

Analysing Routinely collected data

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Presentations by

- Werner Maokola: TB diagnosis in PLHIV from CTC
- Christopher Rentsch: Introducing record linkage
- Gregory Kibadi: Estimating implementation strength from routinely collected data

Routinely collected health data

- All countries require health facilities to collect routine data on the delivery of their services (Health Management Information Systems)
- Aggregated monthly totals, or electronic patient records
 - Monthly totals of people receiving services
 - Outcomes (admissions, discharges, deaths, lab results)
 - Patient records and
- Individual level patient records
 - Available for some vertical programmes
 - Selected clinics may have electronic records
- Question: How can this information be used to improved health services?

Current use of routine data

- Mostly describing what is happening (descriptive statistics)
- Monitoring and evaluation
- Preparing indices for national and international comparison

Table 9.1 Indicators for Care and Treatment in Tanzania.

	Indicator	EXPLANATION	RESULTS	
1	Percentage of health facilities that offer ART (UA)	From National database	UPDATE: 1156 out of 6216 = 18.6%	
			Adults	Children
2	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy(UNGASS)	Estimates for adults and children in 2011	54.5%	31.3%
3	Percentage of adults and children with HIV known to be on treatment 12 months after initiation antiretroviral therapy(UNGASS)	Estimated for 3 yearly cohorts (2008, 2009 and 2010).	2008-74% 2009-74% 2010- 74%	2008-81% 2009-80% 2010-78%
4	Percentage of adults and children with HIV known to be on treatment 24 months after initiation antiretroviral therapy (UA)	Estimated for three yearly cohorts (2007, 2008 and 2009)	2007-65% 2008-65% 2009- 63%	2007-72% 2008-72% 2009- 70%

International expectations

- International Health Partnership (IHP+)
- Harmonized and coordinated data across health sector
 - Common country platform for Monitoring and Evaluation
- Integrated health planning and assessment
 - Shared systematic approach to strengths and weaknesses
- Increased transparency and accountability
 - Engagement of partners and society in the process
 - Enable verification of the indices, monitoring and evaluation
- Linking data across reporting mechanisms

Routinely collected data in Tanzania

- Census, household surveys, economic and other surveys (BoS)
- HMIS – aggregated data from health facilities across Tanzania
- Regular routine surveys – eg SARA
- Programme specific data
 - Malaria, TB, PMTCT, and other vertical programmes
- Individual level data, leading to electronic patient records (?)
 - Example = CTC records from ~500 health facilities

Analysis of routinely collected data

- Link different data from HMIS, census and other sources
 - For assessment of progress within regions/districts
 - For comparison of interventions
- Analysis of routinely collected individual data
 - Utilising the information in the Care and Treatment clinic database
 - Building resources and tools, and disseminating results
- Linking routine clinic data to population research data
 - In specific populations where research is undertaken
 - Research data can be linked to routine data in the clinic to answer further research questions

Potential value and output in Tanzania

- Secondary use of routinely collected data
 - Move the analysis from descriptive to explanation of health indicators
- Use the data to answer questions needed by policy makers & planners
 - On access to services
 - To explain success (and failure) of interventions.
 - Build better services
- Develop and validate tools that can be used across the country
- Enable people to analyse and use data themselves