

COORDINATION OF TECHNICAL COOPERATION IN STATISTICS

Strengthening of Epidemiological and Statistical Capabilities

Report prepared by the World Health Organization

1. Report of activities

Over the period June 1990-May 1991, WHO has continued to support its Member States in strengthening their epidemiological and statistical services.

As discussed in the last meeting, a programme of intensified action to strengthen WHO and national epidemiological capabilities has now been elaborated. This programme has three main objectives:

- (1) To ensure a greater use of epidemiological information in decision-making for health at all levels of the national health care system in the countries of the Programme.
- (2) To enhance the pertinence, quality and timeliness of epidemiological information produced in the countries of the Programme.
- (3) To strengthen WHO epidemiological capacities in support of Member States.

This Programme of intensified action would be limited in time. Its objectives will have to be achieved by 1995. Although universal in its scope and projection, it will be implemented in a limited number of countries to be selected in priority among countries in greatest needs. WHO will be essentially responsible for the overall execution of the Programme, including its design and organization, the mobilization of external resources needed to finance it, its implementation, monitoring and final evaluation. Part of the technical work will be performed through NGO's, academic and scientific institutions and professional associations. This will call for an intense communication and coordination process which WHO will perform as part of its executive role. Lastly, it must be underscored that this intensification of WHO's efforts to strengthen countries and its own epidemiological capabilities will call for extra-budgetary resources.

A Task Force in Epidemiology was established at HQ which draws upon professionals from several Divisions of WHO. The functions of the Task Force are advisory, and aim at supporting the development of national efforts, through analysis of the impact which changes in health services and resources have on the health status of the populations, and through action on the results of these analyses.

Various activities have already been carried out in the framework of that Task Force: review of training material in epidemiology prepared by various Divisions of WHO. Definition of a plan of collaborative activities with the International Epidemiological Association, etc.

WHO has also continued throughout the period its traditional support to Member States in the dissemination of information and implementation of actions related to the International Sanitary Regulations:

- collection and dissemination of epidemiological data on cholera, yellow fever and plague
- collaboration with technical units in surveillance of outbreaks of communicable diseases of particular importance to travellers
- editing and publishing the Weekly Epidemiological Record (WER)
- notification of ports designated in application of the International Health Regulations (IHR)
- edition of the 1991 issue of International Travel and Health (a 92 page brochure)
- preparation of a working document for a working group on vaccination, 11-13 November, Venice
- attendance at 3rd International Conference on Tourist Health, Venice
- attendance at the 61st Meeting of the Council of International Organization for Migration.

Lastly a substantial amount of activities has been generated by the constitutional mandate of WHO to revise from time to time the International Classification of Diseases. The 10th Revision of ICD has been recently completed and WHO is now in the process of preparing and editing its three volumes:

- finalization of chapters and content of Volume I in English and French
- preparation of contents of Volume II in English and French
- preparation of Volume III in English and French
- preparation of and attendance to the Meeting of Heads of WHO Collaborating Centers for ICD, Sao Paulo, 9-15 April 1991
- support to groups preparing specialty-based applications of ICD-10: psychiatry, neurology, dentistry and stomatology, rheumatology and orthopaedics, dermatology
- assistance to countries in preparing versions of ICD in other languages
- training in ICD-10 - preparation of reorientation training material in cooperation with consultants: general, mortality, morbidity.

UNDP has provided financial support for a one-year assignment of a senior epidemiologist from CDC to assist with the implementation of the projects for strengthening national and WHO epidemiological capabilities.

2. Challenges and constraints

Strict budget constraints are likely to limit the implementation of activities planned for 1991-92. Restriction to travel will limit Headquarters' possibility to support countries and regional offices efforts to promote WHO policies and implement WHO programmes in the field of statistics and epidemiology. In particular, the implementation of the plan of intensified action for strengthening epidemiological capabilities is likely to be delayed.

The 10th Revision of ICD has led to the adoption of a different format with an alphanumeric coding scheme. The number of entries has also considerably increased to reflect the demand of some WHO Member States for a very detailed classification of diseases. Lastly the medical officer responsible for ICD at WHO/HQ resigned last year in a context when new recruitment is frozen for budgetary reasons. All these factors are likely to hinder the timely publication and promotion of ICD.

3. Further development

The establishment of the Intensified Programme of WHO Collaboration (IWC) with countries in greatest need and the allocation of priority funds to that Programme brings however some hope that funds might be available to implement IWC supported activities for strengthening epidemiological capabilities at least in some countries in greatest need. Efforts are being made also to seek extrabudgetary resources from various donors agencies.

WHO will also try to foster close working relationship with related organizations within the United Nations system, e.g. UNSO, UNICEF, UNFPA, World Bank, as well as outside, e.g. (CDC, IEA).

Moreover, the priority in WHO technical work will always be to strengthen the use of existing statistics before fostering the collection. Improving their quality will be the second objective.

Through the adjustments mentioned above, it is hoped to limit to a certain extent the negative effects of the constraints mentioned above and to contribute to a more efficient use of scarce resources toward improvement of national health management.

