



HEALTH DATA COLLABORATIVE

Note for the Record – Monthly HDC SRG Meeting		
Location: Zoom		
Date: 16 September 2021, 16:00-17:30 CET		
Meeting Chair: Jennifer Requejo (UNICEF)		
Co-Chairs	Steve MacFeely (WHO), Helen Kiarie (MOH Kenya)	
Participants:	Countries	
	Multilateral and Intergovernmental Organisations	Karl Schenkel (WHO)
	Donors	Nicola Wardrop (UK FCDO)
	GHIs	Jeff Markuns (PHCPI)
	Civil Society	
	Research, Academia and Technical Networks	Chris Murrill (US CDC)
	Private Sector	Patricia Monthe (MedxCare)
	Observers	
Working groups:	<p><i>CRVS</i> Azza Mohamed Badr</p> <p><i>RHIS</i> Jean Pierre de Lamalle (RHINO)</p> <p><i>Data and Digital Governance</i> Vidya Mahadevan</p>	
Observers/External participants	Serena Chong, Nadege Ade	
HDC Secretariat:	Craig Burgess, Mwenya Kasonde	
SDG GAP Secretariat	Isadora Quick (WHO)	
Objectives:		
<ol style="list-style-type: none"> 1. To provide an update on the SDG GAP Data and Digital Accelerator 2. To provide an update on work of 2 regional HDC consultants 3. To present and approve Epidemic Intelligence working group ToRs 4. To present agenda for Regional Global Partners Meeting 		
Agenda:		
<ol style="list-style-type: none"> 1. Welcome and introductions (chair) (5 mins) 2. HDC Governance update (10 mins) <ul style="list-style-type: none"> • HDC milestones and plans for 2022-2023 3. Partner updates (20 mins) <ul style="list-style-type: none"> • Update from SDG GAP • Q+A for merging SDG GAP D+D with HDC and representation and need for strong constituency 4. Country Updates (10 mins) 		



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- Update from regional HDC consultants
- 5. Working Group Updates (10 mins)**
 - Epidemic Intelligence TORs
- 6. Comms and events (15 mins)**
 - Overview of October Global Partners Meeting, hosted by 2 African regional institutes
 - Update of WHO Health Data Governance Summit
 - Update on HDC Website review
- 7. Next steps: Chair (5 mins)**



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SUMMARY OF DISCUSSION

HDC Governance update (10 mins)

HDC milestones and plans for 2022-2023

HDC Secretariat – Mwenya Kasonde

- Aim of 2020-2021 was to set in stone activities at the country level to align with the 3 HDC objectives of capacity building, alignment, and tool contextualizing.
- Milestone of one data institute has been identified and supported in each region. This is done for both regions.
 - Kemri Wellcome Trust in Kenya and Institut Pasteur de Dakar in Senegal.
 - Had a positive discussion with the Public Health Foundation of India
- Regional-hosted 'peer reviews' is the October event hosted by the African region.
 - Will provide an opportunity for peer-to-peer learning and exchange.
- Data priorities identified for 4 countries, with 2 more expected to be finalized in the next few weeks.
- Have a consultant on board to support work around COVID-19, including best practices that can be incorporated in each of the HDC countries.
- Regional consultants are working on best practices for community generated data for tracking communities left behind.
 - Part of the ToRs.
- Alignment agenda falls on the consultant's remit.
- Making progress on contextualizing global tools with the working groups, but there can be more focus on this over the next 1-2 years.
- Renewed HDC governance in place

HDC Secretariat – Craig Burgess

- Ask you for your guidance and thought on the ambition for the next 2 years (2022-2023).
- Would like feedback on how ambitious we should be in terms of the number of countries in the HDC.
- There is an open-door policy.
- We welcome any country to join, but the downside is the capacity within the Secretariat to deal with new entities coming on board and manage expectations of the proof of concept.
- There will be an independently contracted evaluation of the HDC in 2023 to determine lessons learned, what worked well, and what did not work well.
 - Will be used to redesign HDC from 2023 to 2030.
- Would like guidance on whether the milestones are good and if they are ambitious enough.

UNICEF-Jennifer Requejo

- Welcome people to provide feedback in the next week.



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- Acknowledged that there has been a lot that has happened in the past year.
- Congratulations to the Secretariat for making all this progress towards the milestones.
- Would be interesting to further discuss and clarify what “support” means.
 - E.g., What is it that we’re delivering to countries, and what does it mean for them to be on board?
- Need to consider whether the discussion on the alignment with SDG GAP would help us better focus on a subset of countries and do more proof of concept there.
- Regarding tool contextualizing, we could talk about achievements that have been made and usage of the website as a platform to disseminate tools and global public goods. Also need to think through how the working groups are contributing. For example:
 - Are working groups creating global goods for the website?
 - Should working groups think about adapting the available global goods for specific countries?

UKFCDO - Nicola Wardrop

- Agree that we need some time to digest the milestones.
- The ambition for the scale in terms of the number of countries is a difficult question to answer, because there has been a lot of activity and progress.
- The alignment part at country level has not yet been realized.
- There are still challenges about engaging with partners at the country level at the right point.
- From our constituency, the view is that it is not happening yet. Our colleagues have not yet been engaged at the country level.
- Regarding contextualization of the tools, our constituency discussed the coordination of working groups and how better to coordinate between them to ensure working group activities line up with country priorities.
- Working groups should set out how they can contribute to country priorities, whether that is recommending specific tools that would be useful, or set out where there could be technical support and put the priorities into plan.

HDC Secretariat – Mwenya Kasonde

- Thank you, Nicola, for your points.
- Agree that this could be better reflect at the regional and country level.
- Hoping that with the work of these 2 consultants at the regional level, we will be able to improve alignment.
- Priority documents that we developed are available on the HDC website.
 - This will support your work to align to country-driven priorities.

WHO-Azza Mohamed Badr

- Agree with Nicola’s comments about country support and alignment at the country level.
- It is difficult this year because of the pandemic.



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- We could have joint HIS missions at country level led by HDC to examine what is on the ground and integrate all activities of all the working groups.
- Health information system has to be an integrated one.
- Maybe add joint working group missions at country level with all constituencies.
- Each constituency or unit would be covering their own expenses so it would not incur additional costs.

UNICEF_Jennifer Requejo

- The meeting/coordination call between working group is perhaps another forum for discussion around specific countries.
- Could use existing coordination mechanisms to help working groups orient some of their activities to the country priorities.

Partner Updates (20 mins)

Update from SDG GAP

Q+A for merging SDG GAP D+D with HDC and representation and need for strong constituency

HDC Secretariat – Craig Burgess

- These slides summarizing the alignment between the HDC and SDG GAP have been presented before.
- Since the slides were last presented, we went back to the SDG GAP Secretariat to discuss in depth.
- Also discussed with UNFPA colleagues on the way forward.
- Will discuss with members of the SDG GAP data and digital on specific potential changes in governance that might be required for SDG GAP to come together with HDC more coherently.
- There's agreement for greater efficiency and reduction in the number of calls.
- In a Venn diagram, the overlap would be the alignment agenda and potential 2 constituencies of multilaterals and global health initiatives in the SDG GAP.
- On the SDG GAP side, there are expectations from the principals that might be different to the HDC.
- We thought it was added value for the 2 groups to come together.
- SDG GAP has more consistent link with principals and more explicit link with broader health impact.
- There's added value to the SDG GAP to link with HDC because of HDC's many constituencies and the potential collaborative efforts at country level with civil society, private sector donors, etc.

WHO-Isadora Quick

- Represents the SDG GAP Secretariat.
- Value add of the SDG GAP is that it brings together the UN system with the global health initiatives.



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- Has much broader focus – focuses on achieving all health-related indicators.
- Important to align HDC and SG GAP to reduce the double burden.

Question

UNICEF - Jennifer Requejo

- Asking SRG to respond to and provide feedback on the proposal to merge the SDG GAP with HDC in terms of the SRG calls.
- Agree with this approach in principle to improve efficiencies since the overlap is considerable.
- Would the agenda for the SRG calls have 1 or 2 agenda items that are specific to the priority countries that overlap between the 2 initiatives and then other agenda items encompass other aspects of HDC?
- It doesn't mean a change in the work plan for HDC. It just means this group will be responding in these SRG calls where the agendas overlap between the 2 initiatives. Is this correct?
- Can you please clarify the next steps after the meeting on the 20th?

UK FCDO - Nicola Wardrop

- Last month, we also discussed who will be attending the calls and what the focus will be. Is opening up the calls to the broader membership still on the table?
- SRG calls need to be more focused on the decision-making aspect and some of the country focus items needs to be enabling broader engagement across the constituencies.

In response

HDC Secretariat – Craig Burgess

- Broadly, yes. Your understanding is correct. The appetite is to reduce the number of calls.
- Need to discuss with SDG GAP colleagues whether to bring together as many members as possible in HDC calls.
- There will still need to be another call with SDG GAP to strengthen that collaboration. We need to get their input on this.
- Happy to report back after the discussion on September 20, 2021.
- SRG is indeed a decision-making and accountability body.
- In terms of next steps with the potential merger, or at least greater alignment between SDG GAP and HDC, we would like input from SDG GAP colleagues.
- Propose discussing practical options and solutions on September 20. For example:
 - Increase the number of multilateral representation in the HDC by one.
 - SDG GAP representation is done by constituency basis.
 - Discuss with SDG GAP colleagues stronger collaboration and connection.
- After the meeting on the 20th, we will develop conclusions and put it for decision to the SRG and within the SDG GAP to make sure everyone is aware and present again next month.



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Country Updates (10 mins)

Update from regional HDC consultants

HDC consultant-Serena Chong

- Consultant hired by HDC through UNICEF for country work in South Asia and Southeast Asia.
- Objectives:
 - Alignment of technical and financial investments in health data system.
 - Strengthen country capacity.
- Identified Nepal as the first country to do a deep dive on country mapping and analysis.
 - HDC is already engaged with Nepal.
 - Ministry of Health and Population has already identified and costed out priority areas and have a broad plan in place.
- Challenge now is to align partners and partner resources around those priority areas and strategies.
- Timeline is December 2021.
- Still investigating other countries to engage in this manner.
- Method to undertake this exercise include:
 - Desk review.
 - Stakeholder mapping, consultations, and landscape analysis with national and regional stakeholders.
 - Data analysis, development of final report and recommendation.

HDC consultant-Nadege Ade

- Have been working on the field of health system strengthening for 8-10 years.
- Work specifically in health planning and budgeting processes, and knowledge management in health and health information systems.
- Currently working on understanding universal health coverage policies in the African region.
- Work with HDC is on the alignment of investments for strong data systems.
- Alignment is important because:
 - Health workers are overburdened by excessive data and reporting demands from multiple poorly coordinate subsystems.
 - Global health partners have developed at least 8 separate health facility survey tools collecting overlapping information.
 - Few countries have sufficiently strong and effective health information systems to permit adequate monitoring towards UN Sustainable Development Goals.
- 3 main tasks:
 - Desk review: Map partners investments, technical, financial and material, in health data systems in at least 3 countries in Southern, Western and Central Africa.
 - To determine the extent of alignment of different partners working in those countries with country priorities.



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- National stakeholder consultations and group discussions: Develop method/indicators for measuring progress in alignment of partners' investments.
- Desk review and group discussions: Identify best practice and key issues to support countries for standardized process in health data collection, analysis and use.
- Timeline is November 2021 to February 2022.
- Main objective is to understand if partners are aligned, data systems at the country level, what country partners think about alignment, what would good alignment mean to them, and test strategies and existing mechanisms to improve alignment.

UNICEF-Jennifer Requejo

- We will keep you posted on how the consultants' work progress.
- Consultants have had discussion with WHO and UNICEF regional colleagues and country partners.

WHO-Azza Mohamed Badr

- Welcome Serena and Nadege.
- Reminder that the CRVS system also needs to be assessed for partner alignment. Please incorporate CRVS into your study as well.

Working Group Updates (10 mins)

Epidemic Intelligence TORs

HDC Secretariat – Craig Burgess

- Working group was requested almost a year ago by various members.
- A small drafting group put together the terms of reference which was been reviewed by many groups including CDC and WHO.
- A draft was presented by Carrie (CDC) last month.
- Draft TOR circulated is near final and ready for approval by the SRG.

WHO-Karl Schenkel

- Regarding the scope of work, we made amendments, and country activities and deliverables are set in a timeframe of 2021 to 2023.
- Reduced the scope of work to make it more realistic and achievable.
- New name is Public Health Intelligence Working Group.
- Moved from epidemic intelligence to public health intelligence to incorporate response monitoring data, contextual data, data on healthcare capacities and emergencies.

CDC-Chris Murrill

- There was commentary on establishing membership and chairs, which still has to happen to determine process, etc.
- Wondering whether the SRG can approve today so that work can get started.



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- Hearing from Serena and Nadege's presentations and their planned work in the upcoming months, we can work with them and tap into their work on the country level.

HDC Secretariat – Craig Burgess

- The TORs have been fine tuned in the last month. There aren't any red flags.
- It has been presented to the SRG before.
- Hoping the SRG could approve today unless there are red flags that would prevent its approval.

UNICEF-Jennifer Requejo

- Agree and move to have this approved if there are no red flags from the group.
- Appreciate the change in name to be more encompassing of different forms of data and intelligence gathering.
- Congratulation on getting the TORS revised and into shape.
- Suggested considering having discussion to narrow down the mandate as it is still very broad, which is fine for the TORS, but as the working group matures, it would be good to take on examples to make a more concrete.
- TORS can be considered approved.

Question

WHO-Azza Mohamed Badr

- Congratulations to the group.
- Should the linkage between this working group and the Berlin Hub be mentioned in the TORs?
- I would like to join this working group.

In response

Epidemic Intelligence-Karl Schenkel

- It's a good idea to link with the Berlin Hub.
- We have referenced certain other activities, such as epidemic intelligence from open sources, toolkit, and DHIS2 working group for vaccine preventable diseases.
- Berlin Hub incorporates thinking around integrating different surveillance sources beyond classical "surveillance", indicator-based and evidence-base surveillance, monitoring response, contextual data, healthcare facility-based data on healthcare capacities, etc.
- Berlin Hub also integrated artificial intelligence, outbreak prediction and forecasting and big data.
- Happy to include Berlin Hub on the initiative to facilitate cross fertilization and linking.
- There was a comment about chairs, but I am still not clear who is going to chair this group.

CDC-Chris Murrill

- Please let the Secretariat know if you are interested in joining this group.



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- Maybe organize a call, if possible, with those interested in joining the group and to put out a call for the initial co-chairs and include the TORs.

UNICEF-Jennifer Requejo

- There are no objections on the calls.
- For next steps, the Secretariat will help with setting up a call to solicit interested members from the SRG in joining this working group.

Comms and events (15 mins)

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

Update of WHO Health Data Governance Summit

Update on HDC Website review

UNICEF-Jennifer Requejo

- Many members have left the call.
- Information regarding the global partners meeting to be recirculated. Will request feedback via email.

HDC Secretariat – Mwenya Kasonde

- The proposed agenda for the Global Partners meeting in October will be recirculated. We welcome any feedback.
- Keep in mind that this meeting will be hosted by our 2 regional institutes so we will be seeking their input as well.

Next steps: Chair (5 mins)

UNICEF-Jennifer Requejo

- Thank you everyone for joining. It was a productive meeting.
- Will be back in touch with notes from the call and more information about the October Global Partners meeting.



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Action Points

Action	Person Responsible	Timeframe
Provide feedback to HDC Secretariat on the milestones and ambitions for 2022-2023.	All (SRG)	
Provide update and conclusions following the meeting with SDG GAP on the 20th of September.	Secretariat	
Share Serena Chong's and Nadege Ade's PowerPoint presentation with the group.	Secretariat	
Put out a call to SRG members who are interested in joining the Public Health Intelligence Working Group and include TORs.	Secretariat	
Schedule a call with SRG members interested in joining the Public Health Intelligence Working Group to elect co-chairs.	Secretariat	
Circulate proposed agenda for the Global Partners Meeting in October and request feedback from SRG members.	Secretariat	