

Note for the Record – Health Data Collaborative Partners Meeting

Location: Virtual meeting by WebEx

Date: 16 July 2020 16:00 – 17.00 CET

Participants:

HDC Co-Chairs:

Somnath Chatterjee (WHO)

Jenifer Requejo (UNICEF)

Ben Dahl (CDC) (outgoing)

Helen Kiarie (Kenya MoH) (incoming)

Countries:

Kenya (Helen Kiarie MoH)

Botswana (Tebogo Madidimalo, WHO)

Multilateral and Inter Governmental Institutions:

UNAIDS (Peter Ghys)

UNICEF (Jennifer Requejo)

Bilateral donors, philanthropic institutions, regional funding entities:

DFID (Nicola Wardrop)

GIZ (Tessa Lennemann)

Global Health Initiatives:

PHCPI (Jeff Markuns)

GAVI (Heidi Reynolds)

Research, Academia and Technical networks:

CDC (Chris Murrill, Carrie Eggars)

AeHIN (Alvin Marcelo)

Civil Society:

AIDS Council of New South Wales (Justin Koonin)

Global Network of People living with HIV (Javier Bellocq)

Path (Haillie Goertz), Global Network of People living with HIV (Javier Bellocq)

Private Sector: n/a

Working Groups:

| | | | |
|----------|----------|------------|-----------------------------------------|
| Sam | Mills | World Bank | CIVIL REGISTRATION AND VITAL STATISTICS |
| Stephane | Hugonnet | WHO | EPIDEMIC INTELLIGENCE |
| Oliver | Morgan | WHO | |
| Garrett | Mehl | WHO | DIGITAL HEALTH AND INTEROPERABILITY |
| Adele | Waugaman | USAID | |

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|-----------|----------|------------------|-----------------------------------------------------|
| Paul | Biondich | Open Communities | LOGISTICS MANAGEMENT AND INFORMATION SYSTEMS |
| Lisa | Hedman | WHO | |
| Lindabeth | Doby | USAID | COMMUNITY DATA |
| Remy | Mwamba | UNICEF | |
| Ana | Scholl | USAID | |

Agenda:

Meeting Chair: Benjamin Dahl (CDC)-Outgoing HDC Co-Chair

1. Welcome and introduction: 5 mins

- New HDC co-chairs: Kenya (Helen), UNICEF (Jennifer), WHO (Somnath)
- New Stakeholders Representative Group (leads of each constituency – with exception of private sector - and secretariat)

2. Country updates: 10 mins

- **Botswana HDC Introduction**
- Progress update on countries contacts and next steps in 8 countries (Secretariat)

3. Governance and admin: 20 mins

- **HDC work plan 2020 – 2023 progress and update (secretariat)**
- New Stakeholders Representative Group mechanism update and need for constituency support (eg. Countries and CSOs) (Secretariat)
- Update on RHIS ToRs (WG Co-chairs and secretariat)
- Private sector engagement progress (secretariat)

4. Update from working groups: 10 mins

- **Update on CHW indicator validation (UNICEF)**
- Co-chairs from five Working Groups
- Proposal for new working group on data governance

5. Communication, events and advocacy: 10 mins

- **Planning for September 23rd / 24th call and November advocacy event**
- Update on website progress, working spaces and calendar

6. AoB and action items identified: 5 mins

Summary of Discussion

- **Welcome and Introduction : CDC- Benjamin Dahl (Co-Chair)**

- This will be the last call as co chair but hopes to remain part of HDC
- Welcome to new co-chairs: Helen, Jennifer, Somnath

Helen

- Head of M&E Division at MOH Kenya
- Nominated as new co-chair for HDC recently
- Expressed gratitude for this opportunity and looking forward to working the team in aligning and supporting investments to come up with the best way of achieving global SDGs and UHC for all

Jennifer

- Lead Health and HIV on Data side for UNICEF
- Thanks Ben for service to HDC and hopes he stays involved

Somnath

- Director Data and Analytics, DDI, WHO
- Important piece of work in terms of coordinating data activities, data governance and aligning investments for countries
- Thanked to all for time and support to HDC
- Thanks to Ben for support

- **Country Updates (HDC Secretariat)**

New Stakeholders Representatives Group

Secretariat- Craig

- SRG is leadership of HDC
- HDC is based on 7 constituencies; countries (3 reps tbc), Multilaterals (WHO and UNAIDS, Jennifer alternate), Bilateral Donors and Foundations (Nicola and Tessa), Global Health Initiatives (Jeff Markuns and Heidi Reynolds), Research, Academia, Technical Networks (Alvin Marcelo), Private sector, working with UHC2030 to see how to best get representation
- Each monthly SRG calls also include reps for each of the 5 WG reps to strengthen link between technical WGs and overall governance

Country Updates

Secretariat-Mwenya

- Excited to have strengthened country engagement at HDC
- Positive response from countries
- Noted launch of Botswana HDC, led by Ministry of Health and Wellness with no input from HDC secretariat

Botswana HDC Introduction

WHO Country Office - Dr. Tebogo Madidimalo

- Joined by Deputy Permanent Secretary from MOHW who gave the brief

Botswana HDC

- MOHW was undergoing a restructuring exercise. From this it was evident that there was a need to form new M&E department to consolidate efforts including Quality Assurance programs.
- Assessment was undertaken with help of WHO to look at HIS and M&E. Another assessment was done to look at quality improvement and assurance.

- Identified key progress as well as some challenges.
- MOHW took a decision to come up with mitigating interventions to address this.
- Most MOH data was coming from programs or public health. Private sector data was missing. There was a need to have an approach that would bring everybody together so that data generated across the country in the health sector is brought together to one room, where it can be looked at , analyzed and utilized for decision making and for improvement.
- Looking at data from many levels, from the central point up to the periphery and the lowest facilities.
- HDC was identified as a good approach for the country to adopt.
- Number of national reforms are being undertaken but there was poor alignment from key indicators. For example, integrated health service package document aims to implement national health policy. That document had about 60 indicators and M&E plan at MOHW has about 30 indicators. MOH strategy itself has 46 indicators. You can see the misalignment.
- Multiple data collection tools that was used within government and also within the private sector.
- In terms of reporting, a maximum of 30-40 reports come in from facilities a month. This was seen as overburden. Parallel reporting also present from different programs with overlaps and little interaction.
- Multiple electronic systems in use, was about 35 systems, now 9. These systems collect data at different points but are not being put together for use.
- Inadequate health data governance within health sector and for M&E.
- Inadequate sharing of information, especially from research being undertaken.
- M&E was not seen as core pilot in planning process of health systems.
- HDC was a strategic initiative to address all of these issues and align all M&E strategies currently being utilised.
- Plans were shared with WHO and the initiative was launched with the support of WHO
- Private sector was also involved through a number of consultative meetings.
- Data protection act was enacted by government in 2018 and MOHW was part of the implementers of this.
- Management, handling and stewardship of health data was strengthened to achieve MOH goals. Data needed to be better protected under the stewardship of MOH to maintain data confidentiality, security and governance.
- Through HDC, data is protected, and made available to all needed at all levels of the country.
- Launched by Minister, PS and National Strategy Office house under the Office of the President also participated as well as other relevant Ministries.

- **Governance and Admin (Craig / HDC secretariat)**

Workplan

Secretariat-Craig

- Thank you for feedback received so far
- Workplan highlights Mission, Objectives of HDC and Theory of Change
- 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

- Metrics and indicators have been suggested, feedback is welcome on these.
- Proposed overall HDC call on 23rd and 24th September will enable us to approve and operationalize it.

Comments:

GIZ-Tessa

- Catalytic funding for key activities has been mentioned in the appendix. Is there catalytic funding available?

In response:

Secretariat -Craig

- In previous times there has been catalytic funding available. There is currently a small budget for our 8 countries for a mapping exercise for example.
- We do not want to overburden or focus on funding.
- We want to incorporate as much as planning into our work plan and focus on the long term.
- There is small amounts of finding available to facilitate travel or meetings for example.
- It is not a large amount and we would much rather promote broader activities and issues that need to be addressed

ACON-Justin

- From CSO perspective, it is great to see the CSO inclusion
- At country level; there is language around civil society participating in country reviews. There could be tightening of the language to define what effective inclusion means. This may be a binary outcome. Similar with objective 2, what is HDC going to do to provide a platform for CSO and Private sector engagement?
- At global level; we have mentioned in objective 4, the connection between the HDC and other initiatives such as UHC2030. Perhaps we could include CSO partnership within UHC2030 as well.

RHIS TORs

Secretariat-Mwenya

- Thank you for your input
- Many stakeholders including WHO have made valuable input
- Still some questions around exclusion of health facility assessments

WHO-Somnath

- With regards to HFA. Harmonized HFA modules are now final with input from all partners. We expect to release these by the end of the year and supporting materials in Q1 of next year.

Secretariat-Mwenya

- Conscious of overlap but we try to stay as focused as possible

GIZ-Tessa

- What is rationale to restrict to facility data and not include outreach and community data?

In response:

Secretariat-Craig

- There is a specific WG to focus on community level data while this focuses more on facility level data
- Need for stronger collaboration and information exchange between two groups

GIZ-Tessa

- Is there a need to include interoperability into this TOR?

Secretariat-Craig

- Feedback welcome and noted

UNICEF-Jennifer

- End of the TOR has a section on coordination. It looks like the intent is coordination and the concept of interoperability has already been addressed but maybe it needs to be strengthened

USAID-Adele

- If there is an interest in working together to define interoperability we can bring this to the DH&I WG also. We recently came up with a consensus definition of DH as there were many good definitions but they were not all aligned. We can take that forward in the case of interoperability.
- Update on 2 components of the work where there is active collaboration with other WGs and also opportunities for deeper engagement with the HDC;
 1. A number of small WGs. Plenary meetings take place every other month and 2 small WGs meet as they see fit. Governance small WG is to include both digital health and data, happy to hear from others who may be interested in engaging.
 2. Maturity models. There is now a full suite which can be used. The current effort is to try and harmonize the maturity models so that they are easy for MOHs to use. We are collaborating with the Community Health WG to ensure that set of users is front and center as we think through user personas for the harmonized maturity model tool.

Private sector engagement progress

Secretariat-Mwenya

- Working with UHC2030 in the HDC. The reasons are 1, this is a UHC2030 initiative so we continue to work in alignment. They also have a strong private sector constituency and we do not want to duplicate efforts. Particular interest in country private sector entities. Hoping to finalize in next few weeks.

Updates from Working Groups (Secretariat)

UNICEF-Remy

- Talking on behalf of community WG. We have been working in past 18 months on developing a standardized set of indicators for CHWs. That is a top priority of the group also to make sure it is aligned with the standards at facility level.
- Participative process, starting with in person WG meetings in Washington DC in December 2018. Background research to seek alignment with existing WHO guidelines.
- Initial product has been developed. Also conducted field visits in 3 countries to get some input and to learn from local experience on community level indicators.
- Several reviews with specific teams in different organizations also took place including WHO, UNAIDS, UNICEF etc. Now reaching the validation stage and we are doing that through virtual meetings to reach a consensus on the indicators and the selection process that countries could use according to their processes and their maturity.
- These meetings started on Monday, they will now go through to July 30th. The idea is to work with about 15 groups addressing issues relating to those indicators for different modules that are there. We have 16 modules, from maternal health through to NTDs and NCDs. There is a meeting now with the HIV team in WHO and other partners.
- Given the crosscutting nature of CHWs in countries, we highlighted the lack of harmonization across guidelines. As next steps, when we finalize the validation process by the end of July we are going to go through internal validation across organizations for them all to endorse the document. Then it will be released in English and French.
- We are also working with the University of Oslo to develop a configuration package.
- Then next year we will do some testing in a few countries, develop an implementation toolkit and Adele mentioned the work we are doing on harmonizing maturity models.

- We are getting help from DH&I also to move this forward. Then we are going to work on capacity building and the learning agenda. We might need to do additional research when we reach the implementation phase next year.

Proposal for new WG on data governance

Secretariat-Craig

- We welcome a TOR with deliverables.
- This can be put together to the SRG for additional discussion.
- If you look at governance document from March, there is a section there, if people want new WG to be created, feel free to put a TOR together, but it needs to be approved and discussed by the SRG to move forward.
- The opportunity in September to look at WGs to relook at ones that need to be expanded or created.

PATH-Hailie

- I support doing this with DH&I WG that already works on governance. How do we move forward?

Secretariat-Craig

- Will take this discussion offline look at a TOR and submit to SRG in August or September.

Communications (Secretariat)

Planning for September 23rd/24th

Secretariat-Craig

- Highlight to the SRG and the broader HDC that we are planning for 2 half day calls, similar to march for several reasons including approval of the workplan but also looking specifically at activities of the WGs.
- We will put together a draft agenda and will circulate it for approval
- We are also looking towards end of November, an event for advocacy and communication that is more strategic to raise the profile of the HDC
- Please let us know if u have suggestions for the agenda items for September

Website progress

UNICEF-Jennifer

- UHC2030 blog was developed in response to something put out by that group. HDC statement around COVID 19 with principles around importance of data and data governance

Secretariat-Craig

- Initial paper is available publicly from UHC2030 core team on underlying need for strong health systems, requested UHC2030 initiatives such as HDC to respond. A draft was drafted to reflect the main impetus. We hope to post it on behalf of HDC in coming week.

WHO-Garrett

- One request, if we can ensure that when different WGs are focused on global good data assets, we remember that they are software agnostic, that they work on different software systems. I implore the different groups as well as secretariat to think beyond just one software product like DHIS2 or HMIS but rather put out standards in a format that everyone can use. Lack of effort to ensure that we are having discussions that are inclusive to the broader set of vendors that are out there. We cant as WHO or HDC be exclusive to one software.

Additional Comments

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

- Two main priorities now HDC workplan and September event
- Thank you to Benjamin on behalf of secretariat for all your help and guidance over last few years.

Closing remarks

Chair-Ben

- Please give feedback on different documents and agenda for September
- Thank you all for your support

Action Points:

- Separate session on maturity models hosted by DH&I working group (USAID)
- Follow up on potential new WG on data governance (Secretariat)
- Ongoing consultation on CHW modules (UNICEF)