); strategic support and technical capacity building on digital health solutions (particularly telemedicine); support in capacity building for all stakeholders involved in strategic planning, health and health-related data management, analysis, report preparation and use of information in decision-making steps and processes.

Key outcomes of the RTC

1. **Commitment to strengthen health data**: Countries expressed their commitment and strong will (short- and medium-term) on better data and data quality for health from routine sources across all areas of health care – curative, preventive, palliative and promotive.

2. **Commitment to strengthen data use**: data analytics capacity at national and subnational levels must be enhanced to provide decision-makers at all levels trusted ‘easy to access’ data for policy making and improved service provision.

3. **Commitment to strengthen data governance**: countries expressed interest to strengthen data governance of HIS via digital architecture, data standards and implementation of digital health strategy – that would facilitate interoperability and better health information systems linkages in presenting ready-to-use health statistics.

4. **Commitment to better coordinate Civil registration and vital statistics (CRVS) systems**: within the health sector and intersectoral among different agencies and stakeholders. There is also a need to advocate for and gain larger investments in CRVS to improve the reliability of mortality statistics tracked in the SDGs and to better understand burden of diseases via the implementation of ICD-11, MCCoD and VA where necessary.

5. **Commitment to better align and integrate HIS investments in countries’ health system strategies, plans and policies** in a manner that ensures a strategic approach to accurate monitoring and effective accountability.