HEALTH DATA COLLABORATIVE

WORKING GROUPS

Terms of Reference

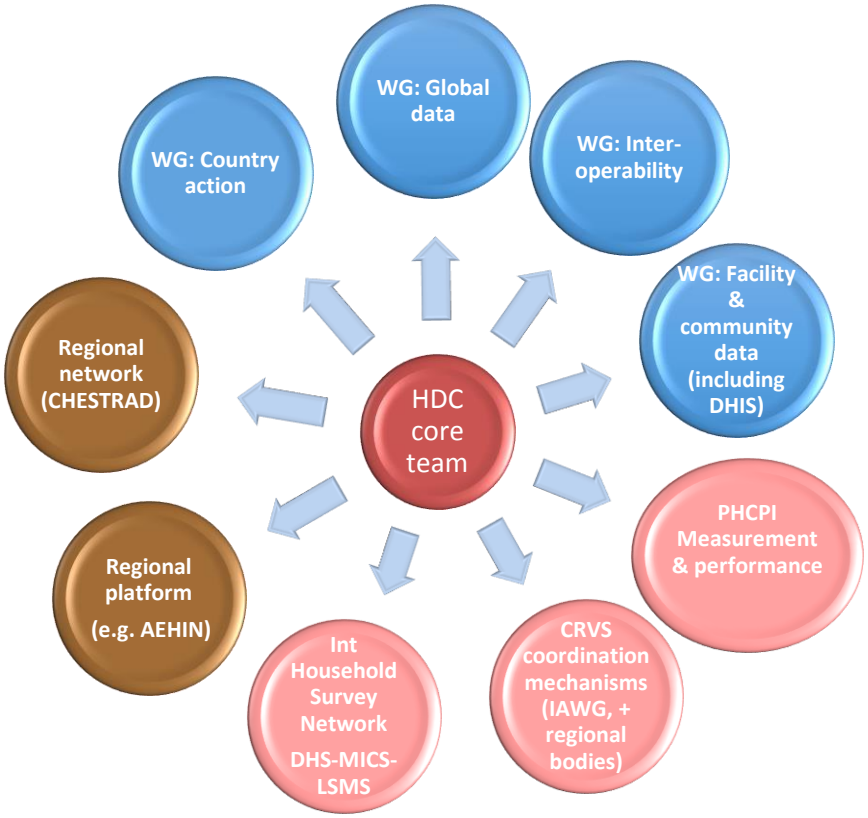
(as of 15 February 2017)

Contents

Health Data Collaborative Working Groups

A Health Data Collaborative Working Group is a time-limited group of technical experts from partners, countries, academia, civil society that is brought together to work collectively on specific programmatic and technical deliverables of the Health Data Collaborative operational work-plan 2016 - 2017.

These groups will leverage existing mechanisms wherever possible, linking with, supporting, and strengthening existing collaborative networks, communities of practice, and initiatives working to improve health data systems in country. It will be important to 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.



Working groups are platforms for:

- Enhancing aligned support to countries,
- Addressing specific technical issues, topics, and gaps in countries including development and harmonization of tools and standards where necessary,
- Catalysing collective action in countries,
- Documenting best practices and learning,
- Operationalising the data revolution,
- Ensuring effective dissemination and use of standards and tools, and
- Increasing efficiency in the use of investments in country M&E.

Table 1: Health Data Collaborative Working Groups 2016-2017

Group	Lead Agencies	Proposed Members
Country action and regional collaborations	Core team with country, regional, and global partners	BMGF, CDC, CHESTRAD, GAVI, IHP+, PEPFAR, PHCPI, TGF, global, regional, country partners, civil society
Regional/sub-regional networks		
- African Symposia on Statistical Development	ASSD	*TBD Q3/4 2016*
- Asian e-health information network	PHI	*TBD Q3/4 2016*
- Civil society platform	CHESTRAD	Civil society
Facility and community data	WHO	
- Routine HMIS and disease surveillance	WHO, UoOslo	BMGF, CDC, GAVI, GIZ, HHS, JICA, Measure Evaluation, NORAD, PEPFAR, PHCPI, TGF, UNAIDS, UNICEF, USAID
- Community data	UNICEF, USAID	UNAIDS, USAID
- Facility surveys	WBG, WHO	BMGF, GAVI, PEPFAR, PHCPI, TGF, UNFPA, UNICEF
- Quality of care and performance	WBG, WHO, PHCPI	GAVI, GIZ, HHS, PHCPI, TGF, UNICEF, USAID
- Logistics Management Information Systems (LMIS)	UNICEF, WHO	BMGF, CHAI, JSI, TGF, UNDP, UNFPA, UNICEF, USAID, Village Reach, WBG
Population data sources		
- Household surveys	UNICEF, USAID, WBG/IHSN, WHO	Link with existing mechanism (e.g. IHSN and DHS-MICS-LSMS collaboration) BMGF, CDC, Measure evaluation, TGF, UNSD, WHO
- CRVS	WBG	Link with existing coordination mechanisms 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	WHO	
- National health workforce	WHO, USAID	Link with existing mechanisms; health workforce information reference group (WHO & USAID)
- Health financing	WHO	Link with existing mechanisms; health expenditure data work (WBG, WHO, USAID), BMGF, GIZ, HHS, JICA, PEPFAR, UNICEF, USAID
Data analytics, use, and open access		
- Data analytics and use	UNAIDS, JHU, WHO	Civil society including CHESTRAD, Countdown, GAVI, GIZ, HHS, JICA, Measure Evaluation WG, PEPFAR, PHCPI, TGF, USAID
- Global and country data and statistics (including GIS)	PEPFAR, WHO	UNAIDS, UNDESA, GIZ, Global Partnership on SDG data
Digital health systems and interoperability	USAID, WHO, OGAC	BMGF, GIZ, Global Partnership on SDG data, UNAIDS, UNDESA, UNICEF

The purpose of each group will be defined by specific terms of reference including activities and expected outputs and outcomes to guide their work. The terms of reference and current membership for each group are found in Annexes A and B.

Working group composition and functioning

- Working groups are set up with agreement of the Health Data Collaborative Steering Group to address specific technical topics that are discussed and approved in the operational workplan.
- Each working group is led /co-led by a steering group partner, expert in the field of interest.
- Members are nominated by partner agencies, based on technical skills and experience, as well as seniority within their respective organizations on the technical content area.
- Each working group, facilitated by the working group lead(s), will develop a terms of reference including objectives, scope of work, global and country deliverables for 2016-2017, and approach and organisational arrangements (see examples and template in Annex A). In addition, the working group will develop a detailed task list that includes specific outputs and deliverables, assignment of tasks to working group members, with a timetable. Please see Annex C for a proposed template for this task list with timetable.
- Working groups are expected to liaise with the Health Data Collaborative core team regarding progress and any issues arising during implementation of the agreed task list of the group.
- Working group meetings are expected to be kept to the minimum needed, and to use email and teleconferencing where possible. The core team will facilitate working group meetings as needed and provide the secretariat function.
- Meeting minutes shall be documented and disseminated to all members of the Health Data Collaborative.
- Coordination between the working groups will be actively pursued with support from the core team.
- The contracting out of work may be done through the core team or through any partner of the working group.
- A working group will exist only as long as it takes to complete the specific task it has been given. It will then be disbanded or renewed based on the steering group approval of the annual workplan.

Annex A:

Terms of Reference for Working Groups

Country Action and Regional Collaboration Working Group
DRAFT Terms of Reference

Objectives

1. In response to country demand, promote, catalyse and facilitate collective support and aligned investment to strengthen country M&E systems and capacities.
2. Engage with regional platforms and networks in order to promote the collaborative approach, disseminate standards, tools and build regional and national capacities.
3. Provide a platform for communication, documentation and dissemination of country results, best practices, and joint learning.

Scope of work

1. Based on the IHP+ guidance document, review/finalize the checklist for assessing country monitoring and evaluation platforms including the development/updating of M&E costing tool.
2. Undertake a mapping of domestic and partner resources in selected countries and recommend guidance /operational principles for a common investment framework.
3. Engage with at least 5 countries and catalyse/facilitate joint support to strengthening and supporting one country –led platform, based on country specific priorities. This includes facilitating technical support to strengthening and costing of the health sector M&E/HIS plan and programme specific plans and the development of common investment framework
4. Catalyse joint support in at least 5 countries that focuses on a specific country priority that requires multiple partner involvement.
5. Document country experiences, challenges and best practices.

Deliverables 2016-2017

Global

- Revised M&E assessment and planning checklist and costing tool.
- Country communication platform established and country results documented.

Country

- Country M&E plan strengthened, costed, and common investment framework developed and used in 5 countries.
- Aligned support to countries on specific technical areas.

Approach and organizational arrangements

The group will comprise members of the Core Team and focal points from interested partners . The working group will be jointly led by WHO, USAID, GIZ, UNICEF, and World Bank, with focal points from all partners agencies (at global, regional and country levels) engaging around specific countries of interest. One or two partners will be a focal point for each country working closely with the country lead, and be responsible for facilitating specific technical actions and joint investments and ensuring communication and information sharing across all stakeholders.

The group will work closely with each of the technical working groups in order to facilitate coordination of specific technical work with countries.

Global Civil Registrations and Vital Statistics Working Group
Terms of Reference

There is no separate working group for civil registration and vital statistics (CRVS) for the Health Data Collaborative, since an established global group of international and regional organisations already exists (please see http://unstats.un.org/unsd/demographic/crvs/globalcrvs.html). The below Terms of Reference are thus that of the Global CRVS group. Please refer to the website for updates.

Objective

1. Strengthen national CRVS and related systems through coordination and collaboration on global and regional initiatives and exchange of information. The specific objectives are to:

   (a) Take stock of progress made on the improvement of the CRVS systems in the context of SDGs

   (b) Contribute to the implementation of the Global CRVS Investment Plan

   (c) Explore and leverage opportunities to accelerate the improvement of CRVS systems

   (d) Promote the importance of CRVS in the global development agenda

   (e) Support coordinated country-level engagement by our respective institutions that is consistent with the global CRVS agenda.

Scope of work/Activities Jan 2016 – June 2017

1. Based on collaborative effort of main stakeholders, and building on a pre-existing course by the Centre for Disease Control (CDC), develop a comprehensive CRVS e-learning course that is highly practical, participatory and fun with a mix of technical/hard and behavioural/soft skills. The course will be hosted by the Online Learning Centre of the World Bank.
2. Update the list of initiatives and projects on CRVS including those led by members where contributions will be sought from the Group, with the expected dates/timelines.
3. Contribute to developing the following international tools and standards: Legal framework for CRVS and identity management systems.
4. Contribute to developing operational guidelines for the evaluation of geographic coverage of civil registration and the completeness of the registration of vital events.
5. Contribute to ensuring CRVS standards, tools and lessons learned are available on CRVS websites.
6. Convene and organize seminars or side-events on CRVS and assist the regional networks to collaborate and share best practices.
7. Contribute to the efforts of the Health Data Collaborative to implement advocacy efforts in support of CRVS.

Deliverables 2016-2017

Global

- eLearning course on Civil Registration and Vital Statistics.
- Legal framework for CRVS and identity management systems.
- Operational guidelines for the evaluation of geographic coverage of civil registration and the completeness of the registration of vital events.

Country

- Aligned support to countries and good practices in CRVS systems implementation.
- Engagement in civil society advocacy efforts for CRVS.

Approach and organizational arrangements

Given that there is an existing Global CRVS group, it has been decided that there is no need to have a separate HDC CRVS working group. Instead the Global CRVS Group will handle the deliverables required by the HDC. As CRVS is a central component to countries' data systems, and can serve as an entry point to providing access to essential services, this group will develop a mechanism to utilize and integrate outcomes from other working groups. The Global CRVS group will inform the Health Data Collaborative on its activities and progress.

Members who have signed to be part of the Health Data Collaborative CRVS working group who are not members of the Global CRVS Group will have opportunities to provide input to specific activities through outreach to these members by the working group lead.

Facility and Community Data Working Group:
Routine Health Information Systems (RHIS) and Disease Surveillance Sub-group
DRAFT Terms of Reference

Objectives

1. Review, harmonize and endorse standards for improved facility and community based reporting (indicators, data quality, analyses, use).
2. Identify ways in which investments in facility information systems (e.g. DHIS) can be better aligned to ensure scaled and sustainable systems (e.g. in governance, data architecture, human resources, etc.)
3. Identify and agree protocols and standards for integrating disease surveillance into routine health information systems and document best practices and learning.

Scope of work

1. Based on existing efforts, review, complete and publish standards for core facility & community systems (both aggregate and case based data). Standards include core indicators and metadata, data quality metrics, ICD coding and reporting of deaths and cause of deaths, recommended analytical outputs and dashboards, template forms and guidance on master facility lists.
2. Undertake a joint review of current investments in RHIS (functionality, implementation and support) and develop a joint strategy and investment plan for development, implementation and maintenance.
3. Catalyse joint support to countries to scale up and strengthen integrated facility-based health information systems (e.g. DHIS 2), based on international standards and document best practices and models of governance.
4. Identify and review protocols and standards for linking/integrating disease surveillance reporting into routine facility health information systems.
5. Joint support for analysis and use of facility data for programme management, and national reporting (e.g. annual statistical reports and health sector reviews).

Deliverables 2016-2017

Global

- Package of data standards for RHIS to improve data quality, analysis , use & access including: RHIS assessment tools (rapid and indepth); RHIS curriculum; data quality toolkit & implementation guide; standards for master facility list; unique identifiers; mortality and cause of death; analyses guides for national, district, facility level; open data guidance.
- Standards and protocols for integrated public health surveillance into RHIS.
- A joint investment plan for RHIS development, implementation and maintenance.
- Documented country best practices and modes and guidance for good governance.

Country

- Protocols and SOPs to scale up and strengthen sustainable RHIS in country: Minimum standards and best principles for good governance & investment in RHIS; minimum HR and infrastructure requirements; best practices for integrating parallel systems into RHIS; data standards integrated in DHIS.
- Collective support and action in 2-3 countries.

Approach and organizational arrangements

- Leverage and strengthen existing efforts of partners in these technical areas (e.g work on surveillance standards, multiagency work on 100 core health indicators etc.).
- Ensure coordination and links with other groups (e.g. facility surveys, quality of care, interoperability.
- The group will convene monthly (by phone, video) and biannually face to face meetings.

Facility and Community Data Working Group:
Community Data Sub-group
DRAFT Terms of Reference

Objectives

1. Review, harmonize and endorse standards and generic guidance/tools – including paper-based and mHealth solutions – for improved routine community health information systems (CHIS) as an integrated component of broader routine HMIS (e.g. DHIS2)
2. Identify ways in which investments in improving routine CHIS (as an integrated component of broader routine HMIS e.g. DHIS2) can be better harmonized/aligned across institutions to maximize value in terms of development, integration and interoperability, human resource/institutional capacity, data quality, data use, scalability, and sustainability.
3. Identify, document and disseminate best practices, evidence, and learning on routine CHIS.

Scope of work

1. In support of the Scope of Work (1) of the Routine HMIS and Disease Surveillance Sub-group, review, harmonize and endorse standards and generic guidance/tools – including paper-based and mHealth solutions – across the data life cycle (data capture, transmission, management, analysis, use, feedback) for improved routine CHIS as an integrated component of broader routine HMIS e.g. DHIS2. This work will include standard core indicators and metadata, recommendations on integration with broader HMIS e.g. DHIS2, recommended analytical outputs such as scorecards/dashboards/alerts/feedback, template forms, and standards/guidance on master CHW lists / lists of other community health resources.
2. In support of the SoW (2) of the Routine HMIS and Disease Surveillance Sub-group, undertake a joint review of current investments in routine CHIS (paper-based and mHealth solutions) and develop a joint strategy and investment plan for development, integration and interoperability, human resource/institutional capacity, data quality, data use, scalability, and sustainability.
3. Catalyse joint support to countries for development, integration and interoperability, human resource/institutional capacity, data quality, data use, scalability, and sustainability of routine CHIS integrated within broader HMIS e.g. DHIS2 based on international standards.
4. Joint support for documentation and dissemination of best practices, evidence, and learning on routine CHIS.

Deliverables 2016-2017

Global

- Package of data standards and tools for community data (indicators & metadata, integration and interoperability, scorecards/dashboards/alerts/feedback, template forms, master CHW lists / lists of other community health resources)
- A joint review of support to routine CHIS and investment plan for development, implementation and maintenance of routine CHIS as part of broader HMIS e.g. DHIS2
- A compilation / review of best practices, evidence and learning on routine CHIS

Country

- Aligned support to countries to scale and strengthen routine CHIS (including paper-based and mHealth solutions) as an integrated component of HMIS e.g. DHIS2 based on international standards.

Approach and organizational arrangements

- Leverage and strengthen existing efforts of partners in these technical areas (e.g. CHW Central, iCCM Task Force).
- Ensure coordination and links with other HDC groups

The group will convene monthly (by phone, video) and biannually face-to-face meetings.

Facility and Community Data Working Group:
Facility Surveys Sub-group
DRAFT Terms of Reference

Objectives

The objective of this working group is to develop and support one country system of health facility surveys in order to maximize the efficiency of investments in facility assessments, their comparability and optimize use and learning from the data collected.

- Efficiency: avoiding duplication of activities, whether data collection, methods development, or other efforts carried out by partners.
- Comparability: agree on concepts and measure them the same way; be able to evaluate the same concepts across countries and time. Commit to a basic set of content that will be there consistently.
- Adaptability: ability to adjust questionnaire content to meet needs expressed by stakeholders, whether additional focus on a particular thematic area, broader system coverage, or differences in items monitored (e.g. delivery method for artesunate).
- Guidance and tradeoffs: where multiple approaches are possible, we will develop short notes that explain the choices and tradeoffs in terms of analytical options, field implications, and costs for the different options. For example, on quality of care, a note could cover direct observation, record review, exit interview, and vignettes. This approach will apply to both sampling and measurement options. It could be extended to reporting (e.g. CSPro/Excel versus Stata o or other packages).

Scope of work

1. Based on efforts to date and leveraging existing survey tools (e.g. SPA, SARA, SDI, SDP, EMONC etc.) complete and publish harmonized set of facility survey indicators and corresponding question sets for priority topics (e.g. service availability, readiness, quality of care and patient safety, management and finance).
2. Finalize a recommended minimum core set of indicators/question sets across priority topics and related measurement methods.
3. Develop capacity building materials and programme, including training package and guidance (or best practices) for design and implementation of facility assessments, including planning, sampling, quality assurance, and data processing, analysis, use and release.
4. Based on harmonized indicators and question sets, develop data collection instruments (paper and electronic) and related analysis tools (electronic) to support harmonized implementation.
5. Map upcoming health facility assessment schedule by partner and country.
6. Develop guidance / best practices on joint investment planning to support the harmonized facility survey system in countries.
7. Coordinate survey planning in upcoming country implementation.
8. Undertake reference implementation (demonstration) of harmonized approach in select countries with minimum core indicator / question sets.

Deliverables 2016-2017

*Global**

- Inventory and minimum core set of facility survey indicators / question sets covering priority domains and recommended methods.
- Data collection instruments and analysis tools (electronic).
- Implementation guidance and training package for countries.

*Country**

- Updated mapping of health facility assessments by country and by partner / tool.
- Based on coordinated / harmonized implementation, document learning and best practices of approach in selected countries.
- Guidance on joint investment plan to support countries.

**See Action Plan for more details.*

Approach and organizational arrangements

- This work will leverage and strengthen the efforts of the Health Facility Assessment Working group, a collaborative effort involving WHO, USAID, The Global Fund, World Bank and UNICEF[1].
- The group will convene monthly (by phone, video) and bi-annually through face to face meetings.

[1] Towards a harmonized approach for health facility assessments. Vision, Guiding Principles and Roadmap; Outcome of a technical consultation, Geneva, 12-13 November 2014

Facility and Community Data Working Group:
Measurement of Quality of Care Sub-group
DRAFT Terms of Reference

Aim

1. Strengthen measurement of technical and experiential quality of care across health service delivery in order to improve quality of services and health outcomes
2. Integrate a quality of care lens within all relevant HDC working groups

Objectives

1. Identify core domains fof quality used in frameworks in use at the natioanl and global levels and measures/indicators and optimal methodologies (i.e qualitative methods) to assess quality of care
2. Support incorporation of quality of care measurement in HDC work and in work at the national and sub-national levels through HDC
3. Develop guidance from HDC QoC-related work on improving national and subnational QoC measurement. Details TBD following Objectives 1 and 2

Scope of work

Objective 1:

1.1 Inventory of Quality of care domains

a. Review existing quality of care frameworks, to dientify common domains of quality and identify missing areas relavant to HDC to serve as mapping for inventory of indicators

1. 2 Identify gaps in quality of care measures/indicators and support/advocate for needed research

a. Identify priority domains and subdomains of quality of care for inventory work
b. Establish an inventory of existing key indicator(s) in use at national, regional and global levels mapped to priority domains for assessment of quality of care.
c. Respond to requests from other HDC activities to leverage indicator inventory to provide input into indicator choice, measurement etc to strengthen QoC measurement work
d. Ensure inclusion of traditionally under-measured cross-cutting domains (ex. coordination, continuity, comprehensiveness, people-centredness), life-course needs (ex. prevention, promotion, treatment, rehabilitation, and palliation) and health topics (ex. Non-communicable diseases, mental health, injury) from existing indicators into inventory with integration of an equity lens throughout.

Objective 2:

2. 1 Support Quality of care assessments in 2 countries and provide input into HDC work in up to 3 more countries

a. Review domain and indicator inventories to identify gaps in priority areas for measurement (indicator or methdology)
b. Work with existing implementation research efforts to support development and testing of new indicators or measurement approaches
c. Work with implementation research efforts to test new indicators or methodologies for better QI measurement
d. In coordination with other HDC WGs, provide recommendations for maximizing existing data collection platforms and integrating new methodologies and indicators for measurement of quality of care.

Objective 3:

3.1 Guidance document (detailes TBD)

a. Use the inventories of indicators and domains to inform and strengthen QoC measurement in up to 2 countries being supported through HDC
b. Partner with the country team and other HDC WG's to adapt the indicators (ex. developing proxy indicators, modifying the detailed definitions, etc) to reflect local context and capacity
c. Support country team and data use WG to analyze and summarize results based on assessment of QoC if done
d. Provide input as requested to strengthen QoC measurement in 3 more countries

Deliverables 2016-2017

Global

1. Domain inventory, indicator inventory and identified areas for implementaion research to meet identified priority gapps in assessment of QoC and strengthen HDC QoC measurement work
2. Participation in Health Data Collaborative missions to up to 3 countries to strengthen quality of care assessment within the country-led ME and quality platform, based on country-specific priorities.
3. Quality of care assessment guidance document details TBD

Country

- Participation in HDC missions to up to 5 countries to strengthen quality of care assessment within the country-led M&E platform, based on country-specific priorities.

Approach and organizational arrangements

- Commitment to harmonized approach (methodologies and tools) for assessment of quality of care
- Ensure coordination and links with other relevant HDC working groups through building liaisons system with
    - Representatives from QoC working group participating in routine meetings of other working groups.
    - Participants from other working groups participating in routine QoC working group meetings.
- Leverage and strengthen existing efforts of partners in the above technical areas
- Collaborate with relevant stakeholders beyond HDC to facilitate
    - alignment of quality of care measurement efforts, and
    - quality improvement
- Communities of practice actively involved in quality of care measurement and associated quality improvement (Joint learning network, Health Harmonization for Africa Service Delivery, IntegratedCare4People).
- Establish a schedule for regular meetings by phone/video and face-to-face meetings as needed.

Facilty and Community Data Working Group:
Logistics Management Information Sub-group
DRAFT Terms of Reference

Background

Supply chains are dynamic and require constant monitoring and management to be effective, yet the availability of quality data to drive these decisions is often lacking or incomplete. The burden of data collection and reporting is significant and extremely challenging in smaller facilities where the staff are already resource constrained. This information is critical both for inventory management and forecasting. The adoption of new technologies, in particular mobile health applications and visibility platforms, holds great promise. More alignment is needed at country level around Logistics Management Information Systems (LMIS) including standardizing data sets, LMIS tools and where possible leveraging a common LMIS platform across programs. These in turn need to be better integrated with Health Management Information System (HMIS) efforts using visibility platforms so as to move towards a more proactive and predictive approach to managing the Supply Chain.

While the ***Interagency Supply Chain Group (ISG***) is not new, it has been recently reinvigorated in late 2013. There is a clear willingness at the highest levels of agencies to better align and converge respective efforts, particularly in coordination of LMIS investments, in support of supply chain strengthening. The ISG however, is a donor coordinating group that excludes participation of implementing partners and other non-donor groups that are highly participatory in the area of LMIS.

The ***Health Data Collaborative (HDC)***, a global data initiative designed to ensure that different stakeholders in national, regional and global health are able to work together more effectively to make better use of resources, provides an opportunity for donors and implementing agents to openly engage about LMIS technical strategy and that other work streams of the HDC are closely linked to that of the ISG. The proposed ***Health Data Collaborative LMIS group*** will be complementary to that of the ***Interagency Supply Chain Group***.

Objectives

1. Support member states with development of information systems policies and guidelines for health commodities [Policy]
2. Develop on a common framework, approach and principles for coordination of LMIS investments and technical support to countries. [Coordination]
3. Document learnings about open LMIS, private sector LMIS options, strategies to re design / reengineer LMIS based on experience from the field. [Strategy (Sustainability)]
4. Develop a global strategy to support digital health solutions for LMIS [Technical]
5. Agree and adopt information standards [Technical]

Scope of work

1. Policy Development: to ensure uniformity in the implementation and use of logistics management information systems, a need exists for the development of an overarching national policy with associated processes, standard operating procedures (SOPs), norms and standards. ***Donors, technical agencies and implementing partners will work in a coordinated fashion to support Member States to develop these policies.*** A national policy will be broader than the selection of a system (s) and will includes the basic principles by which member states will be guided to ensure a well-functioning information system, such as people; procedures; hardware; software; networks and datasets.
2. Investment and Coordination of Technical Assistance for LMIS delivery: donors, technical agencies and implementing partners will focus on identifying a critical path of aligning supply-chain technical assistance as a means of better leveraging investments and achieving meaningful

impact on country systems. ***Donors, technical agencies and implementing partners will together and with member states by means of mapping of current and planned investments or divestments and technical assistance delivery for LMIS programs***.

3. Sustainability planning and strategy development for LMIS: donors, technical agencies and implementing partners will ***support the development and application of National Supply Chain Strengthening Strategic Plans and associated gap analyses for LMIS delivery***. A national strategy will be broader than the selection of a system (s) and will include and expand on the basic principles by which member states will be guided to ensure a well-functioning information system, such as people; procedures; hardware; software; networks and datasets. Additional inputs into these national strategies include:
    a. Strategy and technical guidance on LMIS models (open LMIS, private sector models, etc.)
    b. Strategy and technical guidance on digital health
    c. Strategy and technical guidance on standards adoption for LMIS delivery (e.g., bar-codes and GS1, design & planning for control towers, system interoperability, CDRM)

Deliverables 2016-2017

Global

1. Enhance global coordination of investments, divestments and technical assistance delivery for LMIS, with donors, technical agencies and implementing partners. [Proposed Lead: RMNCH SCT, ISG Convenor]
2. Technical document on LMIS models (private sector, open LMIS, etc.) and associated guidance on integration of LMIS models into member state national information policies and strategic plans. [Proposed Lead: BMGF]
3. Strategy and technical guidance on standards adoption for LMIS delivery e.g.,
    - Bar-codes and GS1 [Proposed Leads: USAID, UNFPA, TGF]
    - Design & planning for control towers [Proposed Leads: BMGF, HISP]
    - System interoperability [Proposed Leads: HISP, VR, Dimagi, JSI, UNICEF, USAID]
    - Adoption of CDRM [Proposed Leads: JSI, USAID]
    - Digital Strategy – TBD? [Propsoed Leads: PATH, JSI]

*Country (*Tanzania, Zambia, Myanmar, Senegal)

1. Enhance member states logistics committee and country coordination of investments, divestments and technical assistance delivery for LMIS. [Lead agency in country - TBD]
2. Develop or enhance ***member state policy*** for information systems management for health commodities, including standard operating procedures, costed implementation plans, norms and standards, etc. [Lead agency in country - TBD]
3. Develop or enhance ***member state strategic plans*** for information systems management for health commodities, including standard operating procedures, costed implementation plans, norms and standards, etc. [Lead agency in country – TBD]

Approach and organizational arrangements

The group will comprise members of the Core team and focal points from interested partners. The working group will be led by RMNCH SCT (Convenor of the ISG), with focal points from all partner agencies (at global and country levels) engaging around specific countries of interest. One or multiple partners will take the lead for global or each country deliverable and be responsible for facilitating specific technical actions and joint investments and ensuring communication and information sharing across all stakeholders. The group will work closely with each of the technical working groups in order to facilitate coordination of specific technical work with countries.

Population Data Sources Working Group:
Household Surveys Sub-group
DRAFT Terms of Reference

Objectives

1. The Working Group will provide a forum to share survey implementation plans among household surveys, discuss common challenges and lessons learned, foster collaboration to better respond to emerging and existing data needs, and promote broader dissemination and use of data.
2. The Working Group will build on and complement other similar initiatives, and ensure that issues related to health data in household surveys are well represented within the Health Data Collaborative and other global data initiatives.

Scope of work

1. Create mechanisms for dialogue with other similar initiatives, including the DHS-MICS-LSMS Collaborative Group, Inter-secretariat Working Group on Household Surveys (ISWGHS),the International Household Survey Network (IHSN) and the World Health Organization (WHO).
2. Support work of ISWGHS related to priority topics in health that are or can be addressed through household surveys.
3. Promote easy access to global standards and tools, in the form of global repositories and technical packages developed by other initiatives, such as WHO and IHSN.
4. Identify and bridge similar household survey capacity building initiatives.
5. Develop a common research agenda regarding questionnaire development, including testing of reliability and validity/refinement.

Deliverables 2016-2017

- Produce a common list of current and upcoming household surveys, by expanding the DHS-MICS-LSMS list (2017 Q1).
- Produce a mapping of core health indicators (including SDGs) against the coverage of major household surveys (2017 Q1).
- Contribute to the extension of the IHSN Survey catalog (http://catalog.ihsn.org/index.php/catalog) to health-related survey programs not currently covered to provide the research community with a more exhaustive inventory of existing and available datasets (2017 Q2).

Approach and organizational arrangements

The group will be composed of representatives of major household survey programs, and will be led by UNICEF, USAID and World Bank. Beginning with a small group of survey programmes, the group will expand based on progress made and nature of workplan, with the option of including those organizations/individuals who are household survey data users.

The group will have a face-to-face meeting once a year in New York, at the margins of the Statistical Commission, and taking advantage of the regular meetings of the IHSN and ISWGHS at the same time, and will be hosted by UNICEF.

Population Data Sources Working Group:
Civil Registration and Vital Statistics Sub-Group
Terms of Reference

There is no separate working group for civil registration and vital statistics (CRVS) for the Health Data Collaborative, since an established global group of international and regional organisations already exists (please see http://unstats.un.org/unsd/demographic/crvs/globalcrvs.html). The below Terms of Reference are thus that of the Global CRVS group. Please refer to the website for updates.

Objective

2. Strengthen national CRVS and related systems through coordination and collaboration on global and regional initiatives and exchange of information. The specific objectives are to:

   (a) Take stock of progress made on the improvement of the CRVS systems in the context of SDGs

   (b) Contribute to the implementation of the Global CRVS Investment Plan

   (c) Explore and leverage opportunities to accelerate the improvement of CRVS systems

   (d) Promote the importance of CRVS in the global development agenda

   (e) Support coordinated country-level engagement by our respective institutions that is consistent with the global CRVS agenda.

Scope of work/Activities Jan 2016 – June 2017

8. Based on collaborative effort of main stakeholders, and building on a pre-existing course by the Centre for Disease Control (CDC), develop a comprehensive CRVS e-learning course that is highly practical, participatory and fun with a mix of technical/hard and behavioural/soft skills. The course will be hosted by the Online Learning Centre of the World Bank.
9. Update the list of initiatives and projects on CRVS including those led by members where contributions will be sought from the Group, with the expected dates/timelines.
10. Contribute to developing the following international tools and standards: Legal framework for CRVS and identity management systems.
11. Contribute to developing operational guidelines for the evaluation of geographic coverage of civil registration and the completeness of the registration of vital events.
12. Contribute to ensuring CRVS standards, tools and lessons learned are available on CRVS websites.
13. Convene and organize seminars or side-events on CRVS and assist the regional networks to collaborate and share best practices.
14. Contribute to the efforts of the Health Data Collaborative to implement advocacy efforts in support of CRVS.

Deliverables 2016-2017

Global

- eLearning course on Civil Registration and Vital Statistics.
- Legal framework for CRVS and identity management systems.
- Operational guidelines for the evaluation of geographic coverage of civil registration and the completeness of the registration of vital events.

Country

- Aligned support to countries and good practices in CRVS systems implementation.
- Engagement in civil society advocacy efforts for CRVS.

Approach and organizational arrangements

Given that there is an existing Global CRVS group, it has been decided that there is no need to have a separate HDC CRVS working group. Instead the Global CRVS Group will handle the deliverables required by the HDC. As CRVS is a central component to countries' data systems, and can serve as an entry point to providing access to essential services, this group will develop a mechanism to utilize and integrate outcomes from other working groups. The Global CRVS group will inform the Health Data Collaborative on its activities and progress.

Members who have signed to be part of the Health Data Collaborative CRVS working group who are not members of the Global CRVS Group will have opportunities to provide input to specific activities through outreach to these members by the working group lead.

Health Systems Monitoring Working Group:

Health Workforce Accounts Sub-group
DRAFT Terms of Reference

Objectives

1. Improve the harmonization of health workforce data collection, sharing and use through the application of national health workforce accounts.
2. Strengthen collaboration with countries, regional platforms, networks and relevant stakeholders to support implementation of national health workforce accounts and annual reporting.

Scope of work

1. Utilize the outputs of the technical advisory group on NHWA (e.g. Handbook on NHWA) to harmonize health workforce indicators, definitions and metadata.
2. Undertake assessments of the capability and maturity of human resource information systems in relation to NHWA.
3. Review national data collection tools for their interoperability on minimum data sets and NHWA.
4. Catalyse joint support to at least 15 countries to improve the harmonization of health workforce data collection, sharing and use, and reporting to the GHO.

Deliverables 2016-2017

Global

- Handbook on national health workforce accounts available with core health workforce indicators including definitions and metadata.

Country

- Intercountry workshops.
- Support to at least 15 countries including the Health Data Collaborative pathfinder countries.

Approach and organizational arrangements

The working group will engage through teleconferences organized around country support and implementation.

Health Systems Monitoring Working Group:

Health Financing Sub-group
DRAFT Terms of Reference

Objectives

1. Promote country-led unified resource tracking work to monitor all health expenditure (public, private, and external; health and disease specific; etc.), using the global standard of System of Health Accounts 2011 (SHA2011).
2. Strengthen the automation of data collection and data mapping for health accounts at country level through harmonised implementation tools.
3. Catalyse collective action and joint investment in health accounts and resource tracking.

Scope of work

1. Based on existing resource tracking work globally and at country level (SHA 2011, NASA, FP2020, CHAI, others) review and identify how the global standard could be used to track and produce indicators for all separate initiatives (harmonization of resource tracking).
2. Review all resource tracking initiatives, their data collection process and information sources, and identify areas for joint data collection.
3. Review existing resource tracking tools, identify how they converge or diverge, and propose qualification standard to verify to ensure that all tools offer the same level of quality (transparency; institutional memory; automation; quality checks).
4. Identify and review all country-level aid-for-health tracking tools to evaluate the completeness, timeliness, and quality of the data they collect on aid for health.
5. Develop guidelines to harmonize and systematize collection of aid-for-health expenditure data at country level.
6. Develop standards for an expenditure module to be integrated into country routine health information systems (e.g. DHIS).
7. Develop standards for an expenditure module to be integrated into country facility survey.
8. Provide country technical support for institutionalising health accounts data collection thorugh jointly implemented pilot projects in Health Data Collaborative priority countries.

Deliverables 2016-2017

Global

- Package of guidelines, tools, and recommendations for unified resource tracking.
- Global standard (SHA2011) validated as sole resource tracking framework to support multiple tracking purposes (including expenditures and budgets or planned spending)
- Package of guidelines that support automation of health expenditure data collection.

Country

- Joint support to countries in the implementation of SHA 2011 methodology and production tool.
- Collective action and joint investment in XX countries.

Approach and organizational arrangements

Working group to develop activities and timeline and lead on work. Consultants will provide support to implement activities for objectives 1 and 2.

Data Analytics, Use and Open Access Working Group:
Data Analytics and Use Sub-group
DRAFT Terms of Reference

Objectives

1. Enhance capacity for data analysis and use at national and sub-national levels
2. Identify barriers and best practices to promote data use, improve access and understanding of data.

Scope of work

1. Improve analysis and communication of data by a better understanding of the barriers and learning from best practices for stimulating demand and data use. This requires a review of barriers, assessment of efforts to improve data demand and use for decision-making and for accountability by different audiences.
2. Develop strategic guidance on institutional capacity strengthening based on a comprehensive picture of the institutional landscape in countries, regionally and globally, in the field of health data analysis and use.
3. Enhance access to and use by countries of a set of tools for analysis of health data, including data quality assessment, in pre-service and service settings. These include training curricula, guidance on health analysis for health sector and programme reviews, electronic tools and eLearning courses on health data analysis, software packages etc.
4. Strengthen health data analytical capacity and communication, with major attention for institutional capacity strengthening, in five countries. The support is based on country demand for partners to provide coordinated support to enhance the national and subnational capacity for analysis, communication and use of health data.

Deliverables 2016-2017

Global

- *Data demand and use*: (1) Review of existing work and presentation and short report (for working group meeting) on barriers to data use, current efforts to improve data use and best practices for data use for decision-making and accountability. (2) A simple tool that countries can use to assess barriers in their own country.
- *Institutional capacity strengthening*: (1) Assessment of country models and experiences with institutional capacity for analysis and use of data. (2) Assessment of country practices in terms of pre-service training – prior to entering the public health workforce - in data analysis & use-related skills. (3) Guidance document for countries on institutional capacity strengthening for health data analysis and communication.
- *Tools*: (1) Presentation and short report/paper (for working group meeting) that describes needs for analytical capacity and tools, mapping of existing and ongoing work, and identification of gaps. (2) Suite of electronic tools to improve analytical capacity as part of a technical package for health data. This suite will be made accessible on the web.

Country

- Qualitative country assessments in 3-4 diverse countries to understand barriers to analysing and using health data by programme managers. (Potential deliverable – tools to assess barriers to demand and use of data).

- Multi-country review of existing institutional capacity and practices in at least five lower-capacity and three higher-capacity countries to identify priority strategies to strengthen institutional capacity.
- Coordinated support for five countries in response to country demand, including national and sub-national levels, resulting in increased capacity and specific data analysis products.

Approach and organizational arrangements

Each workstream (scope of work area) will be led by one or more co-lead(s). Activities may be implemented by consultants with the working group developing TOR for consultants and identifying possible consultants. The working group will approve deliverables. This group will work closely with other working groups given the cross-cutting nature of data analytics and use. Possible countries for country activities given ongoing work and opportunities are Kenya, Malawi, Zambia, Mali, Nepal, and Myanmar.

Data Analytics, Use and Open Access Working Group:

Global and Country Data and Statistics (including GIS) Sub-group
DRAFT Terms of Reference

Objectives

1. xxx
2. xxx
3. xxx

Scope of work

1. xxx
2. xxx
3. xxx
4. xxx
5. xxx

Deliverables 2016-2017

Global

- xxx
- xxx

Country

- xxx
- xxx

Approach and organizational arrangements

xxxx

xxxx

Digital health systems and interoperability Working Group
DRAFT Terms of Reference

Objectives

1. Optimize the meaningful use and reuse of health information in low and middle income countries to support achievement of SDGs through the implementation of foundational digital health infrastructures.
2. Actively promote the development, use, and long-term support of digital health 'global public goods'.
3. Increase, in a measurable way, the level and alignment of country and partner investments in support of objectives 1 and 2.

Scope of work

1a. Facilitate the inventory, registration, appropriate re-use, and review of investments in support of foundational elements of a digital health information system within a country (i.e., point of service applications, data exchange, foundational components of Health Information Exchange).

1b. Within five pathfinder countries, facilitate technical support to governments and digital health solution developers to ensure capacity to effectively invest in tools and platforms that help realize national digital health and eHealth architecture plans in a consistent and effective manner.

1c. Convene key stakeholders for digital health systems in pathfinder countries to improve alignment of digital health investments at the country level, provide joint peer learning and sharing opportunities, share guidelines and standards, and catalyse support for country digital health systems, etc.

2a. In partnership with pathfinder countries, develop practical universal scenarios that demonstrate the added value of establishing interoperable systems along one or more care continuum.

2b. Facilitate the identification of needed, adaptable and reusable global public goods, and foster the development of mechanisms (e.g., value proposition for interoperability, technical documentation, support communities, and peer learning-based capacity-building mechanisms) that strengthen investments into foundational interoperable digital health systems.

2c. Develop and refine frameworks, guidelines, and standards that support the design, integration, and implementation of national digital health architectures and digital health tools in support of country health systems.Convene key stakeholders for digital health systems in low and middle income countries to identify priorities for global and regional goods, improve alignment of digital health investments at global/regional/country levels, provide joint peer learning and sharing opportunities,, share guidelines and standards, and catalyse support for country digital health systems, etc.

3a. Convene key stakeholders for digital health systems in low and middle income countries to identify priorities for global and regional goods, improve alignment of digital health investments for global goods and regional digital health networks, share guidelines and standards, and catalyse support for country digital health systems.

3b. Advocate for and support fundraising efforts to ensure sustainability of global digital health resources—in the interest of accelerating and maintaining the value of digital health investments—by identifying, coordinating, protecting, and promoting the reuse of digital health global goods.

(Potential) Deliverables 2016-2017 by objective

Objective 1

- In at least one country, support the Facility Data WG to integrate HMIS and IDSR with at least one functioning use case each that enhances the value of HMIS with IDSR data, and enhances the value of the IDSR with HMIS data. [Year 1]
- Within pathfinder countries, facilitate strategic digital health investment plans based on WHO-ITU Toolkit, WHO Digital Strategy Guidance and Implementation Tools, for systems strengthening and data use in one or more programmatic areas. [Year 1 and 2]
- A national-level HIS governance/coordination mechanism to provide coordination for planning and digital health investments will be functioning in HDC pathfinder countries. [Year 1 and 2]
- A costed digital health investment plan exists in each pathfinder country that supports the following: national eHealth plan, digital interoperability architecture, and a digital strategy for one or more programmatic areas. [Year 1 and 2]
- Health informatics expert will participate in HDC missions to pathfinder countries. [Year 1 and 2]
- In at least one country/region, establish an Interoperability Lab that supports testing and maintaining digital technology and related documentation related to interoperability. [Year 2]
- In at least one pathfinder country, provide digital health stakeholders an opportunity to engage in an Interoperability Lab to facilitate and demonstrate interoperability between digital tools and foster local use of comprehensive sets of data that will be made available by a successful implementation of a Health Information Exchange (HIE). [Year 2]

Objective 2

- Establish and mainstream use within pathfinder countries, a web-based technology registration system (supporting inventory and description of digital products/projects, and associated digital assets including data elements) that draws from existing global classification standards (ref WHO mTERG). [Year 1]
- Develop guidance and implementation recommendations for government-led investments into digital health strategies for addressing health information constraints for one or more programmatic areas. [Year 1]
- Develop documentation that operationalizes interoperability related to programmatic areas, reflecting the perspectives of different stakeholders groups (e.g. shows the value proposition for interoperability, and illustrates how). [Year 1]
- With pathfinder countries, facilitate the development and validation of an interoperability framework comprising an HIS interoperability assessment, readiness, and guidance tool for HIS enterprise architecture analysis to inform planning (incl. value proposition, reference architecture, procurement language, etc.). [Year 2]
- Develop a global, open-source standard for a national health facility registry. [Year 2]

Objective 3

- Develop operational guidance on investing in digital health technologies in low and middle income countries (e.g., language that can be used in procurements/RFAs put out by governments and donors) to help ensure that digital health investments are functional, sustainable, support national eHealth strategies, and foster re-use and interoperability. [Year 1]
- Convene at least one WG meeting/side-meeting in Asia and Africa to [Year 1 and 2]:
    - Help ensure the WG is guided by, and responsive to, the needs of the digital health community - pathfinder country representatives, regional network members (e.g., AeHIN; ANDH), donor partners, digital health organizations, private sector corporate responsibility representatives .
    - Help ensure that global public goods reflect feedback and input by stakeholders and intended users.
    - Facilitate joint peer learning and sharing.

- Encourage funding/support for global goods, and regional and country health informatics capacity development.

(Proposed) Approach and organizational arrangements

Organization
The Working Group will comprise a leadership team, a steering group, and key persons from interested partners, with support from a secretariat as follows:

- The Working Group will be led by representatives from USAID, WHO and OGAC.
- The Steering Group will include representatives from key digital health partners agencies (working at global, regional and country levels), especially those engaging around specific countries of interest.
- The wider membership of the working group will be open to all persons willing to participate in the formulation and achievement of working group deliverables.

As resources allow, a secretariat will be established to support the Working Group. The functions of the secretariat may fluctuate over time depending on resources provided. At minimum, the secretariat will help the Working Group convene meetings and track progress toward deliverables. The director/manager of the secretariat will be a member of the HDC Core Team (based in Geneva) but will be expected to work virtually from a host organization. A goal is having sufficient resources for the secretariat so that it has the staff and infrastructure to pool funds from investors and use these funds to host global goods and/or manage the achievement of one or more Working Group deliverables through collaborating partners.

Approach
During an HDC mission to a pathfinder country, one or two Working Group partner organizations will take the lead for each country and be responsible for helping ensure that an informatics/digital health perspective is included during assessments, discussions and development of a country costed-investment plan for the health information system.

The Working Group will work closely with each of the technical working groups in order to facilitate coordination of specific technical work with countries. Possible models of working at country level in support of the HDC and Working Group objectives:

- Model 1: HDC mission to country to initiate support addressing gaps in the broader HIS over several years. Out of this, digital health/interoperability gaps may be identified that the country wants support addressing. The Working Group can support the local partners on the ground (many of which have counterpart on the Working Group), and/or help identify outside expertise/resources to support.
- Model 2: A country makes a specific request to HDC for help with a digital health/ interoperability problem. The Working Group can help convene local stakeholders to identify an appropriate solution. The Working Group can then support the local partners on the ground (many of which have counterpart on the working group), and/or help identify outside expertise/resources to support.
- Model 3: A country with a history of working on digital health/interoperabilty problems/issues and is already engaged with one or more members of the Working Group, can draw upon the support and expertise of the Working Group, perhaps through a request of the Working Group member(s).
- Model 4: DH&I Working Group works with regional networks (AeHIN, ANDH) to identify gaps/needs of the network and helps support the network and/or help identify outside expertise/resources to support needs such as additional staff, interoperability labs, capacity building in tools/approaches (enterprise architecture, HL7, etc.).

Annex B:

Working Group members

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Annex C:

Working Group Planning template

Working Group Planning Template for 2016 – 2017 (updated 5 July 2016) *Please request Excel file or download from SharePoint*

Objective 1:																		
Deliverable 1:																		
Products	**Activities**	**Lead agency(ies)**	**Responsible**	**Accountable**	**Consulted**	**2016**			**2017**				**Links to other WGs**	**Estimated FTE (in days)**	**Total funding needs**	**Funding notes**	**Existing funding / by whom?**	**Funding gaps**	**Comments**
						Q2	Q3	Q4	Q1	Q2	Q3	Q4							
1. 1	a.																		
	b.																		
1.2	a.																		
1.3	a.																		
	b.																		

Objective 2:																		
Deliverable :																		
Products	**Activities**	**Lead agency(ies)**	**Responsible**	**Accountable**	**Consulted**	**2016**			**2017**				**Links to other WGs**	**Estimated FTE (in days)**	**Total funding needs**	**Funding notes**	**Existing funding / by whom?**	**Funding gaps**	**Comments**
						Q2	Q3	Q4	Q1	Q2	Q3	Q4							
1. 1	a.																		
	b.																		
1.2	a.																		
1.3	a.																		
	b.																		
1.4	a.																		