

Report of the GDDS Closing Workshop on the Health Module, Pretoria, South Africa, 9-11 July 2009,

Organizer and chair: Ronald Luttkhuizen, GDDS Project manager

Day 1: Dr. Arthur Heywood on the Mauritius Experiences

The GDDS closing workshop held in Pretoria on 9th July 2009ⁱ was attended by representatives from Lesotho, Mauritius Tanzania, Sudan, three consultants (Dr. Arthur Heywood, Etienne de Fortier, Gareth Daniell, both from Geospace) and the GDDS Project Manager Ronald Luttkhuizen.

Country presentations

Each country presented their experiences (See country powerpoint presentations for details) around a common framework of the HMN assessment, the development of the national HMIS strategic plan and experiences in implementing the strategic plan. All countries had followed up the original GDDS workshop in Botswana with a series of HMIS strengthening activities. All had done the HMN assessment, had found it to be a useful exercise to identify strengths and weaknesses of their HMIS and were following it up with a strategic planning exercise that was in various stages of progress.

Mauritius was far advanced towards following up the assessment by getting the strategic plan accepted, setting up an inter-sectoral steering committee, reforming the national HMIS office by appointing a national M&E officer, promoting decentralisation by strengthening their regional health information offices and focusing on use of information to produce locally relevant reports focusing on MDGs at all levels. They also planned to improve computerisation and networking between levels in the MoH and set up ongoing HMIS training both pre-service and in-service.

Lesotho had not yet finalised their strategic plan and was focusing on development of a data warehouse with support from a consultancy firm Geospace International. This was progressing slowly due to human resource constraints at all levels in the MoH, but particularly the district level where many information officers had resigned.

Tanzania presented a national profile and showed how the GDDS had supported the integration of the HIS with the Tanzanian statistical master plan. Following a GDDS consultant visit, they had refined their HIS assessment and had developed a 5 year HIS strengthening plan which will be implemented soon with the introduction of an integrated database and support of government and donors to supply adequate resources.

Sudan presented the outline of the current role of the NHIC as revised to fill the gaps identified in the HMN assessment and gave examples of specific activities to strengthen the HIS to fulfil the vision, mission and goals identified in the strategic plan. These focused around developing a data warehouse and a metadata dictionary.

The **consultants** responded to the presentations, with Mr. Daniell (Geospace) stressing the need for clear strategic plans that were adhered to and the importance of allocating human and financial resources to data warehouses. Dr. Heywood commented the HIS in Mauritius as an integrated, intersectoral model to be emulated by other countries and stressing the need for human resource development to harness the technologies that were widely available.

Discussion

Each country identified a set of questions which focused discussions around the implementation of HIS and strategic plans in Africa. From the discussions, the following points arose:

- The best functioning **data warehouse** for the health sector was in South Africa. There were warehouses (with dashboards) under development in Zanzibar, Zambia and Sierra Leone. These countries use the web-enabled District Health Information System open source software (DHIS version 2) that had been adopted by the WHO/HMN and was available for use by other countries.
- Hospital **electronic patient record** systems were being developed in a number of countries, with the Tanzanian Mission hospital system and the South African MRS being the most advanced. Both these systems could be linked to the DHIS.
- **Human resource development** was key to strengthening HMIS. The universities of the Western Cape and Dar es Salaam had developed innovative short and postgraduate courses to train HMIS practitioners. There were no appropriate courses identified for statisticians.
- No African countries had functioning **metadata dictionaries**. The Australian one was a model that could be used.
- Data from **private practitioners** was a problem in all countries, with poor enforcement of legislation, where there was any. Khartoum state had an innovative approach that did not renew licenses to practice if data was not submitted.
- The culture of **information use** was difficult to achieve. Regular and appropriate feedback to data producers to show that their data was actively used for supervision and decision making was seen to be key to improving quality and coverage.
- Data use was difficult to **assess** without major effort, but the Health Information system program had developed a simple Tool for assessment of level of information (TALI) that was proving useful and could be downloaded.
- Community HMIS was weak in all countries
- There is a need for donors to harmonise their approach on HIS strengthening and for MoH to ensure that 3-5 % of budgets were allocated to M&E.

Summary from GDDS Project manager: HIS Management needs to be based around the three Ps: realistic and achievable **p**riorities with a practical **p**rocess that reflected local realities and a **p**lan that included a number of small steps, each with specific individuals responsible and timeframe.

For example How to get data from a remote rural clinic without electricity to a computer?the HMIS managers should identify priorities, break down the process into a number of steps and harness local capacity and resources in an appropriate plan. Each country would come out with a different solution according to local resources, but the result should be achieved.

Presentations by the experts.

Details of all presentations are available in powerpoint.

1 The HMN framework

Dr. Arthur Heywood made a presentation on the HMN framework, going in some depth into each of the components (Resources, Indicators, Data Sources, Data Management, Information Products and Dissemination and use) and their associated standards as well as the principles underpinning the HMN and the processes needed to achieve the goals.

2 Flexible Standards

Dr. Heywood presented an appeal for managers to develop a HIS that was based on clear standards that were accepted and used by all role players, but that were flexible and able to be adapted by local levels according to use and changing need. Strategies to achieve these standards through use of minimum data sets, scalability and radical change through small steps were presented. The conclusions were that there is a need to standardise HMIS infrastructure, that the HIS needed attractors to get actors involved and that standards need to remain adaptive, based on data standards rather than technical standards.

3 The PRISM framework

Dr Heywood presented an article on measuring the performance of routine HIS management (PRISM) by Aquil et al¹. This article looks at the crucial effect that Environmental, Technical and Behavioural components have on data inputs and how this affects the subsequent HIS processes, outputs and outcomes. This is seen as a useful framework to analyse routine HIS

Remarks made during the discussion on the presentations:

- 1 The **HMN assessment & strategic planning** tools were useful, but
 - were seen as being over –elaborate, including much that is not directly related to collection and processing of health data
 - take too long to achieve results that could be obtained more easily (e.g.1 census and population surveys have same process: e.g.2 all patient data comes from facilities)
 - Includes lots of information NOT related to core statistical processes
 - Many of the questions are unfocussed, subjective and not result oriented

¹ HP&P March 2009

- There is no weighting of knowledge of respondent.
- Based on experience, there should possibly be a review of the HMN tools by people who have used them.
- It may be considered to use the HMN framework to draft a priority based checklist. This checklist can be used to develop the strategy for implementation of identified improvements.

2 Flexible Standards

The issue of standards generated much discussion. What are standards and who defines them? Are they norms to be adopted by all? Where do they come from, and can we have different standards at different facilities? There has to be a trade off between standards and innovation ... a balance between anarchy and stagnation in order to move forwards. The Standards in HMN slides are sometimes inaccurate / duplicating

The first day of the workshop closed at 1700.

ⁱ For the remaining days of the workshop please refer to the other workshop report.