

World Data Forum

Strengthening Capacity for Health Statistics in the SDG Era

16th January

Cape Town

Data for Healthy Decisions



Value of data

- Accurate and complete health data are essential for:
 - Value for money decisions
 - Shaping a response specific to a countries health needs
 - Measuring progress and impact of health programs
 - Demonstrating that health investments produce results
 - Showing where and how countries are making progress in health related SDGs
- Every country needs to have robust and reliable health information systems

Health information systems messy and don't respond to needs

- Making decisions on complex health problems, diseases and their determinants requires information from multiple sources
- These multiple data sources (with strengths and weaknesses) are governed and managed by different bodies and not working as part of a coherent system
- Low and lower-middle income countries have major gaps in skills, tools and resources to collect, analyze and use multiple sources of data
- Partners lack confidence in the quality of routine data systems and have their own specific disease/program data demands
- Massive global demand for data:
 - countries could be required to report on **at least 600 health indicators**

This messy system is neither effective nor efficient

- **Ineffective:** More than two-thirds of the world's population lives in countries that do not produce reliable statistics on mortality by age, sex and cause of death
- **Inefficient:** Up to 30% of a health workers time is spent recording and reporting health data. How does this impact on quality of care and quality of data?

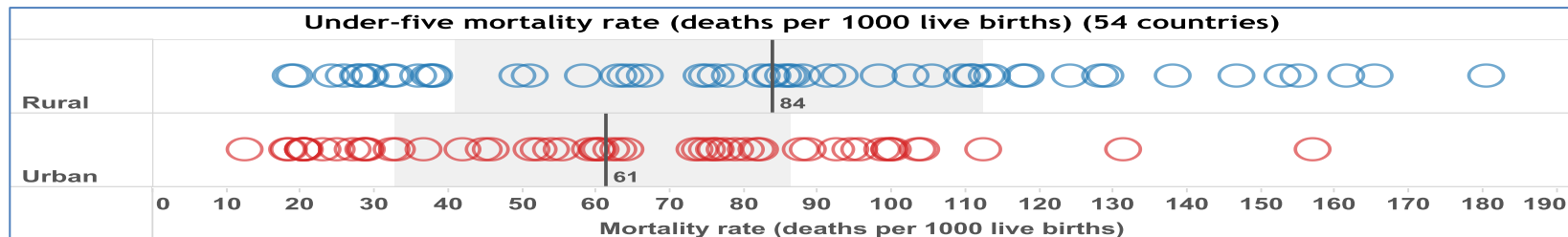


Health Information Systems: Real time data for decision making



Health information systems: Leaving no one behind

- Universal health coverage and the thrust of the SDGs provides greater focus on health and related inequalities
- Equity based approach to improving population health is necessary for healthy lives and well being
- Need to measure the multiple dimensions of inequality: age, sex/gender, socioeconomic, geographic, disabilities, ethnicity, minorities, migrants
- Centrality of local data and within country differences
- Address specific inequality patterns in different health areas
- Will require inequity monitoring from different sources and the capacity to analyse the data



Better health statistics will require multiple partner and sectors

Working together

- Health sector
- National Statistics Offices
- Public Health Institutions
- Academia
- Technical agencies
- Civil society
- Other sectors involved in health

For healthier decisions



World Health Assembly Resolution

“Health in the 2030 Agenda for Sustainable Development”



...requests the
Director-General:

“to support Member States in strengthening national statistical capacity at all levels, in particular in developing countries, in order to ensure high quality, accessible, timely, reliable, and disaggregated health data including through, where appropriate, the **Health Data Collaborative.**”

Health Data Collaborative

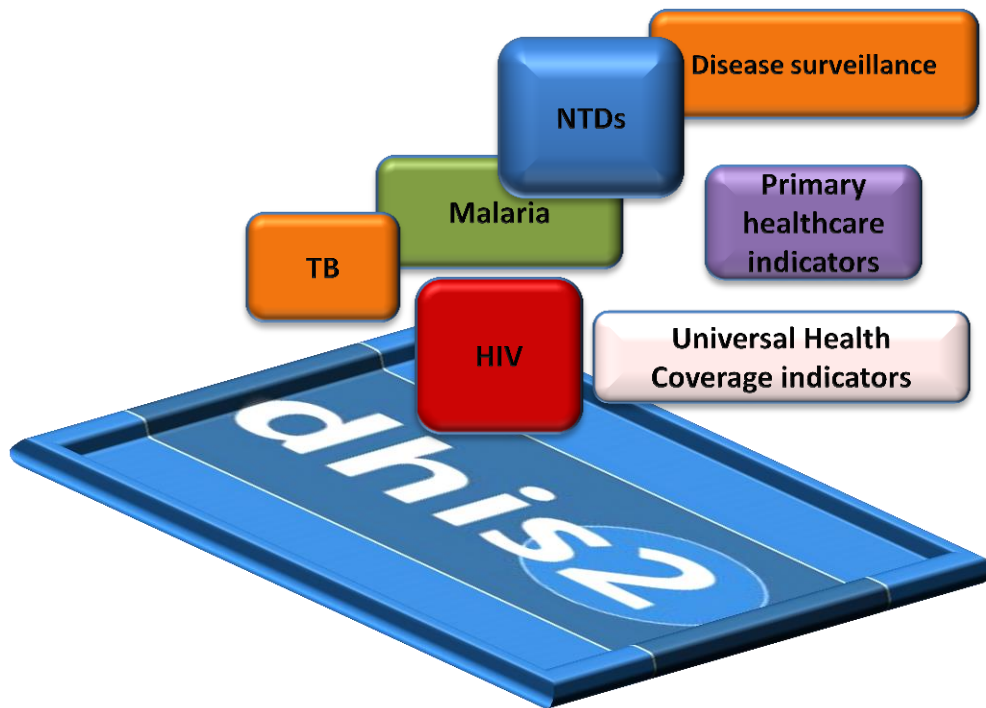
- **Strengthening** national health statistical systems and capacities
- **Increasing** efficiencies in investments in health information systems
- **Aligning** donor funding to national plans
- **Harmonizing** data collection, sharing and use
- **Ensuring** international standards and methodologies
- **Establishing** open data platforms for rapid sharing and analysis
- **Using** appropriate new technologies
- **Engaging** academia, private sector and civil society
- **Cooperating** with existing initiatives
- **Learning** and sharing from best practice
- **Tracking** progress

Agreement and use of 100 Core Health Indicators



- ❑ Health SDGs monitoring agenda using the 100 core health indicators; UHC 2030; Global Strategy for Women, Adolescents & Children; NCD monitoring
- ❑ Significant uptake of 100 core indicators by countries for monitoring national health sector performance
- ❑ To note: revision of 100 core indicators this year

Moving from vertical reporting systems to a common data platform



Progress:

- ✓ More programs and countries moving towards single country platform (e.g. DHIS 2)
- ✓ Partners working on joint investment and core functional requirements

But .. much more required:

- to establish sound governance at country level
- to integrate public health surveillance into routine systems
- to draw upon huge capacity that has been built for specific disease (polio, AIDS)

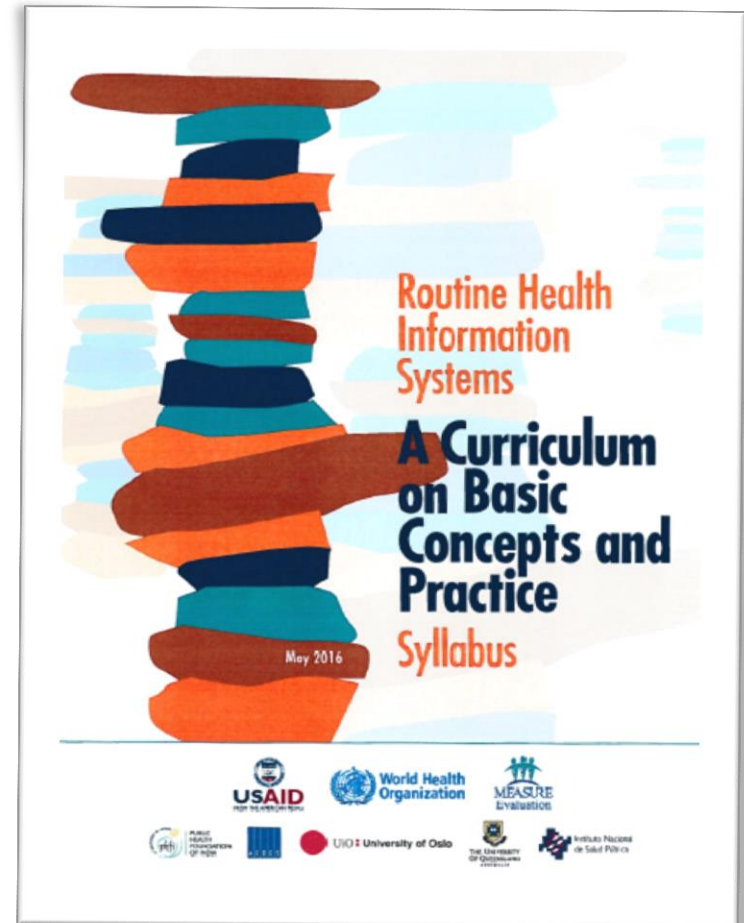
Building institutional capacities to analyse, interpret, communicate and use data for action

Progress:

- ✓ Joint curriculum, guidance and tools for data analysis and use
- ✓ Regional networks in data analysis and use (GF initiative)
- ✓ Emerging interest in national health observatories (repository for data scrutiny and sharing)
- ✓ Growing local culture for analysis and use of data (e.g. SORT IT)

But:

- Much more needed to avoid development of separate tools/guidance
- Country capacity within national institutions, such as public health, need to be strengthened



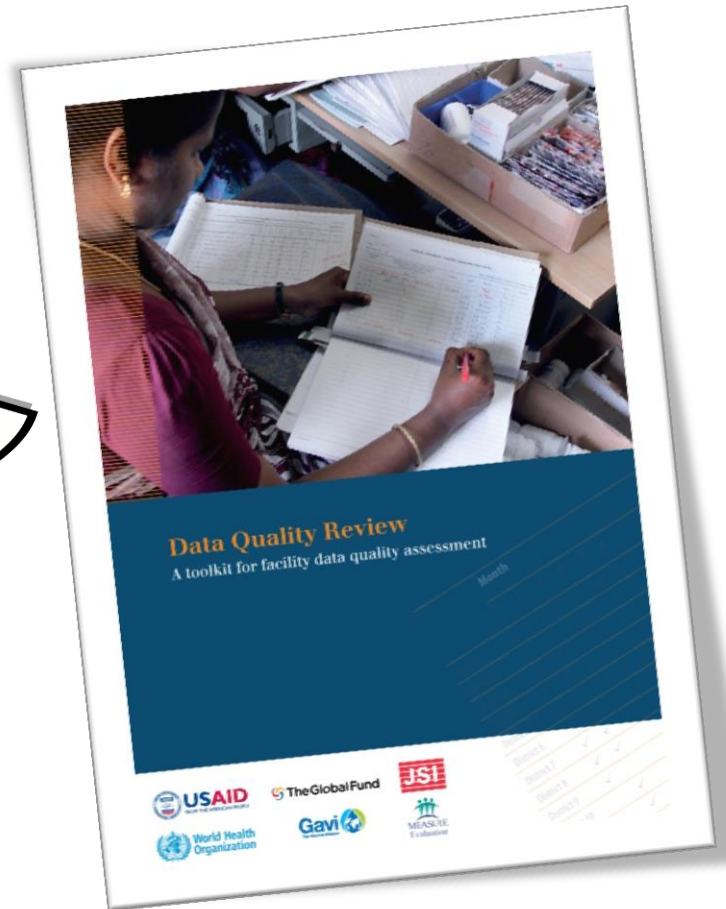
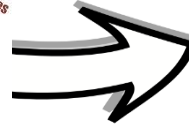
Harmonize multiple disease-specific data tools

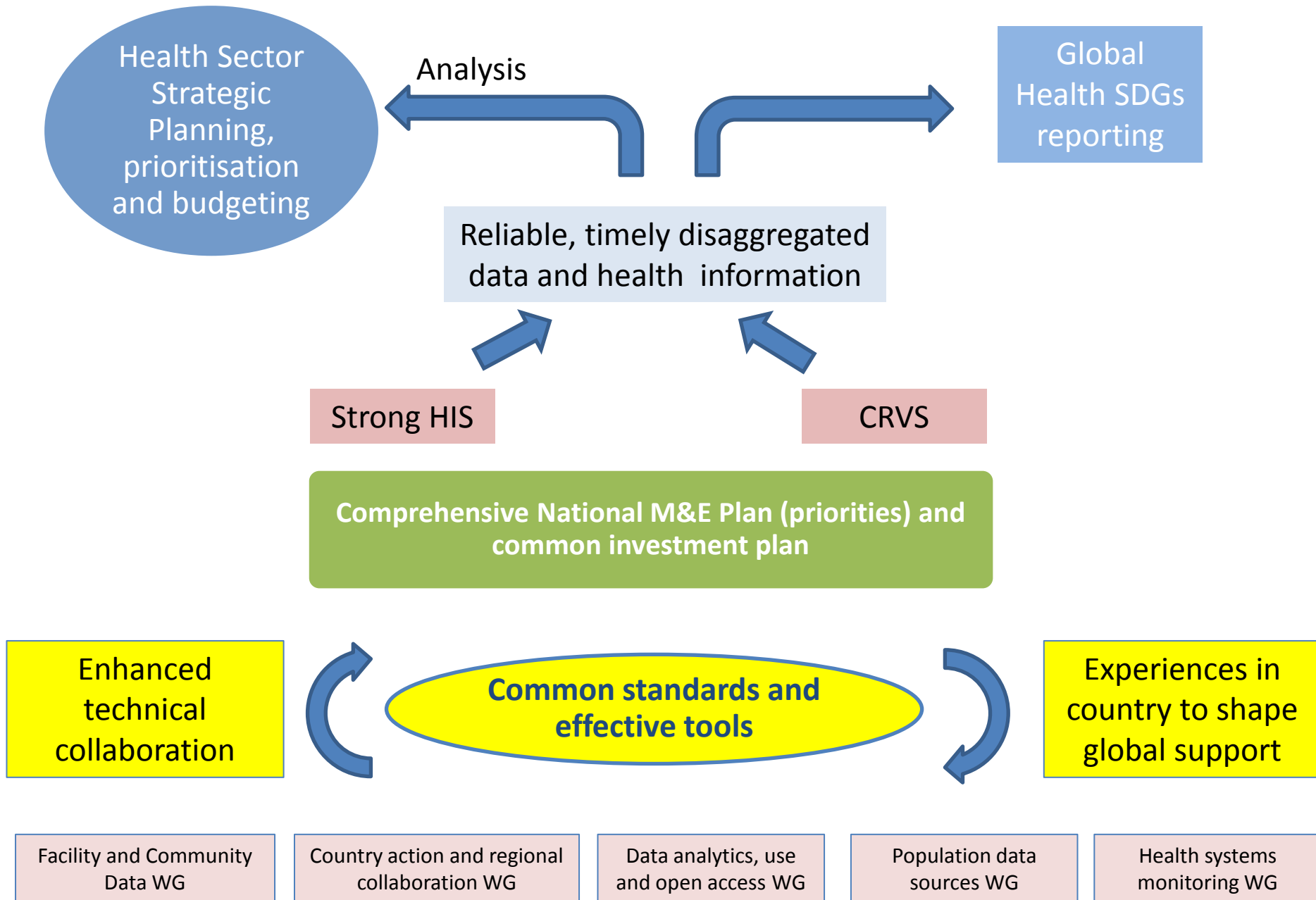
... DATA QUALITY ASSESSMENT (DQA) ...

... IMMUNIZATION DATA QUALITY ASSESSMENT (IDQA) ...

.. DATA QUALITY REPORT CARD (DQRC) ..

..... ON-SITE DATA VERIFICATION (OSDV)





Anchored in national plans

Scaling up digital health innovations

Progress:

- Rapid growth in digital technology in low- and middle-income countries is providing major opportunities for improving data on health
 - birth & death registration
 - electronic medical records
 - real time reporting of facility and community data (e.g. DHIS and mobile devices)
 - disaggregated data
 - open data access of health statistics

Need to acknowledge:

- Digital health should be driven by public health needs
- The solution may not be digital
- Where digital innovation works, we need to move beyond small initiatives: many remain untapped without the resources, skills and political will to set up sustainable systems.

Summary

- Quality, real time disaggregated data is essential for healthy decisions
- But health information systems are often messy, compromised by inefficiencies and capacity constraints
- Health statistical capacity can be improved by:
 - The Health Data Collaborative approach in supporting counties with an improved health statistical architecture that enables and builds existing capacity
 - Maximising broader synergies by further establishing strong working relationships with national institutes of public health, national statistical offices, researchers, other sectors, civil society...all of which are contributors to the collection, analysis and use of health data
 - Investing in a numerate and literate generation eager to exploit the full value of data
- Learning as we go...lets hear from Kenya