WHO’S DATA FLOWS AND COUNTRY CONSULTATION FOR HEALTH ESTIMATES

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WHO data flows (comparable estimates)

1. DATA COLLECTION
WHO collects data from a variety of sources through official requests or accessing publicly available data.

2. DATA COMPILATION AND VALIDATION
While some primary data need to be compiled, processed, and validated; other primary data are forwarded for publication.

3. COMPARABLE ESTIMATES
A statistical or mathematical model is used to calculate comparable estimates.

4. CONSULTATION
After initial statistics are obtained, Member States are given an opportunity to comment on methods or provide new primary data.

5. REPORTING
Data and methods are reported in line with GATHER.

6. PUBLICATION AND DISSEMINATION
WHO publishes its official statistics through its flagship products such as the World Health Statistics and the Sustainable Development Goals databases.
Country consultation for health estimates

- WHO carries out country consultations with Member States before publishing new estimates in order to:
  1. Ensure estimates include all recent / relevant information
  2. Allow Member States to elaborate and comment on methods and data sources
  3. Give Member States advance notice of the estimates that will be published

- Consultation not clearance

- Acknowledgement that to ensure comparability, WHO figures may differ from official statistics of Member States
An example: The case of SDG 3.1.1 (maternal mortality)

Data sources: civil registration vital statistic (CRVS), censuses, national household surveys such as MICS, DHS and other nationally representative household surveys, special studies

Methods:
1. Compile all data in "global datasets"
2. Apply standard methods to arrive at estimates
3. Technical advisory group
4. Scientific peer-review of methods/results

Country consultation:
1. Official Circular Letter
2. Focal point nomination/communication
3. Review of draft estimates
4. Finalization of estimates with new data
In 2012 WHO/Interagency estimates were 3 times higher than routine statistics. The issue has been very sensitive because of the high political and technical priority given to maternal mortality in Kazakhstan. 2012 – 2015 WHO country office, Regional office and HQ worked in partnership with Ministry of Health, UNICEF and UNFPA to review and the child and maternal health monitoring system.

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<tr>
<th>Action</th>
<th>Partnership</th>
<th>Results</th>
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<tr>
<td>2012: Country office &amp; Ministry of Health discuss difference in WHO and national statistics</td>
<td>Country office &amp; Regional Office work on assessment and capacity building</td>
<td>WHO assessment of CRVS and health statistics for Kazakhstan completed indicating modern reliable system</td>
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<td>2013: RC 63/Malta: Regional director and Minister of Health agree on roadmap</td>
<td>WHO invites UNICEF for a joint assessment</td>
<td>International Group on Mortality Estimates agrees to review Kazakhstan</td>
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<td>2013 August: Assessment of infant mortality monitoring including CRVS</td>
<td>Country office, Regional office, HQ, UNICEF Harvard University work closely with MOH Kazakhstan</td>
<td>Infant mortality estimates recalculated: Kazakhstan statistics and IGME estimate in same confidence interval</td>
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<td>2014: Assessment of reliability of maternal mortality monitoring</td>
<td>WHO and UNFPA carry out join assessment of maternal mortality statistics and CRVS</td>
<td>Kazakhstan is a rare country which self-corrects maternal mortality upwards</td>
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<td>2015: Preliminary estimates of maternal mortality sent</td>
<td>All three levels of WHO discuss with MOH Kazakhstan</td>
<td>Correction coefficient for maternal mortality for last years of data in Kazakhstan for is “1”</td>
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Benefits, challenges

- A good way for WHO and countries to have a dialogue
  - Enhances communication/mutual understanding
  - Available data critically assessed for biases and quality
  - Helps improving data

- Resource (time) – intensive
  - Failures to adequately communicate (or communicate in a timely manner) may occur