Contributions to public health institutions and research

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- Promotion of better health and prevention of disease through research based:
  - Health surveillance
  - Advice and various services
- Employees and students: ~1000
- Annual Budget: ~160 mill USD
Main areas (equivalent to the Divisions of the Institute):
- Infectious diseases
- Environmental medicine
- Non-communicable diseases (Div. of Epidemiology)
- Mental health
- Forensic medicine, toxicology and drug abuse
Global perspectives

“They must have data on that...?”
Sources of quantitative data – issues of quality

- Large knowledge gaps about the status of world health – even core indicators of MDG 4 & 5 are estimates, not data

- Census
- Surveys
- Registries
  - Vital registration systems (complete or samples)
  - Disease registries
- Hybrids
- Administrative records (tax, schooling, phone etc)

- Coverage (sampling)
- Completeness (non-response)
- Comparability (time, space, method of enumeration)
- Validity (correct?)
- Timeliness
- **Usefullness**
Implications

- Visibility and priority
- Governance
- Planning and delivery of health care
- Planning of public health services
- Monitoring and evaluation
- Human rights
- Evidence-based policies
- Research
Health registries

- Reality-based – when RCTs are impossible
- Possibility for long-term follow-up
- Big numbers and powerful results
- Unselected and unbiased – when 100% are included
- Many diseases, treatments and risk factors evaluated simultaneously
- Safe and gentle for participants
- Protection of privacy
- Cost effective
- Basis for other research
- Can secure individual rights
- Randomized & controlled implementation and scale-up
14 Central Health Registries

- The Norwegian Cause of Death Register
- The Medical Birth Registry of Norway
- Register for Induced Abortion
- The Norwegian Surveillance System for Communicable Diseases and The Tuberculosis Registry
- The Vaccination Register
- The Norwegian Surveillance System for Resistance Against Antibiotics in Microbes
- The Norwegian Surveillance System for Infections in Hospitals
- The Norwegian Prescription Database
- The Norwegian Cardiovascular Disease Registry
- The Cancer Registry of Norway
- The Norwegian Patient Registry
- The Norwegian Information System for The Nursing and Care Sector
- ePrescription
- The Registry of the Norwegian Armed Forces Medical Services
19 national medical quality registries

Regional health authorities 2010

South-Eastern Norway
- Child and youth diabetes
- Neonatal medicine
- Cerebral palsy
- Trauma
- Colorectal cancer
- Prostate cancer

Central Norway
- Myocardial infarction
- Cerebral stroke
- Vascular diseases/vascular surgery

Western Norway
- Intensive care
- Diabetes in adults
- Cleft lip and palate
- COPD (KOLS)
- Arthroplasties
- Hip fractures
- Cruciate ligaments
- Multiple sclerosis (register and biobank)

Northern Norway
- Back surgery
- Hereditary and congenital neuromuscular diseases
How can we contribute?


**Stillbirths 1: Why they matter.** *Lancet* 2011
Lawn JE, Blencowe H, Pattinson RC, Cousens S, Kumar R, Ibiebele I, Gardosi JO, Day LT and Stanton C for The Lancet’s Stillbirth Series Steering Committee.

Bhutta ZA, Yakoob MY, Lawn JE, Rizvi A, Friberg I, Weissman E, Buchman E and Goldenberg RL for The Lancet’s Series Steering Committee.

**Stillbirths 3: What works? How much difference can we make and at what cost?** *Lancet* 2011

**Stillbirths 4: How can health systems deliver for mothers and babies?** *Lancet* 2011

**Stillbirths 5: The way forward in high income countries.** *Lancet* 2011

**Stillbirths 6: The vision for 2020.** *Lancet* 2011


**Stillbirth prevention in high income countries: the potential of addressing major risk factors.** *Lancet* 2011
Paper 3 and 4: Interventions and Implementation

What is new?

- Systematic reviews for interventions with effect on stillbirth
  - Effect of 35 interventions reviewed, 10 interventions selected

- Lives Saved Tool (LiST) and cost modelling
  - How many stillbirths could be prevented in 68 Priority countries?
  - How many mothers and newborns would also be saved?
  - Which interventions have the most effect and may be more feasible in low income settings?
  - Running cost per year of the interventions

- Implementation priorities and integration of services

- Research priorities ranked for intervention and implementation

Sources:

Maternal and neonatal deaths and stillbirths

Deaths prevented:
- Stillbirths 1.1 million (45%)
- Newborn deaths 1.1 (44%)
- Maternal deaths 201,000 (54%)
Review of existing data sources in India

- Both process and outcome indicators to implement and monitor core interventions are lacking
- Sentinel site Reproductive Health Registries

Norway India Partnership Initiative
"A partnership to reduce child death"

National Health Systems Resource Centre
Technical Support Institution with National Rural Health Mission
Ministry of Health & Family Welfare, Government of India

National institute of Health and Family Welfare
Ministry of Health and Family Welfare, Government of India

Norwegian Institute of Public Health
Evidence-based care and interventions
Global and national guidelines
Targets for surveillance & evaluation

Ethical, legal & societal impact
Framework for surveillance, research and development

Module-based data sets of pregnancy, childbirth, maternity, infancy

Surveillance & evaluation
Audit and feedback
Dissemination and cooperation

Technical solutions and databases
Data collection methodologies

Harmonized Reproductive Health Registries

RHR
Requirements

- Long-term strategic planning
- Political will and priority
- Financing
- Human resources
- Collaboration
Thank you

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