Health Data Collaborative Partners Meeting 19-20 March Note for Record_DRAFT 24 March

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Location: Virtual meeting by WebEx

Date: 13.00 – 18.00 CET, 19th and 20th March, 2020

Meeting objectives:

1. To revitalize political and technical commitment for HDC Global Partners Group to decrease fragmentation, increase focus on strengthening country health information systems and align support for monitoring Health Related SDGs;
2. To identify nominations for each of the 7 constituencies (for the Stakeholder Representative Group (SRG)), agree on co-chairs and secretariat functions;
3. To identify existing and potential HDC partner support for countries and working groups aligning with country plans (including plans to contextualize tools);
4. To identify ongoing gaps in global and regional support for HIS using HDC partnership mechanisms;
5. To review working group mechanisms and potential responsiveness to country needs;
6. To identify communication gaps and needs for HDC partners;
7. To consider 10-14 priority countries aligning with HDC, SDG GAP, UHC2030, donor, Global Health Initiative and other constituency priorities that could be focus of HDC efforts 2020-2023

Participants (not for all sessions, but noted attendance):

HDC Countries:	Kenya MoH (Isabella Maina)
Multilateral and intergovernmental institutions:	OECD (David Morgan), UNICEF (Jennifer Requejo, Chika Hayashi, Debra Jackson), UNAIDS (Peter Ghys)
Bilateral donors, Foundations and Regional Funding entities:	GIZ (Tessa Lennemann), DFID (Nicola Wardrop), USAID (William Weiss, Ana Scholl, Jonathan Ross)
Global Health Initiatives:	PEPFAR (Mark DeZalia), PHCPI (Jeff Markuns), GAVI (Heidi Reynolds), Global Fund (Michelle Monroe), GAVI (Heidi Reynolds), UHC 2030 (Richard Gregory, WHO)
Research, academia and technical networks:	CDC (Benjamin Dahl, Chris Murrill, Carrie Eggars), UniOslo (Kristin Braa, Jorn Braa), Open Communities (Paul Biondich), Global Partnership for Sustainable Development Data (Karen Bett)
Civil Society:	ACON (Justin Koonin), Global Network of People living with HIV (Javier Hourcade Bellocq), CHESTRAD (Lola Dare), PATH (Haillie Goertz)
Private Sector:	n/a
Working Group Co-Chairs (In attendance)	
Civil Registration and vital statistics:	Debra Jackson, UNICEF
Epidemic Intelligence:	n/a
Digital Health & Interoperability:	Garret Mehl (WHO), Paul Biondich (open communities)
Logistics management and Information systems:	n/a
Community data:	Ana Scholl (USAID)
WHO secretariat:	Samira Asma, Craig Burgess, Somnath Chatterji, Alyssa Palmquist, Nina Benedicto, Hendrik Schmitz (SDG GAP secretariat)

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THURSDAY 19TH MARCH

Welcome – WHO secretariat, Samira Asma

- Thanks to all for joining – showing commitment and solidarity for data in the context of COVID-19 and in the long-term. Over 40 HDC partners are in this meeting – the first in 18 months. Many have been involved with HDC since its 2016 inception. Much context has changed.
- The ongoing COVID-19 outbreak makes us more aware of the need for HDC to be stronger and faster. It highlights the need for strong HIS in countries to provide reliable, real-time data for informed decision-making and policy design. The pause in HDC over the last 18 months has helped us reflect on the immense potential of HDC and how it can be more fit for purpose.
- Thank you to all for supporting HDC since 2016. To all partners who have provided their time, energy and feedback, we are very grateful. Special thanks to NORAD (Austen) and CDC (Ben) who have provided leadership and guidance as co-chairs over the last several years.
- The potential for HDC as outlined in the 2016 high-level document is clear in terms of resource alignment and global data goods. However, success depends on proving impact at country level. We must have clarity amongst ourselves so that we can offer collective and comparative advantages to countries. It will be vital to have country participation in the next HDC meeting.
- Moving forward, we must ensure that HDC works together to bring added value to country, regional and global levels aligned with model such as SDG GAP and PMNCH 2030. We must also have a clear governance mechanism and open discussion on added value i.e. directing resources to countries and scaling up best practices. These discussions will generate creative ideas and frank feedback. Colleagues invited to share ideas openly in terms of how the WHO Secretariat can offer inclusive support.
- WHO is humbled to provide support as the HDC Secretariat by acting as convener for partners and facilitator for access to MoH in countries through one-UN reform. We hope that our HDC 2020-2023 workplan can serve as a practical framework to prioritize work and deliver it well. Many stakeholders are asking for guidance on data principles and data sharing and our collective position on how countries can report disaggregated data. Thank you again and I wish you a fruitful discourse. WHO is here to listen and support.

Co-Chair Reflections 2017-2020 – Ben Dahl

- Thanks to Samira and to all. Much thought has gone into HDC and in the efforts to pick this up again. Movement started again last fall at a meeting hosted by UniOslo where we raised some of the ongoing issues with HDC and the need for renewed momentum. Much thought has been put into how to address issues around governance and how to revitalize the collaborative. COVID-19 requires us to work more closely together around producing high quality data.
- Several of the original partners have moved on, but that doesn't mean we need to change everything. Today we will discuss new governing principles and methods, but we need to remember the foundations that have been laid in the past. The next two days provide an opportunity for constructive discussions based on background reading; however, we don't need to reinvent the wheel. Just need to focus on how to make tweaks that are needed and continue with a shared set of general principles.
- Main challenges include different agendas based on various missions and funding streams. However, HDC must succeed at the country level. This will require hard work over the next 12-18 months to see if this is something that can continue. If we are going to succeed, everything needs to be more concrete and less abstract. Governance and operating principles have been a sticking point for almost 2 years, but right now we need to move forward practically.
- The next two days are an exciting opportunity, it will be important to stay focused on the agenda and desired outcomes of this meeting.

Introductions, Expected Outcomes and Agenda – Craig Burgess

- The concept note for this meeting was drafted before COVID-19, but the objectives remain as noted above with three key priorities (as discussed with co-chairs): 1) agree on governance, 2) identify a group of countries that we can work with in-depth; 3) develop a practical workplan that outlines main areas of work between now and 2023.
- Walk-through of agenda and overview of the six sessions planned for next two days

- Regarding the agenda: should there be a focused discussion on data sharing policies and principles in the context of COVID-19?

Discussion:

USAID (Bill): Recommend we hold off prioritizing countries until we clarify mechanisms of engagement
CDC (Ben): Noted, with the need to focus on the three priority objectives outlined
WHO (Craig): Do we need to add a session on HDC engagement in terms of data principles and sharing in context of COVID-19?
CDC (Ben): Noted that HDC work depends on country support. May need to be focused more inward and acknowledge travel restrictions. Must note that most countries are focused on COVID response and may not have bandwidth around data collaborative.
UniOslo (Jorn): In terms of COVID-19, noted that UniOslo convened a global response group based on WHO standards and this could be a point of collaboration for HDC. 14 groups are working online to support 29 countries.
UniOslo (Kristin): How can we support countries with the resources we have in terms of contact tracing, etc? Opportunity for collaboration to support countries in global south.
WHO (Craig): UniOslo requested to share relevant details with the group to discuss in WG session tomorrow.
PEPFAR (Mark): COVID is having a major impact in terms of work in countries – we are already working together, but increasingly identifying gaps in data sharing. COVID-19 presents a use case, not something we should ride out and then re-engage with later. This is a golden opportunity to feature the added value of HDC and challenge donors to talk about what is working and how we can increase alignment with technical assistance and collaboration. If we don't use our resources now, how will we at a different time?
WHO (Craig): Noted and agreed.
WHO (Samira): To follow-up on COVID, we must seize this opportunity across three areas: 1) improving measurement, i.e. WHO receiving questions from the private sector and partners around apps or databases in terms of data principles and privacy. This is a concrete area that needs a refocus and can be used as an opportunity for clarity among respective orgs for global understanding and alignment of technical platforms. One approach is to look at UNSD principles and convene a WG with key ethicists or legal experts to review. 2) Tools, i.e. DHIS2 and HIS strengthening. Now is the time for common understanding on how we reach out to countries to share tools and resources. We can contribute to increased standardization and ensure that the data is collected and used to improve performance in countries rather than just for reporting purposes.
WHO (Craig): Suggest teasing out practical suggestions in the workplan discussion tomorrow, particularly around open data principles and standardized tools in emergency and non-emergency settings. Jorn's suggestion on information sharing via an app will feed into this. Noted for further discussion.
WHO (Garrett): From experience with Ebola, if each data system didn't leverage a common exchange standard then it was not consistently shared. We must leverage data exchange standards vs recommend specific software solutions b/c countries and partners use different systems. This allows those with pre-existing systems to ensure data is shared with a consistent dictionary and ICT. Seconded by Mark, Jennifer, Ben and Tessa.
GIZ (Tessa): We can also recommend software that meets those standards.
WHO (Craig): Recommend that we think of how these suggestions can be incorporated into the discussion tomorrow.
GIZ (Tessa): Also include recommendations around data storage.
WHO (Craig): In terms of country participation, noted that we wanted more countries involved in this meeting, but agreed that we need clarity on governance first. We plan to consult priority countries on regional or 1-1 basis using the HDC partner network.

<u>Session 1: Overview of governance and operating procedures for HDC – Ben Dahl</u>

Outputs:

1. Approve HDC governance and operating principles (mission, principles, co-chairs and nominations from each of the seven constituencies to form the SRG)
2. Identify areas of governance and operating principles that need refinement

Presentation 1 session 1 (Ben):

- Purpose of this session is to discuss governance processes and operating principles.

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- Thank you to members for their contributions to the background documents and input into discussions throughout 2017-2018. However, ongoing challenges included momentum and relevancy. Last fall, WHO Secretariat conducted interviews and began revising the governance documents, based on feedback from partners.
- At this point, we need to ratify these documents with a note they will be reviewed again in October 2020 if we need to course-correct.
- Feedback received from 54 stakeholders. Agreed on need for clarity as well as how we adapt and contextualize. Discussions also addressed how to streamline HDC processes and empower members with clear, actionable communication and collaboration principles. Further comments noted on country engagement and the role of working groups vs the Secretariat. Finally, looked at how to build high-level visibility in context of SDG GAP, UHC 2030 etc.
- In terms of governance, discussed Global Partner Group, SRG, and constituency-based representation with the need for amplified country voices. Note that we still require representative nominations and Secretariat options need a final decision. Finally, looked at WG functions, gaps, and timelines. The governance illustration (slide 5) depicts current thinking in terms of how each group links to each other.
- Operational changes include a clear mission, objectives, and principles focused on how we work together in countries in an expanded way. This also requires an evaluation process to incorporate lessons learned based on the theory of change.
- Slide 8 (HDC approach) is based on feedback from discussions held Dec-Mar on how to back to our big objectives on data use and decision-making in a fit-for-purpose way and how we measure impact. Members requested to review slides of feedback and materials in detail, available in google drive link.
- Nominations: request for constituency representatives for SRG. Agreed that constituencies will be self-nominating rather than put to a vote.
- Questions for HDC partners (slide 10) are what we need to work through today.

Discussion: Governance and operating principles

CDC (Ben): Are there any red flags? Is the TOC useful to move forward? Can we fill in missing nominations and have some names put forward for new co-chairs?
WHO (Samira, Craig): No further comments, thank you.
CHESTRAD (Lola): Is the CSO nomination process concluded?
UNAIDS (Peter): For Secretariat options, request WHO to provide comments on its dual role as Secretariat and as part of the multilateral constituency. In other words, how will WHO act as both Secretariat of HDC and as a multilateral rep?
WHO (Samira): WHO intends to play an objective role as Secretariat, but as a technical representative we also bring inputs from our own internal data governance model called Hub & Spoke which incorporates technical programs. In terms of a Secretariat role, we are pleased to play a listening and convening function, but open to suggestions as to how we can best provide support to collectively make an impact in countries.
UNAIDS (Peter): Will WHO be part of UNICEF, UNAIDS etc or act as a separate rep?
WHO (Samira): WHO is Secretariat for SDG GAP with 12 multilateral agencies – should we consider those who are not yet part of HDC and not represented here? Noted that WHO is actively recruiting support for Craig and for WHO's Secretariat duties.
CDC (Ben): Noted that confusion in the past was around whether the Secretariat was representing the Secretariat or WHO. This could be addressed through a joint Secretariat with technical teams representing multilaterals. Need clarity on this.
WHO (Samira): WHO aims to act as an objective Secretariat and is open to a built-in evaluation of whether it meets this standard. In terms of a joint Secretariat, could there be a rotation and if so what would this process look like? Noted the need an agile Secretariat that provides support as needed. Need to weigh the pros and cons and avoid added bureaucracy but also include accountability mechanisms.
WHO (Craig): Based on stakeholder feedback, we need a Secretariat that can facilitate, coordinate and support aligned country impact. If there is appetite for a joint Secretariat, then let's do that but in terms of coordination there may be a separate need for country and global-level technical support. The overall spirit is partnership and we must look at what is the best collective approach to address technical needs in countries.
CDC (Ben): Main question is clarity on role of Secretariat when acting in this capacity.
DFID (Nicola): Noted that the Secretariat is accountable to SRG but there may be a conflict of interest if WHO is both Secretariat and SRG rep. This would apply for any other members of Secretariat as well.
CHESTRAD (Lola): Thank you to Craig for proactive efforts to bring CSO back on the table. From a CSO/NSA perspective, we must engage these sectors and acknowledge clear contributions to the new governance model.

CSO platform should be carried forward rather than just going through CSEM which may exclude certain orgs. Would suggest a more proactive CS process for data use and accountability.
WHO (Samira): In terms of role of the Secretariat, do we have common understanding that this is to convene and facilitate? If so, must ensure an agile and streamlined Secretariat with a governance structure built around country-focused topics. Propose that we don't bring in too many layers or partners but rather have a foundational element with a partnership element that sets agenda and direction.
CDC (Ben): Agreed that Secretariat should be a convening body but noted this is not how it played out previously.
WHO (Samira): Noted that in terms of a representative role for WHO, that would be taken by someone else, not the Secretariat. Emphasized the need to build a foundation of trust and be open to moving forward together.
CDC (Ben): Agreed that we should all move forward with a clear mind.
Global network of people living with HIV (GNP+) (Javier): Based on experience with UHC2030, WHO has been both hosting the Secretariat and serving as a member of the steering committee. If WHO hosts the HDC as Secretariat, they should also be accountable to the SC/SRG. This joint role has been working so far in the context of UHC2030. In terms of civil society, we have a network of almost 1000 CSOs around the world and if this group feels that they need more CS reps, we can nominate based on priority countries.
USAID (Bill): With the desire for an agile Secretariat, we could consider a co-Secretariat with UNICEF and WHO given that each brings comparative advantages but also keeps the group small.
WHO (Samira): Offered to take the discussion offline to weigh pros and cons. Reiterated proposal for a two-layered Secretariat: admin/mgmt (consistent) and agenda prep (rotating). Makes sense to have one entity manage logistics and increase efficiency.
UNICEF (Jennifer): Agreed that trust is vital. Original proposal developed by governance WG was for a joint WHO-UNICEF Secretariat. This would not compromise efficiency. Going back to the question on decision-making, noted that the challenge has been ongoing discussion with no decision. How will this decision be made?
WHO (Samira): In terms of going offline, recommendation was that WHO run logistics and mgmt. of Secretariat and have rotating multilateral and civil society members to avoid a skewed perspective. This would provide a logistical foundation and create a more inclusive Secretariat for the many different perspectives around the table.
CDC (Ben): Agreed that WHO and UNICEF could have complementary functions but going offline this would allow us to work through the details as needed.
UNICEF (Jennifer): Acknowledge the many issues around governance so agree to take offline but if we do then need a list of issues to be clarified.

Discussion: Theory of Change (TOC) and Working Groups (WG)

CDC (Ben): Let's move on to WG and TOC.
Open Communities (Paul): Noted that WG are a part of HDC that has been working well, especially those that have continued during transition. Recalled that we agreed to participate in HDC because it allows us to achieve something collectively that we can't achieve alone. Value is to focus on an audacious goal and create a WG framework that \built around outcomes rather than structure and process. Start with goals, then let structure follow function. This would be a more meaningful way to reset.
CDC (Ben): Agreed and could consider a WG forum as part of SRG. WG at more of an operational level and on country-by-country basis, while SRG will help focus when needed i.e. time-limited WG.
WHO (Samira): Second what Paul just said. We all share the same mission and purpose; need to avoid getting distracted by structural details.
WHO (Craig): Thank you also to Paul. 5 of 12 WG currently functioning independently of HDC. Of these, HDC can help strengthen connections between WG and ensure coordination and collaboration. Must ensure outcomes and goals of HDC are aligned with WG functions. WG co-chairs should be part of meetings and calls for regular info exchange; however, would not have voting ability which would be with the SRG. Welcomed input and dialogue with WG on more systematic basis via SRG meetings and calls as long as WG have clarity on scope and deliverables.
Open Communities (Paul): From WG perspective, noted past confusion on how to contribute to HDC. In the past, tended to design direction from within vs via a north star. HDC must use top priorities as its calling card and this needs to be simply communicated.
WHO (Craig): Looking at HDC communication strategy for website and social media, etc. pending agreement on governance and structure. Can discuss tomorrow.
PATH (Haillie): On the TOC: if HDC intends to integrate with WG, coalitions etc the TOC must outline how country learnings, experiences and best practices will feed back into regional and global levels. Suggests

outlining this more clearly and clarifying where HDC fits within the larger ecosystem in terms of sharing and reporting-out. Need to ensure a circular perspective rather than a linear one.
DFID (Nicola): Echoing comments on need for a north star, do we need to add anything more to this i.e. country workplan and moving forward with governance model?
CDC (Ben): May need to think further on how to make the top priorities clearer and how this ties in with everything. Also need clarity on timelines, with caveat that we can revisit in October, so we don't want to be in a holding pattern.
WHO (Garrett): For the hypothesis (slide 7), are there different actions reflective of our north star vision that can be included in WG deliverables? In other words, how do we operationalize this vision. Will continue to come back to this in terms of how it fits into the TOC – what fits and what doesn't? Needs a bit more scoping.
WHO (Craig): Operationalization may not happen until we have a better understanding of country context and activities. TOC may change based on different contexts and how we group activities. Agree with need for north star vision to include clearer mission, three top objectives and TOC. Practical adjustments based on country context.
Open Communities (Paul): Need concrete, measurable goals. WGs can all take a part of that larger goal as their resp. and use HDC as coordinating mechanism.
CDC (Ben): Agreed. Must have ability to evaluate and measure progress. We are focusing too much on governance and not enough on action.
USAID (Ana): Need to think more through how existing WG collaborate in context of TOC and Hypothesis – i.e. how WG fit within larger context of governance and how they can leverage the platform to meet country needs. Opportunity to think about how to engage virtually. Can complement existing visuals with more clarity on where groups overlap and do not (i.e. Venn diagram) particularly in terms country needs not currently being addressed by WG goals.
WHO (Samira): Noted progress with WG on digital health and interoperability – how can this be leveraged for country needs right now, i.e. DHIS2 for data standardization and use? Possible to identify practical topics and address strengths/gaps?
CDC (Ben): Would hesitate to endorse one single platform as this might not be appropriate in all contexts but need to look at what is most useful across countries.
WHO (Samira): Not about endorsing a tool but being supportive to countries, such as offering a menu of tools to respond quickly to country requests. DHIS2 is an example because it can immediately support country data especially at subnational level.
UNICEF (Jennifer): This may not be the moment to make decisions, but request that major questions are flagged for discussion tomorrow. Need process for making decisions around remaining issues with governance. Can use six-month window of time until October but need to outline process for critical decision-making.
CDC (Ben): Best not to wait six months. Set clear deadlines and use October as a chance to re-evaluate. Balance between governance/accountability and country impact/action.
UNICEF (Jennifer): Agree that we need to get the work moving but need timelines and clear decision-making processes for key issues.
WHO (Craig): From December to now, we've been working on governance and operating principles. Main red flags seem to be SRG, which could be the group to make key decisions. First priority is constituency nominations. Another red flag is the makeup of the Secretariat and potential rotation and multiagency mechanisms. If we can get the SRG functioning, this would help to move things forward with decision-making authority. Third red flag may be working group functions and overlap as well as representation which can follow once we finalize the SRG.
CDC (Ben): Agreed. Would also add that we need an aggressive timeline (1-2 weeks).
GIZ (Tessa): Need clear understanding of how past concerns have been addressed. This could be a reason why representatives are not coming forward.
CDC (Ben): Thank you. This isn't a final draft but trying to use this forum to identify red flags and capture these to address going forward.
GIZ (Tessa): If we can't agree today, must be a path for a final decision while being open to re-evaluation with clear criteria. We have trust and a shared mission but need to recognize the past challenges and clearly address these.
CDC (Ben): Agreed. Must be concrete in terms of evaluation and re-build trust through measurable results, adaptability and transparent decision-making. Challenges include re-engagement and momentum. This will be helped by concrete timelines and ownership.
WHO (Craig): Thank you to all for your support and re-engagement. Since October, we already have many more people engaged and our shared objectives and goals include data transparency and data sharing aligned to meet country needs. We can only get practical when we really understand country priorities and needs. We acknowledge the red flags and if we can get the SRG finalized this could be a path forward. Important to

continue dialogue and support a strong SRG mechanism with a priority on decision-making and a spirit of collaboration. Can discuss more concrete action points tomorrow.
CDC (Ben): Thank you.
WHO (Samira): We have no other option than to collaborate. We have one single purpose and need to bring genuine intent of trust and transparency while holding each other accountable for results.

Session 2: Country feedback and partnership technical support models – Justin Koonin

Outputs:

1. Lessons learned from pathfinder country feedback on experience of HDC
2. Overview of partnership technical support mechanisms to support country needs

Presentation (Justin):

- WHO (Craig): Welcome and hand over to Justin.
- ACON (Justin): This session will discuss previous HDC engagement at country level and review what we can learn moving forward. Goals for this session are to learn from the four pathfinder countries in terms of what worked, what didn't and what technical support mechanisms we can put in place to better support country needs. If we don't make HDC work for countries, we're missing out on the most important part.
- History of HDC: four original pathfinder countries with four requested memberships. Key learnings thus far include: high-profile launch helps engage leadership awareness and political buy-in and HDC champions at country level key to success. Financial support was also important in addition to systematic support for capacity-building. Important not to interfere or duplicate ongoing work, but rather to integrate.
- WHO (Craig): Request partners to review background materials for lessons learned and recall the power of evaluation and reflection as we move forward.
- ACON (Justin): Kenya HDC review in 2018 revealed a fragmented environment across various projects and partners and lack of integration with national M&E plan. Need to focus on specific technical priorities and integrate with broader health coordination mechanisms and national health plans. Noted importance of IT infrastructure/ maintenance and need for disaggregated community data. Must ensure key segments are not left behind. In countries, we have many different partners on the ground with a need for aligned investment; however, barrier is funding mechanisms amongst partners/donors. This is one of the central problems that HDC will try and address.
- Another area is the nature of the project which can be unpredictable or unsustainable. Countries need a prioritized and standardized approach and partners need to recognize consequences around fragmentation. This is something that HDC and SDG GAP are trying to address – note that we will need alignment between these two processes.
- Feedback from partners focused on potential for HDC to act as a coordinating body between various sectors. HDC meant to be closely aligned to UHC2030 as both initiatives have a similar function and purpose as a convening and coordinating body.
- Further noted the need for long-term support mechanisms and sustainability for global buy-in and alignment as well as need to adapt to local contexts. HDC must ensure that it remains agile and flexible and responds to peer review mechanisms.
- Noted importance of coordinated HR to respond to front line needs as well as disaggregated data. Most global monitoring does not disaggregate data enough to really leave no one behind; the most marginalized groups still not included in global data.
- Questions for discussion: 1) how do we build on existing mechanisms at regional and country level to tailor our response? 2) can we commit to a collective country approach? 3) how can HDC better engage with community voices and civil society, particularly at country level, to ensure no one is left behind and all stakeholders adequately engaged?
- WHO (Craig): Note that the collective country engagement approach is highlighted in the background reading materials that were circulated.

Discussion: Building on existing mechanisms to tailor country responses

GNP+ (Javier): Thank you to Justin and we have also discussed civil society engagement with HDC via our advisory committee/WG. Must not only include vulnerable groups but also engage them in data design and collection processes as well as to validate tools/outcomes/reports. Note that data collected in the past have contributed to harmful outcomes i.e. people living with HIV. Would be helpful to get feedback on what kind of info is most useful for countries and to engage civil society in a watchdog/monitoring role. Focus is on implementing UHC in countries and this is a perfect time to increase collaboration between civil society and HDC.
ACON (Justin): Thank you. We often talk about the technical challenges but it's also a political issue. Data around vulnerable groups are often not collected due to political reasons. We must acknowledge and prioritize this.
CHESTRAD (Lola): Thank you Justin. Very excited that civil society is included in HDC. HDC has rightly focused on improving data quality but demand side is just as important as supply side. Both a political issue and an issue of cultural value of data. Need to ensure that people are using the data, not just producing it. Furthermore, encourage use of data to track inclusiveness and promote shared learning and accountability. This is a significant gap in current country engagement strategy. Data use, improved action and good data is the big campaign. This is what we have been pushing at country level. Data must be, reliable, accessible and actionable.
ACON (Justin): Data must flow both ways; communities not just producers but also users of data. This may necessitate a review of HDC country engagement strategy to ensure end users are kept in mind. Need to focus on how we work with regional and country focal points to avoid duplication/fragmentation.
CHESTRAD (Lola): Regions have always been a part HDC with coordination needed; however, biggest challenge is resourcing of activities. Many regional orgs and institutions do not have resources to implement the actions being asked. Need to shift resources to ensure that partners can act.
ACON (Justin): Thank you and yes, we should flag resourcing as one of the key issues at both regional and country level. What commitment can partners make for regions and countries?
WHO (Craig): Would be good to hear from everyone on how to make HDC work at country level? Pathfinder countries offer many lessons learned but activities were dependent on specific funding streams or champions. Key question is how to ensure, with a set of shared principles and operations (which we have), translation of principles into action in a coordinated way across all sectors. Need spirit of collaboration behind one country-owned monitoring plan. Could look at countries where coordination mechanisms have worked, i.e. by alignment with national institutes. Need to identify priority countries tomorrow and arrange 1-1 calls to understand landscape of partnerships and data mechanisms. Then, identify key data issues which can be addressed from a partnership approach and map these out over next six months. Previously, we went to the mapping stage but didn't get to the actionable/funding stage. Need to get very practical and tangible in a few countries over the next six months. However, the issues that Lola mentioned are important and must be addressed more holistically in terms of trust and sustainability.
GNP+ (Javier): Critical for countries to be involved in coordination mechanisms. Must be clear within HDC how we involve civil society and community voices at country level. CSEM is now a network of about 900 orgs in 100 countries, so we can tap into this network within priority HDC countries. Question on country-led technical working groups – can WHO address?
WHO (Craig): Based on feedback, five functioning WGs have a country liaison. Moving forward, need to look at understanding country needs and conducting a gap analysis. One already noted is adaptation of tools to local contexts. In terms of country reps in WG, we will need to work on this within the Secretariat.
ACON (Justin): Another question on competition between M&E and digital health/ICT
USAID (Bill): Based on prior experience, one or the other unit was not engaged early enough, and this has been a common thread.
UNICEF (Jennifer): Would be good to learn from PMNCH multi-constituency stakeholder platform. Will follow-up.
CDC (Ben): On data use for immunizations – realize that existing silos may not completely go away but we can learn from past efforts on triangulation, for example, at country and regional level. Request partners to share useful tools and documents that help countries evaluate data quality and assess fit-for-purpose.
ACON (Justin): Must ensure we build on existing efforts.
WHO (Garrett): Must also understand country plans for data independent of partner activities and the co-dependencies between digital/M&E units at agencies. HDC needs to ensure that we drive a collective vision. Data is a side benefit; the ultimate goal is to improve health and strengthen health systems. Must ensure that everyone is engaged; cannot be exclusive. HDC success depends on different systems and people interoperating well.
UNAIDS (Peter): In many countries, community not necessarily seen as part of the health sector and associated data. Interested to bring much more support to civil society as mentioned in the presentation,

particularly in terms of how communities can play an accountability role vis a vis the health system or govt. For example, the stigma index or M&E and community liaison personnel in country offices.
CDC (Chris): At country level, can explore multisectoral development around national action plans in response to joint external evaluations. This includes taking stock of different donors and funding mechanisms. Can incorporate this into country check-ins.

Discussion: commitment to a collective country engagement approach

ACON (Justin): Second question – can we commit to a collective country engagement approach?
WHO (Craig): Engagement framework revolves around clear communication on added value of HDC to technical and political stakeholders; second part is mapping coordination mechanisms in countries i.e. mid-term or annual reviews; third part is looking at functional mechanisms and building on them vs creating something new. Based on feedback, past coordination mechanisms have been too broad, and M&E can get lost. HDC coordination can help stimulate a partnership approach that leverages technical and financial resources across multiple sectors. Please see background document for details. Practically speaking, need to engage with a few key countries.
ACON (Justin): Must start at the country level rather than the regional or global level.
WHO (Craig): Agreed. Also, must be innovative in how we coordinate i.e. balance of digital and data with community monitoring. These issues should stimulate discussion within the coordinating body.
ACON (Justin): Noted by Garrett that we must avoid redundancies in TWG and leverage what is already there. To what extent does the collective country engagement approach use what is already there rather than create new processes?
GIZ (Tessa): Experience in Tanzania showed a discrepancy in data among adolescent girls that required M&E coordination because different donors defined the age bracket/vulnerable group differently. Countries do not have much influence on program-specific reporting mechanisms. Same thing applies to GAVI and Global Fund; what countries want to be reported may not be reflected at global levels.
ACON (Justin): Excellent point. HDC partners must make themselves relevant to country level and remove duplication. Any comments or role of communities and including community voices? Or general last comments?
Global Fund (Michelle): Happy to commit to collective country engagement, but to pick up on Tessa's point HDC is most useful in terms of teasing out what is best done in countries vs globally. Working out funding mechanisms at country level in alignment with strategic plans is very important. Country issues that HDC can help with include these types of questions i.e. indicator alignment. For us, this might be a more useful way of working i.e. how we can assist countries centrally.
ACON (Justin): Key takeaways: ensure meaningful inclusion of civil society at country level; importance of country coordination mechanisms and partner involvement at country level; importance of WG to be country-led; how we can learn from other partnerships i.e. PMNCH; how to get everyone on the room and not focus on data as an end but as a means; how partners can commit to alignment around definitions and reporting. In summary, we recognize that this will only work if we're really focused on country, rather than partner, needs. This will require internal coordination to present a streamlined rather than duplicative version of what partners can do to support. We have general agreement, but specific ideas still need to be fleshed out.
WHO (Craig): Key is to look at country examples and context; consistent feedback is that HDC requires a change in behavior in terms of how partners work with countries in a more responsive way. Look to examples from Global Fund, GAVI, UNAIDS and PEPFAR as well as countries where behavior has changed for better alignment and integration. Need to shine light on success. Will require a change to business as usual.
WHO (Garrett): Principles for donor alignment around digital health previously built on recognition of need for coordination, integration etc. May be valuable to reflect on these, both for digital development and donor alignment.
ACON (Justin): Key issue is different definitions amongst partners and countries. Thank you all for allowing civil society to be part of these discussions.
WHO (Craig): Thank you so much and civil society is a valued constituent of HDC.

Session 3: HDC ecosystem and exploring ways of strengthening political commitment – Jennifer Requejo

Outputs:

1. Establish plans to strengthen political commitment at global and country levels for HDC alignment agenda: using UHC2030, SDG GAP accelerate on data and digital health and communication with partner principals.

2. Identify partners' comparative advantages and areas of focus.

Presentation session 3:

- This topic came out of the Feb call recognizing a change in the global landscape and need to address overlapping activities or functions of HDC as well as linkage to new initiatives i.e. SDG GAP. Need to re-think where HDC fits in the global health space.
- WG held a series of calls to look at HDC objectives and mission and see how it fits with different global health initiatives with a focus on digital health and interoperability. See table of overlap/complementarity.
- Note HDC mission and objectives and whether these need any adjustments.
- Note on HDC added value: advocacy, civil society engagement, adapting global data goods to national and subnational level; focusing on data collection and use; guidance for global research agenda on data and digital health etc. Is the explosion of work in digital health something that we need to look at more closely to avoid duplication? Also need to encourage funders to invest in nationally-owned systems.
- HDC added value and ways of working with selected GHIs? Must avoid duplication and think through how HDC can contribute or facilitate shared learning.
- Returning to HDC objectives, how we can expand on these within GHI architecture i.e. HDC's role in country capacity-building and data-related activities in fragile settings or how HDC can serve as convening platform to leverage financial investments and technical inputs? In terms of global public goods – can HDC still play a central role in promoting open access to data and knowledge-sharing?
- Questions for discussion: 1) how to show added value of each HDC partner to clarify power of collaboration in specific country contexts; 2) how HDC can align with existing GHIs to increase political traction such as SDG GAP, UHC2030, Bern Data Forum, etc.
- WHO (Craig): All details in background readings, thank you.

Discussion: Added value of HDC to leverage partnerships in country contexts

WHO (Craig): Feedback we got was that HDC started from a high-level commitment i.e. heads of agencies. From there, the discussion became more technical and practical. But now we need to look at how HDC can again get more political traction to raise the profile of data accountability and use of digital tools at country level. Also need to look how we can align with other GHIs to reduce duplication. Please see background documents especially those who are new to the group.
GAVI (Heidi): On promoting open access to data, HDC can play a central role and haven't heard about this in other GHIs. So many examples where data is not owned by the country and this is critical for decision-making. Also, to underscore SDG GAP data and digital accelerator: countries have put forward their focus areas and many HDC partners are also on this group. This might be somewhat of an overlap.
UNICEF (Jennifer): On SDG GAP accelerator, what would be the role of HDC? If SDG GAP focuses on a subset of countries, would HDC also support these? Or would HDC undertake a similar process in a different set of countries?
WHO (Craig): 9 of 12 members of SDG GAP are also HDC members; some are the same individuals. From a country perspective, activities may be similar i.e. alignment agenda. SDG GAP has four actions at country level and three at global – can we look at adapting these to our workplan? HDC has a broader membership than SDG GAP and there is room to ensure alignment and complementarity.
UNICEF (Debra): We are many of the same people, and this must be acknowledged. About reaching out, not competition. Need to adopt and model this mindset. SDG GAP remit will overlap partly, but not fully. Just need to be clear on this and work together.
UNICEF (Jennifer): One function of HDC is to act as a repository for GHIs to ensure coordination; another is around global public goods adaptation and a third is around whether we split countries or work in the same countries, i.e. a more analytical frame vs country capacity-building for HIS. Important to clarify these different activities and decide whether it makes sense to split or combine country work. Also request to make sure that for future HDC calls we make time for others to report back on group activities.
PATH (Haillie): Many ways to do these updates, but the ecosystem has changed since HDC started. Essential to be very open about what we're seeing so that HDC value proposition is clear to all.
DFID (Nicola): Agree with Hallie's comments on the importance of a regular update from other groups and initiatives to ensure coordination.

WHO (Craig): Coming back to open access, can COVID-19 precipitate some work for HDC partners to engage on? Specifically, a partnership approach for developing a stronger policy on data sharing and principles in this unique context to raise the profile of HDC. Seconded by Michelle, Ben and Peter.
USAID (Peter): Caveat is that people on this call are all from intl orgs and civil societies and we will need countries on these calls in the future.
WHO (Garrett): Thank you for this discussion to better understand where HDC adds value in the broader ecosystem. In Craig's review of WG, where there any patterns that emerged not otherwise highlighted in these discussions? WG as an operational arm of HDC vision. From perspective of being on a WG, avoiding duplication has been a focus.
WHO (Craig): We can go over WG more tomorrow but noted some commonalities around WG challenges i.e. lack of a functioning HDC secretariat, lack of funding, lack of scope/TOR/purpose, and lack of clear champions with institutional memory. Several colleagues keen to resurrect some of the WG and we can discuss further.
WHO (Garrett): Thank you. Was there a common thread that reflects broader HDC purpose in relation to other mechanisms i.e. reducing redundancies? New areas like open data are of collective value that we haven't heard before.
UNICEF (Jennifer): In terms of function of WG, coordination and alignment is important. Chika noted importance of re-discussing list of WG – which should be resurrected, and which should be added?
UNICEF (Chika): Health facility data WG not included in latest draft of governance doc. Previous WHO focal point put together draft of three deliverables: 1) updating health facility surveys to be more comprehensive and address all sectors; 2) go beyond disease-specific modules i.e. HIV, Malaria, TB to address quality indicators and data extraction from selected set of health facilities. Important to do this in a way that reduces reporting burden on countries and aligns countries and communities around collecting data in key areas; and 3) set of standard registers and reporting forms that recognize the reality of paper-based reporting systems in many countries. Would like to have the WG on this resurrected – for discussion tomorrow.
SDG GAP secretariat (Hendrik Schmitz, WHO): Grateful to be part of this group and continue discussions around alignment between SDG GAP and HDC. Important to align efforts
PHCPI (Jeff): Need to focus on how to link country data with global reporting systems and note the need for harmonization with PHC accelerator.
UNICEF (Jennifer): Agreed on PHC. In terms of WG structure, if we are going to re-assess the list we need to recognize the wider landscape so that they don't duplicate existing efforts or at least complement/link with them.
UNICEF (Debra): In terms of global goods, we don't expect this to be static. WG will need to be revised as the landscape evolves and this should be reflected in our workplan and in WGs. Same thing goes for supporting countries. Need a continuity plan.
UNICEF (Jennifer): Agree regarding global goods - these are living documents. Can take this forward tomorrow in WG discussion. Going back to the two questions, we've covered the first one and in summary, we see several levels: 1) HDC function is to ensure alignment and coordination. At Secretariat level, task is to keep GHI table updated in terms of HDC linkages and added value and then facilitate how this feeds into regular updates as a group; 2) WG are a mechanism for alignment and coordination with countries and look forward to discussion on reviewing the list tomorrow in terms of ensuring fit with larger global health architecture and addressing potential duplication and/or gaps. In terms of second question, do we need to think about where there is a need for greater alignment with existing initiatives and clarify relationship with SDG GAP?
WHO (Craig): Agree that Secretariat will own the table updates as a standing agenda item (with timelines); second item is added value of each partner in HDC. This piece is still missing but Secretariat happy to facilitate.

Discussion: HDC alignment with GHIs and building political traction

UNICEF (Jennifer): On the second question, and in the context of COVID-19, what can we help set up that would be useful for future outbreaks?
GIZ (Tessa): This question builds on the north star discussion we had previously, but a more immediate goal for the next six months is to help exemplify what HDC can do.
CDC (Chris): It's also a question of how to socialize HDC in terms of engagements and meetings – tomorrow, we can develop key messaging to promote HDC.
UNICEF (Jennifer): Thank you – are you talking about expanding HDC membership?
CDC (Chris): More for those who are already active, how we can have the right messaging to increase political traction and bring HDC to the table/increase visibility?
UNICEF (Jennifer): Agreed.
DFID (Nicola): Also agreed. Previously discussed creating materials to disseminate to country offices that could build off key messaging. Were these materials provided?

UNICEF (Jennifer): A package of materials that describe HDC would be very useful for all partners to use. Need for this meeting was for confirmation on mission, objectives and added value. Secretariat could follow-up with a group to develop these materials?
WHO (Craig): Communications issues were on the agenda originally, but we chose to hold off until we had broad agreement around governance. Note that we have engaged with a company to manage the website; they were initially going to attend this meeting in person but as an alternative we will design a survey on website development and communication materials. We have seen different drafts but hope to finalize these after this meeting in the form of a one-pager. This will be a 2-3-month process.
UNICEF (Jennifer): Great. Would also add a point on branding – this will need to be a part of the questionnaire. Any comments on a near-term north star or thoughts on identifying specific GHIs to align with more closely in the two-year workplan?
WHO (Craig): Opportunity in Bern Data Forum i.e. side event or stand on HDC. This event will have a few thousand participants. Second thing is COVID-19 to accelerate issue of open access and use a partnership approach to draft a policy and demonstrate value of HDC. Third thought was to, once we've agreed on governance etc, that we meet with high-level reps in different agencies i.e. one in Geneva, one in the US. Can discuss in the workplan. Need to demonstrate impact/proof of concept to raise political traction.
UNICEF (Chika): Agreed that we need to raise visibility and profile of HDC over the next six months. In terms of the second question, is the north star meant to be the three objectives, which are relatively agnostic? If we choose to align with a specific partner, do we focus on alignment or continue to focus on the three top priorities of HDC?
USAID (Bill): WG will set their own priorities and deliverables (2-3 max) which will have various touchpoints that align with the top three priorities.
UNICEF (Jennifer): Overall objectives are there, but each WG has a range of activities and these should be coordinated in the context of two-year workplan.
UNICEF (Debra): Note that resources are coming from partners and WG, not the HDC Secretariat. About collaboration and integration - WG should be deciding priorities whilst HDC facilitates communication.
UNICEF (Jennifer): HDC is not a fundraising mechanism, but rather plays a facilitative role to help guide WG through collective priorities. Need collective agreement on north star priorities, but not necessarily as a directive for WG.
WHO (Craig): Last suggestion resonates; shared priorities are important as a common thread across all WG. Please share any further thoughts for the minutes.
UNICEF (Jennifer): Need agreement on principles of alignment and coordination between Secretariat and WG; will park discussion on list of WGs for tomorrow. In summary: greed on importance communications materials to increase political traction and engage with high-level events; agreed on overall prioritization to align WG while recognizing that they function with independent workplans and resources.

Closing remarks for day one – Craig Burgess

Thank you to all. We will collate key actions for tomorrow and reconvene at 13:00 CET with the following sessions: 1) key principles or criteria for country selection; 2) WG mechanisms; 3) workplan

FRIDAY MARCH 20TH

Review of day one issues and action points – Craig Burgess

Logistics for day two:

- Today we have three sessions: 1) country selection criteria for HDC focus over the next three years; 2) session on Working Groups and how to strengthen linkages amongst WG and with HDC; 3) workplan development – see background docs on April 2018 strategy. What are the main priorities moving forward in a practical and concise manner?
- Logistics: for those who are speaking, please introduce yourself and your affiliation. Please type interventions in the comment box.
- CDC (Ben): We had a fruitful discussion yesterday and voiced a lot of questions which were noted. Hope to move forward today but not forget the mistakes of the past. Thank you to Craig and Samira for their contributions. Underlying theme is to make sure that we move forward productively and close the loop on previous challenges around starting an initiative and not seeing it through. Hope to leave today with a concrete workplan and have acceptance around governance.

- WHO (Craig): Note that Austen was able to join for some of the governance session and will be invited to give comments on historical perspective today if available.

Recap from day one:

- Slide deck on main issues from day one distributed this morning. Main points are that partnership and collaboration are needed for data more than ever, especially around alignment, standards and leveraging technical/financial resources. Recognize need to work with other GHIs and strengthen a wider range of partnerships and perspectives. Many questions came up on measurement both in countries and in evaluating our own progress. Noted the need for a more concrete workplan before we start approaching counties and gathering more feedback. Discussion around need for a clear north star and pulling partners together under HDC mission, objectives (measurable) and theory of change. Good discussion on WG and how they have played a key role in terms of support, linkages and alignment. TOC was attractive but may need adaptation depending on country context. Need to change our behavior to align with pre-existing country data landscapes. Peer review mechanism mentioned. HDC must remain responsive and agile. Country engagement approach was mentioned and discussed the need for data to flow both ways. Also discussed overlap between SDG GAP and HDC and held brief discussion on branding and marketing. Noted that HDC is not a fundraising mechanism.

Action points from day 1:

1) Address red flags around governance: Secretariat roles and resp (group to take this offline, decide within 1-2 weeks and develop one-pager on way forward for next six months); address technical resources needed for a jointly-hosted Secretariat; need constituency reps ASAP for SRG so it can function in a decision-making role. This will require nominations in the next week.
2) Identify countries to map out coordination and ask for country reps on WGs;
3) Agreed that HDC value is to strengthen norms and standards around data sharing and transparency – can discuss a specific WG.
4) Communication: WHO Secretariat to develop a survey on communication needs, dissemination and advocacy at global level and implement website design and social media strategy over next 2-3 months.
5) Define measurable objectives and goals for HDC.
6) Address leaving no one behind and promoting disaggregated data at country level through civil society engagement, adapted tools and systematic updates on how HDC members are engaging with other groups and GHIs (via the workplan);
7) Shared DHIS2 COVID tool and other relevant tools. Please keep sharing any other relevant tools or documents so we can add these to our repository on the website.

- Thank you to all for their inputs and to the WHO team for their support.

Discussion:

CDC (Ben): Thank you for the summary and we'll follow-up on these points.

Session 4: Identifying 10-15 countries from partners' perspectives

Logistics:

- WHO (Craig): Apologies from Alvin Marcelo from AsiaeHealthINformationNetwork, I will be facilitating on his behalf.
- Please see background papers and table on GHI priority countries.

Presentation:

- Many thanks to WG who helped put these slides together. Historically, had four HDC pathfinder with a formal agreement, high-level launch, and in-country groups to follow-up on activities. Over last several years have faced challenges with ministry turnover and communications. Other countries have also requested HDC membership or were approached in2017. Follow-up isn't clear; however, there has been interest from countries and we need to be consistent in how HDC engages and its added value.
- Slide 3 from the table referenced above: rough indicator of which countries are prioritized by different GHIs. Top list is countries prioritized by at least 7 HDC partners. Second list is prioritized by 6 HDC partners. This comes to about 20 countries in total, but only one is a fragile state and this pool may lack

representation. Further analysis of fragile states index showed that HDC partners also making these a priority, particularly DRC, Chad and Afghanistan.

- Country selection criteria options:
  1) Self-selection – shows non-exclusivity, open to all, and adopts peer mentorship approach but biased towards countries already linked to HDC and capacity of Secretariat to respond may be limited;
  2) Countries with existing coordination mechanisms – sustainable, but may favor low-hanging fruit and leave behind fragile countries;
  3) Variety of geographic context and health systems maturity – shows a range of outcomes across different contexts, but requires work in more challenging contexts and greater NSA dialogue;
  4) Current HDC partner engagement and need for alignment (table above) – HDC partners already engaged but, again, may leave behind vulnerable or neglected countries;
  5) HIS assessment tool i.e. SCORE (which may be launched this year) – helps to prioritize strong HIS.
- These are the criteria options and questions are whether we need exclusion criteria, if we can agree on them, and whether we can look at 12-15 countries to focus on over next 3 years. Anyone from WG please comment as needed.

Discussion:

WHO (Craig): Does anyone have thoughts on criteria and country selection?
UNICEF (Chika): Much of the criteria overlaps but note that countries are on different planning cycles. If we could time it so that we engage with a country when they are ready for assessment this would support an integrated approach. We could conduct a mapping of timelines, for instance.
WHO (Craig): Previous documents noted start of a planning cycle or mid-term/annual review. Go back to north star (mission, objectives and TOC) at country level in terms of specific goals. WG looking at plotting out cycles of health sector plans against countries.
DFID (Nicola): On the second criteria, where is the HDC added value if a pre-existing coordination mechanism is already in place? Preference would be on variety of contexts. In terms of extensive dialogue with NSA, this wouldn't really be a drawback but is rather a goal of HDC to engage with civil society in fragile contexts.
WHO (Craig): Good point, and engagement with NSA is a positive overall but may be a challenge in terms of capacity. Any other thoughts? Is 12-15 the right number?
UniOslo (Jorn): Have been engaged in several of these countries; part of the HDC membership application process for Indonesia but this was paused. If countries are interested, then this should be important criteria. Was also part of HDC meetings in Malawi that went well but need to include a wider range of countries i.e. digital vs paper reporting. Variety and interest are key.
WHO (Craig): Point taken, and self-nomination is a good thing. Need to follow-up on previous applications/requests.
Global Partnership for Sustainable Development Data (Karen): What have we learned from the four pathfinder countries? If we need exclusion criteria, is there a way to identify countries with strong HIS or collaboratives as inclusion criteria to share with other countries? To institutionalize HDC, what to do if countries already have a good system in place? Perhaps not call it HDC but use the mechanism to enrich existing systems. In other words, a country may want to strengthen HIS but not call it HDC.
WHO (Craig): Kenya review is one of the only ones done for HDC, but we need more regular evaluation and reflection. In Kenya, learned that focus should be less on branding and more on local ownership and country context.
PHCPI (Jeff): Criteria are good and similar to ours i.e. willingness and existing partnerships. However, question around significance of identifying priority countries and on relationship b/w WG and priority countries. Should all WG be focused on all countries, or distributed based on different focus areas?
WHO (Craig): Good to know that you went through a similar process in country selection and this can be discussed in WG session in terms of resource alignment.
Isabella: Agree on criteria, especially self-selection. This is what we did in Kenya. Helps with ownership. Also, number five is critical so we know country priorities. Other African countries launched the Botswana HDC and conducted assessment, etc. Important to understand needs and landscape mapped to WG priorities.
WHO (Craig): Can you expand on reflections to partners in terms of selection process and experience with HDC? Any advice for Secretariat if we choose self-selection in terms of dealing with increase in demand? Balance between access and demand.
Kenya MoH (Isabella): Kenya was a pathfinder country and one of the first to launch an HDC chapter. Initial assessment of HIS and priority areas (very few) focused on data analytics training with mid-term strategy review. Most of these priorities were implemented including national health observatory for Kenya and health facility assessment. Issues included coordination, partner burnout, vertical programs, turnover at MoH, and

loss of institutional memory. Approach that involved all ministry depts helped manage this along with communication with global and regional teams. Main thing is to look at country priorities and ownership. Noted that Botswana is ready to act. Important to follow-up with implementation and that countries form good coordination and governance structures with HDC. Linkages are critical in terms of HIS and M&E with overall partner structure and sector coordination. Will provide write-up on lessons learned from Kenya.

UNICEF (Jennifer): Noted that earlier conversations on comms package are relevant to a standard set of tools/package of materials for all countries. This provides something basic to anyone interested and helps with increased demand. Agree that country interest is essential. All criteria are relevant, but are some essential? If picking a range of countries, what does this mean in terms of standard engagement vs adaptability? HDC should have some sense of cost as well.

WHO (Craig): Thank you to Isabella and Jennifer for this context. Sense that we're focusing in on options 1 and 5 with a need to follow-up on past applications. However, need more thought on self-selection process as this was a challenge in the past. Would it be better to limit to 12-15 countries, so we can focus and apply lessons learned?

Kenya MoH (Isabella): Need clear messaging on what HDC is and what it is not so that countries can have a better understanding and perhaps limit requests. HDC sometimes not well-understood by countries. This can be done through social media, website, meetings with in-country partners etc so self-selecting countries know the expectations.

WHO (Craig): Yes, communication is a priority over the next few months. This can be discussed in workplan session.

USAID (Bill): Was engaged in pathfinder experience for several countries and agree that we need clear expectations. Country WG strained in capacity. Had a many-month lead up to launch and did a lot of work around in-country stakeholder engagement, but the momentum fizzled over time. If country WG had been able to engage for longer after the launch, resources and sector coordination would have been stronger. If a more hands-on approach is needed, this will be limited in terms of how many countries we can realistically work with.

USAID (Jonathan): Countries often self-select when they see an opp for funding; should we include govt funding in assessment criteria? Critical for early wins to show potential of HDC.

WHO (Samira): We should gather best practices and think about what we can learn from countries, not only what we can provide to countries from HDC. Not just top-down. We must be agile and responsive by leveraging partner expertise. Value of HDC is network of the networks. Is terminology of 'country selection' outdated? Or should it be a mechanism whereby HDC is a consortium to bring solutions, link them with gaps and gather experience from countries? Concept of developed vs developing may be outdated – do we need to challenge ourselves on this? For example, we have a lot learn from countries in terms of emergency preparedness.

WHO (Craig): Noted the need to share best practices. To recap, must be careful not to apply criteria in a top-down way and allow countries to self-select as a mechanism for peer review and shared learnings. Need to respond to countries that previously applied and re-engage, but before doing so need clarity on messaging and added value. Question is, how to deal with potentially 20-30 countries if demand goes up? Recall limits to capacity and structure of HDC from 2018. Yet, also need to demonstrate impact in a core set of countries and address issue of fragile state inclusion.

DFID (Nicola): What is the status of the four pathfinder countries? This can help work out a sustainable approach. We do want to add new countries via the additional four that requested membership. However, this comes with a risk that countries may be excluded who don't have the capacity. We could proactively engage with 1-2 fragile states.

WHO (Samira): In terms of grouping countries, for those unable to report on HRSDGs but willing to improve, can we approach it based on type of technical support needed i.e. fragile states, distinct data gaps, etc? This will help provide country-led, scaled solutions whereby HDC is a consortium of resources that responds to country requests rather than selecting a menu of countries. In terms of equity, who are we to select one country over another when they all need the same technical support? Need to focus on scaling solutions via osmosis between partners and countries.

WHO (Craig): SCORE criteria or another tool as possible way to identify countries with weaker health systems?

WHO (Samira): Our mindset is still trying to fix country problems. What they need is sustained solutions. Need a paradigm shift. Countries know where the gaps are; we should let countries come forward and offer solutions which can be circulated widely. We are enriched by having more countries join. Think through centers of excellence in countries and regions and invite countries to step forward as flagships. Subnational HDCs. Time is short. Short-sighted to only focus on 3-4 countries. Structure is needed, but we need to shift our mindset so that we are not limiting participation.

WHO (Craig): Thank you for providing a bold vision and we had hoped this would be a more country-driven meeting. First step is to get comms and governance right.
Global Fund (Michelle): Agree with this new mindset and struggle with concept of selecting limited number of countries as this should be more of a consortium. Need clarity around what exactly HDC can offer to all countries i.e. strong coordinating mechanism aligned to national plans and governance, bringing donors to the table, etc. This is something we want to see in every country. Is there a way to have a lighter touch from a central level? Okay with either approach but the wider scope resonates.
WHO (Craig): We all want to be ambitious but need to be practical in terms of how we engage regional support mechanisms and recognize that country coordination requires more effort. Can we rely on partners on the ground?
DFID (Nicola): Agreed on need to scale, but should we start small? If we start with open access, this will have a big impact on HDC functionality.
UNAIDS (Peter): Also agree with country self-selection but wonder how this fits with WG. How would WG respond, and what capacity would be needed?
UNICEF (Debra): WG coordination has been focused on global goods, but CRVS is a much larger group and deals with a specific agency in each country along with GHI colleagues. With Kenya and Malawi, would receive messages about when events were happening. At agency level, made sure that country offices were aware and participated in coordinating process. Not only internal but inter-organizational coordination.
WHO (Samira): In terms of what HDC can offer, digital health and CRVS are both very important areas. We all must subscribe to core thematic areas: 1) standardization (many already play a normative role - can translate to diff tools); 2) addressing data gaps (from country perspective, they receive dozens of surveys – how can we think about this strategically and streamline? Another area is medical certification i.e. COVID at scale); 3) analytic capacity to advance policies (bring the best thinking, provide analytical capacity and training to countries to invest in grassroot solutions and advise on budget allocations for country-owned HIS); need to provide sustainable solutions. Also, can we have a hotline around common themes and engage more virtually? How we can shift this enterprise towards less resources and more rich experiences as an agile connector? This is the value we can provide and how we advance together towards 2030. Africa already looking towards 2050/2063. How to do regional, national and subnational forecasts? Who isn't at the table that should be?
WHO (Craig): At GAVI in 2006, board approved funding for countries and we were in a similar dilemma. Elected to have open access and this helped with equity and promoted a bolder vision. What I'm hearing from colleagues is a push for the first criteria on self-selection so that we respond with a caveat that we finalize communications and governance. No longer about being on the ground, but institutional capacity-building in countries over the long-term. Be clear on our north star.
UniOlso (Jorn): Important to be bold and can learn from other e-networks rather than taking a more bilateral, directional approach. Other networks like AeHIN working quite well and we can look to these as examples.
UNICEF (Debra): Agree with Samira. Not for us to select; this is an old way of thinking. Agree that AeHIN is a great example. Standards was a success in first round of HDC and we shouldn't lose that. Now we need to get into countries and, even though there are resource issues, we are a large group with many strengths and networks which can be leveraged across many countries and contexts.
Global Fund (Michelle): Issue is we don't have resources; rather, we need to look at how to collaborate without funding. This helps move towards new ways of working, communication etc. Concept is what we can do without resources and a lighter touch while working with existing systems in countries. This can provide a different lens and wouldn't challenge us in terms of capacity and organizational budget constraints.
UniOslo (Kristin): Since HDC is not a resourced entity, need to ensure that we make it clear to countries that we are not a funding stream. Rather, view HDC as a collaborative partnership. Example of routine health info systems WG best practice indicators, with collaboration between many agencies to leverage and implement DHIS2 packages in every interested country. Not only talk about processes but also collaboration.
WHO (Craig): Thank you to all and what I'm hearing is that we go with self-selection plus criteria 5 if we need to prioritize. We will initially follow, follow-up with the four pathfinder countries plus the four countries that applied for HDC membership and start mapping out planning cycles. Also, need to have clear set of comms materials that explain our north star, added value and partner alignment function. This will require inputs from the group. Agreed not to limit number of countries at this time. Please review country priority table and provide any feedback to Craig.

Session 5: Working groups (WGs) – modus operandi, updates and identifying needs – Jeff Markuns

Outputs:

1. Agree on working modality between HDC and five working groups (WG) 2020-2023 and identify possible needs for discrete technical areas

Presentation session 5:

- Objectives: Agree on working group modality, linkages and scope (see agenda) – apologies from the logistics WGs and Epidemic WGs

CRVS WG (UNICEF Debra): Technical WG engaged with statistical offices in countries led by UN Statistics Office. In the past year, tried to bring the health sector into counting births and deaths with HDC engagement. Note that many of the health-related products from this WG have been advertised and put on HDC website, i.e. World Bank training package and joint statements. Added value of HDC is connecting statistical offices to the health data community. CRVS is critical to HIS and not just the realm of interior or justice affairs. Role of WG has also been more in comms; module on standard packages for vital events to support longitudinal data and linkage with HIS would be valuable. Need to highlight to countries that CRVS must be included as part of HIS and to include birth and death registration in health metrics and EIR planning. Value of HDC is to advocate for this issue and put forward CRVS as a gold standard.

- PHCPI (Jeff): Vital statistics is a critical area and has been a weak point across many countries. In terms of the report, how was it generated and how did it fit within broader infrastructure?
- UNICEF (Debra): Report included platform-agnostic guidance similar to aggregate indicators for other health topic areas. However, this data is longitudinal, individualized and targeted at health managers for registration. Focuses on gathering and reporting correct data and following-up with birth certificates. Funded by a variety of partners and donors; good example of collaborative approach. Plan to put on HDC website once launched. As countries identify civil registration as a weak point, this can be a common resource to help improve data quality and involve HIS stakeholders. Including CRS is the only way to have a complete data set and important to highlight. Seen a lot of interest and demand in this. Even though we work in specific areas, we are also promoting the entire system and addressing siloed workstreams.
- PHCPI (Jeff): Has CRVS engaged with other WG and what is the top focus and outcomes across HDC?
- UNICEF (Debra): Yes, with the RMNACH modules which includes birth and death components linked with vital events. Over the next three years, need to build awareness as we move to individual records and longitudinal data and promote collaboration between statistical offices/civil registry and health sector. Countries interested in EIR or digital records very interested in this. HDC can help bring partners together in-country to support implementation.
- UNICEF (Debra): WG includes WHO, WB, UNICEF, UNDP, UN Statistical Office and country registrars. Working with UniOslo and health sector partners as well. Module was sent for review to several HDC partners beyond the WG and can send demo. Will also link with openSRP but guidance is agnostic.

Community Data WG (USAID – Ana): co-chaired by UNICEF and USAID with support from Global Fund. Membership includes donors, multilaterals, partners and private sector and varies over time. Monthly calls with any additional orgs joining as needed. Flexible approach driven by country needs. Three levels of engagement: 1) ensure all members are aware of developments to support open sharing; 2) ensure WG members from similar domains are engaged early and involved in workplan design to avoid duplication; 3) ensure active participation of all to influence plans and projects with launch at HDC WG meetings. Products include: 1) CHIS assessment paper in West and Central Africa, 2) Prism tool for community HIS. Other products focus on facilitating collaboration and alignment for community health worker programs. Met in Dec 2018 and planning to reconvene in Senegal this April but will move forward with virtual meeting on guidance for community service monitoring. WG potential to improve direct service delivery and hope to include countries in future consultation sessions. Information shared with Craig who can disseminate. Approach is very open. Would be great to use HDC platform to share products more broadly and to share experiences and learnings. Fortunate to have active participation and have countries approach with issues.

- PHCPI (Jeff): In terms of adapting activities in the face of COVID, what do you see as outcomes for the next year?
- USAID (Ana): Lessons from Ebola applied early in terms of community engagement. Recognize many different solutions, but it's about harmonizing these in-country and take perspective of frontline healthcare worker who often represent multiple sectors. Info systems for health vs HIS debate. Community health workers can have several platforms to provide basic info from a single household visit. Many different perspectives, but starting point is service delivery. Question is how to create

information systems that are accessible and usable for frontline workers and push up relevant info to national level. Both harmonization of data but also info systems coordination.

- Global Fund (Michelle): This WG has been so useful for coordination to GF. Not only about coordinating within WG but also with countries to increase awareness and provide clarity on funding coordination across partners as well as technical vetting. WG provides a funding channel that doesn't just fall under the umbrella of one agency. We have this opportunity across HDC to bring responsive and collective input from across many key players i.e. disease situation rooms which are activated as needed. HDC can play a similar role i.e. data situation room. Important to highlight this cross-cutting piece.
- PHCPI (Jeff): Thank you. Any comments from digital health and interoperability?

Digital health and interoperability WG (USAID Adele): At a high level, this WG was formed before HDC to respond to needs around co-creation of digital tools in the context of Ebola response. Aim was to support collective problem-solving without duplication. Many systems were not interoperable, and data was not being exchanged. Now we have about 300 members from 100 different orgs: technical partners, NGOs, private sector, donors and country reps. Represent regional thematic groups as well. Met about three years ago to develop WG objectives around using a country-driven approach to digital technology and discuss content for digital health global goods. In terms of outcomes, WG meetings aligned with other high-level forums and welcomed country feedback on needs for technical assistance. Recognized that countries were at various stages in terms of maturation and that standardization would be a challenge. First step was to develop a standardized maturity assessment method. Also developed HIS maturity toolkits and digital health atlas (portal to catalogue tools in use). Helps to understand how to amplify what is already in place. Developed tools around software global goods and methods to inform future procurement decisions and adapted common terminology for digital health. Core digital health curriculum builds common understanding and distills key principles into practice for policy-makers at national level. Small work-groups leading these different areas. WG creates space for collaboration among partners that share the same goals but have different perspectives, allowing for shared learning and insight. Challenges: how to engage vis a vis HDC at country level around communications; would be helpful to have a clear sense of HDC reboot and what it does above and beyond WG. How can HDC support and engage in activities seamlessly with the WG at country level? HDC engages in many places unevenly across countries i.e. just on M&E but not with digital side. We need to try and avoid this in the future with a holistic approach. This requires relationship-building and sustainability. Start small and scale up.

- PHCPI (Jeff): Can we hear any thoughts from WHO Secretariat?
- WHO (Craig): 3-4 months ago, we tried to re-engage with WGs and this was a challenge. Today, hearing renewed interest and energy. Feedback from stakeholder interviews was there are too many WG and we need a clear scope, set of deliverables, timeline and purpose. Priorities should come from countries or SRG. Need to be thoughtful around coordination and function in context of flipping HDC to be more country-led. Also think about how we organize WG as the workplan emerges. WG is a robust example of how country-led collaboration can work.
- UNICEF (Debra): WG that are more HDC-led vs pre-existing ones – how to ensure clarity on different role of HDC in terms of management vs support?
- UniOslo (Jorn): Request to restart routine health information systems WG focused on standards and guidelines.
- PHCPI (Jeff): Hearing need for facility data, routine HIS and data quality and how those three sectors interact with each other. May be worth looking at further in terms of concrete outcomes.
- CHESTRAD (Lola): HDC countries vs WG countries cause some confusion and duplication. Need to review how this aligns.
- UNICEF (Chika): Need a timeline going forward in terms of deliverables, coordination and outreach strategy. Must come together around how to share tools and products. In favor of having less WG but subgroups and focal points as needed.
- PHCPI (Jeff): Thank you.

Session 6: Developing 2020-2023 HDC workplan – Nicola Wardrop

Outputs:

- Agree on high-level components of 2020-2023 workplan that partners can support (for use in April country-centric meeting)

Health Data Collaborative Partners Meeting 19-20 March Note for Record_DRAFT 24 March

https://drive.google.com/drive/folders/1XAoKnDIWewsjHx0uV5dqkdFZ-KuXYIlf?usp=sharing

Presentation:

- Purpose is to discuss next three years between now and 2023 and what we want to achieve in that time. Last three days have been very helpful to help guide this discussion.
- Things to consider: raise profile of data and digital health interoperability considering COVID-19. Good opportunity to reevaluate what HDC has achieved up to this point and assess progress halfway to 2030. Need to look at vulnerable settings and support for frontline health workers. Challenges include making HDC work in countries and demonstrating proof of concept to scale. Need both technical and political commitment. Workplan to be drafted within next month.
- Historically, there are two background docs of relevance and reference from 2018: i) think piece in 2018 to frame priorities around four different core areas – please see background docs and ii) 2018 draft HDC 2019 – 2024 workplan around three different elements in line with SDG GAP.
- Going forward, need to consider different options for framing 2020-2023 workplan with added piece on governance and accountability. Practical actions include country engagement and alignment, strengthening coordinated support mechanisms, adapting global goods to country contexts, and identifying opportunities for visibility and political leverage.
- Need to consider which framing of the workplan appeals most, if there are any activities from the 2018 workplan that should be prioritized or may not be needed in current context, and 2023/2030 timeline horizon planning.
- Discussion yesterday around a north star to ensure that all WGs oriented towards same overall mission and objectives with measurable outcomes.

Discussion:

PHCPI (Jeff): Acknowledge difficulty of evolving context with COVID-19.

CDC (Ben): Noted but perhaps we can make something out of this. In the past, we got off track from trying to do too much. We need to show something tangible that we can offer in the context of COVID to revitalize the importance of HDC. Been sunsetting time-limited WG and earlier comment was to keep a limited number of WG with sub-groups to respond to country needs and add value to HDC consortium.

CHESTRAD (Lola): Workplan structure is attractive but question is how to track and measure three objectives and north star. 2023 evaluation was also very thoughtful, but HDC needs to define what 2023 will look like and how we work towards that success vs number of countries and so on. Still unclear in the workplan how civil society can contribute and how we can breakdown the WG silos.

DFID (Nicola): We need to identify what success looks like in 2023 and breakdown measurable goals to achieve that in the next three years.

WHO (Craig): This is the time to be bold and work together with shared priorities. May need to think about country-level impact as a focus of attention and look at ways in which HRSDGs are being measured or not. Or norms and standards and delivering this discrete product in the next few months. Another area is function of HDC coordination and governance with a broadened scope in terms of compiling data and resources for countries. Will also encourage building stronger networks.

GIZ (Tessa): Priority countries should be part of workplan development.

DFID (Nicola): Start with a general workplan and refine once countries on board.

UNAIDS (Peter): Community should not be reduced to community health workers. Need to be responsive to all communities. In terms of activities from 2018, might be useful to estimate burden of reporting at subnational levels attached to HIS.

CDC (Ben): Noted and when looking at burden of reporting we can work together in terms of immunization and other opp for triangulation – this is a huge area of potential for HDC. Should prioritize this.

DFID (Nicola): How can HDC link with WHO national health observatories?

UNICEF (Chika): To add to Peter and Ben, as part of guidance on routine standards need to include both what to collect but also how to use data and look at triangulating health facility and survey data, etc. Also look at denominators to understand burden and inform guidance. This is something that can be offered as a global public good.

DFID (Nicola): Revisiting framing, do we frame around objectives or TOC outcomes?

GIZ (Tessa): TOC outcomes tie everything together.

WHO (Craig): Secretariat views TOC as a high-level categorization of activities and then we can prioritize. Second stage is country consultation over next 2-4 months, mapping out coordination needs, etc. Need input from all on key activities/timelines.

DFID (Nicola): Agree that outcomes and TOC are good, but activities might be better grouped according to objectives.

UNAIDS (Peter): May be easier to use three objectives in terms of measurable outcomes. For immediate actions, data standards and governance are highly useful.

GIZ (Tessa): Interested in data sharing topic and this is very relevant.

DFID (Nicola): Agree and this will also help highlight the value of HDC. How does the north star fit into the workplan?

WHO (Craig): Workplan revolves around three objectives, while TOC applies to country engagement. North star is the mission.

DFID (Nicola): Any other thoughts on the north star? What is it and do we all have the same understanding?

CHESTRAD (Lola): North star is mission of HDC and the three objectives support this. Still lacking clarity because discussion is very technical, but outcomes are political. How to connect? Feedback from civil society is that HDC is only technical, not political. Need to be clear on the connection.

DFID (Nicola): Yes, political engagement is critical and we need to think about how this builds into the workplan and maintain buy-in over time. Looking at document 6.2, pg 12 we have a series of tables with key activities and role of HDC partners.

UNICEF (Jennifer): Important to take account of new priority areas from last two days before we go back into activity details.

WHO (Craig): Agree but important not to neglect the hard work from 2018 and how we can build on this in a new context.

UNICEF (Jennifer): Agree, but is it the best use of time to go through this doc or should we synthesize the discussion from the last two days?

WHO (Craig): If north star is mission, three objectives and TOC then perhaps we can revisit the three objectives and discuss which activities stem from them. What activities can we look at from a country context to frame an updated workplan over the next three years? We also need to note coordination, governance and accountability as a potential separate objective.

DFID (Nicola): This could be a useful way forward to structure thinking and prioritize.

GIZ (Tessa): North star could be data sharing with activities flowing from that i.e. political leverage, institutional capacity and so on. We can use data sharing as an example to generate activities.

WHO (Craig): At WHO, Member State interventions at executive board shaped thinking around data sharing in emergency contexts. WHO preparing a scope of work internally and will meet soon with key stakeholders to finalize a policy and global guidance on data sharing. Frist thing is to get policy/norms/standards in place and then define ways of working within HDC and amongst Member States. Craig to share draft scope of work for inputs.

CHESTRAD (Lola): Pleased to work across stakeholder groups to look at data sharing as means of political action and to promote culture and value of open data in countries. Also stimulates domestic investment in data and promotes accountability which is currently a big gap.

DFID (Nicola): Enabling environment is important and political will is essential for HDC to succeed in a country.

UNAIDS (Peter): COVID-19 is an opportunity to take a stand on data sharing and standards but shouldn't be limited to emerging diseases.

UNICEF (Jennifer): Quick recap: need to understand difference b/w Secretariat and WG, agree on process for regular updates to WG, WG sub-structure, and degree of autonomy. Comments yesterday noted need for 1-3 high-priority activities streamlined throughout all WG while also recognizing that WG have their own workplans.

WHO (Craig): Once we get the SRG running, this is the decision-making body for HDC. Need constituency reps and alternate positions filled to agree on governance. In terms of WG, creation of new WG can be proposed by any GPG member (this group) as approved by SRG according to criteria outlined in governance overview. WG can and should move ahead independent of HDC, but we need to ensure that broader connections are in place and that high-level decisions and guidance are made by SRG. Need a clear decision-making process with authority on behalf of constituencies.

DFID (Nicola): Also need to understand responsibilities between Secretariat and WG as well as GPG. Need to outline this in the new workplan.

GIZ (Tessa): Need an evaluation plan and baseline to track progress.

DFID (Nicola): Can we use SCORE as a baseline once rolled out? Other thoughts?

WHO (Craig): SCORE is an assessment framework for HIS in countries. Official launch in October in Bern. Feedback is that this shouldn't just be a baseline assessment but also how to classify HIS for financial or technical investment. Could also be used to identify gaps and stimulate learning amongst strong and weak health systems. Evolution still in discussion. Value group inputs on how SCORE can be used at a global level and how to institute use in regions/countries. Positive feedback from countries so far. Will send a link to SCORE country examples.

DFID (Nicola): Can think about whether SCORE aligns with workplan and objectives and if it helps with measurement.

WHO (Craig): SCORE is useful for measuring impact but may want to focus on how we measure impact of HDC itself rather than just country HIS. Need a set of indicators.

CHESTRAD (Lola): SCORE which is a package of tools and may not be applicable to HDC work at country level; not every country will be using SCORE. WG are a key part of HDC and not sure if any of them is considering how we measure impact? SCORE is a useful advocacy tool but may be too narrow to measure HDC impact.

UNICEF (Jennifer): Agree that we need evaluation of HDC. However, need to keep a light touch with clear activities. Need to remain agile – evaluation will come out of workplan priority activities with assessment of Secretariat and WG accountability. WHO-hosted Secretariat led to confusion over distinction of roles and resp in the past.

DFID (Nicola): Going back to objectives and activities, can we think more about an enabling environment and bring clarity on civil society involvement? Concrete activities around advocacy and political buy-in?

WHO (Craig): Need both technical inputs and political will for success in countries. Advocacy should be a priority area i.e. identifying key events to raise the profile of HDC over the next three years using existing resources and networks. This could be more of a cross-cutting function.

CHESTRAD (Lola): Need an inside-outside strategy between agencies and HDC that reflects technical piece (internal) and donor landscape, GHIs, etc (external) who adopt the position of HDC and buy-in to its products. Need to position data in terms of political, social and strategic value.

WHO (Craig): As a next step, the Secretariat can take the three objectives plus an objective around governance, advocacy and coordination and map activities around these four headings from last four days. Key challenge will be measurement and indicators on impact of HDC. We need to be more precise and move out of the conceptual phase. Perhaps another objective around communication and measuring impact. Will also take actions from 2018, insert these and circulate for review.

DFID (Nicola): We have agreement around objectives and this would be a useful way forward. High-level impact could look at ability of countries to report on HRSDGs.

UNICEF (Jennifer): Other agencies track countries' ability to report on HRSDGs, but this could be one indicator we use to measure progress on reporting ability.

DFID (Nicola): Agreed.

USAID (Bill): Activity-based TOC as a tool to identify measurements.

GIZ (Tessa): Next step is to draft a new workplan?

DFID (Nicola): Yes and then move forward with discussion on how to measure.

WHO (Craig): Please see previous comments on way forward. Need to keep it as simple, practical and country-focused as possible. Will be more like a table with activities for discussion and agreement amongst partners.

UNAIDS (Peter): Linkage between local health estimates and district reporting – need to make a closer connection so that local communities have access. Interested in targeted district-level modelling and HIS.

GIZ (Tessa): Example of malaria-based estimates at regional and sub-national level.

DFID (Nicola): Links back to discussion on disaggregation and data use.

WHO (Craig): Secretariat to circulate updated workplan for review and reconvene on indicators to measure impact of HDC over next 1-2 weeks. Thank you to Nicola.

Closing remarks

- CDC (Ben): Thanks to all and we have made great progress over the last two days. Shows that we still have interest in HDC moving forward and that it has value. Need to make sure we take this opportunity to act and learn from past mistakes so as not to lose momentum. Success will require commitment from all partners. COVID-19 could be an opportunity to show added value. Please be responsive to messages from Craig on follow-up actions. Thank you again for your participation and contributions.
- WHO (Craig): Thank you and we've had great participation. Thank you to Nina for her support and to Alyssa for her notes. In terms of practical next steps, we will share transcript of chat messages and NfR next week. Isabella on the call this morning – grateful for perspective and inputs.
- CDC (Chris): Thank you to all. Perhaps need more conversation on WG structure and role which is challenging in current context, but surveillance is a core component of HDC and needs to be more integrated/reactivated
- WHO (Craig): Take risks, be bold. Thank you for your thoughts and we look forward to your inputs moving forward.

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Action steps (with responsibility and timeline): POCs/Deadline

Review of key takeaways and action points at a high level:

Governance and operating procedures:

1) Offline group to draft a 1-2-page outline on roles and resp of Secretariat over next six months vis a vis GPG, SRG and WG. Secretariat will share with GPG for ratification with opportunity to re-adjust in October as needed.
2) Articulate added value of each HDC partner respective to each other.
3) Amplify country voices and coordination mechanisms amongst WG.
4) WG chairs should be part of SRG meetings but without voting rights. Meetings should also provide opportunity for cross-agency/cross-sector updates.
5) Finalize constituency reps in SRG as soon as possible. This includes nominations for co-chairs from donor or multilateral constituencies Agreed that constituency representatives will be self-nominated rather than put to a vote.
6) Noted the need for increased engagement with civil society via a CSO platform and/or watchdog and validation roles.
7) TOC needs more clarity on country feedback mechanisms and two-way information flow; not just a top-down approach.

Country selection:

1) Ambition for criteria 1 and 5 while encouraging 1-2 fragile states to join
2) Main priority is self-selection and prioritizing countries with weaker HIS. Variety is also key. Move forward with initial 8 countries as soon as possible.

Country engagement:

1) Get started on communications package and website updates (3-4 months).
2) Follow-up with current pathfinder countries on status and with self-nominated countries that require a partnership approach for country reps in SRG/WG.
3) Map out coordination mechanisms to understand key constraints.
4) Leverage data exchange standards rather than recommend specific software to promote integrated approach and align with national health policies and plans.
5) Need for increased focus on disaggregated, subnational and community data.
6) Need for standard definitions (i.e. risk/age groups, terminology, etc).
7) HDC must have both a technical and political role – technical alone not enough.
8) Data must flow both ways and technical support should respond to country data needs rather than global reports; not only about producing, but also using data. Triangulation should be a priority.
9) Resourcing and capacity were key issues in the past. By taking a more open, consortium-based approach this will allow HDC to be agile and responsive. HDC should not be selecting countries; countries should be reaching out and advising.
10) For countries with partners on the ground, must engage all sectors (M&E, digital health, registrars) early on to address fragmentation and take stock of donors and funding mechanisms on regular check-in calls.

HDC ecosystem:

1) Secretariat to maintain updates to GHI table of linkages and overlap with HDC
2) TOC to clarify HDC role in terms of sharing updates and reports with wider system
3) Key role/value of HDC to countries is coordinated funding mechanisms amongst partners and donors; noted that open data sharing policy could be an opp for high impact and visibility in context of COVID-19

4) Need clear understanding on alignment with other GHIs like SDG GAP, UCH2030 and avoid risk of duplication, especially around digital health.

Working groups:

1) Five independent WG – exchange info on country selection for better alignment (WHO and co-chairs). Agreed that while WG have independent scope and deliverables, all will be guided by HDC mission, priorities and TOC. Noted that HDC is not a funding mechanism itself and this must be clear to countries.
2) WG co-chairs as part of SRG calls/meetings
3) Encourage WG to communicate through Secretariat
4) Agreed to resurrect routine health information systems WG with a focus on standards and guidelines for open data sharing.
5) Noted need for continuity plan as environment evolves and agreed to keep number of WG to a minimum with sub-groups or focal points as needed.
6) Update WG graphics on overlap and unique scope i.e. Venn diagram and use this for gap analysis against country needs.
7) Develop clear timeline for deliverables, coordination and outreach strategy.

Workplan priorities:

1) Secretariat to update workplan based on three priority objectives with an added pillar on governance and advocacy based on 2018 activities along with new TOC. Will circulate for feedback and follow-up with a call.
2) Communications strategy: build website document/tools repository with clear messaging on objectives, mission and TOC focused on added value for countries and other stakeholders. Branding will be important. Partners to review/distribute.
3) Map out high-level meetings and events i.e. Road to Bern to promote HDC.
4) Use HDC as a coordination mechanism for inputs on data-sharing related to COVID-19 in both emergency and non-emergency settings.
5) Review SDG GAP actions at country and global level for alignment.
6) Start thinking about how to measure impact of HDC more broadly. WG can all take a part of larger HDC goals and be accountable for progress in diff areas.
7) Need an evaluation and accountability plan to measure impact and progress. Ability of countries to measure HRSDGs could be one indicator; members requested to provide further thoughts on indicators to the Secretariat.
8) Need clear understanding of how past challenges have been addressed and why the HDC 'reboot' will be different.

Specific member/partner actions:

- WHO (Craig): Share draft WHO data sharing policy to inform guidance for policy-makers on open access data in countries; share communications survey on website and key messaging; disseminate information on Community Health WG from Ana; send link to SCORE country examples.
- UniOslo (Jorn and Kristin): Share details on global response group for COVID-19.
- UNICEF (Jennifer): Share details on PMNCH multi-constituency platform.
- Isabella Maina: Provide brief write-up on key learnings from Kenya.
- UNICEF (Debra): Provide info on other successful e-networks such as AeHIM; send additional background materials on CRVS module.
- USAID (Adele): Share any other background materials on digital health and interoperability.
- ALL: Share any other useful tools or documents that have helped countries evaluate data quality or encouraged data exchange for the website repository; review GHI country priority table and provide any feedback to Craig.