

**Inpatient morbidity and mortality: What will it take for health information systems to generate accurate information for severe malaria and malaria mortality?**

*Webinar Question & Answer Session*

Question	Answer
Why do most countries find it difficult to report malaria vectors via DHIS tools thanks?	Most countries know that the anopheles vector is the main course of malaria, so no one pays attention in reporting malaria vectors. In addition, the vector studies tend to be outside the health domain (entomologists).
In terms of sharing, is it directly as in, you have APIs or you have to abstract the data and share?	The recommended sharing is through APIs if the systems have interoperability standards. In absence of these, direct data abstraction can be done.
How can clinicians be trained in ICD-11 classification in a sustainable way that can improve the quality of inpatient data?	We try training clinicians in ICD-11 through seminars. If possible, this should be introduced in learning institutions so that the clinicians can appreciate.
For Dr Many, how reliable would be the data in DHIS 2 for disease modelling?	For diseases that are well defined and with high reporting rates, DHIS2 data are good. For malaria, we may still encounter misclassifications and, furthermore, the reporting through the inpatient is still low.
How other countries are performing with system integration and interoperability across national system and systems managed by implementing partners?	Having set standards and guidelines that all partners use
For training in data analytics, to what extend or to what depth do you the training on?	Most of the training is geared towards getting data out of the system to support program management, so it may be in the form of graphs, tables, maps etc. since most of the people being trained are not statisticians. We do not go to deeper analytic lessons.
Are they dashboard on the system (DHIS) or is it a dashboard on excel, Power BI or Tableau?	The dashboards are in DHIS2 but since Excel downloads are possible, other forms of dashboards are possible.
What do you deal with data accuracy?	We come up with data assurance programs including data quality audits and validation rules
Hospital based severe malaria collection was introduced in end 2021. Thus capturing severe malaria case data in DHIS is very recent in Madagascar as Manitra mentioned.	
A key reason to collect inpatient malaria data is to inform preventive actions. The consolidated WHO malaria guidelines ( <a href="https://app.magicapp.org/#/guideline/6812">https://app.magicapp.org/#/guideline/6812</a> ) encourage NMCPs to target 'children belonging to age groups at high risk of severe malaria' (e.g., with SMC or PMC)	
If anyone would like to explore the modelled estimates of malaria incidence and mortality, or see more about our projects and methods this is all available from our website where you can download all estimates: <a href="https://malariaatlas.org/">https://malariaatlas.org/</a>	