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Report of the World Health Organization outlining current work on health statistics

Note by the Secretary-General

In accordance with Economic and Social Council decision 2018/227 and past practices, the Secretary-General has the honour to transmit the report of the World Health Organization, which outlines current work on health statistics in relation to the global monitoring of the health and health-related Sustainable Development Goals, the International Classification of Diseases and its normative work. The report also includes an update on the work being carried out to strengthen country health information systems.

The Commission is invited to take note of the report.

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Report of the World Health Organization on health statistics

I. General update on health statistical work

1. Since the adoption of the Sustainable Development Goals, and basing its work on the core 100 health indicators and on its commitment to Member States with regard to reporting on health-related Goals, the World Health Organization (WHO) has published an annual flagship report entitled *World Health Statistics*, which contains global, regional and country health estimates based on data reported by Member States. The latest report [1] is focused on various health-related Goals, including reproductive, maternal, newborn and child health, environmental risks, health risks and disease outbreaks.

2. The six regional offices of WHO also published region-specific highlights on the Goals and on regional and topical health issues, including those relating to environmental health.

3. The data and statistics used and produced by WHO follow the Fundamental Principles of Official Statistics,[2] in which the Commission highlighted the importance of official statistics in addressing the information needs of a country and elaborated on the required quality, utilization and dissemination of official statistics. Official health statistics must conform to the Fundamental Principles. According to Principle 5, which specifically addresses sources of official statistics, data for statistical purposes may be drawn from all types of sources, be they statistical surveys or administrative records. Statistical agencies are to choose the source most appropriate to their specific needs, taking into consideration quality, timeliness, costs and the burden on respondents.

4. Measurements of health indicators are rarely available for every population and period of interest, and available data may not be comparable. The Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER) [3] define best reporting practices for studies aimed at calculating health estimates for multiple populations (in time or space), using multiple information sources. Health estimates that fall within the scope of GATHER include all quantitative global, regional, national and subnational population-level estimates of health indicators, including health status, incidence and prevalence of diseases, injuries and disability and functioning, and indicators of health determinants, including health behaviours and health exposures. GATHER comprises a checklist of 18 items that are essential for best reporting practice.

5. With the enormous amount of work at hand for the health sector, led by WHO, the Organization will need all the support it can get from the global community, including the statistical community, with the national statistical offices at the centre. The Intersecretariat Working Group on Health Statistics, formed in 2004, has drawn up a framework for health statistics, which contains the following objectives:

(a) Clarify the content of health statistics (for example, levels and causes of death and morbidity; health status in terms of functioning, risk factors and health determinants; health-care service availability, quality and utilization; and health-care expenditures) and the relationship between content and the most common sources of

[1] World Health Organization (WHO), *World Health Statistics 2018: Monitoring Health for the Sustainable Development Goals* (Geneva, 2018).

[2] General Assembly resolution 68/261.

[3] Available at http://gather-statement.org.

data on health (civil registration; population and institutional surveys; disease surveillance and health care; and administrative records);

(b) Reflect the hierarchical nature of information within content areas and highlight the pressing need for general measures of population health, as well as measures that relate specifically to biomedically defined physiological conditions and determinants of those conditions;

(c) Make it possible to identify an overall and coherent data-collection system that would provide information on a range of topics so that piecemeal or silo statistical systems can be eliminated;

(d) Facilitate the identification of areas where innovative approaches to data collection are needed;

(e) Facilitate the institutionalization of partnerships among the national statistical offices, ministries of health and other constituencies within countries.

6. WHO, as the leading agency for health statistics, needs to consult with relevant experts, including those at the national level, to move the work forward.

II. Monitoring a new impact framework

7. At the seventy-first session of the World Health Assembly, held in May 2018, Member States approved the Organization's thirteenth general programme of work for 2019–2023 and welcomed its ambitious vision, as expressed by the aspirational "triple billion" targets. The WHO impact framework of the thirteenth general programme of work is aimed at ensuring that WHO programmes have a measurable impact on people at the country level. It therefore has the potential to transform the way WHO works by anchoring its commitments in measurable results, thereby increasing the likelihood that the triple billion targets will be met. The impact framework guides the strategic implementation and monitoring of the Sustainable Development Goals, especially but not limited to Goal 3 on ensuring healthy lives and promoting well-being for all at all ages, through a life course approach. The impact framework is aimed at tracking the joint efforts of the WHO secretariat, Member States and partners to achieve the targets of the thirteenth general programme of work and the Sustainable Development Goals.

8. The impact framework is a three-layer measurement system: (a) an overarching and comparable measure of progress reported by the healthy life expectancy indicator connecting the triple billion targets; (b) the triple billion targets, which are focused on universal health coverage, health emergencies and healthier populations; and (c) 46 programmatic targets and related indicators.

9. The triple billion targets are: 1 billion more people benefiting from universal health coverage; 1 billion more people better protected from health emergencies; and 1 billion more people enjoying better health and well-being. These targets will be met primarily through multisectoral policy, advocacy and regulation. Each of the triple billion targets will be measured using composite indices, namely, a universal health coverage index, a health emergency protection index and a healthier population index, which are described in sections A to C below.

A. Universal health coverage index

10. A combined measure of service coverage and related financial hardship will be used to monitor progress towards the targets of the thirteenth general programme of work. The combined measure is defined as the proportion of a population with service

coverage and not experiencing financial hardship due to large spending on health in a country in a given year. In line with Sustainable Development Goal indicator 3 (8) (1), the principle of tracer indicators is used to assess service coverage. Financial risk protection will be measured by means of the fraction of households receiving health care and not facing large spending on health in a given year (see indicator 3 (8) (2)). Equity in universal health coverage will be addressed by examining the age group (life course) and distribution by sex of people included in the baseline data and examining increases in universal health coverage.

11. In order to better capture the ambition of target 3 (8) on achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all, there is a need to develop an improved methodology to embed the quality aspects of service coverage outlined in indicator 3 (8) (1), coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population). Responding to the needs for effective programmes that deliver quality health services, WHO is working with Member States, partners and the Inter-Agency and Expert Group on Sustainable Development Goal Indicators to ensure that health statistics for the Goals capture the true aspirations of the Member States and the targets they set to transform our world. The improvements proposed will address the quality criterion of the target by measuring effective coverage and the health gains delivered by essential services. The revised methodology was submitted to the Group for its review and comments in December 2018. A virtual meeting of the Group is scheduled for January 2019 to discuss the revised methodology.

B. Health emergency protection index

12. The target of having 1 billion more people better protected from health emergencies is consistent with Sustainable Development Goal target 3 (d) and indicator 3 (d) (1) and the 2016 report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. Progress towards the target will be measured using a health emergencies protection index consisting of three tracer indicators (or sub-indices) that capture activities to prepare for, to prevent and to detect and respond to health emergencies.

C. Healthier population index

13. The relevant 1 billion target focuses on the impact of multisectoral interventions influenced by policy, advocacy and regulatory approaches stewarded by the health sector. The current 19 priority indicators are based on the decreased burden of disease achieved by addressing various social, environmental and behavioural risks through policy, advocacy and regulatory interventions.

D. Health programme targets and indicators

14. A total of 46 programmatic targets and related indicators serve as a flexible toolkit for measuring WHO programme performance and for tracking and accelerating progress toward the achievement of the Sustainable Development Goals. Countries will use these indicators to track progress on their selected priorities;

therefore, not every country will track every indicator for the purposes of monitoring performance with regard to the thirteenth general programme of work.

15. A total of 29 targets align with the Sustainable Development Goals; 10 align with World Health Assembly resolutions, action plans and/or frameworks; 5 align with both the Sustainable Development Goals and World Health Assembly resolutions, action plans and/or frameworks; and 2 are entirely new and address emerging public health priorities, namely, antimicrobial resistance and reducing mortality from climate-sensitive diseases. The table below provides a summary of alignments with the WHO impact framework targets.

Target alignment	*Number of targets*
Sustainable Development Goals	29
World Health Assembly resolutions/action plans/frameworks	10
Sustainable Development Goals and World Health Assembly resolutions/ action plans/frameworks	5
Subtotal	**44**
New targets (antimicrobial resistance and mortality from climate-sensitive diseases)	2
Total	**46**

III. Monitoring the health and health-related Sustainable Development Goals

16. WHO provided substantial inputs into the work done by the Commission and the Inter-Agency and Expert Group on Sustainable Development Goal Indicators. WHO is fully engaged in the work and discussions of the Group by providing proposals for the most suitable indicators, metadata for the selected indicators and data for the yearly report on the Goals prepared by the Statistics Division of the Department of Economic and Social Affairs on behalf of the United Nations system.

17. The WHO impact framework is also aligned with the global action plan for healthy lives and well-being for all,[4] a historical commitment to unite for health, requested by the Chancellor Germany, the President of Ghana and the Prime Minister of Norway, with support from the Secretary-General of the United Nations. The shared response outlines a framework and a set of milestones for 2023, by aligning efforts, accelerating progress and enhancing accountability with regard to 50 health-related targets across 14 Sustainable Development Goals.

18. Monitoring the health sector status, progress and trends and the health-related Goals presents major challenges to most countries. Statistical capacity with regard to health is still weak in many countries. This is further strained by the high demand for data disaggregated by sex, age and other characteristics relevant in national contexts, in order to address the needs of the poor, the vulnerable and the disadvantaged. All WHO programmes are working tirelessly to provide technical support to countries to help them address their Sustainable Development Goal monitoring needs. Strengthened coordination and collaboration between the health sector, such as the ministries of health, and the national statistical offices is key to having a strengthened national statistical system for health. In addition, institutional capacity for data collection, processing, analysis, use and dissemination and effective reporting is

[4] Available at www.who.int/sdg/global-action-plan.

inadequate among the relevant country institutions. The health sector and WHO will play a decisive role in that endeavour.

19. The Health Data Collaborative was launched during the forty-seventh session of the Statistical Commission, in response to the assessment that investments in strengthening national health information systems needed to become more efficient to meet the demands relating to monitoring the health and health-related Sustainable Development Goals and to contribute to the sustainable development of national statistical systems.

20. The mission of the Health Data Collaborative is to maximize and align investments in national health information systems and to ensure that harmonized approaches and methods for data collection and analysis are conducted by stakeholders and partners. The Collaborative draws on the five-point call to action on health measurement and accountability to establish a harmonized approach for adoption by countries, partners and stakeholders who are committed to: (a) improving the efficiency and alignment of technical and financial investments in national health information systems; and (b) increasing the impact of global public goods through more harmonization and coherence of tools, methods and approaches.[5]

IV. New technical package for strengthening country health data systems

21. In support of strengthened country data systems and capacities to monitor the health and health-related Sustainable Development Goals, WHO, in collaboration with the Health Data Collaborative partners, has developed a new technical package for health data, known as SCORE (survey, count, optimize, review, enable). The package is designed to enable countries:

(a) To rapidly identify critical gaps and needs in country data systems and capacities required for monitoring the health Goals;

(b) To focus investments on priority interventions that, together, can have a substantial impact on the generation, quality, analysis, use and dissemination of health-related data;

(c) To access recommended or best practice actions, tools and standards for strengthening the different components of health information systems and statistical capacities.

22. A first global report of the state of country health information systems and their capacities for monitoring the health Goals will be published in 2019. That report will provide an important opportunity to identify priority actions and needs, guide investments and serve as a benchmark for monitoring progress in performance over time.

V. Classifications

23. Country health statistics are founded on the bedrock of the International Statistical Classification of Diseases and Related Health Problems (ICD). The process for the eleventh revision of the International Classification of Diseases (ICD-11) is coming to an end. In June 2018, WHO released a version in preparation for its implementation. ICD-11 will be submitted to the Executive Board for its consideration in January 2019 and to the World Health Assembly in May 2019. The

[5] Health Data Collaborative, “Health Data Collaborative progress report 2016–2018”.

goals of the review, namely, to simplify the use of ICD and incorporate scientific updates, clinical utility at all levels of care and suitability for digital health using ontologies, have been achieved. ICD-11 will be linked to the International Nonproprietary Names database for pharmaceutical substances, the Anatomical Therapeutic Chemical classification system and the WHO nomenclature of medical devices. A section on functioning, in line with the International Classification of Functioning, Disability and Health (ICF), containing elements of annex 9 of ICF, the WHO disability assessment schedule and the brief version of the model disability survey, allows users to calculate functioning scores in the clinical context. ICD-11 and all accompanying materials are available at https://icd.who.int.

24. A classification for health interventions will undergo systematic testing in 2019. It includes medical, functioning, nursing and public health interventions.

25. An updated version of ICF is currently being prepared for publication.

VI. A new survey programme

26. Given the increasing need for dedicated health surveys and the acute need for multiple indicator-based surveys for monitoring the health Sustainable Development Goals, and building on its past experiences conducting the World Health Survey (2002–2004) and the WHO study on global ageing and adult health, WHO is holding discussions with Member States to start a new multi-topic, multimode and multiplatform survey programme, based on the needs identified by countries, prioritization of the indicators and a study on sustainable financing and implementation of these surveys. The World Health Examination Survey has already been piloted in some countries. WHO is now finalizing the methodology and questionnaires for field testing and scaled implementation. In that exercise, WHO will work with other United Nations agencies, including the Intersecretariat Working Group on Household Surveys, as well as technical experts, national statistics offices and other stakeholders.

VII. Implementation of the model disability survey

27. WHO is currently supporting Member States in the collection of data on disability and functioning at the population level using the model disability survey,[6] a general population household survey.

28. The model disability survey was developed by WHO and the World Bank in collaboration with a broad range of stakeholders, as recommended in the 2013 WHO report on disability[7] and in the WHO global disability action plan for the period 2014–2021,[8] adopted by 194 Member States at the sixty-seventh session of the World Health Assembly, held in 2014. The Survey is grounded in ICF and designed to identify and address barriers and unmet needs, formulate policies and evidence-based national disability strategies and help to assess the progress of States parties with regard to their obligations under the Convention on the Rights of Persons with Disabilities and the 2030 Agenda for Sustainable Development.

29. Two versions of the survey are currently available: a standalone version that is ideal for a dedicated survey on disability and a brief version that could be used as a module to be integrated into existing household surveys.

30. The model disability survey has already been implemented as a dedicated nationwide disability survey in Chile, Costa Rica, Qatar, the Philippines and Sri Lanka.

[6] Available at www.who.int/disabilities/data/mds/en/.

[7] WHO, document A66/12.

[8] WHO, *WHO Global Disability Action Plan 2014–2021: Better Health for All People with Disability* (Geneva, 2015).

The Survey was also implemented regionally in Cameroon (Adamaoua), Pakistan (Balochistan) and the United Arabic Emirates (Dubai). The brief version of the survey will be implemented in 2018 in the context of the Gallup poll in the Lao People's Democratic Republic, India and Tajikistan. The results of the survey were used in the United Nations flagship report on disability and development, released in 2018.[9]

VIII. Monitoring health inequalities

31. The concept of leaving no one behind is foundational to achieving the Sustainable Development Goals. "Serving the vulnerable" is a cornerstone of the thirteenth WHO general programme of work and its impact framework. WHO therefore needs a special focus on monitoring health inequalities, using data disaggregated by sex, age and other relevant characteristics to identify disadvantaged population subgroups to inform equity-oriented health policies, programmes and practices.

32. The WHO has developed several tools and resources for monitoring health inequalities, including the Health Equity Monitor,[10] a platform that makes available information and resources on health inequality monitoring and includes a large database of data disaggregated by relevant characteristics, and the Health Equity Assessment Toolkit (HEAT),[11] a software application that facilitates the assessment of national health inequalities and is available in two editions: HEAT, the built-in database edition, and HEAT Plus, the upload database edition.

33. To disseminate evidence on health inequalities, WHO has published several reports on the global state of inequality, including on reproductive, maternal, newborn and child health[12] and on childhood immunization,[13] and has reported inequalities in its annual *World Health Statistics* and universal health coverage global monitoring reports.

34. Capacity-building activities for national health inequality monitoring among Member States have included the provision of training workshops and the development of training resources.[14] WHO has also presented a comprehensive assessment of health inequalities within a given country.[15]

IX. Conclusion

35. The Commission is invited to take note of the report.

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[9] Department for Economic and Social Affairs, *United Nations Flagship Report on Disability and Development 2018: Realization of the Sustainable Development Goals by, for and with Persons with Disabilities*, 3 December 2018.

[10] Available at www.who.int/gho/health_equity/en/.

[11] Available at www.who.int/gho/health_equity/assessment_toolkit/en/.

[12] WHO, *State of Inequality: Reproductive, Maternal, Newborn and Child Health – Interactive Visualization of Health Data* (Geneva, 2015).

[13] WHO, *State of Inequality: Childhood Immunization – Interactive Visualization of Health Data (Geneva, 2016)*; and *Explorations of Inequality: Childhood Immunization – Interactive Visualization of Health Data* (Geneva, 2018).

[14] WHO, *Handbook on Health Inequality Monitoring with a Special Focus on Low- and Middle-Income Countries* (Geneva, 2013) and other tools available at www.who.int/gho/health_equity/handbook/en/; and *National Health Inequality Monitoring: a Step-by-Step Manual* (Geneva, 2017).

[15] See, for example, WHO, *State of Health Inequality: Indonesia – Interactive Visualization of Health Data* (Geneva, 2017).