33% health worker time spent on recording data

120+ Digital health systems in Tanzania

800 Data elements on HIV in Malawi

9 Facility survey tools

50% deaths globally reported with cause of death

1.5 Billion USD (est.) spent on health data per year

42 Partners signed up to the HDC

1 Common data approach
One common data approach

- **One** country-led governance
- **One** overarching M&E plan
- **One** common investment framework
- **One** monitoring and accountability platform
- **One** central repository of health data
- **One** package of global public goods (tools, standards, methods)
The seven behaviours: not new but important
requires action by all development partners

Support a single national health strategy
Provide well-coordinated technical assistance
Record all funds for health in the national budget
Harmonize and align with national financial management systems
Harmonize and align with national procurement and supply systems
Use one information and accountability platform
Support south-to-south and triangular cooperation
Principles guiding the HDC work

• Promote country stewardship and ownership;

• **Interface with national planning processes and initiatives** to ensure data driven planning; keep the spotlight on supporting existing national plans and M&E platform;

• Foster and facilitate **data analysis, visualization and use**;

• Promote increased **data transparency and access**;

• **Invest in cross-programme aspects** of data and measurement (e.g. DHIS);

• Focus on a **limited number of concrete, incremental actions with impact**;

• **Enhance regional and country approaches** to knowledge management;

• **Leverage data initiatives** in other sectors, agencies and partnerships;

• Use existing organizations and **leverage existing communities of practice**.
UHC2030 key principles (UHC2030 Global Compact)

• Transparency and accountability for results
• Evidence-based national health strategies and leadership
• Making health systems everyone’s business – engagement of citizens, communities, civil society and private sector
• International cooperation based on mutual learning and development effectiveness principles
• Leaving no-one behind: a commitment to equity, non-discrimination and a human-rights based approach
Improving the way we work:
Aligning investments and support to countries

NATIONAL OVERARCHING DEVELOPMENT PLAN

- TB
- cMYP (immunization)
- HIV/AIDS
- MALARIA
- GLOBAL STRATEGY
- NCDs
- OTHER HEALTH PROGR.

Health Sector Strategic Plan

M&E/HIS priority actions

Common investment framework

- FOUNDATIONS
- BILATERAL/MULTILATERAL
- DOMESTIC FUNDING
- GAVI
- GFF
- GLOBAL FUND

Implementation
A collaborative platform to strengthen country systems to monitor the health SDGs

CHANGING THE WAY WE WORK TOGETHER

Primary strategies

1. Alignment of funding and technical support for a single strong country health information system

2. Package of standards, tools and repository of information available to all countries

Output

Increased efficiency of domestic and external investments in comparable, timely and accurate health

Results

- Strengthened country systems for monitoring programmes & accountability
- Better reporting national and global progress on SDG
Value of working together
Shared agenda

• HDC and UHC2030 have a shared agenda: achieving better health outcomes through improved ways of working

• HDC contributes to 5 principles of UHC2030
  – Learning
  – Evidence
  – Transparency and accountability
  – Leaving no one behind
  – Everyone’s business

• To increase the quality and availability of data, strong health information systems are not enough. The overall health system need to be strengthened. **UHC2030 and HDC need to work together.**

• Good quality data are generated by strong health systems. Strong health systems need good quality data: ”**the virtuous cycle**”

By working together HDC and UHC2030 can support more integrated sectoral monitoring, planning, budgeting, and prioritization
Value of working together: Shared Challenges for UHC2030 and HDC

• Challenges of national level governance:
  – Leadership and stewardship function of government (country example: Tanzania)
  – Partners/programmes “walking the talk” (country example: Kenya)

• Not unique for data

• How can we collectively improve the current situation?
Galvanizing further collaboration

How can we maximise the commitments made by partners and governments?

• Reflect on the concerns and considerations that stimulated our constituency to embrace the UHC2030 and HDC principles. Are they still relevant?

• Explore current good practices and lessons learned promoting a comprehensive and coherent approach to health systems strengthening and health information systems

• What incentives are needed to address the rhetoric/action gap?