



REQUEST FOR INFORMATION (RFI)

Request For Information (RFI) No.	RFI-675-21-LHSSA-02
Release Date	May 7, 2021 at 10:00 AM Guinea Time
RFI Closing Date & Time	July 02, 2021 at 17:00 Guinea Time
Activity Title	Guinea Local Health System Strengthening Activity (LHSSA)
Submission must be emailed to	conakryoaa@usaid.gov
Posting Websites	https://www.grants.gov https://beta.sam.gov https://www.usaid.gov/guinea

Dear Interested Parties:

The United States Agency for International Development (USAID) in Guinea, hereby issues a Request for Information (RFI) in regard to the Guinea Local Health System Strengthening Activity (LHSSA). The RFI intends to:

- Allow stakeholders and interested organizations to provide information and suggestions on the upcoming activity; and
- Explore innovative approaches to better partner with international and local actors to respond to the host country’s needs and meet the USAID/Guinea’s development objectives.

This is a Request for Information (RFI) / Sources Sought Notice and is issued solely for information, research and planning purposes. It does not constitute a Request For Proposal/Application, an invitation for bids, or solicitation. This RFI does not commit the U.S. Government to issue a solicitation. Furthermore, USAID/Guinea is not at this time seeking proposals or applications and will not accept unsolicited proposals or applications. If a solicitation is issued, it will be announced on <https://www.grants.gov> or <https://beta.sam.gov> in the coming months. It should be noted that responding to this RFI will not give any advantage to any organizations in any subsequent procurement. Propriety information should not be sent.

You will receive an electronic confirmation acknowledging receipt of your response. Hard copy responses are not required and are discouraged. Consider the following when preparing your suggestions/comments to the draft concept paper:

- Please ensure that your organization is aware of the Local Health System Strengthening Activity (LHSSA) (Attachment A).

- Please provide feedback, including suggestions for the name of the activity, comments, questions, recommendations in the Concept Paper tracker spreadsheet (Attachment B). The spreadsheet has two tabs; the first tab is organized by the sections of the concept paper and the second tab has additional, overall points to consider.
- Please suggest any missing ideas or innovative approaches that could potentially increase the development Impact of the proposed activity: Feasibility, Sustainability Potential.

Interested parties are requested to respond to this RFI by email attachment on the closing date and time shown at the tip of this cover letter to conakryoaa@usaid.gov. The subject line of the email must read, LHSSA. Please ensure your comments are concise and specific. Responses must at a minimum contain the following:

- 1) Primary point of contact (name, title, phone number, and email address)
- 2) Contact information (telephone, website, and address) of your organization

USAID is in no way obligated to utilize submitted information or issue a solicitation as a result of this RFI. USAID is not obligated to procure any of the services described herein, nor should the release of this request be construed as such a commitment on the part of USAID.

Thank you for your interest in USAID/Guinea projects.

Sincerely,

ALBERT PHILLIP
ASANTE (affiliate)

Digitally signed by ALBERT
PHILLIP ASANTE (affiliate)
Date: 2021.05.07 08:03:16 Z

Albert P. Asante
Regional Contracting and Agreement Officer

ATTACHMENT A

Guinea Local Health System Strengthening Activity Concept Paper

1. Overview

USAID/Guinea's health office proposes the design of a new health sector activity entitled: Local Health System Strengthening Activity (LHSSA). LHSSA will contribute to sustainable improvements in the health status of target populations in the three regions of Boké, Kindia and Labé, and the six communes of the capital city of Conakry, thus. It is directly supportive of the Mission's Development Objective (DO) 1: *Increased Capacity and Commitment of the Local Health System for Better Health Outcomes*. This new activity will be the central pillar of USAID/Guinea's health service delivery and capacity building portfolio. It also consolidates two current USAID/Guinea bilateral health activities, Health Services Delivery and the U.S. Presidential Malaria Initiative (PMI) in Guinea that is named Stop Palu+. The geographic focus areas of LHSSA coincide with the health districts covered by PMI.

LHSSA will apply a systems approach that uses USAID resources to leverage and influence other actors, internal and external, working in Guinea's health sector. For example, USAID will collaborate closely with not only the Ministry of Health (MOH), but also with other donors such as the Global Fund to Fight AIDS, TB and Malaria (GFATM), United Nations Population Fund (UNFPA) and the World Bank. The aim will be to improve the accountability, management and decision-making capacity of local health system actors so that they are able to provide quality health services within targeted health districts. A strong emphasis will be placed on ensuring the integration of principles of equity, quality and resource optimization into Guinea's health delivery system at the community level.

2. Development Hypothesis

The overarching development hypothesis is that IF local health systems assure quality health service provision; support norms and behaviors that enhance health; operate according to democratic norms and procedures; have sufficient funding, and use available data to inform decisions, THEN the local health systems will demonstrate increased capacity and commitment to better health outcomes, and, thereby, engender greater trust by communities in the health system.

Underlying this central hypothesis are the following points:

IF health facilities and human resources are managed more effectively and at the decentralized level; health facilities have the required equipment, tools, training, and medicines; and health services are delivered in a people-centered fashion, THEN the local health system will have assured the availability of quality, gender- and youth-responsive, health services.

IF the targeted population and health care workers have the knowledge and beliefs needed to practice health-enhancing behaviors; health care workers provide unbiased care according to protocols; and key social and behavior change messages are disseminated in an effective manner, THEN an enabling environment for health-enhancing social norms and behaviors will be established.

IF local government responsiveness to the male and female population's concerns can be improved; civil society and media advocacy strengthened; targeted national level institutions strengthened; and increased consensus building among local stakeholders, THEN democratic processes that support improved health outcomes will be strengthened.

3. Problem Statement, Rationale, and Key Challenges

As indicated in the next section, this new activity will be designed to respond to key shortcomings in Guinea's health system, particularly in targeted communities. The following analysis of the Guinean-health system is based on the interrelated and mutually reinforcing the World Health Organization's (WHO) Health Systems Framework for Action for Strengthening Health Systems.¹

The design of the LHSSA, is also guided by the publications of USAID's Bureau for Global Health's Office of Health Systems. LHSSA focuses on making the health system work at the community level in its targeted geographic zones in order to expand primary health care on a sustainable basis.

USAID/Guinea has added to WHO and USAID/Washington's guidance cited above a Social and Behavior Change (SBC) component. This addition is in recognition of the pivotal role that clients, health service providers, and health system managers' behaviors play. The USAID/Guinea health program portfolio will focus on the community level, but also works at the central and operational (prefectural) levels to strengthen the health system. All work will be undertaken in close and constructive collaboration with concerned MOH and donor representatives.

Challenge 1: Accessibility, Affordability and Quality of Care

Variations in the geographic distribution of the cost of services and standards of practice, limit the Guinean population's accessibility to skilled health personnel and quality health services. These variations are exacerbated by the fact that the Guinean health system relies heavily on international donor support. Donors subsidize their priority technical areas, certain health districts and health facilities. Additionally, the lack of appropriate and properly maintained equipment, stable access to electricity, and safe and hygienic working conditions, undermines the quality of the services delivered at health facilities. It is also estimated that only nine percent of these facilities have potable water and three percent have electricity. Furthermore, most rural

¹ World Health Organization, Framework for Action for Strengthening Health Systems, 2007.
<https://www.who.int/healthsystems/strategy/en/>

Guineans do not have access to health facilities because they reside too far (five kilometers or more) from a health facility.

Response: The LHSSA will contribute to improve- technical coordination among the various levels of the national health system and with donors, CSOs and private sector partners. This approach should help address issues related to uneven donor-provided service distribution. As donors and MOH authorities are more attuned to each other's needs and constraints, donors can be in a better position to fill existing gaps in health service delivery and avoid programmatic duplication.

Experience in Guinea and worldwide has demonstrated that introducing supply-side and demand-side health services financing mechanisms can alleviate the direct cost burden on patients and, in the case of performance-based financing, can improve the quality of the services provided at health facilities. LHSSA will advocate, as appropriate and possible, health financing mechanisms such as vouchers, community health insurance, or savings schemes, as well as performance-based financing schemes for health service providers.

Building on the experience and lessons learned from the previous seven-year Health Services Delivery (HSD) project, LHSSA will explore opportunities to partner with the private sector (for- and not-for- profit entities), local authorities and CBOs to address the infrastructure, electrical, sanitation and equipment needs of health facilities. With an eye towards fostering local health system self-reliance, LHSSA could include appropriate equipment or infrastructure support as an incentive in improving health facility performance.

Challenge 2: Supply Chain Management

The supply chain system for essential medicines and commodities is plagued by poor health commodities planning, distribution and stock management which leads to over or under stocking and wastage. The current system for procuring and distributing essential medicines is uncoordinated and dysfunctional. Different donor and private sector procurement systems make it difficult to track the quantity, type and destination of drugs in Guinea.

Response: LHSSA will be the main operational arm of USAID/Guinea's overall approach to strengthening the Government of Guinea (GOG) supply chain management system at the health district level. At this level, LHSSA will engage in its targeted geographical zones provincial and health facility managers in the management of these commodities as stipulated by national protocols. LHSSA will not introduce new tools, but will provide, as needed, training to concerned male and female health facility staff, making sure they use in an appropriate and transparent manner existing tools. Rather than providing infrastructure and logistical support (storage facilities, vehicles and fuel), LHSSA will facilitate the identification and implementation of sustainable solutions with local actors (mosques, churches, CSOs, private businesses, community-based organizations and local representatives).

At the national level, the pharmaceutical procurement, storage and distribution agency of Guinea, Pharmacie Centrale de Guinée (PCG), is responsible for importing and delivering

to all public health facilities at all levels in Guinea the medicines and medical equipment they need to function efficiently. Recent reforms in PCG operations and the issuance in August 2020 of its new legal statutes offer the promise of improvements in the timely delivery to all points within Guinea of essential drugs and equipment.

Under LHSSA, USAID/Guinea plans to continue supporting the PCG and the MOH by buying into USAID's Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project. Since 2017, PSM has been assisting the MOH to develop a waste management system to dispose of damaged or expired medical products. PSM has also worked since 2016 in collaboration with PMI to strengthen Guinea's supply chain for malaria commodities. This effort has included the installation and use of a software program (eLMIS) to improve logistical management of medical products.²

Challenge 3: Leadership, Management and Governance

Effective regulation, oversight, and performance monitoring of the health workforce are compromised by societal norms that encourage allegiances to social networks that guarantee promotions to higher paying posts, rather than to clients, managers and supervisors. This lack of accountability, combined with an arbitrary health facility fee-based system, and low to non-existent government salaries, creates opportunities for health sector workers to find "other means" for supporting themselves, which can translate into corrupt activities (e.g., selling free commodities and the addition of hidden costs to otherwise "free" services).

In terms of overarching governance documents (e.g., regulatory guidelines and frameworks), the MOH does have a comprehensive list of appropriate and internationally recognized policies, strategies and protocols. A challenge for LHSSA will be the effective implementation of these plans and strategies at the local level. Much will depend on the effectiveness of the decentralization process and the active participation of stakeholders.

Response: LHSSA will work with health sector authorities and service providers to reinforce their leadership and management skills, as well as accountability to their main stakeholders and key clients. USAID/Guinea's health office will work in concert with the Democracy and Governance Office (DGO) to improve stakeholder involvement in health services management at the level of targeted communities and health facilities. The joint efforts of these two USAID/Guinea offices will improve citizen oversight of service fees collected and the quality of services provided at health facilities.

Accordingly, LHSSA will coordinate its support for decentralization with other past, current and future USAID/Guinea/DGO-supported activities that serve to strengthen local government capacities in such areas as improved responsiveness to constituent priorities, policy-making, budget formation and execution, and oversight of service delivery. USAID/DGO-supported activities will also build local civil society and/or media oversight and advocacy capacities with their respective local governments. Past or ongoing USAID/Guinea-supported activities include: Citizen Involvement in Health

² eLMIS = Electronic Logistics Management Information System

Governance (CIHG, which strengthened civil society, media and health governance from 2017 to 2021) and Building Electoral and Accountability Capacities, Orderly Norms, and Democratic Governance.

LHSSA will also support MOH efforts to implement its decentralization agenda via its Community Health Strategic Plan. LHSAA will work closely with prefectural MOH health officials to gain their support in its targeted geographic areas to ensure the successful implementation of the health care decentralization process. LHSSA assistance in this area could include material, logistical, and technical assistance to enable local health authorities to improve their coverage in zones where USAID is working.

Overall, LHSSA will work to empower communities to advocate for and then use a higher level of health services. Key to the mobilization of communities will be an effort to galvanize community leaders around health improvement efforts. Community empowerment in order to achieve better health outcomes at the local level will be a central theme that will guide the implementation of LHSSA.

Challenge 4: Human Resources for Health

In general, Guinea's health workforce is ill-adapted to the needs of the population (i.e., too many of the wrong types of providers based on population need), inadequately paid, poorly trained and motivated, and inequitably distributed. Recognizing that health worker salaries are low, some donors may provide salary supplements to individual health workers under the guise of performance-based financing in order to achieve their program objectives (e.g., increases in immunization coverage, supervision visits and training sessions). There is a consensus among health donors and MOH officials that this practice of topping off salaries creates perverse incentives, compromising the vision the MOH has for the health system.

Response: USAID/Guinea will not pay MOH health workers. While the payment of the salaries of GOG public civil servants is against USAID regulations, the health office will continue to advocate with the MOH and concerned donors to pay fully and on time the salaries of its employees. LHSSA and the entire USAID/Guinea Mission will support other donor efforts to rationalize health worker registries (e.g., identifying actual versus ghost workers) to enable the MOH to comprehend the current status of its workforce.

At the regional, prefectural, district and community levels, LHSSA will improve technical and managerial skills, and raise the motivation of the health workforce. LHSSA will provide technical assistance and training support at the health district and community levels to reinforce the technical skills of community health workers and facility managers. LHSSA will also work to strengthen the administrative capacities of local health authorities. In addition to improving needed skills, non-material incentives such as training have been shown to motivate workers to improve health service delivery and management.

LHSSA will work with health services providers and communities to identify other means of motivating health workers, paying attention to the different motivating factors for male

and female health workers as well as youth. These means may include improving the physical working environment and introducing quality incentives. In the absence of direct salary payments, these activities will contribute to the body of knowledge on how to motivate health workers. It would also be useful to examine what incentives health professionals based in Conakry need to work at other locations in Guinea where their services are needed.

Challenge 5: Health Information Systems

Prior to the 2014-2016 Ebola outbreak, MOH systems to collect, enter, analyze and report accurately health related information were fragmented, jeopardizing the ability of decision makers to make informed decisions. The use of the District Health Information System version 2 (DHIS2) is being expanded to the health center level and some health centers have tried to use DHIS2, but generally health centers depend on monthly paper records and do little, if any, analysis of the data collected. Generally, there is rarely feedback from the central level about data submitted by health centers; consequently, quality control of data is lacking, and health districts seldom use the data collected to make decisions.

Response: LHSSA will support the expansion of the use of DHIS2 to health centers in its geographic focus areas. At the same time, LHSSA will work to rationalize the current system of data collection and analysis at the regional and prefectural health levels. LHSSA will work closely with local health facility staff and higher-level health managers to strengthen routine data collection, analysis and reporting, ensuring that data entered is sex-disaggregate and of good quality. LHSSA will also champion the elimination of data collection tools still in use that duplicate the DHIS2 system. Overall, LHSSA will work to ensure that DHIS2 is recognized nationally and used correctly at all health facilities, including at private sector and non-public health facilities.

One of LHSSA's ongoing co-creation goals will be to refine how the DHIS2 system relates to the electronic Logistic Management Information System (eLMIS) used in the management of the procurement, storage and shipment of medical commodities to health facilities. The information generated by the eLMIS system is important to the operations of all health facilities and, therefore, it should also be considered along with data generated by DHIS2. This important topic merits further study as part of the continuous co-creation process to determine the level of interoperability between the two systems is desired and possible.

Challenge 6: Social and Behavior Change (SBC)

More research is needed to clarify the determinants of desired health behavior change within the larger societal context, including exploring deeply issues affecting gender and youth. A special focus will be on the power dynamics at play at the community level and the incentives that drive negative behaviors hindering the delivery and management of quality health services.

Response: Culturally appropriate SBC activities, delivered through effective communications channels that use materials relevant to the local situation and context are essential to increasing knowledge and shifting social norms and individual attitudes. SBC communications (SBCC) will be an important complement to activities designed to achieve general societal behavior change. New SBC research will be undertaken in LHSSA's target zones to identify the cultural realities, social norms, and general attitudes and beliefs that need to be changed to achieve favorable health outcomes. The results of this research will provide SBC activities and communication campaigns with the information they need to develop high impact programs that result in the positive changes in behavior which improve the health profile of Guineans.

LHSSA will also work on helping develop national health communication approaches, strategies and standardized messages, and where appropriate, for mass campaigns (e.g., national immunization days, mosquito bednet distribution and disease awareness campaigns). LHSSA will take steps to ensure that all health practice demonstrations and messages are adapted to the local context. LHSSA will also support beneficial community-level and interpersonal health communication activities.

At the same time, LHSSA will undertake activities with health care providers to address any negative beliefs and biases they may possess as well as gaps in their knowledge with regards to improved health-enhancing behaviors. The aim will be to make health care workers influential examples of healthy behaviors to be adopted by the general population. LHSSA will also endeavor to ensure that the MOH has the capacity to implement effectively nationwide a training program on health-enhancing behaviors for all concerned health care professionals, men and women.

As a part of its SBC operational research agenda, LHSSA will contribute to the design and testing of a mix of proven and innovative approaches to address the behavior change challenges facing its targeted populations. Emphasis will be placed on changing negative behaviors that affect the reduction of maternal and child under-five mortality (e.g., family planning, exclusive breastfeeding, Female Genital Mutilation/Cutting (FGM/C)). The interactions between cultural norms and service provider behavior, including appropriate counseling and service delivery practices, will also be examined as part of this SBC exercise.

This subject will be among the special topics to be explored in-depth by the selected implementation agent, USAID/Guinea and concerned stakeholders during the LHSSA implementation period as part of the ongoing co-creation process. This subject will include appraising the capacity of the MOH to design and conduct effective national SBC campaigns.

Challenge 7: Funding for the Health Sector

One main reason that Guinea's health system does not function well is due to insufficient financial resources at every level. It is estimated that only eight percent of the GOG's national budget is for its health sector, although it was recommended at a conference of African heads of

state in Abuja, Nigeria in 2001 that a minimum of 15 percent of national budgets be devoted to each country's respective health sectors. (Referred to as the Abuja Declaration.) In Guinea's case, the actual amount of funding disbursed annually by the MOH is much lower than the amount of its annual budget.

Response: USAID/Guinea will continue to advocate for an increase in the percentage of the GOG's annual national budget that is allocated to the MOH. USAID/Guinea's health office will also monitor the effective use of any budgetary increases to remedy deficiencies of the GOG's health care system. USAID/Guinea will also urge the MOH to increase its capacity to fully disburse and use its annual budget efficiently. Any misuse of GOG funding intended for making improvements in its health care system will be the subject of frank discussions between USAID/Guinea and concerned MOH officials.

USAID/Guinea will also work with other donors to inform the MOH firmly about any gross misuse of GOG funding and urge the MOH to take corrective actions. The use and size of the MOH's annual budget will be monitored and be the subject of ongoing discussions within the donor community and with the MOH. USAID/Guinea will also monitor the utilization of ANAFIC funding by collectivités and its use, if any, to relieve local health problems, offering advice as appropriate. All concerned need to recognize that the rational use of increased funding is needed to raise the level and quality of health care in Guinea.

Furthermore, LHSSA will advocate in its target geographic zones for funds provided to local government entities to be used to improve health facility infrastructure. It will also have a dialog with the Chambre des Mines de Guinée about increasing the contribution of the mining industry to the health sector. These efforts will involve close collaboration with the Mission's Democracy and Governance Office.

LHSSA should coordinate with the Mission's DG programs in efforts to promote decentralization reforms, strengthen local government capacities and accountability to deliver quality health care to their local constituents, and strengthen fiscal transparency. In the longer run, perhaps the single greatest game changer could prove to be the added clout of local governments gained by their added local revenues coupled with the enhanced levels of accountability that local citizens and civil society can bring to bear on their locally elected officials.

4. Activity Goal, Intermediate Results, Focus Areas

Goal: Contribute to sustainable improvements in the health status of Guineans

The achievement of this goal will be measured by the following changes experienced by communities and local health facilities supported by USAID:

- Evidence of an improvement in governance practices of prefectural health authorities and health service providers;
- Increased improvement in the accessibility of quality health services in USAID-supported geographic zones;

- Clients and citizens report improved satisfaction with the health services they receive;
- Health service delivery points report increased use of essential services; and
- Civil society organizations provide increased oversight of local health services.

It is anticipated that by the end of LHSAA it will have contributed to the achievement of a number of key health status indicators included in the MOH's Health Development Plan (PNDS). The PNDS aims for a reduction from their 2015 levels in the following key health indicators by the end of 2024:

- Child under-five mortality ratio from 123/1,000 live births to 47/1,000 live births;
- Maternal mortality ratio from 724/100,000 live births to 349/100,000 live births;
- Neonatal mortality ratio of 33/1,000 live births to 12.5/1,000 live births;
- Infant mortality ratio from 67/1,000 live births to 26/1,000 live births;
- Prevalence of chronic malnutrition among children under five years of age from 31 percent to 21 percent; and the
- Prevalence of acute malnutrition from nine to four percent.

(Note. Progress toward the achievement of these indicators and others will be documented in the scheduled sixth five-year 2023 Demographic Health Survey (DHS) led by USAID.)

LHSSA Intermediate Results

Prospective offerors/applicants for the implementation of LHSSA shall propose illustrative activities which will support the achievement of each of the four IRs. These activities can be in the indicated implementation focus areas cited for each IR and others that the offeror/applicant considers relevant for the achievement of a respective IR. The offeror/applicant will also be encouraged to provide sample performance indicators for each IR in addition to the sample indicators provided below.

Intermediate Result 1: Provision of Quality Mother and Child Health, Family Planning/Reproductive Health and Malaria Services Assured

The three sub-results are:

- Decentralized human resources are managed effectively
- Health facilities have the appropriate commodities, infrastructure and equipment
- People-centered preventative, curative and rehabilitation services offered

IR 1 Proposed Focus Areas:

- CHWs capable of providing critical health care to pregnant women
- Timely delivery, storage and administration of pharmaceuticals
- Preventive malaria care provided to pregnant women, mothers and young children
- Quality obstetric care provided to women and newborns
- Pregnant women give birth in sanitary conditions

- Local CSOs and private sector entities fill health system functional gaps

Intermediate Result 2: Health-Enhancing Social Norms Established

The four sub-results are:

- Targeted population knowledge, attitudes and practices (KAPs) concerning key health behaviors increased
- Targeted health care providers and managers provide unbiased services according to established protocols
- Effective social and behavior change communication strategies implemented
- Target population(s) measurably increases health-enhancing behaviors

IR 2 Proposed Focus Areas:

- Ample consultations undertaken to compile a list of positive health behaviors to promote (such as breastfeeding, malaria prevention and use of contraceptives)
- Innovative approaches to dissuade the widespread practice of FGM/C
- Actions to prevent and respond to gender-based violence (GBV)
- Activities to mitigate the consequences of early marriage
- Awareness of the behaviors and practices by health providers and their patients that reduce positive health outcomes (e.g., in the areas of IPC and WASH)³
- Effective communication strategy for the adoption of positive health behaviors at the community level.

Intermediate Result 3: Democratic Norms and Processes Strengthened

The four sub-results are:

- Local government responsiveness to citizen health needs strengthened
- Civil society and independent media strengthened
- Targeted national-level institutions strengthened
- Consensus building promoted among key political stakeholders

IR 3 Proposed Focus Areas:

- Improve the management of local health systems
- Funding for the MOH's Community Health Strategic Plan
- Reasonable share of funds received by decentralized governance bodies go to support local health system operations
- Local CSOs, private sector entities and other concerned parties work together for the efficient functioning of local health facilities⁴
- Role of elected officials strengthened to assure health services at the community level

³ IPC = Infection Prevention and Control.

WASH = Water, Sanitation and Hygiene.

⁴ PEV – Programme Elargi de Vaccination (Expanded Vaccination Program)

- Local leaders demonstrate high level of accountability and transparency in health management
- CSOs and private media play strong role in collaborating with health facilities
- Journalists report effectively on key health subjects

This IR is considered to be cross-sectoral and as such will involve the participation of the Mission's Democracy and Governance Office.

Intermediate Result 4: Use of Strategic Information for Decision-Making Increased

The four sub-results are:

- Regional, prefectural and local health committees are able to collect, analyze and correctly interpret the routine collection of health information (DHIS2)
- Access to routine health system information increased for non-health actors
- Operationality and linkages of key information systems (DHIS2, eLMIS, etc.) assured in targeted health facilities
- Regular, interactive use of infectious diseases surveillance systems strengthened⁵

Proposed Focus Areas:

- Accurate sex-disaggregated data are generated and used correctly
- Routine health data is collected, analyzed and reported on accurately
- Data collection and reporting systems (e.g., DHIS2 and eLMIS) reinforced
- Two-way flow of health information for use by health personnel and non-health actors
- National infectious diseases surveillance system fully developed and operational

This IR is considered cross-cutting as it concerns the implementation of all IRs.

⁵ The basis of this system will be according to WHO's 2005 guidelines for International Health Regulations, third edition as published in 2016. <https://www.who.int/ihr/publications/9789241580496/en/>.