Health Data Collaborative

HDC Annual Stakeholders Meeting

REPORT

Hybrid Meeting (In-person & Virtual)
5th and 6th December 2023
Nairobi, Kenya

Contents

Acknowledgements

Partners

Regional Institutes

Government Representatives

South Sudan	Malawi	Cameroon	Sri Lanka

Ethiopia	Uganda	The Gambia	Kenya

Togo	Maldives	Nepal

Executive Summary

Background

The Health Data Collaborative's (HDC) Annual Stakeholders Meeting, hosted by the Republic of Kenya, was held in a hybrid format on 5th and 6th December 2023 in Nairobi. At the midpoint between the launch of the HDC and the 2030 SDGs, this offered an opportunity for countries to share good practices from each other, identify priorities and encourage partners to align resources with these. It also aimed to agree on commitments to implementing the HDC evaluation's recommendations to ensure the HDC addresses data gaps in countries through partner collaborative efforts.

Objectives
- To agree on the revised HDC scope, objectives, governance, and approach as per the HDC external evaluation
- To foster peer-to-peer exchange on HIS challenges and solutions, using the SCORE framework (Survey, Count, Optimize, Review, and Enable)
- To consider a joint statement of commitment to a renewed HDC

Main outcomes

Building on the HDC's 'Better Data for Better Health' event in May 2023 outlining the need to invest in HIS and data governance, this meeting highlighted the Power of Data initiative to unlock the data dividend, RHIS investment case and WHO's SCORE Health Data Technical Package. These initiatives and tools underscore the need to invest in data and good data governance to achieve Universal Health Coverage (UHC) through Primary Health Care (PHC).

Countries and partners endorsed the practical way forward after the HDC's 2023 evaluation. This included revised scope, objectives, governance structure, approach, theory of change, work plan, WG modalities, country engagement strategy and comms and advocacy strategy. The meeting acknowledged that the core principle of the HDC remains unchanged, emphasizing ***partners should be led by country needs and priorities in all initiatives***. Countries played a lead role in showcasing their HIS priorities for 2024-25 and voiced how partners and the HDC Secretariat can better support them.

During the transactional and lessons sharing session dubbed as 'the marketplace', countries committed to continued sharing lessons through south-to-south learning and stakeholders committed to supporting countries to strengthen their HIS by aligning support with identified country priorities. The regional institutes committed to support countries for capacity strengthening efforts on data management, data analytics and use, disease surveillance activities and the HDC technical working groups committed to provide technical support to countries-based on identified priorities and production of tools for possible adaption at the country level. The HDC Secretariat will map the country priorities and link with the regional institutes, the Working groups and partners for specific support.

Country priorities and next steps identified are below:

HDC Experienced Countries		
	Priorities for 2024-25	Next Steps
Nepal	• Strengthen common platform of health with stakeholders • Digital transformation roadmap • Setting up governance and technical base for standard and inter-operability • Capacity building on monitoring • Learning centres for data and digital health	✓ Map HIS and digital health strategies and support implementation ✓ Set consultation and communication mechanism for HIS priorities ✓ Engage regional mechanisms and institutions
Malawi	• HIS Leadership and Governance: operationalize key frameworks • HIS Management and Workforce: HIS organizational chart • ICT Infrastructure and interoperability: Assessments of ICT infrastructures & initiatives • Data Quality and Use: Data quality reviews, analytics and use	✓ Joint work planning with partners ✓ Participate in TWG meetings and synergise efforts ✓ Improve communication on HDC to stakeholders' Inter-exchange of information and efforts on HIS amongst partners ✓ Progress reviews ✓ Improve efforts in Platforms for data reviews e.g. annual zonal performance reviews
Cameroon	• Elaborate digital health strategic plan 2025-2029 • Organise a conference on health data • Digitize health facilities registers • Strengthen HIS interoperability • Strengthen the use of data for decision-making • Strengthen Cameroon Health Data Collaborative (CHDC) outreach for greater ownership and inclusion of other key stakeholders)	✓ Organise the Cameroon Health Data Collaborative conference ✓ Revitalise the working groups ✓ Engage academia, universities and civil society in CHDC
Uganda	• Harmonisation and coordination of HIS efforts • Monitoring and Evaluation of health sector performance • Implement the Health Information and Digital Health Strategy roadmap • Innovative e-Health information solutions • Building capacity in data analysis, synthesis, and production of information products	✓ Promote and facilitate greater alignment of investments ✓ Explore and leverage opportunities to accelerate the implementation of HDC ✓ Identify challenges and obstacles that impede performance and opportunities to improve data systems for increased effectiveness and value for money ✓ Identify, document, and disseminate best practices

Kenya	• Digitization efforts	✓ Scaling up use of the Kenya Health and Research Observatory
	• Data analysis, visualization, and use	✓ Improve coordination of HDC activities in Kenya
	• Data sharing policy in line with the Data Protection Act 2019	✓ Support the development, evaluation and scale-up of digital health platforms
	• Strengthening of community Health data systems	
	• Strengthening the CRVS system	

Newly engaged Countries		
	Priorities for 2024-25	**Next steps**
Ethiopia	• Enhance data management and quality	✓ Conduct SCORE assessment
	• Enhance data access and use	✓ Country capacity building on HHFA
	• Strengthen HIS in private sector & other governmental organizations.	✓ Capacity building on ICD-11 implementation and EMR/EHR expansions
	• Enhance the implementation of eHealth architecture & interoperability framework	✓ Learn from other countries on Master Facilities Registry (MFR), CRVS and digital systems implementation
	• Enhance HIS governance	
South Sudan	• Strengthen the health information system governance, leadership & policy frameworks	✓ Establish HIS steering committee at national and sub national level
	• Strengthen the systems for generation, storage, use and transmission of HMIS data	✓ Conduct data utilization/research information (knowledge translation and dissemination)
	• Strengthen vital statistics systems	✓ Conduct operational health related research to inform decisions
	• Strengthen health research and conduct surveys	✓ Adoption of emerging technology and innovation
	• Strengthen the monitoring and evaluation institutional governance, regulatory frameworks, policies, and standards	✓ Commitment of donor funding/support towards HIS
Togo	• Development of a National Digital heath strategy and a budgeted plan	✓ Hold a round table to mobilize resources for the National Health sector Strategic plan PSRSNIS
	• Implementation of an electronic patient record, leveraging on the country's biometric identification project	✓ Existence of a data centre in Lomé, high strong mobile phone coverage and availability of internet connection provides a strong foundation for implementing the next steps
	• Strengthen community-based surveillance	
	• Strengthen monitoring and evaluation at all levels	
	• IT equipment and network at central, regional and district level	
The Gambia	• Implement mechanism to facilitate data access and data use	✓ Provide continuous technical support and mentorship
	• Delivery for Impact approach for maternal mortality and other national targets	✓ Supportive supervision and monitoring

	• Innovation: development of the National Data Centre and other areas of interest	✓ Technical support to implement health observatory
	• Financing and support for HIS through partners	✓ Capacity building of HIS staff across the country
	• HIS and surveys - DHIS2 & HHFA	
	• Review HIS Policy & Strategic Policy	
Sri-Lanka	• Develop an integrated Digital Health Platform and a National Electronic Health Record	✓ Establish a country level coordination mechanism to between partners on digital health and health information
	• Establishing seamless information exchange between curative, public health and private sectors	
	• Strengthening health data governance mechanisms	
	• Capacity building of health workforce on digital transformation	
	• Implementation of a National Telemedicine platform and innovative applications	
Maldives	• Development and implementation of the Maldives Digital Health Blueprint	✓ Formal engagement with HDC
	• Roll out of a standardized EMR/EHR	✓ Coordinated resource mobilization for the 5 top HIS priorities for the country
	• Building in country capacity for standards and interoperability	
	• Strengthening governance and legislative mechanism for HIS	
	• Scaling up the use of digital public good such as DHIS2 in the country	

A joint statement of commitment from all stakeholders was drafted to address countries' priorities through a renewed HDC. This will be adopted in February 2024 following further public feedback.

What next? Responsibilities and Timelines

Countries

- **Broaden engagement**: to include in-country data coordination body, CSOs, private sector and NSOs for data *(by countries and in-country partners in 2024)*
- **HDC Board nominations:** countries to volunteer/nominate 2 representatives and alternates *by January 2024*
- **Communication & debriefing** with in-country partners to encourage them to participate in HDC WGs (by *country focal points and Secretariat by January 2024)*
- **SCORE:** Country teams to consider SCORE as a possible framework for investing in HIS and data governance

Partners, regional institutes and working

- **Debrief and commitment from partners and WGs on HDC statement**
- To input into joint statement and commit to support countries' HIS priorities in alignment with other partners *(Secretariat to coordinate in January and February 2024 with global health initiatives, bilateral donors, multilaterals, CSOs, private sector and WGs)*
- **HDC Board nominations:** to volunteer/nominate representatives & alternates (2 global, 2 regional, 1 WG) (S*ecretariat to follow up in January 2024)*
- **Working Groups** (CRVS, RHIS & Data Governance): to plan their work as per the posters presented and respond to specific country *demands (Secretariat to follow up and coordinate by January 2024)*
- **Other working groups & regional institutes:** to finalize costed work plans with deliverables (S*ecretariat to follow up by January 2024)*

Secretariat

- **Create a network for countries** using regional platforms *(Secretariat by January 2024)*
- **Future country missions:** to ensure appropriate country coordination in place and efficient follow-up of report *(Secretariat in 2024)*
- **Investment case for HDC:** to finalize 2 proposals and workplan *(Secretariat with partners; inputs by January 2024)*
- **Partner mapping tool**: to promote SCORE assessment, adding planning & budget cycles and partner engagement
- to garner feedback from countries and partners *(Secretariat to coordinate in January 2024)*
- **Expression of interest and sharing good practices:** to collaborate and communicate with country, regional offices & partners *(Secretariat to coordinate in 2024)*
- **HIS investment**: to explore ways to quantify global and national HIS investment *(Secretariat and HDC board by 2nd quarter of 2024)*
- **Translation work**: to translate key HDC documents to French & other UN languages *(Secretariat by 2nd quarter of 2024)*

Introduction and Background

Capitalizing on the UN 2023 SDG Summit the High-level meeting on Universal Health Coverage (UHC), and the HDC May 2023 Event "Better Data for Better Health", the Health Data Collaborative Annual Stakeholders hybrid meeting was held in Nairobi on 5-6th December 2023. This also followed on from HDC Stakeholder's Representatives Group (SRG) and Working Group Co-chairs in person meeting held in Geneve on 28-29 September 2022.

The meeting also built on the 2023 Political Declaration to renew focus on SDG targets and communities that are left behind and provided an opportunity to: a) convene countries together to learn from each other in line with the HDC tenet of countries being at the core (b) present findings of the HDC Evaluation and its recommendations, (c) identify new ways of aligning resources for country impact, (d) to review and agree on the HDC work plan 2024-2025 and (e) to recommit to the mission of the HDC and renew membership.

The findings and recommendations of the external independent evaluation of the HDC carried out at the midpoint of the 2015-2030 SDGs, provide an opportunity for the HDC to strengthen its contribution towards accelerating progress towards the 2030 health-related SDGs and for partners to recommit to a 5 Point Call to Action proposed at the HDC's inception in 2015.

A regionally hosted HDC meeting offers an opportunity for countries' participation and leadership. The meeting was thus hosted in Kenya, one of the four HDC pathfinder countries (Malawi, Cameroon, Kenya and Tanzania). This allowed participants an opportunity for peer-to-peer learning and sharing of experiences, adopting the HDC principles, to guide the scale-up of HDC country impact moving forward.

Meeting outcomes:

1. A platform for peer-to-peer learning, exchange of priorities and exchange on HIS challenges and solutions, using the SCORE framework (Survey, Count, Optimize, Review, and Enable)
2. A clear understanding of the HDC Evaluation findings and recommendations
3. Feedback on and approval of the HDC:
    a. Work plan 2024-2025 & budget
    b. Updated Theory of Change
    c. Revised monitoring and evaluation framework
    d. Working Group products and outputs 2024-2025
    e. Support mechanism to scale up country impact
    f. HDC Governance Structure
4. Recommitment and membership of HDC and its goals

Setting the Stage: Opening Remarks

Samira Asma, Assistant Director General
Data, Analytics and Delivery for Impact
World Health Organization

- *"HDC is a large network advocating for better Health Information Systems: a powerhouse to ensure better health outcomes for communities and the whole world."*

Key messages

- HDC continues to be an invaluable resource for better data to improve health outcomes. Need a candid reflection from everyone on the value proposition of the HDC.

- Countries must play a lead role in channelling investments from external partners to country priorities and the posters from the participating countries provide an opportunity for partners to work together.

- The SCORE assessment, which is an x-ray of countries' HIS, indicates that documentation of death and causes of death is a persisting challenge. The SCORE assessment will be repeated in 2025

- CRVS (birth and death registration and causes of death data) should be prioritized.

"**Births and deaths are the book end of life**"

- Effective use of Routine Health Information System (RHIS) to protect the health of the people through detection of pandemics.

Key messages

- Quality patient centred care is an aspiration of every government.

"**Availability of quality data is a pre-requisite for achievement of health priorities including primary health care (PHC) and universal health care (UHC).**"

- Kenya has demonstrated steadfast leadership in strengthening Health Information System and recognizes digital transformation as a key enabler.

- Partnerships are crucial in strengthening HIS with governments at the centre to provide stewardship and leadership.

- HDC has great potential to align partner investments with Govt. To improve quality of data in countries; leading to empowered individuals and communities.

- Challenges such as data security and sub-optimal data protection need to be addressed.
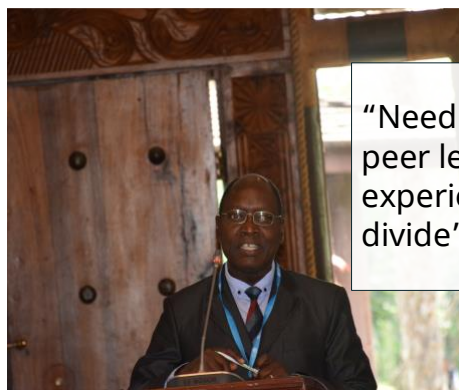

Dr Bernard Langat, Acting Head
Directorate of Digital, Informatics Policy and Research
Ministry of Health of Kenya

- *"HDC has promoted availability of quality data for patient care: Kenya's roll out of the electronic community health information system (e-CHIS) is a good example to demonstrate the power of strategic partnerships."*

Setting the Stage: Reflections from the Co-chairs

Dr Ayub Manya, Co-chair of the RHIS Working Group

"Need to harness peer-to-peer learning and share experiences from across the divide"

Dr Maria Muniz, Senior Adviser, UNICEF Data, Analytics, Planning & Monitoring

"When the right data is in the right hand at the right time, decisions can be better informed and more equitable"

Key messages

- Kenya launched HDC in 2016 with a commitment by stakeholders to implement **one monitoring and evaluation framework.**

- HDC has contributed to better evidence generation for the health sector, increased capacity for data analysis, improved quality of care and performance, and improved birth and death registration.

- The gain was useful in informing the country's UHC roll out and the response to COVID -19.

- Need to scale up HDC activities at the **sub-national level.**

- Leverage on partners, harness peer to peer learning and share experiences from across the data digital divide.

Key messages

- UNICEF has been an active HDC partner since its inception and engages in various working groups and countries.

- Consistent credible data about children's situation are critical to realize the rights of every child.

- By 2030, only one in 4 children will live in countries where 70% of the child-related SDGs targets will have been met.

- Limited data availability hinders information on how close or how far we are from achieving the SDG goals.

- Stewardship that countries will provide to the HDC is critical to inform how best the HDC can align itself to the country plans, priorities, coordination mechanisms, and investments in data to boost its effectiveness.

Session 1: A Look at Health Data Collaborative & SDG3 GAP

Session 1.1: Overview of HDC: Status and Achievements

The Health Data Collaborative (HDC) was established in 2015 as a platform to bring stakeholders together to strengthen country Health Information Systems (HIS) by leveraging and aligning technical, advocacy and financial resources around country priorities and plans, with a focus on SDGs and communities left behind. The HDC works with other global initiatives (UHC 2030 and SDG3 GAP) to coordinate data approaches for health impact. HDC's impact is shown in four strategic areas:
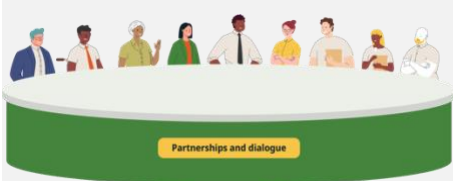
Diversity

The HDC membership increased over the years to over 1,100 individual members representing different constituencies (countries, multilateral organisations, public, philanthropy, academia, civil society, global health initiatives and private sector). The number of organisations has grown from 35 in 2016 to 432 in 2023. The increasing diversity supports richer and broader viewpoints, better solutions and technical and financial inputs in various HIS areas.

Scaling-up impact

The number of countries engaging with HDC has increased from 8 HDC experienced countries (Nepal, Malawi, Kenya, Uganda, Zambia, Botswana, Cameroon, Tanzania, Pakistan) with additional new countries expressing interest in engaging in HDC (Togo, Ethiopia, South Sudan, Burundi, Rwanda, Ghana, Eswatini, The Gambia, Maldives, Lao PDR, Sri-Lanka, Somalia and Bhutan). The countries that have engaged with HDC over the years have reported different successes and *impact* on their health information systems. This has also been due to regional office and institutions to scale up impact.

Advocacy and communications

HDC has continued to demonstrate the power of convening through organizing and hosting various events such as the global partners meeting in 2022, the stakeholder's representative (SRG) in person meeting in September 2022 and Better Data for Better Health event in May 2023. To promote knowledge sharing, HDC held eight webinars on a range of topics that saw close to 500 persons participate actively in the last year, with an average of 70 participants per session.
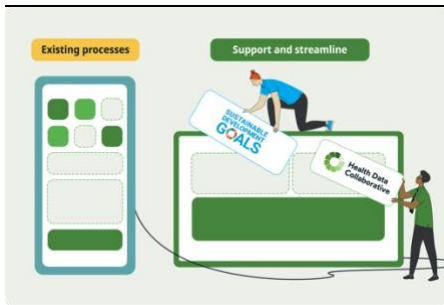
Investment case

Several assessments were conducted to inform better investments in health information systems. These included an assessment of partners alignment in support of HIS (Cameroon, Kenya, Zambia, Bangladesh and Nepal); Data, decision making and innovations to support continuity of essential RMNCAH services during COVID-19 in Uganda; and the RHIS Investment Case.

Next steps

- Continuously promote HDC as a mechanism to align and coordinate stakeholders' resources around country HIS priorities as a way of managing expectations → All stakeholders
- Translation of commitments from global, regional to country level to sub-national level → Partners, regional platforms, countries
- Continue engagements and networking of countries via peer-to-peer learning and exchange; Start creating a network of countries using regional platforms → Secretariat by January 2024
- Broaden engagements of stakeholders including relevant government agencies (e.g., NSOs), private sector, as well as civil society organisations → Countries by January 2024
- Translation of HDC materials to French → Secretariat by 2nd quarter of 2024

Session 1.2: Overview of SDG3 GAP and Linkage to HDC

Key messages

The Global Action Plan for Healthy Loves and Well-being for All (SDG3 GAP) is a commitment of 13 multi-lateral agencies and global health initiatives to collaborate better support for countries efforts to achieve health related SDGs.

Halfway through the SDGs, the world is still lagging and hence the need to accelerate progress through collaborative efforts.

Focus is placed on work at the country level and cross accelerator collaborations.

Enhance joint actions at country level and strengthen engagement of civil society and communities to fast-track progress towards the SDGs. There will be increasing focus on PHC and efforts to strengthen PHC in several countries to achieve UHC.

Next steps

- Consultations with stakeholders –member states, civil society organisations, partners on modalities of implementing the recommendations stemming from the 2023 progress report.

- Strengthen collaboration with other initiatives e.g. GFF Alignment Working Group and the Future of Global Health Initiatives.

- Cross collaboration of different accelerators and initiatives at the country level for better impact.

Session 2: Better Investing in Data and Better Use of Data

Key messages	Next steps
Filing data gaps and accelerating progress (link to presentation) *Division of Data, Analytics and Delivery for Impact (DDI), WHO*	
• DDI's strengthens WHOs data and analytics functions to inform policy and deliver impact at the country level. • DDI has four key roles to I) promote/improve data standards and estimates; ii) health information systems; iii) data governance and exchange; and iv) stocktakes.	• DDI will continue to collaborate, lead and support the working groups of the HDC to raise the profile of tools (with focus on SCORE and CRVS within SCORE) and promote their use with collaboration with other partners.
UHC 2030 data priorities (link to presentation) *UHC 2030 Secretariat, WHO*	

• Opportunities exist to strengthen the links between UHC 2030 and HDC.
 	
• Halfway through the SDGs but progress is slow.
 	
    o SDG 3.8.1: 4.5 billion people not fully covered by essential health services
 	
    o SDG 3.8.2: 2.5 billion people facing catastrophic out-of-pocket health spending
 	
• Political declaration of the high-level meeting on universal health coverage endorsed in 2023 calls for strengthening HIS with a focus on producing disaggregated data collection, analysis and use, and protecting privacy of data.
	• Engagement of civil society who have a key role to promote equity and ensure no one is left behind.
	
	• Stronger collaboration between HDC and UHC 2030 especially on health data governance critical towards achieving UHC goals.
	
	• Better tracking of government action on UHC commitments: selected Political Declaration commitments, indicators, and data (incl. qualitative data).
	
	• More focus needed on **disaggregated data** for greater focus on equity: complementary qualitative evidence on financial protection (beyond household surveys)-aim to bridge inequities.

SCORE: potential HIS investments (link to presentation) *Department of Data and Analytics, WHO*	
• WHO's initiative to assist member states in assessing the status of heath data systems using 5 interventions (surveys, CRVS, optimize use of data, review progress and data use for policy and evidence). • First report published in 2021 covering 164 countries (over 90% of world population).	• Revision of SCORE tool for the next round of assessment that is expected to take place in 2025. • Engagements with countries and stakeholders for in-depth discussions on SCORE (includes consultation on the revised tools and pretesting with the countries).

- SCORE assessment helps identify HIS performance, monitor results any gaps, prioritise actions and investments.

- SCORE not used in isolation but linked to other HIS assessments as SCORE may not address all aspects of HIS.

- Explore how SCORE can be used as an investment framework by countries and partners.

- SCORE framework is already being used to map out partners active in HDC countries.

The Data Dividend Initiative ([link to presentation](#))
Global Partnership for Sustainable Development Data

- Data are the fuel that powers progress towards a more equal and sustainable world.

- Data are powerful means to mobilise, political leadership, and investments to strengthen data systems.

- National data partnerships are critical in revolutionising decision making, accelerating digital transformation and driving new economic activities.

- Several countries (aim for 30) are launching and supporting National data partnerships (including HDC implementing countries).

- Collaboration and harmonisation at the country level. Most of the countries launching and supporting the National data partnerships are also engaging with HDC.

- Links between the HDC and Data Dividend work can strengthen health sector's inputs to broader data discussions and connections with NSOs.

DHIS Maturity Profile ([link to presentation](#))
University Of Oslo

- DHIS maturity profile is a framework to assess the state of DHIS2 implementation in countries.

- It is critical as it outlines key recommendations of strengthening the DHIS 2.

- Useful for planning- offers structured way to discuss HIS, assesses readiness and helps define next steps and prioritise funding and activities.

- Repeat the assessments at regular basis to inform action.

- Use of the assessment reports and recommendations at the country level to strengthen DHIS 2 use and HIS at large.

Session 3: Scaling-up HDC Country Impact: Country Peer-to-peer Learning and Exchange

Session 3.1: Part 1: The Countries Marketplace: Peer-to-peer Learning and Exchange

Eleven countries participated in the "marketplace" using pre prepared poster presentations. This provided an opportunity for countries to spotlight and show case progress made in HIS in their respective countries, share experiences and learn from each other, and outline their HIS needs. The session also provided a transactional platform where countries interacted with the HDC stakeholders (partners, working group members, institutes, civil society organizations, private sector) with a view of mobilizing support for the HIS priorities.

Two sessions of the marketplace were held as follows:

Sharing HDC's impact and lessons learnt
- Focusing on the countries that have already engaged with HDC since inception (Nepal, Kenya, Uganda, Cameroon and Malawi)
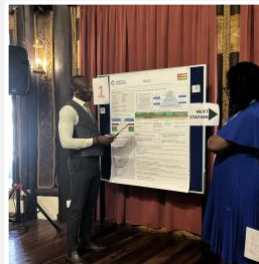
Sharing opportunities for improving HIS through engagement with HDC
- Focusing on "new" countries that have recently expressed interest in engaging with HDC (Maldives, Sri-Lanka, Ethiopia, South Sudan, Togo and The Gambia)

The key successes and lessons learnt from the countries are summarized below.

Successes	Lessons learnt
• Use of common reporting platforms for more efficiency and for quality data as a key lesson that other countries can implement through HDC e.g. use of DHIS 2 for routine reporting by all departments and programs (Kenya, Cameroon). • Reduction of reporting burden – integration and standardising reporting tools. • Use of harmonised set of indicators to monitor sector progress for more efficiencies (Ethiopia).	• Institutionalisation of HDC at country level is crucial, i.e., anchoring on existing coordination and planning structures and in guiding frameworks e.g. in Cameroon HDC anchored on National public health observatory. • Partnerships bring synergies, new knowledge and efficiencies between partners - reduce waste of resources and over reporting. • Working within government structures and having champions- Government led initiatives are key to

- Improved coordination for Health information system using strong country own governance structures such as technical working groups (Nepal, Kenya Uganda, Cameroon).

- Increased adoption of global public goods/digital solutions e.g., DHIS2 (Kenya).

- Efficient harmonised health facility census (Kenya).

- Involvement of stakeholders at all levels, including government institutions, healthcare providers, and communities (South Sudan).

- Successful multi-stakeholders' mission on CRVS-GIS Culminating with key recommendations on improving CRVS and GIS in Malawi and Nepal. In Malawi a white paper was finalized with stakeholders' and launched by Minister of Health in New York during the national CRVS TWG in July 2023.

integration and identification of collaborative partners.

- Visibility of HDC is crucial. The evaluation findings showed need for more country presence to maximize HDC approach for the benefit of country programs.

- Institutionalisation of joint planning, joint implementation, and joint monitoring of progress by the Government and the partners as a way of promoting harmonization, alignment, and accountability by all stakeholders (Malawi, Ethiopia).

- Increased Consideration of data as a public asset (Nepal).

- The involvement of medical specialties related to Digital Health Applications will enhance the sustainability of HDC collaborations.

- Establishment of joint work groups with partners will enhance trust and acceptance of data exchange (Sri Lanka).

- Creation of a monitoring and evaluation mechanism of funding – better accountability for sustainable financing/investments (Maldives).

- Continuous review of progress, documentation and feedback as part of Government annual processes with partners is crucial.

The summary of the priorities and next steps from each of the 11 participating countries is as provided below while the detailed posters presentations are found on the HDC website. The HDC Secretariat will follow up with each of the countries and stakeholders for an actionable roadmap for each of these priorities (to be finalised by February 2024).

Session 3.1: Priorities and Next Steps: From HDC Experienced Countries

Country	Priorities for 2024-25	Next steps
Nepal	• Strengthen common platform of health, CRVS, NSO, partners and CSOs. • Digital transformation: EHR, Telemedicine and RHIS integration. • Setting up governance and technical base for standard and inter-operability. • Capacity building of monitoring mechanism in the health at all levels. • Learning centres at federal and provincial levels for data and digital health.	✓ Gather the country HIS and digital health strategies and support implementation. ✓ Set consultation and communication mechanism by HDC to communicate HIS priorities by respective global level authorities to country offices. ✓ Use regional mechanisms and institutions (regional institutes and the regional offices of multilateral agencies).
Malawi	• HIS Leadership and Governance: Key regulations, policies, and related standard operating procedures (SOPs) and strategies and guidelines operationalized. • HIS Management and Workforce: HIS organizational chart with clear descriptions of duties and responsibilities. • ICT Infrastructure and interoperability: Comprehensive assessments and blueprints on power, connectivity, hospital wide EMRs, ICHIS interventions at the community level, and the data exchange initiatives. • Data Quality and Use: Strategies in place, implementation of data reviews at national, program and district levels, periodic DQAs, data analysis and dissemination.	✓ Partners to participate in the country joint work plan for HDC supported areas. ✓ Actively participate in TWG meetings to identify and synergize efforts. ✓ Inter-exchange of information and efforts on HIS amongst partners to prevent duplication and allow for collaboration. ✓ Clarify the value add of HDC at country level and align it with existing governance and technical platforms. ✓ Continued progress measurement of HDC efforts and improvement in identified gaps. ✓ Improve efforts in Platforms for data reviews e.g. DIPS, annual zonal performance reviews, joint annual health sector reviews

Cameroon	• Elaborate digital health strategic plan 2025-2029. • Organise a conference on health data. • Digitize registers in health facilities). • Strengthen HIS interoperability (unique identifier, GIS, Master facility list). • Strengthen the use of data for decision-making (knowledge products). • Strengthen Cameroon Health Data Collaborative (CHDC) outreach for greater ownership and inclusion of other key stakeholders)	✓ Organise the Cameroon Health Data Collaborative conference. ✓ Revitalise the working groups. ✓ Engage academia, universities and civil society in CHDC.
Uganda	• Harmonisation and coordination of HIS efforts. • Monitoring and Evaluation of health sector performance. • Implement the Health Information and Digital Health Strategy roadmap. • Innovative e-Health information solutions. • Building capacity in data analysis, synthesis, and production of information products, including digital microplanning with production of Annual Analytical health profiles and interactive dashboards.	✓ Promote and facilitate greater alignment of investments (domestic and external resources) in one country health information system with direct technical assistance and support. ✓ Explore and leverage opportunities to accelerate the implementation of HDC. ✓ Identify challenges and obstacles that impede performance and opportunities to improve data systems for increased effectiveness and value for money. ✓ Identify, document, and disseminate best practices that will contribute to scaling of HDC approach in the country.
Kenya	• Strengthening Health Information Systems through digitization. • Promote data analysis, visualization, and use at all levels. • Data sharing policy in line with the Data Protection Act 2019. • Strengthening of community Health data systems. • Strengthening the CRVS system.	✓ Scaling up use of the Kenya Health and Research Observatory ✓ Improve coordination of HDC activities in Kenya. ✓ Support the development, evaluation and scale-up of digital health platforms.

Session 3.1: Priorities and Next Steps from Countries that Have Newly Expressed Interest in HDC

Country	Priorities for 2024-25	Next steps
Ethiopia	• Enhance data management and quality. • Enhance data access and use (visualization, analytics, information products, dissemination). • Strengthen HIS in private sector & other governmental organizations. • Enhance the implementation of eHealth architecture & interoperability framework. • Enhance HIS governance.	✓ Conduct SCORE assessment. ✓ Country capacity building on Harmonized Health Facility Assessment (HHFA). ✓ Support ICD-11 implementation through capacity building of care providers and EMR/EHR expansions. ✓ Leverage HDC experiences from other countries in Master Facilities Registry (MFR), CRVS and digital systems implementation.
South Sudan	• Strengthen the health information system governance, leadership & policy frameworks. • Strengthen the systems for generation, storage, use and transmission of HMIS data. • Strengthen vital statistics systems. • Strengthen health research and conduct surveys. • Strengthen the monitoring and evaluation institutional governance, regulatory frameworks, policies, and standards.	✓ Establish HIS steering committee at national and sub national level. ✓ Conduct data utilization/research information (knowledge translation and dissemination) in liaison with the relevant sector departments and programs. ✓ Conduct operational health related research/surveys for evidence-based decision making. ✓ Existing emerging technology and innovation. ✓ Commitment of donor funding/support towards HIS.
Togo	• Development of a National Digital heath strategy and a budgeted plan. • Implementation of an electronic patient record, in conjunction with the biometric identification project currently underway in the country. • Strengthen community-based surveillance. • Strengthen monitoring and evaluation at all levels of the system. • IT equipment and network at central, regional and district level.	✓ Organization of a round table to mobilize resources for the financing of the National Health sector Strategic plan PSRSNIS. ✓ Existence of a data centre in Lomé, high strong mobile phone coverage and availability of internet connection provides a strong foundation for implementing the next steps.

The Gambia	• Implement mechanism to facilitate data access and data use e.g., through National and Regional Health Observatories (HQ MFI, AFRO). • Delivery for Impact approach for maternal mortality and other national targets. • Innovation engages digital Health colleagues in the Science Division to support the development of the National Data Centre and other areas of interest. • Financing and support for HIS in the Region for HIS through partners. • HIS and surveys – DHIS2 & HHFA. • Review HIS Policy & Strategic Policy.	✓ Provide continuous technical support and mentorship to work on the priorities/challenges. ✓ Need for mobility for the HIS staff for supportive supervision and monitoring. ✓ Technical need to implement health observatory. ✓ Continues capacity building of HIS staff across the country.
Sri-Lanka	• Develop an integrated Digital Health Platform and a National Electronic Health Record and ensuring their sustainability. • Establishing seamless information exchange between curative, public health and private sectors, along with strengthening the infrastructure. • Strengthening health data governance mechanisms. • Capacity building of health workforce on digital transformation. • Implementation of a National Telemedicine platform and innovative applications to enhance the continuation and quality of care.	✓ Establish a country level coordination mechanism to between partners on digital health and health information.
Maldives	• Development and implementation of the Maldives Digital Health Blueprint. • Roll out of a standardized EMR /EHR across all public facilities – creation of a SHR. • Building in country capacity for standards and interoperability (e.g.: FHIR training and adoption). • Strengthening governance and legislative mechanism for HIS. • Scaling up the use of digital public good such as DHIS2 in the country.	✓ Formal engagement with HDC. ✓ Coordinated resource mobilization for the 5 top HIS priorities for the country.

Session 3.2: Experiences from the Nepal Mission

This presentation explores one of the modalities of engaging countries – *through missions* – by learning from the experiences of HDC's mission to Nepal. The SDG3 GAP and Health Data Collaborative (HDC) multi-agency support mission to Nepal for Civil Registration and Vital Statistics (CRVS) and Geographic Information System (GIS) strengthening from 23-27 January 2023 was guided and stewarded by the Ministry of Health. The agencies included WHO, UNICEF, UNFPA at all 3 levels and in-country support also included IOM, UNHCR, UN Habitat, UNRC, The World Bank Group, GIZ, UKFCDO. Other government agencies included the National Statistics Office (NSO), department of survey and the Department of National ID and Civil Registration.

The multi-agency support demonstrated the power of partnerships and collaboration in country impact. The mission highlighted gaps and recommendations to strengthen Nepalese CRVS and GIS. The mission also increased awareness on HDC, promoted partner collaboration and resulted in increased resources for piloting ICD 11 and MCCoD.

The challenges with such missions include delays in finalising the mission report, clear definition of the next steps with so many stakeholders and multiple ministries or post mission roadmap and improving engagement of the regional platforms/offices. Other future missions could take advantage of using the UNRC mechanism and consider multi ministry approaches from the start.

Session 3.3: Responding to Country Requests: Feedback from the Marketplace

This session summarises the feedback by various stakeholders (partners, regional platforms, working groups, private sector, civil society organisations) on the marketplace. The feedback offers opportunity and potential leads for engagements and support to countries going forward. The Secretariat as well as the countries will follow up on the proposals from the feedback to concretise action by February 2023.

Feedback from the Marketplace	
	• Secretariat to follow-up and link countries with key HDC partners to support action at the country level. These include: GIZ, UNICEF, World Bank, UNFPA, Bloomberg, UKFCDO, Buffet foundation; USAID, Global Fund.
	• Form a network of countries to continue learning from each other with a view to strengthening HIS. This shall include other interested countries who were not necessarily represented in the meeting. Establishing a WhatsApp group will facilitate communication.
	• Follow and Link countries with key regional platforms – AEHN, India Institute of public health (IIPHD) – for the online modules training, KEMRI-Wellcome Trust, (surveillance); Institut de Dakar (capacity on data management, analytics).
	• The HDC Secretariat will map the country priorities to the HDC Working Groups.
	• Possible areas of support from the Working groups, the regional institutes and the partners are as highlighted in the table below. The Secretariat will a follow up in January 2024.

Country	Defined HIS/Data priorities and potential areas for support	Partners who may be able to mobilise support	Additional Comments/suggestions
Uganda	Monitoring and Evaluation of health sector performance	• PATH/CSME	• 'Harmonise and coordinate of HI' is a common need in Maldives and Maldives may also be able to share learning as it has partially fulfilled this need • Better and more regular mapping of resources and key stakeholders has been proposed as a next step • South Sudan may be able to share experience in relation to Harmonize and coordinate of HI, Monitoring and Evaluation of health sector performance and Implement the Health Information and Digital health Strategy roadmap
	Innovative e-Health information solutions	• USAID-funded CHISU Program	
	Building capacity in data analysis, synthesis, and production of Information products, including Digital microplanning with production of Annual Analytical health profiles and interactive dashboards	• USAID-funded CHISU Program • WHO • KEMRI • Institut Pasteur de Dakar • Indian Institute of Public Health Delhi	
	Harmonise and coordinate of HI	• Coalition Action for Preventive Mental Health Kenya, • WHO	
	Innovative e-Health information solutions	• Coalition Action for Preventive Mental Health Kenya	
	Mortality surveillance integration	• WHO	
Maldives	Strengthening governance and legislative mechanism for HIS	• WHO, UNICEF	• A next step for partners may be working with MoH on SIDS issues • Partners will need to understand the digital plan and current implementation • Continued Learning from other countries e.g. Kenya on digital health interoperability
	Area of CRVS in the digital era: Confidentiality, data security	• WHO	
Kenya	Strengthening Health Information Systems through digitization	• Vital strategies, PATH • USAID-funded CHISU Program • MEDX, Kenya Legal and Ethical Issues Network on HIV &AIDS • Institut Pasteur de Dakar	• Institutes suggest reducing duplication/increasing funding (mental health) • CHISU is already implementing some work in country. Discussion with USAID country mission to buy into CHISU's interventions • Governance and data sharing agreement support • Inequality assessment in birth and death registration as they reach about 50% death registration and 80% birth registration • South Sudan may be able to learn/share experience on areas of Strengthening
	Promote data analysis, visualization, and use at all levels	• Vital strategies • Coalition Action for Preventive Mental Health Kenya, USAID-funded CHISU Program, Kenya Legal and Ethical Issues Network on HIV &AIDS, Institut Pasteur de Dakar	
	Data sharing policy in line with the Data Protection Act 2019.	• Vital strategies, Kenya Legal and Ethical Issues Network on HIV &AIDS, WHO, GAVI	

	Strengthening of Community Health data systems	• Coalition Action for Preventive Mental Health Kenya, PATH, USAID-funded CHISU Program, MEDX, Kenya Legal and Ethical Issues Network on HIV &AIDS	Health Information Systems through digitization, promote data analysis, visualization, and use at all levels and Strengthening of Community Health data systems
	Strengthening CRVS	• PATH, MEDX, Kenya Legal and Ethical Issues Network on HIV &AIDS, Global Fund, CDCF	• Maldives may be able to share experiences regarding Strengthening Health Information Systems through digitization
	Integrated Mortality Surveillance	• WHO	• Maldives would also like to learn more about Kenya's EMR
Ethiopia	Help to improve notification of births and deaths	• WHO • Other (UNICEF, Vital Strategies)	
	Enhance the implementation of eHealth architecture & interoperability framework	• Coalition Action for Preventive Mental Health Kenya	
	Enhance data management and quality	• MEDX	
	Enhance data access and use (visualization, analytics, information products, dissemination)	• MEDX	
	Strengthen HIS in private sector & other governmental organizations	• MEDX	
Gambia	Implement mechanism to facilitate data access and data use e.g., through National and Regional Health Observatories (HQ MFI, AFRO)	• Institut Pasteur de Dakar	• Institut Pasteur de Dakar is hosting a national centre for the African health observatory platform on health system and policy, through this centre we are working very closely with the national health observatory based at the MoH. It could support The Gambian MoH in advocacy on the way of working we already experiment successfully.
	Capacity building activities in HIS	• Indian Institute of Public Health Delhi	
Nepal	Strengthen common platform of health, CRVS, NSO, partners and CSOs	• WHO, Kenya Legal and Ethical Issues Networknon HIV and AIDS	• It is proposed to analyse recorded data and identify challenges and solutions
	Digital transformation: EHR, Telemedicine and RHIS integration	• WHO, MEDx, Institut Pasteur de Dakar	• South Sudan has similar HIS needs and may be able to share learning in relation to Setting up governance and technical base for standard and inter-operability and capacity building of monitoring mechanism in the health at all levels
	Setting up governance and technical base for standard and inter-operability	• WHO • Other (UNICEF, UNFPA, USAID, GIZ)	
	Capacity building of monitoring mechanism in the health at all levels	• Indian Institute of Public Health Delhi	

			• Maldives is also interested in areas of Digital transformation: EHR, Telemedicine and RHIS integration and setting up governance and technical base for standard and inter-operability hence suggest having a country-to-country discussion to share experience on common areas such as the trackers • Gambia is interested in setting up governance and technical base for standard and interoperability
Malawi	Data Quality and Use	• WHO, KEMRI-Wellcome Trust, Confraternity of patients Kenya (COFPAK), United for Global Mental Health, MEDx, USAID-funded CHISU Program, Indian Institute of Public Health Delhi, Institut Pasteur de Dakar	• Mortality surveillance and use of the data has been proposed as a next step • Maldives may be able to share learning in relation to HIS Management and workforce • Ethiopia suggests an approach based on One plan one budget one report and partner coordination. • It was also proposed to prioritise the activities to be undertaken within the TWGs
	Integration of mortality from all available primary sources	• WHO	
	HIS Leadership and Governance	• WHO, Confraternity of patients Kenya (COFPAK), Coalition Action for Preventive Mental Health Kenya	
	HIS Management and Workforce	• WHO	
	ICT Infrastructure and Interoperability	• WHO, MEDx, USAID-funded CHISU Program, Institut Pasteur de Dakar	
Togo	Strengthening community-based surveillance	• Institut Pasteur de Dakar	• Cameroon may be able to share learnings on development of a national digital health strategy for Togo, accompanied by a budgeted plan • Institut Pasteur de Dakar direction of public health together with the Senegalese MoH could share their methodology and experience in building and reinforcing community surveillance
	Strengthening monitoring and evaluation at all levels of the system	• Coalition Action For Preventive Mental Health Kenya	
	Development of a national digital health strategy for Togo, accompanied by a budgeted plan	• MEDx	
	Establishment of an electronic patient medical record, associated with the biometric identification project underway in the country	• MEDx	
	Strengthen the health information system governance, leadership & policy frameworks	• WHO, Other (NGOs, UNICEF)	

South Sudan	Strengthen health research and conduct surveys	• Indian Institute of Public Health Delhi	
Sri Lanka	Develop an integrated Digital Health Platform and a National Electronic Health Record and ensuring their sustainability	• MEDx	• IIPH has expressed willingness to provide technical support for RHIS capacity building initiatives
	Establishing seamless information exchange between curative, public health and private sectors, along with strengthening the infrastructure	• MEDx	
	Implementation of a National Telemedicine platform and innovative applications to enhance the continuation and quality of care	• MEDx	
	RHIS capacity building and advocacy	• Indian Institute of Public Health Delhi	
	Strengthening health data governance mechanisms	• WHO	
Cameroon	Strengthen the use of data for decision-making (knowledge products)	• Vital Strategies, Institut Pasteur de Dakar, WHO	• It was proposed to understand how far data generated are being used to drive health policy as the next step.
	Organize a health data conference	• Coalition Action for Preventive Mental Health Kenya, Indian Institute of Public Health Delhi, WHO	• Maldives also has a common HIS priority in 'developing the digital health strategic plan 2025-2029'
	Digitize registers in health facilities	• USAID-funded CHISU Program, Institut Pasteur de Dakar. MEDx	• Gambia is also having common interests in 'Digitize registers in health facilities'
	Strengthen the interoperability of the HIS (unique identifier, GIS, Master facility List)	• UNAIDS, Institut Pasteur de Dakar, WHO	
	Integrated Mortality surveillance	• WHO	
	Strengthen MCCOD, strengthen CRVS	• Vital Strategies	

Session 4: Support to Countries through the HDC Working Groups and Regional Platforms

The 7 HDC Working Groups (WGs) and the Regional Platforms (regional institutes and offices of WHO, UNICEF and UNFPA) are important structures to support and implement country priorities.

Session 4.1: Support from the Working Groups

The HDC works through 7 technical working groups (WGs). The Working Groups have registered key progress in the past year and outlined deliverables for 2024-25 with a focus on production of global tools for adaptation in countries and responding to specific country demands.

The progress and work plans for five working groups are presented here, noting the GIS working group is still in the infancy stage and a follow up of their deliverable will be done in due course. The detailed HDC working group presentations were presented and the HDC Secretariat is following up with the remaining Working Groups. The activities and suggested budgets have been considered in the overall HDC work plan.

Working Group	WG Milestones for 2022-2023	WG Plans 2024-25 and Budget Requirements
Routine Health Information Systems (RHIS)	• Successful meeting to review SCORE and optimize (RHIS) held in Athens 2023-valuable recommendations • Completed the work plan for 2024/25 • Held regular meetings and had presentations showcasing best practices	• Carry out RHIS capacity building programme tailored to at least one HDC country with the support of a regional institute alongside national institutes. Includes sharing documented lessons learnt in the capacity building programme at the regional meeting for the HDC community to stimulate peer learning *(Budget of USD 200k – 50k per country)* • Conduct case studies on "good data use" in a district of a selected country to institutionalize "best data use practice" e.g. routine data use meetings (peer-to-peer learning) *(Budget estimate of USD 200k (50k per country)* • Knowledge brokering contributes to the animation of a network with a resource centre where countries can access global RHIS reference documents and country specific RHIS documents + regular webinars (this could be shared with other themes and working groups) *(Approximate budget of USD 100K for space on the website)*
Civil Registration and Vital	• Provision of direct country support: Nepal, Kenya, Malawi, Pakistan, Bangladesh	• Focus support to Pakistan, Ethiopia • Collaborate with "Reach the Unreached Initiative" (6 countries in Africa) – West

Statistics (CRVS)	• Alignment of global partners: at the 2023 SDG Summit, side event organized on 15 Sep 2023 - Unlocking SDG 16.9: Harnessing the UN Legal Identity Agenda for Leaving No One Behind • Reach out to donors: GFF and Global Fund • Production of global goods: eLearning course on role of health sector in contributing to CRVS including an addendum to the physical report • Review country mortality reports: Tanzania	Africa - UNICEF – to also include death registration • Identify countries at the HDC meeting in Nairobi as potential countries to focus on for the next biennium • Revise UNICEF-WHO & other partners for the joint statement – a potential for a peer-reviewed article • Advocate for the basic principles of registration of events during digitalization – business process review and cost should not be passed on to clients (case of Kenya and other countries) • Budget estimates: USD 500-800 K for direct country support and USD 100-150K that include costs for members and countries to participate in countries' meetings or events
Data and Digital Governance (DDG)		• Development of data Governance framework: Develop a data governance framework as suggested during the HDC leadership event in May 2023. This will be done in partnership with AeHIN, HELINA, and RECAINSA • Support HDC partner countries in implementation and use of the health data governance framework. • Budget requirement: To support three regional and one global workshop to gather inputs from government and stakeholders on data governance. • 200-250 K for each workshop to support venue and travel of government participants. • Total ~1 million
Community Data (Comm. Data)	• Release of 3 guidelines: • Paper on reimagining the future of community health (Hopkins University (Centre for Digital Health) • CHIS Academy for Anglophone Countries (June 2023, in Dar es Salaam) – Participants from 16 countries	• **Mapping of digital systems:** undertake an in-depth mapping of current eCHIS/CBIS data activity, including digital technologies that support the strengthening of community data systems • **HDC Community Health Data Convening:** face-to-face community data convening (in Africa) with a few countries on how digital health can transform community data monitoring – country experiences sharing and the transformative effect of global goods • **HDC Community Data WG Panel presentation at the Global Digital**

	• CHIS Academy for Francophone Countries (September 2023, in Abidjan) – Participants from 9 countries	**Health Forum:** Sharing insights – lessons learned and best practices – related to digitization of Community-Based Health Information Systems as a way of disseminating best practices/lessons learned, and bringing global goods and their application in country closer together
		• **CHW Registries (Kenya proposal):** CHW Registries and building capacity of national and sub-nationals to use and maintain the registry
Digital Health and Interoperability (DH&I)	• **Digital Health Capacity Strengthening Sub Working Group (SWG):** Delivery of the "Digital Health: Planning National Systems Course" – 300 trained as of September 30, 2022	• Develop handbooks that will guide low- and middle-income countries (LMICs) in their digital health supply chain (DHSC) transformation
	• Developed a competency framework; ongoing convenings to facilitate the expanded review and finalization of the Consolidated Digital Health Competency Framework sheet	• Support the execution of digital health capacity building activities/training
	• Participated in the Oasis Forum from 13-17th March 2023 promoted by ITU (International Technology Union) to review capacity strengthening activities around the table with WHO and ITU, and to receive updates from other UN Agencies	• White paper around "how digital health can reduce the environmental harm of the healthcare industry as a whole?"
	• Country Engagement SWG	• Evaluation and re-orientation of DH&IWG to align with evolving global digital health environment
	• Presentations from countries on unmet needs – Tanzania, Kenya, Zambia	
	• Partners/donors working with DH&IWG signed up for the Principles of Donor Alignment for Digital Health and agreed to support countries with their national strategies	
	• The SWG Co-Chairs committed to giving feedback to countries on an ongoing basis.	
	• **Maturity Models SWG:** 1) Promote coordination of Navigator, GDHM, DPP, and WHO Atlas, 2) Populate the GDHM to 50% and 3) Entertain invited guest sessions for priority maturity assessment tools	
	• Supporting work on the maturity model for the Global Digital Health Index led by Health Enabled	

- The launch of the GDHM at the WHA on the 25th of May 2023

Geographic Information Systems (GIS) – *new!*

Logistics Management Information Systems (LMIS) – *community of practice*

Session 4.2: Support from the Regional Institutes

The HDC external evaluation recommended continuing the use of regional platforms, including regional institutes, to support implementing country priorities. The regional platforms outlined strengths and potential areas of support for countries as in the detailed presentations and as summarised:

Regional Institute/Platform	Possible Area of Support to Countries
Institut Dakar Senegal	• Advocacy on data • Data quick access (real or quasi-real time through digitalisation) • Importance of data quality (consistency, completeness, coverage, etc.) • Governance (storage, access and sharing rules) • Valorisation (recognition of different stakeholders involved at each step from collection, management, analysis and writing) • To support evidence-based decision making • Capacity building • Training of data managers • Training of data analysts (statisticians, mathematical modellers, etc.) • Training of health informaticians (building data collection tools, developing dashboards for data visualisation) • Technical support • What infrastructure to support countries' HIS • Priority investment to strengthen HIS • Technical solutions
Indian Institute of Public Health	• Continued capacity building support to SEAR countries and extension of the same support to other countries engaged with HDC – a harmonized RHIS curriculum is already adapted for capacity building while others include routine data quality assessment (RDQA) workshops • RHIS capacity building workshops (standard/customized, offline/online) • The institute will require funding support from stakeholders to implement activities
KEMRI-Wellcome Trust Kenya	• Surveillance: Population-based surveillance linked to health facility morbidity and mortality surveillance (the only platform in Sub-Saharan Africa • Collaboration with MoH, and public county hospitals in Kenya to support use of routine clinical data to improve care and provide information to guide policy and practice • Support generation, analysis and interpretation of health data for understanding disease burden, evaluating impact of interventions, and improving quality of care • Technical support for collecting, interpreting and analysing data • Research activities in collaboration and with support from partners

Session 5: A Look at the Renewed HDC: Moving Forward the Evaluation Recommendations

The HDC had an external evaluation of its functioning and performance from 2015-2022, that resulted in five (5) recommendations to reorientate the HDC, at the midpoint to the SDGs. The revisions of the HDC's scope, objectives and approaches were presented for feedback to HDC members on three different occasions between September and November 2023. This produced a final draft which was presented by the HDC Secretariat. The final version was endorsed following feedback and can be found in the document *'Moving forward the evaluation recommendations'*.

Session 5.1: HDC Revised Scope and Theory of Change

Key messages

HDC's scope has been reviewed to focus on activities where it can add value, considering its limited resources.

It aims to strengthen countries' health information systems through effective collaboration at all levels, enabling countries to better monitor and attain the health-related sustainable development goals (SDGs), specifically:

1. Support the development and dissemination of knowledge products aligning with country priorities

2. Support country-to-country/peer-to-peer engagement and learning

3. Enhance effectiveness and efficiency of HIS through targeted advocacy communication

In line with the revised objectives, the new Theory of Change (ToC) in Annex 3.1 focuses on three strategic priorities: i) Knowledge brokering, ii) Capacity building, and iii) Advocacy and Communications. The working groups contribute to all three streams.

Next steps

HDC commits to prioritize three causal pathways for improved use of data to achieve the health-related SDGs for the period 2024-2030.

- Playing the role of a **knowledge broker** by leveraging on technical expertise of members based at all levels for optimal use of global public goods and tools.

- Enhancing **capacity building** by providing a platform to facilitate learning and peer-to-peer exchange between countries for better capacity to collect, store, analyse, and use data for decision making.

- Building on **advocacy and communications** efforts to raise awareness on alignment of political, technical, and financial HIS investments for governments and partners to prioritize HIS.

Session 5.2: HDC Work Plan

Key messages

The workplan (Annex 3.2) is based on the strategic priorities and has a global focus rather than a country-by-country approach.

A separate stream on secretariat support and governance has been added to acknowledge secretariat functions as a critical enabler to support three streams of HDC's work.

Next Steps

- Finalize the key deliverables and workplans of the working groups for integration with the main workplan.

- Explore resources to finance key deliverables of the working groups.

The working group deliverables are a part of the overall HDC workplan and will be updated once their workplans are finalized.

Joint annual planning exercises will be conducted to design HDC's course of action for the subsequent year.

HDC activities will have a global focus rather than a country-by-country approach.

Session 5.3: HDC Monitoring and Evaluation Framework

Key messages

The monitoring and evaluation framework (Annex 3.3) was devised to focus on results considering 3 key criteria:

- No increased reporting burden for countries and partners;

- Cover all aspects of HIS that the HDC supports; and

- Few indicators to report at the outcome & impact level.

Identifying outcome and impact indicators is a shift from the current approach.

Indicators from WHO's SCORE assessment are considered as a regular source of reporting and relevance and aim not to add any additional reporting burden on countries.

One of the main challenges is that the outcome and impact indicators are not solely attributable to the HDC and not all countries engage with the HDC.

Next steps

- Explore for back up outcome and impact indicators in the event the SCORE assessment is not carried out.

Session 5.4: The Country Engagement Strategy

Key messages

The step-by-step approach to country engagement (Annex 3.4) moves away from 'pre-selecting' countries.

Focuses more on creating country demand for adopting HDC's way of working to mobilize partner resources (technical, financial and political) for country priorities.

Next steps

- Operationalize the approach for countries that have expressed interest to engage with the HDC.

Session 5.5: HDC Governance Structure

Key messages

The main aim of instituting a new governance structure (Annex 3.5) is to remove any cumbersome existing structures and put in place a simple structure for strategic direction and guidance.

The existing governance structures have been removed except for the:

- Global Partnership Group (GPG) where all members are affiliated within the seven constituencies; and the

- Working Groups led by co-chairs.

Next Steps

- Seek volunteers/nominations to form HDC's new governance structure comprising of 8 members:
  Host: 1
  Global: 2 (3 years)
  Regional: 2 (2 years)
  Country: 2 (2 years)
  Working group: 1 (1 year)

- Initiate quarterly board meetings

- Initiate theme based HDC calls on monthly basis where required (themes include WG products and technical areas, county priorities or organisation led themes) that can support knowledge brokering for the benefit of countries

Session 5.6: Enhance Effectiveness of HDC Working Groups

Key messages

The proposals to support HDC Working Groups (WGs) to be more effective included the following.

1. Align working group activities with country needs via channelling expressions of interest by countries via WGs, use partner mapping tool as a means of dialogue building and collaboration, regular updates from partners, better representation of countries in WGs and through cross-WG collaborations.

2. Better resource the working groups through budgeted Annual Work Plans, undertaking direct partner supported activities, solicit Re Resources and leveraging existing resource allocations for countries and strengthen WG leadership and engagement.

Next Steps

- Include annual budgeted workplans of the WGs within the overall budget and workplan of the HDC to be presented to partners

- Implement the proposed changes to facilitate better country engagement in WG activities and proactively solicit resources for WG activities

- Institute regular WG calls to lead progress on deliverables

Session 5.7: Advocacy and Communications

Key messages

The proposal to ensure streamlined and focused communications included:

Next Steps

- Analyse engagement data from Campaign Monitor (ghosts; active; dormant; etc) and draw up targeted reengagement messaging

- Implement social media timetable

1. Mapping out different types of information/ communication needs, key audience, and how best to reach them

2. HDC meetings being targeted with clear agenda and follow-up actions points and offering specific value-add for participants rather than standing and formulised invites for constituencies and members

3. Improve the website to increase utility to country stakeholders and explore other collaboration tools

- Engage other communication actors beyond the Secretariat

- Explore collaboration with HDC key partners

- Recruit technical support

- Reinforce HDC role to amplify events and else in the broader HDC network

Session 6: HDC Communication and Events

Key messages

Communications and Advocacy Strategy was developed and needs support from other HDC member organizations for implementation and promote the HDC objectives.

Partners can support by amplifying HDC events and messages posted on the social media channels.

Next steps

- Devise ways to engage with other communication actors beyond the Secretariat

- Explore collaboration with HDC key partners

- Analyse engagement data from Campaign Monitor

Session 6.1: RHIS Investment Case

Key messages

The HDC developed an investment case *"Making the case for investing in RHIS to achieve the health-related SDGs"* with support from Swiss Tropical and public health institute (Swiss TPH) and South African Medical Research Council.

The findings:

- RHIS framework: 65 million health workers worldwide use the RHIS; never shuts down

- Data collection point = data use point – RHIS is an integral part of the processes of care

- Scoping review: 1,124 references, 17 studies included

- Attribution of outcomes to RHIS investments can only be done under, experimental conditions

Countries:

- Fragmentation, inefficiencies, data quality issues, unequal compliance, multiple systems

- Governmental health budget dedicated to RHIS << 1%

- Most of the running costs: human resources time at peripheral level of the system

- Annual person-time (hours) spent on data in the whole country in the million (Côte d'Ivoire: 8 million; Nigeria: 43 million)

- Proportion of RHIS in relation to forgone welfare due to quality of care << 1%

Next steps

- Publish results in HDC website and peer review journal

- Engage with Data Dividend work and ensure results from investment case are considered

- Paradigm shift from:
  - Data to quality of care
  - "Technocratic" approach to Human Centred Design
  - Speculative "use of data" to clinical/public health/managerial/strategic decisions
  - Blaming health workers to improving the system
  - Observational research to experimental research
  - Pilotitis to no harms/"de-implementation"
  - Good governance for bad systems to Good governance of good systems

Session 6.2: Partners Mapping Tool

Key messages

HDC Secretariat has developed a proposed Partner Mapping and Visualisation Tool to address previous requests from HDC members for a partner mapping exercise: https://hdcmap.org/

Tool allows countries and partners to actively engage in co-creating accurate mapping of partner activities in each country

It allows dynamic visualisation that will aid in generating necessary intelligence for better partner alignment and fulfilment of country HIS priorities

Highlights gaps in HIS/Health Data interventions contributed to by partners within a country and region

Application of SCORE as a means of visualising partner contribution and its alignment with country priorities

Highlights common interests among partners either in terms of specific HIS/health data area or geography

Facilitates engagement and dialogue between HDC, partners and countries through collaborative generation of accurate intelligence

Creates value-add in terms of generating vital intelligence for investment decisions for partners

Login details already created and shared with countries (for purposes of trials and feedback)

Next steps

- Further consultations with various stakeholders (countries, regional platforms partners) on the mapping tool in Q1 2024.

- Populating the tool by countries and partners and providing further inputs with view of improving the tool in Q2 2024, having 11 countries pilot approach and give feedback.

Session 7: A Call to Action: Statement of Commitment to a Renewed HDC

A call to action (see Annex 2 for the draft document) was presented as a statement calling for commitment by the different constituents of the HDC to respond and commit to the re-invigorated HDC, in line with the recent evaluation recommendations and agreed country priorities in Nairobi.

The statement received feedback and commits all to adopt the renewed HDC scope, the updated theory of change, the HDC workplan 2024-25, the revised monitoring and evaluation framework, country engagement strategy, the revised Governance structure, and advocacy and communication strategy. The statement outlines the commitments of the diverse stakeholders – i.e., the countries, the HDC working groups, the regional platforms, the private sector, the civil society organisations and partners. It further calls for HDC stakeholders to collaborate and build partnerships with other initiatives that have similar objectives.

The statement will be placed online for public feedback from stakeholders by end of January 2024. This would be followed by endorsement by HDC stakeholders through signatures by February 2024.

Summary of Key Action Points

The next steps and action points from the two days discussions were summarised into three buckets for i) countries, ii) partners, working groups and regional institutes and iii) the Secretariat.

Action Points for Countries	Responsible
Broaden engagement: in-country data coordination bodies to include Civil Society Organisations (CSOs), private sector and relevant Government ministries and agencies, such as NSOs and other ministries (especially for CRVS) for data	Countries and in-country partners
Board nominations: two representatives & alternates	Nominations from countries (January 2024)
Communication and debriefing with in-country partners and encourage participation in Working Groups (WGs)	Country focal points with Secretariat
Review use of SCORE as possible framework for investing in HIS and data governance	Country teams

Action Points for Partners, Regional Institutes & Working Groups	Responsible
Debrief & commitment to partners and WGs on HDC statement and HDC investment case	Secretariat to coordinate in January and February 2024 for specific Global health initiatives GHIs, bilateral donors, multilaterals, CSOs, private sector & WGs
CRVS, RHIS, Governance WGs link with country posters for specific country demand and follow up for possible support	Secretariat to match WG plans with specific country poster needs and follow up
Board nominations from two global, two regional and 1 WG member	Secretariat will follow up December

WGs & regional platforms coordinate to provide country engagement and support to share with each other	Regional platforms and WGs to use HDC platform to share info between countries and good practices. Secretariat will follow up
Remaining WGs and regional institutes finalize costed work plans with deliverables	Secretariat will facilitate in December 2023

Action Points for the HDC Secretariat	Responsible
Create network for countries, using regional platforms – This will include follow up for implementation of priorities outlined by countries in the posters	Secretariat
French translation of key documents on website	Secretariat, by 2nd quarter 2024
Country mission planning ensure country good coordination is in place and follow up of the mission report	Secretariat, in 2024
I**nvestment case for HDC**: finalize 2 proposals & work plan (i) An overall proposal for HDC (ii) Working Groups (WGs) / regional institutes)	Secretariat with partner inputs, by January 2024
Partner mapping tool linked with SCORE & budget / planning cycles to create situation analysis promoted and feedback from countries and partners	Secretariat with partner inputs
Meeting report, posters publicly available post on the HDC website	Circulate report to stakeholders and Post on the HDC website, by December 2023
Communicate with country offices and partners for expression of interest and sharing good practices	Secretariat, by 1st quarter 2024
Consider costing work HIS investment (budget/expenditure), e.g., as % of GDP	Secretariat and board, by 2nd quarter 2024

Annexes

Annex 1: Concept Note and Agenda

Background

The Health Data Collaborative (HDC) Stakeholder's Representatives Group (SRG) and Working Group Co-chairs met in person for the first time in four years on 28-29 September 2022. This provided an opportunity to review progress, celebrate achievements and appreciate milestones after the COVID-19 pandemic.

Capitalizing on the UN 2023 SDG Summit and the High-level meeting on Universal Health Coverage (UHC), the 2023 in-person HDC meeting builds on the 2023 Political declaration to renew focus on SDG targets and communities that are left behind. This meeting provides an opportunity to: a) convene countries together to learn from each other in line with the HDC tenet of countries being at the core (b) present findings of the HDC Evaluation and its recommendations, (c) identify new ways of aligning resources for country impact, (d) to review and agree on the HDC work plan 2024-2025 and (e) to recommit to the mission of the HDC and renew membership.

The findings and recommendations of the external independent evaluation of the HDC carried out at the midpoint of the 2015-2030 SDGs, provide an opportunity for the HDC to strengthen its contribution to accelerating progress towards the 2030 health-related SDGs and the potential for partners to recommit to the 5 Point Call to Action proposed at the HDC's inception in 2015.

A regionally hosted HDC meeting offers an opportunity for countries' participation and leadership. The meeting will thus be hosted in Kenya, one of the four HDC pathfinder countries (Malawi, Cameroon, Kenya and Tanzania). This will allow participants an opportunity for peer-to-peer learning and sharing of experiences, adopting HDC principles and will guide the scale-up of HDC country impact moving forward.

Meeting Outcomes:

1. A platform for peer-to-peer learning and exchange on HIS challenges and solutions, using the SCORE framework (Survey, Count, Optimize, Review, and Enable);
2. A clear understanding of the HDC Evaluation findings and recommendations;
3. Feedback on and approval of the HDC:
    a. Work plan 2024-2025 & budget
    b. Updated Theory of Change
    c. Revised monitoring and evaluation framework
    d. Working Group products and outputs 2024-2025
    e. Support mechanism to scale up country impact
    f. HDC Governance Structure
4. Recommitment and membership of HDC and its goals

All stakeholders are invited to participate virtually or in person. The in-person invitees are:

Stakeholder	Description
HDC Stakeholder Representative Group (SRG)	Representatives and their alternates from the 7 HDC constituencies (22)
Country teams	2 per country – one from Govt and one from a partner agency (26)

	Asia: Sri Lanka, Nepal, Maldives (Bhutan & Lao PDR unable to join) Africa: Kenya, Malawi, Togo, Cameroon, Uganda, South Sudan, Ethiopia & The Gambia
Regional platforms/Institutes	● Regional HDC Consultants (2) ● Head of WHO Centre of Excellence in Health Systems Policy and Innovation, Faculty of Medicine, University of Colombo ● Indian Institute of Public Health ● Kenya Medical Research Institute (KEMRI-Wellcome Trust) ● Institut Pasteur de Dakar
HDC Working Group Co-chairs	Eight HDC Working Groups (WGs) (2 per WG) (16)
Secretariat	HDC / SDG GAP D+D Secretariat (3)

Day 1

Overall chair **Ayub Manya (Ministry of Health, Kenya)**
09.00-09.15 Welcome remarks ● Dr. Samira Asma, Assistant Director General, Division of Data Analytics and Delivery for Impact (DDI), World Health Organization ● Dr Bernard Langat, Acting Head, Directorate of Digital, Informatics, Policy and Research, Ministry of Health, Kenya
09.15-09.30 Co-chair Reflections on 2022-2023 ● Ayub Manya, Ministry of Health, Kenya ● Maria Muniz, Senior Adviser Statistics & Monitoring (Health, Immunization, MNCAH & HIV), Data, Analytics, Planning & Monitoring Division, UNICEF
09.30-10.15 Session 1: HDC Status and achievements 2022 – 2023 and links to the SDG3 –GAP Session Co-facilitator: HDC Secretariat (Craig Burgess) + Ethiopia (Rose Nonhlana)

Outputs:	Secretariats' presentations (30 mins) & feedback (15 mins)
● Meeting objectives and agenda ● Review of HDC Status and Achievements ● Overview of SDG 3 GAP	● Objectives and Agenda Overview ● Overview of HDC (members, objectives, countries, evaluation and looking to 2030) ● Status and Achievements 2022-2023 ● Overview of SDG3- GAP & Links with HDC

10.15-11.00 Session 2: Better investing in data and better use of data Session co-facilitator: JSI/CHISU (Hellen Gataka) + WCO, Nepal (Paban Ghimire)

Outputs:	Presentations (20 mins) and feedback (10 mins)
● Filling data gaps and accelerating progress (Craig Burgess, WHO) ● Data for PHC	● Data for what? For PHC & UHC ● Using WHO DDI tools ● Stronger links with UHC 2030

● UHC 2030 data priorities (Marjolaine Nicod) ● SCORE – potential HIS investment (Anh Chu, WHO) ● **Data Dividend Initiative** (Karen Bett, Global Partnership for Sustainable Development Data) ● **DHIS 2 Maturity profile** (Nina Sophie Justnæ, University of Oslo) ● Private sector added value (Paul Elunga, MedX care)	● Using SCORE as a possible investment framework ● Links to broader data stats environment and opportunities with Data Dividend

11.00-11.15 Coffee break

11.15-17.00 Session 3: Scaling up country impact and responding to requests
Session co-facilitator: Institut de Dakar (Cheikh Loucoubar) + Indian Institute of Public Health (Preeti Negandhi)

11.15-11.30 Guidance to the Marketplace (HDC Secretariat Isabella Maina and Pandula Siribadanna)

11.30-13.00 Scaling up impact Outputs: ● HDC Country Impact ● Review of HDC Proof of Concept	HDC Marketplace Square 1 ● Interactive sessions with countries where HDC has made an impact & sharing experiences **(5 countries)** ● Country impact to date: HDC: How it works, why it works, where it works

13.00-14.00 Lunch break

14.00-16.00 Scaling up impact Outputs**:** ● New opportunities	HDC Marketplace Square 2 ● Interactive sessions with countries that have recently expressed interest in HDC **(8 countries)** ● Opportunities for improving HIS through the HDC approach

16.00-16.15 Coffee break

16.15-17.00 Scaling up impact and responding to requests Session co-facilitator: Kenya (Ayub Manya) + WHO (Doris MaFat) Outputs: ● Plan for intensified HDC support ● How to scale up country impact	Presentations (10 mins) & feedback (50 mins) ● Lessons learnt from country missions (Nepal/Mission Team) ● Feedback/reactions from the marketplace sessions ● Modalities for responding to country requests

18.00-20.00
Networking and Evening Reception

Day 2

<table>
<tr><td colspan="2">**Overall chair**
Isaac Dambula, Ministry of Health, Malawi</td></tr>
<tr><td colspan="2">**09.00-09.15 Review of the previous day's action points**
HDC/SDG GAP D+D Secretariat (Isabella Maina)</td></tr>
<tr><td colspan="2">**09.15-10.30 Session 4: Technical assistance through Working Groups and regional platforms**
Session facilitator: Uganda (Andrew Kwiringira) + Sri Lanka (Palitha Karunapema)</td></tr>
<tr>
<td>**09.15-10.30**
Outputs:

● Update on WG milestones for 2022-2023
● Country support through regional platforms</td>
<td>8 WG co-chair presentation (30 mins) & **regional institutes presentation** (15 minutes) – feedback 30 mins

● Outline of WG progress 2022-23 & plans 2024-25
● Potential support from regional institutes
● Contextualizing global tools to regional and country contexts</td>
</tr>
<tr><td colspan="2">**10.30-10.45 Coffee break**</td></tr>
<tr><td colspan="2">**10.45-13.00 Session 5: Moving the HDC evaluation recommendations forward: (Work Plan & Budget 2024-2025; TOC, HDC Monitoring and evaluation plan, Governance structures, Advocacy and communications**
Session Co-facilitator: Medtronic Labs (Sam Kanga) + Gambia (Bakary K Barrow)</td></tr>
<tr>
<td>**10.45-13.00**
Outputs:

● Updated HDC scope and Theory of change
● HDC Work Plan 2024-25, Milestones and Funding
● HDC Monitoring and Evaluation Framework
● HDC Country engagement strategy
● HDC Working group
● HDC Governance Structure
● HDC advocacy and communication strategy</td>
<td>Presentation (7 min each, HDC Secretariat) and **feedback on moving forward** (15 minutes each)

● Presentation on revised HDC scope and theory of change
● Presentation on HDC work plan and budget 2024-25
● Discussion on funding options and modalities
● Presentation on M&E plan
● Presentation on the country engagement strategy
● Presentation on the Working groups
● Presentation on Governance structures
● Presentation on HDC advocacy and communication strategy</td>
</tr>
<tr><td colspan="2">**13.00-14.00 Lunch break**</td></tr>
<tr><td colspan="2">14.00-15.00 Session 6: For Feedback and for information – HDC Advocacy, Communications & Events
Session facilitator: PATH (Melissa Wanda) + South Sudan (MATUR Them)</td></tr>
<tr>
<td>Output:

● Aligning political resources
● Advocacy for investing in HIS and good data governance
● RHIS investment case
● Proposed partners mapping</td>
<td>Presentations for information (15 mins) & feedback

● Leadership Event 2023 actions
● Proposed schedule of webinars and events 2024
● RHIS investment case</td>
</tr>
</table>

	● Partners mapping tool (for discussion & feedback)
15.00-16.00 Session 7: For decision – Recommitting to the HDC Session co facilitator: Kenya (Ayub Manya) + Global Partnership for Sustainable Development Data (Karen Bett) + Vital Strategies (James Mwanza)	
Output: ● Renewed commitment to HDC in statement	● Call to Action presentation ● Partner and country recommitting to the HDC in 2023 for accelerated progress towards SDGs
16.00-16.15 Coffee break	
16.15-16.45 Action points and responsibilities HDC/SDG GAP D+D Secretariats – Craig Burgess, Mwenya Kasonde and Tashi Chozom	
16.45-17.00 Closing reflections Steve MacFeely, Director Data and Analytics (DNA), DDI (WHO) Maria Muniz, Senior Adviser Statistics & Monitoring (Health, Immunization, MNCAH & HIV), Data, Analytics, Planning & Monitoring Division (UNICEF)	
19:00 Opportunity to present meeting's outcomes to Global Digital Health Forum in Washington DC. Receive feedback and strengthen links with digital health community.	

Annex 2: A Call to Action: Committing to the Health Data Collaborative: Better Data for Better Health

Nairobi December 2023 statement: <u>*draft 6th December for comments*</u>

Background:

In June 2015, global health leaders and participants in the Summit on Measurement and Accountability for Health endorsed the Health Measurement and Accountability Post 2015 Roadmap and <u>Five Point Call to Action.</u> This identified priority actions and targets to strengthen country data and accountability systems for the post-2015 sustainable development agenda. Stakeholders interested in collaborating on health data investments formed the <u>Health Data Collaborative</u> (HDC). A review of the HDC in January 2020 supported a revised governance structure with stronger links with the <u>SDG3 GAP</u> Data and Digital Accelerator.

The Health Data Collaborative's (HDC) Annual Stakeholders hybrid meeting on 5th and 6th December 2023 in Nairobi, builds on:

- an external objective <u>evaluation of the HDC</u> that provided five recommendations including focus on country impact and the SDG 2030 agenda;
- the <u>Better Data for Better Health</u> event in May 2023 focusing on Investing in Country health information systems and Health Data Governance to accelerate progress towards health-related SDGs;
- the <u>UN 2023 SDG Summit</u> and the 2019 Political Declaration; and
- <u>High-level meeting on Universal Health Coverage (UHC)</u>, with renewed focus on SDG targets and communities that are left behind.

Statement:

We, the HDC stakeholders, recognize the importance of aligning efforts to ensure availability and use of quality data for improved health outcomes.

We recognize **the role that HDC** continues to play in sharing good practices and global tools to strengthen data systems and governance in different countries, by leveraging and aligning resources (technical, financial and political) at all levels with country-owned plans and priorities for Health Information Systems.

We are aware of the **renewed interest** by stakeholders and countries to engage with HDC as it implements the **recommendations** from the external independent evaluation (2023).

Informed and guided **by the <u>HDC principles</u>** and realising that countries are at the core of the HDC, we stakeholders hereby commit to the following:

1. Endorse a **Renewed HDC** by adopting (i) a revised HDC Scope, (ii) an updated Theory of Change (TOC), (iii) the HDC Work Plan 2024-25, (iv) a renewed HDC Monitoring and Evaluation Framework, (v) a new HDC Governance Structure, (vi) a renewed HDC Country Engagement Strategy, (vii) an updated Advocacy and Communications Strategy. We also commit to supporting the implementation of the HDC Workplan 2024-25, with clear focus on country impact through incremental actions and review of progress by the HDC Monitoring and Evaluation Framework.

2. **Countries** shall continue to provide ***stewardship*** to implement an HDC approach, using and strengthening coordination mechanisms that support stakeholder engagement. Relevant country

guiding frameworks, policies, strategies, operational plans and M+E plans can help continuously ***hold stakeholders to account*** through various in-country accountability mechanisms.

3. **HDC Working Groups** shall strengthen their role to produce appropriate global goods and tools that can directly respond to countries' needs. HDC Working Groups shall provide multi-stakeholder technical support to countries based on the country specific needs and requests and provide a platform for countries to learn from each other and share good practices and experiences.

4. **Regional Platforms/Institutes** shall play coordination and technical support roles in the respective regions, recognising the *opportunities that this presents for countries and the HDC.* Regional Platforms/Institutes commit to work with the HDC Working Groups to contribute to technical products, and support countries to strengthen Health Information Systems through advocacy, technical support, and capacity building. This will include, but not limited to data analytics, visualisation and data use and promoting country peer to peer learning and leveraging strengths in research, to generate evidence to inform countries and HDC stakeholders.

5. **Private Sector (for profit and not-for-profit) stakeholders** commit to ethically work with all HDC stakeholders at 3 levels to support innovations improving the availability, quality, and use of data for decision making in health for countries in accordance with national legal frameworks and systems. This includes, but not limited to, harnessing digital solutions, interoperability, data architecture, system administration, data visualisation, web technologies that align with country priorities and plans.

6. **Civil Society Organisations (CSOs)** commit to work with all HDC stakeholders using national, regional and global structures and HDC Working Groups to increase the representation of CSOs. As CSOs, we will promote accountability of all stakeholders to the needs of individual patients and communities, especially those left behind, to improve decisions making with use of disaggregated data.

7. **As a Community of Partners,** we stand united to leverage the power of information to influence policies, plans and budgets to accelerate progress to the SDGs and positive transformations in healthcare systems everywhere by committing to:
   i. championing country ownership and leadership through aligning and harmonising our investments around country plans for greater efficiency;
   ii. responding effectively and efficiently to country specific requests on strengthening HIS, investments in technology, technical assistance for data collection processes, data analytics, generation of reliable information for decision-making, public health and clinical care
   iii. contributing to reducing the countries' reporting burden;
   iv. being held to account at all levels through existing accountability mechanisms.

8. As HDC stakeholders, we recognise the **power of partnerships,** and we commit to work with other initiatives with common interests and objectives at all levels (global, regional and country) based on mutual trust to leverage resources for common priorities to promote better data for better health outcomes.

This we agree and do here declare and sign on this day, the 6th of December 2023 in Nairobi, as follows:
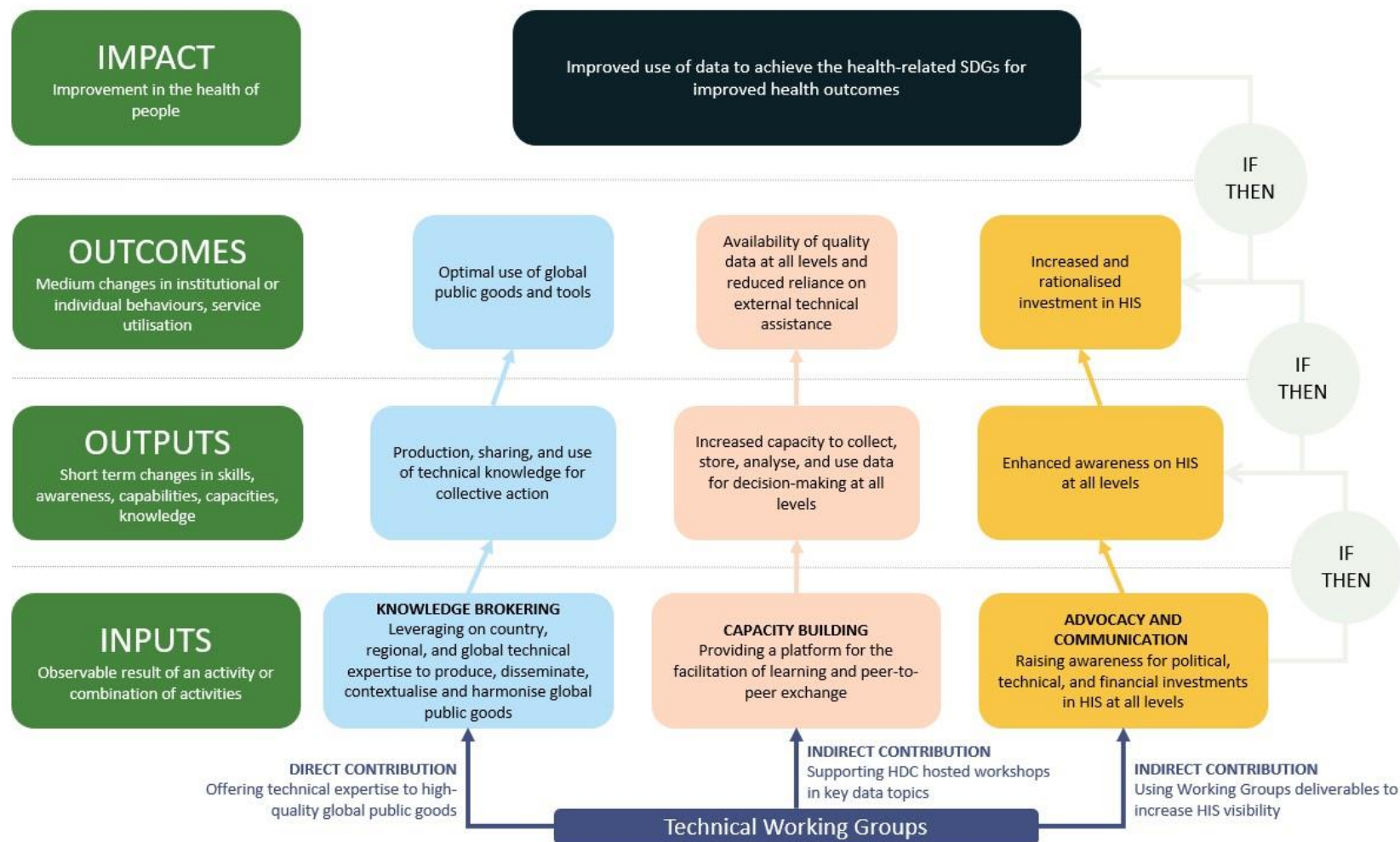
Signed

_____
(HDC stakeholders)

Annex 3: Revisions *as per* the HDC Evaluation

3.1 Theory of Change

3.2 Work Plan

Health Data Collaborative Work Plan 2024-2025															
Strategic Priority	**Outcome**	**Outputs**	**Activities**	**Implementation Schedule**											
				J	F	M	A	M	J	J	A	S	O	N	D
KNOWLEDGE BROKERING	Optimal use of global public goods and tools	Production, sharing and use of technical knowledge for collective action	Publication of blueprints or guidelines	X	X	X	X	X	X	X	X	X	X	X	X
			Gather country best practices Develop country case studies			X			X			X			X
			Partners' mapping tool						X						X
			Opportunities for Peer-to-peer learning and use of knowledge products						X						X
			Development and dissemination of Global Data Governance Framework												
			WG specific production and dissemination of tools and products												
CAPACITY BUILDING	Availability of quality data at all levels and reduced reliance on external technical assistance	Increased capacity to collect, store, analyse, and use data for decision-making at all levels	HDC hosted workshops (virtual and in person; in regions and global; possible WG country targeted support)		X			X			X			X	
			Monthly HDC webinars	X	X	X	X	X	X	X	X	X	X	X	X
			WG specific initiatives to build capacity to better collect, store, share, analyse and use data												
ADVOCACY AND COMMUNI-CATIONS	Increased and rationalized investment in HIS	Enhanced awareness on HIS at all levels	HDC hosted annual HIS Conference									X			
			Monthly social media campaign	X	X	X	X	X	X	X	X	X	X	X	X
			Monthly HDC newsletter	X	X	X	X	X	X	X	X	X	X	X	X
			Flagship HDC Report		X										
			Curate strategic and targeted communication on HIS and health data priorities												
SECRETARIAT AND GOVERNANCE	Well-functioning HDC governance and collaboration mechanisms for countries' HIS priorities	Effective secretariat support provided for better coordination and collaboration among various partners	Board meetings		X			X			X			X	
			Manage monthly Working Group meetings	X	X	X	X	X	X	X	X	X	X	X	X
			HDC investment case												

Join us!

The HDC is a community of technical experts, political and local leaders, academics, philanthropic organisations, members of civil society, and frontline healthcare workers who can use its platform to support countries, exchange ideas, share views, and scale innovative solutions

Have any questions on how to engage with the HDC?
Country would like technical support from our Working Groups?
Want to know more about our partners, how we work and the HDC impact?

*Visit **healthdatacollaborative.org***
or
*Contact us via **HDCsecretariat@who.int***