

Note for the Record – Health Data Collaborative Partners Meeting

Location: Virtual meeting by WebEx

Date: 21 May 2020 16:00 – 17.00 CET

Participants:

- 1. Countries:** n/a
- 2. Multilateral and Inter Governmental Institutions:** UNICEF (Jennifer Requejo, Chika Hayashi, Debra Jackson, Remy Mwamba), UNAIDS (Peter Ghys), WHO (Wendy Venter, Somnath Chatterji, Teresa Diaz, Gareth Mehl)
- 3. Bilateral donors, philanthropic institutions, regional funding entities:** GIZ (Tessa Lennemann) DFID (Nicola Wardrop), USAID (Ana Scholl, Jonathan Ross), Bloomberg Philanthropies (Adrienne, Pizatella), Rockefeller Foundation (Manisha Bhinge)
- 4. Global Health Initiatives:** PHCPI (Jeff Markuns)
- 5. Research, Academia and Technical networks:** CDC (Benjamin Dahl), UniOslo (Jørn Braa), Data4SDGs (Karen Bett), Open Communities (Paul Biondich)
- 6. Civil Society:** Path (Haillie Goertz), Global Network of People living with HIV (Javier Bellocq)
- 7. Private Sector:** n/a

HDC secretariat: Craig Burgess, Mwenya Kasonde, Alyssa Palmquist

Agenda:

1. Opening remarks
2. COVID 19: Summary of May 7th discussion and updates
3. Reflections on 1st draft of TOR on RHIS WG
4. Events upcoming events relevant to HDC including upcoming webinars
5. Governance and country engagement
6. Workplan 2020-2023
7. Communications

1. Opening remarks: CDC- Benjamin Dahl (Co-Chair)

Emphasized need to be practical and getting things done at country level – thanked everyone for joining the call.

2. Summary of 7th May call on COVID-19 (WHO – Craig)

- Exploring how HDC platform more effectively used to share ideas, tools and experiences on what HDC partners are doing with COVID 19
- Debra (UNICEF) & colleagues on COVID-19 in SRMNACH (opportunity to learn more in mid-June) modelling systems effects of COVID-19 links shared in previous minutes and possible webinar convened by the HDC, on modelling on the impact of COVID 19 on SRMNACH systems;
- University of Oslo update on expanding DHIS 2 modules for COVID 19 and webinars x2 since attended by over 200 participants;
- GIZ thoughts and inputs on AI and equity;
- Confirmed no need for a new working group on COVID-19 and keep as an informal update and collaborative;
- As HDC work progresses in working groups and countries we use HDC through email, calls, webinars and website to help update each other on key COVID 19 issues.

UNICEF-Debra

- Joint effort with WHO, UNICEF, UNFPA, USAID, PATH, JSI and other partners. WG is open to all – many people on the call are already part of the working group and RHIS / CHIS WGs
- Essential sexual, reproductive, maternal, newborn, child and adolescent, nutrition suggested harmonized indicators, dashboards, collation of data and collection, using rapid SMS polls
- Initial draft for sharing by mid June and could use HDC as platform for comms and webinars has offered to help us do webinars in late June
- This will be quick guidance for COVID related issues then we hope to work on this further to make it a HDC supplementary module or guidance module to all of the routine modules that are in the HDC site for monitoring essential services during public health or humanitarian emergencies so that's something we hope to have done by the end of the summer – may need standardizing in design for HDC modules
- Maybe need more support from Digital and Interoperability working group moving forward

Digital Health and Interoperability WG (Garrett /WHO, Open Communities / Paul)

- Task force includes number of the DH&I WG members focused on data interoperability standards directly linked to the COVID data sets. Important for a variety of different software solutions to ensure interoperability between systems and consistency between data sets and colleagues from a number of different parts of WHO including DDI are part of that call
- Number of different efforts underway around determining the appropriate use of digital interventions or different solutions (telemedicine and others for ensuring continuity of essential services and ensuring that the appropriate use of digital is applied)
- 2 calls (>100 people) with the DH&I working group membership to reflect on both solutions that they are utilizing and challenges they're facing and using those and the different experiences they have when utilizing different systems for different aspects of the COVID response
- DH&I WG recognizing that there is an opportunity to create new conventions or identify more public goods and consolidate efforts to, create tacit endorsement of global goods based implementation approaches

- Collaborating with the Open HIV Community to come up with some and to identify a common standard that could be used to support the flow of information around a lot of the care continuum
- Some of that work has been built upon some of the conventions that the WHO has already published, but it's also leveraging many of the preexisting base, health information, technology standards
- If people are interested in participating in that, the Open HIV Community is hosting weekly calls, and they have on average between fifty and sixty people on each of those calls.

Modelling of effects on health systems (WHO-Somnath)

We are looking at five main issues:

1. Creating inventory of COVID_19 data collection efforts within WHO
2. Supporting COVID modelling and interpretation of these models for policy makers
3. Impact of COVID on essential services: as Debra mentioned looking at each of these groups of essential services which our different programs are modelling, and used a harmonize set of inputs vis a vis the COVID variables that they are going to use and then to try to bring it all together in a mega model to understand the impact of this on the health system as a whole in terms of delivery of essential services and what is that going to mean towards attaining the SDGs
4. Today we are releasing a set of guidance documents related to COVID and mortality (one working with Data for Health and CDC on rapid mortality surveillance, second piece is guidelines for COVID related deaths and third piece is a technical note on all sort of aspects related to COVID mortality)
5. Launching an online portal for our member states to submit data on a weekly basis on certified deaths, So we can see deaths which are not just happening in facilities, but that are happening outside, because, as all of you know, there's been big concern about excess mortality and what is driving this excess mortality

We will keep the HDC abreast of all these developments as well as the modelling work as we advance through this, we can host a webinar to provide everybody with an update of that.

Introduction of Mwenya: Mwenya joined HDC secretariat 2 weeks ago and will be focusing on HDC secretariat function, supporting HDC country work and roll out, RHIS ToRs and private sector constituency.

3. RHIS ToR feedback (Mwenya / HDC secretariat)

- March 19-20 HDC meeting agreed to reactivate this technical working group, tailored to current times. Based on original ToRs from 2017, some overlap with previous other working groups and focus is to take draft tools and ensure they are contextualized in countries;
- Thanks to initial drafting group, Debra and Tyler from UNICEF, Maria from the Global Fund and Johan from University of Oslo and WHO team
- Further opportunity for the feedback hoping to have a second draft created by Thursday 28th
- Aiming to have final document by first week of June.

Data quality: PHCPI – Jeff Markuns mentioned lack of attention to quality in current version UNICEF (Debra) responded that quality is mentioned several times and it will be included in global goods and for health facilities). Other modules could be added and once we start the group we can review.

Terminology of RHIS: (WHO-Garrett) Routine Health Information Systems RHIS is the term that's actually not a term that comes up in the standards at all; it's an amalgamation of terms. Would be helpful to give an overview of how this is different to CHIS, facility or

hospital information systems. Unclear why there may be a need for overlap and we need to use digital health and interoperability as well.

- **UNICEF (Debra) in response:** We are putting an annex at the bottom, so used the condition of RHIS and then the health management information systems (HMIS) also from Measure Evaluation and health facility surveys (HFS) from DHS and World Bank, which put out 2 of the larger health facility surveys
- RHIS had two sub groups: Health facility and Community. The community is still very active and almost complete their work, but the health facility WG seemed to drop off
- We can discuss health facility management information systems and health surveys in one group and possibly drop the term RHIS, or could define RHIS as we're talking about facility health management information, health facility surveys. There needs to be overlap in several places We can decide on whether we stick to RHIS or facility HIS

Global Goods (Data4SDGs-Karen Bett): Global partnership for sustainable development data looks at data beyond the health sector but there's something around sharing knowledge on data or health as a global good. So, even beyond the systems and the information systems, there's a bigger picture on what does strengthening health data mean? What's the knowledge? How to put that out there?

WHO-Craig and Mwenya

Aim to have this document finalized in the 1st week of June

Technical discussion separate calls – two are planned

4. Events and webinars (Mwenya / HDC secretariat)

Three webinars planned:

1. HEAT; Health Equity Assessments Toolkit (Equity Monitoring in DDI – 3rd June)
2. SRMNACH COVID 19 effects: end June (TBC)
3. Modelling on broader impact of COVID-19 on health systems strengthening (dates tbc in June)

Ongoing weekly series by Bloomberg Philanthropies, every Wednesday.

5. Governance update and country approaches (Craig/ HDC secretariat):

- **Regional and country coordination:** WHO, UNAIDS and UNICEF have completed a list data focal points in the regions to strengthen coordination, which overlaps with the SDG GAP processes, Hope to hear back from UNFPA.
- **8 country focal points:** both in Govt and in multi-lateral agency offices - Letters all sent to our WRs in each of the 8 countries and following up for first calls.
- Over next 2 months map out planning and budget cycles, two or three main issues are that the HDC could support and, and what we want to do that very much in collaboration with the HDC partners but focusing initially with UNICEF, UNAIDS and UNFPA to start with. Each country could then convene HDC coordination meetings.
- **Constituency representation:** we've been in discussion with a few of you and out of the seven constituencies:
 - a) Civil society constituency: Acon (Justin)and GNPLH (Javier)
 - b) Research, academia and technical networks Asia Health Info (Alvin), CDC (Carrie and Chris),
 - c) Global Health Initiatives (possibly PHCPI/Jeff and Gavi / Heidi)
 - d) Bilateral donors and foundations (DFID/ Nicola and awaiting another nominee)
 - e) Multi laterals (UNAIDS / Peter an UNICEF / Jennifer)
 - f) Countries (following up from letters sent but Kenya may be willing to represent, tbc and following up to get total of 3 country reps)

6. Work Plan (Craig / HDC secretariat):

In the 19-20 March meeting, an initial work plan was drafted but has changed considerably due to COVID-19. We are looking at this, revising it and will circulate another version next week for your comments. It aims to get partners together around the objectives that we've identified for the HDC and being country focused.

7. HDC communications (Alyssa / HDC secretariat):

- Thanks to those who completed the communications survey
- We are taking this feedback into consideration and heard the request for a members' only section of the website, and are exploring different options
- The HDC website is being updated – please take a look – updated mission, objectives and principles, HDC one pager we're working on updates to the working group section of the site as well as the knowledge hub
- The knowledge hub will be where all documents, tools and resources are uploaded
- Continue to send across any additional resources that you would like to be uploaded
- Slido could be used for future meetings to facilitate ongoing feedback and we are exploring a LinkedIn profile for HDC
- Further comments or questions you have, don't hesitate to send an email to Craig, Alyssa or Mwenya
- RHIS ToRs are being uploaded

Closing remarks (HDC secretariat/ Craig)

Closing remarks – taking note of the links and info in the chat, which will be made available.

- Thanks everyone for contributing. It's a collaborative, so thanks for all your collaboration please feel free to send links, issues, tools, keep it active. We hope the website will be starting to be more proactive.
- Minutes out within a couple of days so that you have access to what's being discussed and where our kind of the work plan next week.
- Feedback processes for work plan and RHIS ToRs.

Additional Contributions by Chat

WHO-Teresa Diaz

- Modelling is also coordinated by two UN agency consortiums and partners: one consortium on COVID specific model and second consortium on COVID impact and non COVID essential services. This is linked to the modelling group joint with UNICEF, GFF, UNFPA and other partners specific to SRMNCAH and Nutrition.
- Guidance on indicators and analysis being done with Debra et al is being coordinated with WHO and will not be one module as part of larger module that will provide guidance related on all essential services and is under development - Kathy O'Neil in WHO coordinating this
- I think it is okay to combine the RHIS with health facility surveys, but the objectives need to be clear on what the activities/tasks will be for the two data collection mechanisms.

UNAIDS-Peter Ghys

- Re RHIS, I would suggest (related to the Figure on p3), that including estimates for different diseases, at the sub-national level, will be useful (it is triangulation and data analysis) and allows to see gaps in programming

UniOslo - Jorn Braa

- The terms HMIS, RHIS, Facility data have been debated for decades – because none of them are good enough to capture ‘data needed for running and managing the health services at various levels’, which they are all trying to capture. So we can do as the Webster dictionary – spell it out!

Resources Shared:

WHO-Garrett Mehl

- <https://wiki.ohie.org/display/SUB/COVID-19+Task+Force>
- page 5: <https://apps.who.int/iris/bitstream/handle/10665/260480/WHO-RHR-18.06-eng.pdf?sequence=1>

WHO-Alyssa Palmquist

- <https://www.healthdatacollaborative.org/knowledge-hub/>
- <https://app.sli.do/event/it5k3z9w/live/polls>