

High quality health information system for improved health system

Alemayehu Worku

Dependable and trustworthy information is the underpinning of decision-making at all levels of a health system. It is indispensable for health system policy development and implementation, early warning, health research, human resources development, health education and training, service delivery, patient and health facility management and financing. The ultimate purpose of collecting and analyzing health data is to improve the health systems by enabling more informed decisions. Similarly, some of the articles in the current issue address questions such whether antiretroviral treatment reduces HIV/AIDS related mortality (1, 2) and what are the predictors of early neonatal mortality (3), questions that must be answered with facts, rather than opinions and judgments.

Therefore, there is a need for highlighting the importance of improving the quality and use of health information to guide policymaking, program design, management, and service provision in the health sector. Strategic and effective use of quality health information, whether routine or non-routine data (that include population/facility based, demographic health and health facility surveys), play critical role in the health system decision making and service provision. Evidence based decision making and service provision rely upon quality data and information from a variety of sources. Each source, routine or non-routine, aspires to produce data that are transparent, reliable, confirmable, and comprehensive, though there remain important challenges regarding the quality, timeliness and level of detail of available information. Unless there are mechanisms to improve the quality of health information as well as for developing a culture for using quality data to inform decisions and to improve health systems, mere availability of data would be valueless. As such, interventions that increase local demand for information and promote its use are critical to improve the effectiveness and sustainability of the health system as a whole.

Which data source, routine or non-routine, is preferable has been a point of discussion for a long time. Some have argued that household and facility surveys yield better quality information than routine health information systems because of more objectivity and less bias. They believe that routine health information systems are costly, generating low quality and mostly immaterial information, thereby contributing less to decision-making processes. The lost point in the argument is that each method of data source serves a different purpose and has its own strengths and weaknesses. Performance remains an institutional issue and needs to be dealt with as such. Thus, the center of attention of the discussion should be how to improve the availability, quality and use of health information system data (4-6).

There are well validated and tested tools for assessing quality of health information system developed by different organizations which can be easily adopted to the Ethiopian context and implemented at various geographic and health system levels. Some of such standardized tools are Data Quality Audit (DQA), Routine Data Quality Assessment (RDQA), Performance of Routine Information Systems Management (PRISM), and Health Metrics Network (HMN) (7, 8). Applying these different tools based on the purpose and scope for the assessment of the quality of the information system helps to understand the data quality issues at each step of the data management system; and to systematically determine the factors affecting the quality of the data. Knowing the determinants of quality of data will facilitate in developing intervention action plans for improvement. When people believe that they have high quality data, they are more likely to use it for evidence-based decisions. It is evident that utilizing high quality information for decision improves the health system's performance, ultimately leading to improved health status at the community level.

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