

Publication**Accuracy and quality of immunization information systems in forty-one low income countries****JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)****ID** 533580**Author(s)** Bosch-Capblanch, X.; Ronveaux, O.; Doyle, V.; Remedios, V.; Bchir, A.**Author(s) at UniBasel** [Bosch-Capblanch, Xavier](#) ;**Year** 2009**Title** Accuracy and quality of immunization information systems in forty-one low income countries**Journal** Tropical medicine and international health : TM & IH : a European journal**Volume** 14**Number** 1**Pages / Article-Number** 2-10**Keywords** immunization information, GAVI, Data Quality Audit, developing countries

OBJECTIVES. To measure the accuracy and quality of immunization information systems in a range of low-income countries eligible to receive GAVI support. **METHODS.** The Data Quality Audit (DQA) uses a WHO validated, standard methodology to compare data collected from health unit (HU) records of immunizations administered with reports of immunizations at central level and to collect quality indicators of the reporting system. The verification factor (VF), as a measure of accuracy, expresses the proportion of immunizations reported at national level that can be tracked down to the HU. A VF of 80% or above entitles countries to receive additional GAVI financial support. Quality indicators are assigned points which were summed to obtain quality scores (QS) at national, district and HU levels. DQAs included here were conducted between 2002 and 2005 in 41 countries, encompassing 1082 primary healthcare units in 188 randomly selected districts. **RESULTS.** Almost half of countries obtained a VF below 80% and only nine showed consistently high VF and QS scores. The most frequent weaknesses in the information systems were inconsistency of denominators used to estimate coverage, poor availability of guidelines (e.g. for late reporting), incorrect estimations of vaccine wastage and lack of feedback on immunization performance. In all six countries that failed a first DQA and undertook a second DQA, the VF and all QSs improved, not all of them statistically significantly. **CONCLUSIONS.** The DQA is a diagnostic tool to reveal a number of crucial problems that affect the quality of immunization data in all tiers of the health system. It identifies good performance at HU and district levels which can be used as examples of best practices. The DQA methodology brings data quality issues to the top of the agenda to improve the monitoring of immunization coverage.

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