

# *Shifting landscapes and M&E Systems: Sustainability, Governance and Integration*

## Framing remarks

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Works in Progress: Transforming the HIV Response in a Time of Change, April 20-22, 2026 | Nairobi, Kenya

# Outline

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Recap of M&E Pre-Meeting and Joint M&E/CAN Session

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CQUIN National M&E Systems Assessment tool: timeline, select results

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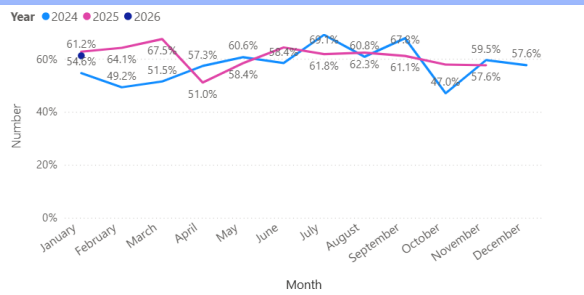
CQUIN countries' M&E systems integration pathway

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Way Forward

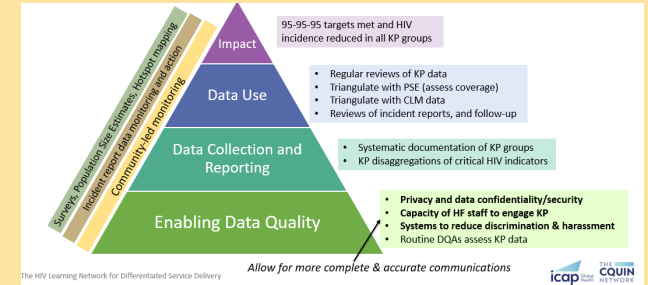
# Integrated M&E & CAN Pre-Meeting Sunday April 19<sup>th</sup>: RECAP

## HMIS Data Review and Sharing



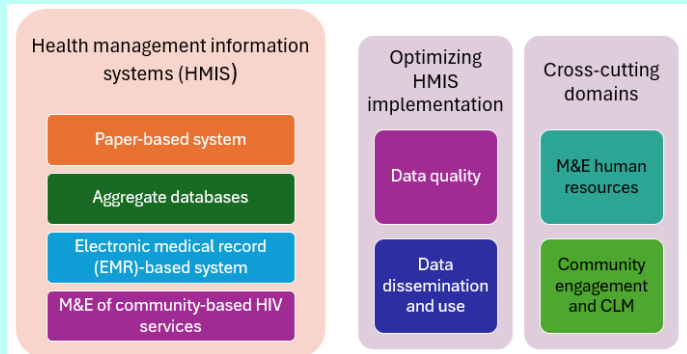
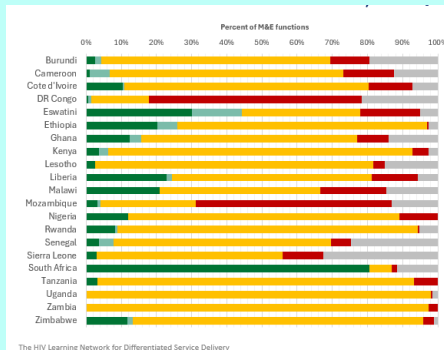
Country	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Change
EC1													-9%
EC2													-6%
EC3													-23%
EC4													5%
EC5													2%
S1													-1%
S3													-10%
S4													-2%
S5													-11%
S6													-13%
WC3													8%
WC5													-5%
WC7													35%
WC8													3%

## M&E of KP programs and services

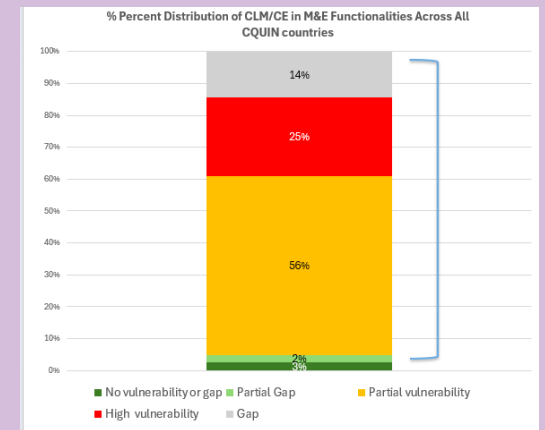
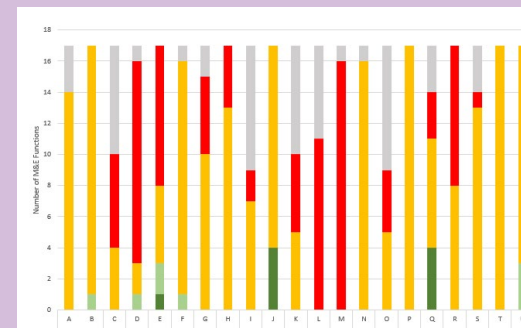


M&E function	Description	Countries																				
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
HMIS: Paper-based/DH	1.8.a.																					
	1.8.b.																					
	1.8.c.																					
	1.8.d.																					
	1.8.e.																					
HMIS: EHR	2.10.a																					
	2.10.b																					
	2.10.c																					
CLM	7.6.a																					
	7.6.b																					

## National M&E Systems Assessment Tool



## CLM and CE in M&E-CAN and SI joint session



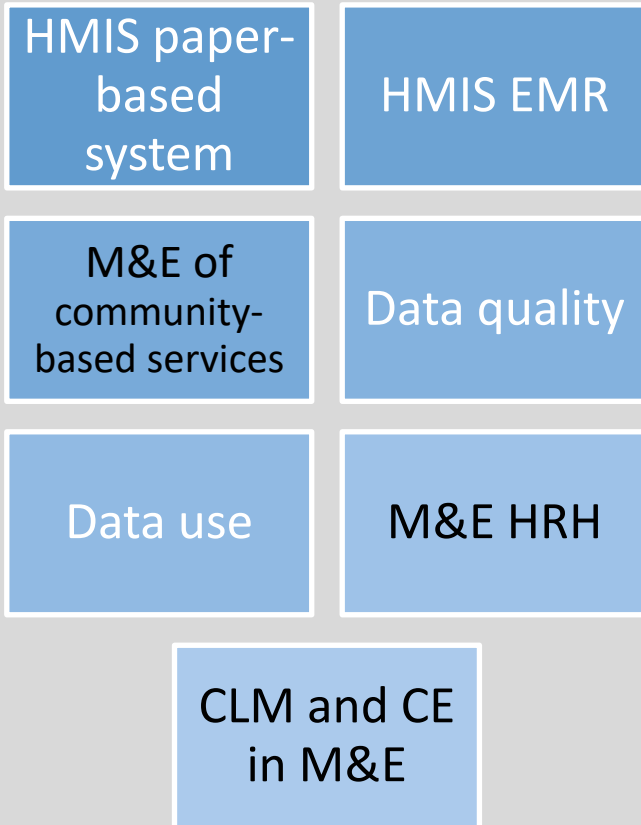
# National M&E System Assessment Tool



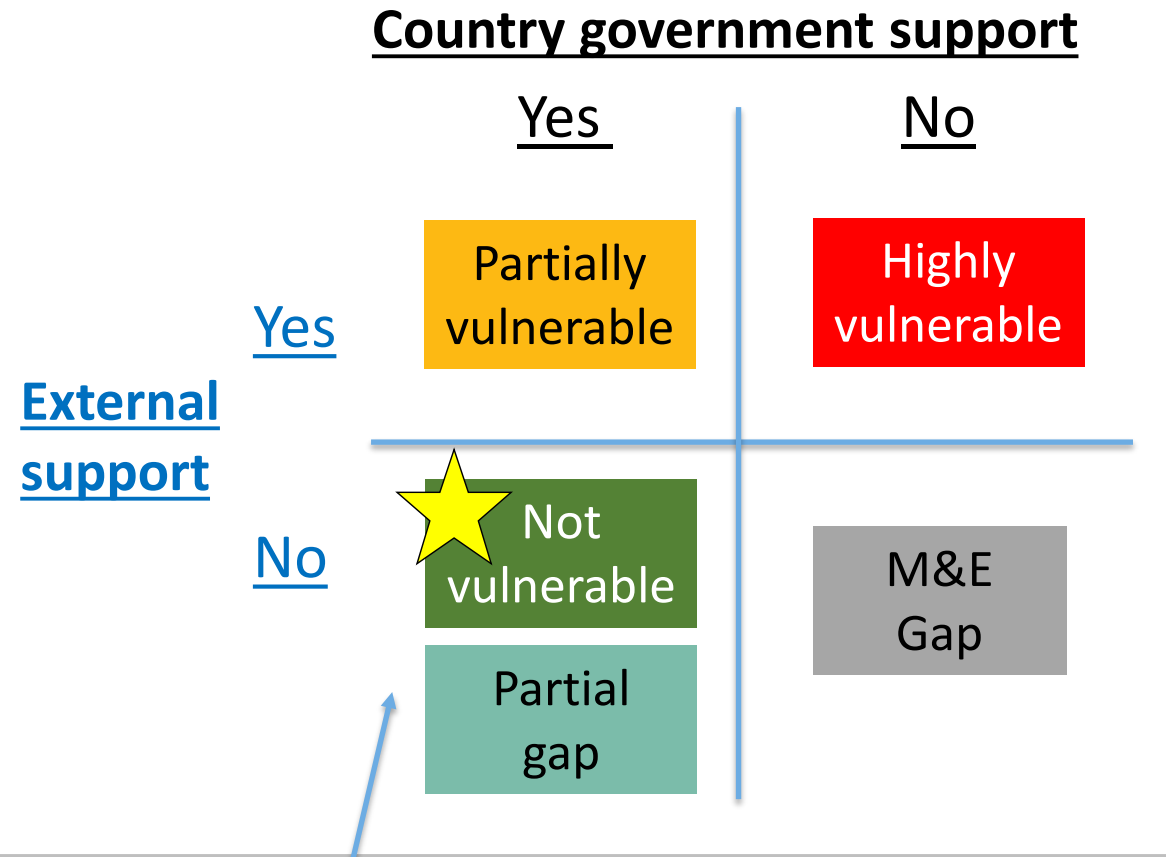


# CQUIN National M&E System Assessment pilot: Mapping external support and gaps across M&E systems

## 7 M&E domains

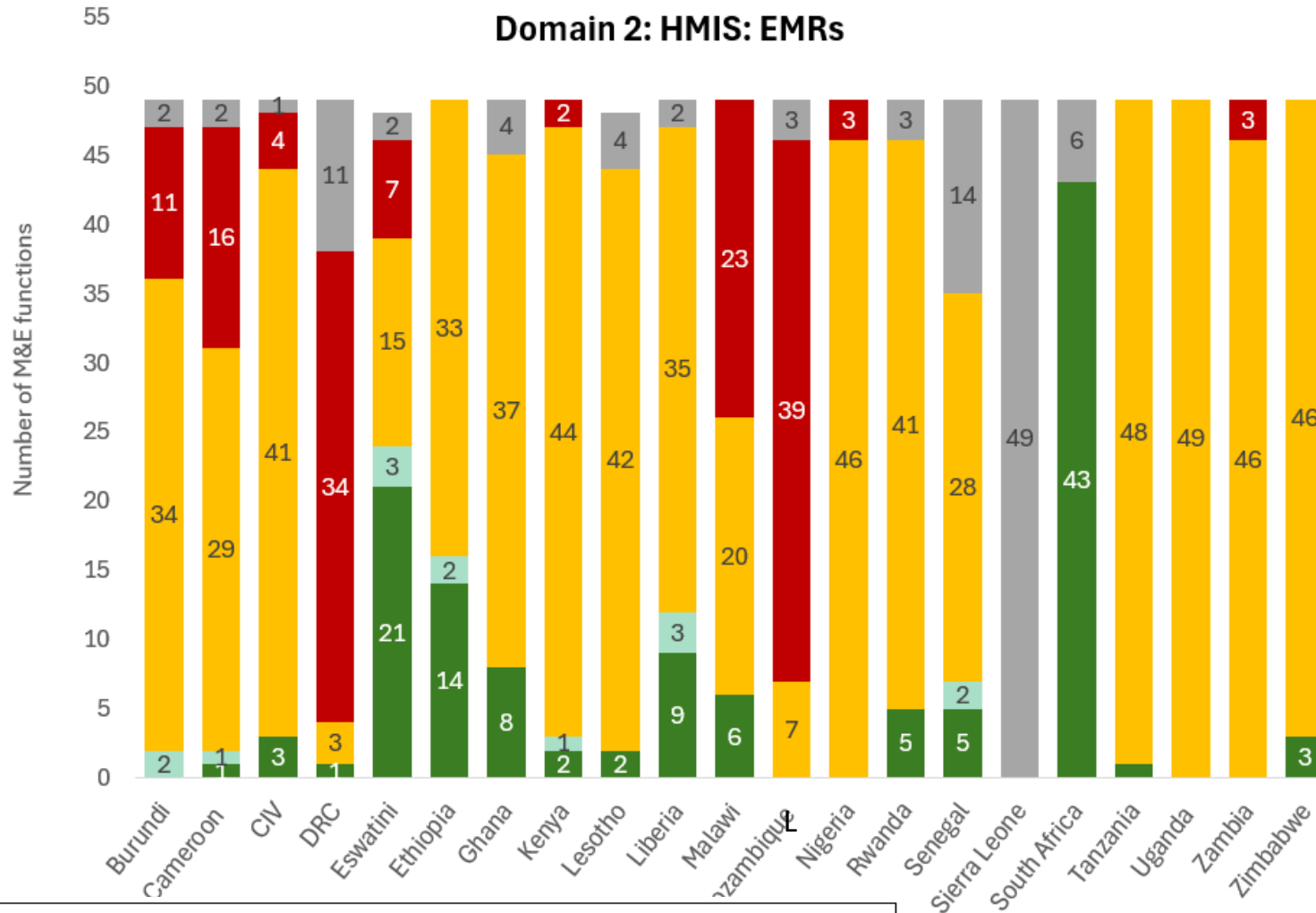


## Scoring of M&E functions:



*Not vulnerable* if fully implemented  
*Partial gap* if not fully implemented

# HMIS: EMR– results by country



- **12%** of M&E functions were **implemented fully and without external support** (green section of bar).
- **77%** of M&E functions were **either *partially vulnerable* (yellow) or were highly vulnerable** (red)
- **Large (>20%) M&E gaps** (grey) or **partial gaps** (light green) seen in at least 3 countries

Category	Description
Not vulnerable	Fully funded by government, no external support
Partial M&E gap	Partially funded by government, no external support
Partially vulnerable	Some external support, some government support
Highly vulnerable	Full external support
M&E gap	Not funded or supported by government or external partner

# National M&E assessment scores, key populations M&E functions, 21 CQUIN countries

			Countries																				
	M&E function	Description	Burundi	Cameroon	CIV	DR Congo	Eswatini	Ethiopia	Ghana	Kenya	Lesotho	Liberia	Malawi	Mozambique	Nigeria	Rwanda	Senegal	Sierra Leone	South Africa	Tanzania	Uganda	Zambia	Zimbabwe
HMIS: Paper-based/DH IS2	1.8.a.	Developing standardized key population data collection tools	Yellow	Yellow	Red	Red	Grey	Green	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Yellow
	1.8.b.	Ensuring confidentiality and secure data storage for KP data	Grey	Grey	Yellow	Red	Grey	Green	Yellow	Yellow	Yellow	Yellow	Light Green	Light Green	Green	Green	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Green
	1.8.c.	Ensuring sufficient disaggregation of KP data in reporting tools	Grey	Grey	Yellow	Red	Grey	Yellow	Yellow	Yellow	Yellow	Yellow	Light Green	Light Green	Green	Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Yellow
	1.8.d.	Ensuring that KP data are reflected in national aggregate databases	Grey	Grey	Yellow	Red	Grey	Yellow	Yellow	Yellow	Yellow	Yellow	Light Green	Light Green	Green	Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Yellow
	1.8.e.	Engaging KP-led organizations in data collection and validation	Grey	Grey	Yellow	Red	Grey	Yellow	Yellow	Yellow	Yellow	Yellow	Light Green	Light Green	Green	Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Yellow
HMIS: EMR	2.10.a	Recording key populations data in EMR while maintaining confidentiality	Yellow	Yellow	Yellow	Grey	Green	Green	Yellow	Yellow	Yellow	Yellow	Red	Red	Yellow	Grey	Yellow	Grey	Grey	Yellow	Yellow	Red	Yellow
	2.10.b	Implementation of policies, procedures, and training on KP EMR elements	Grey	Grey	Yellow	Red	Green	Green	Yellow	Yellow	Yellow	Yellow	Red	Red	Yellow	Grey	Yellow	Grey	Grey	Yellow	Yellow	Yellow	Yellow
	2.10.c	Integrating EMR KP data with routine health service data	Grey	Grey	Yellow	Grey	Green	Green	Yellow	Yellow	Yellow	Yellow	Red	Red	Yellow	Grey	Yellow	Grey	Grey	Yellow	Yellow	Yellow	Yellow
Data use	4.6.a.	Fund, coordinate, and implement national or key population surveys	Yellow	Yellow	Yellow	Red	Yellow	Red	Red	Yellow	Red	Red	Red	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
CLM	7.6.a	CLM data collected on KP service delivery/programming	Yellow	Yellow	Red	Red	Red	Yellow	Yellow	Red	Yellow	Yellow	Grey	Grey	Red	Yellow	Red	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
	7.6.b	CLM data informs KP service delivery/KP programming	Yellow	Yellow	Red	Yellow	Red	Yellow	Yellow	Red	Yellow	Yellow	Grey	Grey	Red	Yellow	Red	Yellow	Green	Yellow	Yellow	Yellow	Yellow

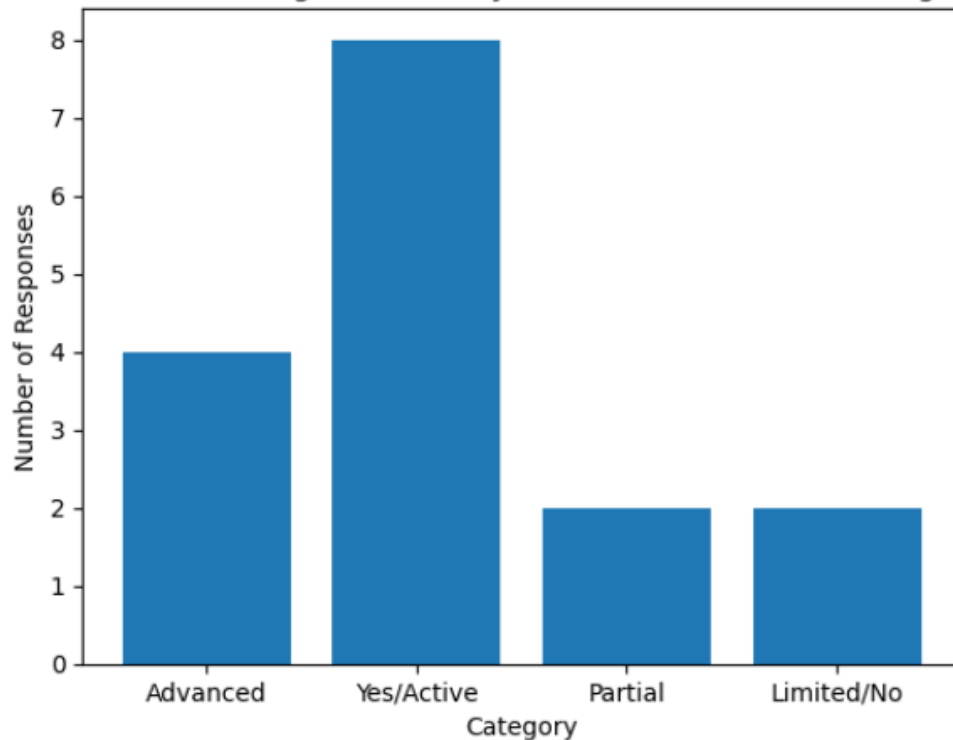
■ No vulnerability or gap  
 ■ Partial Gap  
 ■ Gap  
 ■ Partial vulnerability  
 ■ High vulnerability

- Several countries had significant M&E gaps and high vulnerabilities or total external funding dependence for a majority of KP related M&E functions
- *Given the current funding transitions and reprioritization, what will this look like 1 year from now?*

# The future of M&E Systems: EMR Integration? (1)

Results from pre-meeting survey (n=16 countries)

## Shift towards Integrated EMR Systems



- **Advanced (4):** Strong, likely mature systems (integration already functioning across services)
- **Yes/Active (8):** Clear movement and implementation underway
- **Partial (2):** Transition phase, fragmented or pilot-level integration
- **Limited/No (2):** Minimal progress or still largely paper-based with no transition plans

*Most countries are actively transitioning toward integrated EMR systems, with integration already underway...but are we going to be able to reach this goal? A small minority are still in early or paper-based stages.*

# The future of M&E Systems: EMR Integration? (2)



**Strong shift toward integrated M&E systems--phased transition:** *Most countries are moving away from siloed, program-specific (e.g., HIV-only) systems toward fully integrated, multi-service health information platforms in a largely incremental pace.*



**Focus on interoperability and unified architecture:** *A common goal is one national system or interoperable ecosystem that enables seamless data flow across services, facilities, and levels of care.*



**Person-centered and service delivery–driven vision:** *Countries increasingly frame M&E systems around holistic patient care and integrated service delivery, not just reporting needs.*



**Sustainability and efficiency pressures:** *There is clear emphasis on reducing duplication, improving data quality, and sustaining systems amid declining donor funding.*



**Digital transformation as an enabler:** *Many countries have highlighted the importance of digital platforms, unique identifiers and national eHealth strategies as central to achieving integration.*

# How do we proceed?

- **Embrace complexity and uncertainty:** Countries are navigating **simultaneous, and sometimes competing, pressures**—integration, reduced reporting burden, and increasing donor demands.
- **Center community and KP voices:** These groups are **most at risk** and must remain at the core of M&E and system design.
- **Strengthen government ownership:** EMR systems remain **fragile and donor-dependent**—sustainable integration requires **greater national stewardship**.
- **Paper-based systems are still here...for now::** there is a need for **paper systems to be maintained** to an extent over the years it will take to develop and scale up the EMRs
- **Support tailored pathways:** Integration is **not one-size-fits-all**—countries need **context-specific, flexible support** along their journey.
- **Build on momentum:** Countries are **not starting from scratch**—they are progressing along a **continuum toward integrated, efficient, and patient-centered systems**
- **Countries can use CQUIN platforms to learn from each other on strategies for developing and implementing and navigating integrated EMRs**



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# Thank you!

