# Importance of Integrating Inequalities to Guide and Monitor Progress in Health and Development

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HEALTH-IN-ALL-POLICIES: AN APPROACH TO ACHIEVE SUSTAINABLE DEVELOPMENT GOALS IN THE EASTERN MEDITERRANEAN REGION

26 – 28 February 2017



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# Why monitoring and evaluation in HiAP

- HiAP is not an endpoint in itself, but a continuous approach to the promotion of health and health equity and health systems
- Policy makers usually require
  - Definitive evidence of progress that HiAP has demonstrably improved health and wellbeing and their determinants in the general population or the targeted population groups
  - Justification for the investment in fostering HiAP
- Monitoring allows the assessment of trends in health and its determinants. It provides guidelines to policy-makers to target further actions in those areas and tackle the root causes of the problems.
- Ongoing monitoring may identify subpopulations that are experiencing adverse trends in health.
- Once a policy has been changed, subsequent monitoring is necessary to evaluate the outcomes of the new policy, and thus monitoring should be an iterative and cyclical process that operates continuously.

# Inter-linkages and dependencies between project planning, monitoring and evaluation

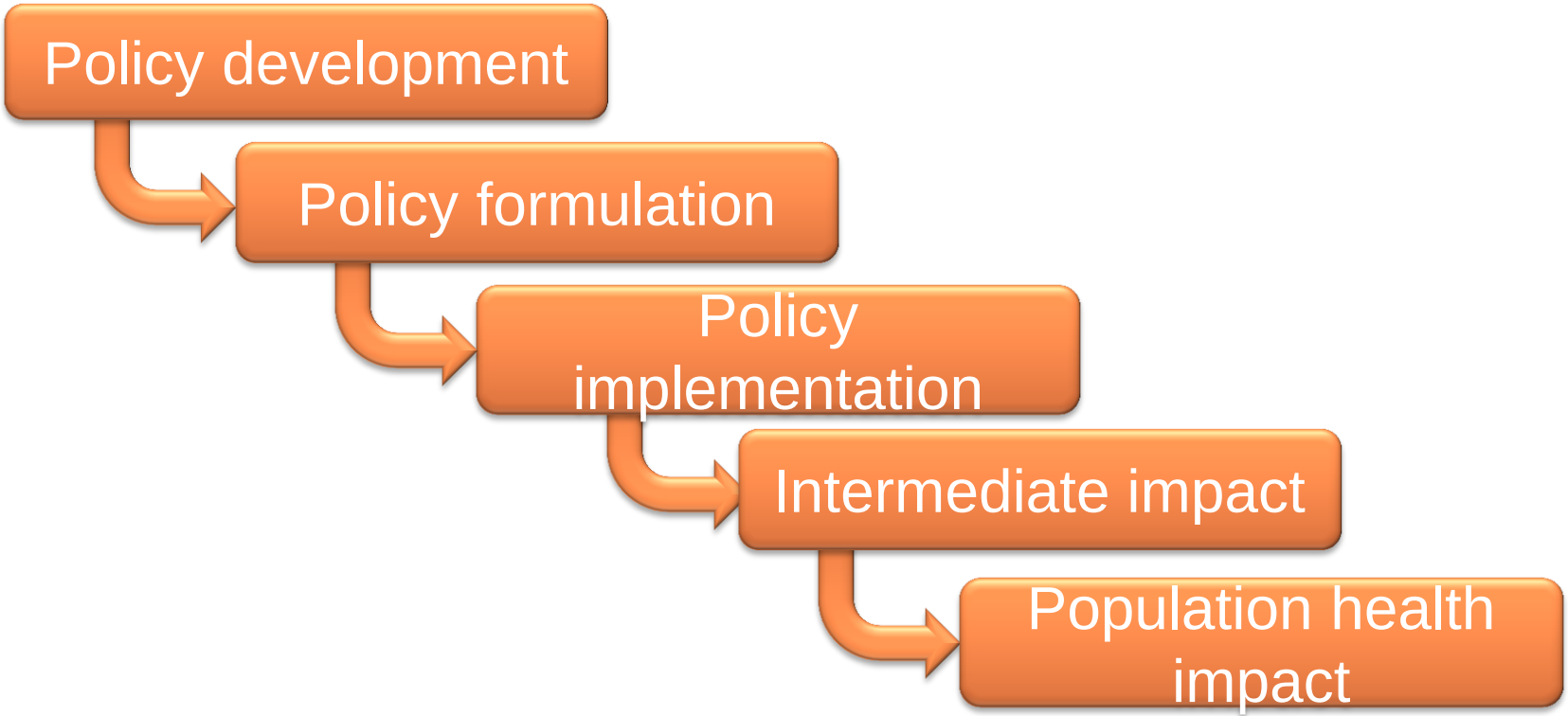
- Without proper planning and clear articulation of intended results, it is not clear what should be monitored and how
- Without effective planning (clear results frameworks),the basis for evaluation is weak
- Without careful monitoring, the necessary data is not collected
- Monitoring is necessary, but not sufficient, for evaluation.
- Monitoring facilitates evaluation, but evaluation uses additional new data collection and different frameworks for analysis.
- Monitoring and evaluation of a project will often lead to changes in program plans. This may mean further changing or modifying data collection for monitoring purposes.

# Project monitoring and evaluation in HiAP

- HiAP projects encompass multiple activities carried out by different actors across different sectors to influence the lives of several population groups.

- The starting point for monitoring and evaluation process is to develop a **logic model or planning framework** clarifying the operation  and the sequence of the different events, elements and activities and their interaction that lead to health related conditions or in health.

# Logic model of HiAP Process



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# Assessment of Policy Formulation (Health Impact Assessment)

It is a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and whether the health effects are distributed evenly within the population.

# Components of HIA

**Community health assessment** is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.

The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues

**Cost-benefit analysis** is a type of economic evaluation that measures both costs and benefits (i.e., negative and positive consequences) associated with an intervention in dollar terms

**Environmental Impact Assessment** is the process of identifying, predicting, evaluating and mitigating the biophysical, social, and other relevant effects of proposed developments prior to major decisions being made. EIAs are currently a requirement in most countries.

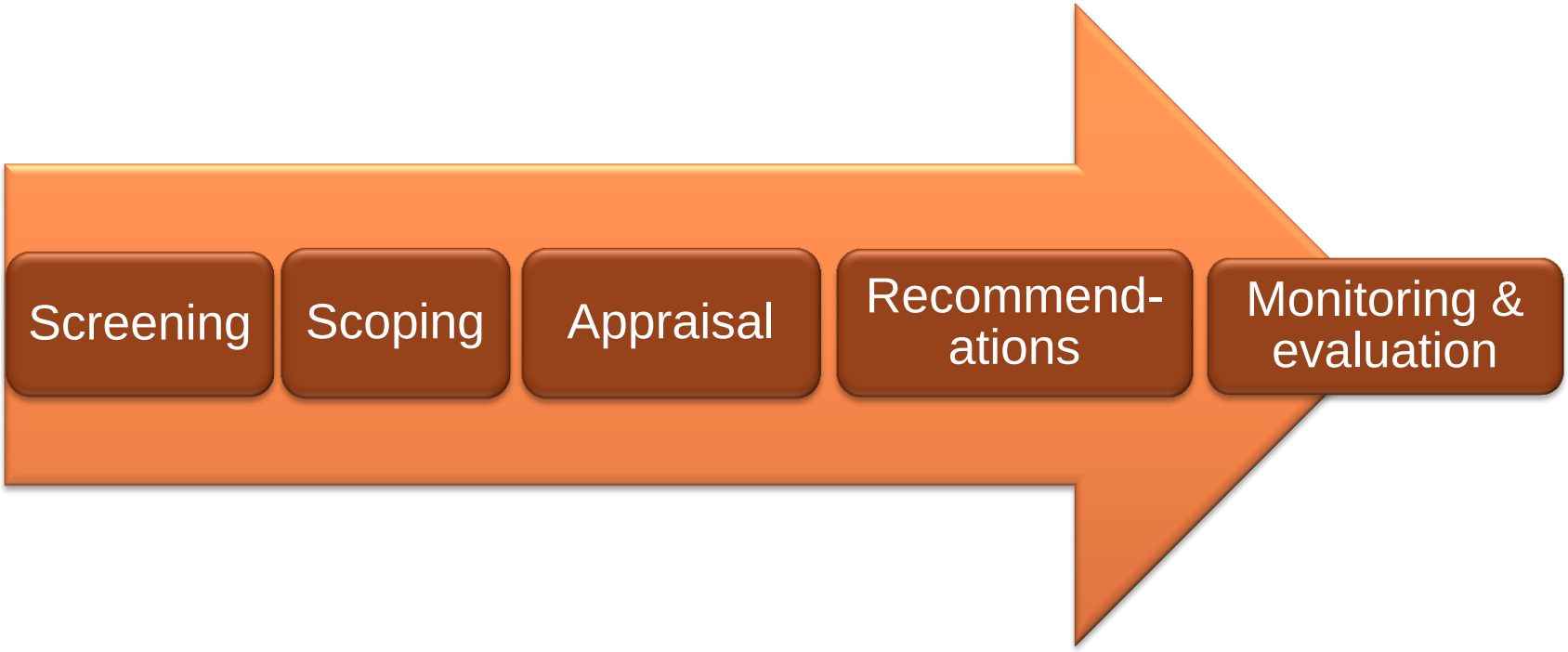
**Human Health Risk Assessment** is a quantitative, analytic process to estimate the nature and risk of adverse human health effects associated with exposure to specific chemical contaminants or other hazards in the environment, now or in the future.

**Public Health Assessment** defined as “The evaluation of data and information on the release of hazardous substances into the environment in order to assess any past, current, or future impact on public health, develop health advisories or other recommendations, and identify studies or actions needed to evaluate and mitigate or prevent human health effects”

# Overall, the HIA process can contribute to the following

- Predicting the consequences of different project related options
- Providing information required to help prioritize prevention and control strategies throughout the project cycle
- Serving as a vehicle to engage companies and key stakeholders in a collaborative decision-making process
- Identifying the most critical environmental and social determinants of health that may be affected by the project
- Addressing health issues that may influence overall sustainability objectives
- Facilitating intersectional collaboration beyond the health sector and capacity building with local, regional, and national host-country health resources
- Enhancing the project “license to operate” in the eyes of local communities and the host government

# Stages of Health Impact Assessment



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# Screening

- Preliminary evaluation to determine whether a proposed project is likely to pose any significant health questions.
- Specialists should generally assume that projects requiring environmental or social impact assessments are also likely to have potential health impacts.
- During the screening step, the need for an HIA can be determined

# Scoping

- A process for outlining the range and types of hazards and beneficial impacts.
- The input of key stakeholders and the relevant health authorities is critical, so that the HIA adequately addresses a realistic range of health concerns.
- The HIA effort should be “fit to purpose,” and it should adequately and realistically match the complexity of the project.

# Appraisal

- It includes the key set of activities to investigate, appraise, and qualitatively or quantitatively rank the impacts the project is likely to have, on the health of the defined communities.
- The spectrum of potential impacts—their relative importance and at what level they are expected to occur—is determined in this step

# Recommendations and Suggestions

- It considers the rankings developed in the Appraisal stage and develops a written health action plan (HAP).
- The HAP, also known as a health management plan, establishes the proposed actions needed to mitigate identified impacts and promote health opportunities in the project.
- Review and analysis by key stakeholders, including host-country health authorities, is critical.

# TYPES of HIA

| Level of HIA | Characteristics |
|---|---|
| Desktop HIA | • Provides a broad overview of possible health impacts<br>• Analysis of existing and accessible data<br>• No new data collection<br>• Usually takes an experienced assessor 2-3 weeks to perform the appropriate literature searches, analysis, and write-up |
| Limited in country HIA | • Provides more detailed information of possible health impacts<br>• Analysis of existing data<br>• Stakeholder and key informant analysis<br>• No new data collection<br>• Typically takes a team of two experienced assessors 10-14 days in the field, followed by 4-8 weeks of analysis and document preparation, with literature (desktop) searches performed prior to the field work |
| Comprehensive HIA | • Provides a comprehensive assessment of potential health impacts<br>• Robust definition of impacts<br>• New data collection<br>• Participatory approaches involving stakeholders and key informants Requires approximately 2-4 weeks of in-country field work (Community surveys typically require a minimum of 2-4 months for data collection and analysis, depending upon the size and complexity of the survey.<br>• Typically, one survey team should be able to cover 4-5 households per day. A typical survey team includes 2-4 members.) |

# Monitoring  Policy Implementation

This is a process monitoring and evaluation. It assesses the nature of policy implementation across sectors, target population in different regions or sub-regions and the duration of implementation.  This assessment is

- a system for determining that implementation has been accomplished and is achieving the intended results
- designed to capture unanticipated effects or provide an early-warning system to alert that problems, are occurring at the community level.
- to ensure that mitigation of health risks and promotion of health opportunities progress is satisfactory..
- Needs to define appropriate key performance indicators and risk performance indicators

# Monitoring Intermediate Impact

- Examines metric indicators of success assessing the conditions, environment, and practices that follow from the policy implementation. Success in these indicators can lead to population health improvement and tackling health inequity
  - Measures health relevant changes to built or social environment
  - Measures extent of adoption or utilization or practices leading to health

# Population Health (inequality) Monitoring

- The CSDH called for monitoring as a strategic tool towards tackling health inequity.
- The commission requested the building of a minimum and basic health surveillance system which can progress into a comprehensive surveillance system.
- This minimum surveillance system includes
  - identification of social groups of a priori concern,
  - identification of major avoidable health disparities among social groups,
  - identification of sources of data
  - Identification of relevant indicators to describe health status and its trend overtime.

- The comprehensive HE surveillance system was proposed to incorporate, beside the basic health information, data on important social determinants of health along the causal pathway, ranging from daily living conditions to more structural drivers of health inequities.

- It needs to allow for building time trends for health, consequences of ill health and their social determinants for the different social strata and by gender.

- Measures of inequity, in addition to the simple measures, should include more complex measures of health inequity that capture the distribution of health across the social and regional groups of population

# What is population health (inequality) monitoring

- Describes the differences and changes in health indicators in subgroups of a population.

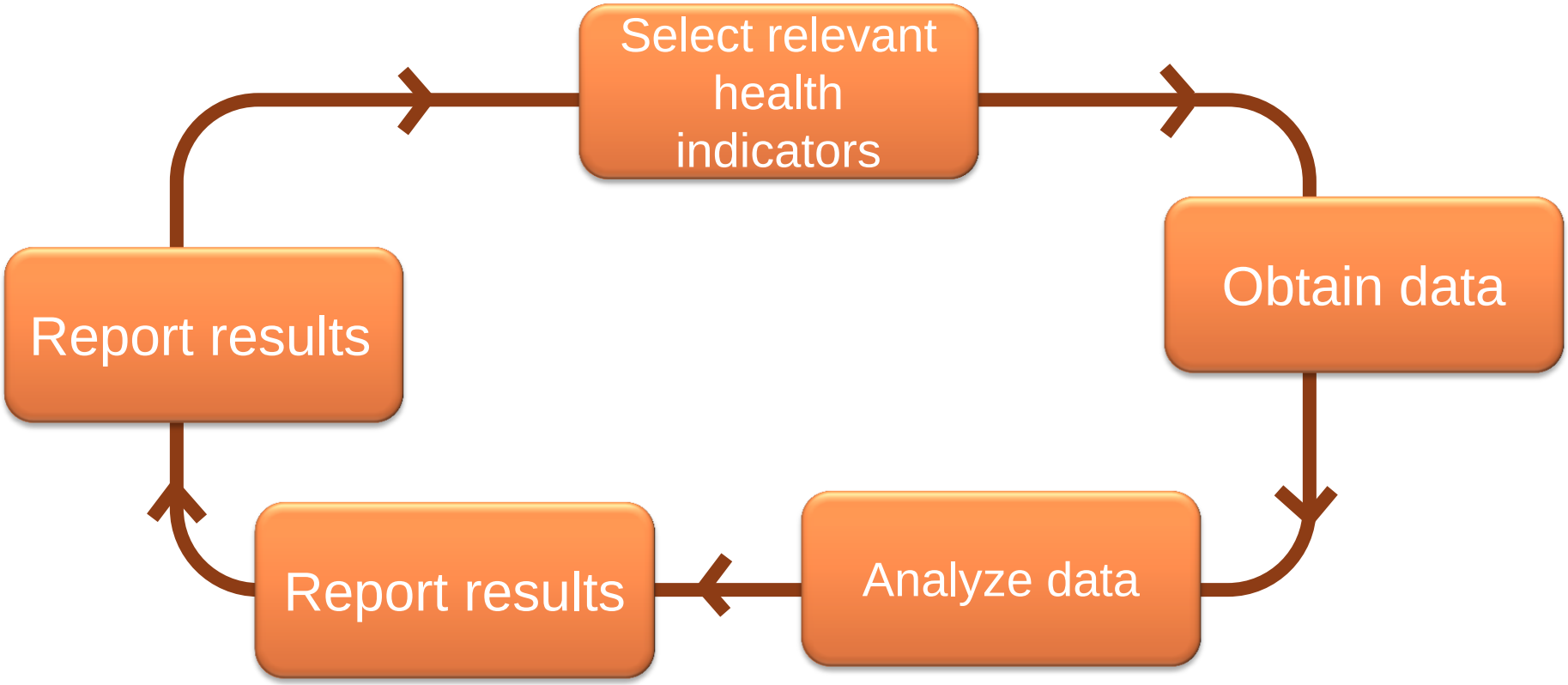
- The process of monitoring social inequalities in health follows the same cycle as any type of health monitoring, although there are some aspects that are unique to health inequality monitoring, namely

(a) the need for two different types of intersecting data,

(b) the statistical measurement of inequality

(c) the challenge of reporting on different health indicators by different dimensions of inequality in a way that is clear and concise.

# Monitoring Cycle



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# Equity stratifiers

- The acronym **PROGRESS** summarizes the equity stratifiers most frequently assessed in health inequality monitoring, but is not an exhaustive list of the stratifiers available and possibly relevant for analysis.

• Place of residence (rural, urban, etc.)

•Race or ethnicity

•Occupation • Gender

•Religion •Education

•Socioeconomic status

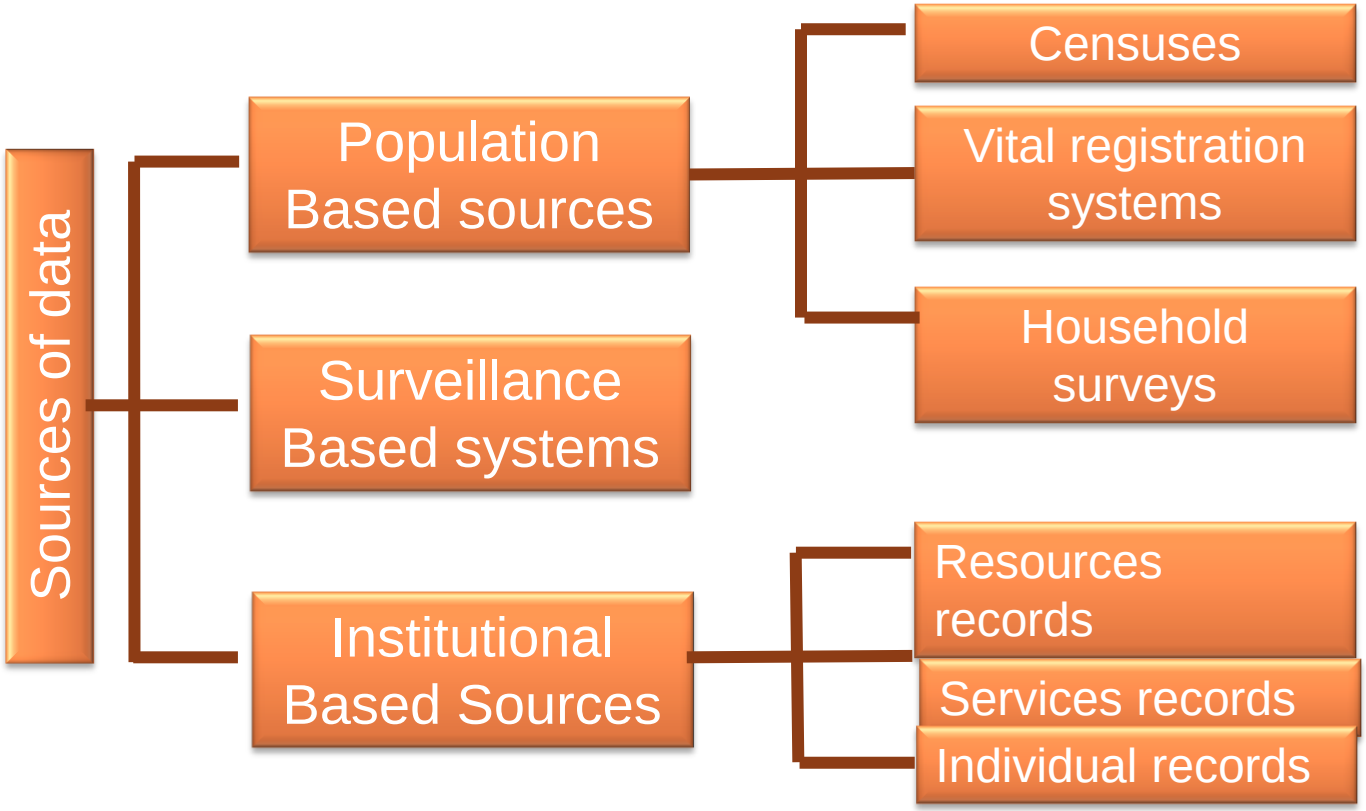
•Social capital or resources

- Not all equity stratifiers are equally relevant in all populations, depending on the characteristics of that population.
- Equity stratifiers may also vary in relevance depending on the health measure in question.

# Data sources

- Describing the state of health inequality in a population requires valid and reliable data, which are acceptable for use from an ethical and cultural standpoint.

- Ideally, data for health monitoring should come from an information-producing system that has strong legitimacy, high-level political support and transparency, and includes policy, technical, academic and civil society constituencies.



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# GROUP DISCUSSION

**What are the main advantages and disadvantages of each of the previous data source for assessing Health inequality**

| | Censuses | Vital registration | Household surveys |
|---|---|---|---|
| examples | National population and household censuses implemented every 10years | National birth, death or marriage registries | Demographic and Health Survey, Multiple Indicator Cluster Survey, World Health Survey, Study on Global Ageing and Adult Health, Living Standards Measurement Study |
| Advantages | • Data cover the entire population (or nearly so), providing accurate denominator counts for population subgroups | • Can generate reliable estimates some health related statistics.<br>• Often linked to information on important health stratifiers such as sex, geographical region, occupation, education | • Data are representative for a specific population<br>• Have rich data on a specific health topic as well as living standards and other complementary variables<br>• Often repeated overtime,<br>• Conducted in multiple countries, |
| Disadvantages | • Contains only limited information on health<br>• Timing of data collection is not consistent | • Incomplete in most low- and middle income countries<br>• Does not regularly include information on equity stratifiers other than sex | • Sampling and nonsampling errors<br>• Survey may not be representative of small subpopulations |
| improvement | Include individual or small-area identifier | • Expand coverage<br>• Include at least one socioeconomic indicator<br>• Include cause of death, birthweight and gestational age (when not included) | • Repeated surveys on a regular bases<br>• Enhance comparability over time and between countries by harmonizing survey questions Increase sample sizes |

| | Institution- based records (administrative data) | Surveillance system |
|---|---|---|
| examples | • Resource records (e.g. number of hospitals, health workers)<br>• Service records (e.g. number of immunizations given)<br>• Individual records (e.g. medical charts) | • Out break disease<br>• surveillance<br>• Sentinel surveillance<br>• Risk factor surveillance<br>• Demographic surveillance |
| Advantages | • Data are readily and quickly available<br>• Can be used at lower administrative levels(e.g. district level) | • Can provide detailed data on a single condition or from selected sites<br>• Sentinel surveillance site data useful for correction of overreporting or underreporting |
| Disadvantages | • Data may be fragmented or of poor quality<br>• Often data cannot be linked to other sources<br>• Data may not be representative of whole population | • Not always representative of population<br>• Some systems may collect little information relevant to equity stratifiers |
| improvement | • Include individual or small-area identifiers<br>• Create standardization of electronic records across institutions | • Include individual or small-area identifiers<br>• Integrate surveillance functionality into larger health information systems with full coverage |

# DATA SOURCE MAPPING

- Create a list of available data by source type (census, administrative, household survey, etc.), name, and year(s) of data collection
- Expand the list to include the availability of equity stratifiers within these data sources
- Create a list of priority health topics and indicate whether they are described within the various data sources
- Combine the lists from the previous two steps

# Measurement of health inequality

- Simple measures of inequality (pairwise comparisons)
- Complex measures of inequality

# Presenting data from HEAT

Figure 4.1 Contraceptive prevalence (modern methods) in Egypt, by wealth quintile, DHS 1995, 2000 and 2005

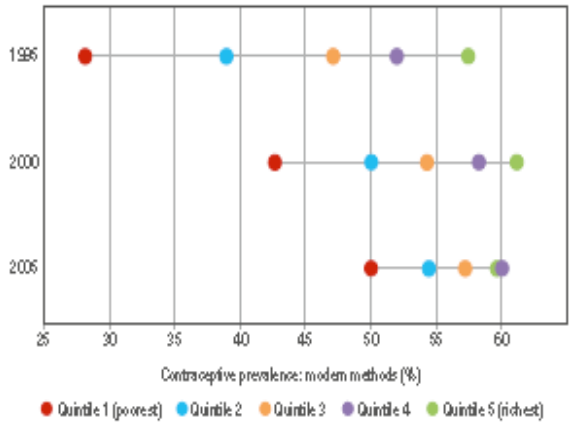



Figure 4.2 Time trend in measles immunization in Colombia, by place of residence, DHS 1993, 1998, 2003 and 2008

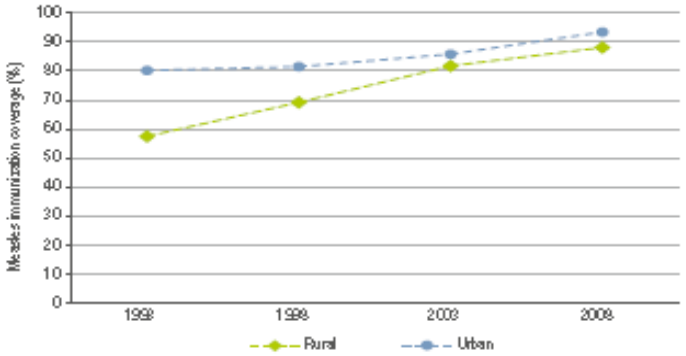



Figure 4.3 Benchmarking the latest status of births attended by skilled health personnel in Malawi against 22 other low-income African countries, by wealth quintile, DHS 2005–2010

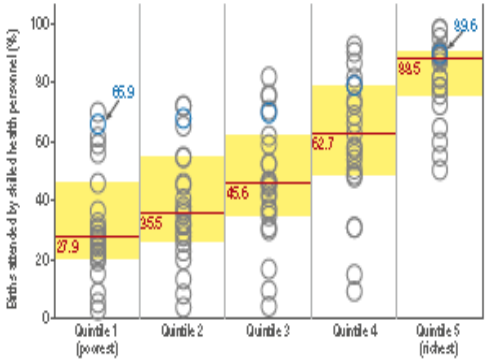
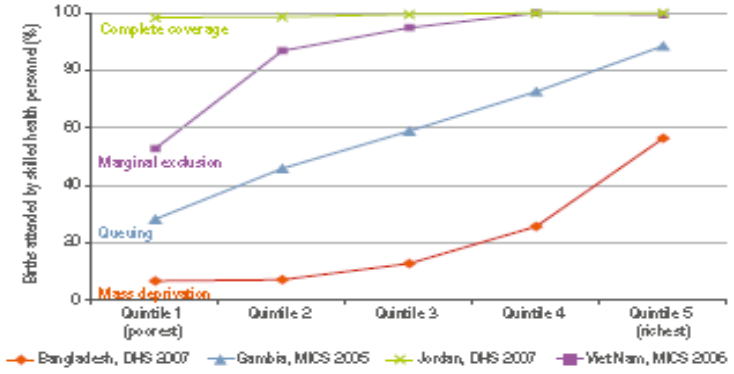



Figure 4.6 Patterns of health inequality, shown using coverage of births attended by skilled health personnel in Bangladesh, Gambia, Jordan and Viet Nam, by wealth quintile, DHS and MICS 2005–2007



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# GROUP DISCUSSION

## What are the main facilitators and barriers to monitoring and evaluation in HiAP

## Facilitators

- CLEAR MANDATE
- LINK TO EVALUATION
- FINANCIAL AND HUMAN RESOURCES CAPACITY

## Barriers

- COMPETING PRIORITIES
- Lack of capacities
- Lack of data

- **What are the international and national commitments in your countries that required monitoring framework?**

# HEALTH INFORMATION SYSTEM

- Health information systems refer to any system that captures, stores, manages or transmits information related to the health of individuals or the activities of organizations that work within the health sector.
- Overall, a well-functioning HIS is an integrated effort to collect, process, report and use health information and knowledge to influence policy and decision-making, program action, individual and public health outcomes, and research.
- Sound decision-making at all levels of a health system requires reliable health statistics that are disaggregated by sex, age and socioeconomic characteristics.
- At a policy level, decisions informed by evidence contribute to more efficient resource allocation and, at the delivery level, information about the quality and effectiveness of services can contribute to better outcomes.

# Health Information System Components


Figure 1 The six components of a Health Information System



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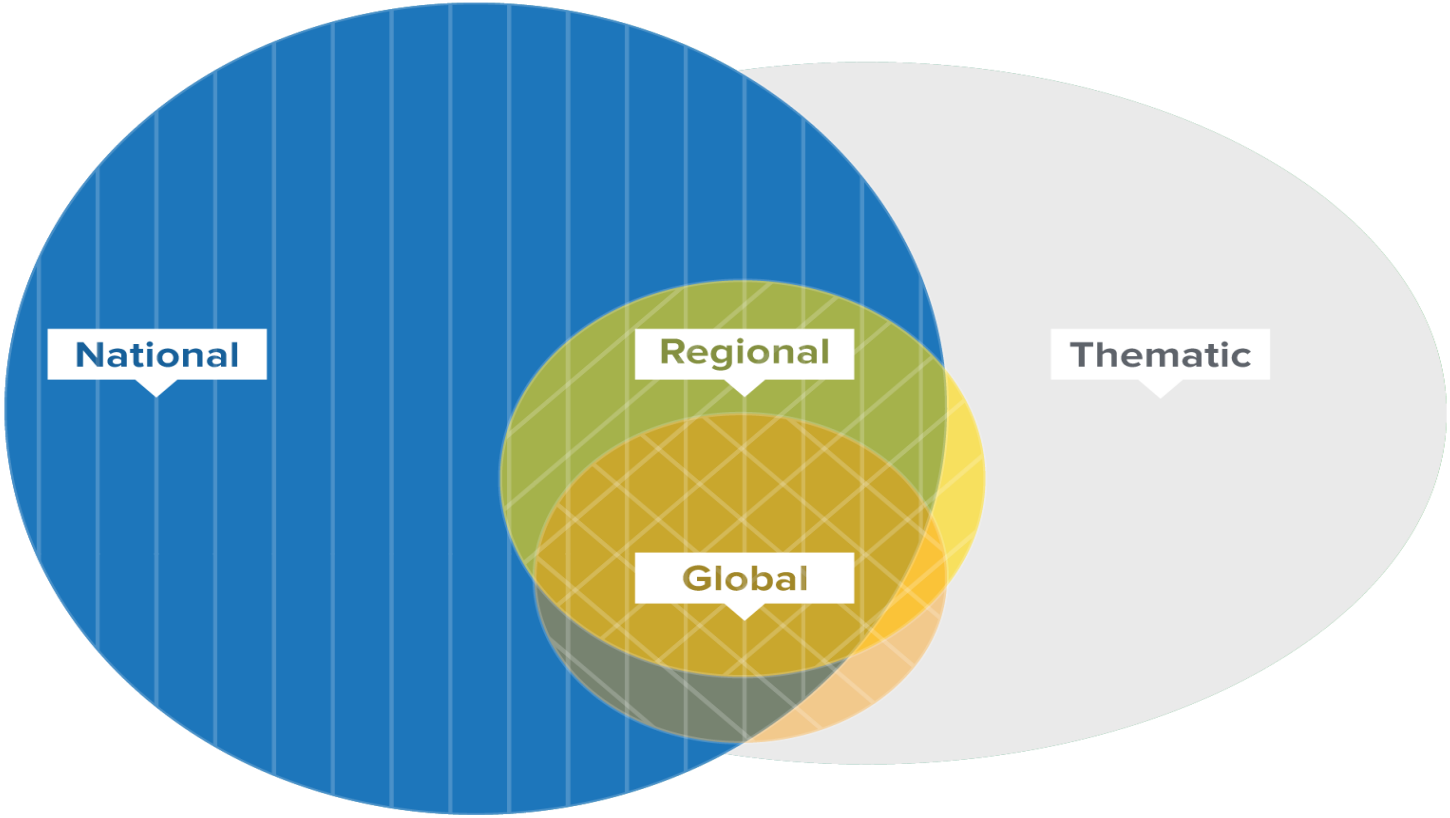
# SDG monitoring framework



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**National monitoring** is the prerogative of each national government. Each country decides on number and nature of national indicators, which follow national standards and may not all be internationally comparable. A limited set of Global Monitoring Indicators will also be integrated into national monitoring efforts. Although likely to be drawn from official data sources, countries may also decide to

**Global monitoring** is based on a set of Global Monitoring Indicators that are harmonized to common global standards and would form basis for review at the High Level Political Forum. GMIs would be predominantly drawn from official data. GMIs are generally applicable to all countries, but some my only cover a subset (e.g. malaria does not apply to countries in temperate zones and landlocked countries do not report on oceans).

**Regional monitoring** provides a platform to foster knowledge-sharing, peer review, and reciprocal learning across regions. Regional indicators comprise Global Monitoring Indicators, Complementary National Indicators, and possibly a small number of indicators targeting specific regional priorities. Regional monitoring mechanisms should build on existing regional mechanisms.

**Thematic monitoring** comprises specialist indicators reported on by epistemic communities. They can include input and process metrics as helpful complements to official indicators. Many communities may also use other sources of unofficial data and experiment with creative and novel ways of collecting, analyzing, and presenting data.

# Group discussion

- Is the Health information system sufficient to be HiAP information system?
- How to integrate frameworks of International and Global Agendas indicators with the HiAP monitoring indicators?
- What needs to be done?

# Thank you



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