Annex 3: HDC Working Groups Terms of Reference (TORs)

1. TORs - Civil Registration and Vital Statistics (CRVS)

Objectives

Strengthen national CRVS systems through coordination and collaboration at global, regional and national levels and exchange of information. The specific objectives are to:

a. Support coordinated country-level engagement by our respective institutions that is consistent with the WHO global CRVS strategy 2020-2023 and respective partner agendas.

b. Explore and leverage opportunities to accelerate the improvement of CRVS systems.

c. Promote the importance of CRVS in the global development agenda.

d. Act as liaison for information exchange between HDC and other global and regional entities supporting CRVS strengthening.

Scope of work/Activities Jan 2021 - Dec 2023

1. Catalyze CRVS strengthening efforts at global country and regional levels using through strengthened global, regional and country level stakeholder coordination and collaboration.

2. Share information across relevant HDC constituency and working groups to reinforce Health Information System and CRVS system strengthening at country level.

3. Strengthened constituency collaboration to enhance efficiency in implementation at country level and avoid duplication of efforts and activities.

4. Serve as a conduit of information with and from other relevant CRVS groups e.g. Global CRVS Group, APAI CRVS, UNLIA, UNESCAP CRVS initiative and HDC constituency.

5. Focus on current HDC countries and collaborate with constituency to increase countries for intensified collaboration.

6. Convene and organize seminars or side-events on CRVS and assist the regional networks to collaborate and share best practices.

7. Promote and advocate for importance of CRVS strengthening and CRVS/SDG/UHC linkages.

8. Resource mobilization from within and outside the constituency for CRVS strengthening at country level.

Deliverables 2021-2023

Global

- Enhanced sharing of information for strengthened collaboration.
- Resources mobilized for CRVS strengthening.

Country

- Aligned support to countries and good practices in CRVS systems implementation.
- Support intensified for implementation of CRVS tools and resources for strengthened CRVS systems implementation at country level.

HEALTH DATA COLLABORATIVE

2. TORs - Community Data

Objectives

1. Enhance alignment, coordination and collaboration across global and country stakeholders dedicated to improved generation and use of community data and systems for health.

2. Optimize, harmonize, and/or promote standards, guidance and tools that support integration of routine community data and data systems into broader HMIS and information ecosystem.

3. Learn from and build on country community data and systems efforts aimed at supporting frontline community health worker service delivery and enhancing population health.

Scope of work

1. In coordination with relevant HDC Working Groups, partners and country stakeholders, develop, review, harmonize and/or endorse standards, guidance, and tools and approaches across the data life cycle (data capture, transmission, management, analysis, use, feedback) for CHIS that is well integrated with routine HMIS and broader information ecosystem.

2. Lead the standardization of core community health indicators and metadata, develop recommendations for integration with broader HMIS, and consider options for analytical outputs such as scorecards/dashboards/alerts/feedback, template forms to support frontline community health worker in terms of service delivery and reporting.

3. Catalyse joint support to countries for development, harmonization, integration and interoperability, human resource capacity strengthening, data quality and use, scalability, and sustainability of routine CHIS that is integrated with HMIS and broader information ecosystem.

4. Align and streamline readiness assessment tools for community programs, CHIS maturity models and specific community health solutions for an effective use in countries.

5. Establish feedback loops to learn from country-based experiences and integrate feedback into global goods and need-focused solutions.

6. Identify, document, and disseminate best practices, evidence, and learning on community data and community data systems that support health service delivery for improved health outcomes.

Expected deliverables 2020-2023

- Community health programs operational guidance on data standards and tools for community data (indicators and metadata, data visualization: scorecards / dashboards / alerts / feedback)
- DHIS2 configuration package of standardization and harmonization of CHIS indicators for health service provision to strengthen country community data including its linkages with the broader HMIS – this will include an implementation guideline and training materials to support DHIS2/CHIS academia
- Short guidance on how to streamline assessments tools and CHIS maturity models to inform country CHIS implementation

Principles and organizational arrangements

Principles:

- Leverage and strengthen needs-driven, scalable and sustainable community data and data systems efforts
- Ensure coordination and collaboration with relevant HDC groups and across countries
- Systematically engage with country stakeholders and experts through HDC platform and with support of HDC secretariat
- Ensure transparency and inclusiveness

Organizational Arrangements:

- HDC Community Data Working Group virtual monthly in-person annual or biannual working group meetings, and HDC co-chairs' annual meeting
- Co-Chairs: Remy Mwamba, UNICEF (rmwamba@unicef.org) and Ana Scholl, USAID (adjapovicscholl@usaid.gov)
- Organizational Membership (UNICEF, USAID, GF, UNAIDS, WHO, ICF, JSI, Palladium, AKROS, Pop Council, etc.)

HEALTH DATA COLLABORATIVE

3. TORs - Data and Digital Governance

Background and Purpose

The purpose of the Governance Working Group will be to provide support for improved **governance of health data and the digital technologies that process it**. This support will prioritize development of global goods to establish/strengthen governance structures for countries/Ministries of Health to provide oversight for the appropriate collection, use and dissemination of health data throughout its lifecycle, ensuring that they meet quality and integrity standards. The Governance Working Group (GWG) of the Health Data Collaborative (HDC) will support the creation and use of standards for:

- Legislation, standards, policy and guidelines
- Leadership and governance structures and processes for digital and data (digital solution selection, M&E requirements, alignment of vertical health programs
- Shared accountability mechanism between the Government, partners, donors and communities
- Technical and financial harmonization of resources at country level
- Processes and systems for data & indicators selection, storage, use and reuse
- Data privacy, data protection, data standards, access and open data

Data and Digital Governance Working Group Objectives

The primary objective will be to support the advancement of mutually beneficial digital health and data governance priority areas (e.g., data protection, privacy, next-generation data manipulation tools, guidance to governments, capture of best practices, frameworks and guidelines) specific objectives include:

- To develop **best practice principles, frameworks, and toolkits** for data and digital health governance that can be adopted by national governments, alliances, and WG member organizations. To include a specific focus on ensuring accountability by global actors to host governments and beneficiary communities.
- To support HDC secretariat in maintaining a **repository** that serves to support knowledge sharing in shared priority areas of the working group members; to include templates, model policies, and standards that community members can contribute to and use.
- To serve as an **advocacy accelerator** for the larger HDC, supporting translation of technical needs into recommendations, identifying and responding to global health priorities (e.g., COVID-19), building connections to digital and data governance leadership and venues in the global health community, and promoting the overarching priorities of the WG membership.

Scope of Work and Proposed Products

The proposed scope of work builds on the HDC processes (e.g. regular convening, open membership and access to meeting materials) to surface shared priorities and support progress towards understanding and executing related data and digital health governance priorities.

1. This WG is well placed to support the development of the following products (born out of the objectives in the previous section):

    - This work will build on existing tools, such as: The Missing Maps Project (See governance structure) / Humanitarian Data Exchange / OpenStreetMap / The Global Healthsites Mapping project/ MoH / PATH / Palladium / WHO / PIH / GDHI / SOCI / others Docs & strategies.
    - And will be harmonized with the work on maturity models so that guidance is based on maturity of system (and considers challenges at varying levels of the health system associated with moving from paper to digital)

2. To develop a set of Principles or Best Practice for Data and Digital Health Governance (e.g. define how our community should work/ local-governments-using-open-geospatial-data-to-make-a-difference). This work will address and draw on existing resources in the following topics (non-exhaustive list):

    - Data management and Responsible Use including foundational principles re: open data, rationale for sharing, etc.
    - Privacy and security of health data
    - Mechanisms for accountability
    - Source materials: GDPR, USAID's Responsible Data guidelines, WHO-PATH paper on digital and data governance
    - Others

3. To contribute to a Repository / Knowledge-Sharing Platform, to include:

    - Model policies (e.g. Data sharing, Biometrics (PIH), Maturity models)
    - Existing tools and frameworks (framework for implementing organizations - tool to help each implementing partner/member org review each of the key risks and priorities)

Note: The working group will seek funding of proposed activities described in the scope of work, in alignment with the objectives of the group. If dedicated-funding is provided for direct in-country support in line with this scope and the GWG global goods, that work may be included. These products/global goods will need to be prioritized given GWG bandwidth and funding mechanisms and resource mobilizations.

Membership and Leadership

The GWG membership is opt-in and voluntary. As a joint endeavor between the HDC, the DH&I WG, and other HDC WGs, all HDC Working Group members are invited to join. The GWG will prioritize working in partnership with other WGs, the DH&I WG's leadership, and similar communities and initiatives across the global health space. Other HDC WGs will represent their data and digital governance needs through a Governance Advisory Group (see Leadership, below). This group will ensure that GWG-produced global goods address broader stakeholder data- and digital- governance needs.

Monthly Governance WG virtual meetings will be convened around specific technical focus areas as determined by the group, with agenda shared beforehand and follow up items shared following the call with open access to all WG members. The current membership of GWG includes individuals from:

    a. Private sector
    b. Implementing organizations
    c. Donor groups
    d. Academia

The membership of the GWG will be expanded to include representatives from Ministries of Health/government and civil society so that the range of HDC stakeholders are represented.

Leadership

The GWG leadership will consist of not less than two co-chairs who will run monthly meetings, ensure accountability for WG activities, and engage with other WGs. Co-chairs will be nominated by members of the WG and chosen based on a vote annually.

Given the cross-cutting needs of this work, we propose that other HDC WGs represent their data and digital governance needs through a Governance Advisory Group comprised of co-chairs (or another designated representative) from each of the other WGs.

Modus Operandi

The GWG will incorporate other HDC WGs such as Community data, Civil registration and vital statistics, and other small working groups. The issue of data- and digital- governance is cross-cutting and requires inputs, support and use across all health data and digital workstreams. The GWG will share and gather inputs on development of frameworks, tools and guidelines. At the same time GWG will provide inputs to products being developed by other HDC WGs.

The GWG will ensure coordination and links with other HDC working groups (e.g., Community data, and others) to align activities and products. The GWG will participate in quarterly HDC calls and HDC annual meetings to ensure coordination. In addition to the Governance Advisory Group, members of each of the other HDC working groups are invited to join GWG for regular engagement.

The GWG will also engage with HDC pathfinder countries to gather inputs and implementation of frameworks, tools and guidelines. This will be done through the HDC secretariat.

Proposed Timeline

Building on the efforts of the existing SWG, we expect to produce the following proposed products:

#	Topic/Proposed Products	Oct 2020 – Mar 2021	April 2021 – Sept 2021	Oct 2021 – Mar 2022	April 2022 – Sept 2022
1	Landscape of existing Digital Health Governance frameworks	X			
2	Develop a Data and Digital Health Governance framework		X		
3	Best Practice for Data and Digital Health Governance			X	X
4	Repository / Knowledge sharing platform			X	X

4. TORs - Digital Health & Interoperability (DH&I)

Objectives

1. 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;

2. Actively promote the development, use, and long-term support of digital health 'global public goods'; and

3. Increase, in a measurable way, the level and alignment of country and partner investments in support of Objectives 1 and 2.

Shared Values

Open

- We are open, honest, and actively transparent in both our processes and our work together.

- We believe it's important to publicly document and share our knowledge, skills, experiences, and failures.

- We endorse and support the use of open health information standards, and work to apply them usefully within resource-constrained environments.

User-Centred:

- We respond to specific country and stakeholder demands, not our imagination.

- We design highly adaptable processes and technologies to work in the most challenging environments.

- We believe in upfront planning for sustainability.

Collaborative:

- We work collectively to prioritize and address the real-world needs of our workgroup participants.

- We believe in the power of community, as the best ideas come from people with different backgrounds and talents.

- We believe in harnessing the wisdom of our workgroup by creating a safe place to raise concerns, discuss failures, improve existing ideas, and solve problem.

HEALTH DATA COLLABORATIVE

5. TORs - Logistics Management Information Systems (LMIS)

Objectives

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

Scope of work

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

Deliverables 2016-2017

Global

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

Country (Tanzania, Zambia, Myanmar, Senegal)

1. Enhance member states logistics committee and country coordination of investments, divestments and technical assistance delivery for LMIS. [Lead agency in country - TBD]

2. Develop or enhance ***member state policy*** for information systems management for health commodities, including standard operating procedures, costed implementation plans, norms and standards, etc. [Lead agency in country - TBD]

3. Develop or enhance ***member state strategic plans*** for information systems management for health commodities, including standard operating procedures, costed implementation plans, norms and standards, etc. [Lead agency in country - TBD]

Approach and organizational arrangements

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

6. TORs - Public Health Intelligence (PHI)

Background and Purpose

Established by the United Nations in 2015, Sustainable Development Goal 3 is ensuring healthy lives and promoting well-being. To achieve this, there is an ongoing need to strengthen capacity to rapidly detect and respond to potentially adverse health events, such as epidemics and environmental disasters. Strengthening of surveillance for epidemic prone diseases is a priority for both International Health Regulations 2005 (IHR) and the Global Health Security Agenda (GHSA). As observed during 2020, countries have used and adapted existing data systems to detect, monitor and respond to their COVID-19 outbreaks. Building upon this experience and the lessons learned to further enhance and integrate such systems and the data they collect for use in detecting and responding to future outbreaks as well as for accelerating progress to the SDGs will be critical.

Key to those efforts is the need for a comprehensive picture of the threat through timely gathering of useful information to gain enhanced Public Health Intelligence (PHI) in order to make an appropriate decision about how to respond. PHI is defined as the systematic collection, analysis and communication of any information to predict, detect, verify, assess and investigate events and health risks with an early warning objective. This entails assimilating data from multiple formal and informal sources such as indicator-based surveillance and event based surveillance, and from multiple sectors—human, animal and environmental.

The Public Health Intelligence Working Group (PHI WG) seeks to bring together technical experts and implementing partners in the areas of detection and response to public health events to apply the HDC principle of improving health outcomes through improved use of quality data by enhancing public health intelligence at subnational, national, regional, and global levels. While some progress has been made at global and regional levels, the national and subnational end of the surveillance continuum still needs support. Recognizing gaps in PHI, identifying potential solutions, and supporting implementation, particularly at more granular levels, are key goals of this group to support a smooth flow of information for timely response. The PHI WG will also inform and link to existing WHO's, partner's and other initiatives around PHI (amongst others *Epidemic Intelligence form Open Sources,* outbreak toolkit, DHIS2 VPD data platform, INFOSAN).

The working group will promote and leverage existing relevant global initiatives, and prevailing or work-in-process technical guidance for data exchange and data standards.

Aim and Objectives

Aim

To improve PH Intelligence for enhanced detection and response to events of public health concern.

Objectives

1. Create opportunities for collaboration to foster improvement of investments in surveillance and health information systems for meeting International Health Regulations around outbreak detection and response.
2. Develop specific strategies for coordinating resources towards building capacity for better use of data for responding to public health events at national and subnational levels.
3. Contribute technical expertise in the areas of data standardization, data harmonization and interoperability of Health Information Systems/solutions to other global initiatives with the aim to merge information from multiple sources, including from human, animal and environmental health (One Health approach).

Scope of Work/Activities 2021-2023

Global

1. Support consultations on global norms, standards and public goods for detecting and managing responses for potential public health events of concern:
    a. Inform about existing global initiatives and guidance around data standards
    b. Identify and promote interoperable data standards
    c. Support a universal concept for data integration and use across multiple sectors per the One Health approach (human, animal and environment)
    d. Consider the aspect of data security and confidentiality in the context of PHI (e.g. data governance and data use agreements), acknowledging existing or in process work on guidance (e.g. African Union/Africa CDC/WHO technical guidance on data exchange).
2. Contribute to identifying and connecting initiatives that compile PHI relevant data on national, regional or global level and promote global agreements and standards on data sharing and data use for epidemic control.
3. Promote data privacy and data security in the context of Public Health Intelligence
4. Advocate for leveraging existing processes and initiatives to facilitate consensus on global public goods and attain buy-in of implementing partners to disseminate and use standardized methods and tools.

Country

1. Promote adoption and contextualization of global norms and standards at country level through facilitating multi-partner buy-in and coordination for implementing standardized methods and tools.

2. With support from HDC Secretariat, partner regional and country offices, assist priority countries* in developing specific strategies that focus on scaling digital tools and improving data quality attributes of timeliness and completeness. Strategies may involve mapping partners engaged in surveillance activities and integrating various data sources, for example.

3. Support efforts to strengthen capacity to implement standardized systems for improved detection and response to public health threats including multisector approaches and linking to existing initiatives (e.g. provide guidance for establishing early detection, warning and response systems).

4. Support efforts of regional and cross-border cooperation around data sharing and data harmonization.

*HDC Priority countries in 2021 are Nepal, Malawi, Kenya and Uganda, with a subsequent focus on other focus countries: Tanzania, Uganda, Cameroon, Botswana, Zambia, Indonesia and Myanmar

Deliverables 2021-2023

1. Identification of multi-lateral and priority country-specific stakeholders and implementing partners investing around surveillance, data integration, and program implementation for detection and response to potential public health events of international concern.

2. Collecting and showcasing best practices and lessons learned within focus countries with regards to:
    a. Increasing use of PH intelligence through providing technical assistance for capacity building activities to improve both data quality and use at country level
    b. Systems wide thinking for workforce development and training at subnational levels
    c. Technologies for data capture, integration and exchange
    d. Financial strategies to enhance sustainability (e.g., stakeholder alignment for sustainable joint action)

3. Provide guidance on putting into country specific context the data and analytic norms and standards published by HDC partners and other relevant agencies for detecting potential public health events of international concern, managing responses and deploying relevant methods and tools at national and subnational levels.

Membership and Leadership

Membership is open to representatives from all 7 HDC constituencies and other working groups, from global to country level participants, and is encouraged to represent diverse skillsets and perspectives around detection and response to public health events. Two co-chairs elected by PHIWG members will lead the PHIWG and serve for two years, with the possibility of extending by one year, in consultation with the SRG.

Modus Operandi

PHIWG meeting frequency will be ultimately determined by members and may change depending on the needs of the members but will commence with monthly recurrence. Ultimately, the PHIWG deliverables and work plan are accountable to the SRG. Accordingly, the PHIWG will:

- ensure coordination and links with other HDC WGs to align activities and products. The PHIWG co-chairs will represent the PHIWG in monthly HDC SRG calls, monthly WG co-chair calls and other HDC related meetings to ensure coordination; and
- engage with HDC focus countries, in coordination with the HDC secretariat, SRG, and partner regional and country offices.

As with other HDC WGs, if funding is required to implement activities and is in alignment with PHIWG and HDC objectives, support could be considered through the HDC approved work plan (esp. for direct in-country support in line with this scope and the working group's global goods, that work may be included).

HEALTH DATA COLLABORATIVE

7. TORs - Routine Health Information Systems (RHIS)

Context and rationale

Health facilities generate data on an ongoing basis during the course of service delivery. Routine health information systems (RHIS) capture, compile and report service-generated data "…at regular intervals of a year or less through mechanisms designed to meet predictable information needs…"[2].

RHIS working definition for purposes of this working group

- RHIS data are self-reported[3] by health facility personnel.
- The frequency of reporting varies according to the data type, information needs and system capacity, e.g. daily, weekly, monthly, quarterly, six-monthly, annually.
- RHIS include data from all service components, programmes and facility-level resource management systems.
- RHIS reporting includes data on service utilization, health status at clinical encounters, vital events, interventions delivered, outcomes of interventions, human resources, logistics-based commodities and selected resource data.
- A RHIS ideally consists of a single, comprehensive, integrated system or set of interoperable data systems. In practice, however, it often consists of multiple, parallel data systems, e.g. a general "HMIS"[4], various programme-specific data systems, various resource reporting systems (e.g. medicine and supply stock reports), and other information systems.

RHIS is one of the main health information sources for important services such as reproductive, maternal and child health services and disease surveillance, and, at district level and below, is often the only source of information for decision making.

While most healthcare data is collected at health facility and community levels, RHIS carries that information throughout the health system to make possible the measurement of coverage and quality of the health services provided, of resources used, and of resulting health outcomes. A strong national RHIS not only generates information for use by care providers and health managers, it also can make this information available to politicians, the media, and the civil population.

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[2] Routine Health Information Network (RHINO). 2001. The Potomac Statement on Investment in Routine Health Information in Developing Countries.

[3] Results of supervision or ongoing monitoring assessments of service functionality (e.g. service availability, readiness, quality, management functions) may be included in the RHIS platform. These processes are distinct from intermittent, external, objective health facility surveys/assessments usually conducted at national level using standardized tools and methods

[4] "HMIS" or "Health management information system" has been used variously: sometimes it is used interchangeably with RHIS; sometimes it describes the system for data not reported through programme-specific systems; it has also been used to describe the overall HIS. Given these variations, the term RHIS is used in this document.

HEALTH DATA COLLABORATIVE

Many LMIC countries face challenges in achieving reliable RHIS data for decision-making. Challenges include multiple data demands, non-standardized data (i.e. metadata, data structures, data management and exchange standards, etc.), poor quality data, incomplete and delayed reporting, inadequate "top-down" feedback mechanisms, limited data analysis and use, inadequate data management systems, multiple parallel systems, lack of system integration and interoperability, inadequate infrastructure and human resources, data access and transparency, poor data governance and uncoordinated partner investments.

In the past two decades substantial investments have been made to strengthen RHIS to address these challenges, but most of these efforts were focused on digitization, improving data quality and data analysis, and identifying problems. But the ultimate goal of RHIS is to use the data generated **to solve problems and to improve access to and delivery of quality health services**. This last step of translating data into action is the most challenging, and many barriers have been identified leading to poor use of data for action. While most of these barriers are technical issues that can be addressed by technical solutions, many barriers to data use are linked to organizational and behavioral factors as explained in the PRISM framework[4]. The decision-making and problem-solving behavior of data users can heavily influence the ultimate use of data for service delivery improvements. RHIS strengthening therefore involves building an information culture where information is valued at all levels of the health system.

This working group aims to address these issues through adaptation of existing globally-agreed RHIS standards and best practices and alignment of support to countries for RHIS strengthening.

Objectives

1. *Global Goods*: Review, define and harmonize standards for improved facility-based RHIS to improve health services and health system strengthening through:

   a. Collation of resources and tools for RHIS indicators, data quality, analyses, and use;

   b. Identification of ways in which investments in RHIS can be better aligned to ensure stronger, scaled and sustainable systems that reduce reporting burden, improve data quality and increase efficiency;

   c. Contextualization of protocols and standards for integrating disease surveillance, public health and humanitarian emergency data into RHIS and documentation of best practices for learning;

   d. Dissemination and promotion of standards for introducing information culture in country health systems, leading to improved use of data for improved service delivery at all levels of the health system, but particularly at district level and below.

2. ***Country Support***:

   a. In collaboration with HDC partners and country governments, align support for achievement of a country's RHIS goals. RHIS technical assistance and project funding will be aligned and coordinated to support national plans for RHIS strengthening.

   b. Ensure collaborative processes with country engagement and engagement with all relevant stakeholders including civil society and the private sector.

Scope of work

1. Review, define and harmonize current standards, best practices and tools, including data elements and data indicators, for improved facility-based RHIS (incorporating information culture, data governance, collection, management, quality, analysis, and use).

2. Identify and review protocols and standards for linking/integrating disease surveillance, public health, humanitarian emergencies and health resources reporting into RHIS, including the harmonization of programme-specific data and digital configuration packages to support multi-sectoral implementation.

3. Align and harmonize partner efforts (activities, investments) designed to:

   a. Develop RHIS elements of national health strategies and investment plans;

   b. Support the adaptation of global RHIS standards, best practices and tools into local settings;

   c. Build country capacity at all levels in RHIS data management, analysis and use, including through training materials/systems and strengthening of national institutes and statistics offices.

4. Build a network of support (e.g. community of practice, learning missions (in-person or virtual), best practice repository) across regions and partners for dissemination and implementation of standards, tools and capacity building for RHIS.

Deliverables 2020-2023

Global

- Harmonisation of RHIS standards, best practice guidance and tools, as defined in RHIS WG annual workplans.

- Harmonisation of standards and protocols for integrating public health surveillance, public health and humanitarian emergencies reporting into RHIS, including *post facto* evaluation of emergency surveillance and essential health services continuity monitoring in RHIS, which could inform design/configuration proposals for future public health and humanitarian emergencies.

- Facilitate priorities for investment in global goods for RHIS development, implementation and maintenance.

- Documented country best practices on RHIS and modes of good governance.

Country

Based on target countries, country-specific needs and joint partner action, as defined in WG annual workplans:

- Support RHIS elements of country health sector strategy, digital health strategy and investment plans;
- Global RHIS standards and best practices adapted, implemented and integrated into country RHIS.

Approach and organizational arrangements

- Define key technical areas for which RHIS standards and best practices are required.
- Conduct a joint stock-take of existing global goods and partner efforts related to RHIS standards and best practices.
- Identify and prioritize key gaps and aspects for review/update.
- Define annual deliverables, leads per technical area and workplans.
- Conduct annual workplan reviews and adjust as needed.
- Working group is governed by two co-chairs with secretariat support.
- Leverage and strengthen existing efforts of partners in these technical areas, including to promote monitoring of PHC, UHC and SDGs (e.g. work on surveillance standards, multiagency work on 100 core health indicators, EWEC, Countdown, ENAP/EPMM, Nutrition, HIV/TB/Malaria, Immunization, HSS, NCD, etc.)
- Ensure coordination and links with other HDC working groups (e.g. Digital Health and Interoperability, Community Data, Civil Registration and Vital Statistics, Epidemic intelligence).
- Monthly working group calls, attendance and providing of updates at monthly HDC SRG calls and attendance at HDC annual meeting.
- Strengthen global to country alignment through regular communications at global, regional and national level and use of HDC website.