# Health Data Collaborative Progress Report 2016-18

June 2018

HEALTH DATA
COLLABORATIVE
DATA FOR HEALTH AND
SUSTAINABLE DEVELOPMENT

# Acknowledgements

# Acronyms

| | |
|---|---|
| BMGF | Bill and Melinda Gates Foundation |
| CDC | Centers for Disease Control and Prevention |
| CRVS | Civil registration and vital statistics |
| D4H | Data for Health |
| DHIS | District Health Information System |
| DHS | Demographic Health Survey |
| Gavi | Gavi, the Vaccine Alliance |
| GFF | Global Financing Facility |
| GHO | Global Health Observatory |
| GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit (German International Development agency) |
| HFA | Health facility assessments |
| HMIS | Health management information system |
| HIS | Health information system |
| HRH | Human Resources for Health |
| ICD | International Classification of Diseases |
| ISGWHS | Inter-Secretariat Working Group on Household Surveys |
| JHU | Johns Hopkins University |
| JSI | John Snow, Inc. |
| ME | MEASURE Evaluation |
| MoH | Ministry of Health |
| M&E | Monitoring and Evaluation |
| NHWA | National Health Workforce Accounts |
| NORAD | Norwegian Agency for Development Cooperation |
| OECD | Organisation for Economic Co-operation and Development |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PHCPI | Primary Health Care Performance Initiative |
| SDG | Sustainable Development Goals |
| TB | Tuberculosis |
| TGF | The Global Fund to Fight AIDS, Tuberculosis and Malaria |
| UHC | Universal Health Coverage |
| UNICEF | United Nations Children's Fund |
| UNSD | United Nations Statistics Division |
| USAID | United States Agency for International Development |
| WBG | World Bank Group |
| WHO | World Health Organization |

# Health Data Collaborative Progress Report 2016-18

## June 2018

## Contents

# 1

## Introduction

Launched in March 2016, the Health Data Collaborative (HDC) was established to strengthen country health information systems to meet the challenge of monitoring the health and health-related Sustainable Development Goals and boost the development of robust sustainable national health monitoring systems.

Without reliable health records of births, deaths, disease burden, outbreaks and the information on the capacity and number of health workers – and without a common set of indicators – countries cannot calculate a populations' health needs or deliver services efficiently or effectively. Critical decisions on where to commit resources cannot be taken. To guard against threats, and help everyone live longer, healthier and more productive lives, accurate and timely data are imperative.

The demand for quality data is growing as the world transitions to the Sustainable Development Goals, and a vast array of country data is now required to monitor progress across health and other sectors. The measurement of Universal Health Coverage (UHC), for example, requires monitoring of financial protection as well as the coverage of essential health services spanning the full spectrum of health priorities.

However, this increasing demand for data threatens to lead to a fragmented and more complex information landscape with multiple actors and overlapping activities. Countries are already burdened with multiple monitoring and evaluation plans, vertical or single-topic data collection systems, reporting to many donors and projects simultaneously. They are also juggling the introduction of multiple digital innovations to collect and manage data, while also trying to harmonize disparate and inaccessible databases. Such challenges hamper the effective analysis and use of data, affecting country decision-making, and ultimately affecting the health and well-being of entire populations.

**Five Point Call-to-Action on Measurement and Accountability**

1. **Investments: levels and efficiency (domestic and international)**
2. **Capacity strengthening (from collection to use)**
3. **Well-functioning population health data sources**
4. **Effective open facility and community data systems, including surveillance and administrative resources**
5. **Enhanced use and accountability (inclusive transparent reviews linked to action)**

**Objectives of the Collaborative**

1. **Enhance country level capacity**
   Enhance country capacity to monitor and review progress towards the health SDGs through better availability, analysis and use of data

2. **Improve efficiency and alignment**
   Improve efficiency and alignment of investments in health data systems through collective actions

3. **Increase impact of global public goods**
   Increase impact of global public goods on country health data systems through increased sharing, learning and country engagement

The Health Data Collaborative's mission is to maximise and align investments in national health information systems and to ensure that harmonized approaches and methods for data collection and analysis are conducted by stakeholders and partners.

The Health Data Collaborative (HDC) draws on the Five Point Call to Action[1] on health measurement and accountability to establish a harmonized "HDC approach" for adoption by countries, partners and stakeholders, who are committed to 1) improving the efficiency and alignment of technical and financial investments in national health information systems; and 2) increasing the impact of global public goods through more harmonization and coherence of tools, methods and approaches.

This report is a cumulative look at the accomplishments of the Health Data Collaborative since its inception.

1  Health Measurement and Accountability Post 2015: Five-Point Call to Action.

# 2

## Executive Summary

"The HDC promotes a better understanding by health partners on how they can better align with national priorities and plans. It also brings together some partners who wouldn't necessarily talk to each other, which improves coordination of activities and investments. We are doing a better job now of exchanging information among ourselves, and I expect that HDC can help us further evolve toward more active, Ministry-led collaboration on collective investment planning, oversight, and management."

**Marty Gross**, Senior Program Officer, HIV and Integrated Delivery, Bill and Melinda Gates Foundation

### THE HDC APPROACH – TWO YEARS OF PROGRESS

Since the launch of the Health Data Collaborative in March 2016, the HDC approach has been embraced by a growing number of countries and partners seeking more harmonized, coordinated strategies to strengthen national health information systems. The Health Data Collaborative has also become recognized as the global platform for sharing expertise and collaborating around issues concerning health data, as it links with and underpins the data efforts of an increasing number of partner initiatives.

### Improving partner alignment with country priorities

HDC pathfinder countries such as Malawi, Kenya, Cameroon, and the United Republic of Tanzania have adopted the HDC approach to galvanize partners to align investments behind national monitoring and evaluation (M&E) plans, decrease duplication of health facility surveys, reduce the number of health indicators to guide data collection and curb the proliferation of disjointed digital data systems. Driven by political commitment and strong leadership, these significant advances exemplify what can be achieved when stakeholders agree to work together cohesively to strengthen health information systems and align with priorities set by countries.

Rallying partners around a single M&E framework, **Kenya** successfully conducted a comprehensive analysis of health sector data to inform the mid-term review of its health sector strategic plan, strengthened its civil registration and vital statistics capacity across 33 counties, and mapped all current investments in health information systems and M&E to support the development of a common framework to guide all future investments.

Similarly, **Malawi** adapted the HDC approach to develop the M&E framework of its second health sector strategic plan. Leveraging the Global Reference List of 100 Core Health Indicators and with the support of partners, Malawi also successfully reduced the number of indicators.

**Cameroon** has used the HDC approach to rationalize facility surveys and also implement the newly developed harmonized Data Quality Review toolkit in 7 districts of the Western Region.

The **United Republic of Tanzania's** Health Data Collaborative is working to improve compatibility of digital health data systems to reduce fragmentation and rationalize investments.

The number of countries interested in adopting the HDC approach is expanding. The Democratic Republic of Congo, Ethiopia and Uganda are considering using their respective national health sector reviews to launch a country Health Data Collaborative.

The number of partners committing to the HDC approach is also growing, expanding the rich and diverse group of governments, donors, international agencies, philanthropies and academics. By bringing together an increasing number of partners, the Health Data Collaborative has enabled increased communication, coordination and collective action.

### Increasing the impact of global public goods

Technical experts from more than 20 partner organizations have collaborated to harmonize existing tools or develop new products which will benefit everyone engaged in improving the quality and use of health data to inform the provision of effective health services. As a result, a number of global public goods for strengthening country data systems have been published or are ready to be published addressing priority gaps and needs. These global public goods include a harmonized data quality review toolkit, an updated Global Reference List of 100 Core Health Indicators, guidelines for analyzing health facility data, a civil registration and vital statistics (CRVS) eLearning course, Community Health Information System guidelines, a Digital Health Atlas, and a handbook on National Health Workforce Accounts, among others. Future priority global public goods include early warning tools to

## HEALTH DATA COLLABORATIVE OPERATIONAL WORKPLAN 2016-2018 – SNAPSHOT OF PROGRESS

| Deliverable | Progress | Potential Future Priority Areas |
|---|---|---|
| **HDC launched with communication package** | Commitments made by 42 partners. HDC approach showcased at global, regional and national fora (including the World Data Forum). | Strengthening advocacy efforts to increase awareness of the HDC approach. |
| **Support for the Health Data Collaborative approach at country level** | | |
| **At least five pathfinder countries engaged** | HDC approach adopted by, Cameroon, Kenya, Malawi and Tanzania. Demand from, DRC, Ethiopia and Uganda. | Drawing from lessons learned, scaling up to more countries and engaging more stakeholders (e.g. disease-specific programmes, civil society, public health institutions and statistical commissions). |
| **Engagement with three regional networks** | HDC linked with Asia eHealth Information Network, Countdown to 2030 and civil society groups to advocate for HDC approach, data use, and accountability. | Leveraging regional networks for advocacy and documentation of best practices to support scale-up. |
| **Developing and Using Global Public Goods** | | |
| **Technical working groups established** | 11 multi-stakeholder working groups have developed, reviewed and harmonized 29 health data-related global public goods, 23 of which are published or ready to be published. | Aligning tools and methods for early warning and response; guidance on patient monitoring systems, including unique identifiers; tools and methods for local analysis and use of data for policy and action; and standards for interoperability of digital health data systems. |
| **Technical package of tools and guidance developed, and global repository of health information standards and learning established** | SCORE technical package of key interventions to strengthen country data systems, accompanied by assessment tool to track progress, to be launched this year. | Scaling up the implementation and use of the technical package at country level to guide investments in health information systems |
| **Global health observatory** | A new portal established for tracking the health-related SDGs, including UHC and inequalities in health. | Supporting a unified system of global, regional and national health observatories. |
| **Global report on the state of the world's country health information systems** | Indicators developed for measuring country health information systems. | Monitoring progress and implementation at country level. |

**KEY:** • **Well advanced** • **In progress**

support country responses to health emergencies and guidelines on individual patient identification data.

## Looking Ahead

Based on lessons learned from pathfinder countries, the HDC approach will be strengthened and scaled up to support a broader range of countries seeking to expand and strengthen credible and sustainable national health information systems. This will require further collective efforts by the HDC partners not only to advocate and promote standards and tools, but also to increase their impact at country level, based on country needs. Regional networks have shown great potential for accelerating progress at country level, through peer learning and advocacy, and will be further harnessed in the future. Ensuring continuous and improved partner alignment behind countries' national plans and priorities, as well as ensuring strong national data governance and management, will be essential going forward.

By strengthening health information systems, the Health Data Collaborative is undertaking a critical role in advancing our knowledge of what needs to be done to improve country data systems for planning and monitoring of the health-related SDGs, including Universal Health Coverage.

# 3

## Two Years of Collective Action

> "The Tanzania Health Data Collaborative will accelerate a series of joint priority actions to address gaps in our data and health information systems. Through our collaborative effort, we will have ONE platform that will allow us to collect all the information we need, be it information on what we do for HIV/AIDS interventions, for tuberculosis, for malaria, for reproductive and child health, or for maternal health."

**Dr Mpoki Ulisubisya**, Permanent Secretary, Ministry of Health, Community Development, Gender, Elderly and Children, United Republic of Tanzania

## IMPROVING PARTNER ALIGNMENT WITH COUNTRY PRIORITIES

The Health Data Collaborative aims to enhance country capacity to monitor and review progress towards the health SDGs through better availability, analysis and use of data. A key strategic approach has been to engage with at least five 'pathfinder' countries as part of a learning agenda, putting into practice principles of greater alignment of investments and support behind country M&E priorities. In the longer term, this engagement will be scaled up to more countries.

Catalytic activities of the HDC approach at country level include the development, prioritization and costing of national M&E plans, a mapping of partner and domestic resources currently invested in monitoring and evaluation and the development of a common investment framework. The HDC approach adopted by countries has created a positive environment for aligning the technical and financial investments of partners, which is country-initiated and country-led, and has successfully harnessed broad-based stakeholder participation. Country profiles and chronologies of activities are regularly updated and shared on the HDC website[2].

Report of the Kenya Health Data Collaborative

## Country Progress

**Cameroon** used the HDC approach to rationalize facility surveys and data quality reviews. The Ministry of Health conducted a joint SDI/SARA health facility survey with coordinated support from The Global Fund, World Bank Group and WHO. It also implemented the harmonized Data Quality Review toolkit (developed by WHO, The Global Fund, Gavi, MEASURE Evaluation and USAID) in seven districts in the Western Region of Cameroon (with support from GIZ and FP2020).
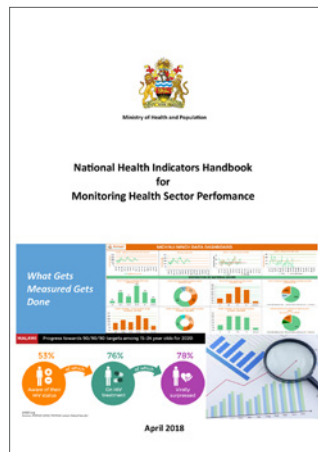
**Tanzania's** 120+ digital health-related data systems are being reined in through the HDC approach. The Tanzania Health Data Collaborative communiqué[3] identifies "addressing fragmentation of M&E and data systems" as the top priority for collective action. The Tanzania HDC, launched in September 2017, also integrates the Digital Health Investment Roadmap supported by BMGF and PATH.

**Kenya** successfully steered partner support towards its priority M&E actions. Following a communiqué issued by the Ministry of Health that rallied all partners to align behind six M&E priorities, mid-term review of the Kenya Health Sector Strategic Plan, a series of data analytics capacity building workshops, and workshops across 33 counties to strengthen civil registration and vital statistics (CRVS) have all been successfully completed with the support of HDC partners. A mapping of health information systems and M&E investments, supported by USAID, WHO and UNICEF, was also published in October 2017 and is informing the development of a common investment framework. Additionally, the Ministry of Health brought together partners and aligned funding for four separately planned health facility surveys (on client satisfaction, employee satisfaction, data quality, and service readiness), which were combined into one survey. A review of progress made by the Kenya HDC has found that significant progress has been made on partner alignment, though this varies by partner, and some priority areas remain unfunded while others are overfunded.

2  HDC country profiles and chronologies: please refer to **https://wwwhealthdatacollaborative.org/where-we-work/**

**Malawi** and partners collaborated to develop the M&E framework of its second health sector strategic plan, including a compact list of national core health indicators. Malawi, when selecting indicators to be included in the M&E framework, began with an overwhelming list of 195 indicators. Supported by GIZ /EPOS Health Management, The Bill & Melinda Gates Foundation, WHO and the Bloomberg Data for Health Initiative, the Malawi Ministry of Health and Population used the Global Reference List of 100 Core Health Indicators, developed by WHO and HDC partners, to refine the list down to 82 indicators. By engaging partners and programmes in the process, all MHDC partners agreed to adopt the indicators. This compact list will reduce the burden of data collection and improve data quality.

**There is growing demand for the HDC approach** from countries. Uganda's Ministry of Health has officially expressed interest in establishing and leading the Uganda HDC approach. The DRC and Ethiopia are also among countries considering the possibility of doing the same. These countries are preparing for mid-term reviews of their national health sector plans, which would make the introduction of the HDC approach timely by aligning with these national review processes.



Malawi Core Indicators Handbook



Launch of the Tanzania HDC

## WHAT HDC SUCCESS LOOKS LIKE IN COUNTRIES
**Better alignment of partners behind country priorities**

• **Strong country leadership and coordination mechanism** with participation by all stakeholders (including civil society, programmes, academia, sub-national governments, health-related sectors, statistics community)

• **Country M&E priorities identified and costed,** based on a robust national M&E plan and strong national health sector strategy

• **Common investment framework** developed by ministry of health, validated and used by health partners

• **Existing data systems used and promoted,** instead of creating new ones

• **Coordinated technical assistance using harmonized global public goods.** This includes:
  – harmonized health facility survey modules (to reduce duplication from multiple health surveys)
  – one single health data platform (or interoperable systems) integrating needs of all health programmes (instead of multiple disease-specific parallel data platforms).

• **Robust monitoring framework and accountability platform,** such as joint annual health sector reviews, to ensure improved analysis and use of data.

"We need a strong Health Information System and M&E program to track and guide our progress towards meeting the Sustainable Development Goals. With a renewed effort through the global Health Data Collaborative and now the Kenya Health Data Collaborative, we now expect better alignment of the sector stakeholders getting behind a common agreed vision and goals."

**Dr Isabella Maina,** Head of Division of Healthcare Financing, Ministry of Health, Kenya

"Gavi is supporting many data initiatives in Tanzania, including the roll-out of an electronic immunization registry and a vaccine information management system, all integrated into DHIS2. We are also collaborating with partners on civil registration efforts to more accurately register children, which will improve planning of routine immunisation. We are now starting a new planning cycle for country engagement. The Tanzania HDC and its M&E agenda provide a valuable opportunity for aligning Gavi's planning process with Tanzania's M&E priorities."

**Gustavo Correa,** Senior Programme Manager, Monitoring, Data Systems and Strategic Information, Gavi, the Vaccine Alliance

3  Tanzania Health Data Collaborative: Communiqué on commitments to support One Monitoring and Evaluation Framework for the Health Sector

## INCREASING THE IMPACT OF GLOBAL PUBLIC GOODS

The HDC Operational Workplan 2016-2017 specified concrete deliverables that aim to address critical gaps and priorities for strengthening country data systems. These gaps and challenges facing countries were identified through a series of technical consultations with countries and experts. To deliver those tools a network of time-limited HDC Technical Working Groups (TWGs) was established to collectively develop appropriate tools, standards and guidance for data collection, management and analysis. Referred to as global public goods, these products will benefit all countries and add value to HDC's efforts to harmonize health information systems on a global scale.

The HDC global public goods seek to address a range of challenges including:

• Parallel facility reporting systems; too many reporting forms

• Lack of harmonized approaches to digital data: multiple incompatible systems

• Too many facility surveys; lack of harmonization and overburdened personnel

• Lack of sound measurement methods for quality of care indicators

• Uncoordinated programme-specific household surveys

• Poor reporting of births, deaths, causes of death

• Poor health workforce statistics

• Weak analytical capacity and poor use of data for action.

As there are already many efforts around the world to strengthen health data, the HDC builds upon and leverages existing collaborative platforms to avoid duplication and has established new working groups as required. Over the past 18 months, 11 technical working groups, made up of over 350 technical experts from numerous partner and stakeholder groups have made significant progress in developing and harmonizing a number of essential global public goods.

4 Update on Global Public Goods by HDC Technical Working Groups
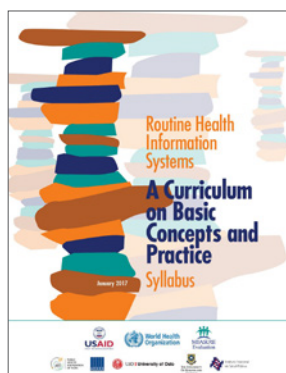


Core Health Indicators



Data Quality Review toolkit



Guidelines for analyzing health facility data



RHIS Curriculum

## Delivering HDC global public goods: Highlights of progress[4]

### Core Health Indicators

• **Core health indicators:** The Global Reference List of 100 Core Health Indicators has been updated to reflect the recommended health and health-related indicators to measure the Sustainable Development Goals. The process included outreach with technical reference groups, regional offices and partners. [WHO with HDC partners: 19 global agencies]

### Well-functioning facility and community monitoring systems

• **New harmonized data quality review toolkit.** Disease and donor-specific data quality tools have been harmonized into one standard toolkit for assessing data quality from routine health information systems (with common metrics, methodologies and tools). The methodology has also been integrated into DHIS2. This addresses the challenges posed by uncoordinated disease- and agency-specific data assessments, thereby reducing burden on health workers and improving efficiency of investments. [HDC partners: WHO (with financial support from GAVI, The Global Fund, Norad, Bloomberg); USAID/ MEASURE Evaluation; University of Oslo]

• **Guidelines for analyzing health facility data at local level.** The analysis and use of data for guiding priority-setting and managing health services remains inadequate in many countries particularly at local level. To address this gap, WHO and HDC partners have developed modular guidelines providing standards and methods for analysing and using facility data at national and sub-national level, including modules on mortality & morbidity, health systems, and programme-specific modules on HIV, TB, malaria and immunization. See page 13 for further details. [WHO and programme partners, supported by NORAD, Bloomberg, The Global Fund, GAVI, CDC/PEPFAR and UNICEF]

• **Routine Health Information Systems curriculum:** This curriculum has been designed to provide training in low- and middle-income countries to strengthen their routine health information

systems. (RHIS). The training will enhance participants' capacity to conceptualize, design, develop, govern, and manage an RHIS – and use the generated information to improve public health practice and service delivery. [HDC partners: WHO, MEASURE Evaluation, USAID, University of Oslo; and other partners]

• **Master facility list resource package:** This resource package provides guidance to create a standard mechanism for uniquely identifying all health facilities and allows for information to be compared across time and across data sources for individual facilities. [HDC partners: ICF (DHS Program), WHO, USAID, PEPFAR, MEASURE Evaluation]

• **Community Health Information System (CHIS) Guidelines:** To meet the need for standards for CHIS, a practical guide has been developed 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. [HDC partners: MEASURE Evaluation, USAID, CDC, JSI, The Global Fund, University of Oslo, UNICEF and Akros]

**Improved measurement and monitoring of quality of care**

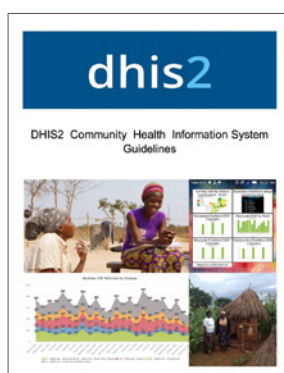• **Harmonized health facility survey modules:** In order to address the challenge of uncoordinated, overlapping facility surveys (with at least 8 different survey tools currently in use), a common set of standardized survey modules, indicators and tools have been developed to support countries in implementing a single, harmonized health facility survey. [HDC partners: WHO, WBG, with technical inputs from USAID, UNFPA, UNICEF, PHCPI and others (financial support from The Global Fund, Bloomberg)]

• **Strengthening measurement of quality of care:** Appropriate measures of quality of care need to be included in facility surveys and other health data collection systems and efforts to ensure their inclusion are underway. For example, a core quality of care module has been jointly developed with the health facility surveys working group. An inventory of quality of care domains and indicators
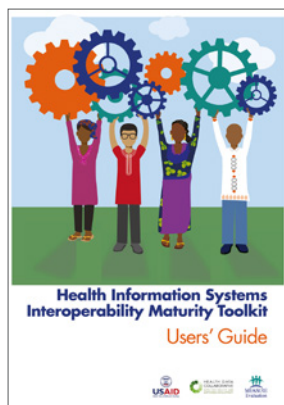


Master Facility List Resource Package



CHIS Guidelines
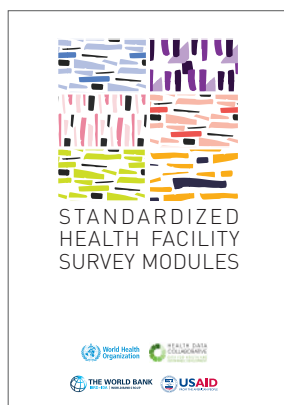


Harmonized health facility survey modules



Health Information Systems Interoperability Maturity Model

has also been completed. [HDC partners: WHO, WBG, BMGF, Ariadne Labs, CDC, GDC, Global Fund, HHS, OECD, PHCPI, USAID and others]

**Progress towards strengthening CRVS**

• **CRVS eLearning course:** The World Bank Group coordinated the efforts of several agencies and international experts to produce a 21st century state-of-the-art CRVS eLearning course with 13 technical modules. These modules aim 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 effectively register vital events such as births, deaths, and marriages. [Global CRVS Group including HDC partners: WBG, CDC, UNICEF, UNSD, UNFPA, WHO and D4H]

• **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 services for reproductive, maternal, newborn, child and adolescent health and CRVS systems. [HDC Partners: UNICEF, WHO, Gavi, CDC, WBG]

**Unified data architecture and greater interoperability**

• **Health Information Systems Interoperability Maturity Toolkit** has been developed for health ministries, their constituents and other stakeholders to identify how interoperable (synergistic, connected and able to share information across systems) their health information systems are and to track their progress toward greater interoperability.

• **A web-based technology registration system** (Digital Health Atlas) has also been developed to allow Ministries of Health and partners to conduct inventories of digital health systems, uniquely identify and track digital health investments' functionality, maturity, scale and use. [HDC partners: USAID, WHO, OGAC, MEASURE Evaluation and others]

### Health systems monitoring

**•  Handbook on National Health Workforce Accounts (NHWA):** 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. A NHWA handbook and brochure have been finalized, and a NHWA web data portal has also been launched. [HDC partners: WHO, USAID, OECD, Eurostat]

**•  A System of Health Accounts (SHA2011) Implementation guidelines that support unified resources tracking for countries:** Implementation and interpretation guidelines, including guidelines on revenue and expenditure data, on disease expenditure data, and on production procedures (data survey sampling and weighing, budget coding, splits preparation). [HDC partners: WHO, OECD, CHAI, UNAIDS, USAID/HFG, BMGF, Gavi, The Global Fund]
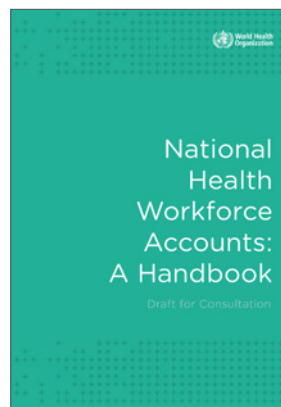


Handbook on National Health Workforce Accounts

## A NEW eLEARNING COURSE TO HELP IMPROVE COUNTRIES' CIVIL REGISTRATION AND VITAL STATISTICS SYSTEMS



For some people in low- and middle-income countries, opening a bank account, taking out a loan, obtaining a driver's license, or sending their children to school is out of reach because they don't have official documents that prove their legal identity. Why do some people lack birth certificates, marriage certificates, family members' death certificates and other documentation?

Data on vital events such as births, deaths, adoptions, marriages, and divorces, also known as vital statistics, are crucial for planning and monitoring each country's targeted policies, programs, and services. The best source of vital statistics is a well-functioning civil registration system that registers these events in a continuous, permanent, compulsory and universal way. Yet, more than 110 low- and middle-income countries have deficient civil registration and vital statistics (CRVS) systems.

CRVS systems are multisectoral. The work often involves several ministries, such as the ministry of health for birth and death registration and medical certification of cause of death; the ministry of justice for marriage, divorce, and adoption; the national statistics office for data analysis and dissemination; and the national identification agency for linkage with identity management systems.

The SDGs have recognized the importance of improving CRVS globally; one target of SDG 16 is to provide legal identity for all, including birth registration, by 2030. To help meet the SDGs, the World Bank Group led the development of the first-ever 21st century, state-of-the-art, comprehensive CRVS eLearning course, which comprises 13 modules. These modules were written by CRVS experts from numerous organizations including many HDC partners: WBG, CDC, UNICEF, UNSD, UNFPA, WHO and D4H. The course demonstrates the commitment of development partners and governments to work closely together in achieving this SDG goal.

## A NEW HARMONIZED APPROACH TO COLLECTING AND ANALYZING QUALITY HEALTH FACILITY DATA

Despite substantial investments, many countries continue to face multiple challenges related to the quality of data gathered at health facilities and capacity to analyse and use this data to support decision-making that will accelerate Universal Health Coverage. Furthermore, fragmented data management systems used by health programmes (such as malaria, HIV, tuberculosis and immunization), are often disconnected from a comprehensive national facility data system and operating in isolation.

To address these challenges, Health Data Collaborative partners (including WHO, NORAD, the University of Oslo, The Global Fund, Gavi, and UNICEF) have collaborated to establish an integrated, harmonized approach to strengthening health facility data quality, analysis and use.

This has resulted in the development of international standards for health facility data, including core indicators to guide collection of the most pertinent data, methods for assessing data quality, and guidelines for analysing data. These data standards have been consolidated into a WHO toolkit comprising modules on mortality and morbidity, health services management for district and national planners, as well as a set of programme-specific modules for data on HIV, tuberculosis, malaria, immunization, and maternal and child health. Additional modules on non-communicable diseases, neglected tropical diseases, nutrition, and surveillance are in development.

This is the first time that data collection and analysis standards that are applicable across multiple health programmes have been consolidated into a comprehensive guidance. This will also enable cross-cutting analysis of data across programmes that are targeting overlapping patient populations. For example, as HIV patients are often also afflicted with tuberculosis, programme managers find it useful to analyse both sets of data together.
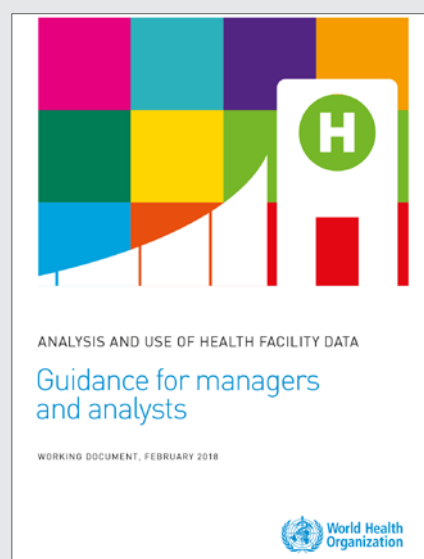
### How can countries access these standards and guidelines?

This standards-based approach can be used by countries through any software platform. However, a growing number of countries are adopting District Health Information System 2 (DHIS 2), to replace paper-based data collection. Using DHIS 2 as a common data platform, a "health app" is being developed as a free downloadable plug-in that provides easy access to all of the programme-specific modules as well as the data quality review toolkit and recommended indicators.

As more countries adopt the use of common data standards, reliable comparisons of health trends across countries will also become possible. As a result, this harmonized approach will strengthen health data for use at all levels, whether it be by a local hospital manager, a national decision-maker, or a global donor.

The package of data standards and harmonized approach was introduced in a multi-country workshop, organized by WHO and financially supported by The Global Fund and Gavi, that took place 27 February-2 March 2018 in Athens, Greece. Participants included country teams from Malawi, Myanmar, Pakistan, Tanzania, Uganda and Zimbabwe (comprising focal points for HIV, TB, malaria, immunization and HMIS); regional experts, independent consultants, DHIS2 expert users; HDC partners (BMGF, CDC, CHAI, GAVI, The Global Fund, UNAIDS, UNICEF, USAID, University of Oslo), and WHO HQ, regional and country offices.

Going forward, next steps include implementation of the approach in countries and documentation of best practices and enabling factors such as governance mechanisms, infrastructure and human resource capacity. These experiences will inform efforts to scale up the approach in a greater number of countries.

ANALYSIS AND USE OF HEALTH FACILITY DATA

Guidance for managers and analysts

WORKING DOCUMENT, FEBRUARY 2018

World Health Organization

## Emerging and continuing technical priorities

HDC countries and partners have identified several priority areas for global public goods that need to be addressed, either by HDC working groups or other problem-solving approaches.

Health data collection and use is a critical component of improving response to health emergencies. To strengthen this capacity, an **Epidemic intelligence & early warning and response** Technical Working Group has been recently established. The working group is addressing frequent challenges with case definition, minimal data sets, field collection and competing systems. Deliverables will focus on early warning and response tools and an outbreak toolkit.

Monitoring patient care and the quality of care requires **unique identifiers**: numeric or alphanumeric codes that support individuals to identify themselves when accessing a variety of health services. The code should be anonymous, but is linked to a database that has personal information. Unique identifiers help monitor patients as they move from one health facility to another. While guidance on unique identifiers have been developed for HIV programmes, this work will need to be expanded for patient monitoring more broadly.

Siloed investments continue to create a fragmented digital health landscape, full of tools and devices that cannot necessarily share or consolidate the data needed for decision-making, health system and service improvement, and meeting country health goals. The work of the **Digital health & interoperability** working group to ensure more efficient investments in digital health information solutions and interoperability will remain critical.

There is limited analysis and use of routine data and data from multiple sources in countries because of limited capacity and incentive to use data for health programme planning at facility, district and national level. While the need to improve capacity for **data analysis and use** is being addressed by HDC working groups, promotion and implementation of tools and guidance in countries as well as efforts to build demand for information remain a priority.



Tanzania CCBRT Open Clinic

# SCORE for Health

The SCORE (Survey, Count, Optimize, Review, Enable) for health data technical package has been developed by WHO with inputs and contributions from HDC partners as a key deliverable of the HDC Operational Workplan 2016-2017. SCORE will assist countries in strengthening country data systems and capacities and track progress towards the health-related Sustainable Development Goals (SDGs), including Universal Health Coverage (UHC), and other national and sub-national health priorities and targets. SCORE will also provide a coherent framework for health and development partners to better align funding and technical support to countries.

The **SCORE for health data** technical package represents the most effective strategies and interventions - based on the best available evidence – needed to strengthen country health data systems and capacity to strengthen data and systems for monitoring health priorities. The package encourages national policy-makers along with development partners, civil society and the private sector to invest in a select number of interventions and tools that synergistically have the greatest impact on the quality, availability, analysis, use and accessibility of national data. The five key strategies of the **SCORE** framework are:

**Su**rvey **populations and health risks**...*to know what makes people sick and their risks*

**C**ount **births, deaths and causes of death**...*to know who is born and what people die from*

**O**ptimize **health service data**...*to ensure equitable, quality services for all*

**R**eview **progress and performance**...*to make informed decisions*

**E**nable **data use for policy and action**...*to accelerate improvement.*

The **SCORE for health data** technical package is accompanied by a recommended set of key actions that countries can take to address common issues, and a set of tools and resources that countries can use to support implementation of the SCORE package. A web-based global repository will provide easy access to the essential tools and resources. Thus, SCORE provides a framework around which HDC partners and countries can collectively increase the impact of global public goods.
A structured survey tool has also been developed to support the baseline assessment and monitoring of implementation of the SCORE interventions at country level.

## COLLABORATING WITH PARTNER INITIATIVES

An important strategy of the Health Data Collaborative is creating linkages and collaborating with related initiatives. The aim is to increase the awareness and uptake of the HDC approach and build a groundswell of coordinated action. **Countdown to 2030**, and **UHC2030** are engaged in tracking health coverage levels and strengthening health systems. **The Global Partnership for Sustainable Development Data** seeks to mobilize the data revolution to achieve the SDGs, including the health goals.

### HDC and UHC2030

UHC2030 provides a multi-stakeholder platform that promotes collaboration at global and country levels on health systems strengthening (HSS). UHC2030 advocates increased political commitment to UHC and facilitates accountability and knowledge sharing. In countries receiving external assistance, UHC2030 promotes adherence to effective development cooperation principles as the most important way to ensure coordination around HSS.

UHC2030 brings together existing partnerships, alliances and networks referred to as 'related initiatives' – including the Health Data Collaborative -- that focus on strengthening comprehensive or specific areas of health systems with the goal of universal health coverage. In May 2018, UHC2030 held a retreat with these related initiatives, to explore areas of cooperation, including potential joint products, funding arrangements and information sharing. One possible area of collaboration is exploring how to improve management of financial and technical assistance to respond to country needs across the health system. In this context, the HDC approach, where governments take the lead in setting priorities and partners commit to offer assistance aligned with these priorities -- could potentially serve as a model for other initiatives.

### HDC and Countdown to 2030: Building regional and institutional analytical capacity

Countdown to 2030 tracks coverage of health interventions proven to reduce maternal, newborn and child mortality. It also calls on governments and development partners to be accountable, identify knowledge gaps, and propose new actions to achieve universal coverage for women's, children's and adolescent's health.



Countdown to 2030 Workshop

The first workshop of the Countdown to 2030 / Health Data Collaborative regional initiative to generate evidence and strengthen country analytical capacity for women's, children's and adolescents' health was organized by the African Population Health Research Centre (APHRC) in Nairobi, Kenya, 27 November – 1 December 2017. Nineteen countries nominated senior analysts from the Ministry of Health, public health institutions and universities to the workshop to strengthen capacity to analyse data on reproductive, maternal, newborn and child and adolescent care at the sub-national level. The 35 participants conducted in-depth analyses of household survey data and health facility data. The team of facilitators was led by APHRC with Johns Hopkins University, University of Manitoba, University of Pelotas, WHO, and UNICEF, among other Health Data Collaborative partners.

### HDC and the Global Partnership for Sustainable Development Data

The Global Partnership for Sustainable Development Data (GPSDD) is a global network bringing together governments, the private sector, civil society, international organizations, academic institutions, foundations, statistics agencies and other communities dedicated to using the data revolution to achieve the SDGs. The HDC approach contributes to this agenda, with a specific sectoral focus. The HDC Secretariat has been engaging

with the GPSDD to explore how we can work effectively together in support of countries' data efforts. For example, HDC partners and the HDC Secretariat have participated in a number of data forums organized by GPSDD, including the first UN World Data Forum in January 2017, the High Level Meeting on Data for Development in Africa in June 2017, and the Data for Development Festival in March 2018, to advocate for the HDC approach to strengthening capacity to gather, analyse and use data to achieve the SDGs. These meetings have highlighted potential synergies and areas for collaboration and joint learning: for example, strengthening national data governance and stewardship; democratization of data; and maximizing the enabling opportunities arising from carefully managed digital data.

# 4

# Looking Ahead

Over the past two years, the experience from a growing number of countries and partners engaging the HDC approach has resulted in a more coherent, coordinated approach to strengthening health information systems. In some cases, it has facilitated the coordination and management of data across different health-related government sectors, enabling leadership to bridge a divide that can lead to fragmentation of efforts. This bodes well for a future where strengthening cross-sectoral efforts to improve the quality of data will facilitate monitoring for the SDGs.

The presence of a strong government-led M&E and health information systems governance structure has been identified as instrumental in moving forward the HDC agenda in countries. Consequently, building capacity to manage investments and identify data gaps on a regular basis will be critical. Capacity is a recurrent challenge; in Malawi, partners have suggested that strengthening the engagement of academia and public health institutes and harnessing the skills of university doctoral students could enhance data use and analysis work.

Country experiences have identified useful best practices that can support the scale-up of the HDC approach in more countries. In Malawi, partners have found that M&E/HIS investment information can be extracted from a resource tracking database used by the Ministry of Health for all health-related resources. Conversely, information gathered by HDC can be used to expand the resource tracking database. This experience exemplifies the value of information sharing AND leveraging existing efforts.

However, despite these positive examples, fragmentation of efforts still persists. Ensuring continuous and improved partner alignment behind countries' national plans and priorities, as well as ensuring strong national data governance and management, will remain essential going forward.

Successful collaboration by partners has produced a number of vital global public goods for strengthening health information systems. These efforts have highlighted the importance of identifying, defining and developing products based on a full understanding of country needs and contexts. In future, cross-cutting products will require considerably more collaboration and alignment among technical working groups. And a strategic approach to validate these tools and implement them in countries to achieve greater impact is now required.

HDC partners will continue to explore links with related data and health systems strengthening efforts such as UHC2030, Countdown to 2030, the Global Partnership for Sustainable Development Data, and other global and regional initiatives.

# Our partners...

# …and their commitments

## AUSTRALIAN GOVERNMENT COMMITMENTS

- Contribute US$ 15 million to support the $100 Million Data for Health program, with its focus on CRVS system strengthening, data impact and NCD surveillance at country, regional and global levels.
- Partner with Bloomberg Philanthropies to facilitate harmonisation of approaches between the Data for Health partnership and the Health Data Collaborative.

## BLOOMBERG PHILANTHROPIES COMMITMENTS

- Contribute to the development of a state-of-the-art health data technical package of guidance and tools for countries through a grant to WHO.
- Ensure linkages of the $100 Million Data for Health program with its focus on civil registration and vital statistics (CRVS) system strengthening, data impact and non-communicable diseases (NCD) surveillance at country, regional and global levels.

## THE BILL AND MELINDA GATES FOUNDATION'S COMMITMENTS

- Ensure exchange of information and linkages with existing BMGF-funded platforms, partnerships, and investments.
- Ensure BMGF program staff and partners are oriented to the principles and tools of the Health Data Collaborative and identify ways to optimize existing partnerships in focus countries in support of national plans in the context of program strategies and country planning.
- Continue to lead efforts to ensure open data access.
- Serve on the steering committee and participate actively in other working groups as identified and as relevant to portfolios and expertise and join country missions when possible.

## CHESTRAD'S COMMITMENTS

- Coordinate civil society inputs and engagement in the Health Data Collaborative working through the Global Health South network and the emergent Global Civil Society Coalition on Measurement and Accountability.

- Devise and implement an African Advocacy Initiative on CRVS (iREGISTERed) and other stakeholders.
- Support advocacy, communication and civil society utilization of existing measurement initiatives for policy dialogue (national governments, parliamentarians and other stakeholders) and accountability function at global, regional and country levels.
- Participate actively in steering group and working groups.

## UKAID COMMITMENTS

- As the third largest provider of support to statistics globally, provide support to statistical systems in country and support a more effective international system, focussing on improving institutional and technical capacity and stimulating and meeting national demand through support for comprehensive national strategies for the development of statistics.
- Commit to the principles of the IHP+ and align our funding behind a single national M&E framework.
- Second one officer to the Health Data Collaborative to provide strategic guidance and support the development of innovative approaches for health information and accountability.
- Serve as an anchor partner of the Global Partnership for Sustainable Development Data providing support for global data collaboratives including the Health Data Collaborative.

## GAVI COMMITMENTS

- Contribute catalytic funding for the Health Data Collaborative to leverage resources and investments of other partners to collectively improve country systems for monitoring the health system, including better immunization data and performance measures.
- Make strategic investments in strengthening country data systems as outlined in the Health Data Collaborative's operational workplan, and ensure that they are aligned with strengthening country health data and accountability systems and harmonized with other partners wherever possible.
- Participate actively in steering group and working groups where relevant.

## GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT DATA'S COMMITMENTS

- Advocate for the role of data in driving sustainable development at the global, regional, and national level. We build political consensus and broad constituencies to support strengthened data production, access, timeliness, and use, and elevate data issues at important national, regional, and international events.

- Initiate collaboration across all sectors to innovate, build capacity, and apply the world's best knowledge to the world's worst problems. Our multi-million-dollar funding initiative supports collaborative data innovations for sustainable development, and we create space for cross-fertilization and learning through our data collaboratives that work within thematic areas including the environment and leaving no one behind.

- Improve data access and interoperability mechanisms and standards. Our Data4SDGs API Highways infrastructure provides an open platform for advancing data use, access, and interoperability.

- Work with governments and other partners at the country-level to create and implement robust data ecosystems. We support the advancement of country-led Data Roadmaps for Sustainable Development in Colombia, Kenya, the Philippines, Senegal, Ghana, Sierra Leone, Tanzania, and elsewhere, using our Data4SDGs Toolbox to support and guide the process.
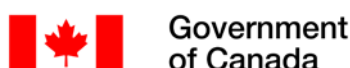
## GOVERNMENT OF CANADA'S COMMITMENTS

- Contribute to the strengthening of health information systems and accountability at country-level through continued support of the accountability work of the Global Strategy for Women's, Children's, and Adolescents' Health; active engagement and investment in the Global Financing Facility, with $100 million focused on CRVS; and through continued support for the monitoring of the health-related SDGs via Statistics Canada's representation on the Inter-Agency Expert Group on SDG indicators.

- Provide $15 million to strengthen country birth and death registration systems, and their links to health information systems, through the Centre of Excellence for CRVS Systems, in support of the Global Financing Facility, housed at the International Development Research Centre.

- Participate actively in the steering group and in working groups, particularly that on CRVS.

## GERMAN DEVELOPMENT COOPERATION COMMITMENTS

- Dedicate a 50 percent staff position based in Germany to work as part of the core team of the Health Data Collaborative.

- Participate in the executive management team to help set the strategic direction of the Health Data Collaborative and oversee the workplan implementation (with a view to ensure close coordination with UHC 2030).

- Participate actively in working groups including by involving staff and expertise from Germany's bilateral health and social protection programme.

- Contribute 100.000 EUR for 2016-2017 and 200.000 EUR for 2018-2019 to the HDC Secretariat for selected activities, including (i) developing international tools and standards that support country health data; (ii) developing country tools and guidelines to build capacity for (a) data analysis and (b) disease surveillance and early warning and response (EWAR); (iii) strengthening civil society engagement; (iv) strengthening regional exchange; and (v) conducting a literature review and documentation of challenges and best practices on health data governance..

- Participate actively in the steering group and work closely with the core team.

## IHP+ COMMITMENTS

- Contribute financially for 2016 to support alignment and strengthening around country-level monitoring and evaluation platforms.

- Promote a common country-led platform for information and accountability through Joint Assessment of National Health Strategies (JANS), country and global dialogue and monitoring of effective development cooperation (with joint monitoring and evaluation as a specific indicator).

- Participate actively in the Health Data Collaborative coordinating bodies.

## JICA COMMITMENTS

- Align health data investments and technical cooperation with strengthening country health data and accountability systems, with a focus on capacity development of improving data collection, analysis and utilization for evidence-based decision making.

- Participate actively in steering group and working groups related to national health workforce and health accounts, analytics and data use, and CRVS systems.



## NORAD'S COMMITMENTS

- Contribute financially for 2016–2017 to implementation of the workplan as a follow-on to the work on the Commission on Information and Accountability.
- Together with the University of Oslo, second a staff member in 2016 to the core team of the Health Data Collaborative focusing on the health facility data systems (DHIS 2.0).



## PEPFAR COMMITMENTS

- Contribute financially to WHO coordination role and working groups.
- Globally: Leverage current PEPFAR support to Open Health Information Exchange (HIE), University of Oslo, analytics and visualization, surveillance and surveys, and monitoring and evaluation.
- Country: Leverage PEPFAR investments in 36 regional and country programs in surveillance and surveys, monitoring and evaluation and health information systems.
- Link Health Data Collaborative with PEPFAR Interagency Collaborative for Program Improvement (ICPI).
- Participate actively in steering group and working groups.



## THE GLOBAL FUND COMMITMENTS

- The Global Fund strongly supports the HDC principles, and The Global Fund's grant support to countries for M&E is aligned accordingly. The Global Fund support responds to what countries propose for M&E system strengthening based on the countries' national strategic and M&E plans.
- Continue enhancing country level capacity through strengthening data systems through portfolio grant funds (approx. $150 million per year) and through special initiative funds available from the board ($50 million 2017 – 2019).
- Continue to align Global Fund support with the priorities agreed by the Health Data Collaborative to support in-country M&E systems and SDG monitoring. Dedicate at least 1.5 fulltime staff equivalent positions.
- Limit the use of Global Fund specific tools or indicators, and extensively use and promote normative guidance, indicators, and other global public goods from the HDC (e.g. the WHO Data Quality Review toolkit, the WHO Global Reference

List of 100 Core Health Indicators)
- Contribute financially to the development of specific HDC Working Group global public goods.
- Participate actively in the Health Data Collaborative (steering group, working groups, and country level HDCs).



## ROCKEFELLER FOUNDATION'S COMMITMENTS

- Contribute to establishment of measurement and accountability mechanisms for health SDG, especially for universal health coverage.
- Promote donor, country and civil society support for progress toward universal health coverage.
- Participate actively in steering group and other working groups as appropriate.



## UNAIDS COMMITMENTS

- Contribute a 50 percent staff position to support databases, information tools and dashboards.
- Contribute engagement of approximately 60 country and six regional strategic information officers to support common health data and information systems.
- Participate actively in steering group and working groups.



## THE UNITED NATIONS FOUNDATION COMMITMENTS

- Leverage communications channels and connections with the Global Partnership for Sustainable Development Data and the Data2X initiative to promote increased quality, availability, and usability of health, gender, and development data, in support of the goals of the Health Data Collaborative.



## UNICEF COMMITMENTS

- Contribute a 70 percent position to support database analytics for the enhancement and management of global repository of health data repository with network of users engaged in data analytics, visualisations and use.
- Contribute through support to countries for implementation of MICS harmonized with other household survey initiatives such as DHS and LSMS.
- Contribute through the continued development and

maintenance of global health databases accessible on standard global indicators, with disaggregation.

- Link the Health Data Collaborative with accountability initiatives/measurement groups led by UNICEF such as IGME, JMP, WUENIC, Countdown.

- Contribute through continued technical assistance to countries on DHIS2 capacity-building and training; roll-out and scale-up of DHIS2; data analysis, report generation and data use; and integration of external data-reporting tools such as RapidPro.

- Contribute through ongoing technical assistance to countries building programmes that empower communities through district and community-level data use and social accountability platforms.

- Participate actively in steering group and working groups.



## UNFPA COMMITMENTS

- Support countries for implementation of the 2020 round of Census, harmonized with other household survey initiatives.

- Contribute through UNFPA-managed databases (UNFPAOpenData.org) and UNFPA-generated data (such as the UNFPA Supplies SDP survey).

- Participate actively in working groups and in the steering group.



## USAID COMMITMENTS

- Contribute financially in 2016–2017 to complete activities as defined in the operational work plan.

- Contribute financial support to a West African Digital Health Task Force.

- Contribute funding to MEASURE Evaluation to support collaboration with WHO to strengthen health information systems and to form the basis for the Health Data Collaborative Facility/Community Level technical working group led by WHO.

- Contribute funding to MEASURE Evaluation to support additional activities aligned with the Health Data Collaborative objectives and operationalization of the work plan.

- Use existing USAID health data programs (Demographic and Health Surveys (DHS), interoperability standards, facility surveys) as platforms to operationalize the work plan.

- Ensure linkages to the US$ 200 million annually in investments in data and information systems.

- Devote USAID staff time including an 80 percent staff position from headquarters to the Secretariat, active participation on the steering group and working groups, and several staff to provide technical assistance and country engagement support on a part-time basis.RVS.



## THE WORLD BANKS COMMITMENTS

- Contribute US$6 million to support alignment of and investments in health information systems in five priority countries: Cambodia, Democratic Republic of the Congo, Kenya, Liberia, and Malawi.

- Leverage activities of the Primary Health Care Performance Initiative, now funded for the next three years by the Bill and Melinda Gates Foundation.

- Leverage the Global Finance Facility (GFF) including investments in CRVS and in information systems.

- Leverage other Bank resources (WBG Strategic Actions Program for Addressing Development Data Gaps, and Identification for Development).

- Lead the stream of work on quality of care and co-lead the streams of work on development of composite indicators for public reporting, CRVS and Households Surveys methods (including financing of activities in countries).



## THE WORLD HEALTH ORGANIZATION'S COMMITMENTS

- Work with partners to develop a technical package of health information standards and tools to strengthen country health information systems.

- Improve the global health observatory as the go-to place for SDG monitoring data, and align databases with partner agencies.

- Reduce country reporting requirements to WHO in line with the 100 Core Health Indicators.

- Commit three full-time staff to the Health Data Collaborative secretariat for coordination and technical work.

- Host the core team operations, and participate actively in the steering group and working groups.