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Report

Digital Health Leadership Capacity Building: A Global Approach | Wilton Park 1730

Sunday 3 November – Wednesday 6 November 2019

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Executive Summary

Digital health technologies offer significant opportunities to revolutionize how health care is delivered and transform health outcomes in developing countries. They can enable better collection and sharing of information, improve quality and reach of health service delivery, and enhance decision-making by governments, health workers, and individuals.

> *"The potential of Digital Health to advance the Sustainable Development Goals (SDGs) and to support health systems in all countries, in health promotion and disease prevention has been widely recognized. To deliver its potential, national or regional Digital Health initiatives must be guided by a robust strategy that integrates financial, organizational, human and technological resources."*[1]

Government leaders play a vital role in developing 'robust strategies'. Effective leadership is also indispensable in responding to the ongoing challenges of fragmentation in digital health investments, limited data interoperability capacity within and between countries, and the absence of legislation and policies that promote digital health systems.

Yet major reform cannot take place simply with compelling rationales. Transforming entire health systems requires leadership and buy-in. Currently, many Ministries of Health and ICT have neither individuals nor teams with sufficient understanding on how national health systems can implement digital health strategies. Reforming entire systems, which has time-honoured ways of delivering and managing a nation's health, needs leaders to inform, inspire and instigate change across national health systems.

The *Digital Health Leadership Capacity Building: A Global Approach* event at Wilton Park was convened to address this leadership challenge. Participants from 23 countries (15 of which were low or middle income) came together to consider a proposed Digital Health Leadership (DHL) Program that would meet developing country needs and could be implemented in a coordinated way by multiple providers, with support from governments and donors.

[1] WHO Draft Global Strategy on Digital Health 2020-2024

Key Findings and Recommendations

- Digital health leadership capacity-building matters: despite advances made by many low-and middle-income (LMICs) countries on the development of their strategies, policies and architectures there is still a need for greater institutional support for the development and implementation of national digital health policies and strategies[2].
- Current trainings do not fully meet digital health leadership capacity-building needs: trainings frequently do not focus enough on implementation, and they rarely include leadership and management skills development. As a result, teams do not have a common understanding on how to move from digital health strategy to implementation, and the inefficiency, duplication and inability to scale is leading to sub-optimal outcomes. This leads to donors being frustrated that investments in national digital health strategies are not being optimally deployed.
- Leadership development is vital to empower health leaders to drive systemic change in their countries, yet it rarely features in digital health trainings which tend to favour technical skills-building.
- Global partners and donors may lack understanding of digital health systems; staff from these organisations could also benefit from the kind of substantive training that the DHL Program promises to offer.
- The proposed DHL Program should take a modular, blended learning approach; this will enable personalised learning pathways to best meet country priorities and the learners' professional needs. A modular, blended learning approach will also allow for some self-pacing through the program; this will provide opportunities for learners to reflect on the knowledge and skills they've acquired and to apply them in their day-to-day work.
- Leadership development for teams, not only individuals, should be encouraged. This will help create accountability between DHL Program learners as well as support institutional capacity building. Investing in teams responds to the increasing pace of decentralization of responsibility and recognizes that leadership is (or should be) dispersed within teams, not vested in only one person.
- Coaching will be a critical part of the DHL Program: coaching offers a safe environment for learners to engage with each other, reflect on their work, and challenge ideas. Regular coaching will help promote trust-based relationships between learners and could lead to the development of a global digital health alumni network over the longer term.
- Peer-to-peer learning provides opportunities for knowledge exchange and continuing professional development; the DHL Program should partner with existing digital health networks and communities of practice to enable learners to draw on their expertise and the range of services they offer their members.

[2] WHO ibid

- Certification (including awards, badging and other forms of recognition) will be an incentive for learners to remain engaged with the DHL Program. Endorsement from globally recognised entities such as WHO and ITU will be important to secure buy-in from Ministers for the program. Longer term, the DHL Program should also seek accreditation from Universities and explore the potential for the program to be integrated into University under- and post-graduate offerings.
- Universities have an important role to play beyond accreditation; they could potentially share content with the DHL Program, as well as be a source for learning facilitators, coaches and course developers. They also have a role to play in monitoring, research and evaluation.
- There are three potential 'customers' for the DHL Program: two in government and a third, broad 'partner' category which includes global health organisations, donors and communities of practice. The first customer group are the Ministers who will need to buy into the value of the DHL Program – they will be crucial for its sustainability and success. The second customer group – and primary audience for the program – are the technical experts charged with advising Ministers and implementing strategies. Customers in the third group can engage by enrolling their staff/grantees on the program and by acting as ambassadors for the program through their networks.
- The DHL Program will need robust governance and management structures in place to ensure quality of the content, effective stakeholder engagement and administration of the wide range of other activities (including learner and coach recruitment, M&E, marketing) that will be core to the success of the program.
- Potential next steps could include developing a Request for Proposal (RFP) for design, development, launch and implementation of the DHL Program. No single organisation can deliver what's needed and a consortium approach should be considered, which brings together a diverse skill/experience mix.
- African and Asian leadership of the DHL Program will be critical; countries should be invited early on to actively contribute to the planning and implementation of the program.

The report provides further detail of the key findings and recommendations above.

1. Introduction

Realising the promise of digital health technologies and reducing fragmentation in digital health investments requires a new approach. Recognising this, a shift is underway in LMICs to prioritise funding for implementation of country-led national digital health strategies. These digital health strategies are increasingly grounded around infrastructure and systems, rather than products and projects, which requires a deeper understanding of the technical requirements than is traditionally found in the health sector.

In response to this need, training and education institutions have begun to provide online and in-person courses and workshops on digital health leadership capacity building. The World Health Organization (WHO) International Telecommunication Union (ITU), donors and others have created digital health

guidance and toolkits and are keen to see these resources integrated into digital health trainings in a systematic way so they can be used effectively by Ministries of health and program implementers.

However, it has become evident that most digital health trainings do not share a common approach, and that terminology and references to guidance and toolkits is inconsistent across different courses and workshops. The proposed Digital Health Leadership (DHL) Program addresses these issues. It will be developed in partnership with governments, global health experts, academics and others, to promote a harmonised approach to digital health capacity building and ensure that digital health terminology, and the promotion of core tools, guidance documents and frameworks, is standardized and expertly disseminated.

Over the course of three days, participants at the Wilton Park dialogue were invited to consider the following matters:

- Why digital health leadership capacity building matters;
- The proposed DHL Program model and content;
- The learner 'audience' most likely to benefit from the proposed DHL Program;
- How coaching and peer-to-peer learning could be effectively integrated into the DHL Program and used to introduce personalised learning journeys/application of learning to practice;
- What governance and management structures would be required to develop, implement and evaluate the DHL Program; and
- Potential next steps and commitments/interest in continuing engagement in the DHL Program

Sections 2-6 below outline the key points that emerged during discussions, including the audience for the DHL Program, content and pedagogy, the importance of focusing on leadership skills as well as addressing technical skills gaps, the role of coaches, the potential for existing networks to support learners and the opportunity to establish a global digital health practitioner community. Quotes in each section are from participants attending the event unless otherwise indicated[3].

2. Why digital health leadership capacity building matters

Despite advances made by many low-and middle-income (LMICs) countries on the development of their strategies, policies and architectures there is still a need for greater institutional support for the development and implementation of national digital health policies and strategies[4]. Participants suggested that current trainings do not fully address this need; trainings tend to be "one-off", "stand-alone" and usually "take place in silos", even though "digital health capacity is an ongoing need, not a one-time effort". Furthermore, training often does not focus on implementation and rarely focuses on leadership and management; as one ministry representative commented, "we train on processes and tools, but 70% [of what we need to know] is actually about change management".

[3] No attribution is provided, per the Wilton Park Protocol
[4] WHO Draft Global Strategy on Digital Health 2020-2024

From the donors perspective, there is frustration that investments are being made to support national strategies that "do not have people with sufficient understanding to be able to deploy systems". Feedback from one of the small group sessions noted that "[digital health capacity building matters] because the current state is fragmented; teams don't have common understanding, and the inefficiency, duplication and inability to scale is leading to sub-optimal outcomes".

The draft WHO Global Strategy for Digital Health states as its second objective the following aim:

> *"… to build and consolidate the capacities, skills and attitudes identified as requirements for countries to embrace and advance Digital Health [and that this requires] specific capabilities that have historically been underestimated".*

This need for digital health capacity building does not apply only to governments. As several participants at the meeting pointed out, lack of understanding of digital health systems is also a gap for many global partners and implementing organisations.

The draft WHO strategy goes on to say:

> *Whilst needs vary from region to region and country to country, they often include cross-cutting issues such as system architecture, programme management, step-wise costing and implementation support. Apart from that, foundational capacities such as governance, leadership, advocacy and other organizational resources are frequently missing, and their importance underestimated. Mitigating this requires … the development of related capabilities".*

The DHL Program was presented to participants at Wilton Park as a training model designed to develop these "foundational capacities" across multiple countries. In addition to providing a harmonised approach to technical skills training, the proposed model places includes leadership skills development and has a focus on actionable learning, peer-to-peer and group-based engagement and encouraging critical thinking and collaboration.

3. What is the Digital Health Leadership Program?

The proposed DHL Program will be a foundational digital health and leadership skills training, offered through a blended-learning, modular approach. If supported by governments, donors, WHO, ITU, Universities and other partners it will be possible to make this training accessible at scale in LMICs. The Program will be designed to balance group learning (in the formal courses and workshops) and individual learner development to meet the professional priorities, challenges and interests of countries and

individuals. Although one purpose is to build digital health capacity, the DHL Program also places a premium on leadership as a critical skill.

This section provides further detail on the core components and underpinning pedagogy of the DHL Program, drawn from discussions in both the plenary and small working group sessions.

a. A modular approach

Agreement was reached that the optimum DHL Program model would be modular, offering both online courses and in-person workshops at different levels of complexity, across different topic areas (e.g. investment in digital health; data science; digital health policy etc.), complemented by technical skills training opportunities (such as COBIT 5, TOGAF etc.). The formal training could be supplemented by in-person events and seminars provided by digital health networks such as the Asian eHealth Information Network (AeHIN), the African Alliance, the Pacific Health Information Network (PHIN) and others.

b. A focus on leadership

There was strong support for the DHL Program's focus on leadership development. Leadership skills were considered critical for empowering health leaders to drive systemic change in their countries: "All the technical knowledge is useless without the leadership." The WHO/ITU National eHealth Strategy Toolkit, the Broadband Commission Working Group Report on Digital Health (2017) and other guidance all highlight strong government leadership as essential to implement national digital health strategies. Participants noted however, that despite this spotlight on leadership, it rarely featured in capacity trainings which tend to favor technical skills-building. Observations included, "We have not made enough investments to develop leadership" and "We need to be deliberate about investing in leadership"; one donor stated that "leadership and coaching brings something different to this Program."

The importance of building digital health leadership capacity across teams, not just in individuals, was also emphasised. Participants mentioned several advantages of teams going through the DHL Program together, including helping with accountability (for completing the Program and applying knowledge and skills acquired) and building institutional capacity. Investing in teams also responds to the increasing pace of decentralisation of responsibility and recognition that leadership is (or should be) dispersed within teams, not vested in only one person.

c. Content and pedagogy

Four organisations shared information on their current or planned trainings, all aimed at building capacity in one or more aspects of digital health. These presentations sparked discussion about the need to create a process to ensure harmonization across all curricula offered within the DHL Program, since a key objective is to address current inconsistencies in the way terminology, concepts and guidance are referred to in the stand-alone training. One suggestion that emerged was to establish a quality assurance team who

would review courses and workshop content, to ensure it met agreed minimum criteria for inclusion in the DHL Program.

It was noted by several organisations that existing content should be considered for inclusion in (or adapted for) the program; examples given included UNICEF's digital health training for its staff, the GEEKS and ILEAD programs offered by CDC and the digital health leadership program at the University of Colombo. Reference was made to a 2018 global landscape of digital health training, which identified 58 digital health courses (ranging from free to $5,000 USD per course) available internationally. However, on closer analysis it was found that none of these courses looked likely to meet the needs of senior level digital health practitioners and none addressed digital health in the context for LMICs. It therefore appears that there is a significant digital health leadership capacity gap to be closed.

Participants strongly favoured a modular (rather than linear) approach to course and workshop offerings within the DHL Program, which would support a more personalised learning pathway. It was felt this would be more motivating for learners and would also take into account differences in experience and expertise across the learner cohort. Participants suggested that learners might be expected to complete one or two core courses/workshops in the Program and then select two or three more from a range of options. This would allow for an iterative framework with learners focusing on acquiring the skills most relevant to their work, while also moving towards a Digital Health Leadership Certificate. It was also noted that a modular approach would allow time for learners to reflect and put into practice what they've learned on the Program as well as balancing studying with their work commitments.

In one exercise, shaped to help identify priority training needs, participants worked in small groups to review the three characteristics of successful digital health systems as identified in the Broadband Commission Report on Digital Health[5]: (i) A National ICT Framework; (ii) Sustained Government Leadership, and (iii) Financing, and Effective Governance Mechanisms. Groups were asked to analyse country case studies in the report and make lists of the technical, knowledge and soft skills that they believed contributed to each country's success in these three areas. In the plenary discussion, the groups' lists were shared, leading one participant to comment: "so much of this is about team management and team building, and stakeholder engagement – and not so much about digital health".

The need for a competency framework for the DHL Program (i.e. in addition to individual course and workshop competency frameworks) came up several times during discussions. It was agreed that a competency framework for the Program overall would be important for measuring outcomes as well as – longer term – securing accreditation of the DHL Program by Universities and training institutions.

The matter of reliable connectivity and viability of remote learning was raised as a potential barrier to learners engaging fully with the online components of the Program. Several participants gave examples to

[5] Broadband Commission for Sustainable Development, Report 2017

demonstrate why they did not see this as a significant issue and noted that for the intended audience (see section 4 below), access to a laptop and reliable network was unlikely to be a problem. That said, others suggested that content developers should think 'mobile first' when developing their online content.

d. Coaching and peer-to-peer learning

Coaches will be appointed to support small cohorts (e.g. one coach per 8-10 individuals) of learners throughout the DHL Program. Monthly coaching sessions will provide opportunities for peer-to-peer learning, including online group work and discussion of practical approaches to tackling real-life issues that each learner is dealing with in their workplace. The importance of coaching continuing after learners complete the Program was mentioned by several participants: "Training by itself just doesn't cut it … peer learning and coaching have to keep going after the DHL Program ends."

Whilst coaches would have a role in helping learners progress through the training, this role would largely be covered by online course facilitators and tutors. The focus of the monthly coaching sessions is intended to be on the 'soft' (or essential) skills associated with leadership. It was suggested by several experienced leadership coaches in the room that the sessions will help to build trust and respect amongst learners, create a safe environment for them to talk frankly about their work, as well as encourage self-reflection and critical thinking. At the start of the DHL Program, learners could share the goals and commitments they made with their managers when they first enrolled on the Program. The coaching sessions could be used from time to time for learners to review and encourage each other's progress towards achieving these goals by the end of the Program.

There was some discussion about the benefits of curated coaching sessions versus more organic peer-to-peer learning groups. Several participants suggested a progression throughout the DHL Program would work best: i.e. taking a more structured approach to the coaching sessions at the start, then moving to more organically organised alumni peer networks once learners have completed the program. There was also support for a proposal from several people that alumni could be encouraged to become coaches for future cohorts of learners.

The coaching component of the DHL Program was considered a differentiator from other trainings. It was also agreed that there needs to be a clear strategy about this element of the Program, including definition of what coaching means within the context of the DHL Program, selection criteria and how coaches will be supported to further develop their own professional expertise. Several participants suggested local Universities and/or private sector organisations could be a source of coaches for the first learner cohort.

e. Engagement with existing digital health networks and communities of practice

Presentations from several individuals highlighted the value that digital health networks and communities of practice can offer professionals at all stages of their careers. AeHIN, the BID Learning Network and the Commonwealth Center for Digital Health provided examples of the range of services they offer members,

including acting as hubs knowledge exchange; providing webinars and technical training; helping colleagues to identify job opportunities and hosting side-events at large conferences which enable members to meet in-person (and to experience the professional and social benefits of belonging to a community). The online communities of practice established in one organisation's program have proven to be the most impactful part of the learning journey; many of them have progressed successfully to in-person peer groups that meet regularly and support members' ongoing professional development.

Leaders in these networks and communities of practice typically liaise with government officials as well as with donors and the private sector. Through these wider connections, they can map training needs to national priorities and identify experts who can contribute to capacity building through seminars, coaching and other professional development services. In some cases, networks also play an advocacy role with governments and donors, helping to open opportunities for members such as sponsorship for training or conference attendance. Some networks also set up WhatsApp groups to promote and support wider community engagement. Participants at Wilton Park viewed these networks as having a key role to play in supporting learners on the DHL Program and the network representatives in the room committed to playing a role in helping in the design and implementation of the DHL Program, as well as socialising and promoting the Program through their communities.

f. Certification and other recognition as tools for motivation and retention: the role of Universities

The importance of formal recognition for completing the DHL Program (in addition to the individual course and workshop certificates) was emphasised by many participants as an important way to motivate learners to enroll on the Program, as well as promote retention and provide potential career progression opportunities. Whilst it was acknowledged that University accreditation should be a longer-term vision, endorsement and/or certification from WHO, WHO AFRO, ITU would also be of significant value to learners. Ministry representatives indicated that WHO and ITU endorsement would likely be critical for securing Ministers' support for the DHL Program.

It was also suggested that if a consortium of Universities is created, linked to the Program, there could potentially be recognition of completion of the DHL Program as credit towards those Universities' formal education programs (both undergraduate and post-graduate level). Several Universities from Africa and Asia were represented in the meeting and expressed interest in this possibility.

Universities were viewed by participants as crucial partners for the long-term success of the DHL Program, including as sources for learning facilitators and coaches. Several participants emphasised the importance of embedding digital health training in Universities, TVETs and other training institutions. This would help build digital health capacity 'upstream' (and develop young and emerging leaders) rather than waiting until individuals were promoted into positions of leadership without the requisite skills to carry out their roles effectively. Prioritising partnerships with Universities from the global south was considered by many

participants as important for the credibility of the DHL Program, although involvement of Western Universities with strong track records in leadership and global health training, particularly those working with LMIC students, would also be welcome.

Other forms of recognition mentioned by participants including the following: 'badging' to mark milestones achieved during the program, awards of 'best learner' and 'best country engagement' - either monthly or at the end of the Program - and prizes at the end of the Program for 'super-users', 'most supportive learner', 'best performing learner' and so on. Alumni could also be offered opportunities to speak at international events, and potentially go on to form a Digital Health Professionals Council or other entity, which would formalise recognition of their achievement and support ongoing professional development.

4. Who is the audience for the Digital Health Leadership Program?

Three audiences were identified as potential 'customers' for the DHL Program, two from Government (Ministers and other high-level government officials, and technical experts) and a third broad category which included donors and implementing organisations working in digital health. This section provides more detail on each of those 'customers', and participants' views on the different ways each customer would be likely to engage with the DHL Program.

a. Government

At the start of the meeting, WHO AFRO introduced a 3-tiered human resources model for digital health. The top tier represented Ministers, Permanent Secretaries and other high-level executives; one level below these, the second tier, included technocrats and tacticians. The third tier included operational teams and frontline health workers.

- *Tier 1: Ministers and other top-level officials*. These individuals are not the primary audience for the DHL Program. However, participants emphasised that securing buy-in at this level will be critical for the success of the proposed DHL Program for three reasons: (i) to ensure that Ministers approve enrollment of the staff most likely to benefit from the Program, (ii) to encourage Ministers to promote team (over individual) enrollment to help build institutional capacity, and (iii) to optimise the opportunities for learners to apply what they learned in their day-to-day work. Several participants suggested that partners such as WHO, ITU and others could negotiate national level commitment to the DHL Program; this could help ensure that learners were given time to attend workshops and would have the resources needed to put into practice the skills they acquired on the Program.

  Several participants pointed out that government engagement strategies should include Ministries of Education and Finance, as well as Ministries of Health and IC, as they also have a role to play in supporting, designing and implementing national digital health strategies, and health workforce development.

- *Tier 2: technical experts and tacticians:* Despite lack of uniformity of job titles and role descriptions between countries for "tier 2" individuals, there was broad agreement that they are the technical experts charged with implementing national digital health strategies and the right audience for the DHL Program.

  These technocrats need to be "tech-savvy enough to make choices between a range of technologies" and offer advice to Ministers and other decision-makers. Participants were of the view that the DHL Program promises to help build capacity at this level. One participant described tier 2 individuals as the "tacticians [who are] recruited into … teams with the necessary skillsets to be successful, including enterprise architecture, business analysis and project management". Building the capacity of these tier 2 technical experts will help empower Ministers and other top-tier executives to make more informed (and effective) decisions. Another reason given by several participants for focusing on tier 2 is that, despite churn in the workforce, building institutional capacity at this level would help withstand the political winds of change whenever a new Minister was appointed.

- *Tier 3: frontline health workers and other operational staff:* Whilst there was agreement that a digitally literate frontline health workforce was critically important, the consensus was that this cadre was out of scope for the DHL Program as currently conceived.

b. Global partners and donors

Participants suggested that there is potential engagement with global partners and donors at two levels.

- First, global partners and donors could enroll learners from their own organisations, and/or the program teams they are supporting, onto the DHL Program. Several donor and implementing organisations in the room remarked on the lack of digital health capacity in their own teams, particularly those based in country offices who are tasked with funding or overseeing implementation of national digital health strategies and thought the DHL Program could help address this gap. There appeared to be agreement of the value in having diverse groups learn from each other (i.e. Ministry officials, donors and NGO organisations) and gain a deeper understanding of the issues that different stakeholders face.
- Second, global partners and donors could serve as advocates for the DHL Program with Ministries. For example, WHO and ITU indicated that their relationships with member states gives them a unique opportunity to socialise the DHL Program with Ministries of Health and ICT, as well as to advise the Program team on what curriculum topics would best meet country needs.

- Other entities mentioned by participants as valuable partners for socialising and promoting the DHL Program included the Health Data Collaborative and the Digital Health & Interoperability Group, the OpenHIE Community, HELINA, the African Union and existing digital health networks.[6]

5. What's distinctive about the DHL Program?

The vision for the proposed DHL Program is to 'join the dots' by harmonising current siloed, one-off trainings that are failing to address the digital health capacity gap. The aim is to offer a substantive learning experience that focuses on leadership, not just technical skills, and has application to practice as an underpinning principle.

By providing a somewhat self-paced, blended, modular route through the Program, with support from coaches and peer networks, the DHL Program will provide a personalised approach to learning, with opportunities for self-reflection, feedback and behavior change. These are ambitious, but achievable, claims; taken together, these features mean that the DHL Program represents a distinct offering within the digital health training space. One ministerial participant considered the DHL Program to be "the boldest program I've seen in years".

Several participants stated that marketing this distinctiveness of the Program is important for two reasons: first, to encourage genuine buy-in from Ministers; second, to generate interest and excitement from potential learners to be enrolled in a global digital health leadership community.

Participants commented on other programme features that would make the DHL Program unique in the digital health training space, including the following: harmonising existing trainings (e.g. through consistent use of terminology, concepts etc. across DHL Program workshops and courses); encouraging teams to enroll on the Program; the proposed goal-setting and review activities throughout the program; the chance for learners to make connections across departments and Ministries via their workshops and coaching groups ("People across the different tiers and across different Ministries don't talk to each other – the DHL Program could change that") and the potential to create a global, digital health professionals alumni community over the longer-term.

6. How will the DHL Program be governed and operationalized?

On the final morning of the Wilton Park meeting, participants were asked to reflect on the discussions from the previous three days and consider what should be included in a DHL Program RFP[7]. Working in small groups, participants identified a broad range of components; the following list represents the items that appeared most often across the six groups:

[6] Significant interest in DHL Program was expressed at both the OpenHIE and HELINA events, which took place shortly after the Wilton Park meeting and the DHL Program is on the agenda for the DH&IWG in-person meeting in December.
[7] Request for Proposals

- Problem statement, Theory of Change, clear objectives and intended outcomes;
- Strong governance and operational structures to design and implement the DHL Program (most groups suggested a 3-tier approach: Executive level, Secretariat/Advisory level and Operational level);
- Pedagogy (e.g. the DHL Program competency framework; content review process to identify resources that could be adapted and integrated into the Program; a quality assurance process to ensure consistency and harmonisation of courses and workshops; selection criteria for learners; a learner support strategy to promote retention; cadence and duration of learning);
- Engagement with Universities;
- Selection process and training for coaches;
- Certification and accreditation;
- Monitoring, research, evaluation and learning;
- Stakeholder engagement, prioritising high-level Ministry staff, donors and implementing partners likely to be interested in enrolling learners on the Program;
- Communications and marketing strategies;
- Business and sustainability plan (to include engagement with regions beyond sub-Saharan Africa and South Asia);
- Strategy for scale (as above);
- Engagement with existing networks and communities of practice.

In addition, most groups mentioned the importance of aligning with global and regional efforts, such as the WHO Global Digital Health Strategy, the WHO-AFRO and ITU Joint Digital Health Capacity Building Initiative, programs such as the University of Colombo's digital health leadership program and AeHIN's trainings, both online and in-person.

In the plenary discussion it was agreed that global efforts like the DHL Program will need to be delivered by more than one partner, especially given the long-term aim to offer this Program at scale across several regions. The consensus was that a consortium would deliver the best ROI as it could draw on expertise from a diverse group of organisations and individuals. Feedback from the group work session indicated that a DHL Program Consortium should feature a broad skill mix (e.g. include organisations that had public and digital health expertise; a proven understanding of adult/online education; a track record of effective programme management and administration, and experience in rigorous monitoring, research and evaluation). A DHL Program Consortium should also have the networks and experience to engage at a regional and global level with a variety of stakeholders, including governments, Universities, global and digital health experts and donor organisations, as well as proven skills to market and promote the Program effectively to attract learners (and coaches) across sub-Saharan African and South Asia (for year one) and more widely in the longer term.

7. Commitments and next steps

Participants were invited to share what, if any, commitments they could make that would help build on the Wilton Park dialogue and move towards design, launch and implementation of the DHL Program. It was agreed that a decision about 'ownership' of the Program should be a priority to ensure effective coordination and forward movement. Several organisations in the room proposed that the RFP exercise could be used to develop a formal RFP which could be published in 2020 and there was agreement from a number of participants to explore this possibility after the meeting.

UN entities and donors acknowledged their roles in working with Ministries and the potential this gave them to serve as ambassadors for the Program, encouraging buy-in and enrollment of learners. Participants agreed that ongoing involvement of the countries would be critical to the success of the DHL Program, including countries who were not represented in the meeting but have expressed a need for digital health leadership capacity building.

Several participants mentioned that they would be sharing information from the event with their managers in Ministries, Universities and other organisations, and with their wider networks at national and regional levels. Others committed to schedule follow-up meetings post-event to draw up a more concrete plan of action, beginning with development of the RFP and a proposed timeline for launch of the DHL Program.

8. Conclusion

The proposed DHL Program builds on the efforts of the ITU and WHO AFRO joint digital health leadership initiative. The report published following the first ITU-WHO AFRO Digital Health Leadership Workshop in Lesotho in 2018 states the following:

> *"Given the emerging importance of digital health in support of Universal Health Coverage and the SDGs, and the recent World Health Assembly resolution on Digital health, investment in digital health capacity development for the health workforce is critical."*

The WHO AFRO and ITU strategic objectives for the Lesotho workshop are mirrored in the drivers informing the proposed DHL Program: namely: (1) Build digital health leaders' capacity for a wide range of digital health related skills; (2) Develop a comprehensive digital health training curriculum and content that addressed existing digital health workforce capacity gaps; (3) Ensure consistency and coherence across different digital health topics and training modules, and (4) Gain understanding of the holistic and system-level approach to digital health to ensure scalability, sustainability and interoperability.

In addition, the DHL Program's focus on effective collaboration and coordination echoes the Lesotho workshop closing remarks by Hani Eskander (ITU) who called for a "*multi-sectoral collaboration and holistic*

approach" by relevant stakeholders. He urged organisations to work together in capacity-building to equip digital health African leaders at MoH and ICT, as well as staff at WHO and ITU regional and country offices, focusing on the skills needed to adopt a "system-based approach" to reach integrated and scalable digital health implementation in their countries.

The DHL Program responds to this call and does more. It proposes a global approach to delivering high-quality training and leadership development at a scale that is needed to create meaningful impact. It moves learning away from a largely passive experience to a more active, participatory experience where learners will be able to share their knowledge, reflect on what they discover from others and, in turn, feedback their learning to the broader community. By including a wide range of partners – governments, health experts, academics, technology experts, community networks, donors and others – from the outset, the DHL Program will ensure that collaboration and coordination are built into its DNA. Taken together, the DHL Program's model, approach and philosophy promise to dramatically increase the chances of implementation success of national digital health strategies in LMICs, and over the long-term, create a global community of digital health professionals and committed and equipped with the skills to improve health outcomes for all.