



Development of the Health Information System (HIS)

15

The health information suffers from incomplete data, issues of timeliness/accuracy of data, and less-than-optimal use of available data for analysis and decision-making. As a result, parallel systems of health information have been created by different vertical programs.

The Ministry of Health and Population (MSPP) has been addressing the issue of creating the National Information Health System Committee (CONASIS - *Comite National des Systemes d'Information de la Sante*) in 2008. The objective of CONASIS is to have a consolidated health information system by which all relevant information will be gathered and used for planning, decision making, and action. This system will include information on morbidity, mortality, health systems, health services, human resources, and health financing. The 15-member CONASIS is led by the Planning and Evaluation Unit (UPE). Members are composed of other central level directorates and partners. The main challenge is to set up and implement an efficient structure that is capable of reorganizing the HIS in order to effectively support evidence-based decision making at all levels: institutional, local, district and central.

The destruction of the MSPP building where the Planning and Evaluation Unit (UPE) was located impacted heavily on the HIS.

Activities carried out:

Immediately following the earthquake, a situation room was established by MSPP with support from PAHO/WHO and other partners (Center for Disease Control and Prevention (CDC), Cuban Brigade, ACDI, MSF, etc) as the basis for a system for collecting and managing health information. This information was intended to support National Health Authorities to take evidence-based decisions.

- A post-earthquake sentinel surveillance system was set up by MSPP, PAHO/WHO, CDC, and Cuban Brigade. The surveillance form that was used after the 2008 hurricanes was revitalized and modified. Data collection started the next day with 52 sentinel sites (hospitals, institutions). Data were then sent electronically to the Department of Epidemiology (*DELR -Direction d' Epidemiologie, de Laboratoire et de Recherche*), to the National Laboratory (LNSP *-Laboratoire National de Sante Publique*) and to PAHO/WHO.
- The group expanded over the next weeks and included Canadian International Development Agency (ACDI), the Cuban Brigade, MINUSTAH, Taiwan, CDC, mainland China, epidemiologists from the Philippines, Medecins Sans Frontieres (representing all five MSF bodies), etc. PAHO/WHO supported the mobilization of epidemiologists. At one point, the group reached a total of 40 personnel at the central level.
- In February, Internally Displaced Population Camps Surveillance System (IDPSS) was established. Data is being received from 21 IDP camps
- Six post-disaster epidemiological bulletins have been published by MSPP/DELR.
- The first meeting of CONASIS after the earthquake was held on 30 April 2010. All partners attended and expressed their support. Follow up meetings are scheduled.

Next steps:

- Review of the two forms - National Sentinel Surveillance Sites (NSSS) and Internally Displaced Population Surveillance Sites (IDPSS) to come up with a standardized form. This is expected on 15 May 2010
- Review of the NSSS with the objective of (1) dropping the non-reporting sites, and (2) adding new sites.
- Continue providing weekly Epidemiological Bulletins

Provide technical cooperation to improve skills in relation to the collection, processing and analysis of information at all levels by hiring additional national data entry/data analysis personnel (at central and departmental levels)

- Systematic feedback to NSSS and IDP camps
- Further strengthening of the surveillance system through hiring of national departmental epidemiologists (one per department) and providing financial resources.
- Support the strategy to overcome challenges and weakness which consists of:
  - Capacity building of government personnel (national, departmental, and community level staff (UCS-Unites Communales de Sante);
  - Transfer of knowledge to critical masses at sub-national level through the use of a core team of trainers (epidemiologists and statisticians);