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**Report on the Fourth Meeting  
Geneva, 17 and 18 December 2007**

Prepared by the Intersecretariat Working Group on Health Statistics

## **I. Summary of proceedings**

1. The Intersecretariat Working Group on Health Statistics (ISWG-HS) had its fourth meeting 17 – 18 December 2007, in Geneva. The meeting was chaired by Jennifer Madans of the United States. The World Health Organization (WHO) served as secretariat. One of the agreements reached at the third meeting was that a small working group would meet to discuss the work program of the ISWG-HS. Following this recommendation, representatives of eight national statistical authorities and three UN agencies attended the meeting.
2. The morning session on 17 December was devoted to reviews of the history of the ISWG-HS, activities in health statistics currently being conducted by WHO and other international groups, and country activities and issues regarding health statistics. In the afternoon there was a discussion of a recent meeting hosted by the Health Metrics Network on health surveys that led to an in-depth discussion of the role of national statistical authorities in the development of health statistics and of obstacles faced in developing systems of health statistics. The Health Metrics Network presented recent work on civil registration, vital statistics, and cause of death in the morning session on 18 December. In addition, there was a discussion of building institutional capacity (including analytic capacity) and institutional relationships. The afternoon was devoted to a discussion of ISWG-HS objectives, operational structure, and next steps.

3. There was agreement that health statistics have lagged behind other areas of statistics resulting in a basic lack of core information for use by countries and for cross national comparisons. A major problem is that health statistics suffer from lack of coordination in most countries. While there are many reasons for this, it was felt that the current lack of a clear framework and associated standards for health statistics - analogous to those developed, for example, by the OECD for education ([http://www.oecd.org/LongAbstract/0,3425,en\\_2649\\_37455\\_31603886\\_1\\_1\\_1\\_37455,00.html](http://www.oecd.org/LongAbstract/0,3425,en_2649_37455_31603886_1_1_1_37455,00.html)), and by the Canberra Group for household income statistics (<http://unstats.un.org/unsd/methods/citygroup/canberra.htm>, <http://www.lisproject.org/links/canberra/finalreport.pdf>) - was the primary obstacle hampering developments in this area. The lack of coordination between the national statistical authorities and ministries of health was noted as another important factor. The availability and quality of health statistics are also greatly influenced by the fact that much of the health information collected in many countries is funded and led by international agencies or other donors with the primary objective of monitoring specific program activities. However, this results in a fragmented system that does not meet basic needs for health statistics either for use by countries or for cross country comparisons. There was agreement that the issues of coordination and quality of data collection, analysis and dissemination could be improved by the development and adoption of a proper framework.
4. The framework to be developed would provide a structure for identifying the kind of information that should be collected; for identifying data gaps; and for identifying

where international standards are needed to support the collection of high quality information. It would facilitate dialogue among the national statistical authorities and other parties that fund or conduct health data collection, including health ministries and other para-statistical organizations such as institutes for public health.

Specifically, the framework would:

- a. clarify the content of health statistics (e.g., ranging across cause of death, morbidity, health status in terms of functioning, risk factors and health determinants, health service use, and health care expenditures) and the relationship between content and the most common sources of health data (civil registration, population and institutional surveys, and health care and other administrative records);
- b. reflect the hierarchical nature of information within content areas and highlight the pressing need for measures of population health that are not disease specific (i.e., generic) but that also relate to specific measures of biomedically defined physiologic conditions and determinants of those conditions.
- c. make it possible to identify an overall and coherent data collection system that would provide information for a range of topics so that piecemeal or silo statistical systems can be eliminated;
- d. facilitate the identification of areas where innovative approaches to data collection are needed; and

- e. facilitate the institutionalization of partnerships between the National Health Authorities, Ministries of health and other constituencies within countries.

It was acknowledged that some of the more specific measures of health will likely not be relevant in all countries but, all countries should strive to ensure that health statistics collected cover the range of conditions that pertain to the epidemiological transition (from primarily infectious to largely chronic disease) now underway.

Even though the focus of data development efforts in countries will vary depending on the maturity of their health information systems, the proposed framework would aid in the priority setting process for data needed in country as well as support the development of data needed for cross country comparisons.

5. The ISWG-HS's proposal to develop a framework for health statistics is consistent with the resolution passed by the Executive Board of the World Health Assembly at its 118<sup>th</sup> Session which:

‘Calls upon the health information and statistical communities, other international organizations, including health initiatives and funds, the private sector, civil society and other concerned stakeholders, to provide strong, sustained support for strengthening of information systems, including use of the standards and guiding principles set out in the framework of the Health Metrics Network, and covering the spectrum of health statistics, including health determinants; health resources, expenditures and system functioning; service access, coverage and quality; and

health outcomes and status, and according particular attention to information on poverty and inequality in health;’

6. The proposed framework complements the Health Metrics Network (HMN) framework for health information systems. The HMN framework outlines the core functions of a country health information system in terms of the essential inputs, processes, outputs, and outcomes particularly for countries with less mature health information systems. The HMN framework addresses the need to rationalize the range of different data collection approaches currently in use. The ISWG-HS framework will go into greater depth by focusing on the required content of these systems and how they relate to the data collection mechanisms and would add a focus on the need to make international comparisons across all countries. The HMN is also addressing the coordination between National Statistical Authorities and Ministries of Health.
  
7. The ISWG-HS proposes that the group take on the task of initial development of a health statistics framework over the next year. The framework would outline the content of health statistics and the relationship between content and the most common sources of health data. This would not be an exhaustive accounting of health statistics but rather a concise description of core areas of data collection and relationships among them. Much work is currently being undertaken in the area of health statistics including the work of the Health Metrics Network, the Washington

Group, the Budapest Initiative, and the WHO Family of International Classifications.

This work would be placed within the context of the framework.

8. As is the case for all areas of statistics, there is a need to develop technical capacity in core statistical activities (data collection, compilation, analysis, and dissemination) as well as statistical issues that pertain specifically to health data. There was agreement that it was important to develop institutional capacity so that national statistical authorities can maintain and extend skills and capacities in situations of high staff turnover. Various mechanisms are in place to build statistical capacity and to enhance collaboration with ministries of health. No one mechanism was identified as solving the problem or as being superior to others. A potential activity for the ISWG-HS would be to document best practices for building capacity in health statistics and in coordinating with Ministries of Health and international agencies that directly fund the collection of health data and other potential partners such as regional development banks.
  
9. The group felt that the ISWG-HS was the appropriate body to undertake the initial development of the framework to address issues of capacity building and to serve as the point of contact among national statistical authorities and UN agencies so that progress in the health statistics could be monitored. Many national statistical authorities have expertise in both the statistical system and in health that is essential for this task. The involvement of representatives from national statistical authorities also ensures that the Fundamental Principles of Official Statistics, adopted by the UN

Statistical Commission in April 1994, will be addressed and incorporated. Extremely valuable work is being done by international agencies and funders; however, it is dangerous to rely on outside organizations for the ongoing collection of core parts of the statistical system. In addition, external organizations have varying types of accountability. Health statistics must become part of ongoing national data collection systems. The ISWG-HS can provide a mechanism to facilitate the institutionalization of health statistics by acting as a link between the statistical system and organizations interested in health and health data, particularly Ministries of Health. The ISWG-HS will not duplicate the work done by other organizations but could suggest new initiatives when needed and could act to vet proposals made by other groups. The ISWG-HS also allows for broader accountability given that country members represent their national statistical authorities and the group reports to the United Nations Statistical Commission.

10. Attendees at the meeting reinforced the need for some mechanism to further coordination between national statistical authorities and WHO and other UN agencies, and to address issues related to the development of health statistics. The justification for such a mechanism as outlined in the report of the Friends of the Chair (2003) is still valid. While intersecretariat working groups generally draw their membership from UN agencies and do not usually include country representatives, the intersecretariat working group mechanism can be used if there is agreement that representatives from national statistical authorities will be included in the membership.



11. The country representatives that attended the fourth ISWG-HS meeting all agreed to continue as members but other countries should be invited to join. An interest in this topic and a willingness to devote time to solving long standing problems would be the most important criteria for membership, but it is also essential that the group be balanced in terms of geographic region and the level of development of the statistical system. The work of the ISWG-HS over the next several years will be greatly facilitated by a limited number of face to face meetings. Some funding will be needed to offset travel costs.

12. Jennifer Madans was asked to remain the Chair for the coming year.