HEALTH DATA COLLABORATIVE | GLOBAL PARTNERS MEETING 23rd-24th September 2020

Health Data Collaborative Partners Meeting 23-24 September Note for Record_FINAL

Background Documents

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Session 1: HDC Status update

Aims: to provide an update on HDC efforts since March and discuss constituency representation

Outcomes:

- Provide a status update on HDC and action points since March
- Feedback from constituencies & agreement for supporting underrepresented constituencies
- Identify areas of governance and operating principles that need refinement

Agenda:

- Presentation on HDC status action tracker and strategic issues for HDC
- Feedback from constituencies & agreement on support for underrepresented constituencies

Secretariat presentation:

- Nov 2019 – March 2020: secretariat undertook interviews of over 59 stakeholders (summary of results available in background docs), this has set the framework for HDC actions in 2020
- Recommendations for HDC to:
    1. Streamline & strengthen governance (constituency-based model)
    2. Be more country impact focused (have countries drive HDC efforts)
    3. WGs to be more country driven, contextualize tools and diversify perspectives
    4. Strengthen communications and advocacy (website update and link technical and political commitment)

Since March:

- **HDC country focus increased:** 4 to 10 (Kenya, Tanzania, Uganda, Malawi, Cameroon, Botswana, Nepal, Indonesia, Myanmar and Bangladesh). Fragmentation continues and need for stronger country led processes to align partner investments and use ToC;
- **Governance:** clear 'north star' (mission, objectives, principles & modus operandi), constituency-based representation, increased # of partners since March (countries, multi laterals, donors, CSOs, private sector, global health initiatives and research / academia).

Facilitator: Open Discussion

Country issues:

- HDC partner country offices have autonomy - implementing from global level is challenging– listen to needs of local offices more
- Map partners and processes to country plans, planning and budget cycles to align efforts more
- Consider producing generic guidance for countries on how to best involve underrepresented constituencies (civil society, private sector, RATS)
- CSOs needs to increase engagement in countries – main challenge is to align global and country level CSO partners. The secretariat is engaging through UHC2030 CSEM mechanism to assist this, but challenge is MoHs and local partners to create equal space for civil society.

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Comms and advocacy:

- Webinars and other platforms for advocacy can be used to disseminate info and get feedback
- Principals / political leaders can help push for better collaborative approaches – one opportunity is leverage on work through SDG GAP.

Governance:

- HDC constituency purpose / added value statements can add clarity, need developed further and potential engagement with working groups

Private sector engagement:

- Public private partnership (PPP) and medical syndicates could be considered for HIS in WGs & support Govt. leadership
- Private Sector can support real time data with interoperability eg. Nigeria: COVID data on government owned website but static, not real time

Civil Society:

- Civil society constituency represents communities left behind, often with no voice.

COVID-19:

- COVID has highlighted siloed and fragmented health systems. There is a need to ensure no ad hoc systems in response to emergencies but build on what is working in country
- Emphasise the need to help countries to build systems that can respond to any pandemic

Session 2: HDC Global Partners Group Country Overview

Outline: common challenges & opportunities for better alignment at global, regional and country level

Outcomes:

- Review HDC country experiences & potential future plans (strengths, weaknesses, suggestions for improvement)
- Identify partner comparative advantages and areas of focus in support of specific country coordination and plans
- Identify regional support and peer review mechanisms for HDC
- Agree on potential expansion of HDC countries

Agenda:

- Presentation outlining country issues, possible regional peer review mechanism & HDC country support mechanism

Nepal Presentation:

- HIS priority issues:
  - Health Information Systems (HIS) *siloes still prominent*: integration and interoperability need prioritized. HIS & RHIS roadmap underway, aimed at implementing during SDG period. HIS technical WGs at federal level; need resources mobilization from all levels of Govt. & partners to generate local revenue for overall service delivery;

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- *RHIS need strengthened* to compensate & complement non-routine sources and emergency management;
- *Accelerating eHealth* for increased efficiency of the information systems
- Annual health sector meetings at federal, provincial and local levels will all need guided by real time data
- Guiding documents include Constitution of Nepal, M&E Guidelines and eHealth Strategy

Secretariat

- Countries recognise the value of the HDC – Botswana has established such an initiative without any secretariat or partner stimulation – with some technical support from Kenya MoH
- Benin MOH has made a field visit to Cameroon to learn about their HDC
- Bangladesh, Indonesia and Myanmar all prioritized COVID-19 efforts and more HDC engagement may only happen in 2021
- Noted Pakistan was originally proposed and asked to be a focus HDC country

Common themes from 5 country analysis (details in background docs):

- **Data Use – especially at front line services**
- **Contextualizing and choosing between Global Tools**
- **Harmonisation & alignment of partner investments, esp at national levels**
- **Institutionalized Capacity Building for Data**
- **Technical priorities:** Digital Health and Interoperability, CRVS, RHIS, Data Governance

Facilitator: Open discussion

Country selection, engagement, diversity and demonstrating added value:

- Increase diversity of countries – non-English speaking, fragile or conflict affected contexts
- Although open to all, manage expectations, work plan highlights potentially 12, 16 to 20 countries over the next 3 years respectively
- Window of opportunity in next 12 months to align support through COVID efforts with countries – build on existing coordination mechanisms
- Diversity needed for engaging & coordinating with partners at national level – beyond MoH data focal point (eg. ICT, Digital Health, M&E etc).
- Demonstrating added value is context specific - needs mapping of active country (with global partners), where they are working and what they are working on: inventory & alignment of assets supporting country plans. Eg. currently ongoing in Uganda (with support from AFRO) helping differentiate added value of national and sub national partners. Eg. Supply chain proposition mentioned and needs active partnerships.
- Consider establishing national digital health authorities or country equivalents (links to interoperability for national health IDs)

Regional & country support / capacity building:

- Build on examples of Kenya – Botswana and Benin – Cameroon exchanges

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- Use and build on networks such as AeHIN in SEAR and other regional bodies (eg. SADC, African Union and ECOWAS) and institutions (eg. Academic, statistics or health) for knowledge exchange and capacity building – include these members in WGs
- HDC has been valued to build unified curriculum & short courses agreed by all partners (eg. Alignment between SPA / SARA, modules, questionnaires & protocols)

Communication and advocacy:

- HDC common messaging & communications for guidance and aligned with partners and country approaches for specific audiences

Contextualizing global tools:

- Before developing more global tools, identify existing tools in countries and ensure adequate contribution and collaboration – eg. DHIO WG identify opportunities for collaborations between tools and digital maturity models (under DH&I WG) developed processes to share feedback from end users in countries.
- Regional and country partners need engaged with WGs to ensure global goods have inputs from end users

Reasons for continued fragmentation (from HDC DFID webinar):

- Internal increasing demand on showcasing results
- Demand for data disaggregation
- Burden of different parallel data collection systems not always obvious to advisors in country
- Need to further examine the burden on health care workers
- Need for guidance for country offices on implementing projects around data

Example: Kenya has > 20 digital health systems across the country, at national and subnational levels – alignment between digital, health and HIS plans urgently needed

Session 3: Working Groups

Outcomes:

- WG updates since March, feedback on mechanisms to strengthen linkages, and discuss how to increase diversity in WG membership.

Agenda:

- Review of updates from 5 existing WG (see session background slides for details)
- Review 2 new proposed WG: RHIS and data governance

Existing WG: Digital health and interoperability

- *Background*: reconvened around Ebola outbreak response; digital transformation of country HIS, foundational infrastructures & policies, 350+ people engaged since 2016, wikipage with products, resources for HDC; coordination with other HDC WG community & governance

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- *2020:* COVID response all members involved slowed long term plans.
- *Focus:* i) gender equity, ii) governance, iii) ToC, iv) classifications, v) curriculum development & capacity-building (change management for MoH staff), and vi) maturity models (e.g. digital health index assessing readiness for digital transformation and digital health maturity model navigator for more streamlined approach)
- *Challenges:* Funding
- *Next steps*: Focus on integration for HIS, M&E and digital systems – links with other groups

Existing WG: Community data

- *Background:* Collaboration across countries building awareness of public, private, & academic stakeholders on community investments; standards, guidance and tools optimizing routine community and episodic data collection; integration with broader HIS; support for frontline community health workers. Monthly calls active members & country engagement with cross working group
- *2020:* Standardized community health indicators guidance – aiming to launch in November, working with other WG
- *Challenges:* Facilitation and consistent participation with timely product review
- *Next steps:* Engage with data governance WG

Existing WG: CRVS

- *Background:* CRVS WG is external to HDC. Links to avoid duplication. Secretariat is in UN Stats Division. Members part of i) UNLIA (legal identity) and UNDP task forces work on legal identity (eg. Birth reg & unique identifiers in country – relevant of digital health & interoperability)), on data privacy and rapid mortality surveillance; ii) CRVS improvement framework. CRVS strategy is wider than health alone. Global CRVS group met in May (many HDC partners part of this group)
- *2020:* WHO CRVS strategy finalized and being circulated to regional offices for inputs on:
    - Partnership and stakeholder engagement
    - Notification of vital event certification and notification from both facilities and communities
    - Cause of death and mortality analysis
    - Reporting and documentation as well as dissemination and decision-making
- *2020:* Rapid mortality surveillance guidance, birth registration report, guidance on vital event reporting for health managers (joint guidance as part of HMIS suite of modules; supported by CRVS WG and released by HDC)
- *Challenges*: COVID-19 & capacity, personnel handoff & communication linkage between HDC and CRVS group (meets twice per year)

Existing WG: LMIS

- *Background:* Network to network relationship to IASG: supply chain management and aligning investments between funders and management

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  - IASG 3 pillars: i) implementation, ii) policy and iii) coordination. Data cuts across policy and implementation
- *2020:* Four main efforts:
  - *Traceability:* Barcoding/end-to-end manufacturing - distribution/track-and-trace; drive to use barcoding in countries (huge undertaking - one, harmonized system requires infrastructure and investment. GS1 standard barcode data, but not exclusively.
  - USAID led efforts to coordinate donors & procurement agencies to use barcodes (alignment & involves data governance / standards.
  - WHO Guidance on traceability for country regulatory agencies; supporting country regulatory authorities product quality control
  - Tools and resources (global public goods) – e.g. Product Master Data Management (product attributes); HR for traceability implementation; pharmaceutical guidance; policy design considerations for manufacturers; GS1 scorecard, etc.
- *2020:* Two different implementation roadmaps: 1) verification (serial number tracing); requires transactional exchange, and 2) Traceability (detailed supply chain tracking). The more data points, the better.
- *Challenges:* 1) Access to data – LMIS systems have an overabundance of data which is heterogeneous; proprietary data; contract pricing; supply chain performance; data dependency, etc; includes lack of access to data from both countries and partners; 2) Data definitions and standards.
- *Next steps*: Data sharing agreement & process of sharing raw data needs to mature

Facilitator: Open discussion Improving WG diversity & inter WG linkages

Diversity and nominations for WG

- Consider asking nominations from each of the HDC focus countries for each WG
- Consider chair rotations after 2 years (can be based on expertise or experience)
- ToRs standardize, clear deliverables and nomination process for each WG for CSO, country, RATS & private sector nominees.
- Put membership and ToRs on website

Strengthening links between WGs and WG links with HDC

- Regular monthly calls with WG co-chairs and HDC Secretariat decrease overlap & increase alignment (2 weeks before SRG calls inputs to SRG agenda)
- LMIS & CRVS WGs are different, broader and more closed (compared to RHIS, community and DHIO) – learn lessons from ISAG model for observers for open sessions
- DH&I WG anyone can join but need to share values; maintain open documentation to help make linkages e.g maturity model; also taking steps to engage countries so that they regularly present and participate in global forums
- *Recommended* – make WGs open to all as much as possible (with observers welcome and closed sessions when necessary) to increase diversity

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Epidemic intelligence

- Not reengage just now. Secretariat write to co-chairs to see whether WG continues or not.

Proposed New WG: Routine Health Information Systems (see proposed background docs)

- *Background:* Previously Health Facility Data, which ceased after a period. Deliverable was WHO program metadata standards/digital health data packages. Builds on RHINO & link between data and digital health i) promoting routine reporting, regardless of system; and ii) emergency data reporting (not currently routine as it could be). Facility survey component now moved to its own group. Disseminate standards and best practices; align partners and funders around integrated approach to HIS; integrate surveillance and emergency data into RHIS.
- Many countries have split COVID-19 information systems and urgently require integrated disease surveillance
- Build network of support across regions and partners – regions and global networks critical for interoperability
- Data sharing agreements across partners and countries

Proposed new WG: Data Governance (see propose background docs)

- *Background:* Sub-WG within DH&I; created in response to high demand for governance (monthly meetings since January) cross-cutting across many WGs - so proposing for stand-alone group. ToRs include an advisory group with reps from each HDC WG as well as countries and constituencies to ensure equal representation and input (opt-in/voluntary WG with wide range of stakeholders).
- Advance data protection & privacy, government guidance and stakeholder alignment, capture and share best practices, and next gen data manipulation and tools
- Principles, frameworks and toolkits for governance – alignment with focus on accountability by global actors
- Knowledge sharing repository e.g. regional knowledge-sharing channels
- Advocacy accelerator for larger HDC to translate technical needs into concrete recommendations and foster greater connections
- Deliverables (Landscape of data and digital health governance frameworks, bridge data/digital divide, live systematic review
- Has potential to bring data and digital work together at country level and responds to accountability mechanisms.

Facilitator: Open discussion for potential two new WGs

- RHIS: RHINO could join new RHIS WG and offer to co-chair with UiO; ToRs linked with overall HDC objectives, integration and interoperability; RHINO is an NGO/technical network existing for 20 years with a focus on health service delivery in LMICs at district level and below.
- RHIS: Need an integrated approach to data and digital health but in RHIS ToRs need more focused deliverables

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- RHIS: avoid potential overlap with ToRs of CRVS/LMIS. Routine data mapped to health needs of specific populations e.g. HIV; Governance: clarify difference between role of governments and should also speak to geospatial elements and unique identifiers, etc.
- RHIS: Global public goods are software-specific at the moment and this work needs to be software agnostic - group should not develop standards, but rather leverage existing standards for data exchange.

Conclusion: HDC members cannot approve ToRs yet. Delay again by two weeks - written feedback on RHIS and Governance WGs by 16th Oct., sent to SRG 23rd Oct and potential approval on 29th Oct call.

Summary of WG session

- Increase diversity in each WG through constituency reps (esp. countries, CSOs, RATS & private sector), philosophy of open membership where possible
- CRVS and LMIS WG are part of broader groups
- Clear ToRs with deliverables, membership nomination available on website
- Monthly calls with WG co-chairs to promote collaboration, info+work plan sharing & agenda setting
- RHIS and governance WGs further feedback sought for approval on 29th Oct.

Session 4: Milestones, Workplan and metrices 2020-2023

Outcomes:

- Overview of 2020-2023 deliverables, metrics and indicators
- Overview of partnership technical support mechanisms to support country needs within workplan

Decision Points:

- Approval of 2020-2023 milestones, workplan and metrices

Main elements of work plan (Secretariat – see background docs)

- *Overview:* 2020 to 2023 (midpoint of SDG journey), 4 objectives (in line with HDC objectives), country focused (12,16, 20 over 3 years), HDC constituencies align support through ToC & country engagement approach, align and leverage SDG GAP.
- *Flexibility:* 2020 – 2021 one year's milestones, carefully reviewed every six months
- *Evaluation:* 2023 to guide direction to 2030
- *Monitoring:* a) achievement of activities (excel sheet) & b) indicators highlighted in workplan
- *Diversity:* Geography (fragile / non fragile), gender, technical area and constituency
- *Questions for discussion:*
    1. Can partners commit to the HDC work plan, milestones & metrics if not for the three years, perhaps, at least for the first year?
    2. Can partners commit to the regional and country support mechanisms?
    3. If you can't commit, what needs to change in the work plan, milestones and indicators?

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Facilitator: Open discussion

- *Health Information Function:* consider i) to improve the whole production, transmission and digitalization, and ii) using data for better health through better health services and quality of services.
- *Align with SDG indicators*
- *Capacity building:* Get practical in countries! Link capacity building with showing actual greater data use. HIS & digital capacity building use statistical institutes, digital health institutes, governance structures and national digital health authorities (although digital institutes need better defined for data and digital / electronic data collection processes), ii) regional peer support mechanism can exchange lessons through regional institutes. HDC support these to:
    a) Bring information and people together from different countries;
    b) Building institutional capacities for regional colleagues (incl. multilaterals), regional offices of academic and technical networks

- *Challenges:* Resource expectation and implications, HDC is not a funding entity but a collaborative and coordination mechanism – for countries need to be more country driven and get practical, need > diverse countries
- *Defining CSO:* need more engagement and include faith based organizations
- *Indicators and milestones:* Partners need to understand these: *i)* Ensure list of indicators is comprehensive & inclusive to include other critical generators of health data, ii) Milestone should include partner collaboration and alignment[1] in countries and defining way of measuring; iii) Milestones need aligned with country priorities and more bottom up, iv) use SCORE indicators to avoid duplication, iv) milestone for capacity building (eg. service delivery improved as a result of HDC), v) evidence that tools being used for impact or made available to decision makers, vi) measure what data is being used for to change decision making for better service delivery making through capacity building, vii) uptake of global goods produced by WGs (mainly for HIS not alignment), viii) SCORE could be used to measure and look at investments
- *Country driven:* identify what the priority 2-3 data issues are for each focus country to ensure bottom up approach; and encourage more diverse dialogue among HDC partners
- *Work plan: i)* 2.2.4 country HDC plan needs clarification, ii) reflect WG deliverables of the WGs, iii) piece of work reviewing alignment of financial and technical resources for HIS

[1] Eg. Existence of a single collaborative aligned plan for all partners in country X in support of strengthening data and health information systems

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- *Use partner efforts: eg.* USAID MEASURE evaluation HIS investments support country-level metrics for improved data quality and use. Eg. WHO rapid health facility assessments

Conclusion of work plan miles stones session

Workplan, milestones and indicators broadly agreed on in terms of main objectives and some activities and focus on next year milestones. However HDC could not approve and asked for two week delay to give further inputs by 16 Oct, send to SRG 23 Oct and possible approval 29th Oct.

Unresolved question: Does HDC work in countries supporting strengthening data and HIS, or is the job of HDC also to *make sure* that data is used to drive impact and then to track that impact? *Probably both, but it is about accountability and individual partner mandates*

Session 5: November advocacy and political meeting

Event's aim: To strengthen linkages between technical work and political advocacy for HDC mission.

Outcomes:

- Agree on outline, scope for November political advocacy meeting – meeting aiming to increase visibility and political support in countries and global level

Agenda:

- Presentation of options for agenda and objectives
- Discussion on invitees, format and end result for advocacy and political traction, inputs for modality of regular communication, newsletters, website, webinars and other events (Road to Bern, UNWDF)

Overview

- Ministerial or Head of Agency level meeting to galvanize support for HDC
- Virtual meeting planned for November 18th
- Meeting objectives
  - Visibility around HDC mission and objectives
  - Strengthening partnerships
  - How to operate and operationalize the tools and solutions and technical expertise in countries

Facilitator: Open discussion

- *Boldness:* renew commitment, focus on what will change by HDC efforts (added value) in next few years – new materials, new sense of urgency (data, HIS before, during and after COVID) need new commitments. Key messages followed by action
- *Consider new call to action / commitment:* tangible commitments to rally around supporting data and digital plans (eg. communique Kenya HDC launch by all partners, giving stakeholders something to rally around), data governance, RHIS, data sharing
- *Link with other agendas / events:* WHA, World Data Forum, UNGA, World Stats Day, Vital Signs launch in Kenya, SDGs, UHC, World Bank Sustainable Financing Accelerator countries, SDG

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- GAP > country driven – country leaders talk about need to invest in better HIS during COVID, communities / people centred messages need engaged – LNOB agenda
- *Learn from 2015 event:* hosted by World Bank (5 countries and high level), but since then leadership changes UK, UN agencies and MoHs. Differentiate country from global advocacy, address the 2020 milestones
- *Logistics suggestions:* Max 10 speakers, 3-4 hours, differentiate country level advocacy vs global level advocacy efforts, include discussion on healthcare technology, link with work plan and SDG plans, link with data journey, consider a country host
- *Build on COVID-19 response:* renewed focus on data in COVID 19 era links to SDGs & UHC

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Conclusions and action points

Governance and operating procedures		
Conclusions	**Actions**	**Status**
Support under-represented constituencies (countries, private sector, CSOs & RATS) and increase diversity (geography, constituency, gender)	Institute monthly WG co-chair calls 2 weeks before SRG	
	Finalize constituency statements and clear purpose & WG membership	
	Private sector: 1. Finalize FENSA approved constituency members (with UHC2030 & WB), 2. Finalize private sector ToR and Involve medical syndicates in countries, 3.Consider PPP approach to outputs of WGs which will allow donor partners	
	Civil Society: Country space for civil society engagement & finalize TORs for civil society reps in country reps in countries, (with CSEM & UHC2030)	
Country and regional engagement and lessons learned		
Conclusions	**Actions**	**Status**
Increase diversity of focus countries	Consider 12,16 and 20 countries in 2021,2022,2023 respectively	
	Include non-English speaking, fragile settings and beyond AFRO / SEARO	
Increase diversity of partners & align constituency priorities with country health strategic & COVID response	Build on existing coordination mechanisms, map country partners and processes to country health, M+E plans, planning and budget cycles to align efforts	
	Map projects and new opportunities for investment within countries	
	Document # of ad hoc data systems as response to emergencies	
Strengthen regional coordination (peer learning & regional support	Identify at least 1 regional institution and network that can support HDC efforts in at least 4 regions	
HDC efforts in countries align COVID-19 response with broader HIS	In focus countries, map out COVID 19 HIS efforts	
Working Group modalities		
Conclusions	**Actions**	**Status**
Align WG efforts and products with country priorities	WG review prioritized needs to address a) data Use (front line services), b) choosing between Global Tools, c) harmonisation & alignment of partner investments into HIS, d) Identify institutions for HIS & capacity Building, e) Digital Health and Interoperability, e) CRVS, f) RHIS, g) Data Governance	
Increase diversity of WG membership	Each WG to ensure all 7 HDC constituencies are represented and monitor diversity of regions, gender and constituency (with focus on strengthening country, CSO, RATS and private sector engagement)	
WG ToRs and membership in public domain	Membership and ToRs (with clear deliverables) on HDC website (with clarity on LMIS and CRVS working groups being part of larger group)	

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Rotate WG chairs	WG co-chairs rotate every two years promoting diversity in leadership	
RHIS WG and Governance WG TORs revise	Written inputs by 16th October, send out by 23rd October and SRG consider approving on 29th Oct	
Work Plan		
Conclusions	**Actions**	**Status**
Constituency support workplan	Finalize constituency positions for added value in work plan	
Work plan, milestones and metrices – ensure milestones and focus 1 year with 6 months review	Written inputs by 16th Oct, send out by 23rd Oct and SRG consider approving 29th October. Consider top 2-3 data priorities in each country as focus of HDC efforts	
Communications and advocacy		
Conclusions	**Actions**	**Status**
Increase awareness of HDC within each constituency and increase membership – for those who are 'not at the table'	Targeted HDC webinars & comms materials for constituencies and orgs in next six months	
Increase political commitment to HDC before end 2020	Principals meeting with clear objectives, LoPs, agenda for increasing political commitment to HDC mission and objectives – regular briefing of chairs and SRG as LoPs engage with communications and country teams – consider country hosted event	
Increase awareness of HDC within constituencies and increase membership	Constituency specific webinars organized by secretariat	
Align work plan and milestones with SDG GAP	Ensure principals SDG GAP data and digital accelerator is aligned with HDC work plan, including focus countries and mapping (Oct – Nov)	

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Annex 1. List of participants

HDC Co-Chairs:

Helen Kiarie (Kenya MoH)

Jenifer Requejo (UNICEF)

Somnath Chatterjee (WHO)

Country & regional teams:

Botswana MOHW	Baile Moagi (MOHW)
Botswana WHO	Tebogo Madidimalo
Kenya MOH	Isabel Maina
Kenya MOH	Helen Kiarie
Kenya WHO	Leonard Cosmas
Malawi MOH	Isaac Dambula
Malawi MOH	Jacob Kawonga
Nepal MOH	Nirmal Dhakal
Nepal MOH	PPMD Kathmandu
Nepal MOH	Badri Jnawali
Nepal MOH	Kapil Timelsana
Nepal MOH	Keshav Raj Pandit
Nepal MOH	Khurshid Alam Hyder
Nepal WHO	Kimat Adhikari
Nepal WHO	Paban Ghimire
Tanzania MOH	Claud Kumalij
Uganda MOH	Paul Mbaka
Uganda WHO	Darinka Perisic
Uganda WHO	Nasan Natseri
AFRO WHO	Benson Droti
AFRO WHO	Hillary Kipruto
SEARO WHO	Mark Landry

Multilateral and Inter Governmental Institutions:

UNAIDS	Peter Ghys
UNICEF	Chika Hayashi
UNICEF	Jennifer Requejo
UNICEF	Tyler Porth
WHO	Anh Hong Chu
WHO	Elaine Borghi
WHO	Khin Naing
WHO	Pavel Ursu

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WHO	Ramesh Krishnamurthy
WHO	Rick Johnston
WHO	Wendy Venter
World Bank	Toomas Palu

Bilateral donors, philanthropic institutions, regional funding entities:

Bloomberg Philanthropies	Adrienne Pitzatella
DFID	Nicola Wardrop
GIZ	Tessa Lennemann
OECD	David Morgan
Rockefeller Foundation	Greg Kuzmak
USAID	Adele Waugaman
USAID	Ana Scholl
USAID	Lindabeth Doby
USAID	William Weiss

Global Health Initiatives:

GAVI	Heidi Reynolds
Global Fund	Maria Petro Brunal
Global Fund	Michelle Monroe
PEPFAR	Mark de Zalia
PHCPI	Beth Tritter
PHCPI	Jeff Markuns

Research, Academia and Technical networks:

AeHIN	Alvin Marcello
AeHIN	Boonchai Kijsanayothin
CDC	Benjamin Dahl
CDC	Carrie Eggers
CDC	Chris Murrill
CUNY	Marie Donaldson
Global Partnership for Sustainable Development Data	Karen Bett
LSHTM	Debra Jackson
RHINO	Jean Pierre de Lamalle
RHINO	Theo Lippeveld
U. of Oslo	Jorn Braa

Civil Society:

GNPLH	Javier Bellocq
PATH	Hailie Goertz

Private Sector observers:

Fullerton Health	Chern Ho
Helium Health	Esther Areola
Helium Health	Ifeoluwa Olokode

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Helium Health	Shona Olalere
Medtronic	Ruchika Singhal
MEDxCare	Patricia Monthe
Ottobock	Berit Hamer
Pharmaceutical Society of Kenya	Daniella Munene

Working Group co-chairs present

Community Health Information Systems: Ana Scholl (USAID)

CRVS: Azza Badr (WHO), Debra Jackson (LSHTM)

Digital and Interoperability: Garrett Mehl (WHO), Adele Waugaman (USAID)

LMIS: Lisa Hedman (WHO) and LIndabeth Doby (USAID)

Emergencies: n/a

HDC Secretariat:

Craig Burgess and Mwenya Kasonde

Nicole Schiegg, Nina Benedicto, Alyssa Palmquist, Innocent Mugabe