Development of Indicators for Monitoring Progress Towards Health for All by the Year 2000

WORLD HEALTH ORGANIZATION

GENEVA

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Preface

This volume is intended to help Member States of the World Health Organization decide which indicators to use, particularly at the national level but also at the regional and global levels, for monitoring progress towards health for all by the year 2000.[1]

It proposes *four categories of indicators:* health policy indicators; social and economic indicators; indicators of the provision of health care; and indicators of health status, including quality of life. In the past, there has been a tendency to concentrate almost entirely on health status indicators. The meaning of "health for all" as explained in the Global Strategy for attaining it (*1*),[2] namely, a level of health that permits all people to live a socially and economically productive life, shows why other categories of indicators are also necessary.

Particular emphasis has been given to the *information requirements* for the various indicators, the principal sources of data and alternative methods of data collection, and the information analysis involved.

In addition to the *relevance* of certain indicators for policy decisions and for monitoring progress, the most important criterion for selecting them is the *feasibility* of gathering the information required. This implies not only technical feasibility but also the financial and managerial feasibility of collecting the necessary information. Such feasibility cannot be taken for granted in most countries.

The question of *selectivity* is equally crucial, particularly for developing countries, where the health services are rarely adequate to permit the routine information collection with a minimum of accuracy, and will not be adequate until primary health care is more firmly established. It is still very difficult to get the information where it matters most—at the community level.

Indicators have to be seen as a tool to be used in a well defined national process for *monitoring and evaluating* strategies for health for all. Such a process has to be introduced, not only at national level, but at regional and global levels as well in order to permit further guidance for the strategies at these levels.

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[1] It was prepared in response to a request by the Executive Board of WHO and following consultations with Member States, the regional committees and selected members of the expert advisory panels of WHO. It was circulated to the Board, at its sixty-seventh session in January 1981, as document EB67/13 Add. 1. It has since been revised in the light of the discussions in the Executive Board and at the Thirty-Fourth World Health Assembly (May 1981).

[2] See list of references on pp. 81-82.

A short list of twelve indicators for monitoring the progress of the Global Strategy for health for all is also included. Information on these twelve indicators cannot just be an aggregation of national indicators. Variations within countries and among countries are too great to make this useful. It is for this reason that the indicators for use at the global level are presented as "the number of countries" that have attained certain values for the indicators concerned—for example: *x* countries with an infant mortality rate below 50 per 1000 live-births (paragraphs 121-124).

It should be noted that the use of these global indicators implies that countries will commit themselves to use at least these and to report on them. It also implies that the WHO regional committees, the Executive Board and the World Health Assembly will have to commit themselves to use them and will have to take a firm stand to make sure that the information is forthcoming.

1. Indicators and Their Use

Introduction

1. This volume has been prepared to help the Member States of WHO decide on the indicators to be used at national and international levels as part of a process of monitoring and evaluating progress towards the attainment of health for all by the year 2000. The volume concerns itself with the use of indicators, their information requirements and consequent selection of a manageable number of indicators based on defined criteria. It suggests indicators related to the health policy; to the main social and economic factors which constrain and influence the health sector; to the provision of health care; and to the health status of the population. Part 2, on information requirements (paragraph 125 *et seq.*), is intended to help countries to select indicators based on their assessment of the organizational, technical and financial feasibility of collecting and analysing the information required.

2. The Member States of the World Health Organization have pledged to work together to attain the goal of a level of health for all the people of the world by the year 2000 that will permit them to lead a socially and economically productive life. This goal is a further interpretation of WHO's constitutional objective set out in 1948, namely: "the attainment by all peoples of the highest possible level of health". The International Conference on Primary Health Care, held in Alma-Ata, USSR, in 1978, declared that primary health care is the key to achieving an acceptable level of health throughout the world in a foreseeable future. The report of that Conference describes what primary health care and the supporting health system are all about, and the document of WHO's Executive Board, *Formulating strategies for health for all by the year 2000 (2)*, outlines how strategies for health for all might be prepared in the light of the Declaration of Alma-Ata and the recommendations made there (*3*).

3. Member States are now engaged individually in developing or updating strategies to attain health for all in their own countries. They are also engaged collectively in developing or updating regional and global strategies in support of these national strategies. They will wish to know what progress they are making towards reaching the goal. Each country will no doubt define various intermediate and final targets that will enable them to reach the goal, e.g., ensuring enough of the right kind of food for all by 1985; an adequate supply of safe drinking-water and basic sanitation for all by 1990; the provision of immunization against the major infectious diseases for all children by 1990; the provision of essential drugs for all by 1986. Governments can then devise the most appropriate ways of reaching these targets. But they cannot simply assume that, by defining targets and devising ways of reaching them, they will, in fact, reach them. Nor, in a world where knowledge and circumstances are constantly changing, can

they assume that the targets and specific objectives initially set will prove to be the most appropriate and economic ones for attaining the overall objective—a level of health which will permit their people to lead socially and economically productive lives. How, then, can they know what progress they are making towards reaching the targets and the ultimate goal ? To find out, they will have to introduce a systematic *monitoring and evaluation process* as part of their strategies. In applying this process they will face the question of *indicators of progress.*

4. In its document on the formulation of strategies for health for all by the year 2000 (*2*) WHO's Executive Board stressed the need for indicators to monitor and evaluate progress towards the goal of health for all. The following are the relevant paragraphs :

"61. To permit governments to know whether they are making progress toward attaining an acceptable level of health for all their people, it is important that they introduce at the earliest stages a process of evaluation. This will include the assessment of the effectiveness and impact of the measures they are taking, and the monitoring of the progress and efficiency with which these measures are being carried out.

"62. Monitoring of implementation and evaluation of impact take place at two levels—the policy level and the managerial and technical levels—but the two have to be interlinked. At the policy level there is a need to know if the health status of the population is improving and if revisions of the policy, strategy and plans of action are required. At the managerial and technical levels there is a need to know if relevant programmes are being properly formulated and if corresponding services and activities for implementing them are being adequately designed. There is also a need to know if programmes are being efficiently implemented through suitably operated health and related social and economic services.

"63. There is thus a need for two types of indicators—those that measure the health status and related quality of life, and those that measure the provision of health care. In both cases, high selectivity has to be employed so that the use of indicators becomes manageable and meaningful. Two basic health indicators concerned with survival that are suggested for measuring the attainment of the ultimate goal of an acceptable level of health for all are life expectancy at birth and infant mortality rate. Each country will decide on its own norms, but a minimum life expectancy of 60 years or more at birth, and a maximum infant mortality rate of 50 per 1000 live births, are suggested as indicating that the health status of the population is becoming a decreasing burden on individual, family and community development. It should be recalled that indicators are not synonymous with targets, but are measures of the extent to which those targets are being reached. All countries, even if the health indicators show that the above norms have been attained, will wish to develop strategies for improving still further the health status of their people, and will consequently wish to define targets to this end. It should also be noted that indicators of survival become less relevant as countries develop socially and economically.

"64. Other indicators measure not only survival but also the quality of life. This implies that social as well as health indicators have to be used. Examples of these are indicators of growth and development, indicators of nutritional status, and specific morbidity rates, particularly in children. Other indicators relate to social conditions and factors that affect health status directly or indirectly, or the use of health services—for example, indicators of educational and cultural levels, of the status of women, of housing and of environmental conditions. Yet other indicators relate to psychosocial factors and mental health aspects of the quality of life. A number of relevant social indicators remain to be developed, such as those for assessing the degree of community self-determination, social and economic productivity, and the closure of gaps in the distribution of health resources. To arrive at these, there is a need to make use of intersectoral research.

"65. In monitoring implementation through the provision of health care, it is important to use as reference points those objectives and targets that have been set as part of the process of formulating programmes and designing the health system. It is particularly important to monitor whether priorities are being adhered to, realizing that these may have to be implemented progressively. Indicators are then selected that can measure change toward attaining the objectives and reaching the corresponding intermediate and final targets, for example : the percentage of the population having safe drinking-water and waste disposal systems ; the rates for women attended by suitably trained health workers during pregnancy and childbirth ; and the percentage of children immunized against the common infectious diseases. It will be necessary to develop locally suitable indicators of coverage and accessibility of services as a measure of the provision of health care.

"66. Whatever the indicators selected, they have to be closely related to the means available for data collection and processing, including lay reporting, and should be gathered as an intrinsic part of the system for delivering health care. Sampling often suffices, and has the advantage of avoiding overloading health workers with routine data collection, which often leads to inaccurate reporting and unused information. Such sampling should take into account all strata of the population and other factors as appropriate to the country concerned, in order to reveal country-wide variations in addition to the national average."

Why indicators ?

5. If "health for all" was one single, easily quantifiable entity for all people, the question of selecting relevant indicators would scarcely arise. But since by its very nature it means many different things to different people, it is necessary to identify those indicators that could illustrate to the people concerned if they are making progress towards reaching a level of health that is "the highest possible" in their circumstances. Such indicators are discussed in these pages, with the aim of facilitating decisions by governments on the indicators they may want to use to monitor progress in attaining their health goal. The potential usefulness and limitations of indicators, the information collection and analysis entailed, the problems