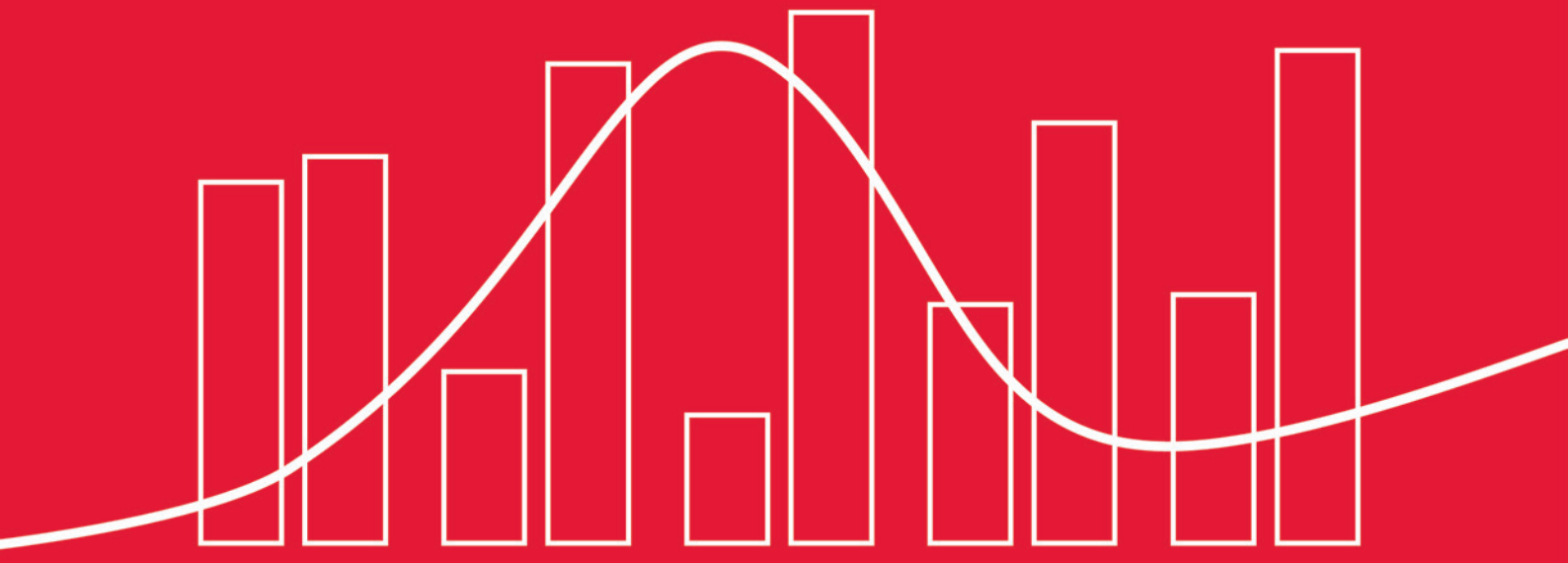
UNAIDS
EVALUATION REPORT

HEALTH SITUATION ROOM EVALUATION

Briefing



December 2020 | UNAIDS Evaluation Office

CONTENTS

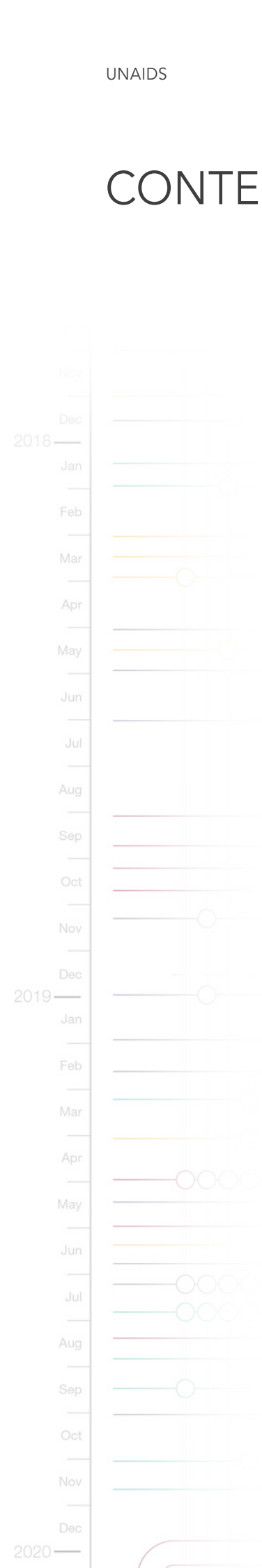
KEY ACHIEVEMENTS 2

CURRENT STATUS
ACROSS THE NINE COUNTRIES 6

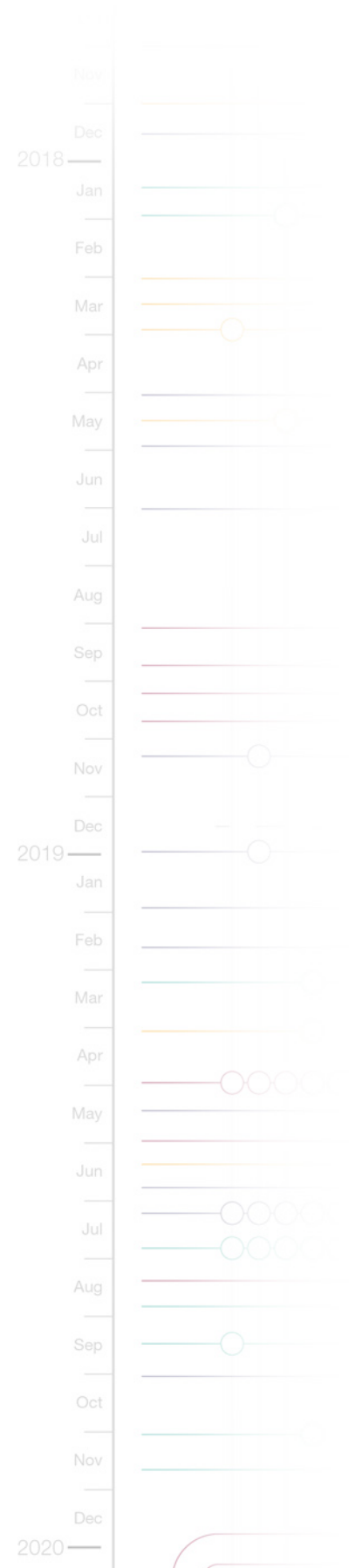
LESSONS LEARNED
FROM THE HEALTH SITUATION ROOM 7

CHECKLIST OF RECOMMENDATIONS 14

ACKNOWLEDGEMENTS 16



ABOUT THE HEALTH SITUATION ROOM



The Health Situation Room is an online data analytics platform that visualizes HIV and other health data to facilitate programming and decision making at national and sub-national levels.

Data is sourced from the existing data systems of host country governments and is used to generate a range of dashboards using different types of visualizations.

The UNAIDS initiative included nine countries in Africa, first launched in Kenya in 2015, with subsequent launches planned for Côte d'Ivoire, Lesotho, Malawi, Mozambique, Namibia, Uganda, Zambia and Zimbabwe.

Each country's data is stored in its own designated database and has its own set of dashboards and user access settings. The platform is accessible over the internet, with credentials, utilizing the country databases which are mirrored on UNAIDS server in Geneva.

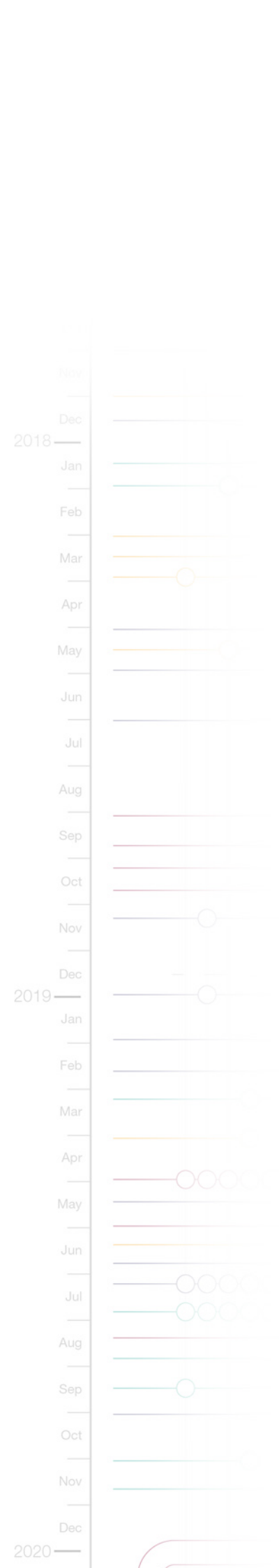
KEY ACHIEVEMENTS

GENERATING DEMAND FOR DATA ANALYTICS

Launched initially in Kenya in 2015, the Health Situation Room was subsequently rolled out to eight other countries in Africa, as of December 2020. UNAIDS worked with government partners who together firmly placed data analytics for decision-making for HIV and health programming as a key priority.

The overarching success of the Health Situation Room is the initiative's generation of demand and enthusiasm for data analytics for decision-making. The original vision and proposal to create a data platform was timely and well received by national government and non-governmental partners. There was high-level (presidential and ministerial) stakeholder buy-in and commitment, and at the same time, the initiative did not lose sight of its objective for usage and relevance at the sub-national and district/facility levels.

To realize the ambition for better programming decisions based on better access to data, and with modest resources, UNAIDS designed, planned and implemented the Health Situation Room. It sourced the service provider, negotiated the service, and first launched the platform in Kenya. UNAIDS headquarters (HQ) and regional teams delivered multiple workshops, webinars and sessions for training of trainers. They created resources and manuals, and worked closely with each UNAIDS country office and the national stakeholders.



A SINGLE SOURCE OF DATA FOR MULTI-STAKEHOLDER COLLABORATION IN MALAWI

The Health Situation Room provides a single set of data for decision-making that stakeholders in Malawi now share when making decisions together at district level.

A small but active user group for the Malawi Health Situation Room is making use of the platform, and consists of a diverse range of stakeholders both governmental and non-governmental, and from national to district, facility and community levels. Stakeholders reported that across all the different groups, the Health Situation Room dashboards were used for advocacy, course correction and performance improvement, proposal development and budgeting as well as further collaboration with partners. Illustratively, multiple stakeholders viewed the Health Situation Room data as a 'single source of truth' and used the platform data for discussions at district meetings. The platform replaced the previous process whereby various data were compiled manually to share at the quarterly meetings.

ADAPTING DATA ACCESS TO THE COVID-19 PANDEMIC IN MALAWI

Malawi, like other participating countries, was able to rapidly switch to incorporate COVID-19 data, with updates regularly emailed to subscribers for fast dissemination.

While COVID-19 has slowed the further roll-out of the Health Situation Room to more users for HIV and other health information, COVID-19 has greatly increased the demand for data to which the programme was able to respond. The COVID-19 dashboards are highly valued as a fast way to send out daily updates on infections.

TRANSFORMING DATA INTO KNOWLEDGE INTO ACTION IN ZIMBABWE

Based on data presented in the Health Situation Room, stakeholders in Zimbabwe identified an emerging change in a specific region. Once this was flagged, they quickly sought to understand the change by visiting the facilities concerned and taking action by updating their planning and response.

Zimbabwe presents another example of the data from its Health Situation Room being used for decision-making, with a stakeholder reporting how a concentration of HIV positive results in a particular area was identified by the platform's geospatial analysis. This led directly to a team visiting health facilities to verify the data, and upon finding an increase in the presence of artisanal miners in the area they were able to plan interventions accordingly.

INTRODUCING SEXUAL AND GENDER-BASED VIOLENCE (SGBV) DATA INTO THE HEALTH SITUATION ROOM IN ZIMBABWE

As one of the key drivers of HIV transmission, the Zimbabwe Health Situation Room included SGBV data to increase knowledge and understanding of inter-linkages between sexual violence and gender-based violence.

Zimbabwe was the first country to include data on sexual and gender-based violence in the Health Situation Room. There is much greater scope to increase the usage rates of the SGBV dashboards by introducing more sexual and reproductive health (SRH) indicators to maximize its utility for SRH sector practitioners.

COMBINING HIV AND BROADER HEALTH DATA IN CÔTE D'IVOIRE

The multi-stakeholder approach in Côte d'Ivoire demonstrates how the Health Situation Room can provide a combination of both communicable and non-communicable health data.

Managed by the strategic information department within the Ministry of Health and Public Hygiene, the Côte d'Ivoire Health Situation Room has – from the start – had a broader focus than only HIV data. Staff from the National AIDS programme are the main users of the platform but by no means are they the only stakeholders to engage with it. The most frequently visited dashboards are those displaying data on malaria, HIV, tuberculosis and cervical cancer. The Côte d'Ivoire Health Situation Room has by far the highest number of users among all the implementing countries. The majority belong to the country's departments and districts which have a shared login for their team members to maximize access using the limit of approximately 140 licenses per national partner.

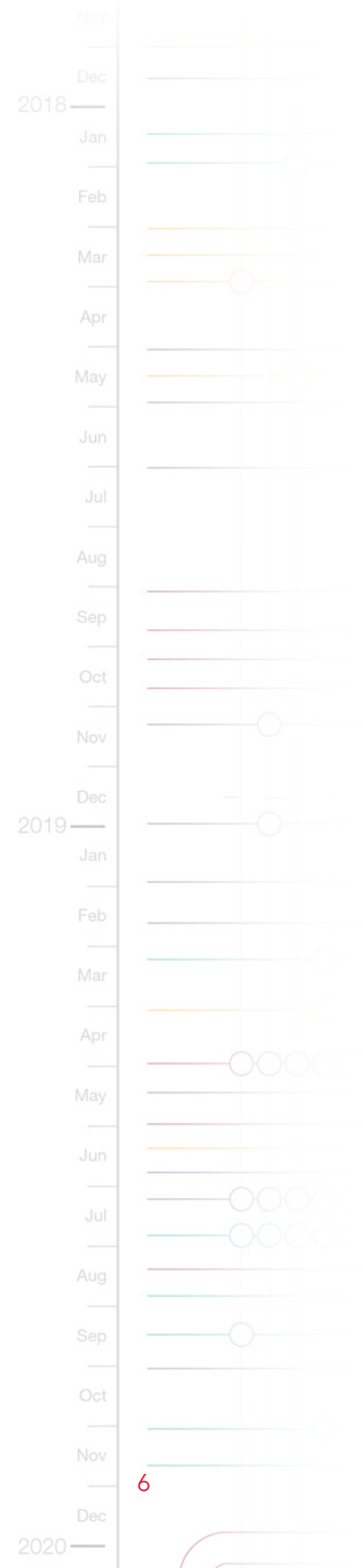
DATA QUALITY IMPROVEMENT IN CÔTE D'IVOIRE

The process of aggregating and disaggregating data and displaying it visually allowed stakeholders in Côte d'Ivoire to identify quality issues.

Stakeholders in Côte d'Ivoire highlighted the role that the Health Situation Room played in exposing some poor quality data. This led to discussions at country level to improve data quality and revise indicators to strengthen their definitions. Encouragingly, the platform has been used to create new dashboards by some of the users.

CURRENT STATUS ACROSS THE NINE COUNTRIES

The Health Situation Room is currently active in four of the countries in which it was launched.



The significant achievements by UNAIDS and national stakeholders are fully recognized. The reasons for some countries' divergence away from the UNAIDS-managed Health Situation Room are several: ultimately such an endeavour is highly complicated to implement. It requires more resources but also more effective alignment between centralized data management and country-led implementation.

As of December 2020, the Health Situation Room was operational in four countries (Côte d'Ivoire, Lesotho, Malawi, and Zimbabwe), on hold in three countries (Kenya, Uganda, and Zambia), delayed in one country due to COVID-19 (Mozambique), and will not be launched in one country, Namibia, as the government is working with another development partner.

There is no doubt that the programme has made significant achievements given the limited resources both human and financial. The evaluation recognizes these achievements and progress, and the hard work of the dedicated UNAIDS team members at HQ, regional and country levels and the many national stakeholders who have invested in the initiative.

On the surface - and from the perspective of UNAIDS HQ - the programme implementation seemed to be on track, yet on closer inquiry the progress and continuing success was not altogether clear nor universal.

LESSONS LEARNED FROM THE HEALTH SITUATION ROOM

The design of the Health Situation Room needs to be redefined to more clearly support the mandate of UNAIDS, using its comparative advantage in HIV.

UNAIDS leads globally on promoting, and usage of, data for HIV and AIDS, with strengths in strategic information for advocacy and programming, as well as deep relationships in the field of HIV. However, the Health Situation Rooms cover data beyond HIV (and sometimes beyond health), often at the direction of government partners.

UNAIDS' comparative advantage, recognized expertise, and longest standing relationships are all mainly in the field of HIV. Data investments are often cross-sector oriented, and governments and partners often need to scale systems beyond one health area or even one government ministry.

However, this fact also means that capacity built in one area (HIV) can be applied to other sectors, especially non-health sectors which often are significantly underinvested in data compared with health.

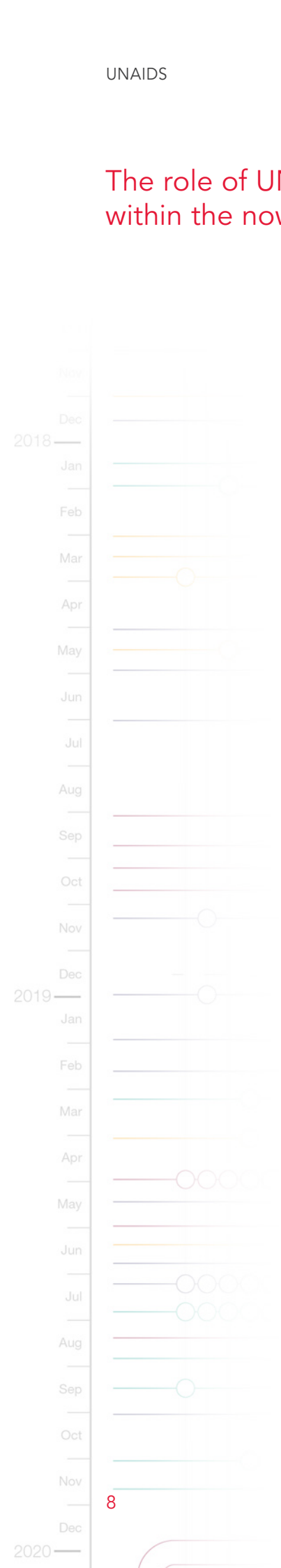
One area for UNAIDS to explore is the feasibility of building capacity in HIV data analytics in a stepped fashion:

1) in countries with stronger capacity in health informatics, focusing on non-HIV data.

2) in countries without capacity, focusing on providing platforms and support to build it.

If a country is not in a position to create its own data analytics platform with or without the help of another (more resourced) development partner, then UNAIDS must seriously consider whether it should take on the role of hosting a platform for them as part of their longer-term digital and data roadmaps.

The role of UNAIDS in data analytics needs to be redefined within the now-burgeoning digital and data landscape.



Since the Health Situation Room was first launched, digital and data landscapes have significantly changed with more partners and more investments in health information systems in many (but not all) partner countries. The role of UNAIDS in this new landscape needs to be redefined based on the specific contexts and opportunities.

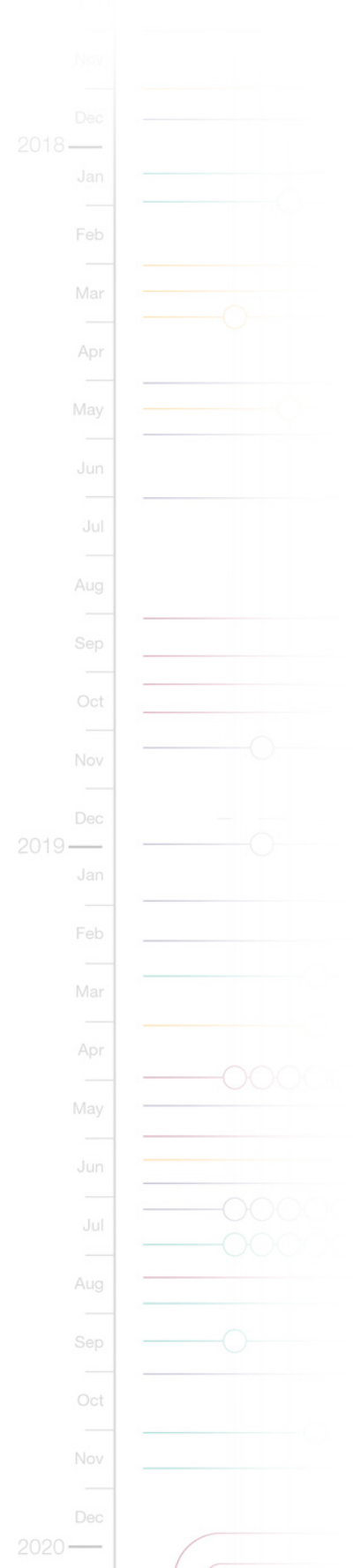
Across the world, the investment in health and government information systems has grown dramatically. Many development partners have expanded their investments in digital and data capacity building, often with vastly greater resources than UNAIDS (up to 20 times the whole Health Situation Room budget to finance projects in one country alone), and thus may be better placed to invest in national sustainable digital health systems.

Often with the support from these development partners (including UNAIDS), many governments have developed eHealth and eGovernment strategies and have significantly more government capacity to build and maintain their own data information systems than when the Health Situation Room programme was first developed. Commercial digital services, devices, and local ICT capacity have also increased in access and decreased in cost in most countries.

Attitudes and commitments to data have also shifted. Governments now prioritize their data sovereignty more seriously and attentively, many requiring local data storage and management in country. Demand for real time, context driven informatics continues to grow, along with the awareness of the need for sustainability beyond donors.

Not all countries have received or been able to invest in health informatics, however. There is still a role for direct provision of support via digital platforms.

The objective of increasing data analytics capacity remains constant, while the provision of a data platform may be applied more selectively.



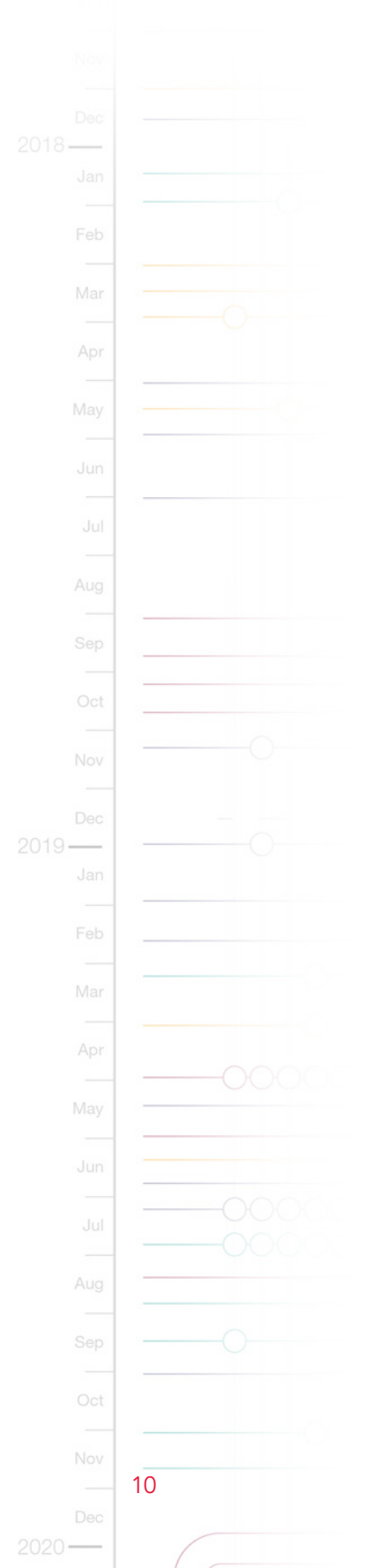
By separating the strategic goal (of increasing data analytics capacity) from the implementation (providing a data platform), the various roles for UNAIDS become clearer. With all national partners, UNAIDS is in a position to reinforce its role as convenor and facilitator with Health Situation Room partners. In countries that are comparatively less resourced, the data analytics platform could provide the starting point to stimulate data strategies while their capacity and data ecosystems evolve.

For maximum clarity in terms of defining needs and potential roles, it is recommended that UNAIDS separates the strategic goal of increasing data analytics capacity from the implementation strategy of providing a data analytics platform. UNAIDS can achieve the former without necessarily performing the latter – or only in certain contexts.

UNAIDS can continue applying its expertise to strengthen data analytics and improve data quality and as a convener it can facilitate the sharing of data and collaboration between stakeholders. It can further advocate for HIV data to be used beyond health ministries (for example in the education, labour, or transportation sectors).

UNAIDS could help provide a basic platform to countries with fewer resources, and assist in developing a road map towards a self-managed system in the future. The length of time that transition takes will vary and should be based on achieving key milestones that demonstrate evolution in ownership and capacity to take on the management rather than a specific pre-determined timeframe.

A centrally managed programme needs to be flexible and adaptable to the multiple unique national contexts, requiring more local resources for hands on support.



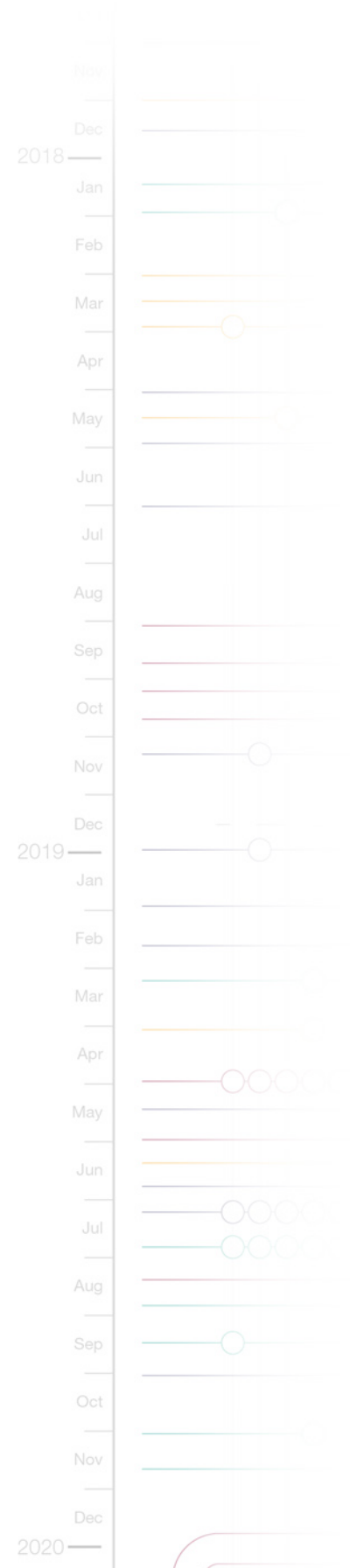
Ensuring the connection between UNAIDS and country stakeholders requires close attention to the unique contexts and governance arrangements at national level. Country level support from UNAIDS has been essential for effective implementation due to the specific contexts in each country.

The Health Situation Room design has always included country-leadership from partner governments (often the Ministry of Health) providing the indicator data, data governance, processes and user engagement, while UNAIDS provides a centralized digital platform and some limited capacity building and facilitation support from Geneva, regional, and country offices. Hosted in Geneva, each country has a unique health indicator database for data protection and ease of the eventual transition to country management of the digital platform.

The transition to local ownership has faced more barriers than originally anticipated, based on the specific context of each country. Where some agencies were willing, they had limited capacity to lead; while administrators of existing national datasets lacked strong incentives to maintain linkages with the Health Situation Rooms.

Each country context varies greatly with national digital and data ecosystems at different stages, with some more able to take on the management for this programme than others. In addition, the governance arrangements for each country Health Situation Room reflects this diversity, often due to very differently resourced Ministries of Health or equivalent. Support from UNAIDS country offices has been essential (and often under resourced) in the responding to local context.

Explicit metrics for managing the Health Situation Room Programme will help address many of the communications challenges.



With effective communications and feedback mechanisms built into the governance structure of the Health Situation Room, mutual information flows and decision-making will be increased.

The gap in mutual exchange of knowledge, communication and shared decision-making between the partners is illustrated by a decision made by UNAIDS HQ to move to a new software provider in 2019 that had unanticipated and adverse implications for some national stakeholders. As a result of the miscommunication and lack of mutual understanding, at least two countries effectively ended their participation in the UNAIDS-managed Health Situation Room programme.

The lack of monitoring and evaluation plans for any of the Health Situation Room countries and the lack of usage of metrics within the platform to identify challenges (such as the lack of usage by the above- mentioned countries for many months) were also signs of lack of active monitoring of the programme at the HQ, regional and country level, and unclarity of those roles.

More effective mechanisms, and standard metrics for success, for routinely checking assumptions or discrepancies were needed to identify the otherwise undetected disconnect that emerged between UNAIDS HQ and some of the countries.

ICT and Strategic Information expertise at country and HQ levels could benefit from adding ICT4D skills.

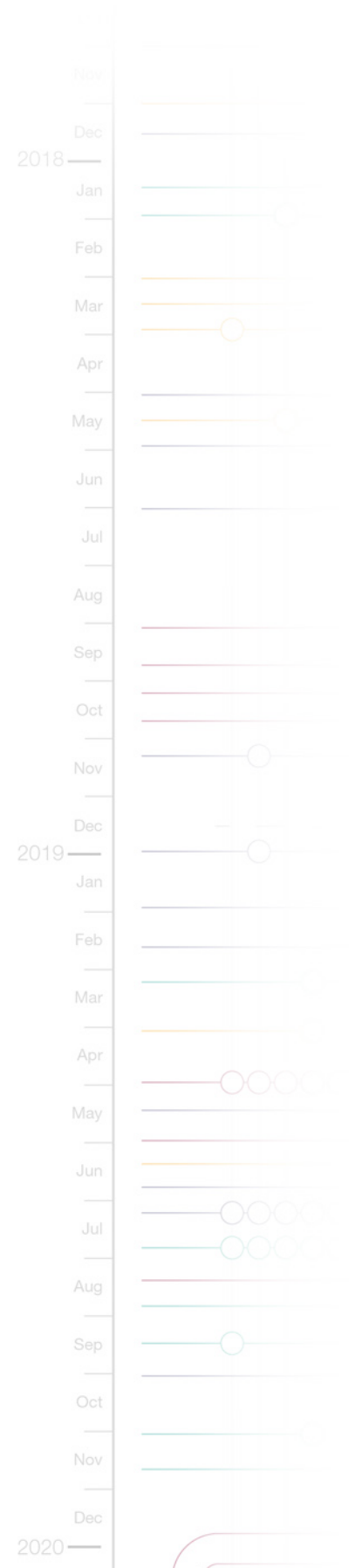
In addition to greater resources in the country offices and more clarity on their role, the Health Situation Room will benefit from a wider range of technical skills to complement the existing expertise. As a complex programme implemented in multiple diverse contexts, numerous specialist skills are needed across all levels of the Health Situation Room management.

The Health Situation room programme had strong IT and Strategic Information support at HQ; however, it was missing specific Information and Communication Technologies for Development (ICT4D) expertise, such as the ability to apply the Digital Principles for Development and other such frameworks of best practices for digital development.

The Health Situation Room is an ambitious programme that is applied to diverse and challenging contexts; success will rely on a wider range of specialist skills, such as user-centred design, data literacy, data science, agile design processes, and designing improved technical assistance and data quality processes. ICT4D expertise also includes development of M&E indicators for data systems, sustainability and ownership plans, and transition roadmaps.

Some of these skills are currently provided by existing staff including from UNAIDS at HQ regional and country levels, and also from the Ministries of Health and other national partners. However, these individuals are overstretched and often they have another set of primary responsibilities. Supplementing these teams with broader ICT4D skills will strengthen the existing ICT and strategic information expertise and lead to higher likelihood of sustainable impact.

Moving forward with existing and new partners presents the opportunity to embed user-centred design.



Whether re-engaging with existing Health Situation Room countries or initiating new country partnerships, approaches should incorporate user-centred design, and focus on managing the shared and diverse understandings of ownership and sustainability.

There is a specific recommendation for UNAIDS to engage at the country level, particularly where the existing Health Situation Room is on hold or the status is uncertain. The priorities of UNAIDS and those of national partners must be reviewed within the contexts of the national digital strategies and broader global digital health strategies. New roadmaps should be co-created if there is scope to move ahead with the Health Situation Room objectives together.

Where UNAIDS creates Health Situation Room partnerships with new country stakeholders, then it is equally essential to build in from the start an approach to design that fully incorporates ownership and sustainability by ensuring that any analytics platform is aligned with host government investments.

In all cases, each Health Situation Room needs close alignment with the digital ecosystem in each country. This includes not only the digital health plans and ambitions of each government, but also wider data policies and expectations.

CHECKLIST OF RECOMMENDATIONS

Link a new theory of change to UNAIDS' strategic role

Redefine the scope of the Health Situation Room within the new UNAIDS Global Strategy.

Decide on the resources and partnerships necessary to deliver expected results.

Recreate a theory of change that links the Health Situation Room with the UNAIDS strategic information role.

Define the Health Situation Room programme design elements

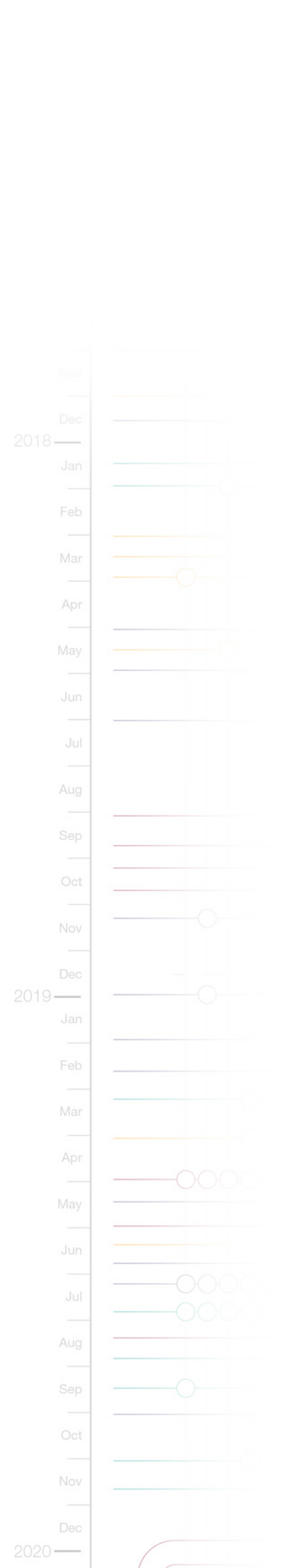
Separate the strategic goal (increasing data analytics capacity) from implementation (providing a data analytics platform).

Align the programme in each country with the unique national digital health ecosystem.

Expand and strengthen the skill areas needed at global, regional and national levels.

Build demand, usage, collaboration and transparency.

Design collaborations and partnerships for ownership and sustainability.

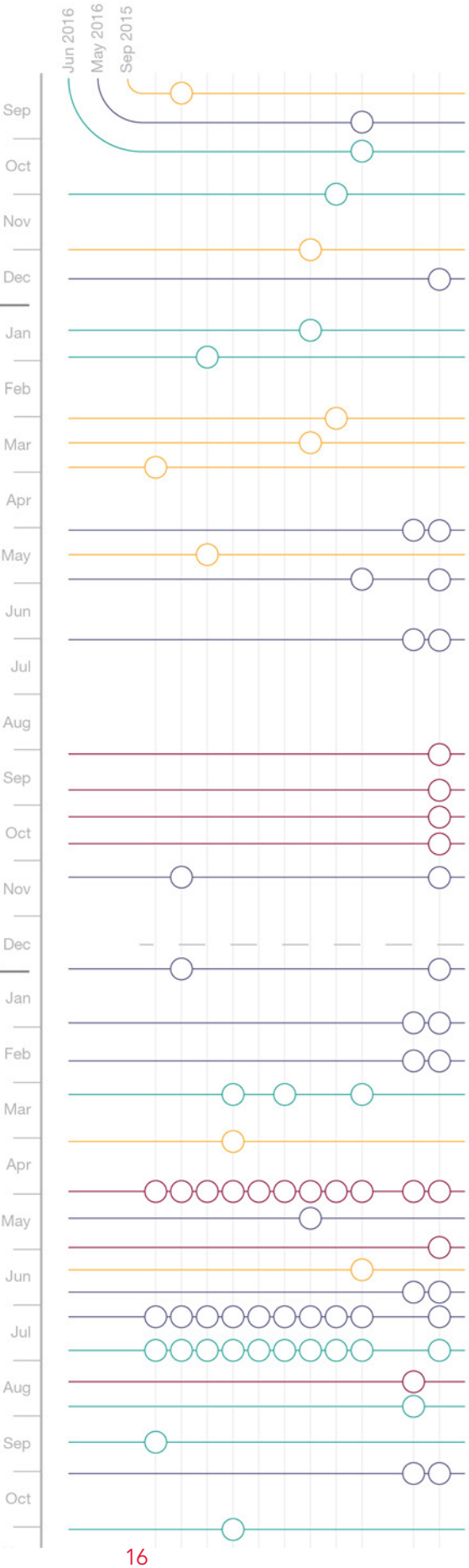


Create a standard set of metrics to measure the performance of the programme that can also be adopted by host governments to improve their capacity to monitor and improve their data systems.

Define UNAIDS' role as facilitator and convenor for strengthening health data analytics capacity, and allocate organizational resources accordingly.

Define criteria for when UNAIDS should assume the role as provider of a data analytics platform.

ACKNOWLEDGEMENTS



This evaluation was commissioned by the UNAIDS Evaluation Office, in collaboration with UNAIDS Strategic Information and Information and Communication Technology departments, and undertaken by IOD PARC in partnership with IMC Worldwide. Sincere thanks are extended to UNAIDS colleagues at HQ and regional levels for their continued engagement throughout the evaluation. At national level, sincere appreciation goes to UNAIDS country office colleagues and the many national stakeholders both governmental and civil society who facilitated and participated in the evaluation.

The evaluation reference group:

Elisabetta Pegurri, Senior Adviser Evaluation, IEV UNAIDS
Taavi Erkkola, Special Adviser, SID UNAIDS
Alexandre Allouin, Systems Manager, ICT UNAIDS
Heston Phillips, SI Adviser, Zambia UCO
Claudia Velasquez, SI Adviser, South Africa UCO
Ahmed Zaghloul, (ex) Senior Adviser, Africa CDC

The evaluation team:

Siobhan Green, Evaluation Team Leader
Jo Kaybryn, Evaluation Director
Kate Butcher, Gender & HIV Evaluator
Krissy Celentano, Digital Health Evaluator
Karishma Budhdev, National Expert
Tendayi Mharadze, National Expert
Fredrick Wamala, National Expert
Lawrence Katunga, National Expert
Amy Weiss, Project Manager and Evaluator
Eve Leckey, Editor
Scott Cameron, Assistance and Data Visualization
Dylan Singleton, Additional Images.

UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666
distribution@unaids.org

unaids.org