

Editorial

National health observatories: Need for stepped-up action

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What are health observatories? Why they are important?

Health observatories synthesize carefully selected high-yield health information into health intelligence about the most critical current and forthcoming issues of population health and its determinants. Health observatory mission and afferent functions are shared by a network of stakeholders and the efferent messages are proactively addressed to health policy makers, managers and service providers, researchers and academia, private sector and industry, and last but not least, mass of beneficiaries on the ground. Ultimate goal of health observation is cost-effective and equitable improvement of population health and hence contribution to socioeconomic development.

Health observatories vary in geographical scope, focus areas, and functional and organizational structures. Public health observatories serve to combine the qualities of academic and state-based public health by providing high quality, relevant regional health intelligence for those who need it. They provide reliable intelligence on a shorter timescale, enabling rapid responses to regional foci.¹ The observatory aims to bridge the gap between academia and policy makers.² The Liverpool Observatory had as its mission statement: "... to generate and evaluate the application of public health intelligence in collaboration with the University Department of Public Health and other agencies, groups and individuals ...".³ A national health observatory is operationally assumed to be a policy-oriented virtual-based national center aimed at performing systematic and ongoing observation on relevant issues about population health and health systems, in support of effective and evidence-based health policy, planning, decision-making and action in public health and health systems.⁴ The primary purpose of Eastern Mediterranean Regional Health System Observatory (of World Health Organization - WHO) is to promote evidence based health policy making by providing relevant and comparative information about health systems and reforms and to assist policy makers in development of

health systems in their countries.⁵

Key stakeholders of national health observatories include authorities and staff from Ministry of Health (or equivalent), health policy-making and financing, health information systems, and surveillance. Universities, researchers, scientific and professional associations, knowledge management centers and libraries, nongovernmental organizations, and advocacy and social communication entities are also among the key stakeholders.⁴

Health observation concept and practice relate closely with evolution and maturation of health policymaking. Actual weight given to health observation correlates with practical importance given to evidence-based policy making in a country, region, or international health organization. Health observatories use information from monitoring, evaluation, and surveillance systems. However, they are not meant to be replicas or replacements for any parts of health information systems or raw or intelligent repositories of health statistics or geographical information systems. Nevertheless, the evolution process of health observatories does contribute to identification of health information gaps and rooms for specific improvements in health information structures and processes.

Proportional to the extent that population and public health are important for socioeconomic development, and to the crucial role of evidence-based policy making in equitable improvement of population health, are the health observatories vital for attainment of health systems major intrinsic and extrinsic goals. Most countries of the world do not have established national health observatories. Some developing countries have national health observatories or public health observatories - like Switzerland⁶ and France⁷ - or associations of sub-national observatories - like Association of Public Health Observatories in the United Kingdom⁸ or Canada.⁹ Some developing countries have thematic observatories - like Sudan Observatory on Human Resources for Health.¹⁰

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How stakeholders can interact more effectively for materialization of health observatories?

World Health Organization maintains global¹¹ and regional health observatories.^{5, 12-14} WHO helps countries in various focus areas that support health policymaking and evidence-based approach to it, for which national health observatories are evolving and crucial. Along with development and enhancement of health policy and health information systems, WHO and United Nations can also provoke the notion and practice of building the stakeholders' dialogue and interaction that is needed for creation of national health observatories in member states. Indeed when this is put in WHO's agenda, it will be done in accord with other strategic directions and through a systematic approach including assessment of the current capacities, weaknesses, and strengths.

Many governmental health authorities, academic institutions, and academies of medical or health sciences perform essential functions of health observation. For instance, the Canadian Academy of Health Sciences provides timely, informed, and unbiased assessments of urgent issues affecting the health of Canadians.¹⁵ Many province-level organizations in Canada have similar functions to public health observatories, but operate under a different name.¹⁶

National stakeholders can start dialogue, networking, and capacity improvement needed for building and functionalizing national health observatories in a collaborative, inclusive, multilevel, and multisectoral process that aims toward a policy-oriented and problem-solving decision support system to depict cross-sectional profiles and envisage forecasts of the imminent and future trends and issues. Among other resources, Pan American Health Organization has provided "Operational Approach and Strategic Recommendations" for implementing national health observatories⁴ that has proved to be, *inert alia*, a useful head-start launch of national health observatories. Bottom-up activities of developing countries is to converge with programmed top-down approach of World Health Organization.

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