

**EAST AFRICA POLICY FORUM
HEALTH MANAGEMENT INFORMATION SYSTEMS
DAR ES SALAAM
23RD -24TH MAY 2005

FORUM REPORT**

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1. INTRODUCTION

This report covers the proceedings of the East Africa Policy Forum on HMIS, organised by the UK Department for International Development (DFID)-funded Health Systems Resource Centre and its two East African partners, the Aga Khan Health Service in Kenya and Ifakara Health Research and Development Centre, in collaboration with the East African Community Secretariat both in Tanzania. Participants at the forum included staff from East African Ministries of Health, NGOs and academics working on HMIS in their respective countries. A list of participants is available in Annex 1.

1.1 Background

The East African Community (EAC) Secretariat does not collect data directly, and so is entirely dependent on the National Health Management Information Systems (HMIS) in order to collate timely and accurate health data from the three EAC Partner States. In order to achieve the goals of the health sector within the East African region, the monitoring and evaluation tools for the various health indicators need to be updated and harmonized in order to realize the set targets. This therefore requires close and effective collaboration by all the stakeholders involved in the collection, analysis, compilation and dissemination and use of Health Management data and other related information. In the process of implementation of the harmonized Health Management Information Systems (HMIS) in East Africa, unexpected problems and challenges will be encountered that will necessitate the setting up of new standards and making of adjustments to the decisions already made at both regional and national level.

A robust Health Information System is at the core of any successful public health system. Cibulskis and Hiawalyer (2002) suggest that there are four main ways that good health information can contribute to the efficiency, effectiveness and responsiveness of health related programmes:

- Helping managers to align health system resources with the needs of service users
- Increasing accountability within an organisation, while also allowing the public, political representatives and donors to assess whether they are achieving value for money
- Marketing of health programmes in order to get adequate funding levels, from public and non-state sources;
- Monitoring of health-related activities to help assess what works and what doesn't over periods of time.

So far, the most successful information systems are those developed at a small scale, where the data needs have been well defined and the end-users closely associated with those doing the data collection. One challenge is to translate these innovations into successful national programmes, where there is a seamless link between information collected at community, health facility, district and national levels, with well-integrated feedback loops. A further challenge is how to support those collecting health data, for example workers in health centres, to use their own data for planning and monitoring purposes. Within East Africa region there are innovative examples of programmes working with communities and districts to improve health information collection and use. It is an opportune moment to take stock of what has been achieved and what more could be done to improve health information in East Africa.

1.2 Aims and objectives of the Policy Forum

The intended outputs of the Forum are expected to inform wide range of Health Management Information System stakeholders on best practice for health information management within the East Africa region and beyond

The objectives of the policy forum were:

- To share experiences in collecting and using health information in East Africa;
- To share lessons learned from this experience and identify challenges as well as suggest ways in which these might be addressed;
- To identify best practice areas and debate how these could be scaled up;
- To facilitate networking between those involved in strengthening Health Management information
- To agree a strategy for moving forward, if appropriate.

2. PROCEEDINGS

A copy of the Policy Forum programme is available in Annex 2 for further detail.

2.1 Opening

The Policy Forum was opened by Dr. Stanley Sonoiya, Health Coordinator for the EAC Secretariat. In his opening he informed participants about various initiatives being undertaken by the East African Community to improve regional level information systems more generally, and health information specifically. During his presentation he also let people know that the EA Sectoral Council of Health Ministers would be meeting in June to discuss, among other subjects, the need to agree on a standard set of health indicators that could be used across the region. As such, the running of this HMIS forum for key regional stakeholders was very timely (see Annex 3 for opening presentation).

2.2 Recent initiatives and trends in HMIS

During this section of the proceedings presenters informed participants about a number of initiatives that have been developed to improve HMIS at national level. Those covered were the Health Metrics Network, the Development of a Harmonised EAC Statistical Database and Demographic Surveillance Systems. The full presentations are available in Annexes 4,5 and 6.

Health Metrics Network

Oscar Mukasa from IHRDC informed participants that this is a new global initiative organised by WHO and key stakeholders interested in improving HMIS, especially in low income countries. There is renewed interest in improving the validity and robustness of country level data as part of helping both to measure progress against Millennium Development Targets and to assist countries to report on programme progress to Global Health Partnerships, such as the Global Fund. The Health Metrics Network emphasises the need for country ownership and greater consensus/harmonisation around one national system, and for greater collaboration between national health and statistics offices. It acknowledges that health management information comes from a variety of sources, including, for example, routine data collection, surveys, censuses and vital registration. The HMN have produced a Consensus Technical Framework to help guide countries to improve HMIS, which was shared with workshop participants.

Development of a Harmonised East African Community Statistical Database

Francis Kisero from EAC Secretariat's approach towards harmonising regional statistics which aims to set up and maintain a regional statistical database for all sectors including health. During his presentation, Mr. Kisero highlighted the potential overlaps and synergies that could be created by having a standardised set of data across sectors, and its usefulness for monitoring health status in the EAC countries.

Demographic Surveillance Surveys

Oscar Mukasa from IHRDC also presented work currently being undertaken in Tanzania on DSS. He explained how sampling of participating areas is done and what data is collected at 4 monthly intervals. The DSS provides robust, and hopefully representative, data using cluster cohort sampling. As it provides information over extended periods of time it allows decision makers to monitor health trends. The DSS

can include a range of indicators, including demographic, morbidity and mortality, service access and use and socio-economic status. It can be seen as both part of an HMIS, or in countries where routine data is very hard to collect or use, can be a substitute for information coming from health services.

2.3 Challenges and Opportunities for HMIS at National level

Participants were invited to form two groups to discuss what challenges they face in implementing national level HMIS, and to consider the opportunities for improving the quality of HMIS, based on their own experience and on the presentations they had just heard. The feedback from the two groups was as follows:

- Lack of (or inadequate) policy, coordination and harmonisation
 - Inadequate use of information for decision making
 - Inadequate financial resources allocated to national HMIS
- Inadequate managerial support for HMIS development and maintenance
 - Inadequate human and technological resources
- No evaluation or quality assurance of HMIS to understand what is working and what isn't

2.4 Experience of HMIS in different countries and Lessons Learned

Six people presented their experience of designing and implementing HMIS in the three EA countries. Presentations were made on district level HMIS in Coast Province in Kenya (Dr. Salim Sohani and Dr. Beatrice Ndarugirire), developments in the Tanzanian and Ugandan HMIS (Mr. Robert Mdoe and Dr. George Bagambisa), HMIS in the Ugandan Catholic Medical Bureau (Dr. Andrea Mandelli) and Community-based HMIS in Kenya (Dr. George Otieno-Odhiambo). The presentations and ensuing discussions highlighted the fact that the three countries are at different stages of development in HMIS, with Uganda being furthest ahead in terms of using HMIS to help monitor health sector performance. It was also pointed out that Zanzibar is piloting a new HMIS for their Ministry. Presentations can be found in Annexes 7 – 11. Lessons learned were as follows:

Strategic Level:

- Need political leadership and champions to:
 - Create the vision and build the culture that values information
 - Provide clarity on what information is needed when and by whom
 - Formulate policy and issue guidelines for taking forward HMIS at all levels in a coordinated, joined-up way

Operational Level

Change Management Process!

- Use the best of what exists now, and build from there
- Start simply, test it out, get the basics right
- Get staff on board from the beginning
 - Inputs into the system as it develops
 - Understanding what's in it for them
 - Good training in basic elements
- Build quick wins into the system (feedback, etc.)
- Make sure the tools are in place to help it to happen (forms, equipment)
- Need Evaluation

- What's working and what isn't
- What criteria will we use to know if it is working or not?

2.5 SWOT Analysis and Good Practice

At the beginning of the second day participants worked in country groups to discuss the Strengths, Weaknesses, Opportunities and Threats for HMIS at national level. Four country groups were organised: Kenya, Tanzania, Uganda and Zanzibar. The results of the SWOT analyses can be found in Annex 12. The results mirrored the 'lessons learned' and conclusions from the previous day's presentations. Areas of good practice identified included:

- The strength of EPI (Expanded Programme of Immunisation) information systems, which provided a model for the roll out of Uganda's HMIS in the 1990s.
- Following good change management practice: the experience from Coast Province in Kenya showed the importance of working closely with staff implicated in data collection to ensure they were well trained and motivated by the potential benefits of a fully functioning HMIS
- Incentives are important: providing analysed data in graphs and tables that are easily understood, and that compares performance of health units or districts, can provide powerful motivation to improve services, while also giving decision makers and communities the tools they need to hold services to account. Uganda's health sector performance reports, and Kwale District's health unit data boards have both given authorities and communities the necessary evidence to seek improvements.

2.6 Using Performance Indicators

As the Forum participants moved into more detailed discussion on how to use HMIS each country presented what performance indicators in development or already in use in their countries and how they are being used. Uganda was furthest ahead, and Dr. Bagambisa demonstrated how performance data collected from routine data provided comparative performance measures at national level. Kenya and Tanzania participants shared their own performance indicators, which have only recently been agreed and not yet put to use. Annex 13 provides a comparison of the indicators used across the three countries.

2.7 Ways forward

The last session of the Policy Forum looked at what needs to be done now to take what was discussed during the Forum and translate it into action. The participants divided into two groups to discuss what actions they would take forward at National Level and at Regional Level.

National Level

The country level group created an action plan (see Annex 14) that delineated proposed actions, timeframe, responsibility and resources for each activity. The agreed activities were:

- Develop HMIS strategic plan to inform, or as a chapter of, the National Health Sector Strategic Plan
- Develop HMIS policy guidance for each country
- Create reform and development processes, including M&E, for ensuring good implementation of HMIS
- Replicate good practice models of HMIS on a larger scale (specifically for Kenya and Zanzibar)
- Develop an advocacy strategy for influencing key stakeholders in government

Regional Level

At regional level EAC Secretariat clarified that furthering of HMIS activities at a regional level shall be best handled under the established EAC Working Group on Health Research, Policy and Health Systems Development . The group agreed to create an East African HMIS network, so that forum participants and other interested individuals could continue to share lessons learned and help each other with implementing HMIS. A number of areas were explored by this group:

The Regional HMIS Network hopes to achieve:

- documentation of best practice, for example, critical evaluation of Uganda progress in HMIS 1990-2005
- harmonisation/standardisation of common indicators – identify common indicators upon which we can start sharing info at regional level, including harmonisation of the definitions of the selected indicators
- develop policy guidelines for the implementation of HMIS

The Regional Network will achieve this by:

- 1) Reporting back to key people about outcomes of this workshop
- 2) Voluntary participation into a discussion group to develop TOR for the Network – to be facilitated by Ifakara
- 3) Create a proposal for the Network
- 4) Identify sources of funding for research, critical evaluation and money for writing up – create proposal for funding
- 5) Give academics responsibility for publishing the journal
- 6) Agree for the forum group to meet and assess progress achieved in the next 6 months by Dec 05 – EAC to source necessary funding

The Terms of Reference for the network will include:

- how the network will function
- objectives
- how it relates to EAC's Working Group on Health Systems and Development
- responsibilities of members – if they are not able to attend or leave the group they must handover properly
- how to ensure continuity (who is in and who is out) – this group will be the core members

It was agreed that representatives of Ifakara HRDC and IDS would meet the day after the Policy Forum to discuss how to set up the communication facility for the regional network.

2.8 Appreciation

The organisers of the workshop would like to give whole hearted thanks to the participants for their active and lively engagement in the forum, to the presenters for providing such useful 'food for thought' and to the East African Community Secretariat

for their interest and collaboration. We would also like to thank Catherine Fisher from IDS for taking such thorough notes of the Forum. A particularly deep thanks goes to Ssanyu Sylvia and Ann Mboya at Ifakara HRDC, and Debalina Gupta at the DFID HSRC for their hard work in administering and ensuring the smooth running of the Policy Forum.