Strengthening the Leadership and Management of the Health Information System for Improved Quality of Health Information in Kenya

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Introduction

Quality health information providing correct measurements and accountability in the health sector is very crucial for evidence-based decision-making and tracking progress of policy and programme actions. The health sector needs quality information primarily for performance, financial and political accountabilities required to implement the Vision 2030 goals as well as the mandates provided for in the Constitution (GoK 2010; MoH 2014). The sector requires critical information for efficient resource investments in these important areas to optimise provision of quality healthcare to the citizens. These areas include: organisation of service delivery; infrastructure development; financing; health workforce, health information systems; health products and technologies; coordination, leadership and governance; and research and development (MoH, 2014).

Strengthening the health information system pillar of the health system is quite central in the strengthening of the other pillars (including leadership and governance, healthcare financing, human resources for health, service delivery, health infrastructure, commodities, vaccines, medical products and technologies), which all require information support to function effectively and efficiently. The Global 5-Point Call to Action provides for countries to ensure proper accountability and measurements in the health sector and health information is the driving force (MA4Health, 2015). The WHO therefore, recommends that a health information system must have capacity to do the following:

1. Generate population and facility-based data from various sources namely:censuses, household surveys, civil registration and vital statistics, public health surveillance, health and demographic surveillance systems/sites, routine service statistics from health/medical records, health facility assessments, data on health services and health systems resources such as human resources, health infrastructure, medicines, medical products, technologies and financing;

2. Detect, investigate, communicate and contain events that threaten public health security at the place they occur and as soon as they occur;

3. Synthesise information and promote the availability and application of this knowledge (WHO, 2007)

Kenya's HIS has undergone various transformations since its establishment in 1972, all of which have aimed at strengthening the primary role it plays in supporting all the health system pillars (MoH, 2008). Ideally, HIS should be a basis from which

Key Messages

- Kenya's Health Information System (HIS) faces many challenges that include a lack of a legal framework for data governance, weak leadership and inadequate capacity.

- As a result, the quality of information generated is often poor and is never optimally used for effective decision-making in the health sector.

- There is need to train and mentor HIS professionals and place them in positions of leadership and management of the HIS at all levels of healthcare.

- There is also need to enact legislation for HIS and enforce mandatory reporting and utility of health information at all levels of service provision.

- Funding for HIS both at national and county levels should be increased.

- The national and county governments should implement the existing scheme of service for health records and information management officers.

to plan, implement, monitor and evaluate all components needed to improve disease-specific and general health service delivery systems. Past efforts to address HIS challenges have included development of a health information policy, strategic plan document, standardised minimum set of indicators, Kenya Master Health Facility List Database, standard operating procedures, a health information web-based Software (DHIS2) and training of a critical mass of highly qualified health records and information management professionals (managers at, diploma, bachelors and master's degree levels).

Despite all past improvements, Kenya's HIS is still weak and does not therefore generate the quality, adequate and timely information needed for decision-making. Although the HIS has received support from a development partners over the last seven years, this support has been dwindling, and its impact has been diminished by weak leadership, inadequate infrastructure, right workforce/workforce of non-health information professionals, lack of recognition of the health information management professionals, and lack of professional guidance in health information management. As a result, available information is of poor quality and is therefore not used for policy, strategic and operational decision making. Ultimately, this affects the quality of health care services provided to Kenyans (MoH, 2014).

Since its devolution to counties in July 2013, the coordination, leadership and management of the HIS so far has failed to comprehensively take it to where it serves as a service management tool to support all the health system pillars in the 21st century. Most important is to address the health information needs outlined in Paris 21 declarations by ensuring that quality information, capacity and knowledge is available for use for evidence based-delivery of interventions to citizens (GoK, 2012).

Methodology

The development of this Policy Brief was based on a review of secondary sources of information and research evidence. These included Internet searches of through such engines such as Google, Google Scholar and Pubmed as well as review of Kenya government policy documents

Discussion of Policy Options

Challenges of the health information management system in Kenya

Kenya's Health Information System (HIS) faces many challenges with the result that the information it generates is not optimally used for effective decision-making in the health sector. The challenges are described below under various categories.

Governance and leadership structures

Since the establishment of the HIS unit in the Ministry of Health (MoH) more than four decades ago, there has been a disconnect between the management of the personnel and the functions of the HIS. The functions have largely been led by a medical doctor who, professionally, lacks a background in health information management, while, personnel management has been overseen by a health information manager. There has also been limited communication between the personnel and functions, which has created conflict of leadership and poor productivity in health information management.

Although Kenya is the first and only country in Africa to train health information management professionals at various levels (certificate, diploma, bachelors and masters), the country does not lead in the provision of quality health information needed for health sector decision-making processes. This is largely due to lack of recognition of the profession by the leadership and those responsible for placement of professionals in the governance structures. In fact, leadership and governance structures have been noted as one of the major weaknesses in the management of the HIS in Kenya (Olum 2003; MoH 2008; Odhiambo-Otieno,

2005; MTP, I 2008- 2013).

Leadership and governance positions responsible for health records and information management need to be competitively filled and there should be systematic succession management. Currently, this is done through lineage and is not based on performance. There are also no structures in place for career development. The more fundamental issue overall is that the health information management profession has not been mainstreamed within the health sector.

Capacity

Even though Kenya has over 800 HIS professionals, articulation of key policy issues affecting the functionality and the profession in terms of capacity building opportunities and exposure programmes for leadership and governance in health information management has in the past been offered to non-health information management professionals such as medical doctors, health administrators, or economists, among others. Yet the 800 professionals are highly qualified with over 200 of them having bachelor of science degrees in health records and information management, 12 of them with master of science degrees, and two with PhDs in the area.

To address this issue, the management principle of ORDER or "right man for the right job" should be actualised through placement of the right people in the right job with regard to health information management within the health sector in order to allow its growth and development. Capacity-building opportunities meant for health records and information management officers should be directed to these professionals and not to non-professionals in this area of specialisation.

Scheme of service

There is a revised scheme of service for the health records and information personnel, which was approved by the Public Service Commission of Kenya to take effect from 1st October 2012. The objectives of the scheme are to:

1. Provide for a well-defined career structure which will attract and retain qualified and experienced health records and information management personnel in the civil service.
2. Ensure appropriate career planning and succession management.
3. Provide for well-designed job descriptions and specifications with clear delineation of duties and responsibilities at all levels within the career structure to enable officers to understand the requirements and demands of their job.
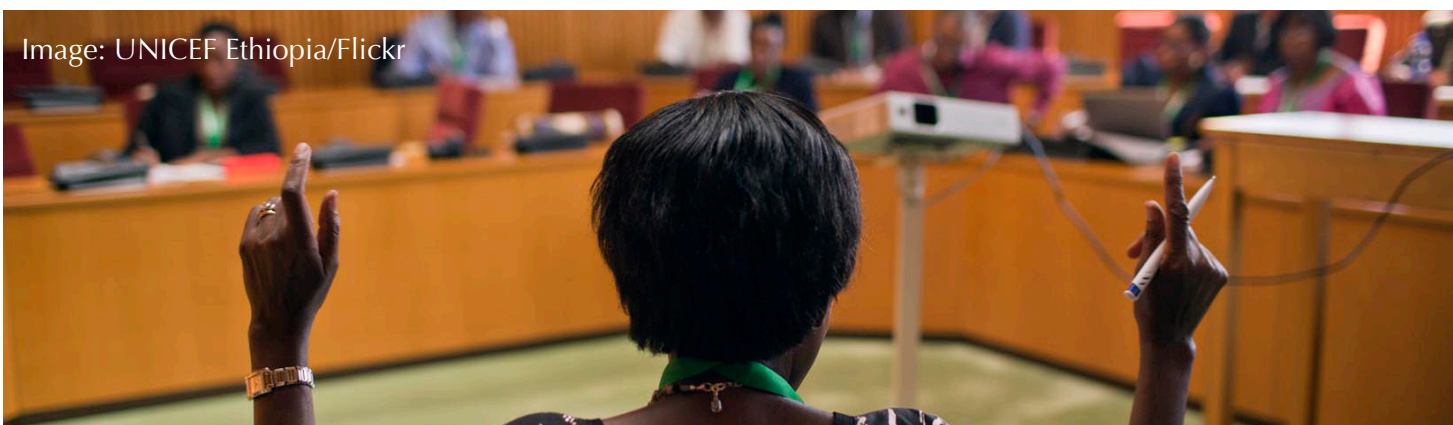

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4. Establish standards for recruitment, training and advancement within the career structure on the basis of qualifications, knowledge of the job, merit and ability as reflected in work performance and results.

This scheme of service has, however, not been implemented by the MoH. The lack of implementation of the scheme is largely attributable to lacking leadership to champion its implementation.

Quality health information

Health information needs quality data management, security, confidentiality and timeliness of dissemination of the information in order for it to support evidence-based decisions (WHO, 2008). Despite Kenya being "data rich, it remains information poor" (Odhiambo-Otieno, 2005). The main reasons for poor quality data include; inadequate availability of infrastructure and use of appropriate technologies in data management; use of unqualified health personnel to capture information; lack of an information use culture at all levels; inadequate budgetary allocations to support information management; inadequate data collection and reporting tools; and lack of appreciation of why the information needs to be collected. To address these challenges various actions need to be undertaken including putting in place a legal framework for health information management, and regulating the profession as is provided for in the 2009 HIS Policy in order to safeguard health information management in the health sector (MoH, 2009).

Financing of health information system

Since 1982, the average allocation to support HIS has been Kshs. 250,000 (Olum, 2003, MoH, 2008), which is way below the amounts required to effectively operate the HIS system. It is only in 2008/09 and in 2012/2013 that the Government of Kenya allocated a total of Kshs. 11 million and 3 million, respectively, to HIS (MoH, 2009; 2013). Since then, there has been no allocation for HIS. There has been fragmentation of support and efforts, which further complicates the coordination and functioning of the HIS in Kenya. The system, however, has been able to attract financial assistance from development partners with almost 95 percent of its budget coming from development partners. This external funding, however, comes with its conditions and vested interests which have consequently been detrimental to building a sustainable HIS in the country. This is in spite of the global recommendation of allocating at least five percent of the total health budget to HIS that supports the sector to make better decisions (MoH, 2010-2030; WHO, 2008). There is therefore an urgent need to mobilise funds from both national and county governments for financing the HIS. Funding should be consolidated across partners as outlined in the devolved structures of governance and accountability mechanisms instituted to remove financial barriers to health information management (GoK, 2012).

Recommendations

1. Strengthen HIS leadership by institutionalising HIS professionals into leadership and management of the HIS at all levels of the healthcare system.

2. Introduce legislation of the HIS and enforce mandatory reporting by all entities and facilities before licensing them to provide services.

3. The national and county governments should implement fully the scheme of service for health records and information management officers.

4. Improve technical capacity of HIS professionals working in the HIS to facilitate, training and mentorship of health professionals in data management, development of health information products, knowledge management and market information products.

5. Increase funding for HIS both at national and county levels.

6. Facilitate dialogue between the Health Cabinet Secretary, Principal Secretary and other senior management with health information management professionals in order to develop action items tracker to improve the quality and utility of health and health-related information for evidence-based decisions in the health sector.
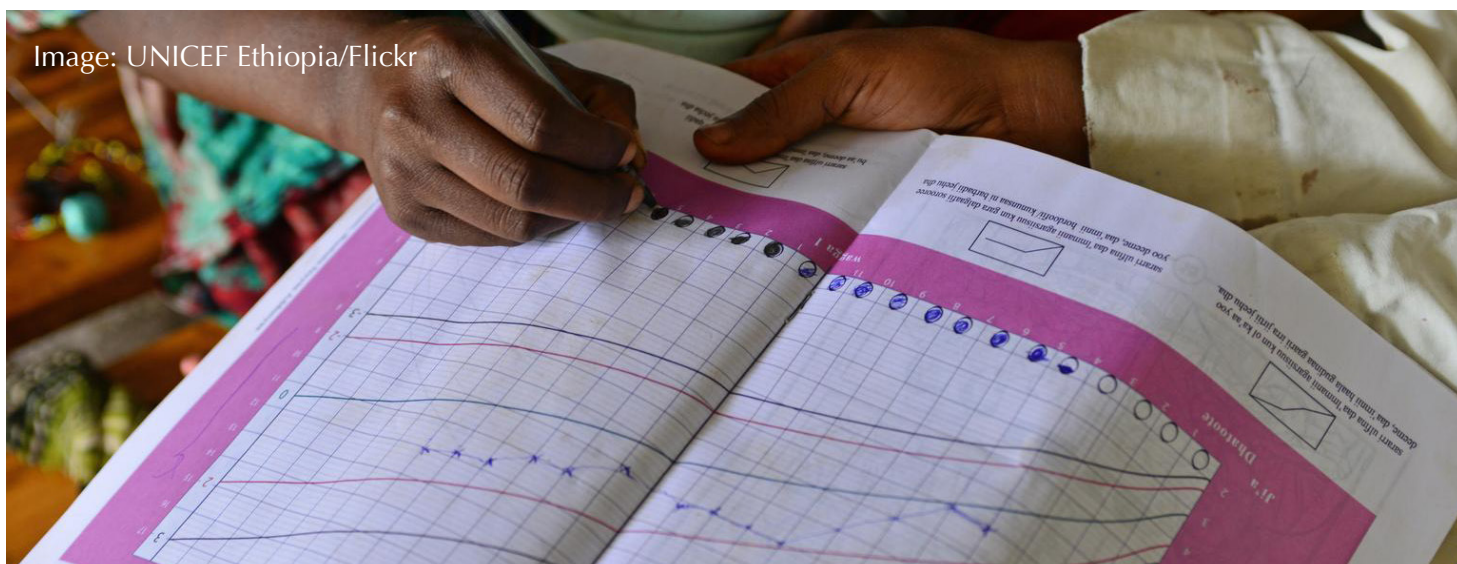

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