



HEALTH DATA
COLLABORATIVE

DATA FOR HEALTH AND
SUSTAINABLE DEVELOPMENT

**Technical Planning Meeting
13–14 March 2018**

Les Pensières Center for Global Health
Veyrier-du-Lac, France

**Update on
global public goods
by technical working
groups**

March 2018

Health Data Collaborative:

Why we are here



Improving country data systems and capacity to track progress toward the health-related SDGs and UHC

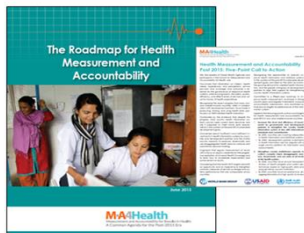
Health Data Collaborative

Context



Draft roadmap for measuring health SDGs

January 2015



MA4Health Summit:
5 point call to action

June 2015



Global Health Agency Leaders
Call for agencies to develop joint plan to support countries

September 2015



HDC operational work-plan scope and key deliverables agreed

January 2016



HDC launch at UN Statistical Commission with over 32 partner commitments

March 2016



What are the problems we are trying to address?

34

% of health worker time spent on recording data

120+

Digital health systems in Tanzania

200

Supply chain indicators for donor reporting

9

Facility survey tools



HEALTH DATA COLLABORATIVE

DATA FOR HEALTH AND SUSTAINABLE DEVELOPMENT

50

% deaths globally reported with cause of death

1.5

Billion USD (est.) spent on health data per year

42

Partners signed up to the HDC

1

Common data approach

Health Data Collaborative approach

Aligning financial and technical support behind...

One common country-led platform

- ❑ Country-led data governance
- ❑ One overarching national health sector plan
- ❑ One M&E/HIS plan, used by governments and partners
- ❑ One unified digital health plan/ architecture
- ❑ One common investment framework

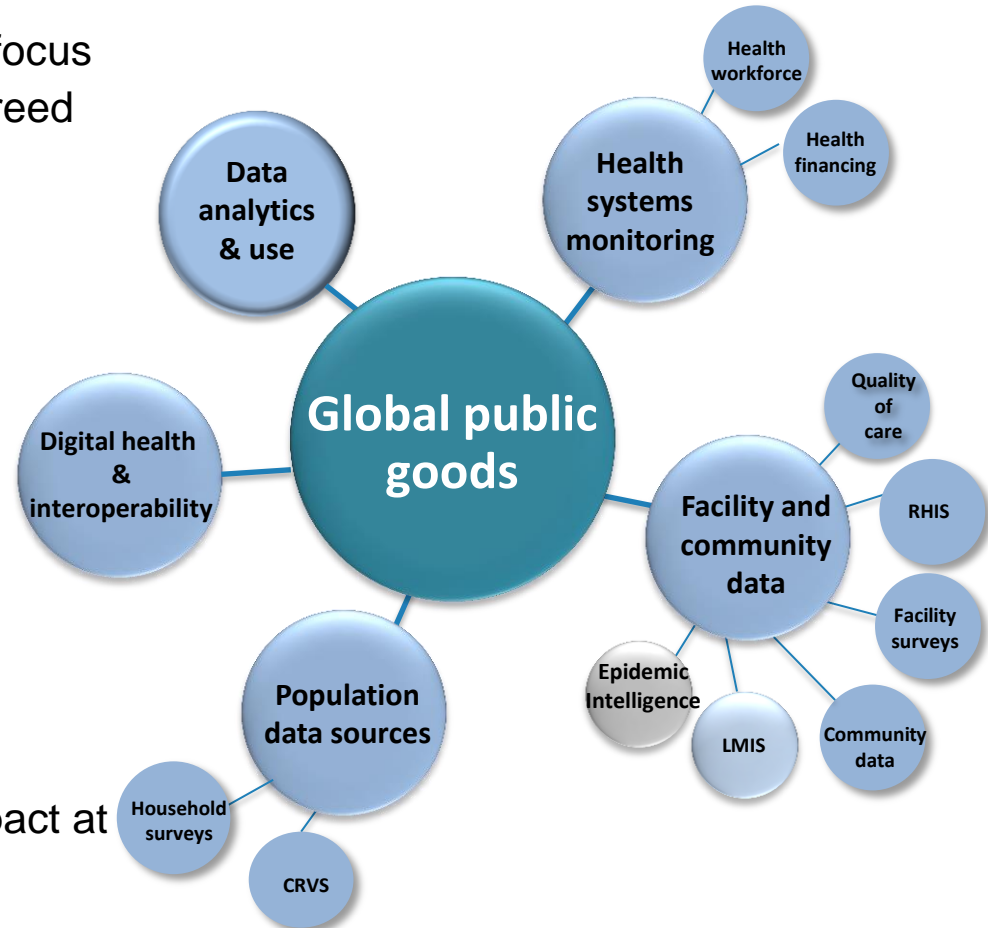


HDC pathfinder/exemplar countries:
Kenya, Malawi, Tanzania, Cameroon

Increasing impact of global public goods:

Responding to country needs

- ❑ Time-limited technical working groups focus on deliverables/global public goods agreed by HDC Steering Group
- ❑ Address critical gaps/needs:
 - Cause of death reporting
 - Quality of care measures
 - Analysis and use for action
- ❑ Harmonize existing tools/methods:
 - Data quality & facility survey tools
 - Household survey modules
 - Surveillance tools & standards
 - Unified digital tools
- ❑ A collective approach to increasing impact at country level



Routine Health Facility Information Systems (RHIS)

co-leads: WHO, MEASURE Evaluation, UoO

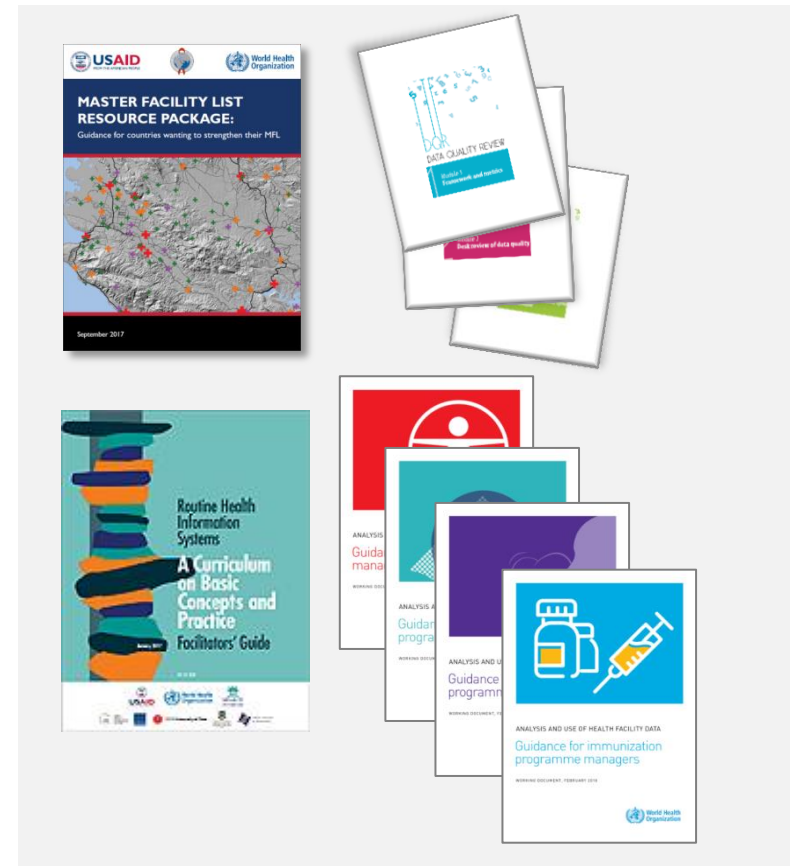
Achievements

Major advances in RHIS – to address gaps & harmonize existing tools & approaches

- ❑ RHIS Curriculum
- ❑ Guidance on master facility lists
- ❑ Harmonized data quality review toolkit
- ❑ Guidance on analysis and use of health facility data
- ❑ Health apps for DHIS

Challenges/lessons learned

- ❑ Unique opportunity for standards based integrated approach to respond to country and programmatic needs



Reflections for way forward

- ❑ Scaling to countries - will require strong country governance, capacity and more concerted collective support by partners

Community data

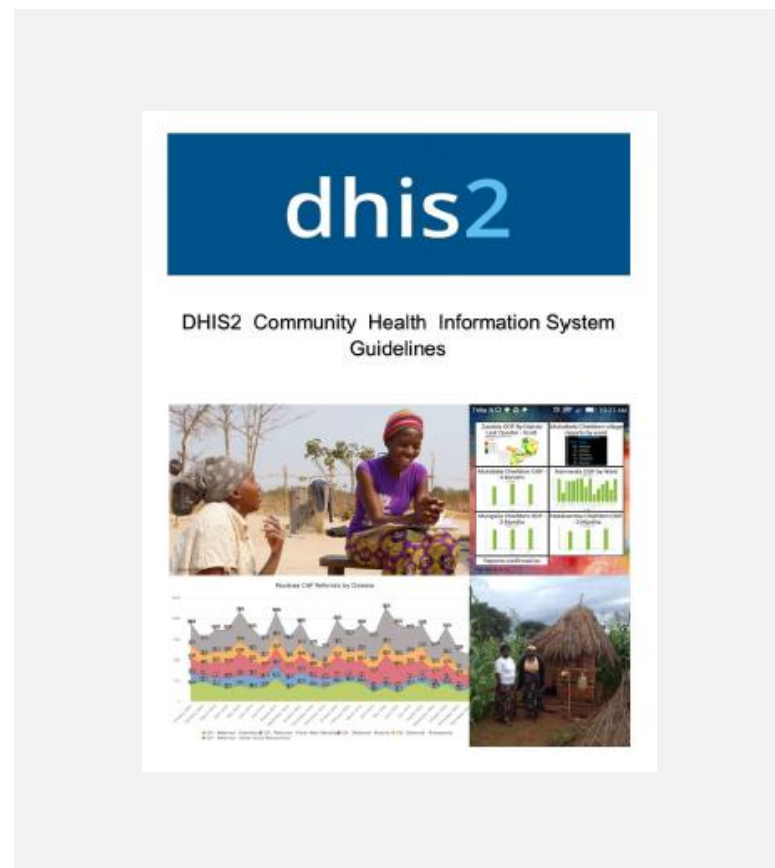
co-leads: USAID, UNICEF

Achievements

- ❑ CHIS guidelines for DHIS2 - modular toolkit and guideline for community-based services finalized
- ❑ eHealth case studies in progress
- ❑ Community health information system strengthening framework & Data Use Global Resource Package to be completed this year

Challenges/lessons learned

- ❑ Alignment with partner resource allocation
- ❑ Unclear country engagement strategy - limited ability to test and contextualize



Reflections for way forward

- ❑ Broader engagement across HDC working groups is essential.
- ❑ Need to test and implement at country level

Facility surveys

co-leads: WHO, WBG

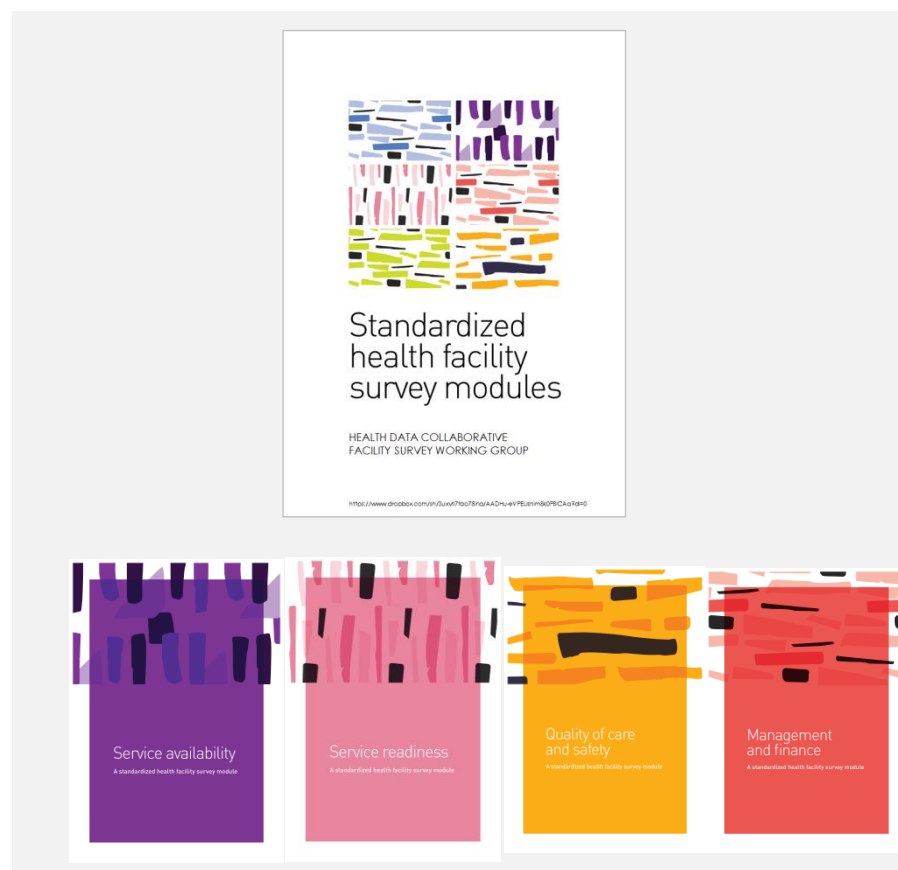
Achievements

Standardized indicators and survey modules:

- Service Availability
- Service Readiness
- Quality and Safety of Care
- Management & Finance (in progress)

Challenges/lessons learned

- Implementation of harmonized approach at country level – still not demonstrated



Reflections for way forward

- Need for broader partner support and commitment for harmonized approach to facility surveys at country level

Logistics Management Information Systems (LMIS)

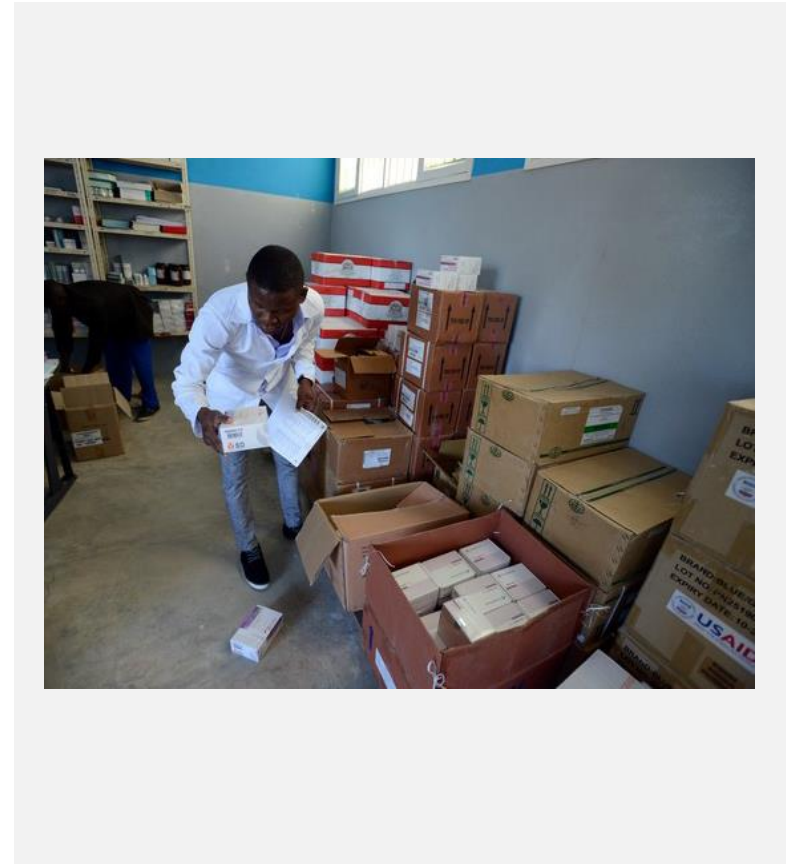
co-leads: BMGF, USAID, WHO, ISG

Achievements

- ❑ Position paper published on Global Data Standards (GS1) for supply chain management.
- ❑ Clear link established with global Interagency Supply Chain Group.
- ❑ Diverse membership and commodity representation

Challenges/lessons learned

- ❑ Commitment from HDC members to pursue deliverables.
- ❑ Clarity of roles and responsibilities for implementers.



Reflections for way forward

- ❑ Dedicated project manager needed
- ❑ Country coordination for ICT/LMIS necessary

Measurement of quality of care and performance

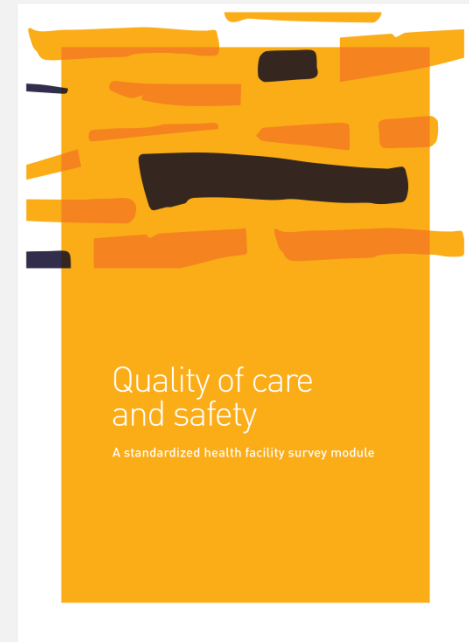
co-leads: WHO, WBG, PHCPI

Achievements

- ❑ Quality of care and safety module completed in collaboration with Facility surveys working group
- ❑ Inventory of quality of care domains and indicators completed

Challenges/lessons learned

- ❑ Importance of coordinating with related collaboratives/partnerships (e.g. PHCPI, JLN, Lancet Commission on Quality Health Systems) and other HDC WGs



Reflections for way forward

- ❑ More efficient to embed Quality of Care (QoC) work in other TWGs' workplans, rather than creating standalone QoC products – will take this approach with RHIS and Community Data WGs

Civil Registration and Vital Statistics (CRVS)

co-leads: UNICEF, WBG

Achievements

- ❑ CRVS eLearning course with 13 technical modules launched – collaboration across multidisciplinary team
- ❑ Release of “Better Data for Women and Children: Strengthening CRVS Across the Continuum of Care” – a report on collaboration between CRVS and Health Sectors

Challenges/lessons learned

- ❑ Fragmentation and duplication of CRVS activities



Reflections for way forward

- ❑ Ministries of health to work more closely with ministry responsible for civil registration
- ❑ Interoperability of health information systems and CRVS systems could be further explored
- ❑ Ensuring that unique identifiers are assigned at birth: useful for development of e-health records

Digital Health & Interoperability (DH&I)

co-leads: OGAC, WHO, USAID

Achievements

- ❑ Health Information Systems Interoperability Maturity Model launched
- ❑ Digital Health Atlas (web-based technology registration system) completed

Challenges/lessons learned

- ❑ Lack of clarity on how to respond to technical assistance requests from ministries of health
- ❑ Lack of coordination between M&E leadership and digital health leadership within MoHs



Reflections for way forward

- ❑ Overarching HDC operational approach will help WG collaborate more with other WGs

Health Workforce Accounts

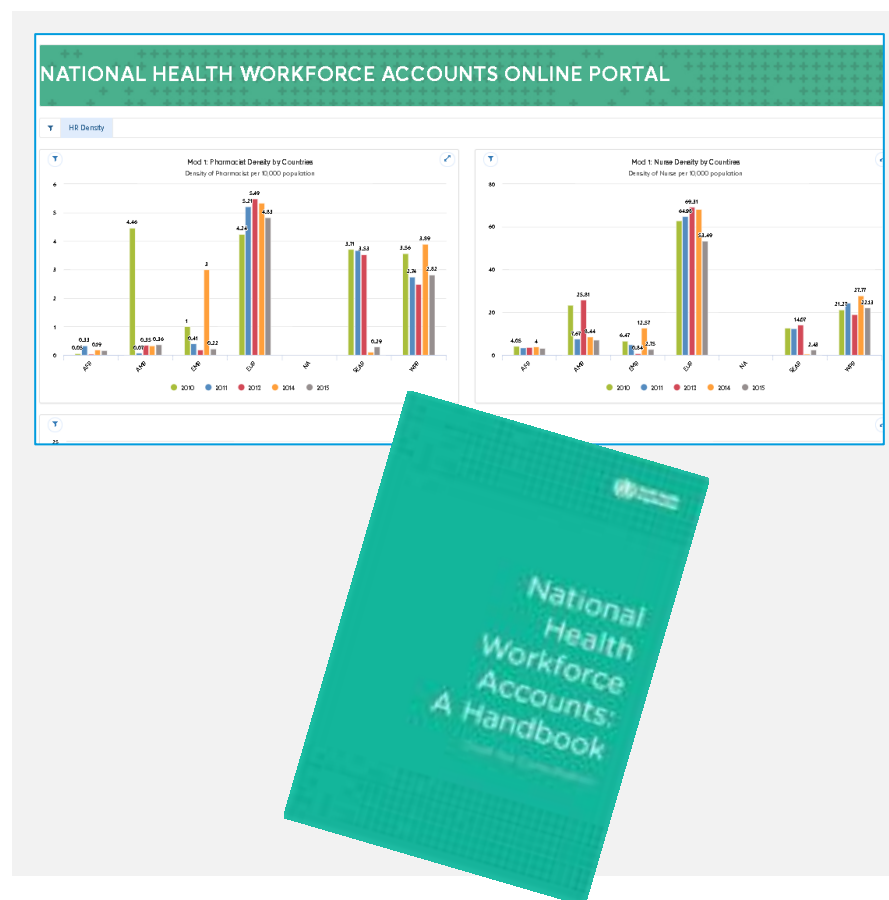
co-leads: WHO, USAID

Achievements

- ❑ Handbook on National Health Workforce Accounts (NHWAs) published
- ❑ NHWA web data portal launched in November 2017

Challenges/lessons learned

- ❑ Clarity of roles and responsibilities of WG members
- ❑ Conveying the concept/terminology of “accounts” for buy-in from countries



Reflections for way forward

- ❑ Focus will be on country support, given expressions of interest/requests received from more than 15 countries

Health Financing

co-leads: WHO

Achievements

- ❑ Implementation and interpretation guidelines in support of System of Health Accounts (SHA) prepared by WHO/ OECD / USAID-funded HFG
- ❑ Progress made towards harmonization of tools and methodology

Challenges/lessons learned



World Health Organization Global Health Expenditure Database

Documentation Centre

Technical Notes

- SHA 2011 Methodology
- Methodology & Guidelines
- Training Material
- Country Status
- Policy Briefs

Reports

- Global
- Regional
- National
- Country General Information

Methodology & Guidelines

- Methodology
- Guidelines
 - Disease Expenditure Guidance
 - Accounting health care financing expenditure under SHA 2011 (1.98 Mb)
 - Accounting expenditure on prevention activities under SHA 2011 (1.09 Mb)
 - Accounting capital expenditures under SHA 2011 (228.86 Kb)
 - Accounting over-the-counter drugs expenditure under SHA 2011 (275.88 Kb)

Making Numbers Count
Using health expenditure
data to achieve policy
change

Reflections for way forward

- ❑ Existing health information systems / platforms should be leveraged for health expenditure data collection (e.g. DHS, DHIS 2, HFA, IMS)
- ❑ Best practices should be gathered on automated donor reporting and on country experiences with expenditure management systems

Scorecard on Deliverables by Working Group

Routine Health Information Systems (co-leads: WHO, MEASURE Evaluation, UoO)	
Package of harmonized data standards and tools	Completed/well advanced
Curriculum on analysis and use for action	Completed/well advanced
Health app for DHIS2	Completed/well advanced
Facility Surveys (co-leads: WHO, WBG)	
Standard set of facility survey indicators	Completed/well advanced
Harmonized survey modules	In progress
Joint investment plan to support countries with facility surveys	In progress
Community Data (co-leads: USAID, UNICEF)	
Package of generic guidelines for community health information systems (CHIS)	Completed/well advanced
Investment landscape for CHIS	Early stages/yet to start
Joint workplans for investment in and technical support for strengthening CHIS	Early stages/yet to start
Logistics Management Information Systems (co-leads: BMGF, USAID, WHO, ISG)	
Package of policies and guidance documents for LMIS delivery	In progress
Enhanced global coordination on LMIS	Early stages/yet to start
Measurement of Quality of Care (co-leads: WHO, WBG, PHCPI)	
Inventory of quality of care domains and indicators	Completed/well advanced
Support and input into other HDC working groups to strengthen QoC measurement	Completed/well advanced
Quality of care assessment guidance document	Early stages/yet to start
Civil Registration and Vital Statistics (co-leads: UNICEF, WBG)	
Global Public Goods to support efforts to strengthen CRVS efforts	Completed/well advanced
Aligned support to countries and good practices in CRVS implementation	In progress
Engagement in civil society advocacy efforts for CRVS	Early stages/yet to start

Completed/well advanced
 In progress
 Early stages/yet to start

Scorecard on Deliverables by Working Group

Household Surveys (co-leads: WHO)	
Common list of current and upcoming household surveys	Completed/well advanced
Mapping of core health indicators against coverage of major household surveys	Completed/well advanced
Contribute to extension of IHSN survey catalog to health-related survey programs	Completed/well advanced
Data Analytics and Use (co-leads: JHU, UNAIDS, WHO)	
Consolidated information on barriers to data demand and use	Completed/well advanced
Guidance document for countries on institutional capacity strengthening	Early stages/yet to start
Suite of electronic tools to improve analytical capacity	In progress
Coordinated support for five countries	In progress
Mapping of data analytic tools	Completed/well advanced
Digital Health & Interoperability (co-leads: OGAC, WHO, USAID)	
Interoperability capability and maturity model	Completed/well advanced
Inventory of global public goods	In progress
Business case/value proposition for investment in digital health public goods	In progress
Health Workforce Accounts (co-leads: WHO, USAID)	
Global standards and public goods for NHWA	Completed/well advanced
Regional collaboration, capacity building and country support	Completed/well advanced
Promotion and dissemination	Completed/well advanced
Health Financing (lead: WHO)	
Package of guidelines, tools, recommendations that support unified resources tracking	Completed/well advanced
Package of guidelines on automated health expenditure data collection	In progress
Joint support to countries in the implementation of SHA 2011	In progress



Completed/well advanced



In progress



Early stages/yet to start

Lessons learned

(Synthesis of feedback from working group leads)

- ✓ Progress on global public goods has been positive when objectives fit institutional mandate of working group leads and participants.
- ✓ Understanding country contexts as products are defined and developed is critical.
- ✓ Roles and responsibilities need to be clearly communicated across the working group.
- ✓ Multiple linkages among working groups call for increased engagement among groups.
- ✓ Agreement on definition of technical terminology needed for efficient communication.

Suggestions for improvement

(Synthesis of feedback from working group leads)

- Improve coordination/communication across working groups and with country partners
- Develop coordinated cross-HDC plan for implementing/sharing global public goods, while aligning with country priorities
- Develop regional approach to introducing global public goods

Reflections for way forward

(Synthesis of feedback from working group leads)

- Moving from production of global public goods to implementation and use at country level
- Advances in harmonization and alignment, but not yet demonstrated at country level
- Strong country data governance will be required