

REGIONAL PERSPECTIVE ON HEALTH INFORMATION SYSTEMS

GHANA'S HEALTH SECTOR ANNUAL SUMMIT, 2022

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WHO regional office for Africa

Introduction

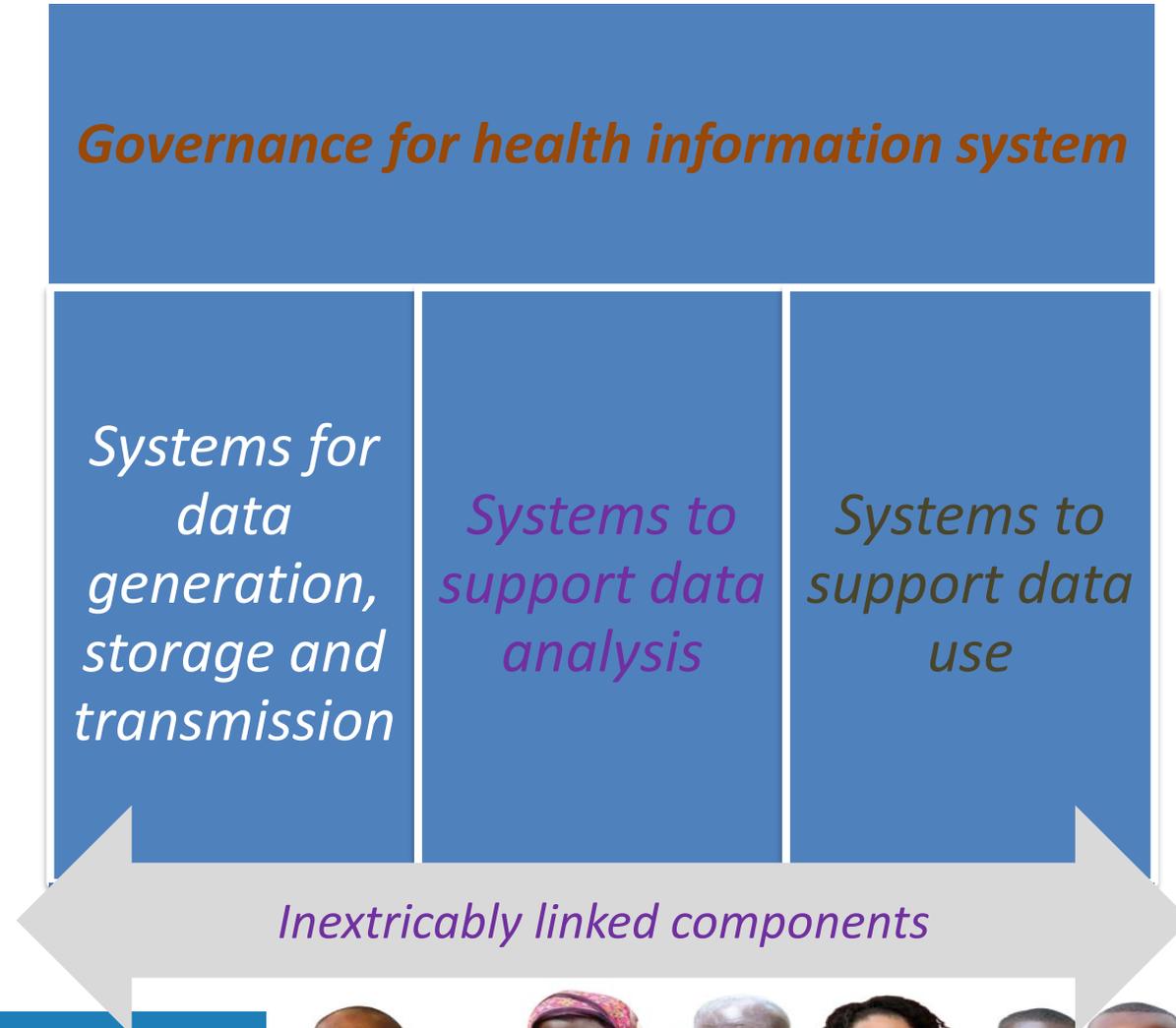
- Strong health systems are central to achieving better health outcomes – and strong health information systems (HIS) are the backbone of strong health systems
- Accurate and timely information is required for countries to develop policies and plans, and track progress
- Having good quality and timely data requires the Member States to have robust health information system



What is a National Health Information System?

- A system for generation, storage, transmission, analysis and use of health data to support decision-making
- The goal of a national health information system is to ensure the availability, quality, safety, comparability and use of health data at all levels: national, subnational and facility.
- A good health information system is robust and brings together all relevant partners and ensures that users of health information have easy access to data.

Key components of an NHIS

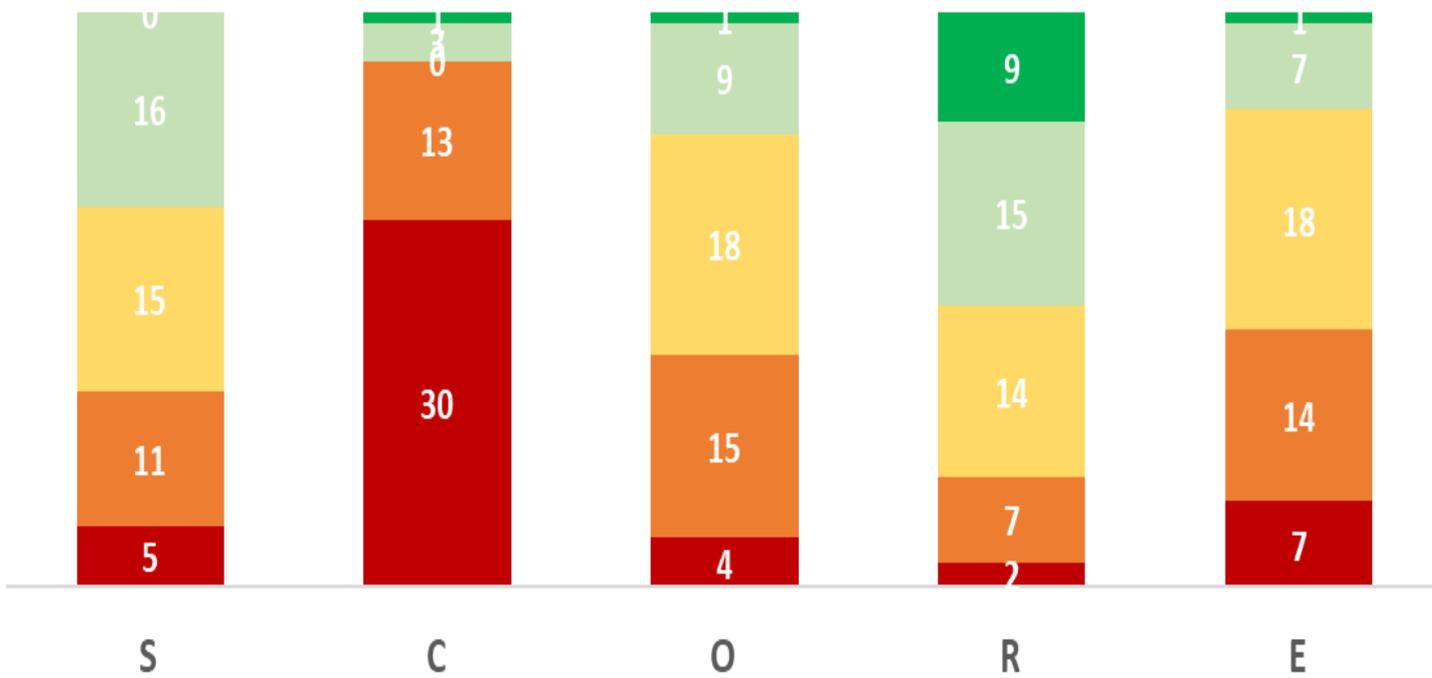


The State of National Health Information System in the African Region

SCORE RESULTS - AFRICA (2018)

■ Nascent capacity
 ■ Limited capacity
 ■ Moderate capacity
■ Well-developed capacity
 ■ Sustainable capacity

NUMBER OF COUNTRIES

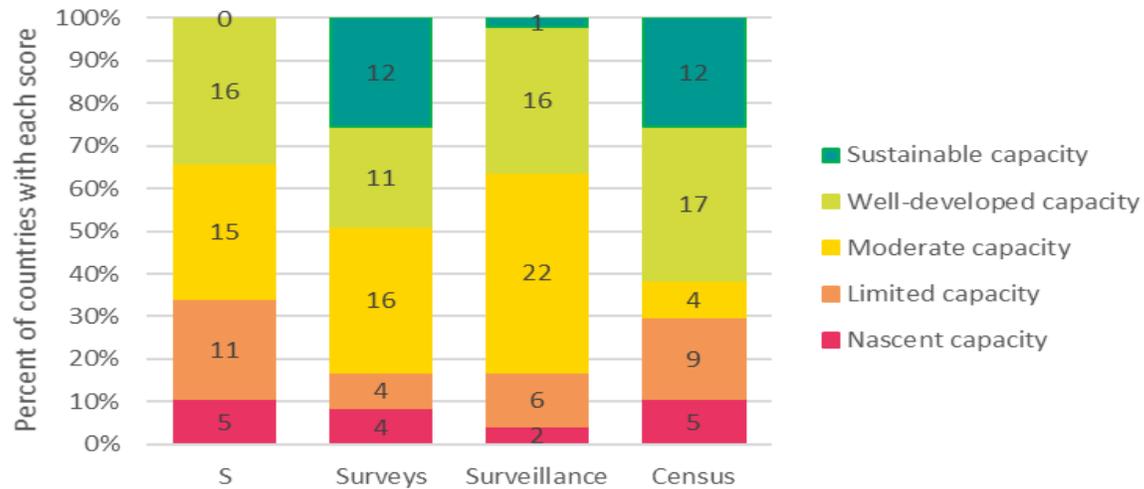


- Capacity of the NHIS in the African Region to generate good quality, disaggregated and comparable data in a timely manner and use it to support decision-making is currently insufficient.
- Routine health information systems are beset with data quality problems – low completeness and high inconsistencies
- Capacity to count births and deaths (CRVS) is the weakest, with up to 30 of the 47 countries having almost no capacity at all.
- Household surveys and facility assessments are infrequently done
- Capacity to analyze and use data for decision making is insufficient



The State of National Health Information System in the African Region

Overall distribution of S (and key elements)



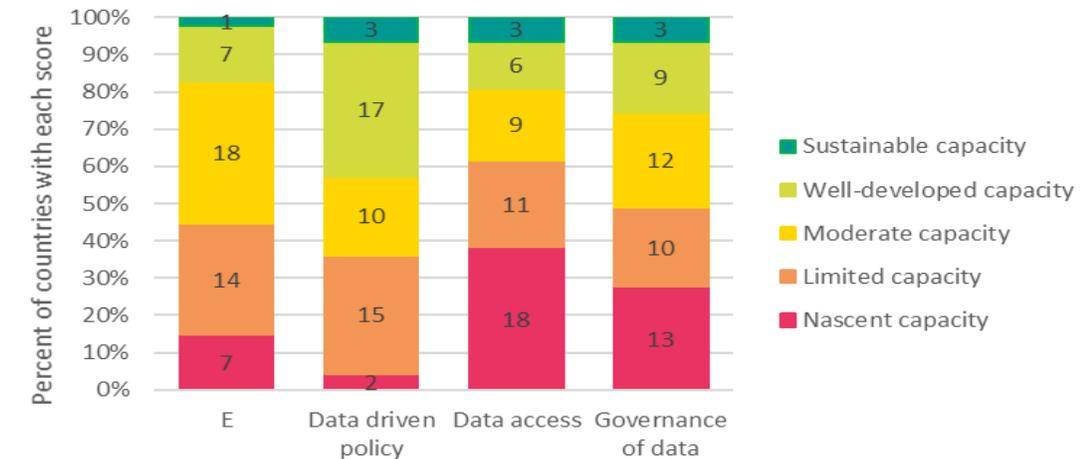
Overall distribution of R (and key elements)



Overall distribution of O (and key elements)

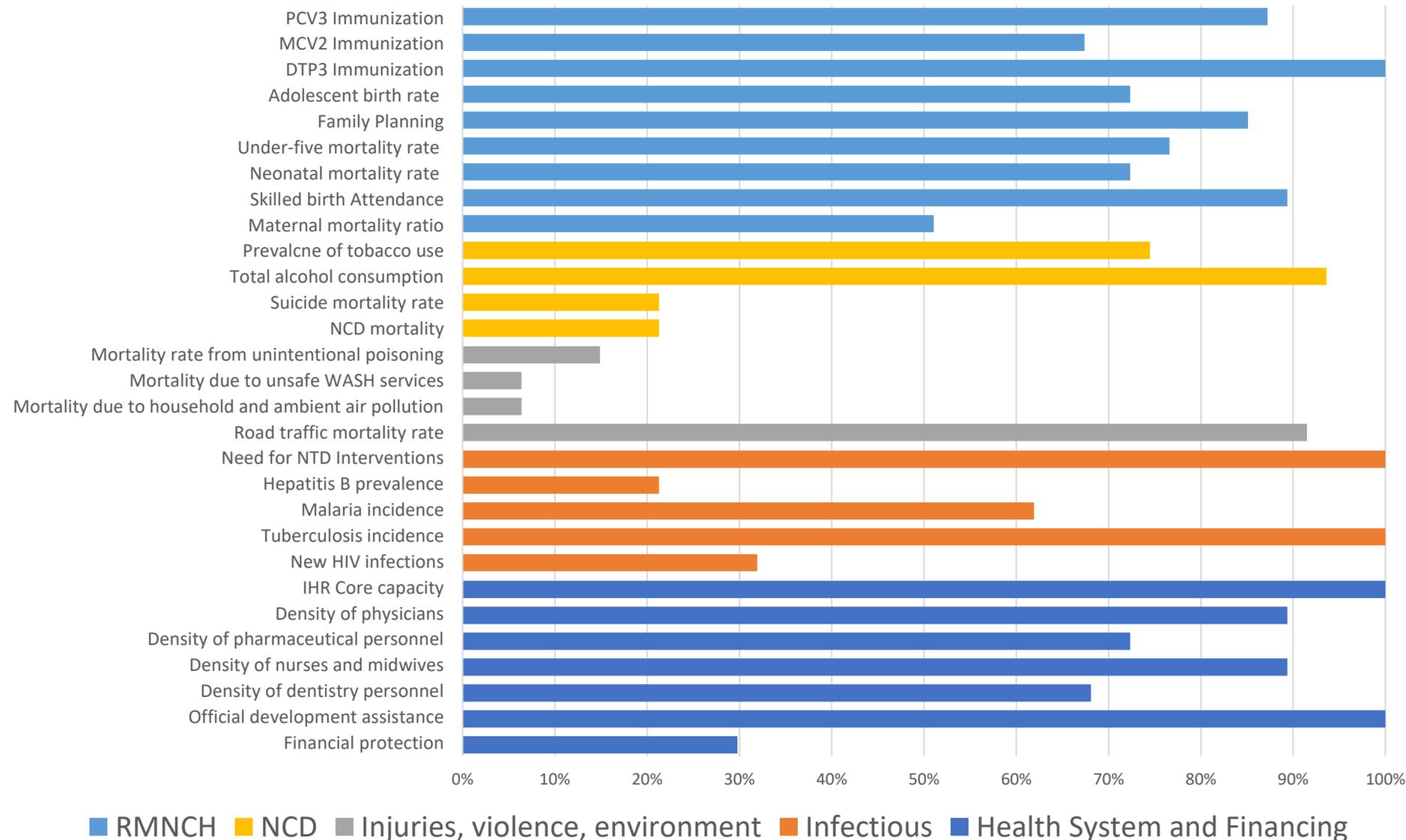


Overall distribution of E (and key elements)



The State of National Health Information System in the African Region

Percent of AFRO Countries with At Least One Data Point since 2013 (N=47): (WHO SCORE 2018)



- Somewhat high availability of RMNH and health system data
- Poor availability of NCD and cause-specific mortality data

Some of the Key Reasons for the Suboptimal performance of Health Information System in the African Region

- Insufficient appreciation of the importance of data in decision-making
- Lack of good quality and up-to-date HIS strategic plans, policies, legal frameworks, and data architecture framework in many countries
- Fragmentation of the information system – mostly partner-driven and there is poor coordination and alignment of partners and their investments around country priorities for health information system
- In data systems such as civil registration and vital statistics, the Ministry of Health in many countries does not have a central or leadership role – the Ministry of Interior/Home Affairs has that legal mandate
- Limited investments in health information systems
- Inadequate number and limited capacity of HIS workforce
- Use of paper-based systems – these are cumbersome and reduce the speed and accuracy of data reporting.
- Limited use of data – if data are not sufficiently used, little effort is put to improve their availability and quality

What changes should happen at country level

A stronger governance for HIS, with a greatly enhanced leadership and ownership responsibilities of MoH in all HIS activities, including in CRVS

- Clearer articulation of and more up-to-date HIS strategic plan, policy and legal documents
- Clearer articulation of the national data architecture framework, with prioritization of all key sources of data
- A more harmonised and parsimonious set of indicators, defined along the life course
- A more integrated national health information systems; enhanced partnerships, shared priorities, aligned resources
- More favourable data sharing policies, enhanced data access
- A more enhanced HIS health workforce, including development and introduction of curriculum for training health workers in training institutions
- A more institutionalised capacity for data generation, storage, analysis and use
- Better alignment with international goals and standards for enhanced quality and comparability of data – WHO-FIC, indicators

More robust systems for data generation, storage and transmission, taking advantage of innovations in information technology

- Digitization of the information system:
 - Optimization of dhis2 as a central data repository, and deployment of data entry screen in health facilities
 - Enhance speed, accuracy and efficiency of data collection and reporting through implementation of EMR/HER systems and interoperability with dhis2 and other systems
- Improved quality of routine data through regular assessment of data quality, and implementation of data quality improvement plans
- Robust CRVS system for improved availability and quality of data on births, deaths and cause of death, with medical certification and classification of cause of death.
- Increased frequency of household and facility assessment surveys – greater adherence to the survey schedules
- Improved availability and quality of administrative data on HR, logistics, infrastructure & financing
- Improved implementation of WHO family of international classifications: ICD 11, ICHI, ICF

What changes should happen at country level

Stronger systems and capacity for data analysis, including data quality analysis, analysis of ICD-coded data, inequality monitoring, using big data and advanced predictive analytics to improve performance and deliver measurable impact.

- Enhanced knowledge and skills of health workers on analysis of data at national, subnational and facility level
- Greater involvement of local institutions and local consultants in data analysis
- Improved availability and quality of tools and processes for data analysis, including a step-by-step guide for data analysis and coordination of data analysis activities
- A national pool of consultants and institutions trained on common approaches to analysis of health data
- Inclusion of the common approaches to analysis of health data in the curriculum for training of health workers
- Better defined and greater adherence to schedules for data analysis for development of key reports such as annual statistical bulletins, annual performance assessment reports, and mid-term review reports

Enhanced data and information access and use: More elaborate systems/mechanisms and capacity for communication of health data and information that facilitate their use in decision-making

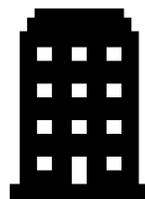
- An elaborate communication plan; covering both formal & informal, & internal & external communication; with clear products, contents, channels & schedules of communication
- Better knowledge & skills for generation of information & knowledge products e.g., policy briefs, analytical reports, best practices
- Ensure the availability and use of tools and processes for development of information and knowledge products
- Implementation of open-access communication mechanisms such as a national health observatories, policy dialogue events, EVIPNet, and dashboards
- Enhanced involvement of local institutes in the generation and engagement on evidence
- Development of policies that are more favourable for data and information sharing
- Availability and functionality of systems for Regular monitoring of use of health data and information in key decisions, including by managers and clinicians

Key Sources of Health Data that Countries Should Prioritize & Strengthen



Health facilities:

- Routine health information system
- Facility assessments (HHFA, FRA)
- GIS-based Master facility list



Admin records

- Human resources
- Financing
- Infrastructure
- Logistics



Civil registration & vital statistics systems

- Facility & community systems for birth, death & cause of death reporting



Research

- Biomedical
- Implementation
- Clinical

Household surveys e.g.

- World health survey plus
- Demographic and health surveys
- Multiple indicator cluster survey
- AIDS indicator survey
- Malaria indicator survey
- NCD survey (STEPS)



Surveillance

- Integrated disease surveillance & response
- Mortality surveillance
- Surveillance of availability, functionality & performance of health systems & services

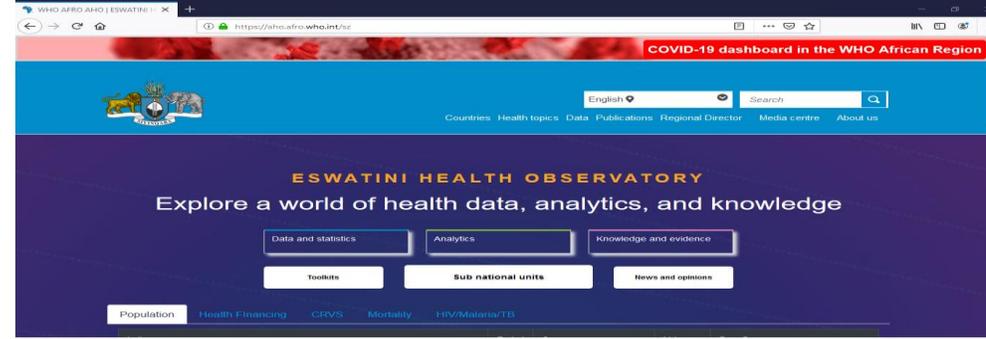


Modelled estimates

- National Statistics Office
- Agencies of United Nations
- World Bank
- Institute of Health Metrics & Evaluation
- Academia

- Each of these data sources is unique and address specific data needs – it is important for countries to prioritize all of them
- All the systems should be within a single framework of health information system, and under the leadership of the MoH
 - For CRVS, registration of births and deaths is the responsibility of Civil Registration Office but collection and reporting of data on births, deaths and causes of deaths is the responsibility of MoH
- The primary focus should be on strengthening health information system and data use at district and facility level

Harmonization / integration of health information system



National Health Observatory

Emphasis: Focus should be on strengthening health information system and data use at district and facility level

Statistics and other information products

Electronic Medical Records

WHO-FIC



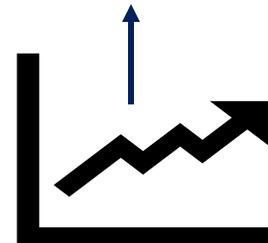
CRVSS



Central datawarehouse (Eg. DHIS 2)



Administrative data



Modelled estimates

Data from other sources (eg. Research, studies etc.)



Population based surveys

THANK YOU

