Strengthening local governance of health data through DHIS2

The [Health Information Systems Programme](#) (HISP) began in 1994 as a joint project between the University of Oslo (UiO) and the Universities of Cape Town and the Western Cape to strengthen health systems in post-Apartheid South Africa. From the start, the project focused on addressing fundamental challenges in health data governance through democratic and participatory principles. This led HISP to develop the original DHIS (District Health Information Software) system to support effective and transparent data governance and empower the use of health data at the local level.

Since that time, [DHIS2](#) has grown to become the world's largest Health Management Information System (HMIS), currently in use by ministries of health in 73 low- and middle-income countries. The [widespread adoption](#) of DHIS2 has strengthened health data governance by establishing a standard platform for aggregate and individual-level health data collection that countries can easily customize to meet their needs. With the support of an international group of donors, HISP UiO develops and maintains DHIS2 as an open source [Digital Public Good](#), available to download, install, modify and use at no cost.

Local use of data at district and facility levels is an often-neglected key element of data governance. A good example of this in practice is Rwanda, where all districts hold monthly data use meetings in which representatives from all health facilities collaboratively review data from DHIS2 to make data-driven decisions. DHIS2 supports controlled access to data at all levels of a health system hierarchy, meaning that users from the national to the local level can take advantage of its robust tools for data validation, visualization, and interpretation to support data-driven decision-making at all levels of the health system.

The COVID-19 pandemic has demonstrated the importance of quality data and need for effective health data governance. Lessons for health data governance from Sri Lanka's successful COVID-19 response highlight the importance of a focus on *evidence-based decision making*, the establishment of a *high-level governance structure*, *cross-sectoral and departmental collaboration and interoperability*, and balancing a *rapid response* with attention to *data quality*. The innovative solutions developed and deployed in Sri Lanka were facilitated by DHIS2's open, flexible platform architecture, which is designed to promote customization, custom app development and [interoperability](#) with external software systems and thereby enable the diversity and flexibility needed for resilient pandemic responses and data governance. The system configurations from [Sri Lanka](#) also served as the basis for the DHIS2 [COVID-19 surveillance metadata packages](#), which provided all countries the opportunity to download and install COVID-19 configurations based on WHO guidelines.

Promoting global health data standards is an important part of HISP UiO's work as a [WHO Collaborating Centre](#) for Innovation and Implementation Research on health system strengthening. Through this collaboration, HISP UiO and WHO program experts produce standardized [metadata packages](#) for key health program areas such as immunization, HIV, TB and Malaria, among others.