DH&I WG all-member meeting
June 16, 2017

A recording of this meeting is available here: http://cc.readytalk.com/play?id=16ukpj

Participants: Garrett Mehl (WHO), Paul Biondich (Regenstrief), Lauren Wall (PATH), Ian Fine (Fio), Bill Weiss (USAID), Suranga K. (Regenstrief), Edna Soomre (SPIDER), Steve Ollis (MCSP/JSI), Tigist Tamrat (WHO), Donna Medeiros (IRC), Vikas Dwivedi (JSI) Niamh Darcy (RTI), Darlene Irby (Palladium), Liz Nerad (Palladium), Mike Bailey (mPowering), Martin Osumba (RTI), Miquel Sitjar, Derek Treatman (Vital Wave), Rita Sembajwe (RTI), Lesley Bristol (on behalf of Bobby Jefferson DAI Global Health), Nicolas de Borman & Tamara Goldschmidt (BlueSquare), Steven Uggowitzer (HISP Geneva), Miquel Sitjar (PATH), Manish Kumar (MEASURE Evaluation/UNC Chapel Hill), Merrick Schaefer (USAID), Lisa Spellman (Rapid Creek Group), Magnus Conteh (World Vision), Steven Waynee (Intellisoft Kenya), Ann Marie Sevcsik (UBS Optimus), Gordon Cressman, Merrick Schafer (USAID), Meredith Baker (JSI)

Agenda:
- Member updates - 15 minutes
  - Update from Magnus Conteh from World Vision: update on current efforts in developing an MoU between the Ministry of Health and Sanitation (MoHS), Ministry of Information and Communication (MoIC) and Ministry of Finance and Economic Development of Sierra Leone to establish the government leadership required for collaboration in the development of digital health
    - Early meeting that WHO was a part of that brought people into interoperability (August 2016) and the development of the HIS Strategy which has now been completed
    - Negotiations led by World Vision have been ongoing since 2015 with both internal and international partners and MoH Leadership for the formation of a Multi-Stakeholder Collaborative (MSC) in support of a national scale-up of CHW Programming/Digital Health. This resulted in an international workshop in Freetown in October 2016 bringing over 100 participants together from government, NGOs, donors and private sector organisations to launch the MSC
    - Outcomes of the MSC Workshop included the need for the development of two MoUs 1. An MoU: To establish a strong working relationship between the three ministries (see above) and establish the government leadership required for collaboration and development of the National Digital Health Strategy 2. An MoU: To formally establish the Multi-Stakeholder Collaborative under the leadership of the MoH which will be signed by development partners, private sector and donors, in support of a 3-5 year national scale up plan for CHW programming with digital health embedded
    - Following a meeting with the three ministries in April 2017 (attended by directorate level representatives), it was agreed to move forward with the development of the first MoU under the auspices of the MSC and the newly
reconvened e/mHealth coordinating committee called ‘eHealth Coordination Hub’. They agreed that alignment leadership for the development of an eHealth strategy was needed - the release of Broadband Commission Report in February was very timely, indeed.

- Discussions for the drafting of this MoU are currently being led by the Deputy Director of Communications (Policy), MoIC.
- Revised CHW Policy, Strategy and Training Curriculum, new HIS strategy, reestablishment of eHealth Coordinating Hub are all positive indication of the emerging enabling environment in SL in support of health system strengthening agenda post the Ebola crisis. However, the absence of Nat’l Digital Health Strategy remains a hindrance to further development of the digital health space.
- The Director of Policy, Planning and Information in the MoHS has requested and secured agreement that the efforts to develop the National eHealth Strategy under the leadership of the Directorate of Communication, MoIC should come under umbrella of the eHealth Coordinating Hub and a Working Group set up to undertake this work.
- The Deputy Director of Communications (Policy), MoIC is now convening a Working Group to have participation of key partners and start development of eHealth Strategy

○ Update from Palladium on WAHIT - West Africa Health Information Team

- Darlene from Palladium gave an update on the WAHIT team:
- Background: WAHIT is an initiative funded by the USAID Global Development Lab and a partnership between WAHO and Palladium to test innovative models to provide informatics technical assistance while building local capacity within the region.
- The need was originally conceived from the ECOWAS 2015 National HIS Summit Meeting the need for local informatics capacity was highlighted and a commitment made. After the Ebola outbreak, this need was reinforced calling and the idea to set-up a regional team of experts to be deployed to MoHs within the region was developed.
- The WAHIT Team is based out of West African Health Organization HQ in Bobo Dioulasso, Burkina Faso. Currently have hired the technical team lead, and are in the process of supporting WAHO to hire the rest of the team of software developers and business analyst.
- This year WAHIT conducted 3 scoping visits to introduce WAHIT objectives to the MoH and identify priority needs in three countries. Initially, a focus on Ebola affected countries, but expanding to additional countries in need.
- WAHIT complements work of other partners by providing additional training or technical support as needed.
- Initiative is meant to be collaborative and not duplicative, and therefore WAHIT is constantly seeking new partnerships and ways to collaborate while identifying initiatives that WAHIT can support.
- Review objectives of group - 25 minutes
  - Measuring progress against deliverables (as set out in December 2016 meeting)
  - Review of current draft of maturity model
  - Monthly meetings; subgroups meetings; Slack channel communication. You can view the work products here. The current drafts are here. You can see our timeline here.
  - One of the things that was very clear in the December meeting is that different countries are at different places in a maturity continuum. When we heard from the various countries, we learned that each had different kinds of needs and were at different maturity levels within a given domain. The maturity model is a way for countries to be able to identify where they are as well as serve as a framework to advance themselves within the maturity continuum and measure their progress over time.
  - This group has met a few times to develop the maturity model, with strong early support from the MEASURE team
  - They are identifying pre-existing tools that will help advance a given dimension’s maturity, linking them to the maturity model framework
  - WORKGROUP: please take a look at the drafts and feel free to contribute or make comments
  - Subgroup is contributing feedback on drafts. Last week MEASURE got feedback from stakeholders on the model. Sam and his team are working on it. Hopefully on the next call Sam will be able to provide more information on this feedback from stakeholders.
  - Martin Osumba (RTI Nairobi) was part of the discussions last week. The idea of developing a maturity model that countries could use to calibrate themselves is great. The feedback from what Martin saw as a participant: the workshop was well attended and insightful. There was varied feedback on the draft. There were some technical issues that arose. In general, there was good acceptance to the value that having the maturity model completed and rolled out for use adds.
- Review of pitch deck
  - Objectives Document Feel free to look at this document and see our proposed activities (identify components, leverage existing materials)
  - Digital Health Functionality and Systems Frameworks These will be leveraged for this exercise.
  - All of us on this call see the value of digital health and interoperable solutions, but this can be a hard sell to other stakeholders.
  - The working group is at a point where we are going to dig into this more and leverage any existing work that you as partners and implementers have already done and that you feel is relevant.
● In December the idea of a slide deck emerged - something that would be relevant to the different users (donors, ministries, implementer, etc) and could be adapted for the different uses.

● In December it was proposed that once we had the rough components that we would also look at the need to develop some collateral such as videos, links to materials

● We will be starting with the working group calls on Friday, June 30th at 10 ET. Let Garrett or Lauren know if you would like to join. Join the Slack channel. Share materials you find relevant with us.

● Merrick: A small group of us working with Adele have laid out a high level outline for the deck. We then pivoted the project to focus on parts of the outline with our primary focus being understanding how to frame the costing aspects of the argument. Working with Adele on 5 activities to understand how to better articulate the nature on long term investments and the complexities that arise from trying to understand how costs are saved and value created. These are:
  a. A **high level literature review** to understand and categorize the existing peer reviewed and grey literature on costing (especially as it relates to platforms and interop).
  b. A **TCO tool for the cost of the underlying platforms**. We are working with BCG on this and it is meant to look at three global good platforms (OpenMRS, iHRIS, Commcare) and develop TCO models that factor in the historical cost of the development of the platforms as well as the costs around deploying the platforms. As we looked around there was nothing that did this. They final output will be a tool which will be able to be used for other global good platforms and will provide 3 different ways to reach the cost models.
  c. A **self reported analysis of average annual software development and maintenance costs of the core codebase** for which includes 15 of the most common global good digital platforms. Given the way software is funded, this was harder than expected but it gives a decent estimate of investments needed per year versus support currently lined up.
  d. A **peer reviewed study** attempting to look at the **cost savings from deploying a IDSR use case on a interoperable digital platform as opposed to a stand alone application (mHero)** using the Liberian MoH process of shifting from a hybrid paper/digital to .
  e. A breakdown of how to **cost a national interoperable spend plan** to be able to understand the long term costs.
Merrick: Additionally we have laid out a draft thought piece on the harms arising from fragmentation in relation to data utilization and the global market failures for supporting platforms. This is close to being ready for public review.

Patty - One relevant effort is the Global Digital Health Index, being led by Health Enabled, Global Development Incubator, Dalberg Design Impact Group, and Thoughtworks

National Academies of Medicine every 4-5 years puts out a report that is guidance to US aid agencies on how to contemplate global health investments. The most recent version came out a few months ago and an entire section focused on digital health and focus on digital “public goods.” Here is the link to: The report on Global Health and the Future Role of the United States is also available at http://nationalacademies.org/hmd/reports/2017/global-health-and-the-future-role-of-the-united-states.aspx

Patty: One of the main recommendation to G20 Health Ministers from the B20 (business community) is digital health: https://www.b20germany.org/fileadmin/user_upload/B20_Germany_Policy_Paper_Health_Initiative.pdf;

Discussion

Paul: These are the products we agreed to work on in December during this calendar year. We have regular conversations around both of these products and we wanted to give you an update as the focus of today’s call.

Because we have so many new members, we wanted to review the mechanics.

- If you are not a formal working group member, please reach out to dhiwgcochairs@googlegroups.com
- You can contact the whole group at dhiwg@googlegroups.com
- We have these meetings monthly
- We share a Google Drive
- We have a Slack channel - it is most active around our small working group meetings - dhiwg.slack.com
- Are you sufficiently informed? Are the communications channels working?
  - Slack channel is a great place to share information - we get agenda items from the Slack channel

What’s to come?

- Cochairs are trying to determine what the month to month communication looks like
  - Operational updates
  - Country updates
  - Global good activities updates

If you would like to give an update, contact dhiwgcochairs@googlegroups.com
○ Please contribute to the Digital Health Functionality and Digital Health Systems Google Sheet that Garrett shared in the Slack channel
  https://docs.google.com/document/d/1cg0iEFQkS25p2wXdP76gUX7b86MzinfxGGnnZRgpYr8/edit
○ Update country-level activities and see country requests to the DH&I WG here

Upcoming meetings:
Maturity Matrix: June 28, 9 ET
Business Case: June 30, 10 ET
All member meeting: July 20, 10 ET