WELCOME

CHRISTINE SOW | PRESIDENT & EXECUTIVE DIRECTOR | GLOBAL HEALTH COUNCIL

@GlobalHealthOrg #WHA69 #GHCPolicyScrum
GHC is the leading membership organization supporting and connecting advocates, implementers, and stakeholders around global health priorities worldwide. The organization represents the collaborative voice of the community on key issues, convenes stakeholders around key priorities, and actively engages with decision makers to influence global health policy.

Join Today! www.globalhealth.org/join
ABOUT THE POLICY SCRUMS

- Last year, GHC launched its first World Health Assembly (WHA) Policy Scrum Series
- WHA Policy Scrums occur bi-weekly leading up to the WHA in May (22-28)
- Each session addresses two or more topics which will be addressed on the WHA agenda: http://tinyurl.com/WHA69Docs
- The WHA Policy Scrums provide a venue for the global health community to discuss agenda items in detail, ask questions, and determine next steps, if applicable
— Welcome
Christine Sow, Global Health Council (GHC)

— Logistics
Liz Kohlway, GHC

— AGENDA 2030 and the 69th World Health Assembly
Caroline Barrett, Senior Office for Global Health at the United Nations Foundation

— Data for Health and Sustainable Development
Lola Dare, CEO at CHESTRAD

— Q&A

— Closing
Christine Sow, GHC
AGENDA 2030
and the
69th World Health Assembly

Caroline Barrett
United Nations Foundation
The big picture: SDG Agreement

“The idea of getting 193 countries together to collectively agree a course for humanity and our planet at a time of global uncertainty, economic crises and natural disasters could have seemed to many as absurd. And yet, today is proof that we were right not to lose hope.”

- Swiss Ambassador to the UN. August 2, 2015
World Health Assembly Resolution: Health in the 2030 Agenda

- Proposed by Japan, Panama, South Africa, Thailand, U.S., Zambia, Zimbabwe
- Urges Member States to
  - “Scale up comprehensive action at the national, regional and global levels, to achieve the goals and targets of the 2030 Agenda relating to health by 2030”
  - Develop national processes for monitoring progress towards the goals and targets
- Requests the DG to
  - Ensure that WHO is capacitated to support integrated national plans
  - Support Member States to strengthen statistical and health information systems capacities
Issues at Play

- SDG Indicators
  - Particular controversy around UHC
- Health Data Collaborative
- Launch and endorsement of Global Strategy Operational Framework
- Role of Assembly in monitoring progress
  - Annual report
  - Peer review?
  - Potential linkages with High-Level Political Forum?
Stay in touch!

Caroline Barrett, cbarrett@unfoundation.org
Kate Dodson, kdodson@unfoundation.org

To sign up for our Monthly Monitor updates and analysis on process and politics, please contact Courtney Hulse, chulse@unfoundation.org

Follow @Post2015_UNF
http://www.healthdatacollaborative.org/what-we-do/
Health Data Collaborative: Better Data, Better Health
**Operationalizing the Call to Action:**

<table>
<thead>
<tr>
<th>Standards &amp; tools</th>
<th>Enhanced technical collaboration</th>
<th>Monitoring global Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicators</strong></td>
<td><strong>Census</strong></td>
<td><strong>Open data initiatives</strong></td>
</tr>
<tr>
<td>• 100 indicators</td>
<td>• UN DESA, regional CRVS system</td>
<td>• Open data initiative</td>
</tr>
<tr>
<td>• Reference groups</td>
<td>• GFF, UN, bilat., GHP</td>
<td></td>
</tr>
<tr>
<td><strong>Classifications</strong></td>
<td><strong>Health surveys</strong></td>
<td><strong>Analysis &amp; communication:</strong></td>
</tr>
<tr>
<td>• WHOFIC, IHTSDO + Collection &amp; Analysis</td>
<td>• DHS, MICS, other, national</td>
<td>• Public health institutes</td>
</tr>
<tr>
<td>• UN reference groups &amp; inter-agency groups</td>
<td><strong>Health facility &amp; community information</strong></td>
<td>• National Bureau of Statistics</td>
</tr>
<tr>
<td>• WHO and other data standards</td>
<td>• U Oslo, UN, CDC, GHP, bilat.</td>
<td>• Ministry of Health local, national</td>
</tr>
<tr>
<td>• OpenMRS, DHIS, HL7, Open HIE</td>
<td><strong>Administrative data</strong></td>
<td><strong>Monitoring &amp; reporting Profiles and scorecards</strong></td>
</tr>
<tr>
<td></td>
<td>• UN, USAID</td>
<td>• Countdown, ALMA</td>
</tr>
</tbody>
</table>

**Open data initiatives**
- Open data initiative

**Analysis & communication:**
- Public health institutes
- National Bureau of Statistics
- Ministry of Health local, national

**Monitoring & reporting Profiles and scorecards**
- Countdown, ALMA
- PHC Performance Initiative
- MDG/SDG reporting
- Reviews: progress & performance
  - National, subnational
  - Pay for performance

**Accountability**
- CSO engagement
- Media, parliament

**IHP+ monitoring and evaluation group**
- COIA, Global Strategy 2.0, GFF
- GAVI data investment 2015-2020, Global Fund data for decision-making; UNAIDS strategic information UNICEF data for children; UNFPA
- USG /Measure evaluation, PEPFAR data, CDC surveillance
- CHAMPS (Gates), Data4Health (Bloomberg), PHCPI (BMGF, WB WHO)
- UN Reference groups (estimates), IHME
- Open data initiatives & data revolution
- CSOs, IPU efforts on accountability
- Countdown, ALMA, MDG/SDG reporting, PMA2020

**Investments: levels and efficiency**
- Capacity strengthening
- Integrated stronger data sources
- Digital and Data revolution
- Enhanced use and accountability

**Global Collaborative: Priority Areas of Focus**

**Country Results**
- Strong multi-year M&E plan for health sector, with data collection specifics and budget
- Annual high quality progress and performance report produced by country institutions
- Transparent inclusive quality reviews of progress and performance
- Open health data system with access for academia, civil society, partners
- Disease surveillance system strong and integrated into HIS
- Improved data on mortality and causes of death, including CRVS system improvement
- Comprehensive databases and electronic systems for facilities and logistics, including HR
- At least 1 strong public health institution, central in measuring performance

**Global Landscape: Examples of measurement efforts and initiatives**

**Five Point Call to Action on Measurement & Accountability**
Five Point Call to Action on Measurement & 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 data sources
5. Enhanced use and accountability (inclusive transparent reviewed linked to action)

What the global collaborative aims to achieve

- Platform for sharing & development of public health goods and standards
- Facilitate scaling up of joint or synergistic technical assistance and collaboration at country level
- Monitoring progress, performance and accountability; joint learning and promoting best practices
1. Country Action and Regional Collaboration
   - Country Action
   - Regional Networks (ASSD, Asian e-Information Network, CHESTRAD)

2. Facility and Community Data
   - Routine HMIS and Disease Surveillance
   - Community Data
   - Facility Surveys
   - Measurement of Quality of Care and Performance Assessment

3. Population Data Sources
   - Household Surveys
   - Civil Registration and Vital Statistics

4. Health Systems Monitoring
   - Health Workforce Accounts
   - Health Financing

5. Data Analytics, Use and Open Access
   - Data Analytics and Use
   - Global and Country Data and Statistics (including GIS)
   - Digital Systems and Interoperability
Health Data Collaborative at 69th World Health Assembly

• No stand alone resolution on the HDC at the 69th WHA
• Integrated into the resolution on the Sustainable Development Goals
• Endorsement by the Global Health Leaders
• Close collaboration and engagement with the Statistical Commission
Key Considerations

• Balancing the technical and political debate
  • Promoting accountable action

• Providing a broader base for the utilization of data for accountability

• Development Partner processes, behaviour, alignment and political will

• Capacities – country, regional and global

• Collaboration and linkages across CS platforms and processes for accountability
  • Global Partnership on Data for the SDG
  • Independent Accountability Panel
  • PMNCH strategic plan and CS contribution: SO1 and SO2
  • UHC Alliance
  • PHCPI
  • Global Advocacy Strategy Group on PHC
  • Others

• Integrating citizen’s engagement into sub-national and national accountability platforms and processes
Engagement of the GHC Community in the Health Data Collaborative

- Collaboration and engagement with CHESTRAD/GHC long standing
  - Civil society participation and statement to the measurement Summit
  - Technical Brief released at the Summit ‘Institutionalize, Resource and Measure
  - Technical Brief on accountability released at the UNGA, September 2015
  - Participation in the evolution of the CS platform of the Health Data Collaborative and in the Core Group

- Join the CS Group on the Health Data Collaborative
  - Send request to Samuel.dare@chestrad-ngo.org to be included in the CS-HDC listserve
  - Identify a Working Group: maximum of 3 that you will like to be engaged in
  - Be active in the CS Community of Practice in the working group

- Identify the comparative advantage of the GHC as a global partner and amplifier
  - Support the work of the CS-HDC through strategic webinars
  - Engage in the development of best practice papers, tool kits and guidance notes
  - Provide opportunities and platforms for USG and broader institutional advocacy for the CS-HDC action plan
Civil Society in the Health Data Collaborative
Towards impactful Accountability: Balancing the political and technical imperatives

**Supply:**
Technical Process: Goals, Targets, Indicators, Measurements, Information Systems - Monitor, Analyze and Review

**Demand:**

Sources: CS Statement to the Measurement Summit
Institutionalize, Measure and Track
CIVIL SOCIETY ENGAGEMENT IN PERFORMANCE MEASUREMENT AND ACCOUNTABILITY

**MONITOR**
- Costed and aligned M & E plans
- Country Institutional Capacity
- Population surveys
- Facility, Community and Administrative information systems
- Disease surveillance

**REVIEW**
- Data Systems and Quality
- Open Data Initiative
- Data Reviews and Utilization
- Capacity Enabling Institutional strengthening
- Meaningful stakeholder Engagement

**ACT**
- Political Will
  (Alignment, coordination, contribution)
  Targeted Campaigns
  (e.g. CRVS, Financing)
  Health and accountability dialogue
  (Multi-stakeholder)
  Citizen’s Engagement
  (Scorecard & Reports)
  Partnership Behaviour
  (IHP+ Behaviours & Others)
  Peer Accountability
  (Right bearers)
  Accountability demand
  (Whistle Blowing & Remedial)

**ENGAGE**

**CONTRIBUTE**

**RELATE**
Health Data Collaborative Civil Society Working Group Objectives

1. Advocacy for aligned investment by global, regional, and country development partners in one-country M&E platforms and data utilisation, alignment, accountability and the application of technology that supports the global data revolution and SDG reporting.


3. An integrated scorecard for country health and development to support and build capacity of civil society (CS) at country level in their advocacy and accountability drawing on the work of the Health Data Collaborative partners and the SDGs including the 100 Health Indicators.

4. Bridge critical information gaps and document best practices in civil society-led accountability actions at global, regional, and country level.

5. Ensure broad civil society contribution of their collective expertise to the Health Data Collaborative through well-linked and harmonised civil society activities and joint implementation for health data utilisation, advocacy and accountability at country, regional, and global level.
Civil Society and the Health Data Collaborative

HDC core team

WG: Global data

WG: Interoperability

WG: Country action & regional networks

WG: Facility & community data (including DHIS)

Regional network (CHESTRAD)

PHCPI Measurement & performance

CRVS coordination mechanisms (IAWG, + regional bodies)

Int Household Survey Network
DHS-MICS-LSMS

Regional platform (e.g. AEHIN)

Regional networks

Regional networks (CHESTRAD)
GHS, GH, UNF, Save the Children, PMNCH, AFGH, PHC GSG, PHCPI, UHC Alliance, EURONGO

CS COMMUNITIES OF PRACTICE ON THE HDC

CS WG FOCAL POINTS (2 SOUTHERN, 1 NORTHERN)

CORE TEAM (10 SOUTHERN CS, 5 NORTHERN CS)

CHESTRAD INTERNATIONAL CONVENORS

Regional network (CHESTRAD)

WG: Global data

WG: Facility & community data (including DHIS)

WG: Interoperability

WG: Intact household survey network

DHS-MICS-LSMS

Regional platform (e.g. AEHIN)

Regional coordination mechanisms (IAWG, + regional bodies)

Int Household Survey Network

DHS-MICS-LSMS

CRVS coordination mechanisms (IAWG, + regional bodies)
GHS, GHC, UNF, Save the Children, PHCPI, AFGH, PHC
GSG/PHCPI, UHC ALLIANCE, EURONGO

CS COMMUNITIES OF PRACTICE ON THE HDC

CS WG FOCAL POINTS (2 SOUTHERN, 1 NORTHERN)

CORE TEAM (10 SOUTHERN CS, 5 NORTHERN CS)

CHESTRAD INTERNATIONAL (CONVENORS)

CONVENORS OF THE CS PLATFORM ON THE HDC

MEMBERS OF CS PLATFORM NOT ASSIGNED TO DIRECTLY TO WORKING GROUPS CONSTITUTE COMMUNITIES OF PRACTICE (COP). FOCAL POINTS WILL ACT AS A NEXUS BETWEEN THE COPS AND THE WGS

FOCAL POINTS ACROSS EACH HDC WORKING GROUP

SUPPORTS KEY INPUTS BETWEEN THE PLATFORM AND COLLABORATIVE

ALL SOUTHERN CS ARE REQUIRED TO JOIN GLOBAL HEALTH SOUTH FOR FULL CHARACTERISATION. NORTHERN CS ARE ADVISED TO JOIN AS OBSERVERS. THE PLATFORM AFFILIATE NETWORKS/COALITIONS. WHICH CS PLATFORM WILL RELATE TO ELSE WHERE CONTRIBUTIONS FROM

CONVENORS OF THE CS PLATFORM ON THE HDC

CONVENORS OF THE CS PLATFORM ON THE HDC

SUPPORTS KEY INPUTS BETWEEN THE PLATFORM AND COLLABORATIVE

MEMBERS OF CS PLATFORM NOT ASSIGNED TO DIRECTLY TO WORKING GROUPS CONSTITUTE COMMUNITIES OF PRACTICE (COP). FOCAL POINTS WILL ACT AS A NEXUS BETWEEN THE COPS AND THE WGS

FOCAL POINTS ACROSS EACH HDC WORKING GROUP

SUPPORTS KEY INPUTS BETWEEN THE PLATFORM AND COLLABORATIVE

CONVENORS OF THE CS PLATFORM ON THE HDC

ALL SOUTHERN CS ARE REQUIRED TO JOIN GLOBAL HEALTH SOUTH FOR FULL CHARACTERISATION. NORTHERN CS ARE ADVISED TO JOIN AS OBSERVERS. THE PLATFORM AFFILIATE NETWORKS/COALITIONS. WHICH CS PLATFORM WILL RELATE TO ELSE WHERE CONTRIBUTIONS FROM
What does success look like?

CURRENT STATE (2015) | DESIRED STATE (2030)

**TECHNICAL**
Goals, Targets, Indicators and Measurement

**POLITICAL**
Action, Remedial, Citizen’s demand, Whistleblowing and sanctions

* Attribution

Contribution
Health Data Collaborative Civil Society Working Group - Scope of Work - 1

Country
Develop integrated scorecards for country health and development building on existing efforts, indices, and indicators (e.g. 100 indicators, health-related SDG indicators, indices for social determinants of health); and working closely with county-level policy makers, development partners and partnerships (e.g. PMNCH). (Links to CS preparatory work for JANS and JARs)

Linked and harmonized use of data for CS policy dialogue, advocacy and accountability functions at the country level including national/sub-national health and accountability dialogues linked to Joint Health Sector Reviews, citizens engagement and action as well as other country-based accountability processes.

Build capacity and enable institutional capacities of county-level civil society to use data, scorecards and other relevant tools in their advocacy, policy dialogue, and accountability work.

Regional
Establish linkages and strengthen CS collaboration through regional platform (Global Health South) to use data through the application of technology for dialogue, advocacy and accountability including an annual civil society-led regional meeting focused on health and accountability.

Implement multi-method advocacy campaigns through civil society at global, regional, and country level for CRVS, application of technology, 100 Global Core Health indicators linked to the SDG review and reporting process, aligned investment for data, one-country M&E platforms and data utilisation, alignment, and accountability.
Global
Harmonize input and joint implementation through this platform; input to Health Data Collaborative and country engagement through participation in all working groups and on the core team.

Innovation and Learning
Develop Option Papers, Thought Pieces and Position Papers on
- Promoting political will for behaviour change towards alignment and harmonisation
- Best practices of CS engagement in accountability platforms
- Options for sustainable resourcing of CS engagement
- Tracking and measuring meaningful CS engagement

Communication, Collaboration and Linkages
Establish broad civil society platform contribution of their collective expertise to the Health Data Collaborative through well-linked and harmonised civil society activities and joint implementation for health data utilisation, advocacy and accountability at country, regional, and global level.
Health Data Collaborative Civil Society Working Group - Deliverables I

Global (Including Collaboration and Linkages)
Active involvement and contribution to Collaborative working groups and core team.
Dialogues, webinars, teleconferences
Toolkits and guidance notes;

Regional
African Regional Health and Accountability meeting in July 2016;
Linkage of integrated country scorecards into the African Health Statistics database hosted by the African Union
Advocacy materials and campaigns including on CRVS

Country
Advocacy materials adapted to specific countries including on CRVS, campaigns in at least 7 countries - Malawi, DRC, Sierra Leone, Kenya, Cameroon, Nigeria and India/Bangladesh (tbc)
Integrated scorecards for targeted countries;
Capacity enabling and institutional strengthening in each country.
Health Data Collaborative Civil Society Working Group - Deliverables II

Innovation and Learning
Four reports / option papers
- Promoting political will for behaviour change towards alignment and harmonisation
- Best practices of CS engagement in accountability platforms
- Options for sustainable resourcing of CS engagement
- Tracking and measuring meaningful CS engagement

Communication, Collaboration and Linkage
Established linkages with the Cs constituencies: PMNCH, UHC Alliance, Global PHC Advocacy strategy, PHCPI others
Integrate CS page into the website of the Health Data Collaborative
CS specific social media and web based initiatives
Dialogues, webinars, teleconferences
Toolkits and guidance notes;
If you would like to ask a question, please use the chat box.

When asking a question, please type your full name and organization:

Ex. John Smith, Global Health Council: How do I ask a question?
What are the politics behind the change in the indicator related to the financial risk? The easy-to-measure argument provided was not convincing to a large number of health activists and academics.

Can you elaborate on the peer review process you mentioned as a tool for the WHA to monitor the SDGs? - Roshan, Policy Officer at IARD
MORE LINKS!

- UN High-level Political Forum on Sustainable Development
  - [https://sustainabledevelopment.un.org/hlpf](https://sustainabledevelopment.un.org/hlpf)
  - July 11-20, 2016
  - July 8-20, Ministerial Days
Sixty-Ninth World Health Assembly ~ May 22 – 28

GHC @ WHA ~ GHC will be sending a delegation. For information on calendar of events & more, visit www.globalhealth.org/ghcwha69

GHC Special Events Calendar ~ If you have a side event for our calendar, please email events@globalhealth.org.

WHA Statement Submission ~ If you are a GHC member, you can submit statements to GHC for review and possible inclusion in GHC’s submission to the WHA official record.

@GlobalHealthOrg #WHA69 #GHCPolicyScrum
THANK YOU FOR ATTENDING!

QUESTIONS? E-MAIL EVENTS@GLOBALHEALTH.ORG.
JOIN GHC TODAY! WWW.GLOBALHEALTH.ORG/JOIN

@GlobalHealthOrg #WHA69 #GHCPolicyScrum