HEALTH DATA
COLLABORATIVE

Note for the Record – Monthly HDC SRG Meeting		
Location: Zoom **Date:** 18 February 2021, 16:00-17:00 CET *Meeting Chair: Somnath Chatterji (WHO)*		
HDC Co -Chairs	Helen Kiarie (Kenya) Jennifer Requejo (UNICEF)	
HDC Participants:	Countries	Leonard Cosmas (WHO-Kenya) Janette Karimi (M&E officer, Kenya MOH)
	Multilateral and Intergovernmental Organisations	Elaine Borghi (WHO)
	Donors	Tessa Lennemann (GIZ) Nicola Wardrop (UKFCDO) William Weiss (USAID)
	GHIs	Jeff Markuns (PHCPI)
	Civil Society	Pam Dixon (WPF)
	Research, Academia and Technical Networks	Carrie Eggers (US-CDC) Chris Murrill (US-CDC)
	Private Sector	Patricia Monthe (MEDx Care) Ruchika Singhal (Medtronic)
	Observers	n/a
Working groups:	*Community Data* Remy Mwamba (UNICEF), Ana Djapovic Scholl (USAID) *RHIS :* Jean Pierre de Lamalle (RHINO) *Data and Digital Governance:* Vidya Mahadevan	
WHO secretariat:	Craig Burgess, Mwenya Kasonde, Nina Benedicto	
Objectives: 1. To provide updates on Kenya and Nepal HDC activities; 2. To provide inputs into draft ToRs for proposed epidemic intelligence WG 3. To provide inputs for biannual GRG meeting 24th March		

Agenda:
1.   Welcome and introduction: Chair (5 mins)
2.   Country Updates (20 mins)
  •   Kenya priorities and suggested alignment (Kenya MoH)
  •   Nepal update on priorities and alignment (Nepal country team)
3.   Working Group Updates (10 mins)
  •   WG call and regular update mechanisms, secretariat support for WGs
  •   Epidemic Intelligence proposed TORs inputs (CDC, GIZ)
4. Partnerships (5 mins)		

- SDG GAP update (secretariat, UNICEF, UNFPA)
5. **Comms and events (15 mins)**:
    - Global Representatives Group meeting in March 24th (issues / times)
    - Side Event of the 52nd session of the United Nations Statistical Commission (UNICEF)
6. **Next steps: Chair (5 mins)**

SUMMARY OF DISCUSSION

<u>**Country Updates (20 mins)**</u>

<u>Nepal update on priorities and alignment (Nepal country team)</u>

HDC Secretariat - Craig Burgess
- Priorities from Nepal;
- Short Term (12-18 months)
    - SDG and UHC data reporting in 22 priority hospitals
    - Improve hospital information systems using digitalization and harmonization of digital efforts
    - Medical certificates of death through MCCD and outpatient service recording
    - Learning centres established to strengthen capacity for routine health information systems
    - To establish and strengthen M&E coordination mechanisms at province level with match mechanism at national level
- Long Term -aligned with national plan
    - Digitization of routine health information systems
    - Strengthening MPDSR focused on the coverage of death counts
    - Supporting local levels for optimal use of data
- Priorities to be presented by MOH to partners at a meeting planned on 3 March (confirmed since SRG call)

WHO Kenya - Leonard Cosmas
- Question regarding SDG data reporting; how is Nepal ensuring data is available for reporting on SDG progress?

In Response:
WHO – Somnath Chatterji
-
- Data is coming from routine health information systems, much of is not targeted at SDGs and UHC, however data coming from facilities can inform SDG monitoring
- HDC partners need guided by and partner with Ministries to see how to strengthen this

HDC Secretariat – Mwenya Kasonde
- Gaps in Nepal in monitoring health related SDGs mainly mortality and morbidity reporting
- Proposal aims to strengthen this specifically in facility based health information systems

HEALTH DATA COLLABORATIVE

Kenya priorities and suggested alignment (Kenya MoH)

Kenya - Janette Karimi

- Kenya has been in the front line for HDC implementation since launch in May 2016
- Dormant for a period of time because mechanisms to ensure HDC operationalization we're not in place
- Kenya health sector partnership framework, launched in 2020, outlines how partnerships are coordinated and how different inputs or different sectors, work together to achieve specific objectives
- Meeting for the Health Information System and Monitoring and Evaluation Inter Agency Committee in February aligning with Kenya HDC
- Review of progress;
  - o MTR of Kenya Health Strategic Plan in 3 steps (statistical data analysis, financial landscape analysis, health systems operational environment)
  - o COVID 19 health facility readiness assessment started in July
  - o Kenya Demographic Health Survey 2021 planning underway. Important additional modules proposed (non-communicable disease _ including biomarkers such as height, blood sugar etc, COVID 19, healthcare financing)
  - o Strengthening CRVS through Rapid Mortality Surveillance
  - o Kenya Digital Health Platform, in collaboration with WHO
- Priorities 2021
  - o Completion of KHSSP MTR. Need to view each county at a glance and develop policy briefs based on these reports
  - o Kenya Demographic Health Survey, with huge cost implications due to decentralized system
  - o Rapid mortality surveillance with support to strengthen CRVS and RapidPro mobile system which is the system being used to ensure we have a more robust timely way of collecting our mortality data and the follow up analysis and dissemination of the findings
  - o Primary Health Care Progression Model, with PHC being seen as backbone of UHC in Kenya

WHO Kenya - Leonard Cosmas
- Cost implications of demographic health survey is mainly due to trying to have a sub national estimate unlike before where the survey results were at a national level
- Question is how other countries are funding such huge services and what can be done in a country such as us to be able to fully meet the cost implication required for implementing the survey

Kenya - Helen Kiarie
- DHS is in preliminary stages of the discussions we might struggle with balancing between the major disease drivers HIV, malaria, TB. This is because much of the funding comes from USAID, which is mainly interested in HIV data, HIV biomarkers and sample

- Will be good to see the experience of other countries and also get some sort of guidance from other partners in terms of good balance between the modules, between the indicators and collect data that is the most efficient
- Also recognise the gaps in SDG data would appreciate a candid discussion on how to address this
- Revising some of those indicators needs targeted guidance, would appreciate support from partners on this

WHO-Somnath Chatterji
- Separate call planned with Leonard about the DHS
- We are in the process of launching the World Health Survey Plus and we can build synergies between that and the DHS

MedxCare - Patricia Monthe
- Are you working with any specific company to develop the HER?

Kenya - Leonard Cosmas
- The digital platform, which is the end to end for the digital health electronic health record system that we are building, is fully supported technically and financially by WHO, especially the regional office
- We are building it with the users in country defining from scratch the business requirements at every service points within a health facility
- That is what we have programmed into workflows that we have then translated into the digital health platform
- Some international consultants from South Africa and Canada have supported this and we also have in country software developers seconded by the Ministry of Health
- We have also provided capacity building on the software programming that we are using for the development of the digital platform
- So yes, it is home grown and we are working with the users who are the Ministry of Health to be able to define it

MedxCare - Patricia Monthe
- Happy to provide additional support needed from the private sector

UNICEF - Remy Mwamba
- On the rapid mortality survey using RapidPro, we do have some capacity if additional support is needed

Kenya - Leonard Cosmas
- We are working closely with the UNICEF country office, and they have seconded for their technical team to provide technical support towards customization of the data collection system that we intend to use for this
- We had intended to conduct these in 12 sub national level counties 12 counties and there are budgetary implications

WHO-Somnath Chatterji
- We are in the process of rolling out our strategic implementation plan for CRVS, we see rapid mortality surveillance as a stepping stone to strengthen national CRVS systems

- The more partners, we can get to support this endeavour in Kenya, the better

Working Group Updates (10 mins)

WG call and regular update mechanisms, secretariat support for WGs

HDC Secretariat – Mwenya Kasonde

- If you see that your group is not represented here, then please do get in touch with us and secretariat and do update us on your deliverables
- Newly formed routine health information systems working group is active, meeting next month
- Main deliverables around harmonisation of existing tools as well as integrate public health surveillance into RHIS
- Community health working group are launching their guidance document, meeting the first deliverable
- Ongoing work on capacity building at country level
- Governance Working Group looking to document best practice for data and to help governance specifically
- CRVS Working Group again around collaborating and sharing knowledge from country to country

Epidemic Intelligence proposed TORs inputs (CDC, GIZ)

US CDC - Carrie Eggers

- Previous working group that I think had been less active
- Main aim of this group is to improve epidemic intelligence focused around enhanced detection and response to public health events
- Looking to collaborate on investments that are already being done around surveillance and health information systems, particularly around outreach detection and response
- Focusing on our participating countries to help develop strategies for how to better use data and to improve data quality
- Developing a specific strategy around coordinating these resources and particularly around capacity building towards better use of data with focus on the national and sub national levels
- Also thinking about the one health approach not just multiple data sources around human health, but pulling an animal and environmental
- Also talking about identifying and connecting these different groups and initiatives that compile epidemic intelligence data
- Focusing on national and sub national levels, but also thinking about the regional and global levels and how we can share data for epidemic control
- Identifying other groups and initiatives and coordinating with them also
- Helping particularly our priority countries at first and developing specific strategies on how to implement tools at scale, focusing on timeliness, completeness, keeping in mind, some of the frameworks that are already in place around indicators to measure how we're detecting and responding to epidemics

- As part of the deliverables we hope to contribute to the development of a document that would be a single source of this type of guidance on data standards for detecting public health events and managing responses
- We hope that this guidance would be provided to countries to help them improve their national surveillance systems early outbreak detection and response
- TORs will be circulated for detailed feedback

Partnerships (5 mins)

SDG GAP update (secretariat, UNICEF, UNFPA)

HDC Secretariat - Craig Burgess
- Of the 12 members of the SDG GAP nine of them are in the HDC
- Reached out to UNDP and UN Women to join the HDC as well
- Discussion that the data and digital accelerator of SDG GAP and HDC should be one in the same and would be more powerful certainly for countries
- This to really help alignment
- SDG GAP is going to be increasingly focused on equity and disaggregated data with connection to primary healthcare
- Overlapping countries are Malawi, Kenya, Uganda and Nepal
- Principles call took place last week, attached slide deck has some of the conclusions of that that call

WHO – Somnath Chatterji
- We definitely want to work together to make sure that all the different partners that overlap between HDC and the SDG GAP ensure that our efforts are aligned in countries

PHCPI - Jeff Markuns
- The Kenya, Malawi, Nepal and Uganda alignment, are those all sharing this focus on equity?

In response
HDC Secretariat - Craig Burgess
- Good question, we want to be driven as much as possible by country needs but so far this is the focus

Kenya - Helen Kiarie-Kenya
- Are these discussions still at the global level or has there been any discussions with countries?

In response
HDC Secretariat - Craig Burgess
- There have been discussions with the SDG GAP secretariat and Nepal, Malawi, Kenya and Uganda as well, both with the WHO system and, in some instances, with the Ministry of Health
- Discussions are in early stages in the last few months

Comms and events (15 mins):

HEALTH DATA COLLABORATIVE

Global Representatives Group meeting in March 24th (issues / times)

HDC Secretariat – Mwenya Kasonde
- Reminder of biannual global partners meeting planned for 24th March
- Half day event similar to last meetings in March and September
- Focus on countries, bringing in regional perspectives as well
- Talking more of regional approach within the HDC and then looking at the work of the working groups and outputs from the Workplan
- Also plans for regional events, AFRO and SEARO, later in the year (September)
- Regional Health Information System Conference will take place on 21st to 23rd of April, hosted by Nepal, originally due to take place in Myanmar last year but disrupted due to COVID

Side Event of the 52nd session of the United Nations Statistical Commission (UNICEF)

UNICEF - Jennifer Requejo
- Planning a side even that will focus more on reporting on age disaggregation
- Session will discuss the challenges that countries are facing with collecting and reporting on this kind of information
- We are planning on having some countries participate in a panel also and will share a concept note

WHO – Somnath Chatterji
- Getting disaggregated data has been a big challenge during this pandemic
- We wanted to draw attention to this

We will share the concept note, and we will also send out the meeting details of the invitation to all partners so that they can join as well.