

## **Section 9**

# **Monitoring and evaluation**

# Monitoring and evaluation

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## INTRODUCTION

The monitoring and evaluation area of work includes epidemiological studies to map the burden of reproductive ill-health and the work on “indicators” to monitor progress towards the achievement of international development goals. Tools to provide access to, and training in, reproductive health indicators are also developed. The main objective is to generate and summarize epidemiological data on the burden of reproductive ill-health based on the following principles:

- mapping the burden of reproductive ill-health should contribute to better identification of the needs and allocation of resources and to the identification of research priorities;
- mapping the burden of reproductive ill-health should follow a process that is systematic, comprehensive, transparent, and with an acknowledgement of the limitations, as in any scientific endeavour. Protocols should be made available;
- the systematic review principles that apply to evaluating the effects of health care practices apply to assessing the magnitude of the burden of reproductive ill-health as well.

Reproductive health indicators are important for monitoring international development goals as well as health status levels. Unfortunately, there is a discrepancy between locally relevant indicators and those that are useful for global monitoring purposes. Global indicators, in general, obscure differences in health status within countries, such as those between rural and urban populations, different age groups (e.g. adolescents) and minority groups. Furthermore, there is

very limited experience with some of the reproductive health indicators that have been agreed upon. Therefore, it seems that more research and capacity-strengthening efforts are needed before some of these indicators could be regarded as useful.

## EPIDEMIOLOGY OF REPRODUCTIVE ILL-HEALTH

### Objectives

The overall goal is to map the reproductive morbidities in a comprehensive and systematic fashion. This mapping will provide support for: future research on practices to prevent reproductive morbidities, implementation of evidence-based country programmes, and advocacy. The specific objective is to calculate prevalence/incidence, case-fatality rates, sequelae and attributable fractions of pregnancy and reproductive morbidities from systematic reviews of published or unpublished studies and datasets.

### Progress

#### *Maternal mortality and severe morbidities: a systematic review*

In 2001, a draft monograph outlining the principles, methods and data from WHO datasets and recently published population-based studies has been completed. This working document will include the systematic review of maternal mortality and its causes. The protocol for this review has been completed and the data extraction form reviewed by the Programme’s forms committee. The review aims to measure maternal morbidity and mortality globally, regionally and at the country level. The outcomes of the project will be indicators of the incidence, prevalence, case-fatality rates, relative

risks and sequelae of morbid conditions related to pregnancy, as well as measures of the risk factors.

Data extraction, from 1995–2001, will be completed by end-2002. This review will be included in the *WHO Reproductive Health Library* (RHL) No. 6 and will be periodically updated.

There is currently limited experience with the systematic reviews of observational data of incidence/prevalence across populations, especially with regard to the techniques of pooling data from such studies. In order to address these issues, a methodological working group has been constituted which will convene in March 2002.

#### *Maternal mortality estimates*

In 2001, the global, regional and national maternal mortality estimates for 1995 were published by WHO, the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). A paper describing the method used in producing these estimates, and its strengths and limitations, was also published.

#### *Skilled birth attendant*

Global, regional and subregional estimates of the percentage of births attended by skilled personnel have been completed in 2001, and the data will be published on the Department's web site in 2002.

#### *Anaemia during pregnancy*

The database on the prevalence of anaemia among pregnant women has been updated with new studies, up to end-2001. The data are currently available electronically in the Department's database and will be published on the Department's web site in 2002.

#### *Perinatal mortality*

Global, regional and country estimates on the incidence of low birth weight, perinatal and neonatal mortality for the period 1995–1999 are being developed. Estimates of the burden of disease, deaths and disability-adjusted life years (DALYs) related to low birth weight and perinatal causes are under revision.

#### *Maternal health of immigrant populations in Europe*

A review was conducted to document the status of maternal health among immigrant and displaced populations in Europe. Despite the large numbers of women in this situation, the review revealed a scarcity of data in this area. Nevertheless, studies from the Netherlands and the United Kingdom indicate that the immigrant and migrant populations in Europe have reduced access to maternal health services compared to resident populations, and their health status too is less favourable.

#### *Ectopic pregnancy*

A short review of the prevalence, associated morbidity and mortality from ectopic pregnancy between 1990 and 2001 was also conducted in 2001.

## REPRODUCTIVE HEALTH INDICATORS

### Objectives

Reproductive health indicators are used at global, regional and national levels to monitor the reproductive health status of populations. There are 17 global reproductive health indicators that have been agreed upon by international agencies. The Department's work on mapping the epidemiology of reproductive ill-health will enhance available knowledge of the status of these indicators globally, while the tools developed for the collection and use of these indicators will help in capacity building in countries.

### Progress

The report of the Second Inter-Agency Meeting on Reproductive Health Indicators for Global Monitoring, which was convened by the Department in July 2000 at the request of the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH), was published in July 2001 and was widely distributed.

As a follow-up to the meeting, the Department gave technical advice and feedback for two workshops in Africa and Europe. These were organized with a view to decide appropriate regional reproductive health indicators.

Since the July 2000 meeting, the Department has compiled the available data and developed a composite report of the global datasets of the various organizations for the 17 indicators. An interactive CD-ROM of country profiles and a wall-chart mapping the global collection of these indicators will be finalized in early 2002. The "WHO toolkit" for collecting and using the indicators has been reviewed by experts from several agencies and institutions. The final document will be published in 2002.

In 2001, the Department initiated a collaborative project with the University of Aberdeen, Aberdeen, United Kingdom, to develop a computer-assisted training package on selected reproductive health indicators (Computer-assisted learning package on maternal health [CALMAT]). The first phase of this project will be reviewed in January 2002 and future developments will be planned accordingly.

## FUTURE CHALLENGES

The challenges in the area of monitoring and evaluation can be summarized as follows:

- *Methodological challenges*: systematic reviews of mortalities and morbidities pose new challenges. These relate to data searching, the critical appraisal of identified studies and the methodology of pooling data from observational studies and producing estimates. The Methodology Working Group that will be convened in March 2002 will provide useful insights into this process.
- *Mapping of epidemiology of reproductive ill-health*: in order to understand the true extent of reproductive ill-health, systematic reviews to evaluate the extent of morbidities, sequelae and prognosis of reproductive health conditions have to be conducted. This process was initiated in collaboration with The Department of Obstetrics and Gynaecology, University of Liverpool, Liverpool, United Kingdom. In 2002, systematic reviews of urinary incontinence and uterine prolapse will be conducted.
- *Reproductive health indicators*: the success of chosen indicators in reflecting the reproductive health status of populations remains to be demonstrated. The gap between global goals and locally relevant and operational indicators poses a challenge for international agencies.