

Data from routine health information systemsⁱ

National, district, or other local health authorities (or other organisations within the health system) often collect data routinely on a wide range of issues, including:ⁱⁱ

- **Risk factors** – Such as nutrition and blood pressure
- **Mortality and burden of disease** – This includes health outcomes such as child mortality, TB treatment outcomes, peri-operative deaths, infectious disease and cancer notifications
- **Health service coverage:**
 - Coverage of clinical interventions or services such as childhood vaccinations or cervical screening rates
 - Health service utilisation information such as length of hospital stay, number of outpatient visits for specific health conditions, and prescription drugs dispensed
 - Routine surveys of patient satisfaction with care
- **Health systems resources:**
 - Healthcare expenditures according to various cost centres and programmes
 - Human resource data such as the numbers and grades of staff in different facilities and programmes, staff development programmes delivered, and staff absenteeism
 - Clinical performance data such as post-surgical infection rates, time-to-treatment for people with myocardial infarctions
 - Guidelines used for care delivery
 - Adherence to guidelines for care delivery
- **Inequities in healthcare and health outcomes**

For some of these sources, it may be possible to disaggregate data by specific groups, such as gender or age, or by specific local area, such as by neighbourhood or town.ⁱⁱⁱ Data from routine health information systems may not have been analysed systematically and considerable resources may be needed to undertake such analysis.

Good starting points for identifying local sources of routine data include the Health Information Departments of Ministries of Health, National Statistics Offices, and local health authorities. Increasingly, these departments publish lists on the Internet of the range of data that they capture and analyse. Many also regularly produce summary statistics. The City of Cape Town Health Department in South Africa, for example, publishes information on their website by sub-district for a small range of health indicators, such as the number of live births, number of infant deaths, infant mortality rates, TB case loads and treatment outcomes (See: www.capetown.gov.za/en/cityhealth/Pages/CityHealth.aspx).

Local research institutions, health non-governmental organisations (NGOs), or the offices of bilateral or multi-lateral agencies, such as the WHO country offices, may

also be able to advise on local sources of routinely collected data. Some commercial databases may include useful local evidence, for example, related to local prices for drugs, drug availability, and the use of other technologies. In general, national and sub-national health authorities should maintain an overview of local sources of routinely collected data. Groups responsible for preparing and supporting the use of policy briefs should become familiar with key sources of data and key contacts for identifying different types of data. Ideally they should maintain an inventory to facilitate rapid identification of and access to these sources.

References

ⁱ Adapted from: Lewin S, Oxman AD, Lavis JN, Fretheim A, García Martí S, Munabi-Babigumira S: SUPPORT Tools for evidence-informed health Policymaking (STP). 11. Finding and using research evidence about local conditions. *Health Res Policy Syst.* 2009, 7(Suppl 1):S11.

ⁱⁱ World Health Organization. *World Health Statistics. Indicator compendium (Interim version)* Geneva, World Health Organisation; 2009.

ⁱⁱⁱ Oxman AD, Lavis JN, Lewin S, Fretheim A: SUPPORT Tools for evidence-informed health Policymaking (STP). 10. Taking equity into consideration when assessing the findings of a systematic review. *Health Res Policy Syst* 2009, 7(Suppl 1):S10.