

SGD GAP data and digital accelerator

Below are country case studies from the 2021 progress report on the implementation of the Global Action Plan for Healthy Lives and Well-being for All (GAP) from 1. [Malawi](#) and 2. [Nepal](#), published on 20 May 2021 on the WHO website.

A [two-minute video](#) is also available on the importance of data to get back on track to the [SDGs for the HLPF](#).

1. Malawi – Strengthening data for greater equity and impact in primary health care

Through its Health Sector Strategic Plan 2017-2022 (HSSP II), the Government of Malawi aims to move towards universal coverage of quality, equitable and affordable health care with the aim of improving health status, financial risk protection and client satisfaction. Developed with support from WHO and UNICEF, HSSP II includes delivery of an essential package of health services through primary health care. Recognizing the importance of data and digital tools for delivering PHC and achieving UHC, the government also has a Monitoring, Evaluation and Health Information Systems (M&E/HIS) Strategy 2017–2022 focused on tracking key HSSP II indicators and producing quality health information collected with standardized and harmonized tools across all programs to guide evidence-based decision-making. A Digital Health Strategy 2019-2022 aligned to HSSP II was developed with support from the Health Data Collaborative (HDC), which includes several GAP agencies, bilaterals, foundations and other partners.

UN agencies in Malawi are collaborating to support HSSP II implementation under a UN Joint Project, which includes the GBP £32 million *Umoyo Wathu* Health Systems Strengthening Program funded by the Government of the United Kingdom which includes the goal of improving quality of health care, service integration, governance and resilience through an integrated M&E system. Gavi and the Global Fund also support strengthening of health information systems in the country and since 2019 GFF financing has supported the expansion of reproductive, maternal, new-born and child health services.

Malawi has made significant progress in recent years in implementing the M&E/HIS Strategy through strengthening of the District Health Information System (DHIS) 2, which collects data at primary health care service delivery points. Periodic data quality

assessments and performance analyses are now being used to generate score cards and dash boards on HSSPII indicators for each district in the areas of sexual and reproductive, maternal, new-born and adolescent health, and nutrition tracer interventions. However, further effort is needed to strengthen data collection and use at the PHC level. Several different data systems and devices for collecting data are in place and need to be harmonized across facilities and integrated with DHIS 2. Additional capacity building is needed for health care providers to generate and use data to inform patient care and service delivery. Hardware upgrades are required to improve system capacity and performance. Further effort is also needed to enhance equity, for example, through the revision of primary health care data collection tools and redesign of data capture in DHIS-2 to enable age and gender disaggregation, including data on adolescents who receive services.

In June 2020, the GAP data and digital health accelerator working group and the HDC jointly initiated discussions with the Ministry of Health to explore how collaboration among GAP and HDC agencies could further support the strengthening of health information systems for PHC. The Ministry identified key support needs in the areas of digital health and data governance, infrastructure and health care worker capacity for routine data collection and reporting. Overall, the Government seeks to better leverage and align domestic and external financing to build a more horizontal and comprehensive health information system with patient-level data that is not program-specific and is deployed down to the community level. It also aims to make better use of innovation to improve data quality and invest in training to “move from data to knowledge” among health workers, especially those working in health facilities and at community level.

In December 2020, the Ministry of Health and GAP, HDC and bilateral agencies agreed to develop a country-led roadmap on partner engagement for data and digital health with a key objective of improving efficiency and alignment of partner support. They also agreed that HDC would coordinate ongoing efforts among the partners to align with the government’s plans by working through the country’s health donor coordination platform. The updated roadmap and workplan are to be finalized in consultation with partners in the first half of 2021.

Malawi’s experience with COVID-19 over the last year has further highlighted the importance of using data collected at the community level to monitor health trends, adjust responses and ensure the provision of basic health services. This experience will inform the ongoing work of the GAP, HDC and other partners to help Malawi recover from the COVID-19 pandemic, strengthen health information systems for more equitable primary health care and measure progress towards UHC and other health-related SDG targets.

2. Measuring and addressing health inequities in Nepal

Monitoring health inequalities is essential for achieving Universal Health Coverage because it enables populations that are being left behind to be identified and helps to inform equity-oriented policies, programmes and practices. Such monitoring requires various forms of disaggregated data, which are currently lacking in many countries (ref World Health Statistics 2020).

Nepal expressed early interest in receiving intensified support from GAP agencies in 2019 when the Government worked with them and other partners to develop a country roadmap and action plan setting out the country's support needs for implementation of its National Health Sector Strategy (NHSS) 2015-2020 (extended to 2021) and the 2019 National Health Policy. These are focused on improving the quality of primary health care, strengthening health information systems and improving equity of access. A new NHSS planned for 2021-2025 will reinforce these approaches. To build upon District Health Information Software 2 (DHIS-2) for health data management implemented since 2016, an Integrated Health Information Management System Roadmap for 2021-2030 has been developed outlining ways of improving health information, monitoring systems and digital health programs.

A results framework with indicators for SDG 3 and nutrition aspects of SDG 2 (zero hunger) developed to support the current and next National Health Sector Strategies in Nepal showed significant data gaps in key areas. Nepal uses routine data sources (facility-based HMIS reporting, logistics and others), vital statistics and population-based surveys to monitor health trends. However, these systems currently have significant limitations. Routine data sources cannot be interpreted at the population level. Hospital service records in the country reflect a large share of available mortality and morbidity data but quality and coverage need improvement and data from hospitals in different jurisdictions are not well linked. Vital Statistics coverage and timeliness of registration of events need to be improved and causes of death more systematically recorded. Significant investments are also needed in electronic patient records across the system.

Recent surveys have also shown discrepancies in service utilization by sex, age, education level, geography and wealth quintiles and a better understanding is needed of the overall impact of health services on morbidity and mortality by equity stratifiers. Availability of disaggregated data, data analysis capacity for equity monitoring and improved visualization and access to information are core areas requiring further work to ensure that no one is left behind.

During the last quarter of 2020, the government requested joined-up support from multilateral and bilateral agencies and other partners in the Health Data Collaborative to help tackle these health information challenges. Working across its headquarters, regional and country offices, WHO has played a key role in convening members of the GAP Data and Digital Health accelerator working group (Gavi, UNDP, UNFPA, UNICEF, WFP and WHO) and the Health Data Collaborative, all of which have worked together with the Ministry of Health to agree on three major priority areas including catalytic interventions where the partners will support strengthening health information systems in Nepal over the shorter term:

- Strengthening routine health information systems (RHIS) for UHC and other health-related SDG reporting, with focused interventions for hospital information system improvement in 22 hospitals, including standardization, medical certification of cause of death and outpatient service recording. Strengthened hospital reporting will also enable better information on patient population sub-groups and contribute to evidence-based equity analysis, planning and decision making;
- Establishment of learning centres on RHIS in all seven provinces in collaboration with academia, including targeted capacity building in the public and private sectors; and
- Strengthening health information systems and M&E coordination mechanisms at provincial level to enable better evidence-based planning and more equitable service delivery.

Over the longer term, the agencies aim to support Nepal to invest in and implement further digital solutions and mobile technology to expand coverage of health information systems, vital statistics, electronic medical records and telemedicine in order to increase health equity and accelerate progress towards UHC.