



# GLOBAL IMMUNIZATION MEETING 2018



26-28 June 2018  
KIGALI, RWANDA

# Innovations and transitions for data

- What transitions?
- Priorities for immunization data
- Country experiences and innovations
- Discussion



End of parallel systems?

Need for data use culture

Improved denominators

More accountability demanded

Risk assessment

Admin vs Survey vs Disease outbreaks

From infancy to life-course

Beyond coverage, focus on equity

Change on the horizon for immunization data?

# Which transition will have most impact on immunization data over 5 years?

- Parallel to integrated
- Aggregate to individual
- Infant to life course vaccination
- Paper to cloud
- Centralized to user-centered
- Data for reporting to data for action



If actions to improve these building blocks are implemented ....

**Assessment & improvement planning:**

Establish a continuous cycle of assessment and improvement of immunization and surveillance data and systems

**Governance:**

Establish clearly defined policies, processes and responsibilities for the collection and use of data and design of information systems

**People:**

Empower health personnel to use immunization and surveillance data for better decision-making

**Tools:**

Invest in user-centred and sustainable tools and information systems

**Evidence:**

Document, evaluate and share knowledge on ways to improve immunization and surveillance data and their use

then data will be:

**Available**

In the right place at the right time to allow for timely actions

**Fit-for-purpose**

Complete, timely, representative and precise enough for the intended use

and used for decision-making and improvements in programme:

**Planning**

**Implementation**

**Monitoring**

... resulting in better programme outcomes



**Coverage and equity, Efficiency**



**Morbidity and Mortality**

# Which “fundamentals” are most critical?

- Perform systematic data assessments, develop and implement high quality improvement plans
- Improve governance for data and information systems at all levels
- Invest in people and create a data use culture in immunization
- Implement more efficient /effective electronic tools
- Implement more efficient /effective paper tools
- Document, evaluate and share evidence around interventions that work

# Speakers

- George Bonsu (Ghana EPI)
  - *Ghana integrated the DVMT EPI reporting systems into the national HMIS (DHIMS)*
- Alain Poy (WHO/AFRO)
  - *WHO developed a routine immunization module within DHIS2, and is now supporting AFR countries*
- Josephine (Zambia EPI)
  - *Zambia implemented electronic systems for logistics and immunization registries*
- Martha Velandia (PAHO)
  - *Zambia implemented electronic systems for logistics and immunization registries*
- Emma Hannay (Acasus)
  - *Acasus helped EPI in Punjab (Pakistan ) implementing a mobile app for increased accountability*
- Lora Shimp (JSI)
  - *Data quality and use at the facility level*
- Laurie Werner (PATH)
  - *IDEA evaluated the evidence behind data interventions*



# Your questions



# What matters most for data?

- Wordcloud