Policy Brief - March 2021

Health Management Information Systems (HMIS) Policy Research

Context to Research

Strengthening the Health Management Information System (HMIS) is a strategic investment for Africa and is well acknowledged in the Catalytic Framework for Ending HIV, TB and Malaria (HTM) by 2030 (African Union, 2016). A HMIS is a data collection system specifically designed for routine collection and management of facility-based data on health care service delivery to support planning, management, and decision (MEASURE Evaluation, 2019). It is one of the six core building blocks of the health system based on the WHO framework on health systems. It provides data needed for other health system components such as service delivery, health workforce, access to essential medicines, financing, and leadership.

The Global Fund to fight HIV, TB, and malaria has invested in data systems in many African countries as a Resilient and Sustainable Systems for Health component (RSSH). Such RSSH investments should be cross-cutting, i.e., support various disease programs, including HIV, TB and malaria. Many other donors invest in vertical systems for "their" diseases, leading to various data systems that are uncoordinated and fragmented.

This policy brief discusses the HMIS in African countries and makes recommendations to futher advance HTM goals.

Research Findings

The situation of HMIS in Africa –

The HMIS is governed by the health information policy , which outlines a deliberate system of principles to guide decisions on how country health outcomes could be tracked, measured and reported.
Paper and electronic-based data collection systems coexist in many countries. Most African countries have adopted DHIS2 (an open-source system coordinated by the University of Oslo) to manage their national health information.

Some countries have their Logistics Management Information System (LMIS), and Laboratory Information System (LIS) linked to their HMIS (Lesotho, Kenya, Tanzania). Some other countries like Uganda improved their collection of granular data to monitor service uptake by population sub-groups. Use of mobile technologies (Ethiopia, Mozambique, South Africa) is evident but is not to scale.
In some countries, several data systems are used concomitantly, such as the Electronic Health Record in Ethiopia, Zambia and Malawi, with huge amounts of data already collected. But it appears that countries made limited attempts to bring together data residing in multiple databases.

Gaps – the governance systems and the countries leadership have not been strong on HMIS. As a result, there is limited supportive infrastructure, such as reliable electric power supply or internet to harness community data. Some countries have limited personnel with capacity in ICT and data analysis skills to support HMIS.

Participation of private sectors in the HMIS is not widespread. Some implementing partners continue to operate vertical (separate) reporting systems specific to "their" diseases and their funders. Generally, data interoperability is not the norm among the multiple standalone data systems; hence programs fail to leverage already captured data for timely decisions. Such is the situation in several countries like Angola, Tanzania, Somalia, Senegal, Ghana, Ethiopia, Chad, Benin. Collaboration among neighboring countries on data exchange is rare.

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Policy Recommendations

a) African governments

1 Put in place policy and national budgeted strategic plan that will support in the management of the health information systems involving all the stakeholders

2 Provide strong oversight and coordination and promote consistent implementation of critical infrastructure elements. Such infrastructure concerns the human capacity/equipment to operate HMIS/data systems, provision for "solar for health" to power facilities and facilitate E-Systems, increase internet coverage for health facilities and communities, etc.).

3 Expand the HMIS national coverage and increase its functionality to act as an early warning system

4 Support interoperability with the other systems such as (birth, displacement, logistic and financial information) for informed decision making.

5 Coordinate with stakeholders to secure public-private and community partnerships as an emerging mechanism for improving data sharing between public, private and community health facilities for a holistic HIV, TB and malaria data outlook; and

6 Enter memorandum of understanding with neighboring countries for data sharing on an agreed set of regional indicators that monitor HIV, TB and malaria responses across borders.

b) The Global Fund

1 Provide funds within the broader context of resilient and sustainable systems for health to support the harmonization of data systems.

2 Support countries to link digital platforms (HRIS, DHIS2, LMIS, LIS, mobile devices, etc.) with other existing platforms.

3 Support mechanisms/initiatives that enhance the integration of community health reporting systems with the national HMIS; and

4 Support joint action plans between ministries of health and implementing partners to make measurable and time-bound commitments towards data sharing.

References

African Union. (2016). Catalytic framework to end HIV, TB and eliminate malaria in Africa by 2030 MEASURE Evaluation. (2019). Health Management Information Systems

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