

The World Health Surveys - WHS

Rationale

Two major challenges face health policy-makers at the national and international levels:

- The need for **reliable information** to be able to improve the health of the populations they represent.
- Increased international and national attention on the **role of health in human and economic development** has resulted in **increasing resources** being committed to improving health in all settings.

One can respond to these challenges through **good quality baseline information on the outcomes** associated with the investment in health systems; baseline evidence on the way health systems are currently functioning; and, **ability to monitor inputs, functions, and outcomes**.

Although routine *Health Information Systems (HIS)* can provide some of this information, this is not enough. *Surveys* can supplement this information to facilitate the monitoring of health system performance and develop the baseline information required.

Accordingly, WHO has developed and implemented a *Survey Programme* and a *World Health Survey* to compile comprehensive baseline information on the health of populations.

All the survey instruments have been developed after a rigorous scientific review of existing instruments and international consultations. For example the Health Module has been based on selected domains of the **International Classification of Functioning Disability and Health**. Instruments were then tested in more than 63 countries.

Objectives of the WHS

- Develop a means of providing low-cost, valid, reliable and comparable information.
- Build the evidence base to monitor whether health systems are achieving the desired goals.
- Provide policy-makers with the evidence they need to adjust their policies, strategies and programmes as necessary.

Implementation of the WHS

◆ Modular approach

The World Health Survey offers a **menu** of choices of modules for various components. Each country can choose from these modules or may add additional ones. The modules cover the following:

- **Health states** of populations: measuring health in multiple domains
- **Risk factors** (e.g. tobacco, alcohol, pollution) and their association with health states
- **Responsiveness** of health systems: whether health systems meet the legitimate expectations of people
- **Coverage**, access and utilization of key health services (e.g. immunization, treatment of childhood illness, STD and HIV/AIDS)
- **Health care expenditures**: how much households contribute to health care

◆ Choice of survey methods

Different methods are available and have already been pretested. Each country will decide what is most practical and cost-effective.

- *Household Face-to-Face Surveys*: randomly selected houses are contacted and a person from that house is interviewed.
- *Computer Assisted Telephone Interview (CATI)*: surveys are conducted via phone using computerized systems when there is good coverage of the telephone network.
- *Computer Assisted Personal Interview (CAPI)*: computer assisted data collection method for replacing paper-and-pen methods of data collection using a portable personal computer.

◆ Sample size

Responses should be representative of the population if they are to be useful for policy. Depending on the needs of each country, sample size may vary between 1,000 and 10,000 for each country survey. Respondents will be randomly selected. The first phase of the work covers **adult populations** (i.e. older than 18 years of age). A second phase will focus on the health of younger people.

◆ Comparability

The WHO Survey Programme has been developed with a view to **cultural sensitivity** and different techniques have been introduced to calibrate the self-reports of individuals on their own health and on how they are treated by the system.

➤ Interaction with Countries and HIS

The Survey Programme will be developed in individual countries through consultation with policy-makers and in collaboration with the people involved in routine HIS. It will be complementary to their efforts, to ensure periodic data input in a cost-effective way so that important gaps in health information are covered. It will also establish a baseline for efforts to scale-up health activities.

➤ Health and Poverty

The survey data will help monitor over time improvements in the effective coverage of key interventions, trace their impact on the health of populations, examine the effect on the poor and disadvantaged, and track the impact of programmes on reducing inequalities. It will also help understand the reasons behind observed trends.

➤ Evidence to Improve Health

Information is only useful when it is used to improve the outcomes that people value such as improving health, responsiveness, and reducing inequalities. The survey will also help monitor inputs to the system as well as a key component of the way the system functions: coverage of key interventions. WHO will work closely with Member States and the international scientific community on ways to develop appropriate policy responses to the information that becomes available through the survey programme.

➤ How to Participate?

The first round of the World Health Survey will begin in 2002 and be completed by December 2002. WHO is inviting the Member States to participate. Every effort will be made to accommodate all applying countries. Governments (Ministers of Health) who are interested in conducting the survey in their country should contact WHO which will provide, as requested:

- standardized, pre-tested **survey modules**
- **technical support** on survey implementation
- assistance in **analyzing the results**
- a **forum for discussion on implications for policy**
- subsequent **capacity building** to undertake and analyze routine or intermittent surveys in conjunction with routine health information systems.

Further information or requests to participate should be obtained from:

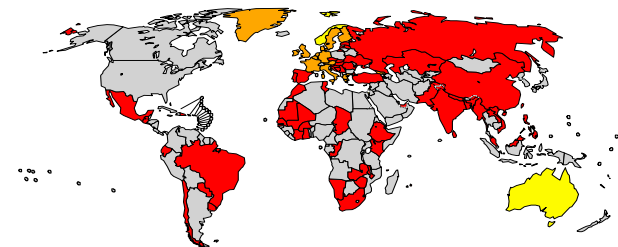
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THE WORLD HEALTH SURVEYS

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