Health Data Collaborative

HDC Evaluation Workshop:

The path forward to 2030

Date: Thursday, 21st September 2023

Time: 14:00-16:30 Platform: Zoom

Notes for the Record

Contents

Background

The [Health Data Collaborative (HDC)](#) is a joint effort by multiple partners to align resources and efforts with countries priorities to improve the availability, quality, and use of data for local decision-making and tracking progress toward the health-related Sustainable Development Goals (SDGs).

As part of its workplan, the HDC commissioned an external evaluation of its impact, functioning and performance from 2015 to 2022. The objective is to support the HDC, at midpoint to the SDGs, to focus and address necessary data needs to speed up progress to the 2030 health-related SDGs. Cambridge Economic Policy Associates (CEPA) conducted this evaluation between March and September 2023. Draft conclusions and recommendations were presented in August, which received feedback and this workshop reviewed the final recommendations so that they are owned and can be implemented through the HDC work plan.

The objectives of this workshop are:

- To present the final report and recommendations of the evaluation;
- To agree on implementation of the recommendations in the next 6 months; and
- To define clear roles and responsibilities for the implementation of the evaluation recommendations.

🔗 Event page and background documents

Opening Remarks

Steve MacFeely (Director, Department of Data and Analytics, Division of Data, Analytics and Delivery for Impact World Health Organization and co-chair of the HDC)

Key messages:
- **Timely:** the HDC evaluation lies at the midpoint of 2030 Sustainable Development Goal (SDG) targets. As an informal collaborative, it emphasises the value of partnership approach to data, when in this same week at UNGA various reports, including UHC report, has shown the world is falling short of achieving most goals and needs better data to guide country decisions and track those left behind.
- **Objective:** the evaluation allows us to reflect on the HDC's efforts over the last seven years, learning lessons from what worked, what did not, and why. Most importantly, it has helped us identify areas that can be improved and make more impact at country level by aligning partner resources with country priorities.
- **Credibility and participatory:** the objective and independent evaluation of the HDC by CEPA colleagues that includes six in depth country reviews ensured an open process that involved over 60 stakeholder consultations. Thanks to many of you for your time.
- **HDC's value-add:** the recommendations aim to focus on the HDC's "added value" across various facets of its work, including knowledge sharing and direct technical support provided by HDC partners and its involvement in initiatives with similar mandates. The way forward is to understand where and how the HDC can add value for countries in the context of a collaborative involving more than 1000 individual members and 300 partner organisations.

Onalenna Seitio-Kgokgwe (Deputy Permanent Secretary Health Policy Monitoring, Evaluation and Quality Assurance, Botswana Ministry of Health and Wellness and co-chair of the HDC)

Key messages:
- An external evaluation is not always easy, but should always be welcome
- It is our common responsibility to capitalise on the findings of this report
- HDC strives for relevance and add value to support country priorities
- Need to prioritise activities that have an impact; considering efficiency, effectiveness, and sustainability at the country level
- This workshop will agree on implementation of key recommendations to allow HDC to do so

Joao Pedro Azevedo (Chief Statistician, Division of Data, Analysis, Planning and Monitoring (DAPM), UNICEF and co-chair of the HDC)

Key messages:
- The timing of this workshop comes during UNGA, during which one of the topics discussed has been data and partnerships
- Workshops like this have the real impact on the ground, these are the meetings that really matter
- Welcome open discussion on coherence, relevance, and sustainability of our impact
- This evaluation will position us in a better place to fund raise for the HDC and inform implementation in the second phase of SDGs
- This will allow us to build on successes achieved and learn from areas where progress has not been as strong

Presentation of Evaluation Report

HDC Evaluation in a nutshell	
Period covered	June 2015-December 2022
Evaluation period	March-September 2023
External evaluation team	Cambridge Economic Policy Associates (CEPA)
Objective	To reorientate the HDC to focus and address necessary data needs to speed up progress to the 2030 health-related SDGs
Methodology	• OECD's evaluation criteria • Document review • 64 stakeholder consultations • 6 country case studies (Botswana, Cameroon, Malawi, Nepal, Tanzania and Pakistan) • E-survey (27 respondents) • Data analysis of the HDC member database • Limited analysis of other WHO partnerships for best practices and learnings • Robust assessment framework for findings
Recommendations	• 2 strategic recommendations: scope and governance • 3 operational recommendations: country engagement, working groups and communication

Summary of findings	
Pillar	**Findings**
Relevance & coherence	• HDC objectives are relevant, but too broad, unclear, and ambitious • HDC activities lack focus and do not present an integrated plan towards objectives • HDC model requires reform to deliver on its mandate • HDC needs to articulate its value-add proposition clearly and concisely to partners and country stakeholders
Efficiency	• HDC's governance structure is complex and heavy-handed • Diversity of HDC membership base is widely regarded as a strength, but only a small percentage of members are actively engaged

	• SDG GAP D+D Accelerator merger led to some efficiencies, but implementation not done in strategic/transparent way; low visibility of merger
Effectiveness, sustainability & impact	• TOC not well-defined and used, and poorly understood by stakeholders • Lack of relevant and appropriate M&E framework (including for WGs) and ad-hoc progress reporting • Limited progress against HDC's 3 objectives • Limited impact at country level: challenges related to aligning technical and financial support across partners, supporting the design and maintenance of effective country coordination mechanisms, follow-up of country missions, etc.

Summary of recommendations and actions	
Pillar	**Findings**
Relevance & coherence	• HDC objectives are relevant, but too broad, unclear, and ambitious • HDC activities lack focus and do not present an integrated plan towards objectives • HDC model requires reform to deliver on its mandate • HDC needs to articulate its value-add proposition clearly and concisely to partners and country stakeholders
Efficiency	• HDC's governance structure is complex and heavy-handed • Diversity of HDC membership base is widely regarded as a strength, but only a small percentage of members are actively engaged • SDG GAP D+D Accelerator merger led to some efficiencies, but implementation not done in strategic/ transparent way; low visibility of merger
Effectiveness, sustainability & impact	• TOC not well-defined and used, and poorly understood by stakeholders • Lack of relevant and appropriate M&E framework (including for WGs) and ad-hoc progress reporting • Limited progress against HDC's 3 objectives • Limited impact at country level: challenges related to aligning technical and financial support across partners, supporting the design and maintenance of effective country coordination mechanisms, follow up of country missions, etc.

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Summary of discussions

Verbal Questions

World Privacy Forum (Pam Dixon)	• Missing civil society representation in HDC, need to ensure fair representation, especially in the proposed Board • Agree on lighter governance structure
UKFCDO (Nicola Wardrop)	• What do the recommendations mean in relation to the merger with SDG3 GAP?
PharmAccess (Maxwell Antwi)	• How can we avoid spreading ourselves too thinly if countries are not pre-selected?
USAID (Rachel Lucas)	• What assumptions were made when making these recommendations in terms of resources?

Written Questions

Country Health Information System and Data Use (David Boone)	• How can HDC preserve/enhance its vital role of curator of standard tools, methods, and best practices for health data system strengthening? And be the authority on what works and what does not and promotes these to ensure standards and harmonisation?
Guide House Consulting (Manish Kumar)	• How HDC can strengthen regional/global networks focused on health data systems and avoid overlapping with those networks?

Responses

In response (CEPA)	• Agree with need for appropriate representation • Revamp needs to be driven by a very engaged Board • The future direction should leverage the work and capacities of both HDC and SDG GAP • To avoid spreading itself too thin, the HDC needs to be clear about what it can and cannot do • The current country by country approach has not led to tangible results • Assumptions were made within current resources, not assuming an increase or decrease in available resources • HDC is wider in scope than many of the existing regional and global data networks, reducing the overlap • Reboot of HDC will form the basis for greater partner engagement

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Recommendation 1: Revamping HDC's scope

New scope	Added value of HDC	Defining stakeholders
• The new scope of work should include specific country support and ensure impact at country level • There should be a clear link between technical working groups and country work	• The HDCs added value lies in its broad range of stakeholders • There is a need to align with similar initiatives and networks • We must be mindful of the fact that different ways of trying to solve problem of fragmentation sometimes exacerbates it	• Advocacy will rely on defining who we are advocating to and for what

Recommendation 2: Simplify and improve the effectiveness of the HDC governance by creating a small Board

Overall structure	Board membership	Board role & size
• Simplify HDC governance structure to comprise a small board for strategic direction and guidance • The board may evolve over time • Secretariat will continue to support day-to-day delivery of activities • Remove other governance structures (constituency-based structures) and prioritize partner engagement through working groups (WG)	• Senior level decision making board • Include largest health information system (HIS) funders (e.g: USAID, Global Fund) • Few technical partners (e.g. WG Chairs)	• 5-7 members • Provide strategic direction-define HDC's objectives, scope of work, review annual workplans, assess progress and course corrections (incl. oversee the implementation of the evaluation recommendations)

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Recommendation 3: Improving HDC's engagement with countries

Country mandate and driven by country priorities	Mechanisms for engagement and delivery
• Need to understand and tease out country needs and how best to map these to HDC • Demonstrate the value add of HDC	• Review the current country engagement strategy with a view of addressing any gaps that may exist • Build on the comparative advantage of the regional agencies/partners • Have a mechanism to share information across the different agencies/partners at the regional level • Countries already have coordination structures that can be used as entry point for country engagements • Use the regional networks as a platform to engage countries; WHO regional office comes in handy

Recommendation 4: Enhance the effectiveness of the Working Groups and ensure their outputs are directly relevant for countries

Annual workplan	Country engagement	Collaboration between WGs	Coordination	Funding WG activities
• Develop annual plans with clear deliverables & timelines and support their use and follow-up	• Increasing country stakeholder participation in WGs • Making sure WGs have access to the country priorities solicited under Recommendation 3 • Exploring ways for the WGs to tailor global public goods for specific country contexts	• Increase the collaboration between Working Groups through the annual plans, joint knowledge products/public goods, "touch points" for Working Group chairs based on opportunity, etc.	• Continue with the current mechanism with the HDC secretariat supporting the WGs in a systematic way	• HDC partner funding for unfunded WG activities in the workplan

Recommendation 5: Streamlining Advocacy and Communication mechanisms

Communication to HDC members should be tailored/ targeted	HDC meetings should become targeted with clear value-add for participants rather than being standing and formulised invites for constituencies and members	Improve the website to increase utility to country stakeholders and explore other collaboration tools
• Conduct surveys to get information specific to the different countries and avoid blanket communication • Lean into already collected information	• Theme-specific approach for relevance • Examine country level policies and the extent to which information can be used to target policies. i.e. Who is the audience? What are their needs?	• Encourage member interactions with chat rooms based on technical themes/addressing regional concerns • Enable specific country themes and for countries to take leadership on emerging issues and not just limit to HQ level

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Action points from the workshop to implement the evaluation recommendations and potential support

Recommendation	Deliverables	Special Consideration	Responsible	Timeline
1. Reduce the scope of the HDC	Revised Theory of Change	Based on the priority areas identified by the evaluation	Secretariat	11/23
	HDC Work plan 2024-2025	Keep country focus "active and alive" with specific country impact in mind	Secretariat	11/23
	M&E framework	Based on revised scope	Secretariat	11/23
	Investment case	Capitalize high political will of partners Explore & approach partner funding for unfunded WG activities	Secretariat	05/24
2. Simplify HDC Governance	HDC Board	Nimble, clear mandates & diverse membership Align with revamped TOC & mandates	Secretariat & UKFCDO	10/23
3. Improve country engagement	Revised country engagement strategy	Leverage existing structures at the country level and role of regional agencies Focus on activities relevant to a wide number of LMICs (no one-on-one support)	Secretariat	03/24
	Annual survey of country needs	Identify where HDC could play a role	Secretariat	01/24
4. Enhance effectiveness of Working Groups	Annual WG plans	Reflect voluntary nature of WGs Focus on deliverables and timeline only- prioritize deliverables such as sharing case studies of best practices and not focus on providing technical assistance Increase cross-collaboration between WGs	Secretariat & WGs	12/24
5. Ensure streamlined & focused communications	Audience mapping	Avoid blanket communication and lean into already available information Align with country needs, language and understanding	Secretariat	10/24
	Technical theme-based chat rooms	Address regional concerns & specific country contexts	Secretariat	

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Offers of support to the HDC

UKFCDO (Nicola Wardrop)	• Support from health advisors across the network
UNAIDS (Ali Feizzadeh)	• Contribute to the work that needs to be done to implement these recommendations
CODATA (Francis P. Crawley)	• Would be willing to support with help in policy development for data infrastructure, curation, and policy
USAID/CHISU (David Boone)	• Contribute to the work that needs to be done to implement these recommendations

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Annexes

Agenda

Welcome • *WHO: Steve MacFeely (Director, Department of Data and Analytics, Division of Data, Analytics and Delivery for Impact World Health Organization and co-chair of the HDC)* • *Country: Onalenna Seitio-Kgokgwe (Deputy Permanent Secretary Health Policy Monitoring, Evaluation and Quality Assurance, Botswana Ministry of Health and Wellness and co-chair of the HDC)* • *UNICEF: Joao Pedro Azevedo (Chief Statistician, Division of Data, Analysis, Planning and Monitoring (DAPM), UNICEF and co-chair of the HDC)* • *Secretariat: Craig Burgess (Unit Head, Data Coordination, Governance and Partnerships, World Health Organization and HDC Secretariat)*	**14:00-14:10**
HDC Evaluation Findings and recommendations *Kaveri Kumar (Cambridge Economic Policy Associates) and colleagues*	**14:10-14:25**
Q&A (all participants)	**14:25-14:45**

Breakout Rooms		**14:45-15:15**
1. Revamping HDC's scope: Recommendation 1 🗣Session Facilitator: Nicola Wardrop (UKFCDO) 👉Secretariat support: Mwenya Kasonde and Rita Mbubo 1. What should the focus of HDC be? 2. What is the clear added value of HDC and how should the ToC be changed? 3. Which partners can support the Secretariat to develop a short concept note and supporting TOC?	**2. Improving the effectiveness of HDC Governance and Working Groups: Recommendations 2 and 4** 🗣Session Facilitators: Pam Dixon (World Privacy Forum) and Maxwell Antwi (PharmAccess) tbc 👉Secretariat support: Craig Burgess 1. Board: discuss mandate and membership 2. WGs: specific suggestions on implementing the recommendations and ensuring country focus 3. Which partners can support the secretariat?	
3. Improving HDC's engagement with countries: Recommendation 3 🗣Session Facilitator: Amos Nyaka (MoH, Malawi) and Heidi Reynolds (GAVI) 👉Secretariat support: Isabella Maina and Pandula Siribaddana 1. Clarity on country mandate and driven by country priorities 2. Mechanisms for engagement and delivery 3. Which partners can support the secretariat?	**4. Streamlining Advocacy and Communication mechanisms: Recommendation 5** 🗣Session Facilitator: Laticha Walters (IRD SA Country Director) 👉Secretariat support: Tashi Chozom 1. Advocacy for HDC efforts 2. Preferred regular communication mechanisms and website 3. Which partners can support the secretariat?	

Plenary (facilitated by chair) Each break out group presents back with clear follow up actions (10 minutes each) • Group 1 – Scope (rec 1) • Group 2 – Governance and WGs (recs 2 and 4) • Group 3 – Country engagement (rec 3) • Group 4 – Advocacy and communications (rec 5)	**15:15-15:55**
Feedback and discussion on implementing recommendations through HDC work plan 2024-25 (facilitated by chair)	**15:55-16:20**
Wrap up and close next steps (chair) *HDC Secretariat*	**16:20-16:30**

List of Participants

HDC Co-Chairs:	Onalenna Seitio-Kgokgwe (MoHW Botswana) Stephen MacFeely (WHO) Joao Pedro Azevedo (UNICEF)	
Participants:	Countries	Amos Nyaka (MOH Malawi) Absalom Mwamlima (MOH Malawi) Rhodric Langwe (NRB Malawi) Alton Mabina (MOHW Botswana) Tony Chebani (MOHW Botswana) Penny Sebuweng Makuruetsa (MOHW Botswana) Dr.Kennedy Otieno (MOH Kenya) Nassirou Ouro-Nile (MOH Togo)
	Multilateral and Intergovernmental Organisations	Theresa Diaz (WHO) Derrick Muneene (WHO) Elizabeth Katwan (WHO) Solome Nampewo (WHO Malawi) Chibwe Lwamba (UNICEF) Ambonishe Mwalwimba (UNICEF Malawi) Ali Feizzadeh (UNAIDS)
	Donors	Barakissa TIEN WAHSER (GIZ) Nicola Wardrop (UKFCDO) Anwer Aqil (USAID) Rachel Lucas (USAID)
	GHIs	David Boone (USAID/CHISU) Steve Ollis (USAID/CHISU) Ruxana Jina (Vital Strategies) Ana Torrens (Vital Strategies) Heidi Reynolds (GAVI)
	Civil Society	Maxwell Antwi (PharmAccess) Clara Aranda Jan (Crown Agents)
	Research, Academia, and Technical Networks	Laticha Walters (IRD Global and South Africa) Pam Dixon (World Privacy Forum) Christopher Murrill (US CDC) Xen Santas (US CDC) George Mbevi (KEMRI Wellcome Trust) Francis P. Crawley (Good Clinical Practice Alliance – Europe) Sally Stansfield (InformHealth) Manish Kumar (University of North Carolina at Chapel Hill) Tangkat Hosle (Institute of Human Virology, Nigeria)
	Private Sector	Ivan Onyutta (Uganda Healthcare Federation) Indira Soundiram (Cepheid) Erick Maville (Sante En Entreprise)
	Observers	Kaveri Kumar (CEPA) Anisa Hasan-Granier (CEPA) Christian von Drehle (CEPA)
Working Groups:	Community Data	Ana Scholl (USAID)
	Routine Health Information Systems	Jean Pierre de Lamalle (RHINO) Jørn Braa (University of Oslo)
	Data and Digital Governance	Vikas Dwivedi (Palladium Group)
HDC Secretariat:	Craig Burgess, Mwenya Kasonde, Tashi Chozom, Isabella Maina, Pandula Siribaddana, Rita Mbubo	