

DIGITAL HEALTH **IN** FOCUS



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EMR LAUNCH: PAVING THE WAY FOR NATIONAL ROLLOUT

Electronic medical record (EMR) system improves health care system efficiency, timeliness, data management, and decision-making. The computerized system captures, stores, and shares patient information, which facilitates delivery of high-quality health services.

DHA has been piloting an EMR system at the Tirunesh Beijing General Hospital and training health care professionals there to use it. Despite challenges, DHA launched the system on June 12, 2021.

Present at the launch were the State Minister of Health Alemtsehay Paulos, USAID senior management, regional health bureau (RHB) representatives, DHA partners, and other stakeholders. During the ceremony, highlights of the hospital's EMR implementation were showcased, presentations on the overall EMR pilot experience, including an introduction to the national EMR roadmap delivered, and Ms. Alemtsehay presented recognition certificates to the hospital's super-users by.

EMR improves health service quality by standardizing care and treatment; optimizing referrals between health facilities and service units; and ensuring maximum prescription refill rate. DHA is piloting the system in two additional hospitals (Addis Ababa Burn Emergency and Trauma Hospital, and Adama Hospital Medical College) and three health centers (Ferensay, Kazanchis, and Saris) in Addis Ababa.

“The Ministry of Health [MOH] will continue to support Tirunesh Beijing hospital to achieve its goal of providing paperless services and for similar hospitals and health centers to adopt this experience,”
said Ms. Alemtsehay.

“The EMR system is a proper response to improve the quality of health service delivery. I affirm USAID's commitment to continue supporting the implementation of the health information revolution in Ethiopia,”
said Sinu Kurian of USAID Ethiopia.





BUILDING COUNTRY DIGITAL HEALTH IMPLEMENTATION CAPACITY THROUGH ENGAGING LOCAL YOUTH

Ethiopia lacks workers who have the skills to implement health information systems (HISs) in health centers at woreda (district) level, and staff who can perform simple hardware maintenance, software troubleshooting, system upgrades, and LAN functionality testing. Six months ago, DHA launched a Youth Enterprise program, aiming to fill these gaps and create job opportunities for talented youth entrepreneurs.

Through this program, DHA has been guiding youth enterprises in obtaining legal entity, providing them with access to startup capital, and building their technical competencies in digital health, business, entrepreneurship, and financial management. About 155 young people are participating in the program.

An event was held on July 10 to hear about these enterprises and brainstorm ways to collaboratively support them. The enterprise leads presented their achievements, including support for HealthNet functionality, DHIS2, DAGU 1, DAGU 2.0, electronic community health information systems (eCHIS), and hardware and software maintenance across the country, to an audience of key representatives from

MOH, RHBs, USAID, and Jobs Creation Commission (JCC).

This was followed by a panel discussion, Reflections on Youth Enterprise Engagement and Activities, led by Gemechis Melkamu, director of the Health Information Technology Directorate. Reflections were captured and will inform the next discussion, on Youth Enterprise Journey, led by Ms. Alemtsehay. Event attendees pledged continued support to ensure resilient and sustainable social enterprises.






“ We have seen that enterprises engaged in strengthening the digital HIS are doing fruitful work. Over the past five months, 15 associations, organized by USAID DHA, have assisted more than 350 health facilities in all regions. We agreed that we need to improve the cooperation and coordination of the relevant stakeholders so that they can work together in a sustainable manner, ”
said Ms. Alemtsehay.

“ With your continued support, we can do much more, ”
said Shimelis Jafar of Geda Digital Information Technology Solutions.



UNITED IN THE FIGHT AGAINST COVID-19: RECOGNITION AND APPRECIATION PLAQUE

DHA has been applying its expertise in digital health and supply chains to support the government's response to the COVID-19 pandemic. DHA helped MOH and Ethiopia Public Health Institute (EPHI) analyze data on surveillance performance, identified gaps, and made recommendations to fill them. The Activity produced information on the effects of COVID-19 on program service coverage and use. Dashboards were prepared to display results in ways that were easy to interpret and use. The Activity also organized a workshop on the national status of essential services before and after COVID-19, at which lessons from high-performing woredas were shared with lower-performing woredas, fostering cross learning. DHA, in collaboration with Data Use Partnership (DUP), also supported the development and implementation of the following critical digital tools to mitigate the effects of the pandemic:

-  Hand sanitizer quality control system.
-  COVID-19 surveillance and tracking system app.
-  Health facilities reporting app.
-  Port of entry health declaration app.
-  Community house-to-house screening app.

DHA received recognition and appreciation plaque from the Addis Ababa Regional Health Bureau (RHB) for its contribution to the national fight against COVID-19. We are honored to be a part of this and MOH's admirable efforts.





FOSTERING LEARNING AND EXPERIENCE SHARING: CENTRAL AFRICAN REPUBLIC VISIT

Delegates from the Central African Republic visited the DHA office to learn about its implementation, alignment and coordination with the Government of Ethiopia. DHA's senior director briefed the team on overarching objectives, achievements, and plans. The delegates asked critical questions about the challenges, with a focus on lessons that can be adapted.





CONTINUOUS PROFESSIONAL DEVELOPMENT FOR HIS PROFESSIONAL PRACTICE

Continued capacity building is required to create an HIS workforce that can provide basic digital health solutions for the health sector. This depends on several interrelated factors, including high-quality pre-service education, standardized in-service training, and continuous professional development (CPD) opportunities.

DHA participated in the ESIM annual conference and presented the opportunities of the routine health information management system (HMIS) for CPD. The presentation noted that evidence shows limited involvement of clinical healthcare workers, including internal medicine physicians, in the design, development, and implementation of HMIS. Including HMIS in the CPD helps maintain and

improve performance by developing knowledge, skills, attitudes, and behaviors across all areas of HIS professional practice. The CPD delivery mechanisms/platforms are available at MOH, and systems and content have been designed and developed.

Woinshet Nigatu, DHA capacity building director, communicated the importance of medical societies working with HIS stakeholders to an audience of over 500 medical professionals.

“ It is vital for medical societies to continuously engage with HIS stakeholders so that CPD can be tailored to the needs of the individual doctor and offered regularly, ”

Woinshet Nigatu .





MANAGING HUMAN CAPITAL AND TRACKING THE HEALTH WORKFORCE: HUMAN RESOURCE INFORMATION SYSTEM

In recognition of the need to better track and manage the health workforce, the MOH made strides in planning for an electronic HRIS. The development of three modules (i.e., human resources administration, human resources development, and human resources licensure) has been finalized as part of first release planned activity.

DHA has been addressing issues that arise from the Human Resources Administration and Human Resources Development in preparation for deployments and is facilitating skill building for MOH staff to ensure the long-term availability of support for deployment. DHA has received an award from the MOH for the efforts to improve the human resource administration recording and management.



DHA WARKA: KNOWLEDGE-SHARING PROGRAM

Information in organizations is increasingly siloed. When knowledge isn't shared or accessible, employees waste time recreating solutions, repeating mistakes, and answering the same questions over and over again. To avoid this and to encourage all staff to share, access, and update organizational information, DHA hosts a monthly knowledge-sharing program called DHA Warka. Each month, one staff member (or team) presents its work. The floor is open for interactive engagement. Over the past few months, DHA Warkas focused on these topics:

- Evidence to monitor intervention- A lesson from COVID-19 and service uptake.
- Interoperability and the Electronic Health Architecture.
- Connected Woreda Strategy: the driving force to advance universal health coverage at woreda level.
- Health care data quality in Ethiopia- current status, gaps, and tools.





COMPREHENSIVE SERVICE AT THE GRASSROOTS LEVEL

Health extension workers (HEWs) face many challenges, one of which is transportation. When using systems such as the electronic community health information system (eCHIS on electronic tablets), they must travel from the household to the health office to sync the data. In rural areas, HEWs travel long distances on dirt roads, and while the health centers provide motorcycles, they are frequently out-of-service.

Around the beginning of this year, DHA driver Amha Ayalew was transporting staff for project implementation when he noticed this issue. While the rest of the team was engaged in

other activities, he asked about the motorcycles that were just laying around. Having a background in mechanics, he proceeded to fix the motorcycles and oriented health facility staff on preventive maintenance. To date, Amha has maintained 26 motorcycles and two generators in 19 health offices across SNNP and Oromia Regions. His extra work has mitigated HEWs transportation challenges and helps health offices use available resources and avoid unnecessary cost.



TOWARD DIGITIZING COMMUNITY HEALTH INFORMATION SYSTEMS: WHAT IS NEXT IN ETHIOPIA'S EFFORTS TO IMPROVE QUALITY OF HEALTH SERVICE DELIVERY AT COMMUNITY LEVEL THROUGH DIGITAL HEALTH INTERVENTIONS?

Netsanet A. Nigussie, *Senior Director, USAID Digital Health Activity*

What was the goal? The eCHIS is a high-priority initiative, demonstrating the MOH's intentions to further use technology and data to improve service delivery starting at the community level. The eCHIS digitizes the family folder and CHIS content into a mobile platform for use by Health Extension Workers (HEW) around the country. The mobile platform and corresponding clinical, reporting, and system management tools are expected to promote access to and use of data about community service delivery within the Health Extension Program, supporting HEW responsibilities and equipping decision makers with relevant, high-quality data to advance the health system in Ethiopia.

Where are we? Development and implementation of the eCHIS has made significant progress over the past couple of years. MOH has documented various iterations of requirements for the eCHIS, including overall system design and deployment architecture. Based on the new requirements and the system architecture design, a technology review was conducted and it was decided to develop the application based on a single comprehensive platform. Development of the digital family folder and the reproductive, maternal, newborn, and child health, malaria, and tuberculosis modules are complete, and the NCDs and NTDs modules will be finalized by October 2021. In addition, configuration and setup of CommCare HQ for local hosting has been done in parallel to the development of the mobile app and is implemented in over 4,000 rural health posts across six agrarian regions (Tigray, Amhara, Oromia, Sidama, Benishangul Gumuz, and SNNPR).

In addition, the MOH is customizing the family folder to expand rollout to pastoralist health posts. The eCHIS customization for urban settings will continue in the next year.

What have we learned in this journey? The actions taken to accomplish these milestones have been informative and set a pace that demonstrates the high priority of implementing a mobile tool for HEWs. While progress toward an eventual country-wide implementation has been made, core components of a comprehensive program strategy have yet to be established. These require continued exploration on the development and implementation approach and the overall programmatic goals of eCHIS. Critical rethinking areas include but are not limited to:

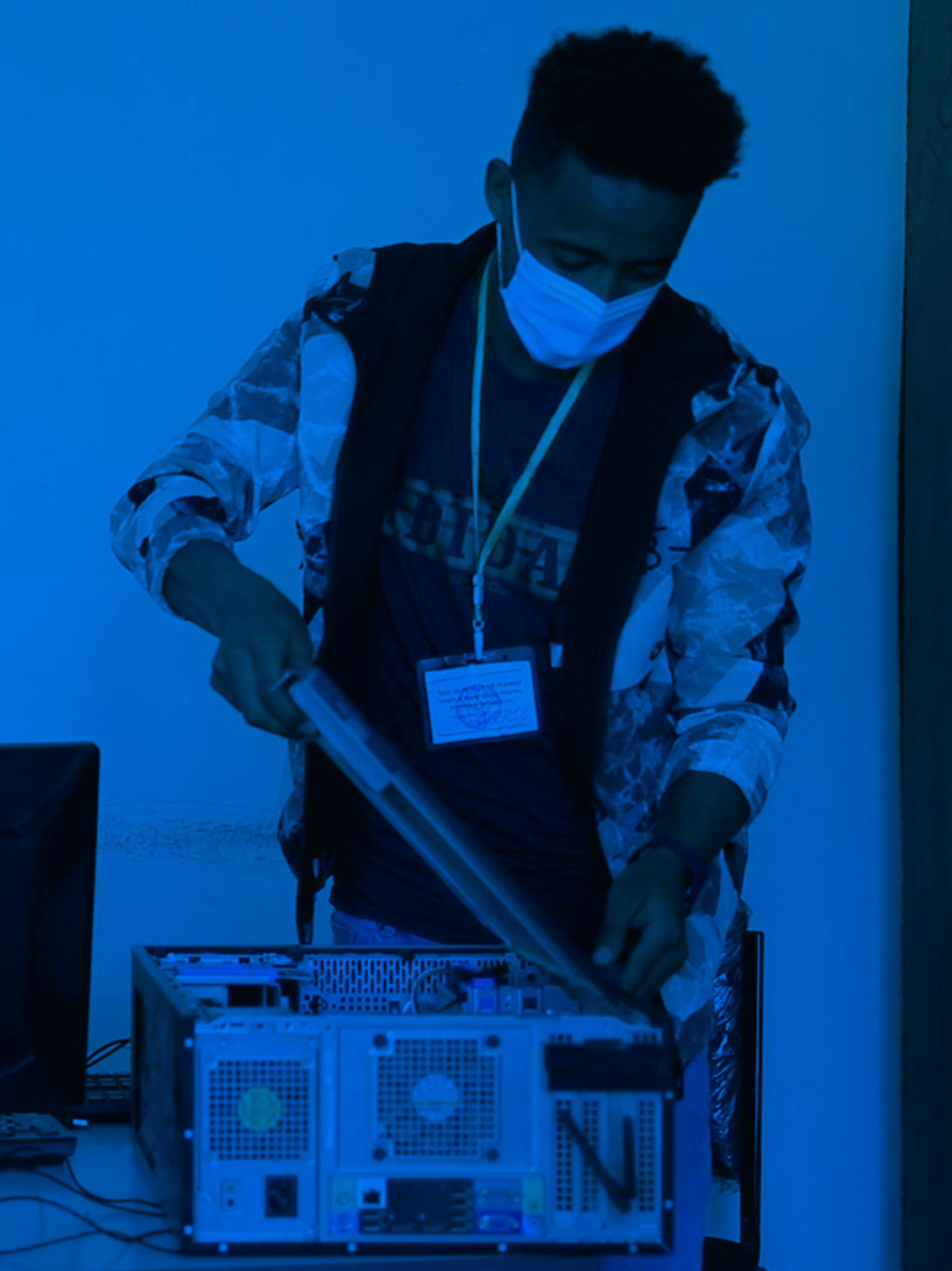
- 1. Goal-driven implementation approach with the appropriate measurement of success:** Despite initial attempts to articulate a set of strategic goals, eCHIS overall programmatic goals are not still clearly defined and measurement tools and indicators have not been crafted. This requires evidence on health service delivery gaps and anticipated effect of the eCHIS implementation. Based on the learnings from implementation so far and experiences from similar digital health projects in Ethiopia and other countries, it is important to articulate what the MOH aims to achieve with the eCHIS; why certain components of the strategy are priorities; and how each will be measured to have a foundation upon which to make decisions moving forward.

2. Road mapping and analysis of eCHIS investment:

The development of the eCHIS product and resulting implementation are based on designated milestones and roadmaps. Throughout the course of the Activity, eCHIS development and implementation plans depend partially on funding prospects and longer-term intentions with the product itself, with different budget models informing implementation approaches. Long-term sustainability of the Activity is also critical. eCHIS investment planning needs to be relevant to partnerships, to demonstrate accountability, enable shared planning mechanisms, and communicate transparent expectations to all involved stakeholders.

3. Fostering partnership and collaboration among technology, programmatic, and implementation partners:

It is critical for MOH to continue to build and sustain relationships with technology, programmatic, and implementation partners. Each has a critical role in bolstering capacity during various phases, as well as providing insight through collaboration and sharing experiences in similar scenarios. So far, engaging partners that are focused on software development, technology implementation, and support and maintenance has supplemented teams with expertise and provided continued training for health system staff at different levels.



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