getting the data directly themselves, or relying solely on surveys. One of the big barriers to making this happen is that people controlling the business of health development want to make sure that they can assure their flows of money by being able to show results. This is a noble goal but it’s time for the world to shift the control, shift the power, and shift the ownership of the information to the developing country managers.

Q: Is there much international receptiveness to this idea?
A: There is new commitment globally to strengthening health systems in countries. There is increasing recognition that investment solely through disease-control programmes has left countries with systems that are dysfunctional. As each disease-specific group marches through countries with its own survey, it leaves those countries with very little control of the evidence, very little ownership of the data and finally very little ownership of either the health problem or the solution.

Q: Is this a source of major irritation in some countries?
A: Yes. The countries are often quite sophisticated about the data, eager to take on the analysis and committed to making sure that the evidence is owned first and foremost within the country. It’s time for the global community to encourage the trend to use countries’ data rather than using globally generated estimates.

Q: So how do you get an integrated approach for data systems when countries are under siege from the disease-specific programmes that have a lot of money?
A: It’s possible to engage the disease-specific programmes in strengthening health systems. The Global Fund to fight AIDS, Tuberculosis and Malaria, for example, has a new commitment to use its resources not just to benefit the programmes to control the big three diseases but also to enable countries to use those resources to strengthen their systems. The tuberculosis community has realized that investment in information systems will provide much more sustainable improvements in surveillance for tuberculosis.

Q: How can WHO help countries to strengthen their own health data capacity?
A: WHO now works to adjust the statistics that come from individual countries so that they are comparable and credible. Rather than investing solely in analysis to reconcile conflicting information here in Geneva, there should be an increasing willingness at WHO to support development of that capacity in countries. I think we have to be wary of a tendency to centralize the analytic expertise in institutions in the industrialized world.

Q: You started with giving small grants to many countries but now you are isolating smaller numbers of countries for more intensive aid. Why is that?
A: The 65 grants to countries have done an immense amount to increase the demand for information system reform but we clearly need to be able to support that demand and that is a much more expensive prospect. We need to target both technical and financial resources on a small number of countries and show that an intensive approach to information system reform will deliver better outcomes. Cambodia, Sierra Leone and the Syrian Arab Republic are the first three of six countries and there may be more after that.

Q: HMN has funding to last seven years. How will you guarantee the longevity of the network?
A: The founding grant of US$ 50 million from the Bill and Melinda Gates Foundation has been augmented a bit by other donors, but it will obviously cost more than US$ 50 million to transform information systems in developing countries. We need to be very strategic in mobilizing other sources of funding. We are excited about the new global commitment to strengthen health systems. Many of our most important partners are convinced that we can harness the immense potential benefits of information and technology to transform health outcomes for the developing world. ■

Recent news from WHO

- In the first comprehensive analysis of global tobacco use and control, WHO finds that only 5% of the world’s population live in countries that fully protect their population with any one of the key measures that reduce smoking. The report, released on 7 February, also reveals that governments collect 500 times more money in tobacco taxes each year than they spend on anti-tobacco efforts. The report documents the epidemic’s shift to the developing world, where 80% of the more than eight million annual tobacco-related deaths projected by 2030 are expected to occur.

- A new international task force was launched on 31 January to address how to finance the scaling-up of the health workforce in the developing world. The global shortage of health workers has reached crisis levels. In Africa alone, one million more health workers are urgently needed, and for the rest of the world, the shortfall is another 3.3 million.

- On 24 January, the WHO Executive Board reappointed Dr Mirta Roses Periago as Regional Director for the Americas following her nomination by the Regional Committee for the Americas. She began her new five-year term on 1 February. The Regional Office of the Americas comprises 35 countries.

- The Executive Board of WHO opened its twice-yearly session on 21 January. The 34-member Board discussed a range of issues including climate change and health, pandemic influenza preparedness, the eradication of polio, strategies to reduce the harmful use of alcohol, the global immunization strategy and female genital mutilation. The main functions of the Board are to give effect to the decisions and policies of the World Health Assembly as well as to prepare the agenda of the next assembly, which will be held in May.

For more about these and other WHO news items please see: http://www.who.int/mediacentre