

MONITORING ACHIEVEMENT OF SOCIAL GOALS IN THE 1990's

Monitoring and Evaluating Progress in Implementing Health for All Strategies

Report prepared by the World Health Organization

1. The second report on monitoring progress in implementing strategies for health for all, covering the three-year period 1985-1988, was published in the World Health Statistics Quarterly, Volume 42, No.4, 1989. One hundred and forty-three of the 166 Member States of WHO, representing 96.1% of the world's population, and 17 non-member states, provided reports.
2. On the socio-political front, the report notes that adverse economic trends and stringent social adjustment policies have had a negative impact on health and the provision of health care in many countries. On the other hand, progress has been made in the area of peace negotiations, which should reduce the misery and loss of life due to armed conflicts, and may allow some diversion of resources away from armaments towards health programmes. There is growing international concern about the plight of those suffering from poverty, ignorance and disease, reflected in policies adopted at the international level, public support from private and voluntary groups, and increasing cooperation between the developing countries themselves.
3. There has been a progressive reorientation and strengthening of health systems based on primary health care over the period, but referral systems and the support of hospitals to primary health care remain weak. The quality of the care provided remains a cause of concern to both health administrations and consumers. Intersectoral action in health is still an elusive goal, but without it the achievement of improved health status will be delayed.
4. Countries are progressively implementing mechanisms to increase people's involvement in their own health, but communities are still too often being viewed as complementary resources for health activities rather than as partners in health development. An equitable distribution of trained manpower, particularly between urban and rural areas, has not yet been achieved. The information base for the assessment of health manpower availability, production and distribution is deficient in most developing countries.
5. The success of a health system may be measured by the availability, accessibility and utilization of essential services, and their quality. Availability of safe water and sanitation has been improving, but remains far below complete coverage, especially in rural areas. Immunization coverage of infants has also improved, to a global level of 60% at the time of the report (66% in early 1990), but some countries still have very low levels of coverage, and the protection of pregnant women against tetanus has shown little progress. Information on the health care of women during pregnancy and childbirth, and of young children, was not available from one third of the countries, but for those developing countries that did report, coverage ranged from less than 50% to around 90%.
6. In most countries, infant mortality rates have continued to decline and life expectancy to rise. There have also been some improvements in maternal and under-5 child mortality. These indicate improvement in overall health status.

7. In May 1989 WHO's Member States requested that the 12 global indicators for the monitoring and evaluation of the health-for-all strategy be reviewed in order to assess their adequacy and relevance. As a result, suggestions were solicited from all levels of WHO, and discussed at an interregional consultation held in Brazzaville, Congo, in October 1989, attended by participants from 10 countries representing all regions of WHO, together with WHO headquarters and regional staff. The indicators were reformulated, bearing in mind the need for comparability with those used in the three previous monitoring and evaluation cycles, and at country request three new subindicators were added on maternal and under-5 child mortality and family planning. Wording was also added requesting that where possible disaggregation of the figures, at least to the level of urban and rural components, be provided where possible. A list of the reformulated global indicators, as formally adopted by the WHO Executive Board, is appended. These reformulated indicators will be used in the next evaluation cycle of the global health-for-all strategy, which begins this year and will culminate in a report in 1992.

8. The European Region of WHO had adopted a greatly expanded list of more than 200 regional indicators, which have also been revised and will be used in the regional evaluation of the health-for-all strategy. This will be done concurrently with the global evaluation. WHO's African Region has also field tested 27 regional indicators at community level.

9. Detailed information on the definitions used for the 12 global indicators, and on how to apply them, are given in a Common Framework for the Second Evaluation which was discussed at a WHO Interregional Meeting in Brazzaville in October 1989 and is being field tested in at least one country in each WHO Region. The European Region held a meeting in Geneva in May 1990 to consult with those nationals responsible for the evaluation in European countries on the application of the regional and global indicators. The Eastern Mediterranean Region will hold an intercountry briefing meeting including the results of the field testing in Tunis in July 1990.

10. A new edition of the document "Global estimates for health situation assessment and projections" (WHO/HST/90.2) was issued, giving global figures for morbidity and mortality from many diseases, together with information on health-related demographic and socio-economic aspects, health services and health resources.

11. WHO was requested by UNDP to support the development of the Human Development Index (HDI). WHO submitted a contribution to the Human Development Report 1990 on the conceptual aspects of the role of health in the context of human development, together with quantitative information to support the establishment of the HDI. The HDI constitutes an advance over previously proposed indexes because it emphasizes social aspects including health. However, the concept of the index and its parameters need to be further explored to make it more sensitive and specific.

GLOBAL INDICATORS

List of Reformulated Global Indicators

The proposed reformulations, arrived at by consensus between technical programmes at HQ and the Regions and adopted with amendments by the Executive Board by Resolution EB85.R5, are shown below. Changes from the original versions, which are listed on the opposite page, are underlined.

- No.1 The number of countries in which health for all is continuing to receive endorsement as policy at the highest level.
- No.2 The number of countries in which mechanisms for involving people in the implementation of strategies are fully functioning or are being further developed.
- No.3 The percentage of gross national product spent on health.
- No.4 The percentage of the national health expenditure devoted to local health services.
- No.5 The number of countries in which resources for primary health care are becoming more equitably distributed.
- No.6 The amount of international aid received or given for health.
- No.7 The percentage of the population covered by primary health care, with at least the following:
- safe water in the home or with reasonable access, and adequate excreta-disposal facilities available;
 - immunization against diphtheria, tetanus, whooping-cough, measles, poliomyelitis, and tuberculosis;
 - local health services, including availability of essential drugs, within one hour's walk or travel;
 - attendance by trained personnel for pregnancy and childbirth, and caring for children up to at least 1 year of age.
- The percentage of women of child-bearing age using family planning.
- The percentage of each element should be given for all identifiable subgroups.
- No.8 The percentage of newborns weighing at least 2500 grams at birth, and the percentage of children whose weight-for-age and/or weight-for-height are acceptable.
- No.9 The infant mortality rate (IMR), maternal mortality rate (MMR) and probability of dying before the age of 5 years (q5), in all identifiable subgroups.
- No.10 Life expectancy at birth, by sex, in all identifiable subgroups.
- No.11 The adult literacy rate, by sex, in all identifiable subgroups.
- No.12 The per capita gross national product.

