Strengthening Use of Health Information at the District Level

Report of an Intercountry Workshop
Bangkok, Thailand, 10–12 August 2009
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1. **Background**

Over the years, especially after the first World Health Report was published in 2000, WHO the Regional office for South – East Asia has undertaken many activities to strengthen health information systems (HIS) and medical records (MR) in countries of the Region and, in turn, contributed to improving morbidity and mortality statistics. Many intercountry consultative meetings / training workshops have been conducted on medical records/health information management (MR/HIM) and ICD-10 for HIS and medical record staff of the Member countries.

The 10-Point Regional Strategy for Strengthening Health Information Systems developed in 2006 by the Regional Office in consultation with countries is the key to assist Member countries in HIS development activities. Strategy number 3: “Promotion of Data Quality” and strategy number 7: “Strengthening of data sharing, analysis and utilization at all levels” are the specific guides for Member countries to improve data quality and utilization of information.

Analytical capacity and capability for evidence-based decision making in Member countries needs to be strengthened especially at the district level where decision-making process to improve service delivery is critical. Information based on analysis of data collected at the district level and below will improve the data quality and ownership at the data generating point. Improving data analysis capacity at district level will improve programme management.

The working relationship between the district health office and the district hospital should be taken into account when comprehensive data analysis and interventions are carried out at district level. As the referral care service centre, a district hospital is an important data source. However, without good working relationships programme management at district level will not be able to optimally use hospital data.

There are two main factors impeding the practice of evidence-based decision making at district level. The first factor is that most of the health
personnel responsible for data handling at district level are functioning as agents of the central government to collect data from institutions and sending them upwards to the national level like a post office. This has been highlighted in many forums and the poor capacity of data analysis at district level has been identified as the main cause. The second contributory factor is that no data from hospitals is sent to the District Health Office (DHO) as most of the hospitals send their data directly upwards without sharing with DHO. Hence, analysed data at DHO does not help to identify health problems in the district and, as a result, district health managers are unable to use that information effectively for planning interventions and to monitor health programmes.

Linkage and liaison of the district health office with regard to data from the private health sector and other partners in health operating in the community need to be strengthened in order for DHO to portray a complete health situation of the district population.

Thirty-two participants from 10 Member countries of the Region attended the workshop. Most of the national participants were from district health offices and district hospitals (Annex 1: List of participants).

1.1 Objectives

The main purpose of this workshop was to strengthen management of the district health office through better use of health information. This entails the following specific objectives:

(1) To review, discuss and share experience on data analysis, presentation and use of health information for decision making at district level;

(2) To review, discuss and share experience on use of hospital information for decision making at district level; and

(3) To recommend ways of developing country capacities in data analysis, presentation and use of health information at district level.
1.2 Modus Operandi

- All discussions were geared towards utilization of routine service records data for day-to-day management of health services at the point of delivery, its flow and/or linkage to the district health office and issues related to its transformation into information, interpretation, and presentation for use in district level health planning and programme management.

- Theoretical issues were not emphasized. However, technical rationality required for appropriate interpretation was dealt with.

- There was intensive interaction and exchange of ideas, group work and case study simulation to prepare participants for carrying out district and sub-district level workshops in their respective countries.

2 Opening session

After introduction of the participants by Dr Sunil Senanayake, Regional Adviser, WHO/SEARO, Dr Maureen E. Birmingham, WHO Representative to Thailand, in her welcome remarks said that this is a very timely workshop as increasing emphasis is being placed on health system strengthening and on revitalization of primary health care. Reliable and timely health information including useful analysis of data at the district level is a cornerstone of health system development. Having spent over 15 years in surveillance, monitoring and evaluation – particularly in the area of immunization she realized that the acid test of a strong health information system was whether the district level was gathering useful and timely data and transforming it into relevant information and using it. That is, a strong health information system does not just use the district level as a ‘pass-through’ for data, or as just a level where the data are consolidated (but not really looked at). The single biggest factor to stimulate good collection and analysis of data was when the analysis was directly linked to public health action (Annex 2: full text of the welcome remarks).

Dr Myint Htwe, Director Programme Management, WHO/SEARO, read the message of the Regional Director Dr Samlee Plianbangchang who said that the health information system can be equated to the nervous system of the human body. The human body cannot function unless the nervous system is properly and synergistically giving the right electrical signals through the medium of different chemicals or enzymes in the
human body. Likewise, the proper and systematic functioning of the health information system requires good coordination of its components, starting from the data gatherers at the most peripheral level of the health system up to the central Ministry of Health level. (Annex 3: full text of Regional Director’s address).

Dr Myint Htwe further emphasized the importance of evidence-based decision making at the local level and in measuring performance of the health systems at any administrative level in the countries. He also stated that the health information systems in different Member Countries are performing at various degrees of efficiency and there is a huge amount of data available but not properly analysed and used. Therefore, it is necessary to enhance skills in data analysis and data presentation of district level health staff and the evidence-based decision making skills of district health managers. He then officially open the workshop.

3. Business session

All the presentations, workshop materials, group work guidelines and case studies are provided in the CD attached at the inner back cover page.

3.1 Objectives of the workshop and current status of use of health information at district level – Chair; Dr Myint Htwe

Dr Sunil Senanayake presented a list of inter-country meetings/consultations/trainings and workshops conducted by WHO/SEARO from 2000 to 2009 to strengthen HIS in countries of the Region. He said that there is no health information without health care activities, and that health data flowed from the health system and when analyzed it mirrors the functioning and performance of the health system. In this workshop the focus is on management of district level health information to support the district health care system. He said that how good and useful the health information about the district is can be reflected by the three information products at district level-1. Hospital Annual reports/bulletins, 2. Periodic community needs assessment reports, and 3. Overall district health profile. He gave a brief history of the evolution of health information systems in the Region and outlined the objectives and modus operandi of the workshop, and the topics to be covered (Annex 4: Working Programme).
Dr Senanayake described the five steps of planning (where are we now’, where do we want to go’, how do we go there’, are we going there’, and did we get there) and elaborated on the necessity of health information for health planning cycle and that being one of the six building blocks of health system development, HIS has been given high priority. He described some principles and approaches for developing HIS and the most common problems encountered in routine HIS at the district level and ways to address them. He also presented the summary results of the responses received from countries on the questionnaire for assessing the quality of contents and format of the national/sub-national level health bulletins and hospital statistics.

3.2 Collection and analysis of data at district health office –
Chair; Dr Sunil Senanayake

Dr Soe Myint described what constitutes a district health system, what is district health planning, and what the sub-systems within a district health information system and its functions are. He elaborated the process of data collection, methods, and issues. The purpose of data analysis, tools of data analysis and related issues were also outlined and explained.

Dr Nihal Singh presented a case from India about the situation of data collection and analysis at a district health office. Notes taken during his visit to the district health office about health infrastructure, who collects what data and its flow were described. He also made some observations on the transitional phase at the DHO from paper-based reporting to computer-based analysis of data from various sources for preparing the district health profile.

3.3 Presenting analysed data and use of information at district health office – Chair; Dr Sunil Senanayake

Dr Soe Myint presented guidelines, tools and techniques of data presentation in the form of tables, graphs and maps. He highlighted lack of information culture and deficiency in analytical skills of the HIS staff as the major issues in transforming data into information. He provided outlines of the contents of a district health profile and elaborated on how and for what purpose the health information could be used at the district level. He
reiterated the lack of information culture in the system in general as a basic issue in the proper utilization of available information for health action.

Dr Nihal Singh demonstrated how the evidence gleaned through the findings of a nationally representative sample of the latest health survey in India could be tested for district population by conducting an analysis of the data collected at the district health office. He sought to test (1) worsening adverse sex ratio (2) sex differential in child mortality and (3) sex differentials in notification of smear positive TB cases in the age group below 14 years.

3.4 **Use of health information for decision making at district level: Best practices from Member countries –**  
Chair; Dr Myint Htwe

Dr Abul Kalam Azad presented the disease surveillance system of Bangladesh at the district level. After providing a historical perspective, he described how the disease surveillance system was organized geographically down to the lowest level in the country, with health staff manning the posts and the list of diseases under surveillance. He then showed the contents of a health worker’s daily diary for data collection during home visits and the internet backbone to support geographical reconnaissance by building local capacity for e-health and health bulletins.

Mr Pravin Srivastava from India presented India’s experience on monitoring and evaluation (M&E) of health projects and programmes with the focus on use of health information for decision making at the district/sub-district level. After listing availability of public health infrastructure in districts, data generating sources and flow and feedback routes, he described in detail how progress of various health programmes at various administrative levels from state down to village is monitored. He outlined further plans to improve M&E system including fully online computerized reporting system from PHC level; development of other online reporting systems for HR, hospital management, store inventory, equipment management, video conferencing and telemedicine; reorientation workshop for district level, block level and sub-center level staff on HMIS reporting format and data analysis; and data validation at source from primary registers.
Mr Rahul Dev Chakraborty presented a hospital performance monitoring system for a state of India. In this system, hospital activities are categorized in three groups – curative, ancillary, and auxiliary. These activities are ranked for maximum score seemingly depending on the importance. For example, Out Patient Department (OPD) is assigned a maximum score of five while In Patient Department (IPD) is assigned a maximum score of 10. Eight activities of curative services are assigned a maximum score of 65, five activities of ancillary gets a maximum score of 35, and 29 activities of auxiliary category earn maximum score of 200. Depending on the performance, above mentioned activities gets a score. An activity may have several indicators and maximum score for measuring performance. For example, OPD has three indicators – 1. Average 50 patients/ doctor/day (maximum score of 2), 2. Each medical officer maintains his/her OPD register (maximum score of 1), 3. All Medical Officers are available in hospital during routine OPD hours (maximum score of 2). Each indicator, activity, and category depending on the score, gets one of the three colour codes: red for 0%-30% score (poor performance), yellow for 31%-60% score (average performance), and green for 61%-100% score (good performance). Depending on overall performance, the hospitals are graded and assigned golden star for performance of >95%, silver star for 75%-95%, and bronze for 61%-74%. Hospitals do not get star rating if performance is below 60%.

Dr Untung S Sutarjo presented Indonesia’s experience with emergency preparedness for health. He listed both natural and man-made disasters in Indonesia with particular reference to the Tsunami in 2004 and suggested that the disaster management cycle should be followed in responding to health problems in emergencies and listed 10 points of government policy in this regard. He provided an example of sources of data and its flow in Yogyakarta district to the district health office for transforming into information by the epidemiology information and data team.

Dr Zaw Htun presented Myanmar’s experience in service delivery planning at the district level and described the process of planning for curative, preventive, and disease control. For curative service planning, he listed a number of indicators which measure utilization of hospital services and workload. For preventive services planning, he outlined health outcome and output indicators such as Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR), Under Five Mortality Rate (U5MR), Expanded Programmes of Immunization (EPI) coverage, Acute Flaccid Paralysis (AFP)
cases, Crude Birth Rate (CBR), and Crude Death Rate (CDR). A high MMR indicated that reproductive health activities antenatal, natal, post-natal and newborn care services should be improved. A high IMR and U5MR indicated that child health related activities should be improved. A high population growth rate means that family planning activities should be monitored. For disease control planning, he mentioned the use of incidence rate, prevalence rate, cure rate, treatment success rate etc. While emphasizing the importance of data use for assessing the current situation, monitoring progress, and evaluating the programmes, he highlighted its weakness and non-availability at the time of use. He also suggested that every health facility should have a medical record centre with staff trained in analytical skills to transform data into information, and periodic meetings of district medical officers to discuss and share experience on use of information thus produced.

Mr Dharanidhar Gautam presented Nepal’s experience in service delivery planning. After describing how the health services have been organized from the central to the community level, Mr Gautam focused on health services delivery at the district level, data collection, and reporting to the district health office. He also mentioned some factors for consideration in district health planning and gave an example of planning for EPI. While emphasizing the importance of routine data for programme monitoring, he said that such data can not detect outcome and impact and suggested that there should be a standard definition of routine data, maximum use from minimum collection, and periodic feedback to reporting institutions. He suggested involving all relevant stakeholders and participation of the central level during district planning.

Dr Udaya Ranasinghe presented Sri Lanka’s experience in logistic planning for medicines and other supplies. He listed all the logistical services to be carried out, from construction and maintenance of buildings, to disposal of clinical waste and unserviceable items. He said that for logistic planning the following inputs considered: individual requirements from institutional heads, other sector suggestions (politicians, people from the area etc), concerned supervision reports, study of new central/provincial level projects and facility surveys. Normally procurement is through tenders at the national level but in an emergency there is provision for local purchase by getting three quotations. There are stores at district level and in all institutions where control procedures are used to maintain a buffer stock. Service agreements with suppliers are signed especially for medical equipment where repairs are costly. To prepare an estimate of stock for
curative care institutions, data such as prevailing trend and forecast of
diseases (institutional morbidity and mortality reports) are used. For
preventive care institutions, data from vaccine movement registers and
pregnant women registers are used. Dr Ranasinghe also listed the strength
and weakness of the available data and suggested use of network facility to
order, maintain and distribute stock.

Dr Boonchai Kijsanayotin presented Thailand’s experience in health
workforce information and planning. After describing the organization of
public health institutions from the centre to the sub-district level, he said
that the data source for number and category of health personnel were
registration and surveys. He said that while surveys are expensive, keeping
registry data updated is a challenge and suggested improvements in the
registry system.

3.5 Collection, analysis, presentation, and use of hospital data –
Chair; Dr Sunil Senanayake

Mrs Hemamalini Jayawardena made a presentation on how to collect and
analyze hospital data. She described in details what data should be
collected, from where it could be abstracted, data collection methods, data
definitions for identification of data, analysis of hospital data, and quality
assurance of hospital data. She also showed how the analyzed data could
be presented and used. She described what data should be presented in a
hospital statistical bulletin, how to format a hospital bulletin, what formulae
are often used to analyze hospital data, what presenting methods could be
used, and how useful it could be especially for authentic users.

3.6 Use of hospital data at district health office –
Chair; Dr Myint Htwe

Dr Sunil Senanayake’s presentation was on the use of hospital data at
the district health office. He said that hospital information could be useful
to understand the availability of services in the hospitals, infra-structure,
staff position, logistics and others. A review of the hospital morbidity and
mortality pattern could be useful for prevention and control of diseases,
planning of services, and designing special interventions (e.g. reduction of
maternal and child mortality, reduction of under-nutrition; prevention of
iodine disorders) etc.
3.7 Group work

Dr Sunil Senanayake introduced the participants to the group work and provided guidelines for each of the three groups to discuss the respective topic. The three topics were: 1. How to improve the use of health information at district level; 2. How to improve the quality of hospital data; and 3. How to obtain private sector data for the district health office. Each group consisted of about 10 participants. Group facilitators for each group were also identified. Each group discussed the respective topic in detail made notes, and prepared slides which were presented in the plenary session. Each group presentation was followed by queries and comments from the floor.

3.8 Case study

Dr Sunil Senanayake introduced the case study and the purpose of this case study was to simulate the district health system of a country. It contained lots of data and information about the health situation, health infrastructure and health services which were available in the district. Some returns prepared by sub-district health offices and hospitals were also included as samples. The participants were divided in three groups based on their background. Each group was asked to identify problems and issues at one of the three different levels in the district i.e. 1. District health office; 2. Sub-District health office; and 3. District general hospital. Starting from the introduction to the case study by Dr Senanayake, the group work continued for three hours including group discussions and presentation of discussion notes in the plenary session.

3.9 Conclusions and Recommendations

Conclusions

- The capacity for data analysis, interpretation and use is not adequate in all the countries. There is a need to enhance analytical thinking of middle-level managers in district, sub-district health offices and in hospitals.

- Inadequate allocation of resources (both human and financial) is a major problem in the district health care delivery system in many Member countries.
No explicit public health and/or health information policy has been implemented in many Member countries.

Many Member countries do not get morbidity and mortality data from the private health sector.

Most hospitals in Member countries do not produce hospital bulletins on a regular basis.

Different hospitals in Member countries adopt different medical record keeping practices.

Use of ICT at hospitals and at the district and sub-district health offices needs to be strengthened.

Ownership of data at the institutional level and the feed-back mechanism are poor in the district level health information system in many Member countries.

**Recommendations**

Member countries should:

- Adopt appropriate public health/health information policies supported with legal enactments to obtain health data/information including from the private sector.

- Allocate adequate resources to strengthen the district health information system as it is the basis of national health information system.

- Conduct capacity building programmes for middle level health managers and information generators at district, sub-district and hospital level.

- Review district and hospital information systems and adopt standard data collection and reporting forms for medical record keeping.

- Adopt Information Communication Technology (ICT)/Web based solutions to improve disease surveillance at hospitals.

- Adopt clinical audit system in hospitals to improve care given to patients, patient safety and to ensure recording of events.
**For WHO**

WHO Should:

- Develop a curriculum for a short training module in health information and biostatistics to be included in the basic training programmes for professions supplementary to medicine and nursing.

- Develop training materials to be used at district level capacity building programmes for middle-level managers in district, sub-district health offices and in hospitals and circulate among Member countries.

- Develop a generic district health profile template and circulate among Member countries.

- Organise an Expert Group Meeting to analyse hospital bulletins and develop a generic hospital bulletin to be adopted by Member countries.

- Develop a “manual for hospital information management” to be used by Member countries.

- Develop a simple and effective tool to assess the district and hospital information systems to be used by Member countries.

4. **Closing session**

During the closing session, many participants appreciated the interactive nature of the workshop which made it very educational and gave new insight for realignment and reorientation of the district health information system and its use for district level planning and management of health systems in their respective countries. Participants also felt that the workshop had broadened their thinking horizon, and emphasized the need for such workshops to enhance the analytical capability of District Health Office (DHO) staff and to inculcate information culture at the district/sub-district levels. Such workshops should be conducted in the context of individual requirements with technical assistance from WHO and the respective country’s central/provincial HIS team. They commended the excellent presentations and said that the handouts distributed will serve as good resource material at district-level workshops.
In his concluding remarks, Dr Myint Htwe appreciated the rich discussions during the workshop and appreciated the practical, clear-cut, technically sound and doable recommendations made. He stated that WHO will continue to support Member countries in assessments of district health information systems and district capacity building activities. Also, he emphasized the importance of improving medical record keeping and hospital information management and sharing of health data/information from the private sector.

He also mentioned that the main recommendations emanating from the workshop must be conveyed to all WRs in the Region for further action at the country level, especially at the sub-national and district levels.

It is very important that the simple analytical skills of the health workers at the peripheral level be enhanced. By carrying out this simple data analytical activity at the sub-district and sub-national levels, the health workers will become aware of the deficiency in the data quality as well as in the coverage of data. This will create a sense of ownership and stimulate them to improve the situation, he added.

In order to move ahead in this technical area, it is very important that the curriculum of medical students and paramedical students should include simple data management aspects and the importance of data in formulating policy at the national level and also in developing appropriate strategy at the sub-national level.

It is very important that WHO should develop a quick checklist for assessing the status of information flow and information management at the district health offices or at any sub-national level.

Dr Myint Htwe requested participants to promote evidence-based decision making culture at district and institutional levels and to share the experience and knowledge gained from this workshop. He mentioned that WHO will extend support in organizing similar workshops at district and sub-district levels to enhance data analytical and presentation skills of health workers.
Annex 1

List of participants

**Bangladesh**

Prof Dr Abul Kalam Azad  
Director  
Management Information System (MIS)  
Directorate General of Health Services  
Dhaka  
profakazad@gmail.com

Dr M Abdul Hannan Bhuiyan  
Deputy Programme Manager  
Management Information System (MIS)  
Directorate General of Health Services  
Mohakhali  
Dhaka  
dr.hannan@mis.dghs.bd

Dr Md. Bashirul Islam  
Civil Surgeon  
Faridpur  
faridpur@cs.dghs.bd

Dr Md. Akhteruzzaman  
Superintendent  
Comilla Medical College Hospital  
Comilla  
comc@hospi.dghs.gov.bd

**Bhutan**

Mr Pema Chewang  
Medical Record Technician  
Dzongkhag Health Sector  
Dzongkhag Administration  
Mongar  
patse65@druknet.bt

Mr Tshering Wangchuk  
Sr District Health Officer  
Samtse: District  
twangchuk755@gmail.com

Ms Kuenzang L Sangay  
Research Officer  
Research and Evaluation Division (RED)  
Gross National Happiness Commission (GNH)  
Thimphu  
kl.sangay@gnhc.gov.bt

Mr Sonam Thinley  
Assistant Planning Officer  
Research and Evaluation Division (RED)  
Gross National Happiness Commission (GNH)  
Thimphu  
sthinley@gnhc.gov.bt

**India**

Mr Pravin Srivastava  
Director (Stats)  
Ministry of Health and Family Welfare  
Nirman Bhawan  
New Delhi  
dirstat-mohfw@nic.in

Mr Anand Kumar Sahu  
State M&E Officer  
National Rural Health Mission  
Directorate Health Services  
Raipur  
Chattisgarh  
anand.sahu2@yahoo.com

Mr Rahul Dev Chakraborty  
Manager-MIS  
NRHM, Assam, Jane Path  
Guwahati, Khanapara  
Assam  
msnrhm.assam@gmail.com

**Indonesia**

Dr Untung S Sutardjo  
Head of Data and Information  
Ministry of Health  
suseno2002@gmail.com
Ms Hasnawati  
Chief  
Data Development Division for Centre for  
Data and Information  
Jakarta  
hasna@depkes.go.id &  
hasnawati09@gmail.com

Dr Widayanto  
Director of Banyumas District Hospital  
Central Java  
widayantodr@gmail.com

Dr Choirul Anwar  
Head  
Yogyakarta City Health Office  
Central Java  
kesehatan@jogjakota.go.id

Maldives

Ms Maimoona Aboobakuru  
Director  
Ministry of Health and Family  
Male  
maimoona@health.gov.mv

Ms Fathmath Azeema  
Medical Record Officer  
Indhira Gandhi Memorial Hospital  
Ministry of Health  
Male  
azin_@hotmail.com or mrd@igmn.gov.mv

Myanmar

Dr Tin Tin Moe  
District Medical Officer  
Naung Oo District Hospital  
Mandalay Division  
mmlin@searo.who.int

Dr Sein Hlaing  
District Medical Officer  
General Hospital  
Kyauk-phyu District  
Rakhine State  
mmlin@searo.who.int

Dr Zaw Htun  
District Medical Officer  
Township Hospital  
Namkham  
Shan State (North)  
mmlin@searo.who.int

Nepal

Mr Kehar Singh Godar  
Chief  
District Public Health Office  
Banke  
Nepalganj  
Ks_godar@yahoo.com

Mr Dharanidhar Gautam  
Deputy Director & Chief of Health  
Management Division  
DHS/MoH&P  
Teku  
dharanidhar@hotmail.com

Mr Gauri Bahadur Thapa  
Data Base Supervisor Officer  
Ministry of Health & Population  
Kathmandu  
gauri.thapa@moh.gov.np

Sri Lanka

Dr U Ranasinghe  
Regional Director of Health Services  
RDHS Office  
Puttalam  
usbr65@health.gov.lk

Dr N B Gamin  
Medical Officer/Health Information  
Regional Director of Health office  
Ratnapura  
nbgamin@yahoo.com

Mr S Sachchithananthan  
Medical Record Officer  
Teaching Hospital Colombo South  
Kalubowila, Dehiwela
Mr J. A. P. Balasuriya
Deputy Director
Medical Statistics Unit
Ministry of Health Care & Nutrition
Colombo
medicalstatisticsunit@gmail.com

Dr S Sathurmugam
Regional Director of Health Services
Baticaloa
dpdhsbatti@slnet.lk

Thailand
Dr Boonchai Kijsanayotin
Medical Officer
Bureau of Policy and Strategy
Office of the Permanent Secretary
Ministry of Public Health
boonchai.k@moph.mail.go.th

Mr Chachaphat Panich
Chief
District Health Officer
Songquare District Health Office
Nan Province
The CCP@hotmail.com

Timor-Leste
Dr Irene de Carvalho
Director of District Referral Hospital
Covalima
Dili
de_carvalho_99@yahoo.com

Mr Domingos Soares Fernandes
Unit Officer of Health Management
Information System
Ministry of Health
Dili
domingossoaresfernandes@yahoo.com

Temporary Advisers
Mrs Hemamalini Jayawardena
Chief Manager – Medical Record Officer
Apollo Hospital
Colombo
mrd@apollocolombo.com

Dr Soe Myint
Deputy Director-General
Department of Health Planning
Ministry of Health
Naypyitaw
usmyint@mptmail.net.mm

Dr Nihal Singh
B26, Sector 23
Noida, Uttar Pradesh
zus10@hotmail.com

WHO Secretariat
Dr Myint Htwe
Director, Programme Management
WHO/SEARO, New Delhi
myinthtwe@searo.who.int

Dr Maureen E Birmingham
WHO Representative to Thailand
Bangkok
birmingham@searo.who.int

Dr Sunil Senanayake
Regional Adviser
Health Situation and Trend Assessment
WHO/SEARO, New Delhi
senanayakes@searo.who.int

Dr Y C Chong
Technical Officer-Monitoring (IER)
WCO Indonesia
chongc@who.or.id

Dr Richard Brown
Public Health Specialist
WHO SEARO DSE Subunit
Bangkok
brownr@searo.who.int

Dr Augusto Pinto
Medical Epidemiologist
WHO SEARO DSE Subunit
Bangkok
pinto@searo.who.int

Mr Ravinder Kumar
Sr Administrative Secretary
Health Situation and Trend Assessment
WHO/SEARO, New Delhi
kumarra@searo.who.int
Annex 2

Welcome remarks by Dr Maureen Birmingham, WHO Representative to Thailand

- Good morning, and a very warm welcome to Bangkok and to this WHO Regional Workshop on Strengthening Use of Health information at the District Level

- I think you are already aware of the objectives of this workshop:
  - To review, discuss and share experience on data analysis, presentation and use of health information for decision making at district level;
  - To review, discuss and share experience on use of hospital information at district level; and
  - To recommend ways of strengthening country capacities in data analysis, presentation and use of health information at district level.

This is a very timely workshop as increasing emphasis is being placed on health system strengthening and on revitalization of primary health care. Reliable and timely health information including useful analysis of data at the district level is a cornerstone of health system development.

Without strong information systems, we have no foundation upon which to advocate for our public health programmes. We have no data to guide our policies, nor our strategies. We are blind. We have no way to measure progress or performance.

As the saying goes, what gets documented, gets done. I think we can also say – what gets monitored gets the money. What gets analyzed gets the advocacy and ensures accountability.

I myself had spent more than 15 years in surveillance, monitoring and evaluation – particularly in the area of immunization. We realized that the acid test of a strong health information system was whether the district level was gathering useful and timely data and transforming it into relevant information and using it! That is, a strong health information system does not just use the district level as a
‘pass-through’ for data, as just a level where the data are consolidated (but not really looked at themselves). And we also learned that the single biggest factor to stimulate good collection and analysis of data was when the analysis was directly linked to public health action.

I’ll tell you a true story in one country about how data were collected and consolidated and no one ever looked at them at each level until they were transmitted to the headquarters of WHO. This had to do with polio. In one country in the 1990s that had been polio-free for a number of years, there was an annual report of 800 cases of polio. In WHO/HQ (where I used to work), we were quite surprised when we saw this unusual report of 800 cases and consulted with our regional office and national level about the need to review what was happening. An international team flew in to assess the situation upon the concurrence of the government. The team found that the reason for the 800 cases was the misalignment of carbon copy paper and so the figure for pneumonia was copied at the district level onto the line for polio (in the carbon copy – as it was a paper system with carbon copies sent forward to the next level). No one at each level was really looking or analyzing the data and it took an international team and several thousands of dollars of plane tickets and peoples’ time to uncover this. It was a big lesson for all of us.

Also, through many assessments we learned how overburdened staff can be at the district level collecting and consolidating increasing quantities of data, as programmes demand more and more (never less). The challenge of streamlining health information systems remains a critical issue for the district level in many countries.

I hope you will use this time to share your knowledge and experience, as I am aware that there is significant brainpower and experience in the room. I also hope that you will together find ways to strengthening your own health information systems, transforming them to become increasingly a “nerve centre” which provides timely information to be used for public health action. Several countries have already shown good progress!

And, last, but not least, I hope you will take the time to relax, recharge your batteries, meet colleagues and establish networks, see a bit of Bangkok – also called ‘the city of angels’, and enjoy the warm hospitality of the Thai people – which gives it is well-earned reputation as ‘the land of smiles’.

Thank you! Swa di kah!
Message from Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia
(Delivered by Dr Myint Htwe, Director, Programme Management, WHO Regional Office for South-East Asia)

Distinguished participants, ladies and gentlemen,

I warmly welcome you all to the Regional Workshop on Strengthening Use of Health Information at the District Level.

I also take this opportunity to convey the greetings of Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia, to the distinguished participants of this workshop. The Regional Director would have liked to attend the workshop, however, due to important prior commitments, he is unable to do so. It is, therefore, my privilege to deliver the Regional Director’s message.

And I quote:

➢ “The WHO Regional Office for South-East Asia has been facilitating and conducting several intercountry workshops and training programmes to improve and make the health information systems of the Member States more dynamic and responsive to their needs.

➢ The experience gained from these workshops and training programmes highlighted the need to strengthen the health information system at the very peripheral level of the health care system.

➢ In addition, the hospital information system is equally important and complements the health information system, which generally indicates the performance of public health interventions.

➢ This workshop is designed to focus on the health information system as well as issues related to hospital information.
The health information system can be equated to the nervous system of the human body.

The human body can not function unless the nervous system is properly and synergistically giving the right electrical signals through the medium of different chemicals or enzymes in the human body.

Likewise, the proper and systematic functioning of the health information system requires good coordination of its components, starting from the data gatherers at the most peripheral level of the health system up to the central Ministry of Health level.

This also involves good capacity and capability of health professionals working in the health information system, together with the prevailing infrastructure and data transmission system.

If the health information system is not generating valid and correct information, we will not know about the real performance of the health care system, including its public health component.

It is in this context that health professionals dealing with the data and information at the peripheral level of the health system assume a crucial role for achieving the intended goals and objectives of the health care system.

Dear Participants,

You will notice that data by itself will not yield anything until and unless it is appropriately transformed into useable information.

However, it is also important that the data must at least be valid and reliable and, if possible, complete.

It needs to be emphasized that the transformation of data to information should be carried out at all levels of the health care system.

The generated information, therefore, should be utilized for decision making in implementing and improving the technical programme activities, including its administrative, logistics and management aspects.

It is also to be noted that the district level and below is the most important level where the real action is.
Therefore, the health professionals working at the district level or below must have the technical capability and capacity to manage the data available at this level.

To manage or transform data into information at this level does not require know-how of sophisticated methods and techniques.

What is required is the knowledge of a simple principle of data management together with good analytical or critical thinking skills.

The main objective of this workshop is to further enhance the data analytical and data presentation skills of the participants.

You may recall that the data available at different levels of the health care system have different degrees of importance depending on the epidemiological scenario prevailing at respective levels.

Dear Participants,

The health information systems in different Member States are performing at various degrees of efficiency.

There is a huge amount of data available but not properly analyzed and used.

The issues that we now face are:
- Are we analyzing the available data at hand to transform it into information so that it could be used in our day-to-day decision making?
- Are we making any adjustments in health programme implementation based on the information generated from the available data?
- Are we selecting or modifying various public health or clinical interventions based on the information generated?

Dear Participants,

In collaboration with the Ministries of health of Member States, we plan to conduct similar workshops for health professionals working at the district level and below.

WHO stands ready to provide technical and funding support to the extent possible.
Once again, I would like to welcome our country participants to this “Regional Workshop on Strengthening Use of Health Information at District Level”.

I wish you success in your deliberations and a very pleasant stay in Bangkok.”

Unquote

I will, of course, apprise the Regional Director of the outcome of this workshop.

Thank you.
Annex 4

Working programme

Day 1: Monday 10 August 2009

08:30-09:00  Registration

09:00-09:30  Opening session

- Introduction of participants by Dr Sunil Senanayake,
  Regional Adviser – Health Situation and Trend Assessment
- Welcome Address by Dr Maureen E. Birmingham,
  WHO Representative to Thailand
- Regional Director’s Message to be read by Dr Myint Htwe,
  Director, Programme Management and open the regional
  workshop
- End of opening session

10:00-12:30  Business session

Chair: Dr Myint Htwe

Objectives of the workshop by Dr Sunil Senanayake

Current status of use of health information at district level
by Dr Sunil Senanayake

Discussions

13.30 – 15.30  Chair: Dr Sunil Senanayake

Collection and analysis of data at district health office

  Part I  by Dr Soe Myint
  Part II by Dr Nihal Singh

Discussions

15. 45 – 17.00  Presenting analysed data and use of information at district health office

  Part I  by Dr Soe Myint
  Part II by Dr Nihal Singh

Discussions
Day 2: Tuesday 11 August 2009

08.30 – 10.15  **Chair: Dr Myint Htwe**  
Use of health information for decision making at district level: Best practices from member countries  
- Bangladesh – Surveillance by  
- India – Monitoring and evaluation by Mr Pravin Srivastava  
- Indonesia – Emergency preparedness by Dr Untung Sutardjo

10.30 – 12.30  
- Myanmar – Service delivery planning by Dr Zaw Htun  
- Nepal – Service delivery planning by Mr Dharanidhar Gautam  
- Sri Lanka – Logistic (medicines and other supplies) planning by Dr U Ranasinghe  
- Thailand – Health Workforce planning by Dr Boonchai Kitsanayotin

13.30 –15.15  **Chair: Dr Sunil Senanayake**  
Collection and analysis of hospital data by Mrs Hemamalini Jayawardena  
Discussions

15.30 – 17.00  Presenting analysed data and use of hospital information by Mrs Hemamalini Jayawardena  
Discussions

Day 3: Wednesday 12 August 2009

08.30 – 09.30  **Chair: Dr Myint Htwe**  
Use of hospital data at district health office by Dr Sunil Senanayake  
Discussions

09.30 – 09.45  Introduction to Group Work – Dr Sunil Senanayake
09.45 – 11.00  Group work

**Group 1:** How to improve use of health information at district level?
**Facilitators:** Dr Soe Myint and Dr Y C Chong

**Group 2:** How to improve quality of hospital data?
**Facilitators:** Mrs Hemamalini Jayawardena and Dr Sunil Senanayake

**Group 3:** How to obtain private sector data for district health office?
**Facilitators:** Dr Nihal Singh and Dr Sunil Senanayake

11.00 – 12.30  Group work Presentation

13.30 – 13.45  Introduction to case study – Dr Sunil Senanayake

13.45 – 15.15  Group work on the case study

**Group 1:** Analysis and use of data at the district health office
**Facilitators:** Dr Soe Myint and Dr Y C Chong

**Group 2:** Analysis and use of patient data at hospital
**Facilitators:** Mrs Hemamalini Jayawardena and Dr Sunil Senanayake

**Group 3:** Analysis and use of programme data at the sub-district health office
**Facilitators:** Dr Nihal Singh and Dr Sunil Senanayake

15.30 – 16.30  Presentation of Group Work

16.30 – 17.00  Way forward: Conclusions and Recommendations
Annex 5

List of working documents/papers

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The WHO Regional Office for South-East Asia organized an intercountry workshop on “strengthening use of health information at the district level” with the emphasis on capacity building on collection, analysis and presenting data from both hospital and district health information systems supporting evidence-based decision making at district level. Technical presentations, case studies, working papers and group works were used to improve the data analysis and presenting skills of the participants. Experience of seven Member countries on best practices with regard to use of information for decision making was also presented and shared. This intercountry workshop addressed the recommendations of the Regional Consultation held in Colombo, Sri Lanka in June 2008.