Inter-Secretariat Working Group on Health Statistics

First meeting, Rome, October 28th 2005

Note for the Record

A meeting was convened by the World Health Organization, with facilitation by the UN Statistics Division, to develop a coordinated and integrated agenda for the production of health statistics and agree on standard definitions, classifications, and methodologies in health statistics, taking advantage of existing mechanisms wherever possible, as recommended by the Statistical Commission in its report on the 35th session (E/2004/24, Chapter II.C, para. 4(e) (ii)) subsequent to the agenda developed based on consultation of members of the Committee for the Coordination of Statistical Activities and discussions held at the 36th session of the Statistical Commission.

The meeting was attended by representatives from five countries (Australia, Botswana, China, South Africa, Thailand), UN Statistics Division, WHO and FAO (see Annex A for a list of participants). The agenda was accepted as proposed (see Annex B for Agenda). WHO proposed Mr Richard Madden as the Chair which was agreed by all participants.

The meeting was planned immediately following the MDG meetings in Rome, to allow country representatives and agency representatives to attend at low cost. Unfortunately, the formal invitations to the agencies did not go out in time. WHO expressed its apologies to the participants and agreed to send an apology to those who were not able to attend.

The ISWG terms of reference

A draft of the Terms of Reference for the ISWG was circulated and discussed at the meeting. Amendments to the text were made and Annex C provides the updated draft, which will seek further inputs from all agencies interested in the Health Statistics ISWG.

The Functions of the ISWG-HS were edited. The principal function of the ISWG-HS is to be a platform to share key international developments in the field of health statistics and to develop recommendations to the UN Statistical Commission and all UN Agencies on the following issues:

- to promote harmonization, coordination and prioritization in the field health statistics
- to discuss and promote the development and use of standard definitions, classifications, and methodologies in health statistics
- to promote the development of appropriate country health information systems which include both the health and statistical constituencies
Initial foci

**Vital statistics**
- support, development, advocacy
- cause of death statistics
- birth registration
- legal framework: public good purpose
- coordination between National Statistical offices and Ministries responsible
- measurement of major diseases like HIV/AIDS, TB, malaria and Childhood diseases; special attention should be given to stigmatization and consequent underreporting of HIV/AIDS.

**Health Metrics Network**
- Endorsement of HMN Framework
- Operationalization of HMN Framework in countries, notably involvement of statistical offices and related institutions
- Sharing information on HS field

**Health and Disability Statistics**
- Harmonization of health and disability statistics
- Development of health information standards and a common framework

**Update and revision of ICD**
- Importance of linking the update process with statistical users to ascertain continuity with time series
- Capacity building to ensure proper implementation and continuity/sustainability

The discussion identified the basic dimensions of health statistics as: mortality, diseases, disability, health and functioning, risk factors, health interventions, access to care, coverage of health interventions, health expenditures.

The suggestions for operational areas of work for ISWG-HS made included a wide range of areas. The overall focus should be on enhancing country capacity to report health statistics in the context of the MDGs and health initiatives. Health Metrics Network is a major effort of health and statistical constituencies to build such capacity through its emphasis on building country health information systems as part of national statistical systems.

- Current data collection mechanisms: Common data sources - meta data, Health Information Standards, Training, Quality assurance
- Sharing know-how: Translations, Publications, Communication & Dissemination, Funding strategies
- Policy and Development: Use for MDG and other monitoring, Development of Health Information System standards, Global Collaboration efforts for improving Health Statistics.
Health Metrics Network

The Health Metrics Network is a new international partnership on health information with a strong focus on country system strengthening. The partnership is based on the premise that close collaboration between health and statistical constituencies is essential. The HMN Board has representation from statistics offices and PARIS 21. Several interactions between PARIS 21 and HMN have already taken place. HMN has developed a framework that outlines the standards for health information systems and the way in which HMN should work with countries and at the global level. This framework was presented and discussed at the meeting. Most discussions focused on the data sources component of the framework which clearly displays the combined need for population-based and health service-based data sources for health statistics.

Thailand, which has been very active in the development of the framework and HMN in general, presented its current health information system and how this ties with HMN. Thailand has also indicated to HMN that it will not apply for HMN resources, but volunteered to be a regional resource for HMN.

Health measurement

A wide range of indicators have been used for the measurement of health of populations, from mortality measures such as frequency and causes of death, to some functional parameters such as body height, weight, or age of menarche. Different interpretations of thresholds and circumstances of life may limit the utility and comparability of these data between populations. Clear concepts, definitions and agreed thresholds, standardized ways of data collection will help to increase the quality significantly.
There is agreement that at present the causes of death by age and sex are a very valid and achievable indicator for health. Health information, however, does not only mean mortality information. There is a need to further develop measures of non-fatal health outcomes. The International Classification of Functioning (ICF) presents a broad-based international effort to improve measurements in this area and there are various efforts in the world involving UN agencies aiming to implement ICF in the context of censuses and surveys:

- UNECE/WHO/Eurostat Group on Health State measurement
- Washington City Group on Disability Statistics
- UNESCAP/WHO Surveys on Health & Disability Statistics

More traditional ways of collecting data on impairments in censuses and surveys are also still used commonly favored. The validity and comparability of data can be limited by several factors depending on culture, legal and structural aspects. Rules and guidelines for data collection at the different levels of data collection may help to overcome these limitations. The ISWG could play a useful role in coordinating the various approaches to measuring health and disability.

**Mortality and causes of death statistics**

Following an overview presentation by UNSD, all country representatives gave a brief overview of the status of civil registration and vital statistics systems in their respective countries. There was consensus that vital statistics including accurate information on causes of death are a crucial source of information for health systems. Presently however, only 47% of countries register more than 90% of their deaths. The ones where civil registration is inadequate are mostly high mortality countries.

An international effort to strengthen vital statistics systems in countries was considered a priority. Initiatives such as the Health Metrics Network will need to mobilize forces to advocate, provide a platform for technical and operational guidance, and support countries. Alternative methods such as verbal autopsy (identification of a cause of death through interviews with relatives of the deceased) are also needed.

**ICD**

In countries with vital statistics systems the ICD provides the standard for the assignment of causes of death and disease. ICD-10, published in 1989, is regularly updated by WHO as mandated by the World Health Assembly to provide a full revision of the ICD every ten years. The current ICD -10 structure was developed in 1989 and given the scientific advances and user needs particularly in information technology would require a more developed structure.

Work on ICD-11 has started in some disease constituencies with a possible target of a release in 2011. It will need to meet the demands of different users. Simple to use classifications and methods are needed for the primary care level. A much greater
degree of detail is required for medical documentation and reimbursement. Statistical continuity will be essential and made simple and automated. WHO intends to involve the statistical constituencies in the revision process on these issues.

Next steps

WHO will report to the Statistical Commission on the first meeting. WHO will seek comments on the terms of reference from partner agencies. A second meeting will be planned by WHO, with the assistance of UNSD, preferably involving the majority of participants.
# Annex A

## List of participants

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<tr>
<th>Name</th>
<th>Organization</th>
<th>Country</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jirawan Boonperm</td>
<td>National Statistical Office</td>
<td>Thailand</td>
<td><a href="mailto:jirawan@nso.go.th">jirawan@nso.go.th</a></td>
</tr>
<tr>
<td>AN Xin Li</td>
<td>National Bureau of Statistics</td>
<td>China</td>
<td><a href="mailto:anxinli@stats.gov.cn">anxinli@stats.gov.cn</a></td>
</tr>
<tr>
<td>Tapologo B. Baakile</td>
<td>Ministry of Finance and Dev. Planning</td>
<td>Botswana</td>
<td><a href="mailto:tbaakile@gov.bw">tbaakile@gov.bw</a></td>
</tr>
<tr>
<td>John Kahimbaara</td>
<td>Statistics South Africa</td>
<td>South Africa</td>
<td><a href="mailto:johnk@statssa.gov.za">johnk@statssa.gov.za</a></td>
</tr>
<tr>
<td>Richard Madden</td>
<td>Australian Institute of Health and Welfare</td>
<td>Australia</td>
<td><a href="mailto:richard.madden@aihw.gov.au">richard.madden@aihw.gov.au</a></td>
</tr>
<tr>
<td>Francesca Perucci</td>
<td>UNSD</td>
<td>UN</td>
<td><a href="mailto:perucci@un.org">perucci@un.org</a></td>
</tr>
<tr>
<td>Francesca Coullare</td>
<td>UNSD</td>
<td>UN</td>
<td><a href="mailto:coullare@un.org">coullare@un.org</a></td>
</tr>
<tr>
<td>Ricardo Sibrian</td>
<td>FAOSD</td>
<td>FAO</td>
<td><a href="mailto:ricardo.sibrian@fao.org">ricardo.sibrian@fao.org</a></td>
</tr>
<tr>
<td>Jorge Mernies</td>
<td>FAOSD</td>
<td>FAO</td>
<td><a href="mailto:jorge.mernies@fao.org">jorge.mernies@fao.org</a></td>
</tr>
<tr>
<td>Ties Boerma</td>
<td>WHO</td>
<td>WHO</td>
<td><a href="mailto:boermat@who.int">boermat@who.int</a></td>
</tr>
<tr>
<td>Bedirhan Ustun</td>
<td>WHO</td>
<td>WHO</td>
<td><a href="mailto:ustunbh@who.int">ustunbh@who.int</a></td>
</tr>
<tr>
<td>Robert Jakob</td>
<td>WHO</td>
<td>WHO</td>
<td><a href="mailto:jakobr@who.int">jakobr@who.int</a></td>
</tr>
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Annex B

Agenda

09:00 - 09:20 Opening and Introductions
Address by Francesca Perruci, UNSD
Address by Ties Boerma, WHO
Introduction of participants
Adoption of Agenda

09:20 - 10:20 Terms of Reference for the ISWG on Health Statistics
Functions, composition, process of work, agenda setting and reporting outputs, implementation of conclusions
Presentation by prefinal draft by WHO
Discussion and adoption by participants

10:20 -11:15 Health Metrics Network Framework for Health Information System strengthening (HMN secretariat and board)
Framework and emerging approach - Ties Boerma
Role national statistical offices Jirawan Boonperm
Discussion

11:00-11:30 Coffee break

11:30- 13:00 Harmonization of activities and practices in the field of health statistics
Convergence of health and disability statistics: Issues related to health and disability measurement - UNECE, WHO, Eurostat joint work and how to take it further- Bedirhan Ustun
Richard Madden

13:00-14:00 Lunch break

14:00-15:30 Vital registration systems and health statistics
Role VR systems in health statistics, with special reference to cause of death information - Francesca Coullare, Ties Boerma
Approaches to strengthen vital statistics systems, including the legal frameworks - South Africa, Botswana, Thailand, China, Australia
Discussion

15:30-16:30 ICD: update and statistical dimensions of the revision of ICD-10
Robert Jakob
Discussion

16:30-17:30 Discussion on the way forward and closure of the meeting
Reporting back to the Statistical Commission
Feed-back mechanisms to the UN Agencies
Links with National Statistical Agencies
Follow-up of the recommendations and actions
Issues and Agenda items for next years' meetings
Annex C

The Inter-Secretariat Working Group on Health Statistics

Terms of Reference

The Inter-Secretariat Working Group on Health Statistics (ISWG - HS) is a joint working group of United Nations Agencies and UN Member States Representatives which aims to develop a coordinated and integrated agenda for the production of health statistics and agree on standard definitions, classifications, and methodologies in health statistics, taking advantage of existing mechanisms wherever possible, and involving the community of official statistics at all stages. The secretariat for the ISWG-HS is the responsibility of the World Health Organization assisted by the UN Statistics Division in their capacity as Secretariat of the Statistical Commission and in consultation with UN Agencies and the UN Member States.

This document of "Terms of Reference" lays out the functions, composition, process of work including setting the agenda and reporting of the group and the implementation of conclusions.

Functions

Principal function of the ISWG-HS is to be a platform to share key international developments in the field of health statistics and to develop recommendations to the UN Statistical Commission and all UN Agencies on the following issues:

- to promote harmonization and coordination in the field health statistics,
- to agree on standard definitions, classifications, and methodologies in health statistics,
- to promote the development of appropriate country health information systems which include both the health and statistical constituencies

Composition

The members of the ISWG-HS are:

- Selected Member State Representatives from the Statistical Commission during their term
- Representatives of the UN and other international (or regional) agencies dealing with Health Statistics
- Invited experts who serve as resource persons as needed by the current priorities of the group
- UNSD
- WHO as the secretary of the ISWG-HS.

The members of the ISWG-HS are appointed for a period of three years. For the Member State Representatives the appointment term should be in synchrony with their term in the Statistical Commission. In addition ISWG-HS may call on experts in the area to become Members or Consultants for the group.
The Chairperson of the ISWG-HS will be proposed by the WHO and UNSD from among its members and retain that position for a period of three years, with the possibility of being reassigned for one more term.

The tasks of the Chairperson of the ISWG-HS are to chair the meetings of the ISWG-HS draft, together with the Executive Secretary, the agenda and minutes of the meetings of the ISWG-HS maintain liaison with the WHO Secretariat to monitor the progress of work in the respective areas of Health Statistics.

**Process of Work**

Suggestions for the above mentioned broad based topics may be proposed by UN Agencies, Member States and the Members of the ISWG-HS. These suggestions will be submitted to the WHO secretariat for review and sharing with the members of the Group.

The ISWG-HS will meet at least once a year in a convenient location at a date agreed upon during the preceding meeting. WHO will circulate a draft agenda for the meeting, drawn up in consultation with the ISWG-HS Chairman, at least a month before the meeting.

The functions of the Secretariat for the ISWG-HS will be carried by out WHO will organize the agenda, invitations and the reports of the meetings.

The ISWG-HS may conduct its work other than its annual meeting by correspondence. WHO will act as the focal point for all such correspondence in accordance with modalities to be agreed upon (e.g. e-mail forum or a shared discussion forum).

The ISWG-HS will report annually to the Statistical Commission through the Chair and the Secretariat. Execution of the recommendations of the ISWG-HS remains fully under national statistical authorities and UN Agencies responsible for the production and analysis of health statistics.