Objectives

1. Address critical gaps/harmonize and disseminate standards for improved facility data to drive programmes and decision making.
2. Identify ways that investments can be better aligned and scaled.

Deliverables

1. Package of data standards & tools.
3. A joint strategy & investment plan for DHIS2.

Deliverable 1: Package of data standards & tools

- **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.
  - WHO, USAID/MEASURE Evaluation/JSI, D4H
  - Pre-final

- **Guidance on governance and sustainable systems**
  Operational principles and minimum standards for sustainable systems (HR, infrastructure requirements, principles of data architecture in RHIS design).
  - USAID, University of Oslo (UiO), TGF, GAVI, BMGF
  - In progress

- **RHIS curriculum**
  A course to develop core competencies in the design, development, governance and management of national routine health information systems (RHIS).
  - USAID /MEASURE Evaluation, WHO, UiO, NIPH Mexico, PHF of India
  - Published

- **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
  - Pre-final

- **Standard methods for estimating target populations**
  Methodology developed and tested through Kenya HDC country analytical reviews. Guidance needs to be written up.
  - WHO
  - Started

- **Start-up mortality list and guidance for cause of death reporting**
  The Start-Up Mortality List (SMoL) is 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**

### 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**

### Harmonized data quality 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**

### 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**

### Deliverable 2: A standard Health App for DHIS 2

**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**

### Deliverable 3: A 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**
**Objective**

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.

**Deliverables**

1. Harmonized system of healthy facility surveys
2. Best practices for planning, sampling methodology, data collection, analysis plan, use, and dissemination.
3. Joint investment plan to support countries

### Deliverable 1: System of health facility surveys

**Harmonized health facility survey modules**

Availability and Readiness modules updated in tandem with new Global Strategies and SDG indicators. These are being formatted into short and long versions (using tiered indicators lists) with an updated Question Bank (to be completed in 2018).

*Finance and Management Practices module: finalization of ToRs in progress and completion of module expected in mid-2018.*

*Quality and Safety of Care module: Disease-specific quality of care module for HIV/TB/Malaria tested in Nigeria, Sierra Leone, Liberia and Burkina Faso. Work in progress for MNCAH-specific QoC indicators and questionnaire.*

### Deliverable 2: Best practices for planning, sampling methodology, data collection, analysis plan, use, and dissemination

**Implementation tools consolidation**

Planning tool for survey costing completed by TGF and UNFPA.

Automated tools for data analysis for service availability and readiness developed by WHO and TGF.

Automated data collection and analysis tool for HIV/TB/malaria quality of care developed by WHO and TGF to accompany harmonized modules

### Deliverable 3: Joint investment plan to support countries

**Repository of facility surveys and timelines**

Mapping of partner facility survey investments and updates ongoing but requires follow up

**Plan for demonstration of harmonized approach in select countries**

Kenya planning to implement harmonized approach, document best practices/lessons learned

WHO, WBG, TGF, Ariadne, UNICEF

In progress

WBG, WHO, UNICEF, TGF, UNFPA, CHAI

In progress

TGF, WHO

In progress

TGF, UNICEF, WHO, UNFPA, WBG, USAID

Planning phase
FACILITY AND COMMUNITY DATA

Community Data

Objectives
1. Review, harmonize and endorse standards and generic guidance/tools for improved routine community health information systems (CHIS) as an integrated component of broader routine HMIS (e.g. DHIS2).
2. Identify ways in which investments in improving routine CHIS can be better harmonized/aligned across Institutions at country level.
3. Identify, document and disseminate best practices, evidence, and learning on routine CHIS.

Deliverables
1. Package of generic guidelines for community health information systems
2. Investment landscape for community health information systems in priority HDC countries
3. Joint workplans for investment in and technical support for strengthening community health information systems in priority HDC countries

Deliverable 1: Package of generic guidelines for community health information

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. This guidance covers the full information cycle, including: data collection, analysis, dissemination (feedback loops) and use/action taken for improved and equitable community-based health services.

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

Community Data sub-group input for CHIS assessment integrated into RHIS assessment tools and RHIS curriculum
The Community Data sub-group has made significant contributions to the RHIS sub-group’s deliverables.

MEASURE Evaluation

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

Community Data Subgroup input on data quality review toolkit, training package, and quality review SOPs for community-based health services
Further contributions made to the RHIS sub-group’s workplan.

MEASURE Evaluation, TGF, UNICEF, USAID

Community Data sub-group input to Start-up Mortality List (SMoL)
Input provided to SMoL, one of the deliverables of the CRVS working group.

JSI

Community Data sub-group input to Quality of Care standards and measurement
Inputs provided to deliverables of the Quality of Care sub-group.

JSI
FACILITY AND COMMUNITY DATA
Logistics Management Information Systems

Objectives
1. Support member states with development of information systems policies and guidelines for health commodities
2. Develop a common framework, approach and principles for coordination of LMIS investments and technical support to countries.
3. Document learnings about open LMIS, private sector LMIS options, strategies to re-design LMIS based on experiences from the field.
4. Develop a global strategy to support digital health solutions for LMIS
5. Agree and adopt information standards

Deliverables
1. Package of policies and guidance documents
2. Enhanced global coordination of investments, divestments and technical assistance delivery for LMIS

Deliverable 1: Package of policies and guidance documents

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.

Deliverable 2: Enhanced global coordination of investments, divestments and technical assistance delivery for LMIS

Common framework, approach and principles for coordination of LMIS investments and technical support to countries
The LMIS Working Group convened on December 7 in Washington. Meeting objectives included the following:
- Determine a 5-year work plan to support countries with development of information systems policies and guidelines for health commodities
- Develop a common framework, approach and principles for coordination of LMIS investments and technical support to countries
- Document learnings about open LMIS, private sector LMIS options, strategies to re-design / reengineer LMIS based on experience from the field
- Develop a global strategy to support digital health solutions for LMIS and agree and adopt information standards.
## 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

## 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

### Deliverable 1: Domain inventory, indicator inventory and identified areas for implementation research

<table>
<thead>
<tr>
<th>Inventory of Quality of Care domains</th>
<th>PHCPI, WHO, WBG</th>
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<tbody>
<tr>
<td>Existing quality of care frameworks have been reviewed, to identify common domains of quality and identify missing areas relevant to HDC work</td>
<td></td>
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<tr>
<td><strong>Completed</strong></td>
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<tr>
<th>Inventory of Quality of Care indicators</th>
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<tr>
<td>Inventory of existing key indicator(s) in use at national, regional and global levels mapped to priority domains for assessment of quality of care.</td>
<td></td>
</tr>
<tr>
<td><strong>Completed</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Deliverable 1: Global Public Goods to support efforts to strengthen CRVS Systems

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.

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

### Deliverable 2: Aligned support to countries and good practices in CRVS implementation

**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. The following topics are also presented:

- Coordination between health systems and programs and CRVS stakeholders
- Promising RMNCAH-CRVS innovations for testing by country and regional stakeholders
- Development of guidance for country stakeholders and development partners.

| Start-up Mortality List Module for DHIS2 | WHO | Completed |

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.
Data Analytics and Use

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

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

Deliverable 1: Consolidated information on barriers to data demand and use and learning from best practices in countries, and a simple tool to assess barriers in countries

Presentation and short report on barriers to data use, current efforts to improve data demand and use
A consultant has been hired to conduct a landscape analysis on data analysis and use in low- and middle-income countries.

In progress
## Digital Health and Interoperability

### Objectives
1. Optimize the meaningful use and reuse of health information in low- and middle-income countries
2. Actively promote the development, use and long-term support of digital health global public goods
3. Increase the level and alignment of country and partner investments in support of objectives 1 and 2

### Deliverables
1. Development and operationalization of a digital health ecosystem capability and maturity model to inform technical assistance and tool development
2. Establish and mainstream use within HDC pathfinder countries, a web-based technology registration system and description of digital products/projects
3. Develop operational guidance on investing in digital health technologies in low and middle income countries

<table>
<thead>
<tr>
<th>Deliverable 1: Development and operationalization of a digital health ecosystem capability and maturity model to inform technical assistance and tool development</th>
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</table>
| **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. Version 0.5 was launched on Oct. 23. |
| **Inventory of global public goods that the working group can use/support** |
| **MEASURE Evaluation, USAID, PEPFAR, WHO** |
| v. 0.5 launched |
| In progress |

<table>
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<tr>
<th>Deliverable 2: Establish and mainstream use within HDC pathfinder countries, a web-based technology registration system and description of digital products/projects</th>
</tr>
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</table>
| **Digital Health Atlas (web-based technology registration system)**
The Digital Health Atlas features a comprehensive toolset that allows coordination of the significant investments being made by countries, keeping Ministries of Health and their partners fully informed on the current state of functionality, interoperability and reusability of current technology platform investments. In July, WHO and PATH co-hosted a user requirements workshop for the DHA in Tanzania, which saw participation by 7 countries, including Sierra Leone, which then deployed it in September. Another workshop will take place for the Asia region (liaising with AeHIN) in January. |
| **WHO, PATH** |
| Well advanced |

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<tr>
<th>Deliverable 3: Develop operational guidance on investing in digital health technologies in low- and middle-income countries</th>
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</table>
| **Business case/value proposition for investment into interoperable digital health public goods**
To be launched by the end of 2017. |
| **WHO, USAID** |
| In progress |
Health Workforce Accounts

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

Deliverables
1. Global standards and public goods for national health workforce accounts
2. Implementation activities: Collaborations with countries, regional platforms, networks and relevant stakeholders
3. Organize and facilitate a session on data at the Global Forum on Human Resources for Health

Deliverable 1: Global standards and public goods for national health workforce accounts

Handbook on national health workforce accounts (NHWA) with core indicators, definitions and metadata
The NHWA contain a set of 90 core indicators, divided over ten modules that aim to provide concise information on country health workforce situation and trends.

Deliverable 2: Implementation activities: Collaborations with countries, regional platforms, networks and relevant stakeholders

Intercountry workshops to support implementation of NHWAs
WHO and USAID co-sponsored a regional consultation on NHWAs in Mozambique in October 2016 with participation of nine countries to prepare for implementation in the African region. The meeting report can be viewed here. A regional consultation meeting in Senegal for Francophone countries was also conducted in March 2017 and for nine countries in South East Asia in October 2017.

Deliverable 3: Organize and facilitate a session on data at the Global Forum on Human Resources for Health

HDC Health Workforce event at the Global Forum
Session was led by Kenya Ministry of Health at the Global Forum in Dublin in November 2017.
Update on Global Public Goods (as of 18 December 2017)

HEALTH SYSTEMS MONITORING

Health Financing

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.

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.

Deliverable 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.

Implementation guidelines

WHO has initiated technical discussions, with concerned experts, to develop implementation guidelines in relation to specific health tracking domains. WHO is posting these guidelines on its web site (SHED documentation centre), as soon as they are finalized. Revisions of these may occur following testing, implementation, and peers lessons learnt exchanges.

New completed guidelines and guidelines in preparation include those for disease expenditure, finance, primary health care expenditure, and data use.

Partners participating in the technical groups include Gates Foundation, Gavi, Global Fund, HFG project, UNAIDS, WHO disease programmes and health systems departments.

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

Standard finance modules

WHO is collaborating with the World Bank in developing financing modules for Routine Health Information Systems, as well as Health Facility Surveys.

Deliverable 3: Joint support to countries in the implementation of SHA 2011 methodology and production tool.

Ongoing technical support

WHO and partners such as HFG project have continued providing technical support to countries. In addition, a global peers meeting was successfully organized in November 2016 to share implementation tips, identify common issues, and set the ground for future collaborative and expert-owned production methods and tools.

WHO also worked with countries to prepare a health expenditure series posted on the WHO web site on UHC Day (December 12, 2017).