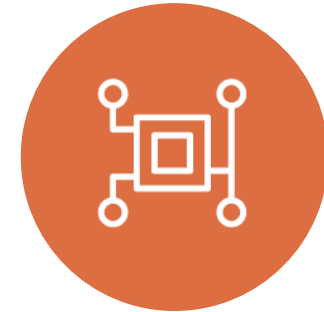


IDEA



Immunization Data: Evidence for Action

Find your Finding and let it guide you to better decisions

Agenda

- IDEA overview – 10 minutes
- Dive into the IDEA findings – 15 minutes
- Engagement and Advocacy Approach & Specific Implementers Findings – 10 minutes
- Discussion/Q&A – 25 minutes

High Quality Data. Informed Actions. More Impact.



The IDEA review is a global synthesis of existing evidence aimed at increasing the use of high quality data to improve immunization coverage. It empowers the immunization community to:

- ✓ Lean into what's working.
- ✓ Learn from what isn't.
- ✓ Invest in filling knowledge gaps.

Phase 1	Evidence gathering
Phase 2	Synthesis & framing
Phase 3	Dissemination of actionable findings

A Deep Dive

IDEA review gives the sharpest look yet at evidence for improving the use of data for immunization program and policy decision making.



549

Documents

+



1

Theory of
Change

+



103

Pieces of
Evidence in
1 Gap Map

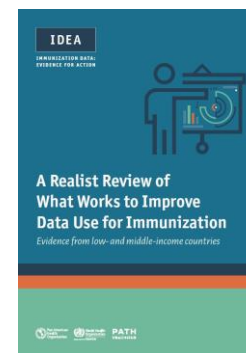
+



5

Top Findings

+



1

Report

+



3

Languages

IDEA Partners



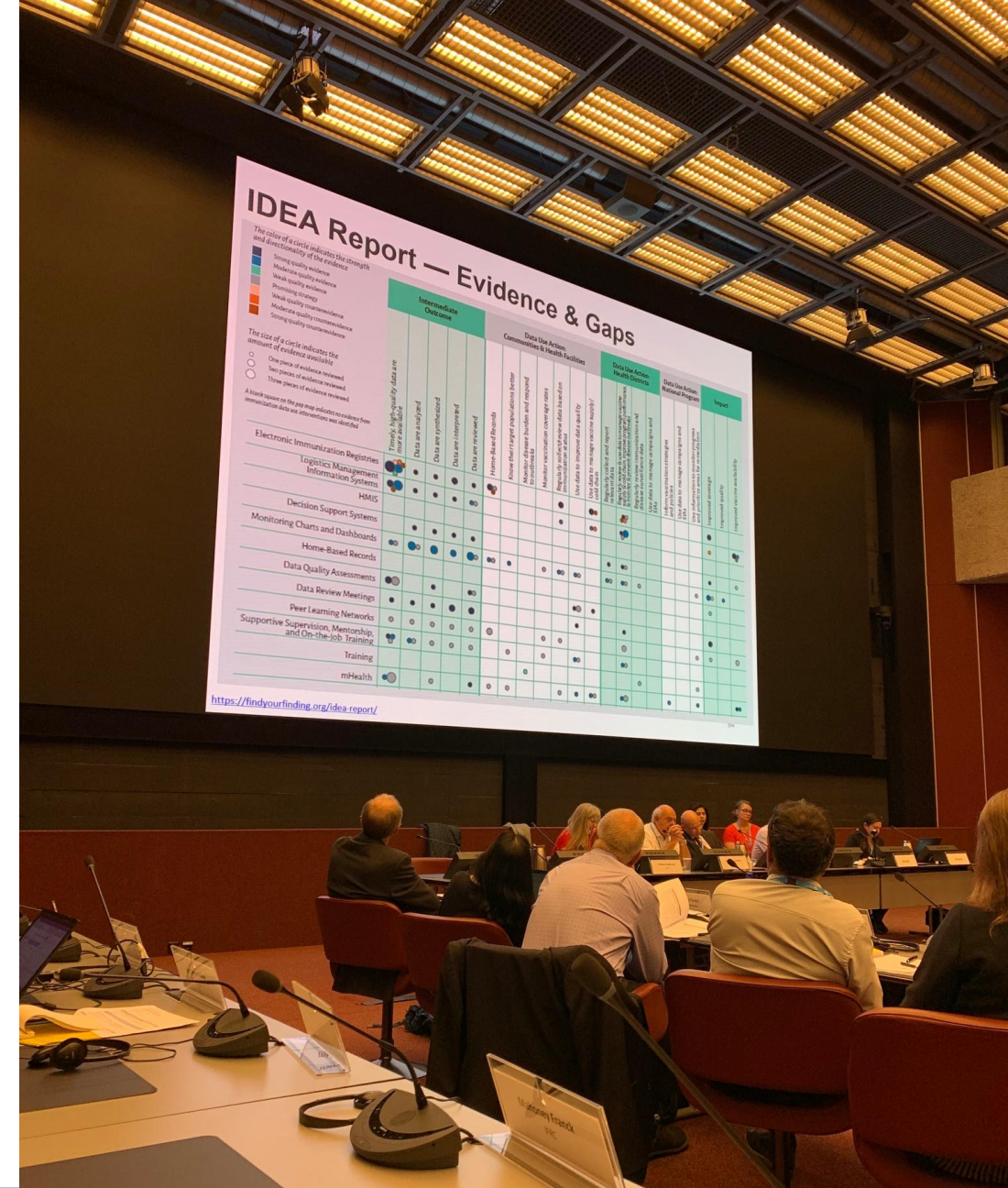
Steering Committee



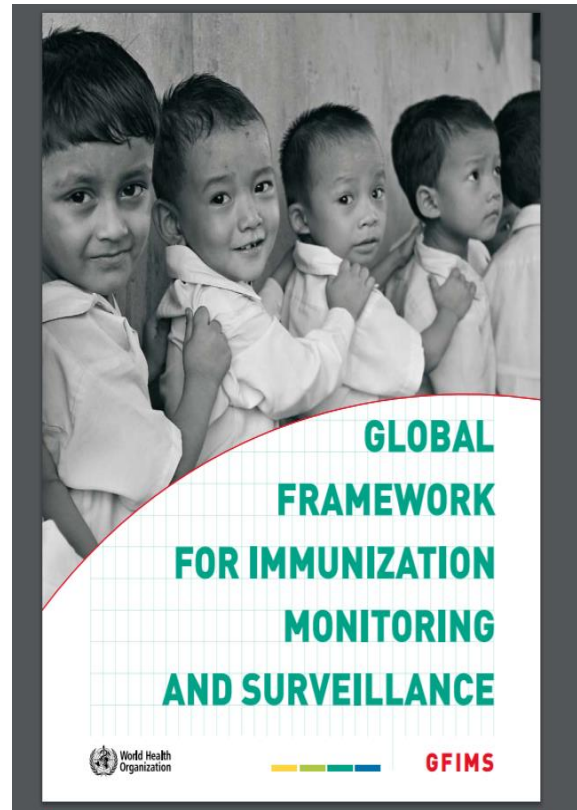
The IDEA review was funded by the Bill & Melinda Gates Foundation.

Engagement & Advocacy

- Strategic Advisory Group of Experts on Immunization (SAGE) working group
- Gavi – Data Use strategy
- WHO Regional offices
- CDC data improvement plan review
- EPI managers
- PAHO country focal points and partners
- IAIM
- BID Learning Network
- Global Digital Health Network



Connected to Global Norms



CLASSIFICATION OF DIGITAL HEALTH INTERVENTIONS v1.0

A shared language to describe the uses of digital technology for health

WHAT IS IT?

The classification of digital health interventions (DHIs) categorizes the different ways in which digital and mobile technologies are being used to support health system needs. Targeted primarily at public health audiences, this Classification framework aims to promote an accessible and bridging language for health program planners to articulate functionalities of digital health implementations. Also referred to as a taxonomy, this Classification scheme is anchored on the unit of a "digital health intervention," which represents a discrete functionality of the digital technology to achieve health sector objectives.



HOW TO USE IT?

The digital health interventions are organized into the following overarching groupings based on the targeted primary user:

- INTERVENTIONS FOR CLIENTS:** Clients are members of the public who are potential or current users of health services, including health promotion activities. Caregivers of clients receiving health services are also included in this group.
- INTERVENTIONS FOR HEALTHCARE PROVIDERS:** Healthcare providers are members of the health workforce who deliver health services.
- INTERVENTIONS FOR HEALTH SYSTEM OR RESOURCE MANAGERS:** Health system and resource managers are involved in the administration and oversight of public health systems. Interventions within this category reflect managerial functions related to supply chain management, health financing, human resource management.
- INTERVENTIONS FOR DATA SERVICES:** This consists of crosscutting functionality to support a wide range of activities related to data collection, management, use, and exchange.

WORLD HEALTH ORGANIZATION CLASSIFICATION OF DIGITAL HEALTH INTERVENTIONS

PAGE 1



Realist Review

Overarching questions:

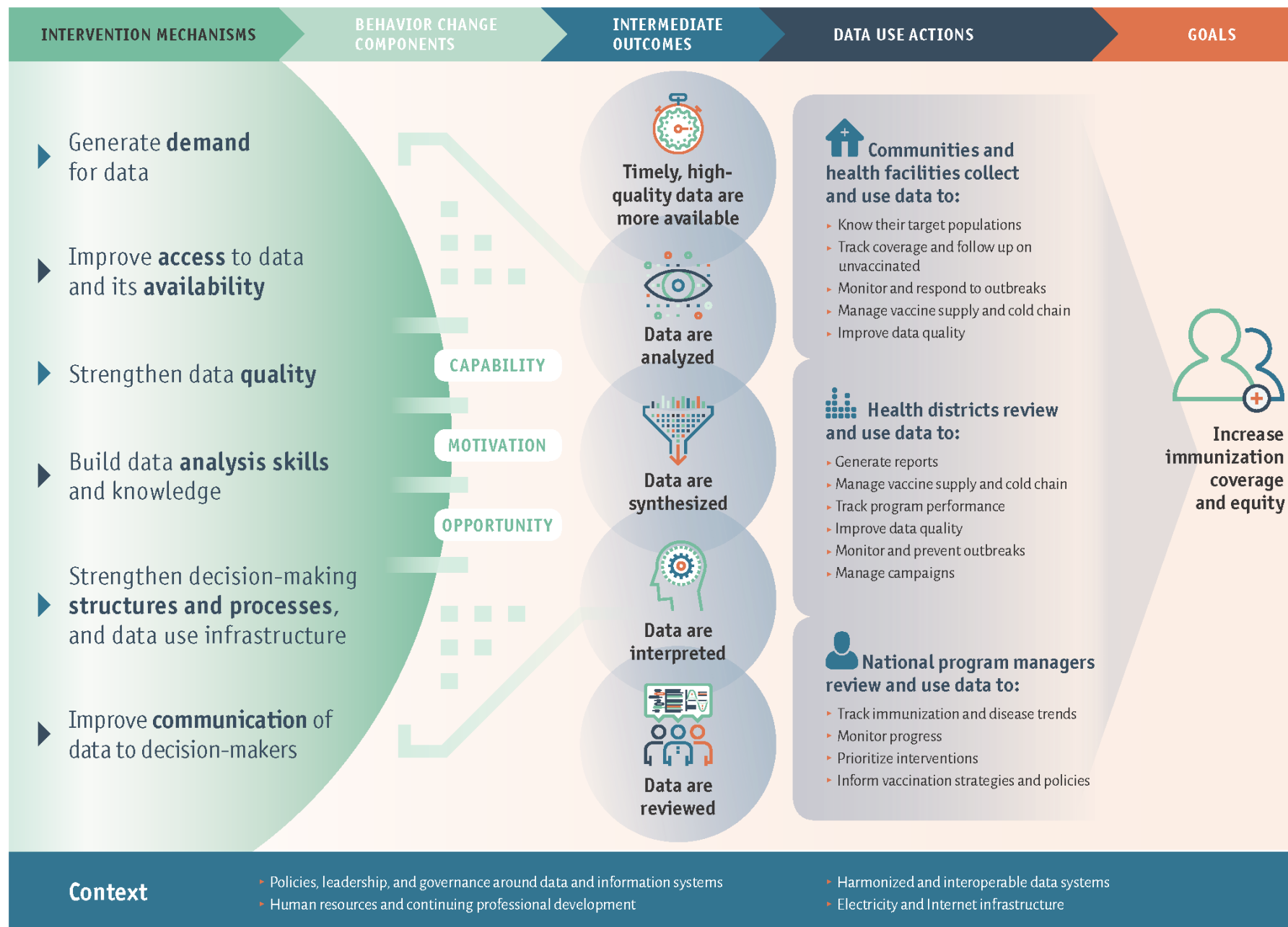
1. What are the most effective interventions to improve the use of data for immunization decisions? What does not work?
2. Why do these interventions produce the outcomes that they do?



Theory of Change

<http://bit.ly/IDEAToC>

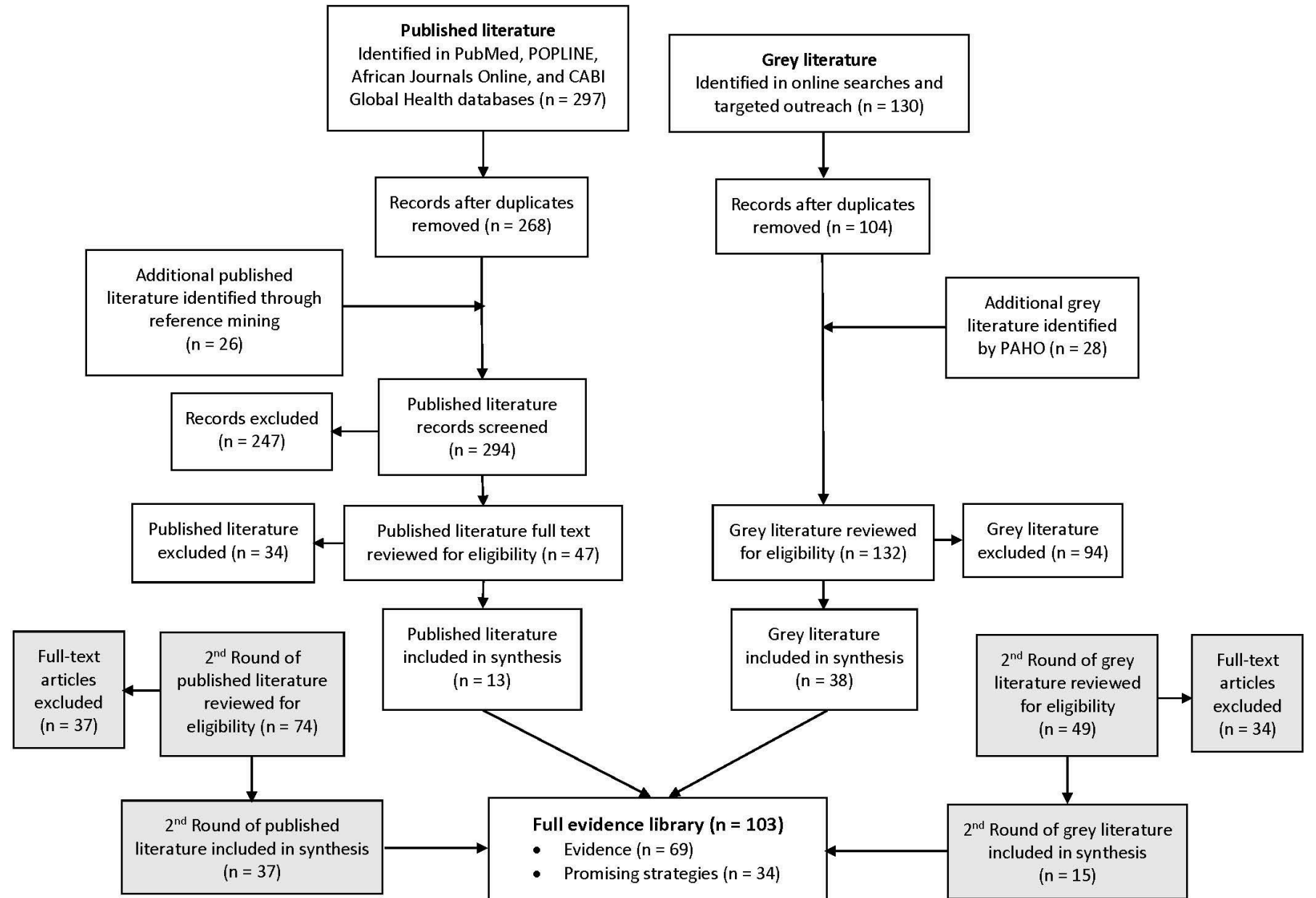
IDEA Theory of Change: Supporting data-informed decision-making for immunization programs



Citations: Aqil et al. 2009; Nutley et al. 2013; Langer et al. 2016; Zuske et al. 2017; World Health Organization, Framework for Partner Collaboration to Strengthen Immunization and Surveillance Data for Decision-making (draft), 2017.

IDEA

Systematic Review Flow Chart



* Grey boxes indicate new literature obtained after a second round of data collection, which included literature from immunization and other health sectors.

Analysis and Synthesis

- 2-day workshop in Washington DC, May 16-17, 2018
- Attendees: IDEA Steering Committee, representatives from across the immunization and health data sectors
- Key objectives:
 - Discuss research findings
 - Validate and refine information about target audiences
 - Identify potential implementation considerations for data interventions.
 - Identify gaps in the findings, as well as potential actions to address them

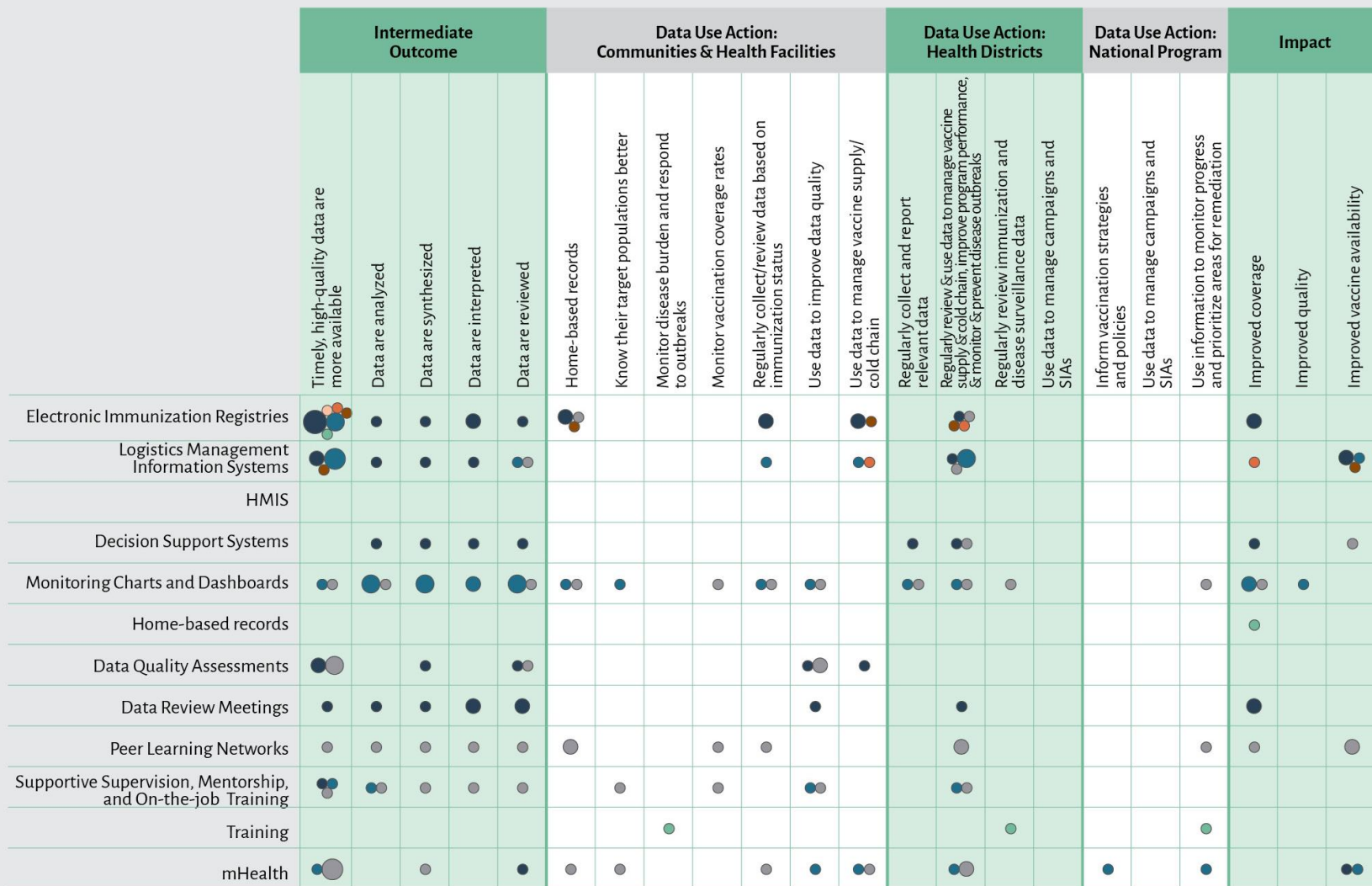


IDEA

Evidence Gap Map

<https://findyourfinding.org/evidence-gap-map>

Evidence Gap Map



Evidence presented in the gap map includes studies and evaluations of immunization data use interventions that applied scientific research methods or evaluation design, as well as literature that did not qualify as a study or evaluation but had strong theoretical plausibility of improving data use, as judged by our TOC. We referred to these records as promising strategies, which we define as strategies that have

The color of a circle indicates the strength and directionality of the evidence

- Strong quality evidence
- Moderate quality evidence
- Weak quality evidence

Top Findings



Interconnected
Strategies
Get Better Results



Data Use
Leads to
Better Data



Systemizing
Data Use Leads to
Long-Term Success



HMIS and LMIS
Increase Availability of
Quality Data



Digital Systems
Show Promise, but
Barriers Still Exist



Interconnected Strategies Get Better Results



- Data use improved with the use of a comprehensive set of interconnected and mutually reinforcing strategies that addressed barriers to data use.
- Successful packages included strategies that addressed:
 - Skill and capacity building
 - Behavior change management
 - User-centered design principles
 - Integrating data use
 - Consideration for human resource capacity gaps
 - Measures to address workload increases
 - Mechanisms for increasing collaboration
 - Structured approaches to problem solving and decision making
 - Long-term resource commitments



Data Use Leads to Better Data



- The relationship between data quality and its use is dynamic and cyclical.
- The more data is used, the more its quality improves, and as data quality improves, health care workers are more confident about using it to guide their actions.
- There is a missed opportunity for strengthening data use at the facility level, where emphasis has been narrowly focused on data quality.



Systemizing Data Use Leads to Long-Term Success



Interventions are more likely to be successful long term if they institutionalize data use through:

- Dedicated staff positions for data management
- Routine data review meetings
- Training and guidelines for front-line staff



HMIS & LMIS Increase Availability of Quality Data



- Digital systems such as health management information systems (HMIS) and computerized logistics management information systems (LMIS) have made higher-quality data more available to decision-makers in real-time.
- Even greater gains in data use are achieved when digital systems are paired with other activities that reinforce data use.



Digital Systems Show Promise but Barriers Still Exist



- Although the transition from paper to digital systems has made higher-quality data more available, it has not automatically translated into greater data use.
- There is more success at the district level or higher because of fewer operational challenges than at the facility level.
- This finding points to the need for a phased approach, ensuring data use infrastructure, human resource capacity and skill building are in place before a full digital transition.

Recommendations for Monitoring & Evaluation

Monitoring

- Monitoring could be strengthened through the use of better process and outcome indicators.
- We propose a set of indicators that are adapted for measuring routine immunization data use.

Evaluation

- Process evaluation is one approach we recommend to uncover why and how the intervention works and its relationship to context.

TABLE 3.

PRISM RHIS performance diagnostic tool adapted for immunization

Health facilities

- 01. Does the facility chart and display data (in a table, graph/chart, or map) on immunization coverage rates?
- 02. Has the facility had a routine meeting to review immunization data in the last month?
- 03. Has the facility in charge participated in meetings at the district level to discuss routine immunization performance in the last month?
- 04. In the last three months, has the facility had a routine meeting to review immunization data in the last month?
- 05. Has the facility had a routine meeting to review immunization data in the last month?
- 06. Has the facility had a routine meeting to review immunization data in the last month?
- 07. Does the facility have a routine meeting to review immunization data in the last month?

TABLE 6.

Indicators for monitoring immunization data use interventions

Indicator category	Facility level	District level	National level	Data source
Data use skills perceived	Ability to identify problems with data quality*	Ability to identify facilities with poor data quality*	Ability to identify districts with poor data quality*	Self-assessment of confidence in each area on a scale of 1–4
	Ability to identify defaulters and unvaccinated in facility catchment area			
	Ability to identify areas with low DPT ₃ coverage	Ability to identify facilities with low DPT ₃ coverage	Ability to identify districts with low DPT ₃ coverage	
	Ability to identify current vaccine stock levels in their facility	Ability to identify facilities with low stock levels	Ability to identify districts with low stock levels	

Engagement & Advocacy Approach



Implementers



Policymakers



Funders

Communications Activities



IDEA is now on TechNet-21!

<https://www.technet-21.org/en/topics/idea>

Immunization Data: Evidence for Action (IDEA)

Curated by: [Jacqueline Deelstra](#)



The use of high-quality data is widely understood in the global health community to be a cornerstone of well-functioning health systems. However, despite continuous growth in the amount of health data available, the actual use of data in immunization program decision-making remains a challenge. The Immunization Data: Evidence for Action (IDEA) review is a global synthesis of existing evidence aimed at increasing the use of high-quality data to improve immunization coverage. Developed in partnership between [PATH](#) and the [Pan American Health Organization \(PAHO\)](#), the IDEA review draws on findings from nearly 550 documents—including published literature, working papers, project evaluations, and reports—distilled and prioritized by global immunization experts. The review identifies five proven strategies to improve data use and outlines how funders, policymakers, and program implementers can incorporate these best practices to improve the efficacy of state, regional, and national immunization programs. The resulting report provides a concise guide for global and public health practitioners, explaining what works to improve data quality and use, why it works, and how the immunization community can take evidence-based action to improve immunization outcomes around the world. This page provides a list of IDEA report materials, which include the evidence identified by the IDEA team, the IDEA report and the top findings:

FIND YOUR FINDING

Find the evidence that speaks to you.
And for you.

Step 1: Find us on TechNet:

<https://www.technet-21.org/en/topics/idea>

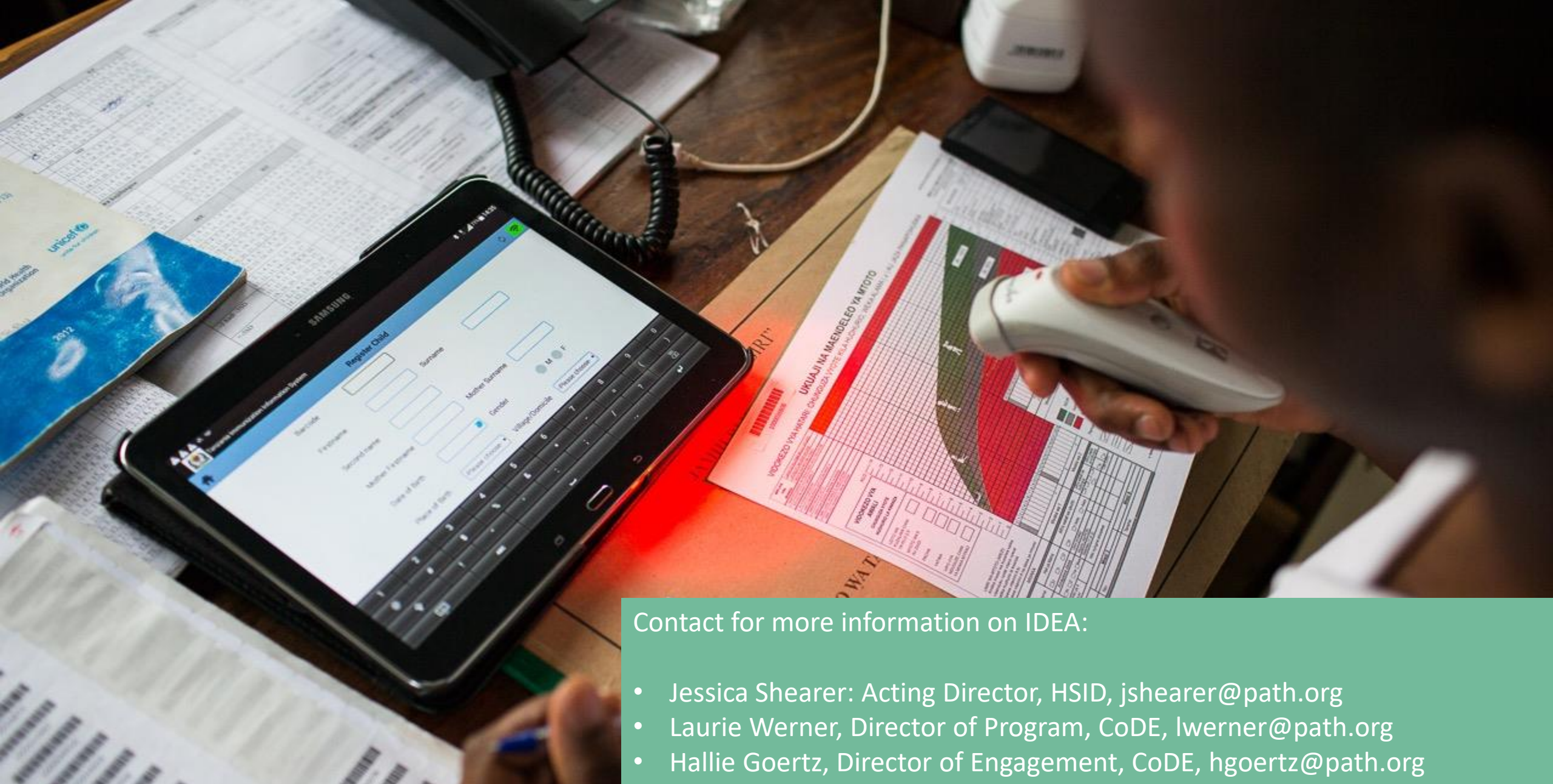
Step 2: What are your main data use challenges? Find an IDEA finding that helps address your needs.

Step 3: Share your commitment and put it into action.

#findyourfinding



Photo credit: PAHO/WHO

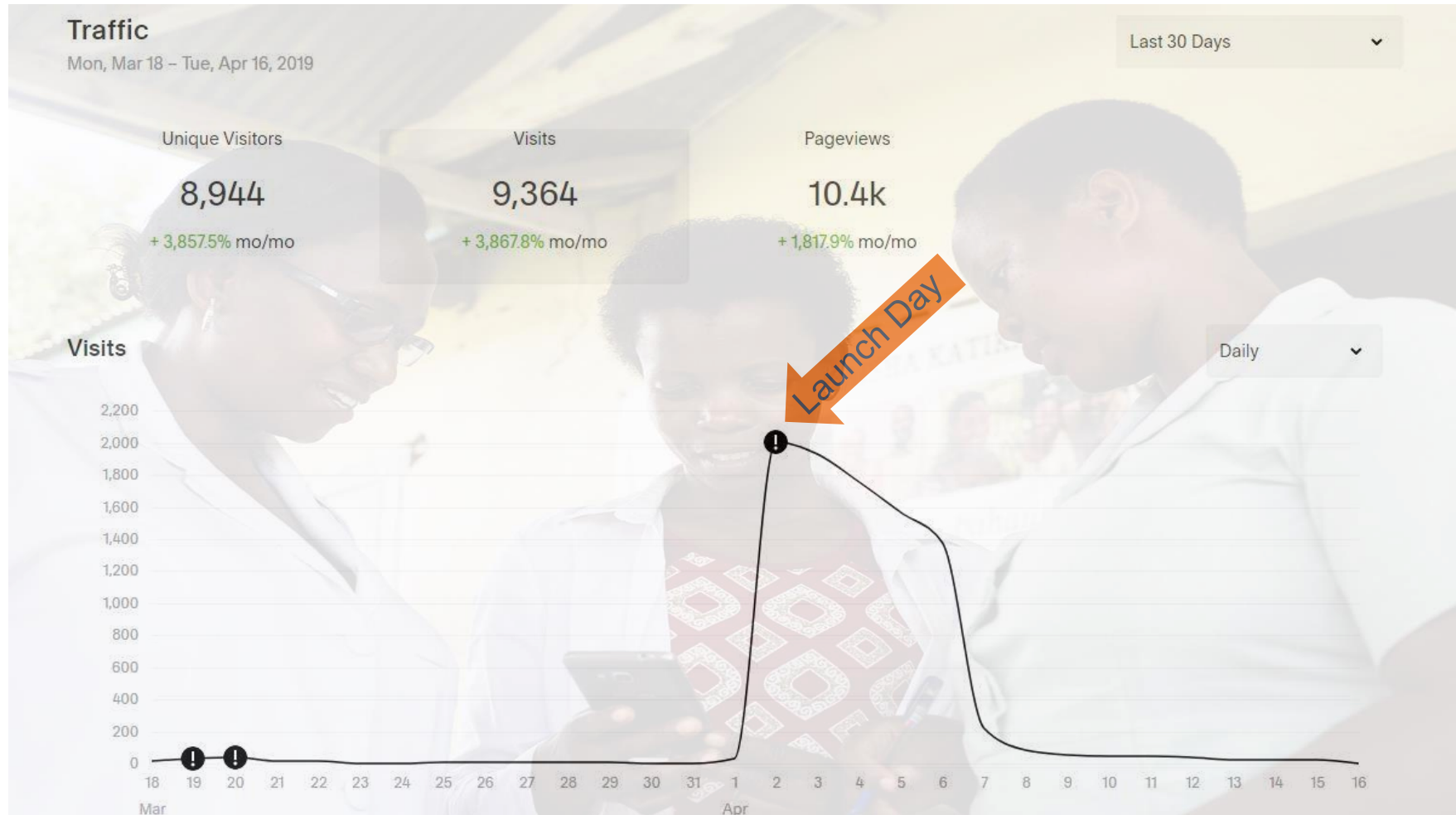


Contact for more information on IDEA:

- Jessica Shearer: Acting Director, HSID, jshearer@path.org
- Laurie Werner, Director of Program, CoDE, lwerner@path.org
- Hallie Goertz, Director of Engagement, CoDE, hgoertz@path.org

Annex

Communications Impact



Evidence for Action



- **Data-based actions have impact.** Data based decision-making and actions can effectively address existing immunization challenges such as data visibility, inventory stability, and program impact.
- **Best practices to inform programs.** Low- and middle-income countries in particular can benefit from the IDEA review's best practices to inform immunization program strategy.
- **Time is of the essence.** Improving data quality and decision-making can start today—with existing systems and staff.
- **Better data can lead to more timely and better informed decisions.**

Evidence for Action

- **Recognize the human element.**
 - Prioritize learning and improvement over simply meeting targets to increase data use.
 - Focus on data quality as well as human resource requirements to motivate data use.
- **Infrastructure is essential.** Transition to computerized systems is most successful when tech infrastructure improvements come first.
- **Technology makes a difference.** Immunization information systems (IIS) and electronic immunization registries (EIR) can generate better data for decision-making around immunization coverage and timing.



Make an Impact



- Design interventions to **address multiple mechanisms** of data use, such as demand, access and availability, data quality, data use skills, structure and process, and communication.
- Incorporate data use within **data review and decision-making processes** to better manage vaccine supply and cold chain, improve data quality and program performance, and monitor and prevent disease outbreaks.
- Develop **national guidelines** with well-defined processes and procedures for data collection, analysis, and use.
- In **training programs**, include curricula that builds health worker skills on how to use routine service delivery data for decision-making and problem-solving.

Make an Impact

- Ensure that adequate **feedback loops** are in place.
- Develop **M&E strategies** to measure whether data is being used and defined as intended.
- Ensure that district level health workers have **adequate tools and training** to deliver effective supportive supervision.
- Use information to **monitor** progress, **prioritize** geographic areas and populations, and **inform** vaccination strategies and policies.

