



Standard Operating Procedures for the National eHealth Coordination Hub

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Definition of Terms

Digital Health Atlas is a WHO global technology registry platform aiming to strengthen the value and impact of digital health investments, improve coordination, facilitate institutionalization and scale.

Electronic Health (eHealth): is the use of information and communication technologies (ICT) for health. In its broadest sense, eHealth is about improving the flow of information, through electronic means, to support the delivery of health services and the management of health systems. (World Health Organization, 2012).

eHealth Solution: An ICT program/software/application (or combination of any sort) designed to perform a health service delivery function or suite of related functions with the overall aim to improve health outcomes.

ICT: (Acronym for **Information and Communication Technology**) A diverse set of technological tools and resources used to communicate, and to create, disseminate, store, and manage information.

Interoperability is defined by the Healthcare Information and Management Systems Society as “the extent to which systems and devices can exchange data, and interpret that shared data.”

Mobile Health (mHealth): a subset of eHealth. mHealth services are accessed by users on mobile devices with platforms such as SMS (short messaging service) texting services, mobile data applications and tablet computer programs with specific healthcare functions.). (Broadband Commission for Sustainable Development, 2017).

Open-source software (OSS) is computer software with its **source** code made available with a license in which the copyright holder provides the rights to study, change, and distribute the software to anyone and for any purpose. **Open-source** software may be developed in a collaborative public manner.¹

Proprietary software is computer **software** for which the **software's** publisher or another person retains intellectual property rights—usually copyright of the source code, and sometimes patent rights. It is primarily commercial software that can be bought, leased or licenced from its vendor/developer for a fee but relicensing or distribution or copying is prohibited. In general proprietary software does not provide end users or subscribers access to its source code.

Service Level Agreement (SLA): An SLA is a document (a form of a Memorandum of Understanding) signed by the Ministry of Health and Sanitation (MOHS) and the Implementing partner (IP) prior to implementing activities in the health sector. A SLA shall be signed at the level of Chief Medical Officer and above and countersigned by the District Medical Officer at the receiving district.²

Source code is the form in which a program is originally written using a programming language and prior to being converted to machine code which is directly readable by a computer's central processing unit (CPU). It is necessary to have the source code in order to be able to modify or improve a program.

Use Case: is a list of actions or event steps defining user/system interactions in the application of a technology to achieve a goal, e.g addressing specific health system challenges (using text messaging to deliver messages to health workers to verify the distribution of medical supplies).

¹ https://en.wikipedia.org/wiki/Open-source_software

² Service Level Agreement - A guide for implementing partners supporting the public health sector in Sierra Leone, July 2015. https://mohs-portal.net/wp-content/uploads/2017/05/sla-guiding-document_07july2015_final.pdf

Introduction

The Standard Operating Procedures Manual is divided into three sections:

Section I – Purpose, Structure and Activity Cycle, describes the purpose and applicability of the SOPs, the organizational structure and activity cycles at the various coordinating levels.

Section II – Standard Operating Procedures, describes the processes and procedures for operating and engaging with the eHealth Coordination Hub, including registration of projects and requesting approvals for the deployment of eHealth use cases and solutions.

Section III – Appendices, contains the various supporting documents, checklists and forms referred to throughout the SOP Manual.

Section 1 – Purpose, Structure and Activity Cycle

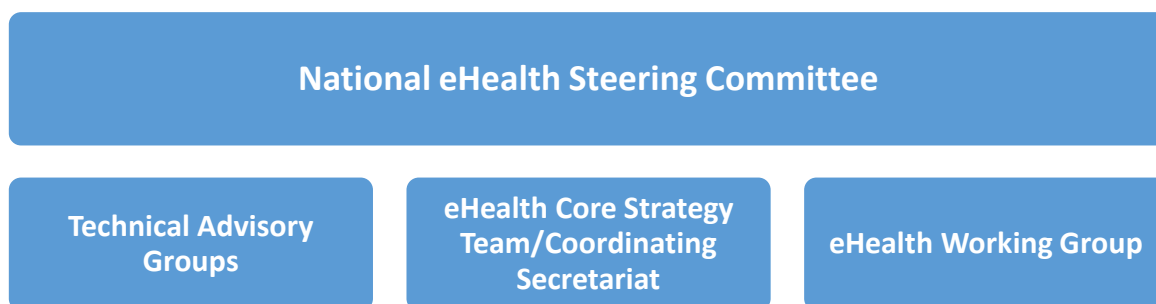
Purpose

The purpose of this Standard Operating Procedure (SOP) is to establish uniform procedures pertaining to the performance of the National eHealth Coordination Hub and its engagement with implementing partners intending to deploy or already deploying eHealth solutions in Sierra Leone. The SOP describes the procedures and processes for registering an eHealth Solution, as well as the regulatory requirements around implementation from pilot stage to scale-up.

Applicability

This SOP is applicable to all personnel involved in the coordination and implementation of eHealth solutions in Sierra Leone.

Organisational Structure



Activity Cycle at Different Levels

1. National eHealth Steering Committee

Meetings: The committee shall meet quarterly or at the call of the chairperson with three business days' notice. A simple majority of members in attendance at a properly constituted meeting, shall constitute a quorum. Meetings may be held in person or via electronic connections that allow two-way involvement of all participants.

2. eHealth Core Strategy Team/ Coordinating Secretariat

Meetings: The secretariat shall meet fortnightly or at the call of the chairperson with three business days' notice. A simple majority of members in attendance at a properly constituted meeting, shall constitute a quorum. Meetings may be held in person or via electronic connections that allow two-way involvement of all participants.

3. Technical Advisory Group

Meetings: The committee shall meet quarterly or at the call of the chairperson with three business days' notice. A simple majority of members in attendance at a properly constituted meeting, shall constitute a quorum. Meetings may be held in person or via electronic connections that allow two-way involvement of all participants. Decision making will be based on consensus. If consensus is not possible, the chairperson may call a vote. A simple majority favourable vote of those members in attendance will be needed to resolve or approve any issues requiring a vote.

4. National eHealth Working Group

Meetings: The eHealth working group will meet monthly on a date that will be agreed on by the group. The secretary will be responsible for circulating meeting minutes, to be distributed no later than 10 days following each meeting. A simple majority of members in attendance at a properly constituted meeting, shall constitute a quorum.

See full Terms of Reference for component structures of the eHealth Coordinating Hub in [Appendix 1](#).

Section 2 – Standard Operating Procedures

1. Inventory of existing eHealth projects

Organisations, Programmes and Directorates currently implementing eHealth projects are expected to upload information on their eHealth projects to the Digital Health Atlas (DHA). For new eHealth projects, implementers will be required to upload the requisite information during the application and registration process. Following the upload of project information, project focal persons must provide quarterly³ updates on the implementation of the eHealth project through the DHA platform (See [Appendix 2](#) for more information on the DHA).

2. Notification of intent to deploy an eHealth project

Implementers wishing to deploy a new eHealth solution in Sierra Leone should send an email addressed to the eHealth Hub (ehealthhub@mohs.gov.sl). They will also need to complete and attach [Form EHN 1](#). In addition, they should attach evidence that the project has either signed an SLA agreement or has received provisional SLA approval. The eHealth Hub will send a response confirming receipt of the email and supporting documents within 2 working days. Prior to sending a request to the hub, implementers need to ensure they have engaged the relevant Directorate, Programme and/or District that will be involved in implementing the project.

All forms can be downloaded from the MOHS portal: portal@mohs.gov.sl

3. Preliminary review by Core team

The eHealth Hub core team will conduct a preliminary review of the proposed eHealth project (based on the information provided in Form EHN 1, along with the required supporting documentation). The applicants will be invited with their relevant MOHS counterpart(s) to a meeting with the core team, within 5 working days, to discuss the proposed eHealth solution. During the review and follow up meeting, the core team will determine if the applicants can go ahead and register their project on the DHA.

4. Registration of eHealth projects

The administrator will create an account for the requestor and provide a link for the implementer to register their eHealth project(s). Implementers will be required to upload their project information no later than one week after receiving access. Once the project information is uploaded to the DHA, the administrator will send an acknowledgement email to the organisation.

5. Review of eHealth Solution by TAG

All proposed eHealth solutions will undergo a full review process following registration on the DHA platform. This review will assess the capabilities of the proposed solution based on the following criteria— *the solution does what it says it will do, the solution is not duplicative (there are no existing solutions already in use in the country that have the same functionality), the solution helps improve service delivery but does not result in a disproportionate increase in workload of staff at peripheral levels; the solution is sufficiently adaptable to accommodate connectivity and other infrastructural limitations especially at peripheral level, there is adequate provision for training and follow-up technical assistance to deal with technical issues, costs are reasonable and sustainable- this includes up-front procurement and longer-term maintenance costs.*

³ More frequent updates may be required by the eHealth Coordination Hub depending on the duration of the project

Once approval to register a project has been granted, (immediately after the initial meeting with implementers to discuss their proposed project and giving no objection), the core team will constitute a technical advisory group (TAG) to review the proposed eHealth solutions.

Members will be drawn from the larger eHealth working group and the relevant Ministries/Departments/Programs. The group's composition will depend on the areas of expertise needed.

The TAG will carry out the review using [Form EHR 1](#) – eHealth Solution Review Tool - (Individual), individual reviewers' scores will be collated using [Form EHR 2](#) – the eHealth Solution Review Tool – (Compiled) – See Appendices for all forms.

If necessary, the members of the Technical Advisory Group (TAG) may modify Form EHR 1 to include additional specific parameters, this will be dependent on the specifications and capabilities of the proposed eHealth solutions. Upon completing the technical review, the TAG will advise the core team on the suitability of the eHealth projects and advise accordingly. Based on the recommendation of the TAG, the core team will make recommendations to the steering committee, which will in turn approve or disapprove the deployment of the proposed eHealth solution. The entire review/approval process starting from the time complete project information is uploaded into DHA, is expected to take no longer than three weeks.

There are three possible outcomes following a review, which are described below:

a. Application approved:

The steering committee will provide approval in writing, authorising the requesting organisation to go ahead with deployment of the proposed eHealth project.

b. Approval deferred and additional engagement required:

The proposed solution is duplicative, there are solutions already deployed or about to be deployed which can achieve the same objectives. The hub will engage with the requesting organisation and facilitate a meeting with IPs managing a similar eHealth project.

Issues that may lead to deferral and additional engagement: Objectives for deployment of the eHealth solution are unclear, there is inadequate or incomplete supporting documentation related to the project, there is inadequate evidence of proper engagement with MOHS counterparts or community partner organisations.

c. Application not approved:

Applications may not be approved for any of the reasons listed below:

1. The proposed solution and the objective of its deployment do not align with the country's health priorities and/or principles outlined in the National eHealth Strategy.
2. The proposed solution contravenes existing national policies or regulations relating to eHealth in Sierra Leone.
3. The proposed solution places an added burden on health workers without a proportionate level of benefit from its use.
4. The cost of deployment is not justifiable and/or would not be sustainable in the long run.

6. Deployment of eHealth solutions in special circumstances

In special circumstances, such as an emergency response, disease outbreaks, or other situations that require rapid response from the health sector, partners wishing to deploy eHealth solutions in response to the emergency will only be required to send an email, notifying the eHealth Hub of the intent to deploy the eHealth project, with a completed Form EHN 1.

If the MOHS deems the proposed eHealth solution to be a useful tool for the emergency response, the eHealth Hub will immediately grant provisional approval for its deployment. Full application and registration processes will be deferred until it becomes expedient to complete those processes. This is to ensure that there is no delay on deploying potentially lifesaving eHealth solutions in the event of an emergency.

Upon receiving provisional approval, partners may go ahead and deploy the proposed solution. However, they must follow up with the eHealth Hub to ensure they complete the registration and approval processes as outlined in Section 2.

7. Review and approval of eHealth pilots

Partners seeking approval to implement pilot eHealth projects will undergo the regular review and approval processes described in Section 2. Implementers must clearly outline their plan for evaluating the pilot project and scaling it up in the event that the pilot is successful.

8. Monitoring implementation

The eHealth Hub will carry out at a minimum, bi-annual monitoring reviews/visits throughout the period of implementation of a project, including pilot projects. IPs should make provisions for two persons from the MOHS to join them for joint monitoring visits (one person from the eHealth core team and one from the relevant MOHS programme/directorate) to review the progress of implementation.

The eHealth Hub representative is expected to prepare and share a report on the visit with other team members within ten working days of his/her return from the field visit. The findings will be discussed at the next eHealth core team meeting.

9. Evaluation of eHealth projects

Implementers are required to evaluate their projects, including pilot projects at the end of the stipulated period, and should involve the eHealth Hub in planning the evaluation. Evaluation findings will be shared with the National eHealth working group.

10. Scaling up eHealth pilots

In order to scale up an eHealth pilot project, the implementer must conduct an evaluation and share findings and report with the eHealth Hub. The eHealth Core team will then convene a TAG to review evaluation findings and advise on the suitability for scale-up of the project. Based on this advice, the core team will make the relevant recommendations to the steering committee, which may grant approval for project scale-up in writing.

11. Quarterly updates to DHA

Implementers are expected to update the DHA quarterly, by providing brief summaries of achievements each quarter, challenges and lessons learned, and planned activities for the next quarter.

This will help the hub track activities on various projects. The review of project updates will be a standing agenda item on the core team's fortnightly meetings.

12. Resolution of conflicts

In the event that more than one eHealth project is deployed/or about to be deployed to achieve the same objective, the eHealth hub will engage with the relevant parties to understand the issues that have led to the conflict and explore ways to resolve any conflict. Actions taken may include:

- Establishing a committee to look into the issue and review the facts,
- Covering a TAG to carry out a technical review of the affected eHealth projects and,
- Conducting site visits where appropriate

Findings from the reviews will inform recommendations towards the resolution of the issue in the best interest of the country. The Steering Committee will make a final decision based on these recommendations, which all parties are expected to adhere to. See Appendix 6 for checklist.

13. Documentation

- Meeting notes will be taken at every statutory meeting and shared within two weeks of the meeting.
- The eHealth Hub will produce at least one paper a year and submit to a global digital conference.
- The eHealth Hub will prepare and make presentations on its activities and progress at the mid-year and end-of-year health sector review. The core team will prepare an annual report on the activities of the hub and disseminate widely at the annual health sector review meeting.

14. Transitioning eHealth Solutions to the MOHS

A project or implementer wishing to transition an eHealth solution to the MOHS for sustained implementation must work with the MOHS through the National eHealth Coordination Hub to develop a roadmap that outlines the approach and timelines for transitioning. The roadmap will also indicate where the solution will be housed (recipient MOHS Directorate or programme).

During the development of the roadmap, the implementers and recipient MOHS unit will determine personnel needs and identify a focal person(s) within the directorate who will be responsible for continued maintenance of the solution. The roadmap should also include a capacity building plan, which describes how knowledge and skills will be transferred to empower and equip the focal person(s) in managing and maintaining the solution.

In addition, the document should outline the kind of support the implementing organisation will commit to providing post-transition. The proposed roadmap will be reviewed by the eHealth Hub Core team, which will then make recommendations to the Steering Committee to approve the transition roadmap.

Section 3 – Appendices

APPENDIX 1 – TERMS OF REFERENCE FOR THE NATIONAL EHEALTH COORDINATION HUB

The overall goal of the eHealth Coordination Hub is to provide leadership and guidance from within the MOHS, to promote the development and deployment of eHealth in Sierra Leone. The Directorate of Policy, Planning and Information will be responsible for convening and coordinating the participating stakeholder groups.

Objectives:

- To coordinate and regulate eHealth solutions deployed in the country and ensure that eHealth solutions meet the needs of the MoHS.
- To facilitate the potential integration/interoperability of existing eHealth systems.
- To support IT infrastructure improvement efforts of the MOHS.
- To set and establish standards and guidelines for eHealth project deployment.
- To review and approve relevant SOPs for the generation of digital data and its utilisation.
- To promote innovative eHealth solutions and identify new use cases for eHealth solutions.
- To expand on the existing use of and provide support on the deployment of innovative and sustainable eHealth solutions for improved health outcomes.
- To serve as a forum for discussion, decision making and consensus building on national eHealth-related matters.
- To share knowledge, experiences, and lessons learned and facilitate the scale-up of promising practices in eHealth solution deployed across the country.

National eHealth Steering Committee

The Steering Committee will provide the overall leadership and governance oversight for the development, adoption, and implementation of a national eHealth agenda.

Roles and Responsibilities:

- Provides political support and strategic oversight for the adoption of eHealth in the country.
- Approves and endorses the national eHealth vision, drives the eHealth agenda and assists in addressing risks and resolving issues that may arise.
- Provides strategic leadership and guidance for development of national eHealth Strategy and Policy.
- Oversees the functioning of the eHealth core strategy team and technical advisory groups.
- Provides high-level oversight for the execution of national eHealth plans, standards, and all eHealth related projects. Oversees the overall progress and approves changes in scope or approach.
- Supports resource mobilization and leveraging of existing investments to promote the National eHealth agenda.

Membership:

The Chief Medical Officer shall serve as the chairperson; the Director of Communications MIC shall serve as co-chair; and the Director of DPPI shall serve as the secretary. Other members will include the Director of Communication, MIC; the Director HRH, MOHS and the Director of Finance, MOHS

Tenure of membership:

Members will be appointed for a two-year term, with a proportional rotation being established to ensure continuity of the group, and each member will sign the terms of reference (outlining their roles and responsibilities clearly) for their commitment for the term.

Meeting:

The committee shall meet quarterly or at the call of the chairperson with 3 business days' notice.

Quorum:

A simple majority of members in attendance at a properly constituted meeting, shall constitute a quorum. Meetings may be held in person or via electronic connections that allow two-way involvement of all participants.

eHealth Core Strategy Team / Coordinating Secretariat

Serves as the coordinating secretariat for the eHealth Coordination Hub. The Core Strategy Team oversees and coordinates the execution of the eHealth implementation plan. The group will carry out functions focused on strategy development, execution of the implementation plan, and driving standards development and eHealth solutions compliance monitoring. The coordinating secretariat shall be overseen and governed by the National eHealth Steering Committee.

Roles and Responsibilities:

- Maps and assesses existing and subsequent eHealth projects.
- Reviews and approves eHealth projects proposed by working group subcommittees and partners.
- Conducts stakeholder research and consultation, information gathering, analysis and drafting of the national eHealth vision.
- Coordinates the development of a national eHealth Policy & Strategy, Implementation plan and Monitoring framework, standards and guidelines.
- Coordinates development of SOPs and guidelines.
- Provides guidance for development of new use cases.
- Establishes criteria for identification and selection of eHealth solutions.
- Sets and prioritizes eHealth-related projects.
- Identifies opportunities for collaboration with key national and international eHealth partners.
- Promotes and champions eHealth solutions at national, regional, and district levels.
- Proposes best practices for supporting the national eHealth agenda and documents lessons learned.

Membership:

The Director, Policy, Planning and Information or his designated representative will lead the eHealth Core Strategy Team/Coordinating Secretariat, and will be supported by the designated MIC/ICT lead seconded to the MOHS; other members of the core team will include one designee from each of the following MOHS Directorates: Human Resources for Health, Disease Prevention and Control, Primary Health Care, Drug and Medical Supplies; and 2 representatives from the Ministry of Information and Communication (MIC). Selected partner organizations may also be invited to nominate representatives to the team, if deemed necessary by the MOHS.

Tenure of membership:

Members will be appointed for a two-year term, with a proportional rotation being established to ensure continuity of the group, each member will sign the terms of reference (outlining their roles and responsibilities) for their commitment for this term.

Meeting:

The secretariat shall meet fortnightly or at the call of the chairperson with three business days' notice.

Quorum:

A simple majority of members in attendance at a properly constituted meeting, shall constitute a quorum. Meetings may be held in person or via electronic connections that allow two-way involvement of all participants.

Technical Advisory Groups

These groups will be formed based on need and will be constituted according to the category of technical expertise and support required. They will advise and support the coordinating secretariat by providing technical guidance on the development and implementation of the national eHealth vision and deployment of eHealth solutions. They will not be directly involved in decision-making but will play a significant role in guiding the coordinating secretariat based on their technical and programmatic expertise and in their role as advisers. This group will link with the wider eHealth working group comprised of all relevant MOHS programmes and directorates, and partners working on eHealth solutions in the country.

Roles and responsibilities:

- Provide guidance and recommendations, and support development of national eHealth vision and outcomes.
- Assist in identifying existing or planned eHealth solutions.
- Provide input into the development of a national eHealth agenda, as well as eHealth strategic plan and policy.
- Provide technical inputs and recommendations for the stakeholder groups on various eHealth components.
- Review and provide feedback on findings, conclusions, and draft deliverables.

Membership:

To be determined as the need arises, and may include MOHS directorates and programmes, development partners, health facility representatives, members of professional bodies & associations, tertiary institutions, and the private sector (MNOs, eHealth Platform Vendors). The chairperson and secretary will be the appointed upon establishment of the group

Tenure of membership:

Members will be appointed for a period determined by the specific assignment the group is convened to carry out. Each member will sign the terms of reference (outlining their roles and responsibilities clearly) for their commitment for the assignment.

Meeting:

The committee shall meet quarterly or at the call of the chairperson with three business days' notice.

Quorum:

A simple majority of members in attendance at a properly constituted meeting, shall constitute a quorum. Meetings may be held in person or via electronic connections that allow two-way involvement of all participants. Decision making will be based on consensus. If consensus is not possible, the chairperson may call a vote. A simple majority favourable vote of those members in attendance will be needed to resolve or approve any issues requiring a vote.

National eHealth Working Group

The eHealth Working Group will include representation from key stakeholders involved in the eHealth ecosystem in Sierra Leone. The group will be chaired by the Research and Publications Specialist, and he will report to the Steering Committee. The ICT manager will co-chair. The working group may want to set up technical sub-committees or working groups to address/work on specific issues as the need arises.

Roles and responsibilities:

- Provide support to the national eHealth Coordinating secretariat as needed.
- Serve as a forum for eHealth partner coordination and information sharing.
- Provide input to the development of the national eHealth vision, strategy, implementation plan, investment and monitoring framework.
- Share experiences, successes, challenges and lessons learned.
- Provide feedback on deliverables and outcomes that have been achieved.

Meetings:

The eHealth working group will meet monthly on a date that will be agreed on by the group. The secretary will be responsible for circulating meeting minutes, which shall be distributed to group members, no later than 10 days following each meeting. Presentations/papers will be circulated at least 3 working days prior to a meeting.

Members:

- MOHS Directorates - DPPI, ICT, DPC, DHRH, DDMS, RCH, DFN, DEHS; and Programmes: TB/Leprosy, Malaria, Reproductive and Family Health, EPI/Child Health, HIV/AIDS, CHW/PHC, Teenage Pregnancy and DHMTs.
- Development partners working in the eHealth space in Sierra Leone
- Representatives from multilateral and bilateral donor agencies
- Private sector stakeholders

Quorum:

A simple majority of members in attendance at a properly constituted meeting, shall constitute a quorum. Meetings may be held in person or via electronic connections that allow two-way involvement of all participants. Decision making will be based on consensus. If consensus is not possible, the chairperson may call a vote. A simple majority favourable vote of those members in attendance will be needed to resolve or approve any issues requiring a vote.

Commitment

Members of the all groups will commit to:

- Attending all scheduled meetings and if necessary, nominate a proxy.
- Champion objectives of the eHealth Coordination hub within and outside of work areas.
- Share all relevant communication and information within the coordination hub.
- Make timely submissions on tasks assigned to the members of the hub.
- Bring to the notice of the coordination hub any matters arising which may be deemed to affect the function of the hub.

Amendment, Modification or Variation

These Terms of Reference may be amended, varied or modified in writing after consultation and agreement by the steering committee

APPENDIX 2 – DIGITAL HEALTH ATLAS, GENERAL OVERVIEW AND LINK TO PLATFORM

The Digital Health Atlas (DHA) is a WHO global technology registry platform aiming to strengthen the value and impact of digital health investments, improve coordination, and facilitate institutionalization and scale. The DHA development team has worked with country teams to customise content, making it more relevant and responsive to country-specific needs.

This web platform supports issuing unique IDs for curating the range of digital health products and projects in (Include Specific Country Name). Governments and communities of technologists, implementers, and donors will be equipped to better coordinate and plan, monitor the growth of implementations, and reduce redundancy of investments.

The Digital Health Atlas (DHA) offers governments, technologists, implementers, and donors a platform of tools and guidance to improve the use of, and planning coordination for digital information systems for health.

The DHA facilitates implementers to assess the maturity of their digital health implementations, benefit from other's implementation experiences, and gain access to global resources from leading technical institutions. Sierra Leone DHA link: www.sl.digitalhealthatlas.org

APPENDIX 3 – NOTIFICATION OF INTENT TO DEPLOY eHEALTH SOLUTION (FORM EHN 1)

Submitted by: [Name of Organisation]
Title of project:
Name and email address of key contact person:

MOHS Counterpart Directorate(s)/Programme(s) /District(s): List all and include contact details of focal person from the MOHS counterpart unit(s) Please attach evidence that your organisation has signed the SLA or provisional SLA approval.
Need to be addressed: [What need(s) is/are this eHealth solution seeking to address?]
MOHS Operator/User: [Who will operate this solution?]
Programmatic Relevance: (500 word limit): [How will the eHealth solution be used/what programmatic changes will result from the use of this eHealth solution? How does it improve health service delivery?]
Service delivery and Data Use Implication (500 word limit): How will its deployment affect the workload of the direct users of the solution? What kind of data will be generated and how will it feedback into national data collection systems/databases? With whom and how will the results be disseminated?]
Other existing solutions: Is there already an existing solution that addresses the same or similar need? If yes, please provide more information and a justification for introducing the solution you are proposing?

APPENDIX 4 – eHEALTH SOLUTION: REVIEWER CHECKLIST-INDIVIDUAL (FORM EHR 1)

Reviewer Name: _____

Name of Solution: _____

Provide answer (Y/ N / to be improved) and comments, if necessary:

Is the solution addressing a programmatically relevant need?	
Is the solution appropriate to address the identified need?	
Does the solution help improve service delivery without placing a disproportionate increase in workload of users (staff, especially at peripheral levels)?	
Is the solution is sufficiently adaptable to accommodate connectivity and other infrastructural limitations especially at peripheral level?	
The solution is not duplicative in the proposed area/location implementation (there are no existing solutions already in use in the country that have the same functionality)	
Is there is adequate provision for training and follow up technical assistance to deal with technical issues?	
Are costs required to deploy and run the solution reasonable-this includes upfront procurement and longer term maintenance costs?	
Is there a clear plan for how the data will be generated will feed into national data collection systems/databases?	
Is there a clear plan for how data be used and disseminated?	
Is there a clear plan to scale up from a pilot?	
Recommendation <ul style="list-style-type: none"> ○ Approve without revisions ○ Approve pending revisions ○ Resubmit 	

APPENDIX 5 – eHEALTH SOLUTION: REVIEWER CHECKLIST – COMPILED (FORM EHR 2)

Name of Solution: _____

Score: Y=2, to be improved=1, N=0

	Reviewer 1	Reviewer 2	Reviewer 3	Total score/10
Is the solution addressing a programmatically relevant need?				
Is the solution appropriate to address the identified need?				
Does the solution help improve service delivery without placing a disproportionate increase in workload of users (staff, especially at peripheral levels)?				
Is the solution is sufficiently adaptable to accommodate connectivity and other infrastructural limitations especially at peripheral level?				
The solution is not duplicative (there are no existing solutions already in use in the country that have the same functionality)				
Is there is adequate provision for training and follow up technical assistance to deal with technical issues?				
Are costs reasonable-this includes upfront procurement and longer term maintenance costs?				
Is there a clear plan for how the data will be generated will feed into national data collection systems/databases?				
Is there a clear plan for how data be used and disseminated?				
Is there a clear plan to scale up from a pilot?				
Recommendation <ul style="list-style-type: none"> ○ Approve without revisions ○ Approve pending revisions ○ Resubmit 				

CONSENSUS ON RECOMMENDATION AND COMMENTS:

APPENDIX 6 – CHECKLIST FOR REVIEW OF eHEALTH PROJECTS (FORM EHC 1)

Technical specifications for solutions:

- Open source vs Proprietary (Open source is preferred unless the propriety software demonstrates clear advantages over the open source in terms of functionality and medium to long term maintenance and licensing costs.)
- Interoperability with DHIS 2 for data collection apps
- SMS capabilities/ability to operate offline with data push when online
- Data access at DHMT level for response (IDSR)/validation in the case of DHIS 2 reports
- Hardware considerations for functioning of the software?
 - Is software compatible with existing hardware deployed at PHUS or would new equipment be required, what is the cost – procurement and recurrent costs)
 - Would smartphones/tablets be required or can messaging be done using regular?
- Backend review, where does the collected data go?
- Security of data and hosting

Ease of use and available support:

- Is the inetrface easy to use?
- Have all users been adequately trained?
- Is training and mentoring support available?
- Is trouble shooting/ technical support support available locally?

What is the actual scope of implementation so far?:

- How many facilities is the app deployed at?
- Scale up plans - timeline and scope of scale up
- Sustainability plan - transition to GoSL /ownership and costs
- Efficiency/effectiveness of implementation model
- Has any evaluation been done? – if yes, what were the findings?