

Options to streamline the reporting of and communication with Member States

1. The Sixty-fifth World Health Assembly requested the Director-General, in consultation with Member States, to propose options on how to streamline the reporting of and communication with Member States.¹ This document gives an initial analysis of the current situation and proposes the next steps, including a more thorough stocktaking.

CURRENT SITUATION

Reporting by Member States

2. Reporting of information from Member States to WHO is fundamental to the work of the Organization. The WHO Constitution describes the reporting requirements for Member States.² These can be summarized as:

- statistical data reporting (on health status, epidemiology, health financing and health infrastructure)
- health policy reporting (on national health policies and health-related laws, regulations and reports)
- reporting on implementation of resolutions and decisions by the governing bodies.

¹ See decision WHA65(9), subparagraph (8)(b).

² Constitution of the World Health Organization, Chapter XIV – Reports submitted by States

Article 61

Each Member shall report annually to the Organization on the action taken and progress achieved in improving the health of its people.

Article 62

Each Member shall report annually on the action taken with respect to recommendations made to it by the Organization and with respect to conventions, agreements and regulations.

Article 63

Each Member shall communicate promptly to the Organization important laws, regulations, official reports and statistics pertaining to health which have been published in the State concerned.

Article 64

Each Member shall provide statistical and epidemiological reports in a manner to be determined by the Health Assembly.

Article 65

Each Member shall transmit upon the request of the Board such additional information pertaining to health as may be practicable.”

Statistical data reporting

3. WHO gathers statistical data on health status, epidemiology, research, health financing and health infrastructure. Some of the data collected come from publicly available international surveys (especially in the case of low- and middle-income countries). Other data on specific topics are often reported directly by national counterparts to the technical departments in WHO headquarters or the regions.

4. This includes responses to the regular requests for data and statistics on causes of death, information on health financing, and information provided in conjunction with specific technical programme reports. It also includes information from less frequent reports, collected in response to data requests and from key informant surveys, or from the monitoring of progress in the implementation of resolutions and global initiatives. However, this statistical data reporting is not always done in a systematic, coordinated manner, nor does it always use standardized, modern, information technology tools.

5. Most countries produce annual reports containing health statistics as well as regular health system performance assessments that include the analytical reports prepared for annual, mid-term and final reviews. There is no system of sharing and compiling such reports across the Organization.

6. In recent years, however, with the establishment of the global and regional health observatories, significant progress has been made in the availability and user-friendliness of the data reported. The observatories, which aim to improve access to health data, statistics, and analyses provide a single portal and data repository, allowing access to more than 50 datasets on WHO priority statistics at global and regional levels. Theme pages highlight the global situation, trends, and analyses in selected areas of particular concern or high priority for global health. Similar functions continue to be performed by the yearly *World Health Statistics* reports, as well as regional statistical and analytical reports. The Commission on Information and Accountability for Women's and Children's Health is giving a further strong push towards the improvement of data monitoring, transparency and accountability.

7. There is broad agreement¹ on the need to strengthen the five data sources: household surveys; birth and death registration; census; health facility reporting systems including surveillance systems; and administrative data, as well as the capacity for analysis, synthesis, validation, and use of health data in countries. This requires action to: increase levels and efficiency of investments in health information; develop a common data architecture; strengthen performance monitoring and evaluation; and increase data access and use.

8. Although the current reporting system's flexibility and capacity for innovation are assets, improvements are needed in the quality of the data as well as in the strengthening and streamlining of the system itself. Too many parallel requests are made for reporting and too many questionnaires sent to Member States. The databases maintained by the Secretariat are numerous, separate, and insufficiently coordinated. There is currently no standard set of global health indicators to be measured in all countries. There is no standardized reporting system that cuts across all major health areas and includes well-defined data quality assurance and analytical procedures that involve both the WHO Secretariat and Member States.

¹ *Meeting the Demand for Results and Accountability: A Call for Action on Health Data from Eight Global Health Agencies*, PLoS Medicine, Volume 7, Issue 1, January 2010.

Health policy reporting

9. National health policy is embodied in a variety of laws, regulations, reports and other policy documents. Only a few countries routinely report changes to national health policies and health-related reports, since there is no structure in place to gather, analyse and make such reports systematically available. Most information on national health policy development is gathered by country and regional offices or directly by technical departments, either from the Internet, through direct contacts, or through questionnaires.

10. WHO's *International Digest of Health Legislation*¹ contains a selection of international, national and subnational legislation. The potential of this publication is, however, not fully used. Only a few Member States routinely communicate important laws, regulations, and official reports directly to WHO. Those Member States which do report often send in full their official gazettes and/or bulletins of the Ministry of Health, without highlighting what constitutes a new law pertaining to health. Not all countries make their current laws available on the Internet. Some Member States lack capacity in this area. Reporting on health relevant policies and laws is particularly difficult for health determinants that are regulated by other sectors.

11. The Secretariat is therefore currently reviewing options to modernize the *International Digest of Health Legislation*, and to upgrade its current technological platform, which is difficult to use. This includes a feasibility analysis of a WHO notification system for important laws and regulations pertaining to health, and will have to be concluded before deciding on how renewal is to be undertaken.

Reporting on implementation of decisions by the World Health Assembly

12. Article 62 of the WHO Constitution requires each Member State to report annually on actions taken with respect to the implementation of recommendations, conventions and agreements as well as regulations. The WHO Framework Convention on Tobacco Control and the International Health Regulations (2005) follow their adopted reporting requirements. There is no established practice concerning reports by Member States in response to WHO governing body resolutions. Reporting requirements are usually entrusted to the Director-General, and the Secretariat uses the channels and mechanisms described in this report in order to generate the evidence and analysis for reporting on progress.

13. More systematic reporting on the actions taken by Member States in response to the operative paragraphs of Health Assembly resolutions that begin "The Health Assembly ... URGES Member States", could bring about a rationalization of the commitment required from Member States with regard to the information needed by the Secretariat. It would also strengthen the scrutiny given by Member States in the process of adopting these resolutions and thereby contribute to more stringent priority setting in the work of the governing bodies. In order to assess the implications of more systematic reporting by Member States, the Secretariat has initiated a study to estimate the number and types of commitments to be undertaken by Member States as described in the operative paragraphs of Health Assembly resolutions in recent years. This study will be concluded in 2013.

14. Better reporting both on data and on health policy changes of Member States, whether or not as a response to recommendations of the Health Assembly, will strengthen the oversight function of the governing bodies and enhance their strategic decision-making. Together with a streamlined reporting process, better reporting will also contribute to greater coherence in the action of the Member States and of the Secretariat.

¹ Available in print since 1948; online since 2000 at <http://idhlriils.who.int/index.cfm>.

15. Member States do not have a clearly defined, formal reporting channel to WHO on national developments in health. Over time, the practice has evolved of verbal reports being presented on national situations during the meetings of the governing bodies. A more systematic and streamlined reporting system could also provide an incentive to reduce verbal reporting on national health situations to the governing bodies.

Communication with Member States

16. WHO is a knowledge-based organization. The Secretariat and Member States communicate in multiple formal and informal ways that have evolved over time, including, inter alia, through official letters, formal and informal meetings, public communications, e-mails, and formal reports. As communication methods have radically changed with the advent of new electronic tools, so has the communication between the three levels of the WHO Secretariat and its Member States. Many changes have occurred in an ad hoc manner, leading to a piecemeal approach to interaction between the Secretariat and Member States. Communications between the different levels and parts of WHO and the different entities in the Member States are not always well coordinated.

17. Streamlining communication with and reporting of Member States has to be seen in the overall context of the reform, improving transparency, accountability and coherence. Member States and the Secretariat constantly face the challenge of coherence that exists in any large organization. All three levels of the Organization – headquarters, the regional offices and country offices – communicate with Member States, and receive reports from them. This is needed in order to have global comparability, to accommodate innovations and regional specificities, and to promote a full adaptation of response to each country's specific situation.

OPTIONS ON HOW TO STREAMLINE THE REPORTING BY AND COMMUNICATION WITH MEMBER STATES

General principles

18. Any measures taken concerning reporting and communication must be feasible and applicable for countries of all size and income level. They must be carefully planned in order to reduce transaction costs for Member States and the Secretariat, increase transparency, reduce dual reporting and increase access to information for Member States. The appropriate use of information technology has the potential to achieve this, but attention has to be given to those Member States with slower or limited access to information technology resources, and limited connectivity to the Internet.

19. The system must become simpler with clear priorities set on reporting. It must improve incentives to achieve better coherence in the Secretariat and within Member States, at the same time avoiding the creation of cumbersome coordination mechanisms.

Reporting by Member States

20. Before the Secretariat can develop detailed proposals on streamlining reporting, a detailed analysis is needed on the current practice of reporting, with its strengths, weaknesses and costs. This should address the three dimensions of health data, health policy and the resolutions and decisions of the governing bodies. This analysis will be presented to the Executive Board at its 134th session in January 2014, together with a concrete proposal of options on how to modernize, improve and streamline reporting. The savings to be achieved and any additional costs necessary in comparison with the current situation, will be estimated, both for the Secretariat and for Member States.

21. Based on the initial analysis, the Secretariat will propose reforms in the following five areas.
- The definition of a minimal set of health data and indicators, which all countries should aim to measure and report regularly, as well as a recommended additional set that countries are encouraged to measure and report.
 - A reporting mechanism on national health policy and laws, building on experience with the *International Digest of Health Legislation*.
 - A realistic reporting mechanism on the implementation of governing body resolutions and decisions.
 - The option of a single planned annual questionnaire, which covers regular required reporting, (possibly decided by the Board) and a reduction in the number of other questionnaires sent out.
 - The creation of a harmonized platform for all reporting, and a web-based repository where all required and relevant reports by Member States are posted and available for sharing among Member States.
22. These proposals will have to set clear priorities for the data and information to be collected that will support policy decisions. The analysis will provide detail on the need for validation of reported information. The achieved quality of the current technical reporting will have to be preserved, while streamlining the overall system and better using synergies between different reporting and databases. The interaction between the regional offices and headquarters with Member States in the reporting and its analysis should improve, building on the strengths of the three levels of the Organization. The role of the Board and the Health Assembly in deciding on priorities for reporting, and the link back to reporting by the Secretariat on the implementation of resolutions, will have to be defined.

Communication with Member States

23. First steps will be taken towards the establishment of an extranet platform for formal communication between all three levels of the Secretariat and Member States that is accessible across the whole Secretariat and to the focal points of the Member States. With such a platform, all letters will continue to be sent in the current format, but a copy would be stored on the electronic platform, and an automatic alert sent when new documents were issued. The recipients would choose the format they require. This will allow all actors with coordination functions to monitor communications, but would decrease the need to search and file correspondence. Member States would have access only to the correspondence coming from and addressed to actors within their own country. A joint communication platform for the Secretariat and Member States will contribute to the coherence of their actions. This in turn would support the efficiency, transparency and accountability of the Secretariat, which are important managerial goals in the reform process. The Secretariat will work on the technical aspects of such a platform and test it with some Member States in order to report to the Executive Board in January 2014 on this experience.

ACTION BY THE EXECUTIVE BOARD

24. The Executive Board is invited to comment on this report and provide guidance on the proposed further action to be taken.

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