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Items for discussion and decision: health statistics

Report of the World Health Organization on health statistics and strengthening statistical systems to track the health-related Sustainable Development Goals

Note by the Secretary-General

In accordance with Economic and Social Council decision 2019/210 and past practices, the Secretary-General has the honour to transmit the report of World Health Organization, in which current work on health statistics in relation to the global monitoring of the health and health-related Sustainable Development Goals is outlined.

The Commission is invited to express its views and provide guidance on approaches to achieve target 17.18 of the Goals with regard to health data and monitoring progress towards the achievement of the health and health-related Goals in partnership with national statistical offices, ministries of health, other relevant United Nations agencies and technical experts.

* E/CN.3/2020/1.



Report of the World Health Organization on health statistics and strengthening statistical systems to track the health-related Sustainable Development Goals

I. Introduction and background

1. At its fiftieth session, the Statistical Commission took note of the report of the World Health Organization (WHO) outlining current work on health statistics (E/CN.3/2019/24).

2. WHO continues to work on improving the quality, utilization and dissemination of global health statistics. The *World Health Statistics 2019: Monitoring Health for the Sustainable Development Goals* report¹ and several WHO public data dissemination platforms present recent trends and levels in life expectancy and causes of death and provide reports on the health and health-related Sustainable Development Goals and associated targets. Where possible, the *World Health Statistics 2019* report contains data disaggregated by sex and a discussion of differences between men and women in terms of health status and access to health services. The WHO Health Equity Monitor database, updated in 2019, includes data for more than 30 reproductive, maternal, newborn and child health indicators, disaggregated by six dimensions of inequality, from over 360 international household health surveys conducted in 112 countries over the period 1991–2017. Those data are presented through interactive data visualizations, including the Health Equity Assessment Toolkit.²

3. Timely and reliable statistics are central to monitoring the health-related Goals, making policy decisions, forecasting future health scenarios and tracking the impact of interventions. Monitoring continues to present major challenges to many countries, especially low-income and middle-income countries. WHO, in the *World Health Statistics 2019* report, analysed the availability of country-level primary data to inform global monitoring and found that there was a significant lack of recent primary data for many of the indicators. Data disaggregated by sex, age, geographical location and other characteristics, which are of absolute importance in supporting the idea of “leaving no one behind”, are often lacking. Eleven health-related Goal indicators require cause-of-death data, yet only around half of the countries are able to register more than 80 per cent of adult deaths and less than one third have good-quality data on causes of death.

4. The WHO impact measurement, which is based on the health-related Goals and has been approved by the States members of WHO, reinforces the need to fill data gaps and build country capacity. That need has been reiterated in discussions with national statistical offices around the world.

5. The following health information system capacities to enable country-level Goal reporting have been recommended:³

(a) Monitoring: reliability of various data sources and functionality of their collection and reporting platforms, in addition to the ability to combine, refine, extract or analyse data;

¹ WHO, *World Health Statistics 2019: Monitoring Health for the Sustainable Development Goals* (Geneva, 2019).

² Further information is available at www.who.int/gho/health_equity/en/.

³ S. Asma and others, “Monitoring the health-related Sustainable Development Goals: lessons learned and recommendations for improved measurement”, *The Lancet* (November 2019).

(b) Processing: ability to create meaningful comparisons over time and adjust for biases and proxy measures, in addition to triangulation of multiple data points to create holistic views of indicators;

(c) Synthesis: adoption of standard approaches for synthesis, modelling and forecasting, in addition to incorporation of inequality measurements and adjustments in reported data-level Goal monitoring.

6. Accelerated and collaborative efforts between national statistical offices, ministries of health and national authorities responsible for civil registration and vital statistics are key to having a strengthened national statistical system for health that enables robust monitoring of the health-related Goals.

II. Collaboration among the World Health Organization and partners in line with global efforts to achieve target 17.18 of the Goals

7. WHO has been providing substantial input to the Inter-Agency and Expert Group on Sustainable Development Goal Indicators. In its role as a custodian, co-custodian or partner agency for the monitoring of the health and health-related Goal indicators, WHO has fully engaged with the Group by providing proposals for the most suitable indicators, metadata and data for the yearly report on the Goals prepared by the Statistics Division of the Department of Economic and Social Affairs of the Secretariat on behalf of the United Nations system. WHO is also represented in the Group's working group on data disaggregation and has been collaborating with the Statistics Division to build capacity for countries through training workshops on data disaggregation. The Health Equity Assessment Toolkit is used to assess within-country inequalities in health and also can be used to assess inequalities with regard to all other Goal indicators using their relevant inequality dimensions.

8. WHO, with support from the Health Data Collaborative partners, developed a technical package for health data, known as SCORE (survey, count, optimize, review, enable), to assist member States in strengthening national health data systems and capacity to respond to the monitoring requirements of the health and health-related Goals and other national and subnational priorities. The assessment tool included in the package has been implemented globally, and its results will be published in 2020 in the first global status report on health data systems and capacity, which will provide a significant opportunity to assess the state of those systems. Each country will receive a profile of its results to identify both priority areas for their investments and gaps for nationally relevant actions and assist in the monitoring of performance in terms of strengthening health data systems over time.

9. In 2018, the leaders of Germany, Ghana and Norway requested WHO and other multilateral organizations to streamline their efforts to better support countries to accelerate progress towards the achievement of Goal 3 and the other health-related targets. In response, a global action plan was launched in September 2019, representing a collective commitment by 12 multilateral organizations with significant roles in health, development and humanitarian work.⁴ Those partners will engage with countries to identify priorities and plan and implement together,

⁴ See www.who.int/sdg/global-action-plan. The 12 organizations are: Gavi Alliance, Global Financing Facility for Women, Children and Adolescents, Global Fund to Fight AIDS, Tuberculosis and Malaria, International Drug Purchase Facility, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, United Nations Development Programme, United Nations Entity for Gender Equality and the Empowerment of Women, United Nations Population Fund, World Bank, World Food Programme and WHO.

accelerate progress in countries through joint action under specific programmatic themes, align themselves in support of countries by harmonizing operational and financial strategies, policies and approaches and review progress and learn together to enhance shared accountability.

10. In the global action plan, “data and digital health” was identified as one of seven accelerator themes in which joint action and support could increase the pace of progress towards the health-related targets. Digital technologies are viewed as a catalyst that can transform the way in which health data are collected and used.⁵ The plan is intended to support countries by aligning collective action to assess gaps in data disaggregation capabilities and digital health maturity, strengthen country capacity in the data cycle, including to inform policymaking, support collective and aligned investment plans for data and digital health and strengthen country capacity in digital health, especially in leadership, legislation, resources, governance and enabling environments for digital innovation.

11. The signatories to the action plan recognize that Governments will take the lead in setting priorities, developing implementation plans and ultimately delivering on the health-related targets. Consistent with the principle of national ownership, countries will coordinate the agencies’ joint work at the country level and ensure that it takes into account the country context and existing coordination mechanisms and is focused on agreed actions. It is also recognized that other stakeholders, including communities, civil society and the private sector, make vital contributions to achieving the Goals, and closer engagement with those key partners is therefore promoted.

12. WHO will support Governments in the coordination of country-level activities, leveraging existing United Nations and other donor coordination arrangements where appropriate, and will help to facilitate joint actions among the agencies at the global or regional level.

13. WHO has also committed itself to strengthening country capacity to improve health data and health information systems, facilitating the use of such data and information in policymaking and delivering impacts, including by developing platforms to implement best practice data collection tools (e.g. World Health Survey Plus data collection), and setting information system standards and models and supporting countries with consultative services, including on civil registration and vital statistics, international classification of diseases and national health workforce accounts.

14. WHO supports countries’ information systems with digital health information standards and template workflows and reporting requirements that enable the collection of interoperable information about causes of illness and death with its suite of health-related classifications and terminologies, including the International Classification of Diseases (eleventh revision), the International Classification of Health Interventions and the International Classification of Functioning, Disability and Health, which are designed for use in the digital environment and produced in a demand-driven consensus process involving all stakeholders.

III. Action to be taken by the Statistical Commission

15. The Statistical Commission is invited to express its views and provide guidance on approaches to achieve target 17.18 of the Goals with regard to health data and monitoring progress towards the achievement of the health and health-related Goals in partnership with national statistical offices, ministries of health, other relevant United Nations agencies and technical experts.

⁵ See www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all.