Global **Digital Health** Network
Formerly the mHealth Working Group

Interoperability for Better Health

Asia eHealth Information Network

Dr Alvin B. Marcelo
Executive Director, AeHIN

www.aehin.org

We are a pool of professionals from South and Southeast Asia committed to promote

better use of ICTs to achieve better health.

MEMBERS

over 900+

professionals

**in eHealth, HIS, and CRVS**

in 25 countries

52 Outside region :
Africa, Australia, Canada, Denmark, Fiji, France, Germany, Norway, Switzerland, USA
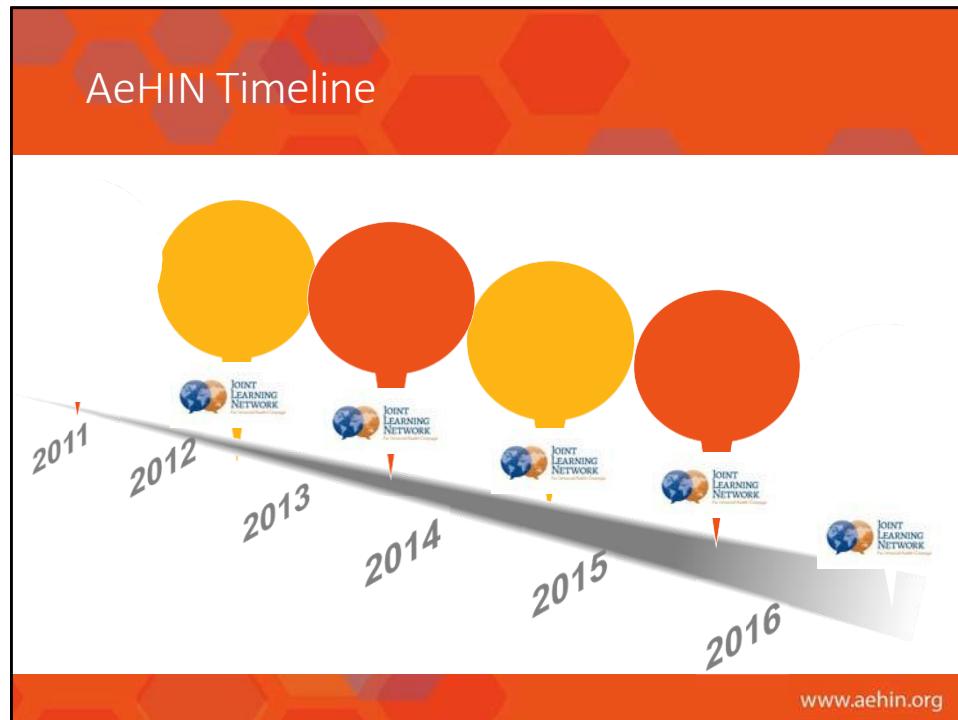
www.aehin.org

PARTNERS

21+

DEVELOPMENT AND IMPLEMENTING PARTNERS

Norad | ADB | World Health Organization | giz
JICA | JOINT LEARNING NETWORK | WORLD BANK Publications
KOICA Korea International Cooperation Agency | USAID FROM THE AMERICAN PEOPLE | unicef
UNITED NATIONS ESCAP | THE UNIVERSITY OF QUEENSLAND
BMZ Federal Ministry for Economic Cooperation and Development | Australian AID
CDC | THE ROCKEFELLER FOUNDATION

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AeHIN Timeline

2011 2012 2013 2014 2015 2016

www.aehin.org

## 5th GM and Digital Health Conference, NPT, Myanmar, March 6-10, 2017

- 300+ participants
- Day 1: All Partners Summit
- Day 2: Pre-conference workshops
- Days 3-4: Digital Health Conference
- Day 5: Study tour and National Consultative Meeting on eHealth Myanmar

www.aehin.org

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AeHIN 4 Strategic Areas

Build capacity for eHealth, Health Information Systems, and Civil Registration and Vital Statistics (CRVS)

Enhance **leadership** and sustainable governance, and monitoring and evaluation

Promote **standards and interoperability** within and across countries

Increase **peer assistance** and knowledge exchange and sharing through effective networking

www.aehin.org

Training

33 participants, Philippines, April 2014

Over 1000+ participants, 65 topics online courses since May 2014

Resources Sharing

http://aehin.hingx.org/

Communications

- **Listserv**
- **Newsletter**
- **Facebook**
- **Twitter**
- **Website**
- **Policy Briefs**

www.aehin.org
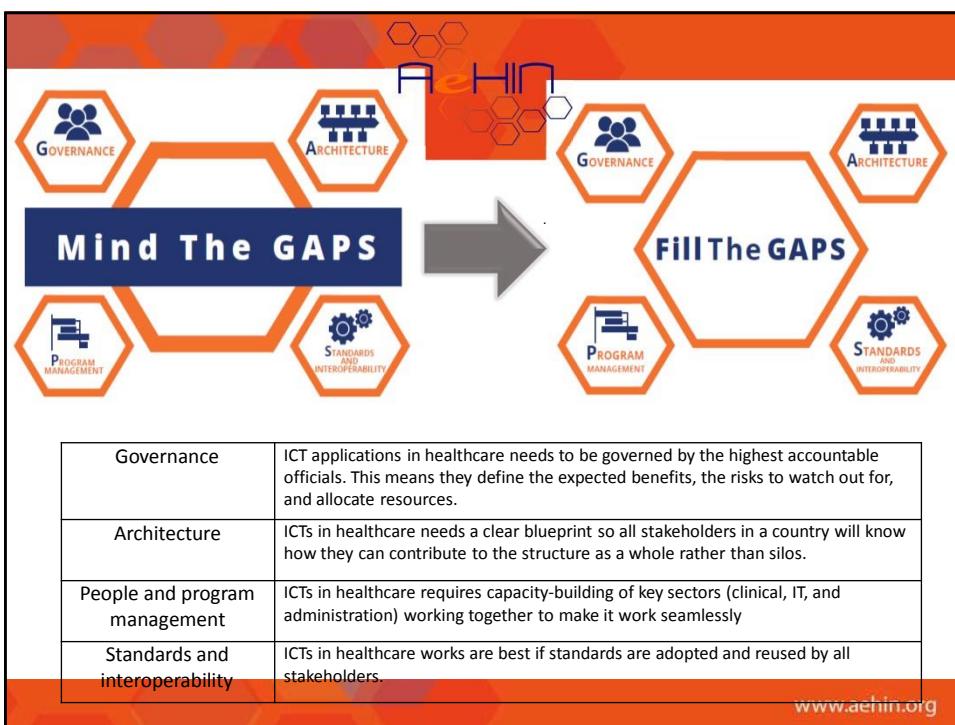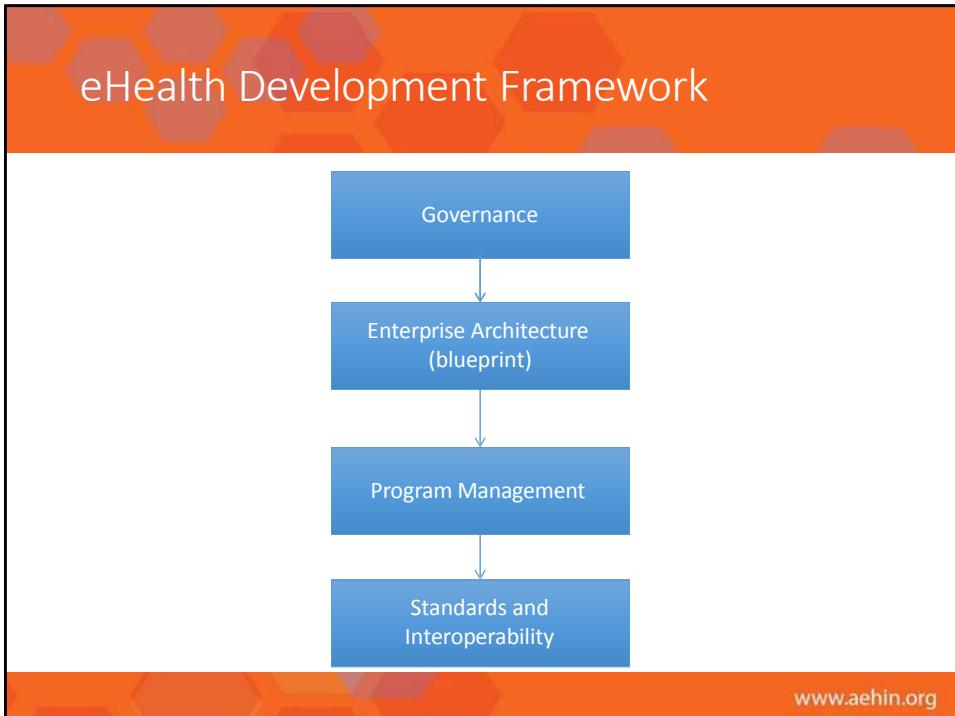
## Policy Briefs for Effective Use of ICT for National Health Insurance for UHC
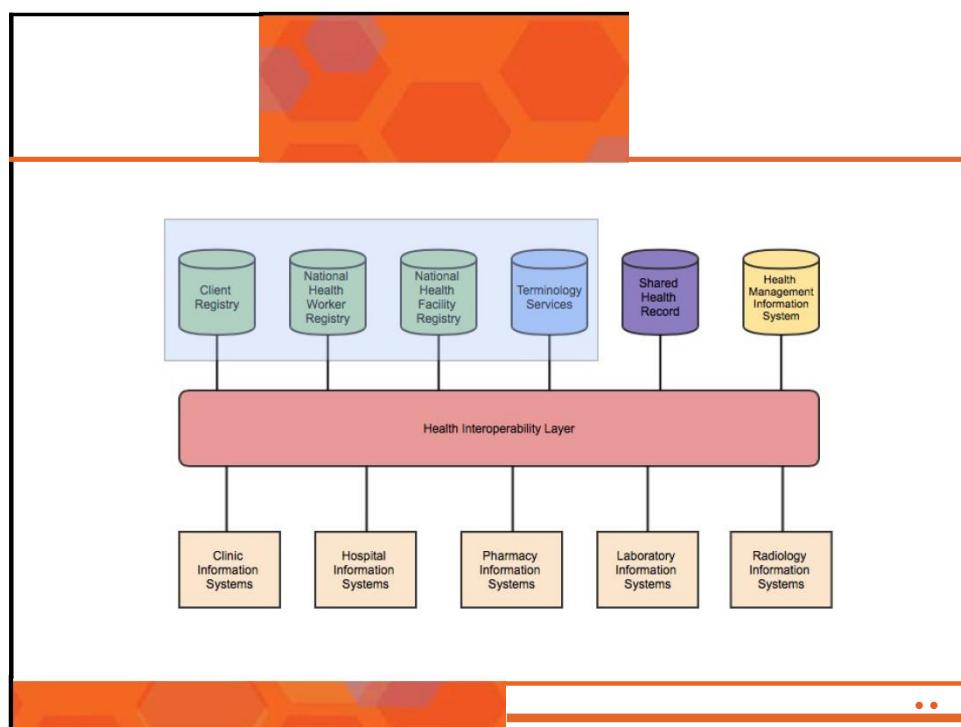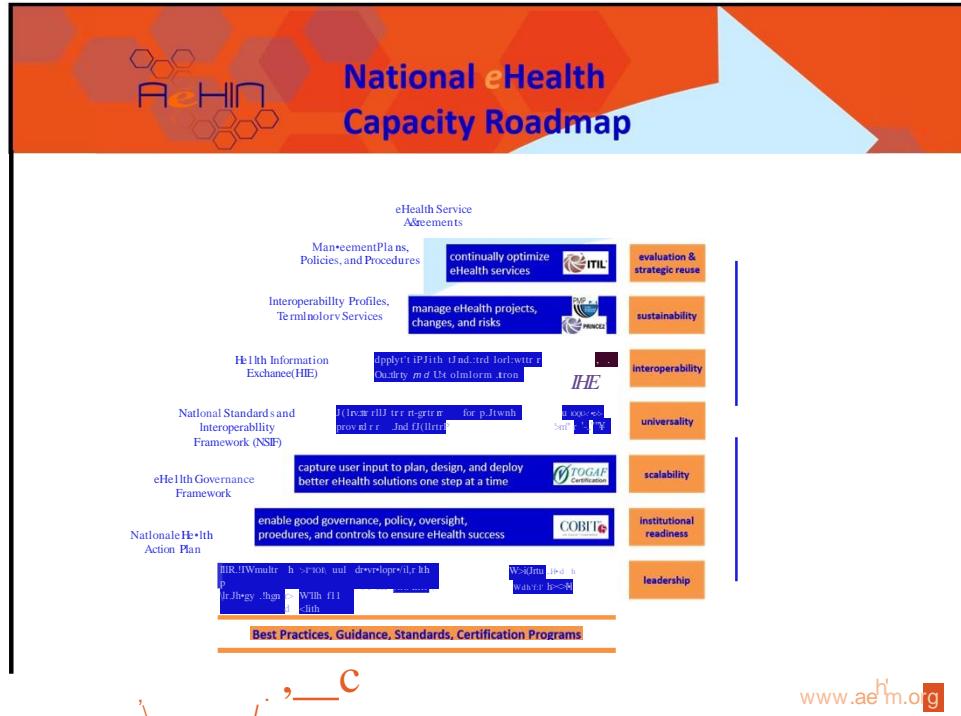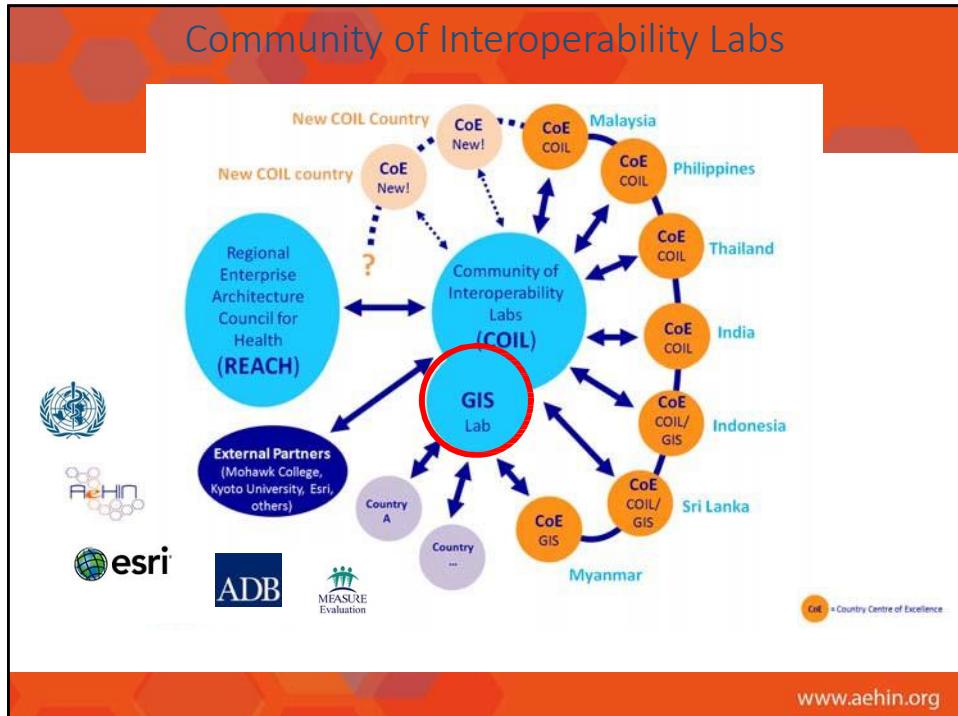
- ADB Policy briefs on health IDs, CRVS, and Geographic Information Systems and Interoperability
- Support to Laos CRVS program
- Special interest groups/services
  - GIS Lab (6)
  - Routine Health Information Systems
  - DHIS2-implementing countries (12)
  - Research (10 PhDs to work on AeHIN topics)
  - Community of Interoperability Labs (5)
- Coming soon: convergence workshops in Vietnam and Nepal

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MYANMAR:
HIS Strengthening & HIV TB Malaria Information systems 2015

eHealth Development Framework

Governance

Enterprise Architecture (blueprint)

Program Management

Standards and Interoperability

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AeHIN

GOVERNANCE   ARCHITECTURE

Mind The GAPS   →   GOVERNANCE   ARCHITECTURE

Fill The GAPS

PROGRAM MANAGEMENT   STANDARDS AND INTEROPERABILITY

PROGRAM MANAGEMENT   STANDARDS AND INTEROPERABILITY

Governance	ICT applications in healthcare needs to be governed by the highest accountable officials. This means they define the expected benefits, the risks to watch out for, and allocate resources.
Architecture	ICTs in healthcare needs a clear blueprint so all stakeholders in a country will know how they can contribute to the structure as a whole rather than silos.
People and program management	ICTs in healthcare requires capacity-building of key sectors (clinical, IT, and administration) working together to make it work seamlessly
Standards and interoperability	ICTs in healthcare works are best if standards are adopted and reused by all stakeholders.

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National *e*Health Capacity Roadmap

eHealth Service Agreements

Man•eementPla ns, Policies, and Procedures

continually optimize eHealth services — ITIL — evaluation & strategic reuse

Interoperabillty Profiles, Te rmlnolorv Services

manage eHealth projects, changes, and risks — PRINCE2 — sustainability

He 1lth Information Exchanee(HIE)

dpplyt't iPJith tJnd.:trd lorl:wttr r Ou:tlrty *m d* U:t olmlorm .tron — *IHE* — interoperability

Natlonal Standard s and Interoperablllty Framework (NSIF)

J(lrv:mr rlIJ tr r rt-grtr m for p.Jtwnh — universality

eHe1lth Governance Framework

capture user input to plan, design, and deploy better eHealth solutions one step at a time — TOGAF Certification — scalability

Natlonale He•lth Action Plan

enable good governance, policy, oversight, proedures, and controls to ensure eHealth success — COBIT — institutional readiness

lIlR.!IWmultr h >:rton; uul dr•vr•lopr•ril,r lth W>:jJrtu :l>d h W.dh't:l' h><>N — leadership

Best Practices, Guidance, Standards, Certification Programs

www.ae m.org

Client Registry — National Health Worker Registry — National Health Facility Registry — Terminology Services — Shared Health Record — Health Management Information System

Health Interoperability Layer

Clinic Information Systems — Hospital Information Systems — Pharmacy Information Systems — Laboratory Information Systems — Radiology Information Systems

Community of Interoperability Labs

www.aehin.org

To know more about us, visit

http://www.aehin.org

www.aehin.org

TOWARDS A MULTI-STAKEHOLDER COLLABORATIVE FOR
- Sierra Leone -

Magnus Conteh, MA, MHSc. (Hons)
Director, Global Health Programmes, Strategic Partnerships & Innovation

Follow me on twitter @MagnusContehIE

MULTI-STAKEHOLDER COLLABORATIVE

- A multi-stakeholder collaborative approach is a structured, interactive process that brings relevant stakeholders together to promote mutual understanding and create shared courses of action.

- All stakeholders—policymakers in health, information technology, and related sectors, healthcare professionals and institutions, non-governmental organizations, civil society groups, multilaterals, researchers and academics, the private sector and donors—have an essential role to play in improving the health of the citizens of a country.

- Such a collaborative process can be used to better identify challenges, align stakeholder priorities and action, and assure accountability for resources and results.

Collective Impact: **Formative Frameworks**
Shaping Global Partnerships for a Post-2015 World

Mult-Layered Governance Model

http://ssir.org/articles/entry/shaping_global_partnerships_for_a_post_2015_world

TOWARDS A MULTI-STAKEHOLDER COLLABORATIVE FOR SIERRA LEONE

SIERRA LEONE GOVERNMENT:
Ministry of Health & Sanitation
Ministry of Information & Communication

Natl Univs — Natl NGOs — Natl MNOs — Natl ISPs — Natl Pharma — Natl Donors

Regional & International Stakeholders

Intl NGOs — Intl Univs — Intl Donors — Intl Private Sector

Formative Frameworks

http://www.path.org/publications/files/TS_dhs_journey_to_scale.pdf

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TOWARDS A MULTI-STAKEHOLDER COLLABORATIVE FOR SIERRA LEONE

TIMELINE

- ❑ **Observations from the Ebola Outbreak**
- - Leveraging the collaborative spirit of the local and international community for Health Systems Strengthening and ICT4D
- - Decision of the MoH to revise the CHW Policy and Strategy
- ❑ **Post Ebola Health Information Systems Data Harmonisation Workshop in Accra – May 2015**
- ❑ **Wilton Park Meetings**
- - **Wilton Park 1** (June 2015): *(Re)building the Health Systems in West Africa – The Role of ICT and Technologies*
- - **Wilton Park 2** (February 2016): *Unlocking the Community Health Workforce Potential Post Ebola: What Models and Strategies Work*
- ❑ **Ratification of the Sustainable Development Goals** – *[17] Partnerships for the goals*
- ❑ **2015 mHealth Summit in DC**
- ❑ **Multi-Stakeholder Collaborative Concept Developed** (March 2016)

PURPOSE AND KEY ELEMENTS

FORMULATE & SOLIDIFY

❑ A collaborative programmatic approach to support the Government of Sierra Leone in aligning its Community Health Worker (CHW), Health Systems Strengthening (HSS) and Digital Health Strategies

❑ A detailed 3-5 year national level CHW, HSS and Digital Health Integration Implementation Plan and Sustainability Business Model

KEY ELEMENTS

❑ Initialize a consortium or 'multi-stakeholder collaborative' framework rooted in alignment with CHW and Digital Development Principles to build on Ebola response and recovery harmonization efforts that are beginning to demonstrate results

❑ Led by the Government, convene UN/WHO, implementation, technology, private sector and academic partners and stakeholders to refine and build on related national strategies, and design 3-5 year plans for community health which integrates the human components of health systems strengthening (effective recruitment, training, supervision, support, payments etc) with HIS and other data systems

OBJECTIVES

The overall objectives of the MSC approach include:

❑ The establishment of a collaborative programmatic approach to support the Government of Sierra Leone (GoSL) to achieve its priorities related to community health and digital health consistent with Government efforts currently underway.

❑ Setting the stage for the Government to finalize and execute on a detailed, 3-5 year national level Community Health Worker (CHW) and Digital Health Implementation Plan and sustainability model.

❑ Positioning the collaborative programmatic approach as a model for other GoSL partnerships, both within the health sector and across other key GoSL development sectors; and as a model for collaborative development in other countries.

OBJECTIVES

❑ Identify initial core funding and other resources needed to implement this plan and begin dialogue with private sector and others who have expressed interest in investing in long term health systems building in the country/region

❑ Define Digital Health Architecture – needed to support CHWs

❑ Leveraging learnings from other countries, drawing on the expertise of the partners in the consortium, and working in partnership with the MOH and MoIC to devise a sustainable business model framework

MULTI-STAKEHOLDER WORKSHOP

In service of these objectives, the Workshop was a first step, offering both national and international participants the opportunity to:

❑ Exchange information and learn from one another regarding:

- the refined MOHS CHW Strategy,

- current digital health approaches in Sierra Leone as well as in other African & Asian countries, and

- the potential of more fully integrating digital technologies into the CHW strategy.

WORKSHOP PARTICIPANTS

Multi-Stakeholder Collaborative

WORKSHOP OUTPUTS

Draft Vision Statement

`

Create a nationally-owned multi-stakeholder collaborative process to support and enhance Sierra Leone's Community Health Workers Programme through the implementation of innovative, functional, and synergistic approaches that ensure improved health outcomes for the people of Sierra Leone.

Draft Mission Statement

The Government of Sierra Leone through the leadership of the Ministry of Health and Sanitation work with their partners to bring innovative best practice in health systems strengthening and digital technology from throughout Sierra Leone and around the world in the service of the MoHS' Community Health Worker Programme, to ensure its effective contribution to the socio-economic and healthy development of the people of Sierra Leone

CURRENT STATUS

Additional Recommendations

1. Put together a working group **to address the question of funding of CHWs.**
   - Bring both local and international experience to this working group.
   - Get other ministries involved in order to discuss innovative funding ideas such as each giving part of their budgets to the CHW programme that has been identified as a priority by government.

2.More effectively access the private sector (i.e. through the Public-Private Partnerships Unit in the President's Office) – both for innovative financing options for the CHW Strategy and for integrating digital technology into the CHW training programme.

WORKSHOP OUTPUTS

3.The Ministry of Health and Sanitation needs to more effectively **exploit the resources that the MoIC has seconded to MoHS.**
   This kind of collaboration can help the two ministries to design the necessary architecture *together,* which will also allow for the development and implementation of a policy that maximizes local capacities.
   This can be facilitated by the Leadership Working Group of the MSC and ultimately defined in more detail in the MOU signed between the MoHS and the MoIC.

4.Capitalize on the existing *Bintumani Declaration on Health Information Systems*, signed in August 2016, to jump-start the MSC process. The Declaration highlights three key principles of digital development that touch CHW program:
   Design with the user in mind
   Understand the existing ecosystem
   Be collaborative

5.Move forward with the Multistakeholder Collaborative as soon as the CHW Hub Team has validated the revised CHW strategy in order to capitalize on the momentum generated during the workshop.

WORKSHOP OUTPUTS

WORKING GROUP

1. **Leadership Group Membership**
   -Director of Primary Health Care
   - 1 DMO (CHW HUB)
   - M&E Specialist DPPI
   - Deputy Director of Communications
   - National MSC Coordinator
   -Aspen Institute Fellow (Aspen Management Partnership for Health
   - Director Global Health Programmes, Strategic Partnerships & Innovation

1. **Capacity Building/Competencies**

2. **Communications**

3. **Sustainability**

4. **Innovative Financing**

5. **Digital Solutions**

WORKSHOP OUTPUTS

THE FIRST STEP

Constitution and operationalization of the Leadership Working Group (LWG).
Between 1 November and 31 December 2016, the Director of Primary Health Care working with the Directorate of Policy Planning and Information (MoHS) will bring together those participants who volunteered for the LWG to bring the MSC approach to fruition.

The first task of the **LWG** will be the **refinement, validation and adoption of the draft vision and mission**, developed during the MSC Workshop.
Secondly, the **LWG** will work with the MoH & MoIC to **develop two MOUs:**
1. the **first MoU** - that can be signed between the two ministries to serve as the mandate for the Multi-Stakeholder Collaborative Process; and
2. the **second MOU** - that can be signed by all stakeholders in the MSC process.

The MSC's vision and mission statements will be incorporated in these documents.

WORKSHOP OUTPUTS

PROPOSED TIMELINES

Participants agreed a timeline for the initial work of the MSC, which will be revised when the LWG begins its ramp-up:

December 2016
    Establish Leadership Working Group
    Develop draft MOU between MoHS and MoIC
    Finalize Working Groups and their members
    Begin advocacy process for MSC Approach

January 2017
    Finalize and sign MOU
    Create terms of reference for each working group

February 2017
    Initiate activities of each Working Group

March 2017
    Create, refine and validate Road Map

CURRENT STATUS

❑ Workshop initially planned for May 2016, but postponed to October 2016 in order to reassess and solidify communication, dialogue/consultation, planning and the appointment of a National Coordinator for the Collaborative

❑ Buy-in and leadership from Government of Sierra Leone secured

❑ Interest solidified among local & international stakeholders, including NGOs, UN agencies, donor representatives, private sector, etc.

❑ MSC National Coordinator appointed on a short-term contract. A one year contract has now been agreed with a new candidate to March 2018

❑ Additional progress achieved on revisions to National CHW Policy & Strategy including validation workshop.

❑ Development of the new CHW National Curriculum with rollout of ToT now in progress under the leadership of the CHW Hub

DEVELOPMENT OF eHEALTH STRATEGY

INTRA-MINISTARIAL COLLABORATION

RECOMMENDATIONS FOR ENGAGING NATIONAL GOVERNMENTS

- It is critical and prudent to engage with governments as early as possible to secure buy-in for sustainability

- Different levels of engagement and sequencing
  - Political, Administrative & Technical Staff (Civil Service)
  - Regulatory, Legal, Cultural

- Articulate the benefits of the technology not only in terms of its functionality but the health benefit, efficiency gains and cost savings

- Identify champions and early adopters and implementers

- Leverage trust and relationships building

- Assess capacity gaps and support ministry capacity building

- Alignment with ministry strategies while advocating for changes and/or improvements where necessary

SPONSORS

DFID · eHealth AFRICA · Irish Aid · Janssen · USAID · mPOWERING FRONTLINE HEALTH WORKERS · IntraHealth INTERNATIONAL · PATH LOGO · World Vision

MINISTRY OF INFORMATION & COMMUNICATIONS

Relevance of eGovernance & ICT Strategies to Health Care Delivery

Presentation By: Mohamed M Jalloh

Deputy Director of Communications (eGovernment)

@

Multi-Stakeholder Collaborative Workshop

For Sierra Leone
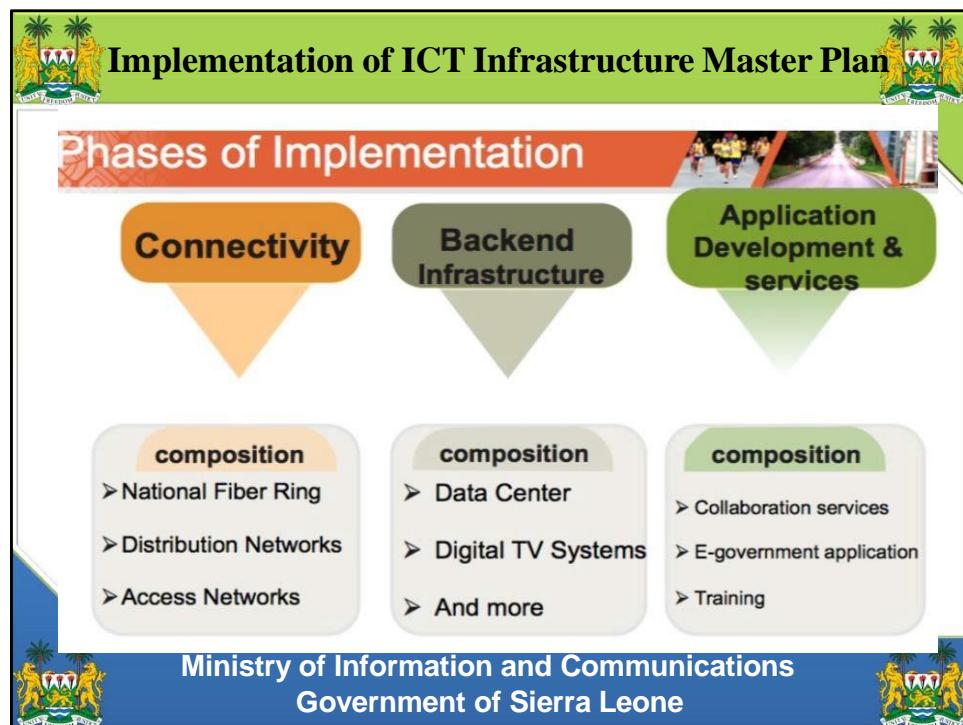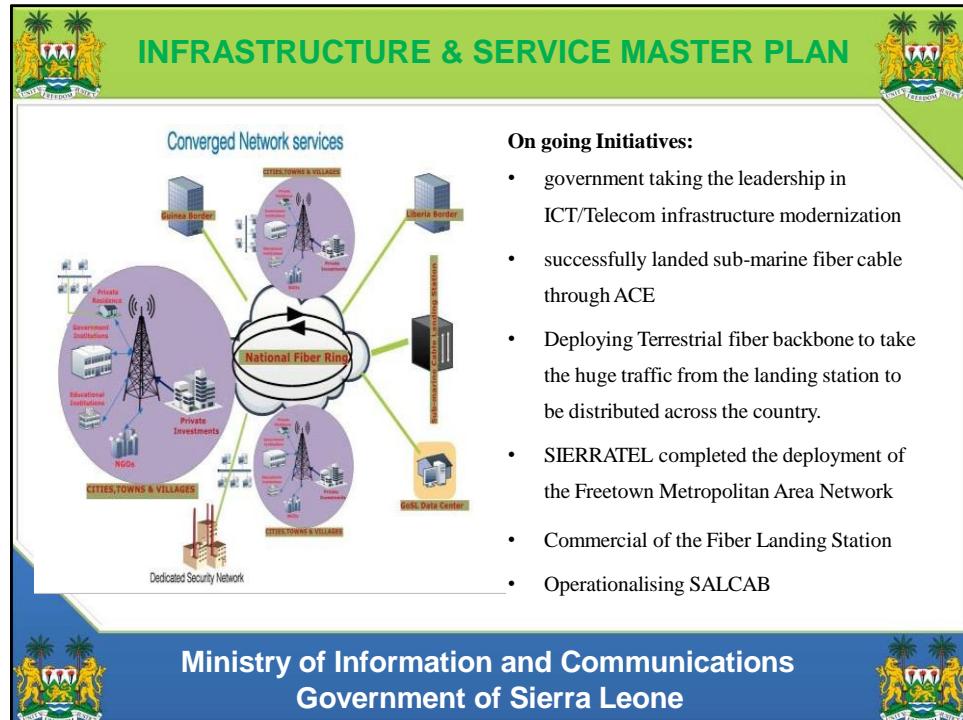
**Ministry of Information and Communications
Government of Sierra Leone**
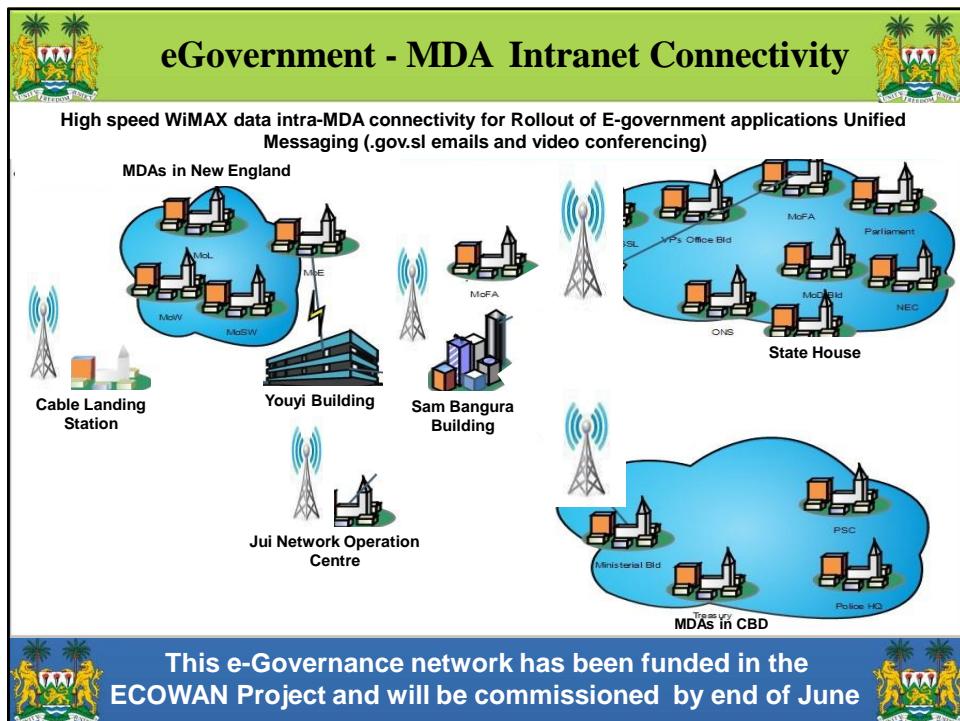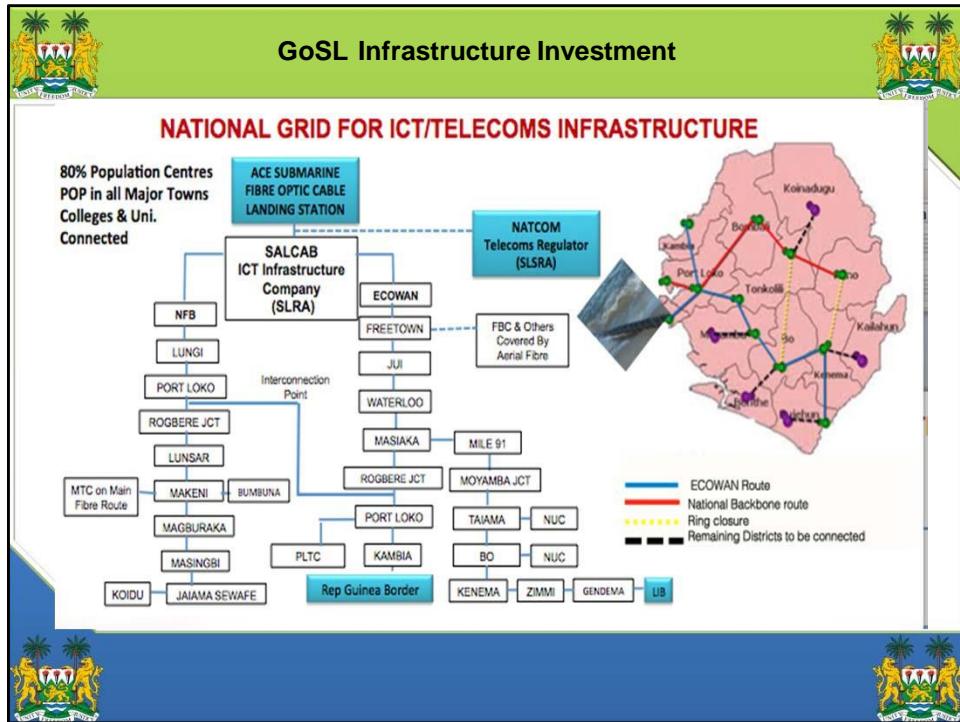
Benefit of Broadband to National Development

PRESENTATION AGENDA

- **Background**

- **Policy Goal and Vision of MIC**

- **Current GoSL Infrastructure Investment**

- **ICT Policy for the health Sector**

- **The Case for eHealth**

- **Conclusion**

**Ministry of Information and Communications
Government of Sierra Leone**

INFRASTRUCTURE & SERVICE MASTER PLAN

Converged Network services

On going Initiatives:

- government taking the leadership in ICT/Telecom infrastructure modernization

- successfully landed sub-marine fiber cable through ACE

- Deploying Terrestrial fiber backbone to take the huge traffic from the landing station to be distributed across the country.

- SIERRATEL completed the deployment of the Freetown Metropolitan Area Network

- Commercial of the Fiber Landing Station

- Operationalising SALCAB

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Government of Sierra Leone

Implementation of ICT Infrastructure Master Plan

Ministry of Information and Communications
Government of Sierra Leone

GoSL Infrastructure Investment

NATIONAL GRID FOR ICT/TELECOMS INFRASTRUCTURE

80% Population Centres POP in all Major Towns Colleges & Uni. Connected

eGovernment - MDA Intranet Connectivity

High speed WiMAX data intra-MDA connectivity for Rollout of E-government applications Unified Messaging (.gov.sl emails and video conferencing)

This e-Governance network has been funded in the ECOWAN Project and will be commissioned by end of June

Policy Goal and Vision of Ministry of Information & Communication

GOAL

To Develop ICT/Telecom Sector as a Platform for Economic Prosperity

Vision

To Ensure accessible, reliable and affordable ICT and Telecommunication Services for all

Resultant Effect

- ICT as critical pillar of the Economy
- ICT as Catalyst for Sustainable Socio-Economic Development
- Increase Citizens Participation in Governance
- Business Friendly Environment
- Improve International Competitiveness

Key Policies currently under consideration
- Revised 2016 National ICT Policy – validated awaiting Cabinet approval
- National Electronic Transaction Policy – Validated & approved by Cabinet
- National Cyber Security Policy – validated awaiting Cabinet approval
- National Digital Broadcasting Policy - validated awaiting Cabinet approval
- National Infrastructure Sharing Policy – To Be Developed
- National Universal Access/service Policy – To Be Developed

Key Regulatory Instrument under consideration
- Revision of the 2006 Amended 2009 Telecom ACT
    - Second draft Electronic Communications under internal review (NATCOM & MIC)
    - Stakeholder Consultation and Validation
- National Data Protection and Cyber Security Law – Draft awaiting stakeholder validation

**Ministry of Information and Communications
Government of Sierra Leone**

The National ICT Policy Goal for the Health Sector

Policy of goal of the Government is to improve access to quality healthcare as close to the family as possible through the deployment and exploitation of ICTs and other modern technologies.

Objective
- Establish a governance structure to coordinate the implementation of the e-Health strategy
- Develop an appropriate National Health Management Information System;
- Facilitate connectivity and access to communication services in health institutions to support healthcare delivery;
- Develop appropriate ICT infrastructure at all levels of the healthcare system to support the collection, use, management and dissemination of health care information;
- Promote and encourage ICT training and skills development among healthcare professionals;
- Initiatives aimed at combating major national health threats

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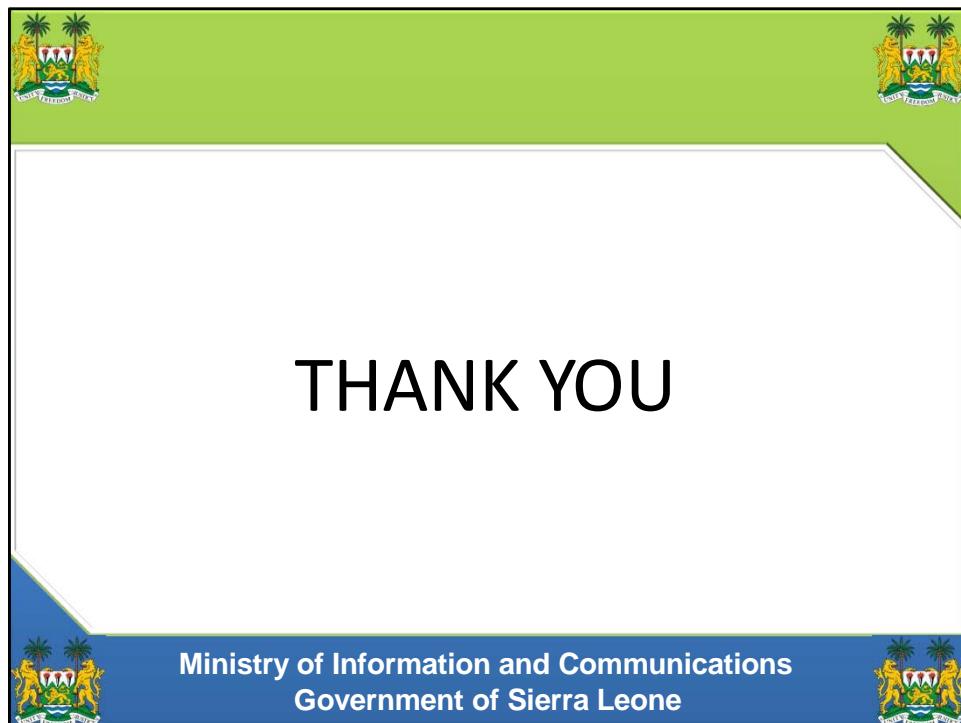
The Benefit of eHealth

- Enable more efficient use of healthcare resources by providing better information for decision making.
- Enable the health sector to operate more effectively as a connected system, overcoming fragmentation and duplication of service delivery.
- Make patient care safe and effective by ensuring that the correct information is available in a timely manner, where it is needed and to whom it is needed.
- Enable electronic access to appropriate healthcare services for patients in remote, rural, and disadvantaged communities.
- Support improved multi-way communication and sharing of information among clinicians, patients, and caregivers within the health sectors and across partner agencies.
- Support evidence-based policy, through access to timely, accurate, and comprehensive reporting of healthcare system information.

Ministry of Information and Communications
Government of Sierra Leone

How do we Achieve it together

Collective Input

- Public Sector
- Private Sector
- Public-Private partnership
- Strategic Alliance

Resultant Effect

- ICT as critical economic pillar
- E-Service for Citizen's satisfaction
- ICT as catalyst for Sustainable socio-Economic Development
- Business Friendly Environment
- Improvement on International Competitiveness

Ministry of Information and Communications
Government of Sierra Leone

THANK YOU

Ministry of Information and Communications
Government of Sierra Leone

Coordinating Digital Health

The Health Data Collaborative (HDC) & the PATH
digital health initiative

Adele Waugaman
USAID/Bureau for Global Health

Presentation to the Global Digital Health Network
April 19, 2017

Health Data Collaborative (HDC)

HDC Digital Health & Interoperability Working Group
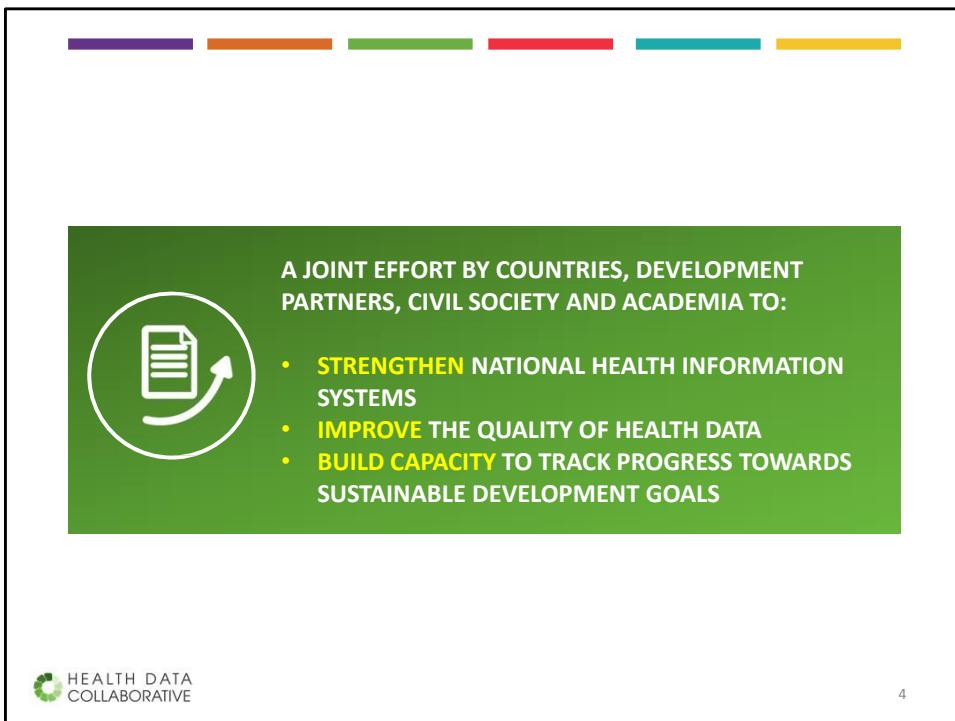
PATH 'digital health initiative'

WHAT IS THE HEALTH DATA COLLABORATIVE?

HEALTH DATA
COLLABORATIVE

3

A JOINT EFFORT BY COUNTRIES, DEVELOPMENT PARTNERS, CIVIL SOCIETY AND ACADEMIA TO:

- **STRENGTHEN** NATIONAL HEALTH INFORMATION SYSTEMS
- **IMPROVE** THE QUALITY OF HEALTH DATA
- **BUILD CAPACITY** TO TRACK PROGRESS TOWARDS SUSTAINABLE DEVELOPMENT GOALS

HEALTH DATA
COLLABORATIVE
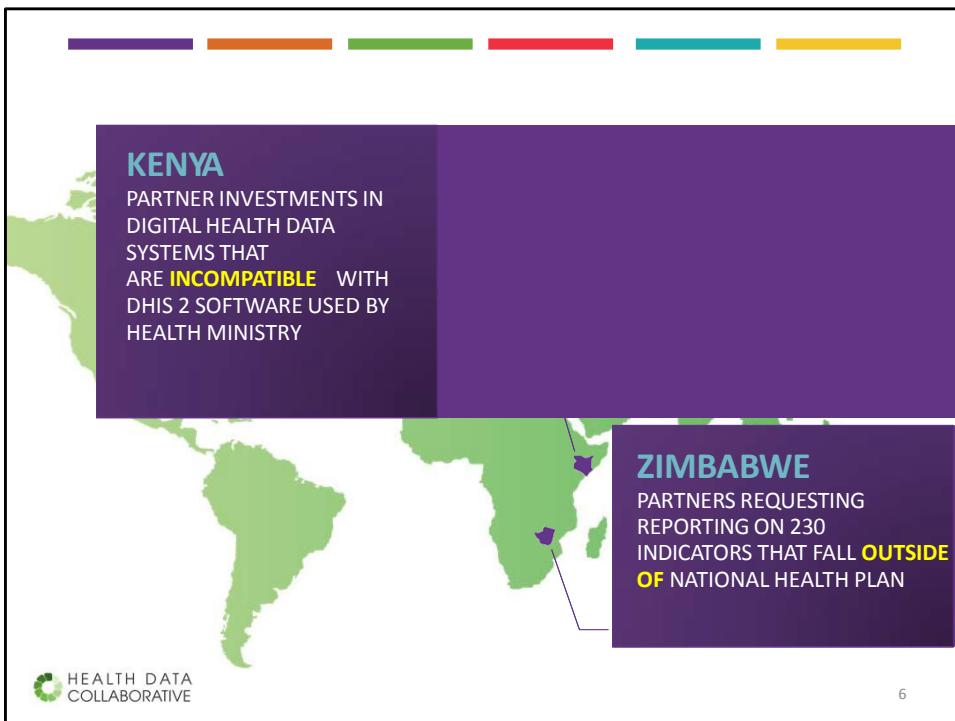
4

WHY DO WE NEED THE HEALTH DATA COLLABORATIVE APPROACH?

HEALTH DATA COLLABORATIVE

5

KENYA

PARTNER INVESTMENTS IN DIGITAL HEALTH DATA SYSTEMS THAT ARE **INCOMPATIBLE** WITH DHIS 2 SOFTWARE USED BY HEALTH MINISTRY

ZIMBABWE

PARTNERS REQUESTING REPORTING ON 230 INDICATORS THAT FALL **OUTSIDE OF** NATIONAL HEALTH PLAN

HEALTH DATA COLLABORATIVE

6

CAMBODIA
DONORS AND HEALTH MINISTRY REQUIRING 19 MONTHLY REPORTING FORMS, **OVERWHELMING HEALTH WORKERS**

EBOLA-AFFECTED COUNTRIES
DONOR-DRIVEN, FRAGMENTED DATA SYSTEMS **HAMPERED EFFECTIVE USE OF DATA** DURING OUTBREAK

HEALTH FACILITY SURVEYS
PARTNERS HAVE DEVELOPED AT LEAST 8 TOOLS COLLECTING **OVERLAPPING** INFORMATION

HEALTH DATA COLLABORATIVE

7

THIS RESULTS IN

- **FRAGMENTED, UNCOORDINATED DATA SYSTEMS**
- **DUPLICATED INVESTMENTS**
- **TAKING HEALTH WORKERS' TIME AWAY FROM PATIENT CARE**

HEALTH DATA COLLABORATIVE

8

3
3
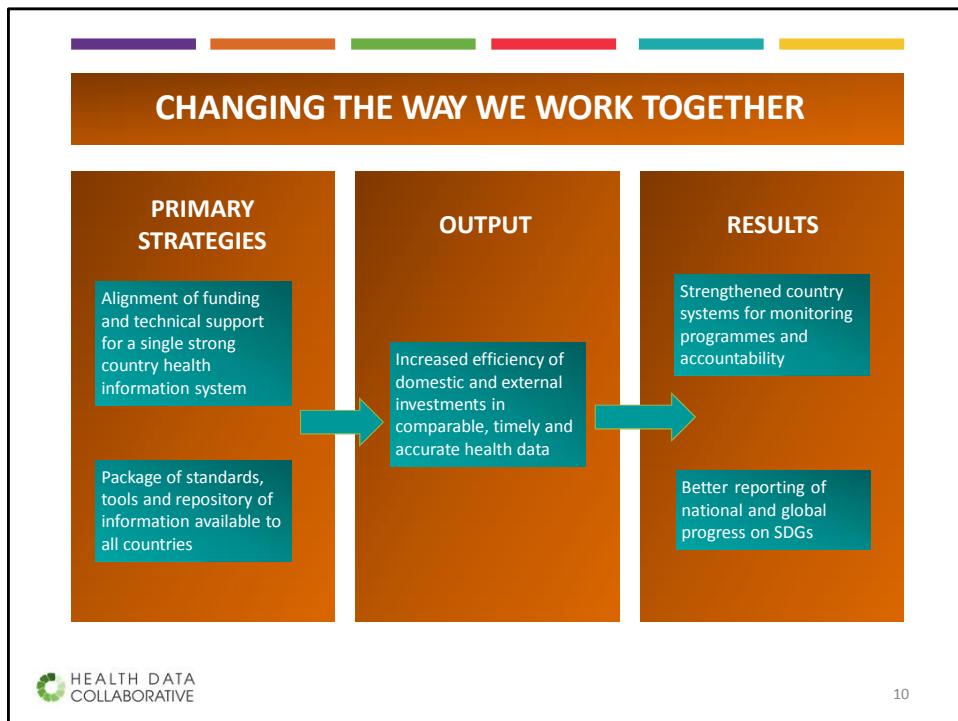
WHAT ARE WE DOING ABOUT THIS?

HEALTH DATA
COLLABORATIVE

9

CHANGING THE WAY WE WORK TOGETHER

PRIMARY STRATEGIES	OUTPUT	RESULTS
Alignment of funding and technical support for a single strong country health information system	Increased efficiency of domestic and external investments in comparable, timely and accurate health data	Strengthened country systems for monitoring programmes and accountability
Package of standards, tools and repository of information available to all countries		Better reporting of national and global progress on SDGs

HEALTH DATA
COLLABORATIVE

10

WHY NOW?

11

COUNTRIES NEED GOOD QUALITY DATA TO TRACK PROGRESS TOWARD THE HEALTH-RELATED SUSTAINABLE DEVELOPMENT GOALS, INCLUDING UNIVERSAL HEALTH COVERAGE

WHAT WILL WE DELIVER?

HEALTH DATA
COLLABORATIVE

13

Technical package of tools and standards to strengthen country data systems

HEALTH DATA
COLLABORATIVE

OPERATIONAL
WORKPLAN
2016 - 2017
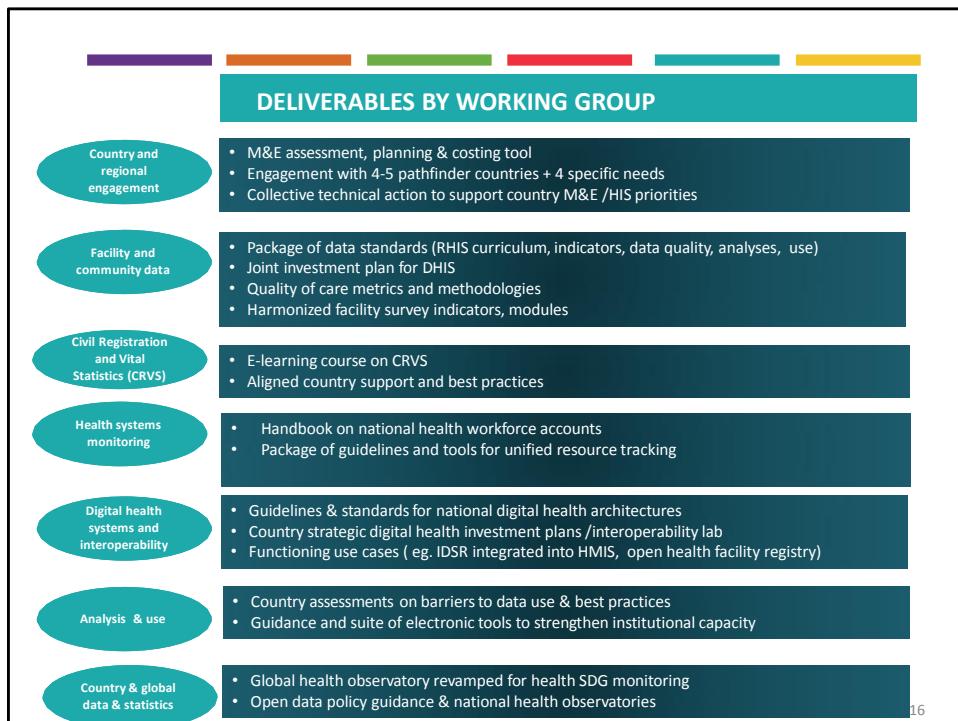
Improve **birth and death registrations**

Improve **facility and community data,** including disease surveillance

Improve collection of **health workforce data**

Improve tracking of **health spending**

Improve capacity for **data analytics and use**

HEALTH DATA
COLLABORATIVE

14

HEALTH DATA COLLABORATIVE

15

DELIVERABLES BY WORKING GROUP

| Working Group	Deliverables
Country and regional engagement	• M&E assessment, planning & costing tool • Engagement with 4-5 pathfinder countries + 4 specific needs • Collective technical action to support country M&E /HIS priorities
Facility and community data	• Package of data standards (RHIS curriculum, indicators, data quality, analyses, use) • Joint investment plan for DHIS • Quality of care metrics and methodologies • Harmonized facility survey indicators, modules
Civil Registration and Vital Statistics (CRVS)	• E-learning course on CRVS • Aligned country support and best practices
Health systems monitoring	• Handbook on national health workforce accounts • Package of guidelines and tools for unified resource tracking
Digital health systems and interoperability	• Guidelines & standards for national digital health architectures • Country strategic digital health investment plans /interoperability lab • Functioning use cases (eg. IDSR integrated into HMIS, open health facility registry)
Analysis & use	• Country assessments on barriers to data use & best practices • Guidance and suite of electronic tools to strengthen institutional capacity
Country & global data & statistics	• Global health observatory revamped for health SDG monitoring • Open data policy guidance & national health observatories

16

HOW DO WE ENGAGE WITH COUNTRIES?

HEALTH DATA
COLLABORATIVE

17

GETTING BEHIND COUNTRY PRIORITIES

TB

cMYP
(immuniz
ation)

GLOBAL
STRATEGY

HIV/AIDS

NCDs

**National
Health Sector
Strategic Plan**

MALARIA

OTHER
HEALTH
PROGR.

Comprehensive National M&E Plan

Common investment framework for M&E

**Coordinated technical support and
implementation**

HEALTH DATA
COLLABORATIVE

18

COUNTRY ENGAGEMENT APPROACH

Principles of engagement	✓ Country-led with strong country stewardship ✓ Opportunities for collective action & joint investment ✓ Broad stakeholder participation
Type of engagement	✓ Strategic request for collective action linked to M&E /HIS plans ✓ Focused request for collective action (i.e. HMIS) ✓ Joint learning & documenting best practice
Where we engage	✓ In 2016-17, at least 5 countries (starting with Kenya and Malawi) ✓ Approach will be scaled up in more countries over subsequent years

HEALTH DATA COLLABORATIVE

19

KENYA HEALTH DATA COLLABORATIVE
(Launched May 18, 2016)

KENYA HEALTH DATA COLLABORATIVE ROADMAP

ALL STAKEHOLDERS SUPPORTING KENYA'S M&E PRIORITIES

- **DATA ANALYTICS CAPACITY**
- **QUALITY OF CARE**
- **KENYA HEALTH DATA OBSERVATORY**
- **CRVS**
- **MID-TERM REVIEW**

HEALTH DATA COLLABORATIVE

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"**WE NOW EXPECT ALL HEALTH DATA COLLABORATIVE PARTNERS TO PULL IN THE SAME DIRECTION AND IN LINE WITH OUR OWN VISION AND GOALS**."

DR NICHOLAS MURAGURI,
PRINCIPAL SECRETARY,
KENYA MINISTRY OF HEALTH

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REGIONAL ENGAGEMENT IN ASIA
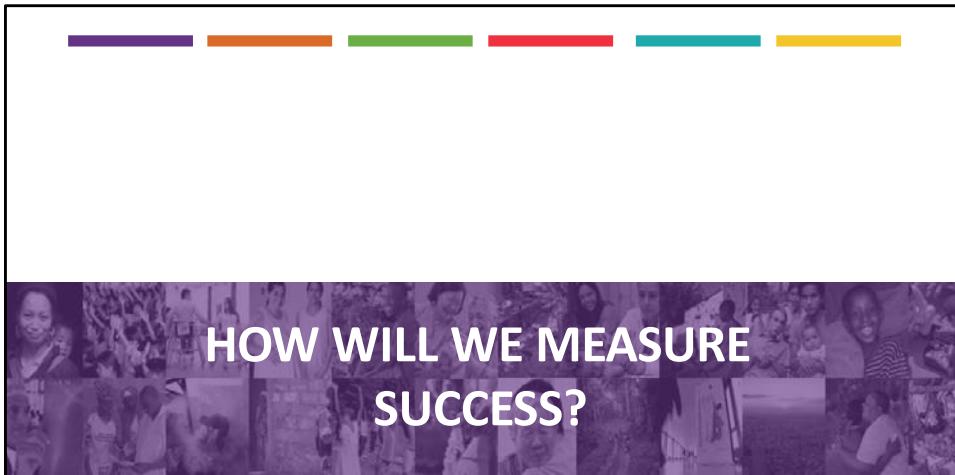
Peer learning and review

Bangladesh   Nepal, Philippines, Cambodia, Bhutan, Indonesia, Myanmar and South Africa

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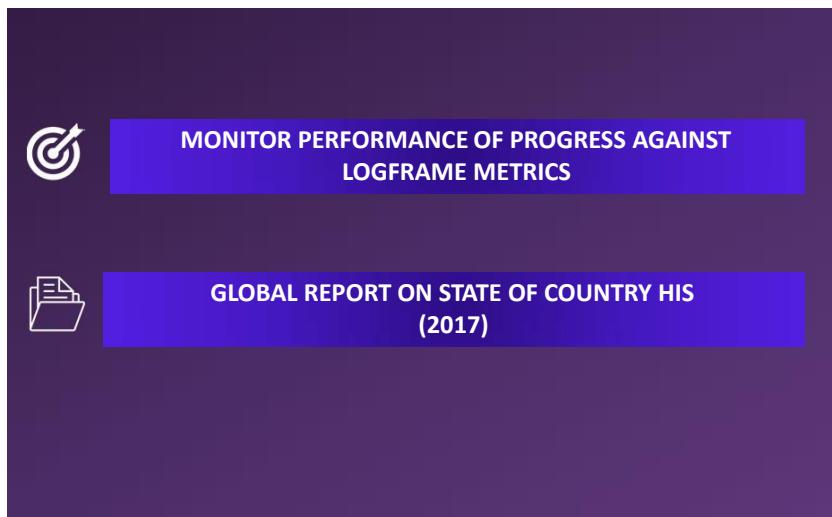
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HOW WILL WE MEASURE SUCCESS?

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MONITOR PERFORMANCE OF PROGRESS AGAINST
LOGFRAME METRICS

GLOBAL REPORT ON STATE OF COUNTRY HIS
(2017)

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WHO ARE THE PARTNERS?

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TO-DATE: 32 PARTNER COMMITMENTS

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Health Data Collaborative (HDC)

HDC Digital Health & Interoperability Working Group

PATH 'digital health initiative'

Digital Health & Interoperability Working Group

Objectives

1. Optimize the <u>meaningful use and reuse of health information</u> in low- and middle-income countries to support achievement of the SDGs through implementation of <u>foundational digital health infrastructures</u>

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

3. Increase, in a measurable way, the level and <u>alignment of country and partner investments</u> in support of obj. 1 & 2

Fast Facts

- Launched in June 2016
- 80+ individual members
- Nearly 40 organizations represented
- 4 Co-chair affiliations: USAID, WHO, OGAC/Regenstrief
- Monthly audio call, twice-yearly in person meeting
- Communications regularly via Google Groups listserv and Slack
- Secretariat hosted by PATH digital health initiative
- Members include:

USAID · PATH · BILL & MELINDA GATES foundation

CDC · AeHIN · JOHNS HOPKINS UNIVERSITY · WHO

DH&I Working Group 2017 Activities

- Respond to requests for support from <u>Malawi, Nigeria, Senegal, Sierra Leone, Tanzania</u>

- Develop a digital health and interoperability <u>capability and maturity matrix</u> to assess where countries fall along the maturity continuum

- Develop a <u>business case</u> for investments in interoperable digital health tools and architecture

- Develop a digital health <u>taxonomy</u> to more systematically describe related activities

To join: contact Lauren Wall <u>lwall@path.org</u>
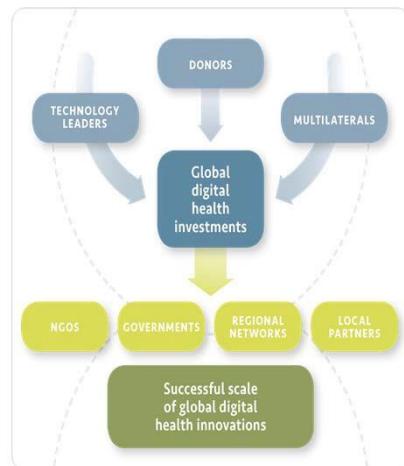
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Digital Health Initiative: Overview

- New *'center of gravity'* for global digital health advocacy and investment

- Partnership between PATH, USAID, and 40+ partners in the digital health community.... Inviting other donor organizations to participate

- Bringing together technology leaders, NGOs, governments, and regional networks, with local partners, to scale digital health innovations around the world

Core Focus Areas

DH&I Working & PATH Initiative

HDC DH&I Working Group   The digital health initiative

Governing Board

Working Group members may support activities outside of the digital health initiative.

A subset of members of working group join the Technical Advisory Group.

The digital health initiative supports the Working Group as its Secretariat.

The digital health initiative may support investments beyond the Working Group's mandate.

Technical Advisory Group

Global Goods: Initial Focus

OpenLMIS

- A logistics management information system (LMIS) platform already used by Benin, Cote D'Ivoire, Mozambique, Tanzania, and Zambia.
- With VillageReach, John Snow Inc., Clinton Health Access Initiative, and others, the digital health initiative will strengthen the OpenLMIS platform as a global good.

GOFR

- A globally open facility registry system (GOFR).
- GOFR will provide statistical curation tools for multiple sources of facility information into a single master list.

Empty Box

- Empty Box involves the creation of an interoperability environment using existing, open source interoperability layers/solutions to connect existing and planned HIS components.

Technology Registry

- A registry of data tools that are open source, tested and can be adapted and re-used. Governments, donors and implementers as principal users.

Contact: Carl Leitner cleitner@path.org

Thank you!
awaugaman@usaid.gov