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METHODS OF IMPROVING VITAL AND HEALTH STATISTICS

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MEASURES TO IMPROVE VITAL AND HEALTH STATISTICS
IN DEVELOPING COUNTRIES

by

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Many developing countries find themselves in a peculiar situation: in order to plan their economic development they need good statistical data which they cannot afford to have precisely because they are underdeveloped. But for various reasons this perfect vicious circle is not as serious as it might seem at first sight.

First, it should be emphasized that perhaps never before have the need and importance of good statistical data been so widely recognized by government authorities.

Presidente Castelo Branco, of Brazil, has recently stated:

"The Brazilian Government has decided to strengthen the national planning system, and in order to achieve this goal, will give it a more permanent structure and more accurate means of information and control. The first step in this direction of administrative reform will be the establishment of the Ministry of Planning as an institution. Another step of equal importance will be the improvement of our system of statistical information..."

It is clearly evident that there exists today in the developing countries a favorable climate for the adoption of measures destined to improve the quality and quantity of statistical data, including vital and health statistics. This is due to the appearance in the market of a great consumer of statistical data, represented by the planning system.

Therefore the first measure should be the establishment of a permanent coordination between the existing statistical system and the planning of each country, at the national, regional and local levels.

This coordination will benefit both systems because it will make it possible to obtain the statistical data needed specifically by the planning system and will call attention to the importance of the system that produces them.

Second, it has been proved that in many developing countries vital and health statistics remain at the primary sources of registration and are not transmitted to the central agency that should compile and analyse them, be it at the national or regional level. In such cases, the main deficiency lies in the transmittal of the data to the central agency, and not necessarily in the local system of registration.

In Brazil, this type of deficiency may be illustrated with several examples.

The "Anuário Estatístico do Brasil 1964" presents mortality figures for State capitals only. However, the Statistical Department of the State of São Paulo has been publishing for many years an "Anuário" with mortality data covering the whole State of São Paulo, from which Table I has been prepared. In the State of Pernambuco the Federal Service of Biostatistics and the SESP Foundation carried out a survey relative to 1961, which showed that more than 90 per cent of the deaths occurring in an area with 2,765,000 inhabitants (or 65 per cent of the total population of the State) had been registered at the local civil registrars' offices. The SESP Foundation has been publishing a "Boletim de Bioestatística e Epidemiologia" of which the 1962 volume presents vital data relative to 239 small cities in the interior of 14 States, with approximately 1,278,000 population.

However, the data I have just referred to relative to a population of 17 million Brazilians, have never been included in any official summary issued by the national statistical agencies. Therefore, I do not hesitate to say that many developing countries are making poor utilization of vital and health statistics which are available at the local level.

In order to improve vital and health statistics in terms of coverage, it is necessary to establish, among other administrative measures, a different attitude of mind among the staff of the central statistical and health agencies with a view to obtaining an efficient and timely transmittal of statistical information on the part of the primary sources of registration - chiefly hospitals, health centers and civil registrars' offices.

Another point that deserves special attention is that many developing countries are not making proper use of health surveys based on samples which produce good statistical data for several purposes.

Health surveys based on samples can be carried out even in countries with a very low economic level, because the expenditures incurred by them, which are sometimes large, are made only during a limited period of time.

Finally, I wish to point out that the three measures suggested in this paper to improve vital and health statistics - a) the establishment of a permanent coordination between the planning system and the statistical system; b) a better utilization of vital and health statistics available at the primary sources of registration; and c) a better use of health surveys based on samples - do not require any substantial change of the statistical system existing in each country.

TABLE I

Deaths, population and mortality rates
per 1000 population in the State of
São Paulo, 1950-1962

Year	Deaths	Population	Death rates per 1000
1950	110,836	9,141,928	12.1
1951	114,741	9,368,037	12.2
1952	107,336	9,599,738	11.2
1953	108,265	9,837,170	11.0
1954	106,965	10,080,474	10.6
1955	113,179	10,631,421	10.6
1956	114,082	10,950,803	10.4
1957	114,837	11,297,535	10.2
1958	111,651	11,637,950	9.6
1959	113,953	12,020,237	9.5
1960	115,466	12,974,699	8.9
1961	118,450	13,358,739	8.9
1962	123,593	13,837,846	8.9

Source: Anuário (several years). Department of Statistics.
Government of the State of São Paulo.

The structure and efficiency of a statistical system are the result of the degree of socio-economic development reached by the country; consequently, it is by no means possible to transplant highly developed systems from a rich country to one that is only beginning to build up its economy.

Any change to be made in the statistical systems in order to expand and improve them should be coordinated with the global plans for development. Since reliable statistical data are the basis for sound planning every effort should be made to use to the fullest the demographic and health statistics available and at the same time to concentrate on improving their quality and completeness.