



HEALTH DATA COLLABORATIVE

Note for the Record – Monthly HDC SRG Meeting		
Location: Zoom		
Date: 21 October 2021, 16:00-17:00 CET		
Meeting Chair: Mwenya Kasonde (HDC Secretariat)		
Co-Chairs	Steve MacFeely (WHO)	
Participants:	Countries	
	Multilateral and Intergovernmental Organisations	Sainan Zhang (UNFPA) Witness Chirinda (UNFPA) Isadora Quick (WHO) Chelsea Maria Taylor (WHO)
	Donors	Ernesto Lembcke (GIZ)
	GHIs	
	Civil Society	
	Research, Academia and Technical Networks	Carrie Eggers (CDC)
	Private Sector	Patricia Monthe (MedxCare)
	Observers	Diane Holland (UNICEF) Nadege Ade (UNICEF)
	Working groups:	<i>CRVS</i> Azza Mohamed Badr (WHO) <i>RHIS</i> Jean Pierre de Lamalle (RHINO) <i>Community Data</i> Ana Scholl <i>Public Health Intelligence</i> Stephane Hugonnet (WHO) <i>Digital Health and Interoperability</i> Paul Biondich
WHO secretariat:	Craig Burgess, Alexandra Laheurte Sloyka	
Objectives:		
<ol style="list-style-type: none"> 1. To review the constituency-based governance of the HDC 2. To present an overview of the COVID 19 case studies 3. To provide strategic direction on milestones and work plan for 2022-2023 		
Agenda:		
<ol style="list-style-type: none"> 1. Welcome and introductions (chair) (5 mins) 2. HDC Governance (15 mins) <ul style="list-style-type: none"> • Review and approval of updated HDC governance September 2021 • Review and discussion on constituency-based governance mechanism • Update and added value from private sector constituency 3. Partner updates (5 mins) <ul style="list-style-type: none"> • Update from SDG GAP 4. Working Group Updates (10 mins) 		



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- COVID 19 case study overview
 - Epidemic Intelligence call for members
- 5. Comms and events (5 mins)**
- Update on October Global Partners Meeting
- 6. AOB (15 mins)**
- Open discussion on strategic direction for 2022-2023
- 7. Next steps: Chair (5 mins)**



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SUMMARY OF DISCUSSION

Welcome and introductions (chair) (5 mins)

HDC Secretariat – Mwenya Kasonde

- Overview of today's meeting objectives and agenda
 - Review the constituency-based governance of the HDC
 - Overview of the COVID-19 case studies
 - Strategic direction on milestones and work plan for 2022-2023
 - Would like feedback on progress so far and suggestions for improvement to move forward.
 - External evaluation still planned for 2023.
- Overview of agenda
 - HDC governance discussion
 - Update from SDG GAP colleagues
 - Working group updates
 - Communications and events

HDC Governance update (15 mins)

Review and approval of updated HDC governance September 2021

Review and discussion on constituency-based governance mechanism

Update and added value from private sector constituency

HDC Secretariat – Craig Burgess

- Keen to review governance, that is, what is working well and what is not working well.
- Timeline
 - Would like feedback during this call and the November call to have a clear governance structure, work plan, and milestones approved in December.
- Propose:
 - Continuing with monthly HDC SRG calls with all SDG GAP Data and Digital members, and all HDC members.
 - Received feedback that sometimes it is difficult reaching representatives, or people just want to listen to the dialogue.
 - Representation of constituencies to propose, speak or vote on behalf of their constituencies.
 - Additional multilateral representative. Rachel Snow from UNFPA to join.
- Would be implemented through the HDC milestones and work plan with targets, which is planned for approval in December.
- SDG GAP Data and Digital
 - Flexible. Calls may be every two months.



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- Will focus on geospatial efforts led by UNFPA and others, SCORE, and 3 focus countries (Pakistan, Malawi and Nepal).

WHO - Isadora Quick

- Two groups (SDG GAP and HDC) have discussed how to best align with the governance of the HDC and the Data and Digital Health Accelerator.
- We came up with this solution that Craig presented.
- From the Secretariat's perspective, we are in favour of aligning to the extent possible and reducing the burden on members in terms of meetings.
- Made sure there would be no disconnect between the 2 mechanisms.
- We think the proposed solution would work well, but important to remain flexible.
- Can always rethink and make changes as we move forward.
- Would still be useful to convene the Data and Digital Accelerator Working Group from time to time to work on specific issues, such as how to best use data to drive joint impact of country level, which could feed into the HDC SRG monthly calls.
 - Could be complimentary.
- Secretariat is very happy with this proposed solution. Happy to keep supporting the Accelerator and with the supporting the HDC.

HDC Secretariat – Craig Burgess

- Received feedback that the HDC and SDG GAP work is process heavy with a lot of calls.
- Constituency based representation.
- Currently, there are 7 constituencies with representatives in SRG.
 - Strengths: There are broad multi-constituency views on different issues, encourages collaboration and links within constituencies, efficient to manage, knowledge brokering, etc.
 - Weaknesses: Not all constituencies are able to coordinate or take part in global discussions, challenges in countries for some constituencies being at the table or engaging with coordination, regional level is led by multilaterals.
- Propose continuing with 7 constituency representation model but noting 2-year representatives with a possibility of a 3-year maximum.
- Encourage more sharing within constituencies, gather views and feedback on activities.
- Would like to know how much support from the Secretariat is needed to do this.
- Propose having focused support for certain constituencies.
 - Civil Society is challenged in this. HDC could support focal points in key countries to have an ability to be represented in a more formal way.
- Propose all HDC members attend monthly calls to view proposals and vote as necessary through representation.

UNFPA_Sainan Zhang



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- UNFPA joined recently, co-chairing the SDG GAP accelerator on data and digital health.
- The areas we are focusing on is CRVS and geospatial to support digital health, particularly to champion the use of geospatial data, health facility data, and integration of census data, etc.
- Also thinking about using geospatial data to better support data collection systems, including how to help the government build a strong health facility information system from data collection to data use.
- Focus on 3 countries: Malawi, Pakistan and Nepal.
- Hosting a Centre of Excellence on CRVS.

UNFPA_Witness Chirinda

- Also want to add the SCORE initiative by WHO.
- Great that we are moving forward with this collaboration.

Question

CRVS-Jean Pierre de Lamalle

- What is the rationale for the 2-year representative? I'm not sure I understand that completely.

In response

HDC Secretariat – Craig Burgess

- When the governance document was developed 2 years ago, we did not want the same person representing their constituency for only one year and conversely, for many years with no change at all.
- Asked around and many felt that 2 years was ideal, with a maximum of 3 years.
- When coming up to the 2-year mark, each constituency may wish to talk within their own constituency about how and who best to represent their constituency going forward.

HDC Secretariat – Mwenya Kasonde

- There have been some issues brought to our attention, such as constituencies feeling passive in the meetings and don't have much say in the matter which puts them off.
- Quite a few other issues raised, so we look forward to hearing more thoughts today.

Question

WHO-Stephen MacFeely

- Did the groups that don't feel they have a say or feel marginalized give an indication as to why or provide thoughts on what would help to address it?

In response



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HDC Secretariat – Mwenya Kasonde

- The general feeling is that the SRG has “voting rights”, so to speak, where there are 2 groups that potentially decide on issues discussed in the meetings.
- There is not always a coordinated flow of information of what happens in this meeting.
- Smaller constituency-based meetings, if and when they do meet, they do not have a say in the matter as the 2 representatives decide, which do not always reflect the opinions of the entire group.

HDC Secretariat – Craig Burgess

- Also, some constituencies do not have the capacity to either join or engage at some level.
 - Civil Society and some colleagues from ministries of health face challenges joining, because it is beyond their daytime jobs whereas for multilaterals and some donor constituencies, it is more part of their daytime job.
- It is an issue of capacity and ability given competing priorities.

MedxCare - Patricia Monthe

- We, as private sector, also struggle.
- We want to be a part of this and contribute, but as a profit organization, we struggle with whether we come as a volunteer, what is expected of us, affordability, what we can do for different governments, etc.
- We don't know where to place resources.
- Private sector always attends and listens at these meetings, but we don't know where to come in.
- Want to pilot something in Malawi to experiment but ultimately did not.
- If anyone has ideas from our perspective, we are more than happy to hear it. We can learn from others.

HDC Secretariat – Mwenya Kasonde

- Background of the private sector pilot in Malawi that did not end up happening.
- In Malawi, the private sector wanted to pilot a mechanism of collaboration in different constituencies and be more active on the ground and in country.
- Private sector is a little more sensitive when dealing with governments, so we pulled back a little bit.
- This is an opportunity for the group to reflect on this.
- We have country priorities on this.
- Consider how the HDC should engage with the private sector in particular and whether colleagues are comfortable with the private sector responding directly to governments to establish priorities.
- Would be interesting to know how others have done this, what have advice you have for HDC for our interaction with the private sector, and what value add you would like to see.

Question



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WHO-Stephen MacFeely

- In the terms of reference, is there anything about the private sector engagement that clarifies the rules of engagement for private sector and members states? Or do we have to rethink every time we go into a different country?
- Is there a way to agree on a set of principles?

In response

HDC Secretariat – Mwenya Kasonde

- The principles of HDC are that we are multi-stakeholder. We try to represent all constituencies as equally as possible.
- The sensitivity from the private sector comes from the fact that part of the Secretariat of HDC comes from WHO. The WHO is bound by the FENSA Agreement (Framework for Engagement of Non-State Actors.)
 - We did not have a private sector constituency up until 8 months ago due to these sensitivities.
- Craig and I have been trying to work and engage with the private sector in a manner that respects the FENSA principles.
- We approached colleagues at UHC 2030 as they also have private sector constituencies and members who were “FENSA-cleared”.

Partner Updates (5 mins)

Update from SDG GAP

WHO - Isadora Quick

- Nothing else to add.

Working Group Updates (10 mins)

COVID 19 case study overview

Epidemic Intelligence call for members

HDC Secretariat – Mwenya Kasonde

- Diane Holland joined as a UNICEF consultant to support the work of HDC, UNICEF, WHO and other organizations.
- The HDC workplan has a COVID-19 element to it. We wanted to get 1 or 2 case studies for data use, specifically for supporting essential health services in the context of COVID-19.
- This was requested by a lot of partners.

UNICEF - Diane Holland



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- Want to present the scope of work, get initial feedback on the scope and methods, and identify ways to engage the HDC to move this forward.
- This came about because different constituencies were interested in capturing the lessons learned.
- Objectives:
 - Develop 3 country case studies on collecting, sharing, and using data to support the continuation of essential health services delivery during COVID-19.
 - Share lessons and practices that may be replicable.
 - Document practices that can be replicated in other locations to help countries in achieving the health SDGs.
 - Primary audience is the country level government, UN, Civil Society, private sector groups, and constituencies of HDC. Secondary audience is at the regional and global level representatives who are working to support this type of collaboration.
- Deliverables and process
 - 3 country case studies comprised of 10-12 pages.
 - Overarching synthesis document that can embed the learning across countries to support essential health services and COVID-19.
 - Discussed having a global webinar to amplify knowledge.
 - Preliminary identified case studies from Latin America, Asia, and Africa.
 - In the process of discussing and getting feedback from regional colleagues in WHO and UNICEF on which countries should be documented and have the bandwidth to participate.
 - Some overlap with SDG GAP and HDC countries.
- Proposed timeline
 - October – scoping period.
 - November/ December – data gathering, case study development, engaging with country level colleagues.
 - January/February – getting feedback, updating and further developing the case studies, vetting and finalization.
- Presented overview of proposed questions of interest to illustrate very broadly how countries collect, analyze, and use data to inform new and adapted health service programming.
 - Focus on data use and data journey.
 - Secondary focus on how data was used to create innovative adaptations to ensure continued essential health services.
 - What investments, enablers, obstacles, and solutions can we pull out?
 - What are the implications of this experience in moving forward at country, regional and global levels?
- Questions for the SRG
 - What is the vision of success as a result of developing these three case studies?
 - How can we improve the methods and scope?



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- How to best engage the HDC, globally and at country level, in the development and use of this learning?

WHO - Stephane Hugonnet

- We would be quite interested in engage in this project.
- We are in the middle of a transformation of emergency programs, working to understand better, improve and streamline the data flow, data collection, analysis, and decision-making.
- We are interested in collaborating but cannot commit much at the moment.

Community Data-Ana Scholl

- PMI webinar that HDC featured
 - Had guests from Kenya, Malawi, and Cameroon MOHs who spoke on digital community health tools.
 - PMI landscaped 27 PMI countries in relation to more scaled up digital community health solutions.
 - Talked about Malaria and how these community health digital solutions actually service other health areas and priorities (e.g., COVID-19, MCH, HIV, etc.).
 - It's an interesting tool to look at gaps in infrastructure, hardware, software capacity and feedback loops for service delivery improvements.
- Key takeaways from Fourth USAID Global Flagship Community Health Worker
 - How to ensure this aspect of healthcare is well represented overall.
 - Health information systems, contributions from the community health work.
 - Will share a summary to the broader constituency once available.
- Will soon launch the Community Health Work master list implementation guide.
 - Done with the Global Fund support, CHAI and other partners.
 - Guide sets certain parameters or a minimal set of standards of information that would allow us to understand contributions to community health.
- Pilot testing DHIS2 metadata package in West Africa
 - UNICEF will be bringing a member to our group to support the dissemination at the regional and country level.
 - Will share as soon as we have more information.

RHIS-Jean Pierre de Lamalle

- Work is continuing.
- Well-advanced in bibliography at the global level and now focusing on gathering materials and documentation from country case studies. Have more than 150.
- Ongoing work:
 - Documentation classification.
 - Have a discussion tomorrow about making documents accessible, and where to store it (i.e., the platform) for the countries and everyone else.



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- Beginning stages of the reflection on the integration of data surveillance.
- Strengthening membership from countries.

Data and Digital Governance-Alexandra Laheurte Sloyka

- There was a presentation at the Data Governance Summit on the 30th of September.
 - There was good feedback. Satisfied with feedback received.
- Working on engaging with country on data use, strengthening membership with countries, and strengthening collaboration with CRVS working group.
 - Will meet with the CRVS working group in the next week or so.

CRVS-Alexandra Laheurte Sloyka

- Alexandra presented update on CRVS on behalf of Azza Mohamed Badr.
- Working on the planning and implementation of Malawi and Kenya.
- CRVS had a call with DH&I to discuss supporting the implementation.
- Also looking to strengthen membership from donors to get more funding.
- Inviting members from constituencies to express interest in joining them in Kenya and Malawi mission.
 - Discussed yesterday with DH&I.
- Discussion with colleagues at DH&I on digitalization of CRVS.

HDC Secretariat – Mwenya Kasonde

- No updates from Logistics Management & Information Systems. Alex has been trying to reconnect to hear more.
- No updates from Digital Health & Interoperability. Representatives not in attendance, but they are still carrying on with their monthly meetings.
- Epidemic Intelligence
 - Reminder that there is a call for members.
 - Received interest from CDC, UK FCDP, UNICEF, GIZ, and WHO.
 - Please continue to submit your nominations and expressions of interest for membership in this working group.

Comms and events (15 mins)

Update on October Global Partners Meeting

HDC Secretariat – Mwenya Kasonde

- October HDC biannual event has been postponed to December.
- Objectives remain unchanged.
- Had meeting with Institut Pasteur de Dakar and KEMRI Wellcome Trust, who will be hosting this event.
- Considering making it a hybrid event (in-person and virtual).



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AOB (15 mins)

Open discussion on strategic direction for 2022-2023

HDC Secretariat – Craig Burgess

- Suggested vision: The HDC and SDG GAP Data and Digital Accelerator is the partnership platform to align data and digital knowledge and resources for country Health Information Systems related to the health-related SDGs.
- Presented proposed objectives and milestones which has not changed much from previous years.
 - Strengthen country Health Information Systems.
 - Align partner resources with country data and digital priorities.
 - Identify and adapt global goods and tools with local contexts.
 - Provide good governance, secretariat and communication.
- Would like feedback in November and approval in December.
- Need feedback from working group co-chairs about any activities that should be included in the work plan.
- 2022-2023 Milestones – Strengthen country Health Information Systems
 - Prioritize 2-3 data and digital priorities that align with national M&E framework.
 - Data and digital health champions.
 - National data institute for national and subnational capacity building.
 - Identify and support government-led partner coordination mechanism.
 - Data and digital tools being used and adapted to local contexts (focused on SCORE, GHIS and RHIS).
 - 2022 review of best practices for community generated data for tracking communities left behind.
- 2022-2023 Milestones – Align partner resources with country data and digital priorities
 - Look at regional data institutes identified in all 6 regions.
 - 2022 South Asia hosted ‘peer review’ event.
 - Review partner alignment of advocacy, technical and financial resources with government plans (potential for consultancy).
 - Same milestones as Strengthen country Health Information Systems.
- 2022-2023 Milestones – Identify and adapt global goods and tools with local contexts
 - Same milestones as Strengthen country Health Information Systems.
- 2022-2023 Milestones – Provide good governance, secretariat and communication
 - Increase HDC countries from 11 in 2021 to 16 in 2022 and 22 in 2023.
 - Increase HDC membership by >25% in 2022 and >50% in 2023, compared to 2021.
 - Annual HDC leadership event building political and advocacy commitment from governance summit 2021.
 - Independent external evaluation of HDC in 2023.
 - Actively looking at how to manage partnership for donors and partners for HDC country efforts.



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- Functioning secretariat for calls and follow up, biannual meetings, and a functional and accessible website.
- Quarterly reviews.
- Oversight of the work plan linked to SDG GAP and UHC 2030 goals.

Question

RHIS-Jean Pierre de Lamalle

- Is there any kind of funding framework to get an idea of where we are going and how to implement?

In response

HDC Secretariat – Craig Burgess

- The underlying thinking is that a work plan with firm milestones is needed first to get buy-in from HDC stakeholders, and then from that process with identified activities, the country level ministries of finance and donors could potentially cover the funding of specific issues if they wanted to.
- Mwenya and Alex will send an email out requesting input from working groups on activities, including funding support and advocacy support.

Next steps: Chair (5 mins)

HDC Secretariat – Mwenya Kasonde

- Thank you, colleagues. Look forward to further interaction.

Action Points

Action	Person Responsible	Timeframe
Provide feedback on the value add of the private sector.	All	
Share summary of the Fourth USAID Global Flagship Community Health Worker.	Ana Scholl	
Share pilot test if DHIS2 metadata package in West Africa.	Ana Scholl	
Circulate proposed 2022-2023 HDC/SDG D&D vision, objectives, and milestones for feedback.	HDC Secretariat	