

# **SAARCSTAT PROJECT ON CONCEPTS, DEFINITIONS AND STANDARDS OF HEALTH STATISTICS FOR THE SAARC REGION (INDIA REPORT)**

## **1. Introduction**

1.1 The World Health Organization (WHO) defines health as “...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The way to achieve health is to ensure adequate income, food, education and shelter, a stable Eco-system, sustainable resources, peace, social justice and equity for all. In other words, this amounts to putting in place the basic determinants of health outlined in the WHO’s *Ottawa Charter for Health Promotion*, 1980. In 1999, WHO gave the definition of a healthy community as having a clean, safe, high quality physical environment and a sustainable ecosystem; a strong supportive and participatory community; provision of basic needs; access to a wide variety of experiences and resources and a diverse, vital, biological and cultural connectedness.

1.2 Medical care influences only 10% of an individual’s overall health status (Scovill, 1998). Other factors such as lifestyle and the environment are less well defined, but they play a dominant role in determining health.

1.3 In a welfare State, the government holds the responsibility of health of its people. It will be interesting to observe how the government responds to the health scenario in the country. The policies and strategies that are developed by the government for prevention of diseases and treatment of the various health problems being faced by the population of the country reflects the way government has been handling or planning the situation. The various health programmes which have been formulated by the government from time to time to take care of various public health concerns indicate how the government has been working towards prevention, control and cure for various diseases and to what extent it has been successful in its efforts. At the same time this information helps in identifying the continuing and new areas of concern for public health practitioners and medical professionals of the country. The health infrastructure and community health services which provide preventive and curative health services for the entire population are the main health delivery points of the health system. The health personnel who provide health care services to the population are an integral part of the entire health system. Health funding is a critical factor, which reflects the financial aspect of the health profile. This includes the plan outlays as well as the actual expenditure on various health activities.

## **2. SAARC Social Charter and Health Issues**

2.1 One of the Objectives of the SAARC social charter is to protect and promote the health of the population. It is not possible to achieve good health in any country without addressing the problems of primary health issues and communicable diseases. The health of the population of the countries of the SAARC Region is closely interlinked and can be sustained only putting in place coordinated surveillance mechanisms and preventive and management strategies

### 3. Proposal for preparation of a Manual on Health Statistics

3.1 During the first meeting of the Heads of Statistical Organisations of the SAARC Member States held in Kolkata during May 26-27, 2005, it was decided that India would take up, among others, a project on Health Statistics. Individual SAARC countries may be having their own methodologies for collection, presentation and dissemination of Health Statistics. Since health statistics of the population of countries of the SAARC region is closely identical, it will be of interest to have a more or less uniform data collection and presentation system for the SAARC countries for understanding, comparing and possible coordination among the states for developing common strategies, as envisaged in the SAARC Social Charter. Keeping this objective in view, a Manual on Health Statistics may be taken up under the Health Statistics Project. The manual may contain, among others, the following:

- i) Review of (a) various health, family welfare, nutrition surveys conducted by the individual SAARC countries,  
(b) Sampling techniques/estimation techniques used in the conduct of these surveys, and  
(c) Survey methodology and procedures followed
- ii) Guidelines for preparation of standard formats for Health profile, including standard health indicators, definitions and meta data to be followed in the surveys relating to health, family welfare and nutrition.
- iii) Review of statistics on disability, sources of data, definitions and use of ICI framework developed by the WHO for collection of data on disability through census or surveys and development of profile of disability in the SAARC region.
- iv) Health information system to monitor SAARC Developmental Goals and Millennium Development Goals.

3.2 The manual will be prepared by using the expertise of a professional on the subject to be selected by inviting technical and financial proposals through advertisement in leading newspapers of India. Alternatively, names of a few consultants will be collected from the Ministry of Health and Family Welfare of Member states.

3.3 The project will be funded by the Ministry of Statistics and Programme Implementation, Government of India. The exact cost that may be required for funding the cost will be determined after selection of the consultant.

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Note of the Lead Consultant: This was submitted to SAARC Sec. on 15-04-2008 thus calls for revision.

