



Health Information System Working Group

ANNUAL REPORT

2025

Looking ahead, we are optimistic about our prospects and are dedicated to delivering value to our stakeholders.



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Health Information System Working Group (HISWG) Annual Report 2025

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Executive Summary

The Health Information System Working Group (HISWG) is a collaborative platform of Ethnic Health Organizations (EHOs) and Community-Based Organizations (CBOs) working to strengthen health information systems in conflict-affected ethnic areas of eastern and western Myanmar. In 2025, amidst continued armed conflict, population displacement, and systemic disruption of public health services, HISWG supported partners to maintain essential disease surveillance, improve data quality, and promote evidence-based decision-making.

Key Highlights (2025):

Strengthened health information system (HIS) capacity across partner EHOs, supporting 20 dedicated HIS personnel.

- Implemented Phase 1 of the Applied Disease Surveillance Leadership Program (ADS-LP) in Mu Traw District, Karen State.
- Delivered targeted HIS, data visualization, and analytics training to strengthen routine reporting and data use.
- Supported ethical research governance and evidence dissemination, including the Ethnic Demographic and Health Survey (EDHS) 2024 report launch.

1. About HISWG

Established in 2002, the Health Information System Working Group (HISWG) is a network of Ethnic Health Organizations (EHOs) and Community-Based Organizations (CBOs) working to strengthen health information systems in ethnic and conflict-affected areas of Myanmar. HISWG supports partners to collect, standardize, analyze, and use health data to improve service delivery, strengthen health system capacity, and inform advocacy and policy dialogue. Through collective leadership and technical collaboration, HISWG functions as a coordination and capacity-strengthening platform, promoting harmonized indicators, shared standards, and joint analysis across diverse ethnic health systems operating in complex humanitarian settings.

2. Operating Context

Health service delivery in ethnic areas of Myanmar continued to be shaped by active conflict, displacement, and limited access to infrastructure throughout 2025. Public health systems remained fragmented, and Ethnic Health Organizations continued to serve as the primary providers of essential health services in many hard-to-reach and conflict-affected communities.

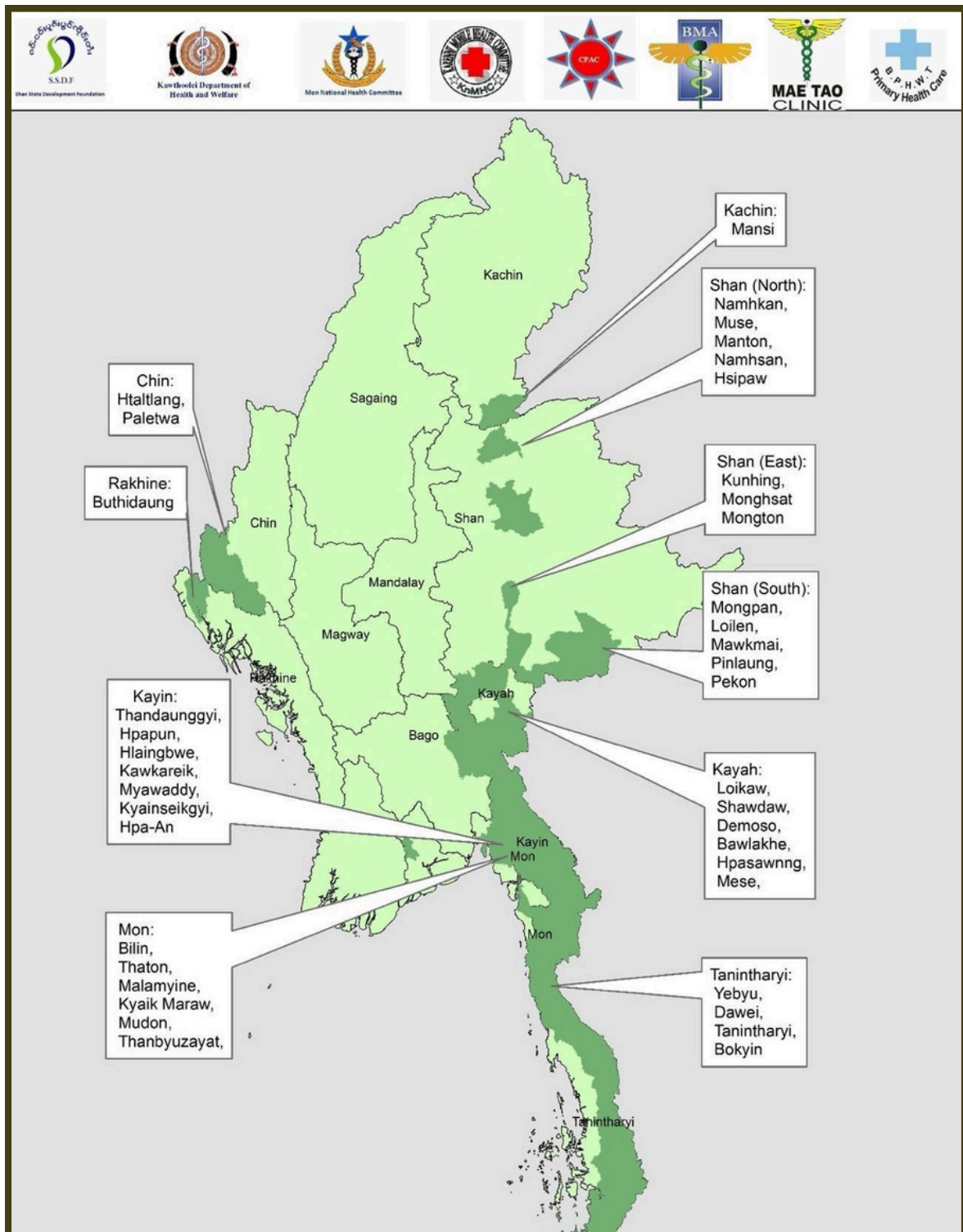
Within this context, reliable and timely health information systems remain critical for maintaining continuity of care, detecting disease outbreaks, and guiding humanitarian response. HISWG's role in supporting decentralized, adaptable HIS approaches has become increasingly important to ensure that community-generated health data informs decision-making at organizational, regional, and international levels.

3. HISWG Partner Organizations

HISWG worked in collaboration with the following partner organizations during the reporting period:

- **Burma Medical Association (BMA)**
- **Mae Tao Clinic (MTC)**
- **Back Pack Health Worker Team (BPHWT)**
- **Karen Department of Health and Welfare (KDHW)**
- **Civil Health and Development Network (CHDN – Karenni)**
- **Mon National Health Committee (MNHC)**
- **Shan State Development Foundation (SSDF),**
- **Shan Health Department (SHD)**
- **Loi Tai Li Clinic (Shan State)**

4. Map of Targeted Areas and Population



4. Key Achievements

4.1 Strengthening HIS Human Resources and Capacity

Through a cost-sharing arrangement with partner organizations, HISWG supported dedicated HIS focal persons and field HIS staff across partner EHOs: KDHW, BPHWT, BMA, MNHC, SSDF, and SHD. In total, 20 HIS personnel (6 focal staff and 14 field staff) were supported during 2025.

This investment strengthened routine data collection, quality assurance, and reporting at both facility and central levels. It also contributed to the development of a distributed network of HIS professionals able to collaborate across organizational and geographic boundaries.

No.	Partner Organization	HIS Focal Staff	Field HIS Staff	Total
1	KDHW	1	4	5
2	BPHWT	1	5	6
3	BMA	1	2	3
4	MNHC	1	1	2
5	SSDF	1	1	2
6	SHD	1	1	2
	Total	6	14	20

4.2 Disease Surveillance

Strengthening: Applied Disease Surveillance Leadership Program (ADS-LP)

To strengthen disease surveillance capacity in remote and conflict-affected settings, HISWG, in collaboration with KDHW, BPHWT, Mae Tao Clinic (Burma-Based Health System), and the Ethnic Health System Strengthening Group (EHSSG), Implemented Phase I of the Applied Disease Surveillance Leadership Program (ADS-LP) in Lu Thaw Township, Mu Traw District, Karen State.



The seven-day training (26 September–3 October 2025) brought together 26 participants from village, township, and district levels, including clinic managers, senior medics, physician assistants, and HIS staff. The training emphasized integrated surveillance approaches, linking clinical services with health information management to support timely outbreak detection, reporting, and response.



The program strengthened coordination among EHOs and supported the development of professional networks to facilitate information sharing during public health emergencies. Frontline health workers from Village Tract Health Centers represented the majority of participants, reflecting the strategic importance of community-level surveillance.

4.3 Health Information System Training and Support

HISWG conducted targeted HIS training sessions, field-based workshops, and supportive supervision visits to strengthen partner capacity in data collection, management, analysis, and reporting. Training modules focused on standardized tools, data quality assurance, and context-appropriate data management practices suitable for low-connectivity and insecure environments.



These activities improved the consistency and comparability of health data across partner organizations and strengthened the integration of HIS into routine health service delivery, monitoring, and planning processes.



4.4 Data Visualization and Analytics Capacity

To enhance evidence-based decision-making, HISWG delivered specialized training in data visualization and analytics using Power BI and Looker Studio. The four-day Power BI training (August 2025) covered data preparation, modeling, visualization techniques, and dashboard development using routine health and program data. The three-day Looker Studio training (December 2025) focused on web-based dashboards, interactive reporting, and collaborative data sharing. These initiatives strengthened partners' ability to analyze and present health data in accessible formats for program management, donor reporting, and advocacy.

4.5 Ethnic Demographic and Health Survey (EDHS) 2024 Report Launch

The Ethnic Demographic and Health Survey (EDHS) 2024 Report Launch marked a significant milestone in HISWG's efforts to generate and disseminate evidence on the health status of ethnic populations in the eastern and western Burma regions. The launch events were held on 28 August 2025 in Mae Sot and Bangkok, bringing together representatives from Ethnic Health Organizations (EHOs), community-based organizations, academic institutions, donors, humanitarian actors, and advocacy partners.



The primary objective of the report launch was to formally present the EDHS 2024 findings, raise awareness of key health trends and inequities affecting ethnic and border populations, and promote evidence-based dialogue among stakeholders involved in health policy, programming, and resource allocation. The EDHS represents one of the most comprehensive, systematically collected datasets on ethnic health in conflict-affected and hard-to-reach areas, filling a critical data gap where official national statistics are often unavailable or incomplete.



During the launch events, HISWG and partner organizations presented key findings from the survey, highlighting disparities in maternal and child health, access to essential health services, disease burden, and the impacts of conflict and displacement on population health. The presentations emphasized how EDHS data can be used to inform program design, strengthen health service delivery, health financing, and guide humanitarian and support advocacy for equitable development responses targeting ethnic community.



The launch also provided a platform for dialogue and reflection among EHOs, researchers, donors, and policy actors. Panel discussions and question-and-answer sessions enabled participants to engage with the data, system strengthening, and discuss how EDHS findings explore implications for health can be translated into concrete action



at community, organizational, and policy levels. By publicly launching the EDHS 2024 report, HISWG advanced its objective of raising international awareness of the health situation of people in the eastern and western Burma regions. The events strengthened the visibility and credibility of ethnic health data, reinforced the role of EHOs as legitimate data producers, and contributed to greater recognition of community-generated evidence in regional and international health discussions.

4.6 Ethnic Community Ethics Advisory Board (CEAB)

The **Community Ethics Advisory Board (CEAB)** conducted **monthly ethics review meetings**, during which **15 research proposals** were reviewed and granted ethical approval in line with established ethical standards and community accountability principles. The approved studies covered a range of priority themes, including humanitarian response, tuberculosis, migrant and displaced populations, child protection, maternal and mental health, and health-system capacity along the Thai–Myanmar border.

The proposals were submitted by Deakin University (Re-Imagining Humanitarianism in Post-Coup Myanmar), Mae Fah Luang University (pulmonary tuberculosis and its determinants among screened Myanmar populations), a child protection and safeguarding assessment among migrant learning centers in Tak Province, University of Oxford (understanding the lives of Myanmar migrant workers in Mae Sot), Health Intervention and Technology Assessment Program Foundation (maternal, newborn, and child health service capacity for undocumented and displaced populations), Suwannimit Foundation (evaluation of positive parenting under the UNOPS-MTBA project), Heidelberg Institute of Global Health (common mental disorders among Myanmar populations), and Mahidol University (postpartum depression and anxiety among mothers in Myanmar).



4.7 Coordination Meeting

HISWG coordination meetings are scheduled monthly to bring together partner organizations for collaborative planning, peer learning, and problem-solving. At least two staff members from each partner organization are required to attend and present their HIS activities, challenges, and planning.



4.8 Ethnic Health Research and Development Seminar

On May 19–20, 2025, HISWG facilitated the Ethnic Health Research and Development Seminar. The seminar’s theme, “Health Systems in Disrupted Situations,” addressed the ongoing challenges in health service delivery amidst conflict and political instability. The event brought together 174 participants (80 male and 94 female) representing a wide range of Ethnic Health Organizations (EHOs), Community-Based Organizations (CBOs), NGOs, academic institutions, and humanitarian partners. Key participating organizations included the Karen Department of Health and Welfare (KDHW), Burma Medical Association (BMA), Back Pack Health Worker Team (BPHWT), Mae Tao Clinic (MTC), Community Partners International (CPI), The Border Consortium (TBC), Shoklo Malaria Research Unit (SMRU), The Migrant Fund (TMF), Karenni State Development Fund (KSDF), Tak Border Health Learning Centre (TBHLC), and the Global Parenting Initiative (GPI). Academic institutions such as Chiang Mai University (CMU) and Mae Fah Luang University (MFU) also participated in the seminar, contributing valuable research insights and engaging in policy discussions.



5. Challenges and Adaptive Strategies

HISWG and partner organizations operated in a highly constrained and volatile environment. Ongoing armed conflict, population displacement, and fragmented health governance continued to affect service delivery, data collection, and reporting across ethnic and border areas. Key Operational challenges included limited availability of trained human resources for health information management and supervision, and inconsistent internet and electricity access in remote and conflict-affected locations.

In addition, **insufficient and short-term funding** constrained HISWG's ability to provide sustained technical support, expand disease surveillance activities, and scale up capacity-building initiatives across all partner organizations.

In response, HISWG and its partners adopted a range of adaptive strategies to maintain essential HIS functions. These included prioritizing core indicators and essential reporting, applying flexible and context-appropriate data collection and submission approaches, and strengthening coordination among EHOs to optimize available resources.

Engagement with technical partners and academic institutions was also leveraged to supplement internal capacity and support evidence generation despite financial constraints. While these adaptive measures enabled continuity of core HIS activities, additional and predictable financial investment will be required to strengthen system resilience, retain skilled HIS personnel, expand disease surveillance coverage, and ensure the long-term sustainability and quality of community-generated health data in conflict-affected ethnic areas.

6. Way Forward

HISWG will consolidate core health information system functions while strategically expanding priority activities in response to evolving humanitarian needs and available resources.

Key priorities include strengthening coordination and data reliability across partner organizations, reinforcing standardized reporting and data management practices, and deepening technical collaboration with EHOs, CPI, EHSSG, and other partners. HISWG will continue the gradual expansion of disease surveillance in Karen State, building on the Applied Disease Surveillance Leadership Program (ADS-LP). Efforts will focus on improving early warning, outbreak detection, and reporting linkages from community to central levels, subject to sustained technical and financial support.

Capacity development remains central. HISWG will continue HIS, surveillance, and data-use training to strengthen evidence-based planning, reporting, and advocacy. Research capacity development will also be prioritized through promoting scientific publication using Ethnic Demographic and Health Survey (EDHS) data and routine service (secondary) data. Research seminars and collaboration with international academic institutions will further advance locally generated evidence and strengthen research partnerships. Ethical oversight will continue through sustained support to the Ethnic Community Ethics Advisory Board (CEAB).

To strengthen data utilization in practice, HISWG will initiate pilot local Electronic Medical Record (EMR) activities in some clinics to improve clinical documentation, data quality, and digital health system integration.

HISWG will further enhance inter-EHO coordination through joint planning platforms, strengthen linkages between health information systems and community resilience initiatives, and engage emerging Chin Health Organizations in response to the evolving health governance landscape.

Acknowledgements

We extend our sincere gratitude to our donors for their generous support and trust in HISWG's mission to strengthen health information systems and document health situations in conflict areas serving ethnic populations in the eastern and western Burma regions. Your investment has made possible the significant achievements documented in this report.

HISWG would like to express its special appreciation to Building Resilient Communities (BRC), Community Partners International (CPI), Mae Tao Clinic (MTC), and the Ethnic Health System Strengthening Group (EHSSG) for their continued technical guidance and generous financial support. Their partnership has been instrumental in strengthening coordination mechanisms, advancing disease surveillance systems, and enhancing the overall capacity of HISWG and its member organizations.

HISWG is deeply grateful to its partner Ethnic Health Organizations including the Burma Medical Association (BMA), Back Pack Health Worker Team (BPHWT), Karen Department of Health and Welfare (KDHW), Civil Health and Development Network (CHDN – Karenni), Mon National Health Committee (MNHC), Pa-O Health Working Committee (PHWC), Shan State Development Foundation (SSDF), Shan Health Department (SHD), and Loi Tai Li Clinic. Their leadership, technical expertise, and continued service delivery under challenging conditions remain central to the success of HISWG's collective efforts.

HISWG also acknowledges the valuable contributions of technical partners and coordinating bodies, including academic institutions and research partners, whose collaboration strengthened disease surveillance, research governance, and evidence generation. The work of the Ethnic Community Ethics Advisory Board (CEAB) is particularly recognized for upholding ethical standards and community accountability in research conducted in ethnic and border areas.

Special appreciation is extended to the HIS focal persons, field HIS staff, and frontline health workers across partner organizations, whose dedication and professionalism ensured the continuity of data collection, reporting, and analysis in complex humanitarian and conflict-affected settings.

Finally, HISWG acknowledges the ethnic communities in eastern and western Myanmar whose participation, trust, and resilience continue to guide and motivate this work. Their experiences and health needs remain at the core of HISWG's mission to strengthen health information systems and promote equitable health outcomes.



Health Information System Working Group

Thank You

for Your Support

 702, Moo 1, Tha Sai Luot, Mae Sot, Tak, 63110, Thailand

 ethnic.health@hiswg.org



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