Global consultation to optimize Routine Health Information Systems (RHIS) to effectively deliver Universal Health Coverage (UHC) and improve Primary Health Care (PHC) in countries

Session 2 - Technical tools and essential solutions to improve PHC

Facilitator: Jean-Pierre de Lamalle, RHINO
Objectives:
Sharing concept of standards for data, data systems and applications in practice

Contents
• Setting data standards
  Robert Jakob, WHO
• Deploying RHIS Toolkit and standard packages
  Daniel Low-Beer, WHO
• Community Health Information Systems
  Remy Mwamba, UNICEF
Session 2: Technical Tools and Essential Solutions to improve PHC

Facilitator
Jean-Pierre de Lamalle  AEDES

Dr Jean-Pierre de Lamalle is a medical doctor specialised in public health. Jean-Pierre coordinates the in-house technical staff and the technical backstopping for AEDES projects and consultancies. He regularly undertakes assignments abroad for project identification, formulations, monitoring and evaluations.

Speakers
Robert Jakob  World Health Organization

Dr Jakob is Unit Lead of the Classifications, Terminologies, and Standards Unit in WHO, with responsibility for all aspects relating to classifications and health information standards, leading the WHO Network for the Family of International Classifications, that comprises collaborating centres, NGO and other partners, and leading all work on ICD (diseases, quality and safety, traditional medicine, linkage to terminologies and more), ICF (functioning), ICHI (interventions) and Verbal Autopsy.

Dr Jakob started in 2005 as medical officer at WHO in charge of the ICD and derived classifications. Besides developing classifications in a modern environment (protégé), and on a web platform, he is involved in country implementation projects on civil registration and causes of death, using DHIS2, developed the ODK based WHO VA questionnaire and advised on embedding WHO classifications in different environments. From 2001 to 2005, he served at the German Institute for Medical Documentation and Information (DIMDI), a federal authority, which is also a WHO-FIC Collaborating Centre. He led the health telematics team that formulated a German emergency data set, and other data sets for the German electronic health card, as well as creating a registry for “electronic objects” (OID) in health. He was earlier in charge of ICD use in mortality statistics, the ICD adaptation for Oncology, the ICF (International Classification of Functioning, Disability, and Health), and consulting for the classification of procedures in medicine. Dr Jakob was a surgeon at the St Vincenz Hospital in Datteln from 1990-2001, and set up and ran the hospital information system and has written local software for statistical analysis and billing. Dr Jakob is member of the German Society of Medical Informatics, Biometry and Epidemiology, has a diploma in medical quality management (German Medical Board) and management of health and social institutions (Univ. Kaiserslautern). He is a board certified surgeon and received his medical education at the Universities of Essen, Bochum and Pavia.
Daniel Low-Beer  World Health Organization

Daniel Low-Beer is unit head of data for HIV, viral Hepatitis and STIs at the World Health Organisation. He has worked in public health for 30 years, supporting the HIV responses in Uganda, Thailand and South Africa in the 1990s. He then developed performance based funding in the Global Fund as Director of Performance, Impact and Evaluation, from 2004 to 2014. He joined WHO in 2014.

developing person centred monitoring guidelines, the elimination targets for viral Hepatitis, HIV and STIs, and the first country investment cases for viral hepatitis in China. He has also developed individual level data projects in the private sector in health consulting, and lived in and developed community monitoring with NGOs in South Africa. He has published a book on In-novative Health Partnerships, articles on health impact in Science, Nature Medicine and other leading journals, and has a PhD and directed a Masters in Development and the Environment at Cambridge University.

Remy Mwamba  UNICEF

Remy Mwamba currently serves at UNICEF as Health Specialist, focusing on health management information systems. He has worked for over 15 years within various organizations (Two USAID-funded projects and UNICEF) in the areas of immunization and Maternal, Newborn, and Child Health. The focus of his work has been on monitoring & evaluation and data analysis. In recent years, Remy Mwamba has supported strengthening the broader HMIS in implementing innovative approaches to improve data availability, quality, analysis, and use at both facility and community levels. In this capacity, along with others, he is actively engaged within the Health Data Collaborative (co-chairing the Community Data working group) to support the alignment of partners’ efforts to strengthen the Com-munity Health Information System. He also focuses on strengthening linkages between the health and CRVS systems through approaches that leverage mutual benefits to addressing barriers to birth registration. Remy Mwamba graduated in Public Health and held an MSc in Chemistry, and he is pursuing a Ph.D. in Epidemiology.
Health information standards

• Connecting systems – digital and on paper -

• Data and their exact meaning shared across applications and business processes
  • – common data model

• International regulations (e.g. WHO Nomenclature regulations, International Health Regulations and recommended WHO minimum data sets)

• **SEMANTIC** standards for health
  • Data fields/sets – clinical documents – forms (e.g. vaccine cert., cause of death cert.)
  • Content coding (e.g. ICD)

• Data exchange definitions IEEE / UTF-8

• Computer connectivity: Ethernet IEEE 802

Rules and recommendations for analysing and reporting

IEEE, ITU, other technical
Semantic interoperability

- **SEMANTIC** Interoperability = unambiguous meaning of the information - information + metadata

- "Main diagnosis of a hospital stay: Arterial Hypertension"
  - "Arterial hypertension"
  - "Hypertension"
  - "Diagnosis"

  Main diagnosis ? Comorbidity?

  Arterial? Venous?

  Main diagnosis ? Comorbidity?
A connected World needs semantic interoperability.
Real Time Public Health

Rule-based Aggregation @ Individual, Facility, Population levels

Attr: CG Chute/WHO 2005
Scalability - “Health Information levels”

1. **Public Health**
2. Disease Groups
3. Patient
4. Organ – Systems
5. Molecules - Genes

**Level of granularity of information needed? Achievable?**

**Precision of information needed? Achievable?**
Scalability – “Implementation level” and target usecases

Focus on usecases

- Casemix, costing, resources (DRG) & Cancer registration
- Clinical terms, records, surveillance
- Patient safety & Drug safety & Device safety
- Functioning assessment
- Primary care & Prevention & Research
- Cause of Death

ICD-11

WHO/HQ/DDI/DNA/CAT
WHO Family of Classifications and Terminologies – a global good

ICF
Functioning

ICD-11
Diseases, causes and much more

ICHI
Interventions for diagnosis, treatment and prevention

ATC/DDD (Medicament dosage use)

Terminology components
- Foundation of ICD, ICF and ICHI
- WHO INN (non proprietary names - medicaments)
- WHO Devices
- ICD-O - Histopathology (tumours)
- Anatomy
- Details of external causes
- Severity
- Infectious agents
- More...

Related Classifications, Terminologies, Standards
- ICNP (Nursing)
- ICPC (Family medicine aspects)
- Orphanet (Rare diseases)
- LOINC (Laboratory)

Other systems
- (OBO, HPO, MedDRA, SNOMED)

Linkages/maps
Requirement for standards

Target usecases covered

Open International Public Good
Free access / Free of charge for all users

Multilingual knowledge representation

Evidence based

Web-based collaborative development

Continuous Quality Improvement

Integration: linkage with knowledge systems
Global Consultation to optimize Routine Health Information Systems to effectively deliver Universal Health Coverage and improve Primary Health Care in Countries

Routine Health Information System Data Toolkit: Disaggregated data for decisions
Our Goal:
Countries use RHIS data for monitoring of health service performance toward UHC, SDG and GPW13 targets to improve services at all levels of health system.

What we do:

- Setting RHIS standards and guidance for data analysis and use: RHIS toolkit
- Digital tools: DHIS2
RHIS Toolkit:

1. To align RHIS indicators with global standards
2. To improve the way RHIS data is analyzed & displayed
3. To build capacity in analysing & interpreting RHIS data
4. To improve data quality
5. To build data use capacity at all level of the health data systems
Integrated approach to deliver PHC and UHC
Integrated approach to deliver UHC/SDGs

Standards for Measurement and Analysis

Integrated health services analysis

Core facility indicators

- Institutional mortality
- Morbidity (outpatient & inpatient)
- Utilization and access
- Coverage & quality
- Health service resources

Integrated data platform

Contact: Wendy Venter - venterw@who.int
Programme standard modules

Aggregate reporting standards (60 countries)
- Core indicators and metadata
- Standard analysis guidance, visualization
- Training materials

Individual level data (77 countries)
- Improve data quality, equity
- Address programme data gaps
- Patient follow up and management
- Link with other systems (laboratory, contract tracing, CRVS)

Contact: healthinfo@who.int
Implementation of WHO Packages in 47 countries - aligned with partners
## How we work together: Country Implementation procedures

<table>
<thead>
<tr>
<th>Country</th>
<th>Regional &amp; Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify country needs</td>
<td>Functions</td>
</tr>
<tr>
<td>Communication WCO and MOH for requesting support to implementation</td>
<td>• Identify and understand country needs</td>
</tr>
<tr>
<td>Establish a communication channel, task force</td>
<td>• Coordination/regional support and DHIS2 TAs</td>
</tr>
<tr>
<td></td>
<td>• Funding mobilization and leverage</td>
</tr>
<tr>
<td></td>
<td>• Data flow and integrated data platform</td>
</tr>
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<td></td>
<td>• Capacity Building</td>
</tr>
</tbody>
</table>

### Points of Contact:

- Regional HIS/Data team; DDI/HQ
- Technical Programme Focal point
- HISP regional hub; UiO HISP
Next steps

1. Moving toward individual based data collection - service and data quality benefits
2. Expanding to NCDs
3. Strengthen integration, standards and interoperability
4. Improve integrated analysis - across diseases and health
5. Promote data use at subnational levels (district, facility) - document improved services
6. Strengthen capacity for data collection, analysis and use, especially for PHC
7. Alignment and support data use between country and partners - region - global platforms

Ongoing development:
- Hypertension; Diabetes; Cervical cancer
- Hearing and Vision Impairment
- Neglected tropical diseases
- Nutrition
- IDSR
- Community health monitoring
- Integrated clinical services
- Mortality surveillance
Leveraging partner and country collaboration

WHO: Hub & Spoke
Regions: AFRO, EMRO, SEARO, WPRO

Technical Programmes:
- Immunization & Vaccine Safety
- HIV, Malaria, TB
- Nutrition, NTDs
- NCDs, Rehabilitation
- RMNCH
- DDI: mortality, ICD, GIS, GHDH
Thank you!
Annex
Integrated approach to deliver PHC and UHC
General Principles

Key concepts for RHIS data analysis

- Types of indicators
- Population estimates / denominators
- Overview of data quality
- Tips for presenting data
- Strengths and limitations of RHIS data
Core Indicators

These recommended indicators:

• Reflect programme/service standards
• Can guide country selection
• Can promote alignment and reduce reporting

List of standardized RHIS indicators that can be used or adapted by countries

Includes indicators from all the Toolkit modules

This document includes a list of standardized RHIS indicators that can be used or adapted by countries. The indicators are recommended for their ability to reflect programme/service standards, guide country selection, and promote alignment and reduce reporting. The list includes indicators from all the Toolkit modules.
RHIS - Tools

Data Quality Assurance (40 countries implemented)

- Standard methodology for assessing data quality
- Completeness/timeliness/consistency
- Integrated into DHIS2
- Scaling with support by GF, GAVI, USAID
- Time-intensive but ensures quality
- Adopt into annual SOPs and embed into quarterly review

Integrated approach to deliver UHC/SDG

Integrated Health Services Analysis -

Tracer indicators
- Institutional mortality
- Morbidity (outpatient & inpatient)
- Utilization and access
- Coverage & quality
- Health service resources

Integrated data platform
What is in a toolkit module: reproductive, maternal, newborn, child and adolescent health (RMNCAH)

1. Guidance document

Core indicators recommended in the guidance cover:
- Family planning and contraception
- Antenatal care
- Childbirth
- Postnatal period
- Childhood and young adolescence
- Facility-based maternal, neonatal, child and adolescent deaths and institutional stillbirths

Collaboratively developed by WHO and UNICEF, with extensive consultation with and feedback from partners working in RMNCAH

2. Analytic dashboards

3. Training materials

- Presentations
- Exercises
- Facilitator’s Guide
What is in a toolkit module: TB

1. Standards for metadata, analysis and use

Data entry for aggregate package:
- Aggregated, standardized data (quarterly reporting forms)
- By time period (month, quarter, year)
- By admin unit (health facility, district, province, national)
- Built-in data quality checks
- Retrospective & prospective monitoring

Data entry for case-based package:
- Data captured at the health facility level
- Stages: demographics, screening, registration laboratory, treatment, outcomes
- Built-in validation rules and data quality checks

Data analysis and use facilitated by analytical dashboards
- TB1. Notifications (numbers)
- TB2. Notifications (rates)
- TB3. DR-TB
- TB4. Outcomes
- TB5. TB/HIV

2. Guidance manual

Guiding routine analysis of TB surveillance data:
- TB notifications, by different case types
- Internal and external consistency of data
- Treatment outcomes
- Drug resistant TB
- TB/HIV coinfection

Available in English and French
- Presentations (slides and recording)
- Guidance document
- Associated exercises

Purposes:
- For national workshops of data analysis & use
- For training staff
- For epidemiological reviews
- For programme reviews
- For strategic plan development
- For domestic and international funding allocation

3. Training materials

Exercise book

- Aggregated, standardized data (quarterly reporting forms)
- By time period (month, quarter, year)
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Purposes:
- For national workshops of data analysis & use
- For training staff
- For epidemiological reviews
- For programme reviews
- For strategic plan development
- For domestic and international funding allocation
What is in a toolkit module: HIV

1. Guidance manual

HIV 95-95-95 cascade
• 95% diagnosis of PLHIV
• 95% compliance on ART
• 95% viral load suppression

Strengthen individual level data
• Improve data quality
• Address programme data gaps
• Align with partners

Meet global WHO reporting
Align national indicators and contextualize
Use HIV within DHIS2

2. Analytic Dashboards

3. Training materials

- Presentations
- Facilitator’s Guide
- Exercises
What is in a toolkit module: Malaria

1. Guidance manual

Surveillance in burden reduction and elimination settings
- Burden reduction
  - Morbidity, mortality
  - Prevention
  - Treatment
- Elimination
  - Case investigation and classification
  - Foci investigation and classification

Strengthen aggregate and case-based data
- Improve data quality
- Improve data analysis and use
- Data driven decision making

WHO malaria recommendations: standard data elements and indicators built into DHIS2 for the national HMIS

2. Analytic Dashboards

3. Training materials

- Guidance
  - English/French
- Exercises
  - Tutors’ Guide
  - Learner’s Guide
What is in a toolkit module: Immunization

1. Guidance manual
   - National coverage
   - Drop out
   - Supply/ cold-chain
   - Link with other systems
   - Country Support
   - Meet global WHO reporting
   - Align national indicators and contextualize

2. Analytic Dashboard

3. Training materials
   - Guidance
     - English/French
   - Adverse Event Following Immunization (AEFI) Core Variables
   - COVID-19 Vaccine Monitoring
     - Interim Guidance (English)
What is in a toolkit module: Rehabilitation

1. Guidance manual

- Rehabilitation Results Chain
  - Input and Output data (HR, Uptake, Essential package,..)
  - Continuum of care and Coverage

Strengthen programme management and sector performance
- Monitor demand and equitable access
- Integrate across levels of care
- Improve quality

- Integral part of UHC
- Capture population functioning

2. Analytic Dashboards

- Presentations
- Facilitator’s Guide
- Exercises

3. Training materials

- Integral part of UHC
- Capture population functioning
DHIS2 is an open source, web-based software platform for data collection, management, and analysis. Today, DHIS2 is the world's largest Health Information Management System (HMIS) platform, in use by ministries of health in 73 low and middle-income countries, including national-scale deployments in 60 countries (+14 Indian states implementing at full scale and 8 at pilot scale) and pilot programs in 13 countries. 2.4 billion people live in countries where DHIS2 is used (30% of the world's population). With inclusion of NGO-based programs, DHIS2 is in use in more than 100 countries.

The following interactive map shows use of DHIS2 around the world. Click on the items in the sidebar on the left to see the geographical scope of different DHIS2 implementations and applications, including HMIS implementations, DHIS2 for COVID-19 Surveillance, use of Tracker for collecting individual-level data, deployment of the Android app for mobile data entry and review, use of standardized WHO digital data packages, and DHIS2 as an education management information system. In each view, click on the highlighted countries for a pop-up with summary information on the deployment.
National RHIS is strengthened by implementing RHIS toolkit modules in DHIS2 platform

Collaboration WHO - UiO - HDC partners (TGF, Gavi+)

DHIS2 enables data use at district levels

Number of countries using:
- WHO Toolkit: 40
- COVID-19 surveillance: 38
- Covid-19 vaccination: 14
- Case based data capture (77): HIV, TB, Malaria, case-based surveillance, immunization..

www.dhis2.org/in-action
DHIS2 packages

What is the DHIS2?

- Web-based, open source software platform
- Used to collect, analyze and display health data primarily from health
- Developed by University of Oslo

About DHIS2
Why DHIS2?

Overview features

- Free, Open source
- Data ownership by countries
- Database in countries
- Sustained country system support
- 70+ countries implementing
  - 14 programme data collection systems
- Joint technical support to countries by UiO, WHO, partners
- UiO a WHO collaborating centre for HIS strengthening

Operational Features

- A to Z of HIS from data collection to use
- Integrated systems approach
- Country led, country focused for system strengthening
- National and sub national
- Dissemination of standards and data quality practices
- Monitoring programme performance at facility/community
- Key indicators and disaggregations for health sector and programme specific
  - Harmonized analysis
DHIS2 Capacity

The key elements of the HISP/DHIS2 approach

Build on established approaches and partnerships

Strengthen existing systems, tools and capacity

Leverage local expertise and innovation

Regional and local technical support
DHIS2 Capacity

Functions

Collect data from facility to national levels, analyse and present data product with

- Aggregate; individual data capture for disaggregation
- Connect with Lab
- Connect with infrastructure and logistics
- Community data package
- Score cards; bottle neck analysis
- SMS and mobile app
- Data quality
- Communication
We will explore the data dashboards of assorted indicators/data points which help us answer

WHO is affected disproportionally overall and by specific health issues?
WHAT are they affected by?
WHERE are the affected populations based?
WHEN are those affected MOST affected –seasonal calendar?

Let’s start with RMNCAH
What are they affected by?

RMNCAH – Newborn mortality by cause

10-Year percent distribution of institutional neonatal mortality
TrainingLand - This year

- Death neonatal unclassified: 16 (5.1%)
- Death neonatal listeriosis: 14 (4.5%)
- Death neonatal pneumonia: 56 (17.5%)
- Death neonatal congenital: 50 (16.0%)
- Death neonatal other neonatal conditions: 4 (2.3%)
- Death neonatal pre-term birth complications: 48 (15.4%)
- Death neonatal intrapartum related events: 20 (6.4%)
- Death neonatal sepsis or meningitis: 64 (20.5%)
Where are the affected populations based?
When are those affected MOST affected?
Where to get materials:  
https://www.who.int/healthinfo/tools_data_analysis_routine_facility/en/

To get DHIS2 Configuration & User Guide: https://www.dhis2.org/who

Extended training for implementers, support staff
DHIS2: https://academy.dhis2.org/courses/course-v1

The toolkit remains under development; all downloadable guides, exercise books, and configuration packages are working versions.
For questions or comments, please contact chuh@who.int

Thank you!
CHWs guidance on strategic Information and Service Monitoring
What is the CHWs Strategic Information guidance?

Derivative document built upon existing guidelines and strategic documents:

- Responds to the 2019 World Health Assembly resolution WHA72.3;
- Supports the monitoring of community actions;
- Aims to reduce fragmentation and frontline reporting burdens; and
- Provides a set of standardized indicators to facilitates the harmonization and integration into the broader country HMIS
- Result of a global partnership through the HDC
- Forward looking document to ensure that emerging issues (e.g. adolescent, mental health, NCDs,...) are addressed
Modular Approach & Multisectoral Approach

- WASH
- Clean energy
- Adolescent health
- Nutrition
- Immunization
- HIV
- Tuberculosis
- Malaria
- Neglected Tropical Diseases (NTDs)
- Child protection and Interpersonal violence
- CRVS
- Community-based surveillance/Early warning

- Maternal & newborn health
  - Reducing neonatal mortality and morbidity through home-based preventive and curative care
  - Promoting the uptake of reproductive, maternal, newborn and child health behaviours and services, including antenatal care and promotion of breastfeeding

- Child health
  - Immunization uptake, integrated management of newborn and childhood illnesses (e.g. for malaria, pneumonia and diarrhoea)
  - Health education

- Communicable diseases
  - Prevention, diagnosis, treatment and care of malaria and tuberculosis
  - Counselling, treatment and care for HIV/AIDS
  - Control of neglected tropical diseases (Buruli ulcer), influenza prevention

- Noncommunicable diseases
  - Behaviour change (diet change, physical activity)
  - Increased care utilization (cancer screening, making and keeping appointments)
  - Diabetes, hypertension and asthma management and care

- Public health & Global Health Security
  - Working as cultural brokers and facilitating patient access to care for underserved groups

- Mental health
  - Providing psychosocial, and/or psychological interventions to treat or prevent mental, neurological or substance abuse disorders

- Sexual & reproductive health
  - Providing contraception, increasing uptake of family planning

- Trauma & surgical care

- Neglected Tropical Diseases (NTDs)

- Community-based surveillance/Early warning
Stepwise process to prioritize modules and choose indicators

1. Review national strategies
2. Choose modules
3. Household assessments / individual consultations: 20 modules
4. Review CHW tasks
5. 1st choice of indicators
6. Review CHIS maturity by indicator
7. Balance core / Additional indicators
8. Review disaggregation
9. Estimate the reporting burden
10. Review quality
11. Map and review data quality: data flow, data aggregation, interoperability, gender barriers and data security
12. Final choice of indicators and disaggregation
13. Review data analysis, data use, feedback loops at all levels, and equity
Presentation of the guidance

### 70. Number/Proportion of Children Who Received Treatment for Diarrhoea

**Comment**

Diarrhoea is the passage of three or more loose or liquid stools per day, or more frequently than is normal for the individual. Severe diarrhoea leads to fluid loss, and may be life-threatening, particularly in young children and people who are malnourished or have impaired immunity.

<table>
<thead>
<tr>
<th>CHW TASK</th>
<th>CHW DATA POINTS TO COLLECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnose, explain, distribution and administration of treatment for diarrhoea.</td>
<td>Number of children presenting with diarrhoea who received treatment.</td>
</tr>
<tr>
<td>Number of children presenting with diarrhoea who received treatment.</td>
<td>Number of children presenting with diarrhoea assessed by CHW.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NUMERATOR</th>
<th>DENOMINATOR</th>
</tr>
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<tbody>
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<td>Number of children presenting with diarrhoea assessed by CHW.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISAGGREGATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic</strong></td>
</tr>
<tr>
<td>• Geographic area</td>
</tr>
<tr>
<td>• Age (0–4 years, 5–9 years)</td>
</tr>
<tr>
<td>• Treatment type (oral rehydration salts [ORS] and zinc/ORS/zinc)</td>
</tr>
<tr>
<td><strong>Advanced</strong></td>
</tr>
<tr>
<td>• Referral</td>
</tr>
<tr>
<td>• Sex (male, female)</td>
</tr>
<tr>
<td>• SAM, non-SAM</td>
</tr>
<tr>
<td>• Socioeconomic status</td>
</tr>
<tr>
<td>• Men DESigner’s education level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATURITY LEVEL</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A/B: Longitudinal follow-up is necessary if there is chronic diarrhoea.</td>
<td>Monthly.</td>
</tr>
</tbody>
</table>

### 104. Proportion of People on Pre-exposure Prophylaxis (PrEP) Supported and Counselling by CHWs

**Comment**

The use of antiretroviral medicines by people who are HIV-negative before they are exposed to HIV can prevent HIV infection. WHO recommends that oral pre-exposure prophylaxis (PrEP) containing tenofovir be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches.

<table>
<thead>
<tr>
<th>CHW TASK</th>
<th>CHW DATA POINTS TO COLLECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PrEP support and counselling.</td>
<td>Number of people who received oral PrEP at least once during the reporting period by CHW.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NUMERATOR</th>
<th>DENOMINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people who received oral PrEP at least once during the reporting period who were supported and counselled by CHW.</td>
<td>Number of people who received oral PrEP at least once during the reporting period.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISAGGREGATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic</strong></td>
</tr>
<tr>
<td>• Gender (male, female, transgender)</td>
</tr>
<tr>
<td>• Age (15–19, 20–24, 25–46, 50+)</td>
</tr>
<tr>
<td>• Experience with PrEP (first-time users, repeat users)</td>
</tr>
<tr>
<td>• Key populations (men who have sex with men, people living in prisons and other closed settings, people who inject drugs, sex workers, transgender people and adolescents and young women)</td>
</tr>
<tr>
<td>• Geographic area</td>
</tr>
<tr>
<td><strong>Advanced</strong></td>
</tr>
<tr>
<td>• Socioeconomic status (wealth quintile)</td>
</tr>
<tr>
<td>• Education level</td>
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<thead>
<tr>
<th>MATURITY LEVEL</th>
<th>FREQUENCY</th>
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<td>B: Longitudinal follow-up is necessary.</td>
<td>Monthly.</td>
</tr>
</tbody>
</table>

### Alignment

Global AIDS Monitoring 2020: HIV testing volume and positivity (1)

### References


Other

### WHO Aggregate Configuration Development Instance

#### Data Entry

- **Organisation Unit**: Cardinal Hospital Gateway PHC
- **Data Set**: CH - Child Health (Monthly)
- **Period**: January 2021
- **Filter on section**: Show all sections

#### Infant feeding

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of consultations with a CHW for an infant aged 0-5 months providing any counselling on appropriate infant and young child feeding</td>
<td>85</td>
</tr>
<tr>
<td>Number of consultations with a CHW for an infant aged 0-5 months</td>
<td>80</td>
</tr>
<tr>
<td>Number of consultations with a CHW for children aged 6-23 months providing any counselling on appropriate complementary feeding</td>
<td>21</td>
</tr>
<tr>
<td>Number of consultations with a CHW for children aged 6-23 months</td>
<td>83</td>
</tr>
</tbody>
</table>
Thank You!