



INDEXED

Global Medium-Term Programme

Programme 3.1

HEALTH SITUATION AND TREND ASSESSMENT

The rational management of health services at any level from the planning department in the Ministry to the primary health centre in the village 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 there can be no progress towards the social goal of Health for All by the Year 2000. The World Health Organization's Seventh General Programme of Work sees the availability of this relevant information as vital to the establishment of a health system infrastructure based on primary health care. The Division of Epidemiological Surveillance and Health Situation and Trend Assessment has been established at Headquarters to help meet this need.

The primary objective of the Global Programme for Health Situation and Trend Assessment is to collaborate with Member States in the progressive development of relevant information support to the management of national health systems. In working towards this objective, the Programme plans five linked areas of activity. First the assessment of the strengths and weaknesses of the national services providing 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 the 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, and fifth, the provision of the epidemiological and statistical support needed to maintain a uniformly high standard of research and development in WHO programmes.

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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".

The Thirty-second World Health Assembly adopted the Global Strategy of Health for All by the Year 2000 in the context of the Alma Ata Declaration. The development and implementation of this strategy by countries requires the establishment of a permanent, systematic managerial process for national health development (MPNHD). This will include planning, programming, budgeting, financing, control of implementation, evaluation, research and reprogramming. Relevant, up to date and sensitive health-related information is needed for all these processes. Furthermore, the plan of action for implementing the Global Strategy for Health for All, which was adopted by the Thirty-fifth World Health Assembly, envisages a continuing process of monitoring and evaluation at national, regional and global levels. The provision of information support has thus been given a new urgency.

The information required for the support of these managerial processes must include qualitative information on national socio-economic policies, administrative and political structures and community organization, as well as the more quantitative "traditional" information on disease determinants, and information on the function and utilization of health services.

The assessment of the progress of the Global Strategy will be made with the help of 12 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 onus for the collection and provision of the relevant information for monitoring and evaluation at the national level lies on the health systems managers in the Member States.

In order to assure the information base necessary for progress towards the global goal of Health for All (HFA) by the Year 2000, WHO has consolidated into the Health Situation and Trend Assessment Programme (HSATAP) the epidemiological and statistical expertise previously existing in separate units. The Programme will constitute an operational arm of the HFA strategy, striving for the integration of the approaches to information support which have hitherto been developed and operated separately by various health programmes.

*"Global Strategy for Health for All by the Year 2000" WHO, Geneva 1981. p. 74.

The HSATAP will work at country level by encouraging - through training, collaboration and research - the establishment of adequate mechanisms for information support to meet managerial needs. At regional and global level the Programme's main task will be to monitor progress towards HFA 2000, using the regional and global indicators. The activity at these two levels will be linked through the support given to countries to improve their capacity to collect information which, besides being of value to the national programmes, can also be used for regional and global indicators. They will also be linked through specific epidemiological and statistical advisory services and through the exchange of health-related information with the countries.

2. SITUATION ANALYSIS

Without information on health-related problems and activities, there can be no rational planning for health services. If the available information is irrelevant, inaccurate or out-of-date, the effect of using it for planning may be disastrous. Yet this is the situation in many Member States.

Efficient, effective planning and management of health services requires the proper utilization of a broad range of information. In the past, the emphasis in the gathering of health-related data has too often been on the mere collection of statistics, without much consideration of how, or even whether, they would eventually be used. In order to improve this situation, and also to conserve scarce resources, it is essential that the data collected should be restricted to that which is relevant to health policy objectives, that it be validated, that it be provided rapidly enough to be of use to planners and that it be used properly.

Member States have committed themselves to supporting the Alma-Ata Declaration. This commitment involves the planning and implementation of strategies and tactics to attain eight elements of primary health care (PHC)*. For this planning, and for the monitoring and evaluation of its implementation, valid and timely information relevant to these eight elements is essential. The strength of the information support to health management can, to a limited extent, be gauged from the reports received by WHO from Member States on different aspects of health, disease and health care. Table 1 shows the availability of national information relating to aspects of the eight elements of primary health care.

*"Primary Health Care". Report of the International Conference on Primary Health Care, Alma Ata 1978. WHO 1978, p. 53, paragraph 50.

Table 1

NUMBER OF MEMBER STATES REPORTING INFORMATION ON PHC ELEMENTS, BY REGION*

PHC ELEMENT	YEAR	AFR	AMR	EMR	EUR	SEAR	WPR	TOTAL
1. <u>Health education:</u>	....	w	w	w	w	w	w	w
2. <u>Food supply:</u>								
Daily per capita calorie supply	1977	32	24	18	27	9	11	121
3. <u>Safe water and sanitation:</u>								
Decade baseline sector forms	1980	17	20 ^x	11	4 ^x	9	11 ^x	72 ^x
4. <u>MCH and family planning:</u>								
a. Crude birth rate								
b. Infant(0-11 mth)mortality	1980	32	24	19	28	10	10	123
c. Child (1-4 yr) mortality								
d. Infant mortality by age	1976-80	4	19	6	27	2	8	66
e. Contraceptive use	1979	4	5	6	2	5	4	26
5. <u>Immunization:</u>								
Coverage for at least 4 of 6 EPI diseases	1981-2	17	28	21	24	10	11	111
6. <u>Disease prevention/control:</u>								
a. Notifiable diseases	1980-3	25	30	7	27	7	8	104
b. Anti-malaria programmes	1980-1	5	19	12	3	8	9	56 ^y
7. <u>Appropriate treatment:</u>								
a. Oral rehydration therapy offered	1981-2	...	28	12	...	...	2	42
b. Blindness activities	1980-3	11	16	8	...	7	8	50
c. Leprosy programmes	1982	42	29	19	13	10	13	126
8. <u>Essential drugs:</u>								
Lists of essential drugs	1982	23	28	4	2	7	7	70
<u>Number of Member States</u>	1980	43	30	23	35	10	15	156
	1983	43	31	23	35	11	17	160

* Alma-Ata 1978, Primary Health Care. For sources see Annex.

w = Information is available for 42/70 countries surveyed in 1981-82 (68 developing countries plus Canada and Finland).

x = excluding developed countries, which had not made reports as of the end of March 1983.

y = out of a total of 96 Member States in which malaria transmission occurs.

z = there is no WHO blindness programme in EUR.

Demographic data are a basic requirement for the detection of health and disease patterns and trends. As of May 1981, of the 157 Member States, 5 had never conducted censuses, and in 7 the most recent census took place before 1965. 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 88 countries. Other information essential for planning and management of health services includes data on health manpower, facilities and expenditure. Table 2 shows the situation regarding this information as of July 1983.

Table 2

NUMBER OF MEMBER STATES REPORTING, BY REGION*

INFORMATION	YEAR	AFR	AMR	EMR	EUR	SEAR	WPR	TOTAL
1. Intercensal population estimates by sex and age	....	19	15	11	28	5	10	88
2. Health manpower data	1979-81	25	18	22	28	9	13	115
3. Health facilities data	1979-81	19	15	21	24	8	11	98
4. Health expenditure (central government only)	1978-79	12	18	11	14	5	6	66

*For sources, see Annex.

Figures on health manpower are generally incomplete and out of date. They may also vary by as much as 20% within a given country depending on the source used. The lack of any standardized format for information reported by countries often prevents useful international comparisons. For example, two European countries include dentists and stomatologists in their figures for physicians. Other countries include all physicians on their register, whether or not they are working in the country. In countries where traditional birth attendants are found, they are often not listed separately.

Some countries do not present their health facilities data according to major categories of establishment, but break down their totals by discipline without making any distinction between the data obtained from general establishments (principal, local, or rural) and those obtained from specialized institutions.

Until 1975, information was collected by WHO on health expenditure. The lack of any internationally agreed standards and classifications for this information has meant that this has had to be discontinued. Figures for central government expenditure on health are available for 66 Member States, but in some of these the bulk of public health expenditure is financed by lower levels of government (e.g. state), and in some there is a large private sector component, so that conclusions drawn from central government figures alone may not be correct.

Although the reports received by WHO from Member States may give an indication of the capacity of the countries to provide information on the global indicators, they do not reveal the quality of the data. Moreover they are an imprecise measure of the real state of the health information structure within the countries, and give little or no indication of the availability or use of the broader information required for planning, or the more detailed information needed for day-to-day service activities.

Lip service has been paid for a long time to the use of health information in planning, implementation and evaluation of health services, but most countries are still poorly equipped to establish or maintain mechanisms which truly provide information support to the management of their health systems. At the central government level, health-related epidemiological, statistical and political information from all sources must be brought together for strategic planning. At all levels of implementation, from the primary health worker upwards, health information must become an essential feature of day-to-day management

and medium-term planning. This can only occur if the information gathered or made available at each service level is directly relevant to the activities of the health services at that level. This in turn will depend on making sure that the data and information arise from these activities rather than being a superimposed chore. Information support to the managerial process should thus be built progressively from the bottom up as countries' managerial capacity is strengthened. In this way the reliable data needed for regional and global monitoring will arise naturally from the national managerial processes.

An essential first step, both for the strengthening of national capability and for assuring the information needed for monitoring progress towards Health for All, will be the evaluation of the existing services in countries. Throughout the period of the medium-term programme, HSATAP activities will be guided by the results of these evaluations.

3. OBJECTIVES

3.1 General objective

To support countries in the progressive development 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 health information support to the management of their health systems based on primary health care.

4. TARGETS

4.1 General targets

As stated in the Seventh General Programme of Work, the Programme will foster national and international action so that by 1989:

- most countries will have well developed mechanisms for collecting relevant information and using it to assess their health systems, health situations and health trends, thus providing a sound basis for epidemiological surveillance and for decision making for health development, and
- the Programme will have an established mechanism based on information from countries, for monitoring progress towards the goal of health for all, which includes health and related socioeconomic indicators, and epidemiological surveillance data on communicable and non-communicable diseases and environmental hazards.

4.2 Specific targets

The following five specific targets have been identified to enable closer definition and evaluation in the management of the Programme. The content of these targets 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 Health for All strategy.

Strengthening of information support to national health management

1. By the end of 1989, the national capability to collect and use the information needed to support the management of the health system, and for assessment of progress towards national, regional and global goals will be improved in at least 50% of countries, including some countries in all regions. A standardised evaluation of the information support system will be employed to provide a detailed assessment of progress and persisting needs.

Training

2. By the end of 1987 appropriate training in the fields of epidemiology and information support to MPNHD will be available in at least 50% of countries, including countries in all regions:
 - to central and senior government level health service personnel, on a TCDC basis where appropriate;
 - to middle level health service managers through at least one national health manpower training institution;
 - for primary health workers through at least one national health manpower training institution.

Development of methodology and standard tools

3. By the end of 1986, a programme of research into practical methodology required for information support to MPNHD, including sentinel surveillance, classifications of health care activities and cost effectiveness studies, will be implemented in all regions. By the end of 1989, work on the tenth revision of the International Classification of Diseases will be sufficiently advanced for the revision to be submitted to the World Health Assembly in 1990.

Monitoring and evaluation of regional and global health situation and trends, including epidemiological surveillance

4. From 1984 to 1989, the Programme will further develop its capability for monitoring and evaluating progress towards the goal of health for all and for epidemiological surveillance of communicable and non-communicable diseases, environmental hazards, and health and related socioeconomic indicators.

Epidemiological and health statistical support to WHO programmes

5. Epidemiological, health statistical and methodological support will be given to relevant WHO programmes requesting it.

5. APPROACHES

5.1 Strengthening of information support to national health management

The Programme will cooperate with Member States to develop and strengthen national capabilities for assessing the general health situation and trends. This will include human growth and development, major health problems and the main factors involved, the identification of high-risk problems and high-risk groups that may deserve priority attention, and resources being expended on health and likely to be required in the future. It will support countries in developing and maintaining epidemiological surveillance of communicable and non-communicable diseases, of nutritional and mental health status, of social pathology such as alcohol and drug abuse, and of occupational and environmental hazards.

The Programme will work to strengthen the capacity of Member States to collect valid and up to date statistical and other information required for the planning, operation, monitoring and evaluation of their health systems. This will necessitate the use of procedures which are as simple and inexpensive as possible, and the choice of indicators that are appropriate to the socioeconomic and health situation and that are sufficiently selective to be meaningful. To ensure that information produced is relevant to needs and is being used to improve planning and decision making, better communication between producers and users of health information will be promoted.

After an initial document review of the capacity for information support to health management in all countries, the Programme will work in priority countries in all regions. Criteria for inclusion in the list of priority countries will centre on the desire expressed by the national authorities to strengthen the information aspects of their health systems.

In collaboration with other programmes charged with the development of health infrastructure and specific aspects of primary health care, the HSATAP will work with national authorities to evaluate the capacity of these countries to provide information support to their health systems. Using a standardised protocol, this evaluation will cover:

- the management structure;
- the established priorities, objectives and targets;
- the nature, form and periodicity of the minimum information required for the efficient management of the health system;
- the availability at all levels of the essential information needed for planning and management;
- the operational mechanisms existing and required for the collection, analysis, distribution and use of relevant information;
- the training needs, and
- the need for new epidemiological and statistical methodology.

From this initial evaluation, strategies will be evolved to suit national conditions, and action will be taken with other programmes and agencies to assist countries in implementing them. Repeat evaluations will be carried out at the end of a two or three year period to check on progress and to allow for reformulation of strategies and programmes. The work in these priority countries will provide the methodological basis for expansion of the Programme's activities to other countries in all regions.

5.2 Training

In training health personnel, especially those with with epidemiological, statistical and managerial responsibilities, emphasis will be placed on the collection, analysis and use of information for health management, and on the use of information on health trends to reshape training programmes according to the present and foreseeable needs. The training of epidemiologists will stress the synthesis of information based on epidemiological analysis to make it useful for the planning and operation of health systems.

Materials and curricula will also be developed for the practical training of middle level health service managers and peripheral health workers. Special attention will be paid to improving national expertise in the training of primary health workers in matters relating to information gathering and use.

5.3 Development of methodology and standard tools

Supplementing these efforts will be the development and improvement, based on the experience of countries, of such standard tools as classifications of diseases and of other health problems, methodology for reporting of health information by lay personnel and simple community surveys best suited to local conditions. Methods appropriate to different national settings will be developed for countries to employ in the gathering and use of the information they require in connection with their indicators for monitoring and evaluating health strategies. Emphasis will be placed on generating information as an integral part of health activities, and not as a separate enterprise.

5.4 Monitoring and evaluation of regional and global health situation and trends, including epidemiological surveillance

At the international level, the Programme will establish and improve mechanisms for exchange among countries of information regarding their health situation and trends, based on epidemiological and other information. It will ensure the proper feedback to countries of information derived from the data supplied by them. The Programme will assess and

synthesize regional and global health situations and trends on the basis of national reports, surveys and other studies, making use of the indicators selected by the Regional Committees and the World Health Assembly for monitoring progress. It will produce periodic reports for review by these governing bodies, and ensure the publication and dissemination of global and regional analyses. Steps will be taken to assure that the Programme's periodic publications are relevant to the managerial needs of national health administrations and that their content is coordinated with that of other relevant WHO publications.

The Programme will establish and maintain collaboration with intergovernmental, international and non-governmental agencies so as to obtain and make use of the widest possible range of health-related information.

5.5 Epidemiological and health statistical support to WHO programmes

The Programme will provide, on request, epidemiological and statistical counsel and support to individual WHO programmes in both research and operational activities, including survey and protocol design, data handling and analysis. By this means the Programme will assist in ensuring a consistent standard of statistical and epidemiological practice among programmes, and at the same time will act as a clearing house for established and new methodologies and ideas in these fields.

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 THEY ARE IN FACT 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 the end of 1989, the national capability to collect and use the information needed to support the management of the health system, and for assessment of progress towards national, regional and global goals will be improved in at least 50% of countries, including some countries in all regions. A standardised evaluation of the information support system will be employed to provide a detailed assessment of progress and persisting needs.

Activities*	1984-1985	1986-1987	1988-1989	Linkages
a) Development and promotion of the principles of health information support to MPNHD at national level, eg. through evaluation and monitoring activities	Headquarters, Regions			MPN ^x , PHC
b) Initial review by regional offices, based on available documentation, of the capacity for information support to health management in all countries, and the identification of priority countries, with special emphasis on countries identified for intensive WHO/country cooperation (e.g. HFA Working Group list of countries)	Regions Headquarters			
c) Collaboration with national authorities in evaluation of the capacity for information support to management of PHC in priority countries in all regions according to a standard protocol	Regions, Headquarters Selected countries			MPN ^x , PHC ^x and relevant technical programmes <u>UNFPA</u>
d) Formulation with national authorities in priority countries of policies and strategies for information support to management of primary health care within the context of the HFA strategy	Regions, Headquarters Selected countries			MPN ^x , PHC ^x and relevant technical programmes
e) Periodic review with national authorities of information strategies of priority countries on the basis of results of re-evaluation, followed by reformulation of strategies, policies and procedures as necessary		Regions, HQ Selected countries		MPN ^x , PHC
f) Continuous review of the capacity for information support in all non-priority countries and inclusion in the programme of evaluation and support as appropriate	Regions, Headquarters			

* It should be noted that HST/HQ has not to date had the opportunity to review these activities with the Regional Offices. It is anticipated that more specific definition of regional activities will be possible after the Regional Advisers' meeting in late 1983.

Programmes in the Linkages column marked with an "x" are those with which HSATAP will undertake joint activities.

Programmes underlined are those in which funding will be shared.

6.2 Training

Target:

By the end of 1987 appropriate training in the fields of epidemiology and information support to MPNHD will be available in at least 50% of countries, including countries in all regions:

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

Activities*	1984 - 1985	1986 - 1987	1988 - 1989	Linkages
a) Epidemiology and statistics training for central and senior government level personnel				
- 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 inservice epidemiology and statistics training programmes for national and senior level health service managers, and the development of TCDC links where appropriate	Selected countries All Regions, Headquarters			HMD ^x , MPN
b) Middle level health service manager training				
- Review of existing national programmes of training in information support for middle level health service managers in all regions, with a view to defining the need for new materials and programmes	All Regions Headquarters			HMD ^x , PHC
- Development of materials and curricula for training middle level health service managers in health information support	Regions Headquarters			HMD ^x , PHC
- Promotion and support for establishment of new training programmes for middle level managers in information support to meet national needs	All Regions Headquarters			HMD ^x , PHC
c) Primary health worker training				
- Review of existing PHW training in health information-related topics, with a view to defining the need for new materials, curricula and programmes	Regions Headquarters			PHC, HMD, EPI, CDD
- Development of materials and curricula for training primary health workers in gathering and utilisation of health-related information	Headquarters Regions			HMD ^x and other WHO programmes as appropriate
- Support for training of trainers of primary health workers in national institutions	Regions Headquarters			HMD ^x and other WHO programmes as appropriate
d) Evaluation and review				
- Evaluation of the impact and efficiency of training materials and programmes		All Regions Headquarters		HMD ^x
- Review and further development of training materials and curricula in the light of evaluation		Regions Headquarters		HMD ^x and other WHO programmes as appropriate

* It should be noted that HST/HQ has not to date had the opportunity to review these activities with the Regional Offices. It is anticipated that more specific definition of regional activities will be possible after the Regional Advisers' meeting in late 1983.

6.3 Development of methodology and standard tools

Target:

By the end of 1986, a programme of research into practical methodology required for information support to MFNHD, including sentinel surveillance, classifications of health care activities and cost effectiveness studies, will be implemented in all regions. By the end of 1989, work on the tenth revision of the International Classification of Diseases will be sufficiently advanced for the revision to be submitted to the World Health Assembly in 1990.

Activities*	1984-1985	1986-1987	1988-1989	Linkages
a) Review of regional and global research needs in the field of information support to primary health care	Regions Headquarters			MPN, PHC, RPD
b) Development of operational techniques:				
- practical techniques for evaluation and monitoring of the capacity for information support at country level, including standard protocols and checklists for such evaluations	Selected countries Regions, HQ			PHC ^x , MPN
- surveillance techniques to meet the specific needs of primary health care including the collection of relevant data by peripheral health workers and lay personnel	Selected countries Regions, Headquarters			RPD, DPC, PHC
- practical methods of data collection and analysis for use in different country situations, including simple surveys and the use of incomplete data	Selected countries Regions, Headquarters			PHC ^x , DPC
- practical methods of validation of reported data, including the use of available laboratory facilities	Selected countries Regions, Headquarters			DPC, CLS, RPD
- practical data storage and handling techniques, including guiding principles for the use of computers appropriate for developing countries	Selected countries Regions, Headquarters			GPDISS) ^x
c) Development of standard tools:				
- classifications of health, disease and health service function and utilization suitable for use in primary health care, e.g. symptom classifications, classifications of reasons for encounter with the health system, classifications of health expenditure and occupations	Selected countries Regions, Headquarters			PHC, DPC
- review and evaluation of the ninth revision of the International Classification of Diseases	Headquarters All Regions			IARC, DPC
- preparation of the tenth revision of the International Classification of Diseases	Headquarters All Regions			IARC, DPC
- analysis and projection of health and health service trends as a practical tool for national health planning and management	Headquarters Regions			MPN ^x
d) 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	Headquarters All Regions			PHC, RPD

* It should be noted that HST/HQ has not to date had the opportunity to review these activities with the Regional Offices. It is anticipated that more specific definition of regional activities will be possible after the Regional Advisers' meeting in late 1983.

6.4 Monitoring and evaluation of regional and global health situation and trends, including epidemiological surveillance

Target:

From 1984 to 1989, the Programme will further develop its capability for monitoring and evaluating progress towards the goal of health for all and for epidemiological surveillance of communicable and non-communicable diseases, environmental hazards and health and related socioeconomic indicators.

Activities*	1984-1985	1986-1987	1988-1989	Linkages
a) Establishment and maintenance of regional and global mechanisms for receiving health and socioeconomic information related to the Member States, with a focus on the global and regional indicators adopted by the governing bodies	All Regions Headquarters			UN System
b) Analysis, interpretation and dissemination of data relating to: - national, regional and global health situation and trends - distribution of health resources by geographical area and socioeconomic group - diseases subject to the regulations - diseases under surveillance (malaria, poliomyelitis, influenza etc.) - other health problems and risk factors of national and international importance	All Regions Headquarters			UN System GPD(ISS), HBI
c) Continuous review of the relevance to national health development of the <u>Weekly Epidemiological Record</u> and the <u>World Health Statistics Quarterly and Annual</u>	Headquarters Regions			HBI
d) Publication of the <u>Weekly Epidemiological Record</u> , the <u>World Health Statistics Quarterly and Annual</u> , including commentaries on national, regional and global health situation and trends	Headquarters			HBI ^x , GPD(ISS)
e) Publication of the 7th, and preparation of the 8th <u>World Health Situation Reports</u>	All Regions Headquarters			GPD(ISS) ^x , HBI ^x
f) Maintenance of the automatic telex reply service for information relating to diseases of international importance	Headquarters			GPD
g) Administration of the International Health Regulations	Headquarters			HLE ^x , DPC
h) Establishment and maintenance of relevant cooperation with UN bodies	Headquarters			UN System

6.5 Epidemiological and health statistical support to WHO programmes

Target:

Epidemiological, health statistical and methodological support will be given to relevant WHO programmes requesting it.

Activities*	1984-1985	1986-1987	1988-1989	Linkages
a) Provision of epidemiological and statistical support to research and operational aspects of selected WHO programmes in HQ and the Regions	Regions Headquarters			Relevant WHO programmes
b) Establishment and maintenance of registers of appropriate personnel, institutions, materials and methods for use in the strengthening of information support for MPNHD	Headquarters			UN System Relevant WHO programmes

* It should be noted that HST/HQ has not to date had the opportunity to review these activities with the Regional Offices. It is anticipated that more specific definition of regional activities will be possible after the Regional Advisers' meeting in late 1983.

7. PROGRAMME MANAGEMENT AND RESOURCES

7.1 Overall management

The HSATAP is new, and the first two years will be a time of innovation and trial. Changes in structure and approach can be expected over this period. It is essential that the programme retains flexibility in this phase.

The Global Programme will be guided by the World Health Assembly in carrying out the Seventh General Programme of Work. Meetings of Regional Advisers will be held to promote coordination of country activities. The Programme will be assisted by the Expert Advisory Panel, and by a Global Advisory Group of experts in the assessment of health situations and trends.

Full advantage will be taken of the availability of the national health development centres, the five collaborating centres in Health Information and the seven centres for the International Classification of Diseases. Close links will be maintained with UNICEF, UNFPA, the UN Statistical Office and other international agencies with which the Programme is already working.

7.2 Resources

It is important that the material support given to national health administrations in the development of the information components of their health systems is kept to a minimum. The information component is central to the development of efficient health services and should be seen as a national responsibility. At country level, HSATAP's resources will be available to support countries in establishing a sound framework for future activities by the promotion of programme evaluation, training and the development of methodology. At the global level, the regular budget will support the production and publication of the information documents listed in the activities relating to target 4 and the technical assistance to other programmes described under target 5. Every effort will be made to reallocate in the most efficient way the resources saved by phasing out former activities which are not relevant to the Seventh General Programme of Work.

It is envisaged that when work in the priority countries is under way, there will be a rapid increase in HSATAP's involvement in the areas of national programme evaluation and development, training and methodological research. It will be necessary to seek extrabudgetary funds for a large part of this work, and approaches will be made to funding agencies and bilateral donor organisations with a particular interest in the development of health service infrastructure and primary health care development, such as UNFPA and USAID.

8. MONITORING, EVALUATION AND INDICATORS

The impact of the Programme on information support to MPNHD in countries will be determined by the relevance, efficiency and effectiveness of its activities. This impact will be measured by the monitoring and evaluation processes of the HFA strategy, supplemented by the detailed evaluation described in specific target 1. In addition, however, 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

- completion of initial evaluation of capacity for information support to health management;
- availability and validity of information required for national health management and global indicators.

Regional and global level

- number of regions in which general programme reviews have been completed;
- number of countries in which detailed programme evaluations have been carried out;
- number of countries which have undertaken formal planning of health information support services in the context of defined health information needs for health management;
- number of countries in which an improvement in information support has occurred as judged by formal evaluation.

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 appropriate training in epidemiology and information support;
- proportion of primary health workers who have received appropriate training in information collection and use.

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

- completion of review of regional and global research needs in the field of information;
- number of Regions in which a structure has been established to promote and support research in the field of information;
- punctuality of work on the tenth revision of ICD.

8.4 Monitoring and evaluation of regional and global health situation and trends, including epidemiological surveillance

The methodology for evaluating the impact of this area of HSATAP's activities has not yet been developed. The operational aspects will be evaluated as follows:

Regional and global level

- punctuality of production of scheduled publications;
- punctuality of preparation and publication of World Health Situation Report;
- 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 HSATAP implies involvement across all fields of health care, and the relationships established within WHO must reflect this. There are, however, some programmes whose activities abut particularly closely onto those of HSATAP. Cooperation will be fostered with the other programmes working for the development of health infrastructure, particularly PHC(SHS), HMD and MPN. It is foreseen that programme evaluations and the subsequent support of information services 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 Seventh General Programme of Work calls for particular emphasis on primary health care. HSATAP will cooperate with all those units and divisions with responsibilities in this area. Apart from PHC, already mentioned, this implies those technical programmes such as MCH, CDD, PEH, EPI, CDD, EDV and HED 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 the Regions and countries through collaborative programmes to meet the information needs of the elements these programmes represent within the structure of national PHC programmes.

Its global responsibilities in the field of dissemination of health information make it imperative for HSATAP to maintain close links within WHO with those units involved in information processing and publishing, particularly GPD(ISS) and HBI.

Mechanisms will be established to ensure cooperation with other members of the United Nations family. In order to obtain health information from sectors other than health, HSATAP will establish and maintain collaboration in particular with UNDP, UNICEF, ILO, UNEP and FAO. The support given by UNICEF to national primary health care programmes demands that HSATAP should maintain a close working relationship with them, particularly in the fields of education and training and information relating to maternal and child health. The Programme will include among its priority countries those already selected for support by the Joint WHO/UNICEF Committee on Health Policy.

Table 1 Sources

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Table 2 Sources

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