# How Ethiopia's eHealth Architecture supported health data exchange through interoperability layer for COVID-19 digitization response

Nebyou Azanaw Workie

Senior Health Information Technology Specialist, JSI DUP

December 8, 2020

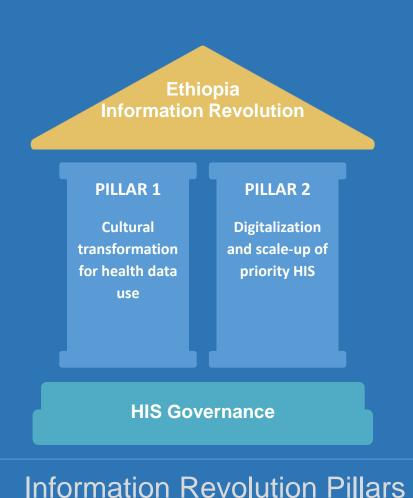








# Information Revolution Roadmap



In 2016, MOH introduced a strategy that is one of the transformation agendas of the HSTP

#### Goals of the IR

To improve the use of high-quality routine information in the health sector, contributing to improved quality, efficiency and availability of primary health and nutrition services at all levels.





# Ethiopia eHealth Architecture (eHA)

The Ethiopia eHealth Architecture is a conceptual model that depicts the information systems, data sources, and integrations that the Ministry of Health proposes to implement and maintain to help achieve its strategic goals.

# Why eHealth Architecture (eHA)?

The eHealth Architecture provides a foundational plan to support the acquisition, exchange, sharing and use of health data.

#### DATA

Making data transparent and accessible

#### **HEALTH RECORD**

Provides support for a patient based longitudinal health record



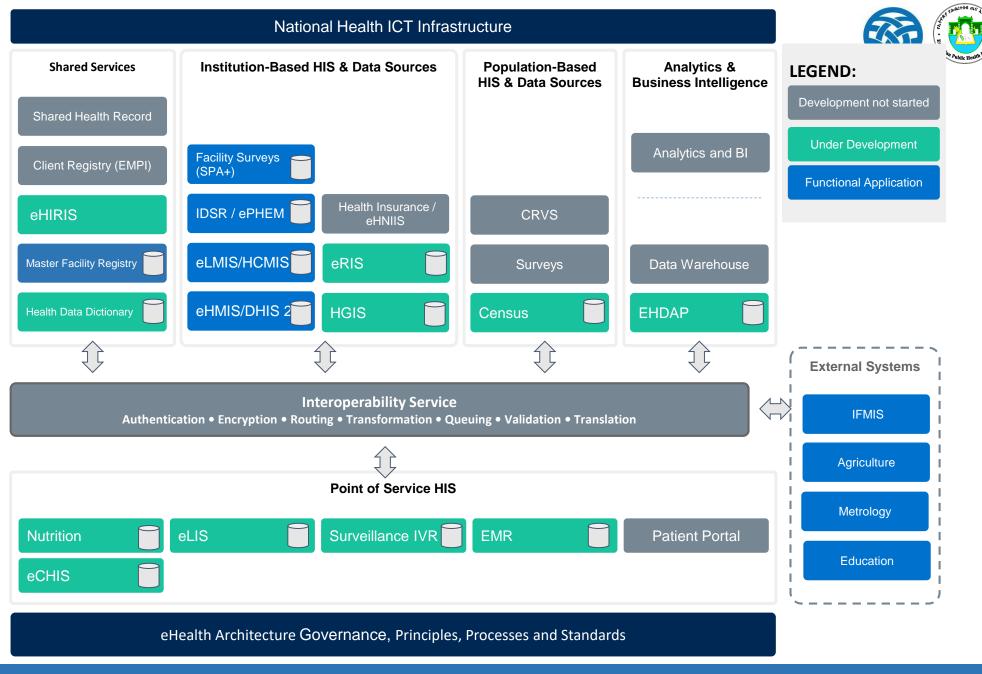
#### **TRACKING**

MOH health indicators and goals longitudinally

#### INTEROPERABILITY

Supports reuse of software applications with efficient components, standardized data and a plan for integration

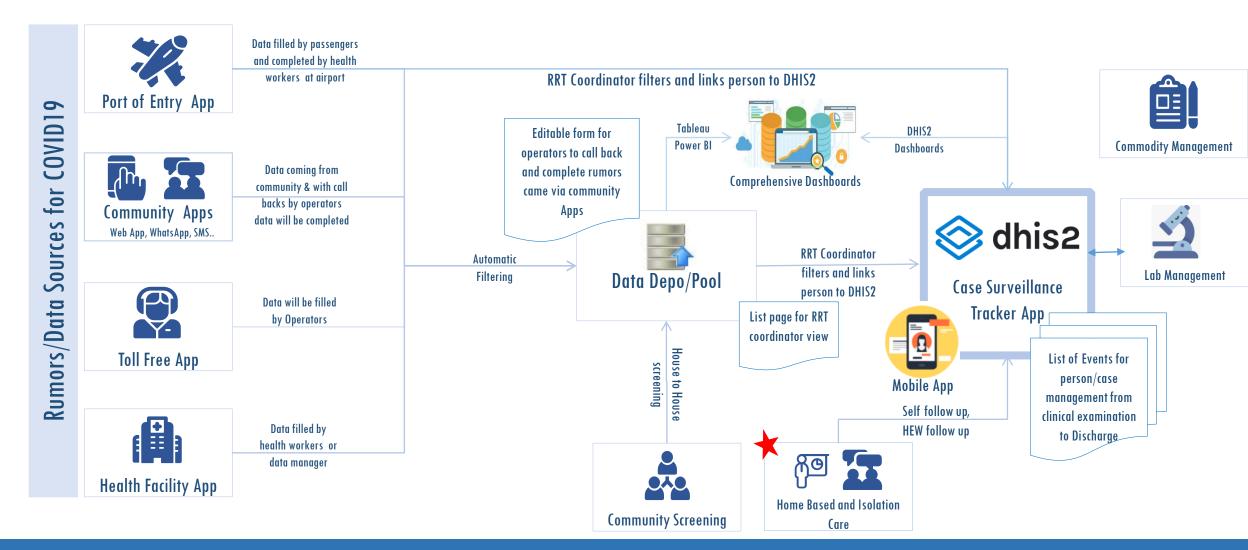
#### Ethiopia eHealth Architecture: Current State







#### Ethiopia COVID-19 Surveillance Platform (ECSP)







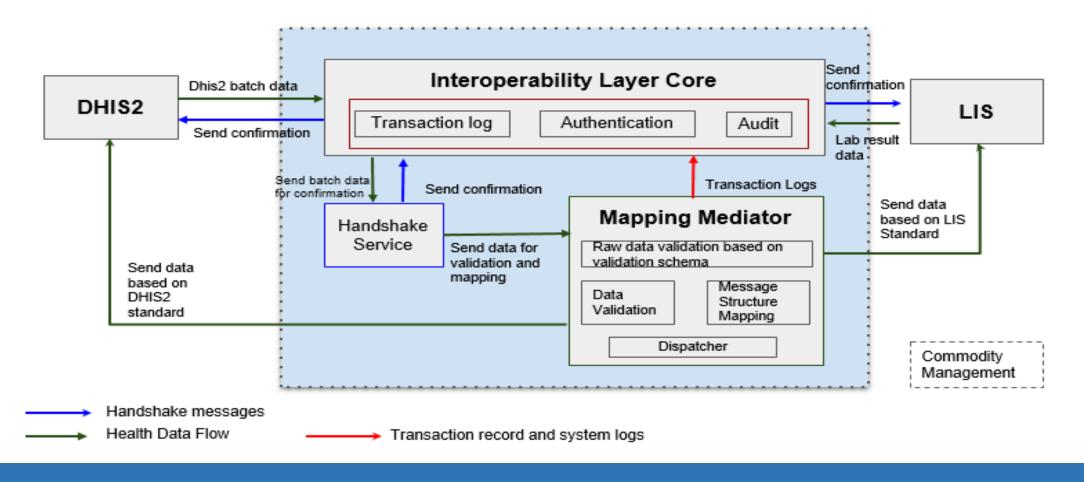
# Challenges

- Manual intervention for health data management and exchange between DHIS2 and LIS
  - High Turnaround time
  - Error prone
  - Security issue
  - Not aligned with the eHA approach
- Interoperability challenges
  - Different health data standards between the two systems
  - Data exchange between proprietary software (LIS) and open source system (DHIS2) at a national level
  - Time constraint emergency response





# A middleware solution- using interoperability layer







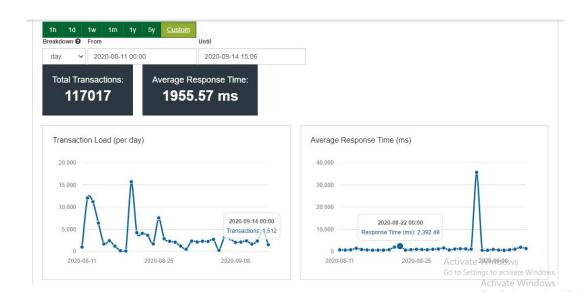
### Results

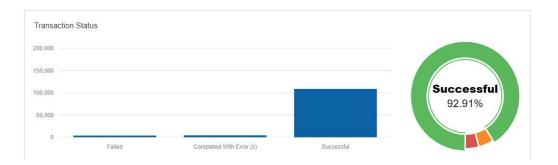
#### Paper Based Result Dissemination

- Very long TAT in result notification > 4 Days TAT
- Misplacing Results
- Poor reporting on negative result
- Incorrect test result reporting

#### Automation

- 100% improved data quality & workflow
- SMS enabled result reporting (-Ve results)
- Real time lab order management
- Organized data management in laboratories
- Improved TAT 2.1 Days









## **Lesson Learnt**

- challenges and opportunities of integrating systems in emergency scenarios
  - eHA support the interoperability operations
  - Infrastructure challenge
  - Ownership and knowledge transfer challenge
  - Requirement changes dyanmically
  - Using eHA for the outbreak/emergency situation
- implement interoperability solutions between proprietary HIS and open source HIS
- MoH, EPHI support for smooth implementation

# Thank you

For more information, please contact:

Nebyou Azanaw Workie

Senior Health Information Technology Specialist

John Snow Inc. (JSI) – Data Use Partnership

Nebyou\_azanaw@et.jsi.com