In June 2015, the leaders of global health agencies and participants in the Summit on Measurement and Accountability for Health endorsed the Health Measurement and Accountability Post 2015 Roadmap and Five Point Call to Action, identifying a set of priority actions and targets that aims at strengthening country data and accountability systems for the post-2015 sustainable development agenda.

Global stakeholders interested in collaborating on health data investments joined together to form the Health Data Collaborative (HDC). The main purpose is to enhance country health data capacity and stewardship and for partners to align their technical and financial commitments around strong nationally owned health information systems and common monitoring and evaluation (M&E) plan.

As part of the commitment to this global call, The Kenya Health Data Collaborative was organized by the Government of Kenya, Ministry of Health in collaboration with Health Sector Stakeholders and Global Partners in Nairobi from 16th to 19th May 2016. The overall objectives of the conference were:

- To rally all stakeholders in Kenya’s health sector towards one M&E framework that enjoys full support and implementation by all actors in health; and secondly,
- To develop a Roadmap for the One M&E Framework that is supported by all stakeholders for improving measurement and accountability in Kenya
The conference was attended by over 150 participants who included senior leadership and staff of the national Ministry of Health; County Health Executives, senior leadership and staff from the Counties; Health Sector Development and Implementing Partners; leaders and managers from the private sector; representatives of faith-based organizations, Civil Society Organizations in the health sector; health sector regulatory bodies; training institutions and professional bodies.

The Government’s leadership and strong commitment to HDC was demonstrated by the participation of the Principal Secretary in the Ministry of Health Dr. Nicholas Muraguri and various leaders from the Ministry of Health and county governments including the Council of Governors and County Chief Executives.

During the Conference, stakeholders underscored the need to re-dedicate their efforts and mobilize political will at all levels towards supporting the commitment to one M&E framework for the health sector for the realization of national health and development goals.

The conference further noted and recognized that the country had made progress and achievement in the following areas over the last few years;

- Strengthening the routine reporting system (DHIS2) to make it more responsive to the needs of the sector
- Development of various policy documents, guidelines and SOPs for use at the National and County levels
- Development of annual performance review reports as enshrined in the Kenya constitution to promote accountability.
- Implementation of periodic surveys such as Economic surveys, Household expenditure surveys and Demographic Health Surveys
- Civil registration and vital statistics
- Collection of health sector related data from other sectors such as agriculture, water and sanitation, education sectors just but to mention a few areas.

At the same time, the conference noted that despite progress, notable challenges continue to limit the ability of Kenya’s health information systems to provide the data and accurate statistics required for decision making. Some of these challenges include;

- Low investments in building sustainable and comprehensive data and information systems for informed policy making and planning,
- Low capacity in the production and use of quality health data and statistics for monitoring health interventions both at national and county government levels,
• Existence of numerous program/disease based M&E systems that sometimes operate in isolation, and
• Finally, the limited adherence by all stakeholders to the principles and code of conduct on reporting as per the Health Sector Strategic Plan.

After extensive and insightful deliberations, the health sector leaders, practitioners and stakeholders identified the following six (6) key priority areas to advance commitments to one M&E framework for the health sector in Kenya;

**On the adoption of a National Roadmap for the Kenya Health Data Collaborative:** stakeholders agreed to support the common M&E/HIS plan with a roadmap for implementation of priority actions over the immediate (short term), midterm, and long term with aligned support from partners as well as both National and County Governments.

**On data demand and use:** stakeholders committed to improve on data demand and use in the health sector through a shared platform for all the stakeholders (public, private and civil society).

**On M&E capacity and technical assistance:** establish the existing capacity at both National and County levels and further take measures to bridge any gaps.

**On developing a business case for M&E activities in the health sector:** stakeholders agreed to leverage on the existing resources and finalize the M&E business case for the health sector both at the National and County Government levels;

**On governance/leadership in M&E:** Stakeholders agreed to institutionalize the health sector partnership framework, and deliberation on the road map for strengthening leadership and governance in the health sector’s HIS&M&E.

**On civil registration and vital statistics:** to improve availability, quality and use of vital statistics on births and deaths disaggregated by age, sex, cause of death and by geographical and administrative levels.

From the foregoing, the health sector leaders, practitioners and stakeholders undertook to implement a wide range of commitments to address critical imperatives to improve health services. These undertakings and commitments include the following;
1. National Government commitments;
   • Provide leadership and coordination of the One M&E framework in Kenya including through the ministry and the intergovernmental forum.
   • Mobilize resources to invest in strengthening data sources and capacities aimed at strengthening national information governance, eHealth architecture and data standards.
   • Provide an enabling environment for HDC through the development, adoption and enforcement of relevant policies, legal frameworks;
   • Ensure accountability through monitoring and reporting of results on the implementation of the HDC commitments
   • Increase allocation of adequate resources to M&E for institutionalization and sustainability
   • Strengthen national health information and accountability platforms in line with international standards and assessments.
   • Develop of annual health sector performance review reports as enshrined in the Kenya constitution to promote accountability.

2. County government commitments;
   • Work towards a common Health Sector M&E framework in Kenya
   • Dedicate the necessary infrastructure, human and financial resources, leadership and governance structures to implement commitments towards the common Health Sector M&E Framework
   • Apply and use the national standardized tools for monitoring and evaluation in the health sector
   • Regularly capture data on determinants of health as part of the country’s health information system.
   • Regularly use data throughout all levels of decision making to improve policy, systems and service delivery
   • Regularly capture data on determinants of health as part of the country’s health information system.
   • Take responsibility to develop their own data tools where there is need to add other data based on the devolution articles in the constitution
   • Invest in county health facility and community health information systems
   • Mobilize political support and goodwill across the county leadership to increase resources and institutionalize health sector M&E framework
3. Development Partner commitments;
   • Align development assistance and partnerships for HIS investments to country health systems development including M&E systems
   • Support the participation of government in global communities of practices and technical working groups, building on existing SDG monitoring mechanisms.
   • Respond more effectively to demands from both county and national government and CSO’s capacity strengthening needs on M&E.
   • Take steps to transition from project-specific investments in M&E and reporting to country systems using the One M&E Framework and reporting as the basis for partnership and support.

4. FBOs commitments;
   • Commit to a common Health Sector M&E framework
   • Continuously promote demand for data use through social accountability mechanisms at all levels;
   • Participate in all TWG meetings and dedicate resources to the implementation of the common M&E Framework
   • As health service providers, provide data according to national and county requirements and standards;
   • Provide data and information to the country M&E framework and information systems

5. Private health sector commitments;
   • Commit to a common Health Sector M&E framework
   • Work closely with national and county governments to support innovations to improve the availability, quality, and use of data for decision making in health.
   • As health service providers, provide data according to national and county requirements and standards;
   • Foster PPPs to provide expertise in interoperability, data architecture, system administration, data visualization, web technologies under the One M&E framework.

6. CSOs commitments;
   • Commit to a common Health Sector M&E framework
   • Continuously promote demand for data use through social accountability mechanisms at all levels;
   • Participate in all TWG meetings and dedicate resources to the implementation of the common M&E Framework
   • As health service providers, provide data according to national and
• Provide Technical Assistance to the Ministry and County Governments for HIS and M&E on priority areas
• Provide data and information to the county and National M&E framework and information systems

Further to the decisions above, the conference adopted a unanimous resolution to support the implementation of the Country roadmap and review progress regularly with the first such review opportunity being the Annual Health Congress due in November 2016.

The conference specifically applauded all development partners especially Government of Kenya and county governments; Bilateral Partners including The United States Agency for International Development (USAID), The UK Department for International Development (DFID) and UK Aid; The Canadian Department of Foreign Affairs, Trade and Development Danish International Development Agency (DANIDA); German Agency International Cooperation (GIZ) and Japan International Cooperation Agency (JICA); Federal Ministry for Economic Cooperation and Development (BMZ); Center for Disease Control and Prevention (CDC); The African Infrastructure Development Partnership (AFIDEP); Norwegian Agency for Development Cooperation (NORAD); International Health Partnerships (IHP); U.S. President's Emergency Plan for AIDS Relief (PEPFAR); The Primary Health Care Performance Initiative (PHCPI); Rockefeller Foundation; Bloomberg Philanthropies and City University of New York; The Centre for Health Sciences Training, Research and Development (CHESTRAD);

Multilateral agencies including The European Union (EU); World Bank Group; United Nations bodies including United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations Program on HIV/AIDS (UNAIDS) and World Health Organization (WHO); Global Alliance for Vaccines and Immunizations (GAVI) and The Global Fund (GF); Non Governmental Organizations (NGOs) and Private Sector for their generous support and partnership.

Agreed and signed on the 18th Day of May 2016, in Nairobi as follows;
For Ministry of Health
Dr. Peter Kimuu

For Council of Governors
Billow Bashir

Development Partners in Health Kenya
Ms Sandra Erickson

Health Data Collaborative Mission
Dr Kathryn O'Neill

Faith Based Organizations

Private Health Sector
Dr Amit Thakker

Health NGOs Network for CSOs
Mr Mike Mutungi