HEALTH DATA COLLABORATIVE

HEALTH DATA COLLABORATIVE GLOBAL PARTNERS MEETING EVENT REPORT

Jointly Hosted By

KEMRI Wellcome Trust, Kenya and Institut Pasteur de Dakar, Senegal

KEMRI | Wellcome Trust

Institut Pasteur de Dakar

Organized By

HEALTH DATA COLLABORATIVE

**Global Partners Meeting
15th - 16th December 2021**

Virtual Event

Hosts:

Cheikh Loucoubar
Institut Pasteur de Dakar
Senegal

Benjamin Tsofa
KEMRI Wellcome Trust
Kenya

WEDNESDAY 15TH DECEMBER 2021
13:00 - 17:00 CET | 15:00 – 19:00 EAT

THURSDAY 16TH DECEMBER 2021
13:00 - 16:30 CET | 15:00 – 18:30 EAT

Executive Summary

Overview

The Health Data Collaborative (HDC) December 2021 Global Partners Meeting (GPM) was the first to be co-hosted by regional institutes; KEMRI Welcome Trust (Kenya) and Institute Pasteur de Dakar (Senegal).

This meeting considered the changes to the COVID and data governance contexts, shared good country data practices and aimed to approve the HDC governance, milestones and plans for 2022-2023.

The HDC is a UHC 2030 related initiative formed in 2016, and remains committed to the mission of UHC2030; "To create a movement for accelerating equitable and sustainable progress towards universal health coverage (UHC)".

The HDC is also working with the SDG Global Action Plan (SDG GAP) Data and Digital Accelerator and the Access to COVID Tools Accelerator (ACT-A) to jointly support improved health information systems in member states.

During this meeting, HDC partners were invited to align themselves with the common goal of accelerating progress towards the SDGs, universal health coverage and national health strategies. The HDC invites associated initiatives to engage and further align efforts at all levels with a focus on supporting country-owned strategies and plans without duplication or fragmentation.

Meeting objectives:

- To review the progress and challenges of HDC in 2021 and identify strategic priorities for 2022-2023;
- To share country good data practices; and
- To demonstrate regional institute support for data efforts and peer-to-peer exchange.

Dates:

Wednesday 15th December 2021
13:00 – 17:00 CET | 15:00 – 19:00 EAT
Thursday 16th December 2021
13:00 – 16:30 CET | 15:00 – 18:30 EAT

Stats:

- Both days had a total of 41 speakers and panelists from across the globe
- Over 150 guests were in the audience the two days
- Partners from over 30 countries joined the meeting

Key Lessons:

- Strengthening Health Information Systems (HIS) is only possible with strong political will and country leadership. Countries who are in the HDC have demonstrated strong leadership towards the HDC principles with partners coordination, identifying data and digital priorities in 2022 and beyond and starting to garner aligned support by partners for these priorities.
- The HDC must leverage similar collaboratives (such as SDG GAP and UHC 2030) to support alignment of partner efforts to strengthen country HIS.
- Any investment case for HIS should first be targeted for Ministries of Finance to prioritize sustainable domestic resource mobilization, while costing data gaps for multi-partner support and then advocacy with partners.
- HDC working groups will continue to support country focused HDC milestones and activities in 2022- 2023 with clear deliverables where there may be gaps in tools or technical areas.

Program Overview

Background

On 15th to 16th December, the Health Data Collaborative (HDC) hosted the second 2021 biannual Global Partners Meeting (GPM). This meeting was the first to be co-hosted by regional institutes; KEMRI Welcome Trust (Kenya) and Institute Pasteur de Dakar (Senegal), underpinning the HDC's commitment to further regional and country engagement and promote leadership at the regional level.

In March 2021, HDC Global Partners met to consider the changing context of the HDC as it relates to the ongoing COVID-19 pandemic and other related initiatives such as the Access to COVID Tools Accelerator (ACT-A), SDG Global Action Plan for Healthy Lives and Well-being for All (SDG GAP) and the broader UHC2030 Related Initiatives. This December meeting considered the changes to the COVID and data governance contexts, shared good country data practices and aimed to approve the milestones and plans for 2022-23.

Program and speakers   Day 1

HDC Co-Chairs
Jennifer Requejo(UNICEF)
Stephen Macfeely (WHO)
Helen Kiarie (Ministry of Health, Kenya)

The HDC is a platform for the consolidation of partner investments and organizing support to countries. Since the last Global Partners Meeting in March 2021, the following achievements, challenges and opportunities have been identified.

> " *There continues to be a delink between global thinking and country implementation.* "
>
> **Dr Helen Kiarie**
> Head, Division of Monitoring & Evaluation
> Ministry of Health, Kenya
> Co-chair of the HDC

Achievements
- A common work plan has been developed and implemented over the last two years
- Key tools like Community Health Worker Guidance and Harmonized Health Facility Assessment, were developed by working groups
- There is global level alignment of initiatives between HDC and SDG GAP
- Regional organizations supported some regional work being undertaken by partners
- New working groups have been formed;
  - o Public Health Intelligence in November 2021
  - o Data and Digital Governance in April 2021

Challenges
- Delink between global thinking and country implementation
- No "one size fits all" is present in partners way of working and contexts
- Responding to prioritized needs put forward by countries in an aligned manner

Opportunities
- More countries and partners engaged
- Regional institutes to build capacity in countries and regions
- Coordination of WGs amongst themselves to share best practices and reduce inefficiencies
- Pivot global goods to priority needs of HDC countries
- Potential for HDC to increase work through regional channels critical for capacity building and partner engagement

Session 1: Country Good practices

<u>CRVS: Kenya Ministry of Health and National Civil Registration Service</u>
Dr Wesley Oghera, Medical Statistician, Ministry of Health
Mrs Janet Mucheru, Director Civil Registration Service

Key messages:

- It is important to link health (MOH) and CRVS (Ministry of Interior)
- Rapid mortality survey when deployed at the community level will ease work by assistant chiefs who report deaths in communities
- Work on interoperability for deaths recorded at all levels is needed for alignment
- Adjustments to the legal framework to allow additional cadres to register births and deaths is a priority need for countries

Community Data, Leaving No One Behind: Cameroun Ministry of Health
Dr Gandar Joël, Public Health Specialist, National Public Health Institute

Digital Health and Interoperability: Malawi Ministry of Health
Maganizo Monawe, Senior Digital Health Technical Advisor

Key messages

- An interoperability assessment conducted in Malawi in 2021 using the [Interoperability Maturity Model](#) demonstrated areas in need of improvement
- Priority has been given to the application of digital development principles
- An enabling environment with Govt leadership must be included in the interoperability agenda
- Congratulations on the launch of the Digital Health strategy

Data & Digital Governance: Botswana Ministry of Health and Wellness
Tony Chebani, Chief Health Officer

Key messages

- An assessment of Health Information Systems was performed in 2019, led by WHO
- HDC mechanism was adopted in 2020 and as a result, the Botswana HDC Roadmap was created
- Global goods such as the [Harmonized Health Facility Assessment](#) have been adopted in countries through the HDC mechanism
- Resuscitation of e-health cluster focused in the right direction and improved the practice of data collection and data governance across the health sector
- E-health strategy was reviewed following the 2019 HIS assessment
- In-country health partners forum was engaged for alignment of technical working groups in countries
- The Ministry has institutionalized quarterly reports on the status of digitalization efforts
- The National Data Management Policy has been adopted across the health sector as part of the national data governance framework and includes data sharing guidelines
- Data sharing agreements with the research community are encouraged

Routine Health Information Systems: Burkina Faso Ministry of Health
Dr Assane Ouangare, National Director, Routine Health Information Systems

Key messages
- RHIS is key for decision making
- Concrete examples of the use of RHIS and its impact on nutrition health outcomes at the sub-national level. Annual review with all regions enables decision making at the country level
- More efforts and support are needed for capacity building to improve data use at the sub-national level
- Using [WHO Data Quality Tool](#) to review national data quality

Session 2: Working Groups: update and feedback

HDC Working Groups
Civil Registration and Vital Statistics
Routine Health Information Systems
Data and Digital Governance
Community Data
Digital Health and Interoperability
Public Health Intelligence
Logistics Management and Information
Systems

Summary of Discussion

This discussion highlighted constituency added value as it relates to working group outputs for the HDC. The Research, Academia and Technical Networks Constituency noted that they see themselves as a relay between global and country-level initiatives, and often found it difficult to link the two. It is easier to disseminate from 1 source to many i.e., global to regional to national as opposed to from many sources to 1, advocating for a top-down approach to product dissemination, the group felt. AeHIN would like to invite global experts

to curate content and can commit to getting country reflections in the Southeast Asian Region.

Overall, it was agreed there remains a need for increased country participation to ensure tools are aligned and contextualized.

The HDC constituencies also advocate the use of regional networks for consultative processes. It wasproposed there might be easier ways to achieve this, for example, through a short phone survey to avoid increasing
workload for already stretched colleagues.

Tools developed through first, gap analysis and second, country feedback will be as relevant as possible and can be disseminated through regional and country channels.

HDC partners expressed a wish for a more systematic way of disseminating information across global, regional and national planes.

> "
> *We need resources and partnerships at all levels to make things happen. The HDC platform must be used to leverage partner strengths and align with country needs, making scalable solutions to close the time frame needed to address data gaps and focus on promoting health, saving lives and preventing premature deaths.*
> "
>
> **Dr Samira Asma**
> Assistant Director-General
> Data, Analytics and Delivery for Impact (DDI)
> WHO

Day 2

Session 3 : HDC Context

UHC 2030 secretariat (WHO, Richard Gregory, UHC 2030 Secretariat)
SDG GAP data and digital accelerator (UNFPA, Rachel Snow, Branch Chief of Population and Development)
Global Financing Facility Aid Alignment Group (GFF, Lawrence Mumbe)
Decide Hub (WHO, Gwen Dhaene, Decide Hub Facilitator)
Integrated Africa Health Observatory (WHO AFRO, Serge Bataliack, Strategic Health Information Officer)

Key messages:
- Country needs, country commitment and collaboration are critical to moving forward
- These initiatives all support integration and alignment with country priorities and could be considered by partners and countries as HDC tries to align investments in HIS with country priorities

Session 4: Investing in country Health Information Systems: Making the case. How? Who is responsible?

Shaida Badiee, Open Data Watch
Johannes Jutting, Executive Head, PARIS 21, OECD

Key messages:
- SCORE should be used as a guiding framework for investments in health information systems
- HIS investments are often embedded in a broader health system to strengthen efforts. We must explore how to draw these out separately and how to build integrated systems that best benefit HIS systems
- It is difficult to establish causality between specific HIS investments and health outcomes
- It is important to convince finance ministers to prioritize these investments and ensure domestic resource mobilization
- Rwanda and the Philippines have good practices that can be learnt from.

Session 5:
HDC status (2021 Report) and 2022-2023 milestones and activities

2021 Annual Report HDC Secretariat (Craig Burgess)
2022-2023 Milestones and activities HDC secretariat (Craig Burgess)
Regional alignment work UNICEF consultants: (Nadège Ade and Serena Chong)

Key messages:
- Considerable achievements have been made by the HDC in convening partners and countries together, knowledge brokering, focus on working group outputs and increase in interest in HIS. However, aligning partner support with country priorities remains the biggest challenge;
- A revised governance structure that includes 13 HDC representatives in the SRG and a 2022-23 work plan helps prioritize efforts and alignment that will need supported
- Alignment at the country level can be defined as cumulative gains around country priorities
- We must ensure there is one plan and one M&E tool
- Coordination is what leads to alignment, it is a preliminary step to highlight priorities and have partners consider aligning investment with country priorities

Closing: Keeping countries at the center of the HDC initiative

> *Regional institutes can play a role in assisting countries so that impact is measurable, and partners are held accountable. What we want to be doing is making sure efforts are synchronised and in doing so have a bigger impact than the sum of individual efforts put together.*

Prof Amadou Sall CEO
Institut Pasteur de Dakar
Regional Institutes on moving forward

Key Messages:

- The richness of collaboration ingredients is in ensuring it has what it needs to strengthen data use in the African region and beyond
- We are not star ng from a vacuum, there is a lot already happening in countries
- The centrality of government leadership in driving the agenda and defining the priority needs is important
- Africa Health Observatory summarizes what is happening at the regional level and puts together a common platform, creating a framework in which we can work collaboratively in providing data for decison-makers
- Emerging and existing regional technical partners beyond MOH, including the H3Net platform,African academy of science, Africa CDC, all of which supports government priorities, are an important place of focus.
- Strengthening partnership ensuring centrality and participation of both MOH and government. We sometimes assume government as passive recipients of capacity building, but we have seen that government can do more
- We must avoid duplication and maximize use of limited resources through collaboration
- A platform for peer-to-peer learning has been created and needs to be strengthened
- Capacity strengthening should be 2-way, not 1-way

> **"**
>
> *The experiences this past year in trying to increase HDC support to countries showed just how important regional institutions are in the effort to increase country capacity to collect, analyses and use data and in strengthening country data collection platforms.*
>
> **"**
>
> **Mark Hereward**
> Associate Director
> Data and Analytics
> UNICEF

Conclusion and Action Points

Taking regional institute participation to the next level, demonstrating a range of efforts, linking diverse projects, and reflecting in January SRG on how to sustain the relationship, notably with UHC2030 and SDG GAP, are some of the actions that can be implemented. Work plan commissioning of an investment case is the first step toward an investment case for HIS. During the meeting ideas on milestones and activities for 2022 were given. Finally, the SRG's work at the regional level underscores the need for greater alignment work, particularly at the regional level. HDC would further want to reach out to two fragile contexts in the next year and would appreciate more comments from the SRG in January.

Four Strategic Shifts

1. *Increasing the representation* and diversity of HDC members – with focus on countries.
2. *Increasing knowledge brokering and communications* advocacy role. Greater investment is needed in the website platform so users can find the materials they need. Maintain monthly webinars to share information and disseminate and increase uptake for tools.
3. *Scaling up*. Thinking about what it means to be an HDC country, establishing proof of concept with 5 countries that have presented their priorities an using regional coordination mechanisms and institutes.
4. *Investment case*. What should be HDC role for shaping concept, methods or reviewing drafts?

Future Recommendations

- Implement and support the 2022-23 work plan
- Take note of the 4 strategic shifts and slight changes to governance (13 SRG members and all HDC members can listen to SRG now)
- Continue the systematic WG and SRG calls and look at ways of focus for WG efforts
- Website redesign needs feedback from HDC members – in first Quarter of 2022
- RHIs investment case will evolve in Q1 and Q2 - HDC member inputs and guidance will be sought
- Political and advocacy components with technical issues will need strengthened – consider the leadership event to be part of the annual GPM (in Oct – Dec)

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Global Partners Meeting
15th - 16th December 2021

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APPENDIX

Background documents are available on Google Drive.
Full video Day 1 can be viewed here.
Full video Day 2 can be viewed here.

Organizations

Attendees Included:

AFRICAN ALLIANCE	HISP	PHCPI
BAO SYSTEMS	IFRC	REGENSTRIEF INSTITUTE
BLOOMBERG DATA FOR HEALTH	INDIANA UNIVERSITY	SAVE THE CHILDREN
CDC FOUNDATION	JOHNS HOPKINS UNIVERSITY	STOCKHOLM UNIVERSITY
CHESTRAD	JSI	THE GLOBAL FUND
CITY UNIVERSITY OF NEW YORK	INSTITUT PASTEUR DE DAKAR	THE GLOBAL HEALTHSITES MAPPING PROJECT
DNDI	KEMRI WELLCOME TRUST	THE PATRICK J. MCGOVERN FOUNDATION
DRURY CONSULTING LTD	LSHTM	UGANDA HEALTHCARE FEDERATION
ESHIFT PARTNER NETWORK	MEDX.CARE	UIVERSITY OF WASHINGTON
GAVI	NATIONAL INSTITUTE OF HEALTH	UK FCDO
GIZ	PANAGORA GROUP	UNICEF
UNIVERSITY OF GENEVA	PATH	
UNIVERSITY OF NORTH CAROLINA		
USAID		
VITALSTRATEGIES		
WHO		

Attendees' day 1:
Unique Viewers: 127
Number of comments made in the 'Chat Box': 74
Countries broadcasted to 31:

AUSTRIA	CONGO	INDONESIA	NIGERIA	SWITZERLAND	ZAMBIA
BELGIUM	EGYPT	KENYA	PHILIPPINES	TAIWAN	
BOTSWANA	FRANCE	MALAWI	SAINT LUCIA	SOUTH AFRICA	
BRAZIL	GABON	MARTINIQUE	SERBIA	UGANDA	
BURKINA FASO	GERMANY	NEPAL	SINGAPORE	UNITED KINGDOM	
CAMEROUN	INDIA	NETHERLANDS	SWEDEN	UNITED STATES	

Attendees' day 2:
Unique Viewers: 96
Number of comments made in the 'Chat Box': 47
Countries broadcasted to 23:

AUSTRIA	EGYPT	KENYA	PHILIPPINES	UNITED KINGDOM
BELGIUM	FRANCE	MALAWI	PORTUGAL	UNITED STATES
BOTSWANA	GABON	NEPAL	SENEGAL	ZAMBIA
BRAZIL	INDIA	NETHERLANDS	SOUTH AFRICA	
CANADA	ISRAEL	NORWAY	SWITZERLAND	

HEALTH DATA COLLABORATIVE

Agenda and concept note

Health Data Collaborative Global Partners Meeting 15-16 December 2021
In collaboration with SDG GAP data and digital accelerator

Agenda Day 1: 15th December

Chair : Institut Pasteur de Dakar, Senegal
13.00 - 13.10 Welcome *Institut Pasteur de Dakar, Senegal* *Cheikh Loucoubar, Responsible for Epidemiology, Clinical Research and Data Science and Department* Setting the scene Regional achievements Power of regional institutes and partners for data
13.10-13.15 Overview *HDC secretariat (Mwenya Kasonde)* Meeting objectives, agenda, outcomes and logistics
13.15 – 13.30 Co-chairs welcome and reflections *Kenya MoH (Helen Kiarie, Head of Division of Monitoring and Evaluation)* *UNICEF (Jennifer Requejo, Senior Adviser Statisticsand Monitoring)* *WHO (Stephen MacFeely, Director Data and Analytics)* Regional modalities of support HDC 2020-2021 highlights, progress and challenges HDC 2022 Opportunities and strategic priorities
Session 1. Good country practices: peer exchange
13.30 – 13.50 CRVS country good practices *Facilitator: London School of Hygiene and Tropical Medicine (Debra Jackson, Takeda Chair in Global Child Health)* 10 mins Kenya Ministry of Health and National Civil Registration Service (Dr Wesley Oghera, Medical Statistician, Ministry of Health and Mrs. Janet Mucheru, Director Civil Registration Service) 10 mins Q+A
13.50 – 14.10 Community Data, Leaving No One Behind: country good practices *Facilitator: USAID (Ana Scholl, Evaluation Branch Chief)* 10 mins: Cameroun Ministry of Health *(Dr Gandar Joël, Public Health Specialist, National Public Health Institute).* 10mins Q+A

14.10-14.30 Digital Health and Interoperability: country good practices *Facilitator: WHO (Derrick Muneene, Digital Health and Innovation Department)*10 mins: Malawi Ministry of Health (Maganizo Monawe, Senior Digital Health Technical Advisor)10 mins Q+A
14.30 – 14.50 Data & Digital Governance: country good practices *Facilitator: Palladium (Vikas Dwivedi, Senior Health Information Systems Advisor)* 10 mins: Botswana Ministry of Health and Wellness (Tony Chebani, Chief Health Officer, Ministry of Health andWellness 10 mins: Q+A
14.50 – 15.10 Routine Health Information Systems: Country good practices *Facilitator: AEDES (Jean Pierre de Lamalle, Head of Technical department)* 10 mins: Burkina Faso Ministry of Health (Dr Assane Ouangare, National Director, Routine Health InformationSystems) 10 mins Q+A
15.10 – 15.20 Public Health Intelligence: Country Good practices10 mins: Initial COVID 19 country good practices (Diane Holland)
15.20-15.30 Coffee break & video on HDC
Session 2. Working Groups: update and feedback
15.30 – 16.30 WorkingGroups *Facilitators: US CDC (Carrie Eggers) and Asia eHealth Information Network (AeHIN)(AlvinMarcelo, Director)* 10 mins Update on seven WG outputs for 2021 and plans for 2022-2023 *Overview presentation: HDC Secretariat (Alex Laheurte)* 20 mins Interventions from 4 WG co-chairs CRVS: *WHO (Azza Badr, Technical Officer, Surveys, CRVS and Health Service Data)* RHIS: *AEDES (Jean Pierre de Lamalle, Head of Technical Department)* Data and Digital Governance: *City University New York (Marie Donaldson, Post Doctoral fellow)* Community Data: *UNICEF (Remy Mwamba, Health Section)* 30 mins Open forum discussion on: Links between WGs and other WGs and with HDC objectives Increasing diversity in WGs and possible new WGs Managing resource expectations and working modalities
16.30 – 16.35 Action points and responsibilities *HDC secretariat (Mwenya Kasonde)*
16.35 - 16.45 Day 1 closing reflections WHO *(Samira Asma, Assistant Director General)*

Agenda Day 2: 16th December 2021

Chair – KEMRI Wellcome Trust, Kenya
– 13.10 Welcome *KEMRI Wellcome Trust, Kenya* *Benjamin Tsofa, Principle Research Officer, Health Policy and Systems Research* Setting the scene Regional achievements Power of regional institutes and partners for data
13.10-13.15 Recap day 1 and overview of agenda day 2 *HDC secretariat (Craig Burgess)* Meeting objectives, agenda, outcomes and logistics
Session 3. HDC context
13.15 – 14.00 HDC context *Facilitator: Private Sector (Patricia Monthe, Head of Operations, MedX care Netherlands)* 5 mins UHC 2030 secretariat (WHO, Richard Gregory, UHC 2030 Secretariat) 5 mins SDG GAP data and digital accelerator (UNFPA, Rachel Snow, Branch Chief of Population andDevelopment) 5 mins Global Financing Facility Aid Alignment Group (GFF, LawrenceMumbe)5 mins Decide Hub (WHO, Gwen Dhaene, Decide Hub Facilitator) 5 mins Integrated Africa Health Observatory (WHO AFRO, Serge Bataliack, Strategic Health InformationOfficer) 20 mins: open dialogue and feedback on contextual factors influencing HDC 2022-23
Session 4. Investing in country Health Information Systems : Making the case – how and who ? For information and feedback

14.00 -14.50 Investing in country Health Information Systems: Making the case. How? Who is responsible?   *Session facilitators Nicola Wardrop (UK FCDO) & Ernesto Lembcke (GIZ)*   *15 minute overview (Shaida Badiee, Open Data Watch & Johannes Jutting, Executive Head, PARIS 21, OECD)*   Making the case for investing in HIS   What needs to happen – practical steps and responsibilities   Managing country expectations   *35 minute feedback*
14.50 – 15.00 Coffee break & video on HDC
Session 5. HDC status (2021) and 2022-23 milestones and activities: for review and approval
15.00 – 16.00 HDC status (2021 Report) and 2022-2023 milestones and activities   *Session facilitators: Heidi Reynolds (GAVI) and Nidda Yusuf (*Global Health Financing Adviser at Save the Children)   *15 mins: HDC secretariat and consultants presentation with request for approval:*   2021 Annual Report (for information) *HDC Secretariat (Craig Burgess)*   2022-2023 Milestones and activities (for decision) *HDC secretariat (Craig Burgess)*   Regional alignment work *(UNICEF consultants: Nadège Ade and Serena Chong)*   *45 mins: feedback and discussion by constituency for feedback and approval of milestones and activities*
-16.05 Actions and responsibilities   *HDC secretariat (Craig Burgess)*   Actions and responsibilities
16.05 – 16.15 Identifying roles for regional institutes & HDC role atregional levelKEMRI Wellcome Institute, Kenya: *Benjamin Tsofa, Principle research Officer, Health Policy and Systems Research*   Institut Pastur, Dakar, Senegal: *Cheikh Loucoubar, Head of Epidemiology, Data Science and Clinical Research Department*   Roles and needs for regional institutes to play role of advocacy, technical support and capacity building   Needs from HDC for regional support mechanisms
16.15 -16.25 Strategic priorities 2022 - 2023   *Kenya MoH (Helen Kiarie Head of Division of Monitoring and Evaluation)UNICEF (Jennifer Requejo, Senior Adviser Statistics andMonitoring)*   *WHO (Stephen MacFeely, Director Data and Analytics)*
16.25 – 16.30 Closing reflections: UNICEF *(Mark Hereward, Associate Director, Data and Analytics)*

Background
This is the second 2021 Health Data Collaborative (HDC) Global Partners Meeting (GPM). These are biannually and the first to be hosted by regional institutes;m KEMRI Wellcome Trust (Kenya) and Institut Pasteur de Dakar (Senegal).

This December meeting will consider the changes to the COVID and data governance contexts, share good country data practices and aims to approved the milestones and plans for 2022-23.

The current context of the HDC:
The HDC was formed in 2016 as a UHC 2030 related initiative and remains committed to the mission of UHC2030; "To create a movement for accelerating equitable and sustainable progress towards universal health coverage (UHC)".
Alongside UHC2030, the HDC is working with the SDG Global Action Plan (SDG GAP), specifically the Data and Digital Accelerator and the Access to COVID Tools Accelerator (ACT-A) to support joint efforts towards improved health information systems in member states.
During this meeting, HDC partners are invited to align themselves with the ecosystem that exists around the HDC, all with the common goal of accelerating progress towards the SDG, universal health coverage and national health strategies. Equally, the HDC invites similar collaborative initiatives to engage and further align efforts at all levels with a focus on supporting country owned strategies and plans without duplication nor fragmentation.

A regional approach to capacity building in country:
As part of its effort to strengthen regional and country engagement, the HDC has engaged regional data and digital institutes as peer support mechanisms that can support HDC objectives and engage with capacity building on data and digital issues at all levels. The institutes would also support national & sub national data and digital institutes supporting HDC objectives and support engagement in national DC activities.

The KEMRI Wellcome Trust (Kenya) and Institut Pasteur de Dakar (Senegal) are regional institutes that will host the GPM for the HDC community this year and focus countries to share best practices, stimulate peer learning to strengthen alignment with HDC objectives. It is hoped that in 2022 an Asian institute may host the HDC Global Partners Meeting.

HDC regional consultants will also present preliminary findings of their work. This includes;

A desk review of alignment status of Health Data Collaborative (HDC) partner technical and financial investments in at least 3 countries of the HDC and SDG GAP focus countries data and monitoring & evaluation plans, with a focus on East and Southern Africa and West and Central Africa regions

A method of measuring alignment of HDC partner technical and financial investments in country data and monitoring for future use, and

Priority issues and solutions that support Governments to coordinate partners for development, investment and implementation of the Govt. data / M+E plans for health and CRVS.

Working Groups:

The HDC now has 7 functional working groups (Routine Health Information Systems, Civil Registration and Vital Statistics, Logistics Management Information Systems, Digital Health and Interoperability, Community Data, Data and Digital Governance, Public Health Intelligence). The dormant Epidemic Intelligence Working Group has been renamed Public Health Intelligence to better reflect its current context and updated mandate. The terms of reference for the working group were approved at the last monthly Stakeholder's

Representatives Group meeting on 16th September 2021.

As we align outputs and deliverables from each of the working groups with the HDC Workplan 2020- 2023, the HDC invites partners to contribute technical expertise and review progress on the work of these groups.

Preparation

Coordination: Initial draft agenda shared for inputs with 2 host institutes 24th September. Agenda finalized by host institutes, co-chairs & secretariat with documents and sent to HDC 1 week before meeting.

Country preparation: HDC priority countries intensive preparation to document experience and good practice for partner alignment in country.

Constituency preparation: The secretariat will support each constituency to identify their added value and be able to present potential support for each country priority and working group outputs.

Working Group preparation: The secretariat will support for each working group to present an update on their outputs and deliverables as outlined inthe specific working group terms of reference.

Target audience and invitees:

Stakeholder	Description
HDC Stakeholder Representative Group (SRG)	13 representatives from the 7 HDC constituencies
8 country teams	MoH and partner representation from HDC partners from Kenya, Tanzania, Malawi, Cameroon, Botswana, Uganda, Zambia and Nepal
HDC Global Partner Group (GPG)	At least 1 representative per partner
HDC working group co-chairs:	Seven WGs, at least 1 representative per WG
HDC secretariat	3

Virtual Platform Logistics
Zoom links
Zoom sign in details – Day 1

Zoom Link:
https://us02web.zoom.us/j/82072548635?pwd=Wlgyc2JKU0VLVVRkdWc2bjlnM0wyZz09

Password: 308855

Zoom sign in details – Day 2

Zoom Link:
https://us02web.zoom.us/j/81717213275?pwd=WWNHdklVSHd5cFJ2Q0QwSHlVWVZUUT09
Password: 330741

Q1 If making an investment case for Health Information Systems, pleaserank the following from most (1) to least (5) important

	1	2	3	4	5	TOTAL	SCORE
Costing the addressing of gaps of data	40.00%	40.00%	20.00%	0.00%	0.00%		
	2	2	1	0	0	5	4.20
Clear problem statement to be addressed that acknowledges fragmented approaches decreasing efficiency of investments	60.00%	0.00%	20.00%	20.00%	0.00%		
	3	0	1	1	0	5	4.00
Political will for investment case	0.00%	20.00%	40.00%	40.00%	0.00%		
	0	1	2	2	0	5	2.80
Return on Investment	0.00%	20.00%	20.00%	0.00%	60.00%		
	0	1	1	0	3	5	2.00
Capacity to implement an investment case	0.00%	20.00%	0.00%	40.00%	40.00%		
	0	1	0	2	2	5	2.00

Q2 In order of importance, should the target audience for an investmentcase be

	1	2	3	4	5	TOTAL	SCORE
Ministries of Finance	80.00% 4	0.00% 0	0.00% 0	20.00% 1	0.00% 0	5	4.40
Global Health Initiatives eg GAVI, GFATM, GFF	20.00% 1	60.00% 3	20.00% 1	0.00% 0	0.00% 0	5	4.00
Bilateral donors	0.00% 0	20.00% 1	40.00% 2	40.00% 2	0.00% 0	5	2.80
Philanthropic Foundations	0.00% 0	20.00% 1	20.00% 1	40.00% 2	20.00% 1	5	2.40
Subnational planners	0.00% 0	0.00% 0	20.00% 1	0.00% 0	80.00% 4	5	1.40