



for **Health Data** Technical Package

Assessment Summary for Malaysia

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

LOWER CAPACITY



HIGHER CAPACITY

Availability of latest data to monitor the health-related SDGs

One data point over the last 5 years

98% of indicators have data available to monitor the health-related SDGs

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

● AVAILABLE ○ NOT AVAILABLE — NOT RELEVANT

indicator	2013	2014	2015	2016	2017	Any year
27. TB EFFECTIVE TREATMENT COVERAGE	●	●	●	●	○	●
28 AND 29. PROPORTION OF A COUNTRY'S POPULATION WITH LARGE HOUSEHOLD EXPENDITURE ON HEALTH AS A SHARE OF HOUSEHOLD TOTAL CONSUMPTION OR INCOME (>10% OR >25%).	○	○	●	○	○	●
30. AGE-STANDARDIZED MORTALITY RATE ATTRIBUTED TO HOUSEHOLD AND AMBIENT AIR POLLUTION (PER 100 000 POPULATION)	●	●	○	○	○	●
31. MORTALITY RATE ATTRIBUTED TO EXPOSURE TO UNSAFE WASH SERVICES (PER 100 000 POPULATION)	●	●	○	○	○	●
32. MORTALITY RATE FROM UNINTENTIONAL POISONING (PER 100 000 POPULATION)	●	●	●	●	●	●
33. AGE-STANDARDIZED PREVALENCE OF TOBACCO SMOKING AMONG PERSONS 15 YEARS AND OLDER	○	○	●	○	○	●
34. DIPHTHERIA-TETANUS-PERTUSSIS (DTP3) IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS	●	●	●	●	●	●
35. MEASLES-CONTAINING-VACCINE SECOND-DOSE (MCV2) IMMUNIZATION COVERAGE BY THE NATIONALLY RECOMMENDED AGE	●	●	●	●	●	●
36. PNEUMOCOCCAL CONJUGATE 3RD DOSE (PCV3) IMMUNIZATION COVERAGE AMONG 1-YEAR OLDS	○	○	○	○	○	○
37. TOTAL NET OFFICIAL DEVELOPMENT ASSISTANCE TO MEDICAL RESEARCH AND BASIC HEALTH SECTORS PER CAPITA (USD)	○	○	○	●	●	●
38. DENSITY OF DENTISTRY PERSONNEL (PER 1000 POPULATION)	●	●	●	●	●	●
39. DENSITY OF NURSING AND MIDWIFERY PERSONNEL (PER 1000 POPULATION)	●	●	●	●	●	●
40. DENSITY OF PHARMACEUTICAL PERSONNEL (PER 1000 POPULATION)	●	●	●	●	●	●
41. DENSITY OF PHYSICIANS (PER 1000 POPULATION)	●	●	●	●	●	●
42. AVERAGE OF 13 INTERNATIONAL HEALTH REGULATIONS CORE CAPACITY SCORES	●	●	●	●	●	●
43. DOMESTIC GENERAL GOVERNMENT HEALTH EXPENDITURE (GGHE-D) AS PERCENTAGE OF GENERAL GOVERNMENT EXPENDITURE (GGE) (%)	●	●	●	●	●	●
44. PREVALENCE OF STUNTING IN CHILDREN UNDER 5	○	○	●	●	○	●
45. PREVALENCE OF OVERWEIGHT CHILDREN UNDER 5	○	○	●	●	○	●
46. PREVALENCE OF WASTING IN CHILDREN UNDER 5	○	○	●	●	○	●
47. PROPORTION OF POPULATION USING SAFELY MANAGED DRINKING-WATER SERVICES (%)	●	●	●	●	●	●
48. PROPORTION OF POPULATION USING SAFELY MANAGED SANITATION SERVICES	○	●	●	●	●	●
49. PROPORTION OF POPULATION WITH PRIMARY RELIANCE ON CLEAN FUELS	○	○	○	●	○	●
50. ANNUAL MEAN CONCENTRATIONS OF FINE PARTICULATE MATTER (PM2.5) IN URBAN AREAS (µg/m ³)	○	●	●	●	●	●
51. AVERAGE DEATH RATE DUE TO NATURAL DISASTERS (PER 100 000 POPULATION)	○	○	○	●	○	●
52. MORTALITY RATE DUE TO HOMICIDE (PER 100 000 POPULATION)	●	●	○	○	○	●
53. ESTIMATED DIRECT DEATHS FROM MAJOR CONFLICTS (PER 100 000 POPULATION)	●	●	●	●	●	●
54. COMPLETENESS OF CAUSE-OF-DEATH DATA	●	●	●	●	●	●

**Lower
Capacity**



**Higher
Capacity**



Survey populations and health risks¹



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

¹ Scores of the 5 interventions (bolded) are weighted averages of scores of individual subcomponents (elements).



Survey population and health risks

SYSTEM OF REGULAR POPULATION-BASED HEALTH SURVEYS

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

Number of surveys in 5 years **7**

Cover major health issues **7/13 (53,8%)**

Survey name	Year	Covers major dimensions of inequality (# dimensions / sum relevant dimensions) ¹	Aligned with international standards (# / 8 standards) ²	Funded by government	Survey score % ³
1 HOUSEHOLD EXPENDITURE SURVEY*	2016	6/6 (100%)	8/8 (100%)	YES	100%
2 HOUSEHOLD EXPENDITURE SURVEY*	2014	6/6 (100%)	8/8 (100%)	YES	100%
3 NATIONAL HEALTH AND MORBIDITY SURVEY*	2015	6/6 (100%)	7/8 (88%)	YES	95%
4 NATIONAL HEALTH AND MORBIDITY SURVEY 2016: MATERNAL AND CHILD HEALTH*	2016	6/6 (100%)	7/8 (88%)	YES	95%
5 NATIONAL HEALTH AND MORBIDITY SURVEY*	2017	6/6 (100%)	7/8 (88%)	YES	95%
6 NATIONAL HEALTH AND MORBIDITY SURVEY	2014	6/6 (100%)	7/8 (88%)	YES	95%
7 NATIONAL HEALTH AND MORBIDITY SURVEY	2018	6/6 (100%)	7/8 (88%)	YES	95%

* Only surveys with asterisks contribute to the overall score above.

¹ Inequality dimensions comprise wealth, education, sex/gender, age, urban/rural and subnational (where relevant).

² 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.

³ 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

HOUSEHOLD EXPENDITURE SURVEY - 2016

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	●
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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	●

HOUSEHOLD EXPENDITURE SURVEY - 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	●
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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	●

NATIONAL HEALTH AND MORBIDITY SURVEY - 2015

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	●
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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	●

NATIONAL HEALTH AND MORBIDITY SURVEY 2016: MATERNAL AND CHILD HEALTH - 2016

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	●
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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	●

NATIONAL HEALTH AND MORBIDITY SURVEY - 2017

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	●
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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	●

NATIONAL HEALTH AND MORBIDITY SURVEY - 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	●
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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	●

NATIONAL HEALTH AND MORBIDITY SURVEY - 2018

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	●
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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	●

SURVEILLANCE OF PUBLIC HEALTH THREATS**Completeness and timeliness of weekly reporting of notifiable conditions*** **150%**

Percentage of public reporting sites that submit weekly report*	161%
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Percentage of non-public reporting sites that submit weekly report*	146%
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Indicator and event-based surveillance system(s) in place based on International Health Regulations standards¹

SPAR, JEE or IHR assessment	SPAR
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SPAR score	100%
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National IHR Focal Point functions under IHR	100%
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Early warning function: indicator-and event-based surveillance	100%
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Mechanism for event management (verification, risk assessment, analysis investigation)	100%
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REGULAR POPULATION CENSUS MEETS INTERNATIONAL STANDARDS**Census conducted in last 10 years in line with international standards with population projections for subnational units**

Census conducted in last 10 years	Yes
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Post enumeration survey carried out	-
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Population projections with all disaggregations	With disaggregations
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* Asterisked items are not included in overall score.

¹ Based on either SPAR, JEE assessment or IHR.



Count births, deaths and causes of death

FULL BIRTH AND DEATH REGISTRATION

Completeness of birth registration **99%**

Completeness of death registration **90%**

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	Framework and SOPs meet best practice and in place
* The country has sufficient locations where citizens can register births and deaths: proportion of population with easy access	Full coverage including rural areas
* Registrars have adequate training	All registrars have training opportunities
* CRVS interagency collaboration	
Formally established	Formal interagency committee
Oversees CRVS planning	Extensive oversight role
Includes key stakeholders	All relevant stakeholders
Meets regularly	-
* All data are exchanged electronically from local to regional offices and then to central offices	Electronic at all levels
* Data quality and analysis: there are reports that provide evidence of data quality assessment, adjustment and analysis of vital statistics using international standards	Checks on individual and aggregate data
* Monitoring of system performance	-
* High quality vital statistics reports have been published in the last five years	Yes, for 3 or more annual publication cycles

* 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**

58%

Quality of cause of death¹

10-19%

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

* Legislation for MCCD	Policy in place
* ICD compliant MCCD are used	Complete
* Medical students trained in correct death certification practices	At least 50%-99% of schools
* Statistical clerks trained in mortality coding	Partial/unofficial
* Verbal autopsy (if applicable) applied	Not applicable
* Data quality assurance and dissemination	-
* Cause of death statistics available	Regular with both in- and out-of-facility deaths

* Asterisked items are not included in overall score.

¹ Measured as percentage of records with ill-defined or unknown causes of death.



Optimize health service data

ROUTINE FACILITY REPORTING SYSTEM WITH PATIENT MONITORING

Availability of annual statistic for selected indicators derived from facility data

	Data available at national level	Data available at subnational level	Disaggregation by age	Disaggregation by gender	Total score (0-1) ¹
OPD VISITS	●	●	●	●	1
HOSPITAL ADMISSION / DISCHARGE RATES BY DIAGNOSIS	●	●	●	●	1
HOSPITAL DEATHS BY MAJOR DIAGNOSTIC CATEGORY (ICD)	●	●	●	●	1
DTP/PENTA3 IN ONE YEAR-OLDS	●	●	NA	NA	1
INSTITUTIONAL MATERNAL MORTALITY RATIO	●	●	NA	NA	1
TB TREATMENT SUCCESS RATES	●	●	●	○	0,875
LOW BIRTH WEIGHT PREVALENCE AMONG INSTITUTIONAL BIRTHS	●	●	NA	●	1
ART COVERAGE	●	NA	●	●	1
SURGERY BY TYPE	●	●	○	○	0,75
SEVERE MENTAL HEALTH DISORDERS	●	●	●	●	1
NEW CANCER DIAGNOSIS BY TYPE	●	●	●	●	1

● AVAILABLE ○ NOT AVAILABLE NA NOT APPLICABLE FOR THIS INDICATOR

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*

Documented data quality checks for primary care facility data	Partial
Documented data quality checks for hospital data	Partial
Completeness of reporting by public, primary care facilities	>75%
Completeness of reporting by public hospitals	>75%
Completeness of reporting by private health facilities	25%-75%
* National unique patient identifier system	Complete
* Cancer registries for all types of cancer	Complete
* Master facility list up to date	Partial
* Institutional system of data quality assurance	Complete
* Data management SOPs	Complete
* Standardized system of electronic data entry (aggregate reporting) at the district or comparable level	Complete
* System of electronic capture of patient level health data in primary care health facilities which is standardized and fully interoperable with aggregated routine HIS	Complete
* System of electronic capture of patient level health data in hospitals which is standardized and fully interoperable with aggregated routine HIS	Not there
* Interoperability - standards based data exchange between systems	Partial

REGULAR SYSTEM TO MONITOR SERVICE AVAILABILITY, QUALITY AND EFFECTIVENESS

Well established system to independently monitor health services

Regular independent assessments of the quality of care in hospitals and health facilities	Regular and established - quality of care
System of accreditation of health facilities based on data	Partial
System of adverse event reporting following medical interventions*	Partial

* 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	Yes, not based on standards

HEALTH SERVICE RESOURCES: HEALTH WORKFORCE**Health workforce – knowledge of density of cadre and distribution updated annually**

	Data available at national level	Disaggregation by age	Disaggregation by sex	Data available subnationally	Data available for public/private facilities	Overall score for cadre
PHYSICIANS	●	●	●	●	●	1
PHARMACISTS	●	●	●	●	●	1
DENTISTS	●	●	●	●	●	1
NURSES	●	●	●	●	●	1
MIDWIVES	○	○	○	○	○	0

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

* HRHIS tracks number of entrants to the labour market	Complete
* HRHIS tracks number of active stock on the labour market	Complete
* HRHIS tracks number of exits from the labour market	Partial
* HRHIS tracks demographic distribution of health workers	Complete
* HRHIS tracks subnational level data of active health workers	Complete
* HRHIS tracks number of graduates from education and training institutions	Complete
* HRHIS tracks information on foreign-born and/ or foreign-trained health workers	Complete

* Asterisked items are not included in overall score.



Review progress and performance

REGULAR ANALYTICAL REVIEWS OF PROGRESS AND PERFORMANCE, WITH EQUITY

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

Analytical report produced within last 5 years	Yes
Year of report	2017
All data sources used	Complete
Assesses progress against target	Complete
Inequality, subnational	Partial
Inequality, socioeconomic	Limited
Inequality, gender	Partial
Linking performance to health inputs	Partial
Provides comparative analysis	Limited
Includes subnational rankings	Limited
Performance of hospitals included	Partial
Links finding to policy	Complete

INSTITUTIONAL CAPACITY FOR ANALYSIS AND LEARNING

Institutional capacity in data analysis at national and subnational levels

Involvement of public health institutes*	Strong
Subnational capacity in Ministry of Health or independent institutions*	-
Capacity at national Ministry of Health	Strong
Capacity at NBS to:	
Draw sample	Strong
Implement surveys	Strong
Analyse	Strong

* 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

Has a national health sector plan	Yes
Includes review of past performance (trends)	Complete
Includes burden of disease analysis	Complete
Includes health system strength analysis (response strength)	Complete
Presence of a central unit or function in Ministry of Health for data and evidence to policy translation	Yes
Level of output of a central unit or function in Ministry of Health for data and evidence to policy translation	Annual
Coordination function between Ministry of Health and partners*	Yes

DATA ACCESS AND SHARING

Health statistics are publicly available

Has a national health data portal	Yes
Frequency of updating national data portal	> 1 time/year
Contents of national data portal	Full coverage of health statistics
Navigation ease of national data portal	Moderately difficult
National statistical report available	Yes
Statistical report publication frequency	Annual
Statistical report includes disaggregations	National and subnational
Bona fide users have access to HMIS data	Broad
Bona fide users have access to health survey data	Broad
Open data policy	Limited enforcement

* Asterisked items are not included in overall score.

STRONG COUNTRY-LED GOVERNANCE OF DATA**National monitoring and evaluation based on standards**

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

National digital health/eHealth strategy is based on standards

Has a national eHealth strategy	Yes
Includes discussion of health data architecture	Complete
Includes description of health data standards and exchange	Partial
Includes handling of data security issues	Partial
Includes specifications for data confidentiality and data storage	-
Specifies access to data	Partial
Specifies alignment/is integrated with national HIS strategy	Partial

Foundational elements to promote data use and access are used*

Legal framework or policies exist for health information systems and are enforced	Not enforced
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* Asterisked items are not included in overall score.

SCORE

to reach your health goals