



# Improving Interoperability of Health Information System in Tanzania

Marcos R Mzeru, ICT Officer, (MOHCDEGEC/Tanzania) ([marcosmzeru@gmail.com](mailto:marcosmzeru@gmail.com))

Hamis Msengi Mwendo (MOHCDEGEC/Tanzania)

# Background

## **Vision:**

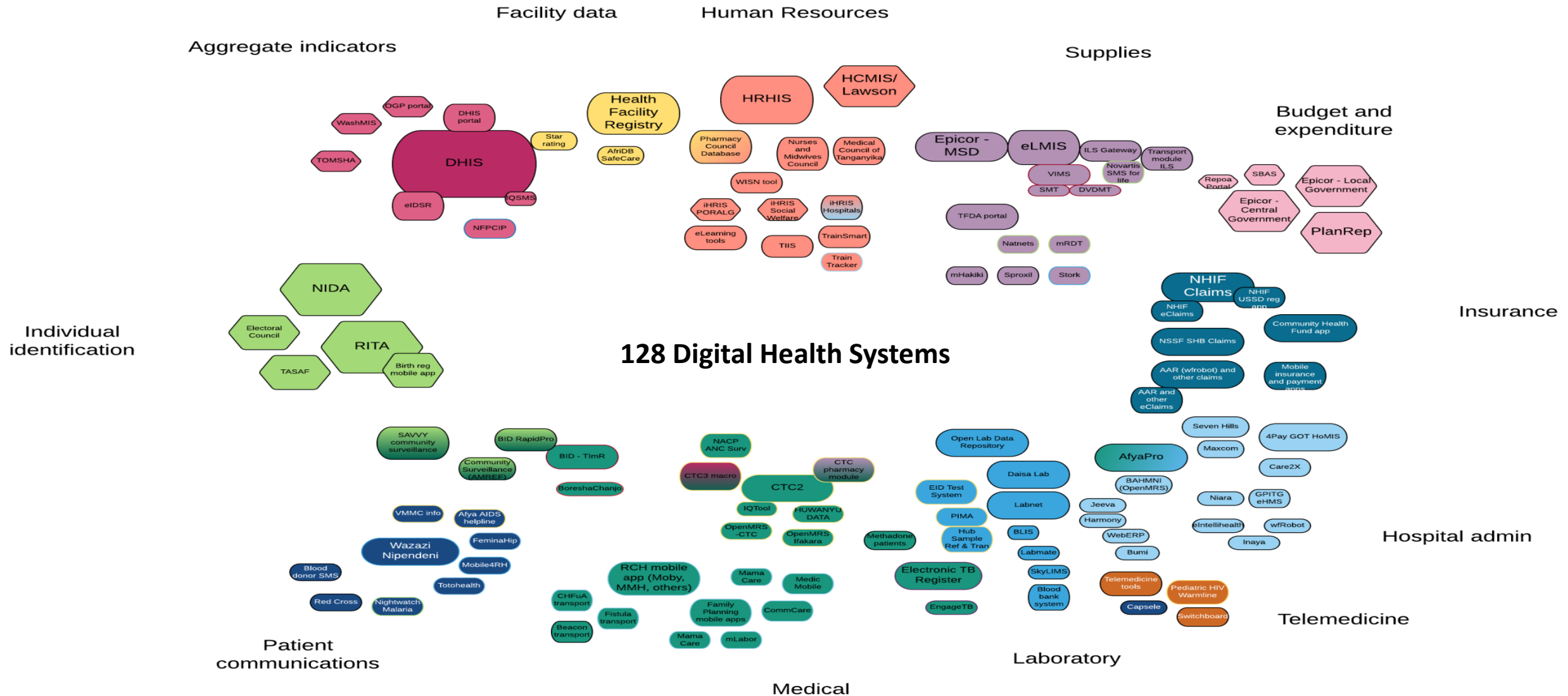
National integrated health information system (NHIS)

## **Issues in consideration:**

- Fragmented ICT pilots and numerous HIS silos
- Need of an interoperability Layer – Inadequate sharing/exchange of health information across the sector
- Fragmented and uncoordinated business processes
- Inexistence of common investment framework
- Governance and partner coordination
- Need for a Holistic Approach



# Available systems - Across Health sector

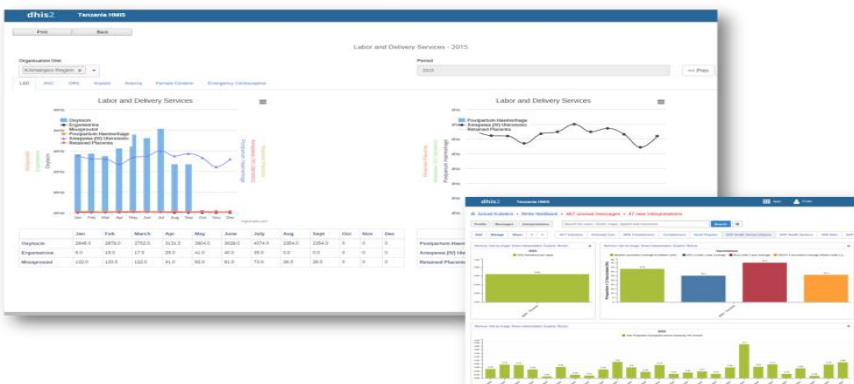


Source: DUP Assessment findings, 2016

# Current Situation: Example

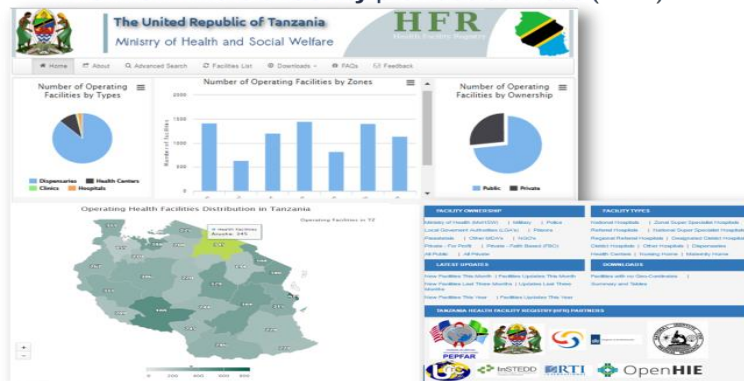
## Current Situation: Data We Have

- We know *what service* (eg. ANC) is provided (DHIS2)



## Current Situation: Data We Have

- We know *where* a **facility** provides services (HFR)



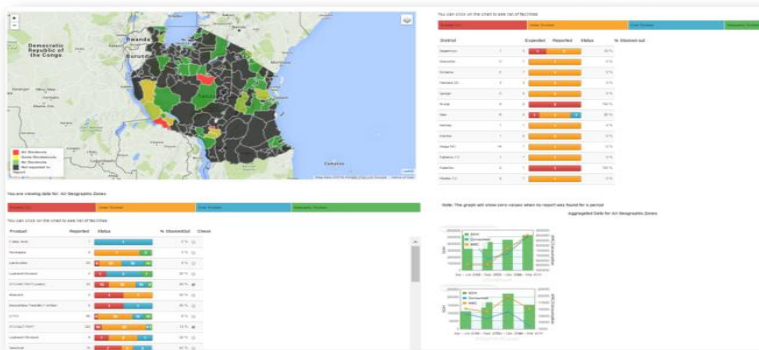
## Current Situation: Data We Have

- We know the **provider** who provides services (HRHIS)



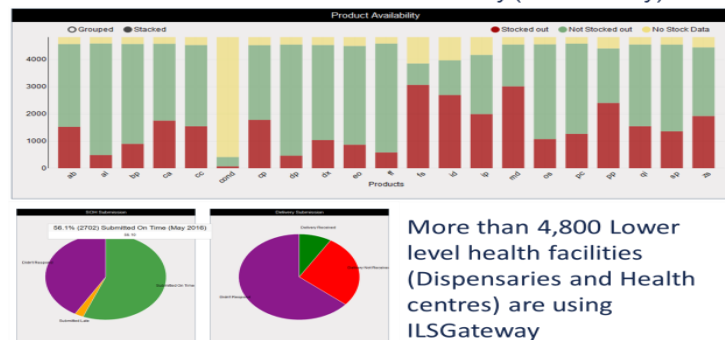
## Current Situation: Data We Have

- We know *which commodities* are available at HF (eLMIS)



## Current Situation: Data We Have

- We know *tracer commodities* availability (ILSGateway)



More than 4,800 Lower level health facilities (Dispensaries and Health centres) are using ILSGateway

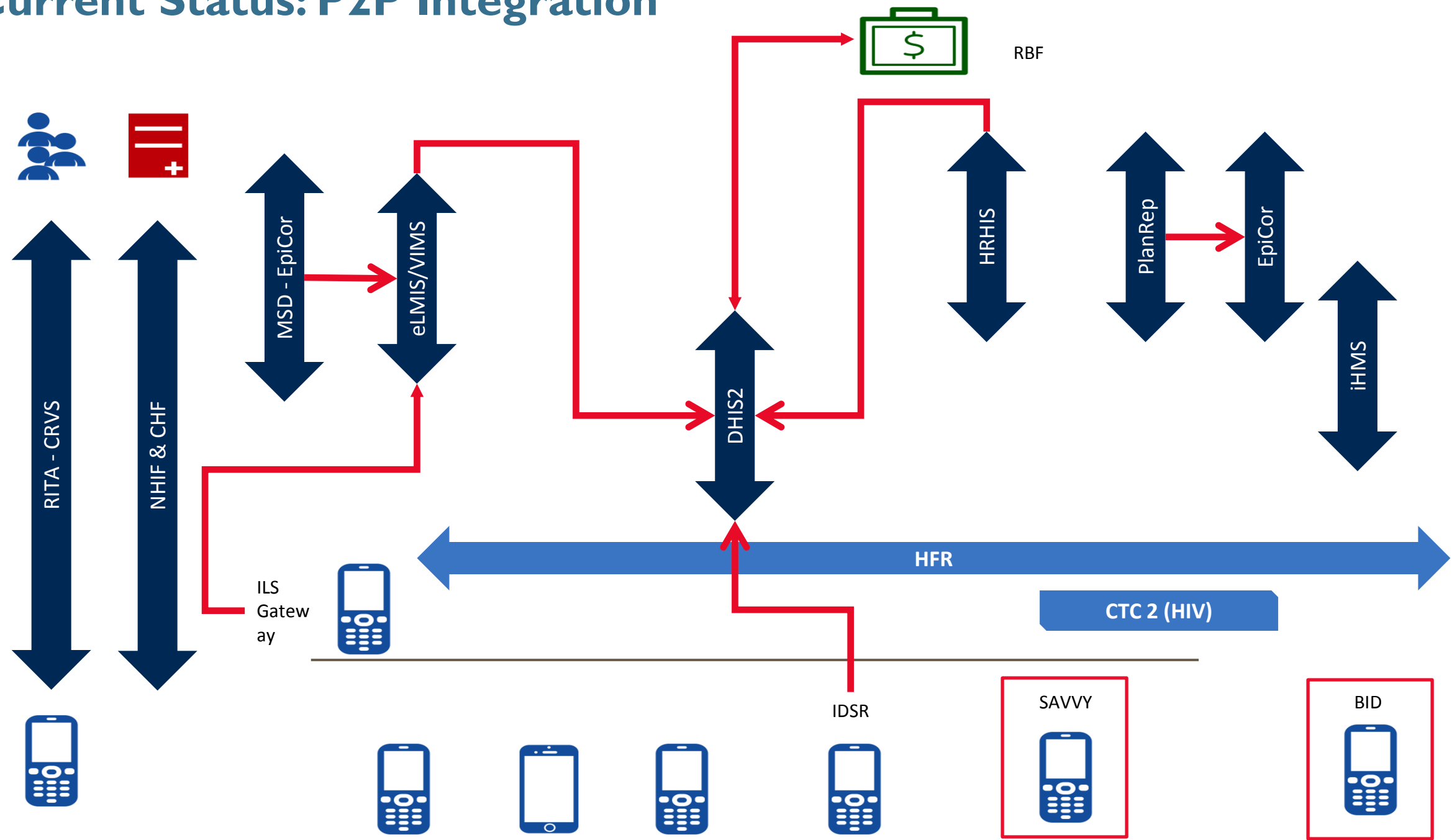
## Current Situation: Data We Have

- We know *how much money* is available (District ERP, & MSD)

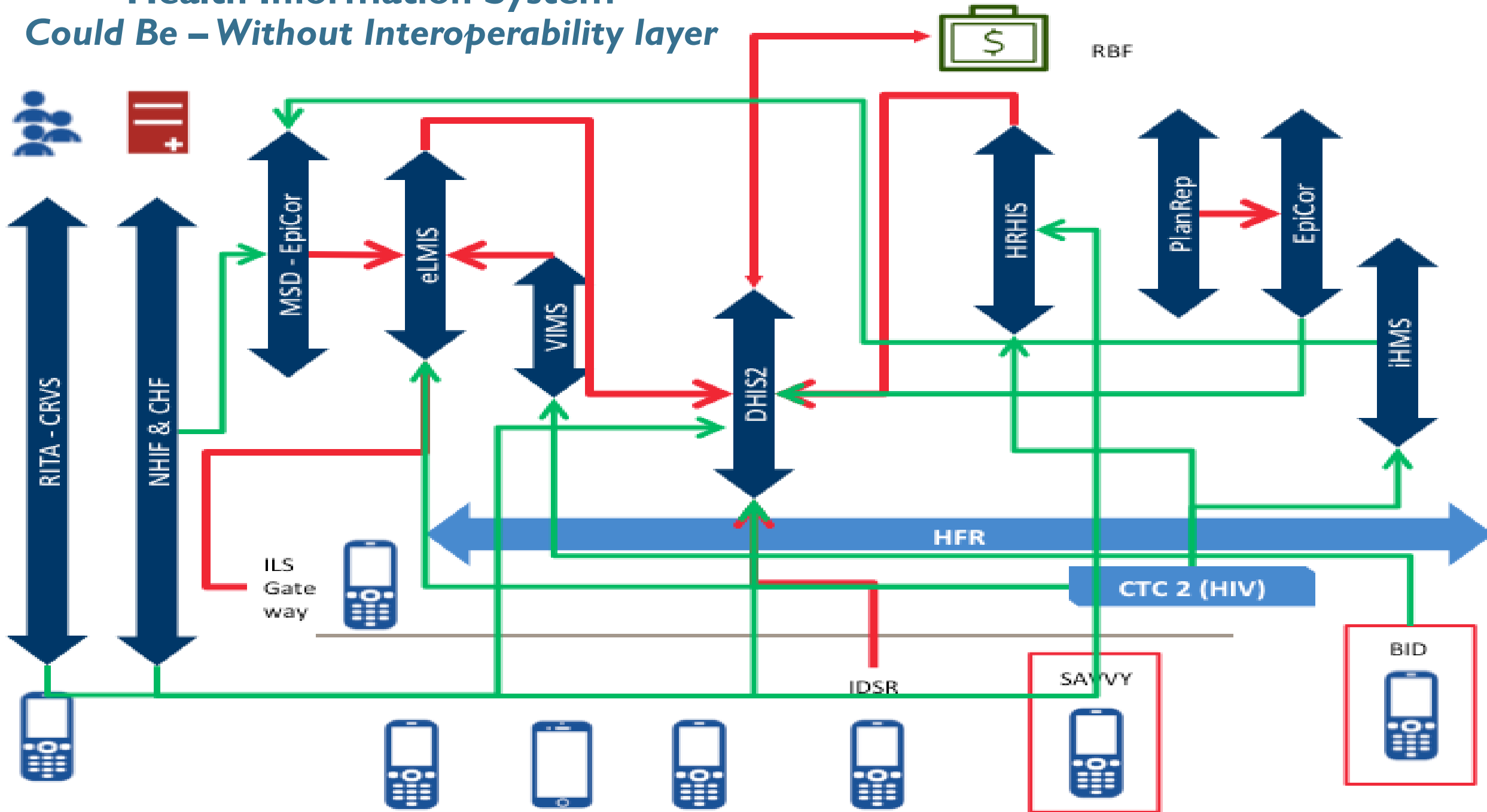


- We don't know *to whom* (**beneficiary**) services are provided (EMR) except HIV care (CTC2) and some Hospitals through iHFeMS
- We cannot easily compare *what, where, who, which, or how much*

# Current Status: P2P Integration



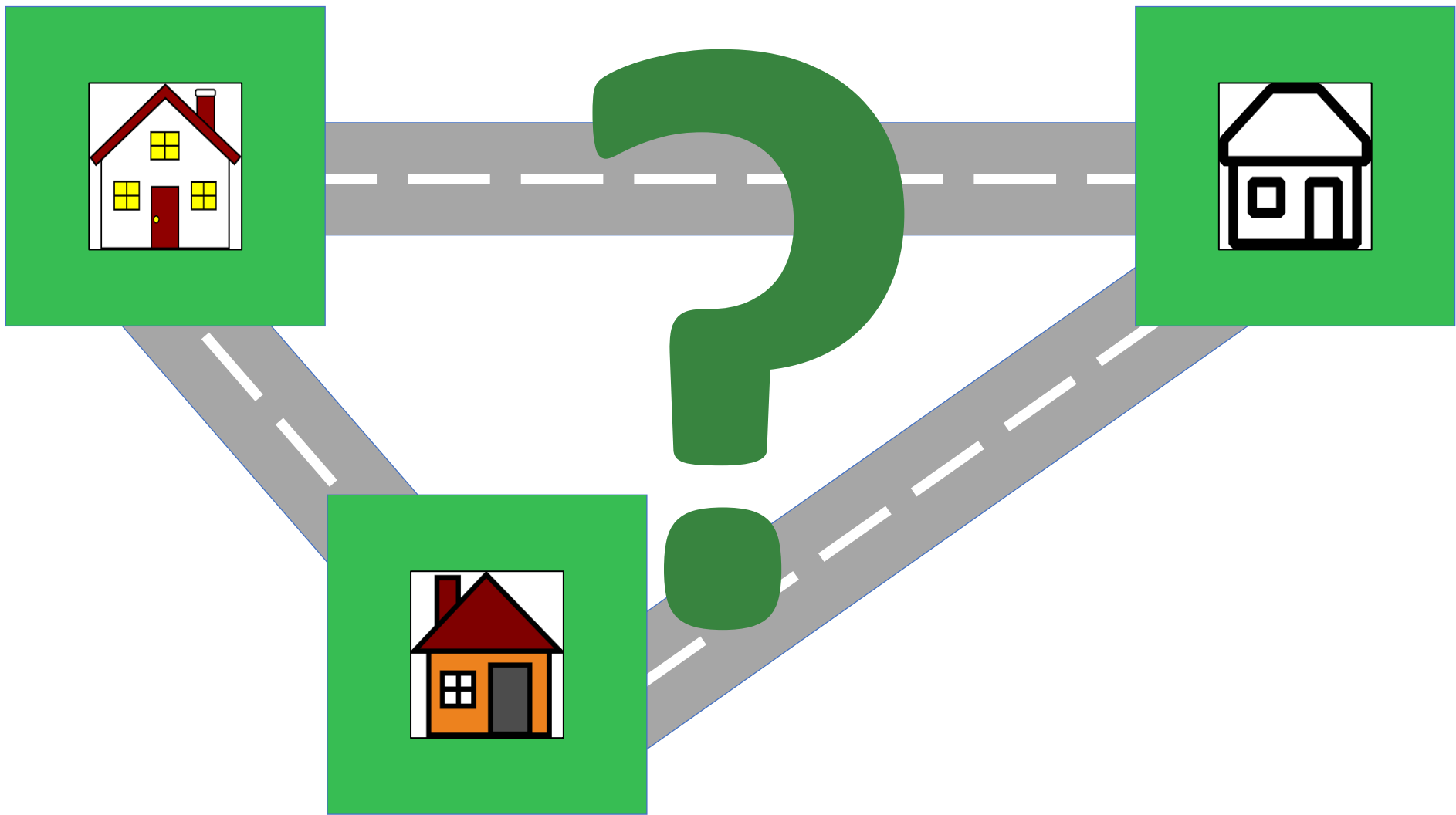
# Health Information System *Could Be – Without Interoperability layer*



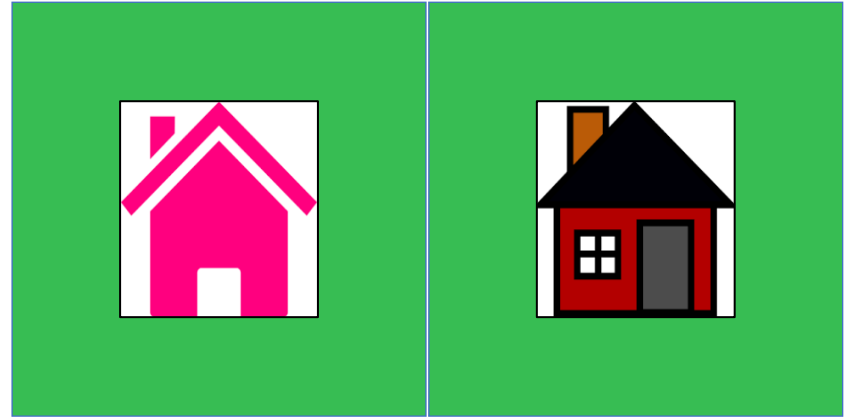
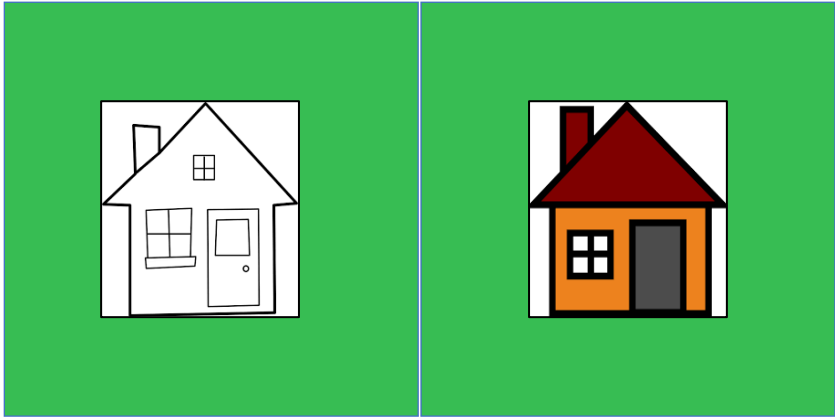
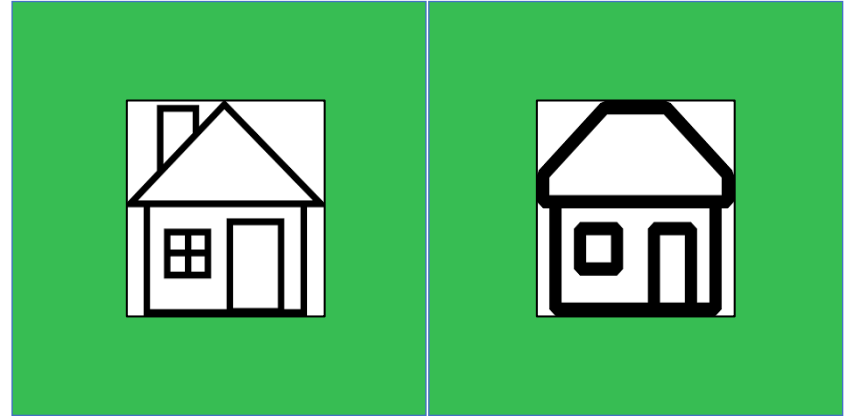
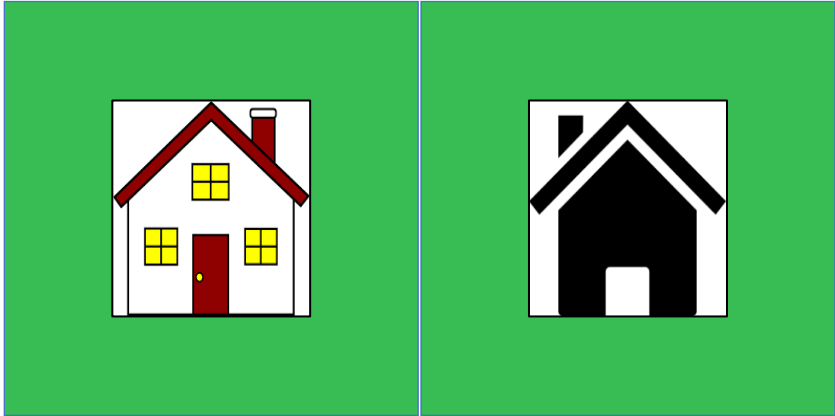
# THE QUESTION?

A crumpled blue paper ball sits on a white, spiral-bound notebook page. The page is covered in faint, hand-drawn sketches, including a large oval with horizontal lines, a small square with a cross, and the handwritten text "What.?!". A black pen lies on the right side of the page. The background is slightly blurred, emphasizing the crumpled paper ball.

*How do we harmonize HIS?*







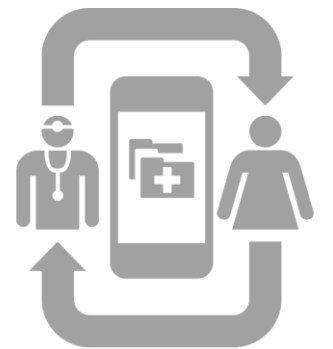
# MOHCDGEC and Health Information Exchange (HIE) Commitment

## Health Sector Strategic Plan (2015 – 2020)

- The health sector will embrace rapid development of ICT for improving administrative processes, patient/client recording and communication.
- The MOHCDGEC will stimulate development and guide interoperability of systems

## The eHealth Strategy (2013 – 2018)

- Establish eHealth standards, rules, and protocols for information exchange and protection
- Establish comprehensive health facility, provider, and client registries with complete and current information that meets stakeholders' needs



# eHealth Strategy Strategic Objectives

eHealth Strategy identified three strategic objectives as eHealth Foundations:

1. Enhance ICT infrastructure and services to **improve communication and information sharing** across the health systems and at all levels.
2. Establish eHealth standards, rules, and protocols **for information exchange** and protection.
3. Establish comprehensive health facility, provider, and client registries with **complete and current information** that meets stakeholders' needs.

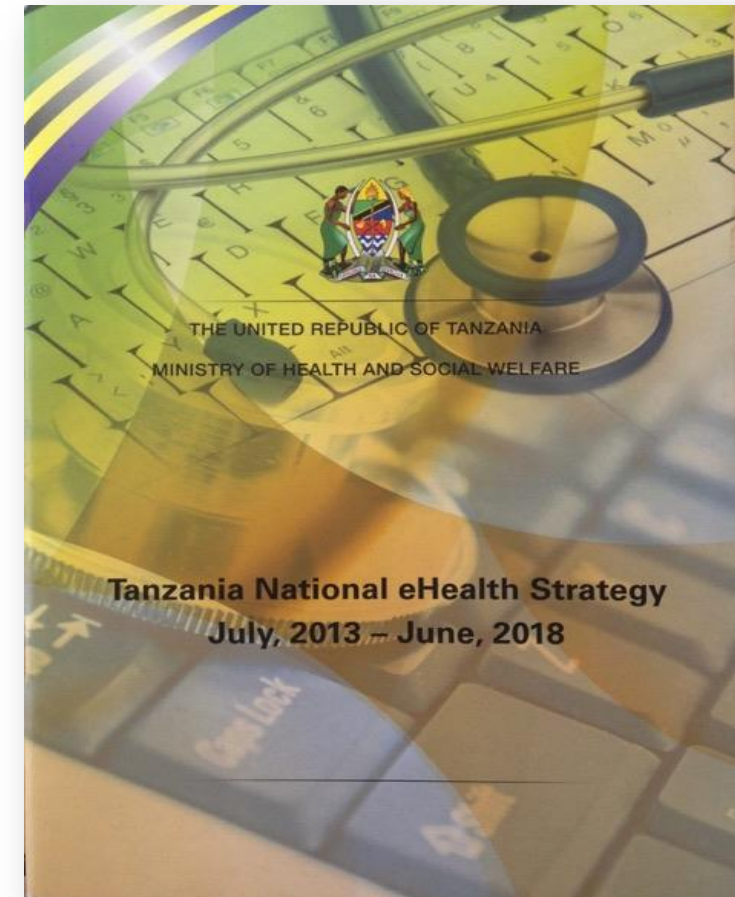
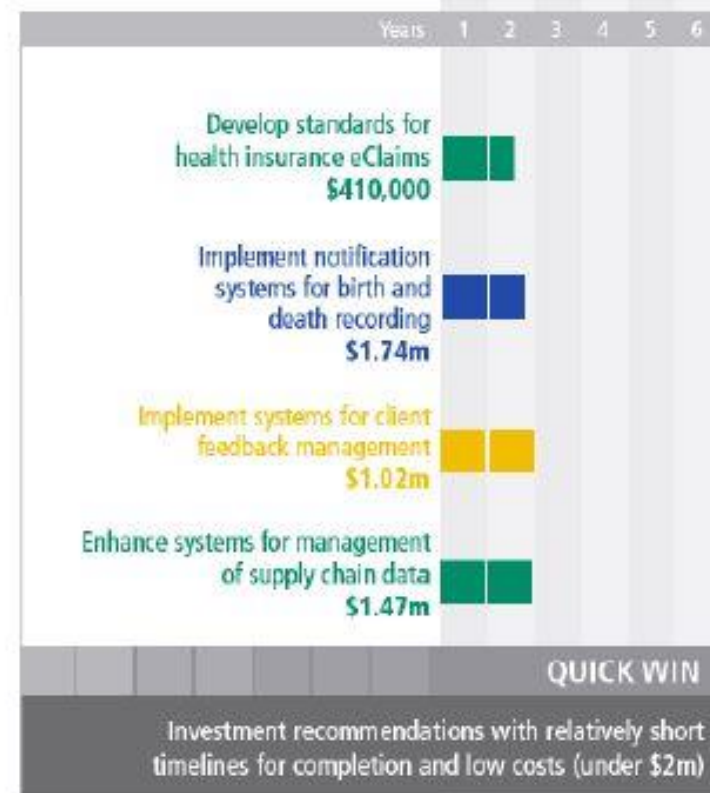
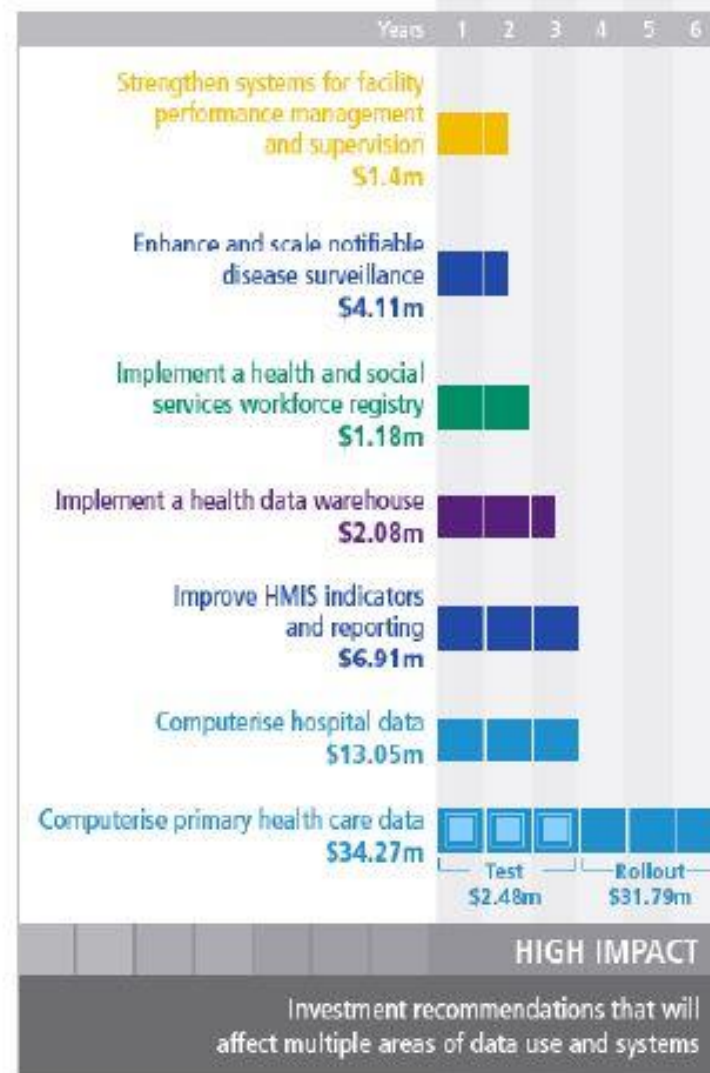
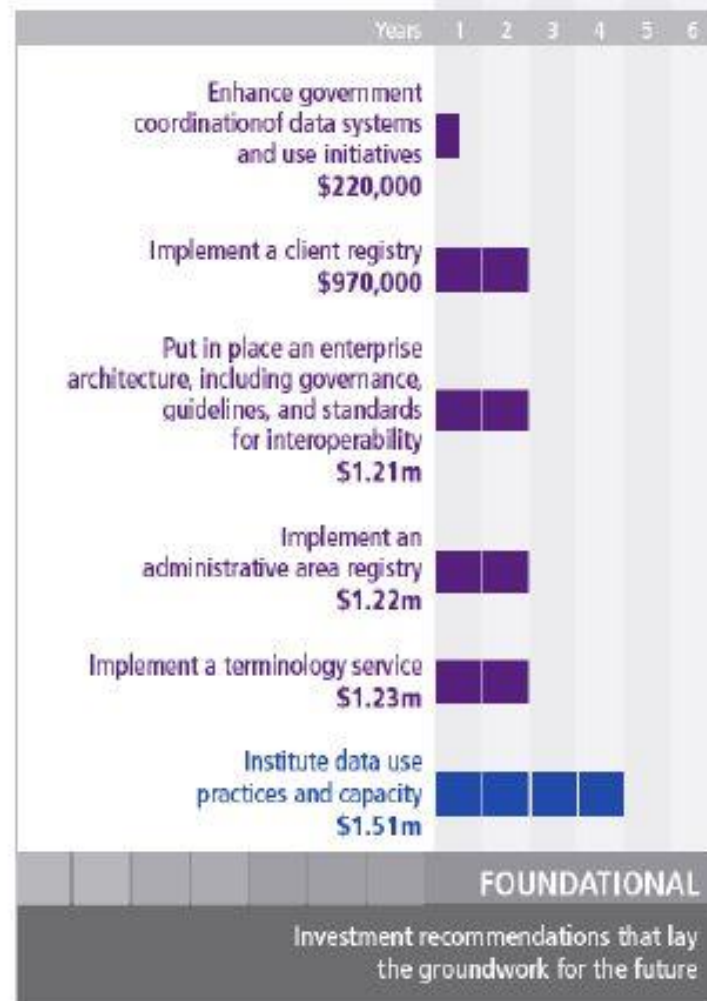


FIGURE 3. INVESTMENT RECOMMENDATION ROAD MAP

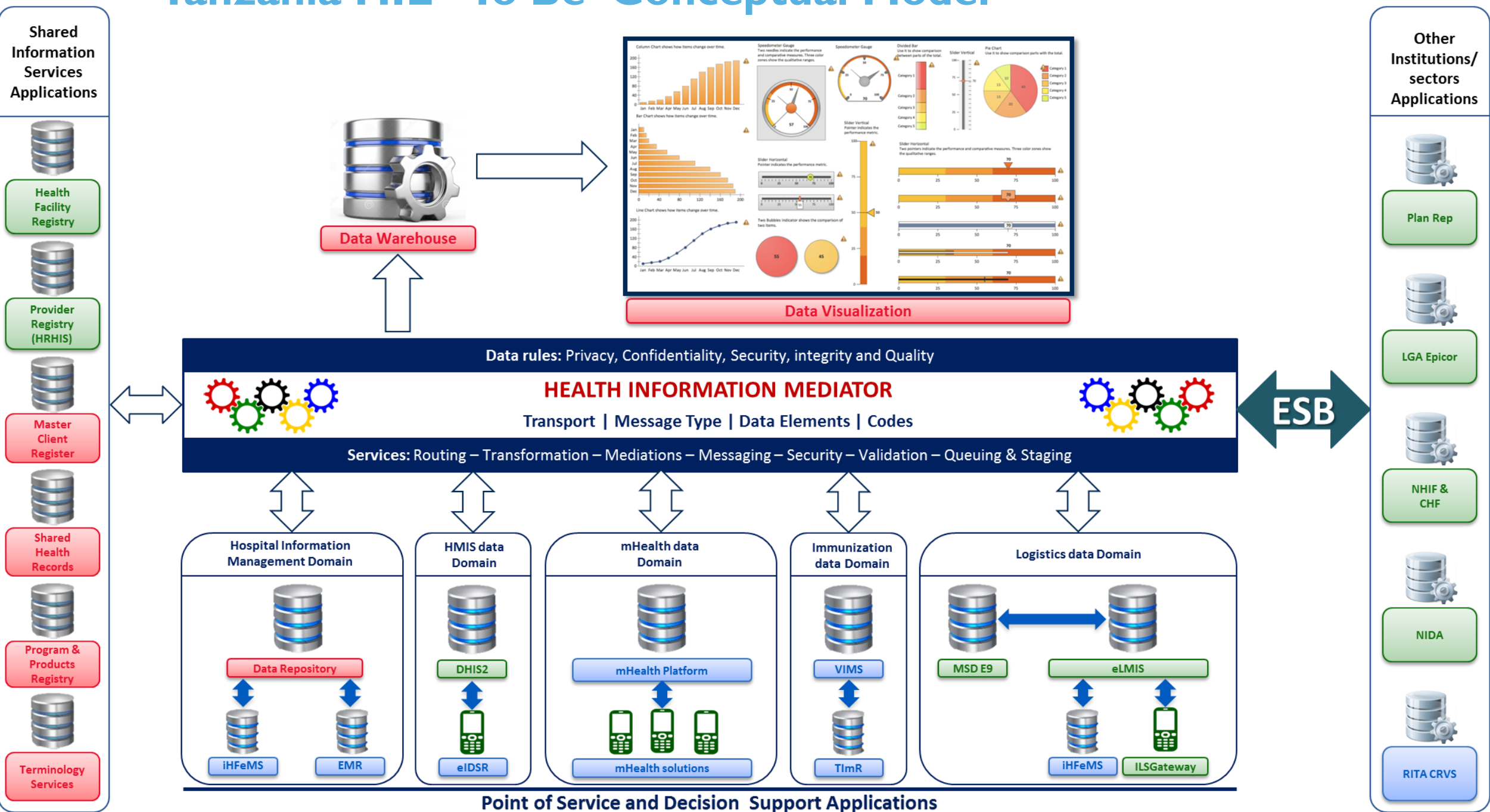
## ROAD MAP: THE JOURNEY

With these priority investments, Tanzania will be able to effectively use data to improve health.



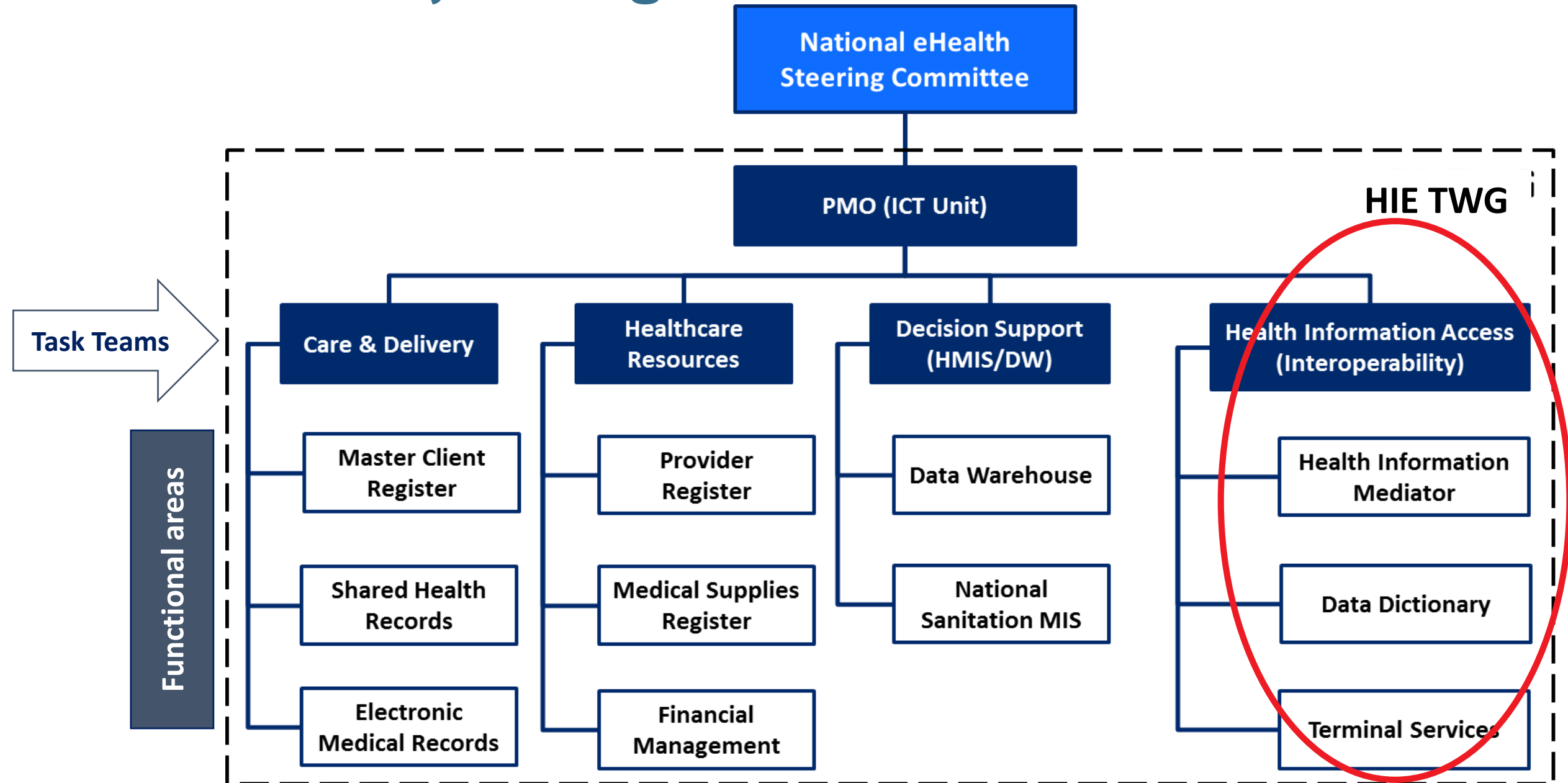
- Enhance Health Service Delivery
- Strengthen Health System Performance
- Optimize Resource Management
- Improve Data Supply and Demand
- Connect and Harmonize Data Systems

# Tanzania HIE 'To Be' Conceptual Model

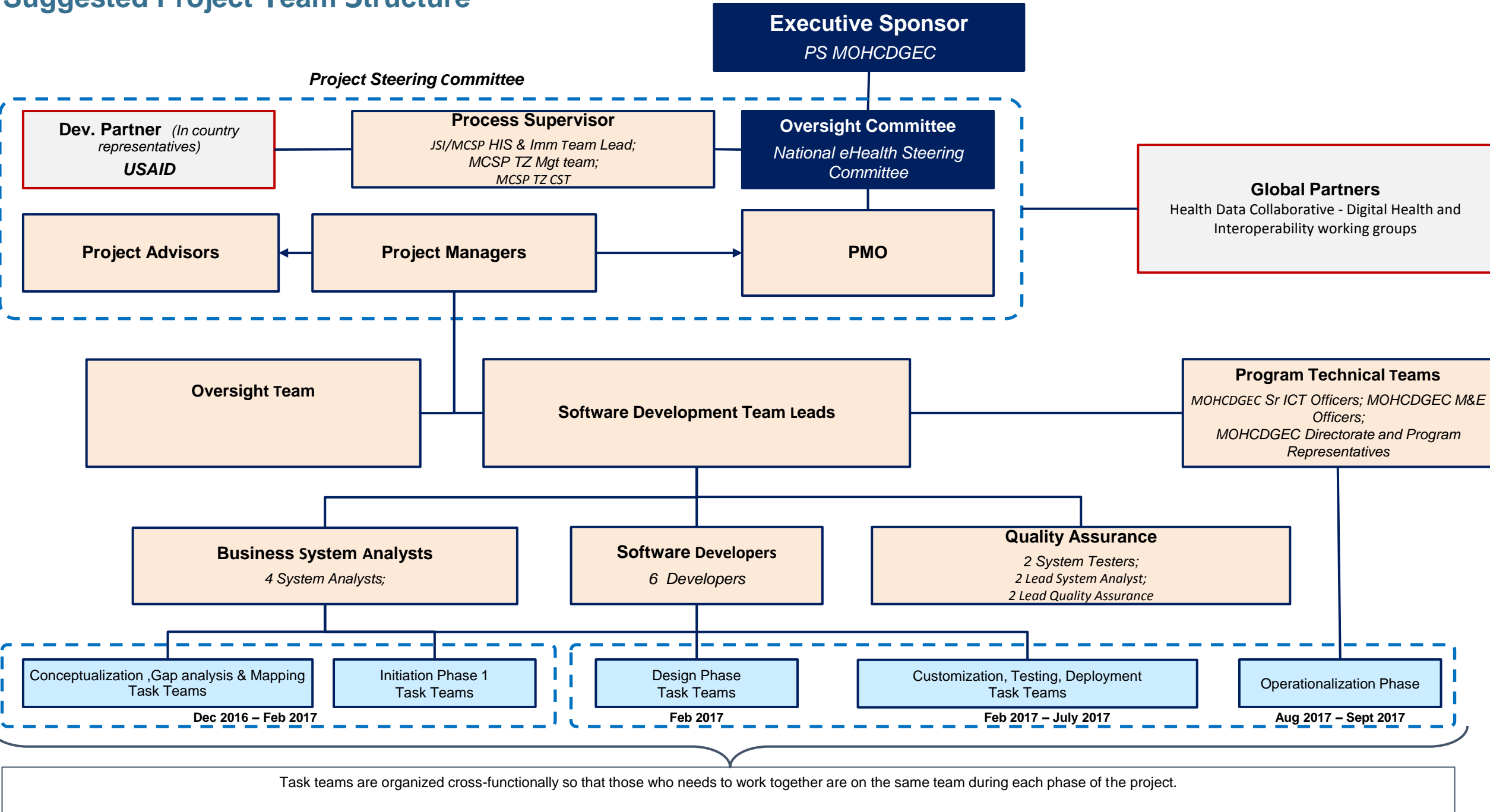




# HIE Project Organizational Structure



# Suggested Project Team Structure

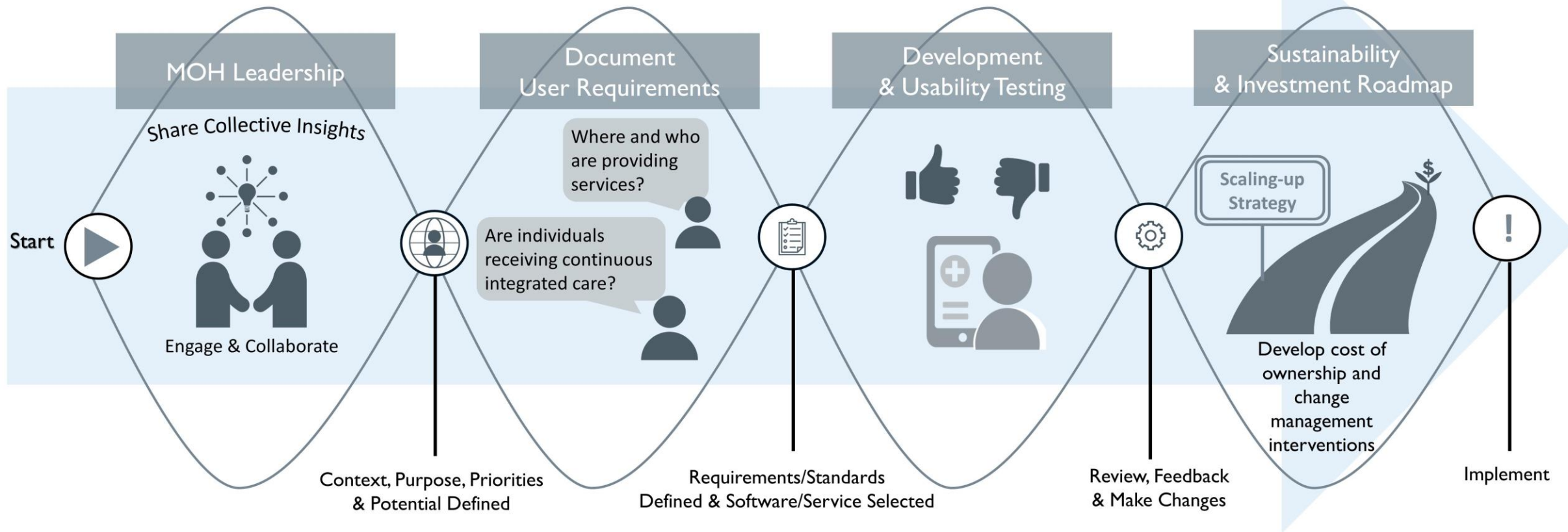


# Process for Prioritizing use cases and requirements

- Management identifies a need (possibilities to make data more easily accessible)
- Engage the decision makers in a participatory process to decide the priority use cases
  - Ministry Management
  - NeHSC/PMO
- Buy in from DPs & IPs
- Technical meetings:
  - Requirements gathering process
  - Digital solution selection process
- Stakeholders meeting to review and agree:
  - Requirements and the proposed digital solution
- Approvals and project initiation:
  - PMO/NeHSC
  - Ministry Management

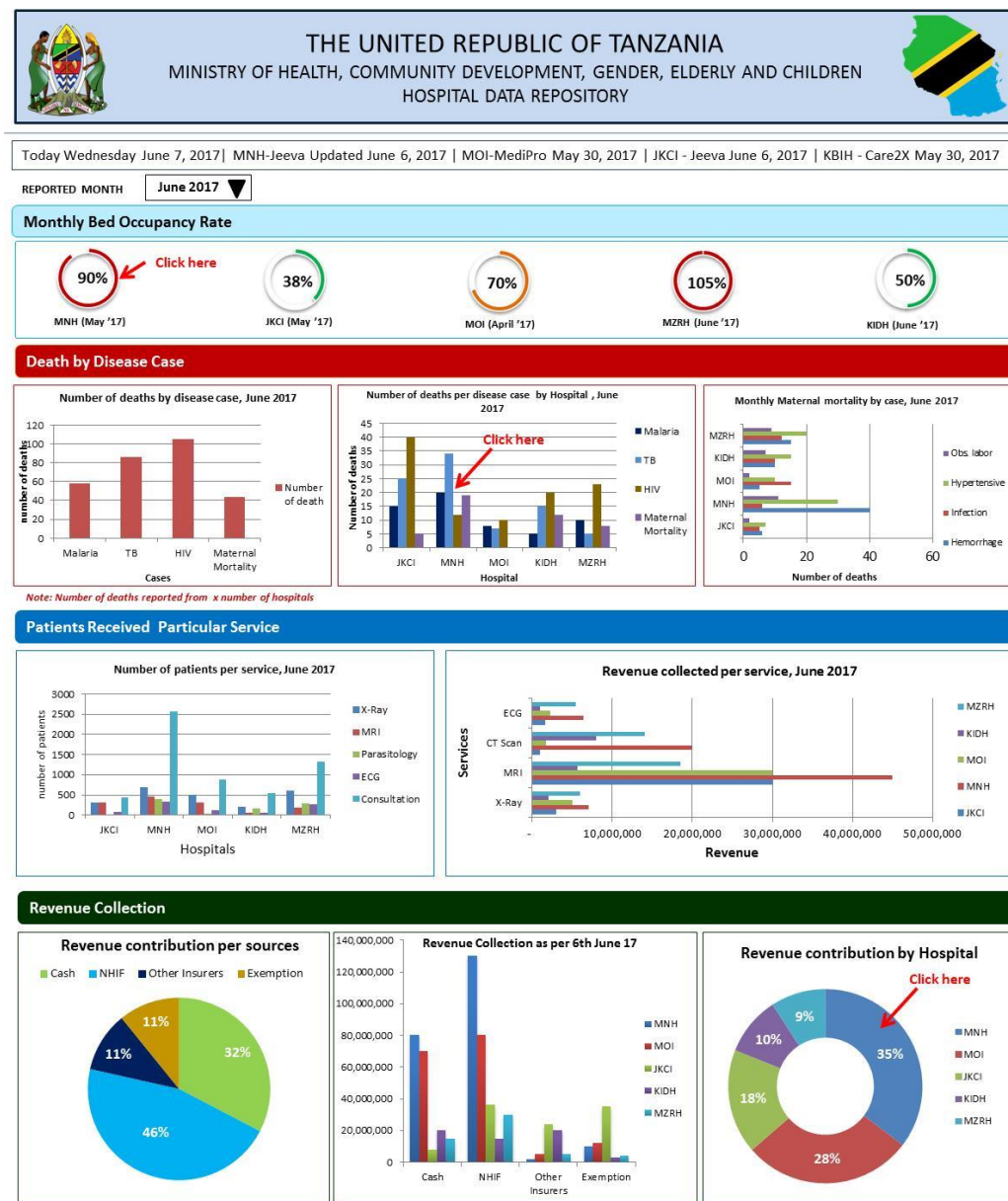


## THE PROCESS



# Future uses of system

- Data sharing across systems
- e-Registry: Integrated and longitudinal care
- e-Referral from community to facility and lower to higher facility
- Improved decision-making at time of care
- Client feedback based on care received



**THANK YOU!**