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WHO support to statistical development

The health information system is a crucial component both of the health system and also of the statistical system more broadly. It is a large and complex system, consisting of a number of sub-components; responsibility for which may lie beyond the health sector itself. These components include disease surveillance and response, routine service statistics generated through health care facilities, household surveys, census and vital registration, national health accounts, sub-national information systems and others. The challenge is how to bring these different systems together in a more coherent way so that each builds upon the other and duplication and overlap are avoided.

As a normative agency, WHO develops, tests and disseminates guidance on various aspects of health information. WHO has developed guidance on the establishment of disease surveillance and response systems which permit early detection of and rapid response to disease outbreaks such as polio, Ebola or SARS. Second-generation surveillance includes tracking of behaviours and of risk factors, issues of increasing importance in the context of HIV/AIDS and of growing epidemics of non-communicable diseases. Surveillance systems for a number of diseases are functioning well in the majority of countries in the African region. Efforts are underway to better integrate such systems where appropriate in order to benefit from economies of scale and to make best use of limited resources.

The most immediate interaction between the health and statistical systems occurs in the monitoring of vital events. Accurate counting of deaths coupled with reliable attribution of cause of death is essential for developing an understanding of epidemiological situation and trends. To facilitate this, WHO regularly updates the International Classification of Diseases which permits the generation of standardized and comparable data on causes of death. WHO provides ongoing training in the implementation of the ICD-10th revision. Alongside this, WHO is developing simplified systems of mortality and morbidity classification that are appropriate for use in low income settings such as on the African continent, where many deaths occur outside health facilities and where medical certification of cause of death is the exception rather than the rule. WHO is also working to validate community-based instruments for cause of death classification such as verbal autopsy. WHO has developed the International Classification of Functions which permits the generation of comparable statistics on disability.

WHO programmes work with countries and technical partners to define and collect indicators related to specific diseases. Guidelines, technical assistance and training are provided in monitoring and evaluation of health programmes such as control of infectious diseases, and prevention and management of non-communicable diseases, accidents and violence. Data on mortality and morbidity provide the foundation for the generation of estimates of overall burden of disease at country, regional and global levels. WHO provides training and technical support to countries undertaking national burden of disease estimates. These estimates provide the basis for cost-effectiveness calculations that are essential for policy-makers in prioritizing among health interventions.

While the MDGs are couched in terms of national averages, there is increasing interest in measuring disparities across a range of stratifiers including sex, income, ethnicity and region. WHO provides guidance and technical support to the analysis of health-related data that reflect gender and wealth disparities. WHO has long worked with countries in the African region to make effective use of public health mapping to track patterns of disease within countries. More recently, a similar approach has been tested in Africa to track the availability of facilities and of services offered. During 2004, WHO developed and tested a simple tool to permit rapid assessment and monitoring of geographic disparities in availability of interventions such as safe blood, assisted childbirth, prevention of mother-to-child transmission of HIV, antiretroviral therapy for people living with AIDS. By linking this information to a geographically defined database, HealthMapper, it is possible to generate maps showing disparities across districts and regions. The tool has been field-tested in two African countries and the lessons learned will be incorporated into guidance that other countries can adapt and use.

During 2002-3, WHO developed the World Health Survey, a tool to generate statistics for assessing the performance of national health systems. Concerns have been expressed that the instrument was too complex for application in many low income settings and that it was introduced without adequate consultation and discussion among the statistical community. WHO is currently providing technical assistance to countries to analyze the results, evaluate the experience and formulate lessons learned. Based on this review, a decision will be taken as to the extent to which WHO will continue to support large-scale surveys of this kind. In the future, it is likely that WHO will instead align itself to existing survey platforms and focus on enhancing the health component in order to meet critical information needs.

Coordination arrangements in statistical work

WHO works with many partners to improve health information. WHO is working with the USAID-supported DHS and the UNICEF-supported MICS, to modify household surveys in order to better generate needed data, including for monitoring the MDGs. WHO collaborates with the World Bank and OECD on the production of guidelines for the production of national health accounts, with special application for low- and middle-income countries. WHO is collaborating with the United Nations Statistics Division on preparations for the next round of censuses and on strengthening vital registration systems in order to improve the monitoring of births and deaths. Sample registration systems may be introduced where resources and capacities are inadequate to support universal coverage.

Helpful as these collaborative activities are, they remain insufficient in the face of the current demands for health information. WHO and its many partners in health are increasingly confronted by demands for more and better quality health-related data. A number of factors contribute to this upsurge in demand: the Millennium Development Goals - several of which are concerned with health; new global partnerships focused on specific issues such as HIV/AIDS, malaria, tuberculosis, child survival, and maternal health; unprecedented increases in funding for health, for example, through the Global Fund against AIDS, Tuberculosis and Malaria (GFATM) and the Global Alliance for Vaccines and Immunization (GAVI). The response, in many cases, has been to increase the supply of data at country and global levels in an imbalanced and inefficient manner. The result is the production of data that serve the needs of donors rather than of countries themselves.

The Health Metrics Network is a collaboration that aims to address this situation. Its objective is to catalyze the development of health information systems at country level ways that meet the needs of both, country and global stakeholders. This objective is based on the premise that there is a fundamental congruence of interests between the needs of countries for sound information upon which to build decision-making, and the needs of development agencies and donors regarding accountability for the effectiveness of development assistance. Whereas the needs differ, the solution is the same: building strong country health information systems that meet the information needs of all stakeholders. Building sound health information systems must of necessity involve both the health and the statistical constituencies, at global, regional and country levels.

The Health Metrics Network will be formalized at the first meeting of its Board in early June. The independent Board brings together country Ministries of Health (Mexico, Thailand), National Statistics Offices (South Africa), a regional centre of excellence based in Africa, representatives of the donor community (USAID, DFID, DANIDA, EU, OECD/DAC/PARIS21), multilateral agencies (UN Department of Economic and Social Affairs, UNICEF, World Bank, WHO), the Global Fund to Fight AIDS, TB and Malaria, and the Bill and Melinda Gates Foundation which is providing the bulk of the funding for the start-up of the Network. WHO is currently the interim secretariat of the Health Metrics Network.

The very size and complexity of health information systems, mean that the risks of failure are high. It will be important for the Health Metrics Network to focus on a few areas where achievements are possible within a reasonable time. While the final decisions about the areas of focus of the Network will be taken by its Board, the following areas have been identified as priority during the development phase:

- Identification of proximate indicators for short-term monitoring of progress towards the MDGs
- Revitalization of efforts to "count the dead" including improved and simplified tools for attribution of cause of death in low and middle income countries
- Development and testing of tools and approaches to improve the availability of data at the sub-national and district levels
- Development of innovative approaches to evaluation of the impact and effects of major scale-up of health interventions such as use of antiretroviral therapies.
- Harmonization of household surveys
- National health accounts, including tracking additionality
- Assessment of new technologies for health information.