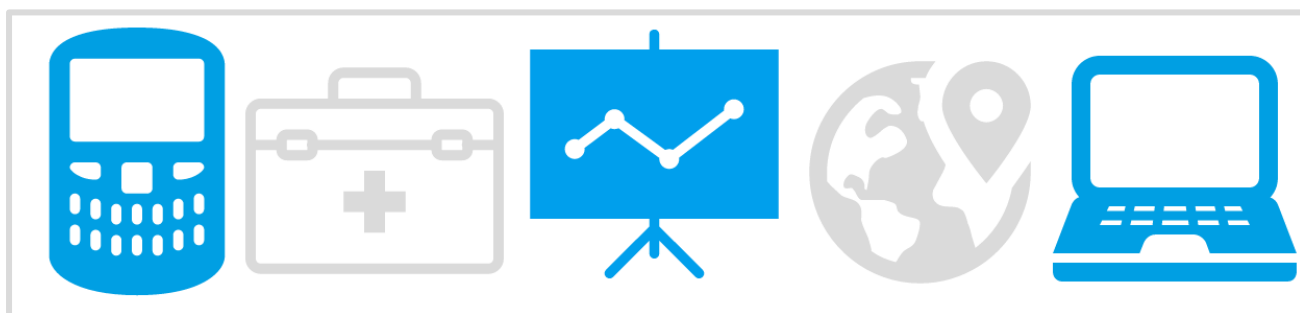




STANDARDS FOR PUBLIC HEALTH INFORMATION SERVICES

in Activated Health Clusters and other Humanitarian
Health Coordination Mechanisms



May 2017

The World Health Organization is the
Cluster Lead Agency and provides
secretariat support.

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ACRONYMS

3W	Who, What, Where
ACAPS	The Assessment Capacities Project
CDC	US Centers for Disease Prevention and Control
CDR	Crude Death Rate
DHIS2	District Health Information System 2
EPI	Expanded Programme on Immunization
EWARS	Early Warning Alert and Response System
FTE	Full Time Equivalent
GHC	Global Health Cluster
HC	Health Cluster
HCC	Health Cluster Coordinator
HeRAMS	Health Resource Availability Monitoring System
HESPER	Humanitarian Emergency Settings Perceived Needs Scale
HMIS	Health Management Information System
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IMO	Information Management Officer
IPC	Integrated Food Security Phase Classification
MIRA	Multisector Initial Rapid Assessment
MoH	Ministry of Health
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OIM	Operational Indicators Monitoring
PHIS	Public Health Information Services
PHISO	Public Health Information Services Officer
PHSA	Public Health Situation Analysis
PHO	Public Health Officer
SSA	Surveillance System for Attacks on Health Care
U5DR	Under 5 Death Rate
WHO	World Health Organization

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1. SCOPE OF THIS DOCUMENT

1.1 Background

Since 2005, the humanitarian cluster approach provides a predictable mechanism for coordination of humanitarian actors in most non-refugee crises. The Global Health Cluster (GHC), led by the World Health Organization (WHO), is a partnership of more than 40 agencies that provides a platform for global coordination of the response to crises with public health consequences, and supports activated health clusters on the field with policies and standards, practical tools for day-to-day work, and capacity building and staffing of cluster coordination roles.

A key prerequisite for any effective humanitarian response is the availability of timely, reliable and robust information. In order to take sound decisions in a humanitarian health response, decision-makers need public health information to assess and monitor the health status and risks faced by the affected population, the availability and actual functionality of health resources, and the performance of the health system.

What has to date been referred to as Information Management (IM) is a critical function of humanitarian coordination mechanisms. In this document, we adopt the more accurate designation of **Public Health Information Services (PHIS)**.

Although we refer throughout the document to PHIS in activated health clusters (HCs), these PHIS Standards are by no means restricted to health clusters, and can be applied to support government led emergency coordination or other types of humanitarian sectoral coordination mechanisms.

1.2 Rationale for these global standards

The PHIS function of activated health clusters (HC) has, to date, broadly been understood to encompass a range of activities and products, from simple, administrative information tasks such as maintenance of a list of HC partners, to far more technically complex activities such as the implementation and analysis of field surveys or epidemic surveillance. Information needs arise throughout the six key elements of the [Humanitarian Programme Cycle](#) (emergency response and preparedness, needs assessment and analysis; strategic response planning; resource mobilisation; implementation and monitoring; and operational review and evaluation). As such, the need for a specific cluster coordination role specialised in delivering PHIS, referred to as an Information Management Officer (IMO) or a Public Health Information Services Officer (PHISO), has been increasingly recognised. The term IMO will be used throughout this document.

Despite the above, numerous evaluations and review exercises show that HCs' performance in delivering PHIS has been mixed. More generally, in both acute and protracted crises to date, public health information has often been

fragmentary, and has been generated with timeliness and quality insufficient to fulfil its intended use of informing public health action and advocacy.

On the field, HC coordination staff, including IMOs, have generally been short-staffed (with many clusters not even having an IMO on staff), and their planning and day-to-day work have been dictated by perceived priorities of different stakeholders, rather than objective needs for public health information. There appears to be an increasing emphasis on cumbersome annual or bi-annual data collection rounds (e.g. for multi-sector rapid assessment or health resources availability mapping: see below), rather than ongoing, prospective generation of information for real-time action through lighter systems that involve HC partners in both data collection and interpretation of findings.

The above challenges partly reflect a lack of realistic standards and guidance for PHIS in activated clusters, meaning that each HC works in relative isolation and has to develop priorities and PHIS solutions locally, often from scratch. While top-line processes for public health data collection have been put forward by WHO's Emergency Response Framework and the GHC's own Health Cluster Guide; this document is structured around some of the following areas of PHIS which have not previously been detailed:

- **Which public health information services** (and, consequently, information products) should be expected of an activated HC, and who in the HC should be responsible for different steps in their delivery;
- **Which specific methods, software applications and tools** should be used to deliver these services;
- **How quickly and with what frequency of update** each service should be delivered in different crisis scenarios;
- **What staffing and other resources** should be made available to activated HCs in order to successfully discharge the PHIS function;
- **Which PHIS-related technical competencies** cluster staff should display when deploying into a field HC role, and should therefore be a basis for recruitment, professional development and performance management.

This document seeks to address, and is structured along the above areas, by laying out the first set of globally valid standards, with locally appropriate guidance, for PHIS in activated health clusters and other crisis coordination mechanisms.

1.3 Scope and target audience

This standards and guidance document has been developed by the PHIS Task Team of the GHC. The document should be the basis on which HCs (meaning not just coordination staff, but all partners) resource themselves for, plan, execute and evaluate their public health information work. As such, its intended audience consists of:

- **Health Cluster Coordinators (HCCs) and Public Health Officers (PHOs)**, who have to request appropriate staffing for their teams, instigate data collection, and interpret and act upon findings; note that these standards attribute specific PHIS responsibilities to HCCs and PHOs;

- **IMOs** (as well as **epidemiologists** who may be deployed to HCs for specific stand-alone activities), who bear the main burden of designing and executing data collection, management, analysis and reporting;
- **WHO as the Cluster Lead Agency** at country, regional and headquarters level, responsible for properly resourcing and supporting HC teams, primarily through hiring and developing the competencies of the right people in the right numbers;
- **GHC partners** who may also offer resources or staff to support PHIS in activated HCs;
- **Health Cluster Partners at country or sub-national level**, who should know what to expect from HC teams, and how they are expected to take part in PHIS work.

Note that these standards are also a basis for ongoing activities to fundraise for HC staffing worldwide, design a competency-based capacity development programme for all HC roles, and roll out specific PHIS and applications across activated HCs. The standards are also informing the upcoming version of the Health Cluster Guide (2017), and as such both documents will be consistent.



2. SERVICES EXPECTED OF AN ACTIVATED HEALTH CLUSTER

This chapter outlines and describes the specific PHIS that any activated HC should be expected to deliver. By implication, expectations of HCs should not exceed this list, and their performance should be assessed accordingly.

Conceptually, services are grouped into the following three domains of information:

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