**Selected HIS Organizational Practices, Principles, and Pitfalls**

The complete RHIS curriculum is available here: <https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum>

**7.1.12**

The statements and questions below will be discussed in plenary. Participants may confirm, deny, and/or supplement each statement with additional practices.

1. Routine Health Information System (RHIS) subsystems, such as health management information systems (HMIS), human resource information systems (HRIS), logistics management information systems (LMIS), and disease surveillance information systems (DSIS) are generally the responsibility of specific, central-level units, departments, institutions, or programs.

*QUESTION: How might we coordinate these “RHIS subsystems” into central-level departments?*

1. National HIS subsystems that produce regular information products (such as annual reports, newsletters, and statistical abstracts) are generally supported by units staffed with appropriate expertise. They maintain links with other units or programs that generate the required data. An exception may occur when the information product is required and funded by a donor agency, and temporarily supported by a donor project*.*

*QUESTION: Is this a recommended practice?*

1. Sometimes single directors or directors-general are assigned responsibility for all functions and departments dealing with aspects of HIS development and operations, such as RHIS, financial management information systems (FMIS), HRIS, monitoring and evaluation (M&E), disease surveillance and response, survey management, and ITC management.

*QUESTION: What are the advantages and disadvantages of having all HIS functions and units come under one director or director-general?*

1. The creation of a new HIS functional unit or department may stem from the promotion, technical support, and funding of a major donor (such as the World Bank, European Union, or U.S. Agency for International Development [USAID]) or donor program (such as MEASURE Evaluation or Johns Hopkins University’s survey-based M&E). This has been observed in such cases as national nongovernmental organization service-contract monitoring, overall health M&E, and health-survey research and evaluation.

*QUESTION: Is this a common practice? What are the advantages and risks?*

1. A common phenomenon across many national health systems in recent years has been incremental progress toward decentralization of responsibility, authority, and resources for important functions and systems management from the central level to various subnational levels (principally regional, provincial, and district). This has often included aspects of HIS/RHIS development and operations at the same time that information systems are engaged in ambitious improvement, along with operational and technological development.

QUESTION: *What challenges, benefits, and risks arise in attempting to combine systems development with decentralization of systems management?*

1. Data integration and interoperability are common objectives in many national HIS development strategies. This may be promoted by donors as a recommended system-design feature to improve data management, data analysis, and central-level monitoring, and to support national health policy, strategy, and planning. At the same time, experience has shown that the best use of reported data is made at the levels of the service and within the program that generates the data.

*QUESTION: Are there organizational approaches that can help resolve this dilemma about the level and best use of integrated data platforms?*

