

Leveraging Routine Data

A Process for Assessing and Communicating the Impact of Attacks on Healthcare

Using data for the systematic and comprehensive analysis of attacks on health to provide pathways for more robust decision making by monitoring impact and response capabilities.



PURPOSE

To support of continuity of quality health care, duty to treat (patients) vs. duty of care (staff), advocacy and communication.

01

OBJECTIVE

- What is the objective of the analysis?
 - Decision making
 - Advocacy
 - Communication.
- What data is needed ?
- Is the analysis for internal use?
- Identify the end user.

02

DATA GOVERNANCE

- Which data sets are available. (operational, medical, security)?
- How is data collected and stored?
- Who has stewardship?
- Consider data standards and data responsibility/ do no harm principles.

03

DATA APPLICATION

- Decide on appropriate methods.
- Quantitative data cannot be used in isolation (include qualitative context and operational analysis).
- Clear definitions of terminology (eg. attacks, impact, intentionality, etc.).
- Identify & reduce threshold and security risk bias (experts once or twice removed from the attack).

06

STRENGTHEN ANALYSIS

- Weekly data collection, with accurate geo-location to enable interoperability & link data points.
- Aggregate data across different projects, particularly within the same context.
- Provide visualisation of data for easier and more rapid use.

EXAMPLES OF PRIMARY INDICATORS: Out-patient, in-patient consultations, Ante-Natal Care, Sexual & Gender Based Violence Services, Nutritional Services, Morbidity Data

05

DATA POINTS

- Reduce project staff burden by use of exist datasets.
- Identify most useful data points using information from previous attacks on health:
 - Data most likely to be available regardless of context
 - Indicators that can be used to identify patterns
 - Pre-attack and post-data available for comparability post-attack.

04

CROSS-COLLABORATION

- Build collaboration and interoperability between existing tools and datasets: Operations, Medical, Security, Humanitarian Affairs.
- Identify external datasets in support of more comprehensive analysis.

CHALLENGES

- Improve data literacy as key skill for decision makers.
- Include data literate experts in decision making meetings.
- Promote a culture of understanding data-analysis as part of operational know-how.
- Breakdown siloes between distinct dataset improving collaboration between dataset experts.
- Ideally improved inter-operationality of data sets.
- Support in-country teams with visualisation, utilisation and interpretation of data.

OUTCOMES

Timely and systematic analysis of attacks on health; identifying patterns that support more robust operational decision making based on a better understanding of population behaviour, resulting in improved emergency preparedness, operational planning and emergency reactivity.