SUMMARY OF STAKEHOLDER REVIEW: MARCH 2020

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Background

History of the HDC

HDC, launched in March 2016 and grew out of the 2015 high-level summit on Measurement and Accountability for Results in Health, endorsing a Roadmap for Health measurement and Accountability and the 5-Point Call to action.

Mission: To support countries to strengthen their health data systems and improve their ability to manage and use health data by harnessing existing mechanisms and by facilitating the broad engagement and collaboration amongst all stakeholders.

Objectives:

- Enhance country capacity to monitor and review progress towards health SDGs through better availability, analysis and use of data;
- Improve efficiency and alignment of investments in health data systems through collective actions;
- Increase impact of global public goods on country health data systems through increased sharing, learning and country engagement

Five-point call to action on measurement and accountability:

1. Investment levels and efficiency
2. Capacity strengthening (from collection to use)
3. Well-functioning population data sources
4. Effective open facility and community data systems, including surveillance and administrative resources
5. Enhanced use and accountability (inclusive transparent reviews linked to action
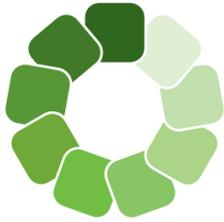
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Current Context of HDC

Problem Statement

With continued fragmentation, proliferation of initiatives and projects, capacity issues in HIS, increasing complexity of data collection, storage analysis and use, the need for an HDC entity with clear principles and mandate still exists.

800 Indicators on HIV in Malawi	**128** Digital health systems in Tanzania
50 % deaths globally reported with cause of death	**33** % health worker time on recording data
1 Common country owned and used data approach is needed	**9** Facility Surveys
	7.7b Mobile connections on the planet
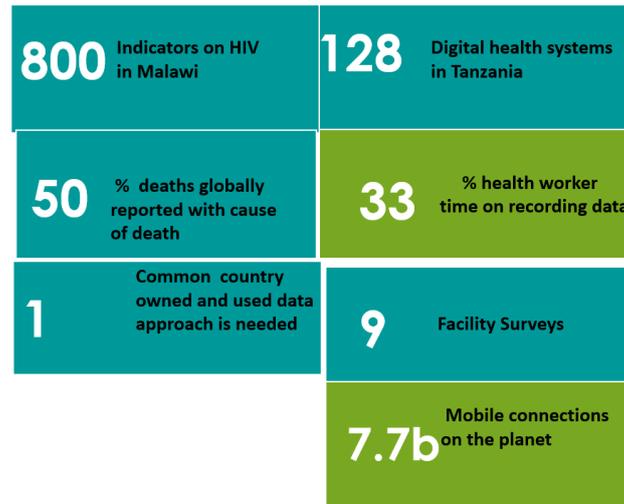
However, the context has changed since 2015;

- Renewed need to put countries at centre and drive action
- Change in WHO leadership
- Key leaders pushing for change in 2015 have moved on
- Informality of HDC good initially but now needs for clearer accountability and deliverables – governance changes
- Even more need for disaggregated systems focused data to support equity approaches in SDG action plan, communities & country driven
- IHP+ joint monitoring changed to **UHC2030** and focus **on PHC**
- **GAP accelerator** for health SDGs
- Data governance, need to understand planning cycles

As such, a stakeholder analysis was carried out between October 2019 and January 2020 to reflect and establish a possible way forward for the Health Data Collaborative.

Emerging Issues

- Partnership needs: trust, buy in to overarching goals, transparent communication and decision making
- There should be more regular links to UHC and SDG GAP constituencies
- Light network model with WGs functioning independently, but HDC encouraging ToRs, deliverables in line with HDC mandate to encourage inter WG dialogue and sharing of resources
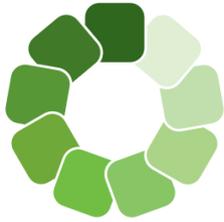
- Annual tracking and reporting of activities
- Include indicators on global and country level activities
- Clear WHO position on HIS, competence, ambition and interaction with digital space
- Avoid *purely* technical platforms – these need country inputs / ownership and political buy in
- Be bold and think innovatively for future (eg. Learn from other GHIs governance or IETF Internet Engineering Task Forces ways of sharing info and making decisions)
- Clear HDC branding and dissemination separate from WHO branding and dissemination
- Formalize accountability
- Need for political legitimacy

Broad thinking on future of HDC

Having undergone a hiatus since its inception, this is an opportunity to start a fresh, to relaunch the HDC, with an appreciation of the new context.

Moving forward, the HDC must however:

a) Be more driven by country perspectives, needs and gaps and show how it all comes together;
b) Target more to *use* of data, especially at the front line;
c) Be systematically coordinated with a functioning secretariat
d) Activities need to be translated into, and be driven by, political will
e) Use partnership approaches to leverage technical and financial assets to address country gaps in basics of HIS

Overall needs;

- Clear communication of HDC mission, objectives
- Appreciate a) BOTH alignment *and* capacity building agendas, & b) BOTH digital *and* basic HIS
- Demonstrate added value at global and country levels with strong country owned engagement strategy
- Collaboration with much lighter governance & transparent decision making
- Get momentum focused on a few key basic issues and challenge partners to work differently

Potential added value at global level

It is important that we don't force the global conversation on countries, and instead let countries lead the identification of gaps and resulting work streams, build on what is already owned, working and work through institutions, where possible.

At global level, the HDC has the potential to;

- Decrease duplication & transaction costs, increasing efficiency and consensus building through alignment agenda (esp. using GAP and UHC mechanisms)

- Leverage technical and financial resources of partnership aligned towards well defined issues, through technically orientated WGs
- Highlight gaps in data needs, collection, analysis, use at global and country level and align technical and financial resources around these gaps
- Support inter-operability and coordination of global goods (eg. DHIS2, SCORE) & training/ capacity building for adaptation to contexts
- Endorse or serve a peer review function by partners of tools, processes or principles
- Share technical resource networks and coordinating communication
- Produce timely credible quantitative and qualitative data for vertical programs as well

Potential added value at country level

Potential countries mentioned for direct HDC support include;

- Malawi
- Cameroon
- Kenya
- Tanzania
- Uganda
- Indonesia
- Myanmar

The HDC must also consider putting out a call for further countries to become engaged.
At country level, the HDC has the ability to;

- Act as a partnership umbrella to bring MoH departments and partners together to align technical and financial investments to reduce fragmentation, repetition and encourage partners and working groups to align and support national HIS plans – invest in basics
- Beyond joint missions – provide long term support for institutions and change partner projectized behaviour, esp. global guidance on data quality & align with global standards & CRVS
- Contextualize tools & provide support for socializing these to increase capacity for use (long term, **using institutions** where possible)
- Support countries for peer review of at regional levels. HDC partners may support reviews and help identify gaps
- Align support for HR (esp. front line HCW) capacity
- Build consensus
- Produce timely credible quantitative and qualitative data for vertical programs as well
- Support production and use of disaggregated data by community, leaving no one behind.

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Stakeholder Recommendations

1. Reboot Governance & Secretariat

The HDC Mission and Objectives remain unchanged, but a relaunch and overhaul of governance in near future is recommended. This will take on a 5-year timeframe and should be reframed around data being used for decision making.

General recommendations;
- Foster spirit of collaboration, best effort, good will, transparent decision making and peer review
- Clearer divide between a) WHO role as convening & coordinating secretariat, and b) WHO leadership role in technical norms and standards
- Annual meeting of HDC: countries present data, country peer review, partners support and identify gaps for way forward
- HDC encourage multi stakeholder global, regional and country level platforms: agile and able to take forward innovative ideas

Specific suggestions are;
1. **Formation of a Global Partners Group.**
   This should be open and collaborative, made of approximately 35 entities, meets annually.

2. **Formation of a Stakeholders Representatives Group.**
   This will be the decision-making body of the HDC and made up of rotating constituency-based representatives. The group should meet twice annually and also have monthly calls with WG chairs.

3. **Maintaining a secretariat.**
   This will be staffed to support coordination of regular calls, meetings & communications.
   Overall;
   - The secretariat has almost been non-functional for 12 months – some trust issues, but an opportunity
   - 3 core staff accountable to the stakeholder representative group with clear deliverables
   - Managing regular calls and meetings effectively (including minutes / agendas) with stakeholder representatives and with chairs of WGs
   - Encourage tangible product production with timelines responding to gaps identified
   - Bring country voices to identify gaps and align partners to needs along multi stakeholder platforms
   - Bring the data community together, foster a culture, sense of belonging and ownership
   - Encourage thinking outside the box for ways of collaborating and sharing info / best practices
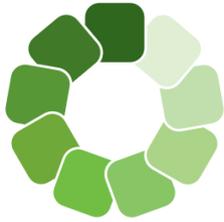
- Communicate success stories and failures effectively

4. **Working Groups.**
These should be aligned with gaps identified. There should also be stronger communication and coordination between WGs, clear ToRs and deliverables.
Overall;
- Working groups are the 'connective tissue' of ideas and reports, but each one needs clear terms of reference, deliverables and co-ownership and clarity on what not to do; money helps!
- Currently there are too many WGs, sometimes fragmented. The groups are usually linked to funded projects, sometimes removed from programs and not always working for countries or aligned with SDGs. Further, they are sometimes perceived as 'technical clubs' with unclear deliverables
- There is little dialogue between WGs. This is hard to coordinate and HDC needs strong a secretariat to support this dialogue. Without 'controlling', stifling creativity or independence, HDC secretariat could help convene and shift to:
    a) More data use, not just products
    b) Considering maturity models
    c) Tools produced will need to be socialized in countries and build on what is used, what works and what is owned by countries already – country inputs to tools as they are designed

2. HDC clarity and increased focus on countries

It is important that the HDC plays more of a curator function. As well as this, the Collaborative must show clear results: focused on saving lives and added value at country and global levels. Progress must be tracked by annual targets & using the draft strategic plan 2019-23 as a basis.
We encourage a shift to *use* of disaggregated data at 'sharp end' to "leave no one behind". We must look at how data is collected, stored, analyzed and used for it all to come together: mapping out how data is used and needed and where things need to change.

HDC must encourage a flip from:
a) extractive platforms *to* systems owned and used by countries
b) survey driven by external needs which are fragmented *to* contextualized for use of data at facility level

HDC can identify gaps and results in focused number of countries by:
a) Leverage and alignment of technical and financial partner resources for HIS strengthening for priority setting, performance management & accountability
b) More in depth, longer term and national institutional support
c) Less focus on new global tools and products and more focus on adopting existing tools to country contexts, ownership and use and support in countries.

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3. Build political capital in next 18 months

Original political buy-in never materialized and so far, HDC has experienced several technical siloes. In order to resolve this HDC must re-engage global health leaders. There must be internal leadership commitment in all agencies to principles, mission and objectives of HDC.

Six mechanisms to consider:

1. Use SDG GAP principles and accelerator for senior leadership buy in (aligning 12 agencies & 21 countries)
2. UHC HLM commitment, data follow up for equity
3. Road to Bern - Global Data Forum, Oct 2020
4. UN statistical commission - March 2020
5. Align with ongoing digital events in 2020
6. Reference Group on Health Statistics

Through this, we can continue to explore appetite for pooled funding mechanisms (eg. UNGA and WB spring meetings).

Through intentional country focus on 6-7 LMICs who agree to HDC country engagement approach, HDC can sharpen technical focus also. This can be done by review of needs and response to global goods using a costed plan with clear peer accountability to countries.

Align (financially and technically)	Accelerate (response to needs)	Account (assess results & enhance joint accountability)
• **HDC partners support review of national prioritized credible costed action plans – move to collective implementation plans (possibly using agreed conceptual format)** • **Review of harmonization of digital health activities of in country partners** • **Support UHC monitoring frameworks in country**	• Building on HIS that work and are owned • Enhance access to and use of global goods, where appropriate • Continue to curate and share best practices • Peer reviews by countries • Relevant tools contextualized and capacity building efforts considered	• Establish stronger peer accountability mechanisms • Establish stronger links to UHC, GAP for accountability frameworks • use of global goods such as SCORE, digital maturity index, maturity scores on HR systems, Health Systems assessments – but building on what works and direction from countries

4. Gaps identified and frontier thinking

Several gaps were identified by informants that could be reviewed by HDC partnership. Namely;

• Helping front line staff visualize data in useful ways
• Health facility data master list

- Unique identifier and hand held patient records
- Standardized shape files

Most frequently mentioned areas of needs or research

- Measuring community engagement and accountability to specific communities
- Population at district level denominator estimations
- More surveillance infrastructure planning
- Digital health paper data bill of rights governance model for LMICs needs to be further formalized
- Leverage DHIS2 (65 to 67 countries)
- Training front line health workers in use of data in effective ways: human software of sustaining
- PQ in digital era
- HPA processes before considering digitalization ? Maturity model
- Use of Artificial Intelligence and big data to support program planning and budgeting
- Stronger links to UNITAR for building various capacities including CRVS references and autopsies
- Stronger links with other academic institutes (eg Singapore, Oxford)

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Appendix

Key informants

1. Haillie Goertz, PATH 24 Oct
2. Kathy O'Neill, WHO multiple times
3. Garret Mehl, WHO 1 Nov
4. Nirmana Naidoo, DDI WHO 1 Nov
5. Austen Davis , NORAD 1 and 25 Nov
6. Benjamin Dahl, CDC 1 and 25 Nov
7. Samira Asma, DDI WHO multiple times
8. Somnath Chatterjee, DDI WHO 4 Nov
9. Theresa Diaz, Craig Allyson, WHO 5 Nov
10. Sudha Venkatram, DDI WHO 5 Nov
11. Jim Sherry, CUNY 5 Nov
12. Olive Cocoman, ex WHO 5 Nov
13. John Grove, WHO 6 Nov
14. Toomas Palu, WB UHC 2030 8 Nov
15. Philippe Boucher, DDI WHO 8 Nov
16. Justin Koonan, CSO Acon Org, 11 Nov
17. Alvin Marcelo, Asia eHealth network, 11 Nov
18. Oliver Morgan, Emergencies WHO 12 Nov
19. Richard Gregory, UHC 2030 12 Nov
20. Isaac Dambula, Malawi team 12 Nov
21. Michelle Monroe, GFATM 13 Nov
22. Skye Gilbert, PATH Digital Square 13 Nov
23. Tim Wood and Martin Gross BMGF 14 Nov
24. Ann Chao, NCI, NIH 14 Nov
25. Debra Jackson, Chika Hayashi UNICEF 14 Nov
26. Paul Biondic, Open Communities 18 Nov
27. Adele Waugaman, William Weiss, David Stanton, Kelly Saldana USAID 19 Nov
28. Mark DeZalia and Irum Zaidi, PEPFAR 19 Nov
29. Claire Melamed, Global Partnership for Sustainable development data,20 Nov
30. Peter Hanson, R4D, 20 Nov
31. Beth Tritter, Jeff Markuns, Jeremy Harding, PHCPI 20 Nov
32. Hope Johnson, Heidi Reynolds, Gavi, 21 Nov
33. Kate Wilson, Kate Dodson, Digital Impact Alliance and UNF, 21 Nov
34. Oumaru and Cameroon team 22 Nov
35. Tim Poletti, DFAT Australia 25 Nov
36. Chris Murrill CDC, 25 Nov
37. Jennifer Ellis, Bloomberg Philanthropies, 26 Nov
38. Peter Ghys, Mary Mahy, Taavi Erkkola, UNAIDS 27 Nov
39. Tapiwa Jhamba, Mengiga Liang, Ravola Osanya UNFPA 27 Nov
40. Matthias Reincke, European Commission, 28 Nov
41. Marjolaine Nicod, UHC2030, WHO, 29 Nov and multiple times
42. Bernardo Mariano, Digital WHO, 29 Nov
43. Peter Singer, Hendrik Schmitz, 3rd Dec
44. Nicola Wardrop, DFID, 3 Dec
45. Jennifer Requejo, UNICEF, 3rd Dec
46. Sandra Rotzinger, Tessa Lennemann, GIZ, 4th Dec
47. Anshu Bannerjee, MNCH WHO 11th Dec
48. Jun Gao, WHO WPRO, 11th Dec
49. Marta Gacic Dobo, Jan Grevendonk, IVB WHO 12th Dec
50. Miriam Sabin, Katy Huang, PMNCH 12th Dec
51. Ties Boerma, Manitoba University 16th Dec
52. Natalie Zorzi, Global Fund, 17th Dec
53. Agnes Soucat, WHO HSS 17th Dec
54. Jeremy Veillard, WB. HCPI 18th Dec
55. Mark Landry, WHO SEARO 18th Dec
56. Manisha Bhinge and David Rockefeller Foundation, 7th Jan
57. Bernard Schwartlander, WHO 21st Jan
58. Kristen & Jorn Braa, University of Oslo Feb 12th
59. Kristen Chenier, Canada 8th March
60. David Morgan, Francesca Colombo OECD

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Background documents reviewed

- All documents available on Health Data Collaborative website
- Minutes and agenda of working group meetings 2016 to Jan 2019
- Draft operational plan 2019 to 2023
- Various governance document iterations and summary May 2019
- Project proposals and reports 2016 to 2019

HDC principles

- Promote country ownership and stewardship
- Best effort and good will philosophy
- Be an influencer program
- Interface with national planning processes and initiatives to ensure data driven planning and accountability
- Keep spotlight on supporting existing national plans and M and E platform
- Foster and facilitate data analysis, visualization and use
- Promote increased data transparency and access
- Invest in cross program aspects of data and measurement (eg. DHIS2)
- Focus on limited number of concrete, incremental actions with impact
- Enhance regional and country approaches to knowledge management
- Leverage data initiatives in other sectors, agencies and partnerships
- Use existing organisations and leverage existing communities of practice

Challenges

Inherent tensions HDC should be aware of, acknowledge and incorporate	
Global	Country – local
Strategic visibility	Details in weeds technical
Influence boards and secretariats	Country work
Disease specific	Health systems
Peer review of tools and products	WHO mechanisms to have WHO standards
Political will building	Technical work
WHO secretariat role in bringing a tribe together	WHO leadership technical support and norms and standards role
HDC alignment agenda with UHC only	HDC agenda for technical support and capacity building through programs
Branding as a collaborative	Branding individual entities
Success of informality of working collaborative initially	Current need for more formal governance that allows for more accountability and specific deliverables
Accountability of partners self driven	External accountability mechanism needed
Digital driving and new technology	Absorption capacity of countries
Short term needs	Long term planning for 5 years
R and D	Implementation
Scope spans into UHC and AMR	Drive this business case
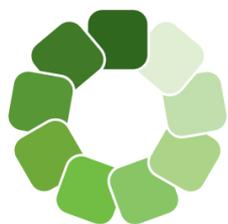
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Summary of global goods production

Household Surveys (co-leads: WHO)	
Common list of current and upcoming household surveys	🟩
Mapping of core health indicators against coverage of major household surveys	🟩
Contribute to extension of IHSN survey catalog to health-related survey programs	🟩
Data Analytics and Use (co-leads: JHU, UNAIDS, WHO)	
Consolidated information on barriers to data demand and use	🟩
Guidance document for countries on institutional capacity strengthening	🟢
Suite of electronic tools to improve analytical capacity	🟨
Coordinated support for five countries	🟨
Mapping of data analytic tools	🟩
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 goods	🟨
Health Workforce Accounts (co-leads: WHO, USAID)	
Global standards and public goods for NHWA	🟩
Regional collaboration, capacity building and country support	🟩
Promotion and dissemination	🟩
Health Financing (lead: WHO)	
Package of guidelines, tools, recommendations that support unified resources tracking	🟩
Package of guidelines on automated health expenditure data collection	🟨
Joint support to countries in the implementation of SHA 2011	🟨
Routine Health Information Systems (co-leads: WHO, MEASURE Evaluation, UoO)	
Package of harmonized data standards and tools	🟩
Curriculum on analysis and use for action	🟩
Health app for DHIS2	🟩
Facility Surveys (co-leads: WHO, WBG)	
Standard set of facility survey indicators	🟩
Harmonized survey modules	🟨
Joint investment plan to support countries with facility surveys	🟨
Community Data (co-leads: USAID, UNICEF)	
Package of generic guidelines for community health information systems (CHIS)	🟩
Investment landscape for CHIS	🟢
Joint workplans 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 coordination on LMIS	🟢
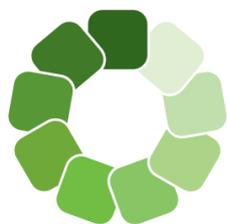
Measurement of Quality of Care (co-leads: WHO, WBG, PHCPI)	
Inventory of quality of care domains and indicators	
Support and input into other HDC working groups to strengthen QoC measurement	
Quality of care assessment guidance document	
Civil Registration and Vital Statistics (co-leads: UNICEF, WBG)	
Global Public Goods to support efforts to strengthen CRVS efforts	
Aligned support to countries and good practices in CRVS implementation	
Engagement in civil society advocacy efforts for CRVS	

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

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World Health Assembly Resolution
"Health in the 2030 Agenda for Sustainable Development"

…requests the
Director-General:

"To support Member States in strengthening national statistical capacity at all levels, in particular in developing countries, in order to ensure high quality, accessible, timely, reliable, and disaggregated health data including through, where appropriate, the Health Data Collaborative."

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HDC Partners