Evidence for Sustainable Human Development Systems in Africa
Evidence pour les Systèmes de Développement Humain Durable en Afrique

Strengthening Malaria Information Systems

Country Report for Cameroon

Summary

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Cameroon's National Health System uses health management information systems (HMIS) to routinely collect data relating to disease outcomes, service quality, access and utilization. Starting with data collection through registers and monthly reports at the community and facility levels, strategic information is synthesized and managed at the district, regional and central levels, ultimately influencing decision-making through the Directorate of Control of Diseases of Epidemics and Pandemics (DLEMP) at the central level in the Ministry of Public.

As malaria control programs succeed and HMIS technology evolves, there is a need to assess what makes a malaria information system functional. In an effort to learn from the current system and contribute to cross-country learning, EVIHDAF comprehensively captured the state of Cameroon's malaria information system through interviews with 16 key stakeholders at the central, regional and district levels and a structured desk review yielding 12 key documents on the state of HMIS/RMIS in Cameroon. A total of 89 HMIS tools were also collected.

One of the greatest achievements of the malaria information system in Cameroon is the availability of well-structured data at the central level dating back to 2011, which offers the possibility to monitor health activities at the central level. Supportive factors underlying these successes include harmonized tools for data collection at health centers, successful computerization of data management from the district level upward, and successful automation of the flow of daily information into the District Health Information System 2 (DHIS2) platform during seasonal malaria chemoprevention (SMC) campaigns.

While government strategy on the malaria information system has been clearly articulated, the implementation has not been very effective. The factors that hinder high quality routine malaria data collection in Cameroon include understaffed health facilities, difficulty accurately filling out data collection forms by healthy facility staff, absence of data quality checks, and problems with internet connectivity and electricity, among others.

To improve malaria data capture, the main challenges related to management, leadership and information generation can be addressed by allocating financial resources mobilization to scaling up training of data managers, organizing data quality review meetings at the district and regional levels, supervising data transfer in the DHIS2 platform, providing computers and internet equipment to health facilities, incentivizing data managers at health facilities, and fully integrating the work of all health actors contributing to the DHIS2.