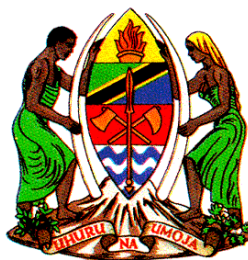# UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

TANZANIA HEALTH DATA COLLABORATIVE

TOWARDS ONE MONITORING AND EVALUATION FRAMEWORK FOR THE OF HEALTH SECTOR STRATEGIC PLAN 2015-2020 (HSSPIV) AND SUSTAINABLE DEVELOPMENT GOALS 2030 (SDG)

**MONITORING AND EVALUATION SECTION
DIVISION OF POLICY AND PLANNING**

In collaboration with

OCTOBER 2017

Foreword

Tanzania has adopted and mainstreamed into its national policy frameworks the UN 2030 Agenda for Sustainable Development with its 17 goals and 169 targets –popularly known as the Sustainable Development Goals (SDGs). The health sector has the mandate to ensure that the country meets the targets of health related Goal 3 – *Ensure healthy lives and promote well being for all at all ages.* However, many of targets of SDG Goal 3 also depend on actions in other (non-health) sectors. The incorporation of SDGs into national policy frameworks, which include the national five year development plan, sector strategic plans and the national monitoring and evaluation frameworks allows for cross sectors action to jointly address all SDGs

In order to monitor the progress towards SDGs, we need good and reliable information. However, in Tanzania, as it is in most developing nations, we lack complete health data information to make good decisions for targeting resources improve health and health outcomes of our people. The currently available is incomplete, fragmented and not properly disaggregated.

Realizing that achieving SDG goals will not be possible without reliable data and that the challenges of health data and information can only be solved through collaboration of all stakeholders – the Government and its agencies, developing partners, implementing partners and the civil society, we have launched the Tanzania Health Data Collaborative (THDC) to coordinate actions for addressing the prevailing challenge in data and systems.

As it was demonstrated in the THDC launch meeting held from 11th to 12th September 2017, Tanzania has made tremendous progress in improving health data and information systems. This includes the introduction of the District Health Information System (DHIS) software for the Health Management Information System (HMIS), the development and launch of the Tanzania Digital Health Investment Roadmap, introduction of and electronic Government Hospital Management Information System (GOT-HOMIS), Improved Civil Registration and Vital Statistics through the Under-five Birth Registration Initiative (U5BRI) and the Birth Registration System for 4th Generation (BRS4G), Innovations in community data collection through the electronic population register and many other advancements that were shared by the Government (MOHCDGEC&PORALG) and its agencies (NBS, EGA and RITA).

The Tanzania Health Data Collaborative will harness the collaboration and partnership of Government Agencies with its stakeholders –in country health development partners, Civil Society, Private health sector and Global Health Data Collaborative partners to align and address duplications on efforts to further improve and harmonize the information and data systems in Tanzania. This will increase efficiency, improve outcomes of the investments made to a single Monitoring and Evaluation Framework for tracking goals of Health Sector Strategic Plan 2015-2020 (HSSPIV) and Sustainable Development Goals (SDGs).

We are proud to be among the small but quickly growing initial set of countries that have launched the Health data Collaborative.

Dr. Mpoki Ulisubisya
Permanent Secretary, Health
Ministry of Health, Community Development, Gender, Elderly and Children

Acknowledgements

The Launch of the Tanzania Health Data Collaborative is a result of a long process of collaborative work and efforts of many people, agencies and organizations under the stewardship of the Ministry of Health, Community Development, Gender and Children. On behalf of the Government of the United Republic of Tanzania we would like to express our appreciation to all individuals and organization that made outstanding contributions to various steps of the process. With the contribution of all that who did so, the launch would not have been possible or successful.

It is not possible to mention all those who contributed their time, expertise, finances, office space and equipment to support the process, but we would like to give a special mention to a few of these. First, we would like to that all in country Health Development Partners, Civil Society, Faith Based Organisations and Private Health Sector for their continued support and collaboration. Most of these partners also participated in the secretariat appointed by the Ministry to prepare the Launch meeting. Secondly, we would like to acknowledge and applaud the support of PORALG and other Government Agencies including the National Bureaus of Statistics (NBS), eGovernment Agency (EGA), Registration, Insolvency and Trusteeship Agency (RITA), Commission for Science and Technology (COSTECH), Muhimbili University of Health Sciences (MUHAS), Mwananyamala Regional Referral Hospital and CCBRT Disability Hospital in the preparation and/or facilitation of the launch meeting. Thirdly, we also thank all Global Partners of the Health Data Collaborative for joining us and committing to support the local efforts. Fourthly, we thank the Government of the Republic of Kenya for participating in the Launch and sharing their experience.

The Ministry of Health, Community Development, Gender, Elderly and Children would like to extend special appreciation to the World Health Organization Country Representative for the financial and technical support that led to preparation of the Tanzania Health Data Collaborative priorities and organizing launch meeting. The support provided on behalf of WHO by Ms Irene Mwoga, Maximillian Mapunda and Eduardo Celades is much appreciated. Also, when Ministry would like to the Country Director of Management Sciences for Health for providing space for the secretariat to meet and work.

Finally, I would like to thank Mr Claud Kumalija, the Assistant Director, Monitoring and Evaluation, His Team and their consultant Dr Yahya Ipuge for their dedication and a job well done.

Thank you very much, or as we say in Kiswahili "Asanteni Sana"

Prof Muhammad Bakari
Chief Medical Officer,
Ministry of Health, Community Development, Gender and Children

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Abbreviations

BRN   Big Results Now

BRS4G   Birth Registration System for 4th Generation

CCBRT   Comprehensive Community Based Rehabilitation in Tanzania

COSTECH   Commission for Science and Technology

CRVS   Civil Registration and Vital Statistics

DHIR   Tanzania Digital Health Investment Roadmap 2017-2023

DHIS2   the District Health Information System (DHIS) software version 2

e- IDSR   Electronic Integrated Disease Surveillance and Reporting

eLMIS   Electronic Logistic Management systems

EGA   eGovernment Agency

GOT-HOMIS   Government Hospital Management Information System

HDC   Health Data Collaborative

HFR   Health Facility Registry

HMIS   Health Management Information System

HRHIS   Human Resources for Health Information System

HSSPIV   Health Sector Strategic Plan 2015-2020

ICT   Information and Communication Technology

LMIS   Logistic Management systems

MESI II   M&E Strategy 2015-2020

MMAM   Mpango wa Maendeleo ya Afya ya Msingi (The Primary Services
             Development Programme) 2007-2017

MOHCDGEC   Ministry of Health, Community Development, Gender, Elderly and Children

MUHAS   Muhimbili University of Health Sciences

M&E   monitoring and evaluation

NBS   National Bureaus of Statistics

NGO   Non Governmental Organisation

NHIF   National Health Insurance Fund

NHP   National Health Policy 2007

NKRA   National Key Result Area for the Big Results Now

PORALG

THDC   Tanzania Health Data Collaborative

UN

U5BRI	Under-five Birth Registration Initiative
RBF	Results Based Health Financing
RMNCAH	Reproductive, Maternal, Newborn, Child and adolescent Health
RITA	Registration, Insolvency and Trusteeship Agency
SARA	Service Availability and Readiness Assessment
SDI	Service Delivery Indicators
SPA	Service Provision Assessment
SDG	Sustainable Development Goals
THDC	Tanzania Health Data Collaborative
TSPA	Tanzania Service Provision Assessment

Executive summary

Background

Launching of the Tanzania Health Data Collaborative
The Tanzania Government, through the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), invited global and in-country partners to launch jointly the Tanzania Health Data Collaborative on 11-13 September2017.

The main objective of the Tanzania Health Data Collaborative is to align the support of all stakeholders with monitoring and evaluation (M&E) priorities of the Health Sector Strategic Plan 2015-2020 (HSSP IV). The Tanzania Health Data Collaborative builds on the national plan and initiatives such as the M&E Strategy 2015-2020 (MESI II), The Tanzania Digital Health Roadmap 2017-2022 and M&E plans of disease-specific strategic plans. The specific objectives of launching the Tanzania Health Data Collaborative were:
- To rally all stakeholders towards supporting a common M&E framework and the country's prioritized plan;
- To commit long-term support to in-country M&E coordination mechanisms as basis for a strong country-led information and accountability platform;
- To leverage technical and political support from partners and stakeholders at all levels to support the national M&E priorities; and
- To actively engage key players from other sectors in collaborative cross-sector efforts to strengthen the national platform for measurement and accountability.

M&E priorities for the Tanzania Health Data Collaborative
The Tanzania M&E priorities for collective action are drawn from the overall Monitoring and Evaluation Strengthening Initiative 2015-2020 (MESI II) and the Tanzania Digital Health Investment Roadmap 2017-2023 (TDHIR), and consists of quick wins which require a joint and coordinated action from Government, health partners and other key stakeholders. During the launch of the Tanzania HDC, Government and partners discussed the main challenges that contribute to duplication of data collection efforts and weak analysis and use of data, resulting on inefficient investments in health information systems. Priority areas to address the challenges and specific strategic actions which require collective support were also discussed and captured in the joint communiqué drafted during the Launch meeting and later finalised and signed by the Government and its HDC partners.

The six priority areas for the Tanzania Health Data Collaborative are:

1. **Addressing fragmentation of M&E and data systems:** Strengthen governance and coordination mechanism to ensure all stakeholders adhere to the One M&E Framework.

2. **Alignment of indicators and data collection processes:** Support alignment of indicators of programme- specific strategic plans with the Health Sector Strategic Plan 2015-2020 (HSSP IV) and harmonise data collection efforts.

3. **Alignment of health facility assessments and surveys e.g.** SARA, TSPA, SDI, and Star Rating Assessments (BRN&SafeCare)**:** Harmonise the indicators, processes, periodicity and coverage to meet needs of the country and its partners.

4. **Joint and aligned investment in digital health information systems** (including digitization to move away with paper systems)**:** Support integration of information systems at service provider level and collect standardized data elements.

5. **Strengthening capacity for analysis and use of data:** Increase access to and capacity for analysis and use at all levels and all key players.

6. **Dissemination and access:** Strengthen access to national health information and data (routine data, surveys, research publications, reports).

Implementation progress of the priority actions and to stakeholders' commitments will be monitored and reviewed using existing structures and processes such as the M&E Technical working Group, eHealth Steering Committee and the Joint Annual Health Sector Review.

1.   INTRODUCTION

1.1   Summit on Measurement and Accountability for Results in Health

In response to the growing interest and demand for quality data for decision making and accountability, in June 2015, over 600 global health leaders, decision-makers, thought leaders and implementers from over 60 countries representing development partners, partner country governments, and civil society participating at the Summit on Measurement and Accountability for Results in Health, endorsed the Health Measurement and Accountability Post-2015 Roadmap[1] and 5-Point Call to Action[2]. The Call to Action identified a set of priority actions and targets that aims at strengthening country data and accountability systems for the post-2015 sustainable development agenda, creating considerable momentum in several areas related to measurement and accountability.

The summit participants also cautioned that, without proper governance, the positive appetite for data may result in a more fragmented and complex landscape with multiple actors and overlapping activities. The current landscape is already creating challenges for countries including multiplicity of monitoring and evaluation plans; vertical or single topic data collection systems; parallel reporting; disjointed efforts and investments in the use of innovations; disparate and inaccessible databases; lack of institutional capacity strengthening and limited analysis and use of data for decision-making and remedial action.

The 2030 agenda for sustainable development seeks to address many of these challenges, whilst maximising the opportunity to inform and transform society using bigger, faster and more detailed data. In this context, the Health Data Collaborative was launched at the UN Statistical Commission in March 2016 with over 32 partner commitments. The Health Data Collaborative aims to ensure that different stakeholders in national, regional and global health are able to work together more effectively to make better use of resources, and by doing so help to accelerate impact of investments and improvements in country health information systems. The Health Data Collaborative aims to put the IHP+ principles of country ownership and alignment into practice.

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[1]The Roadmap for Health Measurement and Accountability: A common agenda for the post 2015 Era. June 2015
[2]Health Measurement and Accountability Post 2015: Five-Point Call to Action. June 2015.

At country level, the Health Data Collaborative responds to country demands to improve their systems for timely access to accurate and relevant health data. By working collaboratively and aligning with the national health data systems, the diverse mix of partners can enhance their existing roles and mandates in data management. Kenya and Malawi launched country-led Health Data Collaborative in 2016, and many other countries are calling for alignment, providing persistent examples of partner duplication, parallel programme demands and inefficient donor funding.

1.2   Tanzania, Health Policy and Strategic Direction 2015-2020

Tanzania has a decentralized health system whereby the Ministry of Health Community Development, Gender, Elderly and Children (MOHCDGEC) is mandated to formulate, monitor and evaluate all health policies. In addition, the Ministry is charged to ensure that all Tanzanians access quality and equitable health services. On the other hand, the President's Office-Regional Administration and Local Government (PO-RALG) is responsible for the facilitation, management and administration of service delivery, at regional and local government level. The local government councils are responsible for planning and delivering public services.

The planning, implementation and monitoring of health sector interventions during the period 2015-2020 are guided by the Tanzania Development Vision 2025 (Vision 2025), National Health Policy 2007 (NHP) and the Mpango wa Maendeleo ya Afya ya Msingi (MMAM) i.e. - the Primary Services Development Programme 2007-2017. The Vision 25 document provides the direction and philosophy for long term development while the National Health Policy 2007 (NHP) and MMAM provide policy guidance and priority focus for planning and provision of health services in Tanzania.

The strategic direction for the health sector is provided by the fourth Health Sector Strategic Plan 2015-2020 (HSSP IV) and subsector strategies and disease specific strategic plans. HSSP IV was developed concurrently with and informed or was informed by the National Roadmap Strategic Plan to improve Reproductive, Maternal, Newborn, Child and adolescent Health (RMNCAH) 2016-2020 (One Plan II) and The Big Results Now National Key Result Area (NKRA) in Health Care 2015-2018 (BRN Health). The HSSP IV has five strategic areas that focus on

- Quality improvement and delivery of a package of essential health services at community and health facility level,

- Improve equitable access to health services and social protection for vulnerable groups
- Active community partnership for improvement of health and social wellbeing
- Applying modern management methods and engaging in innovative partnerships to achieve a higher return on investment (value for money)
- Address social determinants of health, advocating collaboration with other sector and a "health in all policies" approach

In essence the above strategies embrace and cover all key RMNCAH strategies and in particular, the four BRN key result areas for initiatives leading to achieve by 2018:

- a 100% balanced distribution of skilled health workers at the primary level in 13 underserved regions
- 100% stock availability of essential medicines and health commodities in primary level health facilities
- 3-stars and above in 80% of primary health facilities in 12 regions and
- a 20% reduction in maternal and neonatal mortality rates in 5 priority regions

In addition the above mentioned, One Plan II for RMNCAH and BRN Health strategies, the health sector has many other system specific and disease specific strategic plans that complement or supplement HSSP IV. Unfortunately, as noted during the midterm review of HSSP III (2010-2015), some of these are not well synchronised or harmonised with HSSP IV as they start either too early hence they are not informed or guided by HSSP IV or they start too late such that they do not contribute to meeting the goals and targets of HSSP IV. Hence the monitoring of HSSP IV alone may not give a complete picture of the sector performance.

1.3   Tanzania Health Data Collaborative

In 2009, the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and its partners invested in the development of the first health sector M& E strengthening Initiative MESI 2010-2015 to provide a framework for monitoring the implementation of the third Health Sector Strategic Plan 2010-2015 (HSSP III). A major achievement was the introduction of open source software (DHIS2) to replace the manual based HMIS reporting system. This has improved the reporting rate, completeness and timeliness. The introduction of DHIS2 central data repository has also facilitated integration of reporting systems for disease specific programme into DHIS2 and interoperability of DHIS2 with other health information systems including the Health Facility Registry (HFR) and the Human Resources for Health Information System (HRHIS); Logistic Management systems (eLMIS).

However, data quality remained to be a major gap that need further attention and efforts.

From 2015, the MOHCDGEC adopted a results focus and/or a performance based approach in the health sector following the introduction of Healthcare Big Results Now (BRN), Results Based Health Financing (RBF) and a performance based Health Basket Fund (HBF). These initiatives are major tenets of the
Fourth Health Sector Strategic Plan 2015-2020 (HSSP IV). In line with HSSP IV, the MOHCDGEC has developed the Five year Monitoring and Evaluation Strategy 2015 -2020 (MESI II) in order to address the remaining M&E gaps and challenges further improve measurement and accountability in the health sector. The focus for M&E SI II (2015-2020) is to continue integration of vertical programs into the DHIS2 data warehouse, Improving data quality, increase access and use of health data for evidence based decision making and mobilizing sustainable financing for M&E.

In addition, the Tanzania Government is committed to supporting global efforts to improve quality of health data for increased accountability and evidence based decision making. Tanzania is one of the over 60 countries that participated in the June 2015 Summit on Measurement and Accountability in the health sector and endorsed the 5-Point Call to Action and Post-2015 Roadmap. While Tanzania has taken major steps and made significant progress towards improving availability, access, analysis and use of health data, it recognizes the value of the joint effort of multiple partners under the Health Data Collaborative to support country efforts in addressing the remaining gaps in data quality, integration of disease specific information systems, interoperability of health information systems, digitalization of health systems and effective use of surveys and studies to improve health system performance.

The MOHCDGEC in collaboration with its health sector partners has identified M&E priorities based on gaps identified in the MESI II that if addressed, they will lead to a strong health sector information and accountability framework. The prioritized action plan will form the basis of the Tanzania Health Data Collaborative (THDC) as per commitment made in the call to action agreed to during 2015 Summit on Measurement and Accountability. In order to solidify the priorities, Tanzania invited the global Health Data Collaborative (HDC) partners to jointly launch the Tanzania Health Data Collaborative (THDC) and work with the in-country stakeholders to align

their support with monitoring and evaluation (M&E) priorities of the Health Sector Strategic Plan 2015-2020 (HSSP IV) . The objectives of the THDC were to:

- to rally all stakeholders towards supporting a common M&E framework and the country's prioritized plan,
- to commit long-term support to in-country M&E coordination mechanisms as basis for a strong country-led information and accountability platform,
- to leverage technical and political support from partners and stakeholders at all levels to support the national M&E priorities, and
- to actively engage key players from other sectors in collaborative cross-sector efforts to strengthen the national platform for measurement and accountability

2.   PRIORITIES OF THE TANZANIA HEALTH DATA COLLABORATIVE

The Tanzania M&E priorities for collective action are drawn from the overall Monitoring and Evaluation Strengthening Initiative 2015-2020 (MESI II) and the Tanzania Digital Health Investment Roadmap 2017-2023 (DHIR), and consists of quick wins which require a joint and coordinated action from Government, health partners and other key stakeholders. During the launch of the Tanzania HDC, Government and partners discussed the main challenges that contribute to duplication of data collection efforts and weak analysis and use of data, resulting on inefficient investments in health information systems. The challenges and specific strategic actions which require collective support were identified and grouped into six priority areas as follows:

1. **Addressing fragmentation of M&E and data systems:** Strengthen governance and coordination mechanism to ensure all stakeholders adhere to the One M&E Framework.

Challenges
   - o Weak governance mechanisms to guide partners' efforts towards convergence and coordination
   - o Fragmentation and uncoordinated efforts to solve the data collection problems in the health sector
   - o Stronger country stewardship, leadership and coordination with participation from all stakeholders public and private is needed

Proposed strategic action(s):
   - o Increase collaboration and coordination within all M&E related MDAs , Development Partners, disease-specific programmes and research institutions
   - o Strengthen the joint ICT and M&E Technical working Group (with a functional secretariat and regular quarterly meetings with broad stakeholder participation)
   - o Finalise HIS Policy guidelines, MESI II and the Data Dissemination and use Strategy
   - o Update MESI II in line with findings of midterm review of HSSP IV to be conducted in 2018

2. **Alignment of indicators and data collection processes:** Support alignment of indicators of programme- specific strategic plans with the Health Sector Strategic Plan 2015-2020 (HSSP IV) and harmonise data collection efforts.

Challenges

- o A common framework and set of indicators is needed to guide data collection efforts
- o At facility level, registers' design focus on data recording, but are not designed as tools to support adherence to clinical guidelines
- o Emerging issues in the health sector (such as climate change, preparedness,...) fuels systems proliferation

Proposed strategic actions:

- o Harmonize the indicators of the M&E framework of HSSP IV to include program specific indicators
- o Support annual an annual review process for HMIS tools and data elements to ensure they capture information needs from programmes and HSSP IV

3. **Alignment of health facility assessments and surveys e.g.** SARA, SPA, SDI, and Health Facility Star Rating Assessments (BRN&SafeCare)**:** Harmonise the indicators, processes, periodicity and coverage to meet needs of the country and its partners.

Challenges

- o Surveys are conducted but the collected data is not being analyzed, leading to incomplete informed decision making processes
- o Survey data is summarized in voluminous documents /reports but not adequately used and disseminated
- o Data from surveys are available but are subjected restrictions

Proposed strategic actions:

- o Review and update the 10 year survey plan, including surveys' periodicity, scope and rationalizing indicators to cover information needs of the HSSP IV and health programmes
- o Rationalize and harmonize scope and periodicity of the health facility assessments (SARA, TSPA, SDI and Star-rating Assessments)

4. **Joint and aligned investment in digital health information systems** (including digitization to move away with paper systems)**:** Support integration of information systems at service provider level and collect standardized data elements.

Challenges
- o Several digital health information systems co-exist for different vertical programs , regions and partners
- o Lack of a clear picture of current status of digital health systems: how many are there, where they are, and what they do/scope of data collection systems that are on the field
- o Limited availability of facility level data, including patient and community level data
- o Data collection systems standards to allow for interoperability between various systems are not enforced
- o Lack of consolidation and coordination of the available resources that are directed at the health data collection efforts

Proposed strategic actions:
- o Support integration of all information systems at service provider level (health facilities)
- o Reporting framework for referral hospitals (regional, zonal referral, specialized and national)
- o Support roll-out of e- IDSR module of DHIS-2 to improve surveillance (including case-based surveillance), provide real-time data and link morbidity data with effects of Climate Change.
- o Expand the scope of SmoL/ICD-10 module of DHI-2 beyond hospitals, beyond mortality, and beyond health facilities
- o Map current and planned investments in information systems and mobilise investments to support ICT infrastructure required to implement the HIS roll-out
- o All digital health systems in Tanzania are linked and compatible according to national enterprise architecture and standards.

5. **Strengthening capacity for analysis and use of data:** Increase access to and capacity for analysis and use at all levels and all key players.

Challenges

- o Capacities to generate, demand and access heath related data at all levels need to be generated
- o Policy guidelines on data analysis and health information sharing need to be developed
- o There is need to strengthen capacity to utilize the data that is being collected at facility and district level
- o Pre-service training focuses on data collection and not use/ reporting

Proposed strategic actions:
- o Strengthen the analytical capacity and data use at all levels, from national institutions to council local government councils and facilities.
- o Support harmonized national Data Quality Assurance
- o Introduce and promote innovative e-learning approaches to increase M&E capacities of a wide audience (health staff at all levels, NGOs, private sector)
- o Train RHMTs and CHMTs on the use of dashboards/web-portal and scorecards for monitoring and improving service delivery
- o Support system for analytical review of data to monitor progress of HSSP IV, subsector and sub national strategic plans

6. **Dissemination and access:** Strengthen access to national health information and data (routine data, surveys, research publications, reports).

Challenges
- o Lack of accountability: demand on data collection and analysis is not enforced
- o Limited access to birth and death registration data
- o There are existing platforms that could be leveraged to disseminate data and health information
- o Inadequate mechanism for gathering and using feedback from community and users to improve systems

Proposed strategic actions:
- o Expand the existing HMIS web portal into the National Health Data Warehouse (platform for sharing and disseminating all health data including routine, surveys, publications and reports)

- o Dissemination of health information products (from all key players in the sector)
- o coordination of feedback from community and data users

A detailed matrix of the priorities, strategic actions and responsible actors is attached as part of Appendix 1.

In order to identify the overlaps, duplication and synergies, a high level mapping of GOT and partner investments in Health information systems and M&E was done. This will be continually updated as new partners emerge, new investments are made or programs are aligned or integrated to increase efficiency and impact.

3.   THDC Launch Meeting

The Government launched the Tanzania Health Data Collaborative in Dar es Salaam on the 11th September 2017. This is a collaboration of Government of Tanzania, represented by Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the President's Office Regional Administration and Local Government (PORALG); Health Sector Stakeholders; and Global Partners.

The overall objectives of the launch were:
- to rally all stakeholders towards supporting a common monitoring and evaluation (M&E) framework and the country's prioritized plan;
- to strengthen in-country M&E coordination mechanisms as basis for a strong country-led information and accountability platform;
- to leverage technical and political support from partners and stakeholders at all levels to support the national M&E priorities; and
- To actively engage key players from other sectors in collaborative cross-sector efforts to strengthen the national platform for measurement and accountability.

The launch was attended by 145 participants, representing the Government of Tanzania (including senior leadership, programme managers and staff of MOHCDGEC and PORALG; National Health Insurance Fund; National Bureau of Statistics; Tanzania eGovernment Agency; and the Registration Insolvency and Trusteeship Agency), Health Sector Development Partners, Implementing Partners, Academic and Research institutions, Civil Society Organisations, Faith Based Organisations and Private Sector.

The Government's leadership and strong commitment to the HDC was demonstrated by the participation of Permanent Secretary Dr. Mpoki Ulisubisya of MOHCDGEC; Dr Mohammed Ally Mohammed, the Acting Chief Medical Officer of MOHCDGEC; Dr. Anna Nswila, a representative of Deputy Permanent Secretary of PORALG; and various other leaders from MOHCDGEC and PORALG.

A joint communiqué on commitments to support One Monitoring and Evaluation Framework for the Health Sector of the Government of Tanzania was discussed and

agreed upon by representatives of GOT, Development Partners Group (Health) and Global HDC partners. The communiqué is attached as Appendix 1.

4.   MONITORING THDC PRIORITIES

4.1   Governance Structures for THDC

During the Launch meeting, the GOT and its partners agreed not to create new structures for THDC implementation. Implementation progress of the priority actions and to stakeholders' commitments will be monitored and reviewed using existing systems and structures. The M&E Technical working Group will be responsible for providing oversight and coordination functions for HDC. The Assistant Director M&E will liaise closely with the Head of the ICT Unit such that the M&E TWG and eHealth Steering Committee responsible for the Tanzania Digital Health Investment Roadmap work in unison.

4.2   Annual Review Processes

During the THDC Launch meeting, the GOT and its partners also agreed to review annually the progress made in implementing the priority actions and to monitor stakeholders' commitments during the Joint Annual Health Sector Review meetings. To begin with, the THDC priorities and commitments will be presented in the forthcoming Joint Annual Health Sector Review to be held in November and December 2017. In that meeting, the indicators for reviewing progress will be agreed upon

4.   CONCLUSION AND WAY FORWARD

4.1   Conclusion

The launch of the Tanzania Health Data Collaborative is just a first step towards the stated aim of aligning the support of all stakeholders with the national monitoring and evaluation framework for the Health Sector Strategic Plan 2015-2020 (HSSP IV). The THDC has identified M&E priorities that the Government and its partners will focus on in the remaining three years of the HSSP IV. The THDC will use existing systems and structures to ensure that the priorities are implemented, monitored and documents.

The MOHCDGEC in collaboration with PORALG and with support from WHO and DPG-H should organize a meeting of key THDC actors to agree on the key strategic actions for the THDC priorities plan the way forward.

4.3   Way Forward

In order to quickly operationalize the implementation of strategic priorities and ensure success, it is important to indentify and start with a few critical areas. Following consultations between the MOHCDGEC and some of the partners (including WHO, Global Affairs Canada, World Bank, PATH and GIZ) three priority areas for joint action were identified within the broad set of strategic actions for the six THDC priorities:

1.   Establish an oversight committee for the Tanzania Health Data Collaborative (THDC), co-chaired by the PS of MOHCDGEC and the Deputy PS for President's Office for Regional Administration and Local Government (PORALG). The existing eHealth Steering Committee can be absorbed into the THDC Oversight committee and include its agenda. Membership of the oversight committee to include representatives of the DPG-Health, Civil Society, Implementing Partners WHO, UNICEF and other UN agencies, and other major investors in M&E. On the GOT side members would include the assistant director for M&E section in MOHCDGEC, heads of ICT in the MOHCDGEC and PORALG, COSTECH, NBS, RITA and EGA. The M&E section and ICT Unit in MOHCDGEC would form the secretariat of the THDC Oversight Committee. The joint ICT and M&E Technical Working Group is a subgroup of this committee.

2.   Focus on strengthening regional and local government capacity in health-related M&E: close collaboration between Ministry of Health and PO-RALG will be essential, as well as aligned partner support. The DHIS-2 and facility star rating assessment form an excellent basis for the improvement of data quality, analytical capacity, and use of data for action at the local levels. This requires a joint capacity strengthening effort at all levels, involving government, development partners, academic and research institutions and civil society.

3.   Establish a national health data portal –e.g. a **Tanzania Health Observatory**: this includes all possible data (surveys, facility data, vital statistics etc.). There is much progress in developing and using the DHIS-2 platform, including quarterly RMNCH scorecards generated for the 26 regions with health facility data-based

coverage estimates. The THDC, supported by WHO and partners, should play a proactive role in supporting the development of a national observatory.

The specific actions in each of the above three key priorities should be the agenda of the THDC partners meeting that was suggested above.

APPENDICES

Appendix 1: The Joint Tanzania Health Data Collaborative communiqué