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 Pl. open a new file for RA-GPE
 (Dr Myint Htwe)
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 29.5.00

WORLD HEALTH ORGANIZATION		REGIONAL OFFICE FOR SOUTH-EAST ASIA	
SUMMARY DUTY TRAVEL REPORT			
Submitted by			
Dr Myint Htwe (Name)	GPE (Unit)	22.5.2000 (Date)	Supported by WHO/HQ (Allotment number)
Places visited		Dates	
Geneva, WHO/HQ		11-12 May 2000	
Purpose/objectives of visit:			
<p>➤ To attend a WHO Consultative meeting on "Investing in evidence & information base: A WHO strategy to support Member States health information systems development as part of health systems"</p> <p>The objectives of the meeting were:</p> <ul style="list-style-type: none"> - to develop an organization-wide HIS strategy - to identify the steps required for implementing the HIS strategy 			
Brief account of activities undertaken:			
<p>➤ The meeting was opened by EXD, Dr Julio Frenk. He presented a topic on "Health systems performance framework". List of participants and agenda of the meeting are attached (Flag A)</p> <p>➤ GPE/SEARO presented a paper entitled "HIS tools, methodologies, informatics" (Flag B)</p> <p>➤ GPE participated actively in the group work on:</p> <ul style="list-style-type: none"> ▪ (i) strategic framework and critical areas of focus ▪ (ii) implementation, management arrangement and partnering <p>➤ GPE also actively participated in plenary sessions on topics presented by responsible WHO staff from Regional Offices. The topics were:</p> <ul style="list-style-type: none"> ▪ HIS policy context (EMRO) ▪ Health system performance measurements and use of information for decision-making and action (AMRO) ▪ HIS: structure, content and operation at country-level (AFRO) ▪ HIS tools, methodologies, informatics (SEARO) ▪ Linkages with sources of health data (EURO) ▪ Collaboration with stakeholders and partnering (WPRO) ▪ Linking surveillance to HIS <p>➤ Data presentation system (DPS) developed by EURO was discussed separately between RA-GPE, SEARO and RA-Epidemiology, statistics and health information, EURO</p>			
Recommendations:			
<p>➤ The final output of the meeting will be:</p> <p>"Based on the discussion on the background papers presented at the meeting, WHO/HQ in collaboration with regional counterparts will develop a organization-wide HIS strategy. This will be submitted to Executive Board before implementing it in the Member States."</p>			
Specific recommendations for action (if any) by DPM/IRD:			
<p>➤ GPE Unit will consider using the <i>Data Presentation System (DPS)</i> developed by EURO together with <i>Regional core health data and country profiles initiatives</i>, developed by AMRO. These will be used appropriately to suit our regional requirements</p>			
<p>SEARO has initiated collaboration with EURO & AMRO and will continue to pursue further collaboration on above. RA-GPE is attending a meeting at RAPHO in June 2000. Samples will work with RAPHO for surveillance plan for surveillance plan</p>			
Distribution			

Please adapt/apply to meet our situation and needs, not copy.

25/5

A WHO Consultative Meeting on

Investing in evidence & information base: A WHO strategy to support Member States health information systems development as part of health systems

WHO, Geneva, Room M.505

11-12 May 2000

Revised list of participants

WHO Regional Advisers:

- Mr A. Akpamoli, Regional Adviser, Development of Health Information Systems Programme, Regional Office for Africa
- Dr Y.-C. Chong, Regional Adviser in Health Information, Regional Office for the Western Pacific
- Dr C. Gattini, Regional Adviser in Health Services Information Systems, Regional Office for the Americas
- Dr A. Mechbal, Regional Adviser, Research Policy and Cooperation, Regional Office for the Eastern Mediterranean
- Dr Myint Htwe, Regional Adviser, Evidence for Health Policy, Regional Office for South-East Asia
- Mr A. Nanda, Regional Adviser, Epidemiology, Statistics and Health Information, Regional Office for Europe
- Dr R. J. Rodrigues, Regional Adviser in Health Services Information Technology, Regional Office for the Americas

Temporary Adviser:

- Dr T. Lippeveld, Project Director, John Snow Inc., Ministère de la Santé Publique, Rabat, Morocco

WHO Headquarters:

- Dr J. Frenk, EXD/EIP
- Mrs M. Anker, CDS/CSR
- Dr R. Bonita, Director, NCS (Thursday morning only)
- Dr S. Chungong, CDS/CSR
- Dr J. Dzenowagis, NCD/NCS
- Dr V. Habiambere, FCH/HIS
- Dr D. Klaucke, CDS/CSR
- Dr T. Lambrechts, FCH/CAH (Thursday morning only)
- Dr D. Makuto, FCH/EXD/SPA
- Dr S. Mandil, HTP/HIT
- Dr B.N. Nguyen, BMR/SBP

OSD:

- Mr O. Adams, Director OSD
- Mrs J. Clevenstine, OSD/HRH
- Dr D. Egger, OSD/SPM - capacity strategy for Planing & Mx
- Dr H. Goede, OSD/FSP
- Dr I. Larizgoitia, OSD/FSP
- Dr M. Lecky, OSD/SPM
- Mr S.K. Lwanga, OSD/HRH
- Ms G. Mwale, OSD/HRH

A WHO Consultative Meeting on

Investing in evidence & information base; A WHO strategy to support Member States health information systems development as part of health systems

WHO, Geneva, Room M.505
11-12 May 2000

Draft Agenda

19 June
21

Objectives:

- a) To develop an Organization-wide HIS strategy;
- b) To identify the steps required for implementing the HIS strategy.

Day 1: Thursday, 11 May 2000

08.30 – 09.00	Registration	
09:00 – 09:40	Opening and introduction of participants Introductory remarks Health systems performance framework	Dr D. Egger Dr. Julio Frenk, EXD, EIP
09:40 – 10:00	Discussion	Facilitator
10:00 – 10:30	Break	
10:30 – 11:00	Health information systems: Overriding issues	Dr Lecky
11:00 – 11:20	Discussant	AMRO
11:20 – 11:30	Discussion	Facilitator
11:30 – 12:10	Lessons from the Regions:	
11:30 – 11:40	HIS policy context	EMRO
11:40 – 11:50	Discussion	Facilitator
11:50 – 12:00	Health System Performance Measurements & Use of Information for Decision-Making and Action	AMRO
12:00 – 12:10	Discussion	Facilitator
12:10 – 13:30	Lunch	
13:30 – 14:50	Lessons from the Regions (continued):	
13:30 – 13:40	HIS: structure, content & operation at country-level	AFRO
13:40 – 13:50	Discussion	Facilitator

13:50 – 14:00	HIS tools, methodologies, informatics	SEARO
14:00 – 14:10	Discussion	Facilitator
14:10 – 14:20	Linkages with sources of health data	EURO
14:20 – 14:30	Discussion	Facilitator
14:30 – 14:40	Collaboration with stakeholders and partnering	WPRO
14:40 – 14:50	Discussion	Facilitator
14:50 – 13:10	Linking surveillance to HIS	Dr. G. Rodier
15:10 – 15:30	Discussion	Facilitator
15:30 – 15:50	Break	
15:50 – 17:00	Summary & emerging themes	Facilitator

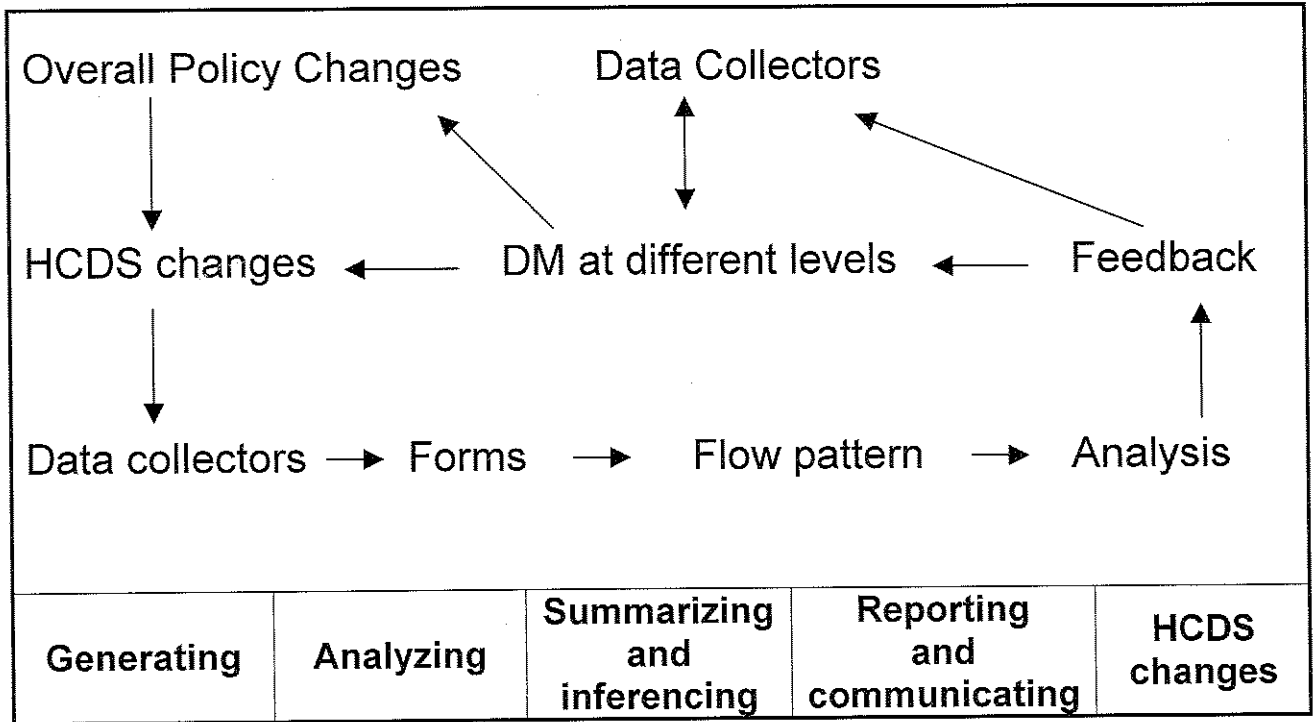
Day 2: Friday, 12 May 2000

08:30 – 08:40	Introduction to Day 2	Mr O. Adams, Director, OSD
08:40 – 08:50	Format for group work (Handout)	Dr. M. Lecky
08:50 – 09:50	Concurrent group work: Shaping WHO strategic response Two groups working on: <u>Strategic framework and critical areas of focus</u>	
09:50 – 10:10	Break	
10:10 – 10:50	Plenary session: Group presentations	
10:10 – 10:25	Group 1 Presentation	
10:25 – 10:40	Group 2 Presentation	
10:40 – 10:50	Discussion	Facilitator
10:50 – 11:50	Concurrent group work Two groups working on: <u>Implementation, management arrangement and partnering</u>	
11:50 – 12:30	Plenary Session: Group presentations	
11:50 – 12:05	Group 1 Presentation	
12:05 – 12:20	Group 2 Presentation	
12:20 – 12:30	Discussion	Facilitator
12:30 – 14:00	Lunch	

14:00 – 14:20	Presentation of recommendations: <ul style="list-style-type: none"> • Strategic framework • Areas of critical work • Implementation & management arrangement • Partnering 	Facilitator
14:20 – 14:40	Discussion	Facilitator
14:40 – 15:40	Next steps – Discussion	Facilitator
15:40 – 16:00	Break	
16:00 – 17:30	Next steps – Conclude discussion Wrap up and Closing	Facilitator Mr O. Adams



Health Information System Basic Framework (FOR TOOLS AND METHODS DEVELOPMENT)



Special Activities:

- ❖ Surveys
- ❖ *Ad hoc* review and analysis
- ❖ Sentinel surveillance
- ❖ Evaluation (mission) reports

- Framework → to be in line with national health policy and national health information strategies
- Tools and methods are inherently linked to the framework

N.B. The slides are prepared in the context of use and development of HIS tools and methods



STATUS OF SEAR IN THE CONTEXT OF HIS BASIC FRAMEWORK

(Situation varies from country to country and also within the country + tools and methods are inherently related to issues)

	<u>ISSUES</u>	<u>LIKELY SOLUTION</u>
Data Collectors	<ul style="list-style-type: none">➤ Not well trained and reoriented in basic principles of HIS➤ Not appreciating the importance of data➤ Not part of local planning team	<ul style="list-style-type: none">➤ Basic reorientation training courses on HIS principles, methods and tools➤ Checklist to assess the performance be developed➤ Ad hoc checking system be initiated
Forms	<ul style="list-style-type: none">➤ Too comprehensive to complete➤ No cross checking points➤ Forms in existence for many years	<ul style="list-style-type: none">➤ Review and modification of forms in line with the contemporary requirement
Data Flow	<ul style="list-style-type: none">➤ Just like post office➤ No hierarchal data flow points for analysis (at different levels)	<ul style="list-style-type: none">➤ Identify hierarchal data flow points in the system



ISSUES

LIKELY SOLUTION

Analysis

- Made only at last hierarchal data flow point
- Data analysis is not the order of the day

- Technical **annual review meetings** by, e.g., district wise
- **Training** of staff at different levels for **analytical skills** in the context of utilization (one day training)

Feed back

- Almost non-existence
- Produce in the form of annual report (often outdated)
- Feedback target points not identified

- Reorientation and make it as **part of the job description**
- Information **feedback pattern** be reviewed/defined

Use by DM & PM

- Not satisfactory
- Information too technical and beyond their comprehension
- Not appreciating the work done by staff responsible for HIS

- **Specific/essential duties** of responsible technical officers for HIS be redefined
- **Regular review meetings** between DM/PM and HIS staff

- The extent of applicability of solutions depends on resource availability



SCENARIO IN SEAR IN THE CONTEXT OF USE OF TOOLS AND METHODS

- Existing regularly collected data, with all its limitations, is often ***adequate for decision making***
- ***Data analysis and interpretation*** using appropriate tools and methods is not the order of the day
- Not only timeliness but also reliability and completeness of data is not satisfactory because of ***inappropriate use*** of tools
- Data collection tools ***refinement*** – uncommon
- Increasing use of special ***surveys*** (non-institutional, *ad hoc* methods)
- ***Inadequate training*** and supervision on tools and methods
- ***Reference*** for tools and methods ***scattered*** and not available easily



WHAT IS NEEDED

- Critical analysis to know **specific information needs** through use of appropriate tools and methods for different programmes at different levels
 - ◆ Technical → which tools and methods
 - ◆ logistic/operational → which tools and methods
 - ◆ administrative → which tools and methods
- **Staff orientation and training** on basic principles of HIS, methods/tools, and analytical skills
- **Action led approach** (not data-led approach) which values relevance in information rather than comprehensiveness of the database – be pursued through use of appropriate tools and methods
- **Responsiveness** of the HIS to the requirement of the respective health programmes should be our goal – through use of appropriate tools and methods
- What is needed is not necessarily more information but **more use of information** – How should we promote through use of appropriate tools and methods?



DATA INTERPRETATION PATTERN

(Data interpretation *vis-à-vis* who is interpreting and making inference)

Information: 150 cases of malaria admitted to the hospital in district "A" in the month of May 2000

Thinking Pattern

Physician in-charge

- Are these actually malaria patients?
- Out of these, how many are cerebral malaria?
- How many are associated with complications?
- What types of malaria?

All questions are geared towards treatment perspectives

Medical Superintendent

- Do I have enough beds in my hospital?
- Do I have enough stock of antimalarials and IV solutions?
- How should I transfer these patients to nearby hospitals, if the need arises?

All questions are geared towards administrative and logistics aspects



Thinking Pattern

Epidemiologist/PH MO of the district

- Is it the normal load of patients for that particular month?
- Is it within the limit of seasonal variation?
- If it is more than the average, can I assume this as an outbreak?
- What should I do, if it is an outbreak?
- Are these imported or indigenous patients (recrudescences and relapses)?
- If 50 are admitted to the hospital, how many have gone to private GPs?
- Should I anticipate for the possible outbreak?
- Should I inform the malaria control team in our region?

All questions are geared towards epidemiological thinking



PRELIMINARY EVALUATION OF HIS TOOLS IN SEAR

- General attributes to be addressed → for selection of tools and methods
 - ✓ Accuracy
 - ✓ Flexibility
 - ✓ Acceptability
 - ✓ Timeliness
 - ✓ Accessibility – availability
 - ✓ Completeness – adequacy
 - ✓ Conciseness
 - ✓ Applicability – usability
 - ✓ Cost

- Tools and methods to be *used in various scenarios* be made known

- *Strengths and weaknesses* of each tool and method be made known



DEVELOPMENT OF HIS METHODS AND TOOLS (WHO/EIP/OSD/99.2)

Methods and Tools	Comments and Remarks
Censuses	➤
Surveys Record review and extraction Interviews Telephone or mail surveys	➤ Health interview surveys – towards international harmonization of methods and instruments (European Series, No.58, 1996, by de Bruin, A., H.S.J. Picaver, A.Nossikov)
Vital Registration	➤ Publications available from United Nations statistical division
Surveillance (including notification)	➤ Guidelines for the evaluation of epidemiological surveillance systems (EMC Division, WHO/Geneva)
Routine service: Records & reports (covers monitoring and evaluation)	➤ Conceptual framework and guidelines for the establishment of district-based information systems (PAHO/CPC/3.1/95.1, Barbados, W.I., 1995) ➤ Design and implementation of health information systems (by Lippeveld, Sauerborn and Sapirie) ➤ Rapid assessment of health information systems (SCI Unit, HST programme, WHO/Geneva) ➤ Health information systems development and strengthening: Guidance on needs assessment for national health information systems development (WHO/EIP/OSD/00.6)



<p>HEALTHMAP (Hi-tech disease mapping)</p>	<ul style="list-style-type: none">➤ WHO/UNICEF partnerships for mapping infectious diseases (computer generated geographical display system)➤ To present prevalence and trend of infectious diseases in relation to health care infrastructure and topography➤ www.who.int/ctd/html/hmap.html
<p>Geographic Information System (GIS)</p>	<ul style="list-style-type: none">➤ For presentation to decision makers regarding distribution of health status indicators in various population groups
<p>Health futures methodology</p>	<ul style="list-style-type: none">➤ Health futures: A handbook for health professionals by Martha J. Garrett (WHO/Geneva, 1999)
<p>Quality control including medical auditing</p>	<ul style="list-style-type: none">➤ TQM methods books
<p>Analytical tools:</p>	<ul style="list-style-type: none">➤ Statistical/epidemiological➤ Qualitative/quantitative techniques➤ Management tools
<p>Computer-assisted software engineering tool (CASE Tool)</p>	<ul style="list-style-type: none">➤ It can assist directly in the design and support of system development and also provide management information, documentation and control of the project as it develops. It ensures consistency, completeness, conformance to standards.
<p>District team problem solving (DTPS)</p>	<ul style="list-style-type: none">➤ District team problem-solving guidelines (WHO/MCH-FPP/MEP/93.2)



<p>Rapid evaluation methods [WHO Bulletin 71(1):15-21 (1993)]</p> <p>➤ Rapid evaluation method (REM) guidelines</p>	<p>➤ To assess performance and quality of health services</p> <p>➤ To identify operational problems</p> <p>➤ To assist in taking managerial actions</p> <p>➤ Tested in 5 developing countries (Clinic exit interview, health staff interview, observation of task performance, FGD for community and staff, review of clinic record, household interview)</p> <p>(WHO/MCH-FPP/MEP/93.1)</p>
<p>Rapid survey methodology</p>	<p>➤ Using cluster sampling technique through use of survey mate software</p>

N.B. WHO cooperation in strengthening national health information systems: A briefing note for WHO country representatives and ministries of health (WHO/HST/97.2) – A good reference brochure



TWO BASIC APPROACHES TO DATA COLLECTION

(Sandiford 1992)

DATA-LED

- Information is collected because it is ***requested by higher levels***
- It is a traditional reporting system

ACTION-LED

- Only the data that are required for ***actionable management decisions*** are collected
- Based on: what ***decision*** do I have the authority to take and what information would assist me to make those decisions more effectively?
- Principle: collected data must be ***analyzed*** and used to support management decisions and actions at the ***point of generation*** as well as ***higher and lower levels***



FUTURE DIRECTIONS IN THE CONTEXT OF USE AND DEVELOPMENT OF HIS TOOLS AND METHODS (NOT AN EXHAUSTIVE LIST)

ULTIMATE AIM: Computerized data bases which are integrated and responsive to the needs of the system

1. TOOLS AND METHODS

- How to *link* these tools to components in the HIS basic framework



Development of a *generic framework* using systems analysis



Country to consider using it as per the requirement

- Develop a *reference bank* for tools and methods and put in CD ROM or prepare *training modules* to support the above.
 - ◆ Description of the method
 - ◆ Mode of application
 - ◆ Issues and caveats, etc.
- *Training* on simple data collection tools and methods, *analytical skills for presentation* to attract attention of decision makers
[subcentre → rural health centre → township →
→ → i.e. to enhance epidemiological thinking]



- Detailed review of **existing essential indicators** aiming at achieving minimal data sets.

- Development of framework **data network**: global – regional – country – geographic division and domains inside the country – phase wise approach
 - ◆ Domain includes disciplines and organizations (NGO, international organization) and network of technical expertise (WHO collaborating centres, renowned institutes and universities)

- HQ and Regional Offices to develop **training materials and modules** on issues, tools and methods and mode of operation on HIS – **priority exercise**



2. SYSTEMS

- **Critical review** (based on a set of formats) on hospital information system, CD & NCD epidemiological surveillance systems, health information system
 - ◆ to suit the need of the country
 - ◆ to reduce system load → not to have data indigestion →
→ data obstruction → data diarrhoea → system collapse
 - ◆ to make the system as **compact** as possible and yet **responsive** to the need of the country (province/district/etc.)
- How to integrate **hospital information system** and health information system in the most simplest mode or integrate some segments of the systems
- How to integrate **CD & NCD epidemiological surveillance systems** to health information system in the most simplest mode or integrate some segments of the systems.
- Also between **health and its allied ministries** in the context of information relevant to health.



3. IMMEDIATE ATTENTION – BY USING APPROPRIATE TOOLS AND METHODS

- How to provide *reliable, relevant, up-to-date, adequate, timely* information for health managers at all levels of the HCDS?
- How to provide in a single format and at periodic intervals, data which will depict the *general and specific performance* of the program or health services delivery?
- How best can we *assist planners and decision makers* in their current functioning of the work? – which tools and methods to be used?
- How the HIS can be *responsive and proactive* to the needs of the community at large? - which tools and methods to be used?



4. IMMEDIATE ASSESSMENT OF HIS

- **Requirement** of the HIS. Review to what extent it is being fulfilled e.g,
 - ◆ How the system is avoiding unnecessary agglomeration of data?
 - ◆ Is the system “problem and need” oriented?
 - ◆ Is the system accommodating the functional and operational* requirements of different health programs?
 - ◆ Does the system has a built-in mechanism for feedback?
- Assess whether health workers concerned with HIS are able to **transform data into information** and then to intelligence. If not, plan for reorientation courses.
- What are the **data/information available** at the lowest unit of health service, such as RHC, subcentre? How these data/information are being utilized by staff at that level and the level above?
- **Review the methods and tools available** for HIS and to what extent these have been used by the country's HIS system. Strategies and activities to promote the use be formulated.
- Minimum or **essential data set** for different levels of the HCDS be reviewed and refined.



* (Ref: WHO TRS No.472: Statistical Indicators for the Planning and Evaluation of Public Health Programmes, Fourteenth Report of the WHO Expert Committee on Health Statistics)

- How much disease and disability is treated outside hospitals, in relation to diagnosis or to problem and care requested?
- What is the mean number (and the variation in the number) of doctor/patient contacts during each episode of illness by diagnosis, age, sex and socio-economic class?
- What treatments are given, what is the variation in the duration of treatments and what are the outcomes?
- What are the rates of referral to specialists and to hospitals?
- How do group of patients with high and low morbidity and disability indices vary with respect to doctor consultation rates?
- How do the drugs prescribed vary by service, type of patient, episode of illness and doctor?