

The complete RHIS curriculum is available here: <https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum>

**7.1.11**

**Exercise on Common Ministry of Health Organizational Structures for National HIS Functions**

* Participants work in small groups for 30 minutes.
* Read the document (see below) on “National HIS Functions for Country HIS Performance.”
* For your ministry of health (and eventually other government departments), list the dedicated units, departments, or programs that are responsible for these functions, as well as the linkages among common HIS organizational units.
* Draw a current organizational chart of these HIS structures and indicate if you want to eventually review and revise this structure.
* Present your lists and charts in plenary and compare with your colleagues.

**National HIS Functions as Suggested by Core Indicators for Country Health Information System Performance[[1]](#footnote-1)**

Indicators of country health information system performance can be grouped into two broad types:

* Indicators related to data generation using core sources and methods (health surveys, civil registration, census, facility reporting, and health system resource tracking)
* Indicators related to country capacities for synthesis, analysis and validation of data

Indicators of data generation reflect country capacity to collect relevant data at appropriate intervals and using the most appropriate data sources. Benchmarks include periodicity, timeliness, and contents of data collection efforts and availability of data on key indicators. Indicators of country capacity measure key dimensions of the institutional frameworks needed to ensure data quality including independence, transparency, and access. Benchmarks include the availability of independent coordination mechanisms, and the availability of micro data and metadata.

**Table. Summary of indicator definitions and measurement methods**

**Health Surveys**

1. Country has a 10-year costed survey plan that covers all priority health topics and takes into account other relevant data sources
2. Two or more data points available for child mortality in the past 5 years
3. Two or more population-based data points for maternal mortality in the past 10 years
4. Two or more data points for coverage of key health interventions in the past 5 years
5. One or more data point on smoking and adult nutritional status in the past 5 years

**Birth and Death Registration**

1. Percentage of births registered
2. Percentage of deaths registered
3. ICD10 used in district hospitals and causes of death reported to national level

**Census**

1. Census completed within past 10 years
2. Population projections for districts and smaller administrative areas available in print and electronically, well-documented

**Health Facility Reporting**

1. Number of institutional deliveries available, by district, and published within 12 months of preceding year
2. HIV prevalence for relevant surveillance populations published within 12 months of preceding year
3. Country website for health statistics with latest report and data available to the general public
4. Reporting of notifiable diseases makes use of modern communication technology, and reporting of statistics from district to national levels is web-based
5. Percentage of districts that submit timely, complete, and accurate reports to national level
6. Data quality assessments carried out and published within past 3 years
7. International Health Regulations implemented according to international standards

**Health System Resource Tracking**

1. At least one national health account completed in past 5 years
2. National database with public- and private-sector health facilities and geocoding, available and updated within past 3 years
3. National database with health workers, by district and main cadres, updated within past 2 years
4. Annual data on availability of tracer medicines and commodities in public and private health facilities

**Capacity for Analysis, Synthesis, and Validation of Health Data**

1. There is a designated and functioning institutional mechanism charged with analysis of health statistics, synthesis of data from different sources, and validation of data from population and facility sources.
2. There is a national set of indicators with targets and annual reporting to inform annual health sector reviews and other planning cycles.
3. There is a national microdata archive for health surveys and census that is operational.
4. Survey data are used to assess and adjust routine reports from health facility on vaccinations with the results published within 12 months of the preceding year.
5. A burden of disease study has been conducted within the past 5 years by national stakeholders.
6. A study of health systems performance has been carried out within the past 5 years by national stakeholders.
7. There is national commitment to transparency in data dissemination and acknowledgement of uncertainty.
8. The official annual health statistics report has been published within 12 months of the preceding (calendar or fiscal) year.



1. World Health Organization. (2008). Toolkit on monitoring health systems strengthening, health information systems. Geneva, Switzerland: World Health Organization. Retrieved from <http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_InformationSystems.pdf>. [↑](#footnote-ref-1)