B2: Unified List of Potential Data Sources and Institutions to Consider Linking with for Improved Population Targeting: A Health Agency Perspective

- Who is this tool for? This document is intended as an implementation tool for health system leaders thinking about the key agencies that need to be involved in data linkage and interoperability initiatives for population targeting. It relates Question 1.2 of the Data Linkage Decision Checklist in the report [Link].
- How was it produced? This tool was collaboratively produced by members of the JLN Learning Collaborative on Population Targeting in 2021. It was produced by asking each member of that group (16 in total, representing eight countries) to list three data sources that would be most impactful for population targeting in their country if linked to health beneficiary data. The more than 25 ideas were compiled and consolidated into the unified list displayed here.

This document is intended to assist health leaders in thinking about which datasets they wish to link with, and therefore which institutions need to be engaged in any data linkage initiative.

Many health systems considering inter-agency data linkage to improve their population targeting face a difficult trade-off of breadth versus speed, or long-term versus short-term benefit. Often there is a clear and concrete dataset that a health agency wishes to link to (e.g. a social registry), however, in undertaking all the work to create common data standards, dictionaries, policies etc, it may be that it is worth including other agencies and major national datasets in this process too. Focusing just on the target dataset will likely be quicker and yield a more immediate impact, however, it may further cement fragmentation or siloed public data systems, as different agencies move into siloes of interoperability only among small groups of institutions.

Given the intense work often required to link major public datasets, it may also be worth considering at the outset whether any other institutions could further augment the end-result achieved, by adding further depth, richness or perspective into the linked population targeting datasets that result.

To support this thinking, a 'long-list' is given below of suggested data sources shared by health leaders from Ministries of Health and National Health Insurance agencies of specific health and non-health datasets that could benefit population targeting through becoming interoperable and linked. Some of these may be relevant and available only to some countries, but it will be a useful starting point for health leaders at the start of their data linkage journey in thinking about who to involve in these efforts:

Potential data sources to consider linking with:
1. Foundational national ID registry / Identity management system
2. National social registry / register of poor and vulnerable households
3. Registry of births and deaths
4. Social protection payment / cash transfer programs

5. Household income and tax data
6. Healthcare provider data on populations served and/or electronic medical records
7. Social safety net / Social investment program data
8. Presence of basic amenities - for mapping social determinants
9. National census and spatial poverty data - to identify gaps in coverage
10. School attendance and nutrition data - improve targeting of children from low income households
11. National nutrition survey data - to include alternative measures of poverty to improve accuracy
12. Health insurance claims data - for validating and assessing costs of care for population sub-groups
13. Data from local level poverty assessment committees
14. GIS data on nomadic communities
15. Private sector telco data on account/SIM ownership
16. Land and vehicle ownership registries
17. Registers of internally displaced people