

RHIS Profile: This document describes the reporting structures of the routine health information systems (RHIS) that include malaria data. In Guinea, this includes the Système National d'Information Sanitaire (SNIS) and the Système d'Alerte Précoce (SAP) of the Agence Nationale de la Sécurité Sanitaire.

In 2018, the National Malaria Control Program (NMCP) [Le Programme National de Lutte contre le Paludisme (PNLP)], in collaboration with the SNIS and partners, launched a process to migrate its system to the national information system. This resulted in the exclusive use of the SNIS platform by the District Health Information System, version 2 (DHIS2) on January 1, 2020.

An essential element in the malaria health information system has been the strategic engagement of the program, in collaboration with the SNIS and partners, for the migration to the DHIS2 platform through the following:

- Adaptation of tools in DHIS2
- Comparison of data between the two databases
- Integrated training supervision
- Continuous data verification and feedback

Completeness and timeliness of malaria data are very satisfactory in DHIS2. PNLB is currently working closely with SNIS and partners to improve other aspects of data quality.




	Système National d'Information Sanitaire (SNIS)	Système d'Alerte Précoce (SAP)
	Started: 2016 Scale-up status: Nationally—38 districts (3 national hospitals and 208 health centers out of 423 in the country)	Started: 2017 (DHIS2) Scale-up status: Nationally—38 districts (3 national hospitals and 208 health centers out of 423 in the country)
National 	Reporting format/platform: DHIS2 Managed by: Ministry of Health/SNIS in collaboration with the Monitoring and Evaluation Division of the NMCP Dissemination: Monthly NMCP bulletins, quarterly scorecards, quarterly SNIS bulletins, monthly meeting of DNGELM (Direction Nationale des Grandes Endémies et de la Lutte contre la Maladie), quarterly DNGELM bulletins, biannual/annual WHO progress reports Key tasks: Compilation, analysis, data quality assurance, feedback, decision making, quarterly national-level data validation review	Reporting format/platform: Excel file and DHIS2 Managed by: Data Management Team Dissemination: Weekly presentation of the epidemiological bulletin; send the bulletin to WHO West Africa Key tasks: Data quality analysis, feedback, weekly production of the epidemiological bulletin
Region <ul style="list-style-type: none"> • 8 health regions (average of 4 districts per region) 	Reporting format/platform: DHIS2 Managed by: DHIS2 focal point of the Direction Régionale de la Santé (DRS) Reporting frequency: Monthly Dissemination: Semi-annual reports through meetings of the Comité Technique Regionale de la Sa Santé, quarterly and annual data validation reviews Key tasks: Compilation, analysis, validation, data quality assurance, feedback, decision making	Reporting format/platform: Excel file and DHIS2 Managed by: DRS Statistics Officer Reporting frequency: Weekly Key tasks: Data quality analysis, feedback, data analysis for decision making, supervision
District <ul style="list-style-type: none"> • 38 health districts (average of 11 health centers per district) 	Reporting format/platform: DHIS2 Managed by: Departmental directorate of health (DPS) Statistician with support from Malaria Focal Point Reported to: Ministry of Health (national/regional) Reporting frequency: Monthly Dissemination: Monthly/quarterly/semi-annual reports, trend display, Comité Technique Préfectorale de la Santé meetings, monthly/annual data validation meetings Key tasks: Input, compilation, analysis, validation, quality assurance, feedback, decision making	Reporting format/platform: Excel file and DHIS2 Managed by: DPS Statistics Officer Reported to: Ministry of Health (national and regional) Reporting frequency: Weekly Dissemination: Analysis for decision making, trend display Key tasks: Reception of data from health centers, data entry, quality control, supervision
Facility Level <ul style="list-style-type: none"> • 3 referral hospitals • 38 district hospitals • 423 health centers • 960 health posts • 4,230 Community Health Workers (CHWs) 	Reporting format/platform: SNIS report in paper format or DHIS2 (for 208 health centers) Managed by: Facility Manager Reported to: DPS Reporting frequency: Monthly Dissemination: Monthly reports, trend display Key tasks: Data collection, data entry, compilation, analysis, validation, data quality assurance, feedback during monthly meetings in the health center, decision making Health post and CHW: The head of the health post and the CHW come with their data during the monthly meeting organized by the head of the health center.	Reporting format/platform: Excel file and DHIS2 Managed by: Facility Manager Reported to: DPS Reporting frequency: Weekly Key tasks: Data collection, compilation, data quality control, submission of data to the district, data entry for the 208 integrated health centers Health post and CHW: Community data transmitted by phone (call/SMS)

Table 1: Key Malaria Indicators by System

Indicate Y or N for each reporting element captured by the system.

Indicators	System	
	SNIS	SAP
Number of suspected malaria cases		
Suspect/fever cases	Y	Y
Tested (diagnostically)	Y	Y
Diagnostically confirmed (positive)	Y	Y
Clinical/presumed/unconfirmed	N/N/N	N/N/N
Outpatient/inpatient	N/Y	N
Uncomplicated/severe	Y/Y	N
Age categories (e.g., <5, 5+)/Sex disaggregation (M, F)	Y/Y	N
Pregnant women	Y	N
Number of malaria deaths		
Age categories (e.g., <5, 5+)/Sex disaggregation (M, F)	Y/Y	N/N
Pregnant women	Y	N
Commodities (Availability or stockout/consumption)		
RDT	Y/Y	N/N
ACT (AL, ASAQ)	Y/Y	N/N
Severe malaria treatment	Y/Y	N/N
SP	Y/Y	N/N
IPTp 1/2/3(+)	Y/Y	N/N
Completeness of reporting	Y	Y

Data Quality Activities**Routine data quality reviews and audits:**

- Monthly meetings in health establishments for collection, compilation, and validation with community relays (RECO) and the head of the health post
- Monthly meetings at the district level, during which the data entered are analyzed and validated in the presence of the heads of health centers
- Monthly meetings of the NMCP monitoring and evaluation thematic group with partners
- Monthly analysis of reports, feedback to districts, and monitoring of their promptness
- Quarterly national RBM Partnership to End Malaria meetings to review interventions and monitor data trends
- Quarterly regional reviews of malaria control interventions
- Quarterly regional RBM committee meetings to review interventions and track data trends
- Organization of quarterly routine data quality audit surveys at district and regional levels, and annually at the national level
- Organization of rapid entomological and epidemiological surveys
- End Use Verification surveys carried out on the availability of inputs

Supervision:

- Organization of supervision to ensure that problems are identified and resolved in health facilities and that health providers are trained in prevention, supply chain management, and data management
- Central level toward the Direction Régionale de la Santé: Every six months
- Regional level toward Departmental directorate of health (DPS): Quarterly
- DPS level toward health facilities (FOSA): Bimonthly
- Health facility (FOSA) level toward health posts and community health workers: Monthly

Malaria bulletin:

- The monthly bulletins are developed and shared by the Programme National de Lutte contre le Paludisme.
- The quarterly bulletins are developed by the Direction Nationale des Grandes.
- The annual statistical yearbook is produced by the SNIS.
- The scorecard is produced and shared through the African Leaders Malaria Alliance platform and with partners.

Data availability:

- Malaria data are accessible through the DHIS2 platform (web portal) and the Electronic Logistics Management Information System.
- Email requests are made for those who do not have access to DHIS2.

Data use:

- Data analysis begins at the health post and community health worker level and continues at the district, regional, and national levels.
- An in-depth data analysis is carried out by the NMCP at the national level.
- The NMCP uses the data for the development of policies and strategic plans.
- The NMCP uses data as an advocacy tool for resource mobilization.
- The NMCP and its partners use the data for planning and design of interventions and for reporting purposes for partners, including the World Health Organization and RBM Partnership to End Malaria.
- The data are also shared and disseminated in scientific journals.

Additional Context

Significant achievements and recent progress:

- 2016 national deployment of DHIS2 (at the district level and in certain health centers)
- Migration of data management from the NMCP parallel system to DHIS2 (January 2020)
- Improved completeness and timeliness of data in DHIS2 in 2019
- Control of the movement of stocks of antimalarial inputs since 2018
- Training of more than 300 health system agents in DHIS2 (from 2016 to 2020)
- Recruitment of focal points for the 38 districts in 2016
- Integration of 90 private facilities out of 147 in the fight against malaria (ongoing activity)

Key challenges or bottlenecks:

- Lack of data quality in DHIS2
- Lack of trained data managers in health facilities
- Breakdown of the main data collection tools in the health facilities
- Poor configuration of malaria indicators in DHIS2
- Lack of suitable computer equipment for the Monitoring and Evaluation Team of the program for real-time analysis and feedback (e.g., Internet connection and credit and IT kits)

Main partners, donors, and stakeholders involved

- U.S. President's Malaria Initiative (StopPalu+, GHSM-PSM, HRH2030): Strengthening of coordination, prevention, support, medication management, monitoring and evaluation, and communication
- Global Fund (CRS, Plan International, and Child Fund): Strengthening of coordination, prevention, support, medication management, monitoring and evaluation, and communication
- World Bank and World Health Organization: Capacity building and monitoring and evaluation

Priorities for strengthening the system:

- Train data managers in data management at all health facilities
- Ensure the availability of primary tools
- Carry out targeted supervision visits
- Improve data use for decision making
- Correct the configuration of malaria indicators in DHIS2
- Renew the computer equipment of the Monitoring and Evaluation Team of the program according to the supply plan (connection, Internet credit, and computer kits)

The malaria surveillance strategy is part of the National Strategic Plan of the Programme National de Lutte contre le Paludisme:

The main data governance document in Guinea, including those on malaria, is the *SNIS Management Procedure Manual*, which establishes guidelines for the collection, transmission, quality analysis, and interpretation of data to all the levels of the health pyramid with the different roles and responsibilities. These guidelines include the management of health data archiving, the management of the register of health facilities, and the maintenance of computer systems. The country has not yet defined a strategy on interoperability or integration of subsystems. Community data are compiled in reports from health centers, and the process of integrating private facilities is underway.

An interoperability process started in 2020 to allow access to logistics data in DHIS2.



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