

Towards collective action in health information

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The G8 Health Experts Group has made bold recommendations:

- The need for action to create "appropriate monitoring and evaluation of health systems" and pointed out that policy-makers need to be able "to base their decisions on accurate health information."
- The G8 should continue "to encourage further collaboration among stakeholders with the aim of standardizing health metrics to collect, analyse and evaluate health data for policy planning and evaluation."

Recommendation No 1

(for the G8)

- Implement G8's "**Annual Review**" to assess the G8's commitments to health systems and programmes:
 - Define a standard set of metrics and measurement strategies for monitoring and evaluation of the commitments made by the G8.
 - Independent evaluation of each country based on publicly available documents and data.

Recommendation No 2

(for the G8, the H8, academics, data producers and countries)

- Establish a "**Digital Commons**" to improve access to – and the quality of – datasets and analyses at the country and global levels:
 - Promote the principles of open access and data sharing in the public domain (e.g. G8 communiqué, World Health Assembly, H8).
 - Develop a global databank for common indicators.
 - Establish a Cochrane-type process for global health monitoring to generate empirical evidence for health policy, using a network of global and regional centres of excellence.

Recommendation No 3

(for development banks and agencies, foundations, etc.)

- Pool resources for health metrics at global and country levels to create the "**Global Health Metrics Challenge**":
 - Develop capacity and create an incentive structure for countries and data producers.
 - Make health funding contingent upon third-party evaluation that is compliant with agreed principles
 - In countries with incomplete or inexistent civil registration, prioritize development of civil registration systems.
 - Invest in a series of nationally-representative household surveys for multiple diseases and risk factors.

Better data needed: everyone agrees, but no one wants to pay

In *The Lancet* today, Michael Reich and Keizo Takemi identify human, financial, and information resources as core components of health systems.¹ Whilst the lack of human and financial resources clearly compromise the health sector's ability to function, the consequences of the lack of basic health information—on births, deaths, and their causes—are less obvious.

In 2007, *The Lancet* published the Who counts? Series,²⁻⁴ which drew attention to the importance of civil registration for monitoring global health, and its stalled progress in many countries. More than one-third of the world's 128 million annual births and two-thirds of its 57 million deaths are not registered.⁵ The lack of full coverage means that population projections and estimates of disease burden and longevity depend on extrapolations from small expensive household surveys. In individual terms, those who live beyond the reach of civil-registration systems

sample registration systems which generate vital statistics but do not confer the individual legal rights of civil registration. Within countries, there are large disparities in civil-registration coverage. In India, registration is almost complete in Goa but covers only 1% of people in Uttar Pradesh.⁷ Urban residents and wealthy people are more likely to be registered than rural residents or people who are poor.

The Toyako G8 Summit and the follow-up International Conference on Global Action for Health System Strengthening identified better data as a key entry point for health-systems strengthening.^{8,9} The G8 Health Experts Group noted that policy makers must be able "to base their decisions on accurate health information".⁸ Similar sentiments were expressed in recent discussions at the UN General Assembly on the Millennium Development Goals.^{10,11}

(Source: AbouZahr, Gollogly and Stevens, *Lancet* 2009)