Health Data Collaborative

South Sudan

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Country Overview
use selected indicators, e.g.:

Population	12.4 million
GDP/Capita	US$ 1,071.78 (2015)
THE/Capita	US$ 33 (2022)
Public health spending %GGE	7.9 (201/2022)
HIS spending %Public spending	
HIS spending %THE	

Organization of Health System

Why HDC?

Why does the country want to engage with HDC ?

- **Policy and legal frameworks**; there are exist a clear long term policy framework that allows leadership to direct, delegate, monitor and control health action
- **Empowered governance (oversight)** committees and boards that support management functions at all levels
- **Management and coordination structure** exits with senior positions at national level but mid-level management positions to support program management are vacant in most cases
- A **decentralized health system**, and organizational structure for improved system effectiveness
- **Strategic Partnerships**: the partnership between the ministry of health and the private sector is not guided by policy and guidelines, resulting to existing parallel system

What are the aspirations for improvement using HDC?

- **Protect people** -encourage data sharing while protecting individual privacy
- **Prioritize equity** – by ensuring equitable distribution of benefits that arise from the use of data in health systems
- **Promote health value** – through data sharing and innovative uses of data

Partners
- The World Health Organization (WHO)
- United Nations Development Programs (UNDP)
- United Nations Children Fund (UNICEF)
- African Medical and Research Foundation (AMREF)
- Catholic Organization for Relief and Development Aid (CORDAID)
- Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)
- Center for Disease Control –US (CDC-US)
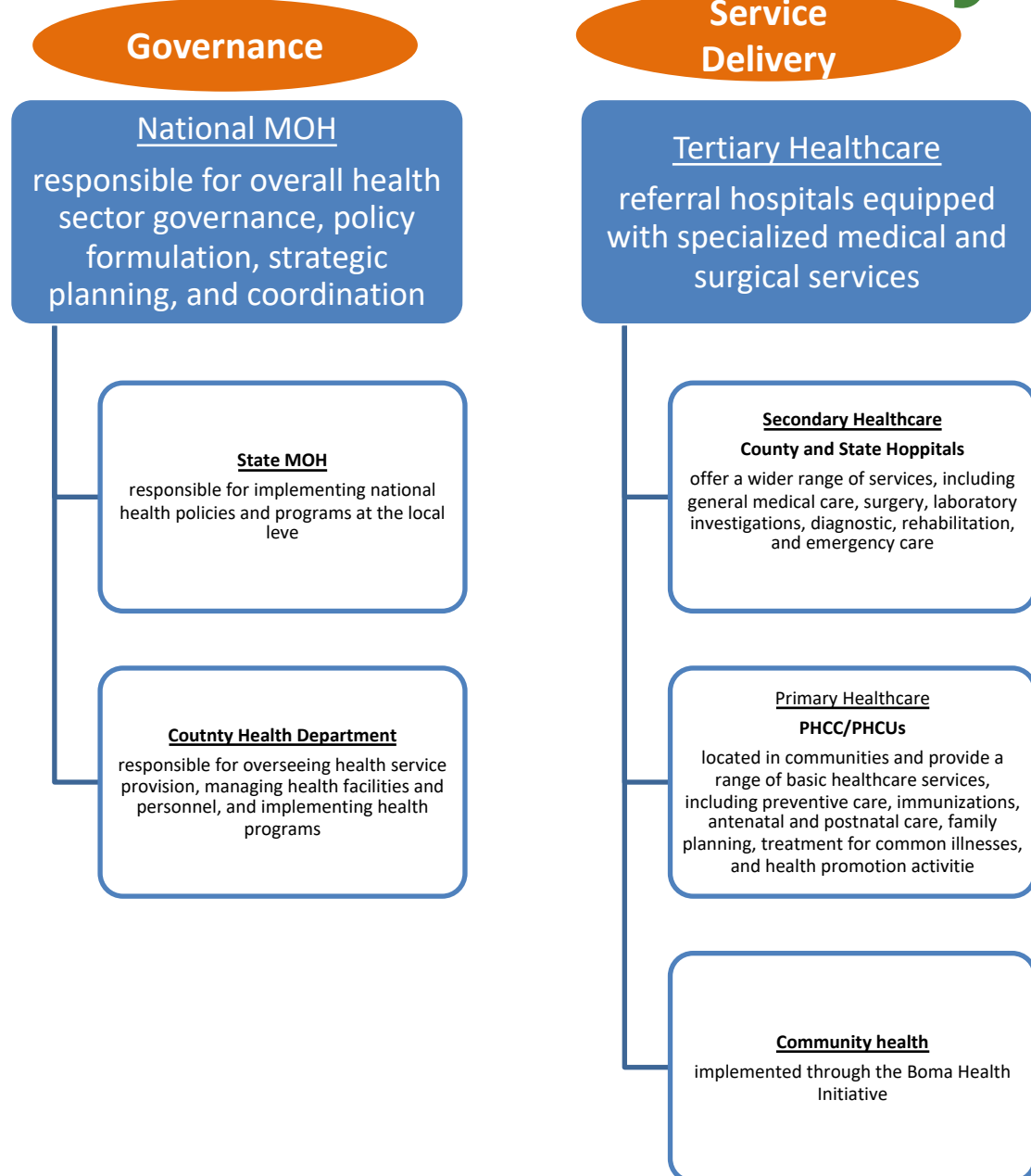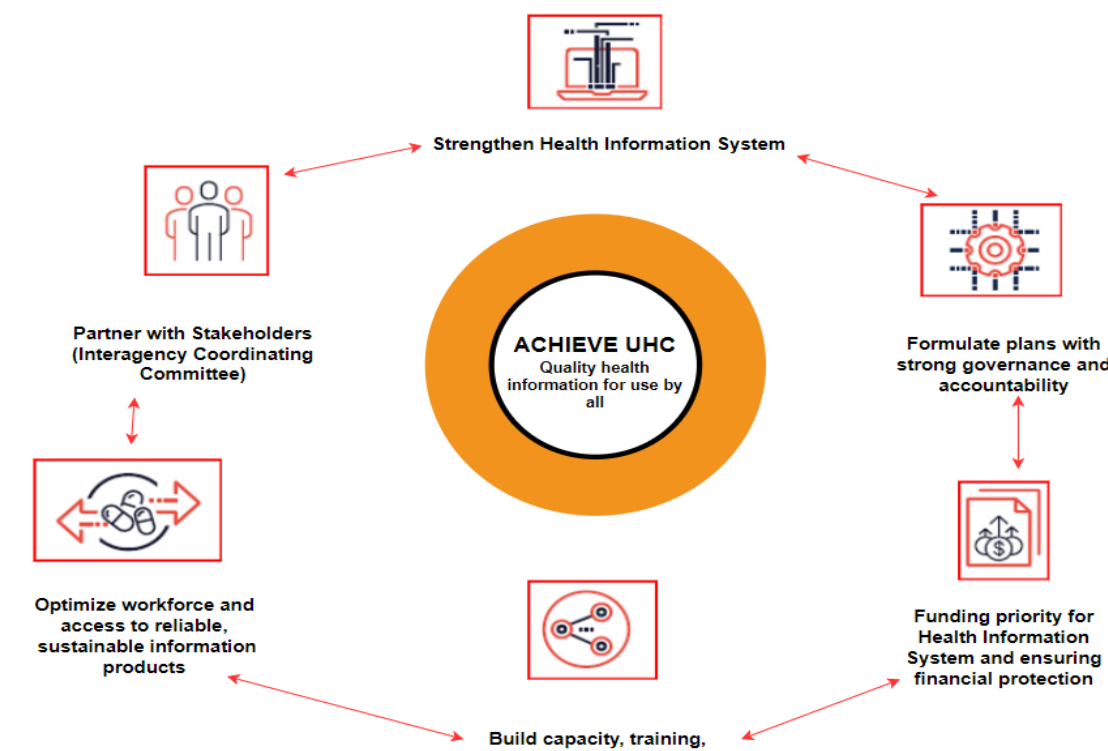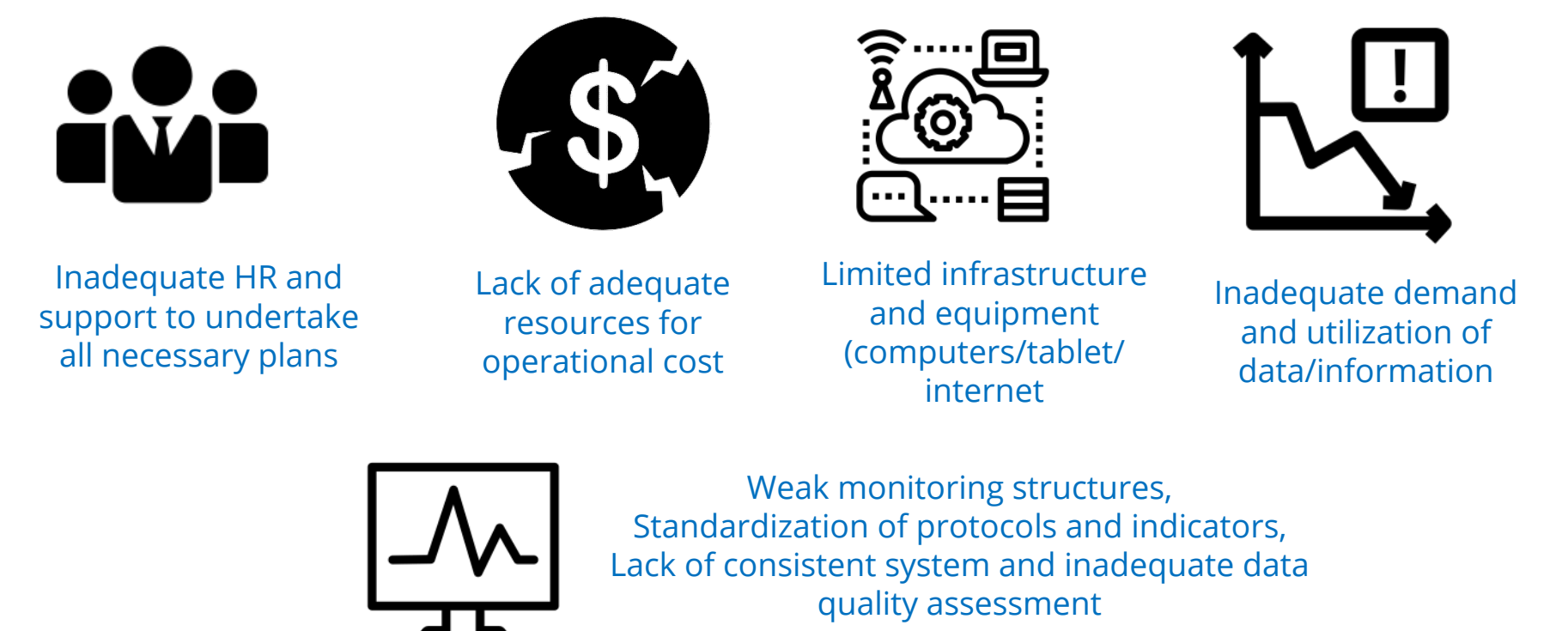
Overview of the Health Information System
- MOH in 2007 & 2010 conducted a review of the existing Health Information System by implementing partners; *existence of parallel reporting systems with duplication of efforts that affects data collection and reporting*
- Following the HMIS review, the MOH leadership recommended the '3-ones' strategy; *one database, one monitoring system, one leadership*
- In 2010, MOH adopted the DHIS1.4 *as the platform for reporting, analysis and dissemination of data for all health programs in SSD*
- In 2017, MOH established a TWG to support and facilitate the transitioning from DHIS1.4 to DHIS2
- Ongoing efforts to roll out the implementation of DHIS2 at county and health facility level
- Reviewed a 5-year (2023-2028) Health Sector Strategic Plan for health information system
- Developed a 5-year (2023-2028) Health Sector Policy for health information system
- Developed 5-year integration/interoperability HMIS roadmap
- Advocate for resources to finance the 5-year integration/interoperability HMIS roadmap
- Currently revising the indicator list to measure the health sector strategic plan
- Conducting regular data driven meetings
- Advocate for production of regular information products (Bulletins and reports) to influence program planning and decision making

Status of HIS (use SCORE and other reports)
Use this table to fill in/highlight the status of the different aspects of HIS using SCORE

Surveys	CRVS	Optimizing health service data	Review of progress and performance	Enabling data use for policy and action
Population-based health surveys	Full birth and death registration	Routine facility and community reporting system with patient monitoring	Regular analytical progress and performance reviews (of National Health Sector strategy or Plan), with equity	Data and evidence drive policy and planning
Surveillance of public health threats	Certification and reporting of causes of death	Regular system to monitor service availability, quality and effectiveness	Institutional capacity for analysis and learning	Data access and sharing
Regular population census		Health service resources: health workforce		Country-led governance of data
		Health service resources: health workforce		

How would success look like

Bottlenecks and challenges

- Inadequate HR and support to undertake all necessary plans
- Lack of adequate resources for operational cost
- Limited infrastructure and equipment (computers/tablet/ internet
- Inadequate demand and utilization of data/information
- Weak monitoring structures, Standardization of protocols and indicators, Lack of consistent system and inadequate data quality assessment

Lessons learned

Contextualization and local ownership
- Adapt HMIS to local context and involve stakeholders at all levels including government institutions, healthcare providers, and communities
- Ownership and engagement from local actors ensure that the system meets the specific needs of the country and is sustainable in the long run

Training and capacity building
- Building the capacity of health workers and other stakeholders is critical for effective HMIS implementation
- Regular refresher training sessions are also important to keep skills up to date.
- Comprehensive training programs should be conducted to ensure that users understand the purpose of the system

Integration with existing systems
- HMIS should be integrated with other existing health information systems to avoid duplication and ensure seamless data flow across different levels of the health system
- Integration facilitates data sharing, streamlines reporting processes, and improves overall data management efficiency

Recommendations
- Conduct HMIS/DHIS advocacy meetings
- Mobilize resource for the implementation of the integration of HMIS/DHIS2 plan
- Establish and strengthen HIS groups/forums
- Monitor and evaluate HMIS/DHIS2 implementation and effectiveness

Strengthen HIS Unit
- Design the structure of HMIS unit at each level
- Integrate human resources for Health information under one unit at all levels
- Establish HMIS unit at HF
- Establish HMIS/DHIS2 implementation team at state and county level

Political commitment and resource allocation
- Sustained political commitment and adequate financial resources are essential for the successful implementation and maintenance

Top 5 HIS priorities for 2024-25
1. Strengthen the health information system governance, leadership & policy frameworks
2. Strengthen the systems for generation, storage, use and transmission of HMIS data
3. Strengthen vital statistics systems
4. Strengthen health research and conduct surveys
5. Strengthen the Monitoring and evaluation institutional governance, regulatory frameworks, policies, and standards

Actionable next steps
Include the next steps and how best HDC partners can support the country
- Establish HIS steering committee at national and sub national level
- Conduct data utilization/research Information (knowledge translation and dissemination) in liaison with the relevant sector departments and programs
- Conduct operational health related research/surveys for evidence-based decision making

Opportunities
- Existing emerging technology and innovation
- Commitment of donor funding/support towards HIS