

SUMMARY

This study was undertaken to provide some insights into the subject of health status indicators. In order to narrow the focus within this expansive and expanding field, the discussion addresses two inter-related issues which are currently of concern to ministries of health in many developing countries: namely, the evaluation of the impact on the health status of the population of primary health care programmes and the inadequacies of the existing information and methods with which to achieve this. The role of health status indicators both as tools for impact evaluation and as aids in the rationalization of statistical systems form major themes in this report.

The recent literature reveals a wide diversity of interest and reflects the multiple uses for indicators. The apparent overlap between the health indicators and the social indicators 'movements' may be related to the adoption of a broader concept of health which includes social, economic and mental as well as physical 'well-being'. This broader concept is clearly central to primary health care.

The issues related to health status indicators which are currently of concern are, not surprisingly, rather different in the developed and developing countries. In the former, attention has tended to focus on, for example, the importance of validity, on measures of positive as well as negative health, on the construction of composite indexes, and on indicators of disability, discomfort and dissatisfaction. By contrast, the concern of many of the developing countries has centred on the policy relevance of specific health status indicators, on the technical, financial and operational feasibility of collecting the necessary information, and on the question of reliability, sensitivity and specificity of mortality and morbidity indicators. Recognition of the decreasing relevance of the latter two as outcome measures for the assessment of health services in the developed countries represents another point of departure.

Further examination of the recent literature reveals a number of international organizations actively promoting the use of health status indicators as tools for monitoring and evaluating broadly- or narrowly-defined 'health' policies and programmes. These organizations have all produced general guidelines in this area.

Four country case-studies provide some insights into the strategies for implementing primary health care, the existing information systems, and the constraints on the evaluation of impact. The diversity of needs and resources demonstrated by these examples support the claim that there can be no universally relevant and feasible set of health status indicators. There is, however, much common ground between them with regard to the nature - if not the scale - of the health concerns, the approaches to improving the situation, and the need to select a small number of appropriate and mutually-supportive outcome measures. Evaluation in all four countries has typically focused on the operational aspects of health programmes with a consequent emphasis on process indicators. However with improvements in the quality and coverage of services, the relevance of outcome evaluation increases and this has helped to reinforce the demand for simple, low cost approaches to gathering appropriate and reliable information.

The selection and construction of health status indicators in developing countries may be guided by key questions on the level and type of uses and users, on the existing information and sources, and on the feasibility of using, modifying or adding-to these sources. The report contains examples of these guiding questions and illustrates their use for the case of The Gambia.

The study concludes with some recommendations for action. The appendices include an annotated bibliography of useful references, and examples of some of the health status indicators which have been put forward by various governments and agencies.