HDC mission: To provide a collaborative platform that leverages and aligns technical, financial and political resources (at all levels) to country owned strategies and plans for collecting, storing, analysing and using data to improve health outcomes, with specific focus on SDG targets and communities that are left behind.

Background: The Health Data Collaborative (HDC) was launched in March 2016 following a 2015 high-level summit on Measurement and Accountability for Results in Health, endorsement in a 2015 Roadmap for Health Measurement and Accountability and a 5-Point Call to action. In January 2020 a multi stakeholder review of the HDC led to a new modus operandi and governance structure, which is further adapted after 2020-21 experiences and stronger links with the SDG GAP data and digital accelerator.

3 HDC Objectives:

HEALTH INFORMATION SYSTEM STRENGTHENING	1. To strengthen country capacity to plan, implement, monitor and review progress and standardize processes for data collection, storage, sharing, analysis and use to achieve national health-related targets
ALIGNMENT OF RESOURCES	2. To improve efficiency of technical and financial investments in health data and digital systems through collective actions and aligning with country identified priorities;
ADAPTING TOOLS / GLOBAL GOODS TO CONTEXTS	3. To increase the impact of global public goods and tools on country health data systems through increased sharing, learning and country engagement.

Principles (based on UNSG, WHO and Transform health data principles):
1. Data is a **global public good**
2. **Country driven** and countries should always be consulted before releasing health data at a global level;
3. Promote **country ownership** and leadership to interface with national (Government, partners and citizens) policy, planning and budgeting processes and initiatives to ensure data driven planning and accountability;
4. Build on **data systems** that are already working, owned and used by leveraging technical and financial resources from data initiatives in other sectors, agencies and partnerships and existing communities of practice and investing in cross program aspects of data and measurement;
5. Promote use and compliance with the GATHER **18-point guideline** to enhance accuracy, transparency and timeliness of data collection;
6. Foster and facilitate **data analysis, visualization** and use at all levels;
7. Promote increased **data transparency and access**;
8. Enhance regional and country (especially peer learning) approaches to **knowledge management**;
9. Focus on limited number of **concrete, incremental actions** with impact and maintain a best effort, good will philosophy among partners.

Theory of Change: Using a foundation of evidence and resources[1] the Health Data Collaborative and SDG GAP data and digital accelerator will achieve a measurable impact on health information systems strengthening in countries using three strategies: 1) coordination and alignment, 2) innovation and new technology, and 3) capacity building. Together, these three areas will contribute to greater alignment amongst donors and partners with national Monitoring and Evaluation plans, increase country capacity to introduce new technologies at a national and subnational level, and build sustained institutional capacity for data collection, reporting and use. The result will be decreased reporting burden for countries, a more harmonized approach to global data reporting, a culture of innovation and more efficient use of resources. Ultimately, this will lead to improved quality and availability of

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[1] UHC2030, SDG GAP, Global Health Initiative (GHI) and donor resources, HDC Working Group outputs and gaps identified by local partners and ministries of health

health data and the ability for countries to consistently and accurately report on progress towards the health-related SDGs.

THEORY OF CHANGE
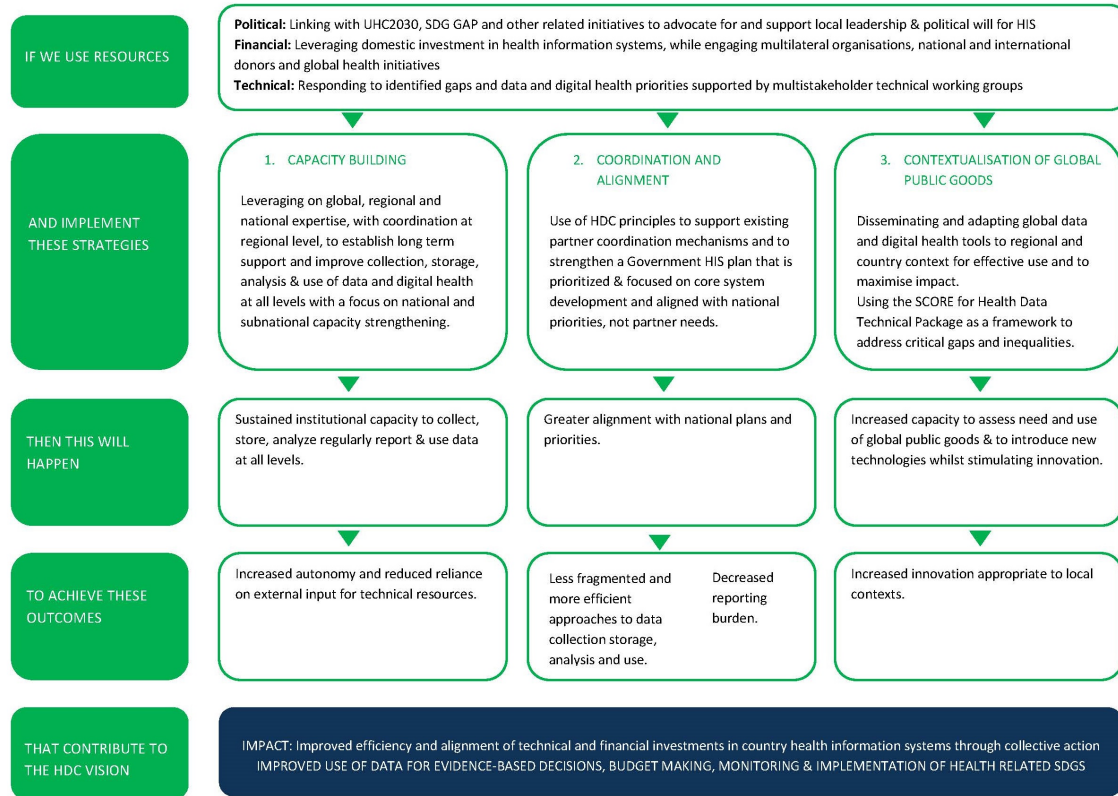
Added value of HDC for countries:
- Funding and technical support aligned to country M&E frameworks for increased efficiency
- Global tools and standards customized and adapted to countries (eg. strengthened CRVS systems, greater interoperability of data systems, improved measurement of quality of care, Improved capacity for data analytics and use)
- Reduced reporting burden for health workers and national governments
- Civil society actively uses data to hold governments and international partners accountable and shapes the data agenda to increase government attention
- Health security for all: more timely identification, prevention, and response to public health risks
- Counting of the poorest and most marginalised populations (mainly through stronger CRVS)
- Stronger links between data systems and digital technologies
- Academics and innovators contribute to and engage constructively in data collection and analysis leading to smarter use of technology and better quality data

Country engagement: The HDC approach to country engagement will be country-led and country-driven. This includes country participation in HDC governance with national governments acting as a measurement and accountability mechanism for tracking progress against the SDGs. Country engagement may also go beyond national boundaries and encompass regional networks and observatories.

Countries can engage with HDC in four key ways:
1. Strategic request for collective action: general technical support for HIS strengthening

2. **Focused request for collection action:** specific technical support for a particular M&E activity
3. **Specific agency request:** strategic partner engagement with the ministry of health
4. **Knowledge sharing**: for ongoing in-country coordination and sharing best practices and tools

Although the HDC is not a funding entity per se, the HDC and SDG GAP secretariats can support in country processes by helping bring partners together to commit and align resources in line with country-driven data priorities. Expected outcomes include:
1) strengthened coordination and alignment;
2) innovation and new technologies; and
3) capacity building for health information systems. It is expected that this will decrease reporting burden and fragmentation, increase innovation in local contexts and increase investment efficiency and capacities of data use.

Countries: HDC and SDG GAP D+D is open to any country. Countries that have already requested to join the HDC include Kenya, Tanzania, Uganda, Malawi, Botswana, Cameroun, Zambia, Nepal, Myanmar, Bangladesh, Indonesia. In 2022 Q1 Pakistan will be considered for the SDG GAP D+D efforts.

Monitoring: HDC performance will be measured through achievement of annual progress report-based milestones and whether specific activities have been undertaken. These will be tracked and reported on annually, related to the workplan and include indicators on global and country level activities.

Evaluation: An independently contracted objective evaluation in 2023 will support revision of the HDC functions, mission, objectives and theory of change, to ensure increase alignment with country HIS and SDG 2030 targets.

SCORE as a potential overarching framework for HIS and tools: The 2020 SCORE report and implementation is 133 countries provides an opportunity for HDC partners and countries to consider health information gaps and prioritize actions and resource allocations. The SCORE framework is an assessment tool, can monitor trends over time and act as an investment framework.

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).