



Ukraine Infectious Disease Program



Health Information Systems and Management Reform

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Collaborating Agencies

- Started in 1997 as a collaboration between the USAID, BASICS, CDC, MOH and PATH
- PATH became the lead organization with the technical assistance provided by all partners
- Funded by USAID; the 2nd and 3rd years of work supported through the Technologies for Child Health (Health Tech) Cooperative Agreement between USAID and PATH

Background (1):

- Grew from lessons learned from diphtheria campaigns in Ukraine, which identified weakness of existing HIS
 - Lack of reliable data on vaccine distribution, consumption, coverage and wastage
 - Confusion over target population definitions, campaign strategies and contraindication criteria

Background (2):

- Non-standard statistical methods, contradictory reports and statistics between oblasts
- Excessive record-keeping and reporting requirements
- Health personnel unaccustomed to collecting and using data for local management decision making

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Program Goal:

Improve the public health management of infectious disease prevention and control activities through reform of the MOH's health information system by improving

- the **quality of the information** collected, and
- the **utilization** of the information **by and for management**

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Strategic Approach (1):

- Begin in one oblast -Lvivska and gradually expand
- Limit the collection and processing of data to relevant information only, focus on analysis and utilization needs of each level of the health care system

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Strategic Approach (2):

- Reform the system from the initial point of data collection upward
- Promote local management and decision making at the point of service delivery
- Focus on public health priorities and management needs as determined by the oblasts through establishment of the *HIS working groups*

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Strategic Approach (3):

- Concentrate on the quality and content of Health Information System and its use by and for management rather than IT for data processing and automated report generation

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Program Activities (1):

Established multi-disciplinary, multi-level working group

- assessed the current status of data collection, processing and utilization;
- identified deficiencies in the system;
- established priorities and recommended changes
- monitored progress of the reform

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Program Activities (2):

- On the basis of working group's recommendations, the program's technical advisors and the working group developed *methods and materials* for the introduction of *revised policies and practices*, and for training staff in one pilot oblast
- Three oblast wide workshops on management information conducted

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Program Activities (3):

- National conference to introduce findings
- 1998-1999 - **expansion into two additional oblasts (Odessa, Zhitomir)**. Activities followed the process developed in the first oblast
- Establishment of the **National level Working Group** to advise and coordinate country-wide adoption of the program reforms

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Program Activities (4):

2000 - National adoption of the reform

- replication of previously developed management and public health surveillance reforms in the remaining 24 oblasts
- *publication and dissemination* of training manuals and workbooks designed for every level of the system

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Program Activities (5):

- Series of *regional training seminars* for oblast epidemiologists and pediatricians on the revised reporting policies and procedures, forms and monitoring tools
- Ongoing *monitoring and technical assistance* to the oblasts and national government
- International conference to review the system

Accomplishments:

- Every level of the public health service delivery system, from the MoH, oblast SES to the village ambulatory clinic, now has the capability to accurately forecast needs and monitor and evaluate their activities

Accomplishments:

- Standardized internationally accepted definitions and methods for calculating base populations for surveillance statistics, annual work plans and monitoring of program performance are in use

Accomplishments:

- Immunization managers have the capacity to accurately monitor supplies from existing stores to the point of consumption, track vaccine balances and rationalize distribution.

Accomplishments:

- Oblasts now have the ability to monitor and respond to vaccine wastage. For the first time, oblast and national authorities have evidence of the extent of the problem, and the information tools necessary to effectively address it.

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Accomplishments:

The problem with excessively and inconsistently applied contraindications to immunization, which had been identified and documented by the new HMIS, was successfully addressed, and the number of contraindications in the new immunization schedule was radically reduced.

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Accomplishments:

Armed with the HMIS data demonstrating inefficiency of the decentralized vaccine procurement mechanism, with documented evidence of frequent stockouts affecting immunization coverage rates, the Ministry of Health has succeeded in 2001 in re-establishing central procurement of vaccines in Ukraine

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Ukraine: HIS in action

- Evidence of previously hidden major constraints
- Up-to-date supply balances with usage patterns
- Accurate resource forecasting and efficient, effective resource management
- Capacity for effective program monitoring and evaluation

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Summary

This has resulted in:

- Identifying “problem” administrative territories and health settings
- Targeted interventions to identify and correct the source of program deficiencies
- More children being immunized with those immunizations being more timely

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Lessons learned

- Build on existing skills
- Start at the local level and identify needs there
- Emphasize active participation from system users at all levels
- Encourage collaboration of officials and experts involved in different aspects of the VPD prevention and control
- Ensure local ownership of the system
- Focus on using information as a tool for management

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Lessons learned

Ensure sustainability of the system

- Manuals, workbooks for everyone down to the lowest level
- Training of trainers, formation of strong regional cadres
- Official MoH directives
- Continuous site visits: monitoring, on-site training and technical assistance
- Appropriate supplementation with IT to facilitate data processing and presentation

Guidance for future investment

Investment benefits must exceed invested funds

For countries

- Improved prevention of epidemics/ disease outbreaks
- Reduced vaccine wastage (*particularly for new expensive vaccines*)
- Strengthened management at all levels

For donors

- Improved appropriateness and effectiveness of assistance
- Increased transparency and recipient accountability