

Note for the Record – Monthly HDC Partners Meeting

Location: WebEx

Date: 23 January 2020, 16:00-17:00

HDC Participants: CDC (Chris Murrill), Rockefeller Foundation (Manisha Bhinge), DFID (Nicola Wardrop), USAID (William Weiss), GIZ (Tessa Lennemann), PHCPI (Jeff Markuns), GAVI (Heidi Reynolds), City University of New York (Jim Sherry), UNAIDS (Taavi Erkkola), PATH (Lauren Wall), Thomas ?others

WHO secretariat: Samira Asma, Craig Burgess, Somnath Chatterjee, Alyssa Palmquist

Objectives:

1. To present governance and theory of change draft to HDC partners; and
2. To receive verbal feedback and guidance from partners on way forward and remaining issues.

Agenda:

Welcome and introductions (Samira Asma) – 5 mins

Overview of call objectives, governance doc, ToC and main elements of written feedback received to date (Craig Burgess) – 10 mins

Remaining issues needing feedback

- Balancing the dual agendas of HDC: a) alignment of partner investments with country driven plans, with b) technical support for monitoring national and SDG progress and strengthening HIS;
- How HDC can support /align with the SDG GAP data and digital accelerator group, given so many of you (from the multilateral and GHI constituencies) are members of this;
- Strengthening the sustainability of in-country partner coordination mechanisms to support HDC principles and drive alignment with country plans;
- Three options for the secretariat (WHO, WHO+UNICEF or multi agency) outlined in the document;
- Proposed constituency numbers and makeup of the Stakeholder Representative Group;
- Chairing options proposal

Co – Chair reactions and advice (NORAD – Austen Davis and CDC - Ben Dahl) - 5 mins

Partners feedback and recommendations (all partners, by constituency) - 35 mins

- Countries
- Civil society
- Multi laterals and inter governmental institutions
- Donors
- Global health Initiatives
- Academia and technical networks

Next steps and key actions in 2020 (Samira Asma and Craig Burgess) – 5 mins

Summary of Discussion:

WHO secretariat: Welcome, roll call and overview of objectives for the call. Open the floor for feedback and discussion on the agenda points above.

HDC (UNAIDS): Dual role (both alignment and investment in technical support) – it is not either or, it is both and this will require careful balance in terms of investment, resourcing and technical support. Issue is how to ensure focused and effective interventions that is really driven by country needs and across partners – this depends on HDC mechanisms working in countries.

HDC (CDC): Request a window of time for more written feedback to the discussion points above as some HDC members unable to attend the call.

WHO secretariat: Written feedback welcome up until 15 February for final inputs to HDC governance – aiming to finalize by mid February, in time for our 20th Feb call and ratification at planned March face to face meeting. Feedback focused on six bullets outstanding where we need HDC advice. We will also note any converging or diverging opinions on these six bullet points on the next monthly call scheduled for third Thursday of February (20 FEB), which will focus more on planning for March meeting - but can also discuss any outstanding governance items.

HDC (Rockefeller): Role of HDC can support broader framework of SDG monitoring, support alignment agenda and strengthen HIS in countries. Need some more information on how HDC fits within SDG GAP data and digital data group. Linking elements of the problem tree in the ToC is good starting point. Need clarity on the role and progression of this group.

WHO secretariat: The SDG GAP accelerator on data and digital will have a call in mid February and includes membership <https://www.who.int/sgd/global-action-plan> The dual agendas of HDC (aligning partner investments and technical support) do not need to be mutually exclusive and can change or adapt based on country context; however, need more input from partners on how these two areas can be aligned. Craig (WHO/DDI) has had conversations with the chairs of five active Working Groups to discuss mechanisms for information exchange and coordinated communication – it was suggested there be more regular exchanges between WGs and HDC. Many HDC partners are also members of the SDG GAP Data and Digital Accelerator group (currently chaired by UNFPA and WHO) and we must be aware of and leverage these areas of overlap. The suggested actions for the SDG GAP are included in the HDC governance document in annex 2.

HDC (PHCPI): Do we need to finalize the governance model before actual resource allocation can proceed? In either case, need to be flexible: how much can we refine the governance model before we have a better understanding of the order of magnitude on required technical and financial resources to demonstrate impact?

WHO secretariat: Governance may not be final, but we need to get to a stage where we can all 'live with' the document and structure and start real work again as an HDC, whilst learning lesson as we go. There is also an evaluation planned in 2023, which could help inform ways for improving design and modus operandi. Need to move forward with a focus on driving impact in countries via partner and resource alignment. Plan is to be a point to look at this in more depth at March meeting.

HDC (DFID): Need to ask ourselves the counterfactual: if HDC didn't exist, what would be the state of play in terms of WHO's role in health systems strengthening and alignment agenda?

From there we can articulate the added value of HDC and how HDC sits alongside WHO's role. Need a draft workplan that sets out key responsibilities of different stakeholders.

WHO secretariat: Counterfactual an important issue – will work into current version of added value. A work plan was drafted last year, but is on hold until we have greater clarity on governance and get further inputs from selected countries to ensure we are driven by country demand as much as possible. Noted and will be one of the action points at the March meetings.

HDC (CDC): In terms of Working Groups, do we also need language around how membership is governed? Do we have a list of Working Group POCs? Would be worth looking at working groups not currently functioning but may still be a need for – possibly with HDC support.

WHO secretariat: Pages 7 and 8 of the draft governance show details on Working Group membership. Active Working Groups are currently independent of HDC and WHO secretariat and as such, membership is at the discretion of chairs/co-chairs. HDC acts as a facilitator, coordinator and collator of information for mutual exchange and learning. POCs not currently on the website but Craig will circulate (pasted below) along with minutes of the meeting.

HDC (USAID): Funding alignment must be done at the country level with prep work supported by the Secretariat including coordination with country counterparts (missions, in country partners, MoH etc) and in alignment with existing country plans. This worked well in the past; however, we had lack of long term follow-through. Need strengthened coordination mechanisms at the country level to achieve impact and detail of breakdown of what happens after a launch.

WHO secretariat: Feedback from pathfinder countries was initially positive in terms of investment, but noted a gap in terms of linkages with domestic financing resources i.e. national institutes, and these are areas where we can improve. Not just WHO, but all partners must work together to align with country plans and think strategically about sustainable impact.

HDC (GIZ): Agree on improved country coordination mechanisms. Is it possible to provide support via decision-making aids? For example, stakeholder guidance on aligning with country needs and providing targeted technical support?

WHO secretariat: Cautious on providing too many guidelines/tools and instead focus on adapting existing tools to different contexts to address gaps in innovative and collaborative ways, unless there is a good demand from countries for these tools (or maybe if partners feel it would support alignment agenda)

HDC (PHCPI): In terms of in-country partner coordination, do we envision of scale-up in terms of numbers or just improved sustainability of existing mechanisms?

WHO secretariat: Scaling in terms of numbers of partners or numbers of countries? Four pathfinder countries signed up in principle to the HDC and Indonesia/Uganda as well as others interested in joining and adopting HDC methodologies. Must be a balance between expectations and available resources. Technical angles and political buy-in in each country is also key. Chicken and egg – resources come up front or demand comes first – probably demand and clear strategy.

HDC (University of New York): What part of this work is WHO and what part is "WHO+"? SDG GAP is a new initiative and was introduced after HDC – how to get a better sense of how these initiatives fit together going forward?

WHO (Dr Asma):

- Going forward, HDC will be much more country-focused and work on building institutional capacity with affiliated stakeholders. We all subscribe to certain core pillars - countries at the center – and need coherent messaging around the unique added value of HDC and our shared goal of achieving the SDGs by 2030. Significant data gaps and capacities exist in countries, which is why there must be sustainable improvements to data and digital health systems.
- SDG GAP Data and Digital accelerator: one of the focus areas is data and digital health with global and country-specific action points. SDG GAP does not exclude other partners in this space; rather, the goals are the same: 1) all partners subscribe to shared data and digital health principles, 2) work together to consolidate and improve existing tools, and 3) ensure digital transformation has checks and balances for data security.
- SDG GAP Data and Digital Health Accelerator is a mechanism by which to guide countries and partners on shared data principles to achieve the SDGs by 2030.
- Need a mechanism whereby we can open HDC membership to partners who should be involved, but are not – this will help drive alignment and clarity on WHO’s role vis a vis other partners and donor organizations (i.e. WHO supports partners and countries as a neutral entity and helps amplify investments via access to MoH and WHO Country Representatives, both of which can institutionalize HDC investment in countries.
- The risk to manage is avoiding parallel processes; role of WHO is to amplify and facilitate not duplicate existing processes. HDC can help facilitate this coordination and collaboration with consistent messaging and information exchange.
- Will be important to maintain current momentum and build on existing partnerships.

The call ended with thanks to all HDC partners for inputs and suggestions for way forward. The next call will be Thursday 20th February at the same time.

Action points:

- WHO: Send paper on SDG GAP Data and Digital Accelerator group to HDC partners <https://www.who.int/sdg/global-action-plan/accelerator-discussion-frames> outline and SGD GAP pages 81-87 on data and digital accelerator is <https://www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all>
- WHO: Send list of active HDC Working Group focal points (pasted below)
- WHO: Circulate provisional agenda for next call in February for feedback and invite HDC working groups to participate.
- Note that plans are in place to update the HDC website before the March meeting

Sent for info to: HDC

Sent for action to: WHO/HQ/DDI

5 Functioning Working groups as of January 2020

1. Civil Registrations and Vital Statistics

Debra	Jackson	UNICEF	djackson@unicef.org
Sam	Mills	WB	smills@worldbank.org

2. Epidemic intelligence

Stephane	Hugonnet	WHO	hugonnets@who.int
Oliver	Morgan	WHO	omorgan@who.int

3. Digital health and interoperability

Garrett	Mehl	WHO	mehlg@who.int
---------	------	-----	--

Adele	Waugaman	USAID	awaugaman@usaid.gov
Paul	Biondich	Open Communities	pbiondic@regenstrief.org
4. Logistics management information systems (part of ISG)			
Lisa	Hedman	WHO	hedmanl@who.int
Hitesh	Hurkchand	UNICEF	hhurkchand@unicef.org
Lindabeth	Doby	USAID	ldoby@usaid.gov
5. Community data			
Remy	Mwamba	UNICEF	rmwamba@unicef.org
Ana	Scholl	USAID	adjapovicscholl@usaid.gov