

# Development of Unique Identifier for Health Services

ICAP Mozambique COP 18 Planning



# Background

Why implement unique identifiers?

- Improved ability to:
  - Monitor patients across services in the same facilities, across health facilities, and longitudinally
  - Monitor patients through case-based surveillance at each level of the health pyramid and support for monitoring and evaluation
  - Simplify care for patients, as only one identifier required for all health providers and services
  - Scale-up services through future integration of medical records from different data sources

**TABLE 1. BENEFITS AND RISKS OF UNIQUE HEALTH IDENTIFIERS**

| Benefits and risks | Facility level  | Programme level  | Country level  |
|--------------------|---|--|--|
| For person         | <ol style="list-style-type: none"><li>1. Improved continuity of care</li><li>2. Anonymity of health records</li></ol>   | <ol style="list-style-type: none"><li>1. Easier transfer of treatment when a person moves from one service or facility to another</li></ol>                        | <ol style="list-style-type: none"><li>1. Improved linkage of HIV and health services</li><li>2. Easier reimbursement through health insurance</li></ol>                                  |
| For programme      | <ol style="list-style-type: none"><li>1. Better linkage of testing and treatment, and to community care</li><li>2. Need to invest in a secure data system</li></ol> | <ol style="list-style-type: none"><li>1. Easier management of loss to follow up</li><li>2. De-duplication of records</li><li>3. Security of data records</li></ol> | <ol style="list-style-type: none"><li>1. Better management of stocks of drugs and diagnostics</li><li>2. Improved planning</li><li>3. Sustainability and open access of system</li></ol> |

# Proposed support

Support implementation of unique identifiers at the national level (*Adults, Pediatric and PW population*)

- Using either individual numbers or biometrics, for unique identification of individuals receiving HIV services to improve tracking and transfer of patients between points of service and HFs, as well as between community and HF.

# Proposed Solution: Steps

1. Conduct Situational Analysis
2. Engage with stakeholders early and throughout design and implementation phases
3. Establish a Unique ID format
  - individual numbers, biometrics, or both
4. Implement Unique IDs at all facilities
5. Create an online electronic health information system to link patients across facilities and services

Source: WHO <http://apps.who.int/iris/bitstream/10665/255868/1/WHO-HIV-2017.14-eng.pdf?ua=1>

# ICAP Experience: Tanzania

- The tablet-based ICAP FIKIA system automatically creates a Unique Identifier Code (UIC) for each client during the first visit and captures a fingerprint scan.

## Example of National UIC Format

The proposed UIC has 12 characters use in Tanzania

| Characters | Position  | Content   |
|------------|---|---|
| 2          | 1 <sup>st</sup> , 2 <sup>nd</sup>                   | Last two letters of the client's first name         |
| 2          | 3 <sup>rd</sup> , 4 <sup>th</sup>                   | Last two letters of the client's surname            |
| 3          | 5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> | First three letters of the client's region of birth |
| 1          | 8 <sup>th</sup>                                     | Sex code for male and female                        |
| 2          | 9 <sup>th</sup> , 10 <sup>th</sup>                  | Numbers of the client's day of birth                |
| 2          | 11 <sup>th</sup> , 12 <sup>th</sup>                 | Last two digits of the client's year of birth       |

Other point to consider during formulation process in Summary:

- Sex (Female=2 Male=1)
- Date of birth (**01** if doesn't know date of birth)
- Year of birth (Last 2 digit-**1980** if doesn't know Year of birth)
- Outside of Cameroon (Regional of Birth), use **OTH**

Example of UIC CODE:

Client Details: For example: ETIABA MOUSSANG Floriant Male 03  
1973 Center

**UIC CODE: NT BA CEN 1 03 73**

# ICAP Experience: Cameroon

- ICAP Cameroon performed a situational analysis of current Unique Identifier Code (UIC) formats used in Cameroon and internationally
- ICAP facilitated stakeholder discussions to review options and finalize a national identifier format
- Cameroon plans to adopt the new UIC for electronic medical records and universal health insurance systems in the coming months

# Lessons Learned

- Situational analysis is critical to ensuring that design and implementation accounts for diversity in types and location of health facilities (HF)
- Early engagement with stakeholders is key and should include the MOH across multiple levels of the health system, health facilities, and programmatic partners
- The owners of EMRs and other relevant information systems must be included in discussions to ensure that they can implement unique identifiers in the designated timeframe
- Ensure that unique identifiers can be assigned within the available IT infrastructure (e.g. if there is poor network connectivity, they can be assigned offline)

# COP 18 Proposal

ICAP proposes the following activities:

- Conduct a situational analysis of existing unique identifiers, existing EPTS capacity, and IT capacity
- Provide recommendations for a preferred national unique identifier design and how to integrate into EPTS
- Convene stakeholder working group and facilitate stakeholder meetings to discuss and finalize unique identifier format
- Support MOH to develop materials, including workplans, SOPs for assignation of unique identifiers, and development of data flow and cleaning processes
- Support the MOH to identify resources necessary for implementation
- Support training on use of unique identifiers
- Assist with implementation of the new unique identifier at pilot site(s)
- Evaluate pilot for further scale-up nationally

**Slide 8**

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**RS1**

We would need more info from the team on what this would cost

Roberta Sutton, 11/29/2017

# Impact

- Direct Impact:
  - Unique identifier will be available for use at all HF, either on paper-based records or within EPTS
  - Pilot unique identifier at select HF to implement and demonstrate the use of the unique identifier
  - Scale-up of unique identifier
  - Enhance individual patient care
  - Enable more effective programmatic evaluation
- Longer term impact:
  - Improved tracking of patients across facilities and between services offered at facility and community levels