**Digital Health Steering Committee**

**Terms of Reference (ToR)**

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# General ToR for Steering Committee

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| **Name** | **Digital Health Steering Committee** | |
| **Date** | Review by  Name:  Position:  February 01st, 2023 | Approve by  Name:  Position:  February 01st, 2025 |
| **Definitions** | * **Digital health:** An intersection between technology and healthcare. It applies a digital transformation to healthcare, incorporating software, hardware, and services. It includes mobile health (mHealth) apps, electronic health records (EHRs), electronic medical records (EMRs), wearable devices, telehealth, and telemedicine. * **Steering committee:** Committee that provides guidance, direction, and control to a project within an organization. The term is derived from the steering mechanism that changes the steering angle of a vehicle's wheels. | |
| **General Objective** | To oversee the digital health process and provide advice and guidance on using information technology in the health sector to enhance national health systems and outcomes appropriately and responsibly. | |
| **Specific Objectives** | The Digital Health Steering Committee's specific objectives are to   1. Act in the best interests of patients. 2. Continuously and highly improve the quality of healthcare service provision. 3. Advise, advocate, monitor, evaluate, and participate in planning and analysis, design, development, testing, deployment, and maintenance of digital health solutions in Liberia 4. Develop documents describing what the Digital solutions will do and how they will perform. 5. Ensure the completeness, accuracy, consistency, validity, uniqueness, and integrity of Digital health solutions. 6. Consider the ethical issues, privacy, and legal requirements involved in digital health. 7. Support engagement with external stakeholders on digital health solutions (government, health care providers, and referrers) 8. Oversee the development of standardized HIE components. 9. Identify the future direction of digital health and the need to respond to potential developments via governance, and other means | |
| **Scope** | 1. Approve new Digital health Solutions 2. Propose and generate additional Digital Health projects Council/Board approval 3. Develop policies and guidelines governing Digital Health 4. Inform and optimize digital health policies and governance 5. Inform digital health research and development needs 6. Update List of all Digital Solution, assets, Users of the system 7. Approve and provide a report to the ethical committee on research and grant involving Digital solution | |
| **Reporting** | * Must provide a brief written summary report (maximum length 2 pages) * A quarterly report to MoH and Cc to stakeholders. * Participant should use both e-signature and doc-sign * Must keep minutes of meetings and ensure that a copy is kept by the TWG Secretary. | |
| **Membership** | Unless MoH Liberia determines otherwise, the membership shall include a minimum of three members. The representation requirements of the steering committee will determine the maximum number of members required. A good size for a steering committee is typically between 3 and 15 members. Membership must include:  **Leaders**   * **Chair:** MoHDivision manager (MoE, HIS, Research) * **V/chair:** Health informatics Dean inPublic Health Colleges or Universities   **Members**   * Health Informatics Specialist HIS * MOH Planning Department (Statistician) * Health Information Management Division * Pharmacy Department iLMIS * Sector Monitoring Evaluation & Research * ICT manager * Strategic information advisor * Human Resource Department iHRIS   **Temporally one**:   * Health service Program manager (If Needed) * Investors (If Needed) * Consultants (If Needed) | |
| **Terms of membership** | **Chair:** A Chair will be appointed for the duration of the Working Group.  To note: Health informatics Dean inPublic Health Colleges or Universities  **Member term:** For the term of the Working Group  **Secretary:** Selected by the Chair | |
| **Meetings** | **Meeting frequency**  The Steering Committee will meet via video conference or physically at MOH as required, quarterly.  **Quorum**   * Composed of more than half of the members. * If there are fewer than five members, the minimum quorum shall be no less than three.   Secretariat support: Draft and distribute minutes of meetings, and prepare and receive correspondence.=  **Resolutions**  Must be passed with majority support. If voting is tied, then the Chair has the casting vote or the authority to raise the issue and final decision. | |
| **Responsibilities of Working Group members** | **Conduct**  All Working Group members are required to   * Attend Technical Working Group meetings and actively participate in discussions at these meetings. * Read and consider agenda papers and minutes of meetings. * Act with care and diligence and in the best interests of the Digital Health steering committee. * Support the development of SOPs, policies, and procedures   **Conflict of Interest** Members will be required to complete a statement of conflicts of interest and to declare any further potential conflicts of interest that may arise. These are to be recorded in the minutes/reports of the relevant meeting.  **Dispute** Disputes that cannot be satisfactorily resolved within the Working Group will be referred to the V/chair.  **Meeting attendance** All members are to sign the attendance and (if necessary) send their apologies as early as possible before any video/teleconference meeting of the Working Group.  If unable to attend Working Group meetings, members are encouraged to provide comments on the meeting report.  **Confidentiality** Steering Committee members are required to maintain confidentiality on matters of importance to Digital Health Liberia.  **Code of Ethics** **Mutual respect:** *E*veryone is valued for who they are and what they bring to the table.  **Responsibilities of the Chair**   * The Chair will approve the agenda for each meeting and chair meetings. * The Chair will be responsible for reviewing the draft minutes so that they can be sent to decision-makers. | |

# B. General ToR for Technical Committee

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| **Name** | **Digital Health Technical Committee** | |
| **Date** | Review by:      Name:  Position:  February 01st, 2023 | Approved by:    Name:  Position:  February 01st, 2023 |
| **Definitions** | * **Digital health:** An intersection between technology and healthcare. It applies a digital transformation to healthcare, incorporating software, hardware, and services. It includes mobile health (mHealth) apps, electronic health records (EHRs), electronic medical records (EMRs), wearable devices, telehealth, and telemedicine. * **Technical Working Group:** Practitioners working in the same country or region with the ability to coordinate activities and align resources to better work toward common objectives in their sector or area of expertise. For example, a TWG can be set up around Digital Health technology. | |
| **General Objective** | To identify services needed at different stages of the digital health project life cycle up to successful project completion. | |
| **Specific Objectives** | The Digital Health Steering Committee's specific objectives are to:   * Act in the best interests of patients. * Oversee the development of standardized HIE components. * To oversee the digital health process and provide advice and guidance to the digital steering committee. * To desired services that can reasonably be provided within the framework of the project. * To identify and define what is expected from the * project and who the target audience is. * To provide decision-makers with sufficient information necessary for acceptance or rejection of the proposed Digital Health projects. * To ensure the project remains relevant and reasonable in legal, economical, and technical terms. | |
| **Scope** | * Efficiently demonstrate how the available resources were transformed into the desired outputs in terms of quantity, quality, and time. * Present and analyze the relevance or applicability of digital solutions. * Effectively show the outputs of the digital solution. * Analyses the impact and plans for the sustainability of the project’s outcomes after funding ends. | |
| **Reporting** | * Must provide a brief written summary report (maximum length 2 pages). * A weekly report to MoH and Cc to stakeholders. * Participants should use both e-signature and doc-sign. * Must keep minutes of meetings and ensure that a copy is kept by the Steering Committee Secretary. | |
| **Membership** | Unless MoH Liberia determines otherwise, the membership shall include a minimum of three members. A good size for a technical committee is typically between 3 and 9 members. Membership must include:  **Leaders**   * **Manager:** Responsible for facilitating the team and the product owner to work on the day-to-day development activities.   **Members**  The team is composed of:   * Clinician (1) * Software Developers (1) * Business Analyst (1) * IT Technicians (1) * Health informatics (1) * Statistician (1)   **Temporally:**   * Health care service Program manager (Owner) * Investors (If Needed) * Consultants (If Needed) * Even if the Health care service Program manager (Owner) is considered as a temporal member, it is the Owner or end user in the project and is the one to decide the successful completion of the project. | |
| **Terms of membership** | **Manager:** He/she will be appointed by Digital Health Steering Committee.  **Member term:** For the term of the Working Group and appointed by Digital Health Steering Committee  **Secretary:** Selected by the Manager. | |
| **Meetings** | **Meeting frequency**  The Steering Committee will meet via video conference or physically at MOH as required, Every week, Friday (9:00 AM -10:00 AM) Greenwich Mean Time - Monrovia.  **Quorum**   * Composed of more than half of the members. * If there are fewer than five members, the minimum quorum shall be no less than three.   **Resolutions**  Must be passed with majority support. If voting is tied, then the Manager has the casting vote or the authority to raise the issue and final decision. | |
| **Responsibilities of Working Group members** | **Conduct**  All Technical Group members are required to   * Attend meetings and actively participate in discussions at these meetings. * Read and consider agenda papers and minutes of meetings. * Act with care and diligence and in the best interests of the Digital Health steering committee. * Support the development of SOPs, policies, and procedures.   **Conflict of Interest**  Members will be required to complete a statement of conflicts of interest and to declare any further potential conflicts of interest that may arise. These are to be recorded in the minutes/reports of the relevant meeting.  **Dispute**  Disputes that cannot be satisfactorily resolved within the Technical Group will be referred to the Steering Committee. **Meeting attendance**  All members are to sign the attendance and (if necessary) send their apologies as early as possible before any meeting. If unable to attend meetings, members are encouraged to provide comments on the meeting report.  **Confidentiality**  Steering Committee members are required to maintain confidentiality on matters of importance to Digital Health Liberia. Code of Ethics.  **Mutual** **respect**:  Everyone is valued for who they are and what they bring to the table.  **Responsibilities of the members:**   * Attendance and Sign the reports. * Managers are responsible for submitting reports to the Upper Lever. | |

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# C. ToR for EPI’s Technical Working Group

**Background**

Liberia’s routine Expanded Program on Immunization (EPI) was launched in 1978 with the introduction of four vaccines for the prevention of a range of illnesses, mainly those that afflict children the age of five years old.

The ultimate goal of the program is to reduce morbidity and mortality of vaccine-preventable diseases amongst immunization target groups (Children 0-23 months; Adolescent girls 9 years; and women of childbearing aged 15-49 years) in Liberia. Since 2017, eight new vaccines have been introduced in Liberia including HPV, Yellow Fever, and Rota, amongst others to prevent a number of diseases such as Yellow Fever, Pneumonia, Diarrhea, Meningitis, Cervical Cancer, Hepatitis B, and many others.

Aside from the Central Vaccine storage in Monrovia, the EPI Program operates two regional stores supporting routine vaccination in over 600 health facilities and their catchment communities. The routine immunization system is largely manual using paper forms and excels spreadsheets making data management slow and cumbersome and prone to errors that affect the quality of immunization data. With the launch of the Immunization Agenda 2030, it is critical for the Liberia EPI program to ensure no one is left behind and guarantee zero doses and under-immunized children are identified and reached with immunization services.

The Ministry of Health, NPHIL, and partners have deemed that the most sustainable, efficient, and productive way to manage the immunization program is to integrate all immunization activities, using the experience from the Polio Program, into routine mainstream activities. This is to provide an opportunity wherein COVAX COVID can now be integrated into the routine program.

**Objectives**

The MOH and partners requested UNICEF to coordinate a technical working group (TWG) to provide business requirements for an integrated immunization information system, well-articulated with the Liberia digital health ecosystem.

The technical requirements will inform the development of an integrated digital vaccine data management platform. This platform will incorporate all vaccines in the routine immunization program, their schedules, routes of administration, target groups, and ages.

**Scope of the TWG**

* Review, guide, and adapt on the country, regional, and global supportive policies for the development, approval, and uptake of the integrated digital vaccine data management platform
* Establish and coordinate partnerships between government, partners, and other stakeholders to -
* Guide, advise and recommend the design and development of both functional and non-functional requirements documentation for the integrated digital vaccine management platform
* Guide the systems development cycle on enablers for interoperability and interaction with other platforms in the ecosystem (interoperability with other and system and the possibility to sync historical data from the COVID-19 vaccination platform
* Guide, review and advise on the entire software development cycle including data security, privacy, costed plan development, and roadmap.
* Establish an engagement plan to apply all available country expertise and incorporate insights through feedback loops for the entire system lifecycle.
* Explore tools, best practices, and approaches especially digital health public goods for adaption and guidance in the development lifecycle.
* Advise on collaborative activities into all relevant lifecycle activities including identification of indicators to measure and evaluate progress.
* Guide and facilitate the Electronic Immunization Registry readiness (EIR) assessment to define ecosystems readiness to deploy a registry at scale including understanding the challenges and ecosystem enablers for integrated immunization patient-level system

**Expected output**

* Digital requirement document
* EIR readiness assessment report
* Costed implementation plan/roadmap

**TWG membership**

**Chair:**

* MOH: ICT, HMIS, etc. (please add)
* Partners: CDC, UNICEF, HISP WCA, etc. (please add)

**Duration and Meeting Frequency**

Twice monthly for two hours.