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Joint ECE-WHO Meeting on Health Statistics  
(Rome, Italy, 14-16 October 1998)

Arrangements for the processing and dissemination  
of medical statistics in Kazakhstan

Submitted by the Medical Statistics Department, Medinform Closed  
Joint-stock Company, Ministry of Health, Kazakhstan\*

Summary

The Republic of Kazakhstan acquired independence following the break-up of the USSR in 1991. Health care and statistical reporting are still centralized.

We have retained the positive features of the Soviet system such as the organization of health care in general and the uniformity and centralized nature of statistical reporting. However, some statistical reporting forms have been revised to take account of the particularities of our country. For example, provision has been made for information on rural health-care institutions and primary health care, while information groups that are no longer relevant have been deleted.

Thanks to the centralized system, information can be collected quite rapidly and reliably "from the bottom up" on infant and maternal mortality, infectious diseases and so on. This, in turn, enables the authorities to take timely and appropriate decisions.

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The collection and processing of medical statistical information are effected on the basis of approved forms at quarterly or annual intervals. The forms are filled in at primary health-care institutions for submission to a higher level in the hierarchy.

The reporting forms contain information on, inter alia, medical personnel, the network and activities of health facilities and the number of recorded diseases.

As the statistical information moves up the hierarchy, indicators are reduced in number and combined. There are manual and machine operations at all stages of the collection and processing of statistical information.

Two software packages, Medstat and Medinfo, have been developed and are now being successfully employed to process statistical information at the oblast and country levels and to produce an annual compendium of statistics. At present, these packages are in use in 6 of the country's 15 oblasts and in the Ministry of Health; in other words, the 6 oblasts submit their data to the Ministry of Health on diskette.

The Medical Statistics Department of the Ministry of Health passes on the data from the other oblasts, which is on paper, for processing by the Medinform company. The data is checked for layout and logic.

Following processing of all the annual statistical reports at the Ministry of Health level, the resulting compilations by oblast and analytical tables are transmitted "downwards" and "upwards", as well as to all the other government departments and institutions where there are medical facilities, and to social organizations.

Over the past 2-3 years, Kazakhstan has studied and put into use the DATA PRESENTATION SYSTEM (DPS) software package. This has been possible thanks to the support and direct methodological assistance of WHO.

At present, the national health and health-care database covers more than 200 indicators for the years 1990-1997 and for all oblasts.

Loading of all these indicators into the DPS system via an import file from the Medstat and Medinfo bases began in 1996.

The DPS package is installed on a server in the Ministry of Health and all specialists are able to call up on their own computers any of the possible tables, diagrams, etc.

We have used these features of the DPS package to prepare materials for a congress of Kazakh doctors in 1997 and parliamentary hearings on health care in May 1998, as well as other documents.

Our plans for the future are to:

Expand the set of health indicators;

Implement regular updating of the data;

Present DPS together with the national database to the oblast health authorities;

Hold a seminar to train managers and other interested persons in the use of Medstat, Medinfo and DPS.

Continued growth of the use of computers in health care would require further development of telecommunications and the establishment of modem and e-mail links not only with oblast health-care authorities but also with all health facilities. That, in turn, would require additional spending, something that is not readily envisageable given the economic crisis in the country.

With a view to the further coordination of work on the collection and processing of health statistics in individual countries and in WHO in general, and to the exchange of up-to-date experience on medical information systems, we propose that consideration be given to holding meetings such as the present one once or twice a year.

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