Tanzania Health Data Collaborative
Key Highlights

Presented at
Tanzania Health Data Collaborative Launch meeting
11-12 September 2017
Dar es Salaam
Towards a robust M&E platform: launching the Tanzania Health Data Collaborative

✓ **June 2015:** Tanzania actively participates in the Measurement and Accountability Summit, Washington DC

✓ **February 2017:** in-country meeting preparation for the launch of the Tanzania Health Data Collaborative

✓ **March 2017:** Request from Ministry of Health to engage with the HDC

✓ **August 2017:** Secretariat/task-force to prepare the launch established

✓ **THDC to be launched 11-13th September**
Improving the way we work together: some guiding principles

✓ **Strong agreement and goodwill:** the Government and its partners work together in a more efficient manner towards one strong country-led health information system, reducing fragmentation and duplication.

✓ **Realistic views of the solutions to this problem:** This requires strong government leadership) and willingness of all partners to better bring together global reporting demands.

✓ **Build upon existing mechanisms:** the SWAP Coordination mechanisms and existing plans will be used as a starting point, but need to be strengthened.

✓ **Use new opportunities:** the ICT revolution (including DHIS with web-based reporting, electronic health records in several programs), the renewed focus on improving outbreak disease surveillance, the Tanzania Digital Health Information Roadmap (DHIR), and others
Launching the Tanzania Health Data Collaborative: objectives

- to rally all stakeholders towards supporting a common M&E framework and the country’s priorities;

- to commit long-term support to 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;

- to actively engage key players from other sectors in collaborative cross-sector efforts to strengthen the national platform for measurement and accountability.
Identifying M&E Priorities for the THDC

Tanzania Health Data Collaborative not a new plan, initiative or roadmap, but draws priority actions from existing plans.

- M&E Strategy 2015-2020 (MESI II):
- Tanzania Digital Health Information Roadmap 2017-2023:
- M&E plans of disease-specific strategic plans:

A new way of working together to address issues that require collective support and action

- Increase efficiency
- Reduce duplication
- Re-align funding to support the agreed priorities
Action areas requiring collective support and action

✓ **Improving Coordination**: Strengthen M&E/HIS multi-stakeholders coordination mechanisms

✓ **Alignment of indicators and data collection processes**: Align indicators of program specific strategic plans with HSSP IV and harmonise data collection efforts

✓ **Joint and aligned investment in digital health information systems**

✓ **Strengthening capacity for analysis and use of data**: Increased access, capacity for analysis and use of GOT-HOMIS, PlanRep, FFARS, DHIS2, survey and administrative data

✓ **Dissemination and access**: Strengthening country health data dissemination and sharing
### Tanzania M&E Priorities for the THDC (1)

<table>
<thead>
<tr>
<th>5 Year M&amp;E Strategy - Objectives</th>
<th>Digital Health Investment Road Map</th>
<th>Merged HDC Priorities</th>
<th>Proposed Strategic actions</th>
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<tbody>
<tr>
<td>Enhance government coordination of data systems and use initiatives</td>
<td>National and International Coordination and Synergy</td>
<td>Increase collaboration and coordination within all M&amp;E related MDAs, Development Partners, disease-specific programmes and research institutions</td>
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<td>Improved Efficiency of HMIS to meet all health sector M&amp;E requirements</td>
<td>Improve HMIS Indicators and Reporting</td>
<td>Quality Routine Data in HMIS</td>
<td>Harmonise the indicators of the M&amp;E framework of HSSP IV to include program specific indicators</td>
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<td>HMIS Data quality: Strengthen accuracy of data</td>
<td>Hospital Data</td>
<td>Digitize Service Delivery</td>
<td>Reporting framework for referral hospitals (regional, zonal referral, specialized and national)</td>
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<td>Integrate more programs in the health sector in DHIS2 and introduce multiple modes for data entry based on emerging technology trends</td>
<td>Primary Health Care Data</td>
<td>Standards for Health insurance eClaims</td>
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<td>Coordinated approach to facility Assessments across disease programs, directorates, methods and funding partners.</td>
<td>Systems for Facility Performance Management and Supervision</td>
<td>Facility Assessments</td>
<td>Rationalize and harmonize scope and periodicity of the health facility assessments (SARA, TSPA, SDI)</td>
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<td>Use of Surveys to provide nationally representative evidence on community health status and vital statistics</td>
<td>Surveys</td>
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<td>Rationalize survey plan</td>
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<td>Continue SAVVY, surveillance data available to all stakeholders with full data elements definition and data assumptions</td>
<td>Surveillance</td>
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<td>Surveillance activities implemented and reports released according to five year surveillance plan</td>
<td>Enhance and scale notifiable disease surveillance</td>
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<td>Improve eIDSR module of DHIS2 to provide real time data</td>
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<td>Collaboration between RITA, MoHCDGEC and POPSM results in over 60% of all births being registered by 2020 (and X % of all deaths)</td>
<td>Notification Systems for Birth and Death Recording</td>
<td>Improving civil registration and vital statistics (CRVS)</td>
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<td>Data Use –</td>
<td>Data Use Practices and Capacity</td>
<td>Data Dissemination and Use</td>
<td>Institute system for analytical review of data to monitor progress of HSSP IV, subsector and sub national strategic plans</td>
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<td>Guiding Documents, Legal Frameworks, Coordination, Capacity, Institutionalize Data Availability, Analysis and Interpretation Monitor and Evaluate</td>
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<td>Dissemination of health information products (from all key players in the sector)</td>
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<td>CPD – Pre-Service includes MTUHA, DHIS and DDU,</td>
<td>Organizational, Institutional and Individual Capacity</td>
<td>Introduce and promote innovative e-learning approaches to increase M&amp;E capacities of a wide audience (health staff at all levels, NGOs, private sector)</td>
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<td>CPD – In Service addresses HMIS and DDU Needs</td>
<td>Train RHMTs and CHMTs on the use of dashboards/web portal and scorecards for monitoring and improving service delivery</td>
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<td>Data Flow through Interoperability</td>
<td>Put in place an enterprise architecture, including governance, guidelines, and standards for interoperability</td>
<td>Enterprise Architecture and Interoperability to facilitate data sharing</td>
<td>All digital health systems in Tanzania are linked and compatible according to a national enterprise architecture and standards.</td>
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<td>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)</td>
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<td>Client Registry</td>
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<td>Administrative Area Registry</td>
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<td>Terminology Service</td>
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<td>Health and Social Services workers Registry</td>
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<td>Health Data Warehouse</td>
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<td>Client Feedback Management</td>
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<td>Improve coordination of feedback from community and data users</td>
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<td>Systems for management of supply chain data.</td>
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Some current challenges
Working towards better integrated country systems

– Multiple plans and initiatives
– Leadership focus on own institution mission
– Fragmented support (e.g., 128 digital systems identified)
– Weak data quality, and fragmented approaches to strengthen it.
– No harmonized standards (e.g., facility surveys: SARA, TSPA,...)
– No mapping of current activities
– No efficiencies (duplication of efforts, redundancies)
Some current challenges
Working towards better integrated country systems

✓ **128 digital health systems identified** (mapping of digital health systems conducted to inform the Digital Health Investments Roadmap)
Some current challenges
Working towards better integrated country systems

✓ Insufficient investments in health and health information systems - need of improving efficiencies and increase smarter investments

✓ Currently, there is not a completed mapping of investments on information systems
Tanzania requires $10,561 million to implement HSSP IV over five years. The total costs of the HSSP IV increase from $1,942 million in 2015/16 to $2,333 million in 2019/20.

Total resource requirements almost equally divided between Health services (51%) and health system components (49%).

By 2019/20, half of the HSSP IV resource requirements remain unfunded under the least-optimistic scenario.
Some current challenges
Innovative financing needed to cover the gap

✓ Proportion of external financing decreasing but public financing not covering the gap

✓ Trends show increasing role of health insurance in health sector financing

✓ Need for innovative financing approaches to cover the gap
Purpose of mapping investments

- Identify the who, what, where and when of investments in HIS and M&E.

- Enable more informed and efficient investments in health information systems in future budget cycles.

- Identify gaps and potential duplicative investments at the national and county level.

- Allow partners to modify future investments to critical areas of most pressing need.

HOW?

- Quick mapping of (high-level) investments conducted

- More than 15 Organizations and Agencies identified. More than USD 25m mapped against country priorities, for the next three years.

- A detailed mapping of investments needed as follow-up; and developing a HIS/M&E common investment framework
Increasing efficiencies: a common investment framework

✓ The common investment framework identifies who is supporting HIS and M&E at country level: what, when, and where.

✓ Identifies the funding gaps and potential overlaps and duplications.

✓ It is used by partners and Government to align their investments.

✓ This includes in-country and global partners (e.g., GFATM, GFF, GAVI,...)

HOW?

☐ Normally a national workshop is conducted to develop the HIS investment framework and endorse it - includes commitments from partners.

☐ It builds on a costed plan and the mapping of investments.

☐ It is the basis of aligned investments and harmonized implementation of HIS priorities.
Country-led M&E platform

- GAVI reporting
- Global Fund reporting
- PEPFAR reporting

Monitoring reports
- Analysis and synthesis
  - Country data information generation and compilation
- Data quality assessment
- Independent reviews
- Programme reports
- Statistical reports

Reviews
- Harmonization of reporting requirements
- Minimization of reporting requirements

External validation and estimates

Common standards and tools
- UN reporting (MDG/SDG)
- Evaluation
- Programme reporting (Tuberculosis, Maternal and child health, HIV, etc.)
How to get there

Group Work

✓ Review challenges that contribute to duplication, reduce efficiency, and prevent us from achieving our goals.

Result:

✓ Commitments from Government, Development Partners (International and National), local stakeholders, to address challenges identified
✓ Requirements
✓ Recommendations to address the following issues.

Things for groups to consider:

✓ principles, approaches, processes, transparency,
✓ how to be responsive to urgent program needs, capacity,
✓ how to recognize inputs to shared objectives,
✓ overcome need to do something new, access to data, etc
How to get there

Different groups to work on:

1. Multiple Overlapping Surveys
2. National selection of systems based on requirements and existing solutions
3. Specific systems introduced by Disease specific Vertical programs or Implementing Partners
4. Coordinated approach for introducing new approaches, systems and methods in the national system (balancing need for learning and new innovation to inform national scale).
5. Improving access to data in national systems for use
6. Aligning indicator definitions and data element requirements?
How to get there

Each group (where applicable) to consider:

- Coordination and Collaboration
- Alignment of indicators and data collection processes:
- Joint and aligned investment in digital health information systems
- Strengthening capacity for analysis and use of data
- Dissemination and access
Monitoring the Global Strategy requires substantial investments in data collection, compilation, analysis, communication and use in countries. The Health Data Collaborative and others must play a critical role to:

• Advocate for and invest in strengthening CRVS systems through the CRVS window of the Global Financing Facility;
• Ensure every country has a regular programme of health surveys;
• Focus on disaggregated data to address equity and human rights considerations so that no one is left behind:
• Improve monitoring of health system resources such as financing, workforce and access to medicines.

Finalize mapping of investments in M&E and data system

Quick overview of HIS investments in Tanzania (on going)

✓ Partner Investment by THDC priority areas being addressed
✓ Amount investment and mechanism (M&ESI, TDHIR, Sub-sector plan, Disease specific program, Project etc)
✓ Alignment (look for duplication, synergy)
The Roadmap for Health Measurement and Accountability

United Republic of Tanzania
Ministry of Health and Social Welfare

Health Sector Strategic Plan
July 2015 – June 2020
(HSSP IV)

Reaching all Households with Quality Health Care