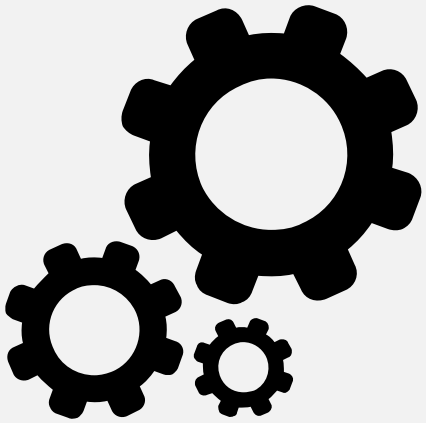
HEALTH DATA COLLABORATIVE

OPERATIONAL WORKPLAN 2016 - 2017



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Acknowledgements

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Acronyms

AeHIN	Asian e Health Information Network
ALMA	African Leaders Malaria Alliance
AMDD	Averting Maternal Death and Disability Program **(**AMDD**)**
BMGF	Bill and Melinda Gates Foundation
CDC	Centers for Disease Control and Prevention
DHS	Demographic Health Survey
EC	European Commission
GAVI	Global Alliance on Vaccines and Immunization
GHO	Global Health Observatory
GFF	Global financing facility
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German International Development agency)
GOARN	Global Outbreak Alert and Response Network
GPHIN	Global Public Health Intelligence network
HISP	Health Information System Program
IRDS	Implementation research and delivery science
IDSR	Integrated Disease Surveillance and Response
IHP+	International health partnership
IHR	International Health Regulations
INDEPTH	International Network for the Demographic Evaluation of Populations and Their Health
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal New-born Child Health
NCD	Non-communicable diseases
NHA	National Health Accounts
NORAD	Norwegian Agency for Development Cooperation
NSO	National Statistical Offices
PEPFAR	Presidential Emergency Plan for AIDS Relief
PETS	Public Expenditure Tracking
PHCPI	Primary health care performance initiative
RBM	Roll Back Malaria
RHINO	Routine Health Information Network
SDG	Sustainable Development Goals
TGF	The Global Fund
UHC	Universal Health Coverage
UNICEF	UN Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WBG	World Bank Group
WHO	World Health Organisation

Summary

The Health Data Collaborative will strengthen national and sub national systems for integrated monitoring of health programmes and performance. By helping countries collect, analyse and use timely and accurate data, the Health Data Collaborative will contribute to the goal of data driven performance and accountability.

Figure 1 provides an illustration what the Health Data Collaborative will do to contribute to this goal, based on the current context and assumptions and is described below:

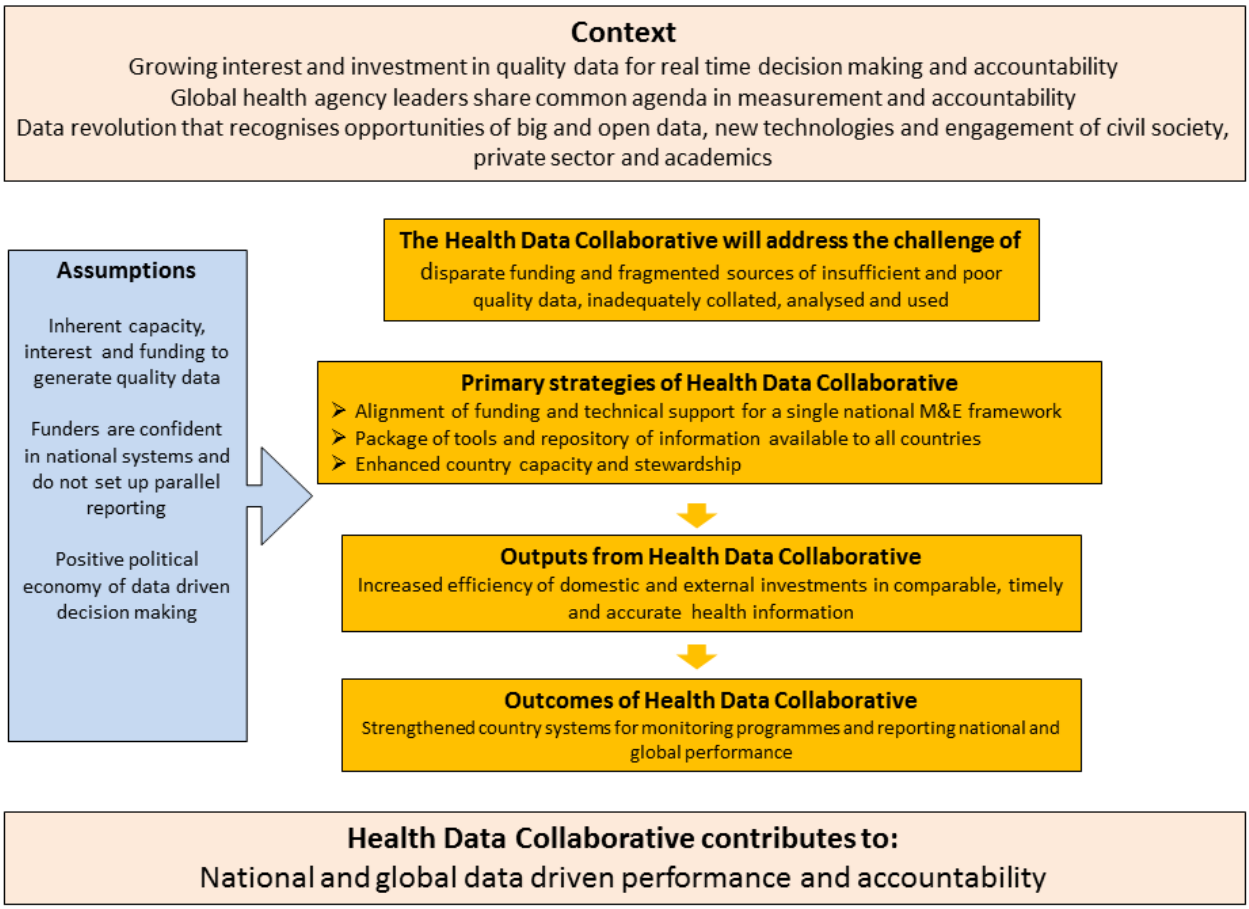
The context and timing is right to establish the Health Data Collaborative. There is a realisation that many people are still not being counted and important aspects of their lives are not measured. Recent disease outbreaks demonstrate the urgent need for quality real time data. Global leaders, national decision makers and citizens are talking of a data revolution and want to harness the 21st century opportunities of big and open data to address the inequalities in access to quality assured, disaggregated data and information. The monitoring of the SDGs provides an opportunity to take this forward and to consider health in a much more integral manner with other development goals.

The Health Data Collaborative will address the challenge of disparate funding and fragmented sources of health data which, in part, leads to the current inadequacy of data for reliable and timely decision making.

The primary strategies of the Health Data Collaborative will be to enhance country statistical capacity and stewardship and for partners to align their technical and financial commitments around strong nationally owned health information systems and a common monitoring and evaluation plan. Work at global level to establish common standards, indicators and databases will be geared to contribute to countries health information systems.

The output of the Health Data Collaborative is a more efficient investment in information systems. The timely, accurate and comparable data arising from the national information system can be used to understand the health challenges, to design and monitor effective interventions and to evidence outcomes and impact at national and global level (SDGs). Further efficiencies will be achieved by sharing experience and learning from countries and other data initiatives.

Figure 1: Health Data Collaborative: Theory of Change



The assumptions of the model are that in order to reach the goal of data driven performance and accountability there will be ability of the national system to generate quality data that satisfies the funders and provides decision makers with sufficient political and social capital.

The Health Data Collaborative is not a bureaucratic global health partnership. Nor is it a global health financing instrument. It will support a more coherent response to demands from countries and complement efforts of existing health data and accountability initiatives, by focusing efforts on improved access of relevant quality data. The work of the Health Data Collaborative will interface and shape a broader response necessary for data driven performance and accountability. To fully maximise the opportunity, the Health Data Collaborative embraces the role of civil society, private sector and academia.

Background and current landscape

There is a growing interest and demand for quality data for decision making and accountability. In the Summit on Measurement and Accountability for Results in Health in June 2015, over 600 global health leaders, decision-makers, thought leaders and implementers from over 60 countries representing development partners, partner country governments, and civil society endorsed the Health Measurement and Accountability Post-2015 Roadmap[1] and 5-Point Call to Action[2]. The Call to Action identified a set of priority actions and targets that aims at strengthening country data and accountability systems for the post-2015 sustainable development agenda. This follows considerable momentum in several areas related to measurement and accountability including: greater attention toward universal registration of vital events (births, deaths including causes of death, marriages and divorces); a push toward comprehensive household surveys that meet changing country needs; and use of technologies for "real-time" measurement and reporting to deliver synthesized or summary results for decision makers in simple, easily understood ways that drive action.

However, if not well governed, this positive appetite for data will result in a more fragmented and complex landscape with multiple actors and overlapping activities. The current landscape is already creating challenges for countries including; multiplicity of monitoring and evaluation plans; vertical or single topic data collection systems; parallel reporting; disjointed efforts and investments in the use of innovations; disparate and inaccessible databases; lack of institutional capacity strengthening and limited analysis and use of data for decision-making and remedial action. At their recent meeting in the margins of the UN General Assembly in September 2015, global health agency leaders called on all agencies to collaborate and align in support of a common agenda in measurement and accountability in line with the 5-Point call to Action.

The 2030 agenda for sustainable development seeks to address many of these challenges, whilst maximising the opportunity to inform and transform society using bigger, faster and more detailed data. The health related Sustainable Development Goals (SDGs) are an important instrument for prioritizing health data and accountability related actions in the coming 15 years at global and regional levels and within countries. The SDG declaration[3] includes a substantial section on 'Follow-up and Review' that addresses the importance of different mechanisms for global, regional and country monitoring, inclusive reviews, and follow-up action, cutting across all SDGs. There is also strong emphasis on the availability and use of disaggregated information to assess progress for all. For the health goal 3 "to ensure healthy lives and promote well-being for all at all ages" countries will need to have the capacity to monitor and review progress towards a comprehensive set of health targets.

The SDGs were designed to be 'integrated and indivisible', where progress in one area is dependent on progress in many others. Health itself is a goal and it is affected by and contributes to many other economic, social and environmental SDGs. Monitoring arrangements will need to use an integrated and comprehensive approach. The measurement of universal health coverage for example ("all people receiving services they need without incurring financial ruin") requires simultaneous monitoring of financial protection, as well as of a set of service coverage interventions such as for family planning, antenatal care, antiretroviral therapy and tuberculosis diagnosis and treatment. This requires a much more integrated approach to health information system strengthening in all countries, and especially in low and lower-middle income countries.

As the world transitions to the sustainable development goals, data investments can be rationalized for optimal use towards both improving health and remaining accountable to global targets. There is a need for greater alignment and investment globally to strengthen country measurement and accountability

[1] The Roadmap for Health Measurement and Accountability. A common agenda for the post 2015 Era. June 2015
[2] Health Measurement and Accountability Post 2015: Five-Point Call to Action. June 2015.
[3] Transforming our world: The 2030 Agenda for Sustainable Development. https://sustainabledevelopment.un.org/post2015/transformingourworld

systems. These should be based on robust country-led plans and that increase the efficiency of domestic and external investments in health information systems.

The SDGs also emphasize the role of domestic funding and country-specific mechanisms for monitoring and accountability. There is now a comprehensive health agenda with an emphasis on universal health coverage (UHC). The SDGs come at a time when there is growing demand for results and data from countries, from development partners, and from many global health initiatives. To avoid any conflict with the core developments envisioned by the SDG declaration this Health Data Collaborative aims to bridge these demands, ensuring accelerated strengthening of country systems for measurement, which will contribute to stronger national and international systems for planning and accountability.

Guiding principles

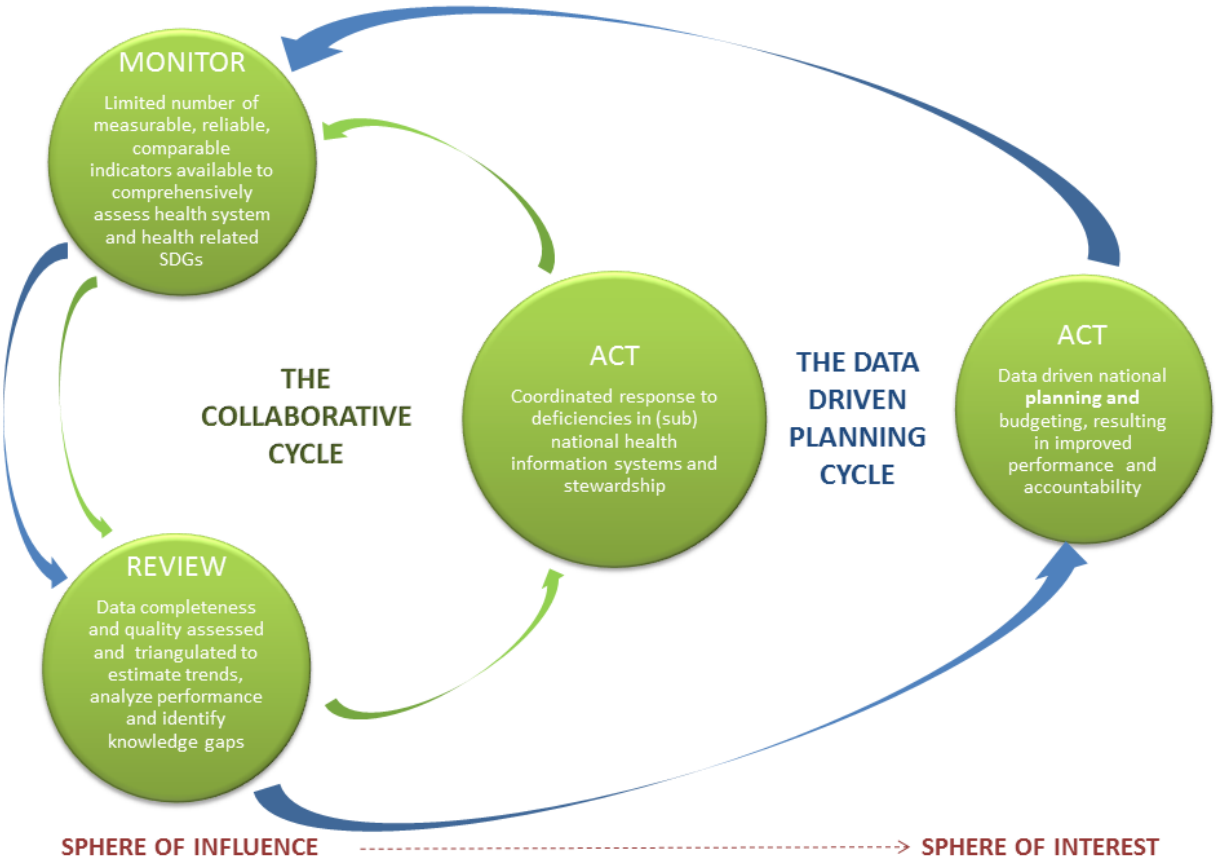
The Health Data Collaborative aims to ensure that different stakeholders in national, regional and global health are able to work together more effectively to make better use of resources, and by doing so help to accelerate impact of investments and improvements in country health information systems. The Health Data Collaborative aims to put the IHP+ principles of country ownership and alignment into practice by translating them into a joint operational plan that specifies concrete collective actions at country and global levels.

The principles guiding the work include:

- Promote country stewardship and ownership;
- Interface with national planning processes and initiatives to ensure data driven planning and accountability; keep the spotlight on supporting existing national plans and M&E platform;
- Foster and facilitate data analysis, visualisation and use;
- Promote increased data transparency and access;
- Invest in cross-programme aspects of data and measurement (e.g. DHIS);
- Focus on a limited number of concrete, incremental actions with impact;
- Enhance regional and country approaches to knowledge management;
- Leverage data initiatives in other sectors, agencies and partnerships;
- Use existing organizations and leverage existing communities of practice.

At country level, the Health Data Collaborative will respond to country demands to improve their systems for timely access to accurate and relevant health data. By working collaboratively and aligning with the national health data systems, the diverse mix of partners can enhance their existing roles and mandates in data management. Better access to quality data is essential, but not sufficient. Different sources of information will need to be analyzed and used by national stakeholders, including civil society, if data are to improve health sector performance and establish more accountable health systems. The Health Data Collaborative will need to interface with national planning cycles and initiatives designed to improve national and international accountability. This process will start with a number of pathfinder countries, taking into account country needs and demand, current and emerging partner priorities and investments. The work will gradually expand and go to scale, based on learning and best practices. By working in this manner, the Health Data Collaborative will support countries collate real time quality data, which can be used to improve the local and international public health response.

Figure 2: Scope of the Health Data Collaborative



At global level, the Health Data Collaborative will actively engage and leverage important global efforts and initiatives involved in measurement and accountability, examples of which are listed in **Box 1** and detailed in **Annex 1.** This will involve working together on standards and public health goods, documenting joint learning and facilitating better coordination of technical support to countries. The Health Data Collaborative will build upon existing collaborative platforms and working groups and create additional communities of practice as needed, to address specific thematic issues or to overcome problems of fragmentation.

Box 1: Examples of current global efforts to strengthen measurement and accountability

The International Health Partnership (IHP+) monitoring and evaluation working group, with strong engagement of countries at all points, as well as support for the multi-partner framework on monitoring and evaluation platform in countries.

The Health Systems Strengthening Initiative initiated by Germany, Japan, Norway and WHO**,** with a focus on strengthening health systems, universal health coverage, including strengthening core capacities to implement the International health Regulations (IHR).

The Global Strategy for Women's, Children's and Adolescent's Health and Global Financing Facility (GFF) that envisages an accountability framework that builds on the successes and insights of the Commission on Information and Accountability for Women's and Children's Health ; maternal and newborn metric groups among others.

Data investment strategies of GAVI (2016-2020), the Global Fund (Data for decision making), UNICEF (Multiple Indicator Cluster Surveys (MICS), Global health databases, State of World Children; data for children forum), United States Government (PEPFAR, CDC, and Measure Evaluation, Demographic and Health Survey programs), Bloomberg (Data4health), World Bank Group (Addressing Development Data Gaps- household surveys, price statistics and CRVS); United Nations Interagency measurement groups (IGME, MMEIG, JMP, WUENIC) among others.

The Primary Health Care Performance Initiative currently led by the Bill & Melinda Gates Foundation, the World Bank Group, WHO and others that aims to support countries to build high performing primary health care systems through better performance measurement and knowledge.

Open data, source software and collaborative development communities including Open HIE, DHIS2.0, Open MRS among others.

Consultations on the post-2015 development agenda, and the call from the High Level Panel on the Post-2015 Development Agenda for a "data revolution and the launch of the Global Partnership for Sustainable Development Data.

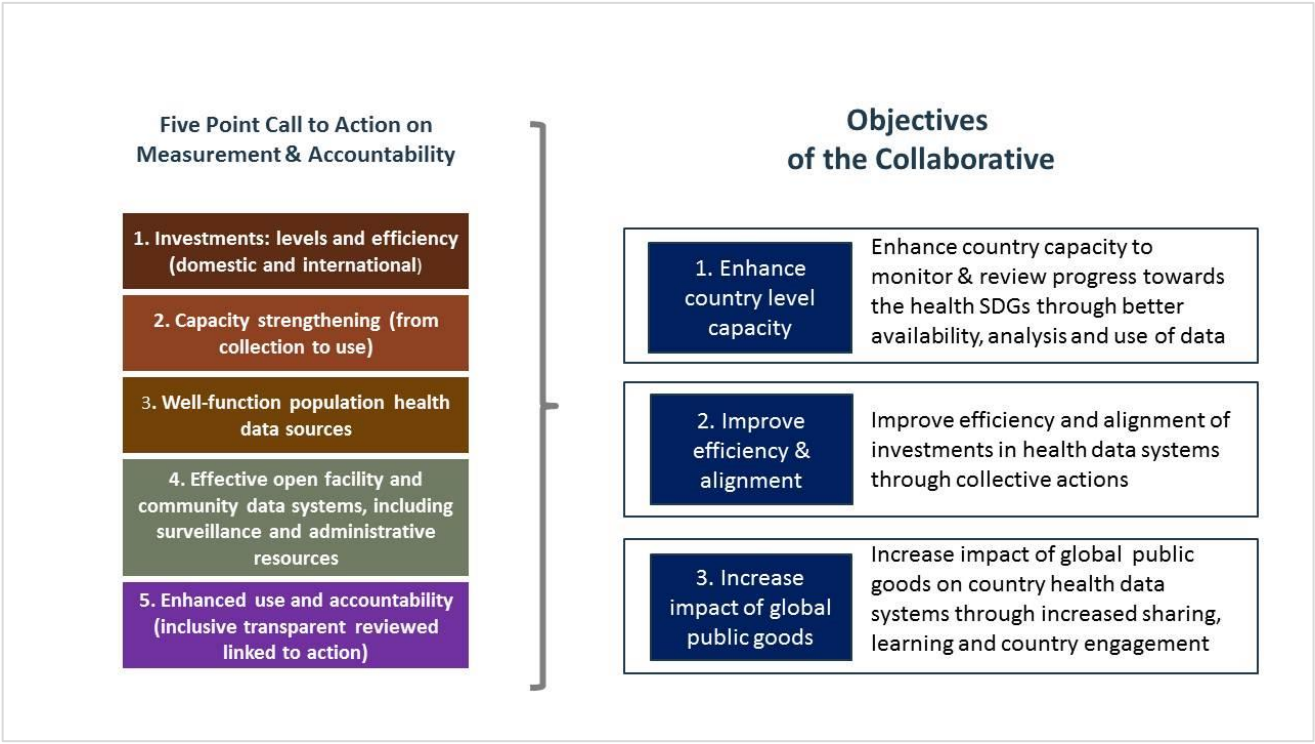
The Global Health Leaders' work on rationalising indicators and reducing reporting burden and call for alignment of efforts and investments.

Work on country level scorecards and dashboards for performance measurement by multiple agencies, including Countdown 2015, ALMA, PHC Performance Initiative and many others.

Figure 3: Health Data Collaborative global and regional level complementarity and alignment

Aim, objectives & key actions

The overall aim of the Health Data Collaborative is to facilitate and accelerate progress in strengthening country systems for monitoring progress and performance for accountability within the context of the health related SDGs and health sector strategic plans. In order to achieve this aim, the Health Data Collaborative will focus on three interrelated objectives:



Objective 1: Enhance country capacity to monitor and review progress towards the health SDGs through better availability, analysis and use of data

This objective focuses on the actions of countries and their partners in strengthening their ability to monitor and act on their response to the targets and measure of the health related SDGs, including national priorities of national health sector plans.

Key actions will be tailored to country-specific needs and include:

- Raise the profile of the health-related SDGs and the global effort in strengthening country-led platforms for information and accountability among government senior officials, partners and other stakeholders.
- Identify the priority needs and capacity enhancements that should be considered for in-country data collection, analysis and use to enable national institutions to monitor and act on the health data for the health related SDGs.
- Enhance country capacity to conduct cross-program analysis and country level decision-making and programme improvement and track use of data for actions taken towards health related SDGs.
- Demonstrate open-platforms for data collection, visualization and access at country level.

Objective 2: Improve efficiency and alignment of investments in health data systems through collective action

The work will improve efficiency and alignment of investments in health data systems through enhanced technical collaboration and collective actions to strengthen country performance measurement and accountability systems.

Under the leadership of national ministries of health and by leveraging existing in-country multi-stakeholder monitoring and evaluation coordinating groups, the Health Data Collaborative will advocate for and facilitate key actions tailored to country priorities aimed at strengthening country data systems. Examples of key actions include:

- Strengthen policy and institutional environment, including a strong national monitoring and evaluation plan for the health sector with aligned disease specific plans.
- Advocate for - and support the development and use of -a common investment framework for country data systems, based on a resource mapping of domestic and partner investments.
- Identify gaps and opportunities for innovative solutions based on reviews of existing country assessments and investments, and suggest how to strengthen cross-cutting approaches, reduce fragmentation, jointly invest in health data systems, learn and increase actions to strengthen capacity at national and sub-national levels, including improved dissemination and data use for programme and policy improvement.
- Ensure effective communication between global, regional and country partners; advocate for agreed future priorities; and mobilise technical support according to the needs identified (e.g. capacity building, integrated approaches, DHIS, interoperability, visualization of data).
- Sensitize national advocacy groups, including civil society and academia to promote and monitor collective actions in country measurement and accountability processes and mechanisms.
- Monitor progress, review and learning.

Objective 3: Increase impact of global public goods on country health data systems through increased sharing, learning and country engagement

This work will lead to increased impact of global public goods on country health data systems through increased sharing, learning and country engagement. As tools and standards and innovations are being produced, often in parallel by different partners, it will be essential to establish new ways of working together more effectively in order to reduce duplications and inefficiencies and maximise impact of investments on country data systems.

The Health Data Collaborative will define a strategy to work with existing collaborative platforms and working groups as appropriate and engage with specific health communities as needed to address specific technical issues and topics, to harmonize tools where necessary, to work together to fill technical gaps and to ensure broad buy-in for future dissemination and use.

Key actions include:

- Leverage and link up with existing and future collaborative platforms and working groups to harmonize tools and guidance where this makes sense, to work together to fill technical gaps and to ensure broad buy-in for future dissemination and use. This will include working on cross-cutting technical issues relating to strengthening country data systems (such as facility reporting systems, interoperability etc.), as well as engaging with programme specific constituencies in order to ensure broad engagement and uptake of the tools /standards and in order to avoid duplication of efforts.
- Develop a joint technical package of tools and standards for strengthening country health performance measurement for accountability, based on the work of the working groups and implementation and learning in country and ensure broad communication and buy-in for dissemination and workse.
- Track the capacity of countries to monitor and report on health-related SDGs and provide a regularly updated "21st century" web-based reporting format on country status in implementing the -5-Point Call to Action.
- Promote and facilitate open data access and integrated analyses through interoperable repositories of data at global and regional levels using "21st century" ICT, and engage a network of users to innovate data analytics, data visualizations, interpretation and use of data for policy and programmatic decisions.
- Assist with reviews and evaluations of progress in implementing the *Roadmap* to ensure that lessons are shared widely and to identify areas where there are opportunities for joint learning across activities and initiatives.

Deliverables 2016–2017

In order to be able to respond to country and global needs in an iterative way, an annual work-plan will be prepared by the core team and will form the basis for reviewed progress and performance. The key deliverables for first year include process, country and global-level deliverables, as summarized below and in figure 3. Further details are found in **Annex 2.**

Process deliverables

- **Launch:** This event will involve steering group members, collaborating countries, and global health leaders and will be aimed at promoting wider engagement by countries and the global health community. The launch will be accompanied by the main communication package and messages to global and country stakeholders.
- **Core team established:** the dedicated staff, working in WHO and virtually within partner agencies will be in place to cover the key functions of the core team, with recruitment by secondment, by lateral transfers (in collaborating agencies) or by direct recruitment. The team will have well defined functions and staffing, have a communications plan including a landing page on a web-site with key information and links to working groups, guidance and tools.
- **Engagement with three regional or sub-regional networks:** Existing or new networks at regional or sub-regional levels, including civil society networks that have developed in response to the need to strengthen country health data systems, will be engaged in the work of the Health Data Collaborative.
- **Multi-stakeholder working groups will be strengthened and aligned:** Building on existing collaborative networks and initiatives**,** a number of time-limited technical working groups will be established to enhance aligned support to countries, to address specific technical issues and topics,

including harmonization of tools where necessary, filling technical gaps and ensuring broad buy-in for future dissemination and use and efficiency in the use of investments. New working groups will be established, as required in response to country needs and identified gaps.

- **Communications plan defined and implemented:** The Health Data Collaborative will have a large number of stakeholders that will require regular communications and in some cases discreet strategies to encourage and maintain their engagement in the Health Data Collaborative.

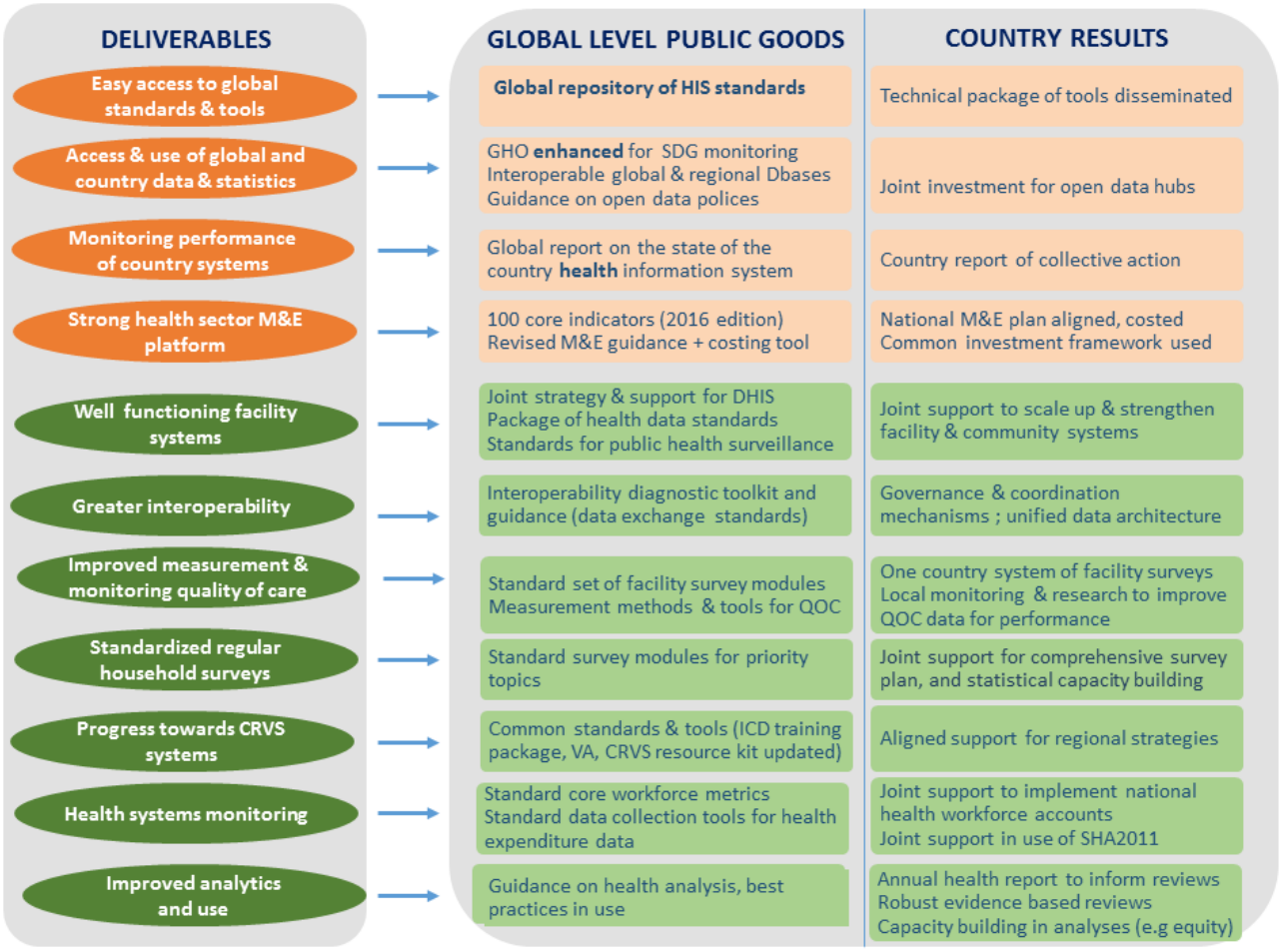
Country deliverables

- **Technical package of tools and guidance** to support strengthening of country health data systems developed. This involves alignment and improvement of existing tools and development of new standards and guidance as required, developed jointly through the work of existing collaborative initiatives and Health Data Collaborative technical working groups.
- **At least five 'pathfinder' countries engaged and support underway**: This will include joint support to the development and costing of national plans, a mapping of partner and domestic resources in measurement, the development of a common investment framework and the identification of priorities for investment and joint actions in country.

Global deliverables

- **Global repository /knowledge hub of health information standards and learning** established to share technical tools, standards, innovations and best practices for countries and regions, based on joint learning and implementation.
- **Global repository of health data with distributed data hubs and analytics:** the existing WHO global health observatory will be strengthened to effectively disseminate quality sources of country health data on the SDGs, UHC and other health priorities. The observatory functions will be enhanced with state of the art analytics and visualization tools and data exchange facilities to ensure data sets will be interoperable across agencies and with regional and country databases. A number of data and analytic hubs will be established to improve analyses and to promote, communicate and use data for policy and programmatic decisions. This will involve engaging with regional and national institutes and research and academic institutes.
- **A global report on the state of the country health information systems** using 21st century systems to track progress in implementing the *Roadmap*. This report will describe the current status of health information systems, focusing on the overall system characteristics, data sources and programmatic data demand and supply.

Figure 3: Summary deliverables at global and country levels



Monitoring, reporting and learning deliverables

- **Monitoring strategy of the Health Data Collaborative:** The core team will complete and agree with Executive Management team the arrangements for monitoring the work of the Health Data Collaborative, and of assessing performance against the Call to Action and Roadmap targets.
- **Priorities for health data systems implementation research and delivery science (IRDS):** The Health Data Collaborative will facilitate discussion across working groups, regional alliances and countries on the needs for IRDS. This will include identification of the key constraints faced by countries working in the various technical areas of the health data systems. This will be used to advocate for increased IRDS investment in countries involved in the Health Data Collaborative.
- **First annual review completed:** The mechanism for completing an annual review of progress with implementation of the work-plan will be agreed between the core team and the executive management team. This will provide an opportunity to reflect on lessons learnt and on defining the priorities for the following year.
- **Improvement of collective action at country level,** based on country reports, documentation of best practices, and recommendations for course correction.

Country engagement

Geographic Coverage: The Health Data Collaborative will be open to all countries, including high income countries, so as to allow for the possibility of countries of any income level sharing experiences. An engagement strategy will be guided by some general country criteria:

- governments that have requested support
- those developing new health plans and/or monitoring and evaluation arrangements;
- the presence of multiple Health Data Collaborative partners active in the country
- a balance of geography and countries of different income levels
- engagement for countries to share their useful experiences

Pathfinder countries: Initial 'pathfinder' countries will include those that have already indicated their interest in engaging, such as many involved in the June Summit. The use of upcoming fora, such as country and regional level meetings will also provide opportunities for countries to be informed about the Health Data Collaborative.

Regional and sub-regional data platforms/civil society networks: The Health Data Collaborative will engage with regional networks of institutions that aim to strengthen health data systems, and also promote more peer learning and review. Such platforms/networks, that include civil society networks and academia are already active in many areas and will be critical for accelerating progress at country level through networking and sharing lesson learned and ideas.

Communications with countries: The communications to countries need to be very clear that this is not about demanding more data but about building capacity. A standard communication package will be used to enable countries to access the existing package of tools and guidance for strengthening their health information systems and for engaging with the Health Data Collaborative should they need to do so. A country engagement strategy will be elaborated by the core team to guide this work.

Monitoring, evaluation and learning

Monitoring progress and performance: Programme performance will be assessed on an annual basis using a review of progress with implementation of the annual plan. This may be undertaken with external assistance in close collaboration with the core team, as agreed with the executive management team.

Evaluation: In the first year of the Health Data Collaborative, a definitive monitoring, evaluation and learning strategy will be defined and agreed with the steering groups. This will include a final set of targets, indicators and measurement strategies, building on the work already started for the Measurement for Health Roadmap and 5 Point Call to Action[4]. A short mid-term evaluation will be undertaken for each five year planning period as well as a more in-depth impact assessment at the end of the first five years.

[4] The Roadmap for Health Measurement and Accountability. A common agenda for the post 2015 Era. June 2015; Health Measurement and Accountability Post 2015: Five-Point Call to Action. June 2015.

Implementation research and delivery science: The strengthening of health data systems in countries, including the adaptation of new technologies and the harnessing of 'big data' approaches will, require experimentation and learning of what works in different contexts. The Health Data Collaborative will be in a good position to advise and nurture investments in research and development of systematic studies of different approaches.

Timetable

Phase 1, 2016 – 2017: Endorsement and consensus

- At least five 'pathfinder' countries engaged in Health Data Collaborative, with completed assessments and investment plan for health data systems and strengthening monitoring of health related SDGs
- Launch of Health Data Collaborative package of tools and guidance to support strengthening of country health data systems, with enhanced coordination of global health data initiatives.

Phase 2, 2018 – 2024: Investments in plans for country health data systems

- By 2024, 60 low and lower-middle income countries and supporting donors are using common investment plans to strengthen health data systems.
- Major donors lead efforts to transition from program-specific investments in information and reporting to country reporting national priorities and health related SDGs using national health data systems

Phase 3, 2025 – 2030: Sustainable measurement and accountability

- Countries to transition away from international development assistance, with sufficient support for strengthening and sustaining robust health data systems.

Risk management

Risk	Level	Mitigation
1. Major international programs not engaging in the coordinated country work of the Health Data Collaborative.	Mid	The Health Data Collaborative is developed in an inclusive manner, with a major focus on strengthening country systems and monitoring the health related SDGs.
2. Ministries of Health and National Statistical Offices receive insufficient national support to develop core components of the country platform and there are weak linkages with other sectors.	High	International and country peer review of progress will accompany reviews of health- related SDGs and be reported to heads of state and finance ministries, involving other sectors as appropriate.
3. Countries do not receive adequate support to build core competencies of staff for data compilation, synthesis, interpretation, and application.	Mid	Country assessments of needs that inform national and international investments, including the human resource development costs.
4. The time needed to build health data systems could lead to shortfalls in the ability to monitor progress according to needs of finance ministries and international partners	Mid	Stakeholder engagement will clarify the priorities of all national and international donors on their monitoring needs in the health sector. The Health Data Collaborative communication package will include messages on the inefficiency of additional surveys and parallel systems that undermine the comprehensive country-led HIS process.
5. Investments in health data systems are inadequate, fragmented and poorly coordinated, leading to multiple systems that cannot be integrated, and national initiatives that do not deliver	High	National approaches to investments in health data systems will be preceded by high-level governance mechanisms agreeing standards, implementation management arrangements, and long term investment needs.
6. Increases in quality and availability of data not seen or used by local communities.	Mid	Development of country health data systems to be accompanied by a national communications strategy.

Annex 1: Mapping of existing platforms and initiatives in health data and measurement

TECHNICAL	Existing platforms and initiatives	Global investors	Collaborative role
1) Country action	• IHP+, country compacts, multi partner coordination groups at country level , Civil Society	WHO, WB, TGF, GAVI, USG, GFF, EC, GIZ,	Link and support
2) CRVS	• Regional strategies led by UN regional commissions • CRVS Centre of Excellence (Canada) • INDEPTH • Data4Health • Addressing Development Data Gaps including CRVS (WBG)	Bilaterals (Canada ++) World Bank and regional development banks, GFF UNICEF; WHO, UNSD, and other UN, TGF, BMGF, Bloomberg Philanthropies	Link and support
3) Population surveys, census & population estimates	• International household survey network • DHS-MICS- collaboration • LSMS working group • World Population and Housing Census programme • Inter-secretarial Working Group on Household Surveys (ISWGHS) • Addressing Development Data Gaps including household surveys (WBG)UN Interagency working groups (child mortality, maternal mortality, WASH, immunization) • IHME data work	USAID, UNICEF, World Bank, UNSD, WHO, GAVI, TGF, BMGF, UN Population Division	Link and support
4) Disease surveillance	• Global Health Security Agenda • Global Outbreak Alert and Response Network	WHO, USG, CDC, WBG	Link and support
5) Health facility assessments	• Interagency harmonization group (WHO, USAID, World Bank, UNICEF) • PHC Performance Initiative • Specific quality of care initiatives	USAID, PEPFAR, TGF, GAVI, WB, UNFPA, BMGF, PHCPI, UNICEF	Link, strengthen and support
6) Open approaches to facility and community reporting	• DHIS academies • Open HIE communities, • RHINO, AeHIN, African Open data initiative, • IHR, IDSR, GPHIN • Health workforce	UNAIDS, PEFPAR TGF, USAID UNICEF, RBM HWG NORAD, Measure Evaluation	Link, strengthen and support
7) Administrative data / Health workforce / National health accounts	• Health workforce information reference group	USAID, EU, bilateral donors, UNICEF, WHO, other UN, BMGF, World Bank	Link, strengthen and support
8) National health accounts / expenditure tracking	• WHO NHA • WB PETS	WHO, World Bank, GIZ	Link, strengthen and support
9) Improving national HIS institutional capacities	• Ministry of Health, national statistical offices, National Institutes of Public Health	WHO, Paris21	Review and consider need for Working Group
10) Analytics, data use & open access	• International Association Public health institutes • USAID/Measure & WHO curriculum working group	PEPFAR, USAID; Measure Evaluation, UNAIDS	Review and consider need for Working Group
11) Scorecards & profiles	• Countdowns (MNCH, NCD; UHC), UNICEF/RMNCH, Life-saving Commodities • PHCPI vital signs • Alma 2030, IHP+	Civil Society, ALMA, African Union, AMDD, BMGF, World bank, USAID, PEPFAR, UNICEF,	Review and consider need for Working Group

Annex 2: Summary country level and global deliverables

The below table was developed with inputs from countries and partners at a series of technical meetings and discussions (see references in Annex 5). A number of key gaps and opportunities emerged as priorities for collective action at both country and global levels, as well as proposed means of responding collectively.

Deliverables	Key gaps/challenges	Global Level Results	Country level Results (tailored to needs)	Health Data Collaborative Means/Method
RESULTS : GENERAL HIS				
Easy access to global standards & tools	Lack of access to standard package of tools, methods, standards.	Global repository of health information standards (portal/knowledge hub) to share standards, tools and best practices.	Technical package of strategies and tools to support strengthening of country systems.	Product of WG deliverables. Lead: Core Team + WHO/Data4health
Easy access and increased use of global and country health data and statistics	Inconsistencies and lack of harmonization among global databases. Lack of openness to share data, and weak governance frameworks.	Global health observatory (GHO) enhanced as the go-to place for country SDG health data. Interoperability and consistency between global and regional agency data bases. Guidance on open data policies, and standards and practices.	Joint investment and technical support to strengthen open data hubs and country observatories.	Collaboration between global partners (UNICEF, UNDESA, WBG, WHO, USG). Lead: WHO Joint action in at least 5 countries.
Monitoring of the state and performance of country systems		Global report on the state of country health information systems.		Lead: Core Team
Strong country health sector M&E platform supported and used by partners	Lack of political will and commitment; low profile of M&E and data. Poor capacity in countries to coordinate activities. Poor alignment between M&E of health sector and disease plans; lack of realistic planning; low implementation.	100 core health indicators (revised 2016). 100 core health indicator metadata registry. M&E guide revised with costing tools, checklist /operational principles and guidance for common investment framework.	Strengthen in-country coordination mechanism and national capacity. Strengthened national M&E plan with aligned programme plans, with costing assessment-based as needed. Common investment framework developed and used.	WG country action and regional collaboration. Lead: Core Team, IHP+, global and regional partners. Joint action in countries.

Deliverables	Key gaps/challenges	Global Level Results	Country level Results (tailored to needs)	Health Data Collaborative Means/Method
RESULTS: COLLECTION, ANALYSIS AND USE				
Unified data architecture and greater interoperability	Lack of harmonized approaches data and technology.	Interoperability diagnostic toolkit. Standard specifications for health information exchange environment.	Governance and coordination mechanisms with digital information system plans in countries.	Joint action in countries. WG on interoperability (Lead: USAID)
Well functioning facility and community monitoring systems	Parallel facility reporting systems (e.g. EPI, HIV, agency specific) ; too many reporting forms.	Joint strategy for DHIS 2.0 investment and support. Package of data standards and tools for facility data (indicators, analytical outputs, dashboards, template forms. Guidance on master facility list and open data. Protocols , standards for public health surveillance (IDSR-HMIS integration).	Joint support to scale up and strengthen facility and community systems. Integrated /interoperability of disease surveillance into routine HMIS. Complete and up-to-date master facility lists on the web.	WG on facility data (Lead: University of Oslo+ WHO) Collaboration on routine HIS curricula (Lead, Measure Evaluation & RHINO). Joint action in countries.
Improved measurement and monitoring of quality of care	Too many facility surveys – lack of harmonization. Demand for more quality of care metrics. Lack of sound measurement methods for many QOC indicators.	Standard set of facility survey instruments (indicators, modules, methods, analytics). Better measurement methods and tools for quality of care (and associated performance improvement).	Joint support for one country system of facility surveys. Local monitoring and research to measure and improve quality of care and performance.	WG on facility survey modules (WHO, USAID; WB, UNICEF+). PHCPI led by BMGF, WBG; WHO quality measurement and improvement. Joint action in countries.
Standardized regular household health surveys	Unsystematic and uncoordinated program-specific data assessment efforts . Short-term, programme specific investments; reliance on external resources for surveys, estimates.	Standard survey modules for priority topics.	Joint support for comprehensive health survey plan , linked to national statistical plan. High quality analysis and reports produced and effectively disseminated by country institutions.	International household survey network /WBG/WHO. DHS-MICS-LSMS collaboration (USAID, UNICEF; WBG). Joint actions in countries.
Progress towards establishing CRVS systems	Poor notification and reporting of births, deaths, cause of death, mortality statistics. Lack of interoperability between Health and CRVS systems.	Common standards and tools (e.g updated CRVS resource kit, web-based ICD training package, verbal autopsy). Innovations in birth registration, including interoperability of Health and CRVS.	Aligned support for regional strategies and country system strengthening. Improving Health and CRVS interoperability has benefits for both systems and country level data availability overall.	Link with existing coordination mechanisms. IAWG on CRVS (UNSD), regional strategies led by UN regional commissions (UNECA, UNESCAP), regional development banks, ASSD. Joint actions in countries.
Health systems	Poor health workforce	Standard core health	Support to countries to	Health workforce

Deliverables	Key gaps/challenges	Global Level Results	Country level Results (tailored to needs)	Health Data Collaborative Means/Method
monitoring	statistics.	workforce metrics and measurement approaches. Common standard data collection tools for health expenditure data.	implement a national system of health workforce accounts. Joint support to countries in the use of SHA 2011 methodology and production tool.	information reference group (WHO & USAID). Health expenditure data work (Lead WHO /WBG). Joint actions in countries.
Improved analytics and use of data	Weak links between health and statistics constituencies. Weak analytical capacity , and poor use of data for action.	Common strategy to support country strengthening of institutional capacity. Document and share best practices and innovations in analytics and use. Guidance on health analysis.	Annual reporting to inform reviews, programme planning and management. Robust transparent evidence informed reviews conducted at national level. Joint support capacity building in analyses (equity), peer learning.	WG on analytics and data use. (Links with WHO, Measure Evaluation working group on curricula development). ++TGF, PEPFAR, UNICEF, GAVI, Countdown.

Annex 3: Governance and implementation

Principles of Governance

- The Health Data Collaborative is not a formal partnership and will establish light, nimble and evolving governance and coordination. It is reliant on a shared vision and a realization that better alignment with country information systems will result in more efficient and effective data driven development.
- The Health Data Collaborative is an inclusive partnership that puts governments in the centre, supported by academics, donors, civil society and technical agencies.
- The Health Data Collaborative will be championed by global health leaders and mainstreamed into the work of all agencies working on health and development
- The Health Data Collaborative will enhance, not duplicate, existing efforts to improve the reliability, relevance and quality of data
- The Health Data Collaborative will support countries establishing health data systems and maximise the opportunities arising from big and open data. This will contribute to better data driven performance and accountability. The Health Data Collaborative will work with national governments to identify the most locally appropriate means of interfacing effectively with decision making bodies and accountability mechanisms in each country. In doing so, the collaborative will strengthen, not undermine, the national planning, budgeting and prioritization processes.
- The Health Data Collaborative is not a fund. It will not be directly responsible for financing health information systems. Human and financial resources will be necessary to support the Collaborative to deliver its core business. This is outlined in the attached budget.
- The Health Data Collaborative will establish links with the data efforts of programme initiatives such as the Global Strategy for Women and Children, Health Systems Strengthening Initiative, he Global Health Security agenda, and with other data collaboratives (GODAN, DATA2X, Data for Climate Action, Youth Action Mapper) and contribute to the working groups of the Global Partnership for Sustainable Development Data.
- The specific roles of different agencies will need to be clearly articulated to avoid duplication and maximise efforts. This will build on existing roles and mandates.
- In response to the rapidly evolving data agenda, the Health Data Collaborative will embrace opportunities from lesson learning and new innovation and technology

Implementation arrangements

Health Data Collaborative Partners: This is an open and dynamic group, representing constituencies working in health measurement and accountability including bilateral agencies, development partners, philanthropies, private sector, regional constituencies, country governments, academia and civil society. Partners may engage directly at the global or country level through working groups, or by involvement in specific activities. The importance of engaging with a broad group of global and country-level partners is an important principle of the Collaborative. This group will be kept informed of the Health Data Collaborative progress through the project website (www.healthdatacollaborative.org), which is regularly updated, and with more detailed briefings when partners engage in the technical work of the Collaborative.

Health Data Collaborative Steering Group is comprised of agencies that have made specific commitments to support the Collaboration. Expectations of the Health Data Collaborative Steering Committee members are:

- Commit to align major health data investments and support for one country platform for health;
- Actively promote and disseminate standards and tools;
- Actively engage in the technical working groups;
- Contribute to the operational work-plan and annual reviews of the implementation of the plan;
- Provide outreach to governments and partners, including in-country staff within partner organizations, to help ensure global commitments by partners are aligned with in-country action.

This group will meet at least once a year with meetings being virtual in nature or linked to other events to avoid excessive costs. The group will be kept informed of activities and requests for participation through regular electronic updates and more detailed briefings when members engage with the technical work of the Health Data Collaborative.

Core Team: The work of the Health Data Collaborative will be facilitated by a small core team with focal points and dedicated capacity within key partner institutions and agencies at global, regional and country level. The team will handle the operations of the Health Data Collaborative and will consist of dedicated staff to cover its main functions and the contracts and relationships linked to them. WHO will host the core multi-agency team that will comprise of secondments (physical or virtual) from partner agencies. Core team key functions include:

- Manage the operational work-plan and communications, under the oversight of the Executive Management Team;
- Ensure strong communications and links with their respective agencies about the work of the Collaborative;
- Facilitate country liaison and support to develop and implement national plans for strengthening country data systems. This will include liaising with country, regional and global partners, disseminating standards, tools, methods that can be used for strengthening country systems; promoting the development and use of a common investment framework;
- Engage, facilitate and support working groups and ensures good communications and links across different groups and convenes the partner groups around global events;
- Engage and interface with other data collaboratives and initiatives, in order to promote and create synergies, alignment of efforts and avoid duplication;
- Manage the development and dissemination of global goods and norms;
- Manage and support the communications strategy, including the common website and presentation materials, and updates;
- Produce the global report on the state of the country health information systems;
- Undertake annual planning, monitoring and reporting.

The core team is guided by the **Executive Management Team,** comprised of the anchor partners who have committed significant funding and/or staff to the project. Expectations of the anchor partners are:

- Set strategic direction and oversee the development of the global five-year operational work-plan;
- Devote significant time to the establishment and operations of the Health Data Collaborative;
- Contribute significantly in–kind (time, capacity, data) or funding to support the core work of the Health Data Collaborative;
- Take active leadership roles or support one of the working groups;
- Provide outreach and resource mobilization;
- Meet quarterly (virtually or physically) to share updates, monitor progress, course correct.

Health Data Collaborative Working Groups manage the programmatic and technical work of the Collaborative. As stated previously, the working groups will largely involve working with and strengthening existing global initiatives and communities of practice working to improve health data systems in country. It will be important to fully engage with programme specific constituencies (such as those working on the Global Strategy for Women and Children, Health Systems Strengthening Initiative, HIV, TB, malaria, non-communicable diseases etc.) so as to fully respond to those specific data needs and to avoid duplication. Specific terms of reference will be developed to guide the work of the working groups. A list of proposed set of starter working groups and work streams, with suggested partner leads and stakeholders is available in Table 1 below:

Table 2: Initial work streams and working groups

Work streams and working groups	Examples of priority areas of focus	Lead partner(s)	Key stakeholders
WORK STREAM 1: COUNTRY ACTION & REGIONAL & SUB-REGIONAL COLLABORATIONS			
Country action and regional collaborations	Operational principles for investment and support mapping of domestic and partner resources Promote aligned support for one country led platform, based on national health sector M&E plans and use of common investment framework. Joint actions in N path finder countries and document learning & best practices	GIZ, UNICEF, USAID, WBG, WHO; CHESTRAD, country and regional partners	BMGF, CDC, GAVI, IHP+, PEPFAR, PHCPI, TGF, global, regional, country partners, civil society
Regional /sub-regional networks	Work with regional platforms to promote approach, disseminate tools, methods, capacity building and learning	Core team++	
African Symposia on Statistical development	Develop guidance and support to countries for better mortality statistics systems	ASSD	UNECA, WHO, AfDB, Statistics Norway, UNICEF, UNFPA, INDEPTH, WBG
Asian e-health information network	Promote standards and interoperability Peer to peer learning – and communities of practice in community and health facility information systems	PHI	Public health institutes research institutes, civil society in Asia
Civil society	Promote and monitor collective actions in country	CHESTRAD	Global Health council,

Work streams and working groups	Examples of priority areas of focus	Lead partner(s)	Key stakeholders
platform	measurement process Engage, support & strengthen country accountability processes in the health SDGs		training and health equity network (THENet), UNF, COPASH +++ country CSOs
WORK STREAM 2: STANDARDS AND TOOLS			
Facility & community data: **- Routine HMIS & disease surveillance** **- Community data** **- Facility surveys** **- Quality of care and performance**	Joint strategy and plan for DHIS investment implementation & roll out Data standards for core facility & community systems (indicators, data quality metrics, analytical outputs, dashboards, template forms) Standards for public health surveillance reporting Agree upon standard health facility survey modules based on SPA, SDI, SARA, others (indicators, question bank, methods, instruments) Develop better measurement tools for quality of care and document best practices and learning	WHO UoOslo, WHO UNICEF, USAID World Bank, WHO, USAID PHCPI led by BMGF, WB; WHO	BMGF, CDC, GAVI, GIZ, HHS, JICA, Measure Evaluation, NORAD, PEPFAR, PHCPI, TGF, UNAIDS, UNFPA, UNICEF, USAID, HFA working group(WHO, USAID, World Bank, UNICEF)
Digital health systems & Interoperability	Create an interoperability maturity diagnostic toolkit to assess the readiness of country-level HIS ecosystems Define specifications for an optimal health information exchange (HIE) environment (e.g. facility, patient, laboratory, disease surveillance, health worker registries) Promote national-level HIS governance/coordination mechanisms and the development of digital HIS strategic plans including budget	USAID, WHO	BMGF, GIZ, Global Partnership on SDG data, UNAIDS, UNDESA, UNICEF
Household surveys	Leverage current household survey efforts to develop a harmonized set of survey modules for all priority topics that are adapted to country situation as needed.	UNICEF, USAID, WBG/IHSN	Link with existing mechanism (e.g. IHSN and DHS-MICS-LSMS collaboration), BMGF, CDC, Measure evaluation, TGF, UNSD, WHO
CRVS, including birth and death registration	Common standards and tools (e.g. death and cause of death reporting) Strengthen interoperability of birth registration & community approaches with HIS Aligned support for regional strategies and country system strengthening Joint efforts to support country capacity strengthening	Canada Centre of Excellence, WBG	Link with existing coordination mechani-sms e.g. Global CRVS Group, IAWG on CRVS (UNSD); Regional bodies (e.g. UNECA, UNESCAP, ASSD); CDC, CHESTRAD, Data4health, GAVI, GIZ, HHS, JHU, JICA, TGF, UNICEF, USAID, WHO
Health systems monitoring:	Develop a set of harmonized core health workforce metrics for evidence-based policy and planning in	Health workforce	USG, TGF World Bank, EU, bilateral donors,

Work streams and working groups	Examples of priority areas of focus	Lead partner(s)	Key stakeholders
- National health workforce **- Health financing**	alignment with the health labour market framework for universal health coverage. Joint support to countries in the use of the SHA 2011 methodology and production tool	information reference group (WHO, USAID) WHO/WB/USAID	UNICEF, other UN, BMGF,
Analytics, data use	Document and share best practices and innovations in analytics and use Joint curricula development Develop guidance for packaging of data for different uses (e.g. for communities, advocacy, financial planning) Joint support in capacity building in analyses	JHU, UNAIDS, UNICEF, WHO	Civil society including CHESTRAD, Countdown, GAVI, GIZ, HHS, JICA, Measure Evaluation WG, PEPFAR, PHCPI, TGF, USAID
WORK STREAM 3: GLOBAL HEALTH DATA WITH DISTRIBUTED HUBS AND ANALTYICS			
Global health observatory and distributed data hubs	Enhance Global health observatory (GHO) as the go-to place for country SDG health data including UHC, and other priority datasets (NCDs, HTM, nutrition, research and development) Develop state of the art analytics and visualization tools Implement standard data exchange between global & regional data bases (GHO, UNICEF databases, World Bank health data, PEPFAR data etc) Establish a network of analytics hubs research and academics Guidance on open data policies, and standards and practices	PEPFAR, UNICEF, WHO	UNAIDS, UNDESA, GIZ, Global Partnership on SDG data

Annex 4: Operating Budget, Resources and Partner Contributions

Partner contributions to supporting the Health Data Collaborative include:

- Contributions in kind or cash to support core team staffing and functions;
- Active role in steering group and technical working groups;
- Contributions towards implementation of the operational workplan and specific activities;
- Aligning major health data investments with strengthening country health data and accountability systems.

For a complete list of partner commitments to the Health Data Collaborative, please see Annex 5.

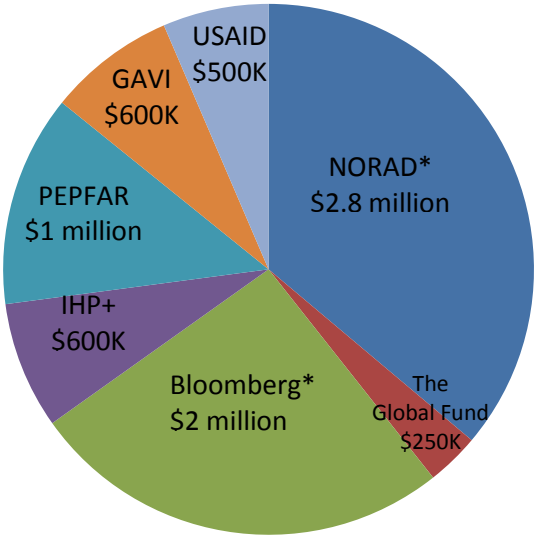
Operating Budget

The average annual operating budget for the Health Data Collaborative including programme support costs is USD 7 million. The budget includes staff costs in the amount of USD 700K that covers three full-time equivalent staff dedicated to the Health Data Collaborative. In addition, eight agencies have seconded partial or full-time staff to the Collaborative as depicted below.

Budget in USD millions	2016	2017	2018	2019	2020
Launch of Collaborative and communication package development	0.2	0.1	0.1	0.1	0.1
Regional /sub-regional collaborative hubs established including CSOs (expanding to 5 regional/CSO networks)	0.3	0.5	0.5	0.5	0.5
Technical working groups operational (150k per group)	1.5	1.0	0.8	0.8	0.8
Global repository of HIS tools and standards	1.0	1.0	0.5	0.5	0.5
Five pathfinder countries engaged and support underway (coordination and facilitation of technical assistance to M&E planning, investment frameworks, etc.)	1.25	1.25	1.25	1.25	1.25
Global interoperable databases of health data, with distributed hubs and analytics	1.8	1.2	1.2	1.2	1.2
Global report on state of country health information system		0.3		0.3	
Monitoring progress (Steering group meetings, management, annual reporting)	0.2	0.2	0.2	0.2	0.2
Project Manager, Communications Officer, Administrative Assistant	.7	.7	.7	.7	.7
Total budget (annually)	**6.95**	**6.25**	**5.25**	**5.55**	**5.25**
Programme support costs (13%)	.9	.81	.68	.72	.68
	7.85	**7.06**	**5.93**	**6.27**	**5.93**

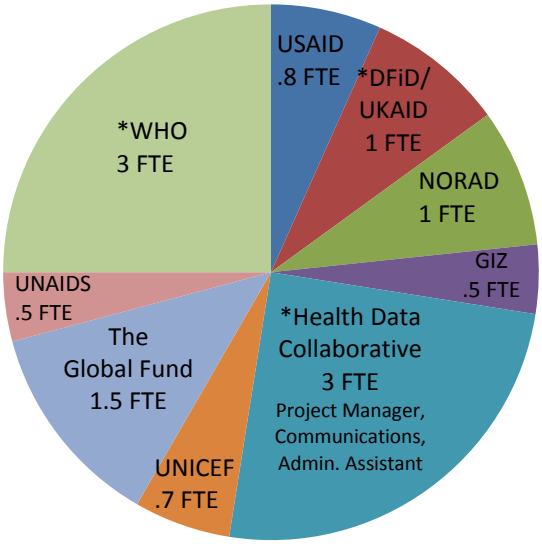
Resources (status as of March, 2016)

Partner funding pledges to WHO/Health Data Collaborative core operations 2016



Total confirmed pledges: $7.75 million
(Bloomberg and NORAD total pledges to the Collaborative to be confirmed.)

Distributed core team 2016
(of which 7 sit at the host organization*, with other staff participating virtually.)



Total personnel: 12

Annex 5: Partner Commitments

The first round of partner commitments for 2016–2017[1] includes:

BILL & MELINDA GATES foundation

- Ensure exchange of information and linkages with existing BMGF-funded platforms, partnerships, and investments.
- Ensure BMGF program staff and partners are oriented to the principles and tools of the Health Data Collaborative and identify ways to optimize existing partnerships in focus countries in support of national plans in the context of program strategies and country planning.
- Continue to lead efforts to ensure open data access.
- Serve on the steering committee and participate actively in other working groups as identified and as relevant to portfolios and expertise and join country missions when possible.

Bloomberg Philanthropies

- Contribute to the development of a state-of-the-art health data technical package of guidance and tools for countries through a grant of US$ 2 million to WHO.
- Ensure linkages of the $100 Million Data for Health program with its focus on civil registration and vital statistics (CRVS) system strengthening, data impact and non-communicable diseases (NCD) surveillance at country, regional and global levels.

CHESTRAD

- Coordinate civil society inputs and engagement in the Health Data Collaborative working through the Global Health South network and the emergent Global Civil Society Coalition on Measurement and Accountability.
- Devise and implement an African Advocacy Initiative on CRVS (iREGISTERed) and other stakeholders.
- Support advocacy, communication and civil society utilization of existing measurement initiatives for policy dialogue (national governments, parliamentarians and other stakeholders) and accountability function at global, regional and country levels.
- Participate actively in steering group and working groups.

Australian Government
Department of Foreign Affairs and Trade

- Contribute US$ 15 million to support the $100 Million Data for Health program, with its focus on CRVS system strengthening, data impact and NCD surveillance at country, regional and global levels.
- Partner with Bloomberg Philanthropies to facilitate harmonisation of approaches between the Data for Health partnership and the Health Data Collaborative.

Department for International Development
UKaid from the British people

- As the third largest provider of support to statistics globally, provide support to statistical systems in country and support a more effective international system, focussing on improving institutional and technical capacity and stimulating and meeting national demand through support for comprehensive national strategies for the development of statistics.
- Commit to the principles of the IHP+ and align our funding behind a single national M&E framework.
- Second one officer to the Health Data Collaborative to provide strategic guidance and support the development of innovative approaches for health information and accountability.
- Serve as an anchor partner of the Global Partnership for Sustainable Development Data providing support for global data collaboratives including the Health Data Collaborative.

Gavi The Vaccine Alliance

[1] UNICEF activities cover one year (2016).

- Contribute US$ 600 000 catalytic funding for the Health Data Collaborative to leverage resources and investments of other partners to collectively improve country systems for monitoring the health system, including better immunization data and performance measures.
- Make strategic investments in strengthening country data systems as outlined in the Health Data Collaborative's operational workplan, and ensure that they are aligned with strengthening country health data and accountability systems and harmonized with other partners wherever possible.
- Participate actively in steering group and working groups where relevant.

- Dedicate a 50 percent staff position based in Germany to work as part of the core team of the Health Data Collaborative.
- Participate in the executive management team to help set the strategic direction of the Health Data Collaborative and oversee the workplan implementation (with a view to ensure close coordination with the 'Healthy Systems – Healthy Lives' initiative).
- Participate actively in working groups including by involving staff and expertise from Germany's bilateral health and social protection programme.
- Contribute funds to select Health Data Collaborative activities (to be determined).
- Participate actively in the steering group and work closely with the core team.

- Contribute to the strengthening of health information systems and accountability at country-level through continued support of the accountability work of the Global Strategy for Women's, Children's, and Adolescents' Health; active engagement and investment in the Global Financing Facility, with $100 million focused on CRVS; and through continued support for the monitoring of the health-related SDGs via Statistics Canada's representation on the Inter-Agency Expert Group on SDG indicators.
- Provide $15 million to strengthen country birth and death registration systems, and their links to health information systems, through the Centre of Excellence for CRVS Systems, in support of the Global Financing Facility, housed at the International Development Research Centre.
- Participate actively in the steering group and in working groups, particularly that on CRVS.

- Contribute US$ 600 000 for 2016 to WHO to support alignment and strengthening around country level monitoring and evaluation platforms.
- Promote a common country-led platform for information and accountability through Joint Assessment of National Health Strategies (JANS), country and global dialogue and monitoring of effective development cooperation (with joint monitoring and evaluation as a specific indicator).
- Participate actively in the Health Data Collaborative coordinating bodies.

- Align health data investments and technical cooperation with strengthening country health data and accountability systems, with a focus on capacity development of improving data collection, analysis and utilization for evidence-based decision making.
- Participate actively in steering group and working groups related to national health workforce and health accounts, analytics and data use, and civil registration and vital statistical systems.

- Contribute financially for 2016–2017 to implementation of the workplan as a follow-on to the work on the Commission on Information and Accountability.

- Together with the University of Oslo, second a staff member in 2016 to the core team of the Health Data Collaborative focusing on the health facility data systems (DHIS 2.0).

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

- Contribute up to US$ 1 million to WHO coordination role and working groups.
- Globally: Leverage current PEPFAR support to Open Health Information Exchange (HIE), University of Oslo, analytics and visualization, surveillance and surveys, and monitoring and evaluation.
- Country: Leverage PEPFAR investments in 36 regional and country programs in surveillance and surveys, monitoring and evaluation and health information systems.
- Link Health Data Collaborative with PEPFAR Interagency Collaborative for Program Improvement (ICPI).
- Participate actively in steering group and working groups.

The ROCKEFELLER FOUNDATION

- Contribute to establishment of measurement and accountability mechanisms for health SDG, especially for universal health coverage.
- Promote donor, country and civil society support for progress toward universal health coverage.
- Participate actively in steering group and other working groups as appropriate.

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

- Continue enhancing country level capacity through strengthening data systems through portfolio grant funds (approximately US$ 150 million per year) and through special initiative funds available from the board (US$ 27 million since 2012).
- Align global fund support with the priorities agreed by the Health Data Collaborative to support in-country M&E systems and SDG monitoring. Dedicate at least 1.5 full-time staff equivalent positions.
- Limit the use of Global Fund specific tools and move to the implementation of harmonized country-led Health Facility Assessment (HFA) and Data Quality Review (DQR) processes and tools. Contribute US$ 60 000 for WHO contractor for development of tools plus US$ 8 million including funding for service providers selected together with WHO, as well as two fulltime staff.
- Provide direct funding to support the coordination and technical work of the Health Data Collaborative secretariat (to be decided and confirmed).
- Provide up to US$ 500 000 per year for consultants/firms to help in the development of policy guidance, normative work as well as to support regional and national training and events based on needs and priorities as identified by the Health Data Collaborative and the Global Fund.
- Participate actively in the Health Data Collaborative discussions (steering group, management team, working groups).

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

- Contribute a 50 percent staff position to support databases, information tools and dashboards.
- Contribute engagement of approximately 60 country and six regional strategic information officers to support common health data and information systems.
- Participate actively in steering group and working groups.

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- Contribute a 70 percent position to support database analytics for the enhancement and management of global repository of health data repository with network of users engaged in data analytics, visualisations and use.
- Contribute through support to countries for implementation of MICS harmonized with other household survey initiatives such as DHS and LSMS.

- Contribute through the continued development and maintenance of global health databases accessible on standard global indicators, with disaggregation.
- Link the Health Data Collaborative with accountability initiatives/measurement groups led by UNICEF such as IGME, JMP, WUENIC, Countdown.
- Contribute through continued technical assistance to countries on DHIS2 capacity-building and training; roll-out and scale-up of DHIS2; data analysis, report generation and data use; and integration of external data-reporting tools such as RapidPro.
- Contribute through ongoing technical assistance to countries building programmes that empower communities through district and community-level data use and social accountability platforms.
- Participate actively in steering group and working groups.

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- Leverage communications channels and connections with the Global Partnership for Sustainable Development Data and the Data2X initiative to promote increased quality, availability, and usability of health, gender, and development data, in support of the goals of the Health Data Collaborative.

USAID

FROM THE AMERICAN PEOPLE

- Contribute US$ 500 000 in 2016–2017 to complete activities as defined in the operational work plan.
- Contribute US$ 1.5 million to support a West African Digital Health Task Force.
- Contribute US$ 930 000 to MEASURE Evaluation to support collaboration with WHO to strengthen health information systems and to form the basis for the Health Data Collaborative Facility/Community Level technical working group led by WHO.
- Contribute US$ 950 000 to MEASURE Evaluation to support additional activities aligned with the Health Data Collaborative objectives and operationalization of the work plan.
- Use existing USAID health data programs (Demographic and Health Surveys (DHS), interoperability standards, facility surveys) as platforms to operationalize the work plan.
- Ensure linkages to the US$ 200 million annually in investments in data and information systems.
- Devote USAID staff time including an 80 percent staff position from headquarters to the Secretariat, active participation on the steering group and working groups, and several staff to provide technical assistance and country engagement support on a part-time basis.

- Contribute US$ 6 million to support alignment of and investments in health information systems in five priority countries: Cambodia, Democratic Republic of the Congo, Kenya, Liberia, and Malawi.
- Leverage activities of the Primary Health Care Performance Initiative, now funded for the next three years by the Bill and Melinda Gates Foundation.
- Leverage the Global Financing Facility (GFF) including investments in CRVS and in information systems.
- Leverage other Bank resources (WBG Strategic Actions Program for Addressing Development Data Gaps, and Identification for Development).
- Lead the stream of work on quality of care and co-lead the streams of work on development of composite indicators for public reporting, CRVS and Households Surveys methods (including financing of activities in countries).

- Work with partners to develop a technical package of health information standards and tools to strengthen country health information systems.
- Improve the global health observatory as the go-to place for SDG monitoring data, and align databases with partner agencies.
- Reduce country reporting requirements to WHO in line with the 100 Core Health Indicators.
- Commit three full time staff to the Health Data Collaborative secretariat for coordination and technical work, equivalent to US$ 1.5 million for 2016–2017.
- Host the core team operations, and participate actively in the steering group and working groups.

Annex 6: References

Monitoring results with health facility information systems: A technical consultation, Glion-sur-Montreux, Switzerland, 11-12 June 2014. Summary report

The role of household health surveys in the post 2015 development agenda, Discussion paper based on Meeting on Standardization of Survey Modules in Household Health Surveys, organized by the International Household Survey Network and WHO, at the World Bank, Washington DC, 19-20 November 2014.

Towards a harmonized approach for health facility assessments, Vision, Guiding principles and roadmap. Outcome of a technical consultation, Geneva, 12-13 November 2014

Improving mortality statistics through Civil Registration and Vital Statistics Systems – Guidance for country strategies and partner support, 4-5 November, 2014.

Strengthening Country Measurement and Accountability: Towards A Common Roadmap for Post-2015,Draft Paper for discussion at the meeting on Development of a roadmap for the post-2015 health SDGs Glion-sur-Montreux, 15-16 January 2015

The Roadmap for Health Measurement and Accountability. A common agenda for the post 2015 Era. June 2015

Health Measurement and Accountability Post 2015: Five-Point Call to Action. June 2015

Global Collaborative on Performance Measurement and Accountability: Summary outcome of the first Steering Group Meeting. Glion-sur-Montreux, 16-17 September 2015

Annex 7: Logframe

IMPACT	Data informs and leads to achievement of health-related Sustainable Development Goals	**Target**	**Baseline**	**2016**	**2017**	**2018-21**
Impact Indicator 1	Health SDG 3.8					
Impact Indicator 2	Global Maternal Mortality Ratio					

OUTCOME	Global and national system and capacity to efficiently generate and use relevant, reliable, and timely health data.	**Target**	**Baseline**	**2016**	**2017**	**2018-21**
Outcome Indicator 1	Global repository of HIS standards, tools, best practices including technical package of harmonized tools and standards for countries.					
Outcome Indicator 2	Number of countries with improved data quality.					
Outcome Indicator 3	Number of countries using global and national health observatories or other open data hubs to report on SDGs.					
Outcome Indicator 4	Number of countries where global reporting data comes from a national information system.					
Outcome Indicator 5	Number of countries that have reduced use of disease-specific/parallel information systems.					
Outcome Indicator 6	Number of countries that have annual health sector review process that analyses data.					

OUTPUT 1	Country health sector M&E and accountability mechanisms supported and used by partners.	**Target**	**Baseline**	**2016**	**2017**	**2018-21**
Output Indicator 1.1	Number of countries (with HDC support) that have agreed national M&E priorities.					
Output Indicator 1.2	Number of countries (with HDC support) with agreed indicators using 100 core indicators					
Output Indicator 1.3	Number of countries (with HDC support) with a common investment framework and costing.					
Output Indicator 1.4	Number of countries (with HDC support) where the common national investment framework for M&E is used by financial partners and government.					
Output Indicator 1.5	Number of countries that are able to draw on national information system for better accountability.					

ACTIVITIES	**Budget**	**FTE**	**Notes**
1. Engage with at least 5 countries and catalyse /facilitate joint support to strengthen one country led M&E platform, based on country specific priorities and common investment framework			
2. Catalyse joint support in at least 5 countries that focuses on as specific technical focal points that requires collective action			
3. Document country experiences, challenges and best practices			

OUTPUT 2	Well-functioning facility and community monitoring systems.	Target	Baseline	2016	2017	2018-21
Output Indicator 2.1	Package of data standards and tools for routine health information systems (RHIS) including guidance on master facility list, open data, and unique identifiers.					
Output Indicator 2.2	Standard set of facility survey indicators and questions sets and 'best practice guidelines'.					
Output Indicator 2.3	Package of generic guidelines for community health information systems.					
Output Indicator 2.4	Number of countries with a joint strategy for DHIS 2.0 support and scale up.					
Output Indicator 2.5	Number of countries with disease surveillance data integrated into RHIS.					
Output Indicator 2.6	Number of countries with complete and up-to-date master facility list on the web					
Output Indicator 2.7	Number of countries with a joint investment plan to support facility surveys .					
Output Indicator 2.8	Number of countries with a joint workplan for investment in community data					
ACTIVITIES		**Budget**	**FTE**	**Notes**		
1. Review, harmonize and endorse data standards for improved HMIS						
2. Develop protocols and guidance for scaling up HMIS, based on international standards and best practices						
2. Review and publish harmonize facility survey indicators and data collection instruments						
3. Develop joint investment strategy for development, roll out and maintenance of DHIS 2.0						
4.Support x countries to scale up and strengthen HMIS based on international standards						
5 Support x countries for harmonized system of facility surveys						

OUTPUT 3	Improved measurement and monitoring of quality of care	Target	Baseline	2016	2017	2018-21
Output Indicator 3.1	Package of tools and methodologies to assess quality of care including key measures and indicators developed and tested.					
Output Indicator 3.2	Quality of care assessment guidance document developed and tested.					
Output Indicator 3.3	Number of countries integrating new methodologies for measurement of quality of care.					
ACTIVITIES		**Budget**	**FTE**	**Notes**		
1. Develop framework and core measures and measurement methods of quality of care						
2. Local monitoring and research to measure and improve quality of care and performance						

OUTPUT 4	Standardised regular household health surveys	Target	Baseline	2016	2017	2018-21
Output Indicator 4.1	Standard household survey modules for priority topics.					
Output Indicator 4.2	Number of countries with joint investment plan for comprehensive health surveys linked to national statistical plan.					
Output Indicator 4.3	Number of countries using survey data for reporting.					
ACTIVITIES		**Budget**	**FTE**	**Notes**		
1. Review and harmonize comprehensive set of survey modules for all priority topics.						
2. Joint support for comprehensive health survey plan, linked to national statistical plan.						
3. Support country institutions to perform high level analysis and reports.						

OUTPUT 5	Improved country CRVS capacity and systems	Target	Baseline	2016	2017	2018-21
Output Indicator 5.1	Comprehensive CRVS e-learning course covers birth registration, verbal autopsy, and including resources.					
Output Indicator 5.2	Pre and past training results for e-learning course on CRVS in countries.					
Output Indicator 5.3	Evidence of improved interoperability between CRVS systems and RHIS/national data systems.					
Output Indicator 5.4	Number of countries where CRVS campaigns implemented and advocacy materials disseminated.					
ACTIVITIES		**Budget**	**FTE**	**Notes**		
1. Develop & publish a resource kit on CRVS.						
2. Develop e-learning course on CRVS.						
3- Align support for regional strategies and country system strengthening DHIS 2.0.						

OUTPUT 6	Improved capacity, harmonisation, and collaboration for health systems monitoring	Target	Baseline	2016	2017	2018-21
Output Indicator 6.1	Handbook on national health workforce accounts with core health workforce indicators including definitions and metadata.					
Output Indicator 6.2	Common standard data collection tools for health expenditure data.					
Output Indicator 6.3	Number of countries implementing a national system of health workforce accounts.					
Output Indicator 6.4	Pre and post training results for health workforce accounts and indicators.					
Output Indicator 6.5	Number of countries using standard data collection methodology and production tools for health expenditure data.					
ACTIVITIES		**Budget**	**FTE**	**Notes**		
1. Review and harmonize health workforce data collection, sharing and use.						
2. Strengthen regional and national institutes to support implementation of national health workforce accounts.						
3. Joint support to countries in the use of SHA 2011 methodology and production tool.						

OUTPUT 7	Improved capacity for data analysis and use at national and sub-national level.	Target	Baseline	2016	2017	2018-21
Output Indicator 7.1	Guidelines for preparing analytical reports of health sector and programme specific progress and performance, including data triangulation.	Q1 2017				
Output Indicator 7.2	Number of countries with action plans to overcome barriers to data analysis and use.					
Output Indicator 7.3	Number of countries using guidelines for preparing reports and data visualisation tools for national and sub-national analysis.					
Output Indicator 7.4	Pre and post training results for elearning course on health data use and interpretation.					
ACTIVITIES		**Budget**	**FTE**	**Notes**		
2. Build capacity for data analysis and use at national and sub-national level,						
3. Identify and remove barriers to data use, improve access and understanding of data						
4. Develop guidelines for performing health sector performance assessments						

OUTPUT 8	Better communication and exchange of health-related information between different information technology systems.	Target	Baseline	2016	2017	2018-21
Output Indicator 8.1	Interoperability HIS assessment and diagnostic toolkit					
Output Indicator 8.2	Interoperability framework for design, integration, and implementation of national digital health architecture and open data.					
Output Indicator 8.3	Number of countries with national HIS governance and coordination mechanism.					
Output Indicator 8.4	Number of countries with a joint investment plan for digital health systems and technologies.					
Output Indicator 8.5	Interoperability lab established in at least one country.					
ACTIVITIES		**Budget**	**FTE**	**Notes**		
to be completed by Working Group						

OUTPUT 9.	Improved access and increased use of country , regional and global health data and statistics	Target	Baseline	2016	2017	2018-21
Output Indicator 9.1	Number of countries with open data access to health data through open data hubs and observatories					
Output Indicator 9.2	Guidance on open data policies and data standards and practices					
Output Indicator 9.3	Global health observatory enhanced as the go to place for health SDGs and other priorities					
ACTIVITIES		**Budget**	**FTE**	**Notes**		
1. Joint investment and alignment to strengthen country open data observatories						
2. Identify and promote innovative visualization tools and analytical methods						
3. Revamp and enhance Global health observatory with innovative visualization tools						