BID Learning Network (BLN) Chile Study Visit Concept Note

Implementing Entity: BLN

Introduction

The BID Initiative, led by PATH and funded by the Bill & Melinda Gates Foundation, seeks to enhance immunization and overall health service delivery through improved data collection, quality, and use. Embedded within the BID Initiative structure is the BID Learning Network (BLN) which is intended to facilitate peer learning and dissemination of innovations and lessons learned. The goal of the BLN is to bring countries together to identify shared problems and solutions; use that knowledge to design common information system products, practices, and data policies that will be useful to all; experiment with these designs in countries to determine their applicability; and then use this experience to inform national and global decision-making. Through this collaborative design and learning model, the solutions should be more readily accessible to other countries. Ultimately, by adapting and implementing the common products, practices, and policies, the BLN will contribute to increased immunization rates through improved data collection, quality, and use.

The BLN addresses challenges in the availability of timely, high-quality data that can be used for decision making, with the output of improving health care delivery. This includes a consideration of how to rapidly and cost-effectively develop new strategies that can improve the management of national health information systems and how to design a set of solutions in one country that can be adapted and used by many. The BLN addresses these challenges by bringing together a diverse and varied set of country experiences into the design and dissemination of these new strategies.

The goals of the network are to:

- Bring countries together to identify shared problems and solutions while connecting with peers.
- Use this knowledge to design common information system products, practices, and data policies.
- Experiment with these designs to determine their applicability.
- Use this experience to inform national and global decision-making.

BLN uses a number of strategies to attain these goals. One strategy is to conduct study visits that enable peers to learn from other projects in a manner that not only allows the transfer of knowledge and skills among them, but also enables fostering of professional relationships among people working on solutions that address similar problems. Subsequently the general objectives of BLN study visits are to:
• Enable BLN demonstration and design countries to learn from projects in African or similar contexts that have made accomplishments with regard to improving data collection, quality and use; change management, registry development and logistics management.

• Promote the fostering of professional relationships between BLN participants and others working in the fields of interest.

This document therefore, defines the scope of the planned study visit to Registro National de Inmunizaciones (RNI), the electronic immunization registry in Santiago, Chile. The study visit will be undertaken in collaboration with the Pan-American Health Organization (PAHO) from 22nd to 25th August 2017.

Background

In line with the underlying BLN tenets of stimulating peer learning, the Registro National de Inmunizaciones (RNI) in Santiago, Chile has been identified as one that can offer many lessons to those in the BLN community that are keen to improve data access, quality, and use.

The RNI was established as a result of challenges with the vaccine registration system in Chile which was manual and consolidated once a month in each vaccination center. This made it impossible to have management indicators that would allow timely intervention in the development of the program. Designed and created between 2009 and 2010 following the vaccination campaign to curb the influenza AH1N1, the RNI platform is a relevant collaborative tool for monitoring the immunization policies of the Ministry of Health. The RNI provides for registration of immunizations in their place of origin, online consolidation of the data, providing traceability and control panels in support of decision-making and management control from the Ministry of Health, to a facility level. The RNI addresses all the new immunization programs defined by the Ministry of Health and is widely integrated with the Electronic Clinical System and/or Registry used in the health facilities.

Many lessons have been drawn from this undertaking that can be of use to other countries that are in the process of adopting electronic based information systems. For this reason the BLN will undertake a study visit to Santiago, Chile with the objectives described below.

Objectives

The general objective of this study visit will be to generate an exchange of experiences between selected African countries and Chile regarding electronic immunization registries (EIRs) and good practices for their management. Select African countries are interested in learning more about Chile’s Ministry of Health’s experiences, given Chile’s know-how on this subject.

The specific objectives of this study visit will be to:
1. Learn about the history of Chile’s Nominal Immunization Registry (RNI), its planning, development, implementation and maintenance.
2. Learn about the experiences of the African Countries and their expectations for an EIR.
3. Review report generation, analysis and use of information generated by the RNI at the central/national, regional and local levels.
4. Review the identification and cleaning process for possible duplicated records.
5. Learn about the methods and controls implemented for the follow-up of data quality at the different levels.
6. Learn about the different risks, vulnerabilities, and weaknesses of the system.
7. Discuss the vision for future EIRs in the participating countries.

Expected Outcomes

The following outcomes are expected:

1. Participants will learn from the Chile team addressing similar issues, will identify important lessons and good practices that can be applied to their improvement efforts in their home countries;
2. Participants will develop follow-on plans for utilizing what has been learned through simple workable actions plans;
3. Study visit participants will share what has been learned in Chile with the wider BLN community through the various networking platforms;
4. A collective participant report of the study visit will highlight key learning points; and
5. Professional linkages will be fostered through the study visit.

Approach

During the study visit participants will interact with the team from Chile as follows:

1. Briefing and preparation for field trips on the afternoon of the first day;
2. Conduct site visits to see the system in place and have discussions with implementers;
3. Discuss with the Chile Ministry of Health data management team as well as the local and international partners working with the local project team;
4. Hold meeting with national policy and decision makers in the Ministry of Health (if possible);
5. Debriefing meetings each morning of the observations from field visits outlining important lessons learned and best practices. Sessions will provide a basis for the group report content and summation of individual action plans (pager).

Activity Schedule

It is anticipated that the field visit will be undertaken for a period of five (5) days with the main activities and scheduling shown in the Table 1 below.
<table>
<thead>
<tr>
<th>Proposed date</th>
<th>Activity</th>
<th>Scheduling</th>
<th>Responsible</th>
<th>Expected Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 August 2017</td>
<td>Arrivals</td>
<td>Whole Day</td>
<td>Host Country/PATH</td>
<td>• Participants have arrived and are lodged</td>
</tr>
</tbody>
</table>
| 22 August 2017| **•** Introductions and background to study visit including updates on current status of the EIR in Chile  
**•** Experiences of select countries in the African Region Regarding Data Quality and Electronic Immunization Registries: Advances and Challenges | 09:00 – 13:00       | Ministry of Health, Chile, PATH, PAHO/WHO, Bill and Melinda Gates Foundation, Participating Countries | • Participants updated and receive relevant background information on both, as well as the current status of the EIR and advances in data quality approaches in selected African countries  
• Field visit to health facility | 14:00 – 17:00 | Host Country | • Participants draw important lessons and good practices from field visit |
| 23 August 2017| **•** Overview of lessons learned from field visit  
**•** Experiences, background and lessons learned from planning and implementation of the EIR for the EPI | 09:00 – 13:00       | All                                                                         | • Feedback and group summary of key issues  
• Participants share experiences on data quality and EIR in select countries  
• Field visit to health facility | 14:00 – 17:00 | Ministry of Health, Chile | • Participants draw important lessons and good practices from field visit |
| 24 August 2017| **•** Overview of lessons learned from field visit  
**•** Lessons learned from EIR interoperability and administrative levels  
**•** Future challenges and lessons learned from the health facilities regarding the use of an EIR for including newborns | 09:00 – 13:00       | Participating Countries                                                    | • Feedback and group summary of key issues  
• Participants share experiences on data quality and EIR in select countries  
• Future challenges and lessons learned from the health facilities regarding the use of an EIR for including newborns | 14:00 – 17:00 | All | • Participants identify future challenges of the EIR and lessons learned |
| 25 August 2017| **•** Debriefing meeting  
**•** Social activity                                                        | 09:00 – 11:00       | BLN Participants (only)                                                      | • Follow-on action plans  
• Social activity | 12:00 – 17:00 | |