



## 1. Overview of Health Data Collaborative (HDC) Governance

Making [Health Data Collaborative](#) (HDC) governance work requires high levels of political and technical commitment from all HDC partners, HDC country representation, clear milestones and a work plan with reporting frameworks all supported by governance processes and a structure that streamline recommendations and decisions. The 2022 HDC Governance builds on a) the original 2017 version, b) 2019 Governance drafting group recommendations, c) inputs from 54 key HDC stakeholders Nov 2019 – February 2020 and d) lessons learned in 2020-21.

From September 2021 members from the Data and Digital accelerator of the [SDG Global Action Plan \(GAP\)](#) are also be included as HDC members. With the exception of ILO, all members of the SDG GAP are already members of the HDC. This aims to strengthen coordination, reduce fragmentation and increase efficiency of partnership approaches for data efforts.

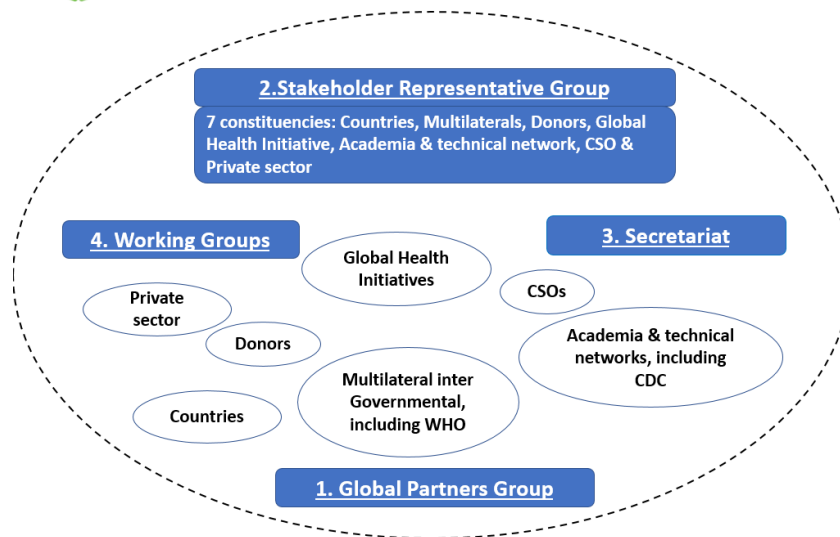
The HDC is based on representation from **seven constituencies**: i) countries, ii) multilaterals and inter-governmental organizations, iii) bilateral donors, iv) Global Health Initiatives, v) Research, Academia and Technical networks, vi) Civil Society, and vii) Private Sector. The SDG GAP data and digital accelerator is made up from multilateral and global health initiative constituents. The ability of the HDC to achieve its objectives relies on **diversity** of representation, view-points, technical and financial inputs, geographical perspectives, contexts and gender.

HDC governance decision-making should be transparent and improve communication & coordination with/between partners, countries and working groups (WGs). Driven by country needs and representatives, HDC governance, has four components:

- 1. Broad Global Partners Group (GPG):** All HDC members (which includes all SDG GAP data and digital partners);
- 2. Stakeholder Representative Group (SRG):** 13 members representing the seven GPG constituencies;
- 3. Secretariat:** is accountable to the SRG. Currently this is hosted by WHO and could include other hosting arrangements as needs and resources arise. The secretariat convenes the HDC, SRG and WG meetings, leads advocacy and communication efforts, maintains a strong link with SDG GAP and responds to country needs; and
- 4. Multi-agency Working Groups (WGs):** tasked with various activities (such as production of global goods, monitoring HDC efforts or responding to country specific requests) or existing entities / groups who benefit from being part of the HDC.



## HDC Governance



## 2. Global Partners Group (GPG)

The GPG is open to any member, entity or working group that can commit to the HDC mission, objectives and principles and can be affiliated with one of the seven constituencies, represented in the Stakeholder Representative Group (SRG). The GPG is a loose network of entities who engage with health data and digital efforts at any level (individual / community / regional/ global), have an interest in learning from others or can contribute knowledge to others in the HDC. Engaging newer groups in countries requires a coordinated approach through in-country HDC partners and working groups at all levels with clear communications from the secretariat playing a coordination function. Two challenges include:

- ensuring strong representation from national and sub national groups (such as regional networks, national institutions, civil society and private sector), and
- clear ethical guidance for private sector engagement at all levels.

**Role of the GPG:** The GPG is the 'HDC community'. Individuals can participate in the following ways:

- Share experiences on ongoing data activities (eg. webinars or existing working groups);
- Raise awareness of, suggest responses and align support in response to country requests for support and channel requests and responses through SRG constituency representatives;
- Participate in virtual or in-person dialogues to identify common areas of collaboration;
- Review, comment and give practical advice on the HDC strategy and operational plan;
- Participate in annual HDC meetings and be willing to contribute and share knowledge;
- Propose working groups, if based on well-identified clear needs driven by countries, aligns with the HDC mission, objectives and Theory of Change that could then be reviewed and agreed upon by the SRG.

**Meetings:** 2 annual HDC events (March and September) with all GPG members and focus on country needs. Increasingly, events will be hosted by regions to strengthen regional and cross-country perspectives.

**Communication:** The secretariat manages the HDC communication. Communication to the GPG is through a) website updates, b) regular webinars on issues identified as necessary or of interest topics, c) newsletters, d) email updates and d) informal social media mechanisms and groups.

### 3. Stakeholder Representative Group (SRG)

The SRG provides the HDCs technical direction, strategic oversight and promotes accountability of all HDC members to the HDC mission and objectives. Each of the 7 constituencies has one representative (with one alternate in case the representative is unable to attend meetings or calls) on the SRG, except for:

- HDC countries (who have three),
- Multilaterals and inter-Governmental (who have three, one specifically for WHO),
- Donors (who have two); and
- Research, Academia and technical networks (who have two, one specifically for CDC).

This makes a total of 13 representatives representing their constituencies to provide consistent leadership and steering of the HDC. It is expected that SRG members will encourage their respective constituents to support efforts and activities of the HDC at all levels, with focus on enhancing collaboration in countries.

Constituency name	#	Description constituency represented	Global Partner Group members
<b>Countries</b>	3	Representative from members states <i>either</i> Ministry of Health or National Statistics Office who can represent the country Government in the HDC	Malawi, Uganda, Cameroon, Botswana, Kenya, Nepal, Tanzania, Myanmar, Indonesia, Bangladesh, Sri Lanka and Zambia
<b>Multilateral and intergovernmental organizations</b>	3	One representing WHO One representing other UN agencies, World Bank and OECD.	WHO, PAHO, OECD, World Bank, UNF, UNAIDS, UNICEF, UNFPA, WFP, UNOCHA, UNDP, UN Women, UNDESA, UN STATS, WMO
<b>Donor (bilateral, foundations and regional funding entities)</b>	2	Bilateral donors, Donor Foundations and regional Funding entities (such as Asian or African Development Banks). Some donor constituencies also implement, so in working groups to support technical support, but ultimately the constituency is a donor entity for the purposes of the SRG.	UKFCDO, US USAID, Norway, Canada, Germany BMZ/GIZ, Australia, Bill & Melinda Gates Foundation, Bloomberg Philanthropies, Rockefeller Foundation, European Commission, Botnar foundation
<b>Civil Society Organizations</b>	1	NGOs, Civil Society, community-based organizations engaged with advocacy, accountability, demand generation or delivery of services who use or produce data, especially for communities left behind	UHC2030 CSEM mechanism for engaging and nominating a CSO / NGO: currently includes AIDS Council of New South Wales, PATH, IFRC, ICRC, MSF, World Heart Foundation, CHESTRAD an Open Communities, GNPLH, Global digital health network, GHAI



<p><b>Research, Academia and technical networks</b></p>	<p>2</p>	<p>One for CDC One for Academic Institutes from High, Middle or Low Income countries, data networks, other partnerships / networks on data.</p>	<p>CDC, Institut Pasteur (Senegal), KEMRI Wellcome Institute (Kenya), City University New York, Johns Hopkins, University of Oslo, US Govt National Health Institute, Asia eHealth Information Network (AeHIN), Global Partnership for sustainable data, Countdown 2030, RHINO, University of Philippines, University of Toronto, MSH, LSHTM, CERN, University of Oxford, University of Oslo, Wesley Institute, National Institute of Health (Kenya), Geneva Graduate Institute, Vital wave, Public Institute of India, health data forum, population reference bureau, transform health, council for scientific &amp; Industrial research(South Africa)</p>
<p><b>Global Health Initiatives</b></p>	<p>1</p>	<p>Program, cause or disease specific global health that may or may not be a donor</p>	<p>PEPFAR, Global Fund, Gavi, Global Financing Facility, PHCPI, PMNCH, Countdown 2030 and UHC2030 (observer), UNITAID, Vital Strategies, Resolve to Save Lives, Drugs for Neglected Diseases Initiative,</p>
<p><b>Private sector</b></p>	<p>1</p>	<p>Private sector entities who may or may not make profit but have produced significant inputs into data collection, storage, analysis, dissemination and use – especially contributing to communities left behind and SDG health goals</p>	<p>Using UHC 2030 private sector mechanism (currently hosted by WB and using FENSA criteria, some still to be cleared): MED Ex Care, Pharmaceutical Society, Kenya, Medtronic USA, Taleam Systems Canada, Praava Health, Swoop Aero Australia, Helium Health Nigeria, Uganda Healthcare Federation, Informatica</p>

**Membership:** Each representative and alternate (in case representative is unable to attend calls) are elected by their own constituency. The constituency-based approach is representational and not necessarily aligned around working group activities. Attributes of SRG representatives and their alternates include:

- Diversity in geography, technical experiences and gender;
- Disclosing potential or perceived conflicts of interest;
- Attending twice yearly meetings, monthly calls and ad hoc working groups;
- Support inputs constituency inputs either in governance or technical working groups;
- Seniority to influence their constituency’s engagement through promotion of the HDC mission, objectives and principles;
- Committing to a two-year time frame (if necessary could extend by one further year, agreed by the constituency);
- Seeking views from other constituency members and communicate effectively back to constituency on a regular basis, seeking inputs and giving updates;
- Promoting ownership to increase collaboration between the constituency stakeholders; and
- Representing the constituency, even if the views of the constituency may differ from representative / alternate’s own or agency’s views and give perspectives on these alternative views.

**Decision making:** Decisions will be made by consensus and ‘best will’ basis, but if necessary, by voting, with each of the 13 members having one vote.



**Roles:** The SRG provides overall direction and oversight to the HDC, in close collaboration with the secretariat, by:

- Developing HDC milestones, work plan, budget and reports & give periodic updates to the GPG;
- Support the secretariat functioning and contribute to decisions on staffing;
- Establish and agree on HDC Working Groups (driven by country needs or gaps in data support - define purpose, scope, timeline, deliverables and relationship between working groups);
- Develop processes that facilitate broad engagement of all HDC stakeholders;
- Oversee the budget that is provided to the secretariat function (secretariat accountable to SRG);
- Develop, update and oversee HDC Principles, Col statements, branding and communications strategy;
- Assess country level progress and agree country engagement/strategic resource allocations;
- Measure & manage WG progress (mandating new WGs, closing existing WGs and refining WG composition);
- Identify opportunities and incentives for greater alignment and improved efficiency;
- Establish strategies for building relationship with other bodies (SDG GAP, UHC 2030, EWEC, PMNCH etc.).

**3 permanent co-chairs (from the SRG):** one from HDC country constituency, one from WHO and one from *either* the multilateral *or* donor constituencies. Individuals in these permanent seats rotate every two years (but can be extended by one extra year with SRG agreement), in line with SRG membership and, in close coordination with the secretariat, be expected to:

- Convene SRG calls and twice-yearly meetings;
- Propose SRG and GPG meeting agendas;
- Represent HDC in meetings and other fora;
- Support the accountability mechanism for the secretariat (for example annual program and financial reporting for the HDC).

**Meetings:** 2 annual face-to-face meetings of the Stakeholder Representative Group (SRG)

**Calls:** The SRG will have monthly calls (third Thursday where possible). The co-chairs and secretariat may have more frequent calls to strengthen coordination when necessary. These calls can include observers from HDC and the data and digital accelerator of the SDG GAP. However, decisions and discussion will be driven by the 13 nominated constituency representatives.

**Working Group Chairs and SRG:** Working Groups have many HDC constituency members and some function independently of the HDC. To strengthen coordination and information flow, WG co-chairs will also be invited to every monthly SRG call / meeting to enhance collaboration and sharing of information. WG co-chairs will not vote on SRG issues, as decisions will be made on a constituency basis, not necessarily driven by WG mandates.

As specific areas of work are identified by the SRG and countries, new WGs may be constituted (see section 5: Working Groups) and new WG co-chairs would also be part of SRG calls and meetings.

## 4. Secretariat

The HDC secretariat, with additional support from the SDG GAP secretariat as required, will provide communication and coordination support to strengthen functional relationships between HDC + SDG GAP stakeholders at country, regional and global levels. The secretariat will flexibly scale up to address country needs and align with other initiatives. Depending on other HDC member human or financial contributions as



HDC needs increase or functions evolve, the secretariat could include other agency contributions, as decided by the SRG. Options include i) WHO hosted secretariat, ii) jointly hosted secretariat WHO and UNICEF, or iii) multi-partner secretariat model.

The secretariat will convene a wide range of HDC and SDG GAP data and digital accelerator stakeholders together in support of information exchange and alignment of partners resources. If financial or human resources are made available for secretariat functions from other agencies, the secretariat will ensure that these resources support HDC milestones and activities, as outlined in the HDC annual work plans. As part of its SRG membership, the secretariat will also coordinate, and support partnership approaches to identifying technical, political or financial resources needed in countries and at global level from other HDC partners and technical units of agencies.

The HDC will need to ensure that the secretariat and WGs are resourced for activities required to facilitate dialogue and information exchange, beyond the calls and emails.

**Roles:** Accountable to the SRG and prioritizing country support, the secretariat will:

- Manage and track implementation of the HDC annual Work-Plan towards milestones (which includes country support, global goods and communications) communicating with WG co-chairs on a regular basis, providing updates and reports on progress, highlighting challenges and gaps and lessons learned; undertaking annual strategic planning, monitoring and reporting;
- Provide coordinated support to countries and facilitate communications, exchanges and information sharing on country-led health data collaborative platforms; sharing country requests for collective action with HDC support; communicating with countries and partners to facilitate HDC catalytic approaches, advising on best practice approaches; providing country updates to all key stakeholders at global, regional and country levels; documenting and monitoring partner actions and commitments in support of country led priorities; disseminating lessons learned;
- Provide support to the HDC WGs and SRG by facilitating calls, minutes, agendas and meetings to strengthen coordination and communication across different work-streams and monitoring and documenting progress;
- Implement an Advocacy, Communications and branding strategy, including coordination of consultation meetings (Steering Group, technical experts); coordinating the development and dissemination of advocacy materials; and supporting external relations awareness-raising and outreach efforts;
- Coordinate provision of HDC technical support to countries by facilitating (including other technical units in HDC members) coordinated technical and financial support and regular exchanges with country stakeholders;
- Liaise and maintain good relationships with other Global Health initiatives.

## 5. Working Groups (WGs)

**Historically:** From 2016-2018 technical work was undertaken by up to 12 inter-agency working groups. 350 technical experts and implementing partners from 60 organizations previously worked together to contribute to various norms and standards; facilitate consensus on global public goods and attain greater buy-in of implementing partners to disseminate and use harmonized tools. The WGs often exchanged information to increase coordination and sharing technical and financial resources. It became apparent in 2019 and early 2020 that many global goods and tools need adapted and contextualized to countries and some of the WGs were either non-functional or needed revised.

From January 2021, there were six HDC-related working groups and an extra (Public Health intelligence) was approved in November 2021. The joint HDC / SDG GAP data and digital platform and secretariat facilitate





dialogue and information exchange between the WG co-chairs so the WGs are an integral part of the governance mechanism, with ability to contribute to SRG meetings and request support to align with and achieve HDC objectives, with focus on country impact. WG ToRs and co-chair names are on HDC website.

**New WGs:** New working groups could be proposed by any of the constituencies in the GPG, and need considered and approved by the SRG and existing WG chairs as long as the proposed WG:

- Demonstrates clear links to the HDC mission, objectives, ToC, milestones and work plan;
- Has unique value (not already addressed by existing WGs), based on clear eco system mapping;
- Addresses a well-documented gap in country or global data / digital technical needs;
- Is time limited, task orientated, has a clear ToR, scope with deliverables and a timeline / workplan with explicit ways in which the WG product could be adapted to country contexts;
- Could *support* efforts of the HDC Partners to:
  - i. Develop and align HDC related technical products/deliverables;
  - ii. Provide technical assistance and facilitate consensus on HDC related global public goods;
  - iii. Attain buy-in by implementing partners to adopt, disseminate & use harmonized tools;
  - iv. Mobilize new technical and financial resources.

<b>WORKING GROUPS 2022</b>
<b>Public Health Intelligence (PHI)</b>
<b>Digital Health and Interoperability (DHI)</b>
<b>Logistics Management and Information Systems (LMIS)</b>
<b>Community Data (CD)</b>
<b>Routine Health Information Systems (RHIS)</b>
<b>Data and Digital Governance (DDG)</b>
<b>Civil Registration and Vital Statistics (CRVS)</b>