

## INTRODUCTION

1. At the Seventh Commonwealth Health Ministers Meeting in Canada in 1983, the following recommendation was made:

"Resources should be concentrated on a selected number of primary health care activities, the choice being determined by the following criteria:

- a). epidemiologically significant problems;
- b). problems for which effective interventions are available;
- c). interventions which are affordable and technically manageable" (p.8 of the Report).

This study is associated with the former two criteria but moves beyond the question of resource allocation. The focus here is on a related question: 'Have the selected interventions in fact been effective in reducing the epidemiologically significant problems?'. Or in other words: 'Have the selected primary health care activities had an impact on the health status of the population?'

2. In January 1986, the Commonwealth Secretariat invited the Working Group on Health Impact Assessment at the London School of Hygiene and Tropical Medicine to prepare a report for the Eighth Commonwealth Health Ministers Meeting. The subject of the report was to be the role of health status indicators in primary health care (PHC). More specifically, the objectives were to:

- a). review the literature on health status indicators;
- b). consider recent international, regional and national initiatives with regard to health status indicators;
- c). suggest practical guidelines for the selection and use of health status indicators for the assessment of the impact of PHC in developing countries.

### Justification of the scope of the study

3. The study may be justified partly as a response to the need to evaluate health services which has developed largely over the last thirty years, stimulated by the greater awareness of the limited and limiting resources available. Within the field of evaluation, the study focuses on a theme which has received increasing interest and concern in recent years, namely the assessment of impact rather than the inputs and operational performance of the health services.

4. In the past, evaluation tended to rely on intuition and on subjective assessments of whether a health programme was effective. The so-called 'quantitative revolution' has contributed to the increasing emphasis on statistical approaches and measurement and on the need for quantitative rather than subjective evaluation procedures. This study considers the use of 'indicators' as simple statistical tools. It therefore has relevance to the continuing demand for improved health information systems and for the development of minimal data sets.

5. Although the developed countries are clearly concerned to evaluate the impact of their health services and to develop appropriate indicators, the study here has chosen to concentrate on the less developed countries. Not only are there obvious differences between these two groups of countries with regard to available resources and to disease patterns but also in terms of the approach and the emphasis in the delivery of health care. For these reasons, it is not simply a question of adapting or scaling-down the health measures and techniques developed in the richer countries to suit the conditions of the poorer countries. Moreover, the extensive research on health indicators which has been carried out in the developed countries, whilst well-documented, is not always readily accessible to the developing nations. Thus, although the study attempts to draw out some of the most important lessons from this research, and includes some of the key references in the bibliography, it was felt that the emphasis should be on issues most relevant to the less privileged countries of the Commonwealth.

6. The commitment towards the implementation of PHC as a national priority was endorsed in the Seventh Commonwealth Health Ministers Meeting, during which it was noted that:

"The primary health care literature has given increasing attention to evaluation as goals, objectives and strategies have been more clearly defined"

(p.231 of the Report)

Although preventive health services, which clearly form a major component of PHC, have always tended to be assessed more thoroughly than curative or rehabilitative services, there are a number of measurement-related issues peculiar to the integrated nature of PHC activities.

7. The field of health status indicators is extremely broad and the literature diverse, due in part to the multi-disciplinary interest in the subject. Much of the work, however, appears to suffer from a lack of focus because the objectives, criteria and definitions are rarely made explicit. This study adopts a more focused approach by addressing the specific issue of indicators for impact assessment.

8. The aim here is to produce a document of interest to health planners, statisticians and other health professionals who may have call to develop and use health status indicators. The need for general guidance in this area has been expressed at many levels. However, the sheer diversity of local, district and national circumstances in which indicators may be called into play, makes it unrealistic and inappropriate to present a list for universal use. Instead it seems more prudent to provide insights into some of the key questions which need to be answered and to demonstrate how this strengthens the potential users' ability to select and apply the indicators most appropriate to their needs and situation. A similar approach was successfully used almost a decade ago in Leowski's (1978) study which illustrates the potential range of useful indicators for a number of 'scenarios' each built around a typical set of health problems and solutions.

## How the study was done

9. The study commenced in February 1986. Ideally it would have included visits to a small number of Commonwealth countries to learn of their experiences in the selection and use of health status indicators in PHC. However, budgetary and time constraints precluded this. Similarly, the idea of obtaining these details from ministries of health by means of a postal questionnaire did not seem realistic nor feasible given the six month period in which the report was to be completed. The study has therefore had to rely on sources of information which can easily be exploited from a London base. Extensive use was made of library facilities (Appendix I) and of the contacts and experience at the London School of Hygiene and Tropical Medicine (LSHTM) with developing countries and international agencies. Whilst every effort was made to identify and acquire all relevant published materials, this should still be regarded as a selective review. The study treads on much new ground and, as such, necessarily raises as many questions as it attempts to answer. The value of this report will ultimately be judged by its ability to increase awareness of the issues related to health status indicators and to generate an exchange of ideas and experience between the countries of the Commonwealth.

10. After this brief introduction, there is a discussion of the scope and the nature of the literature on health status indicators. The development of the wider 'health indicator movement' is considered, followed by the ever controversial issue of definitions and then the uses and users of indicators, more specifically in the evaluation of impact. This is followed by a brief description of a selection of relevant international and regional activities. Four country studies are presented next to illustrate some of the national strategies for implementing PHC and the constraints on evaluation and the use of indicators. The lessons learned both from the international, regional and national activities and from the literature review, are used to draw-up preliminary check-lists of relevant questions to guide the selection and use of health status indicators for impact assessment. The application of these questions is then demonstrated for the case of The Gambia. The conclusions to the study follows next, and the final section presents some recommendations for action.