

MEASUREMENT AND ACCOUNTABILITY FOR RESULTS IN HEALTH SUMMIT

JUNE 9-11, 2015

World Bank Headquarters, Washington DC

Summary report: July 23, 2015

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INTRODUCTION

The goal of the summit was to construct a common agenda to improve and sustain country measurement and accountability systems for health results in the post-2015 era. This was the first step in developing a collaborative partnership between members of the global health community to articulate a shared purpose and responsibility. The Summit, convened by the United States Agency for International Development (USAID), the World Bank Group (WBG) and the World Health Organization (WHO), brought together decision makers and thought leaders representing governments, multilateral agencies and civil society to endorse '[The Roadmap for Health Measurement and Accountability](#)' and the '[5-Point Call to Action](#)' as a platform for discussions of a shared strategic approach.

In the opening session, the Summit co-convening organizations and co-sponsoring countries (WHO, WBG, USAID, South Africa, and Bangladesh) considered the link between national priorities and the health-related sustainable development goals. Having data means having power. It is critical that decision-making is evidence-based. The increasing use of ICT platforms brings opportunities for increased transparency and accountability. Accountability means counting because what gets measured, gets done. However, in many areas sufficient data does not exist and countries are still 'working in the dark'. The *Roadmap* outlines smart investments that can be adopted at the country level to strengthen basic measurement systems and align partners and donors around common priorities. For example, all must work to ensure health workers must become practitioners in statistics to remove the 'double tragedy' of the death itself, and the lack of knowledge of why that death occurred.

The *Roadmap* has been developed after considering the lessons from the MDG era. These lessons include responding to the needs of country health information systems, the need to revise investment frameworks, and ensuring all partners have a voice. The Summit builds on past commitments such as the principles of the IHP+; data driven approaches to strengthening services and programs, as in PEPFARs 3.0; increased use of online, transparent systems of accountability; the work by global health leaders on rationalizing indicators; the global CRVS investment plan launched in 2014; and on-going country efforts to strengthen their health information systems.

The importance of the MA4Health Summit agenda was reflected in the G7 communiqué. It highlights the Global Financing Facility (GFF) for women's and child health, the support to preparing for future pandemics and the strengthening of the response to disease outbreaks. The GFF will be launched at the Financing for Development meeting in July 2015. The Sustainable Development Goals (SDGs) that will be adopted at the September 2015 UNGA bring global commitments with a number of targets and indicators; delivering on this requires partners working together to reduce fragmentation and support more integrated approaches. These events provide a huge opportunity for taking forward the consensus that is being developed around the *Roadmap* and *5-point call to action*.

There has been considerable progress in many countries in acknowledging that health is a fundamental right. Measurement and accountability in health must recognize the importance of Primary Health Care and moving to Universal Health Coverage. Challenges remain however, particularly with growing inequities, the burden of non-communicable diseases and building the resilience of health systems. Therefore, the response will not use a one-size-fits-all approach, as countries will need to map out their own needs and way forward. The global agenda will be further developed through building high-level political support, starting in the World Health Assembly and in Regional forums.

DEVTALKS

A series of talks by leaders in their fields throughout the Summit highlighted the importance of data and its importance in improving health and strengthening accountability:

- a. **Better data means local data:** Hans Rosling used an online global data tool (<http://www.gapminder.org/>) to show how data needs to change our often inaccurate and outdated perceptions of countries. Disaggregation of data, including by sub-national boundaries, is essential for country action. Given the high, and often growing levels of inequality in many countries, we should no longer categorize countries as being “developed or developing”.
- b. **Why, what and how – jobs for a successful SDG experience:** Pali Lehohla presented the perspective of a statistician from Africa, reflecting on how the world might respond to perpetual poverty. He concluded that the world needs a radical agenda for implementing the SDGs, backed up by ownership and use of data, as reflected in the *Roadmap* and *5 point call for action*.
- c. **Empowering local decisions with timely valid measurement:** Chris Murray from IHME highlighted the need for timely, locally appropriate, valid and comparable data. He showed how use of an online interactive tool (<http://www.healthdata.org/gbd>) has allowed Global Burden of Disease data to be explored in a more comprehensive manner. He emphasized that all data are estimates and their biases and confidence intervals need to be understood.
- d. **Ground to cloud: near real-time malaria risk mapping to improve decision-making:** Alison Lieber and Hugh Sturrock showed how Google has made its geo-spatial platform available, and how this can be used to respond to global health challenges. This included an example of Malaria, where Google technology has been used to highlight risk maps to facilitate early intervention and prevention of outbreaks.
- e. **Measurement for better decision-making and delivery:** David Wilson summarized the latest work in the World Bank to improve use of data and evidence on the six I’s - interventions, investment, implementation, impact, institutionalization and intelligence. He presented case studies on how this was done to achieve results over time in India and Bangladesh.
- f. **Equity health systems: from rhetoric to reality:** Mickey Chopra showed how UNICEF has used data from DRC in the interactive ‘EQUIS’ tool to take national stakeholders through data on coverage of interventions, their impact, the number of lives saved, and the costs.
- g. **Creating a culture of data and information use:** Sylvester Kimaiyo from AMPATH showed how data on the lower prevalence of HIV positivity among women in antenatal clinics, compared to those who did not use clinics, led to new community approaches to care. This led to a step-wise expansion of programs, funding, and research for the global use of AMPATH for a system of integrated medical records management (OpenMRS).

BEST INVESTMENTS FOR BUILDING COUNTRY INSTITUTIONAL CAPACITY

The increasing focus on strengthening ‘systems for health’ includes a major shift to community systems, basic quality health care, and community based health information solutions. This requires simplified, integrated data collection and greater efforts to strengthen data skills in the community. However, the generation of data through expanding service delivery should always be the first step.

Data can be used to build trust between governments, citizens and the non-government sector. This is particularly important where trust has broken down, as in the recent Ebola outbreak, where accurate and regular reporting on local situations by Ministries of Health was key to building trust and controlling the outbreak. Data matters, as has

been well shown in the MDG era, where data has helped drive the unprecedented rise in development assistance for health. Given that poor data has been used to drive dialogue, there needs to be accountability for real-time, accurate data informing decision-making.

Many countries have benefited from the collaborations around sector wide approaches, which have built a culture of nationally led monitoring and evaluation efforts, and collective analysis of data to allocate resources. This helps overcome the use of multiple, non-aligned approaches used by development partners. Common platforms with inter-operability of systems help overcome the problems of poor quality information, inadequate coordination, and weaknesses in governance of health information systems. Data analysis now needs to be applied at another level, focusing on ways to bring efficiencies into the health system and on reducing the multiple databases and the overlapping approaches to data generation and collection.

Lessons can be learned from the many failures that have occurred. One key lesson is that problems arise from the use of stand-alone information systems that are set up in response to short-term agendas and needs. Another lesson is that data can be powerful but does not always speak for itself; it must be accompanied by the political process of using data for agenda setting.

A major challenge is the lack of a sufficiently skilled workforce that can analyze and use data. The impact is particularly important in the public sector. It is often made worse when those that have developed the right skills are hired by donor funded non-government agencies. These difficulties are amplified in many countries with the move to decentralization, which requires more local use of data by empowered managers, clinicians and community health workers. Many development partners are now responding to long-standing country demands for stronger, more integrated approaches to Universal Health Coverage (UHC) and Primary Health Care (PHC).

CREATING COUNTRY AND GLOBAL DEMAND FOR HEALTH DATA

Thought leaders from academia, governments, donors and foundations discussed perspectives of the demand and use of timely data. Japan hopes to utilize its upcoming presidency of the G7 to further global opportunities for advancing the use of data and innovative technologies. The movement toward CRVS systems has a huge potential in many countries, linked to improved, transparent access to statistics.

Data gaps can be filled through simple checklist approaches, linked to innovations to improve quality and access to data. Data driven solutions can be applied to a wide range of problems from disease outbreaks to routine personal care and population health programs. Examples include the Gates Foundation supported 'Better Births' initiative and the support to measuring PHC performance.

Many communities are not yet able to take up the opportunities from Information Communication Technology (ICT) as the basic elements are not in place, such as a regular supply of electricity and connection to the Internet. Local innovations require financial support and currently most decisions on resource allocation are made by donors. For demand to improve, data has to be both relevant and linked to the investments and values of the communities using that data. Information and communications technologies can provide solutions, including an educational role for those using a service and a feedback role for users to inform funders and providers on what they want or expect.

More effective, inclusive governance models for country health information are required. For example, academic communities have much to contribute, but need to be better engaged in the SDG era so that they can work with governments and donors to frame the discussions around access to and use of data. Improved governance will also build trust between diverse stakeholders, and should also help ensure that the demand for and use of quality data is linked to those who are in a position to bring about change at all levels of the system.

DATA REVOLUTION AND POST-2015 HEALTH RESULTS

Discussions focused on how the *Roadmap* and *5-point call to action* could maximize the effective use of the data revolution, based on open standards. A starting set of principles include serving the needs defined in countries, and the objectives and aspirations of the 'one' national plan for health. Benefiting from the data revolution will require engagement with other sectors, and also with the private sector to bring in the global experience of "21st century" health data systems. The SDGs bring huge opportunities, as does the updated strategy for Every Woman and Every Child.

The task is not to make the perfect country health information system, but to make one that is flexible and can grow with innovation. Data needs to be told as part of a story that excites the mind and moves the heart, but for this all to happen, independent institutions will need to govern data, just as central banks govern money. Agencies such as UNICEF are focusing on using data through an equity lens, and improving coverage of services for those that hard to reach. Initiatives such as the 'U-Report' equips mobile phone users with the tools to establish and enforce new standards of transparency and accountability in development programming and services.

Data is political and not just about technical solutions and capacity to analyze; it has to be about decision making. Responding to the many opportunities requires coordination of many areas. This should enhance, not prevent, capturing more granular and diverse data. There will be many, variable country responses to the data revolution, and to the decentralization underway in many health systems. The implementation of the *Roadmap* should be flexible enough to allow for this.

ADVANCING THE SCIENCE OF PERFORMANCE AND ACCOUNTABILITY

The importance of country and global accountability was discussed, including the need for accelerated learning in information system development. The *Roadmap* implementation will require use of the best science, with a better balance between long-term, well designed studies and short term and ad hoc' approaches that are currently the norm. New approaches will be required such as happening in USAID with the move to a new 'data hub' to help align its efforts on monitoring and evaluation. Lessons can also be drawn from the growing experience of results-based funding, the use of financial and non-financial incentives, better use of routine health information, and verification of data that includes local communities and users of services.

Major data gaps continue with limitations in institutional capacities and limited resources to overcome this. Most low and middle income countries spend less than 3% of the health budget on monitoring and evaluation. There is about US\$ 1.5 billion in development assistance investments, but most of this is through disease specific programs. The SDGs provide some opportunities, but the high number of goals and indicators also bring risks. Going forward, more efficient investments that link to local data solutions and use more collaborative approaches will be required.

Improved accountability requires meaningful engagement of civil society at all levels. Civil society has been closely involved in the development of the *Roadmap* and this should continue, with closer attention to the political-economy of global actions required for country action. Resources will be required for civil society to be able to play its 'watchdog' role to ensure that data are available and can be trusted. A civil society statement that includes an emphasis on the IHP+ core principles has been issued in support of the *Roadmap* and *5-Point Call to Action*, see Annex.

Improving our understanding of performance and accountability requires clarity on communication. Communities of practice are needed for local providers and users, decision-makers and information practitioners to develop common language and standards and to share methods and measures. Improved capacities will require financial

investment in skills building of individuals, in institutions, and in ICT infrastructure. The aim is not to develop a perfect information system, but to focus on improved performance, and targets for achieving this.

MOVING FROM THE MDGS TO SDGS

A panel discussion examined the lessons from the MDG era and their relevance to countries' efforts to measure and achieve the SDGs. The 'Countdown to 2015' initiative was set up in response to inadequate progress in MDG 4 and 5 on child and maternal mortality. Its success is due to its partnership model, its focus on technical excellence and its use of data 'to do the talking'. It evolved to develop country specific countdown studies and is now focusing on garnering consensus on core indicators. A similar mechanism should now be considered for the health-related MDGs.

There is a growing 'thirst' for accountability in many countries and the digital revolution is widely seen as the mechanism for responding to this. There is an opportunity for providing real-time data for all managers and decision-makers. This should not, however, divert attention from the need for structural changes, building on political-economic analyses of deep rooted problems around lack of transparency and insufficient civil society engagement. Key lessons from the MDG era include the need for explicit focus on: human rights, adolescents, non-health sector data, removing 'tacit' censorship of sexual and reproductive health, and better donor accountability.

During the MDG era countries moved away from just monitoring progress, to more decentralized health information and local reviews of progress against objectives. This move to better local use of data is often constrained by a mushrooming of donor specific systems, and fragmented, poor quality data. There is still much to learn about how donor support in countries can be informed by past mistakes and successes, and can build sustainable country capacities.

The Roadmap is at the start of its technical and political journey. Data in the SDG era will be required to give voice to under-served populations and to empower more focused responses to health issues. The appropriate application of disaggregated data will require increased civil society engagement, and changes in the way donors behave.

PROGRAM SPECIFIC DATA NEEDS AND MOVING TOWARDS ONE COUNTRY PLATFORM

A panel discussed progress in aligning program-specific needs and investments in support of a single country health information platform. Previous analyses have shown that there has been some successes in improving interactions between program specific and core health information systems, such as with disease surveillance and innovations in service delivery and quality of care. However, far too many problem areas remain, including the lack of linkages to national statistics and overlaps among 'stand-alone' information systems.

For **HIV** there remains a 'balkanization' of health data, with little progress in integrating surveillance systems and program monitoring. For **nutrition**, stunting is the key indicator of progress that should be routinely monitored, but very little data is available in country health information systems. In the area of **reproductive health**, problems of definitions need to be overcome, although there is now a common vision of an integrated package of services that should be routinely monitored; the key gaps are related to equitable distribution, quality of services, and measuring services for adolescents. Integration of monitoring continues, such as with fistula detection and treatment using DHIS2. Monitoring of **non-communicable diseases** is not yet integrated into routine disease surveillance, and health facility information systems do not allow for monitoring pre-symptomatic and community-wide behavioral interventions. There has been progress however in gaining agreement on the monitoring of risk factors and use of rapid diagnostic tests. There has been considerable success in **malaria**. Core indicators have now been agreed internationally, with a move from facility to community based information systems, such as rapid diagnostic tests

and community-based follow-up of treatment. Monitoring has also been integrated into DHIS2 and into antenatal monitoring of malaria services in pregnancy.

Countries such as Bangladesh show how simple, low-cost innovative solutions can lead to integrated monitoring of programs at all levels. The country has benefitted from the long history of sector wide approaches and coordinated support to sector plans, including the monitoring and evaluation aspects. Pilot projects are generally avoided and the focus instead is on developing innovative approaches with ICT that can be scaled up nationally, as has happened with SMS/mobile support for maternal care. Other countries have responded to the problem of parallel systems by aligning strong and functional approaches – there is no appetite to align weak, ineffective health information systems. Many countries continue to face problems on how to incentivize the private sector to share its information within a national health information system. The pace of innovation and change is providing major opportunities, and countries need international assistance in learning from each other – in particular, it is imperative that multilaterals facilitate this growing need for collaboration.

CONCURRENT PANELS

1. **Civil registration and Vital Statistics Systems:** Effective CRVS systems are essential for health policy and priority setting, planning, monitoring, and evaluation, and accurate and timely vital statistics are key to monitoring progress in national and global health goals. This session highlighted how countries have successfully improved CRVS discuss global and regional initiatives underway. However, moving forward there is a need for sustainable funding, more integrative partnerships, regional support for country planning, and local capacity development on quality assessment, analysis, and data use.
2. **Equity, gender, and health measurement: debates, dilemmas and solutions:** Generating data can be used to respond to health inequities, including gender-related measurement issues. The session covered measurement of gains in health equity, based on indicators and targets that take into account context, relevance and varying levels of information availability. In summary, measurement is key to addressing health inequalities, equity analyses help improve programs and services, and integration of equity in vital statistics is essential.
3. **Primary health care performance initiative: from measurement to improvement:** This session focused on the Primary Health Care Performance Initiative (PHCPI), which acts as a catalyst to mobilize low and middle income countries and the community of donors and international organizations. PHCPI aims to focus their health system strengthening efforts on delivering measurable progress in primary health care systems. The development of **Vital Signs Indicators** includes 25 indicators that give a diagnostic of performance of PHC systems, including some new indicators such as diagnostic accuracy and government PHC expenditure as a percentage of total health expenditure. The **on-line platform, called PHC Vital Signs**, will be unveiled in September.
4. **Resource tracking: where are we, and where are we headed?** This session summarized the progress, challenges and innovations in resource tracking. It outlined progress made with respect to National Health Accounts (NHA) methodology, including new developments with production software, use of disease accounts, and linkages with household survey data to assess out-of-pocket financing, domestic resource mobilization, and development assistance for health. Also discussed was the need for regular timely production of standardized, comprehensive (Pvt/Public) health accounts through a single platform using data revolution & IT; communication of tailored, easy-to-understand NHA results for decision-makers and lay audiences, including civil society to hold governments accountable; and sophistication to use expenditure data in concert with burden of disease, household income, cost and geographic distribution.
5. **Making public data accessible and meaningful for improving health:** The session used the expertise in the Summit to explore how data can be made more accessible in countries, and be used by different stakeholders

to advocate for, and monitor improvements in health and health equity. The visualization of local data often provides the most valuable, specific data for making programmatic decisions, but comes with ethical considerations. Ex. Mapping local data can make it personally identifiable.

6. **Improving health facility and community health information systems:** This session focused on the real-time reporting and quality assurance mechanisms used by facilities and communities to assess service coverage, commodity logistics, and health sector planning and system performance. Strong governance and leadership is needed to create an environment where HIS can be linked through standard operating procedures, definitions and infrastructure. Furthermore, to have confidence in and usability of the data, HMIS needs built-in, simple, routine data quality checks at all levels of the system.
7. **Improving disease and risk surveillance systems:** This panel examined how the data revolution can promote detecting, reporting and responding to notable conditions and disease outbreaks at national, subnational and facility levels. Surveillance systems need integrated reinforcing systems that work together: indicator-based and evidence-based; human and animal; social media and social mobilization.
8. **National health workforce accounts: the knowledge-base for HRH development towards UHC:** This session discussed the National Health Workforce Account (NHWA) as a harmonized, integrated approach for annual and timely collection of health workforce information. The purpose of NHWA is to standardize the health workforce information architecture and interoperability as well as tracking HRH policy performance toward universal health. While HRIS are strengthening, there is a need to maximize other sources of data including surveys, and utilize powerful country examples of how even basic data and presentation of results can inform HR planning, decision making and policy.
9. **International household surveys – their relevance in the post-2015 era:** This session reviewed the evolution and achievements of four major international household survey programs and discussed their relevance in the SDG era. It also discussed the issue of capacity building and sustainability as well as new technologies that may change the way we implement household surveys in the future. Moving forward, better coordination and collaboration between countries and partners can lead to improved data availability, quality, and use. One example is a new collaboration between UNICEF, DHS and LHMS.
10. **The transformative potential of measuring rights and empowerment:** This session explored recent advances in the field of rights-based programming and measurement to generate strategic information for inclusive health. Panelists shared experiences on improving indicators to assess stigma and discrimination in the general population and in healthcare facilities, measuring quality of care and women’s empowerment, and supporting community-led data and advocacy initiatives. New work in this area (frame-works, metrics) demonstrate outcomes that can be measured and counted, including of quality of care, and individual and societal risks associated with PLW HIV/AIDS experiencing stigma.

Common themes: The discussions showed some common tensions, such as between the increasing demand for quality data, greater disaggregation and increased collection frequency on one hand, and the increasing call for measuring less but measuring better, on the other. This means prioritizing efforts and alternative, integrated approaches that can cover the continuum of care. There are also tensions regarding scale and the need to scale-up many interventions across the different health information system components. Some are more nascent than others and need to be seen to be part of a bigger plan so that progress can be tracked across many dimensions. Scale-up will have considerable research needs, with more use of benchmarking across districts and countries. Another common theme was the importance of governance and leadership, with clearer responsibilities required for coordination, planning and brokering solutions. To take this agenda forward, the vision of the *Roadmap* will need to

be translated into operational plans in countries that allow for adaption to change, as prompted by technology advances and new innovations.

The discussions also showed the need for a strong, diverse set of partnerships to take this agenda forward. There are now new ways of approaching old challenges, but countries must take the lead, with civil society engaged in a meaningful way at all levels. In a pre-summit meeting, civil society representatives finalized a statement and series of action points, see Annex. This statement emphasized that measurement may be a technical process, but accountability is political. Civil society sees the unrecorded loss of life as a lost opportunity. Of particular importance is the need for partners to change their behaviors. The IHP+ principles are as relevant now as they ever have been.

THE WAY FORWARD

WHAT NEEDS TO BE DONE IN THE COMING FIVE YEARS TO IMPLEMENT THE ROADMAP AND 5-POINT CALL TO ACTION?

Abul Azad, Bangladesh: This is a critical point in time, and there needs to be a country-level orientation with all stakeholders on the *Roadmap* and *5-point Call to Action*. This will provide much needed advocacy on why the country health information system should be strengthened, focusing on a core set of indicators as proposed by the WHO and health leaders in the '100 health indicators'.

Oscar Primadi, Indonesia: The country is large, with many fragmented systems, included those developed by donors. The priorities will be on health facility and community information, overcoming technological and cultural problems with data, revitalizing the CRVS strategic plan, tackling the problems of monitoring drugs and medical supplies, and looking for more integrated approaches and inter-operable systems.

Rhino Mchenga, Malawi: There is an urgent need to take forward the *Roadmap* and *5-Point Call to Action* in the country, focus on more integrated approaches to health information, and move development partners to adopt the use of the country's own systems.

Celia Goncalves, Mozambique: There have been some success stories recently, but many challenges remain. The priorities going forward will be to develop a costed health sector plan that includes the investments required for monitoring and evaluation. Particular attention is required to strengthen M&E capacity at district level, and to bring the development partners around an aligned plan that includes, for example, the DHS.

Ngozi Azodah, Nigeria: There needs to be a credible in-country process that follows on from the Summit, with a similar national level consultation that brings accountability of all Summit partners. New commitments must take advantage of the available technology, building on the momentum that started with the response to the Ebola outbreak and the development of a national disease control center. Intermediate benchmarks would be useful, building on what has already been developed with IHP+.

Hung Dang, Vietnam: The country is seeing a growing coverage of the Internet, but there is far too much fragmentation, too many health indicators, no clear policy on health information and poor use of ICT. A master-plan on health information extending up to 2030 is required.

Founkham Rattavong, Laos: The country must move to one country system for monitoring and evaluation. A priority will be to move from the current paper-based systems to the wide use of DHIS2. Another priority will be to link with academic centers to set a research agenda around the development of the more challenging components, such as CRVS and the roll-out of ICD-10. It would be useful to know the mistakes that have happened in other

countries, to have a set of guidelines on the SDG indicators and to follow the Summit with regional or national workshops to plan support to country health information systems.

Claud Kumalija, Tanzania: The country has seen considerable success in rolling out the DHIS2, in developing a national survey plan, the introduction of ICD-10, and improved birth registration. This has come from harmonizing development partner approaches around one national health sector plan. Future priorities include data quality assessments, eHealth solutions for clinics and medical records, and building analytical skills. The government has signed the Open Government Partnership, but needs to improve its sharing of data.

Development partners were asked during the discussions to recognize that this agenda is for both global and country level. Development partners need to agree on procedures and processes to follow that are linked to national plans and benchmarking of progress. There is a concern about the continued use of pilots of new monitoring and health information innovations, and there needs to be an open national process for approval. There also needs to be more cross-country sharing of experiences and solutions to common problems such as integration of community based information and involving the private sector. This will take time and hard work.

NEXT STEPS

The co-conveners of the Summit summarized what comes next. The Summit has shown how a stronger country health information systems, in-country analysis and reviews can be used to report on progress with national and development partner priorities and on the health-related SDGs. The *Roadmap* and *5-Point Call to Action* will be further developed to track progress. Upcoming milestones include the Financing for Development meeting in Addis in July, when the Global Financing Facility for Women and Children's Health will be launched, and the UNGA meeting in September where the SDGs will be finalized. These events will provide opportunities to get a wider number of partners to endorse the *Roadmap* and the 15 year timetable for its implementation. The Summit marks the start of implementing the *Roadmap* and establishing a global 'data collaborative' that will be available to help countries, regions and development partners take the agenda forward and link to regional forums and institutions. This is a transformative agenda and a 21st century collaboration that requires open minds, a search for synergies and a strong scientific basis.

COUNTRY AND REGIONAL FORUMS

In the afternoon after the formal Summit, a number of regional and country forums met to start planning for the way forward of the *Roadmap* and *5-Point Call to Action*.

Annexes

- **Civil Society Statement**
- **Summit program**
- **Key points from concurrent sessions**

Civil Society Statement on Measurement and Accountability for Health

Full Statement

As the global development community approaches the roll out of the Sustainable Development Goals (SDGs), *The Roadmap for Health Measurement and Accountability*¹ presents an opportunity to strengthen measurement and accountability platforms for health. We join the leadership of the World Bank, WHO, USAID and other partners to welcome the *Roadmap*, and support its introduction and implementation. The *Roadmap* provides an important framework for collecting and analyzing the health data necessary to measure progress; improve data availability and quality; align investments in health information systems; and to hold development partners, national governments and non-state actors accountable to their commitments. However, while the *Roadmap* notes the importance of non-state actors, and specifically civil society, in this process, the principles for stakeholder engagement in its investment framework and implementation plans at the global and country levels must be better developed and articulated.

As civil society actors² who have accompanied the Roadmap development process thus far, we call on the World Bank, USAID, WHO and other partners to work proactively with civil society to better define the mechanisms and platforms for data utilization and accountability at the global and country levels. In this effort, we request all stakeholders to clarify, institutionalize, and resource the participation of civil society to ensure that it is meaningful and having impact.

Specifically, we call for the Roadmap and its operationalization process to:

Deepen applied thinking and action to define and operationalize **improved accountability mechanisms** at the global, country and local levels.

- In-country accountability processes and platforms should be country-led to foster country ownership and ensure sustainability. These platforms should acknowledge and include a wide range of stakeholders and should adopt democratic and transparent selection processes to ensure the participation of civil society.
- National measurement and accountability platforms should facilitate synergy and coordination with the repertoire of global initiatives and programs being implemented at the country level.

Provide principles and mechanisms to enable the **alignment of stakeholders around measurement and accountability standards and platforms**, building on the work of the IHP+ to clearly set out partner behavior expectations.

- Alignment and improved coordination should be at the center of measurement processes and accountability platforms/mechanisms at global and country levels. This should build on the work of the IHP+ at country and global levels to improve partner behavior and contribute to measurement, accountability and health development at global and country levels.
- Global standards and mechanisms should be established to ensure transparent reporting and measurement. Stakeholders should be equally engaged and mutually accountable for the resources and/or services they commit to provide, the process through which they provide resources and/or services, and the results stemming from those resources or services.

¹ Hereafter referred to as the Roadmap.

² This statement was prepared by a group of Northern and Southern civil society organizations working from input on civil society engagement gathered through e-consultations, stakeholder interviews, face-to-face meetings, webinars, round table meetings and a workshop at 68th World Health Assembly. While we recognize that the civil society consultation has not been as exhaustive as we might have hoped, we commit to continuing to raise our voices for the engagement of civil society throughout the implementation of the Roadmap at the global, country and local levels.

- The capacity of policy and decision makers to collect and analyze health metrics for decision making with regards to health service delivery should be strengthened to render their actions more effective and having more impact.

Enable the **active engagement of non-state actors, including civil society and the private sector**, in all phases of *Roadmap* development, including in its oversight structures and operational process.

- Entry points, guiding principles and roles for the engagement of non-state actors, including marginalized populations, should be urgently clarified at global and country levels to ensure better coordination and collaboration.
- Productive partnerships between civil society; government, including parliamentarians; development partners; and the media should be fostered to monitor and demand accountability on commitments.
- Capacity strengthening and participation-enabling support should be established to encourage active civil society participation in accountability processes.
- Civil society should not be sanctioned for holding governments or development partners accountable.
- Financial and technical assistance should be made available at global, country and local levels to allow for country-wide participation in all health sector measurement and accountability processes.

Mandate and facilitate **accessibility to and transparency and use of health and health-related metrics** for advocacy, planning, programming and accountability.

- All stakeholders – national governments, development partners and non-state actors, including civil society and the private sector – should collect and make available data for use in reporting on key indicators. Mechanisms and dedicated staff should be put in place to facilitate and ensure quality data collection, triangulation and reporting.
- Data should be available to use as evidence for accountability and transparent partner behavior; to engage governments (including parliamentarians), development partners and media on policy dialogue and advocacy; and to demand accountability at various levels.
- Better data sharing and closer collaboration on data analysis within and between different departments at the Ministerial-level should be encouraged to operationalize the holistic application of data.
- Data should be transparent and accessible to enable advocacy, facilitate evidence-based decision making and strengthen accountability. Stakeholders should be encouraged to share information and collaborate across sectors to strengthen success in the health sector.

Promote the **analysis of equity and sustainability** through the use of data, measurement and accountability mechanisms and approaches.

- Specific care should be taken to ensure that data and measurement mechanisms include marginalized and other hard-to-reach populations.
- Equity measures should be included and routinely applied to report on, and ensure accountability around, distribution of coverage and impact.

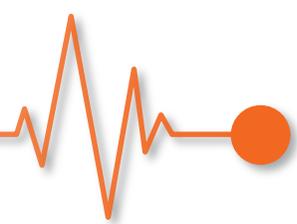
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Measurement and Accountability for Results in Health Summit

June 9–11, 2015, World Bank Headquarters,
Preston Auditorium, Main Complex
1818 H Street, N.W, Washington, D.C. 20433

PROGRAM

JUNE 8, 2015 – Registration and Pre-Summit Meeting

3:00–5:00pm	United Nations Foundation (1750 Pennsylvania Ave NW Washington, DC) Pre-summit Briefing for Civil Society and Other Non-state Actors, co-hosted by CHESTRAD, Global Health Council, United Nations Foundation
4:00–7:00pm	MC Front Lobby Registration

JUNE 9, 2015 – DAY 1

7:30–9:00am	MC Front Lobby Registration and breakfast
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The global health community will endorse *The Roadmap for Health Measurement and Accountability* and the 5-Point Call to Action. Priorities, recommendations and the way forward for the post-2015 measurement agenda will be examined through a series of panel discussions and devtalking. Speakers represent a broad array of high-level global health leaders, country representatives and development partners.

The sessions in Day 1 are structured around the 5-Point Call to Action

9:00–10:00am	Preston Auditorium Welcome & Introduction: Measurement and Accountability for Results in Health in the post-2015 SDG agenda
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In this opening session, the Summit conveners link national health priorities and health-related sustainable development goals (SDGs) to the Summit's purpose of endorsing a common agenda to improve and sustain country measurement and accountability systems for health results through 2030.

Panelists:

- Kaushik Basu, Senior Vice President (Development Economics) and Chief Economist, World Bank Group (WBG)
- Heather Higenbottom, Deputy Secretary of Management and Resources, U.S. Department of State (video)
- Ariel Pablos-Mendez, Assistant Administrator for Global Health, US Agency for International Development (USAID)
- Margaret Chan, Director-General, World Health Organization (WHO)
- Honorable Syed Monjurul Islam, Secretary of Health, Bangladesh

10:00–10:15am **Preston Auditorium**
DevTalk—Better Data Means Local Data!

- Hans Rosling, Karolinska Institute and Chair, Gapminder Foundation

10:15–10:45am **MC Front Lobby and Lounge**
Break

10:45–11:00am **Preston Auditorium**
DevTalk—Why, What and How: Jobs for a successful SDG experience

- Pali Lehohla, Statistician General, Republic of South Africa

11:00am–12:20pm **Preston Auditorium**
Global Health Leaders Panel

Global Health Leaders discuss *The Roadmap* and the 5-Point Call to Action, particularly focusing on the best investments for building country institutional capacity to collect, analyze, disseminate and use data.

Moderator:

- Margaret Chan, Director-General, World Health Organization

Panelists:

- Mark Dybul, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria (video)
- Ambassador Jimmy Kolker, Assistant Secretary for Global Health, U.S. Department of Health and Human Services
- Chris Elias, President, Global Development Program, Bill and Melinda Gates Foundation
- Honorable Syed Monjurul Islam, Secretary of Health, Bangladesh
- Honorable Ousmane Doumbia, Secretary General, Ministry of Health, Mali
- Honorable Ihor Perehinets, Deputy Minister of Health, Ukraine

12:20–1:30pm **MC Front Lobby and Lounge**
Lunch

1:30–1:45pm **Preston Auditorium**
DevTalk—Empowering Local Decisions with Timely and Valid Measurement

- Chris Murray, Director, Institute for Health Metrics and Evaluation (IHME)

JUNE 9, 2015 – DAY 1

1:45–2:45pm

Preston Auditorium

Creating Country and Global Demand for Health Data

Thought leaders present country and global perspectives on the demand for and use of timely and accurate health data. Discussion centers on the major data gaps and what can be done differently to meet country and global demands, thereby increasing effectiveness and efficiency in line with international standards.

Moderator:

- Atul Gawande, Executive Director, Ariadne Labs: a joint center for health system innovation at Brigham and Women's Hospital and the Harvard Chan School of Public Health

Panelists:

- Hoda Rashad, American University of Cairo
- Kiyoshi Kodera, Vice-President, JICA
- Michael Myers, Managing Director, Rockefeller Foundation

2:45–2:50pm

Preston Auditorium

Video—The Importance of Measurement in Global Health

Video produced by CDC discusses outbreak scenarios, such as the West Africa Ebola crisis, and underscores the importance of robust data and reliable information systems that can respond effectively during health emergencies while maintaining quality core surveillance of disease.

2:50–3:05pm

Preston Auditorium

DevTalk—Ground to Cloud: Near real-time malaria risk mapping to improve decision making

- Allison Lieber, Program Manager, Google Earth Engine, Google
- Hugh Sturrock, Professor of Epidemiology and Biostatistics, University of California, San Francisco

3:05–4:05pm

Preston Auditorium

Data Revolution and Post-2015 Health Results

Thought leaders discuss how *The Roadmap* and the 5-Point Call to Action maximize the effective use of the data revolution, based on open standards, to improve health facility and community information systems.

Moderator:

- Amanda Glassman, Director Global Health Policy & Senior Fellow, Center for Global Development

Panelists:

- Nana Kuo, Senior Manager, Every Woman Every Child, Executive Office of the UN Secretary-General
- Luiz Loures, Deputy Executive Director, UNAIDS
- Michael Anderson, CEO, Children's Investment Fund Foundation
- Shaida Badiie, Managing Director and Co-Founder, Open Data Watch
- Nina Schwalbe, Principal Advisor for Health, UNICEF

4:05–4:30pm **MC Front Lobby and Lounge**
Break

4:30–5:40pm **Preston Auditorium**
Advancing the Science of Performance and Accountability

The Roadmap and 5-Point Call to Action highlight the importance of country and global accountability and the need for accelerated learning to inform information systems development. Global health leaders review progress and discuss critical actions needed to implement *The Roadmap* and the 5-Point Call to Action.

Moderator:

- Sandy Thurman, Office of the Global AIDS Coordinator

Panelists:

- Honorable Syed Monjurul Islam, Secretary of Health, Bangladesh
- Tim Evans, Senior Director, Health, Nutrition & Population Global Practice, WBG
- Ariel Pablos-Mendez, Assistant Administrator for Global Health, USAID
- Ties Boerma, Director of Health Statistics & Information Systems, WHO
- Tore Godal, Office of the Prime Minister, Norway
- Lola Dare, President, CHESTRAD International

5:40–5:45pm **Preston Auditorium**
Close of Day/Invitation to Reception

- Ambassador Alfonso Lenhardt, Acting Administrator, USAID
- Tim Evans, Senior Director, Health, Nutrition & Population Global Practice, WBG
- Ties Boerma, Director of Health Statistics & Information Systems, WHO

5:45–7:30pm **MC Atrium**
Evening Reception

JUNE 10, 2015 – DAY 2

7:30–9:00am MC Front Lobby and Lounge Registration and Breakfast

Day 2 features a mix of DevTalks, plenary and concurrent panels that highlight the priorities of 5-Point Call to Action and the technical aspects of *The Roadmap for Health Measurement and Accountability*.

9:00–9:15am Preston Auditorium DevTalk – Measurement for Better Decisions and Delivery

- David Wilson, Global AIDS Program Director, WBG

9:15–10:30am Preston Auditorium Moving from the MDGs to the SDGs

This panel examines the key lessons learned in the MDG era and their relevance to countries' efforts to measure and achieve their SDGs.

Moderator:

- Cesar Victora, International Center for Equity in Health, Federal University of Pelotas, Brazil

Panelists:

- Mickey Chopra, Chief of Health, UNICEF
- Rhino Mchenga, Head of Central Monitoring & Evaluation Division, Malawi Ministry of Health
- Carmen Barroso, Regional Director, IPPF/WHO
- Tony Pipa, Special Coordinator for the Post-2015 Development Agenda, Deputy Assistant Administrator, USAID

10:30–11:00am MC Front Lobby and Lounge Break

11:00am–12:15pm Preston Auditorium Program-specific Data Needs and Moving towards One Country Platform

This panel will focus on what the specific global and country data needs are, what will be done to meet them, and what can be done to better align program-specific needs and investments in support of a single country platform.

Moderator:

- Tim Evans, Senior Director, Health, Nutrition & Population Global Practice, WBG

Panelists:

- Leanne Riley, Team Leader for Surveillance, WHO
- Laura Laski Chief, Sexual and Reproductive Branch, UNFPA
- Abul Azad, Director, Management Information System, Additional Director General of Planning and Development, Director General of Health Services, Ministry of Health and Welfare: Country Perspective
- Jim Sherry, Chief Science Officer, Global AIDS Coordinator and Health Diplomacy, US Department of State
- Bernard Nahlen, Deputy Coordinator, President's Malaria Initiative

12:15–12:30pm**Preston Auditorium****DevTalk— Equity and Health Systems: From rhetoric to reality**

- Mickey Chopra, Chief of Health, UNICEF

12:30–2:00pm**MC Front Lobby and Lounge****Lunch****2:00–3:30pm****Concurrent Panels 1–5****1. Civil Registration and Vital Statistics Systems (MC 2-800)**

Effective CRVS systems are essential for health policy and priority setting, planning, monitoring, and evaluation, and accurate and timely vital statistics are key to monitoring progress in national and global health goals. This session will highlight an African country that has successfully improved CRVS and discuss global and regional initiatives underway to strengthen CRVS systems in low and middle income countries.

Moderator:

- Pali Lehohla, Statistician-General, Statistics South Africa

Panelists:

- Rikke Hansen, Chief, Economic and Environment Statistics Section, United Nations ESCAP, Regional action framework for CRVS in Asia and the Pacific Ministerial Declaration
- Raj Mitra, Chief, Demographic & Social Statistics Section, UNECA, Africa Programme on Accelerated Improvement (APAI) of CRVS
- Neo Lelang, Director, Department of Civil & Registrar of Births & Death, Births & Deaths Registry, Botswana, Botswana onsite digital birth registration success story
- Samuel Mills, Senior Health Specialist, Health, Nutrition & Population Global Practice, World Bank Group, Financing and improving CRVS in low and middle income countries
- Gloria Wiseman, Director, Department of Foreign Affairs, Trade and Development (DFATD), Canada, Centre of Excellence for Strengthening CRVS
- Alan D Lopez, Director, Bloomberg Philanthropies Initiative for Civil Registration and Vital Statistics, University of Melbourne Laureate Professor

JUNE 10, 2015 – DAY 2

2. **Equity, Gender, and Health Measurement: Debates, Dilemmas, and Solutions (MC 9-100)**

This panel focuses on generating data that can be used to respond to health inequities, including gender-related measurement issues. The panel will address measurement of gains in health equity, based on indicators and targets that are relevant to the contexts in which they are placed, and take into account varying levels of information availability in different countries and regions. In addition, the panel will also address efforts to improve data collection in areas where it is lacking, to better enable measurement.

Moderator:

- Dave Gwatkin, Senior Fellow, R4D

Panelists:

- Cesar Victora, International Center for Equity in Health, Federal University of Pelotas, Brazil: Overall Framework of Equity and Gender
- Derek Kunaka, Country Director, South Africa, MEASURE Evaluation: Collection and Analysis of Disaggregated Data
- Daniela Ligiero, Vice President of Girls and Women Strategy, UN Foundation: Equity and Measurement Issues for SRH
- Alessandra Guedes, Regional Advisor on Family Violence, PAHO: Measurement of Violence Against Women

3. **Primary Health Care Performance Initiative: From Measurement to Improvement (Preston Auditorium)**

This panel will focus on the Primary Health Care Performance Initiative (PHCPI), which proposes to act as a catalyst to mobilize low and middle income countries as well as the community of donors and international organizations to focus their health system strengthening efforts on delivering measurable progress in primary health care systems. It aims to explain the gap between aspiration and performance in PHC systems across the world. Then it can identify the causes of that gap and a menu of possible solutions to address these gaps.

Moderators:

- Dana Hovig, Director of Integrated Delivery, Bill and Melinda Gates Foundation,
- Tim Evans, Senior Director, Health, Nutrition & Population Global Practice, WBG

Panelists:

- Jeremy Veillard, Strategic Policy Advisor, HNP, WBG
- Dan Kress, Deputy Director, Integrated Delivery, Bill and Melinda Gates Foundation
- Ms. Gina Lagomarsino, Chief Operating Officer and Managing Director, R4D

Discussants:

- Ed Kelley, Coordinator for Patient Safety Programme, WHO
- Michael Kidd, President, WONCA

Country Representatives:

- Anthony Ofosu, Head of Information and Monitoring, Ghana Ministry of Health
- Ngozi Azodoh, Director health planning and research, Federal Ministry of Health

4. Resource tracking: Where are we, and where are we headed? (MC C2-137)

This session summarizes the progress, challenges and innovations in resource tracking. Specifically, the session outlines progress made with respect to National Health Accounts (NHA) methodology, including new developments with production software, use of disease accounts, and linkages with household survey data to assess out-of-pocket financing, domestic resource mobilization, and development assistance for health.

Moderator:

- Ajay Tandon, Senior Economist, WBG

Panelists:

- Tessa Tan-Torres Edejer, Department of Health Systems Governance and Financing, WHO
- Susna De, Senior Policy and Health Systems Strengthening Advisor, USAID-Tanzania
- Prastuti Soewondo, Faculty of Public Health University of Indonesia

5. Making Data Accessible and Meaningful for Improving Health (Preston Lounge)

Moderator:

- Hans Rosling, Karolinska Institute and Chair, Gapminder Foundation

Panelists:

- John Flanigan, Senior Advisor for Non Communicable Diseases, Center for Global Health, National Cancer Institute, NIH: Why big data matters in development
- Thulani Masilela, Department of Planning, Monitoring & Evaluation, South Africa: Data use for government accountability
- Jon Schwabish, Senior Economist, The Urban Institute and PolicyViz.com: Open data and data visualization to influence policy
- Allisyn Moran, Senior Maternal Health Advisor, USAID: GIS mapping for decision-making at the policy level
- Marc Cunningham, GIS Advisor, MEASURE Evaluation: GIS mapping for decision-making at the district and facility levels

3:30–4:00pm

MC Front Lobby and Lounge

Break

4:00–5:30pm

Concurrent Panels 6–10

JUNE 10, 2015 – DAY 2

6. Improving Health Facility and Community Information Systems (Preston Auditorium)

This panel focuses on the real-time reporting and quality assurance mechanisms used by facilities and communities to assess service coverage, commodity logistics, and health sector planning and system performance.

Moderator:

- Theo Lippeveld, Vice President, International Division, JSI

Panelists:

- Anthony Ofori, Head of Information and Monitoring, Ghana Ministry of Health, Ghana: Innovations in web based systems and dashboards for real time decision making:
- Richard Gakuba, Managing Director, Health Systems Innovations, Rwanda: Standards framework for interoperable health systems
- Lo Veasnakiry, Director of Planning, Cambodia Ministry of Health: Institutionalizing regular data quality assurance
- Tariq Azim, Senior Technical Advisor, JSI: HIMS in Ethiopia
- Michael Johnson, Global Fund, Head of Technical Advice and Partnerships

7. Improving Disease and Risk Surveillance Systems (MC 2-800)

This panel examines how the data revolution can promote detecting, reporting and responding to notifiable conditions and disease outbreaks at national, subnational and facility levels.

Moderator:

- Tom Kenyon, Director, Center for Global Health, CDC
- Patricio Marquez, Lead Health Specialist, WBG

Panelists:

- Cuauhtemoc Ruiz Matus, Unit Chief, Comprehensive Family Immunization, PAHO: Rubella in the Americas
- Abdulsalami Y Nasidi, Director, Nigeria Centre for Disease Control: Ebola
- Qi Xiaopeng, Branch Chief, China CDC: Avian Influenza
- Steve Wassilak, Team Lead, Science, Innovation and Research for the Polio Response, Emergency Operations Center, CDC: Global Polio

8. National Health Workforce Accounts: the knowledge-base for HRH development towards UHC (MC C2-137)

This session will present and discuss the National Health Workforce Account (NHWA) as a harmonized, integrated approach for annual and timely collection of health workforce information. Built on contemporary evidence for a 21st century health workforce agenda, the purpose of NHWA is to standardize the health workforce information architecture and interoperability as well as tracking HRH policy performance toward universal health.

Moderator:

- Jim Campbell, Director, Health Workforce, WHO

Panelists:

- Alexandra Zuber, CDC
- Gaetan Lafortune, Senior Economist, OECD
- Edson Araujo, Senior Economist, WBG
- Vashti Z.M. Said, Head, Health Systems Support, Department of Health Planning, Research and Statistics, Nigeria Federal Ministry of Health

9. International Household Surveys: Their relevance in the post-2015 era (Preston Lounge)

This session will review the evolution and achievements of four major international household survey programs and discuss their relevance in the SDG era. It will also discuss the issue of capacity building and sustainability as well as new technologies that may change the way we implement household surveys in the future.

Moderator:

- Jacob Adetunji, Senior Technical Officer, USAID

Panelists:

- Sunita Kishor, Project Director, The Demographic and Health Surveys (DHS) Program, ICF International
- Scott Radloff, PMA2020 Director, Johns Hopkins University, Gates Institute
- Attila Hancioglu, Global Coordinator, Multiple Indicator Cluster Surveys, UNICEF
- Gero Carletto, Manager, Living Standards and Measurement Survey, WBG

10. The Transformative Potential of Measuring Rights and Empowerment (MC 9-100)

This session will explore recent advances in the field of rights-based programming and measurement to generate strategic information for inclusive health. Panelists will share their experiences improving indicators to assess stigma and discrimination in the general population and in healthcare facilities, measuring quality of care and women's empowerment, and supporting community-led data and advocacy initiatives.

Moderators:

- Luiz Loures, Deputy Executive Director, UNAIDS
- Ellen Starbird, Director, Office of Population and Reproductive Health, USAID

Panelists:

- Kim Ocheltree, International Advocacy Associate, PAI: Overview of the rights, principles and potential for health systems
- Anrudh Jain, Distinguished Scholar, Population Council: Measuring quality of care
- Sneha Barot, Senior Public Policy Associate, Guttmacher Institute: Potential for global indicators to measure rights in health systems
- Laurel Sprague, GNP+NA, Research Coordinator and NGO Delegate to the UNAIDS Programme Coordinating Board
- Shauna Stahlman, Postdoctoral Fellow, Johns Hopkins University

JUNE 11, 2015 – DAY 3

7:30–9:00am **MC Front Lobby and Lounge**
Registration and breakfast

Day 3 offers an opportunity to participate in more hands-on sessions and specialized meetings. In addition, existing groups—such as the Summit’s Steering Committee—may hold meetings. Day 3 may feature a series of concurrent panels, depending on interest and availability of space.

9:00–9:15am **Preston Auditorium**
DevTalk—Creating a Culture of Data and Information Use

- Sylvester Kimaiyo, Chief of Party, AMPATH

9:15–10:30am **Preston Auditorium**
The way forward: what needs to be done in the coming five years to implement the Call to Action and Roadmap? What role can development partners play to support this process?

This panel of country representatives explores what needs to be done in the coming five years to implement the 5-Point Call to Action and *The Roadmap*.

Moderators:

- Jennifer Adams, Deputy Assistant Administrator for Global Health, USAID
- Austen Davis, Senior Advisor, Department for Global Health, Education and Research, NORAD

Country Representatives:

- Abul Azad, Director, Management Information System, Additional Director General of Planning and Development, Director General of Health Services, Bangladesh Ministry of Health and Welfare
- Oscar Primadi, Director of Data and Information, Secretariat General, Ministry of Health Indonesia
- Rhino Mchenga, Head of Central Monitoring & Evaluation Division, Malawi Ministry of Health
- Celia Gonçalves, National Director of Planning and Cooperation, Mozambique
- Ngozi Azodoh, Director health planning and research, Nigeria Federal Ministry of Health
- Hung Dang, Deputy Director General, Department of Planning and Finance, Viet Nam Ministry of Health
- Founkham Rattanavong, Deputy DG, Department of Planning and International Cooperation, Head of Planning Division, Laos Ministry of Health
- Claud Kumalija, Acting Asst. Director for Monitoring and Evaluation, Tanzania Ministry of Health and Social Welfare

10:30–11:00am **MC Front Lobby and Lounge**
Break

11:00am–12:00pm **Preston Auditorium**
Priority Actions

This session will discuss three priority actions that emerged from the parallel sessions and how they link to *The Roadmap*.

- Sian Curtis, Associate Professor, MEASURE Evaluation Project, UNC-Chapel Hill, Carolina Population Center

12:00–12:30pm **Preston Auditorium**
Closing Session

- Ariel Pablos-Mendez, Assistant Administrator for Global Health, USAID
- Tim Evans, Senior Director, Health, Nutrition & Population Global Practice, WBG
- Ties Boerma, Director of Health Statistics & Information Systems, WHO

12:30–1:15pm **MC Front Lobby and Lounge**
Lunch

Public Post-Summit Side Sessions

- 1:00–5:30 pm** Common issues in health development and data: Immunization, HIV, TB, Malaria and more (Preston Auditorium)
- 2:00–5:00 pm** UNICEF: Measurement and Accountability for Results in Maternal, Newborn, and Child Health (MC C1 200)
- 2:00–3:30 pm** SRH & HIV: Measuring hard to measure Concepts (MC C2 125)
- 2:30–5:30 pm** Data Visualization: Design Best Practices (MC 7 100)
- 3:30–5:30 pm** Civil Society Follow Up (MC C2 137)

Civil Registration and Vital Statistics Systems

- CRVS is important to human rights and operationally foundational to establishing legal identity.
- A **multi-sectoral approach is necessary**: not just health but also justice, planning, M&E, etc.
- Poor data quality **undercuts use** of civil registration to produce vital statistics.

There is a need for:

- Rational, sustainable **funding** that is optimized from a variety of sources.
- **Coordination**, integration, holistic approach, partnerships
- **Regional support** for national implementation/country ownership
- Local **capacity development** on quality assessment, analysis and data use.

- It is **important to measure inequity** not only because it is a human rights issue but also **to understand how services are delivered.**
- The number of surveys has increased but there is a **need for disaggregated data.** In order for these disaggregated data to be reliable, large samples are needed.
- Poor data results in **poor monitoring of trends** having implications for health service delivery.
- To understand the causes of gender inequity in health outcomes, there is a **need to look at data and interventions beyond the health sector**, e.g., sexual violence, norms re: sex, and child marriage have implications for adolescent pregnancy.

• **Main takeaways**

- Measurement is key to addressing health inequalities
- Equity analyses help improve programs and services
- Integration of equity in vital statistics is essential
- Violence against women leads to health inequity
- Investment in country level capacity building for better equity measurement

• **Challenges/Considerations:**

- National estimates hide regional disparities
- Limited funding for data measurement
- Selecting appropriate indicators for measurement

• **Best Practices/Opportunities:**

- Collect sex-disaggregated data
- Increase survey sample size to allow disaggregation
- Present a user-friendly results/data visualization

Primary Health Care Performance Initiative

- PHCPI is a new initiative being carried out through a partnership between the Gates Foundation, WBG, Ariadne Labs, R4D and WHO.
- PHCPI seeks to help low- and middle-income countries **build high-performing primary health care systems** through better performance measurement and knowledge-sharing.
- Grounded on the principle that **measurement and improvement should not be divorced** from each other. Focuses on the information needs of front-line PHC providers.
- Initiative attempts to **unpack the black box of service delivery** by better understanding the service delivery system and processes and identifying the drivers of service delivery performance.
- Development of **Vital Signs Indicators**, 25 indicators that give a diagnostic of performance of PHC systems, including some new indicators such as diagnostic accuracy and government PHC expenditure as a percentage of total health expenditure. The **on-line platform, called PHC Vital Signs**, will be unveiled in September.

- Resource tracking in the post 2015 era is necessary to raise resources and to **equitably and efficiently allocate resources** to ensure they reach the intended beneficiaries
- National Health Accounts (NHAs) have come a long way since their introduction in the '90s; they are now a household name, capacity to lead surveys is within countries and there is a **high demand** for the data from policy makers.
- In Indonesia NHA data was used to advocate for increase budget allocation for health, that resulted in a **three-fold increase in budget in health budget** and a plan for achieving UHC by 2019.
- **What is needed?** Annual NHAs, routine collection of financial data, harmonization across programs/diseases, financial management systems at sub-national levels, time invested on how to present the data so it is easily understood and used.

- **Progress:** Today, there is unprecedented level of **demand for routine and granular expenditure data**. Several countries have trend series to show progress made under UHC (e.g.Thailand). Several countries' capacity to produce NHA have significantly improved.
- Many countries have **advocated for increase in health investment** using NHA data (e.g. Kenya), addressed inequities (e.g. S.Africa) and inefficiencies (e.g. Lebanon).
- Resource tracking in decentralized & mixed health system is complex and requires **financial management reforms** and extensive coordination with local governments and line ministries.
- **Challenges:** Demand for granular (disease and or donor specific) expenditure data has led to **many new tools causing confusion, fatigue, double counting, conflicting estimates & misinterpretation** of data.
- **Moving forward:** Regular timely production of standardized, comprehensive (Pvt/Public) health accounts through a single platform using data revolution & IT. **Communicate tailored , easy-to-understand NHA results for decision-makers and lay audience, including civil society to hold governments accountable.** Sophistication to use expenditure data in concert with burden of disease, household income, cost and geographic distribution

Making Data Accessible and Meaningful for Improving Health

- There are two types of data visualizations: those that **simplify** the data (for policymakers) and those that **illuminate nuances in the data through complexity** (for program implementers and analysts).
- We've moved from data being unreadable (no open data) to machine readable, but need to focus now on **making data "human-readable"**.
- **Open data policies may have unintended consequences.** Ex: Public scrutiny of data prompts staff to spend more time monitoring data quality, sometimes resulting in less timely but higher quality data.
- **Visualizing local data** often gives most valuable, specific data for making programmatic decisions, but **comes with ethical considerations.** Ex. Mapping local data can make it personally identifiable.

Improving Health Facility & Community Information Systems

- Information should be used to **create effective and efficient service delivery models** to match patients' needs.
- Systems need to **promote information use at the point of data collection** where it can make the biggest impact.
- **Visualizing data** is a way for data to be easily presented to a busy stakeholders to use quickly and effectively.
- Strong governance and leadership is needed to **create an environment where HIS can be linked** through standard operating procedures, definitions and infrastructure.
- To have confidence in and usability of the data, HMIS needs **built-in, simple, routine data quality checks** at all levels of the system.

Improving Disease and Risk Surveillance Systems

- There are health risks of migration and globalization.
- **Need local capacity** to detect, confirm and respond (can't separate it), requiring multiple components working together - workforce, labs, logistics/supply chain, informatics and leadership. D&RSS components built for previous purposes can provide basis for response to new threat. Preparedness - need advance organization and preposition of resources.
- **Timeliness and quality of data** is paramount.
- Need **integrated reinforcing systems** that work together: indicator-based and evidence-based; human and animal; social media and social mobilization.
- Having data and **getting political agreement** to disclose controversial data are two different things. No system, however good, can overcome delay related to a political decision to deny evidence of an epidemic.
- Social mobilization depends on **partnership, trust and sharing.**

National Health Workforce Accounts

- Commitment to a **minimum set** of NHWA data and **international standards** is needed.
- We are learning and implementing; this is a **progressive global agenda** with an aim to identify indicators of performance to get better data for labor market analysis.
- While HRIS are strengthening, need **to maximize other sources of data** including surveys.
- Powerful country examples exist of how even **basic data and presentation of results** can inform HR planning, decision making and policy.

International Household Surveys: Relevance in the Post-2015 Era

- Household surveys = favorite source of global health information . They produce data **comparable across countries and over time** that can be easily accessed in user-friendly formats.
- Will technology be useful across the survey spectrum (design to dissemination)? Will using technology allow us to **get better data**?
- The data revolution and tools **must be scalable** to the developing world context; **equity is key**.
- **Better coordination and collaboration** between countries and partners can lead to improved data availability, quality, and use. One example: new collaboration between UNICEF, DHS and LHMS.

Transparency & Measurement of Human Rights & Stigma

- Human rights and reduction of discrimination related to HIV and SRH are **embodied in many of the SDGs** and reflected in the drive for equity in health.
- Rights and empowerment is not an optional add on, it's an **indicator that matters most**. Roadmap is an opportunity to reflect commitment to rights and refine measurement.
- Data revolution is about transformative thinking and action; measurement of **human rights and reduction of stigma** must be part of agenda.
- New work in this area (frameworks, metrics) demonstrate **outcomes can be measured and counted**, including of quality of care, and individual and societal risks associated with PLW HIV/AIDS experiencing stigma.

The Way Forward: What needs to be done in the coming five years to implement the Call to Action & Roadmap

- Government **coordination and collaboration** with partners across sectors to harmonize data information systems, **optimizing** quality data through these systems through strong policies, leadership & government commitment.
- Partners focus on **monitoring & evaluation** should align with country needs.
- Promotion of data **demand**, (easy) **use**, analysis & interpretation. Actions must be **data-driven at local levels**.
- Priorities are for **capacity building & coordination** to overcome fragmentation & parallel systems.
- **Everyone** must be **transparent** & held **accountable**.