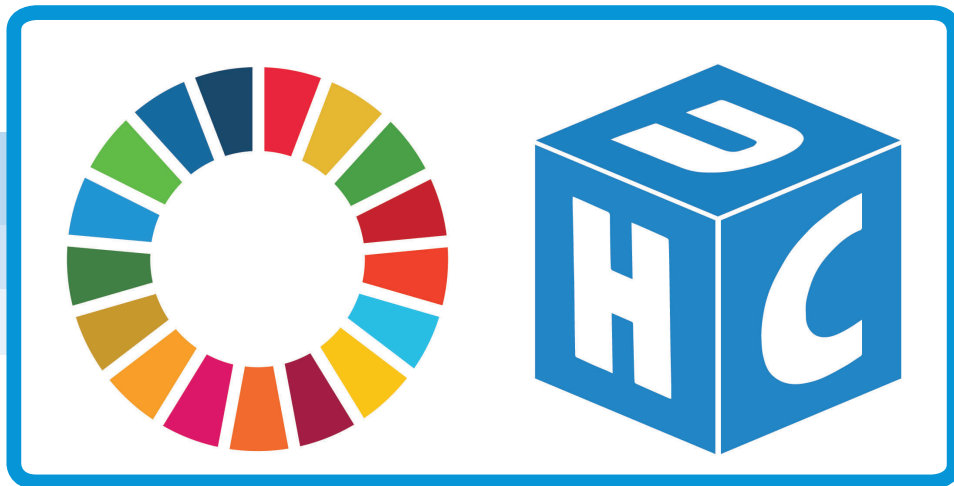


Meeting Report

TECHNICAL WORKSHOP ON INDICATORS, DATA AND METHODS FOR MONITORING SUSTAINABLE DEVELOPMENT GOALS AND UNIVERSAL HEALTH COVERAGE IN THE WESTERN PACIFIC REGION



24–26 May 2017
Manila, Philippines



Technical Workshop on Indicators, Data and Methods for Monitoring Sustainable Development Goals and Universal Health Coverage in the Western Pacific Region
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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

TECHNICAL WORKSHOP ON INDICATORS, DATA AND METHODS
FOR MONITORING SUSTAINABLE DEVELOPMENT GOALS AND
UNIVERSAL HEALTH COVERAGE IN THE WESTERN PACIFIC REGION

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NOTE

The views expressed in this report are those of the participants of the Technical Workshop on Indicators, Data and Methods for Monitoring Sustainable Development Goals and Universal Health Coverage in the Western Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Technical Workshop on Indicators, Data and Methods for Monitoring Sustainable Development Goals and Universal Health Coverage in the Western Pacific Region in Manila, Philippines from 24 to 26 May 2017.

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Keywords:

Social determinants of health – statistics & numerical data / Methods / Universal coverage / Health systems plans
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SUMMARY

The Sustainable Development Goals (SDGs) adopted by the General Assembly of the United Nations in 2015 comprise 17 goals that will guide development efforts for the next 15 years. The SDGs include 169 targets and over 200 global indicators. There are 13 targets and 27 indicators under the health-specific goals (Goal 3), and more than 20 targets related to health under other goals. Universal health coverage (UHC) is a target in the SDGs as well as the platform that brings together programmes and actions for health and development.

Monitoring progress towards the SDGs and UHC is a complex and demanding process that includes a wide range of aspects and activities from data collection and infrastructure to data transformation and analysis to inform and drive policy changes. The aim of monitoring the SDGs and UHC by individual countries is to ensure that progress reflects each country's unique epidemiological and demographic profile, health system and level of economic development, as well as demands and needs of the population. These country-specific dimensions are critical for deciding what should be monitored. To support this process, WHO needs to work with countries and experts to learn from existing best practices and to identify common agreed actions to improve national health information systems to generate better and more reliable data. Proper methods on data generation, processing and analysis need to be applied to allow better tracking of progress towards the SDGs and UHC across countries and over time.

The three-day technical workshop held in Manila in May 2017 provided an opportunity for countries to not only appreciate the complexities of the aspects and processes involved in SDG and UHC monitoring, but also share practical knowledge and techniques for systematic monitoring of the SDGs and UHC. It is hoped that countries will use this experience to support their own monitoring efforts and activities, and to assist in the formulation of evidence-informed policies, programmes and practices for health system development. During the meeting, a range of issues related to multiple aspects of SDG and UHC monitoring were raised. These issues were discussed in the context of country challenges and needs, where specific priority areas for action were highlighted.

A summary of these issues is presented below, and Annex 3 lists every issue raised by countries during the workshop. Recommendations for countries and WHO to improve SDG and UHC monitoring are presented in section 3 of this meeting report.

1. Health information system (HIS) development and data gaps

This focus area generated the largest number of issues, directions and actions. Part of the discussion involved the development of long-term plans for the use of surveys linked to the monitoring framework, the application of innovative approaches to overcome geographical challenges, the development of data governance policies and regulations, the strengthening of civil registration and vital statistics (CRVS), including applications of the International Statistical Classification of Diseases and Related Health Problems (ICD) and cause of death (COD), and linkages of different databases. These issues were classified under the following four areas:

- Monitoring framework and indicator
- Data reporting and quality
- Data sharing and feedback
- New methods and information and communications technology.

2. Disaggregated data

The issue of data disaggregation was frequently raised during the meeting. Discussion focused on (i) better use of survey data, including more comprehensive and combined survey arrangement, (ii) considering other inequity measurements such as the Kakwani index, (iii) the inclusion of disaggregation variables (such as gender) in routine health information forms, and (iv) the strengthening of CRVS to better disaggregate data, particularly for mortality and COD.

3. Analysis and methods

Issues with analysis and methods were also frequently raised during the meeting. Their scope is wide as they cover issues from approaches used in data collection to those related to analysing indicators in ways that support policy-making. Part of the discussion focused on the accuracy of the currently reported baseline measures, the use of a unified patient identification number, the stability of data coding, and methods that may be applied to estimate indicator values for small population size.

4. Information utilization

Discussions on information utilization centred on making data actionable and meaningful for a wide range of stakeholders, providing regular feedback to peripheral levels, bringing in academia and industry to help with analysis and methods, the use of new tools for better presentation (e.g. geographic information system or GIS), training at health institutions, and support for in-depth analysis at the country level.

5. Institutional arrangement

Three main actions were discussed under institutional arrangements, including establishing HIS management agencies and delineating responsibilities of ministries and agencies from across the health system, outsourcing data management and analytics with capacity-building as needed, and developing coordinating mechanisms across multiple sectors.

6. Capacity development

The needs for country capacity centred on data analysis, training and coaching information managers and information staff at all levels, and mutual learning among countries by strengthening the role of the Pacific Health Information Network.

7. WHO support

Countries raised a number of specific areas where they will need support from WHO. Examples include help with target setting at different levels within the health system, techniques to group indicators and linking them using logic models, guidelines and technical support on common templates for SDG reporting, visualization and other innovative analysis, inter-agency cooperation and innovative ways to collect information on data related to noncommunicable diseases in countries with small populations in the Pacific.

8. Feedback on regional SDG and UHC monitoring framework and baseline report

Participants had the opportunity to provide feedback on the SDG and UHC regional monitoring framework document and the baseline report, both sent in advance in preparation for the workshop. In general, they were found to be useful for intercountry comparison and for improving data quality. It was also understood that the regional monitoring framework is a reference document, and countries

should use it to guide the formulation of their own monitoring framework following their own unique priorities and needs. There was concern, however, regarding the reliability of some indicators, and it was noted that mechanisms and processes are needed to update some of the data used and presented in the baseline report.

1. INTRODUCTION

1.1 Meeting organization

The Technical Workshop on Indicators, Data and Methods for Monitoring Sustainable Development Goals and Universal Health Coverage in the Western Pacific Region was held in Manila from 24 to 26 May 2017. The workshop brought together participants from 12 countries in the Region, temporary advisers, observers from partner/international agencies and Secretariat members. The structure of the meeting enabled countries to discuss a variety of aspects related to the Sustainable Development Goals (SDGs) and universal health coverage (UHC) monitoring, share experiences, and identify short- and medium-term priority actions to advance SDG and UHC monitoring. The list of participants is in Annex 1 and the meeting programme in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

- 1) to review indicators, data gaps and data sources for monitoring the SDGs and UHC based on the UHC/SDG baseline report and technical document on the SDG/UHC monitoring framework;
- 2) to review analytical strategies and methods for measuring progress towards achieving the SDGs and UHC at country and regional levels;
- 3) to identify commonly agreed analytical frameworks and methods to monitor SDG/UHC progress so as to improve evidence-informed health policy development; and
- 4) to identify priority actions for countries and WHO to improve SDG and UHC monitoring in the Western Pacific Region.

2. PROCEEDINGS

2.1 Opening session

The opening session set the context for SDG and UHC monitoring and defined the objectives for the three-day workshop. The session provided participants with an overview of the relationships between health system attributes (e.g. quality, efficiency), UHC and the SDGs. Both the UHC Action Framework and the Regional Action Agenda on SDGs were also highlighted and discussed. The session highlighted that achieving the SDGs will require working collaboratively and to go beyond national averages to specific groups and their progress. It was also noted that SDG and UHC monitoring needs more focus on health system performance and health system development, and that WHO needs to work with partners to identify actions in order to improve national information systems. The session ended with an overall discussion on what SDG and UHC monitoring means for countries and the Region.

2.2 Regional SDG and UHC Monitoring Framework and baseline report (plenary)

Session 1 introduced the *Regional SDG and UHC Monitoring Framework* and provided an overview of the baseline situation in the Region. The objective of the session was to gather comments and feedback from participants on the two documents describing the framework and the baseline results.

Some of the key issues discussed included (i) the importance of health data and information technology (IT) infrastructure, (ii) whether countries are using all available information, including disaggregated data, to capture indicators that are not currently being reported, (iii) what to do when there are no data or when they are of poor quality, (iv) target setting, (v) barriers to improving monitoring and analytical capabilities, (vi) indicators as enablers for change, (vii) countries' differing priorities and how they affect indicator selection, (viii) standardization in data collection and definition as well as indicator interpretation and selection criteria, and (ix) the uncertainty about current indicator values and the robustness of data.

It was also noted that the *Regional SDG and UHC Monitoring Framework* is a reference to guide countries in monitoring progress. It is not meant to replace a country's unique monitoring framework, which may include indicators outside those currently proposed in the core reference list of 85 indicators. The session also highlighted that monitoring is not just about reporting data, but making sense within the context of each country, and that SDG monitoring will require forward thinking.

2.3 Data sharing, analysis and HIS development (group work)

Session 2 provided an opportunity for countries to present their current work on SDG and UHC monitoring. This was followed by discussions on current issues related to data needs, gaps and quality, and on how to improve data sharing, analysis and HIS development within countries. Some of the key issues identified relate to capacity for countries to meet SDG reporting requirements, lack of data and disaggregation, multiple sources and reporting systems within health and across sectors, and geographical challenges in the case of Pacific islands. Participants proposed a number of actions to minimize data gaps. Some of the innovative ones include linking data collection with incentives, data audit tools/processes for quality improvement and data verification, and automation for coding and checking errors. Participants also proposed actions to develop proper institutional arrangements and to improve capacity for data collection and analysis.

Session 3 (plenary) followed and was used to summarize the group work and further discuss or clarify issues raised by countries.

2.4 Analysis and methods (plenary)

Session 4 provided an overview of the analyses and methods used in the baseline report, and those related to equity in health financial protection, service utilization and service quality. Three presentations set the context to guide the discussion. Initial issues raised centred on indicator definition, including those currently used to measure the tracer indicators in the UHC service coverage index. Discussion also focused on the quality of analyses, transparency, the need to elicit information from the community, geographical analyses and interpretation of results when it comes to equity. Additional technical discussions pointed to the different ways that financial protection can be estimated, including the use of different denominators (i.e. expenditure or income), thresholds to identify populations at risk, the use of trend analysis to interpret changes in populations at risk, and representative issues in household surveys. In terms of quality indicators, it was noted that WHO and collaborative partners are working on a core reference list of service quality indicators. Equity and the interlink with all UHC action domains were also discussed.

2.5 Analysis and methods (group work)

Session 5 focused on generating feedback on the methods and analyses used in the baseline report and discussed additional ones that could be useful for SDG and UHC monitoring at country and regional levels. Methods and analyses discussed by the groups focused on the need for better measurement for populations living in rural areas, regression analysis using data from multiple sectors, GIS-based analysis and similar visualization tools, logic models including the Donabedian structure–process–outcome approach, tracer indicators, and the need to conduct data quality assessment and incorporate stability in data coding to ensure reliable time-trending analysis. The baseline report was found to be useful for country comparisons and to inform a country’s own monitoring framework and national health strategic development, but issues with reliability of indicator values and the need to have mechanisms to update data were raised. Participants also discussed a number of priority areas to improve the monitoring of SDG/UHC at country and regional levels. In addition to guiding the technical aspects of monitoring, countries also called for better communication and coordination between WHO, other partners/agencies and multiple country ministries.

Session 6 (plenary) followed and was used to summarize the group work and further discuss and clarify issues raised by countries.

2.6 Health system performance (plenary)

In Session 7, a comprehensive framework on health system performance analysis was presented. It was highlighted that performance needs to be contextualized, and that there are varying time frames for performance, where indicators may not necessarily experience immediate change. This was followed by country cases highlighting analytical practices linked to health system development. The Philippines discussed multiple aspects of health information in UHC monitoring and development, where the current health agenda focuses on financial risk protection, better health outcomes, and responsive health systems. The Lao People’s Democratic Republic described the process of harmonizing health information as a central platform for health system development, and Fiji described its approach to align multiple monitoring and evaluation (M&E) frameworks and processes to major planning frameworks of the Ministry of Health and Medical Services as a way to facilitate continuous improvement over time.

2.7 Analysis and methods to improve SDG and UHC monitoring (group work)

Session 8 focused on issues that countries are facing to improve SDG and UHC monitoring, and on methods and analysis that can be applied to address those issues. Multiple perspectives were presented, including identification of vulnerable groups, measuring accurately prevalence of some chronic conditions and risk factors, identification of essential services and lack of data coverage. The issue of no unique patient identifier and small sample sizes to capture disadvantaged groups were also noted. Participants also discussed solutions to overcome barriers to improving SDG and UHC monitoring, including partnering with academia and other sectors, broader access to databases, the use of synthetic estimates for small areas, better communication between WHO country offices and health ministries for those where WHO is located in a different country, networking for sharing experiences and solutions, the use of regulations to better coordinate SDG reporting across sectors, and the use of information technologies and devices for better noncommunicable disease (NCD) tracking, patient identification, and reporting of essential medicines.

It was also recognized that WHO should continue providing cross-country analysis, setting standards, and providing and building capacity through technical assistance. It was suggested that countries may coordinate and partner with the private sector and other sectors for analysis and information sharing.

Session 9 (plenary) followed and was used to summarize the group work and further discuss and clarify issues raised by countries.

2.8 Evidence-informed policy development (plenary)

Session 10 focused on how to transfer information into evidence-informed policy development. The session started with an overview of this process and then provided an opportunity for countries to present cases on how information has been used for decision-making or is being used to inform the policy development process. The initial guiding presentation noted that indicators need to be action-oriented, that policy occurs at multiple levels in the system, that the selection of indicators and how the data are presented is a political act, and that different types of information will be needed for different purposes. Viet Nam then discussed examples of the use of information for decision-making at all levels for improved health service and service management, and for developing the Annual Health Sector Plan. The Republic of Korea presented the structure and application of its big data to support health service provision, and Singapore described its centralized individual-level health information database as a platform for better analysis, research and policymaking.

2.9 Evidence-informed policy development (group work)

Session 11 provided an opportunity for countries to present examples and cases where monitoring indicators have been used to inform and drive policy changes. The indicators identified and the policy changes vary from country to country. For example, the Philippines used maternal mortality ratio to drive investments in health facilities and capacity in primary care, including obstetrics and gynaecology. The Federated States of Micronesia used the number of motor vehicle accidents due to alcohol use to drive policy changes limiting the sales of alcohol. Malaysia used indicators on NCD to tackle the problem at the workplace, to create awareness and to drive actions across ministries. Participants were also asked to describe the process involved in the selection and utilization of indicators for policymaking. Key in some countries was the engagement and collaboration of other agencies and stakeholders and committees.

Session 12 (plenary) followed and was used to summarize the group work and further discuss and clarify issues raised by countries.

2.10 Summary from previous sessions and discussions (plenary)

Session 13 provided an overall summary of all issues raised in the previous sessions (see Annex 3), and organized them in a process that outlines all key monitoring work in which countries can engage to achieve the SDGs and UHC. This process highlights a two-part approach. The first describes all key elements and a series of actions that are necessary for a country to select indicators. Key elements in this process include data and IT infrastructure, data governance and information plans, and a country-specific monitoring framework. Key actions include data transformation, comparative analysis and indicator selection. The second part of the approach presents a series of actions where the use of the selected indicators is the main focus. The main actions involve target setting, policy and action, and progress monitoring.

This process recognizes the diversity of countries in terms of direction, pathways, timelines and priorities, the role of other sectors when it comes to data linkages and engagement, and the support that WHO can provide throughout this process. Some of the WHO support identified in the model includes the production of the monitoring framework and baseline report, help with logic models and indicator sequencing, data and indicator maturity assessments, comparative analysis, and the production of metadata.

2.11 Priority actions for countries and WHO (group work)

Session 14 provided an opportunity for countries to present and discuss three main priority actions that they would like to pursue over the next 12 months to improve SDG and UHC monitoring. During this session, countries were also asked to list three priorities that WHO should pursue to support countries throughout this process. Priorities identified vary from country to country. However, two areas on which a number of countries intended to work on over the next 12 months involve the selection of monitoring indicators and/or the formulation of their own monitoring framework, and capacity development on monitoring-related aspects and activities. Developing coordinating mechanisms within the health sector and across multiple sectors was also identified as a priority by some countries. Participants also asked WHO to continue working on multiple aspects of indicator development and definition, and providing technical assistance through training materials and direct country support. It was also noted that better communication between and across agencies and development partners when it comes to harmonizing data and indicators should be pursued.

2.12 Summary of the meeting and closing (plenary)

Session 15 summarized the priority actions identified during the group work and asked participants to further discuss and clarify if needed. This was followed by closing remarks. Some highlighted the enormous diversity across countries, the importance of information for change, issues on availability and quality of data, and the need for prioritization given the large scope of data challenges and data gaps. Participants were then asked to think about what types of incentives may be used to invest in HIS, and where to build those incentives to address data gaps. It was hypothesized that good data depends on how the health system is financed and designed. The challenge of assessing equity within countries, including how to define vulnerable populations, was noted, and given the expensive investments that is need to disaggregate data, the need for prioritization was again stressed.

Lessons for WHO were also discussed. More work on coordination of HIS within the UN system, including coordination with donors, was highlighted as an important aim. How prescriptive WHO should be when it comes to technical assistance on SDG and UHC monitoring was presented as a question that countries and WHO alike should consider.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Monitoring progress towards the SDGs and UHC is a complex and demanding process that includes a wide range of aspects and activities from data collection and infrastructure to data transformation and analysis to inform and drive policy changes. Some of the regional challenges related to data collection and gaps include limited availability of data, insufficient disaggregation of data, and poor data quality and reliability.

Similarly, factors limiting the strengthening of HIS include the use of fragmented and independent information systems, limited use of information standards and exchange mechanisms, poor information infrastructure and tools, and limited capacity to generate knowledge for decision-making. Addressing these challenges will require a combination of strong governance, commitment and leadership, short- and long-term investment in health information infrastructure and human resources, and innovative approaches to harness the use of existing data sources.

The three-day technical workshop provided an opportunity for countries to discuss and appreciate the scope and complexities of SDG and UHC monitoring. The enormous diversity across countries in terms of their current stage of monitoring-related aspects and activities means that countries will have different pathways, timelines and priorities to monitoring and achieving progress towards the SDGs and UHC. The workshop was also an important venue to help identify priority actions for countries and WHO to improve SDG and UHC monitoring in the Western Pacific Region. The recommendations outlined next intend to summarize these priority actions, which will help inform action plans and technical work needed in the Region to improve SDG and UHC monitoring.

3.2 Recommendations

3.2.1 Recommendations for Member States

The following recommendations are overall directions intended to be relevant to most countries. However, the scope of each may be different depending on each country's stage of development.

Member States are encouraged to:

1. Develop or finalize their country-specific SDG and UHC monitoring framework. Each country should identify the targets and indicators with the highest priority, in light of the country's characteristics, challenges and capacity to implement monitoring activities.
2. Actively engage in capacity development and training on multiple aspects of SDG and UHC monitoring (e.g. data collection processes, flows and standards, data analysis, target setting, evidenced-informed policymaking).
3. Strengthen the national HIS, by creating a national coordinating body able to harmonize monitoring-related aspects and activities with other ministries, provincial or district level governments, agencies and the private sector.
4. Invest in fundamental health information infrastructure and tools by introducing innovative, direct and indirect forms of incentives, so that unfragmented and coordinated health and health-related data and information systems are available at all levels.

3.2.2 Recommendations for WHO

WHO is requested to:

1. Provide technical support and assistance to countries on multiple aspects of SDG and UHC monitoring by:
 - a. guiding all technical work related to indicator development, selection and analysis, including guide on effective data collection methods to capture information on those at risk of being left behind;
 - b. facilitating the adoption of common standard and framework to enable comparative analysis and sharing of lessons learnt;

- c. undertaking analysis of available data related to SDG and UHC and using this analysis to inform technical assistance provision to countries as well as regional and comparative reporting;
 - d. providing training to countries and produce training materials, including a minimum set of indicators to be collected (e.g. tracer indicators), guidelines on data analysis, target setting and reporting to support policy-making, and reporting templates;
 - e. continually updating indicator metadata and communicating and disseminating its use; and
 - f. guiding the use of global estimates vs. country reported values in SDG and UHC monitoring.
2. More effective country support through:
- a. better partner and inter-agency coordination and collaboration;
 - b. higher level advocacy and awareness; and
 - c. better communication between the WHO Regional Office, WHO country offices, and foreign affairs and health ministries.

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Ms Katherine Anne Silburn, Coordinator, Equity and Social Determinants, Division of Health Systems

Dr Annie Chu, Technical Officer, Health Policy and Financing, Division of Health Systems

Ms Maria Peña, Consultant, Health Policy and Financing, Division of Health Systems

Dr Guillermo A. Sandoval, Consultant, Health Intelligence and Innovation, Division of Health Systems

Dr Kunhee Park, Technical Officer, Pacific Open Learning Health Net (POHLN), WHO Fiji Country Office

Dr Hong Anh Chu, Technical Officer, Health Information, WHO Viet Nam Country Office

ANNEX 2. Meeting programme

<i>Time</i>	<i>Day 1, Wednesday, 24 May</i>	<i>Time</i>	<i>Day 2, Thursday, 25 May</i>	<i>Time</i>	<i>Day 3, Friday, 26 May</i>
08:00 – 08:30	Registration Secretariat Meeting at 414-A (including WHO secretariat and TAs)				
08:30 – 10:00	Opening ceremony <i>Chair: Gao Jun</i> <ul style="list-style-type: none"> • Opening remarks <i>Regional Director</i> • Participant introductions • Meeting objectives and process <i>Gao Jun</i> • Introduction on SDG, UHC and health system development <i>Vivian Lin</i> • Administrative announcements <i>Cynthia Vingona</i> 	08:30 – 08:45	Key points from the first day <i>Yu Jie Wong</i>	08:30 – 08:45	Key points from the previous sessions <i>Shivnay Naidu</i>
		08:45 – 09:05	Session 4 Plenary: <i>Chair: Jean-Frederic Levesque</i> <ul style="list-style-type: none"> • Analysis methods used in regional baseline reports UHC monitoring <i>Guillermo Sandoval</i> 	08:45 – 09:15	Session 10 Plenary: <i>Chair: Kunhee Park</i> <ul style="list-style-type: none"> • How to transfer information into evidence-informed policy development <i>Stephen Duckett</i>
		09:05 – 09:25	<ul style="list-style-type: none"> • Equity in health financial protection and Service Utilization <i>Annie Chu</i> 	09:15 – 09:30	<ul style="list-style-type: none"> • Country examples on information used for decision- making at all levels for improved health service and service management <i>Viet Nam</i>
		09:25 – 09:45	<ul style="list-style-type: none"> • Service quality and measurements <i>Kim Sum Mean</i> (pre-recorded presentation) 	09:30 – 09:45	<ul style="list-style-type: none"> • Better information for health service provision <i>Hee Jin Kang</i>
		09:45 – 10:15	<ul style="list-style-type: none"> • Comments from country representatives 		<ul style="list-style-type: none"> • Innovative approaches and ICT to improve evidence-informed policy development in Singapore
10:00 – 10:30	<i>Group photo and coffee/tea break</i>	10:15 – 10:45	<i>Coffee/tea break</i>	09:45 – 10:00	<i>Coffee/tea break</i>
10:30 – 10:50	Session 1 Plenary: <i>Chair: Xu Ke</i> <ul style="list-style-type: none"> • Introduction of regional SDG UHC monitoring framework <i>GaoJun</i> • Introduction of baseline report structure and key results <i>Guillermo Sandoval</i> • Comments on regional monitoring framework and baseline report <i>Stephen Duckett</i> 	10:45 – 11:45	Session 5 Group work <ul style="list-style-type: none"> • What are useful analytical methods that should be used to monitor the progress of SDG/UHC at region and country level for better health policy development? • Are the regional monitoring framework and baseline report helpful for better monitoring SDG/UHC in the region and countries? Any suggestions about those two documents. • How could WHO help to improve the monitoring SDG/UHC at region and country level for achieving SDG/UHC? 	10:00 – 11:30	Session 11 Group work (focus on information for decision making) <ul style="list-style-type: none"> • Please provide examples of successful stories where monitoring indicators have been used to drive policy changes? • How were these indicators used and what process was involved; • What indicators are relevant and useful to drive policy changes in your country?
10:50 – 11:10					
11:10 – 11:20					
11:20 – 12:00	<ul style="list-style-type: none"> • Questions and comments from country participants 	11:45 – 12:00	Session 6 Plenary: Group work report: feedback from the group discussions	11:30 – 12:00	Session 12 Plenary: <i>Chair: Kunhee Park</i> <ul style="list-style-type: none"> • Feedback from Group

12:00 – 13:30	<i>Lunch break</i>	12:00 – 13:00	<i>Lunch break</i>	12:00 – 14:00	<i>Lunch break</i> Secretariat meeting at 414-A
13:30 – 16:00	<p>Session 2 Group discussion by countries: Pacific countries, 2 groups in other Asian countries (focus on data sharing, analysis, and HIS development)</p> <ul style="list-style-type: none"> Country presentations on SDG monitoring (in each group, countries will present their prepared slides before the meeting) What are the important issues on SDG UHC monitoring at country and sub-national level including equity focused M&E approaches? How to minimize data gaps through improving data availability, data sharing, and data quality? How to introduce proper institutional arrangement and improve capacity on data collection, reporting, analysis and use for policy development in countries? 	<p>13:00 – 14:30 10 mins each country</p> <p>14:30 – 16:00</p>	<p>Session 7 Plenary: Country cases <i>Chair: Stephen Duckett</i></p> <ul style="list-style-type: none"> Country case for health system performance analysis <i>Jean-Frederic Levesque</i> Country cases on health information used for universal health coverage development and monitoring in the <i>Philippines</i> Better harmonized information system on health system development and reform in <i>Lao People's Democratic Republic</i> Health information used for monitoring progress of health system development in <i>Fiji</i> Comments on country cases <i>Hee Jin Kang</i> Other comments and discussion <p>Session 8 Group work (focus on application methods and analysis)</p> <ul style="list-style-type: none"> What are important topics/issues you are facing for improving SDG/UHC monitoring (including monitoring leave no one behind) in your country? And what analysis methods or approaches should be applied for better monitoring of those issues? What are the key issues or obstacles on application of those methods in different countries? How to overcome those issues? What suggestions should be provided to countries, WHO and other partners on improving the analysis at country level, especially in LMIC? 	14:00 – 15:30	<p>Session 13 Plenary: <i>Chair: Hong Anh Chu</i></p> <ul style="list-style-type: none"> Suggested actions for better monitoring SDG/UHC for policy development both for countries and WHO (summary from previous meetings and discussions) <i>Stephen Duckett</i> <p>Session 14 Group work: Summarized actions</p> <ul style="list-style-type: none"> Please list the top 3 priority actions you would like to pursue over the next 12 months to improve UHC and SDG monitoring; Discuss with the group your options, including the reason(s) why those actions are relevant for your country Please list top 3 actions WHO should pursue over the next 12 months to support country's SDG and UHC monitoring;
16:00 – 17:00	<p>Session 3 Plenary: <i>Chair: Stephen Duckett</i> Group work report: feedback from the group discussions</p>	16:00 – 16:30	<i>Coffee Break</i>	15:30 – 15:45	<i>Coffee Break</i>
17:00 – 17:30	<i>Secretariat meeting at 414-A</i>	16:30 – 17:00	<p>Session 9 Plenary: <i>Chair: Jean- Frederic Levesque</i></p> <ul style="list-style-type: none"> Group work report: feedback from the group discussions 	15:45 – 17:00	<p>Session 15 Plenary: <i>Chair: Gao Jun</i></p> <ul style="list-style-type: none"> Group work report: feedback from the group discussions Summary of the meeting and closing <i>Vivian Lin</i>
17:30 – 18:30	Reception (WHO Cafeteria Al fresco)	17:00 – 17:30	<i>Secretariat meeting at 414-A</i>		

ANNEX 3. Summary of priority areas, directions and actions raised during the first two days of the meeting

1. Health information system (HIS) development and data gaps

1.1 Monitoring framework and indicators

- Use monitoring framework to guide detailed work about indicator, data collection, and analysis
- Long-term plan for surveys linked with monitoring framework
- Enlarge routine data collection coverage: private sector, data collected from other sectors
- Conduct indicator review to avoid duplicated collection and unnecessary data collection
- Identify priority indicators and sequence on SDG monitoring targets
- Focus on selected indicators; start with the end in mind

1.2 Data reporting and quality

- Introduce incentives linked with data reporting, introduce clinical champions
- Develop and implement data governance policies and law
- Apply innovative approaches to overcome geographical challenges
- Improve facility-based reporting, and patient record data
- Implement data audit tools/process for quality improvement and data verification
- Standardize data dictionary
- Identify data flow diagrams of various reporting requirements

1.3 Data sharing and feedback

- Encourage inter-sectorial data sharing and application standard methods to collect related data - proper mechanisms should be developed (such as MoU)
- Automation (coding, checking, etc. - not in a black box) not only related to collection, but also to data process and analysis
- Introducing proper methods such as coding standard, verbal autopsy
- Improve transparency and feedback
- Strengthen CRVS, including ICD applications, cause of death, population data, etc.

1.4 New methods and information communication technologies (ICTs)

- New methods and techniques: electronic medical records, electronic health record, big data
- Improve the link of databases and interoperability between different computer systems
- New methods for monitoring specific population such as domestic and cross border migrant

2. Disaggregated data

- Better use of survey data and more comprehensive and combined survey arrangement
- Use other inequity measurements (e.g. Kakwani index)
- Include disaggregation variables (such as gender) in routine health information forms as feasible
- Better use of Civil Registration and Vital Statistics (CRVS), and other data sources

3. Analysis and methods

- Measures and analysis need focus on national priorities
- Clearly identify the purpose of the measures (e.g. equity, efficiency, or trajectory)
- Incorporate Donabedian approach (structure, process, outcome)

- Accurate baseline measures
- Stability of the coding and data to ensure each reporting iteration is based on same methodology
- Apply different analysis methods based on indicators and purpose
- Identify right methods to link existing data to evaluate interventions
- Use methods for small size population to overcome limitations on robust reporting
- Introduce unified identification number (ID)
- Other methods focus on specific issues such as availability of medicine, essential services, etc.

4. Information utilization

- Identify key stakeholders, makes data actionable and meaningful for all stakeholders
- Provide regular feedback to peripheral level
- Bring in academia and industry to help on analyses and methods
- Use new tools for better presentation, GIS application
- Make data more accessible
- In-depth analysis at country level (supports needed in some countries)
- Provide training at health institutions on SDGs;

5. Institutional arrangement

- Establish HIS management agencies and responsible agencies from across the health system
- Define clear responsibilities to relevant departments according to their functions, with proper investment
- Outsource data management and analytics with capacity building as needed
- Develop coordinating mechanisms across multiple sectors

6. Capacity development

- Capacity on data analysis
- Training and coaching information managers and information staff at all levels
- Mutual learning among countries through strengthening the role of Pacific Health Information Network

7. WHO support

- Longer timelines
- Target setting in different levels
- Group indicators, and create and identify connections
- Summarize and share good country examples and evidence of intervention implementation to reach SDG/UHC
- Guidelines and technical support to countries on common template for SDG reporting, visualization, GIS-based analysis and display
- Improve quality assessment
- Better use of tracer indicators and indices at country and sub-national levels
- Better clarity with metadata, which need to be updated regularly
- Inter-agency coordination for monitoring indicators
- Engage, dialogue with local governments to communicate/disseminate the results
- Better communication between WHO Regional Office, WHO Country Offices, and Ministry of Foreign Affairs and Ministry of Health to make requests to WHO
- New methods and approaches, such as the application of smaller surveys focused on different modules, and big data

- Identify innovative ways to collect information, especially for NCD related data in countries with small populations in the Pacific.
- Identify proper approaches to produce accurate estimates for rare events in countries with small populations

8. Feedback on SDG and UHC Regional Framework and Baseline Report

- Useful for inter-country comparisons
- Useful to improve data quality
- Regional monitoring framework could be useful as reference for country monitoring framework development
- Concern with reliability of some indicators
- Some mechanisms are needed to update data

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