



*WHO - Prog 4 work,
Vital & Stat
5/11/82. Methods
Data collection
Inf. services*

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ



HST/82.2

ORIGINAL: ENGLISH

INDEXED

A SUMMARY OF THE GLOBAL MEDIUM-TERM PROGRAMME FOR 1984-1989

HEALTH SITUATION AND TREND ASSESSMENT

The orientation of the programme defined in the Seventh General Programme of Work

The Seventh General Programme of Work foresees that WHO will promote the development and strengthening of national capabilities for assessing the health system, health situation and health trends, thus providing a sound basis for epidemiological surveillance and for decision-making for health development. For this purpose, WHO will strengthen the capability of countries to develop effective epidemiological services (as defined in Annex 1) and to collect, analyze and interpret valid and timely statistical and other information for planning, operating, monitoring and evaluating their health services.

It is appreciated that countries are at different stages with respect to the capacity to generate health information and put it to effective use. Generally speaking, the required health information can be considered in different time frames. First, there is information "for action now" so that health situations which need urgent attention can be detected and handled effectively with a minimum of delay. Second, there is information which can be used to indicate "what has happened". This latter information falls roughly into two categories, one in which data, if available within a period of a few months can still be of managerial value for direct action, and the other in which information is to be used in long-term management such as monitoring and evaluating the progress towards the goal of Health for All.

As the most urgent information need in the majority of countries is "for action now" and because it is the only sound basis on which to develop the generation of information both for immediate and long term use, development and improvement of peripheral activities, especially those for epidemiological surveillance, will receive major emphasis. (Initially in most developing countries only a few communicable diseases would be included such as those involved in Expanded Programmes on Immunization, diarrhoeal diseases, and health conditions for which action can be assured.) One of the essential activities to contribute to this development will be the training of health personnel at all levels in the collection, analysis and use of relevant, reliable and timely information for planning and operating health systems. It should be stressed that generating information should not be a separate enterprise but should be an integral part of health activities.

The Seventh General Programme of Work also envisages that these efforts will be supplemented by the development and improvement, based upon the experience of countries, of such supporting tools as the international classification of diseases and of other health problems, methodology for lay reporting of health information, and simple community surveys best suited to local conditions. Furthermore, WHO will assess and synthesize regional and global health situations and trends on the basis of all available information, produce periodic reports for review by the governing bodies, and ensure the publication and dissemination of global and regional analyses.

Objectives

Under the general objective for the programme of Health System Development, i.e. "to support countries in the progressive development of their health system based on primary health care", the following detailed objectives are to be attained:

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted or quoted without the agreement of the World Health Organization. Authors alone are responsible for views expressed in signed articles.

Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation sans l'autorisation de l'Organisation Mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

Detailed objective 1: To promote and strengthen national capabilities for assessing health situation and trends, including projections into the future, for identifying major health problems and factors involved, and for detecting the unusual occurrence of diseases and health hazards, so as to utilize the deduced knowledge to support effectively managerial action for implementing the national strategies for Health for All. In particular to develop and increase the effectiveness of national epidemiological services, the prime initial function of which will be the establishment, development and continuing improvement of the peripheral surveillance activities as described in objective 2.

Detailed objective 2: To develop and improve peripheral health and disease surveillance activities that are fully integrated into the primary health care system using approaches that are cost-effective and economically meaningful to the country concerned. For the majority of countries the main emphasis initially will be directed towards the early detection and effective control of urgent situations such as those involving communicable diseases (with emphasis on those for which effective control will be implemented), chemical contamination of food, etc., as well as the health conditions of vulnerable groups. The system must however have the potential for the surveillance of a wide range of health and disease conditions so that it can be used to provide information in a number of different fields such as drug usage, quality and quantity of food supply, provision of safe water and adequate sanitation, and utilization of staff, etc.

Detailed objective 3: To provide adequate epidemiological and statistical support to ensure the effective implementation of the programmes of the Organization at all levels and in so doing provide training in these skills at the country level.

Detailed objective 4: To assess regional and global health situation and trends so as to facilitate the monitoring and evaluation of the Global Strategy for Health for All, based upon health and related socioeconomic indicators, epidemiological surveillance data and other pertinent information obtained from national governments, international organizations and scientific reports and to provide appropriate feedback to countries.

Targets

Corresponding to each detailed objective stated above, the following targets are set out:

Target 1: The development of mechanisms and procedures to produce reliable relevant health information for managerial purposes which reflects the national socio-economic and epidemiological situation. By 1989 all countries will have established national epidemiological and statistical services which make the best use of available resources to provide analysed and interpreted information which, even if often approximate, can be used to resolve those health and disease problems for which there is commitment. Initially in the majority of countries this will imply generation of information for immediate action or at least information that can be processed and interpreted within a relatively few months and thus be of meaningful managerial value.

Target 2: The planned progressive implementation of peripheral surveillance activities so that an effective procedure is in place in relation to specific preventive programmes. This implies that the surveillance activities will be implemented to support the priority programmes, such as maternal and child health, immunization and diarrhoeal disease control, providing base line information and evaluation. Because these surveillance activities are to be an integral part of primary health care they can be expanded to relate to other specific diseases such as malaria and schistosomiasis or other health programmes, for example, accident prevention and health education. The surveillance implementation target dates are thus intricately linked to the specific targets set nationally or globally, implying, for example, that by 1989 the surveillance of all EPI diseases will be effective in all countries.

Target 3: Strengthen the ongoing mechanism to ensure that all technical programmes of WHO at regional and global levels will be supported adequately, according to their requirements and priorities, regarding epidemiological and statistical methodology. When these programmes interrelate with country activities the provision of epidemiological and statistical support will be used as a training mechanism.

Target 4: By 1985 WHO will have improved its mechanism for assessing regional and global health situation and trends so as to facilitate the monitoring and evaluation of the Strategy for Health for All, based on information from countries, scientific bodies and other international organizations, which includes health and related socioeconomic indicators, and epidemiological surveillance data on communicable and noncommunicable diseases and environmental hazards and will provide information on these aspects to countries in the most concise and readily usable form.

Plan of action

(a) The problem

Although all countries have some form of health information, the majority of Member States do not possess really adequate health information systems and even often lack epidemiological services. These are needed to generate reliable and timely information to assess (a) current national policies for socioeconomic development, resulting health policies, directions for developing the national strategy and the plan of action for Health for All; (b) the epidemiological situation and trends in the country, identifying its main public health problems, and summarizing information on health services, institutions and resources; and (c) the progress of specific disease prevention and control programmes.

The statistics and epidemiological reports produced by many countries often lack immediate relevance to the country's health system needs, and even when relevant they may not be used properly for the managerial process for national health development, e.g. for the formulation of national health policies, programming, budgeting, implementation, monitoring, evaluation and reprogramming.

(b) Approaches

The development or strengthening of practical health information support, particularly epidemiological services, as part and parcel of the health system is an urgent problem in many countries. But, instead of trying to achieve overall coverage of reporting immediately, it will often be more realistic to aim for improvement in data generation step by step. In many countries, for example, surveillance activities should initially be limited to those diseases and health conditions for which, there is a commitment to a specific course of action. (MCH, EPI and diarrhoeal diseases, malaria, schistosomiasis, etc). This will assist in limiting the recording burden on primary health care staff to an essential minimum and lead to more selective reports to the higher administrative levels. In this way there can be more effective and efficient use of the information generated with expeditious data processing, analysis and dissemination to all users, including feedback to the primary health care level. In addition, this progressive approach with subsequent inclusion of procedures such as multipurpose sentinel areas, household and spot surveys, etc., will improve managerial capacity and the scope of the information support for it and thus an ever improving overall health information system directly linked to the managerial process.

In order to make effective use of the limited resources both national and those of the Organization, intensive technical cooperation will be focussed initially on a limited number of countries in which strong political commitment has been made by the respective governments to the improvement of their health systems on the basis of primary health care by applying the managerial process best suited to the countries'

conditions. The experience gained through such technical cooperation will then be disseminated to other countries facing similar problems. In addition, regional networks of national institutions and experts will be established for exchanging experiences and for providing advice on the basis of the principle of TCDC. Such expertise may well be identified at national health councils and similar bodies concerned with the health development.

The existing network of WHO collaborating centres, other relevant national institutions and nongovernmental organizations will be encouraged to participate more directly in all activities of the developing epidemiological and statistical services, including applied research in these areas. This greater collaboration within individual countries and between countries will promote self reliance and more effective use of staff available for technical cooperation.

As health situation and trend assessment covers a wide range of health and related socioeconomic information, this programme will assume a leading role in coordinating all programmes of WHO in this respect and in strengthening collaboration with other organizations of the United Nations system and relevant intergovernmental bodies, such as in primary health care activities with UNICEF and the National Household Survey Capability Programme of the United Nations, as well as in data collection and dissemination in conjunction with the assessment of the global and regional socioeconomic situation and trends.

(c) Activities

Thus, to attain target 1, the main thrust of the programme is to promote reorientation of the present health statistics and epidemiological services of Member States, so as to support development of action-oriented information services satisfying the technical and managerial information requirements of the health system in attaining the goal of Health for All. The assessment of the overall health situation and trends requires information on socioeconomic and health policies, socioeconomic development, demographic factors and forecasting, health resources, health services and above all the progress of specific prevention and control programmes. Closer collaboration between health administrators, epidemiologists and statisticians will be the key to the improvement of information support for the managerial process so as to enable appropriate health action to be taken.

The development of more meaningful and therefore more usable information at the peripheral level will enable countries to prevent and control disease more effectively. In so doing they will also generate the most appropriate indicators of those adopted by the World Health Assembly to facilitate subsequent policy formulation, planning and other steps in the managerial process for national health development.

In the development of national epidemiological services it should be stressed again that one of the fundamental activities is the establishment and continuing improvement of the peripheral surveillance activities. There must be close and specific collaboration with any existing health statistical service with a view to utilizing and further developing existing useful information generating practices and discouraging others. For example, if a country had an effective programme utilizing the ICD, the information generated would become an integral part of the total information available to the national epidemiological service.

The preparation of the next (tenth) revision of the International Classification of Diseases (ICD-10), which was scheduled for 1985, has been postponed by about 5 years in order to allow sufficient time to evaluate the current version, ICD-9. It will therefore be possible to adopt a new approach in ICD-10. Confronted with the wish of some countries for the establishment of a simple ICD on the one hand, and the pressure from other countries toward the development of a more sophisticated ICD on the other hand, careful consideration will be given to the solution suggested that WHO should develop not just a single classification to be used for multiple purposes, but, instead, a family of classifications. The latter would be constructed around a "core", from which

it would be possible to go both to a simpler adaptation, such as a classification for lay reporting, and to a more complicated one, such as a multi-axial classification needed for computer retrieval of detailed medical records. Special emphasis will be given to the development of the classification of reasons for encounters which provides a basic tool in primary health care. The current version of other classifications, such as the International Classification of Procedures in Medicine and the International Classification of Impairments, Disabilities and Handicaps, will also be evaluated and brought up to date, as necessary. Adaptation of these classifications for use by nonmedical personnel will be given priority.

To achieve target 2: Surveillance is a vital function of national epidemiological services and a basic element of the priority disease control programmes of the country within the framework of the national strategy for Health for All.

It will be essential to coordinate the development of a concept of surveillance so as to support action in priority areas, including EPI, CDD, PHC and other specific disease and health programmes. At the country peripheral level however it should again be stressed that only those diseases or health conditions for which the health administration is committed to clearly defined action programmes will be included. There will be an essential need for the development of innovative surveillance methods within the primary health care system. If on evaluation these methods are effective they should be made available for adoption and adaptation to other appropriate situations.

In moving towards this target WHO will cooperate with Member States in the development of efficient procedures for data acquisition, transmission, analysis and presentation, including effective technical support to the generation of key indicators for national monitoring. In particular, the development of a simple health information system will be given high priority, including the use of simple community surveys, lay reporting and other practical procedures which may be applied by nonmedical personnel, as well as the streamlining and strengthening of administrative reporting obtained through the health system. The importance of detecting the maldistribution of health resources and identifying population groups at high risk will be emphasized. Special attention will be given to the visual aspects of data presentation to ensure that decision makers can grasp quickly and accurately the essential message of the available information. WHO will also collaborate in these activities to develop national capabilities, through regional and national workshops, training courses in periodical monitoring, etc.

The existence of adequately trained manpower, especially at the primary health care level is the key to the provision of effective epidemiological and statistical services. Emphasis will be given to a learning by doing approach and in service training wherever possible. Fellowships, national and intercountry workshops and other activities will be supported with a view to training trainers and making available educational material appropriate to the level at which it will be used. In many and perhaps in the majority of countries it will not be realistic to envisage having medical doctors other than at a very senior level in epidemiological services and this will need to be reflected in the planning of the training programme.

Under target 3, the plan of action is more flexible since it depends to a large degree on the requirements of activities undertaken by other programmes of the Organization. While much of the primarily epidemiological work will have been transferred to countries, large components of the relevant programmes will assume new roles in terms of new activities under the Strategy for Health for All. New demands for priority statistical methodological support will arise, for example, in relation to primary health care, the family health programme, programmes for the control of infectious and parasitic diseases, and health services research in those priority areas, all of which affect a large proportion of the world's population.

To achieve target 4, the improvement of national epidemiological and statistical services will give countries greater confidence in the assessment of their health

situation and lead to a more meaningful exchange of health information either through the Organization or directly between countries. Improved health information together with socio-economic data will also provide better regional and global monitoring of progress towards the goal of Health for All.

Efforts will continue to rationalize information requests to member countries so as to ease the respondents' burden. All the information thus assembled will be used for preparing periodic reports on monitoring and evaluating health progress, in accordance with the plan of action adopted by the World Health Assembly for implementing the Strategy for Health for All, including the Report on the World Health Situation. Global indicators, and regional indicators where appropriate, supported by basic data will be published in standard format, at both regional and global levels, for quick feedback to Member States, and further analysis and evaluation of specific aspects of the world health trends of current interest will also be disseminated. Throughout this process dialogue with countries will be intensified with a view to stimulating their interest in generating pertinent and reliable data for the assessment of their own health situation and trends.

The Organization will continue to cooperate closely with Member States on a day-to-day basis in the administration of the International Health Regulations. Urgent epidemiological information on any unusual occurrence of diseases and health hazards will be disseminated promptly to all national health administrations to enable necessary action to be taken on the basis of the relevant epidemiology. The progressive development of national epidemiological services and the inherent surveillance activities will be the ultimate basis for the control of any disease which could spread internationally.

The Organization's publications, Bulletin, Chronicle, Forum, Statistics Quarterly and Annual, Weekly Epidemiological Record, PAHO Bulletin and Epidemiological Bulletin together with outside journals such as that of the International Epidemiological Association and many others and also a number of publications of Intergovernmental and Non-Governmental Organizations are potential sources of information which may be of value in the managerial process for national health development. An attempt must be made to determine how best to provide the majority of Member States with a synthesis of the most relevant information in the most readily useable form. This should include records of successful national experience in health situation and trend assessment which could provide a stimulus to countries at similar stages of development. On the other hand, the collection of routine statistics from countries as a statutory function will be restricted to only the most useful data for international exchange in the light of the Global Strategy for Health for All.

FUNCTIONS OF A NATIONAL EPIDEMIOLOGICAL SERVICE

- a) perform effective disease surveillance including the collection, collation, analysis and reporting of information;
- b) investigate disease outbreaks rapidly and competently;
- c) develop and apply appropriate control and preventive measures as indicated by disease investigations;
- d) make recommendations concerning ongoing and new control and preventive programmes based upon surveillance data;
- e) develop the necessary information to be able to categorize diseases by their impact on the quality of life from the stand point of economics, health hazards, morbidity and mortality;
- f) contribute to discussions concerning cost-effective interventions for diseases of national importance;
- g) assist in developing priorities for the country's public health (prevention) programmes;
- h) develop evaluation techniques for the above programmes;
- i) assist in teaching biostatistics, epidemiology, and surveillance to personnel of the medical and allied professions and to paramedical personnel.

This list of activities may not be exhaustive, nor may it be in the order which represents the needs of an individual country. More importantly, the form in which such a service is established may vary considerably from one country to another. It will be different, for example, in a country with independent states, or in a socialist country, or where a good network of laboratories exists or does not exist as the case may be.

= = =