Workshop on the Development of Integrated National Health Information Systems

As part of the implementation of the Health Information Systems (HIS) Strategic Plan for the Western Pacific Region for 2006–2010, a workshop on Developing Integrated National Health Information Systems was held in Manila, Philippines from 6 to 8 September 2006. The workshop brought together programme managers and directors responsible for the information and surveillance systems of different programmes and departments of the Ministry of Health of Cambodia, China, Lao People’s Democratic Republic, Mongolia, the Philippines, and Viet Nam as well as resource staff from the Health Metrics Network (HMN), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the Global Alliance for Vaccines and Immunization (GAVI). The workshop was conducted to address the problem of poor integration of databases and information from different technical programmes as well as information from surveys and special studies and other information subsystems within the national HIS framework. The main objective of the workshop was to allow the participants to review the content and data flow of different programme-specific information systems in their countries and to agree on common platforms for integrating programme-specific information systems.

During the workshop, the rationale for developing integrated national HIS was presented to underscore the need for and benefits of an integrated system. The concept of HIS integration was defined and a framework was shared to introduce the principles,
Workshop on the Development of Integrated National Health Information (Cont.)

elements and strategies for HIS integration. There was also a sharing of country experiences on programme-specific HIS, which served as an overview of the current system including developments made, prevailing challenges and future plans. A presentation was made by HMN on its framework, assessment and monitoring tools, and support extended to countries. The presentations given by representatives of GFATM and GAVI emphasized the value of a sound national HIS. Agencies expressed their desire to avoid parallel reporting systems, improve data quality, better collaborate and negotiate with countries on information collection and reporting requirements, and have greater access to funds for strengthening HIS. Particularly important during the workshop was the participants’ work in identifying and prioritizing elements for integration in the information systems of their respective countries and in translating these into country-specific action plans. Health information system components and functions identified by countries as the top three highest priorities for integration were those related to data collection. Specific activities identified as a high priority include consolidation and standardization of forms, identification of core/essential data elements and indicators, and data quality assurance. In terms of the strategies for implementation, those most commonly identified by countries were negotiation with donors, advocacy, capability-building, data warehousing, and development of integrated software. Technical and financial support were the most commonly identified resources needed to implement various strategies.

Workshop on Health Metrics Network for the Pacific Island Countries

To strengthen the health information systems of the Pacific island countries and areas, the Health Metrics Network, together with the WHO Western Pacific Regional Office and the Secretariat of the Pacific Communities (SPC), conducted a three-day intercountry workshop on 30 October–1 November 2006 in Noumea, New Caledonia. The workshop aimed to introduce the HMN Framework to countries, build capacity in the use of the HMN assessment tool, and provide guidance in the development of a prioritized improvement plan. It was also a venue to discuss opportunities for technical, capacity-building and financial support through the HMN partnership.

The workshop started with an introduction of the HMN framework, its rationale and possible areas for strengthening country HIS. Then, the HIS strategic plan for the Western Pacific Region was presented by WHO Western Pacific Regional Office; the contribution to health statistics in the Pacific by the SPC; the regional plan for strengthening statistical and health information in the Pacific island countries and areas by Australian Agency for International...
Workshop on Health Metrics Network for the Pacific Island Countries (Cont.)

Development (AusAID); and statistical capacity-building in the Pacific region by the Australian Bureau of Statistics. The participants were then given a more detailed presentation on HMN tools for HIS assessment consisting of HIS resources, identification of core indicators, data sources, data management, information products, and their dissemination and use. Interactive group discussions were held to clarify issues related to the content of the HMN questionnaire. Group sessions were also conducted to discuss (1) support mechanisms to countries; (2) coordinating mechanisms to harmonize various information systems, particularly within the Ministry of Health and with other sectors using the sector-wide approach (SWAp); (3) key health and statistical challenges faced by countries; and (4) application of support from HMN. The workshop provided an opportunity for the participants of the Pacific island countries and areas to view HIS from various perspectives. They learned about the scope, key components and basic principles about HIS and its implications on strategies.

WHO International Clinical Trials Registry Platform Meeting in Kobe, Japan, 29 November–1 December 2006

Clinical trials are one of the most important sources of scientific evidence on the safety and effectiveness of health interventions. Access to information about ongoing, completed and published clinical trials is essential for appropriate decision-making. Researchers, research funders, policy-makers, medical practitioners, patients and the general public need such information to help guide research or to make treatment decisions.

To ensure transparency and to increase public trust in the conduct of clinical research, it is important that all clinical trials be registered at inception and that all results be made publicly available. Based on resolution WHA58.34 of the World Health Assembly in May of 2005, the International Clinical Trials Registry Platform is taking the lead in setting international norms and standards for trial registration and reporting. The Registry Platform consults with relevant stakeholders worldwide to produce consensus-based practical and feasible policies that uphold scientific and ethical principles on clinical trials.

The Registry Platform's primary objectives are to ensure that all clinical trials are registered and thus publicly declared and identifiable and have a minimum set of results that will be

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Viet Nam is one of the countries selected in the Western Pacific Region to pilot the Service Availability Mapping (SAM). Service availability mapping is a new tool which allows easy visualization and consistent monitoring of the availability of health services, health infrastructure and human resources at multiple levels—district or below, regional or national. It utilizes a survey methodology, remote field data collection devices, and WHO’s HealthMapper application. In order to apply SAM, a health information system needs to be in place. As Viet Nam has an existing national routine health management information system (HMIS), the SAM project was piloted in the provinces of Bac Giang and Ha Tray. These provinces were selected based on a set of criteria. The implementation of SAM has two phases—pilot phase and extension phase. The pilot phase takes 27 months to complete and implements the following activities: (1) planning and stakeholder meetings; (2) data collection training; (3) field work; (4) data analysis and HealthMapper training; and (5) reporting and dissemination. Planning and stakeholder meetings include the creation of SAM working groups and steering committees, as well as the development and adaptation of survey instruments. When the survey instruments, manuals, guidelines and training packages are complete, training is conducted among field personnel to orientate them on the content of the two sets of questionnaires, i.e. the facility questionnaire and the district questionnaire, as well as the use of personal digital assistants and the global positioning system units to obtain the geographical coordinates of health care facilities. The survey instruments and tools will be pre-tested during this activity. In the actual field work, data collectors visit health facilities and interview health workers. Data on availability of health equipment, staffing, drugs and commodities, and the services offered are obtained using the facility questionnaire. Interviewers also visit the district health management teams and collect information on health infrastructure, human resources, and services available in the district using the district questionnaire. After data collection, information is processed into the computer. Training on data analysis and HealthMapper is then conducted. A final report is prepared containing the survey results and recommendations. Survey results are then presented to decision-makers to serve as a basis for developing plans for subsequent rounds and possible integration of SAM into existing supervisory or monitoring visits at the district or equivalent level. The extension phase is the implementation of SAM in a larger scale based on results and findings in the pilot phase.
Service Availability Mapping and its implementation in Viet Nam (Cont.)

The SAM Project began in Viet Nam on October 2005. To date, data collection in the Bac Giang and Ha Tay provinces are almost complete. All districts in these two provinces were included in the study. It also covered the health facilities in three selected districts, i.e. low and middle-land and urban districts in each province. Preparations are underway for the conduct of a training course on data analysis, reporting and mapping.

Library website of the Western Pacific Regional Office

The library website of the WHO Western Pacific Regional Office has been recently improved. The new website better assists users to access the information they are seeking as quickly and efficiently as possible. Users can now access the following: (1) basic information about the library; (2) the library's catalogue and serial holdings, HQ's library catalogue, as well as Western Pacific Region's databases and other free online databases; (3) information on the regional index medicus (WPRIM) and the Global Health Library; (4) information on HINARI, HINARI-registered institutions and training activities in the Region; (5) free full-text journals/books, WHO depository/reference libraries, other WHO libraries, as well as libraries of WHO specialized centres, and library associations in the Region. You can visit the new library website of the WHO Western Pacific Regional Office at this url: http://www.wpro.who.int/information_sources/library_services/

Website of the Western Pacific Region Index Medicus

The Western Pacific Region Index Medicus (WPRIM) website has also been customized recently. The appearance (i.e., colors and fonts) of the new website was patterned after the WHO Western Pacific Regional Office internet website. Furthermore, the new website now includes WPRIM's history, goals and objectives, aside from its other basic functions such as basic searching, journal browsing, searching by citation and browsing journals for which links to the full text have been provided. Presently, WPRIM only contains records of selected journals from the Philippines but records from the Republic of Korea and Viet Nam will be added in time for the official launching of the website early this year. You can visit the new WPRIM website at this url: http://wprim.wpro.who.int/
To bridge the health information gap between developed and developing countries, the Health InterNetwork Access to Research Initiative (HINARI) was developed by the World Health Organization (WHO), in cooperation with major medical journal publishers. HINARI provides free or very low-cost online access to the major journals in biomedical and related social sciences to local, non-profit institutions in developing countries. In the Western Pacific Region, the countries and areas eligible for free access are: Cambodia, Kiribati, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Solomon Islands, Tokelau, Tuvalu and Viet Nam. Countries and areas that must pay the nominal fee of US$ 1000 per institution per year are: the Federated States of Micronesia, Fiji, Marshall Islands, Samoa, Tonga, Vanuatu and Wallis and Futuna.

In order to fully utilize HINARI, the WHO Western Pacific Regional Office has embarked on training activities to enhance the knowledge and skills of staff who not only work in HINARI-registered institutions, but also search and retrieve health information through the HINARI portal. On 28–30 August 2006, a national HINARI workshop for medical librarians, health personnel and researchers was conducted at the Divine Word University in Madang, Papua New Guinea. The participants considered the workshop very useful in searching for relevant and timely health information. Another national HINARI training course was organized in Ulaanbaatar, Mongolia on 18–20 October 2006, with the cooperation of the Health Sciences University of Mongolia. The training course was widely publicized through television and newspapers and the participants were exhorted by the president of the university to share with their office colleagues and other researchers the knowledge and skills they had learned and to be more active in conducting health research.

Ministerial round-table discussion on health research

One of the recommendations of the Western Pacific Advisory Committee on Health Research (WPACHR) meeting in October 2005 was to discuss health research in the fifty-seventh session of the WHO Regional Committee for the Western Pacific in 2006. Based on this recommendation, a ministerial round-table discussion on “Translation of research into policy and health care practice” was held at the fifty-seventh session of the WHO Regional Committee for the Western Pacific in Auckland, New Zealand on 20 September 2006. The round-table was chaired by the
Ministerial round-table discussion on health research (Cont.)

Honourable Pete Hodgson, Minister of Health, New Zealand, and facilitated by Professor Terry Dwyer, chairperson of WPACHR, and Dr Bruce Scoggins, Chief Executive of the New Zealand Health Research Council. The Honourable Pete Hodgson asked country delegates from China, the Lao People’s Democratic Republic, Malaysia, the Philippines and Viet Nam to lead discussions on each of the five questions:

- How do ministries of health find and use the best evidence for decision-making?
- How can Member States produce better evidence through the national health research system?
- What is the role of health policy and systems research in the strengthening of health systems?
- What are the best practices for translating research into policy and health care practice?
- How can regional or subregional collaboration improve the evidence base for policy and health care practice?

After the discussion, Australia, Cambodia, Japan, New Zealand and Samoa reported suggestions on the best ways to promote regional or subregional collaboration in the area of health research and evidence-based decision-making. A summary of the discussions is included in the final report of the fifty-seventh session of the WHO Regional Committee for the Western Pacific. For more information, please visit http://www.wpro.who.int/rcm/en/rc57/home.htm

Evidence-informed Policy Networks

Seven Evidence-informed Policy Networks (EVIPNet) teams in China (in Beijing, Shandong and Sichuan), the Lao People’s Democratic Republic, Malaysia, the Philippines and Viet Nam submitted their proposals for a 5-year implementation phase in June 2006 after a planning phase of 12 months. An international team evaluated the proposals in October 2006. Based on evaluation results, four teams will receive seed funding for the implementation of activities in 2007, with matching funds from national sources. The remaining three teams were requested to revise their proposals by the end of November 2006, and then submit them for new evaluation before funding decisions are made. For further information, please contact: salmelar@wpro.who.int

Funding opportunities for health research

The Alliance for Health Policy and Systems Research, in collaboration with the Oslo Satellite of the Cochrane Effective Practice and Organization of Care Group, the Evidence for Policy and Practice Information and Coordinating Centre, Institute of Education, London, the United Kingdom and the Effective Health Care Research Programme Consortium, Liverpool School of Tropical Medicine, Liverpool, the United Kingdom, is inviting the submission of proposals on centres for systematic reviews of health policy and systems research in low and middle income countries. Deadline for submission is 19 January 2007. For more details, please visit http://www.alliance-hpsr.org/jahia/Jahia/cache/offonce/pid/151.jsessionid=158A6EBE315A937446FB71DA256CFC91
Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals

Although poverty and gender significantly influence health and socioeconomic development, health professionals are not always adequately prepared to address such issues in their work. This publication aims to improve the awareness, knowledge and skills of health professionals on poverty and gender concerns in health.

The set of modules that comprise the Sourcebook are intended for use in pre-service and in-service training of health professionals. It is expected that this publication will also be of use to health policymakers and programme managers, either as a reference document or in conjunction with in-service training.

All modules in the series are linked, but each one can be used on a stand-alone basis if required. There are two foundational modules that set out the conceptual framework for the analysis of poverty and gender issues in health. Each of the other modules are intended for use in conjunction with these two foundational modules. The sourcebook also contains a module on curricular integration to support health professional educational institutions in the process of integration of poverty and gender concerns into existing curricula. The modules are designed for use through participatory learning methods that involve the learner, taking advantage of his or her experience and knowledge. Each module contains facilitators’ notes and suggested exercises to assist in this process.

For more information, please visit our website: www.wpro.who.int/publications or send your inquiries/orders to: The Publications Unit, World Health Organization, Regional Office for the Western Pacific, P.O. 2932, Manila 1000 Philippines Tel. Nos.: (632) 528 9994 to 96 Fax: (632) 521 1036 E-mail: publications@wpro.who.int