

## Note for the Record – Health Data Collaborative Partners Meeting

**Location:** Virtual meeting by WebEx

**Date:** 7 May 2020 at 16:00 CET

**Participants:** GIZ (Tessa Lennemann), PHCPI (Jeff Markuns), CDC (Benjamin Dahl), DFID (Nicola Wardrop), UniOslo (Kristin Braa, Jørn Braa), UNICEF (Jennifer Requejo, Chika Hayashi, Debra Jackson, Remy Mwamba), USAID (Ana Scholl, Jonathan Ross, William Weis), NORAD (Austen Davies).

Unidentified: lokoko, mahym, caller 2.

**WHO Participants:** Craig Burgess, Mwenya Kasonde, Elizabeth Katwan, Navneet Bahl, Paul Biondich

### **Objectives:**

To generate and gather HDC partner ideas on how practically the HDC platform can be used by countries to strengthen multi partner responses to collecting, storing, analyzing and using data for COVID-19.

## AGENDA:

- Overview of call and reasons
- Initial ideas:
- UNICEF on monitoring SRMNACH & COVID-19
- DFID on wider impact of COVID -19 Health Systems and current challenges
- UiO on DHIS2 and expansion for COVID-19
- GIZ AI and equity
- Others as part of brainstorming Consideration of possibly new WG or make use of existing WGs – getting practical!
- Summary of key ideas, ways of practically pulling these together and providing real time opportunities to exchange info HDC call at this time

Specifically for COVID-19 related activities in the last week, the HDC platform has:

- Facilitated 2 online dialogues on behalf of DHIS2 / UiO on COVID-19 apps - including 160 and 80 participants for the two meetings, many from countries in Asia and Africa wanting to know more about adapting the apps
- Shared multiple invites for COVID-19 related events
- Gathered names of experts from a variety of partners to strengthen data sharing policy work

## Summary of Discussion:

### Opening remarks – Ben Co chair

- Several different players are doing a lot with COVID 19.
- We are looking to explore how we can leverage this and make sure we are being coordinated in our efforts as well as look for some comparative advantage.
- Excited to have this conversation and look at how we can make a difference.

UNICEF-Debra. (Shared presentation)

- Multi partner working group on monitoring COVID 19 impact on routine SRMNACH services.
- Overall goal is to assist national health programs and inform pertinent stakeholders in decision making and action, with a focus on low- and middle-income countries. To monitor both the disruption of SRMNACH services and the results of mitigation approaches to address those disruptions.
- Objectives:
- 1. To provide a simple step by step guide and instructional webinar on how to conduct monitoring of the impact of COVID-19 on the delivery of SRMNCAH+N services based on a small set of tracer indicators for use by decision-makers in countries, districts and facilities.
- 2. To collate existing and/or help support the creation of dashboards for monitoring of the impact of COVID-19 at local and national level for review by decision makers to inform actions.
- 3. To encourage and facilitate academic partners and other organizations to develop models of potential COVID-19 disruption and impact of specific mitigation approaches, at global and national level to use for advocacy and planning.
- 4. To support local and national SRMNCAH+N programs to collect, analyze and visualize, evaluate and use data with a focus on supporting and strengthening routine health information systems potentially impacted by COVID-19:
  - A. From a subnational to national level
  - B. from national level to global level
  - C. to use/create dashboards
  - D. to inform models based actual data of disruption of services and/or impact of mitigation approaches.

- Principles:
- 1. Create one joint recommended monitoring process and avoid duplication of efforts.
- 2. Propose very few indicators aligns with existing indicators
- 3. Only collect data in areas not being already collected by other programs
- 4. Facilitate and advocate for the use of models
- 5. Provide technical assistance and support
- 6. Enhance or develop new/innovative low-cost sustainable ways to collect and/or visualize data
- 7. Existing procedures or processes to assess quality of data must be used
- 8. Usable now and for future Public Health or Humanitarian Emergencies
- Deliverables:
- 1. Simple how to guide for country and sub-national monitoring of the impact of COVID-19 on routine SRMNCAH+N services in multiple UN languages
- 2. Webinar(s) (live or recorded) to explain guide in multiple languages
- 3. One central location that provides links to available dashboards updated frequently with any new dashboards
- 4. Support for country specific dashboards and analysis, upon request
- 5. Set of models on impact of COVID-19 on routine SRMNCAH+N essential services given different scenarios and different impact strategies
- 6. Innovative data collection tools (primarily rapid SMS tools) and support for their use at national and subnational levels
- 7. Reports of results of analysis of national and global data on impact of COVID-19 on routine SRMNCAH+N services.
- Working Groups
- 1. Guide (including indicators)
- 2. Dashboards and data use
- 3. Data collation and/or collection (routine, rapid SMS assessments, data sharing, other)
- 4. Modelling
- Working draft end May
- Followed by a more formal documents for future guidance
- Collaborating Organizations; **UNICEF** (Health Section & DAPM), **WHO** (MCA & RHR Departments), UNFPA, BMGF, USAID/GH, World Bank/Global Financing PATH. In affiliation with Health Data Collaborative.

WHO-Craig

- Thank you, Debra.
- I understand there may also be a webinar soon.
- What do you need from the HDC?

UNICEF-Debra

- Many partners are already part of the HDC.
- WHO and UNICEF are strong supporters of the HDC
- We would like all collaborating partners to use this for dissemination.
- If we are missing agencies that would like to contribute, we can bring them in.
- Dissemination particularly as it relates to monitoring guides. Egg Immunization, nutrition, malaria, SRMNCAH, birth registration. This kind of guides that can be used now and in future humanitarian crises to know what services are running.
- Countries can have a guide in place when they need it or in preparation for future efforts.

Questions for Debra.

CDC-Benjamin Dhal:

- This is great work

- Where do people go for resources? We don't always have a go to place for resources.

UNICEF-Debra:

- We always want to see HDC as a 'go to' when people are looking for data.
- We love the guidance documents put out and encourage their use all the time.
- These indicators are going to be a subset of indicators that are already in those guidelines as well as some techniques for rapid data collection, if you need it more often than once a month.
- Certain things in health facilities survey you only get once a year, so also developing some rapid techniques.

We will circulate background documents and put on HDC website

WHO- Navneet Bahl (DDI)

- WHO update
- Internal working stream just started at WHO around COVID 19
- The bulk of the COVID 19 work in WHO is being done by the Division of Emergencies
- Lately there have been a lot of calls for data to understand the impact on essential health services and so there has also been a monitoring and evaluation group set up to collect the indicators
- Objective of this workstream is to coordinate work on COVID 19 outside division of emergencies
- We will be creating a data catalogue to provide visibility internally on what COVID 19 data is being collated, related directly to the response of the emergency or its impact on essential health services. We should have a one stop shop for COVID related data.
- Any work on modelling M&E and impact on essential services should have a central repository on what work is done by who.
- Call for more visibility on what is going on within WHO and ways to reduce burden of data collection on countries
- Many solutions require technology support. WHO has offers from technology companies to provide pro bono services. The idea to connect these offers of help from technology companies with the needs from the groups doing this work.
- Publish a catalogue of data in 2-3 months on what is being done and to share more on what we are doing on monitoring and evaluation on COVID.

WHO-Craig

- Thank you Navneet
- How can partners in HDC support your work?

WHO-Navneet

- So far this workstream has been internal within WHO
- I see the value in going into the wider HDC community
- We could agree on bigger a bigger workstream under HDC to also understand the work of other partners that would be useful for everybody
- Happy to bring together something HDC-wide

Questions:

DFID-Nicola

- Thanks, this sounds very interesting and almost answers that question I was going to raise during this meeting which is; What are others doing around monitoring secondary impacts of COVID?
- One of the issues within DFID is duplication of effort and parallel challenge that most of the data we rely on at global level is severely lagged and so there is not much available to use. Happy to hear more.

#### DFID-Nicola

- Debra's presentation had some overlap.
- We all have a need to understand the secondary impact of COVID on broader health systems.
- Problem of lag data and disruption to data collection effort.
- How do we get as real time as possible understanding of secondary impacts across various countries?
- There is a need at the country level but also at the global level to help us direct our efforts
- Interested to see what others are doing about this. What other data sources you are using or intelligence sources that are useful.
- Mainly we are trolling through reporting, a lot of anecdotal reporting taking info from network of country offices, which is not the most efficient way to gather information and also results in a lot of duplication of efforts.
- I was thinking about whether we can we develop a shared resource to share ideas but it sounds like the work that Navneet has outlined would mean that it wouldn't be necessarily worth us doing.
- Worth thinking about how we can work together and monitor this overall.

#### WHO-Craig

- Thanks Nicola
- 3 points that you have made
- 1. Being aware of the COVID 19 impact on the broader health systems
- 2. The issue of data and intelligence sources being used
- 3. The link to the work that Navneet is doing and the HDC amalgamating this into a work stream that Navneet is coordinating.

#### Questions for Nicola:

##### UNICEF-Debra:

- Globally WHO looks beyond and across the life course.
- Different programs would want country based or district-based monitoring
- Thinking about the data pyramid is important
- UNICEF is getting qualitative information from our country offices, just like DFID is
- Other partners have also made enquiries in their country offices
- Our hope is that if countries collect data more quantitatively themselves it would improve what comes into the WHO or any of the partners

##### UNICEF-Chika

- I can speak to the questionnaire
- We started around 6 weeks ago to have weekly questionnaires
- After 2 rounds we ended up thinking it was too much
- Now turned into monthly questionnaire, and the first went out last Monday
- Country offices were given one week to respond
- So far, we have 80 responses, missing 50 countries
- The questionnaire focuses on trying to capture disruption of services, not just for health it includes nutrition, child protection, education and social protection services
- Focus on quick information on disruption of services across difference sectors and also has questions around responses
- Eg if nutrition services are disrupted are countries doing anything to mitigate that disruption?
- We will be doing one round of review of responses and probably update monthly questionnaire once more.

#### WHO-Craig

- Navneet, what Chika and Debra have just presented, would it be useful to help the work that you are doing in COVID 19 within WHO?

#### WHO-Navneet:

- The idea behind putting together a catalogue is to understand what others are doing
- The fear is that there are too many questionnaires going out in an uncoordinated way
- Many of these questions may already have been answered by somebody else.
- Even if not, is there value in combining these calls for fresh data to the countries and health facilities.
- I see the value of going beyond WHO boundaries and see what colleagues in other organizations are asking
- We need to see how we can join forces to not send too many calls for new data.

#### UNICEF-Jennifer

- To add to Chika's summary. I have a PowerPoint that we are using for different regional webinars on the COVID 19 crisis
- I would be happy to share that so you can see UNICEF's overall framework for the response and how the questionnaire fits into it and other kinds of data collection measures in addition to what Debra described.

#### WHO-Craig

- Thank you, Jennifer
- The main thing we have discussed is how can we better coordinate data collection and make sure we are not over burdening countries as Navneet is saying.
- We need to look at the mechanisms of how we do that whether its through the catalogue or whether we have 1:1 call and see how we can shape up data collection in a more streamlined way

#### UNIVERSITY OF OSLO-Jørn

- Here to give updates on what we are doing currently
- We have had successful webinars, which is one way of using the HDC as a dissemination platform
- These are about implementation of COVID 19 response
- 50 countries in process of installing COVID 19 modules in DHIS2 include contact tracing
- Developing digital health packages and program specific standard and using this as a dissemination channel. It was easy then to develop and disseminate this COVID 19 modules relatively early on in the pandemic
- On how can HDC be useful. We need to find out what are the experiences from these 1<sup>st</sup> users and implementers and what are the problems in implementing all this.
- For example in Africa we are preoccupied with landlocked countries, how to track truck drivers, one of the things we are interested in.
- As well as in areas with poor access to laboratories how can they do self-reporting. Many additional needs are coming up, many specific for African countries.
- In Africa 40 countries are using DHIS so it's very important for us to follow up and see how the use of the COVID 19 module in DHIS can be improved.
- HDC is focusing on donor and agency coordination in country but HDC is not well established in all countries. Need to encourage this from the top level, perhaps through meetings like this.
- Next thing should be to summaries experiences and the needs in country. We are concerned about how to lift the use of these packages in these countries.

#### WHO-Craig

- Thanks, Jørn
- If there were two things you would need from the HDC platform, what would they be and how can it support your efforts?
- Also, there are many data packages and software available. How do we respond to use of software? Perhaps the HDC should help adapt current software and not bring in new software in countries

#### UNIVERSITY OF OSLO-Jørn

- Two things; one is to follow up this work and discuss what is the learning. That would be for DHIS2 and generally for all packages and software. For example, Go Data is one package where we are working on integration. There are many other sources of data to be integrated in DHIS.
- Acknowledge 40 countries in Africa are using DHIS. Important to support them and that particular software
- We are open to integrate and work together with all different packages out there
- Second is to use this dissemination channel at the global level of HDC and move forward on working with individual countries. That is where implementation problems and practices need to be strengthened.

#### UNIVERSITY OF OSLO-Kristin

- Like the emphasis on general national HMIS that might suffer
- The focus on looking at the totality and the overall health systems strengthening is an important point that we need to emphasize
- We are only coming up with packages that already have a national system. It was Sri Lanka that did the first immigration of COVID 19 in January. They have opened an immigration package to follow the tourists
- Innovation is going on based on the capacity people have and the systems that are already in place
- Focusing on country level collaboration would be good and sharing information is the first step

#### Questions:

##### WHO-Navneet:

- I understand there is a COVID 19 module on DHIS2. Is there a mobile app focused at individuals in those countries that can pull data out or push data into DHIS2?

#### UNIVERSITY OF OSLO-Kristin

- There are 4 packages in DHIS2 and everything is available on Android for health workers
- It is not available for self-registration but we are discussing solutions for this as well
- It is also up to the national policy whether they have public dashboards and public access. Some countries have that, Tanzania for example has it.
- It is supported in DHIS2 but implementation is a governmental policy
- Norway are using DHIS2 now for the 1<sup>st</sup> time ever and it will now be available for all the municipalities in Norway.
- The demand comes from the countries that already have the new system in place realizing how adding a new package is easy to do, we did it with malaria, TB etc....
- It was done with our global collaborators

#### WHO Digital Health and Interoperability WG- Paul Biondich

- Less sharing ideas and more sharing experiences on what is going on in the Digital Health and Interoperability working group

- Countries are approaching this outbreak and they tend to work with what they have. This makes sense as during an emergency response you are not worrying about new technology
- For example, I spoke with the MOH in Malawi this morning on a separate topic and I learned a lot about their COVID outbreak and the way in which they are using a digital health infrastructure to support that. They are using different applications more like an information exchange model. They are using DHIS2 to receive aggregate data but they are interacting with medical records at the point of care and mobile applications which they had historically
- Standards are important when bring data nationally and internationally
- The WG has held one conference call for countries to share their experiences and also in cases where there are obvious connection points between different types of applications to make sure that from a terminology perspective the systems are built in a way that is standards based and allows for more liquid sharing of information not only within a particular country but even across countries.
- This is in collaboration with innovations group at WHO

#### WHO-Craig

- Thanks Paul
- One question coming up is around AI, specifically in your group, is there any ongoing work on AI on COVID 19 to your knowledge?

#### WHO-Paul

- Candidly most people are just hanging on for dear life and thinking about how to care for people in the midst of a crisis. It's much more reactionary. There are those that are a step removed from that pandemic related response and thinking about ways in which this data can be reused to perhaps make inferences.
- There is a time and place for that and that might not be now.

#### UNIVERSITY OF OSLO-Jørn

- I agree fully
- There is a lot of data out there and the important thing is to find ways to integrate and make it available in an aggregate format
- Yesterday we had a call with a US company Zenysis from California who wanted to help with integration of different patient records including Excel sheets

#### GIZ -Tessa

- Interested in AI. Agree this is not central concern of countries currently.
- Wanted to explore the role of models to predict different scenarios of the epidemic, as are being used in Germany, are already available for developing countries and how far can these models be transferred or do we have to help countries develop their own so they can better organize their response.
- The uncertainty currently in countries results in harsh lockdowns and restrictions with no idea of when or how to lift.
- Every health system has a functionality.
- You want to have an individual record system, patient registry, something to follow up your epidemic, something like DHIS2 which aggregates the data.
- I wonder which would be the best software to use to complement my package in the health system.
- Which is the best for interoperability, can we produce a map on what is already in use and maybe look at other gaps. For example DHIS2 COVID tracker is very disease specific and I still can't track a measles outbreak.
- Is it possible to produce a map of software being already deployed on a national level to see what is needed?



- Can we look at interoperability with data that is not yet integrated eg traffic data, climate data, animal health data

#### DFID-Nicola

- Not specific on AI but DFID is supporting epidemiological modelling of COVID in LMICs
- Three projects currently running
- One at the London School of Tropical Hygiene
- One at Imperial College
- One at Warwick University
- Looking at various different things including economic impact, potential number of beds needed, intervention scenarios
- Interest from country offices to support epidemiological modelling specific for their country
- Bespoke modelling specific for country context. It's difficult to know currently how transferable modeling is to LMICs and how reliable it's going to be

#### Closing Remarks – Craig Burgess

- Thank you to all. We will collate key ideas and share resources
- Note opportunities for webinars, information sharing, connection with Navneet's group
- Main thing we wanted from this call was to hear whether there is a need for a separate COVID 19 working group within HDC over next 6-12 months

#### USAID-Ana

- Are there themes that members of different WG should consider. One thing that has not been mentioned is HRH. Where a lot of tasks are shifted from facility to community, we are in the dark about what is happening with the health workforce and how they are affected by COVID
- Are there areas essential for collaboration and topics that we need to address directly?

#### UNICEF-Debra

- Serves are asking about diversion of HRH or other resources. That is important data
- For HDC we see ourselves fitting in the group that does RHIS and DHIS2 work. There is a lot of overlap
- Calls once a month to see what people are doing are useful
- Big value of HDC is in sharing of information to reduce duplication and increase collaboration
- Anyone is welcome to participate in our group, please contact myself or Teresa Diaz at WHO.

#### WHO-Craig

- Overall sense that at this moment there is no need for formalize working group  
Keep it informal, perhaps with a monthly call.  
Follow up: share information, Navneet, Chika and others  
Website is a good portal to share information.  
Mwenya will be supporting us in secretariat.

Additional contributions by email:

NORAD-Austen

It seems every country different in terms of cases and how much testing – deaths – registered or not and diagnosed well or not.

UK mentioned support to modelling

But is there more basic work on

- 1) What info available
- 2) What info easy to collect (grave counts etc.)
- 3) How to use info to come to inferences

My second point was I do not think a single working group makes sense – the variety of interests is too broad – you could have special work on

- digital solutions – interoperability etc.
- health system impacts including supplies, HR4H access
- epidemiology and inference
- response strategy

DFIF-Nicola

DFID is supporting some other work relating to the underlying data, but I don't have such a good handle on what/where. I've heard mention of sentinel surveillance, grave counts and also work using remote sensing to look at grave sites. I shall try and find out what I can! But I agree, it would also be good to get a handle on who is collecting evidence on this and what (if anything) is already available.

The other bit I forgot to mention on the call was keeping track of who is doing modelling of secondary impacts and what is already available.

WHO-Craig

Great points and in quick response:

1. **Groups:** indeed, every country is different and one thing that did not come out today was issue of fragile / humanitarian environments. Basic work is being undertaken but getting a handle on different settings is currently very fragmented, I know the WHE team in WHO is helping lead much of this and Navneet is our link to that group
2. **Emerging themes and WG:** glad you agree no need for WG as that is what the group on the call also thought. Debra suggested of trying to have emerging themes dealt with by existing groups and your suggestions on themes seems to make sense to me

Modelling – I am hoping that internally in WHO under Navneet's stream of work the catalogue he mentioned will include details of ongoing modelers and initiatives – I will ask that the work considers this.

I would also like to ask USAID and the Digital and IO group on modelling as I think they have extensive networks and contacts that could be shared with the HDC.

## **Action steps**

- **Secretariat to share resources**

## Resources Shared:

### WHO

We would like to share with you new versions of the **Health Equity Assessment Toolkit**. Both HEAT and HEAT Plus have been entirely redesigned for improved performance and functionality. Moreover, HEAT Plus is now also available as an online version, allowing you to safely login and upload and manage your datasets on the web.

The new beta versions can be accessed at:

- **HEAT** (built-in database edition): <https://portal.who.int/heat/>
- **HEAT Plus** (upload database edition): <https://portal.who.int/heatplus/>

HEAT and HEAT plus were developed to facilitate the assessment of inequalities in countries. Through innovative and interactive data visualizations, the tools makes it easy to analyze and communicate data about health inequalities and inform evidence-based decision making. While HEAT comes built-in with the WHO Health Equity Monitor database, HEAT Plus is designed to be fully flexible: users can upload their data and undertake equity assessments for any indicator and inequality dimension, in any setting of interest (at global, national and subnational levels). Together, HEAT and HEAT Plus are useful tools for monitoring inequalities in health and beyond, including the GPW 13, the SDGs and the ongoing COVID-19 pandemic.

Attached to this email you will find several sample datasets for testing HEAT Plus. Additionally, you can use the new HEAT Plus Template and Validation Tool to prepare and check your own data before upload to HEAT Plus.

We welcome any comments you may have in order to further improve and finalize the software. Please also feel free to share these resources with your colleagues and network. We'd appreciate to have your feedback by Friday 29 May 2020.

Kind regards,  
The Health Equity Monitoring team

### USAID

- COVID modelling group, looking at COVID epi models and surge capacity and also modelling opening up strategies. This being coordinated by Raymond Hutbessy (immunization) and Oliver Morgan (WHE)
- COVID impact on essential health services, including not only modelling disruption to essential health services but also modelling service delivery strategies to keep those essential services open, Theresa Diaz is one of the persons coordinating this group for WHO along with Melanie Beltram from health finance and Katelijn Vandemaele from WHE. This will include many of the modelling groups we will be working with
- <https://app.smartsheet.com/b/publish?EQBCT=1a3bc6acad99475f99acfd55a04a1564>
- <https://midasnetwork.us/COVID-19/>

### DFID

- Epidemiological modelling to support the global COVID-19 response: how to mitigate impact in low-income and crisis-affected settings <https://wellcome.ac.uk/grant-funding/people-and-projects/grants-awarded/epidemiological-modelling-support-global-COVID-19>

- Managing COVID-19 epidemics in low- to middle-income and crisis-affected settings: epidemiological and economic evaluation <https://wellcome.ac.uk/grant-funding/people-and-projects/grants-awarded/managing-COVID-19-epidemics-low-middle-income-and>
- COVID-19 Intervention Modelling for East Africa (CIMEA) <https://wellcome.ac.uk/grant-funding/people-and-projects/grants-awarded/COVID-19-intervention-modelling-east-africa-cimea>

Some relevant outputs from the groups we are funding (note they are not all peer reviewed):

- [Report 19 - The Potential Impact of the COVID-19 Epidemic on HIV, TB and Malaria in Low- and Middle-Income Countries](#)
- [Report 18 - The potential public health impact of COVID-19 on malaria in Africa](#)
- [Response strategies for COVID-19 epidemics in African settings: a mathematical modelling study](#)
- [Projections of COVID-19 epidemics in LMIC countries](#)

## CDC

- Webinar on models (attached)