

SEA-HI-44
Distribution: General

Bi-Regional Consultation on Strengthening Health Information System in Asia and the Pacific

*Report of Meeting
Bangkok, Thailand, 13-15 December 2004*

WHO Project: ICP GPE 001



World Health Organization
Regional Office for South-East Asia
New Delhi
February 2005

© World Health Organization (2005)

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, but not for sale or for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

CONTENTS

	<i>Page</i>
1. INTRODUCTION	1
2. INAUGURAL SESSION	1
3. TECHNICAL SESSIONS.....	2
3.1 Strengthening Health Information in Asia and the Pacific	2
3.2 Core Health Indicators and Millennium Development Goals.....	4
3.3 Bi-regional Publications on Health Situation in Asia and the Pacific.....	5

Annexes

1. List of Participants.....	8
2. Programme.....	13
3. Group Work.....	16
4. Discussion on the Use of Devinfo at Country Level	17
5. Report on Health Situation in Asia and The Pacific Annotated Contents (Draft)	19
6. Draft - Steps for Preparation of the 2007 Edition of "Health Situation In Asia And The Pacific – 2001 – 2005"	24

1. INTRODUCTION

A WHO Bi-regional Consultation on Strengthening Health Information System in Asia and the Pacific was held in Bangkok, Thailand, from 13 to 15 December 2004. The specific objectives of the Consultation were:

- (1) to discuss and formulate a framework for strengthening health information system in Asia and the Pacific;
- (2) to identify issues and challenges for collection, compilation, analysis and dissemination of basic core indicators including Millennium Development Goals (MDG) indicators; and
- (3) to review and finalize the publication on the basic core health indicators 2005 for Asia and the Pacific and the progress towards achievement on MDGs in Asia and the Pacific region.

The expected outcome of the Consultation was a framework for strengthening health information in Asia and the Pacific, including bi-regional collaboration.

The Consultation had participation of staff from Regional Offices of the Western-Pacific and South-East Asia and selected staff from country offices responsible for the area of health information system. Several temporary advisers from some countries of both regions also participated. Altogether, 34 WHO staff attended the Consultation (see list of participants in Annex 1).

2. INAUGURAL SESSION

The inaugural addresses delivered by Directors, Health System Development and Health Sector Development of both regional offices respectively on behalf of Regional Director Dr Samlee Plianbangchang, South-East Asia Region, and Dr Shigeru Omi, Regional Director, Western Pacific Region, highlighted reliable and timely information as a critical component in health system development. They emphasized collaboration between both regional offices which had recently been initiated. This informal consultation was an integral part of this collaboration, aimed at addressing issues and challenges

related to health information systems in Asia and the Pacific. By working together, both regions should come up with a strategic framework that would guide WHO's work in Asia and the Pacific for strengthening health information systems.

3. TECHNICAL SESSIONS

The technical sessions consisted of plenary and three working group sessions. For Agenda please see Annex 2 and Annex 3 for guidelines for working group discussions.

The following are the **outcomes** of discussions including **follow-up actions**.

3.1 Strengthening Health Information in Asia and the Pacific

The following six areas need to be addressed, as identified by participants, in the strategic framework for strengthening health information in Asia and the Pacific:

- (1) Policies on Health Information System (HIS)-related issues
 - (a) Develop/review policies and guidelines on fundamental principles
 - (b) Identify gaps
- (2) Strengthen HIS
 - (a) Review and strengthen the data collection system for health activities in the private sector
 - (b) Collect additional and more comprehensive health information through special studies and sample surveys
 - (c) Strengthen information technology (IT) infrastructure at the provincial and district levels to facilitate data transmission
 - (d) Implement the newly developed HIS
 - Implement in phases
 - Make necessary changes in the system, to include MDG indicators as needed

- (3) Human Resources for HIS
 - (a) Review human resource requirements of the Health Statistics Units at the national, provincial and district levels
 - (b) Establish new positions as needed, and recruit staff
 - (c) Build staff capacity for different aspects of HIS
 - Develop a training plan for HIS staff
 - Implement short and long-term training programmes for HIS staff in different levels, in selected priority areas such as:
 - Utilization of new HIS forms
 - Software application
 - Data analysis
 - Statistics (long term training)
 - Epidemiology
 - ICD10
 - Research methods
 - HIS related research
- (4) Monitoring and evaluation system for HIS
 - (a) Develop and implement on a regular basis, data quality control mechanisms on data systems
 - (b) Conduct on a regular basis, a systematic assessment of the following areas:
 - adequacy of data collected
 - structure, design and content of data collection forms
 - data quality
 - degree of data utilization at different levels
 - computer systems, including the appropriateness and integration of software applications
 - training needs of data providers and data users in all levels
- (5) Communication, coordination and cooperation
 - (a) Establish an HIS Coordinating Committee at the national and sub-national levels

- (b) Conduct regular activities which provide opportunities for different levels and types of data users and providers to discuss and share experiences on HIS-related issues
 - National consultative meetings among district and provincial level HIS staff
 - Discussion meetings on HIS-related issues among MOH programme managers
 - Dissemination workshops on HIS-related policies and guidelines of the MoH
 - Coordination meetings and conferences at different levels among different sectors/agencies interested in health information
- (c) Transmission of health information to and from remote areas
 - Equipment
 - Flow
- (6) Maintenance plan for HIS
 - (a) Develop and operationalize plans for the maintenance and replacement of computer systems (hardware and software)
 - (b) Plan for storage facilities for records and equipment at all levels, from central to the villages
 - (c) Develop, maintain, update and market website
 - (d) Develop and implement an incentive scheme for HIS staff at different levels

Further work on these areas is required, taking into consideration global initiatives i.e. Health Metrics Network, Millennium Development Goals, 3x5 Initiative, and other related technological developments like GIS/ Health Mapping. Both WHO Regional offices in collaboration with HQ would be working on finalization of the draft Strategic Framework for Asia and the Pacific, to make it ready for further discussions and consultations with the countries of both regions.

3.2 Core Health Indicators and Millennium Development Goals

It was agreed that the Core Health Indicators (CHI) dataset should be guided by the following principles:

- Minimum essential categories of the indicators: (i) demographic; (ii) socio-economic; (iii) resources for health; (iv) health service coverage; (v) health status; (vi) gender and equity; (vii) selected morbidity and mortality indicators; and (viii) health-related Millennium Development Goals (MDGs).
- Only major core indicators should be listed in the dataset, for which data values are available in the countries. They should serve as useful summary indicators of health status and of health-related determinants.
- Country-reported data should be supported by authentic source and methodology of data collection; any limitations should be explained (by footnotes). Wherever reported data are not available, metadata/estimates may be used, made by sound methodology, which should be explained in technical notes. The WHO framework to improve the quality of health statistics on the basis of five criteria, i.e. validity, reliability, cross-population comparability, data audit traceability, and consultation with national authorities, should be followed.
- CHI do not replace detailed programme specific indicators; it is rather a selected set of the crucial indicators which are of a cross-cutting nature.
- Fundamental principles of official statistics, i.e. relevance, validity, accountability and transparency, international standards, professional standards and ethics, should be taken into account in collecting and publishing CHI.
- Dissemination of CHI dataset through publications or other means (Internet, etc.) should be harmonized at all levels of WHO.
- In addition to data reported by Ministries of Health, health-related data from other ministries/sectors could be considered, after consultation with National Statistical Offices (particularly related to MDGs). In this context, use of Dev-Info Software at country level was discussed. (Please see Annex 4 for details).

3.3 Bi-regional Publications on Health Situation in Asia and the Pacific

Core Health Indicators 2005 brochure for Asia and the Pacific

After discussions on the content, layout and design of the brochure, the following was agreed to:

- Forty-eight countries/areas of both regions would be listed in alphabetical order. Other grouping, i.e. geographical, income, population size, economies, epidemiological pattern, etc., would be analyzed in the bi-regional publication on health, edition 2007. Visual presentation of data through charts, maps or graphs could also be considered.
- Since there would be 48 countries and some morbidity/mortality indicators added to the content, a booklet / pamphlet rather than a brochure or wall chart could be considered.
- The Millennium Development Goals would be included in the brochure.
- Regional averages of the indicators were discussed as SEARO has attempted to compute them for SEAR countries; however, some methodological issues were yet to be resolved. For the 2005 bi-regional brochure, the averages may not be ready for publication.
- The brochure should be published before the high-level forum on MDG for Asia and the Pacific, to be held in June 2005 in Tokyo.

Bi-regional Publication on Health Situation, Edition 2007

After considering various options related to content, users, purpose, thematic aspect, periodicity, size, period covered, title, contributions, time-table of preparation and editors, it was agreed that:

- The SEARO publication, Health Situation 1998-2000, could serve as a starting point for the content. However, some modifications should be made, mainly in section C – this section should be more oriented towards issues not limited by WHO programmes. The focus should be on health policies, policy options, issues and challenges, rather than on separate WHO programmes. Some areas, such as health care financing including health insurance, emerging diseases, globalization and trade in relation to health, partnerships, stewardship / governance should be adequately addressed. Prominent and dominant issues specific to Asia and the Pacific would be highlighted. Please see Annex 5.
- The publication would be targeted at health functionaries, health researchers, donors, investors and partners in health, NGOs, UN Agencies, other sectors, the media, the general public, policy/decision makers, national planning offices, as well as national statistical offices.

- The health situation aspect of the publication will be presented in the context of demographic and socio-economic development, taking into consideration issues and challenges related to health sector reforms, policies, health financing, and globalization. Disease control priorities can not be avoided; however, the cost-effectiveness of interventions and evidence of the impact of the interventions on health system development, will be elaborated. Further scenarios / anticipated trends will also be addressed.
- Since this is the first such WHO publication, a general, rather than a “monothematic” publication has been agreed upon. Some monothematic issues might be considered later.
- A 3-5 year periodicity could be suggested. The period covered by the publication would vary according to the issues and different trends and topics. It should, however, be the most up-dated information available for dissemination.
- To cover all the issues identified, the publication could be of approximately 500 pages.
- Regarding the title of the publication, the following options were suggested:
 - Health Situation in Asia & the Pacific (Edition 2007);
 - Health Situation in Asia and the Pacific, Issues, Challenges and Policy Options (Edition 2007)
 - Advancing Health in Asia & the Pacific in the New Millennium (Edition 2007)
 - Health Development in Asia & the Pacific (Issues & Challenges) – Edition 2007
 - Health in Asia & the Pacific (Edition 2007)
- The main contributors of the various chapters would be technical units from both WHO Regions; however, for the chapters on demographic and socio-economic trends, some contributors outside of WHO might be considered. For a chapter on trends in general health status, some expert could serve as a technical chief editor.
- The time-table for preparation of the publication as discussed during the Consultation is given in Annex 6.

Annex 1

LIST OF PARTICIPANTS

SEAR

Bangladesh

Dr G. Komba-Kono
Medical Officer (PHC)
World Health Organization
House No. 12, Road No. 7
Dhanmondi Residential Area
GPO Box No. 250
Dhaka,
Bangladesh
Tel: 880 2 861 4653-55
880 2 861 6097-98
Fax: 880 2 861 3247
Email: deyr@whoban.org

Dr R. K. Dey
National Professional Officer,
Planning and Management
World Health Organization
House No. 12, Road No. 7
Dhanmondi Residential Area
GPO Box No. 250
Dhaka 1205,
Bangladesh
Tel: 880 2 861 4653-55
880 2 861 6097-98
Fax: 880 2 861 3247
E-mail: deyr@whoban.org

Dr Khalid M. Hassan
Medical Officer, HRH
World Health Organization
House No. 12, Road No. 7
Dhanmondi Residential Area
GPO Box No. 250
Dhaka 1000,
Bangladesh
Tel: 880 2 971 4753-55
Fax: 880 2 861 3247
Email: hassank@whoban.org

India

Mr Ranjan Dwivedi
Project Manager
(Health Information Network)
World Health Organization
India
Tel: 91 11 24744107
Fax: 91 11 2464724
Mobile: 91 98 10505068
E-mail: rdwivedi@hotmail.com
dwivedir@searo.who.int

Indonesia

Dr P. Pachner, MPH
Technical Officer (Monitoring)
World Health Organization
9th Floor, Bina Mulia-I Building
Jl. HR. Rasuna Said Kav. 10-11
Kuningan-Jakarta 12950
Indonesia
Tel: 62 21 520 4349
Fax: 62 21 520 1164
Mobile: 0811 882282
Email: pachnerp@who.co.id

Myanmar

Dr S.P.Jost
Scientist
Tel: 0095 1 212 608
Fax: 0095 1 212 605
Email: josts.whomm@undp.org

Nepal

Dr I. Nelwan
Short-Term Professional (PHA)
Tel: 977 1 552 3993
Email: nelwani@who.org.np

Prof M. Muzaherul Huq
Medical Officer-HRH
Tel: 977 1 441 8480
Fax: 977 1 4418480
Mobile: 997 9851081675
Email: huqmuzaherul@who.org.np
muzaherul@hotmail.com

Sri Lanka

Dr Kan Tun
WHO Representative
World Health Organization
Sri Lanka
Tel: 94 11 250 2842
Fax: 94 11 250 2845
Mobile: 94 7777 1266
Email: kantun@whosrilanka.org

Thailand

Dr Pathom Sawanpanyalert
National Professional Officer,
Health System Development
World Health Organization
Thailand
Tel: 66 2 590 1524
Fax: 66 2 591 8199
Mobile: 66 1 612 4480

WPR

Cambodia

Dr Paul Weelan
Medical Officer (Health System)
Development Advisor
World Health Organization
Cambodia
Tel: 855 012 216 610
Fax: 855 012 216 211
Mobile: 855 012 905 501
Email: weelenp@cam.wpro.who.int

China

Dr Lee Chin Kei
Epidemiologist
World Health Organization
401 Dongwai Diplomatic Office
Building

23 Dongzhimenwai Dajie
Chaoyang District
Beijing 100600,
China
Tel: 86 10 6532 7189 to 92 #649
Fax: 86 10 6532 2359
Mobile: 13611174177
Email: leec@chn.wpro.who.int

South Pacific

Dr George Slama
Sr. Program Management Officer
World Health Organization
WHO Representative Office
Level 4 Provident Plaza One
Downtown Boulevard
33 Ellery Street, Suva
P.O. Box 113, Suva, Fiji
Tel: 679 3 304 600/ 3 304 631
679 3 334 635/ 3 317 447
Fax: 679 3 300 462/3 311 530
Email: slamag@sp.wpro.who.int

Mongolia

Dr Salik Govind
Public Health Specialist
World Health Organization
WHO Representative Office
P.O. Box 663
Ulaanbaatar 13,
Mongolia
Tel: 327870, 322430 (a)
Fax: 976 11 324683
Mobile: 99116576
Email: govinds@mog.wpro.who.int

Papua New Guinea

Dr Andre Reiffer
Technical Officer (Health
System), PMO
World Health Organization
Tel: 075 325 7827
Fax: 075 325 0568
Mobile: 075 686 7002
Email: reiffera@png.wpro.who.int

Vietnam

Mr Angus Pringle
Technical Officer (PMO)
World Health Organization
63 Tran Hung, Hanoi,
Viet Nam
Tel: 04 943 3734
Fax: 04 943 3740
Mobile: 091 327 6086
Email: pringlea@vtn.wpro.who.int

Philippines

Ms Lucille Nievera
STP/HCF
World Health Organization
Tel: 63 02 528 9769
Fax: 63 02 731 3914
Mobile: 09196975452
Email: nieveral@phl.wpro.who.int
lnievera@hotmail.com

Temporary Advisers

Dr. A. Indrayan, PhD,
Professor of Biostatistics
Delhi University College of
Medical Sciences
Delhi 110095,
India
Tel: 91 11 225 94451
Fax: 91 11 22590495
Mobile: 92 10 315030
Email: aindrayan@hotmail.com

Dr Pinij Faramnuayphal
Ministry of Public Health
Nonthaburi,
Thailand
Tel: 66 2 580 0931-2
Fax: 66 2 580 0933
Mobile: 66 1 886 2829
Email: pinij@hiso.or.th

Dr Sunil Senanayake
Director, Health Information
Ministry of Health,
Colombo,
Sri Lanka
Tel: 94 11 269 3297
Fax: 94 11 269 2694
Mobile: 94 7777 59277
Email: sunil@health.gov.lk
sunilsenanayake@hotmail.com

Dr Jiang Feng
CDC/Global AIDS Program
China Office/Adviser, Human
Resource Development Centre,
Ministry of Health, China
Tel: 86 10 6532 9901 #377
Fax: 86 10 6532 9908
Mobile: 86 1 3911687567
Email: jf@uscgdc.cn
Jiangfeng6666@163.com

Dr Salanieta T. Saketa
General Manager Community
Health Services
Central/Eastern Health Services
Division, Ministry of Health,
Fiji
Tel: 679 331 5633
Fax: 679 331 5568
Mobile: 679 927 1391
Email: ssaketa@health.gov.fj

Dr Ophelia Mendoza
Freelance Consultant
(former Professor of Biostatistics
University of Philippines)
Philippines
Tel: 632 436 9332
Mobile: 63917 271 3839
Email: opheliamendoza@yahoo.com

Mr Filip De Loof
World Health Organization, LAO DPR
Tel: 021 413 431
Mobile: 020 561 81 00
Email: filipdeloof@hotmail.com
delooff@lao.wpro.who.int

WHO technical support

Dr Than Sein
Director
Health System Development, SEARO
Tel: 91 11 233 70804
Fax: 91 11 23370197
Email: thansein@whosea.org

Dr Anton Fric
Regional Adviser
Evidence & Health Information, SEARO
Tel: 91 11 233 70804
Fax: 91 11 23370197
Email: frica@whosea.org

Dr Nihal Singh
National Professional Officer
Evidence & Health Information, SEARO
Tel: 91 11 233 70804
Fax: 91 11 23370197
Email: singhn@whosea.org

Dr Soe Nyunt-U
Director
Health Sector Development, WPRO
Tel: 632 528 9951
Fax: 632 521 1036
Mobile: 63 918 945 2650
Email: nyuntus@wpro.who.int

Dr Y.C. Chong
Regional Adviser
Health Information, WPRO
Tel: 63 2 528 9812
Fax: 63 2 521 1036
Email: chongyc@wpro.who.int

Dr Reijo Salmela
Medical Officer
Situation Analysis for Policy, WPRO
Tel 632 528 9835, 632 528 8001
Fax 632 521 1036
Mobile 0917 335 1406
Email: salmelar@wpro.who.int

Ms Anjana Bhushan
Technical Officer
Poverty and Gender, WPRO
Tel: 632 528 9814
Fax: 632 521 1036
Mobile: 0917 626 8205
Email: bhushana@wpro.who.int

Ms Hazel Macadangdang
Assistant Statistician
Health Information, WPRO
Tel: 63 2 528 9830
Fax: 63 2 521 1036
Mobile: 63 920 961 9231
Email: macadangdang@wporo.who.int

Dr Michael Thieren
Medical Officer
Measurement and Health
Information Systems, HQ
Tel: 41 22 731 4626
Fax: 41 22 731 1586
Mobile: 41 79 500 6528
Email: thierenm@who.int

Ms C.L. Abou-Zahr
Technical Officer
Measurement and Health
Information Systems, HQ
Tel: 41 22 791 3367
Fax: 41 22 791 1586
Mobile: 41 79 217 3449
Email: abouzahrc@who.int

United Nations

Dr Lene Mikkelsen
Chief
Statistics Development Section
Statistic Division
ESCAP
United Nations Building
Rajadamnern Avenue
Bangkok 10200, Thailand
Tel: 66 2 288 1653
Fax: 66 2 288 1082
Email: mikkelsen@un.org

Observer

Dr Damrong Boonyoen
Manager, Regional Health
Development Initiatives
Kenan Institute Asia
Queen Sirikit Conference Center
New Ratchadpisek Road
Klongtoey, Bangkok, Thailand
Tel: 662 229 3131
Fax: 66 2 229 3130
Email: kihealth@loxinfo.co.th

Annex 2

PROGRAMME

Day 1: Monday, 13 December 2004 (Joint Session with HMN Partners)

08:30 – 09:00 Registration

09:00 – 09:30 Opening

09:30 – 10:00 *Tea/Coffee Break*

Session 1 – Strengthening Health Information in Asia and the Pacific

10:00 – 10:30 Health Information System in Asia and the Pacific.
Issues/Challenges (SEAR), HIS Strategic Framework (WPR)

10:30 – 11:15 National Health Information Systems – Issues, Challenges and Opportunities (Fiji, Mongolia, Indonesia/Sri Lanka, Thailand)

11:15 – 12:00 Draft Consensus Technical Framework for Health Information Systems (HQ)

12:00 – 12:30 Discussion

12:30 – 14:00 *Lunch Break*

14:00 – 14:30 Monitoring Progress Towards 3x5 Goals (as an entry point for strengthening health information system, integration of 3x5 monitoring in HIS) - HQ

14:30 – 14:45 Introduction to Working Group Discussions (SEARO)

14:45 – 16:30 Discussions in the Working Groups:

Working Group 1: Issues and challenges in making the health information system responsive to the needs of the country.

Working Group 2: Strategic framework for health information system.

Working Group 3: Draft Consensus Technical Framework for Health Information System.

(Tea Break between 15:45-16:15)

- 16:30 – 18:00 Working group presentations and discussions
19:00 Welcome Reception

Day 2: Tuesday, 14 December 2004 (WHO Internal Meeting)

Session 2 – Core Health Indicators and Millennium Development Goals

- 08:30 – 09:30 Core health indicators and database –perspectives and practices (HQ)
- 09:30 – 10:30 Core Health Indicators and Database – regional perspective
Disaggregation of data, gender and equity (SEARO, WPRO)
- 10:30 – 11:00 *Tea/Coffee Break*
- 11:00 – 11:30 Regional Averages (SEAR, Prof. Indrayan)
- 11:30 – 12:30 Core Health Indicators brochure 2005 for Asia and the Pacific (contents, layout)
- 12:30 – 14:00 *Lunch Break*
- 14:00 – 17:30 Millennium Development Goals – Monitoring and Reporting
- Global perspective. Information on WHO and the MDG Interregional Meeting, Costa Rica, 11-13 November 2004 (HQ)
 - DevInfo and WHO Core Health Indicators Database (HQ)
 - Country experiences in planning, monitoring and reporting (incl. linkages with PRSP, NCMH, National Health and Development Plans, equity issues 15 minutes each incl. discussion (Cambodia, China, Indonesia, Nepal)
 - Contribution for MDG Ministerial Meeting, June 2005, Japan
 - Discussion
- (Tea Break between 1600-1630)*

Day 3: Wednesday, 15 December 2004 (WHO Internal Meeting)

**Session 3 – Bi-regional Publications on Health Situations
in Asia and the Pacific**

- 08:30 – 10:00 Bi-regional Publication – Health Situation in Asia and the Pacific 2001-2005, (Edition 2007).
Content, schedule, contributions, involvement of technical units and country offices (SEARO, WPRO)
- 10:00 – 10:30 *Tea Break*
- 10:30 – 11:30 Presentation of a draft Framework for Strengthening Health Information System in Asia and the Pacific (Drafting Group)
- 11:30 – 12:30 General Discussions on bi-regional collaboration
- 12:30 – 14:00 *Lunch Break*
- 14:00 – 15:00 Summing-up. Conclusion.

Annex 3

GROUP WORK

Each Group will discuss, keeping in view the points mentioned against each Group:

Group Work 1

Issues and challenges in making the health information system responsive to the needs of the country

- Producers of health data
 - vital registration system
 - routine health service records in Government and private health facilities (health centers/clinics/hospitals)
- Flow of minimum essential data sets, from one level to next in the overall national HIS,
- Analytical capacity of HIS to transform available data in the system for evidence based decision making at all levels,

Group Work 2

Strategic framework for health information system

- Review the draft framework for integrated HIS of SEA Region,
- Review the draft framework of WP Region,
- In the light of changing needs for health information brought about by decentralization, privatization and globalization, please suggest any missing links and issues not addressed in the above draft framework.

Group Work 3

Draft Consensus Technical Framework for Health Information System

- Review the contents of the "Draft Consensus Technical Framework for HIS" and suggest any modifications for its adaptation to existing mechanism of data recording and reporting in the countries of Asia and the Pacific.

Annex 4

DISCUSSION ON THE USE OF DEVINFO AT COUNTRY LEVEL

UNDP and UNICEF are promoting the DEVINFO system for monitoring MDG indicators at the country level. WHO country offices have been solicited by UNDP – as the representative of the UN system at country level to adopt the system, proposing training sessions to be carried out by WHO.

Thus far, WHO has not taken an official stand either to support or to discourage the use of DEVINFO. Participants from WHO country offices have indicated that the absence of any strong institutional policy inevitably puts the decision-making burden at country level with the consequences of having different kinds of country commitments within the same region. To overcome the uncertainty around DEVINFO, a corporate policy has become necessary. The discussion held at the bi-regional meeting on HIS and CHIs have listed a series of arguments that senior management at WHO ROs and HQ should consider when it comes to set the terms of such policy.

Having carefully reviewed the software and its potential for use at country level, particularly in the light of other software packages available (HealthMapper) or in the process of development (Core Indicators Database software), WHO has come to a number of conclusions.

Whereas DEVINFO may fill some technological gaps for monitoring progress on macro health indicators in some countries, in others, DEVINFO may overlap with existing data base systems.

DEVINFO is a data base system and repository system that offers a variety of data presentations and displays, using tables, charts and maps, and some computational features for data analysis. The system is initially intended to help countries to monitor the progress made towards the Millennium Development Goals. As a result, DEVINFO focuses mainly on trend analysis, disaggregation, within and across countries, within and across sectors. In this respect, DEVINFO is a good system - in particular its capacity to enter disaggregated and subnational numbers - but it should not be taken as a solution for any data problem inherent to the deficiencies of national health information systems.

DEVINFO proposes a variety of features to display information but is not able to accommodate a crucial aspect of health information: data quality,

metadata and data audit trail. The growing demand for health statistics to take a more critical look at the quality of numbers generated and the emphasis on data quality and data audit has led WHO to incorporate a strong dimension on metadata in its own work on core health indicators. Should DEVINFO be adopted in a country, the users should be made aware that the system does not integrate a data clearinghouse process. DEVINFO will take quantities of numbers of interest with no consideration of quality criteria.

Although DEVINFO is promoted as an "open source" it does not open its codes to the users. This hampers policy makers in countries to adapt the system to evolving information needs independently from the DEVINFO developers. "Customization" is discussed only during implementation and national training sessions. Once the features are defined, they would require further intervention from the developers to incorporate changes. In other words, DEVINFO is a freely accessible system but is not an open source. The cost-saving argument, nonetheless, is important to consider, especially given the financial resources needed to purchase graph and mapping software (also, DEVINFO is compatible with WHO Health Mapper Software).

WHO should not discourage the use of DEVINFO because, in many countries, the system fills a data base gap. Additionally, training sessions are well organized and, in many instances, DEVINFO can build on CHILINFO acquired knowledge. DEVINFO has the benefit of being translated in a variety of UN languages.

The consultation recommended that WHO's policy towards DEVINFO should include the following elements:

- Acknowledge DEVINFO as a good solution to monitor progress on the MDG indicators, especially at the national level, specifically focusing on cross- sectoral issues;
- WHO country offices should promote the use of DEVINFO;
- WHO should propose adaptation of DEVINFO to meet specific priorities in health statistics especially by adding a metadata storage system able to display quality information pertaining to each data item;
- WHO country and regional staff - and their national counterparts – should be encouraged to participate in DEVINFO training sessions if such training contributes to the overall strengthening of the national health information system; and
- WHO should stress the importance of integrating DEVINFO in the national health information system

Annex 5

REPORT ON HEALTH SITUATION IN ASIA AND THE PACIFIC ANNOTATED CONTENTS (Draft)

	Content	RO	Dep.	Unit
	Section A			
	Overview	SE	HSD	EHI
1.	Introduction What is the purpose? What are the contents of the Report? Who are the target readers?			
2.	Overview of health situation in Asia and the Pacific Brief overview within the context of demographic, socioeconomic and environment trends			
3.	Progress on achievement of health related MDG in Asia and the Pacific Brief overview of progress and challenges			
	Section B			
	Health Situation			
4.	General Mortality	SE	HSD	EHI
	➤ Life expectancy & HALE			
	➤ Infant Mortality			
	➤ Neonatal/Perinatal			
	➤ Under-five mortality			
	➤ Adult mortality			
	➤ Leading causes			
5.	General Morbidity	SE	HSD	EHI
	➤ DALY			
	➤ Leading causes			

	Content	RO	Dep.	Unit
6.	Priority Communicable Diseases		CDS	
	<ul style="list-style-type: none"> ➤ Emerging Infectious Diseases (EIDs) <ul style="list-style-type: none"> • HIV/AIDS; Malaria; TB • Avian Influenza (also in Box) • SARS • Other EIDs. 			HIV CSR
	<ul style="list-style-type: none"> ➤ Vaccine-Preventable Diseases <ul style="list-style-type: none"> • Polio eradication (also in Box) • Measles eradication • Other EPI diseases 			IVD
	<ul style="list-style-type: none"> ➤ Other Communicable Diseases <ul style="list-style-type: none"> • Dengue/DHF • Leprosy (also in box) • Other infectious diseases 		CDS	CSR
7.	Priority Non-Communicable Diseases/Conditions		NMH	NCS
	<ul style="list-style-type: none"> ➤ Lifestyle diseases <ul style="list-style-type: none"> • Cardiovascular diseases • Diabetes mellitus • Cancer 			
	➤ Accident/Injuries/disability			
	➤ Mental Health			
	➤ Genetic diseases (Thalassemia)			
	<ul style="list-style-type: none"> ➤ Nutrition disorders/prevention <ul style="list-style-type: none"> • Micronutrient deficiencies • Malnutrition • Obesity 		FCH	NHD
	<ul style="list-style-type: none"> ➤ Prevention and control of specific health risks <ul style="list-style-type: none"> • Tobacco control and FCTC • Substance Abuse (Alcohol in Box) 		NMH NMH	TFI H&B

	Content	RO	Dep.	Unit
	Section C			
	Health determinants			
8.	Socioeconomic trends		HSD	EHI
	<ul style="list-style-type: none"> ➤ Economy: Trends in GNP and GDP growth rates, trends human development, comparison of HDI and GDP, central governments expenditure on health, education and defence, human poverty index ➤ NCMH (in box) 			
	<ul style="list-style-type: none"> ➤ Education: illiteracy rates by age and sex, enrolment ratios, educational attainment index- years of schooling at age of 24, expenditure on education 			
	<ul style="list-style-type: none"> ➤ Lifestyles: Changes in: dietary habits, physical activities, social environment, stress situations, alcohol and tobacco use, life-skilled education 		NMH	HPE NCD H&B
	<ul style="list-style-type: none"> ➤ Food Production and Security: Per capita consumption of calories, proteins, carbohydrates and fats, food security 			
	<ul style="list-style-type: none"> ➤ Governance systems in relation to health sector: Administrative and political systems; national health councils/committees; ministry of health and its general organization structure 			
	<ul style="list-style-type: none"> ➤ Risk Factors (including tobacco use) 			
9.	Demographic trends		HSD	EHI
	<ul style="list-style-type: none"> ➤ Population - total, population growth rate, distribution of population, dependency ratio, density, ethnicity, dependency ratio 			
	<ul style="list-style-type: none"> ➤ Aging: structure and magnitude [Elderly – in box] 		NMH	HPE
	<ul style="list-style-type: none"> ➤ Urbanization: Trends in population growth in largest agglomeration, growth rates 			
	<ul style="list-style-type: none"> ➤ Migration: pattern and trends 			

	Content	RO	Dep.	Unit
10.	Environment trends		SDE	
	➤ Water Supply			WSH
	➤ Sanitation			WSH
	➤ Chemical safety			PCS
	➤ Food safety			PCS
	➤ Indoor pollution			OCH
	➤ Occupation health			OCH
	➤ Sustainable healthy environment (healthy setting)			SDE HPE
11.	Health Systems Response		HSD	
	➤ Health sector reforms (in general)			
	➤ Impact of policy improvement			
	➤ Legislation/reformed health systems/ decentralization (also in box)			
	➤ Globalization, Trade and Health			
	➤ Partnerships (Global/Regional & National)			
12.	Health Resources		HSD	
	➤ Human resources [WHR2005] (including Nursing)			HRH NUR
	➤ Health facilities			HSY
	➤ Health Technology (including eHealth)			BCT
	➤ Financing health systems (pooling, purchasing)			HSY
	➤ Social Health Insurance (in Box)			
	➤ Essential Drugs /Traditional Medicines			
13.	Essential Public Health Functions			
	➤ Health promotion and education		NMH	HPE
	➤ Disease surveillance and control (including eradication and elimination)		CDS	CSR

	Content	RO	Dep.	Unit
	➤ Health action in crises/Emergency Preparedness and Response (Tsunami response in box)			EHA
	➤ Reproductive and Child Health		FCH	RHR CHD
	➤ Community Action for health		NMH	HPE
	➤ Health Research Systems			RPC
	➤ Health information management			EHI
	➤ Adolescent health		FCH	CAH
	➤ Gender and health		FCH	GWH
	Section D			
	Outlook for the future			
	(to prepare in consultation with HQ)			
14.	Key challenges on health in Asia and the Pacific			
	➤ Predictable health situation and trends			
	➤ Range of uncertainties in health development			
	➤ Radical challenges for policy and programme			
	➤ MDG and beyond			
	[11GPW in Box]			
15.	Key policy and programme actions			
	Annexure:			
	Tables, charts, graphs			

Annex 6

DRAFT - STEPS FOR PREPARATION OF THE 2007 EDITION OF "HEALTH SITUATION IN ASIA AND THE PACIFIC – 2001 – 2005"

S. No.	Steps for Processing	Target Dates	Remarks
1.	Regional Editorial Committees (DPM from each region as Chair and HSD/CDS/ RDOC/EHI as members)	31 Jan 05	
2.	Preparation of Table of Contents and Guidelines for contributors (technical units) and agreement on it	31 Jan 05	Draft discussed at EB115, Jan 05
3.	Video-conference between DPMs	February 05	As part of agenda item
4.	Cost estimation of the publication and regional cost sharing	March 05	Finalize at Manila HCF Meeting
5.	Recruitment of STC/STP – for Core Health Indicators for Asia and Pacific including MDG by SEARO	15 Feb 05 – for two months	SEARO
6.	Recruitment of STC/STP (WPRO)		Part of Japan MDG work
7.	Assignments of contributions for chapters and leadership for chapters	15 February 05	TUs from both ROs
8.	Recruitment of STC/STP – for finalization of the document -??? Share by both regions	15.6.2005	1.7.2005 – 31.12.2005
9.	Preparation of Draft "Zero" by contributors	30.6.2005	1.1.2005 – 30.6.2005
10.	Revision of draft "Zero" and preparation of first draft	31.10.2005	

S. No.	Steps for Processing	Target Dates	Remarks
11.	Final draft preparation (including cover, title, photos, etc.)	31.1.2006	
12.	Preparation of Index, Annexes, list of acronyms, definitions, bibliography, list of tables, graphs/figures and boxes	28.2.2006	
13.	Update of country reporting data – statistical data	30.6.2006	
14.	Foreword for the report to be cleared by DPM/RD	30.6.2006	
15.	Vendor (s) to be finalized for printing the bulletin, India ? or Philippines ?	31.7.2006	
16.	Layout for printing	31.7.2006	
17.	Printing of publication	31.8.2006	
18.	Distribution of the final published book	early 2007	