HEALTH DATA COLLABORATIVE

DATA FOR HEALTH AND SUSTAINABLE DEVELOPMENT

Monthly Stakeholders Representatives Group Meeting

19th May 2022

Chair: Stephen MacFeely (WHO)

www.healthdatacollaborative.org

Meeting Objectives:

To update on status of HDC country engagement

To present updates on the joint HDC and SDG GAP mission to Malawi

To follow up on Data & Digital Governance principles for SRG consideration and possible HDC endorsement

AGENDA

Welcome & introductions **5 mins**

HDC Governance **5 mins**

- Update on SRG representatives and WG co-chairs

Country Updates **10 mins**

- Update on HDC country engagement
- Advice on regional support mechanisms:
  two regional consultant positions and ask SRG for guidance on continuation and modality of work

SDG GAP **10 mins**

- Update on joint mission to Malawi

Working Group updates **10 mins**

- Data and Digital Governance: follow up principles (for consideration and possible endorsement)

Communications and events **15 mins**

- Update on September face to face SRG and how that could link with leadership event in December
- Updates on WHA 75 side events
- Plans for website launch

Next steps: Chair **5 mins**

HDC Stakeholder Reference Group

7 Constituencies	13 Representatives	Alternates
Countries (3)	TANZANIA (Claud Kumalija) BOTSWANA (Judith Nawa)	UGANDA (Paul Mbaka)
Multi laterals (3)	WHO (Stephen Macfeely) UNFPA (Rachel Snow) World Bank (Sam Mills)	WHO EMRO (Arash Rashidian) UNSD (Srdjan Mrkic) UNICEF (Tyler Porth)
Bilateral donors & foundations (2)	UK FCDO (Nicola Wardrop) GIZ (Ernesto Lembcke)	
GHIs (1)	PHCPI (Emily Bigelow)	GAVI (Heidi Reynolds)
Research, academia & technical networks (2)	CDC (Kathleen Gallagher) World Privacy Forum (Pam Dixon)	CDC (Chris Murril) Council for Scientific and Industrial Research (Laticha Walters) AeHIN (Alvin Marcelo)
Civil Society (1)	PharmAccess (Maxwell Antwi)	Save The Children (Margot Nauleau)
Private Sector (1)	MED Ex CARE (Patricia Monthe)	Medtronic USA (Rushika Singhal)

Co-chairs:
Country: Onalenna Seitio-Kgokgwe (MoHW Botswana)
UNICEF: Jennifer Requejo (UNICEF)
WHO: Stephen Macfeely(WHO)

HDC Secretariat:
Craig Burgess
Mwenya Kasonde
Alexandra Laheurte

7 Working Groups

Working Group	Co-chairs	Approx. End of 2-yr term
Civil Registration & Vital statistics (CRVS)	WHO (Azza Badr) LSHTM (Debra Jackson)	December 2022 December 2022
Community Data	UNICEF (Remy Mwamba) USAID (Ana Scholl)	June 2022? March 2022
Data and Digital Governance	CUNY (Marie Donaldson) Palladium (Vikas Dwivedi) Bluesquare (Vidya Mahadevan)	January 2023 January 2023? January 2023?
Digital Health & Interoperability (DH&I)	USAID (Tewodros Berihun) Open Communities (Paul Biondich) PATH (Chilunga Puta)	October 2023? July 2022? October 2023?
Logistics Management & Information Systems (LMIS)	USAID (Lindabeth Doby) WHO (Lisa Hedman)	June 2022? June 2022?
Public Health Intelligence (PHI)	CDC (Carrie Eggers) Karl Schenkel (WHO)	November 2023 December 2023
Routine Health Information Systems (RHIS)	WHO (Rifat Hossain) RHINO (Jean-Pierre de Lamalle)	December 2022 December 2022

Country engagement in HDC – target 16 by end 2022

Active	Re engaging	Inactive	'New' countries being approached
1. Kenya 2. Malawi 3. Botswana 4. Uganda 5. Tanzania 6. Zambia 7. Cameroon 8. Nepal	1. Bangladesh 2. Indonesia	1. Myanmar	1. Niger (health observatory) 2. Sudan 3. Pakistan (SDG GAP) 4. Burkina Faso (previous engagement) 5. Lao

Challenge: strengthening country constituency and diversity – fragile settings

Principles for Country engagement

1. By invitation, not by selection

The process should be country initiated and country led with strong country stewardship and broad-based stakeholder participation (governments, donors, civil society organizations, public health institutions, academic and private sector).

2. Often opportunistic

The approach should be where there are opportunities for collective technical support and / or where joint investments have been identified.

3. Aligned at all levels

Global and regional support, if required, should be mobilized through:

- Requests from countries based on identified needs (responsive modality)
- Reaching out to countries to actively demonstrate the value of an aligned partner response (proactive modality)

Benefits of being an HDC focus country

Political	Technical	Financial
• Advocacy for alignment of partners at country level • Focus of case study and knowledge generation	• Access to country, regional and global support • Knowledge sharing and brokering	Resource mobilisation and alignment

Types of engagement

1. Strategic request for collective action to support extensive M&E activities (in some cases this may be initiated by a preliminary scoping mission by a single agency or multiple partners, or arise out of national planning processes):

- Strengthen M&E and/or HIS plan.
- Priorities for investment.
- Common investment framework.
- Technical support for implementation.

2. Focused request for collective action to support a specific M&E activity (e.g. multiple agency support for technical work in a specific area such as building analytical capacity or for investing in /providing technical support for HMIS).

3. Specific agency request for technical support (which may provide an opportunity for considering with Ministries the value of more strategic partner engagement).

4. Knowledge sharing for ongoing in-country coordination of partner work requiring no international support but useful to inform others or share knowledge, best practices or tools.

Modalities for engagement

- Work through and strengthen in-country coordination mechanisms for M&E.
- Promote and disseminate standards, tools, approaches developed through the HDC with country counterparts, building on existing efforts wherever possible.
- Engage broad range of local partners, including civil society, private sector and research and technical institutions.
- Link to process of using data (e.g. planning or accountability at any level).
- Coordinate, harmonize and align development partners' investments and engagements in country data systems.
- Measure and document partner alignment and efficiency gains.
- Disseminate progress and lessons learned.

Information flow for Country Engagement

1. Countries made aware of the opportunities of the Health Data Collaborative approach.
2. Countries express interest in receiving technical advice and support.
3. All country requests shared with core group, which should include a clear explanation of the type of request, justification for support and expected response by HDC partners.
4. Lead time of at least 6-8 weeks is given for all strategic requests, to allow partners to fully prepare and participate.
5. Requests are shared by core team with relevant country and regional focal points to assess interest in engaging.
6. Based on response, *agencies* inform core team of different agencies engagement interests.
7. Partner focal point(s) identified and relevant stakeholders confirmed.

Assessing partner alignment in support of Health Information Systems

Nepal, Bangladesh, Kenya, Zambia, Cameroon

Initial thoughts on regional support

Two regional consultant positions and ask SRG for guidance on continuation and modality of work

Health Data Collaborative and SDG GAP Data & Digital Accelerator

Vision and Priorities for 6 months

Third progress report on the SDG3 Global Action Plan, titled "*Stronger collaboration for an equitable and resilient recovery towards the health-related Sustainable Development Goals, incentivizing collaboration*", is now live!

Focus on a proven tool, SCORE for assessing the health data systems, and – capitalize on the CoE and UNFPA to advance **CRVS** elements of SCORE

Support **geospatial networking and technical support**: Capitalize on the new census round, and availability of geo-referenced data for the health sector / update catchments; provide coverage and LNOB analysis

Focus on three countries; Nepal, Malawi, Pakistan

Joint Mission to Malawi 20th to 24th June, 2022 CRVS

Objectives

In line with the SCORE assessment framework and its implementation plan, SDG3 GAP D&D work on CRVS focuses on advancing two priority areas:

1 – For accomplishing full birth and death registration:

a. Completeness and quality assessment of civil registration data
b. Rapid and comprehensive system reviews of birth and death registration processes
c. Understanding determinants of under-registration
d. Capacity assessment for vital statistics production, dissemination and use

2 – For improving certification and reporting causes of death:

a. national capacity reviews to improve complete and high-quality cause of death certification and coding.

Joint Mission to Malawi
20th to 24th June, 2022
GIS

Objectives

1. Joint geospatial analytical case studies on mapping access to health services - The work includes case studies of mapping the geographic access to and utilization patterns of essential SRH services such as modern family planning methods, maternal neonatal and child health services etc. The use of GIS mapping can reveal geographic inequalities in SRH service coverage, and identify population subgroups being left behind in accessing these essential services. **(50%)**

2. Supporting WHO's global health facility database through census category phase - WHO is working on a Health GIS project which aims to build a database of all health facilities. UNFPA to support the GHFD technical working group and through its census and GIS programs will provide support to this initiative. **(15%)**

3. Joint capacity strengthening activities on GIS - UNFPA/WHO will collaborate on producing e-learning courses on GIS mapping targeting COs/ROs/NSOs and academic institutions. **(10-15%)**

4. Online geospatial interface/tools - UNFPA/WHO will collaborate on producing dashboard and online visualization tools to disseminate data and case studies. In addition, UNFPA would like to support WHO on its initiative of developing a cloud-based accessibility mapping tool. **(15-20%)**

STRENGTHENING THE GOVERNANCE OF HEALTH DATA

Protect people | Promote health value | Prioritise equity

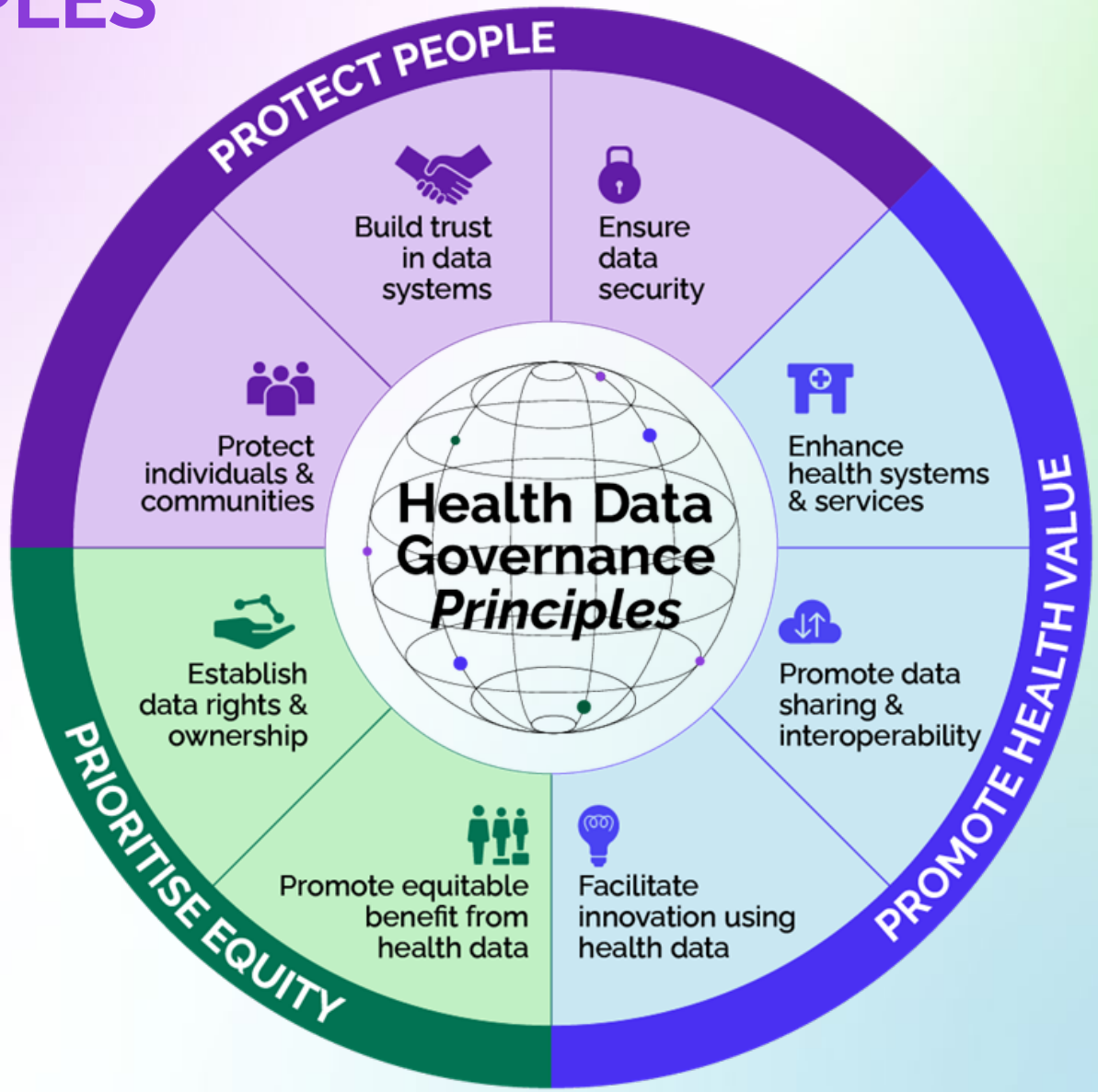
DEVELOPMENT OF THE HEALTH DATA GOVERNANCE PRINCIPLES

- Driven and developed by civil society through an inclusive and consultative, bottom-up process.
- Reflect perspectives and expertise - and ensured meaningful engagement - of diverse stakeholders from across geographies and sectors.
    - Eight global and regional workshops.
    - One-month public consultation.
    - Over 200 contributors from over 130 organisations.
- Process stewarded by Transform Health and partners.

OVERVIEW OF THE PRINCIPLES

- Human rights and equity lens.
- Universal Health Coverage at their core.
- Supporting sustainable and resilient public health systems
- Aim to maximising the public value of health data whilst protecting individual rights.
- Shared vision of equitable health data governance.
- Strengthening the health data governance ecosystem.
- Critical step towards a global framework for health data governance.

THE PRINCIPLES



SECURING ENDORSEMENT OF THE PRINCIPLES

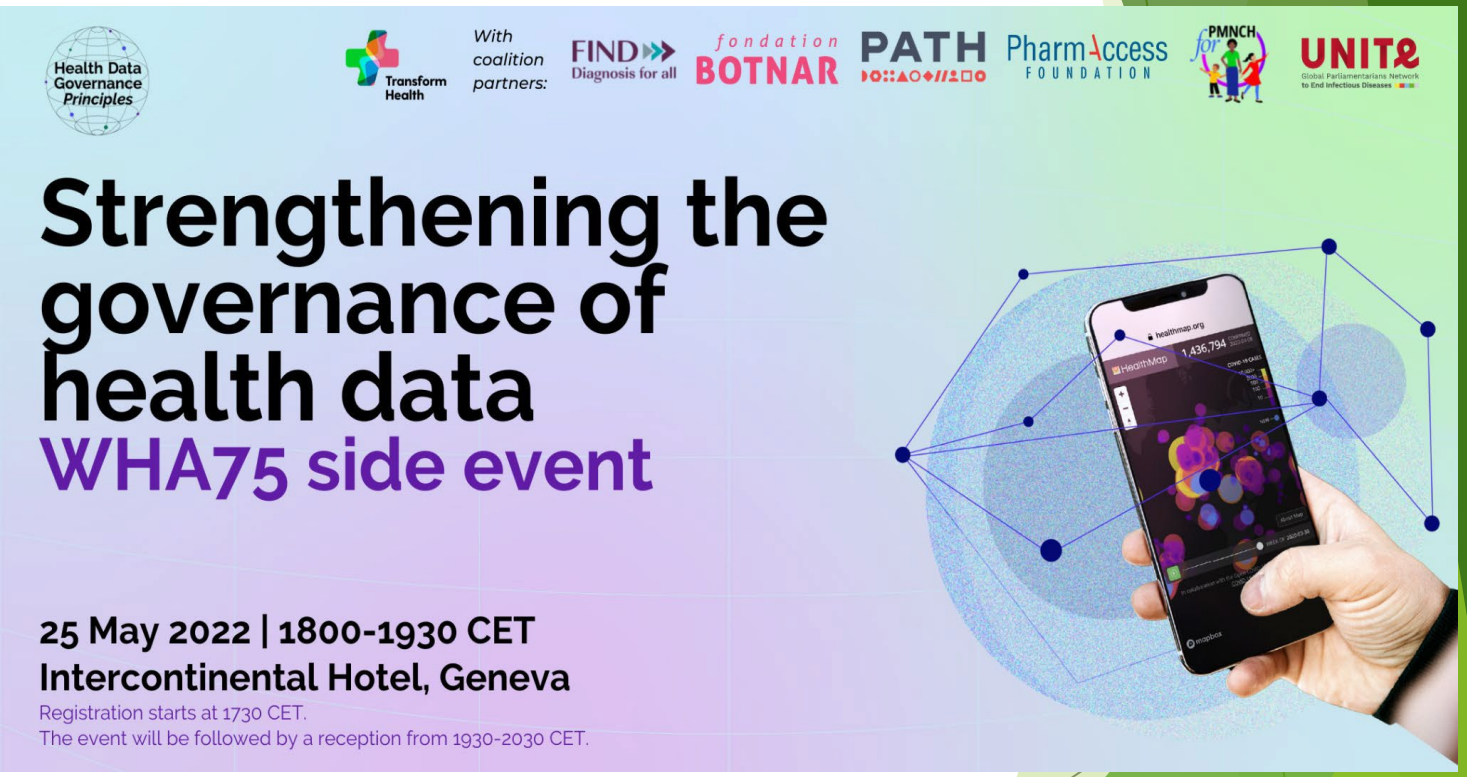
Launched - April 7th (World Health Day)

- 60+ early endorsers
- HDG Principles website (EN, FR, SP): **http://healthdataprinciples.org**
    - Logos of endorsers
    - User guide - how different stakeholders can use them
    - Community page
    - Advocacy and comms toolkit and resources
- Comms/social media outreach - **#HealthDataPrinciples**
- Wide dissemination
- Events and articles
- Advocacy to secure endorsements

September face to face SRG

For discussion

WHA75 Side Event



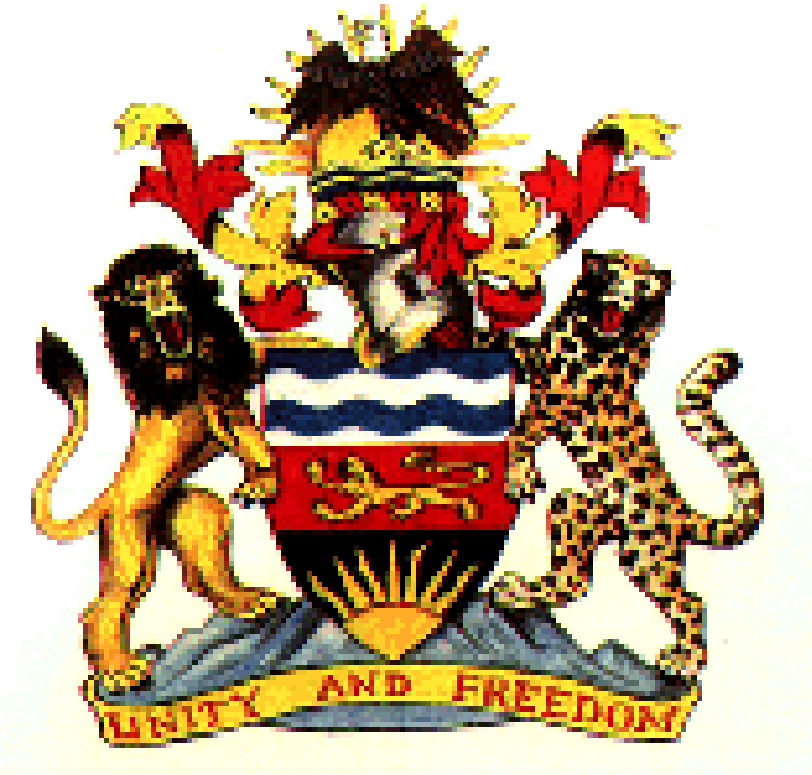
Date: 25 May 2022

Time: 18:00-19:30 CET (followed by a cocktail reception at 19:30-20:30) - *Registration/room opens at 17:30*

Location: Intercontinental Hotel, Geneva (Paris meeting room)

Co-organisers: Transform Health, FIND, Fondation Botnar, PATH, PharmAccess, PMNCH, UNITE

WHA75 Side Event



"Experiences and Achievements in use of Digital Health towards Universal Health Coverage"

Date: 25 May 2022

Time: 17:30-19:30 CET

Location: Nations Business Center, Auditorium, Rue du Prè-de-la Bichette 1, 1202 Geneve

Co-organisers: Government of Malawi, United States Government, Cooper/Smith

WHA75 Side Events cont…

Thursday, 19 May at 14:00 CET
PMNCH's Lives in Balance, focusing on delivering commitments in humanitarian and fragile settings.
Sunday, 22 May at 18:30 CET
Walk the Talk in Geneva.
Wednesday, 25 May at 13:00 CET
WHA Strategic Roundtable: Radical reorientation of health systems towards primary health care as the foundation of universal health coverage: the best and only choice to achieve universal health coverage
Friday, 26 May at 14:00 CET
Side Event: Gender, Equity and Human Rights at the heart of the pandemic convention, an event organised by UNITE
Friday, 26 May at 18:00 CET
Side Event: Gender and UHC: policy priorities for resilient and equitable health systems, a joint event with Women in Global Health, Women Deliver and Spectra
Wednesday, 1 June at 14:00 CET
Side Event: Accelerating progress toward health for all in the pandemic treaty, an event organized by the CSEM

https://www.uhc2030.org/blog-news-events/uhc2030-events/uhc2030-events-at-the-world-health-assembly-2022-555620/

HDC website update

- Discovery workshops
- **Sitemaps/IA**
- **Homepage wireframes**
- **Style tiles**
- Wireframe/prototype
- Website Design
- Website Build
- Website Launch

Guidance on launch of HDC website

For discussion

0	**HDC website development**	**10/05/2022 !**
1	**Discovery and planning**	
2	Wireframing/Prototyping	6 Feb 2022
3	Wireframe/Prototyping signoff	13/05/2022
4	Initial Design	21 Mar 2022
5	Initial design sign off	24/05/2022
6	Final Design	22/05/2022
7	Final Design sign off	31/05/2022
8	Site review!	29 Jun 2022
9		4 July 2022
10	**Development**	**29/05/2022**
11	HTML/ CSS styling	31/05/2022
12	Content population	13 Jun 2022
13	QA	26 Jun 2022
14	SIgn off	22 July 2022
15	Ready for launch	25 July 2022

Thank You!