COUNTRY CASE STUDY

MALAWI

The Malawi Health Data Collaborative (MHDC) was launched in November 2015. The government's aim was to improve real-time data and align reporting requirements – and to reduce the onerous burden data collection represented.

At the time, health facilities were reporting on hundreds of different HIV indicators and using 16 related electronic systems, only two of which routinely exchanged information. The Ministry of Health used more than two dozen different registers in almost all of its health facilities, and paper-based data collection accounted for over 90% of data collection efforts. The result of this fragmented system: the reporting rate of most programmes was below 80%; and the timeliness of reporting below 65%.

The MHDC identified five priority goals, which are itemized below with highlights of progress in achieving them.

1) Develop a sound monitoring and evaluation plan to support the new Health Sector Strategic Plan (2017-2022), including a compact list of national health indicators.

To address data gaps and challenges in support of country monitoring and evaluation (M&E), the Ministry of Health has developed a comprehensive national health information system strategy (MEHIS), agreed to by all partners. The Ministry of Health, through its Central Monitoring and Evaluation Division (CMED), led the efforts to finalize this strategy with the support of The Global Fund, The Bill & Melinda Gates Foundation (BMGF), WHO and Data 4 Health, among others. The MEHIS also identified the human resources and governance needed to implement the strategy, which was reviewed by 20 development partners who agreed to align their support behind it.

In 2014, the Ministry committed to revising its National Health Indicator handbook, which had been published in 2003. Starting in 2016, the MHDC provided guidance to the process, which was supported by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), BMGF, WHO and the Bloomberg Data 4 Health Initiative. All Ministry departments engaged in the process, and this robust effort resulted in a revised handbook based on 82 national health Indicators (down from 177) and harmonized definitions. The Global Reference List of 100 Core Health Indicators, developed by WHO and HDC partners, was a critical document used to refine the list. MHDC partners, who had all been engaged in the process, agreed to adopt the indicators.

2) Develop a common investment framework to align government and partner investments in health information systems

In November 2017 the Ministry mapped US$ 23 million of investments in HIS and M&E from five organizations through 2022. This mapping will be used to help develop a common investment framework that will guide future government and partner investments by identifying gaps, reducing duplications and increasing efficiency. Now that all partners have agreed to the MEHIS, funding can be reprogrammed as needed.

3) Strengthen institutional health information system and monitoring and evaluation capacities.

When the HDC approach was adopted in Malawi, it was recognized that staffing for HIS at the CMED was inadequate. Five MHDC partners - GIZ, Data 4 Health, The Bill & Melinda Gates Foundation, USAID and the US Centers for Disease Control and Prevention (CDC)– have seconded individuals to CMED to work on HIS. Additional capacity is needed for the implementation of the upcoming MEHIS, behind which partners have agreed to align.

4) Reconfigure and expand District Health Information System (DHIS 2) functionalities to serve as the common reporting platform and enable real time reporting.

The Ministry has mobilized key partners including GIZ, WHO, UNICEF, CDC, USAID, BMGF and the University of Oslo to provide joint technical support to reduce the number of reporting systems and leverage DHIS 2, chosen by the ministry as the national health management information system. The aim was to ensure disease-specific programmes were integrated into DHIS 2. All reporting programmes of the Ministry are now integrated into an updated instance of DHIS 2 that is informed by routine health information system global standards, developed by WHO and partners.

Partners continue to align their investments in DHIS 2 as a common platform, reducing fragmentation. Lifting the reporting burdens of duplicative forms and indicators has resulted in improved data completeness and is making real-time data a possibility. The Ministry is also utilizing a new harmonized data quality review tool developed by WHO and partners to measure data quality.

5) Increase the accountability of the health ministry and development partners by expanding the access of citizens, civil society organizations and other actors to health data.

As a first step after the launch of the MHDC, the Ministry's the Central Monitoring and Evaluation Division (CMED) re-established the monitoring and evaluation (M&E) technical working group, which consists of development partners and CMED representatives. Before Malawi embraced the HDC approach, this working group had lost momentum and become inactive. This group has striven to streamline and strengthen the health information system by helping coordinate the efforts of the Ministry and over 20 development partners to monitor and promote one country-led platform for data access, use and accountability.

Looking forward

Malawi's success shows how the HDC approach can lead to more reliable, timely data. With improved real-time data, the Ministry of Health will be able to make informed decisions to improve the health system, making tangible progress towards Universal Health Coverage and the Sustainable Development Goals a reality. Malawi's experience has also shown that investing in governance structures and capacity must be a priority. The MHDC experience, like in other countries, shows that the Collaborative approach, as seen with the harmonization of indicators, can successfully align partner support,

Despite the successes of the HDC approach in Malawi, fragmentation persists, frequently caused by development partners introducing systems that are duplicative or are siloed by programmatic area or geography. High-level leadership within the Ministry can help ensure better alignment.