Information Management and Health Sector Reform

Why is information management integral to health sector reform?

Sustaining health sector reforms demands a culture of evidence-based decision making: seeking out the reasons for problems, designing and evaluating alternative solutions, demanding evidence about results, elevating “what works best” over ideology or tradition. To do so requires creating new sources of information, reprogramming existing sources, and coordinating the flow of information systems and technology to support the needs for information.

How can policymakers incorporate an evidence-based approach into their decisions?

Policymakers in many developing countries do not use an evidence-based approach to decision making, either because they are not accustomed to the approach, or information is not collected or communicated to them. Nor do they incorporate into policy the benchmarks by which progress toward their goals may be measured.

With PHR support, a number of countries in Africa, Asia, the Middle East, and Latin America and the Caribbean expanded their capacity and technology to design, implement, and evaluate reform.

In Egypt, PHR assisted the Ministry of Health and Population to identify information helpful to policymakers and developed strategic planning tools to support decision making. The tools include an inpatient bed policy simulation model and basic benefits package simulation model. PHR also provided support to the National Information Center for Health and Population in the development of an Executive Information System, which provides indicators that allow policymakers to assess how the health system is performing and how their reforms are progressing.

PHR provided technical assistance to 27 countries to design and implement the national health accounts methodology. NHA provides important information on the uses and sources of revenue in the health care system. An NHA study in Morocco, for example, demonstrated that more than half of health care funding comes from households; this financial burden limits utilization of care and drugs by poorer households.

A household survey in Rwanda furnished data on health care expenditures so that affordable rates for a pilot prepayment scheme could be set. Survey data provided a baseline for evaluating the effectiveness of the prepayment scheme to increase equitable access and utilization of priority health services.

In the Dominican Republic, PHR worked with the Ministry of Health Reform
The Peruvian Ministry of Health wanted to use the incentives of case-based reimbursement to reduce costs and excess capacity. In response, PHR developed a new data collection system, including software, to record and compile the detailed information needed. The system is also used for quality control and utilization review at the hospital level.

PHR assisted the Senegal Ministry of Health to develop information systems compatible with new accounting systems, decentralization, and hospital reform. PHR and the ministry created data systems for the financial, logistical, and human and material resource management functions for which hospitals were assigned increasing responsibility.

**How do information systems support operational aspects of reform?**

At the operational level, effective implementation of reform benefits from accountability, transparency, and measurement of results. Health managers therefore need systems to record, compile, and analyze clinical, administrative, and financial information. This includes determining data needs, developing indicators, designing software to process the data into information, and training and capacity building.

As part of the development of a new family practice model of care in Egypt, PHR helped devise a medical records system that captures patient encounter and cost data. At the facility level, the records allow: (1) providers to track treatments and services for patient care in a family context and (2) managers to track costs and utilization for planning. The Family Health Fund uses clinical data to manage performance-based provider incentives, monitor facility costs, efficiency and quality, and make capitated reimbursement.

**What do we need to pay attention to when thinking about information systems and health sector reform?**

The following points are key to the development of an information system:

▲ Create systems that use operational-level information whenever possible
▲ Focus design on what policymakers need to know for strategic planning
▲ Involve stakeholders from all levels in the design and implementation of information systems to help ensure user-friendliness
▲ Provide counterparts the capacity to understand what complementary hardware is needed and appropriate.▲

This article is one in a series that describes lessons learned in the Partnerships for Health Reform Project. The follow-on PHRplus Project is drawing on these lessons to familiarize country counterparts and USAID Missions with project skills and capabilities, which are significantly expanded by the PHRplus partnership, which now comprises Abt and nine partner organizations, as well as several affiliate organizations. As these papers are brief, they cannot include all possible approaches to specific country needs; therefore, we welcome reader comments and discussion. Send comments to PHR-InfoCenter@abtassoc.com