Assessment Summary for Democratic Republic of the Congo

DATA FROM 2013-2018

- **Survey** population and health risks
- **Count** births, deaths and causes of death
- **Optimize** health service data
- **Review** progress and performance
- **Enable** data use for policy and action

UPDATED MARCH 15, 2021
### Availability of latest data to monitor the health-related SDGs

One data point over the last 5 years

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Any year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MATERNAL MORTALITY RATIO (PER 100 000 LIVE BIRTHS)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<tr>
<td>2. PROPORTION OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>○</td>
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<tr>
<td>3. NEONATAL MORTALITY RATE (PER 1000 LIVE BIRTHS)</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>4. UNDER-FIVE MORTALITY RATE (PER 1000 LIVE BIRTHS)</td>
<td>●</td>
<td>○</td>
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<td>○</td>
<td>●</td>
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</tr>
<tr>
<td>5. NEW HIV INFECTIONS (PER 1000 UNINFECTED POPULATION)</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>6. TUBERCULOSIS (TB) INCIDENCE (PER 100 000 POPULATION)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
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<tr>
<td>7. MALARIA INCIDENCE (PER 1000 POPULATION AT RISK)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>8. HEPATITIS B SURFACE ANTIGEN (HBSAG) PREVALENCE AMONG CHILDREN UNDER 5 YEARS</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>9. REPORTED NUMBER OF PEOPLE REQUIRING INTERVENTIONS AGAINST NTDS</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>10. PROBABILITY OF DYING FROM ANY OF CVD, CANCER, DIABETES, CRD BETWEEN AGE 30 AND EXACT AGE 70</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>11. SUICIDE MORTALITY RATE (PER 100 000 POPULATION)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>12. TOTAL ALCOHOL PER CAPITA (≥ 15 YEARS OF AGE) CONSUMPTION (LITRES OF PURE ALCOHOL)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
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<tr>
<td>13. ROAD TRAFFIC MORTALITY RATE (PER 100 000 POPULATION)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>●</td>
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<tr>
<td>14. PROPORTION OF MARRIED OR IN-UNION WOMEN OF REPRODUCTIVE AGE WHO HAVE THEIR NEED FOR FAMILY PLANNING SATISIFIED WITH MODERN METHODS</td>
<td>○</td>
<td>●</td>
<td>○</td>
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</tr>
<tr>
<td>15. ADOLESCENT BIRTH RATE (PER 1000 WOMEN AGED 15-19 YEARS)</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>●</td>
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<tr>
<td>16. ANTENATAL CARE, FOUR OR MORE VISITS (ANC4)</td>
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<td>○</td>
<td>○</td>
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<tr>
<td>17. ANTIRETROVIRAL THERAPY (ART) COVERAGE</td>
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<td>●</td>
<td>●</td>
<td>○</td>
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<tr>
<td>18. CARE-SEEKING BEHAVIOUR FOR CHILD PNEUMONIA</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>●</td>
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<tr>
<td>19. CERVICAL CANCER SCREENING AMONG WOMEN AGED 30-49 YEARS</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>20. DENSITY OF PSYCHIATRISTS (PER 100 000 POPULATION)</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>21. DENSITY OF SURGEONS (PER 100 000 POPULATION)</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>22. HOSPITAL BEDS PER 10 000 POPULATION</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>23. HOUSEHOLDS WITH AT LEAST ACCESS TO BASIC SANITATION</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
<tr>
<td>24. MEAN FASTING PLASMA GLUCOSE (mmol/L)</td>
<td>○</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>25. POPULATION AT RISK SLEEPING UNDER INSECTICIDE-TREATED NETS FOR MALARIA PREVENTION</td>
<td>○</td>
<td>○</td>
<td>◼</td>
<td>○</td>
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<tr>
<td>26. PREVALENTCE OF NORMAL BLOOD PRESSURE, REGARDLESS OF TREATMENT STATUS</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
</tr>
</tbody>
</table>

- **Available**
- **Not Available**
- **Not Relevant**

73% of indicators have data available to monitor the health-related SDGs
## Congo

### Score Assessment Summary – Democratic Republic of the Congo

#### Indicator: Completeness of Cause-of-Death Data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Any year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. TB EFFECTIVE TREATMENT COVERAGE</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>28 AND 29. PROPORTION OF A COUNTRY’S POPULATION WITH LARGE HOUSEHOLD EXPENDITURE ON HEALTH AS A SHARE OF HOUSEHOLD TOTAL CONSUMPTION OR INCOME (&gt;10% OR &gt;25%).</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>30. AGE-STANDARDIZED MORTALITY RATE ATTRIBUTED TO HOUSEHOLD AND AMBIENT AIR POLLUTION (PER 100 000 POPULATION)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>31. MORTALITY RATE ATTRIBUTED TO EXPOSURE TO UNSAFE WASH SERVICES (PER 100 000 POPULATION)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>32. MORTALITY RATE FROM UNINTENTIONAL POISONING (PER 100 000 POPULATION)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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</tr>
<tr>
<td>33. AGE-STANDARDIZED PREVALENCES OF TOBACCO SMOKING AMONG PERSONS 15 YEARS AND OLDER</td>
<td>NOT AVAILABLE</td>
<td>–</td>
<td>–</td>
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<tr>
<td>34. DIPHTHERIA-TETANUS-PERTUSSIS (DTP3) IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>35. MEASLES-CONTAINING-VACCINE SECOND-DOSE (MCV2) IMMUNIZATION COVERAGE BY THE NATIONALLY RECOMMENDED AGE</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>36. PNEUMOCOCCAL CONJUGATE 3RD DOSE (PCV3) IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>37. TOTAL NET OFFICIAL DEVELOPMENT ASSISTANCE TO MEDICAL RESEARCH AND BASIC HEALTH SECTORS PER CAPITA (USD)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>38. DENSITY OF DENTISTRY PERSONNEL (PER 1000 POPULATION)</td>
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<td>–</td>
<td>–</td>
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<tr>
<td>39. DENSITY OF NURSING AND MIDWIFERY PERSONNEL (PER 1000 POPULATION)</td>
<td>–</td>
<td>–</td>
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<tr>
<td>40. DENSITY OF PHARMACEUTICAL PERSONNEL (PER 1000 POPULATION)</td>
<td>–</td>
<td>–</td>
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<td>–</td>
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<tr>
<td>41. DENSITY OF PHYSICIANS (PER 1000 POPULATION)</td>
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<td>–</td>
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<td>–</td>
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<tr>
<td>42. AVERAGE OF 13 INTERNATIONAL HEALTH REGULATIONS CORE CAPACITY SCORES</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>43. DOMESTIC GENERAL GOVERNMENT HEALTH EXPENDITURE (GGHE-D) AS PERCENTAGE OF GENERAL GOVERNMENT EXPENDITURE (GGE) (%)</td>
<td>–</td>
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<td>44. PREVALENCE OF STUNTING IN CHILDREN UNDER 5</td>
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<td>–</td>
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<td>45. PREVALENCE OF OVERWEIGHT CHILDREN UNDER 5</td>
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<td>–</td>
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<tr>
<td>46. PREVALENCE OF WASTING IN CHILDREN UNDER 5</td>
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<td>–</td>
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<tr>
<td>47. PROPORTION OF POPULATION USING SAFELY MANAGED DRINKING-WATER SERVICES (%)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>48. PROPORTION OF POPULATION USING SAFELY MANAGED SANITATION SERVICES</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<td>–</td>
<td>–</td>
</tr>
<tr>
<td>49. PROPORTION OF POPULATION WITH PRIMARY RELIANCE ON CLEAN FUELS</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>50. ANNUAL MEAN CONCENTRATIONS OF FINE PARTICULATE MATTER (PM2.5) IN URBAN AREAS (µg/m³)</td>
<td>–</td>
<td>–</td>
<td>–</td>
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</tr>
<tr>
<td>51. AVERAGE DEATH RATE DUE TO NATURAL DISASTERS (PER 100 000 POPULATION)</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>52. MORTALITY RATE DUE TO HOMICIDE (PER 100 000 POPULATION)</td>
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<td>–</td>
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<td>–</td>
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</tr>
<tr>
<td>53. ESTIMATED DIRECT DEATHS FROM MAJOR CONFLICTS (PER 100 000 POPULATION)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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</tr>
<tr>
<td>54. COMPLETENESS OF CAUSE-OF-DEATH DATA</td>
<td>–</td>
<td>–</td>
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<td>–</td>
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</tr>
</tbody>
</table>
Scores of the 5 interventions (bolded) are weighted averages of scores of individual subcomponents (elements).

**Survey populations and health risks**
- System of regular population-based health surveys
- Surveillance of public health threats
- Regular population census

**Count births, deaths and causes of death**
- Full birth and death registration
- Certification and reporting of causes of death

**Optimize health service data**
- Routine facility reporting system with patient monitoring
- Regular system to monitor service availability, quality and effectiveness
- Health service resources: health financing
- Health service resources: health workforce

**Review progress and performance**
- Regular analytical reviews of progress and performance, with equity
- Institutional capacity for analysis and learning

**Enable data use for policy and action**
- Data and evidence drive policy and planning
- Data access and sharing
- Strong country-led governance of data

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1 Scores of the 5 interventions (bolded) are weighted averages of scores of individual subcomponents (elements).
### System of Regular Population-Based Health Surveys

**A system of regular and comprehensive population health surveys that meets international standards**

<table>
<thead>
<tr>
<th>Survey name</th>
<th>Year</th>
<th>Covers major dimensions of inequality (# dimensions / sum relevant dimensions)</th>
<th>Aligned with international standards (# / 8 standards)</th>
<th>Funded by government</th>
<th>Survey score %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 DEMOGRAPHIC AND HEALTH SURVEY (DHS)*</td>
<td>2013-2014</td>
<td>5/6 (83%)</td>
<td>8/8 (100%)</td>
<td>-</td>
<td>73%</td>
</tr>
</tbody>
</table>

- Only surveys with asterisks contribute to the overall score above.
- Inequality dimensions comprise wealth, education, sex/gender, age, urban/rural and subnational (where relevant).
- International standards include: sample design described, sample size given, sampling errors provided, implementation process described, analysis of data described, data and report available and nationally representative.
- Score is a weighted average of 3 components (40% for health topics; 50% for attributes; maximum 10% for number of surveys: 5=10%, 4=9%, 3=8%, 2= 7%, 1=6%), based on the 5 highest scoring surveys.
Underlying responses for each survey

### DEMOGRAPHIC AND HEALTH SURVEY (DHS) - 2013-2014

**Covers major health priorities (selected set of priorities)**

- **Family Planning**
- **Delivery / Skilled Birth Attendance**
- **Child Immunization**
- **Child Weight / Height**
- **Malaria parasite prevalence among children**
- **Child Mortality**
- **HIV Prevalence**
- **TB Prevalence**
- **Tobacco Use**
- **Cervical Cancer Screening**
- **Prevalence of raised blood pressure**
- **Prevalence of raised fasting blood glucose**
- **Health expenditure as a percent of total household expenditure**

**Is funded by government**

- **Government funded**

**Covers major dimensions of inequality**

- **Wealth / Income**
- **Education**
- **Sex / Gender**
- **Age / Age Group**
- **Urban / Rural**
- **Subnational**

**Is aligned with internationally accepted standards**

- **Sample design described**
- **Sample size given**
- **Sampling errors provided**
- **Implementation processes described**
- **Nationally representative**
- **Analysis of data is described**
- **Data from the survey is available in the public domain (to bona fide users)**
- **Report is on Web**

**Score Assessment Summary – Democratic Republic of the Congo**

- **Yes**
- **No Data**
- **NA** Not Applicable to the Survey
**SURVEILLANCE OF PUBLIC HEALTH THREATS**

**Completeness and timeliness of weekly reporting of notifiable conditions**

<table>
<thead>
<tr>
<th>Percentage of public reporting sites that submit weekly report</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of non-public reporting sites that submit weekly report</td>
<td>-</td>
</tr>
</tbody>
</table>

**Indicator and event-based surveillance system(s) in place based on International Health Regulations standards**

<table>
<thead>
<tr>
<th>SPAR, JEE or IHR assessment</th>
<th>SPAR score</th>
<th>53%</th>
</tr>
</thead>
<tbody>
<tr>
<td>National IHR Focal Point functions under IHR</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Early warning function: indicator-and event-based surveillance</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Mechanism for event management (verification, risk assessment, analysis investigation)</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

**REGULAR POPULATION CENSUS MEETS INTERNATIONAL STANDARDS**

**Census conducted in last 10 years in line with international standards with population projections for subnational units**

<table>
<thead>
<tr>
<th>Census conducted in last 10 years</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post enumeration survey carried out</td>
<td>-</td>
</tr>
<tr>
<td>Population projections with all disaggregations</td>
<td>-</td>
</tr>
</tbody>
</table>

*Asterisked items are not included in overall score.*

1 Based on either SPAR, JEE assessment or IHR.
## FULL BIRTH AND DEATH REGISTRATION

### Completeness of birth registration  25%

### Completeness of death registration  -

### Core attributes of a functional CRVS system in place to generate vital statistics*

* Legal framework for CRVS: adequate and enforced legislation which states that registration of births and deaths is compulsory  -

* The country has sufficient locations where citizens can register births and deaths: proportion of population with easy access  -

* Registrars have adequate training  -

* CRVS interagency collaboration
  - Formally established  -
  - Oversees CRVS planning  -
  - Includes key stakeholders  -
  - Meets regularly  -

* All data are exchanged electronically from local to regional offices and then to central offices  -

* Data quality and analysis: there are reports that provide evidence of data quality assessment, adjustment and analysis of vital statistics using international standards  -

* Monitoring of system performance  -

* High quality vital statistics reports have been published in the last five years  -

*Asterisked items are not included in overall score.*
### CERTIFICATION AND REPORTING OF CAUSES OF DEATH

#### Deaths with medical certificate with cause of death (MCCD) and ICD coding as a percentage of total deaths

-  

#### Quality of cause of death¹

-  

#### Core attributes of a functioning system to generate cause-of-death statistics*

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Legislation for MCCD</td>
<td>-</td>
</tr>
<tr>
<td>* ICD compliant MCCD are used</td>
<td>-</td>
</tr>
<tr>
<td>* Medical students trained in correct death certification practices</td>
<td>-</td>
</tr>
<tr>
<td>* Statistical clerks trained in mortality coding</td>
<td>-</td>
</tr>
<tr>
<td>* Verbal autopsy (if applicable) applied</td>
<td>-</td>
</tr>
<tr>
<td>* Data quality assurance and dissemination</td>
<td>-</td>
</tr>
<tr>
<td>* Cause of death statistics available</td>
<td>-</td>
</tr>
</tbody>
</table>

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* Asterisked items are not included in overall score.

¹ Measured as percentage of records with ill-defined or unknown causes of death.
## Routine Facility Reporting System with Patient Monitoring

### Availability of annual statistic for selected indicators derived from facility data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data available at national level</th>
<th>Data available at subnational level</th>
<th>Disaggregation by age</th>
<th>Disaggregation by gender</th>
<th>Total score (0-1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPD Visits</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
<tr>
<td>Hospital Admission / Discharge Rates by Diagnosis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
<tr>
<td>Hospital Deaths by Major Diagnostic Category (ICD)</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>0,75</td>
</tr>
<tr>
<td>DTP/Penta 3 in one year-olds</td>
<td>●</td>
<td>●</td>
<td>NA</td>
<td>NA</td>
<td>1</td>
</tr>
<tr>
<td>Institutional Maternal Mortality Ratio</td>
<td>●</td>
<td>○</td>
<td>NA</td>
<td>NA</td>
<td>0,7</td>
</tr>
<tr>
<td>TB Treatment Success Rates</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0,5</td>
</tr>
<tr>
<td>Low Birth Weight Prevalence Among Institutional Births</td>
<td>●</td>
<td>○</td>
<td>NA</td>
<td>○</td>
<td>0,625</td>
</tr>
<tr>
<td>ART Coverage</td>
<td>●</td>
<td>NA</td>
<td>●</td>
<td>●</td>
<td>1</td>
</tr>
<tr>
<td>Surgery by Type</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
<tr>
<td>Severe Mental Health Disorders</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
<tr>
<td>New Cancer Diagnosis by Type</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>0</td>
</tr>
</tbody>
</table>

Available health service data

**Optimize**

1. Score is a weighted average based on availability of national and relevant disaggregations (depending on indicator and country context). See SCORE Assessment methodology for details.
### Functional facility/patient reporting system in place based on key criteria*

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documented data quality checks for primary care facility data</td>
<td>Partial</td>
</tr>
<tr>
<td>Documented data quality checks for hospital data</td>
<td>-</td>
</tr>
<tr>
<td>Completeness of reporting by public, primary care facilities</td>
<td>-</td>
</tr>
<tr>
<td>Completeness of reporting by public hospitals</td>
<td>-</td>
</tr>
<tr>
<td>Completeness of reporting by private health facilities</td>
<td>-</td>
</tr>
<tr>
<td>* National unique patient identifier system</td>
<td>No data</td>
</tr>
<tr>
<td>* Cancer registries for all types of cancer</td>
<td>No data</td>
</tr>
<tr>
<td>* Master facility list up to date</td>
<td>No data</td>
</tr>
<tr>
<td>* Institutional system of data quality assurance</td>
<td>Not there</td>
</tr>
<tr>
<td>* Data management SOPs</td>
<td>No data</td>
</tr>
<tr>
<td>* Standardized system of electronic data entry (aggregate reporting) at the district or comparable level</td>
<td>Not there</td>
</tr>
<tr>
<td>* System of electronic capture of patient level health data in primary care health facilities which is standardized and fully interoperable with aggregated routine HIS</td>
<td>No data</td>
</tr>
<tr>
<td>* System of electronic capture of patient level health data in hospitals which is standardized and fully interoperable with aggregated routine HIS</td>
<td>No data</td>
</tr>
<tr>
<td>* Interoperability - standards based data exchange between systems</td>
<td>No data</td>
</tr>
</tbody>
</table>

### REGULAR SYSTEM TO MONITOR SERVICE AVAILABILITY, QUALITY AND EFFECTIVENESS

#### Well established system to independently monitor health services

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular independent assessments of the quality of care in hospitals and health facilities</td>
<td>Ad hoc - availability and readiness only</td>
</tr>
<tr>
<td>System of accreditation of health facilities based on data</td>
<td>No data</td>
</tr>
<tr>
<td>System of adverse event reporting following medical interventions*</td>
<td>Partial</td>
</tr>
</tbody>
</table>

*Asterisked items are not included in overall score.*
HEALTH SERVICE RESOURCES: HEALTH FINANCING

Availability of latest data on national health expenditure

| Data available within last five years on public health expenditure | Yes, all based on standards |
| Data available within last five years on private health expenditure | Yes, all based on standards |
| Data available within last five years on catastrophic spending | - |

HEALTH SERVICE RESOURCES: HEALTH WORKFORCE

Health workforce – knowledge of density of cadre and distribution updated annually

<table>
<thead>
<tr>
<th>Health Professional</th>
<th>Data available at national level</th>
<th>Disaggregation by age</th>
<th>Disaggregation by sex</th>
<th>Data available subnationally</th>
<th>Data available for public/private facilities</th>
<th>Overall score for cadre</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICIANS</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>0,75</td>
</tr>
<tr>
<td>PHARMACISTS</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>0,75</td>
</tr>
<tr>
<td>DENTISTS</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>0,75</td>
</tr>
<tr>
<td>NURSES</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>0,75</td>
</tr>
<tr>
<td>MIDWIVES</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>○</td>
<td>○</td>
<td>0,75</td>
</tr>
</tbody>
</table>

National human resources health information system is in place and functional*

* HRHIS tracks number of entrants to the labour market | No
* HRHIS tracks number of active stock on the labour market | No
* HRHIS tracks number of exits from the labour market | Partial
* HRHIS tracks demographic distribution of health workers | Partial
* HRHIS tracks subnational level data of active health workers | Partial
* HRHIS tracks number of graduates from education and training institutions | Partial
* HRHIS tracks information on foreign-born and/or foreign-trained health workers | No

*Asterisked items are not included in overall score.*
**REGULAR ANALYTICAL REVIEWS OF PROGRESS AND PERFORMANCE, WITH EQUITY**

**High quality analytical report on progress and performance of health sector strategy/plan produced regularly**

<table>
<thead>
<tr>
<th>Analytical report produced within last 5 years</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of report</td>
<td>2015</td>
</tr>
<tr>
<td>All data sources used</td>
<td>Partial</td>
</tr>
<tr>
<td>Assesses progress against target</td>
<td>Limited</td>
</tr>
<tr>
<td>Inequality, subnational</td>
<td>Complete</td>
</tr>
<tr>
<td>Inequality, socioeconomic</td>
<td>Limited</td>
</tr>
<tr>
<td>Inequality, gender</td>
<td>Limited</td>
</tr>
<tr>
<td>Linking performance to health inputs</td>
<td>Limited</td>
</tr>
<tr>
<td>Provides comparative analysis</td>
<td>Limited</td>
</tr>
<tr>
<td>Includes subnational rankings</td>
<td>Limited</td>
</tr>
<tr>
<td>Performance of hospitals included</td>
<td>Limited</td>
</tr>
<tr>
<td>Links finding to policy</td>
<td>Limited</td>
</tr>
</tbody>
</table>

**INSTITUTIONAL CAPACITY FOR ANALYSIS AND LEARNING**

**Institutional capacity in data analysis at national and subnational levels**

<table>
<thead>
<tr>
<th>Involvement of public health institutes*</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subnational capacity in Ministry of Health or independent institutions*</td>
<td>Some</td>
</tr>
<tr>
<td>Capacity at national Ministry of Health</td>
<td>Some</td>
</tr>
<tr>
<td>Capacity at NBS to:</td>
<td>Some</td>
</tr>
<tr>
<td>Draw sample</td>
<td>Some</td>
</tr>
<tr>
<td>Implement surveys</td>
<td>Some</td>
</tr>
<tr>
<td>Analyse</td>
<td>Some</td>
</tr>
</tbody>
</table>

*Asterisked items are not included in overall score.*
Enable data use for policy and action

DATA AND EVIDENCE DRIVE POLICY AND PLANNING

National health plans and policies are based on data and evidence

<table>
<thead>
<tr>
<th>Has a national health sector plan</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes review of past performance (trends)</td>
<td>Partial</td>
</tr>
<tr>
<td>Includes burden of disease analysis</td>
<td>-</td>
</tr>
<tr>
<td>Includes health system strength analysis (response strength)</td>
<td>-</td>
</tr>
</tbody>
</table>

Presence of a central unit or function in Ministry of Health for data and evidence to policy translation

| Level of output of a central unit or function in Ministry of Health for data and evidence to policy translation | - |
| Coordination function between Ministry of Health and partners* | - |

* Asterisked items are not included in overall score.

DATA ACCESS AND SHARING

Health statistics are publicly available

<table>
<thead>
<tr>
<th>Has a national health data portal</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of updating national data portal</td>
<td>-</td>
</tr>
<tr>
<td>Contents of national data portal</td>
<td>-</td>
</tr>
<tr>
<td>Navigation ease of national data portal</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National statistical report available</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statistical report publication frequency</td>
<td>Every two to five years</td>
</tr>
<tr>
<td>Statistical report includes disaggregations</td>
<td>Limited</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bona fide users have access to HMIS data</th>
<th>Restricted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bona fide users have access to health survey data</td>
<td>-</td>
</tr>
<tr>
<td>Open data policy</td>
<td>-</td>
</tr>
</tbody>
</table>
### STRONG COUNTRY-LED GOVERNANCE OF DATA

#### National monitoring and evaluation based on standards

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a monitoring and evaluation plan</td>
<td>Yes</td>
</tr>
<tr>
<td>Includes core indicator list with baselines and targets</td>
<td>-</td>
</tr>
<tr>
<td>Includes specification on data collection methods and digital architecture</td>
<td>Partial</td>
</tr>
<tr>
<td>Includes data quality assurance mechanism</td>
<td>-</td>
</tr>
<tr>
<td>Includes analysis and review process specifications</td>
<td>Partial</td>
</tr>
<tr>
<td>Specifies use of data for policy and planning</td>
<td>Partial</td>
</tr>
<tr>
<td>Specifies dissemination of data</td>
<td>Partial</td>
</tr>
<tr>
<td>Specifies resource requirements to implement the strategic plan/policy</td>
<td>-</td>
</tr>
</tbody>
</table>

#### National digital health/eHealth strategy is based on standards

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a national eHealth strategy</td>
<td>Yes</td>
</tr>
<tr>
<td>Includes discussion of health data architecture</td>
<td>Complete</td>
</tr>
<tr>
<td>Includes description of health data standards and exchange</td>
<td>Complete</td>
</tr>
<tr>
<td>Includes handling of data security issues</td>
<td>Partial</td>
</tr>
<tr>
<td>Includes specifications for data confidentiality and data storage</td>
<td>Partial</td>
</tr>
<tr>
<td>Specifies access to data</td>
<td>Partial</td>
</tr>
<tr>
<td>Specifies alignment/is integrated with national HIS strategy</td>
<td>Complete</td>
</tr>
</tbody>
</table>

### Foundational elements to promote data use and access are used*

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal framework or policies exist for health information systems and are enforced</td>
<td>-</td>
</tr>
</tbody>
</table>

*Asterisked items are not included in overall score.*