WEBINAR
Data Use in COVID-19 Response: Experiences from Bangladesh, Ghana, Kenya, and Philippines

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Session Moderator: Dr. Kamaliah Noh

Senior fellow at Results for Development with over 25 years’ experience working at various levels of the public primary health care delivery system, at the district implementation level, the state policy level as well as heading the primary health care section of the Ministry of Health, Malaysia.
Session Panelists
Bangladesh

Dr. Shahadt Hossain Mahmud
Director General,
Health Economics Unit,
Ministry of Health and Family Welfare
Ghana

Dr. Anthony Ofosu
Deputy Director-General,
Ghana Health Service (GHS)
Kenya

Dr. Isabella Maina
Head of Healthcare Financing, Kenya Ministry of Health and JLN Co-Convenor
Philippines

Dr. Mel Santillan
Medical Officer,
Philippine Health Insurance Corporation
Imagine you head the COVID-19 response in your country. What data would you want available for decision making on interventions and monitoring?
Highlights of Panel Discussions
Bangladesh

Population: 163 million
First confirmed case: 8th March 2020
Confirmed cases: 553,000 (as of 11th March 2021)

- Shared data through various committees to ensure information is received by the appropriate decision makers
- Multisectoral forums were used to engage stakeholders and obtain feedback
- Used data to define criteria to zone cities and target different levels of restrictions and safety precautions by level of infections
- **Key lesson:** Use data to create a targeted response suitable to the local context
Ghana

Population: 30.42 million
First confirmed case: 12\textsuperscript{th} March 2020
Confirmed cases: 86,737 (as of 11\textsuperscript{th} March 2021)

- Data used to track the 6 objectives for the pandemic response
- Consolidated systems and deployed applications for contact tracing and case management
- Reviewed the regulatory environment to allow integration and interoperability
- Dashboards were used to coordinate data collection among different agencies under the leadership of MOH

- **Key lesson**: Utilize existing systems and build on capacity for improving its deployment.
Kenya

Population: 52.57 million
First confirmed case: 12th March 2020
Confirmed cases: 110,000 (as of 11th March 2021)

• Evaluated impact of COVID-19 on essential health services using routine data systems and developed strategies to ensure affected services are sustained
• Consolidated all data sources into a single platform for COVID-19 data analysis and dissemination to the public
• Worked with all stakeholders for consultation, co-operation and consensus building in coordinating COVID-19 response
• **Key lesson:** Strengthen and utilize routine data systems whilst encouraging more innovations
Utilized existing data systems/sources for the design and costing of COVID-19 benefit packages

Cost data was gathered from accredited and licensed facilities across the country

Used DOH data to estimate projected expenses for COVID-19 payment

**Key lesson:** Sharing COVID-19-related data among government agencies through existing data sharing systems.

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**Philippines**

Population: 108.1 million

First confirmed case: January 30\textsuperscript{th}, 2021

Confirmed cases: 603,000 (as of 11\textsuperscript{th} March 2021)
Participants Feedback

Beyond COVID-19, how can process improvements and investments for strengthening data demand and use be applied across the health system?

- Inclusion of the private service delivery sector to allow for a whole of system response.
- Ensuring that data is used to support strong governance.
- Need for strong government stewardship.
- Health insurance system data
- Multisectoral involvement including private sector data & community data with good governance as well as stewardship.
- Predictive analysis from Covid-19 data
- Comprehensive data capture including the private sector and improved data will be key
- Evidence based analysis to policy improvements
- We can generate digital platform for improvements and strengthening the data demand.
Thank you and Goodbye