

Lessons from Ireland

- No one agency can manage all of the HIS
- Integration is necessary and possible:
 - across geographies
 - across institutions
 - across data silos
- A "well-informed and more vociferous public" should be the goal for developing countries
- Partnership with Irish technical experts and institutions would be welcome!

An aerial photograph of a densely packed informal settlement, likely a slum. The structures are built with brick and mud, with many roofs covered in grey tarps. A narrow, unpaved alleyway runs through the center of the settlement. The overall scene depicts a crowded and impoverished living environment.

It's not because countries
are poor that they cannot afford
good health information.

It's because they are poor that they
cannot afford to be without it.

**The new source of power is not
money in the hands of a few, but
information in the hands of many.**

-- Megatrends, 2000



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The Work: 17 Results in 24 Months

Objective 1 **Establish a Common** **HIS Framework**

1. HIS Architecture for the HMN Framework
2. Operational Research Targeted to Breakthroughs in Framework
3. Development of the Core HIS Tools
4. Use Case Application to the Framework
5. Endorsement of the Framework
6. Tools Dev. and Testing in Wave Two and Wave Three Countries
7. Version 1 HIS Tools Released

Objective 2 **Strengthen Country HIS**

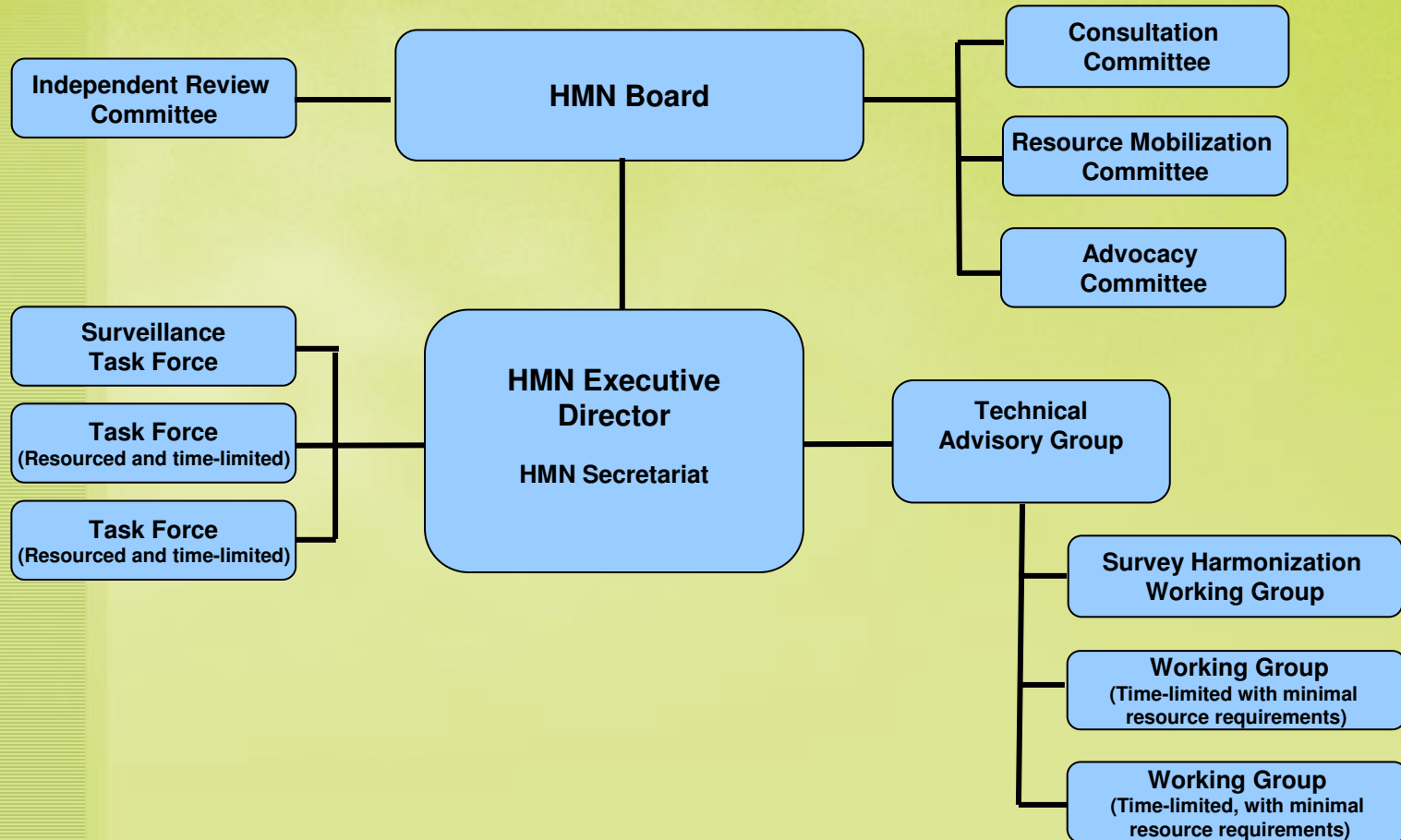
8. Create Capacity for Implementation
9. Deliver Wave One engagement plans
10. Regionalize TA Capacity for Sustainable Support
11. Implementation of Wave One
12. Develop Criteria & Process for Core HIS Accreditation

Objective 3 **Access & Use of Health** **Information**

13. Engage Wave One Top Leadership for HIS Reform
14. Deliver Evidence for Executive Decisions
15. Awards Program for Evidence that Evidence Matters
16. Evidence for Policy Makers that HIS Strengthening Works
17. Partner's Forum & Award Program

HMN Structures

(11-11-06)



Costs of Improved Information

Per capita costs (US\$) in a model country (30 million population)

HIS Subsystem	Low Income	Middle Income
Service Statistics	0.16	0.86
Surveillance	0	0
Census	0.25	1.0
Surveys	0.02	0.33
Vital Events	0.05	0.1
Resource Tracking	0.02	0.03
TOTAL	0.50	1.13



Cost-Effectiveness of Improved Information (TEHIP)

- Per capita increased spend of \$.80 in two districts of Tanzania was used to strengthen the HIS and to improve decision making
- Reallocations of resources achieved a 47% reduction in child mortality
- Assuming \$2 per capita and discounting at 3%, evidence-based decision making has a cost-effectiveness of \$68.50 per DALY gained

Why is HMN needed?

- Common standards and comparability can only be delivered by an alliance
- Action must cross boundaries between health and statistical sectors
- Technical specialists tend to "wall off" their data collection or analysis tools as proprietary
- The private sector also contributes to fragmentation by segmenting and protecting markets for IT products
- Every donor and disease-specific program promotes special efforts to collect project-specific data instead of investing in stronger HIS

Benefits of Improved Information

- Increased resources for health through strengthened policy and advocacy (Iran)
- Improved efficiencies (“pays for itself in 3-5 years”, US IOM study)
- Reduced cost for immunization (\$2.79 to \$1.47 per child, Mali)
- Increased utilization of services (300%, Bolivia)
- Improved access to essential drugs (39% reduction in stockouts, South Africa)



Health Information Systems: R&D Issues

- Validation and cost-effectiveness of systems and instruments
- Instant upload and web-based analysis
- Linkages to technologies for disease detection and diagnosis
- PDA and cell phone-based data entry
- Strategies to speed dissemination and utilization
- Using evidence for community mobilization and local advocacy