

<b>Note for the Record – Monthly HDC SRG Meeting</b>		
<b>Location:</b> Zoom		
<b>Date:</b> 19 August 2021, 16:00-17:30 CET		
<b>Meeting Chair:</b> Helen Kiarie (Kenya)		
<b>Co-Chairs</b>	Somnath Chatterji (WHO), Steve MacFeely (WHO), Jennifer Requejo (UNICEF)	
<b>Participants:</b>	Countries	Paul Mbaka (MOH-Uganda) Julius Ssempiira (WHO-Uganda) Ray Ransom (CDC-Uganda) Dr. Solome Nampewo (WHO - Malawi)
	Multilateral and Intergovernmental Organisations	
	Donors	Nicola Wardrop (UKFCDO)
	GHIs	Heidi Reynolds (GAVI) Jeff Markuns (PHCPI)
	Civil Society	
	Research, Academia and Technical Networks	Carrie Eggers (CDC-US) Chris Murrill (CDC-US)
	Private Sector	Patricia Monthe (MedxCare)
	SDG GAP	Hendrik Schmitz Guinote
	Observers	Dennis Jarvis (CDC-US) Nathaniel Moller - PMI
<b>Working groups:</b>	<i>Community Data</i> Remy Mwamba (UNICEF) <i>CRVS</i> Azza Mohamed Badr (WHO) Debra Jackson (LSHTM) <i>RHIS</i> Jean Pierre de Lamalle (RHINO) <i>Data and Digital Governance</i> Vikas Dwivedi <i>Epidemic Intelligence</i> Karl Schenkel (WHO) Stephane Hugonnet (WHO) Greg Kuzmak (WHO)	
<b>WHO secretariat:</b>	Craig Burgess, Mwenya Kasonde, Nina Benedicto	
<b>Objectives:</b>	<ol style="list-style-type: none"> <li>1. To review HDC Governance changes incorporating collaboration with SDG GAP data and digital accelerator</li> <li>2. To present Uganda’s data and digital priorities</li> <li>3. To present and approve 4 country HDC summaries and 2 regional HDC consultants</li> <li>4. To present and approve Epidemic Intelligence working group TORs</li> <li>5. To consider COVID 19 consultancy</li> <li>6. To seek input into Regional Global Partners Meeting</li> </ol>	

**Agenda:**

- 1. Welcome and introductions (chair) (5 mins)**
- 2. Introducing WHO new co-chair (Steve MacFeely, replacing Somnath Chatterjee) (10 mins)**
- 3. HDC Governance update (20 mins)**
  - Renewing governance to include SDG GAP data and digital accelerator
- 4. Country updates (20 mins)**
  - Presentation from Uganda
  - Presentation of 4 country priorities
  - Update on engagement of regional institutes and update of regional HDC consultants
- 5. Working Group Updates (10 mins)**
  - Epidemic Intelligence TORs
  - Introduction of COVID19 WG and potential consultancy candidates
- 6. Partner Updates (10 mins)**
  - Presentation on PMI country profiles
- 7. Comms and events (15 mins)**
  - Overview of October Global Partners Meeting, hosted by 2 African regional institutes
- 8. Next steps: Chair (5 mins)**

## SUMMARY OF DISCUSSION

### **Welcome and introductions (chair) (5 mins)**

Kenya\_Helen Kiarie

- Making good progress on the HDC work plan.
- Discussed today's agenda and meeting objectives.

### **Introducing WHO new co-chair (Steve MacFeely, replacing Somnath Chatterjee) (10 mins)**

WHO\_Somnath Chatterji

- Stepping down as co-chair from WHO.
- Steve will replace me.
- Acknowledge the tremendous progress that has been made on the HDC over the last few years.
- It is my pleasure to hand this co-chair to Steve.
- Steve MacFeely is the new Director of Department of Data Analytics at WHO.

WHO\_Steve MacFeely

- Thank you to Somnath for doing such a sterling job.
- I'm a statistician by training.
- Spent most of my career working in different national and international statistical offices.
- Joined WHO last month.
- Still getting to understand all the mechanisms, but it is a great pleasure to be here.

### **HDC Governance update (20 mins)**

#### **Renewing governance to include SDG GAP data and digital accelerator**

HDC Secretariat – Craig Burgess

- Bringing together partners who are engaged with the SDG GAP data and digital accelerator.
- SDG GAP is 13 multilateral agencies to support countries to accelerate progress toward SDGs.
- Align ways of working to reduce inefficiencies and provide streamline support to countries.
- Suggest focusing on Malawi, Nepal and Pakistan for SDG GAP.
- Has secretariat, strong links and regular calls with principals, Sherpas and working groups.
- Have stronger links with data and digital efforts for linking them with health impacts, specifically equitable primary health care.
- HDC is a collaborative platform with a broader range of stakeholders and constituencies that are not necessarily part of the SDG GAP.
- Trying to bring SDG GAP and HDC together as there's a lot of overlap and often calls include the same people.

- Suggest a discussion with all SDG GAP data and digital accelerator members on a call
- On September 16;
  - HDC and SRG calls become the SDG GAP data and digital calls.
  - The number of SRG representatives increases from 12 to 13.
  - Rachel Snow from UNFPA is currently the co-chair for the SDG GAP data and digital accelerator.
- Minor changes in the governance, which is really increasing the number of SRG representatives from 12 to 13 and that UNFPA plays a major role as co-chair of the SDG GAP data and digital accelerator.
  - Could invite a broader range of partners to participate, such as observers.
- Suggest a renewed focus on Malawi, Nepal and Pakistan within the SDG GAP data and digital.
- Should we strengthen constituencies by keeping a reduced number of people on calls (i.e., 12-13 members with working group heads), or open up calls for the HDC as observers?
- Leaning towards strengthening constituencies as it is easier to manage efforts.

#### WHO/SDG GAP\_Hendrick Schmitz Guinote

- Thanks to Craig, Somnath and Mwenya for the leadership.
- Proposal being put forward is in the spirit of the Global Action Plan, reducing fragmentation and focus on data as a key opportunity to understand progress towards SDG targets to support countries in recovering from the COVID pandemic.
- Progress is too slow to achieve the targets.

#### Kenya\_Helen Kiarie

- Makes sense to harmonize the two efforts.
- Agree that this will increase efficiency with similar initiatives being run by 2 organizations.

#### Question

#### UKFCDO\_Nicola Wardrop

- Good to see more formal inclusion of the GAP.
- There has been previous discussion about the Access to COVID Tools (ACT) accelerator, the work they are doing on data, and whether there might still be scope for them to join as well.
- There are some aspects where I don't understand how it would work in practice.
- Including all GAP and HDC members seem reasonable.
- In terms of marrying calls, I don't know what that would mean in practice.
  - Would that change the time required, change the focus of the calls, and what would it mean for country focus?
  - Would Pakistan become an HDC country?
- Would like to clarify whether making calls broader means having monthly calls open to all participants.

#### LSHTM\_Debra Jackson

- Great idea to bring these together.

- HDC was originally developed to support the SDGs but is a much broader constituency than the GAP.
- I sit on a lot of global working groups and do find that those help share and coordinate work.
- Need to think about how data and digital will fit into the larger SDG GAP and how the steering group, if combined, would relate to working groups and constituencies.
- SDG GAP probably has similar constituencies.
- Something we can have as one of our first calls is clarifying how we can work together.
- We should work together.
- It's a great idea.

In response

HDC Secretariat – Craig Burgess

- It is definitely in our minds to ensure ACT Accelerator partners are also included, but we felt we need to take one step at a time which is to first encourage SDG GAP data and digital to become part of the HDC.
  - The next steps, in perhaps Q3, is to invite ACT Accelerator partners to be a part of the group as well.
- There are 2 ways to look at the calls:
  - Open up calls so that anyone can participate – Two years ago, calls were previously open to anyone which worked well for people to listen and participate, but it was challenging to manage the dialogue and decision-making from a governance perspective.
    - Mwenya and I are less in favour of this option but is open to suggestions.
  - Have calls with constituency representatives and working group heads in the calls but increase membership by 1 (from 12 to 13) to include UNFPA as they are currently the co-chair of data and digital.
- SDG GAP has 30 or 40 people in the call, and members are either part of the multilateral constituency or the Global Health initiative constituency.
- Would be good to discuss this further on September 16.
- Will have to discuss with the SDG GAP secretariat, but there are advantages.
- There's room for improvement to build constituencies and ensure they have secretariat support to organize the calls.

WHO\_Hendrick Schmitz Guinote (SDG GAP)

- Focusing on country level work and supporting that is key to the SDG Global Action Plan.
- Past joint discussion on Malawi and Nepal is good example of how that can look.
- Pakistan is a discussion to be had, but it is a strong focus from both the PHC and Healthcare Finance accelerators to get the data side more active.
- Expect the number of GAP countries with a focus on data to increase over time.
- There's strong engagement from PHC and added value from the 13 multilateral agencies providing more joint support to the countries.
- I think that is where we can discuss making that happen.

HDC Secretariat – Mwenya Kasonde

- Three levels to merge the two groups on a practical basis and on a monthly call-to-call basis.
  - Proposing that the secretariat of the SDG GAP support this effort. They are invited to join the monthly SDG calls.
  - Include UNFPA, who co-chairs the data and digital accelerator on the GAP side. This would include the membership of the group from 12 to 13.
  - Could open the call to anyone who wants to participate. It is important to remember that there now 307 members of HDC (compared to 94 a year ago), and there would be potentially 307 members participating the calls.
    - As we move forward with the country focus, there are 1 or 2 members who want to know more about what is happening in the countries and the calls are a good opportunity to find out what is happening.

#### Question

LSHTM\_Debra Jackson

- Agree that 307 members on a call is impossible.
- As the SDG gets better and we want to work with more groups, I wonder whether we need, or if there are plans to have an annual open meeting where everyone can listen.

UKFCDO\_Nicola Wardrop

- Are there other options? Is there a way to separate out some of the items to retain some SRG items for only the SRG?
- Is there a special circumstance to have observers and have more open calls for country focused work, because that could be something the broader members would be interested in.
- It's not easy to get feedback through constituency representation.
- Might be useful to have a specific agenda item in future on how constituency representation is working in practice.

In response

HDC Secretariat – Mwenya Kasonde

- Have a leadership meeting which is proposed to be an annual event.
- That will be open to all interested HDC members, and members of the public.
- There are bi-annual meetings which is another opportunity for all of HDC to come together.

HDC Secretariat – Craig Burgess

- We can respond to requests but feel there is a need to strengthen constituency approaches and communications and feedback to prepare for monthly calls.
- We can ask each constituency individually and present at next SRG.

Kenya\_Helen Kiarie

- Need to look at how countries participate in some of the working groups.
- There's no mechanism to bring everyone together.

- Perhaps if there's specific agenda item as Nicola suggested and have more open calls around specific topics and working group.

### Country Updates (20 mins)

#### Presentation from Uganda

#### Presentation of 4 country priorities

#### Update on engagement of regional institutes and update of regional HDC consultants

MoH\_Uganda-Paul Mbaka

- Key strides made in the last 5 years.
  - Rolled out an electronic medical records system (EMR) in the public sector.
    - Initially it was disease specific, covering HIV clinic.
    - Had 2 systems: OpenEMR and ClinicMaster which was a locally developed solution.
    - Rolled out other EMR to cover the rest of the clinic in national and regional hospitals.
    - Expect EMR will be integrated with the one that was previously at the clinic.
  - Have a community health information system (CHIS) that we would like to implement.
    - Conducted a number of user acceptance testing and are finding the requirements for some adjustments to the system.
  - Have been developing key guiding documents to help with standardizing implementation, but nearly all are still in draft.
  - Started the process of deploying network infrastructure and computing device to service delivery points to enable digitization.
  - Implemented a health information exchange – can currently exchange viral load requests from EMR into our lab information system and receive results back.
- Challenges
  - Significant burden of reporting due the use of a non-digital system.
  - Governance challenges as a result of weak coordination which results in duplication and fund shortfalls.
  - Guidelines are largely in draft, and some still have not been developed.
  - Issues with standardization.
  - Weak enforcement for the few guidelines that exist.
  - Many of the systems that we have deployed are partner-funded and partner-controlled. There is weak leadership and control for the governance.
  - Insufficient investment in infrastructure for digital tools.
  - Where there are digital tools, they are standalone – weak interoperability between systems.
  - Most data digital tools that have been deployed are data collection focused and have not helped with optimizing service delivery.
  - Low government funding.

- HR structure in the Ministry of Health is not responsive or aligned with the digital transformation.
- Priorities for Uganda extracted our strategic plan from 2021-2025
  - Governance and enabling environment
    - Focus on strengthening human resource capacity at the Ministry of Health and subnational levels to enable digital tools.
    - Improve governance, leadership and stewardship.
    - Ensure a multi-sectoral partnership and collaboration for the implementation of health information and digital health initiatives.
      - this is where HDC is one of the platforms that we think can strengthen and revitalize.
    - Mobilization of resources.
    - Strengthen institutional capacity through transfer of technical support skills from WHO, CDC, UNICEF, etc.
    - Have a weak M&E system for digital health – would like to adopt, together with other monitoring system, maturity models as formal mechanisms for evaluation of digital systems.
  - Infrastructure for digitization
    - Working with Ministry of ICT, particularly the National Information Technology Authority, to build facilities and other points of service delivery for consumption of digital health.
    - Implementing last mile data connectivity across the health structure.
      - We have 35 health facilities, mainly the national referrals, regional referrals, and a few district hospitals connected to the national backbone infrastructure for internet.
      - Expect to widen the scope of this connection in the next 5 years to all general or district hospitals and lower-level health facilities.
      - Also hope to implement alternative connectivity to these services to have a backup to rely on.
    - Ensure availability of reliable electrical power
      - The 2 solutions rely on electrical power infrastructure.
      - Significant challenges in this area.
      - Also implementing alternative power mechanisms, such as reliable solar power, to support this.
  - Digitization of point of care
    - Would like to promote mechanisms for the provision of remote care.
      - Major progress made during COVID by setting an environment in the private sector to provide telemedicine and would like to expand to the public sector.
      - Working with different local governments to implement tele-mentoring and tele-training.
      - Would like to expand the scope so that it is mainstream.
    - Scale up the use of patient-level digital point of care.



- Expand scope of deployment of EMRs beyond national, regional and federal hospitals.
    - Initiated the process of implementing a community HIS connected to the national parish information management system.
  - Integration of systems – implement interoperability of data systems.
    - Implement core registries.
    - Standardization of naming.
  - Research and innovation.
    - Conduct operational research to improve implementation.
- Presentation slides will be shared.

#### HDC Secretariat – Mwenya Kasonde

- Have a set of 4 documents outlining data and priorities for ministries of health of Malawi, Botswana, Kenya and Nepal.
- Reached out to 1 or 2 constituencies and working groups to determine how best to support the priorities.
- This is an opportunity to provide feedback on what you have seen.
- If this is something the HDC should keep doing or if there are other options, please let us know by email.
- We are interested in hearing feedback on the documents that have been circulated to see where we can improve and forward to address the priorities.

#### HDC Secretariat – Craig Burgess

- Thanks to Mwenya and all the colleagues in all the 4 countries.
- Hoping to extend to 6 countries by October for our event.
- This hasn't been done before, so we are looking for feedback.

#### UKFCDO\_Nicola Wardrop

- Have not had time to look in detail, but they look useful.
- Within our constituency, we have 2 different types of organizations where decision-making is decentralized to the country level and where there is no country-based staff.
  - With the latter, it is more difficult to get an understanding what the country-level priorities are. This will be useful for that.
- Relating to this and the presentation from Uganda, the request is to have a better understanding of the extent to which country-based partners are involved and engaged in the process and how we can best support the connection and country.

#### MedxCARE\_Patricia Monthe

- We have not had a chance to read the documents but thank you for the work.
- Enjoyed the presentation from Uganda.
- From the private sector point of view, particularly for provision of actual technology, it is interesting to see the country overview.
- It helps us to have a portfolio view of what's happening in terms of UHC in the different countries.

- We haven't been able to have this level of detail at the UHC private sector meeting, such as where countries are stuck and might need help from the private sector.
- The HDC platform gives us a chance to see what's happening with the countries we're involved with.
- We might need to dig deeper to determine where we can add value.
- We are testing things in Malawi which can be applied to other countries.
  - For example, I can see opportunities in Uganda in their work with international institutions.
- We can connect other private sector partners as well if they are interested.

#### HDC Secretariat – Mwenya Kasonde

- Take note of the issue of whether partners in country have been engaged in addressing these priorities and the potential involvement of the private sector.
- Can discuss with the Ministry of Health.
- Open to feedback. Please send in writing by email.

#### HDC Secretariat – Craig Burgess

- Looking for feedback on:
  - How these documents may be used specifically for partners who want to align resources for the identified priorities.
  - The priorities themselves.
- Would like to finalize in the next couple of weeks.

#### HDC Secretariat – Mwenya Kasonde

- Had discussion about making use of regional platforms to assist with the work being done in different HDC countries.
- HDC currently covers 2 regions: Africa and Southeast Asia.
- Keen to see how countries can be best supported and how capacity building, specifically, can be encouraged.
- Looked at 1 or 2 institutes that we could engage with.
- Objectives of engaging with a regional institute:
  - Advocate and champion for healthcare data in the region.
  - Provide technical assistance to different HDC countries.
  - Provide training and capacity building in the regional context, bring people and information together and build capacity at all levels.
  - Host a regional meeting in October 2021.
    - Could be an ongoing event.
    - Second meeting could take on a regional focus.
    - This year, it is proposed that it be hosted by Africa as there are more HDC countries based in the African continent.
- Had preliminary discussion with 2 potential institutes to host the event.
  - Kemri Wellcome Trust based in Kenya.
  - Institut Pasteur in Senegal.

HDC Secretariat – Craig Burgess

- Conceptually we imagine that this is a mechanism to scale up potential impact of HDC, strengthen regional coordination mechanisms with different agencies as institutes.
- Have had initial discussion with other regions as well.

HDC Secretariat – Mwenya Kasonde

- Engaged 2 consultants for Africa and Southeast Asia to support activities outlined in the HDC work plan, mainly around the alignment agenda for CRVS and HIS, both technical and financial investments by HDC partners in HDC countries.
- This has been requested by colleagues quite broadly.
- Consultants will be starting work on these specific activities this week.
- TORs were circulated.

### **Working Group Updates (10 mins)**

#### **Epidemic Intelligence TORs**

##### **Introduction to COVID19 WG and potential consultancy candidates**

HDC Secretariat – Craig Burgess

- Update provide on behalf of Carrie who had to leave the meeting early.
- Working group is still in draft.
- It was suggested in October 2020, in response to requests from UNICEF UK, GIZ and CDC to resurrect this group and finalize the TOR.
- There's still some fine tuning to be done on the scope of the TORs.

Epidemic Intelligence-Karl Schenkel

- Have developed a terms of reference but are still discussing the scope and the objectives.
- Have discussed resources, and the background and history of the HDC as the WHO teams have not been involved with the HDC.
- I am working on a TOR with a reduced scope and more realistic objectives which will be shared with colleagues next week when they return from holidays.
- Finalize version should be available in the next 2 weeks.

HDC Secretariat – Craig Burgess

- COVID-19 position was advertised, and we received over 41 candidates who have now been shortlisted to 3 candidates.

HDC Secretariat – Mwenya Kasonde

- COVID-19 consultancy is part of the work plan.
- There has been a lot of interest across different agencies, such as WHO, UNICEF and others.
- TORs were circulated by email.

- Expect to have a final candidate in the next few weeks.

#### Question

LSHTM\_Debra Jackson

- What are the COVID-19 case studies?
- Will it broaden to essential health services disruption?

Kenya\_Helen Kiarie

- There is a health learning hub being coordinated by WHO to have case studies on how countries handle data issues around COVID-19.
- It might have a focus on essential health service.
- Will there be linkage to that?
- I think it is already published on the website.

Epidemic Intelligence-Karl Schenkel

- Have you engaged with other consultants or WHO groups that are involved in the COVID-19 response?

In response

HDC Secretariat – Craig Burgess

- Case study is about how countries have dealt with the multiplicity of demands on information for COVID-related issues.
- Case studies on data to demonstrate fragmentation and the work needed when there are multiple sources of COVID data, including how they responded and lessons learned.
- The principal focus is COVID-19, but we can monitor to see what case studies emerge.
- Good feedback to have (regarding the health learning hub).
- Linkages were not discussed in depth when developing the TORs.
- Will make sure there is no duplication.
- TORs were circulated broadly to the hub internally and with the emergency department.
- There was an opportunity to provide feedback and comments.
- Happy to discuss offline with Karl on involvement of WHO working groups.

### **Partner Updates (10 mins)**

#### Presentation on PMI country profiles

PMI\_Nathaniel Moller

- Innovation Advisor with the US Presidents Malaria Initiative.
- Hosting a webinar through the HDC platform on September 14.
- Overview of PMI's newer digital community health initiative and the work that will be presented next month.

- I also sit on the HDC Community Data Working Group,
- PMI has programs in 27 countries – 24 in Africa, plus Cambodia, Burma, and Thailand.
- Launched our digital community health initiative in the middle of last year with a vision to strengthen quality health delivery at the community level in PMI countries.
- Done by investing in the scale up of digitally enabled community health platforms.
- 5 opportunity areas for this:
  - Equip frontline works with connected mobile tools to increase the effectiveness of equitable case management (e.g., digital job aids, workflow support through digital diagnostics, etc.).
  - Improving access to near real-time, high-quality data.
  - Catalyzing a cultural shift and using that community data for decision-making at all levels of the health system.
  - Using digital to catalyze the integration of services at the community level.
  - Empowering community health workers, which can include digital payments to support institutionalization and payment of salaries, etc.
- Partnered with Digital Square to conduct an assessment across all 27 PMI countries to enable digital tools at the community level on each country.
- Link shared (<https://digitalsquare.org/community-health>).
- Have 10 out of the 27 profiles posted right now.
- Most are in final stages of editing and approval, and will be posted in the coming weeks before the webinar.
- Looked at 3 areas to enable digital health for community platforms.
  - People – equipping community health workers with digital literacy skills.
  - Governance – describing national strategies and policies that provide the framework for community health programs to use and implement digital tools.
  - Systems – describing the processes and digital tools to enable community health platforms to effectively use digital technology to strengthen service delivery.
- Done through a malaria lens.
- Took a health systems approach to this.
- One valuable part of these profiles is the country specific recommendations that were created with key stakeholders in each country.
- Some recommendations are malaria- and ICCM-specific, but many are not.
  - E.g., strengthening the digital curriculum for community health workers, or doing an assessment on a handful of different tools to determine which one should actually be scaled up across community health platforms, etc.
- Webinar will highlight 4 countries: Cameroon, Kenya, Malawi and Tanzania.

HDC Secretariat – Mwenya Kasonde

- As part of the monthly HDC webinar series, there will be more presentations from PMI on this.
- Invite to come in the next few days.

## Comms and events (15 mins)

### Overview of October Global Partners Meetings, hosted by 2 African regional institutes

HDC Secretariat – Mwenya Kasonde

- October biannual meeting is hosted by Kemri Wellcome Trust, based in Kenya.
- Co-host is not confirmed yet but hoping for Institut Pasteur in Senegal.
- Propose a slightly different format based on feedback received from partners in March.
  - 2 half days of about 2-3 hours each.
  - Regional focus to the discussion and activities.
- Day 1 would include:
  - HDC status update.
  - Presentation of the 2020 report and review of 2021 milestones.
  - Session on HDC ecosystem.
  - SDG GAP updates.
  - Updates on UHC 2013.
  - Updates on other initiatives that complement the HDC.
- Day 2 would be more of a country focus.
  - Country best practices in thematic areas.
  - Working groups, including CRVS, Digital Health, Data Governance, Community Data and RHIS.
  - Peer-to-peer learning – opportunity for countries to learn from each other.
- Also an opportunity for other countries who are interested in the HDC to learn and share experiences.

UKFCDO\_Nicola Wardrop

- Would be good to have broader voices heard during the session.
- On Day 1, where there is working groups, it would be good to try to determine how this forum can be used to think about and feed into priorities that crosses multiple working groups.

Question

WHO\_Azza Mohamed Badr

- Can we include/combine countries of SDG GAP as best practice?
- For example, from CRVS, Pakistan is starting a good CRVS system. They are building it now.

In response

HDC Secretariat – Craig Burgess

- Yes, we would like to propose that Pakistan become an HDC countries.
- We work extensively in Pakistan to recognize CRVS, so it is an important issue.

**Next steps: Chair (5 mins)**

Kenya\_Helen Kiarie

- Suggest sending the proposed agenda to SRG members for comments and input.

HDC Secretariat – Craig Burgess

- After the call with Kemri and Institut Pasteur, we will include their input.
- There will be a more formal agenda at the next SRG meeting.
- This agenda is just for initial ideas.
- Feel free to email ideas about the agenda.
- See some good progress on HDC, including harmonizing efforts with the SDG GAP group.

Action Points

Action	Person Responsible	Timeframe
<b>Distribute MoH_Uganda's presentation slides to members</b>	Secretariat/MoH_Uganda	
<b>Provide feedback on the 4-country priority in writing to HDC Secretariat</b>	HDC members	
<b>Send invitation to HDC webinar series for PMI</b>	Secretariat	
<b>Send HDC biannual agenda to SRG members</b>	Secretariat	