

## COUNTRY CASE STUDY

# CAMEROON

The Cameroon Health Data Collaborative (CHDC) was launched in December 2016 to address three primary challenges: 1) the existence of multiple monitoring sub-systems; 2) the lack of multi-sector coordination for monitoring; and 3) the existence of many data collection tools that often include the same variables. The consequence of these organizational, structural and institutional shortcomings was lack of relevant information for decision-making. At the launch event, the following key messages were highlighted:

- “We need to stop duplicating work”
- “We need to put resources together”
- “We are in need of high quality data”
- “We need to build a resilient routine data collection system”
- “We need to have all programmes on board”

To address these challenges, the CHDC, including partners from 31 partner organizations, four government bodies and 15 Ministry of Health (MINSANTE) divisions and units set three priorities:

- 1) greater alignment of domestic and partner investments and technical support in country-led M&E priorities
- 2) ensuring data collection processes, including effective data quality mechanisms, are in place
- 3) strengthening well-functioning data sources for tracking progress and demonstrating results of the Health Sector Strategic Plan II.

To identify gaps and overlaps in investments in monitoring and evaluation (M&E), MINSANTE mapped all investments in M&E and health information systems in Cameroon, including information at sub-national level. Almost 100 individuals from 50 partner and government agencies were contacted for inputs. This allowed MINSANTE to identify gaps in support (for example, the South, East and Center regions were under-supported) and set the stage for redirection of investments to where they are most needed.

### **Progress achieved**

*Ensuring data collection processes, including effective data quality mechanisms, are in place*

WHO, The Global Fund, Gavi, MEASURE Evaluation, John Snow Inc, and USAID recently came together to produce a data quality review toolkit that integrates tools developed by different organizations. The CHDC is now applying this toolkit for routine data quality assessments, with the result that the high-quality data needed for health sector reviews, planning, programme monitoring, quality improvement and reporting are becoming available. In particular, the CHDC used this new product to conduct a data quality review in seven districts in the West Region of Cameroon, with support from the *Gesellschaft für Internationale Zusammenarbeit (GIZ)* and Family Planning 2020. Findings from this review are expected to inform a data quality improvement plan to ensure high-quality data is available for decision makers.

*Achieving greater alignment of domestic and partner investments and collective technical support in country-led M&E priorities*

The CHDC conducted a joint health facility survey with coordinated support from the Global Fund, the World Bank Group and WHO. Conducting joint facility surveys – which involve the use of uniform definitions, data collection and analysis - streamlines the assessment of a facility’s service delivery, availability, preparedness and other measures of quality. Since multiple stakeholders are able to benefit from the data collected in one survey, there are also significant cost savings.

The CHDC also aligned partners behind standards-based health indicators following the development by Cameroon of a national reference list. These indicators were adapted from the Global Reference List of 100 Core Health Indicators, which was developed by WHO and HDC partners.

CHDC partners have agreed to use these indicators, ensuring that their data collection efforts are aligned with those of MINSANTE. The National Health Observatory, with the support of WHO and HDC partners, is preparing a report, "Tracking 100 health core indicators in Cameroon for 2017", and developing an e-portal for health data. The adoption of standard indicators will improve data quality and reduce reporting burden, which has the potential for significant cost-savings.

### *Strengthening well-functioning data sources for tracking progress and demonstrating results of the HSSP II*

Programme- and disease-specific reporting – such as case-based surveillance systems for cholera, malaria, vaccines and seasonal chemoprevention campaigns – have been progressively integrated into the District Health Information System (DHIS 2). Such integration contributes to reducing the burden of reporting and increasing the availability of data reported into the routine health information system, behind which investments can be aligned. Six CHDC partners (the US Centers for Disease Control and Prevention, the Global Fund, UNFPA, GIZ, GAVI, the Vaccine Alliance and WHO) are now collaborating with MINSANTE to develop a common approach to strengthen the implementation of DHIS2 across Cameroon.

### **Looking forward**

The CHDC has made considerable progress by aligning partners to achieve better data quality, address duplicative and parallel systems and reduce reporting burden. The CHDC is ensuring that standards-based data are collected in a streamlined fashion and made available. Benefits will include ease of evaluating progress towards the Sustainable Development Goals and Universal Health Coverage.

Government leadership, notably by the National Public Health Observatory, the Health Information Unit and the Department to Fight against Illness, Epidemics and Pandemics, is essential to the CHDC's success. In Cameroon, as in other countries that have formed Health Data Collaboratives, concrete activities, such as the harmonization of indicators, have proven to be an ideal avenue to align partner support.

Now, after two years of implementation of the HDC approach, the CHDC will organize a National Health Data Conference in June 2018 to take stock of progress and reconfirm partner commitments to CHDC priorities. During this conference they will set new priorities for the CHDC moving forward.



Launch of the Cameroon HDC