

ADVISORY COMMITTEE ON HEALTH MONITORING AND STATISTICS

**2ND CONSULTATION
GENEVA
14-15 DECEMBER 2006**

**MEETING
REPORT**



Measurement and Health Information Systems (MHI)
Evidence and Information for Policy (EIP)
World Health Organization

Background

The 11th General Programme of Work (GPW) 2006-2015 provides a global health agenda for WHO, its Member States and the international community that stems from an analysis of the current global health situation. From the broader global health agenda it then positions WHO's comparative advantages, its core functions, the main challenges it faces and its priorities for the future. These priorities are being further developed in the 6-year Medium-Term Strategic Plan (MTSP) 2008-2013 which defines Strategic Objectives for WHO and its Member States.

The 11th GPW identifies six core functions for WHO. The Advisory Committee on Health Monitoring and Statistics (ACHMS) is established to advise WHO on two aspects. The first aspect is to advise WHO on the monitoring of the sixth core function - "*Monitoring the health situation and assessing health trends*". This function relies heavily on health statistics produced by WHO. WHO carries out its monitoring responsibilities in countries in collaboration with ministries of health and national statistical institutions. It collates data on trends across nations and regions, working with partners across its programmes, and synthesizes the information to provide estimates of the burden of disease and risk factors. This includes health systems performance monitoring, Global Burden of Disease, and World Health Statistics. WHO is committed to strengthening comprehensive country health information systems which generate sound data for decision-making in countries and internationally.

The precursor of the ACHMS, the WHO High Level Scientific Advisory Panel on Health Statistics, held its first meeting in July 2005. The aim of the first meeting was to advise the WHO Director-General on scientific and technical issues related to health statistics, including overall strategy and procedures of the Organization, and current and future issues related to estimation of disease burden and risk factors. The recommendations focused on how to strengthen the WHO process for the production of estimates, the need to focus on priority health statistics, especially mortality and causes of death, and the importance of strengthening country data collection and analysis.¹ The ACHMS will continue the work started by the 2005 Panel and put it in the broader context of WHO's work on monitoring the health situation and assessing health trends globally.

The second aspect is to advise WHO on the monitoring of the Medium-Term Strategic Plan 2008-2013 (MTSP). The MTSP is accompanied by a monitoring strategy for all 16 Strategic Objectives. The ACHMS is expected to advise WHO on the MTSP monitoring plan and strategy and to discuss the results of the monitoring efforts during its implementation.

The objectives of the second consultation of ACHMS are to advise the Director-General on:

1. Scientific, technical and strategic issues related to health statistics, conducted in the context of WHO's function related to "*Monitoring the health situation and assessing health trends*".
2. Scientific and technical issues on WHO's work on monitoring the Medium-Term Strategic Plan Strategic Objectives, including the framework, indicators and related measurement and reporting issues.

¹ Better health statistics are possible. Bchir A, Bhutta Z, Binka F, Black R, Bradshaw D, Garnett G, Hayashi K, Jha P, Peto R, Sawyer C, Schwartländer B, Walker N, Wolfson M, Yach D, Zaba B. *The Lancet* - Vol. 367, Issue 9506, 21 January 2006, 190-193.

WHO investment in monitoring and statistics

A framework for the production of health statistics by WHO was presented, including data generation, data compilation, production of estimates and dissemination. The framework specifies the different roles and responsibilities of WHO at global, regional and country levels. A four-step clearance process for the production of health statistics is now operational and an overview of current practices was provided. There is considerable variability in the level of investment by different programmes and departments, which affects the quality of the estimates. Also, the central support and clearance function is currently under-funded and unable to provide all programmes the support that is required.

The Advisory Committee:

1. Expressed a concern over the general **underinvestment in WHO in the area of monitoring and health statistics**, given the prominence of this work in WHO's General Programme of Work and the external expectations from WHO
 - a. *Recommended that WHO programmes invest adequately in developing databases and maintaining links with countries to improve reporting and data quality, and produce estimates only if all criteria of the four- step clearance process are met*
 - b. *Recommended that World Health Assembly resolutions include a section on data and monitoring implications*
2. Discussed the advantages and disadvantages of **centralization of monitoring and health statistics**
 - a. *Identified the need for a strong central technical unit within the Organization to take a lead role in analytical work and to facilitate coordination and ensure consistency within the organization*
 - b. *Noted the fundamental importance of the credibility of statistics produced by WHO and therefore recommended that users and producers of health statistics be independent*
 - c. *Recommended a regular Committee review of WHO's investments in the area of monitoring and statistics in relation to the needs and expectations of internal and external users of these data*
3. Took note of the progress in implementing the WHO standard for developing **estimates of health statistics**, using the four-step process (storing basic data and documentation for deriving statistics in a database, applying peer-reviewed methods to generate derived measures, review by an external expert group and clearance) and country clearance
 - a. *Recommended that WHO use a score card or similar method to monitor the implementation of the estimation process by its own programmes and present the results to the ACHMS*
 - b. *Recommended that WHO makes more efforts to communicate the underlying data availability and quality for health statistics by producing uncertainty ranges and also by colour coding or explanatory footnotes in publications such as the World Health Statistics*
4. Was concerned about the **capacity of countries** to review, assess and respond appropriately to estimates for health statistics - as part of the country consultation process when only limited information is provided by WHO or when in-country capacity is limited or fragmented.

- a. *Recommended that WHO, in collaboration with the Health Metrics Network and other partners, strengthens the countries' capacity to (re)produce and evaluate estimates for health statistics (such as the use of web-based tools and support to the development of national health statistics technical units in countries)*

Mortality statistics

Mortality statistics had been identified as a priority area for WHO at the first consultation of the Committee in 2005. The Health Metrics Network, with the involvement of WHO, UN Statistics Division, academic institutions, and other partners, has established a task force on monitoring of vital events and is supporting the development of standardized verbal autopsy tools and strengthening of country capacity in selected countries.

The Advisory Committee:

1. Was concerned about the poor availability and quality of data in high mortality countries and stressed the importance of **mortality and cause-of-death statistics**, disaggregated by age, sex, cause and by socioeconomic status
 - a. *Recommended the expanded use of the standardized verbal autopsy tools and continued efforts to improve them by methodological work*
 - b. *Endorsed the efforts by the Health Metrics Network and other partners to strengthen monitoring of mortality in countries with limited information using methods appropriate for the specific country situation*
 - c. *Recommended to review the development of specific goals and targets to improve the development and use of valid methods to ascertain cause of death information*
2. Noted that WHO has made efforts to expand the **database used to produce mortality and cause-of-death statistics**, including the use of data sources other than vital registration systems, such as those from population censuses, demographic surveillance sites, sample registration systems
 - a. *Recommended that WHO strengthens its work on mortality in collaboration with national statistical offices, research institutions and existing networks such as INDEPTH, to improve the volume and quality of mortality statistics.*

Monitoring the 11th Global Programme of Work (GPW) and Medium-Term Strategic Plan 2008-2013 (MTSP)

An overview of the 11th Global Programme of Work 2006-2015 and the Medium-Term Strategic Plan 2008-2013 were provided to seek the Committee's inputs. The focus was on how WHO can monitor its 16 strategic objectives with a limited but coherent set of indicators. In addition, the discussion focused on what kinds of investments would be needed to obtain the data for the indicators and produce regular statistics to monitor progress.

The Advisory Committee:

1. Reviewed the draft plan "**Monitoring the health situation and assessing the health trends**" which includes indicators and targets for each of the 16 strategic objectives of the MTSP and

acknowledged that such a broad set of strategic objectives will inevitably lead to a diverse set of indicators and measurement challenges but:

- a. *Considered the proposed framework inadequate and the resulting set of indicators and targets incomplete and inconsistent*
 - b. *Was also concerned about the ability to actually measure levels and trends for many of the indicators*
 - c. *Expressed concern that some indicators appeared to be included for advocacy purposes rather than being guided by measurability or a coherent framework*
2. Stressed the need for a comprehensive but simple **monitoring plan** that builds more extensively on existing efforts in data collection and analysis by WHO and communicates effectively and comprehensively about progress in health
- a. *Recommended that the monitoring framework for the strategic objectives is revised to include more conventional categories of indicators (health status, coverage etc.), and is based on a set of clear criteria for the selection of indicators, specific to each strategic objective*
 - b. *Noted that there is a need to harmonize the MTSP 2008-2013 monitoring goals with international goals and targets such as the MDGs*
 - c. *Recommended that WHO increases its investments in Organization-wide processes (such as production of the World Health Statistics report) to streamline and strengthen monitoring of the health situation and trends, including monitoring the MTSP*

World Health Statistics

The World Health Statistics report is an annual compilation of statistics for a set of about 50 core health indicators from across the Organization. In the context of the discussions on monitoring the GPW and MTSP, the Committee reviewed the 2006 World Health Statistics publication to assess to what extent current work could be strengthened to meet the monitoring needs.

The Advisory Committee:

Considered that an essential list of **core health indicators** based on a set of well-defined criteria is desirable and could be further developed from the current list of the World Health Statistics

- a. *Reviewed the current indicators in the World Health Statistics and provided broad inputs on the indicator selection*
- b. *Recommended a small set of priority ("headline") indicators which should be disaggregated by equity measures within countries when appropriate²*

Global Burden of Disease

WHO provided an update of current work on the Global Burden of Disease (GBD) 2004, which is done collaboratively across technical departments and will be released mid 2007. In addition, WHO is working closely with an international consortium that aims to work on a full revision of

² Life expectancy, Adult mortality, Child mortality, HIV prevalence, DTP3 coverage, Institutional delivery or skilled birth attendant, Child stunting, Tobacco use, Total health expenditure per capita, Doctors density, Nurses/midwives density, HALE

the Global Burden of Disease and Risk Factors during the coming three years. This is expected to lead to new estimates for 2007 and a trend analysis 1990-2005.

The Advisory Committee:

Welcomed the new round of the **Global Burden of Disease (GBD)** exercise done jointly with WHO and partners which will provide a full revision and a consistent set of GBD estimates for 1990-2005

- a. *Identified the major issues consistent with the planned GBD work, including disability weights, role of countries in the analysis, regional breakdown, and capacity strengthening.*
- b. *Emphasized the important role of GBD work as a way to synthesize available data and systematically identify gaps in empirical data at global, regional and national levels*
- c. *Recommended that WHO strengthens the linkages between the global GBD work and the Member States, focusing on strengthening the country empirical basis, particularly on mortality, risk factors and coverage of interventions, and that it seeks to improve the national analytical capacity to undertake such work.*

WHO role in surveys

WHO has been engaged in the World Health Survey, which was implemented in 70 countries during 2003-2004. All basic country tables have been released and the data sets will be in the public domain early 2007. Work is continuing, including World Health Surveys with added biological and clinical data collection in seven countries in the Middle East and a six-country study on aging and health. The Committee was asked to discuss the future role of WHO in household health surveys.

The Advisory Committee:

Noted that **household health surveys** are the primary vehicle for monitoring many aspects of population health for a wide range of issues from MDGs to the complex health transition, but there are major gaps between demand and supply of health information

- a. *Recommended that WHO work closely with partners to meet country and international data needs*
- b. *Recommended that WHO invests in the development of a core set of standardized health modules for household surveys, in close collaboration with partners*
- c. *Recommended that WHO plays a catalytic role, aiming to bring together the key actors in the field of health surveys to improve coordination and harmonization and to make the best use of new opportunities such as the 2010 census round*

Health System Performance Assessment

The recommendations of the Scientific Peer Review Group on health systems performance assessment in 2002 were reviewed to discuss the possible role of WHO in this area. There is increasing demand from countries to carry out such assessments, with a comparative perspective. Health Metrics Network and WHO have invested in developing a core set of health system metrics, aiming to monitor health systems strengthening in primarily low income countries.

The Advisory Committee:

Expressed a concern that WHO's investment in the area of **health systems performance assessment** is limited, while there is a need to continue to work on monitoring the essential functions of health systems

- a. *Recommended that WHO needs to efficiently monitor health systems while minimizing the burden on countries, and that the work on health system metrics with the Health Metrics Network is a first step in this direction.*
- b. *Recommended that WHO should strengthen its work on research and evidence, such as setting a research agenda on health systems, including overall performance of health systems and evaluation of health programmes and initiatives.*



WORLD HEALTH ORGANIZATION

ADVISORY COMMITTEE ON HEALTH MONITORING AND STATISTICS

Geneva, SWITZERLAND, 14 - 15 December 2006

LIST OF PARTICIPANTS

Temporary Advisers

Professor Sudhir ANAND
Global Equity Initiative
Harvard University
Room 438
1033 Massachusetts Avenue
Cambridge, MA 02138

Telephone No. : 0016179980165
Fax No. : 0016179980173
Email : sudhir_anand@harvard.edu

Professor Fred BINKA
School of Public Health
College of Health Sciences
University of Ghana
P.O. Box 13
Legon
GHANA

Telephone No. : +233 21 519 395
Fax No. : +233 21 519 394
Email : Fred.binka@indepth-network.org

Professor Robert BLACK
Johns Hopkins University
615 N. Wolfe Street
Room W5041, Baltimore MD21205-2179
USA

Telephone No. : 1 410 955 3934
Fax No. : 1 410 955 7159
Email : RBlack@jhsph.edu

Dr Ed BOS
World Bank
1818 H Street NW, Room G.. 3301
Washington, DC 20433
USA

Telephone No. : 1 202 473 3431
Fax No. : 1 202 522 3489
Email : Ebos@worldbank.org

Professor John CONNELL

Telephone No. : 61 2 9351 2327

Professor
University of Sydney
School of Geosciences
NSW 2006
AUSTRALIA

Fax No. : 61 2 9351 3644
Email : jconnell@mail.usyd.edu.au

Professor Geoff GARNETT
Professor of Microparasite Epidemiology
Imperial College London
Faculty of Medicine
Department of Infectious Disease
St Mary's Campus
Norfolk Place
London W2 1PG
UK

Telephone No. : +44 207 594 3215
Email : g.garnett@imperial.ac.uk

Dr Kenji HAYASHI
Vice President
National Institute of Public Health
2-3-6 Minami, Waho-shi 351-0197
JAPAN

Telephone No. : +81 48 458 6111
Email : hayashi-kenji@niph.go.jp

Dr Prabhat JHA
Canada Research Chair in Health
and Development
Public Health Sciences
University of Toronto
70 Richmond Street East
3rd Floor, Toronto, Ontario M5C 1N8
CANADA

Telephone No. : 1 416 864 6042
Fax No. : 1 416 864 5256
Email : prabhat.jha@utoronto.ca

Professor Christopher MURRAY
Director
Harvard Initiative for Global Health
104 Mt. Auburn Street, 3rd floor
Boston, MA
USA

Telephone No. : 001 617 495 8300
Fax No. : 001 617 495 8231
Email : christopher_murray@harvard.edu

Dr Bernhard SCHWARTLANDER
Director Performance Evaluation and Policy

Email :
Bernhard.Schwartlander@theglobalfund.o

rg
The Global Fund to Fight AIDS,
TB and Malaria
CH. de Blandonnet, 8
1214 Vernier, Geneva
SWITZERLAND

Professor Vladimir SHKOLNIKOV

Telephone No. : +49 381 2081 147

Head of the Data Laboratory
Max Planck Institute for Demographic Res
Konrad-Zuse-Str.1
D-18057 Rostock
GERMANY

Fax No. : +49 381 2081 447
Email : shkolnikov@demogr.mpg.de

Professor Dr Abla SIBAI
Associate Professor and Chair
Department of Epidemiology & Pop. Health
Faculty of Health Sciences
American University of Beirut
P.O. Box 11-0236, Riad El Solh
Beirut 1107 2020
LEBANON

Telephone No. : cell: 00961 3646688
Fax No. : +961 1 744470
Email : ansibai@aub.edu.lb

Dr Neff WALKER
Epidemiologist
UNICEF
UN Plaza
New York
USA

Telephone No. : +1 212 326 7258
Email : pneffwalker@yahoo.com

Professor Michael WOLFSON
STATISTICS CANADA
24A Immeuble R.H. Coats Bulding
Ottawa, Ontario K1A 0T6
CANADA

Telephone No. :+1 613 951 8216/613
Fax No. : 001 613 951 5643
Email : wolfson@statcan.ca

Professor Derek YACH
Director, Health Equity
Rockefeller Foundation
420 Fifth Avenue
New York
NY 10018-2702
USA

Telephone No. : +1 212 852 8320
Fax No.: +1 212 852 8279
Email: dyach@rockfound.org

Professor Eiji YANO
Professor and Chair
Department of Hygiene and Public Health
Teikyo University School of Medicine
2-11-1, Kaga, Itabashi-ku
Tokyo 173-8605
JAPAN

Telephone No. : +81 3 3964 3604
Fax No. : +81 3 3964 5822
Email : eyano@med.teikyo-u.ac.jp

Dr Basia ZABA
Senior Technical Adviser at the
National Institute for Medical Research
PO Box 1462
Mwanza

Telephone No. : 255(0)28 2500399
Fax No. : 255(0)28 2500654

Email : Basia.Zaba@lshtm.ac.uk

UNITED REP. TANZANIA

Reader in Medical Demography at
London School of Hygiene & Tropical Medicine
49/51 Bedford Square
London, WC1B 3DP
UK

Telephone No.: 0044 207 299 4699
Fax No: 0044 207 299 4637

World Health Organization

Regional Offices

Dr Anton FRIC
Medical Officer

Email : frica@searo.who.int

Dr Remigijus PROCHORSKAS
Medical Officer

Email : rpr@euro.who.int

Dr Saher SHUQAIDEF
Technical Officer

Email : SHUQAIDEFS@emro.who.int

Dr William SOUMBHEY-ALLEY
Statistician

Email : soumbeye@afro.who.int

Dr Fernando ZACARIAS
Technical Officer

Telephone No. : +1 202-974-3880
Email : zacariaf@paho.org

Headquarters

Mrs Carla ABOU-ZAHR
Coordinator

Telephone No. : 13367
abouzahrc@who.int

Dr Ties BOERMA
Director

Telephone No. : 11481
Email : boeremat@who.int

Dr David EVANS
Director

Telephone No. : 13768/13825
Email : evansd@who.int

Dr Robert FRYATT
Adviser

Telephone No. : 12743
Email : fryattr@who.int

Ms Mie INOUE
Statistician

Telephone No. : 12309/12855
Email : inouem@who.int

Mrs Doris MA FAT
Statistician

Telephone No. : 12841
Email : mafatd@who.int

Dr Colin MATHERS
Coordinator

Telephone No. : 114529
Email: mathersc@who.int

Mrs Namita PRADHAN
Director

Telephone No. : 12957
Email: pradhann@who.int

Dr Kenji SHIBUYA
Coordinator

Telephone No. : 12370
Email : shibuyak@who.int

Dr Sally STANSFIELD
Executive Secretary

Telephone No. : 13592
Fax No. : +41 22 791 5855
Email : stansfields@who.int