



Regional Health Information Systems
Strategic Plan 2012-2017
Implementation Plan

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Version 0.6 – 19 December 2011

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The Pacific Health Information Network (PHIN) (www.phinnetwork.org) was established at a Health Metrics Network (HMN) meeting in Noumea in 2006, and various health information systems (HIS) workshops and meetings have been held across the Pacific region since this time. PHIN provides a mechanism for networking, support, information sharing and training for people working as health information professionals in the region

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Sign Off

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Document Revision History

Version	Date	Prepared by	Comments
0.1	29 August 2011	Nicola Hodge, PHIN Secretariat	First draft
0.2	29 September 2011	Nicola Hodge, PHIN Secretariat Audrey Aumua, HIS Hub Manager	Second draft – additions to implementation schedule
0.3	19 October 2011	Mark Landry, WPRO Sione Hufanga, PHIN President	Third draft – additions of comments and edits
0.4	27 October 2011	Nicola Hodge	Fourth draft – edits and changes to funding section
0.5	8 December 2011	Nicola Hodge Sione Hufanga Shivnay Naidu, PHIN Vice-President Mark Landry	Fifth draft – edits based on IWG teleconference 01/12
0.6	19 December 2011	Nicola Hodge	Sixth draft – changes based on email comments
0.7	23 December 2011	Country PHIN representatives	Final draft

Summary

The Pacific Health Information Network's (PHIN) *Regional Health Information Systems Strategic Plan (2012-2017)* is designed to treat health information as a national asset to improve the health of individuals and strengthen health information systems (HIS) in all Pacific Island Countries and Territories (PICTs). The goal of the Plan is to align HIS stakeholders to a common vision and way forward to maximize every investment in HIS throughout the Pacific and provide a framework for action to aid HIS professionals achieve better health outcomes. It was endorsed by members of PHIN at the Annual Meeting held 16-17 August 2011 in Nadi, Fiji. In endorsing the six-year regional plan, HIS professionals, development partners, technical agencies and institutions recognised the urgent need to effectively address HIS issues and challenges in the region (a sentiment endorsed at the 9th Health Ministers Meeting held in Honiara in June 2011) and tasked the PHIN Implementation Working Group (IWG), with the support of the HIS Knowledge Hub and World Health Organisation (WHO) Western Pacific Regional Office (WPRO), with developing a detailed Implementation Plan to operationalise the Strategic Plan.

This Implementation Plan proposes the title of 'Regional Health Information Systems Strategy Implementation Plan' (RHISSIP) to be used to describe the overarching coordination and performance framework for implementation of the Strategic Plan. The purpose of activities under the RHISSIP is to:

- Align directly with the vision and broad objectives of the Regional HIS Strategy for implementation through country-led processes, enabling long-term and sustainable national HIS implementation planning, progress monitoring, and attentive regular follow-up
- Deliver tailored HIS support better and faster in a transparent and more collaborative way using a regional country-focused approach, which enables a flexible platform for emergent requests for technical assistance to be rationalized, resourced, and implemented
- Build greater trust among PICTs and development partners and accelerate momentum in HIS in the Pacific by reinforcing and complementing the diverse activities already underway or planned at regional and country levels
- Ensure the primary focus is on training and retention of HIS professionals that will secure stronger and sustainable HIS capacity directly in the Pacific.

The plan described in this document provides a framework for achieving the six strategic action points from the Strategic Plan. The action points are:

- 1 Advocacy
- 2 Institutional capacity and workforce development
- 3 Information and communication technologies
- 4 Data integration, quality and sharing
- 5 Policies, regulations and legislation
- 6 HIS leadership and sustainable governance.

The objective of Strategic Action Point (SAP)-1 is to increase advocacy activities for the recognition of and improvement to HIS within PICTs. The objective of SAP-2 is to enhance institutional capacity and opportunities for workforce development and training within the region. Strengthening the application of information and communication technologies is the objective of SAP-3. The objectives of SAP-4 and SAP-5 are to improve data integration, quality and sharing; and develop policies, regulations and legislation on HIS-

related issues respectively. Finally, the objective of SAP-6 is to enhance HIS leadership and sustainable governance.

Some of the outputs and their indicative activities refer to initiatives proposed for introduction under the RHISSIP, such as convening the Pacific HIS Leadership Forum in 2012 (www.hisforum.org) to catalyse multi-sectoral engagement, leadership, governance, and better advocacy for health information. Others refer to activities already underway as part of regional HIS-strengthening initiatives, such as:

- Building HIS skills among HIS professionals through sponsorships by AusAID, WPRO, Secretariat for the Pacific Community (SPC), Global Fund, Pacific Islands Health Officer Association (PIHOA), and the University of Queensland (UQ) to support PHIN members to participate in the 40-hour HIS Short Course developed by the UQ HIS Hub
- Strengthening civil registration and vital statistics (CR/VS) systems in each of the Pacific Island countries as part of the 10-year SPC Statistics Plan
- Development of a national health data dictionary (HDD) with common metadata specifications for the Pacific, using technical assistance from WPRO to Tonga as an example with technical transfer to the rest of the Pacific.

The implementation of the Regional Strategic Plan will cover the six-year period from 2012 to 2017. Annual operation plans and budgets shall be negotiated with decisions reached by the PHIN Management Committee, comprising of the President of PHIN and one representative from each of four initially proposed Partner Institutions (PIs), including AusAID, WPRO, SPC, and UQ. The process for formulating the RHISSIP joint annual work plans will include a systematic review of: regional training and HIS strengthening opportunities, country-level technical assistance plans, and available financial resources that may be available for aligning schedules and undertaking joint activities where feasible. The RHISSIP will take effect through a number of regional projects and initiatives through activities at regional, sub-regional and country levels. Global activities and initiatives, like the Health Metrics Network (HMN), shall be aligned with PHIN for collaboration and coordination. Following agreement on the joint activity annual work plan, strategy implementation Memorandums of Understanding (MOUs) will be prepared for signature by the PHIN IWG and major regional development partners if needed.

Contents

Summary.....	4
List of acronyms.....	8
1 Introduction.....	9
1.1 Purpose.....	9
1.2 Audience.....	9
1.3 How to use this document	9
1.4 Feedback.....	9
2 Implementation Overview.....	10
2.1 Governance	10
2.1.1 PHIN Management Committee	10
2.1.2 Implementation Working Group (IWG).....	11
2.1.3 Terms of Reference	11
2.1.4 Communication and Reporting Pathways.....	11
3 Background.....	13
3.1 The Pacific Health Information Network (PHIN)	13
3.2 Development of the Regional Health Information Systems Strategic Plan.....	13
3.3 Development of the Implementation Plan.....	13
4 Summary: Regional Health Information Systems Strategic Plan.....	15
4.1 Vision and guiding principles.....	15
4.2 Goal and purpose	15
4.3 Potential risks of not implementing.....	15
5 Regional Health Information Systems Strategy Implementation Plan (RHISIP).....	19
5.1 Framework for implementation	19
5.2 Component Structure and Relationships	20
5.2.1 Structure.....	20
5.2.2 Objectives and outputs.....	20
5.2.3 Relationship with ongoing activities.....	20
5.3 Strategic Action Points	21
5.3.1 Advocacy.....	21
5.3.2 Institutional capacity and workforce development	21
5.3.3 Information and communication technologies.....	22

5.3.4 Data integration, quality and sharing 22

5.3.5 Policies, regulations and legislation 22

5.3.6 HIS leadership and sustainable governance 23

5.4 Program Management 23

5.4.1 Management Milestones 24

5.5 Resources and costs 26

5.6 Timing 27

5.7 Monitoring and evaluation 27

6 Implementation Schedule 28

Appendix 1 Pacific Island Country and Area HIS Situation 35

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List of acronyms

AIHW	Australian Institute of Health and Welfare
AusAID	Australian Agency for International Development
CR/VS	Civil registration and vital statistics
HDD	Health data dictionary
HIMAA	Health Information Management Association of Australia
HIS	Health information systems
HIS Hub	Health information systems knowledge hub
HMN	Health Metrics Network
ICT	Information and communication technologies
IFHIMA	International Federation of Health Information Management
IWG	Implementation Working Group
M&E	Monitoring and evaluation
MOU	Memorandum of understanding
PI	Partner Institution
PHIN	Pacific Health Information Network
PICTs	Pacific Island Countries and Territories
PIHOA	Pacific Islands Health Officer Association
QUT	Queensland Institute of Technology
RHISSIP	Regional Health Information Systems Strategic Implementation Plan
SPC	Secretariat of the Pacific Community
TAG	Technical Advisory Group
UQ	University of Queensland
WHO	World Health Organisation
WPRO	WHO Western Pacific Regional Office

1 Introduction

1.1 Purpose

This document, the Regional Health Information Systems Strategy Implementation Plan (RHISSIP), describes how the PHIN Regional Health Information Systems Strategic Plan (2012-2017) shall be implemented and provides the roles and responsibilities, prerequisites and steps involved in operationalising the Strategy.

1.2 Audience

This document is intended for:

- HIS Professionals working in PICTs
- Government officials
- Development partners, including (but not limited to) donors, technical agencies, academia, non-government organizations, implementing partners, and solution providers
- The general public.

1.3 How to use this document

This document provides an overview of the approach that PHIN, in collaboration with the PHIN Implementation Working Group and newly established PHIN Management Committee, will be following to implement RHISSIP activities. Associated documents (available on the PHIN website) that are relevant to the reader of this plan include:

- Regional Health Information Systems Strategic Plan 2012-2017
- Phase 1 Work Plan 2012-2013
- Monitoring and Evaluation Framework
- Issues and Challenges for Health Information Systems in the Pacific 2009
- PHIN Terms of Reference.

1.4 Feedback

Feedback for this draft RHISSIP document is sought from all PHIN members and development partners currently providing support to HIS in the Pacific. All comments should be sent to the PHIN President, Vice-President or Secretariat.

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2 Implementation Overview

Title	Regional Health Information Systems Strategy Implementation Plan (RHISSIP)
Start date	January 2012
Duration (months)	72
Personnel	<p>PHIN President</p> <ul style="list-style-type: none"> • Sione Hufanga, Ministry of Health, Tonga <p>PHIN Vice-President</p> <ul style="list-style-type: none"> • Shivnay Naidu, Ministry of Health, Fiji <p>PHIN Secretariat</p> <ul style="list-style-type: none"> • Nicola Hodge, HIS Hub, University of QLD <p>PHIN Management Committee</p> <ul style="list-style-type: none"> • PHIN President • Partner Institutions (AusAID, WPRO, SPC, HIS Hub) <p>Implementation Working Group</p> <ul style="list-style-type: none"> • PHIN President • PHIN Vice-President • PHIN Secretariat • HIS Hub • WPRO <p>Key Stakeholders</p> <ul style="list-style-type: none"> • AIHW • PIHOA • SPC • QUT • HMN • HIMAA
Structure/stages/phases of development	<ul style="list-style-type: none"> • Phase 1: January 2012 – December 2013 • Phase 2: January 2014 – December 2015 • Phase 3: January 2016 – December 2017
Program management milestones	<i>See section 5.4</i>

2.1 Governance

2.1.1 PHIN Management Committee

The Management Committee shall be comprised of the President and Vice-President of PHIN, three country representatives (on a rotating basis) and one representative from each of the three initially proposed Partner Institutions (PIs), including WPRO, SPC, and UQ HIS Hub. The Management Committee shall be responsible for overall management and oversight of RHISSIP; direct the PHIN Secretariat to take specific actions; formulate and approve the RHISSIP joint annual work plans; monitor PHIN performance and progress; and mitigate risks. The Management Committee shall meet annually and conduct not less than quarterly conference calls to conduct routine business, including but not limited to systematic review of regional training and HIS strengthening opportunities, share knowledge of country-level HIS strengthening activities and technical assistance in progress or planned, and review of available financial resources that may be available for programming by partners to identify possibilities for aligning schedules and undertaking

joint activities where feasible. The Management Committee shall coordinate with other global and regional initiatives where appropriate, and MOUs will be prepared for signature by the PHIN IWG and relevant regional development partners if needed.

2.1.2 Implementation Working Group (IWG)

The Implementation Working Group is comprised of five core members: the PHIN President, Vice-President and Secretariat, with additional technical assistance from one representative from WPRO and the UQ HIS Hub. The PHIN IWG has the lead responsibility for implementation of the RHISSIP. The IWG is also initially required to provide feedback and input on three critical pieces of work:

1. The Implementation Plan (this document)
2. Phase 1 Work Plan 2012-2013
3. Monitoring and Evaluation Framework.

The Group will communicate with each other through a variety of electronic mediums, including email, one-on-one phone conversations and regular teleconferences. Three country representatives will be invited to participate in each teleconference, to ensure communication remains open between the IWG and PHIN members. One face-to-face meeting for the IWG is planned to take place in mid-2012; however funding has not been secured for this as yet. As part of the communication strategy, IWG members will also have to decide the best way of engaging with the wider Network on progress made and issues arising.

2.1.3 Terms of Reference

Terms of Reference (TOR) have been developed for the PHIN President, Vice-President and Secretariat, and these are available on the PHIN website (www.phinnetwork.org).

2.1.4 Communication and Reporting Pathways

As demonstrated in Figure 1, the flow of communication between PHIN members, the President, Vice-President and Secretariat is open and multi-directional; with members encouraged to communicate directly with the President, Vice-President or Secretariat, and vice-versa. In terms of implementation of the Strategic Plan, the Implementation Working Group (comprised of the President, Vice-President, Secretariat and two technical advisors) communicates directly with PHIN members via existing channels, such as regular newsletters and the PHIN website. Reporting on implementation activities flows from PHIN members to the Secretariat; who then presents the information to the Working Group, of which they are a member. PHIN members will also be invited to participate in IWG teleconferences (on a rotating basis) to ensure communication channels remain open. The PHIN President has the primary responsibility of reporting on implementation progress to the Management Committee; as well as reporting on overall progress to PHIN members directly.

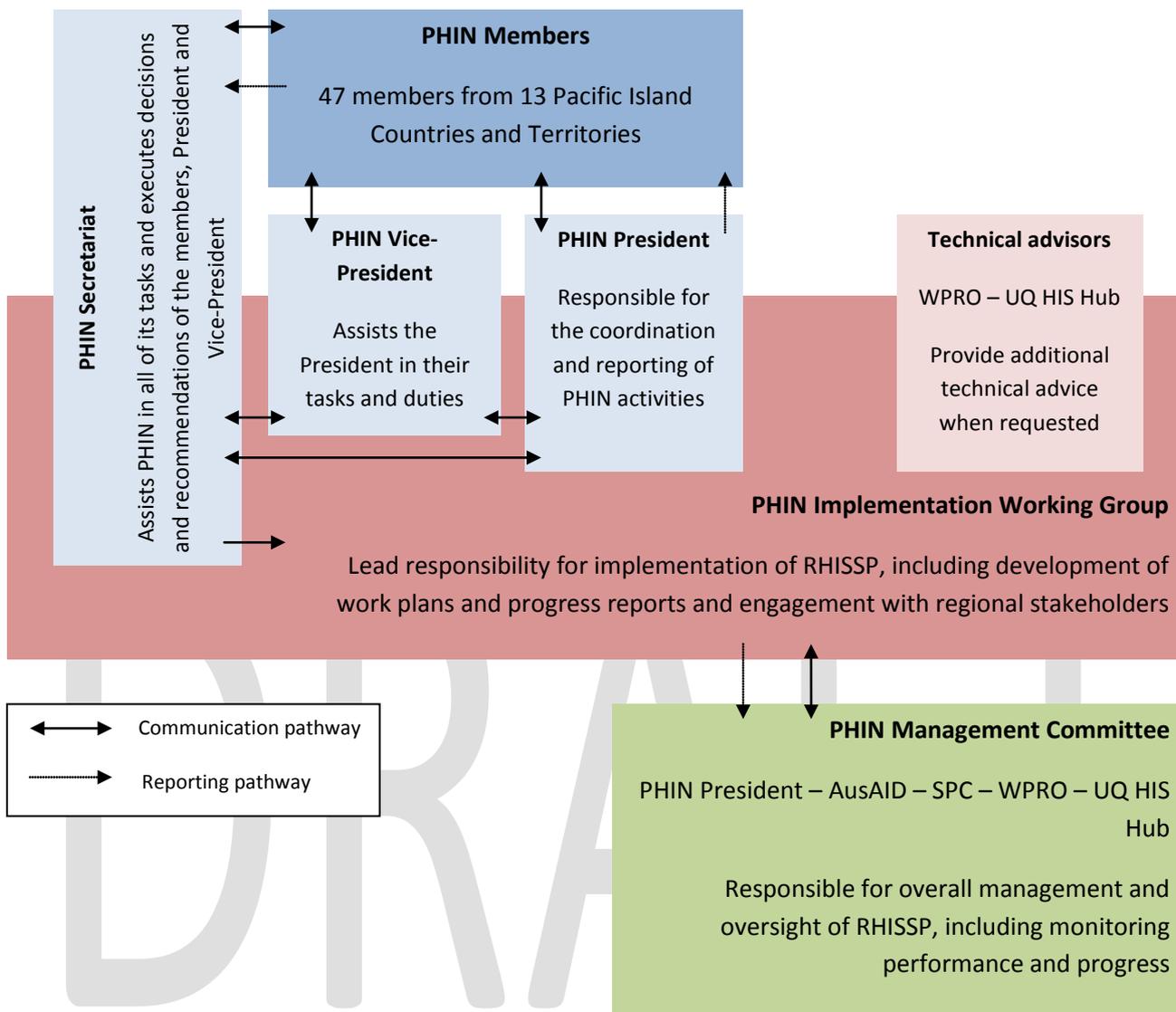


Figure 1 PHIN communication and reporting pathways

3 Background

3.1 The Pacific Health Information Network (PHIN)

PHIN aims to support health systems to achieve better outcomes through strengthening the quality and improving the use of health information. To achieve this PHIN has a number of specific target outcomes derived from turning country-led HIS actions into better health outcomes and policy across the region including:

- Implementation of standards-based, interoperable HIS in all PICTs
- Ensuring that cost-effective, timely, reliable and relevant information is available and used to better inform health development policies
- Providing a sustainable competency-based capacity building mechanism for networking, collaborative support, information sharing, technical transfer, and training for people working as health information professionals
- Promoting health information systems in the broader health systems strengthening agenda.

Current HIS Situation

- **HIS remain fragmented** by function, disease or condition, donor, or global health initiatives
- MDG, NCD, and other health indicator reporting is unreliable and incomplete – **data rich but information poor** for decision-makers
- **Limited analytical skills** among data producers to support policy makers
- *Those responsible for health information are undervalued and/or under skilled to perform effectively and impact health*
- **Little data integration and sharing** and lack of clarity of data ownership
- **Inadequate legislation** or regulations
- Need for unique identifiers and **data standards**

3.2 Development of the Regional Health Information Systems Strategic Plan

The Strategic Plan was developed through an extensive consultative and participatory process, taking into consideration the uniqueness of the Pacific region and similarities in issues related to HIS, including lessons learnt from countries that have implemented strategies for improving HIS. A PHIN Working Group, in collaboration with UQ HIS Hub and WPRO, drafted version 1.0 of the Strategic Plan in 2011. The Strategic Plan was formally endorsed and launched 16-17 August 2011 at the PHIN Annual Meeting and HIS Workshop in Nadi, Fiji (attended by over 40 country representatives from 18 Pacific Island Countries and Territories).

3.3 Development of the Implementation Plan

To ensure that Pacific HIS issues are accurately addressed in a timely manner, consensus was reached by PHIN members in support of development of this Implementation Plan. The HIS Workshop held in Nadi in August 2011 was a forum for a wide range of Pacific stakeholders including health information professionals, clinicians, technical partners and donor agencies, to influence the implementation of the strategy. The process identified the need for a phased approach, one which reflected the diversity of country needs, priorities and implementing capacity. The consultative process continued over the next five months until the end of 2011, primarily through email and telephone contact.

The RHISSIP describes the overarching coordination and performance framework for implementation of the Strategic Plan. The purpose of activities under the RHISSIP is to:

- Align directly with the vision and broad objectives of the Regional HIS Strategy for implementation through country-led processes, enabling long-term and sustainable national HIS implementation planning, progress monitoring, and regular follow-up
- Aid to deliver tailored HIS support better and faster in a transparent and more collaborative way using a regional approach though country-focused adaptive implementation capacity, which enables a flexible platform for emergent requests for technical assistance to be rationalized, resourced, and implemented
- Build greater trust among PICTs and development partners and accelerate momentum in HIS in the Pacific by reinforcing and complementing the diverse activities already underway or planned at regional and country levels, and
- Ensure the primary focus is on training and retention of HIS professionals that will secure stronger and sustainable HIS capacity directly in the Pacific.

Section 4 summarizes the Regional HIS Strategic Plan and risks associated with not taking appropriate action to implement the plan. Section 5 provides details of the RHISSIP, including prioritised activities and timelines.

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4 Summary: Regional Health Information Systems Strategic Plan

4.1 Vision and guiding principles

The regional strategy is designed to support national efforts to improve health information systems, and to strengthen work at the regional level through improved coordination, collaboration and partnership between regional organisations and national programs. The strategy is guided by PHIN's vision and mission for health information systems in the Pacific.

4.2 Goal and purpose

The goal of the PHIN regional HIS strategy is to align all HIS stakeholders to a common vision and way forward to maximize every investment in HIS throughout the Pacific and provide a framework for action to aid HIS professionals achieve better health outcomes.

The five primary purposes guiding the strategy are complementary and together encompass coordinated approaches to HIS capacity building in the Pacific for effective and sustainable HIS improvements and accountability. Purposes are to:

1. Enhance the capacity of HIS professionals in PICTs to achieve and sustain well-functioning health information systems through country-led processes, national HIS planning and development, implementation, progress monitoring, and evaluation
2. Strengthen coordination of regional-level responses by delivering tailored country-focused HIS support better and faster in a transparent and more collaborative manner and enable technical transfer, knowledge sharing and learning across PICTs
3. Mobilise resources and expertise to assist PHIN members to achieve their PICT health information needs
4. Help PICTs to achieve and report on their national and international targets in response to improving health information systems
5. Accelerate momentum in HIS in the Pacific by reinforcing and complementing the diverse activities already underway or planned at regional and country levels

4.3 Potential risks of not implementing

Ref	Strategic Action Points, Objectives and Outputs	Risks to the region of not implementing
SAP 1: ADVOCACY		
To increase advocacy activities for the recognition of and improvement to HIS within PICTs		
1.1	Advocacy activities on HIS are delivered through the region	Wide-spread levels of statistical illiteracy is incompatible with making informed choices and decisions throughout society
1.2	Regional dialogue on the incentives for data collection is enhanced	Current situation will not improve: governments and development partners will not have access to reliable and timely information for making decisions Perpetuation of current situation of data being collected for the sake of producing statistics will continue (rather than being collected to meet a demand for regular, ongoing and specific

PHIN Vision
Health in Pacific Island Countries and Territories is enhanced through better use of quality and timely information
PHIN Mission
Professionals working in health information systems in Pacific Island Countries and Territories shall promote and use reliable, complete and timely information for decision-making and for achieving greater health outcomes

Ref	Strategic Action Points, Objectives and Outputs	Risks to the region of not implementing
		<p>information needs)</p> <p>Very limited political commitment to consider HIS as a priority area and take forward regional HIS interventions in a sustainable manner</p>
1.3	HIS is promoted among key non-health stakeholders	<p>Wide-spread levels of statistical illiteracy is incompatible with making informed choices and decisions throughout society</p> <p>Resistance to adapt to new business process changes particularly technological improvement due to unforeseen associated costs</p>
1.4	Experiential knowledge related to HIS is shared	An unhealthy sense of competition becomes a major enemy of productive networking and sharing
SAP 2: INSTITUTIONAL CAPACITY AND WORKFORCE DEVELOPMENT		
To enhance institutional capacity and opportunities for workforce development and training within the region		
2.1	HIS career paths are developed	<p>Without a long-term commitment to training, career development and retention incentives, previous investments will be wasted as people leave the sector/country</p> <p>Human resources are wasted as staff are not employed to their full professional capacity</p> <p>High turnover rates undermine capacity building investments and forces the health system to repeatedly suffer from the consequences of rebuilding HIS capacity</p>
2.2	Existing pre-service and in-service training for HIS personnel is improved	<p>Given regular staff turnover/losses, ongoing pre- and in-service training programs are essential to maintain momentum and basic HIS capacity</p> <p>Health statistics/information units will not have the opportunity to become more self-sufficient or provide higher-end statistical operations</p> <p>Due to staff shortages, daily required workloads do not allow the opportunity for ongoing in-service training</p> <p>In the absence of recognizing the value of HIS, HIS staff are reluctant to spare much time and resources for innovative initiatives</p>
2.3	Regional curriculum for training in HIS is developed	<p>Without a greater focus on developing regional strategies for training, scarce resources will be wasted</p> <p>Specialist health information skills continue to be lost due to migration</p> <p>Current situation of <i>ad hoc</i> consultancy providers conducting uncoordinated training will continue</p> <p>Health systems will provide externally-developed training that is irrelevant to the Pacific context</p>
2.4	The roles and functions of a Health Statistics/Information Unit are reviewed	Without the capacity to undertake core statistical functions, there is no justification to maintain a national health

Ref	Strategic Action Points, Objectives and Outputs	Risks to the region of not implementing
		<p>statistics/information unit</p> <p>Without the specification of core roles and functions, statistics and information units will miss development opportunities (such as training) required to become more self-sufficient with higher-end statistical operations</p>
SAP 3: INFORMATION AND COMMUNICATION TECHNOLOGY To strengthen the application of information and communication technology in HIS		
3.1	The capacity of information systems to transmit, access and share health information is strengthened through the use of interoperability standards	<p>Current situation will not improve: continue to rely on chronically outdated statistics</p> <p>Longitudinal patient monitoring will not be achievable for improving the prevention, care and treatment of NCDs and tracking patients through the continuity of care</p> <p>Important performance indicators will continue to be reported on an insufficient basis (such as annually as opposed to weekly or monthly) and in formats that are not easily comparable</p>
3.2	Policy and maintenance plans for the various resources related to HIS are developed	<p>ICT projects will fail, operation and maintenance will cease, and systems will become obsolete</p> <p>IT equipment replacement plans and other important policies will continue to be ignored</p>
3.3	An eHealth or HIS architecture exists to guide planning, development, deployment, operation, and maintenance for ICT investments	Without an HIS architecture or 'blueprint', expensive investments in HIS, particularly ICT-enhanced solutions, will not be interoperable or sustainable over the long-term
SAP 4: DATA INTEGRATION, QUALITY AND SHARING To improve data integration, quality and sharing		
4.1	A feasibility study on a regional data warehouse is conducted	Continued reliance on chronically outdated statistics, with census and surveys only conducted every five to 10 years
4.2	An international standard or code of practice regarding data sharing is developed	Current situation will not improve, particularly with changes in key roles that may introduce inconsistency in a country's data sharing policy
4.3	A core dataset for sharing health information is developed	Current situation will not improve: continue to have large data gaps across key sectors and data that cannot be compared due to the lack of adherence to common definitions and measurement processes
4.4	Data quality standards are developed, documented and disseminated	Impossible to enforce evidence-based decision-making and the tracking of development progress without strong data quality standards in place
4.5	Regular and systematic monitoring and review of HIS in PICTs is established	Political commitment, management, and budget allocations to enable HIS improvements cannot be well understood, regularly reviewed, and adequately resourced
SAP 5: POLICIES, REGULATIONS AND LEGISLATION To develop policies, regulations and legislation on HIS-related issues		
5.1	Policy to facilitate the linkage of information is established	<p>Information will not be shared among different departments, organisations, countries, etc</p> <p>Information that is shared will be on an ad hoc basis, and possible incompatible with other sources, due to differences in collection and storage methods</p>
5.2	The legal basis of different HIS-related	Continued reliance on very expensive household surveys to

Ref	Strategic Action Points, Objectives and Outputs	Risks to the region of not implementing
	activities is strengthened	generate basic statistics, which can be collected in a more efficient (regular, ongoing) and cost-effective way Without such structures and systems in place, and political support, HIS in the region will not improve
5.3	User's manuals and policies for the HIS and each of its sub-systems are developed and disseminated	Without such structures and systems in place, and political support, HIS in the region will not improve
SAP 6: HIS LEADERSHIP AND SUSTAINABLE GOVERNANCE		
To enhance HIS leadership and sustainable governance in the region		
6.1	A leadership forum is established	Without such a forum, it will be difficult to achieve whole-of-government support to HIS activities and development
6.2	The core specifications of a health information governance structure are established	The continued lack of donor and stakeholder coordination will result in duplicative, incompatible, and ad hoc or unsustainable approaches or solutions
6.3	HIS leadership skills are enhanced	Without HIS leaders in the region it is difficult to sustain ongoing activities for HIS strengthening
OAP 7: PROGRAM MANAGEMENT		
7.1	Regional strategy has been implemented in a coordinated manner	Without a coordinated approach, implementation activities will become duplicative, incompatible, ad hoc and/or unstable and may undermine the entire strategy
7.2	Regional strategy has been monitored and evaluated	Without monitoring and evaluation it will be impossible to measure the success of the strategy or level of change to HIS in the region

5 Regional Health Information Systems Strategy Implementation Plan (RHISSIP)

5.1 Framework for implementation

The successful implementation of the Strategic Plan is a collective responsibility of all governments, civil society organisations (including non-government organisations, academia, and professional associations), regional agencies, development partners and technical agencies. The strategy will be implemented through a number of priority regional projects and initiatives plus targeted country and multi-country activities as part of the PHIN **Adaptive Implementation Capacity (AIC)** platform that will complement and/or optimize current and planned national activities. The AIC is an innovative and flexible technical assistance mechanism, a sort of HIS 'helpdesk' whereby if funded and operational under PHIN, will offer PICTs better value for money for well-coordinated and collaborative HIS strengthening activities that are rationalized, resourced, and implemented on a country-by-country basis. Protocols and selection criteria for AIC supported activities shall be developed to ensure transparency and accountability of selected activities supported as resources allow. The PHIN Management Committee shall make decisions on which AIC activities are supported with resources available. In line with the decision made at the PHIN Annual Business Meeting (17 August 2011), the IWG will be the principal operational body for the RHISSIP for approved and resourced activities. The PHIN Secretariat shall coordinate and manage the overall process.

The multitude of development partners and diversity of interventions in HIS strengthening in the Pacific are clear indications of the strong commitment to a multi-sectoral approach and appreciation of health information as a national asset. However, this also poses a major challenge for a better coordinated approach taken by the PHIN Secretariat to facilitate implementation of the Strategic Plan.

The collective efforts under the RHISSIP framework have a primary focus on building long-term, sustainable HIS skills and capacity across the region to support efforts by PICTs to achieve expanded and sustainable responses to the current issues and challenges facing HIS. The program of activities under the RHISSIP framework is intended to be:

- Consistent with the vision and broad strategies of the Strategic Plan
- Proactive in the strengthening of multi-sectoral partnership and country-led approaches
- Inclusive of a broad range of stakeholders at regional and country levels
- Reinforcing and complementary to the diverse activities already underway or planned at regional and country levels
- Strategic in minimising obstacles posed by geographical distances, small population sizes and diversity in economies, culture and institutional capacity
- Integral in scaling up and streamlining resources to deliver tailored HIS support better and faster in a transparent and more collaborative way using a country-focused regional approach to improving health information systems in the Pacific, and
- Key in building greater trust among PICTs and development partners and accelerate momentum in HIS in the Pacific.

The RHISSIP is **not** intended to:

- Prescribe or prioritize what should be done at country level

- Duplicate activities implemented through national health sector or HIS strategic plans in countries, or
- Divert resources and efforts from national responses to HIS.

5.2 Component Structure and Relationships

5.2.1 Structure

This Implementation Plan provides a framework for achievement of the six strategic action points from the Regional HIS Strategic Plan. The action points are:

- SAP-1 Advocacy
- SAP-2 Institutional capacity and workforce development
- SAP-3 Information and communication technologies
- SAP-4 Data integration, quality and sharing
- SAP-5 Policies, regulations and legislation
- SAP-6 HIS leadership and sustainable governance.

A summary description of the six action points and their objectives, outputs and indicative activities are provided in section 6.

5.2.2 Objectives and outputs

Given the nature of regional programs, RHISSIP activities cannot in themselves exert a direct influence over achievement of the regional strategy goal, as it is a long-term goal requiring a number of change agents, organisations and strategies. Management of RHISSIP should, however, monitor the broader policy and program environment to help ensure that the regional program continues to be contextually relevant.

Further, the RHISSIP can only be expected to exert influence over the achievement of strategic purposes of the Strategic Plan through its role as a contributor to the overall multi-sectoral and multi-strategy response across PICTs. The Monitoring and Evaluation framework provides a greater level of detail.

5.2.3 Relationship with ongoing activities

Some of the outputs and their indicative activities refer to initiatives proposed for introduction under the RHISSIP, such as convening the Pacific HIS Leadership Forum in 2012 (www.hisforum.org) to catalyse multi-sectoral engagement, leadership, governance, and better advocacy for health information. Others refer to activities already underway as part of regional HIS-strengthening initiatives, such as:

- Building HIS skills among HIS professionals through sponsorships by AusAID, WPRO, Secretariat for the Pacific Community (SPC), Global Fund, Pacific Islands Health Officer Association (PIHOA), and the University of Queensland (UQ) to support PHIN members to participate in the 40-hour HIS Short Course developed by the UQ HIS Hub
- Strengthening civil registration and vital statistics (CR/VS) systems in each of the Pacific Island countries as part of the 10-year SPC Statistics Plan
- Development of a national health data dictionary (HDD) with common metadata specifications for the Pacific, using technical assistance from WPRO to Tonga as an example with technical transfer to the rest of the Pacific.

5.3 Strategic Action Points

5.3.1 Advocacy

The objective of SAP-1 is to increase advocacy activities for the recognition of and improvement to HIS within PICTs. A number of advocacy activities are required to create awareness, discuss issues and elicit action for the following HIS-related areas:

- Systematic development and strengthening of the HIS of member countries
- Recognition by policy makers of the direct linkages between HIS strengthening and policy improvements to achieve their priority health outcomes
- Common understanding that HIS strengthening is not merely a technical issue, but also political, multi-sectoral, social, and environmental
- Resource sharing for HIS development and maintenance among different programs within the Ministry of Health and donor agencies
- Development of mechanisms for effective and efficient knowledge management
- Interoperability or integration of information systems of different vertical programs within the Ministry of Health
- More rigid implementation of existing HIS-related laws and regulations
- Strengthening of the curriculum of medical and nursing schools in relation to the generation and use of health information
- Alignment of emerging HIS needs and activities with current management priorities.

There are four outputs:

1. Advocacy activities on HIS are delivered through the region
2. Regional dialogue on the incentives for data collection is enhanced
3. HIS is promoted among key non-health stakeholders
4. Experiential knowledge related to HIS is shared.

5.3.2 Institutional capacity and workforce development

The objective of SAP-2 is to enhance institutional capacity and opportunities for workforce development and training within the region. Workforce development is a 'multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness'.¹ It is more than just the education and training of individual workers: enhancing capacity needs to be broad and comprehensive and have a systems' focus. Institutional capacity and workforce development are important strategic action points as countries in the Pacific are faced with major issues in relation to workforce (training, retention, coverage, etc). However, it is vital to focus on upgrading institutions (rather than people) as people move between roles/organisations and countries. By supporting institutions and the structures that affect performance and outcomes, we can ensure there will be enough skilled workers for the future.

There are four key outputs for this strategic action point:

¹ Smith N. 2011. Working in Health Promoting Ways: Newsletter number three. Department of Health and Human Services Tasmania

1. HIS career paths are developed
2. Existing pre-service and in-service training for His personnel is improved
3. Regional curriculum for training in HIS is developed
4. The roles and functions of a health statistics/information unit are reviewed.

5.3.3 Information and communication technologies

Strengthening the application of information and communication technologies (ICT) is the objective of SAP-3. The use of emerging ICT has increased rapidly in all development contexts, including healthcare. It is believed that the use of appropriate technologies will increase the quality and reach of communication and information. However, decisions on what ICT to adopt are often made without evidence of their effectiveness. There is also very limited research or models of best practice on the use of ICT in the Pacific.

This action point has two outputs:

1. The capacity of information systems to transmit, access and share health information is strengthened
2. Policy and maintenance plans for the various resources related to HIS are developed.

5.3.4 Data integration, quality and sharing

The objective of SAP-4 is to improve data integration, quality and sharing among PICTs. Integration involves linking independent data elements or data from different sources so that they can be collected, stored, processed, compiled and analysed together. Improving data integration, quality and sharing are key strategic areas for action as the collection of the same data multiple times for multiple purposes is inefficient and costly. Furthermore, improving the quality of data produced in-country is an important step forward in getting people (and organisations) to trust the data, and as such, use it.

There are five outputs:

1. A feasibility study on a regional data warehouse is conducted
2. An international standard or code of practice regarding data sharing is developed
3. A core dataset for sharing health information is developed
4. Data quality standards are developed, documented and disseminated
5. Regular and systematic monitoring and review of HIS in PICTs is established.

5.3.5 Policies, regulations and legislation

Developing policies, regulations and legislation on HIS-related issues is the primary objective of SAP-5. There is very little health information-related legislation and policy mandating a minimum collection of health data or standard processes for data management, reporting and dissemination. The weakness or absence of appropriate legislation, policies and regulations in health information may be a contributing factor to the lack of data sharing among stakeholders.

This action point has three core outputs:

1. Policy to facilitate the linkage of information is established
2. The legal basis for different HIS-related activities is strengthened
3. User's manuals and policies for the HIS and each of its sub-systems are disseminated.

5.3.6 HIS leadership and sustainable governance

The objective of SAP-6 is to enhance HIS leadership and sustainable governance in the region. The underlying premise is that strong regional, national and community leadership and improved governance will increase the effectiveness of responses to HIS issues and challenges, and collectively lead to improvement in the overall regional response. Achievements against the four outputs for this strategic action point can be expected to strengthen the capacity of PICTs to promote HIS and mitigate potential problems if they arise.

There are three outputs for this strategic action point:

1. A leadership forum is established
2. The core specifications of a health information governance structure are established
3. HIS leadership skills are enhanced.

5.4 Program Management

While not a strategic action point of the Plan, the objective of this action point is to effectively and efficiently manage the Regional HIS Strategic Plan implementation. The focus of activities under this strategy is on ensuring that the regional strategy has been implemented in a coordinated manner, and effectively monitored and evaluated. There are two core outputs:

1. Regional strategy has been implemented in a coordinated manner
2. Regional strategy has been monitored and evaluated.

The implementation of the Regional Strategic Plan will cover the six-year period from 2012 to 2017. Annual operation plans and budgets shall be negotiated with decisions reached by the PHIN Management Committee, comprising of the President of PHIN and one representative from each of four initially proposed Partner Institutions (PIs), including AusAID, WPRO, SPC, and UQ. The process for formulating the RHISSIP joint annual work plans will include a systematic review of regional training and HIS strengthening opportunities, any available knowledge of country-level technical assistance plans, and review of available financial resources that may be available for programming by partners to identify possibilities for aligning schedules and undertaking joint activities where feasible. The RHISSIP will take effect through a number of regional projects and initiatives through activities at regional, sub-regional and country levels. Global activities and initiatives, like the Health Metrics Network, shall be aligned with PHIN for collaboration and coordination. Following agreement on the joint activity annual work plan, strategy implementation Memorandums of Understanding (MOUs) will be prepared for signature by the PHIN IWG and major regional development partners if needed.

The PHIN IWG has the lead responsibility for implementation of this action point. The PHIN President has principal responsibility for ensuring that the activities under the two outputs for this action point are implemented effectively. On a day-to-day basis, the program management and monitoring responsibilities

will be the responsibility of the PHIN Secretariat, and if resources become available, shall also include a PHIN Coordinator, Training Programme Manager, and administrative assistant(s) to ensure operations occur effectively and efficiently—including receipt, coordination, evaluation, and delivery of technical support that are vetted and authorized through the AIC mechanism.

Seeking support from the range of regional partners (including PICTs) for strategy implementation and ensuring complementary activities will be key activities, along with ensuring that monitoring of the RHISSIP proceeds smoothly and regular reports are prepared and disseminated.

The regional strategy will be implemented through a number of regional projects and initiatives and through activities at regional, sub-regional and country level. The PHIN Annual Meeting will be the main mechanism for coordination of the broad range of country and regional partners involved in the implementation of the strategy. The 2012 annual meeting will review the Phase 1 Work Plan, consider lessons learnt and address issues affecting or likely to affect implementation progress. Where possible, the meeting will be scheduled to link with other regional meetings, thus reducing participant travel times and costs. The draft Annual Monitoring and Evaluation Report will be emailed to PHIN members for comment prior to the meeting.

The PHIN IWG will work closely with key stakeholders and other partners on the development of annual work plans. The draft of the RHISSIP Phase 1 Work Plan will be reviewed by PHIN members, technical partners, donor agencies and other key partners during a number of meetings to be held from September to December 2011. In addition to the formal mechanisms for communication between RHISSIP partners, informal communication linkages such as email, telephone and discussion board contact will be strengthened to ensure the RHISSIP functions effectively. The PHIN Regional Communication Strategy will provide a framework for strengthening communication between key stakeholders, in particular those with key focal point responsibilities for agreed activities under the six strategic action points.

5.4.1 Management Milestones

Effective management of the RHISSIP will require achievement of a number of key milestones relating to Overarching Action Point 7 (Program Management). Critical milestones related to the two outputs of OAP-7 (Regional strategy has been implemented in a coordinated manner; Regional strategy has been monitored and evaluated) are listed below.

Number	Milestone	Due date	Evidence of achievement
1	Establish an Implementation Working Group	30 September 2011	Endorsement of Terms of Reference by PHIN President and Vice-President
2	Hold a RHISSIP planning meeting with key stakeholders	25 November 2011	Meeting minutes and action points
3	Develop the Regional HIS Strategy Implementation Plan	23 December 2011	Endorsement of Plan by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
4	Develop the RHISSIP Phase 1 Work Plan (2012 – 2013)	23 December 2011	Endorsement of Work Plan by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
5	Prepare a six-monthly progress report on RHISSIP implementation for the period January to June 2012	31 August 2012	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and

			relevant stakeholders
6	Hold the Annual PHIN RHISSIP Planning Meeting for 2012	October 2012	Meeting minutes and action points
7	Prepare a six-monthly progress report on RHISSIP implementation for the period July to December 2012	28 February 2013	Acceptance by PHIN IWG
8	Prepare the RHISSIP Monitoring and Evaluation Report for 2012	29 March 2013	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
9	Prepare a six-monthly progress report on RHISSIP implementation for the period January to June 2013	30 August 2013	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
10	Hold the Annual PHIN RHISSIP Planning Meeting for 2013	October 2013	Meeting minutes and action points
11	Develop the RHISSIP Phase 2 Work Plan (2014 – 2015)	20 December 2013	Endorsement of Work Plan by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
12	Prepare a six-monthly progress report on RHISSIP implementation for the period July to December 2013	28 February 2014	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
13	Prepare the RHISSIP Monitoring and Evaluation Report for 2013	28 March 2014	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
14	Prepare a six-monthly progress report on RHISSIP implementation for the period January to June 2014	29 August 2014	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
15	Hold the Annual PHIN RHISSIP Planning Meeting for 2014	October 2014	Meeting minutes and action points
16	Prepare a six-monthly progress report on RHISSIP implementation for the period July to December 2014	27 February 2015	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
17	Prepare the RHISSIP Monitoring and Evaluation Report for 2014	27 March 2015	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
18	Prepare the mid-term progress report on RHISSIP implementation for the period 2012 – 2014	26 June 2015	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
19	Prepare a six-monthly progress report on RHISSIP implementation for the period January to June 2015	28 August 2015	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
20	Hold the Annual PHIN RHISSIP Planning Meeting for 2015	October 2015	Meeting minutes and action points
21	Develop the RHISSIP Phase 3 Work Plan (2016 – 2017)	18 December 2015	Endorsement of Work Plan by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders

22	Prepare a six-monthly progress report on RHISSIP implementation for the period July to December 2015	26 February 2016	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
23	Prepare the RHISSIP Monitoring and Evaluation Report for 2015	31 March 2016	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
24	Prepare a six-monthly progress report on RHISSIP implementation for the period January to June 2016	31 August 2016	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
25	Hold the Annual PHIN RHISSIP Planning Meeting for 2016	October 2016	Meeting minutes and action points
26	Prepare a six-monthly progress report on RHISSIP implementation for the period July to December 2016	24 February 2017	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
27	Prepare the RHISSIP Monitoring and Evaluation Report for 2016	31 March 2017	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
28	Prepare a six-monthly progress report on RHISSIP implementation for the period January to June 2017	31 August 2017	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
29	Hold the Annual PHIN RHISSIP Planning Meeting for 2017	October 2017	Meeting minutes and action points
30	Prepare a six-monthly progress report on RHISSIP implementation for the period July to December 2017	28 February 2018	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
31	Prepare the RHISSIP Monitoring and Evaluation Report for 2017	30 March 2018	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders
32	Prepare a RHISSIP Completion Report	29 June 2018	Endorsement of Report by PHIN President and Vice-President Dissemination to PHIN members and relevant stakeholders

5.5 Resources and costs

The RHISSIP will be funded from multiple sources, including core budgets of key agencies and donor funding for regional projects. Many of the activities outlined in the implementation schedule relate to currently funded project activities.

The total cost of the RHISSIP has yet to be determined. However, it is important to note that new funding sources for HIS activities in the region could be expected over the next few years and the RHISSIP will provide a strategic framework for the allocation of these funds. At the same time, certain activities may lose funding, or reach the end of their funding cycle. The RHISSIP is flexible and changeable and will be adjusted to reflect these funding events and this information will be disseminated to the regional partners through PHIN communication networks. The Adaptive Implementation Capacity is a platform for maximizing

emergent opportunities as they are identified and will also influence the delivery of HIS strengthening support across the Pacific, though these activities shall be aligned with the RHISSIP.

5.6 Timing

The implementation of the regional strategy will cover the six-year period from 2012 to 2017. A listing of indicative activities and their proposed scheduling over the period is provided in the Implementation Schedule at Section 6. The RHISSIP Phase 1 Work Plan (2012 – 2013) is provided in a separate document.

A phased approach will be taken to the implementation of key activities, both those already underway and special initiatives under the RHISSIP. This phased approach will be influenced by PICT priorities, the geographical coverage and timeframes of currently funded regional initiatives and by the capacity of regional implementing partners to expand their capacity building programs. In some cases, the proposed initiation or expansion of capacity building activities will be allocated to Phase 2 or 3, to allow sufficient time for feasibility studies, precursor capacity building and resource mobilisation.

5.7 Monitoring and evaluation

A Monitoring and Evaluation (M&E) framework developed for RHISSIP is provided in a separate document. The framework identifies 15 dimensions of health information systems that the RHISSIP directly contributes to, which will be monitored annually (see Appendix 1). Improvements and performance of well-functioning HIS in PICTs shall be the measure of success for PHIN. The M&E framework proposes the use of both qualitative and quantitative information. Where possible, the performance indicators proposed for the RHISSIP will be harmonized with national health sector M&E frameworks and health information policies across the Pacific and consistent with the HMN HIS Framework and continuously harmonized with the HMN HIS Global Tracking Tool.

6 Implementation Schedule

Ref	Description	Timing						Principal responsibility	Collaborating partners
		Phase 1		Phase 2		Phase 3			
		Year 1 2012	Year 2 2013	Year 3 2014	Year 4 2015	Year 5 2016	Year 6 2017		
STRATEGIC ACTION POINT 1: ADVOCACY									
Objective: To increase advocacy activities for the recognition of and improvement to HIS within PICTs									
Output									
1.1	Advocacy activities on HIS are delivered through the region								
Indicative activities									
1.1.1	Develop advocacy packages on priority HIS issues and distribute to delegates attending regional meetings							HIS Hub	WPRO, SPC
1.1.2	Consult with relevant regional secretariats on integrating HIS issues in the agenda of papers for upcoming meetings							WPRO	HIS Hub, SPC
1.1.3	Annual Health Information Days are held in each PHIN member country							WPRO	HIS Hub
1.1.4	Develop a regional Health Information Day							WPRO	HIS Hub, FNU
1.1.5	Coordinate advocacy activities at a regional level to support in-country groups to use strategic, targeted approaches and foster communication between different groups							WPRO	HIS Hub, FNU
1.1.6	Provide HIS advocacy public speaking training and support communication between existing and emerging HIS networks							WPRO	HIS Hub, HMN
1.1.7	Develop and implement a Pacific Regional Communication Strategy on HIS							HIS Hub	WPRO, HMN
1.1.8	Develop and expand partnership agreements with identified HIS regional organisations working in PICTs							WPRO	HIS Hub, FNU, SPC, UNFPA, PIHOA, HIMAA, QUT, HMN
1.1.9	Provide training and follow-up technical assistance in network management, meeting skills and advocacy skills for PHIN members							WPRO	HIS Hub
Output									
1.2	Regional dialogue on the incentives for data collection is enhanced								
1.2.1	Provide training and technical support to educate health							HIS Hub	WPRO, FNU

Ref	Description	Timing						Principal	Collaborating
	professionals on HIS								
1.2.2	PHIN members actively engage in policy, planning and budgetary processes							PHIN	HIS Hub, WPRO
1.2.3	Provide technical support (operational research) on the barriers to data collection in small island settings and disseminate policy briefs based on the findings							HIS Hub	WPRO, FNU
Output									
1.3	HIS is promoted among key non-health stakeholders								
1.3.1	Consult with relevant regional secretariats on integrating HIS issues in the agenda of papers for upcoming meetings							WPRO	HIS Hub, SPC
1.3.2	Provide training and technical support to non-health stakeholders on HIS							WPRO	HIS Hub, FNU, QUT, HIMAA
1.3.3	Develop a regional approach to strengthening public-private partnerships in the region, with an emphasis on information sharing							PHIN	WPRO, HIS Hub
1.3.4	Actively engage in committees and groups related (but not restricted) to the health sector							PHIN	WPRO, HIS Hub
Output									
1.4	Experiential knowledge related to HIS is shared								
1.4.1	PHIN website and Facebook page are promoted and used as key knowledge-sharing resources							PHIN	HIS Hub, WPRO
1.4.2	Establish a regular networking schedule							PHIN	HIS Hub
STRATEGIC ACTION POINT 2: INSTITUTIONAL CAPACITY AND WORKFORCE DEVELOPMENT									
Objective: To enhance institutional capacity and opportunities for workforce development and training within the region									
Output									
2.1	HIS career paths are developed								
Indicative activities									
2.1.1	PHIN member profiles are created on the website							PHIN	HIS Hub, WPRO
2.1.2	Identify and channel opportunities for career path support							WPRO	HIS Hub, FNU
Output									
2.2	Existing pre-service and in-service training for HIS personnel is improved								
Indicative activities									
2.2.1	Expand existing regional technical advice networks and distance/open learning networks to improve capacity of HIS professionals in PICTs							WPRO	HIS Hub, FNU, QUT, POHLN, PIHOA, SPC, HMN

Ref	Description	Timing						Principal	Collaborating
2.2.2	Conduct a training needs assessment on existing pre-service and in-service training for HIS personnel							PHIN	WPRO, FNU
2.2.3	Promote existing training opportunities							HIS Hub	WPRO, FNU, QUT, POHLN, SPC, UNFPA
2.2.4	Development of workforce profiles for each country (based on needs assessment)							HIS Hub	WPRO, FNU
2.2.5	Investigate the feasibility of introducing competency based assessments in HIS roles							WPRO	HIS Hub, FNU
Output									
2.3	Regional curriculum for training in HIS is developed								
Indicative activities									
2.3.1	Build the capacity of FNU to develop and deliver HIS curriculum							HIS Hub	WPRO
Output									
2.4	The roles and functions of a Health Statistics/Information Unit are reviewed								
Indicative activities									
2.4.1	The skills and competencies required at each level of a unit are mapped							WPRO	HIS Hub, FNU, QUT
STRATEGIC ACTION POINT 3: INFORMATION AND COMMUNICATION TECHNOLOGY									
Objective: To strengthen the application of information and communication technology in HIS									
Output									
3.1	The capacity of information systems to transmit, access and share health information is strengthened								
Indicative activities									
3.1.1	Further research on the sustainability of health information technology investments is conducted							HIS Hub	WPRO
3.1.2	HIS architectural approach investigated to ensure comprehensive planning approach for ICT investments promoting use of standards and interoperability across systems							WPRO	ITU, PATH
3.1.3	Develop systems to map countries' HIS IT requirements							WPRO	TBC
3.1.4	Develop strategic relationships with ICT departments							WPRO	TBC
3.1.5	Develop a business case to investigate emerging data transmission technologies							WPRO	TBC
3.1.6	Learning's from IT adaptations, modules, requirements, components and methods are shared							WPRO	TBC
Output									
3.2	Policy and maintenance plans for the various resources related to HIS are developed								

Ref	Description	Timing						Principal	Collaborating
Indicative activities									
3.2.1	Develop strategic partnerships and MOUs with ICT providers							WPRO	ITU, GSMA, mHealth Alliance
Output									
STRATEGIC ACTION POINT 4: DATA INTEGRATION, QUALITY AND SHARING									
Objective: To improve data integration, quality and sharing									
Output									
4.1	A feasibility study on a regional data warehouse is conducted								
Indicative activities									
4.1.1	Regional health information, including global estimates, nationally reported indicators, and survey data are integrated into a normalized database and utilized within the Health Information and Intelligence Platform (HIIP) of the Western Pacific							WPRO	TBC
Output									
4.2	An international standard or code of practice regarding data sharing is developed								
Indicative activities									
4.2.1	Define health data and metadata standards through development of data dictionaries and indicator management techniques							WPRO	QUT
4.2.2	Provide training and technical support for development and implementation of an international standard or code of practice regarding data sharing							WPRO	TBC
4.2.3	Support countries to prepare and submit reports against international indicators							WPRO	TBC
Output									
4.3	A core dataset for sharing health information is developed								
Indicative activities									
4.3.1	Create an inventory of indicators reported on for each country (including data definitions and metadata notes)							WPRO	AIHW, HIS Hub
Output									
4.4	Data quality standards are developed, documented and disseminated								
Indicative activities									
4.4.1	Data quality standards are developed							WPRO	SPC, HIS Hub
4.4.2	Provide training and follow-up technical support for adaptation of data quality standards							WPRO	SPC, HIS Hub

Ref	Description	Timing						Principal	Collaborating
Output									
4.5	Regular and systematic monitoring and review of HIS in PICTs is established								
Indicative activities									
4.5.1	Develop a regular and institutionalised system for the supervision, monitoring and evaluation of data quality							WPRO	HIS Hub, SPC, HMN
4.5.2	Establish and maintain a central database on regional HIS resourcing flows and activities							WPRO	HIS Hub, SPC, HMN
4.5.3	Conduct a feasibility study for a Pacific Regional HIS Fund and prepare an implementation plan if appropriate							TBC	TBC
STRATEGIC ACTION POINT 5: POLICIES, REGULATIONS AND LEGISLATION									
Objective: To develop policies, regulations and legislation on HIS-related issues									
Output									
5.1	Policy to facilitate the linkage of information is established								
Indicative activities									
5.1.1	Conduct a stock-take of current policies and procedures relating to health information							WPRO	HIS Hub, HMN
Output									
5.2	The legal basis of different HIS-related activities is strengthened								
Indicative activities									
5.2.1	Conduct a situational assessment of the capacity of National Strategic Plans to address HIS in PICTs							WPRO	HIS Hub, HMN
5.2.2	Provide technical assistance to PICTs to reform the legislative environment in relation to HIS							WPRO	HMN, QUT, HIS Hub, PIHOA
5.2.3	Provide training and technical support to countries to develop and update comprehensive and costed National HIS Strategic Plans							WPRO	TBC
5.2.4	Provide training and technical support to assist government, NGO and other stakeholders to develop and implement national capacity building plans specifically related to HIS							TBC	TBC
5.2.5	Provide funding through grant schemes to support the implementation of National Strategic Plans							WPRO	TBC
Output									
5.3	User's manuals and policies for the HIS and each of its sub-systems are developed and disseminated								
Indicative activities									
5.3.1	Develop and implement a program to improve the functioning of							TBC	TBC

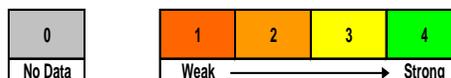
Ref	Description	Timing				Principal	Collaborating
	national HIS coordination mechanisms						
STRATEGIC ACTION POINT 6: HIS LEADERSHIP AND SUSTAINABLE GOVERNANCE							
Objective: To enhance HIS leadership and sustainable governance in the region							
Output							
6.1	A leadership forum is established						
Indicative activities							
6.1.1	A HIS leadership and governance forum is held in the Pacific					WPRO	HIS Hub, SPC, HMN, PIHOA
Output							
6.2	The core specifications of a health information governance structure are established						
Indicative activities							
-	<i>To be confirmed</i>					TBC	TBC
Output							
6.3	HIS leadership skills are enhanced						
Indicative activities							
6.3.1	Develop Terms of Reference for a Pacific HIS Leadership & Governance Program and identify potential leaders at all levels for participation					HIS Hub	WPRO, FNU
6.3.2	Develop and conduct a series of capacity building activities for the Leadership & Governance Program, including HIS awareness raising, advocacy skills and development of individual action plans					HIS Hub	WPRO, FNU
6.3.3	Provide technical assistance and in-country support to help participants implement their individual advocacy plans					HIS Hub	WPRO, FNU
6.3.4	Conduct a review workshop for the Program, to encourage sharing on advocacy achievements and lessons learned					HIS Hub	WPRO, FNU
OVERALL ACTION POINT 7: PROGRAM MANAGEMENT							
Output							
7.1	Regional strategy has been implemented in a coordinated manner						
Indicative activities							
7.1.1	Form the Implementation Working Group					PHIN	WPRO, HIS Hub
7.1.2	Develop the Regional HIS Strategy Implementation Plan					PHIN	WPRO, HIS Hub
7.1.3	Develop the RHISSIP Phase 1 Work Plan (2012 – 2013) (with clearly defined and agreed roles, responsibilities, targets and budgets)					PHIN	WPRO, HIS Hub
7.1.4	Hold a RHISSIP planning meeting with key stakeholders to facilitate planning of joint action					PHIN	WPRO, HIS Hub

Ref	Description	Timing						Principal	Collaborating
7.1.5	Negotiate and sign a joint RHISSIP Work Plan with each key partners (technical agency, donor, etc)								
7.1.6	Prepare a RHISSIP Phase 2 Work Plan (2014 – 2015) in collaboration with key stakeholders							PHIN	WPRO, HIS Hub
7.1.7	Prepare a RHISSIP Phase 3 Work Plan (2016 - 2017) in collaboration with key stakeholders							PHIN	WPRO, HIS Hub
Output									
7.2	Regional strategy has been monitored and evaluated								
Indicative activities									
7.2.1	Develop and implement a Monitoring and Evaluation Framework for the PHIN Regional HIS Strategic Plan							PHIN	WPRO, HIS Hub, HMN
7.2.2	Establish a Monitoring and Evaluation Reference Group, and conduct regular meetings							PHIN	WPRO, HIS Hub
7.2.3	Prepare annual monitoring and evaluation reports on implementation							PHIN	WPRO, HIS Hub
7.2.4	Conduct a review of the monitoring and evaluation framework and facilitate the adaptation of relevant indicators for monitoring situations and responses								
7.2.5	Provide support to PICTs in the collation, analysis and synthesis of data on country situations and responses								
7.2.6	Conduct independent mid-term and final reviews of the strategy								
7.2.7	Modify existing monitoring and evaluation databases to accommodate the RHISSIP database and collect indicator data								
7.2.8	Prepare and disseminate a RHISSIP Completion Report							PHIN	WPRO, HIS Hub



Appendix 1 Pacific Island Country and Area HIS Situation

(Adapted from the Health Metrics Network Global Tracking Tool (GTT) HIS Indicators – table includes first round of subjective scores, country consultations and revisions are planned for 2012)



Country or Area	PNG	Fiji	Solomon Islands	Vanuatu	Samoa	Kiribati	Tonga	FSM	Northern Marianas	RMI	Cook Islands	Palau	Tuvalu	Nauru	Niue	Tokelau
Est. Population	6,744,960	854,000	515,870	234,020	184,030	103,470	103,370	102,620	63,070	54,440	23,300	20,520	11,150	9,980	1,500	1,470

HIS Dimension	HIS Indicator	PNG	Fiji	Solomon Islands	Vanuatu	Samoa	Kiribati	Tonga	FSM	Northern Marianas	RMI	Cook Islands	Palau	Tuvalu	Nauru	Niue	Tokelau	
1 Governance	There is a representative, multi-sectoral and functioning national committee in charge of HIS coordination	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2 Policy	The country has up-to-date legislation and policy framework for health information	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3 Planning	HIS assessment completed and a costed HIS strategic plan is completed, used, and integrated with health sector strategies/plans	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	
4 Financial resources	At least one National Health Accounts completed in last 5 years	4	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	
5 Human resources	National database with health workers by district and main cadres updated within last 2 years	0	1	0	0	1	1	1	0	0	1	1	0	0	1	1	1	
6 HIS Workforce	HIS workforce job descriptions and training plan exist and staff have individual professional development plans and receive training	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	
7 Indicators	There is a clear and explicit official strategy for measuring each of the health-related MDG indicators relevant to the country	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
8 Births/Deaths	Percentage of births and deaths registered in the civil registration system	0	1	0	0	0	0	1	0	0	0	1	1	1	4	1	1	
9 Cause of death	ICD-10 used in district and central hospitals and causes of death reported to national level	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	
10 Health surveys	A health survey has been conducted in the past 5 years	DHS	DHS (2012)	DHS	MICS, DHS (2012)	DHS	DHS	STEPS, DHS (2012)	DHS (planned)	0	0	1	0	0	DHS	STEPS	1	DHS
11 Health facility reporting	Percentage of health facilities submitting weekly or monthly surveillance reports on time to the district level	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	
12 Integration	The HIS unit at national level is running an integrated "data warehouse" containing data from all data sources.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13 Completeness & Quality	There is a mechanism in place from district up through national level to verify completeness and consistency of data from facilities	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	
14 Dissemination	Year last annual summary of health service statistics was published with statistics disaggregated by major administrative region	0	2011	0	0	0	0	2011	0	0	0	0	0	0	0	0	0	
15 Use	Senior managers and policy-makers demand complete, timely, accurate, relevant and validated HIS information	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	

	HIS Dimension	HIS Indicator	0	1	2	3	4
1	Governance	There is a representative, multi-sectoral and functioning national committee in charge of HIS coordination	Not available	There is no national HIS committee	There is a national HIS committee, but it is not functional	There is a functional national HIS committee, but without resources	Yes, a functional national HIS committee exists
2	Policy	The country has up-to-date legislation and policy framework for health information	Not available	There is no such legislation	Legislation exists but is not enforced	Legislation covering some aspects exists and is enforced	Legislation covering all aspects exists and is enforced
3	Planning	HIS assessment completed and a costed HIS strategic plan is completed, used, and integrated with health sector strategies/plans	Not available	No HIS assessment conducted with no HIS strategic plan	Out-dated HIS assessment and little information on long-term HIS strategy	HIS assessment conducted within last 3 years and/or HIS recommendations and strategies documented	HIS assessment completed within last 3 years and integrated, detailed costed HIS strategic plan exists
4	Financial resources	At least one National Health Accounts completed in last 5 years	Not available	The last National Health Accounts was completed more than 15 years ago	The last National Health Accounts was completed between 11 and 15 years ago	The last National Health Accounts was completed between 6 and 10 years ago	Yes, at least one National Health Accounts completed in last 5 years
5	Human resources	National database with health workers by district and main cadres updated within last 2 years	No data available	No operational human resources information system (HRIS) (paper-based or electronic)	HRIS developed or planned, or partially functional containing less than 50% of health workforce information	HRIS is functioning, contains more than 50% of health workers, data quality mixed	>75% of health workers inventoried, location specific, training/skills updated in HRIS
6	HIS Workforce	HIS workforce job descriptions and training plan exist and staff have individual professional development plans and receive training	No data available	Poor documentation of HIS job descriptions exists with no training plan and little or no training and supervision	HIS job descriptions exist but may be outdated, training provided but limited, some supervision	HIS job descriptions and training plan and material available, some training and supervision provided periodically	HIS workforce job descriptions documented, long-term training plan developed, HIS professional development clearly specified, regular training provided
7	Indicators	There is a clear and explicit official strategy for measuring each of the health-related MDG indicators relevant to the country	Not available	None of the MDG health-related indicators are included in the minimum core indicator set	At least one but less than 50% of the appropriate MDG indicators are included in the minimum core indicator set	Not all, but at least 50% of the health-related MDG indicators are included in the minimum core indicator set	Yes, all the appropriate health-related MDG indicators are included in the minimum core indicator set
8	Births/Deaths	Percentage of births and deaths registered in the civil registration system	No data available	Civil registration < than 90% complete	Other sources, estimated reliable	Civil registration >= 90% complete (data less recent than 3	Civil registration >= 90% complete (data more recent than 3

						years ago)	years ago)
9	Cause of death	ICD-10 used in district and central hospitals and causes of death reported to national level	No data available	Used in <50% of district hospitals and reported to national level	Used in 51-70% of district hospitals and reported to national level	Used in 71-89% of district hospitals and reported to national level	Used in >=90% of district hospitals and reported to national level
10	Health surveys	A health survey has been conducted in the past 5 years	No data available	The last survey was conducted more than 15 years ago	The last survey was conducted between 11 and 15 years ago	The last survey was conducted between 6 and 10 years ago	The last survey was conducted in the last 5 years
11	Health facility reporting	Percentage of health facilities submitting weekly or monthly surveillance reports on time to the district level	No data available	< 25%	25% to 74%	75% to 89%	90% or more
12	Integration	The HIS unit at national level is running an integrated "data warehouse" containing data from all data sources, (both population-based and facility-based sources including all key health programmes), and has a user-friendly reporting utility accessible to various user audience.	No data available	No national data warehouse exists	Yes, there is a data warehouse at national level but it has no reporting utility	Yes, there is a data warehouse at national level but it has a limited reporting utility	Yes, there is a data warehouse at national level with a user-friendly reporting utility accessible to all relevant government and international agencies
13	Completeness & Quality	There is a mechanism in place from district up through national level to verify completeness and consistency of data from facilities	No data available	Not adequate at all	Present, but not adequate	Adequate	Highly adequate
14	Dissemination	Year last annual summary of health service statistics was published with statistics disaggregated by major administrative region	No data available	6 years ago or more	4-5 years ago	2-3 years ago	Less than 2 years ago
15	Use	Senior managers and policy-makers demand complete, timely, accurate, relevant and validated HIS information	Not available	Negligible demand from managers	Demand from managers is ad-hoc, usually as a result of external pressure (e.g., questions from politicians or the media)	Yes, but they do not have the skills to judge	Yes