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SOCIAL STATISTICS AND INDICATORS

Monitoring in relation to the Global Strategy for Health for All by the Year 2000 and the International Drinking Water Supply and Sanitation Decade

Report prepared by the World Health Organization

INTRODUCTION

1. This is a progress report on the use of indicators in relation to (a) the Global Strategy for Health for All by the Year 2000 and (b) the International Drinking Water Supply and Sanitation Decade. Comments by the members of the Sub-Committee will be welcomed on interagency collaboration and coordination in respect of this topic.

GLOBAL STRATEGY FOR HEALTH FOR ALL (HFA)

2. In accordance with the plan of action adopted by the Thirty-fifth World Health Assembly in 1982 for implementing the global HFA strategy, the first progress reports were prepared in 1983 by 122 Member States of WHO (out of a total of 160 Members), and the first evaluation reports in 1985 by 147 Members (out of 166). A common framework and format (WHO documents DGO/82.1 and DGO/84.1, respectively) was prepared for each of this reporting to help countries in presenting the results in a uniform fashion so that these results could be used to produce regional and global syntheses. A list of 12 global indicators agreed upon by the Health Assembly was used by countries in their reports.

3. The 12 indicators were adopted as a minimum for monitoring the HFA Strategy at the global level. These indicators had been selected through a process of active consultation at the country, regional and global levels, by sifting successively the lists of indicators relevant at each level so as to arrive at a minimum global list applicable to a large number of Member States. A full list of these indicators is given in Annex 1. In four of the six regions of WHO, additional indicators have been adopted by the respective Regional Committees.

4. Further developments of regional indicators are taking place in the European Region. In 1984 the Regional Committee adopted 38 targets for the Regional HFA Strategy. These targets cover a wide range of concerns such as: prerequisites and basic needs for health; healthy life and reduction of disease, disability and premature death; lifestyles; environment; appropriate health care; health research; and managerial support for health development. A provisional list of 65 "essential" indicators and a number of "optional"

indicators was also agreed upon by the Committee for the purpose of monitoring and evaluating progress towards the targets. These indicators were used by countries of the Region in the 1985 evaluation referred to above. Based on this experience a definitive list is being worked out for adoption by the Committee in 1987.

5. The national evaluation reports prepared by 147 countries in 1985 were consolidated into regional reports and finally into a global report. The global report was reviewed by the Thirty-ninth World Health Assembly in 1986. The Assembly noted that many Member States had made considerable efforts to improve their health systems to achieve the goal of HFA, but that at the same time, there was an urgent need for accelerating the process and for strengthening the managerial capacity of the health systems, including the generation, analysis and utilization of the information required.

6. Many of the national reports, in fact, failed to include data on some of the global indicators. The reporting was done most frequently on the "traditional" indicators such as infant mortality rate (indicator 9), life expectancy at birth (indicator 10) and service coverage (indicator 7), but much less frequently on some other indicators, especially those concerning health expenditure and other resources (indicators 3, 4, 5 and 6) and nutrition (indicator 8). In the case of health expenditure, a number of countries were unable to generate data other than the budget figures pertaining to the Ministry of Health; in these countries health costs incurred by other governmental agencies, by provincial governments and in the private sector were not known.

7. The 1983 monitoring revealed that some countries did not even make full use of the relevant data which did exist in the countries. In particular, intersectoral exchange of information, which was needed in relation to some of the indicators, appeared inadequate. In view of this deficiency, steps were taken by many countries in the 1985 evaluation to obtain the required information from other sectors than health. To facilitate this task, the WHO secretariat assembled data on the indicators including those published or disseminated by the other organizations of the UN system and supplied them to the health authorities of the respective countries for verification, updating and use.

8. The global monitoring and evaluation process serves as a convenient "entry point" to strengthen a country's information support to management of its health system including improvement of statistical capability. It also offers excellent opportunities to test the feasibility and usefulness of the indicators adopted. A critical review of the results of the 1985 evaluation should lead to a refinement of practical procedures for obtaining the indicators for the future monitoring and evaluation of the HFA strategy.

9. The results of the 1985 evaluation of the HFA strategy will be published towards the end of 1986 as Evaluation of the Strategy for Health for All by the Year 2000 - Seventh Report on the World Health Situation in 7 volumes comprising a global report and 6 regional reports.

10. The next monitoring of the HFA strategy is planned for 1988.

INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE (IDWSSD)

11. WHO has been monitoring water supply and sanitation services nationally, regionally and globally since the early 1960s and has produced several reports on the subject. The UN Water Conference 1977 called on WHO to intensify its activities in this respect within the overall framework of the IDWSSD. In response to this, several actions were taken, as reported to the nineteenth session of the ACC Sub-Committee (document SA/1985/18).

12. During the past year, monitoring of water supply and sanitation services has continued as an integral component of the IDWSSD Programme. By the end of 1985, a report on the status of water supply and sanitation services as at the beginning of 1984 had been completed and is currently being printed, while a public information pamphlet based on it is under preparation. The information collected and anlysed to date has also been utilized in the preparation of the World Health Statistics Annual 1985, World Health Statistics Quarterly, Vol. 39, No. 1, 1986 and the Mid Decade Report to the Thirty-ninth World Health Assembly in 1986.

13. In November 1985 Sector Digest forms were distributed to all Member States for collection of national data. These are currently being completed and are due for submission by mid-1986.

14. A guideline entitled "Guiding Principles for National Water Supply and Sanitation Monitoring" has been completed to assist governments in improving their water supply and sanitation information systems.

15. WHO's monitoring activities will continue throughout the Decade and beyond, possibly at 2 yearly intervals, and as in the past the data will form a basis not only for WHO reporting but reporting by the UN system in general.

Annex 1

LIST OF INDICATORS FOR GLOBAL MONITORING AND EVALUATION OF THE STRATEGY FOR HEALTH FOR ALL

Since the world average values of indicators have little meaning, global indicators are expressed in terms of the number of countries as follows:

The number of countries in which:

(1) Health for all has received endorsement as policy at the highest official level, e.g., in the form of a declaration of commitment by the head of state; allocation of adequate resources equitably distributed; a high degree of community involvement; and the establishment of a suitable organizational framework and managerial process for national health development.

(2) Mechanisms for involving people in the implementation of strategies have been formed or strengthened, and are actually functioning, i.e., active and effective mechanisms exist for people to express demands and needs; representatives of political parties and organized groups such as trade unions, women's organizations, farmers' or other occupational groups are participating actively; and decision-making on health matters is adequately decentralized to the various administrative levels.

(3) At least 5% of the gross national product is spent on health.

(4) A reasonable percentage of the national health expenditure is devoted to local health care, i.e., first-level contact, including community health care, health centre care, dispensary care and the like, excluding hospitals. The percentage considered "reasonable" will be arrived at through country studies.

(5) Resources are equitably distributed, in that the per capita expenditure as well as the staff and facilities devoted to primary health care are similar for various population groups or geographical areas, such as urban and rural areas.

(6) The number of developing countries with well-defined strategies for health for all, accompanied by explicit resource allocations, whose needs for external resources are receiving sustained support from more affluent countries.

(7) Primary health care is available to the whole population, with at least the following:

- safe water in the home or within 15 minutes' walking distance, and adequate sanitary facilities in the home or immediate vicinity;
- immunization against diphtheria, tetanus, whooping-cough, measles, poliomyelitis, and tuberculosis;
- health care, including availability of at least 20 essential drugs, within one hour's walk or travel;
- trained personnel for attending pregnancy and childbirth, and caring for children up to at least 1 year of age.1

(8) The nutritional status of children is adequate, in that:

- at least 90% of newborn infants have a birth weight of at least 2500 g;
- at least 90% of children have a weight for age that corresponds to the reference values given in Annex 1 to Development of indicators for monitoring progress towards health for all by the year 2000.[1]

(9) The infant mortality rate for all identifiable subgroups is below 50 per 1000 live-births.

(10) Life expectancy at birth is over 60 years.

(11) The adult literacy rate for both men and women exceeds 70%.

(12) The gross national product per head exceeds US $ 500.

Notes: Each of these indicators expressed in terms of the number of countries should be constructed on the basis of the corresponding data for individual countries. For example, indicator (1) should be based on the information as to whether each country has endorsed health for all as its policy (yes/no) and indicator (9) on the actual value of infant mortality rate recorded in each country.

The desired level of each indicator mentioned above represents the global level of reference which all countries will strive for attaining collectively. The attainment of that level, however, may not suffice as the target for individual countries. Some countries will wish to aim at more demanding targets in their national strategies, such as a level of infant mortality far below 50 per 1000 live births.

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[1] Geneva, World Health Organization, 1982 ("Health for All" Series, No.4).