



# ASSESSING PARTNER ALIGNMENT IN SUPPORT OF THE HEALTH INFORMATION SYSTEM IN ZAMBIA



### Acknowledgements

The preparation of this publication was led by Nadege Piniel Ade (independent consultant). The report was edited by Green Ink and designed by Era Porth (independent consultant). This publication was commissioned by UNICEF for the Health Data Collaborative (HDC). Other contributors include the HDC Co-Chair, Jennifer Requejo (UNICEF), the HDC Secretariat, Mwenya Kasonde (WHO) and Craig Burgess (WHO). We would like to thank all the key informants in Zambia for sharing their time and views. We would like to thank the United States of America Centers for Disease Control for funding support.

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## Acronyms and abbreviations

<b>CBHMIS</b>	Community-Based Health Management Information System
<b>COVID-19</b>	coronavirus disease 2019
<b>CRVS</b>	civil registration and vital statistics
<b>CSO</b>	civil society organization
<b>DHIS2</b>	District Health Information System
<b>DHS</b>	Demographic and Health Survey
<b>GDP</b>	gross domestic product
<b>Global Fund</b>	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
<b>HDC</b>	Health Data Collaborative
<b>HIS</b>	health information system
<b>HRIS</b>	Human Resource Information System in Health
<b>ICT</b>	information and communications technology
<b>LMIS</b>	Logistics Management Information System
<b>M&amp;E</b>	monitoring and evaluation
<b>MoH</b>	Ministry of Health
<b>MoU</b>	memorandum of understanding
<b>MTEF</b>	medium-term expenditure framework
<b>NHSP</b>	National Health Strategic Plan
<b>SARA</b>	Service Availability and Readiness Assessment
<b>SDG</b>	Sustainable Development Goal
<b>SWAp</b>	sector-wide approach
<b>TB</b>	tuberculosis
<b>TWG</b>	Technical Working Group
<b>UHC</b>	universal health coverage
<b>UNDP</b>	United Nations Development Programme
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization



# Introduction

## Background and problem statement

The Sustainable Development Goal (SDG) Framework (2016–2030), which incorporates 17 development goals, is guiding global action and policy for world peace and prosperity (UN DESA, 2022). The SDG 3 health goal aims to ensure healthy lives and promote well-being for all ages and includes a sub-target (3.8.1) on universal health coverage (UHC). UHC means that all individuals and communities receive the health services they need without suffering financial hardship. UHC is galvanizing action at the international and national levels to strengthen health systems and improve the equitable delivery of health-care services (WHO, 2021).

The UHC goal reflects the broad lessons; health initiatives; calls for action, strategies, and policy declarations that have occurred over the past two decades. These include the primary health-care goal of ‘health for all by the year 2000’ (Hanson et al., 2022), and the rise of global health initiatives such as the World Bank’s Multi-country HIV/AIDS Program; the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the United States President’s Emergency Plan for AIDS Relief (Mwisongo & Nabyonga-Orem, 2016). At the same time, there was also growing awareness of the importance of strengthening country health systems, including health information systems (HIS), for improving population health (Witter et al., 2019).

These developments occurred within the context of key declarations such as the 2005 Paris Declaration for Aid Effectiveness, the 2008 Accra Agenda for Action, and the 2012 Busan Partnership for Development Cooperation. These declarations called for greater alignment and harmonization of development assistance for health, to make the most of strategic investments within the health sector. Evaluations of the implementation of the Paris Declaration – which had as key principles (i) ownership, (ii) alignment, (iii) harmonization, (iv) managing for results, and (v) mutual accountability – concluded that it was, first and foremost, a political agenda for action, rather than a technical set of fixes (Wood et al., 2008). These declarations were made within a broader implementation history of the sector-wide approach (SWAp) in health, which aimed at creating governance structures for joint planning, financing and implementation of health sector priorities by governments and their developing partners (Martinez-Alvarez, 2018).

To achieve UHC, strong data systems are needed. However, the 2020 global report on health data systems and capacity, revealed that almost 50 per cent of countries have limited capacity for systematic monitoring of the quality of care and only 8 per cent of reported deaths in low-income countries show causes of death (WHO, 2020). Fragmented health data systems hamper the availability and effective use of data, especially during disease outbreaks, which in turn weakens policy and resource allocation decisions in countries.

## The Health Data Collaborative

Within this broad context, the Health Data Collaborative (HDC) has undertaken an analysis of the level of alignment of partners’ technical and financial investments in HIS in selected countries in Africa. The HDC is a joint effort by multiple global health partners to work alongside countries to improve the availability, quality and use of data for local decision-making and tracking progress towards the health-related SDGs (Health Data Collaborative, 2022). This analysis was conducted in three case study countries – Zambia, Cameroon and Kenya – with two specific objectives:

1. Assess the extent to which partners’ activities in HIS are aligned or linked to the country’s national priorities.
2. Investigate whether partners synergize, link and coordinate their technical and financial activities for HIS strengthening.

The overall goal is to support national governments and their partners in the coordinating structures, strategies and procedures needed for better alignment of partners’ investments in the HIS. Zambia is one of three case study countries, as the Zambian Government, through its Ministry of Health (MoH), has adhered to the principles and working procedures of the HDC and has manifested interest in this work, given its relevance for its purposes.

This report presents the methodology adopted to assess the above objectives, including the development of the conceptual and analytical framework. It provides some background information on Zambia’s health system and social, political and economic contexts. The findings are then presented in three domains: Policy and Regulatory Alignment, Systems Alignment and Operational Alignment. The report concludes with a summary of the findings and a proposal for an alignment performance matrix. The matrix could be used to periodically review progress in the alignment of development partners’ technical and financial investments to country HIS.

**Figure 1: Key national documents and literature reviewed**



## Methodology

To assess the current level of alignment of partners' technical and financial investments in Zambia's HIS, the methodology included:

- A desk review of the literature and a review of key country documents.
- The development of a conceptual framework on alignment.
- The development of two key informant questionnaires, one for national stakeholders and another for international stakeholders.
- Key informant interviews based on the questionnaires.
- Sharing of the case study findings with country stakeholders for review and additional information.

Below is an in-depth description of these approaches.

### Literature search and desk review of country documents.

Two databases – SCOPUS and Google Scholar – were used for the literature search on alignment. Key search terms used were 'alignment', 'harmonization', 'sector-wide approach', 'the Paris Declaration', and 'aid effectiveness'. The year range used was 1999–2022. The number of articles retrieved and the number reviewed were not noted as the focus was not on conducting a systematic literature review but on obtaining and reviewing relevant documentation. Country documents were obtained from a Google search and from the website of the MoH. Major national documents were also reviewed. All articles and documents read were in English.

Figure 1 shows a list of some of the key national documents and literature that were reviewed.<sup>1</sup> This review informed the development of the alignment framework as well as the country stakeholder questionnaires.

### Development of alignment conceptual framework and stakeholder questionnaires

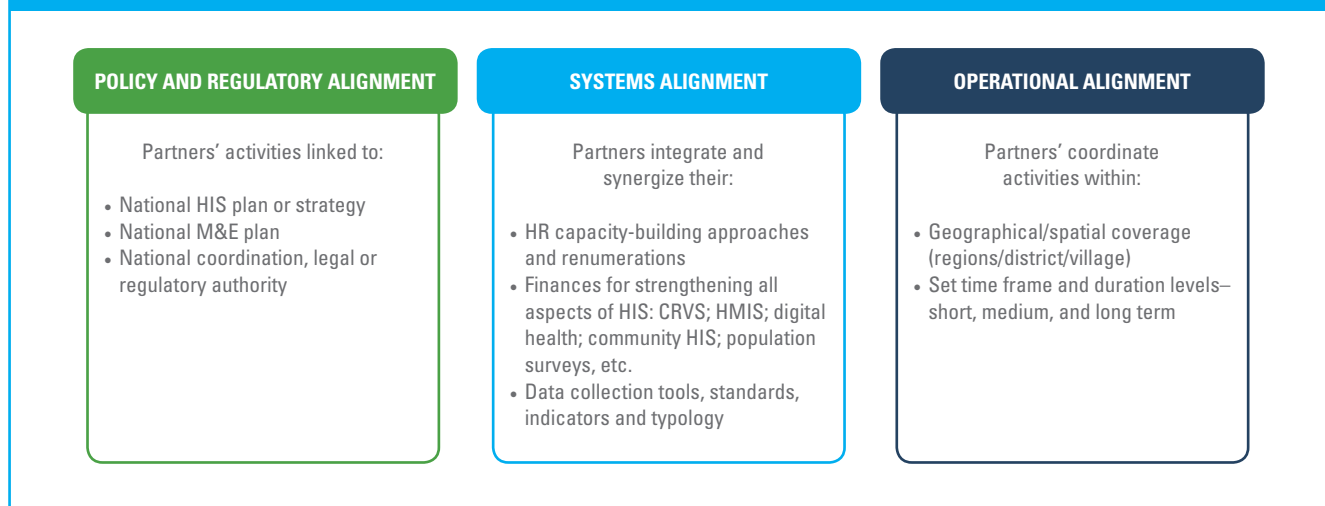
The desk and literature review identified words that are synonymous with alignment, including 'coordination', 'integration', 'synergy', 'collaboration' and 'connection'. To align is, therefore, defined as coordinating or making links to connect activities, processes and structures coherently towards a given goal. Alignment is possible when there is coordination and collaboration, transparency, trust, and mutual benefit, as well as synergy and integration of partners' inputs, activities, and processes. Alignment is described in the Paris Declaration on Aid Effectiveness as partners aligning to countries' national priorities and working within in-country government systems and procedures (Martinez-Alvarez, 2018).

Thus defined, alignment for this assessment has been conceptualized as occurring or not (or partially) in at least three domains: the policy and regulatory level, technical and financial alignment at the systems level, and the operational level. Figure Two depicts this in greater detail.

<sup>1</sup> The reference list contains the full list of reviewed documents.



Figure 2: Conceptual framework of alignment



The policy and regulatory alignment domain refers to the existence of guiding policy documents as well as partners' knowledge and regular use of or reference to these documents. It also refers to the existence of a national coordinating structure or technical working group with the mandate to lead and coordinate all the activities of actors supporting the HIS.

The systems alignment domain refers to how integrated and synergized partners' activities are, in terms of technical and financial inputs and processes, to strengthen the HIS. It includes, for example, partners conducting joint capacity-building approaches and joint HIS performance reviews, and using the same standardized data collection tools, typologies and systems. It also includes partners and government actors linking their financial contributions to support priorities in the HIS plan, either using the one-basket funding principle or through coordinated synergy in deciding which priorities will be funded by which partner.

Finally, the operational alignment domain refers to how coherent and coordinated partners are when implementing together HIS activities at the local, district, province, or national levels. This includes not only coordinated implementation at the geographical level to ensure all districts/provinces and regions benefit, but also a temporal element to ensure there is continuity and follow-up in successful initiatives.

Two open-ended questionnaires were developed, one for international partners and civil society organizations

and the other for government stakeholders.<sup>2</sup> The questions were developed in line with the conceptual framework and shared with country actors for input and revision before the in-depth interviews took place. For this specific assessment, the focus has been put on international partners, government, and non-governmental stakeholders. The private sector's role in aligning to government priorities has not been assessed as it was not an objective of this work.

### Key informant interviews

The literature review was supplemented with four key informant interviews that lasted on average 45 minutes to 1 hour. Key informants were selectively chosen for their knowledge and work in the HIS and with the help of country office focal points from UNICEF and the World Health Organization (WHO). Table 1 provides a brief profile description of the stakeholders interviewed.

## Zambia's socio-political, economic and health systems context

### Socio-political and economic context

Zambia is a country in Southern Africa with an estimated population of about 13 million people. Since 2006, the

<sup>2</sup> The questionnaires are found in Annexes 1 and 2.



**Table 1. Characteristics of key informants interviewed**

Actor	Unit/Department	Level
Senior MoH stakeholder	MoH – Research Monitoring & Evaluation	National
International partner	United States Agency for International Aid	Country office
International partner	UNICEF	Country office
International partner	WHO	Country office

**Table 2. Key human development indicators**

Indicators	Value
Life expectancy at birth (years), 2018	64.4
Infant mortality rate (per 1,000 live births), 2018	42
Under-five mortality rate (per 1,000 live births), 2018	61
Maternal mortality rate (per 100,000 live births), 2017	278
Population living below the national poverty line, all areas (%) 2019	54.4
Population with at least some secondary education (% aged 25 and older), 2019	38.5
Gender Inequality Index (GII), 2019	0.539
Employment-to-population ratio (% aged 15 and older), 2019	66.1

country has been implementing a national transformation agenda to become a prosperous middle-income country by 2030, by favouring private sector involvement in the economy (Zambia MoH, 2016). The Vision 2030 of the country identifies health as one of the priority sectors which is expected to contribute to a healthy and productive citizenry.

Zambia's gross domestic product (GDP) has grown consistently over the years; however, the impact of the coronavirus disease 2019 (COVID-19) pandemic resulted in a negative growth rate (World Bank, 2022). In 2015, the proportion of the population living below the poverty line was 54.4 per cent, although this was mostly a rural phenomenon, with 76.6 per cent of the poor living in rural areas as compared to 23.4 per cent in urban regions.

Table 2 shows some key human development indicators in the country (ZDHS, 2018; UNDP, 2022).

### Health systems context

The health sector in Zambia is made up of the central level (MoH), 10 provincial health offices from the 10 administrative provinces, 118 health districts, and statutory bodies. The public sector is the biggest provider of health services, with 90 per cent of patients seeking care in health facilities run by the Government. The performance of the Zambia health sector has shown considerable progress over the years, as seen with the achievement of the 2015 Millennium Development Goals indicators. The recent 2018 Demographic and Health Survey (DHS) has also noted significant reductions in maternal and child mortality and a decline in malaria and HIV prevalence (Zambia MoH, 2020). These improvements in health indicators showcase the emphasis that the Government of Zambia has placed on increasing coverage of preventive and curative health services to the population, as well as its strong emphasis

**Table 3. Key health sector financing indicators**

Key Health Financing Indicators	Proportion (%)
Domestic general government health expenditure, (% of general government expenditure), 2018	7.04
Current health expenditure, (% of GDP), 2019	5.31
Domestic private health expenditure (% of current health expenditure), 2018	16.35
Out-of-pocket expenditure (% of current health expenditure), 2018	10.34
External resources on health (% of total health expenditure), 2014	38.40
External health expenditure (% of current health expenditure), 2018	44.50

on enhancing community engagement in primary health-care service provision (Zambia Community Health Roadmap, 2021).

Despite the strong emphasis on health systems strengthening in Zambia’s National Health Strategic Plan (NHSP) 2017–2021, the health sector is still highly dependent on external financing and is characterized by several disease-specific initiatives. Table 3 shows that external resources on health as a percentage of total health expenditure amounted to up to 38.40 per cent in the past (Zambia MoH, 2016).

Zambia was one of the first countries in Africa to implement the sector-wide approach (SWAp) in the health sector in 1993 (Van Donge, 2007). The Government is continuously advocating for one plan, one budget, and one monitoring and evaluation (M&E) principle within the health sector.

An analysis of its implementation from 1993 to 2006 revealed that, despite strong commitment, several cooperating partners did not participate in the joint funding mechanisms and a large proportion of funds were still channelled outside of government systems (Chansa et al., 2008). In assessing its impact on efficiency, the study found that there were few improvements (though not considerable) in administrative efficiency in terms of reductions in transaction cost. With regard to technical efficiency (hospital bed occupancy rate and expenditure on drugs), there were no improvements, and allocative efficiency (degree of expenditure against budgets) only showed marginal improvements. The fact that SWAp was not fully implemented was given as a potential explanation for this outcome (Chansa et al., 2008). That notwithstanding, the importance of a very strong public

financial management, audit and accountability system may also be an element to persuade more partners to join the SWAp (Masaki, 2018).

Table 3 shows some key health systems financing indicators in Zambia (WHO Regional Office for the Africa Region, 2022; World Bank, 2022).

Zambia has many development partners working within the sector to strengthen its national HIS. Main actors include (but are not limited to): UNICEF, WHO, United States Agency for International Development (USAID), Zambia Centers for Disease Control, Clinton Health Access Initiative and the United Nations Development Programme (UNDP).

The national HIS comprises several sub-systems, including the following:

- Civil Registration and Vital Statistics (CRVS)
- Community-Based Health Management Information System (CBHMIS)
- District Health Information System (DHIS2)
- Integrated Financial Management Information System
- Human Resource Information System in Health (HRIS)
- Logistics Management Information System (LMIS)
- Zambia DHS

The next section presents the findings of the analysis on the extent to which partners’ technical and financial investments are aligned in supporting the HIS. Analysis was done by synthesizing and comparing information from the various data sources and linking these to the conceptual framework.

## Findings

### Policy and regulatory alignment

Zambia has developed strategic policy documents with clear reference to the HIS. These include the National Health Strategic Plan (NHSP) 2022–2026, which incorporates strategies and priorities for the HIS, as well as the E-health Strategy 2017–2021. The latter aims to significantly contribute to improvement of the management of the health sector and leverage service delivery for the successful implementation of electronic health (e-health) systems. There is also a National Monitoring and Evaluation (M&E) Plan with key indicators to assess the performance of the health sector as well as the implementation progress of the NHSP with which all relevant partners in the health sector can align.

The country, however, does not have an overarching national HIS policy or strategy with a vision and road map for strengthening the entire HIS. There is need for a HIS policy that lays out a vision of how to collect, process, report and use health information and knowledge to influence policy decision-making and programme activities within the health sector. This gap in health policy poses a problem in terms of how partners work within this space and align their various activities. While the costed E-health Strategy could serve as a medium to facilitate partners' technical and financial alignment towards the priorities incorporated within the strategy (Zambia MoH, 2017), digital health is only one aspect of the national HIS and does encompass the broad HIS sub-components.

One positive factor for alignment is the presence of a M&E Technical Working Group (TWG) as the national coordinating structure to enhance engagement, transparency and exchange of partners' activities within the HIS. The M&E TWG meets quarterly and advocates for all partners to work within the consolidated M&E Framework to measure the progress and performance of health sector activities and service delivery. The activities of the TWG are part of the broader SWAp in Zambia as they report to the secretariat of the SWAp policy meetings, which is a higher-level forum for key stakeholders to appraise the availability and performance, or lack thereof, of relevant policies within the health sector, and to make plans accordingly (Zambia MoH, 2020).

The SWAp meetings between the MoH and its cooperating partners occur frequently as the need arises, and they feed into the annual consultative meeting, which

is the highest coordinating structure within the health sector. The meeting includes ministerial representation, ambassadors/high commissioners, heads of bilateral development cooperation, multilateral organizations, including United Nations agencies and others, and civil society organizations (CSOs).

The extent to which the M&E TWG enables cooperating partners to share information on their HIS activities and align with each other and to the annual M&E Framework and workplan of the MoH is a point of contention. In effect, the disease-focused nature of projects within the Zambia health sector implies that this approach usually comes with stand-alone health information needs and processes that may not necessarily be integrated or aligned with the national HIS processes and priorities. In this regard, one interviewed actor stated:

*“Partner activities do have the potential to undermine the tasks of the HIS coordination structure in that their activities are usually tailored to respond to their specific programme/project objectives and goals. This leads partners to select monitoring indicators that may not be part of the National Health Strategic Plan and the National Monitoring and Evaluation Framework.”*

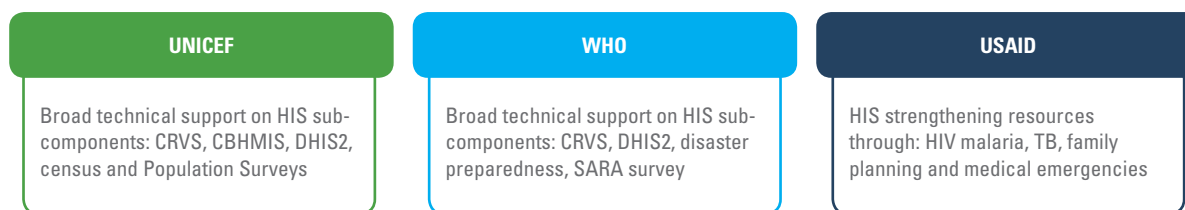
In addition, the ability of the M&E TWG to bring HIS priorities to the forefront of the agenda at SWAp policy meetings is also an important point of consideration, as the issues and policies discussed during these meetings are more likely to be taken forward or implemented. According to an interviewed actor:

*“Partners push forward their issues of interest during these policy meetings which might not necessarily include priorities on HIS activities.... There is a funding challenge, HIS may not be the priority for some Partners and if it is, they have specific elements/activities they fund, e.g., electronic system.”*

The development of a HIS policy and a signed memorandum of understanding (MoU) among all partners agreeing to support and align with the main activities in the M&E Framework would be a step forward in supporting the governance and coordination structures. The increasing presence of CSOs and the private sector in the M&E TWGs, the SWAp policy meetings and the annual consultative meeting could also leverage and propel greater alignment among partners for a stronger HIS through demands for greater accountability.



Figure 3. Partner's structural approach to HIS funding



CBHMIS, community-based health management information system; CRVS, civil registration and vital statistics; DHIS2, District Health Information System; HIS, health information system; SARA, Service Availability and Readiness Assessment; TB, tuberculosis; UNICEF, United Nations Children's Fund; USAID, United States Agency for International Development; WHO, World Health Organization

### Systems (technical and financial) alignment

In terms of technical and financial systems alignment, the Government of Zambia is advocating for the 'one plan, one budget, one M&E principle'. As such, partners are requested to pool their financial resources into one basket to fund identified priority interventions for the HIS at the national and district levels. The 'one plan' in this regard refers to the annual MoH workplan in line with the NHSP. With regard to budgeting, different cooperating partners fund the HIS in various ways (see Fig. 3).

The one budget principle, however, has not gained much ground as a large proportion of funds for the health sector is still off-budget and not recorded within the public financial management system of the country, such as the medium-term expenditure framework (MTEF). In effect, as one actor stated:

*"Different partners' funds are being channelled through different programmes and not necessarily harnessed into one basket for HIS strengthening."*

This is corroborated in the NHSP, which describes how uncoordinated financing of e-health systems by some cooperating partners and stakeholders has contributed to a proliferation of duplicate/parallel systems. The capacity of the Government to effectively advocate for the one budget principle would to a certain extent be influenced by its ability to demonstrate strong public financial, management and auditing systems and clear guidelines on how funds will be used. Partners equally have a role to play in communicating clearly through appropriate financial guidelines on how they expect the funds to be

used (or not used) to ensure the Government is supported in this regard (El Bcheraoui et al., 2018; Masaki, 2018).

In terms of technical alignment, stakeholders' perspectives on this was more positive. One actor believed there was "excellent alignment" among actors through "the use of the same tools, same indicators, same training and collaborative use of data and resources to maintain the information system." Another actor mentioned that a set of harmonized indicators was currently being developed for the CBHMIS which will be used by all cooperating partners. Synergies and links between the CBHMIS and the DHIS2 system were also being made.

There was also the perception that "Partners do strengthen coordination of HIS with financial and technical assistance. This support assists the Ministry to implement most of the planned activities." It can therefore be said that overall, the actors felt that there was a good degree of technical alignment of activities for the HIS and in line with MoH plans.

The extent to which cooperating partners collaboratively develop and organize capacity-building training support and develop HIS technical documents together was, however, not easily discernible from the discussions or the document review.

### Operational alignment

Operational alignment was assessed in terms of the joint implementation of HIS activities, perceptions (or not) of duplication of activities in geographical areas, coordinated implementation of activities between provinces and

districts, and the proportion of HIS activities implemented as per the M&E plan. While the last element could not be assessed due to lack of relevant data, there was a perception of a lack of continuity or follow-up of successful HIS initiatives that have been implemented in the past. Reference was made to the pilot mobile CBHMIS for integrated community case management (to end preventable child deaths) (Biamba et al., 2017), which was connected to the DHIS2 and deemed a successful initiative. The lack of follow-up and sharing of lessons learned on this pilot was viewed to a certain degree as a shortcoming in operational alignment, given that the initiative was not expanded or taken to scale.

This analysis was somewhat corroborated in the national document review, which characterized the health sector in Zambia as fragmented, with numerous pilot projects for information and communications technology (ICT) and HIS systems that are siloed, therefore creating significant barriers to sharing of information effectively amongst health workers.

The need for coordinated support to ensure that all 10 provinces and health districts benefit from ICT innovations for HIS was emphasized in national documents, indicating that this element of coordinated and joint implementation requires much strengthening.

As a way of enhancing cooperating partners' alignment at the systems and operational level, stakeholders suggested a few actions that need to be undertaken, including:

- Engagement of partners and stakeholders in all planning activities, including the MTEF planning.
- Engagement of partners in health sector reviews – i.e., routine performance reviews, joint annual reviews and midterm reviews of strategic plans, as well as in the evaluation of plans.
- Conducting a capacity assessment on HIS performance and gaps to be used for aligning partners' activities in HIS strengthening.
- Advocating for the Government to take on more of the financial resources needed to maintain and run the HIS efficiently.

Table 4 summarizes the findings on alignment by domains in Zambia.

## How can alignment be improved?

To support partners in better aligning their technical and financial investments for HIS, following framework (Table 5) for assessing and measuring the progress of alignment over time is proposed. The country HDC, along with the national M&E coordinating TWG could be existing mechanisms to implement this framework and support change.

The framework is a starting point to gear discussions with relevant country stakeholders to identify locally relevant and context-specific indicators that could be used to

**Table 4. Summary of findings**

<b>Policy and regulatory alignment</b>	Existence and knowledge of national policy documents	Existence and use of a national M&E plan	Existence of a national coordinating structure for HIS
	✘ ✓	✓	✓
<b>Systems alignment</b>	Conduction of joint capacity-building support	Synergizing finances for strengthening HIS	Synergizing data collection tools, processes and standards
	Unknown	✘	✘ ✓
<b>Operational alignment</b>	Coordinated implementation among districts	Coordinated implementation within set time frames	% of finances provided for HIS as per the NHSP
	✘	Unknown	Unknown

✘ Perception of poor alignment

✓ Perception of good alignment

✘✓ Mixed perceptions of good and poor alignment

measure the performance of various actors in their progress towards better alignment.

Level 1, the minimum (basic) level of alignment is a benchmark level of alignment that will need to be attained by all partners within a very short time frame, if that is not yet currently the case: 2022–2024.

Level 2, the intermediate level of alignment, comprises indicators that partners can work towards within a longer time frame (e.g., two years), with their performances scored against these set outcomes or targets if they have not yet been attained: 2022–2026.

Finally, Level 3 corresponds to an excellent level of alignment – a goal standard to be attained: 2026–2030. The indicators for the specific levels could be standardized across countries for comparison purposes or be specific to

each country’s context. These indicators will be developed in collaboration with country stakeholders, including the MoH, cooperating partners and local civil society actors.

## Limitations

The results reported in this study should be considered in light of some limitations. Only four key informant interviews were held and discussions with other major actors in the HIS space, unfortunately, did not occur. While discussions with CSOs or the private sector did not occur, this could be a future analysis that can be conducted.

That notwithstanding, its strengths include in-depth interviews of prominent actors in the HIS space, as well as a broad review of national documents. Country stakeholders had the opportunity to review the report and provide relevant inputs and revisions.



**Table 5. Progress in Alignment Over Time (2022–2030)**

Policy and regulatory alignment	
<b>Basic Level</b>	<p>Creation (or strengthening of an existing) inter-agency national coordination committee on the HIS.</p> <p>Availability of clear terms of reference for the work and organization of the committee.</p> <p>Signed MoU among partners (including CSOs and the private sector) strengthening the HIS and within the national inter-agency HIS committee.</p>
<b>Intermediary Level</b>	<p>At least 50 per cent of all partners' representatives consistently attend the national HIS inter-agency coordinating committee meetings.</p> <p>Number of CSOs and private sector actors that are present in the HIS inter-agency coordinating committee and have signed the MoU.</p>
<b>Advanced Level</b>	<p>At least 75 per cent of all partners' representatives consistently attend the HIS inter-agency coordinating committee meetings.</p> <p>Number of CSOs and private sector actors who are actively present in the HIS inter-agency committee.</p> <p>Number of recommendations of CSOs that have been followed through and implemented by the HIS inter-agency committee.</p>
Systems alignment	
<b>Basic Level</b>	<p>At least 50 per cent of all partners pledge financial or technical resources to support the implementation of priorities in the HIS as reported in the Digital Health Strategic Plan 2020–2024 and Health Sector Strategy 2016–2027.</p> <p>At least 50 per cent of all partners disclose their HIS activities (including associated budget) planned or being undertaken at the district level within relevant governance structures (HIS inter-agency coordinating committee) and processes (annual operational planning, MTEFs).</p> <p>At least 50 per cent of partners jointly conceptualize and produce HIS technical documents, processes and standards.</p>
<b>Intermediary Level</b>	<p>At least 75 per cent of all partners pledge financial or technical resources to support the implementation of priorities in the HIS as reported in the Digital Health Strategic Plan 2020–2024 and Health Sector Strategy 2016–2027.</p> <p>At least 75 per cent of all partners disclose their HIS activities (including associated budget) planned or being undertaken at the district level within relevant governance structures (HIS inter-agency coordinating committee) and processes (annual operational planning, MTEFs).</p> <p>At least 75 per cent of partners jointly conceptualize and produce HIS technical documents, processes and standards.</p>
<b>Advanced Level</b>	<p>All partners pledge financial or technical resources to support the implementation of priorities in the HIS as reported in the Digital Health Strategic Plan 2020–2024 and Health Sector Strategy 2016–2027.</p> <p>All partners disclose their HIS activities (including associated budget) planned or being undertaken at the district level within relevant governance structures (HIS inter-agency coordinating committee) and processes (annual operational planning, MTEFs).</p> <p>All partners jointly conceptualize and produce HIS technical documents, processes and standards.</p> <p>Number of capacity-building training sessions jointly conducted with CSOs and private sector participation.</p>
Operational alignment	
<b>Basic Level</b>	<p>At least 50 per cent of all partners conduct joint technical and financial implementation (with at least one other partner) of HIS activities at the national or regional/district level.</p> <p>At least 30 per cent of HIS activities planned in the NHSP or the HIS and E-health policy are jointly implemented.</p>
<b>Intermediary Level</b>	<p>At least 75 per cent of all partners conduct joint technical and financial implementation (with at least two other partners) of HIS activities at the national or regional/district level.</p> <p>At least 60 per cent of HIS activities planned in the NHSP or the HIS and E-health policy are jointly implemented.</p>
<b>Advanced Level</b>	<p>All partners conduct joint technical and financial implementation (with at least two other partners) of HIS activities at the national or regional/district level.</p> <p>At least 90 per cent of HIS activities planned in the NHSP or the HIS and E-health policy are jointly implemented.</p>

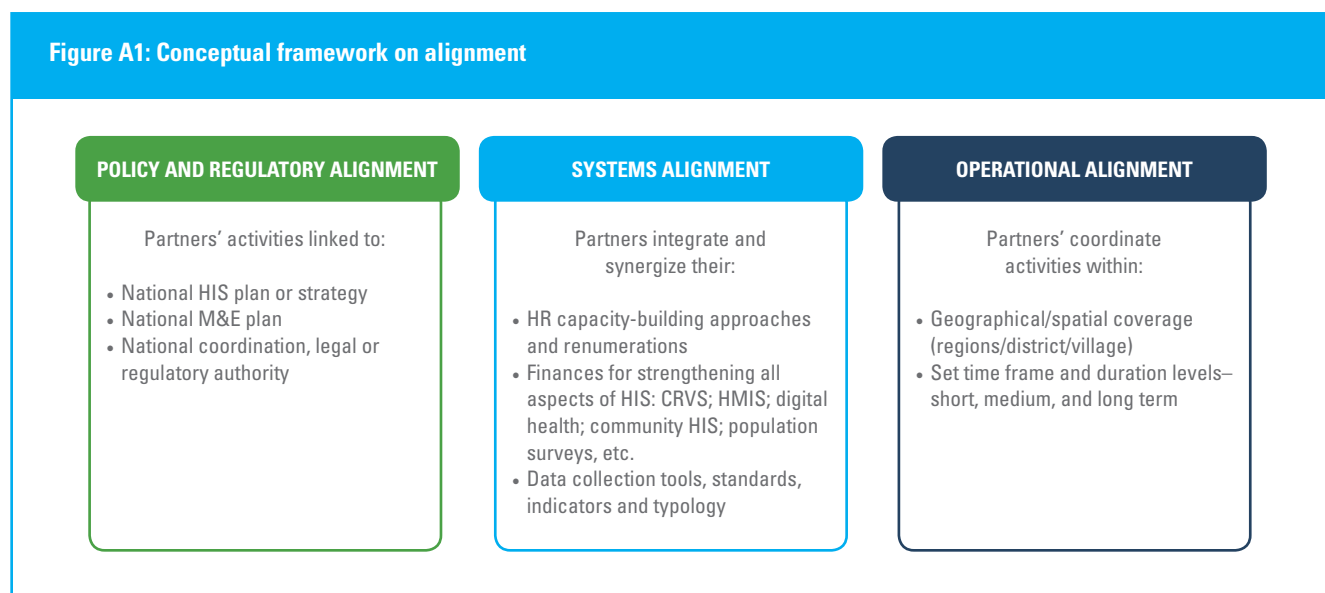
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## Annexes

### Annex 1. Partners and stakeholders working on the health information system and health data in Bangladesh

Figure A1: Conceptual framework on alignment



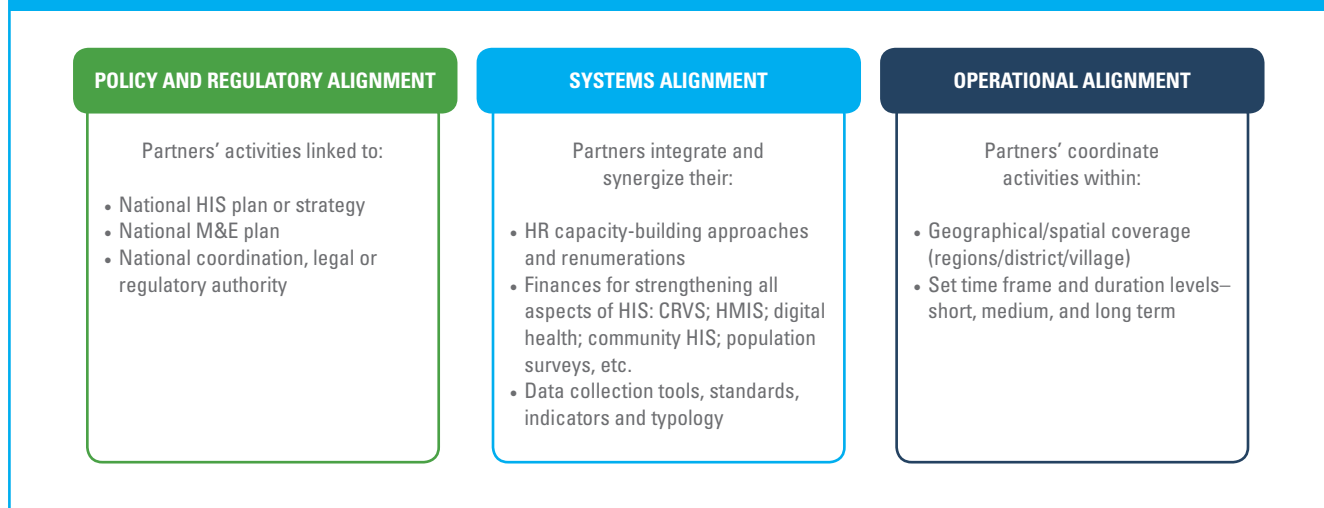
### Questions

1. What are your views and perceptions on the need for 'alignment' in activities to strengthen health information systems (HIS) in Zambia?
2. How do you define or understand alignment?
3. Is there a legal and institutional environment supporting alignment? What institutional/coordinating mechanisms are in place to facilitate alignment of partners' actions for HIS strengthening?
4. Is there a national financial framework to coordinate the finances of development partners within the health sector to fund priority interventions/activities of the NHSP (including for the HIS)?
5. Are partners' funding/finances for the HIS 'on budget' or recorded within the Medium-Term Expenditure Framework for the health sector? Alternatively, are the HIS funds recorded in the NHA or the public financial management system of the government sector?
6. How is this funding obtained and disbursed (programme of work, timeline, and procedures of disbursement)?
7. In your opinion, do partners (international and local) align with the priorities of the MoH and of counties in HIS strengthening?
8. How do partners' activities strengthen or undermine the tasks of the HIS coordinating structures/instance?
9. In your opinion, what are the main factors enabling or constraining alignment of partners' activities in HIS strengthening?
10. How could policy, systems, and operational alignment for HIS be strengthened in Zambia?



## Annex 2. Key Informant Questionnaire – Development Partners

Figure B1: Conceptual framework on alignment



### Setting the stage (introductory questions):

- What activities are you/your organization currently supporting/implementing to strengthen HIS in [country]?
- How were these activities developed? Were these activities developed with other partners and the Government? If yes, how? If not, why not?
- Are these activities part of the HIS priorities identified by the MoH?

### Policy/regulatory alignment:

- Does your organization have a strategy or a plan guiding your work on HIS and health data?
- Is your organization represented in national HIS coordination mechanisms (e.g., working groups, stakeholder forums...)?

### Systems alignment:

- Does your organization provide funding or any kind of financial support for HIS, either at national or subnational level?
- Is this funding on budget or recorded within the Medium-Term Expenditure Framework for the health sector? Alternatively, is it recorded in the NHA or the public financial management system of the government sector?
- How is this funding obtained and disbursed (programme of work, timeline and procedures of disbursement)?
- Is there a national financial framework to coordinate the finances of development partners within the health sector to fund priority interventions/activities of the NHSP?

### Operational alignment:

- Does your organization coordinate its work with other partners at national or subnational level?  
If yes, through what mechanisms and approaches?
- What are your views and perceptions on the need for 'alignment' in activities to strengthen HIS?
- In your opinion, what are the main issues that need to be addressed to ensure a stronger, more robust, and reliable HIS in the country?
- In your opinion, what are the main factors enabling or constraining the alignment of partners' activities in HIS strengthening?

### ANNEX 3: List of Key Informants

Zambia		
Brivine Sikapande	Zambia Ministry of Health, Chief, Research, Monitoring and Evaluation Officer	brivinesk@gmail.com
Solomon Kagulula	WHO Zambia Country Office, NPO, Managerial Processes & Health Development Networks	kaguluras@who.int
Nonde Chama Precious Mumbi	UNICEF Zambia Country Office Community Health Specialist Health Specialist	nchama@unicef.org phabeenzu@unicef.org
George Sinyangwe	USAID Zambia, Chief Medical Officer	gsinyangwe@usaid.gov

## **ANNEX 4: Background on HDC and Alignment Consultancy in Africa**

### **Background**

There currently exist several gaps in the way that health-care data are collected and analysed globally, regionally and nationally. For example, global health partners have developed several health facility survey tools collecting overlapping information, and many donors have invested in digital health systems that are incompatible with software used by country health ministries. Moreover, it has been found that donors request reporting on health indicators that fall outside of priorities set by health ministries.

Fragmented health data systems hamper effective use of data during disease outbreaks, which in turn weakens policy and resource allocation decisions in the country.

The Health Data Collaborative (HDC) is a UHC2030-related initiative that gathers shared knowledge and expertise to align technical and financial investments in efforts to strengthen country health information systems (HIS). HDC's mission is to provide a collaborative platform that leverages and aligns resources (at all levels) to country-owned strategies and plans for collecting, storing, analysing and using data to improve health outcomes, with a specific focus on Sustainable Development Goal (SDG) targets and communities that are left behind.

Over the next three years, between 2020 and 2023, the HDC operational workplan has evolved with a renewed focus on strengthening country capacity as well as focused collective action to support health-care data initiatives and activities at global, regional and national levels.

### **Purpose of this consultancy**

This consultancy will support the HDC in implementation of its workplan for 2020–2023. The HDC 2020–2023 operational workplan is underpinned by a country-level Theory of Change, aiming to align partners' technical and financial investments with country-driven plans.

The consultant will:

1. Undertake a desk review of the alignment status of Health Data Collaborative (HDC) partners' technical and financial investments in three countries in Africa.
2. Propose a method of measuring alignment of HDC partners' technical and financial investments in country data and monitoring for future use.
3. Identify priority issues and solutions that support governments to best coordinate and leverage partners for development, investment and implementation in data and monitoring and evaluation plans for health and civil registration and vital statistics (CRVS).

Should you have any questions about the Health Data Collaborative, please contact Dr. Mwenya Kasonde at [kasondem@who.int](mailto:kasondem@who.int).

Should you have any further questions about this consultancy, please contact Dr. Jennifer Requejo at [jrequejo@unicef.org](mailto:jrequejo@unicef.org).





