Minimum Program requirements

- Patient centric systems for better identification, monitoring, tracking, retention, and suppression
- Unique Identification
- Accurate aggregate indicator data for program monitoring.
- Case based surveillance and Recency
- Better medicines visibility and accountability
- Community monitoring

Solutions

- Internet Coverage and WiFi
  - Move from dongle-based solutions in facilities to fixed internet solutions and mesh wi-fi to connect entire facility/campus
  - Mobile (Smart-first) and satellite solutions considered for community connectivity
- Next Generation Aggregate Systems
  - Move towards PEPFAR adoption of national HMIS data sources
  - Integration of multiple aggregate monitoring systems into a single platform
  - Explore role/utility of DATIM4U
- Design Systems to Address Epidemiologic Needs
  - COP20 PEPFAR priorities are clearly stated (retention/LTFU, HTS yield, key pops, recency, mobility, ...ETC)
  - Systems should be designed as patient-centric solutions to meet these priorities
- Health Information Exchanges for Data Integration and System Interoperability
  - Health information exchange strategies such as the viral load exchange being expanded in Uganda are recognized as “just right” design for patient-level transactional data with only key EMR and LIS functionality required
  - Exchange scale up depends on internet connectivity and IP coordination of workforce and investments
- Data Use Community Built Around PEPFAR Subject Matter Experts and the Broader Data Science Community
  - While many who work in HIS have expertise in data science, there is a clear need to recognize these are two distinct domains that should be coordinated with more engagement from data scientists from within and beyond PEPFAR
- Collaboration and Coordination Across Host Country Governments and Global Public Health Stakeholders
  - All participants including USG agencies across PEPFAR, PMI, and immunizations, as well as multilaterals, GFATM and philanthropies need to agree that our HIS needs are more alike than different.
  - A concerted effort to document, align and better plan HIS investments is needed immediately.
- Pursue policy, guidelines, and standards with government to enable safety and confidentiality of patients as well responsible use on a need to know.
- Building informatics capacity