



*Vital Statistics  
 Bulletin  
 Information*

NARRATIVE JUSTIFICATION FOR THE PROGRAMME PROPOSALS  
 FOR THE FINANCIAL PERIOD 1984-1985

INDEX

3.1 Health Situation and Trend Assessment

1. Background.

The programme is a collaborative challenge at the country, regional and global level to provide the most useful health information at a cost countries can afford.

Activities for the biennium 1984-1985 will be based on the four detailed objectives and corresponding targets of the Medium Term Programme (MTP) 1984-1989 (See A Summary of the Global MTP, pages 2-4). The estimated budget requirements are attached as Annex 1.

1.1 Combined Approach to Health Situation and Trend Assessment at all Levels of Management

For the majority of countries the most urgent need is for health and disease information relating to the periphery where the sick people are. This information however must be generated according to a clearly defined programme planned centrally and elaborated at the intermediate level but implemented as an integral part of primary health care. It should also be appreciated that a number of important health promotion (e.g. MCH) and disease prevention (e.g. EPI) activities are already under way in many countries and have urgent need of the support that effective peripheral surveillance can provide. It is proposed therefore that the thrust of the programme be central, intermediate (for a country and its administrative subunits to plan for, provide and use health information) and peripheral to get on with the job of generating and using the information.

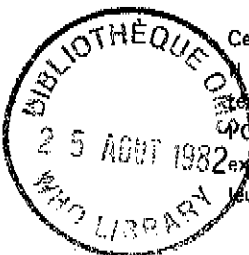
1.2 Importance of Linkage at All Levels.

Another major feature is the interlocking nature of the programme both within countries and at the regional and global level. As an example, and as indicated above, adequate information support should be provided to serve a number of health promotion and disease prevention programmes. These programmes and the provision of information support must be an integral part of the national health effort and delivered through the primary health care systems. The activities proposed will therefore be undertaken in close collaboration with the relevant programmes including MPN, HSR, PHC and HMD, and with regional offices.

At the present time there is considerable collaborative support to country programmes in such fields as maternal and child health, diarrhoeal disease, immunization and specific disease control etc., at regional and global level. Similar support will be required for the development of health situation and trend assessment and in particular of surveillance activities but this can only be given in liaison with those providing support for the other specific programmes and both with the support given to the implementation to primary health care.

A concrete example of the importance of linkage is the implementation of meaningful surveillance activities for the EPI group of diseases through the primary health care system. The determination of the most appropriate form of surveillance in a given area will be a team effort involving the people being served, and those having specific inputs with respect to the diseases themselves, surveillance per se and primary health care. This does not imply a series of vertical programmes but an assurance that at the peripheral level the most appropriate information is being generated to indicate as early as possible what is happening so that action can be taken. To extend the example a stage further, having decided how best to implement surveillance in a given situation, the skills of health manpower development would be linked to ensure the most effective training of those who will be involved. This team approach applies at country, regional and global level.

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## 2. Proposal by objective.

### 2.1 Detailed objective 1: Strengthening of National Capability for Health Situation and Trend Assessment

The emphasis here is, at the central level, to develop and strengthen national capabilities: to determine the health information that is needed; to assess the extent to which existing data meets that need; to find ways to generate the information to bridge the gap between that available and that needed; and to handle all health information in the most effective way so as to provide analysed and interpreted information to health managers.

2.1.1 A global advisory group (GAG) will be established to guide and evaluate the development of the Health Situation and Trend Assessment Programme. Initially this group will be required to review the ongoing programme activities and propose ways to develop and improve methodologies for: information support for managerial process for national health development; national epidemiological services (with emphasis on peripheral surveillance activities); and health trend projections.

It will be necessary for this GAG to have representation from equivalent advisory groups to other programmes such as PHC, CDS, EPI, CDD, MCH, etc. In this way the essential linkage which must be present in the implementation of surveillance through primary health care at the periphery can be established at the earliest possible moment.

This GAG should meet in 1984 and 1985 and ideally if the budgetary situation allowed or if extrabudgetary funds were available, the first meeting should be advanced to 1983.

2.1.2 During 1984 with the assistance of short term consultants and a network of collaborating institutions, methodologies will be developed for strengthening national capabilities for health situation and trend assessment through a collaborative appraisal of existing national and statistical services in six or seven developing countries. The countries participating will be some of those fully committed to the MFA strategy and which are already streamlining their health data collection and analysis for the ongoing evaluation of the health service or at least some of those implementing health and disease prevention programmes such as EPI, MCH, and CDD and have expressed their intention to develop epidemiological services as the basis for providing effective peripheral surveillance activities through a primary health care system.

With the strengthening of their staff capacities the epidemiological services of these countries will undertake operational research concerning various aspects of health information generation, processing and utilization in cooperation with those responsible for health services research.

There is the possibility that the demand for participation in this aspect of the programme will exceed the budgetary provision and extrabudgetary funds will be needed.

2.1.3 A policy decision will have to be made during the biennium on the structure and content of the next (tenth) revision of the International Classification of Diseases (ICD-10) and related classifications, based on the evaluation of ICD-9 and on the study of various alternative approaches to ICD-10 which will have been completed by then. It is proposed to convene an Expert Committee on the International Classification of Diseases and Related Classifications to obtain authoritative recommendations on this matter. Extrabudgetary funds will be sought to carry out other activities concerning the ICD and related classifications.

### 2.2 Detailed objective 2: Development and Improvement of Peripheral Health and Disease Surveillance Activities

The GAG as referred to in 2.1.1 will have a significant role in proposing approaches for peripheral surveillance activities and in the evaluation of these activities in respect of the quality and timeliness of the health information that they generate. At the same time as epidemiological services are being strengthened centrally support will

be given to the development of the peripheral surveillance activities through primary health care. The budget provision shown is not expected to meet the anticipated demand for the proposed activities and extrabudgetary funds will be sought to meet the deficit.

2.2.1 In 1984 and 1985 short term consultants will be provided and the expertise at WHO collaborating centres will be mobilised to develop and improve methodologies for peripheral surveillance activities through primary health care, in active collaboration with countries. This will include operational research with respect to a wide range of approaches to generate information; the evaluation of these approaches and their adaptation to other areas and countries when applicable. This work will also cover all aspects of training as referred to in 2.2.2.

2.2.2 Training at all levels will be the key to the generation and most effective use of health and disease information. Support will be given to the training of trainers both at the central level of epidemiological services and at the periphery where the surveillance activities are integrated into the primary health care system. At both these levels emphasis will be on learning by doing and preferably on in-service training situations. Collaboration in the development and preparation of training curricula and training aids of all forms will be a high priority.

### 2.3 Detailed objective 3: Provision of Epidemiological and Statistical Support

2.3.1 In providing epidemiological and statistical support to the priority programmes of the Organization, it will be necessary to develop or adapt methodologies best suited to the specific health problems and prepare relevant teaching materials. Extrabudgetary funds in addition to the amount allocated will be required.

### 2.4 Detailed objective 4: Assessment of Regional and Global Health Situation and Trends

2.4.1 The improvement of epidemiological and statistical services which enable more meaningful information to be generated from the periphery will augment the promptness and quality of national contributions to global reporting on the effectiveness of the Health For All strategy including the Seventh Report on the World Health Situation. This will be a collaborative undertaking at the country, regional and global levels.

2.4.2 The Automatic Telex Reply Service, the Weekly Epidemiological Record, Vaccination Certificate Requirements for International Travel and Health Advice to Travellers and other information fulfilling the Organization's responsibilities under the International Health Regulations (IHR) will continue to be provided. Provision for a meeting of the Committee on International Surveillance of Communicable Disease has been maintained to resolve unforeseeable administrative or technical problem situations arising from administration of the IHR.

HEALTH SITUATION AND TREND ASSESSMENT

Estimated Budget Requirements: 1984 -1985.

Detailed objective 1

1.1 Global Advisory Group to the Health Situation and Trend Assessment Programme: to propose approaches for the development and improvement of methodologies for:

- information support for managerial process for national health development
- national epidemiological services (with emphasis on peripheral surveillance activities)
- health trend projections

1984	28 600
1985	28 600

If funds can be identified from savings or provided from extrabudgetary sources the 1984 meeting should be advanced to 1983.

1.2 Short term consultants and contractual services to develop methodologies for the improvement of national epidemiological and statistical services for collaborative appraisal with view to definition of programmes emphasizing peripheral surveillance activities. Extrabudgetary funds will be required to meet demands for participation beyond this ceiling.

77 000

1.3 Expert Committee on ICD and related classifications. In addition, extrabudgetary funds will be sought to carry out other activities related to ICD and related classifications.

28 600

Detailed objective 2

2.1 Short term consultants and contractual services to collaborate on the development, implementation, evaluation and improvement of innovative, simple and low-cost methodologies for use by non-medical personnel as an integral part of primary health care. This will include:

- surveillance of health promotion and disease prevention activities (including lay reporting)
- community surveys
- home-based records
- information on the availability and use of health resources
- graphic presentation of health information
- classification for use in PHC and at first referral level
- practical procedures for improving health system evaluation and monitoring at the peripheral and first referral levels.

Extrabudgetary funds will be required to meet demands beyond this ceiling.

110 000

2.2 Training activities of all forms aimed at training trainers with emphasis on learning by doing and preferably using an in-service training approach wherever possible. Support the preparation of training curricula and development and preparation of training aids and materials. 24 600

Detailed objective 3

Only the amount shown can be provided within the planning figure, but extrabudgetary funds will be sought for adapting epidemiological and statistical methodologies for use in dealing with specific health and disease problems. 10 000

Detailed objective 4

4.1 Preparation of the Seventh Report on the World Health Situation and contributions to the global reporting on the effectiveness of the HFA strategy. 25 000

4.2 Provision of information under the IHR and their administration:

Automatic Telex Reply Service	10 600
<u>Weekly Epidemiological Record</u>	212 000
<u>Vaccination Certificate Requirements for International Travel and Health Advice To Travellers</u>	40 000
<u>Yellow Fever Vaccinating Centres for International Travel</u>	8 000
<u>Ports Designated in Application of the IHR.</u>	8 000
Committee on International Surveillance of Communicable Diseases	28 600

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