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

Meeting Report

Executive Summary

Two years after its launch in March 2016, the Technical Working Group (TWG) leads, country HDC representatives and key experts gathered as part of a learning agenda to improve the functioning of the Health Data Collaborative (HDC). The objectives of the meeting were to: review progress on the development and harmonization of global public goods; review the functioning of the HDC working groups and their terms of reference and propose an improved modus operandi; and discuss how to validate, promote and use global public goods at the country level.

The HDC TWGs have made significant progress producing harmonized global public goods and standards. To date, more than 350 technical experts from 60 organizations have collaborated to develop, review and harmonize 33 global goods, 25 of which are published or ready to be published.

Meeting participants identified **potential priority areas for HDC collective action for 2018-19 and beyond: governance; individual data systems; fragmentation and lack of interoperability; analysis and use of data; and guidance on choice of tools for implementation and investment.** The Steering Group will review and consider which areas could be addressed by TWGs or other problem-solving approaches.

To have impact, global public goods must be driven by country-level needs. Country perspectives must be involved in the entire process, from development to dissemination, including adaptation to local context. WHO presented SCORE for Health Data, a technical package of the most effective strategies and interventions needed to strengthen country health data systems to monitor health priorities. Meeting participants agreed that SCORE could be used to help disseminate and scale global public goods, and were invited to provide input for SCORE as part of the broader SCORE consultation process.

Meeting participants prepared discussion points to be taken forth to the HDC Steering Committee for consideration in its June 2018 meeting.

1. Background

The Health Data Collaborative (HDC) was launched in March 2016 to address the challenge of disparate funding and fragmented sources of health data, which contribute to the current inadequacy of data for reliable and timely decision-making. Spurred by the Five-Point Call to Action on health measurement and accountability, the HDC focuses on three inter-related objectives as outlined in the Operational Workplan 2016-2017:

1. Enhancing country capacity to monitor and review progress towards the health-related Sustainable Development Goals through better availability, analysis and use of data.
2. Improving efficiency and alignment of investments in health data systems through collective action.
3. Increasing impact of global public goods on country health data systems through increased sharing, learning and country engagement.

The HDC Operational Workplan 2016–2017 specifies a set of concrete deliverables that aim to address critical gaps and priorities for strengthening country data systems. The Steering Group agreed to a network of time-limited Technical Working Groups (TWGs) to collectively deliver on priority harmonized tools, standards and guidance, referred to as global public goods. Over the past 18 months, 11 technical working groups have been operational in this network, made up of over 350 technical experts representing numerous partner and stakeholder groups.

Two years after the HDC launch, the second meeting of the HDC Technical Working Groups (TWGs) brought together four countries, 20 partner organizations, technical working group leads, and other programme experts who have lead actively on various tasks. The participants are listed in Annex 1.

The objectives of the meeting were to: 1) review progress on the development and harmonization of global public goods, as specified in the Health Data Collaborative (HDC) Operational Workplan 2016–2017; 2) review the functioning and terms of reference of current and future working groups and propose an improved modus operandi; 3) discuss the strategy for the validation, promotion, implementation and use of global public goods at country level. The agenda is in Annex 2.

2. Overview of progress in global public goods

The TWGs have made significant progress producing harmonized global public goods and standards, a priority deliverable in the HDC Operational Workplan 2016-2017. They have developed, reviewed and harmonized 33 global public goods that address key gaps and challenges, 25 of which are published or ready to be published, as seen in Table 1.

In addition to their success developing global public goods, the TWGs also shared their lessons learned:

1. Working groups made progress on global public goods when they fit the institutional mandates of working group leads and participants;
2. Understanding country needs and contexts is critical as global public goods are defined and developed; and
3. Cross-cutting global public goods require more alignment and collaboration between TWGs.

Table 1: Global public goods produced by TWGs

Key gaps/challenges	Product	Status
Routine Health Information Systems (Co-leads: WHO, MEASURE Evaluation, University of Oslo)		
Lack of updated facility lists; parallel facility reporting systems; too many reporting forms; poor analytical capacity and use.	RHIS rapid assessment tool	Pre-final
	RHIS curriculum	Published
	PRISM Assessment tools	Pre-final
	Core indicators and metadata	Published
	Start-up mortality list and guidance for cause of death reporting	Published
	Guidance on unique identifiers for patient monitoring	Started
	Master facility list resource package	Pre-final
	Harmonized data quality review (DQR) toolkit	Published
	Guides for analysing facility data and a health data app for DHIS 2, based on international standards	Advanced
	Health data app for DHIS2, based on international standards	Pre-final
Facility Surveys (Co-leads: WHO, World Bank Group)		
Too many facility surveys; Lack of harmonization among multiple facility surveys.	Harmonized facility survey modules	Advanced
	Repository of facility surveys and timelines	In progress
Community Data (Co-leads: USAID, UNICEF)		
Parallel facility reporting systems; too many reporting forms.	DHIS2 Community Health Information System Guidelines	Published
	Framework for a conceptual model for strengthening CHIS	Pre-final
Logistics Management Information Systems (Co-leads: The Bill & Melinda Gates Foundation, USAID, WHO, Interagency Supply Chain Group (ISG))		
Lack of LMIS information standards.	Technical guidance on global data standards (GS1) for supply chain management	Published
Measurement of Quality of Care (Co-leads: WHO, World Bank Group, The Primary Health Care Performance Initiative)		
Lack of sound measurement methods for many quality of care indicators.	Inventory of Quality of Care domains	Completed
	Inventory of Quality of Care indicators	Completed
	Quality of Care module as part of Harmonized Facility Survey Modules	Completed
	Quality of care assessment guidance document	In progress
Civil Registration and Vital Statistics (Co-leads: UNICEF, World Bank Group)		
Poor notification and reporting of births, deaths, cause of death and mortality statistics; lack of interoperability between health and CRVS systems.	CRVS eLearning course	Published
	CRVS Handbooks	In progress
	Birth and death modules for DHIS2 health app	In progress
	Better Data for Women and Children: Strengthening CRVS Across the Continuum of Care	Published
	Start-up Mortality List Module for DHIS2	Completed
Data Analytics and Use (Co-leads: Johns Hopkins University, UNAIDS, WHO)		
Weak links between health and statistics constituencies; weak analytical capacity and poor use of data for action.	Presentation and short report on barriers to data use, current efforts to improve data demand and use	Completed
	Mapping of existing and ongoing tools for building capacity for data analytics	Advanced
Digital Health & Interoperability (Co-leads: Office of the Global AIDS Coordinator (PEPFAR), WHO, USAID)		
Lack of harmonized approaches to data and technology.	Health Information Systems Interoperability Maturity Model for Low-Resource Settings	Published
	Digital Health Atlas (web-based technology registration system)	Completed
	Business case/value proposition for investment into interoperable digital health public goods	In progress
Health Workforce Accounts (Lead: WHO)		
Poor health workforce statistics.	National Health Workforce Accounts implementation guide.	Completed
	Handbook on National Health Workforce Accounts with core indicators, definitions and metadata.	Pre-final

	National Health Workforce Accounts web data portal	Completed
Health Financing (Lead: WHO)		
Poor health workforce statistics.	Implementation guidelines that support unified resource tracking for countries and validation of one global standard (SHA2011).	Completed

An Update on Global Public Goods, which includes an inventory of global public goods, lessons learned, and emerging priorities, is available in Annex 3.

Next Steps:

1. Develop aligned cross-HDC plan for implementing and sharing global public goods and
2. Improve coordination and communication across working groups and with country partners, particularly around cross-cutting issues.

3. Continuing and emerging global public good priorities for 2018-2019

During the meeting, the participants identified priority problem areas for global public goods going forward. Technical priorities included:

1. **Early warning:** An Early Warning, Alert and Response TWG has been formed, co-led by WHO and CDC. Key focus areas to address include early warning and response tools and an outbreak toolkit.
2. **Individual level data:** There is a need for unique identifiers and longitudinal data, as well as standards and guidance for countries on the adoption and uses of such systems, including interoperability. Participants suggested a cross-cutting working group be formed on unique identifiers.
3. **Interoperability:** This is a continuing priority from the Operational Workplan 2016-2017. Siloed investments continue to lead to a fragmented digital health landscape, full of tools that cannot share data needed for decision-making, health system and service improvement, and meeting country health goals. Participants recommend that the Digital Health & Interoperability Working Group continue to develop global public goods for digital health and interoperability, and that at country level partners collaborate to support pathfinder countries to increase interoperability.
4. **Data analysis and use:** This is a continuing priority from the Operational Workplan 2016-2017. Meeting participants suggested planning workshops in focus countries to implement HMIS training modules, involving program staff to better interpret findings and decide on action.

Annex 4 contains a synthesis of the priorities that were identified in break-out groups.

Next Steps:

1. The participants of the meeting requested that the Steering group review of the identified priorities during the June meeting.

4. Working in response to country and programme needs

The four countries HDC pathfinder countries, Cameroon, Kenya, Malawi and Tanzania, shared their lessons learned and successes:

1. In all the countries, HDC is providing a platform for developing country-led data governance and investments, as well as aligning government and partners behind M&E priorities;
2. Successes also include mapping investments (Kenya and Cameroon) and reducing the number of national indicators (Malawi), using the 100 Core Health Indicators as guidance.
3. At country level there is a lack of health data governance and coordination among programmes and donors.
4. Countries need a framework to guide their investment in and use of global public goods, as well as to track their HIS strengthening progress.
5. Global public goods must be designed with the end user in mind, and that to do so, programmes should also be involved in the global public good development process.

Next Steps:

1. To achieve maximum impact of global public goods, involve country and programme stakeholders in their development, following a model presented at the meeting:
   a. **Identify** needs for tools to meet country system and programme needs as well as support more efficient and effective global reporting.
   b. **Produce** global public goods through collaboration between technical and programmatic working groups, supported by the HDC.
   c. **Validate** global public goods through iterative testing with working groups and a data standards advisory committee.
   d. **Scale** harmonized global public goods that have been adapted to local context and provide aligned technical assistance.
   e. **Measure** growth and monitor progress.
2. Align cross-HDC plan for implementing/sharing global public goods with country and programme priorities; and
3. Leverage regional bodies and networks to disseminate global public goods at the country level.

5. Bringing it all together

An update on the SCORE (Survey, Count, Optimize, Review, Enable) for Health Data technical package, a key deliverable from the HDC Operational Workplan 2016-2017, was presented. The aim of the package is to ensure countries collect, organize and use the necessary data to guide the planning, management and monitoring of health programmes. The technical package is a comprehensive framework made up of:

1. Essential interventions to address critical gaps and challenges in health data systems, which will provide a platform for the dissemination of global public goods;
2. Guidance on possible actions, recommended tools, standards and best practices; and
3. An assessment and monitoring instrument to identify strengths and weaknesses and track progress.

Next Steps:

1. The SCORE package will be distributed to meeting participants and all other HDC partners to for input;
2. An external process for the review and validation of global public goods to be included in SCORE will be presented to the Steering Group at the June meeting; and
3. Countries can use SCORE to select global public goods for adaption and adoption.

Moving forward

1. The HDC secretariat will consolidate progress for Steering Group meeting, including a progress report, based on the inputs from this meeting.
2. Taking into consideration the priorities generated during this meeting and lessons learned at county and global level, the Steering Group will develop the HDC strategic priorities going forward.

Annex 1: List of Participants

PARTNERS			
Bill and Melinda Gates Foundation		Kaleb Brownlow Tim Wood	Kaleb.Brownlow@gatesfoundation.org Tim.Wood@gatesfoundation.org
Federal Ministry for Economic Cooperation and Development (BMZ)/Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)		Binod Mahanty	binod.mahanty@giz.de
Gavi, the Vaccine Alliance		Hope Johnson	hjohnson@gavi.org
International Health Partnerships for UHC 2030		Lara Brearley Shana Dorr Marjolaine Nicod	brearleyl@who.int dorrs@who.int nicodm@who.int
Korea International Cooperation Agency		Hayoung Lee	halee@koica.go.kr
Johns Hopkins University		Melissa Marx	mmarx@jhu.edu
MEASURE Evaluation		Tariq Azim	syed_azim@jsi.com
Norwegian Agency for Development Cooperation		Austen Davis	Austen.Peter.Davis@norad.no
PATH		Dykki Settle Lauren Wall	dsettle@path.org lwall@path.org
Regenstrief		Paul Biondich	pbiondic@regenstrief.org
The Global Fund		Peter Hansen Nathalie Zorzi	peter.hansen@theglobalfund.org Nathalie.Zorzi@theglobalfund.org
UNAIDS		Mary Mahy	mahym@unaids.org
UNICEF		Chika Hayashi Debra Jackson Remy Mwamba	chayashi@unicef.org djackson@unicef.org rmwamba@unicef.org
University of Oslo		Jorn Braa Kristin Braa	jornbraa@gmail.com kristin.braa@gmail.com
United States Government	USAID	Kathleen Handley Kelly Saldana Ana Scholl Bill Weiss	khandley@usaid.gov ksaldana@usaid.gov adjapovicscholl@usaid.gov wweiss@usaid.gov
	CDC	Benjamin Dahl Dan Rosen Xen Santas	BDahl@cdc.gov DRosen@cdc.gov xms1@cdc.gov
	PEPFAR	Mark DeZalia Irum Zaidi	mvd5@cdc.gov ZaidiIF@state.gov
Vital Strategies		Adam Karpati	akarpati@vitalstrategies.org
The World Bank		Sam Mills	smills@worldbank.org
World Health Organization (*for relevant sessions)			
Information Evidence and Research		Somnath Chatterji* John Grove Kathy O'Neill Alastair Robb Amani Siyam* Knut Staring* Kavitha Viswanathan	chatterjis@who.int grovej@who.int oneillk@who.int robba@who.int siyama@who.int staringk@who.int viswanathanka@who.int
Health Emergencies Programme		Stephane Hugonnet* Oliver Morgan*	hugonnets@who.int omorgan@who.int
Maternal, Newborn, Child and Adolescent Health		Theresa Diaz	tdiaz@who.int
Reproductive Health and Research		Garrett Mehl	mehlg@who.int
Essential Medicines		Lisa Hedman	hedmanl@who.int

Health Financing	Xu Ke Nathalie Van de Maele	xuk@who.int xvandemaelen@who.int
Global TB Programme	Charalampos Sismanidis	sismanidisc@who.int
HIV/AIDS	Daniel Low-Beer	lowbeerd@who.int
Health Workforce	Khassoum Diallo* Aurora Saares*	kdiallo@who.int saarea@who.int
Service Delivery and Safety	Shannon Barkley	barkleys@who.int
WHO Country Office Tanzania	Irene Mwoga	mwogai@who.int

COUNTRIES		
Cameroon	Serge Bataliack Alina Berendsen Gnigninanjouena Oumarou	bataliacks@who.int alina.berendsen@giz.de omargnigni@yahoo.fr
Kenya	Isabel Maina Peter Mbugua	drmainaisabel@gmail.com mbuguakung@yahoo.com
Malawi	Simon Ndira	simon.ndira@giz.de

Annex 2: Meeting objectives and agenda

OBJECTIVES

1. Review progress on the development and harmonization of global public goods, as specified in the Health Data Collaborative (HDC) operational work-plan 2016–2017 and determine emerging priorities and deliverables for 2018–2019.
2. Review the functioning and terms of reference of current and future working groups and propose an improved modus operandi.
3. Discuss the strategy for the validation, promotion, implementation and use of global public goods at country level.

AGENDA

Tuesday, 13 March 2018		
08:15 -09:00	**Registration and Coffee**	
Session 1: Introduction and overview of progress	**HDC Chairs**	
09:00-09:30	**Welcome and introductions, meeting scope and objectives**	HDC co-chairs
09:30-10:00	**Overview of progress of the development and harmonization of global public good deliverables -** summary presentation on work across all HDC technical working groups	John Grove
10:00-10:30	**Plenary Discussion** (deliverables, successes, lessons learned, reflections for the way forward)	Ben Dahl
10:30-11:00	*Coffee break*	
Session 1 [Contd.]	**Chair: Austen Davis**	
11:00-12:30	**Showcasing key deliverables [10 mins max]** • Facility data standards (Kathy, Tariq, Kristen) • Community Data (Ana, Remy) • Digital Health (Garrett, Paul) • CRVS e-learning (Sam, Debra)	TWG leads
	Updates from new working groups • Epidemic intelligence & Early warning, alert and response (Oliver, Ben & Stephane) • LMIS (Lisa, Kaleb, Lindabeth)	TWG leads
	Marketplace available for additional demonstrations/information updates	All TWGs
12:30-14:00	*Lunch break*	
Session 2: Continuing and emerging priorities for 2018/2019	**Chair: Kelly Saldana and Katy Handley**	
14:00-15:30	**What are the continuing and/or new priorities for global public goods (GPGs) that respond to country needs?** **[Break out groups]** • What are priority areas to be addressed that require collective action – based on country & programmatic need? • Are there areas for cross –linkages with other priority areas?	

	• Which priorities have the biggest impact?	
15:30-16:00	*Coffee break*	
16:00-17:30	**Feedback from working groups and plenary discussion**	
Wednesday, 14 March 2018		
09:00-09:30	**The Kenya Health Data Collaborative review – Information Session**	Isabel Maina and Peter Mbugua
Session 3: Working better in response to country and programme needs	**Chair: Hope Johnson**	
09:30-10:30	**Recap of the previous day** **Panel: Country and programme perspectives on implementing global public goods** • Do the priorities identified respond to country demand/need? • How do the "producers" of tools better engage country and programme stakeholders? • How to improve overall coherence across the technical work? **Plenary discussion**	Country and programme panel
10:30-11:00	*Coffee break*	
Session 4: Bringing it all together	**Chair: Peter Hansen**	
11:00-12:30	**Supporting the validation, promotion, implementation and use of global public goods at country level** • Update on the SCORE for health data technical package **Scaling to countries** • What is the role of regional platforms and networks, national institutes to support implementation and use? • What is the role of respective partners?	Kathy O'Neill
12:30-14:00	*Lunch break*	
Session 5: Future priorities and functioning	**Chair: Irum Zaidi**	
14:00-15:30	**Introductory presentation to summarize key points from previous discussions** **Breakout groups form to conclude:** • What have we learned and how do we improve? • Propose operating framework for HDC to take forward the 2018–2019 GPG priorities and deliverables? • Identify who and how to work to maximize the impact of HDC GPGs?	Alastair Robb
15:30-16:00	*Coffee break*	
16:00-17:00 17:00-17:30	**Feedback from breakout groups** **Summary of key points + Wrap-up and next steps**	All HDC co-chairs

Update on Global Public Goods

by Health Data Collaborative Technical Working Groups

March 2018

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 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 is important to engage with programme-specific constituents (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.

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.

Health Data Collaborative Technical Working Group leads

Routine health information systems	Tariq Azim Kristin Braa Jorn Braa Kathy O'Neill	syed_azim@jsi.com kristin.braa@gmail.com jornbraa@gmail.com oneillk@who.int
Community data	Remy Mwamba Ana Scholl	rmwamba@unicef.org adjapovicscholl@usaid.gov
Facility surveys	Amani Siyam Jeremy Veillard	siyama@who.int jveillard@worldbank.org
Measurement of quality of care and performance	Lisa Hirschhorn Sun Mean Kim Jeremy Veillard Kavitha Viswanathan	lrhirschhorn@gmail.com sm@who.int jveillard@worldbank.org viswanathanka@who.int
Logistics management information systems	Kaleb Brownlow Lisa Hedman Hitesh Hurkchand Lindabeth Doby	hedmanl@who.int hhurkchand@unicef.org Kaleb.Brownlow@gatesfoundation.org ldoby@usaid.gov
Inter-Secretariat Working Group on Household Surveys (ISWGHS)	Somnath Chatterji Olivier Dupriez Attila Hancioglu Madeleine Short	chatterjis@who.int odupriez@worldbank.org ahancioglu@unicef.org mshort@usaid.gov
Civil Registrations and Vital Statistics/ Global CRVS Group	Sam Mills Debra Jackson	smills@worldbank.org djackson@unicef.org
Health workforce	Khassoum Diallo Diana Frymus	kdiallo@who.int dfrymus@usaid.gov
Health financing	Nathalie Van de Maele Xu Ke	vandemaelen@who.int xuk@who.int
Data analytics and use	Mary Mahy Melissa Marx Kavitha Viswanathan	mahym@unaids.org mmarx@jhu.edu viswanathanka@who.int
Digital health and interoperability	Garrett Mehl Adele Waugaman Paul Biondich	mehlg@who.int awaugaman@usaid.gov pbiondic@regenstrief.org
Epidemic Intelligence	Stephane Hugonnet Oliver Morgan Ray Ransom	hugonnets@who.int omorgan@who.int rlr1@cdc.gov

Routine Health Information Systems

Co Leads: Kathy O'Neill (WHO); Tariq Azim (MEASURE Evaluation); Kristin Braa (UoO)

Working Group Objectives	1. Address critical gaps/needs to analyse and use data for action 2. Catalyse joint support to countries for a comprehensive facility data system that responds to country and programmatic needs 3. Identify ways that investments can be better aligned to ensure scale-able sustainable systems
Planned Deliverables	1. Package of data standards & tools. 2. A comprehensive curriculum on analysis & use of data 3. A standard Health App for DHIS2.
Narrative Overview of Progress (including successes and lessons learned)	Over the last 2 years, significant progress has been made on the package of data standards and tools, resulting in publication of the following products. Additional details are included in the inventory of HDC deliverables at the end of this document. **RHIS Rapid Assessment Tool** **RHIS curriculum** **Core indicators and meta data for facility-based reporting** **Start-up Mortality List** **Master Facility List Resource Package** **Harmonized data quality toolkit** **A comprehensive curriculum on analysis & use of data** **A standard health app for DHIS2** Some key deliverables were not completed, but these continue to be important and further discussion is required on how to address them collectively. **Key lessons learned** include the following: 1. The agencies that actively contributed to the work area saw clear gains in institutional efficiencies through collaboration in the working groups and delivery of the global public goods. 2. It is critical to have institutional, financial and individual commitment to ensure delivery on key products. Some of the deliverables that were not completed in time were due to missing one or more of these key ingredients. 3. The production of the deliverables was limited to some key individuals/institutions which were not reflective of the wide membership in the working groups. Given the large transaction cost for coordination, it would be useful to consider if such large working groups are necessary. Recommend to consider more nimble arrangements that would serve the process better.
Linkages with other working groups	Two key areas of linkages have been identified: -Linkages with the Community Data, Epidemic Intelligence group and LMIS group are required on the development of several standards. -Linkages with the Digital Health & Interoperability working group on interoperability between 1) case-based and aggregate data and 2) LMIS and aggregate data
Emerging/new priorities (if any)	1. Standardized patient registers and reporting forms (paper-based and electronic) 2. Guide on unique identifiers for health
Other comments/suggestions	

Community Data

Co Leads: Ana Scholl (USAID) and Remy Mwamba (UNICEF)

Working Group 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 a broader routine HMIS. 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. Promote and provide joint investment in and technical support for strengthening community health information systems in priority (Phase 1) HDC countries
Planned Deliverables	1. Package of generic guidelines for community health information systems 2. Investment landscape for community health information systems in HDC countries 3. Joint work plans for investment in and technical support for strengthening community health information systems in HDC countries
Narrative Overview of Progress (including successes, challenges and lessons learned)	Over the course of the last 23 months, the Community Data Sub-Group has contributed to the increased availability of needed resources and tools for strengthening community data. This was done through an explicit approach of coordination and engagement across donors, partners, and other relevant working groups to execute on the development and finalization of technical products to meet the group's objectives. Successes and lessons learned are presented below. **Coordination and Engagement:** Following Glion in April 2016, the Community Data Subgroup established a standing monthly call led by the group's co-chairs. During these monthly calls, members from the team provide updates, engage in technical discussions, and share relevant updates for the purpose of identifying synergies and potential collaborations. In addition, this forum is used to invite participation from other working groups' representatives for the purpose of identifying potential collaborations and leveraging technical synergies. The consistency and focus of these meetings has been a key foundation in the group's ability to move forward in finalizing deliverables. Having representation from the majority of group members each month is a challenge. This has been mitigated through the use of an online platform to share updates in addition to sharing follow-up notes through email. Another key success of this group has been the ability to which this group has been able to participate in global or regional forums where the Community Data subgroup's work can be shared with in-country and regional stakeholders for input and feedback. During these meetings, our expert members provided technical contributions. Examples of participation include: • Institutionalizing Community Health Conference. Johannesburg, South Africa- March 25-28, 2017- hosted by USAID/Maternal and Child Survival Project • DHIS 2 Community Health Information System (CHIS) workshop. Goa, India- May 5-13, 2017 • Community Health Information System/DHIS2 Academy. Oslo, Norway- June 2017 • Africa Regional Workshop on Improving Routine Data for Child Health in National Health Information Systems. Johannesburg, South Africa, September 19-23, 2017 **Technical Implementation:** Since April 2016, the group has finalized the following deliverables through the financial and technical contribution of the partners supporting the Community Data Work Plan. The success in completing these deliverables and making substantial progress on others is due to the technical and resource alignment supported by partners. The group consists of global experts in the area of community data who are also representing multiple multilateral and bilateral donor organizations and partner organizations. The members were able to work together to identify resources and carry out the work plan activities. A **key challenge** that limited the extent to which the group was able to move forward and complete some of the work plan deliverables was different timing of the work plan development that was not always aligned across donors and partners with the resource allocation processes. In addition, unclear country engagement strategy has limited the ability of the working group to fully test and

	contextualize some of the proposed solutions and global goods. **Lessons learned** in the technical development and implementation of the work plan included: a) the importance of clear communication across the group in terms of roles and responsibilities; b) the importance of engagement across HDC working groups; c) the importance of understanding country contexts as products were defined and developed; and d) the need to clearly define and align community data terminology across partners, an activity the group began at the end of 2017. During this time, the following deliverable was finalized: "Generic DHIS2 digital modular toolkit and guideline for community-based services." In addition, the following deliverables are currently in progress: - Community eHealth case studies (March 2018) - Community health information system (CHIS) strengthening framework (May 2018) - Community Data Use Global Resource Package (December 2018) The group also contributed to the technical review of other working groups' products including: - Indicator development and review of DHIS2/CHIS guideline - CHIS integration into RHIS curriculum - Community Data Subgroup input for CHIS integrated into RHIS assessment curriculum - Start-up mortality list (RHIS 1.5) - Quality of care standards and measurements (QofC 2.1) - Standard methods for estimating target populations The group experienced a specific challenge moving forward with the deliverables: "Investment landscape for community health information systems in priority (Phase 1) HDC countries" and "Joint work plans for investment in and technical support for strengthening community health information systems in priority (Phase 1) HDC countries". The recommendation from the group is that in order to move forward with these, broader engagement across HDC working groups is essential.
Linkages with other working groups	The HDC Community Data Working Group includes active members and co-leads of the Facility Survey and DH&I Working groups. This approach has ensured both close collaboration between these working groups and better alignment across closely related and inter-dependable objectives and deliverables. The Health Workforce and Quality of Care working groups are two other working groups that were identified as very relevant in terms of the Community Data working group efforts.
Emerging/new priorities (if any)	• Finalize the Community Data Use Global Resource Package (December 2018) • Avoid data systems fragmentation by focusing on common data and data systems issues and solutions across health areas. • Develop a core set of indicators and guidance for monitoring community service delivery • Identify additional country priorities and needs for strengthening of community data availability, quality, and use working through an integrated approach with other relevant working groups • Implement a targeted and cross-HDC coordinated plan for sharing community data global public goods with HDC countries.
Other comments/ suggestions	• Determine which outstanding deliverables to carry forward • Define and identify resources for new activities • Define more explicit strategy for country engagement in terms of community and facility data solutions and relevant global goods produced using this platform.

Facility Surveys

Co Leads: Amani Siyam (WHO); Jeremy Veillard (WBG)

Working Group Objectives	Develop and support one country system of health facility surveys in order to maximize the efficiency of investments in facility assessments and their comparability and to optimize use and learning from the data collected.
Planned Deliverables	1. Standard survey modules for service availability, service readiness, quality of care, finance and management 2. Harmonized approach to conducting surveys in countries
Narrative Overview of Progress (including successes, challenges and lessons learned)	The process for developing the harmonized survey modules was a multi-step process. Initially, key indicators across main facility surveys including the Service Availability and Readiness Assessment, Service Provision Assessment, Service Delivery Indicators Survey, Service Delivery Point Survey among others were compiled. These indicators were mapped across key modules including: service availability, service readiness, quality of care and safety, and finance and management. Draft service availability, service readiness and quality of care modules are complete and available for review. The management and finance module is under development. This technical working group faced some challenges in agreeing on the use of these modules at country level. The main purpose of developing standardized surveys modules is to have available tools for countries to be able to independently verify availability, readiness and quality of services when a robust process for certification/accreditation of health services is absent. However, as the broader definition of use at country level challenged the current use of some of the existing tools -- to monitor specific project/program implementation, the group as a whole was not able to test the modules at country level.
Linkages with other working groups	Key linkages were made with the quality of care working group in the development of the quality of care and safety module. There were some initial discussions with the Primary Health Care Performance Initiative and Health Financing working group on the measurement of financial indicators at the facility level. These discussions need to be continued to finalize the management and finance module. If the technical working groups continue in their current format, it will be useful to ensure the other working groups on health workforce data, LMIS, analysis and use of data have an overview on the information collected at facility level that is relevant to their specific work areas.
Emerging/new priorities (if any)	Implementing this modular approach to facility surveys at country level and documenting experiences.
Other comments/suggestions	

Measurement of Quality of Care

Co-leads: Sun Mean Kim (WHO), Kavitha Viswanathan (WHO), Jeremy Veillard (WBG), Lisa Hirschhorn (PHCPI)

Working Group Objectives	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
Planned Deliverables	1. Domain inventory, indicator inventory and identified areas for implementation research to meet identified priority gaps in assessment of Quality of Care 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
Narrative Overview of Progress (including successes and lessons learned)	We have worked closely with the HFA group and key stakeholders to complete a module on QoC and safety as part of harmonized health facility survey modules which can be used as a core component as well as inform more specific programs We have also worked closely with IPCHS to ensure that the priorities related to quality including people-centeredness and experiential quality remain included in work to continue to expand national and subnational measurement of QoC. With PHCPI and leadership from the World Bank, we have collaborated on expanding the countries measuring quality of PHC and work in ongoing to strengthen these measures including the 4 C's of PHC. This work has also included support of JLN product development of a manual of measurement for improvement building on country input and experience. Lessons learned have included the effectiveness of having leads and other members to leverage overlapping work in multiple related collaboratives/partnerships/initiatives (PHCPI, JLN, Lancet Commission on Quality Health Systems in SDG era among many) as well as the effectiveness of closely linking with work with another TWG. We hope to build on this to continue to share lessons from and with HDC from this other work and identify two TWGs to further partner in strengthening the measurement and use of data measuring quality. We have also recognized that given the significant increase in prioritization of quality including work led by WHO (NQPS), quality measurement work through the Lancet Commission and other work that our efforts are best leveraged through an embedded model with the other TWGs rather than development of new stand alone products
Linkages with other working groups	We were successful in close collaboration with Facility Surveys working group on harmonized QoC module for harmonized health facility survey modules as noted above. We initiated discussions with other TWG (Community health for example) but are increasing prioritization of this for the upcoming year as noted above
Emerging/new priorities (if any)	Based on experience through our different initiatives, partnerships, we have identified new priorities where we are able to continue HDC work through other WGs. These include: 1. Measuring QoC for community healthcare workers, building on approach taken with facility surveys 2. Integration of QoC measures into HMIS including experiential quality 3. Work to identify optimal ways to measure provider competence in different settings To achieve this we propose to Identify 2 WGs we can engage with to continue integration of QoC work.

Logistics Management Information Systems

Co-leads: Kaleb Brownlow (BMGF), Lindabeth Doby (USAID), Lisa Hedman (WHO), Hitesh Hurkchand (ISG)

Working Group Objectives	• Support member states with development of information systems policies and guidelines for health commodities [Policy] • Develop on a common framework, approach and principles for coordination of LMIS investments and technical support to countries. [Coordination] • Document learnings about open LMIS, private sector LMIS options, strategies to re design / reengineer LMIS based on experience from the field. [Strategy (Sustainability)] • Develop a global strategy to support digital health solutions for LMIS [Technical] • Agree and adopt information standards [Technical] The group will comprise members of the Core team and focal points from interested partners. The working group will be led by **USAID, BMGF, WHO and the ISG coordinator** with focal points from all partner agencies (at global and country levels) engaging around specific countries of interest. One or two partners will take the lead for each country 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 to facilitate coordination of specific technical work with countries.
Planned Deliverables (2018-2019)	• Mapping: country status [ISG, GAVI, Digital Square] • Mapping: relevant KM products [TBD] • Agreed essential elements of maturity [TGF, VR, GAVI, JSI, WHO] • Guidance on moving towards maturity [Logistimo, VR, GAVI, WHO] • Scope of interoperability [Logistimo, VR, Digital Square, JSI, BMGF] • Cross-collaboration strategy including within HDC and without [TBD] • Proposal on policy and governance frameworks for LMIS investment [Logistimo, VR, GAVI, BMGF] • Definitions of basic packages of information [Logistimo, VR, GAVI, BMGF, UiO, Intellicog] • Country coordination [ISG, BMGF]
Narrative Overview of Progress (including successes, challenges and lessons learned)	**Successes** • Priorities set within the group are relevant and in line with both global and country level. • Feedback to the global Interagency Supply Chain Group • Diverse membership (donors, UN agencies, implementing partners, non-traditional donor funded implementing partners (USAID, BMGF, TGF). Diverse commodity representation. **Challenges** • Commitment from HDC members to pursue deliverables. • General tendency to push back to donors for decision making. Clarity of roles and responsibilities for implementers. • Unfunded activities are generally not priorities for donors (governance frameworks for e.g.) • Country coordination for ICT/LMIS is necessary but also falls within a broader mandate for partners for health supply coordination that generally involves a different set of actors at country level. **Lessons learned** • Too early to document a lesson learned however the approach we have taken is to accept and show success in at most 50% of the deliverables. • Initiatives such as these require a dedicated project manager.
Linkages with other working groups	Digital Health and Interoperability, Open HIE
Emerging/new priorities (if any)	• Visibility and analytics network (country level investment and implementation) • Gavi Target Product Profile (TPP) for LMIS • Adoption of GS1 standards by procurement and regulatory bodies, architectural design at country level

Civil Registration and Vital Statistics

Co-leads: Debra Jackson (UNICEF), Sam Mills (WBG)

Working Group Objectives	Strengthen national CRVS and related systems through coordination and collaboration on global and regional initiatives and exchange of information.
Planned Deliverables	1. Global Public Goods to support efforts to strengthen CRVS systems 2. Aligned support to countries and good practices in CRVS implementation 3. Engagement in civil society advocacy efforts for CRVS
Narrative Overview of Progress (including successes and lessons learned)	**Key successes are as follows:** **1. CRVS eLearning course** The Global CRVS Group (which comprises organizations that support CRVS systems at the global, regional, or national levels) and the WBG's Open Learning Campus (OLC), in partnership with the Korea Ministry of Strategy and Finance, launched the first-ever 21st century state-of-the-art comprehensive CRVS eLearning course on May 23, 2017 at a high-level event in Seoul, Republic of Korea. The development of this course demonstrates the commitment of development partners and Governments to work closely together in achieving the SDG Target 16.9, "*By 2030, provide legal identity for all, including birth registration*." It aims to train policy makers, public and civil servants, university students, researchers, development practitioners, and civil society organizations by providing practical tools and approaches to building and maintaining state-of-the-art CRVS systems that are linked to identity management systems and tailored to local contexts, which eventually contribute to alleviating poverty and promoting shared prosperity. Over 800 learners have enrolled so far. **2. Revision to 1998 handbooks on legal framework for CRVS and identity management systems – ongoing** **3. Updated version of the 1998 Handbook on Civil Registration and Vital Statistics Systems: Management, Operation and Maintenance to be released soon** **4. Release of the Better Data for Women and Children Report: Strengthening CRVS Across the Continuum of Care – report on collaboration between CRVS and Health Sectors** **Lessons Learned** • *Fragmentation and duplication of CRVS activities remains a challenge.* A single functioning national coordinating mechanism with a proactive anchor ministry/agency and with the roles and responsibilities of the various sectors clearly defined ensures smooth implementation of CRVS. The health sector can contribute to birth and death registration and also benefit from the use of the vital statistics generated from civil registration data for planning and monitoring of health programs. However, there is usually not much coordination between the ministry of health and the ministry responsible for civil registration. • *A multidisciplinary team with inputs from relevant organizations was necessary in developing the CRVS eLearning course.* The WBG led the development of the course with inputs from several international experts and agencies. The development of the course exemplifies a veritable global collaborative effort among organizations and international experts. For each of the 13 modules, the World Bank Team worked closely with the agencies and experts with specific knowledge and expertise on different CRVS topics to develop the modules. **Way forward** • Ministries of health to work more closely with the ministry responsible for civil registration to ensure universal birth and death registration and medical certification of causes of death. • Interoperability of the health information systems and CRVS systems could be further explored. • Ensuring that unique identification number is assigned at birth will be useful for the development of electronic health records.
Emerging/new priorities (if any)	• Development in cooperation with UNICEF, WHO and Vital Strategies, two additional CRVS modules for addition to the WHO Health Apps sponsored by HDC – a birth module and a death module (different from Mortality Module which only is for SMoL). • Handbook on C4D in CRVS – in collaboration with IDRC CoE and UNSD • Revision to CRVS questions in the Census – lead by UNFPA • Linkage of CRVS as the foundation for Legal Identity – UNICEF, UNDP, World Bank, WHO, UNHCR *Note that Organization of American States (OAS) will be taking over chair of the CRVS Global Working Group, but World Bank and UNICEF will continue to represent the group to HDC.*

Health Workforce Accounts

Co-leads: Khassoum Diallo (WHO), Diana Frymus (USAID)

Working Group Objectives	1. Improve the harmonization of health workforce data collection, sharing and use through the application of national health workforce accounts (NHWA). 2. Strengthen collaboration with and within countries, regional platforms, networks and relevant stakeholders to support implementation of NHWA. 3. Support evidence generation and knowledge management activities.
Planned Deliverables	1. Global standards and public goods for NHWA 2. Regional collaboration, capacity building and country support 3. Promotion and dissemination
Narrative Overview of Progress (including successes and lessons learned)	Deliverable 1: • NHWA Handbook finalized and disseminated • NHWA Brochure finalized and disseminated • NHWA Implementation guide finalized • NHWA Online platform finalized Deliverable 2: • Two regional NHWA workshops organized in Sub-Saharan Africa (in Maputo and Dakar 20 countries, over 70 participants) • NHWA Regional Workshop organized in Delhi for 10 SEARO over 30 participants • NHWA Regional workshop organized in Cairo for EMRO countries (over 30 participants Challenges/Lessons learned: 1. Clarity of roles and responsibilities of other HDC members for the development of global public goods 2. Understanding the concept, terminology "Accounts" and buy-in in countries/regions implementing HRH Observatories 3. Difficulty to establish a multi-stakeholders WG for implementation beyond MoH and Academia at national level 4. Culture of use of evidence for decision making.
Emerging/new priorities (if any)	• Development of a one-week long NHWA course • Regional ToT on NHWA • Country implementation and support. Expression of interest and/or requests received from over 15 countries • Regional NHWA for PAHO countries
Other comments/suggestions	• Focus on country support • Use of the NHWA platform for data entry and management

Health Financing

Co-leads: Nathalie Van De Maele/Xu Ke (WHO)

Working Group 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.
Planned Deliverables	1. Package of guidelines, tools, recommendations 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. 2. Package of guidelines for countries that support automation of health expenditure data collection by donors, governments, and at provider level. 3. Joint support to countries in the implementation of SHA 2011 methodology and production tool.
Narrative Overview of Progress (including successes and lessons learned)	• Implementation and interpretation guidelines were prepared by WHO, OECD, and USAID-funded HFG. They are available online, or are in the process of being finalized. They include guidelines on revenue and expenditure data (OECD led), on disease expenditure data (WHO led), and on production procedures (data survey sampling and weighing, budget coding, splits preparation) (HFG led). • Progress was made towards harmonization of tools and methodology. Mapping of disease expenditure framework and classifications are available in the disease expenditure guidelines published on WHO website. USAID-funded HFG will host a webinar on mapping various health financing tools, from health accounts to PERs to PETS, followed by the publication of a reference document. • One of HFG's webinars will also focus on the use of results.
Emerging/new priorities (if any)	Development to come would focus: • on recommendations for piggybacking underlying health information systems for health expenditure data collection (to replace health accounts specific surveys). These include: advocating for a compulsory health expenditure module in DHS to collect detailed healthcare utilization and expenditure information that can inform both HA and BIA analyses; developing a DHIS expenditure module to track expenditure data; and developing a facility survey standard finance module. • on best practices, including on automated in-country donor reporting; on country experience expenditure management system. • collaboration with IMS to access pharmaceutical information.
Other comments/suggestions	• Should Gather guidelines be developed for health financing data? • Should/Could we link up health finance and patient record development? • Should/Could we facilitate integration of health finance/health system data into HMIS?

Data Analytics and Use

Co-leads: Melissa Marx (JHU), Mary Mahy (UNAIDS), Kavitha Viswanathan (WHO)

Working Group Objectives	Enhance capacity for data analysis and use at national and sub-national levels Identify barriers and best practices to promote data use, improve access and understanding of data
Planned Deliverables	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 2. Guidance document for countries on institutional capacity strengthening for health data analysis and communication 3. A suite of electronic tools to improve analytical capacity as part of a technical package for health data 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 5. mapping of data analytic tools
Narrative Overview of Progress (including successes, challenges and lessons learned)	A landscape analysis was completed on data analysis and use in low and middle-income countries. Next steps include revising, finalizing and presenting the report and then disseminating it. Thereafter a meeting could be held among leads of most promising programs to harmonize them. Mapping of data analytic tools is ready to be sent to the full working group for further input. One teleconference was convened with the working group members since the working group was created. The leads convened two calls over the past year to discuss the landscape analysis and determine relevance of the working group. The leads hope to engage with the considerable knowledge and breadth of the working group members in future activities.
Linkages with other working groups	There are clear links between this group and other HDC working groups. The HDC Secretariat agreed to do a cross-walk of data analysis and use activities from other working groups to determine the complementarity of this group. An initial scan suggests the below linkages. Routine facility systems WG products: - Technical standards for routine health information systems to improve analysis and use of data - Data quality review documents
Emerging/new priorities (if any)	Determine the best level of effort and interaction with the larger working group given the overlap with other working groups
Other comments/suggestions	How can we serve the other TWGs and gather information about what they're doing more efficiently? Are we able to add value?

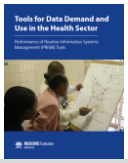
Digital Health & Interoperability

Co Leads: Paul Biondich (OGAC); Garret Mehl (WHO); Adele Waugaman (USAID)

Working Group Objectives	• Optimize the meaningful use and reuse of health information technology in low and middle income countries to support achievement of SDGs through the implementation of foundational digital health infrastructures; • Actively promote the development, use, and long-term support of digital health global public goods; and • Increase, in a measurable way, the level and alignment of country and partner investments in support of Objectives 1 and 2.
Planned Deliverables (From 2017 WP)	• Interoperability capability and maturity model • Inventory of global public goods that the working group can use/support • Creation of a MOH-centric business case/value proposition for investment into interoperable digital health public goods
Narrative Overview of Progress (including successes, challenges and lessons learned)	**Successes:** • Successfully led the community process which led to a first published version of the HDC DH&I WG Interoperability Maturity Model, which accepted contributions from over 25 participants and multiple organizations, including USAID, CDC, and ISO. Feedback from pilot use has encouraged the development of a broader HIS maturity model, which is actively being developed in 2018. • Collected an inventory of global public goods. • Planned release of the "value proposition pitch deck in 1Q 2018, also collaboratively developed and refined by participants in the workgroup. • Grew our workgroup membership to 149 active participants, representing >20 countries. • Established group-developed membership criteria and values (which must be agreed to). • Held monthly plenary meetings of the entire workgroup to apprise participants of deliverable progress, seek input from country representation, and coordinate/share knowledge. We hosted an average of 40 participants per meeting. • Supported the development of a number of additional non-technology global public goods, including the Digital Health Atlas, Digital Health Investment Review Tool, Digital Health Total Cost of Ownership Tool, WHO Digital Health Taxonomy xxx, etc. • Began preliminary coordination with other HDC workgroups, including the LMIS working group. • Hosted a face-to-face 2 day meeting in December with over 50 participants focused upon planning of collaborative work in 2018 **Challenges:** • Our work has been guided primarily by direct input from country representation and informed input from its workgroup membership. While this is one way of making progress, our workgroup constantly struggles to discern whether it's working in a way consistent with an overarching operational strategy. We believe that overarching HDC operational approach will help our workgroup work more naturally in lock step with other workgroups. • Our workgroup has received very direct requests from senior leadership at multiple MOHs (at least two of which are HDC "pathfinder countries") to provide them direct technical assistance. We failed to respond to those requests, in some ways because it's unclear as to whether that's our role to do so. • There is insufficient appreciation around the "loci of authority" within MOHs as it relates to digital health. During HDC country missions, we've seen a lack of coordination between M&E leadership within a MOH and digital health leadership (which often acts in service of M&E and other health data use cases). This creates further confusion in coordinating efforts within countries.
Linkages with other WGs	• Through Secretariats; sharing updates • Members that sit on both groups
Emerging/new priorities (if any)	From annual survey: • Increased linkages with other working groups. • Clarity on how best to engage with country partners. • Diversifying membership to bring in more donor and country participants.
Other comments	• Engage more holistically with the country action WG and country-level activities • The DH&I WG would be interested in working with the HDC Secretariat to plan how there can be more cross pollination (particularly digital) among the WGs.

Inventory of Health Data Collaborative Deliverables by Technical Working Groups

Routine Health Information Systems

	RHIS rapid assessment tool A tool to assist in the identification of weaknesses of RHIS with a view to strengthening the RHIS and improving the data. -Synergies with the SCORE technical package are being explored to publish one comprehensive tool.	WHO,USAID/ MEASURE Evaluation/JSI, D4H	Pre-final
	RHIS curriculum A course to develop core competencies in the design, development, governance and management of national RHIS.	USAID /MEASURE Evaluation, WHO, UiO, NIPH Mexico, PHF of India	Published
	**PRISM Assessment tools** Tools for assessing the quality of data and use of information in routine health information systems.		Pre-final
	Core indicators and metadata Based on the 100 core health indicators, a set of recommended indicators and metadata for facility based reporting.	WHO + HDC partners, support from GIZ & D4H	Published
	Start-up mortality list and guidance for cause of death reporting A short list of cause of death codes based on ICD and WHO medical certificate that aims to improve quality of cause of death reporting in low-resource settings.	WHO with support from D4H	Published
	Guidance on unique identifiers for patient monitoring Chapter 4 of WHO consolidated guidelines on person centre HIV patient monitoring and case surveillance provides guidance and recommendations for use of unique identifiers. (Future work will focus on building upon this work to develop guidance for patient monitoring in general.)	WHO with support from PEPFAR and BMGF	Started
	Master facility list resource package Guidance to create a standard mechanism for uniquely identifying health facilities and allow for information to be compared across time and across data sources for individual facilities.	ICF (DHS Program), WHO, USAID, PEPFAR, MEASURE Evaluation and other partners	Pre-final
	Harmonized data quality review (DQR) toolkit Harmonized toolkit to support annual and periodic independent assessments of facility-reported data generated by routine health information systems. Brings together disease -specific and agency-specific assessment tools into one common framework with standard metrics and methodology.	WHO, MEASURE Evaluation, JSI, with support from D4H, TGF, GAVI, USAID	Published

Guides for analysing facility data

Modular guidelines providing standards and methods for analysing and using facility data at national and sub-national level. Based on WHO recommended service delivery and programmatic standards, this includes modules on mortality & morbidity, health systems, and programme-specific modules on HIV, TB, malaria, immunization.

WHO + programme partners, supported by TGF, D4H, GAVI and other partners

Well advanced

Health data app for DHIS 2, based on international standards

A specialised app for DHIS public health users, including WHO core indicators and metadata, the data quality tool and health systems and programme- specific modules (indicators, best practice analysis and dashboards, standard data entry forms). Modules for HIV, TB, malaria, immunization, mortality and cause of death are now ready for testing and implementation. Modules for RMNCAH, NTDs, health systems, including PHC, in progress. Nutrition module starting with UNICEF. Vital events module in progress with D4H.

WHO, UiO with support from TGF, GAVI, D4H

Well advanced

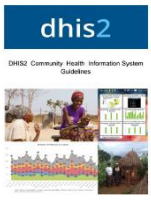
Joint strategy & investment plan for DHIS2

Evaluation and business plan completed. Several partners investing in core DHIS functionality development, roll out, implementation.

UiO with support from Norad, PEPFAR, TGF, WHO and other partners

In progress

Community Data



DHIS2 Community Health Information System Guidelines

This guidance document aims to serve as a practical guide for national and local-decision makers involved in the design, planning, deployment, governance and scale up of successful DHIS2-based CHIS that support community-based health service providers and the communities they work in.

University of Oslo (UiO), Akros Zambia, TGF, UNICEF, USAID, MEASURE Evaluation, CDC, JSI

Published

Framework for a conceptual model for strengthening CHIS

This comprehensive framework will provide an opportunity to map various community-related activities undertaken by this and other working groups (facility, RHIS, HRH, etc.).

USAID, MEASURE Evaluation, UNICEF, CDC, WBG

Pre-final

Facility Surveys

Harmonized facility survey modules

A common set of standardized survey modules, indicators and tools to support countries in implementing a single, harmonized health facility survey. These include:

-Service availability module
-Service readiness module
-Management and finance module
-Quality of care and safety module

WHO,WBG, TGF, Ariadne, UNICEF

Well advanced

Repository of facility surveys and timelines Mapping of partner facility survey investments and updates ongoing	TGF, WHO	In progress

Measurement of Quality of Care

Inventory of Quality of Care domains Existing quality of care frameworks have been reviewed, to identify common domains of quality and identify missing areas relevant to HDC work	PHCPI, WHO, WBG	Completed
Inventory of Quality of Care indicators Inventory of existing key indicator(s) in use at national, regional and global levels mapped to priority domains for assessment of quality of care.	PHCPI, WHO, WBG	Completed
Quality of Care module as part of Harmonized Facility Survey Modules Provided in-depth review and feedback on technical and experiential QoC to HFA group	PHCPI, WHO, WBG	Completed
Quality of care assessment guidance document Started to identify needs based on M&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 identify a resource who can do a review to identify gap in guides and move accordingly.	TGF, US DHHS/HRSA, Ariadne Labs, MoH Kenya, UNICEF, USAID, Universidade Federal do Rio Grande do Sul, LSHTM, R4D, country partners	In process

Logistics Management Information Systems

Technical guidance on global data standards (GS1) for supply chain management Adopting these global data standards for product identification and data capture in medicines supply chains will improve traceability and the quality and usability of data form medicines supply chains. Several HDC partners are members of the Interagency Supply Chain Group (ISG), which has published a position paper advocating adoption of these data standards.	BMGF, DFID, TGF, Gavi, Norad, UNFPA, UNICEF, USAID, WBG, WHO	Position paper published

Civil Registration and Vital Statistics

CRVS eLearning course

The CRVS eLearning course of 13 technical modules aims to train policymakers, public and civil servants, researchers, development practitioners and civil society organizations by providing practical tools and approaches to building and maintaining CRVS systems that are linked to identity management systems and tailored to local contexts. The World Bank Group coordinated the development of the eLearning course, with contributions from partners including CDC, UNICEF, UNFPA, WHO and D4H.

WBG, CDC, UNCIEF, UNFPA, WHO, D4H

Published

CRVS Handbooks

Revisions to the **1998 handbook on legal framework for CRVS** and **1998 Handbook on CRVS: Management, Operation and Maintenance** are also in progress

UNSD, UNICEF, D4H, WHO, others

In progress

Birth and death modules for DHIS2 health app

In development to be included in a specialised app for DHIS public health users, including WHO core indicators and metadata, the data quality tool and health systems and programme- specific modules

UNICEF, WHO, Bloomberg

In progress

Better Data for Women and Children: Strengthening CRVS Across the Continuum of Care

This report helps identify practical ways of strengthening collaboration and linkages between RMNCAH services and CRVS systems.

UNICEF, WHO, Gavi, CDC, WBG

Published

Start-up Mortality List Module for DHIS2

This work links with the RHIS sub-group of the Facility and Community Data working group, which is developing a health data app for DHIS2 users.

WHO

Completed

Health Workforce Accounts

Handbook on National Health Workforce Accounts (NHWA) with core indicators, definitions and metadata

The NHWA contain a set of 78 core indicators, divided over ten modules that aim to provide comprehensive information on country health workforce situation and trends.

WHO, USAID, OECD, Eurostat

Completed

National Health Workforce Accounts (NHWA) implementation guide

Pre-final

NHWA web data portal

A new portal to access data visuals and infographics of health workforce data. Also used for reporting, quality assurance and validation.

WHO, USAID, OECD, Eurostat

Completed

Health Financing

Implementation guidelines that support unified resources tracking for countries and validation of one global standard (SHA2011)

Implementation and interpretation guidelines by WHO, OECD, and USAID-funded HFG, including guidelines on revenue and expenditure data (OECD led), on disease expenditure data (WHO led), and on production procedures (data survey sampling and weighing, budget coding, splits preparation) (HFG led).

WHO, OECD, CHAI, UNAIDS, BMGF, Gavi, TGF, HFG

Completed

Data analytics and use

Presentation and short report on barriers to data use, current efforts to improve data demand and use

A consultant has conducted a landscape analysis on data analysis and use in low- and middle-income countries. The report will be presented at the upcoming HDC technical planning meeting.

JHU/WHO

Completed

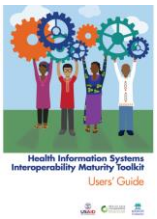
Mapping of existing and ongoing tools for building capacity for data analytics

Mapping has been completed and will be circulated to working group members for review.

JHU/WHO

Well advanced

Digital Health & Interoperability



Health Information Systems Interoperability Maturity Model for Low-Resource Settings

This Maturity Model has been developed for health ministries, their constituents and other stakeholders to identify how interoperable their health information systems are and to track their progress toward interoperability. Feedback from pilot use has encouraged the development of a broader HIS maturity model, which is actively being developed in 2018.

MEASURE Evaluation, USAID, PEPFAR, WHO, CDC, ISO

V. 1 launched

Digital Health Atlas (web-based technology registration system)

The Digital Health Atlas features a comprehensive toolset that allows Ministries of Health and partners to conduct inventories of digital health systems, uniquely identify and track digital health investments' functionality, maturity, scale and use.

WHO, PATH

Completed

Business case/value proposition for investment into interoperable digital health public goods

15 member organizations are contributing to the development.

WHO, USAID

In progress

Annex 4: Priorities identified in break-out groups

Priority area	Problem statement	What success looks like: short term	What success looks like: long term	Possible implications for future HDC work
Governance	There is a lack of good health data governance and coordination in countries.	• Identification of power dynamics of stakeholders and incentives that drive fragmentation/ silos that undermine country ownership. • Production of tools and guidance to encourage stronger data governance and plans, linking to governance of broader sector planning or wider data management.	Stronger governance contributes to accountability to populations and patients.	• Conduct a literature review of governance mechanisms and document best practices/obstacles. • Organize a ministerial meeting to share best practices on data governance mechanisms.
Individual data systems	There is a need for unique IDs and longitudinal client records.	• There is a standard guidance for countries on individual person identification strategy. • There are standards and guidance for setting service-oriented individual data systems. • There is a guidance document that details possible uses of individual health records for calculating denominators and numerators for standard indicators and disaggregation.	Countries adopt the guidelines and have robust systems for individual level identification, longitudinal service data systems in place that are integrated and interoperable across programmes or service systems, and are used for continuity of care, identification of populations left out of service coverage, and contribute to quality of care.	• Form a cross-cutting working group to develop guidance on unique IDs.
Fragmentation and lack of interoperability	There is fragmentation and lack of interoperability between HIS systems that are needed for data and health system and service improvement to achieve country health goals.	• Guiding policy on the importance of interoperability (including value proposition). • At country level, different systems are using common, agreed upon interoperability standards. • Digital Health Atlas is used as inventory mechanism. • Partners agree on a common investment roadmap and are held accountable. • Pathways and tools for development of HIS investment roadmap plan are established.	HIS systems consist of mature global goods, are founded on standards and are interoperable to maximize data use, service quality and coverage, and accountability toward improved health.	• Digital Health & Interoperability working group continues development of interoperability tools. • Partners collaborate to support countries in establishing better interoperability.
Analysis and use of data	There is limited analysis and use of routine data and data from multiple sources because of limited capacity and incentive to use data for health programme planning at facility, district and national level.	• Data use is institutionalised. • Dashboards, automated tailored analysis and visualizations are created and are useful for different programmes and levels. • Analyses are aligned with programme planning cycles. • Infrastructure, such as electricity, internet, tablets, mobile phones, is available. • Electronic registers are at all health facilities.	Periodic data review meetings based on automated tailored analysis and visualizations of both routine HMIS and other data at national, district and facility levels with actions taken to improve service provision.	• Plan workshops in 6 focus countries to implement HMIS training module - Bring in programme staff to better interpret findings and decide actions • Highlight best practices from countries as well as disease specific programmes. • Build demand for these information at regional and national levels.
Guidance on choice of tools for implementation and investment	Countries need a framework to guide the investment in and use of global public goods, as well as to track their progress HIS strength.	• Collaboration and harmonization of SCORE, HIS Stages Tool and other related tools – joint implementation in countries to reflect on appropriateness of each.	A definitive HIS Development Pathway/ Roadmap and Scoring/Assessment Tool used by countries.	• Form a small task force to harmonize SCORE, HIS Stages Tool and other related tools.