mortality. The research related to neonatal health in different programmes shows that a post-delivery visit within 3 days by the health workers linked with strong supervision and monitoring system is the most important factor for reducing neonatal mortality. Thus, the programme design needs to focus on the quality monitoring and supervision system as well as improvement in the awareness activities among the community to ensure the target of reducing neonatal mortality.

**Western Pacific Regional Workshop**

**RW1-3 USING NATIONAL STATISTICAL DATA IN EPIDEMIOLOGIC RESEARCHES**

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Many of epidemiologic researches are based on individual health data, and epidemiologists get them for the researches directly from participants of the researches. This is the orthodox way to conduct an epidemiologic research, but some epidemiologists get individual information using national statistical data, such as vital statistics. For example, in a cohort study of which endpoints are death, it is easier and the validity is higher if an epidemiologist uses vital statistics rather than the epidemiologist makes efforts to get fetal information from individual participants. In Japan, Annual Comprehensive Survey of Living Conditions includes data concerning health every 3 years so that if an epidemiologist could link the data and vital statistics individually, an cohort study would be constructed with a large and nationwide random sample.

The condition to use the national statistical data differs among countries and areas. For example, the National Death Index system is available in Korea so that cohort studies with fetal endpoints are easier to be conducted than in countries without the system. Although it has become easier to use national statistical data in Japan nowadays than in the past because of a partial amendment of the Statistical Act, epidemiologists in Japan have to make more effort to use the data than in other countries.

In the workshop, epidemiologists in the Western Pacific regions, such as Korea, China, Australia, New Zealand, and Japan, present their situation, and how to make it easier to use the national statistical data for research.

**Sub Saharan African Regional Workshop**

**Chair: Dr Cesar Victora**

**RW1-5 IEA REGIONAL WORKSHOP FOR SUB SAHARAN AFRICA**

J Nachega*, 1Newton Kumbwenda*, 2K Akinyeye*, 1Department of Medicine in Stellenbosch University, Cape Town, South Africa; 2Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, USA; 3Johns Hopkins Centre for Global Health, Maryland, USA, IEA; 4African Heart Network, Africa

Objectives will include taking stock of the current status of epidemiology in the region, discussing the main challenges faced by local epidemiologists and how to strengthen IEA presence in the region.