



Canadian Society for International Health A Canadian Voice for Global Health

La Société Canadienne de Santé Internationale

South Caucasus Health Information Project Phases I & II 1999-2005

Like most countries of the former Soviet Union, the three neighboring countries of Armenia, Azerbaijan, and Georgia undertook significant economic and social sector reform initiatives in the 1990s and early 2000s. They faced many similar health challenges, including increasing prevalence of AIDS, tuberculosis, diarrhea, and diphtheria, but each also had its own priority



health issues that needed to be addressed.

However, the levels of resources and local capacity available to address these issues varied, particularly related to their ability to collect and analyze data on these diseases in a way that was comparable so that trends could be monitored and interventions evaluated. To address these shortfalls, the governments of the three countries planned to develop health information systems that were based on valid, reliable, and comparable data. They also sought

to integrate clinical, administrative, and financial health information in a way that would support priority setting, resource allocation, and the effective delivery of quality services.

Recognizing that reliable health information is essential for efficient and cost-effective decision-making in every country's health system, and responding to the needs expressed in the three countries, CSIH designed and implemented the South Caucasus Health Information Project (SCHIP). The project aimed to enhance national capacity to develop sustainable health information system structures to serve as the foundation for an inter country health information network in the region.

CSIH coordinated Canadian technical cooperation to enhance the understanding of health information across all levels of the health systems in Armenia, Azerbaijan, and Georgia. The project built capacity in the collection and use of health information from many sectors and levels of governance for appropriate and effective policy development and planning, and ensured continued support for regional collaboration from the three Ministries of Health. One of the primary components of SCHIP was the design, development, and delivery of a health informatics curriculum. CSIH worked closely with the medical universities and post-graduate training institutions in Armenia, Azerbaijan and Georgia to integrate key concepts of health

information into existing educational programs. This provided physicians and other health professionals with an understanding of the role of data and health information for clinical decision support as well as a general understanding of the role of health information for hospital governance, policy-making, and health planning. The training also built the capacity of health planners and administrators to use information as the basis for managing facilities, designing programs, and developing policies. CSIH undertook a series of train-the-trainer sessions to ensure appropriate delivery of the materials. The certificate course was structured in such a way that it would address the priorities of each country, through customized modules, while maintaining a core that was common to the three countries.

The project's second phase included the implementation of three demonstration projects which incorporated opportunities assessment (identification of planning priorities and resource requirements), planning (HMIS prototypes and specifications), design (revised prototypes and specifications), development (beta version, user documentation, installation schedules and plan), installation (beta test site in operation), evaluation, and roll-out. The demonstration projects were built for their intended users - the staff working for maternity hospitals and associated polyclinics. The application system was designed to meet the clinical requirements of the health care providers, and although computerized, did not fully replace the existing manual record system. Application software and hardware choices were made based on client requirements and capacities.



The three countries benefited directly from enhanced capacity at the national and district levels to develop sustainable health information systems, enhanced recognition that the key feature of a sustainable health information system is the quality of the information that it contains, and enhanced capacity to gather valid, reliable, and comparable data through the development of basic tools for information gathering. Skills were also built to conduct more rigorous and critical analyses of the data that was collected to support policy development and planning in the health sector. This in turn led to an increased capacity of the health care system to respond to evidence-based population needs.



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