

Responsible and proactive sharing of Health Facility Data

Health facility data is a critical component of any health response, ensuring improved planning, implementation, and monitoring.

There are plenty of documented and recognized use cases, benefits, challenges, and opportunities in establishing, maintaining, updating and sharing health facility master lists core to public health. However, systematic sharing of available data to the wider humanitarian community as part of an overall data lifecycle is limited and needs to improve sustainably. This requires further development of agreed protocols and sensible use of available platforms such as the [Humanitarian Data Exchange \(HDX\)](#).

The Global Health Cluster and the WHO Health Emergencies Programme through the [Public Health Information Services](#) advocates WHO's recognized process under its [Emergency Response Framework](#) to support the establishment and maintenance of an authoritative Health Facility Master List through the [Health Resources and Services Availability Monitoring System \(HeRAMS\)](#). GHC and the WHO Emergencies Programme are working on implementing HeRAMS as a standard approach in all countries experiencing humanitarian crises

Multiple other sources of health facility data exist that may build on secondary data sourced and compiled from the web, but with limited demonstrated proactive and documented data collection, verification, validation and updating process. These, if published without appropriate quality control in line with the [IASC Operational Guidance Data Responsibility in Humanitarian Action](#), and [Policy Statement on Data Sharing by the World Health Organization in the Context of Public Health Emergencies](#) can lead to substantial risks in response if the data is not used or shared in a responsible manner.

Guidance available for specifications for the Master Lists, and recommendations on the format, structure, content and dataflow, are available through HeRAMS. WHO guidance and training materials for countries on establishing and strengthening their master facility list are available [here](#). Additional guidance on the [establishment of a common geo-registry](#) for the simultaneous hosting, maintenance, update and sharing of master lists core to public health is available.

The Humanitarian Data Exchange

The Humanitarian Data Exchange (HDX), managed by OCHA's [Centre for Humanitarian Data](#), is an open platform for sharing data. OCHA is part of the United Nations Secretariat and is responsible for bringing together humanitarian actors to ensure a coherent response to emergencies. The goal of HDX is to **make humanitarian data easy to find and use for analysis**. Since its launch in July 2014, HDX has been accessed by thousands of users in every country and brings together more than 18,800 datasets from over 290 partner organizations.



Data Grid

The Data Grid places the most important crisis data into **6 categories and 27 sub-categories** and indicates if they are complete, incomplete or missing. Relevant data are included in the Data Grid if they are **sub-national, in a common format, and timely**. The purpose of the Data Grid is to show which critical data are available and missing so that all responders can be more focused with data sharing and outreach. To date, there are 27 Data Grid locations (countries) on HDX.

Health Facilities Data

One of the 27 sub-categories on the Data Grid is Health Facilities. Health Facilities data appears under the Health & Education category and is defined as **vector or tabular data with coordinates representing health facilities with some indication of the type of facility**.

Sharing health facilities data also allows others to carry out additional analysis which **can lead to new insights**. As over 100,000 people visit HDX every month, sharing the data on HDX **exposes it to a wider audience**. Additionally, when the health facilities data are published on HDX, the data will automatically appear under the Health & Education category on the Data Grids.

In the absence of an agreed minimum set of variables for the Health Master Facility List and in the absence of an agreed upon quality evaluation framework it is strongly recommended to have for each dataset:

1. a description of the variables contained
2. a description of the data collection/maintenance/verification/validation process

A minimum set of requirements to ensure a complete Health Master Facility list with clear Health Facility type is required (signature domain data):

- Facility unique identifier (e.g. number)
- Correct official name of facilities
- Correct Geo Codes
- District/County (or equivalent administrative level) name
- District Code used in boundaries
- Agreed Facility Type
- Ownership or managing authority

Sharing Health Facilities Data

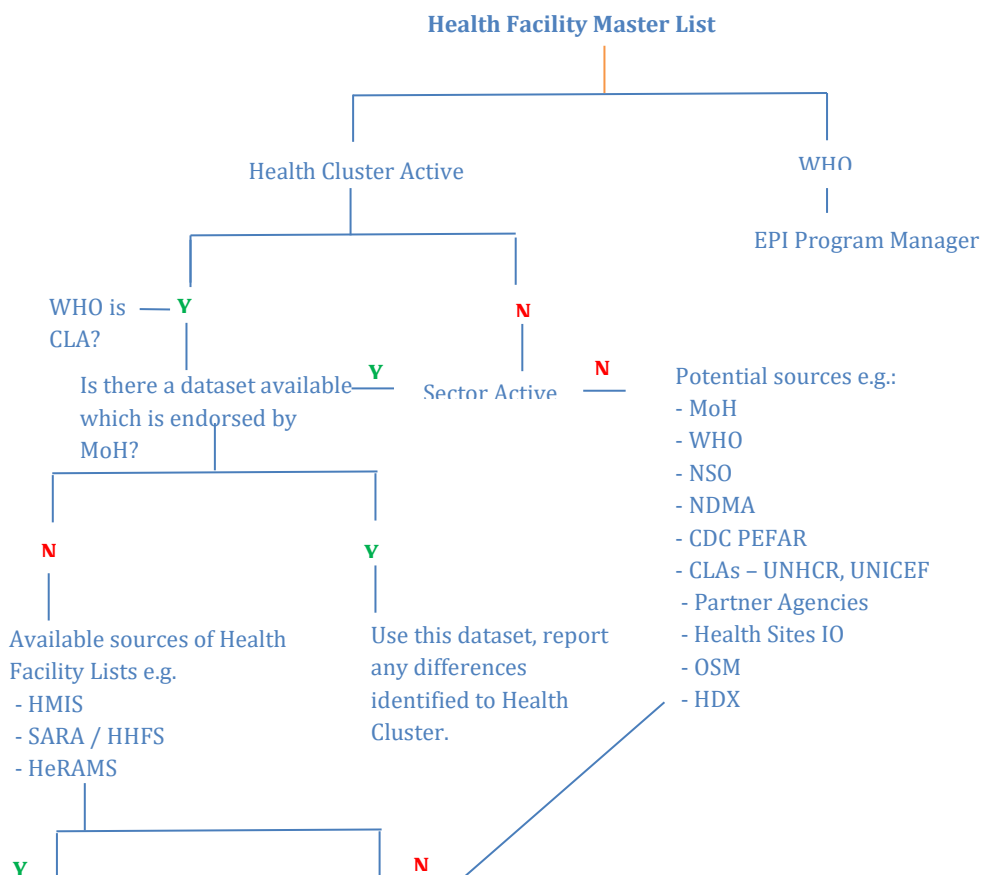
- **Existing validated and maintained Health Facility Data**

Where validated and maintained HF lists are available, and where it is safe and responsible to do so, we recommend that such data be shared via HDX. Data can be shared publicly or privately to a smaller group as appropriate. Support for onboarding and uploading data on HDX can be given by the HDX team (hdex@un.org), whereas the maintenance of such datasets could be managed by the Information Management Working Group (IMWG) at National level.

- **Existing validated and maintained data that cannot be publicly shared**

Where validated and maintained HF lists are available but cannot be shared publicly, it is advocated that these be shared with HDX by using the HDX Connect facility that only allows the metadata to be shared publicly. Where validated and maintained HF lists are available but cannot be shared publicly *or privately*, please consider an agreed Information Sharing Protocol being developed with key stakeholders. Please use available guidance and reach out to GHC for any further support required.

- **No existing validated and maintained data.** Please see flow chart for potential Health Facilities data and contact GHC.



Engage with MoH and partners to clean, validate, endorse, and maintain an agreed Health Master Facility List