Health statistics, including both empirical data and estimates related to health such as mortality, morbidity, risk factors, health service coverage, and health systems, are the basis for every aspect of health planning. The demand for better health statistics is rapidly growing. More money is being spent on global health than ever, and donors are keen to know their return on investment. In the financial sector, credibility and accountability are everything. Why not in the health sector? Tracking progress towards the Millennium Development Goals is now a great opportunity to improve health statistics, such as the World Health Statistics publication (4). To ensure accuracy and transparency of health statistics, WHO is improving its approach to producing estimates. The consultation process has been in place since 2001, following the publication of the World Health Report 2000, which resulted in criticisms concerning the credibility of WHO estimates. The consultation process is now supported by a four-step framework when clearing official WHO estimates: 1) a publicly accessible database of all data sources; 2) independent review by a group of experts such as the Child Health Epidemiology Reference Group (CHERG) and the UNAIDS Reference Group on Estimates, Modelling and Projections; 3) well-documented, preferably peer-reviewed and published, methods of estimation; and 4) internal WHO clearance by the Evidence and Information for Policy (EIP) cluster.

Countries are the major producers and users of health information. WHO will need to step up its efforts to provide assistance to countries. This involves the strengthening of the availability, quality and uses of health information, and building country capacity for modelling and generating estimates. While the country consultation and clearance procedures place constraints on the timeliness of health statistics, the engagement of countries and subsequent strengthening of their capacity to produce reliable statistics should eventually improve the efficiency of production and quality of estimates.

WHO statistics are produced by disease-specific programmes as well as by the EIP cluster. The experts of individual programmes vary and their work is often fragmented. Strengthening internal capacity across programmes is a necessary step to maintain WHO’s leading role as the global health monitoring body. However, given an increasing number of international players in the field of health statistics, WHO should simultaneously strengthen its role as a facilitator and coordinator of leading experts in health statistics. One example is the recently established WHO High-Level Panel on Health Statistics (5). If estimation of health statistics can be done jointly with academics and other organizations and institutions, WHO should be a fully-fledged partner in the process of generating health statistics. Finally, the value of information is judged by those who use it, not those who produce it. Now that the field of health statistics has become more visible, the success or failure of this work in the international health arena will depend greatly on how WHO asserts itself with its member countries and its research partners. It is truly time to get serious.

References
Web version only, available from www.who.int/bulletin

1 Measurement and Health Information Systems, Evidence and Information for Policy, World Health Organization, 20 Avenue Appia, 1211 Geneva, Switzerland. Correspondence should be sent to Ties Boerma (email: boermat@who.int).