Successful Support for Better HIV Data

A major objective of MEASURE Evaluation, funded by the United States Agency for International Development (USAID) and the United States President's Emergency Plan for AIDS Relief (PEPFAR), has been to improve health information systems, and the data they contain, to contribute to control of the HIV epidemic in the countries where the project works.

PEPFAR is focused on data-driven decision making to ensure that programs addressing the epidemic are deployed where they are most needed and that they have measurable impact. The Data for Accountability, Transparency and Impact (DATIM) software system was developed to organize HIV data from monitoring, evaluation, and reporting (MER) of programs; Site Improvement through Monitoring System (SIMS) assessments; Evaluation Standards of Practice; Surveys, Surveillance, Research, and Evaluations (SRE) activities; and expenditure analyses.

MEASURE Evaluation has advanced this crucial PEPFAR aim in two primary ways: (1) supporting DATIM implementation, management, and capacity building; and (2) increasing the capacity of country health information systems (HIS) and their enabling environments (governance, management, skills, etc.) at global, regional, and country levels, especially in PEPFAR countries.

Implementation, Maintenance, and Strengthened Capacity

The project's work on DATIM supported both the technology itself and the skills of its users:

- Technical assistance for DATIM regional training events and PEPFAR's Applied Data and Systems Learning Summit
- Management of the DATIM Helpdesk, which included ensuring timely and high-quality responses to user queries and updating guidance (The number of users has more than doubled since 2016 while the number of requests for help has decreased tenfold over roughly the same period, indicating the effectiveness of the support given.)

- Coordination of DATIM technology development teams at the University of Oslo, Regenstrief Institute, BAO Systems, and 2Paths
- Development of an interoperable version of DATIM with automated data submission—called DATIM4U, which was implemented by the PEPFAR team in Uganda and contributed to our development of the HIS Interoperability Maturity Toolkit (https:// www.measureevaluation.org/resources/tools/healthinformation-systems-interoperability-toolkit)
- Assistance to expand and prioritize DATIM data on expense- and patient-level data collection



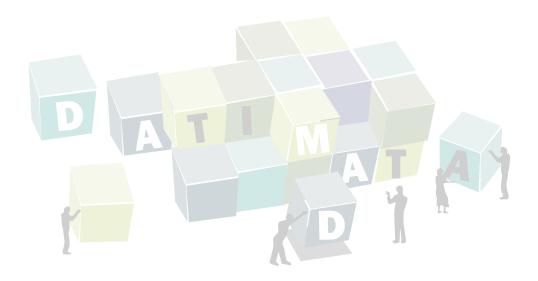
Strengthening HIS (PEPFAR—Health Ministry Data Alignment)

HIS are one of the building blocks of a health system because they contain information on overall population health, disaggregated information on specific diseases and disease trends, information on processes and policies, and health data on clients, among additional data elements. The goal of the data alignment activity is to reduce duplicative data entry and parallel reporting structures and strengthen health ministry systems to monitor and maintain epidemic control and facilitate systems interoperability effectively. Data alignment supports joint monitoring of country HIV programs by PEPFAR and national health ministries, encouraging joint data review, discussion, and programmatic decision making. MEASURE Evaluation promoted data alignment in the following ways:

- Data alignment activities of U.S. government and health ministry staff in 23 countries—18 of them complete
 - Stakeholder coordination and technical solutions (e.g., facility and indicator mapping, health ministry data import)

- Capacity building, mentoring, and in-person skills support
- Support at the 2017 PEPFAR Data and Systems Applied Learning Summit and the 2018 PEPFAR-MOH Data Alignment Virtual Workshop
- Data review included in PEPFAR Oversight and Accountability Results Team (POART) meetings
- Comparative review of PEPAR and health ministry data

Overall, our support for DATIM has added expenditure data to the system and prioritized patient data there. We have strengthened HIS building blocks to facilitate data exchange and data use across systems, thereby improving the usefulness and completeness of data. We worked in collaboration with the United States government, health ministries, and the DATIM team. The data that health ministries in several PEPFAR-priority countries shared with PEPFAR was presented side-by-side with data that PEPFAR collected directly in DATIM, enabling analysis and comparison of information from these two sources to support national HIV epidemic control efforts.



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