

EXECUTIVE BRIEF

Background: In line with the mission of the Health Data Collaborative to strengthen alignment, five country case studies were conducted in 2021–2022 to assess the health information system (HIS) in the selected countries, the investments that national governments and partners are making to strengthen HIS, and the status of alignment of these investments to national priorities for strengthening HIS. These five countries are: Cameroon, Kenya and Zambia in sub-Saharan Africa, and Bangladesh and Nepal in South Asia.

Methodology: Each case study involved a desk review, development of a conceptual framework on alignment, development of stakeholder interview guides, interviews and data analysis/synthesis.

Definition of alignment: For these case studies, alignment is defined as occurring when partners' investments and activities are linked to national HIS policies and priorities; integrated with national HIS systems and procedures; and coordinated with the government and other partners to encourage efficiency. Alignment therefore occurs across three domains: policy and regulatory alignment; systems alignment (technical and financial alignment); and operational alignment.

Findings:

Enabling factors: Across the five countries studied, an enabling factor for alignment was the existence of relevant strategies and policies around HIS strengthening, as well as government-led coordination mechanisms. All of these provided a framework for engagement and dialogue between government agencies and partners, promoting consultative priority-setting and planning processes.

Representation: A consistent finding across all countries studied was a lack of or low representation of two important stakeholder groups – civil society and the private sector – in health sector coordination mechanisms. The private or non-public sector accounts for a significant share of health service delivery in some of these countries. If private facilities are not systematically reporting data into the national HIS, it is difficult to ensure that communities are receiving the services they need and hinders the use of data for disease control and response, service delivery planning and policy development purposes.

Constraining factors that increase misalignment include:

- Existence of parallel data reporting systems, such as vertical systems for disease-specific programmes to respond to particular reporting requirements by donors. This is an

area for partners to work on to strengthen alignment – for instance, by supporting the development of interoperability guidelines or interfaces to link these parallel data systems to the routine HIS.

- Weak financial alignment across most of the case study countries. Specifically, the health sector funding environment in some of these countries seems to still be largely project based, thus constraining harmonization of financial investments. The implementation and fidelity of health sector institutional and financial management frameworks such as sector-wide approaches (SWAps) have differed across countries.
- External development partners have their own constituencies to answer to, and political cycles. Bilateral partners are accountable to their own constituencies (i.e., taxpayers and voters) and their own national budget cycles for disbursement of aid; donor organizations – such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria and Gavi, the Vaccine Alliance – have their own governance architecture. External aid from these sources may therefore not be aligned from a budget and planning cycle standpoint.

Little evidence for alignment of partners: Aside from ongoing efforts in certain countries to harmonize data collection indicators and tools amongst partners, there was little evidence for alignment of partner monitoring and evaluation mechanisms across the countries studied.

Recommendations: To better align technical and financial investments, HDC partners are recommended to:

- Strengthen coordination mechanisms, including increasing civil society and private sector participation and engagement;
- Strengthen routine HIS and streamline reporting to external partners, including on SDG3 Global Action Plan reporting, and integrating vertical data systems into the HIS;
- Increase disclosure and knowledge sharing around planned HIS funding and activities; and
- Channel funds through national institutional and financial management frameworks alongside supporting governance capacity-building.

Sample indicators are presented to enable countries to measure and monitor progress on alignment over time. These indicators should be discussed with countries, with baselines and targets tailored to the specific context.