HEALTH DATA COLLABORATIVE

EDITION TWO

The Health Data Collaborative News Update

February

GLOBAL PARTNERS MEETING
24th March, 2021

Biannual Global Partners Meeting

The HDC biannual Global Partners Meeting will take place on March 24th, 2021 virtually via Zoom.

Wednesday 24th March, 2021

Bringing Children Out from the Shadows:
The urgent need to disaggregate and share data for children's well-being
Side Event of the 52nd session of the United Nations Statistical Commission
8th March 2021

For more information go to
https://www.healthdatacollaborative.org/news/events/

COUNTRY UPDATE

Kenya

Primary Health Care (PHC) Progression Model

With PHC as the backbone of Universal Health Coverage in Kenya, a PHC Vital Signs profiles has been developed at national and sub national level.

The progression model aims to populate the capacity pillar of the Vital Signs profile of PHC systems not implemented.

The Model involved 33 different measures including Governance and Leadership, Drugs and Supplies, Facility Infrastructure and Health Workforce for measuring primary healthcare system capacity.

The model was presented at the last HDC SRG Monthly meeting, we look forward to further engagement with the Ministry of Health to move the PHC for UHC agenda forward in Kenya.

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USAID: the Demographic Health Surveys (DHS)

Spatial Anonymation in Household Surveys from DHS

The DHS Program has collected GPS coordinates for household survey clusters since 1996. To ensure respondent confidentiality and prevent positive identification (disclosure) of respondent locations, the GPS position of each urban cluster is displaced by up tp two kilometers and up to 5-10 kilometers for rural clusters. This method of geomasking coordinates developed by The DHS Program is straightforwards and has been widely accepted by analysis using DHS geospacial data. Nonetheless, there are legitimate concerns that urban points may be overly displaced, reducing the analytical usefulness of the geospacial data, and that some rural points may not be adequately displaced to ensure respondent confidentiality. In response, the special anonymization task force convened to explore more sophisticated methods of anonymizing geospatial data.

Read more: https://blog.dhsprogram.com/spatial-anonymization-at-the-dhs-program/

Announcements

ALIGNING SUPPORT FOR NEPAL'S DATA AND DIGITAL PRIORITIES THROUGH HDC/SDG GAP

This landmark HDC all partners meeting will be hosted by the Ministry of Health of Nepal calling for partner support in identified data and digital health priorities in country.Wednesday 3rd March, 2021

To join a working group please write to HDC Secretariat (HDCsecretariat@who.int).

CRVS

Launch of WHO Civial Registration and Vital Statistics Implementation Plan 2021-2025

Authors:
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About the document

Good public health decision-making is dependent on reliable and timely data on births and deaths, including cause of death (COD), best collected through a well-functioning civil registration and vital statistics (CRVS) system.

In March 2019, the WHO embarked on the most substantial reforms in its history to better alignits vision with the SDGs and the needs of all 194 Member States. CRVS strengthening is essential for achieving and measuring the Organisation's bold "triple billion" targets, providing reliable population data and forecasts to inform UHC progress, alerting governments to health emergencies and their impact and supporting health policy decisions to improve overall health and well-being.

More information on CRVS at WHO: https://www.who.int/data/data-collection-tools/civil-registration-and-vital-statistics-(crvs)

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