Health Data Collaborative

Monthly Stakeholders Representatives Group Meeting

15th June 2023

Meeting objectives

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1

- To provide an update on the HDC Evaluation

2

- To provide an update on Country Engagement

3

- To review action points and next steps of Leadership event

Agenda

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Subject	Action	Time
Welcome	For Information	15:00-15:05 CET
HDC Governance •Update on HDC Evaluation •Update on Workplan	 For Information	15:05-15:20 CET
Country Engagement Updates •Update on country engagement 2023-24	 For Discussion	15:20-15:30 CET
Working Group updates •Way of working •Update and next steps for RHIS investment case	 For Discussion For Information	15:30-15:50 CET
Communications and events •Update on Leadership event 2023 •Discussion on plans for September SRG	 For Discussion	15.50-16:10 CET
Next steps and AOB	For Information	16.10-16:30 CET

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economics matters

External evaluation of the Health Data Collaborative (HDC), WHO

CEPA

SRG meeting, 20 April 2023

1. Evaluation objectives, scope and progress

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Objectives and scope:

- External independent evaluation of the HDC between June 2015 and December 2022
- Help the HDC to reorientate itself to focus and address necessary data needs to speed up progress to the 2030 health-related SDGs
- Understand what is working well and less well
- Provide 3-5 clear, actionable recommendations to enable HDC to be in a better position to have an impact at country level for accelerating the SDGs in terms of data

Progress:

- Core phase concluding mid- end of July (including all methodologies and development of Draft Report with recommendations)

2. Methodology update

Methodology	Progress update
Desk based document review	Complete
Key informant interviews/ focus group discussions	35 consultations with 57 individuals complete- final interviews being scheduled (3 scheduled, 5 outstanding)
Country case studies • Active countries: Botswana, Cameroon, Malawi, Nepal • Inactive countries: Tanzania • "Never active" countries: Pakistan	In progress- planned to be completed by early July: • CEPA associates conducting case studies in Cameroon and Nepal • CEPA associate conducting remote case studies in Tanzania and Pakistan • Tanzania delayed due to change in case study selection • CEPA to travel to Botswana and Malawi 19th - 29th June
E-survey	E-survey has been launched, we are waiting for responses. Deadline will be extended until the **23rd June**, and analysis will be complete by the end of June. **Please fill out the survey and share the following link with network: https://www.surveymonkey.co.uk/r/5CHV2RY**
Comparator analysis	In progress- review of PMNCH complete
Counterfactual analysis	In progress

Annex

Evaluation framework

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Pillar 1: Relevance & Coherence

1. What is the value add of the HDC in relation to the work of global partners and in response to country needs? How relevant has the "re-orientation" of 2018-19 been and is there a need to further change any of the HDC objectives and design to better support achievement of the SDGs?

Pillar 2: Efficiency

2. How efficient has the HDC governance and operational structure (e.g. constituencies, Secretariat, Working Groups, etc.) been in practice? Has it built the right networks and partnerships and supported inter-agency communication as well as been productive and added value?
3. How has the merger with SDG GAP data and digital accelerator supported the functioning of the HDC?

Pillar 3: Effectiveness, sustainability & impact

4. To what extent has the HDC achieved its objectives of: (i) strengthening country capacity; (ii) improving efficiency and alignment of technical and financial investments in health data systems; and (iii) increasing the impact of global public goods on country health data systems? What is the evidence on HDC work contributing to reduced reporting burden and fragmentation alongside increased innovation and capacity at country-level? What aspects have worked well and less well in the achievement of objectives?
5. To what extent is the HDC platform and its activities financially and programmatically sustainable? What are key issues hindering or facilitating sustainability?
6. To what extent has the HDC contributed to (i) the improved availability and quality of health data, aligned with national priorities and (ii) improved use of data for evidence-based decisions, budget making, monitoring and implementation of health related SDGs?

Evaluation conclusions, lessons learnt and recommendations

7. What are the overall evaluation conclusions and lessons learnt? What are the key recommendations for the HDC to reorient itself to focus and address necessary data needs to speed up progress to the 2030 health related SDGs?

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Update on HDC Workplan

Updates from HDC Secretariat on implementation of 2020-2023 Workplan

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OBJECTIVE 1: To strengthen country health & CRVS information systems by enhancing capacity to plan, implement, monitor and review progress through application of standardized processes for data collection, quality, availability, analysis and use to achieve national health related targets (and therefore eventual SDG health targets)		
1.1 Global and regional		**Status**
1.1.1	In each region, identify and support regional data and digital institutes and peer support mechanism) that can support HDC objectives and engage with capacity building of regional and national data and digital issues (bringing people and information together and building capacities in regions)	
1.1.2	One annual regional meeting in Africa and Asia for HDC community and focus countries to share best practices, stimulate peer learning to strengthen alignment with HDC objectives	
1.1.3	Consultancy support for review of best practices electronic systems for real time reporting of health facilities	
1.2 Country		
1.2.1	Identify data and digital 'champions' in each HDC country	
1.2.2	Support data and digital national champions to advocate, engage with partners an promote HDC objectives (social media and thought pieces)	
1.2.3	Identify national & sub national data and digital institutes supporting HDC objectives and support engagement in national HDC	
1.2.4	Consultancy support in each focus country for collecting and using community generated data for tracking communities left behind	

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OBJECTIVE 2: To improve efficiency and alignment of technical and financial investments in health information and CRVS systems through collective actions		
2.1 Global and regional		**Status**
2.1.1	Consultancy support for review analysis of current status of alignment of HIS/CRVS technical and financial investments by HDC partners in focus HDC countries	
2.1.2	Follow up on actions strengthening alignment of global and country plans / support from leadership / principals meeting	
2.2 Country		
2.2.1	MoH, HDC partner HDC data digital focal points identified in each HDC country	
2.2.2	Coordination mechanism identified for HIS / data/ CRVS M+E (strengthening existing)	
2.2.3	Consultancy support to map a) planning & budget cycles, b) strengths & challenges of HIS / M+E / CRVS in health, c) prioritized 2-3 issues and solutions that HDC partners could support addressing, d) consider applying Theory of Change and SCORE, e) current investment landscape of investments in HIS in each country	
2.2.4	Country plan with HDC partners support for 2-3 prioritized issues in HIS, digital CRVS (led by MoH)	
2.2.5	Consultancy support for Govt to coordinate partners for development, investment and implementation of the Govt. data / M+E plan in each country	
2.2.6	Identify and support a national institutes that strengthen coordination and capacity building of MoH for HIS, digital and CRVS issues	
2.2.7	Annual health systems review support for HIS / data quality in each HDC country	

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OBJECTIVE 3: To identify and increase the impact of global public goods and tools on country health information and CRVS systems through increased sharing, learning and country engagement		
3.1 Global and regional		**Status**
3.1.1	Review current WG membership to ensure all 7 contituencies represented, ToRs, deliverables and work plans - strengthening diversity and potential support for WGs	
3.1.2	Constitute 7 HDC WGs (RHIS, governance, epidemics, logistics, community, CRVS, DH&I)	
3.1.3	WGs identify gaps in current global tools or revise existing global tools, based on country feedback and support the alignment and harmonization of the adaptation and implementation of the tools	
3.1.4	Monthly WG updates with SRG highlighting progress, support and info dissemination	
3.2 Country		
3.2.1	Consultancy support for identifying & reviewing appropriate use and adapt, where appropriate, existing global tools (eg. Community, SCORE, HHFA, HEAT & others) for HDC country specific contexts	
3.2.2	HDC partners support adaptation and promotion of HDC tools in country contexts	

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OBJECTIVE 4: To ensure HDC has governance processes and structures in place to provide transparent accountability mechanisms to all countries and partners, communications to all stakeholders and advocacy to strengthen political capital		
4.1 Governance		**Status**
4.1.1	Adequate staffing of HDC secretariat	
4.1.2	Facilitating calls & follow up with SRG, constituencies, HDC, WGs, UHC2030	
4.1.3	Convening HDC Global Partners meeting biannually	
4.1.4	Membership outreach and increasing # countries	
4.1.5	Clear work plans, follow up and links with WG outputs	
4.2 M+E & Accountability		
4.2.1	Six monthly review of work plan targets and quarterly review reports	
4.2.2	SRG feedback to secretariat functioning (based on KPI & tracker)	
4.2.3	Designing 2023 Evaluation	
4.2.4	Contracting, managing and implementing the evaluation	
4.2.5	Disseminaton of evaluation results	
4.2.6	Incorporating evalution results into 2024-2030 HDC plans	
4.3 Advocacy & Political leadership		
4.3.1	Consultancy support for leadership event	
4.3.2	Convening leadership event	
4.3.3	Drafting and disseminating commitments	
4.3.4	Six monthly advocacy with HoA on HDC progress	
4.4 Communications		
4.4.1	Website update and maintenance with WG space	
4.4.2	HDC social media activities, blogs and thought pieces from HDC	
4.4.3	HDC reg meets & contributions to UHC2030 Related Initiatives (inlcuding UHC2030 CSEM)	
4.4.4	Communicate and disseminate HDC tools through HDC partner mechanisms	
4.4.5	HDC reg meets and contributions to SDG GAP, UHC2030 and CSEM	

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Country Engagement Updates

Updates from HDC Countries or Secretariat on country engagement, country requests or country activities

Proposed HDC Targets for Country Engagement

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2022	2023	2024	2025
Kenya Malawi Botswana Uganda United Republic of Tanzania Zambia Cameroon Nepal	Burkina Faso Burundi Niger Togo Nepal Bangladesh Sri Lanka Pakistan Lao PDR	Ethiopia Rwanda Congo, DR South Sudan Timor Leste Bhutan Paraguay	Sudan Lesotho Eswatini Mozambique Zimbabwe
Intensify support	Initiate / reinitiate engagement		

Lanscape of Partner Engagement

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Investment Landscape/Partner Activity related to Health Information Systems and Digitalization in the Africa Region

Nascent capacity	Limited capacity	Moderate capacity	Well-developed capacity	Sustainable capacity
1	2	3	4	5

Using resources

Type of partnership	Partners	Resources	Kenya					Cameroon					Malawi					Togo				
			S	C	O	R	E	S	C	O	R	E	S	C	O	R	E	S	C	O	R	E
	DFID	Advocacy (A)	Not among its priorities										No HIS information					No information				
		Financial (F)								X		X										
		Technical (T)																				
	GIZ	A			X																	
		F			X										X		X					
		T			X					X					X		X			X		
	USAID	A			X	X	X			X			No HIS information							X	X	X
		F			X	X	X			X										X	X	X
		T			X	X	X			X										X	X	X
	World Health Organization	Advocacy (A)			X					X		X			X	X	X			X		
		Financial (F)			X	X	X			X		X			X	X	X			X	X	X
		Technical (T)			X	X	X			X		X			X	X	X			X	X	X
	UNFPA	A																				
		F																				
		T			X										X					X		
	UNICEF	A			X															X		
		F								X					X					X		
		T			X					X					X					X		

The tool allows mapping of partner resources with SCORE areas. Each 'X' refers to projects/activities ongoing in each country and has been linked to documentary evidence as available in the public domain.

Summarization of Partner Engagement against SCORE Assessment for Each Priority Country (Asian region)

Key Partners	SEARO																				WPRO					EMRO				
	Bangladesh					Nepal					Sri Lanka					Timor Leste					Laos					Pakistan				
	S	C	O	R	E	S	C	O	R	E	S	C	O	R	E	S	C	O	R	E	S	C	O	R	E	S	C	O	R	E
DFID (FCDO)			X					X																						
GIZ								X																						
USAID			X	X	X			X													X			X				X	X	X
NORAD								X																						
dFAT																		X												
BMGF																														
Bloomberg P.	X	X										X																		
Rockefeller F.																														
European Commission																							X							
OECD																														
WHO			X	X	X	X	X	X	X	X			X	X	X			X	X				X	X	X			X	X	
UNFPA			X		X	X	X	X	X	X			X	X				X	X				X	X		X	X	X		
UNICEF			X	X	X			X	X	X								X										X	X	
UNAIDS																														
UN Foundation																														
World Bank Group			X					X	X				X									X								
ADB			X										X	X	X															
CDC																										X				
AeHIN															X															
University of Oslo			X	X	X																		X			X				
PATH						X		X	X																					
GF			X	X				X	X				X	X				X	X				X	X				X	X	
GAVI								X	X														X	X						
PEPFAR																														
WFP													X	X				X	X											
GFF			X																											

Note: This version of partner mapping against SCORE assessment has been done as step 1 of a partner mapping process based on desk review of available literature including country strategy documents as of May 2023. The mapping would require partner and country input for a more accurate and up to date representation. In a detailed mapping document, the partners listed for each country may vary.

Proposed Success Matrix for HDC - (Early draft)

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Outcomes	Resources		
	Advocacy	Technical	Financial
Coordination and alignment (Less fragmented and more efficient approach / reduced reporting burden)	What would demonstrate success when advocating for partner alignment under SCORE areas within the country, region and global context?	What would demonstrate success when partners are aligned in providing technical inputs under SCORE areas within the country, region and global context?	What would demonstrate success when partners are aligned in providing financial resources under SCORE areas within the country, region and global context?
Contextualization of global public goods (Increased innovation appropriate to local context)	What would demonstrate success when an advocacy role is played in terms of contextualization of global public goods under SCORE areas within the country, region and global context?	What would demonstrate success when technical inputs are aligned to contextualize global public goods under SCORE areas within the country, region and global context?	What would demonstrate success when financial inputs are aligned to contextualize global public goods under SCORE areas within the country, region and global context?
Capacity building (Increased autonomy and reduced reliance on external inputs)	What would demonstrate success when an advocacy role is played in terms of capacity development under SCORE areas within the country, region and global context?	What would demonstrate success when technical inputs are aligned for capacity building under SCORE areas within the country, region and global context?	What would demonstrate success when financial inputs are aligned for capacity building under SCORE areas within the country, region and global context?

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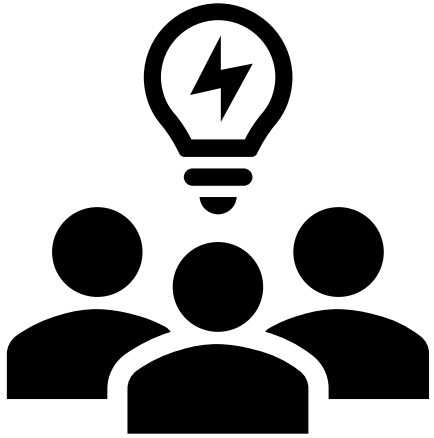

Working Groups Update

Updates from HDC Working Groups Co-chairs on progress related to groups' activities, potential areas of synergy with other working groups, support needed and issues to be discussed at the level of SRG

Working Groups Way of Working
for information and discussion

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Challenges we are picking up

- Lack of clarity on what are HDC deliverables and what are WGs deliverables *versus* partners deliverables
- Work plans which are potentially too ambitious for timeline + not structured in ways that help efficiency (use efficiently the rich human resources & expertise available in each working group)

Working Group Deliverable = tool, resource, guidance, technical support and/or product that was developed via the means, collaboration and participation of the WG and that would not have been delivered without it

Solutions we can think of

- Proposed shorter timeline for Working Groups: **6 months** and, if there's a demand, gets renewed
- Refine work plans to have clear deliverables, tied to specific outcomes, focused on country impact, time-bound and with identified leads to execute each activity – cut deliverables if not necessary: the lesser, the more attainable
- Knowledge-brokering role of WGs is important (updating each other on what partner organisations under the WG are doing), but it cannot be the sole reason for the WG to exist => *think of what is the specific added value of this WG and why does it exist?*

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Making the case for investing in Routine Health Information Systems (RHIS) to achieve the health-related SDGs

RFP-2022-DDI-DNA-CNG-0001 | HQ/DDI/DNA/CNG and HQ/DDI/DNA/HIS

Synthesis of findings

Xavier Bosch-Capblanch, on behalf of the team







Xavier Bosch-Capblanch | Christian Auer | Fabrizio Tediosi | Marguerite Batta | Natalie Leon | Edward Nicol | Donnela Besada

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saMRC advancinglife

1 Perspectives and objectives
2 Methodological considerations
3 Synthesis of findings
4 Conclusions and the future

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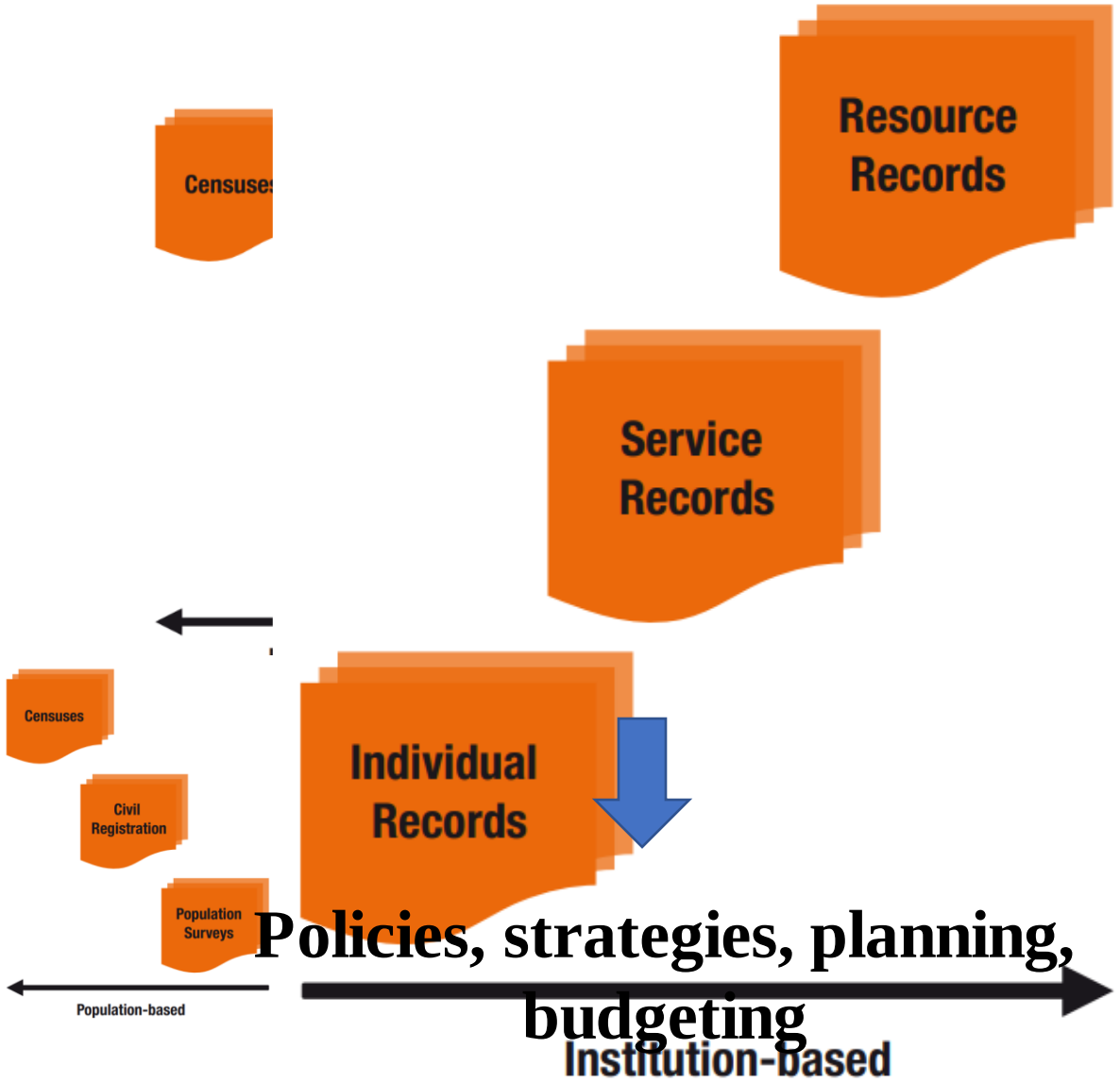
1 Perspectives and objectives

RHIS perspective

RHIS collect health service data **directly from the health facilities**, where they are produced by the **health-care workers and community health workers**.

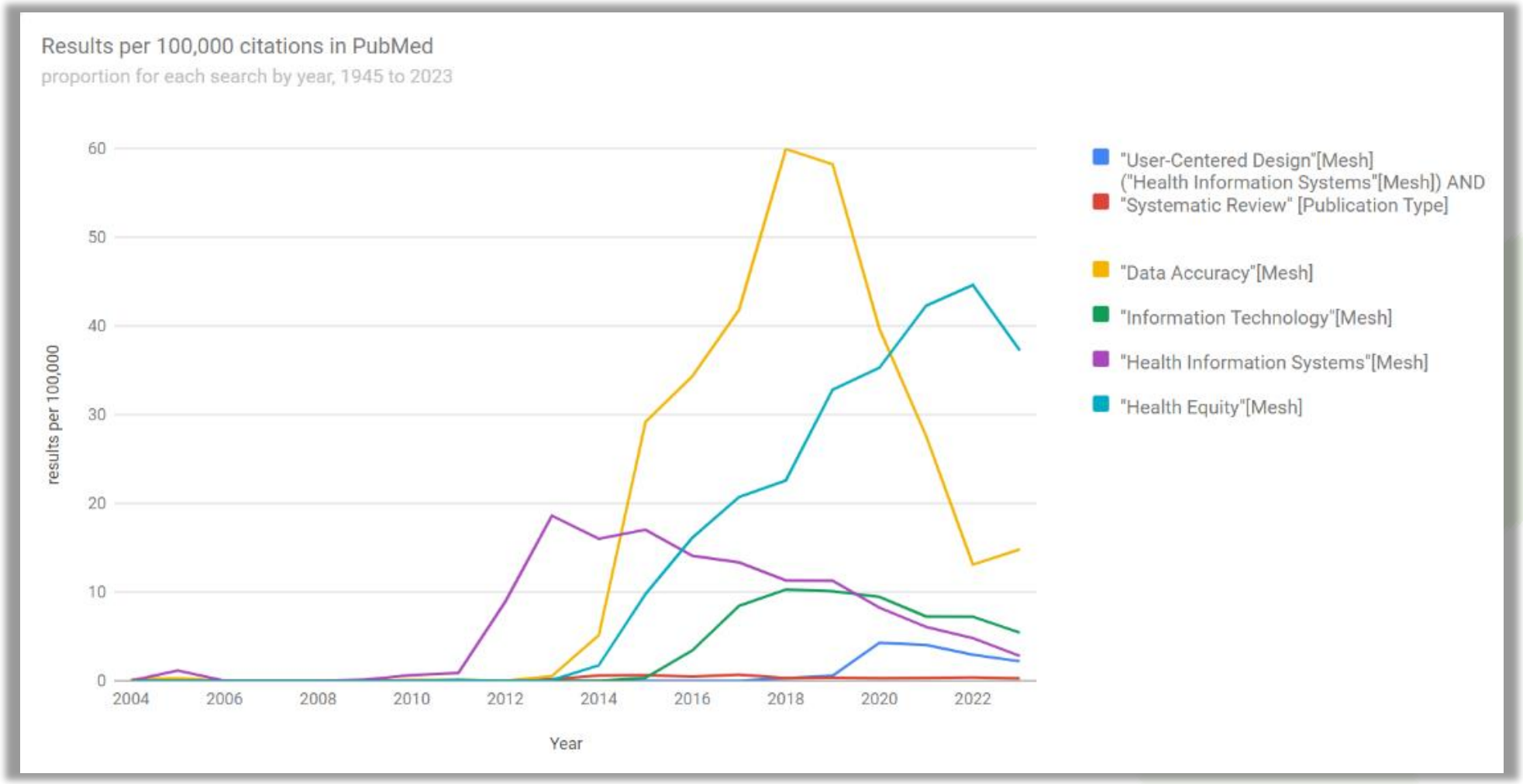
[…] RHIS have the potential to produce frequent – almost real-time – information on service **performance** and **quality** at all levels of the health system.

Global Strategy for Optimizing Routing Health Information Systems in Countries. Adapted from the Final Draft Terms of Reference 23 October 2020 of the Routine Health Information Systems (RHIS) Working Group of the Health Data Collaborative (HDC).

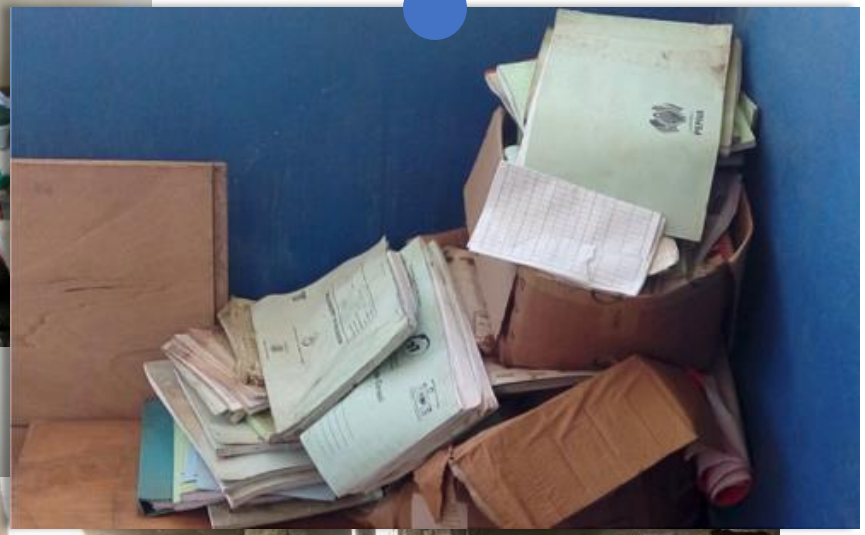


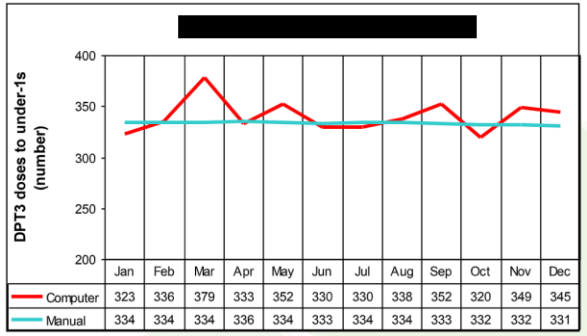
Health Metrics Network & World Health Organization. (2008). Framework and standards for country health information systems, 2nd ed. World Health Organization. https://apps.who.int/iris/handle/10665/43872

Historical perspective



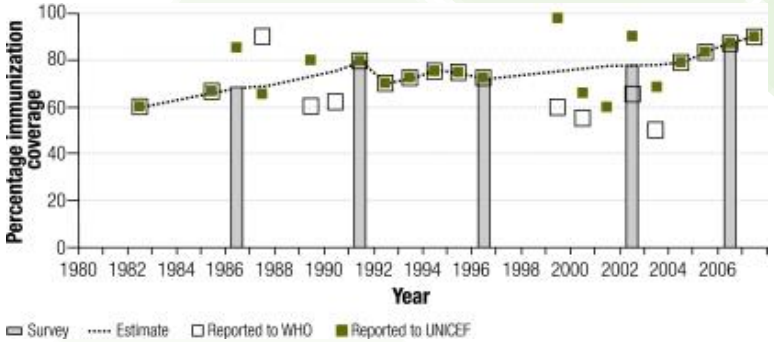
Reality perspective





	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Computer	323	336	379	333	352	330	330	338	352	320	349	345
Manual	334	334	334	336	334	333	334	334	333	332	332	331

Xavier Bosch-Capblanch – personal communication



Burton A, Monasch R, Lautenbach B, Gacic-Dobo M, Neill M, Karimov R, Wolfson L, Jones G, Birmingham M. WHO and UNICEF estimates of national infant immunization coverage: methods and processes. Bull World Health Organ. 2009 Jul;87(7):535-41. doi: 10.2471/blt.08.053819. PMID: 19649368; PMCID: PMC2704038.

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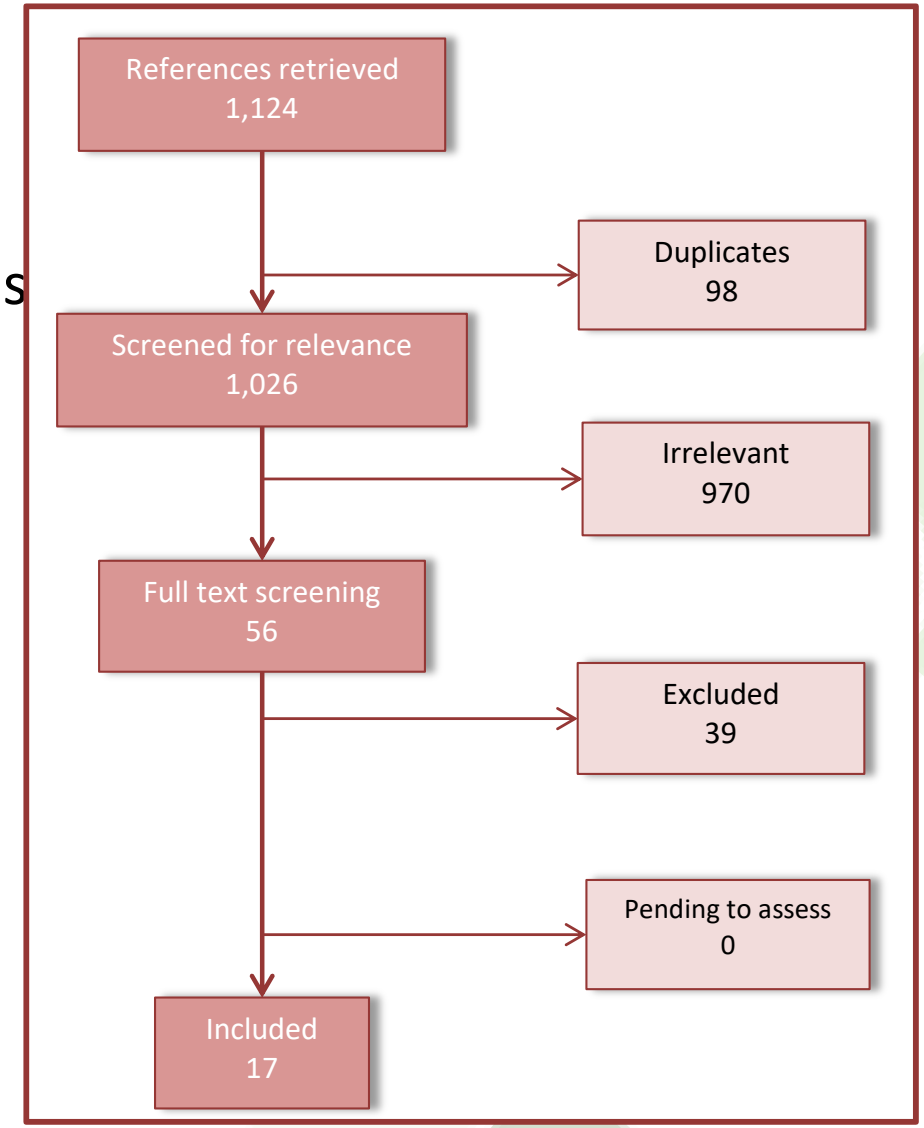
2 Methodological considerations

Objective 1 - Scoping review on examples of returns o investments

- Selection criteria
  - studies showing investments and returns
  - with health systems components / interventions
  - excluding merely clinical interventions or tools
  - from 2007

- Single selection and data extraction
- No assessment of risk of bias

- 17 included | 39 excluded



Objective 2 (1/2) - Country case studies

- Protocol based
- Selection of countries criteria
- WHO contacts with country offices
- Swiss TPH teams
- Data collection tools in XLSForm
- Levels of uncertainty data / documents / expert opinion
- Clearance
- **Integrating data from South Sudan**

6 National

2 Sub-national:

Cross River state (Nigeria)

Western Cape (South Africa)

Objective 2 (2/2) – Economic analyses

- Amenable deaths: prevented through public health interventions policies + appropriate services
- Healthcare Access and Quality Index (Global Burden of Disease)
  - comparative assessment of health system performance across countries
  - indicator for potential health care improvements that can be achieved globally (UHC, quality of care)
- Value of lost output: indication of GDP losses over time; value of lost welfare, reflecting losses.
  - calculated using the WHO Projecting the Economic Cost of Ill-health (EPIC)
- Per capita investments in HIS across 6 countries
- Relationship between investments in HAQ

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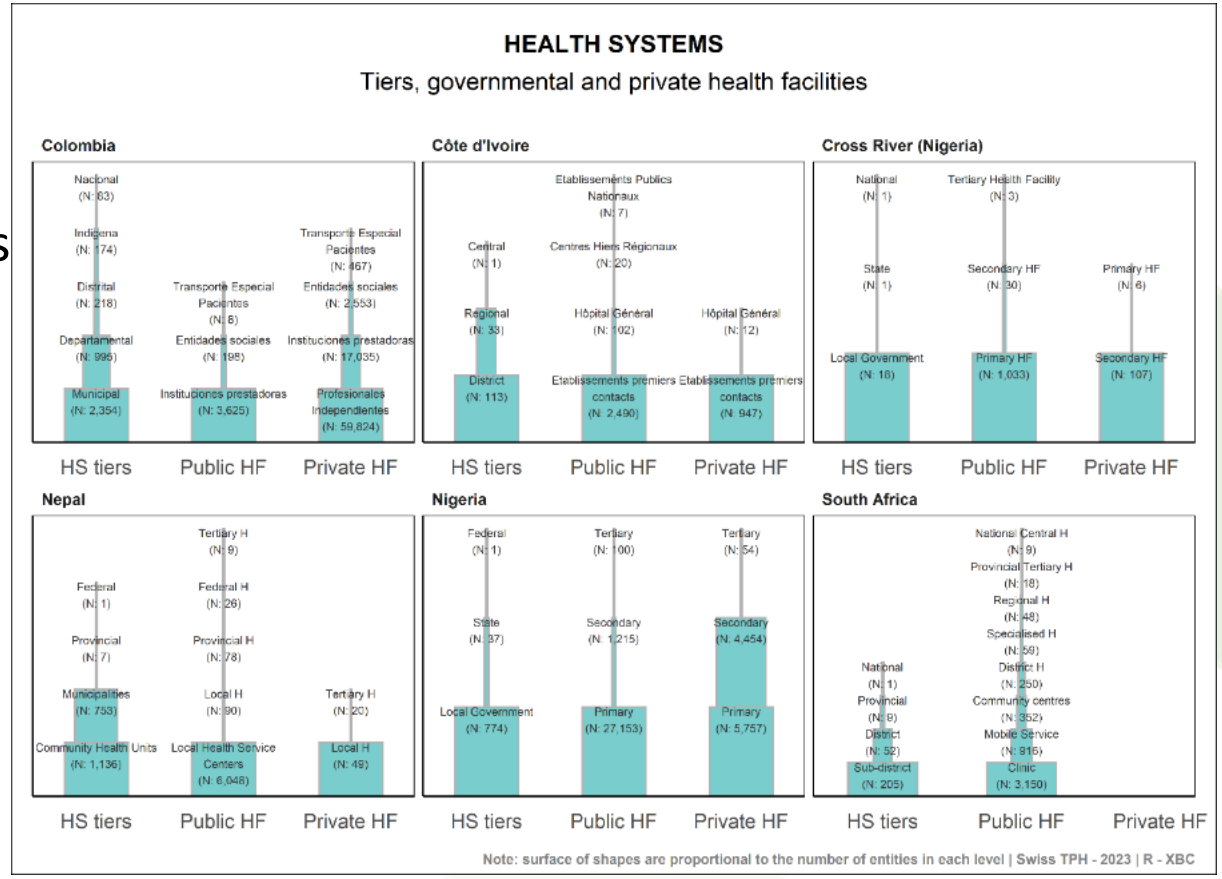
3 Synthesis of findings

RHIS are “special”

No other information system…

- encompasses the whole health system, from Tertiary University Hospitals up to community health workers – **65 million health workers**
- is permanently active, in each and every encounter with service users – **the whole population**
- has a universal distribution in all countries and territories, even in humanitarian crises – **all countries**
- data collection point = data use point – **is a process of care**
- carries personal information – **data security**



Boniol M, Kunjumen T, Nair TS, Siyam A, Campbell J, Diallo K. The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage? BMJ Glob Health. 2022 Jun;7(6):e009316. doi: 10.1136/bmjgh-2022-009316. PMID: 35760437; PMCID: PMC9237893.

RHIS in countries – generic issues

- Fragmentation / partners and duplication leading to over-reporting and high workload (Côte d'Ivoire, Nepal)
- Lack of integration with hospitals information (Côte d'Ivoire)
- Lack of integration of multiple systems / duplicity (Colombia)
- Lack of integration of HIV programme data (Nigeria)
- Lack of integration with the private sector (Colombia, Nigeria)
- Undifferentiation between health care and data activities (all countries)
- Unequal compliance with data requirements, particularly by community health workers (Nepal)
- Multiplicity of sub-systems

  DHS2, ESIGL, OPEN Elis, SIGDEP, MSupply, MAGPI, DATIM (DHS2), COMCARE, SiHO, REPS, SIPE, ReTHUS, MIPRES, MiVAcuna, Massive Survival Consultation, RUAFND, ICD 11, ICF, ICHI, eLMIS, eTB register, SORMAS

RHIS in countries – Covid-19 related issues

- New databases, new procedures and new management (Côte d'Ivoire)
- New digital tools specific to Covid-19; however other health care events ceased to be reported timely
- Establishment of the Information Management Unit, outsourced to local companies, specific for Covid-19 (Nepal)
- Covid-19 stopped the uptake of the NHMIS 2019 changes; weak reporting through regular mechanisms (Nigeria)
- Multiple adaptations reported, including organisation of health care (South Africa)

HIS status across the six countries

SCORE

Survey population and health risks
Count births, deaths and causes of death
Optimize health service data
Review progress and performance
Enable data use for policy and action

Cochrane Library

Trusted evidence.
Informed decisions.
Better health.

Cochrane Reviews | Trials | Clinical Answers | About | Help

Cochrane Database of Systematic Reviews

Routine Health Information System (RHIS) improvements for strengthened health system management

HEALTH INFO
Demograph
CRV
Health Facility lis
Human Resource
Logistics managemer
Diseases surveillanc
Indicators dictionar
ICI
Dashboard
Data product

RMATION SUB-SYSTEMS
Côte d'Ivoire

Nonexistent
Unknown status
Hardly usable
Good
Very good

Funding of RHIS

- Governmental budget for RHIS (USD, % of health expenditure)
  - Colombia: 35 million (0.2%)
  - Nigeria: 2.2 million (0.1%)
  - South Africa: 0.8 million (0.004%)

- External support as proportion of RHIS
  - Nigeria: 30%
  - Nepal: 20%
  - Items: infrastructure, software, direct financial support, equipment, training

Annual costs of RHIS (x 1,000 USD)

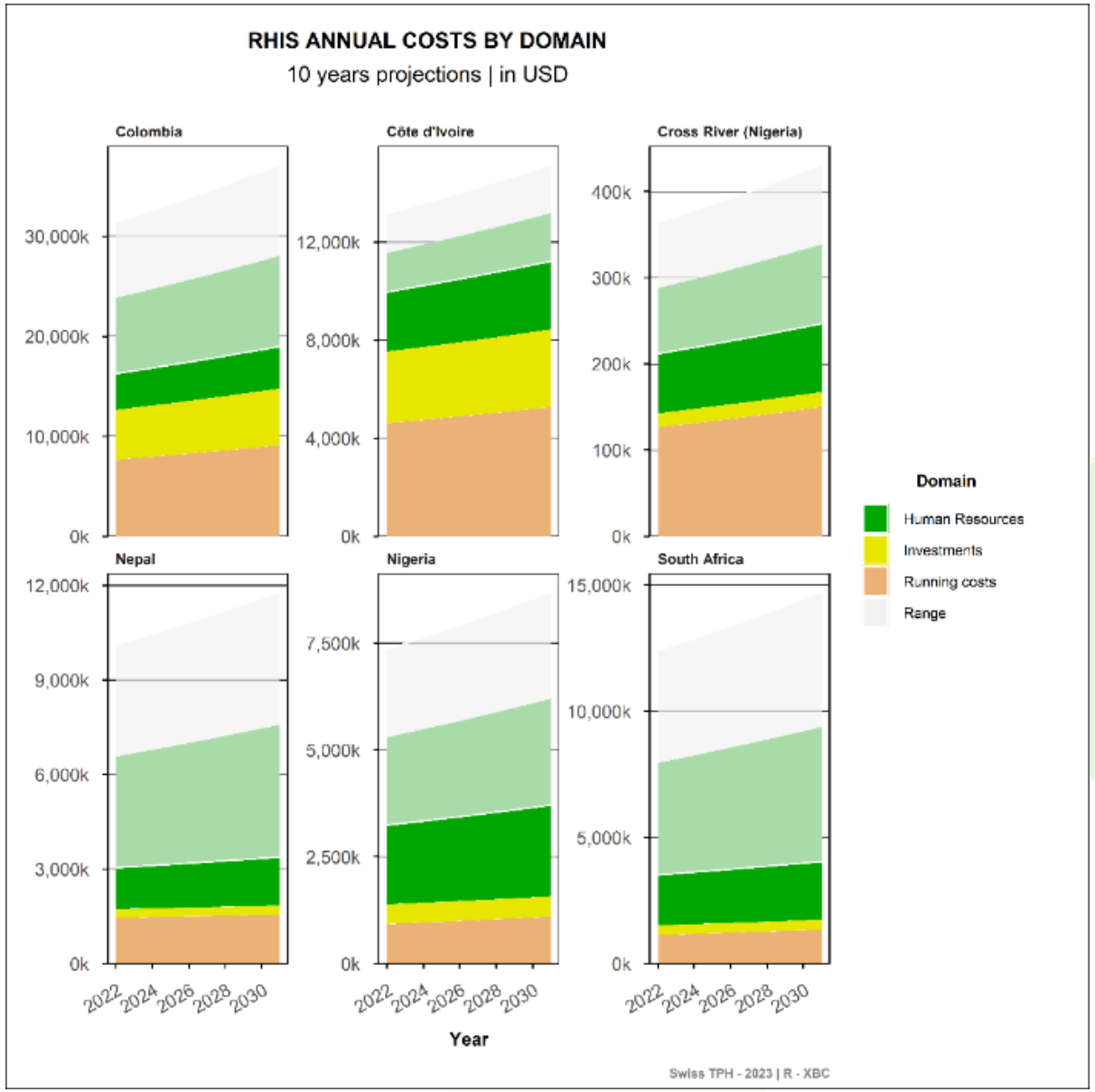
	Minimum	Mid-point	Maximum
Côte d'Ivoire	9,960	11,560	13,160
Colombia	16,270	23,840	31,420
Cross River (Nigeria)	210	290	360
Nepal	3,040	6,570	10,110
Nigeria	3,240	5,300	7,360
South Africa	3,520	7,950	12,390

Annual person-time (hours) spent on data in the whole country:

Colombia: **26 million**
Côte d'Ivoire: **8 million**
Nepal: **11 million**
Nigeria: **43 million**
South Africa: **5 million** (?)

Annual costs of RHIS by domain (x 1,000 USD)

- Costs are dependant on the estimated proportion of workload dedicated to data
- Human resources (green) get the greatest share of costs (Nepal, Nigeria and South Africa
- Most of human resources costs are incurred at peripheral level
- Median cost per capita: 0.5 USD



Economic analysis (2/3)

Assumptions

Value of Lost Welfare (VLW) due to Amenable Mortality in 2015 (millions, 2015 IND) using baseline Value of statistical Life (VSL) assumptions; VLW expressed as equivalent proportion of 2015 GDP and Value of lost welfare in 2022 USD

Country	Value of Lost Welfare 2015 (USD in mlllions)	% of GDP	Value of lost Welfare 2022 USD (millions)	Cost of RHIS (2022)	% RHIS vs foregone welfare
Colombia	35,419,000 (28,578,000 to 45,426,000)	5.4% (4.4% to 6.9%)	28,024,414	24,276,886	0.0001%
Côte d'Ivoire	17,249 (9,730 to 29,942)	22.2% (12.5% to 38.6%)	8,235	11,726,870	0.1424%
Nepal	8,755 (4,919 to 14,463)	12.3% (6.9% to 20.3%)	3,001	6,678,443	0.2226%
Nigeria	182,022 (111,440 to 318,036)	17.0% (10.4% to 29.8%)	1,589,108	53,914,580	0.0003%
South Africa	125,031 (103,540 to 148,511)	17.6% (14.6% to 20.9%)	62,714	8,100,216	0.0129%

Swiss TPH

4 Conclusions

Overall conclusion

The most comprehensive and needed health information system (RHIS) is inextricable from health care processes, diverts health workers attention from health care, is poorly used, suffers from protracted problems, may cause harms and receives marginal funding.

- This situation has to be reverted.

What next?

- Multilaterals
  - Promote RHIS as a "health technology" (HTA)
  - Safeguard the link between RHIS and provision of care / UHC
  - Support high quality research
  - Convene partners to adhere to ethical principles of RHIS
- Governments
  - Demand a regulatory framework for RHIS (e.g. HTA)
  - Budget RHIS specifically, factoring contributions
  - Establish funding scenarios
- Technical partners
  - Stop unduly influencing RHIS
  - Use experts with up to date knowledge and expertise on key methods (e.g. HCD)
  - Adhere to ethical principles of data governance and also health care
- Funders
  - Stop unduly influencing RHIS
  - Acknowledge the radical importance of RHIS to achieve SDG / UHC
  - Factor the RHIS within competing funding needs
  - Fund high quality research

- No further evidence is required

Paradigm change

× Past	✓ Future
× Data – dashboards	✓ Quality of care
× 'Technocratic' approach	✓ Human Centred Design
× Speculative 'use of data'	✓ Clinical / public health / managerial / strategic decisions
× Blaming health workers	✓ Improving the system
× Observational research	✓ Experimental research
× Pilotitis	✓ No harms / de-implementation

HDC – RHIS working group

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- Michelle Monroe
- Maria Petro Brunal
- Kuntal Saha
- Taavi Erkkola
- "Khondkar RifatHossain (co-chair)"
- "Eman AbdelkreemAly"
- Arash Rashidian
- Daniel Low-Beer
- Regina Guthold
- Elizabeth Katwan
- Theresa Diaz
- Wendy Vender
- Anh Chu
- Andrew Porth
- Chika Hayashi
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- Jean-Pierre de Lamalle (co-chair)
- Theo Lippeveld
- Debra Jackson
- Jorn Braa
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- Craig Burgess
- Carolina Salles
- Melanie Bertram
- Hong Anh Chu
- Dejan Loncar
- Khondar Rifat Hossain
- Rifat Hossain
- Luhua Zhao
- Mwenya Kasonde

Thanks

Communications & Events

Communications from HDC Secretariat and updates on upcoming events hosted by or promoted by the HDC

Communications and Events
Leadership Event: Next Steps

Health Data Collaborative

1	**Health data governance framework**: • Build on existing principles and frameworks • May 2023-May 2024: HDC partners (data and digital governance working group) support identification of country good practices and publish these. • WHO playing convening role and consolidating technical inputs working with others, including Transform Health.
2	**Country focus**: • May 2023-December 2025: Using good data governance practices and SCORE as potential frameworks for investment (with priority on human resource capacity building) • HDC / SDG3 GAP partners align with one country plan, one country monitoring & evaluation framework in keeping with national planning and budgeting cycles, in **26 countries by Dec 2025**.
3	**Advocacy and communications**: • Blogs / publications / specific advocacy events 2023-24: CGD hosted event Q3, Lancet and joint blogs Q3, with common messaging for data governance and HIS investment • HDC partners to work with Partnership for sustainable data, World Bank and others for publications, blogs and events • Opportunities for joint messaging: UNSG data strategy, G7, G20, HLM UHC, WEF, UNGA, SDG Summit Global Digital compact common agenda
4	**Capacity building**: • May 2023 – Dec 2025: Identify institutes and working in partnership to apply and build capacity for data governance and HIS

Communications and Events
Plans for September in-person SRG Meeting

- Main objectives?
- When?
- Where? (can it be hosted in another region/country?)

Health Data Collaborative

Thank you!

HDC Stakeholder Representatives Group

Health Data Collaborative

7 Constituencies	13 Representatives	Alternates
Countries (3)	Tanzania (Claud Kumalija) Botswana (Onalenna Seitio-Kgokgwe)	Uganda (Paul Mbaka)
Multilaterals (3)	WHO (Stephen MacFeely) UNFPA (Priscilla Idele) World Bank (Sam Mills)	WHO EMRO (Arash Rashidian) UNSD (Francesca Grum) UNICEF (Tyler Porth)
Bilateral donors & Foundations (2)	USAID (Rachel Lucas) GIZ (Ernesto Lembcke)	
GHIs (1)	CHISU (Steve Ollis)	GAVI (Heidi Reynolds)
Research, Academia & Technical Networks (2)	CDC (Kathleen Gallagher) World Privacy Forum (Pam Dixon)	CDC (Chris Murril) Council for Scientific and Industrial Research (Laticha Walters) AeHIN (Alvin Marcelo)
Civil Society (1)	PharmAccess (Maxwell Antwi)	Save The Children (Margot Nauleau)
Private Sector (1)	MED Ex CARE (Patricia Monthe)	Medtronic USA (Rushika Singhal)

HDC SRG Co-chairs:

- Country: Onalenna Seitio-Kgokgwe (MoHW Botswana)
- UNICEF: Tyler Porth (UNICEF)
- WHO: Stephen MacFeely (WHO)

HDC Secretariat

- Craig Burgess
- Mwenya Kasonde
- Tashi Chozom
- Carolina Futuro

HDC Working Groups

Health Data Collaborative

Working Group	Co-chairs
Civil Registration & Vital Statistics (CRVS)	WHO (Doris Ma Fat), LSHTM (Debra Jackson), UNICEF (Bhaskar Mishra)
Community Data (Com. Data)	UNICEF (Remy Mwamba) & USAID (Ana Scholl)
Data and Digital Governance (DDG)	USAID (Marie Donaldson), Palladium (Vikas Dwivedi), USAID (Vidhya Mahadevan)
Digital Health & Interoperability (DH&I)	JSI (Carolyn Kamasaka), PATH (Puta Chilunga), WHO (Derrick Muneene) & Open Communities (Paul Biondich), University of North Carolina (Manish Kumar)
Geolocalisation Information Systems (GIS)	*TBC*
Logistics Management Information Systems (LMIS)	USAID (Lindabeth Doby) & WHO (Lisa Hedman)
Routine Health Information Systems (RHIS)	UiO (Jørn Braa), RHINO (Jean-Pierre de Lamalle), Kenya (Ayub Manya)