



STRATEGIC LINKAGES BETWEEN THE SOUTH CAUCASUS HEALTH INFORMATION PROJECT AND THE CANADIAN POLICY FRAMEWORK FOR DEVELOPMENT COOPERATION: CONCEPT NOTE

Context

In this Concept Note to CIDA, the Canadian Society for International Health (CSIH) shall address, at a strategic level, the critical linkages between Canada's policy framework for development assistance and the South Caucasus Health Information Project (SCHIP), funded by CIDA and executed by CSIH. It is important to demonstrate how the goals, objectives, and mid-term results of the SCHIP are consistent with Canada's development policies, as articulated in CIDA's policy statement on strengthening aid effectiveness, "Canada Making a Difference in the World", September 2002. Two additional seminal documents that have served as beacons for drawing these linkages are the Millennium Development Goals (MDGs), drawn from the Millennium Declaration of September 2000; and the Consultation Document prepared within CIDA's Central and Eastern Europe (CEE) Branch, "Charting a Course to 2010", Fall, 2002.

While the current task is to elucidate the goal congruence between the South Caucasus Health Information Project and Canada's principals of development cooperation, it is important to highlight the fact that CSIH has been a partner in and an important contributor to the formulation of the policy framework on development cooperation as articulated by CIDA. Here, reference is made to two noteworthy documents. "Poverty and Health in the South Caucasus", April 2002, was prepared at the request of the CEE Branch, within CIDA, to demonstrate how the investment in the design and implementation health information systems would contribute to the poverty reduction process in the region.

It must be remembered that this was the point at which CIDA was making a major shift to programmatic approach-development and the Poverty Reduction Strategy framework (PRSP) was being introduced as an overarching concept to most, if not all, development initiatives within CIDA. It is important to note, that the paper prepared at the request of CIDA was recognized by the Department of Foreign Affairs and

International Trade as an important contribution to the on-going dialogue on the relevance of Canada's investment in development cooperation. In addition, the major components of this paper have been presented at various international fora. The South Caucasus Health Information Project, via these presentations, has been acknowledged as an excellent example of laying the foundation for a better health system. It has further demonstrated how support for key elements of health systems, such as health information systems, can contribute to reform efforts overall and contribute to meeting the targets associated with poverty reduction.

The second contribution made by CSIH to the formulation of Canada's policy framework on development cooperation, specifically in the Central and Eastern Europe region, was its comprehensive written submission in response to the consultation document, "Charting a Course to 2010". CSIH is recognized internationally as promoting equity-based solutions to health reform in the CEE region for ten years, and it is in this context that the Society emphasized the need for continued and enhanced programming in the health sector in the South Caucasus. In its submission, CSIH expressed the view that Canada should not rely solely on trade and economic development alone to solve the serious problems confronting the South Caucasus and Central Asia. Rather, Canada should consider a long-term, strategic investment in the social development of the region, including the promotion of human health and well-being.

This present Concept Note will build upon the CSIH contributions to the development cooperation policy framework. More importantly, it will show how the existing South Caucasus Health Information Project (SCHIP) can be viewed positively through the new lens of the September 2002 CIDA policy statement on *Strengthening Aid Effectiveness*.

While it is not completely clear as to how the policy on aid effectiveness or the consultation document on the future programming direction for Central and Eastern Europe will be implemented, together with a timetable and action plan, CSIH must make certain assumptions. This process is facilitated by the invitation by CIDA to submit a strategic concept note on possible future directions for the existing project and beyond. The final section of this note will attempt to answer the question as to what modifications are required to ensure that the project objectives are consistent with CIDA's new policy framework. It has been stated that there is a perceived gap between "what is" and "what should be" with respect to the project objectives and its results. It will be demonstrated that if such a gap exists, it is indeed very small, and it will not be a deterrent to the realization of the broader development goals and the project objectives as identified by all the concerned partners – the countries in the South Caucasus region, the principal donor, CIDA, and the executing agency, CSIH.

South Caucasus Health Information Project Goals and Objectives

The goal of the South Caucasus Health Information Project is *to strengthen health reform in Armenia, Azerbaijan, and Georgia through the appropriate application of health information technology and information management strategies.*

While the goals, objectives, and expected results were developed against a different development paradigm in 1999, concrete examples will be given to demonstrate how the project with very little modification is consistent with and complements the new development cooperation policy framework, as articulated in *Strengthening Aid Effectiveness.*

It is recognized that there are many challenges facing the countries in the South Caucasus with regard to strengthening the health sector. However, due to the progress they have made in the finalization of their respective PRSPs, they are now well positioned to demonstrate how health reform is a strong contributor toward the reduction of poverty. As a result, there is little cause for concern about goal congruence between the new policy framework enunciated by CIDA and the current CSIH project in the South Caucasus on Health Information Systems, and indeed greater opportunity is afforded by the introduction of this framework.

CSIH believes that this “new” linkage is possible because above all else, the project goals and objectives are built upon the stated needs of the three countries in the South Caucasus. The implication of this needs-based approach taken by CSIH is critical. For any changes that may be made to the existing project, based upon recent Canadian policy shifts, must be negotiated with the partners in the region, Armenia, Azerbaijan, and Georgia. It is through this process that **ownership** of the project components will be maintained, and post project sustainability will be ensured.

The Role of Health Information Systems in the New Policy Environment

Reforming the health sector provides a continuing policy framework that guides the work of the Ministries of Health and within which this project has and continues to operate since its inception. New interests and concerns have also emerged and have been given high priority; these have greatly affected the health sector, and have placed further demands on health information systems. Although articulated on different occasions and under different auspices, it should be repeated that there is a strong and clear inter-connectedness between the interest in poverty reduction and the introduction of the Millennium Development Goals (MDGs).

Poverty Reduction Strategy Papers (PRSPs) are expected to lay out a cross-sectoral strategy to address poverty levels that have increased in all three countries since the break-up of the Soviet Union. Development of these documents is a work in progress. Azerbaijan has finalized their national strategy document; Armenia and Georgia have yet to receive final Government approval for their Interim Poverty Reduction Strategy Papers. However, this is expected soon in both cases. It should be noted that the health content of the Azerbaijan PRSP has been critically reviewed as a case study by staff at WHO/Geneva. In this case, the reviewers expressed the view that the national PRSP will be useful in focusing health policy on activities that have the greatest impact on the poor. One of the key challenges noted in the review was the need for reliable data for successful monitoring of PRSP implementation. Once the remaining two countries finalize their PRSPs, it will be important also to critically review them from a health sector perspective.

Measuring progress towards the Millennium Development Goals will help keep the focus on the poorest sections of society to ensure that pro-poor policies are working and being successful. In this context, the PRSP framework provides a useful way to measure progress in reaching MDG progress. Poverty and health are inextricably linked. The PRSP framework will help to focus efforts by looking at 1) health outcomes across the society, 2) the roles of communities and households, 3) the role of the health system and other sectors in improving health outcomes (since population health is a product of many inputs, such as education, poverty, gender, and not just the health system), and 4) the role of government policies and actions. Of special significance to the health sector are the MDGs that seek to reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria and tuberculosis and other diseases.

The international donor community is adopting the PRSP framework as their principal instrument in making decisions about allocating resources across programs and activities. As a consequence there is an ever-increasing interest in accurately monitoring progress. With poorly developed routine health information systems, periodically alternative means of determining health status have had to be deployed such as Multiple-indicator Cluster Surveys, Household Surveys and Demographic and Health Surveys. These surveys are extremely expensive and are not conducted routinely, so it is in the general interest of all stakeholders to develop well designed, functioning and accurate Health Information Systems that are integrated into the overall health system infrastructure.

Health Sector Reform

With the breakup of the Soviet Union, the new nation states were faced with several enormous challenges. Among these has been the need to reform the health care delivery system. While this has had a number of guises in these emerging states, there have been some common threads. A major initiative has been to transform the health care system from the previous Soviet model to one more akin to health care delivery systems existing in the OECD countries of Western Europe.

In the Soviet era there were a large number of health facilities, especially hospitals, and a large number of health personnel, namely specialists. Under the Soviet system the tendency was for the population to seek medical care at the hospitals, and as a result, the concept of primary health care was not well developed despite it being first articulated in the Soviet Union in 1978. Health care was, in most instances, free. Since the establishment of these new nation states, Azerbaijan, Armenia, and Georgia have experienced a considerable decline in allocation for health expenditures, which has further affected the quality of performance in the health sector, and marked a documented decline in health status. Responding to the financial and structural crises, all three countries have introduced extensive health sector reforms. These reforms seek to improve the mobilization, allocation and management of public funds for the health sector and are restructuring the medical manpower profile to meet the requirements of a primary health approach to service delivery. It must be underscored that such reforms take time, involve risks, and have numerous factors associated with them that must be addressed.

Under the previous Soviet system, the management of health information was, in general, very fragmented, and there was very little inter-connectivity between and across different administrative levels and boundaries. It was a paper-based system collecting statistics that were transmitted centrally with little analysis or feedback. Much of the data was inaccurate; a result of the existing incentive system to report what was required to meet norms. Data and derived information had almost no content that was usable for policymaking and resource allocation decisions. One legacy of this system is that there is no management culture for organized information being utilized in decision-making processes. It is evident that with the reforms being introduced in the three countries that this mind set has to change. Given that the process of decentralization is another element of reform in these countries, there is a need for HIS at all levels in order to strengthen the planning, programming, and management of these processes.

Inheriting the Soviet system and then needing to undergo significant reform has meant an increased need for accurate and timely information, which the existing fragmented system was incapable of producing. There have been many priorities to which the respective governments have had to respond, but the development of an effective and responsive health information system has been seen increasingly as an essential tool for the management, monitoring, and evaluation of the reforms in the delivery of health care in the three countries.

The CIDA-funded South Caucasus Health Information Project (SCHIP) has been playing a crucial role in assisting the respective governments assess and reform their health information systems to meet these new demands and needs. As in Canada, this is an evolving process and activity that will need sustained inputs over a substantial period of time. The project has already made significant contributions to reforms

in the information systems and will continue its strategy of assisting Government reform efforts in this essential sector.

South Caucasus Health Information Project

Achievements to date

The remaining twenty months of the project will see the continuation of current efforts and the introduction of some new initiatives to help meet the changing policy context.

1. HIS Training. This 150-hour (five weeks over two years) course is designed to educate those people who will be responsible for building and operating health information systems. The course supplies the training necessary for people to become health information system managers in diverse organizational units within the health care system, such as clinics, hospitals, and government. The course modules are designed to provide participants with an integrated learning path starting with basic computer skills and ending with a consideration of health policy and health care system management from an information management perspective. This activity has progressed as planned in Armenia and Georgia, with delivery of the fourth module already completed; in Azerbaijan adjustments have been made to the delivery schedule to make up for past delays. By the fall of 2003 the certificate course will be completed in the three countries. In 2004 a study tour to Canada for select students from each country will then provide opportunity for practical experience in HIS, and a train-the-trainer component will contribute to sustainability. As a result a cadre of senior-level people will be equipped with sufficient knowledge to be able, among other things, to contribute to the further design of national health information systems.
2. HIS Demonstration Projects. A model HIS will be installed in each country to support an electronic patient record for a set of closely associated institutions and programs within a small geographic area. Each of the systems will be tailored to its respective nation. The demonstration projects in Armenia and Georgia are in mid-implementation and will be continued. Software has been developed and translated into Armenian and Georgian, clinicians at the participating facilities have been trained on computer use, and network installation is currently taking place. Workshops for administrators, MOH officials, and clinicians have been conducted to ensure ownership and allow for modification to the system prior to installation of the prototype system in summer 2003. A field visit to the demonstration project site in Azerbaijan has been completed and a workplan is being designed. The demonstration projects are integrated into the HIS certificate course in each country to ensure that there are qualified people available to make use of the new HIS, and apply this expertise to possible replication in other areas. Throughout the certificate course the demonstration project has been used

as a case study for network and database design, project planning, computer system operation and system maintenance. Once the HIS is in place, attention will be given to the analysis and use of the information for decision-making at the district level to support and strengthen the process of decentralization as part of the overall reform efforts. This problem-oriented approach leads to use of HIS in various ways (e.g., more effective resource allocation, improvement of clinical programs, addressing public health issues); this approach will be employed in workshops targeting district managers.

3. Curriculum Development. Integrating health information training into medical school curricula will provide physicians and other health professionals with an understanding of the role of data and health information for clinical decision support as well as a general understanding of the role of health information for policy-making and health planning. The focus of HIS training at the post-graduate level is more on management information systems in order to build the capacity of health planners and administrators, as well as physicians returning for additional training, to use information as the basis for managing facilities, designing programs, and developing policies. The development of materials for the undergraduate and post-graduate courses has been completed and translation into Armenian and Georgian is in progress. Faculty at the medical universities and post-graduate academies in the three countries have been identified for training in the use of the course materials; initial training is being conducted in May 2003, with mentoring by Canadian partner universities taking place over the 2003- 2004 academic year to ensure that the courses run effectively at the various institutions and that the program will be sustainable. The outcome will be a future generation of health professionals that has an intrinsic understanding of health informatics and its use.

4. Regional Conferences. CSIH is committed to promoting regional cooperation in the area of health information systems among the three South Caucasus countries. Regional conferences provide opportunities for the three countries to come together to discuss issues and obstacles to the development of effective health information systems and explore opportunities for collaboration. Three such events are planned bringing together the personnel of the three participating countries, a unique endeavor. The participants determine the content of these conferences, since the project seeks to respond to local interests and needs as much as possible. The first regional meeting, which focused on planning and identification of common themes, was held in Tbilisi in September 2002. The first conference will be held in Tbilisi on May 27/28, 2003 and will be conducted jointly with Imperial College, London, the contractor in Georgia for the Department for International Development (DFID). It will deal with design issues (e.g., standardization of data) in developing a national health information system. All three countries are participating in this activity.

5. Population Health and HIS. This component of the project addresses the development of HIS within a “determinants of health” framework (factors other than the health care system that have a strong impact on health status). A fully functioning health information system is a tool, an essential one, to manage and monitor change, to measure impacts of particular policies and program initiatives, and to make appropriate management decisions about resource allocations. Given the current policy environment, specific activities are being planned to contribute to National HIS Policy development within the PRSP framework, which includes the use of information for decision making at the district level. Activities under the population health and HIS component are being closely integrated into the stakeholder consultation process (described below) and the HIS demonstration project to support use of HIS at the district level. The project workplan will need to be revised accordingly to reflect the development of these activities.

6. Stakeholder Consultation. The objectives of SCHIP are multi-faceted and complex, and as with most development initiatives, partnerships must be formed, and an environment of cooperation and collaboration is critical if SCHIP is to achieve its desired results. These partnerships may be formed with:
 1. project beneficiaries and local stakeholders;
 2. organizations and agencies (national, regional, and international) who have complementary goals; and,
 3. shareholders (donor agencies) who, consistent with their institutional agenda, currently fund like-minded projects in the same geographical region.While CSIH has been coordinating extensively with the various shareholders at the operational level in its execution of various activities, a new initiative has been proposed to hold a conference in Ottawa in collaboration with CIDA to examine donor harmonization issues at the institutional level. This concept requires further discussion and defining, but it is deemed critical to the sustainability of results in the South Caucasus.

7. Dissemination of Results. An essential project component of the project includes the dissemination of results and improving awareness of technical and/or political issues. Through dissemination of reports, formal presentations, study tours and official visits, and participation in health conferences, partners are able to actively participate in the changing policy environment. CSIH is flexible in the planning of these activities in order to respond most effectively to partners’ specific needs or changing priorities and to take advantage of opportunities as they present themselves. The activities within this component are highly visible, for example, the visit to Canada by MOH officials in October 2002, and serve to inform several levels of audiences about the success of Canada’s commitment to, and financial investment in, health care reform.

Reaching Our Goal

CSIH employs a comprehensive, programmatic approach to the execution of the SCHIP. While maintaining the integrity of the project goal and objectives, CSIH has worked in partnership with others to ensure that activities are responsive to national priorities and yet consistent with the Canadian policy environment. In its delivery, CSIH has been careful to target the beneficiaries of the project at various levels through various activities. At the same time, recognizing the limited absorptive capacity of the local partners, CSIH has ensured that the pace of implementation was appropriate to the specific activities: users of HIS must be trained in data collection in order to have information to analyze; senior officials must be aware of the potential of HIS before engaging in policy formulation to help strengthen the health system overall. Recognizing the need for tangible results, activities such as installation of software for demonstration projects are integrated into capacity-building activities such as the certificate course. Activities that would benefit future generations of health professionals and decision-makers take place to contribute to sustainability of project results and to broaden the technical base in-country for future health reform initiatives.

The project achievements to-date clearly demonstrate that with only minor adjustments to the workplan the perceived gap between “what is” and “what should be” with respect to the project’s objectives and its results, is indeed small.

Closing the Gap

National HIS Policy Development. Although some discussions have been held in Armenia on this subject, by and large this will be a new initiative. The intent is to foster the development of national HIS working groups to deal with policy issues and decision-making related to HIS development, under the PRSP framework. It is expected that the project focal points and key persons who have been through the certificate course will be the backbone of any such group that emerges. Because the inputs for successful policy development are a long-term goal beyond the scope of this project, such an activity will require the support of other shareholders working on health reform in the region. The SCHIP contribution to this process will be largely in the form of technical assistance to the working group, and will likely be integrated into other activities, such as regional conferences, where appropriate.

District Management. The aim is to strengthen the capacity of district level management to use information for decision-making related to program planning and resource allocation. While not a new initiative, district level workshops will be planned according to progress made on the demonstration projects, and as such the scope and timing of such activities will therefore vary by country. For example,

in Georgia, this could be carried out in collaboration with other donor initiatives, for example, DFID's Primary Health Project.

Donor Harmonization. CSIH is currently carrying the burden of being the only provider of technical HIS assistance to Armenia, and the scope of other donor interventions in Georgia is relatively limited. Given that the situation in Azerbaijan is complex, with issues beyond HIS needing to be addressed, harmonization with donors is critical. Coordinating with other stakeholders is critical to long-term success. CSIH will be working on this initiative in order to be more proactive in building on the results of the project. It is envisioned that a donor conference be planned within the remaining year of the project to define future directions and respective investment.

Future Directions

To date, the SCHIP has been recognized as playing a lead role in assisting the three governments in addressing their needs for development of a health information system that meets their clearly articulated requirements for health reform. This role has been undertaken in the context of a system in transition, and a health reform process that has many dimensions. The process of change is an evolving one and it is essential to sustain the initiatives that have been started, since the evolution of a fully functional and reliable information system is still in the early stages of design and development.

It is recognized that the policy environment has sharpened its focus to redress inequities in society related to access to health programs and care. This will require countries to ensure that their information systems can provide the relevant and timely information required to determine if policies and programs are performing as expected. This means greater attention and focus on the adequacies of such systems. It does not mean that the building blocks of such systems need to be changed, but rather that the investment in designing and implementing a system with a degree of reliability needs to be enhanced. It has to be recognized that dismantling a hugely inefficient system from the Soviet era, and replacing it with a health care system consistent with national reform strategies is a long-term process. Initial expectations about the pace of reforms have had to be modified with accrued experience. It is clear that the situation calls for a more intensive long-term commitment that will ensure sustainability well into the future.

The most significant impact of this project will be the foundation laid for future reform. With reliable information for decision-making at hand, the countries themselves will be able to take greater ownership of the reform process, by providing direction and leadership to the donor community in targeting resources appropriately and planning appropriate interventions. Indeed, this is cited as one of the key principles in CIDA's Strengthening Aid Effectiveness document.

This local ownership of the health reform process would not be possible without the in-country capacity to identify and articulate the critical problems to be addressed, and to collect, organize, synthesize, and finally utilize the relevant information to address these problems with appropriate, cost-effective interventions.

The over arching goal of the South Caucasus Health Information Project allows the countries to contribute to this process of health reform. Through the approaches employed – through the ongoing engagement and the trust that has been built, ownership and sustained impact will be realized.