

## Data for Health – Joint Independent Review – Management Response

### Summary of management response

The Department of Foreign Affairs and Trade (DFAT) thanks Bloomberg Philanthropies and the seven implementing partners for their support and work over the lifetime of this Initiative and welcomes the findings of the Joint Independent Review (JIR) report. The Data for Health Initiative (D4H) is a four year, USD100 million investment (2015-2019), managed by Bloomberg Philanthropies to support 18 low and middle-income countries across Africa, Asia, the Pacific, and Latin America to strengthen country-level capacity to collect more and better public health data, use those data to drive decision-making and track trends and plan interventions. D4H implementing partners work with countries in three focus areas – 1) Births and Deaths: Strengthen civil registration and vital statistics (CRVS) systems and improve information on cause of death; 2) Data Impact (DI): Improve the capacity of country governments to use health data to inform policy development and 3) Data on non-communicable disease (NCD) risk factors: Increase the availability of NCD risk factor data through innovative development and implementation of a mobile phone survey method for low- and middle-income countries (LMIC) and support of WHO's STEPwise approach to Surveillance (STEPS) surveys (NCD Surveillance).

The JIR was conducted in November 2018 - April 2019 to assess the outcomes and pathways to sustained impact that have been achieved by the Initiative and to identify lessons learned in developing capacity in the three focus areas. The team conducted field visits to Solomon Islands, Philippines and Zambia.

DFAT agrees with the JIR's overall finding that "as initially predicted by the mid-term review, D4H has made substantial progress in improving capacity and systems in the target countries across the three focus areas, including in the use of data to influence and drive policy making." The JIR also concluded that D4H was a strong success, though it will need continued support to reach its full potential. Notable strengths of the Initiative are its commitment to the importance of improving health data and its use, to working in a sustained, country-driven manner to build health data capacity, and to bringing innovations in technology and in ways of thinking to its focus countries. The flexibility that is built into the Initiative's implementation at country-level is both innovative and effective. The JIR also noted that D4H has also faced challenges. In its technical work, these largely centred on issues of competing government priorities, lack of available human resource in-country and scaling difficulties. This JIR report will help inform the development and design of the next phase.

## Individual management response to the recommendations

Recommendation	Response	Explanation	Action Plan	Timeframe (if practical)
<p><b>Recommendation 1</b> Based on the consistent, measured progress across the 18 implementing countries, and concerns that these and possible future gains might be compromised without continued support, the Joint Independent Review (JIR) recommends that funding for the Initiative be extended for at least another four year period.</p>	Agree	<p>Products and resources developed through Data for Health (D4H) are helping countries improve capacity in a number of technical areas of Data for Health, and are raising awareness of the importance of health data collection, analysis and use. D4H has substantial promise to continue to make impactful gains in its target countries, and in the countries that are reached through its regional partnerships.</p>	<p>Bloomberg Philanthropies has advised that they will be reinvesting for the next Phase. Informed by the findings from the JIR, DFAT has increased support by AUD500,000 (current total contribution is AUD24.5 million) and extended the partnership with Bloomberg to 31 December 2019, while decisions about future investment in Phase II of the Initiative are considered. DFAT will continue to engage with Bloomberg Philanthropies on the design of the next phase.</p>	Ongoing
<p><b>Recommendation 2</b> The JIR recommends that, within appropriate country context and prioritisation, a broader range of community-based health workers (midwives, district health officers, etc.) be fully leveraged through increased training and incorporation into D4H's civil registration and vital statistics (CRVS) areas of work.</p>	Agree	<p>This approach has already been helpful in many D4H countries, and there are opportunities to further this model in other countries where it can also be successful. In certain locations, these may be faith-based community leaders, whereas in others they may be community-based health workers such as midwives. However, this may not be appropriate or possible in some geographies.</p>	<p>As workplans are developed, task-shifting for health workers for effective scaling of interventions will be considered within appropriate country context and prioritization.</p>	Ongoing

<p><b>Recommendation 3</b> Based on the successes in CRVS, the JIR recommends that the training-of-trainers (TOT) approach be consistently expanded across all arms of the Initiative.</p>	<p>Agree in part</p>	<p>The TOT approach can be an effective tool, in some settings, and with specific types of trainings. This is already a standard method to scale some programmatic interventions to improve the use and dissemination of data, as well as improvements in CRVS. TOT methods will be considered and implemented across the program within appropriate country context.</p> <p>An appropriate and effective use of a TOT approach would require: i) the sustained institutionalization of a TOT training and re-training function and mechanism for master trainers to update their skills; and ii) an explicit determination that sufficient resources can be allocation to sustain this function and reach all members of the target audience. Therefore, it is recommended that a TOT approach is likely the best option under certain conditions, but careful attention should be paid to sustainability, cost, scale, and timeliness in reaching training goals.</p>	<p>As workplans are developed, the TOTs will be considered for effective scale of interventions and included within appropriate country context and prioritization.</p>	<p>Ongoing</p>
<p><b>Recommendation 4</b> The JIR recommends that future iterations of D4H metrics should be presented in a universally standardised and approachable way.</p>	<p>Agree</p>	<p>Considerable work has been done to develop metrics to quantify the status of the three arms of the initiative at the outset of the initiative (baseline) as well as at mid and end-points.</p>	<p>The first steps of a potential next phase will be to reassess and (minimally) refresh all metrics. Along with this, the methodology and presentation of the metrics will be made more transparent to any users of the information.</p>	<p>Ongoing</p>
<p><b>Recommendation 5</b></p>	<p>Agree</p>	<p>Flexibility is key to successful and sustainable change in-country. Efforts to remain flexible are</p>	<p>As workplans are developed, the concepts of flexibility and</p>	<p>Ongoing</p>

The JIR recommends that flexibility be continued and expanded in any future iterations of the Initiative, with partners and countries strongly encouraged to allow country context to drive decision making.		perhaps best reflected in the D4H's country-driven process for developing workplans, which begin with a possible set of interventions that are implementable in many country settings, but then are tailored to country-specific context based on in-country discussions led by country governments.	stakeholder consideration will be incorporated, taking into consideration appropriate country context, prioritization and risk management strategies.	
<b>Recommendation 6</b> The JIR recommends that if D4H is continued, gender specialists should be consulted to more consciously include a gender focus in the Initiative's design.	Agree	A robust and accurate civil registration and vital statistics (CVRS) provides women and marginalised populations equal access through basic documentation, increasing access to education, health services, familial property and other basic rights. There are significant direct and indirect benefits for women from improved CRVS and health data use. Strengthened CRVS allows for better estimation of health statistics, including on maternal and child mortality, and death due to diseases for which women bear a disproportionate disease burden. Strengthened collection and use of data processes will allow national governments to collect and use sex-disaggregated data (CRVS and NCD risk factor data) to a greater extent than they may currently.	To better show the impacts of CRVS and data use improvements on gender equality and inclusion, a Gender and Health Adviser should be engaged to support D4H in the design of the new Phase including in the integration of gender equality and vulnerable groups in the Monitoring and Evaluation Framework.	Ongoing
<b>Recommendation 7</b> The JIR recommends that D4H heighten its emphasis on support to governments to institutionalize the gains already made and those anticipated going forward.	Agree	Sustainability planning has been a part of the initiative from the beginning, evidenced through its building partner buy-in and source of local expertise. However, the JIR notes that while the Initiative partners and governments have consistently considered sustainability during implementation, they found that local capacity and	Further discussions, including consultations with partner governments, will be held to better institutionalize functions that forward the goals of D4H.	Ongoing

		staffing numbers are a common constraint on scaling up interventions.		
<b>Recommendation 8</b> The JIR recommends that D4H leadership provide clear roles and responsibilities for all funded partners, with explicit reference to each partner's position in the Initiative in a given country.	Agree	The need for some changes to the organisational management of the initiative have been identified.	In planning the next Phase of the D4H, division of labour and organisational management will be reassessed.	Ongoing