

# Data Use Acceleration and Learning (DUAL) Overview

The Data Use Acceleration and Learning (DUAL) initiative is a partnership between PATH and Cooper/Smith that aims to share what works to achieve digital transformation. DUAL is amplifying learnings from five focal countries—Burkina Faso, Ethiopia, Malawi, South Africa, and Tanzania—that have been digitalizing their health systems and strengthening the use of health data to achieve better health outcomes. DUAL

packaged these countries' experiences into a model that distills their learnings into practical, measurable recommendations for digital transformation, representing a comprehensive approach to transforming a country's health data systems and digital tools.

The model's ten essential elements of sustainable digital transformation for data use (see figure 1) can be applied by countries at any stage in their process to accelerate data use. The model's elements are highly interrelated and are intended to be addressed together. The DUAL model supports a range of digital health stakeholders—country governments; global and regional policymakers; implementers, including the private sector; and funders operating at a regional or global scale collaborating with countries to help digitalize their health systems in alignment with their health targets and digital maturity.

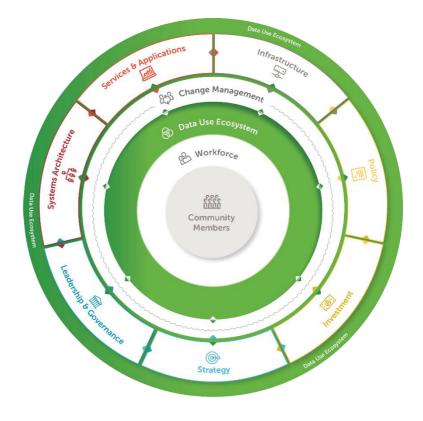


Figure 1: The DUAL model for data use acceleration

# How implementers can use the DUAL model

Implementers can apply the DUAL model to current and future projects to optimize the impact of digital and data interventions. Implementers work closely with different government ministries and departments, as well as other global partners, to ensure digital and data interventions can be implemented, scaled, and sustained.

# **Recommended actions for implementers**

- Ensure digital health activities are government-driven by aligning to country strategies, policies, and health visions.
- Apply user-centered design approaches to develop interoperable digital health systems.
- Build the capacity of health actors at all tiers of the health system to model and cultivate a culture of data use.
- Work within existing governance bodies, technical working groups, and committees to ensure buy-in and support for the design of digital and data initiatives.
- Build multiuse digital health systems and tools that can be applied across different scenarios, uses, and landscapes (as appropriate), rather than rebuilding applications for every new environment.

## **Examples of actions being taken by implementers**



## Making data more visible and accessible to promote data use

In South Africa, implementers supported the development of the Western Cape Provincial Health Data Centre (WCPHDC) in which person-level data were harmonized based on the patient identification number. As a result, health data have become easier to access both by health professionals and those conducting health-related research. In addition, having data in a single environment allows for efficient data storage and dissemination and for the WCPHDC team to be at the center of providing ongoing technical assistance and monitoring data quality.



Infrastructure

## Building technological and physical infrastructure

In Ethiopia, implementers partnered with the government to explore hosting alternatives for Ethiopia's District Health Information Software (DHIS2). Since the DHIS2 systems needed consistent connectivity at all levels, the implementation team advocated for using cloud hosting services as part of the effort to enhance data use. Building the capacity of the Ministry of Health for cloud service optimization, real-time monitoring of performance, continuous data backup, and disaster recovery has been crucial to ensuring smooth functioning of DHIS2.



## Applying an embedded approach to strategic planning

In Malawi, implementers embedded project staff within the government to build capacity and ensure that the government was involved from the outset in strategic planning. The project staff worked within and alongside the Ministry of Health to realize digital health objectives and eventually transition responsibility for leading the digital transformation agenda to the government.