Summary Note from a Workshop on
***"Tracking Health Performance and Humanitarian Outcomes"*,**
Geneva, 1- 2 December 2005

1. Some 80 experts and other representatives of around 40 international organizations, NGOs, and governments, attended this two-day workshop[1]. The meeting was requested by the Emergency Relief Coordinator, and convened on behalf of the IASC, by WHO in its capacity as lead of the IASC Humanitarian Health Cluster, working in association with UNICEF/IASC Nutrition Cluster, with funding from the UK Department for International Development.

2. The original stimulus for the workshop came from the *Humanitarian Response Review* including the lessons learnt from recent major crises such as Darfur and the Tsunami. These called for major strengthening of the capacity, predictability, effectiveness, and accountability of international humanitarian action, the filling of gaps, and the establishment of measures and systems to assess needs, performance, and impact.

3. Human survival and health are commonly perceived to be the key dimensions by which the severity of a crisis and the success of humanitarian assistance are assessed. But there is, as yet, no formal consensus on indicators, methods, and systems for the reliable and consistent tracking of needs and trends. The May 2005 World Health Assembly also demanded the "*timely and reliable assessments of suffering and threats to survival, using morbidity and mortality data".*

4. Accordingly, the objectives of the workshop were to review existing techniques, capacities, and arrangements for assessing mortality, malnutrition, and coverage/performance in relation to crises and disasters, and to consider the requirements for a potential common Tracking Service. Background papers and expert policy and technical presentations, from global, field, and various institutional and disciplinary perspectives, provided the basis for a thoughtful debate.

5. The workshop acknowledged important efforts to date including the pioneering work of Sphere, and the crucial ideas on indicators, reference values, instruments, methods, and frameworks that had come from SMART, CRED/CEDAT, NCIS, NAF, FIVIMS, and others. A rapid mapping revealed more than 50 data collection and assessment initiatives from a range of perspectives, serving a variety of needs and

[1] The Meeting agenda, participants, and background papers are available on: http://www.who.int/hac/events/benchmarkmeeting/en/index.html and http://www.mayeticvillage.com/QuickPlace/who-hactechnicalgroup/main.nsf

clients, with many that were underpinned by elaborate processes of research, consensus-building, field testing, and dissemination. The Meeting agreed that these should be seen as "building blocks" for the design of a streamlined system. The different expectations of stakeholders such as country-based programme managers and field workers, global-level policy - makers and humanitarian advocates, and donors seeking a rational basis for resource allocation decisions, were made explicit.

6. The emerging consensus from the workshop was that it would, indeed, be useful to develop a common Humanitarian Tracking Service for the systematic measurement of selected indicators in crisis situations, drawing on the best elements of current initiatives as validated through impartial expert scrutiny. To maximize buy-in and ensure effective linkage with the policy and response decision-making arrangements of the international humanitarian system, the Service needs to be based within the IASC framework. This is uniquely inclusive of the UN and Red Cross/Crescent systems, IOM, and NGOs, and works at both global and country levels. However, this will need to be better connected to donors' efforts on advancing the Good Humanitarian Donorship initiative.

7. The intent of the Tracking Service would be to provide impartial and timely analysis on the health, mortality and nutrition status of populations of humanitarian concern, as well as on the quality and coverage of response, so as to permit objective judgments to be made on crisis severity and trends, and to guide effective humanitarian action including the allocation of resources and the targeting of interventions. This would be done by the analysis and presentation of key indicators and explanatory contextual variables presented in a standardized format that would permit comparisons of trends over time within a crisis, and between different crisis situations.

8. The Tracking Service would start by first achieving formal IASC adoption of the package of indicators to be used, including agreed standards and methods for data collection, processing, analysis, publication, and quality control, incorporating or building on agreements that had been reached already. These would form the basis of an independent peer review system to assess the quality and relevance of surveys that are conducted by agencies for a variety of programmatic reasons. Surveys and reports from a variety of sources (including from surveillance and other information systems) - with the appropriate "quality seal" given by peer reviewers, would be installed in a repository that could be consulted by all concerned. Thus the Tracking Service would rely principally on assessing and synthesizing existing surveys and surveillance data where quality standards had been met. But the Tracking Service would have the capacity to conduct surveys and studies itself where there were information gaps or contradictions that needed to be sorted out. Capacity building would be essential, for example, by helping to improve local data collection and information management systems, training, and co-opting developing country universities and other institutions as service providers for the Tracking Service. A "help desk" function to advise those conducting surveys could also be envisaged.

9. Thus, the Tracking Service would be expected to take full advantage of techniques, and information systems already in place, and benefit from what agencies are already doing when collecting data according to their programmatic needs. The basis for effective coordination in data management is that each agency collects information according to its needs, but makes sure that there is a common, shared, mutually intelligible core data set. The Service will aim to incrementally improve the coordination, quality and standardization of the collection of mortality, nutrition and performance data,

thereby reducing the wastages and the costs associated with un-coordinated surveys, studies and other such exercises.

10. Such a framework for data collection and analysis would be established globally, but the stimulus for tracking a crisis in a particular country would be expected to come from the Humanitarian Coordinator, or in rare cases through the ERC at the request of the IASC. Thus, the Service would be demand driven, designed to fit into the seasonal, funding and other contextual requirements of specific emergencies.

11. The workshop was emphatic in asserting that technical quality, impartiality and objectivity in relation to data collection, analysis, and publication are vital attributes, if stakeholders are to have the necessary confidence in the Service. This called for a governance structure for the Service that was autonomous of particular political or institutional interests. The pros and cons of different models were discussed, including "expert led" and "agency led" approaches. On balance, the Service should not be a centralized, top-down arrangement but organized as a network of collaborating institutions around the world selected on the basis of an objective appraisal of their comparative advantage, track record, and capacity, to deliver agreed components of the Service.

12. To take this forward, WHO as lead for the IASC Health Cluster, working jointly with UNICEF as lead for the IASC Nutrition Cluster will convene a small Expert Design Group during January to produce a costed proposal for the Tracking Service. This will be put for peer review to a wider Reference Group, including participants at this Meeting, and then to the IASC Working Group and the ERC for endorsement, and to donors for funding. Subject to agreements and availability of resources, the Tracking Service could be operational from April 2006.

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