



# Centering Country Ownership and Leadership

**The Data for Health Initiative's Approach**

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# Table of Contents

<b>Overview .....</b>	<b>3</b>
<b>Reimagining Country Ownership: Lessons Learned .....</b>	<b>4</b>
1. Countries Set and Drive Priorities .....	4
Example   Data Analysis and Use for Road Safety   Colombia .....	5
Example   CRVS Legal Review Leads to New Birth and Death Act   Rwanda .....	5
2. Strengthen Existing Systems and Champions .....	6
Example   A Trial Approach for Optimal Solutions   Tanzania .....	6
3. Use Simple, Streamlined Processes .....	7
Example   Supporting Small Teams to Receive Funding   Kiribati .....	7
Example   Technical Exchange between Zambia and Malawi .....	8
4. Create a Culture of Flexibility and Trust .....	9
Example   Project Flexibility in Action   Ecuador .....	10
<b>Recommendations and Takeaways .....</b>	<b>11</b>



## Overview

In global health and development, country ownership and leadership are critical to institutionalization and sustainability. Country ownership is a shared goal of many development partners, who design initiatives and programs with the intention that future governance and maintenance will be embedded into the mission and practices of the implementing community, organization or government. Yet, there isn't a universal framework to make this goal a reality.

The [Bloomberg Philanthropies Data for Health \(D4H\) Initiative](#) was launched in 2015 to support governments to generate and use high-quality data. Vital Strategies supports the implementation of three parts of the Initiative: [Civil Registration and Vital Statistics](#) (CRVS), [Data Impact](#) and [Cancer Registry](#). Teams for each of these components work with a selection of focus countries, and the [Global Grants Program](#) offers targeted support to additional countries across all program areas. To date, Vital's D4H programs have strengthened the collection and use of data in more than 81 countries, reaching nearly 6 billion with a range of important health systems improvements that promote data availability, data quality and most importantly, data-driven and evidence-based policy and decision-making. Based on our experience, one critical success factor to all of these achievements is the high degree of ownership that countries have over these efforts.

What does country ownership look like? How can we co-create the conditions for it to happen? In the years since its inception, the Initiative has witnessed ownership in the form of country-led priority setting, institutionalization of achievements into routine systems and practices, allocation of country staff and resources, and buy-in from senior government stakeholders to maintain and leverage the gains made with our support. These actions not only show country ownership and leadership, but also help to ensure that the work is sustainable.



# Reimagining Country Ownership:

## Lessons Learned

The lessons we've learned across 81 countries are summarized below through five categories of principles and practices. An enabling environment for country ownership is developed when: countries set and drive priorities; existing systems and champions are strengthened; we use simple and streamlined processes; and the focus is on technical exchange rather than technical assistance. All of this is achieved through a culture of flexibility and trust. In addition, country ownership and leadership are amplified further when, especially in systems involving several primary stakeholders, high-level governance bodies exist that enable smooth coordination and collaboration.

### 1. Countries Set and Drive Priorities

Country-driven priority setting is at the foundation of Vital's D4H approach to engaging new countries. Countries know their own challenges, and many are very committed to making progress. Those in leadership positions must be actively engaged in the work planning process in a meaningful way that allows them to make decisions alongside their teams.

In D4H focus countries, workplans are aligned with national strategies or ministerial commitments that countries have committed to but often still need support to materialize. Because the Initiative supports a full range of possibilities that exist to strengthen systems across the core programmatic areas, rather than only a narrow focus, countries are supported for the specific priorities they identify, which reinforces their leadership in the process. When it comes to work planning and implementation, we can then help balance what is technically and operationally feasible with available resources, and the country leaders are invested in moving it forward.

The Global Grants Program team holds open calls for applications, and countries approach us with their own priorities and project plans to meet the health data needs they've already identified. In some cases, country teams propose to pilot a new approach to a longstanding or newly urgent problem, and we are happy to allocate funds toward



these novel interventions. It would be shortsighted to insist that applicants have all the solutions, as this would prevent the exploration of alternative approaches to difficult problems.

### **Example | Data Analysis and Use for Road Safety | Colombia**

Health ministry leadership in Colombia proposed an initiative under the Data Impact Program focused on interagency collaboration to strengthen road safety data analysis and decision-making, in response to an identified gap. The leadership then developed a National Advisory Committee on the Analysis of Road Safety Data in partnership with the Data Impact team and the Bloomberg Philanthropies Initiative for Global Road Safety (BIGRS), resulting in the [first national report on road traffic injuries](#). The report was used to establish a process for reporting data on road vehicle crashes, injuries and deaths, which was referenced for the national statistics office's annual statistical analysis and reporting.

### **Example | CRVS Legal Review Leads to New Birth and Death Act | Rwanda**

Rwanda undertook a comprehensive legal and regulatory review of its CRVS system, which identified multiple benefits of decentralizing birth and death registration. This review motivated them to develop a new Birth and Death Act, carried out with Vital's D4H support in 2020, which decentralized all birth and death registration processes for the first time. The government's commitment to this set the stage for Rwanda to align its CRVS system with global best practices for registration of vital events.

### **Testimonial**

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“Country ownership is the core of our partnership with Vital Strategies under the Data Impact Program because the program was designed to tailor-fit our needs and priorities. Capacity building and transfer of technology are embedded in the design of the program to ensure institutionalization and sustainability of capacity within the organization and in the sector.”



**Frances Rose Elgo-Mamaril**, Director IV, Health Policy Development and Planning Bureau, Department of Health, Philippines

## 2. Strengthen Existing Systems and Champions

This principle may be widely understood, but to do it well, a partner must understand the local context and the rationale for current processes, information that may take weeks or months to fully gather and understand from the perspective of each stakeholder. When we put in this effort, country teams see that we genuinely aim to comprehend the existing systems before engaging in discussion about improvements, which empowers them to direct our support where they need it. This reinforces the value of country-driven priority setting and strengthens our ability to offer the most relevant support to achieve the country's priorities. In this sense, as new processes build from the existing ones, ownership can also expand across stakeholders and agencies.

This current ownership may span a wide variety of stakeholders and champions. The D4H Initiative centers and supports the champions who have been driving efforts from the onset. This fosters greater coordination and partnerships, which also leads to more stakeholders being invested in success, which then facilitates the necessary broad-based ownership and institutionalization of the multisectoral outcomes.

### **Example | A Trial Approach for Optimal Solutions | Tanzania**

The Cancer Registry Program worked with the Ministry of Health, Community Development, Gender, Elderly and Children in Tanzania to help establish an institutional home for cancer registry governance. Rather than proscribing a particular institution or creating a parallel structure, Vital's Cancer Registry team worked with the ministry to test a few approaches before Vital and the ministry jointly decided to create the coordination unit for cancer registration within the noncommunicable disease department. In addition to showing the importance of flexibility to find the best solution through trialing different approaches, this example highlights the value of strengthening systems from within.



### 3. Use Simple, Streamlined Processes

Vital's D4H processes aim to be simple and streamlined by avoiding [onerous application, implementation, and reporting requirements](#).

For example, to apply for a Global Grants project, ministries, statistical agencies and local nongovernmental organizations (NGO's) in eligible countries can apply by responding to just eight narrative questions and providing a high-level budget. This less labor-intensive application and monitoring process also encourages submissions by smaller governments and local NGOs, which may have more limited administrative and financial resources. With only 1.2% of international humanitarian assistance going directly to local [NGOs](#), it is especially important for funders to consider their role in increasing equitable access to support.

The Data Impact Program's simplified workplan, budget and reporting requirements keep the burden of these activities to a minimum. This approach promotes engagement and also enables a maximum focus on the content. The Cancer Registry Program process is similarly streamlined and, through its partnerships, the team draws upon long-established relationships with cancer registry stakeholders to create greater opportunities for engagement in work planning.

#### **Example | Supporting Small Teams to Receive Funding | Kiribati**

The government of Kiribati wanted to harmonize multiple datasets containing CRVS information into one source of demographic and population data. Since their team is very small, they would have been deterred by a lengthy proposal for funding. With streamlined application and reporting requirements, they were able to focus on implementation and achieve their goals, despite limited staff who are frequently required to travel across the remote island nation as part of their government roles.

#### **Testimonial**

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"Funding can sometimes be restrictive, with things like maximum salaries, rigid contracts and bureaucratic processes. GGP support allowed us to rapidly hire the



personnel we needed, obtain funding for computational equipment to support the system, and to update the project when needed. Obtaining public resources for such activities would have delayed the implementation of the project for months and consequently delaying the delivery of services to people in need. We knew the information system was a key component of the strategy that needed rapid action and development; GPP funding was a perfect fit for that need.”

**Juan Carlos Palacios**, Subsecretariat, Subsecretary of Information Management, Research and Evaluation, Ecuador

## **Foster Technical Exchange, Not Technical Assistance**

In addition to funding, the Initiative offers technical guidance to country partners. This support is, at its heart, technical *exchange* rather than a traditional dynamic that positions the funders and international experts as the suppliers of technical assistance and does a disservice to local experience and expertise. Technical exchange is a two-way discussion and learning opportunity, where expertise is shared by those operating in similar roles and contexts.

When country teams have the opportunity to implement and showcase their skills and knowledge, their roles as leaders and educators in their fields are respected. Whether achieved through individual meetings or within broader groups such as communities of practice (both of which are employed across D4H), relying on local and regional expertise enables successful implementation and reinforces country ownership.

### **Example | Technical Exchange between Zambia and Malawi**

Malawi applied to undertake the Data for Health Initiative’s [Data to Policy training](#), which equips public health practitioners with knowledge and skills to use data to develop technical and policy briefs. A team from the Zambia National Health Research Authority had recently completed this training and offered to provide technical expertise throughout the process, resulting in three new briefs that were presented to policymakers at a policy





forum. The Malawian trainees also cascaded the training to other government staff, furthering the use of evidence-based decision-making across the country.

## Testimonial

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“When we were applying for funding, we found that funders usually come with certain conditions. They might only support English speaking countries or certain regions, but Data for Health and GGP were very flexible and general in what they would support, which was good because we don't want to be selective when it comes to training. Training is for knowledge development and people shouldn't be limited based on their language or location. So, GGP was a great funding partner because we could support everyone.”

**Biying Liu**, Programme Administrator, African Cancer Registry Network

## 4. Create a Culture of Flexibility and Trust

At the core of the Data for Health Initiative is flexibility and trust, woven into specific program efforts and the principles mentioned above. These are actions to reimagine and transform the power dynamics that exist within the traditional donor-recipient relationship. Trust is central to country priority setting as well as simplified systems and processes. Governments and local NGOs deserve to identify solutions to their own problems, to work on their own priorities, and to access funding without having to undergo onerous and time-consuming scrutiny.

All teams across the Initiative communicate as equal partners and technical peers. We also recognize that unforeseen circumstances—whether a pandemic, a change in the local situation or a new discovery—may require country teams to be flexible and adapt their workplans. The emphasis on trust and flexibility within the program makes it easy for teams to adjust their workplans and budgets without undue resistance, which leads to more successful outcomes.



### Example | Project Flexibility in Action | Ecuador

In Ecuador, the team leading a data use project initially planned to link several databases across ministries to produce a system for identifying children at risk of malnutrition. However, when data-sharing agreements proved challenging to execute, they pivoted to focus on developing processes within the Ministry of Health and the statistical agency to convert administrative records into statistical records for analysis. This enabled them to use the data to identify children at risk of malnutrition and, during the COVID-19 pandemic, to improve the estimation of deaths to inform public health response at the peak of the epidemic. The team was later able to implement the original project and established a cross-ministry data-sharing system that has already identified and delivered cash transfers to hundreds of families at risk of malnutrition. Without the flexibility to initially pivot the project, the work might have stalled indefinitely, and these two important accomplishments might not have happened.



**Image 3:** Workshop with pregnant women in Ecuador to discuss how the Conditional Cash Transfer works and confirm whether they are ready to receive it based on the newly available data.



## Recommendations and Takeaways

To create an enabling environment where country ownership can flourish, it's important for international partners to have guiding values and practices that promote existing champions and their priorities. The partners can then integrate their roles within existing, longstanding networks, enhancing the trust between technical partners, grantmakers and grantees, which can be further reinforced through simplified grantmaking processes. Investing in technical exchange, particularly when that exchange is regional, strengthens this trust and contributes to long-term sustainability.

These principles have reinforced country ownership within the D4H Initiative and can help inform a framework for others looking to shift the balance of power between grantmakers and grantees and to expand country ownership across the sector. Balancing this power leads to equal partnerships for transparent and equitable global health practice. It's a change that is long overdue.

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