



HEALTH DATA
COLLABORATIVE

DATA FOR HEALTH AND
SUSTAINABLE DEVELOPMENT

**Health Data Collaborative
Milestones and Workplan
January 2022 – December 2023**

Executive summary

1. Foundations for the HDC 2022-23 Milestones and Workplan

2016-2018: The Health Data Collaborative (HDC) was launched in March 2016. Between 2016 and 2018, HDC membership grew and raised the profile of the need for aligning partner technical and financial resources for stronger country-owned, and driven Health Information Systems. HDC technical working groups produced several data and digital global goods. Several countries engaged with HDC collaborative partnership approaches.

2019-2020: Feedback from 59 HDC stakeholders between October 2019 and March 2020 gave five broad recommendations that set the strategic direction for HDC activities in 2020-21:

1. HDC should demonstrate **country-level impact**, using a clear theory of change;
2. Clearer HDC mission and objectives;
3. Streamline HDC **constituency-based governance** mechanism and secretariat role;
4. Adapt existing and **future global tools to country-specific needs** and contexts;
5. Stronger **political advocacy and communications** for HDC's mission / objectives.

2020-2021 Lessons Learned

Successes of note to build on include:

1. **Increased HDC membership & interest in its objectives:** The increased diversity of perspectives support problem-solving and better potential solutions with resources (knowledge, political, financial) in a partnership approach. This was mainly through i) raised profile of quality data during the COVID-19 pandemic; ii) increased political advocacy for health data during the December 2020 HDC Leadership meeting and Data Governance Summit in June and September 2021; and iii) country demand to decrease fragmentation and have partners align resources with country priorities;
2. **Stronger multilateral cooperation:** In September 2020, WHO and UNICEF signed a joint commitment to system-wide approaches in support to the UN Decade of Action for the SDGs. WHO and UNICEF worked together supporting the HDC secretariat and strengthening regional capacity. Further collaboration within the *SDG GAP Data and Digital (D+D)* has included UNFPA (with focus on GIS, SCORE) and other multilaterals to generate more political support in CRVS and RHIS working groups;
3. **Knowledge brokering:** The HDC platform (website, calls, webinars, meetings) brings diverse partners & countries together to share good practices, peer reviews and updates on tools or policies;
4. **Country-led prioritization:** Five countries prioritized their data and digital through MoH-led processes, which are now ready for partner consideration, alignment & support;
5. **Regional approaches:** Working with regional offices and two short-term regional consultants, the HDC secretariat identified two African and one Asian regional institute to support advocacy, capacity building and technical support for data. The HDC Global Partners Meeting on 15-16 December is jointly hosted by both African Institutes;

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6. **Seven functioning HDC working groups ‘technical engines’:** As summarized in the 2020-2021 HDC report, the working groups have clear TORs with deliverables contributing to HDC objectives, adding diverse resources to problem-solving and solutions in 7 technical areas;
7. **More systematic calls and coordination:** The SRG, Co-chairs, Working Groups and most constituencies all now have mechanisms to coordinate and transparently communicate with clear HDC decision points.

Ongoing challenges will need to be addressed if the HDC is to meet 2022-23 objectives:

1. **Constituency-based representation:** communication within constituencies and the ability of representatives to feedback and get views from constituencies is variable. Strong representation is needed for success and the secretariat will need to better support 4 constituencies (CSOs, private sector, countries and Research, and Academia & technical networks) more consistently and increase diversity in working groups;
2. **Managing country expectations:** engaging and ensuring country-led approaches generates resource expectations that will need to be met. Although the HDC is not a funding entity per se, working with partners in countries to address the gaps identified by MoHs can guide HDC partner investments;
3. **Proof of concept for country impact:** the three-step process (countries identify priorities, coordination of partners to respond to these, and have partners commit resources) needs to be demonstrated in a few of the five countries who have already prioritized, otherwise countries are reluctant to engage when partners do not align; *Secretariat capacity:* A half time staff member and two consultants currently support the secretariat. Resources are scarce and both WHO and UNICEF have had to fund key activities. Increasing focus will be spent on more systematically recording and documenting follow up actions for the HDC;
4. **Ensuring data and digital communities are aligned:** The Digital and Interoperability Working group is by far the largest group in HDC. Identifying and jointly working on common areas to ensure digital tools and products support data driven plans and policies will be crucial as there is a danger of parallel work streams. An example of the digital road map in Malawi is an example where data and digital efforts can come together;
5. **Clear consistent communications:** advocacy messages and communications through HDC partners has been variable and stronger coordination is needed in 2022;
6. **Adapting HDC approach and monitoring for country impact:** this requires in depth relationship building with country teams and the ability monitoring impact of prioritizing data efforts, aligning resources and demonstrating health impact is variable.

Process: These milestones and workplan are based on the 2020-2023 workplan, milestones, feedback from the October 2021 SRG and activities to address some of the challenges identified in 2021 (above) along with activities not carried out in the 2020-21 work plan. This draft will receive comments in December and be reviewed for approval by the January 2022 SRG.

2. Elements of the Milestones and Workplan

Objectives. Objectives 1-3 are the HDC’s objectives and Objective 4 supports the governance and functioning of the HDC.

Objective 1: To strengthen country capacity to plan, implement, monitor and review progress and standardize processes for data collection, storage, sharing, analysis and use to achieve national health-related targets.

Outcomes	Milestones 2022-2023
<ul style="list-style-type: none"> • Health information systems capable of producing statistics for informed public health decisions. • Increased capacity for data collection, analysis and digital related issues at all levels. 	<p>2022-23 ongoing: Each country (HDC / SDG GAP D+D) identifies & supports:</p> <ul style="list-style-type: none"> i) 2-3 data/digital priorities aligned with national M&E frameworks and health strategic plans that HDC / GAP partners can commit to and align with; ii) a data and digital ‘champion’; iii) a national data institute to further national and subnational capacity building; iv) Govt. led data partner coordination mechanism v) data & digital tools being used & adapts global tools to local contexts (focused on SCORE, GIS & RHIS strategy) <p>2022 Q2: Review of COVID-19 related country data good practices</p> <p>2022 Q3: review of best practices for community generated data for tracking communities left behind</p> <p>2022 Q4: one Asia regional institute hosted Global Partners Meeting</p> <p>2023 Q4: one regional institute hosted Global Partners meeting outside Africa / Asia</p> <p>2022 Q2 Compilation of global level RHIS standards, best practices, guidance, and tools (RHIS WG)</p> <p>2022 Q3: Integration of public health and humanitarian diseases and emergencies surveillance reporting into RHIS</p> <p>2022-23 Ongoing: CRVS WG continued support for Global CRVS Strategic Implementation Plans</p>

Objective 2: To improve efficiency of technical and financial investments in health data and digital systems through collective actions and aligning with country-identified priorities.

Outcomes	Milestones 2022-2023
<ul style="list-style-type: none"> • Investments (technical and financial) aligned with country-identified data and digital priorities. • Greater efficiency, reduced duplication of activities through collective actions at all levels, with a focus on country impact. 	<p>2022-23 ongoing: Each country (HDC / SDG GAP D+D) identifies & supports:</p> <ul style="list-style-type: none"> i) 2-3 data/digital priorities aligned with national M&E frameworks and health strategic plans that HDC / GAP partners can commit to and align with; ii) a data and digital ‘champion’; iii) a national data institute to further national and subnational capacity building; iv) Govt. led data partner coordination mechanism v) data & digital tools being used & adapts global tools to local contexts (focused on SCORE, GIS & RHIS strategy) <p>2023 Q4: Regional data institutes identified in all six regions (supporting advocacy, technical support & capacity building for data)</p> <p>2022 Q2: Review of partner alignment of advocacy, technical and financial resources with prioritized Govt plans</p> <p>2022 Q2: Support for finalizing RHIS strategy (RHIS WG)</p> <p>2022: Implement support activities resulting from the Kenya CRVS Workshop (CRVS WG)</p> <p>2022 Q3: CRVS stakeholders meeting in Malawi & implement support activities (CRVS WG)</p> <p>2022 Q3: Community Health Workers’ master lists/registries created (Community Data WG)</p> <p>2022 Q3: Landscape analysis of initiatives improving better detection and response to public health emergencies of international concern (PHI WG)</p>

Objective 3: To increase the impact of global public goods and tools on country health data systems through increased sharing, learning and country engagement.

Outcomes	Milestones 2022-2023
<ul style="list-style-type: none"> Global Public data goods identified and adapted to specific national and regional contexts. 	<p>2022-23 ongoing: Each country (HDC / SDG GAP D+D) identifies & supports:</p> <ul style="list-style-type: none"> i) 2-3 data/digital priorities aligned with national M&E frameworks and health strategic plans that HDC / GAP partners can commit to and align with; ii) a data and digital ‘champion’; iii) a national data institute to further national and subnational capacity building; iv) Govt. led data partner coordination mechanism v) data & digital tools being used & adapts global tools to local contexts (focused on SCORE, GIS & RHIS strategy) <p>2022-23 Ongoing: All HDC WGs have:</p> <ul style="list-style-type: none"> i) representation from all 7 constituencies, ii) clear TORs, iii) WPs & deliverables contributing to HDC mission / objectives / workplan. <p>2022-23 ongoing: Each country (HDC / SDG GAP D+D) identifies & supports:</p> <p>2022 Q3: Community Health Workers’ master lists/registries (Community data WG)</p> <p>2022 Q3: Health Data Governance Principles finalized and disseminated (DDG WG)</p> <p>2023 Q1: Develop and disseminate a health Governance framework complementing WHO and UN frameworks that can be adapted by civil society (DDG WG)</p> <p>2022 Q2: Compilation of country-specific documentation (RHIS WG)</p>

Objective 4: To ensure HDC has governance processes and structures in place to provide transparent accountability mechanisms to all countries and partners, communications to all stakeholders, and advocacy to strengthen political capital.

Outcomes	Milestones 2022-2023
<ul style="list-style-type: none"> Structured HDC Governance, functioning, communications, advocacy, and accountability mechanisms. 	<p>2022-23 ongoing: Functioning secretariat supporting:</p> <ul style="list-style-type: none"> i) HDC & SDG GAP governance and WG calls with follow up; ii) biannual HDC SDG D+D Global Partner meeting events; iii) functioning, accessible website playing knowledge brokering function & comms materials with monthly webinars; iv) quarterly reviews of progress & constituency support / outreach; and v) workplan linked to SDG GAP & UHC 2030 goals accountable to SRG. <p>Increase country membership from 11 in 2021 to: 16 by end 2022; and 22 by end 2023;</p> <p>Increase HDC institutional membership from 2021 levels, by >25% by end 2022; and >50% by end 2023;</p> <p>HDC leadership events building political commitment from 2020 & 2021 governance summit: 2022 Q4; and 2023 Q4; 2023 Q2+Q3: Commission (2022 Q4) and implement an independent evaluation of HDC;</p> <p>2022-23 Ongoing: HDC partnership database actively managed, with strategic partners and available to HDC, used for communications and approaches to Ministries of Finance and donors;</p> <p>2022 Q3: Investment case for HIS is made, linking to SCORE and jointly led by RHIS WG;</p> <p>2022 Q3: HDC website revised and functional with clear links to HDC goals, work, and playing acknowledge brokering function.</p>

Activities. The objectives and milestones will be met by implementing activities at global, regional, and country levels (using country coordination mechanisms) using constituency comparative advantages support for technical working groups and clear prioritization. Increased focus will be spent on regional capacity building in 2022. Activities will be implemented by a mix of HDC partners, country Governments, and the HDC secretariat. Lead and accountability for activities will depend on the comparative advantage of the specific partner in the specific context – constituency-specific added values are available.

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Countries. HDC and SDG GAP D+D will initially focus support for eleven countries: *Kenya, Tanzania, Uganda, Malawi, Botswana, Cameroon, Zambia, Nepal, Myanmar, Bangladesh, Indonesia*. Seven others who have expressed interest will also be followed up in 2022: *Niger, Benin, Lao, Rwanda, Ethiopia, Pakistan, and Jamaica*. Engagement will be through existing country multi-partner engagement mechanisms highlighted in Annex 1 and considering the country-based Theory of Change.

Any country can self-nominate as capacity and support for HDC is increased. HDC will advocate and inform countries to join HDC activities through UN Country Team or Resident Coordinator mechanisms. Partners can engage with these efforts through national coordination mechanisms highlighted in Annex 1. It is expected that all country-based activities will be led by Government entities (such as the Ministry of Health or Statistics Office) and partners align efforts around priorities in these plans to build on existing capacities.

This three-step process of 'proof of concept' is vital if the HDC objectives are to be achieved:

1. Country-driven prioritization of data and digital needs;
2. Alignment of partner resources (financial, technical & political) with these priorities; and
3. Demonstrated commitment from partners for better data leading to better health outcomes.

Monitoring progress. Annual monitoring of the HDC workplan will be through the completion of activities and metrics / indicators under each of the objectives. Monitoring overviews will be presented to the Stakeholders Representatives Group (SRG) every six months.

Evaluation. An external, independent HDC evaluation be designed in Q4 2022 and implemented in Q2 and 3 2023 (midpoint of the 2030 Sustainable Development Goals). This will support HDC learning and adjust efforts.

1. Introduction

The Health Data Collaborative (HDC) was launched in March 2016 following a [2015 high-level summit on Measurement and Accountability for Results in Health](#), endorsement of a [2015 Roadmap for Health Measurement and Accountability](#), and a [5-Point Call to action](#). The Health Data Collaborative (HDC) is a UHC2030 related initiative that convenes partners engaged with data and digital issues to facilitate knowledge and expertise sharing and align technical and financial support investment strengthen country Health Information Systems. The HDC governance and objectives were [revised in March 2020](#) and again in December 2021, after extensive feedback in late 2019, early 2020, and throughout 2021.

The HDC relies on country leadership and diversity of perspectives and resources from seven constituencies (aka. the HDC ‘tribes’): i) countries, ii) multilaterals, iii) donors and philanthropic foundations, iv) Global Health Initiatives, v) Research, Academia and Technical Networks, vi) Civil Society and vii) Private Sector. These constituencies within the Global Partners Group are represented by the Stakeholders Representative Group.

The HDC seven Working Groups are the ‘technical engines’ of the HDC with specific TORs, deliverables, and contribute to the overall HDC objectives. These should also have a diverse membership from each of the constituencies and are currently i) Data and Digital Governance, ii) Community Data, iii) Routine Health Information Systems, iv) Digital and Interoperability, v) Civil Registration Vital Statistics, vi) Logistics and Management Information Systems and vii) Public Health Intelligence.

COVID-19 has increased the profile of the need for aligned approaches in countries to support quality data and stronger Health Information Systems for the integrity of the data journey – from collection to storage to analysis to use.

2. Mission, Objectives, Principles & Theory of Change

HDC Mission

To provide a **collaborative platform** that leverages and **aligns** technical, financial and political resources (at all levels) to **country owned** strategies and plans for collecting, storing, analysing and using data to improve **health outcomes**, with specific focus on **SDG targets** and **communities that are left behind**.

HDC objectives:

Health Information System Strengthening	1. To strengthen country capacity to plan, implement, monitor and review progress and standardize processes for data collection, storage, sharing, analysis and use to achieve national health-related targets
Alignment Of Resources	2. To improve efficiency of technical and financial investments in health data and digital systems through collective actions and aligning with country identified priorities;
Adapting Tools / Global Goods To Contexts	3. To increase the impact of global public goods and tools on country health data systems through increased sharing, learning and country engagement.

HDC Principles: The HDC principles are underlying values, the foundation of HDC efforts:

1. Data is a public good;
2. Promote country¹ ownership and stewardship;
3. Promote a Human Rights-based approach to data transparency and access;
4. Prioritize strengthening of existing health information and CRVS systems;
5. Promote use and compliance with GATHER² guideline;
6. Foster and facilitate data analysis, visualization, and use at all levels;
7. Enhance regional and country peer approaches to knowledge management;
8. Focus on a limited number of concrete, incremental actions with impact
9. Promote collection and use of disaggregated data for communities left behind

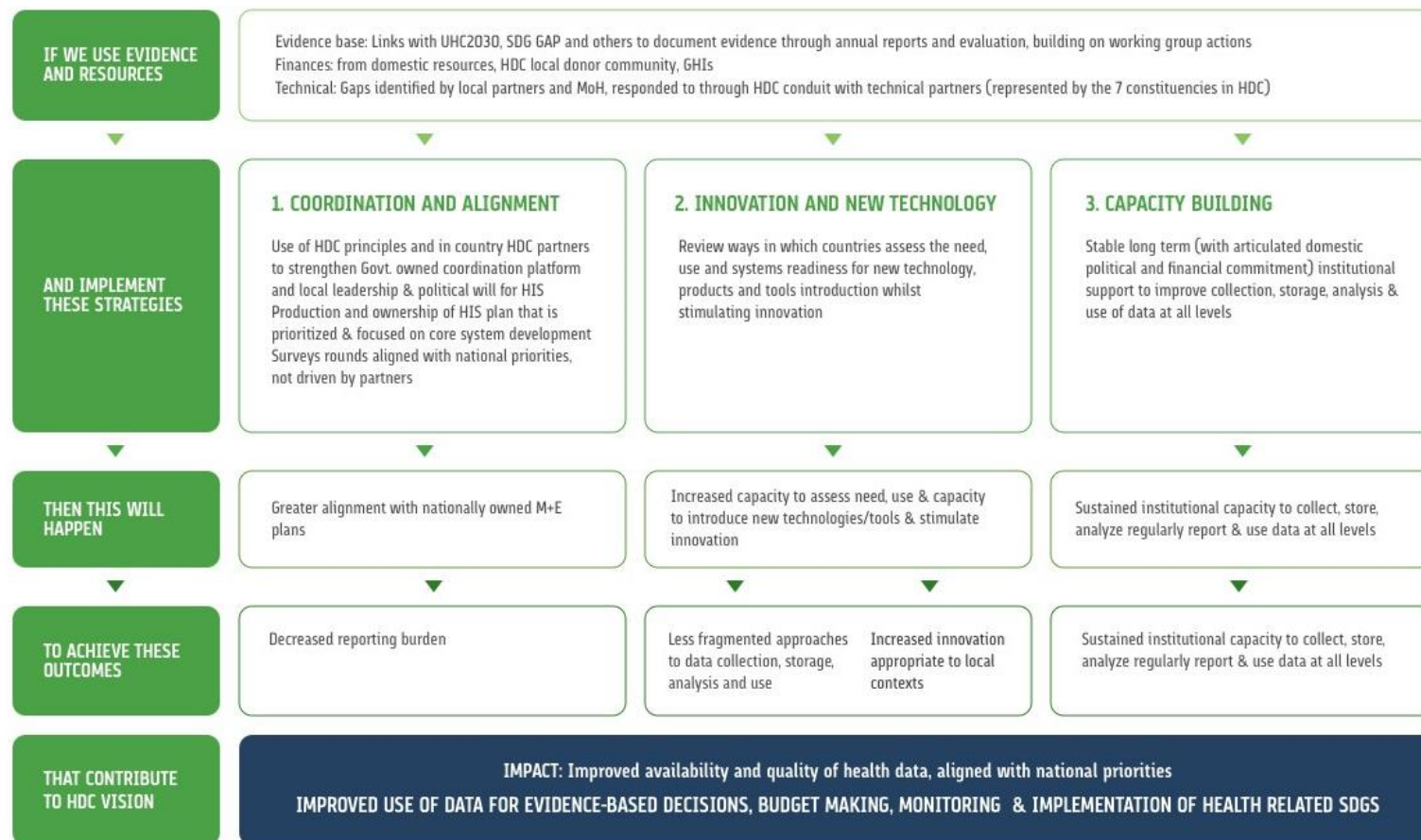
HDC Theory of change (see next page): Successful implementation of a Theory of Change and delivery of outcomes in countries to achieve SDG-related targets for data will depend on the ability and willingness of HDC partners to be part of a collaborative coordination mechanism. The theory of change, drafted by HDC members in December 2019 for country actions, could be tailored to different contexts for workplans and a framework for investment and evaluation.

¹ 'Country' means Government, citizen and health sector partners

² <http://gather-statement.org/>

THEORY OF CHANGE

HDC APPROACH



3. Countries supported by HDC

Any country can self-nominate to join the HDC, and a variety of contexts will be encouraged (non-English speaking, fragile states, SDG GAP, countries with low SCORE rankings of HIS or CRVS systems, countries of focus by other HDC partners, or countries unable to measure the Health-Related SDGs). Four previous pathfinder countries (**Kenya, Tanzania, Cameroon, and Malawi**) were part of HDC 2016 – 2019 efforts. A further seven countries joined, or currently considering joining, the HDC (**Botswana, Indonesia, Bangladesh, Zambia, Uganda and Myanmar, Nepal**). As of December 2021, there are 11 focus countries.

The HDC decided during its March 2020 global partners call that it would initially focus on countries by i) renewing contact with MoH and agency offices, ii) mapping potential HDC coordination mechanisms and budget / planning cycles, iii) asking whether countries wanted to represent the HDC country constituency in the HDC SRG or working groups, and iv) asking specific feedback on alignment and technical gaps in data and M+E plans. Although delayed due to COVID-19 priorities, Nepal, Kenya, Malawi, Botswana, and Zambia have all been a focus of support, and all five, using a government-led process have prioritized data issues, which are publicly available and partners are at different stages of considering these priorities.

4. Operational workplan November 2022–2023

This workplan (available in more detail in excel) summarizes activities from January 2022 to December 2023 and has milestones. Progress on reaching milestones will be reviewed by the SRG and activities every six months and adjusted accordingly. 2023 is the halfway point to the SDGs 2030 targets. An HDC evaluation in 2023 will inform any changes to the modus operandi and targets so that efforts can be maximized to strengthen data and digital systems for countries achieving the SDG targets.

The process of development has been iterative and builds on the original 2020-23 workplan, inputs at the March 2020 HDC meeting, evolving HDC efforts, feedback at October 2021 SRG, outcomes of the December 2020 leadership event and renewed requests to strengthen the HDC's proof of concept. Clear metrics and targets are suggested, some based on the original 5-point call to action, the SDG targets and SCORE metrics and efforts such as MEASURE evaluation HISS-RC.

Partners' roles and added advantages are summarized in Annex 2 and the leads and accountability are summarized by activity in the excel sheet.

Objective 1: To strengthen country capacity to plan, implement, monitor and review progress and standardize processes for data collection, storage, sharing, analysis and use to achieve national health-related targets.

HDC will play a role in identifying gaps where partner support could build country capacity to use data HIS & digital efforts using statistical institutes, digital health institutes, governance structures and national digital health authorities. These will need aligned with national plans and priorities to reduce fragmentation.

Objective 1: Milestones for 2022 - 2023

1. **Ongoing:** Each country (HDC / SDG GAP D+D) identifies & supports: i) 2-3 data/digital priorities aligned with national M&E frameworks and health strategic plans that HDC / GAP partners can commit to and align with; ii) a data and digital ‘champion’; iii) national data institute to further national and subnational capacity building; iv) Govt. led data partner coordination mechanism; v) data & digital tools being used & adapts global tools to local contexts (focused on SCORE, GIS and RHIS strategy);
2. **2022 Q2:** Review of COVID-19 related country data good practices;
3. **2022 Q3:** Review of best practices for community generated data for tracking communities left behind;
4. **2022 Q4:** one Asia regional institute hosted Global Partners Meeting;
5. **2023 Q4:** one regional institute hosted Global Partners meeting outside Africa / Asia;
6. **2022 Q2** Compilation of global level RHIS standards, best practices, guidance, and tools (RHIS WG);\
7. **2022 Q3:** Integration of public health and humanitarian diseases and emergencies surveillance reporting into RHIS;
8. **2022-23 Ongoing:** CRVS WG continued support for Global CRVS Strategic Implementation Plans

Objective 1: Activities

1.1 Global and regional	
1.1.1	Produce country good practices for COVID-19 and disseminate (current consultancy) for peer learning and possible scale-up of good practices
1.1.2	One annual HDC Global Partners Meeting hosted by an Asian institute in 2022 and by a non Asian / African institute in 2023 to encourage sharing of good practices, stimulate peer learning and strengthen alignment with HDC objectives
1.1.3	Consultancy support reviewing good practices of collecting and using community-generated data for tracking communities left behind
1.1.4	Compiling global RHIS standards, best practices, guidance, and tools (led by RHIS WG)
1.1.5	Integration of public health and humanitarian diseases and emergencies surveillance reporting into RHIS
1.1.6	Implementing CRVS global and regional plans (through CRVS working group)
1.2 Country	
1.2.1	Identify 2-3 data and digital priorities in each country (using existing coordination mechanisms from existing plans) that is presented to partners for alignment
1.2.2	Identify a data champion in each country (advocacy role for power of data)
1.2.3	Identify and support a national data institute in each country that can play advocacy, capacity building, and technical support roles for data
1.2.4	Identify and use govt-led partner coordination mechanism for data / M+E issues
1.2.5	Identify and support priority tools to adapt and contextualize for maximum benefit (e.g., SCORE)

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Objective 1 Metrics	Objective 1 Indicators
Focus countries investing adequately in health information and statistical systems	<p>HDC countries with a national health information or CRVS strategy</p> <p>HDC countries with a health sector monitoring and evaluation or Health Information Systems Strengthening plan</p>
Focus countries with annual transparent reviews of health progress and system performance, based on high-quality data and analyses led by country institutions	# of focus countries with annual health strategic plan and data quality assurance review process
Focus countries compliant with IHR national core functions for surveillance and response and have effective, real-time disease surveillance systems in place, including the capacity to analyze and link data using interoperable, interconnected electronic reporting systems within the country	<p># of focus countries with functioning national disease surveillance systems</p> <p># of focus countries with indicator or event-based disease surveillance systems</p> <p># focus countries with IHR assessment and IHR score</p>
<p>Focus countries having electronic systems for real-time reporting of health statistics from at least 80 percent of facilities</p> <p>Countries with standardized system of electronic data entry (aggregate reporting) at the district or comparable level</p>	<p>% facilities having in place electronic systems for real-time reporting of health statistics in each focus country</p> <p># focus countries with standardized system of electronic data entry (aggregate reporting) at the district or comparable level</p>
Focus countries have established mechanisms to make health data available to users through electronic dissemination and easy access to a central data repository	# countries with established, accessible MOH led central integrated health data repository
Facility use of ICD for death reporting	% facilities using ICD for death reporting in each focus country

Objective 2: To improve efficiency of technical and financial investments in health data and digital systems through collective actions and aligning with country-identified priorities.

Objective 2: milestones for 2022-2023

1. **2022-23 ongoing:** Each country (HDC / SDG GAP D+D) identifies & supports: i) 2-3 data/digital priorities aligned with national M&E frameworks and health strategic plans that HDC / GAP partners can commit to and align with; ii) a data and digital ‘champion’; iii) a national data institute to further national and subnational capacity building; iv) Govt. led data partner coordination mechanism; and v) data & digital tools being used & adapts global tools to local contexts (focused on SCORE, GIS & RHIS strategy);
2. **2023 Q4:** Regional data institutes identified in all six regions (supporting advocacy, technical support & capacity building for data);
3. **2022 Q2:** Review of partner alignment of advocacy, technical and financial resources with prioritized Govt plans;
4. **2022 Q2:** Support for finalizing RHIS strategy (RHIS WG);
5. **2022:** Implement support activities resulting from the Kenya CRVS Workshop (CRVS WG);
6. **2022 Q3:** CRVS stakeholders meeting in Malawi & implement support activities (CRVS WG);
7. **2022 Q3:** Community Health Workers’ master lists/registries created (Community Data WG);
8. **2022 Q3:** Landscape analysis of initiatives improving better detection and response to public health emergencies of international concern (PHI WG).

Objective 2: Activities

2.1 Global and regional	
2.1.1	Identifying and supporting data Institutes identified in all six regions for advocacy, capacity building and technical support
2.1.2	Consultancy support for review regional analysis of current status of alignment of HIS/CRVS technical and financial investments by HDC partners in focus HDC countries
2.1.3	Partners support for finalizing RHIS strategy (through RHIS working group)
2.1.4	Consultancy support for Community Health Workers’ master lists/registries created (Community Data WG)
2.1.5	Consultancy support for landscape analysis of initiatives improving better detection and response to public health emergencies of international concern (PHI WG)

2.2 Country	
2.2.1	Identify 2-3 data and digital priorities in each country (using existing coordination mechanisms from existing plans) that is presented to partners for alignment
2.2.2	Identify a data champion in each country (advocacy role for power of data)
2.2.3	Identify and support a national data institute in each country that can play advocacy, capacity building and technical support roles for data
2.2.4	Identify and use govt led partner coordination mechanism for data / M+E issues
2.2.5	Identify and support priority tools to adapt and contextualize for maximum benefit (eg. SCORE)
2.2.6	Implement and support regional and country-specific recommendations from Kenya & Malawi CRVS workshops (CRVS WG)

Objective 2 Metrics	Objective 2 Indicators
Existence of a single collaborative aligned plan for partners in each focus country supporting strengthening data and health & CRVS information systems	<p># focus countries with country-led national Health Information System coordinating body or equivalent³</p> <p># focus countries with aligned plans to strengthen data health CRVS systems</p> <p># focus countries with meaningful & robust civil society representation for HIS coordination mechanisms & health strategy reviews</p>
Countries have health information flows that include regular feedback and local use of data locally to improve services and programs	# countries with documented instances of data use in decision-making including programme design/planning/resource allocation
Countries with one single HIS M&E framework that inclusive of national, partners and global indicators	# countries with one HIS M& E framework that is inclusive of national, partners and global indicators

³ eg Integrated [Health Situation Room](#) in Malawi/Kenya Health Observatory

Objective 3: To increase the impact of global public goods and tools on country health data systems through increased sharing, learning and country engagement.

Objective 3: milestones for 2022-2023

1. **2022-23 ongoing:** Each country (HDC / SDG GAP D+D) identifies & supports: i) 2-3 data/digital priorities aligned with national M&E frameworks and health strategic plans that HDC / GAP partners can commit to and align with; ii) a data and digital ‘champion’; iii) a national data institute to further national and subnational capacity building; iv) Govt. led data partner coordination mechanism; and v) data & digital tools being used & adapts global tools to local contexts (focused on SCORE, GIS & RHIS strategy);
2. **2022-23 Ongoing:** All HDC WGs have: i) representation from all 7 constituencies, ii) clear TORs, iii) WPs & deliverables contributing to HDC mission / objectives / workplan;
3. **2022 Q3:** Community Health Workers’ master lists/registries (Community data WG);
4. **2022 Q3:** Health Data Governance Principles finalized and disseminated (DDG WG);
5. **2023 Q1:** Develop and disseminate a health Governance framework complementing WHO and UN frameworks that can be adapted by civil society (DDG WG)
6. **2022 Q2:** Compilation of country-specific documentation (RHIS WG)

Objective 3: Activities

3.1 Global and regional	
3.1.1	WG co-chairs present monthly to SRG plans, requests for diversifying membership, and potential resources
3.1.2	Consultancy support for community Health Workers’ master lists/registries (Community data WG);
3.1.3	Health Data Governance Principles finalized and disseminated (DDG WG)
3.1.4	Consultancy support to develop and disseminate a health Governance framework complementing WHO and UN frameworks that can be adapted by civil society (DDG WG)
3.1.5	Consultancy support for compiling country-specific documentation (RHIS WG)
3.2 Country	
3.2.1	Identify 2-3 data and digital priorities in each country (using existing coordination mechanisms from existing plans) that is presented to partners for alignment
3.2.2	Identify a data champion in each country (advocacy role for power of data)
3.2.3	Identify and support a national data institute in each country that can play advocacy, capacity building, and technical support roles for data
3.2.4	Identify and use govt-led partner coordination mechanism for data / M+E issues
3.2.5	Identify and support priority tools to adapt and contextualize for maximum benefit (e.g., SCORE)

Objective 3 Metrics	Objective 3 Indicators
<p>Focus countries adapting and contextualizing best practice global data tools from HDC working groups</p> <p>HDC global public goods and tools on HIS and CRVS is monitored and feedback is collected</p>	<p># countries prioritizing and contextualizing HDC global data tools</p>
<p>Focus countries using SCORE and digital maturity indices to assess progress</p>	<p># focus countries using SCORE and digital maturity indices to assess progress for prioritisation and strategic planning of national HIS and CRVS</p>

Objective 4: To ensure HDC has governance processes and structures in place to provide transparent accountability mechanisms to all countries and partners, communications to all stakeholders and advocacy to strengthen political capital of HDC.

Objective 4: milestones for 2020-2021

1. **2022-23 Ongoing:** Functioning secretariat supporting: i) HDC & SDG GAP governance and WG calls with follow up, ii) biannual HDC SDG D+D Global Partner meeting events; iii) functioning, accessible website playing knowledge brokering function & comms materials with monthly webinars, iv) quarterly reviews of progress & constituency support / outreach; and v) workplan linked to SDG GAP & UHC 2030 goals accountable to SRG;
2. Increase country membership from 11 in 2021 to: **16 by end 2022; and 22 by end 2023.**
3. Increase HDC institutional membership from 2021 levels, by **>25% by end 2022; and >50% by end 2023;**
4. HDC leadership events building political commitment from 2020 & 2021 governance summit: **2022 Q4; and 2023 Q4;**
5. **2023 Q2+Q3:** Commission (2022 Q4) and implement an independent evaluation of HDC
6. **2022-23 Ongoing:** HDC partnership database actively managed, with strategic partners and available to HDC, used for communications and approaches to Ministries of Finance and donors;
7. **2022 Q3:** Investment case for HIS made, linking to SCORE and jointly led by RHIS WG
8. **2022 Q3;** HDC website revised and functional with clear links to HDC goals, work, and playing acknowledge brokering function

Objective 4: activities

4.1 Governance	
4.1.1	Adequate staffing of HDC secretariat (currently half time staff member and two consultants – one for HDC country, regional and global issues and one for WGs)
4.1.2	Facilitating calls & follow up with SDG GAP, SRG, constituencies, HDC, WGs, UHC2030
4.1.3	Convening HDC Global Partners meeting biannually
4.1.4	Membership outreach and increasing # countries
4.1.5	Clear workplans, follow up and links with WG outputs six monthly reporting
4.2 M+E & Accountability	
4.2.1	Six monthly review of workplan targets and quarterly review reports
4.2.2	SRG feedback to secretariat functioning (based on KPI & tracker)
4.2.3	Designing 2023 Evaluation
4.2.4	Contracting, managing and implementing the evaluation
4.2.5	Dissemination of evaluation results
4.2.6	Incorporating evaluation results into 2024-2030 HDC plans
4.3 Advocacy & Political leadership	
4.3.1	Consultancy support for leadership event and aligning with data governance summit follow-up
4.3.2	Consultancy for making the investment case for HIS and dissemination
4.3.3	Six monthly advocacy with HoA on HDC / SDG GAP progress and implementing leadership event recs or data governance summit recs
4.4 Communications	
4.4.1	Monthly webinar / events or knowledge brokering event to promote good practices or tools / policies
4.4.2	Consultancy to redesign and manage HDC website
4.4.3	HDC social media activities, blogs and thought pieces from HDC
4.4.4	HDC reg meets & contributions to UHC2030 Related Initiatives (including UHC2030 CSEM)
4.4.5	Communicate and disseminate HDC tools through HDC partner mechanisms
4.4.6	HDC reg meets and contributions to SDG GAP, UHC2030, and CSEM

Objective 4 Metrics	Objective 4 Indicators
Global coordination and accountability governance mechanism and secretariat is functioning	Functioning secretariat able to facilitate i) SRG & WG calls, ii) biannual HDC meetings, iii) functioning, accessible website & comms materials, iv) quarterly reviews of progress & vi) constituency support / outreach
Regular program and financial reports / reviews to assess the progress to achieve HDC targets made available to SRG	Quarterly HDC progress reports made available to SRG
Events and opportunities for advocacy for better use of data, HIS and CRVS	# HDC hosted events, such as webinars
Functioning website and audience specific communications materials in place and used to promote HDC mission, objectives and ToC	Functioning HDC website updated at least monthly, with WG spaces
Independently contracted evaluation planned, funded and implemented in 2023 that produces clear recommendations for future direction of HDC to strengthen alignment with SDG goals and country needs	Independently contracted evaluation planned, implemented and results considered by HDC

Monitoring, evaluation and learning

Monitoring: The HDC performance will be measured through the achievement of annual progress report-based milestones on specific activities. These will be tracked and reported on annually, related to the agreed-upon workplan, including indicators on global and country-level activities. To reduce over-reporting burdens, countries will be asked on the best method to report and use existing indicators – such as those being used in health plans or SDG monitoring.

Evaluation: An independently contracted objective evaluation in 2023 will support revision of the HDC functions, mission, objectives and theory of change, to ensure greater alignment with supporting country HIS and SDG targets.

Risk management

COVID-19 has changed expectations and plans for the HDC. On the one hand, the HDC has been delayed in implementing activities as Governments and partners all prioritize actions to reduce mortality and morbidity during the pandemic. On the other hand, greater partner coordination and alignment with country data collection, storage, analysis, and use is as strong as ever. This is especially needed for showing the impact of COVID-19 on regular services and systems. This risk will have to be carefully managed by HDC partners 2020-2023.



Resource mobilization

HDC is not a funding entity per se., but a collaborative and coordination mechanism. HDC may highlight resource gaps at global, regional or country levels that partners may consider addressing. Managing resource (technical, political, and financial) expectations from the workplan will be accountable to the SRG, with emphasis on mobilizing local resources and leveraging partner efforts to achieve HDC objectives. For example, USAID MEASURE Evaluation HIS investments support country-level metrics for improved data quality and use or rapid health facility assessments have been implemented using partner resources.

Annex 1 – HDC country engagement approach

Collective country engagement approach: Recommended steps / protocols	
<p>Principles of engagement</p>	<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> - 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).
<p>Type of engagement</p>	<p>There are several types of possible engagement:</p> <ol style="list-style-type: none"> 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): <ul style="list-style-type: none"> - Strengthen M&E HIS plan and/or CRVS system - 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 (e.g., RHINO, HISS-RC and MEASURE) requiring no international support but useful to inform others or share knowledge, best practices, or tools. <p>These are country-initiated and led processes where the government takes the lead in design and implementation and sets up effective coordination mechanisms for managing resources.</p>

Collective country engagement approach: Recommended steps / protocols	
<p>Where will HDC engage?</p>	<ol style="list-style-type: none"> 1. All countries are eligible. 2. Based on country requests from national governments. 3. Where there is potential for: <ul style="list-style-type: none"> - Collective action and aligned investment. - Technical cooperation and coherence. - Building political interest in data. - Taking forward country-level activities of the working groups. 4. 2020-2023 it is suggested a variety of contexts including 10,12,16,20 countries in 2020, 2021, 2022 and 2023 respectively facilitating joint learning and best practice. This will include: <ol style="list-style-type: none"> i. Comprehensive strategic approaches as part of the joint learning agenda, documenting best practices and sharing experiences. ii. Focused engagement for collective action through different modalities. <p>Experiences will provide a foundation for scaling up of the approach in more countries. Demand will be generated by demonstrating the value of the Health Data Collaborative approach.</p>
<p>Country-led governance</p>	<ol style="list-style-type: none"> 1. MoH/national entity provides leadership and defines the process to harness and/or engage partners and stakeholders around a country-led plan to strengthen M&E for information and accountability. This provides an opportunity to understand the needs, priorities and incentives of different stakeholders broadly and explore ways of improving alignment with and responsiveness to the country-led M&E/HIS platform; <ol style="list-style-type: none"> a. Partners and stakeholders include programs within MOH, donors, international agencies, and a broad range of local partners, including NSOs, Civil Registration authorities, civil society, private sector, and research and technical institutions. 2. Key catalytic actions to strengthen in-country coordination and align investments include: <ol style="list-style-type: none"> a. Rapid assessment/identification of key HIS, M&E or CRVS priorities which should outline actions, timeframes, technical support needs, and lead responsible agent for specific activities. b. Develop a costed action plan/roadmap with a timeframe. c. Map stakeholders/ partners and domestic investments in M&E activities. d. Develop a common investment framework that defines resource needs and domestic and partner investments. 3. Measure and document partner alignment and efficiency gains. 4. Disseminate progress and lessons learned.

Collective country engagement approach: Recommended steps / protocols

Process of country engagement

1. MOH or other national entity expresses interest in the HDC approach:
 - a. *Mechanism 1: Sends a letter of interest* to an in-country partner agency or in-country M&E coordinating mechanism (that includes MOH and partners) and **copies** HDC secretariat, after establishing consensus with in-country partners (see checklist attached). Copying the HDC secretariat is necessary to access **catalytic funding** for key activities; access **global partners**; and contribute to the **documentation of lessons learned**. WHO (Country office/Regional office/Headquarters) will facilitate this process wherever necessary.
 - b. *Mechanism 2: Practices the HDC approach to support country-led M&E plan without accessing catalytic funding* (nothing formal is required if the country chooses to follow this route).
2. HDC secretariat shares country requests with HDC partners:
 - a. Includes a clear explanation of the type of request, expected outcome, justification for support, and expected response by HDC partners (lead time of 6-8 weeks is given to allow partners to fully prepare and participate).
3. Global Partners respond to HDC secretariat on their interest to engage with the country (in discussion with relevant country and regional focal points) with key global and in-country focal points identified.
4. HDC Secretariat communicates with MOH and in-country point of contact on global partner engagement and requests identification of focal persons for planning meetings and discussions.
5. MOH/ NSO / Civil registration authority / national entity responds to HDC secretariat with names of focal points.
6. HDC Secretariat organizes a call with key stakeholders to initiate planning of next steps.
5. All requests and progress tracked through Collaborative workspace.

Checklist for countries engaging Collaborative approach

HDC preparatory steps

1. Establish consensus with partners on terms of reference
2. Convene country-led coordination mechanism that is responsible for maximising the full potential of engaging with the HDC, ensuring consensus on expected outcomes and roles of agencies and partners (e.g., access to catalytic funds, focused on strategic technical assistance, etc.)
3. Define the process for engaging all potential stakeholders (see list above) in the process, including programs. This provides an opportunity to understand the needs, priorities, and incentives of different stakeholders and explore ways of improving alignment with the country-led M&E/HIS/ CRVS platform to improve the efficiency and responsiveness of the country-led M&E/HIS/ CRVS platform.

Catalytic actions to align support

1. Identify priorities in M&E/HIS in roadmap or in the national M&E/HIS plan, which should outline actions, timeframes and lead responsible agent for specific activities.
2. Agree on a specific action plan with a timeframe and lead responsible agent for activities.
3. Develop a common investment framework that defines resource needs and domestic and partner investments.

Monitoring and follow-up

The full benefits from country missions will result from a process of ongoing support and iterative engagement. Regular monitoring of the action plan milestones (linked to outputs/outcomes of TORs) should be used to review progress and identify remedial action if required.

1. Agree on metrics of partner performance (alignment, coordination, efficiency, effectiveness) that should be used to track and modify partner behaviour, leading to efficiency gains.
2. Document lessons and best practices that should be disseminated and used for future action in-country as well as in other countries.
3. Consider establishing an ad hoc follow-up group, with a clearly identified responsible lead agency, to maintain communication and best practice.

Annex 2 – Added value and function of constituencies

Constituency	Added value / function
Countries MOH/NSOs/CR	<ul style="list-style-type: none"> • In-country leadership and direction for policies, plans, and budgets for health • Highlight country priorities to partners and drive alignment of partners towards Govt. owned plans • Support coordination and communication for sub-national entities • Support understanding of broader health and development issues
Bilateral Donors and Philanthropic Foundations	<ul style="list-style-type: none"> • Potential financial and technical support for country policy-making and plans to strengthen HIS • Support development of new or adaptation and scale-up of existing data and digital tools • Support analysis and research where required • Provide perspectives on accountability
Multilateral and Intergovernmental Agencies	<ul style="list-style-type: none"> • Members state organizations, norms, and standards, diplomatic channels for Ministries • Specific focus areas (e.g., HIV, health, children, repro health) • Coordination, convening and collaborating policy efforts at global, regional, and country levels • Supporting Ministries where necessary • Technical support where necessary • SDG leads
Research, Academia and technical networks, including CDC (RATS)	<ul style="list-style-type: none"> • Rigour of efforts • Research • Numbers of networks to increase perspectives • National institution building • CDC – epidemiology, disease surveillance, and networks
Global Health Initiatives (GHIs)	<ul style="list-style-type: none"> • Efficient partnership mechanisms for donors and ethical partners to invest in specific diseases or aspects of health • Focused objectives and targets • Significant resources that can support country efforts, development of tools
Civil Society (community based orgs, movements, faith based, implementing NGOs who may all advocate, represent or implement)	<ul style="list-style-type: none"> • Provide voices of the ‘ultimate customer’ – esp. those communities left behind and under-represented groups to drive change and increase accountability • Support delivery of services where Govt. infrastructure is weak or non-existent • Hold Govts. and partners accountable to the needs of communities • Community networks for cross-sectoral issues • Advocacy for M+E / data efforts
Private sector (FENSA approved)	<ul style="list-style-type: none"> • Stimulate markets for certain products (e.g., Technical/digital products) • Support efficient management processes • Respond to market demands for services or products