Global consultation to optimize Routine Health Information Systems to effectively deliver Universal Health Coverage to improve Primary Health Care in countries

Recap and Reflections – Day 1

1-2 September 2021
Key highlights

• Reminder that our work has to be data driven - measurable impact

• Member States seeking WHO support to strengthen their country health data systems

• How do we use available data to accelerate progress? - partner alignment

• We don’t need a plethora of indicators ==> minimum indicators with maximum impact

• Our discussions should inform WHO strategy on Routine HIS
  • Next 5 years should be different - maximum improvement

• Low- and middle-income countries have limited capacity in optimizing routine HIS data
Key highlights

- 60+ countries using DHIS2 as national HMIS
- RHIS are the bedrock of primary healthcare and countries’ health information ecosystems
- Tools and guidelines available (SCORE for Health Data Technical Package)
- RHIS at different levels of maturity in many countries:
  - Avoid creation of parallel tools, indicators, systems, and frameworks
  - Bottom line is: keep it simple
- We need to focus on getting closer to people and communities from districts to primary care. This is crucial
Country achievements

• Primary health care Electronic Health Records
• Digitalization of health information systems
• Roadmaps for eHealth and RHIS
• High registration coverage in some countries
• Assessing client satisfaction

Areas of support

• Sharing of interventions and solutions
• Technical support for digital health planning
• Capacity building (M&E, Scientific writing, Big data analysis)
• Calculation of SDG indicators
• Cause of death coding
• Statistical modeling/projections
• Data quality
• Financial support
• Links between public and private facilities and sharing needs coordination and regulation

WHO Regional Offices are key resources to support countries
Some questions/comments were raised...

• How will community health information system be made interoperable with facility-based HIS (via DHIS2)?

• What are the strategies to collate routine HIS through multiple HIS across countries?

• Does it mean that ICD-11 is not a flat list of terms, but rather a concept-based (or object-oriented) terminology, such as SNOMED-CT?

• Lack of discussion on how health workers use routine HIS data.

• Assistance to countries: thank you, food for thought and it is great to create opportunities for regional assistance in building systems

• All country presentations received positive comments on content and achievements

• Thank you for your concise, wonderful and clear presentations

• Wonderful presentations, thanks to all of you
Some questions/comments were raised...

• Great presentation China - thank you: What is the difference between electronic medical records and electronic health records, please?

• Samuel Cheburet: There is [a] need for practical patient level data based on MCCD without losing focus on UCoD
  
  • Decision table app will be a solution to data quality without allowing data providers to make decisions on the selection of UCoD.
  
  • Date of event/occurrence to be encouraged for standardization to avoid use even dates like in DHIS2

• Samuel Cheburet: DHIS2 data analytic on tracker need refocus to avoid noise on data presentation.
Some comments/feedback...

- Data for decision making:
  - **Disaggregation**: important to define exactly what sort of decisions will be driven by each type of disaggregation? How often it is needed, and what best data collection method would be - it might not necessarily be the RHIS - especially in low-resource, largely paper-based systems.

- I believe we are missing very important part of accurate, valid, timely and consistence RHISs which is behaviours of the end users (doctors, nurses, technicians etc.)
  - It would be great to include a presentation on “behavioural and cultural insights of end user” to improve RHIS recording particularly at the PHC level

- Data Digitalization-David Novillo: Great presentation. It breaks the myth that data digitalization improves data quality. Unless we strengthen data collection and standards at the point of first collection, digitalization will not enable good data for decision making
Specific questions

• Will we be addressing the PHC Monitoring and Evaluation Framework?

• Fiji would be keen to see RHIS expanded to noncommunicable diseases and have discussions on this.

• @David Novillo: When you say Blockchain is promising, in what ways [do you] envision such promises? What would be the added value?

Presentations and Documentations:
A compendium of all presentations, presenter’s bios, background documents and other RHIS resources will be available online

Contact: Anh Chu (chuh@who.int) and regional colleagues for further queries
Revisiting meeting objectives to guide Day 2...

1. Review the importance and complexity of routine health information systems
2. Define data gaps and tools from the SCORE technical package
3. Share best practices from countries, partners and initiatives that are underway
4. Importance of an integrated system building sustainable capacity in countries
5. Opportunities to better align partnerships and resources so we can accelerate progress
Day 2 - Agenda

Session 4: Treating patients as VIP - Data use
Facilitator: Mark Landry (WHO/SEARO)

Session 5: Integrated Diseases Surveillance: Opportunities to scale
Facilitator: Carl Kinkade (US CDC)

Session 6: Building sustainable capacity in countries
Facilitators: Benson Droti, Hillary Kipruto (WHO/AFRO)

Session 7: Partnership for RHIS strengthening
Facilitator: Craig Burgess, WHO/HDC Secretariat

Next steps from the regions
WHO regional team

Closing with plans for future
Steve Mac Feely, Director, WHO DDI/DNA