
WHO'S DATA FLOWS AND COUNTRY CONSULTATION FOR HEALTH ESTIMATES

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**World Health
Organization**

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

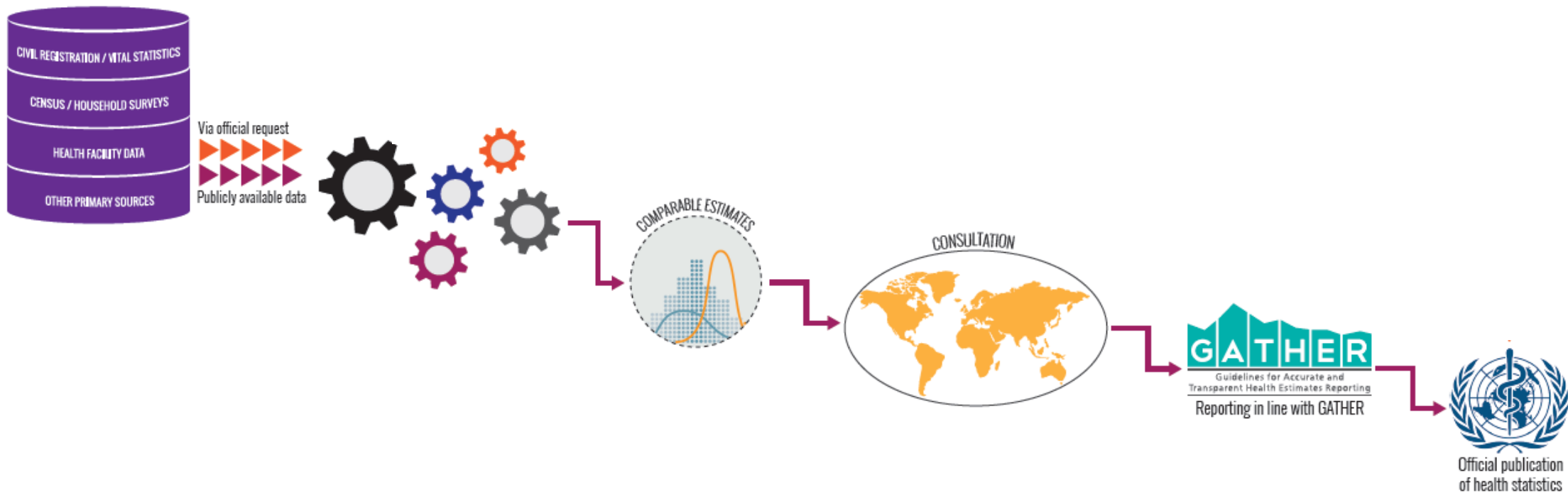
After initial statistics are obtained, Member States are given an opportunity to comment on methods or provide new primary data.

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.



World Health Organization

Official publication of health statistics

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:

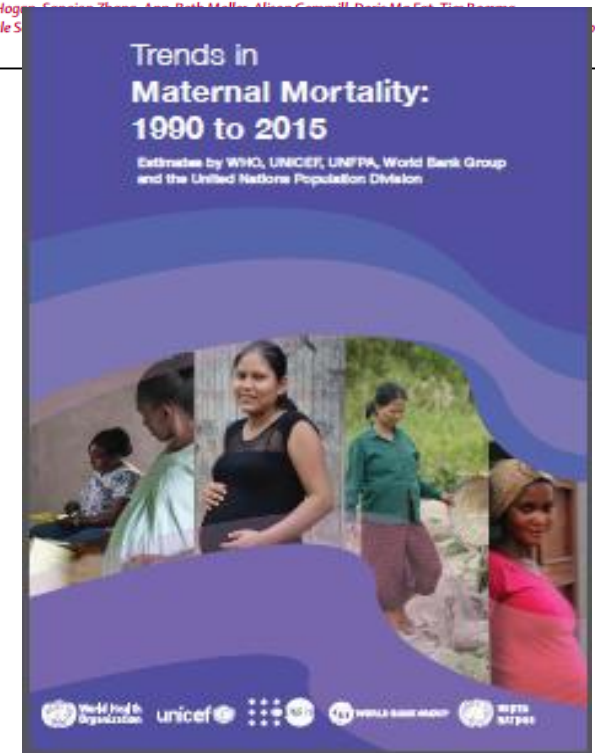
1. Compile all data in "global datasets"
2. Apply standard methods to arrive at estimates
3. Technical advisory group
4. Scientific peer-review of methods/results

Country consultation:

1. Official Circular Letter
2. Focal point nomination/communication
3. Review of draft estimates
4. Finalization of estimates with new data

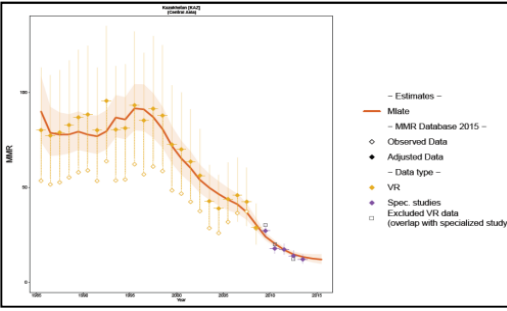
Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group

Leontine Alkema*, Doris Chou*, Daniel Hogan, Gavin Thomas, Jay Bhutta, Helen Allen, Gemma Davison, Tessa van den Berg, Marleen Temmerman, Colin Mathers, Lale Sayedkhani, and technical advisory group



WHO country office, Regional Office and HQ support to Kazakhstan to better monitor MDG 4 and MDG 5

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.



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

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

