



The Expenditure Management Information System: Moving Toward Greater Transparency, Improved Planning, and Harmonized Reporting

WHAT IS THE EXPENDITURE MANAGEMENT INFORMATION SYSTEM?

The Expenditure Management Information System (EMIS) collects contract, budget, and expenditure information on the health sector in a Microsoft Access database. It produces financial reports for the Ministry of Public Health (MoPH) and donors, as necessary.

WHY WAS THE EMIS DEVELOPED?

The EMIS was developed to respond to several MoPH data and system needs.

1. Systematic data collection for the National Health Accounts (NHA):

The NHA is an internationally recognized framework and approach for measuring health expenditures—public, private, and external—for countries to track and manage their health resources for greater accountability and transparency in the health sector.

The first NHA in Afghanistan was produced in 2009/2008 and resulted in crucial health finance information, motivating substantial nationwide discussion in the Parliament, across donors, and at line ministries (MoPH, Ministry of Finance), about the unprecedented levels of household spending on healthcare.

Data are collected from health service implementers, donors, and the government. The NHA has been

recognized as an important tool for health managers and policymakers, and it is essential that a more cost-efficient and effective approach to collecting necessary financial and expenditure data is institutionalized.

2. Evidence-based planning and decision making with the availability of advanced economic analyses:

Experiences with the NHA taught the MoPH that expenditure data vary in quality and are presented as aggregates. In order to conduct the necessary financial and economic analyses, mechanisms to produce higher-quality data were needed.

Routine data collection would ensure high-quality data that are verifiable, consistent, and at the level needed for analyses to inform policy, planning, and decision making at the central level.

3. Harmonized financial reporting across health programs:

An assessment of the financial management capabilities of NGOs was conducted in early 2011 (HS2011, 2020). Health program implementers such as NGOs and line ministries were found to have had difficulty complying with various financial reporting requirements and for the NHA, when requested.

Findings from the assessment indicated that NGOs spent too much staff time and overhead costs reporting on donor grants and a harmonized grant financial management reporting system was needed. The report recommended

collecting financial information at the clinic level and creating a software solution to harmonize financial reporting.

4. Improved transparency and accountability in the health sector:

There is a continued need for greater transparency and accountability in the flow and spending of funds within the health sector so policymakers can make evidence-based decisions by looking critically at inputs with outputs.

5. Linkages of financial inputs with health outputs:

The HMIS currently provides health output data and information on indicators such as the number of outpatient visits, the number of inpatient visits, and number of cases of disease or illness.

With resources likely being limited in the future, the MoPH is in a position to make critical decisions for improving the efficiency of health service delivery.

Understanding the cost per outpatient visit or the cost per antenatal care visit at the facility level is essential for such decision making.

HOW WILL THE EMIS BE USED?

The initial use of the EMIS will be at the BPHS and EPHS implementation level, with plans for expansion to all implementers in the health sector, including NGOs, line ministries, and international partners. A

system for data entry, reporting, and feedback has been developed and will evolve to meet users' needs over time.

It is important to note that the EMIS is not itself a financial management system or decisionmaker.

PROGRESS TO DATE

Progress in EMIS implementation is as follows:

- Pilot completed among NGOs and revisions made according to their feedback
- System officially launched by the MoPH
- Training workshops held for all implementing partners and stakeholders
- Use of EMIS began among NGO implementing partners, who are at different stages of preparing their financial reports
- Plans developed for enhancement to a web-based platform, with offline functionality intact
- Development of EMIS web-based platform is expected to be complete at the end of 2014

CONTINUED COMMITMENT NEEDED

The development of a system of routine expenditure data collection and use goes beyond a database and requires long-term vision, planning, commitment, and flexibility.

Efforts to strengthen each piece of the system should be made and the MoPH needs to garner further commitment and support from stakeholders for the sustainability of the EMIS. Specific recommendations are outlined below.

POLICY RECOMMENDATIONS

- Develop and approve EMIS policy.
- Continue sensitization workshops and conduct routine EMIS coordination/working group meetings with stakeholders.
- Support the long-term institutionalization of the EMIS by including it in MoPH contracts and advocating for donor and government commitments to finance the expansion of the system.

ENDNOTES

USAID Health Systems 20/20. 2011. Survey on the Financial Management Capabilities of Non-governmental Organizations. Bethesda, MD: Health Systems 20/20.

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