HEALTH DATA
COLLABORATIVE
DATA FOR HEALTH AND SUSTAINABLE DEVELOPMENT

2016 YEAR IN REVIEW

Background

The Health Data Collaborative was launched in March 2016, based on a common diagnosis of a global problem: global and country investments in strengthening country health information systems need to become more efficient in order to meet the challenge of monitoring the health and health-related Sustainable Development Goals and to contribute to sustainable development of national health systems.

The Summit on Measurement and Accountability for Health in June 2015 in Washington, D.C., which resulted in the Five Point Call to Action, spurred the formation of the global Health Data Collaborative, which is now operational with 35 partners and over 300 technical experts engaged in technical working groups. The approach aims to enhance the efficiency of current financing for health data (an estimated $1.5-2.0 billion per year) that flows through disparate projects and disease programmes.

Together, the HDC partners are investing in country capacity to generate, analyse and use health data, essential for improved performance and accountability. This will be achieved through providing (1) a vehicle for country-led Health Data Collaboratives, supported by regional networks for peer learning and review, and (2) a platform for developing improved global public goods to strengthen country health information systems.

Progress in 2016

- *Operational workplan finalized*

  ✓ The workplan puts into action principles of alignment established through the Measurement and Accountability for Health Summit and 5-Point Call to Action from June 2015.

  ✓ The workplan articulates key deliverables that include improved global public goods and better country results.

- *Technical working groups advance work on global public goods*

  ✓ Nine technical working groups have been established with more than 300 members from 60 organizations tasked with delivering a set of harmonized global public goods, designed to increase the impact of investments in country data systems. Some examples include:

    -**Harmonized facility surveys**: WHO, USAID, World Bank, UNICEF & UNFPA met in Washington, D.C. on Aug. 24-25 as part of the HDC Facility and Community Data working group to advance work on harmonizing facility survey indicators across multiple tools. These agencies have also agreed to explore more coordinated approaches to supporting facility surveys in a select number of countries.

    -**Digital health and interoperability:** USAID is leading this working group, which aims to reduce fragmentation of digital health systems. In-person meetings were held in June and December. PATH has been established as the working group's Secretariat, and sub-working groups have been formed to (i) develop an interoperability capability and maturity model,

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and (ii) articulate the business value proposition for interoperability. The working group leads authored a blog entry on the need for interoperability, [published](#) on the HDC web site.

-**Routine health information systems curriculum**: MEASURE Evaluation (funded by USAID) and WHO, in collaboration with other partners, have published a new standardized [RHIS curriculum](#) for collecting data from health facilities to document health status, health services, and health resources.

-**Common data quality tool**: Progress has been made on moving away from multiple disease-specific data quality tools and toward a single tool developed by USAID, Global Fund, JSI, WHO, GAVI and MEASURE Evaluation.

-**New cause-of-death tool**: WHO has developed a [Start-up Mortality List](#) (SMoL) module for DHIS 2, which aims to capture cause-of-death information in a more efficient way, allowing users to select from a simplified list of most common causes. The Global Fund provided financial support for a multi-country workshop in Tanzania in July attended by 13 African countries, Bloomberg Philanthropies, CDC and the World Bank.

-**Common platform for routine health data reporting**: Parallel, disease-specific reporting systems are increasingly being integrated into a single platform at country level (e.g., DHIS 2). Such investments in a common platform are expected to result in increased efficiencies and savings for countries and global partners.

-**Bringing it all together**: The Health Data Collaborative's working groups are developing global public goods that will be included in a comprehensive technical package that will give policy makers and implementers easy access to data tools and standards. WHO hosted a technical consultation meeting in December to discuss the key components of the technical package, bringing together 50 country and regional experts and partners.

✓ Leveraging existing mechanisms: To avoid duplication with existing efforts, links have been established with networks such as the Global CRVS Group, the Global Health Workforce Network, Interagency Supply Chain Group (ISG), and Primary Health Care Performance Initiative (PHCPI), which are all working to develop harmonized global public goods.

- *Country engagement by HDC partners*

  ✓ **Kenya**: The launch of the Kenya Health Data Collaborative in May resulted in a One Monitoring & Evaluation Framework and Roadmap with priorities to be supported by all stakeholders. Data analytics capacity building workshops to support a mid-term review of the Health Sector Strategic Plan were held in July and August. And a mapping of health partners' M&E activities, which will support the development of a common investment framework, was completed in December. Kenya's stewardship of the Collaborative approach at country level to strengthen its health information system makes it an exemplary pathfinder country for the HDC. A full chronology of activities in Kenya can be viewed [here](#).

  ✓ **Malawi**: Following a multi-partner mission in November, [Malawi](#)'s Ministry of Health has spearheaded the formation of a Monitoring & Evaluation Taskforce to oversee HIS strengthening activities, and in April identified priority actions through 2021. A centralized DHIS 2 system is in development to replace fragmented investments in multiple systems for disease-specific programmes, and a common investment framework aligned with MoH's second Health Sector Strategic Plan is being developed and will be validated during a multi-

partner mission scheduled for later this year.

✓ **DRC**: Global Fund, World Bank, GAVI and DFID have agreed to integrate disease-specific programmes into DHIS 2 through a joint investment of $27 million. And Global Fund, GAVI and WHO have agreed to use a harmonized tool for data quality assessments. A national health M&E plan and priority actions have been drafted, and the list of national core health indicators have been finalized.

✓ **Sierra Leone**: Ministry of Health and Sanitation has assumed leadership to develop a unified national architecture for its health information systems (HIS) as stated in the "Bintumani Declaration." This paves the way for centralized coordination of efforts to integrate and oversee existing systems and to prevent parallel, disease-specific systems from emerging. Already, CDC and eHealth Africa have agreed to integrate their disease surveillance efforts into DHIS 2. Sierra Leone's experience provides a case study for the HDC's [Digital Health Systems and Interoperability](#) working group's engagement with countries.

✓ **Namibia:** UNFPA shared a formal request from the Ministry of Health for a HDC partner approach to supporting the following country priorities:

  ▪ Assess key deliverables of the HIS strategy
  ▪ Technical support (HIS capacities)
  ▪ Capacity building (data analysis, and health economics)

✓ **Nigeria:** The Federal Ministry of Health has expressed interest in the HDC approach and requested support from WHO for a national M&E situation analysis workshop, which was carried out in October. A technical workshop with in-country partners and programmes is scheduled for later this month to finalize a M&E roadmap, to be potentially followed by the launch of a Nigeria Health Data Collaborative.

✓ **Cameroon:** The Cameroon Health Data Collaborative (CHDC) was launched on December 21st in Yaoundé. The launch officially established the CHDC as a working group of the Ministry of Health and its partners with the common objective of improving health data quality. Amongst the participants were in-country representatives from WHO, CDC, GIZ, USAID, PEPFAR, and PeaceCorps. The first working group meeting is scheduled for January including a South-South Collaboration with Malawi.

✓ **Country engagement approach:** To help guide and standardize HDC partners' engagement with countries, partners have drafted a [country engagement approach](#) document.

- *Regional engagement*

✓ **Asia**: Bangladesh hosted a regional meeting of the Collaborative for Southeast Asia in April, backed by USAID and AeHIN, to promote joint learning and review in the region. Countries in attendance included Bhutan, Cambodia, Indonesia, Myanmar, Nepal and Philippines.

✓ **Africa**: CHESTRAD has engaged 85 civil society organizations in Africa to identify linkages between HDC working groups and key regional and country institutions to promote data use and hold both governments and partners accountable to commitments made.

- *Linking with key global health programmes and initiatives*

- ✓ The HDC will improve the availability and use of real time, quality data that will underpin the information and accountability component of UHC 2030 and its health systems initiatives; Global Strategy for Women's, Children's and Adolescent's Health; and possibly also the Global Health Security Agenda and the Global Partnership for Sustainable Development Data.

- ✓ At the Global Digital Health Forum in December, USAID introduced a new digital health advocacy and investment platform through which donors and partners can invest in digital solutions and interoperability. The initiative will support aligned and coordinated support for digital global goods, address gaps by promoting the use of existing open-source technologies and support regional capacity-building.

  USAID and the prime implementing partner, PATH, will work with the broader partner community, including the HDC's Digital Health and Interoperability working group on initiatives such a technology registry, expansion of open LMIS, and regional interoperability labs. USAID envisions that this initiative will effectively mobilize and coordinate resources to eliminate historical funding silos and create a conduit for collaborative action to improve digital systems used by health ministries and local actors to ensure the best information possible for global health. This initiative was conceived and developed as part of a year-long co-creation process with over 40 partners from the donor, NGO, and private sector communities.

- • *Reporting*

  - ✓ In 2017, the Collaborative will deliver a global report that will document progress on country health information systems.

  - ✓ The HDC will also deliver a health SDGs progress report, including measuring health systems performance.

In sum

Significant progress has been made since March to operationalize the HDC. Momentum is growing with a steady flow of new participants joining the global technical working groups. Country engagement in Malawi, DRC, Sierra Leone, and particularly Kenya is being noted and followed by formal requests from other countries seeking to implement a similar approach. Regional engagement and peer learning are amplifying the movement.

While much has been achieved, further work lies ahead to improve engagement with countries, ensure delivery of a focused technical package of global public good by the technical working groups, effectively evaluate performance and behaviour change, ensure adequate funding, and document success.

Global goods being developed by the working groups must also be linked with country-level needs and activities and with other health initiatives. Some best practices are emerging in Kenya, where the global working group on measurement of quality of care has been linked with the country-level

working group's efforts around the same issue.

Only if all partners align with and contribute to addressing the challenges of inefficiency and country ownership, can the HDC agenda be successfully implemented, at country and global levels. Continued outreach and mobilization by all partners are needed to ensure full and aligned support to Country Health Data Collaboratives.