WHO results framework: an update

Strengthening of health information systems

Report by the Director-General

1.　In May 2007, the Sixtieth World Health Assembly adopted resolution WHA60.27 on strengthening of health information systems. The first progress report on its implementation was submitted to the Sixty-Second World Health Assembly in 2009.[1]

2.　This report presents further progress made, challenges encountered and solutions proposed with regard to implementing resolution WHA60.27. It proposes a new mandate for consideration by the Health Assembly, given the urgency and importance of strengthening country data and health information systems, in line with a variety of WHO initiatives, including the Thirteenth General Programme of Work, 2019–2023, the WHO transformation process, the Global Action Plan for Healthy Lives and Well-being for All, the WHO special programme on primary health care, and the universal health and preparedness review. The COVID-19 pandemic has magnified many long-standing and acute gaps in country data and information systems.[2] Member States have asked the Secretariat to strengthen capacity for data collection, analysis, use and dissemination.

3.　Timely, reliable, disaggregated and actionable data, comparable statistics and country-specific evidence are critical to drive strategic policy dialogue. Accessible information is essential for monitoring and accelerating progress towards meeting the health-related Sustainable Development Goals, the triple billion targets set out in the Thirteenth General Programme of Work, 2019–2023, and national and subnational priorities with a focus on redressing inequalities.

4.　The COVID-19 pandemic has highlighted the importance of data and health information systems for guiding all stages of the policy response to the crisis, with life and death implications. It has also exposed a large gap in reliable, trustworthy and objective information that needs to be addressed. Good data on cases, deaths and vaccinations have been a vital tool for Member States to contain and manage the pandemic. Data have also been critical for understanding the underlying drivers of the disease, who is most at risk, and how to prevent or prepare better for the next emergency. Data on social and economic impacts has been essential to support programmes for those in need and to start planning for equitable recovery. In many countries, however, essential data are often not available and the most vulnerable populations remain invisible.

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[1] Document A62/23, section F; see also document A62/2009/REC/3, summary records of fifth meeting, section 1.

[2] Data availability: a visual summary (https://www.who.int/data/gho/data-availability-a-visual-summary, accessed 14 April 2021).

5.   Data and health information systems at national and subnational levels have evolved under various constraints and are often fragmented by the demands of disease-focused programmes and the diversity of donor requirements and international initiatives.

6.   Current data and health information systems are inadequate to track health emergencies protection, preparedness and recovery. They must also track other priorities, such as universal health coverage and healthier populations. An analysis of data availability for the global Sustainable Development Goal indicators revealed that for four of the 17 Goals (Goals 5, 12, 13 and 14), fewer than half the countries have gathered internationally comparable data. The lack of country-level data for Goals 3 and 5 (to ensure healthy lives and promote well-being for all at all ages; and gender equality), gives cause for concern; on average, only four out of 10 countries have data available. Even where data is available, observations over time remain few, making it difficult for policy-makers to monitor progress or identify trends.

7.   Without high quality, transparent data, it will simply not be possible to recover stronger from the pandemic or fulfil the promise of the 2030 Agenda for Sustainable Development to "leave no one behind". Reliable data and health information systems are also crucial for measuring population health outcomes (mortality, morbidity, disease outbreaks, health status, disability, well-being) and health inequities. Decision-makers need real-time information to enable them to be better prepared, to design and implement appropriate policies, and to allocate resources effectively.

PROGRESS MADE BY THE SECRETARIAT

8.   The Thirteenth General Programme of Work, 2019–2023, focuses on having a measurable impact on people's health at the country level. In 2018, as part of the WHO transformation process, a new Division of Data, Analytics and Delivery for Impact was established to focus on delivering impact to billions of people around the world, through measures backed by health data of the highest standard. Member States requested that the Secretariat help strengthen their capacity in data collection and analytics, reduce the data collection burden, reduce data fragmentation through data governance mechanisms, and use data to deliver on the Sustainable Development Goals and the "triple billion" targets.

9.   The Secretariat launched the SCORE (Survey, Count, Optimize, Review, Enable) technical package, which is the first harmonized package of five essential interventions for strengthening country health data and information systems.[1] The Secretariat also completed the first global assessment of the status and capacity of data and health information systems in 133 countries, covering 87% of the world's population, which is presented on the SCORE dashboard.[2] Member States provided an assessment of each of the five SCORE interventions and identified gaps and guidance for investment in areas that would have the greatest impact on the quality, availability, analysis, accessibility, and use of data. Although no Member State achieved a perfect score in all five interventions, countries across all income levels were shown to have the capacity to fill gaps in their health data.

10.   The Secretariat has begun work to address countries' data gaps in three key areas of SCORE

    (a)   *Surveying population and health risks to know what makes people sick or at risk including health threats:* the World Health Survey Plus (WHS+) is a versatile surveillance system platform

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[1] SCORE (https://www.who.int/data/data-collection-tools/score, accessed 14 April 2020).

[2] SCORE Global Report on health data systems and capacity, 2020
(https://www.who.int/data/data-collection-tools/score/dashboard - /, accessed 14 April 2020).

to collect data in standardized and cost–effective ways, including the use of mobile technologies, to collect data rapidly and at scale. WHS+ is a new multi-mode, multi-topic and multi-platform survey system, which will transform how countries collect data to assess inequality and track progress towards achieving the health-related Sustainable Development Goals, the "triple billion" targets, and, in particular, universal health coverage – the receiving of essential health services without incurring financial hardship.

(b) *Counting births, deaths and causes of death to know who is born and what people die from:* The new civil registration and vital statistics strategic implementation plan will support countries in tracking births, deaths and causes of death, and reporting these data with minimal time lags and at a level of granularity to better inform decision-making. The strategic implementation plan is the optimal system for producing fertility and mortality statistics. Several health and health-related Sustainable Development Goal and universal health coverage indicators require either all-cause or cause-specific reporting of deaths. For timely tracking of weekly counts, rapid mortality surveillance and epidemic response guidance has been issued, technical support has been given to countries, and a portal has been developed. A technical advisory group on COVID-19 mortality assessment has been established to determine the impact of COVID-19 in terms of excess deaths both directly and indirectly attributable to the pandemic.

(c) *Optimizing health service data to ensure equitable access and good quality services for all:* Health services data are generated through routine facility and community reporting systems, health facility assessments and health resource data systems, such as health workforce and health financing information systems. These systems should be integrated and interoperable to ensure comprehensive monitoring, analysis and management of health services to support patient care, facility management, and sector planning to improve primary health care and achieve universal health coverage.

11.   As requested by Member States, the Secretariat is working with health ministries, national statistics offices and registrar generals' offices to improve public health surveillance, civil registration and vital statistics and routine health information systems. The Secretariat is convening a series of global technical expert consultations to accelerate efforts to strengthen data and health information systems in countries, and is prioritizing the provision of technical support to least developed countries and small island developing States.

12.   The Secretariat is modernizing the WHO Family of International Classifications, which includes the International Classification of Diseases, 11th revision (ICD-11), the International Classification of Health Interventions, and the International Classification of Functioning, Disability and Health. These standard data collection and reporting tools compile health classifications and terminologies into a common set, to track trends, understand treatments and prevent premature deaths. ICD-11 is fully digitalized and is being implemented in select countries, with an aim to scale up implementation by 2022.

13.   At the request of Member States, the Secretariat compiled all population health data to track progress by setting baselines, targets and trajectories to deliver impact towards the triple billion targets and Sustainable Development Goals at the country, regional and global levels, which can be accessed through the Triple Billion Dashboard. This dashboard has been developed in consultation with over 80 Member States, represented by health ministries and national statistics offices, from all six WHO regions and is updated regularly. The Secretariat will systematically assess the impact of COVID-19 on the triple billion targets and health and health-related Sustainable Development Goals. The annual World Health Statistics report is the WHO's annual compilation of key health statistics for its 194 Member States, summarizing the latest data available at the global, regional, and national levels. The 2019 and 2020

reports highlight progress towards meeting the health-related Sustainable Development Goals, including the "triple billion" targets. The 2021 World Health Statistics report will be launched in May 2021 and will present updated life expectancy data and updates on key health-related Sustainable Development Goal indicators that may be severely impacted by COVID-19. While data for 2020 will not be available for all indicators, the report will provide an important baseline to assess the longer-term impacts of the pandemic and projections towards global health goals.

14.   As identified in the Report of the Independent Expert Oversight Advisory Committee,[1] the Secretariat has designed and is developing the World Health Data Platform to create a unified, modern end-to-end central repository for all health data. The Secretariat will launch the World Health Data Hub – the trusted source for global health data bringing together data from across WHO regions and countries – later this year. The Hub will be available for internal, partner and public use and will support data collection, storage, analysis, dissemination and use. The Hub includes (i) a country portal – a primary interface to streamline data exchange between Member States and the Secretariat and strengthen analytical capacity; (ii) a data lake – a scalable and accessible data storage and data processing platform; and (iii) a WHO portal that will include easy access to all WHO public data, other portals, maps, visualizations, and reports. The Hub will be the WHO's corporate solution to reduce reporting burden on countries, facilitate data exchange, create a collaborative workspace with all stakeholders and present insights and stories from data in order to deliver impact on population health and forecast scenarios.

15.   The Secretariat has established a data governance mechanism and data principles, and is reviewing data sharing policies for emergency and non-emergency contexts. A Global Health Data Governance Summit is planned for 2021 to review data sharing and data protection policies and provide recommendations. WHO is co-chairing the accelerator on data and digital health for the Global Action Plan for Healthy Lives and Well-being for All, and is collaborating with multilateral partners to support countries to strengthen data for primary health care and civil registration and vital statistics, with a focus on inequalities. WHO also serves as the secretariat for the Health Data Collaborative, an active network of 65 partner organizations to examine data needs at the country level, and leverage technical and financial resources to provide needs-based support to countries.

INVESTING IN DATA AND HEALTH INFORMATION SYSTEMS IS CRUCIAL FOR BUILDING BACK BETTER AND ACCELERATING PROGRESS TOWARDS MEETING THE TRIPLE BILLION TARGETS AND THE SUSTAINABLE DEVELOPMENT GOALS

16.   Regular monitoring of progress towards meeting the health and health-related Sustainable Development Goals is necessary for identifying significant data gaps and tracking progress. Health data from both the public and private sectors, as well as data on animal health and the environment, are crucial for making evidence-informed decisions to achieve those Goals.

17.   Countries have primary responsibility for monitoring progress made towards meeting the Sustainable Development Goals, which requires high-quality, accessible and timely data collection, analysis and use to drive progress and deliver impact.

18.   While Member States have made substantial progress towards strengthening their health information systems, more work is needed to strengthen all aspects of data collection, processing,

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[1] See document EPBAC31/2.

analysis, use and dissemination, using interoperable standards and innovations to build sustained capacity.

19.   WHO must, as a matter of urgency, strengthen its position as a modern, data-driven organization and the world's most trusted source of health data. The Secretariat must forge new partnerships to increase the use of new data sources and technologies, working with national statistics offices, offices of registrar generals, public producers of data, and the private sector, academia and civil society. It must mobilize international and domestic technical and financial resources to better prepare the world for, and effectively respond to, emerging and re-emerging health threats and emergencies and deliver on the triple billion targets and the Sustainable Development Goals. The Secretariat is committed to supporting WHO Member States in their endeavours to strengthen health information systems.

ACTION BY THE HEALTH ASSEMBLY

20.   The Health Assembly is invited to note this report and provide further guidance to the Secretariat.

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