Digital transformation journey for EIR in Vietnam: Nationwide scale-up and paperless transition

October 6, 2022







Questions and Chat

Use the **Q&A** feature for questions regarding the topic and presentations



Use the **Chat** feature for chatting, questions regarding IT or logistics



Meet the speakers

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Content

- Key milestones of the journey of the National Immunization Information System (NIIS)
- 2 Lessons learned for the nationwide scale up
- 3 Paperless transition: Key results and Lessons learned
- Integration of e-Learning and virtual supportive supervision during COVID-19 pandemic

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Key milestones of the journey of the NIIS



Key milestones of the NIIS journey



Optimize project:
Develop 3 different systems

2011 - 2012



Vaxtrak upgraded to the webbased system

2013



Vaxtrak and ImmReg Integrated

2014 - 2015



NIIS
developed
from ImmReg
and VaxTrak

2016



NIIS scaled up nationwide

2017



Technical support to Hanoi and Son La to transit to paperless system

2018 - 2022



Strengthen the implementation of NIIS – transition to paperless report

2020 - 2022









2015



2016



2017



2020















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Lessons learned for the nationwide scale up



Nationwide Scale-up



U

Maintain communication between partners and agencies involved in the NIIS

2

Continue maintenance and upkeep of the system

viettel

Theo cách của bạn



Collaborate on solving challenges and facilitating improvements







Nationwide Scale-up (cont.)



- Prepare infrastructures and equipment:
 - Internet connectivity
 - Computers, printers, barcode readers



- Capacity building for health workers at levels
 - Conduct TOT trainings
 - Conduct Cascade trainings with multiple approaches such as on-site training, virtual training and e-learning



- Mobilize resources
 - Local budget
 - Support from international organizations
 - Resources from local enterprises



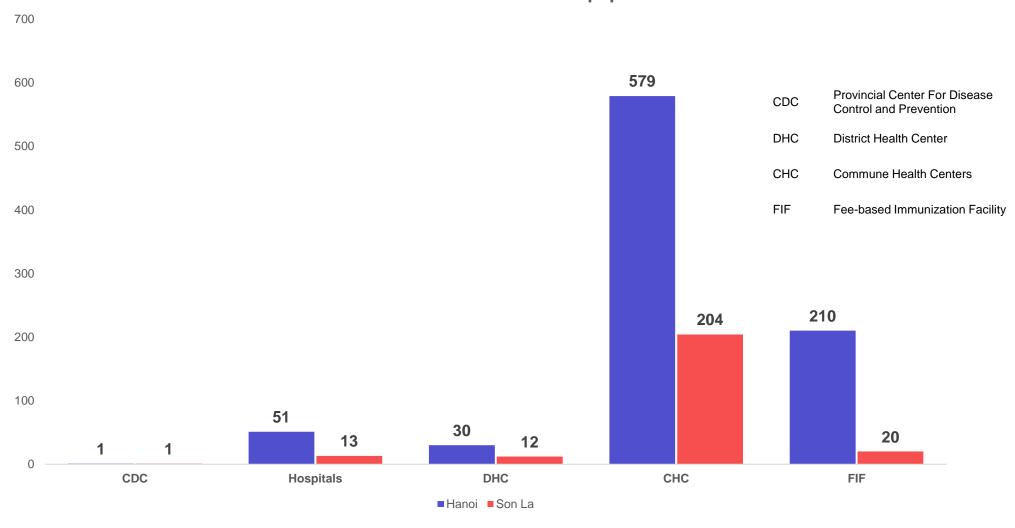
- Monitoring and technical support
 - Develop monitoring and evaluation framework
 - Strengthen technical support from the beginning of the implementation
 - Use multiple approaches for technical support: on-site and virtual



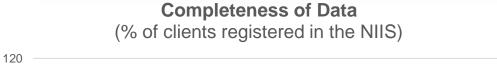


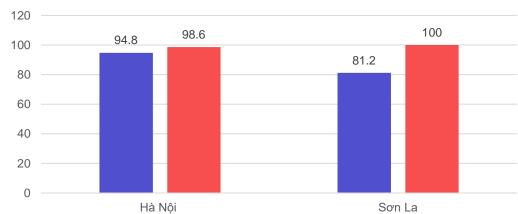
Transition to paperless



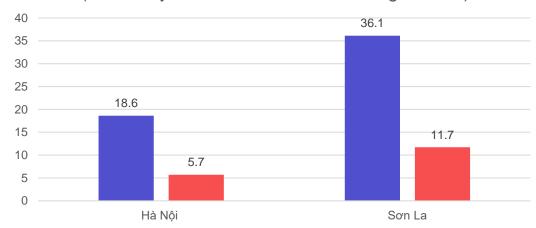


Data Quality

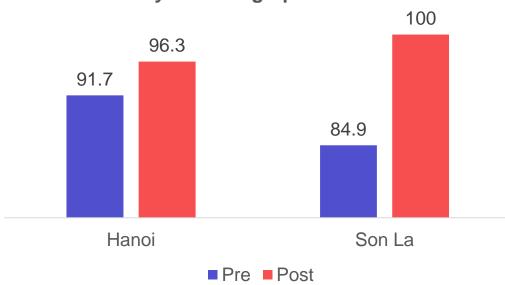




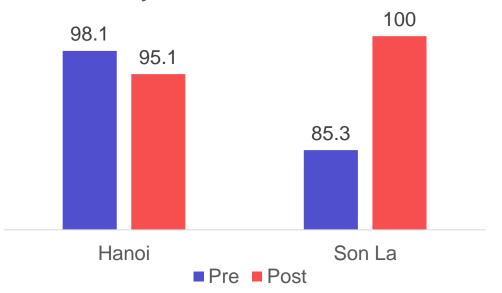
Timeliness of Data
(Mean days from birth date to NIIS registration)



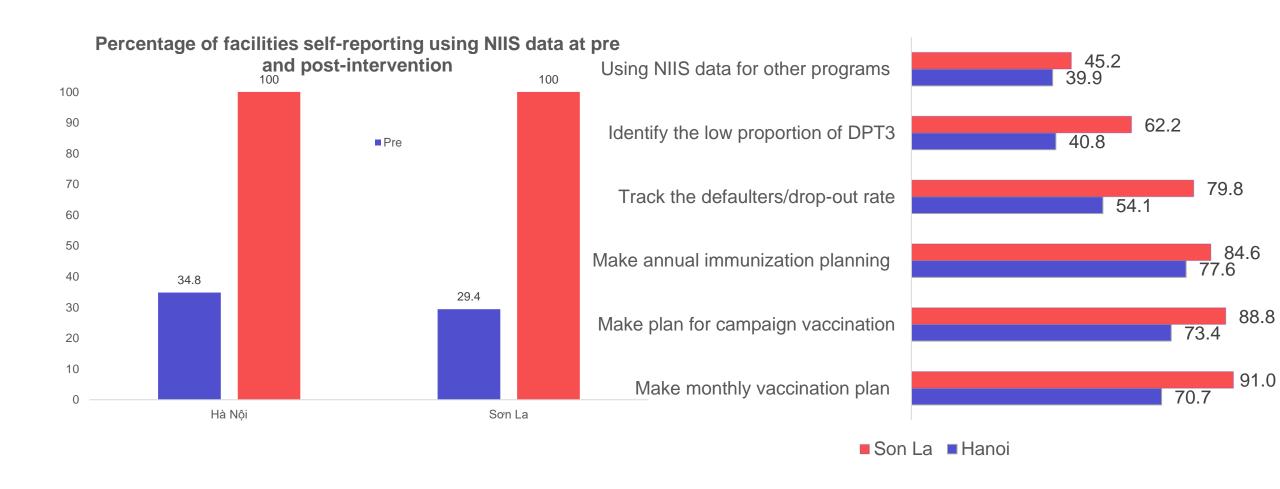
Accuracy of Demographic information



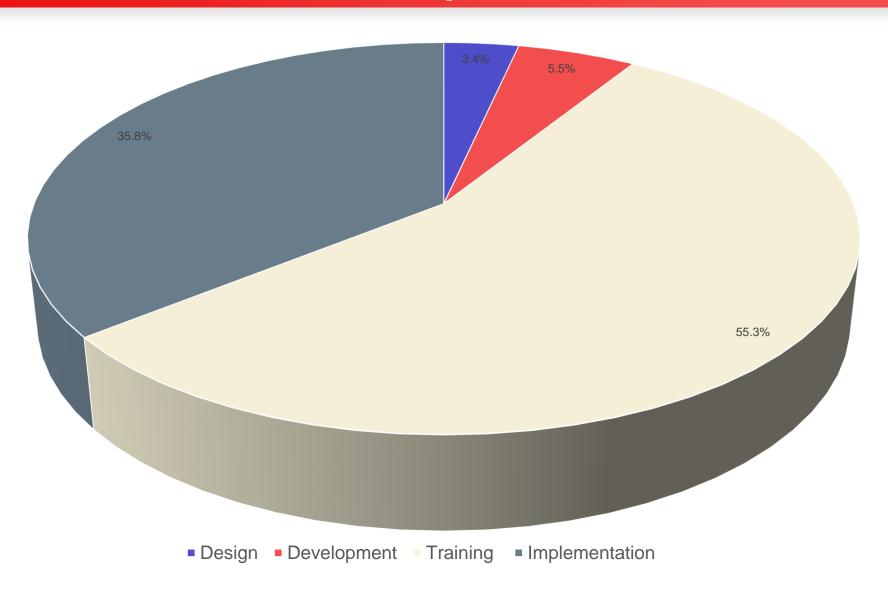
Accuracy of Immunization information



Data Use



Estimation of Cost Distribution for the NIIS Implementation



Paperless Transition: Lessons Learned



- Strengthen commitment of local authority
 - Especially commitment from Department of Health, provincial CDC, and District Health Centers.



- Ensure the system operate stably and inter-operably with other systems
 - Timely upgrade and update the system to adapt to changes
 - Ensure the system operate stably given the rising demand to extract data from all levels.
 - Need to develop standardized APIs to link data between different systems.

Paperless Transition: Lessons Learned (Cont.)

Engage the curative sector as well as private sector



- Official directives on data sharing and usage between different systems with clear penalty for system rejection.
- Increase awareness of data quality and provide training on data use on the system
- Develop API to share data between different systems.

Ensure data quality on the system



- Training on data quality and data use
- Increase supportive supervision especially during the period prior to the transition
- Deploy e-Immunization card

Paperless Transition: Lessons Learned (Cont.)

Transition to paperless report



- Issue guidance and regulation related to the transition from the MOH
- Consensus on the indicators and reporting forms
- Implement the transition following the official guidance

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Integration of e-Learning and virtual supportive supervision during COVID-19 pandemic



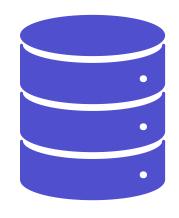




Purpose of the e-learning program



To enhance knowledge and skills of health workers



To improve data quality and cultivate data use



To save time and cost for in-class-trainings

Lessons Learned

- Poor IT infrastructure: internet connectivity, devices, performance of the e-learning system
- Limited IT skills especially for older staff
- Use AI to transform the scripts to voice to save time, cost and consistency throughout.
- End-users have to be proactive and high-discipline



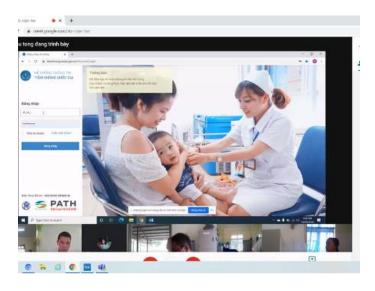
Lessons Learned

- E-learning platforms can be used to bridge the gaps created by limited resources in terms of time, funding, and manpower. Providing more equitable trainings to healthcare staff regardless of location.
- It is important to note that e-learning is probably most effective when utilized in conjunction with in-person trainings. E-learning can be used as an introduction or a refresher, but both are needed for optimal outcomes.

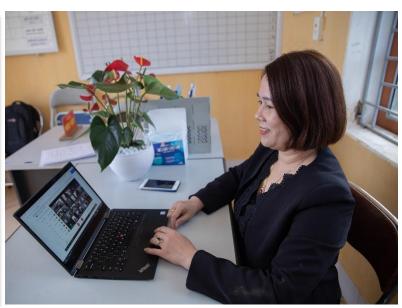




Virtual supportive supervision on NIIS







Roll call

Screen sharing

Record and Report

Lessons learned

IT infrastructure



Mobilize resources from different programs, projects, and also staff' personal laptop, smartphone

Computer & software proficiency



Standard Operation Procedure (SOP) for virtual supportive supervision was developed from

- planning, scheduling, preparation (technical equipment of computer, webcam, speakers, and background environment of space and sound, etc.)
- actual conduction of the session (online etiquette and conducts, the function of screen sharing, chat, raise hands, questions, polls, etc.), and
- follow up afterward.

Environment & Online etiquette



Hands-on guidance



NOT to replace on-site supportive supervision – but rather as the add-on alternative to increase interaction with the facilities.

GOOD for system/software implementation project

