IDEA

Immunization Data: Evidence for Action (IDEA)

Connecting the immunization community to insights to improve data quality and use

Timely, high-quality data is essential to improve immunization outcomes. The IDEA review is a global synthesis of existing evidence that helps build a common understanding of what works to improve immunization data quality and use, why it works, and where more investment is needed. The IDEA review gives the sharpest look yet at how to improve the use of data in immunization programs.

For more information, contact: digitalhealth@path.org

Top IDEA Findings for Program Funders

INTERCONNECTED STRATEGIES GET BETTER RESULTS

Immunization data use improves when programs use a comprehensive set of interconnected and mutually reinforcing strategies that address barriers. Successful packages include strategies that address skill and capacity building, behavior change management, user-centered design principles, and long-term resource commitments.

DATA USE LEADS TO BETTER DATA

The relationship between data quality and its use is dynamic and cyclical – one informs and inspires the other. The more data is used, the more likely its quality improves, and as data quality improves, health care workers are more confident about using it to guide their actions.

SYSTEMIZING DATA USE LEADS TO LONG-TERM SUCCESS

Data use becomes an integral part of decision-making when it's built into processes at all levels of the health system. 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, and training and guidelines for front-line staff.

HMIS AND 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. And even greater gains are achieved when digital systems are paired with other activities that reinforce data use.

DIGITAL SYSTEMS SHOW PROMISE, BUT BARRIERS STILL EXIST

The transition from paper to digital systems across all levels of the health system has made higher-quality data more available to decision-makers, but 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 shows the need for a phased approach – to make sure data use infrastructure, human resource capacity and skill building are in place before a full digital transition.

CHECKLIST OF ACTIONS TO SUPPORT DATA USE

Theory of Change Data Use Actions	How to improve data use at the HEALTH FACILITY LEVEL?	How to improve data use at the HEALTH DISTRICT LEVEL?	How to improve data use at the NATIONAL LEVEL?
Funders	*Cross-cutting actions* ☐ Investments address documented bottlenecks to data use and use multi-component and theory-driven approaches to resolving those challenges. ☐ Investments are funded based on what is known to work, or has high likelihood of success in a given context. ☐ Investments are aligned with national policies and strategies for data use or ehealth and with other investments. ☐ Investments are accompanied with a robust M&E plan that will contribute to filling existing evidence gaps, including cost-effectiveness.		
	☐ Data quality investments have been equally balanced with strategies to improve data use.	☐ Investments include components of quality improvement methodologies to provide structured approaches to interpret data, prioritize problems, and find solutions.	☐ Investments are geared towards data use strategies end efforts to increase use of evidence in policy decision-making.

Join our community dedicated to improving data quality and use. Find the IDEA finding that inspires you and share how you plan to act on it. #findyourfinding