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Better Health Systems Strategies that Work

A series of briefs exploring the impact of Health Systems 20/20 worldwide

Country Ownership and Strengthening Health Information Systems

WHAT IS COUNTRY OWNERSHIP?

Country ownership reflects a fundamental shift in how development work is done worldwide, as outlined in the 2005 Paris Declaration on Aid Effectiveness and, more recently, at the Fourth High Level Forum on Aid Effectiveness in Busan, Republic of Korea. The terms “country owned” and “country led” are not simply a re-branding of the development status quo, but rather signify a fundamental paradigm shift in which countries take charge of their own development. The concept of country ownership has particular relevance to health systems strengthening (HSS), which requires significant system changes, policy reform, and strong national leadership.

Under the country ownership paradigm, a government is responsible for setting its development direction, engaging stakeholders, and managing its overall development process. Instead of donors imposing their own priorities and reporting systems, they design and implement activities to align with the government’s development strategies and goals. From the country perspective, country ownership is about stakeholders buying into the government’s strategy and supporting it as opposed to donors having their own individual and parallel agendas. The figure on page 2 illustrates this significant shift.

For a government to be able play an effective leadership role, it should have the institutional capacity to develop strategies and operational plans, coordinate and align the activities of key stakeholders, implement programs or delegate their implementation to others, and provide oversight and hold

“*There has been much debate in the global health community on how best to accelerate positive health outcomes. The notion of country ownership has surfaced in many of these conversations. Country ownership is the surest way for developing countries to chart their own course of development and overcome the challenges they face in building effective and productive states... Partners have a wide range of interests that hinder them from fully embracing country-led processes. But a decisive shift has to happen now if the Millennium Development Goals (MDG) targets are to be reached. We urge all development partners to move forward in a new spirit of candour and partnership to make country ownership a reality.*”

Dr. Tedros Adhanom Ghebreyesus, Ethiopia’s Minister of Health,
from his commentary “Achieving the health MDGs: country ownership in four steps,” *The Lancet* 376 (9747), 2-8 October 2010.



implementers accountable. Governments should also make adjustments to strategies and programs based on evidence and feedback from implementers, and promote the use of health information for decision-making at all levels. These capacities exist to varying degrees in developing countries. The historical reliance on donor funding in many countries, however, coupled with the occasional lack of confidence in host-country governments to play a leadership role has resulted in many governments constantly responding to donor priorities rather than developing or exercising their own capacity to lead. The paradigm of country ownership seeks to break this cycle.

Health Systems 20/20 has focused on building these leadership capacities by institutionalizing proven tools and methodologies, engaging and facilitating decision-making with stakeholders, and using organizational development approaches to strengthen the underlying capacity of organizations to fully play their leadership roles. When Health Systems 20/20 conducts a national health account estimate, for example, the first step is to identify the key host-country counterpart, often the planning departments of the ministry of health, so the government can guide the process and develop the capacity to carry out estimates in the future. Similarly, when Health Systems 20/20 conducts a health system assessment or HIV/AIDS sustainability analysis (HAPSAT), the focus is on engaging key stakeholders from the outset, especially those in the ministry of health who will be responsible for using the results to develop strategies, set priorities, and develop implementation arrangements.

FOSTERING COUNTRY OWNERSHIP OF HEALTH INFORMATION SYSTEMS

Health Systems 20/20's most complete application of the concept of country ownership has been in the area of health information systems (HIS). HIS can be defined as "a set of components and procedures organized with the objective of generating information which will improve health care management decisions at all levels of the [entire] health system" (Lippeveld, Sauerborn, and Bodart 2000). Health Systems 20/20 described how organizational development approaches can successfully be applied to HIS in a brief published in 2009. That approach, which is based on the principles of change management, focused on the importance of having a high-level interagency body lead the change effort

and provide oversight of the implementation of national HIS strategic plans. At the regional level, for example, we assisted in the planning and facilitation of the East Africa Regional HIS Forum, which resulted in agreement on country ownership principles and action plans to ensure multi-sectoral engagement in developing a vision and process for HIS strengthening in the participating countries.

In particular, Health Systems 20/20 has worked on HIS strengthening with a country ownership lens in Nigeria, Kenya, and Namibia. Because of the scope of these activities and their relatively short timeframes, none of these examples constitutes a fully developed HIS activity using a country ownership paradigm. All of them, however, offer important insights and potential lessons about the process of fostering country ownership of HIS strengthening.

In **Nigeria**, we led a six-person interagency team to work with the Federal Ministry of Health (FMOH) to develop a country-led approach to strengthen the national HIS. The national HIS is one of eight national priorities in the National Health Sector Development Plan, but much of the focus has been on the technical side with little attention to the behavioral and institutional aspects of HIS. The Health Management Information Systems (HMIS) Branch in the FMOH, which has the national leadership role for HIS, is at the lowest level of the bureaucracy. There is no high-level interagency mechanism to coordinate the efforts of key national agencies. In addition, the lack of one harmonized indicator list results in parallel reporting systems, driven in large measure by different donor requirements.

The collaboration between the FMOH and Health Systems 20/20 resulted in an action plan that over the next three to five years should generate strong political commitment, achieve broad stakeholder participation, and result in one national plan overseen by one national coordinating body. The goal is to have timely and relevant reporting of information, align donor support with national HIS strategies and standards, and build demand and capacity to report and use health information at all levels.

Taken together, the activities outlined in the action plan are aimed at building the foundation for a country-driven HIS strengthening process and, at the same time, result in concrete improvements that will build confidence in this effort and sustain commitment. Core activities will include the creation of a coordination secretariat within the HMIS Branch, the establishment of a high-level interagency body, and the strengthening of the internal management and organizational capacity of the branch by raising its profile and providing it with the staff and resources necessary to drive implementation of the HIS strengthening process.

In **Kenya**, Health Systems 20/20 has assisted the Ministry of Health with different aspects of strengthening its national HIS since 2006. A key achievement was the development of a Master Facility List (MFL) of service delivery sites. Health Systems 20/20 also trained district health teams in more than 280 districts across the country how to use the MFL. Teams learned how to enter facility data (including location) into the MFL and how to generate lists of services available in their districts. These data provide the ministry with key information to support efforts to improve the availability and distribution of health services throughout the country. In addition, we responded to USAID's recent request for

A clinic waiting area in Nigeria.



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assistance in reviewing routine service delivery indicators, and the development and deployment of tools and methods for better data capture and reporting.

In 2011, USAID/Kenya asked Health Systems 20/20 to support only activities that were expressly included in the government's annual operating plan, which is the only true work plan for which the Ministry of Public Health and Sanitation and the Ministry of Medical Services are held responsible. USAID/Kenya recognized that a country-led approach to collaboration may take longer to see results than the previous approach of bilateral and parallel planning. Building on these efforts, USAID/Kenya recently awarded a five-year bilateral project to strengthen the HIS using a country ownership paradigm.

In **Namibia**, Health Systems 20/20 is assisting the Ministry of Health and Social Services (MOHSS) to establish a new HIS Directorate that all key stakeholders will accept. These stakeholders include internal ministry directorates, donors, and implementing partners. Currently, the ministry has numerous stand-alone information systems managed by different directorates, all of which use different software, driven in part by numerous donor requirements. To create a one-stop center for managing health information and leading the HIS, the ministry requested that USAID, through Health Systems 20/20, provide organizational development expertise to assist in developing and implementing a well-planned process to establish the directorate. Once established, this new Health Information Directorate will provide timely, quality health and health-related data and information to stakeholders.

Over the past year, we have worked with the MOHSS to create an organogram for the new directorate, and determine the list of positions and other materials required for approval from the Ministry of Finance and the Public Service Commission. In addition, we developed an action plan and timeline for establishing the new directorate through team-building, role clarification processes, and a participatory planning process. This participatory planning process began in November 2011 with the formation of a technical working group to guide the development of strategic and operational plans. When the MOHSS receives formal approval to establish the HIS Directorate, then organizational development assistance will be provided to clarify roles and responsibilities, develop operating agreements within the directorate itself, and strengthen its management capacity to lead the HIS strengthening process.

POTENTIAL CHALLENGES

Based on project experience with fostering county ownership of HIS in Nigeria, Kenya, and Namibia, we have identified six common challenges that can occur when designing and implementing country-owned HIS strengthening activities. Awareness of these potential challenges is essential for devising strategies to address them, and moving forward with the HIS strengthening process.

- 1. Conflicting priorities.** Often, donors' priorities conflict with the country's strategy and priorities. A donor may have its own set of indicators that it must report on, and these indicators may conflict with the country's indicators. In Nigeria, for example, the Ministry of Health is responsible for reporting on six different sets of indicators for malaria, an obviously burdensome requirement.
- 2. Political priorities.** All countries have their own political priorities that are sometimes at odds with technical considerations. Such political priorities play a major role in allocating resources

Health personnel weigh an infant at a rural clinic in Kenya.



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and should be taken into account when designing programs. The result might mean allocating insufficient financial resources for HIS strengthening even though it is ostensibly a priority.

- 3. Formalizing institutional roles.** In almost all situations, the ministry of health has the formal responsibility for the HIS. Yet, strengthening the HIS requires the cooperation and support of other ministries and national agencies. Aligning all these actors around a common vision and strategy often requires statutory changes (i.e., a presidential decree setting up an interministerial task force) and the skills and willingness of the ministry to play a leadership role in running the task force.
- 4. Leadership and management capacity.** Many governments lack the capacity to take a leadership role in strengthening their HIS, and it may take some time, even years, to develop that capacity. Leadership capacity in this context is the organizational capacity and will to lead a large-scale change process and includes such skills as advocacy, direction-setting, alignment of stakeholders, oversight, and ensuring accountability.
- 5. Pace of implementation.** Implementing a true country-led development program will often take longer than traditional donor-funded activities, which typically last for three to five years. Under a country ownership paradigm, implementing partners cannot proceed any faster than the pace of the government. In Namibia, for example, the formal approval to establish the HIS Directorate may take as long as six to nine months despite the fact that Health Systems 20/20 was prepared to move faster.
- 6. Responsibility for managing financial resources.** Some governments interpret country ownership to mean they will manage all of the financial resources, such as when funding is pooled. Facing constraints of their own, some donors are reluctant to channel resources directly through government mechanisms, relying instead on parallel project systems.

SHAPING A COUNTRY-OWNED HIS STRENGTHENING EFFORT

Strengthening an HIS while fostering country ownership requires a massive change process. That process can be guided by the change management paradigm developed by John Kotter, professor emeritus at Harvard Business School and best-selling author. In his 1996 book *Leading Change*, Kotter outlines eight steps aimed at moving organizations through a process of reform to achieve lasting and sustainable change (see box).

When Kotter's paradigm is applied to strengthening HIS, the steps become:

- Conduct an assessment and engage stakeholders in reviewing the findings and determining next steps.
- Establish a high-level interagency team led by the ministry of health to lead the change effort and ensure coordination.
- Support the ministry of health in developing a shared vision for strengthening the HIS and involve stakeholders to ensure buy-in.
- Strengthen coordination structures to engage stakeholders early to develop a sense of urgency for strengthening the HIS.
- Design the program to produce some immediate and tangible benefits in the first year to develop broad-based support for change.
- Build on the momentum created to induce more change.
- Institutionalize the change through local ownership, management, and leadership.

Kotter's Eight Steps for Change Management

- Increase urgency
- Create guiding team
- Get the vision right
- Communicate the vision for buy-in
- Empower others to act
- Create short term wins
- Consolidate change and produce more change
- Institutionalize change

Source: Kotter (1996)

The key principles underlying a country ownership framework – *meaningful involvement of stakeholders at all stages and at all levels, high-level leadership to guide and support the change process, and tangible benefits that build support* – can guide the change process.

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A country-owned HIS strengthening effort should focus on four elements:

- Develop an institutional framework;
- Ensure a functioning HIS department;
- Build coordination structures for stakeholder participation; and
- Involve the subnational level.

1. Develop an institutional framework

A well-functioning HIS requires an overall institutional framework that provides clear roles, responsibilities, and authorities at all levels. The institutional framework should ensure the following components are in place to strengthen the HIS:

- Political will;
- Adequate policy and legal framework;
- Leadership to drive the process;
- Clear and effective institutional arrangements at the national and subnational levels;
- Adequate resources to support a functioning HIS;
- Effective working relationships and information flow among the different levels of the HIS institutional structure (i.e., national, district, facilities, and communities);
- Incentives to motivate staff at the district and facility levels; and
- Monitoring and evaluation framework that includes feedback systems to track progress and ensure accountability.

2. Ensure a functioning HIS department

There should be a single operational unit at the national level with sufficient authority and capacity to lead the HIS transformation. Ideally because of its mandate, the HIS department of the ministry of health will lead the implementation of the country-led process. In Namibia, for example, Health Systems 20/20 is working with the MOHSS to establish a new HIS Directorate.

A focused organizational development effort over two to three years is needed to strengthen the following competencies of an HIS department so it can direct a country-led process:

- Leadership and advocacy skills to set direction, to gain political support, to align activities, and to motivate and inspire others to act;
- A clear strategy and operational plans;
- Capacity to manage human and financial resources;
- Capacity to monitor implementation;
- An effective and productive HIS team that works well together;
- Coordination skills to effectively ensure the meaningful involvement of stakeholders;
- Coordination skills to ensure stakeholder activities are aligned with national strategies and plans;
- Organizational structures and staffing levels consistent with their role and functions; and
- Technical expertise to carry out their roles.



A health worker checks the blood pressure of a woman at a family planning and maternity clinic in Kano, Nigeria.

3. Build coordination structures for stakeholder participation

Building country ownership of an HIS depends on broad stakeholder participation. Country ownership provides another rationale for stakeholder participation that says the engagement of key stakeholders in developing strategies and setting priorities is an essential aspect of aligning the activities of stakeholders with the vision and strategy. This has long been a best practice in developing organizational strategic plans. If you want stakeholders to buy in and use the strategy to inform day-to-day decision-making, then involve them meaningfully when the plan is still being developed.

Stakeholders, however, should not be lumped together as one group because they have different interests and incentives. Health Systems 20/20 has identified six key stakeholder groups to consult when strengthening an HIS. They are:

- National agencies that use health information, provide essential information, or set policy. These agencies typically include among others the statistics bureau, census bureau, and ministries of health, social welfare and finance.
- Offices of the ministry of health that are end users of health information. These are disease control offices such as HIV/AIDS, malaria, and reproductive health.
- Subnational government officials who collect the data, oversee reporting, transmit data to the next level, and analyze health information.
- Donors that provide funding, technical expertise, or other resources.
- Implementing partners contracted by donors to assist host-country governments.
- Private sector partners such as private providers, NGOs, faith-based organizations, and associations.

To engage stakeholders and align their activities with national strategies, existing coordination structures should be strengthened or new ones established and then used effectively. Coordination structures should be seen as organizational entities that need strengthening themselves to be effective. Coordination structures for HIS include the establishment of a high-level national HIS coordinating committee comprising high-level decision makers from key national agencies, an HIS technical working group at the national level composed of implementing partner to provide input into technical issues such as harmonization of indicators and information technology, and a donor coordination mechanism.

4. Involve the subnational level

Increasingly, health services in many low- and middle-income countries are being decentralized. As a result, the coordination and management structures at the subnational level also should be strengthened as part of the overall effort to improve the national HIS. This process includes strengthening capacity at the facility level as well as improving the relationship between the facility and community structures that provide health information. Subnational HIS units with clearly defined roles and functions and adequate staffing levels should be established and their capacity developed. In addition, coordination mechanisms that mirror the ones at the national level should also be established.

All four of these elements require strong expertise in organizational development and institutional analysis. The establishment or strengthening of key structures such as the HIS department and the effective engagement of stakeholders require skills in strategic planning, leadership and management development, motivation and incentives, and team building. However, because organizational development expertise is still at a nascent stage in most developing countries, these skills should be developed in the future and applied to the area of HIS strengthening.

A nurse attends to a patient at the Methodist clinic in the remote village of Kopanga, Kenya.



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FINAL THOUGHTS

The development community, specifically the health sector, is beginning to come to grips with the concept of country ownership, realizing that development is no longer business as usual. There is a growing recognition of the implications of a country-led approach in setting priorities, decision-making, the pace of implementation, and the type of technical assistance required. There is also a clear understanding of the strong link between country ownership and sustainability. If a country “owns” an effort, then it is more likely to make wise decisions that will lead to sustainability, including appropriate budget allocations. While the use of a country ownership paradigm is not without its challenges, as with any fundamental change, it is fully consistent with the goal of countries, not donors, leading the development process.

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Looking Ahead

In more than 50 countries, Health Systems 20/20 has partnered with governments and local organizations to build better health systems. We recognize that each country’s story is unique. Our staff combines expertise and flexibility to craft solutions that strengthen individual health systems and eliminate barriers to the use of priority health services, such as HIV/AIDS services, tuberculosis treatment, reproductive health services, and maternal and child health care.

At this time of global economic uncertainty, health systems need to be even more efficient and increasingly must provide more services with fewer resources. To meet these challenges and build sustainability, Health Systems 20/20 collaborates with our partners to assess their health system, identify its strengths and weaknesses, and then choose the most effective strategies and tools to build a more effective health care delivery system.

Strengthening health systems is a process, not an outcome. Since 2006, Health Systems 20/20 has worked hand-in-hand with our partners to cultivate and grow the next generation of health leaders in their countries. While each country will progress at its own pace, depending on its health care needs, resources, and leadership, our goal remains the same everywhere – healthier men, women, and children.

About the Better Health Systems: Strategies that Work Series

The Better Health Systems briefs explore Health System’s 20/20 strategies and tools, why they work, and how they contribute to better health systems. Collectively, the series will distill valuable lessons learned in an effort to share the project’s wisdom with our partners and colleagues. For more information, please visit www.healthsystems2020.org.

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About Health Systems 20/20

Health Systems 20/20 is USAID’s flagship project for strengthening health systems worldwide. By supporting countries to improve their health financing, governance, operations, and institutional capacities, Health Systems 20/20 helps eliminate barriers to the delivery and use of priority health care, such as HIV/AIDS services, tuberculosis treatment, reproductive health services, and maternal and child health care.

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