



STAKEHOLDERS REPRESENTATIVES GROUP MEETING REPORT

28th and 29th of September 2022

Geneva, Switzerland

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Executive Summary

Background

The COVID-19 pandemic renewed attention for the need of quality data to make evidence-based decisions for health impact and address inefficient fragmented approaches, often not aligned with country priorities. For the first time in four years, the HDC Stakeholders' Representatives Group (SRG) and Working Group (WG) Co-chairs met in person in Geneva 28th - 29th September 2022.

This meeting provided an opportunity for all HDC/SDG3 GAP Data and Digital Accelerator members, through their constituency representatives, to review progress, celebrate achievements (in the context of challenges faced by Governments and partners during the COVID-19 pandemic) and plan data needs in a post pandemic context for SDG 2030 targets. There were representatives of the seven Health Data Collaborative (HDC) constituencies, including the representation of four countries in person: Botswana, Cameroon, Malawi and Nepal. Representing regional institutions, Public Health Foundation of India, New Delhi (India) also joined in person while KEMRI Wellcome Trust (Kenya) and Institut Pasteur de Dakar (Senegal) participated virtually.

Objectives

- 1 To identify country HIS priorities and ways of aligning resources for country impact
- 2 To provide feedback and agree on:
 - a. HDC 2022-2025 milestones
 - b. Constituency and Working Group modalities
 - c. Support mechanisms to scale up country impact
 - d. Independent external evaluation in 2023
 - e. HIS investment case initial work
- 3 To launch HDC Communications and Advocacy Strategy (including new website and leadership event)

Key Reflections & Outcomes

Actions Points & Next Steps

Session 1 Reflections, Status and Achievements 2021-2022

HDC Accomplishments 2021-2022

- **Governance & country impact:** SDG GAP D+D merged, joint resources, added value described, country impact, renewed country engagement strategy and Theory of Change, joint missions
- **Comms & Advocacy:** strategy drafted for inputs, new website re-designed, 2021 Data Governance Summit, DDG WG advocacy efforts, webinars and good practices shared
- **Specific work:** Evaluation ToRs ready, HIS investment case underway, 5 country alignment case studies completed, 5 country data & digital priorities identified, COVID case study

Strategic Shifts 2022-2023

- **Diversity:** increase number of countries, CSOs, private sector, RATNets and build on SDG GAP Partnership
- **Comms & Advocacy Strategy:** increased used of website
- **Scaling up:** using support from regional platforms and country coordination teams
- **Investment case:** for country HIS/SCORE (technical, financial and political)

1. **HDC Secretariat** to facilitate a platform for engagement of underrepresented constituencies, including the Private Sector & Civil Society (CSOs) **in Q1 2023**
2. **HDC Secretariat** to 'purge' and review membership list, classifying active / passive members **by Nov 2022**
3. **HDC Secretariat** track HDC membership + WGs diversity (geography, socioeconomics, gender & constituencies) quarterly & work with WGs co-chairs & SRG reps to purposefully increase diversity
4. **HDC Secretariat** to map out by country which HDC members are active and what type of support is provided **by Q2 2023** & actively managed after
5. **HDC SRG Members** to reach out to countries, CSOs and private sector to increase diversity within WGs (aim to have country co-chair per WG) and Constituencies **for 2023**
6. **HDC SRG Members** to give feedback to HDC Secretariat **by end of Nov 2022** on the use of SDG3 GAP Heat Map Tool as a tool to measure alignment

Session 2 Scaling up Country Impact

- **Trust & integrity:** HDC must **support existing countries' national structures** and avoid duplicating efforts by creating parallel coordination mechanisms– crucial to ensure alignment, sustainability, and country ownership
 - Any missions should include all stakeholders as much as possible to see how specific area (e.g., CRVS) could benefit from >partner resources; looking for what can be the **cross cutting** and **common areas for collaboration**
 - **Clearer expectations at country level:** the HDC can bring partners together to align support with well-defined country priorities – this message should be clear so that expectations at country level are clear, also for attributing results.
1. **Government of Malawi to provide feedback on CRVS-GIS white paper** as concrete example of how HDC can add value for countries **Oct 2022**
 2. **HDC Secretariat** to propose ways of measuring how a country engaging in HDC could benefit more than another country that is not engaged: measuring status of alignment where HDC has had an impact and in countries that have not adopted HDC principles to review added value (**to be considered as part of HDC evaluation Q1 2023**)
 3. **HDC Secretariat** to propose assessment of missions having transforming power for country realities and real impact, **Q1 2023**
 4. **HDC Secretariat** to analyse money flows and map out opportunities to know where the needs for better coordination are, what donors are doing in country, and practical solutions – as part of the HDC evaluation **by Jun 2023**
 5. **HDC Secretariat** to show footprint & impact of the HDC (donors need more success stories to raise interest) – as part of comms and advocacy strategy **by Dec 2022**
 6. **HDC Secretariat** to produce clear & concise messaging on added value for countries of engaging with the HDC and taking part in the Working Groups as part of comms & advocacy strategy **by Dec 2022**
 7. **HDC Secretariat** to disseminate better countries success stories (included in the Communications & Advocacy Strategy, see Section 5) **by Dec 2022**
 8. **HDC Members** to feedback on regional consultancy TORs by the **end of Oct 2022**
 9. **HDC Collaborative, as a whole**, to use the first pool of impact countries to produce a robust model for scaling up

Session 3 Technical Assistance Through HDC Working Groups

- **Integration** (a) between WGs, (b) at all levels, (c) between different HDC members and constituencies, (d) to send a cohesive and consistent message to donors, and (e) to take advantage of WGs commonalities to make progress with HDC work
 - Going forward, the HDC must encourage better cross collaboration **between WGs** without losing sight of the **unique nature and role of each WG**
 - Being **country-led** helps us to lose the siloed agency approach – it gives more ownership to participants, and it amalgamates stakeholders around the main issues of countries' needs and less around each individual agenda
 - **Strategies for being more country-oriented:** bringing a country-representative to be a co-chair of the Working Group – all WGs are encouraged to have at least one of the co-chairs from the Countries constituency – can we achieve that by the end of 2023?
1. **HDC Secretariat** to clean HDC membership list **by end of 2022**, to support WG membership oversight by WG co-chairs
 2. **HDC Secretariat** to map out WGs resources and products made available from HDC's work versus opportunities for engagement between WGs, looking for commonalities and flagging those to co-chairs to improve coordination between WGs, avoid duplication and promote complementarity
 3. **HDC Secretariat** to use that mapping and compare with HDC's Theory of Change to see if the tools (resources made available and products delivered via WGs) are helping HDC to change what it is trying to change: a lot has been produced but we need to synthesise it and make sure they contribute to the goals we have already set
 4. **HDC Secretariat** to disseminate those findings and products between WGs

- **Focus on data users to orient WGs work:** the technical assistance provided by the HDC via its WGs should try to (a) understand countries' needs from the perspective of data users and (b) consider the needs of data producers at the level of Ministries of Health
- **Language barrier:** HDC diversity goes through diversifying language of HDC's resources and products – need to reach further than the barrier imposed by language
- **Untapped potential of Regional Institutes:** *Research, Academia and Technical Networks* is the second largest constituency in number of members, but their leadership in steering HDC's direction is still very limited; there is great potential for regional institutes, e.g., to help the HDC strengthen the ways it works with countries, and this should be looked at more closely, including participation in country missions

5. **HDC Secretariat** to manage any requests from countries for WG support **by Q1 2023**
6. **HDC WGs Co-Chairs** to include resource needs for WGs deliverables in their work plans and share with HDC Secretariat **by the end of 2022**
7. **HDC Members** (either per WG or Constituency) to offer one creative idea for the HDC moving forward, **by Nov 2022**

Session 4 HDC Workplan & Budget 2022-2025

What Success Looks Like in 2025

- **Aim:** To improve efficiency and alignment of investments (technical, financial & political) for country health information systems through collective actions.
- By December 2025 there is a **clear mechanism for aligning partner resources** supporting specific country HIS contexts.
- **So that:** technical and financial HIS investments align with country priorities.
- **Impact:** > efficiency; < reporting burden & fragmentation and > quality data to accelerate progress towards the health-related SDGs.
- **Lead:** HDC & SDG GAP Secretariats
- **Collaborators:** Country, regional and country levels of all HDC partners, Regional Collaborating Centres, Member States, Technical programs in HDC organizations, research and academia, civil society and private sector.

Work plan and milestones generally agreed and ambition with milestones

HDC Survey: Technical Priorities were

- Capacity building of staff
- RHIS strengthening
- Stronger data governance

1. **HDC SRG** asked for comments and further review of activities in work plan in **October SRG**
2. **HDC Secretariat** to monitor WGs deliverables percentages and performance, as it was helpful to WG co-chairs **ongoing every month**
3. **HDC SRG Members** to review, give feedback and approve the TORs for two regional consultants supporting HDC country and regional efforts in Asia and Africa **by Oct 2022**

Session 5 Decisions: Launch, Review and Approval of HDC Comms and Advocacy Strategy & New HDC Website

- The Zero draft Communications and Advocacy Strategy needs **feedback, inputs and volunteers from SRG members** to take this document to the next level
- This Strategy will help the HDC to **achieve clear and key messaging** (“elevator pitch”) and consistency of messaging which can be used by its members to explain and “sell” the Collaborative, helping to diversify, expand and democratise access to it

1. **HDC SRG Members** to give feedback (inputs, comments, suggestions, questions) to Communications and Advocacy Strategy **by end of Oct 2022**
2. **HDC SRG Members** to offer any volunteers to work with the HDC Secretariat in refining the Communications & Advocacy Strategy **by end Oct 2022**

- **Communication outputs to be produced:** one-pagers on technical areas, info sheets with success cases, country stories
- **HDC as an amplifier:** communications strategy needs to link who the Collaborative is with what it offers (the technical materials); the Knowledge Hub on the website may respond to this need but there must always be a clear link between who the HDC is and what it delivers (e.g., the HDC Twitter account can amplify the work of its partners)
- **Value of alignment:** the HDC must feature the value of alignment in our media platforms
- **“Making data attractive”** – with a clear, targeted, and measurable purpose, is something that the HDC can and should be doing
- HDC partners to have **Communications aligned and arranged at global level** and ask country offices to reverberate and amplify that communication

3. **HDC SRG Members** to give feedback on the new HDC website (features, sections, taxonomy for the Knowledge Hub, WGs pages, etc.) **by end Dec 2022**

Session 6 Decisions: Review and Approval of Terms of Reference for HDC Evaluation

- **External panel for co-creation:** the questions for the vendor (company) carrying out the HDC evaluation should ideally be received before, to be included in the TOR, but the HDC Secretariat can organise an external panel for co-creation with the evaluation company
- **Monitoring alignment** should be present at the HDC evaluation: if one of HDC’s key aims is to promote alignment, has it been able to do it?
- **Evaluation at the country level:** co-creation of questionnaire for HDC evaluation (ensuring country input and taking a country lens)

1. **HDC Secretariat** will update the HDC Theory of Change visually (revising all graphic elements for ease of reading and incorporate it to the comms for HDC) **by Dec 2022**
2. **HDC Secretariat** to request during SRG meetings to keep track of feedback requests in the action points of Sessions 4, 5 and 6
3. **HDC Secretariat** to share progress of the evaluation on the website to show transparency
4. **HDC SRG Members** to give feedback on the TORs for the HDC Evaluation **by 15 Nov 2022, so RFP can be advertised**

Session 7 Information Sharing & Feedback: HIS Investment Case

- The SRG will have 3 **opportunities to collaborate by offering inputs to the HIS Investment Case (IC):** WHO HIS team suggests external experts’ inputs are considered, SRG members will have oversight on this work and will be able to guide the team producing this IC
- **Focus on decision-making:** the IC’s objective will be to identify HIS that supports countries to reform/improve their HIS from the perspective of the decision-makers at various levels of the health system

1. **HDC Secretariat** to inform SRG members of the upcoming meetings to present HIS IC progress to seize the opportunities for inputs **during all stages**
2. **HDC Secretariat** to communicate the progress and results of the HIS IC more efficiently to the pool of HDC partners **from beginning to end (Apr 2022)**
3. **HDC SRG Members** to send the HDC Secretariat documents to create a repository on investing in data systems **by Nov 2022 (request)**

Recordings of the meeting

- Link for audio-visual recordings of all sessions on day 1 (Wednesday, 28 September) is available [here](#).
- Link for audio-visual recordings of all sessions on day 2 (Thursday, 29 September) is available [here](#).

Background documents and presentations

- Link for all documents by session with presentation is available [here](#).

Wednesday, 28 September 2022: a day for discussion

The first day of the SRG Meeting reflected on HDC’s past performance, including evaluating HDC’s memberships growth against diversity of constituencies, gender, country, and regions and reviewing ways of strengthened working focused on country engagement and impact. This led to different solutions on support mechanisms to scale up country impact. Initial findings of the *Assessment of Partner Alignment in Support of Health Information Systems* supported this.

Session 1



HIGHLIGHTS

HDC Accomplishments 2021-2022

- **Governance & country impact:** SDG GAP D+D merged, now joint resources, added value described, country impact, adapted engagement strategy and ToC, joint missions
- **Comms & Advocacy:** strategy drafted for inputs, new website re-designed, 2021 Data Governance Summit, DDG WG advocacy efforts, webinars and good practices shared
- **Specific work:** Evaluation ToRs ready, HIS investment case underway, 5 country alignment cases completed, 5 country data and digital priorities identified, data use during COVID case study

Strategic Shifts 2022-2023

7. **Diversity:** increase number of countries, CSOs, private sector, RATNets and build on SDG GAP Partnership
8. **Comms & Advocacy Strategy:** increased used of website
9. **Scaling up:** using support from regional platforms and country coordination teams
10. **Investment case:** for country HIS/SCORE (technical, financial and political)

Reflections, Status and Achievements 2021-2022

Progress: what have we done right?

Country Engagement

- Working together with governments, the SDG3 GAP and HDC partners seek to explore CRVS and GIS needs in country, promote alignment with ongoing system strengthening initiatives, engage new partners as needed, and integrate CRVS and GIS within stronger overall health and population data systems. This is being done through joint country missions, with the first of these taking place in Malawi, in June 2022.
- The mission led to the development of a White Paper outlining recommendations for collective action currently under approval by the Government of Malawi. From this, we hope there will be great momentum for engaging other countries – such as Nepal and Pakistan with missions planned to the first quarter of 2023 – and scaling up country impact.



Wednesday 28th of September: Status and achievements 2021-2022 ©Alyssa Palmquist/WHO

HDC Growth

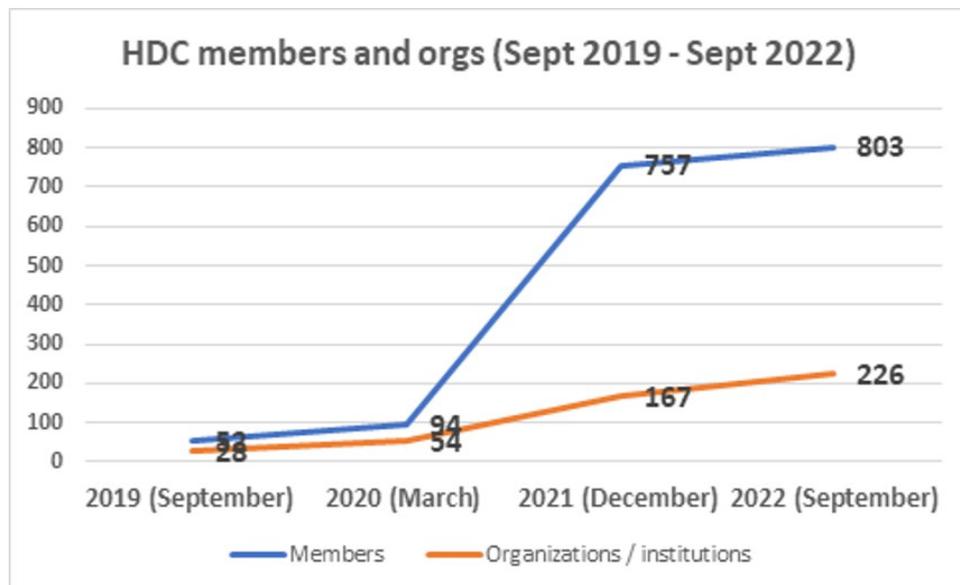
- The HDC grew by 1444% from September 2019 to September 2022 in absolute number of members (people) and 707% in number of members’ organisations (see charts below)



ACTION POINTS

1. **HDC Secretariat** to support discussion on facilitating a platform for engagement of underrepresented constituencies, including the Private Sector & Civil Society (CSOs) and encourage trust
2. **HDC Secretariat** to ‘purge’ and review membership list and classify active / passive membership
3. **HDC Secretariat** to track HDC membership diversification (regions, countries, gender, constituencies) and work with WGs co-chairs and SRG representatives to increase diversity
4. **HDC Secretariat** to map out by country which HDC members are active and what type of support is provided - this would need to be actively managed
5. **HDC SRG Members** to reach out to countries, CSOs and private sector to increase diversity within WGs (aim to have country co-chair per WG) and Constituencies
6. **HDC SRG Members** to give feedback to HDC Secretariat by end of Nov 2022 on the use of SDG3 GAP Heat Map Tool as a tool to measure alignment

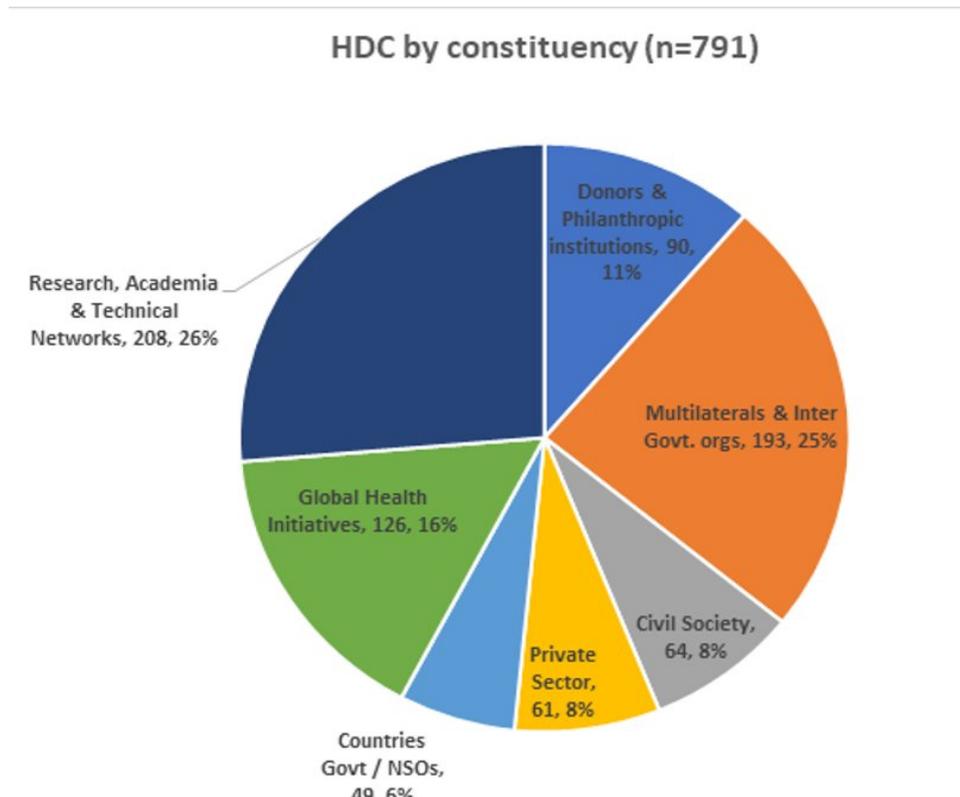
- However, **healthy growth** involves more than just numbers: diversity within the HDC membership should also be measured and this was a cross-cutting theme throughout the SRG meeting’s sessions

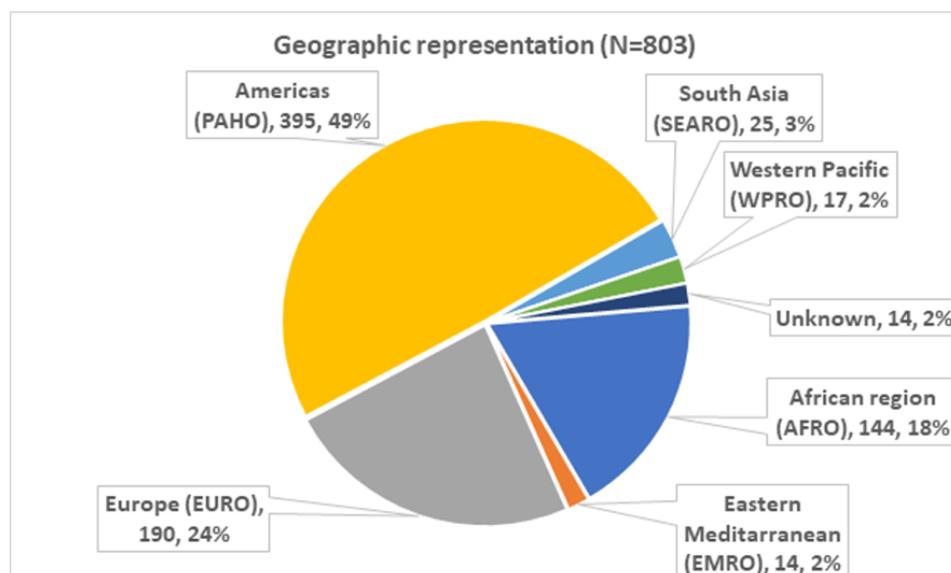


Challenges: what can we improve?

Diversity

Although the HDC has grown over the last four years, **diversity remains a challenge**: especially the need to have diverse range of voices in working groups from countries/regions, CSOs and private sector





Governance and Alignment

- **Managing resource expectations:** HDC communicate clearly (a) what resources are available and when (e.g., *Will financial resources be immediately available after a country mission?*), (b) what are the procedures to obtain the necessary resources (e.g., *What are the steps needed after a country mission? Production of white paper, investment case, resource mobilisation, etc*), and (c) to what end will these resources be available (e.g., *Decision-making on scope of HDC support, resource needs, country-asks and HDC's capacity to respond within the scope*)
- **Coordinating and convening across three (3) levels** (global, regional, country level) with multiple agencies and seven (7) Working Groups: HDC to think about mechanisms to “replicate” global architecture on other levels and ensure that this collaborative way of working has enough capillarity and resonance in other levels
- **Incentivising partners alignment to country priorities & monitoring that alignment:** HDC needs to focus on partner alignment with countries acknowledging country presence/participation is a common challenge (see Section 2 on *Scaling-up Country Impact* for highlights and key action points)
- **Finding the balance between scaling up the number of countries engaged and achieving real impact in each country:** should the HDC engage more countries or strengthen the work with the existing ones and learn lessons before adding more?
- **Use of the SDG3 GAP Heat Map Tool for measuring alignment** (feedback from SRG members required)

Case Studies: Assessment of Partner Alignment for HIS in focus-countries

Alignment of technical, political and financial support with country priorities is a core objective of the HDC. With support from UNICEF, the HDC commissioned an assessment of partner alignment for HIS in five (5) countries – Bangladesh, Cameroon, Kenya, Nepal and Zambia. Initial findings included:

- Policy and regulatory alignment were strong across all five countries

- However, Civil Society and Private Sector have either not been represented or minimally represented in country coordination mechanisms
- Systems alignment: existence of parallel data collection systems which increases the burden of health teams. Opportunity for the HDC: renew focus on interoperability
- Financial alignment: is very weak across all five countries – funding is piecemeal, not aligned with country national strategies or budgeting cycles. Opportunity for HDC: strengthen donor coordination work
- Operational alignment: there are ongoing efforts to harmonise operations, but it was hard to assess, especially due to challenges with communications and information flow. Opportunity for HDC: discussion within working groups
- For the HDC to reflect:
 - **Financial alignment:** can the HDC support donor alignment to coordinate funding in the five countries studied?
 - **Operational alignment:** can the HDC offer technical assistance (via working groups) to help harmonise operations in the five countries studied?
 - **Systems alignment:** can the HDC help in strengthening interoperability work in the five countries studied?
- **Recommendations:**
 - Strengthen coordination mechanisms, including increasing civil society and private sector participation and engagement at national level
 - Strengthen RHIS and streamlining reporting to external partners, including on SDG3 GAP reporting, and integrating vertical data systems into the HIS
 - Increase disclosure and knowledge sharing around planned HIS funding and activities
 - Channel funds through national institutional and financial management frameworks alongside supporting governance capacity building

Session 2



HIGHLIGHTS

- **Trust** as a key word: HDC must support existing national coordination mechanisms – this is crucial going forward to ensure alignment, sustainability, and country ownership
- Missions (e.g., as the one with CRVS and GIS focus) should get all stakeholders together and see how that specific area could profit from all partner resources; we should look for what can be the **cross cutting** and **common areas for collaboration**
- CRVS-GIS mission to Malawi brought the advantage of being able to identify existing and potential **partners on the ground**, and opened a door for **visibility**
- **Clearer expectations at country level:** the HDC is a way of bringing partners together to deliver support to and with countries – this message should be clear so that expectations at country level are clear, also for attributing results
- **Reflections moving forward:** How do we use HDC to create and sustain transformational shift in the way health information systems work? How do we make sure it operates beyond projects in a way that helps us deep dive into scaling impact?
- Three (3) **countries success stories:** Kenya, Cameroon, and Botswana – the HDC should disseminate and communicate them better
- Botswana: “HDC’s greatest added value was to **get all**

Scaling up Country Impact

HDC Malawi Mission (June 2022)



Wednesday, 22nd of June 2022: Group photo during CRVS-GIS Stakeholders Forum, Sunbird Capital Hotel, Lilongwe, Malawi ©Veronica Mukhuna/WHO

Mission’s Highlights

- **HDC value proposition:** the Ministry of Health of Malawi adopted the HDC principles in 2015, following its participation in the Summit on Measurement and Accountability for Health; however, subsequent interactions were not frequent and disrupted by the COVID pandemic
- **Key interventions that Malawi managed to implement in collaboration:** harmonization of health facility assessment and data quality assessment (in collaboration with USAID, Global Fund, Gavi and others), and strengthening of Covid data systems
- **Keys to success:** regular engagement with country teams and attention to interoperability
- **Key opportunity related to success:** Malawi had a change of government in June 2020, with the new administration designating digitalisation as central to national development plan and releasing its National Digital Health Strategy for 2020-2025; the HDC, with the Government of Malawi, ensured that political will was capitalised and that the opportunity was seized in good time
- **Unique identifiers:** the success of the roll out of the National ID system has led to the Government of Malawi considering how to use the national ID number as a unique identifier across different sectors, including education, health, and the financial sector; this has significant implications for data governance and may present further opportunity for HDC partners to support Government plans and priorities

Recommendations and Lessons Learned

- **Country needs assessment in preparation for mission:** the Government of Malawi recommended a detailed needs assessment to be conducted prior to a mission taking place– this would ensure that:
 - a. mission would be more focused in targeting key issues, rather than conducting a full assessment
 - b. mission would gather all necessary stakeholders to respond to country’s needs (e.g., data governance gaps were not addressed)
- **Big question on how we measure the impact of investments and of alignment:** the HDC has a need for more structured ways to measure the impact of key mission’s outputs

partners in the room and get them talking, and finding out how can they work together, in alignment”

- **Scaling up:** HDC to scale up country impact quicker than it has been doing, but preserving a good balance of structured ways of engaging with countries, without missing to include fragile states, while thinking about:
 - Doing it based on resources and outcomes of partner landscape/mapping
 - Using resources already flowing to the countries
 - Strengthening national priorities in our way of working and being opportunistic, aligning with partners resources on-the-ground
 - Thinking about how do the strengthen the private sector in our way of working
 - Reaching out to more countries using regional and national offices to complement the coordination HDC provides.

- **Managing countries’ expectations:** country teams believed that there would be immediate commitments from/during the visit – HDC needs to communicate more clearly intended follow up from the missions and how do we get from mission to financial commitments
- **Need for clear value proposition for Countries:** what Malawi, as a member of the Countries constituency, would wish to see is how do they have value in the Collaborative if they have long term commitments from the partners: *What kinds of things the HDC can achieve in collaboration with countries and vice-versa? What are the strong points of this partnership? How do we strengthen each other?*
- **Country-level frameworks for data-related matters:** one key recommendation from Malawi’s experience is the need to resolve the issue of lack of legal framework for data protection at the national level – is this something that the HDC can help with?



Wednesday, 28th of September: Learning lessons from the Malawi mission and recommendations
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Key Areas for Improvement

- **Sustaining and enhancing** governance structures for CRVS and GIS in Malawi: conducting a comprehensive CRVS and GIS assessment
- **Trust:** being clear with countries and letting them know with whom HDC is collaborating with at local, regional, national, global level – when the Government knows what HDC is doing, they can correct information brought to them and help strengthen accountability around HDC work (what we do and are responsible for, and what we do not do and are not responsible for)
- **Alignment beyond the HDC:** alignment within the HDC is crucial, but it is also important to seek alignment with multiple and different actors on the group who did not originally belong to HDC



ACTION POINTS

1. **HDC Secretariat** to lead finalisation of white paper and circulate it, as a concrete example of how the HDC could work and the added value it has for countries
2. **HDC Secretariat** to think about ways to measure if and how a country engaging in HDC would benefit more than another country who is not in HDC: measure the status of alignment among HDC impact countries and non-HDC impact countries to see if there is a difference
3. **HDC Secretariat** to propose ways to assess how do these missions have transforming power over country realities and what is the real impact
4. **HDC Secretariat** to analyse money flows and map out opportunities to know where the needs for coordination are, to make sure there is more efficiency in aligning what donors and partners are doing in the country (need for practical solutions for coordination and alignment)
5. **HDC Secretariat** to show the footprint and the impact of the HDC (donors need more success stories to raise funding interest)
6. **HDC Secretariat** to produce more clear and concise messaging on what is the added value for countries of engaging with the HDC and taking part in the Working Groups
7. **HDC Secretariat** to disseminate better countries success stories (included in the Communications & Advocacy Strategy, see Section 5)

- **Multi-sectorial approach:** HDC to think about ways of working with more sectors other than health that matter to the work the HDC does (e.g., **education**, which plays a key role in accounting for children)

Strategies for Scaling up Country Engagement and Impact

- **Turning mission's products into an investment case** is a valuable strategy for sustaining missions' gains, building on political and technical momentum and ensuring sustainable impact for countries; an investment case may not be targeted towards new money, but instead support course correction for existing efforts from agencies/partners in-country
- **Data governance and standardisation** play a key role in addressing the issues of interoperability: can the HDC offer technical assistance that unites different streams of work?
- **HDC is a way of calling people together:** how can HDC members exert better their unique perspectives to the HDC? Can inter-working group interactions and communication be stronger to offer more complete health and digital data support?
- **Taking the CRVS/GIS mission from Malawi to other countries:** the joint stakeholders' forum highlighted duplication of efforts and fragmented approaches but provided no formal structure to tap into the potential of HDC partners
- **Scaling up countries quicker vs Deepening work on existing countries:** it was agreed that the HDC needs to increase the number of countries where there is measurable impact countries (to at least 16 in 1st quarter of 2023, with a regional approach to reach even more next year). This will require implementation of the renewed Country Engagement Strategy, and include engaging small island and fragile states
 - Country readiness and HDC readiness go together: perhaps the HDC can think about different approaches to countries in different stages and, that way, ensure that scaling up will be possible while respecting different countries' contexts
 - There are structures that outlast governments (civil society organisations, private sector, academia) and that can, therefore, survive changes of governments/administrations; so, we should map existing resources within these structures which can help the HDC to harness the power of partnering with these structures
- The HDC can and should **take advantage of existing regional initiatives to scale up**, so HDC Secretariat presented and circulated for members review the TORs for two (2) regional consultants who will be placed in 2 regions and support the work of HDC, dedicated to working on all aspects of data and digital health (see Session 3 Action Points)
- HDC members have **structures at country level** which can be used to reach country level stakeholders, but we need to **communicate the work of HDC better to them**
- **Clarity:** need for clarity on how the HDC brings sustainable impact in countries—*Who in the country will take over? Who will follow up? How will it outlive us?*
- **Country contextualisation** means something **beyond** contextualising **tools and products:** it is, maybe first and foremost, contextualising our ways of

8. **HDC Members** to offer feedback on regional consultancy TORs by the end of October 2022
9. **HDC Collaborative, as a whole,** to use the first pool of five (5) countries to produce a robust model for scaling up but not stopping us from doing it

working, i.e., having clarity on the different levels of resources available in countries and tailoring our engagement approach to meet countries “where they are”

Session 3



HIGHLIGHTS

- **Integration** was a recurrent theme during this session: (a) integration between WGs, (b) integration at global level that must be reflected at country level, (c) integration between different HDC members and constituencies, (d) integration to send a cohesive and consistent message to donors, and (e) integration to take advantage of WGs commonalities to make progress with HDC work
- Going forward, the HDC must think about how to **better engage between our different WGs** because no WG can operate in a silo without losing sight of the **unique nature and role of each WG**, to avoid duplication
- Being **country-led** helps us to lose the siloed agency approach – it gives more ownership to participants, and it amalgamates stakeholders around the main issues of countries’ needs and less around each individual agenda
- **Strategies for being more country-oriented:** bringing a country-representative to be a co-chair of the Working Group – all WGs are encouraged to have at least one of the co-chairs from the Countries constituency – can we achieve that by the end of 2023?
- **Focus on data users to orient WGs work:** the technical assistance provided by the HDC via its WGs should try to (a) understand countries’ needs from the perspective of data users and (b) consider the

Technical Assistance through HDC Working Groups

Overall, the SRG in-person meeting represented an opportunity to work on and discuss matters of governance of the HDC: what is needed to improve the engagement of different constituencies to strengthen the link between the Working Groups and the countries’ priorities.

Working Groups progress on outputs from 2021-22 and deliverables for 2023-24 have been updated and can be found on Annexe 2.



Wednesday, 28th of September: Reception in main WHO café after first day of meeting ©Alyssa Palmquist/WHO

Adapting WG Technical Expertise to Country Needs

- **Capacity building potential:** capacity building is crucial when thinking about sustainable processes and is a key objective of the HDC; we hope a key

needs of data producers at the level of Ministries of Health

- **Language barrier:** HDC diversity goes through diversifying language of HDC's resources and products – need to reach further than the barrier imposed by language
- **Untapped potential of Regional Institutes:** *Research, Academia and Technical Networks* is the second largest constituency in number of members, but their leadership in steering HDC's direction is still very limited; there is great potential for regional institutes, e.g., to help the HDC strengthen the ways it works with countries, and this should be looked at more closely, including participation in country missions



ACTION POINTS

1. **HDC Secretariat** to clean HDC membership list by end of 2022, as to have a more accurate picture of who is present and participating (actively or passively, but still wanting to take part)
2. **HDC Secretariat** to map out WGs resources and products made available from HDC's work versus opportunities for engagement between WGs, looking for commonalities and flagging those to co-chairs to improve coordination between WGs, avoid duplication and promote complementarity
3. **HDC Secretariat** to use that mapping and compare with HDC's Theory of Change to see if the tools (resources made available and products delivered via WGs) are helping HDC to change what it is trying to change: a lot has been

outcome of this meeting will be renewed commitment of the HDC WGs towards building capacity at national and subnational levels

- **Resource needs:** Although participation in WGs is voluntary, these WGs need resources to produce new products and to identify funding opportunities for maintenance of these products; to achieve this, we need visibility on what the asks are and to what/how will the funds be used
- **Complementary nature of WGs:** WGs are complementary, rather than competing, but there are a lot of overlaps, so what is the best way of looking at the juxtapositions?
- **Complementary nature of partnerships and call to action:** shared perception that the great value of having partners is that they serve as a mirror of areas one might be missing on; so, the HDC still has a lot of work to do to translate and turn its knowledge assets and the resourcefulness of its diverse group of partners into real actions
- **Data users more than data managers:** *we constantly say "countries", but who in the countries?* The HDC should be focused on hearing from the data beneficiaries/users; so, we need to diversify the way we communicate and the way we build our investment cases: *Where are the data clients sitting? What are they telling us about what they need?*
- **HDC can capture funding better by showing real data users:** donors would like to see the person from the district level showing *HOW* they are using the data, and the HDC must urgently communicate better
- **Language barrier:** WGs resources, products and discussions should consider the variety of languages within the WG as the primary use of English excludes other first language users and affects the HDC's ability to scale up impact
- **Best practice:** DH&I WG has a sub-working group dedicated to improving country engagement – is this something that can be replicated by other WGs?



Wednesday, 28th of September: Presentation of initial findings from Assessment of partner alignment for HIS in 5 countries ©Alyssa Palmquist/WHO

produced but we need to synthesise it and make sure they contribute to the goals we have already set

4. **HDC Secretariat** to disseminate those findings and products between WGs
5. **HDC Secretariat** to steer value proposition clarity from each WG to countries
6. **HDC WGs Co-Chairs** to include resource needs for WGs deliverables in their work plans and share with HDC Secretariat by the end of 2022
7. **HDC Members** (either per WG or Constituency) to offer one creative idea for the HDC moving forward, by November 2022

Thursday, 29 September 2022: a time for decisions

After reflecting on the status and achievements of HDC in 2021-2022, discussing strategies for scaling up country impact and how to improve the Collaborative’s technical assistance to countries via its Working Groups, the SRG meeting turned to decision making and feedback. On the second day, participants were asked to review and offer their insights on the HDC’s Workplan and Budget for 2022-2025, Communications and Advocacy Strategy, TORs for 2023 HDC Evaluation and HIS Investment Case.

Session 4



HIGHLIGHTS

What Success Looks Like in 2025

- **Aim:** To improve efficiency and alignment of investments (technical, financial & political) for country health information systems through collective actions.
- By December 2025 there is a **clear mechanism for aligning partner resources** supporting specific country HIS contexts.
- **So that:** technical and financial HIS investments align with country priorities.
- **Impact:** > efficiency; < reporting burden & fragmentation and > quality data to accelerate progress towards the health-related SDGs.
- **Lead:** HDC & SDG GAP Secretariats
- **Collaborators:** Country, regional and country levels of all HDC partners, Regional Collaborating Centres, Member States, Technical programs in HDC organizations, research and academia, civil society and private sector.

HDC Survey: Technical Priorities

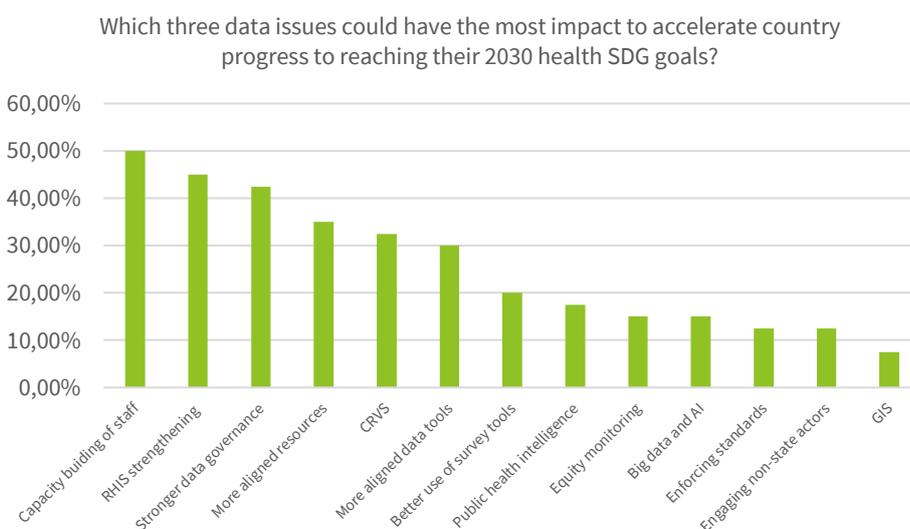
- Capacity building of staff
- RHIS strengthening
- Stronger data governance

HDC Workplan & Budget 2022-2025

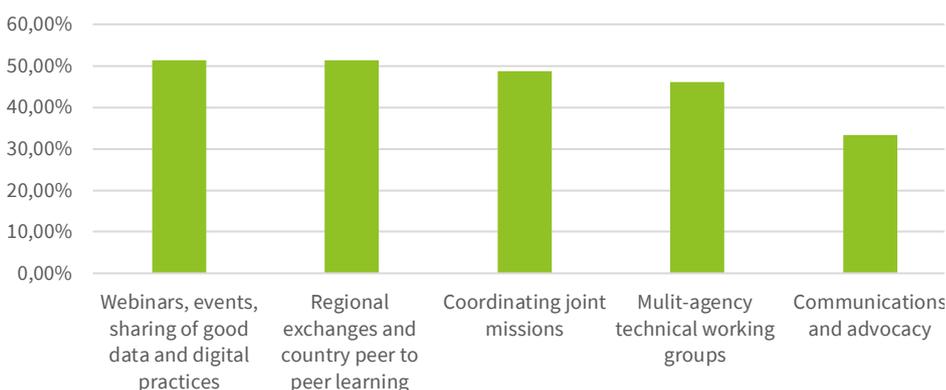
Results of Survey from HDC Members on Priorities

Prior to the SRG meeting, the HDC Secretariat launched a survey with eight questions to be used to better inform discussions, plans and show trends across HDC members. Its initial results were presented at the meeting and the survey was kept open for another week, to allow more responses and, therefore, more meaningful expression of the HDC membership (see full version of Survey questions & answers on Annexe 3).

- The Survey has shown that the HDC’s key data priorities for most impact on country progress are (a) capacity building of staff; (b) RHIS straightening and (c) stronger data governance:



- The Survey has also shown that the top issues that the HDC should focus on are:





ACTION POINTS

1. **HDC Secretariat** to keep monitoring WGs deliverables percentages and performance, as it was helpful to WG co-chairs
2. **HDC SRG Members** to review, give feedback and approve the TORs for two regional consultants to support regional and country HDC efforts in regions and countries.

- When analysing the respondents, the Survey has shown the need for increasing the participation of Civil Society and Private Sector in the HDC as a whole



Thursday, 29th of September: Discussions on HDC members' priorities ©Alyssa Palmquist/WHO

Discussion on Workplan, Funding and Technical Assistance Modalities to Support Workplan

- Future HDC workplan, milestones and funding **approved by SRG members**
- One thing that we could explore is a mechanism by which countries can submit their technical requests to Working Groups
- **Visibility of HDC work:** need to showcase increase in the number of countries and show/capture the success cases of engaging with the HDC (“this partner Y who I met via the HDC helped me solve this problem Z”)
- **Regional focal points:** the idea of having focal points in regional/country offices is welcomed by SRG stakeholders and it will help us replicate the global HDC dynamics to the regional/local levels (see Session 2), but it would be more efficient if those were placed within existing HDC partner structures within regions
- **Monitoring SDG alignment:** need for monitoring alignment between HDC work and SDGs, with specific goals
- **Focus on knowledge brokering** is very important: the website should be conceived to the service of countries and the Knowledge Hub section of the new HDC Website responds to that
- **Data analytics and use** is missing in our thematic & technical priorities: we should add capacity building for data analytics and use to the technical areas of focus of the HDC
- **Pragmatic focus for HDC support:** the HDC should be more oriented by a practical bottom-up approach, which asks countries what their needs are, map and see gaps in financing from donors, so the HDC can make the right

technical, financial, and political asks and offer the support tailored to those asks

- Going forward, **country missions** should be a starting point for further country engagement and have clear action plan and budget and present clear targets at the end
- **Donor alignment with country systems** is not where it should be: alignment of HDC activities with donors programmes should be set at the global level, so when the Collaborative arrives at country level, it sets clear expectations for countries and does not bring different requirements than donors have already made to countries
- **Mission team:** the distinct set of investments and expertise to the technical areas of missions should be reflected in the people who joint those missions, so there is a need for expansion of the joint missions to include other partners (agencies, private sector, CSO, etc.)
- **Accountability:** the HDC can play a key role in ensuring partners will carry on their commitments to countries, by following up closely on partnership initiatives but, to that, it is important to have a clear understanding of who is doing what within the Collaborative
- **The importance of data analytics:** the HDC may offer technical support that includes how countries can create value out of their own data for decision and policy making to ensure countries are self-serving rather than serving external parties
- **WGs Products & Outputs definition:** the HDC must think how it defines and determines what is an HDC output/product and how it shows the ways in which these outputs/products were collaboratively built

Session 5

Decisions: Launch, Review and Approval of HDC Communications and Advocacy Strategy & New HDC Website



HIGHLIGHTS

During the two days of the SRG meeting, it became clear that there is a shared perception among SRG members on the need to communicate the HDC, its work, its contributions, and its value more effectively. A first step to respond to this need is the HDC Communications & Advocacy Strategy, drafted by the HDC Secretariat, presented, and submitted for SRG members' approval.

- The Communications and Advocacy Strategy is at its very early stages – **feedback and inputs from SRG members are required** to take this document to the next level
- This Strategy will help the HDC to **achieve clear and key messaging**, through an elevator pitch, which can be used by its members to explain the added value of the Collaborative, helping to diversify, expand and democratise access to it
- **Communication outputs to be produced:** one-pagers on technical areas, info sheets with success cases, country impact stories
- **HDC as an amplifier:** communications strategy needs to **link who the Collaborative is with what it offers** (the technical materials); the Knowledge Hub on the website may respond to this need but there must always be a clear link between who the HDC is and what it delivers (e.g., the HDC Twitter account can amplify the work of its partners)
- **Value of alignment:** the HDC must feature the value of alignment in our media platforms
- **“Making data attractive”** – with a clear, targeted, and measurable purpose, is something that the HDC can and should be doing
- HDC partners to have Communications aligned and arranged at global level and **ask country offices to reverberate and amplify that communication**



ACTION POINTS

1. **HDC SRG Members** to give feedback (inputs, comments, suggestions, questions) to Communications and Advocacy Strategy by end of October 2022
2. **HDC SRG Members** to offer any volunteers to work with the HDC Secretariat in refining the Communications & Advocacy Strategy
3. **HDC SRG Members** to give feedback on the new HDC website (features, sections, taxonomy for the Knowledge Hub, WGs pages, etc.) in the next two months (by 20 December 2022, the latest)

Session 6

Decisions: Review and Approval of Terms of Reference for HDC Evaluation



HIGHLIGHTS



ACTION POINTS

- **External panel for co-creation:** the questions for the vendor (company) that will carry out the HDC evaluation should ideally be received before, to be included in the TOR, but the HDC Secretariat can organise an external panel for co-creation with the evaluation company
 - **Monitoring alignment** should be present at the HDC evaluation: if one of HDC's key aims is to promote alignment, has it been able to do it?
 - **Mid-point indicators:** enhancing evaluation, how to make those points more meaningful?
 - **Evaluation at the country level:** co-creation of questionnaire for HDC evaluation (ensuring country input and taking a country lens)
1. **HDC Secretariat** to review the HDC Theory of Change from a visual perspective (revise all graphic elements for ease of reading)
 2. **HDC Secretariat** to set up *ad hoc* calls to keep track of the feedback requests in the action points of Sessions 4, 5 and 6
 3. **HDC Secretariat** to share progress of the evaluation on the website (transparency)
 4. **HDC SRG Members** to give feedback on the TORs for the HDC Evaluation by 15 November 2022

Session 7

Information Sharing & Feedback: HIS Investment Case



HIGHLIGHTS

In March 2022, WHO launched a Request for Proposals (RfP) for a contractor (company) to design an investment case (IC) for health information systems (HIS). This IC aims to show how investing in health data is beneficial for leading to better health outcomes. During this session, the initial thinking around this IC was presented by Swiss Tropical and Public Health Institute (Swiss TPH-the contractor retained) and the SRG members had the opportunity to ask clarifying questions and give feedback.

- **This is a work in progress and the SRG will have 3 opportunities to collaborate by offering inputs:** WHO HIS IC team wants to make sure that external experts' inputs are considered, that SRG members have oversight on this work and that SRG members will be able to guide the team producing this IC
- **Focus on decision-making:** the IC's objective will be to identify HIS that support countries to reform/improve their HIS from the perspective of the decision-makers at various levels of the health system
- It is **hard to prove that investments produce desired health results**, but a good alternative is to this question around, starting with: *How can we efficiently invest to achieve a specific health outcome (e.g., 1 Million People Living with HIV on Anti-Retroviral Treatment)?*
- **Key Questions** asked to Swiss TPH:
 - What has determined the countries choices?
 - How to ensure data that is coming in is as truthful as possible?
 - The investment case will look at "inputs/outputs": what does it take in terms of resources to be invested and what does it deliver?
 - Variable and outcomes still need to be defined
 - Is not the timeline too ambitious?
 - RHIS is too broad, so what is the exact research question here?
 - The IC could consider what will not be possible to achieve if data is not available: e.g., Equity? Transparency? Accountability?
 - The decision-making capacity will be central to their work, which means that the management of health services is also a decision-making exercise; how will this be considered?



ACTION POINTS

1. **HDC Secretariat** to inform SRG members of the upcoming meetings to present HIS IC progress to seize the opportunities for inputs
2. **HDC Secretariat** to communicate the progress and results of the HIS IC more efficiently to the pool of HDC partners
3. **HDC SRG Members** to send the HDC Secretariat documents to create a repository on investing in data systems

Conclusions

Over two days, participants agreed that moving the HDC forward to promote engagement and alignment for country impact requires clear measurement of success, the need for a mechanism to support collaboration and coordination based on trust and need to share knowledge effectively. The greatest challenge identified remains the lack of alignment of resources from diverse stakeholders with country identified and owned priorities and ensure coordination to meet objectives.

A few strategies were proposed, such as resource mapping exercises and a clear focus on coherence on messaging the added value for HDC constituencies.

A clear communications strategy will strengthen key messages, improvement of the website and advocacy for HDC objectives. The comms and advocacy strategy needs support to ensure there is greater awareness of what joint-collaboration delivers: through coordination, technical assistance, and capacity building. Attention to integrational aspects of our work will be key moving forward, as different working groups act in complementarity, and the HDC Secretariat is tasked to identifying and steering conversations about commonalities.

The main takeaway of the SRG meeting is the insistence in prioritising countries' needs when scaling up, showing impact of HDC within countries, and deepening the existing work. *How do we market and sell and take the HDC to the people? How do we package it? How do we make it attractive to countries?* These are questions that the Collaborative will continue to consider in 2023, with increasing diversity of its members and the resourcefulness that comes with it.

One element was unanimous: an in-person meeting strengthens bonds of trust, networks and by bringing people together stimulates creative ideas for complex problems.

Annexe 1. List of Participants



Organisation/ Country	Last name	First name	Title	Presence
REGIONAL INSTITUTES				
Institute of Public Health/ India	NEGANDHI	Preeti	Additional Professor, IIPH Delhi, PHFI	In person
KEMRI Wellcome Trust / Kenya	TSOFA	Benjamin	Principle Research Officer, Health Policy and Systems Research	Virtual
Institut Pasteur de Dakar / Senegal	LOUCOUBAR	Cheikh	Responsible for Epidemiology, Clinical Research and Data Science and Department	Virtual
COUNTRY TEAMS				
Botswana	SEITIO-KGOKGWE	Onalenna	Deputy Permanent Secretary, Health Services Monitoring, Evaluation and Quality Assurance, MOHW	In person
	MADIDIMALO	Tebogo	WHO Botswana	In person
Cameroon	BELLO	Djamila Epse Mohamadou	Coordinator National Health Observatory, Ministry of Health	Virtual
	GATCHO	Modeste	WHO Cameroon	In person
Kenya	SITIENEI	Joseph	Director Health Policy, Research, M&E, Ministry of Health	Virtual
	KAWONGA	Jacob	Senior M&E Advisor, Ministry of Health	In person
Malawi	NYAKA	Amos	National Coordinator for Medical Certification of Causes of Death, Ministry of Health	In person
	NAMPEWO	Solome	HSS Coordinator, WHO Malawi	In person
Nepal	SHARMA	Guna Nidhi	Senior Health Administrator, Ministry of Health and Population	Virtual
	TIMALSENA	Kapil Prasad	Under Secretary, Ministry of Health and Population	Virtual
	GHIMIRE	Paban Kumar	Health Information System, WHO Nepal	In person
HDC STAKEHOLDER REPRESENTATIVE GROUP (SRG)				
Bilateral Donor and Philanthropic Institutions	LEMBCKE	Ernesto	Advisor, Sector Initiative Global Health, GIZ	In person
	SCHOLL	Ana	Branch Chief at Strategic Information, Evaluation, and Informatics Division, USAID	In person
Civil Society	ANTWI	Maxwell	Country director Pharmaccess Group, Ghana	In person
Global Health Initiatives	OLLIS	Steve	Project director, Country health information systems and data use (CHISU) program	In person
Multilateral	RASHIDIAN	Arash	Director of Science, Information and Dissemination, WHO/EMRO	Virtual
	MILLS	Samuel	Senior Health Specialist, World Bank	In person

	REQUEJO	Jennifer	Senior Adviser Statistics and Monitoring, UNICEF HQ	Virtual
	PORTH	Tyler	Global Health Data & Analytics Specialist, UNICEF HQ	Virtual
	MACFEELY	Steve	Director Data and Analytics, WHO HQ	In-person
	SNOW	Rachel	Branch Chief of Population and Development, UNFPA HQ	In-person
Private Sector	MONTHE	Patricia	Head of Operations, MedX care, Netherlands	In-person
	DIXON	Pam	Executive Director, World Privacy Forum, US	In person
Research, Academia and Technical Networks	WALTERS	Laticha	Senior Technologist, The Council for Scientific and Industrial Research, South Africa	In person
	MURRILL	Chris	Epidemiologist, U.S. Centre for Disease Control and Prevention	In person
	SANTAS	Xen	Associate Director for Informatics, Center for Global Health, U.S. Centre for Disease Control and Prevention	In person
HDC WORKING GROUP CO CHAIRS				
Community Data	MWAMBA	Remy	Statistics and Monitoring Specialist, UNICEF HQ	In person
	SCHOLL	Ana	Branch Chief at Strategic Information, Evaluation, and Informatics Division, USAID	In person
CRVS	JACKSON	Debra	Professor, Takeda Chair in Global Child Health, London School of Tropical Medicine and Hygiene	In person
	MA FAT	Doris	Statistician WHO HQ/DDI	In person
	BRATSCHI	Martin	Technical Director, CRVS, Public Health Programs, Vital Strategies, Switzerland	In person
Data and Digital Governance	DONALDSON	Marie	Post-Doctoral Fellow, City University New York, US	Virtual
	DWIVEDI	Vikas	Senior Health Systems Advisor, Palladium, US	In person
	MAHADEVAN	Vidya	Senior Data Governance Advisor, USAID	In person
Digital Health and Interoperability	PUTA	Chilunga	Director, BID Learning Network, PATH, Zambia	Virtual
	Kamasaka	Carolyn	Digital Health Advisor, JSI, Uganda	Virtual
	Kumar	Manish	Principal Investigator for The TB Data, Impact Assessment and Communications Hub (TB DIAH) Project	Virtual
Logistics and Management Information System	-	-	-	-
Public Health Intelligence	EGGERS	Carrie	Epidemiologist, US Centre for Disease Control and Prevention	Virtual
RHIS	DE LAMALLE	Jean-Pierre	Director technical programs, AEDES, Belgium	In person
	BRAA	Jørn	Professor, University of Oslo	In person
HDC / SDG GAP DATA AND DIGITAL SECRETARIAT				
HDC Secretariat	BURGESS	Craig	Unit Head	In person
	KASONDE	Mwenya	Consultant	In person
	FUTURO	Carolina	Consultant	In person
	CHOZOM	Tashi	YPP	In person
	PALMQUIST	Alyssa	Technical Officer	In person
HDC CONTRACTED CONSULTANT SERVICES				
External contracts	CHONG	Serena	Study of alignment in five countries (contracted through UNICEF)	Virtual
	BOSCH-CAPBLANCH	Xavier	Swiss Tropical and Public Health Institute (STI)	Virtual
	PRIESTLY	Owen	Liquid Light website services	Virtual

Annexe 2. WGs Outputs 2020-2021 and Deliverables 2022-2023

WGs Outputs 2020-2021

Objectives	WGs	Products	Context	Impact	Status
1. Strengthen country HIS	CRVS	WHO CRVS Strategic Implementation Plan	Regional - Local	Empower the health sector with tools and training	Publicly available
	CRVS	Planning and implementation collaboration for Kenya's CRVS digitalization	Local	Support planning and implementation	Ongoing
	Com. Data	Conceptual framework to measure community health workforce performance	Global - Regional - Local	CHWs indicator guide on performance measurements	Publicly available
	DH&I	Map and Match Initiative	Regional - Local	Brief on digital health systems used in 22 countries to address COVID-19 needs	Publicly available
	DH&I	Digital Health Applied Leadership Program (DHALP)	Regional	Digital Health Planning National Systems training for 80 participants from WPRO Ministries of Health	Completed
	LMIS	Global Standards, policy papers and working documents (Non HDC)	Global - Regional - Local	Lessons learned, global strategy on falsified medicine, and health product traceability	Publicly available
	RHIS	Compilation of global level RHIS standards, best practices, guidance, and tools	Global	Availability of RHIS standards, best practices, guidance, and tools on one platform	Ongoing
RHIS	Integration of public health and humanitarian diseases and emergencies surveillance reporting into RHIS	Local	Developing guiding notes, country case documenting, and partner engagement	Ongoing	
2. Align resources with country priorities	CRVS	CRVS Stakeholder Workshop in Kenya	Local	Tie in partners, logistics and resources	Completed
	Com. Data	Community health measurements and planning tools (webinar)	Global - Regional - Local	Harmonization of tools to align with local priorities	Publicly available
	DDG	Contributions to WHO Data Governance Summit	Global	Facilitated the break-out session for Data Sharing Policies – legal and ethical aspects.	Publicly available
	DH&I	Digital Health Convergence Meeting Toolkit workshops	Local	Bringing together MOH, donors and partners	Completed
	DH&I	DH&I Annual Virtual Meeting	Global - Regional - Local	Countries share priorities with donors and partners	Completed
RHIS	WHO RHIS Strategy	Global	Consultation on RHIS as an integral part of health systems and build data use culture	Completed	
3. Adapting tools to context	CRVS	WHO-UNICEF Health Sector Contributions Towards Improving the Civil Registration Of Births And Deaths In Low-Income Countries	Regional - Local	Guidance for health sector managers, civil registrars and development partners	Publicly available
	Com. Data	Guidance on strategic information and service monitoring	Regional - Local	CHWs standardized indicators for community actions	Publicly available
	Com. Data	Community Health Workers' master lists/registries	Local	Identify gaps in underserved communities	Ongoing
	DDG	Health Data Governance Principles	Global - Regional	Practical principles application to good data governance	Ongoing
	DH&I	Digital Health Capability Models Navigator	Global - Regional	Maturity model-based tools selection for specific contexts at national and sub-national levels	Publicly available
	DH&I	Supply Chain Information System Maturity Model toolkit (v2)	Local		Publicly available
RHIS	Compilation of country-specific documentation	Local	RHIS reports and tools and case studies from countries on one platform	Ongoing	

WGs Deliverables 2022-2023

Objectives	WGs	Products	Context	Impact
1. Strengthen country HIS	CRVS	Continue to support the WHO CRVS Strategic Implementation Plan	Regional - Local	Empower the health sector with tools and training
	CRVS	Continue implementation collaboration for Kenya's CRVS digitalization	Local	Support planning and implementation
	CRVS	Country training in CRVS Birth and Death Registration and cause of death (ICD-11)	Local	Empower the health sector with training and peer-sharing knowledge
	CRVS	Reach out for CRVS collaborations for Community Health Worker (CHW) programmes	Local	Expand CRVS collaboration with CHWs
	Com. Data	Roadmap to CHIS implementation	Regional - Local	Support planning and implementation
	RHIS	Continue the compilation of global level RHIS standards, best practices, guidance, and tools	Global	Availability of RHIS standards, best practices, guidance, and tools on one platform
	RHIS	Continue the integration of public health and humanitarian diseases and emergencies surveillance reporting into RHIS	Local	Developing guiding notes, country case documenting, and partner engagement
2. Align resources with country priorities	CRVS	Implement support activities resulting from the Kenya CRVS Workshop	Local	Tie in partners, logistics and resources
	CRVS	Link country CHIS and PHC front-line health workers with CRVS programme	Local	Foster collaboration and communication
	CRVS	Support and participate in global and regional CRVS meetings (e.g., APAI-CRVS, UNESCAP, UNECA)	Global - Regional	Enhance partnerships for coordinated CRVS support
	CRVS	Hold CRVS stakeholders meeting in Malawi and implement support activities resulting from the workshop	Local	Tie in partners, logistics and resources
	Com. Data	Capacity building on community data standards - Training material	Regional - Local	Capacity building
	Com. Data	Community Health Workers' master lists/registries	Local	Identify gaps in underserved communities
	DH&I	Global Community Convergence Workshops	Global - Regional - Local	Bringing together MOH, donors and partners
	DH&I	DH&I Annual Meeting	Global - Regional - Local	Countries share priorities with donors and partners
	PHI	Landscape analysis of initiatives improving better detection and response to public health emergencies of international concern	Any with a local focus	Fill in gaps with support and expertise for country-focused initiatives.
	RHIS	Secure additional and increase sustainable resources in HIS	Global, Regional, Local	Sustainable HIS funding from partners at all levels
3. Adapting tools to context	Com. Data	Community Health Workers' master lists/registries	Local	Identify gaps in underserved communities
	DDG	Health Data Governance Principles	Global - Regional	Practical principles application to good data governance
	DDG	Develop a health Governance framework	Regional - Local	An operational tool that can be used alongside the governance principles
	RHIS	Compilation of country-specific documentation	Local	RHIS reports and tools and case studies from countries on one platform

Annexe 3. HDC Stakeholders Representatives Group: Representatives Names and Affiliations

HDC CO-CHAIRS		
Steve	MacFeely	WHO
Jennifer	Requejo	UNICEF
Onalenna	Seitio-Kgokgwe	Botswana Ministry of Health and Wellness
COUNTRIES		
Onalenna	Seitio-Kgokgwe	Botswana Ministry of Health and Wellness
Paul	Mbaka	Uganda
tbc		Nepal
Claud	Kumalija	Tanzania (alternate)
MULTILATERAL AND INTER GOVERNMENTAL INSTITUTIONS		
Steve	MacFeely	WHO
Rachel	Snow	UNFPA
Sam	Mills	World Bank
Arash	Rashidian	WHO EMRO (alternate)
Srdjan	Mrkic	UNSD (alternate)
Tyler	Porth	UNICEF (alternate)
BILATERAL DONORS, FOUNDATIONS AND REGIONAL FUNDING ENTITIES		
Rachel	Lucas	USAID
Ernesto	Lembcke	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
Alternate tbc		
GLOBAL HEALTH INITIATIVES		
Steve	Ollis	Country Health Information Systems and Data Use (CHISU)
Heidi	Reynolds	GAVI (alternate)
RESEARCH, ACADEMIA AND TECHNICAL NETWORKS		
Kathleen	Gallagher	US Government - CDC
Pam	Dixon	World Privacy Forum
Alvin	Marcelo	Asia eHealth Information Network (AeHIN) (alternate)
Laticha	Walters	Council for Scientific and Industrial Research (alternate)
Chris	Murrill	US Government - CDC (alternate)
CIVIL SOCIETY		
Maxwell	Antwi	PharmAccess
Tara	Brace-John	Save The Children (alternate)
PRIVATE SECTOR		
Patricia	Monthe	MEDx Care (Netherlands)
Ruchika	Singhal	Medtronic (USA) (alternate)
WORKING GROUPS		
CIVIL REGISTRATION AND VITAL STATISTICS	Doris Ma Fat	WHO
	James Mwanza	Vital Strategies
	Debra Jackson	LSHTM
PUBLIC HEALTH INTELLIGENCE	tbc	
	Carrie Eggers	US Government - CDC
DIGITAL HEALTH AND INTEROPERABILITY	Putu Chilunga	PATH
	Carolyn Kamasaka	JSI
	Manish Kumar	University of North Carolina
	Derrick Muneene	WHO

	Paul Biondich	Open Communities
LOGISTICS MANAGEMENT AND INFORMATION SYSTEMS	Lisa Hedman	WHO
	Lindabeth Doby	USAID
COMMUNITY DATA	Remy Mwamba	UNICEF
	Ana Scholl	USAID
ROUTINE HEALTH INFORMATION SYSTEMS	Jørn Braa	University of Oslo
	Rifat Houssain	WHO
	Jean-Pierre de Lamalle	RHINO
DATA AND DIGITAL GOVERNANCE	Marie Donaldson	CUNY
	Vikas Dwivedi	Palladium
	Vidhya Mahadevan	USAID
SECRETARIAT		
Craig	Burgess	WHO
Mwenya	Kasonde	WHO
Carolina	Futuro	WHO
Tashi	Chozom	WHO
Nina	Benedicto	WHO

Annexe 4. HDC Stakeholders Representatives Group Pre-Meeting Survey Results¹

September 2022

Survey Info

Total number of respondents: 44

Data presented: 40

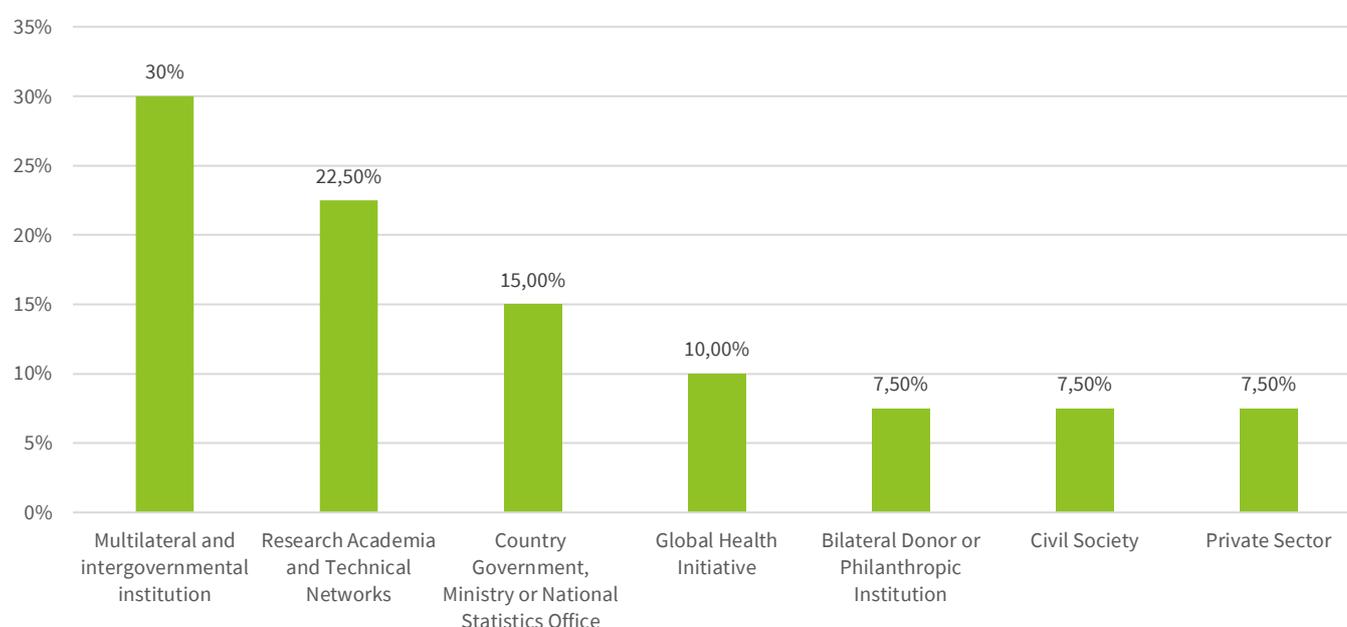
[Link to dashboard](#)

Questions & Answers

Q1: What is your constituency?

ANSWER CHOICES	RESPONSES
Multilateral and Inter Governmental Institution	30.00% 12
Research, Academia and Technical Networks	22.50% 9
Country Government, Ministry or National Statistics Office	15.00% 6
Global Health Initiative	10.00% 4
Bilateral Donor or Philanthropic Institution	7.50% 3
Civil Society	7.50% 3
Private Sector	7.50% 3
TOTAL	40

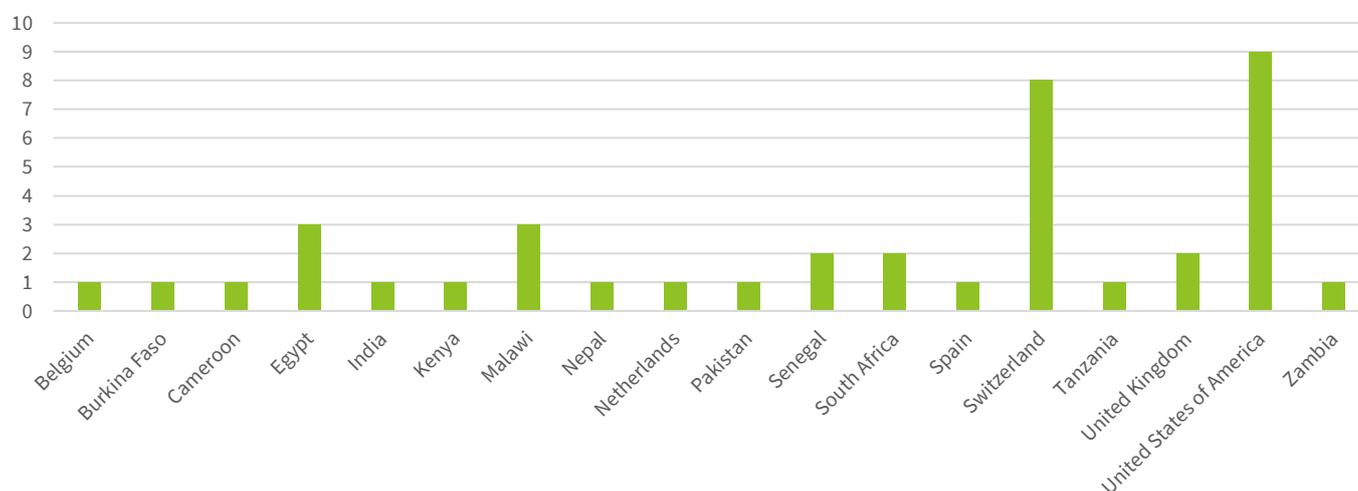
What is your constituency?



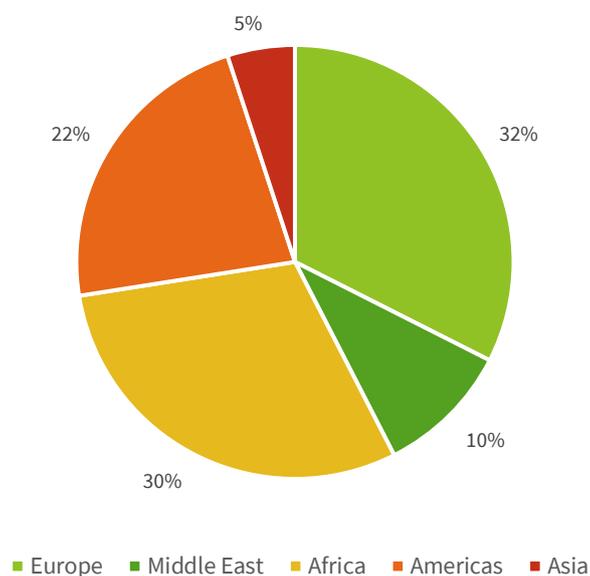
¹ Note: This survey was conducted using the free version of Survey Monkey, which has several limitations including a cap of respondents at 40 people. It is strongly recommended that the HDC Secretariat research different options that provide more robust data analysis, export and branding features to better support constituent reviews and inputs going forward.

Q2: Which country do you currently live in?

Countries	Number	%
Belgium	1	
Burkina Faso	1	
Cameroon	1	
Egypt	3	
India	1	
Kenya	1	
Malawi	3	
Nepal	1	
Netherlands	1	
Pakistan	1	
Senegal	2	
South Africa	2	
Spain	1	
Switzerland	8	
Tanzania	1	
United Kingdom	2	
United States of America	9	
Zambia	1	
Regions		
Europe	13	33%
Middle East	4	10%
Africa	12	23%
Americas	9	23%
Asia	2	5%

Which country do you currently live in?


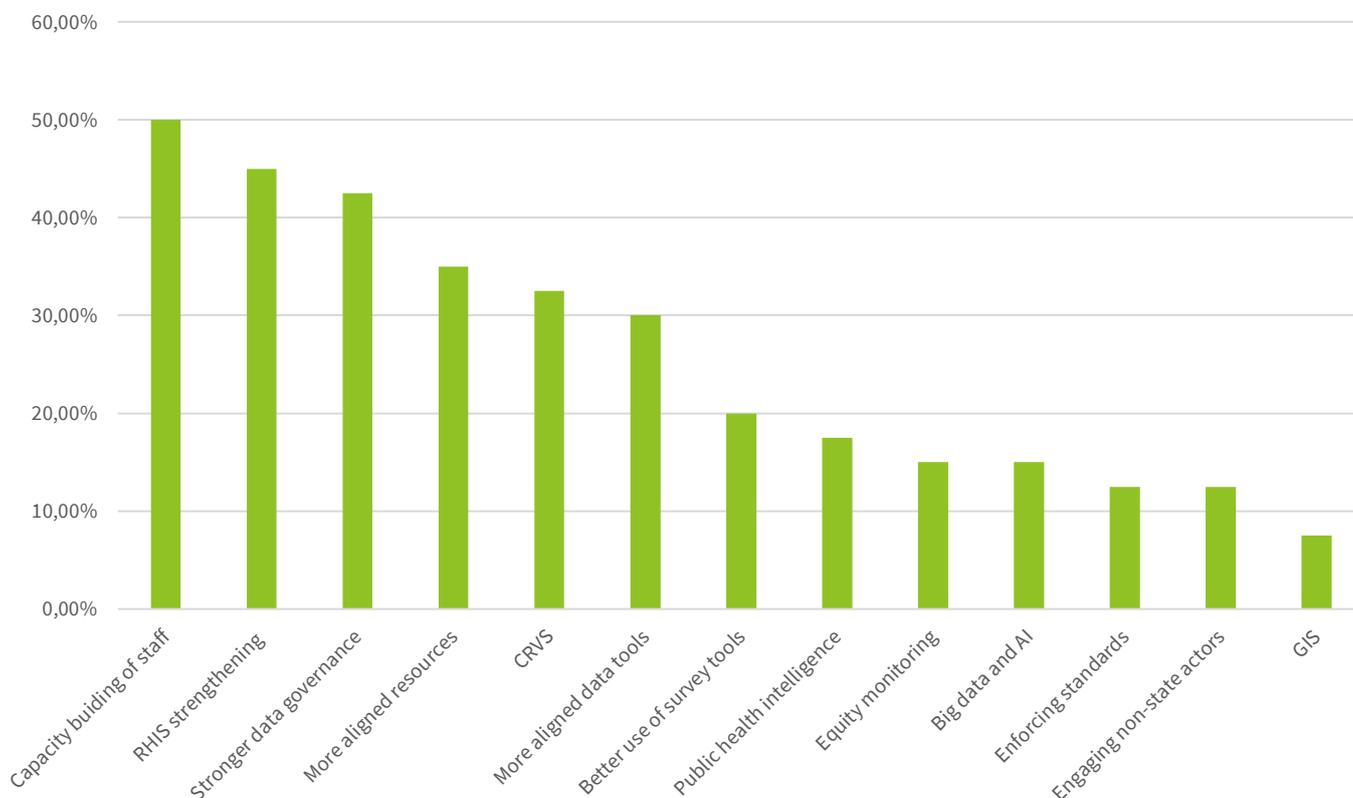
Country Responses by Region



Q3: Which three data issues could have the most impact to accelerate country progress to reaching their 2030 health SDG goals? Please select three options.

ANSWER CHOICES	RESPONSES
Capacity building of staff for data collection, sharing, storage, analysis and use	50.00% 20
RHIS strengthening	45.00% 18
Decreasing fragmentation of data with stronger data governance	42.50% 17
Aligning partner resources with country data priorities	35.00% 14
CRVS	32.50% 13
Decreasing fragmentation of data sources by aligning data tools	30.00% 12
Better use of data from survey tools	20.00% 8
Public Health Intelligence for emergencies	17.50% 7
Equity monitoring	15.00% 6
Big data and Artificial intelligence	15.00% 6
Enforcing standards of coding and classifications	12.50% 5
Engaging non state actors such as civil society and private sector data sources and capacities	12.50% 5
GIS	7.50% 3
Total Respondents: 40	

Which three data issues could have the most impact to accelerate country progress to reaching their 2030 health SDG goals?



Q4: Is there one other issue you think may be important but not listed?

- Community Data and Community Data Systems
 9/29/2022 09:37 AM [View respondent's answers](#) [Add tags](#)
- data privacy
 9/28/2022 11:44 AM [View respondent's answers](#) [Add tags](#)
- Pushing for a global resolution around Health Data Governance at the 76WHA
 9/27/2022 08:14 PM [View respondent's answers](#) [Add tags](#)
- Building strong in-country peer learning networks that are backed by national governments
 9/27/2022 06:50 PM [View respondent's answers](#) [Add tags](#)
- Being able to assess and track the extent to the adherence of the four commitments by the SDG3 GAP Agencies - Engagement, Acceleration, Alignment, and being Accountable
 9/27/2022 04:41 PM [View respondent's answers](#) [Add tags](#)

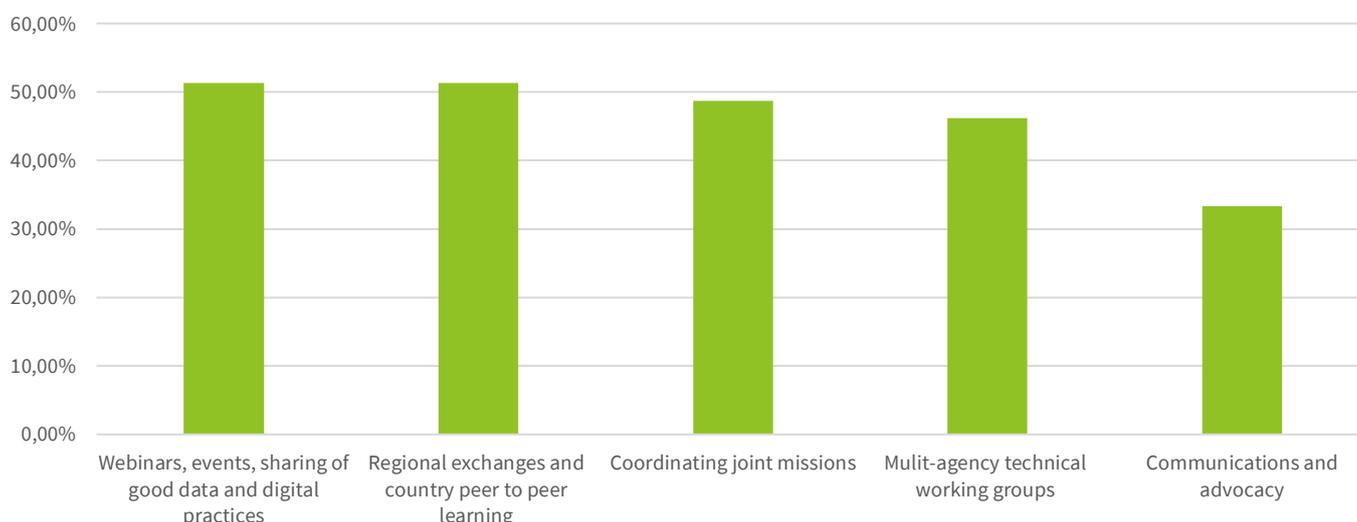
- Data use is the most important. It's not prominent in the above
 9/26/2022 02:59 PM [View respondent's answers](#) [Add tags](#)▼
- None specifically.
 9/26/2022 12:56 PM [View respondent's answers](#) [Add tags](#)▼
- greater coordination and alignment of data and systems investments with host government government digital strategies (strengthening the latter as needed)
 9/24/2022 08:43 PM [View respondent's answers](#) [Add tags](#)▼
- Institutionalising data use through planning, monitoring and supervision
 9/23/2022 03:24 PM [View respondent's answers](#) [Add tags](#)▼
- ensure data is linked with health outcomes through good planning, budget and planning
 9/22/2022 11:57 AM [View respondent's answers](#) [Add tags](#)▼
- No
 9/22/2022 11:34 AM [View respondent's answers](#) [Add tags](#)▼
- Health data ownership and privacy
 9/22/2022 10:46 AM [View respondent's answers](#) [Add tags](#)▼
- Data for action for planning and decision making at all levels
 9/21/2022 05:11 AM [View respondent's answers](#) [Add tags](#)▼
- None
 9/19/2022 11:22 AM [View respondent's answers](#) [Add tags](#)▼
- Decreasing fragmentation of data with stronger data governance
 broader aspects of data governance (beyond decreasing fragmentation, increasing alignment), such as ensuring practical steps toward appropriate ownership/sovereignty for member countries, individuals and communities (which should be further reflected in priorities and equitable access/use of this better aligned data)
 9/15/2022 04:24 PM [View respondent's answers](#) [Add tags](#)▼
- Adapting a hybrid model to co-transform existing (vertical ISs) and to be data base platform
- Stronger health data governance - a global framework around a set of common standards for the equitable governance of health data, to guide the development/strengthening of national health data governance legislation/regulation
 9/15/2022 12:19 PM [View respondent's answers](#) [Add tags](#)▼

Q5: The HDC is an informal collaborative. From the following list, please select the top 3 issues you think the HDC collaborative should focus on to strengthen data for the health-related SDGs:

ANSWER CHOICES	RESPONSES
Multi-agency capacity building efforts in coherent consistent approach addressing country needs	53.85% 21
Knowledge brokering: webinars, events, sharing of good data and digital practices)	51.28% 20
Knowledge brokering: platform for regional exchanges an country peer to peer learning and sharing of good practices	51.28% 20
Coordinating multi constituency / agency joint missions to align support for country data needs	48.72% 19
Multi-agency technical working groups supporting specific country technical needs	46.15% 18
Joint communications and advocacy for data and digital efforts	33.33% 13

Total Respondents: 39

The top three issues the HDC should focus on to strengthen data for the health-related SDGs



Q6: Is there one other issue you think may be important but not listed?

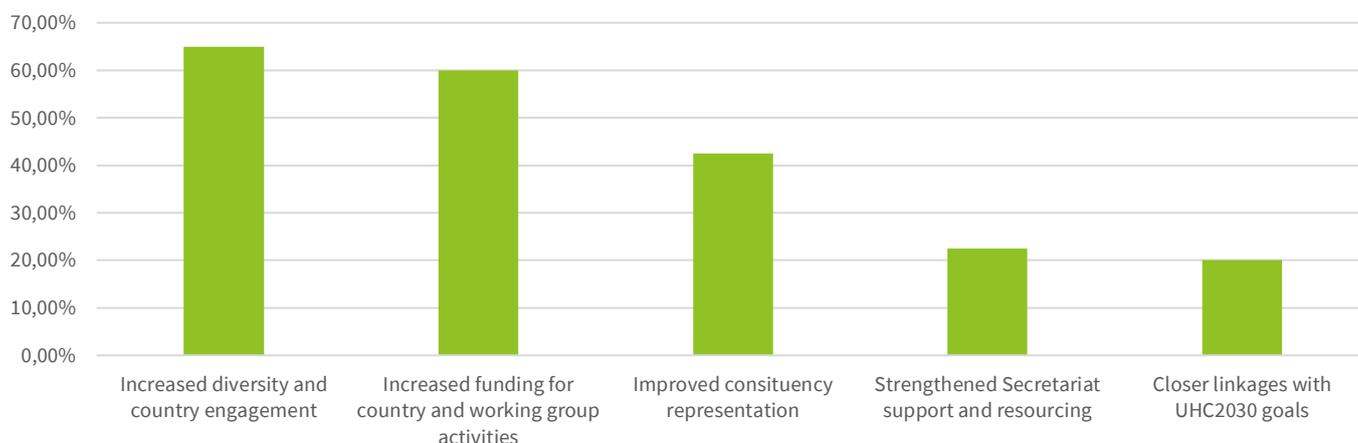
- Support countries to critically analyze their own specific capacity needs and support the development of sustainable long-term capacity building plans
 9/27/2022 06:50 PM [View respondent's answers](#) [Add tags](#)
- Ensure the data elements for SDG tracking are well articulated and routinely tracked. Being able to relate the progress with the agencies whose constituency the progress (or lack of it) has been had. Being able to track the impact of HDC efforts in facilitating successful stories: otherwise any success or failure can be attributable to HDC regardless
- multi-agency leadership on one set of common approaches and tools to strengthen HIS and data use
 9/26/2022 02:59 PM [View respondent's answers](#) [Add tags](#)

- Not specifically.
 9/26/2022 12:56 PM [View respondent's answers](#) [Add tags](#)▼
- Use of RHIS data/information for decision making
 9/24/2022 10:31 AM [View respondent's answers](#) [Add tags](#)▼
- Developing best practice guidelines / videos on data use
 9/23/2022 03:24 PM [View respondent's answers](#) [Add tags](#)▼
- aligning partner resources with Govt priorities
 9/22/2022 11:57 AM [View respondent's answers](#) [Add tags](#)▼
- No
- all the above are critical inputs
 9/21/2022 05:11 AM [View respondent's answers](#) [Add tags](#)▼
- None
- Focusing change management, data hosting, and data security harmonization
 9/15/2022 12:21 PM [View respondent's answers](#) [Add tags](#)▼
- Advocating for and supporting governments to strengthen policies and regulation
 9/15/2022 12:19 PM [View respondent's answers](#) [Add tags](#)▼

Q7: Please select the top 3 changes that the HDC needs to consider between now and 2030 to maximize impact:

ANSWER CHOICES	RESPONSES
▼ Multi-agency working groups – time limited, more focused deliverables with resources	65.00% 26
▼ Ensure more diverse and active country representation	65.00% 26
▼ Provide funding for activities in countries and for Working group efforts	60.00% 24
▼ Constituency – reviewing representation and attendance of constituency based efforts	42.50% 17
▼ Strengthen secretariat support with resources from multi-agency engagement	22.50% 9
▼ Link more closely with UHC2030 goals	20.00% 8
Total Respondents: 40	

Top three changes that the HDC needs to consider between now and 2030 to maximize impact



Q8: Is there one other issue you think may be important but not listed?

- define/prioritize working groups; relaunch participation in the working groups; have clear impactful deliverables
 9/26/2022 02:59 PM [View respondent's answers](#) [Add tags](#)▼
- Not specifically.
 9/26/2022 12:56 PM [View respondent's answers](#) [Add tags](#)▼
- Use of RHIS data/information for decision making
 9/24/2022 10:31 AM [View respondent's answers](#) [Add tags](#)▼
- Support to field testing of RHIS at district level
 9/23/2022 03:24 PM [View respondent's answers](#) [Add tags](#)▼
- making the investment case for HIS
 9/22/2022 11:57 AM [View respondent's answers](#) [Add tags](#)▼
- No
 9/22/2022 11:34 AM [View respondent's answers](#) [Add tags](#)▼

- Global policies for cross-country health data portability and sharing platforms
9/22/2022 10:46 AM [View respondent's answers](#) [Add tags▼](#)
- More engagement of members and constituencies in biannual all collective events
9/21/2022 05:11 AM [View respondent's answers](#) [Add tags▼](#)
- None
9/19/2022 11:22 AM [View respondent's answers](#) [Add tags▼](#)
- Make use of country leadership and champions of digital transformation from the public and private sector
9/15/2022 12:21 PM [View respondent's answers](#) [Add tags▼](#)