

## RHIS Working Group context and rationale

Health facilities generate data on an ongoing basis during the course of service delivery. Routine health information systems (RHIS) capture, compile and report service-generated data “...at regular intervals of a year or less through mechanisms designed to meet predictable information needs...”<sup>1</sup>.

RHIS working definition for purposes of this working group

- RHIS data are self-reported<sup>2</sup> by health facility personnel.
- The frequency of reporting varies according to the data type, information needs and system capacity, e.g. daily, weekly, monthly, quarterly, six-monthly, annually.
- RHIS include data from all service components, programmes and facility-level resource management systems.
- RHIS reporting includes data on service utilization, health status at clinical encounters, vital events, interventions delivered, outcomes of interventions, human resources, logistics-based commodities and selected resource data.
- A RHIS ideally consists of a single, comprehensive, integrated system or set of interoperable data systems. In practice, however, it often consists of multiple, parallel data systems, e.g. a general “HMIS”<sup>3</sup>, various programme-specific data systems, various resource reporting systems (e.g. medicine and supply stock reports), and other information systems.

Despite substantial investments over the years, most countries continue to face challenges in achieving reliable RHIS data for decision-making. Challenges include multiple data demands, non-standardized data (i.e. metadata, data structures, data management and exchange standards, etc.), poor quality data, incomplete and delayed reporting, inadequate “top-down” feedback mechanisms, limited data analysis and use inadequate data management systems, multiple parallel systems, lack of system integration and interoperability, inadequate infrastructure and human resources, data access and transparency, poor data governance and uncoordinated partner investments. This working group aims to address these issues through globally-agreed RHIS standards and best practices and alignment of support to countries for RHIS strengthening.

## RHIS Working Group Objectives

1. **Global Goods:** Review, define, harmonize and endorse standards for improved facility-based RHIS to improve health services and health system strengthening (implementation strategy #2):
  - a. Develop, disseminate, prioritize and maintain guidance, resources and tools for RHIS indicators, data quality, analyses, and use;
  - b. Identify ways in which investments in RHIS (e.g. in governance, data architecture, human resources, data accessibility, data review processes, etc.) can be better aligned to ensure

---

<sup>1</sup> Routine Health Information Network (RHINO). 2001. The Potomac Statement on Investment in Routine Health Information in Developing Countries.

<sup>2</sup> Results of supervision or ongoing monitoring assessments of service functionality (e.g. service availability, readiness, quality, management functions) may be included in the RHIS platform. These processes are distinct from intermittent, external, objective health facility surveys/assessments usually conducted at national level using standardized tools and methods.

<sup>3</sup> “HMIS” or “Health management information system” has been used variously: sometimes it is used interchangeably with RHIS; sometimes it describes the system for data not reported through programme-specific systems; it has also been used to describe the overall HIS. Given these variations, the term RHIS is used in this document.



stronger, scaled and sustainable systems that reduce reporting burden, improve data quality and increase efficiency;

- c. Identify and agree on protocols and standards for integrating disease surveillance, public health and humanitarian emergency data into RHIS and document best practices and learning.
2. **Country Support:** In collaboration with HDC partners and country governments, support alignment and implementation of comprehensive country RHIS where needed through coordinated technical assistance and project funding in priority countries (implementation strategies #1 & 2).

## Scope of work

1. Review, define, harmonize and agree upon standards, best practices and tools for improved facility-based RHIS (including governance, data collection, management, quality, analysis, use).
2. Identify and review protocols and standards for linking/integrating disease surveillance, public health, humanitarian emergencies and health resources reporting into RHIS, including the harmonization of programme-specific configuration packages to support multi-sectoral implementation.
3. Collective partner engagement in supporting countries to:
  - a. Develop comprehensive national strategies and investment plans for RHIS development, implementation and maintenance
  - b. Adapt, disseminate and support the adaptation for global RHIS standards, best practices and tools into local settings
  - c. Build country capacity at all levels in RHIS data management, analysis and use, including through training materials/systems and strengthening of national institutes and statistics offices
4. Build a network of support (e.g. community of practice, learning missions (in-person or virtual), best practice repository) across regions and partners for dissemination and implementation of standards, tools and capacity building for RHIS
5. Provide a platform for increased alignment and harmonization across countries and institutions for knowledge sharing on matters pertaining to routine health information systems
6. Develop data sharing agreements across countries and institutions in order to access reporting as well as raw data

## Deliverables 2020-2023

### Global

- RHIS standards, best practice guidance and tools, as defined in RHIS WG annual workplans.
- Standards and protocols for integrating public health surveillance, public health and humanitarian emergencies reporting into RHIS, including *post facto* evaluation of emergency surveillance and essential health services continuity monitoring in RHIS, which could inform design/configuration proposals for future public health and humanitarian emergencies.
- A joint investment plan for RHIS development, implementation and maintenance.
- Documented country best practices on RHIS and modes of good governance.



## Country

Based on target countries, country-specific needs and joint partner action, as defined in WG annual workplans:

- RHIS assessments conducted
- Comprehensive RHIS strategy and investment plan developed
- Global RHIS standards and best practices adapted, implemented and integrated into RHIS

## Approach and organizational arrangements

- ❖ Define key technical areas for which RHIS standards and best practices are required.
- ❖ Conduct a joint stock-take of existing global goods and partner efforts related to RHIS standards and best practices.
- ❖ Identify and prioritize key gaps and aspects for review/update.
- ❖ Define annual deliverables, leads per technical area and workplans.
- ❖ Conduct annual workplan reviews and adjust as needed.
- ❖ Working group is governed by two co-chairs with secretariat support
- ❖ Leverage and strengthen existing efforts of partners in these technical areas, including to promote monitoring of PHC, UHC and SDGs (e.g. work on surveillance standards, multiagency work on 100 core health indicators, EWEC, Countdown, ENAP/EPMM, Nutrition, HIV/TB/Malaria, Immunization, HSS, NCD, etc.)
- ❖ Ensure coordination and links with other HDC working groups (e.g. quality of care, interoperability, CHIS, Household Surveys, health facility assessments)
- ❖ Monthly working group calls, quarterly attendance to monthly HDC calls and attendance at HDC annual meeting
- ❖ Strengthen global to country alignment through regular communications and use of HDC website