

# WHO (Headquarters) - World Health Organization Headquarters

## 1.4 Health (WHO (Headquarters))

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### Methods and country health information systems

WHO is continuing to work to improve methods and country health information systems for measuring population health, health system functioning, inequities in health, core health-related indicators including health-related millennium development goals, as well as key inputs into the health system such as national health expenditures.

#### WHO's Global Health Observatory

WHO is developing a Global Health Observatory (GHO) that aims to enhance access to and analyses of WHO's data and statistics on health situation and trends. The Global Health Observatory is an Organization-wide activity with strong links to the regional and country offices. The goal is to enhance the quality, efficiency and effectiveness of all of WHO's work in the area of health statistics. The main target audiences are the general public, policymakers and public health professionals (in practice, research and education) in Member States and international organizations. The Global Health Observatory will disseminate information in three ways:

- a web portal providing one entry-point to WHO's health statistics and analyses, including theme pages and data views;
- a data repository that includes easy links to all major data bases;
- analytical reports on specific and cross-cutting topics.

In 2009, as part of the GHO, WHO issued a global report on women and health bringing together and analysing data on health-issues relevant to women across the life-course and around the world.

#### Methodological work

WHO methodological work continues to focus on better measurement of fatal and non-fatal health outcomes in a comparable manner and on the development of improved estimation techniques for summary measures of population health and the measurement of inequality. Specific activities include:

#### Mortality statistics

The WHO Department of Health Statistics and Informatics is continuing to support countries strengthen their routine health information and civil registration systems. WHO has developed a strategic guidance tool to support countries to identify gaps and weaknesses in their vital statistics and find feasible ways of addressing them.

WHO continues to invest greater effort to improve the coverage and timeliness of causes of death statistics by working with countries to:

- obtain and update civil registration information for Member States with complete civil registration, with a delay of no more than two calendar years;
- establish and implement mechanisms to obtain, validate and update vital statistics for countries with partial registration data, e.g., where data are limited to cities or to sample registration areas;
- establish and implement mechanisms to obtain, validate and update data for countries with limited registration capacity, using data from small scale/sample registration and surveillance systems;
- WHO has produced, in collaboration with other international partners, a standard verbal autopsy tool to collect data on cause of death data in household surveys in settings where vital registration is non-existent or incomplete.

#### Improving Measurement of Morbidity and Risk factors

Self reported health data on levels of health, chronic diseases and risk factors are known to be subject to a host of reporting biases. In order to provide comparable measurement of these factors, innovative methods of data collection are proposed for low- and middle-income countries with poor health information:

- Health examination survey: collection of biological and clinical data, behavioural/risk factor data and background characteristics;
- Global risks to health: 2004 update: WHO has updated its analyses of the relative contribution of major risk factors to population ill-health and produced a report detailing the burden of mortality, injuries and disease caused by 24 risk factors globally and in a range of regional groupings.

#### Summary measures of population health

WHO will continue to work with international partners in the updating of information on burden of disease using up-to-date epidemiological data as well as improved estimation techniques:

- Child mortality estimates are now updated annually, working on coordination with the Inter-agency Group for Child Mortality Estimation (includes Unicef, United Nations Population Division, World Bank, WHO). Estimates by country for 2008 will be published in 2010.
- Life tables estimates are also updated annually for all Member States.
- WHO is an active partner in the update to the Global Burden of Disease for 2005. WHO's contribution includes:
  - o Advancing methods for using multiple-cause-of-death statistics to generate correction algorithms for incorrectly certified deaths.
  - o Developing estimates of the total (all-cause) incidence and prevalence of selected disabilities which are sequelae of multiple diseases, including hearing loss, vision loss, infertility, low IQ, incontinence, and anemia.
  - o Updating disability weights using new primary data from a multi-country community study, in collaboration with Harvard University.

#### Monitoring health system performance

During 2008, a toolkit of indicators and measurement strategies for monitoring health systems has been developed with a wide range of collaborators, including country experts and donor agencies. During 2009, WHO will pilot test a systematic approach to country health systems monitoring and analysis. The goal is to improve the availability, quality and use of health system data to inform country health sector reviews and planning processes and strengthen assessments of health systems performance. Following the pilot test in 3-5 countries, the approach will be

extended to other countries, with a focus on low- and lower- middle- income countries.

The WHO Health Statistics and Informatics department continues to work with the Health Metrics Network (HMN) partnership in strengthening country capacity to collect and report high quality health data. HMN is working closely with partners in countries to strengthen the infrastructure for a health information system that combines information from multiple sources.

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## Health Expenditures - Financial risk protection

Ongoing methodological work

WHO will continue to develop indicators measuring financial risk protection and poverty impact of health payments.

Priority objective on methodological work

Development of methods for countries to monitor these indicators over time.

New activities to be undertaken in the next two years

Technical briefs on key indicators and their distribution across socio-economic groups.

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## Health expenditure statistics: national health accounts

Ongoing methodological work

WHO is continuing to update the figures on health expenditure of its Member States each year in the World Health Statistics and online ([www.who.int/nha](http://www.who.int/nha)). Estimates are based on nationally reported data publically available or sent to various international bodies, plus data from household surveys. In a joint attempt to produce more comparable health expenditure data, WHO, together with the OECD and Eurostat, is working on a revised and unique version of health accounts methodology to be published in 2011. It will replace WHO, World Bank and USAID 'Producer's Guide to National Health Accounts' for low and middle income countries, as well as OECD 'System for Health Accounts' (SHA).

Priority objective on methodological work over next two years

- Contribution to revisions of the SHA;
  - Consultation of Member States by region to validate proposed revision.
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## Human Resources Development in Health

Ongoing methodological work

A key area of work is the collection and dissemination of data and research on health personnel to provide evidence on human resources (HR) for policy formulation and health system scale-up.

Priority objectives on methodological work in 2009

Publication of a "Handbook on monitoring and evaluation of human resources for health, with special applications in low and middle income countries", and initiate activities to build capacity in its use.

Priority objectives on methodological work over the next two years

- Consensus on a core set of HR indicators and means to their measurement to monitor and assess HR development strategies.
- Building capacity in use of HR Action Framework among countries and stakeholders to address specific HR issues.
- Contribute to the improvement of standard definitions for health occupations in the new revision to the International Classification of Occupations in collaboration with the International Labour Organization.

New activities to be undertaken in the next two years

- Support to countries and regions in the development and strengthening of HR Observatories and other cooperative mechanisms for knowledge sharing.
  - Coordinate partnerships and catalyze initiatives to strengthen HR information systems at the country and sub-country levels.
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### 4. Methodology of data collection, processing, dissemination and analysis (WHO (Headquarters))

#### 4.2 Classifications

##### WHO Family of International Classifications (WHO-FIC)

• WHO Family of International Classifications (WHO-FIC):

WHO, in collaboration with national and international partners, has developed an integrated suite of health and health-related classifications. International Classification of Diseases (ICD) and International Classification of Functioning, Disability and Health (ICF) are the two main reference classifications. WHO will enhance use of ICD in most high mortality countries and carry out revisions, updates and development of e-health applications.

- Health and mortality classifications: specific updates and tools to enhance dissemination and use, as electronic training, planning the revision strategy.
- Contribute to the improvement of the International Classification of Occupations for health related occupations in collaboration with the International Labour Organization.
- Consult process of classification of Traditional Medicine.
- Conduct the process for the International Classification of Patient Safety.
- Produce a strategy towards an International Classification of Health Interventions.
- Revision of the ICD-10 has begun with massive international collaboration in order to produce a revision over the next few years that will be informed by the best evidence.

#### 4.3.3 Household surveys

## **WHO Study on Global Ageing and Adult Health (SAGE)**

- WHO has launched a study of health and health-related outcomes and their determinants in older adults in six countries in nationally representative samples. The study has been designed as a longitudinal cohort study and includes health examinations and biomarkers. Field work is completed in 4 countries and will be completed in the remaining two countries by April 2010.
- Data sets from these studies will be made available in the public domain in 2010.
- The study will be extended to three additional countries in Europe in 2010. Possible extension to additional countries are continuing to be explored.

### **Other survey related activities**

- WHO will work closely with the International Household Survey Network (IHSN) and international experts to develop a standard set of modules for use in health interview surveys for priority health outcomes. A meeting is planned in January 2010 to start the process.
- A set of health examination surveys are being undertaken in the Gulf Cooperation Council countries building on the World Health Survey. Five of the surveys have been completed. These surveys will also develop new measurement strategies.

## **4.3.5 Other administrative and non-survey sources**

### **Data sources for population health measures**

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- Data sets from these studies will be made available in the public domain in 2009.
- The study will be extended to three additional countries in 2009. Possible extension to additional countries will be explored in the future.

### ***Other survey related activities***

- WHO will work closely with the International Household Survey Network (IHSN) and international experts to develop a standard set of modules for use in health interview surveys for priority health outcomes. The first set of these modules is expected to be finalised in 2009.
- A set of health examination surveys are being undertaken in the Gulf Cooperation Council countries building on the World Health Survey. Three of the surveys have been completed and the rest are to be completed in 2009. These surveys will also develop new measurement strategies.

### **Non-survey sources for health statistics**

- Vital registration with causes of the death and other information: development and application of sample vital registration systems, validation studies for verbal autopsy, link with ICD.
  - Sentinel clinics: work with countries to establish sentinel sites with small lab, investment in information and communication technology, and staff for health information; develop tools and protocols.
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