THE UNITED REPUBLIC OF TANZANIA

Tanzania Health Data Collaborative

Communiqué on commitments to support
One Monitoring and Evaluation Framework for the Health Sector
11-12 September 2017, Serena Hotel, Dar es Salaam

The Government of Tanzania is committed to efforts to improve the quality of health data for evidence-based decision making and to strengthen capacity to track progress towards the health-related Sustainable Development Goals. While Tanzania has taken major steps and made significant progress towards improving availability, access, analysis and use of health data, it recognizes the need for more coordinated and collaborative efforts of all stakeholders to unleash the full potential of its health information system. This will reduce fragmentation and duplication of efforts, improve the efficiency of investments and build confidence in the national health data system.

The value of reliable, timely disaggregated data and ambition to improve the efficiency in data investments is shared by all partners. In June 2015, the leaders of global health agencies and participants in the Summit on Measurement and Accountability for Results in Health endorsed the Health Measurement and Accountability Post-2015 Roadmap and Five Point Call to Action, identifying a set of priority actions and targets that aims at strengthening country data and accountability systems for the post-2015 sustainable development agenda.

To realize this ambition in Tanzania, the Government launched the Tanzania Health Data Collaborative in Dar es Salaam on the 11th September 2017. This is a collaboration of Government of Tanzania, represented by Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the President's Office Regional Administration and Local Government (PORALG); Health Sector Stakeholders; and Global Partners. The overall objectives of the launch were:

- to rally all stakeholders towards supporting a common monitoring and evaluation (M&E) framework and the country's prioritized plan;
- to strengthen in-country M&E coordination mechanisms as basis for a strong country-led information and accountability platform;
- to leverage technical and political support from partners and stakeholders at all levels to support the national M&E priorities; and
- to actively engage key players from other sectors in collaborative cross-sector efforts to strengthen the national platform for measurement and accountability.

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"The Tanzania Health Data Collaborative will accelerate a series of joint priority actions to address gaps in our data and health information systems," Dr. Mpoki Ulisubisya, the Permanent Secretary of MOHCDGEC, said at the launch event. "I want to believe that through our collaborative effort, we will have ONE platform that will allow us to collect all the information we need, be it information on what we do for HIV/AIDS interventions, for tuberculosis, for malaria, for reproductive and child health, for maternal health, you name it."

The launch was attended by 145 participants, representing the Government of Tanzania (including senior leadership, Assistant Directors, Programme Managers and staff of MOHCDGEC and PORALG; National Health Insurance Fund; National Bureau of Statistics; Tanzania eGovernment Agency; and the Registration Insolvency and Trusteeship Agency), Health Sector Development Partners, Implementing Partners, Academic and Research institutions, Civil Society Organisations, Faith Based Organisations and Private Health Sector.

The Government's leadership and strong commitment to the HDC was demonstrated by the participation of Dr. Mpoki Ulisubisya, the Permanent Secretary of MOHCDGEC; Dr Mohammed Ally Mohammed, the Acting Chief Medical Officer of MOHCDGEC; Dr. Anna Nswila, a representative of Deputy Permanent Secretary of PORALG; and other leaders from MOHCDGEC and PORALG.

Following extensive consultations, the health sector leaders, practitioners and stakeholders identified the following six key priority areas to advance commitments to the One Monitoring and Evaluation Framework for the Health Sector in Tanzania. These priorities were selected from the M&E Strategy 2015-2020 (M&ESI II)[1], which is the M&E framework for HSSP IV; and the Tanzania Digital Health Roadmap 2017-2022[2]. They were also informed by specific needs of M&E plans of disease-specific strategic plans, the Government Hospital Management Information System (GOT-HOMIS), National Bureau of Statistics (NBS), and the Registration Insolvency and Trusteeship Agency (RITA). Collective action and joint support for these priorities from the Government and partners will result in increased efficiencies and better data to monitor national health priorities. The selected priorities include:

1. **Addressing fragmentation of M&E and data systems:** Strengthen governance and coordination mechanism to ensure all stakeholders adhere to the One M&E Framework.

2. **Alignment of indicators and data collection processes:** Support alignment of indicators of programme- specific strategic plans with the Health Sector Strategic Plan 2015-2020 (HSSP IV)[3] and harmonise data collection efforts.

3. **Alignment of health facility assessments and surveys e.g.** SARA, SPA, SDI, and Star Rating Assessments (BRN &SafeCare)**:** Harmonise the indicators, processes, periodicity and coverage to meet needs of the country and its partners.

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[1] https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/Tanzania_MESI_2015-2020_Strategy.pdf
[2] https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/Tanzania_Data_Use_Partnership_Report.pdf
[3] https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/Tanzania_HSSP_IV.pdf

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4. **Joint and aligned investment in digital health information systems**(including digitization to move away with paper systems)**:** Support integration of information systems at service provider level and collect standardized data elements.

5. **Strengthening capacity for analysis and use of data:** Increase access to and capacity for analysis and use at all levels and all key players.

6. **Dissemination and access:** Strengthen access to national health information and data (routine data, surveys, research publications, reports).

Declaration of Commitment

We, the stakeholders here gathered, under the firm leadership of the Government of the United Republic of Tanzania through the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the President's Office Regional Administration and Local Government (PORALG), hereby declare:

- **We confirm** our strong support to Government efforts to strengthen health data systems, policies and governance, based on the priorities outlined by the Tanzania Development Vision 2025,Five Year Development Plan, the National Health Policy, the Health Sector Strategic Plan IV, and other national and sector guidance documents.

- **We recognize** the efforts of the Government to identify the priorities, gaps, and potential overlaps to implement interventions to improve data quality and use to monitor the national health priorities and commitments, and to ensure increased efficiencies and smart investments in data systems.

- **We recognize** that new technologies contribute to improving the performance of health systems and the collection, analysis, use and dissemination of data. These opportunities should be harnessed and integrated into current efforts to strengthen the health information system.

- **We recognize** the role ofthe Government through the MOHCDGEC and PORALG to work with partners and other stakeholders to define an adequate data governance structure for the health sector, to ensure adequate implementation of current policies and strategies such as the MESI 2015-2020 and the Digital Health Investment Roadmap 2017-2023, among others. The National Bureau of Statistics will host a coordinating function to integrate these efforts.

- **We are guided by the principles** captured in the Five Point Call to Action and the principles outlined by the Summit on Measurement and Accountability for Results in Health, being cognizant that regular measurement of results with a focus on equity is essential for the progressive realization of Universal Health Coverage and the Sustainable Development Goals.

- **We are committed** to promoting dialogue and co-operation with Government, Ministries, Departments and other Agencies to ensure the goals and vision of this declaration are achieved.

- **We pledge** to provide, where appropriate, technical and/or financial resources to realize this vision.

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Further to the commitments above, the conference adopted a resolution to review progress on implementing the priority actions and to monitor stakeholders' commitments annually (during the Joint Annual Health Sector Review), with the first such review opportunity being the presentation of the priorities and commitments in the forthcoming Joint Annual Health Sector Review to be held in October or November 2017.

The Government of Tanzania and partners endorsed these declarations made under the Tanzania Health Data Collaborative launch on this 12th day of September 2017 as follows:

For MOHCDGEC

Dr. MpokiUlisubisya

For PORALG

Dr. ZainabuChaula

For Development Partners in Health

MsNorzinGrigoleit-Dagyab

For Health Data Collaborative Secretariat

Dr. Jordan Tappero

For Civil Society

Mr. IreneiKiria

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M&E priorities for collective action, Strategic Actions and Actors

Summary of M&E priorities for collective action

The Tanzania M&E priorities for collective action are drawn from the overall Monitoring and Evaluation Strengthening Initiative 2015-2020 (MESI II) and the Tanzania Digital Health Investment Roadmap 2017-2023 (DHIR), and consists of quick wins which require a joint and coordinated action from Government, health partners and other key stakeholders. During the launch of the Tanzania HDC, Government and partners discussed the main challenges that contribute to duplication of data collection efforts and weak analysis and use of data, resulting on inefficient investments in health information systems. Priority areas to address the challenges and specific strategic actions which require collective support were also discussed and captured in the joint communiqué drafted during the Launch meeting and later finalised and signed by the Government and its HDC partners.

The key priority areas, challenges and proposed strategic actions are highlighted below:

1. **Addressing fragmentation of M&E and data systems:** Strengthen governance and coordination mechanism to ensure all stakeholders adhere to the One M&E Framework..

Challenges
  - o Weak governance mechanisms to guide partners' efforts towards convergence and coordination
  - o Fragmentation and uncoordinated efforts to solve the data collection problems in the health sector
  - o Stronger country stewardship, leadership and coordination with participation from all stakeholders public and private is needed

Proposed strategic action(s):
  - o Increase collaboration and coordination within all M&E related MDAs , Development Partners, disease-specific programmes and research institutions
  - o Strengthen the joint ICT and M&E Technical working Group (with a functional secretariat and regula quarterly meetings with broad stakeholder participation)
  - o Finalise HIS Policy guidelines, MESI II and the Data Diseemination and use Strategy
  - o Update MESI II in line with findings of mid term review of HSSP IV to be conducted in 2018

2. **Alignment of indicators and data collection processes:** Support alignment of indicators of programme- specific strategic plans with the Health Sector Strategic Plan 2015-2020 (HSSP IV) and harmonise data collection efforts.

Challenges
  - o A common framework and set of indicators is needed to guide data collection efforts
  - o At facility level, registers' design focus on data recording, but are not designed as tools to support adherence to clinical guidelines
  - o Emerging issues in the health sector (such as climate change, preparedness,…) fuels systems proliferation

Proposed strategic action:
  - o Harmonize the indicators of the M&E framework of HSSP IV to include program specific indicators

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o Support annual an annual review process for HMIS tools and data elements to ensure they capture information needs from programmes and HSSP IV

3. **Alignment of health facility assessments and surveys e.g.** SARA, SPA, SDI, and Star Rating Assessments (BRN+SafeCare)**:** Harmonise the indicators, processes, periodicity and coverage to meet needs of the country and its partners.

Challenges
o Surveys are conducted but the collected data is not being analyzed, leading to incomplete informed decision making processes
o Survey data is summarized in voluminous documents /reports but not adequately used and disseminated
o Data from surveys are available but are subjected restrictions

Proposed strategic action:
o Review and update the 10 year survey plan, including surveys' periodicity, scope and rationalizing indicators to cover information needs of the HSSP IV and health programmes
o Rationalize and harmonize scope and periodicity of the health facility assessments (SARA, TSPA, SDI and Star-rating Assessments)

4. **Joint and aligned investment in digital health information systems** (including digitization to move away with paper systems)**:** Support integration of information systems at service provider level and collect standardized data elements.

Challenges
o Several digital health information systems co-exist for different vertical programs , regions and partners
o Lack of a clear picture of current status of digital health systems: how many are there, where they are, and what they do/scope of data collection systems that are on the field
o Limited availability of facility level data, including patient and community level data
o Data collection systems standards to allow for interoperability between various systems are not enforced
o Lack of consolidation and coordination of the available resources that are directed at the health data collection efforts

Proposed strategic action:
o Support integration of all information systems at service provider level (health facilities)
o Reporting framework for referral hospitals (regional, zonal referral, specialized and national)
o Support roll-out of e- IDSR module of DHIS-2 to improve surveillance (including case-based surveillance), provide real-time data and link morbidity data with effects of Climate Change.
o Expand the scope of SmoL/ICD-10 module of DHI-2 beyond hospitals, beyond mortality, and beyond health facilities
o Map current and planned investments in information systems and mobilise investments to support ICT infrastructure required to implement the HIS roll-out
o All digital health systems in Tanzania are linked and compatible according to a national enterprise architecture and standards.

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5. **Strengthening capacity for analysis and use of data:** Increase access to and capacity for analysis and use at all levels and all key players.

Challenges
   o Capacities to generate, demand and access heath related data at all levels need to be generated
   o Policy guidelines on data analysis and health information sharingneed to be developed
   o There is need to strengthen capacity to utilize the data that is being collected at facility and district level
   o Pre-service training focuses on data collection and not use/ reporting

Proposed strategic action:
   o Strengthen the analytical capacity and data use at all levels, from national institutions to council local government councils and facilities.
   o Support harmonized national Data Quality Assurance
   o Introduce and promote innovative e-learning approaches to increase M&E capacities of a wide audience (health staff at all levels, NGOs, private sector)
   o Train RHMTs and CHMTs on the use of dashboards/web-portal and scorecards for monitoring and improving service delivery
   o Support system for analytical review of data to monitor progress of HSSP IV, subsector and sub national strategic plans
   o

6. **Dissemination and access:** Strengthen access to national health information and data (routine data, surveys, research publications, reports).

Challenges
   o Lack of accountability: demand on data collection and analysis is not enforced
   o Limited access to birth and death registration data
   o There are existing platforms that could be leveraged to disseminate data and health information
   o Inadequate mechanism for gathering and using feeback from community and users to improve systems

Proposed strategic action:
   o Expand the existing HMIS web portal into the National Health Data Warehouse (platform for sharing and disseminating all health data including routine, surveys, publications and reports)
   o Dissemination of health information products (from all key players in the sector)
   o coordination of feedback from community and data users

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Monitoring framework of the M&E priorities for collective action

Strategic actions	Outputs	Year						Responsible	Alignment	Key Inputs & Estimated Budget (USD)	Available Funding Level & Source
		Q1	Q2	Q3	Q4	18/19	19/20				
PRIORITY 1: Addressing fragmentation of M&E and data systems: Strenthen governance and coordination mechanism to ensure all stakeholders adhere to the One M&E Framework.											
1.1 Strengthen the joint ICT-M&E Technical Working Group	A functional secretariat of the ICT and M&E TWG strengthened Quarterly meetings of the jointICT-M&E TWG with broad stakeholder participation collaboration and coordination within all M&E related MDAs , Development Partners, disease-specific programmes and research institutions increased	X	X	X	X	X	X	MOHCDGEC. M&E Section and ICT Unit All partners involved in HIS and ICT	MESI 2015-2020 DHIR	Monthly meetings FTE 30% senior national Others: lump sum	Partially funded
1.2 Enhance the capacity and capability of M&E office at MOHCDGEC to manage and coordinate national HMIS activities	Gaps identified and capacity building plan and performance management system in place Quarterly updates	X	X	X	X	X	X	MOHCDGEC M&E Section All partners involved in HIS	MESI 2015-2020	Medical statistician /epidemiologist FTE 100% Others: lump sum	
1.3 Finalize the HIS policy guidelines , the MESI and the Data Dissemination and Use	HIS policy guidelines, MESI and DDU finalized	X	X					M&E TWG	MESI 2015-2020 HSSP IV 2015-2020 Digital Health	FTEs validation meetings Catalytic funds	

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Activity	Output							Responsible	Reference	Resources	
Strategy									Roadmap (includes estimated costs)	DHR: 120,000	
1.4 Update MESI in line with the findings of the MTR of the HSSP IV	MESI updated in parallel to the Mid-term review of the HSSP IV, and disease-specific strategies Activity linked with 2.1				X	X			MESI 2015-2020 HSSP IV 2015-2020	FTEs Catalytic funds Validation meetings Lump sum	
PRIORITY 2: Alignment of indicators and data collection processes: Support alignment of indicators of programme- specific strategic plans with the Health Sector Strategic Plan 2015-2020 (HSSP IV) and harmonise data collection efforts											
2.1 Review the indicators of the M&E framework of HSSP IV to include program specific indicators	Key indicators for disease specific programs (Malaria, HIV, TB, IVD, NCD, NTD etc) included in the HSSP IV M&E framework Standardised data elements Disaggregared data available				X	X		MOHCDGEC including disease-specific programmes	MESI 2015-2020	FTEs 2 meetings	
2.2 Support an annual review process for HMIS tools and data elements to ensure they capture information needs from programmes and HSSP IV	Annual review process documented maintenance of fielded systems to sustain the collection of common indicators				X	X	X	MOHCDGEC including disease-specific programmes	MESI 2015-2020	Technical meetings, including people from facilities Printing	
PRIORITY 3: Alignment of health facility assessments and surveys: e.g. SARA, SPA, SDI, Star Rating Assessments (BRN+SafeCare)											
3.1 Review and update the 10 year survey plan, including surveys' periodicity, scope and rationalizing indicators to cover information needs of the HSSP IV and health programmes	Health sector 10 year survey plan updated Scope of surveys expanded to sub-national levels and include children under 15 years		X	X				NBS. MOHCDGEC	HSSP IV MESI 2015-2020	Technical meetings Printing	
3.2 Rationalize and harmonize scope and	Health facility assessments implemented according MESI		X	X	X	X		MOHCDGEC IFAKARA	MESI 2015-2020	Currently SARA on-going	

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periodicity of the health facility assessments (SARA, TSPA, SDI)	Facility quality , safety and risk assessments harmonized (BRN star-rating, SafeCare) Health Facility assessments expanded to Regional, Zonal and National referral hospitals									370,000 250,000 (SARA 2013) 2,000,000 (TSPA) Validation meetings	
**PRIORITY 4: Joint and aligned investment in digital health information systems (including digitalization to move away with paper systems): Integrate information systems at service provider level and collect standardized data elements**

4.1 Support integration of all information systems at service provider level (health facilities).	All program specific routine HIS reporting systems Integrated with DHIS-2 All facility level routine data collection system integrated health information mediator (HIM) to ensure interoperability of all HIS developed and implemented Electronic reporting of monthly summary data forms from Health facility to DHIS-2 through the interoperability layer)	X	X	X	X	X	X	MOHCDGEC, PORALG, eGov	MESI 2015-2020 Digital Health Roadmap) e-Health strategy M&E strategies of disease-specific programs	Digital health roadmap includes costs	
4.2 Support roll-out of e-IDSR module of DHIS-2 to improve surveillance (including case-based surveillance) and link morbidity data with effects of Climate Change.	e-IDSR module of DHIS-2 reviewed and rolled-out nationally (currently in 15 regions) Morbidity data reports linked with effects of climate change	X	X	X	X	X		MOHCDGEC, IHI, PORALG	Tanzania action plan for health security 2017-2021 MESI 2015-2020 Digital Health Roadmap 2017-2023 includes cost estimates	Digital health roadmap includes costs (enhance and scale notifiable disease surveillance)	

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Activity	Output							Responsible	Source	Costed	
4.3 Develop and implement reporting framework for referral hospitals (regional, zonal referral, specialized and national)	An interface to capture data from zonal referral, specialized and national level hospitals into DHIS2 developed and rolled-out Key staff at hospital level trained	X	X	X	X			MOHCDGEC	MESI 2015-2020 Digital Health Roadmap 2017-2023 includes cost estimates e-health strategy	Digital health roadmap includes costs	
4.4 Expand the scope of SmoL/ICD-10 module of DHI-2 beyond hospitals, beyond mortality, and beyond health facilities	Data managers, coders and clinicians in all health facilities trained SmOL functionalities expanded to capture morbidity data in health facilities SmOL functionalities expanded community mortality data (in verbal autopsies)			X	X	X		MOHCDGEC	MESI 2015-2020	GF proposal (?) + Digital health roadmap includes costs	
4.5 Strengthen the capacities to integrate community based information systems to capture key information (births, deaths, community interventions)	Mapping of m-health innovations at community and facility level Community based health information guidelines finalized Roll-out of CRVS to all councils			X	X	X		MOHCDGEC RITA NBS	MESI 2015-2020 e-health strategy CBHP strategic plan	Digital health roadmap includes costs	
4.6 Map current and planned investments in information systems	Joint mapping of ICT and M&E investments conducted	X	X					MOHCDGEC. ICT and M&E Departments	MESI 2015-2020 Digital Health Roadmap	DHIR (includes estimated costs) Path (with GF grant) ONE Plan II includes costs of a tracking exercise	
4.7 Mobilise investments to support ICT infrastructure required to	Common investment framework developed		X	X	X	X	X	MOHCDGEC. PORALG	MESI 2015-2020 Digital Health Roadmap	In-country discussions, including private	

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implement the HIS roll-out	M&E and HIS priorities fully funded (MESI, Digital Health Roadmap, M&E disease-specific strategies)									sector Catalytic funds National workshop (2 days) for validation	
PRIORITY5. Strengthening capacity for analysis and use of data: Increase access to and capacity for analysis and use at all levels and all key players												
5.1 Strengthen the analytical capacity and data use at all levels, from national institutions to local government councils and facilities.	Data use toolkit (SoPs and guidelines for data analysis and use) developed and harmonized Train health staff on use of ANACONDA app for improved quality of mortality data Annual health profile (national, region, district and facility) DHIS2 functions and data use for HIS curriculum finalized and rolled-out	X	X	X	X	X	X	NBS MOHCDGEC. PORALG	MESI 2015-2020 Digital Health Roadmap (includes estimated costs)	Digital Health Roadmap includes estimated costs	
5.2 Support harmonized national Data Quality Assessments	Analytics roadmap created National supportive supervision visits conducted All health programmes use the national framework for DQA Capacities of health programmes and local council to conduct DQAs improved	X	X	X	X	X	X	MOHCDGEC.	MESI 2015-2020	GF (DQV part of SARA 2017) Malaria, tb and HIV conduct their own DQA	
5.3 Train RHMTs and CHMTs on the use of dashboards/web-portal and scorecards for monitoring and	RHMTs and CHMTs decision-making processes improved Regular mentorship	X	X	X	X	X	X	MOHCDGEC, PORALG	MESI 2015-2020	GF grant ONE plan use of scorecards	

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improving service delivery, including engagement of extension workers											
5.4 Introduce and promote innovative e-learning approaches to increase M&E capacities of a wide audience (health staff at all levels, NGOs, private sector,…)	Web-based online HMIS training and certification functional Active online community of practice/technical networks in M&E Massive Online Open Courses (MOOC) approach introduced by universities of health sciences	X	X	X	X	X	X	MOHCDGEC, PORALG	MESI 2015-2020		
5.5 Support system for analytical review of data to monitor progress of HSSP IV, subsector and sub national strategic plans	Analytical MTR of HSSP IV available Annual health profiles report produced (national, regional, council and facility) Quarterly health bulletins developed at national, regional and district level Performance review guidelines rolled-out	X	X	X	X	X	X	MOHCDGEC PORALG programmes	MESI 2015-2020	lump sum MTR HSSP IV lump sum national and sub-national profiles	
PRIORITY 6: Dissemination and access: Improving access to national health information and data (routine, surveys, research publications, reports)											
6.1 Strengthen and expand the existing HMIS web portal into the National Health Observatory for all health data (routine , surveys and publications)	One-stop-shop for health data and information that is easy to access and does not compromise confidentialityavailable Digital library for sharing health information	X	X	X	X	X	X	MOHCDGEC IHI NBS	MESI 2015-2020 Digital Health Roadmap	Digital Health Roadmap includes estimated costs	

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6.2 Dissemination of health information products	AHSPPR, AHSTF and a Pocket book for quick reference available. National and sub-national health data presented in national and international fora National and sub-national health data published in peer-reviewed publications	X	X	X	X	X	X	MOHCDGEC MUHAS	MESI 2015-2020	Printing (costs in GF grant) Meeting participation costs Publication costs in open access journals (print and online)	
6.3 Support coordination of feedback from community and all data users	Feedback and response mechanism established	X	X	X	X	X	X	MOHCDGEC PORALG	MESI 2015-2020		

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