

Note for the Record – Health Data Collaborative Partners Meeting

Location: Virtual meeting by WebEx

Date: 20 Aug. 2020 16:00 – 17.00 CET

Participants:

HDC Co-Chairs:

Somnath Chatterjee (WHO)

Jenifer Requejo (UNICEF)

Helen Kiarie (Kenya MoH)

Countries:

Tanzania (Irene Mwoga- WHO CO)

Multilateral and Inter Governmental Institutions:

Nina Benedicto (WHO)

Ashley Sheffel (WHO)

Bilateral donors, philanthropic institutions, regional funding entities:

DFID (Nicola Wardrop)

USAID (Bill Weiss)

Global Health Initiatives:

PHCPI (Jeff Markuns)

Research, Academia and Technical networks:

CDC (Chris Murrill, Carrie Eggars)

AeHIN (Alvin Marcelo)

Civil Society:

Global Network of People living with HIV (Javier Bellocq)

Private Sector: n/a

HDC Secretariat:

Craig Burgess (WHO), Mwenya Kasonde (WHO)

HDC Members:

Jason Lee

Kristin Pascual

Working Groups:

Remy	Mwamba	UNICEF	COMMUNITY DATA
Ana	Scholl	USAID	

Agenda:

Meeting Chair: Somnath Chatterji

- 1. Welcome and introduction: 5 mins**
- 2. Country updates: 10 mins**
 - Tanzania
- 3. Governance and admin: 20 mins**
 - HDC work plan 2020 – 2023 progress and update (secretariat)
- 4. Update from working groups: 10 mins**
 - Health Facility Assessment Modules (Wendy Venter-WHO)
 - Approval of RHIS TORs and WG implementation
- 5. Communication, events and advocacy: 10 mins**
 - Approval of agenda for the Sept. 23rd / 24th call
- 6. AoB and action items identified: 5 mins**

Summary of Discussion

Welcome and Introduction:

Somnath (WHO)

Meeting Objectives:

1. To review and provide feedback on work plan so it can be approved in Sept. meeting
2. To approve RHIS Working group ToRs
3. To review and approve Sept 23 / 24 meeting agenda

Country Updates:

Irene (WHO Tanzania)

- The evolution of our HDC started from June 2015 where we participated in the meeting Accountability Summit in Washington DC.
- Feb 2017, the country showed a lot of interest and started preparation for launching and adopting of the HDC in country
- March 2017, the MoH formally requested the engagement of the HDC and started the in-country preparation partner's meeting, MOH and various partners to identify country priorities and how we can streamline and narrow them to focused priorities.
- Sept 2017 – formally launch HDC with 6 key priorities areas which are:
 1. improving coordination, meaning strengthening the existing data and M&E coordination structures in country
 2. alignment of data indicators and data collection processes, faced with challenge of multiple indicators across programs, making it difficult to trace
 3. to have joint align investment with the digital health information systems in country
 4. to have coordinated and harmonized survey systems including the facility surveys, SARA, TISPA and many which are done with similar goals, done in the same facilities or same sub-national levels but not coordinated
 5. to strengthen capacity for analysis and use of data including building capacity for national and sub national staff to ensure that data that is being made available is helping local decisions making
 6. streamline and strengthen the dissemination and access of health information
- After the HDC launch in 2017, number of milestone and achievements have been noted and grouped into four (4);
 1. Integration of various health information systems into DHIS2 (the national health repository) made possible by a number of subgroups, including the Interoperability WG. In the same year Tanzania launched the Digital Investment Roadmap. This included a lot of interoperability allowing for the availability of all national health information via DHIS2.
 2. Establishment of the national health portal, which is a tool for dissemination health information, routine or non-routine. It has helped the access of date for health and non-health entities, including civil society organizations.
 3. Revision of various coordination groups including national M&E technical working group to include the ICT subcommittee.
 4. Coordinated capacity building and data analytics, which are being discussed and addressed during the national M&E technical working group
 5. HDC integrated into national coordination mechanisms namely eHealth steering committee and M&E technical working group so that in-country partners and the government does not see it as an added body but part of the existing structure.
- Challenges;
 1. Misconception that HDC is a funding body rather than coordinating mechanism

2. Continued misalignment between partners, many focusing on their own priorities and workplans.
 3. Inconsistent meetings due to conflicting government priorities, especially during the COVID pandemic.
- Existing health partners group is still the primary forum for discussion with partners aligning themselves to implement their agreed priorities
 - Notably, the country is currently developing a national M&E plan to support the health sectors - this is a key HDC priority

- This is our focus this year for the health sector -- to be implemented in the next 4 years so that its within the existing plan.

Governance and Admin (Craig / HDC secretariat)

Workplan

Secretariat-Craig

- Four main objectives outlined in work plan;
 - 1. To strengthen country capacity to plan, implement, monitor and review progress and standardized processes for data collection, availability, analysis and use to achieve national health related targets (and therefore eventual SDG health targets)
 - 2. To improve efficiency and alignment of technical and financial investments in health data systems through collective actions.
 - 3. To increase the impact of global public goods and tools on country health data systems through increased sharing, learning and country engagement
 - 4. Governance and accountability, role of secretariat, reporting and M&E for workplan implementation as well as communication and advocacy

Objective 1 activities:

- Divided into country, regional, global
- On country level, much more to do with strengthening government lead processes
- Mapping processes for the data focal point, potential for supporting health information systems directly, the governance of it, and potential review of the country and regional base experiences with HDC and the way that it can contribute on strengthening health information systems
- Other suggestion was made was a mapping or review of global health initiatives and resources at country level and how aligned they are
- Eventually will presented in Nov. on the high-level meeting as well as the alignment agenda on the health information system review
- Potential review of financial investment in the country
- Possible review of ways in which countries are looking at disaggregated data
- Opportunities exist through civil society networks and other networks

- There are other activities that really need to be look at in a bit more detail, value your suggestions

Objective 2 activities:

- More focused on the alignment agenda
- Review of coordination mechanism on the governance side and review of reporting burdens
- These may fit on both Objective 1 and 2, much more to do on peer review, sharing best practices potential at regional level which will engage regional offices and regional mechanism for documenting and sharing best practices as well

Objective 3 activities:

- Again, around aligning of global tools and products in specific contexts
- Also looking for coordination mechanisms
- Further similar discussion in digital interoperability working group on potential to contextualize tools for country specific needs
- Applies to other tools such as SCORE, harmonized health facility assessment or HEAT
- Other tools produced at global level, can either be disseminated, contextualized or communicated with capacity building in country

The last objective:

- Much more on functioning of HDC and governance, broken down into 3
 1. Governance accountability, this includes setting up regular calls and regular facilitated meetings with different constituencies
 2. Communication activities and advocacy activities, including a high-level meeting in Nov. to raise the profile of HDC
 3. Activities on a country level to ensure that the HDC mechanism are functioning as best they can at country level as well
- We have currently 9 countries – 6 in AFRO region, 3 SEARO region. In discussion on how many countries should be in the HDC in the coming years as well.

Comments:

DFID - Nicola

- Not clear who would be undertaking the activities, HDC secretariat, partners or MoH
- Will have implications in terms of on how to budget against the activities
- Some of the activities listed in objective 1, might fit better on objective 2. For example the mapping of the global initiative and resources for each country and reviewing investment -- need to be more description what exactly to be what looking at - what is going on in the country and working towards – are there alignment of resources to strengthen capacity.

In response:

Secretariat -Craig

- We will gather details in the coming 3 weeks for these activities and be very clear on who takes on responsibilities
- At country level the MoH will help guide and lead the processes to make sure partners are aligned
- The point about overlap between objectives 1 and 2 is well taken
- In the next 3 weeks we are going to get a lot more specific about what these activities are and make sure that most health information systems strengthening activities are objective 1 and the alignment stroke (?) – efficiency objectives and activities are really in objective 2.

UNICEF-Jennifer

- Also need to think through timelines within the workplan timeframe and prioritizing activities under each objective.

Update from working groups (Secretariat)

RHIS TORs

Secretariat-Mwenya

- The document latest version are on very good stage with a couple of sticking points

- 1) Overlap with different working groups
 - 2) Being clear on terminology and definitions and;
 - 3) health facility assessments
- Need to consider membership of the group

Comments:

UNICEF-Jennifer

- The RHIS ToRs some of the issues within were the boundaries between that working group, the community health information system working group and then the facility assessment group, so I think it is now clear,
- The language in the terms of reference is clear that is not including the facilities assessments
- It will good to hear more on what's happening on the facility module group, and then moving forward, those 3 groups might need to be coordinated since they have very close link task or scope of work.

Updates from Working Groups (Secretariat)

WHO-Somnath in behalf of Wendy Venter

Update on Harmonize facility assessment module (Somnath/Ashley)

- The purpose of this work is to provide an external objective mechanism of health facility assessment
- The module is meant to provide standardized data indicator sets, standardized questionnaires and standardized methodology that is harmonized across all different stakeholders to support their programs and partners to create a single system of health facility assessment in a country
- This work has been going on for 3 years now
- It is building on existing instruments such as DHIS, SARA and reflects the inputs from many of you as subject matter experts
- Have been piloted in Kenya and Malawi in 2018-19, based on that we are making some changes to the module
- Plan is in the last quarter of this year we will release the questionnaire, the indicator document, data collection tools and its user guide and an electronic platform
- Need to create a mechanism for updating and maintaining all these different tools which involve all different relevant programs
- As Jennifer mentioned there is interface with the RHIS and community working group as well.

Comments / Feedback:

PHCPI – Jeff

- Wondering if you're able to offer any additional clarity on the role of PHCPI in the RHIS working group and that revision process
- I was not personally involved in the first round of the health assessment work, some of our partners in PHCPI were
- In general, at a certain point WHO took the TOR internally and moved forward with it, I am just curious the bonds of these things might be on this
- Second question – I know there is internal work going on in the PHCPI operational framework and M&E work. Is there any thought about aligning any of these

USAID – Bill Weiss

- USAID also has a health facility assessment tool, called SPA (service provision assessment)
- We are looking at ways to increase demand and value for money

- We want to focus on quality of care and on working backwards from indicators, mostly process and readiness indicators
- Again, to focus on programme areas that USAID is engaged in with the idea that broader harmonized health facility would be a tool for country adaptation to add in
- There is a clear discussion about on how we are to harmonize with the WHO tool
- This will involve also convening with the same people that WHO has reach out to for indicator recommendations

In response:

WHO - Somnath

- To answer you Jeff - many groups have provided inputs into the harmonized facility assessments
- This is not something that WHO has done on its own, much of this work is with the HDC working groups, and there will be opportunities to continuously evolve as we move forward
- So that as they said once you put out first set of pilots we can reconvene to see on how the HDC working groups can take us forward
- With regards to your question about the PHC measurement framework. Now with a cross-cutting program in WHO on primary health care and its relationship to Universal Health Coverage both are a priority in the organization. There are ongoing discussions, so we will obviously comeback on HDC as those discussions progress.
- Bill with regards to your comment, we have had this conversation with partners, why is it that we haven't been able to create this demand or this harmonized assessment in these countries. With the current pandemic it is important to understand what services has been distracted and thank you for the update we will be more than happy to engage and to see how SPA can be aligned with harmonize health facility assessments

Kenya - Helen

- On the HFA and generally in terms of HDC, we work very closely with Ashley (Sheffel) in implementing HFA in Kenya in 2018.
- Some of the issues Bill is raising, are some of the challenges that we had
- It think these are some of the areas the HDC needs to give us a bit of support and of guidance. A sort of an agreement on a collaboration so when it comes to countries these issues don't end up affecting the implementation in some of these very important activities.

Communications (Secretariat)

Planning for September 23rd/24th

Secretariat-Mwenya

- Meeting in September will be a two half -day meeting, similar to March
- It's a follow up on that March meeting to discuss pertinent issue including the effects of COVID on the HDC, governance structure, country input, the workplan, the workgroups, and talk a bit of advocacy and communications
- Background documents are being prepared in preparation, as such we will be reaching out to you for input. Particularly the working group TORs. If you have updated TORs for each of your working group, please share.
- Constituency positions –a 1 pager for each constituency to address each one your objectives and as constituency is also being created.

Meeting:

Day 1 of the meeting

- Part 1 HDC status update - talk about what happen to the HDC between the last meeting that took place in March and current meeting in Sept.; updating on governance current mechanism for support, etc.
- Part 2 – talks about countries – we are now 9 countries Botswana recently joined. To discuss more on partner agreement for support in countries specifically, especially on the ground, talking about the partners based on the ground; talk about the regional review mechanism; discuss lightly the regional peer review support mechanism; and discussion of mechanism for country expansion
- Next session of day 1 – talk about of working groups and we will continue to provide updates on the current 5 active working group
- We hope to have a final version of the RHIS ToRs including the membership and hope to be able to approve this document officially during this meeting as well.

Day 2 of the meeting

- Part 1 - review of day 1
- Aspect of part 2 of day 2 – review of workplan and approved
- Final part – talk about of advocacy
- Together with the workplan, we are planning to send out the documents by 4 Sept. for the written comments and will incorporate feedback by 11 Sept and 16 Sept. the final version.

Comments

DFID-Nicola

- When you send out the workplan for further comments, will that be to the stakeholders' representative group or to the wider group. Seeking clarity on responsibility to share items for feedback
- Second, how do we separate out what would be going through this stakeholder representative group for decision versus to the wider group for decisions for example, approving on TORs for a new working group would probably be at the representative group level and not necessary for the wider group.

In response:

Secretariat-Craig

- The feedback would be directly to the constituency focal points
- Each constituency is on a different stage of evolution but we are heading towards each constituency focal point or representative distributing the information and also collecting feedback
- In terms of your 2nd question – yes, the SRG who makes the ultimate decision because you're representing your constituency.

AoB Update

Secretariat-Mwenya

- HDC website is active. Please refer to it often, especially the events section
- Now working on private working space, where WGs can post documents, edit and collaborate better. This will allow WGs to see what others are doing and contribute to documents.

Secretariat-Craig

- Monthly calls: We would like to propose as majority of the information comes from you in writing in email, we would like to focus calls on the discussion or getting input
- Every call will now have a country update to keep focus on reality
- Each meeting will involve also providing you working group updates and any update on membership as well
- On the issue of tools and how they are developed; some of the tools discussed today were developed through the HDC or WHO or another partner. The role of HDC in terms of communication and sensitization as tools get out is important
- Many of you will have calls in terms of constituency building and Mwenya and I will be reaching out to you to make sure that you are constituencies are empowered and to facilitate these discussions
- The Nov. meeting – as part of your feedback of the beginning of the year to raise the political advocacy profile of the HDC, we planned to have it a week before Thanksgiving, and internally, our DG has given his firm support to the meeting as well.

Closing remarks:

Co-chairs: Somnath and Jennifer

- Thank you all for participating

Action Points:

- Secretariat to send out the workplan by 4 September for written comments. Feedback will be incorporated by 11 September and final versions of all background documents will be circulated by 16 September.