DHIS 2 Implementation in Action

Sharing implementation experiences from Senegal

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PATH





Core expertise across five platforms

Innovation happens here





PATH and the Global Health Security Agenda (GHSA)

- PATH implements Global Health Security Agenda in five different countries: Senegal, Tanzania,
 Vietnam, the Democratic Republic of the Congo and Indi.
- PATH works alongside each country's Ministry of Health as well as other ministries, in partnership with CDC and local organizations.
- In Senegal, PATH works to improve surveillance and information systems, laboratory capacity, immunization, and AMR/IPC practices. PATH began supporting GHSA activities in Senegal in 2015.

Prevent

Improved surveillance to rapidly detect and report threats, monitor trends, and produce actionable data.

Detect

Strong laboratories with rapid, highquality diagnostics and integrated reporting.

Respond

Integrated data information systems & visualization for prompt alerts, system-wide information flow, and informed decision-making.

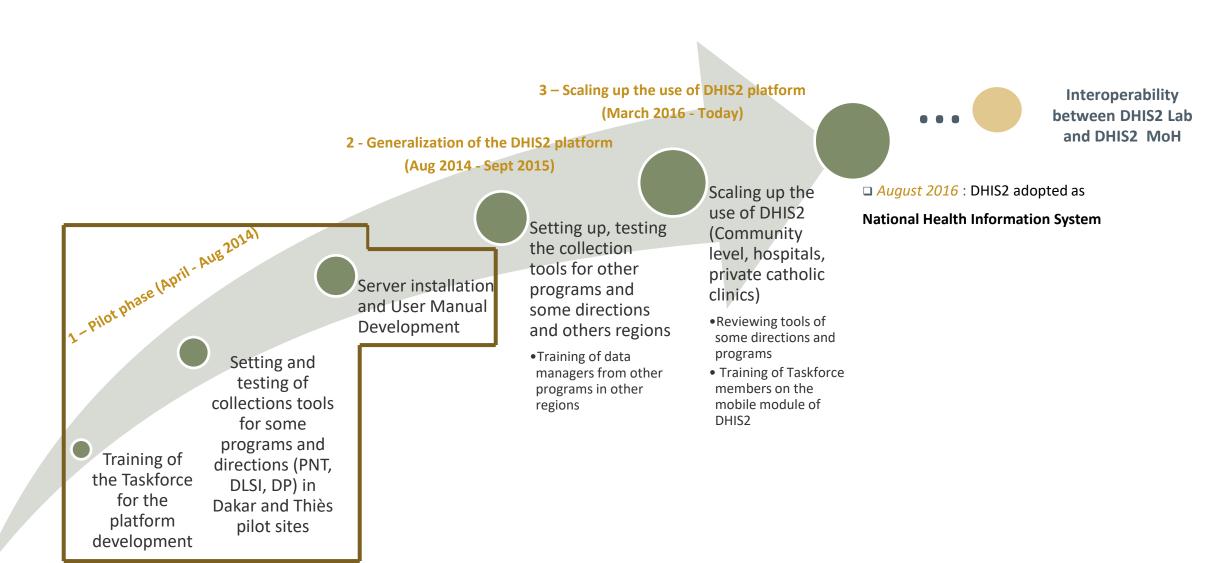


Background on digital tools for surveillance

- □ The MOH has undertaken measures and reforms aimed at the development of health information, including the adoption of **DHIS 2 platform as the National Health Information System**
- □ To improve its capacity to detect and prevent priority health events, government wanted an automated system for real-time collection and **transmission of surveillance data**, **enabling early warning and decision-making** for a rapid and appropriate response. Began using DHIS 2 for IDSR in 2014.
- □ In order to reinforce the quality of epidemiological surveillance in Senegal, PATH in partnership with the Direction of Laboratories has set up a project to implement DHIS 2 platform for **the reporting of laboratory data on the 11 diseases of mandatory declaration.**

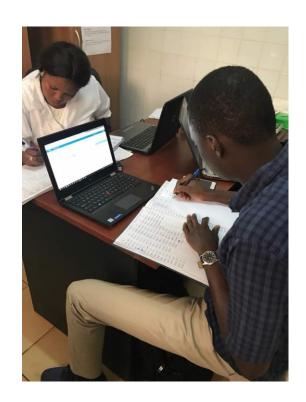


DHIS 2 Implementation phases - NHIS



DHIS 2 Implementation – Health and Social Information System Division (HSISD)

- □ Expand the use of DHIS 2 to all hospitals in the country for reporting
 - ☐ Train the DSISS taskforce on ICD10
 - ☐ Harmonize collection tools for DHIS 2 hospital instances
 - □ Improve capacities of surveillance focal points and DP officers to use DHIS 2 analysis modules
 - □ Review existing hospital reporting systems and guidelines
 - ☐ Train regional hospital staff on use of DHIS 2 at 35 hospitals (Almost 700 agents will be trained)
- □ Improve platform usage and data quality
 - □ Platform optimization (users, organization units, data elements, indicators, etc.)
 - □ Develop policy, guidelines, protocols and technical documents to ensure data quality management in the DHIS 2 platform
 - ☐ Technical support for experimenting the mobile version of DHIS 2 in areas with limited access to Internet





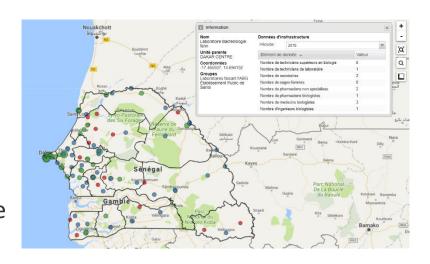
DHIS 2 Implementation - Laboratories

□ Reporting for 11 diseases of mandatory declaration

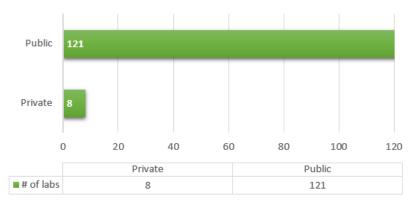
- □ Shorten the time between detection and response, to reduce biothreats and stop pandemics.
- □ Allowing a timely evaluation of potential epidemiological threats and enables a prompt and efficient reaction.
- □ Partnering with Fondation Mérieux to develop a system to capture data via mobile phone or computer and shared on a central platform for real-time epidemiological analyses, mapping, and the automatic production of reports

□ Laboratories mapping

- □ Plan optimally investments and actions to be implemented for laboratory strengthening.
- □ Identify laboratory capacities in terms of personnel, sampling capacities, types of analysis, equipment and infrastructure.
- □ Detailed cartography of laboratories including their geolocation, contacts, general data and technical platform.



Status of labs







Supporting Labs to combat Antimicrobial Resistance (AMR)

□ AMR Surveillance

- □ Using DHIS 2, PATH has established AMR surveillance in select laboratories to prevent the emergence and spread of organisms resistant to antimicrobial drugs in Senegal
- ☐ Trained 24 of the 44 laboratories on AMR reporting
- □ Supporting additional enhancements of AMR capabilities of lab staff





DHIS 2 Implementation Challenges

□ DHIS 2 MoH

- □ Data Quality
- ☐ Health data integration with different time periods listed
- □ Poor timeliness of data in the public health sector
- □ Insufficient intersectoral collaboration for data availability from other ministries



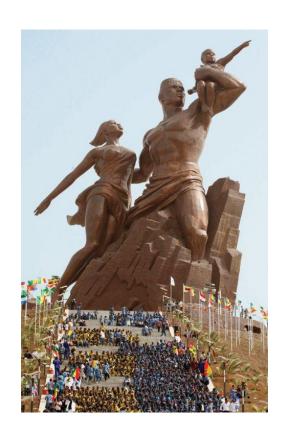
□ DHIS 2 Laboratories

- □ Infrastructure challenges such as internet and power
- □ Staff Turnover and lack of consolidated contact list of laboratory managers
- □ Retrieving geographic coordinates



Ecosytem Challenges

- □ Poor mobile connectivity limiting DHIS 2 mobile data collection
- Integration of laboratory data into the national DHIS 2 platform
- □ Full integration of private sector data
- Ensure health personnel at all levels of the health pyramid are trained to collect and analyze health data
- Poor data quality
- Interoperability of different platforms and patient-monitoring systems





PATH GHSA Successes to note

- □ Excellent collaboration / partnership with MoH especially with Direction of Planning, Research and Statistics/Health and Social Information System Division
- Mapping of laboratories to understand understand laboratory capacity across the country to support the DL to plan investments
- □ Establishment of an AMR surveillance system to prevent and treat infectious diseases with safe and effective medicines of guaranteed quality, used responsibly and accessible to all as needed.
- □ Capacity building of DP surveillance focal points on DHIS 2 analysis modules (pivot table, data visualization, GIS)
- ☐ MoH technical support in collaboration with the NMCP in integrating MACEPA database data into the national health information system for better monitoring of malaria indicators
- □ Several workshops and capacity building efforts to strengthen DSISS taskforce of ICD10 so they can code diseases properly for hospital record forms



Reflections

- □ National policy and strategy: Government has developed a National Strategy for Digital Health (2017 2023)
- □ **System integration for quick response:** Facilitating interoperability betwen DHIS 2 and Laboratory systems
- □ **Data Quality essential for surveillance:** PATH finalizing a data quality audit manual in collaboration with the MoH.
- □ **Scaling at the right page:** Performing post-training supervision in health facilities on the use of DHIS 2
- □ **Linking data to response:** Strengthening surveillance of epidemic-prone diseases in real time and accelerate epidemic response capacity
- □ Pathogen identification: Improving the quality of pathogen identification in some microbiology laboratories and the National Public Health Laboratory







Thank you

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