



BETTER IMMUNIZATION DATA

INITIATIVE

**Better data plus
better decisions
will lead to better
health outcomes.**

ANNUAL REPORT
April 2014–March 2015



LETTER FROM THE DIRECTOR

I can hardly believe my own words when I say that early April marked the start of year three for the Better Immunization Data (BID) Initiative. It's been 18 months since we convened our first BID Learning Network (BLN) meeting composed of more than 20 delegates across ten African countries to introduce the BID Initiative's concept. After listening to national perspectives around improving data quality and use to strengthen immunization programs, we determined there was in fact country demand for this type of initiative and we have made excellent progress to date!

Over the past year, we have reached formal understanding with two country partners to establish our demonstration countries, staffed two national offices, and started work in two test regions. We also established a peer-learning network so other countries can both design and share interventions that solve some of the critical data-related challenges faced by immunization programs. We've laid a strong foundation for 2015, which will see us implement and test our first product and practices interventions getting us one step closer to achieving our vision of improved data for national level decision-making.

Please continue following along on our journey through our website www.bidinitiative.org, quarterly e-newsletter, blog, and visit our new interactive demonstration country map, which tracks our step-by-step progress facility by facility.

Sincerely,



Liz Peloso, Global Director

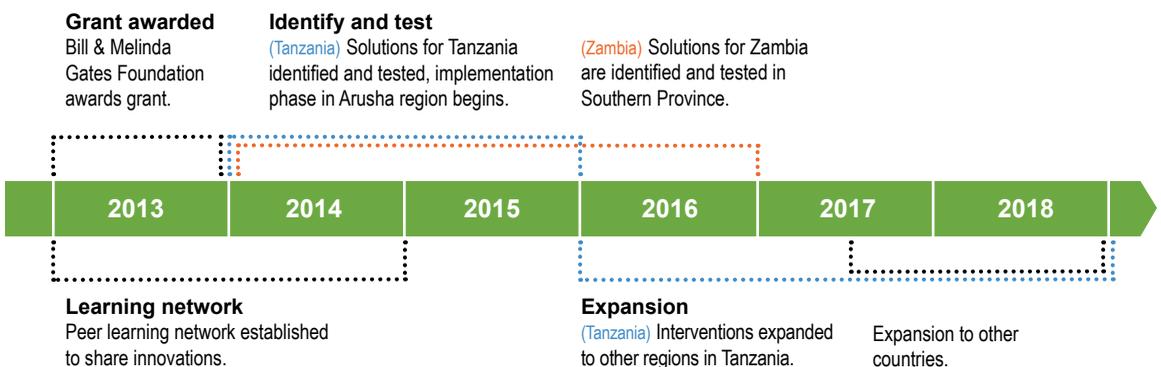
THE BID INITIATIVE EMPOWERS COUNTRIES TO ENHANCE IMMUNIZATION AND OVERALL HEALTH SERVICE DELIVERY THROUGH IMPROVED DATA COLLECTION, QUALITY, AND USE.

CHALLENGES AND INTERVENTIONS

Together with government officials in our demonstration countries, Tanzania and Zambia, we have identified a number of critical data-related challenges facing immunization programs that are

also common in many other countries, such as defaulter tracing, inefficient supply chains, and poor data visibility and management. To overcome these challenges, we have developed interventions for an immunization registry, supply chain, and creating a data-use culture.

Figure 1. Milestone timeline



IMPLEMENTATION BEGINS IN TANZANIA

In partnership with the Ministry of Health and Social Welfare (MoHSW) through the Immunization and Vaccine Development Program (IVD), the BID Initiative successfully completed the design, testing, and fine-tuning of interventions in our pilot region of Arusha and we are currently in the implementation phase.

The BID Initiative now has 17 team members in Tanzania and opened a satellite office in Arusha. We started intervention testing in four health facilities in two districts in our pilot region and established a User Advisory Group comprised of members from all levels of the health system to ensure the solutions we propose reflect the reality on the ground and can be sustained by the people who will use them.

We have rapidly moved forward with a key intervention, an electronic immunization registry (see Intervention Highlight). We launched a peer-support communication forum among health workers on WhatsApp where health workers are effectively working together to solve challenges such as accurately completing reports and assuring vaccine supply levels are adequate at facilities across the region, successfully avoiding stock outs in one clinic and surpluses in others.

With support from Gavi, the Vaccine Alliance, we are implementing barcode technology as part of an integrated stock management system to enable immunization officers to make evidence-based decisions to correctly allocate vaccine stock and avoid wastage, ensuring all children can receive the vaccinations they need.

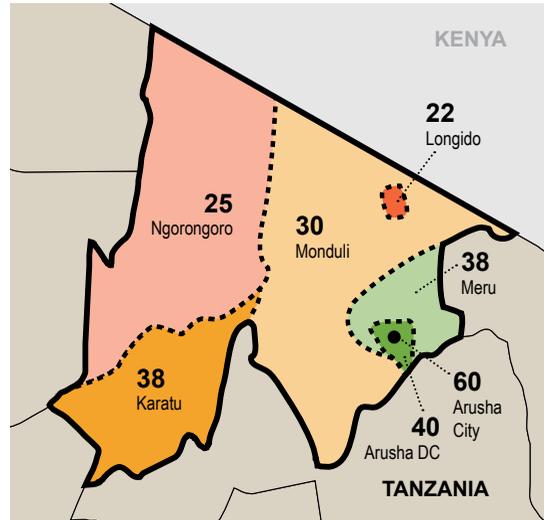
During the implementation phase, officially kicking off this month, we will roll out interventions across the Arusha region to 253 facilities and conduct five visits per facility.

ESTABLISHING KEY PARTNERSHIPS AND LAYING THE GROUNDWORK IN ZAMBIA

This year, the BID Initiative formalized its collaboration with the Ministry of Community Development, Mother and Child Health (MCDMCH) and Ministry of Health (MoH) in Zambia to kick off the intervention testing phase in the Southern Province, our pilot province. The BID Initiative now has 16 team members in Zambia, opened a satellite office in Livingstone in the Southern Province, and established a User Advisory Group.

Working together with the Ministries, we are now designing, testing, and fine-tuning a range of

Figure 2. Number of facilities that will implement interventions in each area within the Arusha region.



INTERVENTION HIGHLIGHT: Electronic Immunization Registry in Tanzania

The national electronic immunization registry will ensure all children are registered from birth and do not miss a potential life-saving vaccine.

The BID Initiative has partnered with a consortium between IntraHealth, ecGroup, AIRIS and along with the MoHSW and the national eHealth steering committee, met with partners in January to reach an agreement that the landmark immunization system will be developed within the OpenHIE framework, adopting global standards, and open-source solutions. While the framework will initially be utilized by the immunization program, it will be designed to be interoperable with other health program needs like Malaria, HIV, TB, and family planning, among others who may want to use it in the future.

At facilities with electricity and high volumes of patients, children's vaccinations will be registered in an online form via a computer or tablet, while facilities with lower volumes or no electricity will use modified paper forms that are compatible with the electronic system. Through scanning a barcode on the paper registry, children can be added and tracked in the national immunization registry and all facilities will have visibility into the data, notifying health workers when a scheduled vaccine has been missed.

immunization registry, supply chain, and data use interventions. For example, we launched a data-use campaign, creating posters for facilities that encourage positive behavior change as facilities adopt new tools.

In 2015, we look forward to completing the design and testing phase and moving into implementation where we will roll out interventions across the Southern Province.

THE VALUE OF PEER NETWORKING

After a successful meeting to launch the BID Learning Network (BLN) in May 2014, in Kigali, Rwanda, participants have been actively involved in shaping the BID Initiative through design meetings, monthly webinars, and ongoing discussions in our Google Group.

PATH/Mathew Mwetela



Last December, we held a design collaborative meeting in Lusaka, Zambia bringing together participants from nine sub-Saharan African countries to focus on the design and requirements for an electronic immunization information system ensuring that what we develop for demonstration countries will be applicable in other country contexts.

We recently launched the small grants program to facilitate the advancement of select BLN country goals that are aligned with the BID Initiative priorities.

Finally, to enhance our ability to capture participating country priorities, the BLN has instituted a Peer Advisory Group (PAG), with a membership of six people representing West-Central and East-Southern Africa.

FROM STEVE DAVIS, PATH PRESIDENT AND CEO

The BID Initiative is a central pillar in PATH's ever-growing digital health solutions practice and health systems strengthening work.

We know that information and computer technology (ICT) has significant, widely recognized potential return on investment for strengthening health systems for primary care. Limited resources will be better utilized, health systems will be used more often and last longer, and many more people – especially children and women – will be healthier. However, to date, few digital health products have reached scale in order to realize these benefits.

PATH is in a unique position to bring funders, developers, implementers, and governments together to focus on identifying appropriate and affordable digital health solutions. We aren't using technology for technology's sake, and we should not focus solely on products. The focus should be on the policies, practices, and people that use information to drive health impact as well.

Through the BID Initiative, we are able to employ our core competencies to support country-led design and implementation of scalable digital health and health system strengthening interventions that will yield better immunization data, improved data use, and positive health outcomes. The BID Initiative embodies the key concepts that are necessary for the effective implementation and scaling of these interventions: the right leadership, the right solutions, the right approach, and the right capacity.

PATH is excited about the progress the BID Initiative has made in the past year in developing effective solutions that will reshape immunization systems in Tanzania and Zambia. We look forward to continuing this work in 2015, and making an even greater impact.

Funder: Bill & Melinda Gates Foundation.

Key Partners & Stakeholders: Tanzania Ministry of Health and Social Welfare and Immunization Vaccine Development Program; Zambia Ministry of Community Development, Mother and Child Health; Zambia Ministry of Health; Gavi, the Vaccine Alliance; World Health Organization (WHO); WHO African Region; UNICEF; IntraHealth.

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