

Beyond Precision: Knowledge and Governance in Global Health Statistics

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Summary of argument

If we think about numbers as a public good provided at a cost with scarce resources then there is also a political economy of numbers. The implication is that one should not only talk about better data. A key question is better data for whom?

Morten Jerven, 'Beyond Precision: Embracing the Politics of Global Health Numbers', *The Lancet*, forthcoming, March 2018.

Counting People in Nigeria

Table 1: Nigerian Population in Consecutive Censuses (millions)

	1911	1921	1931	1952/53	1962	1963	1973	1991	2006
'North'	8.12	10.56	11.44	16.84	22.01	29.78	51.38	47.37	n.a.
'South'	7.93	8.16	8.62	13.58	23.28	25.88	28.38	41.62	n.a.
Total	16.05	18.72	20.06	30.42	45.29	55.66	79.76	88.99	140

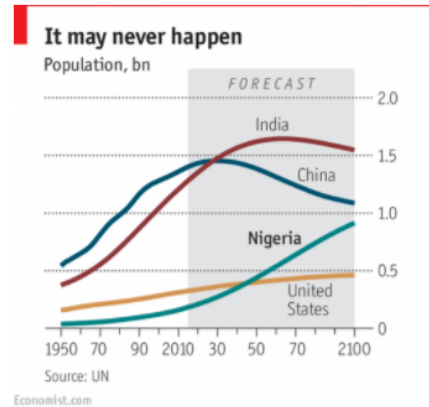
Counting People in Nigeria

We happy few

Nigeria's population has been systematically exaggerated

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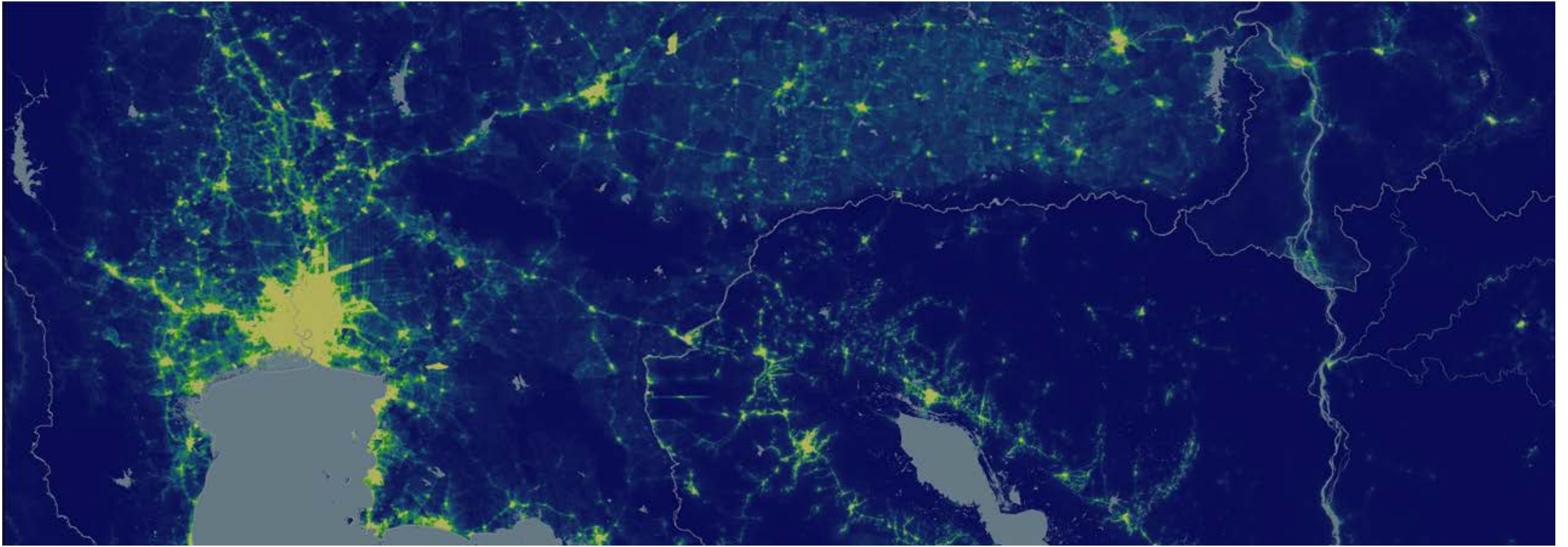
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NIGERIANS, THEIR NEIGHBOURS grumble, think of their country as the Texas of Africa, where everything is bigger and better. On size, at least, they are largely right. By land mass Nigeria is about as big as France and Germany combined, dwarfing many other African countries. After a recalculation of its GDP in 2014 it was found to have

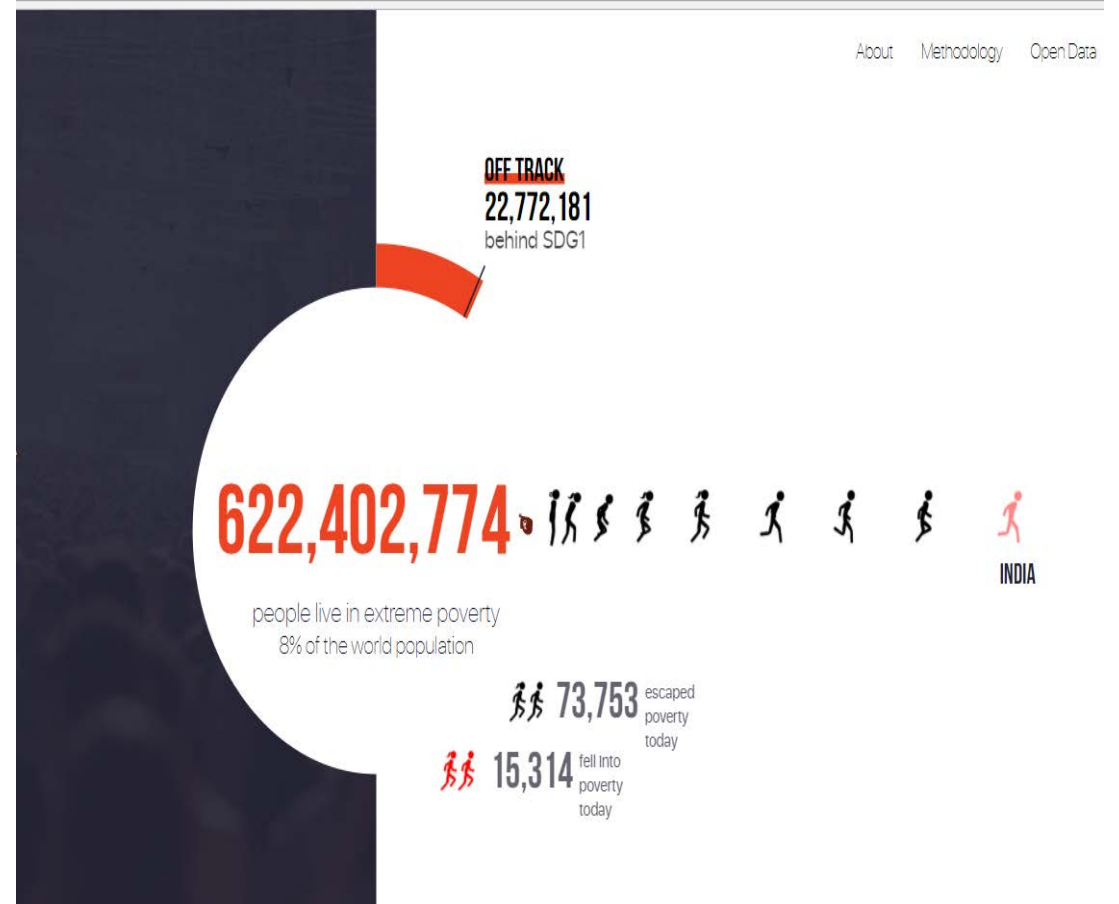
overtaken South Africa to become the continent's biggest economy. Its population, too, at an estimated 183m, is the largest of any African country. And it is growing so rapidly that the United Nations Population Division expects it to overtake America's by 2050.

Counting Nigerians from Space

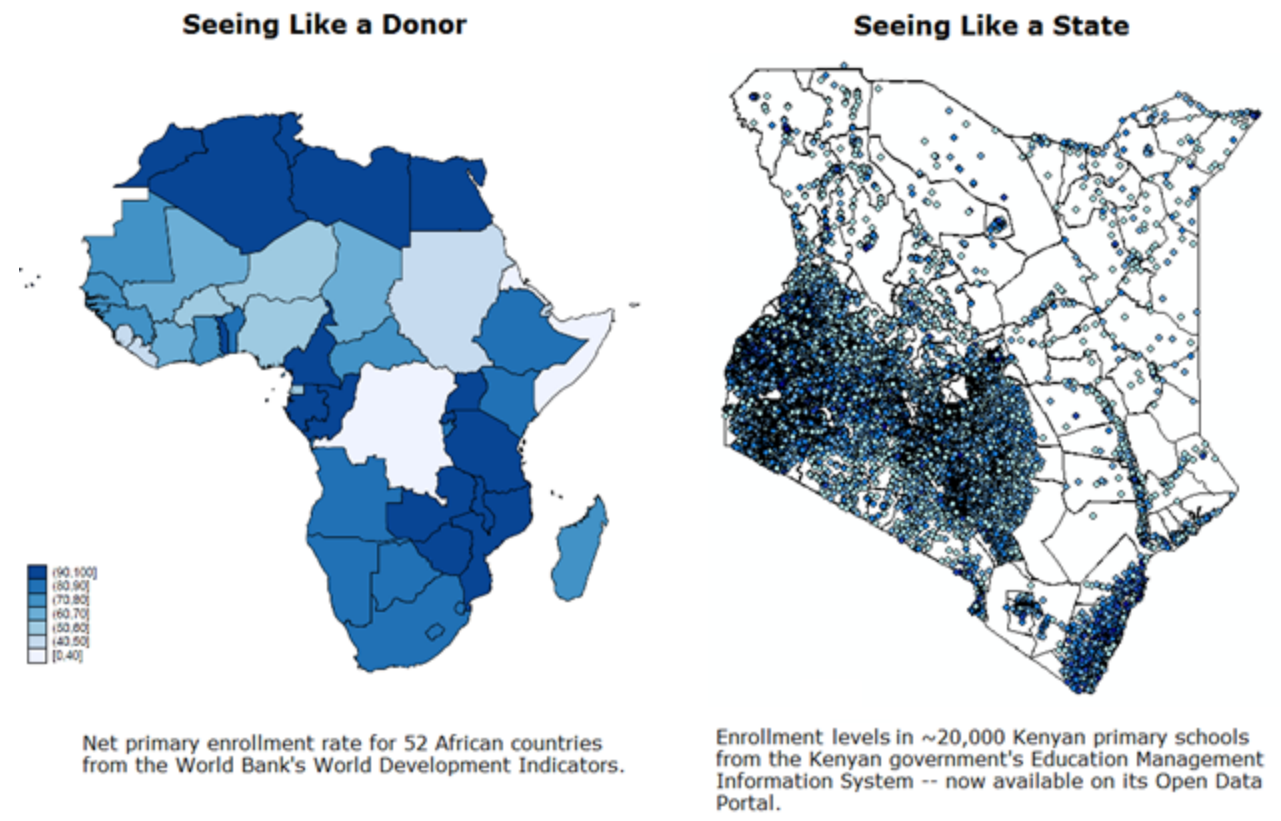


Precision in Global Health Numbers

It is a curious creation of global aggregation that you can know the size of the problem on the global level precisely, but then you go down to regional, national or particularly at local levels there will be gaps in the information.



Knowledge and Governance – Seeing like a donor and seeing like a state



Source: Glassman and Sandefur in Jerven and Johnston eds (2015).

Trade-offs in health data provision

It is easy to present the global health data agenda as a simple precision problem, but if we acknowledge that statistical capacity is a limited resource, we need to think long and hard about trade-offs in data provision. These are the hard questions for global health data – if we disregard them, we may just end up with precise answers to the wrong questions.