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MINISTRY OF HEALTH - ETHIOPIA

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POLICY BRIEF

Gender-Digital-Health Information System (HIS) Divide in Ethiopia

Summary

The Gender-Digital-Health Information System (HIS) Divide, if left unfilled, has the potential to worsen the existing gender inequities in the health systems of developing countries including Ethiopia. The result of the national gender analysis in digital health and HIS spaces showed that gender perspectives are not adequately addressed. Filling this gap requires designing and implementing strategies to attain a gender-balanced digital health and HIS interventions.

Key messages

- The design, development and implementation of digital health and HIS interventions need to be gender-responsive to achieve the desired health outcomes. Women have more reasons than men to interact with the health system. Hence, they are the biggest shareholders of the health data. However, women health workers have limited access and use of data for decision making. Hence, democratization of access to quality data is important for a gender-balanced decision making within the health system. This requires promoting increased participation of women in owning, analyzing and using data to improve their health and the health of their families.

- Data is a resource. It is dubbed as the oil of the 21st century. Health data is a much more expensive resource. Empowering women should include improving female health workers access to this resource and improving their decision making power using health data. To this effect, building the data analytic, data use and leadership capacities of female health workers both during pre-service and in-service training programs is critical.
- Ensuring the inclusion of gender perspectives in the preparation and implementation of national HIS and HIS related policies, manuals and guidelines provide the basis for a more gender-balanced engagement of health workers within the HIS space. For example, the Performance Monitoring Team (PMT) guideline, as a major data use governance document, does not mention the need to put female health workers in the decision table. Previous national HMIS indicator revision processes also did not consider equal participation of women in defining information needs, indicators selection, HMIS tools development and training cascade.
- There are sex disparities in ownership and use of information and communication technologies. The health system needs to consider these disparities in the design and implementation of digital health interventions. Digital tools designing needs to consider a fairer participation of women during co-creation of digital products. This is because digital product developments that do not embrace gender perspective leads to differences in utilization of digital tools between male and female health workers.
- Developing a strategy to mainstream gender within the digital health and HIS spaces is recommended.

Introduction

Gender inequalities, intersecting with and compounded by other social differences, continue to shape the extent to which women and men access, use and benefit from the health sector. This is particularly important for Ethiopia where about half of the population are women. In countries like Ethiopia, where the burden of health problems is significantly tilted toward women and children, ensuring meaningful involvement of women health providers, program managers and decision makers within the HIS is critical. Gender inequities during the development and implementation stages of digital health products and the HIS is often overlooked. This can lead to a lack of gender perspective in designing digital tools, defining health information needs, accessing and using adequate, quality and gender-balanced data and using digital tools to improve the health of women and their families.

Thus, this policy brief summarizes the major findings of a national level assessment on the current gender-digital-HIS divide to generate evidence on how best to mainstream gender within the digital health and the HIS spaces in Ethiopia.

Methods

The study was conducted from October 10 to December 30, 2022. Desk review of national HIS and HIS related documents and key informant interviews (KIIs) were conducted. The documents reviewed included policies, strategies, guidelines, manuals, standard operating procedures, and HIS monitoring and reporting tools. A total of 18 KIIs were conducted among policy makers, health managers, health service providers, academia and HIS program implementing partners.

Key findings

Limited effort to mainstream gender within the digital health and the HIS spaces in Ethiopia

Though there is a political will and commitment at a higher level to address gender in the health sector including the digital and the HIS spaces, actual implementation has shown major gaps. Generally, the health sector did not adequately consider gender in its digital health and HIS programs. Although most health programs are desired to be gender-responsive as demonstrated by the establishment and operationalization of the Gender Directorate including the issuance and implementation of the national gender mainstreaming manual, actual gender mainstreaming efforts at the lower level of the health system including the digital and HIS spaces is very limited. This implies that the political will and commitment to mainstream gender across programs at all levels is not translated into action.

This assessment shows that multiple factors operating at different levels of the healthcare system inhibit the mainstreaming of gender within digital health and HIS programs. These include: lack of a proper guiding document on how to mainstream gender within digital health and HIS programs; limited understanding of gender mainstreaming within the digital and HIS spaces among health workers; lack of gender sensitive capacity building activities; lack of intersectoral collaboration; shortage of resource for gender mainstreaming; and inadequate evidence around gender roles within the health system.

Lack of gender considerations during HIS documents preparation

While gender is considered a cross cutting issue, national HIS specific documents reviewed in the assessment lacked gender considerations during their preparation and implementation. For example: the Performance Monitoring Team (PMT) guideline, as a major data use governance document, does not mention the need to put female health workers in the decision table. Previous national HMIS indicator revision processes also did not consider equal participation of women in defining information needs, indicators selection, HMIS tools development and training. The national digital health related documents including the national digital health strategy and the digital health blueprint also lack gender responsive interventions.

Lack of gender considerations in data management and decision making

Most of the HMIS data collection tools included in the review enable sex-disaggregated data collection. However, the use of sex disaggregated data for decision making is limited. Further, the recent HMIS tools have shown promising trends in considering women's health issues-inclusion of a dedicated register for capturing and reporting data on gender based violence (GBV) and women-oriented indicators (e.g. positions held by females in leadership positions) are some of the positive changes to mention.

Generally, sex distribution of morbidities is tilted towards women. However, women have more reasons than men to visit health facilities for services such as antenatal care (ANC), delivery care (DC), postnatal care (PNC), family planning (FP), immunization, newborn and child health issues. Hence, women are the biggest shareholders of the health data. However, female health workers have limited access and use of data for decision making. Decisions made without women in the decision table are don't empower women and usually lack gender-perspective. Hence, democratization of access to quality data is important for a gender-balanced decision making within the health system. This requires a fairer participation of women in owning, analyzing and using data to improve their health and the health of their families. In addition, there are no specific measures and guidelines put in place to ensure gender balance in woreda based planning, target setting, resource allocation and integrated supportive supervision activities.

Inadequate consideration of gender in digital tools development and implementation

Generally, digital systems design, development and implementation process is a male dominated field mainly because of limited number of female experts. The national digital health related documents like the national digital health strategy and the digital health blueprint overlooked the role and participation of women in the design, development and implementation of digital health systems and tools. These documents were prepared with an implicit assumption that women and men have equal power. However, there are sex disparities in ownership and use of information and communication technologies. Hence, the health system needs to consider these disparities in the design and implementation of digital health interventions. Requirement analysis needs to consider a fairer participation of women including during co-creation of digital health products. Digital product developments that do not embrace gender perspective lead to differences in utilization of digital tools between male and female health workers. Dashboards such as DHIS2 and eCHIS lack sex disaggregation and gender specific standalone indicators.

Lack of gender balanced HIS workforce

The national HIS documents acknowledged that there is limited gender mainstreaming in the HIS health workforce. The findings revealed that the national HIS workforce is male dominated with a relatively better gender balance at the lower levels of the health system. At the frontline of the health system, almost all health extension workers are women. But the quantity and quality of positions held by female health workers decreases up the health system hierarchy. In line with the low quantity and quality of positions assumed by female health workers, their participation in digital health and HIS design, development and leadership is also minimal. Initiatives to empower female health workers to the HIS leadership positions are not adequate.

Even though the HIS capacity building opportunities are given for both male and female health workers, much remains to be done to improve fairness in recruitment and participation of women in training opportunities. Similarly, women participation, as a student and academic staff, both in ICT and health informatics fields is limited. Therefore, strengthening the data analytic, use and leadership capacities of female health workers in both pre-service and in-service training programs is important to promote a more gender-balanced use of digital tools and data for decision making to improve health systems.

Recommendations

Evidence gathered through this study indicated that gender mainstreaming within the HIS space, particularly on the HMIS tools, has shown some improvement over time. However, use of sex disaggregated data, and participation of women in data management, decision making, leadership and governance of the HIS has been very limited. Similarly, digital literacy, ownership and use of digital tools is very low among female health workers. Hence, the following measures are recommended:

- Existing HIS documents need to take gender issues seriously including encouraging the participation of female health workers during revisions, developments and implementation of the documents.
- The MOH needs to develop a clear gender mainstreaming guideline and monitor its implementation within digital health and HIS spaces in Ethiopia to improve better engagement and participation of female health workers.
- The PMT guideline needs to put clear directions to encourage and improve the participation of women in the composition of PMTs. This includes generating gender conscious and quality assured (e.g. use of RDQA-G of measure evaluation) data for decision making.
- The MOH and RHBs need to ensure that training, supervision and other capacity building activities, both in-service and pre-service, around digital health and HIS involve female health workers and students.
- The gender directorate, HITD and PPMED need to monitor the progress of gender mainstreaming efforts within the digital and the HIS spaces using indicators addressing gender.
- PPMED has to ensure fairer participation of female health workers in the planning process of HSTP, HMIS indicator revisions and performance reviews and reporting.
- Staff recruitment policy of the health sector should be re-visited to include gender policies and issues related to affirmative actions especially in empowering female staff and assigning them in leadership positions.
- The MOH and supporting partners need to allocate adequate resources for mainstreaming gender across all digital health and HIS programs.
- The academia, MOH and partners need to produce evidence on gender related issues including challenges and opportunities for better mainstreaming of gender across the health system including documenting best experiences.
- Designing gender mainstreaming strategies within digital health and HIS based on the identified gap is recommended.