

SAGE Working Group recommendations

JALILA JAWAD, WG CHAIR

Moving forward

1. SAGE to endorse Data WG report and recommendations
2. Integrate data activities under broader umbrella of Universal Health Coverage (UHC) and Primary Health Care (PHC)
3. Immunization community to incorporate recommendations into Immunization Agenda 2030
4. Regions & countries to incorporate recommendations into 2021–2030 strategies, including multi-component interventions for improving data quality & use across:
 - Strengthen governance of data generation, use & information systems
 - Build capacity & capability of health workforce in data generation & use
 - Align information systems & technologic innovations with local context & program needs
 - Use immunization & surveillance data for continuous quality improvement
 - Fill gaps in evidence around data quality & use with robust evaluation

WG RECOMMENDATIONS, LEVEL, ENGAGEMENT, TIME HORIZON

Proposed Recommendations — 1

Embed monitoring of data quality and use into global, regional and national monitoring of immunization and VPD surveillance

- a) WHO to develop a common definition, attributes, and indicators of data quality** (i.e., small panel of indicators corresponding to the different data quality attributes), using those identified in this report as a starting point
- b) Integrate ongoing monitoring of data quality indicators** alongside other routine programme performance (e.g., coverage) and impact indicators
- c) Develop and utilize data quality assessment approaches** for immunization programme data other than coverage (i.e., VPD surveillance, stock data, etc.)
- d) Evaluate impact, cost and sustainability of interventions** which aim to improve data quality, management, and use to inform decisions on scale-up

Proposed Recommendations — 2

Increase workforce capacity & capability for data quality & use starting at lowest level, where data collection occurs

- a) Develop & disseminate data-related competencies guidance** and capacity building tools to implement assessment of workforce at country-level
- b) Ensure data functions (collection, analysis, and use) are accounted for & resourced in workforce management plans,** e.g., devoting adequate person-time equivalents, staff recruitment, retention
- c) Build data capabilities across various levels and career stages** (pre-service, refresher, supportive supervision, etc.), considering new approaches (e.g., e-Learning) & potential efficiencies created by coordination across programmes

Proposed Recommendations — 3

Take actions to improve the accuracy of immunization programme targets (denominators)

- a) **WHO and UNICEF to revise and finalize the draft guidance on *Assessing and Improving the Accuracy of Target Population Estimates for Immunization Coverage (2015)***, including proposing practical and evidence-based solutions
- b) **Increase immunization programme coordination with national statistics office, birth/civil registration offices**, and other relevant programmes/organizations for improving the quality of denominators
- c) Identify and attempt to address technical (e.g., resident vs non-resident) & non-technical barriers (e.g., political) to accurate denominators in countries, including use of operational denominators
- d) **Document best practices & country experiences about using different sources** (birth cohorts, vital registries & census estimates) **or methods for improving denominators.**

Proposed Recommendations — 4

Enhance use of existing data for tailored action, including immunization programme planning, management and policy-change

- a) At all levels, increase the use of data sources beyond administrative coverage** for monitoring, planning and decision-making (e.g., numerators, denominators, surveys, surveillance, vaccine supply, service delivery, serosurveys)
- b) Develop /incorporate guidance & training on data triangulation** for immunization and surveillance programmes at the national and subnational level
- c) Support the development & use of decision-support tools (e.g., monitoring charts, dashboards), as needed, for better planning and programme management
- d) Further work on defining the role of serosurveys** for immunization programme management at different levels, across different diseases & different epidemiological contexts

Proposed Recommendations — 5

Adopt a data-driven continuous quality improvement (CQI) approach as part of health system strengthening

- a) **Shift from identifying data quality issues to root cause analysis and improvement planning**, as outlined in the draft *Handbook on the Use, Collection and Improvement of Immunization Data*
- b) Monitor the implementation and impact of previous recommendations to improve accountability and inform new recommendations (e.g. create data-driven improvement cycles)
- c) **Tailor multi-component strategies for strengthening data collection & use**, which may include capacity-building activities, tools, supportive supervision, actionable feedback, staff recognition (e.g. certificates, awards) & accountability mechanisms
- d) Recognize that perverse incentives may have led to overestimation in reported coverage, and ensure that data quality improvements leading to lower coverage are not penalized (i.e., promote accurate reporting)
- e) **Develop a vision & strategic framework for a CQI approach for EPI**, including measuring relative changes alongside absolute indicator targets

Proposed Recommendations — 6

Strengthen governance around piloting & implementation of new information, communication, & technology (ICT) tools for immunization & surveillance data collection & use

- a) Design systems and tools based on needs, requirements, and context** (e.g., sustainability)
- b) Review existing evidence on cost, impact and effectiveness when considering pilot or scale up new tools for data collection/management
- c) Plan for and ensure integration & interoperability** of any newly introduced tools within the existing information system
- d) Ensure new information systems include historical data, support all data management functions (archiving, security, and linkage of relevant data), and are accompanied by guidance, standards and specification

Proposed Recommendations — 7

Improve data sharing and knowledge management across areas and organizations for improved transparency and efficiency

- a) Include best practices on data management (archiving, migration, sharing, and security) in immunization monitoring and surveillance guidance and training
- b) **Make data, guidelines, documentation, and reports readily available and accessible to relevant users** by building and maintaining user-friendly websites, mobile apps and other communication tools
- c) **Improve routine coordination between stakeholders** (epidemiologic surveillance, laboratory, and immunization units; private providers, CSOs, and partners) **with regards to reporting/sharing of relevant data and information**

Proposed Recommendations — 8

WHO & UNICEF to continue strengthening global reporting and monitoring of immunization and surveillance data through a periodic needs assessment and revision process

- a) Continue development and implementation of global (WIISE) and regional information systems, including electronic JRF
- b) Collect and monitor disaggregated coverage** (e.g., subnational) **and surveillance data** (e.g., by age, vaccination, lab confirmation)
- c) Develop approaches for data collection & routine monitoring of emerging immunization issues, e.g.,**
 - Coverage equity
 - Life-course
 - Migrants / mobile populations
 - Qualitative data
- d) Collaborate to convene new research & validate existing research for improving denominators & national/ subnational coverage (e.g., spatial modelling), including use of data sources beyond coverage (e.g., stock), to inform guidance for programme use

Proposed Recommendations — 9

WHO & SAGE should periodically review the implementation status of the WG recommendations, lessons learned, and the gaps to be addressed.