Monthly Stakeholders Representatives Group Meeting

17th February 2022

Chair: Jennifer Requejo (UNICEF)

www.healthdatacollaborative.org
Meeting Objectives:

To present an update on Nepal HDC activities

To present an update on HDC workplan funding

To present an update on HDC working group outputs
AGENDA

Welcome & introductions (chair) 5 mins

Country Update _ Nepal 20 mins
  • Update on Nepal HDC and HIS activities (MOHP)
  • Presentation of draft report on alignment of partners’ technical and financial investments for strong data systems (UNICEF)

Workplan and Governance 15 mins
  • Update from donor and GHI constituencies on next steps for work plan (for discussion)
  • HIS investment case update (for discussion)

Working Group Updates 10 mins
  • Update from working groups

Comms and events 5 mins
  • HDC Webinar Introduction - Adolescent health data – dashboard presenting key indicators including demographics, national plans and policies, mortality and burden of disease and risk factors. (UNICEF)

Next steps: Chair 5 mins
Experience of working on CRVS Business Process Improvement (BPI) Plan Nepal

Kapil Prasad Timalsena
Undersecretary
Ministry of Health and Population
17 February 2022
Preparatory steps for initiating BPI methodology for CRVS improvement

Guiding country documents in hand;

- Public Health Service Act
- National Health Policy
- SDGs country plan
- CRVS regulations
- CRVS strategy 2019 and Implementation Plan

Steps followed for initiating BPI methodology

- Review of guiding documents
- Review of approach paper shared by SEARO
- Mapped to CRVS strategy and implementation plan
- Mobilized CRVS inter-sectoral TWG
- Formed the task force
Progress

- In the assessment, analysis and redesign stage
  - Key Performance Indicators prepared for Business Process Improvement
  - Detailed assessment of as-is process done
- Team members of Task Force completed the Basic online course on CRVS
- Task force oriented on Bizagi Tool
- Birth registration process reviewed, and pain-points identified
- Business process for as-desired in birth registration developed and being reviewed
- Capacity development activities initiated on ICD 11 and MCCoD as relevant to CRVS
Relationship between the application of the CRVS systems improvement framework and other CRVS strengthening interventions

- CRVS improvement is ongoing based on CRVS strategy 2019
- Online registration system is rolling out (5587 local registrars’ offices out of 6743 [82%] are using online system)
- Legal provisions are amended for CRVS to facilitate timely registration and easing the registration process
- National ID is rolling out
- An inter-sectoral coordination mechanism formed as TWG and Task Force for implementing CRVS systems improvement framework
**Strengths and challenges in applying the CRVS Systems Improvement Framework**

**Strengths**
- Political commitment is in place
- Legal and policy documents are in place
- Technology enabled CRVS is rolling out
- Health system readiness is good to respond CRVS needs
- NID expansion

**Challenges**
- Indirect chain of command among many stakeholders in federal context
- Linking to CRVS strategy and regulation for country ownership
- Lack of inter-operable systems
- Ad-hoc co-ordination among stakeholders
- Little information on home deliveries and out of hospital deaths
Lessons learned

- Coordination and collaboration is highly important
- Building better health information system (birth registration, MCCoD, ICD) are foundation for better CRVS
- CRVS systems improvement framework should be aligned to national documents (e.g. CRVS strategy, Regulations etc)
- Partners alignment and collaboration is valuable for better technical support and resource mobilization
- Think on mutual benefits to the stakeholders; how each level of contributors get benefited from the outcomes of the exercise
Assessing partner alignment in support of Health Information Systems Nepal and Bangladesh

Serena Chong (Independent Consultant)
serenachong@gmail.com
Methods

Conceptual framework

- **Policy and Regulatory Alignment**
  - Partners' activities linked to:
    - National HIS plan or strategy
    - National M&E plan
    - National Coordination, Legal or Regulatory Authority

- **Systems Alignment**
  - Partners' integrate and synergise their:
    - HR capacity building approaches & renumerations
    - Finances for strengthening all aspects of HIS: CRVS; HMIS; Digital health; Community HIS; Population Surveys etc.
    - Data collection tools, standards, indicators and typology

- **Operational Alignment**
  - Partners' coordinate activities within:
    - Geographical /spatial coverage (regions/district/village)
    - Set Timeframe and duration levels- Short, medium & long term

- Nepal: Desk review, country stakeholder interviews
- Bangladesh: Desk review
Key findings – Nepal (1)

<table>
<thead>
<tr>
<th>Alignment domain</th>
<th>Strengths</th>
<th>Gaps</th>
</tr>
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</table>
| **Policy and regulatory alignment**   | National Health Sector Strategy (NHSS, 2015-2022) and other relevant national strategies, e.g. the National IHIMS Roadmap (2020-2030), the National e-Health Strategy (2017)  
Programme review processes in place such as the Joint Annual Review  
National HIS M&E Framework  
Government-led coordination mechanisms at federal level that encourage alignment for policy making: the Health Sector EDPs, the HIS/M&E TWG, etc. | Provincial and local level coordination mechanisms are not as robust  
Lack of framework for engaging with the private and NGO sectors to encourage alignment/integration of health data systems |
## Key findings – Nepal (2)

<table>
<thead>
<tr>
<th>Alignment domain</th>
<th>Strengths</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Systems alignment</strong></td>
<td>National Health Sector Strategy 2015-2022 provides overarching framework for alignment of technical investments</td>
<td>Disbursement of health sector funding to provinces has increased, but there is lack of evidence for systems alignment at provincial/local levels</td>
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<tr>
<td></td>
<td>SWAp approach</td>
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<td>Aid Management Platform</td>
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<tr>
<td><strong>Operational alignment</strong></td>
<td>Both routine and non-routine HIS data are used for planning, monitoring, and reporting by partners.</td>
<td>Lack of specific policies to guide data use</td>
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<td>Partners coordinate at federal level, and use de facto mechanisms for coordinating at local levels</td>
<td>Questions remain around data quality</td>
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<tr>
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<td>Gaps in representation and engagement by NGOs/CSOs in coordination at all levels</td>
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## Key findings – Bangladesh (1)

<table>
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<tr>
<th>Alignment domain</th>
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<th>Gaps</th>
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<tbody>
<tr>
<td><strong>Policy and regulatory alignment</strong></td>
<td>National Health Policy 2011 Bangladesh Health, Population, and Nutrition Sector Program (HPNSP) 2017-2022 SWAp approach, although still remains fragmented No specific coordination mechanism for HIS; however there are broader health sector coordination mechanisms that are used, e.g. the Development Partners Consortium, the Local Consultative Group. Also monthly calls organised by the MIS Department/DGHS.</td>
<td>Lack of framework for engaging with the private and NGO sectors around HIS alignment/integration – these sectors combined account for around 70% of health service delivery! More evidence required on M&amp;E alignment and coordination by partners, although national M&amp;E capacity has been strengthening</td>
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<tr>
<td>Alignment domain</td>
<td>Strengths</td>
<td>Gaps</td>
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<tr>
<td><strong>Systems alignment</strong></td>
<td>Partners contribute technical assistance and support to national priorities</td>
<td>Significant proportion of health financing falls outside of the SWAp; further work is needed to assess how these investments are aligned to national priorities</td>
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<td>SWAp approach has supported alignment of financial resources for partners who are part of it</td>
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<tr>
<td><strong>Operational alignment</strong></td>
<td>MoHFW and the main development partners coordinate nationally via the national coordination mechanisms</td>
<td>Questions remain around data use and data quality.</td>
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<td>Gaps in coordination with private sector and NGOs and also at local levels (e.g. urban areas)</td>
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Common themes

- **Coordination and alignment** is happening, although may not be well communicated/understood by stakeholders outside the country.

- **National policies and frameworks** support alignment around government-owned priorities

- **SWAp approaches** generally facilitate alignment of technical and financial investments around national priorities, although the details and level of fidelity differ across both countries

- Alignment/engagement with the **private and NGO sectors** is a major gap for both countries, with implications for inclusion and equity
Way forward

Potential areas of focus for the HDC to strengthen alignment include:

- Supporting and strengthening subnational coordination mechanisms

- Address gaps in representation/engagement of NGOs/CSOs in HIS coordination mechanisms

- Support the development of policies or frameworks to support better use of data for decision making

- Advocate for/support the development of frameworks for engagement with the private and NGO sectors on HIS/health data
Questions/Feedback?

Serena Chong
serenachong@gmail.com
Discussion on work plan
DIVERSITY
 (>countries, CSOs, Private sector,
 RATs and build on SDG GAP partnership)

COMMS & ADVOCACY STRATEGY
 (increased use of website)

SCALING UP
 (using support for regional platforms and country coordination teams)

INVESTMENT CASE
 (for country HIS / SCORE - technical, financial, political)
**Objective 1:** To strengthen country capacity to plan, implement, monitor and review progress and standardize processes for data collection, storage, sharing, analysis and use to achieve national health-related targets.

1. Govt. led partners coordination mechanism
2. National data institute for capacity building
3. 2-3 data / digital priorities
4. Data / digital champion
5. Data / digital tools used and adapted to contexts (e.g. SCORE / GIS & RHIS strategy)

**Milestone**

| COVID 19 country cases documented, disseminated | Consultant, finalize Community WG | Disseminated |
| Good practices for tracking communities | Disseminated |
| Asia institute hosted GPG | Secretary |
| Regional institute hosted GPG | Secretary |
| Compilation RHIS standards, good practices, guides & tools | RHIS WG | Disseminated & linked to investment case |
| Integration of public health & humanitarian diseases | RHIS WG |
| CRVS WG continued support for Global CRVS SIP | CRVS WG |
HDC 2022-23:
Objective 2: To improve efficiency of technical and financial investments in health data and digital systems through collective actions and aligning with country-identified priorities

1. Govt. led partners coordination mechanism
2. National data institute for capacity building
3. 2-3 data / digital priorities
4. Data / digital champion
5. Data / digital tools used and adapted to contexts (e.g. SCORE / GIS & RHIS strategy)

Country teams identify & support

Milestone

Regional data institutes identified in all six regions
Review of partner alignment of resources with Govt plans
RHIS strategy finalized & disseminated
Support to implement CRVS Kenya workshop
Support for Malawi CRVS workshop
Community HW master list / registries created
Analysis of initiatives better detection & response to PH emerg.

Consultants
RHIS WG
Disseminated
CRVS WG
Community WG
PHI WG

supporting advocacy, technical support & capacity building
**Objective 3: To increase the impact of global public goods and tools on country health data systems through increased sharing, learning and country engagement.**

1. Govt. led partners coordination mechanism
2. National data institute for capacity building
3. 2-3 data / digital priorities
4. Data / digital champion
5. Data / digital tools used and adapted to contexts (e.g. SCORE / GIS & RHIS strategy)

### Milestone

<table>
<thead>
<tr>
<th>HDC WGs: 7 constituency rep, ToRs, deliverables</th>
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<tbody>
<tr>
<td>CHW master list / registries</td>
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<tr>
<td>Health Data principles</td>
</tr>
<tr>
<td>Health Data &amp; digital framework (focus on civil society)</td>
</tr>
<tr>
<td>Compilation of country specific documentation</td>
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<td>SCORE adapted &amp; implemented in all countries</td>
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<table>
<thead>
<tr>
<th>2022 Q1</th>
<th>2022 Q2</th>
<th>2022 Q3</th>
<th>2022 Q4</th>
<th>2023 Q1</th>
<th>2023 Q2</th>
<th>2023 Q3</th>
<th>2023 Q4</th>
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<tbody>
<tr>
<td>Contributing to HDC mission / objectives, led by country needs</td>
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- **Community WG**
- **DDG WG**
- **Disseminated**
Objective 4: To ensure HDC has governance processes and structures in place to provide transparent accountability mechanisms to all countries and partners, communications to all stakeholders, and advocacy to strengthen political capital.

1. HDC, SDG GAP & WG related calls & follow up
2. Biannual HDC SDG GAP D+D Global partner events
3. Functioning website, knowledge brokering, advocacy
4. Quarterly reviews, outreach and annual reports
5. Workplan linked to UHC2030 / SDG GAP goals accountable to SRG

**Milestone**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>2022 Q1</th>
<th>2022 Q2</th>
<th>2022 Q3</th>
<th>2022 Q4</th>
<th>2023 Q1</th>
<th>2023 Q2</th>
<th>2023 Q3</th>
<th>2023 Q4</th>
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<tr>
<td>Increase country # membership</td>
<td>11</td>
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<td>16</td>
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<td>22</td>
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<td>Increase HDC institutional membership from 2021 levels</td>
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<td>&gt;25%</td>
<td></td>
<td>&gt;50%</td>
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<td>Leadership (HDC political commitment &amp; Data Summit)</td>
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<td>Commission &amp; implement independent evaluation of HDC</td>
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<td>Commission and present investment case for HIS / SCORE</td>
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<td>HDC website revised functional</td>
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<td>HDC partnership member data base actively managed</td>
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### Country Engagement

<table>
<thead>
<tr>
<th>Active 8</th>
<th>Inactive 3 (but joined HDC)</th>
<th>Expressing Interest</th>
<th>Possible fragile Context for consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya Malawi Botswana Uganda Zambia Cameroon Tanzania Nepal</td>
<td>Indonesia Myanmar Bangladesh</td>
<td>Niger Burkina Faso Sri Lanka Lao Rwanda Ethiopia Jamaica</td>
<td>Afghanistan Yemen South Sudan Haiti</td>
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**Target**

- 16 countries in 2022
- 22 countries in 2023
Resources to make HDC function: Technical, political, financial

HDC is not a funding entity per se, but managing expectations

**Resources for country gaps:**
Flows to countries and coordinated by local / national coordination mechanisms
Mainly MoF (GAVI, GFATM, bilaterals & foundations)
5 countries already identified gaps and budget estimates

**2022-23 Work Plan:**
7 WGs - deliverables in work plan
HDC functioning
Map out political, technical and financial needs clearly
Workplan and Governance

Update from donor and GHI constituencies on next steps for work plan (for discussion)

HIS investment case update (for discussion)
<table>
<thead>
<tr>
<th>Working Group</th>
<th>Co-chairs</th>
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<tbody>
<tr>
<td>Public Health Intelligence</td>
<td>CDC (Carrie Eggers), WHO (Karl Schenkel)</td>
</tr>
<tr>
<td>Digital Health &amp; Interoperability</td>
<td>USAID (Tewodros Berihun), PATH (Puta Chilunga), WHO (Garrett Mehl) &amp; Open Communities (Paul Biondich)</td>
</tr>
<tr>
<td>Logistics management &amp; information systems (LMIS)</td>
<td>USAID (Lindabeth Doby) &amp; WHO (Lisa Hedman)</td>
</tr>
<tr>
<td>Community data</td>
<td>UNICEF (Remy Mwamba) &amp; USAID (Ana Scholl)</td>
</tr>
<tr>
<td>Routine Health Information Systems</td>
<td>WHO (Rifat Hossain) &amp; RHINO (Jean-Pierre de Lamalle)</td>
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<tr>
<td>Data and Digital Governance</td>
<td>CUNY (Marie Donaldson), Palladium (Vikas Dwivedi), Bluesquare (Vidhya Mahadevan)</td>
</tr>
<tr>
<td>Civil registration &amp; vital statistics (CRVS)</td>
<td>WHO (Azza Badr), LSHTM (Debra Jackson)</td>
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</table>
Overview

The Adolescent Health Dashboard contains data for:

- **43 indicators**
- **203 countries**

Four main categories:

1. **Context**: demographic indicators, contextual factors, national policies strategies and plans on key health indicators.
2. **Burden of Disease**: deaths and YLDs estimates disaggregated by age and gender (WHO GHE 2020).
3. **Risk Factors and Other Determinants of Adolescent Health**: nutritional, behavioral, social interactions, education and learning.
4. **Definitions and Sources**: provides indicator definitions, sources and links to data.
Data Sources

UNICEF Adolescent Health Dashboard Launch

And more…
Regional and Country Dashboards

https://data.unicef.org/resources/adolescent-health-dashboard-regional-profiles/

https://data.unicef.org/resources/test-adolescent-health-dashboards-country-profiles/
Thank You!