



HEALTH DATA
COLLABORATIVE



WORKING GROUPS

Terms of Reference

Abridged Workplans

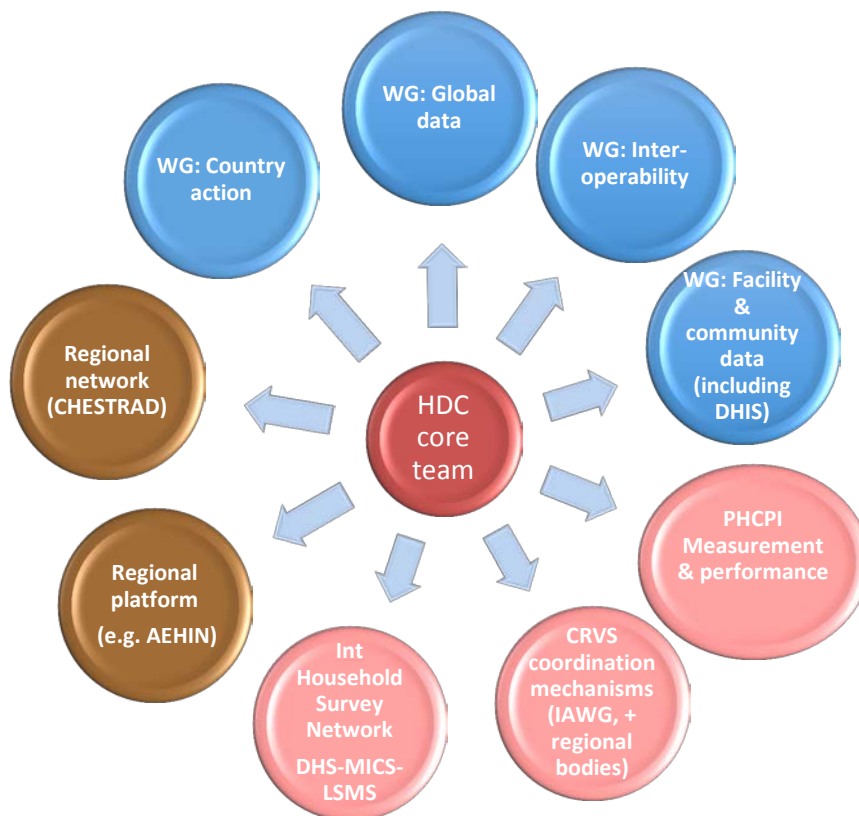


(Updated as of 26 April 2017)

Health Data Collaborative Working Groups

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

These groups will leverage existing mechanisms wherever possible, linking with, supporting, and strengthening existing collaborative networks, communities of practice, and initiatives working to improve health data systems in country. It will be important to engage with programme specific constituencies (such as those working on the Global Strategy for Women and Children, Health Systems Strengthening Initiative, HIV, TB, malaria, non-communicable diseases etc.) so as to fully respond to those specific data needs and to avoid duplication.



Working groups are platforms for:

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

Table 1: Health Data Collaborative Working Groups 2016-2017

Group	Lead Agencies	Proposed Members
Country action and regional collaborations	Core team with country, regional, and global partners	BMGF, CDC, CHESTRAD, GAVI, IHP+, PEPFAR, PHCPI, TGF, global, regional, country partners, civil society
Regional/sub-regional networks		
- African Symposia on Statistical Development	ASSD	<i>TBD Q3/4 2016</i>
- Asian e-health information network	PHI	<i>TBD Q3/4 2016</i>
- Civil society platform	CHESTRAD	Civil society
Facility and community data	WHO	
- Routine HMIS and disease surveillance	WHO, UoOslo	BMGF, CDC, GAVI, GIZ, HHS, JICA, Measure Evaluation, NORAD, PEPFAR, PHCPI, TGF, UNAIDS, UNICEF, USAID
- Community data	UNICEF, USAID	UNAIDS, USAID
- Facility surveys	WBG, WHO	BMGF, GAVI, PEPFAR, PHCPI, TGF, UNFPA, UNICEF
- Quality of care and performance	WBG, WHO, PHCPI	GAVI, GIZ, HHS, PHCPI, TGF, UNICEF, USAID
- Logistics Management Information Systems (LMIS)	UNICEF, WHO	BMGF, CHAI, JSI, TGF, UNDP, UNFPA, UNICEF, USAID, Village Reach, WBG
Population data sources		
- Household surveys	UNICEF, USAID, WBG/IHSN, WHO	Link with existing mechanism (e.g. IHSN and DHS-MICS-LSMS collaboration) BMGF, CDC, Measure evaluation, TGF, UNSD, WHO
- CRVS	WBG	Link with existing coordination mechanisms e.g. Global CRVS Group, IAWG on CRVS (UNSD); Regional bodies (e.g. UNECA, UNESCAP, ASSD); CDC, CHESTRAD, Data4health, GAVI, GIZ, HHS, JHU, JICA, TGF, UNICEF, USAID, WHO
Health Systems monitoring	WHO	
- National health workforce	WHO, USAID	Link with existing mechanisms; health workforce information reference group (WHO & USAID)
- Health financing	WHO	Link with existing mechanisms; health expenditure data work (WBG, WHO, USAID), BMGF, GIZ, HHS, JICA, PEPFAR, UNICEF, USAID
Data analytics, use, and open access		
- Data analytics and use	UNAIDS, JHU, WHO	Civil society including CHESTRAD, Countdown, GAVI, GIZ, HHS, JICA, Measure Evaluation WG, PEPFAR, PHCPI, TGF, USAID
- Global and country data and statistics (including GIS)	PEPFAR, WHO	UNAIDS, UNDESA, GIZ, Global Partnership on SDG data
Digital health systems and interoperability	USAID, WHO, OGAC	BMGF, GIZ, Global Partnership on SDG data, UNAIDS, UNDESA, UNICEF

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

Working group composition and functioning

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

Working group terms of reference & abridged workplans



FACILITY AND COMMUNITY DATA WORKING GROUP



SUB-GROUP MEMBERS

ROUTINE HIS & DISEASE SURVEILLANCE

WHO: *Kathy O'Neill*

USAID/MEASURE Evaluation: *Tariq Azim*

UoOslo: *Jorn and Kristin Braa*

BMGF: Marty Gross

CDC: Ray Ransom

GAVI: Chung Won Lee

GIZ: Binod Mahanty

GIZ: Kelvin Hui, GIZ

HHS: (tbc)

JSI: David Boone

Nigerian Health Watch: Chikwe Ihekweazu

PHCIP: Chelsea Taylor

TGF: Margaret Kugonza

TGF: Michelle Monroe

UNAIDS: Taavi Erkkola (Mary Mahy)

UNFPA: Tomar Khomasuridze

UNICEF: Maria Muniz

UNICEF: Priscilla Idele

UNICEF: Boniface Kalanda

USAID: Lisa Maniscalco

USAID: Anwer Aqil

USAID/ MEASURE Evaluation: David Boone

WHO AFRO: Hongyi Xu

WHO SEARO: Rakesh Rastogi

WHO WP: Jun Gao

WHO consultant: Bob Pond

WHO: Txema Calleja

WHO: Hazim Bakir Tamimi

WHO: Kuntal Saha

WHO: Jan Grevendonk

WHO: Kavitha Viswanathan

WHO: Nathalie Van De Maele

WHO: Olav Poppe

WHO: Alectair Robb

FACILITY SURVEYS

WHO: *Kavitha Viswanathan*

WBG: *Jeremy Veillard*

CHAI: Felix Lam

DHS/ICF: Paul Ametepi

Harvard SPH: Hannah Leslie

JSI: David Boone

JHU: Melinda Munos

PHCPI: Hannah Ratcliffe

PHCPI: Brooke Huskey

PHCPI: Asaf Bitton

PHCPI: Ken Warman

PHCPI/WBG: Waly Wane

PHCPI/WBG: Christophe Rockmore

Save the Children: Ibrat Djabbarov

TGF: Michelle Monroe

UNFPA: Howard Friedman

UNICEF: Tedbabe Hailegebriel

USAID: Katy Handley

USAID: Misun Choi

USAID: Younjoung Choi

WB consultant: Krycia Cowling

WHO AFRO: Lokombo Elongo

WHO SEARO: Rakesh Rastogi

WHO WP: Therese Maria Reginaldo

WHO consultant: Nancy Fronczak

WHO: Txema Calleja

WHO: Kathy O'Neill

WHO: Tessa Edejer (Tantorres)

WHO: Nathalie Van de Maele

WHO: Carolina Danovaro

LOGISTICS MANAGEMENT INFORMATION SYSTEMS

UNICEF: Hitesh Hurkchand

WHO: Lisa Hedman

BMGF: Kaleb Brownlow

USAID: Lindabeth Doby

BMGF: David Sarley

CHAI: Gaurav Bhattacharya

CHAI: Elya Tagar

CHAI: Aude Wilhelm

Dimagi: Rowen Luk

Gavi Alliance: Hamadou Dicko

Gavi Alliance: Hope Johnson

Gavi Alliance: Ian Sliney

GHSC-PSM: Dominic Jones

GHSC-PSM: Kyle Duarte

JSI: Chris Wright

Logistimo: Anup Akkihal

PATH: Dykki Settle

PATH: Brian Taliesen

Sustainable Solutions: Gary Willetts

The Global Fund: Sophie Logez

UNDP: Guy Rino Meyers

UNFPA: Reneee Van de Weerd

UNFPA: Kabir Ahmed

UNICEF: Ben Nemser

UNICEF: Pascal Bijleveld

UNICEF: Gael Maufra Du Chatellier

UNICEF: Joseph Mibirizi

University of Oslo: Ola Hodne Titlestad

USAID: Ramy Guirguis

Village Reach: Kevin Cussen

Village Reach: Erin Larsen-Cooper

WHO: Jan Grevendonk

World Bank: Andreas Seiter

World Bank: Lombe Kasonde

COMMUNITY DATA

UNICEF: Jerome Pfaffman

USAID: Ana Scholl

African Platform on UHC: Itai Rusike

Akros: Anna Winters

CHAI: Felix Lam

CHESTRAD: Lola Dare

GAVI: Binay Kumar

JSI: Dyness Kasungami

JSI: Vikas Dwivedi

MSH: Juan-Carlos Alegre

TGF: Margaret Kugonza

TGF: Nathalie Zorzi

TGF: Matthew Greenall

TGF: Nicholas Oliphant

TGF: Michelle Monroe

UNAIDS: Victoria Bendaud

UNICEF: Maria Muniz

USAID MEASURE: Tariq Azim

USAID MEASURE: Shannon Salentine

USAID MEASURE: Dawne Walker

USAID: Bill Weiss

USAID: Bamikale Feyisetan

MEASUREMENT OF QUALITY OF CARE

WHO: Sun Mean Kim

WHO: Kavitha Viswanathan

WBG: Jeremy Veillard

PHCPI: Lisa Hirschhorn

CDC: Patrick Kachur

CDC: Alexander Rowe

DHS/ICF: Paul Ametepi

FESADE: Valerie Gystiane

GIZ: Franziska Fürst

HHS: Suma Nair

HHS: Laura Makaroff

HRSA: Katherine O'Connor

JHU: Diwakar Mohan

MSH: Juan-Carlos Alegre

OECD: Niek Klazinga

OECD: Ian Forde

PHCPI: Chelsea Taylor

PHCPI: Erin Fenton

TGF: Michelle Monroe

TGF: Margaret Kugonza

TGF: Stephanie Kandasami

TGF: Nathalie Zorzi

THENet: Bjorg Palsdottir

THENet: Lyn Middleton

UNICEF: Nabila Zaka

USAID: Supriya Mahavan

USAID: Jim Heiby

USAID: Rhea Bright

USAID: Anwer Aqil

WHO consultant: Ghazanfar Khan (Sunny)

WHO: Kathy O'Neill

WHO: Shannon Barkley

WHO: Sheila Leatherman

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

Objectives

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

Scope of work

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

Deliverables 2016-2017

Global

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

Country

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

Approach and organizational arrangements

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

Routine Health Information Systems & Disease Surveillance Sub-group workplan

Objective 1: Review, harmonize and endorse data standards for improved routine health information systems.			
Deliverable 1: Package of data standards & operational tools for strengthening routine health information systems.			
Products	Lead agency (ies)	Responsible	STATUS
1. 1 RHIS assessment tools	WHO, USAID MEASURE Evaluation	Kathy O'Neill, David Boone, Hiwot Belay	Rapid assessment tool: IN FINAL STAGE PRISM: PUBLISHED
1.2 RHIS curriculum	USAID MEASURE Evaluation & partners, UNICEF,WHO	Alimou Barry + Theo Lippeveld	PUBLISHED
1.3 Core indicators & metadata	WHO, UoO	Kathy O'Neill, Olav Poppe	PRE-FINAL
1.4 Standard methods for estimating target populations	WHO, UNICEF		STARTED
1.5 Start-up mortality list and guidance for cause of death reporting	WHO	Doris Ma Fat	PUBLISHED
1.6 Unique identifiers for case-based reporting	UNAIDS /WHO	Mary Mahy, Txema Garcia	ON TRACK
1.7 Master facility list	USAID MEASURE Evaluation, WHO, PEPFAR, UNICEF		ON TRACK
1.8 Harmonized data quality toolkit	WHO, TGF, GAVI, JSI, MEASURE Evaluation, UNICEF	Kavitha Viswanathan David Boone, Bob Pond?	IN FINAL STAGE
1.9 Guides for analysing facility data	WHO, UNICEF (GAVI, PHCPI, CDC), WHO programmes USAID MEASURE Evaluation	Kavitha Viswanathan, Tara Nutley, Anne LaFond Benson Droti Jan Grevendonk, Daniel Low Beer John Spencer Suzanne Cloutier	ON TRACK
1.10 Open data access	USG, WHO		NOT STARTED
Objective 2: To identify ways in which investments in RHIS can be better scaled up and sustained.			
Deliverable 2: Protocols and SOPs for countries to scale up and strengthen integrated RHIS, based on international standards.			
2.1 Governance and general systems requirements; Operational principles and minimum standards for investment in RHIS.	WHO/TGF/GAVI/BMGF, GIZ, MEASURE Evaluation, UNICEF + countries (Kenya, Ghana)		STARTED
2.2 Guidance/standards for sustainable systems.	University of Oslo USAID	Bill Weiss	ON TRACK
2.3 SOPs for integrating parallel reporting systems into RHIS.	WHO/IVB, WHO IER GAVI CDC; UNICEF		NEW
2.4 Health data standards package for DHIS.	WHO programmes WHO IER , WHO disease surveillance, GAVI, UNICEF, UoO, PHCPI, MEASURE		EPI module: ON TRACK; Malaria module: ON TRACK; TB module: PRE-FINAL; RMNCAH module: ON TRACK; HIV module: PRE-FINAL; SMoL module: PRE-FINAL; IDSR module: IN PROGRESS; Public health curriculum: IN PROGRESS; Dashboards for district/facility managers: STARTED
Objective 3: To identify ways to integrate/make interoperable disease surveillance systems into RHIS			
Deliverable 3: Protocols and SOPs for countries to scale up and strengthen integrated disease surveillance systems into RHIS, based on international standards. (TO BE COMPLETED BY WHO/CDC)			
3.1 SOPs for integrating disease surveillance systems into RHIS.	WHO/CDC to establish group		STARTED
Objective 4: Partners to develop implementation plan and roll-out of DHIS			
Deliverable 4: (TO BE COMPLETED BY UNIV OF OSLO)			
4.1 Develop Strategic Partner Business Plan	University of Oslo		ON TRACK
4.2 Functional requirements for DHIS	University of Oslo		STARTED

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

Objectives

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

Scope of work

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

Deliverables 2016-2017

Global

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

Country

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

Approach and organizational arrangements

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

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

Community Data Sub-group Workplan

Objective 1: Review, harmonize and endorse standards and generic guidance/tools—including paper-based and mHealth solutions—for improved routine community health information systems (CHIS) as an integrated component of broader routine HMIS (e.g. DHIS2)

Deliverable 1: Package of generic guidelines for community health information systems

Products	Lead Agency (ies)	Responsible	STATUS
1.0 Framework and corresponding narrative for a conceptual model for strengthening community health information systems.	USAID	Dawne Walker, Shannon Salentine (MEASURE Evaluation)	ONGOING
1.1 Community Data Subgroup input for CHIS assessment integrated into RHIS assessment tools	JSI, MEASURE Evaluation	Tariq Azim (JSI)	DONE
1.2 Community Data Subgroup input for CHIS integrated into RHIS assessment curriculum	JSI, MEASURE Evaluation	Tariq Azim (JSI)	DONE
1.3 Core indicators and metadata for community-based health services integrated into RHIS core indicator list and metadata registry	JSI, MEASURE Evaluation, Global Fund, UNICEF, USAID, Chestrad, MCSP, UoO, Akros	Vikas Dwivedi (JSI), Shannon Salentine (MEASURE Evaluation)	ONGOING
1.4 Community Data Subgroup input integrated into standard methods for estimating target populations	JSI, MEASURE Evaluation, Global Fund, UNICEF, UoO, Akros	TBD	PENDING FUNDING AVAILABILITY
1.5 Generic DHIS2 digital modular toolkit for community-based services	Global Fund, UNICEF, UoO, Akros	Nick Oliphant / Maria Muniz (UNICEF)	ONGOING
1.6 Generic guidance and toolkit for data collection, management, quality assurance, analysis, use and dissemination for community-based health services	JSI, MEASURE Evaluation, Global Fund, UNICEF, USAID, Chestrad, UoO, Akros	Shannon Salentine (MEASURE Evaluation), Nick Oliphant / Maria Muniz (UNICEF), Tariq Azim (JSI), Bill Weiss (USAID)	ONGOING
1.7 Guidance on mapping CHW and development and uses for georeferenced master CHW lists	MEASURE Evaluation, UNICEF, JSI	Shannon Salentine (MEASURE Evaluation); Vikas Dwivedi (JSI); Nick Oliphant / Maria Muniz (UNICEF)	ONGOING
1.8 Advocacy paper on strengthening the use of community health information systems published	Global Fund, MEASURE Evaluation	Matt Greenhall (GF)	
1.9 Community data sub-group input to RHIS activity 1.5 on simple mortality list	JSI	Tariq Azim (JSI)	DONE
1.10 Community data sub-group input to quality of care standards and measurements (QoC 2.1)	JSI	Tariq Azim (JSI)	DONE
1.11 Inventory of mHealth and eHealth solutions implemented at country level for collection/reporting/use of data at community level.	JSI?	Tariq Azim (JSI) , Shannon Salentine (MEASURE Evaluation)	ONGOING
NEW: Guidance on community data and human resource information	TBD	TBD	PENDING FUNDING AVAILABILITY
NEW: Guidance for improving linkages to care between community and facilities through referral system monitoring and integrated systems	TBD	TBD	PENDING FUNDING AVAILABILITY
Objective 2: Objective: Promote and provide joint investment in and technical support for strengthening community health information systems in priority (Phase 1) HDC countries			
Deliverable 2: Investment landscape for community health information systems in priority (phase 1) HDC countries			
2.1 Investment landscape for community health information systems in priority (Phase 1) HDC countries.	UNICEF, Global Fund	Nick Oliphant / Miriam Sabin (GF)	TO BE INITIATED
Deliverable 3: Joint workplans for investment in and technical support for strengthening community health information systems in priority (Phase 1) HDC countries			
3.1 Joint workplans for investment in and technical support for strengthening community health information systems in priority (Phase 1) HDC countries.	UNICEF, Global Fund	Nick Oliphant (UNICEF) / Miriam Sabin (GF)	TO BE INITIATED

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

Objectives

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

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

Scope of work

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

Deliverables 2016-2017

Global

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

Country

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

Approach and organizational arrangements

- This work will leverage and strengthen the efforts of the Health Facility Assessment Working group, a collaborative effort involving WHO, USAID, The Global Fund, World Bank and UNICEF¹.
- The group will convene monthly (by phone, video) and bi-annually through face to face meetings.

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

Health Facility Surveys Sub-Group Workplan

Objective 1: Based on existing efforts, finalize harmonized list of indicators for facility surveys.			
Deliverable 1: Standard set of facility survey indicators and question sets.			
Products	Lead Agency(ies)	Responsible	STATUS
1.1. Standard indicators and question bank for facility surveys.	WHO, WB, GF, Ariadne, UNICEF	Kavitha Viswanathan, Christopher Rockmore, Jeremy Veillard, Asaf Bittan, Nancy Fronczak	ON TRACK
1.2 Tiered indicator list	UNICEF, WB, WHO, Harvard, UNFPA	Chris Rockmore, Kavitha Viswanathan, Hannah Leslie, Howard Friedman, Nancy Fronczak,	Re-define priority
Objective 2: Develop technical training materials and guidance for countries to implement country system of facility surveys.			
Deliverable 2: Best practices for planning, sampling methodology, data collection, analysis plan, use, and dissemination.			
2.1 Knowledge products: Sampling guidance, training content, anonymization/data release plan	WB, USAID, WB, UNICEF	Jeremy, YJ, Christophe	ON TRACK
2.2 Implementation tools consolidation	USAID, WB, WHO, UNICEF, GF, UNFPA, CHAI	Misun Choi , YJ , Christophe, Kavitha, Michelle Monroe, Howard, Felix	ON TRACK
Objective 3: Catalyse joint/aligned support for harmonized system of facility surveys			
Deliverable 3: Joint investment plan to support countries			
3.1 Repository of facility surveys and timelines.	GF, WHO	Michelle, Amani	ON TRACK
3.2 Guidelines on models of survey implementation.	WB	Christophe/Jeremy	Re-define/drop-priority
3.3 Plan for demonstration of harmonized approach in select countries (Country coordination and communication, document good practices/lessons learned on joint investments)	GF, UNICEF, WHO, UNFPA, WBG, USAID	Ben, YJ, Kavitha, Annie, Howard, Christophe, Eduardo, Misun	STARTED

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

Aim

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

Objectives

1. Identify core domains of quality in frameworks and measures/indicators recommended or in use through global initiatives and explore optimal methodologies to assess quality of care
2. Support incorporation of quality of care measurement in HDC work and in work at the national and sub-national levels through HDC efforts
3. Develop guidance from HDC QoC-related work on improving national and subnational QoC measurement. Details TBD following Objectives 1 and 2

Scope of work

- 1.1 Inventory of Quality of care domains and global indicators focused on measurement of quality of health care delivery
- 1.2 Identify gaps in quality of care measures/indicators and measurement methods support/advocate for needed research
- 2.1 Support Quality of care assessments in 2 countries through HDC work and provide additional input into HDC work in up to 3 more countries
- 3.1 Guidance document (details TBD)

Deliverables 2016-2017

Global

1. Domain inventory, indicator inventory and identified areas for implementation research to meet identified priority gaps in assessment of QoC
2. Provide support and input into other HDC Working groups to strengthen QOC measurement focusing on technical and experiential quality
3. Quality of care assessment guidance document details TBD

Country

- Participation in Health Data Collaborative missions to up to 2 countries to strengthen quality of care assessment within the country-led ME and quality platform, based on country-specific priorities and feasibility

Approach and organizational arrangements

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

Measurement of Quality of Care Sub-Group Workplan

Objective 1: Identify core domains of quality used in frameworks in use at the national and global levels and measures/indicators and optimal methodologies (i.e. qualitative methods) to assess quality of care.					
Deliverable 1: Domain inventory, indicator inventory and identified areas for implementation research to meet identified priority gaps in assessment of QoC and strengthen HDC QoC measurement work					
Products	Lead Agency(ies) (All TBC)	Responsible	Account able	Consulted/Support from WG	STATUS (as of April 2017)
1.1. Inventory of Quality of care domains	PHCPI, WHO, WB	Sunny, Shannon	Lisa, Sun, Jeremy	Sheila Leatherman, N Klazinga and Ian Forde, other WG members	Done
1.2 An inventory of existing QoC indicators across domains, levels of health system and process, outcomes focusing on service delivery and short term outcomes		Sunny, Shannon, Meredith, Asif, Jeremy, Lisa	Lisa, Sun, Jeremy	Sheila Leatherman, N Klazinga and Ian Forde, Katie O'Conner, Anne Schwartz, Asif Bitton, input from WHO Units	Done
Objective 2: Support incorporation of quality of care measurement in HDC work					
Deliverable 2: Input into other HDC work; Participation in Health Data Collaborative missions to up to 2 countries to strengthen quality of care assessment within the country-led ME and quality platform, based on country-specific priorities and feasibility					
2.1 Provide input into other HDC work	PHCPI, WB, WHO	WG leads			Provided in depth review and feedback on technical and experiential QoC to HFA group Reach out again to other relevant groups (community health, RHMIS, data use) next quarter
2.2 Support Quality of care assessments in 2 countries and provide input into HDC work in up to 3 more countries		Country Engagement liaisons, country partners (Shannon and Rhea Bright)	Lisa, Sun, Jeremy, Kavitha	The Global Fund, Ariadne Labs, UNICEF, MoH Kenya, JHU, JLN, WHO regional offices	Started-discussion with Malawi, Kenya (JLN and WHO), attended initial meeting in Malawi
Objective 3: Develop guidance from HDC QoC-related work on improving national and subnational QoC measurement. Details TBD following Objectives 1 and 2 and input from countries and stakeholders					
Deliverable 3: Guidance document details TBD					
3.1 Guidance document TBD		TBD	Lisa, Sun, Jeremy	The Global Fund, US DHHS/HRSA, Ariadne Labs, MoH Kenya, UNICEF, USAID, Universidade Federal do Rio Grande do Sul, LSHTM, R4D, country partners	Started to identify needs -- based on M and E guidance document from HDC, PHCPI assessment guides, IPCHS assessment guide and inventories. Potential guide is how to integrate QoC into measurement areas. Need to plan a call and identify a resource who can do a review to identify gap in guides and move accordingly.

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

Objectives

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

Scope of work

1. Policy Development
2. Investment and Coordination of Technical Assistance for LMIS delivery
3. Sustainability planning and strategy development for LMIS

Deliverables 2016-2017

Global

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

Country (Tanzania, Zambia, Myanmar, Senegal)

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

Approach and organizational arrangements

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

DRAFT Logistics Management Information Systems Sub-Group Workplan

Objective 1: Support member states with development of information systems policies and guidelines for health commodities [POLICY]			
Deliverable 1: Package of policies and guidance documents			
Products	Lead agency (ies)	Responsible	Status
1.1 Technical document on LMIS models (private sector, open LMIS, etc.) and associated guidance on integration of LMIS models into member state national information policies and strategic plans.	BMGF		
1.2 Strategy and technical guidance on standards adoption for LMIS delivery	USAID/UNFPA/TGF: Bar-codes and GS1		
	BMGF/HISP: Design & planning for control towers		
	HISP, VR, Dimagi, JSI, UNICEF, USAID: System interoperability		
	JSI, USAID: Adoption of CDRM		
	PATH, JSI: Digital Strategy		
1.3 Enhanced member state policies for information system management for health commodities			
Objective 2: Develop a common framework, approach and principles for coordination of LMIS investments and technical support to countries. [Coordination]			
Deliverable 2: Enhanced global coordination of investments, divestments and technical assistance delivery for LMIS, with donors, technical agencies and implementing partners			
2.1 Common framework for coordination			
Objective 3: Document learnings about open LMIS, private sector LMIS options, strategies to re design / reengineer LMIS based on experience from the field. [Strategy (Sustainability)]			
Deliverable 3:			
3.1			
Objective 4: Develop a global strategy to support digital health solutions for LMIS [Technical]			
Deliverable 4:			
4.1			
Objective 5: Agree and adopt information standards [Technical]			
5.1			

POPULATION DATA SOURCES WORKING GROUP



SUB-GROUP MEMBERS

Household surveys

UNICEF: Attila Hancioglu

USAID: Madeleine Short Fabic

WBG/IHSN: Olivier Dupriez

WHO: Somnath Chatterji

COPASH: Sana Contractor

FESADE: Valerie Gystiane

ICFI: Sunita Kishor

JHU: Melinda Munos

PHOrg: Andre Shongo

UNFPA: Mengjia Liang

WHO: Gabriela Flores (Financing)

USAID: Bamikale Feyisetan

CRVS

WBG: Sam Mills

WHO: Anneke Schmider

CDC: Sam Notzon

Core Connexion: Tola Obembe

GIZ: Christine Schuster

HHS: (tbc)

Int'l Society of Media in Public Health:

Moji Makanjuola

JHU: Robert Black

Save the Children: Jean Pierre Zeelie

TGF: Estifanos Shargie

UNFPA: Tapiwa Jhamba

UNFPA: Eduard Jonstra

UNICEF: Debra Jackson

UNICEF: Danzhen You

USAID: Elisa Ballard

Vital Strategies: Martin Bratschi

WHO AFRO: Hongyi Xu

WHO SEARO: Mark Landry

WHO: Robert Jakob

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

Objectives

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

Scope of work

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

Deliverables 2016-2017

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

Approach and organizational arrangements

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

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

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

Objective

1. Strengthen national CRVS and related systems through coordination and collaboration on global and regional initiatives and exchange of information. The specific objectives are to:
 - (a) Take stock of progress made on the improvement of the CRVS systems in the context of SDGs
 - (b) Contribute to the implementation of the Global CRVS Investment Plan
 - (c) Explore and leverage opportunities to accelerate the improvement of CRVS systems
 - (d) Promote the importance of CRVS in the global development agenda
 - (e) Support coordinated country-level engagement by our respective institutions that is consistent with the global CRVS agenda.

Scope of work/Activities Jan 2016 – June 2017

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

Deliverables 2016-2017

Global

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

Country

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

Approach and organizational arrangements

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

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

CRVS Sub-Group Workplan - from Global CRVS Group

Objective 1: Strengthen national CRVS and related systems through coordination and collaboration on global and regional initiatives and exchange of information.				
Deliverable 1: Global public goods to support efforts to strengthen CRVS systems				
Products	Lead agency (ies)	Responsible	STATUS	Links to other WGs
			AS OF April 2017	
1.1 eLearning course on Civil Registration and Vital Statistics	WBG	Sam Mills	Done	
1.2 Revision to 1998 handbook on legal framework for CRVS	UNSD		ON-TRACK	
1.3 Revision to 1998 Handbook on Civil Registration and Vital Statistics Systems: Management, Operation and Maintenance	UNSD		ON-TRACK	
1.4 Methods for evaluating the quality and completeness of civil registration and vital statistics	UNSD		ON-TRACK	
1.5 Aligned support to countries and good practices in CRVS systems implementation.	UNICEF-GAVI- WHO-World Bank	Anneke Schmider; Deb Jackson	Done	
1.6 Start-up Mortality List module for DHIS2	WHO		Done	Led by the Facility and Community Data/RHIS WG
Objective 2: Promote the importance of CRVS in the global development agenda				
Deliverable 2: Contribute to the efforts of the Health Data Collaborative to implement advocacy efforts in support of CRVS				
Products	Lead agency (ies)	Responsible		Links to other WGs
2.1 Engagement in HDC advocacy efforts	WBG	Sam Mills	DONE	
2.2 Engagement in HDC civil society working group's advocacy efforts for CRVS.				Civil society WG

HEALTH SYSTEMS MONITORING WORKING GROUP



SUB-GROUP MEMBERS

Health Workforce

WHO: *Jim Campbell/Khassoum Diallo*

USAID: *Diana Frymus*

CDC: Naline Sangrujee

Chemonics: James Griffin

CHESTRAD-UK: Edward Kunonga

GIZ: Binod Mahanty

HRSA: Letitia Robinson

OECD: Gaetan LaFortune

TGF: Olga Bornemisza

THENet: Bjorg Palsdottir

UNFPA: Jean-Pierre Monet

UNFPA: Chinwe Ogboona

UNICEF: Carlos Carrera

USAID: Ariella Camera

WHO AFRO: Adam Ahmat

WHO: Rania Kawar

WHO: Nathalie Van De Maele

WHO: Amani Siyam

Health Resource Tracking

WHO: *Nathalie Van De Maele*

Abt/HFG: Karishmah Bhuwanee

Action for Global Health: Tim Roosen

BMGF: Hong Wang

BMGF: Logan Brenzel

BMGF: Susna De

CDC: Naline Sangrujee

CHAI: Samantha Diamond

CHAI: Alice Sabino

CHESTRAD: Samuel Dare

GIZ: Binod Mahanty

GIZ: Julius Murke

GIZ: Alicia Spengler

Harvard SPH: Peter Berman

Harvard SPH: Manjiri Bhawalkar

HHS: Letitia Robinson

OECD: Cecilia Piemonte

OECD: David Morgan

Save the Children UK: Simon Wright

TGF: Michael Borowitz

TGF: Geir Lie

UNAIDS: Jose Antonio Izazola

UNAIDS: Anna Yakusik

UNFPA: Jean-Pierre Monet

UNFPA: Chinwe Ogboona

UNICEF: Carlos Carrera

USAID: Pamela Rao

USAID: Bob Emrey

USAID: Anwer Aquil

WHO AFRO: Laurent Musango

WHO: Tessa Edejer

WHO AMRO: Patricia Hernandez

WHO EMRO: Awad Mataria

WHO Nigeria: Ogochukwu Chukwujekwu

WHO PAHO: Claudia Pescetto

WHO SEARO: Luis Vinals Torres

WHO WIPRO: Annie Chu

WHO Zimbabwe: Benjamin Musembi Nganda

World Bank: Driss Zine-Eddine El-Idrissi

Consultant: Theresa Guthrie

Consultant: Cor van Mosseveld

Consultant: Marie-Jeanne Ngbesso Offosse

Consultant: Yogesh Rajkotia

Consultant: Darwin Young

Health Systems Monitoring Working Group: Health Workforce Accounts Sub-group DRAFT Terms of Reference

Objectives

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

Scope of work

1. Utilize the outputs of the technical advisory group on NHWA (e.g. Handbook on NHWA) to harmonize health workforce indicators, definitions and metadata and support implementation within Health Data Collaborative countries.
2. Undertake assessments of the capability and maturity of human resource information systems, including interoperability and alignment with minimum data sets, in relation to NHWA.
3. Support HRH labour market analyses to advance NHWA.
4. Catalyse joint support to at least 15 countries to improve the harmonization of health workforce data collection, sharing and use, and reporting to the GHO.

Deliverables 2016-2017

Global

- Handbook on national health workforce accounts available with core health workforce indicators including definitions and metadata.
- Implementation guidance and resources on national health workforce accounts developed and made available to guide NHWA planning and implementation.
- Organize and facilitate a session on data at the Global Forum

Country

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

Approach and organizational arrangements

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

Health Workforce Sub-Group Workplan

Objective 1: Improve the harmonization of health workforce data collection, sharing and use				
Deliverable 1: Global standards and public goods for national health workforce accounts				
Products	Activities	Lead agency (ies)	Responsible	STATUS
				As of April 2017
1. 1 Handbook on national health workforce accounts with core health workforce indicators including definitions and metadata.	a. Draft handbook for consultation	WHO	Khassoum Diallo	DONE
	c. Finalization of the NHWA Handbook	WHO	Khassoum Diallo	DONE
1.2 Tools and guidelines for NHWA	a. Development of an online NHWA data platform	WHO	Khassoum Diallo/Teena Kunjumen	On track
	b. Development of a NHWA implementation guide	WHO	Khassoum Diallo/Ramesh Krishnamurthy	On track
	c. Development of an advocacy brochure on NHWA	WHO	Khassoum Diallo/Sonali Reddy	On track
	d. Development of an inter-agency data exchange platform (ILO, OECD and WHO)	WHO	Khassoum Diallo/Tana Wuliji	On track
	a. Draft tools/ planning documents for countries	USAID	Ariella Camera	
1.3 Global Code of Practice	a. Review of the questionnaire on the Code	WHO	Khassoum Diallo	
Deliverable 2: Implementation activities: Collaborations with countries, regional platforms, networks and relevant stakeholders				
2.1 Inter-country workshops to support implementation of NHWAs	a. Convene regional consultation meeting in Mozambique	WHO/USAID	Jim Campbell / Diana Frymus	DONE, Report published
	b. Convene regional consultation meeting in Senegal for Francophone countries	WHO	Khassoum Diallo/Pascal Zurn/Laurence Codjia	Done
2.3 Develop resources for NHWA implementation planning for LMIC	b. TA to two countries to finalize tools	USAID	Ariella Camera	
2.4 Support to at least 15 countries (including HDC pathfinder countries and NORAD priority countries) in implementing NHWA	a. Support to Kenya, Malawi, Nigeria, Mali,	WHO/USAID	Khassoum Diallo/Diana Frymus/Ariella Camera	
	b. Support Ethiopia, Sierra Leone, Tanzania, Uganda	WHO/NORAD	Khassoum Diallo	
	c. Support to Sri Lanka, Indonesia, Nepal, Timor Leste	WHO	Khassoum Diallo	
2.5. Support Labour market analyses (LMA) including Muskoka countries	a. Support Benin, Burkina Faso, Guinée, Mali, Niger, Cote d'Ivoire, Senegal, Togo and Tchad (Muskoka countries)	WHO	Pascal Zurn/Laurence Codjia	
	b. Support Sri Lanka, Morocco and Tunisia	WHO	Pascal Zurn/Laurence Codjia	
	a. Analysis of countries who have utilized HRIS Assessment Framework	USAID/ CDC	Diana Frymus	
2.6 Undertake assessments on the capability and maturity of HRIS	a. Analysis of countries who have utilized HRIS Assessment Framework (HAF)	USAID/ CDC	Diana Frymus	
Objective 2: Support evidence generation and knowledge management activities				
3.1. HDC HRH WG Event at 4th Global HRH Forum	Preparation and implementation	WHO/USAID	Khassoum Diallo/ Diana Frymus	

Health Systems Monitoring Working Group: Health Financing Sub-group DRAFT Terms of Reference

Objectives

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

Scope of work

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

Deliverables 2016-2017

Global

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

Country

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

Approach and organizational arrangements

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

Health Financing Sub-Group Workplan

Objective 1: Promote country-led unified resources tracking work to monitor all health expenditure using the global standard of Systems of Health Accounts 2011 (SHA 2011) and improved use of this data.

Deliverable 1: Package of guidelines, tools, recommendations that contribute that support unified resources tracking for countries and validation of one global standard (SHA2011), and integration of health accounts data use into relevant WG activities.

Products	Lead Agency(ies)	Responsible	Links to other WGs	Status
1.1 Mapping/crosslink of frameworks and classifications for resource tracking.	WHO OECD, CHAI, UNAIDS	Nathalie Van de Maele (WHO), D Morgan (OECD), S Diamond (CHAI), JA Izazola/Anna (UNAIDS)		
1.2 List of standardised and policy-relevant health expenditure/resource tracking indicators.	WHO, OEDC, UNAIDS	D Morgan (OECD), JA Izazola/Anna (UNAIDS)	RHIS working group activity 1.3 on indicators	
1.3 Recommended standardised data collection tools and process for health expenditure/resource tracking.	WHO/OECD/Abt/HGF?			
1.4 Health Accounts data <u>use</u> (e.g. for policy, planning, UHC and financial protection) is integrated into activities of the Data analytics and use working group and the Civil Society working group.	WHO/UNAIDS/JHU/CHES TRAD		Data analytics and use working group; Civil society working group Objective 1 in TORs	

Objective 2: Strengthen the automation ('institutionalisation') of data collection and data mapping for health accounts at country level through harmonised implementation tools.

Deliverable 2: Package of guidelines for countries that support automation of health expenditure data collection by donors, governments, and at provider level.

2.1 Guidelines for harmonising and systematising collection of aid-for-health expenditure data at country level.	WHO, OECD			
2.2 Guidelines for automating the mapping of government health expenditure data to the global standard (SHA2011)	WHO/Abt/HGF?			
2.3 Guidelines for integrating health expenditure data collection at provider-level (both government and private) into existing tools (e.g. DHIS).	WHO + ?		RHIS workplan activity 2.4, Health Facility Surveys workplan	
2.4 Guidelines for integrating health expenditure data collection in national household surveys.			Household Surveys WG	
2.5 Guidelines for integrating health expenditure data collection into other country-level data collection opportunities.				

Objective 3: Catalyse collective action and joint investment in health accounts and resource tracking at country level.

Deliverable 3: Joint investment plan to support harmonised and systematized health accounts and resource tracking in countries.

3.1 Jointly implemented pilot projects in xxx priority HDC countries.	WHO, OECD, Abt/HGF? + ?	D Morgan OECD + ?	Country action WG objective 2	
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DATA ANALYTICS AND USE WORKING GROUP



GROUP MEMBERS

DATA ANALYTICS AND USE

WHO: *Dan Hogan*

UNAIDS: *Mary Mahy*

JHU: *Melissa Marx*

CanWaCH: Robert Eisses

CDC: Adam MacNeil

CHESTRAD: Lola Dare

GIZ: Maylin Meinke

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Jhpiego: Barbara Rawlins

Jhpiego: Deborah Sitrin

MEASURE Evaluation: Sam Wambugu

MEASURE Evaluation: Tara Nutley

MSH: Juan-Carlos Alegre

OECD: Luke Slawomirski

OECD: Rabia Khan

PATH: Donna Medeiros

PHCPI: Chelsea Taylor

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TGF: Michelle Monroe

TGF: Ezra Tessera

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USAID: Lisa Maniscalco

USAID: Allisyn Moran

USAID: Anwer Aqil

USAID: Jacob Adetunji

USAID: Anne Palaia

USAID: Bamikale Feyisetan

Vital Strategies: Laura Cobb

WHO: Theodora Swift Koller

WHO: Daniel Low-Beer

WHO: Lara Bearley

WHO: Charalampos Sismanidis

WHO: Hazim Timimi

Data Analytics and Use Working Group: DRAFT Terms of Reference

Objectives

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

Scope of work

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

Deliverables 2016-2017

Global

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

Country

- Qualitative country assessments in 3-4 diverse countries to understand barriers to analysing and using health data by programme managers. (Potential deliverable – tools to assess barriers to demand and use of data).
- Multi-country review of existing institutional capacity and practices in at least five lower-capacity and three higher-capacity countries to identify priority strategies to strengthen institutional capacity.
- Coordinated support for five countries in response to country demand, including national and sub-national levels, resulting in increased capacity and specific data analysis products.

Approach and organizational arrangements

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

Data Analytics and Use Working Group Workplan

Objective 1: Improve analysis and communication of data by a better understanding of the barriers and learning from best practices for data use.				
Deliverable 1: Consolidated information on barriers to data demand and use and learning from best practices in countries, and a simple tool to assess barriers in countries.				
Products	Lead agency	Accountable	STATUS	Links to other WGs
			as of April 2017	
1. 1 Presentation and short report on barriers to data use, current efforts to improve data demand and use, and best practices for data use for decision-making and accountability	JHU	Melissa	ON-TRACK: Hiring consultant to conduct landscape analysis	
1.2 Simple tool to assess barriers in countries	JHU	Melissa		
1.3 (tbd) Qualitative country assessments in 3-4 diverse countries to understand barriers to analysing and using health data by programme managers.	JHU	Melissa		
Objective 2: Enhance institutional capacity for data analysis and use at national and sub-national levels.				
Deliverable 2: Guidance document for countries on institutional capacity strengthening for health data analysis and communication				
2.1 Report of priority strategies to strengthen institutional capacity and multi-country assessment of existing institutional capacity and practices.	WHO			
2.2 Guidance document for countries on institutional capacity strengthening for health data analysis and communication.	WHO			
2.3 Roadmap to support institutional capacity development for academic institutions in LMICs to train future public health professionals in data-related skills	JHU	Melissa	ON-TRACK: Hiring consultant to conduct landscape analysis	
Objective 3: Improve analytical capacity at country level through enhanced access to and use of a set of tools for analysis of health data.				
Deliverable 3: A suite of electronic tools to improve analytical capacity as part of a technical package for health data, accessible on the web.				
3.1 Short report/paper mapping of existing and ongoing tools for building capacity for data analytics	UNAIDS/WHO	Mary/Dan	On track: Data collection template being finalized; to be sent to WG members to fill in existing tools	Some related activities in Community data group
3.2 A suite of electronic tools, templates, and guidance to improve analytical capacity as part of a technical package for health data, accessible on the web.	UNAIDS/WHO	Mary/Dan		
3.3 New tools for improving analytical capacity that address identified gaps.				
Objective 4: Strengthen country health data analytical capacity and communication				
Deliverable 4: Coordinated support for five countries in response to country demand, including national and sub-national levels, resulting in increased capacity and specific data analysis products.				
4.1 Increased capacity in data analysis and use and specific data analysis products in selected countries.				

DIGITAL HEALTH SYSTEMS AND INTEROPERABILITY WORKING GROUP



GROUP MEMBERS

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Digital health systems and interoperability Working Group DRAFT Terms of Reference

Objectives

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

(Potential) Deliverables 2016-2017 by objective

Objective 1

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

Objective 2

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

Objective 3

- Develop operational guidance on investing in digital health technologies in low and middle income countries (e.g., language that can be used in procurements/RFAs put out by governments and donors) to help ensure that digital health investments are functional, sustainable, support national eHealth strategies, and foster re-use and interoperability. [Year 1]
- Convene at least one WG meeting/side-meeting in Asia and Africa to. [Year 1 and 2]

Digital Health Systems and Interoperability Working Group Workplan

Objective 1: Optimize the meaningful use and reuse of health information in low and middle income countries to support achievement of SDGs through the implementation of foundational digital health infrastructures.				
Deliverable 1: Development and operationalization of a digital health ecosystem capability and maturity model to inform technical assistance and tool development				
Products	Lead agency (ies)	Responsible	STATUS	Links to other WGs
1.1 Capability and maturity model	OGAC/HealthEnabled/MEASURE Evaluation/AeHIN/WHO	Paul Biondich/ Nadi Kaonga/ Sam Wambugu/ Alvin Marcelo/ Tigest Tamrat		
1.2 Inventory of global public goods that the working group can use/support	PATH	Lesley-Anne Long		
Objective 2: Actively promote the development, use, and long-term support of digital health global public goods.				
Deliverable 2:				
Products	Lead agency (ies)	Responsible		Links to other WGs
2.1 Creation of a business case/value proposition for investment into interoperable digital health public goods.	WHO/USAID	Garrett Mehl/ Bill Weiss		
Objective 3: Increase, in a measurable way, the level and alignment of country and partner investments in support of objectives 1 and 2.				
Deliverable 3:				
Products	Lead agency (ies)	Responsible		Links to other WGs