MEPU Encounters Using DHIS2 and ICPC-2

(International Classification of Primary Care)

WHO Ukraine

The problem

- 1.5 million internally displaced people (IDPs) in Ukraine
- 30-50 mobile health teams
- Ongoing conflict zone
- Continuity of care

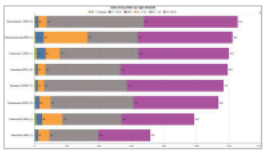
Q: "Can we build a patient-centred system for the Mobile Emergency Primary Care Units (MEPUs)?"

An answer:

"Leave No One Behind" Inob.online DHIS2 Tracker/Android app for encounter data collection and capturing basic health records.

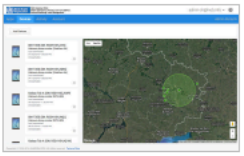
Challenges and issues

- Stability of Android app during quarterly release cycles of DHIS2.
- Security of data, staff and devices.
- Complexity of coding (ICD 10)
- Requirement to deliver first iteration in six weeks.

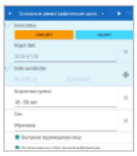


DHIS2 chart—age breakdown

Adopted ICPC-2 WICC cheat sheet



Remotely managed devices (EMM)



Tracker app on tablets

Successes

- 25,000 patient encounters during pilot.
- Remote deployment and technical support of tablets via EMM in the field worked as more cost-effective.
- First adoption of ICPC-2 for WHO in such settings and on DHIS2.

Lessons learned

- Rapid Development Methods can work in emergencies.
- Android devices & Enterprise Mobile Management works and can fundamentally improve project success.
- Using ICPC-2 significantly simplified reporting.
- Using DHIS2/Tracker via events capture, without registration, was sufficient for this project.

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