Welcome Young Leaders!

1. Rename yourselves
2. As you join, tell us in the chat how are you feeling today?

GLOBAL FINANCING FACILITY

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Data Use for Decision-Making

Deep Dive

Young Leaders' Program

Dr. Nkechi Olalere
9th August 2024

Session Objectives

1. Understand the significance of timely and high-quality data for effective leadership and policy-making in the health sector.
2. Recognize the common challenges leaders face with data utilization in the health sector.
3. Identify key principles and strategies to align data feedback loops with decision-making needs.
4. Learn how effective data use can strengthen individual and collective leadership in the health sector.
5. Promote peer learning and collaboration to share best practices and solutions.

Think of an example of an important decision that was taken **without** being well-informed by evidence. What were the consequences?

Mentimeter poll

What would you say are some of the biggest barriers to data use in your workplace?

a) Data availability

b) Data quality

c) Data timeliness

d) Analytics that responds to needs

e) Skills to interpret data

f) Lack of culture of data use

g) Other

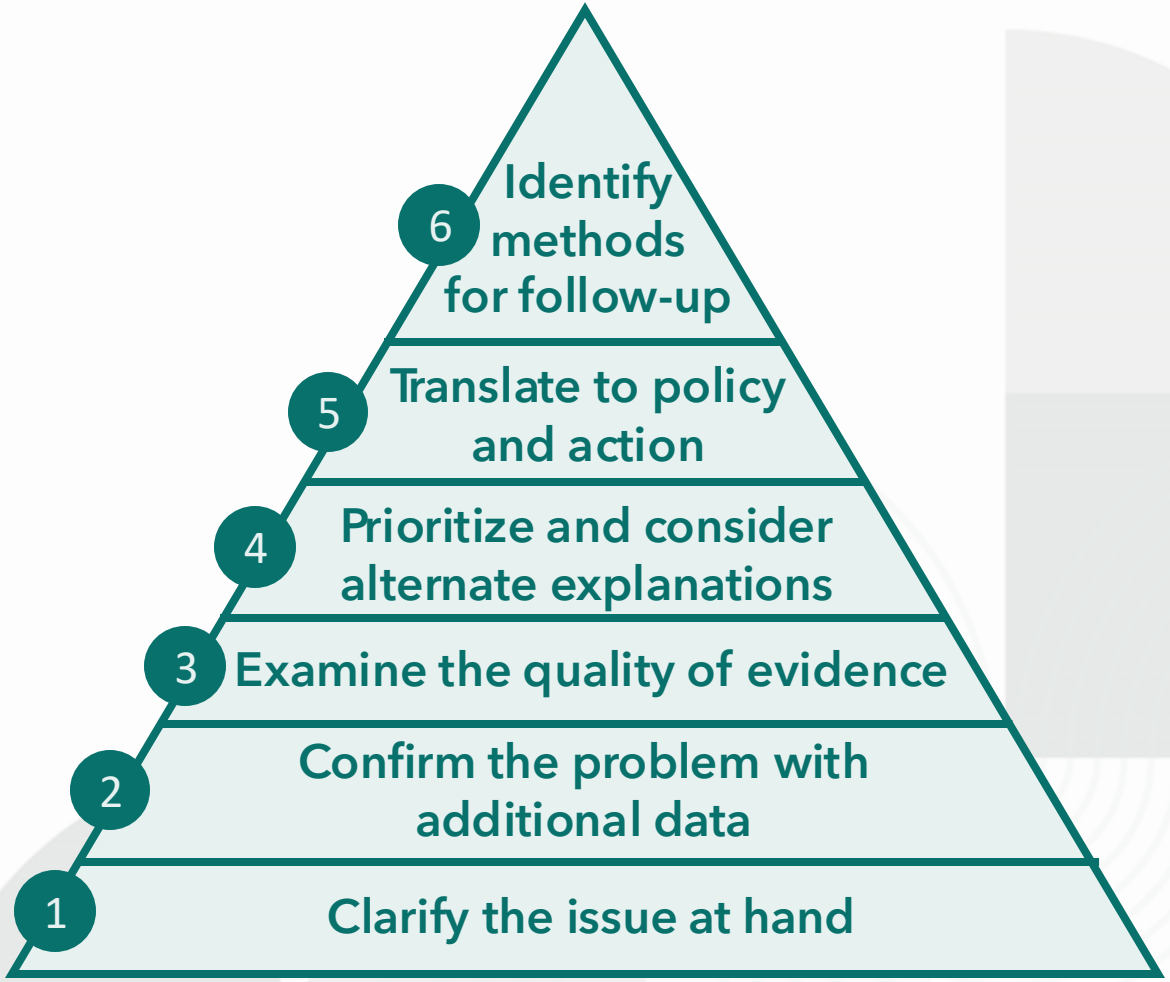
Introduction to the Socratic Triangle

Socratic Lines of Inquiry

6 types of inquiries for understanding problems and working toward solutions

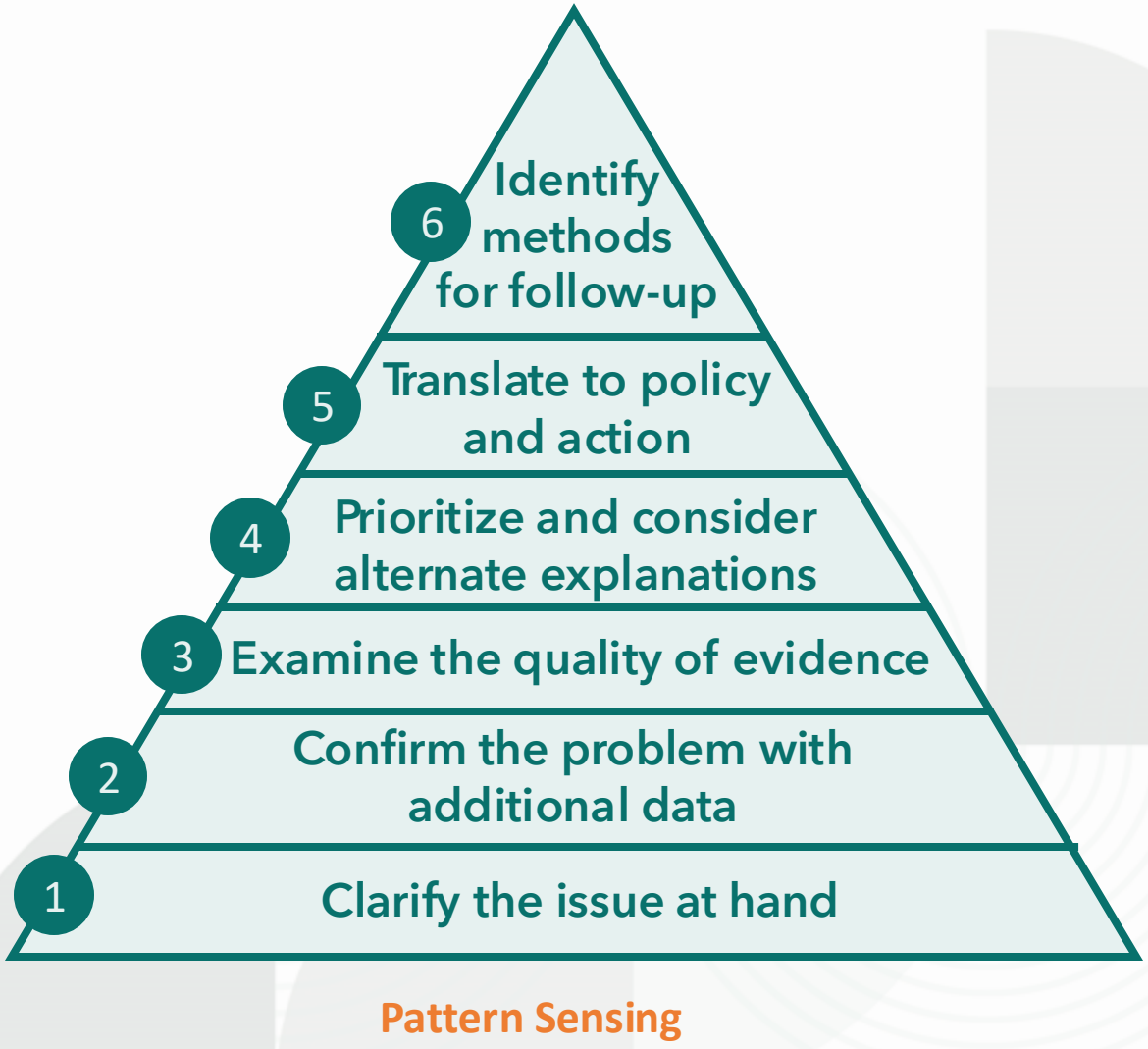
We will be looking at this from 2 positions:

- **Decision making**
- **Advocacy**



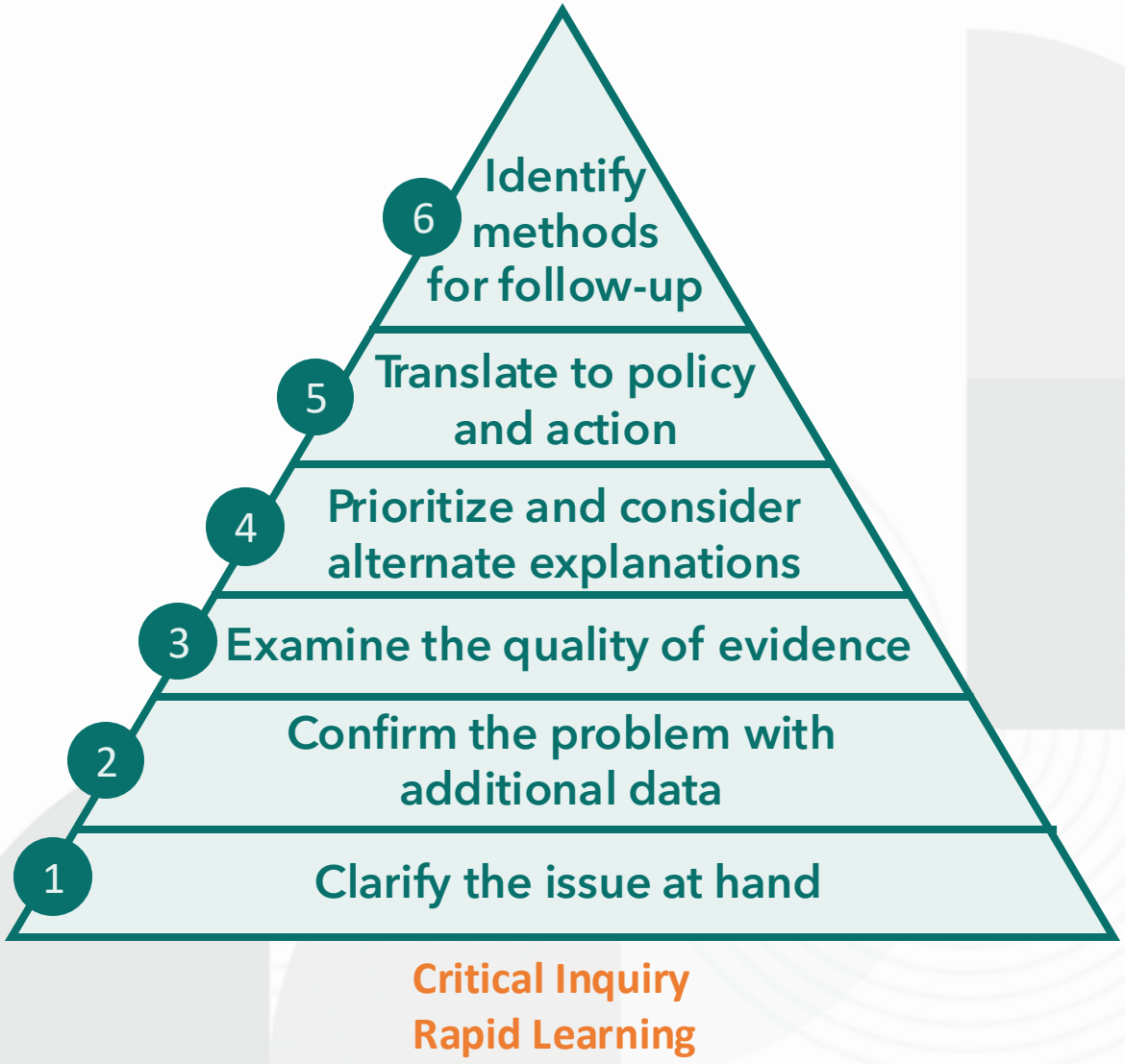
Socratic Lines of Inquiry

1. What is the nature of the issue? What are the key aspects that need to be understood better?



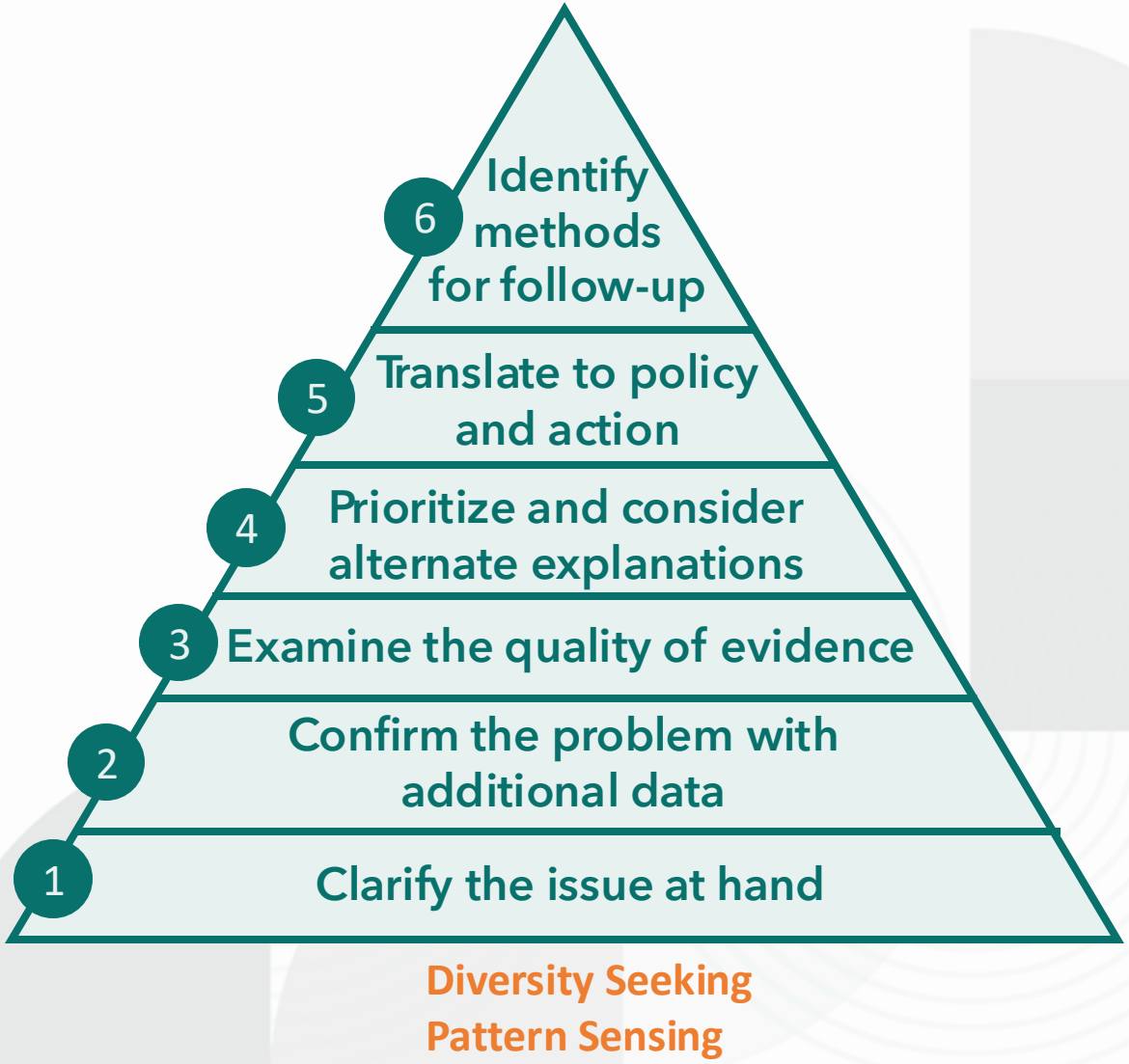
Socratic Lines of Inquiry

2. What additional data or information can help to better understand the problem?



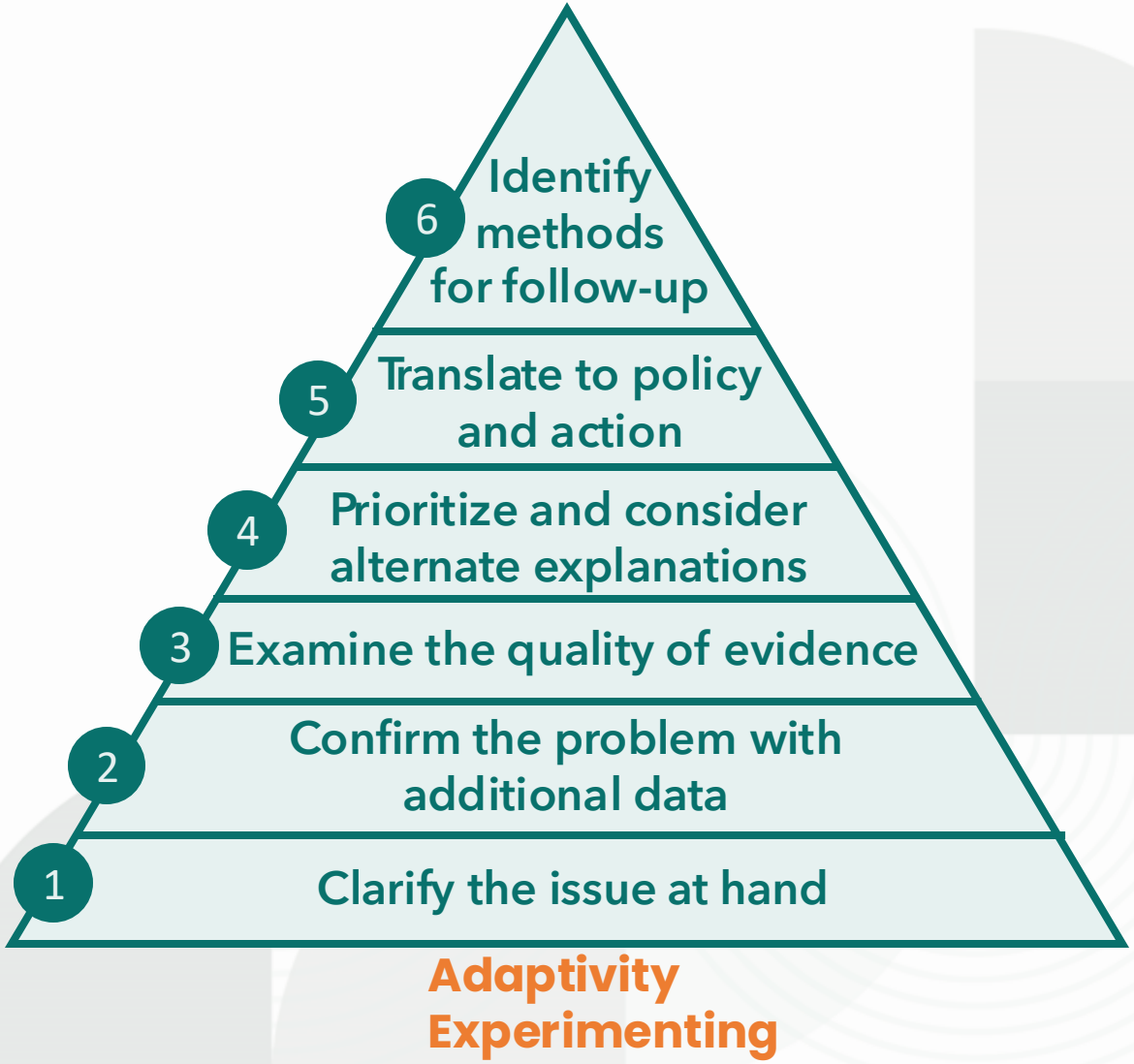
Socratic Lines of Inquiry

3. What type of evidence is available, and what quality? What key gaps?



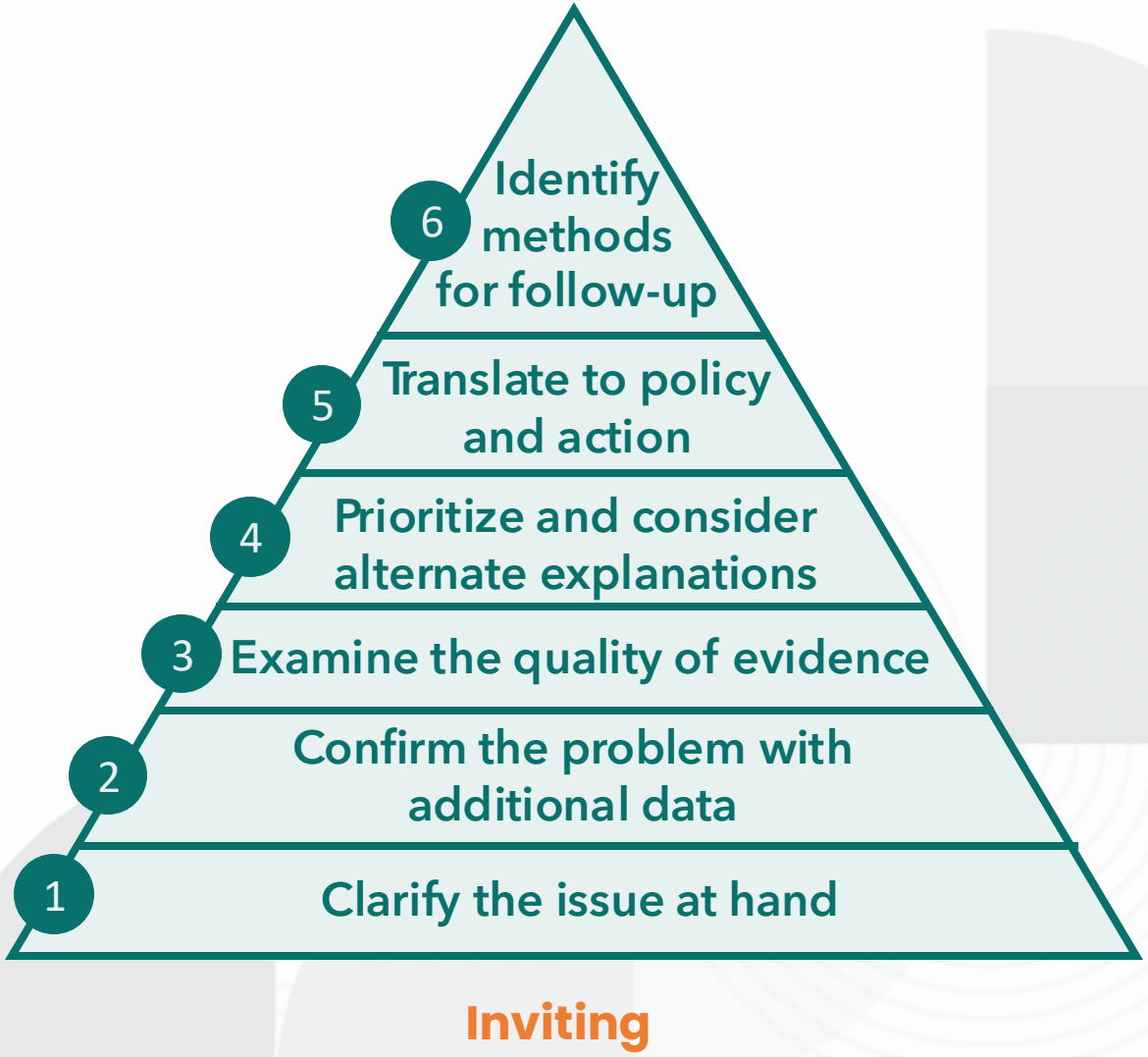
Socratic Lines of Inquiry

4. What are the different factors that could help explain the issue? Which should be prioritized for exploring further?



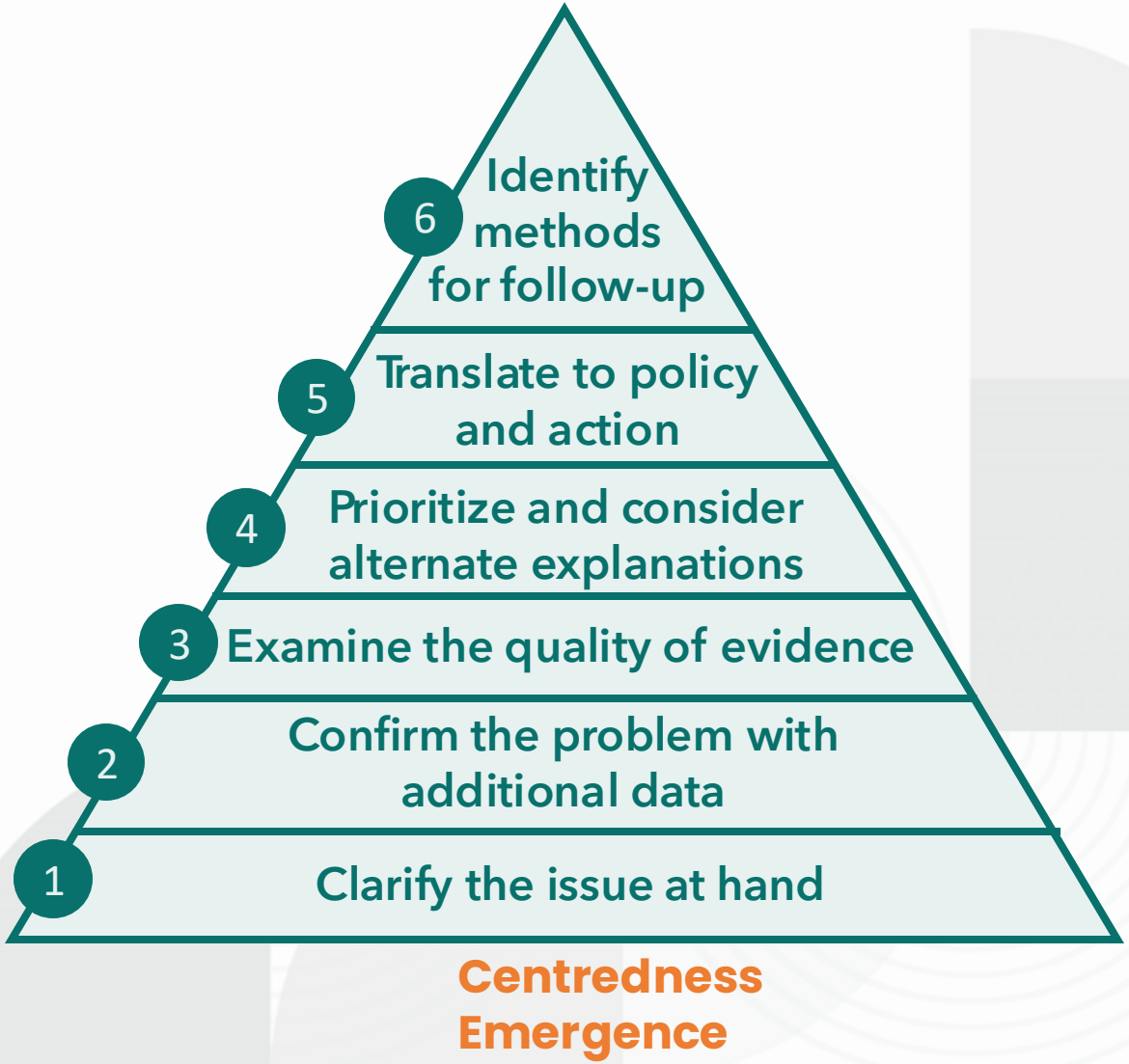
Socratic Lines of Inquiry

5. What types of actions are most suitable for addressing the issue? What are the policy implications?



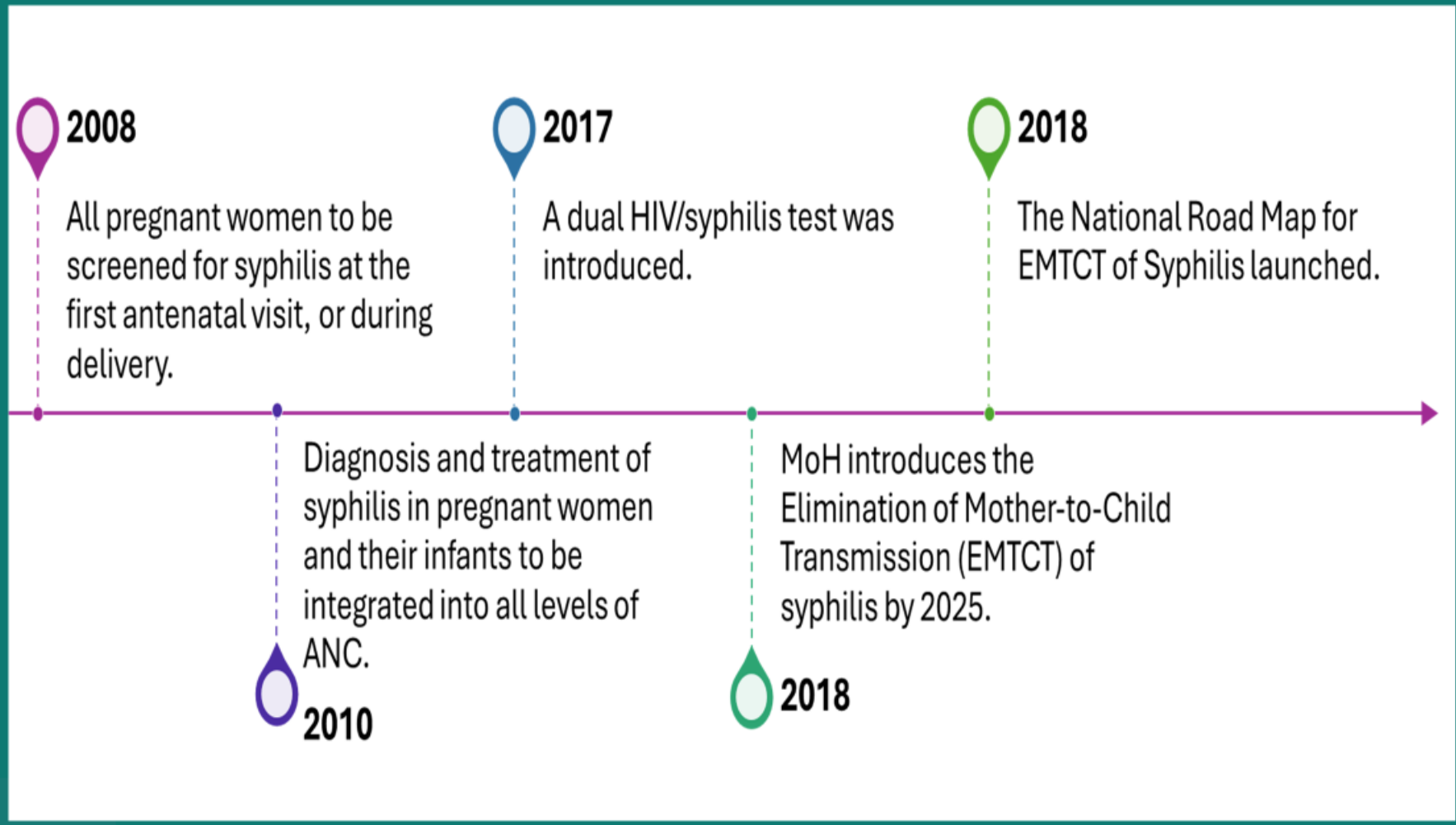
Socratic Lines of Inquiry

6. How will you know whether actions to address the issue are working as intended?



Neonatal syphilis in Cambodia

Background policy and strategic intervention for Syphilis at a national level



- 2013 Although point-of-care testing was included in national ANC guidelines the integration of syphilis management is not fully implemented.
- Mostly implemented in public and non-profit healthcare facilities, not in private healthcare settings

Case Facts

Globally

- The risk of congenital syphilis occurs in approximately 50–80% of women with untreated primary, secondary, or early latent syphilis.
- Maternal syphilis is associated with a 21% increased risk for stillbirth, 6% increased risk for preterm delivery, and 9% increased risk for neonatal death.
- Optimal treatment of syphilis during pregnancy could reduce the risk of congenital syphilis by 97%, stillbirth by 82%, preterm birth by 64%, and neonatal mortality by 80%.

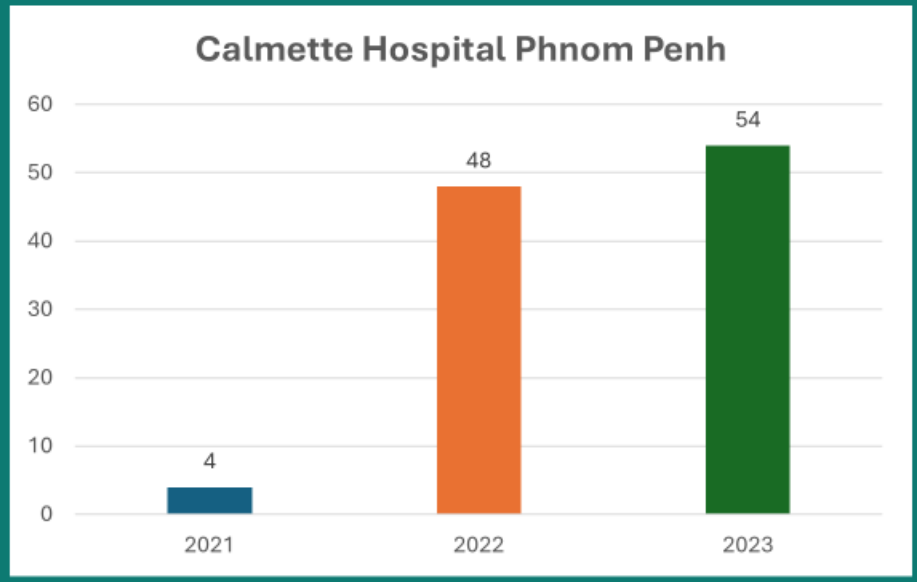
Cambodia

- The annual crude birth rate in Cambodia is around 20 per 1,000; women are incentivized to attend at least 4 ANC visits. All women should be screened for HIV and Syphilis.

Case Facts

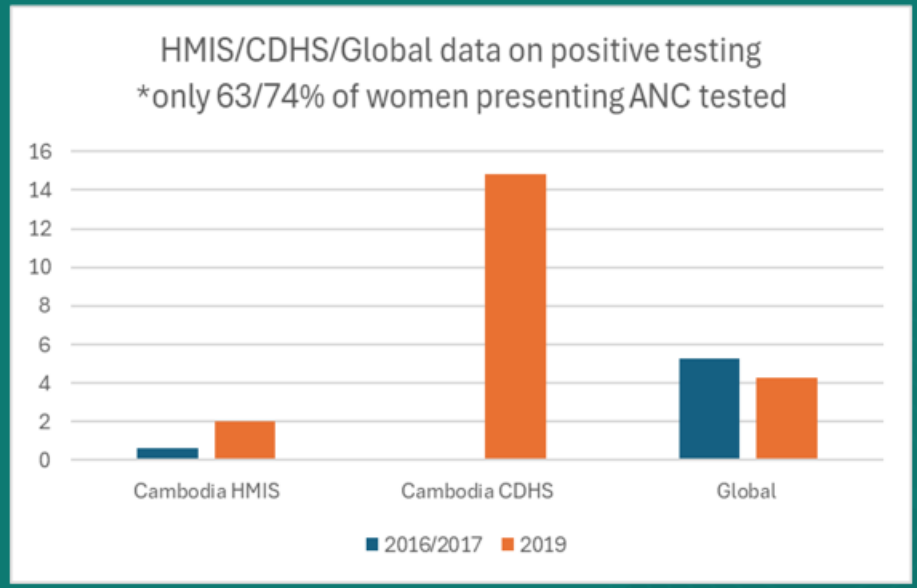
Calmette Hospital –incidence of births with congenital syphilis

- Other complications such as pre-term birth, low birth weight, stillbirths, and neonatal deaths resulting from syphilis were not explored.
- Anecdotal evidence points to an increase in other hospitals.



HMIS/CDHS/Global data – testing for HIV/congenital syphilis at birth

- 90% of congenital syphilis cases are in the Global South.
- Increase in Cambodia – decrease globally.
- Less than 75% of women presenting to ANC tested.
- Increase in rates of HIV and other STIs.



Clarify the Issue at Hand

Rising congenital syphilis in Cambodia is a major public health concern.

Current Rates:

- Unknown. Estimates (incidence and testing) suggest 3-10 x increase since 2019

Integration of Syphilis Screening and Treatment in ANC:

- Increase in women attending ANC (NSSF)
- <75% of women tested
- Only 78% received syphilis trt & only 28% treated with Benz. Pen
- No testing in private sector

Barriers to Prevention and Treatment:

- Poor Integration despite 2013 guidelines.
- Lack of staff skills, inconsistent checklists.
- Limited knowledge of patients, loss to follow-up.
- Inadequate staff & systemic care barriers.
- Overlapping & unclear policy.
- Stockout, ltd test kits.
- Limited in private settings.

Confirm the Problem with Additional Data

Prevalence Rates among Pregnant Women:

- Wide range in data – but only 75% of women tested.

Congenital Syphilis Cases:

- Calmette 2023 54 cases.

Healthcare Facility Capabilities:

- Lack of clinical guidelines for testing and treatment
- Lack of testing kits
- Lack of knowledge of health professionals and patients
-

Other Relevant Data Points:

- No regional data on congenital Syphilis rates
- No data on neonatal outcomes
- No data on testing or outcomes from private facilities
- Increase in other STIs
- Data not available on demographic characteristics of women most affected by syphilis

Examine the Quality of the Evidence

Types of Evidence:
- Scientific studies (global data)
- National HMIS observational data
- Healthcare facility reports

Data Reliability:
- Data from national hospitals and HMIS
- Syphilis screening in ANC services provides continuous data

Data Comprehensiveness:
- Broad trends in HMIS reports (2017, 2019–2020)
- Insights from Calmette Hospital

Gaps and Inconsistencies:
- Inconsistent tracking and treatment of exposed infants
- Limited data from private fac.
- Potentially higher actual cases than reported

Limitations:
- No private healthcare data
- Limited test availability
- Insufficient M&E
- Limited data on effective measures to address spread

Despite limitations, the available data provides valuable insights and can guide initial actions.

Prioritize and Consider Alternative Explanations

Alternative Explanations for Trends:

- Underreporting from inconsistent data collection
- Improved detection from better screening and diagnostics
- Shifts in sexual and healthcare-seeking behaviours
- Migration and displacement effects

Priority Areas for Exploration and Intervention:

Root Causes

- Increased rates of syphilis in the community

Barriers:

- Limited tests, inadequate interventions, cultural, socioeconomic barriers

Healthcare Utilization:

- Proportion of women using private healthcare

Geographical Inequities:

- Urban vs. rural healthcare provision disparities

Translate to Policy and Action

Policy Changes Needed:

- Align glocal policies–Natnl Road Map for EMTCT + global health targets
- Monitor policy implementation

Key Partnerships:

- Government, other relevant MDAs
- Donors and Funding Agencies
- NGOs, Private Sector
- Healthcare Providers

***Suitable Actions*:**

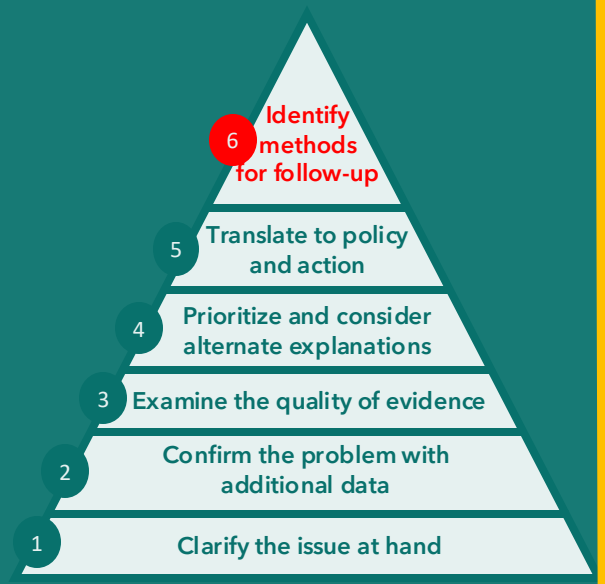
Training and support for providers

- Develop clinical protocols
- Enhance ANC counselling and dual testing skills
- Distribute IEC materials to high-incidence areas
- Improve referral systems for low-incidence locations

Enhance public awareness on maternal syphilis and its risks.

Improve data collection and monitoring systems.

Identify Methods for Follow-Up



Measuring and Reporting Progress:

- Regular audits of screening and treatment protocols
- Surveys and feedback to assess patient & provider experiences
- Track and analyze trends in prevalence
- Set EMTCT program targets

Indicators for Assessing Effectiveness:

- ANC coverage ≥95%
- Syphilis testing coverage ≥95%
- Adequate treatment ≥95%
- EMTCT Impact: ≤50 cases of congenital syphilis per 100,000 live births

Ensuring Continuous Improvement:

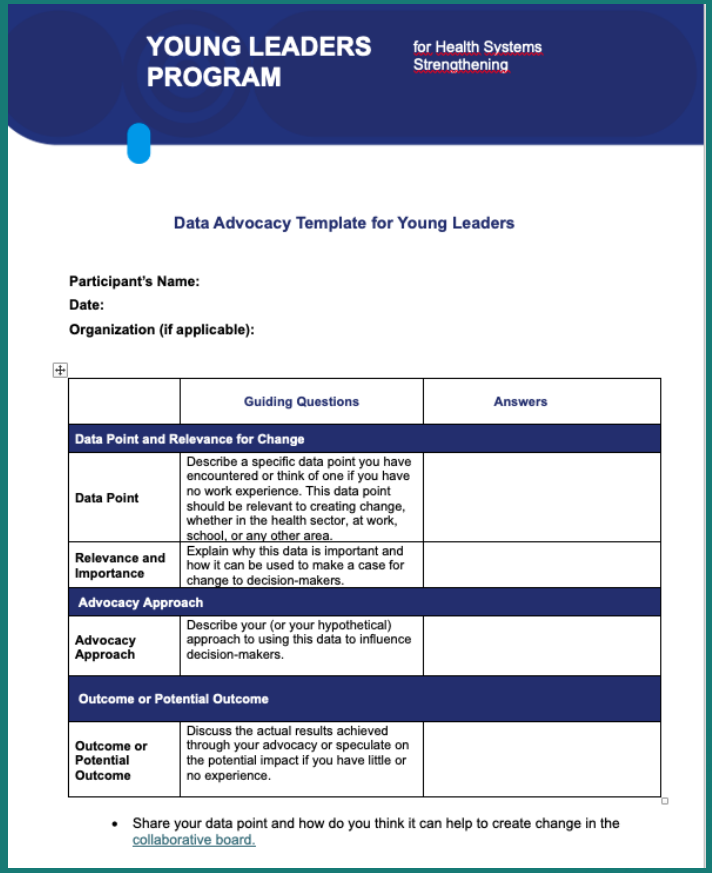
- Collect, analyze, and track data regularly to identify gaps and inform adjustments
- Involve all major stakeholders in feedback sessions
- Adapt policies based on real-time data and feedback
- Provide continuous training for healthcare providers to maintain effective implementation

Small Group Reflection – Matrix

Parting Assignment

As data use advocates…

1. Think of a data point that can create change
2. Complete the Data Advocacy Template
3. Share in the Collaborative Board



YOUNG LEADERS PROGRAM for Health Systems Strengthening

Data Advocacy Template for Young Leaders

Participant's Name:
Date:
Organization (if applicable):

	Guiding Questions	Answers
Data Point and Relevance for Change		
Data Point	Describe a specific data point you have encountered or think of one if you have no work experience. This data point should be relevant to creating change, whether in the health sector, at work, school, or any other area.	
Relevance and Importance	Explain why this data is important and how it can be used to make a case for change to decision-makers.	
Advocacy Approach		
Advocacy Approach	Describe your (or your hypothetical) approach to using this data to influence decision-makers.	
Outcome or Potential Outcome		
Outcome or Potential Outcome	Discuss the actual results achieved through your advocacy or speculate on the potential impact if you have little or no experience.	

- Share your data point and how do you think it can help to create change in the collaborative board.

Concluding Poll