HEALTH DATA COLLABORATIVE

Note for the Record – Monthly HDC SRG Meeting		
Location: Zoom **Date:** 17 March 2022, 16:00-17:00 CET *Meeting Chair: Steve MacFeely (WHO)*		
Co-Chairs		
Participants:	Countries	Jean-Edgard Nguessan (Burkina Faso)
	Multilateral and Intergovernmental Organisations	Dr. Azza Badr (WHO) Remy Mwamba (UNICEF) Tyler Porth (UNICEF)
	Donors	Nicola Wardrop (FCDO UK) Olga Joos (CDC Foundation) Zainab Naimy (NORAD) Ernesto Lembcke (GIZ)
	GHIs	Jeff Markuns (PHCPI) Emily Bigelow (PHCPI) Heidi Reynolds (GAVI)
	Civil Society	Maxwell Antwi (PharmAccess Foundation)
	Research, Academia and Technical Networks	Pam Dixon (World Privacy Forum) Kathleen Gallagher (US CDC) Chris Murrill (US CDC) Jean Pierre de Lamalle (RHINO) Joyce Bwenyi (Data4Health)
	Private Sector	Patricia Monthe (MEDxCare) Vikas Dwivedi (Palladium)
	Observers	Owen (Liquid Light)
Working groups:		
WHO secretariat:	Craig Burgess, Mwenya Kasonde	
Objectives: 1. To present an update on resourcing the HDC workplan 2. To present a progress update on the new HDC website 3. To get feedback on next Global Partners Meeting		
Agenda: 1. **Welcome and introductions (chair) (5 mins)** 2. **Workplan and Governance (20 mins)** • Update and discussion on work plan funding (for discussion) • HIS investment case update (for discussion) 3. **Comms and events (15 mins)** • HDC website update (Liquid Light) • Biannual Global Partners Meeting agenda (for approval) 4. **Next steps: Chair (5 mins)**		

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SUMMARY OF DISCUSSION

Workplan and Governance (20 mins)

Update and discussion on work plan funding (for discussion)

HIS investment case update (for discussion)

HDC Secretariat-Craig Burgess

- Reminder on the 4 main strategic shifts:
  - Increase diversity in countries and membership.
  - Focus on communication and advocacy strategy (i.e., the website).
  - Scaling up potential alignment and support using regional platforms.
  - Putting together an investment case for health information system strengthening.
- Target is 16 countries by the end of 2022
  - Will re-engage Bangladesh and Indonesia.
  - Tentative discussions with Myanmar.
  - New countries being approached are Sudan, Pakistan, Burkina Faso, and Lao.
  - Niger has requested to join the HDC, possibly supporting the national health observatory.
- One of the challenges we're facing is strengthening country constituency and diversity, particular those countries in fragile settings.
- RHIS investment case
  - Scope is to make the case for why investing in HIS is crucial to reach health SDGs, including:
    - Return on investment in RHIS in 4 levels: national, state, district, and health facility.
    - Use of SCORE as a potential framework for the RHIS investment case.
    - Suggest prioritized HDC countries as use cases for this.
    - Advocacy needed to present the case in leadership events in Q4.
  - Suggested process is that we would help draft an RFP for review by the RHIS Working Group. Hoping to release it by the second week of April.
    - It would set forth about 6 months of work to prepare for the Q4 event.
- Milestones for the 2-year work plan for HDC has been agreed upon.
- 4 objectives:
  - To strengthen country capacity around health information systems.
  - To improve alignment of resources around government-led priorities.
  - To contextualize global tools and products to a local context.
  - Ensure HDC has governance processes and structures in place to provide accountability.
- Work plan in Excel form has been circulated.
- Resource estimates were circulated in detail in the spreadsheet.
  - We were careful to not focus on the money. It's a focus on resource in terms of technical and political budget to make things happen.
  - Spreadsheet shows what it might take to implement the work plan.

- o Much of the workplan is to be implemented by the working groups and the Secretariat.
  - o Would like to discuss how to raise resources. Have had discussions with CDC, the donor constituency and the Global Health Initiative constituency.
- For discussion today:
  - o Would to know if everyone is okay with the countries or countries follow up.
  - o Resources – some have asked about pooled funding, funding to multilaterals and specific working groups.
  - o Want to emphasize that the funding of resources is for the implementation of the HDC work plan. HDC is not an entity that distributes funding to countries, ministries of finance, etc. Funding for country specific work plan is done through a different mechanism.

Questions

World Privacy Forum-Pam Dixon

- From the working group perspective, such as the Data Governance Working Group, there are some very significant deliverables that will require concerted effort.
- Is there the possibility of support for those deliverables? They are part of the HDC work plan but would require more funding to get that granular level of research.

FCDO UK-Nicola Wardrop

- For the countries that are being approached, are the countries self-selecting to join HDC, or is the HDC selecting them?

RHINO-Jean Pierre de Lamalle

- In connection to the countries, I discussed with the Secretariat recently what we are trying to do in our working group and what we can offer to countries.
- So far, we have worked on collecting standard which may be at the disposal of the country.
- We are not a technical assistance provider. We can provide some frameworks and documents, but what would the country get from being part of the HDC?

US CDC-Chris Murrill

- Is there a document that summarizes the current HDC working groups' objectives and key activities?
- A few years ago, there was a document describing the purpose of each working group. That would be nice to have again as we consider whether there is an opportunity for members of our respective organizations to be part of these working groups and to revisit membership of the working groups as there may be an opportunity for new individuals to contribute.

In response

HDC Secretariat-Mwenya Kasonde

- For the first question about how countries are selected, the Secretariat doesn't approach countries. We tend to get interest from the Ministries of Health themselves or from different partners working within those countries.
  - E.g., in Niger, we were approached by the Ministry of Health in Niger with a request for how the HDC platform could help them develop their National Health Observatory.
  - We get assistance from mainly the WHO country offices but also other relevant organizations, country offices and regional offices to see how things are going to be put into place, how best to approach, and manage expectations.
- Regarding the added value of the HDC, we get this question a lot.
  - HDC provides a mechanism at the country level for partner coordination and all matters relating to health information systems.
  - There is, of course, some fragmentation and duplication, but the HDC supports the Ministries of Health to give them an umbrella to be able to bring partners together and better harmonize different aspects of health information systems strengthening.
  - E.g., in Botswana, the Ministry was grappling with 35 different electronic health systems. Under the direction of the Deputy Permanent Secretary, the Botswana HDC was established in March 2020, and under that umbrella, they were able to harmonize the different systems, and group partners together. They are now at 9 systems, from 25, so that has been the achievement there.
  - Other added benefits:
    - Having a technical focal point. Within all countries, we have a Ministry of Health and at the very least, a WHO country office focal point. We also have UNICEF, GIZ, and other focal points within countries. We have established lines of communication with them.

HDC Secretariat-Craig Burgess

- We put out a call, specific for those countries in a more fragile setting. Sudan was suggestion from our regional office.
- Pakistan is an SDG GAP country. They specifically requested more engagement with streamlining support between different multilateral and the global health initiatives.
- Burkina Faso was active in our December meeting. This year, they requested HDC support as they have been in touch with other francophone countries, particularly Cameroon.
- If anyone has countries that are approaching them with interest in the HDC, please let Mwenya or me know so that we can follow up on your behalf where appropriate.
- Regarding the funding of working group efforts, we encourage working groups, if they have the contacts, to gather their own sources of resources/donors.
- In the HDC work plan, we brought in a lot of the working group deliverables so that it reduces transaction costs of fund flow and helps working groups put their plans into the overarching

achievement of the HDC objectives as well. So, there is more explicit alignment between the working groups and overall HDC objectives.

- Link to the December Global meeting summarizing the objectives and activities of the working groups is saved here: https://drive.google.com/drive/u/2/folders/1_DcL0CSURJDYJFkiMlEi4OAuNMgWS3D2

US CDC-Kathleen Gallagher

- I just want to make a comment about the countries and potentially offer some support. CDC has several dozen country offices, some located in US embassies and others within the ministries of health. We work very closely with WHO, UNICEF, and USAID colleagues on a lot of the topics of this working group.
- As we further define how we can be of benefit to these countries, one of the things CDC could do is reach out to these country offices, if that's helpful.

WHO-Dr. Azza Madr

- About the question about the choice of countries, since we are a bit short on funding, if any of the partners and constituents on this call are interested in specific countries, we could work on and prioritize these countries.
- I know FCDO is interested in DRC, I'm working on it. I'm waiting for funding to come in so that when we promise to do capacity building, system changes and stakeholder workshops, etc. there is at least around $100,000 in place for that country.
- This is a general statement. I will be working on the DRC, Nicola.

World Privacy Forum-Pam Dixon

- I have an entire health system that I have a lot of contact with within the DRC, I would be happy to put you in touch with them if there is an interest.
- They are trying to stand up a very large EHR system. They have bootstrapped it, and I think they would be fantastic.

Comms and events (15 mins)

HDC website update (Liquid Light)

Biannual Global Partners Meeting agenda (for approval)

Liquid Light-Owen

- A quick update on where we are with the website.
- Have mostly finished the Discovery workshops. There are still some people I need to talk to. Will gather the feedback to ratify what we've heard in the workshops.
- Worked on website structure. To get there, we did quite a bit of work on audiences, both in the workshops and ratifying that with HDC Stakeholders.

- Also spent time of objectives and what the website should be doing, which is linked to the audiences.
- Broadly speaking, the website objectives were grouped into 4 categories.
  - Who is the HDC, how does it work, and what is the purpose.
  - Communicating impact, such as how it is done, how is it measured, and what the value is.
  - Connecting people and exposing the activities people are doing to identify opportunities for collaboration.
  - Disseminating knowledge and resources.
- Did some analysis on the current website and data/analytics.
  - Lots of interest in the 'what we're doing' and 'who we are' pages which aligns with what we heard in the workshops.
  - Lots of interest in the Knowledge Hub.
  - Working groups is also popular.
- Notes about existing functionality
  - Duplication in the 'what we do' and 'who we are' sections. Labels are not clear. Need to merge somehow.
  - Menu system does not allow you to get to children pages. May be buried in the structure. Hard to get to the content and may not be as discoverable as it could be.
  - Need to build up the connections between countries and working groups, and the resources and records. Should also push the resources to other areas of the website where appropriate.
- Have done some site mapping exercises to see how the site structure could be.
  - Have developed a draft site structure but still some work to be done in terms of adding details and nuances to it.
    - Top line navigation we are reimagining as the challenge (objectives and mission), the response (what the HDC is doing), our impact, Knowledge Hub, and news.
  - Need to discuss what should go under Impact.
  - Knowledge Hub – have had ongoing discussions about taxonomy. Have other knowledge repositories to add here. Need to get the landing pages right so that the different audience types can see how things are grouped and where they are to easily find information.
- Started the definition phase, such as site mapping, and wire frames of key pages.
- Started the design sprints and are developing general design rules for the new site. Will present this to the HDC team next week.
- Did a bit of development, such as upgrading the existing site to make it quicker and to the latest version in preparation for the next step.
- If there is anyone who I haven't talked to that would like to share their feedback, I am happy to reach out and have a quick call. I am interested in hearing different voices and opinions to look at things at different lenses. Please reach out to me directly or through Mwenya.

HDC Secretariat-Mwenya Kasonde

- The next Global Partners Meeting is scheduled for the 7th of April.
- Link should be in your inbox.
- HDC hosts this twice year. Continuation of partners discussing a number of different issues pertaining to health information systems and the Collaborative. SRG is the governing body.
    o This meeting is meant to be a broader discussion for other members of the Collaborative and interested parties.
- In December, we heard from countries and some of their achievements and challenges, and received presentations on data and digital priorities of different countries.
- The objective of this meeting is to give partners the opportunity to respond to countries and their needs so that the Collaborative can converse and follow up.

- Objectives:
    o Follow up on implementation of the Workplan 2022-2023 and discuss technical, financial and political resources required.
        ▪ Reminder that an external evaluation of the HDC is planned in 2023 as it is the halfway mark between the beginning of the Collaborative in 2016 and the SDG target of 2030.
    o Provide a status update on the working group outputs and deliverables.
    o Update on the added value of the 7 constituencies with a focus on civil society and the private sector who are underrepresented.
- Meeting will be in one day during the afternoon, from 1 pm CET to about 6 pm CET, instead of spanning across 2 afternoons.
    o First 30 mins will be introductions, and we will be hearing from our co-chairs, Steve and Jennifer.
    o Hope to have a third co-chair in place by this time. Dr. Helen from the Ministry of Health Kenya stepped down this year as co-chair.
    o Last 30 minutes of the meeting will be about closing and next steps.
- Session 1 – focuses on the status update of the HDC and review of Milestones and Workplan 2022-2023.
    o May talk about achievements over the last few years.
    o Focus on technical, financial and political resources needed to achieve the objectives of the HDC.
    o Presentation of reports on the alignment of partners' technical and financial investments for strong data systems (Bangladesh and Nepal).
    o Hope to have reports from Nadege on Cameroon, Zambia, and Kenya.
    o Presentation of initial HIS investment case.
    o Presentation of 2 different priorities, including the website which will be launched by the end of Q2.
- Session 2 will focus on working groups and discussion.
    o Propose a brief update from the Secretariat on the deliverables and outputs so that there can be discussion about what the working groups need to succeed, and discuss achievements and challenges within the 7 different working groups.

- Session 3 will focus on constituencies.
  - Presentation on added value of each of the 7 constituencies as they relate to the HDC Mission and Objectives.
  - Focus on civil society and the private sector who are traditionally underrepresented.
  - Confirm representation from different constituencies – discuss and announce as needed during the meeting.

HDC Secretariat-Craig Burgess

- It would be great to get your thoughts on whether we're doing things right, what you're getting out of these Global Partners meetings, other issues that should be on the agenda, etc.
- We received feedback about what was useful in the last few calls. Would be great to hear your thoughts on the agenda and in general, how to do things better, etc.

FCDO UK-Nicola Wardrop

- Because there are 2 of these meetings twice a year, it would be useful to give a slightly difference balance between the 2 of them.
- The previous one was more heavily focus on countries, and then this one is different. I think that will be good.
- The agenda you shared looked good.
  - One point of reflection from previous meetings is that sometimes we don't have enough time to cover things in detail, such as the items that seem most interesting or has the biggest potential to push us in the right direction. Perhaps there's too much in some of the sessions.
- It will be important to make it as engaging as possible so that people are listening and contributing throughout the sessions. Would be good to try and address that.

Question

PHCPI-Jeff Markuns

- How do you see this year's presentation on the constituency added value being different? I feel like we shared the added value of constituencies earlier. Is this different or an update? How do those relate to the prior work?

In response

HDC Secretariat-Craig Burgess

- All the constituencies did go through a process of summarizing what their added value was, but that was over a year ago. We've moved on from that. There are some stronger constituencies, and we would like to put 2 constituencies into focus for country colleagues for the Ministry of Health and by demonstrating leadership in countries.

- We feel civil society and the private sector should explicitly talk about their added value, because sometimes people are still confused about the difference between a working group and a constituency.
  - Want emphasize that working groups are the technical engines which include multiple constituencies together, and constituencies are like tribes.

HDC Secretariat-Mwenya Kasonde

- Things are continuously evolving. It's been a while since we had this discussion.
- As we talk about funding, you could go to the donor constituency and talk about the reason why work should be supported, etc.
- The discussion this time will be more practical in terms of how the different constituencies can support the objectives of the HDC.

Next steps: Chair (5 mins)

WHO-Steve MacFeely

- Please provide your feedback on the Global Partners Meeting agenda, and add the 7th of April to your diaries.
- Thank you for giving us your time.
- We will see you on the 7th of April and at the next monthly call.

Action Points

Action	Person Responsible	Timeframe
Connect with Dr. Azza Badr about DRC.	Pam Dixon	
Provide feedback to the Secretariat on the Global Partners Meeting.	All	