

CONFERENCE OF EUROPEAN STATISTICIANS

For information

Third meeting of the 2006/2007 Bureau
Geneva, 12-13 February 2007

Item 8 of the Provisional
Agenda

REPORT TO THE CES BUREAU ON HEALTH STATISTICS

Note prepared by Jennifer Madans, US National Center for Health Statistics

1. This report provides an update for three major activities in health statistics: the Washington Group on Disability Statistics, the Intersecretariat Working Group on Health Statistics and the Budapest Initiative (Task Force on Measuring the Health Status). More detailed reports on the Washington Group and the Intersecretariat Working Group on Health Statistics have been submitted for consideration to the UN Statistical Commission.

WASHINGTON GROUP ON DISABILITY STATISTICS

2. The primary aim of the Washington Group is the development of a short set(s) of disability measures, suitable for use in censuses, sample-based national surveys, or other statistical formats, for the primary purpose of informing policy on equalization of opportunities. A second priority is to develop one or more extended sets of survey items to measure disability, or guidelines for their design, to be used as components of population surveys or as supplements to specialty surveys.

3. All disability measures recommended by the group, short or extended, will be accompanied by descriptions of their technical properties, and methodological guidance will be given on their implementation and their applicability to all population subgroups. The Washington Group disseminates its work products globally through the world-wide web (<http://www.cdc.gov/nchs/citygroup.htm>) and scientific publications.

4. The Washington Group has held six annual meetings since the inception of the group:

- i) February 18-20, 2002 in Washington, DC, USA;
- ii) January 9-10, 2003 in Ottawa, Canada;
- iii) February 19-20, 2004 in Brussels, Belgium;
- iv) September 29-October 1, 2004 in Bangkok, Thailand;
- v) September 21-23, 2005 in Rio de Janeiro, Brazil; and 6) October 10-13, 2006 in Kampala, Uganda. Annual meetings are rotated through major geographic regions to facilitate participation. In addition, two regional workshops were held in 2005 to provide technical assistance and training for pre-testing the proposed census questions.

5. Since its inception, the national statistical offices in 88 countries have appointed representatives to participate in the Washington Group. Representatives from 66 countries have attended at least one annual meeting and 35 countries have attended more than one annual meeting. Representatives from 77 national statistical offices are currently members of

the Washington Group, as well as 7 international organizations, 6 organizations that represent persons with disabilities, the United Nations Statistics Division, and other UN affiliates.

6. Since 2001, the group has:

- i) developed a short question set, accompanying rationale, and test implementation protocols;
- ii) provided training to countries in conducting the WG tests and, more generally, on disability data collection methods;
- iii) conducted standardized WG tests in 15 countries;
- iv) analyzed test results; and
- v) endorsed the short question set (with minor revisions).

7. At the 6th meeting, the Washington Group agreed to its work plan for 2007:

- (a) Short set of questions for censuses: Continue to analyze test data; consider additional revisions to the short question set as well as the use of the short set as a screener; and publish results from Washington Group, ESCAP/WHO, and country tests.
- (b) Extended sets of questions for surveys: Questions will be developed within the existing domains and new domains will be added to more completely assess equalization of opportunities.
- (c) Methodological issues: Evaluation of proxy data; determine how the questions work for specific subpopulations such as children, and determining the age at which the questions are meaningful by evaluating the test data from children; and determining the portability of questions across administration modes.

8. The 7th Washington Group meeting will be held September 19-21, 2007 in Dublin, Ireland.

INTERSECRETARIAT WORKING GROUP ON HEALTH STATISTICS

9. The Inter-Secretariat Working Group on Health Statistics (ISWG-HS) had its 3rd meeting on 17 November 2006 in Geneva following the Millennium Development Goals (MDG) indicators meeting. The meeting was chaired by Jennifer Madans of the US. The World Health Organization (WHO), in collaboration with the United Nations Statistics Division (UNSD), served as secretariat. Twenty-one representatives of national statistical authorities and 9 agencies attended the meeting.

10. There was a frank and extensive discussion about the purpose of the ISWG-HS. While a range of opinions were expressed about the objectives of the ISWG-HS and how it might operate, there was general consensus among country representatives that such a group was needed but that it would take some time to develop the coordinating structures and fora required.

11. There were discussions on the need to involve Ministries of Health (MOH) but without making the group too large. National statistical authorities will have to take a leading role in developing collaborations with the MOH and the ISWG-HS should support this. The need for a focal point within the country was stressed.

12. There was agreement that the ISWG-HS would not take over the work that is currently being done using other mechanisms but that it would serve as a forum for bringing together the range of activities to facilitate information sharing and the adoption of best practices so as to strengthen the health statistics infrastructure. It was agreed that a broad definition of health would be used.
13. The length of this discussion limited the amount of time available to develop a work plan. As an alternative, representatives from the US, Norway, Finland, Canada, Mexico, Zambia and South Africa agreed to form a small working group to develop the program for the next annual meeting which would be circulated to participants for their review. Members would be asked to work on agenda items and develop the necessary documents.
14. Since attendance at the meeting was tied to attendance at the MDG meeting to save travel costs, membership should be offered to all nations with an emphasis on having representation from countries in all regions and at all levels of development. If the number of countries wishing to participate is so large as to be difficult to manage, some mechanism will have to be developed to either rotate members or appoint a smaller steering committee to direct the work of the group.
15. The best venue for the annual meeting was discussed. A promising possibility would be to have the meeting in conjunction with one of the regional census meetings. The Secretariat was asked to investigate opportunities.
16. The Terms of Reference were modified to reflect the discussion and were adopted by the group.
17. Jennifer Madans of the US was selected as the Chair for the coming year. A Co-Chair will also be identified who will become Chair after the next annual meeting.

BUDAPEST INITIATIVE (TASK FORCE ON MEASURING THE HEALTH STATUS)

18. A sub-set of the existing Task Force on Health State was formed to develop a question set and testing protocol. The question set covers 8 functional domains: Vision; Hearing; Mobility; Cognition; Pain; Affect; Fatigue and Social Relationships. Four countries agreed to undertake cognitive testing using the agreed testing protocol: Australia, Canada, Italy and the U.S. A subset of the final question battery was also tested as part of the test of the European Health Module sponsored by Eurostat in three countries.
19. A meeting of the Task Force and the countries testing the questions will be held in Geneva on 30 January – 2 February (it is expected that Australia will participate by video conference for part of the meeting). The purpose of the meeting is to review the results of the testing and develop the first draft of the questions in those domains where the testing provides clear evidence. A verbal report on the meeting will be provided to the Bureau.
20. A target date of the end of February was set for determining a recommended set of questions. Eurostat agreed to leave flexibility to EU countries to adopt the Budapest Initiative set if this set is finalized by end-February.

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