

**GHANA'S HEALTH SECTOR ANNUAL SUMMIT, 2022
STRENGTHENING GHANA'S HEALTH INFORMATION SYSTEM FOR TRACKING
UNIVERSAL HEALTH COVERAGE (UHC)**

KEY TAKEAWAYS

**DATE: 9TH TO 11TH MAY 2022
VENUE: MINISTRY OF HEALTH, AUDITORIUM**



Introduction

- The essence of Health Information System is to ensure the:
 - production;
 - analysis;
 - dissemination and;
 - useOf reliable and timely data by decision-makers at all levels of the health system.

After two days of intensive and inclusive discussions, what are the key takeaways?

Day 1: Key Takeaways

Day 1: Identified Issues 1

- Lack of policy framework for HIS.
- Existing systems are not built to provide real time data and analysis.
- Multiplicity of data platforms across the health sector.
 - High levels of disinformation and misinformation
 - The need to prioritize the inclusion of non-service data platforms. E.g., GHILMIS, HRIMS, GIFMIS, etc.
- Low use of data at the lower levels of health facilities.
- Increase private sector and quasi-government health institutions' reporting into DHIMS2

Day 1: Identified Issues 2

- Low investment for health information system.
 - Inadequate human resource capacity for the utilization of available data: the need to build capacity for the use of generated health service data.
- Scaling up ICT at the lower levels.
 - Inadequate investment in ICT infrastructure and logistics at all levels – provision of wifi (internet access) and computers at all health facilities.

Holistic Assessment Tool 1

- Non-comprehensiveness of the holistic assessment tools:
 - Eliminate redundant indicators;
 - Indicators on health infrastructure, budget performance, training and other areas of infection control such as ward and emergency control should be considered;
 - Inclusion of other cadres of health professionals in the assessment;
 - Lack of data disaggregation on indicators on geriatric services.

Holistic Assessment Tool 2

- Over-estimation of population estimates affecting the denominator used in computing service coverages for the holistic assessment report.
- Conduct comprehensive facility surveys to improve health outcomes especially at the lower levels of the sector.
- There is an over-reliance on institutional data such as the DHIMS2 data. There is the need to augment institutional data with survey data by putting systems in place to track the rate of progress to avoid data gaps.
 - Modelling sector data performance into population surveys

Holistic Assessment Tool 3

- Strengthen and improve multisectoral collaboration towards UHC.
 - Beyond the current stakeholders, we should also consider the inputs of the judiciary and participation of the media.
- Encourage a broad-based approach to health data input:
 - Analysing the dichotomy of the role of the environment in complementing institutional data.

Policy awareness and education

- Policy visibility across all levels to bring awareness and ensure programme implementation by creating awareness guidelines.
- Education and health literacy among the population. For example, the urgent need to educate the population and create awareness on the rational use of anti-biotics.
- Building the capacity of community pharmacists and over-the-counter sellers.
- Conduct health literacy surveys among the general population to aid develop the appropriate health interventions.

Other Cross-cutting Issues

- Prioritize epidemic response programmes and policies.
- Growing concerns in NCDs, TB, HIV, Teenage pregnancy beyond COVID-19.
- Encourage investments in other areas of the sector beyond COVID-19.

- Inadequate funding for health promotion intervention.
- Low FP coverages (Promote adolescent's involvement in the use of FP through the adolescent health clinics)
- Increase in OOP expenditure with people living with HIV. People living with HIV are unable to get some of their services for free.
- A critical relook at healthcare service provision for the urban-poor (peri-urban areas).
 - Difficulty in accessing these urban-poor communities to provide them with outreach services;
 - Poor data generation from the urban-poor areas.

Day 2: Key Takeaways

Break-out 1: Health Data Infrastructure, Architecture and Interoperability

Key Issues Arising 1

- ❖ Limited interoperability among some health information systems.
 - Too many standalone systems and not interoperable. E.g., DHIMS2, LMIS, HRIMS, Health Regulatory Information Systems and other Information systems.
- ❖ Setting rules for cloud system computing to ensure data privacy
- ❖ Digital health architectural guidelines
 - ‘Throwing software/technology’ to problems instead of building from the basics. That is, diagnosing and understanding the problem before developing the appropriate technology to the problem.
- Lack of effective feedback mechanism for health data collection especially to the private health sector. Nurses and lower level health professionals do not receive feedback

Break-out 1: Health Data Infrastructure, Architecture and Interoperability

Key Issues Arising 2

- ❖ Collaboration with data generating agencies to build a robust health information system.
 - Inclusion of Telcos and the Ministry of Communication in building the infrastructure
 - Integrating the Ghanacard into the plan for existing platforms.
 - Measures to ensure development of the infrastructure
- ❖ Lack of resilient back-up system and data recovery in good time
 - How far back data can be recovered?
- ❖ Data security
 - Lack of capacity to anonymize data
 - Lack of capacity to ensure high levels of data privacy

Break-out 1: Health Data Infrastructure, Architecture and Interoperability 1

Recommendations

- ❖ The need for a comprehensive interoperability framework which will clearly define the standards of integration.
- ❖ Set comprehensive standards for Health Information Systems and ensure compliance by all vendors
 - Standards for medical records, laboratory systems and diagnosis
- ❖ Establishing an effective feedback system for data collectors. This is to ensure data collectors highly appreciate the worth of data collected.
- ❖ The training of personnel is key for an effective feedback system on data collection.
- ❖ To avoid throwing technologies at random problems, the required system procedures need to be adhered to

Break-out 2: Capacity to Generate and Use Data 1

Identified Issues

- Logistics being a challenge for the Teaching Hospitals
- Weak capacity at the CHPS levels
 - low capacity in the areas of births and deaths reporting
 - low capacity to certify deaths
- Difficulty in changing mindsets of health professionals to adopt to changes to use digital systems
- Disconnect between the service the academia to conduct research

Break-out 2: Capacity to Generate and Use Data 2

Identified Issues

- Difficulty in assessing data from research institutions
 - bureaucracies to secure ethical clearance
- Poor quality of healthcare data
 - relook at the indicators on dhims2
- Lack of capacity to conduct facility survey
 - facility assessment has never been conducted
 - only targeted facility surveys are conducted
- Data collection is skewed to service (non-service data like finance, Human Resource, logistics, Civil Registration Data is not considered)

Break-out 2: Capacity to Generate and Use Data 3

Recommendations 1

- Prioritize and involve facility managers in data management
- Build capacity at the lower levels
 - train staff to conduct data analytics
 - the technical staff should be embracing new technologies
- A common platform for Teaching Hospital ongoing with support from WHO
- Inclusion of academia in data collection and design
- Create awareness among health workers on digital systems
- Building capacity to gather mortality data
- Making use of the data generated (secondary)
 - allowing students to use secondary (generate data and use)

Break-out 2: Capacity to Generate and Use Data 3

Recommendations 2

- ❖ Expand data collection to cover UHC
- ❖ Shifting from data visualization to answering questions using data analytics on the UHC agenda
- ❖ Promote collaboration between institutions and organizations
- ❖ Enhance in-service training to build capacities
 - ❖ integrate into preservice training
 - ❖ make data management examinable in our institutions and make it as CPD
- ❖ The need to build pharmacy informatics
- ❖ Support private facilities to build capacities in the area of health information
- ❖ The sector should be able to show at the next summit what data has been collected to guide our operations
- ❖ Define policy framework to guide commercialization of data
- ❖ Revise the Health information policy

Break-out 3: Data Governance

Identified Issues 1

Data Quality is essential in health data governance: We need to look at the processes, the frameworks and the practices and set-up the right structures from the beginning (lower level

1. Data Quality

- Data generation and its management
- Data validation Process
- Data analysis and use
- Investment in infrastructure and human resource training

2. Data Security and Risk Management

- Access and control (Level of access to data users and who controls it)
- Data protection policy (what are the systems and structures in place to collect and store the data)
- robust Data system

Break-out 3: Data Governance

Identified Issues 2

3. Data privacy

- Confidentiality of patient data collected at all levels (the records session, banks cited in health facilities are also collecting some form of patient data who controls that)
- Level of data shared
- Data protection systems to track the flow of the data generated.

4. Policy and Regulation Framework

- Registration of Practitioners (HR),
- Inspection of infrastructure within the facilities
- Enforcement and adherence to the processes, the practices and the frameworks

This will ensure accountability and feedback to serve as a reporting system (Monitoring and evaluation)

Break-out 3: Data Governance

Identified Issues 3

5. Data Literacy

- Level of understanding of some health workers who are generating the data. This calls for workforce capacity building
- Value of data is key to the health sector how do we package it to make its marketable to our users to recover some funds.

6. Data Stewardship

- Data ownership at the data generating point should be defined
- The Ministry of Health should be the custodian of the data/research works.

7. Data Use

- Content for sharing should be categorized-clearly define the level of access by both data generators and data users.
- Optimization of health data- how to we get all the data generated within the health enclave (private and public) to take prompt decision.

Break-out 3: Data Governance

Recommendations 1

1. Broad stakeholder collaboration (Attorney Generals Department, GSS) help us measure UHC and the SDGs targets.
2. Capacity building required for information/data users at all levels
3. Policies and regulation frameworks in areas such: data access, data use and storage.
4. Investment in data generating infrastructure to facilitate interoperability with other already existing systems
5. Incentives and sanctions- there should defined roles for all users and sanctions must be applied where the need be.
6. Alignment and uniformity required in data collection templates. There are variations in the data generated and storage- even among Teaching Hospitals.
7. Alignment of existing data generating templates and policies required

THANK YOU!