

Terms of Reference for the Regional Advisory Group on Digital Health

Digital Health stands as a pivotal domain in advancing both individual health impacts and the delivery of health services, spanning clinical care levels to broader public health settings. This rapidly evolving field holds the potential to be a linchpin for countries striving to achieve crucial health outcomes.

Under the guidance of the Assistant Regional Director (ARD), the Science, Innovation, and Digital Health Unit at the Regional Office for Africa (AFRO), are unwaveringly committed to augmenting digital health capabilities in Member States across the African Region. This dedication has translated into significant milestones, including contributions to the Global Strategy on Digital Health 2020-2025, the endorsement and enactment of the WHO Africa Region's digital health strategy and resolution in 2020, the establishment of the Digital Health action framework in August 2021, and the release of an Artificial Intelligence (AI) governance and ethics document in June 2021. Central to the unit's mission is the support extended to Member States in formulating and executing robust Digital/eHealth strategies, amplifying telemedicine, and delivering technical support through capacity-building endeavours.

The COVID-19 pandemic, while revealing vulnerabilities in health systems, has also underscored the immense opportunities presented by digital health. Against this backdrop, the focus is on ensuring the equitable and safe utilization of digital tools, supported by robust governance structures. The pandemic has witnessed a significant uptake in the adoption of digital health measures, emphasizing its role in expediting the region's Universal Health Coverage goals.

Despite the varying degrees of implementation of digital health strategies among Member States, there is a prevailing issue of fragmented and uncoordinated execution of strategic digital health programs. The current landscape involves small-scale pilots employing a plethora of tools and software solutions, often falling short of addressing the real challenges faced by Ministries of Health. Consequently, there is an urgent need to streamline ongoing and future activities within the digital health domain, encompassing programs and clusters in the region. The current breadth of digital health activities demands an immediate consolidation of efforts and the development of a strategic program that is not only impactful but also sustainable over time.

Recognizing the critical need to leverage digital tools and innovations in healthcare, given the dynamic landscape of emerging technologies, the establishment of a Regional Advisory Group on Digital Health (RAG-DH) is considered vital. This importance stems from the essential requirement for structured, consistent, and unbiased knowledge dissemination on digital health, ensuring their effective scaling in appropriate contexts with the support of member states and the Regional office. The complexity, diversity, and rapid emergence of digital health underscore the need for a knowledgeable body of experts to provide advice on scientific matters, especially in health and health technology innovations.

The Regional Advisory Group on Digital Health (RAG - DH) aims to act as an advisory body on global and regional policies and strategies related to digital health. The RAG-DG will provide

recommendations on the adoption of digital health tools, policies in health systems, particularly in the African region.

The Advisory Group (the “AG”) will act as an advisory body to WHO in this field.

I. Functions

In its capacity as an advisory body to WHO, the AG shall have the following functions:

1. To review the progress against the WHO AFRO digital health strategy and regional digital health programs, with a focus on identifying emerging trends and gaps.
2. To identify the required digital health components across key strategic areas, encompassing leadership & governance, strategy & investment, ethics and risks, services & applications, infrastructure, interoperability, legislation & policy, and workforce development.
3. To recommend:
 - Strategic priorities and interventions for digital health development, taking into account disease burden, technological applications, and LMIC resource constraints.
 - Policies for long-term and integrated capabilities, and access to digital health innovations as a critical element of the WHO Triple Billion Goal.
 - Enhancements to the WHO AFRO Digital Health Team's functions focusing on planning, management, information gathering, analysis, and stakeholder engagement.
 - Relevant digital health applications and services tailored for LMICs and low-bandwidth environments, including mHealth solutions, open-source platforms, virtual hospitals, cloud services, and community-based interventions.
4. To advise on:
 - The pipeline of existing and emerging digital health innovations and suitable applications and partnerships for scaling-up.
 - Expert advice on program management, stakeholder engagement, clinical safety, management operations, monitoring & evaluation, outcome management, and policy oversight.
 - Collaboration and synergistic work with other regional organizations supporting digital health will be advised, including engagement in partnerships for development, access, and scaling up.
 - The sustainability and scalability of digital health interventions for long-term impact and cost-effectiveness.
 - Identification, harmonization, and implementation of appropriate regional and international standards, norms, and interoperability frameworks for digital health solutions and platforms across the health ecosystem.
5. To review and make recommendations on:
 - The research agenda for digital health evidence by recommending research priorities and methodologies for studies evaluating the effectiveness, cost-effectiveness, and scalability of solutions in the region.
 - Timelines and processes for developing and implementing the regional digital health strategy and plans, with a focus on monitoring progress and adherence to agreed steps.
 - Resource mobilization strategies for Digital Health, encompassing financial resources, human resources, technology, infrastructure, and data.

- Awareness and political support through effective and timely communication, with a focus on digital health planning and development.

II. Composition

1. The AG shall have up to 15 members¹, who shall serve in their personal capacities to represent the broad range of disciplines relevant to Digital Health. In the selection of the AG members, consideration shall be given to attaining an adequate distribution of technical expertise, geographical representation and gender balance.
2. Members of the AG, including the Chairperson, shall be selected and appointed by WHO following an open call for experts. The Chairperson's functions include the following:
 - To chair the meeting of the AG; and
 - to liaise with the WHO Secretariat between meetings.

In appointing a Chairperson, consideration shall be given to gender and geographical representation.

3. Members of the AG shall be appointed to serve for a period of 2 years and shall be eligible for reappointment. A Chairperson is eligible for reappointment as a member of the AG, but is only permitted to serve as Chairperson for one term. Their appointment and/or designation as Chairperson may be terminated at any time by WHO if WHO's interest so requires or as otherwise specified in these terms of reference or letters of appointment. Where a member's appointment is terminated, WHO may decide to appoint a replacement member.
4. AG members must respect the impartiality and independence required of WHO. In performing their work, members may not seek or accept instructions from any Government or from any authority external to the Organization. They must be free of any real, potential, or apparent conflicts of interest. To this end, proposed members/members shall be required to complete a declaration of interests form and their appointment, or continuation of their appointment, shall be subject to the evaluation of completed forms by the WHO Secretariat, determining that their participation would not give rise to a real, potential, or apparent conflict of interest.
5. Following a determination that a proposed member's participation in the AG would not give rise to a real, potential, or apparent conflict of interest, the proposed member will be sent a letter inviting them to be a member of the AG. Their appointment to the AG is subject to WHO receiving the countersigned invitation letter and letter of agreement. Notwithstanding the requirement to complete the WHO declaration of interest form, AG members have an ongoing obligation to inform the WHO of any interests real or perceived that may give rise to a real, potential or apparent conflict of interest.

¹ Members serve as full participants and partake in the deliberations and the adoption of the recommendations of the meeting in which they are involved.

6. As contemplated in paragraph II.4 above, WHO may, from time to time, request AG members to complete a new declaration of interest form. This may be before a AG meeting or any other AG-related activity or engagement, as decided by WHO. Where WHO has made such a request, the AG member's participation in the AG activity or engagement is subject to a determination that their participation would not give rise to a real, potential or apparent conflict of interest.
7. Where a AG member is invited by WHO to travel to an in-person AG meeting, WHO shall, subject to any conflict of interest determination as set out in paragraph II.6 above, issue a letter of appointment as a temporary adviser and accompanying memorandum of agreement (together 'Temporary Adviser Letter'). WHO shall not authorize travel by an AG member, until it receives a countersigned Temporary Adviser Letter.
8. AG members do not receive any remuneration from the Organization for any work related to the AG. However, when attending in-person meetings at the invitation of WHO, their travel cost and per diem shall be covered by WHO in accordance with the applicable WHO rules and policies.

III. Operation

1. The AG shall normally meet at least twice each year. However, WHO may convene additional meetings. AG meetings may be held in person (at WHO AFRO in the Republic of the Congo, or another location, as determined by WHO) or virtually, via video or teleconference.

AG meetings may be held in open and/or closed session, as decided by the Chairperson in consultation with WHO.

- (a) Open sessions: Open sessions shall be convened for the sole purpose of the exchange of non-confidential information and views and may be attended by Observers (as defined in paragraph III.3 below).
- (b) Closed sessions: The sessions dealing with the formulation of recommendations and/or advice to WHO shall be restricted to the members of the AG and essential WHO Secretariat staff.

2. The quorum for AG meetings shall be two thirds of the members.
3. WHO may, at its sole discretion, invite external individuals from time to time to attend the open sessions of an advisory group, or parts thereof, as "observers". Observers may be invited either in their personal capacity, or as representatives from a governmental institution / intergovernmental organization, or from a non-State actor. WHO will request observers invited in their personal capacity to complete a confidentiality undertaking and a declaration of interests form prior to attending a session of the advisory group. Invitations to observers attending as representatives from non-State actors will be subject to WHO internal due diligence and risk assessment including conflict of interest considerations in accordance with the Framework for engagement with non-State actors (FENSA). Observers invited as representatives may also be requested to complete a confidentiality undertaking.

Observers shall normally attend meetings of the AG at their own expense and be responsible for making all arrangements in that regard.

At the invitation of the Chairperson, observers may be asked to present their personal views and/or the policies of their organization. Observers will not participate in the process of adopting recommendations of the AG.

4. The AG may decide to establish smaller working groups (sub-groups of the AG) to work on specific issues. Their deliberations shall take place via teleconference or videoconference. For these sub-groups, no quorum requirement will apply; the outcome of their deliberations will be submitted to the AG for review at one of its meetings.
5. AG members are expected to attend meetings. If a member misses two consecutive meetings, WHO may end his/her appointment as a member of the AG.
6. Reports of each meeting shall be submitted by the AG to WHO (the Assistant Regional Director). All recommendations from the AG are advisory to WHO, who retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the AG.
7. The AG shall normally make recommendations by consensus. If, in exceptional circumstances, a consensus on a particular issue cannot be reached, minority opinions will be reflected in the meeting report.
8. Active participation is expected from all AG members, including in working groups, teleconferences, and interaction over email. AG members may, in advance of AG meetings, be requested to review meeting materials and to provide their views for consideration by the AG.
9. WHO shall determine the modes of communication by the AG, including between WHO and the AG members, and the AG members among themselves.
10. AG members shall not speak on behalf of, or represent, the AG or WHO to any third party.

IV. Secretariat

WHO shall provide the secretariat for the AG, including necessary scientific, technical, administrative and other support. In this regard, the WHO Secretariat shall provide the members in advance of each meeting with the agenda, working documents and discussion papers. Distribution of the aforesaid documents to Observers will be determined by the WHO Secretariat. The meeting agenda shall include details such as: whether a meeting, or part thereof, is closed or open; and whether Observers are permitted to attend.

V. Information and documentation

1. Information and documentation to which members may gain access in performing AG related activities shall be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. In addition, by counter signing the letter of appointment and the accompanying terms and conditions referred to in section II (5) above, AG members undertake to abide by the confidentiality obligations contained therein and also confirm that any and all rights in the work performed by them in connection with, or as a result of their AG-related activities shall be exclusively vested in WHO.
2. AG members and Observers shall not quote from, circulate, or use AG documents for any purpose other than in a manner consistent with their responsibilities under these Terms of Reference.
3. WHO retains full control over the publication of the reports of the AG, including deciding whether or not to publish them.