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Introduction

The World Health Organization (WHO) collects and summarizes a wide range of quantitative data from a variety of health domains through country offices, regional offices and headquarter departments. These data are used internally by WHO for estimation, advocacy, policy development and evaluation. They are also widely disseminated in formal publications and through more informal mechanisms, both in electronic and printed format.

This publication focuses on a basic set of health indicators that were selected on the basis of current availability and quality of data and include the majority of health indicators that have been selected for monitoring progress towards the Millennium Development Goals (MDGs). The set of indicators is not intended to capture all relevant aspects of health but to provide a snap-shot of the current health situation in countries. Importantly, the indicators in this set are not fixed - some will, over the years be added or gain in importance while others may become less relevant.

Several key indicators, including some health MDG indicators, are not included in this first edition of World Health Statistics, primarily because of data quality and comparability issues. For some such as “malaria-specific mortality” and “access to drugs” measurement and estimation methodologies are still being developed and pending the results of further research. For others such as tobacco use among the adult population and HIV prevalence among pregnant women aged 15-24 years attending antenatal clinics, estimates are not yet widely available and comparable across countries.

Indicators included in World Health Statistics focus on the most recent estimates post 1995 for each country. The statistics have been collated from WHO programme publications and databases, including WHO Regional Office publications. In the first part of World Health Statistics, data are presented in four interrelated indicator groups on: (i) health status, including mortality and morbidity outcomes; (ii) health services coverage and behavioural and environmental risks factors (iii) health systems, and (iv) population data generated by the United Nations Statistical Division or United Nations Population Division. The grouping of the indicators is arbitrary. Several of the morbid conditions such as hypertension and obesity and health services coverage (such as lack of vaccination) can also be classified as risk factors.

Many health statistics have been computed by WHO to ensure comparability, using transparent methods and a clear audit trail. Countries have subsequently been consulted by WHO programmes and regional offices. In some cases however, in order to improve comparability, the actual statistics may differ from official statistics of Member States which may use alternative rigorous methods..

As the demand for timely, accurate and consistent information on health indicators continues to increase, users need to be well oriented on what exactly these numbers measure; their strengths and weaknesses; and, the assumptions under which they should be used. The second part of World Health Statistics covers these issues, presenting a standardized description of each health indicator, definition, data source, method of estimation, disaggregation, references to literature and databases.

More detailed information is available from the WHO database of health statistics, a global database based on WHO's Global Health Atlas system, launched at the same time as World Health Statistics and which includes most recent and time series estimates (1990-present) and for the former, when available, metadata describing more detailed aspects of data sources and methods of estimation as well as maps, tabulations and graphs (<http://www.who.int/healthinfo>).

