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## **Streamlining national reporting and communication with Member States**

### **Report by the Secretariat**

1. In May 2012, in decision WHA65(9), the Sixty-fifth World Health Assembly requested the Director-General, in consultation with Member States, to propose options on how to streamline reporting by and communication with Member States. In January 2013, the Executive Board at its 132nd session welcomed the proposals submitted by the Director-General in document EB132/5 Add.4 and requested her “to advance the work proposed, taking into account the division of health responsibilities of national and subnational levels of government”, and to report on progress made to the Board at its current session, including relevant financial information.

2. In document EB132/5 Add.4, the Director-General had proposed the following reforms: (a) the definition of a minimum set of health data and indicators; (b) a realistic reporting mechanism on the implementation of governing body resolutions and decisions; (c) a reporting mechanism on national health policy and laws; (d) the establishment of a secure web-based platform for formal communication between all three levels of the Secretariat and Member States that is accessible across the whole Secretariat and to focal points in each Member State; and (e) the creation of a harmonized platform for all reporting, and a web-based repository where all national reports are posted and made available to other Member States. This report describes progress made to date towards the proposed reforms.

#### **DEFINITION OF A MINIMUM SET OF HEALTH DATA AND INDICATORS**

3. The monitoring of the health situation at global and regional levels and assessing health trends is one of WHO’s core functions. Health data are collected in Member States and reported to WHO and other agencies, or collected by other means, such as surveys, and then analysed, compiled and published. Over time the number of indicators and agreed targets has increased significantly. Different global health partners are each asking for a large amount of data.

4. WHO is working with partners on creating a global core set of indicators. An illustrative list of indicators, which is being prepared as part of the International Health Partnership, will form the basis for the further development of a minimum set of indicators that all Member States should have and use in reporting to the Secretariat.

5. Three related projects will provide the basic technical and operational information required to create a plan for harmonizing reporting by Member States:

- (a) an analysis aimed at reducing or consolidating the data collection tools currently in use by technical units in the Secretariat in order to use information technology resources more

effectively – in WHO headquarters alone there are currently at least 70 tools in use, and an additional analysis of regional and country offices is expected to increase that figure;

(b) an analysis of the structure and organization of data and metadata in order to map the ways in which data are reported;

(c) an evaluation of WHO's Global Health Observatory and the dissemination of health data, and use of its findings to prepare a work plan that will promote and sustain the function of the observatory in future.

The results obtained should enable the Secretariat to explore better ways for the data collected in countries by existing routine methods to be used.

6. The findings should also allow the Secretariat to propose ways to streamline questionnaires and harmonize reporting platforms, including the taking into account of the division of health responsibilities across national and subnational levels of government, and relevant financial information.

## **REPORTING ON THE IMPLEMENTATION OF GOVERNING BODY RESOLUTIONS**

7. The Secretariat has published on its website the results of a study on the actions urged on Member States by the Health Assembly over the past 10 years.<sup>1</sup> During the period 2004–2013 the Health Assembly adopted 248 resolutions, of which 144 contained operative paragraphs urging Member States to action. Although subparagraphs within those 144 resolutions contained some 1059 specific recommendations, some of the actions urged were duplicated, others were not applicable to all Member States and yet others were conditional in their language. Exclusion of those texts leaves a total of 756 firm, unique actions urged by the Health Assembly on all Member States.

8. Introducing a reporting requirement for such a high number of actions urged on Member States would not be realistic. Any future reporting system should be feasible and fully integrated in the overall reporting system being developed by the Secretariat, as outlined above, with harmonized electronic reporting platforms.

9. Health Assembly resolutions in their operative paragraphs requesting action by the Director-General often end with a subparagraph defining the scope and frequency of reporting to the governing bodies. That provision has often been interpreted to mean a report on progress in implementing a resolution in terms of action taken by the Secretariat, whereas the actions taken by Member States in response to the resolution are often not reported because the relevant information was lacking or insufficient.

10. In future, the Health Assembly may wish to make a case-by-case decision on resolutions so as to establish whether the Secretariat will also report, where possible, on actions taken by Member States to implement the provisions of the resolutions, if this information is available. The Health Assembly may also, in a subparagraph at the end of the operative paragraph aimed at Member States, explicitly urge them to report back, defining the scope, mechanism and frequency of the reporting expected of Member States, or make explicit that there is no reporting requirement.

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<sup>1</sup> [http://www.who.int/about/who\\_reform/governance/Member-State-commitments-WHA-resolutions-2004-2013.xlsx](http://www.who.int/about/who_reform/governance/Member-State-commitments-WHA-resolutions-2004-2013.xlsx) (accessed 18 December 2013).

## **NATIONAL HEALTH POLICY AND LAWS**

11. Legislation is an important part of national health policy making. Laws play an important role in many fields of health policy, ranging from specialties, such as transplantation, food safety and outbreak control, to the move towards universal health coverage or other sectors that regulate health determinants. When elaborating and revising national and subnational laws and regulations Member States have no international system that allows comparison of good practices.

12. An effective mechanism for monitoring and/or reporting national health policies and laws could allow the monitoring and timely reporting of developments in health legislation at the regional and global levels. It could enable a country to compare its national situation in any given field of health legislation with that of other countries; update governments with information about current practices in health-related laws; provide a basis for the formulation of new, or the amendment of existing, legislation; and inform WHO's technical programmes of national and global trends.

13. The Secretariat has studied various reporting mechanisms on national health policy and laws, including that of the WHO Framework Convention on Tobacco Control, those of ILO and WIPO, and the notification system used by WTO for the Agreement on the Application of Sanitary and Phytosanitary Measures. They vary from voluntary self-reporting to mandatory collection according to stringent rules and often require a significant investment by both the Member States and the secretariats of the international organizations concerned.

14. International experts, who have studied the field extensively, support a more harmonized and systematic approach, but the Member States' exact needs and readiness to invest are less known. The Secretariat thus proposes to organize a meeting with representatives of Member States from all six regions, involving both legal experts and policy-makers from health ministries and other relevant parts of government, in order to identify needs and approaches to meet them.

## **SECURED WEB-BASED PLATFORM FOR FORMAL COMMUNICATIONS**

15. Further work on the plan to establish a web-based platform for communication between the Secretariat and Member States has shown that two main conditions will have to be fulfilled in order that such an organization-wide system of coherent communication will function well: (1) it would have to be based on an overall information management strategy and (2) the Secretariat would need to use an internal information technology platform and set of tools that could then be made accessible to Member States.

16. Although such a web-based platform for communication with Member States can only be introduced once the information management strategy, policies and tools are in place, some specific applications can be enhanced in the short-term, such as the web-based application already used for communication between the Secretariat and the permanent missions to the United Nations Office at Geneva and other international organizations in Switzerland.

## **NEXT STEPS**

17. In the course of the preparatory work for this part of WHO reform, the Secretariat identified the need for an Organization-wide information management strategy. On the basis of a detailed analysis of the current information management policies, practices and tools, the Secretariat will elaborate an overall information management strategy and new, more streamlined systems and methods. This approach will also allow the strategy to be benchmarked against developments in other parts of the

United Nations system and to be linked to the future information disclosure policy. The Secretariat proposes to report again to the Executive Board at its 136th session.

**ACTION BY THE EXECUTIVE BOARD**

18. The Board is invited to note this report and provide guidance on the proposed further action to be taken.

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