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

HEALTH DATA COLLABORATIVE

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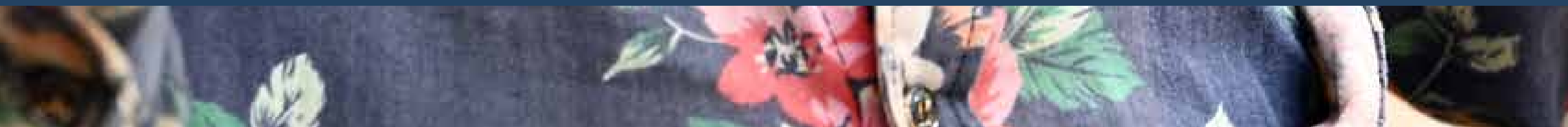
**Acknowledgements**

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 Cameroon for sharing their time and views. We would like to thank the United States of America Centers for Disease Control for funding support.



# Contents

**Acknowledgements** .......... 2

**Acronyms and abbreviations** .......... 4

**Introduction** .......... 6
- Background and problem statement .......... 6
- The Health Data Collaborative .......... 6

**Methodology** .......... 7

**Cameroon's socio-political, economic and health systems context** .......... 8
- Socio-political and economic context .......... 8

**Findings** .......... 11
- Policy and regulatory alignment .......... 11
- Systems (technical and financial) alignment .......... 12
- Operational alignment .......... 12

**How can alignment be improved?** .......... 13

**Limitations** .......... 14

**References** .......... 16

**Annexes** .......... 17
- Annex 1. Key Informant Questionnaires – Ministry of Health (MoH) .......... 17
- Annex 2. Key Informant Questionnaire – Development Partners .......... 18
- Annex 3. List of Key Informants .......... 19
- Annex 4. Background on HDC and Alignment Consultancy in Africa .......... 20

## Acronyms and abbreviations

| | |
|---|---|
| **CBHIS** | Community-Based Health Information System |
| **COVID-19** | coronavirus disease 2019 |
| **CRVS** | civil registration and vital statistics |
| **CSO** | civil society organization |
| **DHIS2** | District Health Information System |
| **eHMIS** | Electronic Health Information System |
| **FMIS** | Financial Management Information System |
| **GAVI** | Gavi, the Vaccine Alliance |
| **GDP** | gross domestic product |
| **Global Fund** | The Global Fund to Fight AIDS, Tuberculosis, and Malaria |
| **HDC** | Health Data Collaborative |
| **HIS** | health information system |
| **HRIS** | Human Resource Information System |
| **HSS** | Health Sector Strategy |
| **LMIS** | Logistics Management Information System |
| **M&E** | monitoring and evaluation |
| **MoH** | Ministry of Health |
| **MTEF** | medium-term expenditure framework |
| **NHDP** | National Health Development Plan |
| **PPP** | purchasing power parity |
| **RHIS** | Routine Health Information System |
| **SC** | Steering and Monitoring Committee |
| **SDG** | Sustainable Development Goal |
| **SNIS** | Système National d'Information Sanitaire |
| **SWAp** | sector-wide approach |
| **TB** | tuberculosis |
| **TWG** | technical working group |
| **UHC** | universal health coverage |
| **WHO** | World Health Organization |

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# 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 and 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

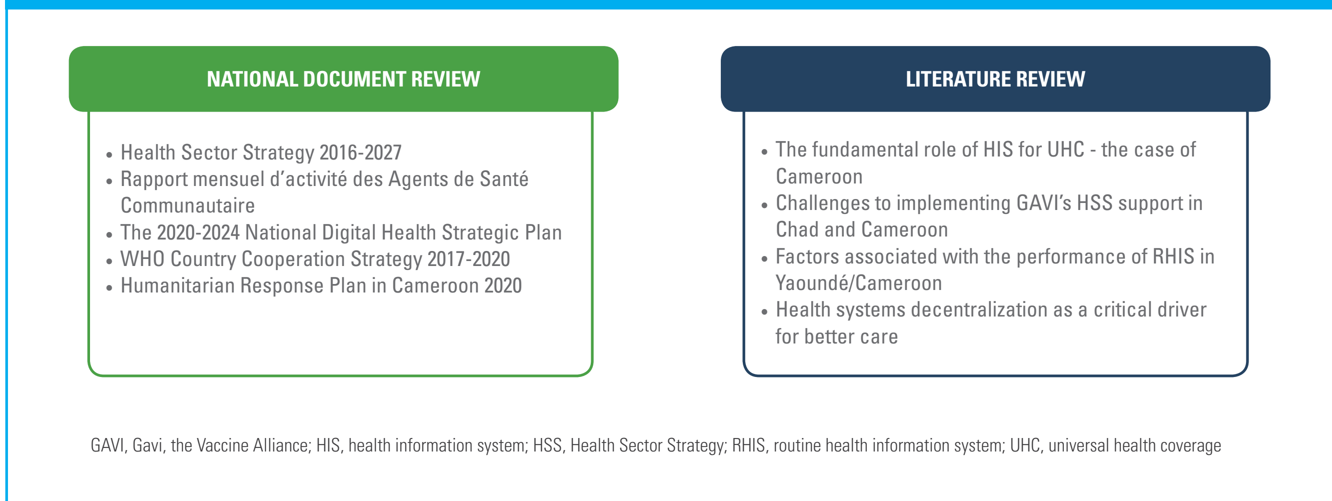
Within this broad context, the Health Data Collaborative (HDC) has undertaken an analysis of the level of alignment of partners' technical and financial investments in HIS in selected countries in Africa. The HDC is a joint effort by multiple global health partners to work alongside countries to improve 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 – Cameroon, Kenya and Zambia – 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. The Government of Cameroon, through the Ministry of Public Health, adopted the principles of the HDC in December 2016 and, as such, was deemed suitable for such a study.

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 the country's health system and Cameroon's social, political and economic context. 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**




GAVI, Gavi, the Vaccine Alliance; HIS, health information system; HSS, Health Sector Strategy; RHIS, routine health information system; UHC, universal health coverage

# Methodology

To assess the current level of alignment of partners' technical and financial investments in Cameroon'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 simply on obtaining and reviewing relevant documentation. Country documents were obtained from a Google search and the website of the Cameroon Ministry of Health. 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.[1] This review informed the development of the alignment framework as well as the country stakeholder questionnaires.

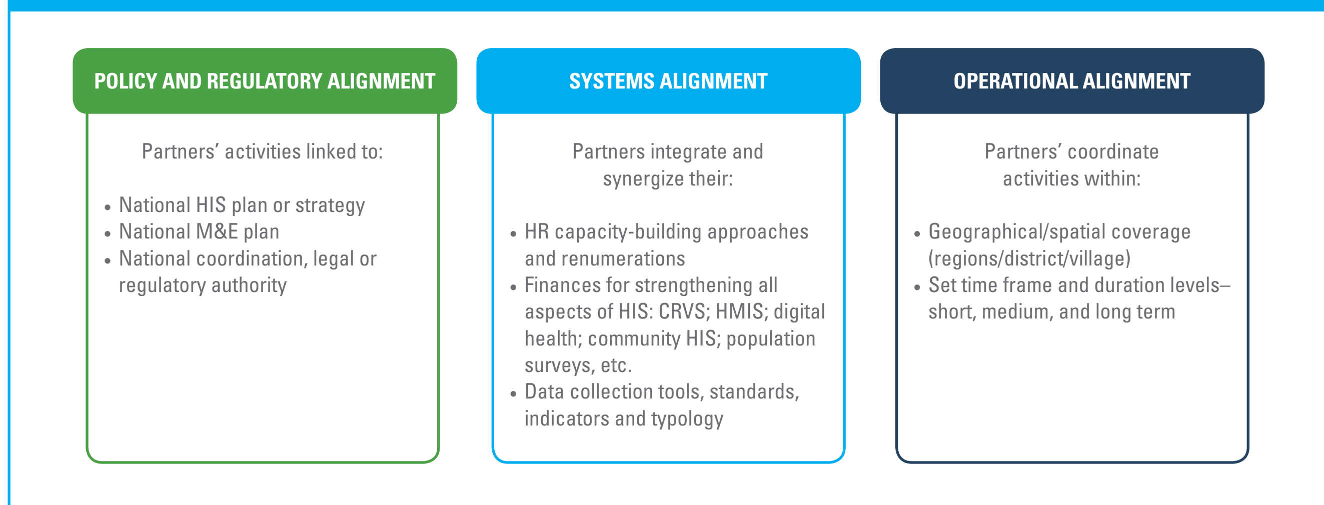
## Development of alignment conceptual framework and stakeholder questionnaires

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.

1 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 (TWG) 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. This 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, regions, or national levels. This includes note only coordinated implementation at the geographical level to ensure all districts 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 (CSOs) and the other for government stakeholders.[2] 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 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 six key informant interviews that lasted on average 45 minutes to 1 hour. Key informants were selectively chosen for their knowledge of 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.

## Cameroon socio-political, economic and health systems context

### Socio-political and economic context

Cameroon is a country in Central Africa with a population of 25 million inhabitants. The population is youthful with a

2 The questionnaires are found in Annexes 1 and 2.

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

| Actor | Unit/Department | Level |
| --- | --- | --- |
| Ministry of Health (MoH) stakeholder | National Public Health Observatory (MoH) | National |
| MoH stakeholder | Health Information Unit (MoH) | National |
| Senior MoH stakeholder | MoH Directorate for Cooperation | National |
| International partner | UNICEF | Country Office |
| International partner | WHO | Country Office |
| Local academic partner | Institute of Demographic Training and Research, University of Yaoundé | National |

**Table 2. Key human development indicators**

| Indicators | Value |
| --- | --- |
| Life expectancy at birth (years), 2019 | 59.3 |
| Infant mortality rate (per 1,000 live births), 2019 | 50.6 |
| Under-five mortality rate (per 1,000 live births), 2019 | 75 |
| Maternal mortality rate (per 100,000 live births), 2017 | 529 |
| Population living below the national poverty line, all areas (%), 2019 | 37.5 |
| Population with at least some secondary education (% aged 25 and older), 2017 | 37.3 |
| Gender Inequality Index (GII), 2017 | 0.560 |
| Employment-to-population ratio (% aged 15 and older), 2017 | 73.5 |

median age of 17.7 years (Cameroon Ministry of Health, 2016a). The country is highly endowed with rich natural resources such as oil and gas and various agricultural products. Its gross domestic product (GDP) per capita (in purchasing power parity [PPP] terms) for 2019 was $3.955 (in international dollars) which compares to an average GDP PPP per capita in the Western Africa region in 2020 of $4,203 (in international dollars) (Statistics Times, 2021). Over the years, Cameroon has gone through several crises, including the Boko Haram crisis in the far north region, the influx of refugees in the eastern region from the Central African Republic war, the secessionist demands from the north-west and south-west regions, and the current coronavirus 2019 (COVID-19) pandemic. These crises have inflicted a serious toll on livelihoods and economic stability (OCHA, 2020), with the COVID-19 pandemic affecting the availability of essential social and health-care services in the context of an already extremely fragile public health-care system (WHO, 2018).

While the decentralization process in Cameroon began over 20 years ago, the 10 administrative regions are still highly dependent on the central government for funds and the management of key resources such as human resources for health, health service provision, and data management and overall governance (Kibu, 2019). Table 2 shows some key social/human development indicators in the country (UNDP, 2022; World Bank, 2022).

## Health systems context

The health system in Cameroon is made up of three levels: the central level (MoH), intermediary (regional delegations)

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

| Key Health Financing Indicators | Proportion (%) |
| --- | --- |
| Domestic general government health expenditure (% of general government expenditure), 2018 | 1.13 |
| Current health expenditure (% of GDP), 2019 | 3.60 |
| Domestic private health expenditure (% of current health expenditure), 2018 | 85.49 |
| Out-of-pocket expenditure (% of current health expenditure), 2018 | 75.13 |
| External resources on health (% of total health expenditure), 2014 | 11.09 |
| External health expenditure (% of current health expenditure), 2018 | 8.54 |

and peripheral levels (health districts); and comprises three other sub-levels: public sub-sector, private sub-sector (for-profit and not-for-profit) and traditional sub-sector. The public health system is characterized by a huge financial deficit and high inequalities in terms of the availability of health facilities, which are densely concentrated in urban areas, with limited coverage in rural areas (Cameroon Ministry of Health, 2016b). Table 3 shows some key health systems financing indicators (WHO Regional Office for Africa, 2022; World Bank, 2022).

Cameroon's HIS, known as the Système National d'Information Sanitaire (SNIS), comprises many sub-systems, including:

- Community-Based Health Information System (CBHIS)
- Civil Registration and Vital Statistics (CRVS)
- Electronic Health Management Information System (eHMIS)
- District Health Information Systems 2 (DHIS2)
- Financial Management Information System (FMIS)
- Human Resource Information System (HRIS)
- Logistics Management Information System (LMIS)
- Surveillance System.

The web-based DHIS2 system which was adopted in 2012 is the national platform for data management in the country (Asah & Nielson, 2016). Full implementation of the DHIS2 system in Cameroon is, however, still in progress due to many challenges, including a lack of widespread infrastructure (computers) and human resource training in its use.

Tamfon et al. (2020) conducted a cross-sectional descriptive study of 111 health facilities in 6 health districts in Yaoundé to identify gaps and weaknesses in the routine health information system (RHIS). The study revealed that the sub-domains of the RHIS – management and governance; data and decision support needs; data collection and processing; and data analysis, dissemination and use – were only adequately functioning at very low rates (5 to 25 per cent at most).

A follow-up study to identify the potential factors of this low performance showed that the lack of well-trained staff in data management and limited regular supervision and feedback reviews were aspects that contributed to this outcome. This was compounded by irregular internet availability in health districts and the lack of a computer-literate person in charge of data management in the health facilities. The study concluded that emphasis (e.g., technical and financial investments) should be on training staff on basic computer use, planning, data analysis and management, data use, and interpretation. The study found that attention is also needed to establishing regular supervision and feedback mechanisms for health facilities, as well as improving the availability of functional computers and regular internet service (Nguefack-Tsague et al., 2020).

Cameroon has many development partners working within the sector to strengthen its national HIS. Main actors include (but are not limited to): WHO; UNICEF; the Global Fund; Gavi, the Vaccine Alliance (GAVI); and the World Bank.

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

The findings at this level reveal the existence of some key national policy documents for the HIS in Cameroon:

- National Strategic Plan for Digital Health 2020–2024
- Health Sector Strategy (HSS) 2016–2027
- National Health Development Plan (NHDP) 2016–2020
- Integrated Monitoring and Evaluation Plan 2016–2020
- Other national strategies currently being developed include:
- Standard operating procedures for the HIS, such as the unique patient identifier
- Integrated community health monitoring plans/tools

While there is a national strategic plan for digital health, it should be noted that there is no specific policy or strategy for the broad HIS. The two partners interviewed (WHO and UNICEF) reported aligning their HIS activities to national priorities. For example, UNICEF's financial and technical support for community HIS stemmed from a national gap identified three to four years ago and a resulting road map of activities that was developed by the Cameroon MoH. In effect, the NHDP 2016–2020 had 'strengthening supervision and community participation in health' as one of its priorities (Cameroon Ministry of Health, 2016a).
WHO mentioned aligning their support to the priorities in the country's 2020–2024 National Strategic Plan for Digital Health. However, discussions with a national academic actor raised critical concerns regarding the national priority-setting process and the extent to which these priorities were indeed locally inspired and reflected the needs of the local population rather than development partners' line of activities and development goals.

When questioned about whether they thought partners aligned their HIS activities with national priorities, the response given by the national academic actor was:

> *"Maybe but whose priorities are these? Who defined these priorities in the first place? Do they reflect the needs/priorities of the local population? The hand that finances is the one that decides".*

This raises questions about the alignment agenda – and whether country priorities are arrived at through a truly inclusive and consultative process. It also raises questions about the extent to which national actors have the space and capacity to represent the views of local populations in decision-making spaces, and the extent to which these local priorities may take precedence over development partners' line of activities and the programmes they fund.

In terms of a national coordinating instance or structure specifically for the HIS, partners, as well as national actors, were unclear in designating one structure, leaving questions as to whether such a coordinating structure exists. The HDC was mentioned by one partner, who also spoke of the National Institute of Statistics as having leadership over national data but not coordinating the various HIS activities of partners. One actor mentioned la DCOOP (The Directorate of Cooperation) as having the mandate to coordinate the activities of all partners, whether related to HIS or not. However, the extent to which la DCOOP coordinated the work of partners was questioned as – according to this actor – not all partners consistently worked through la DCOOP, with some bypassing it and working directly with some MoH departments.

One of the reasons given for this was the affinity or working habits that some partners have developed over time with some actors within specific MoH departments. La Direction de Lutte Contre la Maladie (The Directorate for Disease Control) was a case in point: actors within this department were often highly skilled and already had long-standing relationships with some international partners, thus resulting in the latter not presenting their activities to la DCOOP and instead directly working with this department. The existence and functionality of a coordinating structure for all HIS activities in Cameroon are therefore questionable.

The NHDP 2016–2020, on the other hand, describes the existence of a Steering and Monitoring Committee (SC) for the HSS. The SC was conceptualized as an inter-ministerial committee chaired by the Minister of Public Health. It was responsible for the strategic coordination of implementation of the NHDP and to ensure that there is synergy and coherence between the different stakeholders – including the MoH, partner ministries and technical financial partners – in the actions taken during implementation. It also aimed to ensure that health sector resources (especially that of the MoH) are aligned with the HSS priorities.

The SC was the relevant entity for coordinating all activities and finances of partners. Detailed information on the frequency of meetings, constituency participation (CSOs

and private sector representatives) in meetings, and the effective functionality of this committee is unknown. It was not mentioned by any of the stakeholders, raising doubts about its effectiveness.

The fact that this committee was to be chaired by the Minister of Health himself suggests that strategies around coordination of partners' technical and financial resources for health are highly political. In effect, the 2016–2027 HSS, which aims to accelerate UHC in Cameroon, documents that, due to gaps in legislation and regulation (e.g., absence of a public health code), only two development partners who were involved in the SWAp since 2011 have continued in this process, demonstrating that political commitment towards implementation of the SWAp was insufficient (MoH, 2016b).

According to Martinez-Alvarez (2018), SWAp is usually associated with:

- delivering aid as budget support and basket funds;
- supporting partner ownership and country systems; and
- improving development partners' coordination and lowering the transaction costs of aid.

One can question whether the difficulties of SWAp implementation in Cameroon may mirror difficulties in coordinating the technical and financial investments of partners for the HIS. The importance of a strong public financial management and accountability system, as well as strong political will, are factors that would certainly be key in supporting both the SWAp and the coordination of the partners' investments in the HIS (El Bcheraoui et al., 2018).

## Systems (technical and financial) alignment

In Cameroon, partners provide financial and technical support to the HIS in various ways. UNICEF, for example, provides HIS support through its specific programmes like immunization, integrated community case management, and specifically, the community HIS. Support to the latter involves developing an integrated and harmonized set of tools for health monitoring at community level, such as the rapport mensuel communautaire/des centres de santés intégrés et assimilés (community monthly report of integrated and similar health centres). This tool is approved at the national level as the only data collection tool to be used by all community health workers and health facilities.

WHO, on their part, mainly provides technical support to the broad sub-components of the HIS such as the CRVS and DHIS2, and the development of key policies and strategies to monitor the performance of the RHIS. Discussions with all stakeholders confirmed the progress that has been made over the years in strengthening the DHIS2 system, even though much work still needs to be done in the expansion of its coverage. One stakeholder noted:

> *"In recent years, great progress has been made on the HIS, which, however, still needs to be expanded through meetings of technical and financial partners, coordination bodies, joint evaluation missions in the field, and supervision… [i]ncluding performance reviews of the health system and the HIS."*

Despite these joint technical efforts on the DHIS2 and the community HIS, stakeholders also noted that there were occasions when some partners would implement a data collection tool within health facilities in health districts with no prior approval from the central ministry and with little link to overall HIS architecture. Another challenge is the lack of harmonized data collection tools for certain vertical programmes such as immunization, which compounded the problem of having many non-interrelated parallel information sub-systems often set up by individual development partners.

Concerning financial resources, both WHO and UNICEF country office stakeholders mentioned having a specific budget for the HIS for a given period. Partners expressed varying perspectives on the level of financial alignment for the HIS. While UNICEF country actors mentioned being aware of and notifying other partners of their available resources for the medium term and coordinating these with local organizations, WHO and MoH stakeholders felt that, in general, there was a lack of integration and harmonization of financial and technical support (particularly, capacity-strengthening resources) for the HIS.

Two reasons were suggested as potential causes for this low level of integration. The first is that partners each have specific domains of interest and different planning cycles. Also, the different directorates of the MoH present their annual work plans separately to partners for financing. Without a collective approach or a unified MoH workplan, various directorates are unable to determine which strategies of their work plans might have been presented by other directorates to partners. This lack of internal

alignment could also be a foundation or a factor for poor external alignment.

The second reason suggested is the culture of poor information sharing among departments within the MoH. It has been hypothesized in the literature that this is a deliberate strategy on the part of these directorates as a method to control the flow of information and scarce resources (Asah & Nielson, 2016).

There is a need for one common annual MoH work plan or a common platform where the different directorates of the MoH can come together to present their plans to partners. The latter can then decide which specific activities they fund could be a potential way forward for greater coordination and alignment for the HIS. Partners have a key role to play in coordinating amongst themselves to ensure that they do not fund the same activities. They can do so by being transparent with one other and with the MoH regarding their planned activities and available funds. One government actor interviewed mentioned that partner funds were often 'off-budget' and not recorded within the public financial management systems (medium-term expenditure framework, annual work plans) of the country. To address this problem, the Cameroonian Government should be supported to improve budget transparency so that development partners can better align their funding support to gap areas. Alternatively, the Government can establish a joint financial management system through contracting with a private fiduciary agency with a track record of accountability and transparency in financial management, as was done in the Democratic Republic of the Congo (Ntembwa & Van Lerberghe, 2015).

## Operational alignment

In terms of operational alignment, the actors interviewed stated that it was not uncommon to find many international consultants doing the same work at the local or national level for different organizations. The lack of coordination at the strategic/regulatory level led to this duplication and waste of resources at the operational level. The same was the case for capacity-building approaches, where one could find two different partners organizing capacity-building sessions on the same theme separately and through different government structures. For example, for the surveillance of genomic and epidemiological data, the Centers for Disease Control and WHO have separately organized similar capacity-building training sessions through different structures, one with l'Observatoire National de Santé Publique and the other with le Laboratoire de Santé Publique.

UNICEF appears to have a list of specific health districts it works in and shares this information with the MoH and other partners to avoid duplication in activities. Whether this works to reduce duplication on the ground and to bring about harmonization of resources for the HIS is worth further examining. UNICEF also spearheaded a partners' stakeholder conference in August 2021 in collaboration with the MoH to develop a standardized and harmonized Rapport Mensuel d'Activité Communautaire (monthly community activity report) to ensure all partners collect and use a unified set of data indicators at the community level. This community tool is currently being digitalized.

Table 4 summarizes these findings on alignment by domains in Cameroon.

### Table 4. Summary of findings

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

✗ Perception of poor alignment ✓ Perception of good alignment ✗✓ Mixed perceptions of good and poor alignment

## How can alignment be improved?

To support partners in better aligning their technical and financial investments for HIS in Cameroon, a framework is proposed for assessing and measuring the progress of alignment over time. The country HDC, along with the national monitoring and evaluation (M&E) coordinating TWG could be existing mechanisms to implement this framework and support change.
Table 5 describes a framework that can serve as a starting point to gear discussions with relevant country stakeholders to identify locally relevant and context-specific indicators. These indicators could be used to measure the performance of various actors in their progress towards better alignment.

The Level 1, 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 (for example, one year) if that is not yet currently the case.

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

Finally, Level 3 corresponds to an excellent level of alignment – a goal standard to be attained (e.g., three-year time frame).

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 and county/local actors, CSOs and academic stakeholders.

## Limitations

The results reported in this study should be considered in light of some limitations that may affect the interpretation of the key findings. Only a few development partners were interviewed and discussions with other major funders of the HIS, unfortunately, did not occur. Scheduling interviews was challenging given that stakeholders were focusing on pandemic response measures. Also, discussions with a faith-based organization or a CSO working to strengthen the HIS did not occur, nor was it possible to have a discussion with a stakeholder from the private sector. A future study could address this aspect.

However, the strengths of this review 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 | |
|---|---|
| **Basic Level** | Creation (or strengthening of an existing) inter-agency national coordination committee on the HIS.<br>Availability of clear terms of reference for the work and organization of the committee.<br>Signed memorandum of understanding among partners (including CSOs and the private sector) strengthening the HIS, and within the national inter-agency HIS committee. |
| **Intermediary Level** | At least 50 per cent of all partners' representatives consistently attend the national HIS inter-agency coordinating committee meetings.<br>Number of CSOs and private sector actors that are present in HIS inter-agency coordinating committee and have signed the memorandum of understanding. |
| **Advanced Level** | At least 75 per cent of all partners' representatives consistently attend the HIS inter-agency coordinating committee meetings.<br>Number of CSOs and private sector actors who are actively present in the HIS inter-agency committee.<br>The number of recommendations of CSOs that have been followed through and implemented by the HIS inter-agency committee. |

| Systems alignment | |
|---|---|
| **Basic Level** | At least 50 per cent of all partners pledge financial or technical resources to support the implementation of priorities in HIS as reported in the Digital Health Strategic Plan 2020–2024 and HSS 2016–2027.<br>At least 50 per cent of all partners disclose their HIS activities (including associated budgets) planned or undertaken at the district level within relevant governance structures (HIS inter-agency coordinating committee), and their processes (annual operational planning, medium-term expenditure frameworks [MTEFs]).<br>At least 50 per cent of partners jointly conceptualize and produce HIS technical documents, processes and standards.<br>At least 50 per cent of partners conduct joint capacity-building training sessions with CSOs, including private sector participation in the training. |
| **Intermediary Level** | At least 75 per cent of all partners pledge financial or technical resources to support the implementation of priorities in HIS as reported in the Digital Health Strategic Plan 2020–2024 and HSS 2016–2027.<br>At least 75 per cent of all partners disclose their HIS activities (including associated budgets) planned or undertaken at the district level within relevant governance structures (HIS inter-agency coordinating committee) and their processes (annual operational planning, MTEFs).<br>At least 75 per cent of partners jointly conceptualize and produce HIS technical documents, processes and standards.<br>At least 75 per cent of partners conduct joint capacity-building training sessions with CSOs, including private sector participation in the training. |
| **Advanced Level** | All partners pledge financial or technical resources to support the implementation of priorities in HIS as reported in the Digital Health Strategic Plan 2020–2024 and HSS 2016–2027.<br>All partners disclose their HIS activities (including associated budgets) planned or being undertaken at the district level within relevant governance structures (HIS inter-agency coordinating committee) and their processes (annual operational planning, MTEFs).<br>All partners jointly conceptualize and produce HIS technical documents, processes and standards.<br>All partners conduct joint capacity-building training sessions with CSOs, including private sector participation in the training. |

| Operational alignment | |
|---|---|
| **Basic Level** | 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.<br>At least 30 per cent of HIS activities planned in the NHDP or the HIS and e-health policy are jointly implemented. |
| **Intermediary Level** | 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.<br>At least 60 per cent of HIS activities planned in the NHDP or the HIS and e-health policy are jointly implemented. |
| **Advanced Level** | All partners conduct joint technical and financial implementation (with at least two other partners) of HIS activities at the national or regional/district level<br>At least 90 per cent of HIS activities planned in the NHDP or the HIS and e-health policy are jointly implemented. |

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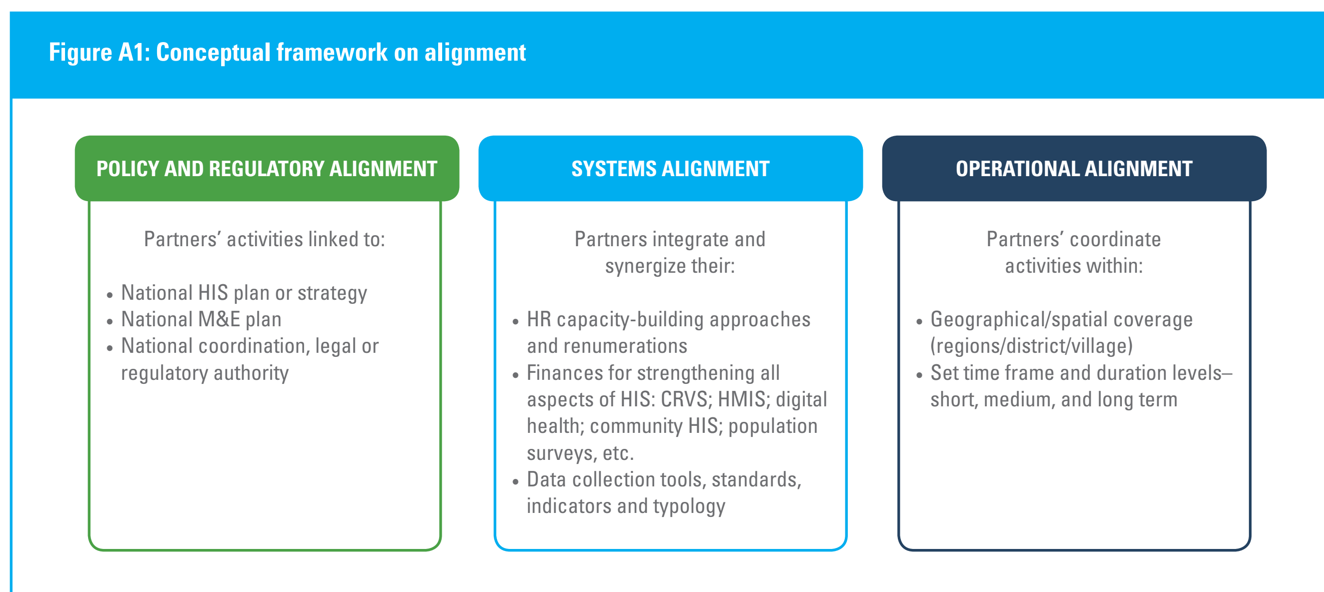
# Annexes

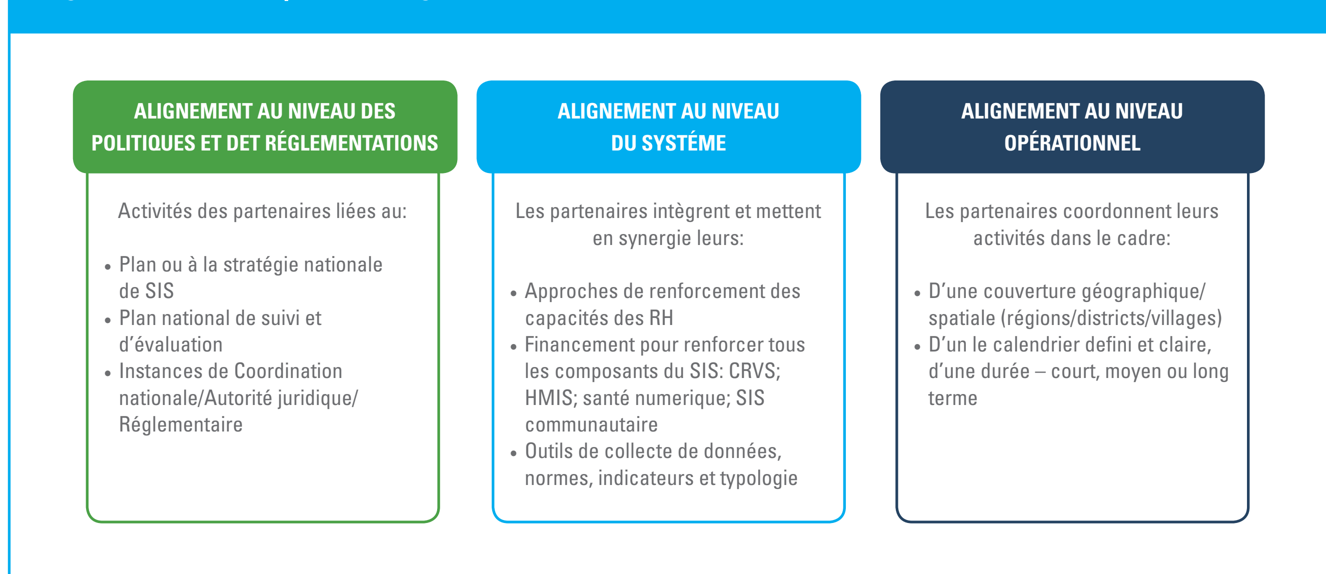
## Annex 1. Key Informant Questionnaires – Ministry of Health (MoH)




### Questions

1. What are your views and perceptions on the need for 'alignment' in activities to strengthen health information systems (HIS) in Cameroon?
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 NHDP (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 Cameroon?

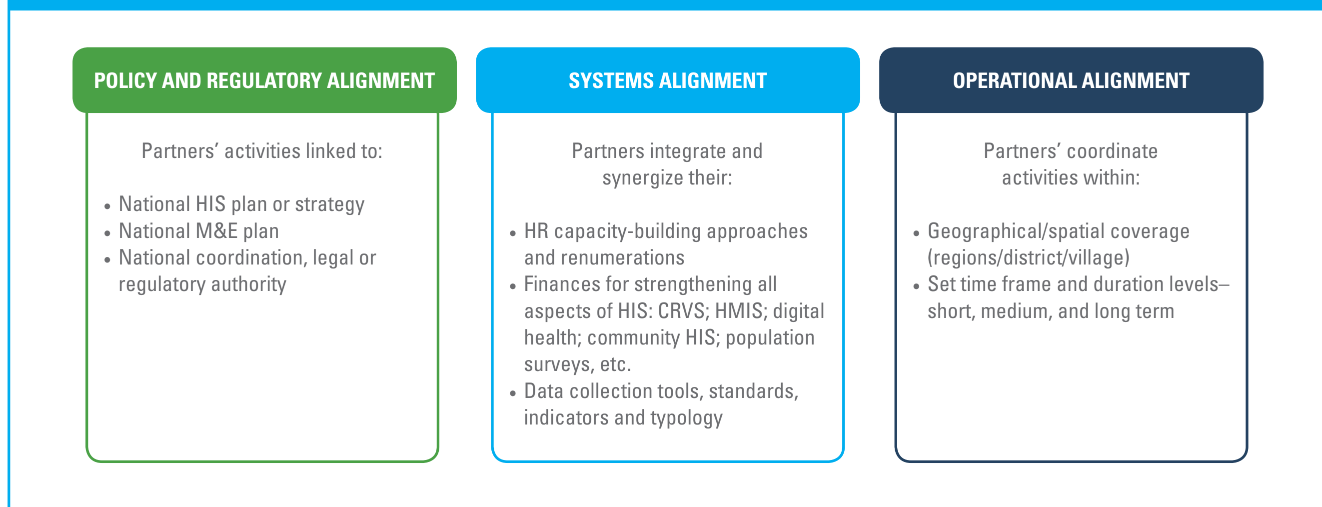
## FRENCH QUESTIONNAIRE




### Questions

1. Quelles sont vos opinions et vos perceptions sur la nécessité d'un "alignement" des activités des partenaires technique et financier dans leur appui au renforcement du système d'information sanitaire (SIS) au Cameroun?
2. Comment définissez ou comprenez-vous le terme « alignement »?
3. Existe-t-il un environnement juridique et institutionnel favorable à l'alignement? Quels sont les mécanismes institutionnels ou de coordination en place pour faciliter l'alignement des activités/financement des partenaires pour le renforcement des SIS?
4. A votre avis, les partenaires (internationaux et locaux) s'alignent-ils sur les priorités du ministère de la santé et des régions/districts, en matière de renforcement du SIS?
5. Les financements des PTFs pour le SIS sont-ils pris en compte/reporté dans le MTEF ou autre public financial management system du pays? En outre, est-il on-budget ou off-budget?
6. Comment les activités des partenaires renforcent-elles ou mettent un obstacle aux taches des structures/instances de coordination du SIS?
7. A votre avis, quels sont les principaux facteurs permettant ou limitant l'alignement des activités des partenaires dans le renforcement du SIS?
8. De votre expérience pratique, comment un alignement au niveau des politiques, des systèmes et au niveau opérationnel, pourrait -t-il être renforcé pour un SIS plus performant au Cameroun?

## Annex 2. Key Informant Questionnaire – Development Partners




**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 NHDP?

**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

| CAMEROON | | |
|---|---|---|
| Gatcho Modeste | WHO Cameroon Country Office, HIS Expert | gatchom@who.int |
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| Leonard Kouadio<br>Belyse Ngum | UNICEF Cameroon Country Office<br><br>Chief Health Section<br>Health Specialist | lkouadio@unicef.org<br>bhngum@unicef.org |
| Hassam Ben Bachire | Ministry of Health, Head, Directorate of Cooperation | benbachire@yahoo.fr |
| Honoré Mimche | Institut de Formation et de Recherche Démographiques (IFORD), Professor | h_mimche@yahoo.fr |

## 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.

Should you have any further questions about this consultancy, please contact Dr. Jennifer Requejo at jrequejo@unicef.org.

HEALTH DATA COLLABORATIVE

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