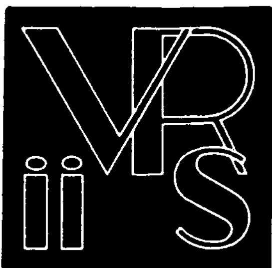

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Coordinating Role of National Committees on Vital and Health Statistics

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FOREWORD

The first World Health Assembly recommended the establishment of National Committees on Vital and Health Statistics in the member nations of the World Health Organization for the development of vital and health statistics. Those countries where the civil registration and vital statistics functions are in different agencies of government will find this unique mechanism useful in achieving needed coordination between the two functions. The National Committee also provides a means for the consumers of vital and health statistics to plan jointly with the producers in the development of needed data for national planning of social programs.

Further information about the activities and organizational problems of National Committees on Vital and Health Statistics may be obtained from Dr. B. Skrinjar, Chief, Development of Health Statistical Services, World Health Organization, 1211 Geneva 27, Switzerland.

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Coordinating Role of National Committees on Vital and Health Statistics

A review by
Unit For The Development of Health Statistical Services
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The International Conference for the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death held in Paris between 26 to 30 April 1948 recommended that all governments establish National Committees on Vital and Health Statistics to carry on a far-reaching program of international cooperation in the field of vital and health statistics.[1] *Inter alia,* the following methods of international cooperation were suggested:

a) Establishment by the World Health Assembly of an Expert Committee on Health Statistics entrusted with the study of problems in health statistics, including recording of births, diseases and deaths.

b) Establishment by the different governments of national committees for the purpose of coordinating statistical activities within the country, and to serve as links between the national medical-statistical institutions and the Expert Committee on Health Statistics of the World Health Organization.

The need for coordination received international recognition because of the fragmentation of responsibilities for vital statistics in most countries of the world. Generally, the registration function is in the hands of civil registration authorities in the ministries of justice or interior. In some countries, civil registration is a local or provincial responsibility with no centralization of authority in the national government. The production of vital statistics from the registration documents is the responsibility of the general bureau of statistics usually in the ministry of economics. In a number of countries, civil registration and vital statistics are the responsibility of the general bureau of statistics. There are also countries where the health ministry is involved in the compilation of mortality statistics, including the processing of data on causes of death. In some countries, this is a duplication of the function of the general bureau of statistics. There are a few countries where the registration of vital events and the production of vital statistics are performed by the health administration.

Where more than one agency is involved in the registration and the statistical processing of vital events, there arises the problem of coordination so that uniform vital statistics can be produced to meet national needs. As one means of achieving coordination and collaboration between the principals with responsibilities for registration and statistics, the establishment of National Committees on Vital and Health Statistics was recommended.

The first World Health Assembly[2] endorsed this proposal in July 1948 in Geneva, and the World Health Organization subsequently requested member governments to create national committees on vital and health statistics.

By the end of 1950, as many as 23 countries had established committees and informed WHO of their composition and terms of reference. By December 1953, the number had reached 30; of which 15 were from the American Region, 8 from Europe, 3 from the Eastern Mediterranean Region, 2 from South Asia and 2 from the Western Pacific Region. At the present time, there appears to be some 55 countries with established committees. A number of these committees are inactive. On the other hand, there are 4 countries now planning to constitute a national committee.

At its first meeting in 1949, the WHO Expert Committee on Health[3] adopted the recommendation of the First World Health Assembly, and recommended further that a unit be established in the WHO Secretariat:

> " ...for maintaining relationship with National Committees (or their equivalents), this to include an exchange service for National Committees, reporting on their work and supplying information which might be of value to them."

Moreover, WHO should:

> "...issue an information document setting forth the motives and background for the establishment of National Committees on Vital and Health Statistics, emphasizing their objectives, suggesting problems which might need solution and reporting on the present status of those National Committees already organized."

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[1] Conf. Rec., WHO, 1948, No. 11, p. 25
[2] Conf. Rec., WHO, 1948, No. 13, p. 304
[3] WHO, Tech. Rep. Ser., 1950, No. 5

A series of documents (WHO/HS/NAT. COM: World Health Organization/Health Statistics/National Committees) was begun by the aforementioned liason unit at headquarters, with the hope that dessemination of information on the construction and work of the national committees would stimulate their activities and encourage countries without a committee to establish such organizations of their own.

FIRST INTERNATIONAL CONFERENCE ON VITAL AND HEALTH STATISTICS

The First International Conference of National Committees on Vital and Health Statistics[4] was convened under the auspices of the World Health Organization in London, from 12 to 17 October 1953. This conference was attended by representatives of 28 countries. It reviewed the antecedents, objectives, patterns of organization and programmes of work carried out by the national committees or equivalent bodies, discussed progress up to date, and outlined some major future possibilities.

Objectives were set forth as follows:

a) To help assess the needs for vital and health statistics, evaluate the degrees to which needs are met, and provide adequate vital and health records and statistics;

b) To help achieve uniformity in statistical methods, records, and tabulations, with a view to both national and international uses;

c) To assure free flows of information and adequate exchange of views concerning needs and preferences of producers and users of vital and health records at all levels;

d) To relate the activities and functions of diverse agencies or organizations that produce statistics, so that they work as a coordinated whole, avoiding both wasteful overlapping of effort and important gaps in essential aspects of statistical data;

e) To enhance the practical use and appeal of vital and health statistics;

f) To stimulate needed statistical studies by expert persons or groups;

g) To stimulate the training and supply of adequate numbers of skilled workers in the field of vital and health statistics, and to encourage the interest of the medical profession in the statistical approaches to medical problems; and,

h) To assist, under appropriately defined circumstances, in the implementation of international recommendations in this field.

The Conference recommended that any government which had not yet fully considered the formation of a national committee or an equivalent[5] should review, having regard to its particular circumstances, the practicability of setting up such a body. In setting up a national committee, regard should be given, *inter alia,* to the following considerations:

a) Its functions would normally be advisory and coördinative, executed in response to requests from an appropriate government authority. It would also be free to initiate consideration of matters within the general scope of its terms of reference, including the undertaking of research and special studies, and,

b) Membership of the committee should include, as far as possible, administrative, professional and lay persons concerned with the collection, analysis and use of health and vital statistics. National representatives should come from governmental and nongovernmental institutions and agencies, the medical profession, the universities and research institutes. Regional and local representatives should be selected again from governmental and nongovernmental institutions and agencies, and also include other competent persons concerned with the specifically regional or local aspects of health data collections and uses.

Outside consultants and similar short-term personnel should be utilized when needed.

SECOND INTERNATIONAL CONFERENCE ON NATIONAL COMMITTEES[6]

The Second International Conference on National Committees in which 59 countries participated was held in Copenhagen, in 1973. The Conference reiterated the basic objectives of national committees as set out in the Report of the First Conference. It considered the continuing need for national committees on vital and health statistics or equivalent bodies and pointed to the important role that these agencies can play in improving communication and understanding between producers and users of statistical information.

The Conference recommended that the National Committee should be able to identify areas for which statistics are needed and to recommend specific ways to meet the needs. The Committee

[4]WHO, Tech. Rep. Ser., 1954, No. 85

[5]Conf. Rec., WHO, 1948, No. 13, p. 304

[6]WHO, Tech. Rep. Ser., 1974, No. 559

should periodically review the statistical system for its effectiveness and efficiency, and should recommend areas where *ad hoc* investigations, as distinct from routine statistics, are needed and also where special surveillance registers need to be instituted. It should also ensure adequate publication of statistics and research findings.

The National Committee should be a focus for national and international cooperation and efforts to improve health statistics. WHO should consider making use of national committee members for its expert committees. At fairly frequent intervals, WHO should convene an assembly of representatives of national committees to review world health statistics problems. Such meetings would enable WHO to identify the problems that are most common in Member States and for which action is needed. The necessary action could then be undertaken either by WHO or by international health statistical centers. Such centers should be created to promote health statistical activities among countries, namely, by exchanging views and ideas on problems of the organization of health statistical services, and in providing assistance in the fields where such assistance is needed.

In developing countries, national committees are as important as in developed countries. However, considering the very limited resources and the lack of data in some countries, the Conference appreciated the great problems faced by those countries in creating such a body and setting up a statistical system. Following the recommendation of the Second International Conference, a marked effort has been made in some countries toward reestablishing a national committee on vital and health statistics.

REVIEW OF DEVELOPMENTS

The period 1948 to 1952 witnessed a maximum rate of establishment of national committees. Since 1953, the creation of national committees has slowed down considerably. The various committees have evolved in different ways. Some committees have changed their terms of reference and names, while some have become dormant. In other cases, the original functions have been taken over by the central statistical office or by another government service. It appears that not all statistical offices or other bodies claiming to be substitutes for national committees have been able to adopt the coordinative and cooperative functions recommended 30 years ago as a basis for sound development of vital and health statistics at both national and international levels.

Adequate review of national committees or their equivalents has become a difficult task. Although it is true that 58 countries have declared that they have established a national committee, this does not in itself assure that the committee meets the objectives and functions recommended by the First International Conference of National Committees. Nor is there assurance that adequate attention is being devoted to changing national needs for statistical services in the light of evolving developments in health.

The review of the following Regions is based upon information received by WHO:

African Region

Since 1965, national committees have been approved in 6 WHO Member States. One other country plans to establish regional committees, with similar functions, for its 3 administrative areas. Plans for creating a national committee are at present under consideration in 3 more countries.

American Region

The recommendation of the First World Health Assembly that governments should establish a national committee was followed by practically all countries of the Region. Over the years, the changes in national health policies have also affected the national committees. If in some countries the situation has become unclear and information scarce, in others a positive evolution can be observed; for example, the creation, in 1967, of the Central American Standing Committee on Health Statistics.[7] This Committee, comprised of 6 Member countries, namely, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama, suggested, *inter alia,* that the Central American Public Health Council "...reactivate national committees on vital and health statistics since these represent a useful and effective means for putting the recommendations approved by the council into effect."

In assuming functions similar to those of a national committee on vital and health statistics, but at intercountry level, the Central American Standing Committee on Health Statistics, in collaboration with the Pan American Sanitary Bureau (WHO Regional Office for the Americas) and the Organization of Central American States (ODECA), was given responsibility for:

a) Evaluating the situation in regard to health statistics in each of the 6 Member countries;

b) Defining as fully as possible the needs for statistical information and their priority; and,

[7]WHO/HS/NAT. COM/69.244, 69.249, 71.279, 73.301.

c) Examining and evaluating the suitability for Central American needs of the tables and plans contained in the Regional Programme for Basic Statistics, with a view to suggesting any changes that might be necessary.

Four Working Groups were constituted to deal with the following matters:

Group A Mortality statistics in Central American countries, and the civil register and vital statistics.

Group B Hospital statistics in Central American countries, and health statistics for epidemiological purposes.

Group C Health statistical programme for Central America and Panama, and vital statistics and health administration.

Group D Rules of procedure of the Central American Standing Committee on Health Statistics.

In Canada, an Interdepartmental Committee on Health Statistics[8] was created in 1974 with functions similar to those of a national committee, namely, to provide a continuing mechanism for maintaining effective coordination between National Health and Welfare and Statistics Canada on health statistical matters. The Interdepartmental Committee continued the work begun by the Ad Hoc Committee on Health Statistics in reviewing and making recommendations concerning the development of the national health statistical systems. Its membership reflects the interests of the 5 health branches and the welfare side of National Health and Welfare and the Health Division in Statistics Canada.

One of the most active national committees has proved to be the United States National Committee on Vital and Health Statistics (USNCVHS). It is the official external advisory body to the Secretary of Health, Education, and Welfare in the field of health statistics. Established by the Secretary in 1948 at the World Health Organization, the Committee and its subcommittees (or technical consultant panels) deployed from the beginning a great activity which was regularly reported to the World Health Organization. In 1974, the USNCVHS received statutory authority in Public Law 93-353.[9]

In Latin America, the special attention which is at present being devoted to the improvement of vital registration might lead to a new interest in reactivating or creating national committees on vital and health statistics. At the Meeting on Strategies for Improving Civil Registration in Montevideo, Uruguay, November 1977, one of the solutions suggested on the national level for promotion of civil registration in American countries was, "Promotion through publicity campaigns directed toward: national committees on vital and health statistics; officials within the ministries of health, education, etc."

Eastern Mediterranean Region

Of the original 7 national committees created by countries of this region, 3 have not survived. Within the last few years, new committees were established in 4 other countries, one following the recommendation of the Second International Conference of National Committees.

European Region

Of the 12 countries which originally established a national committee, not many have maintained their committee in its original form.

A number of Eastern European states have focused their efforts on the strengthening of their central statistical offices, centralization of health statistics being assured by legislation.

In opposition to this, is the strong autonomy of the administrative regions in some Western European countries which often makes coordination on the central level difficult. However, efforts in this direction have been made. Also, similar to the Central American Committee mentioned earlier, the 5 member countries of the Nordic Council (Denmark, Finland, Iceland, Norway and Sweden) have established an intercountry organization titled the Nordic Medico-Statistical Committee.[10] The functions of this Committee are akin to those of a national committee, its purpose being to coordinate and standardize health statistics in the Nordic countries in order to permit closer comparisons. Several working groups deal with specific health statistical fields.

Southeast Asian Region

Of the 5 national committees established in the Region, 2 committees still assume some of the functions of a national committee on vital and health statistics and have been instrumental, *e.g.*, in new procedures envisaged for rural vital registration.

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[8] WHO/HS/NAT.COM/77.355 Add.2.

[9] Report of the United States National Committee on Vital and Health Statistics/Fiscal Year 1977 (Appendix 1)

See also document WHO/HS/NAT.COM/75.348

[10] WHO/HS/NAT.COM/71.274 and 77.355.

Western Pacific Region

Following the recommendation of the Second International Conference of National Committees, the Australian Health Ministers' Conference, in 1976, agreed to create a National Committee on Health and Vital Statistics, with representatives from Commonwealth, State and Territory Health Authorities, the Australian Bureau of Statistics, and 3 representatives of the Hospital and Allied Services Advisory Council.

The terms of reference of the Committee are:

a) To report and recommend to the Australian Health Ministers' Conference measures for the development, coordination and rationalization of health statistics; and,

b) To inform the Australian Statistics Advisory Council on priorities in health statistics.

The National Committee also collaborates with other committees concerned with health statistics, including those of the National Health and Medical Research Council.

In discussing the current situation regarding the collection of data by States and the Commonwealth, members expressed the opinion that the National Committee, as the only Committee comprising representatives from Commonwealth and State Health Authorities, funding agencies and the Australian Bureau of Statistics has a unique role. This role is to collate and coordinate all demands for health data and recommend priorities for the collection of this data to the Health Ministers and the Australian Statistics Advisory Council. The Committee members agreed that coordination be required between the functions of the National Committee and those of the Health Statistics (Standing) Subcommittee of the National Health and Medical Research Council and the Computer and Research Committees of the Hospital and Allied Services Advisory Council. It was also agreed to exchange summary reports of meetings with these committees. It was agreed that the World Health Organization, the US National Center for Health Statistics, and the National Committee's New Zealand counterpart should be kept informed of the Committee's actions.[11]

In Japan, the functions of a national committee on vital and health statistics are assumed by the Health and Welfare Statistics Council which holds annual meetings to review the vital, health and social welfare statistics activities of the Statistics and Information Department of the Ministry of Health and Welfare. Frequent meetings were held by the Council's Subcommittee on the Classification of Diseases and Causes of Death which considered the possibility of adopting the 9th Revision of the ICD and translation of the English version into Japanese. Other activities of the Health and Welfare Statistics Council concerned various health and mortality surveys.

Functions of a national committee, in New Zealand, are assumed by the National Health Statistics Center and the Standing Committees of Medical Research Council, viz., the Health Statistics Policy Committee; The Advisory Committee on Epidemiology; The Inter-Departmental Committee on Statistical Needs and Priorities, and the Congenital Anomalies Advisory Committee.

CONCLUSIONS

The usefulness and productivity of national committees on vital and health statistics vary depending on the circumstances. First, there must be a strong commitment on the part of the administrators of the civil registration, national vital statistics, and the national health programs to develop and improve statistics needed for planning of national health and welfare programs. Second, there needs to be a clear understanding of the objectives of the National Committee and the limitations of Committee activities in achieving such objectives. Third, judicious selection of members of the Committee to represent essential viewpoints, and to secure active participation of these members in the deliberations of the Committee. Last, the importance of an able chairman to guide the discussion and of a competent staff of subject matter specialists for preparation of agenda and documentation for the discussions.

The experiences of national committees on vital and health statistics (or its equivalent) in several countries have demonstrated the potentials of this mechanism for obtaining technical developments in vital and health statistics. Each country will probably need to experiment with various methods of operation to develop the most effective procedures for the operation of its national committee.

[11]The Chairman of the Australian National Committee on Health and Vital Statistics was invited by the US National Committee to its meeting of 29 to 30 November 1978 in Washington at which the Chairman reported on the constitution and priorities of the Australian Committee. WHO hopes that this example of direct interrelations between national committees might be followed by others.

PREVIOUS PUBLICATIONS OF THE IIVRS TECHNICAL PAPERS

1. *A Programme for Measurement of Life and Death in Ghana,* D. C. Mehta and J. B. Assie, June 1979

2. *Vital Statistics System of Japan,* Kozo Ueda and Masasuke Omori, August 1979

3. *System of Identity Numbers in the Swedish Population Register,* Karl-Johan Nilsson, September 1979

4. *Vital Registration and Marriage in England and Wales,* Office of Population Censuses and Surveys, October 1979

5. *Civil Registration in the Republic of Argentina,* Jorge P. Seara and Marcelo E. Martin, November 1979