Feasibility assessment of WHO global health indicators within a medical humanitarian context

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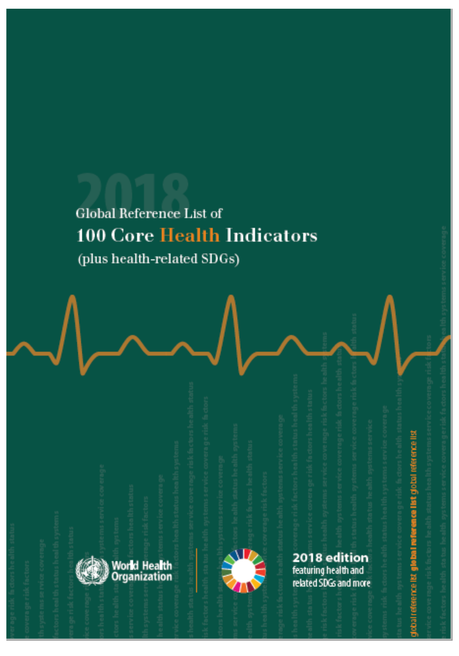
Introduction

Health metrics are useful to measure performance of health programs. These includes health outcomes, health services use, resource inputs, evaluations of programs and systems, and analyses to support policy choice. However, knowing what health metrics have meaning and utility in humanitarian response is limited.

With the deployment of a health information system, DHIS2, that has service-base indicators for service use, service surveillance and service quality, MSF-OCP sought to gain a better understanding of how to better assess health activities in diverse project settings.



Methods

We reviewed the **2018 WHO Global Reference List of 100 Core Health Indicators**, which provide standard measurements for reporting at global and national levels.

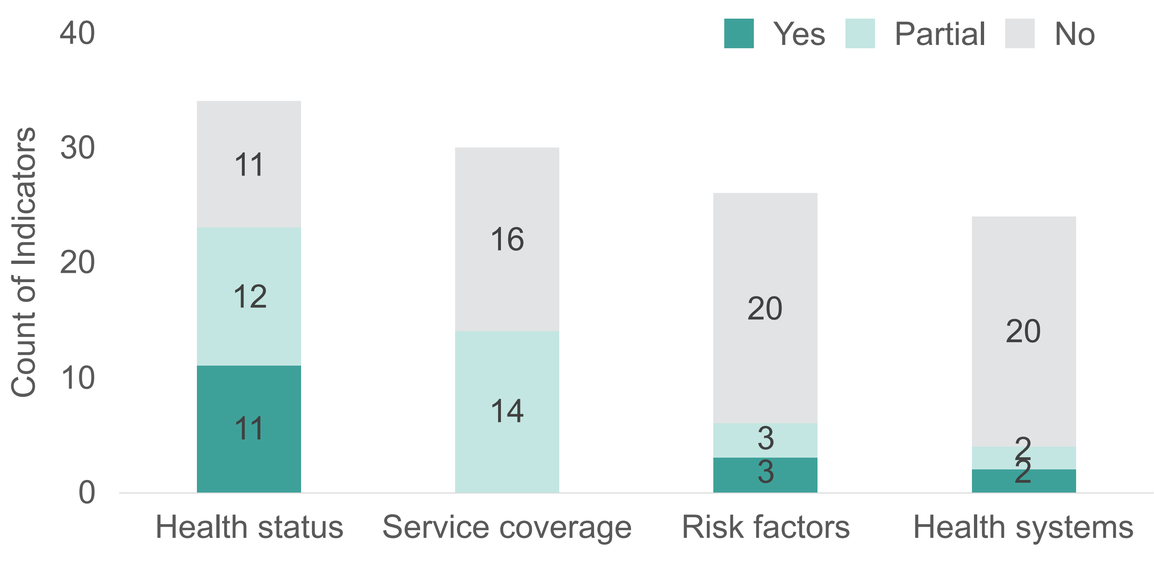
Additionally, we applied a Monitoring and Evaluation framework to the WHO indicator list to understand the possible use within MSF. We then evaluated the feasibility of calculating the indicators and the current level of use within the OCP health information system (HIS). This included determining indicators to be either fully, partially or not feasible. Fully feasible meant that both numerator and denominator could be identified. If partially feasible, then an alternative calculation could be identified, either by calculating a count as opposed to a percentage or calculating a proxy percentage. If an indicator was not feasible, then neither numerator or denominator could be identified with our current data model. The second level of assessment undertaken was whether feasible indicators were present and reported on within OCP HIS.

Results

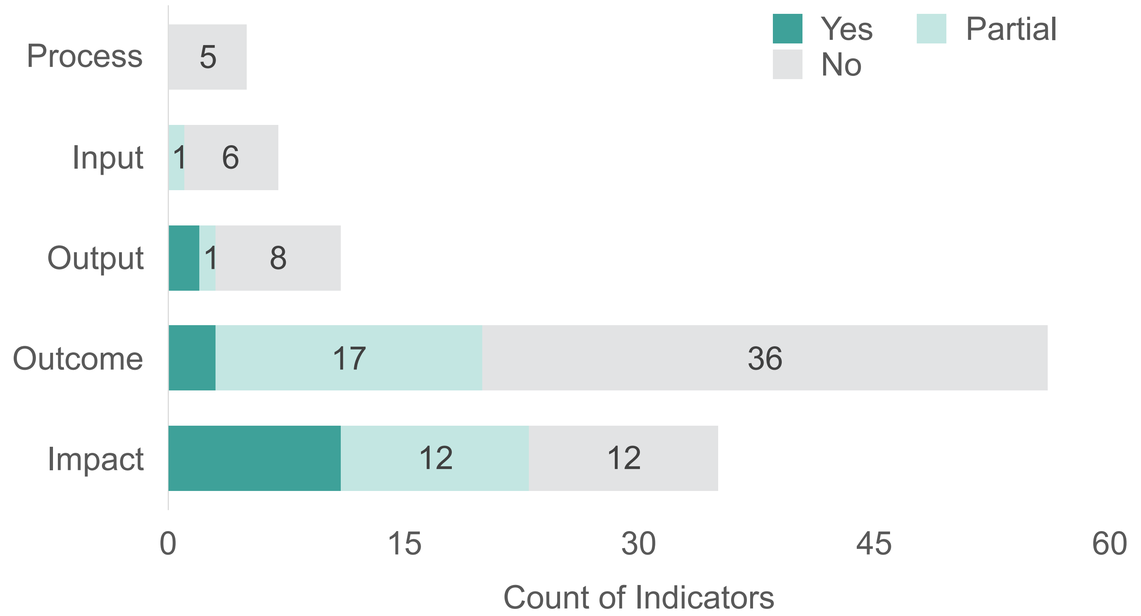
Forty-seven (41%) of the WHO indicators could be either fully (16) or partially (31) calculated. Most feasible indicators were related to health status and service coverage, 49% and 30% respectively. The remaining indicators were related to risk factors (e.g. low birth weight among newborns) and health system (e.g. perioperative mortality rate).

Of the fully or partially calculated indicators 43 (91%) met outcome or impact domains M&E concepts. For presence within OCP data model, 20% of indicators were fully and 53% were partially configured in HIS. Of the indicators that are partially or fully set up in the system, about two-thirds (79%) are used in routine reporting at the field level.

Feasibility of calculating WHO indicators, by programmatic areas



Feasibility of calculating WHO indicators, by M&E domains



About the WHO Global Reference List

The core set of indicators used for this assessment was the **2018 WHO Global Reference List of 100 Core Health Indicators**. This list includes indicators that span four programmatic areas (health status, risk factors, service coverage and health system) and public health priorities (infectious diseases, injuries, RMNCAH, NCDs, nutrition, etc.).

Summary of Indicators by Programmatic Areas

Health Status
- Mortality rates, by age and cause
- Fertility
- Morbidity

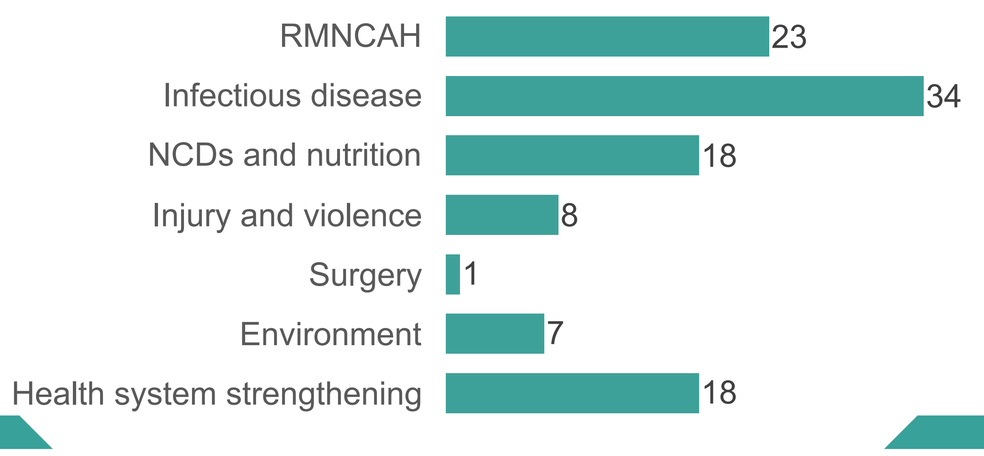
Service Coverage
- RMNCAH
- Immunizations
- HIV, TB
- Malaria
- NTDs
- Mental Health

Risk Factors

Prevalence of determinates of Nutrition, NCDs, Infections, Injuries and Environmental factors

Health System
- Quality/safety of care
- Utilization rates
- Workforce size
- Financing
- Existence of policies/plans

Count by Public Health Priorities



Conclusion

This initial assessment demonstrates that a significant proportion of the WHO indicators can be calculated using OCP's current data models. However, further investigation is needed to determine the meaningfulness and actionability of these indicators for OCP.

More broadly, we hope further investigation into the interpretation and use of these indicators could help to inform how to effectively measure performance of humanitarian interventions both across OCs and the wider humanitarian sector.