SWOT Analysis – Compilation Working Groups Discussion

Strengths:

1. **Cross-Cutting and Standardized Tool:** The JAP system provides a standardized approach across all countries, enabling consistent reporting of epidemiological data and drug quantification needs. This standardization facilitates cross-country comparisons and ensures coherence in data submission.
2. **User-Friendly Interface:** For users with intermediate Excel skills, the system is easy to navigate. It includes macros and automated features that reduce the likelihood of errors, such as overwriting formulas, making it accessible and efficient for data entry and management.
3. **Pre-Population of Data:** The ability to prepopulate certain fields reduces the reporting burden on countries and helps maintain consistency. This feature is particularly appreciated as it aligns with the principle of not letting perfection be the enemy of good.
4. **Customization and Flexibility:** The tool is adaptable to different country contexts, allowing for the customization of data entry fields and other features according to specific needs, such as granulating administrative levels down to the sub-district level.
5. **Structured and Centralized System:** The transition from a decentralized Excel-based approach to a more structured, centralized system has improved data management. The system now consolidates all relevant data into a single platform, making it easier to track submissions and ensure data integrity.
6. **Data Sharing and Validation:** After validation, data can be easily shared across relevant stakeholders, promoting transparency and collaboration. This also includes auto-calculation features for coverage rates, aiding in decision-making and data quality appraisal.
7. **Online Portal and Tracking:** The JAP online portal offers useful tracking features, such as real-time updates on the status of submissions (e.g., under review, validated, or approved), enhancing communication and ensuring all parties remain informed and aligned throughout the process.
8. **Integration Across NTDs:** The system integrates data across multiple neglected tropical diseases (NTDs), allowing for a comprehensive view of drug management, treatment outcomes, and impact surveys at the community level.
9. **ESPEN Support and Pre-Population:** The support provided by ESPEN, including the pre-population of some forms like EPIRF, significantly reduces the reporting burden. ESPEN Collect also facilitates the auto-population of EPIRF, contributing to more efficient reporting.
10. **Language and Accessibility:** The system is accessible in multiple languages, including French, which ensures usability across different regions. The easy download and navigation features further enhance its accessibility and effectiveness.
11. **Collaborative Environment:** The JAP promotes a collaborative environment where all stakeholders are involved in the reporting process. This collaborative approach strengthens the alignment and coordination across different levels of the program.
12. **Real-Time Submission Updates:** The tool's ability to provide real-time updates on the submission status helps streamline the review and approval process, ensuring that all parties are kept informed and can act promptly.
13. **Efficient Drug Management:** By standardizing data collection and reporting, the JAP aids in the rational and efficient management of drugs, contributing to better program outcomes.

Weaknesses:

1. **Delays in Process and Communication:** The iterative nature of the validation process, characterized by back-and-forth transmission between countries and WHO, often leads to delays in approval and the subsequent initiation of Mass Drug Administration (MDA) treatments. Additionally, the feedback from WHO is perceived as slow, which can discourage partner engagement.
2. **Data Issues:** Challenges such as missing data, data discrepancies, and difficulties in updating or communicating changes before validation is complete pose significant obstacles. These issues can lead to inaccurate reporting and delays in decision-making.
3. **Complexity and Clutter:** The JAP system involves too many forms, contributing to a cluttered reporting environment. The requirement for different forms for various data gathering activities complicates the process and can be overwhelming for users.
4. **Interoperability Challenges:** The system's lack of interoperability with Health Management Information Systems (HMIS) hinders its effectiveness. This integration is crucial for a more streamlined and efficient reporting process.
5. **User Management and Access:** The current user management environment is suboptimal, with issues such as multiple logins and the absence of guest or third-party access. Limited access during surveys prevents timely remedial action, and there is no provision for stakeholders to interact with the data dynamically.
6. **Lag in Data Availability:** There is a significant lag in publishing data for public availability. This delay affects the transparency and timeliness of information sharing, which is critical for effective program management.
7. **Inflexibility in Population Data:** The population denominators, which are critical for reporting, are not fixed, yet they are difficult to change. This inflexibility can lead to inaccuracies and complicates the reporting process.
8. **Inadequate Training and Capacity Building:** There is a need for improved training on the JAP system. Insufficient training for stakeholders, including turnover management, leads to a lack of expertise and confidence in using the system effectively.
9. **Administrative Level Limitations:** The JAP does not adequately accommodate the reporting needs at more granular administrative levels, such as sub-districts, particularly for diseases like schistosomiasis. This limitation can result in incomplete or inaccurate data representation.
10. **Survey and Reporting Limitations:** The JAP does not effectively track or reconcile participant data and result data, leading to false-positive orphaned results. Additionally, the tool does not provide a comprehensive view of historical data, which is necessary for longitudinal analysis and planning.
11. **Resource and Capacity Constraints:** The limited staffing at WHO for processing and validating JAP data for over 40 countries is a significant bottleneck. This resource constraint leads to delays and reduces the system's overall efficiency.
12. **Lack of Alignment with New Guidelines:** The JAP template does not align with the latest WHO guidelines on schistosomiasis, which undermines its relevance and utility for current program needs.
13. **Challenges with Offline Access:** The inability to download files and work offline limits the flexibility of the JAP system, particularly in regions with unreliable internet access.
14. **Inconsistent Training Across Countries:** There is inconsistency in how different countries approach JAP reporting. For instance, in some countries, the Ministry of Health handles the

reporting independently, while in others, various institutions are involved, leading to disparities in data quality and consistency.

15. **Lack of Integration with LMIS:** The JAP does not track donated medicines through the Logistics Management Information System (LMIS), leading to gaps in drug management and accountability.
16. **Suboptimal Use of Survey Data:** The JAP currently provides only summary data at the district level, without capturing more detailed information at the Implementation Unit (IU) or sub-district levels, particularly for schistosomiasis prevalence. This limitation hampers targeted interventions and data-driven decision-making.

Opportunities

1. **Improving Population Estimates:** There is an opportunity to enhance the accuracy of population estimates within the JAP system. Currently, a fixed 3% growth rate is used, which may not accurately reflect population movements. Incorporating dynamic population models could improve the precision of these estimates.
2. **Crosswalking and Interoperability:** Enhancing interoperability between ESPEN and Health Management Information Systems (HMIS), such as DHIS2, could streamline data management. Mapping Implementation Units (IUs), treatment data, coverage, prevalence data, and morbidity management information across these systems would create a more integrated and cohesive reporting environment.
3. **Expanding JAP Usage:** The JAP system could be utilized beyond its current scope, such as incorporating survey data collection or expanding its role in morbidity management and disability prevention. This would broaden the system's utility and impact.
4. **Timeliness and Data Quality:** There is a potential to improve the timeliness, data quality, and completeness of JAP submissions. This could be achieved by leveraging newer technologies and simplifying the database approach to reduce the complexity and frequency of changes between versions.
5. **Integration with HMIS/DHIS2:** By integrating the JAP system with HMIS/DHIS2, including clear guidance on NTD indicators to be incorporated, countries can better align their health data reporting. This integration would also enhance the use of JAP data for broader health system planning.
6. **Enhanced Communication and Validation:** Improving communication of JAP formats to partners and governments could facilitate smoother implementation. Additionally, sharing maps and other validation materials earlier in the process would enable more informed decision-making and quicker adjustments.
7. **Incorporating New Features:** The JAP system could benefit from new features, such as summaries or a change log to track status changes over time. This would provide users with a clearer understanding of the submission process and facilitate better tracking of updates.
8. **Onboarding Additional NTDs:** Expanding the JAP process to include additional NTDs, such as Trachoma, would make the system more comprehensive and inclusive of all relevant data.
9. **Exploring Digitalization and Real-Time Access:** Moving towards a digitalized JAP system with role-based access could allow for real-time data entry and updates. This would ensure that data is up-to-date and accessible, particularly for decentralized staff who may have more accurate data.
10. **Improved Data Validation and Integration:** Enhancing data validation processes within the JAP system, particularly for drugs used in multiple NTDs (e.g., LF, OV, STH), could reduce

errors and improve data accuracy. Additionally, integrating information on funding availability for drug distribution into the JAP would allow for more comprehensive planning.

11. **Auto-Population from HMIS:** There is potential to automate the population of JAP data from country-owned HMIS once data is validated. Currently, this is only possible for EPIRF using the CHIP system, but expanding this capability would streamline the reporting process.
12. **Reverse Logistics for Unused Drugs:** Addressing the lack of guidance on reverse logistics for unused drugs presents an opportunity to prevent drug expiration and use these resources for morbidity management. Developing a framework for this process would enhance resource utilization.
13. **Adopting Mobile Data Collection Tools:** Utilizing mobile data collection tools such as ODK, CommCare, or Kobo could facilitate the digitalization of health data, making the reporting process more efficient and accessible in various contexts.
14. **Leveraging GIS for Population Data:** Exploring the use of Geographic Information Systems (GIS) to refine population data for treatment planning presents a significant opportunity. GIS could provide more precise targeting of interventions and improve the overall effectiveness of the JAP system.
15. **Government Interest in Digitalization:** Governments' growing interest in the digitalization of health data offers a timely opportunity to promote the adoption of the JAP system's digital features, aligning with broader health data management strategies.
16. **Interoperability Between Different Platforms:** Enhancing the interoperability between the JAP system and other platforms, such as the schistosomiasis tracker and DHIS2, would streamline data management and improve the efficiency of the reporting process.

Threats

External Threats:

1. **Population Dynamics:** The unpredictable nature of population movements and changes in population distribution pose a significant threat to the accuracy and relevance of the JAP data. This variability can lead to inaccuracies in population estimates and, consequently, in program planning and reporting.
2. **Staff Turnover:** High staff turnover, both at the country level and within supporting organizations, threatens the effective use and implementation of the JAP system. This turnover can result in a loss of institutional knowledge and reduce the consistency and quality of data reporting.
3. **Arbitrary Re-Districting by Governments:** Government decisions to arbitrarily re-district regions can disrupt the continuity of data and complicate the tracking of disease trends and intervention coverage. This can undermine the reliability of the JAP system's outputs.
4. **Reduction in Funding:** A reduction in funding for NTD control programs poses a direct threat to the sustainability and effectiveness of the JAP system. The system's dependency on external resources makes it vulnerable to fluctuations in donor support.
5. **Dependence on External Resources:** The heavy reliance on external resources for implementing mass drug administration (MDA) and surveys is a significant vulnerability. If these resources are withdrawn or reduced, the effectiveness of the JAP system and NTD programs could be severely compromised.

Internal Threats:

1. **Outdated Reports:** The continued use of outdated reports within the JAP system can lead to incorrect conclusions and ineffective decision-making. Ensuring that all data is current and accurate is critical to maintaining the system's integrity.
2. **Offline vs. Cloud Debate:** The ongoing debate between using offline versus cloud-based systems presents both opportunities and risks. Each approach has its pros and cons, and failure to resolve this debate could lead to inefficiencies or vulnerabilities in data management.
3. **Variability in Country Data Laws:** Differences in data laws across countries pose challenges to the standardization and sharing of JAP data. This variability can affect the system's consistency and complicate international collaboration.
4. **Confidence in Country Data:** Discrepancies in data quality and programmatic variances between country data and ESPEN standards can erode confidence in the JAP system. This lack of confidence may threaten future funding and the credibility of reported outcomes.
5. **Data Definition Discrepancies:** Differences in the definition of key metrics, such as effective geographical coverage, between ESPEN and individual countries can lead to misunderstandings and inconsistent reporting.
6. **ESPEN vs. Country Coding:** Variations in coding between ESPEN and country-level systems can lead to confusion and errors in data reporting. This mismatch is particularly problematic when trying to compare or integrate data across different levels of the health system.
7. **Limited Time for Data Review:** The limited time available to review data, especially when implementation occurs in Q4 (outside the main reporting window), poses a risk to the accuracy and timeliness of the JAP submissions.
8. **Data Security and Confidentiality:** The potential for data hacking of online systems like JAP, ESPEN Collect, and country databases is a significant threat. Such breaches could compromise data security and confidentiality, particularly for sensitive individual-level data.
9. **Excel-Based Tool Vulnerabilities:** The use of an Excel-based tool that is uploaded to the system presents risks such as file corruption, lack of version control, and data loss due to insufficient virus protection or loss/theft of laptops. These risks could result in significant data inconsistencies or loss.
10. **Asynchronous Funding Approvals:** The asynchronous nature of funding approvals relative to the JAP submission timing creates uncertainty around the availability of funds for drug distribution. This can disrupt the planning and execution of MDA campaigns at the sub-district or district levels.
11. **Lack of Consensus on Denominators:** The absence of a consensus on which denominators to use for calculating therapeutic coverages presents a risk to the accuracy and comparability of data across programs and countries.
12. **Access and Sovereignty Issues:** The unrestricted access to data on the ESPEN platform, coupled with concerns about the sovereignty of countries over their submitted data, raises issues of data ownership and control. This could lead to reluctance from countries to fully engage with the JAP system.