The recent escalation in conflict and resulting upheaval have exacerbated needs and further complicated an extremely challenging operational context. The subsequent announcement of a pause in funding for the Sehatmandi project - the backbone of the Afghan health system, supporting 2300 health facilities across all 34 provinces - further fueled concerns that health facilities may close and result in thousands of avoidable illnesses and deaths.

In that context, the implementation of HeRAMS was initiated in October to ensure the:

- establishment of a baseline of available essential health services and identify gaps and priorities for intervention,
- establishment of a monitoring process to detect potential service disruptions and support the continuity of essential health services, and
- provision of a live, comprehensive, and authoritative Master Facility List (MFL) servicing other components of the national health information system.

Achievements

- Development of remote country implementation support services
- Strengthening of monitoring in countries with existing HeRAMS processes
- Establishment and reinforcement of support capacity in the WHO African and Eastern Mediterranean Regional Offices

Challenges

- Increased requests for country implementation support slowed down the development of other services, including guidance, platform development, and analytical and reporting services
- Insufficient global and regional coordination and support capacities

Outlook

- Ensure continued support for ongoing and new HeRAMS processes, and promote alignment and adaption of global standards
- Further strengthen regional support capacities
- Design and pilot HeRAMS-based geospatial models of accessibility to essential health services

Highlight: HeRAMS in Afghanistan

The recent escalation in conflict and resulting upheaval have exacerbated needs and further complicated an extremely challenging operational context. The subsequent announcement of a pause in funding for the Sehatmandi project - the backbone of the Afghan health system, supporting 2300 health facilities across all 34 provinces - further fueled concerns that health facilities may close and result in thousands of avoidable illnesses and deaths.

Fig. 2: HeRAMS Afghanistan: Overview of health facilities assessed

Fig. 3: HeRAMS Afghanistan Baseline Report 2022
Box 1: Afghanistan

1. **Rapid implementation**: The decision to implement HeRAMS in collaboration with health sector actors was taken in November. The first trainings were delivered in mid-November. By mid-December HeRAMS covered over 2500 health facilities and a draft report was issued by the end of December.

2. **Partners involvement**: The implementation of HeRAMS Afghanistan built on a strong collaboration with all health sector actors through the support of the health cluster. Over 25 national and international NGOs were on-boarded and trained leading to the registration of over 80 data contributors.

3. **Coverage**: HeRAMS was directly implemented nationwide and, by the end of the year, covered over 2500 health facilities across all 34 provinces.

4. **Remote implementation and integrated support**: The implementation of HeRAMS in Afghanistan demonstrated the efficiency of the remote implementation process developed as a response to constraints resulting from the COVID-19 pandemic and highlighted the value of support services that are articulated across global and regional levels.

**Field implementation**

Efforts were made to mitigate disruptions in implementation due to the pandemic. As a result, monitoring resumed in Mali and Northeast Nigeria, and initiating the decentralization and digitalization processes in Central African Republic were initiated.

Implementations initiated in Pakistan (Balochistan) and the Philippines (Mindanao) towards the end of 2020 were finalized in the first quarter of 2021, leading to the establishment of a baseline that will serve as a foundation for future monitoring.

In addition, new implementations were completed in particularly challenging contexts in Afghanistan and Ethiopia (Tigray) as part of emergency response efforts. Finally, new processes were initiated in the Democratic Republic of the Congo and Niger.

Restrictions related to the COVID-19 pandemic fast-tracked the development of remote implementation services. The implementation in Afghanistan towards the end of 2021 demonstrated the maturity and efficiency of these services paving the way for increased efficiency in future implementations.
Platform developments

The HeRAMS platform remains an essential enabler of the project at country level allowing for rapid and effective implementations. The platforms use drastically increased during 2021, with the number of registered users expanding from 3452 to 5181 (+50%), calling for constant performance improvements.

As a result, numerous improvements have been made to the platform workflows in order to further ease the process at country level. New features were also implemented to expand its usability. These include:

- **Access request**: A feature allowing registered users to autonomously reach out to project or workspace owners to request access and other permissions. This feature is key in strengthening the decentralization process by further empowering users as well as increasing accountability.

- **Process administration dashboards**: Administering the process can be challenging with dozens of data contributors, and thousands of health facilities being monitored. The administration dashboard provides project coordinators and administrators with an overview of the process, including granular information of update progress, completeness and timeliness. The dashboards also offer precious management tools such as targeted and automated reminders. These dashboards are now provided as a support to all HeRAMS projects, contributing to eased coordination and increased process transparency and accountability.

In addition to these specific developments, continued efforts have been taken towards more fundamental developments. These include:

- the development of a MFL module, which will allow a leaner data management process and support the development of an API. This will allow HeRAMS managed MFLs to be serviced to other health information systems, and

- an upgrade of the survey builder component, which is expected to bring improved offline and mobile capabilities.

Normative developments

Substantial progress was made on the development of the normative pack, despite delays in favor of country support activities. These include:

1. The HeRAMS Strategic framework\(^2\) was finalized and published. It lays out the vision and mission of the HeRAMS Initiative and identifies its guiding principles as well as its strategic objectives, pathways and drivers.

2. The efficiency and sustainability of HeRAMS lies with WHO’s ability to efficiently articulate the comparative advantages of implementation responsibilities across the three levels of the organization. Following a successful pilot phase in the EMRO region, a detailed description of the responsibilities across the organization was developed and now serves as a basis for further capacity building at the regional level.

3. The finalization of the HeRAMS Implementation Guide was delayed to incorporate new lessons learned from recent implementations. The guide is now expected to be finalized by Q3 2022.

4. Other important operational standards have been developed and extensively used to support ongoing and new implementations such as the standard implementation plan and budget. These will complement the normative pack which is expected to be published in the course of 2022.
Capacity building & Community of practice

- In addition to various in-country workshops, strengthening processes in countries with existing HeRAMS projects were conducted in four countries (Afghanistan, occupied Palestinian Territory, Pakistan, and Somalia). Activities targeted over 150 data contributors, key informants, and project administrators with remote training sessions covering the HeRAMS approach, questionnaires and use of the HeRAMS platform.
- Further responsibilities were gradually transferred to the EMRO region, where capacity has substantially increased. This has resulted in the development of detailed collaboration model for the three levels of the organization - leveraging each level's comparative advantage. This model is now being replicated and adapted for use in the AFRO region.

Partnerships & collaborations

The HeRAMS team has continued to foster partnerships and collaboration at country, regional and global levels. This includes reinforced linkages with health cluster partners to ensure their full engagement and contribution to the process in emergency contexts, and the engagement of development partners in the effort to support more stable areas.

Efforts made in 2020 to highlight the potential of HeRAMS data has led to a long-term agreement with the University of Geneva. The objective of the agreement is to conceptualize, develop, document, and transfer HeRAMS-based geospatial models of accessibility to essential health services. These models will substantially improve the usefulness and actionability of HeRAMS data and contribute to decision-making processes for health programs situational and gap analysis, planning, resource allocation, monitoring and evaluation. The initial focus will be on up to three emergencies, with the service expected to expand to other settings.

References

3 HeRAMS Mali Dashboard (https://herams.org/project/24)
4 HeRAMS Nigeria Dashboard (https://herams.org/project/30)
5 HeRAMS Central African Republic Dashboard (https://herams.org/project/61)
6 HeRAMS Pakistan Dashboard (https://herams.org/project/14)
7 HeRAMS Balochistan Baseline Report 2021 (https://www.who.int/publications/m/item/herams-balochistan-baseline-report-2021-operational-status-of-the-health-system)
8 HeRAMS Philippines Dashboard (https://herams.org/project/23)
9 HeRAMS Mindanao Baseline Report 2021 (https://www.who.int/publications/m/item/herams-mindanao-baseline-report-2021-operational-status-of-the-health-system)
10 HeRAMS Afghanistan Dashboard (https://herams.org/project/59)
11 HeRAMS Tigray (Ethiopia) Dashboard (https://herams.org/project/46)
12 HeRAMS Strategic Framework (https://www.who.int/publications/m/item/herams-strategic-framework)