

SEA-HI-47  
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# Regional Workshop on Health Statistics Reporting

*Report of an Intercountry Workshop  
Kathmandu, Nepal, 25-27 September 2007*



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New Delhi, December 2007

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## 1. Introduction

The Regional Workshop on Health Statistics Reporting was held in Kathmandu, Nepal, from 25 to 27 September 2007. The overall objective of the workshop was to improve existing country annual health reports, bulletins and profiles and to agree on the user-friendly and standardized method of health statistics reporting. The specific objectives of the workshop were:

- (1) To review contents and formats of existing health statistics reporting in countries of the South-East Asia Region;
- (2) To elaborate a consultative process for data validation between the WHO, Member countries and other development partners; and
- (3) To recommend common standards, format, and content and process of reporting health statistics.

Thirty-four participants from all Member countries of the Region, WHO country offices and the Regional Office attended the workshop (see list of participants in Annex 1).

## 2. Inaugural session

Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, in his inaugural message delivered by Dr Anton Fric, Regional Adviser for Evidence and Health Information highlighted the timeliness of this workshop and the important role of health information systems in the collection, analysis and dissemination of data for public health decision-making. He emphasized the importance of reliable and timely health information for the development, prioritization and performance review of health systems. WHO's General Programme of Work 2006-2015 identifies six core functions of WHO, including monitoring the health situation and

assessing health needs, a function that relies heavily on health statistics produced by Member countries. The health statistics reports of the Member countries are regarded as a mirror of the health situation of the country and a tool for evidence-based decision-making in planning and prioritization of health interventions, in the majority of SEA Region countries. But most of such publications are deficient in the quality of data and required analysis; the contents have not been updated for decades, and there is a need to synchronize the different sources of information from various publications at the national level. He appreciated the institutionalization of the consultative process and data validation between WHO and Member countries. The participants would be reviewing the contents and formats of existing statistics reporting documents in countries of the SEA Region, elaborating consultative processes for data validation and recommending standard formats, contents and processes for reporting health statistics. Finally, the Regional Director stressed the urgent need for progress in the quality of monitoring to achieve the Millennium Development Goals at the country and subnational levels and for prioritization of health interventions. (See Annex 2 for full text of address. The agenda of the workshop is provided in Annex 3 and list of background papers and documents in Annex 4.)

### **3. Session I**

#### **3.1 Regional and global situation on health statistics reporting**

Dr Anton Fric highlighted the regional issues and challenges in health statistics reporting. He discussed the synthesis of national health data at WHO/SEARO, described the evolution of national health information systems in SEA countries and listed the primary sources of data in the countries. Various regional and global publications have been regularly produced such as *Core Indicator Brochures*, *Health Situation Reports*, *11 Health Questions about the 11 SEAR Countries*, *Progress towards Achieving Millennium Development Goals in WHO South-East Asia Region*, *World Health Reports* and *World Health Statistics 2007*. Finally, he highlighted the importance of WHO's role in health statistics on strengthening country data collection and analysis, focus on producing key health statistics, particularly on mortality and its causes, and further strengthening the WHO process for production of estimates.

## 3.2 Country presentations of health statistics reporting

### ***Bangladesh***

Dr Md Abdul Jalil PK described the weaknesses of existing health statistics reporting such as accuracy, timeliness, adequacy, reliability, limited report from tertiary and specialized hospitals, and non-reporting from private sectors. Citing the example of the contents of the country's health bulletin 2007, he described how the data are collected, compiled and analyzed at various levels. He explained how the bulletin/reports are presented and disseminated and their usefulness in different areas. He suggested the improvement of the country's health bulletin by developing a common format for the Region, and providing support for analysis of data, their presentation and dissemination.

### ***Bhutan***

Mr Kado Zangpo presented the contents of the Annual Health Bulletin of the country, which is published under a different theme every year. He explained how the data are collected, compiled and analyzed at different levels and that data usage at the point of collection was encouraged. He listed the areas of improvement in the Annual Health Bulletin such as data analysis, incorporation of data on noncommunicable diseases (NCDs) and National Health Accounts, avoiding duplication of data, streamlining of various data sources, and the initiation of comprehensive vital registration systems.

### ***DPR Korea***

Ms Ri Hye Ran presented the Health Statistics Reporting System of the Democratic People's Republic of Korea. DPR Korea has daily, every tenth day, monthly, quarterly, half-yearly and yearly publication of health statistics reports. She explained the contents of the reports as categorized under broad headings such as population, health status, health resources, maternal and child health, health services, immunization, and living environments and lifestyle.

### **India**

Mr P.K. Mukhopadhyay described the various statistical publications of the Ministry of Health and Family Welfare (MoHFW) such as the *National Health Profile*, *Family Welfare Statistics in India* and *Bulletin on Rural Health Statistics in India* and their contents. He also explained how data and information flow from one administrative level to the next in India and the feed-back system. At the end he showed the total budget allocation to health.

### **Indonesia**

Dr Bambang Hartano presented the current situation in health statistics reporting of Indonesia. There are regular (*Indonesia Health Profile*, *Indonesia Health Map*, *Country Profile*, *Booklet and Leaflets*) publications that are brought out annually and irregular publications (*Data and Information Journal*, *Analysis of HIV/AIDS Situation*, *Health Data and Information Glossary*, and others such as *Basic Health Indicators*). He showed the contents and formats of various publications and emphasized that they need some revision on inter-variable connection analysis. The annual reports contain indicator for Millennium Development Goals though the information on National Health Accounts is limited to the government budget only. Data are compiled and analyzed at various levels and there is the need of more intensive analysis. Finally Dr Hartano outlined the usefulness of these publications and suggested ways of improving data utilization, capacity building and online presentation.

### **Maldives**

Ms Mariyam Nazviya and Ms Aishath Naaz outlined Health Statistics Reporting in Maldives. They presented the structure of the health system of Maldives and elucidated on the contents of their annual health reports/statistics. They also outlined the different levels of data collection, compilation and analysis. The *Maldives Health Reports* and *Maldives Health Statistics* are published in hard copy as well as electronic version and are available in the official website for use by policy-makers, government officials, researchers and students. They addressed issues of improvement in the following areas: improving/timeliness of data collection, strengthened reporting and capacity building at various levels.

### **Myanmar**

Dr Soe Tun presented the background of the Health Management Information System of Myanmar. Myanmar has two types of annual health statistics reports, namely the *Annual Hospital Statistics Report* and *Annual Public Health Statistics Report*. He presented the flow of the hospital information system and the mechanism of providing feedback and the contents of the *Annual Hospital Statistics Report*. He also outlined the contents of the *Annual Public Health Statistics Report* and the information flow and feedback mechanism. He addressed the weaknesses of the health information system of the country such as a weak legal provision of data collection, generation of poor quality data, a poor supervision and feedback mechanism, and minimal use of information at the decision-making level and suggested possible changes.

### **Nepal**

Dr S.S. Tiwari presented the state of health statistics reporting in Nepal. Comprehensive annual reports have been published since 1994-1995. He outlined the contents of the annual report and suggested that data from the private and NGO sectors along with statistics on human resources from the district level be incorporated. He showed the various levels of data collection, compilation, analysis and the information flow. The annual reports are used by policy-makers, planners, donors, decision-makers, researchers, line ministries and students. He also suggested some revision on the content outlines of the report, incorporation of private sector and NGO data, and use of district-level human resources. He highlighted the ways of improvement through capacity building, assessing the reliability of reporting and sharing experiences.

### **Sri Lanka**

Dr W.M.T.B. Wijekoon presented the health statistics reporting of Sri Lanka. An *Annual Health Bulletin*, *Provincial Health Bulletin* and *Hospital Bulletin* is published with monthly and annual periodicity. He described the contents of each bulletin and there are no separate chapters for MDGs and National Health Accounts. Data are analyzed by statisticians in the ministry of health and are often found inadequate. The bulletins contain too many tables and few graphs and charts. Publications are available at nominal cost and are also posted on the official website. The bulletins are used by researchers,

managers, development partners and hospital authorities. He made recommendations on online data transmission, review and revision of the format of presentation and coordination between partners and data analysts.

### ***Thailand***

Dr Supakit Sirilak presented the status of health statistics reporting of Thailand. They have five different types of publications, namely *Annual Public Health Statistics*, *Annual Health Resources Report*, *Annual Surveillance Report*, *Thailand Health Profile* and *Thai Health Report*. But for the *Thailand Health Profile*, which is published every two years, the rest are published annually. He outlined the content, data analysis and presentation format of each of the publications. In conclusion he highlighted the usefulness of these publications and suggested ways of improvement including the provision of electronic data for user-friendliness.

### ***Timor-Leste***

Mr Domingos Soares Fernandes presented the first ever *Annual Health Statistics Report* of Timor-Leste. He described the contents of this publication, which does not feature the indicators of the MDGs and the National Health Accounts. He described the process of data compilation, analysis and the presentation format of the report. He suggested areas of improvement such as regarding enhancing data analysis and interpretation; inclusion of data from other MDG sectors such as the family planning programme, nutrition, tuberculosis, MDGs and NHA; and called for more graphical presentations.

## **4. Session II**

### **4.1 Thailand's experience with morbidity indicators**

Dr Pini Faramnuaphol shared Thailand's experience with morbidity indicators. He presented the scenario involving various groups of diseases such as communicable diseases, noncommunicable diseases, HIV/AIDS, cancer, mental disorders and occupational diseases and injuries which are used in the reports, bulletins or profiles. He described the indicators and the sources of data/information for each group of diseases.

## **4.2 Sri Lanka's experience with mortality indicators**

Dr Wijekoon shared Sri Lanka's experience with mortality indicators. He presented the various indicators used for mortality in the Annual Health Bulletin. The sources of these data include Family Health Bureau, Medical Statistics and Registrar-General. He also explained the flow of mortality information at different levels. He highlighted the various issues involving mortality data such as incomplete recording of information, inaccuracy in reporting the cause of death, delay in gathering data and others.

## **4.3 Nepal's experience with health service statistics indicators**

Dr Tiwari shared Nepal's experience with health services statistics indicators. He started his presentation on emphasizing the need and importance of indicators and the various types of these used for health services statistics. He showed the priority list of indicators and also the MDG indicators and their importance. He highlighted the existing problems and constraints including fixing of a denominator, a weak vital registration system, lack of efficient human resources and limited coverage, feedback mechanism and effective presentation of statistics. Finally, he recommended areas of improvement for the compilation of health services statistics.

## **5. Session III**

This session was dedicated to the group work activity on possible indicators to use for the annual health statistics report. Four groups addressed the following areas: a) Health status: Mortality and morbidity; b) Health service coverage and risk factors; c) Health systems; and d) Socioeconomic and demographic statistics. Each group presented the proposed possible contents according to the guidelines provided to them. *(Contents of their presentation are available in the "group work folder" in the attached CD)*

## **6. Session IV**

### **6.1 Good practices for health statistics**

Dr Anton Fric started his presentation by citing few examples on "Good practices for health statistics" and the controversies that are sometimes

created by these statistics. He described how the indicators are prioritized, what they are intended to measure and their significance in public health practice. He also explained briefly on the traits of quality data, emphasized the importance of equity dimensions and pointed out the possible sources of primary data. He described three types of statistics crude, corrected and predicted and their characteristics and uses with select examples. In conclusion, he demonstrated some good practices on where and how to use these crude, corrected and predicted statistics in public health practice.

## **6.2 Analytical tools and methods to summarize data**

Dr Nihal Singh made a presentation on analytical tools and methods to summarize the data and emphasized the purpose of data analysis. He grouped the task of analysis and synthesis of quantitative data in two broad categories: descriptive and inferential. He made some suggestions on analysis and summarization of data. He highlighted the importance of statistics in measuring health status by using these indicators with some examples on population health. He concluded his presentation by calling the *Annual Health Bulletin* a mirror on country's health care system and state of health to the outside world, which is indispensable to achieve health goals, evaluate the performance of health systems and respond to the needs of the population and partners.

## **6.3 Making judgment from imperfect data**

Dr Nirmal Kandel made a presentation on making judgments with the help of imperfect data. He explained the requirements to be able to work with imperfect data, elucidating what imperfect data are and their sources of errors with a few examples. He also reiterated that in proper hands imperfect data could reveal a wealth of information too. He emphasized the importance of why we have to work with imperfect data and demonstrated how to deal with it through the integrated team approach. He concluded saying that from the massive data warehouse it is possible to isolate a wealth of information for the purpose of making judgment.

## **7. Session V**

### **7.1 Assessment of completeness/timeliness of reported data**

Dr Bambang Hartono started his presentation on the assessment of completeness/timeliness of reported data by defining “completeness” and “timeliness”. He briefly described the external and internal factors affecting timeliness and completeness of data. He highlighted workload, method of data collection, availability of data recording system, Health Information System (HIS) manpower and use of technology as internal factors, whereas geographical conditions, infrastructure, motivation of data sources and support from stakeholders comprise the external factors. He concluded by discussing what can be done to generate timely and complete data.

### **7.2 Consultative process/uniform reporting of health statistics**

Dr Anton Fric highlighted the situations, issues and huge demands for country level estimates and the consultative process for the use of country estimates. He stressed that the WHO Executive Board’s resolution on consultative processes should be followed while dealing with country estimates and at the same time to strengthen the role of health statistics divisions in Member countries. He highlighted the fourstep procedure to ensure accuracy and transparency, namely database of evidence, estimation methods, advisory group and WHO’s clearance for internal consistency. He briefed various current practices in country estimates as well as the means of communication between government authorities and WHO offices. He emphasized the need of flow of information through the right persons and the combination and requirements of capacity building and guiding principles for the country consultation. He illustrated some bad examples and stressed on requirement of consensus on country consultation, communication platform, release and use of country estimates and feedback mechanism. He explained the classical “Mandala principle of data management” between technical units of the Regional Office, WR offices and the national counterparts.

### **7.3 Harmonization with other partners**

Dr Pini Faramnuaphol started his presentation with the objectives of harmonization of data. He briefly explained the mechanisms of

harmonization by dialogue, sharing of information, coordination on utilization and provision of data, data analysis and reporting and collaboration on HIS improvement. He outlined five core principles of data harmonization with various stakeholders. He explained how harmonization can be done at four different levels, namely i) while selecting indicators; ii) during data collection; iii) during data analysis and iv) during reporting and dissemination. Finally, he spoke of the possible issues where the harmonization can be effected with private sectors such as on disease notification, health resources and health services statistics.

## **8. Session VI**

### **8.1 Health statistics for policy-makers**

Mr Thinley Dorji prefaced his presentation on health statistics for policy-makers saying such statistics are the key tools for policy-makers for the knowledge and evidence basis of both planning and policy-making. He explained the importance and role of statistics in matters of policy. He explained the data layer pyramid and its generation and uses at different levels. He described the different interest groups who influenced policies and decisions. But he urged a cautious interpretation of the information, calling it a skill intensive task that considerably influences decision-making.

### **8.2 Format/key tables and figures/graphs/charts versus narrative interpretation**

Dr Nihal Singh from the Regional Office began his presentation by outlining the importance of using graphs and tables. Pictorial presentations are quick to comprehend and easy to retain and help recall the essence of numbers. He mentioned some tips for making useful and good graphs. He also provided illustrative examples of different types of bar charts, line diagrams, pie charts, population pyramids and various kinds of maps etc.

## **9. Session VII**

This session featured the group work on securing a consensus on standard format, content and effective communication/dissemination of the annual health statistics report. The groups were divided according to the same

areas such as: a) Health status – Mortality and morbidity; b) Health services coverage and risk factors; c) Health systems; and d) Socio-economic and demographic statistics. After the group work each group made a presentation which is available in the attached CD.

## 10. Session VIII

### Conclusion

Dr Anton Fric delivered a concise summary of the workshop and read all the recommendations proposed by the participants to get a common consensus. The recommendations and follow-up actions proposed are listed below:

- Countries of the SEA Region should benefit from timely published and complete annual health statistics reports, which should be useful for monitoring the progress in health of the population and of the performance of health systems in order to prioritize and target health interventions and distribution of resources; monitor health development, accountability and transparency, and inputs planning.
- All efforts including capacity building should be made to increase the generation and use of the data at its source/reporting unit.
- The content of the Annual Health Statistics Report will be guided by essential indicators identified and agreed upon during the workshop. In addition, countries may opt for optional indicators also identified and agreed upon.
- The metadata including numerators and denominators; data collection method; periodicity; analysis techniques used; estimation methods and possible biases of the data and source of the data could be mentioned to ensure quality and data transparency.
- Timelines of the *Annual Health Statistics Reports* is crucial for its use at the national level in the agreed upon format, and for fulfilling obligation of international reporting. It was agreed that the *Annual Health Statistics Report* for the year are to be produced by the end of the next year latest.

- Analysis in narrative should support any tables/graphs/charts. These are to be presented with a clear message referring to the table/graph/chart.
- Where possible and appropriate, time trends (e.g. a five years period at least) should be shown.
- Disaggregated data by geography, age, sex and socio-economic status should be included.
- Ten leading causes of mortality and morbidity to be included, based on health institution reporting.
- An option of online consultative process and data updates to be elaborated by the Regional Office. Clarification of the IT aspect of this proposed process is also to be explored.
- All efforts should be made to harmonize health statistics reporting at the country level, including data source, best estimates, methods of data collection, and stakeholders' participation.
- Catalogue and inventory of health indicators to be made available to the countries. This would include standardized methods for data collection for each indicator.
- A standardized *WHO Health Survey Guidelines* could be drafted and made available to the countries.
- Adjustment and estimation techniques (regional guidelines) should be provided to the countries.
- Feedback to the reporting units is essential for timeliness and quality of the reports, and for motivation of the staff. Efforts to be made to improve the feedback.
- Health information units of the ministries of health should be proactive in marketing health statistics to health planners. These should find ways to proactively access the policy-makers with the reports.
- Regional and country workshops on health statistics for the health planners should be conducted to increase their capacity in using the data for policy-making.
- Strengthening national Health Information System capacity should include support to countries in data analysis. For this, technical support from WHO would be required.

Dr Eric thanked all participants for their active interest. He also thanked the office of the WHO Representative, Nepal, for their full cooperation and support during the proceedings. He reiterated that WHO is fully committed to support Member countries whenever and wherever required in this important area of health information systems.

## Annex 1

### List of participants

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## **Annex 2**

# **Inaugural address by Dr Samlee Plianbangchang, Regional Director, WHO Regional Office for South-East Asia**

***(Read by Dr Anton Fric, Regional Adviser, Evidence and Health  
Information, SEARO)***

Distinguished participants, ladies and gentlemen,

I have great pleasure in conveying the greetings of Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, to all distinguished participants. Dr Samlee is unable to attend this workshop and I, therefore, have the honour of delivering his message.

I quote:

I extend a warm welcome to you all to the Regional Workshop on Health Statistics Reporting.

As we are aware, public health decision-making relies heavily on the timely availability of sound and comprehensive data. The role of health information systems is to collect, analyze and disseminate such data.

Reliable and timely health information is a vital element of health systems development. The collection and analysis of relevant data provides the necessary evidence for assessing the development, prioritization and performance of health systems. It is one of the major roles of any health information system at the national and sub-national levels.

The General Programme of Work 2006-2015 identifies six core functions for WHO, including monitoring the health situation and assessing health needs, a function that relies heavily on health statistics produced by Member States.

Health statistics of countries are published by the health information systems unit of the ministries of health of countries in the South-East Asia Region usually in a form of the *Annual Health Bulletin*, *Annual Health*

*Reports or Annual Health Profiles.* Though these publications of the ministries of health are regarded as a mirror on the health situation of that country and a tool for evidence-based decision-making in planning and prioritization of the health interventions, in the majority of countries of the SEA Region most of these hardly come close to meeting that expectation.

Apart from the aspects of presentation, most such publications remain deficient in quality of data and required analysis. Bulletins of some countries are full of data, tables and figures but are difficult to comprehend for policy-makers and partners in health. The contents covered have also not been updated since decades.

In addition, there are diverse sources of information from various publications which are not synchronized at the national level.

There is also limited synchronization between the planning process and the annual publications. Complementary data from the private sector, Millennium Development Goals, insurance coverage, and quality of care issues find no mention in this flagship publication in many countries.

Although there will be country-specific issues, there are a set of minimum common areas regarding their contents and the standard format of reporting that is expected in intra-country and inter-country comparisons in this publication. This information is highly sought after by all health development partners in the country.

In addition the consultative process and data validation between WHO and Member States has recently been institutionalized. The mechanism of its implementation has, however, not been standardized in the Region.

Ladies and gentlemen, the objective of this workshop is to contribute to improving the quality of national health statistics reporting in the South-East Asia Region. You will be reviewing the contents and formats of existing health statistics reporting documents in countries of the SEA Region, elaborating consultative processes for data validations, and agreeing upon and recommending common and standard formats, contents and processes of reporting health statistics.

It is expected that following this workshop, having recommended minimum data sets and clarified ways on data adjustment, reconciliation and verification, in addition to effective presentation and communication of

the annual health bulletins, the standards of health statistics reporting within the countries of the SEA Region and also between the Member countries and the Regional Office would be enhanced and rendered more useful for evidence-based decision-making.

Finally, I would like to emphasize that this workshop is very timely. This is on account of the fact that in August 2006, the Fifty-ninth Session of the WHO Regional Committee for South-East Asia endorsed the Regional Strategy for Strengthening Health information Systems in the SEA Region. It identified 10 strategic areas, and all included proposed options and steps for data quality and health statistics reporting. The Sixtieth Session of the WHO Regional Committee, just concluded in Bhutan, reviewed the progress in strengthening health information systems and requested WHO and Member countries to work together in this important component of health systems.

This is also urgently needed for progress in quality monitoring to achieve the Millennium Development Goals at the country and sub-national levels and for prioritization of health interventions.

Before concluding, I would like to again welcome you all to this beautiful country, Nepal. I wish you success in your deliberations and a very pleasant stay in Kathmandu.

Unquote.

I shall, of course, apprise the Regional Director of the outcome of this workshop. I, too, would like to wish the workshop all success and the participants a comfortable stay in Kathmandu.

## Annex 3

# Programme

Day 1: Tuesday, 25 September 2007

08:30-09:00 Registration

09:00-09:30 Opening Session.

RD's Message (*Dr Anton Fric*)

Introduction of participants (*Dr Anton Fric*)

Announcements

**Session 1: Regional, country and global situation in health statistics reporting**

Moderator: *Dr S.S. Tiwari*

09:30-10:00 Regional and Global Situation on Health Statistics Reporting. SEARO

10:00-10:10 Bangladesh

10:10-10:20 Bhutan

10:20-10:30 DPR Korea

11:00-11:10 India

11:10-11:20 Indonesia

11:20-11:30 Maldives

11:30-11:40 Myanmar

11:40-11:50 Nepal

11:50-12:00 Sri Lanka

12:00-12:10 Thailand

12:10-12:20 Timor Leste

12:20-12:40 Discussion

**Session 2: Content – Possible indicators to use for the annual statistics reporting**

Moderator: *Dr Supakit Sirilak*

Basic minimum contents – Core and supplementary set of indicators.

14:00-14:25 Thailand's experience with morbidity indicators (*Dr Pinij*)

- 14:25-14:50 Sri Lanka's experience with mortality indicators (*Dr Wijekoon*)
- 14:50-15:15 Nepal's experience with health service statistics indicators (*Dr Tiwari*)
- Session 3: Group Work on content – possible indicators to use for the annual statistics reporting**
- Introduction: SEARO
- 15:30-17:15 Group Work: Four groups
- Facilitators: *Dr Ranjit Dey, Dr Ilsa Nelwan, Dr Y.C. Chong, Mr Norbhu Wangchuk*

**Day 2: Wednesday, 26 September 2007**

- 09:00-09:10 Summary of Day 1 (*Daw Myint Mu, Dr Soe Tun*)
- Session 3. Group Work (contd.)  
Moderator: *Dr Bambang Hartono*
- 0910:1015 Group presentations
- Session 4: Data analysis, adjustment and/or reconciliation of data from other sources**  
Moderator: *Mr P.K. Mukhopadhyay*
- 10:15-10:45 Good practices for health statistics (*Dr Anton Fric*)
- 11:00-11:30 Analytical tools and methods to summarize the data (*Dr Nihal Singh*)
- 11:30-12:00 Making perfect sense from imperfect data (*Dr Nirmal Kandel*)
- 12:00-12:30 Discussions
- Session 5: Data analysis, adjustment and/or reconciliation of data from other sources (contd.)**  
Moderator: *Dr M.C.B. Samarasinghe*
- 14:00-14:30 Assessment of completeness/timeliness of reported data  
(*Dr Bambang Hartono*)
- 14:30-15:00 Consultative process/uniform reporting of health statistics from all levels  
(*Dr Anton Fric*)
- 15:20-16:00 Harmonization (linkages, liaison) with other partners (departments, ministries, programmes, agencies, private sector's role) (*Dr Pinij F.*)
- 16:00-16:30 Discussions

**Day 3: Thursday, 27 September 2007**

- 09:00-09:10 Summary of Day 2 (*Ms Mariyam Nazviya, Ms Aimam Waheed, Ms Aishath Naaz*)

**Session 6: Effective presentation and communications of annual health statistical reports**

Moderator: *Mr Thinley Dorji*

09:10-09:30 Health statistics for policy-makers (*Mr Thinley Dorji*)

09:30-10:00 Format/key tables and figures/graphs/charts versus narrative - interpretation. (SEARO)

**Session 7: Preparation of the Annual Health Report**

Moderator: *Dr Md Abdul Jalil P.K.*

10:15-12:15 Four groups (based on day 1, 2, 3,) getting consensus on standard format, content and effective communication / dissemination (incl. web page) of annual health statistics reports.

Group work – (facilitated by *Dr YC Chong, Dr Ilsa Nelwan, Mr Norbhu Wangchuk and Dr Ranjit Dey*)

14:00-16:15 Presentation of the group work

**Session 8: Conclusion/Recommendations and Closing**

Moderator: WR Nepal/SEARO

## **Annex 4**

### **List of background papers and documents**

- (1) World Health Statistics, 2007
- (2) Core Indicators Brochure, 2005
- (3) 11 Health Questions about the 11 SEAR Countries
- (4) Table of Contents of Health Bulletin/Reports of SEA Region Countries
- (5) Comprehensive list of contents of health indicators
- (6) Health Statistics 1: Health statistics now: are we making the right investments. *Lancet* 2007; Vol 369: pp 779-86
- (7) Health Statistics 2: Towards good practice for health statistics: lessons from the Millennium Development Goal health indicators. *Lancet* 2007; Vol 369: pp 862-73
- (8) Health Statistics 3: Interpreting health statistics for policymaking: the story behind the headlines. *Lancet* 2007; Vol 369: pp 956-63
- (9) Health Statistics 4: From data to policy: good practices and cautionary tales. *Lancet* 2007; Vol 369: pp 1039-46
- (10) Sri Lanka Health Atlas, December 2003