CAPACITY DEVELOPMENT

- Skills are broadly available across countries.
- Partner and stakeholder alignment reduces duplication of efforts.
- Appetite for digitalization beyond campaigns increases investment.

- Links with academia, pre-service training are few; low-quality. Health not harnessing the most skilled.
- Absence of harmonization among partners, donors results in platform proliferation and dilutes skilling efforts.
- Lack of broader digitalization strategies results in siloed campaigns and project-centered CD efforts.

Changed Landscape ⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳⸳➤ **Sustainable Future**

- Close gaps between health science and ICT
- Investment in complimentary sectors (e.g. internet infra)
- Strengthen plans & policies around digitalization agenda

- Enabling environment among gov't and donors for training, including promoting exchange between local universities and institutions.
- Digitalization beyond campaigns.
- Demand generation, public private partnerships, and other mission model approaches.

Summary themes working group 1:
Achieving integrated campaign digitalisation through effective data management

- Countries at **different stages** of digitizing campaigns and/or integrating their service delivery (including digitization component)
  - Example: DR Congo—create one digital platform to integrate ITN, EPI, nutrition, NTDs and cholera interventions.

- **Shared strengths**
  - All countries had some goal or ministerial initiative to digitize services, and to do so in a less fragmented way
  - Consensus that digitization can make malaria campaigns better and easier

- Certain **challenges** are common, as are plans to address them
  - Fragmentation of data systems/databases for interventions – making integration of data use & systems management challenging
  - Linkage of campaign systems to routine health systems
  - Internal coordination and MOH technical capacity to take a more integrated systems approach

Group 1 integration (continued)

- Countries who have integrated the digital aspects of their campaigns have a **variety of operational design goals** – and thus likely different technology design, for example:

    - Ability to *manage household registers*, and see coverage/usage of services across interventions <u>within household</u> (Ghana)

    - Priority to *microplan* together with better population denominator data (Nigeria)

    - Priority to link with *routine malaria services*, e.g. school net campaign and supplemental campaign (Tanzania)

- Country programs and partners encouraged to **share their tool functionality hopes and dreams with tool developers** to help them improve their tools

Planning, budgeting, and selecting appropriate digital tools and technologies for health campaign digitalization Group 3

What is working well?	What are the remaining problems/challenges to be fixed	What is needed to make planning/decision-makingeasier?	What are the needed functionalities for future systems that are currently lacking?	What are the current barriers for starting or scaling up campaign digitalization?
• Increasing technology options • Collaborative planning, involvement of key stakeholders and piloting before implementation • A fundamental enabler in the form of standardized bar codes is now available to be used • Donor's commitments • Models are working well	• Interoperability, roll-out costs and timelines • Clear decision making to enable appropriate selection based on need • Ability to scale for example. • Limited capacity within MOHs • Some national programs want their own infrastructure instead of leveraging any existing MOH infrastructure	• Clarity on MOH long term objectives/vision • Transparency on costs • Develop standardized costing/budgeting tools • Available funding • Provide clear evidence base data solutions (App) for multiple programs • Technical Guidance	• Full traceable supply chain component • Interoperability with other tools • System to evaluate the impact of digitalization on campaigns outcome • Functional Payment system • How to identify a registered household to avoid duplication	• Weak Government ownership and capacities • No guidelines for tool selections in most countries • Poor scooping of country digitization needs to address specific challenges to forster campaign efficiencies