Session 6 - Getting serious about building sustainable capacity in countries and good data governance

Facilitator: Benson Droti and Hillary Kipruto, WHO/AFRO
Session objective and contents

Objectives:
• Highlight the importance of capacity building for sustainable data system
• Sharing models of supporting countries in building capacity for RHIS and data use

Contents

1. Models to building capacity in countries
   Preeti Negandhi, Public Health Foundation India
   Kristin Braa, University of Oslo

2. Data governance, data sharing and data use
   Sally Stansfield, Social Impact Practice
RHIS capacity building solutions in countries/region

RHIS WHO Global Consultation
1 – 2 September, 2021
Health Systems Framework
RHIS Basic Concepts and Practise - curriculum piloting and harmonization

• Global team of experts from WHO, MEASURE Evaluation and PHFI – conducted comprehensive 2-week workshop at IIPH Delhi

• Pilot testing of the curriculum for RHIS Basic Concepts and Practice – curriculum developed collectively by global partners (USAID-funded MEASURE Evaluation project, AEDES, University of Oslo, INSP, University of Queensland, Australia, and Public Health Foundation of India)

• Aim – to enhance capacity of participants to conceptualize, design, develop, govern, and use the information generated through RHIS to improve public health practice and service delivery

• RHIS curriculum subsequently standardized for global use in capacity building initiatives – adapted as a module of Health Systems track for MPH students
RHIS workshops

• Harmonized RHIS curriculum adapted for capacity building workshops
  • Country-specific workshop in Maldives – for officials working in the HIS division of the Ministry of Health in Maldives
  • Virtual regional workshop for HIS officials of Ministry of Health and WHO offices of South-East Asia Region countries
AeHIN RHIS Focus Group

- PHFI undertook efforts in collaboration with WHO SEARO and MEASURE Evaluation to strengthen RHIS through a regional network

- Explored interest of AeHIN members in regionalizing RHIS through AeHIN among its members/ countries during the 2015 AeHIN General Management meeting in Bali

- Drafted Mission, Vision, Objectives and Management Structure for AeHIN RHIS Focus Group
‘SCORE for Health Data’ assessment

• PHFI team was actively engaged in carrying out a comprehensive assessment of the SCORE package for the 11 member countries within the SEAR region

• This assessment included a systematic, iterative desk review and analyses of the available documents related to HIS at the national/subnational level for all SEAR member countries, followed by a regional consultation in Colombo
Capacity building - outcomes

• Overall goal of capacity building – to be able to design and develop tools for RHIS data capture, recording, reporting and use

• Analytics for RHIS data – about intellectual fortitude – takes time, requires regular repeated grooming – to develop a culture for data analyses and effective, efficient use (sustainable)

• RHIS data use - RHIS competencies crucial for:
  • Individual health programs
  • Health service delivery
  • Decisions for policy making
Thank You!

Dr. Preeti Negandhi

Indian Institute of Public Health Delhi

Public Health Foundation of India
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Dr. Preeti Negandhi
Indian Institute of Public Health Delhi
Public Health Foundation of India
HISP
Capacity building and country support

Kristin Braa
hisp.uio.no  dhis2.org
Department of Informatics,
University of Oslo
DHIS2 adoption around the world (MoH implementations)

Supported as a Global Public Good

Open source, entirely free of licensing fees.

Generic - supporting all use cases.

Global footprint: used by 73 countries.

Scalability: national scale in 60 countries.

In-country ownership.

Community-driven software roadmap.

Read more on dhis2.org/in-action and facebook.com/dhis2

Global «footprint»

2.4 billion people

+ 60 NGO’s, 58 PEPFAR countries, 60+ PSI countries, 10 global organizations
HISP Action Research: Capacity building through local innovation

- Strengthening national health information systems
  - Collaborating with Ministries of Health
  - Participatory design (Scandinavian tradition) -> creating ownership

- Action Research: Building knowledge on implementing HIS while building systems on the ground through partnerships.

- HISP PhD school at University of Oslo: 65 PhDs graduated, 25 active PhD students

- Global resources developed to be used in country implementations

- 15 HISP groups engaged in action research at regional/country level

- International Masters programs in South Africa, Mozambique, Malawi, Tanzania, Ethiopia, Sri Lanka (500 graduated)

45 active Master students 2021

- Regional DHIS 2 Academies, 147 Academies since 2011, 7500 graduated

- Online Academy: Fundamentals, 21500 enrolled
Regional and in-country capacity building is critical for sustainable systems

Closeness to the field and the user is key in system design

Local problem-solving & global sharing of solutions in a collaborative network

Provide long term / life-long support to MoH – trusted partner that stay

Endorsed and funded by global partners like GF, GAVI, UNICEF, Norad and CDC – coordinated DHIS2 support to countries

Network of partners that share a set of core values related to open source, local ownership, sustainability, integration, data use etc.

Read more here

Today there are 16 HISP groups in Africa, Asia and Latin America, and at University of Oslo (UiO), Norway
  – Many of the HISP groups are led by former UiO PhD students
  – Strong linkages to local universities
HISP groups – key activities

**Country support**
- Strengthen DHIS2 capacity in governments (MoH, MoE), DHIS2 trainings and guidance.
- Provide expert-level support on DHIS2 configuration and maintenance.
- Offer guidance on HIS architecture and HIS strengthening plans.

**Regional capacity building**
- Organize regional training events as part of the DHIS2 academy program.
- Work with regional entities and networks on regional DHIS2 implementations and capacity building initiatives, e.g. WHO AFRO, WAHO, AeHIN.

**Research activities**
- Collaborate with HISP UiO research team.
- Learn “what works” from targeted country interventions – action research.
- “Deep-dives” e.g. design for data use initiative, GAVI/immunization data: explore “new domains” – solve new challenges, document and feed into global products.
- Assessments and evaluations of country implementations.

**Global product development**
- The main source of DHIS2 requirements, on behalf of MoHs.
- Facilitate field testing and validation with critical feedback to global teams.
- Participate in global teams on package development, training materials, and app development.
- Local innovations feeding into global product development / shared to multiple countries.
HISP’s response to the COVID-19 pandemic

- Local innovation in Sri Lanka (starting January 2020)
- Emergency funding released by Norad, GAVI and GF for DHIS2 TA
- Mobilization of the HISP network
- 15 groups on the ground – building on existing capacity (TA and in ministries)
- Digital support/work - HISP seminars and digital country support/TA
- Collaboration with WHO - building on existing WHO DHIS2 packages + WHO C-19 guidance to develop DHIS2 content for covid response
- CDC collaborative agreement (5y) on DHIS2 for COVID-19 and beyond (routine surveillance), with strong focus on regional networks
Data Governance, Sharing and Use

Sally K. Stansfield

InformHealth
Introductory remarks

• Why I’m here..
• Time enough only to list the ridiculously broad topics
• So I will exploit the opportunity to be provocative on each of the three issues
• Will make up for it by providing some useful references in the Power Point that you can explore later....
Main points

• Governance:
  – Whole value chain, not just collection/storage
  – Move from “rape and pillage” to empower collectors and their communities

• Sharing
  – Incentivized by donors
  – COVID 19 genome sharing

• Use
  – Ethically inappropriate to fail to use for public health
  – Malawi story
  – Use should transform health outcomes
Good Data Governance

- Requires recognition of data as a (local and global) public good;
- Addresses the entire data life cycle (not just collection and storage, but also sharing and use);
- Ensures full transparency and accountability to promote trust;
- Is community and person-centered, but maximizes accessibility for use at national and global levels;
- Adheres to GDPR or other relevant regulatory framework.
Be Findable Accessible Interoperable Reusable and CARE

Collective Benefit Authority to Control Responsibility Ethics
Data Sharing

- Incentives must be actively shifted to promote sharing
- Technical solutions exist to safeguard privacy and security
- Institutional and career empire-building behaviors are frequent barriers to sharing.
Data Use

- A culture of data use is an enabler
- Use becomes a driver to improve quality and quantity of data
- Data use is associated with higher performing health systems
- Beneficiaries should be prioritized as users
- Analytic capacity is key to sustain and grow data use
- More emphasis is needed on the ethics of failing to use data for public health.
Theory of Change

TOC for the Data Use Partnership:
Factors that accelerate the use of data for improved health system performance

INFRASTRUCTURE
- Health workers are available and incentivized to collect and use information in care delivery

WORKFORCE
- Incentivized and skilled decision-making
- Evidence-based action

INFORMATION USE
- Informing consumption, analysis, and comprehension

DATA PRODUCTION
- Data transformed into information at all levels
- Quality data collection

SERVICES & APPLICATIONS
- Endorsed data platforms are supported by strong project and change management capacity

LEADERSHIP & GOVERNANCE
- Political champions promote data use at each level of the health system

LEARNING AGENDA FOR THE DATA USE PARTNERSHIP
- WEIGHTING - What is the relative weight of each accelerator’s impact on the data use cycle and health system performance?
- PHASING - Are there dependencies between the accelerators that suggest an optimal phasing or sequencing in different contexts?
- INTERPLAY – What is the potential multiplicative effect among the different accelerators?
- CONTEXT – Does the context (including health system maturity) make a difference in the impact these accelerators have on the data use cycle and health system performance?
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Factors that accelerate the use of data for improved health system performance

eHealth building blocks+
with examples of data use accelerators

- Electricity, connectivity, and server infrastructure are available when and where needed
- Health workers are available and incentivized to collect and use information in care delivery

IMPROVED HEALTH SYSTEM PERFORMANCE

PATIENT-CENTERED CARE
- Increased awareness and demand for preventive care
- Accurate and timely diagnosis, treatment, and referral
- Adherence to treatment regimen

SERVICE DELIVERY
- Efficient patient throughput
- Accessible and stocked treatment sites
- Adequate numbers of qualified staff to meet site needs
- Linked financial and clinical planning at site level

PROGRAM MANAGEMENT
- Rational allocation and efficient use of resources
- Increased capacity to deliver and coordinate services
- Performance metrics drive improved quality

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Selected References


