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 GPE / EIP / DRD / RD / GPE

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

**SUMMARY
DUTY TRAVEL REPORT**
(May attach extra sheets, if necessary)

Submitted by:

Dr/Myint Htwe

GPE

25 May 2001

ICP GPE 001 RB 01

(Name)

(Unit)

(Date)

(Allotment No.)

Places visited:

Dates

Dhaka, Bangladesh

16 to 21 May 2001

Purpose/Objectives of visit:

1. To assess the first national ICD-10 training course in Dhaka.
2. To review the status of performance of national health information system with the concerned national authorities in the country.

Brief Account of Activities Undertaken:

1. The ICD-10 training course was assessed by conducting a post-course examination. Detailed discussions were held with the course conductors (one STC from Australia and one temporary adviser from Sri Lanka), as well as with the participants to obtain their views in improving the training course. Debriefing was also made by the STC and temporary adviser who conducted the course.
2. Field visits were made to Sreepur Upazila Health Complex in Ghazipur district, Narsingdi district hospital and Institute of Child and Maternal Health, Matuail, Dhaka to observe the activities and infrastructure of health information system.
3. Detailed discussions were made with the staff of Unified Management Information System headed by the Director Dr Nurul Anwar. Briefing and debriefing were also made to the acting WR, Dr Derek Lobo.

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Observations and Recommendations:(a) Relating to purpose/objectives of the visit**Observations:**

- ICD-10 training course was conducted successfully by observing the fact that the participants' examination scores range from 56 to 97 per cent giving the fact that the examination questions were of certain level of difficulty and required a high degree of understanding of the subject. The marking scheme was also very strict.
- Health information system in Bangladesh appears to be functioning satisfactorily. The basic infrastructure and system management mechanism for HIS are already available. However, it may be necessary to modify and streamline it so that it is synchronized with priority activities of the health system in the country. As the HIS is already performing satisfactorily, it appears that the system should not be significantly disturbed. Instead, weak linkages should be strengthened, gaps be filled, and overall functional activities of HIS be streamlined. Specific new activities may be added in a phase wise manner to meet the current requirement of the health system.
- The data available at different levels of the health system were depicted through the use of graphs and tables. The staff working at UHC and District Hospital levels are also fully aware of the importance of utilization of data. However, it appears that more emphasis needs to be made to promote the development of culture to utilize the available data. Transformation of data into information is warranted, so that it can be easily used for evidence-based decision-making.
- The framework for health profile available at the peripheral level may need to be reviewed in order to have uniformity. The uniformity of this framework is extremely important for ease of data compilation at the central level, comparative analysis of district health situations for appropriate resource allocation, and for many other purposes.
- Executive information system is not available at the district as well as at the central level. It would be very beneficial to have it from the perspective of planning and resource exploration for the country health programmes.
- Detailed discussion made with the staff revealed that there are sufficient number of well-qualified staff (demographers/statisticians/computer experts/medical record professionals, etc) in the Unified Management Information System Division of the Department of Health. SEARO will closely collaborate with UMIS to further streamline and improve the HIS situation and also share their experience with other countries.

Recommendations to the Director, UMIS to improve HMIS system in the country:

Please see attached Annex 1.

Specific Recommendations for Action (If any) by DRD/RD

1. A structured study tour for HMIS programme managers in the Region may be initiated in the next biennium in order to share the experience and also to observe the specific successful *modus operandi* of HIS activities in respective countries.

(DRD/RD have already agreed in principle regarding the conduct of an intercountry training workshop on "Evidence-based decision making" in late 2001 or early 2002. This workshop will serve as a prime mover in further improving the HIS situation in Bangladesh. The main contents of the workshop will cover:

- Transformation of data into information
- Different types of data presentations
- Evidence-based decision making methods
- Statistical methods applicable to health information systems including hospital information systems

agreed in principle
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**Suggested strategies to further improve the Health
Information System in Bangladesh**

Dr Myint Htwe, RA-GPE/SEARO

(Dhaka, Bangladesh: 16 to 21 May 2001)

1. Rationale for the Strategies

HIS is the **lifeline** for the Ministry of Health to achieve its objectives. The ultimate aim of the HIS is to increase the utilization of information arising out of it. To achieve this, “**information culture**” should be developed at different levels of the health system. It may not be achieved in one stroke but needs to be contemplated carefully and carried out in a phase-wise manner in the context of the overall scenario of the country.

Within this context, the following strategies are put forward for consideration by UMIS as appropriate. The strategies could be implemented **phase-wise** and for some **sequentially**. The proposed strategies may even need to be modified as the inherent connotations embedded in it are based only on the findings observed during the short visit of Regional Adviser on Evidence for Health Policy. **Subsequent interactions** on the *modus operandi* of implementing the recommendations are called for between responsible staff from SEARO, WR office and the focal point for UMIS in Dhaka.

The strategies given are action-oriented, easy to implement without drastically disturbing the already existing HIS in the country. To revamp the whole system will not be cost effective at this point in time given the current level of performance of HIS in the country. Due to time constraint, HIS subsystems (Epidemiological surveillance system, specific health programme reporting, administrative system, vital registration system) are not observed in detail.

2. Strategies to Close the Gaps in Health Information System

The strategies should not be viewed as *ad hoc* activities but rather as routine activities of the programme. The principle of “*information for action*” at all levels of the health system has been taken into consideration.

Strategies and its activities

- (a) Improving the **data transmission system** of HIS including data collecting forms and data quality.
 - ◆ Conducting short brainstorming sessions and focus group discussions between Director (UMIS) and relevant staff of subsystems of HIS in the country. Data transmission system could be further improved based on the agreed upon points or findings of the project already underway in Sreepur Upazila Health Complex in Ghazipur district and Narsingdi district hospital. Evaluation of the project should be initiated as soon as possible.
- (b) Improving the **feedback mechanism** of HIS.
 - ◆ Establishing a built-in mechanism in the UMIS Division of the Department of Health, e.g., “**one page summary situation analysis** or pointer situation on various aspects of health programmes and health situations in the country” could be produced as and when necessary. This is preferably to be put into the *executive information system*. The information could be extracted out of the routine HIS

developing a checklist to be used in quickly assessing HIS in the countries. Once it is available, hopefully in August 2001, it can be applied in the countries after making appropriate changes to suit specific needs of the country.

- ◆ Workshop to review **relevancy of data** emanating out of HIS to the needs (technical and management) of different health programmes.

(f) Improving the overall **networking** system for information.

- ◆ Development of **web based electronic data communication system** between HIS Divisions of member countries and WHO SEARO. (SEARO has already planned to develop and establish it in 2002 under ICP II programme).

and its subsystems and also from study reports. The analysis need not be an elaborate one. The purpose is to serve like a wake up call for programme managers in improving their programmes.

- (c) Improving the **capacity of HIS and capability** of staff of HIS.
- ◆ Review the HIS and its related components in the **curriculum** of medical schools, paramedical institutes, and postgraduate institutes. Based on the outcome, the concerned professional should develop or improve the contents.
 - ◆ Conducting **in-service output oriented training** programmes on subjects related to HIS. The need will vary from place to place and from time to time. The detailed record of types of training given and the participant lists should be recorded for long-term planning as well as for consideration of career development of staff involved.
- (d) Improving the system for **transforming data into information** for making evidence-based decisions.
- ◆ Development of a **self-propelled system** to regularise transformation of data into information at different levels of HIS. Various mechanisms can be envisaged.
 - For example, **piggy back** on regular technical meetings or as part of some regular meetings, to review available data/information *vis-à-vis* current programme performance; a team of experts (epidemiologists, public health administrators, programme managers, regional health officers, key data gatherers) could be formed to deal with this. The outcome of the review would be a **one page action-oriented report**. A well-established mechanism should be in place so that the report could be reached to high-level decision makers at the central level.
 - Training workshop on how to **present data and how information can be extracted out** of the health profile should be conducted. (SEARO is preparing modules on data presentation and transforming data into information. It has been planned to conduct inter-country training workshop in late 2001 or early 2002). Based on it, country specific training modules could be developed. It would then be uniformly used in training programmes in the country.
 - ◆ Development of **information culture** or *culture for utilizing information* emanating out of the HIS. It could be achieved through putting two-hour agenda item on '**Utilization of data arising out of the HIS in decision making...by citing practical examples**' in relevant WHO sponsored country level meetings for various subjects.
- (e) Improving the system for **monitoring the performance** of HIS in order that HIS becomes more responsive and user-friendly.
- ◆ Development of easy to apply **checklist for monitoring** the performance HIS including data quality at different levels of the health system. (SEARO is

CONTENTS

1. Rationale for the Strategies
2. Strategies to Close the Gaps in Health Information System

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