# 1. Overview of HDC Governance

Making HDC governance work requires high levels of political commitment from all HDC partners, a high level of HDC country representation at all levels, technical commitment and a reporting framework and governance structure that can streamline recommendations and decisions. This 2020 HDC Governance and Management structure builds on a) the 2017 version, b) 2019 Governance drafting group recommendations, and c) inputs received from 54 key HDC stakeholders Nov 2019 – February 2020. Between December 2019 and March 2020 HDC members were given 4 opportunities by email and 3 opportunities on calls to give iterative feedback on drafts.

The new governance structure is based on constituency representation, streamlining decision making more transparent and improving communication & coordination with partners, countries and working groups. The governance mechanism will be reviewed in October 2020 by the SRG and refined accordingly.

Driven ultimately by country needs and representatives, the HDC governance, has four main components:
1. Broad **Global Partners Group (GPG)**;
2. Constituency-based **Stakeholder Representative Group (SRG)** 12 members representing the seven different constituencies of the GPG;
3. **Secretariat**, accountable to the Stakeholder Representative Group (SRG), with flexibility to quickly scale up in response to country identified needs. Currently this is hosted by WHO, but with additional resources could include other partners as needs arise. This would depend on core human and financial resources available to convene necessary SRG meetings twice a year, GPG once a year, core staff, communication needs, activities for HDC work streams and identified working group products responding to country needs; and
4. **Multi-agency Working Groups (WGs)** tasked with various activities (such as production of global goods, monitoring HDC efforts or responding to country specific requests) or existing entities / groups who benefit from being part of the HDC.
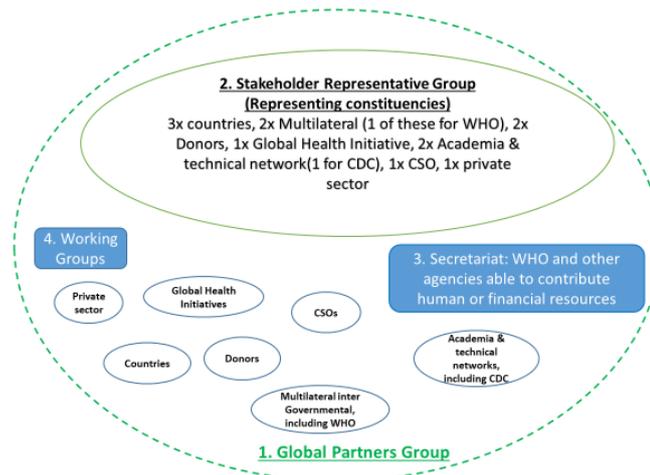
2. Global Partners Group (GPG)

The GPG is open to any constituency and working groups who can commit to the HDC mission, objectives and principles. A renewed call for HDC membership will be launched in 2020. HDC members will be represented by their constituency representative and alternate in the Stakeholder Representative Group (SRG). The GPG is a loose network of entities who engage with health data at any level (from individual / community to global levels), have an interest in learning from others or can contribute knowledge to others in the HDC. Two main challenges will need addressed: a) ensuring strong representation from national and sub national groups (such as regional networks,

national institutions, civil society and private sector), and b) clear ethical guidance on private sector engagement at all levels. Engaging newer groups in countries will require a coordinated approach through in-country HDC partners and working groups at all levels with clear communications from the secretariat playing a coordination function.

Role of the GPG: The GPG is the HDC community and individuals can participate the following ways:
- Share experiences on ongoing data activities (such as through webinars or existing working groups);
- Raise awarness of, suggest responses and align support in response to country requests for support and channel requests and responses through the constituency representative on the SRG;
- Participate in virtual or in-person dialogues to identify common areas of collaboartion;
- Review, comment and give practical advice on the HDC strategy and operational plan;
- Participate in annual HDC meetings and be willing to contribute and share knowledge;
- Propose work groups, if based on well-identified clear needs driven by countries, aligns with the HDC mission, objectives and Thoery of Change that could then be reviewed and agreed upon by the SRG.

Meetings: 1 annual event where all GPG members are invited, with focus on prioritizing country voices

Communication: HDC communication will be managed by the secretariat. Communication to the GPG will be through a mix of media including: a) website updates, b) regular webinars on issues identified as necessary or of interest topics, c) quarterly newsletters, d) email updates and d) informal social media mechanisms and groups.

3. Stakeholder Representative Group (SRG)

The SRG is the technical direction and strategic engine of the HDC and promotes accountability of all HDC members to its mission. Each of the 7 constituencies will have one representative (with one alternate in case the representative is unable to attend meetings or calls) on the SRG, except for HDC countries (who will have three), the multilaterals and inter-Governmental (who will have two, including one specifically for WHO), the donor constituency (who will have two) and academia and technical agencies (who will have two, including one specifically for CDC). A total of 12 representatives will represent their constituencies[1] to provide consistent leadership and steering of the HDC. It is expected that SRG members will encourage their respective constituents to support efforts and activities of the HDC at all levels, with focus on enhancing collaboration in countries.

Constituency name	#	Description of constituency represented	Global Partner group members in constituency in Dec 2019
HDC countries	3	Representative from members states *either* Ministry of Health or National Statistics Office who can officially represent the country in HDC	Pathfinder countries: Malawi, Cameroon, Kenya, Tanzania Requested membership: Myanmar Indonesia and Uganda
Multilateral and intergovernmental organizations	2	One for WHO, as chair & current secretariat One representing other UN agencies, World Bank and OECD.	WHO, OECD, World Bank, UNAIDS, UNICEF, UNFPA, WFP
Donor (bilaterals, foundations and regional funding entities)	2	Bilateral donors, Donor Foundations and regional Funding entities (such as Asian or African Development Banks). Some donor constituencies also implement, so in working groups to support technical support, but ultimately the constituency is a donor entity for the purposes of the SRG.	UK DFID, US USAID, Norway, Canada, Germany BMZ/GIZ, Australia, Gates Foundation, Bloomberg Philanthropies, Rockefeller Foundation, European Commission

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[1] Reviewed examples of constituency representation in PMNCH, Gavi, Global Fund, GFF and UHC2030

Global Health Initiatives	1	Program, cause or disease specific global health that may or may not be a donor	PEPFAR, Global Fund, Gavi, Global Financing Facility, PHCPI, PMNCH, Countdown 2030 and UHC2030 (as an observer)
Academia and technical networks	2	One for CDC One for Academic Institutes from High, Middle or Low Income countries, data networks, other partnerships / networks on data.	CDC, City university of New York, Johns Hopkins, University of Oslo, US Govt National Health Institute, Asia eHealth Information Network (AeHIN), Open Communities, Global Partnership for sustainable data, Countdown 2030
Civil Society Organizations	1	NGOs, Civil Society, community-based organizations engaged with advocacy, accountability, demand generation or delivery of services who use or produce data, especially for communities left behind	UHC2030 CSEM mechanism for engaging and nominating a CSO / NGO: currently includes AIDS Council of New South Wales, PATH, CHESTRAD
Private sector	1	Private sector entities who may or may not make profit but have produced significant inputs into data collection, storage, analysis, dissemination and use – especially contributing to communities left behind and SDG health goals	None, yet. This will need clear ethical guidance from HDC members who already have guidelines and ethical frameworks on how best to engage with private sector. One mechanism includes using the current UHC2030 mechanism for nominating private sector entities

Membership: Each representative and alternate (in case representative is unable to attend call or meetings) will be elected by their own constituency. The constituency-based approach is representational and not necessarily aligned around working group activities. Attributes of SRG representatives and their alternates include:

- Overall gender and geographic diversity / equity in the HDC SRG
- Being willing to disclose potential or perceived conflicts of interest;
- Attending twice yearly meetings, monthly calls and possibly ad hoc working groups;
- Being able to support inputs of the constituency either in governance or technical working groups;
- Being relatively senior to influence their constituency's engagement with HDC through promotion of the HDC mission, objectives and principles;
- Commiting to a two year time frame (if necessary could extend by one further year);
- Seeking views from other constituency members and communicate effectively back to constituency on a regular basis, seeking inputs and giving updates;
- Promoting ownership and increase collaboration between the constituency stakeholders; and
- Representing constituency, even if the views of the constituency may differ from representative / alternate's own or agency's views and give perspectives on these alternative views.

Decision making: Decisions will be made by consensus and 'best will' basis, but if necessary, by voting, with each of the 12 members having one vote.

Roles: The SRG provides overall direction and oversight to the HDC, in close collaboration with the secretariat, by:
- Developing the **HDC work plan, budget and reports** and give periodic updates to the GPG;
- Support the **secretariat functioning** and contribute to decisions on staffing;
- Establish and agree upon **HDC Working Groups** (as driven either by country needs or gaps in global data support - define purpose, scope, time line, deliverables and the relationships with other working groups);
- Develop processes that facilitate **broad engagement** of all HDC stakeholders;
- Oversee the budget that is provided to the secretariat function (secretariat accountable to SRG);

- Develop, update and oversee HDC Principles, CoI statements, branding and communications strategy;
- Assess country level progress and agree country engagement/strategic resource allocations;
- Measure and manage WG progress (mandating new WGs, closing existing WGs and refining WG composition);
- Identify opportunities and incentives for greater alignment and improved efficiency;
- Establish strategies for building relationship with other bodies (SDG GAP, UHC 2030, EWEC, PMNCH etc.).

Chair: secretariat (currently WHO serving this function)

Co-chairs: 2 permanent co-chairs (from the SRG): one from HDC country constituency and one from either multilateral / donor constituencies. Individuals in these permanent seats would rotate every two years, in line with their membership of the SRG and, in close coordination with WHO, be expected to:
a. convene the SRG calls and twice yearly meetings
b. propose SRG and GPG meeting agendas
c. represent HDC in meetings and other fora
d. support the accountability mechanism for the secretariat (for example annual program and financial reporting for the HDC)

Meetings: 2 annual face-to-face meetings of Stakeholder Representative Group (SRG)

Calls: The SRG will have monthly calls, usually on third Thursday of every month where possible. The co-chairs and secretariat may have more frequent calls to strengthen coordination when necessary.

Working Group Chairs and SRG: The currrent five functioning multi-partner Working Groups have many HDC constituency members and have been functioning independently of HDC. To strengthen coordination and information flow, WG chairs will be invited to every SRG call and meeting to enhance collaboration and sharing of information. WG chairs will not vote on SRG issues, as decisions will be made on a constituency basis, not necessarily driven by WG mandates. As specific areas of work are identified by the SRG and countries, new WGs may be constituted (see section 5: Working Groups) and new WG chairs would also be part of SRG calls and meetings.

4. Secretariat

The HDC secretariat will provide support for improving partner communication and coordination. This will strengthen more functional relationships between different HDC stakeholders at country, regional and global levels. The secretariat will need to scale up flexibly to potential country needs and alignment with other initiatives. Depending on other HDC member contributions (human or financial resources) as HDC needs increase or functions evolve, the secretariat could include other agency contributions, as decided by the SRG. Options include i) WHO hosted secretariat, ii) jointly hosted secretariat WHO and UNICEF, or iii) multi-partner secretariat model.

The secretariat will convene a wide range of HDC stakeholders together in support of coordination of information exchange and alignment of partners resources. If financial or human resources are made available for secretariat functions from other agencies, the secretariat will ensure that these resources support HDC activities, as outlined in HDC annual work plans. As part of its SRG membership, the secretariat will also coordinate, and support partnership approaches to identifying technical resources needed in countries and at global level from other HDC partners and technical units of agencies.

The HDC will need to ensure that the the secretariat and WGs are resourced for any more activity required to facilitate dialogue and information exchange, beyond the calls and emails.

Roles: Accountable to the SRG and prioritizing country support, the secretariat will:

- Manage and track implementation of the HDC annual Work-Plan (which includes country support and global goods and communications) communicating with Working Group co-chairs on a regular basis, providing updates and reports on progress, highlighting challenges and gaps and lessons learned; undertaking annual strategic planning, monitoring and reporting;
- Provide coordinated support to countries and facilitate communications, exchanges and information sharing on country-led health data collaborative platforms; sharing country requests for collective action with HDC support; communicating with countries and partners to facilitate HDC catalytic approaches, advising on best practice approaches; providing country updates to all key stakeholders at global, regional and country levels; documenting and monitoring partner actions and commitments in support of country led priorities; disseminating lessons learned;
- Provide support to the HDC Working Groups and SRG by facilitating calls, minutes, agendas and meetings to strengthen coordination and communication across different work-streams and monitoring and documenting progress;
- Implement a Communications and branding strategy, including coordination of consultation meetings (Steering Group, technical experts); coordinating the development and dissemination of advocacy materials; and supporting external relations awareness-raising and outreach efforts
- Coordinate provision of HDC technical support to countries by facilitating (including other WHO technical units) coordinated technical and financial support and regular exchanges with country stakeholders;
- Liaise with and maintain good relationships with other Global Health initiatives.

5. Working Groups (WGs)

Historically: From 2016-2018 technical work was undertaken by various inter-agency working groups. These provided support for the production of many global goods and helped link groups independent of any HDC effort together, sometimes exchanging information to increase coordination and sometimes sharing technical and financial resources. Many of these global goods and tools may need to be adapted and contextualized to individual country contexts. 350 technical experts and implementing partners from 60 organizations previously worked together to contribute to WHO norms and standards; facilitate consensus on global public goods and; attain greater buy-in of implementing partners to disseminate and use harmonized tools.

Current status: As of March 2020, all five active working groups are successfully functioning, completely independent of the HDC. It is unclear currently how these groups either collaborate together or exchange information and resources with one another. The HDC platform and secretariat support facilitating dialogue between WG co-chairs. The HDC secretariat and SRG will play a role to support this exchange on a more regular and systematic basis – quartely calls and calls for inputs into communications materials at least. However to make this work more effectively, increasing contact and information excahnges will need to take place. HDC can also play this function for other groups involved with data and digital issues to promote collaboration and alignment around country needs. There is an urgent need to ensure that digital and data systems and tools are integrated as much as possible.

New WGs: The creation of any new working groups could be proposed by any of the constituencies in the GPG, but would need to be considered and approved by the SRG and existing WG chairs as long as the proposed WG:
- Demonstrates clear links to the HDC ToC and mission;
- Has unique value (not already addressed by existing WGs), based on clear eco system mapping;
- Addresses a well-documented gap in country or global technical needs;
- Is aligned with the HDC work plan
- Considers merging existing sub-working groups (eg. From digital and inter operability WG) and stronger links with HDC
- Is timelimited, task orientated, has a clear ToR, scope with deliverables and a timeline / workplan with explicit ways in which the WG poroduct could be adapted to country contexts;

- Could *support* efforts of the HDC Partners to:
  i. Develop and align HDC related technical products/deliverables;
  ii. Provide technical assistance and facilitate consensus on HDC related global public goods;
  iii. Attain greater buy-in by implementing partners to adopt, disseminate and use harmonized tools;
  iv. Mobilize new technical and financial resources.

PREVIOUS WGs THAT ARE NO LONGER ACTIVE IN JANUARY 2020	ACTIVE WGs IN MARCH 2020
Data Analytics and use (no longer active)	Civil Registrations and Vital Statistics (active and meets twice yearly, independent of HDC)
Health Financing (no longer active)	Epidemic intelligence (active, independent of HDC)
Health Workforce (no longer active)	Digital health and interoperability (active, independent of HDC) this includes a sub group for donor alignment
Household Surveys (no longer active but other groups to link with include IHSN, DHS - MICS - LSMS collaborative groups and ISWGHS)	Logistics management information systems (part of ISG, independeNt of HDC)
Facilities Survey (no longer active)	Community data (active, operating independent of HDC)
Routine Health Information (no longer active)	