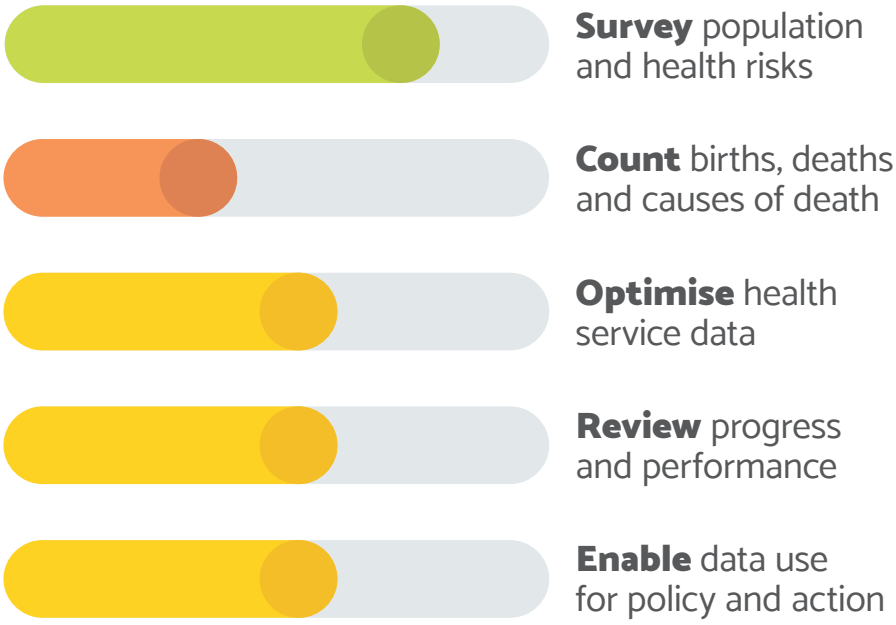
Global status report on health data systems and capacity

SCORE *for* **Myanmar**



World Health Organization

Availability of latest data to monitor the health-related SDGs

One data point over the last 5 years

73% of indicators to monitor the health-related SDGs with data available

INDICATOR	2013	2014	2015	2016	2017	ANY YEAR
1. MATERNAL MORTALITY RATIO (PER 100 000 LIVE BIRTHS)	○	●	●	○	○	●
2. PROPORTION OF BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL (%)	○	●	●	○	○	●
3. NEONATAL MORTALITY RATE (PER 1000 LIVE BIRTHS)	○	●	●	○	●	●
4. UNDER-FIVE MORTALITY RATE (PER 1000 LIVE BIRTHS)	○	●	●	○	●	●
5. NEW HIV INFECTIONS (PER 1000 UNINFECTED POPULATION)	○	○	○	○	○	○
6. TUBERCULOSIS INCIDENCE (PER 100 000 POPULATION)	●	●	●	●	●	●
7. MALARIA INCIDENCE (PER 1000 POPULATION AT RISK)	—	—	—	—	—	—
8. HEPATITIS B SURFACE ANTIGEN (HBSAG) PREVALENCE AMONG CHILDREN UNDER 5 YEARS (%)	○	○	○	○	○	○
9. REPORTED NUMBER OF PEOPLE REQUIRING INTERVENTIONS AGAINST NTDS	●	●	●	●	●	●
10. PROBABILITY OF DYING FROM ANY OF CVD, CANCER, DIABETES, CRD BETWEEN AGE 30 AND EXACT AGE 70 (%)	○	●	●	○	○	●
11. SUICIDE MORTALITY RATE (PER 100 000 POPULATION)	○	●	●	○	○	●
12. TOTAL ALCOHOL PER CAPITA (≥ 15 YEARS OF AGE) CONSUMPTION (LITRES OF PURE ALCOHOL)	○	●	●	●	●	●
13. ROAD TRAFFIC MORTALITY RATE (PER 100 000 POPULATION)	○	●	●	●	●	●
14. PROPORTION OF MARRIED OR IN-UNION WOMEN OF REPRODUCTIVE AGE WHO HAVE THEIR NEED FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (%)	○	○	○	○	○	○
15. ADOLESCENT BIRTH RATE (PER 1000 WOMEN AGED 15-19 YEARS)	○	●	●	●	○	●
16. ANTENATAL CARE, FOUR OR MORE VISITS (ANC4) (%)	○	○	○	○	○	○
17. ANTIRETROVIRAL THERAPY (ART) COVERAGE (%)	○	●	●	●	○	●
18. CARE-SEEKING BEHAVIOUR FOR CHILD PNEUMONIA (%)	○	○	○	○	○	○
19. CERVICAL CANCER SCREENING AMONG WOMEN AGED 30-49 YEARS (%)	○	●	○	○	○	●
20. DENSITY OF PSYCHIATRISTS (PER 100,000 POPULATION)	○	○	○	○	○	○
21. DENSITY OF SURGEONS (PER 100,000 POPULATION)	○	○	●	○	○	●
22. HOSPITAL BEDS PER 10000 POPULATION	○	●	○	●	○	●
23. HOUSEHOLDS WITH AT LEAST ACCESS TO BASIC SANITATION (%)	○	●	●	●	○	●
24. MEAN FASTING PLASMA GLUCOSE (MMOL/L)	○	●	○	○	○	●
25. POPULATION AT RISK SLEEPING UNDER INSECTICIDE-TREATED NETS FOR MALARIA PREVENTION (%)	—	—	—	—	—	—
26. PREVALENCE OF NORMAL BLOOD PRESSURE, REGARDLESS OF TREATMENT STATUS (%)	○	●	○	○	○	●

INDICATOR	2013	2014	2015	2016	2017	ANY YEAR
27. TUBERCULOSIS EFFECTIVE TREATMENT COVERAGE (%)	○	●	●	○	○	●
28 AND 29. PROPORTION OF A COUNTRY'S POPULATION WITH LARGE HOUSEHOLD EXPENDITURE ON HEALTH AS A SHARE OF HOUSEHOLD TOTAL CONSUMPTION OR INCOME (>10% OR >25%).	○	○	○	○	○	○
30. AGE-STANDARDIZED MORTALITY RATE ATTRIBUTED TO HOUSEHOLD AND AMBIENT AIR POLLUTION (PER 100 000 POPULATION)	○	●	●	○	○	●
31. MORTALITY RATE ATTRIBUTED TO EXPOSURE TO UNSAFE WASH SERVICES (PER 100 000 POPULATION)	○	●	●	○	○	●
32. MORTALITY RATE FROM UNINTENTIONAL POISONING (PER 100 000 POPULATION)	○	●	●	○	○	●
33. AGE-STANDARDIZED PREVALENCE OF TOBACCO SMOKING AMONG PERSONS 15 YEARS AND OLDER (%)	○	●	●	○	○	●
34. DIPHTHERIA-TETANUS-PERTUSSIS (DTP3) IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS V (%)	●	●	●	●	●	●
35. MEASLES-CONTAINING-VACCINE SECOND-DOSE (MCV2) IMMUNIZATION COVERAGE BY THE NATIONALLY RECOMMENDED AGE (%)	●	●	●	●	●	●
36. PNEUMOCOCCAL CONJUGATE 3RD DOSE (PCV3) IMMUNIZATION COVERAGE AMONG 1-YEAR OLDS (%)	○	●	●	●	●	●
37. TOTAL NET OFFICIAL DEVELOPMENT ASSISTANCE TO MEDICAL RESEARCH AND BASIC HEALTH SECTORS PER CAPITA (US$)	○	○	○	○	○	○
38. DENSITY OF DENTISTRY PERSONNEL (PER 1000 POPULATION)	○	●	○	●	○	●
39. DENSITY OF NURSING AND MIDWIFERY PERSONNEL (PER 1000 POPULATION)	○	●	●	●	●	●
40. DENSITY OF PHARMACEUTICAL PERSONNEL (PER 1000 POPULATION)	○	●	○	●	○	●
41. DENSITY OF PHYSICIANS (PER 1000 POPULATION)	○	●	○	●	●	●
42. AVERAGE OF 13 INTERNATIONAL HEALTH REGULATIONS CORE CAPACITY SCORES	●	●	●	●	●	●
43. DOMESTIC GENERAL GOVERNMENT HEALTH EXPENDITURE (GGHE-D) AS PERCENTAGE OF GENERAL GOVERNMENT EXPENDITURE (GGE) (%)	○	○	○	○	○	○
44. PREVALENCE OF STUNTING IN CHILDREN UNDER 5 (%)	○	○	○	○	○	○
45. PREVALENCE OF OVERWEIGHT IN CHILDREN UNDER 5 (%)	○	○	○	○	○	○
46. PREVALENCE OF WASTING IN CHILDREN UNDER 5 (%)	○	○	○	○	○	○
47. PROPORTION OF POPULATION USING SAFELY MANAGED DRINKING-WATER SERVICES (%)	○	●	○	●	○	●
48. PROPORTION OF POPULATION USING SAFELY MANAGED SANITATION SERVICES (%)	○	●	○	●	○	●
49. PROPORTION OF POPULATION WITH PRIMARY RELIANCE ON CLEAN FUELS (%)	○	○	○	○	○	○
50. ANNUAL MEAN CONCENTRATIONS OF FINE PARTICULATE MATTER (PM2.5) IN URBAN AREAS (MG/M3)	○	○	○	○	●	●
51. AVERAGE DEATH RATE DUE TO NATURAL DISASTERS (PER 100 000 POPULATION)	○	○	●	○	○	●
52. MORTALITY RATE DUE TO HOMICIDE (PER 100 000 POPULATION)	○	●	●	○	○	●
53. ESTIMATED DIRECT DEATHS FROM MAJOR CONFLICTS (PER 100 000 POPULATION)	○	○	○	○	○	○
54. COMPLETENESS OF CAUSE-OF-DEATH DATA (%)	○	●	●	○	○	●

● AVAILABLE / ○ NOT AVAILABLE / — NOT RELEVANT

Lower Capacity  **Higher Capacity**

Survey population and health risks[1]

- System of regular population-based health surveys
- Surveillance of public health threats
- Regular population census

Count births, deaths and causes of death

- Full birth and death registration
- Certification and reporting of causes of death

Optimise health service data

- Routine facility reporting system with patient and community monitoring
- Regular system to monitor service availability, quality and effectiveness
- Health finance data
- Health workforce data

Review progress and performance

- Regular analytical progress and performance reviews, with equity
- Institutional capacity for analysis and learning

Enable data use for policy and action

- Data and evidence drive policy and planning
- Data access and sharing
- Strong country-led governance of data

1 Scores of the 5 interventions (bolded) are weighted averages of scores of individual subcomponents (elements).

Survey population and health risks

SYSTEM OF REGULAR POPULATION-BASED HEALTH SURVEYS

A system of regular and comprehensive population health surveys that meets international standards

Number surveys in 5 years	**6**
Cover major health issues	**9/13** (69,2%)

	SURVEY NAME	YEAR	COVERS MAJOR DIMENSIONS OF INEQUALITY (# DIMENSIONS / SUM RELEVANT DIMENSIONS)[1]	ALIGNED WITH INTERNATIONAL STANDARDS (# / 8 STANDARDS)[2]	FUNDED BY GOVERNMENT	SURVEY SCORE %[3]
1	MYANMAR POPULATION AND HOUSING CENSUS*	2016	5/6 (83%)	8/8 (100%)	YES	93%
2	MYANMAR DEMOGRAPHIC AND HEALTH SURVEY 2015-16*	2015-2016	6/6 (100%)	8/8 (100%)	-	80%
3	MYANMAR LIVING CONDITIONS SURVEY*	2017	6/6 (100%)	7/8 (88%)	-	75%
4	GSHS*	2016	3/5 (60%)	8/8 (100%)	-	64%
5	STEPS*	2014	3/6 (50%)	7/8 (88%)	-	55%
6	GYTS	2016	3/6 (50%)	6/8 (75%)	-	50%

** Only surveys with asterisks contribute to the overall score above.*

1 Inequality dimensions comprise wealth, education, sex/gender, age, urban/rural and sub-national (where relevant).

2 International standards include: sample design described, sample size given, sampling errors provided, implementation process described, analysis of data described, data and report available and nationally representative.

3 Score is a weighted average of 3 components,(40% for health topics; 50% for attributes; 10% for # surveys – 5=10, 4=9, 3=8, 2= 7, 1=6), based on the 5 highest scoring surveys.

Underlying responses for each survey

MYANMAR DEMOGRAPHIC AND HEALTH SURVEY 2015-16 - 2015-2016

COVERS MAJOR HEALTH PRIORITIES
(SELECTED SET OF PRIORITIES)

FAMILY PLANNING	●
DELIVERY / SKILLED BIRTH ATTENDANCE	●
CHILD IMMUNIZATION	●
CHILD WEIGHT / HEIGHT	●
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	●
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	●
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	-

IS FUNDED BY GOVERNMENT

GOVERNMENT FUNDED	-

COVERS MAJOR DIMENSIONS OF INEQUALITY

WEALTH / INCOME	●
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUB-NATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	●
REPORT IS ON WEB	●

● YES / - NO DATA / **NA** NOT APPLICABLE TO THE SURVEY

MYANMAR POPULATION AND HOUSING CENSUS - 2016

COVERS MAJOR HEALTH PRIORITIES
(SELECTED SET OF PRIORITIES)

FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	●
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	-
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	-

IS FUNDED BY GOVERNMENT

GOVERNMENT FUNDED	●

COVERS MAJOR DIMENSIONS OF INEQUALITY

WEALTH / INCOME	-
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUB-NATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	●
REPORT IS ON WEB	●

● YES / - NO DATA / **NA** NOT APPLICABLE TO THE SURVEY

MYANMAR LIVING CONDITIONS SURVEY - 2017

COVERS MAJOR HEALTH PRIORITIES
(SELECTED SET OF PRIORITIES)

FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	-
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	-

IS FUNDED BY GOVERNMENT

GOVERNMENT FUNDED	-

COVERS MAJOR DIMENSIONS OF INEQUALITY

WEALTH / INCOME	●
EDUCATION	●
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	●
SUB-NATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	●
REPORT IS ON WEB	-

● YES / - NO DATA / **NA** NOT APPLICABLE TO THE SURVEY

STEPS - 2014

COVERS MAJOR HEALTH PRIORITIES
(SELECTED SET OF PRIORITIES)

FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	●
CERVICAL CANCER SCREENING	●
PREVALENCE OF RAISED BLOOD PRESSURE	●
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	●
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	-

IS FUNDED BY GOVERNMENT

GOVERNMENT FUNDED	-

COVERS MAJOR DIMENSIONS OF INEQUALITY

WEALTH / INCOME	-
EDUCATION	-
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	-
SUB-NATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	-
REPORT IS ON WEB	●

● YES / - NO DATA / **NA** NOT APPLICABLE TO THE SURVEY

GSHS - 2016

COVERS MAJOR HEALTH PRIORITIES
(SELECTED SET OF PRIORITIES)

FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	●
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	-

IS FUNDED BY GOVERNMENT

GOVERNMENT FUNDED	-

COVERS MAJOR DIMENSIONS OF INEQUALITY

WEALTH / INCOME	-
EDUCATION	NA
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	-
SUB-NATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	●
REPORT IS ON WEB	●

● YES / - NO DATA / NA NOT APPLICABLE TO THE SURVEY

GYTS - 2016

COVERS MAJOR HEALTH PRIORITIES
(SELECTED SET OF PRIORITIES)

FAMILY PLANNING	-
DELIVERY / SKILLED BIRTH ATTENDANCE	-
CHILD IMMUNIZATION	-
CHILD WEIGHT / HEIGHT	-
MALARIA PARASITE PREVALENCE AMONG CHILDREN	-
CHILD MORTALITY	-
HIV PREVALENCE	-
TB PREVALENCE	-
TOBACCO USE	●
CERVICAL CANCER SCREENING	-
PREVALENCE OF RAISED BLOOD PRESSURE	-
PREVALENCE OF RAISED FASTING BLOOD GLUCOSE	-
HEALTH EXPENDITURE AS A PERCENT OF TOTAL HOUSEHOLD EXPENDITURE	-

IS FUNDED BY GOVERNMENT

GOVERNMENT FUNDED	-

COVERS MAJOR DIMENSIONS OF INEQUALITY

WEALTH / INCOME	-
EDUCATION	-
SEX / GENDER	●
AGE / AGE GROUP	●
URBAN / RURAL	-
SUB-NATIONAL	●

IS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS

SAMPLE DESIGN DESCRIBED	●
SAMPLE SIZE GIVEN	●
SAMPLING ERRORS PROVIDED	●
IMPLEMENTATION PROCESSES DESCRIBED	●
NATIONALLY REPRESENTATIVE	●
ANALYSIS OF DATA IS DESCRIBED	●
DATA FROM THE SURVEY IS AVAILABLE IN THE PUBLIC DOMAIN (TO BONA FIDE USERS)	-
REPORT IS ON WEB	-

● YES / - NO DATA / **NA** NOT APPLICABLE TO THE SURVEY

SURVEILLANCE OF PUBLIC HEALTH THREATS

Completeness and timeliness of weekly reporting of notifiable conditions (%)* -

% public reporting sites that submit weekly report*	- (-/-)
% non-public reporting sites that submit weekly report*	- (-/-)

Indicator and event-based surveillance system(s) in place based on International Health Regulations standards[1]

SPAR, JEE or IHR assessment	**SPAR**
SPAR score	**80%**
National IHR Focal Point functions under IHR	**80%**
Early warning function: indicator-and event-based surveillance	**80%**
Mechanism for event management (verification, risk assessment, analysis investigation)	**80%**

REGULAR POPULATION CENSUS MEETS INTERNATIONAL STANDARDS

Census conducted in last 10 years in line with international standards with population projections for sub-national units

Census conducted in last 10 years	**Yes**
Post enumeration survey carried out	-
Population projections with all disaggregations	**With disaggregations**

** Asterisked items are not included in overall score.*

1 Based on either SPAR, JEE assessment or IHR.

Count births, deaths and causes of death

FULL BIRTH AND DEATH REGISTRATION

Completeness of birth registration (%)	**81%**
Completeness of death registration (%)	**47%**

Core attributes of a functional CRVS system in place to generate vital statistics*

* Legal framework for CRVS: adequate and enforced legislation which states that registration of births and deaths is compulsory	**Framework and SOPs not defined**
* The country has sufficient locations where citizens can register births and deaths: proportion of population with easy access	**Coverage only in urban areas**
* Registrars have adequate training	**No formal training**
* CRVS interagency collaboration	
Formally established	No formal agency, ad hoc meetings
Oversees CRVS planning	Extensive oversight role
Includes key stakeholders	All relevant stakeholders
Meets regularly	-
* All data are exchanged electronically from local to regional offices and then to central offices	**Electronic at all levels**
* Data quality and analysis: there are reports that provide evidence of data quality assessment, adjustment and analysis of vital statistics using international standards	**-**
* Monitoring of system performance	**-**
* High quality vital statistics reports have been published in the last five years	**None in last 5 years**

* *Asterisked items are not included in overall score.*

CERTIFICATION AND REPORTING OF CAUSES OF DEATH

Deaths with medical certificate with cause of death (MCCD) and ICD coding as a % of total deaths	**16%**
Quality of cause of death	**20-29%**

Core attributes of a functioning system to generate cause-of-death statistics*

* Legislation for MCCD	**MCCD not used**
* ICD compliant MCCD are used	**None/very limited**
* Medical students trained in correct death certification practices	**At least 50%-99% of schools**
* Statistical clerks trained in mortality coding	**None/very limited**
* Verbal autopsy (if applicable) applied	**Partial**
* Data quality assurance and dissemination	**-**
* Cause of death statistics available	**Regular with both in- and out-of-facility deaths**

** Asterisked items are not included in overall score.*

Optimise health service data

ROUTINE FACILITY REPORTING SYSTEM WITH PATIENT AND COMMUNITY MONITORING

Availability of annual statistic for selected indicators derived from facility data

	DATA AVAILABLE AT NATIONAL LEVEL	DATA AVAILABLE AT SUBNATIONAL LEVEL	DISAGGREGATION BY AGE	DISAGGREGATION BY GENDER	AVAILABILITY SCORE 0-1[1]
OPD VISITS	●	●	○	○	**0,75**
HOSPITAL ADMISSION / DISCHARGE RATES – BY DIAGNOSIS	●	●	○	○	**0,75**
HOSPITAL DEATHS BY MAJOR DIAGNOSTIC CATEGORY (ICD)	●	●	○	●	**0,875**
DTP/PENTA[3] IN ONE YEAR-OLDS	●	●	**NA**	**NA**	**1**
INSTITUTIONAL MATERNAL MORTALITY	○	○	**NA**	**NA**	**0**
TB TREATMENT SUCCESS RATES	●	○	○	○	**0,5**
LOW BIRTH WEIGHT PREVALENCE AMONG INSTITUTIONAL BIRTHS	○	○	**NA**	○	**0**
ART COVERAGE	●	**NA**	●	●	**1**
SURGERY BY TYPE	○	○	○	○	**0**
SEVERE MENTAL HEALTH DISORDERS	●	●	○	○	**0,75**
NEW CANCER DIAGNOSIS BY TYPE	●	○	○	○	**0,5**

● AVAILABLE / ○ NOT AVAILABLE / **NA** NOT APPLICABLE FOR THIS INDICATOR

1 Score is a weighted average based on availability of national and relevant disaggregations (depending on indicator and country context).

Functional facility/patient reporting system in place based on key criteria*

Documented data quality checks for primary care facility data	**Partial**
Documented data quality checks for hospital data	**Partial**
Completeness of reporting by public, primary care facilities	**>75%**
Completeness of reporting by public hospitals	**25%-75%**
Completeness of reporting by private health facilities	**25%-75%**
* National unique patient identifier system	-
* Cancer registries for all types of cancer	**Partially there**
* Master facility list up to date	**Partially there**
* Institutional system of data quality assurance	**Completely there**
* Data management SOPs	**Completely there**
* Standardized system of electronic data entry (aggregate reporting) at the district or comparable level	**Completely there**
* System of electronic capture of patient level health data in primary care health facilities which is standardized and fully interoperable with aggregated routine HIS	-
* System of electronic capture of patient level health data in hospitals which is standardized and fully interoperable with aggregated routine HIS	-
* Interoperability - standards based data exchange between systems	-

REGULAR SYSTEM TO MONITOR SERVICE AVAILABILITY, QUALITY AND EFFECTIVENESS

Well established system to independently monitor health services

Regular independent assessments of the quality of care in hospitals and health facilities	**Regular monitoring - availability and readiness only**
System of accreditation of health facilities based on data	-
System of adverse event reporting following medical interventions*	-

** Asterisked items are not included in overall score.*

HEALTH SERVICE RESOURCES: HEALTH FINANCE DATA

Availability of latest data on national health expenditure

Data available within last five years on public health expenditure	**Yes, some based on standards**
Data available within last five years on private health expenditure	**Yes, some based on standards**
Data available within last five years on catastrophic spending	**Yes, some based on standards**

HEALTH SERVICE RESOURCES: HEALTH WORKFORCE DATA

Health workforce – knowledge of density of cadre and distribution updated annually

	DATA AVAILABLE AT NATIONAL LEVEL	DISAGGREGATION BY AGE	DISAGGREGATION BY SEX	DATA AVAILABLE SUBNATIONALLY	DATA AVAILABLE FOR PUBLIC/ PRIVATE FACILITIES	OVERALL SCORE FOR CADRE
PHYSICIANS	●	●	●	●	●	**1**
PHARMACISTS	●	●	●	●	●	**1**
DENTISTS	●	●	●	●	●	**1**
NURSES	●	●	●	●	●	**1**
MIDWIVES	●	●	●	●	●	**1**

National human resources health information system is in place and functional*

* HRHIS tracks number of entrants to the labour market	**Complete tracking**
* HRHIS tracks number of active stock on the labour market	-
* HRHIS tracks number of exits from the labour market	-
* HRHIS tracks demographic distribution of health workers	-
* HRHIS tracks subnational level data of active health workers	**Complete tracking**
* HRHIS tracks number of graduates from education and training institutions	-
* HRHIS tracks information on foreign-born and/ or foreign-trained health workers	-

** Asterisked items are not included in overall score.*

Review progress and performance

REGULAR ANALYTICAL PROGRESS AND PERFORMANCE REVIEWS WITH EQUITY

High quality analytical report on of health sector progress and performance of health sector strategy/plan produced regularly

Analytical report produced within last 5 years	**Yes**
Year of report	2017
All data sources used	Completely
Assesses progress against target	Completely
Inequality, subnational	Completely
Inequality, socioeconomic	Limited
Inequality, gender	Completely
Linking performance to health inputs	Limited
Provides comparative analysis	Limited
Includes subnational rankings	Limited
Performance of hospitals included	Limited
Links finding to policy	Partially

INSTITUTIONAL CAPACITY FOR ANALYSIS AND LEARNING

Institutional capacity in data analysis at national and subnational levels

Involvement of public health institutes*	**-**
Subnational capacity in Ministry of Health or independent institutions*	**Some capacity**
Capacity at national Ministry of Health	**Some capacity**
Capacity at NBS to:	
Draw sample	No/little capacity
Implement surveys	Strong capacity
Analyse	Some capacity

* *Asterisked items are not included in overall score.*

Enable data use for policy and action

DATA AND EVIDENCE DRIVE POLICY AND PLANNING

National health plans and policies are based on data and evidence

Has a national health sector plan	**Yes**
Includes review of past performance (trends)	Partially
Includes burden of disease analysis	-
Includes health system strength analysis (response strength)	Partially
Presence of a central unit or function in Ministry of Health for data and evidence to policy translation	**Yes**
Level of output of a central unit or function in Ministry of Health for data and evidence to policy translation	None or rarely
Coordination function between Ministry of Health and partners*	**Yes**

DATA ACCESS AND SHARING

Health statistics are publicly available

Has a national health data portal	**Yes**
Frequency of updating national data	Annually
Contents of national dat	Some coverage of health statistics
Navigation ease of national database	Easy
National statistical report available	**Yes**
Statistical report publication frequency	Annually
Statistical report includes disaggregations	National and sub-national disaggregations
Bona fide users have Access to HMIS data	**Broad**
Bona fide users have access to health survey data	**Restricted**
Open data policy	**-**

* *Asterisked items are not included in overall score.*

STRONG COUNTRY-LED GOVERNANCE OF DATA

National monitoring and evaluation based on standards

Has a monitoring and evaluation plan	**Yes**
Includes core indicator list with baselines and targets	Partially
Includes specification on data collection methods and digital architecture	-
Includes data quality assurance mechanism	Partially
Includes analysis and review process specifications	-
Specifies use of data for policy and planning	Partially
Specifies dissemination of data	-
Specifies resource requirements to implement the strategic plan/policy	Partially

National digital health/e-health strategy is based on standards

Has a national e-health strategy	**-**
Includes discussion of health data architecture	
Includes description of health data standards and exchange	
Includes handling of data security issues	
Includes specifications for data confidentiality and data storage	
Specifies access to data	
Specifies alignment/is integrated with national HIS strategy	

Foundational elements to promote data use and access are used *

Legal framework or policies exist for health information systems and are enforced	**-**

* *Asterisked items are not included in overall score.*

SCORE

to reach your health goals

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