



HEALTH DATA COLLABORATIVE

Note for the Record – Monthly HDC SRG Meeting		
Location: Zoom		
Date: 19 May 2022, 16:00-17:00 CET		
Meeting Chair: Stephen MacFeely (WHO)		
Co-Chairs		
Participants:	Countries	
	Multilateral and Intergovernmental Organisations	Leonard Cosmas (WHO Kenya) Solome Nampewo (WHO Malawi) Harriet Chanza (WHO Malawi) Romesh Silva (UNFPA) Ravi Shankar (WHO) Srdjan Mrkic (UNLIA)
	Donors	Ernesto Lembcke (GIZ)
	GHIs	Emily Bigelow (PHCPI) Heidi Reynolds (GAVI) Steve Ollis (CHISU)
	Civil Society	Maxwell Antwi (PharmAccess Foundation)
	Research, Academia and Technical Networks	Pam Dixon (World Privacy Forum) Kathleen Gallagher (US CDC) Chris Murril (US CDC)
	Private Sector	Patricia Monthe (MEDxHealth)
	Observers	Kirsten Mathieson (Transform Health)
	Working groups:	<i>Data and Digital Governance</i> Vidya Mahadevan (USAID) Vikas Dwivedi Marie Donaldson (CUNY) <i>CRVS</i> Debra Jackson (LSHTM) <i>RHIS</i> Jean Pierre de Lamalle (RHINO) <i>Public Health Intelligence</i> Carrie Eggers (US CDC)
WHO secretariat:	Craig Burgess, Mwenya Kasonde, Alexandra Laheurte Sloyka	
Objectives:		
<ol style="list-style-type: none"> To update on status of HDC country engagement To present updates on the joint HDC and SDG GAP mission to Malawi To follow up on Data & Digital Governance principles for SRG consideration and possible HDC endorsement To present updates on communications and events 		
Agenda:		
1. Welcome and introductions (chair) (5 mins)		



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2. HDC Governance (5 mins)

- Update on SRG representatives and WG co-chairs

3. Country Updates (10 mins)

- Update on HDC country engagement
- Advice on regional support mechanisms: two regional consultant positions and ask SRG for guidance on continuation and modality of work

4. SDG GAP (10 mins)

- Update on joint mission to Malawi

5. Working Group updates (10 mins)

- Data and Digital Governance: follow up principles (for consideration and possible endorsement)

6. Communications and events (15 mins)

- Update on September face to face SRG and how that could link with leadership event in December
- Updates on WHA 75 side events
- Plans for website launch

7. Next steps: Chair (5 mins)



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SUMMARY OF DISCUSSION

Welcome and introductions (chair) (5 mins)

WHO-Steve MacFeely

- Meeting objectives:
 - Update on status of HDC country engagement.
 - Updates on the joint HDC and SDG GAP mission to Malawi.
 - Follow up on Data & Digital Governance principles for SRG consideration and possible HDC endorsement.
- Agenda also includes discussion on governance, updates on working group and events.
- No introductions.
- No other additions to the agenda. Agenda adopted.

HDC Governance (5 mins)

Update on SRG representatives and WG co-chairs

HDC Secretariat-Craig Burgess

- Would like to make everyone aware of the representatives for the HDC Stakeholder Reference Group and their alternates.
- People should be thinking about rotating off after 2 years. There's an exception if you're a constituency or if your group wants you to stay on for another year.
- We will reach out between now and September to ensure stronger constituency collaboration and interaction.
- Same issue with the co-chairs of the 7 technical working groups. We will be approaching those who have been on for 2 years to see if you want to extend for another year.
- This ensures there is fresh ideas and perspectives in the group and that no one person is co-chairing for years and years. It is part of the governance process.

HDC Secretariat-Craig Burgess

- We have written co-chair ToRs that was sent with the pre-reads for the SRG meeting.
- Please have a look at the ToRs and send your comments by Friday, June 3.
- They are still in draft, and comments will be shared with co-chairs for reviewing and finalizing on June 9. Final version will be shared with the SRG at the next meeting.
- We have had incredible chairs, and it is a lot of work to ask of co-chairs. Some working groups have been working really well, and some have been slowing down a bit, so we want to look into the co-chair rotation as the role of co-chair may be overwhelming for some co-chairs especially with what is going on in Ukraine.



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- If there are any co-chairs who are overwhelmed, please let us know, and we can look at who would be interested to become a co-chair from another country or regional area.

Country Updates (10 mins)

Update on HDC country engagement

Advice on regional support mechanisms: two regional consultant positions and ask SRG for guidance on continuation and modality of work

HDC Secretariat-Mwenya Kasonde

- There have been some questions about country engagement, such as modalities, what it means to be an HDC country, the benefits, etc.
- Have 8 very active HDC countries where there is HDC activity going on: Kenya, Malawi, Botswana, Uganda, Tanzania, Zambia, Cameroon, and Nepal.
 - Commend the leadership in each of these countries.
- Bangladesh and Indonesia were previously engaged with HDC but disengaged during the COVID-19 pandemic.
 - We were advised by country offices that it wasn't the right time.
 - We are still trying to re-engage, but progress has been slow. May need to try alternate measures to re-engage, such as UNICEF regional offices as they are quite strong in those 2 regions.
- Myanmar is currently not active.
- Niger has sought support from HDC to set up a national health observatory.
- Have had discussion with Sudan and Pakistan.
- Having ongoing discussions with Burkina Faso and potentially Lao as well.
- 3 principles for country engagement:
 - By invitation, not by selection – The process is country-initiated. All countries are welcome to join the HDC. It is an open platform, and any country that feels they can benefit from HDC can approach us.
 - Often opportunistic – there are opportunities for collective technical support and/or where joint investments have been identified.
 - E.g., Malawi and their request for support on policy direction by the Ministry of Health, and Nepal and their review of their HIS strategy.
 - Aligned at all levels – global and regional support, if required, should be mobilized through requests from countries based on identified needs and reaching out to countries to actively demonstrate the value of an aligned partner response.
- Benefits of being an HDC focus country
 - Political
 - A lot of advocacy goes on in HDC, such as RHIS investment strategy. Had high level leadership events for RHIS and data for decision-making.



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- Focus on case study and knowledge generation. We have done a case study on the alignment of technical and financial investments in Nepal, Bangladesh, Kenya, Cameroon, and Zambia. We also done a case study on COVID-19.
- Technical
 - Access to country, regional and global support, including the technical working group and assets.
 - Knowledge sharing and brokering.
- Financial
 - HDC is not a funding mechanism, but through our networks, we try our best to support resource mobilization and alignments across different departments.
- Types of HDC engagement:
 - Strategic request for collective action to support extensive M&E activities.
 - Focused request for collective action to support a specific M&E activity (e.g., CRVS and MCCOD in Kenya).
 - Specific agency request for technical support (E.g., GIS).
 - Knowledge sharing for ongoing in-country coordination of partner work requiring no international support.
- Modalities for engagement:
 - Most HDC platforms sit under an existing mechanism in-country for M&E coordination.
 - Promote and disseminate standards, tools, approaches developed through HDC with country counterparts and build on existing efforts where possible.
 - Engage a broad range of local partners, such as civil society, private sector, and research and technical institutions.
 - Link to process of using data.
 - Coordinate, harmonize and align partner investments.
 - Measure and document partner alignment and efficiency gains.
 - Disseminate process and lessons learned.
- Information flow for country engagement
 - Countries are made aware of the opportunities of HDC – travelled the Pakistan on a joint mission and engaged with the Ministry of Health about HDC.
 - Countries express interest in receiving technical advice and support.
 - Country requests are shared with the core group.
 - Give partners time to respond to requests. Lead time is at least 6-8 weeks for all strategic requests to prepare and participate.
 - Requests are shared by core team with relevant country and regional focal points to assess interest in engaging.
 - Based on response, agencies inform core team of different agencies engagement interests.
 - Partner focal points identified and relevant stakeholders confirmed.
- Core team/core group include MOH and key development partners as part of the health planning group engaged with data - often this is a mix of multilaterals, donors, CSOs, and GHIs.



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WHO Kenya-Leonard Cosmas

- No additional reflections on the modalities for country engagements.

WHO Malawi-Dr. Solome Nampewo

- No additional reflections on the modalities for country engagements.

WHO-Steve MacFeely

- We have 3 missions planned over the coming year for assessing partner alignment in support of HIS in Nepal, Pakistan, Malawi.
- Before this meeting, there was a meeting discussing the Malawi mission.

HDC Secretariat-Craig Burgess

- As the HDC increases its platform and influences in many countries, one of the main strategies we are looking at is to strengthen the ways in which we engage at regional level.
- One way of doing this is to support regional institutes. 2 regional institutes hosted an event in last December, and we hope one will host another this December.
- Another way is to support and look at regional based offices, mainly multilaterals.
- A third strategy is to build upon our experiences using the 2 consultants, who did fantastic work, to travel to different countries to represent the HDC and support country-based work (e.g., helping Ministries of Health, convening partners, etc.).
- We would value people's thoughts on the 3 potential strategies for strengthening regional support for HDC.
- Consultants' reports are still being edited, but we will circulate them in the next month for everyone's information.

WHO-Steve MacFeely

- There were no comments or objections. I will take that as broad support.

SDG GAP (10 mins)

Update on joint mission to Malawi

HDC Secretariat-Mwenya Kasonde

- We would like to update and invite colleagues to propose a joint mission to Malawi to focus on CRVS and GIS.
- Genesis of this joint mission came from discussion within SDG Global Action Plan Data and Digital Accelerator, which is co-chaired by Craig, who represents WHO; and Rachel Snow, who represents UNFPA.
- There was a lot of interest to support 3 countries in particular: Malawi, Nepal and Pakistan.



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- The third progress report for SDG3 GAP was released today on the website. It is titled “strong collaboration for an equitable and resilient recovery towards the health-related Sustainable Development Goals, incentivizing collaboration”.
- Dates for Malawi are 20th to the 24th of June.
- Had a conversation with the Ministry of Health and the National Registration Bureau. They are on board and look forward to having us in Malawi.

UNFPA-Romesh Silva

- As Mwenya alluded to earlier, the focus is on civil registration and geospatial.
- Work on civil registration is about trying to align some of the excellent SCORE methodology tools that have been developed through the WHO and partners, hosting of the Centre of Excellence for CRVS systems at UNFPA, and closely align with the important work of the UN legal identity agenda and its holistic framework.
- As civil registration and vital statistics is a cross cutting issue, we have been doing consultations through the resident coordinator’s offices and with partners, particularly UNICEF and UNDP as key co-chairs.
 - We have also had discussion with other agencies such as the National Population Commission, National Statistics Office, and WHO on priorities and needs.
- Focus is also to harness the new opportunities that are becoming available with the 2018 census data being released. This is a key opportunity to evaluate the completeness and quality of civil registration in country while also focusing on leaving no one behind and subnational differentials and inclusion in the civil registration system.
- There is a tight connection that we are trying to harness between CRVS in the geospatial work even though there are distinct.
 - We are trying to bring more geospatial analysis to completeness and determinants of under registration in addition to analysis on socioeconomic and demographic factors.

WHO-Ravi Shankar

- I work in the department of data and analytics.
- I want to mention that we recently established a GIS center at headquarters to support various programs.
 - This is timely as there has been a lot of interest from countries, ministries and partners on GIS.
 - Lots of activities and synergies happening on this.
- 4 main activities/objectives to work with partners and UNFPA on:
 - Joint geospatial analytical case studies on mapping access health services – to determine if there is an equitable distribution of hospitals or health facilities.
 - Great time with the recent census.



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- Supporting WHO's global health facility database through census category phase – we have a lot of tools countries can use to visualize for GIS mapping and overlaying other layers for analysis.
- Joint capacity strengthening activities on GIS.
- Online geospatial interface/tools – will jointly work on an e-learning course.

Question

WHO-Dr. Azza Badr

- Many thanks to the HDC Secretariat for supporting the CRVS working group. I don't have much staff in my unit, and they have been acting like my unit in catalyzing Pakistan, Nepal, and Malawi CRVS engagement.
- This is not the first time that CRVS and GIS joined forces. In Djibouti, we have satellite images of burial sites to assess mortality.

WPF - Pam Dixon

- This looks very interesting and looks like a helpful project. I have a couple thoughts to share with you that you may find helpful.
- Geospatial data being appended to a civil registration system is always a bit tricky. There are a lot of different ministries and authorities involved and data governance issues.
 - This would be a good spot issue for the data governance subcommittee to look at to work out how some potential governance may apply. It would be helpful for the folks on the ground in Malawi to have some of that work.
- Malawi created a national identity card in 2017. It is a functional card not a birth registration system, so they have an identity authority set up. I think it would be helpful to connect with that authority and the Malawi Communication Authority who are responsible for Geotech.
- There's an important identity non-profit, called ID for Africa. They work closely with the UN on the SDGs and creating identity ecosystems for everyone.
 - They usually have at least 2 people who are ambassadors to each country. I can check with them to see if they can lend at least one ambassador to give assistance.
 - Ambassadors have put together at least one civil registration system in some African countries.

LSHTM - Debra Jackson

- I don't know about Pakistan and Nepal, but I assume Malawi is a Global Fund Country. Global Fund has been funding and doing work around GIS.
- I can put you in touch with someone (Nick Oliphant) in Geneva, but I think you may want to speak with someone at Global Fund on the ground and the colleagues in the ministry who administer Global Fund funding.



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- To Azza's point and the Secretariat, I want to say how amazing the team has been. It has helped the HDC to be what it was supposed to be all along. Thank you to the whole Secretariat team.
- Thank you from me and our team.

US CDC-Kathleen Gallagher

- CDC has county offices in Bangladesh and Indonesia. If you would like to engage with them to discuss this with MOHs, let us know.

In response

WHO-Ravi Shankar

- Thank you, Debra. We closely work with Nick Oliphant. We had a discussion recently with Global Fund and Michelle, who is a GIS Specialist on the working group and other things in neighbouring countries. It would be good to connect back with them to inform them of the mission as they have been great supporters.

UNFPA-Romesh Silva

- Thank you for your comments and helpful suggestions.
- We are working closely with the UN Development Program (UNDP) in preparation for this mission. We are the provider for some of the main technical assistance for the setup of the national identity system in Malawi.
- This work through SDG3 GAP and HDC of connecting with UN country teams, UNFPA and UNDP has been helpful to ensure alignment. Pam, your point is well taken. The acceleration and proliferation of national ID systems does require very careful alignment with civil registration system.
- There are a number of colleagues who are part of the UN legal identity agenda and engaged on the steering committee of ID for Africa. I think we are quite in touch and abreast of those initiatives.
- Thank you again for noting the importance of in-country alignment for a life force approach to civil registration from birth to death and everything in between.

WHO-Steve MacFeely

- The Malawi mission is going to be very important, and the fact that it is multiagency is great.



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Working Group updates (10 mins)

Data and Digital Governance: follow up principles (for consideration and possible endorsement)

USAID-Vidya Mahadevan

- This was discussed at the last meeting, but we did not have time to get too much into discussions. I wanted to circle back.
- The health data governance principles were developed, because there aren't any specific to health data governance or are not open sectoral worldwide.
 - There are a number of organizations that have data governance principles specific to their work, such as WHO principles.
- These are a community-driven effort (by civil society). The approach was bottom up for development.
 - In our last discussion, there were questions about how these are different and what the value add is. Kirsten will talk about that today.

Transform Health - Kirsten Mathieson

- We see these principles as building on and recognizing norms, principles and guidelines to help strengthen health data governance ecosystems.
- The unique value adds and differentiators of these principles compared to others are the process through which they were developed, their applicability and their framing and content. Different stakeholders were consulted meaningfully (through the bottom-up process).
- Process lasted over a year.
- Website has a user guide that highlights how they can be applied to different stakeholder groups.
- Overview of the principles:
 - Bringing a strong human rights and equity lens for the use of data within and across health system.
 - Goes beyond the core principles to equitably distribute health benefits for delivering universal health coverage. Have universal health coverage at their core.
 - Oriented towards supporting sustainable and resilient public health systems.
 - Aim to align different stakeholders, policymakers, private sector, donors, civil society around what an equitable and health data governance should look like that all communities can benefit from. This is to maximize the public value of health data whilst protecting individual rights.
- Principles have been endorsed by over 90 organizations.



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Questions

WHO-Steve MacFeely

- The questions I had last time were about why health specifically. I think you answered that. I have no objection to it at all. I asked because we see a kind of proliferation of health or health data governance standards.
 - My fear is that by doing that, we run the risk of diluting the existing standards.
- The main questions from the last meeting and today is will the HDC endorse these principles? That is, to put our logo and to support these. Are there any objections?

LSHTM - Debra Jackson

- As working groups are working through HDC, they produce guidelines, such as community health and CRVS, and report. I don't know how many of them actually has the HDC logo on it. In the past, HDC has been pretty wide about it.
- It would be nice to have a section on the website on governance to include all of the principles Craig mentioned and include a blurb about how you use them separately. That would be helpful.
- It's mainly about sharing the work that we're doing rather than endorsement.
- It would be interesting to see what on the website have logos. I think some things went on with the logo and some without. A conscious decision to use the logo should be something that the steering committee and the broader membership should think about.
- It would be good for Mwenya and/or Alex to look at which documents have logos and which do not. The larger group might want to know to make a decision.

RHIS-Jean Pierre de Lamalle

- For endorsement, I am wondering if there is an official body that should be doing that?

In response

USAID-Vidya Mahadevan

- Thank you, Steve. We do take the point that a lot of these apply to other sectors as well, but there are a number of sensitivities around the health sector that make it more unique and specific.
- There have been questions from some stakeholders about what endorsement means. This is not legally binding.
 - This would be like the principles for digital development. These will be incorporated in our work and as relevant, applied, to move towards best practice.
 - They provide a common language for us to refer to best practices and is an opportunity to better articulate how we are moving forward and how we are doing with data.



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HDC Secretariat-Craig Burgess

- In the past when the HDC logo has been put on a tool or product, that means it has gone through an HDC process that includes partners. It's not actually an endorsement but a significant stamp that you've consulted widely through the HDC process.
- It is not legally binding as the HDC is an informal collaborative.
- My other suggestion is to be quite clear when you're communicating that these are not necessary the HDC Data Governance Principles. They are governance principles for a working group and are above and beyond the UN and WHO data principles. I would also include nuanced communication about how these might be used.
- Any suggestions on improving this process are welcome and possible suggestions for our governance and putting on logos in future.

USAID-Vidya Mahadevan

- Great point, Craig. These are intended to live in a public domain and are not specific to one organization, working group or coalition.
- They have been stewarded by Transform Health and supported heavily by our working group. There has also been input from a number HDC members through the public consultation process.

WHO-Steve MacFeely

- In the interim, we can say we are happy to put it on the website and then maybe we need to have a separate discussion about process for putting logos on things, and what it might mean by doing that.
- As an immediate action, there seems to be a trend towards creating a governance piece of the website and putting the principles there. There seems to be support for that.
- From our own governance perspective, if we don't have a process, then maybe we need to think about that collectively. We can return to this.

PharmAccess Foundation-Maxwell Antwi

- I've been part of the Transform Health initiative, but I understand the point about looking at the general process of endorsement by the HDC and whether it fits in.
- My only challenge is the timeline. The idea was to work towards the WHA to put it on the website.

HDC Secretariat-Mwenya Kasonde

- I just want to quickly mention that the principles will be discussed further at WHA75 side event for those in Geneva on the 25th of May at the Intercontinental Hotel.



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Communications and events (15 mins)

Update on September face to face SRG and how that could link with leadership event in December

Updates on WHA 75 side events

Plans for website launch

HDC Secretariat-Craig Burgess

- Regarding the September SRG, we have been thinking about having a face-to-face SRG meeting. We are suggesting that our September SRG meeting, together with the co-chairs of the working groups, be face-to-face in Geneva.
- That provides an opportunity to plan more effectively, exchange ideas, and prepare for December which is more about leadership meeting hosted by a regional institute.
- Dates have not yet been confirmed. We are looking at the end of September.
- We welcome agenda items for September.
- There will be small amounts of funding available for country-based colleagues, civil society and one or two others for travel. We look forward to seeing everyone in person.

HDC Secretariat-Mwenya Kasonde

- The World Health Assembly is another side event being organized and co-chaired by the government of Malawi, the US Government, and an organization known as Cooper/Smith.
- If anyone is interested in joining, it is about “experiences and achievements in use of Digital Health towards Universal Health Coverage.”

Action Points

Action	Person Responsible	Timeframe
Follow up with Pam, Debra and Kathleen about contacts with other organizations.	HDC Secretariat	
Include discussion on the use of the HDC logo and what it means on the agenda for the next meeting.	HDC Secretariat	