Management & Governance Structure

Final December 2017

Overview

The Heath Data Collaborative (HDC) Governance and Management structure has been updated by the HDC Steering Committee to suit the evolving needs of a more mature and established collaboration. The revised structure will facilitate decision-making, communication, reporting and partner ownership, whilst remaining light and nimble.

HDC Background

Global, regional and country health actors have joined forces to establish the HDC, which aims for more aligned, effective and efficient support of country health statistical capacity to monitor the health-related SDGs. The HDC approach will help countries maximise the benefits arising from the large amounts of funding for health data that flow through disease programmes, projects, and surveys and establish more effective means of providing technical expertise.

In the short time since its inception, the HDC has already started to make progress towards its objectives in a number of pathfinder countries by:

- Enhancing country capacity to monitor and review progress towards the health-related Sustainable Development Goals through better availability, analysis and use of data
- Improving efficiency and alignment of investments in health data systems through collective action
- Increasing impact of global public goods on country health data systems through increased sharing, learning and country engagement


This success has stimulated a growing interest by countries and partners in the HDC approach, which will need to be carefully scaled-up to improve health data systems in a wide range of contexts.

The full potential of HDC will not be realized without effectively coordinating with other approaches that support countries in achieving the health related Sustainable Development Goals (SDGs) and building national statistical capacity and data systems. HDC is therefore establishing working relationships with:

- UHC 2030
- Global Partnership for Sustainable Development Data
- Every Woman Every Child (EWEC) and the Global Strategy for Women’s Children’s and Adolescents’ Health
• Global financing initiatives, such as GFF, The Global Fund and Gavi

**Governance and Management Structure**

The revised HDC Governance and Management structure has been updated to reflect two clear priorities:

1. The focus of HDC to support national processes
2. The need to improve communication, coordination and decision making to improve effectiveness, transparency and inclusiveness.

A schedule of teleconferences and written updates for country and global activity was approved by the SG in October 2017. *See Table 1.*

**HDC Approach in Countries**

The Health Data Collaborative approach is country-initiated and country-led. The national government, represented by the Ministry of Health, provides stewardship and leadership for establishing a single national monitoring, evaluation and review platform as the measurement system and accountability mechanism of the national health strategy. This will be used to track and report progress on health SDGs, including health inequities; assess the performance of the health system and diseases programmes and; detect, report and respond to emerging health events.

By working collaboratively and aligning with the national health data systems, the diverse mix of partners can enhance their existing roles and mandates in data management, reduce duplication and maximize efficiencies. The collaboration will include planners, programmes and development partners (headquarters and country offices). It also provides an opportunity to re-establish functional relationships with a wider data community such as other government departments, statistical commissions, public health institutes, academia, the private sector, parliamentarians and civil society, to name just a few. They will all enrich the data and contribute to the regular and inclusive reviews of progress at the national and sub-national levels, as promoted by the 2030 Agenda for Sustainable Development.

A number of pathfinder countries have led the way, identifying areas where partners can align their technical and financial support. The demand from countries ranges from broad strategic support for the country-led M & E platform to more specific technical areas for engagement. Partners supporting the Health Data Collaborative will be invited to respond to the specific demands from countries. The work will gradually expand and go to scale, based on learning and best practices and the demonstration of improved results.

With growing interest in the HDC approach, governments, partners and other actors have requested a *systematic, step-by-step process* for adopting the Health Data Collaborative approach. The “Country Engagement Approach” provides standard operating procedures for country engagement, outlining what success of HDC in countries should look like *(See Annex 2).*

It is acknowledged that the capacity of partners may be insufficient to fully respond to growing country demand for the HDC approach. In such circumstances, the principles of the HDC can still be adopted by countries and their partners, with a less institutionalized HDC approach and monitoring. The harmonized products of the Technical Working Groups (see section to follow which sets out this work) should be used in all applicable settings, irrespective of whether the country has an HDC approach.
HDC Steering Group

The HDC Steering Group (SG) advises on the HDC’s technical and strategic direction and promotes accountability of all HDC partners and countries. It is composed of a mix of senior level officials from countries, donor agencies, implementing partners, civil society organizations and academics that have made commitments to the HDC. By drawing together high-level agency participation and country perspectives, the SG is a forum for ensuring the HDC approach maintains pace, relevance and productivity. These senior decision-makers have the capacity to provide technical and strategic advice and direction for the HDC, and are sufficiently empowered within their respective organization to promote the HDC principles, work-plan alignment and institutional behavioral modification when needed.

The SG will meet once a year in person to monitor activities and deliverables of the TWGs and the HDC country approach. It will review the annual work-plan of the Secretariat. By drawing upon the Annual Work-plan, Log-frame (as a Results Framework), the Terms of Reference and Operational Budget, HDC Secretariat reports, and commissioned reviews and evaluations, the SG will:

- Review and approve the Strategic Framework of HDC, annual plan and budget, ensuring technical rigor, strategic relevance and appropriate resourcing
- Assess country level progress and agree country engagement/strategic resource allocation
- Measure and manage the Technical Working Group progress (mandating formation of new TWGs, closing existing TWGs and refining TWG composition)
- Identify opportunities and incentives for greater alignment and improved efficiency
- Establish strategies for building relationships with other bodies (UHC 2030, GHAL, EWEC, PMNCH etc.)

A rotational system of co-chairs will represent the key constituencies of donors, technical agencies, pathfinder countries and WHO. They will jointly facilitate the decision-making of the Steering Group between the annual meetings. The co-chairs will rotate on an annual basis. See details in Annex 1.

It has been agreed that the HDC will need to dock into wider decision making processes such as UHC2030 and the Global Partnership for Sustainable Development Data to achieve high-level political coherence and support. The annual meeting of the Steering Group will be scheduled to coincide with the UHC2030 Steering Group, creating opportunity for participation and exchange between the two high-level groups.

HDC Technical Working Groups

Significant progress has been made on producing harmonized global public goods and standards through the HDC Technical Working Groups. Since March 2016, more than 350 technical experts and implementing partners from 60 organizations have been working together to contribute to WHO norms and standards; facilitate consensus on global public goods and; attain greater buy-in of implementing partners to disseminate and use harmonized tools. Currently, TWG membership is inclusive and open to all agencies, academics, civil society and partners with appropriate skills, technical competence and time. Regular updates from the TWG leads are to be presented on the bi-monthly SG calls. Additionally, a synthesis update for each TWG will be compiled and shared with the SG each two months. Lessons will be documented and used to streamline TWG membership and improve the efficiency and coherence of the TWGs.
TWGs are task-orientated and time-bound. New time-limited groups may be established to address technical topics within a specific time-frame, such as for disease surveillance for early warning and response. The Steering Group and TWG leads will review progress and prioritize an annual-plan of TWG deliverables, aligned with the HDC operational plan.

It is recognized that once developed by the TWGs, a validated set of harmonized norms, standards and tools should be adopted and used by countries and implementing partners. The «SCORE for health data 2030» technical package provides an overarching framework for the most effective strategic interventions and essential tools needed to strengthen health data for monitoring health priorities and targets. The package encourages national policy-makers along with development partners, civil society and the private sector to invest in a select number of interventions and tools, including products from the TWGs that will impact on the quality, availability, analysis, use and accessibility of data in countries.

**HDC Secretariat**

The HDC Secretariat, based at WHO HQ, provides support for improving partner communication, coherence and coordination. In doing so, the Secretariat will facilitate more functional relationships between different country, regional and global stakeholders, members of the HDC Steering Group, Technical Working Groups, and higher level strategic decision making bodies and other partnerships. As part of the updated Governance, the Secretariat will be staffed by, at minimum, a senior level HDC Project Manager, a Communications Officer and an administration/support staff. The Project Manager of the Health Data Collaborative provides overall management of the Secretariat function of the Health Data Collaborative. The Secretariat will:

1. Manage and track implementation of the HDC Operational Work-Plan communicating with working group leads, and member partners on a regular basis, providing updates on progress, highlighting challenges and gaps and lessons learned; undertaking annual strategic planning, monitoring and reporting.

2. Facilitate communications and information sharing on country-led health data collaborative platforms; sharing country requests for collective action with HDC support; communicating with countries and partners to facilitate HDC catalytic approaches, advising on best practice approaches; providing country updates to all key stakeholders at global, regional and country levels; documenting and monitoring partner actions and commitments in support of country led priorities; disseminating lessons learned.

3. Provide support to the HDC Technical Working Groups, ensuring coordination and communication across different work-streams and monitoring and documenting progress.

4. Implement a Communications Strategy, including coordination of consultation meetings (Steering Group, technical experts); coordinating the development and dissemination of advocacy materials; and supporting external relations awareness-raising and outreach efforts.

5. Interface with other data collaboratives and initiatives in order to promote and create synergies alignment of efforts and avoid duplication.
Table 1: Schedule of communications

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<tr>
<th>Schedule of communications</th>
<th>Notes of the call to be circulated to the Steering Group members.</th>
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<tr>
<td>1. HDC Co-Chairs Call (Bi-monthly)</td>
<td>Notes of the call to be circulated to the Steering Group members.</td>
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<td>2. HDC Steering Group Call (Bimonthly - on the alternate month of the Co-Chairs call)</td>
<td>Agenda includes: 1. Country Update 2. TWG updates – written updates shared from all TWGS and one/two TWG present the work in progress 3. Face to face meeting one per year</td>
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<td>3. Country Deep Dive Call (Monthly) (rotating per country)</td>
<td>Single country-focused call led by countries that have adopted or are interested in the HDC approach. Local and global partners participate to discuss progress and challenges in order to accelerate the collective response to country needs.</td>
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<td>5. Written updates</td>
<td>1. Annual Report: The 2018 Report will be prepared for publication in May 2018. 2. Written updates shared from the TWG to the Steering Group each two month. Active inputs from all partners are critical. 3. Website: HDC website on a monthly basis</td>
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Civil Society

The engagement of civil society helped enrich and shape the SDGs and build global awareness. Support to civil society at national and global levels will be an essential element towards fulfilling the Agenda 2030 and ensuring systematic attention is given to the needs of the most marginalized and vulnerable populations so that no one is left behind. Civil society has a role in shaping policies, measuring progress and establishing systems of accountability.

Civils society will have an important role in reviewing progress on the SDGs at global and country level. As part of the 2030 Agenda for Sustainable Development, Member States will draw upon civil society as they conduct regular and inclusive country driven reviews of progress at the national and sub-national levels. The High-Level Political Forum (HLPF) engages civil society in the regular reviews of global progress on the SDGs. Civil society will need to be well equipped to play their role in generating, analyzing and using data for accelerated, equitable and sustainable progress towards UHC and other health-related SDG targets.

A strategy for engaging civil society across all of HDC’s work is currently being drafted, which will also consider how this complements the UHC2030 Civil Society Engagement Mechanism (CSEM) and the contribution of civil society in the Global Partnership for Sustainable Development Data.
# Annex 1: Table on Roles and Membership

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<tr>
<th>Title/Function</th>
<th>Description / Role</th>
<th>Membership</th>
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| **Country HDC Approach** | National governments will:  
- Track and report progress on health SDGs, including health inequities; assess the performance of the health system and diseases programmes and; detect, report and respond to emerging health events  
- Establish a single national monitoring, evaluation and review platform as the measurement system and accountability mechanism of the national health strategy.  
- Define areas of priority for country HDC approach  
 Partners will:  
- Respond to country demands  
- Align their technical and financial support around a single national monitoring, evaluation and review platform  
- Enhance their existing roles and mandates in data management, reduce duplication and maximize efficiencies  
- Use the harmonized products of the TWGs where applicable  
- Enrich the data  
- Contribute to the regular and inclusive reviews of progress at the national and sub-national levels | The Ministry of Health in collaboration with planners, programmes, civil society and development partners (headquarters and country offices), wider data community such as other government departments, statistical commissions, public health institutes, academia, private sector, parliamentarians and civil society |
| **HDC Steering Group (SG)** | The Steering Group will meet annually to:  
- Review and approve the Strategic Framework of the HDC, annual plan and budget, ensuring technical rigor, strategic relevance and appropriate resourcing  
- Assess country level progress and agree country engagement/strategic resource allocation  
- Measure and manage TWG progress (mandating the formation of new TWGs, closing existing TWGs and refining TWG composition)  
- Identify opportunities and incentives for greater alignment and improved efficiency  
- Establish strategies for building relationship with other bodies (UHC 2030, GHAL, EWEC, PMNCH etc.) | A small group of senior decision-makers from agencies committed to the HDC approach. Representatives must have technical knowledge and have the authority to influence their agency’s engagement.  
A rotational system of four co-chairs will represent key constituencies (donors, technical agencies, pathfinder countries and WHO) and facilitate the decision-making of the Steering Group between the annual meetings. |
| **HDC Secretariat** | Functional Secretariat housed in WHO will:  
- Manage and track implementation of the HDC Operational Work-Plan communicating with working group leads and member partners on a regular basis; undertaking annual strategic planning, monitoring and reporting.  
- Facilitate communications and information sharing on country-led health data collaborative platforms and documenting and monitoring partner actions and commitments in support of country led priorities.  
- Provide support to the HDC Technical Working Groups, ensuring coordination and communication across different work-streams and monitoring and documenting progress.  
- Implement a communications strategy, including coordination of consultation meetings (Steering Group, technical experts); coordinating the development and dissemination of advocacy materials; and supporting external relations awareness-raising and outreach efforts. | 3-person team:  
- Project Manager  
- Communication lead  
- Admin/support staff |
• Engage and interface with other data collaboratives and initiatives, in order to promote and create synergies, alignment of efforts and avoid duplication.

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<tr>
<th>HDC Technical Working Groups (HDC TWG)</th>
<th>Time-limited groups of experts responsible for executing TWG ToRs in fulfillment of the annual work plan, in line with the overarching HDC Operational Plan, through:</th>
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<tr>
<td>Role: Technical Experts</td>
<td>• Contributing to WHO norms and standards</td>
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<td></td>
<td>• Facilitating consensus on HDC related global public goods</td>
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<td>• Attaining greater buy-in by implementing partners to adopt, disseminate and use these harmonized tools.</td>
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<td></td>
<td>TWG membership is inclusive and open to all agencies, academics, civil society and other partners with appropriate skills, technical competence and time. Lessons from the first year will be used to streamline TWG membership and improve the efficiency and coherence of the technical working groups.</td>
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### Annex 2: Country Engagement Approach

**Collective country engagement approach: Recommended steps /protocols**

**Principles of engagement**

1. The process should be country initiated and country led with strong country stewardship and broad-based stakeholder participation (governments, donors, civil society organizations, public health institutions, academic and private sector).
2. The approach should be where there are opportunities for collective technical support and/or where joint investments have been identified.
3. Global support, if required, should be mobilized through:
   - Requests from countries based on identified needs (responsive modality).
   - Reaching out to countries to actively demonstrate the value of an aligned partner response (proactive modality).

**Type of engagement**

There are several types of possible engagement:

1. **Strategic request for collective action** to support extensive M&E activities (in some cases this may be initiated by a preliminary scoping mission by a single agency or multiple partners, or arise out of national planning processes):
   - Strengthen M&E and/or HIS plan.
   - Priorities for investment.
   - Common investment framework.
   - Technical support for implementation.

2. **Focused request for collective action** to support a specific M&E activity (e.g. multiple agency support for technical work in a specific area such as building analytical capacity or for investing in /providing technical support for HMIS).

3. **Specific agency request** for technical support (which may provide an opportunity for considering with Ministries the value of more strategic partner engagement).

4. **Knowledge sharing for ongoing in-country coordination** of partner work requiring no international support but useful to inform others or share knowledge, best practices or tools.

These are country-initiated and led processes where government takes the lead in design and implementation, and sets up effective coordination mechanism for management resources.

**Where will HDC engage?**

1. All countries are eligible.
2. Based on country request from national government.
3. Where there is potential for:
   - Collective action and aligned investment.
   - Technical cooperation and coherence.
   - Building political interest in data.
   - Taking forward country-level activities of the working groups.
Collective country engagement approach: Recommended steps /protocols

| 4. | In 2016/17, work will be done in a small number (~5-8) of countries which will facilitate joint learning and best practice. This will include: |
| i. | Comprehensive strategic approach as part of the joint learning agenda, documenting best practices. |
| ii. | Focused engagement for collective action through different modalities. |

The experience from the first wave of countries will provide a foundation for scaling up of the approach in more countries over subsequent years. Demand will be generated by demonstrating the value of the Health Data Collaborative approach.

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**Best practice of HDC country engagement**

- Work through and strengthen in-country coordination mechanisms for M&E.
- Promote and disseminate standards, tools, approaches developed through the HDC with country counterparts, building on existing efforts wherever possible.
- Engage broad range of local partners, including civil society, private sector and research and technical institutions.
- Link to process of using data (e.g. planning or accountability at any level).
- Coordinate, harmonize and align development partners’ investments and engagements in country data systems.
- Measure and document partner alignment and efficiency gains.
- Disseminate progress and lessons learned.

**HDC Information Flow for country engagement**

1. Countries made aware of the opportunities of the Health Data Collaborative approach.
2. Countries express interest in receiving technical advice and support.
3. All country requests shared with core group, which should include a clear explanation of the type of request, justification for support and expected response by HDC partners.
4. Lead time of at least 6-8 weeks is given for all strategic requests, to allow partners to fully prepare and participate.
5. Requests are shared by core team with relevant country and regional focal points to assess interest in engaging.
6. Based on response, agencies inform core team of different agencies engagement interests.
7. Partner focal point(s) identified and relevant stakeholders confirmed.
8. All requests tracked through Collaborative workspace.