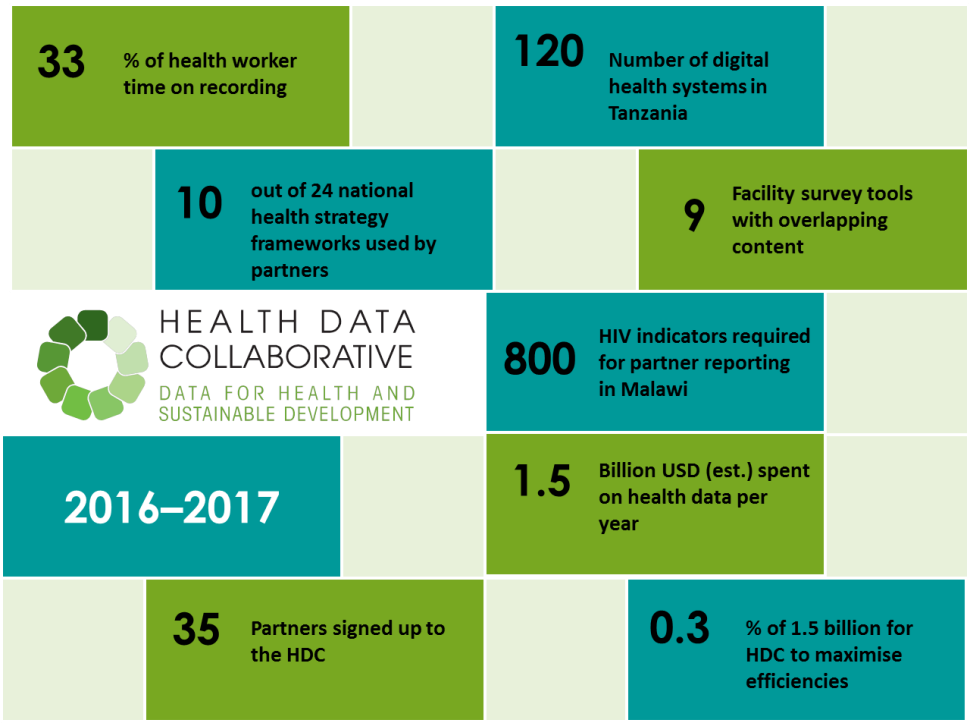
HEALTH DATA COLLABORATIVE

Steering Group Meeting

Geneva, Switzerland
27-28 April 2017

Summary Report



Executive Summary

One year since the launch of the Health Data Collaborative (HDC) in March 2016, the Steering Group gathered as part of a learning agenda to improve the way we work at both global and country levels. The objectives of the meeting were to: (1) review progress, challenges and lessons learned; (2) identify main strategic and operational considerations for improvement (around country engagement, global public goods and governance/management); and (3) agree on future strategic priorities for 2017-2018. The HDC approach is gaining traction in countries, resulting already in some efficiency gains. Partners agreed on several concrete actions to further improve and scale up the approach, and a new governance structure was proposed.

Reviewing progress, challenges and lessons learned
The fourth meeting of the HDC Steering Group brought together 5 countries (Kenya, Malawi, Tanzania, Myanmar and Indonesia) and 20 partner organizations (see Appendix I for the list of participants), who shared their perspectives on progress and discussed ways of improving alignment of technical and financial support behind country priorities pertaining to health data systems. (Table 1 on p. 5 summarizes successes, challenges and way forward in Kenya, Malawi and Tanzania.)

Strategic and operational considerations for improvement: Country engagement
More countries are calling for alignment, providing persistent examples of partner duplication, parallel programme demands and inefficient donor funding. Tanzania will follow pathfinder countries Kenya and Malawi in launching the HDC approach in July.
Key decisions and action points:

- Standard Operating Procedures for country engagement based on experience and documented practices will be drafted, with clear expectations for what success of HDC in country should look like.
- Additional countries will be identified where multiple HDC partners are engaged and opportunities for improved efficiencies in investments are significant.
- Regional HDC approaches and strategic engagement of civil society will be explored and developed.
- Guidance on implementation and roll-out of tools and standards in countries will be addressed at the next Steering Group meeting.

Strategic and operational considerations for improvement: Global public goods
Significant progress has been made on producing harmonized global public goods and standards through the HDC Technical Working Groups. (Please refer to Table 2 on p. 7 for a summary of progress made thus far.) Yet the efficiency of the working groups can be improved for greater impact**.**
Key decisions and action points:

- A prioritized plan of deliverables for 2017-18 will be developed.
- A proposal for streamlining working groups' membership and improving communication and coherence between working groups will be developed.
- A review process for validating tools and standards produced by the working groups will be developed before inclusion in a technical package for strengthening country health data systems (please refer to Table 3 on p. 8).

Strategic and operational considerations for improvement: Governance/Management
HDC's governance structure is evolving to suit the maturing function of the HDC. Following the last Steering Group meeting in September 2016, a small sub-set of Steering Group members proposed a new governance structure that was shared with all Steering Group members earlier this year.

Key decisions and action points:

- To promote co-ownership of the HDC approach by partners, a rotational system of co-chairs (representing WHO, a donor partner, technical agency and HDC pathfinder country) was proposed.
- A HDC project manager and communications officer will be recruited to support the HDC secretariat.
- While a proposed Executive Committee will no longer be required, the HDC will be docked into higher level decision making processes such as that of IHP for UHC 2030 and the Global Partnership for Sustainable Development Data (GPSDD).
- Partners will identify opportunities for strategic engagement of HDC in wider political processes.
- The SG co-chairs will meet virtually every month to support the secretariat with management decisions.
- Regular calls with Steering Group members will also be organized (at least monthly, if not bi-weekly) to plan and share country activities.
- A communication and advocacy package will be developed to further promote and socialize the HDC approach among countries and partners.

1. Background

The Health Data Collaborative (HDC) was launched in March 2016 to address the challenge of disparate funding and fragmented sources of health data, which contribute to the current inadequacy of data for reliable and timely decision-making. Spurred by the Five-Point Call to Action on health measurement and accountability, the HDC is focusing on three inter-related objectives as outlined in the Operational Workplan 2016-2017:

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

This report synthesizes progress, key challenges and lessons learned as shared by countries, partners and technical working groups during the Steering Group meeting as well as decision points and priority actions agreed upon. A full progress report is available for further details.

2. Country engagement

2.1 Overview of progress, challenges, and lessons learned

Pathfinder countries' perspectives

Representatives from the Ministries of Health from **Kenya, Tanzania, and Malawi** presented their experiences implementing the Health Data Collaborative approach. Some successes of the HDC approach were also presented, including the aligned support of partners around the Monitoring & Evaluation (M&E) roadmap and operational country-led M&E working groups and coordination mechanisms. **Tanzania** plans to launch a national, country-led Tanzania HDC in July, and partners were invited to participate. **Malawi** highlighted efforts to implement the digital health agenda. **Kenya,** which sees the HDC approach as crucial in helping countries improve their health information system, cited strengthening of existing systems (instead of creating new ones) as well as involvement of the country's political leadership (in Kenya's case, the Deputy President's Office) as good practices. Despite greater alignment in some countries and in some areas, there is still a need to engage a broader array of partners in this process and to ensure disease specific programmes (e.g. EPI, HIV) are actively involved in this country alignment process.

Each country's successes, challenges and the way forward are summarized in Table 1 below.

Table 1: Successes, Challenges, Way Forward Shared by HDC Pathfinder Countries

	Successes	Challenges	Way Forward
Kenya	• Partners committed to supporting one M&E Plan with common roadmap/common priorities • **Carried out 4 surveys for the price of one** with support from Global Fund and WHO (Mini SARA; client satisfaction survey; employee and work environment survey and DQR) • Mapping of Investments by different stakeholders in HIS/ME • New projects are fully aligned to the identified priorities (e.g. USAID and WB)	• Partners' internal discrepancies between global and country approaches • Holding partners to account on commitments over longer term • Limited resources • Disparate priorities by sub-region	• Improve involvement of some key stakeholders (e.g. civil society, communities) • Develop a multi-year/multi stakeholders' investment plan, informed by HIS mapping exercise • Develop investment plan for counties (counties are all at different levels)
Malawi	• Key M&E priorities identified based on new Health Sector Strategic Plan (HSSPII) • Mapping of key stakeholders' activities conducted • Donors aligning behind the Ministry of Health's single data platform (DHIS 2) and digital health investment plan. • MoH leadership on iterative process with partners/programmes to agree on core health indicators (reduced from initial 195 to 62) for HSSPII	• Misaligned allocation of resources towards both M&E and ICT • Inadequate participation of other health-related sectors • Lack of adequate feedback sharing between multi-sectoral discussions	• Revise Health Information Systems Strategy • Revise eHealth/Digital Health Strategy • Fully implement the Digital Health Strategy • Finalize Standard Operating Procedures on data sharing
Tanzania	• Harmonization of M&E funding partners to implement the M&E Strengthening Initiatives • Use of DHIS 2 across all districts as main source of routine data collection and reporting	• Partners' vertical funding modalities to M&E health programs • Vertical programmes' databases collecting same data as DHIS 2 • Duplication of surveys: SARA, SPA, and SDI	• Launch Tanzania HDC in July • Map current government and partners' investments in health information systems • Align indicators and data collection systems • Encourage joint and aligned investment in DHIS 2

Myanmar and Indonesia are among countries considering implementing the HDC approach, and shared a similar array of challenges. Myanmar highlighted efforts to move from a paper-based health information system to DHIS 2. This requires capacity building not only at central but also at local level, as well as coordinated funding and technical assistance to sustain DHIS 2. Indonesia is focusing on defining the data architecture of the health information system, which will be translated into an operational workplan.

CHESTRAD also highlighted the wide range of opportunities for civil society to engage with countries. The BIG (Better Use, Improved Action, Good data) campaign has been developed and additional work on BIG include: (a) Establishing synergies with the package of technical tools and global public goods; (b) Engaging with working group leads to identify complementarity and key messaging for each working group; (c) Engaging across data related platforms in health and the SDG to advocacy and messaging share data use for action messages and work plan; and (d) Taking BIG forward in selected countries at national and sub-national levels.

Partner perspectives

Development partners recognized that inefficiencies and duplication persist, but are making efforts to reduce such examples. BMGF, CDC, GAVI and WBG are increasing internal coherence and alignment across their organizations, by socializing programmes and country offices to make them aware of the HDC approach. WBG is also working to eliminate duplication of facility surveys through collaboration on harmonized survey modules. USAID's digital health initiative, supported by BMGF and PATH, presents an opportunity to pool funds and reduce fragmentation of partners' support in e-health. All partners are committed to further socializing the concept of HDC in their institutions to continue sustained HDC best practices of support aligned with country priorities. Standard Operating Procedures for engaging with countries will be developed, including expectations for what success of HDC in country will look like. A standardized advocacy and communications package will be developed to support continued promotion and socialization of the HDC approach.

2.2 Strategic issues

An overview of the HDC country engagement approach was presented to reiterate how the HDC aims to improve alignment of investments and support behind country priorities. While the approach must be country-led, key catalytic actions to strengthen in-country coordination and align investments can include: 1) Rapid assessment/identification/costing of key HIS/M&E priorities; 2) Action plan/roadmap of HIS/M&E priority actions 3) Mapping of partners' and government investments on HIS/M&E activities; and 4) Development of a common investment framework. As the approach gathers momentum, the following challenges and future priorities were identified:

1. Responding to growing demand for the HDC approach and scaling up the response.
2. Developing a learning agenda and mechanism for monitoring results.
3. Defining the role of regional platforms (e.g. advocate/promote the HDC approach, facilitate in-country dialogue, peer-to-peer learning, monitoring progress).
4. Ensuring meaningful participation of programmes, civil society, private sector.

During plenary discussions, the importance of a common investment framework for HIS/M&E was highlighted as a way of identifying gaps and shifting duplications of investments toward the gaps. Internal coherence of partners (between headquarters and country offices) is also crucial to support coordination efforts at country level. Linking with and leveraging related initiatives such as IHP for UHC2030, the GFF and WBG investments present opportunities for mobilizing resources and better alignment. Programmes and other health-related sectors should also be involved early in the HDC process to ensure their priorities are reflected into national plans. Regional networks in Asia (AeHIN) and East Africa were noted as possible platforms for peer-to-peer learning.

It was agreed that guidance on implementation and roll-out of tools and standards was a priority next step in countries that would be addressed at the next Steering Group meeting.

2.3 Decisions / Next steps:

1. Develop Standard Operating Procedures (SOP) for country engagement based on experiences and best practices, with clear expectations for what success of HDC in country will look like.
2. Follow up with HDC pathfinder countries to determine next steps, priorities and resource requirements for next year's activities.

3. In addition to Kenya, Malawi and Tanzania, identify additional countries where multiple HDC partners are engaged and opportunities for improved efficiencies in investments are significant.
4. Develop strategic engagement approach of civil society in support of the HDC approach.

3. Global Public Goods

3.1 Overview of progress

Significant progress has been made on producing harmonized global public goods and standards through the HDC Technical Working Groups, which are collaborating on priority deliverables identified in the Operational Workplan 2016-2017. More than 350 technical experts from 60 organizations have joined HDC working groups since last March. Table 2 below summarizes advances made by the technical working groups:

Table 2: Progress on global public goods

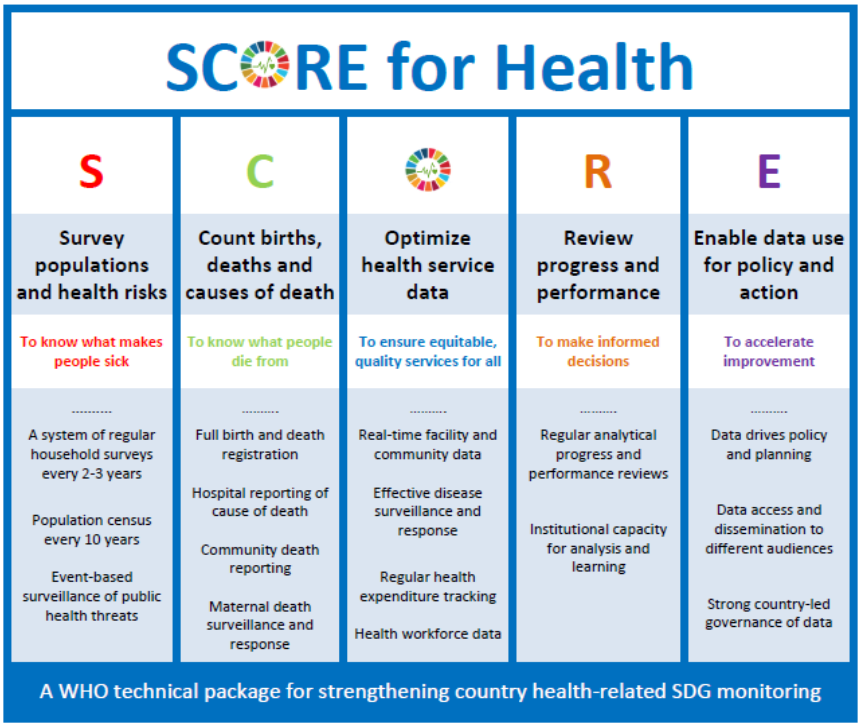
Technical Working Group	Successes	Status
Facility and Community Data Routine Health Information Systems (WHO, MEASURE, UiO)	✓ **RHIS assessment tools, data quality toolkit, package of standards (indicators, variables, analyses), cause of death module (Start-up Mortality List)** finalized	COMPLETED
Community data (UNICEF, TGF, UiO)	✓ **Community health information system (CHIS) framework and CHIS data quality toolkit** developed ✓ **CHIS guidance, curriculum, DHIS2 toolkit for CHIS** developed	COMPLETED
Facility surveys (WHO, WBG)	✓ **Facility survey indicators and questions** compiled ✓ Service readiness module completed for **harmonized facility survey** ✓ Finance and management module in progress	COMPLETED COMPLETED IN PROGRESS
Quality of care (PHCPI – WHO, WBG, BMGF, Ariadne Lab)	✓ **Inventory of quality of care domains and indicators** developed ✓ **Core quality of care indicators/measures incorporated into service readiness module of harmonized facility survey**- jointly developed with health facility survey group	COMPLETED
Household Surveys (Intersecretariat Working Group on Household Surveys: WHO, UNICEF, USAID, WBG)	✓ **Harmonized set of household survey modules** in progress	IN PROGRESS
CRVS (Global CRVS group: WBG, UNSD)	✓ **CRVS e-learning course** with 13 technical modules developed, to be launched May 22-23, 2017 in Seoul ✓ **Handbook on CRVS legal framework, handbook on management of CRVS systems** being revised	COMPLETED IN PROGRESS
Digital Health & Interoperability (USAID, WHO, OGAC)	✓ **PATH/USAID digital health initiative** established to reduce fragmentation of digital health systems ✓ Progress on capability/maturity model, technology registry	IN PROGRESS
Health Workforce (WHO, USAID)	✓ **Handbook on National Health Workforce Accounts** drafted, to be published in May ✓ 2 regional consultations convened for implementation	IN PROGRESS COMPLETED

A new working group on disease surveillance has also been established (to be led by CDC and WHO) to strengthen data systems for early warning and response, with a focus on infectious diseases. Terms of Reference for this group will be drafted and shared in due course.

Progress has also been made on the development of a technical package for strengthening country data systems. The technical package of key strategies and resources for strengthening data systems

and capacities for monitoring of the health-related SDGs, to be communicated through the SCORE acronym (see Table 3), was presented. Overall, the SCORE technical package was well received by partners as a useful framework for advocating to countries. To mitigate the risk that SCORE could be misinterpreted as a scorecard for countries, the messaging will need to be clarified. It was agreed that a process to review and validate standards and tools developed by the technical working groups will be established. All HDC partners will be acknowledged for their respective inputs.

Table 3: Key elements of the SCORE technical package for strengthening health data systems



3.2 Strategic issues

While significant progress has been made on global pubic goods, several strategic issues need to be addressed to improve the efficiency and coherence of the technical working groups (TWGs). The leads of the technical working groups convened prior to the Steering Group meeting and identified the following key issues:

1. Ensuring the uptake, adoption and use of harmonized norms, standards and tools by countries.
2. Engaging partners in securing institutional commitments for adopting norms and standards in country.
3. Developing implementation guidance to establish national capacity to adopt the technical package of agreed norms and standards.
4. Exploring how regional networks can support promotion of the tools/approaches.

It was agreed that a process of review and validation of tools developed by the TWGs should be established with clear criteria for inclusion in the technical package. WHO will also work with the TWG leads to develop a prioritized plan of deliverables for 2017-18 as well as a proposal for improving the efficiency of the TWGs.

3.3 Decisions / Next steps

1. Develop a prioritised plan of TWG deliverables for 2017-18 for consideration by the Steering Group.
2. Develop a proposal for streamlining TWG membership and improving communication and coherence between TWGs.
3. Develop a review process for validation of tools and standards for inclusion in the SCORE technical package.
4. Revise the messaging and communication of the SCORE technical package to mitigate any potential misperception as a scorecard.

4. Governance and management

The HDC was launched in March 2016 as an informal partnership with a light, nimble and evolving governance and coordination mechanism that puts developing country governments in the center. The HDC partnership currently consists of a core team, a steering group and technical working groups. Partners in the HDC currently consist of 35 organizations working in health measurement and accountability including country governments, bilateral agencies, development partners, philanthropies, private sector entities, regional constituencies, academia and civil society.

The HDC's governance structure is evolving to suit the maturing function of the HDC. Following the last Steering Group meeting in September 2016, a small sub-set of Steering Group members proposed a new governance structure that was shared with all Steering Group members earlier this year. Subsequent discussions have led to agreement on the following organizational and management functions:

Steering Group: The Steering Group advises on strategic direction and stewardship and promotes accountability. To foster co-ownership of the HDC approach by partners, a rotational system of co-chairs (representing WHO, a donor partner, technical agency and HDC pathfinder country) was proposed. In the first term, NORAD, CDC and Kenya were invited to serve as co-chairs alongside WHO to support the work of the HDC secretariat and facilitate the decision-making capacity of the Steering Group between annual meetings.

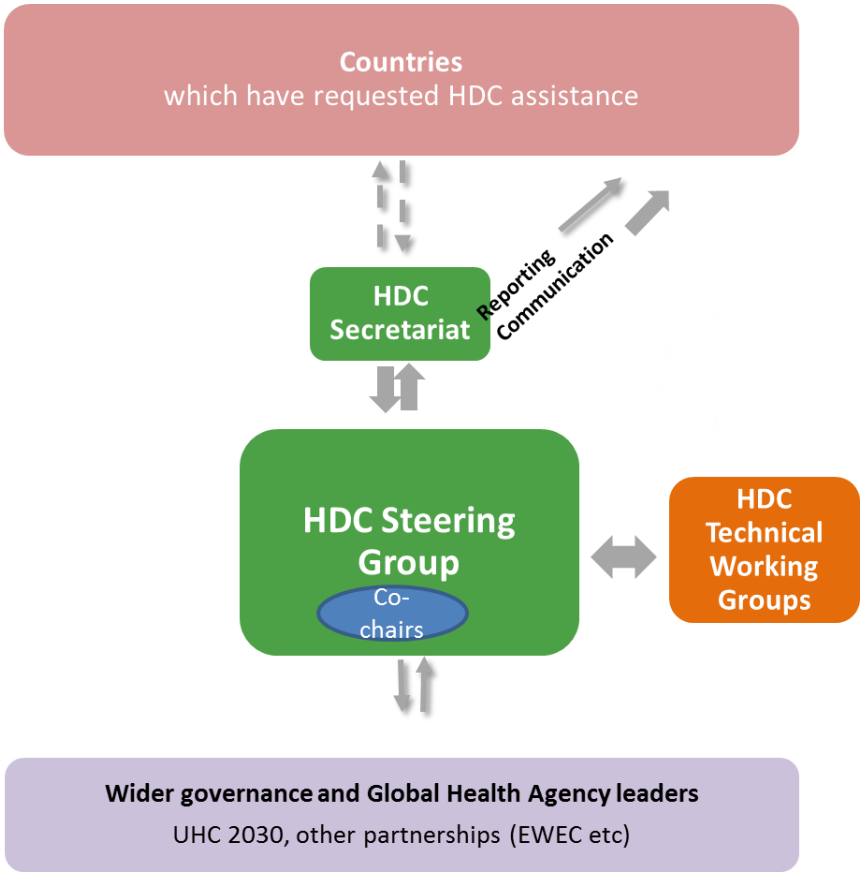
Secretariat: The Secretariat is responsible for facilitating the overall coordination and oversight of execution of HDC activities, including support for country-level data collaboratives and communication across partners. The main challenge has been a lack of funding to support a modest operational budget (estimated USD 5 million) required to support the secretariat's function to ensure better efficiency and effectiveness. A HDC project manager and communications officer will need to be recruited to support this function. An operational budget will be developed to detail these needs and distributed to Steering Group members for consideration.

Technical working groups: Given the need to improve the efficiency and coherence of the technical working groups, a prioritized workplan on global public goods will be developed, alongside a plan for streamlining the working groups' composition of members. Because of a significant overlap in the working groups' scope of work, a plan for improving communication and coherence between working groups will also be developed.

Communication: The Steering Group co-chairs will meet virtually once a month, to support the secretariat with management decisions and share information on ongoing and emerging data work and programmes. Regular calls with Steering Group members will also be organized (at least monthly, if not bi-weekly) to plan and share country activities. It was agreed that a communication and advocacy package should be developed to further promote and socialize the HDC approach (including harmonized tools and standards) among countries and partners (at both global and country levels).

It was also agreed that a proposed Executive Committee would no longer be required. Rather, it would be more efficient to explore docking the HDC into higher level decision making processes such as that of IHP for UHC2030, and of other data platforms and initiatives, such as the Global Partnership for Sustainable Development Data (GPSDD). Partners will identify opportunities for strategic engagement of HDC in wider political processes.

Figure 1: Revised HDC Governance Organigram



5. Summary of Next steps

With active participation by country representatives and partners, the Steering Group meeting yielded a number of key actions agreed upon to improve the efficiency and effectiveness of the HDC. Under the revised governance structure, the following next steps will be taken forward:

Country Engagement:

1. Draft Standard Operating Procedures (SOP) for country engagement based on experience and documented practices, with clear expectations for what success of HDC in country should look like. *(WHO- by end of May)*
2. Follow up with HDC pathfinder countries to determine next steps, priorities and resource requirements for next year's activities. *(WHO and HDC partners- by end of June)*
3. Additional countries will be identified where multiple HDC partners are engaged and opportunities for improved efficiencies in investments are significant. *(All partners- ongoing)*
4. Support Tanzania MoH on preparations for Tanzania HDC launch to ensure broad participation by all stakeholders and to successfully operationalize HDC approach at country level. *(All partners- July)*
5. Develop strategic engagement approach of civil society in support of the HDC approach. *(CHESTRAD, WHO- by end of July)*

Global public goods:

1. Develop a prioritised plan of TWG deliverables for 2017-18 for consideration by the Steering Group. *(WHO, TWG leads- May-June)*
2. Develop a proposal for streamlining working groups' membership and improving communication and coherence between working groups. *(WHO, TWG leads- May)*
3. Develop a review process for validation of tools and standards for inclusion in the SCORE technical package. *(WHO- June)*
4. Revise the messaging and communication of the SCORE technical package to mitigate any potential misperception as a scorecard. *(WHO- by end of June)*

Governance:

1. Develop an operational budget to be reviewed by the co-chair group and agreed by Steering Group members. The SG co-chairs will be responsible for establishing a financing strategy for HDC. *(WHO, CDC, NORAD, Kenya- by end of May)*
2. Recruit a project manager to help improve efficiency and effectiveness of HDC operations. ToRs for the position will be shared with the Steering Group. *(Secretariat- by end of August)*
3. Finalize the governance paper, to be reviewed and officially adopted by the Steering Group. This will include options for maximising the benefits of regional HDC approaches. *(Governance group- by end of July)*
4. Develop a communication and advocacy package to further promote and socialize the HDC approach (including harmonized tools and standards) among countries and partners. *(Secretariat- by end of July)*

Annex 1: List of Participants

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