



MALAWI HEALTH DATA COLLABORATIVE MEETING

28-29 November 2017

The Ministry of Health in July 2017 published the [Health Sector Strategic Plan II 2017-2022 \(HSSP II\)](#). **The goal of the HSSP II is to move towards Universal Health Coverage (UHC) of quality, equitable and affordable quality health care with the aim of improving health status, financial risk protection and client satisfaction.**

Specifically, the HSSP II sets eight strategic objectives for Malawi's health sector – each with strategies and targets to implement by 2022:

1. Increase equitable access to and improve quality of health care services
2. Reduce environmental and social risk factors that have a direct impact on health
3. Improve the availability and quality of health infrastructure and medical equipment
4. Improve availability, retention, performance and motivation of human resources for health for effective, efficient and equitable health service delivery.
5. Improve the availability, quality and utilization of medicines and medical supplies.
6. *Generate quality information and make it accessible to all intended users for evidence-based decision-making, through standardized and harmonized tools across all programmes*
7. Improve leadership and governance across the health sector and at all levels of the health care system.
8. Increase health sector financial resources and improve efficiency in resource allocation and utilization

The **HSSP II monitoring and evaluation (M&E) national framework** is being developed to measure progress of the implementation of HSSP II strategies at all levels. To operationalize the framework, the Central Monitoring and Evaluation Division (CMED) is in the final stages of drafting the M&E/Health Information System (HIS) Strategy for the HSSP II period. This plan outlines how to monitor the HSSP II and international commitments, and will establish the basis for aligning partners' investments around a single country HIS and M&E platform.

The Ministry of Health adopted the **Health Data Collaborative approach in November 2015**, following its participation in the Summit on Measurement and Accountability for Health in June 2015. This resulted in the CMED, under the leadership of the Secretary for Health, re-establishing the M&E technical working group (TWG) with the aim of aligning national and development partner investments to one country led-M&E platform. CMED and the M&E TWG have coordinated partners and MoH efforts to strengthen the health information system. Key deliverables of the M&E TWG included a M&E and HIS assessment; a costed roadmap of M&E priority actions; and a mapping of partners' HIS/M&E Investments, among others.

Collective partner support to the CMED-led priorities has also resulted in the reconfiguration of DHIS 2, which now integrates the reporting requirements of several disease-specific programmes; and a harmonized list of 77 National Health Indicators (reduced from an initial 195) for monitoring HSSP II.

Partners of the [Malawi Health Data Collaborative](#) met on 28 November 2017 at the Golden Peacock Hotel in Lilongwe, Malawi. CMED convened this meeting to address the following objectives:

1. Present the M&E/HIS Strategy 2017-2022 for inputs and review with partners the priority actions for the short and medium term.
2. Based on the M&E/HIS priority actions, identify areas for technical and financial support from partners.
3. Discuss and identify next steps to finalize the M&E/HIS Strategy 2017-2022 and the common investment framework (investments by partners, alignment with key priorities).
4. Review technical updates on M&E priorities (successes, barriers to overcome, challenges, etc.).

Seventy-nine participants attended the meeting, representing some 20 organizations including Alliance for Public Health; BMGF; CDC; Cooper/Smith; Data for Health (Bloomberg Philanthropies); DFID; GiZ; Johns Hopkins University; Luke International; Palladium; Partners in Health; Partnership for Maternal, Newborn & Child Health; PEPFAR; Population Services International; The Global Fund; Unicef; University College London; and USAID.

Participants recognized the significant progress that CMED has made, in collaboration with Malawi HDC partners, on the M&E framework for HSSP II (e.g. the M&E/HIS Strategy and the National Health Indicators Handbook). CMED also reported that alignment of donors and programmes behind a single data platform (DHIS 2) is resulting in improved data reporting rates and timeliness of reporting across several programmes (especially in malaria, Integrated Disease Surveillance and Response (IDSR) and HIV testing and counselling (HTC)). Presentations on an assessment of HIS training needs, data triangulation projects and data use studies sparked active discussions among meeting participants.

At the conclusion of the meeting, the following next steps were agreed:

1. Finalization of the M&E/HIS Strategy (March 2018)
 - a. Costing of the strategy
 - b. Mapping of investments
 - c. Reframing of strategy to a results/outcomes approach
 - d. Governance and M&E capabilities issues addressed
 - e. Add strategy for data use at facility level
2. Development of the e-health strategy (June 2018)
3. Finalization of SOPs for data management/HIS policy implementation (June 2018)
4. Finalization of the national list of health indicators (March 2018)
5. Initiate the expansion/roll-out of integrated DHIS-2 to central hospitals (June 2018)
6. Mechanism to rationalize data sources through the metadata navigator (June 2018)
7. Initiate data use strengthening activities (systematic use of data by senior management)
8. Agreement on a data quality review approach (June 2018)

Strengthening governance, leadership and coordination of investments in M&E/HIS

As a key part of the process of finalizing the M&E/HIS Strategy, CMED and partners recognized that further support is needed to define concrete ways of strengthening governance, leadership and coordination of investments in M&E/HIS. This would include defining the full set of skills and capacities needed within CMED to take full ownership and leadership in implementing the strategy.

“The Department of Planning and Policy Development, including CMED, has worked tirelessly on HSSP II,” Secretary for Health Dan Namarika said at a meeting at the Ministry of Health with HDC partners. “In terms of now monitoring HSSP II, we certainly need to strengthen DPPD.”

To address this emerging priority, the Secretary for Health will assess various options for strengthening CMED capacity to coordinate the increasing influx of funds. The mapping of partners’ M&E/HIS investments is also critical to support the management of these funds, he said. Thus the HDC approach is providing a platform for developing country-led governance of data and of investments in data.

Mapping partners’ investments in M&E/HIS

In the weeks preceding the Malawi HDC meeting, a preliminary mapping of HIS/M&E investments was conducted, with global partners providing a short summary of their investments against the nine objectives of the draft M&E/HIS Strategy. (Note that Objective 6 of HSSP II, with the aim to “generate quality information and make it accessible to all intended users for evidence-based decision-making,” is estimated to cost approximately **USD74 million** 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, reduce duplications and eventually increase efficiencies.

Below are some findings from the mapping exercise:

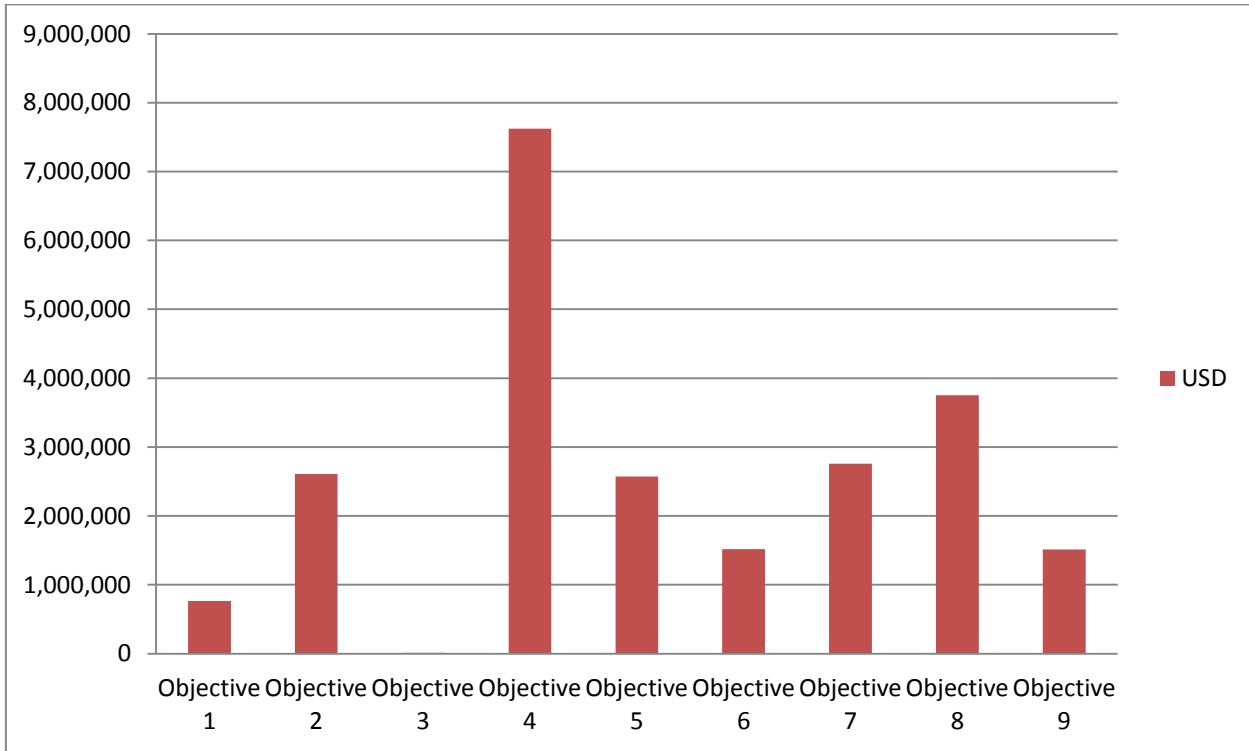
- 5 partners provided information on their investments (BMGF, D4H, GAVI, TGF, and WHO).
- Investments from the 5 partners total **USD23.1 million** through 2022, and their 82 activities were mapped against the nine objectives of the strategy and its 164 activities.
- Largest investments are in objective 5 (improve alignment of fragmented data sources around a single country-led M&E platform), objective 6 (strengthen data sources to ensure that SDG and HSSP II indicators can be measured) and objective 8 (improve availability, analysis, dissemination and use of data for decision making).

Figure 1: Preliminary mapping of M&E/HIS investments in Malawi 2017- 2022 (USD):

Strategic actions	BMGF	D4H	GAVI	TGF	WHO	TOTAL
1.To strengthen national capacity for the planning, coordination and implementation of HIS	660,000				105,809	765,809
2.To improve quantity and quality of human resources in the health sector to ensure a robust and functional M&E and HIS	2,100,000			474,349	34,000	2,608,349
3.To mobilize and increase financial resources for a sustainable HIS					10,000	10,000
4.To develop ICT infrastructure, and to promote adoption/use of ICT in the health sector	4,555,000		3,065,808			7,620,808
5.To improve alignment of fragmented data sources around a single country-led monitoring and evaluation platform	554,400	10,000		2,006,757		2,571,157
6.To strengthen data sources to ensure that SDG and HSSP 2 indicators can be measured	960,000			546,991	10,000	1,516,991
7.To improve quality and management of data and information	60,000		623,879	2,074,173		2,758,052
8.To improve availability, analysis, dissemination and use of data for decision making	1,350,000	40,000	1,221,989	1,064,405	75,214	3,751,608
9.To strengthen monitoring, evaluation and learning and evaluation within the health sector	550,000		553,563	388,878	20,000	1,512,441
TOTAL	10,789,400	50,000	5,465,239	6,555,553	255,023	23,115,215

** Note: CMED is currently gathering additional investments of other partners as well as extracting information on HIS/M&E investments from the MoH's resource tracking database.

Figure 2: Partners' investments by strategic objective of M&E/HIS Strategy (2017- 2022)



WHO, GiZ and Data for Health will work with the CMED team to expand the MoH's resource tracking database to capture investments in HIS, disaggregated by the objectives of the M&E/HIS Strategy, by the first quarter of 2018.

Way forward

During the Ministry of Health's Joint Annual Review break-out session on HMIS on 29 November, it was agreed that the HIS/M&E Strategy be finalized by March 2018 to allow adequate time for implementation.

To expedite this process, it was agreed that The Global Fund, the Bill and Melinda Gates Foundations' Kuunika Project, Data for Health, Unicef and WHO will provide support and work closely with CMED and its team to ensure that the document remains a product of team work and is therefore understood by those managing its implementation. This position was further affirmed by a follow-on CMED meeting, which further looked at how the above recommendations can be implemented to ensure that the M&E/HIS Strategy is delivered by end of March 2018.

The following next steps were agreed:

- The CMED M&E/HIS Strategy team will further work on the document the week beginning 4 December 2017 focusing on the inclusion of a comprehensive results framework, clearly highlighting key outcomes of the activities contained in the strategy highlighted during the HDC meeting and adding more content on the governance section.
- The document will again be circulated to all key partners by the end of the week. The reason for this circulation is to give the key partners another opportunity to review and provide feedback on existing gaps.
- Based on partners' feedback, CMED will then develop TORs for additional TA to organize and fund team working sessions to go through the strategy and integrate feedback received from partners.
- The TA to finalize the strategy will begin as soon as possible, and the strategy will be submitted to MoH senior management for approval by the first quarter of 2018.
- In tandem, the CMED team, supported by GiZ, Data for Health and WHO, will cost the HIS strategy, to be finalized by end of March 2018.
- On the mapping of HIS/M&E investments, WHO, GiZ and Data for Health will work with the CMED team to expand the MoH's resource tracking database to capture investments in HIS, disaggregated by the objectives of the M&E/HIS Strategy, by the first quarter of 2018.

Annex I: Meeting Agenda

DAY 1

Date : **Tuesday, 28 November 2017**
Venue : **Golden Peacock Hotel, Lilongwe**
Time : **8:00 am – 4:30 pm**

8:00	Registration Introductions	CMED Master of Ceremony
8:30	Welcome remarks	Director, DPPD
8:40	Opening remarks	Chief of Health Services
SESSION 1: M&E/HIS Strategy 2017-2022		
9:00	HSSPP II overall framework Highlights on M&E and HIS Strategy for HSSP II (situation analysis; objectives and strategic actions, highlighting priority actions based on the new HIS strategy, including gaps in priority actions identified).	Deputy Director, CMED
9:20	Plenary discussion <ul style="list-style-type: none"> • Provide inputs to the objectives and strategic actions- are they <i>"fit for purpose"</i>? • Governance structure • Roadmap (next steps) to finalize the M&E and HIS Strategy for HSSP II 	Chair
10:00	Tea break	
10:15	Discussion on common investment framework: <ul style="list-style-type: none"> • Information sharing on the major existing or planned investments in data systems – <i>what has been done, current plans</i> • Commitments by partners to align • <i>What needs to be different to ensure alignment and better coordination?</i> 	Chair Partners

11:30	Way forward and next steps	Chair Partners
12:00	Lunch break	
SESSION 2: Technical updates on key actions : successes, challenges, opportunities		
13:00	Sensitization on the HIS Policy	Deputy Director, CMED
13.20	Presentation of National Health Indicators	CMED
13:40	DHIS2 implementation update	CMED
14.00	EMR implementation update	Baobab Health Trust
14.20	Presentation of the report on HIS Training Needs Assessment	CMED
14:40	Plenary discussion: lesson from HDC to date (documenting success and lessons learnt; identify actions to overcome impediments)	Chair
15.10	Tea break	
15.25	Report on Data Triangulation Exercise	UCSF
15.45	Presentation on data use studies	Cooper/Smith
16.15	Way forward Closing remarks	CMED
16.30	Closure	

DAY 2

- Specific meetings:
 - Discussion on how to strengthen **governance mechanisms, coordination and technical capacities** with senior leadership
 - Meeting with the **Joint Annual Review team**
 - Specific discussion on how to strengthen **capacities at district level**- how technical capacities can be strengthened (CMED, HR, ...)
 - **Debriefing and operationalization of next steps**

- Discussions will be used to capture lessons from HDC to date; and to identify actions to overcome impediments.

Annex II: M&E HIS priority actions identified in the HSSP II

HSSP II objective 6: Generate quality information and make it accessible to all intended users for evidence-based decision-making, through standardized and harmonized tools across all programmes

The MoH aims to establish a strong base of high quality, routinely available data for use in decision making by technicians and policy makers in the health sector. To achieve this, a comprehensive knowledge management approach is needed in the health sector. The health sector will continue building a harmonized and coordinated national health information system with the Central Monitoring and Evaluation Department (CMED) as the national custodian. The following are the priority strategies. The MoH will also support capacity building for relevant and interested local researchers and collaboration between international and local researchers. The National Health Research Agenda will be reviewed and updated to ensure its alignment with HSSP II and a monitoring tool for its implementation will be developed.

5.6.1 Strengthen national capacity for planning, coordination and implementation of health information systems

5.6.2 Improve alignment of fragmented programmatic M&E approaches and data sources around a single country-led monitoring and evaluation platform

5.6.3 Improving data quality at all levels

5.6.4 Harmonize routine data systems

5.6.5 Enhance adoption of ICT systems and promote innovations in the use of paper-based tools for routine data management (data collection, data analysis, dissemination and use)

5.6.6 Strengthen monitoring and evaluation of HSSP II implementation

5.6.7 Strengthen expenditure analysis at national and subnational levels to monitor effective allocation of resources

5.6.8 Enhance local capacities to conduct and use research (people, skills, funding) for evidence-informed policy and practice

5.6.9 Enhance routine data and research reporting and utilization at all levels