Methods: Two cross-sectional evaluations were conducted, the baseline in January 2011 and the follow up in September 2014, which were then used to evaluate progress with the scorecard. The indicators assessed at baseline and follow up included website availability, data availability of select health data sources, and publication timeliness of these sources. The MOH assessment included four assessment indicators and the NSO assessment included eight.

Findings: This scorecard assessment revealed that some countries have made progress but that others have regressed in making data available between 2011 and 2014. Little progress was noted in website availability, but that result was largely due to overall good availability in both assessment periods. Among the 20 countries that made progress in data availability between 2011 and 2014, 13 improved in multiple indicators. The assessment of data timeliness revealed that most countries (76%) have conducted a census within the past 10 years, but that the reporting of census data is poor and needs improvement in both availability and timeliness. Timeliness of the annual statistical Abstract and reference year of immunization data were good, demonstrating that countries are capable of reporting work in a timely manner if a report is produced.

Interpretation: This assessment is the first to evaluate the data availability and timeliness of key outputs expected from MOHs and NSOs. The use of two assessments permits characterization of the rate of progress during a time when many in the public health field are calling for greater data sharing, standards development, and evidence-based practice. However, the assessment is limited to government websites, which represent only one method of sharing data with interested parties and stakeholders. Low-income countries face challenges in supporting their public health needs, but this is all the more reason to prioritize effective data collection and dissemination to support evidence-based policy development and the tracking of targets. This study shows that low-income countries generally are capable of making data available in a timely manner, but that progress has been limited and uncertain.

Abstract #: 01ITIS016

Rare, serious and comprehensively described suspected adverse drug reactions reported by surveyed healthcare professionals in Uganda

R. Kiguba[1], C. Karamagi[1], P. Waako[1], H.B. Ndagije[2], S.M. Bird[3]; [1]Makerere University College of Health Sciences, Kampala, UG, [2]National Pharmacovigilance Centre, Uganda National Drug Authority, Kampala, UG, [3]Medical Research Council Biostatistics Unit, Institute of Public Health, Cambridge, Cambridge, UK

Background: The ability of healthcare professionals (HCPs) to suspect or recognize adverse drug reactions (ADRs) is a major challenge and lack of adequate detail compromises their analysis. We determined the comprehensiveness of the most recent of previous-month suspected ADRs recognised by HCPs in Uganda, the characteristics of those who provided comprehensive ADR-descriptions, and identified suspected ADRs with a safety alerting potential.

Methods: During 2012/13 in public health facilities including the National Referral Hospital, five Regional Referral Hospitals representative of the Eastern, Northern, Western, Southern and Central regions of Uganda, HCPs were invited to self-complete a questionnaire on recognition and reporting of ADRs. Lower level public health facilities, private for-profit and private not-for-profit health facilities in the district where a Regional Referral Hospital was selected were included. Ethical approval was granted by the Uganda National Council for Science and Technology and HCPs gave written informed consent.

Findings: Questionnaires were returned by 1,345 respondents, about two-thirds of those to whom they were distributed. Ninety per cent (241/268) of HCPs who suspected ADRs in the previous month provided information on five key descriptors as follows: body site (206), medication class (203), route of administration [explicitly (127) and implicitly (63)], patient age (133), and ADR severity (128). Comprehensiveness, defined as explicit provision of at least four key descriptors, was achieved by at least two-fifths (46%, 124/268) of the HCPs who suspected ADRs in the previous month. More comprehensive descriptions were received from HCPs in private health facilities and regions other than central and those not involved in teaching medical students. Overall, 106 serious and 51 rare past-month ADRs were described by 1,345 respondent HCPs who, on average, saw 41 (SD = 46; n =1,226 of 1,345) patients daily: 1,544,060 patient-days. The commonest serious and rare ADR was Stevens-Johnson syndrome (SJS), mostly associated with oral nevirapine or cotrimoxazole. Other notable serious ADRs were quinine-associated child fatality, severe post injection paralysis, and miscarriage; Artemisinin-based Combination Therapy [ACTs (artemether/lumefantrine)]-associated severe hypoglycaemia, swelling of the face, and generalized body sores; post-exposure prophylaxis (PEP)-associated SJS after a needle-stick injury; nevirapine-associated hepatotoxicity; and analgesics (oral diclofenac)-associated haemoptysis.

Interpretation: Comprehensive ADR descriptions were reported by at least two-fifths of surveyed Ugandan HCPs who had suspected an ADR in the previous month. More comprehensive descriptions were received from private health facilities and regions other than central, but were less likely from HCPs who taught medical students. Comprehensive ADR reporting by HCPs is an essential alerting tool for identifying rare and serious ADRs in sub-Saharan Africa. Limitations Recall bias due to use of self-report and that no ADR causality assessment was done.

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Visions of Big Data and the risk of privacy protection: A case study from the Taiwan health databank project

H. Liu; O'Neill Institute for National and Global Health Law, Georgetown University Law Center, North Bethesda, MD/US

Program/Project Purpose: As cloud computing increases and large databases expand in the Internet era, "Big Data," is going to transform how we live, work, and think. However, these new phenomena also create a unique challenge for current legal frameworks to handle privacy protection, individual autonomy, and data applications. A database created by Taiwan's National Health Insurance (NHI) provides a valuable opportunity to study the complex and dynamic issues raised by the recent frenzy of "Big Data". Since 1995, the government of Taiwan has integrated 99 percent of its health-care providers under single-payer universal coverage, which insures its entire population of twenty-three million. Due to Taiwan's advanced IT industry and infrastructure, the National Health Insurance Research Database (NHIRD), which includes datasets of service claims, billing, payments, hospital visits, and drug prescriptions, has become one of the largest health-care database systems in the world and is widely used for academic research. Recently, the government announced an initiative to link the NHIRD with other public databases for academic and commercial value-added applications. Upon its completion, the data consortium will be an incredible tool for medical research, health-care management, and commercial