HEALTH DATA COLLABORATIVE

Note for the Record – Monthly HDC SRG Meeting		
Location: Zoom **Date:** 17 February 2022, 16:00-17:00 CET ***Meeting Chair:*** *Jennifer Requejo (UNICEF)*		
Co-Chairs		
Participants:	Countries	Paban (WHO Nepal) Kapil Prasad Timalsena (Nepal MOHP) Helen Kiarie (Kenya MOH)
	Multilateral and Intergovernmental Organisations	Rachel Snow (UNFPA) Sam Mills (World Bank) Srdjan Mrkic (UNSD) Serena Chong (UNICEF Consultant) Nadege Ade (UNICEF Consultant) Liliana Carvajal (UNICEF)
	Donors	Nicola Wardrop (FCDO UK) Ernesto Lembcke (GIZ Germany)
	GHIs	
	Civil Society	
	Research, Academia and Technical Networks	Pam Dixon (World Privacy Forum) Chris Murrill (CDC)
	Private Sector	Maxwell Antwi (PharmAccess Foundation)
	Observers	
Working groups:	*Data and Digital Governance* Vikas Dwivedi *Community Data* Ana Scholl (USAID) *Public Health Intelligence* Karl Schenkel (WHO) Carrie Eggers (CDC) *RHIS* Jean Pierre de Lamalle (RHINO)	
WHO secretariat:	Craig Burgess, Mwenya Kasonde, Alexandra Laheurte Sloyka	
Objectives: 1. To present an update on Nepal HDC activities 2. To present an update on HDC workplan funding 3. To present an update on HDC working group outputs		
Agenda: **1. Welcome and introductions (chair) (5 mins)** **2. Country Update _ Nepal (20 mins)**		

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- Update on Nepal HDC and HIS activities (MOHP)
- Presentation of draft report on alignment of partners' technical and financial investments for strong data systems (UNICEF)

3. **Workplan and Governance (15 mins)**
   - Update from donor and GHI constituencies on next steps for work plan (for discussion)
   - HIS investment case update (for discussion)
4. **Working Group Updates (10 mins)**
   - Update from working groups
5. **Comms and events (5 mins)**
   - HDC Webinar Introduction - Adolescent health data – dashboard presenting key indicators including demographics, national plans and policies, mortality and burden of disease and risk factors. (UNICEF)
6. **Next steps: Chair (5 mins)**

SUMMARY OF DISCUSSION

Welcome and introductions (chair) (5 mins)

UNICEF-Jennifer Requejo

- Setting the agenda in place of Dr. Helen Kiarie and Steve McFeely as they are joining the meeting later on.
- Meeting objectives:
  - Update on Nepal activities.
  - Update on the funding of the workplan that was approved last time.
  - Present an update on the working group outputs.
- Agenda
  - Focused update on Nepal from the Nepal team.
  - Presentation on what the consultant has done on alignment of partners, technical and financial investments focussed on Nepal. Serena will be joining for this.
  - Discussion around the workplan and governance with an update from the donor and GHI constituencies.
  - Discussion on the HIS investment case.
  - Updates from each working groups.
  - Preview of the upcoming webinar on adolescent health data profile that the UNICEF team has been producing.

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Country Update _ Nepal (20 mins)

Update on Nepal HDC and HIS activities (MOHP)

Presentation of draft report on alignment of partners' technical and financial investments for strong data systems (UNICEF)

MOHP Nepal – Kapil Prasad Timalsena

- Thank you for this opportunity.
- Have invested in development of documents based on our guiding principles, such as the Health Service Act, national health policy, country plans, regulation, and CRVS strategy and implementation plans.
- Hired a consultant to support and draft the BPI implementation plan, prepare detailed assessments, key performance indicators, and business process improvements.
- Team members of the Task Force completed the basic online course on CRVS and Bizagi tool.
- Thank you for providing such an important tool.
- Reviewed both decision processes and pain points.
- Identified business processes.
- CRVS improvement is ongoing based on CRVS strategy 2019.
- Online registration is being rolled out. 82% of local registrar offices are using the online system.
- Legal provisions are being amended for CRVS to facilitate timely and ease of the registration process.
- National ID program is being rolled out.
- Strengths:
    - Political commitment.
    - Legal and policy documents are prevailing.
    - Technology-enabled CRVS is rolling out.
    - Health system readiness.
- Challenges:
    - Indirect chain of command among many stakeholders in the federal context. There are still barriers in implementing programs in the federal, provincial, and local levels.
    - Limitations in having the data flow from top to bottom.
    - Linking to CRVS strategy and regulation for country ownership.
    - Population management is an issue.
    - Lack interoperable system to maintain quality and coverage.
    - Coordination among stakeholders and at country level, such as scheduling conflicts.
    - Lack information on home deliveries and out-of-hospital deaths.
- Lessons learned:
    - Coordination and collaboration are important. We are still trying to resolve this.
    - Building better health information system. This week, we developed 2 guidelines: birth registration and MCCoD.

    - CRVS system improvement framework should be aligned to national documents, such as CRVS strategy, regulations, etc.
    - Partners alignment and collaboration is valuable.
    - Think of mutual benefits to stakeholders and how each level of contributors benefits from the outcome of this exercise.
- Thank you for the opportunity to share our progress, particularly about CRVS.

WHO Nepal_Paban

- We need multi-sector effort on improving the CRVS system in the country.
- Need to have all partners and stakeholders work with the Ministry of Health, and it must be considered from all sides in order for it to be successful.

UNICEF_Serena Chong

- I was contracted by UNICEF in support of the HDC to conduct 2 country assessments or case studies on the alignment of partner, technical and financial investments of health data systems in South Asia.
- Picked Nepal and Bangladesh for the case studies.
- Happy that we have colleagues from Nepal today. Nice exchange.
- Did a joint presentation with Nadege Ade at the HDC Global Partners meeting in December on preliminary findings.
- Today, I would like to present key findings for Nepal and Bangladesh, common themes that emerged, and reflections on what it means for a way forward for HDC and partners.
- Overview of methodology
    - Worked with Nadege to develop a conceptual framework of alignment and topic guides for stakeholder interviews.
    - Alignment would include policy and regulatory alignment, system alignment, and operational alignment.
    - For the Nepal case study, I conducted desk review and stakeholder interviews. For Bangladesh, due to time and capacity limitations, only a desk review was conducted.
- Key Findings for Nepal:
    - Policy and regulatory alignment were pretty strong.
        - There are national policies and strategies that provide a guiding framework for health sector investments and activities.
        - There are review processes in place, such as the joint annual review for partner input and participation in the priority setting process.
        - There is a national HIS M&E framework, and government-led coordination mechanism at the federal level.
        - Provincial and local level coordination are not as robust. MOH is aware and are actively prioritizing.

        - In general, there seems to be a lack of framework for engaging with the private and NGOs sectors to encourage alignment/integration of health data systems.
        - The share of the private sector in providing health services has grown a lot over the past several years. About 2/3 of health service delivery is by the private sector.
    - In terms of systems alignment, Nepal operates a sector wide approach (SWAp) which encourages alignment between major donors and at the federal level.
        - Because of decentralization, these processes are not as robust at subnational levels even though disbursement of health sector funding to provinces has increased.
    - Operational alignments refer to how partners align their activities and operations.
        - How data is used is a major question for many stakeholders in Nepal.
        - There are policies to guide the systematic use of data and data sharing but not centrally or widely adopted.
        - There are questions around data quality.
        - Gaps in representation and engagement by NGOs/CSOs in coordination at all levels.
- Key findings for Bangladesh based on literature only:
    - Policy and regulation alignment is moderately strong with national policies and frameworks and coordination mechanisms.
        - Also employs the SWAp approach.
        - Private sectors and NGO sectors together account for about 70% of health service delivery, but there is nothing available to guide and encourage aligning and integration of health data system from these providers.
        - Basic data from NGOs working in urban areas and some hospitals report, but national HIS is still potentially missing a large chunk of data. This has implications for inclusion and equity.
        - System alignment
            - Also takes a SWAp approach to the health sector but large proportion of health financing falls outside of the SWAp and listed as off-budget support. It is harder to assess whether these investments are aligned with national priorities.
        - Gaps in operational alignments around data use and data quality.
- Common themes:
    - Coordination and alignment are happening formally at national level as well as informally.
        - E.g., officers meet to review data, look at trends and use of dashboards, but it is not well communicated by stakeholder outside of the country.
    - National policies and frameworks are government owned and led. Partners participate in the policy review process to varying extents.

    - SWAp approach is a great support mechanism to encourage alignment of technical and financial investments around national priorities.
    - Common gap was alignment with NGOs and the private sectors.
        - Has implications for inclusion and equity.
        - Missing data means we don't understand who is being left behind.
- Potential areas of focus for the HDC to strengthen alignment:
    - Supporting and strengthening subnational coordination mechanisms (at provincial and local levels).
    - Encourage representation and participation, or contact organizations for the integration of data from NGOs and the private sector.
    - Develop policy frameworks and strategies to support the integration of data systems for non-public sectors.
    - Support the development of policies or frameworks to support the better use of data for decision-making.

UNICEF-Jennifer Requejo

- Thank you, Serena, for the excellent presentation.
- It's great that we have a combination of both presentations.

Questions

World Privacy Forum_Pam Dixon

- The national ID system that is rolling out in Nepal, is it also creating a baseline CRVS system that will happen from birth?
- Will the national ID system be integrated into the health system?

Community Data_Ana Scholl

- A quick clarification on 2 levels – Does this include only the facility-based services, or did it go out through the community health service delivery?
- Regarding reimbursement for the private sector service delivery, is there any kind of connection or reimbursement process made?

Data and Digital Governance_Vikas Dwivedi

- In both presentations, governance in stakeholder engagement and private sector was highlighted.
- Serena, there is a working group for governance at HDC. I would request that you come back and share your findings with that working group so that we can incorporate what we are working on.
- Did you get a chance to talk to any private providers? What is in it for them to engage and participate or come together as part of the entire health system? Are there any feedback or lessons that we can learn from?

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In response

MOHP Nepal – Kapil Prasad Timalsena

- The national ID is controlled by the Ministry of Health and Ministry of Home Affairs. We have 753 local-level registration offices. CRVS program is running through these 753 offices.
- National ID is running at the district levels in 77 districts only.
- The national ID is not linked with the health system. It's a unique system that is controlled by the Ministry of Home Affairs It is not shared and not interoperable by any other Ministry.

UNICEF_Serena Chong

- Regarding the inclusion of community health services in my study, this was a remote piece of work, so I did not have access to the field.
- Inclusion of community health organization is a gap in alignment. It needs to be addressed, but there is some level of coordination and alignment.
    - Some organizations do discuss, for example, treatments for vertical diseases, what the referral pathway is, coordinating to avoid overlapping, etc., but it is not systematized.
    - One of my recommendations is to look at systematizing and pull out practices so that it is clear how the work is being coordinated and aligned.
- While I focus on alignment at a macro level, I did not really talk about CRVS. In both countries, CRVS are actually at the government level. In Bangladesh, the responsibility is under the Office of the registrar general. I cannot remember who in Nepal.
    - There is an issue of alignment that is detailed in my report. Strengthening CRVS is also an important piece of the puzzle for alignment and integration.

WHO Nepal_Paban

- NID (National ID) is very good for the health system and the CRVS system. It was initiated by the Ministry of Home Affairs.
- The advantages are establishing a good health system, have good patient data linked to other systems, and good for interoperability.
- Government has plans to cover all countries by 2 years with NIDs. It's a good opportunity for us.

UNICEF_Serena Chong

- I did not have a chance to talk to private sector providers due to time. It was also difficult to make contract with people in country while not being there.
- We did have a lot of thinking and discussion around this, because the incentives for the private sector to align are different. Alignment might not be the right term for thinking about how to engage with the private sector, because their incentives may be for profit or other reasons which may or may not sync with government health priorities.
- I think there is a case for examining how the private sector can be encouraged on how their data systems can interface with the national health information system, but there are issues with

data use, ownership, sharing and privacy. This would be a first step to engage with the private sector.

- The question about incentives for the private sector perhaps requires a broader discussion with the HDC governance working group.

UNICEF-Jennifer Requejo

- Thank you to the Nepal colleagues and Serena for their presentations.
- Serena and Nadege will be presenting again in March, so we can carry on the discussion.
- The 2 presentations from today will be shared with colleagues. Please send your thoughts and comments.
- Great idea for Serena to attend of the governance working group meetings to dig deeper into her findings and recommendations.

Workplan and Governance (15 mins)

Update from donor and GHI constituencies on next steps for work plan (for discussion)

HIS investment case update (for discussion)

HDC Secretariat – Craig Burgess

- Reminder of where we are at with the work plan.
- At last month's SRG, the work plan for HDC for 2022 and 2023 was approved.
- 4 main strategic shifts:
    - Increase diversity in countries and membership.
    - Focus on communication and advocacy strategy (i.e., the website).
    - Scaling up potential alignment and support using regional platforms.
    - Putting together an investment case for health information system strengthening.
- Brief overview of the workplan objectives:
    - To strengthen country capacity around health information systems.
    - To align resources around government-led priorities.
    - To contextualize global tools and products to a local context.
    - Ensure HDC has governance processes and structures in place to provide accountability.
- Would like to target 16 countries in 2022.
- Had a discussion with Nicola and Ernesto who represent the donor constituency.
- Would like emphasize that this is your Health Data Collaborative. It needs political will, and technical and financial resources.
- HDC is not a funding entity per se. Need to manage expectations to ensure we achieve the milestones over the next 2 years and support the workplan.
- Want to separate 2 things:

    - One is the resources for country identified gaps. It will flow directly to countries and be coordinated by local and national coordination mechanisms, mainly though the Ministry of Finance and Ministry of Health.
        - There are 5 countries that have identified their gaps and have rough budget estimates for potential catalytic activities that might take place in the next 2 years to achieve the country's strategic objective in their M&E or data-related plans.
    - Potential resources, political, technical and financial support for the workplan itself.
        - Several deliverables of the working groups are reflected in the work plan.
        - What do you think is the best way to support those deliverables, either financial or in terms of technical resources?
        - Resources wise, Mwenya and I could brainstorm or map out what it might take politically, technically, or financial to achieve this.
- Would like feedback from all constituencies on the best way forward and potentially have a discussion with the donor group and the global health initiatives group.

World Privacy Forum_Pam Dixon

- In terms of data governance, there tends to be a communication issue among government structures in both Bangladesh and Nepal. There are data governance experts within the government, but they tend to be segregated from what's happening in National ID or in the health sectors.
- It is possible to create better communication and that would go a long way in making progress and ensure those already there can work more easily with each other.

HDC Secretariat – Craig Burgess

- We will ask for written input on how people want to address the potential gaps for resourcing, and the workplan within a 2-week framework so that we can plan next steps.

Working Group Updates (10 mins)

Update from working groups

UNICEF-Jennifer Requejo

- Presentations on the working group updates will be shared by email for information due to time constraints.

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Comms and events (5 mins)

HDC Webinar Introduction - Adolescent health data – dashboard presenting key indicators including demographics, national plans and policies, mortality and burden of disease and risk factors. (UNICEF)

UNICEF-Jennifer Requejo

- Presentations on the webinar updates will be shared by email so that colleagues can save-the-date in their calendars.

Next steps: Chair (5 mins)

UNICEF-Jennifer Requejo

- Again, thank you to the Nepal colleagues and the Ministry of Health and Population.
- Thank you to Serena for the presentation and the important questions raised today.
- Craig and Mwenya will reach out to request written feedback on the issue of resources.

Action Points

Action	Person Responsible	Timeframe
Send a copy of presentation slides to HDC Secretariat to share with the rest of the group.	Kapil Prasad Timalsena	DONE
Send Nepal's and Serena's presentations to colleagues.	HDC Secretariat	
Invite Serena to a Governance Working Group meeting.	HDC Secretariat	
Share presentation on the working group updates and webinar to colleagues.	HDC Secretariat	
Send a request by email for written feedback on the issue of resources to achieve the workplan.	HDC Secretariat	