

# THE WORLD HEALTH ORGANIZATION IN THE FIELD OF STATISTICS

by

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The statistical functions of the World Health Organization, a Specialized Agency of the United Nations, were inherited from the "Office International d' Hygiene Publique," the League of Nations' Health Section, and the Health Division of the UNRRA. In these institutions the statistical work was a mere offshoot of their basic epidemiological functions, i. e. figures on general mortality, infant mortality, etc., were collected as complement to or as a substitute for figures on mortality and morbidity from specific communicable diseases; similarly, figures on population were collected merely to compute rates. Thus in the parent organizations, the routine statistical work, i. e. the collection, computation, study and publication of figures, was done mainly by the staff of the epidemiological intelligence services. Similarly, the periodicals issued, whether weekly, monthly, or yearly, were essentially epidemiological journals.

In the League of Nations' Health Section its staff was also entrusted with the important task of the preparation of the 1938 Revision of the "International List of Causes of Death" and with the issue of the corresponding "Manual".

The actual current activities of the World Health Organization in the field of statistics could perhaps be better dealt with under the following main headings:

## 1. *Epidemiological Statistics*

The Quarantine Section of the Division of Epidemiological and Health Statistics of the Organization collates and issues in the form of daily broadcast bulletins, followed by the printed

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Epidemiological Record information concerning the "pestilential diseases," (cholera, plague, yellow fever, typhus, smallpox), this information calling sometimes for immediate action on the part of national quarantine administrations, for barring the introduction of epidemic diseases in their respective countries, imposes on this particular activity of the World Health Organization, particular speed and also priority.

Figures relating to communicable diseases in various countries are further compiled and abstracted in monthly and annual publications of the World Health Organization, the "*Epidemiological and Vital Statistics Report*" and the "*Annual Epidemiological and Vital Statistics*." In both are found a great deal of particularized data on births, deaths, and causes of death relating to the different countries and to a considerable number of selected towns throughout the world, appropriate data on population by the pertinent characteristics being added for facilitating the computation of rates.

### 2. *Other Health Statistics*

Statistical material on administrative and public health statistics (data on the number and kinds of antituberculosis dispensaries, sanatoria and hospitals, venereal diseases dispensaries, vaccinations and inoculations against infectious diseases, child welfare centers, etc.) as well as statistics of medical and public health personnel (data on the number of doctors, pharmacists, midwives, etc.) are also obtained and published in particular reports. Studies and comments on the evolution or other features of mortality and morbidity from different diseases appear regularly either in the "Monthly Report" or in special articles of the "Bulletin".

Figures and indexes of mortality not measuring adequately, however important they might be in themselves and for public health purposes, the levels of health of the individuals of countries and of nations, data on actual prevalence of sickness and study of records of morbidity will, at least theoretically, be of higher usefulness than reports on past mortality, and the World Health Organization is aiming at tackling this field of statistics besides the range of that of notification of

infectious diseases which for the time being constitute by far the main source of available national morbidity statistics.

3. *International Statistical Classification of Diseases, Injuries, and Causes of Death.*

The World Health Organization has prepared the Sixth Decennial Revision of this "International List". The new classification (1948) meant a very considerable advance — with implied complexity, naturally — on the previous one of 1938, as it was, and it is, intended to be applied also in the classification of diseases, of sicknesses, and not only of mortality returns. Nomenclature of sickness being much more extensive than the usual mortality data found in the certification of cause of death, the groups and rubrics of the Classification had to be much more extended and amplified. Its use will, on the other hand, be on much greater scale regarding institutions (hospitals, dispensaries, army records, etc.) than were the Lists available in the past.

The World Health Assembly accepted this List and is now in use very widely. A small revision will be effected in the next years mainly intended for corrections and clarification of doubtful points.

The World Health Organization has also organized a "Clearing Center" for problems arising in the application of the "List" by the different national administrations and is located by courtesy of Her Majesty's Government at the General Register Office, of England and Wales, London.

4. *National Committees on Vital and Health Statistics.*

The International Conference for the Sixth Revision of the International List in Paris alluded to above put forward a new idea which might prove to be in the future a powerful instrument for the improvement, both generally and particularly, of national health statistics; the creation of national committees on vital and health statistics for the purpose of giving impulse to the betterment of national health statistics, for coordinating the work carried out by various national depart-

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ments, for making studies of problems and questions on medical statistics which might present at times great national or international interest.

The World Health Organization accepted the idea and recommended fostering the creation of such committees in different nations. So far they have been established in 29 countries and in several they have worked very efficaciously. A First International Conference of these national committees was held in October 1953 in London and it provided an opportunity to review the present status of some of the most important categories of health statistics, including those on how to secure a wide appreciation of the value and significance of health statistics, and of the best methods of training suitably qualified statistical staffs.

It is to be hoped that this important mechanism for contributing to the improvement of national health statistics and for establishing links between national institutions responsible for health statistics and the World Health Organization will receive all the merited attention it deserves and receive the indispensable support.

### *5. Training of Personnel*

Lack of trained and competent personnel in statistical techniques and more particularly in the medical and health aspects is a well recognized fact and for assisting some national administrations to overcome such difficulties the World Health Organization, in collaborations with the United Nations, has organized several courses in Vital and Health Statistics aiming to give instruction and training in those fields to persons working in those spheres in national offices or in important local health or vital statistics agencies. Mostly they have been of a temporary character, with a duration of two or three months, such as those held in Santiago de Chile, Nuvara Eliya (Ceylon), and Tokio; some, namely the Interamerican Center of Biostatistics at Santiago, have a more permanent feature. Other Training Centers have had more modest scope like the one now being held at Kabul (Afghanistan) intended for statistical clerks. Still others had a more particularized aim, such as the

Training Course for Coders held in Geneva three years ago, aimed at giving instruction in the application of the International Classificatory List of Diseases to officers entrusted with coding of diagnosis according to such a List in their respective countries.

On a different line but with the same general purpose the World Health Organization has granted about 50 fellowships so far in Health Statistics and it is hoped that the fellows thus trained will be able to exert an influence in improving statistical systems.

Finally, the World Health Organization helps Governments in this field by sending, at their request, Consultants in particular aspects of Health Statistics.

#### 6. *Regional Organization*

It is indispensable to note for a clearer understanding of how the World Health Organization operates that the Organization works, as prescribed in its Constitution, through its Regional Offices; there are six at present: for Europe, for the Americas, for the Eastern Mediterranean, for South East Asia, for the Western Pacific (Manila) and for Africa (south of the Sahara). It is through the mechanism of the Regional Budgets that the World Health Organization carries out its multifarious activities and this applies also to those in the statistical field.

#### 7. *General Aims*

All the work in the World Health Organization concerning Health Statistics is directed to two principal and fundamental purposes, viz. to assist national administrations, at their request, in the betterment of their medical and health statistics, and to improve the international comparability of vital and health statistics.

Surely, for such lofty technical objectives the World Health Organization could count also on the support of the Philippine Statistical Association.

