1. Background

The Health Data Collaborative (HDC) was launched in March 2016, based on foundational concepts from the International Health Partnership (IHP+) 2010-2015, political commitment following a 2015 high-level summit on Measurement and Accountability for Results in Health, endorsement in a 2015 Roadmap for Health Measurement and Accountability and a 5-Point Call to action[1]. The original aims of the HDC were a) to support alignment and increase efficiency of investments for country data; b) increase country capacity to effectively use data to plan, budget and implement for better health outcomes; c) support monitoring of the health-related SDGs and, where possible; and d) provide collaborative approaches to address gaps in technical support.

Between 2016 and 2018[2], four pathfinder countries (Malawi, Cameroon, Kenya and Tanzania) adopted the HDC principles. Many global goods and tools were produced by several multi-agency working groups, convened under the HDC umbrella. A 2019 governance review drafting group and 2019-20 informal interviews of 54 HDC stakeholders highlighted several issues and potential improvements to maximize HDC's impact:

- Greater clarity and communication of HDC mission, added value and objectives;
- Global tools and goods produced need contextualized and adapted to country and sub national contexts;
- Due to increasing governance burden (# Working Groups (WGs), # of calls and # of participants on calls), there a more streamlined and constituency-based HDC representation, decision-making and Working Group functioning is needed;
- HDC has been largely driven by global partners. There is a need for more demand driven approaches, led by communities and countries to highlight prioritized gaps in data collection, storage, analysis and use - with coordinated HDC partner approaches to respond to these in countries;
- WGs need clear deliverables and ToRs with stronger links between WGs. Integrating approaches of WGs (especially digital, data systems and tools of the digital and interoperability WG) and between WGs;
- HDC secretariat needs to play more of a convening, curating and facilitating function for data, WGs and countries with greater clarity on WHO's role.

From 2020, the HDC will continue to be an informal collaborative arrangement relying on a secretariat to function with a set of working groups. The structure and arrangement will need to be flexible enough to respond or scale up to needs of countries – highlighted in a separate governance document.

2. Mission and Objectives

HDC mission: To provide a collaborative platform that leverages and aligns technical and financial resources (at all levels) to country owned strategies and plans for collecting, storing, analysing and using data to improve health outcomes, with specific focus on SDG targets and communities that are left behind.

Objectives:
1. To strengthen country capacity to plan, implement, monitor and review progress and standardized processes for data collection, availability, analysis and use to achieve national health related targets (and therefore eventual SDG health targets)
2. To improve efficiency and alignment of technical and financial investments in health data systems through collective actions;
3. To increase the impact of global public goods and tools on country health data systems through increased sharing, learning and country engagement.

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[1] https://www.healthdatacollaborative.org/what-we-do/
https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/5-point-call-to-action.pdf

[2] https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/HealthDataCollaborative_Progress_Report_2016-2017.pdf

The full potential of HDC will not be realized unless partners and donors change key behaviours and investment strategies by effectively listening and responding to the needs of countries and regions, using coordination with initiatives underway or being planned that build national statistical capacity and data systems. HDC will enhance leadership capacities of country voices and strengthen working relationships at global, regional and country levels with UHC 2030, the Global Action Plan for SDG3 (GAP), Global Partnership for Sustainable Development Data, Partnership for Maternal, Neonatal and Child Health (PMNCH), Every Woman Every Child (EWEC), the Global Strategy for Women's Children's and Adolescents' Health, Global Financing facility (GFF), The Global Fund and Gavi, the Vaccine Alliance and Countdown to 2030. 9 of the 12 SDG GAP agencies are HDC members; the accelerator for data and digital global and country approved actions could be used to help align efforts and investments between 9 SDG GAP members and between SDG GAP and HDC.

Proposed joint actions on data and digital health in Global Action Plan for SDG3 p84, box 21	
Country level actions	**Global / regional level actions**
Support countries by aligned, collective action in the following areas: 1 Assess gaps in age-, sex- and location disaggregated data and health information systems and in digital health maturity, including gaps such as lack of trend information, the profiles of health information systems, inventories and architecture or roadmap. 2 Strengthen country capacity in the cycle of data generation, disaggregation, analysis, reporting and application to inform policy making and dissemination. 3 Support collective, aligned investment plans for data and digital health in countries, including planning for investments in building blocks of data and digital health in order to move towards or strengthen systems with emerging technologies to accelerate improvements in service delivery and public health planning. 4 Strengthen country capacity in digital health, especially in leadership, legislation, resources, governance and enabling environments for digital innovation at all levels.	Enable more coherent, effective support to countries by aligning approaches and tools and providing action on public goods in the following areas: 1 Commit to common principles for data and digital health, including the Principles of Digital Development and the Principles of Donor Alignment for Digital Health. 2 Standardize data and digital tools and compile, curate and leverage global public goods, for example through a central repository and communities of practice, to accelerate informed and coordinated updating of good practices in data and digital health and interventions that can be delivered digitally. 3 Compile a core set of guidance, processes, norms, standards and applications on emerging technologies in data and digital health that hold potential for advancing integrated service delivery, client-level decision-making and improved health systems (e.g. automation, cloud-based data capture and analytics, social media "nudges", automated conversational agents ("chatbots"), unique identifiers and secure digital identities).

https://www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all

3. <u>Principles</u>

The HDC principles may also be viewed as underlying values laying the foundation of HDC efforts:
1. Data is a public good and countries should always be consulted before releasing health data;
2. Promote country[3] ownership and stewardship to interface with national policy, planning and budgeting processes and initiatives to ensure data driven planning and accountability;
3. Build on data systems that are already working, owned and used by leveraging technical and financial resources from data initiatives in other sectors, agencies and partnerships and existing communities of practice and investing in cross program aspects of data and measurement;
4. Promote use and compliance with the GATHER[4] 18-point guideline to enhance accuracy, transparency and timeliness of data collection;
5. Foster and facilitate data analysis, visualization and use at all levels;
6. Promote increased data transparency and access;

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[3] Country means Government, citizen and health sector partners
[4] http://gather-statement.org/

7. Enhance regional and country (especially peer learning) approaches to knowledge management;
8. Focus on limited number of concrete, incremental actions with impact and maintain a best effort, good will philosophy among partners.

4. Theory of Change

Successful implementation of a Theory of Change and outcomes in countries to achieve SDG related targets for data will depend on the ability and willingness of HDC partners to be part of a collaborative coordination mechanism. This theory of change at country level was drafted by several HDC members in December 2019 and could be adapted in different contexts for work plans and investments and give a framework for evaluation.
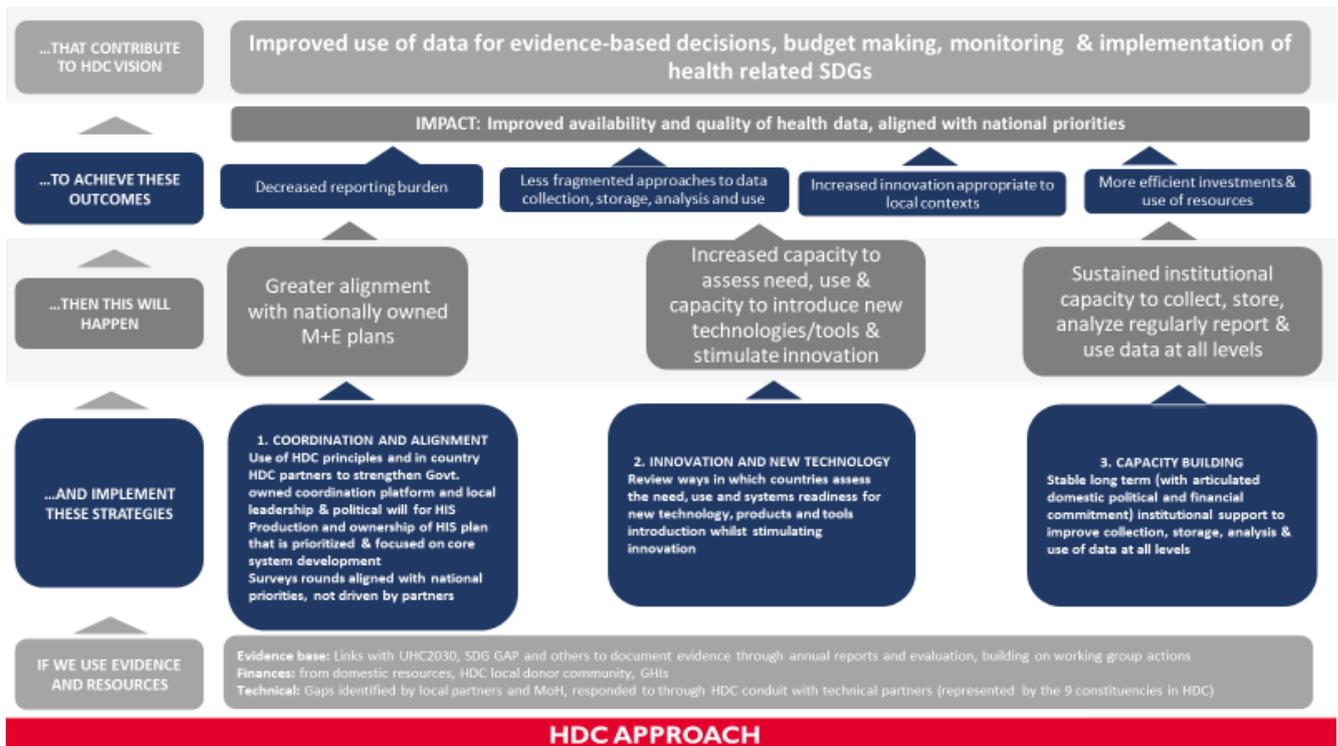
5. Approach in Countries

The "Country Engagement Approach" below provides some standard operating procedures for country engagement, outlining what success of HDC in countries could look like.

The HDC approach will be country-initiated, -driven and -led. This means ensuring strong and high numbers of HDC country participants in HDC governance and an understanding from all partners that countries are the HDC's ultimate customer. The national government, represented by the Ministry of Health or National Bureau of Statistics, provides stewardship and leadership for establishing a single national monitoring, evaluation and review platform as the measurement system and accountability mechanism of the national health strategy. This will be used to track and report progress on health SDGs, including health inequities; assess the performance of the health system and diseases programs and detect, report and respond to emerging health events. It will be increasingly important to align partner support towards sustainable solutions, to stimulate national resources to support HDC mechanisms in country, using national institutes and each partner may have different resources to contribute in each country.

By working collaboratively and aligning with national health data systems and a diverse set of partners in countries can enhance existing roles and mandates in data management, reduce duplication and maximize efficiencies. The collaboration will include policy makers, planners, budget makers, programs and development partners (headquarters and country offices). This may go beyond national boundaries and include regional approaches (such as AeHIN community of Interoperability Labs) who may become observatories for reporting frameworks. It also provides an opportunity to re-establish functional relationships with a wider data community such as other government departments, statistical commissions, public health institutes, academia, the private sector, parliamentarians and civil society. They will all enrich the data and contribute to the regular and inclusive reviews of progress at the national and sub-national levels, as promoted by the 2030 Agenda for Sustainable Development.

Collective country engagement approach: Recommended steps /protocols	
Principles of engagement	1. The process should be country initiated and country led with strong country stewardship and broad-based stakeholder participation (governments, donors, civil society organizations, public health institutions, academic and private sector). 2. The approach should be where there are opportunities for collective technical support and / or where joint investments have been identified. 3. Global support, if required, should be mobilized through: – Requests from countries based on identified needs (responsive modality). – Reaching out to countries to actively demonstrate the value of an aligned partner response (proactive modality).
Type of engagement	There are several types of possible engagement: 1. **Strategic request for collective action** to support extensive M&E, digital and HIS data related activities (in some cases this may be initiated by a preliminary scoping mission by a single agency or multiple partners, or arise out of national planning processes): – Strengthen M&E and/or HIS plan. – Priorities for investment. – Common investment framework. – Technical support for implementation. 2. **Focused request for collective action** to support a specific M&E, digital and HIS data related activities (e.g. multiple agency support for technical work in a specific area such as building analytical capacity or for investing in /providing technical support for HMIS). 3. **Specific agency request** for technical support (which may provide an opportunity for considering with Ministries the value of more strategic partner engagement). 4. **Knowledge sharing for ongoing in-country coordination** of partner work requiring no international support but useful to inform others or share knowledge, best practices or tools. These are country-initiated and led processes where government takes the lead in design and implementation, and sets up effective coordination and donor alignment mechanisms for management resources. HDC support could begin at the stage of support to national coordination and priority setting, for example with technical support missions and stakeholder mapping, but more importantly long term in country where partners support national processes
Where will HDC engage?	1. All countries are eligible. 2. Based on country request from national government. 3. Regional approaches to stimulate peer to peer learning and support for regional issues on data collection, storage, analysis and use will increasingly become important. 4. Where there is potential for: – Collective action and aligned investment. – Technical cooperation and coherence. – Building political interest in data. – Taking forward country-level activities of the working groups.

Collective country engagement approach: Recommended steps /protocols

	5. In 2020 - 2021, work will be done in a small number (~8-10) countries which will facilitate joint learning and best practice. This will include:
	   i. Comprehensive strategic approaches as part of the joint learning agenda, documenting best practices.
	   ii. Focused engagement for collective action through different modalities.
	The experience from the first wave of countries will provide a foundation for scaling up of the approach in more countries over subsequent years. Demand will be generated by demonstrating the value of the Health Data Collaborative approach. This is especially important for links to UHC and SDG GAP.

Best practice of **HDC country engagement**	• Support in-country coordination mechanisms for M&E through partnership approaches with key HDC partners in country. This will also include documenting best practices and learning opportunities that could be widely shared • Share and adapt standards, tools and approaches to specific contexts with country and regional counterparts, building on data mechanisms that are already owned, functioning. Tools and approaches should not displace mechanisms that are already supporting country data processes. • Ensure local non-state actors (such as civil society, private sector and research and technical institutions) are more engaged with national data processes and that disaggregated data sets include those from non-state actors. • Encourage programmatic and policy links using in country coordination mechanisms to link data use with policy making, program design and budget setting at all levels • Provide greater clarity on benefits at country level with stronger coordination and harmonization of partner technical and financial investments into health information systems and data collection, storage, analysis and use. • Measure and document reduction of fragmentation and transaction costs faced by countries and increase in partner alignment and efficiency gains. • Disseminate progress and lessons learned through HDC communication mechanisms.
HDC Information Flow **for country engagement**	1. Countries (Ministries of Health through HDC partner agencies) are made aware of the opportunities of the Health Data Collaborative approach through in country coordination mechanisms, implementing HDC communication strategy and working group activities. 2. Countries highlight and prioritize technical gaps in data collection, storage, analysis and use and use HDC mechanisms to leverage and gain partner technical advice and support. 3. All country requests shared with stakeholder representative group (SRG), which should include a clear explanation of the type of request, justification for support and expected response by HDC partners in country and at regional level. 4. The SRG (constituency based) could then circulate requests to each constituency in country 5. Lead time of at least 6-8 weeks is given for all strategic requests, to allow partners to fully prepare and participate. 6. Requests are shared by SRG with relevant country and regional focal points to assess interest in engaging. 7. Based on response, *agencies* inform SRG of different agencies engagement interests. 8. Partner focal point(s) identified and relevant stakeholders confirmed. 9. All requests tracked through HDC secretariat workspace.

6. Monitoring and evaluating HDC performance

Monitoring: HDC performance will be measured through achivement of annual progress report-based milestones on specific activities. These will be tracked and reported on annually, related to the agreed upon workplan and, include indicators on global and country level activities.

Evaluation: An independently contracted objective evaluation in 2023 will support revision of the HDC functions, mission, objectives and theory of change, to ensure greater alignment with supporting country HIS and SDG targets.

SCORE as a potential overarching framework for HIS and tools: The «*SCORE for health data 2030*» technical package provides a potential overarching framework for effective strategic interventions and essential tools needed to strengthen health data for monitoring health priorities and targets. Although it is regarded by many as an assessment tool, it also provides a national policy-makers and development partners a framework to consider when making technical or financial investments for interventions and tools on data and Health Information Systems. The 2020 SCORE report provides an opportunity for HDC partners and WGs to consider gaps identified and prioritize actions and resource allocations to countries requesting support.

7. <u>Branding and validation</u>

Product branding and validation: There is value in using HDC logo and brand, as it not only increases visibility, but also increases partnership approaches and awareness of multi-agency collaboration. However, it is recognized that each agency has its own mechanisms for validating technically robust tools and this has proven challenging in the past to get individual logos on global products produced by the HDC WGs. Validation of future products would ideally use the HDC brand and logo but need review and approval by the SRG to validate and encourage a validated set of harmonized norms, standards and tools that can then be chosen and adapted / contextualized by countries.

Annex 1: Global goods and tools from previous HDC related groups –

There are different categories of global goods. There may be more than one global good per category and different global goods serving different local country contexts (especially true for digital solutions).

Routine Health Information Systems (co leads WHO, UNICEF, MEASURE Evaluation, University of Oslo)	
Package of harmonised data standards and tools	🟩
Curriculum on analysis and use for action	🟩
Health apps for DHIS 2	🟩
Facility Surveys (co leads WHO, World Bank)	
Standard set of facility survey indicators	🟩
Harmonized survey modules	🟨
Joint invesment plan to support countries with facility surveys	🟨
Community data (co-leads USAID and UNICEF)	
Package of generic guidelines for community health information systems (CHIS)	🟩
Investment landscape for CHIS	🟥
Joint work plans for investment in and technical support for strengthening CHIS	🟥
Logistics Management Information Systems (co-leads: BMGF, USAID, WHO, ISG)	
Package of policies and guidance documents for LMIS delivery	🟨
Enhanced global cooridnation onLMIS	🟥
Measurement of Quality of Care (co leads WHO. World Bank and PHCPI)	
Inventory of quality of care domains and indioctaors	🟩
Support and input inot other HDC working groups to strengthen QoC measurement	🟩
Quality of care assessment guidnace document	🟥
Civil Regsiteration and Vital Statistic (co leads UNICEF and World Bank)	
Global Public Goods to support efforts to strengthen CRVS efforts	🟩
Aligned support to countries and good practices in CRVS implementation	🟨
Engagement in civil society advocay efforts for CRVS	🟥
Household Surveys (co-leads WHO)	
Common list of current and upcoming household surveys	🟩
Mapping of care health indicators against coverage of major household surveys	🟩
Contribute to extension of IHSN survey catalogue to health related survey programs	🟩
Data Analytics and Use (co-leads: JHU, UNAIDS, WHO)	
Consolidated information on barriers to data demand and used	🟩
Guidance document for countries on Insitutional capacity stengthening	🟥
Suite of electronic tools to improve analytic	🟨
Coordinated support for five countries	🟨
Mapping of data analytic tool	🟩
Digital Health & Interoperability (co leads: OGAC, WHO, USAID)	
Interoperability capability and maturity model	🟨
Inventory of global public goods	🟨
Business case / value proposition for investment in digital health public health goods	🟨
Health Workforce Accounts (co-leads WHO, USAID)	
Global standards and public goods for NHWA	🟩
Regiopnal collaboartion, capaciy building and country support	🟩
Promotion and dissemination	🟩
Health Financing (Co-lead WHO)	
Package of guidelines, tools, recommnedations that support unified resources tracking	🟩
Package of guidelines on automated health expenditure data collections	🟨
Joint support to countries in implementation of SHA 2011	🟨