Discussion around strengthening capacity for OpenHDS

Ime Asangansi, MD, PhD

Director, eHealth4everyone Nigeria

Scientific Advisory Committee member

Needs Assessment

- Data management/quality – 29 of 34 centres said "extremely important" / "important"
- Areas
  - Electronic data capture
  - Data quality assurance
  - Harmonization of data across centres
  - Moving from Foxpro/HRS2 to SQL-based systems
  - Using InterVA and statistical software
  - Linking HDSS with HIS
  - Managing EMR

OpenHDS

- Solves most of these issues
- Based on newer technologies, and requires a different skillset
  - Java, XML, MySQL
- Handles electronic data capture excellently
- Free and completely open source – potentially more functionalities
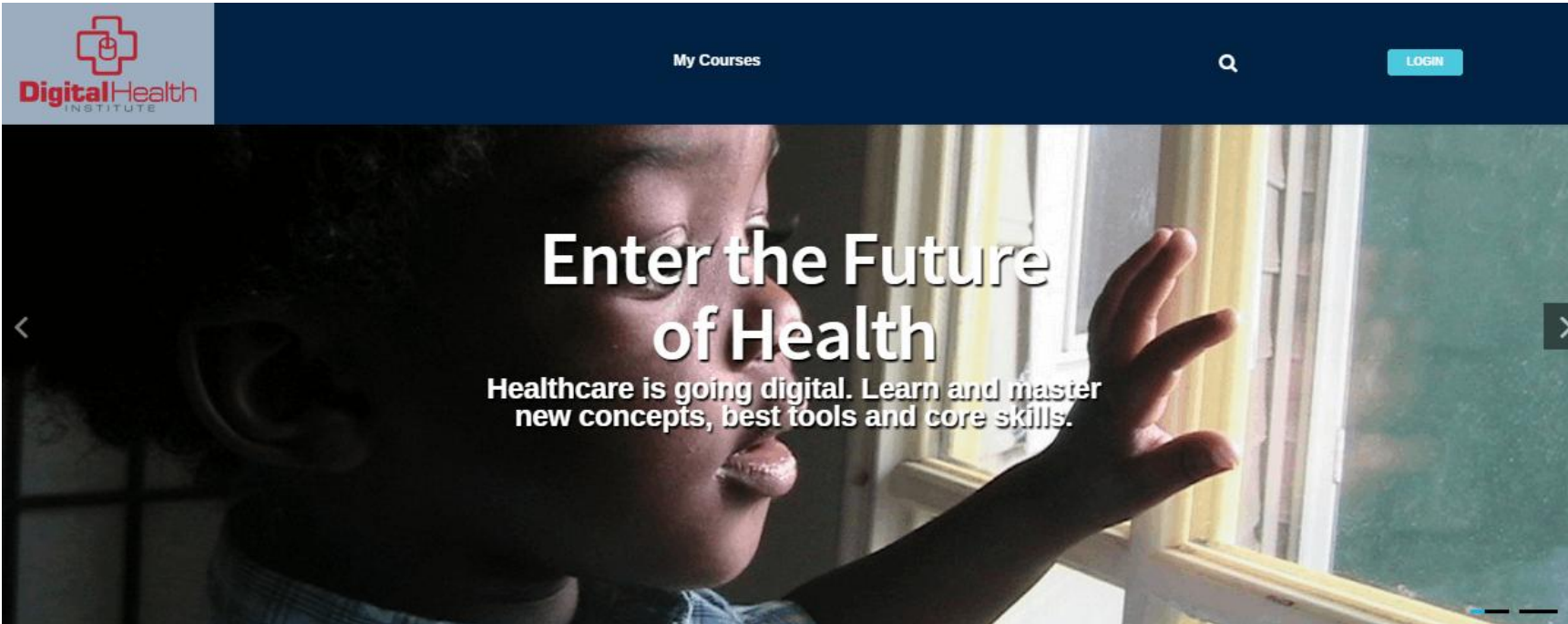- Ensures data quality
- Already in use in 5 HDSS sites

Comments

- "Training on OpenHDS was not enough. OpenHDS will solve our problems. INDEPTH should give this more attention" - Kersa HDSS

- "OpenHDS training in Dubai was good. But 3-day training not enough" – Gilgel Gibe HDSS

- "Thankful to INDEPTH for support. We have migrated and will use it for our next round next week" – Nanoro HDSS

- Need for training
  - Long enough
  - Extensive (including underlying technologies)
  - Hands-on
  - Support for deployment

Ideas

- Can training be more effective and scaled, without significant cost on INDEPTH and centres? How do we manage the growth and use of the system?
- OpenHDS online community of users and developers
- Online training courses
  - Introductory course
  - Blended learning for more advanced courses
  - OpenHDS developer course
- Online governance around the development
  - Contribution from sites. Users and developers from sites can send in contributions
  - One standardized OpenHDS system
  - Online voting/prioritization for features
- Discussion - How can we make this work?

www.digitalhealth.institute

-OpenHDS
-Introduction to eHealth & Health Informatics
-mHealth
-OpenMRS and OpenEMR
-Basic SQL
-DHIS2
-R programming
-eHealth Strategy