Note for the Record – Biannual Global Partners Meeting	
Location: Zoom **Date:** 24 March 2021, 13:00-18:00 CET ***Meeting Chair: Helen Kiarie (Kenya)***	
HDC Co -Chairs	Somnath Chatterji (WHO) Jennifer Requejo (UNICEF)
WHO secretariat:	Craig Burgess, Mwenya Kasonde
Objectives: 1. To present the context in which the HDC is developing, as it relates to the COVID-19 pandemic 2. To present country data and digital priorities which HDC partners can align themselves around based on each constituency's added value 3. To update the HDC on the outputs of each of the seven working groups and seek input on these outputs from HDC partners	
Agenda: Welcome Co-chair reflections Introductions, objectives and overview of agenda Session 1: For information and inputs - The current context of HDC Session 2: For information and decision - HDC status update (September - March), Update and review of 2021 Milestones, HDC country and member alignment Session 3: For information and decision: Working Groups Action points and responsibilities Co-chair reflections and actions in 2021 Closing remarks	

HEALTH DATA COLLABORATIVE | GLOBAL PARTNERS MEETING
24th March, 2021

Contents

Session 1: For information and inputs - The current context of HDC

Presentation by UHC2030 - Richard Gregory (WHO)

- HDC has an important role to play in the overall UHC2030 movement and could be a related initiative
- UHC2030 has a diverse membership including countries, multilateral agencies, civil society (through a civil society engagement mechanism, which has over 800 civil society organizations involved), a private sector constituency with around 50 members
- With that membership, tried a platform for bringing together voices and perspectives from across those different constituencies
- Provide a platform for promoting accountability for UHC commitments and we find a platform for collective action for stronger health systems
- An evolution from the IHP Plus on how different partners work better together with focus on donor relationships
- In 2019 the UN High Level Meeting brought together different partners and came together behind a set of six key asks including leaving no one behind, legislation regulation, gender equality and emergency preparedness
- These are all reflected in the political declaration
- Promoting action in these eight areas that want to see from countries and from all the partners supporting this
- Realise the importance of data in achieving our goals, specifically disaggregated data
- HDC as a collaborative is important, brings partners together in a harmonized way for supporting countries data systems, do similar work in terms of health systems overall
- This year want to ensure that:
  - UHC and the health systems approach is prioritized in the COVID 19 response and building back better health systems. Last year put out a policy paper on COVID 19 and UHC making the links
  - Make links with ACT-A and the equitable distribution of COVID-19 vaccines
  - 2023 High Level Meeting on UHC and the UN Secretary General is wanting to bring together a joined up approach to health. Will look at how members can contribute
- Practically that means;
  - keeping in touch and providing a space for letting us all know or each doing
  - Looking at joint events
  - Doing shared webinars and events eg Health Systems Research Symposium last year
  - Providing a shared platform to engage with the UN High Level Meeting

Presentation by SDG Global Action Plan - Hendrik Schmitz Guinote (WHO)

- SDG3 Global Action Plan is a joint commitment of 13 multilateral agencies to help countries accelerate progress towards the health-related SDGs, leaving no one behind, including in the context of countries efforts to recover and rebuild from COVID-19

- It was launched in September 2019 at the UN General Assembly just following the UHC High Level Meeting, and before the first SDG summit
- Published a first progress report last year in September
- Builds on four basic commitments; Engage, Accelerate, Align, Account
- The seven accelerators cover thematic areas where all the signatory agencies felt that they are active, one of these accelerator areas is data and digital health
- Others include primary health care and sustainable financing for health
- Working together with the HDC was a deliberate decision to avoid duplication and ensure that resources come together, where countries express an interest in having this joint support
- The leads for the data and digital accelerator are WHO and UNFPA
- The focus for that collaboration has been disaggregated data for equity
- The focus countries are Nepal, Kenya, Malawi and Uganda
- Working on the next progress report that will come out in May this year in time for the World Health Assembly
- Strong focus on country case studies with eight country case studies in the report
- Also developing a monitoring framework for the overall Global Action Plan implementation, which will have a strong element of country case studies
- Simple questionnaire to be filled out at country level to provide feedback on the collaboration of the agencies focusing on areas for further improvement, and that will be finalized some sometime in April

Presentation by ACT-A - Dirk Horemans (WHO)

- ACT-A (Access to COVID Tools Accelerator)is a multi-partner initiative to support countries to establish or strengthen their COVID 19 response capacities and to maintain the provision of essential health services
- ACT-A has three pillars focusing respectively on diagnostics, therapeutics and COVID 19 vaccines
- Across these three pillars, the health system connector aims to provide cross-cutting health system support for the deployment of COVID 19 tools
- Seven work streams focusing on the clinical components of country health systems, health financing, workforce, supply chain community responses, private sector, clinical care and our integrated health services monitoring stream
- Examples of agency collaboration; the Global Fund has deployed tools for their spot checks with UNICEF deploying the community toolkit
- Many of the HDC partners are already engaged across the ACT-A pillars and the health system connector, if others are interested they can be connected

Discussion
Questions
Lola Dare - Chestrad Global
- How does the HDC help to coordinate data across the civil society platform and amplifying data use and principles?

Response
- ACT-A; Community Assessment Tool linking to civil society respondents, community health workers or other community leaders
- UHC2030; Civil Society Engagement Mechanism
- SDG GAP; Monitoring framework country questionnaire will also go to civil society at country level

UNAIDS - Taavi Erkkola
- UNAIDS is conducting network assessments, looking at the service disruptions for people living with HIV and key populations in need of treatment
- There's a lot of qualitative data
- What would be the best way to share and take stock of issues around this, recognising the value HDC in coordinating and sharing these insights

In Response
UK FCDO - Nicola Wardrop
- Propose a series with partner profiles and priorities, either recorded sessions or seminars looking at data partnership and country capacity models

USAID / DH&I WG - Adele Waugaman
- USAID is looking at how we might more clearly understand digital systems and capacity readiness at the country level for investments in response to the COVID 19 crisis
- Will try to collectively leverage across a number of different funding entities and collaboration with countries to do these assessments with the goal of understanding better where there are strengths within countries and where there are continued gaps and where there are strengths
- This would include data from a USAID Map and Match activity which is doing an extensive mapping of digital systems in use at the country level across 25 different countries that align with USAID funding priorities
- Since the Ebola outbreak had the creation of the principles of donor alignment for digital health and have been calling for countries to have their own national digital health strategies and funders to align around those

Session 2: For information and decision - HDC status update (September - March), Update and review of 2021 Milestones, HDC country and member alignment

HDC Secretariat - Craig Burgess
- Presentation of HDC governance, members of the SRG and constituencies
- Private sector constituency now active
- Presentation of workplan and milestones and planned evaluation in 2023
- Additional TORs for consultant support going through UNICEF
- Four focus countries (Kenya, Malawi, Uganda, Botswana) align with SDG GAP
- Six active working groups

- Welcome to new members
- Emphasising positive feedback from December leadership event and thank you to all who participated

Presentation from Ministry of Health and Population Nepal - Keshav Raj Pandit

- Earlier this month Nepal MOHP hosted a meeting of HDC partners
- The following priority issues were presented during this meeting
- Background
  - Remarkable data gaps to monitor Health SDGs is observed; mainly in the areas of Mortality, Morbidities and disaggregation of core indicators
  - Routine, population-based data sources and country estimates serve to measure the progress
  - National health policy, 15th Development Plan of the Government, Nepal Health Sector Strategy have talked on to improve health information and monitoring systems and embark to digital health information systems
  - Increasing efficiency and effectiveness of health services are the major aim besides improving HIS.

> **Priority Action 1:**
> **RHIS strengthening for SDG & UHC data reporting with enhance focused interventions for Hospital Information System improvement in digital environment; standardization (ICD), medical certification of cause of death (MCCD), OPD service recording in prioritized federal level 22 hospitals**
> **Priority Action 2:**
> **Learning centers establishment and capacity strengthening on RHIS (ICD, MCCD, DHIS, EHR, EMR etc.) in collaboration with academia, targeting capacity building of both public and private sectors**
> **Priority Action 3:**
> **Strengthening HIS and M&E coordination mechanism at provincial levels**

Ministry of Health Kenya - Janette Karimi

- **Major sources of health information;**
  - **Routine sources:** HMIS data , Human Resources Information System (IHRIS) LMIS, Program specific databases (TIBU etc),Civil Registration Services data
  - **Population-based survey sources:** Demographic Health Surveys ,HIV/AIDS; KENPHIA , The Kenya TB Prevalence Survey, MIS, Sub-national surveys, STEPs survey, Household Health Expenditure and Utilization Surveys,
  - **Surveillance Data;** The HIV/AIDS Epidemiological Surveillance reports , Tuberculosis surveillance data
  - **Facility assessments;** The Kenya Harmonized Health Facility Assessment (KHFA) 2018
  - Kenya Service Provision Assessments (KSPA),Service Availability Readiness Assessment (SARAM) 2013
  - **Administrative data**
- Progress 2020-2021

- o **Mid Term Review of Kenya Health Sector Strategic Plan---MTR being finalized**
  - o SDG progress report developed
  - o Planning and performance reviews are important for regular tracking of health sector performance
  - o Kenya Demographic Health Survey in planning
  - o Strengthening Civil and Vital Registration Statistics
  - o Primary Health Care Vital Signs profiles developed at National and sub national level
  - o Implementation of UHC underway
  - o DHIS2, a key source of service delivery data well implement and used widely
  - o Data analysis strengthening
- Kenya Priorities
  - o Develop an SDG implementation framework to Institutionalize measurement of SGDs
  - o Develop County factsheets, Policy briefs from the MTR
  - o Develop mechanisms to bridge data gaps before end the NSP in 2023 and Support SDG reporting through
  - o Institutionalization of planning and performance reviews at all levels
  - o Support for Kenya Demographic Health Survey (KDHS) 2021
  - o Strengthen death notification, registration and cause of death reporting in Kenya
  - o Implement the progression model of the VSP
  - o Annual evaluations
  - o Institutionalize Support supervision at all levels
  - o Capacity for Data analysis strengthening
  - o Implement DQAs to improve quality of data

Ministry of Health Malawi - Simeon Yosefe

- Digitization of HIS a priority for Malawi in the next 2-3 years
- National HER Taskforce created in this regards with following objectives;
  1. Formation of national task force to develop concrete roadmaps for the following:
  - o Review status of Electronic Health records, E-Register, EMRs, e-Master cards and concretize the roadmap towards comprehensive patient level information management platform
  - o Review the status and concretize the iCHIS road map
  - o Review the status of ISS operationalization and concretize the ISS roadmap
  - o Review the status of selected HIS SOPs and concretize implementation roadmap
  - o Review the status of the Civil Registration and Vital Statistics and to develop a roadmap for the implementation of a comprehensive CRVS system
  - o Review the status of connectivity interventions and concretize roadmap for implementation

  2. Conduct a workshop to review and integrate all key partner activities in the 2021/2022 Digital Health Work Plan
  3. Review and establish MoUs all DH partners

- Funding Mechanism

- o Funding Mechanism is seen to be a critical factor for sustainability
- o This however, hinges on donor confidence on our ability to manage the resources transparently and also accountably
- o As such there was a thought of creating our own PIU
- o But we were mindful of the government policy on PIUs
- o As such as a ministry we have resolved to use the only existing PIU in the Ministry.
- o The Global Fund PIU

Ministry of Health and Wellness Botswana - Tony Chebani

- Data and Digital Priorities
  - o Improve data governance in the health sector (Harmonization of health information Indicators, data collection tools and M&E plans)
  - o Institutionalise health sector performance reviews
  - o Build adequate capacity on data analysis
  - o Resuscitation of the E-Health cluster to oversee the implementation of the e-Health strategy
  - o Establish Standards and interoperability framework for Botswana
  - o Establish electronic unique identifier (UID) and electronic Master Patient Index (MPI) for use in the health system of Botswana
  - o Development of the Centralised Electronic Medical Record for all clinics in Botswana
  - o Development of the National Tele-medicine Programme
  - o Establish DHIS2 as the default reporting system for the entire health sector
  - o Upgrade ICT infrastructure (LAN/WAN, Computers, Tablets, Wi-Fi Connection, Hosting Server Environment)

Constituency Input

Private Sector

Medtronics - Kelly Shelden
- Models are focused on last mile health care delivery at the primary care level
- Leverage community health workers and primary care networks for screening and long term care management with technology
- Main challenge is ensuring that as we're building software that ensure transparency, security and open access to data

MedxCare - Patricia Monthe
- Close association of private sector constituency with UHC2030
- Keen to match country specific needs
- Projects are currently sourced through UN Global Marketplace platform
- Are there other ways the private sector can reach out to countries and provide value, considering also country collaboration with development banks?

Donors and Philanthropic Foundations

UK FCDO - Nicola Wardrop

- Provision of financial support immediate added value
- Aligning funding and around national priorities
- Advocacy and influence over implementing partners
- Challenge of spending decisions made bilaterally at the country level, and whereas involvement in HDC global partners group tends to be at headquarters level
- Not always possible at headquarters to influence the decisions of bilateral spending
- Development of cost of health information and digital health strategies and can be really helpful to support partner alignment
- This helps partners to identify national priorities and organizational objectives can be aligned
- Challenge of access of national priorities, national strategies and costed plans
- HDC could facilitate broader sharing where these are available and where they become available to help bring alignment
- Should be engagement with the national coordination mechanisms
- Dependent on particular donor and country, no one size fits all

Global Health Initiatives

Primary Healthcare Performance Initiative - Jeff Markuns

- Partners are committed to aligning on data initiatives and promoting greater integration as requested from countries today
- Many GHIs cover specific health areas and so it can be hard to link up with very broad cross cutting activities
- Many of the initiatives also have priority country partners
- Most importantly engagement depends on identifying and being aware of opportunities
- PEPFAR is a good example of a GHI disease specific, but also supports broader health system
- Still more than half of their funds are dedicated to HIV treatment services with some additional portion set aside for priority groups such as vulnerable children with HIV
- Also opportunities to promote guidance and policy at a global level, which is a step away from the country needs
- PHCPI tries to ensure we have formal document in partnership with ministries
- This way they sign off on any published data that all data collection reviews is done in partnership with them
- Transitioning into seeking deeper country engagements and seeking country partnerships, I expect that Kenya will be one of those core partners

Research, Academia and Technical Networks

CDC - Chris Murrill

- Network of subject matter experts
- Resource to help identify data in digital champions in each of the HDC countries and identified national and sub national data and digital institute's supporting the HDC objectives and key country priorities
- Also to help identify and review proper use and adaptation of global tools

- Helpful to hear country's concrete priorities and needs in the more technical realm of the area of research in academia
- **Take note of the learning centres proposed in Nepal, need to increase capacity in Botswana and need for improved data quality assessments in Kenya, etc.**

Multilateral Organisations

WHO – Somnath Chatterji

- Multilaterals have a strong presence in countries
- Main strength is introducing global goods, including guidance documents and standards
- Need to align in the implementation of these standards in countries
- Challenge is slightly different priorities amongst the different multinationals and priority countries may not be the same
- When there is a specific request from a particular country to a particular multilateral, need to see how all the multinationals present in the country can collectively support efforts in the country

UNICEF - Jennifer Requejo

- Also provide technical assistance and some capacity building activities
- Agree with challenges around differences in priorities, although, in some ways that could be positioned better as complementarities
- Need for alignment at regional offices important

Civil Society

ACON - Justin Koonin in absentia

- Civil society and communities role in ensuring accountability, data shadow reporting and advocacy
- There are structures at the country level that exists to coordinate civil society across different health issues
- Coordinate input into other groups at the global level
- Civil society constituency of HDC is aiming to work more closely with countries and align with country priorities

Session 3: For information and decision: Working Groups

Digital Health and Interoperability

- Objectives
  1. Optimizing the **meaningful use and reuse of health information technology** in low- and middle-income countries to support achievement of SDGs through the implementation of foundational digital health infrastructures.
  2. Actively promote the development, use, and long-term support of digital health '**global public goods**'.
  3. Increasing, in a measurable way, the level and **alignment of country and partner investments** in support of Objectives 1 and 2
- Small active working groups
  o Gender/Diversity, Equity & Inclusion

- o Artificial Intelligence & Machine Learning
- o Maturity Model
- o Digital Health and Climate Change
- o Convergence Workshops on DH Governance & Architecture
- o Digital Health Governance
- o Digital Health Business Value Proposition and Market Shaping
- o Digital Health Curriculum and Capacity Building
- o Digital Health Data Privacy and Security

Community Data

- Completed the development of the CHW guidance for strategic information and service monitoring
- Preparing for the official Launch of the CHW in April 6th
- Technical webinars in April and May for further dissemination
- Priorities for 2021-2022
  - o Pursue the dissemination of the CHW guidance
  - o Enhance country engagement: More involvement of countries in working group activities
  - o Develop a toolkit allowing countries to implement community health information system, including the maturity model NAVIGATOR
  - o Consider barriers to community data integration and use across all levels
  - o Support a learning agenda: implementation research, and across-fertilization across countries
  - o More focus on learning from COVID-19 community health efforts

Routine Health Information Systems

- Objectives
  - o To support identification of gaps and prioritization for global goods used for RHIS
  - o To support the selection, adaptation and use of global goods for country RHIS needs

- Deliverables
  At Global Level
  - o Review of facility and community based RHIS that includes defined and harmonized standards, protocols, tools, and best practices
  At Country Level
  - o For each of the HDC focus countries, highlight best practices on RHIS
    - o To be used for sharing and peer learning
    - o To adapt for strengthening with focus on district level and below

Data and Digital Governance

- <u>Updates</u>
  - o Newly approved WG (Dec 2020)
    - o Open group, inviting members to join
    - o Request to have more participation from country MOHs
  - o Collaboration with Transform Health on formulating a set of data principles

- <u>Upcoming</u>
  - determine if WG members approve LoI
  - small group
  - We invite new members and/or review of the scope and specific areas to work together

Civil Registration and Vital Statistics

- <u>CRVS WG revitalized</u>
  - New TORs finalized and discussed within the HDC.
  - Call for membership from CRVS partners.
  - Membership now includes UNSD, CDC, Vital strategies, academia and national CRVS focal persons for the 10 HDC countries.
  - Inaugural meeting organized by HDC secretariat.
  - Monthly meetings anticipated.
- Deliverables
  - **Global**
    - Info sharing & collaboration
    - Resource mobilization for CRVS strengthening
  - **Country**
    - Align support to HDC countries for CRVS practices & systems implementation
    - Intensify implementation of CRVS tools & resources for strengthened CRVS systems implementation

Epidemic Intelligence

- Aims and Objectives
  - *To improve Epidemic Intelligence for enhanced detection and response to events of public health concern*
  - Create opportunities for collaboration around investments in surveillance and health information systems for outbreak detection and response.
  - Assist countries in developing strategies for better data quality and use for early outbreak detection and rapid response.
  - Develop specific strategies for coordinating resources towards building capacity for better use of data at subnational levels
  - Contribute technical expertise in Health Information Systems/solutions to other global initiatives with the aim to merge information from multiple sources.

- Proposed Deliverables 2021-2023
  - Identification of stakeholders investing around surveillance, data integration, and program implementation for detection and response
  - Establishment of core focus areas through dialogues on
  - Improving data quality and use
  - Workforce development at subnational levels
  - Technologies for data capture, integration and exchange
  - Financial strategies to enhance sustainability
  - Stakeholder alignment

- o Contribution to guidance for data and analytic standards for detecting public health events of international concern and managing responsesoImprove national surveillance systems
- o Indicator and event-based surveillance
- o Integration and use of diverse data sources from multiple sectors (One Health)
- o Dissemination of accepted guidance to countries

Discussion

LSHTM – Debra Jackson
- Call for more country participation across all groups

CDC – Ben Dahl
- For EPI working group; how to we ensure to use this opportunity to improve interoperability amongst different platforms?

CDC – Carrie Eggers
- Example of the current Ebola outbreak in Guinea
- Using the case-based module tracker module for COVID and have adapted and built a module to use for the Ebola response
- Also activities around monitoring contact tracing. A group in Sri Lanka have developed an application for this for COVID
- The WG aims to develop awareness of different tools

WHO - Karl Schenkel
- Need to consider epidemic intelligence from open sources and creating a community of users and experts that contribute to this
- Also tripartite element, engaging the United Nations Environment Program to consider animal health and climate data is important

WHO - Philip AbdelMalik
- Need to understand how this group will align to existing mechanisms and groups

Takeaways, Action Points and Responsibilities

HDC partners need to appreciate *what* countries need / priorities are and *how* coordination works:
Identify and address critical data gaps – ToC / SCORE / other tools
Align support through 'single-window' type approach to strengthen data and health information systems in countries NOT create more vertical program specific data systems and continue fragmentation.
Track progress regularly on progress for data and health information systems
Countries with costed plans can show return of investments on strengthening data and information systems & efficiency gains in reducing costs
Linking availability of timely, reliable and actionable data ultimately should be able to deliver health impact on populations. All this needs to be done in partnership, including civil society and the private sector.

All countries reporting multiple data collection tools – affecting electronic data collection tools – in HDC countries can we prioritize alignment and being driven by country priorities

Significant gains made in HHFA, SCORE, SPA, ACT A. But still gaps and need for further alignment – HDC role in supporting this alignment as tools rolled out and contextualized

Within HHFA, RHIS WG and SPA – identify what aspects are still not aligned
Consider regional approaches, institutes and support in 2021

Consider regional champions and peer review / learning event Q3 / Q4 2021
6 functioning WGs – continue to diversify membership, clear deliverables

Systematic approaches and contributions to countries and links to HDC goals

Data Governance Summit June / July all will be invited to join

Propose a series with partner profiles and priorities, either recorded sessions or seminars looking at data partnership and country capacity models

Annex 1
Participants List

Name	Organisation
Anis Fuad	Asia eHealth Information Network
Benjamin Dahl	CDC
Carrie Eggers	CDC
Chris Murrill	CDC
Kamran Naim	CERN
Lola Dare	CHESTRAD
Steve Ollis	CHISU/JSI
Roy Small	Consultant
Marie Donaldson	CUNY
Jim Sherry	CUNY/Chautauqua Health Network
Lydia Boudarene	European Commission
Nicola Wardrop	FCDO UK
Heidi Reynolds	GAVI
Tessa Lennemann	GIZ

Paul Dielemans	GIZ Malawi
Maria Petro Brunal	Global Fund
Karen Bett	Global Partnership for Sustainable Development Data
Craig Burgess	HDC Secretariat
Ifeoluwa Olokode	Helium Health
Shona Olalere	Helium Health
Debra Jackson	LSHTM
Kelly Shelden	Medtronic Labs
Patricia Monthe	MedXCare
Helen Kiarie	MOH Kenya
Janette Karimi	MOH Kenya
Malangizo Mbewe	MOH Malawi
Jacob Kawonga	MOH Malawi
Maganizo Monawe	MOH Malawi
Simeon Yosefe	MOH Malawi
Keshav Raj Pandit	MOH Nepal
Ravi Mishra (Ravi Mishra)	MOH Nepal
Tony Chebani	MOHW Botswana
David Morgan	OECD
Adrienne Cox	PAHO
Jose Escamilla	PAHO
Oscar Mujica	PAHO
Patricia Nilda Soliz Sanchez	PAHO
Vilma Gawryszewski	PAHO
Vikas Dwivedi	Palladium
Brian Taliesin	PATH
Dykki Settle	PATH
Irum Zaidi	PEPFAR
Mark DeZalia	PEPFAR
Uchechi Roxo	PEPFAR Malawi
Jeff Markuns	PHCPI
Margaret Farrell	Resolve To Save Lives
Jean Pierre de Lamalle	RHINO
Theo Lippeveld	RHINO
Reuben Ndindi	Sentiance
Michelle Monroe	The Global Fund
Grace Kiwanuka	Uganda Healthcare Federation
Ivan Onyutta	Uganda Healthcare Federation
Irene Lulu	UN Tanzania
Taavi Erkkola	UNAIDS
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Teresa Martens	UNDP
B Mijoni	UNFPA
Lisa Grace Bersales	Uni Phillipines
Jennifer Requejo	UNICEF
Remy Mwamba	UNICEF
Jørn Braa	Univ Oslo
Kristin Braa	Univ Oslo
Stuart Campo	UNOCHA
Adele Waugaman	USAID
Ana Scholl	USAID
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Rachel Lucas	USAID
Veronica Chipeta-Chirwa -	USAID
Vidya Mahadevan	USAID
William Weiss	USAID
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Solome Nampewo	WHO Malawi
Paban Ghimire	WHO Nepal
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Idris Sekibo	WHO Tanzania
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Mary Mwale	
Oscar Alfredo Martínez	
Peter Donaldson	