Promoting Local Ownership of Large-Scale Health Projects

ICT4D Conference
Nairobi, Kenya

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Agenda

- Introductions
- Vital Wave experience in national HIS
- Institutionalization as key to local ownership
- Other lessons for national HIS
- Questions & discussion
Vital Wave services overview

Strategy and Advocacy
- Strategic Needs Assessments
- Industry Leadership
- Policy and Regulatory Guidance

Implementation and Management
- Implementation Strategies and Planning
- Solution Development and Deployment
- Support and Monitoring and Evaluation (M&E)

Optimization and Institutionalization
- Scaling and Diffusion
- Community Building
- Adoption and Standards Creation

HEALTH | WOMEN AND DEVELOPMENT | FINANCIAL SERVICES | EMERGING CITIES | EDUCATION | SMBS AND THE INFORMAL ECONOMY | AGRICULTURE | ENERGY AND ENVIRONMENT | DATA
**Vital Wave experience in national HIS**

**ETHIOPIA**

*eHealth/mHealth Roadmap for Ethiopia*

**Timeframe:** 2011-2012

**Description:** Create a roadmap for using mobile health in Ethiopia’s community health system for the Federal Ministry of Health

**Outcomes:** A prioritization of mHealth interventions in the health system and a view of how these interventions would fit into the country’s national eHealth architecture

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**TANZANIA**

*HIV Data Systems Analysis in Tanzania*

**Timeframe:** 2014

**Description:** Evaluate HIV data collection and use in Tanzania’s public and NGO sector to determine possibilities for expanding innovation

**Outcomes:** Recommendations for the Bill & Melinda Gates Foundation to improve the effectiveness of its investments in HIV data collection

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**INDIA**

*e/mHealth Scaling in India*

**Timeframe:** 2013-2014

**Description:** Assess the eHealth and mHealth programs in India with the greatest potential for national scale

**Outcomes:** Consolidated ratings for the top 10 programs based on factors such as management capacity, technical scalability, and financial sustainability
Vital Wave experience in national HIS

SOUTH AFRICA

South Africa TB-HIV HIS Integration

Timeframe:
2014-present

Goals:
The National Department of Health has siloed TB and HIV Programmes

Siloed health information systems (multiple data systems for tracking and managing data for TB, drug-resistant TB, and HIV, despite high co-infection) – a problem common to developing countries particularly as governments try to take over donor-driven HIS, with limited resources

Outcomes:
Research into various HIS lead to clear, actionable recommendations for integration

NDoH requested project management support to plan for national rollout of integrated system

National rollout launched 7 March 2016
Key takeaway

The technology is the easy part. The bulk of the effort goes into change management and institutionalizing the system.

Choose/develop system, configure, test, approval
Change management to implement system (e.g., training, process change)
Ongoing embedding of the system in everyday practices in the health system

Ideally start building local ownership here  Keep building it  Entrench local ownership
What is institutionalization?
Ongoing embedding of the system in everyday practices in the health system

What does that mean?

▶ Building HIS in to how the health system works

▶ Data use is critical for this (it’s part of the reason HIS are implemented but a culture of data use has to be built)

▶ Hard to institutionalize if the HIS is just used to send data upward (data creators and collectors don’t use it, so are not so invested in data quality)

“A socio-technical aspect leads to the stability of IT since it is absorbed and integrated within organizational structures and routine activities”
Prerequisites for local ownership & institutionalization of a HIS

- The NDoH/ministry has to want the system, and you need a local champion.
- Timelines can't just be driven by implementation targets – localization and institutionalization take time.
- There has to be sufficient money and resources.
- The policy environment should not be a block. Build in time to work on that if necessary.
WHO/ITU eHealth building blocks
Components that must be in place to realize the national eHealth vision:

- **Leadership & governance**
  - Political champions promote data use at each level of the health system

- **Legislation, policy & compliance**
  - Formal policy making processes require evidence

- **Workforce**
  - Health workers are available and incentivized to collect and use information in care delivery

- **Strategy & investment**
  - Investment in health strategies requires transparent performance metrics

- **Standards & interoperability**
  - Guidelines and standards governing data terminology and exchange are in place and widely implemented

- **Infrastructure**
  - Electricity, connectivity, and server infrastructure are available when and where needed

- **Services & applications**
  - Endorsed data platforms are supported by strong project and change management capacity
## Using the building blocks to institutionalize

### Leadership & governance
- Get HIS officially recognized by the relevant government bodies (e.g. committees, minister, HoD)
- Involve a broad cross-section of stakeholders (the more people buy into a HIS, the more likely that it will work and be sustained)

### Legislation, policy & compliance
- Build HIS into policies, and build policies around the HIS (e.g. dates for report submission)

### Workforce
- Ongoing training (e.g. train trainers; do quarterly training)
- Build IT capacity (e.g. for server and database maintenance, IT support)
- Build accountability (e.g. through policies, job descriptions, performance management)
- Provide tools to support the HIS (government units have ways that they work – e.g. SOPs, guidelines, memo’s – use familiar formats)

### Strategy & investment
- Build in data use (e.g. into training; promote data use in management meetings and other decision making forums)
## Best practices

| Build in institutionalization from the start | Institutionalization should shape how implementation is done  
|                                                | Implementation will probably take longer  
|                                                | But there should be a longer-term payoff: HIS is less likely to fail when outside parties leave |
| Develop an in-house champion | Limitations of ‘outside party’  
| | Cultivate over entire project period |
| Communications are central | Not usually a focus of departments of health  
| | Symbolic value (e.g. transparency)  
| | Helps with multiple stakeholders |
| Don’t assume data use will just happen | System functionality isn’t always used  
| | Writing data use into the policies/guidelines is no guarantee  
| | Ideas: Job description changes; building in accountability; training |
| Work yourself out of a job | Focus on building capacity in government, while you work  
| | Ultimately government staff should be able to step in and take over |
Conclusions or Implications

- Institutionalization is key to local ownership

Technology is the easy part

Institutionalization = embedding HIS in the health system (the hard part!)

When ‘outsiders’ leave, HIS more likely to be sustained

Build institutionalization into how HIS is implemented

Many are early in the move from donor-dominated to country ownership; this is a multi-year process and it won't be done in 2 years
Thank You!

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