

WORKSHOP 5: LEPROSY INFORMATION SYSTEMS

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The terms of reference were to deliberate on major issues confronting information systems, including the lack of reliable indicators, and recommend possible solutions and to identify serious gaps in present knowledge that affect information systems which can be ameliorated by conducting research.

The Workshop, having reviewed various information systems as reported by participants and having considered difficulties experienced in implementing such systems, reaffirmed that OMSLEP forms the basis for developing leprosy information systems in all countries, with appropriate modifications to suit the requirements of each country. It recommended that a) clarification should be made of WHO regimen and of definitions used, specifically with regard to case, adequacy of MDT, etc.; b) the system should give due priority to the needs of field workers; only appropriate data should be collected for analysis, interpretation and program assessment at the district/state and national level; and c) any system should provide adequate and timely feedback to field workers.

The Workshop, recognizing that the indicators suggested in OMSLEP do not cover the needs of promotional activities (e.g., health education, training, etc.) and that proxy-indicators give only an indirect assessment, recommended that: a) a promotional program should specify the exact aims and objectives of various activities so as to provide built-in evaluation; b) research be conducted into developing appropriate indicators for such purposes. The Workshop appreciated that appropriate indicators are required to meet the needs not only of the scientific community but also to satisfy

managers and administrators as well as politicians.

The Workshop recognized that important general information, not specific to leprosy but important in assessing program effectiveness, e.g., coverage of the population by the program or health services, equal accessibility to health care services by all individuals in a country, is insufficient and therefore recommends that health systems research be used to obtain important information that is not required on a regular basis such as: a) indicators for health service accessibility, coverage, and equity, and b) pros and cons of a centralized or decentralized information system.

The Workshop highlighted various other problems that affect information systems and recommended that: a) a centralized register be maintained in each country complemented by a procedure to identify individual patients to prevent duplication of recording of case; b) each country ensure that patients under the care of private doctors are also reported to the national system; c) nongovernmental organizations (NGOs) maintain the same information system that is being used at the national level; d) the Workshop on Chemotherapy consider developing clearer definitions for the terms regularity, irregularity, and defaulters which do not require such complex calculations; e) research be carried out to ascertain the cost in terms of time and human resources for collecting information, so as to recommend the development and maintenance of the most appropriate information system with the optimal information mix, and f) any information system should report on all activities within a unified system, and multiple information forms, e.g., one for mono-

therapy and one for MDT, should be avoided.

The Workshop considered the suitability of computerization for information systems but it recognized that computers may not be the appropriate solution in all circumstances, and reaffirmed the need for each

country to consider all the pros and cons of such computerization as detailed in the document, as well as alternative methods of collating and storing information.

Training prior to the implementation of any information system is a fundamental requirement.