

**BID INITIATIVE**Better data. Better decisions. **Better health.**

SAVING LIVES THROUGH BETTER DATA

Strategies and Tactics from the BID Initiative

Q2 2019

Letter from the Director

The past few months have seen many firsts—the first facilities to transition to a paperless immunization system, the more purposeful embrace of digital solutions on a global stage, and the unprecedented leadership of the governments of both Tanzania and Zambia.

In Tanzania, health workers like [Aziza Ahmed Seif](#) are seeing the time savings and performance improvements of a fully digital immunization system. Instead of toggling between paper registers and tablets—and having to maintain both simultaneously—some health workers are able to now exclusively use digital solutions to identify, register, and follow up with patients when they receive immunization services.

In Zambia, we also worked with focal point persons to establish a successful model for the sustainability of data quality and use interventions. And regionally, we celebrated the BID Learning Network's (BLN) five-year legacy with an interview with Dr. Chilunga Puta, Director of the BLN. The peer learning network continues to be a backbone of our efforts as we work with other countries applying similar data quality and use solutions to their own health systems.

On a global stage, the BID Initiative saw its values and lessons reflected in this year's agenda at the World Health Assembly. Ongoing conversations about the role of digital in achieving universal health care helps ensure that many other countries will follow Tanzania's and Zambia's digital leadership.

Learn more about these and other stories in this issue of the BID newsletter. You can follow our journey by [subscribing to our blog](#) and finding us on [Facebook](#) and [Twitter](#).

IN THIS ISSUE

[Letter from the Director](#)

[First paperless facilities signal new digital era in Tanzania](#)

[PATH launches new Center of Digital and Data Excellence at World Health Assembly](#)

[Focal point persons offer successful model for sustainability in Zambia](#)

[Lessons from the BID Learning Network: A Q&A with Dr. Chilunga Puta](#)



The BID Learning Network (BLN) is intended to be a platform where participants can contribute ideas, share experiences and actively participate, helping each other as they face similar challenges.

[JUMP IN. GET INVOLVED. →](#)

Sincerely,



Laurie Werner
Global Director, the BID Initiative
PATH

Si vous désirez recevoir la version française de notre bulletin d'information, veuillez vous [abonner ici](#).

First paperless facilities signal new digital era in Tanzania



The first health facilities in [Tanzania](#) began their transition to a [fully digital immunization system earlier this year](#), illustrating the government's leadership and commitment to scaling digital solutions across its health system. By the end of July, all 332 health facilities in Tanga Region will have retired their paper immunization registers in favor of Tanzania's Electronic Immunization Registry (TImR), introduced under the BID Initiative. Though TImR has been in use in Tanzania since 2017, health facilities have been using the paper and digital systems side by side, as the BID Initiative demonstrated the effectiveness of the electronic immunization registry (EIR).

Tanzania is applying a phased approach to this transition process by piloting first in Tanga Region to ensure that the learnings can be applied to the rest of the country. The BID team is also working with the government to collate learnings and evaluate the performance of those facilities that have transitioned to a paperless system.

Though health workers are already experiencing the benefits of a digital immunization system—including a time savings of more than eight working days annually—BID expects the benefits to be even more pronounced once health workers stop using the paper-based system entirely.

NOTEWORTHY BLOG POSTS

[BID expands to five more regions in Tanzania, accelerating progress](#)

[In Zambia, BID partners with UNICEF to reach more children with life-saving vaccines](#)

[Tanzania makes history as first facilities retire paper immunization registers](#)

[Increasing immunization coverage requires better use of better data](#)

NOTEWORTHY RESOURCES

[BID Regional global factsheet](#)

[BLN webinar: Immunization Data: Evidence for Action \(IDEA\) review](#)

[BLN webinar: The Data Use Partnership](#)

Led by PATH in partnership with the governments of Tanzania and Zambia, the BID Initiative is grounded in the belief that better data, plus better decisions, will lead to better health outcomes. Its vision is to empower countries to enhance immunization and overall health service delivery through improved data collection, quality, and use.

PATH


Photos: PATH/Gabe Biencycki, PATH/Doune Porter, PATH/Chimwasu Njapawu, PATH/Monica Graham.

“As more regions retire Tanzania’s legacy paper system and scale TImR, we expect to fully realize the benefits of these digital solutions,” explains Hassan Mtenga, Country Lead for BID Tanzania. “This is unprecedented. Tanzania is really creating an example for other countries to follow suit.”

PATH launches new Center of Digital and Data Excellence at World Health Assembly



The seventy-second annual World Health Assembly (WHA) took place in Geneva in May. The BID Initiative was one of several projects represented by a robust PATH delegation in which the role of digital and data in achieving universal health coverage were prominently featured. At an event alongside the WHA, PATH also **announced the launch of a new Center of Digital and Data Excellence**, bringing together expertise in digital health and data to advance health equity. The new Center will work to address such challenges as data security, innovation scale-up, and long-term sustainability.

PATH co-convened this event about how digital technologies are changing health care worldwide, and the impact digital health transformation is having on universal health coverage and economic development. It included stakeholders from the private sector, civil society, and governments to discuss how best to accelerate digital approaches to health across geographies, income levels, and sectors. It was attended by more than 120 people, including strong country participation with ministerial representatives from Rwanda, the Democratic Republic of the Congo, and Tanzania, among others. The event was co-hosted by the Novartis Foundation, the Global He@lth 2030 Innovation Task Force, and the Global Health Center at the Graduate Institute Geneva.

“Harnessing real-time, high-quality data for primary health care (PHC) through the application of digital technologies can help

governments take more immediate and informed action on PHC programs, workforce, and financing,” explained Dykki Settle, PATH’s Chief Digital Officer and Director of the Center.

Whether enabling health workers to consult patient records across different locations or providing decision-support tools to guide nurses as they provide care, digital and data technologies are a powerful equalizer in health.

Focal point persons offer successful model for sustainability in Zambia



Kelvin Mupemo is on the frontlines of Zambia’s digital revolution. As the focal point person (FPP) for Kalomo District, he is his district’s first contact if health workers encounter issues with the Zambia Electronic Immunization Registry (ZEIR).

Zambia began a new support model to ensure health workers are equipped for success. FPPs are responsible for training health staff and community volunteers in their districts. They also help to monitor the ZEIR dashboards, determining system use and providing feedback if issues arise. They attend meetings and share best practices to ensure lessons are applied and institutionalized.

FPPs are not only critical for training and knowledge management, but they are paving the way for the ZEIR to be fully government owned. Introducing new technologies often requires daily support. FPPs ensure that health workers feel heard, and this can mean the difference between the failure and success of data quality and use interventions in a health facility.

“With the ZEIR, we have been able to provide technical assistance to health facilities,” says Mupemo. “We also look at the data entry efforts and frequency of data entry and train people to use the ZEIR at a facility.”

FPPs are a promising model for technology introduction and training. They will ensure that after BID transitions to a support

role, the government can continue scale up and sustainability of the ZEIR.

Lessons from the BID Learning Network: A Q&A with Dr. Chilunga Puta



Last month, the BID Initiative sat down with Chilunga Puta, PhD, MPH, MBA, Director of the BID Learning Network (BLN), to discuss the important role of peer learning in helping countries scale sustainable, country-owned solutions. Dr. Puta, who has worked for the BID Initiative for five years and PATH for seven years, also reflected on the important role of digital technologies in achieving greater health equity.

What is the importance of building strong peer learning networks?

Evidence shows us that we can learn more from our friends and peers than anybody else, because there is no hierarchy of authority. At the same time, our peers approach things from the same lens and context as us. They can communicate with us better than an authority figure. That's what makes peer learning so powerful!

Can you remember a moment from the BLN that was particularly meaningful?

I can remember watching people interact in the early days of the BLN. When we first introduced the idea of the electronic immunization registry, I couldn't help but notice some tension among members. They didn't know what it was and were very skeptical. But when Ghana presented its experience with the E-Tracker, then Tanzania and Zambia followed suit, the tone changed entirely. The member countries had this newfound

courage.

That peer-to-peer interaction completely changed the direction of the discussion and energized members to try it for themselves.

What is the digital health community's role in achieving health equity?

To do anything properly, decisions and policy have to be based on accurate data. Oftentimes in health, we make assumptions that have no basis in the evidence.

Let me give you an example. I remember visiting a hospital where many children had died of malaria. The hospital staff alleged that medical stock hadn't been delivered on time, which contributed to the deaths. To validate the claim, I visited the pharmacy and looked at the stock cards. They showed that, in fact, there were many antimalarial drugs in stock at the time. But because of some administrative issues around securing the drugs and keeping stocks locked up, the hospital staff weren't aware of the drugs on hand. We had been addressing the wrong issue—a problem that didn't exist.

Unless we get to a place where we have high-quality data available in a timely manner, we'll end up making expensive decisions that are costly but not impactful.

-

The BID Initiative c/o PATH

Mail: PO Box 900922 | Seattle, WA 98109 USA

Street: 2201 Westlake Avenue, Suite 200 | Seattle, WA 98121 USA

Tel: 206.285.3500 | Fax: 206.285.6619

BIDInitiative@path.org

SHARE:  LIKE  TWEET

[Click here to send this to a colleague.](#)

Received this from a friend? [Click here to subscribe.](#)

You are subscribed as [email address suppressed]. [Click here to unsubscribe.](#)

We respect the privacy of our online relationships. Our lists are never sold to third parties. We will only share personally identifiable information with third parties when the person submitting the information authorizes us to share it or we are required to by law.