

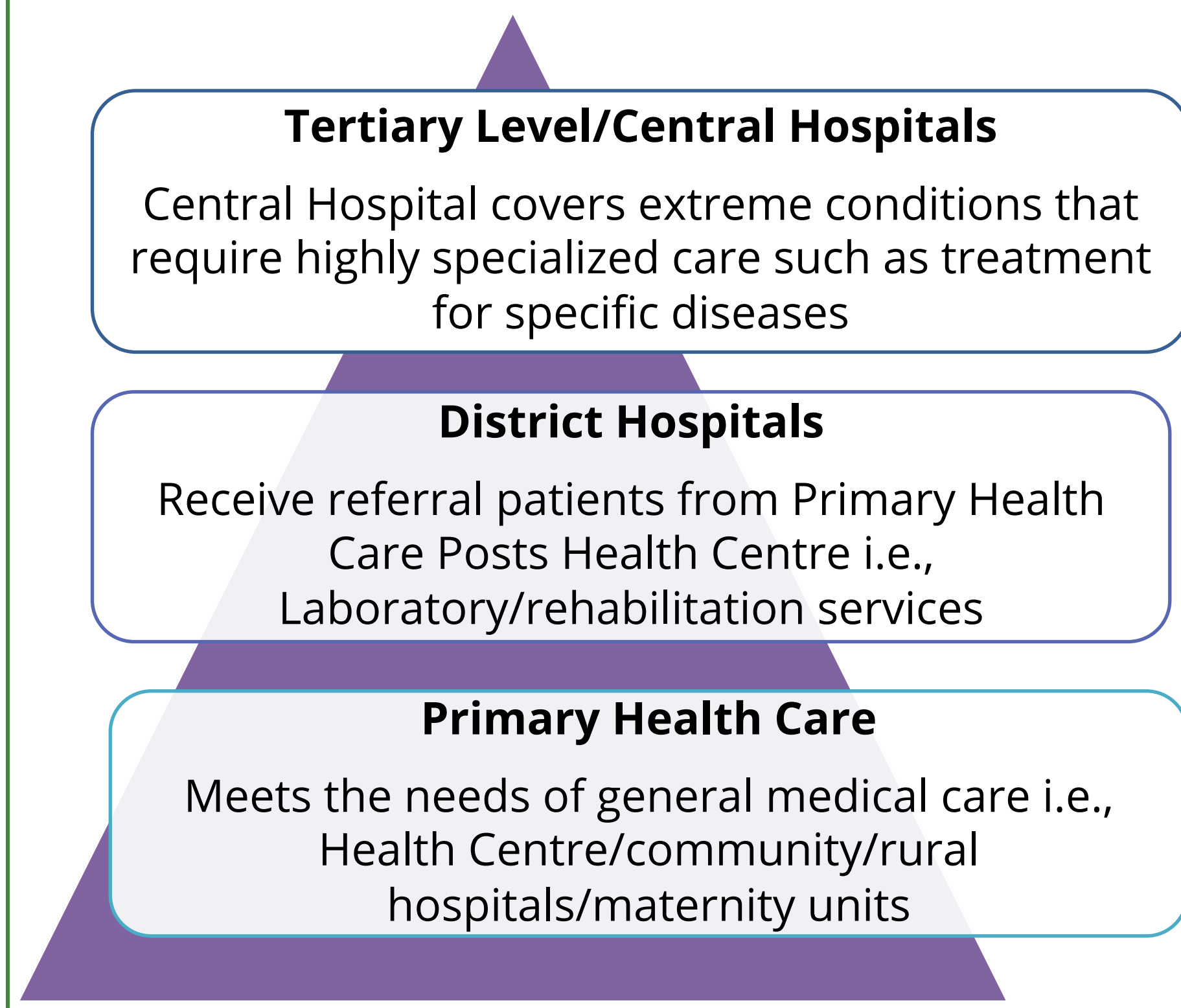


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Country Overview

Population	19, 809, 511
GDP/Capita	US\$625 (2020)
THE/Capita	US\$39 (2021)
Public health spending %GGE	32.26% (2020)
HIS spending %Public spending	US\$50 Million (2017-2022)
HIS spending %THE	Data Not Available

Organization of Health System



Why HDC?

- To improved partner coordination
- To rally partners towards similar objectives.
- To jointly leverage on resources by partners for maximum impact. MOH is largely under-resourced.
- To action unified dialogue and accountability in line with Paris declaration principles on aid effectiveness.
- To leverage on HDC TWGs to strengthen national data and M&E and assist in alignment of reporting systems.
- Rally partners towards jointly working on larger goal of improving country systems towards achieving UHC and SDG 3 targets.
- HDC provides an opportunity for ownership, alignment, harmonisation, managing for results and mutual accountability.

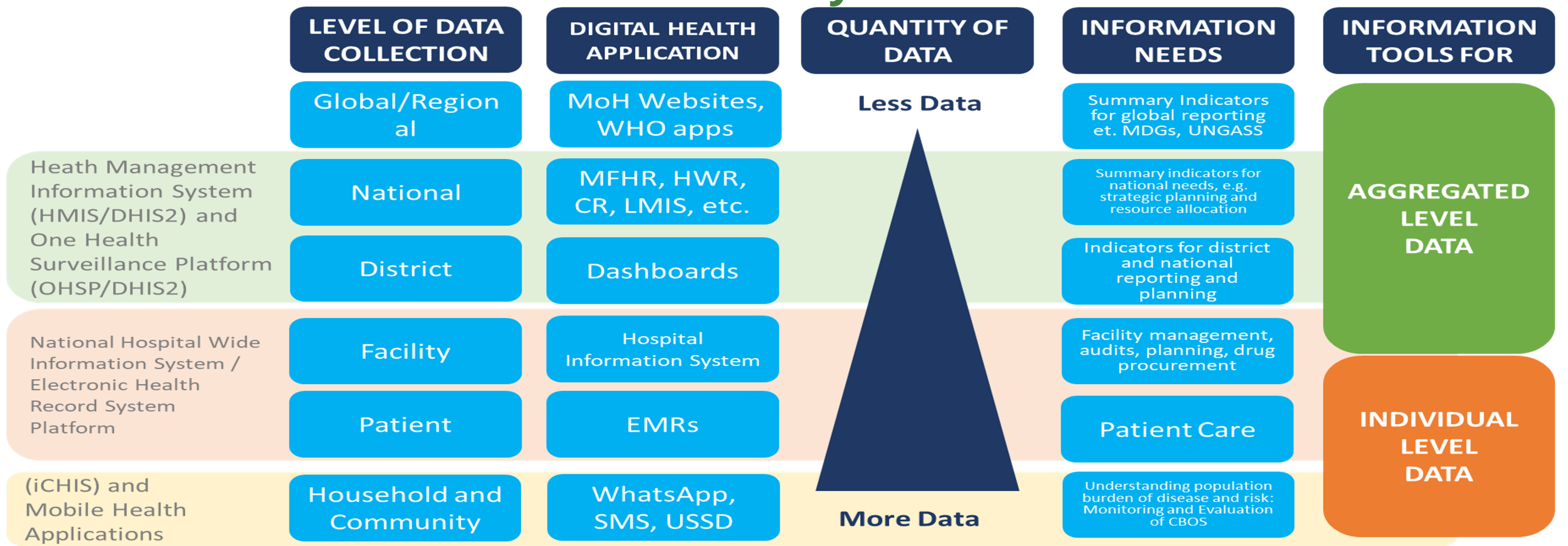
Partners supporting HDC aligned areas in Malawi

Support areas	Line ministries and partners
Civil Registration and Vital statistics (CRVS)	MOH, National Statistics Office (NSO), National Registration Bureau (NRB), National ID (UNDP, UNICEF, Plan International, Birth and death registration (CDC, UNICEF, EGPAF, St Egidio under DREAMS project) CRVs Infrastructure (UNDP, EGPAF), ICD-10 to ICD-11 transition (WHO, UNICEF, UNFPA, Momentum)
GIS	MoH, NSO, National Planning Commission, UNICEF, Department of Surveys, Malawi Red Cross, National Aids Commission, Cooper Smith, Malawi Liverpool Wellcome Trust, Malawi University of Business Applied Sciences
Digital Health	MoH, Ministry of ICT, CDC, USAID, GIZ EGPAF, Cooper Smith, UNICEF, WHO, Lastmile Health
HIS	CHISU, Palladium, USAID, PEPAR, Global Fund, GAVI, WHO

Actionable next steps/Areas of ask/Support from HDC Partners

- Partners to participate in the country joint work plan for HDC supported areas
- To maximise on HDC approach, partners need to actively participate in the TWG meetings held to identify and synergise efforts.
- Inter-exchange of information and efforts on HIS amongst its partners. It is a crucial step to prevent duplication of efforts and allow for collaboration and .
- Malawi adapted the **“one plan one budget”** initiative with aspects that are similar to the HDC approach and there is need to clarify the value add of HDC at country level and to align it with existing governance and technical platforms for effectiveness.
- Continued progress measurement of the HDC efforts in the country and improving areas where gaps are identified.
- Improve efforts in Platforms for data reviews e.g. DIPS, annual zonal performance reviews, joint Annual health sector reviews.

Overview of the Health Information System



Status of HIS (use [SCORE](#) and other reports)

Surveys	CRVS	Optimizing health service data	Review of progress and performance	Enabling data use for policy and action
3 surveys conducted in the past in 5 years	67% birth registration	75% data availability for selected indicators derived from facility data.	High quality analytical report on progress and performance of health sector strategy//plan is produced regularly	Present national health sector strategic plan and a functional research directorate for data and evidence to policy translation
100% coverage of major issues	Fully compliant ICD MCCoD used.	Standardized and fully interoperable system of electronic capture of patient level health data aggregated routine HIS	Strong capacity and national MOH for analysis and learning	Health statistics publicly available through Malawi Health Observatory and national health data portal.
Main surveys include;	Birth and death data fully exchanged electronically across all districts.	Latest data on national health expenditure partially available.	Limited involvement of public health institutes into	Presence of national M&E plans based on standards.
Malaria, DHS and STEPS	Performance indicators Monitored regularly at subnational and central levels	National human resource is in place and functional.	Existence of strong National Statistical office to draw samples, implement surveys and analyze the data.	Presence of national digital health strategy based on standards

Successes

- CRVS-GIS white paper finalized with stakeholders' and launched by Minister of Health in New York during the national CRVS TWG in July 2023.
- Annual operational plan is under development, will be shared in November 2023.
- Reconvening of partners to share progress expected in December 2023.

Bottlenecks and challenges

- Competing implementing partners interest which hinders collaborative efforts.
- HDC activities seen as parallel whilst they should be complimentary.
- Inadequate funding for direct HDC products e.g. Malawi White Paper for “directly attributable results to HDC

Lessons Learned and recommendations

- Partnerships bring synergies, new knowledge reduce waste of resources
- Working within government structures and having champions
- Government led initiatives are key to integration and identification of collaborative partners
- Linkage with the global TWGs through collaboration, knowledge sharing and global goods
- It is important to measurement and acknowledge progress.
- Visibility of HDC is crucial. The evaluation findings showed need for more country presence and vibrancy (Value addition) and how to maximize on HDC approach for the benefit of country programs.

Top 5 HIS priorities for 2024-25

HIS Domain	Domain score	Strengths
HIS Leadership and Governance	4 (Managed)	Key regulations, policies, and related standard operating procedures (SOPs) and strategies and guidelines operationalized
HIS Management and Workforce	3 (Defined)	HIS organizational chart with clear descriptions of duties and responsibilities
ICT Infrastructure and Interoperability	2 (Repeatable)	Compressive assessments and blueprints on power, connectivity, hospital wide EMRs, ICHIS interventions at the community level, and the data exchange initiatives
Data Quality and Use	3 (Defined)	Strategies in place, implementation of data reviews at national, program and district levels, periodic DQAs, data analysis and dissemination.