DH& I WG all-member meeting

Feb 16, 2017

Attendees (please correct and add as needed): Adele Waugaman (USAID/Global Health), Paul Biondich (Regenstrief), Garrett Mehl (WHO), Lauren Wall (PATH), Ashley Pajor (PATH), Andrea Long-Wager (USAID), Ian Fine (Fio), Marty Gross (Gates Foundation), (Gavi?), Patrick Taylor, Ray Ransom (CDC), Pamela Riley (Abt), Florence Gaudry-Perkins (Digital Health Partnership), Tigest Tamarat (WHO), Irum Zaidi (OGAC), Matthew Hulse (USAID/Global Development Lab), Erin, Mais McCain, Eduardo Celades (WHO/HDC Country Engagement WG) , JSI, Luke Duncan (IntraHealth), Sam Wambugu (MEASURE), Cynthia Carson (USAID), Carl Leitner (PATH), Dykki Settle (PATH), Alvin Marcelo (AeHIN), Steven Waynee (IntelliSOFT), Donna Medeiros (PATH), Niamh Darcy (RTI), Nadi Kaonga (HealthEnabled), Edna Soomre (SPIDER), Amanda Puckett BenDor (IntraHealth), Maki Kajiwara (WHO), Maki Kitamura (WHO), Hani Eskandar (ITU), Kristin Gagnaire (FSH), Jonathan Payne (Vital Wave), Alice Liu (Jhpiego)

Chair Persons: Adele Waugaman, Paul Biondich, Garrett Mehl

Meeting Minutes:

1. **Update from the workshop on 15 to 16 December**; see meeting report

    See report for details -- note in particular requests for technical assistance and capacity building support from Malawi, Nigeria, Senegal, Sierra Leone, and Tanzania.

2. **Country engagement strategy**; see draft concept note.

    The Digital Health & Interoperability Working Group (DH&I WG) is not currently in a position to fully fund the work required to meet the technical support needs that countries have identified. The DH&I WG seeks to fully understand what those country needs are, however, and to endeavor to address them through a combination of resource advocacy with philanthropies on a country's behalf, and "match making" of intellectual horsepower, peer mentorship and philanthropies, to pair needs with opportunities to create lasting results.

    In order to be successful, we must be able to both wrangle public goods and match them to meet country needs, and advocate for opportunities for direct country support. In some cases the DH&I WG has benefitted from the availability of existing resources, including people already working in-country and those working on behalf of existing (funded) projects.

    In the short term, the DH&I WG will continue to focus on opportunities that are immediately available to us to ensure that smaller, easily made connections happen – it is the role of the WG to facilitate this. While searching for these opportunities, it is crucial to also identify and eliminate any duplication of efforts and resources.

    For example: A few months ago the MOH of Kenya reached out to WG leadership as they were drafting their EA and eHealth and data strategy. Members of the WG gave feedback to Onesumus Kamal eHealth coordinator. Were able to find out what new funding mechanisms were getting kicked off, and were able to match some of that future activity to Onesmus' needs.

    In the longer term, the DH&I WG may look to use the new PATH digital health mechanism (formal name still TBD) created by USAID as a means to pool funding in support of DH&I WG

identified priorities. There is still work that needs to be done, however, for the DH&I WG to develop a methodology for determining how it prioritizes which countries it prioritizes for fundraising support. On the PATH side, similar work is needed to determine how it manages requests that come from the DH&I WG and other sources to ensure it is able to deliver against those requests. These conversations are ongoing.

With regard to countries that have presented their requests for technical assistance and/or capacity building support at the December in-person meeting of the DH&I WG (Malawi, Senegal, Sierra Leone, Nigeria, Tanzania), HDC Country Engagement WG is already working with four.

> ➢ Eduardo Celades of the Country Engagement WG has shared documentation of country road maps for these countries that are [available on our shared Google Drive](). This document is also found and updated on the [HDC Sharepoint.]()
> ➢ The DH&I WG should consider aligning its country-level activities with the Country Engagement WG to ensure coordination moving forward.
> ➢ Someone from the DH&I WG should join the The Country Engagement Working Group group to join and discuss collaboration.

Action Items:
The WG needs to:

I. Agree to a country selection methodology that assists with the prioritization of where the DH&I WG engages (such as through the identification of 'pathfinder' countries);

II. Articulate the value proposition and business process for how:
    A. In pathfinder countries, the DH&I WG seeks to leverage new financial resources, in addition to existing investments and activities, to meet country-identified needs; and
    B. In non-pathfinder countries, the DH&I WG leverages existing investments and activities to meet country-identified needs.

III. Create a means to enable more direct and ongoing communications between activities in both pathfinder and non-pathfinder countries, such as through creating country folders in the shared Google drive and/or by creating a medium like Slack for more regular updates and communications amongst active members.

Member discussion

A. Comment on varying levels of country capacity to deliver against a digital health strategy. Different countries have different needs (strategy support, enterprise architecture, data exchange and interoperability solution development, M&E investment assessment, etc). It would be useful to develop

> ➢ An assessment of what skill sets are required
> ➢ A map of what partners and tools are available
> ➢ A detailed country roadmap for adopting the digital health strategy
> ➢ A single entry point for countries to receive this roadmap

B. Comment expressing concern about the degree of fragmentation among HDC working groups

There is concern that we are replicating the fragmentation we are trying to address by having so many points of entry to the HDC.

- Adele: There are monthly HDC WG Co-Lead coordination calls. The call last month focused on an update from the DH&I WG, and resulted in several other WG co-leads expressing interest in joining the monthly DH&I WG calls. We may also want to explore having those involved in specific country engagements join the Country Action WG calls as well to ensure coordination.
- Eduardo/CA WG: There is in fact fragmentation. A coordination call exists between the working group members but this does not completely solve the problem. Ultimately, if countries don't know how the HDC works or the relationships between the HDC and the working groups then it makes it difficult for the countries to know where to go and what to ask for, and what to expect as a service. (Senegal example)
- ➢ Roadmap for the 4 countries where the CA WG and DH&I WG activities overlap is now [available on our shared Google Drive](#).

3. **Digital Health Maturity Matrix: Small working group 1 update**

The Maturity Matrix Model will be created to evaluate where countries are along the digital health maturity continuum. It is understood that the needs of a country are correlated to the maturity of the country's existing systems. The Matrix will help us to understand what goods/services are needed and when they are needed so that we can leverage our assistance to be the most useful.

Preexisting work around maturity models do exist, and were reviewed by the Marion, Nadi and Manish, to create a "strawman" structure to build out from. Others are working on an interoperability readiness tool in conjunction with the matrix maturity model. An additional reference is the WHO digital health atlas. Currently, the WG is trying to organize an in-person meeting to figure out how to leverage the existing work that is being done, as they feel there are many opportunities to leverage the overlap.

4. **Business Case for Interoperability: Small working group 2 update**

If you would like to participate in this working group, [please record your interest here](#).

Often, products only serve the needs of specific projects, it is the intention of this working group to help investors (MOH, technology sectors, other partners and donors) to make investments and see the value in systems that are interoperable and can be used across many areas (thus reflecting the concept of global goods). Some work on this topic has already occurred, so this WG is intent on leveraging the existing pieces to ensure it resonates with various audiences. The goal is for the final version to be used in many formats, ie. Slide decks, videos, other presentations, as champions of digital systems. Ultimately, this WG hopes to shift from single-purpose tools to systems that will service the country and government over a long period of time.

The WG will send around a note for an upcoming virtual call (targeting the end of March) should anyone be interested. In addition, they pose a request for any work or documents that could be leveraged and brought into this process. This working group hasn't officially started yet, but there is a tight timeframe so they welcome anyone who is interested to join to jump start and get this moving. In addition, they want to ensure this lines up nicely with any existing tools and products to ensure they create the right linkages early on. Q3 is the target date for having a

product ready.

5. **Digital health taxonomy: Next steps**

Goal: to classify different kinds of investments, especially in mHealth, and focus on larger digital infrastructure as a whole. A side meeting was hosted in December at the Digital Health forum to discuss this topic.

There will be a meeting on March 14-15 in DC to update the taxonomy to include two areas, (results of this will be shared):

a. Categories & investments

b. Types of uses.

> ➢ If you are interested please coordinate with Garrett and confirm your attendance with Lauren (lwall@path.org).

Pertinent documents & Links:

> ➢ Link to DH & I WG Google Drive where all DH&I WG documents will be stored.

Meeting report from the December 15 to 16 Workshop here.

Draft concept note for country engagement strategy here.

HDC country engagement here.

Advice for calling in:

The web-conferencing line lagged in getting started but this will be addressed for future calls.

Calling in via the web, you cannot use a mobile phone or tablet connection - if you do, you will not have audio. Please use a computer to call in. Please reach out to lwall@path.org if you anticipate having trouble.

Next meeting:

Third Thursday of the month - March 16, at 10am ET/3pm GMT. Look for an invite from lwall@path.org.