



HEALTH DATA COLLABORATIVE

DATA FOR HEALTH AND
SUSTAINABLE DEVELOPMENT



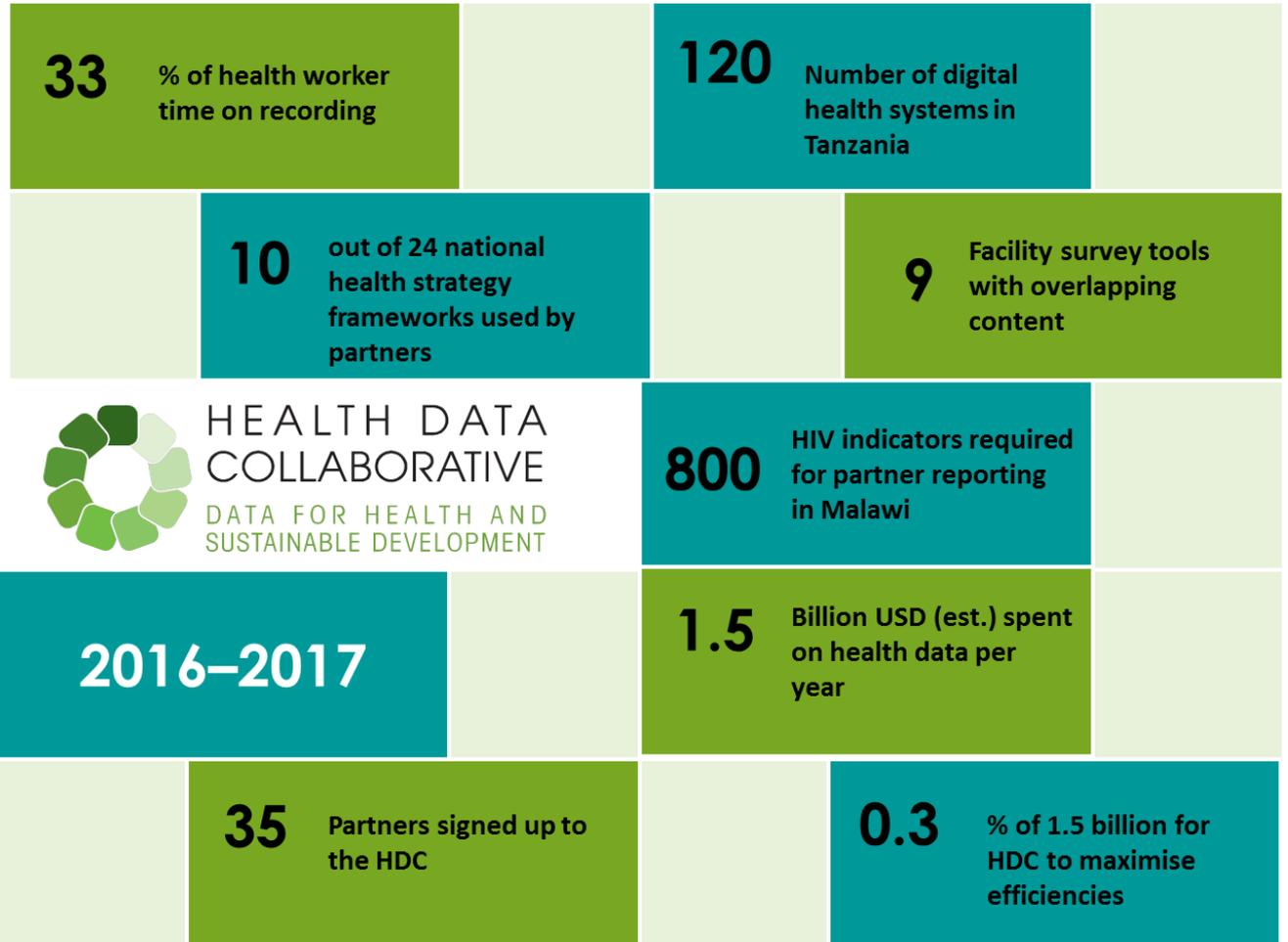
Progress Report 2016–2017

Highlights, lessons learned,
future perspectives

May 2017

Contents

I.	Executive summary	3
II.	Introduction	6
III.	One year of collective action.....	8
IV.	Governance and management.....	18
V.	Looking ahead	20



I. Executive summary

The Health Data Collaborative (HDC) was launched in March 2016, based on a common diagnosis of a global problem: global and country investments in strengthening country health information systems need to become more efficient in order to meet the challenge of monitoring the health and health-related SDGs and to contribute to sustainable development of national systems. Spurred by the Five Point Call to Action on health measurement and accountability, this is being pursued through (1) support for greater alignment of investments in national health information systems; and (2) increased impact of global public goods through more harmonization and coherence of tools, methods and approaches by partners.

Headlines of progress

One year since the HDC launch, momentum is growing. With high-level government leadership driving success in Kenya and Malawi, the Collaborative is attracting demand from a growing number of countries seeking to engage the HDC approach to strengthening national health information systems. The Collaborative is increasingly becoming recognised as the global platform for collaboration around health data policy and information sharing, as it links up with and underpins the data efforts of an increasing number of partner initiatives.

- **Kenya has been at the forefront of the Health Data Collaborative approach**, rallying all key partners and donors behind a roadmap of national priorities to monitor UHC and the SDGs. Strong leadership from the Ministry of Health has driven the execution of a roadmap. As a result, The Global Fund adjusted its investments to support four surveys for the price of one, a clear efficiency gain from the HDC approach. A common investment framework will increase efficiencies of domestic and partner funding in robust, high quality data systems.
- **In Malawi, donors are aligning behind the Ministry of Health's single data platform and digital health investment plan**, thereby moving away from the fragmented silos of disease- and donor-driven data reporting systems. The new platform will include dashboards for disease programmes, national core health indicators, primary healthcare indicators, and universal health coverage indicators. MoH has led an iterative process involving 40 partners and ministry programmes to come to an agreement on a more concise list of national core health indicators to reduce the burden of reporting (from initial 195 to 62).
- **There is growing demand for the HDC approach from countries.** Cameroon's Ministry of Health and health partners launched the Cameroon HDC in December 2016, and a Tanzania HDC will follow in July 2017. Myanmar, Indonesia, Nigeria, Senegal and Nepal are among countries that have also expressed interest in engaging the HDC approach. In January 2017, the HDC approach was also featured at a well-attended panel session at the UN World Data Forum in Cape Town, which sought to bridge the gap between the health sector and other sources of health statistics in countries.

- **Substantial progress has been made on delivering harmonized global public goods.** The 100 Core Health Indicators list has successfully helped to reduce the unnecessary reporting burden on countries. Additional finalized tools and standards have been developed through the efforts of the HDC multi-stakeholder technical working groups, including a harmonized data quality toolkit, a Routine Health Information Systems curriculum, a CRVS e-Learning course, and a draft handbook on National Health Workforce Accounts.
- **Links have been established with other key health initiatives.** Links have been established with networks such as the Global CRVS Group; the Global Health Workforce Network; Inter-Secretariat Working Group on Household Surveys (ISWGHS); Interagency Supply Chain Group; Primary Health Care Performance Initiative; the Global Strategy for Women's, Children's and Adolescents' Health; UHC2030; and the Global Partnership for Sustainable Development Data (GPSDD).

Reflecting on the first year

- **Strong country stewardship of the HDC approach at country level is critical to drive the process forward.** In Kenya, high-level support from Ministry of Health leadership and the Office of the Deputy President in addition to well-structured country led working groups driven by the health sector M&E unit have led to visible progress on the Kenya HDC's priority areas. Similarly in Malawi, a country-led M&E taskforce was created to shepherd government and partner alignment around one country M&E platform. Engagement of all stakeholders, including sub-national governments, the private sector, disease programmes and academia is critical.
- **Alignment with the national planning cycle is key.** Costing national M&E plans/roadmaps linked to health sector strategic plans is a critical step in the alignment process. In Kenya, the launch of the HDC focused on 6 key priority actions in line with the national health sector planning and review cycles, kicking off with the Mid-Term Review of the Health Sector Strategic Plan. Similarly in Malawi, Collaborative efforts have been supporting the development of the new national health sector strategic plan.
- **Use and implementation of collective standards and tools are essential to increase efficiency and impact of investments.** The HDC provides a unique opportunity to bring together multiple efforts in the development of global public goods and best practice. However, more work is required at global level to reduce the inefficiencies in investments in tools and standards. More, too, will need to be done in terms of advocacy and promotion of global standards, especially in supporting implementation and use in countries.

Looking ahead

With growing interest in the HDC approach, careful consideration must be made as to how successes can be scaled up to support a broader range of countries seeking to strengthen scaled, credible and sustainable national health information systems. This will require further collective efforts to advocate and promote standards and tools, as well as to support their implementation and use. Regional networks have great potential for accelerating progress at country level, through peer learning and advocacy. As we look ahead, effective monitoring, documenting and sharing of progress and best practices will continue to be critical. Continued outreach and mobilization by all partners are needed to ensure full and aligned support to Country Health Data Collaboratives.

Snapshot of progress and joint learning

Deliverable		Progress	Potential Future Priority Areas
HDC launched with communication package		Commitments made by 32 partners. HDC approach showcased at global, regional and national fora (including the World Data Forum)	Strengthening advocacy efforts to increase awareness of the HDC approach
Support for the Health Data Collaborative approach at country level			
At least 5 pathfinder countries engaged		HDC approach taken by Kenya, Malawi, Cameroon. Demand from Tanzania, Myanmar, Indonesia, Nigeria, Senegal, and Nepal.	Scaling up to more countries and engaging more stakeholders (e.g. programmes, civil society, public health institutions and statistical commissions)
Engagement with 3 regional networks		HDC linked with AeHIN, civil society groups to advocate for HDC approach, data use, and accountability	Leveraging regional networks for advocacy and documentation of best practices to support scale-up
Developing and Using Global Public Goods			
Technical working groups established		9 multi-stakeholder working groups established	Improving strategic and technical coherence across the working groups; continuing to innovate in technical areas (e.g. by leveraging developments in digital tools)
Technical package of tools and guidance developed and global repository of health information standards and learning		Significant progress, bringing together a package of key interventions and actions to strengthen country data systems. To be launched in May 2017	Scaling up the implementation and use of the technical package at country level
Global health observatory		The GHO has established a new portal for tracking the health related SDGs, including UHC and inequalities in health	Supporting a unified system of global, regional and national health observatories
Global report on the state of country health information systems		Indicators developed for measuring country health information systems. Due to be completed by end of 2017	Monitoring progress and implementation at country level

Well advanced

In progress

Initiated

II. Introduction



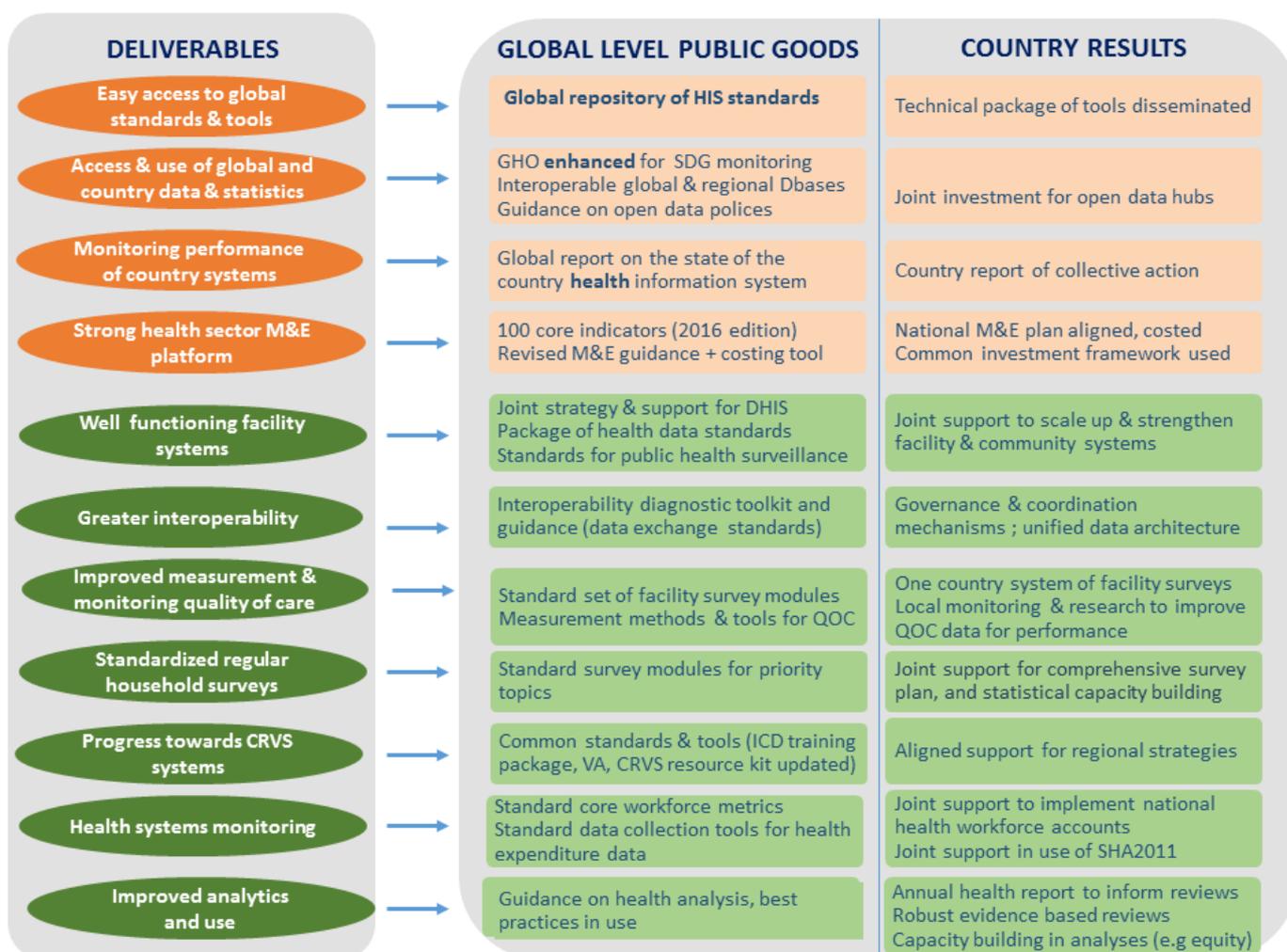
- Better data is essential for making good decisions** on where to commit resources to improve health, guard against threats and help everyone live longer, healthier and more productive lives. Yet, around the world, there are major information gaps. Many countries don't accurately count who is born, who dies, and from what causes. Recent global health emergencies such as the Ebola and Zika outbreaks also demonstrate why accurate and timely data is essential.
- In response, global health leaders from developing and developed countries committed to increase the level and efficiency of investments** to strengthen country health information systems. Development partner investments in health information will be fully aligned with a single country platform for information and accountability and the country's own results framework. In doing so, development partners are committing to country's priorities and the capacity to plan, monitor, evaluate and communicate progress towards sustainable development.
- The Health Data Collaborative provides a vehicle for enhancing the efficiency** of current financing for health data (an estimated \$1.5-2.0 billion per year) and maximizing our technical know-how. It is a move away from disparate projects and disease programme demands for data which has contributed to the current inadequacy of data for reliable and timely decision making.
- Together, partners taking the HDC approach are investing in country capacity to generate, analyze and use health data.** This is being pursued through (1) support for the Health Data Collaborative approach at country level and (2) a network of multi-partner working groups developing harmonized global public goods.
- There has been progress in the first year.** There is a growing appetite for the HDC approach in countries. For example, in Kenya, partners are aligning their technical and financial support behind the national M&E plan. The recent progress in improving the completeness and timeliness of reporting in Kenya is providing further motivation for partners to use the national data system and statistics. The success is also down to partners, who are demonstrating their willingness to improve the efficient use of their resources and invest in national data systems.

In order to be able to respond to country and global needs in an iterative way, an operational workplan¹ was developed to form the basis for reviewed progress and performance. This report examines progress and lessons learned from the first year toward achieving the following objectives articulated in the operational workplan:

- Objective 1: Enhance country capacity to monitor and review progress toward the health and health related SDGs through better availability, analysis and use of data.
- Objective 2: Improve efficiency and alignment of investments in health data systems through collective action.
- Objective 3: Increase impact of global public goods on country health data systems through increased sharing, learning and country engagement

They key deliverables for 2016-2017 include country and global-level deliverables as summarized below:

Figure 1: Summary of deliverables at global and country levels



¹ HDC Operational Workplan 2016-2017 <https://www.healthdatacollaborative.org/resources/>

III. One year of collective action

1. Getting behind country priorities

At country level the Health Data Collaborative aims to enhance country capacity to monitor and review progress towards the health SDGs through better availability, analysis and use of data. A key strategic approach is to engage with at least five ‘pathfinder’ countries to support greater alignment of investment and support behind country M&E priorities. Key catalytic activities of the approach include the development, prioritization and costing of national M&E plans, a mapping of partner and domestic resources in measurement, and the development of a common investment framework. The Health Data Collaborative approach in countries has created an environment for aligning technical and financial investments of partners. The process is country initiated and country led with strong country stewardship and broad-based stakeholder participation. Country profiles and chronologies of activities are regularly updated and shared on the HDC website.²

Headlines of progress

- **Kenya and Malawi have formally launched national, country-led Health Data Collaboratives** with support from global partners, following strategic requests to strengthen their national data systems. Strong country leadership has resulted in increased alignment of investments behind the national M&E priorities, and enhanced technical support. Tanzania will soon implement a similar approach (July 2017).
- **There is growing demand for the HDC approach from countries.** Countries such as Sierra Leone and Nigeria have taken firm steps to align investments from partners with national priorities, and have demanded focused support from the Collaborative. Cameroon’s Ministry of Health launched the Cameroon HDC in December with support from GDC³ and other in-country partners. Myanmar, Indonesia, and Nepal are among other countries interested in leading their HDC approach.
- **Regional platforms are emerging as key actors** to provide technical support to countries, peer-to-peer learning, and monitoring of results. The Asia eHealth Information Network (AeHIN) and the civil society network Centre for Health Sciences Training, Research and Development (CHESTRAD) have been actively promoting the HDC approach in their regions (Asia-Pacific and Africa), although further definition of their roles is needed to ensure successful scale-up of best practices.

² Country profiles and chronologies: please refer to hand-out and <https://www.healthdatacollaborative.org/where-we-work/>

³ German Development Corporation; includes activities implemented by GIZ and KfW on behalf of BMZ (German Federal Ministry for Economic Cooperation and Development)

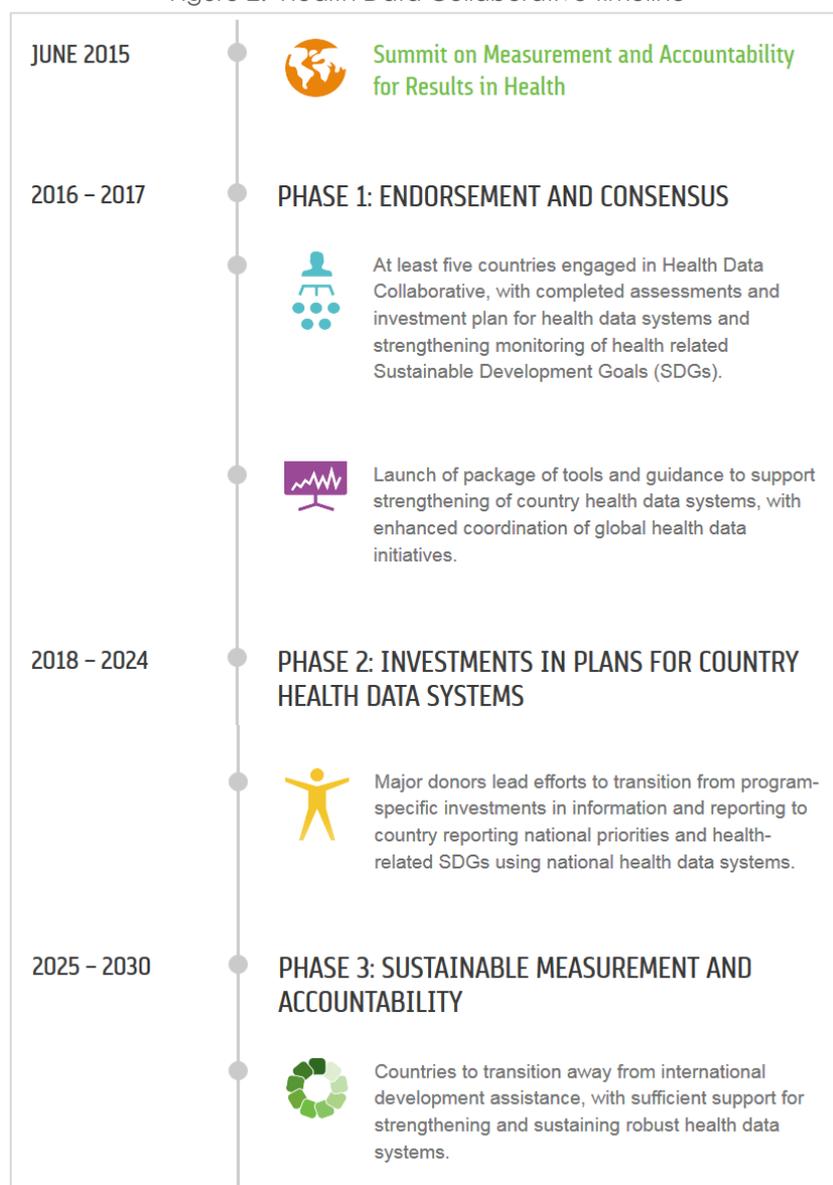
Common challenges/lessons Learned

The experience of implementing the HDC approach at country level has shown that both strong country leadership and stewardship is crucial and that strong country led costed M&E plans are a first necessary step in the alignment process. Building confidence in the data system is paramount. Although the processes to implement the approach at country level have been inclusive, additional efforts to ensure meaningful participation of disease-and programme-specific stakeholders, civil society, statistical commissions, public health institutions and academia should be encouraged.

Going Forward

There is a growing demand for the HDC approach, and a clear strategy will be required to guide how to respond and scale up in more countries, while avoiding the risk of spreading too thin. SOPs for country engagement will be useful. A joint learning agenda and effective monitoring of progress will also be needed as well as clarification of the role of regional platforms in supporting the HDC agenda.

Figure 2: Health Data Collaborative timeline





Kenya

Headlines of progress

- **Kenya HDC rallies all key stakeholders behind one monitoring & evaluation framework**

Kenya's Ministry of Health led the way with the launch of the Kenya Health Data Collaborative on May 18, 2016. Representatives from national and county governments, development partners, faith-based organizations, private sector and civil society signed a joint statement of commitments to support a unified "One M&E Framework". A detailed roadmap was developed by the MOH with a focus on 6 priority areas: building data analytics capacity including conducting a mid-term review of the Health Sector Strategic Plan, quality of care and performance improvement, operationalizing a new national health data observatory, improving CRVS, improving inter-operability of systems and assessing and reviewing the M&E plan.
- **Progress towards a common investment framework**

The Kenya MoH worked with partners to conduct a mapping of over 30 partners, including the government of Kenya, contributing to the country's health information systems. The results mapped more than \$40 million in HIS (fiscal year 2016/2017), with 50% of the budget supported by 5 partners. Preliminary analysis shows that half of the amount goes to targeted counties, a quarter going to the national level and the rest across all counties, leaving significant under investments in some counties, and overlapping funding in others. More work is required to complete the resource mapping and bring all partners to the table to rationalize investments through a common investment framework. USAID-funded ICF MEASURE Evaluation, UNICEF and WHO provided financial and technical support.
- **Monitoring progress towards the health SDGs: using the MTR to build data analysis capacities**

Since the launch, partners have worked alongside the MoH to support some of the key priorities, including analytical support to the mid-term review (MTR) of the Kenya Health Sector Strategic Plan. The process, which was country led and supported by WHO, CDC, GDC, TGF, MEASURE Evaluation, USAID, UNAIDS and UNICEF, was also used as an opportunity for capacity building of staff on data analytics, involving multiple counties. To complete and inform the analyses and policy dialogue process, TGF with technical support from WHO quickly aligned funding and support behind a service readiness survey, including client and employee satisfaction and data quality modules. **This demonstrates a clear efficiency gain from the HDC approach, where four surveys were conducted for the price of one.** Work is now underway to support the MoH in the development of a national health observatory that will disseminate key data findings from the MTR.
- **Understanding causes of death: building capacities at sub-national level**

The MoH identified CRVS as a key area to be strengthened, especially at county level. MoH mobilized partners to support an ambitious set of trainings in ICD10 (International Classification of Diseases), analysis of Cause of Death (ANACOD), Verbal Autopsies and performing checks on cause of death data (CoDEdit), which covered 15 counties with support from multiple partners (WHO, USAID's MEASURE PIMA, CDC). UNFPA and USAID-PIMA have also completed a compilation and analysis report of vital statistics (KVSr 2015), which will soon be published.

Challenges/lessons learned

- The Kenyan experience demonstrates that it is possible to bring partners together around national priorities, especially where there is strong national leadership. A well-structured and institutionalized forum for government and partners to review their work plans and commitments provides a valuable foundation for aligning investment. Similar fora are needed at county level.
- Key to alignment is the development of a robust national M&E plan /roadmap, with clear deliverables, costing and mapping of domestic and partner resources. The experience in Kenya demonstrates progress but also the challenge of tracking some of the partner commitments made at the Kenya HDC launch, making it difficult to hold partners accountable.

Priorities going forward

- Building on the M&E roadmap, key immediate priorities include establishing M&E working groups at county level, developing the common investment framework, establishing the Kenya Health Observatory, and an integrated Kenya health facility survey. Targeted investments are needed to create more robust county information systems.



Malawi

Headlines of progress

- **Strengthening country-led governance**

Immediately after the initial HDC mission in November 2015, the MoH Malawi, under the leadership of the Secretary for Health, commissioned the creation of an M&E taskforce under the auspices of the Central Monitoring and Evaluation Division (CMED) with the aim of aligning national and development partner investments in one country led M&E platform. Several partners have rallied support to the CMED, including GDC, which supports a senior HIS advisor dedicated to HDC work, and Bloomberg Philanthropies' Data for Health initiative, which has embedded a senior CRVS advisor in CMED.
- **Costed M&E priorities identified to guide partners and MoH investments**

MoH, jointly with partners, identified and costed a set of priority actions to strengthen country data systems around five main key areas: i) tracking progress and demonstrating results of the HSSP II; ii) strengthen institutional capacities and human resources; iii) alignment of data sources around a single country-led M&E platform; iv) expanding access to high- quality health data; and v) providing guidance to assess the health sector performance. Priorities have been used by partners such as the GDC, WBG, TGF and USAID to guide further investments in data in Malawi.
- **HIS/M&E Investments mapped as the basis of the common investment framework**

MoH has mapped current HIS/M&E investments in Malawi with the support of partners. The exercise captured over 45 million USD of investments from 17 organizations and agencies. The results showed that over 30% of the investments go to analysis and dissemination of data, but also flagged areas that are under-budgeted, such as CRVS and household surveys. These results will inform the common investment framework, designed to align technical and financial assistance with country-defined priorities.
- **Rationalizing reporting requirements: partners rally behind a reduced list of core health indicators**

Malawi's M&E Division of the MoH led the efforts to reduce the burden of reporting, with support from Bloomberg Philanthropies' Data for Health initiative, GDC -funded EPOS, BMGF, and WHO, among others. Partners and MoH agreed to decrease the number of core health indicators from 195 to 62 indicators, by gathering feedback from 40 representatives from across the health ministry and partners, and thus rationalizing the country reporting needs.
- **MoH mobilizes partners to reduce fragmentation of systems: reconfiguration of DHIS 2**

Reconfiguration of DHIS-2 was a key priority identified by the national HDC technical working group. MoH mobilized partners (GDC, WHO, UNICEF, CDC, USAID, BMGF and University of Oslo) to jointly provide technical support to ensure disease-specific programmes and indicators were integrated into DHIS-2. All reporting programmes of MoH are now integrated into DHIS-2.

Challenges/lessons learned

The MoH-led working group of the Malawi Health Data Collaborative has been leading the efforts to define the M&E agenda at country level. However, delays developing the new health sector strategic plan (HSSP II for the 2016-2022 period) have affected the implementation of key M&E priorities, such as the effective adoption of the national core indicators. Country planning processes, including M&E, should run in parallel to ensure effective implementation of the M&E developments. A multi-sectorial approach (i.e., addressing ICT needs) is paramount to ensure successful implementation.

Priorities going forward

The Malawi Health Data Collaborative working group aims to finalize and endorse the digital health investment framework in Q2 of 2017, in tandem with the finalization of the HSSP II, which will be launched in May 2017. The digital health investment framework will contribute to reducing fragmentation and aligning partners' investments with the key priorities identified, including tracking the health-related SDGs.

Other country and regional initiatives

Headlines of progress

- **From diagnosing the problem to identifying realistic solutions: HDC approach in Tanzania**

Recognizing the gaps in data and information to tracking progress of its investments in health, and the considerable scope to reduce fragmentation and duplication of data systems, the Ministry of Health (MOHCDGEC), under high level leadership of the Permanent Secretary has initiated preparations for the launch of the THDC. Based on Tanzania's new M&E strengthening plan that accompanies the 4th Health Sector Strategic Plan 2015-2010, key priorities and challenges have been identified to be included in the THDC roadmap. These include strengthening existing country led coordination mechanisms, bringing the multiple assessment exercises as basis for the roadmap, rationalization of indicators and implementation of a system of harmonized facility surveys, joint and aligned investments in DHIS-2, capacity for analysis and use, and improved dissemination of and access to data. The launch is expected to kick off mid-2017, and WHO, PATH and BMGF are supporting initial preparatory activities including mapping of partner investments and synthesis of HIS assessments.


 - **In Sierra Leone, MoHS leads efforts to end the proliferation of siloed digital health systems: "The Bintumani Declaration"**

In the recent Ebola outbreak in West Africa, numerous, disconnected health data systems posed a major challenge to containing the disease. In the aftermath of the outbreak, multiple assessments were conducted to assess the status of the Health Information System, showing a fragmented landscape and poor governance. In this context, partners and MoHS developed and endorsed "The Bintumani Declaration" in August 2016, which sets the official policy position by the MoHS for one central data architecture coordinated by the MoHS. Building on the Bintumani Declaration, the MoHS, with the support from partners such as CDC, WHO and eHealth Africa, has integrated IDSR (Integrated Disease and Surveillance Response) into DHIS-2. District-level facilities are now able to report on weekly basis aggregated information on over 20 communicable, epidemic-prone diseases.


 - **In Cameroon, Ministry of Health headed the launch of the national HDC**

In December 2016, the Ministry of Health (MINSANTE) convened partners to launch the Cameroon HDC, which aims to improve availability, promptness and quality of health data, harmonize tools, and reduce indicators. Key in-country partners and other actors joined the initiative.


 - **In Nigeria, the FMOH is taking firm steps to align partners' investments**

Within the context of the development of the new national health sector strategic plan, the FMOH of Nigeria convened partners in October 2016 to conduct a rapid analysis of the M&E status at country level, and identified the key priority actions to strengthen the health information systems. Partners such as the WBG, WHO, MEASURE Evaluation and others contributed to conduct the assessment and identify the priorities.


 - **The emerging role of regional platforms and civil society: sharing, learning, scaling-up the HDC approach**

In the Asia-Pacific region, AeHIN has led multi-country efforts to promote the digital health agenda. The Digital Health Conference in the Asia-Pacific convened in March 2017 more than 20 countries for peer learning and to discuss how to build national capacities in digital health. Countries shared their interoperability and data integration activities for joint learning, and the establishment of a regional interoperability laboratory was endorsed.


- In Africa, the civil society group Centre for Health Sciences Training, Research and Development (CHESTRAD) has been promoting the value and impact of the HDC approach and actively promoting and advocating for better use of health data for action. Through its BIG campaign ("Better use, Improved action, Good data"), CHESTRAD aims to establish data literacy centres to assist local policy makers, citizens and parliamentarians to access and use data for policy, planning and accountability.
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2. Greater alignment of partner investments



- **Development partners are progressively aligning their investments** and interventions with national strategies and priorities. However, there remains inadequate use of national results frameworks, indicators and country data sources. According to OECD, only 52% of the results indicators used by development partners are reliant on country data sources.
- According to an assessment made by developing country governments only **10 out of 24 national health strategy M&E frameworks were consistently used by development partners**. In four countries these frameworks were not used at all by development partners and in the remaining ten the practice of development partners was described as mixed. Use of the national monitoring and evaluation framework by development partners was more likely if they had been involved in the development.
- The HDC is a response to a call by global health leaders from developing and developed countries to address inefficient investments and to strengthen country health information systems. By investing in a single country information platform, partners can contribute to a more reliable system for information and avoid parallel and duplicative systems.

Headlines of progress

- **HDC partners have responded.** The results from the pre-meeting questionnaire demonstrate a 100% commitment by development partners to use the national M&E system as their preferred option for measuring health results and progress.
- **As a result of the HDC, partners are following through on commitments** to align support with country priorities and harmonize tools. Some concrete examples include:
 - Through the HDC platform in Malawi and Kenya, concerted efforts have been made to align both global and country level investments behind country-led M&E priorities.
 - **BMGF, WBG, TGF, USAID, GDC and GAVI** all joined forces to collectively invest in and support one data platform for routine health information systems reporting, based on DHIS.
 - **CDC, WHO and eHealth Africa** have supported the Ministry of Health in Sierra Leone to integrate IDSR (Integrated Disease and Surveillance Response) into DHIS-2.
 - **BMGF, PATH** and others have supported the Government of Tanzania to develop an e-health investment roadmap.
 - **TGF, WBG, DFID and GAVI** have aligned investments to support DRC in rolling out DHIS2.
 - **WHO, CDC, GDC, TGF, UNAIDS, WBG, USAID, ICF-Measure Evaluation and UNICEF** harmonized technical support for data analytics in Kenya.

- **WHO with financial support from Bloomberg and DFAT, and with inputs from HDC partners** have developed the health data technical package of key interventions and concrete actions that are highly effective in strengthening country data systems.
- **The Data 4 Health initiative funded by Bloomberg and DFAT** is bringing together partners including WHO, UNECA, UNECAP to help harmonize approaches for strengthening CRVS, data use for impact and NCD risk factor surveillance activities.
- **GAVI and TGF** are investing in broader HIS systems and supporting roll-out of global public goods including standardized facility surveys, data quality assessments and DHIS, with TGF promoting the standard tools and approaches in all of its high impact and core countries.

Common challenges/lessons Learned

The HDC approach at country level has demonstrated concrete examples of success, with development partners making collective investments in country data systems that are grounded in coherent national plans. Experience so far shows that high level leadership, strengthening of in-country coordination mechanisms and development of robust, costed M&E priority roadmaps are among the first key requirements for improved partner alignment. However, there is room for improved alignment as donor driven health data projects continue to exist. This is particularly pronounced in contexts where national data systems are not functional, such as in fragile states. Weak government stewardship, including poor unrealistic M&E plans are among the reasons cited by partners for not being able to do more in terms of alignment. Lack of agreement on indicators and issues concerning data quality are also among known barriers to harmonization.

Going forward

Continued outreach and mobilization by all partners are needed to ensure full and aligned support to Country Health Data Collaboratives and to reduce or eliminate duplicative efforts. Better communication to all stakeholders, including programme-specific stakeholders, clear outreach strategies, documentation and dissemination of best practices will be required. The role of regional networks and civil society groups should be further considered and leveraged to facilitate the scale-up of best practices and joint learning.

What HDC Success Looks Like in Countries

Better alignment of partners behind country priorities

- **Strong country leadership and coordination mechanism** with participation by all stakeholders (including civil society, programmes, academia, sub-national governments, health-related sectors, statistics community)
- **Country M&E priorities identified and costed**, based on a robust national M&E plan and strong national health sector strategy
- **Common investment framework** developed by ministry of health, validated and used by health partners
- **Existing data systems used and promoted**, instead of creating new ones
- **Coordinated technical assistance using harmonized global public goods**. This includes:
 - Harmonized health facility survey modules (to reduce duplication from multiple health surveys)
 - One single health data platform (e.g. DHIS2) integrating needs of all health programmes (instead of multiple disease-specific parallel data platforms)
- **Robust monitoring framework and accountability platform**, such as Joint Annual Reviews, to ensure improved analysis and use of data

3. Delivering on global public goods

The work on increasing the impact of global public goods is one of the key objectives of the Health Data Collaborative. The HDC provides a platform to address technical issues, harmonize tools and methods, and address specific technical issues and gaps. The HDC also promotes best practice and learning through country engagement.

Headlines of progress

- **Major progress on delivering a set of harmonized tools and standards and innovations:** The HDC network of technical working groups and existing collaborations are supporting partners to collectively agree on common standards and develop tools addressing many critical technical gaps. Table 1 highlights just some of the advances in delivering on global public goods.
- **Major advances on the development of a technical package for strengthening country data systems:** The technical package provides an overall framework for strengthening monitoring of the health-related SDGs, focusing on a selected number of key interventions and concrete actions that are proven to be highly effective in strengthening country data systems. The technical package comes complete with key recommended standards and tools developed jointly through the work of the HDC Technical Working Groups.
- **A global repository or one-stop shop of health information standards** is in development and will be launched later this year to consolidate key tools, standards, best practices, and innovations.
- **Global health observatory as the go-to place for health SDGs:** New portal pages and visualizations have been developed on WHO's global health observatory to disseminate the latest country and global statistics (preferably disaggregated) on the health-related SDGs, including UHC, among all other health priorities.

Challenges/lessons learned

The HDC provides a unique platform for diverse partners to come together through a wide network of technical working groups to work jointly on collective goods, standards and innovations. Despite significant progress, barriers remain to harmonization of key tools and processes and more needs to be done to increase awareness and to demonstrate efficiencies from the approach.

Common priorities going forward

Stronger advocacy to promote and implement standards and best practices, tools, and innovations will be required in order to improve awareness and to reduce duplicative efforts across the work of global partners including programme-specific stakeholders. A key consideration going forward will be how to support implementation and use of these standards at country level. There is a need for further strategic and technical coherence across the work of the different technical working groups, as well as clear guidance on operational and management issues such as country engagement and indicators to monitor progress.

Table 1: Delivering on global public goods: Highlights of progress

General

- **Common assessment, planning and costing tool for HIS/M&E.** Identifying national priorities, based on a robust HIS/M&E plan, is the first step towards strengthening country data systems and aligning technical and financial resources. This tool promotes a standard country-led, multi-stakeholder approach to (i) identify the weaknesses and strengths of the country M&E systems and to (ii) identify and cost priority actions. Results from the tool can be used to produce a common M&E investment framework for domestic and partner investments. *[HDC partners: WHO with inputs from GDC, USAID, Measure Evaluation, GFF]*
- **Core health indicators:** The Global Reference List of 100 Core Health Indicators is being updated to reflect monitoring requirements of health and related SDG reporting requirements. The process includes outreach with technical reference groups from different technical units, regional offices and partners. *[WHO with HDC partners: 19 global agencies]*

Well-functioning facility and community monitoring systems

- **New harmonized approach for data quality assessment and improvement.** Disease and donor-specific data quality tools have been harmonized into one standard toolkit for assessing data quality from routine health information systems (with common metrics, methodologies and tools). The methodology has also been integrated into the DHIS. This addresses the challenges posed by uncoordinated disease- and agency-specific data assessments, thereby reducing burden on health workers and improving efficiency of investments. *[HDC partners: WHO (with financial support from GAVI, The Global Fund, Norad, Bloomberg); MEASURE Evaluation (funded by USAID); University of Oslo]*
- **Package of data standards for improved real time reporting.** Parallel, disease-specific reporting systems are increasingly being integrated into a single platform at country level (e.g., DHIS 2). In order to promote best practice approaches to collecting, analysing and communicating facility data, a standard health app is being developed for DHIS 2. The health app includes global standards, including core recommended indicators; data quality metrics and methods; national, district and programme-specific analytical outputs; dashboards; and reports and data collection forms [e.g. for EPI, HTM, RMNCAH]. It also includes a mortality and cause-of-death module to simplify the recording of cause-of-death information using a list of most common causes and the International Certification of Diseases. *[WHO M&E TWG in collaboration with University of Oslo, with financial support from NORAD, Bloomberg, TGF, GAVI, CDC/PEPFAR]*
- **Routine Health Information Systems curriculum:** This curriculum meets the need to provide training in low- and middle-income countries to meet the challenge of strengthening their RHIS. Its purpose is to enhance participants' capacity to conceptualize, design, develop, govern, and manage an RHIS—and use the information the system generates to improve public health practice and service delivery. *[HDC partners: WHO, MEASURE Evaluation, USAID, University of Oslo; with other partners]*
- **Harmonized health facility survey modules, question bank and instruments:** In order to address the challenge of uncoordinated, overlapping facility surveys (with at least 8 different survey tools currently in use), work is well advanced on the development of a common set of standardized survey modules, indicators and tools to support countries in implementing a single, harmonized health facility survey. *[HDC partners: WHO, WBG, with technical inputs from USAID, UNFPA, UNICEF, PHCPI, and others (financial support from TGF, Bloomberg)]*
- **Community Health Information System (CHIS) Framework and toolkit:** To meet the needs for standards for community based information systems, a framework to detail CHIS components is well advanced. A data quality toolkit specific to mobile community based information system data has been developed. In parallel, DHIS-2 CHIS guidelines, DHIS 2 toolkit for CHIS, and a CHIS costing tool are soon to be completed *[HDC partners: MEASURE Evaluation, TGF, University of Oslo and Akros]*

Table 1: Delivering on global public goods: Highlights of progress

Standardized regular household surveys

- **Harmonized set of household survey modules:** Work is in progress on the development of a harmonized set of survey tools to improve coherence in data collection and to ensure countries can implement a comprehensive system of surveys covering all health priorities and risks required for tracking many health-related SDG targets. This will include standard modules, a question bank, and analysis plans. *[Inter-Secretariat Working Group on Household Surveys (ISWGHS) including HDC partners: UNICEF, USAID, WBG and WHO]*

Improved measurement and monitoring of quality of care

- **Strengthening measurement of quality of care** is being tackled through a domain inventory, indicator inventory and research to identify gaps. This working group is ensuring that appropriate measures of quality of care are included in facility surveys and other health data collection systems. For example, a core quality of care module has been jointly developed with the health facility surveys group. *[HDC partners: WHO, World Bank, BMGF, Ariadne Labs, CDC, GDC, Global Fund, HHS, OECD, PHCPI, USAID, and others]*

Progress towards strengthening CRVS

- **CRVS e-learning course:** WBG coordinated the efforts of several agencies and international experts to produce a 21st century state-of-the-art CRVS eLearning course with 13 technical modules, which will be launched May 22-23, 2017. *[Global CRVS Group including HDC partners: WBG, UNSD]*
- **Handbook on Legal Framework for CRVS and Handbook on Management of CRVS Systems:** UNSD is leading the revision of these handbooks, which are expected to be used by countries globally, thereby contributing to the harmonization of CRVS practices. *[Global CRVS Group including HDC partners: UNSD, WBG]*
- **Verbal autopsy tool, Start-up Mortality List (SMoL) module for DHIS 2:** Bloomberg Philanthropies, through its Data for Health initiative, has supported WHO's development and dissemination of these critical tools for strengthening CRVS. *[HDC partners: WHO, Bloomberg Philanthropies]*

Unified data architecture and greater interoperability

- **Digital health and interoperability:** USAID through the PATH digital health initiative leads this working group, which aims to reduce fragmentation of digital health systems. Key deliverables of the group include business case for investments in digital health architecture, digital health maturity matrix, digital health taxonomy, technology repository of country level digital tools and investments and fundraising for global public goods development (OpenLMIS, OpenMRS, iHRIS, Open HIE, DHIS2 +). *[HDC partners: USAID, WHO, OGAC, MEASURE Evaluation, and others]*

Health systems monitoring

- **National Health Workforce Accounts (NHWA):** The NHWA contain a set of 90 core indicators, divided over ten modules that aim to provide concise information on country health workforce situation and trends. The NHWA handbook has been drafted and will be published in May. WHO and USAID co-sponsored a regional consultation on NHWAs in Mozambique in October with participation of nine countries to prepare for implementation in the African region. *[HDC partners: WHO, OECD, Eurostat, USAID]*

Other

- Working groups for Logistics Management Information Systems (LMIS), Data analytics and use, Health accounts, and Disease surveillance have established/are drafting workplans.

IV. Governance and management

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

Headlines of progress

- **HDC launched and communications package developed:** The Health Data Collaborative was launched in March 2016 at the UN Statistical Commission, with 32 partner commitments, following the Five Point Call to Action that resulted from the June 2015 Summit on Measurement and Accountability for Health. Since then, new partners, including OECD, PMNCH and PHCPI, have joined the effort. The launch was accompanied by a communications package that includes a brochure and website that is updated regularly to feature news items on activities in countries, interviews with key stakeholders and updates from advocacy events.
- **Multi-agency core team ensures communication and coordination:** The core team of focal points from 12 key partner institutions and agencies convene virtually bi-weekly to coordinate activities, identify opportunities for collaborative action, and share information on their agencies' work in countries. The aim of the core team is to ensure strong communications and links with their respective agencies in order to promote harmonized approaches, and to provide updates on country level activities, progress, interest, and challenges.
- **Improving how we work with countries:** To establish a common understanding of how HDC partners should engage with countries, a set of recommended steps and protocols have been developed by the core team⁴. The experience from the first wave of countries will provide a foundation for scaling up of the approach in more countries over subsequent years.
- **Nine technical working groups operational:** With over 350 technical experts participating, concrete Terms of Reference and work plans have been developed for most of the groups tasked with delivering harmonized global public goods. A new disease surveillance working group is currently being established to strengthen national health information systems in support of early warning and response systems and health emergencies. In several technical areas, existing collaborative networks or groups interface with the HDC. These include the Global CRVS Group, the Global Health Workforce Network, Interagency Supply Chain Group, Primary Health Care Performance Initiative, and Inter-Secretariat Working Group on Household Surveys (ISWGHS).

⁴ Health Data Collaborative Country Engagement approach: https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/HDC_country_engagement_FOR_WEB_29aug2016.pdf

- **Engagement with civil society established to promote data use:** CHESTRAD has engaged 85 civil society organizations in Africa to identify linkages between HDC working groups and key regional and country institutions to promote data use and to hold both governments and partners accountable to commitments made. The “BIG” (Better use, Improved action, Good data) campaign is in development to implement these objectives. A strategic approach to engaging with civil society will be further developed to maximize their contribution at country and global level.
- **Strengthening governance and management:** Following the Third Steering Group meeting in Washington, D.C., in September 2016, it was agreed that the existing Governance structure, which was created to launch the HDC, needed to be updated to respond to a maturing Collaborative. The SG formed a time-limited governance workgroup, which drafted a revised HDC Governance structure⁵ that aims to address challenges and make the governance and management structure fit for purpose. The proposed new governance structure aims to re-establish the principles and clarify respective roles and decision making processes. Further alignment and strategic coordination with overarching governance structures such as UHC2030 should be further explored (e.g. through shared committees and reporting channels, communication and advocacy).

Challenges/lessons learned

While there has been much progress on key deliverables, there is a recognition that improvements can be made to tackle some critical challenges and barriers to achieving the ambitious agenda. There is a further need to clarify roles and responsibilities on the management of the HDC work plan and agenda and to rationalize working groups to maximize their efficiency. The work of coordinating the different groups (steering group, core team, technical working groups) has also been affected by the lack of a fully resourced secretariat as the project manager position has been vacant for the last 6 months.

Leadership and financial resources are required to facilitate the collective work of the Collaborative but it has proven difficult to leverage clear commitments as most finance is tied to projects at country level. There is a need for an estimated \$5 million per year for a minimum of 3 years to cover costs for a small secretariat, support working groups to develop global public goods and provide catalytic support to countries.

⁵ HDC Governance draft discussion paper: please refer to hand-out

V. Looking ahead

Based on feedback and inputs from partners and countries, this report has highlighted the progress made in the first year since the launch of the Health Data Collaborative, including key lessons learned and challenges that need to be overcome. With growing interest in the HDC approach, careful consideration must be made as to how successes can be scaled up to support a broader range of countries seeking to strengthen scaled, credible and sustainable national health information systems. As we look ahead, there will be a need to continue to promote and support innovations in health information systems, leveraging the digital and data revolution, including areas such as CRVS, GIS and data analytics. Effective monitoring of progress as well as continuous improvements to how we collectively approach the work will be needed to ensure full and aligned support to country Health Data Collaboratives.

Going forward: Key strategic/technical and operational considerations

Country engagement
<ul style="list-style-type: none"> ■ How do we improve the way we work with countries? ■ How do we address the growing demand for the HDC approach? How to scale up best practices without spreading too thin? ■ How do we ensure meaningful participation of civil society? ■ How do we better leverage/engage regional platforms, statistical constituencies, private sector and academia? ■ How do we ensure /strengthen linkages with disease- programme specific stakeholders at country level – (e.g. EPI programme managers, HTM, RMNCAH, etc.)
Greater alignment of partner investments
<ul style="list-style-type: none"> ■ What incentives do partners need to invest more in national M&E systems and reduce parallel systems of reporting? What are the barriers? ■ In countries with weak government stewardship, how can partners secure timely, reliable data and contribute to strengthening (and not undermining) national data systems? ■ How do we ensure alignment of current HDC funding mechanisms as well as that of new ones (e.g. GFF) with the HDC agenda?
Global public goods
<ul style="list-style-type: none"> ■ How do we improve overall strategic and technical coherence? ■ How do we better support promotion and uptake by countries? ■ How do we support implementation and use of standards at country level and take them to scale? ■ What can be done to identify and overcome the remaining barriers to harmonization of tools, surveys, processes? ■ What areas of innovation do we need to consider as priorities?
Governance, management
<ul style="list-style-type: none"> ■ What is the best governance/management model that maximizes our respective and collective roles and minimizes transaction costs? ■ How should the technical working groups be rationalized to maximize their efficiency? ■ How do we improve advocacy and awareness of the HDC approach and sharing of best practices? ■ How do we assure predictable funding/support for workplan priorities? ■ What are the main strategic areas of focus for 2017-2018? ■ What are the best mechanisms for monitoring progress?



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