

In this month's *Bulletin*

This month's special theme: Health Information Systems (pp. 562–564)

In the first editorial, Sally Stansfield welcomes growing recognition of the need for more investment in health information systems. Such systems may seem expensive for developing countries, but the costs are offset by improved efficiencies. In another editorial, Kimberlyn M. McGrail & Charlyn Black argue that developing countries starting to set up health information systems can learn from the mistakes of wealthier countries. Middle-to-low-income countries should incorporate mechanisms to ensure that health data can be easily accessed by those who need them. Finally, Tony Williams argues that poor countries should shift to policy-making that is based on evidence by developing a health information system that adapts the existing data situation.

Why countries need health information systems (pp. 565–568)

In the News, Haroon Ashraf writes that developing countries are under pressure to build and reinforce their health information systems to fulfil donor requirements. In the *Bulletin* interview, Ties Boerma, Director of WHO Department of Measurement and Health Information Systems, discusses the development of health information systems over the past few decades and why countries need these more than ever today.

Health data as integral system (pp. 578–583)

In the leading policy and practice paper, Carla AbouZahr & Ties Boerma introduce the theme issue on health information systems and argue that health information should be treated as an integral system. This is difficult when donors determine data priorities based on their own needs and not those of the country as a whole. A further obstacle to a well-functioning health information system is cost, but the authors conclude that investment in such a system can lead to more efficient health-care services and save money in the long term.

Data for poverty reduction

Three papers discuss the role of data in poverty reduction and addressing inequities in health. Sarah B. Macfarlane argues (pp. 590–596) that efforts to strengthen health information systems in low- and middle-income countries should forge links with data systems in other sectors. Lexi Bambas Nolen et al. (pp. 597–603) review core information requirements for health information systems in seeking to address these inequities and they propose short- and longer-term strategies for strengthening health information systems as a tool to analyse inequities in health. Finally, Vanessa Rommelmann et al. (pp. 569–577) describe how they examined nine systems that provide a range of health and other information in the United Republic of Tanzania.

Monitoring vaccine safety in Viet Nam (pp. 604–610)

Health information systems to monitor vaccine safety are used in industrialized countries to detect adverse events related to vaccinations. Such systems are often absent in developing countries and are urgently needed. In his article, Lorenz von Seidlein describes a study in which he used a large linked database to monitor vaccine-related adverse events in Khanh Hoa province, Viet Nam. The study confirmed the safety of a measles vaccination campaign and showed that it is feasible to establish health information systems to provide reliable data in a developing country at low cost.

Poor countries need vital registration

Only a third of all countries have complete civil registration systems that provide adequate cause-specific mortality data for health policy and monitoring. Two articles discuss the need for these. Philip W. Setel et al. (pp. 611–617) argue that better vital events data systems will only be sustainable if developed with existing national and district-level health information strategies, governance structures and social research and development monitoring agendas. Alan D. Lopez et al. (pp. 618–625) evaluated

the quality of mortality data in China. They found that mortality registration from both the Ministry of Health Vital Registration system and Disease Surveillance Point system were incomplete.

Gauging a humanitarian response

Two papers discuss data for health emergencies. Michel Thieren (pp. 584–589) describes the dilemma faced by emergency health teams who need information to gauge an appropriate response but who are prevented from obtaining this by logistical obstacles. The author reviews diverse data collection methods in emergencies and argues that to produce good quality information a lead agency, such as WHO, needs to coordinate collection and dissemination by all the agencies involved. Olive C. Kobusingye et al. (pp. 626–631) stress that emergency care can make an important contribution to reducing avoidable death and disability in low- and middle-income countries but such care needs to be planned well and supported at all levels.

Health information system reform in South Africa (pp. 632–639)

At a time when data reporting requirements are rising dramatically as anti-retrovirals become more widely available in developing countries, health workers are facing uncoordinated and often duplicate demands for information from senior programme managers. In his round table base paper, Vincent Shaw argues that this situation results in health workers being distracted from caring for patients in order to provide statistics. Facing onerous, conflicting demands, health workers often produce poor quality data. The discussants look at how an essential dataset can be developed and the key lessons that have been learnt through this process. ■