Toolkit on monitoring health systems strengthening

MEASURING HEALTH SYSTEMS STRENGTHENING AND TRENDS:
A TOOLKIT FOR COUNTRIES

World Health Organization

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1. Introduction and objectives of the toolkit

In recent years, significant progress has been achieved in delivering interventions to address health goals in areas such as maternal, neonatal and child health, HIV/AIDS, tuberculosis and malaria. However, it is increasingly apparent that the gains have been neither universal nor sufficiently broad-based and sustainable. Progress at national level has not necessarily been reflected in gains for most vulnerable population groups. In some instances, progress has stagnated or been reversed. There is mounting evidence that health systems that can deliver services equitably and efficiently are critical to the achievement of the goals. Many global health initiatives now incorporate attention to health systems strengthening into the support provided to countries.

While the increased attention to health systems strengthening is welcome, it will not be sustained in the absence of a solid monitoring strategy that enables decision-makers to track how health systems are responding to increased inputs and the impact in terms of improved health indicators. This implies the need to simultaneously define core indicators of health system performance and develop and implement appropriate and sustainable measurement strategies to generate the required data. To date, investments in monitoring health system indicators have been inadequate: few countries carry out regular national health accounts studies; data on the availability and distribution of health workers is often incomplete, inaccurate and out of date; few countries have systems that can monitor service delivery; data on population access to essential services is limited.

The ability to plan, monitor and evaluate health systems functioning is essential in order to correctly target investments and assess whether these are having the required impact. In response, since 2000, WHO has led an initiative to reach broad-based consensus around key indicators and effective methods and measures of health systems capacity, including inputs, processes and outputs, and to relate these to indicators of outcome.

In 2003, a small working group was established under the leadership of WHO and the World Bank to develop a strategy to assist countries (especially those with limited resources) to better monitor and evaluate their health systems. Initial discussions focused on identifying a parsimonious set of indicators and related measurement strategies. Subsequently, these were shared with country and technical experts and supported with case studies and reviews of country experiences. This draft toolkit is the outcome of these deliberations. It proposes a core set of indicators and related measurement strategies that can assist countries, global health initiatives and other stakeholders to monitor and direct investments into health systems.

The main objectives of this toolkit is to describe a set of indicators, measurement approaches and strategies that:

- Permit establishment of country health system statistical profiles.
- Permit monitoring of health systems and guide country and partner investments.
- Highlight gaps in terms of data availability and quality and point to needed investments in measurement strategies.
- Contribute to a global consensus around how to monitor and benchmark health systems strengthening.

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1 Access to services has multiple dimensions. It can be defined in terms of reach-ability (physical access), affordability (economic access), and acceptability (socio-cultural access) of services that meet a minimum standard of quality. See e.g. Tanahashi T. Health services coverage and its evaluation. Bulletin of the World Health Organization, 1978, 56:295–303.
The overall strategy consists of a threefold approach:

1. clear description of measurement strategies including data collection, estimation and synthesis from different sources.
2. collection of a parsimonious set of core indicators that resonate with different target audiences.
3. integration of health systems monitoring and performance assessments into national health information systems.

The selection of indicators was guided by the need to be able to detect change and show progress in health system strengthening. Indicators related to both the level and distribution of inputs and outputs. While the focus is on low and middle income countries, experiences from high income countries are also used to guide development of the measurement systems.

Health systems are complex and their performance and impact are difficult to capture using only quantitative indicators. Any complete report of health system performance must ensure that quantitative indicators are complemented by qualitative information.

2. Health systems building blocks and framework

The proposed toolkit is based on the WHO health system framework that describes health systems in terms of six core building blocks: finances, health workforce, information, governance, medical products and technologies, and service delivery. These building blocks provide the foundation for discrete sets of measurements while acknowledging that substantial inter-linkages and interactions exist between each of them. The core building blocks contribute to the strengthening of health systems in different ways. Some building blocks are cross cutting and provide the basis for the overall policy and regulation of all the other health system blocks. Two building blocks with pronounced crosscutting roles are governance and information systems. Other building blocks relate to core inputs for the production of health, specifically, financing and human resources for health. A third group reflects the immediate outputs of the health system, namely the availability and distribution of care, namely, medical products and technologies and service delivery.

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The toolkit for measuring health systems strengthening and performance discusses each building block separately according to a common format but recognizes the interlinkages and cross-cutting nature of the different building blocks. This may mean that some indicators (for example availability of data on human resource for health) may also be an appropriate as a measure of core information systems functions.

3. The toolkit structure and content

This toolkit was developed by WHO, the World Bank, country health system experts and other organizations working in this field. Each section covers one building block and is set out along the following lines:

* Introduction to the building block and related indicators.
* Description of possible sources of information and available measurement strategies.
* Proposed "core" indicators supplemented by where needed by additional indicators that may be used depending on the country health system attributes and needs.
* Issues related to improving data availability and quality and investments that might be needed.

In the sections on governance and information systems, composite indices are presented, derived from a selection of system indicators. These cover both "core" and "additional" indicators. This reflects the scope of these particular building blocks and the complexity involved in trying to measure multiple sub-system components.

The toolkit is currently being made available while still in draft form so as to invite continuing comments and suggestions form potential users and to provide opportunities to include additional materials based on experiences and examples from users. It will also allow for further insight into the types of capacity investments that are needed for effective, health systems monitoring.

4. Core toolkit principles

In working with countries to measure and compare health systems functioning, it is important to strike a good balance between avoiding blueprints that do not allow for country contexts and specificities while also encouraging a degree of standardization that enables comparisons within and between countries and over time. Standardized indicators allow comparisons between countries and can help mutual learning, including identification of bottlenecks and sharing lessons learnt. However, measurement should, in general, be attuned to a country's health strategy objectives. Each toolkit section has proposed "core indicators" that all countries are encouraged to collect and a wider set of indicators that users can chose or modify as needed. It is anticipated that the core indicators will enable the production of country "dashboards" by which health systems trends can be regularly monitored and compared. Countries should integrate new indicators with existing indicators of their health sector and statistical strategies and plans. Health systems monitoring should also be seen in the context of their impact on access to priority health services and reaching the MDGs.

A number of the proposed indicators require disaggregation by sub-populations or units, eg by sex, age, location, etc. Often such sub-analysis are necessarily country specific. Research and knowledge generation needs to be an ongoing aspect of each building block, informing and generating evidence that helps in understanding the actual meaning of trends in an indicator's value.
5. **Strategies and investments for improving data availability and quality**

Responsibilities for effective information go beyond ministries of health and include other departments, like ministries and agencies that handle health related data, including national statistics offices, ministries of education etc. There is a need for a strong coordinating body that brings together the various stakeholders and helps ensure the development of a comprehensive and integrated plan for health information and statistical system development. Such a plan should provide the basis for enhanced alignment and harmonization of technical and financial support from development partners.

The Health Metrics Network (HMN) Framework\(^3\) lays out standards for information system components and data-management and country information system performance can be assessed using its tools to determine priority capacity gaps and areas that need strengthening and investment. The costs of having poor or unreliable data and its long term and unforeseen effects is high compared to the costs and benefits of having good data. Practical and generally affordable strategies exist for generating timely and reliable data on health systems but needs appropriate investment to develop the capacity to collect, manage, analyse, disseminate and use the information obtained. Further work is needed on the costs of generating the data required for monitoring health systems strengthening.

6. **Request to users**

This toolkit is part of broader efforts to enhance country capacities to generate, analyse and use data to monitor health sector performance and track progress towards their health-related goals. In order to improve the toolkit and ensure that it remains responsive to country needs and situations, we welcome comments, feedback and suggestions from users. Some specific issues on which reactions are solicited include:

- Is the toolkit easy to follow and user-friendly?
- Are the recommended indicators and related measurement strategies feasible and sustainable?
- Does the toolkit provide assistance in coordinating the various health systems strengthening work currently promoted by global health initiatives such as GFATM and GAVI?
- Does the toolkit help to stimulate country ownership and demand for health systems monitoring?
- Does the toolkit assist in coordinating the different measurement approaches and tools (for example service delivery assessments) used by various partners and support consistent and comparable processes and information?
- Other feedback and recommendations

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http://www.healthmetricsnetwork.org