

The Data-to-Action Continuum: Successes and Challenges from Ideation to Digital Implementation (2020–2023)

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Background

The TB Data-to-Action Continuum (D2AC) Toolkit measures countries' progress towards improving their TB monitoring and evaluation (M&E) and surveillance systems and provides information to guide their continued efforts. The D2AC defines five levels of system development—ranging from “nascent” to “optimized”—and allows national TB programs (NTPs) to precisely gauge the barriers to data use and assess the decision-making capabilities of different actors across their health systems. The built-in and customized priority actions of the D2AC also help NTPs select appropriate interventions within the context of their health systems and develop implementation plans to apply them.

The D2AC enhances health outcomes by identifying specific gaps in the NTP's M&E and surveillance system, service delivery approach, data quality, and clinical staff's job satisfaction and motivation—all key aspects to improving patient adherence to treatment and increasing quality of care. The D2AC's web-based tool and associated guidance documents now allow for autonomous third-party implementations.

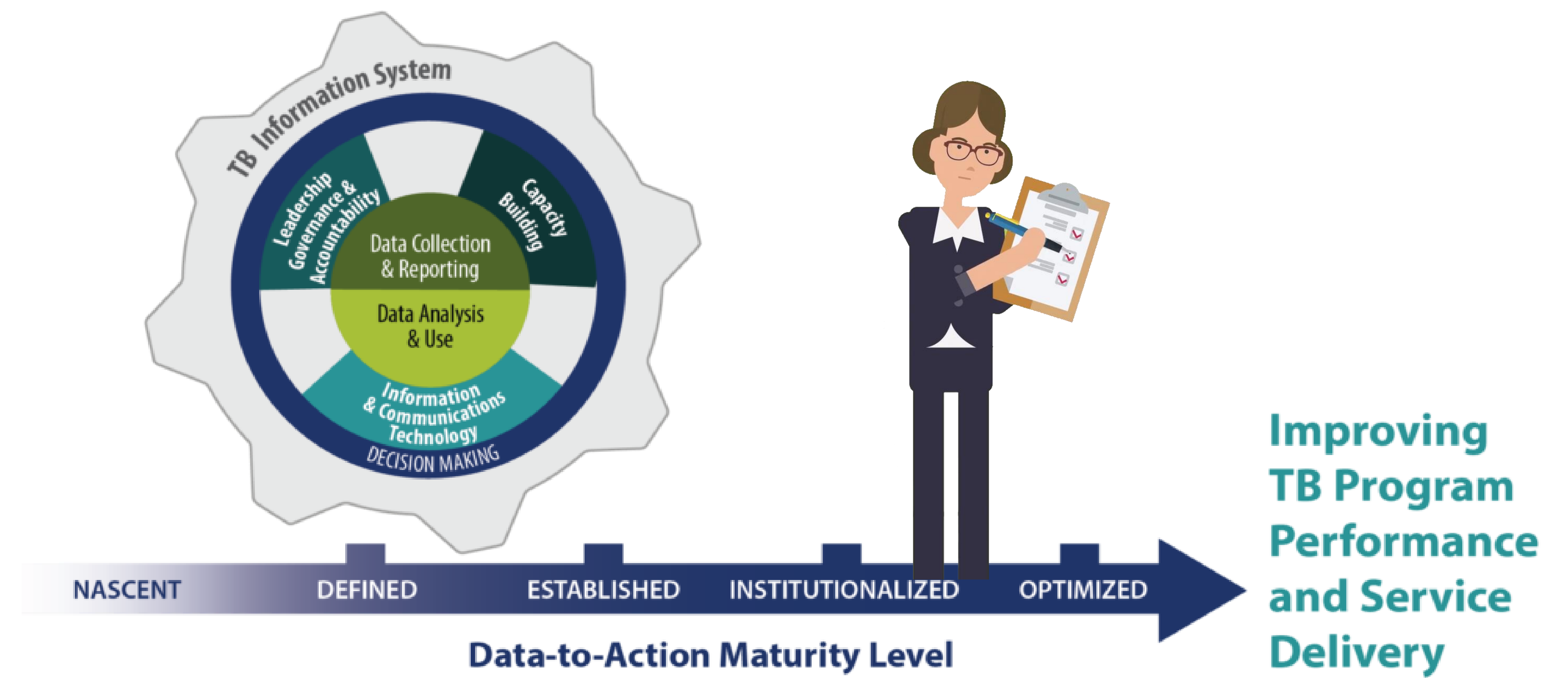
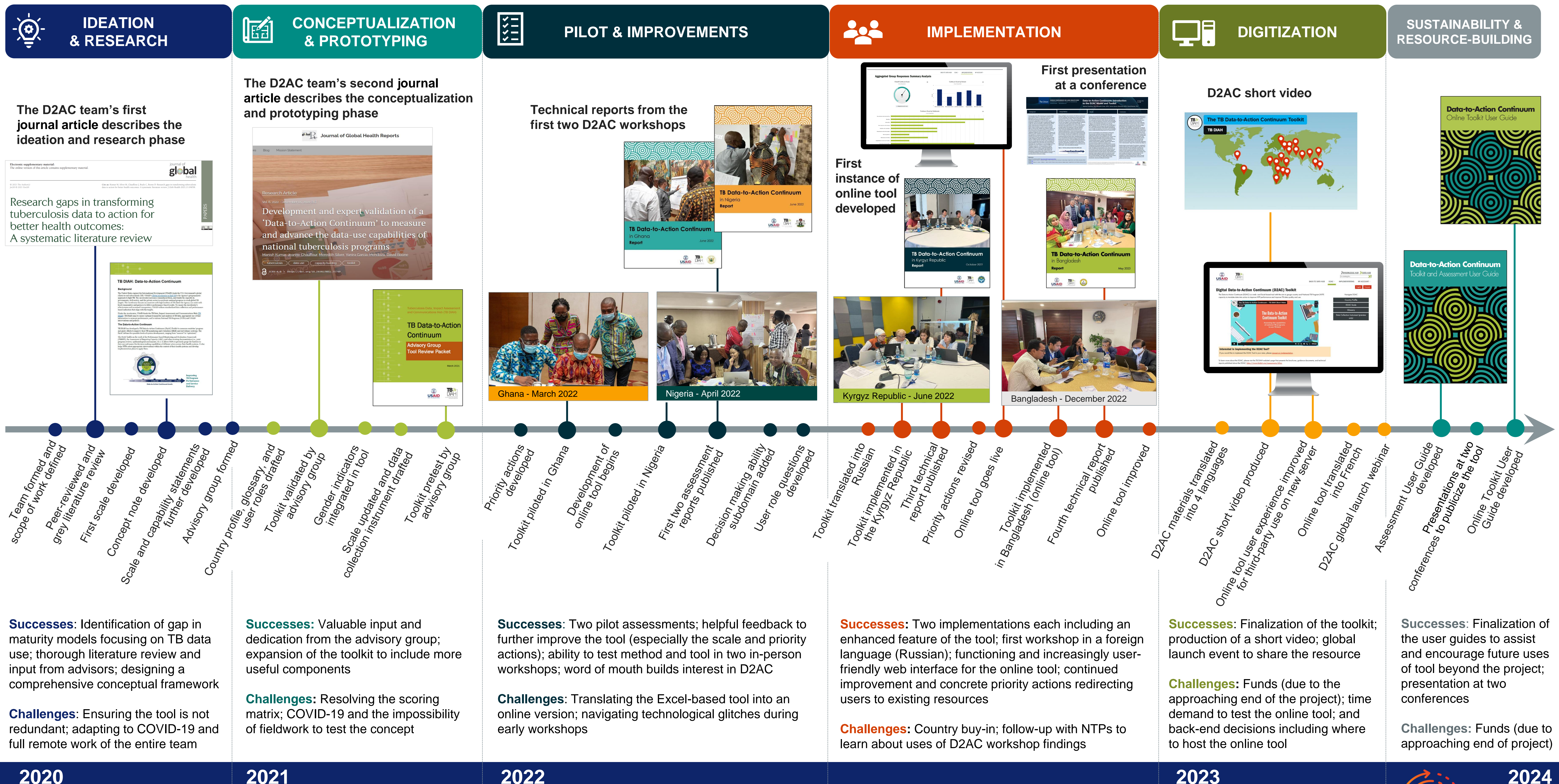


Figure 1. The Data-to-Action Continuum Conceptual Framework

Process



Findings and Discussion

The D2AC was implemented in four countries:



- 4 of 4 countries identified **data quality** and **skill and knowledge development** as a priority
- 3 of 4 countries (all but Ghana) identified **monitoring, evaluation, and learning** as a priority
- 3 of 4 countries (all but Nigeria) identified **analytics and visualizations** as a priority
- 2 of 4 countries (Ghana and Nigeria) focused on **data integration and exchange** and **hardware**
- 2 of 4 countries (Kyrgyz Republic and Bangladesh) focused on **ICT business infrastructure**

The D2AC workshops had **practical uses** that were adopted by in-country counterparts. In **Nigeria**, the NTBLCP used the D2AC findings to address ICT infrastructural gaps, and the setting up of the TB Situation Room has provided an opportunity to harness the different data sources and showcase data on dashboards to assist programmatic decision-making. In the **Kyrgyz Republic**, trainings and a TB M&E guideline were developed to focus on data analysis and interpretation; and standardized instructions for data quality such as checklists to improve case registration, detection, treatment follow-up, and cascade analysis were also developed. In **Bangladesh**, the D2AC findings have been used by the NTP in setting up periodic data analyses for programmatic decision-making. The eTB Manager has been customized by incorporating dashboards for some indicators. The electronic MIS has been expanded to include trainings on system monitoring.

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For more information:
<https://www.tbdiagh.org/d2ac>

In 2024, assessments are planned in Haiti, Uzbekistan, and Pakistan

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