



HEALTH METRICS NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008



World Health
Organization

Contents

3	Note from the Executive Secretary
4	Overview of Health Metrics Network purpose and vision
5	HMN's Background and Rationale
7	Strategic goal and key objectives
8	Strategy for Achieving the Goal
9	Objective 1 – Create a Common Health Information System Framework
17	Objective 2 – Strengthen Country Health Information Systems
19	Objective 3 – Improve Country and Global Information Access and Use
22	Operational Budget for 2007/2008
23	HMN Secretariat Staffing Plan

© World Health Organization 2007

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed in Switzerland.

NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008

Note from the Executive Secretary



Global health depends on the choices we make collecting and using information. Tools, methods and policies for managing information shape our ability to detect health problems, identify solutions and deliver effective interventions.

Despite these realities, there has been little awareness of the potential ramifications that improved use of information can have for human health.

Recently, however, emerging infectious threats such as avian influenza and SARS, scrutiny of progress towards the Millennium Development Goals, and performance-based release of donor funding have contrib-

uted to the increased consciousness of our dependence on information.

There is now a new commitment, in both the developing and industrialized worlds, to invest in strengthening systems to collect and manage health information.

As we leverage this new commitment to make change, we have learned several important lessons from the more than 60 countries that Health Metrics Network is supporting to reform their health information systems (HIS).

First, we have learned that there is an urgent need and opportunity to extract, analyse and use existing data across institutional and administrative boundaries.

Secondly, we have learned that users must be enabled to interact and query their data instead of simply collecting volumes of printed reports.

Thirdly, countries need help in communicating with politicians and the media to make it clear that better information is in the mutual interest of the government and its citizens.

HMN is committed to accelerating and documenting the return on investments in health information, both in terms of improved efficiencies and improved health. We will be most successful if we engineer information systems to measure, reward, and even drive improvements in performance.

Providing “evidence that evidence matters” offers the best hope of transforming the culture of policy-making and overcoming obstacles to accountability and transparency for better health.

Dr Sally Stansfield

A handwritten signature in black ink that reads "Sally K. Stansfield".

Overview of Health Metrics Network purpose and vision

Better Information. Better Decisions. Better Health. This is what Health Metrics Network (HMN) is all about. HMN, the global partnership working to advance health by helping countries improve how they gather and use health data, has gone a long way to bringing this creed to life since its founding in 2005.

In many low- and middle-income countries, health data are limited or simply unavailable. HIS is crippled by inadequate funding and limited facilities. Without this information, governments cannot carry out fundamental duties such as identifying the health problems and needs confronting their citizens. A lack of data makes it impossible to evaluate the progress and impact of interventions or to make evidence-based decisions on policy, programme design and resource allocation.

Coupled with this fundamental need at country levels for improved health information, donors also require better data to track progress towards global objectives and to link their funding with programmes that perform creditably.

Many efforts, often ineffective, have been undertaken to try to overcome these information gaps. Global agencies and donors have often relied on modelled estimates or designed their own specialized data collection systems. Invariably, this results in donors and developing countries deferring investment in comprehensive country-based HIS to collect and use the required information.

But now momentum is building behind efforts to deliver stronger evidence for decision-making in the health sector. The Millennium Development Goals (MDGs) and global initiatives that provide performance-based release of funding – including from the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund To Fight Aids, Tuberculosis and Malaria (GFATM) – have accelerated this momentum.

A wide range of stakeholders now have an unprecedented need and willingness to fill in the health information gap. Taking advantage of this energy, HMN is reaching out to countries, donors and providers of technical assistance to build stronger national health information systems. We are now working in more than 60 low- and middle-income countries to increase the availability and use of accurate and timely health data.

We are striving to achieve this globally, but are particularly focused on developing countries, where much work is needed to overcome potentially fatal gaps in health information systems.

HMN's goal is to provide the know-how, through our *Framework and Standards to Develop Country Health Information Systems*, that will become the globally accepted standard for guiding the collection, reporting and use of health information by all developing countries and global agencies.

NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008



HMN's Background and Rationale

The problem of health information in developing countries

Credible, timely and cost-effective health information is critical for better health decisions in all settings, none more so than in the developing world.

HMN looks to build and improve country HIS by giving our governmental partners the ability to produce their own data rather than simply being fed information from outside sources. In this way, they can better monitor what is happening on the ground in their own countries and, then, react with relevant, locally-appropriate responses to whatever their major health needs are.

At the same time, improving local capacity to obtain and use data will benefit global health information systems by providing an invaluable source of reliable data straight from the deserts of sub-Saharan Africa and the mountains of Afghanistan to the impoverished provinces of rural China.

At sub-national levels, timely information on disease burden, coverage, access and service delivery costs is required to improve health outcomes. At national levels, sound information on patterns of disease, prevention and treatment is needed to shape decisions on health policy, strategies and resource allocation, as well as to hold governments accountable to their citizens.

Globally, development partners need accurate information to monitor resource flows, gauge the effectiveness of technical support and aid, and modify and evolve funding strategies.

In the developed world, we take it for granted that key health information is available and routinely used. High-quality health information would be even more useful in the developing world if only it were available. Where the problems are large and the resources limited, evidence-driven targeting of programmes can save more lives.

In the United Republic of Tanzania, for example, officials in two pilot districts used data on disease burdens and cost-effectiveness to improve resource allocations, achieving a 35% fall in infant and child mortality within three years with only an 18% increase in health expenditure (US\$ 0.80 per capita).

But, still, much of the developing world is ailing from a lack of sound, locally acquired health information as a result of drastic underinvestment in the systems needed to generate such data. And worse, it is the countries and regions with the most dire health problems that are the ones with the weakest health information systems.

Path for resolution

The single, definitive solution to this problem is to coordinate global investment and strengthen core country health information systems. This approach requires a coherent technical framework and agreement, coupled with accountability from country governments, donors and technical agencies to generate and use information in a consistent manner.

Rationale for HMN

The HMN Secretariat and its wide array of partners realize that NOW is the time for action.

Interest and investment in global health have never been higher. Increased donor resources for health are providing the momentum needed to tackle the health information challenge. This is supported by the growing recognition of the central role played by health in development - as reflected in the Millennium Development Goals.

But only an alliance can deliver the solution.

HMN is determined to bring as many partners as possible to the table to achieve better information for better decisions for better health. Initial funding of \$50 million by the Bill and Melinda Gates Foundation got the ball rolling. Other key partners include the World Bank, Britain's Department for International Development (DFID), the Danish International Development Agency (DANIDA), USAID, the Centers for Disease Control and Prevention (CDC) and our hosts, the World Health Organization (WHO).

At the country level, HMN's work requires consensus and cooperation among a range of stakeholders. One-off pilots cannot build the required agreement for a common technical framework

NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008

that enables different countries to collect comparable information. Globally, an alliance is required to create the correct transparency and other incentives to rationalize and integrate the demands of donors and multilateral organizations.

In that sense, HMN is analogous to an “industry collaboration.” It brings together countries, international agencies, bilateral and multilateral donors, foundations and technical experts to agree on a common agenda, mobilize resources and ensure the transparency and peer pressure needed to hold all stakeholders accountable.



Strategic goal and key objectives

HMN's overarching goal is to improve health by increasing the availability and use of timely and accurate health information at sub-national, national, and global levels. Our approach to doing this is through catalysing the joint funding and development of core country HIS.

Three objectives support achieving this goal:

- **Objective 1**

HMN Framework for HIS development: This defines and maintains a set of core health information platform designs, key indicator standards, data and analytic capacities and guidelines for information use that drive country-level HIS development and local/regional/global access and comparability.

- **Objective 2**

Strengthen HIS: Apply the Framework at country levels in conjunction with technical and financial support to accelerate and focus development and improvement of HIS in developing countries.

- **Objective 3**

Improve Global Access and Use of Health Information: Apply the Framework to develop policies and strengthen systems and incentives that improve access to and use of information by local, regional, national and global constituencies.¹



Strategy for Achieving the Goal

Like other global health partnerships, HMN's success depends on developing and executing a comprehensive plan that details our Secretariat's activities in the context of a broader work programme including the efforts of multiple partners.

1. The proportion of HMN funding allocated to each objective will be monitored over time by the Network's monitoring and evaluation activities. In the long term, at least half of HMN funding should be allocated to Objective 2.

NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008

This plan must reflect existing resources and commitments, but also aspire to seeking future contributions from HMN partners and stakeholders. It must likewise provide sufficient operational specificity for the Secretariat's activities to enable Board review and approval of work plans and budgets. This document is, therefore, engineered as both an operational (two-year) plan for the HMN Secretariat and a strategic (seven-year) plan that includes a broader collection of activities for which, in many cases, commitments from lead agencies and donors are still being sought.

HMN's business model is organized into three work functions that correspond to its three objectives. Each function has specific targets and intermediate milestones to track progress towards the objective.

Objective 1 Create a Common Health Information System Framework

The Framework – HMN's Operational Foundation

Work as ambitious as ours needs a strong, clear plan. HMN's plan to strengthen health information systems in low- and middle- income countries is a dynamic, powerful tool known as the Framework.

The Framework is the key vehicle for operationalizing the HMN model. It does this by defining specific country and global systems, standards, capacities and processes needed to achieve our strategic goal.

It is formally known as the *Framework and Standards to Develop Country Health Information Systems* and it designs the architecture for a nation's HIS, including data sources, resource management and evaluation of operations. The Framework, which will be updated annually, is intended to serve broader efforts for improving the availability and quality of statistics, including Paris21's National Strategies for the Development of Statistics. (For more info: <http://www.paris21.org/pages/designing-nsds/presentation-events/>)

At country levels, the Framework focuses investment and technical assistance on standardizing the method to develop HIS. It does this in several ways. It serves as a diagnostic tool for baseline HIS assessments. It provides a road map for developing and implementing HIS plans. And it serves as a basis for ongoing monitoring and evaluation. At country and global levels, the Framework also allows access to and use of data produced by strengthened health information systems.

Key Framework elements include:

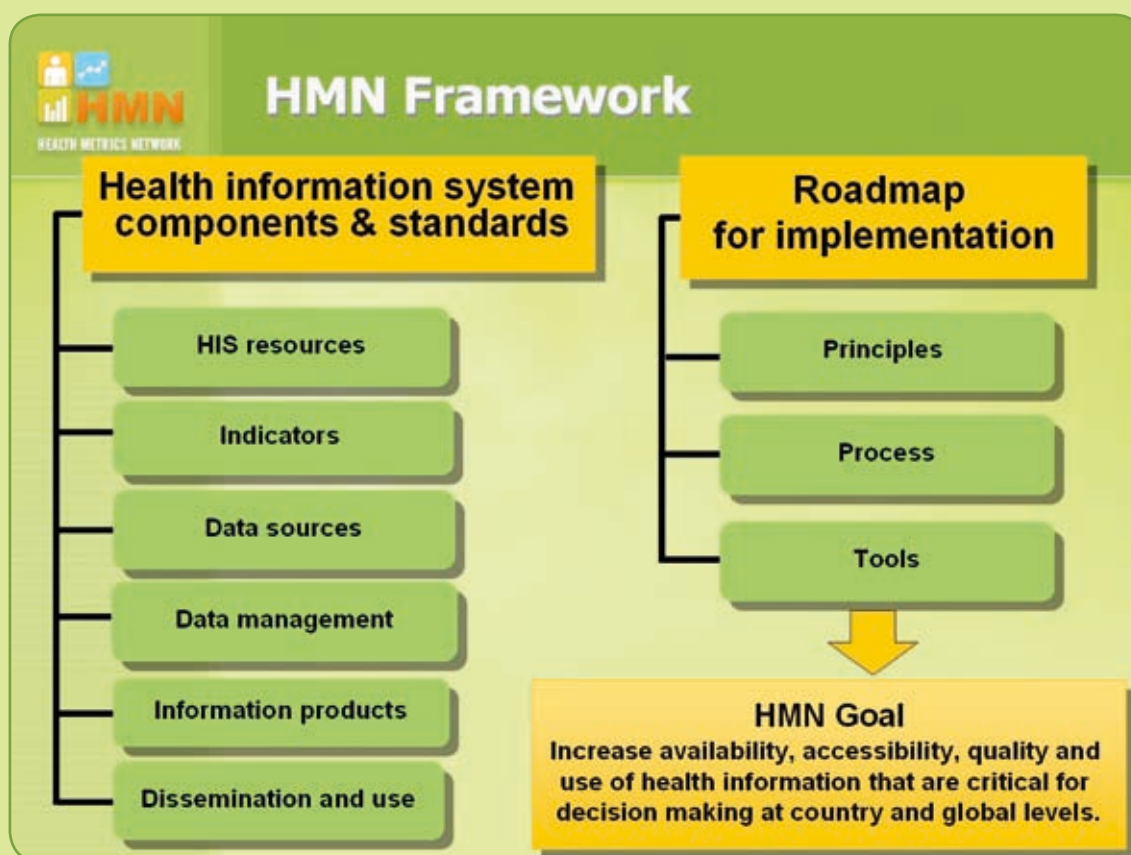
- A defined set of core information platform designs and standards, among them for census, civil registration, surveys, administrative records, service records and health and disease records. These have different levels of sophistication appropriate for varied resource settings, as well as recommended investment levels.
- A core set of standards for key health and disease indicators to permit comparisons across geographic areas. These standards can also be used to compare, when indicated, specific core data elements and standard data capture and analysis methods.
- Data management and analytic capacities, such as applying data audit trail standards and routine procedures to correct bias and confounding. This vital body of work deals with human resources, processes, policies and procedures. It also provides for data analysis, presentation, data transfer and use of information for performance assessment, planning and evaluation.
- Recommended policies, procedures and processes to allow access to health information, its dissemination and use. Standard reports must be regularly produced to inform stakeholders on health priorities, while reporting sources also require feedback. This includes specifications for electronic access and model legislation and regulation to protect confidentiality.

The Framework's design is incremental in nature and application. It specifies the recommended scope, components and phasing of HIS implementation for countries at different stages of development and resource availability.

It makes it possible to cost each HIS component and provide an indicative range of required investment in different country settings. For example, few countries have the technical and financial resources to initiate immediate, universal registration of vital events. The Framework develops the necessary instruments and statistical approaches for countries to undertake phased introduction of such systems. This includes an initial approach to generate national estimates from a limited sampling.

The Framework gives countries a road map, illustrated below, to strengthen their HIS. The road map is a four-phase series supported by methods, processes and tools that include specific information and communication technology components for country HIS implementation teams to use.

NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008



Phase 1 – Coordination, leadership and assessment

Phase 1's coordination and leadership components are vital for the road map's success. Many different actors, representing sectors inside and outside of health, have key roles to play and consensus among these players will be vital to determine priorities and methods.

The assessment is a catalyst for developing the leadership needed to create and sustain momentum for HIS strengthening activities. Collaboration on country assessments and gap analysis may be the first time many cross-sector leaders and staff will have met. So, the tools to facilitate their collaboration and develop central and strong country action teams are a critical result of this phase.

Core activities include identifying HIS strengths and weaknesses, gaps and opportunities, barriers to health information generation and use, resources and key actors for involvement. The standard assessment tool allows this evaluation to take place, as does the process provided to country action teams to apply the tool. HMN-trained technical consultants and country-selected consultants can help apply the tool, or it can be put into action without external aid.



HMN supports country partners to develop their health information systems by using the HMN Framework model, including Syria where HMN staff have assisted government officials from various ministries by field visits and workshops to conduct the HMN Roadmap assessment and planning stage.

Phase 2 – Planning and priority-setting

Defining the scope of HIS strengthening, along with planning its implementation, are key parts of the overall reform process. This is because they produce country-specific visions for developing health information systems, as well as long-term strategies to transform these visions into realities.

This phase also produces a comprehensive plan to guide and focus the implementation phase.

A strong country action team with representative leadership will be needed to convene and facilitate workshops to achieve consensus. HMN-trained and qualified consultants will likely be needed to provide substantial technical assistance during this phase.

This priority-setting process should not be driven by funding considerations. Costing HIS data sources is intended to help inform planners of the relative resource impacts when they evaluate options and priorities. This is especially critical to ensuring the long-term financial sustainability of strengthening HIS. HMN's extended network of partners is key to helping identify and secure funding for implementation.

Phase 3 – Implementing HIS strengthening activities

The implementation plan is the foundation for this phase and requires the strongest level of technical assistance.

This phase draws upon HMN tools to ensure that the core indicators are linked to appropriate data sources. The tools include mature examples of components for extracting and transforming data, storing and managing information and analyzing and visualizing data. They will also include a dashboard to serve as a common user interface for decision support.

Implementation is adaptable to each country's capacities. Countries with the least developed infrastructure can begin implementation centrally and, over time, distribute access and use of HIS to needy peripheral areas. Stronger countries can implement in a more decentralized manner, depending on capacity and structure. Essential to implementation is the set of policies,

NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008

resources and processes reflecting, or strengthening, each country's established operational and regulatory practices.

Implementation is intentionally incremental since country capacity-building is a central principle as the four-phase road map is applied in repeated cycles.

Phase 4 – Evaluation

The evaluation phase should feed a renewed cycle of assessment, planning and implementation to build incrementally towards the agreed vision.

Elements of this phase should include key global partners aligning their efforts around plans to strengthen country HIS. Countries should also develop objectives for access and use of information, which can set the stage for evidence-based decision-making.

Evolving the Framework The Role of Partners

Network partners are committed to sustaining and expanding adherence to the HMN Framework. Their efforts will be vital for the first wave of countries, also known as Wave One countries, to enter the road map's Phase 3 implementation stage.

There are two ways partners support the Framework's evolution. First, HMN partners play an active role in defining common core indicators, required data elements and the manner and periodicity in which they are collected. These are the essential components of the HMN-defined core country HIS.

Secondly, partners have an essential role in defining the monitoring and evaluation (M&E) outputs that HIS must produce.



Countries need active participation from external partners during implementation, such as provision of technical and financial support. These contributions are also critical in the parallel development of HIS tools that countries will use for preparing and carrying out country plans.

Key actions by HMN partners to promote the Framework have led to numerous results, including:

- Donor partners ensuring that their health and statistical development aid fits within the HMN Framework.
- Technical partners promoting adherence to the Framework in developing countries.
- Country partners facilitating the Framework's global endorsement through a World Health Assembly resolution to be submitted in May 2008.
- HMN-assisted countries implementing reforms to bring their HIS in line with Framework best practices.

Developing the Framework Key Role of Country Engagement

The Framework is a living, active document and it is vital that it be given all the support and feedback needed to make it even stronger.

The initial version of the Framework was developed on schedule and it has since been field-tested in Mexico, Thailand and Ghana, which served as “pathfinder countries.”

HMN has funded 65 countries to help them apply the Framework's Phase 1 activities, while numerous other countries are applying HMN tools independently to improve their HIS. Tools facilitating this include the Phase 1 instrument for HIS assessment and the methodology to apply it. There are also the guidelines for country workshops that aim to begin coordinating stakeholders and developing leadership and collaboration.

Work has also begun on Phase 2 workshop designs and methodologies. The Framework is, by design, a dynamic reflection of the evolving state-of-the-art in country HIS development. A substantial input has been received for both the Framework's initial version and many developmental concepts. The Technical Advisory Group (TAG), a body established by HMN's Board to provide decision-making advice, has deliberated on this feedback and provided sound input to HMN.

This feedback has sharpened HMN's strategic focus in two important ways. First, we realize the need to accelerate and deepen the development of tools to implement the Framework. Secondly, there is a critical demand for selecting and funding a “depth engagement model” with the first wave of HMN-assisted country implementations. This Wave One engagement model will be elaborated on in the following implementation-focussed section.

For HMN, the implication is that additional attention and resources are needed to establish more robust and mature tools than previously planned. The “Tools and Best Practices Repository” anchors the Framework and is the catalyst for broad implementation. HMN must accelerate development of tools, methods and processes so that the entire road map can be introduced, including implementation of core HIS components.

NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008



HMN Secretariat staff have assisted Sierra Leone to undertake its Health Information System assessment, draft a 10-year strategic plan and conduct a census-based measure of maternal mortality.

When HMN was created it was acknowledged that activities to develop and implement the Framework would need additional funding. A major HMN activity in the next six months will be to define discrete and independently fundable activities, identify partners and donors to be committed to these activities, and secure the required financial and technical resources.

Operational Plan for Secretariat Activities

The Secretariat will coordinate efforts to create, validate, refine and deliver robust technical tools to implement the Framework Road Map in all countries.

Key actions by HMN partners to promote the Framework include:

- **Work Stream 1: Define the Integrating HIS Architecture and Priority Advances for the Framework**

Adopting the HMN Framework in countries depends on accelerating the definition of specific and practical technical elements.

HMN efforts are critical in this stage to strengthen and harmonize the HIS, both within and across the six individual data sources: census, vital registration, surveys, administrative records, health service records, and health and disease records.

If this is not made a top priority, we risk squandering HMN's existing leadership in creating the core "information architecture" to achieve integration and synergy of data elements and information management across the six data sources.

This architecture is needed to improve the effectiveness of information systems and deliver better value for HIS investments. In consultation with the TAG, the HMN Secretariat will facilitate work by its partners on the integration and constructive evolution of norms and standards for the data sources.

- **Work Stream 2: Competitive Programme of Operational Research Targeted to Achieve Critical Breakthroughs in HMN Framework's Evolution and Application**

The HIS Architecture, being developed in early 2007, will reveal critical knowledge gaps for HIS reforms. More data will likely be needed to support this effort. This will include the cost and effectiveness of HIS investment sources as well as the creation of the most diligent and effective methods to collect and analyse core health data.

Information may be needed to develop and document complementary tools and technologies to accelerate adoption and improvement in efficiency and health outcomes for HMN Framework-adherent systems.

Based on the HIS architecture and a TAG-assisted status review of the six data sources, the Secretariat will present a plan for the operational research programme for review and approval by the HMN Board's May 2007 meeting.

- **Work Stream 3: Design and Development of the Framework 2.0 Core Tools**

HMN will work with a set of Wave One countries to co-develop the tools, methodologies and processes needed to support the four phases of the Framework's road map for implementing HIS reform.

This will include addressing the Framework's six data sources by defining the characteristics of access, data quality, management and use. This is an important one-time investment cycle to be leveraged across many countries through broad implementation of a mature Framework. Developing HMN's core tools is not an end in itself, but designed primarily to arrange sustainable strengthening of country HIS.

- **Work Stream 4: Use Case Definition and Application to the Framework**

Use Cases are an important tool for developing the Framework and setting country priorities. They are brief descriptions of health situations, needs and processes to develop tools, including software programmes and surveys, to meet used needs.

Surveillance, for example, is a critical activity that must be supported by a well-designed and implemented HIS. It is also the first of a series of Use Cases to inform the Framework's evolution in the coming year.

A Task Force will focus on surveillance Use Cases, their application and incorporation into the Framework. Other Use Cases being considered to develop the Framework include district health management, service quality improvement and M&E.

- **Work Stream 5: Global Endorsement of the HMN Framework**

Much work is needed before the Framework's presentation for endorsement by the World Health Assembly in May 2008. A Task Force will be created to focus on this effort.

The WHA and other key partners from the statistical community will endorse the Framework and plan to mobilize resources for its implementation.

- **Work Stream 6: Engage Wave Two and Three Countries to Increase Development and Test Tools for Core HIS Implementation Readiness**

NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008

Wave Two and the three countries can make valuable contributions to the core Framework by providing lessons learned to other states, as well as tools acquired in overcoming HIS development obstacles.

The Assessment Phase identifies high priority country HIS obstacles. HMN works with countries to align them along their top priorities after analyzing their feedback. In doing this, they learn by delivering technical assistance and receiving feedback from partners.

Countries, in turn, define and address one or more priorities and contribute tools and best practices to the Tools and Best Practices Repository for all to use.

The Breadth model of providing initial grants to countries wanting to join the HMN makes it possible for such states to start queuing up for future “Waves.” They can progress more rapidly with the benefit of the tools, methods and best practices developed by earlier Wave and Breadth countries. Secretariat resources provide staffing for the Breadth engagement model as outlined in the staffing plan.

Logical and natural links exist between Wave One engagement and Breadth participants, particularly in sharing lessons learned in implementation, advocacy, communications and at the Partners’ Forum.

- **Work Stream 7: Core HIS Version 1 Components Released to Wave One Country Action Teams.**

Developing, testing and validating essential core HIS components requires Wave One country action groups to work with a dedicated development team skilled in producing commercial quality tools.

This milestone is part of a critical path within the broader implementation work described below in Objective 2.



Objective 2

Strengthen Country Health Information Systems

The need to improve health standards in developing countries is crystal clear. The Millennium Development Goals single out health as a driver for improved development, education and gender equality. Arming governments with the tools to make this happen is vital. Strong health information systems that monitor diseases, mortality rates, interventions and resources are prime places from which to begin.

HMN's Framework lays out clear standards and designs for HIS strengthening at country levels in many ways, including:

- Technical assistance for country assessment and HIS planning, as well as developing systems that adhere to the Framework
- Brokering discussions between country partners and donors for sustained and coordinated investment in Framework-adherent plans
- Providing additional catalytic resources to initiate HIS development in selected countries
- Monitoring progress and offering targeted support as countries develop and implement HIS plans

HMN's launch in May 2005 was followed by an unanticipated demand for assistance in HIS reform. Developing countries have submitted more than 100 requests in response to the two rounds of proposals. HMN's Board has approved grants to 65 low- and middle-income countries, and they have started applying the Framework and other tools to assess their national HIS and to prioritize and plan improvements.

HMN partners have also committed themselves to mobilizing political and financial assistance to strengthen HIS and support financing of HMN-adherent reforms. Examples of this include:

- Donors alerting countries and HMN partners of new health sector funding where HIS reforms can drive and document health improvements
- Technical partners advising countries and local partners of HMN-backed opportunities to strengthen HIS and mobilize and align donors where HIS reforms are instrumental to achieving health sector goals
- Country partners, with backing from HMN partners and its Secretariat, requesting financial support from donors, including bilaterals and multilateral development banks.

Our Network partners are also committed to providing technical support for HIS reforms by:

- Donors with HIS-relevant technical expertise or assistance programmes earmarking support for HMN-assisted countries

NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008

- Technical partners identifying and mobilizing potential technical support providers for HMN-assisted reforms
- Countries identifying special interests and expertise needed for HIS development, providing leadership in these areas and sharing regional and global reports of best practices.

Progress will be assessed in biennial country and donor “report cards” that recognize the phased nature of HMN’s Framework process. Pending feasibility analysis, countries meeting defined standards and capacities (including base standards, capacities and satisfactory progress) may be designated “HMN-accredited.”

Country accreditation serves as a powerful tool for countries and donors. It can simplify and improve application and reporting processes for financial support, such as grants and loans. Accreditation can also streamline the release of performance-based funding and ultimately increase donors’ and governments’ willingness to invest in health.



Operational Plan for Secretariat Activities

HMN’s focus is Framework development in the 65 countries as described in Objective 1 in 2007/2008. Objective 2 activities start by delivering a more specific Framework in late 2008. The 2009/2010 operational plan is heavily weighted towards strengthening HIS in Wave Two and Three countries. Technical assistance for countries is vital during this period and requires support from local, regional and global partners.

Developing and validating the Framework Core Tools start the process of capacity-building through direct engagement with countries and partners. Planning for 2009/2010 will likely require a capacity assessment in the last half of 2008 to support efforts to promote broad implementation in Wave Two and Three countries.

Objective 3

Improve Country and Global Information Access and Use

Information is obviously valuable only when it is accessible and used to improve health. In some ways this aspect of HMN is necessarily the least developed because country HIS information must first be available before it can be useful.

HMN's strategy is to develop, through our Framework, a stakeholder agreement on key elements that drive improved access and increased use of HIS.

Country evaluations use Framework standards and are incorporated in the national accreditation and report card processes.

The Framework's design aims to make optimal use of data for decision-making. It provides information indicators for use for country and public health policies. It also sets out to support management functions such as planning, human resource management, supervision and evaluation, as well as practitioner and health facility accreditation.

HMN is developing and implementing a clear communications and advocacy strategy to promote HIS investment. This includes developing evidence and materials to make the case for the importance of sound information and the value of HIS. This will help champion countries to secure the necessary support from policy-makers and Finance Ministries. The communications materials will explain, with examples, system successes and failures and articulate clearly what makes a "good" health information system.

Creating a culture of evidence-based decision-making depends, largely, on two key Framework components. First, it requires management and analytic capacities for data analysis, presentation and transfer, as well as use of information for performance assessment, planning and evaluation. Secondly, it needs policies, procedures and processes that facilitate access to health information, followed by use and dissemination of such data. This includes specifications for electronic access, information use, model legislation and regulations that provide resources and an institutional context for HIS development and procedures to protect confidentiality.

Country implementation will take place in tandem with the strengthening of country HIS as previously described.

HMN's partners are committed to promoting consensus and advocacy for more streamlined monitoring and evaluation. This strengthens the ability of country HIS to produce information that meets core M&E requirements. Partners play the critical role as consumers of HIS-produced information and work closely with countries to expand the ways information is applied to decision-making beyond routine M&E.

NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008

HMN coordinates this country activity and plays the role of the advocacy and communications focal point. Partners are instrumental in building the culture of evidence-based decision-making, including mobilizing political and financial support for HIS strengthening and reform.

Secretariat's Operating Plan

The Secretariat supports HMN partners in mobilizing political and financial support to strengthen HIS, health systems and reform. Key Secretariat actions include:

- **Work Stream 8: Engaging Ministers, Parliamentarians and Civil Society in Wave One Countries to Reform HIS.**

Secretariat and HMN partners will reach out systematically to decision-makers outside Ministries of Health to secure broad political commitment to HIS reforms.

- **Work Stream 9: Delivering Evidence for Executive Decisions.**

Provide country support for seminal policy and resource decisions in Wave One countries to build momentum and support for strengthening HIS.

- **Work Stream 10: Creating Award Programme for Evidence that Evidence Matters.**

This will recognize and reward best practices for evidence-based decision-making and outcomes. HMN will seek supplementary donor support to deliver awards to individuals, organizations and countries demonstrating courage and leadership in using evidence to make a difference.

- **Work Stream 11: Provide Evidence for Policy-Makers that HIS Strengthening of Investments is Impacting Outcomes.**

Identify and document country cases where improved information is applied to health resource development and allocation. The Network will also identify and pursue opportunities to document information-driven improvements in health outcomes in countries with in-depth HMN support.

- **Work Stream 12: Convene a Partner's Forum.**

HMN is convening a Global Partners' forum with countries to create, support and achieve stronger HIS and better outcomes. This forum will be a focal point for assessing HMN's performance in creating the appropriate scope and content of the Framework and its application in Wave One countries. This also sets the stage for HMN's 2009/2010 plan.



HMN conducted an inter-country workshop in 2006 in Dar es Salaam for Eritrea, Ethiopia, Kenya, Tanzania and Uganda.

Operational Budget for 2007/2008

Work Stream Deliverables	Secretariat Staffing	Secretariat Program Activities	Country Programs & Support	Total	%
1. Define the integrating HIS architecture and priority advances for the HMN Framework	452,083	175,000	0	627,083	2.9%
2. Competitive program of operational research targeted to achieve critical breakthroughs in the evolution of the HMN Framework	277,083	435,000	0	712,083	3.2%
3. Design & development of the Framework 2.0 Core Tools	1,852,083	1,500,000	9,000,000	12,352,083	56.1%
4. Use case documentation and application to the HMN Framework	802,083	455,000	0	1,257,083	5.7%
5. Global endorsement of the HMN Framework	452,083	370,000	0	822,083	3.7%
6. Framework breadth testing	802,083	525,000	2,000,000	3,327,083	15.1%
7. Framework 2.0 Components released to Wave two countries	277,083	215,000	0	492,083	2.2%
8. Engage ministers, parliamentarians and civil society in Wave one countries to reform HIS	271,781	200,000	0	471,781	2.1%
9. Deliver evidence for executive decisions	203,408	200,000	0	403,408	1.8%
10. Create award program for evidence that evidence matters	203,408	225,000	0	428,408	1.9%
11. Provide evidence for policy makers that HIS strengthening investments is impacting outcome	203,408	300,000	0	503,408	2.3%
12. Convene partner's forum/ award program	203,408	400,000	0	603,408	2.7%
Totals	\$6,000,000	\$5,000,000	\$11,000,000	\$22,000,000	100.0%
%	27%	23%	50%	100%	

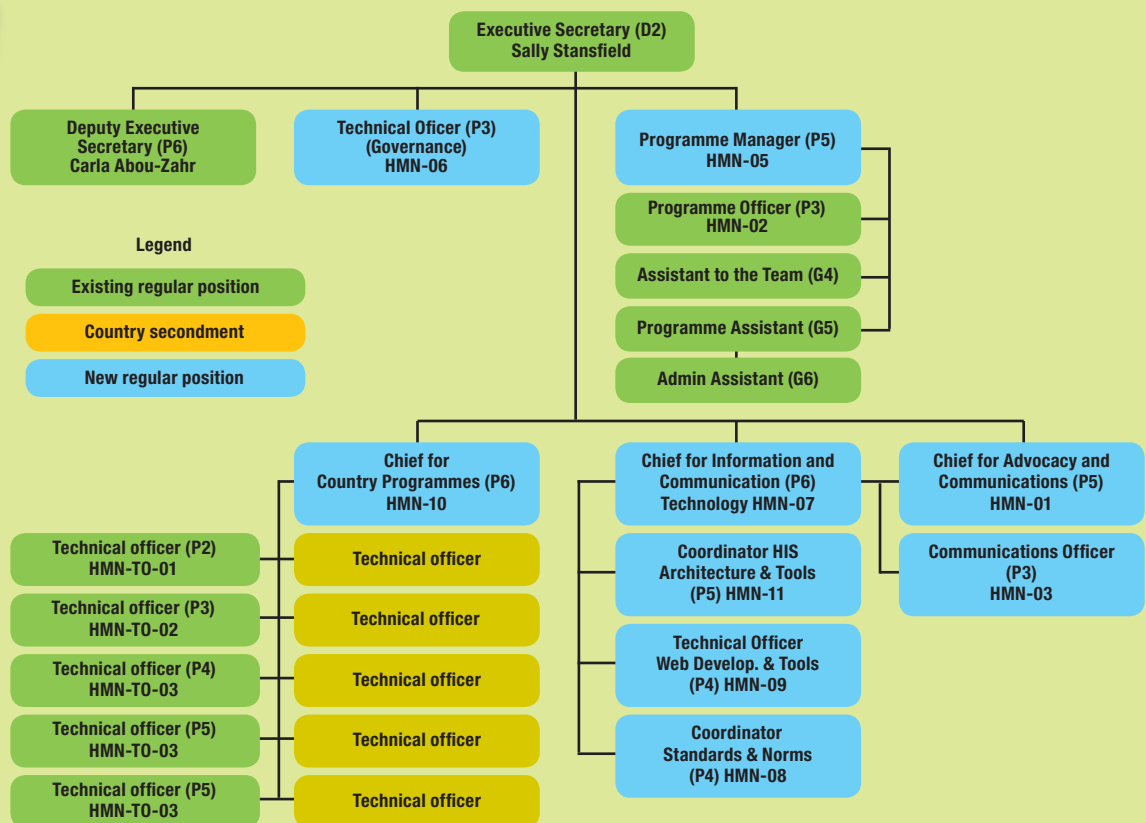
NETWORK STRATEGY AND PLAN OF OPERATIONS FOR 2007/2008

HMN Secretariat Staffing Plan

Secretariat staff

HMN's Secretariat staffing plan calls for 19 staff and five additional full-time equivalent positions built into the budget model. These five positions represent country secondments and do not represent a direct salary expense. The above positions are essential to the Secretariat's ability to achieve the staffing plan's goals. The staffing plan is organized into four functions: Leadership and Support; Country Programmes; Advocacy and Communications; and Framework Tools and Technology.

The emphasis of the 2007/2008 operational plan is on Framework development, plus Advocacy and Communication to support the Framework. As a result, the Country Programme Staff have a direct role in Framework development through country involvement activity. The responsibilities of these roles will shift in 2009/2010 to broader Wave Two and Three implementation activities once the Framework -2.0 is developed and validated.



www.healthmetricsnetwork.org



EVERYONE COUNTS

Better Information. Better Decisions. Better Health.

Health Metrics Network Secretariat,
hosted by the World Health Organization,
20 Avenue Appia, 1211 Geneva 27, Switzerland,
Tel: +41 (0)22 791 5494, Fax: +41 (0)22 791 5855