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Integrating Private Sector Providers into Routine Health Information Systems to Improve Malaria Programming

April 11, 2024



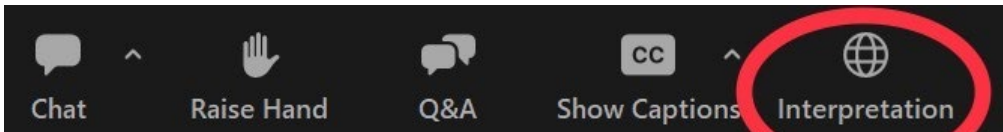
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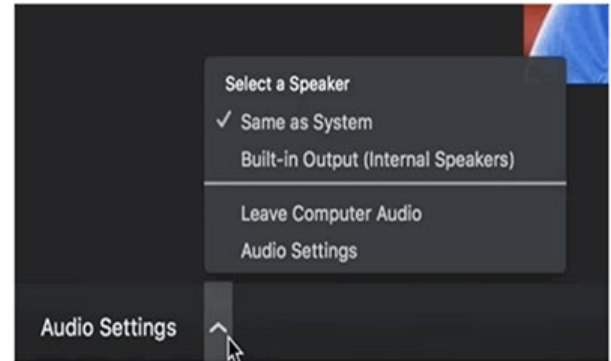
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CHISU: Vision

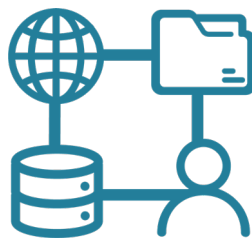
Country health systems in which **stakeholders at every level can access high-quality data generated from multiple, interoperated data sources, and use those data** to guide policy, improve resource allocation, service delivery, and system performance.



CHISU: Objectives



Strengthened **governance** and enabling environment of host-country health information systems



Increased **availability and interoperability** of quality health data and information systems



Increased **demand and use** of health data and information to address health priorities, gaps, and challenges



Strengthened organizational development of **local partners** for sustained health data use

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Webinar Overview

- Health service delivery is mostly offered by the private sector
- The private sector is more or less integrated in the national RHISs
 - The national RHIS deals with partially health data coming mostly from public sector
 - Impossibility in most cases to get a comprehensive view on what is happening in the health sector--particularly when it comes to malaria data
- Lack of clear guidance on how to integrate private sector into the RHIS
- Learning from different approaches of integration into the RHIS at country level is essential and more than welcome to help fostering such an integration



Our Panelists



Dr. Aida Mounkaila
Director of Statistics



Wahjib Mohammed
M&E Specialist, NMEP, Ghana



Dr. Assane Ouangare
General Inspector of the Health

Our Moderator



Dr. Mamadou Alimou Barry
HIS Governance lead

Niger





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DATA MANAGEMENT

What is the contribution of Niger's private sector to RHIS data management?

Aida MOUNKAILA HAROUNA | April 11, 2024



PRESENTATION PLAN

1.

BACKGROUND

2.

**INFORMATION
CIRCUIT**

3.

KEY CHALLENGES

4.

ACTIONS TAKEN

5.

CHALLENGES

6.

PROSPECTS

7.

CONCLUSION

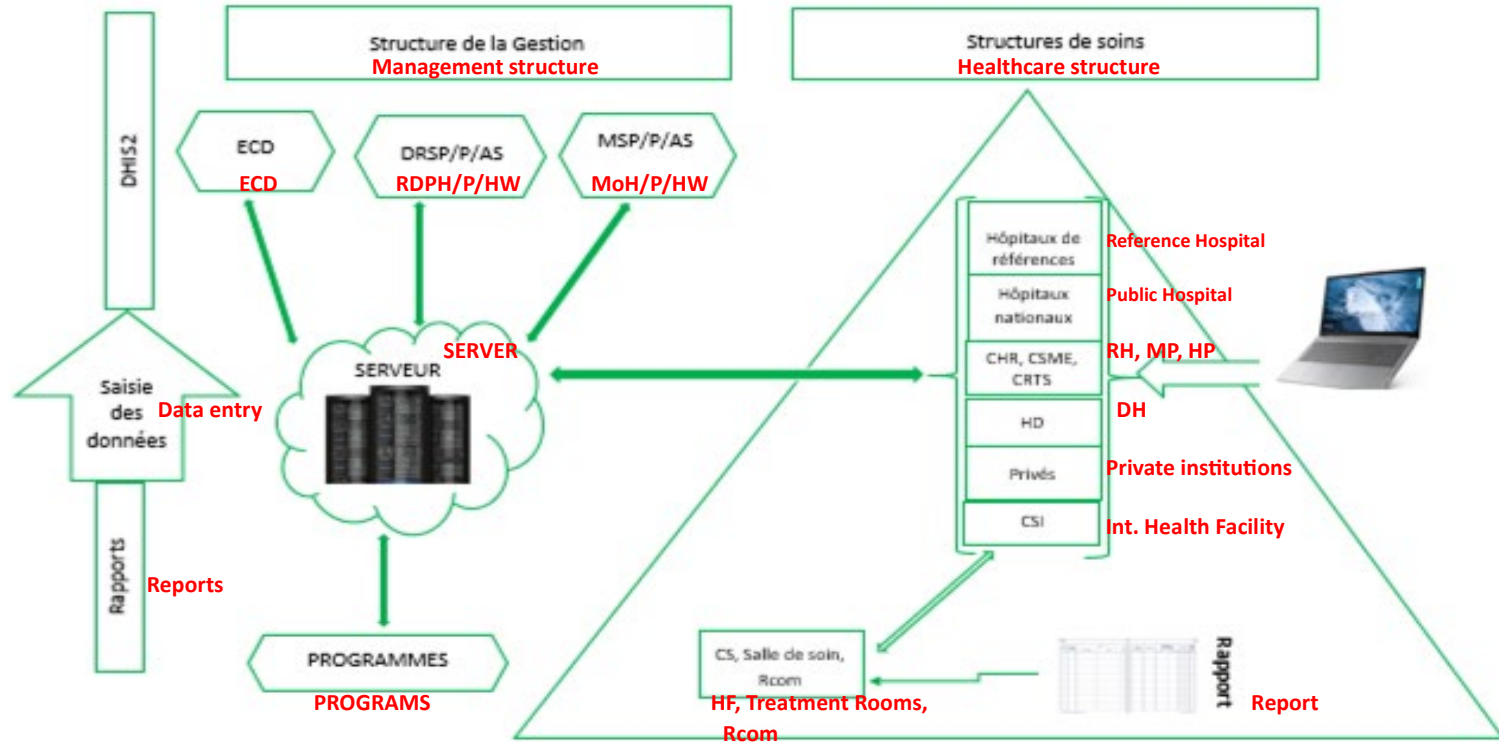
BACKGROUND (1)

- 👉 In Niger, the provision of health care is based on primary health care as defined at the Alma Ata conference in 1978.
- 👉 The healthcare system has a pyramid-shaped architecture, modelled on the administrative structure, with 3 levels: central, intermediate and peripheral. Each level has a section for administrative aspects of healthcare and another for technical aspects.
- 👉 Services are provided by a network of public and private health facilities (FS).
- 👉 Private sector's share of the statistics :
 - In 2023, private service providers accounted for 15.6% of the country's 4,442 service providers (5 private hospitals, 96 clinics, 197 healthcare practices, 70 medical practices, 236 treatment rooms, 73 infirmaries, 15 private delivery rooms). There were also 396 pharmaceutical depots and 173 private pharmacies).
 - In terms of consultants, the private sector contribution was 5.3% in 2023.

Background (2)

- The institutional framework of Niger's National Health Information System,
 - » The HIS was developed in the 1990s. After several changes, the Statistics Department (DS) was created by Decree n°2011-21/PRN/MSP of October 26, 2011 and attached to the General Secretariat / MSPPAS.
 - » The Statistics Department of the MSPPAS is a member of the National Statistical System - SSN (Law N° 2004-011 of March 30, 2004 modified and completed by Law N° 2014-66 of November 05, 2014).

HEALTH INFORMATION CIRCUITS IN NIGER



Main problems identified

- ❑ Absence/inadequate use of HIS data collection media
- ❑ Absence/inadequate drafting and inputting/transmission of hard monthly reports
- ❑ Low DHIS2 coverage in private health facilities
- ❑ Low promptness of forms :
- ❑ Insufficient supervision of private facilities

Actions taken (1)

- ❑ 273 private facilities to be equipped with tablets and collection tools in 2019
- ❑ Training on filling in HIS tools
- ❑ Organization of a national meeting of health facilities in 2023, with a roadmap
- ❑ Invitation of private health facilities to annual GDBB coordination meetings since 2022
- ❑ Existence of a private health sector platform, with representations in two regions in 2023.
- ❑ Include private health facilities in supervision and invite them to meetings on data issues at DRSP/PAS and ECD level.

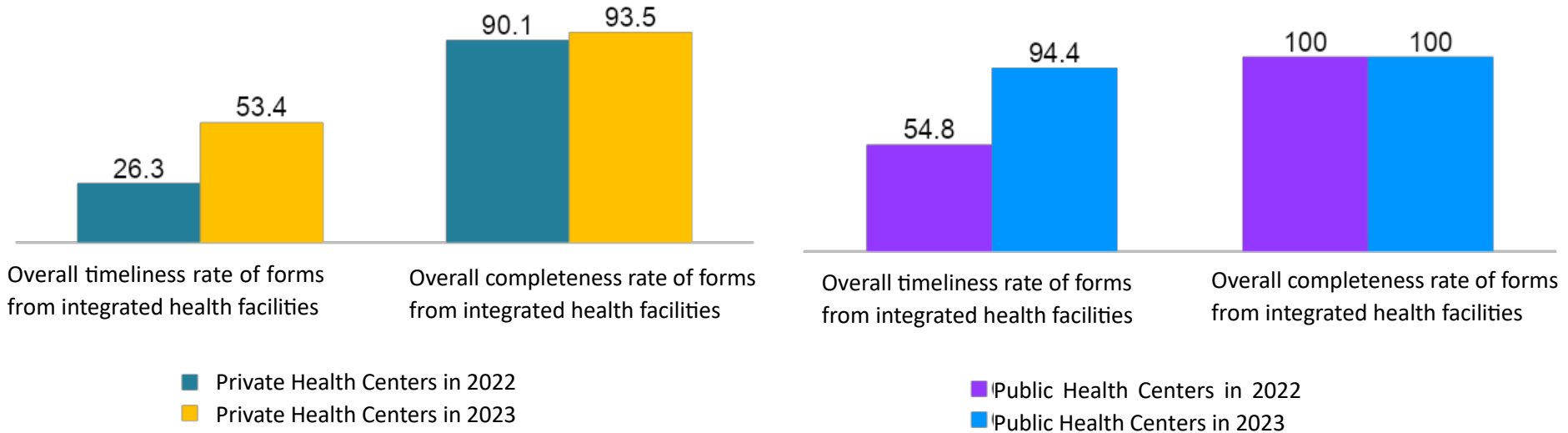


DRSP/P/AS Maradi: 1st data entry session at the WHO regional office

Actions taken (2)

- ❑ Existence of a partner (PSI) with specific support for private health facilities in 4 regions (Maradi, Zinder, Dosso and Tahoua)
- ❑ Creation of DHIS accounts for private healthcare facilities
- ❑ In the Maradi region, use of the WHO room for entering reports on the 4th of each month.
- ❑ In the Maradi region, supervision of 49 private health facilities out of the 131 in the region
- ❑ Monthly feedback from Maradi district on data quality

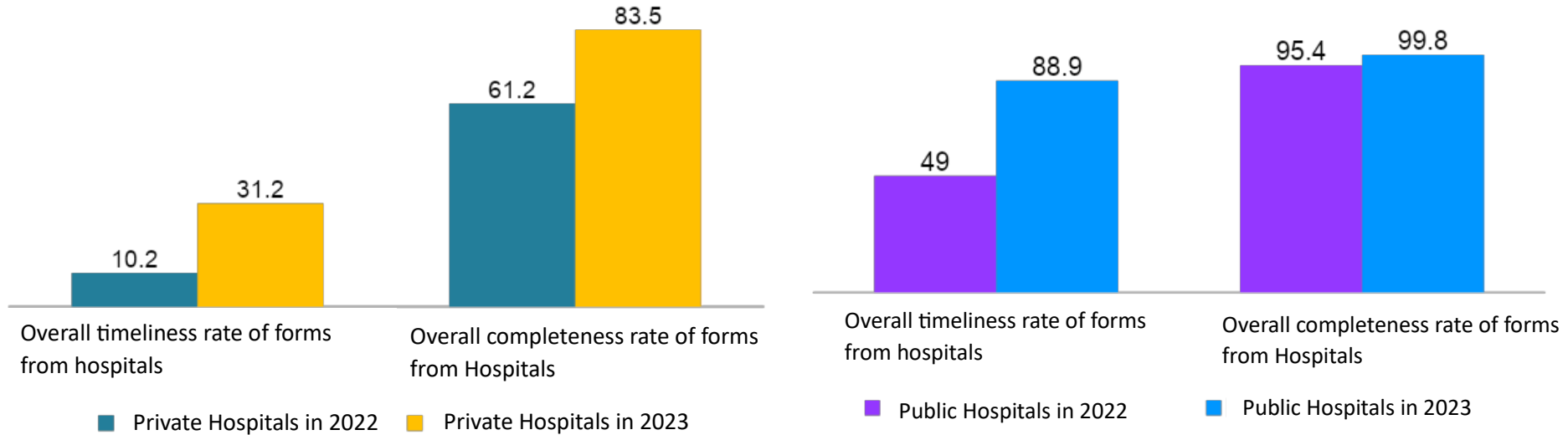
Results (1)



- ❑ For forms used in health centers (CSI), indicators have improved between 2022 and 2023 for both public and private health centers.
- ❑ In 2023, the lowest promptness rates for private health centers were in Niamey (31%) and Maradi (36%), representing ...% of health facilities, and the highest rate was recorded in Tillabéri (99%).
- ❑ However, public health facilities perform better

NB: public health centers are represented by Integrated Health Centers (CSI). Private health centers are represented by: treatment rooms, infirmaries, healthcare practices, medical practices, delivery rooms, etc.

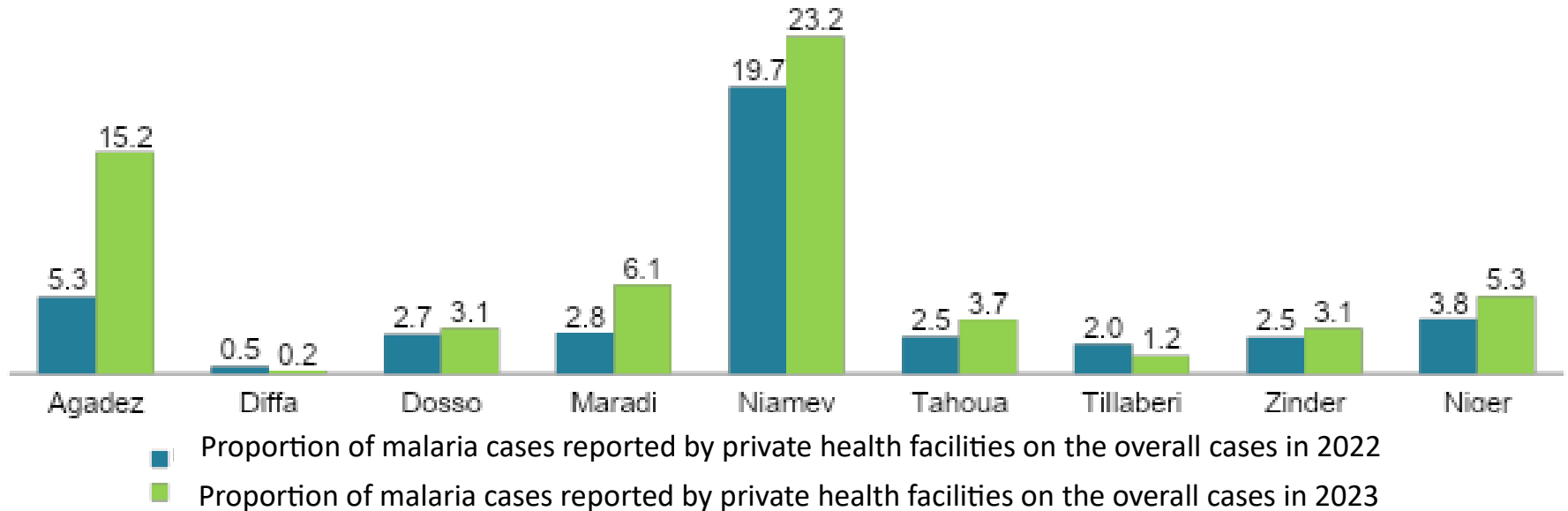
Results (2)



- Between 2022 and 2023, the same pattern emerged for health centers of the public and private sectors
- For private hospitals in 2023, the lowest promptness rate is in Niamey (17%), where private hospitals account for ...% of health facilities, and the highest rate is recorded in Tillabéri (90%). The same goes for data completeness.
- In the private sector, the health centers perform better

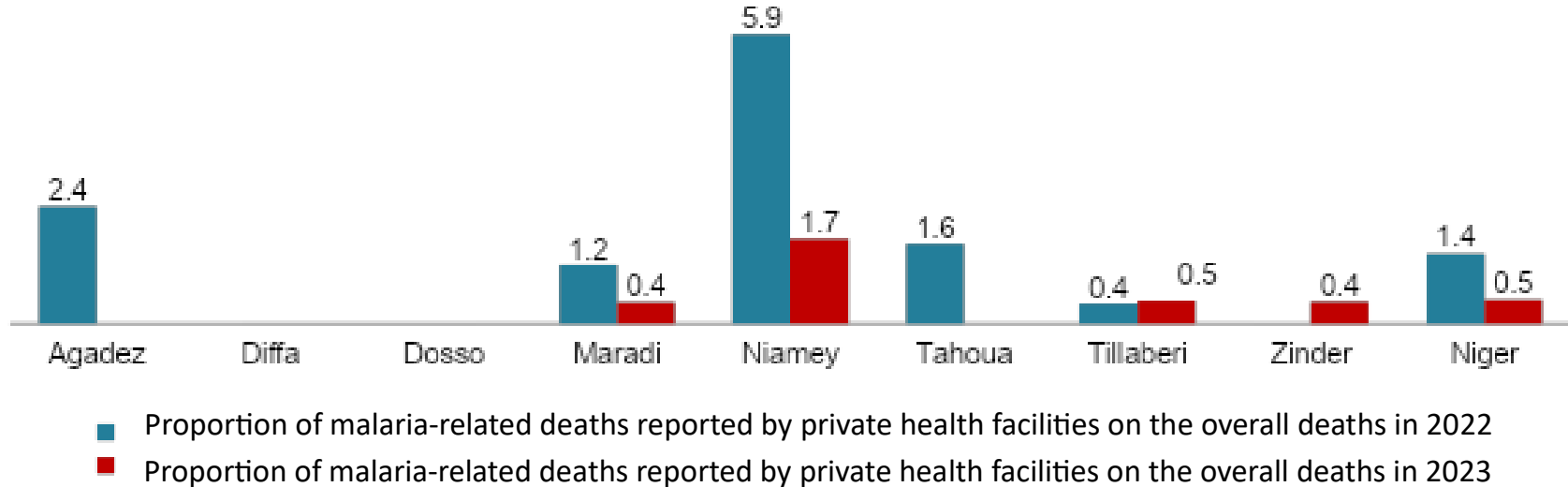
NB: public hospitals are represented by hospitals at the three levels of the pyramid: district hospitals, regional hospitals, CSME, and national hospitals. Private hospitals include: clinics and polyclinics

Results (3)



- The proportion of malaria cases reported by private facilities in 2023 is higher than in 2022 in all regions except Diffa and Tillabéri.
- In Niamey, just over one malaria case in 5 is reported by a private facility.

Results (4)



- Notification of malaria deaths by private facilities decreased overall in 2023 compared to 2022
- Private healthcare providers in the Diffa and Dosso regions reported no deaths from malaria in the two years under review.
- Private health facilities in the Agadez and Tahoua regions reported no malaria deaths in 2023

Challenges

1. Existence of a coverage plan for private health facilities
2. Timeliness and completeness of reports from private health facilities
3. Private-sector involvement in training and equipment provision
4. Quality supervision of private health facilities
5. Collaboration with state institutions to which they belong
6. Knowledge of tax legislation by private health facilities
7. Application of current legislation

Prospects

- Adoption of the draft text on the renewal of private practice authorizations
- Training, equipment and supervision of private health facilities
- Ranking of private health facilities by routine data quality index and category



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Thank you!



Ghana





Private Sector Integration into HMIS and Contribution to Routine Malaria Data Management in Ghana



Wahjib Mohammed
M&E Specialist
National Malaria Elimination Programme, Ghana



Presentation Outline

- Introduction
- Strategic Goals and Objectives
- Interventions
- Malaria Surveillance System
- Private Sector Integration into HMIS
- Conclusion

Introduction



mandate

Mandate

To lead all malaria elimination efforts in the country; Coordinating activities of all agencies and partners



VISION

Vision

Malaria Free Ghana to contribute to socioeconomic development.



MISSION

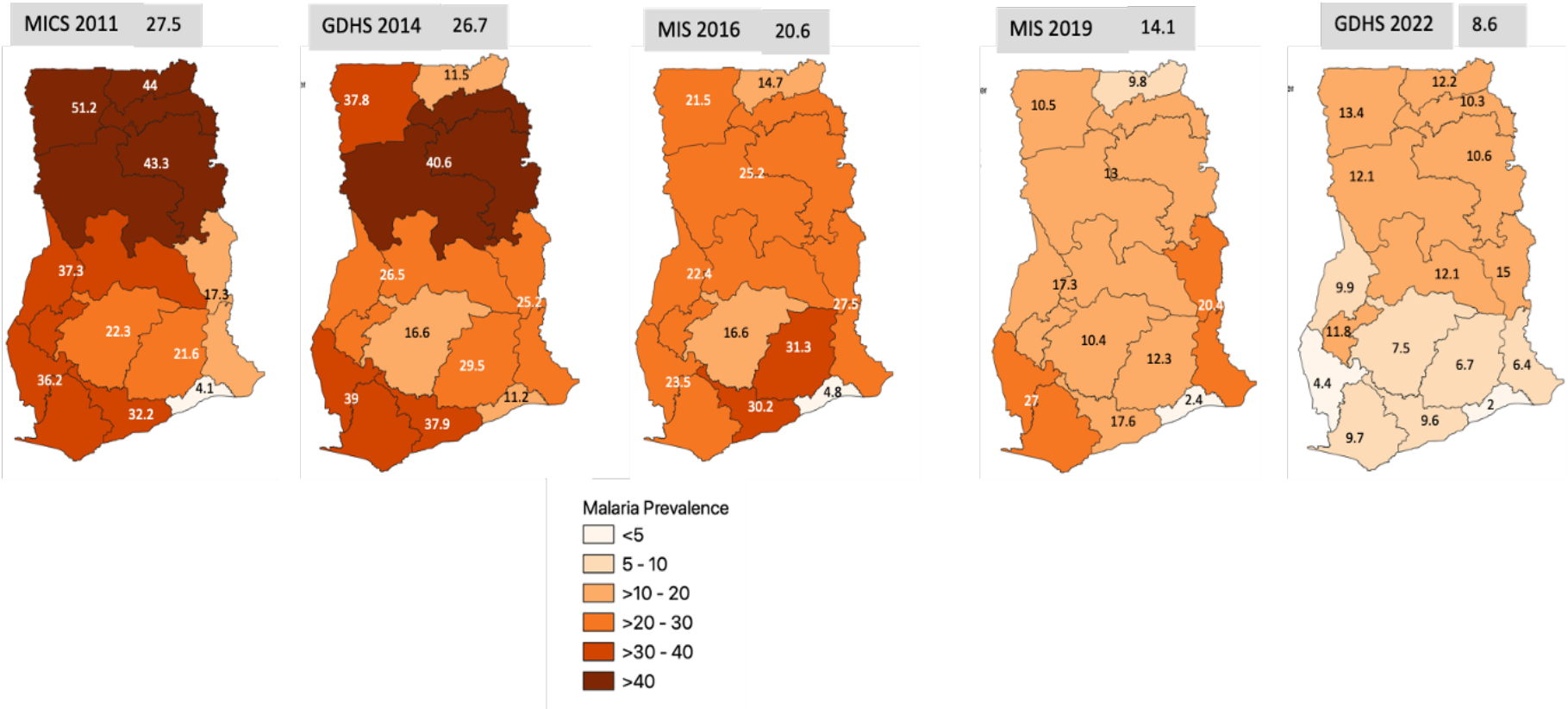
Mission

*To Ensure that the **entire population of Ghana** has a **universal and equitable access to interventions** for malaria prevention and treatment and to achieve **elimination.***

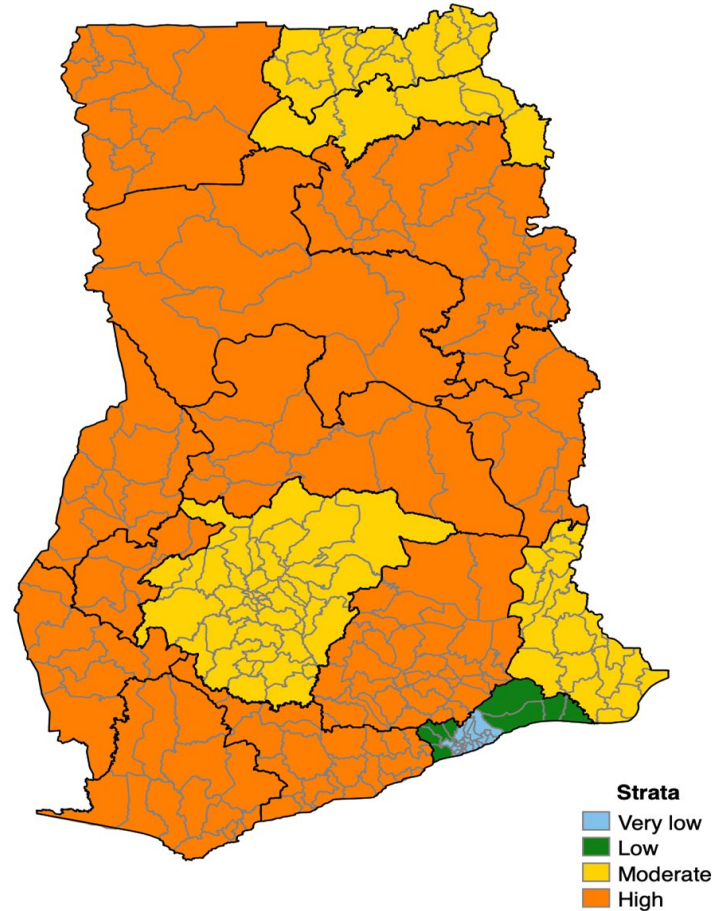
Introduction: Progress with Malaria Control In Ghana

- Made **progress** over the years:
 - Reduced Malaria mortality (all ages) from 10.9 per 100,000pop in 2012 to 0.43 per 100,000pop in 2023 (**95% reduction**)
 - Reduced Malaria morbidity (all ages) from 277 per 1000pop in 2012 to 166 per 1000pop in 2023 (**40% reduction**)
 - Improved parasitological testing from 38% in 2012 to 98% in 2023 (**158% increase**)
- Remains a **public health problem**
 - OPD suspected malaria cases : 11.9 million in 2023
 - Confirmed malaria cases: 5.7 million in 2023
 - Admissions: 448,361 in 2023
 - Malaria deaths: 146 deaths in 2023

Progress with Malaria Control In Ghana: Parasite Prevalence

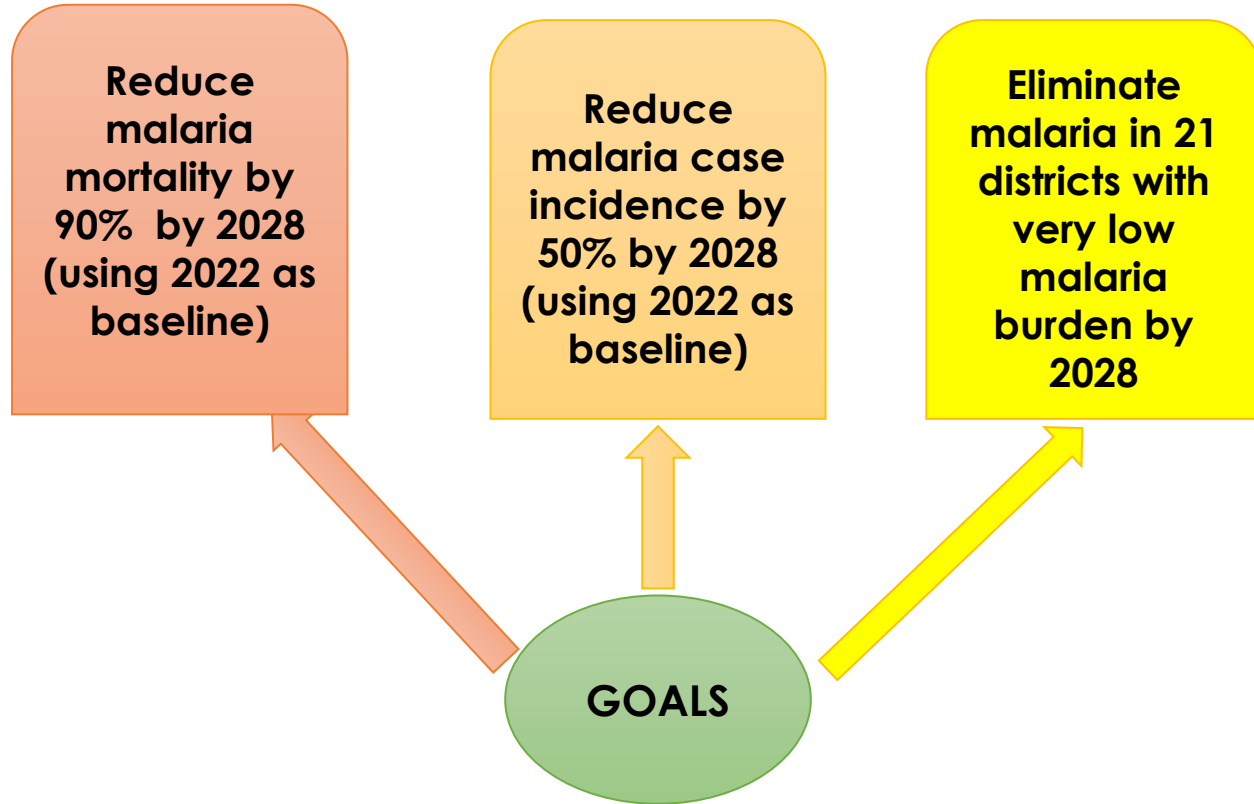


Malaria Risk Stratification in Ghana: 2023 Stratification



Epi zone	Number of districts
Very low	21
Low	8
Moderate	83
High	149
Total	261

Malaria Elimination Strategic Plan, 2024-2028



Objectives of MESP, 2024-2028

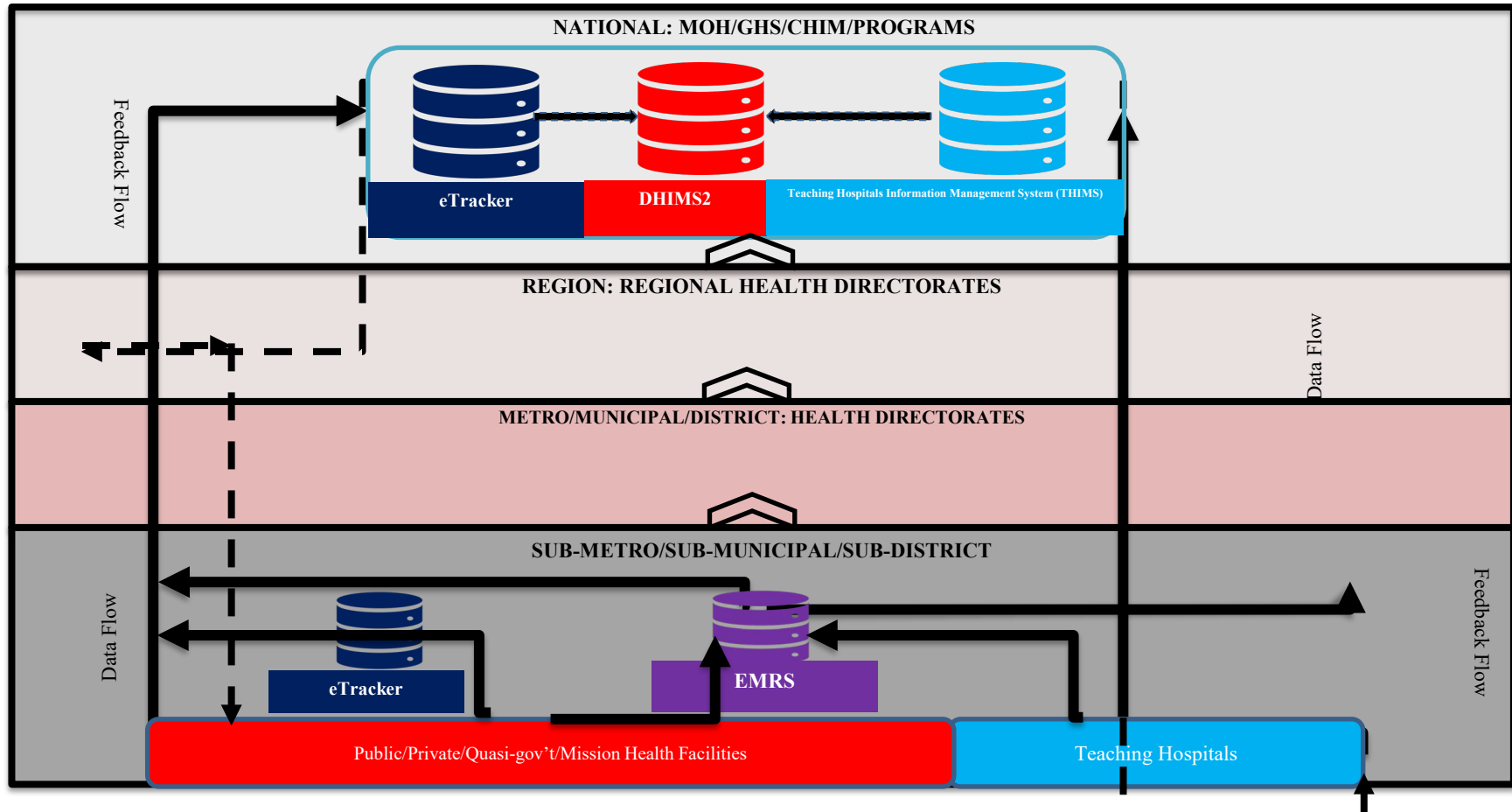
1. To ensure 100% of the population have adequate knowledge, attitudes, practices and requisite skills for malaria elimination by 2028
2. To ensure 100% of the population use at least one malaria preventive measure
3. **To ensure that 100% of suspected malaria cases tested by 2028**
4. **To ensure that 100% of all confirmed malaria cases are appropriately, effectively and completely treated by 2028**
5. **To strengthen surveillance and monitoring and evaluation systems by 2028**
 - surveillance in pharmacy & OTCMS
 - case-based reporting in facilities
 - cross border malaria surveillance

Objectives of MESP, 2024-2028

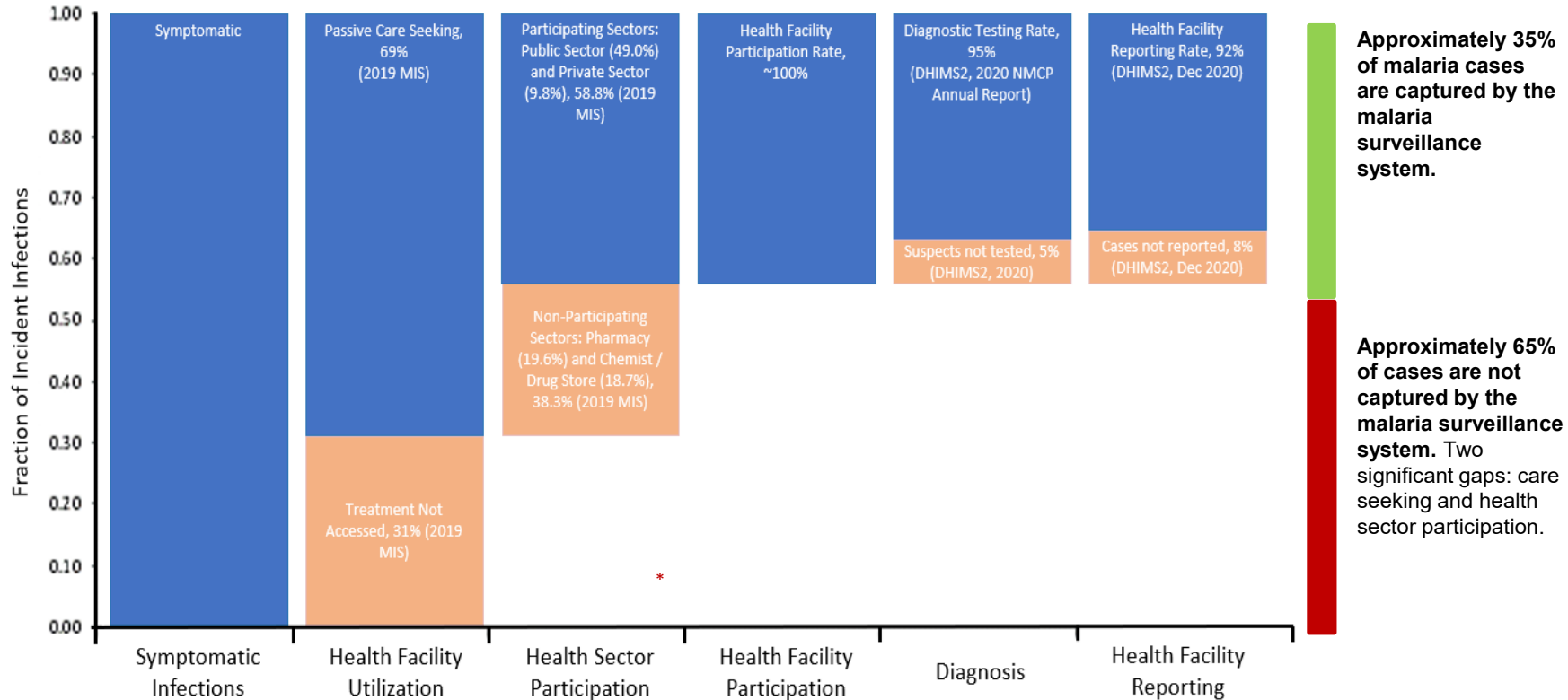
6. To ensure timely and adequate supply of quality-assured malaria commodities to all service delivery points by 2028
7. To strengthen and maintain capacity for Governance and program management to achieve programmatic objectives at all levels of the health care system towards malaria elimination by 2028.
8. To improve mobilization of resources and efficiently use available resources towards malaria elimination

MALARIA SURVEILLANCE SYSTEM

Ghana Malaria Surveillance System Data Flow

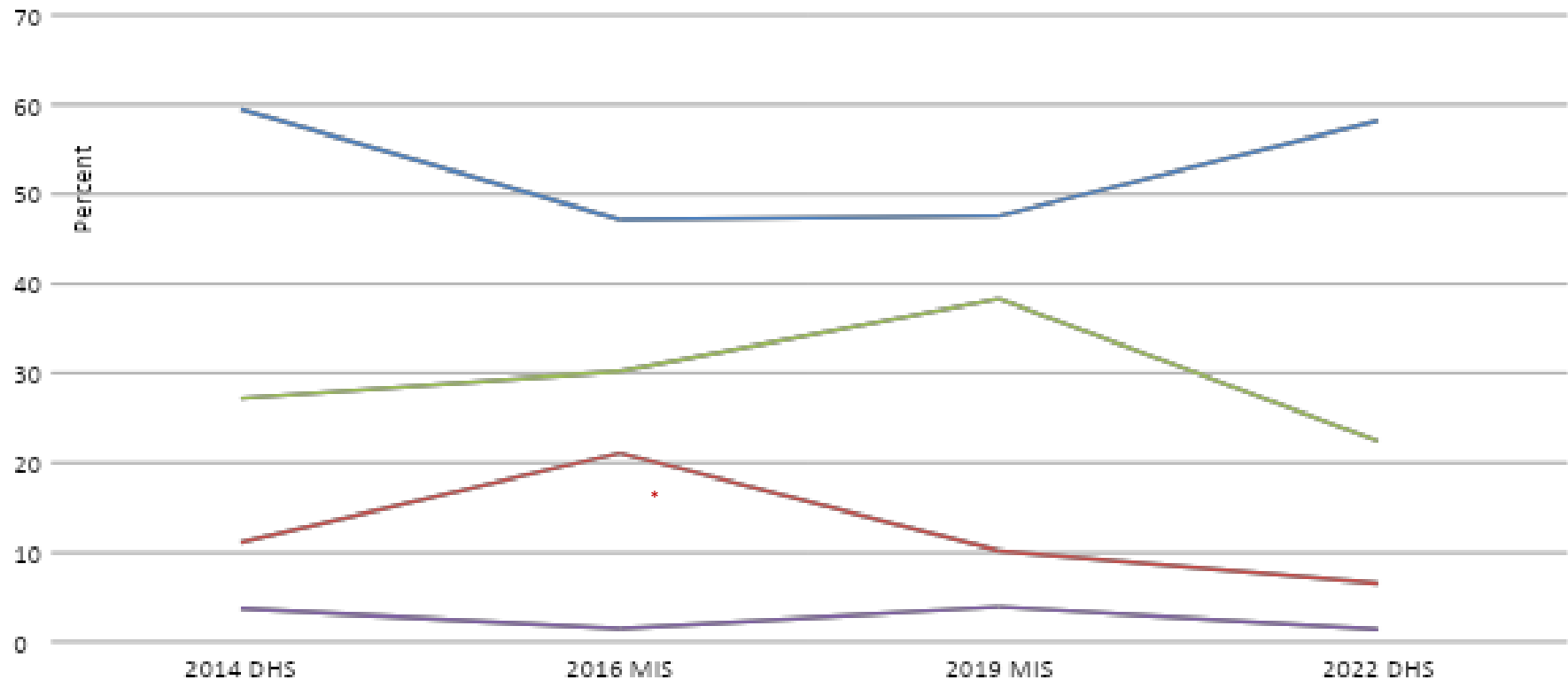


Malaria Data Representativeness: MSA



Health Seeking Behavior: Fever Cases

Source of advice or treatment among children with fever for whom advice or treatment was sought, Ghana , 2014-2022



Private Sector Integration into HMIS

Private Sector

- **Private health facilities:**

- Maternity homes,
- Clinics,
- Polyclinics,
- Hospitals

- **Private sector retail outlets:**

- Pharmacies and
- Over the counter medicine sellers

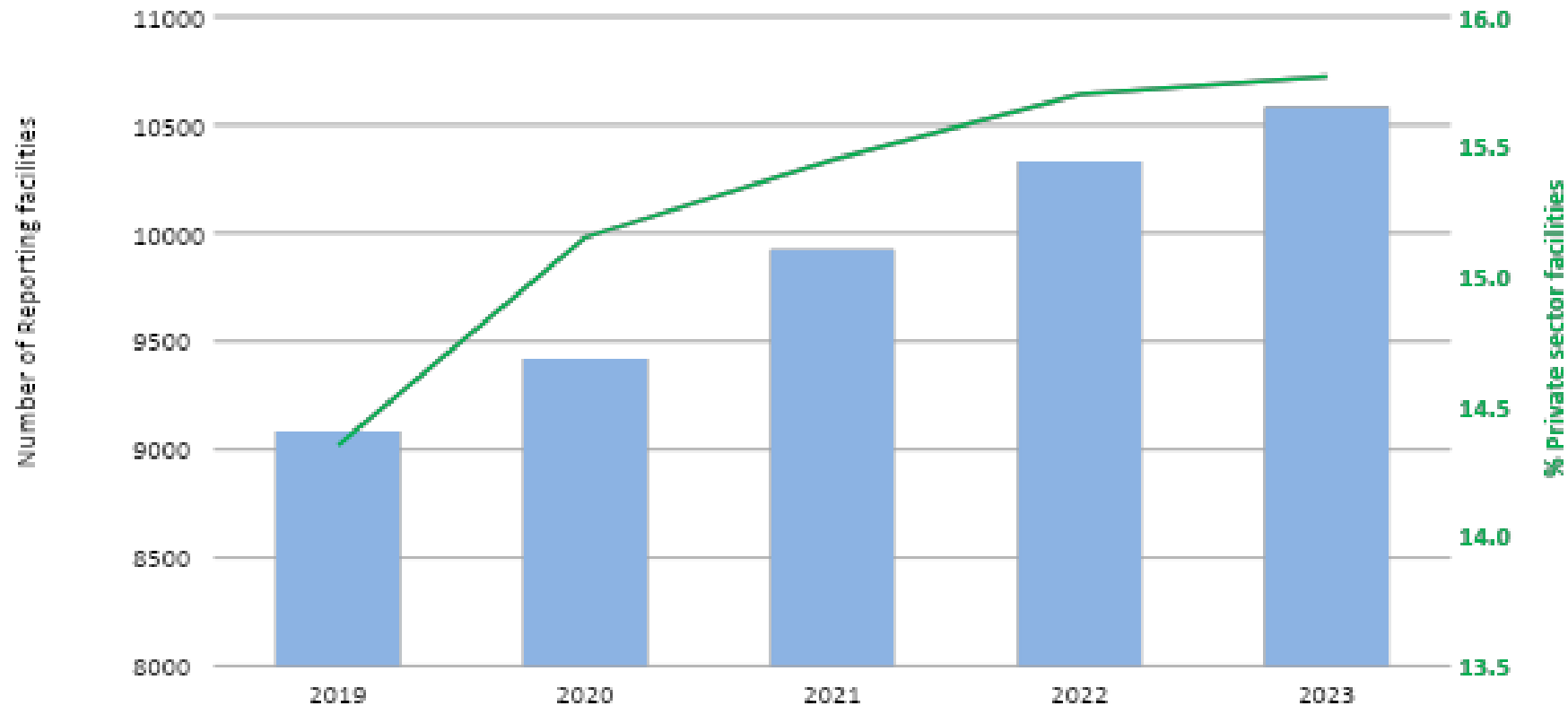
Enabling Factors for Integration

- Ghana Health Service/MoH Medical Policy
- Health Facilities Regulatory Agency (HeFRA)
- National Health Insurance Authorities (NHIA)
- Society of Private Medical and Dental Practitioners (SPMDP):
- Community Practice Pharmacists Association of Ghana (CPPA):
- Pharmacy Council, Ghana (PCG)

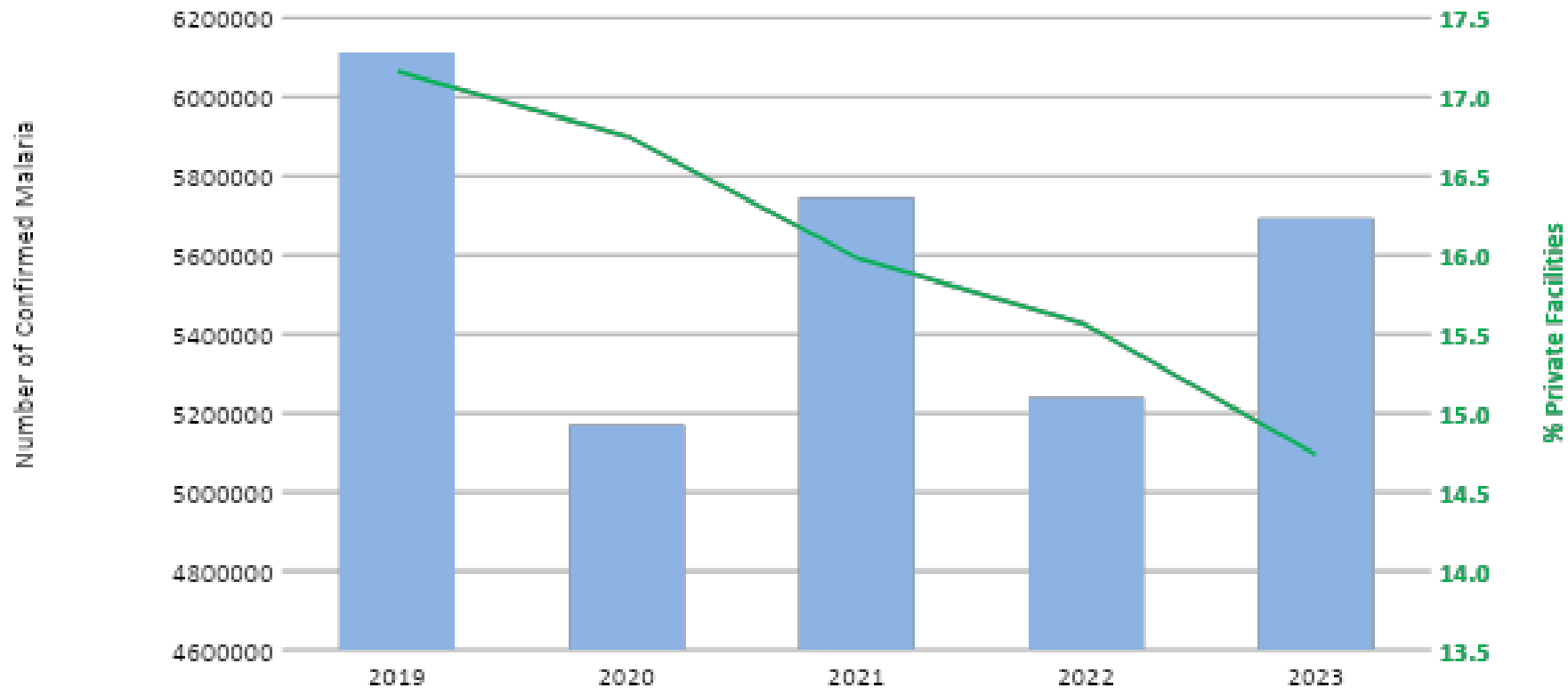
Integration Process (Private Health Facilities)

- Currently have majority (about 95%) of **private health facilities** reporting on malaria (and all other conditions) in national HMIS (DHIMS2)
- This was achieved through;
 - GHS continuous collaboration with HeFRA, SPMDP
 - Inclusive malaria trainings and supportive supervision
 - Private SPMDP participation on NMEP TWGs and committees
 - Piloting of case management and surveillance solutions in private sector; FIONET RDT deki reader and reporting
 - Private facilities involvement in intervention planning and implementation
 - Recognition of private facilities during malaria award event

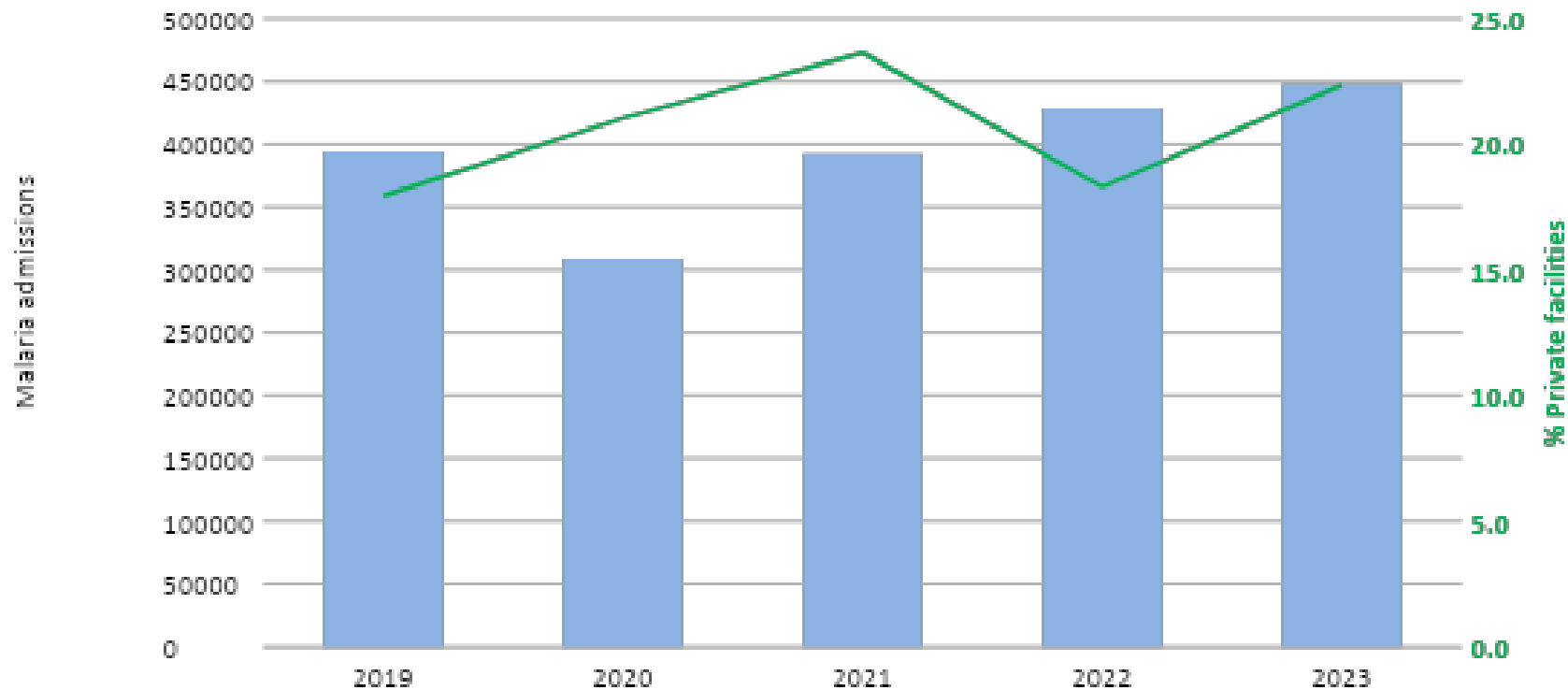
Private Health Facilities Contribution to Reporting in DHIMS2 in Ghana, 2019-2023



Private Health Facilities Contribution to OPD Malaria Cases in Ghana, 2019-2023



Private Health Facilities Contribution to Malaria Admissions in Ghana, 2019-2023



Challenges: Private Health facilities

- Human resource for data management in the private sector
- Some of the IT systems in private facilities are more for financial than disease burden management
- Lack of leadership at some sub-national levels; districts and regional to sustain or improve partnership
- Inadequate enforcement of reporting and supervision by regulatory authorities

Integration Process (Pharmacies and OTCMS)

- Integration initiated with research on *“feasibility of use of RDT in pharmacies and OTCMS”* in collaboration with Dodowa Health Research Institute in 2014/15
- In partnership with USAID/SHOPS, FIONET Ghana, CPPA and SPMDP
 - Orientations for pharmacies and OTCMS
 - Provision of RDTs for pilot outlets
 - Development of reporting tools and channels for monthly reporting
 - MoU which included payment of GH1 per test to FIONET Ghana for use of deki reader after which test result on the FIONET database will be submitted to NMEP

Challenges: Pharmacies & OTCMS

The SHOPS project

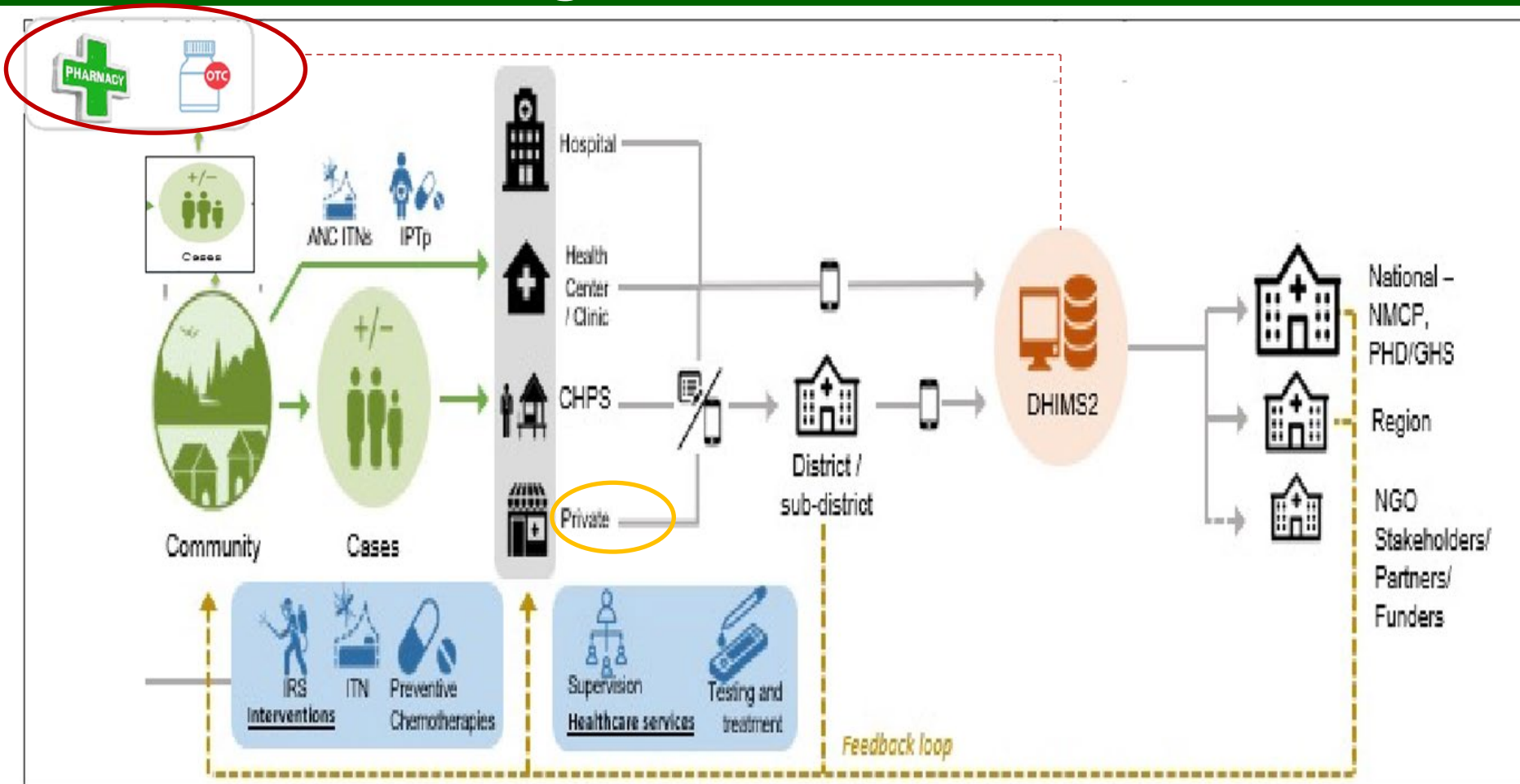
- Unsustainable cost of use of of deki reader
- Limited reporting from both pharmacies and OTCMS and FIONET reporting system
- Unable to link FIONET system to DHIMS2
- Intervention ended with end of project funding

Health system

- No law in place or regulation that requires community pharmacies OTCMS to report to HMIS
- Concerns on data capture impact on timeliness of service delivery

Next steps

Private Sector Integration into HMIS



Next Steps: Private Health Facilities

- Continuous advocacy on *the importance of data* and
 - i. need to recruit data officers in private sector facilities
 - ii. Incorporate health information in the electronic data management systems
- Advocate strengthening *partnership* with private sector in *districts and regions* as part of performance measurement
- Advocate for strengthened collaboration between GHS and HeFRA and NHIA to improved *enforcement* through use of *renewals of licenses* and *periodic joint monitoring and review meetings* with private facilities.

Next Steps: Pharmacies and OTCMS

- Development or adoption of ***sustainable IT solution*** by collaboration between GHS, PCG and CPPA
- Integration of pharmacy and OTCMS reporting into DHIMS
- Establishment of standard operating procedure for the integrated HMIS
- Support ***enforcement*** of SOPs by GHS and private sector regulatory authorities through **renewal of licenses, *periodic monitoring*** and joint review meetings.
- Explore laws/regulations/policies for private sector pharmacy and OTCMS reporting

Conclusion

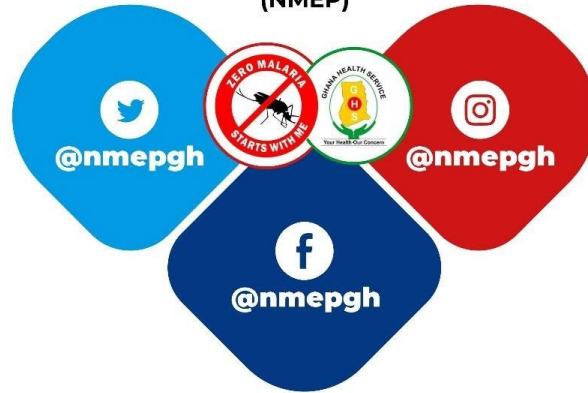
- **We have learnt lessons for integration with pharmacies and OTCMS**
- **We have made strides in integration with private health facilities**
- **With more focus, sustained collaboration and support we will achieve all inclusive and resilient malaria surveillance system towards a malaria free Ghana**

Acknowledgement

- The Global Fund
- USAID and Implementing Partners
- WHO
- UNICEF
- DFID
- World Bank
- MOH
- GHS
- MMDAs
- Private Sector
- Research and Academia
- Traditional leaders
- Media
- General Public
- Numerous supporting institutions and partners

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NATIONAL MALARIA
ELIMINATION PROGRAMME
(NMEP)





THANK YOU

Burkina Faso



Integration of the private sector into the information system and contribution to malaria data management

[Dr Assane OUANGARE, MD, MPH](#)

Ministry of Health and Public Hygiene

Burkina Faso

Presentation plan

- ❑ Introduction
- ❑ Procedure for the integration private health facilities into the health information system
- ❑ Contributing factors
- ❑ Private sector contribution to malaria data management
- ❑ Results obtained
- ❑ Challenges
- ❑ Solutions/Prospects
- ❑ Conclusion

Introduction

- ❑ Burkina Faso's Ministry of Health has a decentralized health information system (HIS), structured according to the health pyramid.
- ❑ In line with healthcare provision, the current HIS takes into account all routine data from public, private and community health facilities.
- ❑ This integration represents a major challenge in the health system's resilience strategy in the face of health emergencies and the fight against malaria, which is the leading cause of morbidity and mortality.

Procedure for the integration private health facilities into the health information system

- Under article 11 of the agreement between the private health facility and the Ministry of Health, the former must submit monthly activity reports to the supervising health district.
- Configuration taking into account the administrative and health divisions in DHIS 2.
- Staff training in the completion of primary data collection tools (consultation and hospitalization registers) and the preparation of monthly activity reports.

Procedure for the integration private health facilities into the health information system

- Provision of primary (consultation and hospitalization registers, forms, etc.) and secondary (monthly reports) data collection tools;
- Periodic supervision of sector agents
- Feedback on data quality (completeness, promptness)
- Inclusion of the private sector in the decentralized input of monthly reports in DHIS 2 in 2024

Contributing factors

- Good collaboration between health districts and private health facilities
- Private health facilities included in training sessions on filling out primary tools and reporting data in certain health districts.
- Creation of WhatsApp groups in certain health districts to facilitate communication with players in private health facilities
- Calling on managers of private health facilities to submit monthly activity reports

Contributing factors

- Participation of some private facilities in meetings organized by health district management teams
- Holding of biannual meetings with private health facilities on the submission of monthly activity reports in the Centre and Hauts Bassins regions.
- Feedback from district management teams on data, including malaria data, to all health facilities, including private facilities.

Private sector contribution to malaria data management

Increase in the number of staff in private health facilities

Type of health facility	2019	2020	2021	2022
Hospital/Polyclinic	9	9	11	11
Clinic	76	87	95	110
Medical Centre	65	69	102	122
Medical practices	32	35	29	34
CSPS	71	83	115	133
Nursing practice	235	251	278	323
Dispensaries/infirmaries	82	84	81	95
Total Private Health Facilities	570	618	711	828

Report completeness (DHIS 2)

Completeness	2020	2021	2022	2023
Completeness of reports by public health facilities (%)	95.9	94.9	98.1	92.5%
Completeness of reports by private health facilities (%)	61.9	69.8	68.6	74.8%
Overall completeness of reports from health facilities (%)	89.3	89.4	91.0	81.0%

Malaria data by status

Indicator	Year	Total	Total private health facilities	Contribution of private health facilities (%)
Confirmed malaria (simple and severe)	2021	11,526,194	626,802	5.44
	2022	11,081,089	676,679	6.11
	2023	10,192,373	902,488	8.85

Comments

- Increasing proportion of malaria cases notified and confirmed by private health facilities between 2021 and 2023
- Slight increase in private sector contribution (5% to 8.5%)
- Low contribution from the private sector to date.

Challenges

- Strengthening collaboration between health district management teams and private health facilities
- Improved completion of monthly activity reports by all private health facilities (95% of private health facilities submit their reports).
- Provision of data collection media for malaria confirmation tests to private facilities
- Ongoing skills development for private-sector agents

Solutions/Prospects

- Involvement of private health facilities in the activities of DOH management teams
- Involvement of private sector players in training courses on entry of primary data collection tools and monthly activity reports.
- Feedback to health institutions, including private institutions
- Holding consultation meetings with the private sector

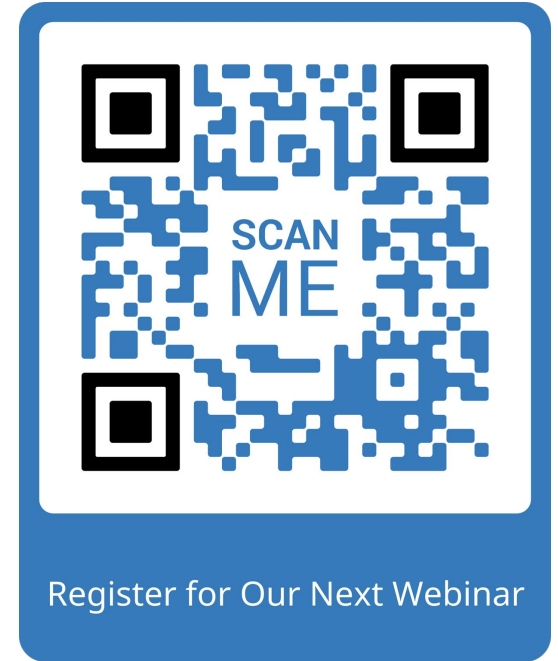
Q&A



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added to our email list!)

For questions, contact us at chisu_media@jsi.com





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