

Data systems
& strategic purchasing

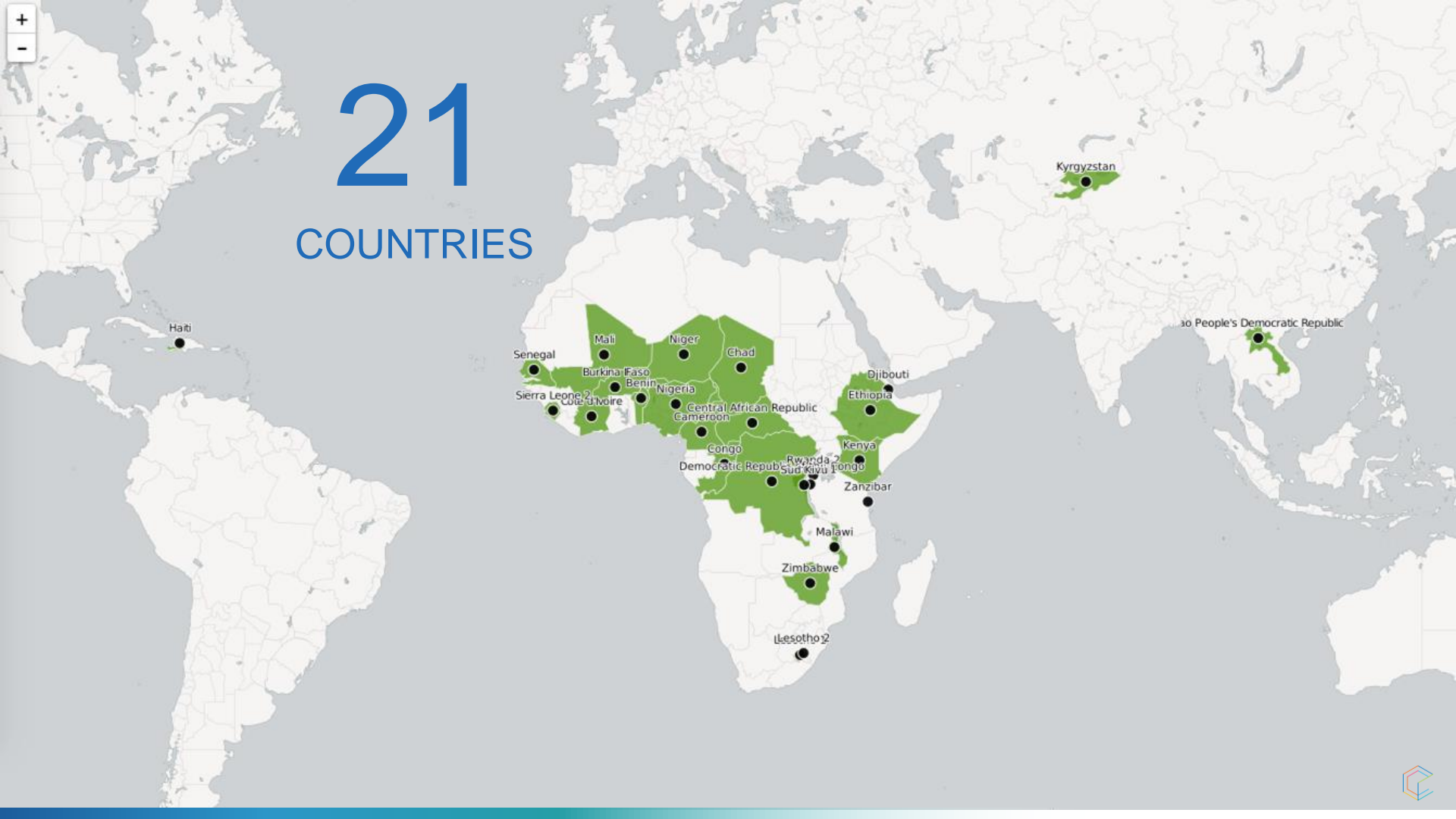


Geneva, April 2017
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21

COUNTRIES



WHERE ARE WE?

MIXED PROVIDER PAYMENT
SYSTEMS

= FRAGMENTED DATA SYSTEMS



Ordoff clinic, Kadoma. Zimbabwe



HMIS

RBF

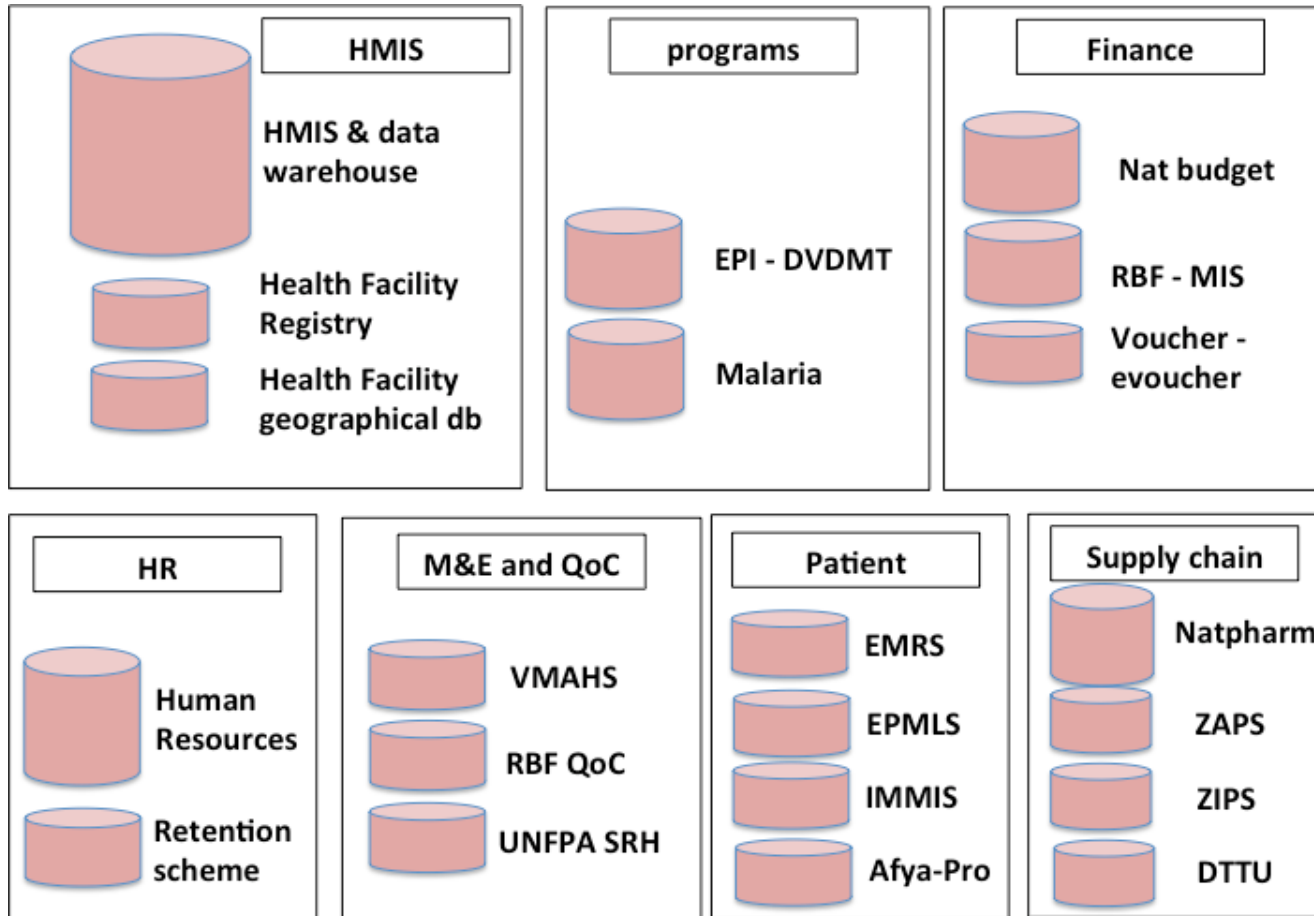
HIV program

**Social
Health
Insurance**

**Retention
Scheme**



Data system fragmentation | Ex. Zimbabwe



Data system fragmentation | DHIS2

dhis2

OVERVIEW

IN ACTION

DOWNLOADS

DOCUMENTATION

DEMO

HOSTING

ACADEMY

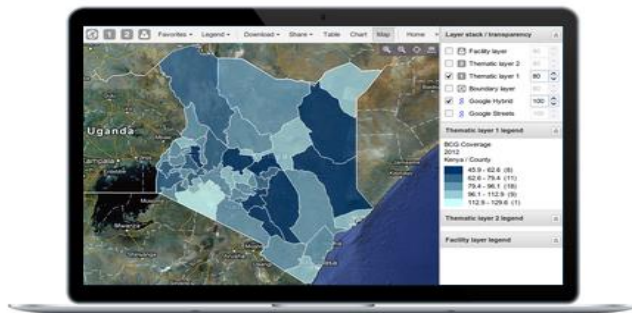
CONTACT

Collect, manage,
visualize and
explore your data

DHIS 2 is the flexible, web-based open-source information system with awesome visualization features including GIS, charts and pivot tables.

[Find out more](#)

[Get DHIS 2 now](#)



Looks interesting? [Schedule a demo »](#)

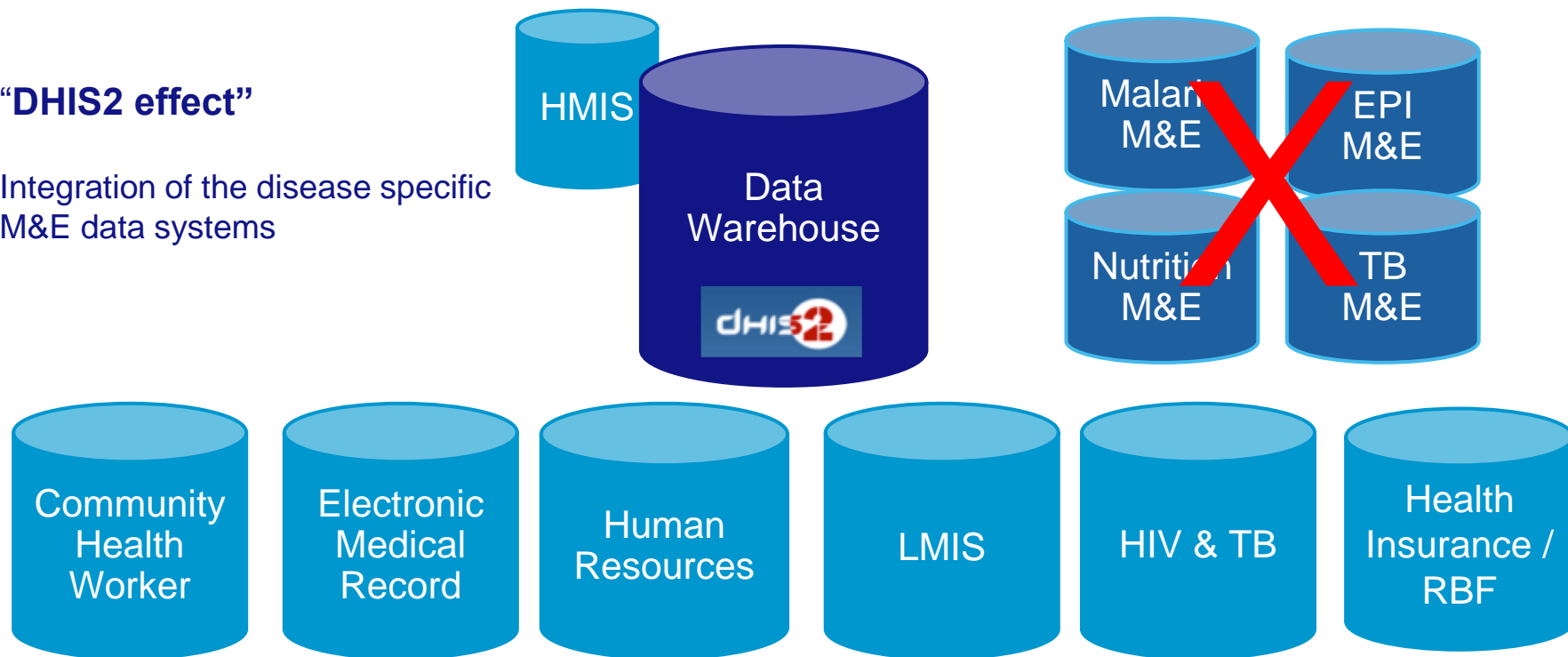


UiO : **University of Oslo**

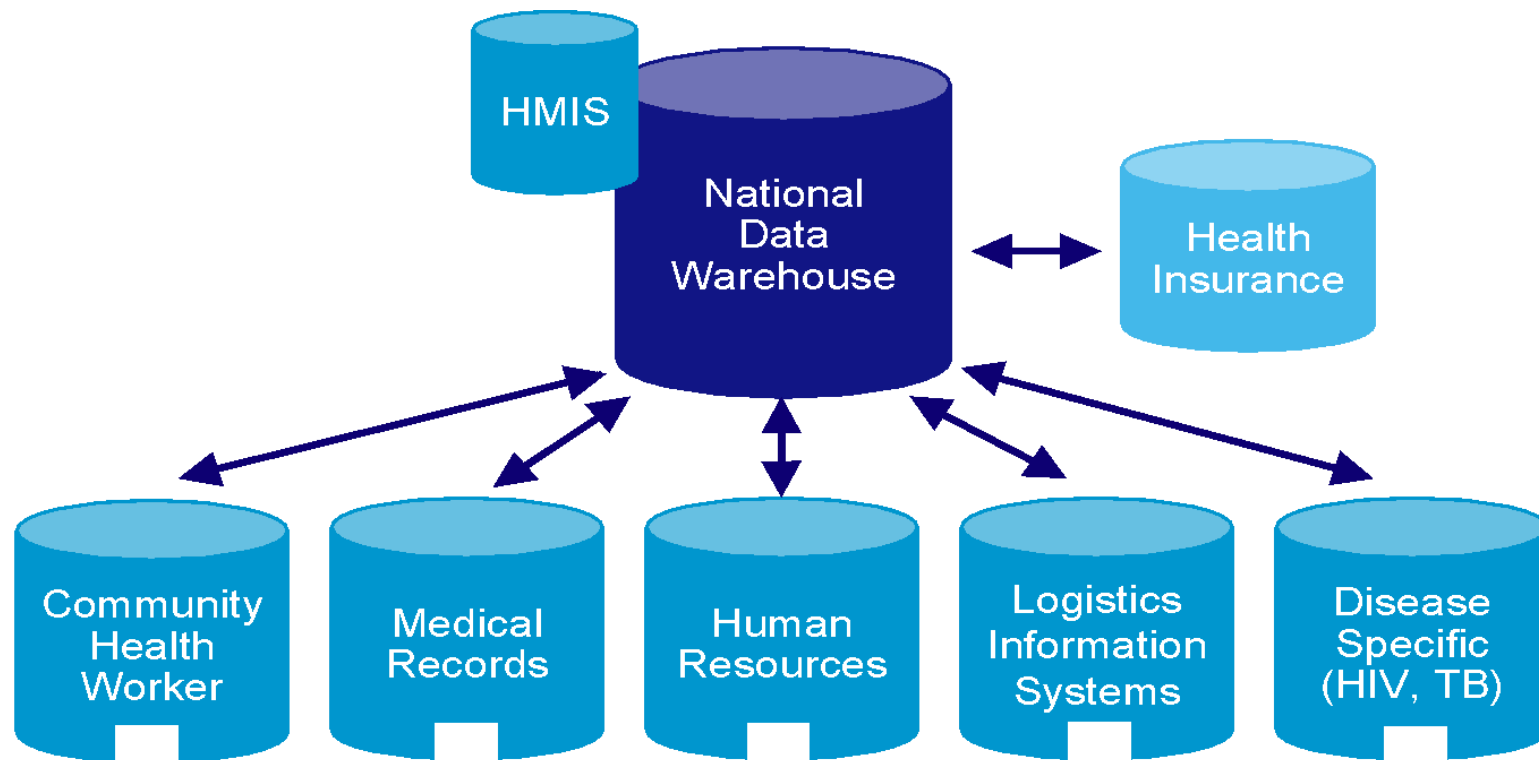
Simplified e health architecture | DHIS2

“DHIS2 effect”

Integration of the disease specific
M&E data systems



DATA SYSTEM INTEGRATION AND INTEROPERABILITY



Data

Data elements

T9 - Diseases of the digestive system

[All data elements]

ATB - 00 HIV Targets

ATB - 001 PMTCT

ATB - 002 HTS

ATB - 003 HIV/TB COLLABORATION

ATB - 004 TREATMENT AND PROPHYLAXIS

ATB - 005 ART SUMMARY

ATB - 01 PMTCT

ATB - 02 HTC

ATB - 03 HIV/TB COLLABORATION

ATB - 04 TREATMENT AND PROPHYLAXIS

ATB - 05 CLINICAL WORKLOAD

ATB - 06 ART SUMMARY

ATB - 07 COHORT ANALYSIS

ATB - 08 WORKPLACE POST EXPOSURE PROPHYLAXIS

Totals

Selected

10-14 15-19 20-24 25-29 30-49 50+

<2 2-12 13-24 25-59 months 5-9 10-14 15-19 20-24 25-29 30-49 50+

<2months 2-12months 13-24months

<=72hours 73hours-24months

ATB

HIS

IMMIS

Location

MALARIA

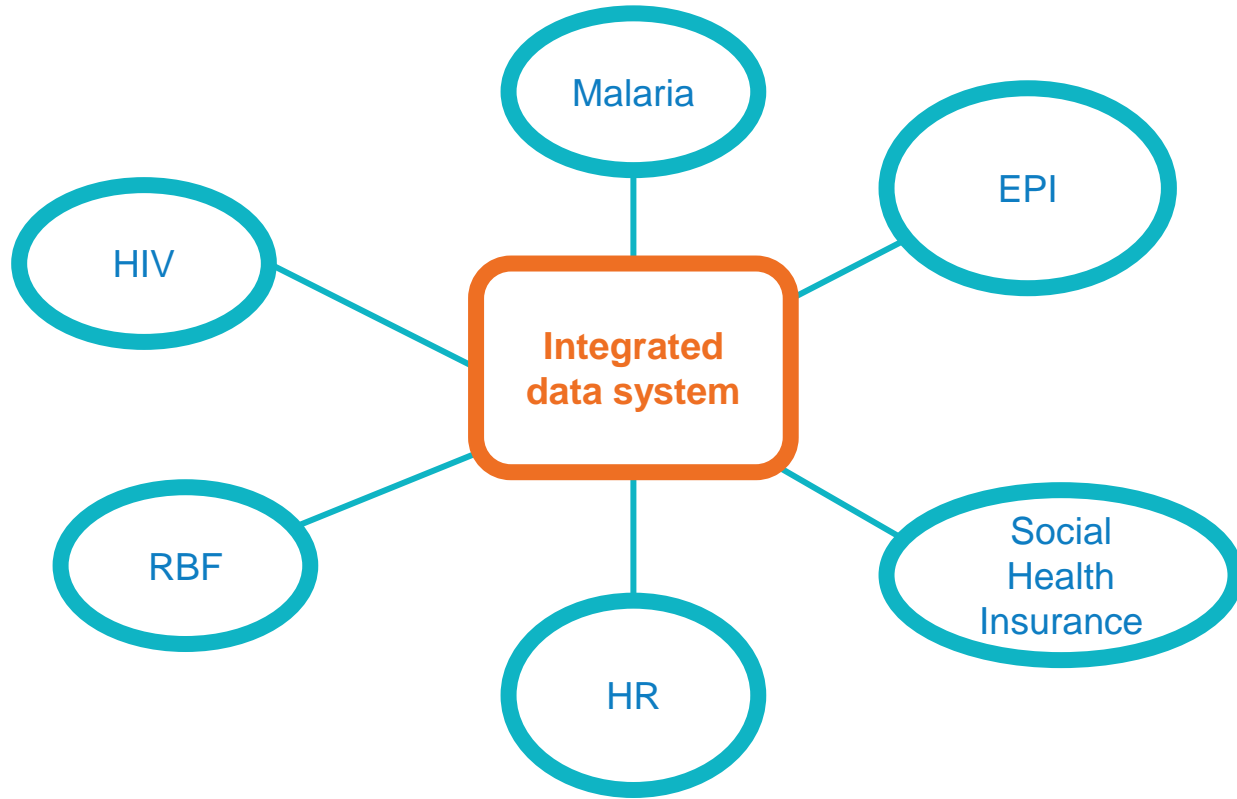
Ownership

DHIS2 does not solve everything

From data fragmentation outside DHIS2 to data fragmentation inside DHIS2

“unorganized” data with a degree of reliability that is difficult to assess.

One data system serving multiple
purchasers

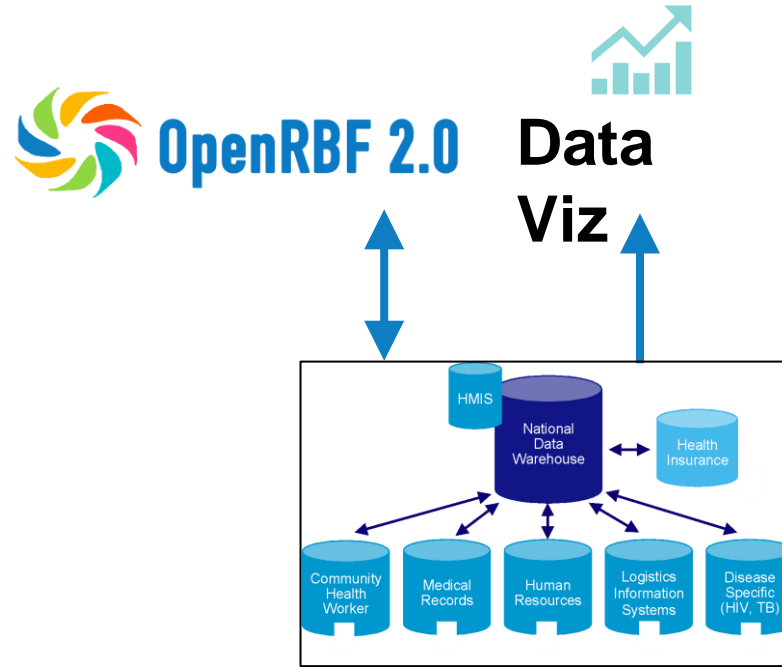


FROM SCHEME TO SYSTEM

FROM RBF PURCHASING TO PURCHASING
ON TOP OF ANY DATA



RBF | From stand alone systems to RBF on any available data



Strategic purchasing on integrated systems | OpenRBF 2.0





Purchasing | Define Benefit Packages

Configure your Package of Activities

* Name

Quantity- PMA

Org. Units Groups

Lookup the organisation units groups here... ▼

Select all Deselect all

☐ Claimed

☐ Verified



Strategic Purchasing | Defining payment rules

Formula difference_percentage

* Code

difference_percentage

* Description

Difference in percentage between declared and verified

* Expression

```
if (verified != 0.0, (ABS(claimed - verified) / verified ) * 100.0, 0.0)
```

Formula five_percent_rule

* Code

five_percent_rule

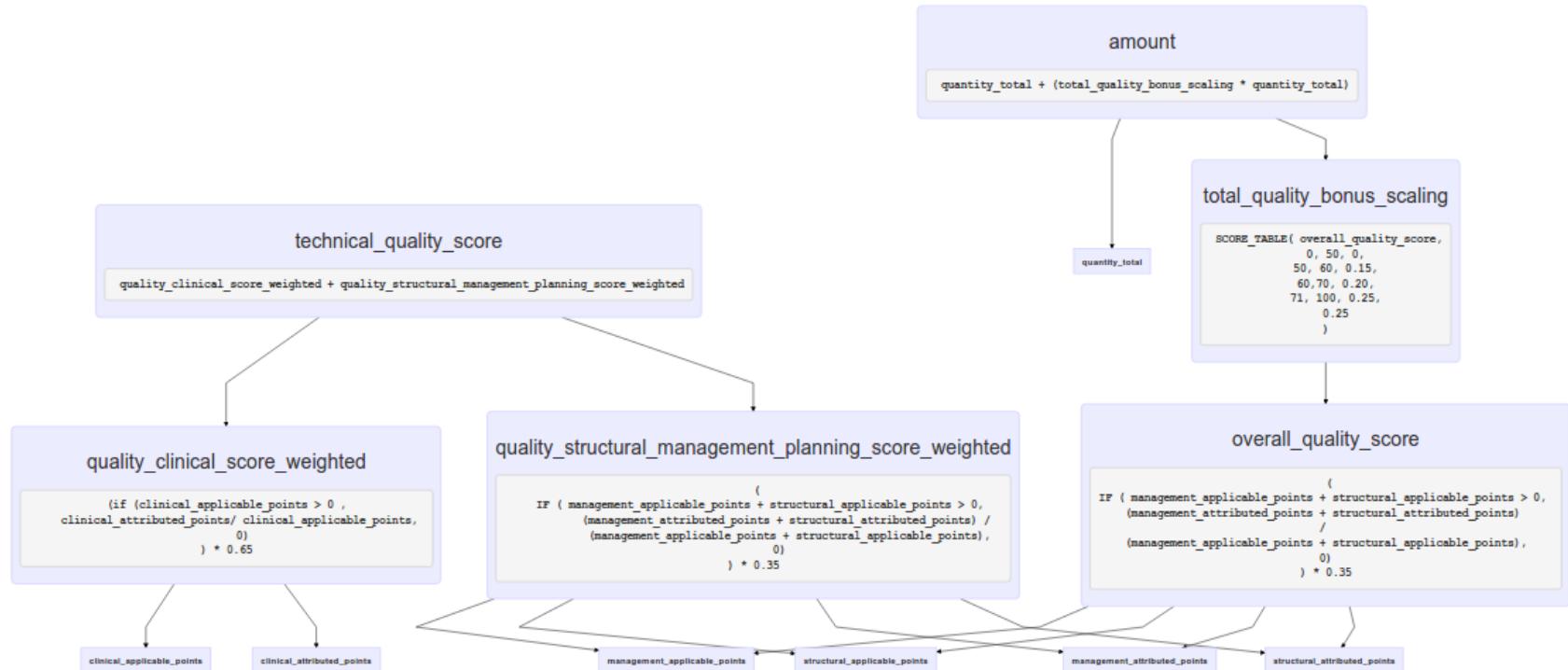
* Description

If difference between claimed and verified is more than 5%, quantity is equal to 0

* Expression

```
IF(difference_percentage < 5, verified , 0.0)
```

Strategic Purchasing | Computing outputs



PAYI Result Based Financing

PORTAIL FBR



MINISTÈRE DE LA SANTÉ DU BENIN

Facture mensuelle FBR

Ministère de la Santé
La santé pour tous et partout

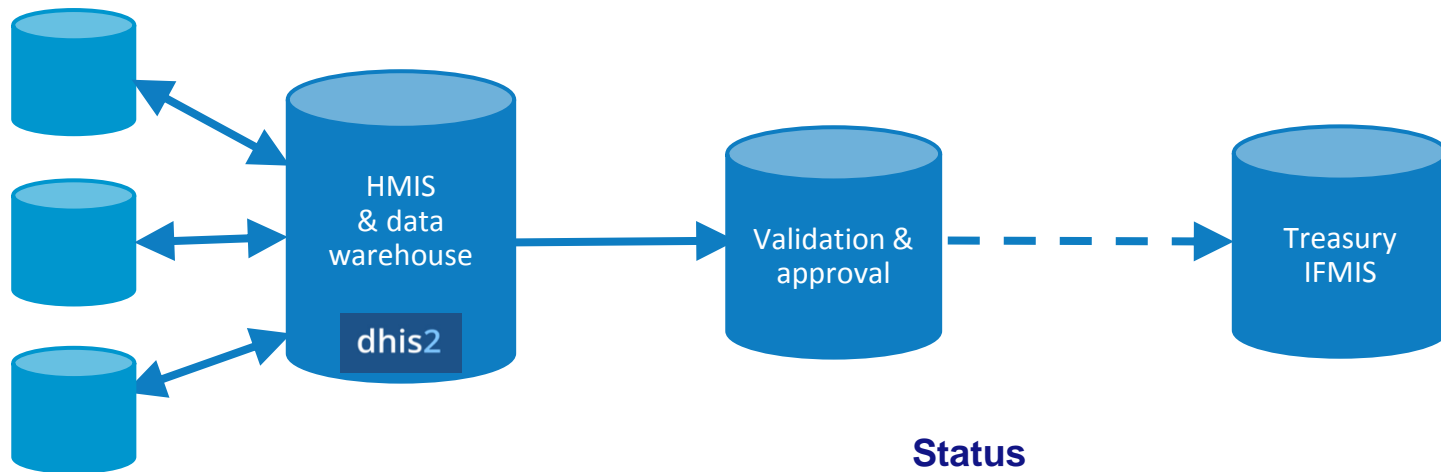
Entité: CS Bohicon1 CS Groupe: Zone sanitaire: BOHICON-ZAKPOTA-ZOGBODOMEY

Année: 2016

MOIS: Septembre

#	Indicateur	Q. Declaree	Q. Verifiee	Bareme	Montant
1	Nouvelle Consultation Curative	389	389	350	136,150
2	Nouvelles Consultations curatives Indigents (prime additionnelle)	0	0	1,750	0
3	Suivi de la croissance: enfants de 11 a 59 mois consultes	0	0	420	0
4	Diagnostic et traitement des cas de paludisme simple chez les enfants	90	90	330	29,700
5	Diagnostic et traitement des cas de paludisme simple chez les femmes enceintes	23	23	655	15,065
6	Diagnostic et traitement des cas de paludisme grave chez les enfants	0	0	5,890	0
7	Diagnostic et traitement des cas de paludisme grave chez les femmes enceintes	0	0	5,365	0
8	CPN 1 standard (y compris VAT, MILD et supplémentation en micronutriments)	21	21	3,500	73,500
9	CPN 1 standard (y compris VAT, MILD et supplémentation en micronutriments) pour les Indigentes (prime additionnelle)	0	0	2,800	0
10	CPN 4 Standard (y compris VAT, SP et supplémentation en micronutriments)	32	32	3,000	96,000
11	CPN 4 Standard (y compris VAT, SP et supplémentation en micronutriments) pour les Indigentes (prime additionnelle)	0	0	3,000	0
12	Accouchement eutocique assiste	28	28	7,500	210,000
13	Accouchement eutocique assiste femme indigente (prime additionnelle)	0	0	6,000	0
14	Consultation postnatale 1 (du 7ème au 10ème jour)	10	10	3,500	35,000

PAYI Linking health data with the Treasury account system - Kenya



Status

Data exchange protocol is defined
Building the IFMIS connector (API)



Mixed provider payment
information system

Moving Forward | Priorities for mixed provider payment information systems

1. Explicit benefit packages
1. A team in charge of managing the provider payment systems (not managing schemes)
1. A data system



Dashboard & Data for a strategic purchasing team



**Benefit
Package
Info**

**Benefit
package
Enforcement**

Simulators



ANY QUESTIONS?

THANK YOU

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HR dept

Program 1

Program 2

**Planning
& budget**

Program 3

**RBF /
Health Insurance**

HR

Supply
Chain

HMIS / DHIS2

EPI

Data
Silo?



Outline

1. Overview data system and integration efforts
1. From stand alone RBF to strategic purchasing on “any” available data
1. Mixed provider payment information systems. Way forward?

EXAMPLE: 'STRUCTURAL' QUALITY CHECKLIST

15	HIV/TB [max 10 points]	YES	NO
15,1	Well-equipped HIV counseling room ensuring privacy:		
15.1.1	Plastered and painted wall of solid material		
15.1.2	Smooth cement floor		
15.1.3	Ceiling in good condition		
15.1.4	Windows with glass and curtains		
15.1.5	Doors that close		
15,2	Availability of IEC/BCC material related to HIV		
15.2.1	Penis model on the table		
15.2.2	A box of condoms on the table which has at the least 50 condoms		
15,3	Existence of a VCT/PMTCT counselling register and lab register acc norms		
15,4	Staff trained in counselling		
15.4.1	At the least one staff trained as a counselor		
15.4.2	All counselling done by a trained counselor		
15,5	Referral system and follow up for HIV clients		
15.5.1	Individual client cards available; planning for CD4 cell counts		
15,6	Referral system and follow up for TB patients		
15.6.1	Each AAFB PTB patient has a person attached to him/her who supervises DOTS: proof of in register; mobile phone number of such a supervisor is registered		
15.6.2	[Define further composite criteria]		
15,7	Laboratory equipment for testing for PTB		
15.7.1	[Define reagents for AAFB testing; stock control cards for reagents; slides etc]		
15.7.2	[Define measures for quality assurance testing of slides]		
15,8	Availability of anti-tuberculosis drugs		
15.8.1	Rifampicine-isoniazide-pyrazinamide : cp120+50+300mg		
15.8.2	Streptomycin 1 gr		
15.8.3	Etambutol tabs 400 mg		
Total Points (10)		../10	xxxx

Infrastructure,
electricity, water

Human Resources

Medical equipment