Supporting Country-led Initiatives to Strengthen National Health Information Systems in Southern Africa

The USAID | Health Policy Initiative Costing TO is funded by the U.S. Agency for International Development under Contract No. GPO-I-01-05-00040-00, beginning July 1, 2010. The Costing Task Order is implemented by Futures Group, in collaboration with the Futures Institute and the Centre for Development and Population Activities (CEDPA).
Supporting Country-led Initiatives to Strengthen National Health Information Systems in Southern Africa

NOVEMBER 2010

The views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.
CONTENTS

Acknowledgements ....................................................................................................................................... iv
Executive Summary ....................................................................................................................................... v
Abbreviations .............................................................................................................................................. vi
Introduction .................................................................................................................................................. 1
Pre-Forum Survey ....................................................................................................................................... 2
   Methodology .............................................................................................................................................. 2
   Findings ................................................................................................................................................... 2
      Key Challenges .................................................................................................................................... 2
      Promising Practices at the Country Level ............................................................................................ 3
Conclusion ................................................................................................................................................... 4
Annex A: Pre-Forum Survey
Annex B: A Presentation of Survey Findings
Annex C: Impact Story, Zambia
Annex D: Impact Story, Lesotho
Annex E: Impact Story, Swaziland
ACKNOWLEDGMENTS

The authors wish to acknowledge the efforts of several individuals and entities in supporting implementation of this activity. The authors thank John Novak and Emily Osinoff of USAID’s Office of HIV/AIDS in the Bureau of Global Health for their continuous encouragement and support of the Leadership Forum on Health Information Systems (HIS). Special thanks go to Stephen Settimi, Health Management Information Systems Advisor for the Office of HIV/AIDS for his leadership and vision for the forum; the Training Resources Group for its invaluable leadership and facilitation of the event; and colleagues at the Analysis, Information Management, & Communications Activity for their leadership and overall management of the HIS forum planning team. Gratitude is also extended to the United Nations co-sponsors of the forum, including the World Health Organization, World Bank, International Telecommunications Union, and Health Metrics Network, as well as to our partners at Management Sciences for Health.

The authors especially thank the individuals interviewed as part of the qualitative survey that informed the forum agenda:

1. Samuel Bothasitse of Botswana
2. Dennis Masao of Lesotho
3. Masebeo Koto of Lesotho
4. Mahlapae Ramoseme of Lesotho
5. Joao Belarmino of Angola
6. Disimwa Ksavewa of Angola
7. Manuel Filipe of Mozambique
8. Puumue Katjiuanjo of Namibia
9. Erwin Nakafingo of Namibia
10. Peter Barron of South Africa
11. Mark Blecher of South Africa
12. Hassan Ebrahim of South Africa
13. Calle Hedberg of South Africa
14. Dan Kibuuka of South Africa
15. Norah Stoops of South Africa
16. Augustin Ntilivamunda of Swaziland
17. Zanela Bhembe of Swaziland
18. Nelisiwe Sikhosane of Swaziland
19. Victor Chalwe of Zambia
20. Chanda Chipoya of Zambia
21. Bwalya Chiteba of Zambia
22. Siame Justus of Zambia
23. Mwapela Lungwe of Zambia
24. Lastina Lwatula of Zambia
25. Ian Membe of Zambia
26. Ian Milimo of Zambia
27. Brivine Sikapande of Zambia
28. Portia Manangazira of Zimbabwe
29. Tendaye Mharadze of Zimbabwe
30. Edwin Mpeta of Zimbabwe
31. Amon Mpofu of Zimbabwe
EXECUTIVE SUMMARY

In response to growing recognition of the importance of reliable and timely health information systems (HIS) in improving decisionmaking for public health action and health systems strengthening, USAID supported a regional forum in East Africa that focused on engaging HIS champions from key public sectors—including health, finance, telecommunications, and vital statistics—and building country ownership of HIS. To that end, delegations from six PEPFAR focus countries (Ethiopia, Kenya, Malawi, Rwanda, Tanzania, and Uganda), with Namibia and Sudan as observers, convened for a three-day meeting, titled “Country Ownership Strategies: Leadership Forum on Health Information Systems,” in Addis Ababa from August 10–13, 2009. As part of preparation and planning for the forum, the USAID | Health Policy Initiative, Task Order 1 designed and conducted a semi-structured qualitative survey to capture the current state of HIS in each focus country.

Building on the success of the first leadership forum in 2009, USAID continued its support for the HIS leadership forum and scheduled a five-day meeting for Southern Africa to take place in Windhoek, Namibia, from October 25–29, 2010. As part of preparation and planning for the 2010 forum, the Health Policy Initiative Costing Task Order adapted the 2009 semi-structured qualitative survey to capture the current state of HIS across all nine participating countries.

This report presents final survey results, which were presented at the forum and includes background materials that supported the survey process as well country impact stories delivered over the course of the five-day event.
# ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>CDC</td>
<td>Center for Disease Control</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>EGPAF</td>
<td>Elizabeth Glaser Pediatric AIDS Foundation</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>GEPE</td>
<td>Cabinet for Studies &amp; Planning, Ministry of Health</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to Fight TB, AIDS, Malaria</td>
</tr>
<tr>
<td>HIS</td>
<td>Health Information Systems</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information Systems</td>
</tr>
<tr>
<td>HMN</td>
<td>Health Metrics Network</td>
</tr>
<tr>
<td>HR</td>
<td>Human Resources</td>
</tr>
<tr>
<td>HRIS</td>
<td>Human Resources Information Systems</td>
</tr>
<tr>
<td>ICAP</td>
<td>International Center for AIDS Care &amp; Treatment Programs</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technology</td>
</tr>
<tr>
<td>INE</td>
<td>National Statistics Institute (Angola)</td>
</tr>
<tr>
<td>ITU</td>
<td>International Telecommunications Union</td>
</tr>
<tr>
<td>MOF</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MOHSW</td>
<td>Ministry of Health and Social Work</td>
</tr>
<tr>
<td>NAC</td>
<td>National AIDS Council</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PS</td>
<td>Permanent Secretary</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>USG</td>
<td>United Stated Government</td>
</tr>
<tr>
<td>WB</td>
<td>World Bank</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
INTRODUCTION

The U.S. Agency for International Development (USAID), in collaboration with the World Health Organization (WHO), World Bank (WB), and other key United Nations (UN) agencies and implementing partners, hosted a high-level forum, titled “Country Ownership Strategies: Leadership Forum on Health Information Systems,” in Addis Ababa, Ethiopia, in August 2009. The forum was designed to strengthen and accelerate country-owned and -led strategies for managing health information systems (HIS) in six focal countries in East Africa (Ethiopia, Kenya, Malawi, Rwanda, Tanzania, and Uganda). Namibia and Sudan participated as observers. Building on the success of the first leadership forum in 2009, USAID continued its support for the HIS leadership forum and scheduled a five-day meeting for Southern Africa to take place in Windhoek, Namibia, from October 25–29, 2010.

- Donors and national governments are increasingly recognizing that reliable and timely health information is essential for evidence-based decisionmaking for public health action and health systems strengthening. Health information systems that foster data collection, processing, and reporting and timely use of such information improve the quality of and strengthen health service delivery at all levels of the health system. Efforts to strengthen HIS must necessarily engage all actors and institutions with a stake in the health sector, including, but not limited to, ministries of health, finance, telecommunications, and statistics. Historically, donor funding has been tied to specific diseases or health needs such as HIV and thus has fostered countries’ formation of vertical, parallel systems. Given the systems’ duplication of effort and increased inefficiencies in data collection, analysis, reporting, and use, countries need to move away from vertical structures and toward a horizontal approach to health systems strengthening. The 2009 leadership forum provided a venue for sharing approaches to HIS strengthening and linking countries with potential sources of technical and financial resources.

- Objectives of the 2010 leadership forum in Namibia were to allow delegates to:
  - Broaden their perspectives on implementation options, challenges and roles related to health information systems (HIS) by interacting with colleagues from other countries and sectors;
  - Develop a shared awareness of the options and strategies for improving coordination of country HIS;
  - Explore leadership roles in managing health information systems as a national asset; and
  - Collaborate with donor participants to work together to develop preliminary follow-on plans to promote stakeholder engagement and commitment to HIS.
  - Additionally, donor participants highlighted relevant follow-on resources (information, financial and technical assistance) available in their respective sectors to strengthen HIS.

The forum’s target audience includes senior-level leaders and policymakers from four key sectors: health, finance, telecommunications, and statistics. The forum’s expected outcomes include the following:

- Country teams will appreciate the value of owning and managing health information as a national asset.
- Participants will gain the understanding and skill needed to assess current HIS capabilities, manage health information as an asset, earn strategies to enhance HIS, and identify emerging opportunities.
- Country teams will become aware of available technical and financial resources and know how to identify, access, and use them to respond to existing and new HIS challenges.
Country teams will appreciate the multisectoral efforts and skills required to advocate for and lead efforts to strengthen country HIS.

Country teams will commit to leading and championing the execution of multisectoral action plans to apply strategies and techniques acquired during the forum.

With a systems understanding of Data Demand in Use and strategic information, the USAID Health Policy Initiative, Costing Task Order supported efforts to field a pre-forum survey, using the semi-structured qualitative survey instrument developed in 2009 for the first leadership forum. Finally, although project funding for the forum was tied directly to HIV results reporting per guidance from the Office of the Global AIDS Coordinator and USAID, such activities funded under the President’s Emergency Plan for AIDS Relief will benefit the entire health system, not just the portion dealing with HIV.

Pre-forum Survey

Methodology

In 2009, the Health Policy Initiative team developed a semi-structured qualitative interview survey, with input from USAID and UN agency co-sponsors, including WHO, WB, International Telecommunications Union (ITU), and Health Metrics Network (HMN). This survey instrument was also utilized in preparation for the Namibia forum. The survey team sought HIS technical experts in the health, finance, telecommunications, statistics, or other allied sectors primarily by conducting outreach through Futures Group country offices and professional networks. The team conducted 27 telephone interviews with technical experts from across the nine participating countries—Angola, Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe. Interviews focused on the following basic questions (see Annex A for all survey questions):

- Who is currently coordinating, contributing to, and using HIS data?
- Who else could be coordinating, contributing to, and using HIS data?
- What steps have been taken to strengthen HIS?

Due to the challenges of identifying interviewees and conducting telephone interviews, responses were not representative of all sectors in each country. Instead, interview data were illustrative of HIS, providing a top-line perspective across nine countries, resulting in thematic summaries.

Findings

Interview data provided a snapshot of the current state of HIS in each country. Thematic summaries revealed common challenges and promising practices across countries. Below are some of the identified challenges and promising practices.

Key Challenges

- Respondents expressed an urgent need to use data for evidence-based decisionmaking. Interviewees explained that resource allocation decisions are often based on historical data. Data need to be used in a timely manner to ensure strategic use of scarce resources.
- Likewise, respondents expressed a need for data feedback across all levels of data flow—from donors to the national level, national to district level, district to facility level, and facility to community level—to ensure the flow of strategic information.

1 The AIM Project is leading the overall execution of the forum and will support follow-on work, including the development and production of a final forum report to USAID.
Respondents overwhelmingly identified the need for trained and skilled human resources at all levels—national, district, facility, and community—to strengthen HIS efforts.

Interviewees also identified the need to train healthcare workers in HIS. Respondents recognized a related issue—strengthening university involvement to ensure HIS training for graduates of clinical programs.

In addition to university engagement, interviewees identified the need for expanded multisectoral engagement, particularly within the finance and telecommunications sectors, for HIS strengthening.

The private sector also plays an extremely significant role in collecting and using health data. Still, interviewees identified challenges with respect to private sector compliance regarding reporting.

As countries identify ways to increase coordination and collaboration within and across ministries and sectors, they continue to articulate the need for increased coordination among donors related to funding, data collection, and reporting.

According to respondents, this lack of coordination has led to parallel, disease-specific HIS that lack interoperability.

Finally, countries pointed to the importance of developing confidence in the national HIS. Countries are collecting a tremendous amount of data but are unsure about data quality.

In the face of these many challenges, countries continue to explore and apply innovative approaches to strengthening national HIS. The section below highlights some of the promising practices currently underway in each country. For presentation of findings on each country, please see Annex B.

Promising Practices at the Country Level

In response to a country-initiated assessment of the national HIS in 2004 and subsequent recommendations, Namibia rolled out the District Health Information System in 2007, with support from Health Information Systems Program (HISP), based in South Africa. Though challenges remain, including a lack of skilled human resources and sustainable funding for HIS, respondents reported that the introduction of a flexible system, the reduced number of parallel reporting systems, and the establishment of a minimum data set resulted in improvements in standardization and timeliness of data generated at the facility level and up through the district, provincial, and national levels.

At the time of the interviews, South Africa was about to approve its first information and communication strategy (ICT) to enable the country to deal with health information. The strategy has two objectives: enablement of better healthcare and delivery of health and management information (e.g., finance information).

Zambia’s Ministry of Health reviewed existing HIS and identified several priority needs. Following the review, it introduced SmartCare, which allows for greater flexibility and interoperability. As a result, interviewees pointed to improved timeliness of reporting.

Despite recent years of political and economic upheaval, interviewees in Zimbabwe reported several achievements, including the development of ZimStat, a strong central statistics system. Central Statistics conducts demographic health surveys in a rigorous manner every five years, yielding concrete, high-quality health data.
CONCLUSION

The preliminary survey findings served as a basis for the 2010 leadership forum agenda and the country delegations’ work during the five-day forum and beyond. Common challenges across countries provided a starting point for developing a preliminary stakeholder engagement agenda within each country and across sectors. The promising practices highlighted country-owned and country-derived solutions already underway and encouraged the countries to share the information and lessons learned within and across delegations and sectors.
ANNEX A: PRE-FORUM SURVEY

Country Ownership Strategies Leadership Forum on Health Information Systems

Participant Survey

Background and Purpose
During the last few years, country health information systems (HIS)—systems for collecting, analyzing, and disseminating health data—have attracted greater attention and funding as stakeholders come to understand and appreciate the value of the systems. Building and strengthening the systems depends on how key institutions and units function and interact. The increasing complexity of healthcare delivery and financing, the ever-greater role of information and communication technology (ICT), and the potential impact on human and financial resources are some of the challenges facing countries in building systems capable of collecting, analyzing, and managing critical information about health services and systems.

The purpose of this brief survey is to understand the current environment for your country’s national HIS. As an advocate of and leader for your national HIS, you can offer insights and perspective that will help inform the design of an upcoming high-level, interdisciplinary forum on strategic management in HIS.

The forum will provide a venue for sharing approaches and linking country teams with potential sources of technical and financial resources on key topics covered in the forum. We are surveying HIS teams in six countries. We will use the results in aggregate form during the forum and will share the results of the survey with you and your country team.

1. Please briefly explain your role in the national HIS and how long you have been in this role. 
   (Interviewer to look for technical, strategic, line manager, etc.)

2. In (name of country), what institutions and/or officials is/are responsible for the following? 
   (Interviewer to probe for Ministry of Health departments, other ministries/agencies, and donors and implementing partners.)
   • Coordinating the national health information system
   • Contributing data to the national health information system
   • Using national health information system data for decisionmaking (planning, policymaking, management, and monitoring and evaluation)
   • In your opinion, what actors/agencies have the potential to play a strong role but currently do not?

3. What steps has (name of country) taken in the past three to four years to strengthen its national HIS? 
   In answering this question, please address the following:
   • What national strategies/action plans are currently in place to address health information systems? 
     (Interviewer to probe whether country has a timeline; if plan is funded; and if country follows the strategic plan. How was the plan developed and who participated? Interviewer to ask for a copy.)
   • In your opinion, what are the two or three most important ways that the strategies/action plans could be improved?

4. What two or three approaches have been most successful in strengthening the national HIS in (name of country)?
• In the case of any interagency coordination or efforts, what are some of the examples that worked well?
• What factors in particular contributed to successful collaboration and coordination?
• What are some of the challenges?
• How might these challenges have been overcome?

5. What external partners have been involved in efforts to strengthen your national HIS in (name of country)?
(Interviewer to probe for nongovernmental organizations, private sector partners, multilaterals and bilaterals, etc.)
• What are some examples of how these partners have contributed?
  o What factors have contributed to successful coordination and collaboration?
• What have been some of the challenges to working with these partners?
  o What are some strategies that (name of country) might employ to address these challenges?

6. What other institutions that are not presently involved should participate in strengthening the national HIS?
(Interviewer to probe for Ministry of Health departments, other ministries/agencies, and donors and implementing partners.)

7. Our team looks forward to supporting your efforts as you continue to strengthen your national HIS.
(Interviewer to provide more details on the forum.)
• What would you like to gain from your participation in a country HIS task force in advance of the forum?
• What would you like to gain from your participation in the forum?
ANNEX B: PRESENTATION OF SURVEY FINDINGS
Overview

- Why was it important to gather this information?
- What methodology was used?
- What were the limitations?
- What were the findings?
  - Common challenges
  - Promising Practices
    • Actions Taken
    • Barriers Broken
  - Reflections from each sector
- What are the implications for the forum?
Why was it important?

- To inform the design of the forum
- To produce a snapshot of HIS in each country
- To understand importance of HIS strengthening

What methodology was used?

- Semi-structured interview guide asked following questions:
  - Who is currently coordinating, contributing, and using HIS data?
  - What are some challenges to strengthening HIS?
  - What steps have been taken to strengthen HIS?

- Interviewee profile:
  - HIS technical experts within each sector
  - Forum participants

- 27 interviews conducted between May – October 2010
### What were the limitations?

- Technology and scheduling challenges
- Cold-call outreach efforts
- Not representative of all sectors in each country
- Resulted in broad, thematic summaries

### What were the findings?

- **Thematic Summaries:**
  - Common Challenges across all countries
  - Promising Practices by country
    - Actions Taken
    - Barriers Broken
  - Reflections from each sector *(drawing upon Ethiopia survey)*
Common Challenges

- Strengthen multi-sectoral coordination
- Ensure private sector engagement
- Increase donor coordination
- Build stable of trained and skilled human resources
- Train health workers in HIS
- Improve evidence-based decision-making
- Strengthen data feedback across all levels of data flow
- Ensure data confidence and quality
- Build strong data culture at all levels

In your words....

- “We cannot deal with HIS as a technology issue alone.”

- “…strengthening HIS is a question of business re-engineering—having a strategy alone will not resolve our problems…”

- “We thought funding or technology would have been the biggest challenge, but those have been relatively easy to address. The biggest challenge has been changing the way people do things. We got used to using very little information because we didn’t have access to it. Now we need to change our mindset and encourage data use.”
Promising Practices: Angola

• Actions Taken
  – GEPE established within the MoH to lead HIS activities
  – Key stakeholders include: MOH’s Dept of Statistics, Ministry of Planning, and National Statistics Institute (INE)
  – Contributing institutions include the Departments of Interior, Education, Justice, Agriculture, & Armed Forces
  – GEPE coordinated National HIS Evaluation Seminar in 2009, involving 80 participants, multiple sectors and agencies

• Barriers Broken
  – Parallel government structures replaced with coordinating body to ensure strategic planning, coordinated development of standards, and eventual transition from paper to computerized system

Promising Practices: Botswana

• Actions Taken
  – MOH and local University initiated HIS training program with support from CDC to address HIS / HR capacity challenge
  – Recent graduates receive specialized training in HIS and are deployed for service at MOH

• Barriers Broken
  – Limited HIS HR capacity within government agency replaced with HR development plan and increasing appreciation for and expertise in HIS
Promising Practices: Lesotho

• Actions Taken
  – MOH invites all interested partners to participate in annual operational planning
  – Donors (e.g., PEPFAR, World Bank, and UNFPA) and implementing partners (e.g., Columbia ICAP and EGPAF), encouraged to provide inputs and offer feedback to planning process

• Barriers Broken
  – Donor-driven implementation replaced by country-driven, country-owned strategic planning and implementation to leverage resources and achieve targets.

Promising Practices: Mozambique

• Actions Taken
  – Ministry of Planning in collaboration National Institute of Statistics (INE) are actively collaborating to establish central data repository to improve reporting to MDGs and other poverty reduction strategies.

• Barriers Broken
  – Vertical, sector-specific data collection and reporting systems replaced with harmonization of efforts
Promising Practices: Namibia

- **Actions Taken**
  - MOH and MOF have increased collaboration and coordination
  - MOH conducted health systems review and developed strategic plan
  - Budgeted activities map back to objectives in strategic plan
  - MOF requires that any request for additional funding be linked to data

- **Barriers Broken**
  - Historical funding requests replaced with data-driven strategic planning and resource allocation

Promising Practices: South Africa

- **Actions Taken**
  - e-health steering committee poised to implement ICT strategy
  - Key objectives:
    - enablement of healthcare delivery, and
    - strategic plan for managing health information
  - Committee includes strong leadership from 9 Provincial DOHs; Medical Health Council; National Laboratories; and Military Services

- **Barriers Broken**
  - Fragmented, parallel systems, replaced with strategic business planning and focus on harmonization
### Promising Practices: Swaziland

**Actions Taken**
- HIS committee developed five-year strategic plan to strengthen HIS
- Active leadership from MOH, Ministry of Economics and Planning (includes Central Statistics), Ministry of Home Affairs, Ministry of Justice, with support from Ministry of Finance

**Barriers Broken**
- Independent agency operations replaced with multi-sectoral coordination to identify HIS gaps and priority activities

### Promising Practices: Zambia

**Actions Taken**
- Multi-sectoral body developed 2009-2015 Strategic Plan
- Comprehensive revision of the HMIS establishing core indicators for scalability, extensibility, and ease of use;
- Key players included Central Statistics Office, the National Registration Office, Provincial and District level MOH officials, Donors.
- Other stakeholders included Ministries of Communication, Transportation, Finance, and Local Government

**Barriers Broken**
- Independent agency operation replaced with inclusive process to ensure buy-in and support from all allied sectors for HIS strengthening.
Promising Practices: Zimbabwe

• **Actions Taken**
  – Multi-sectoral committee developed National HIS Strategy 2009 – 2014
  – Included MOH, NAC, Private Hospital Association, Zimbabwe Medical Association; Rural and Urban Authorities, Faith-based Groups, and Armed Forces
  – Focused on identifying core indicators, data sources, and timing of data needs for routine health information
  – Adopted open-source DHIS in 2009 and trained all district health personnel

• **Barriers Broken**
  Unclear health information replaced with adoption of metrics, emerging clarity, and plan for continued strengthening

Reflections from each sector

• **Health**

• **Telecommunications**

• **Statistics**

• **Finance**
Reflections from Health

“We recognize the need to have a multi-sectoral approach. The forum will be helpful to help us create dialogue in the country.”

Reflections from Telecommunications

“As regulators of communication, we have an objective to ensure communication everywhere around the country. It is therefore, an obligation for us to ensure that wherever there is a gap, we address the need. ... We therefore have a mutual and common interest.”
Reflections from Statistics

“The MOH is the custodian of the national HIS. At Bureau of Stats we ...we are providing data that are not captured at the facility level... ...Therefore, in order to have a complete picture, we need to work together.”

Reflections from Finance

“HIS requires considerable investment—unless the finance sector is part of the process and appreciates its use, HIS may suffer from low funding.”
What are the implications for the forum?

• Common challenges across countries provide a starting point for developing a preliminary stakeholder engagement agenda and roadmap to promote ownership of HIS.

• Promising practices highlight country-owned, country-derived solutions and encourage sharing of information and lessons learned within and across country delegations and sectors.

• Reflections from each sector reinforce the importance of this work and the critical role that each of you will play for the next five days and beyond.

Thank You!
ANNEX C: IMPACT STORY, ZAMBIA
HIS Impact Story:
Strengthening Health Information Systems in Zambia: “HMIS Pre-service Training”

Presenter: Brivine M. Sikapande

HIS Challenge

• **Principle:** Strong health information systems require trained, qualified health workers in data collection, management and use of health information

• **Reality:** Health workers receive on-the-job or off-site training in HMIS, which takes time away from clinical care. Trained individuals tend to leave posting for better opportunities, leaving behind a vacuum of knowledge and skills—creating a continuous demand for knowledge/skills management and capacity building

• **Goal:** To ensure all health workers are trained in the routine HMIS

• **Key Players:** MOH Zambia, Statutory bodies (e.g. Nurses Council of Zambia, Medical Council of Zambia), EU, USG, Chainama College of Health Sciences, National Institute of Public Administration
Actions Taken

- The MOH in close collaboration with training institutions have developed pre-service training curricula for health care workers that focuses on HMIS with a goal of delivering quality care to clients by improving health information systems.

- Pre-service training included in MOH strategic plan for 2011-2015

- MOH and training institutions will review and revise curriculum every 5 years to ensure standards of education and practice are achieved.

- Coordination of stakeholder efforts to ensure effective utilization and leveraging of funds.

Impact

- **Introduction of pre-service training addresses several challenges faced by health systems strengthening efforts:**
  - Pre-service training targets larger numbers of health care providers and builds a pool of health workers that sustain competencies for the management of information
  - Transfer from post no longer leaves knowledge/skills gap.
  - HMIS pre-service training is more cost-effective and minimizes distraction from clinical care.
  - Pre-service training in HMIS builds data culture.

- **Example of success:**
  - 25 lecturers trained in HMIS demanded for the establishment of a training laboratory to ensure ongoing delivery of pre-service training for future generations
Next steps and key messages

- **What steps are being taken to ensure continued impact?**
  - Updating training curricula for nurses, clinical officers and medical licentiates
  - Establishing computer classrooms at nursing/paramedical schools

- **What are key takeaways for forum participants?**
  - Close collaboration with MOH and training institutions leads to country ownership and capacity transfer
  - MOH ownership ensures sustainability of program/intervention beyond project life
  - Building a stable of highly skilled health workers in HMIS through pre-service training minimizes challenge of attrition, and improves understanding
ANNEX D: IMPACT STORY, LESOTHO
HIS Impact Story:
Improving Data Quality and Data Use in Lesotho

Presenter: Masebeo Veronica Koto

HIS Challenge

- **Principle**: Good health planning and management requires having good information.

- **Reality**: Paper-based HMIS is time-consuming, placing heavy burden on clinicians.

- **Goal**: To leverage available technical and financial resources to improve data quality and ensure continued provision of quality patient care.

- **Key Players**: Ministry of Health and Social Services (MOHSW) Lesotho, Clinton Foundation, Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)
Actions Taken

- MOHSW deployed data clerks to health centers, which allowed clinicians to focus on patient care.

- Dedicated data clerks focused on improving data quality, completeness and timeliness of reporting.

- Simultaneously, Health Information Officers were deployed to the districts to improve data quality and encourage data use.

Impact

- Introduction of dedicated data entry specialists had positive impact on data quality and clinical care:
  
  - Noticeable improvement in data quality and completeness.
  
  - Timeliness of reports submitted to District Health Management Team.
  
  - Improvements in data culture and data use at facility-level.
  
  - Districts initiated regular meetings to review facility-level data and identify corresponding actions.
Next steps and key messages

• What steps are being taken to ensure continued impact?
  – District level HIS officers provide training for district-level data entry clerks
  – MOH efforts underway to employ hire data clerks directly

• What are key takeaways for forum participants?
  – Improved data quality leads to information use
  – Information use leads to evidence-based decision-making
  – Evidence-based decision-making leads to improvements in health care delivery
ANNEX E: IMPACT STORY, SWAZILAND
**HIS Impact Story:**

**Using Data for Decision-making:**
Human Resources Information System

**Presenter:** S.F. Dlamini

---

**HIS Challenge**

- **Principle:** Strategic mobilization and allocation of resources require evidence-based requests.

- **Reality:** Human resources are needed across all levels of health system to support a variety of capacities (clinical, data analysis, data entry, etc). Resource requests and related allocation are frequently based on historical data and/or perception of need and do not reflect current situation.

- **Goal:** To use available data from human resource information system (HRIS) to request reinforcement of human resources at health posts to ensure highest quality provision of services.

- **Key Players:** MOH Swaziland, Government Computers Services within Ministry of ICT, Ministry Public Service.
Actions Taken

- MoH in collaboration with some partners assisted with setting up network in four regional offices.

- Government Computer Services, Ministry of Public Service ensured compliance with government system standards and interoperability with Establishment system.

- System developed and maintained within the Ministry of Health HMIS Unit.

- Training of system users and senior management at different levels.

Impact

- **HRIS data are routinely used to justify requests for human resource support.**
  
  - Noticeable improvement in HRIS data quality and completeness.
  
  - Recognition that quality data aids evidence-based decision-making.
  
  - Improvements in data culture and data use at facility-level.