

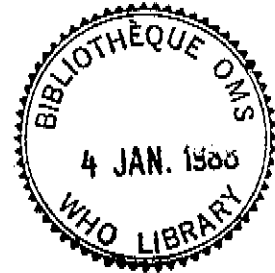


EIGHTH GENERAL PROGRAMME OF WORK
 COVERING THE PERIOD 1990-1995

Global Medium-Term Programme

Programme 3.1

→ HEALTH SITUATION AND TREND ASSESSMENT



The rational management of health services at any level demands that relevant information should be available and used. In the absence of this information, planning is carried out in the dark, programmes cannot be monitored, resources are mis-used and progress is delayed towards the social goal of Health for All by the Year 2000. The World Health Organization's Eighth General Programme of Work sees the availability of this relevant information as a vital part of the establishment of the infrastructure of a health system based on primary health care. The Programme of Health Situation and Trend Assessment exists to help ensure the development of mechanisms and procedures to meet this need.

The primary function of the Global Programme for Health Situation and Trend Assessment is to collaborate with Member States to develop their capacity to provide information support to the management of their health systems. In working towards this objective, the Programme plans four linked areas of activity. First the assessment of national capacity for information support to health programmes, followed by the formulation of national strategies to strengthen this support; second, assistance in the development and implementation of the training required to strengthen information support; third, the development of health statistical and epidemiological methodology and standard tools; fourth, the monitoring and evaluation of regional and global health situation and trends. In addition, the Programme will provide the epidemiological and statistical support needed to maintain a uniformly high standard of research and development in WHO programmes.

CONTENTS

	<u>Page</u>
Abbreviations	2
1. INTRODUCTION AND POLICY BASIS	3
2. SITUATION ANALYSIS	4
3. OBJECTIVES	7
4. TARGETS	7
5. APPROACHES	9
6. ACTIVITIES	11
7. PROGRAMME MANAGEMENT AND RESOURCES	18
8. MONITORING, EVALUATION AND INDICATORS	18
9. LINKAGES	20

Abbreviations

WHO Programmes:

CDD	Diarrhoeal diseases
EDV	Essential drugs and vaccines
EPI	Immunization
HBI	Health information support
HLE	Health legislation
HMD	Development of human resources for health
HSC	Health-for-all strategy coordination
HSR	Health systems research and development
IEH	Public information and education for health
ISS	Informatics management
MCH	Maternal and child health, including family planning
MPN	Managerial process for national health development
NUT	Nutrition
PDP	Parasitic diseases
PHC	Organization of health systems based on primary health care
RPD	Research promotion and development, including research on health-promoting behaviour
TDR	Tropical disease research
VBC	Disease vector control

United Nations System:

FAO	Food and Agriculture Organization of the United Nations
ILO	International Labour Organisation
UN	United Nations
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UNSO	United Nations Statistical Office

Others:

GDP	Gross Domestic Product
GNP	Gross National Product
HFA	Health for all
ICD	International Classification of Diseases
NGO	Nongovernmental Organization in official relations with WHO
TCDC	Technical cooperation among developing countries

1. INTRODUCTION AND POLICY BASIS

Article 2 of the Constitution, which relates to the obtaining of health-related information, describes these functions of WHO:

- "to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services",
- "to provide information, counsel and assistance in the field of health", and
- "to establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices."

Related functions of the Member States are described in articles 63 and 64 which state, respectively, that "each Member shall communicate promptly to the Organization important laws, regulations, official reports and statistics pertaining to health which have been published in the State concerned", and that "each Member shall provide statistical and epidemiological reports in a manner to be determined by the Health Assembly".

Following discussion on the monitoring and evaluation of the Global Strategy for Health for All (HFA), the World Health Assembly requested WHO "to support the Member States in their endeavours to ... develop or improve mechanisms for monitoring and evaluating their strategies for health for all, collecting relevant information and using it to assess their health systems, analysing the health situation and trends and thus providing a sound basis for epidemiological surveillance and for decision making for health development" (resolution WHA36.35).

Discussing the report of the evaluation of the HFA strategy in 1985, the 39th World Health Assembly recognized the persistent deficiencies in the information support required to back national managerial processes for health development and the difficulties that some Member States were experiencing in generating relevant information and using it for monitoring and evaluating their strategies. It called again on WHO to cooperate with Member States to strengthen the management of their health systems, including the information support mechanisms (resolution WHA39.7).

The overall objective shared by the WHO infrastructure development programmes is to ensure maximally effective and efficient planning and management of national health systems. The part of this which falls particularly to the Health Situation and Trend Assessment Programme is to make sure that these health systems have the capacity to obtain and use the information they need to identify problems related to health in all sectors of the population, and to plan and manage actions to overcome them. An important product of this national capacity is the ability to undertake effective monitoring and evaluation of their HFA strategies and to share this information throughout the International Community.

Countries state unanimously the wish to improve the information support to the planning and management of their health services so as to be able to undertake realistic and useful monitoring and evaluation of their HFA strategies. Therefore, attention must focus on three areas, any one of which can be WHO's entry point and area of initial attention:

- (1) The establishment of health system structures and organization which will allow services to develop the flexibility and responsiveness which primary health care demands.
- (2) The development, introduction and institutionalization of methods and procedures for ensuring that the information to guide decisions is available in the form and at the time and place that it is needed.

- (3) The basic and inservice training of planners, managers and deliverers of health care to ensure that they can obtain and use information appropriately to guide their decisions.

These three aspects represent the core of health service infrastructure development. They illustrate: first, the need to ensure that all aspects of the managerial process, including information support, are developed in tandem, and that there is effective coordination of the actions of the WHO infrastructure development programmes; and second, that although WHO's input must draw on the experience of all its Member States, the support to each country must be based firmly on the situation that exists there, rather than placing too much reliance on standard, dogmatically shaped packages. This flexibility must be seen particularly in the support given to the strengthening of primary health care at the district level, where differences in needs are likely to be greatest and the effect of action is most readily seen.

The monitoring and evaluation of the progress of the global strategy will continue to be made with the help of the global indicators,* which have been adopted by the Member States. While the regional and global consolidation and analysis of the information from the indicators will be a task for WHO, the availability of this information will depend on the success of national efforts to build effective information support for planning and managing their health systems. The activities of the Health Situation and Trend Assessment Programme will thus aim at strengthening this national capacity, because from this will arise not only more effective and efficient health systems but also a more complete and useful monitoring and evaluation of the Global Strategy for Health for All.

2. SITUATION ANALYSIS

During the period of the Seventh General Programme of Work, i.e. 1984-1989, there was a significant movement among countries to adopt health policies and strategies that were based on the principles of primary health care. This shift is evident from WHO contacts with countries and from the reports of the monitoring and evaluation of HFA strategies, and has considerable importance for the direction to be taken by WHO's infrastructure development programmes. In particular, more countries are delegating responsibilities for planning and service management to levels outside the Ministry, which has special significance to the nature of information support required.

One effect of this has been increased concern for information to support the sort of short-term planning which takes place at service levels close to the community, and in the development of epidemiological surveillance to provide the information needed to assess the effectiveness and impact of services. There has been an increase in activities aimed at evaluating health care systems, stimulated to some extent by the monitoring and evaluation of the global HFA Strategy and reflected in "Get Out And Look" programme reviews in many countries.

Although it is undoubtedly true that in certain health systems there is an absolute shortage of relevant, valid information of sufficient quality, the experience of recent years has shown that there are many countries in which the information exists, but where it is used little or not at all for the management of health systems. There are three major factors underlying this:

- (1) The managerial processes themselves in many countries consist more of automatic, programmed actions than of active responses to changes in the health needs of the population or the operation of the services. Health planners do not use information on health status or health

* "Global Strategy for Health for All by the Year 2000". "Health for All" Series No. 3, WHO, Geneva, 1981. p. 74-77.

services because too often the planning process consists of little more than following fixed rules regarding expenditure of money. Similarly, managers at the operational levels of health services have no need for monitoring or evaluation when they have no authority or power to take action in response to the information.

- (2) Even where there have been significant changes in the structure of health services to permit more decision-making in response to observed needs, particularly at service levels closer to the community, too often the managers and workers at these levels have not been prepared suitably for these responsibilities. They have insufficient understanding of the basic use of information and epidemiologic method in identifying problems, planning for their resolution and monitoring of the activities that they implement.
- (3) The poor communication that often prevails between the ministry of health and other ministries and sectors with responsibilities for health-related topics restricts the availability of information needed for intersectoral activities, leads to duplication of efforts to obtain information and impedes progress towards effective coordination for primary health care.

All Member States, by declaring themselves in support of the Alma Ata Declaration, have committed themselves to planning and implementing health strategies based on primary health care. An essential part of the HFA strategy is the commitment by countries to regular monitoring and evaluation of their strategies. The seriousness of this commitment and the effect it has had on information support to national health systems can to an extent be judged from the reports received from countries during the first rounds of the monitoring and evaluation. Table 1 shows the number of countries which were in a position to report on the global indicators in 1983 and 1985. It is clear that significant improvements had occurred in the reporting of these indicators in the 1985 evaluation of the HFA strategy.

However, many of the reports received by WHO from Member States do not reveal the quality of the data. Moreover, the mere availability of data on these indicators is an imprecise measure of the real state of the health information support within the countries, and gives little or no indication of the availability or use of the more detailed information needed for day-to-day service activities. Knowledge on these aspects is being gathered from primary health care and programme reviews and from direct contact with countries.

Although the last few years have seen some important changes in the way countries are approaching their health services, in their willingness to evaluate their activities and in their openness with the results of their evaluations, there is still a long way to go. In particular, perhaps in response to the demands of multi- and bilateral agencies, countries are laying too much stress on the compilation of national level data, rather than using the data in its disaggregated form to identify local problems and pinpoint inequalities in health status, health risks and service coverage. For example, national infant and maternal mortality rates have little practical significance for health services operating in a community, but the local data that are used to make up these national figures can provide essential guidance to the planning and management of services at the local level. Many countries have still to realize that data and information should first be used at the point of collection to stimulate and guide health service activities.

The gradual development of awareness of countries of the importance of information to health management has led to important changes in the content and methods of training for health personnel. At the most senior levels, epidemiology training in several countries is now firmly based on the application of the subject to the practical delivery and evaluation of health care services. Trainers are also becoming more receptive to basic and inservice training for district and community health workers which emphasizes the use of information for controlling and monitoring their own activities. There is still a great deal of promotion of these ideas to be done, and more suitable training materials are required as models for national trainers to use in developing their own courses.

Table 1.

Countries reporting information on selected global indicators, by Region

Indicator	Year	AFR	AMR	SEAR	EUR	EMR	WPR	Total
Percent GNP spent on health	1983	14	10	4	15	13	7	63
	1985	24	27	10	35	20	14	130
% nat. health exp. devoted to PHC	1983	14	2	6	9	11	8	50
	1985	21	8	9	15	15	14	82
Coverage with safe water	1983	13	18	2	9	16	4	62
	1985	39	34	10	33	21	13	150
Coverage with sanitation	1983	9	14	2	8	15	4	52
	1985	33	33	10	31	20	11	138
Coverage of infants with DPT	1983	11	17	3	7	10	4	52
	1985	37	34	11	33	22	9	146
Coverage with local care	1983	14	0	3	10	14	4	45
	1985	25	15	8	28	21	16	113
Coverage with care in pregnancy	1983	12	0	3	10	11	1	37
	1985	23	18	9	17	22	13	102
Coverage with infant care	1983	0	0	3	10	7	2	22
	1985	16	15	5	16	12	9	73
% births with b'weight 2500g +	1983	11	1	7	17	11	5	52
	1985	30	28	8	34	18	17	135
% children with adequate wt for age	1983	4	0	0	5	3	2	14
	1985	12	14	4	4	14	9	57
Infant mortality rate	1983	37	19	8	17	20	11	112
	1985	43	34	11	32	22	18	160
Life expectancy at birth	1983	36	18	10	17	19	11	111
	1985	43	34	11	33	22	19	162
Adult literacy	1983	21	18	9	14	15	7	84
	1985	36	33	9	32	21	17	148
TOTAL COUNTRIES IN REGIONS	1983	43	31	11	35	23	17	160
	1985	44	34	11	35	22	20	166

Sources:

- 1983 - Data reported by countries in the first monitoring of national HFA strategies.
- 1985 - Data reported by countries in the first evaluation of national HFA strategies.

Demographic data are a basic requirement for health planning and the detection of health and disease patterns and trends. As of July 1987, of the 166 Member States, 38 had not conducted population censuses for more than ten years, and in 20 of them the most recent census took place before 1972. Intercensal estimates for national populations by sex and age, which are an important tool for the determination of trends and projections, are available for only 112 countries.

Other information essential for planning and management of health services relates to health manpower and facilities. Although such information is nominally available in more than 100 countries, in practice this often arises from special surveys or studies, rather than from its collection and use being institutionalized as an essential part of the planning process.

Until 1975, WHO collected information systematically on health expenditure. The lack of any internationally agreed standards and classifications for this information has meant that this had to be discontinued. In the evaluation of national HFA strategies undertaken in 1985, 130 Member States provided figures of the proportion of GNP/GDP spent on health, but only 82 of them could indicate the proportion of health expenditure devoted to primary health care. There is little evidence that this type of information is widely used for national development or health planning.

3. OBJECTIVES

3.1 General objective

To support countries in the progressive development and strengthening of their health systems based on primary health care.

3.2 Specific objective of the Health Situation and Trend Assessment Programme

To collaborate with countries in the progressive development of relevant information support to the planning, management and implementation of their health systems based on primary health care and to the monitoring and evaluation of their health for all strategies.

4. TARGETS

4.1 General targets

The Programme's activities will aim at fostering national and international action so that by 1995:

- 70% of countries will have effective mechanisms for collecting, analysing and using information for medium- and long-term planning, for implementing these plans, for managing their health systems, and for monitoring and evaluating progress towards health for all;
- WHO will have reliable data bases enabling it to assess regularly the world health situation and trends and to publish and disseminate validated information thereon.

4.2 Specific target areas

The following five areas of work, each with its specific targets have been identified to enable closer definition and evaluation in the management of the Programme. The content of these areas implies the division of the Programme's activities into those related directly to action within Member States and those relating to global and regional responsibilities. It should be stressed, however, that these divisions are made purely to

facilitate the description of the operation of the Programme. In order to achieve the specific objective of the Programme, all activities will be carried out in a cohesive manner within the framework of the monitoring and evaluation process of the HFA strategy.

Strengthening of information support to national health management

1. By 1995, 70% of countries, including at least 30% of the countries in each region, will have planned and implemented activities to strengthen the procedures and mechanisms for the collection, analysis and use of the information needed to provide support to the planning, management and implementation of their health systems at all levels.

Training

2. By the end of 1995 appropriate training in epidemiology, information management and informed decision-making will be available in at least 70% of countries, including countries in all regions:
 - for central and senior level government health service personnel, on a TCDC basis where appropriate;
 - for middle level health service managers through at least one national training institution;
 - for primary health workers through at least one national training institution.

Development of methodology and standard tools

3. By 1993, practical methodologies will be available to countries in all regions for information support to the managerial process of their health services at all levels, including an integrated set of operational techniques for measuring health status, health-related behaviour, and utilization of health services on a population basis, and appropriate methodology for the use of computers to aid health information management.

By the end of 1995, methods for obtaining adequate information on the mobilization and use of resources will be available to all regions to support the planning, budgeting and management of health programmes at district and national levels, in accordance with national HFA policies and strategies.

By 1993, the tenth revision of the International Classification of Diseases (ICD) will be published for use by countries.

Monitoring and evaluation of regional and global health situation and trends, including dissemination of statistical information related to health and health services

4. From 1990 to 1995, the Programme will further develop its capability for:
 - monitoring and evaluating progress towards the goal of health for all;
 - collecting and analysing data on demographic trends, communicable and non-communicable diseases, environmental hazards, health and health-related socioeconomic indicators, and indicators of the effect on health of changes in life-style;
 - disseminating information for use by Member States;
 - providing a common source of such information for use within WHO.

Epidemiological and health statistical support to WHO programmes

5. The Programme will give epidemiological and health statistical support to relevant WHO programmes requesting it. This will include technical advice on the use of appropriate techniques for the management of health information for programme planning and management, including electronic data processing.

5. APPROACHES

At country level, as part of the activities aimed at strengthening the infrastructure of national health services, the Health Situation and Trend Assessment Programme will work with Member States in identifying the minimum information requirements for the preparation, implementation and management of their medium- and long-term health plans. The Programme will assist countries to select and implement approaches and methods suited to local conditions, drawing on experience gained during the period of the Seventh General Programme of Work. They will include national workshops, task analyses and field reviews of the management of primary health care activities and individual programmes. Countries will be helped individually to prepare, implement and evaluate plans of action for strengthening their capacity for information support.

The Programme will work with other infrastructure development programmes in collaborating with countries to ensure that their health services are planned, implemented and managed in response to information on health and operational needs, and that there are working procedures and mechanisms for collecting, analysing and using this information at its points of relevance.

The Programme will encourage the development and use of simple procedures for the collection and analysis of information, stressing those which are an integral part of service activities, and promoting the decentralization of data management in line with the increasing emphasis being placed on the strengthening of the district for primary health care. Where special collection methods are called for, the aim will be to achieve maximum involvement of those responsible for service management and delivery. In collaboration with other WHO programmes, the Programme will provide advice and support to countries on the introduction and use of computers.

The Programme will initiate and support activities to enable managers and workers at all levels to plan their activities and make decisions on their own work. These will include training and orientation to improve understanding of the use of information and help health workers and managers to meet their own information needs as a necessary part of their service and management activities. Supervision and the referral links between levels will be reinforced by being firmly based on the use and exchange of relevant information. In selected countries the Programme, in collaboration with PHC, will give priority to the development of information support to district primary health care systems, and it will disseminate to other countries the lessons learnt from this.

The strengthening of information support to routine programme planning and management will lead to improved monitoring and evaluation of national HFA strategies and its increasing acceptance and use as a tool for reprogramming.

The Programme will collaborate with Member States in strengthening epidemiological surveillance. It will help to develop structures and mechanisms to coordinate the resulting information with data on health service activities and human and financial resources, as well as with relevant information from health-related sectors. It will also work to improve the exchange of relevant information between sectors concerned with health issues.

The Programme will aim to strengthen basic and continuing training by making sure that the aspects of information collection and use are included in managerial and technical training at all levels. It will stress the development of inservice training as an important part of supervision.

At the Regional level the Programme will provide technical support to national efforts to identify health information needs and to plan, implement and evaluate activities to strengthen information support at all levels of the health system. It will ensure consistency in the activities of different programmes aimed at strengthening national capacity for information support.

Regional data bases will be strengthened and expanded to facilitate regional epidemiological surveillance and the monitoring of progress towards regional targets, and to provide a source of synthesized information for dissemination to countries for the guidance of WHO programme planning and management.

The Programme will arrange and support intercountry workshops and exchanges of national personnel in order to share national experiences in the monitoring and evaluation of health strategies, services and programmes, as well as the development of information support as part of managerial processes. The regional offices will review and update regional indicators as necessary in the light of progress and programme implementation.

The Programme will also support national training related to the collection and use of information for management and technical activities. It will collaborate with countries in testing training material and will arrange the sharing of this material with countries.

The Programme will promote national and intercountry research on methodological problems related to health information, including indicators, surveillance and the use of appropriate technology, including computers, for information management.

At the Global level the Programme will foster actively the coordination of WHO activities in the field of information support to national health service planning and management, including monitoring and evaluation.

The Programme will ensure the collection, synthesis and use of information from countries and elsewhere to monitor and evaluate progress towards the global targets of HFA. It will disseminate this and other suitable information on the health situation in the world to countries as needed. In close collaboration with the regional offices, the Programme will bring together information available on the demographic situation, health status and health-related socioeconomic factors in Member States and create and maintain data bases which will become the common source of such information within the Organization. The Programme will take action to ensure the harmonization of data relevant to WHO programme activities, preventing duplication of effort and enabling greater coordination of planning and action.

The Programme at headquarters will support the regional offices in their work with countries in evaluating health programmes and strengthening national planning and management through the development of information support as a part of the managerial process. It will also collaborate with regional offices and other programmes, and with other relevant organisations, to develop and test training materials for all levels of health worker to improve the use of information for planning, management and evaluation of health services. This activity will include support to regional offices in evaluating existing training courses, and dissemination of information on available training.

In collaboration with concerned infrastructure and technical programmes, the Programme will promote and support research into problems of data collection and use and programme monitoring and evaluation. It will develop and test methodology for the use of computers to assist health information management, and make it available through publications and through direct technical support to regional offices and countries as required. It will also develop, introduce and maintain regular monitoring of standard tools and procedures, such as the International Classification of Diseases and classifications specially suited to the needs of primary health care.

The Programme will give epidemiological and statistical support to WHO programmes requiring it for research or service purposes.

6. ACTIVITIES

All the activities listed below will be carried out within the general framework of the continuous development and strengthening of primary health care. The activities are considered separately for ease of presentation, but in fact they are largely interdependent. This applies particularly to the activities under sections 6.1 (Strengthening of information support to national health management) and 6.2 (Training). It should be stressed again that all activities are aimed at strengthening the national capacity to provide information support to health management and to monitor and evaluate progress towards health for all.

6.1 Strengthening of information support to national health management

Target:

By 1995, 70% of countries, including at least 30% of countries in each region, will have planned and implemented activities to strengthen the procedures and mechanisms for the collection, analysis and use of the information needed to provide support to the planning, management and implementation of their health systems at all levels.

Activities	1990-1991	1992-1993	1994-1995	Linkages
01. Promotion of the concepts of information-directed planning and management and informed decision making, and the development of information support as a part of the managerial process for national health development, through the preparation and distribution of guidelines and orientational material, and through participation in national primary health care and programme reviews and training.		Headquarters All Regions		PHC ^x , HSC ^x , MPN ^x , IMD
02. Monitoring of the capacity of countries to provide information support to their health systems, through the monitoring and evaluation of HFA strategies, programme-specific management information systems and data bases, country/WHO Joint Programme Reviews etc., and identification of countries for priority attention.		All Regions Headquarters		PHC ^x , HSC ^x , MCH, EPI, CDD and other programmes on communicable disease prevention and control
03. Support to national health authorities in formulating appropriate strategies to strengthen planning and management of health and health-related services through the collection and appropriate use of valid information.		Countries, All Regions Headquarters		PHC ^x , MCH, HSC
04. Support to national health authorities in the identification of the range of information they need for national planning and management, and in the development of structures and mechanisms for the collection, coordination, analysis and use of data from the health sector and other relevant sources.		Selected Countries, All Regions Headquarters		PHC ^x , MPN
05. Support to national health authorities in implementing plans of action to strengthen information support, and in monitoring and evaluating these activities.		Selected Countries, All Regions Headquarters		PHC ^x
06. Collaboration with other WHO programmes in the development of information support to planning and management at subnational levels of the health systems in selected countries in each region, with special emphasis on the district.		All Regions, Headquarters Selected Countries		PHC ^x , MPN ^x , IMD, HSC
07. Collaboration with other infrastructure and technical programmes to ensure coordination of approaches to, and activities with countries in, strengthening information support.		All Regions Headquarters		PHC ^x , MPN ^x and other relevant WHO technical programmes
08. Sharing of national and international experience in the area of information support through TCDC exchanges of national personnel and through intercountry meetings.		All Regions, Selected Countries Headquarters		PHC ^x

Programmes in the linkages column marked with an "x" are those with which the Health Situation and Trend Assessment Programme will undertake joint activities.

6.2 Training

Target:

By the end of 1995 appropriate training in epidemiology, information management and informed decision-making will be available in at least 70% of countries, including countries in all regions:

- for central and senior level government health service personnel, on a TCDC basis where appropriate;
- for middle level health service managers through at least one national training institution;
- for primary health workers through at least one national training institution.

Activities	1990-1991	1992-1993	1994-1995	Linkages
01. Epidemiology and statistics training for central and senior government level personnel				
- Continuous Review of national epidemiology and statistics training programmes in all regions to define the need for development of new programmes meeting the requirements of information support for health management		All Regions Headquarters		HMD ^x , TDR
- Promotion and establishment in appropriate countries of epidemiology and statistics training programmes for national and senior level health service managers, and the development of TCDC links where appropriate		All Regions, Headquarters Selected Countries		HMD ^x , MPN
- Assistance in coordination of epidemiology training activities supported by WHO		Headquarters All Regions		HMD ^x , relevant technical programmes
02. Middle level health service manager training				
- Continuous review of existing national programmes, and promotion and support for establishment of new national programmes, of training in information support for middle level health service managers		All Regions Headquarters		HMD ^x , PHC ^x , relevant technical programmes
- Development of materials and curricula for training middle level health service managers in health information support		Headquarters All Regions		HMD ^x , PHC ^x , relevant technical programmes
03. Primary Health worker training.				
- Continuous review of existing primary health worker training in health information related topics with a view to defining the need for new materials, curricula and programmes		Headquarters All Regions		PHC, HMD, EPI, CDD
- Development of materials and curricula for training primary health workers in gathering and using health related information		All Regions Headquarters		HMD ^x and other WHO programmes as appropriate
- Support for training of trainers of primary health workers in national institutions		All Regions Headquarters		HMD ^x and other WHO programmes as appropriate
04. Training in the application of ICD				
- Preparation and support for introductory training courses for new users of the ICD, and courses to orientate existing users to changes to be introduced at the tenth revision of the ICD		Headquarters Regions		

Programmes in the linkages column marked with an "x" are those with which the Health Situation and Trend Assessment Programme will undertake joint activities.

6.3 Development of methodology and standard tools

Target:

By 1993, practical methodologies will be available to countries in all regions for information support to the managerial process of their health services at all levels, including an integrated set of operational techniques for measuring health status, health-related behaviour, and utilization of health services on a population basis, and appropriate methodology for the use of computers to aid health information management.

By the end of 1995, methods for obtaining adequate information on the mobilization and use of resources will be available to all regions to support the planning, budgeting and management of health programmes at district and national levels, in accordance with national HFA policies and strategies.

By 1993, the tenth revision of the International Classification of Diseases will be published for use by countries.

Activities	1990-1991	1992-1993	1994-1995	Linkages
01. Development of operational techniques:				
- Surveillance techniques, both population and institution based, to monitor and evaluate the effectiveness and impact of health programmes and activities	Headquarters ----- All Regions, Selected countries			HSR, TDR, EPI and other programmes on disease prevention and control
- Practical methodologies for linking expenditures for various health or health-related programmes to changes in health status that may be attributed to that programme	Headquarters ----- All Regions, Selected countries			PHC, TDR, World Bank, EDV
- Techniques for data gathering and use suitable for peripheral health workers and lay personnel	Headquarters ----- All Regions, Selected countries			PHC, HSR, programmes on communicable disease prevention and control
- Practical techniques and methodologies for field evaluation of health programmes and services to provide information for reprogramming	Headquarters ----- All Regions, Selected countries			PHC ^x , NUT, EPI, MCH, CDD
- Practical methods of data collection and analysis for use in different country situations, including innovative data capture methods, cost-effective methods of carrying out population-based surveys at various levels of disaggregation for the identification of high risk groups, analytic measures relevant to district level information needs, analytic methods useful for combining population-based and institution-based data sets at sub-national, national and regional levels	Headquarters ----- All Regions, Selected countries			ISS, PHC, Protection and Promotion of Mental Health, programmes on disease prevention and control
- Development and improvement of indicators for assessing progress in the implementation of HFA strategies	Headquarters ----- All Regions, Selected Countries			HSC ^x , HMD, PHC, MPN, Protection and Promotion of Mental Health
- Analysis and projection of health and health service trends as a practical tool for national health planning and management	Headquarters ----- All Regions, Selected Countries			MPN, EDV, RPD, Protection and Promotion of Mental Health, Promotion of Environmental Health, programmes on disease prevention and control
- Practical guiding principles for the use of computers appropriate for health information support in developing countries	Headquarters ----- All Regions, Selected Countries			ISS
- Development and dissemination of information on innovative, cost-effective tools for health information management and techniques for the storage, analysis, presentation and use of health-related data	Headquarters ----- All Regions, Selected Countries			ISS, IEH, HBI

Programmes in the linkages column marked with an "x" are those with which the Health Situation and Trend Assessment Programme will undertake joint activities.

Activities	1990-1991	1992-1993	1994-1995	Linkages
<p>02. Development of standard tools:</p> <ul style="list-style-type: none"> - Classifications of health, diseases and health service function and utilization suitable for use in primary health care, e.g. symptom classifications, classifications of primary care, and classifications of expenditure and occupations - Completion and publication of the Tenth Revision of the ICD - Technical support to Member States in preparing national language versions of the ICD and implementing it - Collaboration with NGOs and other groups in the development of specialty-based adaptations of the ICD - Development of guidelines for the use and local adaptation of short lists for the tabulation of morbidity and mortality data, and study of comparability of the lists across revisions of the ICD - Initial evaluation of the use of the Tenth Revision of the ICD 		<p>Headquarters All Regions</p>		<p>PHC, ISS</p>
		<p>Headquarters</p>		<p>Programmes on disease prevention and control, ISS</p>
		<p>Headquarters, All Regions Selected Countries</p>		<p>ISS</p>
		<p>Headquarters</p>		<p>NGOs, programmes on disease prevention and control</p>
		<p>Headquarters All Regions</p>		
			<p>Headquarters All Regions</p>	
<p>03. Establishment and maintenance of an appropriate collaborative network for the promotion and support of research into fields of information support to health management, including the use of national health development centres and the promotion of collaborating centres</p>		<p>Headquarters All Regions</p>		<p>PHC, RPD</p>

6.4 Monitoring and evaluation of regional and global health situation and trends, including dissemination of statistical information related to health and health services

Target:

- From 1990 to 1995, the Programme will further develop its capability for:
- monitoring and evaluating progress towards the goal of health for all;
 - collecting and analysing data on demographic trends, communicable and non-communicable diseases, environmental hazards, health and health-related socioeconomic indicators, and indicators of the effect on health of changes in life-style;
 - disseminating information for use by Member States;
 - providing a common source of such information for use within WHO.

Activities	1990-1991	1992-1993	1994-1995	Linkages
01. Establishment and maintenance of regional and global mechanisms for receiving, consolidating and disseminating information on health status and health-related socio-economic factors in Member States, with a focus on the global and regional indicators adopted by the governing bodies.		Headquarters All Regions		UN system, HSC, ISS, other relevant programmes
02. Establishment and maintenance of data bases containing information on the demographic, socioeconomic and health status of Member States, and promotion of their use as a common source of such data within WHO.		Headquarters All Regions		All WHO programmes UN system
03. Establishment and maintenance of mechanisms for ensuring the consistency within WHO of data collected by programmes on relevant aspects of health and health services in Member States.		Headquarters All Regions		All WHO programmes
04. Analysis, interpretation and dissemination of data relating to: - national, regional and global health situation and trends, including data compiled for the global monitoring and evaluation of NFA strategies; - diseases subject to the International Health Regulations; - Diseases under Surveillance (malaria, poliomyelitis, influenza, etc); - other health problems and risk factors of national and international importance.		Headquarters All Regions		UN System, HBI, RPD, HMD, ISS
05. Publication of the <u>Weekly Epidemiological Record</u> , the <u>World Health Statistics Quarterly</u> and <u>Annual</u> , including commentaries on national, regional and global health situation and trends.		Headquarters		HEI ^x , ISS
06. Preparation and publication of the 8th <u>World Health Situation Report</u> .		Headquarters All Regions		HSC ^x , HEI ^x
07. Maintenance of the automatic telex reply service for information relating to diseases of international importance.		Headquarters		Programmes on disease prevention and control, ISS
08. Administration of the International Health Regulations.		Headquarters		HLE ^x , programmes on communicable disease prevention and control
09. Collaboration with international agencies on collection, processing, analysis and dissemination of health and health-related information.		Headquarters		UN system

Programmes in the linkages column marked with an "x" are those with which the Health Situation and Trend Assessment Programme will undertake joint activities.

6.5 Epidemiological and health statistical support to WHO programmes

Target:

The Programme will give epidemiological and health statistical support to relevant WHO programmes requesting it. This will include technical advice on the use of appropriate techniques for the management of health information for programme planning and management, including electronic data processing.

Activities	1990-1991	1992-1993	1994-1995	Linkages
01. Epidemiological and statistical support to research and operational aspects of selected WHO programmes in HQ and the regions		Headquarters All Regions		Relevant WHO programmes
02. Establishment and maintenance of clearing-houses on health information management activities, including preparation of training materials, documents, etc.		Headquarters Regions		UN System, relevant WHO programmes
03. Advice and support to WHO programmes on the use of innovative, cost-effective tools and techniques for storage, analysis, presentation and use of health-related data, including appropriate use of computers		Headquarters All Regions		ISS, relevant WHO programmes

7. PROGRAMME MANAGEMENT AND RESOURCES

7.1 Overall management

In order to achieve the specific objective of the Programme, all activities will be carried out in a cohesive manner within the framework of the monitoring and evaluation process of the HFA strategy.

The Programme will retain the same structure that it used during the Seventh General Programme of Work, which effectively concentrates expertise on major programme areas while allowing flexibility for broader based activities. The Global Programme will be guided by the World Health Assembly in carrying out the Eighth General Programme of Work. Meetings of Regional Advisers will be held to promote coordination of activities in support of countries. The Programme will be assisted by the Expert Advisory Panel on Health Situation and Trend Assessment, and by a Global Advisory Group of experts in the various aspects of relevance to the Programme.

Full advantage will be taken of the availability of the national health development centres. Programmes of research and development will be carried out with the five Collaborating Centres in Health Information with special emphasis on survey methodology and simple procedures for data collection and analysis. Work on training materials will be channeled through the two collaborating centres for training in information support.

The further development and testing of ICD-10 and its associated classifications will involve the eight centres for the International Classification of Diseases. Close links will be maintained with UNICEF, UNFPA, the UN Statistical Office and Population Division, and other international agencies with which the Programme is already working.

7.2 Resources

The information component is central to the development of efficient health services and should be seen as a national responsibility. At country level, the Programme's resources will be available to support countries in establishing a sound framework for future activities by the improvement of information support capability, training and the development of methodology. It is important, however, that the material support given to national health administrations is kept to a minimum. The Programme will collaborate with the other infrastructure development programmes to make maximum use of available resources by promoting the development of information support as a part of activities to strengthen health service planning and management. At the global level, the regular budget will support the production and publication of some of the training materials listed in the activities relating to target 2, the information documents referred to under targets 3 and 4, and the technical assistance to other programmes described under target 5.

As was envisaged at the beginning of the Seventh General Programme of Work, there has been a rapid increase in the involvement of the Health Situation and Trend Assessment Programme in national health service evaluation and development, training and methodological research. It remains necessary to seek extrabudgetary funds for a large part of this work, and approaches will continue to be made to funding agencies and bilateral donor organizations with a particular interest in the development of health service infrastructure and primary health care development.

8. MONITORING, EVALUATION AND INDICATORS

The impact of the Programme on information support in countries will be determined by changes in availability and effective use of information for planning and management processes. This will be seen in the national reports on the monitoring and evaluation of the HFA strategies, and will be assessed through continuous contact with countries by the infrastructure and technical programmes.

In addition, it is essential that the progress of the activities formulated to achieve the targets is monitored. This will be done using the following criteria:

8.1 Strengthening of information support to national health management

Country level

- availability and validity of information required for national health planning and management and for the global indicators.

Regional and global level

- number of countries in which reviews of information needs have taken place in the context of general development of health services;
- number of countries which have prepared plans for strengthening health information support in the context of defined health information needs for health management;
- number of countries in which plans have been implemented;
- number of countries in which an improvement in information support has occurred as judged through the global HFA monitoring and evaluation and through contacts with WHO for other purposes.

8.2 Training

Country level

- proportion of central and senior level managers in post who have received epidemiological and statistical training;
- proportion of middle level managers who have received training in epidemiology and information support suitable to their functions and tasks;
- proportion of primary health workers who have received training in information collection and use suitable to their functions and tasks.

Regional and global level

- number of countries in which professional inservice epidemiological and statistical training is available;
- number of training programmes of different levels reviewed and evaluated;
- number of countries in which appropriate middle level training is available;
- punctuality of completion of testing of training materials and curricula;
- number of countries in which appropriate primary health worker training in information collection and use is available.

8.3 Development of methodology and standard tools

Regional and Global level

- Success in providing solutions to methodological and procedural problems affecting countries;
- punctuality of work on the tenth revision of ICD.

8.4 Monitoring and evaluation of regional and global health situation and trends.

The operational aspects will be evaluated as follows:

Regional and Global level

- punctuality of production of scheduled publications;
- punctuality of preparation and publication of reports on the world health situation;
- availability from health and non-health sectors of the data required for assessment of global health situation and trends.

9. LINKAGES

The scope of activities of the Programme implies involvement across all fields of health care, and the relationships established within WHO must reflect this. There are, however, some WHO programmes whose activities abut particularly closely onto those of this Programme. Cooperation will be fostered with the other programmes working for the development of health infrastructure, particularly PHC, HMD and MPN. Development of information support in countries, as described above, will be carried out in conjunction with these programmes. Similarly, the development of training curricula and materials will require close collaboration.

The Programme will cooperate with all those units and divisions with responsibilities for strengthening primary health care in countries. Apart from the infrastructure development programmes, already mentioned, this implies those technical programmes such as MCH, CDD, EPI, EDV, IEH, and Promotion of Environmental Health with special responsibilities for the development of the elements of PHC. The cooperation established with these technical programmes within WHO will be translated into action in countries through collaborative activities to meet the information needs of the elements these programme areas represent within the national structure for primary health care.

Furthermore, the global responsibilities of the Programme in the field of dissemination of health information make it imperative for the Programme to maintain close links within WHO with those programmes involved in information processing and publishing, particularly ISS and HBI.

Mechanisms will be strengthened and maintained to ensure cooperation with other organizations of the United Nations system. In order to exchange health and health-related information with sectors other than health, the Programme will collaborate in particular with UN, UNDP, UNICEF, UNEP, FAO, ILO and UNESCO. The support given by UNICEF to primary health care in countries demands that the Programme should maintain a close working relationship with them, particularly in the fields of education and training and information relating to maternal and child health.

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