# Aligning Stakeholders for Health Information Systems Strengthening: One Step at a Time

Challenge

Implementing health information systems (HIS), whether in private or public sectors, is challenging due to many factors, including shortage of human and financial resources and leadership necessary to sustain HIS functioning. These challenges are of particular concern in developing countries where HIS and the accompanying information technology (IT) can have a huge impact on improving service delivery. Strong health information systems are the backbone of strong health systems. A properly functioning HIS gets the right information into the right hands at the right time, enabling policymakers, managers, and individual service providers to make informed choices about everything from patient care to national budgets. Strong health information systems support greater transparency and accountability by increasing access to information.

Two key challenges in Mali for full implementation of an HIS are the difficulty of taking pilot projects to scale, and a singular focus on IT or technical solutions when, in fact, a much broader approach to improve technical, behavioral, and organizational performance of the HIS is needed. For example in Mali, as in many countries, the governance and management of the HIS, including both financial and human resources and the roles and responsibilities of key contributors at each level of the health system, are equally if not more important than technical factors.

To address these issues, the USAID-funded MEASURE Evaluation project in Mali proposed a "stepwise" (or step-by-step) approach to align stakeholders implementing disparate HIS initiatives into a "network" in support of one national health management information system (HMIS) for Mali.
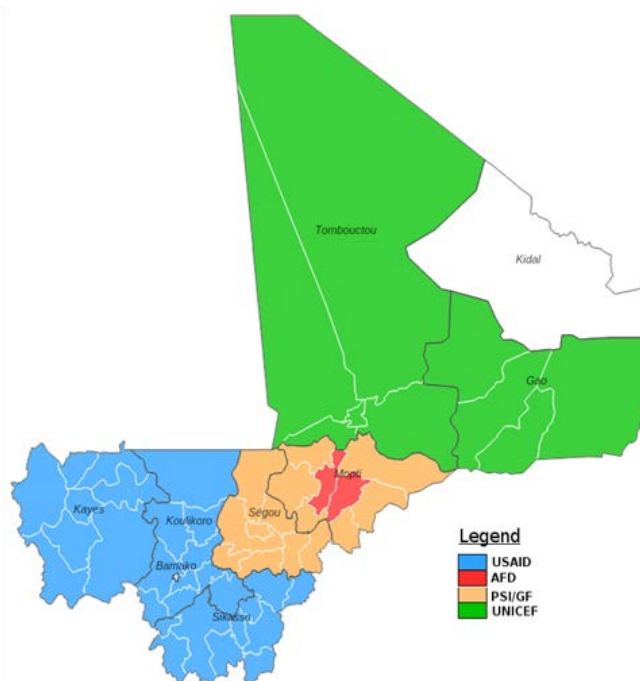
DHIS 2 Implementation coverage support by HMIS partners across health regions in Mali

Context

In 2013, MEASURE Evaluation assisted the Malian Ministry of Health (MoH) to conduct a PRISM assessment (Performance of Routine Information System Management) of its HMIS, a critical piece of the overall HIS that focuses on routine data coming from health facilities. The assessment found weaknesses and limitations in the current Microsoft Access-based stand-alone system (DESAM3). In 2014, the MoH switched to DHIS 2, which is an open source and web-based software platform for integrating health information systems. The MoH's vision is to implement this new system from the national level down to the primary healthcare facility level and to encourage data use at facilities, which are the source of data collection. The

challenge remains how to mobilize resources to implement a new system countrywide and at the health facility level—unprecedented in the country thus far.

Actions taken

There are new health systems and uncoordinated health interventions mounted by development partners in various geographical areas. To respond to this fragmented environment, MEASURE Evaluation and the MoH held talks with all stakeholders to map their interventions and to identify which partners could contribute to DHIS 2 implementation efforts—how and where. Although the stakeholders were open to dialogue, most of them were reluctant to share information about their available resources and their work plans, which meant that coordination would be difficult, if not impossible, to achieve.

For this reason, while the mapping was still ongoing, MEASURE Evaluation and the Direction Nationale de la Santé (DNS), a department within the ministry, opted to focus on better coordination among key stakeholders who already favored more coordination. They immediately engaged in talks with Population Services International (PSI), one of the primary beneficiaries of a Global Fund grant in Mali. Initially, PSI had planned to provide only equipment to health facilities but, as MEASURE Evaluation had resources for the customization of DHIS 2 and its implementation in only two of nine regions, PSI, after several rounds of negotiations, agreed to put more resources towards DHIS 2 to fill in this gap. And thus, one ally was on board.

MEASURE Evaluation then held a series of meetings with other USAID implementing partners (IPs), such as Service de Santé à Grand Impact (SSGI) and Applying Science to Strengthen and Improve Systems (ASSIST) to adjust their contributions to HIS strengthening efforts in their respective areas of intervention. It was agreed that USAID IPs will support all required interventions in Kayes, Koulikoro, Sikasso, and Bamako regions. PSI and DNS decided to continue their coordination meetings to address other HMIS-related issues, such as data harmonization and joint funding of data review meetings. Information about this informal discussion and its output was later shared with additional stakeholders, who found it compelling and expressed their willingness to join.

Results/Changes

Subsequently, instead of developing other systems or operating their activities in "silos," stakeholders agreed to work together to support a single HMIS for the country. The number of partners is now gradually growing and those involved pledge to support all HMIS strengthening efforts from the health facility level to the regional level in all health regions (except Kidal, for security reasons) and at the central level (see map).

Lessons Learned

This collaborative work is a vivid example of how small pilots or local and isolated interventions can be combined into a synergistic network of actions that are strong enough to grow and attract more backing from stakeholders.

The first attempt to collect information from all partners and to align them in this effort was resisted. The second attempt, which focused first on collaborating with key stakeholders known to favor coordination, yielded immediately a concrete result that became a powerful attractor for others. From this effort, it's clear that initial difficulties can be overcome with a new or adapted approach and also that working with natural allies first can help convert others into allies.

The challenge ahead is to follow up on stakeholders' expressions of support and help them turn words into concrete cooperation among partner interventions. For the full PRISM assessment report, in French, please click here: http://www.cpc.unc.edu/measure/resources/publications/sr-14-112-fr

References

Avgerou, C. 2008. "Information systems in developing countries: a critical research review," *Journal of Information Technology* (23:3), pp 133-146.

Braa, J., Monteiro, E., and Sahay, S. 2004. "Networks of Action: Sustainable Health Information Systems Across Developing Countries," *MIS Quarterly* (28:3) September 2004, pp 337-362.

Sahay, S., and Walsham, G. 2006. "Scaling of health information systems in India: Challenges and approaches," *Information Technology for Development* (12:3), pp 185-200.

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