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COUNTRY HEALTH INFORMATION SYSTEMS AND DATA USE

Understanding What WHO's New Routine Health Information System Strategy Means for Primary Care and Universal Health Coverage

Audience Questions and Answers

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Country Health Information Systems and Data Use (CHISU) is USAID's flagship data and information system program to strengthen host country capacity and leadership to manage and use health information systems to improve evidence-based decision-making.

www.chisuprogram.org

1. Is the data collected from health facilities at the aggregate level and/or how is Personal Identifiable Information (PII) protected? What has been the perception of government MOHs to RHIS regarding shared data visibility and transparency outside of their own country?
   This is where the data governance plays a crucial role. The "traditional method", as it is still implemented in many LMIC is to have the registry in paper form (log books), data is tallied in reporting form for submission to district : this practice is still true on both paper and electronic reporting. The personal ID only applies when the facility is able to record and register the patients electronically. In this case, setting regulations and legislations for the personal data security, confidentiality; as well as management of access to data should be and must be considered and taken into the design of the RHIS data structure, for example, what can be shared, who can have access to what and for sensitive data, how access can be regulated and managed etc.

2. Is the principle of optimization linked with the ones of Data Use Patnership (DUP)?
   I hope the DUP will consider adapting these principles as well as key actions recommended in the strategy to enable data use as the main drive to strengthen the RHIS, especially the use of data at sub-national and facility levels.

3. Can you speak about the sheer volume of indicators that currently are included in many RHIS? In many areas, there seems to be a lack of clearly globally recommended indicators for collection, and the addition year after year of often project-focused data points has resulted in bloated systems and very laborious data collection and reporting for health care workers.
   This is where the exercise to determine and agree on data needs in country is crucial. WHO's implementation guide for both the Strategy and the RHIS toolkit highlight, amongst the initial steps, the need to map and align country's indicators and its purposes to streamline, and optimise the use of data at all levels in the countries. Globally we try to keep indicators list at minimum but countries and programmes always want to add more… the questions are: what is needed? For what purpose? To whom these indicators are useful? The WHO RHIS toolkit recommends a minimum list of indicators for programme M&E use and for health facility management. However, the role of partners in supporting countries to align and streamline the indicators based on its usefulness, together with supporting the use of data at facility and subnational level, will be an ongoing effort to build trust, understanding and confidence on the selected indicators.

4. Are there best practices being put forward for reviewing and streamlining the actual data elements and indicators included in RHIS, while also ensuring elements and indicators represent the priority data needs of *all* programs?

   YES! This is the principle and the rationale for the development of the RHIS toolkit - we encourage and promote the use and reuse of data elements for making different indicators by having a common RHIS data platform that facilities can report to and use regardless of the programme areas and the level of health facilities, while managers can oversee the administrative areas, or the programme performance.. Some of the work we demonstrate in DHIS2 has shown that possibility. This is the principle of the integrated RHIS for data use. Here's the link for the toolkit:
   Modules (who.int)

5. How do you ensure the credibility and validity of the Health Information Systems, and the data collected in war countries? How do you ensure sustainable operation for HIS in-conflict areas?

In the conflict contexts, the local use of timely data is crucial - the requirements for data also will need to be streamlined to meet the day to day needs of service management.
The coordination and information sharing among different partners, organisations that run different health care services at local level is vital, not just in terms of service coverage, but also in the terms of supplies and support. There is a coordination mechanism amongst these agencies to share data, to agree on a common list of indicators - aiming at maintaining the essential services and yet, serving the local population on preventive and curative medicines.
Here is the link to the coordination mechanism led by WHO for emergency, conflict contexts https://healthcluster.who.int/countries-and-regions

I would fully advocate for sustainable solutions: sharing common standards for indicators; joint investment in a common data platform at sub-national level; maintaining the capacity (human and infrastructure) at local level, setting up a coordination mechanism to identify and meet the local health services needs.

6. The lowest level of the RHIS is indicated as the Health facility level. why is the community level not included in the framework?

In the framework, community level is considered as part of the PHC level data. I also mentioned in the talk that it is important to enable sharing the reports, and/or data products back to the communities - as sub-PHC level. However, this will need to have a clear structure on functions, roles and responsibility of the community and those who contribute to the community health services: CHW, village volunteers etc… the roles of the PHC in overseeing and support Community health services should be strengthened and supported. In many settings, the providers of community based health services include not only the public sector, but also private/small clinics, non-governmental and religious organisations. Their engagement in the reporting and use of the service data is necessary to ensure continuum of services and support in the communities.

7. Some countries collect far too much data, which impacts on data quality. is there a standard for how much to collect?

Current practices in countries mainly focus on data collection - with digital tools, it is even easier - hence the big volume of data collected in countries. This is the reason why the RHIS strategy focuses on data use and advocates for health management bodies in the countries to decide the data needs. There's no standard for how many indicators is enough. We normally ask:
Who uses the data? What data or statistics is needed? For what purposes and time frame? The indicators/ data pyramid is, still, the core structure for selection of data and indicators. Countries should have just one pyramid that encompasses all programmes and administrative level data needs.

8. In my district, the major challenge is human resource. The HCWs are overwhelmed and do not collect quality data consistently. How does the strategy address this challenge in low-income countries?

This is going to be a continuing issue, especially at primary health care and community level. Unfortunately, to address this issues, it requires multi dimensional approaches: bottom up in terms of services needs and top down in terms of policy and financial model to ensure sustainable health care workforce.
At community level, the role of community engagement should be highlighted -while a model of support and training should be developed with the health and related sectors.
The strategy can guide PHC level in term of identify needs, raising the voice of PHC health workforce and connect with the overall human resource planning.
This is very much country specific and to be address within the country context.

9. Where in the strategy should IS4H be included?
The concept is the same though with RHIS, it focuses more on the routine/ registry data systems rather than other sources such as surveys. The purpose of the data use will determine what data systems are required to be part of the RHIS.

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