

Terms of Reference for Coordination Group on

Tanzania Health Data Collaborative

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. To realize this ambition in Tanzania, the Government launched the Tanzania Health Data Collaborative in Dar es Salaam on the 11th September 2017.

The Health Data Collaborative is not a formal partnership. We operate with a light, nimble governance structure, based on a shared vision that by working together to strengthen country information systems, we can contribute meaningfully to better decision-making and better health.

Nor is the Health Data Collaborative a fund. It is not directly responsible for financing health information systems, but for bringing donors and other partners together to make sure investments are made in the most efficient and effective way.

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 2017-2022². 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). These priorities and strategic actions to address them are detailed in the Tanzania HDC launch communiqué³:

1. Addressing fragmentation of M&E and data systems
2. Alignment of indicators and data collection processes
3. Alignment of health facility assessments and surveys
4. Joint and aligned investment in digital health information systems
5. Strengthening capacity for analysis and use of data
6. Dissemination and access

¹https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/Tanzania_ME_SI_2015-2020_Strategy.pdf

²https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/Tanzania_Data_Use_Partnership_Report.pdf

³https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/SIGNED_Tanzania_HDC_Communique_7Feb2018.pdf

A Health Data Collaborative Coordination Group is a time-limited group of technical experts from government and development partners, academia, civil society, private sector and faith-based organizations that is brought together to work collectively on specific programmatic and technical deliverables of the Health Data Collaborative implementation matrix 2018 – 2020 (see annex 1). The HDC matrix has been endorsed by the Permanent Secretary during the launch of the Tanzania HDC in February 2018. This group will leverage existing mechanisms wherever possible, linking with and strengthening existing collaborative networks, communities of practice, and initiatives working to improve health data systems in country.

It will be important to engage with Programme specific platforms (such, HIV, TB, malaria, Immunization, RCH, non-communicable diseases etc.) to fully respond to those specific data needs and to avoid duplication.

Objectives

1. In response to country demand, promote, catalyze and facilitate collective support and aligned investment to strengthen country M&E systems and capacities.
2. Engage with existing platforms and networks in order to promote the collaborative approach and build national capacities.
3. Provide a platform for communication, documentation and dissemination of country results, best practices, and joint learning
4. Strengthen national health information systems through coordination and collaboration on global and regional initiatives.

The HDC Coordination group is a platform for:

- Enhancing aligned support to the country (Ministry of Health, PORALG and their related agencies)
- Addressing specific technical issues, topics, and gaps in the country including development and harmonization of tools and standards where necessary;
- Catalyzing collective action in countries,
- Documenting best practices and learning and ensuring effective dissemination
- Increasing efficiency in the use of investments in country M&E

Scope of work:

1. On a monthly basis, the Coordination group get updated on ongoing Health Data projects including mapping of small scale implementation research and consider new ideas and upcoming proposal.
2. On a monthly basis, the Coordination group will conduct a detailed planning and review of HDC implementation matrix, and assign responsibilities to relevant agencies.

3. On a monthly basis, the Coordination group will follow up on recommendation of Monitoring and Evaluation Technical Working Group (M&E TWG).
4. On a monthly basis, the Coordination group will prepare a report to M&E TWG.
5. On a monthly basis, the Coordination group will update the Tanzania page of a new HDC web platform (with progress updates on collaborative activities, upcoming events and working documents).
6. On a quarterly basis, the Coordination group will produce a Tanzania HDC bulletin.
7. On a biannual basis, the Coordination Group will update timetable of meetings for upcoming 6 months and identify the meeting venue which will be rotated among partners.
8. The Coordination Group will measure specific major deliverable against the HDC implementation matrix.

The Coordination Group will be chaired by MoH, co-chair for every 6 month will be selected by the group and WHO will remain as a HDC Secretariat.