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# STRENGTHENING HIV DATA AND USE IN TANZANIA VIA A NATIONAL HEALTH INFORMATION DASHBOARD

## SUMMARY

To support Tanzania in obtaining, analyzing and using reliable data for informed health system decision making, the Tanzania Technical Support Services Project (TSSP), implemented by Management Sciences for Health, is supporting the development and integration of HIV/AIDS indicators into a new electronic health information dashboard for DHIS2, the national health information platform.

## BACKGROUND

TSSP supports the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) and other public health institutions in improving the health system to achieve and sustain HIV epidemic control in Tanzania. The TSSP technical strategy is grounded in the US President's Emergency Plan for AIDS Relief's (PEPFAR) vision for an AIDS-free generation.

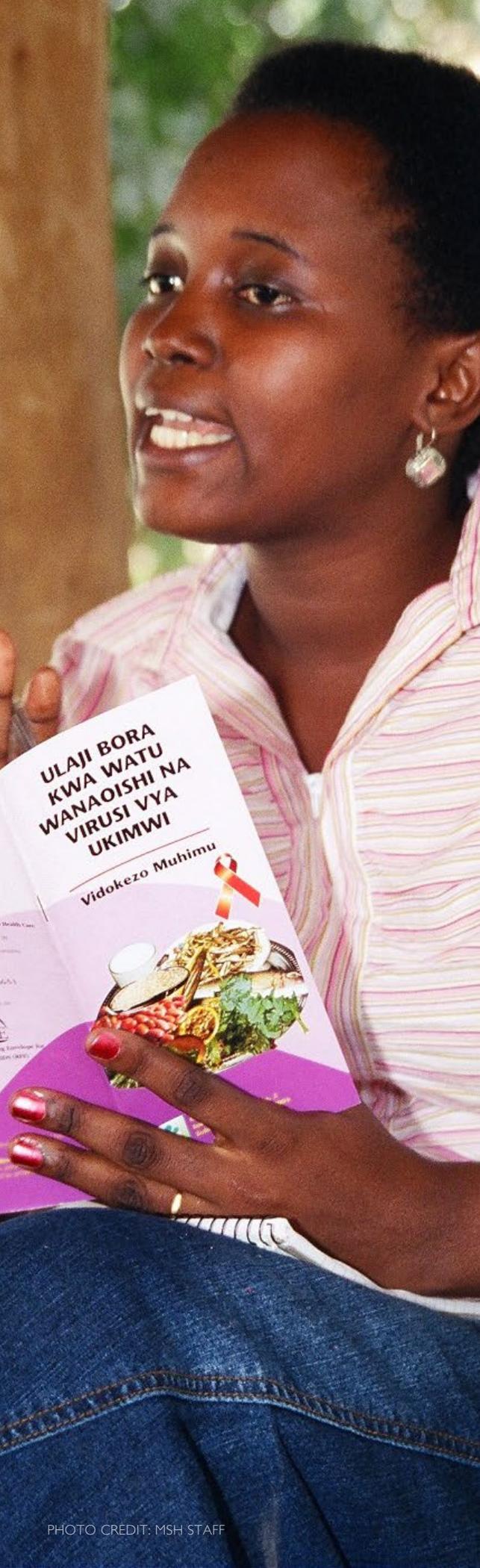
The US Centers for Disease Control and Prevention funds the project. PEPFAR supports the Government of Tanzania in developing and implementing national HIV policies and a health-sector strategic plan to meet the UNAIDS 95-95-95 goals:

- 95% of people living with HIV knowing their status
- 95% of people who know their status on treatment
- 95% of people on treatment with suppressed viral loads

Strong health information systems are the foundation of informed decision making. Tanzania requires reliable data for planning and management of health services, including for HIV/AIDS prevention, detection, and treatment. Despite significant investments, there are still areas for improvement, including data quality; enabling interoperability among fragmented data management systems; having a standard operating procedure; and strengthening capacity for analysis and use of data at the national, district, and regional levels.

## PROBLEM STATEMENT

The government has integrated data systems for HIV/AIDS, tuberculosis and reproductive and child health programs. However, it is difficult for a program manager to have a comprehensive view. Council and regional health management teams and national HIV/AIDS program coordinators must piece together data from various programs to have a birds-eye view of program performance and outcomes. Further, per the most recent quarterly data verification report, existing data lack accuracy and do not reflect what health leaders need for strategic HIV/AIDS and other health program planning and implementation. DHIS 2 has more than 3,000 indicators, some duplicates, and other that don't provide what program leaders need to make accurate assessments.



## STRATEGIC APPROACH

In collaboration with the MOHCDGEC, the World Health Organization (WHO), and the University of Dar es Salaam, MSH is supporting four pillars of improvement:

1. A one-stop data overview for more efficient and effective program planning and management.
2. Building the capacity of health managers and planners for using the dashboards and integrating results in decision making.
3. Assessing and improving data quality as an ongoing operation at all levels.
4. Harmonizing health information systems to minimize fragmentation and ensure interoperability, as indicators from various sub-systems feed into the dashboard.

## IMPLEMENTATION

Activity participants, including the MOHCDGEC and its Department of Policy and Planning/Monitoring & Evaluation Unit and all health programs and partners, met in January 2019 to discuss challenges and solutions.

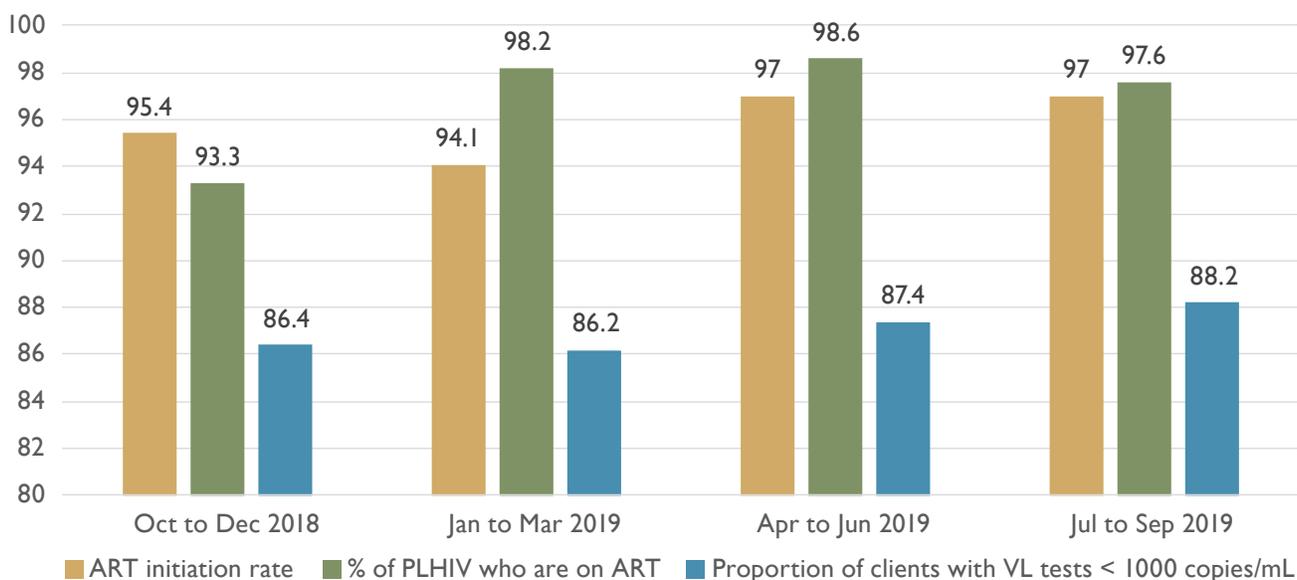
Stakeholders met again in August for a consultative workshop on developing the dashboard. TSSP supported cleaning of DHIS2 system data, including removing duplicate or unused indicators; updating indicator definitions/calculations; ensuring alignment with the international classification of diseases; harmonizing with related databases (e.g., HR, health facility registries); updating population-level data based on the most recent surveys; and updating data validation rules. Indicators are grouped according to subject areas, and a number of them were proposed for inclusion in the dashboard based on current program priorities.

Working with the National Aids Control Program (NACP), TSSP also supported streamlining and developing a list of HIV indicators to fit the needs of national, regional, and council health decision makers. These include indicators related to the UNAIDS 95-95-95 goals and the HIV treatment cascade, including diagnosis, enrollment, ART initiation, and adherence to national HIV treatment standards.

Selected and proposed HIV indicators include:

- Proportion of people living with HIV (PLHIV) who know their HIV status (the first UNAIDS 95% goal)
- Proportion of PLHIV receiving ART (UNAIDS goal of 95% of people with HIV infection on treatment)
- Proportion of PLHIV virally suppressed (UNAIDS goal that 95% of people receiving therapy are virally suppressed)
- Proportion of PLHIV receiving a viral load test at six months, which is critical to reinforce adherence, confirm treatment effectiveness, and inform subsequent choice of therapy (first- or second-line).
- ART initiation rate. Urgent initiation of ART in all individuals with HIV, regardless of CD4 cell count, is very important to reduce the morbidity and mortality associated with HIV infection and to prevent transmission.
- Isoniazid preventive therapy (IPT) initiation rate. IPT is a part of a comprehensive package of HIV care to prevent tuberculosis, which is responsible for more than 25% of all AIDS-related deaths.

Figure 1: Example of HIV data output in the prototype dashboard. Source: MOHCDGEC/Tanzania National Health Portal



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Funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) through US Centers for Disease Control and Prevention (CDC), TSSP provides support to the Ministry of Health, Community Development, Gender, the Elderly, and Children (MoHCDGEC) and public health institutions in monitoring and evaluation, health information systems and information and communications technology, quality assurance and quality improvement, and human resources for health to increase coverage of essential HIV services.

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## NEXT STEPS

- TSSP is working with the NACP to finalize HIV indicators. The full list will be completed by early 2020.
- The development team will develop standard operating procedures to outline roles and responsibilities for dashboard use.
- The dashboard will be finalized by March 2020 and linked to the Tanzania National Health Portal (<https://hmisportal.moh.go.tz/hmisportal/#/>).
- The development team will provide a user manual by March 2020.
- TSSP will support dashboard use orientation for central-level government decision makers and implementing partners.
- The project will also need a plan for how to document and address performance issues.
- The dashboard will roll out to district health councils by April 2020.



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