

# Improving information for better health – HMIS Project MSF OCBA

HMIS OCBA Team

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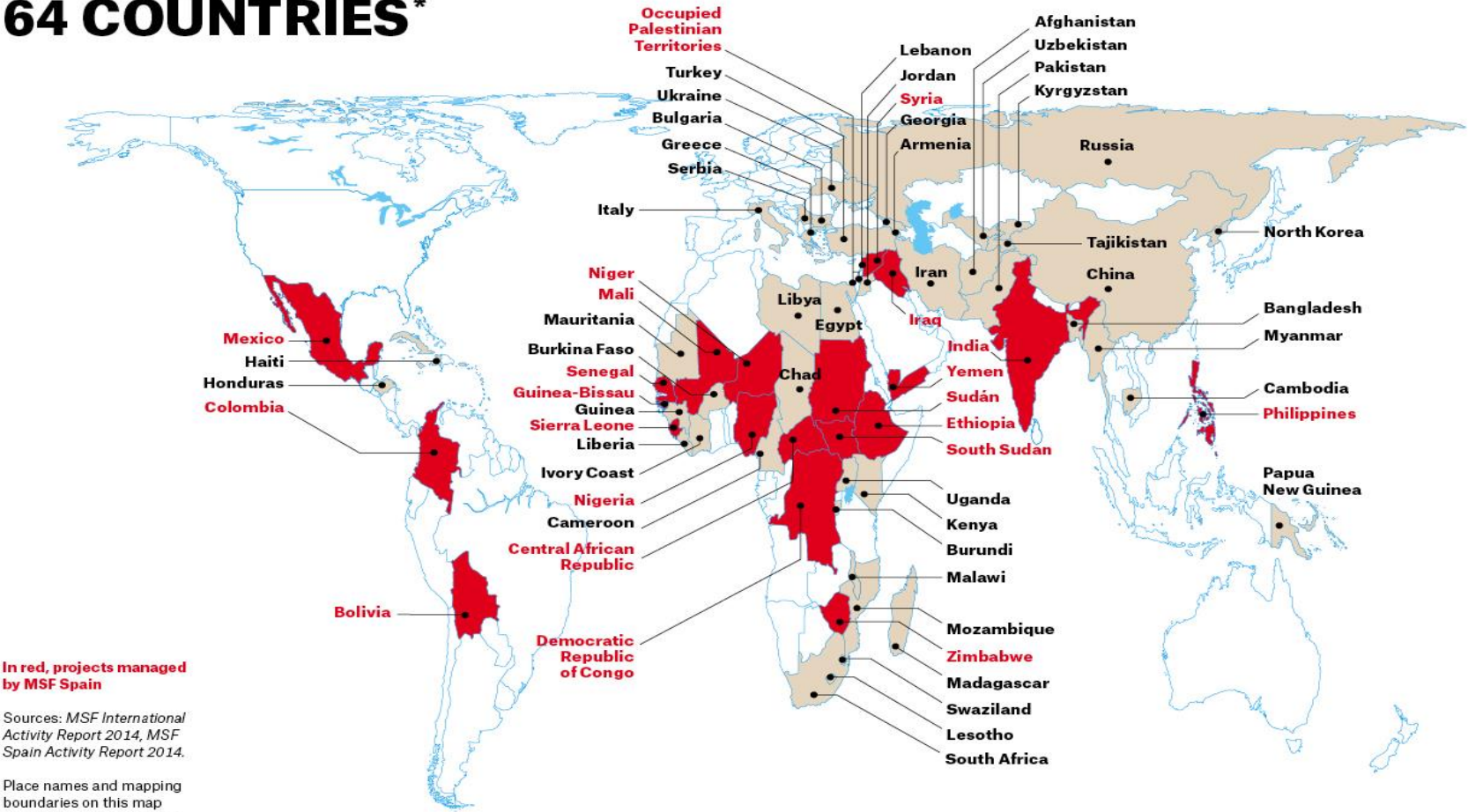
**What  
is  
MSF?**



**MSF stands for Médecins Sans Frontières (Doctors without Borders), an international medical humanitarian organisation providing care to populations in distress, regardless of race, religion or political beliefs.**

**In operation since 1971.** We have been providing medical humanitarian care for over 40 years. Currently, we have nearly 400 projects.

# WE WORK IN 64 COUNTRIES\*



In red, projects managed by MSF Spain

\* Sources: MSF International Activity Report 2014, MSF Spain Activity Report 2014.

Place names and mapping boundaries on this map do not reflect any position by MSF on the legal status of countries and territories.

# MSF

## When do we intervene?

MSF intervenes in response to a sudden deterioration in the **medical condition** of populations affected by humanitarian crises that threaten their survival or health, especially for those who do not receive assistance.



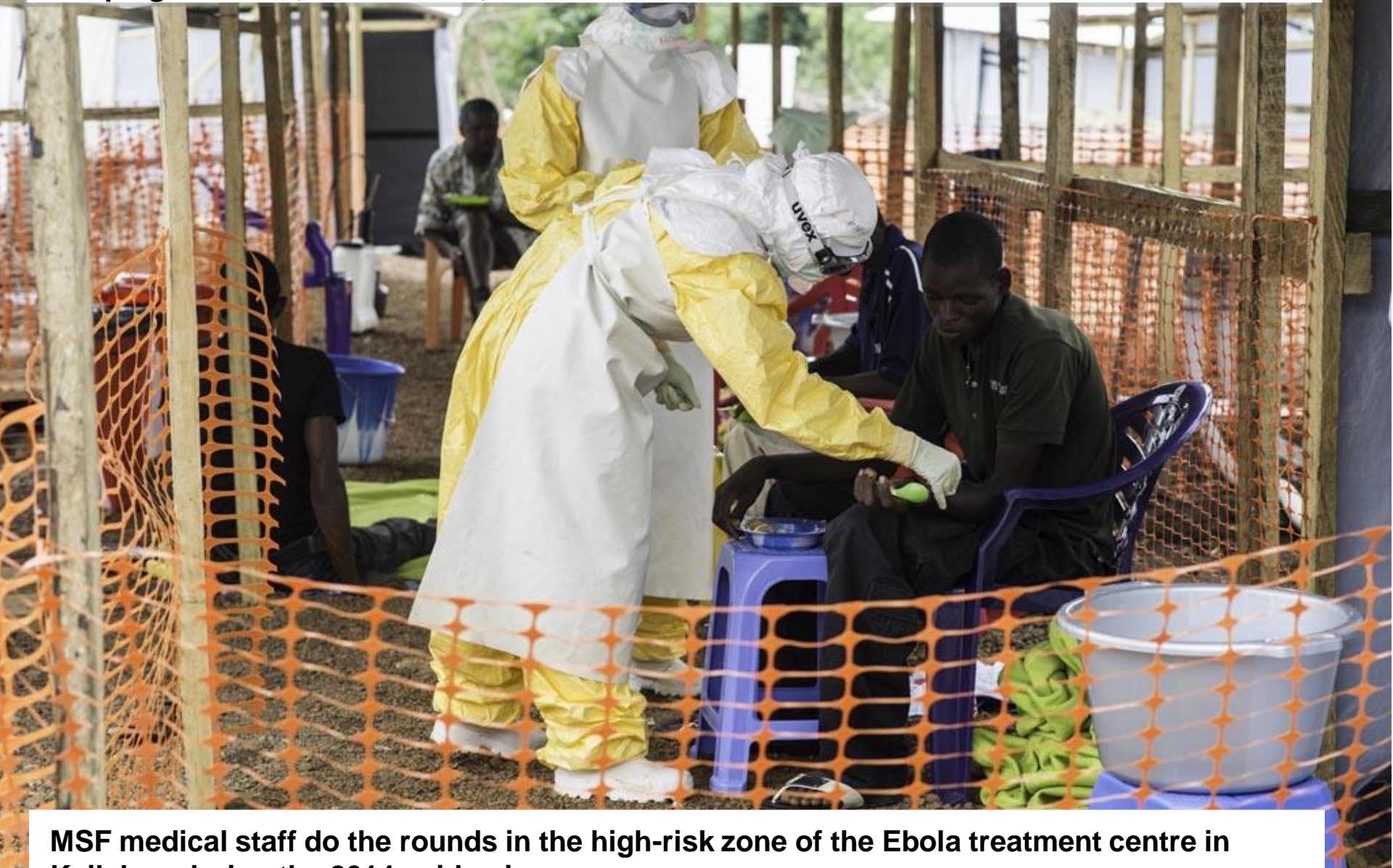
**Victims of armed conflicts.** Interventions aimed at populations whose integrity is directly threatened by violence or who have been forcibly or voluntarily displaced by it.



**Patients admitted to the Bangui Community Hospital during the escalation of violence in the Central African capital at the end of 2013 and early 2014. Most of them suffered gunshot wounds to their legs.** Central African Republic, 2014 © Juan Carlos Tomasi



**Victims of endemic and epidemic diseases.** Activities aimed at reducing deaths from cholera, measles, haemorrhagic fevers, HIV/AIDS, malaria, TB, Chagas disease, kala azar, sleeping sickness, malnutrition, etc.



**MSF medical staff do the rounds in the high-risk zone of the Ebola treatment centre in Kailahun during the 2014 epidemic.** Sierra Leone, 2014 © Sylvain Cherkaoui / Cosmos

## Presence



**64** countries



**400** projects

## Resources

Income **1.280** M€

Expenses **1066** M€

80% Field projects



Staff

**31,052**

85% National

## Main Health Services

Outpatient Consultations:

**8,250,700**

Malaria Cases Treated:

**2,114,900**

Surgical Procedures:

**81,700**

Babies Delivered:

**194,400**

Measles Vaccinations:

**1,573,700**



# IT Challenges for MSF

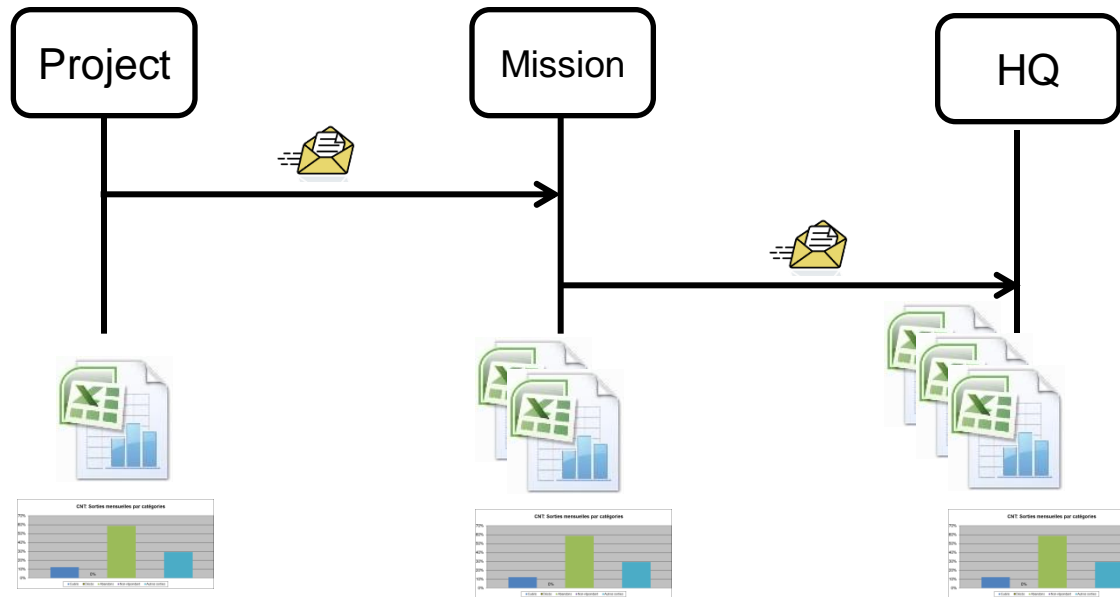
Security  
OpenData  
Efficiency  
DataIntegration  
Innovation  
Knowledge  
Emergencies  
Mobility  
Governance  
Connectivity

# What is a HMIS?

**System that captures, stores and manages routine health data for:**

- Aggregation and analysis of data in time and space
- Supporting management of health activities
- Evidence based decision making

# Why our HIS was perceived weak?



- Manual aggregation
- No quality checks
- Local & Static analysis
- Several information files
- Non robust tool
- Delayed access to information
- Low quality of information
- Do not facilitate feedback
- Limited Data sharing
- Non sustainable

# What was the aim of the project?

- To improve the Medical Information Systems and quality approach in our Operations

To facilitate medical data capture, validation, analysis and transmission across the different levels of the projects

Aligned with MSF international vision

*MSF DATA SHARING POLICY Dec 2013 : “MSF will prioritize for its data, information technology solutions that facilitate data sharing”*

*ISM Statement June 2013 : “interoperability, with an open model and shared knowledge rather than imposing a ‘one system fits all’ approach”*



# Project goals

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## **Quality information for all levels**

Ensure near real-time access to quality information throughout the organization in order to analyse data at all levels

## **Information for action**

Compress the delay between the identification of outbreaks and the response to it

## **Decision making**

Support decision-making processes improving the adequacy and quality of information

Data => Information => Knowledge => Actions => Results

# HMIS project definition

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To implement a health information system supported by a software that facilitates the data entry, validation, analysis and transmission through all the different levels of the organization

# Project strategy

- Accompanying and guiding the user through the change

**Change management**

- Training for new comers
- Training for recurrent users

**Continuous training**

- Useful information for the field and HQ
- Minimum data set
- Decision making based on evidence

**Meaningful use of information**

- Automatic aggregation
- Reduce data duplication
- Minimize manual errors
- Enables data sharing

**Quality of data**

**Empower field user**

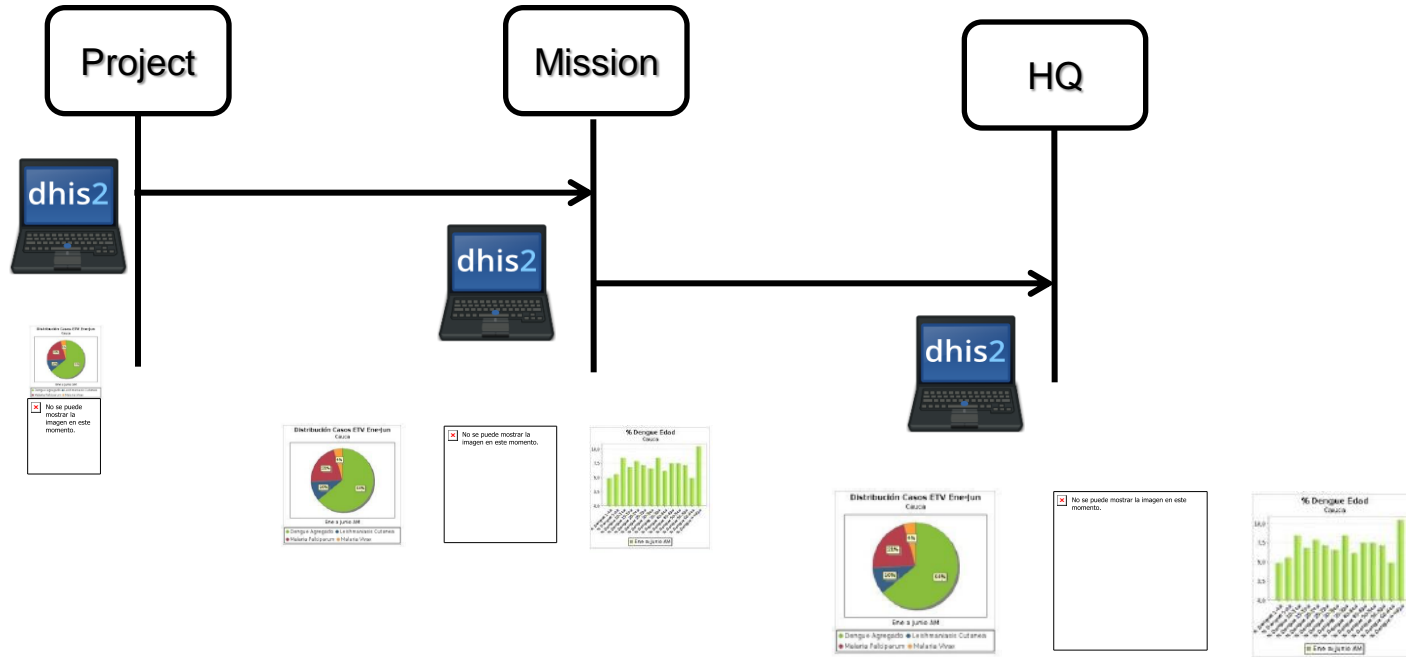
- Analysis at all levels
- Facilitate feedback

# How was the software selection?

- **October 2013** identifying needs for improving medical data collection and analysis (143 requirements: 87 functional and 56 technical)
- **December 2013** assessment of the four candidate tools
  - ✓ Three MSF solutions
  - ✓ **University of Oslo dhis2**
- **February 2014:** IS Steering Committee endorsed the project



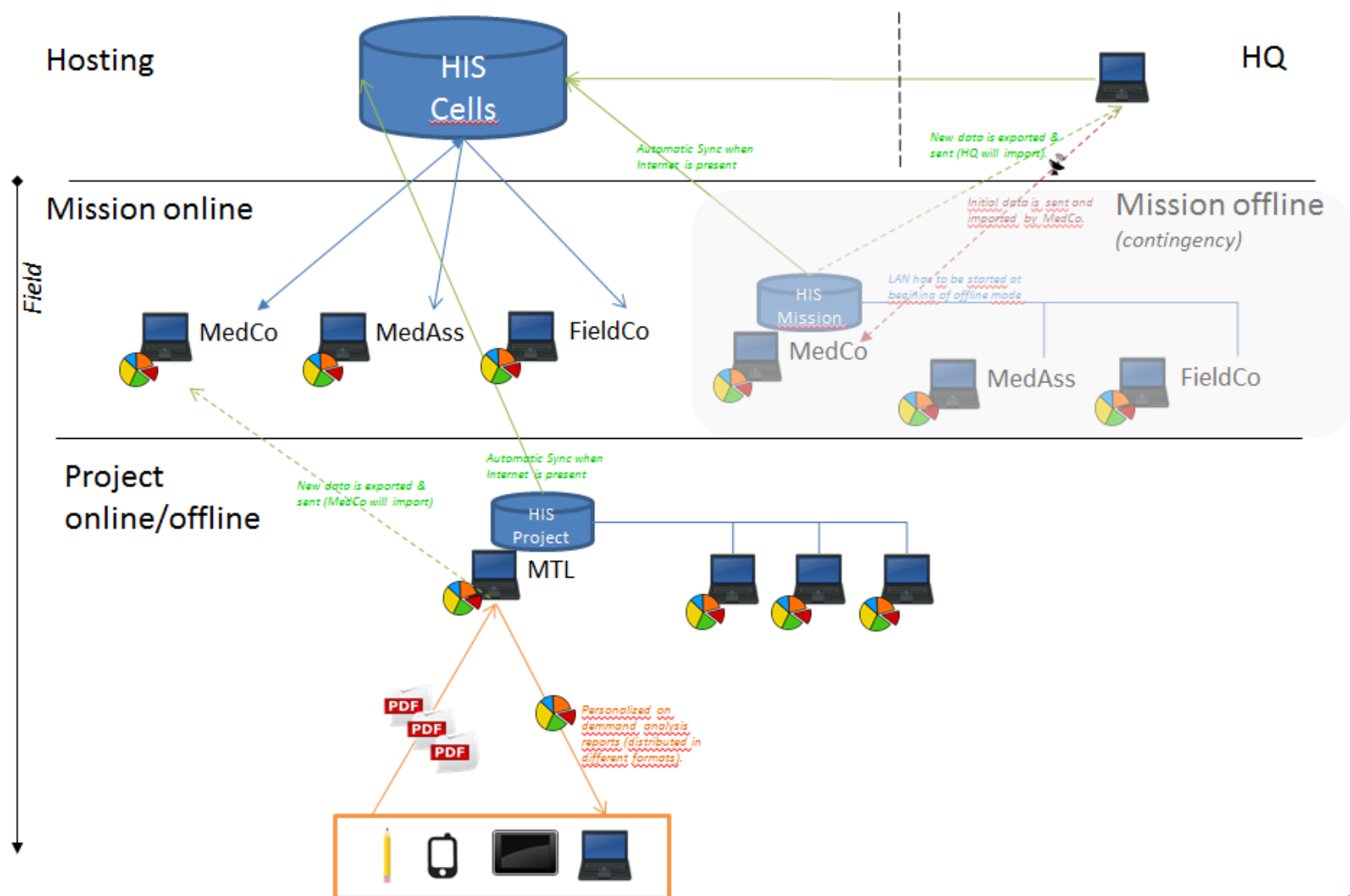
# Resulting scenario



- Automatic aggregation
- Quality control
- Shared & dynamic analysis
- Integrated information
- Robust software

- Near real time access to information
- Quality of information
- Facilitates feedback & data sharing
- Transversal analysis
- Sustainable tool

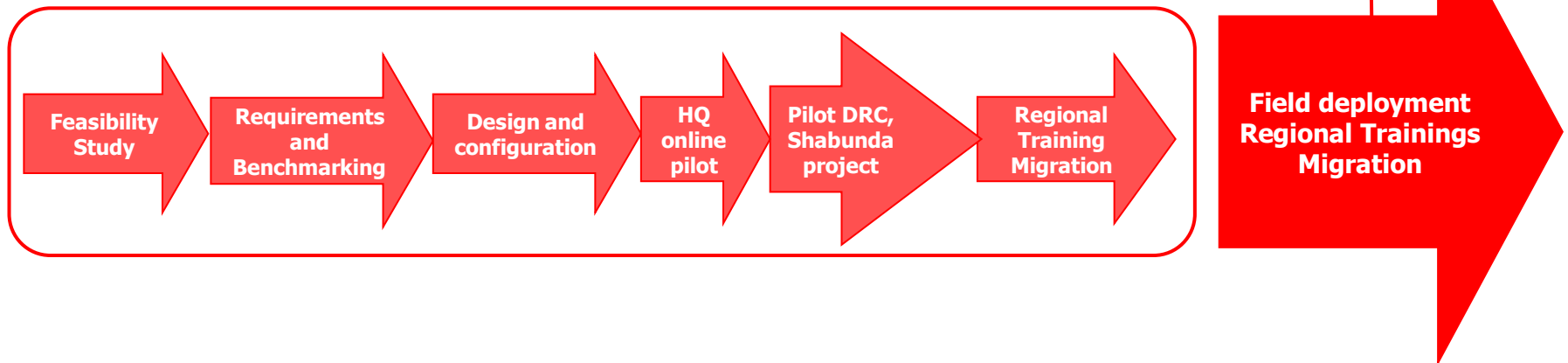
# Architecture



# Project plan 2014-2015

Where we are now:

- end users training
- medical data and indicators
- legacy data migration (2014-2015)
- field deployment: average of 80 projects



# HMIS evolution 2016

## Next steps:

- Individual data
- Emergency focus
- Surveys
- HMIS maintenance
- Newcomers training and recurrent users
- Medical information update



**THANKS**  
**MSF OCBA HMIS team**



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