



**Health Data
Collaborative**



ALIGNING PARTNER SUPPORT FOR DATA TO STRENGTHEN THE HEALTH SECTOR THROUGH THE HEALTH DATA COLLABORATIVE AND SDG3 GAP DATA AND DIGITAL ACCELERATOR

LESSONS LEARNT FROM THREE COUNTRY MISSIONS



Thursday, 26th of January 2023: Dhulikhel Hospital, Nepal ©Robic Upadhyay/UNICEF

**STRONGER
COLLABORATION,
BETTER HEALTH**

Global Action Plan for Healthy
Lives and Well-being for All





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EXECUTIVE SUMMARY

Background

The [Health Data Collaborative \(HDC\)](#) and the [Sustainable Development Goal 3 Global Action Plan Data and Digital Accelerator \(SDG3 GAP D+D\)](#) aim to align partners' technical and financial resources with country identified data and digital priorities.

In consultation with three country teams (Pakistan, Nepal and Malawi), WHO, UNFPA and UNICEF as members of the HDC and co-chairs/ members of the SDG GAP Data and Digital Accelerator, identified two priority technical areas for joint support to country governments:

1. Civil Registration and Vital Statistics (CRVS) on the basis of countries greatest need, in the context of [SCORE](#); and
2. Geographic Information Systems (GIS).

These identified areas of technical support called for joint country missions that would further align technical and financial support amongst agencies.

The scope of work is expected to galvanize further support from other in-country partners in coordination mechanisms, within and beyond the health sector. These may include HDC and SDG3 GAP partners (multilaterals, donors, academia, global health initiatives, civil society and the private sector). The missions have helped produce case studies that provide lessons learned and information on how to strengthen support for other country data and digital health priorities.

Three country missions were scheduled to take place; Malawi (20th to 24th June, 2022), Nepal (23rd to 27th January, 2023) and Pakistan (13th to 17th March, 2023 (postponed)).

From these three planned and two executed missions, this paper explores lessons learned, how country missions can improve data systems by providing aligned joint partner support for data and digital health, and recommendations for any future country missions.

Country missions have provided a tangible opportunity for the HDC and SDG3 GAP D+D Accelerator to provide joint technical support in response to government requests. Both mechanisms share the common objective to align partner political, financial, and technical resources to country needs.





Summary Of Lessons Learnt

The joint country missions highlighted three key areas that need specific attention moving forward:

1. Ensure country ownership.
2. Manage resource expectations.
3. Plan follow up with clear timelines and accountability of actions by partners.

Ensure country ownership.

Achieving country ownership requires early dialogue with governments and in country stakeholders to ensure that the goals and aims of the initiatives are clear among all partners. Further, by understanding local context and challenges early, partner support can be tailored to ensure success of these initiatives and be more driven by Government processes and in country partners.

Ideally, support comes as a direct response to a specific country request. However, it is recognized that areas of collective strength and support are often identified at the global level and there is some value to a top-down approach when initiating and communicating possibilities to countries and partners.

Efforts must always be made to generate ownership over country driven processes. This includes developing a concept and presenting it to heads of offices in country first. This will also ensure follow up actions are driven by government and in country partners and can address issue of missions coming and going with no active follow up for country impact.

A significant amount of effort was needed to align three organizations (WHO, UNFPA, UNICEF) at three levels (HQ, Regional and Country), in favor of country needs. This crucial “three by three” level alignment might be made easier by capitalizing on strong country leadership at the forefront.

Manage resource expectations.

Direct country engagement raises expectations of immediate or future resources- financial, technical and political. There is a need to carefully consider these resource implications and raising expectations by instituting country missions and any recommendations for governments, donors (bilaterals, foundations, regional banks), multilaterals (UN agencies and World Bank) and Global Health Initiatives (eg. GAVI, Global Fund for AIDS, TB and malaria, GFF).

The Government of Malawi proposed that guidance should be developed for countries to be aware of what potential support may be available and how support is aligned at the global level prior to the mission taking place.

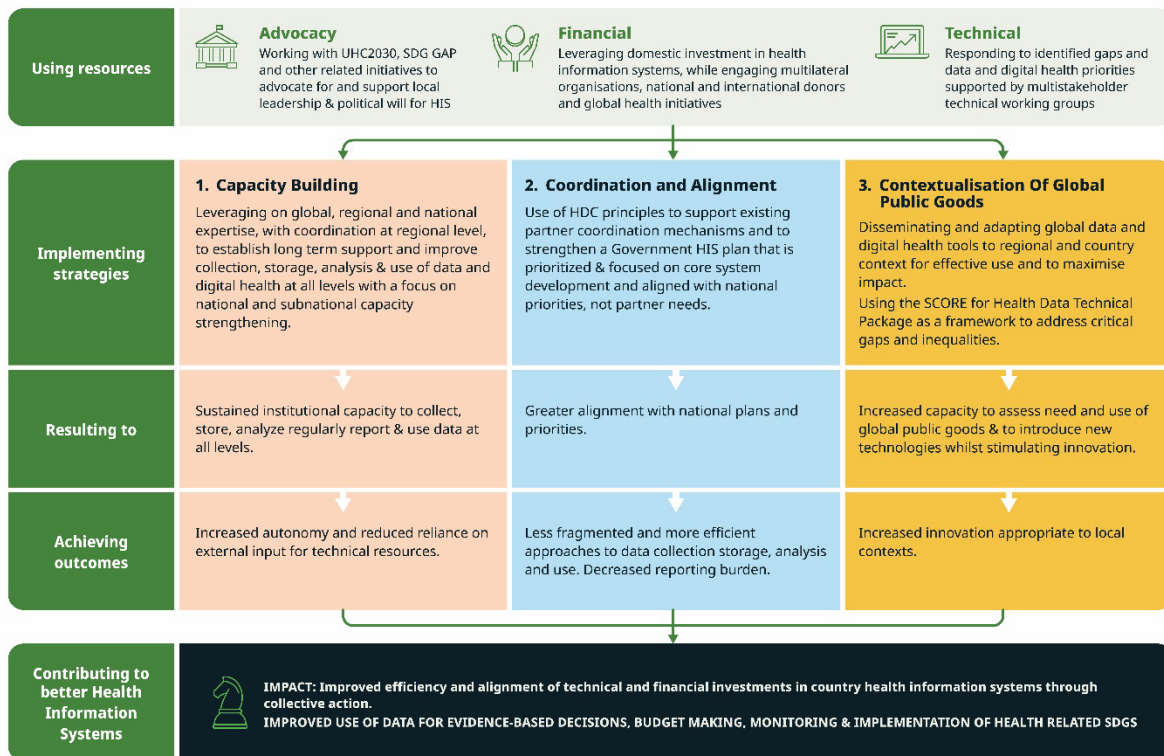
HDC’s Theory of Change outlines how better use of resources may contribute to better Health Information Systems (HIS) and improve efficiency and alignment of technical and financial investments in country HIS through collective action.





The HDC's [Country Engagement Approach](#) further outlines what may be expected from countries engaging with the platform.

HDC Theory of Change



Having said this, any resource implications should be considered in context of nationally owned planning and budgeting processes and engage MoH planning departments. Expectations may also be managed by having clear and specific mission outcomes, including but not limited to;

- Using and building on results of existing assessments (eg WHO's [SCORE](#)),
- Quality improvement and review of ongoing programs,
- Training on a specific tool or technical area
- Expectations of funding allocated by ministries of finance and in country partners.

Planning follow up with clear timelines and accountability of actions by partners.

Clear mission outcomes and objectives with a specific timeline are needed, not only to manage expectations, but to ensure that the mission delivers real impact in country and partners are engaged actively.

A country mission provides an opportunity to connect ongoing projects that are well funded, that have political traction or are aligned with country planning and budgets. This is important for sustainability and builds on momentum already established in country. In the case of Malawi, the white paper





developed as a mission outcome aimed to complement an [Investment Case for Reproductive, Maternal, Newborn, Child And Adolescent Health And Nutrition](#) submitted to the World Bank's Global Financing Facility for Women, Children and Adolescents (GFF) in 2020, with a specific focus on CRVS and GIS for health and for CRVS. The White Paper will be presented at a side event co-hosted by the Permanent Mission of Malawi to the United Nations, UNFPA, WHO, the Health Data Collaborative, and SDG3 Global Action Plan: "Advancing Integrated population, health and geospatial data systems: spotlight on Malawi" at the 56th Session of the United Nations Commission on Population and Development, 10-14 April, 2023.

The GFF investment case aims to progressively increase domestic resources for health and reduce inefficiencies in health spending over time through coordinated planning and investment. The case identified Health Information Systems (HIS) as a key priority area for investment including strengthening capacity for use of the existing DHIS2 platform, introducing Electronic Medical Records (EMRS) at the facility level and improving the national civil registration system (CRVS).

Capitalizing on support from several partners further helps with more traction and possible resources.

COUNTRY SPECIFIC REFLECTION

Malawi

The joint mission to Malawi took place from 20th to 24th June, 2022. A stakeholders' forum established gaps in CRVS and GIS systems in Malawi, while bringing together stakeholders for reduced duplication and enhanced collaboration. The outcome of the mission was a White Paper co-developed with government, to promote greater alignment and cohesive technical support for expanding the coverage and quality of CRVS and GIS data.

Objectives of the mission

1. To assess CRVS/GIS national priorities and needs;
2. To convene national, bilateral and multinational partners to share ongoing activities;
3. To recommend key areas for improved alignment of partners (national and international) and improved integration of CRVS and GIS systems within the overall population and health data systems;
4. To identify opportunities for improved CRVS and GIS capacity strengthening.

General Observations

Feedback from the Government of Malawi expressed a well-articulated plan of what was to be done during the mission. However, there was a tight mission schedule, with some key planned activities being taken off at the last minute during the Stakeholders' Forum.

Although the mission successfully brought together stakeholders to inform and update on CRVS and GIS activities, some key partners in Malawi are not members of the SDG3 GAP and HDC partnership and continue to operate in silos with long term commitment not easily known.





The Government felt that the mission had not enough knowledge of the status of the CRVS and GIS architecture in the country as well as national priorities and needs. The Government as well as local partners also had expectations of specific technical or financial commitments for support.

Certain important elements of CRVS and GIS strengthening were beyond the technical expertise of the mission, including data governance and data infrastructure. Technical support for legislation for data protection, data sharing and interoperability as such was not addressed, even though this remains high priority for the Government.

The Government further noted that the meeting with the Health Donor Group had no representation from the Government of Malawi.

Mission follow up was delayed for a variety of reasons, with the White Paper being finalized over 9 months after the mission took place.

Recommendations

The White Paper has the following recommendations to strengthen the Integrated National Data System (INDS) for Health:

1. Strengthen Collaboration between National Registration Bureau, National Statistics Office and Ministry of Health for CRVS.
2. Increase Demand and Coverage for Civil Registration.
3. Advance a Life Course Approach to CRVS/ID System Roll-out.
4. Coordinate Government Geospatial Data Solutions.
5. Strengthen Geospatial Data Collection.
6. Set Government Priorities for Enhanced Use of Geospatial Data .
7. Strengthen In-country Capacity Development on GIS.

The detailed document will be disseminated after the launch with close follow up on measurable country impact.

With Government feedback in mind, the following recommendations are proposed for any subsequent mission to Malawi.

1. Conducting a comprehensive CRVS and GIS Assessment prior to the mission
2. Focusing on more specific mission outcomes such as:
 - Conducting a midterm review of Malawi CRVS Strategic Plan for 2019-2024
 - Supporting the development of a new HIS Strategy
3. Regular support to governance structures including the National Steering Committee and CRVS Technical Working Group.

Nepal

The Ministry of Health and Population (MoHP) Nepal submitted their country position for HDC affiliation on 20 September 2020. Subsequently, the Honorable Minister of Health, Mr. Bhanubhakta Dhakal, opened the HDC Leadership event on 16 December 2020 ([Health Data Driving the SDGs and Defeating COVID: Accelerating Progress Through Partnership](#)).





Nepal was selected for a country mission visit by the SDG3 GAP D+D co-chairs, UNFPA and WHO, with support from UNICEF being sought in recognition of their technical expertise in CRVS and legal identity.

Objectives of the mission

1. To explore how HDC partners can jointly accelerate support for the Nepal CRVS Strategy 2019
2. To convene a stakeholder meeting of national, bilateral and multinational partners, including but not limited to the health sector, to share ongoing activities in support of CRVS and GIS
3. To recommend key areas for improvement in partners' alignment (national and international) and improved integration of CRVS and GIS systems within the overall population and health data system.

General observations

The mission to Nepal was made much easier by close collaboration amongst three country offices (WHO, UNFPA, UNICEF). There was strong support in country amongst the three heads of agencies as well as the UN Resident Coordinator.

Similar to Malawi, the agenda for the partner's meeting was ambitious, with some items being removed while in country (Session 10: Roadmap for strengthening GIS for HIS, CRVS and National Official Statistics_ Participatory session).

The field visits were much appreciated with a variety of sites and contexts being explored.

Recommendations

The Strategic Brief on Nepal includes amongst others the following recommendations.

1. Strict and uniform implementation of laws for birth registration of children born through early marriage, born of a marriage subject to automatic dissolution, children without parents, and children born out of rape.
2. Improve quality of data on vital events, especially in terms of medical certification of causes of death and enhance data utilization.
3. Develop CRVS annual report 2023.
4. Include mortality report as part of the health statistics report by the end of 2023.
5. Advocate for Survey Department to constitute a formal mechanism strengthen the coordination with National Statistics Office, Department of National ID and Civil Registration, and Department of Health Services.
6. Landscape analysis of the current health facility registry initiatives and support Ministry of Health and Population in completion, including establishing a mechanism for routine update of the health facility master list, and utilization of a common health facility master list across departments.

The following recommendations are proposed for any subsequent mission to Nepal.

1. Establish early clear timelines for mission follow up amongst partners and with Government.
2. Ensure alignment with similar partner initiatives (eg WHO 100 Day Challenge).
3. Invite Government participation in pre mission planning.





Pakistan

A mission to Pakistan was proposed from 13th to 17th March, 2023 but was postponed by three country heads of agencies. The expected outcome of the mission was a White Paper and joint Action Plan co-developed with the Government of Pakistan, to promote greater alignment of resources and cohesive technical support for improved coverage and quality of CRVS system, including the use of GIS to strengthen CRVS and PHC.

Objectives of the mission

1. To build on ongoing partner efforts to identify key areas of technical support for improved CRVS programming and promote GIS as a tool for enhanced decision making
2. To convene national, bilateral, and multinational partners to share ongoing activities and identify key areas for improvement in partner's alignment (national and international)
3. To enhance twinning of CRVS with the health sector and convergence with education, social protection, and national ID interventions
4. Contribute towards planning for PHC with support from CRVS and GIS

General observations

The political, social and economic context in Pakistan remains complex and this needed to be considered when planning for a joint mission. The country had also recently been affected by severe flooding, adding to security concerns and questions about the appropriate timing of the mission, which had already been postponed from the initially proposed timeframe of 16 – 20 January, 2023.

Even though initial communication had been forwarded to country offices in March 2022, competing priorities meant that the proposed mission was seriously attended to by country offices relatively late in the planning process.

There was also difficulty aligning expected mission outcomes amongst three leading agencies, while satisfying follow up from previous missions to the country.

The proposed mission to Pakistan is currently postponed until further notice from country offices.

Recommendations

The following recommendations are proposed for any subsequent mission to Pakistan.

1. Ensure country leadership and early engagement of country offices
2. Focus on one technical area with no less than 3-4 specific objectives
3. Elicit regular support from UN Resident Coordinator for security updates and insight into in country dynamics and partner concerns.





OVERALL RECOMMENDATIONS

Based on the experience from planning three country missions and execution of two of these, the following recommendations are proposed for subsequent mission planning.

Responding To Country Requests

We continue to advocate for a bottom-up approach for joint support to countries. This will ensure that the initiatives are tailored to the country's needs and are more likely to be successful. Botswana, Zambia, Burkina Faso and Niger have verbally submitted generalized requests to HDC Secretariat. These include technical support for digitization of community health information systems and support for the development of a national health observatory. We expect formal requests from Ministries of Health by the end of the second quarter of 2023.

Virtual support should also be considered, where partners are brought together virtually for 3-4 days to align support on a specific technical area to a country government in need.

Aligning Partner Support

Aligned partner support can be provided by capitalizing on ongoing efforts and plans for intensified support in countries.

WHO

The WHO has identified several priority countries that will be receiving intensified support for data, delivery and innovation in next 2 years, with extra resources for each of these countries and in regions as outlined in the [Revised Program Budget 2022-23](#).

UNFPA

UNFPA now has financial support from the Global Financing Facility (GFF) to build up a stronger action plan on Reproductive Maternal Newborn and Child Health and CRVS in Sierra Leone. There is also strong political support in country in this regard.

UNFPA also has identified certain countries for Country Program Development (Iraq, Liberia, Mali, Mexico, Yemen, Paraguay, Colombia, Congo-Brazza, DRC, Djibouti and Cuba), as well as prioritizing francophone Africa and GFF countries for intensified support.

CDC GPHDI

The US CDC's Global Public Health Data Innovation (GPHDI) provides government decision makers with more timely, accurate, and comprehensive public health data to better prevent, detect, and respond to public health threats.

CDC's Center for Global Health (CGH) is coordinating efforts to develop a program to improve pandemic response and readiness through improved data availability and data use and support for this initiative is provided through the 2021 US American Rescue Plan Act, approximately \$140M over three years of investment





GPHDI is designed to address key barriers to effective use of data in public health response:

- Limitations to data access, quality, and use
- Non-standardized data
- Workforce limitations that inhibit rapid adoption and deployment of digital health solutions at scale
- Gaps in data systems governance and policy that inhibit the development and implementation of digital health strategy and response planning

Countries prioritized for GPHDI support are Kenya, Sierra Leone, Uganda, Zambia, Columbia, Honduras, Paraguay, Georgia, Thailand and Ukraine.

HEALTH DATA COLLABORATIVE | **Principles of Country Engagement**

By invitation, not by selection:
The process should be country initiated and country led with strong country stewardship and broad-based stakeholder participation (governments, donors, civil society organizations, public health institutions, academic and private sector actors).

Often opportunistic:
The approach should be where there are opportunities for collective technical support and / or where joint investments have been identified.

Aligned at all levels:
Global and regional support, if required, should be mobilized through:
• Requests from countries based on identified needs (responsive modality).
• Reaching out to countries to actively demonstrate the value of an aligned partner response (proactive modality).





Monitoring, Evaluation and Accountability

Accomplishment of a mission is an indicator of success. However, overall increased alignment of in country partners behind Government plans is the targeted marker of success for both HDC and SDG3 GAP. Monitoring and evaluation is essential for any country mission to assess progress, identify areas of improvement, and ensure accountability.

The [SDG3 GAP Monitoring Framework](#) is a useful tool to assess overall perceptions of partner alignment in countries. But it does not provide an assessment of joint mission outcomes and implementation of recommendations.

To conclude, three potential ways of measuring success for future country missions are proposed:

1. Qualitative assessment through Government feedback
2. Qualitative assessment through in country partner feedback
3. Review of implementation of mission recommendations 6-, 12- and 18-months post mission.

