## WORLD HEALTH ORGANIZATION

REGIONAL OFFICE
FOR THE EASTERN MEDITERRANEAN



## ORGANISATION MONDIALE DE LA SANTE

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SEMINAR ON VITAL AND HEALTH STATISTICS (EMRO 4902 - ex 0208)

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NATIONAL HEALTH INFORMATION SYSTEM

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- 1. A health statistical service in a country has to follow the existing pattern of health administration and prevailing needs for statistics. An information system which produces statistics which are efficiently utilized in public health practice and meet its requirements can be recognized as an adequate one. Therefore a recommendation for a uniform set-up of health statistics in countries and a model system could not be accepted. Nevertheless, there are some principles to be followed to meet better the requirements of statistics in any pattern of health administration and which should be applied in any system of health statistics.
- 2. A system of health statistics is bas ' on.
  - (a) a regular (permanent, routine) reporting and notifying service; and
- (b) ad hoc organized additional collection of information (studies, surveys).

  Ad hoc organized surveys are to be introduced to complete the regular reporting service, wherever the need for additional more detailed data crises, and not to overburden the routine service with data not permanently needed.
- 3. The health information service has to comprise information on:
- (a) health of population, mortality, morbidity, disability; EMRO/72/1149

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- (b) manpower, material resources, health facilities, equipment;
- (c) activities of various health services, curative and preventive;
- (d) health expenditure financial resources;
- (e) environment (social, physical, mental).
- 4. Provision has to be made with other statistical services to get the data needed for the health administration but not collected by the health statistical service.
- 5. The system of health statistics has to be organized in such a way as to ensure:
  - (a) permanence of routinely collected information, with flexibility in reporting and notification service;
  - (b) control of the service throughout all stages of statistical performance, from producer of data to the consumer;
  - (c) regular processing, tabulation and presentation of information; wide dissemination of information on an up-to-date basis; statistical analysis;
  - (d) interpretation of statistics;
  - (e) organization and operation of additional studies and surveys;
     close contact between the producer (statistician) and consumer of statistics;
  - (f) the arrangement of getting regularly or on request the information gathered by other statistical services but required to meet the needs of the health service;
  - (g) co-operation of health statistical unit with other technical units of health services:
  - (h) working relationship with other statistical services at all levels of health administration;

EM/SEM.VHS 3/7 page 3

- (i) permanent evaluation of health statistical services and their out-put;
- (j) planning of establishment and development of health information sub-systems;
- 6. The aim of the statistical service is to:
  - (a) describe the health of the population, identify health problems, assess their importance and estimate the needs of the health services;
  - (b) estimate the influence of environment on population health and estimate the needs of community health services;
  - (c) describe existing resources (facilities, manpower, material), utilization of these resources and estimate the demands made on them;
  - (d) estimate the effect of health services and evaluate their efficiency;
  - (e) follow the development of health programmes and indicate deviations from the expected plan of action and eventual controversial reactions.
- 7. There are also several additional administrative and organizational requirements for a health statistical service which should be met in order to ensure adequate management of an information system. In this connection, the following questions could be suggested, for discussion and an exchange of views, to all present at the Seminar:
  - (a) what is the scope of work of a health statistical service and what activities should it comprise;
  - (b) How a health statistical service should be organized;
  - (c) what is the responsibility of the central office;
  - (d) which National Agency should preferably be responsible for health statistics:
  - (e) how can the co-operation of health statistics services with all those concerned with various fields of health services be assured;

- (f) what is the role of a health statistician in an advisory team appointed, for instance, to develop a specific health programme;
- (g) how to maintain a relationship with other statistical services and what should be achieved in this respect;
- (h) who should be made responsible for statistics required for a particular field of health services and for a specific health programme;
- (i) what is the role of consumer and the role of the statistician in defining the needs of health information;
- (j) what training should the consumer of information and statistics personnel have:
- (k) personnel required to meet the needs of the consumer;
- (1) equipment and financial resources;
- (m) legislation, regulations, instructions:
- (n) recording and reporting techniques;
- (o) processing of information:
- (p) presentation of information: way, contents, periodicity;
- (q) interpretation and use:
- (r) other services provided;
- (s) planning the information system:
- (t) methods of evaluation of the statistical system and health statistics.

Further items related to administration and organization of health statistical services may be suggested for discussion by the participants.

A health statistical service is not a single activity, but a whole complex of activities. Each one forms an essential part of the statistical system and all are closely inter-related. A basic requirement when developing

this system is the careful planning and evaluation of each activity, first separately and then all together as an entity.

Health statistics, whether organized as a function of one central department of a health agency or some other agency, or organized as a function of several units in one or many institutions, always must be considered as part of the total health service and thus as a single comprehensive national health information system for this service.