Welcome!

We will get started at the top of the hour

>>>Please activate the Zoom Chat window for panelist and attendee interactions<<<

YOU WILL EXPERIENCE SILENCE UNTIL WE START
WELCOME!
NetHope Solutions Center
Webinar
Partnerships for Health Data Exchange
March 18, 2021
Housekeeping

• Let’s keep this interactive: Post questions in Zoom Chat window for the Q&A and discussion session

• Look for a follow-up email with link to recording and collateral on NetHope Solutions Center

• Please respond to webinar satisfaction poll presented after the webinar
ICT4D WEBINAR
Partnerships in Health Data Exchange

Speakers:

Hibret Tilahun, PhD
Project Director,
Ethiopia Data Use Partnership
International

Helen Olsen
Senior Research Program Manager
Medic

Jordan Lerner
Senior Project Manager
Dimagi

Breno Horsth
LMIS Technical Lead in the DHIS2 Project
University of Oslo
Discussion:

Ethiopia’s Information Revolution

Hibret Tilahun, PhD
Project Director,
Ethiopia Data Use Partnership International
John Snow Inc
ETHIOPIA’S INFORMATION REVOLUTION

“without data, organizations are blind and deaf”
Geoffrey Moore
Ethiopia’s Information Revolution

**IMPROVED HEALTH ACCESS, QUALITY AND EQUITY**

- Effective use of data for decision-making
- Digitization
- Data use culture
- Effective and appropriate HIS governance in place

Operational Strategies

- Connected Woreda Strategy
- Creation of HIS model facilities/districts
ETHIOPIA'S eHEALTH ARCHITECTURE
The conceptual model depicts the health information systems, data sources, and data exchange.
ETHIOPIA’S eHA JOURNEY
ETHIOPIA’S eHA JOURNEY

Foundational Phase
- Terminology
- eHA & roadmap developed
- Inventory of Applications

Initial Interoperability Phase
- Interoperability Software selection
- MFR/eCHIS/DHIS 2 data exchange
- COVID-19 DHIS2/LIS Data exchange

Operationalizing Phase
- Maintenance and support
- Local capacity building
- Additional interoperability solutions

Supporting & Maturing Phase
- Evaluate eHA
- Update/change eHA
- Evaluation metrics

Future
- Evaluation metrics

Foundational Phase
- Interoperability Software selection
- MFR/eCHIS/DHIS 2 data exchange
- COVID-19 DHIS2/LIS Data exchange

Initial Interoperability Phase
- Maintenance and support
- Local capacity building
- Additional interoperability solutions

Operationalizing Phase
- Evaluate eHA
- Update/change eHA
- Evaluation metrics

Future
- Evaluation metrics

Current
LESSONS FROM ETHIOPIA
LESSONS FROM ETHIOPIA

• Government commitment and leadership
• Defined vision and priorities
• Standards
• Partnership platforms and governance protocols

• Progress review and corrective actions regularly
• Human centered approach
• Deliberate investment to addressing infrastructure challenges
• Integration of HIS and digitization
THANK YOU!

Hibret A Tilahun
Project Director: Ethiopia Data Use Partnership
Email: hibret_tilahun@et.jsi.com
Discussion: A Partnership for COVID-19 Apps for Frontline Health Workers

Helen Olsen
Senior Research Program Manager
Medic

Jordan Lerner
Senior Project Manager
Dimagi
A Partnership for COVID-19 Apps for Frontline Health Workers

Helen Olsen, Jordan Lerner
Dimagi and Medic Mobile are two leading orgs working to improve frontline service delivery with digital solutions.

Funding from Rockefeller Foundation catalyzed a partnership to support COVID-19 response that is flourishing.
Combined COVID-19 Response Stats

Over 100 frontline programs
In 35 countries
with over 40,000 Frontline Workers
are using CommCare or CHT to respond to COVID-19

recording over 26 million interactions.
# Joint Conceptual Framework

## Overview of Frontline Worker Apps for COVID-19

**Dimagi & Medic Mobile**

<table>
<thead>
<tr>
<th>Facility Readiness &amp; Stock Management</th>
<th>Effective and coordinated response</th>
<th>Control the spread of disease</th>
<th>Case management for COVID-19</th>
<th>Support physical distancing</th>
<th>Maintaining essential services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Systems &amp; Testing</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
</tr>
<tr>
<td>FLW Training, Education &amp; Monitoring</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
</tr>
<tr>
<td>Port of Entry Screening</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
</tr>
<tr>
<td>Contact Tracing</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
</tr>
<tr>
<td>Event-Based Surveillance</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
</tr>
<tr>
<td>Patient Care for COVID-19</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
</tr>
<tr>
<td>Adapted Primary Health Care Delivery</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
<td>🐧</td>
</tr>
</tbody>
</table>

Many concepts in this framework taken from the "COVID-19 Playbook" from Vital Strategies.
Discussion:

Integrating Digital End-user Stock Management Systems for Effective Logistics Management

Breno Horsth

LMIS Technical Lead in the DHIS2 Project

University of Oslo
Integrating Digital *End-User* Stock Management Systems for Effective Logistics Management & Improved Health Service Delivery

Breno Horsth - University of Oslo - DHIS2 Project
Problem Statement

**Problem Statement:** Inefficient and low quality logistics services contribute to poor quality health service delivery

**Desired Future State:** Logistics services are an enabler for facilitating and implementing high quality health care services for patients & health professionals
eLMIS Integration Architecture

Logistics Information

- National Full-scale eLMIS
- Interoperability Layer
- API

Health Information

- DHIS2

MoH

- Central
- Regional
- District
- Hospital
- Health Center
- Community Health Worker

DHIS2 API Interoperability Layer
Integration of DHIS2 and mSupply in Lao

To address supply chain management challenges, the Ministry of Health implemented an eLMIS (mSupply) at all drug warehouses across central, provincial, and district levels.

Logistics data entered into DHIS2 forms for programs or facilities not using mSupply.

Stock Data Entry Form (partial)
Testing and case data to develop specific stock thresholds for more actionable analysis

The estimated *monthly need* is calculated for each organization unit using:

- Historical test and case trends
- Seasonality (15% higher in rainy season, 15% lower in dry season)
- National stock minimums policy

Monthly need is normalized through a “*Months of Stock Available*” indicator which represents how long stock is estimated to last, calculated using:

- Stock on Hand / Monthly Need
Months of stock available can be shown by facility

Malaria Commodities Months of Stock Available by District
Lessons Learned

- Clear ownership and defined roles & responsibilities
- Alignment of objectives and coordination among implementing partners and stakeholders
- Identify complementarity

DHIS2
- Case data
- Patient counts
- Stock data

Commodity Distribution Plan
- Forecasting
- Distribution planning

mSupply
- Real-time stock
- Batch quality, expiry dates

Future Plans

- Integration with multiple LMIS and ERP vendors
- Ledger or transaction based stock monitoring using DHIS2 Tracker
- Development of automated temperature data monitoring, End-user product catalogue
Moderator:
Sonja Ruetzel
ICT4D Partnerships & Conference Manager
Catholic Relief Services

Speakers:
Hibret Tilahun, PhD
Project Director,
Ethiopia Data Use Partnership
International
John Snow Inc

Helen Olsen
Senior Research Program Manager
Medic

Jordan Lerner
Senior Project Manager
Dimagi

Breno Horsth
LMIS Technical Lead in the DHIS2 Project
University of Oslo
Discussion:

THANK YOU!

ICT4D Conference Podcast
www.ict4dconference.org

Tune into our weekly interviews on digital development trends, innovations, and good practice.

Next interviews will be on Digital Diversity, Equity, and Inclusion.

To recommend a speaker please contact Sonja.Ruetzel@crs.org