

**MINISTRY OF HEALTH  
HEALTH MATRIX NETWORK**

**LEGAL AND POLICY FRAMEWORK**

**FOR**

**HEALTH INFORMATION AND  
HEALTH DATA REPORTING**

DRAFT

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## INTRODUCTION

Access and intensity of use of health services have always been of significant concern in Ghana. These concerns have been raised on both social and political platforms over the years and have underpinned key policy directives in the health sector particularly in recent times. The extent to which stakeholders hold the health sector accountable in the context of these concerns have also increased over time. This is partly due to the increasing levels of investments in the health sector and the need to show more precisely commensurate achievements and benefits to vulnerable groups in particular. On account of these developments performance measurement has become a critical management endeavor in the health sector.

Performance measurement has influenced and exerted pressure on global demands for information. The need to show progress towards the achievement of the MDGs, the move by health partners from SWAPs to MDBS and the increasing need for both multilateral and bilateral donors to demonstrate their contribution towards health development has also created increased demand for information. New developments in technology, including the use of the Internet and other modes of communication for the purpose of providing and managing healthcare services have also had an effect in Ghana. Though not to the extent seen in developed countries improvements in technology have greatly facilitated the flow of information amongst the providers and recipients of healthcare services. However the health sector remains far behind in taking advantage of such developments to improve reporting. Performance is grossly under reported with notable exclusion of key providers in the private and quasi government sectors, developments to improve information managements lags behind other sector improvement activities, the whole culture of information generation and use remain under developed and mechanisms for validating and assuring reliability are not optimally functional.

In the light of such developments, new issues arise in the context of the regulation by law of information generation and reporting in the health sector. Globally, there has been a move towards evolving a legal framework that can address the new issues arising from the use of information technology in the healthcare sector. Two of the most important issues that arise in this context are the right to privacy of individuals, and the protection of this right in relation to health information and the development of suitable standards for regulating the provision of healthcare services by the use of technology. Proper regulation of the creation and use of healthcare information is imperative and has been a matter of special concern to governments as well as other public bodies involved in the field of healthcare. These concerns cover two important, yet sometimes competing goals. The first is the need to gather and disseminate accurate and timely information on the incidence and prevalence of diseases, assessment of healthcare and public health needs and evaluation of programs, services, institutions and providers. Secondly, there is also the need to protect that information from uses or disclosures that can cause harm particularly to individuals to whom the information pertains.

This report examines the legal framework relevant to the creation and use of health information in Ghana. It is also written as the basis for the drafting of a comprehensive legislation governing reporting in the health sector.

## **DEFINITIONS USED IN THIS REPORT**

“Healthcare Provider” includes doctors, hospitals, and all other individuals or institutions involved in the provision of healthcare, and any other person furnishing healthcare services or supplies.

“Health Information” means any information, whether oral or recorded in any form or medium, that:

- is created or received by a Healthcare Provider, health plan, public health authority, employer, life insurer, school or university; and
- relates to the past, present, or future physical or mental health or condition of an individual; or the past, present, or future provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual

“Individually Identifiable Health Information” means any information, including demographic information collected pertaining to an individual, that:

- is created or received by a Healthcare Provider, health plan, employer, or healthcare clearinghouse; and
- relates to the past, present, or future physical or mental health or condition of an individual; or the past, present, or future provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual, and
- identifies the individual; or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual.

“Budget and Management Centers” is the smallest management unit within the health sector that owns an annual plan, a budget and is responsible for its performance based on targets sets for itself.

“Community Based Health Planning and Services programme” is the strategy for implementing a close to client system of service delivery. It involves the placement of a trained Community Health Officer/Nurse in a defined community and provides clinical and public health services. It can also be described as the first level of care.

## **CHARACTERISTICS OF HEALTH INFORMATION SYSTEM IN GHANA**

The health sector information system focuses largely on routine activities which provide information necessary for reviewing and managing operational policies within each management unit. Information is collected on input, process, output, outcome and impact of services through routine and sentinel reporting systems. Information on clinical care and public health services measure output, outcome and impact of curative, preventive and promotional services. The focus is on demographic data, diseases and health status and service utilisation information in priority areas.

Financial management information measures the financial input into the health system. It provides basic accounting information to enable the measurement of costs in delivering the service package and other essential non-clinical activities. Accountability and efficiency is the main motive behind reporting in this area. Human resource information provides an understanding of staffing patterns, movement and training requirements for effective delivery of services. The integrated payroll and personnel data system contains information on labour mix at each level and relates this to the human resource standards for health service delivery. Information on drugs and logistics management measures utilisation and stock management information including data for assessing rational use of medicines. The other components of the logistics information system provide information on infrastructure, equipment and other capital inputs and allow for planning and budgeting for maintenance and replacement.

Information in the health sector is organised along these components for each level and for each Budget and Management Centre. However for the purposes of reporting, a minimum set of indicators, the Sector-wide Indicators, have been identified and formats for reporting have been introduced to enable data to be submitted to higher levels. Within each Budget and Management Centre data collection and information organisation is based on information demands appropriate for each level.

The Health Services in Ghana is organised at five levels namely community, sub-district, district, regional and national levels. Services provided at the community, sub-district and district levels constitute primary health services delivered in the context of a district health system. Services to communities are delivered through outreach programmes from the sub-districts and through the Community Based Health Planning and Services programme. Other services available to the communities are those offered by traditional birth attendants, chemical sellers and itinerant herbalists.

The sub-district level provides clinical, public health and maternity services through the sub-district management team. This team is required to forge a close partnership with the communities through community institutions, community based health workers and other health related institutions in their catchment area. The Sub-district health team is responsible for the overall planning, monitoring and evaluation of services as well as ensuring quality of services within the sub-district. The planning responsibility of the sub-district health team requires that they have access to information on health needs, service delivery, coverage and resource availability.

The district level is responsible for operational planning and programme implementation and is organised under clinical, public health and administrative units. Clinical services are provided by the hospitals in the district while public health activities are managed by the district health management team which is also responsible for planning, organising, monitoring and evaluation of the package of services at the district level.

At the district level health status information is an aggregation of service outputs of all the service delivery structures at the sub-district level, the district hospitals and other private providers. District specific information on financial, human resource, drugs and supplies, estate, transport and equipment is generated at this level. Some

districts have research centres that produce significant non-routine information on the district health services.

The Region is responsible for strategic planning and it monitors performance of district and regional hospitals. Its main role is that of advisory and the provision of technical support. The current structure of the regional health administration includes the Public Health Unit, Clinical Care Unit and the Regional Health Administration Unit. Some regions have additional structures including training and diagnostic facilities.

The regional health administration assesses needs, analyses trends, provides in-service training and offers technical support to districts. Supervision, monitoring and conducting operational research on key problems are also part of the main responsibilities of regions. Information management at the regional level is centred around the two primary sources of information namely the districts and the regional hospitals. Data collected at this level facilitates the assessment of performance of these management units and provides scope for assessing trends and doing comparative analysis.

At the national level, information requires more in-depth analysis to enable the development of policies and standards for health care delivery. Again, it is at this level that outcome and impact of policy is determined indicating the need for a much wider scope of information analysis. The Regions and other tertiary facilities are the primary sources of information at the national level. The Ministry of Health in focusing on sector-wide policy formulation, monitoring and evaluation also uses information from other sectors to enable it play its role in initiating legislation and promoting inter-sectoral collaboration in support of health objectives.

## **THE PROBLEM**

The system described above comes with a number of challenges. Firstly, there is a proliferation of data collection tools most of which have been developed by the public sector for the management of public sector information. A number of these forms have their origins in programmes developed and executed solely by the public sector with minimal or no engagement with other health care providers. Apart from the question of the continuing relevance of some of these tools, the overwhelming demands from higher levels do not support data for planning and decision-making at the lower levels. The end result is that there is poor coordination and linkages between the different data collection systems leading to significant duplication, omission of key data sets for performance assessment.

Secondly, the lack of requisite skills at the lower levels coupled with a perception of non-usefulness of information and data collected at the lower levels have conspired to create an exceptionally low level of commitment from health providers. Programme focused strategies receive more support and recognition as a result of the lack of commitment. This has led to difficulties in coordination since programmes have differing priorities and the ultimate is to justify the use of resources put at their disposal. However the major challenge seems to be the lack of dependence on evidence for accountability within the health sector. At the various levels funding and other resources are made available even if managers fail to report adequately on

performance. These challenges underscore the need to improve the policy and regulatory environment and to define a legal framework for information management and reporting in the health sector.

The nature of health information and medical records allows details of individual records to be captured as part of the overall statistics. The management of this primary source of information goes a long way in protecting the individual and allows informed decisions to be made at the management level. Inaccuracies in the information, or its improper disclosure, can affect an individual's dignity and especially where a third party is involved (such as the NHIS) can lead to problems in the contractual arrangements for service delivery. At the same time, accurate and comprehensive Health Information is critical to the quality of healthcare delivery pathway and to the physician-patient relationship.

Special policy problems are raised by computerization. Proposed use of citizens identification numbers that will be used for all individual transactions raise concerns about patient privacy since it has the potential to facilitate linkage of a wide variety of personal identifiable information. This would be undesirable as far as the individual's right to privacy is concerned.

In Ghana it is a common practice for the news media to carry advertisements and to solicit assistance for unfortunate individuals by publicizing their medical problems extensively. Such practice, even though has good intentions further robs the patient of his or her privacy and sometimes dignity.

## **EXISTING LAWS ON HEALTH REPORTING IN GHANA**

A total of ...legal instruments related to health care delivery were reviewed. These included ...new laws being drafted as a result of steps to improve the organization of health services in the country. For the purposes of this review, the team agreed to categorize reporting in the health sector as follows:

- Management reporting which authorizes organizations concerned to submit periodic reports on their activities as mandated by the law.
- Activity reporting with the potential of generating a database on the routine activities of the organizations (provide information on patient contacts).
- Activity reporting that generates written reports on the activities of the organization.

The team observed that out of the seventeen legal instruments reviewed six had no reporting provisions falling into any of the three categories above. Of particular interest was the Private Hospitals and Maternity Homes Act which had no provision at all for reporting. The Nurses and Midwives decree, the Pharmacy Act and the Nurses Regulation similarly had no provisions for reporting. Most of the instruments, including the Ghana Health Service and Teaching Hospitals Act, that had reporting provisions fell into the management reporting category. The laws provided for annual reporting on activities and programmes to either their respective councils or to the

Minister of Health. In almost all of these the emphasis was on programme implementation and financial accountability. Most of the other reporting requirements deal with the third category and were in respect of monitoring activities under the mandate of the organizations involved.

The Medical Profession Regulation and the Infectious Diseases, Cap 78 were the only instruments that made provisions for reporting based on patient contact. In the Case of the Medical Profession Regulation, the aim was to ensure patient privacy by requesting for the patients consent before information obtained in the course of the patient-doctor professional relationship could be disclosed. However the same law requires a practitioner to disclose such information in the public interest when required to do so by the court of law. The Infectious Diseases, Cap 78 is directed to the public to report selected diseases in outbreak situation to health personnel. The obvious aim is to help in the management of epidemics by ensuring rapid response to outbreaks.

The Private Health Sector Policy provides provision for data collection and information management, however the policy directs the regional and district directors of health services to maintain a database of private practitioners in their areas of jurisdiction. It also indicates that the Ministry of Health will develop tools for data collection and will enforce mandatory reporting and feedback. What is not clear in the policy is whether data collection will be done by public sector operatives in private facilities or whether private facilities were under obligation to report.

The team observed that none of the laws was explicit on any incentive or sanctions as a means of ensuring that the reports are generated and reported as required. It also observed the following:

- None of the service providers were required to report on their routine clinical activities.
- The private sector was not obliged to submit any report to any health authority. Indeed there was no clear relationship between private facilities and the health management units at any level.
- Management at all levels except the national level has some reporting responsibility specified in the laws.
- In places where some reporting requirements have been made, the Minister of Health has been identified as the recipient, however in a number of cases this was not clearly spelt out.
- None of the laws examined addressed the necessary infrastructure and systems to be set up to facilitate reporting.

There is a continuing debate under the National Health Insurance Scheme on the need for diagnosis and treatment provided to subscribers to be disclosed as part of the requirements for processing claims from providers. There are also proposals for patient identity cards to include magnetic strips that will contain personal and health information of patients. The legal and ethical implications need to be examined extensively since patient privacy can easily be violated.

## **GOALS AND OBJECTIVES OF THE LEGAL FRAMEWORK**

The attempt to improve the policy and legal environment is to ensure that reported health sector information describes as completely and as accurately as possible the health and health systems status of the country.

The main objective is to streamline the ethics of reporting health information within and across the levels of health administration in the country. Specifically, the framework will:

- Guide the development of internal structures for the collection, storage and reporting of health data and health information.
- Specify the type and content of data to be reported by all providers in Ghana.
- Define responsibilities and reporting mechanism and schedules to be applied to all health data.
- Define situations and the extent to which Health Information can or must be disclosed to patients, Healthcare Providers, government and other stakeholders, and where the use of Health Information must be authorized.
- Prevent abuse of Health Information and establish penalties for misuse.
- Safeguard privacy of Health Information by the use of identifiers for Healthcare Providers.

## **PROVISIONS OF PROPOSED LEGAL FRAMEWORK**

The provisions outlined seek to provide first and foremost a definition of the subject matter of the proposed legal framework. In this context, Health Information is broadly defined to include the range of information generated, collected and maintained about individual patients, populations, outcome of interventions and the state and nature of the infrastructure and systems through which the interventions are applied. By this definition health information in the Ghanaian setting can be classified broadly under information for patient management, information for facility management and information for health systems management. Another set of classification which the team discussed was clinical information, public health information and administrative information. The team agreed to link the two classifications loosely by putting patient and clinical information together, facility and health systems information to be put

together as administrative information and public health information to represent information that relate to populations within specified geographic areas.

Although this has proven difficult to implement under agreed administrative guidelines, the framework seeks to provide sanctions for improper possession, brokering, disclosure, or sale of Health Information. Particularly where a provider fails to comply with privacy standards prescribed by law or knowingly violates patient privacy, obtains protected Health Information under false pretenses. The proposal establishes basic structures and rules about information practices which will lead to the creation of databases at management levels within the health sector.

The existing laws and regulations in Ghana do not adequately address concerns relating to Health Information. Experiences of countries such as Australia, Japan, United Kingdom and the United States of America provide direction for enactment of a legislation that would address these concerns. It must be borne in mind however that in Ghana, Health Information is not integrated with technology to the extent in these developed countries. The availability of the requisite skills and equipment at the lower levels, the high levels of illiteracy at the district level remain significant challenges, thus while the application of technology is desirable the framework will focus on specific modes of generation and use of Health Information that are relevant in the Ghanaian circumstances.

### **Organization of health information**

The legal framework recognizes the existing management levels of the health sector in Ghana and gives the health management teams oversight responsibility of all health and health care providers at each management level. These management teams shall be responsible for the collation and analysis of health information at their level. They shall supervise the collection and storage of data by health providers and shall be responsible for registers and other data collection tools at each level. Where the Community Based Health Planning and Services (CHPS) programme exists this responsibility lies with the Community Health Officer (CHO) who will report directly to the Sub-District Health Team.

### **Reporting at the community level**

The key health information activities at the community level involve the maintenance of community register of vital events and the clinical and public health activities of the Community Health Officer. The Vital Registration provides information on major events in the community such as Births and Deaths and are the main source of compiling such events outside the health facility.

- Every community shall maintain and regularly update a register of vital events. The recognized community leader shall appoint a member of the community who will compile entries into this register and will be responsible for the custody and safekeeping of the register.
- The community register shall be made available to the Sub-district Health Team during the first week preceding every quarter, through the Community Health Officer or the member of community appointed to make entries into the register.

- The Birth and Death registry of the Department of Births and Deaths shall be responsible for the regular review of the tools for vital registration and shall at all times ensure that community structures for vital registration exist and community members are well trained in the maintenance of the registers.
- Where a Community Health Officer operates, he/she shall, at the end of every month compile a report based on the approved format to indicate all clinical and public health activities undertaken during the month. Such reports shall include cases seen and treated, cases referred, children immunized and other preventive and health promotive activities undertaken.

### **Reporting at the sub-district level**

The Sub-district is a defined geographical area within which an agreed package of service is provided. Sub-districts may be with or without a health centre but have clinics and outreach points. The Sub-districts have Sub-district health teams who provide both clinical and public health services in the communities and are responsible for the implementation of health programmes in their catchment area. Within the communities, there are other providers such as the Community Health Officers, Midwives and Traditional Birth Attendants, Community Based Disease Surveillance Volunteers all of whom report health events to the Sub-district Health Teams who in turn report to the District Health Administrations and provide feedback to the communities. A number of these clinics are privately owned or are owned by faith based organisations. Chemical sellers and traditional healers also constitute an important source of primary health services at the sub-district level. The Sub-district provides the focus for Disease control and surveillance activities.

- The Sub district health services shall comprise of all health centers and clinics (both publicly and privately owned), service outreach points, maternity homes (both publicly and privately owned), Community Based Health Planning and Services Compounds, Chemical Sellers and Traditional Healers.
- Every sub-district shall maintain an inventory of all health service providers and drug outlets within their catchment area which shall be updated every year.
- The Sub-district health team shall appoint a focal person to be responsible for the collation of all reports on behalf of the team.
- The focal person for data collation shall ensure that all providers listed in the inventory are provided with the necessary tools and trained to enable them to report on their activities.
- All clinics shall complete a notifiable disease form and submit it to the Sub-District Health Team within forty eight hours of seeing a patient with such diseases. Clinics shall also compile returns based on agreed format to the sub-district at the end of every month.
- All other service providers shall submit reports based on the agreed format to the Sub-district Health Team at the end of every month

- The Sub district health team shall submit to the District Health Administration weekly report on notifiable diseases and monthly returns based on submissions by all service providers.

### **Reporting at the district level**

The District Health Administration has the overall responsibility for the performance of health service delivery at the district level. To do this the district receives reports and information from all Budget and Management Centres within the district. These are analyzed and put together as district reports. Resource distribution and monitoring of programme implementation at the district level is also a major function usually involving the analysis of large volumes of data. Rapid response activities and follow up on health events at the Sub-district level is also managed from the district level.

Operational research activities also take place at the district level to support internal decision-making and to contribute to national and regional surveys and research. The district hospital is the first referral point in the health care delivery system. It provides some specialist support to the Sub-districts and other clinics in the district. There are also a number of privately owned facilities at the district level. These range from hospitals and clinics to pharmacies, laboratories and other diagnostic services. The coordination of District Mutual Health Funds and the operation of the claims mechanism of the NHIS are centred at the district level. This makes the district the hub of all data collation, storage, analysis and dissemination activities.

- The district health service shall comprise of the Sub-District Health Services, one hospital designated as the District Hospital, all other Government, Mission and Private Hospitals, Pharmacies, Medical Laboratories and Diagnostic Services (both publicly and privately owned).
- The District health administration shall keep and inventory of all services provided within the district and shall update this every year. The services provided shall be considered as integral part of the district health service and shall be reported upon by the District Health Administration annually.
- All service providers (both public and private) shall submit reports based on agreed formats to the District Health Administration at the end of every month.
- The District Health Administration shall appoint a District Health Information Officer who shall be responsible for the maintenance of a database on all services and service providers and shall maintain an electronic repository of all reports submitted to the district from which periodic district performance reports shall be generated.
- The District Health Administration shall liaise with the District Office of the National Health Insurance Scheme and District Mutual Schemes and report as part of the district performance data such as trends in registration and service utilization by registrants.

## **Reporting at the regional level**

The Regional Health Administration has the overall responsibility for the performance of health service delivery at the regional level. To do this the region receives reports and information from all Budget and Management Centers within the region. These are the Districts Health Administration, the Regional Hospitals, Health Training Institutions, and Regional (Reference) Laboratories. There are a few large quasi government and specialist hospitals that provide region-wide services. These are found mainly at the regional capitals. Because of their nature and size these facilities are treated as regional rather than district facilities and data from these facilities are analyzed and put together as regional reports.

The Regional Hospital provides secondary care which includes specialist support to the District Hospitals, the Sub-districts and other hospitals and clinics in the region. Other services including ambulance services, drugs and medical supplies and financial information systems are coordinated from the regional level. Resource distribution and monitoring of programme implementation at the district level is also a major function usually involving the analysis of large volumes of data. The regions coordinate rapid response activities and follow up on health events at the district level. The region also coordinates operational research activities at the district level.

- Regional Health Services shall include the Regional Hospital, government and quasi government hospitals providing secondary and specialist care, reference laboratories and health training institutions located in the region.
- Each region shall have a regional health information office which shall be manned by a qualified Health Information Officer and supported by a technical team of statisticians, biostatisticians and data managers.
- The regional health information office shall maintain an inventory of all health providers in the region and shall, in consultation with the District Health Administrations, update such information on annual basis.
- The regional health information office shall maintain an electronic repository of all reports submitted to the region from which periodic regional performance reports shall be generated.
- The regional health information office shall compile on district by district basis performance of the region based on the sector-wide indicators or other indicators agreed by stakeholders for the assessment of the performance of the sector every half-year.
- The regional health information office shall provide support to facilities at the district level in building capacity for data collection, storage and reporting. The office shall also conduct regular review of the information gathering activities at the region and institute measures to improve them.

## **Reporting at the national level**

National level reporting is driven by the need to fulfill administrative requirements under the civil service law and agreements with stakeholders as part of the management arrangements for the implementation of the Five Year Programme of Work. The basis of these reports is to demonstrate the performance of the health sector from a programmatic perspective and by the use of the Sector-Wide Indicators. National level reports require that information and data from all agencies are collated and presented in a timely manner so as to meet the deadlines implied by these requirements.

- The health sector at the national level shall consist of all agencies providing health care and health regulatory services in Ghana. These shall include the Ghana Health Service, Teaching Hospitals, The National Health Insurance Secretariat, National Ambulance Service, regulatory agencies and research institutions.
- A national Data Repository shall be maintained at the national level to act as a centralised database of non-personally identifiable health data with the aim of increasing knowledge in order to improve health and health services.
- The national level shall at regular intervals review the standards of health data, coding, reporting and transmission of data to ensure that they are in line with new developments.
- At the end of every year the Ministry of Health shall, in collaboration with its agencies undertake an annual review of the performance of the health sector and produce a report based on the sector wide indicators. These shall be extensively published in both print and electronic form.

## **Application and use of information technology**

The use of information and communication technology in the health sector is aimed at the simplification of administrative processes and the reduction in data gathering and processing costs. It is also to facilitate the delivery of health related information to remote locations within the sector. The application of information technology in the health sector is of paramount importance to align the multiple stakeholders towards a common reporting mechanism and objective. The starting point is to address a number of constraints plaguing the health industry in Ghana. First is the lack of policies and legislations to protect privacy while permitting critical analytic uses of health data, the lack of uniform, multipurpose data standards that meet the needs of the diverse groups that record and use health information, and a workforce that lacks understanding of Health Informatics.

In this regard the aim of the legal framework will be to define a robust system for the use of information technology to capture, store and exchange health information in an environment supported by systems that will bring administrative simplification and improve patient care services by providing a continuum of care. As the use of information technology and the exchange of electronic health information increases, concerns about the protection of personal health information exchanged electronically within a

nationwide health information network will also increase. The Ministry of Health will have to initiate activities that, collectively, will address aspects of key privacy principles.

- The Ministry of health shall define strict privacy and security rules including liability and sanctions as part of the medical records policy. This shall include a minimum set of data necessary that can be disclosed in order for requesters to accomplish their intended purposes
- To ensure appropriate disclosure, the health providers shall obtain individuals' authorization and consent for use and disclosure of personal health information. The Ministry of Health shall determine the best way to allow individuals to participate in and consent to electronic health information exchange
- The Ministry of Health shall implement adequate security measures for protecting health information. This shall include techniques for authenticating requesters of health information, implementing proper access controls and maintaining adequate audit trails for monitoring access to health data

### **Other legal provisions to be considered**

- **Data Collection**

In line with the principles of information privacy, data collected by the health sector shall be non patient identifiable. This shall be different from the policies on medical records management.

- **Data Storage**

Appropriate standards are needed in relation to the condition in which the data is maintained. This includes precautions against fire and other accidents and criminal acts. In the case of computer-based records, the additional question arises as to how the records can be accessed. Because of data sensitivity, appropriate security against unauthorised access and modification is essential.

- **Internal Use Data**

Medical data should only be used for the purposes for which it was collected, and for additional purposes authorised by law, or consented to by the data subject. The purposes for which health data is collected needs to be clear.

- **Disclosure to Third Parties**

Since medical data is sensitive, and since a duty of confidence generally applies to data which a health care professional gathers in the course of his relationship with a patient, it is necessary to regard health care data as being unavailable to third parties in the absence of a clear and authoritative reason. In the case of a referral care is needed to ensure that only relevant parts of the patient's history are communicated.

- **Data Access by Subjects**

The principle of data ownership is to appreciate that, while the records (the documents or disks) are unequivocally the property of the practitioner or institution, the data is not. Data is not capable of being owned, and many different people have an interest in it, including and especially the person to whom it relates.

- **Record Transfer**

Although records are owned by their originator, a patient has a very real interest in having them, or at least an accurate representation of their contents, transferred to his new health care professional. The practice of transferring records when an appropriately documented request is made is therefore highly desirable from a treatment viewpoint.

- **Record Destruction**

Patient history is one of the relatively few classes of record for which some genuine justification exists for long-term retention. However the volume of information which is generated becomes very large, and much of it does become irrelevant over time, and hence periodic summarisation and destruction of old material should be aimed at.

## **CONCLUSIONS AND THE WAY FORWARD**

The existing laws in Ghana do not adequately address concerns relating to Health Information. The experiences of several developed countries have shown the need for such strict laws not only to protect the privacy of individuals but also to ensure that the objectives for the creation of health information systems are met. There is considerable evidence to show that by framing legislation to address the major challenges in the gathering, storage, dissemination and use of Information has led to considerable improvements in the quality of data available.

The framework aims to take the healthcare information system from an information gathering entity and data processing set up to knowledge management systems for improved decision-making. This requires that the multiple stakeholders work towards a common objective which is to deliver information to individuals, providers and planners, when and where they need, to make available information required to aid and support decision making for health and healthcare.

The team proposes two options for the way forward. The first is to build consensus on the proposed framework and to align with the current efforts at redefining the health sector laws. In this case the provisions outlined in this report will be considered in the drafting of the Legislative Instruments supporting the laws. This may be some time away. The other option is to transform this proposal into a bill and work towards the enactment of a comprehensive law on health reporting in Ghana. The multi sectoral issues at stake and the sensitivity of some of the provisions make this a preferred option.

## Annex 1

### List of Laws and documents reviewed

1. Mental Health Decree, 1972 (NRCD 30)	Section 4 (3) “After each quarterly inspection, the visiting committee shall submit a written request through the Director of Medical Services to the Commissioner
2. The Ghana College of Physicians and Surgeons Act (635)  An Act to establish a Ghana College of Physicians and Surgeons as a national post graduate medical college for training specialists in medicine, surgery and related disciplines and to provide for related matters).	Section 32 – The Postgraduate Medical Council at the end of the financial year shall submit a report to the Minister of Health about the activities of the College and the Minister shall within 2 months after receipt of the report submit it to Parliament.
3. Traditional Medicine Practice Act (Act 575)  An act to establish a council to regulate the practice of traditional medicines, to register practitioners and license practices, to regulate preparation and sale of herbal medicines and to provide for related purposes).	Section 37 Enjoins the Traditional Medicine Practitioners Council to submit report in each financial year within 6 months to the Minister, and this includes Audit Report, the Minister shall within 2 months then submit the report to Parliament. The Minister can ask the council to submit other relevant reports which the Minister may request.
4. Private Hospitals and Maternity Homes (No. 9) Act, 1958 (LN. 295)	There is no provision on reporting
5. Private Hospitals (Maternity Homes) (Audit) Decree, 1969 (NLCD 395)	There is no provision on reporting
6. Nurses and Midwives Decree 1972 (NRCD 117)	There is no provision on reporting
7. Medical and Dental Decree 1972 (NRCD 91)	Section 16 (2) and (3) Inspectors are to report to the Medical and Dental Council ; council is to submit report to the Minister or school concerned to submit their report within 28 days after receipt to the Medical and Dental Council; Section 17 – On appointment of visitors appointed by council to submit

	report of the sufficiency of the instructions in the places they visit, the institutions shall within one month submit objections to the report.
8. Pharmacy Act 1994 (Act 489) An act to revise the laws relating to Pharmacy, to establish a Pharmacy Council, provide for its composition and functions relating to the registration of Pharmacists, the distributions of Pharmacies and related matters).	There is no provision on reporting
9. Environmental Protection Agency Act (Act 490) An Act to provide for the establishment of an Environmental Protection Agency in place of the Environmental Protection Council and for related purposes.	Section 26 (1) – The Board shall as soon as practicable after the expiration of the financial year but within 6 months, submit report to the Minister, an annual report covering activities and the operations of the Agency for the year to which report relates. The report shall include the report of the Auditor-General
10. Medical Profession (Professional Conduct and Ethics) Regulations, 1975 (L.I 1023)	Regulation 4 (1) – It is against professional conduct for a practitioner to disclose voluntarily without the consent of the patient, information which he has obtained in the course of his professional relationship with the patient.  (2) A practitioner, may, however disclose information in the public interest and shall make disclosure when required to do so by statute or a court.
11. Nurse Regulations 1971 (L.I 683)	There is no provision on reporting
12. Infectious Diseases, (Cap 78)	Section 19 (1) – Enjoins persons to report the outbreak of specified diseases like small pox, anthrax, yellow fever to a Medical Officer of Health. Government Medical Officer, Head of Family, a Medical Practitioner to the appropriate authorities.
13. National Health Insurance Act 2003 (Act 650) Act to secure the provision of basic health services to persons resident in the country through mutual and private health insurance schemes, to put in place a body to	Section 103 – The Minister on the advice of the Council may by legislative instrument make regulations for the effective implementation of this Act and may prescribe reports to be submitted to Council among others.

<p>register, license and regulate health insurance schemes and to accredit and monitor healthcare providers operating under health insurance schemes, to establish a National Health Insurance Fund that will provide subsidy to licensed district mutual health insurance schemes to impose a health insurance Levy and to provide for purposes connected with these.</p>	
<p>14. National Health Insurance Regulation 2004 (L.I 1809)</p>	<p>Regulation 47 provides as follows:</p> <ol style="list-style-type: none"> <li>(1) A scheme shall keep records of each complaint made to it and the manner it is dealt with.</li> <li>(2) The records shall be kept for not less than twelve months from the date the records are made and shall be made available to the Council as part of its annual report to the Council.</li> <li>(3) The Council may, despite sub-regulation (2) at any time request a scheme to make its complaint records available for inspection.</li> </ol>
<p>15. Hospital Fees act, 1971 (Act 387)</p> <p>An act to regulate the fees payable in respect of hospital services and for matters connected therewith).</p>	<p>There is no provision on reporting</p>
<p>16. Ghana Health Service and Teaching Hospital Act, 1996 Establishes the Ghana Health Service and Teaching Hospitals to provide service.</p>	<p>Reporting relates to submission of management reports annually</p>
<p>17. Private Health Sector Policy</p>	<p>No reporting on services provided defined. Reporting relates to public sector compiling information about private sector.</p>