Enhancing Health Statistics: Current status and future prospects

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2nd Workshop on Modernization of Official Statistics in the State of Qatar
Doha, September 25, 2018
The need for a validated and reliable health information

• Monitor health status of population
• Assess effectiveness of health policies (KPIs)
• Assess efficiency and operations of health services
• Report to international organizations and monitoring of implementation of commitments
• Monitoring of UN/SDGs and reporting
• ……

Facilitate evidence informed health policy
NHS Overview: Population Health Challenges

- 69% of mortalities occur from chronic conditions
- 70.1% of Qatari adults are overweight
- 43.9% of Qatari adults have low levels of physical activity
- 88% of Qatari children have dental caries
- 23% of mortalities are due to injury

Estimated Tobacco use:
- MEN 31.9%
- WOMEN 1.2%
- CHILDREN 13-15 YEARS 15.7%
  (22.8% male, 8.8% female)

To address the challenges and realize the outlined vision, this paper reflects a global shift in thinking...
NHS Overview: Strategy Development

Collaborate
- 70+ International and local agencies

Review
- International standards and benchmarks

Consider
- Existing strategies, frameworks & plans
NHS Overview: 12 Priority Areas – 19 KPIs

7 Priority Populations
1. Healthy Children and Adolescents
2. Healthy Women Leading to Healthy Pregnancies
3. Healthy and Safe Employees
4. Mental Health and Wellbeing
5. Improved Health for People with Multiple Chronic Diseases
6. Health and Wellbeing for People with Special Needs
7. Healthy Aging

5 System Wide Priorities
1. Health in All Policies
2. Effective System of Governance and Leadership
3. Integrated Model of High Quality Care and Service Delivery
4. Enhanced Health Protection
5. Enhanced Health Promotion and Disease Prevention

19 National Targets
## Enhanced Health Promotion and Disease Prevention

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<thead>
<tr>
<th>National Target Number</th>
<th>National Target</th>
<th>Baseline Value</th>
<th>Target Value 2022</th>
<th>International Benchmark</th>
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<tbody>
<tr>
<td>6</td>
<td><strong>Enhanced Health Promotion and Disease Prevention</strong>: 5% decrease in obesity rate in children, adolescents and adults.</td>
<td>Children 6-19 Adults</td>
<td>21.5% (2016)</td>
<td>Children 6-19 Adults 20.4%</td>
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<td>Adults 41.4 % (2012)</td>
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<td>WHO Objective for 2020: Halt the rise in obesity</td>
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<td>Source: OECD Health at a Glance 2017 and WHO obesity database.</td>
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<td>WHO Global Action Plan 2013-2020</td>
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<td>7</td>
<td><strong>Enhanced Health Promotion and Disease Prevention</strong>: 30% reduction rate in smoking prevalence.</td>
<td>Youth: Total=15.7; Males =22.8; Females = 8.8 (2013)</td>
<td>Youth: Total =11.0; Males =16.0; Females = 6.2</td>
<td>30% reduction in prevalence of current tobacco use in persons aged 15+</td>
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<td>ADULTS: Total =16.4; Males =31.9; Females =1.2 (2012)</td>
<td>ADULTS: Total =11.5; Males =22.3; Females =0.8</td>
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<td>8</td>
<td><strong>Enhanced Health Promotion and Disease Prevention</strong>: 15% reduction in premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.</td>
<td>14% (2014)</td>
<td>11.9%</td>
<td>Kuwait and Lebanon have the lowest rate of premature mortality (12%) amongst the countries of the WHO EMRO Region</td>
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<td>Source: WHO NCD country profiles 2014</td>
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# Integrated Model of High Quality Care and Service Delivery

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<td>2</td>
<td><strong>Integrated Model of High Quality Care and Service Delivery:</strong> 5% reduction of overall amenable cause of specific mortality</td>
<td>HAQ 85.2/100 <em>(2015)</em></td>
<td>HAQ 89.5/100</td>
<td>Andorra HAQ 95/100 Iceland HAQ 94/100</td>
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<td>The Lancet Journal, Healthcare Quality and Access Index for Amenable Mortality from the Global Burden of Disease Study</td>
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<td>Institute for Health Metrics &amp; Exchange HAQ resources</td>
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<td></td>
<td><strong>Integrated Model of High Quality Care and Service Delivery:</strong> 15% reduction of preventable hospital admissions for primary care sensitive conditions</td>
<td>Diabetes 51.2 per 100,000; CHF 63.1 per 100,000; COPD 10.8 per 100,000; Asthma 21.3 per 100,000; Hypertension 25.1 per 100,000</td>
<td>Diabetes 43.5 per 100,000; CHF 53.6 per 100,000; COPD 9.2 per 100,000; Asthma 18.1 per 100,000; Hypertension 21.3 per 100,000</td>
<td>Lowest standardised rates amongst 35 OECD countries are outlined below: (*)</td>
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<td>4</td>
<td><strong>Integrated Model of High Quality Care and Service Delivery:</strong> 85% of attendances to Emergency Department see, managed and discharged from Emergency Department within 4 hours.</td>
<td>75.3%</td>
<td>85%</td>
<td>NHS Lead to establish international benchmark/s &amp; best practices during their baseline assessment. Considering, but not limited to the role of triage in ED and effective utilization of Urgent Care and Primary Care services.</td>
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Use of data from international sources: Health care access and quality index in GCC and best world country. 1990-2015

[Graph showing HAQ Index from 1990 to 2015 for Qatar, Kuwait, Oman, UAE, Saudi Arabia, and Iceland.]

Lancet, 2016
Growth monitoring chart programme: Overweight and obesity among school children 5-19 years, Qatar 2016
Integrated use of existing data: Age standardized hospitalization rate for type 2 diabetes (ICD E11). OECD countries and Qatar, last available year (Qatar 2016)

HMC Cerner data base; MDPS population data, 2016; OECD 2017
Current status - Health information in Qatar

- Plenty of data available in different data bases
- Limited unified reading of the available information
- Several initiatives for specific data collections by research groups, private and public bodies
- Data validity issues
- Need for an effective and efficient system to monitor the implementation of the National Health Strategy 2018-2022 and selected specific health strategies
- Reporting to international level by different stakeholders produces a picture that is not always consistent
Qatar Health Observatory - Vision and mandate

Better information for better health and health care decision

Fostering effective collection, management, use and disclosure of information to:

- Support evidence informed health policy
- Promote public awareness of factors affecting health in Qatar
- Provide public accountability
- Monitor implementation of NHS 2018-2022
- Enable sound management decisions within the health sectors and beyond
• Gather health data and turn them into intelligence to support decision-making at different levels.

• Improve validity, reliability and quality of data on health and health services

• Develop and consolidate collaboration and joint work among key partner organizations and stakeholders in the health system

• Act as a source of expertise in health intelligence including indicators’ development.

• Produce a yearly National Qatar health profile as a reference for national policy and international reporting

Observatory Committee
A first set of outcomes of the Observatory

• Reviewed definitions and baseline values for the 19 NHS KPIs
• Support definition development, specification and baseline values for selected specific areas within NHS and other relevant strategies.
• Support to the definition and data collection of health care system benchmarks for the Minister of Health
• Qatar National Health Report 2014-2016 and from 2017 onwards on a yearly basis
• Review of death registration accuracy and validity (in collaboration with WHO)
• Work with MDPS for the review of the health indicators at the national level
Future challenge: integrated use of data from different sectors for health
Roberto Bertollini, MD MPH

Long term exposure to ambient air pollution (PM2.5) caused **4.2 million deaths** and 103.1 Million lost years of healthy life in 2015, representing **7.6% of total global mortality**, making it the fifth-ranked global risk factor in 2015.
Example of cross-sector data sources

- **Satellite Data**
  Qatar Civil Aviation Authority

- **Meteorological Data**
  Qatar Meteorology Department

- **Monitoring Stations**
  Ministry of Interior

- **Demographics**
  Ministry of Development Planning and Statistics

- **Mortality & Morbidity Data**
  Ministry of Public Health
How to ensure evidence informed policy?
Thank you