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## THE AFRICAN HEALTH OBSERVATORY: OPPORTUNITY FOR STRENGTHENING HEALTH INFORMATION SYSTEMS THROUGH NATIONAL HEALTH OBSERVATORIES

**Report of the Secretariat**

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**Paragraphs**

## BACKGROUND

1.      Health information systems represent a key component of national health systems. However, the capabilities for leveraging information for improved health are limited and unevenly distributed in the African Region. Improving such capabilities has been identified as a key priority for the success of reforms of national health systems through primary health care[1] and for addressing the social determinants of health.[2] Ministries of health and their partners have recognized the importance of evidence in shaping policy and decision-making in the Region and have been trying to improve their health information and research systems for a long time.[3] Both the 2008 Ouagadougou and Algiers Declarations' recommendations[4] to establish an African Health Observatory are based on this recognition.

2.      The idea of a 'health observatory', as an online repository of quality and reliable information on human health and institutions of care, has gained growing global popularity since the mid-1970s. Since then, numerous health observatories have been established throughout the world.[5] For example, the UK Department of Health set up a network of 12 Public Health Observatories to provide knowledge, information and surveillance in public health. The declared focus is on "turning information and data into meaningful health intelligence" and this UK network has been developing successfully using a model similar to that now being adopted by the African Health Observatory.[6] In WHO, a Global Health Observatory has been functioning since 2010, and most of the Regional Offices have also established observatories.

3.      The African Health Observatory (AHO) has been operational since the beginning of 2011. Its primary objective is to act as a tool in addressing priority health problems in the Region, and to bring together key regional and global health stakeholders for this purpose. As a repository of the best information available on health, it serves as a tool to monitor health status and trends, including progress towards the Millennium Development Goals (notably MDGs 4 and 5), and other goals set through major regional resolutions on aspects of health and other global health initiatives, and promoting health financing and health sector reforms. AHO is seen as the core of a reinforced regional health information system, interacting with national health observatories in the Member States to contribute to monitoring and evaluation, data collection and analysis at national level.

4.      Above all, the African Health Observatory is an information technology platform designed to facilitate multistakeholder collaboration and partnership in accessing and using information for

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[1]   WHO. The World Health Report 2008: primary health care now more than ever.
      http://www.who.int/whr/2008/whr08_en.pdf. Accessed on 11 October 2011.

[2]   CSDH. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization 2008 http://www.afro.who.int/en/clusters-a-programmes/ard/african-health-observatory-a-knowledge-management/aho-publications.html Geneva, World Health Organization 2008. Accessed on 11 October 2011.

[3]   Regional Committee documents: Resolution AFR/RC54/R3, Priority interventions for strengthening national health information systems. In: *Fifty-fourth session of the WHO Regional Committee for Africa, Brazzaville, Congo, 30 August – 3 September 2004, Final Report,* Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2004 (AFR/RC54/19), pp. 13-14; WHO, *Knowledge management in the WHO African Region: strategic directions,* Brazzaville, Congo, World Health Organization, Regional Office for Africa 2006 (Document AFR/RC56/16) and; WHO, *Framework for the implementation of the Algiers Declaration on Research for Health in the African Region,* Brazzaville, Congo, World Health Organization, Regional Office for Africa 2009 (Document AFR/RC59/5).

[4]   Ouagadougou Declaration on Primary Health Care and Health system in Africa 2008 http://www.afro.who.int/en/clusters-a-programmes/hss/health-policy-a-service-delivery/hps-publications.html accessed 23.03.12; The Algiers Declaration http://www.afro.who.int/en/clusters-a-programmes/ard/african-health-observatory-a-knowledge-management/aho-publications.html. Accessed on 24 April 2012.

[5]   Paes-Sousa R and Tinoco G. Health inequities information at the world health observatories, 2009 (Unpublished manuscript).

[6]   http://www.apho.org.uk/. Accessed on 7 May 2012.

strengthening national health systems and improving health outcomes. As such, it is a key component of national eHealth strategies.[7]

5.      AHO consists of a web portal,[8] a data-statistics platform, a web-based collaborative space for the production and updating of comprehensive and analytical country health profiles, a repository of key publications including the quarterly periodical *The African Health Monitor*, and a platform for networking. Work is on-going in developing its content in country profiles and information products, and creating space for and supporting regional and subregional networks on various health themes. Collaboration will continue with ministries in the Region to review and clear all data published, and to publish better, and more up-to-date and complete data. At the same time, the analytical country profiles will be expanded and developed so they can serve as key evidence in the monitoring and evaluation of national policies and plans, within the national development cycle.

6.      The WHO Regional Office for Africa supports countries to establish their own national health observatory web portal, following the same general structure as is used for AHO. Thus, national health observatories (NHOs) provide information technology platforms that offer national, subnational, and institutional stakeholders of the NHIS the ability to collaborate, and to bring data together in a single place, thereby reducing fragmentation. Using specialized software, the NHOs enable each stakeholder to view the data most relevant to them in tabular, graphic and map formats. They are centres for monitoring progress on subnational, national or international goals and targets, monitoring the performance of priority health programmes, and evaluating the outcomes or impact of health interventions.

7.      It should be stressed that AHO is a platform which provides a workspace for all relevant activities and programmes to operate. As such it is not a new initiative requiring extensive inputs, training or restructuring. Rather it provides a web-based mechanism to conduct work collaboratively, reduce fragmentation and enable the standardization of data. The development of partnerships is considered to be a key role for the Observatory, offering a forum and supporting technology (such as lists, web pages, conferencing) for all kindred programmes and other partners. The observatory model, extended to national and subnational levels, provides a reinforcing backbone to the national health information system (NHIS).

8.      This report describes how NHOs could be useful to address the issues and challenges of strengthening the NHIS, and proposes a number of actions countries should consider taking in using NHOs to improve country health systems.

**ISSUES AND CHALLENGES**

9.      In strengthening their NHIS, countries face three major issues that they must address: (a) the *fragmentation* of national and subnational initiatives or efforts in health information across sectors, levels, programmes, projects, disciplines and specialties;[9] (b) *unavailability of information:* the limitation of capabilities for timely generation and analysis of and access to

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[7]    In Resolution WHA.58.28 (fifty-eighth World Health Assembly, Geneva, May 2005), WHO defines eHealth as the cost-effective and secure use of information and communication technologies (ICTs) for health and health-related fields, including health-care services, health surveillance, health literature, and health education, knowledge and research. eHealth can contribute to national health systems strengthening in several ways by improving the availability, quality and use of information and evidence through strengthened health information systems and public health surveillance systems (Document AFR/RC60/5: EHealth solutions in the African Region: The current context and perspectives).

[8]    At http://www.aho.afro.who.int. Accessed on 26 June 2012.

[9]    Some examples: sectors and levels (health/non-health; public/private; urban/rural, local/international; academia/civil service); programmes and projects (routine Health Management Information System /disease control programmes); and, disciplines and specialties (public health/medical/statistics/economics).

relevant information, and to ensure its availability in adequate quantity and quality; (c) *weak capabilities* for sharing, translation or application of available information for policy- and decision-making.

10. *Fragmented stakeholders' initiatives* are major issue for countries. Dealing with the issue successfully would minimize the additional burden on national authorities and health workers resulting from the need for additional data or reporting to partners.[10] Fragmentation is evident not only in responding to external initiatives and partners but also among similar services within the national health system impeding leveraging of the resources of multiple stakeholders to strengthen NHIS. Addressing this issue requires innovative ways to improve the participation and collaboration of multiple stakeholders, including stakeholder at community level. The platforms and tool for networking and collaboration offered by NHOs will serve that purpose.

11. *The availability of information* is another key issue. Countries need to have the capacity to generate the relevant information in a timely fashion and in sufficient quantity and quality. To do this, they need to strengthen data and information resources and enhance national capacity for data management and generation of evidence. The collective knowledge and resources of multiple stakeholders, including academic and research institutions, need to be harnessed. The availability of information is also dependent on the capacity to acquire existing local and global information and making the best use of information technology. NHOs could work to improve capabilities in online search, filtering and retrieval of information, and storage, indexing and sharing of information.[11] They could also optimize existing efforts at data harmonization, standardization and security.

12. A pervasive issue throughout the health system is *weak capabilities for sharing, translation or application of available information* for policy- and decision-making. This is frequently related to the lack of a collaborative workspace where data and other evidence are available and analysis can take place; and the lack of a platform where evidence from a wide range of relevant stakeholders can be marshalled. Strengthened capacity to format, package and share information in such a way that it is readily accessible by users is a key to ensure that policy- or decision-makers value or accept the evidence presented to them. Improving such capacity requires networking and collaborative facilities, such as those offered by NHOs, to enable users (e.g., policy-makers) and producers of information (e.g., researchers) to collaborate in the various stages of development of evidence.

13. National health observatories offer innovative information-technology-based platforms to address the major issues described above. They offer opportunities for multistakeholder collaborations (through networking, and creating communities of practice involving such participants as academics, researchers, policy makers and public health practitioners), serve as repositories of the best available information, provide tools to strengthen the monitoring of health status and trends.

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[10]    WHO. Framework and standards for country health information systems. Second edition. Geneva, 2008 Geneva. http://www.who.int/healthmetrics/documents/hmn_framework200803.pdf. Accessed on 11 October 2011.

[11]    Landry R, *et al.* The knowledge value chain: a conceptual framework for knowledge translation in health. Bulletin of the World Health Organization 2006; 84: 597–602.

**ACTIONS PROPOSED**

14.    When establishing NHOs, countries should constitute a country-wide, multisectoral and multidisciplinary group involving all key stakeholders to coordinate their efforts.[12] A secretariat with sufficient capacity should be established and located within the department of health information in the ministry of health. This would function as the hub for liaising with other units in the ministry and external institutions.

15.    A national review and mapping of stakeholders, including national and subnational institutions dealing with health information, should be undertaken as part of the process of developing NHOs. Such institutions would form the base network of the NHO, entrusted with coordinating a specific function depending on their respective strengths and mandates. The identification and engagement of further relevant partners in the country and externally should be actively pursued.

16.    Health leaders should publicly demonstrate their strong backing for NHOs by providing funds, supporting the necessary actions to raise the awareness of relevant stakeholders, and promoting the establishment and strengthening of NHOs. International partners should also be encouraged to fund NHOs and to ensure that their support is aligned with country efforts. WHO country offices should provide close technical support to NHOs, particularly to their secretariats.

17.    Ministries of health should select appropriate technologies and solutions to be used by NHOs within their specific environments, bearing in mind the current state of information technology infrastructure in their country. These include a choice of database management system, visualisation tools for the analysis and rendering of the data, a content management system for their profiles and information products, networking software (for lists, conferencing, etc.) and so on. The technologies chosen must interoperate seamlessly both with any existing ministry web sites and with the data warehouse solution selected for the national health information system, so that the NHO can act as the core of the NHIS. It is also recommended that countries consider ensuring that these technologies are interoperable with those of the African Health Observatory and other regional NHOs. All should form part of the national eHealth strategy and plan. The WHO Regional Office for Africa is able to support NHOs with generic template observatories and the basic content for analytical national profiles.

18.    Ministries of health should facilitate the role of NHOs in continuing education by developing and providing appropriate training materials for collaborative learning, eLearning or traditional forms of learning for on-going professional development. Appropriate mechanisms and processes, such as working groups, standing committees and online networking, should be put in place to encourage involvement of local and external academics, researchers and experts in these efforts.

19.    As stated earlier, improving the capabilities for leveraging information for health is a key priority for the success of reforms of national health systems through primary health care and for addressing the social determinants of health. The strengthening of the national health information system through the creation of national health observatories has been briefly set out in this document. Specifically, it is recommended that each Member State reinforce or initiate its efforts to establish a platform that could serve as a national health observatory. A clear road map and timeline should be established for this process, WHO is ready to provide detailed advice and

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[12]    Depending on the specificity of each country, the group should include representatives from: the producers and users of information; national, subnational and district levels; public health, medical and social sciences; science and technology, including information technology; quantitative and qualitative disciplines; health and non-health sectors; public and private sectors; civil society and faith-based groups; academic, research and public health centres, and external partners.

technical support, including the preparation of project proposals, generic templates, assistance in organizing stakeholders workshops and specific training.

20.     The implementation of the proposed actions by countries for developing and using NHOs for multistakeholder participation and for strengthening their capabilities to generate, acquire, share and apply information would strengthen their national health systems and contribute to improve the health of their population.

21.     The Regional Committee endorsed this document and the actions proposed for strengthening health information systems through national health observatories.