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HEALTH SYSTEMS REPORTER: focus on health management information systems

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produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Systems Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is on [health management information systems](#). The bulletin also features summaries of new documents and other additions to the [Health Systems Resource Guide](#).

[Health Systems Reporter Archive](#) - A reporter archive is now available on the Health Systems Resource Guide. See previous issues of the Health Systems Reporter at <http://www.eldis.org/healthsystems/archive.htm>

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact r.wolfe@ids.ac.uk.

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Feature: health management information systems

Health management information incorporates all the data needed by policy makers, clinicians and health service users to improve and protect population health. Few countries in the world today have effective and comprehensive systems in place to gather this data. Yet there has never been a greater need for robust health information. As the world community has turned its attention to meeting Millennium Development Goal targets, and ever increasing resources are going towards preventing and treating high burden diseases such as HIV and AIDS, tuberculosis and malaria, decision-makers need to be able to measure whether policies

and programmes are working, and whether progress is being made towards the goals that have been set. Donors are also placing more emphasis on performance, linking the release of funds to performance based measures.

The World Health Organization (WHO) argues that investment in health management information systems (HMIS) now could reap multiple benefits. These include: helping decision makers to detect and control emerging and endemic health problems, monitor progress towards health goals, and promote equity; empowering individuals and communities with timely and understandable health-related information, and drive improvements in quality of services; strengthening the evidence base for effective health policies, permitting evaluation of scale-up efforts, and enabling innovation through research; and improving governance, mobilising new resources, and ensuring accountability in the way they are used.

For more on this, see the new Health Systems Key Issues Guide: [Health management information systems](#)

Recommended readings on health management information systems

East Africa Policy Forum: health management information systems

Produced by: DFID Health Resource Centre, 2006

This report, published by the DFID Health Resource Centre, covers the proceedings of an East Africa Policy Forum on health management information systems (HMIS). Participants included staff from East African ministries of health, non-government organisations, and academics. Topics covered included the World Health Organization's new Health Metrics Network; the development of a harmonised statistical database for East Africa; and demographic surveillance surveys. Challenges identified in implementing national level HMIS included: inadequate policy, coordination and harmonisation; inadequate managerial support; and a lack of evaluation or quality assurance of HMIS to find out what is or is not working.

Participants at the forum agreed on a number of activities, including: developing an HMIS strategic plan to inform each country's national health sector plan; creating processes such as monitoring and evaluation to improve implementation of HMIS; and replicating good models of HMIS on a larger scale. It was also agreed that an East African HMIS network would be formed, so that forum participants and other interested individuals could continue to share lessons learned. Proposed activities for the new network included documentation of best practice; standardisation of common indicators; and developing HMIS policy guidelines.

Best practices in community-based health initiatives: leading the information revolution in Kwale district

Authors: Sohani, S.; Kamau, M.; Alidina, S.

Produced by: Aga Khan Health Services (AKHS), 2005

This policy brief from Aga Khan Health Services examines the key issues relating to the development and implementation of HMIS (Health Management Information Systems) in the Kwale district of Kenya. The briefing also examines the impact of the Kwale HMIS, prospects for replication, expansion and improvement and policy implications of a national HMIS. Findings show that the Kwale HMIS has resulted in: readily available timely and accurate information, making it possible to respond to problems quickly; more effective targeting of programmes and funding; and more effective disease surveillance.

Key lessons learned include that: local efforts to build HMIS from the ground up can result in success; HMIS needs the support of leaders at all levels; and sufficient time and resources are needed to implement systems properly. The authors highlight how an effective national HMIS would link all levels of the health system, allowing the rapid flow of information and significant improvements to the system's ability to track effectiveness and manage change. Recommendations to establish a national HMIS include: cover all parts of the health system; do a thorough assessment of current design and needs of users; make the new HMIS flexible to allow for updates and new facilities; and ensure a two-way flow of information. [adapted from author]

Available online at: http://www.eldis.org/healthsystems/pdfs/best_practices_community_based_initiatives.pdf

Issues in health information

Produced by: World Health Organization (WHO), 2005

This paper, published by the World Health Organization, describes how health information systems work and considers how countries can reform them. It argues that some types of data are oversupplied whilst in other areas there are large unmet needs of

information. Although many countries now have relatively good data on levels of (and trends in) child mortality, health services coverage, and health determinants, information on adult mortality and cause of death is not generally available. Other areas where better information is needed include: morbidity; coverage and costs of interventions; and equity. The use of information to inform decision-making is also weak at all levels of the healthcare system.

The paper calls for investment in sustainable national and sub-national health information systems and argues that countries will benefit greatly if such systems are based upon a national plan with a policy framework; core indicators; and data-collection, analysis and dissemination strategies. It also calls for national bodies to guide and oversee the implementation of the plan, with full participation of stakeholders, users, and technical experts. International investors in health information should buy in to and support the country strategies. Collaborative efforts at the international level, such as the recently launched Health Metrics Network, are also important.

Available online at: http://www.who.int/healthmetrics/library/issue_1_05apr.doc

Analysing the problem of unsustainable health information systems in less developed economies: case studies from Tanzania and Mozambique

Author(s): Kimaro, H.C.; Nhampossa, J.L.

Produced by: Department of Informatics, University of Oslo, Norway, 2005

This working paper, published by the Department for Informatics at the University of Oslo, examines donor-supported health information systems (HIS) implemented in Tanzania and Mozambique, in order to analyse the factors affecting sustainability of such systems and to suggest ways of making them more sustainable. The authors argue that the relationship between the Ministry of Health and donors was unbalanced in both cases. Combined with weak institutional and technical capacity of the two ministries, and contracts which gave them insufficient control over consultants, this contributed to making the HIS unsustainable. There were also problems with the software development agencies involved, including lack of coordination; poor understanding of user requirements; and inflexible systems designs.

The authors suggest that for an HIS to be sustainable, it needs to be integrated into the everyday routine of the user organisation, but also flexible enough to allow changes needed by the user. Introduction of a new HIS should not only be seen as a technical change, but requires the cultivation and institutionalisation of a new kind of culture. The paper argues that for this to happen, local people need to participate in shaping their own ways of doing things, and technical and managerial capacity must be built.

Available online at: <http://www.ifi.uio.no/english/research/groups/is/docs/KimaroNhampossa.pdf>

The right to count

Authors: Graham, W.; Hussein, J.

Produced by: The Lancet, 2004

This case report, published in the Lancet, examines the issue of under-reporting of maternal deaths in developing countries, and considers the implications for the UN Millennium Goal target of reduction maternal mortality by three-quarters by 2015. It reports that, even in several developed countries, under-reporting of maternal deaths ranges from 17 per cent to 63 per cent. But in the world's poorest countries, vital registration and health services data are totally lacking or highly unrepresentative of particular subgroups, especially the poorest. Barriers to setting up and maintaining national health information systems have included financial constraints, skills shortages, and politics.

The authors conclude by drawing attention to the perversity of promoting maternal mortality reduction as a goal without addressing the weaknesses of information systems to monitor progress. They argue that to deny women and their families the right for their health burden to be counted is to ignore the burden itself. It thus presents fundamental challenges to the poverty reduction strategies of developing countries.

The full text of this article is only available to subscribers. Users in developing countries can access it via [Hinari](#).

Available online at: http://www.sciencedirect.com/science?_ob=MIimg&_imagekey=B6T1B-4BC1S83-12-3&_cdi=4886&_user=128860&_orig=search&_coverDate=01%2F03%2F2004&_sk=996360597&_view=c&_wchp=dGLbVtb-zSkWz&_md5=6df2d89fb245ad0619421583b453215d&_ie=/sdarticle.pdf

Summaries of other documents in the Health Systems Resource Guide

Linking local knowledge with global action: examining the Global Fund to Fight AIDS, Tuberculosis and Malaria through a knowledge system lens

Author(s): van Kerkhoff, L.; Szlezak, N.

Produced by: Bulletin of the World Health Organization (WHO): the International Journal of Public Health, 2006

This article, from the Bulletin of the World Health Organization (WHO), examines how the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is affecting the role of knowledge in decision making. The authors argue that little is known about how knowledge from research on public health impacts on decision making at the policy level. By using the GFATM as a case study, the authors consider how those in public health respond to the new demands on knowledge that emerge from international structures. The authors show that the GFATM has had a mixed impact on knowledge systems, with strengths in some areas, but with a lack of support for learning from implementation.

The authors argue that the GFATM needs to consider itself as part of a larger knowledge system. It can then use its influence to build capacity across the system to learn from implementation and refine its processes. The authors recommend three steps to correct the one-way flows of information and build a more effective knowledge system: acknowledge interdependency with support, leadership and planning at the highest levels; analyse existing experiences and integrate monitoring and evaluation efforts into an implementation and learning based agenda; and support recipients so that they can engage in knowledge work.

Available online at: <http://www.who.int/bulletin/volumes/84/8/05-028704.pdf>

HIV/AIDS, communities and health systems strengthening

Produced by: International HIV/AIDS Alliance, 2006

This submission to the DfID (UK Department for International Development) Health Strategy details the key elements that should be prioritised to strengthen health systems. The report outlines how much health care and support is provided outside formal health systems. To address health needs, the authors argue that governments and donors must be supporting efforts in households and communities, as well as in clinics and hospitals. This also includes acknowledging and accounting for the burden that households and communities take from formal health systems.

The authors argue that a specific disease-focus in health systems strengthening, rather than a general approach, will bring the greatest efficiencies. They call for DfID to support programmes that resource and support community based care linked to public health systems and that provide for professional pathways between households, the community sector and the formal health system. The accountability of recipient governments for effective use of health resources can be improved by supporting a robust and diverse civil society. Finally, priority areas of research for improving the health of poor people include: cost-effectiveness of community based interventions; the extent and nature of home based care services; and formal linkages between health systems, community care and support structures.

Available online at: http://www.aidsalliance.org/graphics/secretariat/publications/dfid_healthsys_subJul06_FINAL.pdf

Abundant for the few, shortage for the majority: the inequitable distribution of doctors in Thailand

Authors: Noree, T.; Chokchaichan, H.; Mongkolporn, V.

Produced by: Asia Pacific Action Alliance on Human Resources for Health (AAAH), 2005

This paper reviews the human resources for health (HRH) situation, trends and priority problems in Thailand. The priority HRH problems in Thailand are the inequitable distribution, health worker shortages, the provider-patient relationship, and poor morale and productivity. Inequitable distribution of doctors is considered the most serious problem, with 23 times more doctors in the capital city compared to the province. Several factors contribute to these problems, including: the rapid expansion of the urban private hospitals; the lack of opportunity for continuing education; the urban origin of the graduates; and the influx of foreign patients.

The authors conclude that whiles HRH is a problem that has been assigned significance amongst policy makers in Thailand, strategies so far adopted have not proved successful. Based on consultations with stakeholders, the report outlines a set of three

components for the future continuous and sustainable knowledge-based HRH development: knowledge generation and management linked to priority areas such as distribution, demand, and research and development; development of an HRH information system, such as a national HRH clearinghouse; and developing sustainable capacity for HRH management through an HRH development unit linked to stakeholders and a multi-stakeholder forum at national level.

Available online at: http://aaahrh.org/reviewal/1166639104_Thailand%20-%20Revised.pdf

Sector Wide Approaches: a resource document for UNFPA staff

Produced by: HLSP Institute, UK , 2006

This publication, from the HLSP Institute, describes Sector Wide Approaches (SWAp) and how UNFPA staff can address the challenges they pose. The document is structured into six sections. The first provides an overview of SWAp. Section two considers the core components of a sector programme, as well as an overview of alternative ways of channelling aid. Section three looks at the broad implications of using SWAp as a means to achieve the Millennium Development Goals (MDGs). Section four considers how to support a sector programme and section five reviews the broader development context, including the links between a SWAp and a Poverty Reduction Strategy Paper (PRSP). The final section provides a list of further reading and resources.

The authors argue that SWAp need to be understood in the context of the overall aid environment and the changes that have taken place over the last decade. These changes include: a greater consensus on goals to reduce poverty; more emphasis on results; new mechanisms and initiatives to channel resources; new approaches to improve aid effectiveness; new aid instruments and approaches; and stronger partnerships. All these factors have created a demand for approaches that see government ownership and are set within a clear framework that focuses on the reduction of poverty and delivers development assistance in a more efficient way.

Available online at: http://www.unfpa.org/upload/lib_pub_file/626_filename_swap-unfpa-resource-2005%20.pdf

See the complete list of new additions, announcements, job adverts at: www.eldis.org/healthsystems/

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The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - www.eldis.org/health
- Health Systems Resource Guide - www.eldis.org/healthsystems
- HIV and AIDS Resource Guide - www.eldis.org/hiv aids

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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