

National Health Observatory in Lebanon: Information-based decision for Action



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This article outlines the needs for a systematic national health overview, primarily to support the work of policy- and decision-makers; the expected contribution of a national health observatory, the empirical basis already existing in countries; and the main opportunities and challenges for the establishment of a national observatory.

Introduction

A national health observatory is operationally assumed to be “a policy-oriented virtual-based national center aimed at performing systematic and ongoing observation on relevant issues about population health and health systems, in support of effective and evidence-based health policy, planning, decision-making and action in public health and health systems. The ultimate goal is to contribute to the preservation and improvement of health of the population, including the reduction of inequalities”.

1. The Need for Policy-Oriented Meaningful Information and Observation

Health planners and high level decision-makers in the health sector need nationwide integrated and analyzed information and evidence to support health policy, planning and decision-making, in a wide range of areas related to public health and health systems. Information on cross-sectional variations – comparing different

areas or socioeconomic groups of the population - can support equity-related findings, analysis, conclusions and policy-related recommendations. **Information on trends and forecasted scenarios facilitate the planning process. Information on unexpected emerging risks, vulnerability or events can activate warning and emergency systems, leading to timely health action able to prevent and control situations in an effective way, and adopt the necessary mechanisms to ensuring the fulfillment of plans towards pursued goals.**

National health authorities and international organizations frequently point out the needs for information and evidence on objectives, plans, programs, structure, organization and performance of health systems. Most countries are introducing reforms widely involving the state and the social sector. These reforms may involve significant changes in the organization, financing and function of health systems.

Some of the relevant issues (related to attributes and performance of the system) in these reforms are efficiency, equity in access to and financing of health services, quality of care, and effectiveness, including priority setting and the search for cost effective interventions. Management of health systems is gradually becoming more complex, with the participation of multiple sectors and a user population that is progressively empowered. National health information, when available, is frequently fragmented and dispersed in several sources of information (such as libraries and virtual documentation centers, research, evaluation, routine information systems, monitoring and surveillance systems). Thus it is needed to integrate and use all those information inputs in the development and systematic reporting of a comprehensive national health overview.

2. Expected Contribution from the Observatory

The Observatory integrates (but does not replace) the

findings and/or the functions of information, monitoring and surveillance systems (such as epidemiological and public health surveillance, health situation rooms, health sector analysis, monitoring and evaluation of health systems and services). The content and functional integration of those systems enables the Observatory to produce such comprehensive, coherent and solid overview. The expected value added by an integrated national health observatory includes:

- The development of an integrated national management information tool to support the work of high level policy and decision-makers in public health and health systems.
- The availability of systematic national health overview (including descriptive, analytical and interpretative components) that can be comprehensive, covering simultaneously the health situation, influence health determinants and the role of health systems, including information on different sectors.
- Reported information and overviews that can be customized to the culture and specific information needs of policy- and decision-makers, facilitating better analysis and use of information by them.
- The Observatory can promote a managerial culture for searching and using multi-source information for policy- and decision-making purposes. Managers who receive and use information provided by the Observatory are likely to become more motivated to seek further information and increase its usefulness, facilitating further improvement of the Observatory and better responsiveness of its information.
- The national capacity to perform the Observatory functions could be gradually developed, throughout the progressive and reasonable implementation of modules and observatory functions, according to priorities and national capacities for implementation.
- Given that the health sector is a component of the wide social sector in a country, the Observatory could become a pioneer module within a wider social and/or development observatory, where the Observatory could become an initial empirical module and a training center.

3. The Empirical Basis for the Observatory

The Observatory is an entity that functions through the secondary use and integration of information inputs and processes that already exist or are performed in the country (unless an exception, it does not report or produce primary



information). The basic inputs are found in a series of primary sources of information, and the capacity for surveillance and monitoring is generally found in some specific systems in place (such as those dealing with communicable diseases, nutritional situation or health systems performance). Also, some groups located at ministries of health have diverse capacity to analyze and produce reports that allow the production of scenarios, health and health systems profiles, to support policy and decision making. Those who take decisions related to public health and health systems (or their advisor group) are also an empirical part of the Observatory, in the extent that they have the capacity to analyze and apply information to evidence-based decision making. That wide set of observation-related elements and processes means that countries already have, at different degree, an empirical basis for the development of an Observatory (as a secondary and integrated instance, based on what already exists). In the way that those elements could be functionally integrated within a network, this will facilitate the design, implementation and performance of the Observatory. Those countries that are already involved in performing any kind of effective health-related observation (through surveillance and monitoring systems, event some specific observatories), have higher possibility to successfully embark in the planning and implementation (and further

management) of an Observatory.

4. Opportunities and Challenges for Implementation

Opportunities for gradual implementation of the Observatory depend on the perceived needs by decision-makers, the priority given by them, and the feasibility to integrate all the information sources and specific observatory systems to start a secondary integrated virtually-based center. Priorities are also related to the political and institutional will to support an organized and integrated observatory, as well as the managerial capacity of key planners and decision-makers for analysis and use of information in their decision making.

The national production and availability of core health data, surveillance of key diseases subject to prevention and control, as well the development of national health profiles and health systems profiles provide very useful basis for the expected observatory inputs (the empirical basis). To ensure effectiveness of the Observatory, policy and decision-makers should know what the Observatory is, and what to expect from it.

Information is an essential input for the description and measurement of health systems and services (goals,

structure and functions) in support of managerial processes (policy-making, planning and management), at different levels, and information based evaluation-related systems (surveillance, monitoring and evaluation) (Gattini C., 2007b).

Conclusion

The expected contribution of the Observatory is the networked integration of specific participants and systems, sharing key contents of information and methods already existing among the varied specific information, surveillance and monitoring systems. It includes the integrated contribution – within a functional network - from diverse teams working on the production of information, either in monitoring and surveillance systems or the development of national health profiles and health systems profiles. Through that information network, it is possible to perform a comprehensive analytical overview, for the systematic reporting of relevant, rigorous and meaningful national health information and evidence. Reporting includes variations, trends, current and forecasted scenarios, analysis, conclusions and policy-oriented recommendations.

Infos

La Marche Rapide, Un Bon Exercice pour le Cerveau!

La pratique régulière d'un exercice aérobique modéré pourrait non seulement ralentir le déclin cognitif, mais aussi inverser le processus de vieillissement du cerveau, selon les résultats d'une étude américaine.

Les chercheurs ont colligé les résultats d'études sur les effets de l'exercice physique et aérobique sur la performance des fonctions cognitives et sur le volume du cerveau auprès de personnes âgées atteintes ou non de démence.

Leur synthèse démontre que six mois d'activité aérobique modérée, comme la marche rapide, seraient suffisants pour améliorer les fonctions cognitives du cerveau. Cette amélioration s'accompagnerait aussi d'une augmentation de la matière grise dans la région des lobes frontaux.

Les auteurs soulignent en exemple une étude qui a évalué les effets de l'activité physique sur le cerveau pendant six

mois auprès de personnes âgées de 60 ans à 75 ans. Un groupe de sujets pratiquaient la marche rapide pendant 45 minutes à raison de trois fois par semaine et l'autre groupe s'adonnait à la pratique d'exercices de musculation et d'étirements. Les personnes du groupe de la marche rapide ont non seulement amélioré leur forme physique, mais aussi leurs fonctions cognitives, notamment leur mémoire et leur capacité de concentration, comparativement aux sujets de l'autre groupe.

Il reste encore plusieurs questions à élucider sur les effets de l'exercice physique sur le cerveau, notent les chercheurs. Toutefois, ils peuvent avancer qu'un régime de vie actif qui comprend des exercices aérobiques modérés peut améliorer les fonctions cognitives du cerveau et même inverser le déclin neurologique chez les personnes âgées.



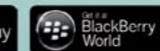
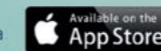
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