



HEALTH DATA
COLLABORATIVE

DATA FOR HEALTH AND
SUSTAINABLE DEVELOPMENT

**Health Data Collaborative
Operational Workplan
November 2020 – December 2023**

Executive summary

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 and several countries engaged with HDC collaborative partnership approaches.

2019-2020: Feedback from 59 HDC stakeholders feedback Oct 2019 – March 2020 gave five broad recommendations:

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 mission / objectives.

2020-2023: These broad recommendations guided HDC redesign in 2020 and, together with COVID 19 ongoing issues, helped outline the 2020-2023 work plan's strategic direction, objectives, activities and indicators for measuring progress of the HDC.

September 2020: WHO and UNICEF signed a joint [commitment](#) to system-wide approaches in support UN Decade of Action for the SDGs. Areas for collaboration include Universal Health Coverage, Primary Health Care, Health Systems Strengthening and Facility / community approaches. This links HDC collaboration and increases the profile of CRVS.

Process: The work plan was developed iteratively with a series of inputs: written from all 7 HDC constituencies and verbal in March and September HDC calls and 2 SRG calls. It was proposed on Sept. 24th that the SRG consider approving the work plan, focusing on 2020-2021 milestones during a call on 29th October, with six monthly review of progress.

Objectives: The first three of the work plan's four objectives are the HDC's objectives. The last objective supports the Governance and functioning of the HDC.

OBJECTIVE	OUTCOMES	MILESTONES 2020-2021
1. To strengthen country health & CRVS information systems by enhancing capacity to plan, implement, monitor and review progress through application of standardized processes for data collection, quality, availability, analysis and use to achieve national health related targets (and therefore eventual SDG health targets)	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	1. One data institute identified and supported in each region. 2. Two regional-hosted 'peer reviews' hosted. 3. For each focus country: i) identify 2-3 data priorities in national plan that HDC partners commit to; ii) data and digital 'champion' identified; iii) national and subnational data institutes identified. 4. Review of COVID-19 related data best practices that can be incorporated into HDC country and

		<p>partners efforts for stronger sustainable health information systems.</p> <p>5. Review of best practices for community generated data for tracking communities left behind.</p>
2. To improve efficiency and alignment of technical and financial investments in health information and CRVS systems through collective actions	Aligning investments and avoiding duplication of activities to increase efficiency through collective actions at all levels, with a focus on country level	<p>1. Review of alignment of partners' technical & financial investments in data efforts in all focus countries;</p> <p>2. For each focus country: i) identify national data institute, ii) identify & support Govt. led data coordination mechanism, iii) map partners, budget/planning cycle, iv) consider applying ToC / SCORE for aligning investments</p>
3. To identify and increase the impact of global public goods and tools on country health information and CRVS systems through increased sharing, learning and country engagement	Streamlining the utilization of global public tools and ensuring they are adapted for national use in specific region and country contexts	<p>1. All HDC WGs have i) representation from all 7 constituencies, ii) clear ToRs, iii) WPs & deliverables contributing to HDC mission / objectives / workplan.</p> <p>2. For each focus country: i) clear overview of data & digital tools being used, ii) consideration and prioritization of global tools and adaptation to local contexts (focus on SCORE, Community, HHFA & others)</p>
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	Structured HDC Governance, functioning, communications, advocacy and accountability mechanisms	<p>1. Functioning secretariat to support: i) SRG & WG calls, ii) biannual HDC meetings, iii) functioning, accessible website & comms materials, iv) quarterly reviews of progress & vi) constituency support / outreach.</p> <p>2. Increased HDC membership to 12 countries and 25% more members than 2020.</p> <p>3. Leadership event with renewed political and advocacy commitment for data and HDC, translated into action in countries.</p> <p>4. HDC work plan efforts contribute to SDG GAP and UHC2030 goals.</p>

Activities: The objectives and milestones will be met by implementing activities at global, regional and country levels using constituency comparative advantages support for technical working groups and clear prioritization. Activities will be implemented by a mixture 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 – draft¹, constituency specific added values were made available to the Sept.2020 HDC call.

Countries: HDC will initially focus support for eleven countries who have joined or are currently considering joining HDC (Kenya, Tanzania, Uganda, Cameroon, Malawi, Botswana, Nepal, Sri Lanka, Indonesia, Bangladesh and Myanmar) through country engagement mechanisms highlighted in Annex 1 and considering the country-based Theory of Change. Other countries may self-nominate as capacity and support 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 Ministry of Health or Statistics Office) and partners align efforts around these plans to build on existing capacities.

Monitoring progress: Annual monitoring of the HDC workplan will be through completion of activities and metrics / indicators under each of the objectives. Monitoring overviews will be presented to the Stakeholders Representatives group every six month.

Evaluation: An external, independent HDC evaluation in 2023 (midpoint of the 2030 Sustainable Development Goals) will support HDC learning and adjust efforts.

¹ These will be finalized in consultation with each constituency and available on the HDC website

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 ([link](#)), after extensive feedback in late 2019 and early 2020.

The HDC relies on country leadership and diversity of perspectives and resources from seven constituencies: 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. Diversity is also encouraged in Working Groups.

COVID-19 has increased the profile of the need for aligned approaches in countries to support quality data and stronger Health Information Systems for integrity of the data journey – from collection to storage to analysis to use. This work plan has been adapted to build lessons learned from data in the COVID-19 era.

2. Mission, Objectives, Principles & Theory of Change

HDC Mission: To provide a collaborative platform that leverages and aligns technical and financial 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:

1. To strengthen country health and CRVS information systems by enhancing capacity to plan, implement, monitor and review progress through application of standardized processes for data collection, availability, analysis and use to achieve national health related targets (and therefore eventual SDG health targets)
2. To improve efficiency and alignment of technical and financial investments in health information and CRVS systems through collective actions;
3. To increase the impact of global public goods and tools on country health information 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 country² 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 GATHER³ 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 limited number of concrete, incremental actions with impact

² 'Country' means Government, citizen and health sector partners

³ <http://gather-statement.org/>

9. Promote collection and use of disaggregated data for communities left behind

HDC Theory of change: 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 work plans and a framework for investment and evaluation.

THEORY OF CHANGE

HDC APPROACH



3. Countries being 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 are currently considering joining, the HDC (**Botswana, Indonesia, Bangladesh, Sri Lanka, Uganda and Myanmar, Nepal**). As of October 2020, 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. This has been delayed due to COVID-19 priorities.

4. Operational workplan November 2020–2023

This work plan (available in more detail in excel) summarizes activities from November 2020 to December 2023 and will focus on clear milestones in 2020 to 2021. Progress on reaching milestones will be reviewed by the SRG and activities every six months and adjusted accordingly. 2023 is the half way 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.

As agreed at the March 2020 HDC meeting, the operational work plan will be framed around the three HDC objectives, plus one objective that includes governance, communications and advocacy. As agreed at the September 2020 Global HDC call, priority will be on activities to achieve 2020-2021 milestones. 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 summarized by activity in the excel sheet.

Target total # countries of focus HDC support: 2020: 10; 2021: 12; 2022: 16; 2023: 20

Objective 1: To strengthen country health and CRVS information systems by enhancing capacity to plan, implement, monitor and review progress through application of standardized processes for data collection, quality, availability, analysis and use to achieve national health related targets (and therefore eventual SDG health 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 all be aligned with national plans.

Objective 1: Milestones for 2020-2021

1. One data institute identified and supported in each region.
2. Two regional-hosted 'peer reviews' hosted.
3. For each focus country: i) identify 2-3 data priorities in national plan that HDC partners commit to; ii) data and digital 'champion' identified; iii) national and subnational data institutes identified.
4. Review of COVID-19 related data best practices that can be incorporated into HDC country and partners efforts for stronger sustainable health information systems.
5. Review of best practices for community generated data for tracking communities left behind.

Objective 1: Activities (priorities in red for 2020-2021)

1.1 Global and regional	
1.1.1	In each region, identify and support regional data and digital institutes and peer support mechanism) that can support HDC objectives and engage with capacity building of regional and national data and digital issues (bringing people and information together and building capacities in regions)
1.1.2	One annual regional meeting in Africa and Asia for HDC community and focus countries to share best practices, stimulate peer learning to strengthen alignment with HDC objectives
1.1.3	Consultancy support reviewing best practices of collecting and using community-generated data for tracking communities left behind
1.1.4	Consultancy support for review of best practices electronic systems for real time reporting of health facilities
1.2 Country	
1.2.1	Identify data and digital 'champions' in each HDC country
1.2.2	Support data and digital national champions to advocate, engage with partners and promote HDC objectives (social media and thought pieces)
1.2.3	Identify national & sub national data and digital institutes supporting HDC objectives and support engagement in national HDC
1.2.4	Consultancy support in each focus country for collecting and using community generated data for tracking communities left behind

Objective 1 Metrics	Objective 1 Indicators
Focus countries investing adequately in health information and statistical systems	HDC countries with a national health information or CRVS strategy HDC countries with a health sector monitoring and evaluation or Health Information Systems Strengthening plan
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	# of focus countries with functioning national disease surveillance systems # of focus countries with indicator or event-based disease surveillance systems # focus countries with IHR assessment and IHR score

Focus countries having electronic systems for real-time reporting of health statistics from at least 80 percent of facilities	% facilities having in place electronic systems for real-time reporting of health statistics in each focus country
Countries with standardized system of electronic data entry (aggregate reporting) at the district or comparable level	# focus countries with standardized system of electronic data entry (aggregate reporting) at the district or comparable level
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 and alignment of technical and financial investments in health data systems through collective actions.

Objective 2: milestones for 2020-2021

1. Review of alignment of partners' technical & financial investments in data efforts in all focus countries;
2. For each focus country: i) identify national data institute, ii) identify & support Govt. led data coordination mechanism, iii) map partners, budget/planning cycle, iv) consider applying ToC / SCORE for aligning investments

Objective 2: Activities (priorities in red for 2020-2021)

2.1 Global and regional	
2.1.1	Consultancy support for review analysis of current status of alignment of HIS/CRVS technical and financial investments by HDC partners in focus HDC countries
2.1.2	Follow up on actions strengthening alignment of global and country plans / support from leadership / principals meeting
2.2 Country	
2.2.1	MoH, HDC partner HDC data digital focal points identified in each HDC country
2.2.2	Coordination mechanism identified for HIS / data/ CRVS M+E (strengthening existing)
2.2.3	Consultancy support to map a) planning & budget cycles, b) strengths & challenges of HIS / M+E / CRVS in health, c) prioritized 2-3 issues and solutions that HDC partners could support addressing, d) consider applying Theory of Change and SCORE, e) current investment landscape of investments in HIS in each country
2.2.4	Country plan with HDC partners support for 2-3 prioritized issues in HIS, digital CRVS (led by MoH)

2.2.5	Consultancy support for Govt to coordinate partners for development, investment and implementation of the Govt. data / M+E plan in each country
2.2.6	Identify and support a national institutes that strengthen coordination and capacity building of MoH for HIS, digital and CRVS issues
2.2.7	Annual health systems review support for HIS / data quality in each HDC country

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	# focus countries with country led national Health Information System coordinating body or equivalent ⁴ # focus countries with aligned plans to strengthen data health CRVS systems # focus countries with meaningful & robust civil society representation for HIS coordination mechanisms & health strategy reviews
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

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

Objective 3: milestones for 2020-2021

1. All HDC WGs have i) representation from all 7 constituencies, ii) clear ToRs, iii) WPs & deliverables contributing to HDC mission / objectives / workplan.
2. For each focus country: i) clear overview of data & digital tools being used, ii) consideration and prioritization of global tools and adaptation to local contexts (focus on SCORE, Community, HHFA & others)

Objective 3: Activities (priorities in red for 2020 – 2021)

3.1 Global and regional	
3.1.1	Review current WG membership to ensure all 7 constituencies represented, ToRs, deliverables and work plans - strengthening diversity and potential support for WGs

⁴ eg Integrated [Health Situation Room](#) in Malawi/Kenya Health Observatory

3.1.2	Constitute 7 HDC WGs (RHIS, governance, epidemics, logistics, community, CRVS, DH&I)
3.1.3	WGs identify gaps in current global tools or revise existing global tools, based on country feedback and support the alignment and harmonization of the adaptation and implementation of the tools
3.1.4	Monthly WG updates with SRG highlighting progress, support and info dissemination
3.2 Country	
3.2.1	Consultancy support for identifying & reviewing appropriate use and adapt, where appropriate, existing global tools (eg. Community, SCORE, HHFA, HEAT & others) for HDC country specific contexts
3.2.2	HDC partners support adaptation and promotion of HDC tools in country contexts

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

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. Functioning secretariat to support: i) SRG & WG calls, ii) biannual HDC meetings, iii) functioning, accessible website & comms materials, iv) 6 monthly reviews of progress & vi) constituency support / outreach.
2. Increased HDC membership to 12 countries and 25% more members than 2020.
3. Leadership event with renewed political and advocacy commitment for data and HDC, translated into action in countries.
4. HDC work plan efforts contribute to SDG GAP and UHC2030 goals.

Objective 4: activities (priorities in red for 2020-2021)

4.1 Governance	
4.1.1	Adequate staffing of HDC secretariat
4.1.2	Facilitating calls & follow up with 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 work plans, follow up and links with WG outputs
4.2 M+E & Accountability	
4.2.1	Six monthly review of work plan 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
4.3.2	Convening leadership event
4.3.3	Drafting and disseminating commitments
4.3.4	Six monthly advocacy with HoA on HDC progress
4.4 Communications	
4.4.1	Website update and maintenance with WG space
4.4.2	HDC social media activities, blogs and thought pieces from HDC
4.4.3	HDC reg meets & contributions to UHC2030 Related Initiatives (including UHC2030 CSEM)
4.4.4	Communicate and disseminate HDC tools through HDC partner mechanisms
4.4.5	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: HDC performance will be measured through achievement of annual progress report-based milestones on specific activities. These will be tracked and reported on annually, related to the agreed upon workplan and, include indicators on global and country level activities. To reduce over reporting burdens, countries will be asked on 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, the need for 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 need 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 expectations from the work plan 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

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).

Collective country engagement approach: Recommended steps / protocols

<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 (eg. 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 government takes the lead in design and implementation, and sets up effective coordination mechanism for management resources.</p>
<p>Where will HDC engage?</p>	<ol style="list-style-type: none"> 1. All countries are eligible. 2. Based on country request from national government. 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>

Collective country engagement approach: Recommended steps / protocols

<p>Country-led governance</p>	<ol style="list-style-type: none"> 1. MoH/national entity provides leadership and defines 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 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 timeframe. c. Map stakeholders/ partners and domestic investments on 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. <ol style="list-style-type: none"> 1. Disseminate progress and lessons learned.
<p>Process of country engagement</p>	<ol style="list-style-type: none"> 2. MOH or other national entity expresses interest in the HDC approach: <ol style="list-style-type: none"> a. <i>Mechanism 1: Sends letter of interest</i> 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 check-list attached). Copying the HDC secretariat is necessary to access catalytic funding for key activities; access global partners; and contribute to documentation of lessons learned. WHO (Country office/Regional office/Headquarters) will facilitate this process wherever necessary. b. <i>Mechanism 2:</i> Practices the HDC approach to support country-led M&E plan without accessing to catalytic funding (nothing formal is required if the country chooses to follow this route). 3. HDC secretariat shares country request with HDC partners: <ol style="list-style-type: none"> 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).

Collective country engagement approach: Recommended steps / protocols

4. Global Partners respond to HDC secretariat on their interest to engage with country (in discussion with relevant country and regional focal points) with key global and in-country focal points identified.
5. 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.
6. MOH/ NSO / Civil registration authority / national entity responds to HDC secretariat with names of focal points.
7. HDC Secretariat organizes a call with key stakeholders to initiate planning of next steps.
4. 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 of strategic technical assistance)
3. Define 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 efficiency and responsiveness of the country led M&E/HIS/ CRVS platform.

Catalytic actions to align support

4. 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.
5. Agree a specific action plan with timeframe and lead responsible agent for activities.
6. 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 on-going 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 metrics of partner performance (alignment, coordination, efficiency, effectiveness) which should be used to track and modify partner behaviour, leading to efficiency gains.
2. Document lessons and best practices which should be disseminated and used for future action in-country as well as other countries.

3. Consider establishing ad hoc follow-up group, with 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 orgs, norms and standards, diplomatic channels for Ministries • Specific focus areas (eg. 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	<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	<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. infra structure 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 (eg. Technical / digital products) • Support efficient management processes • Respond to market demands for services or products