Summary report on the

Regional workshop on HeRAMS implementation in FCV countries

Cairo, Egypt 6–7 December 2023



Eastern Mediterranean Region

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1. Introduction

A regional workshop on the implementation of the Health Resources and Services Availability Monitoring System (HeRAMS) was held by the Health Information Management and Risk Assessment Unit of WHO's regional Health Emergency Programme at the WHO Regional Office for the Eastern Mediterranean, from 11 to 12 June in Amman, Jordan. The aim of the workshop was to share experiences of HeRAMS implementation in different countries and territories of the WHO Eastern Mediterranean Region and showcase examples of data use and analysis. This will improve technical capacity within emergency countries and enable them to make data-driven decisions and plan a guided response.

The specific objectives of the workshop were to:

- share experiences of HeRAMS country implementation and best practices;
- develop a cross-country expert network and promote country-tocountry knowledge sharing and transfer; and
- provide updates on the latest HeRAMS technical guidance, products and tools.

The expected outcomes of the workshop were:

- the sharing of country presentations and best practices;
- an introduction to geospatial accessibility modelling, tools and reports;
- the technical updating of HeRAMS focal points;
- the development/updating of country implementation plans; and
- the creation of a know-how hub.

The workshop targeted nine fragile, conflict-affected and vulnerable (FCV) countries and territories, including Afghanistan, Iraq, Libya, the occupied Palestinian territory, Pakistan, Somalia, Sudan, the Syrian

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Arab Republic and Yemen. However, Sudan was unable to send nominees due to the ongoing conflict in the country.

Participants of the workshop included country HeRAMS focal points, focal points from WHO country offices and staff from relevant Regional Office departments, including those dealing with health emergencies, universal health coverage and science, information and dissemination. Staff from the University of Geneva's Institute of Global Health also attended. The HeRAMS initiative is collaborating with the Institute on geospatial accessibility modelling to identify population service gaps and define priorities for health service provision.

The workshop provided an excellent platform for sharing experiences and knowledge to ensure the successful implementation of HeRAMS as a core component of health information management systems in emergency, recovery and development contexts.

2. Summary of discussions

During the first day of the workshop, presenters from Iraq, the Syrian Arab Republic and Yemen shared their experiences of implementing HeRAMS. They described the collaboration with ministries of health to improve data quality and how this is contributing to the overall digitizing of the health information system. The Yemen WHO country office team described the efforts done in data quality and triangulation and how retrospective analysis has helped in advocacy with the main donors in the country. The Syrian Arab Republic WHO country office team outlined the HeRAMS implementation undertaken with the Government of Syria, which covers all public health centres and hospitals, as well as the Syrian Arab Red Crescent and United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), and is now being expanded to include private facilities.

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Afghanistan, the occupied Palestinian territory and Somalia also presented their experiences. Afghanistan's implementation began in December 2021, covering all health facilities for decision-making purposes. The different analytics tools used were shown, including the geospatial accessibility modelling and online dashboards. Afghanistan WHO country office staff described how HeRAMS is being used to bridge other systems such as the medical distribution system. In the occupied Palestinian territory, the project has been implemented in the Gaza Strip and is now being expanded to the West Bank. Somalia's coordinated approach between the Ministry of Health, WHO and health cluster partners, has enabled data contributions from 40% of the main health facilities.

During panel discussions on the first day, panellists discussed data integration and quality and suggested using integrated and triangulated data to improve decision-making processes. It was noted that quality checks involve monthly visits and the cross-checking of data to identify gaps. HeRAMS data has helped identify underserved populations, raising funds and resources for their health care needs.

The second day was focused on presentations on the principles and vision of the HeRAMS initiative and on a broader view of HeRAMS at the global and regional levels. The analytical frameworks used were presented by the WHO headquarters team, which included a description of the Standard Descriptive Report and how to read the report and how it is structured. The implementation plan and country support were also presented, including how implementation can be fast tracked using different resources at the three levels of WHO and giving live examples from countries, including Afghanistan and Iraq.

The principles and methodology of geospatial accessibility modelling, as well as automation tools for report production and using the AccessMod5 WHO tool, were explained by the participants from the Institute of Global

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Health. A detailed sample descriptive report was looked at to illustrate the standard analysis framework and data visualization.

A second plenary session was held on data visualization, data interpretation and the use of data for action. The panellists, who were mainly from countries, explained their different experiences in the use of standard products and tools built in-house.

The meeting concluded with a summary of the workshop outlining the key progress made in HeRAMS implementation, the support that can be provided to countries and the way forward for collaboration and implementation.

3. Recommendations

То WHO

- 1. Improve the use of HeRAMS within the different decision-making processes, including humanitarian needs overviews, humanitarian response plans, and emergency response prioritization and response monitoring, at the regional and country levels, including with partners.
- 2. Increase awareness of HeRAMS implementation and the use of its data among the different stakeholders at the WHO Regional Office for the Eastern Mediterranean to achieve greater engagement.
- 3. Support HeRAMS country implementation and focus on the sustainability of the project at country level.
- 4. Continue to share knowledge, information and experiences regarding HeRAMS implementation and the use of data through collaborative platforms such as webinars and meetings.



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