Intergovernmental Learning Exchange to Advance Data-Driven Decision-Making (I-LEAD) Roadmap

I-LEAD is an immersive, problem-solving set of interactive activities that engages participants in generating and sharing knowledge and developing skills needed to facilitate the successful implementation of an effective and sustainable national digital health ecosystem. The I-LEAD workshop facilitates the initial phases of a multistakeholder, multisectoral, and enterprise approach to the ongoing operationalization of effective and sustainable national digital health systems. I-LEAD enhances participants’ capacity to develop strategies and approaches to address essential informatics problems their countries face, related to the following: 1) effective digital health governance and leadership; 2) development of a skilled informatics workforce; and 3) the meaningful design, development, implementation, and evaluation of health information systems. As PEPFAR transitions its programs to host governments, the I-LEAD program provides a template for countries to systematically and collaboratively address complex program ownership and sustainability challenges.

Purpose

The purpose of this document is to provide an in-depth understanding of the nature and scope of I-LEAD activities including timelines, resources needed, and when to use available guidance and content. It empowers countries to independently operationalize and implement the I-LEAD training program to achieve long-term sustainability and impact in national digital health programming. The roadmap defines the steps, timelines, and resources needed to deliver a successful training program.

Target audience

Individuals and institutions championing I-LEAD adoption and implementation, such as ministries of health or implementing partners.

* Government: Ministries of health, digital health agencies, public health institutes
* Implementing partners
* Regional/national health informatics networks

Implementation phases

I-LEAD’s roadmap consists of four implementation phases. It details the steps to use “Adaptable I-LEAD,” which is a complete toolkit of guides, course materials, and resources designed to help plan, organize, and deliver a full I-LEAD course.

* Phase 1: Inception & country adoption (Month 1-2)
* Phase 2: Orientation and planning (Month 3-4)
* Phase 3: Implementation of I-LEAD (Month 5)
* Phase 4: Coach & sustain (Month 6+)

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Figure 1. I-LEAD implementation phases

Phases and step-by-step process

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| Step | Description | Stakeholders | Resources  |
| Phase 1: Inception and adoption | Month 1-2  |
| 1. Stakeholder engagement  | I-LEAD implementers engage with the Ministry of Health (MOH) digital health / I-LEAD champions to introduce I-LEAD, build awareness, garner support, and lay the foundation for collaborative planning. Stakeholder engagement is continuous across all phases. | MOH digital health / I-LEAD champions | “Begin Here” document; Flyer;Intro; Roadmap |
| 2. Feasibility assessment & needs analysis | Working with MOH, I-LEAD implementers and other key stakeholders, conduct internal assessments to identify capacities, infrastructure, and potential barriers, and determine preliminary resource allocation (human resources, budget).  | MOH digital health / I-LEAD champions |  |
| 3. Operationalize I-LEAD | Operationalization of I-LEAD: Coordinate stakeholders, appoint an implementer to oversee workshop planning within timeline, scope, and budget.  | MOH digital health / I-LEAD champions, implementers | “Begin Here” document; Implementation Guide |
| Phase 2: Orientation and planning | Month 3-4  |
| 4. Align and adapt  | Review Adaptable I-LEAD to ensure usability and relevance using local experts. Collaborate with MOH to identify target audience. | Implementer, steering entity, subject matter experts | Run of Show; slide decks |
| 5. Prepare for implementation  | Plan for rapid ISHO assessment. Orient facilitators: Identify trainers and familiarize them with I-LEAD content. Plan for I-LEAD workshop: Coordination of participants, venue procurement, materials, and other logistics. | Implementer, steering entity, master trainers, facilitators  | Facilitators’ Guide;Implementation Guide |
| Phase 3: Implementation | Month 5  |
| 6. Pre-I-LEAD | Prepare for I-LEAD: Orientation, rapid ISHO assessment, finalize workshop planning. | Implementer, steering entity, facilitators, participants  | Orientation & ISHO presentation, ISHO tool |
| 7. Implement I-LEAD | Implement I-LEAD workshop with a focus on didactic training and developing action plans to solve problems deduced in rapid ISHO assessment. | Implementer, steering entity, facilitators, participants | Run of Show;Implementation Guide |
| Phase 4: Coach and sustain | Month 6+ |
| 8. Post I-LEAD | Implementers: Analyze feedback; update Adaptable I-LEAD for future iterations. Participants: Implement courses of action developed during I-LEAD to solve problems identified during ISHO assessment.  | Implementer, steering entity, trainers | Run of Show |
| 9. Long-term sustainability  | Integrate the program into existing national systems and structures (e.g., national training curricula, educational frameworks, continuing professional development accreditation) or regional health informatics networks, as primary custodian and champion. Map into WHO’s competency framework. Connect with GEEKS project-based training to continue capacity building at project execution level. | Champion, implementer, steering entity |  |

Adaptable I-LEAD

# What is it?

Adaptable I-LEAD is a comprehensive, customizable capacity strengthening package designed to support governments and implementing partners, including national and regional health informatics associations, in adopting and implementing the I-LEAD program independently. It includes not only the I-LEAD technical course content, but also project management guides to support the entire process, from initial engagement and workshop logistics to post-course evaluation, as well as facilitation guides aimed at strengthening the capacity of course facilitators.

# User-centered design

The Adaptable I-LEAD package is tailored with specific audiences in mind, providing prepackaged, customizable, and easy-to-use resources categorized as follows:

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| User | Description | Resources |
| I-LEAD champion(s) | Introduce I-LEAD to MOH to create awareness & garner support  | * Introductory content: Includes I-LEAD pitch and benefits.
* Include mini or full I4L as needed to improve awareness of digital health and its contribution to health system strengthening and public health preparedness.
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| Implementers (custodians) | Coordination ensuring implementation within adapted scope, time, and budget. Custodian of I-LEAD in the country. Operationalize I-LEAD, adapt resources, select facilitators, and recruit participants.  | * I-LEAD Roadmap: outlines the focus, goal, audience, and implementation phases with key stakeholders and resources. Also provides further details on implementation phases 2 & 3
* Adaptable I-LEAD implementation guide: Comprehensive guides for program coordination and execution.
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| Facilitators | Align on I-LEAD facilitation approach and deliver the I-LEAD curriculum using run of show guide and technical content. | * Run of Show guide: Detailed instructions and tips for leading I-LEAD workshops and sessions.
* Facilitators’ Guide: Provides an overview of effective facilitation skills for adult learners.
* Technical content: The core I-LEAD technical course content. Includes pre-packaged modular slide decks for delivering the curriculum.
* Assessment tools and evaluation templates: For assessing participant learning and evaluating session effectiveness built in the technical content.
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| Participants (end-users) | This is the target audience of I-LEAD and will participate in pre-, during-, and post I-LEAD activities. | * Pre I-LEAD: Orientation and rapid ISHO assessment.
* During I-LEAD: Technical content including assessment tools and evaluation templates, utilizing didactic training to develop courses of action to solve problems identify in ISHO assessment.
* Post I-LEAD: Implement courses of action developed during I-LEAD. Participate in community activities.
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**Implementation modalities**

Adaptable I-LEAD recognizes that achieving sustainable impact requires flexibility in both design and delivery. To accommodate the unique contexts and objectives of participating countries and organizations, I-LEAD offers multiple modalities for implementation. These options empower program champions and implementors to tailor I-LEAD to specific challenges, organizational goals, and available resources. Implementation modalities include:

* General one-time implementation provides a quick introduction to I-LEAD, delivering core skills in a single workshop.
* Problem-focused Implementation tailors I-LEAD to specific challenges, such as workforce development or system transitions.
* Annual implementation integrates I-LEAD into regular training cycles for ongoing capacity building to address cross-organization goals.

Group structure and logistics

The structure and scale of each implementation can be further tailored based on participant numbers and organizational objectives. For instance:

* Single group implementation: Smaller groups (10-12 participants) may require adjustments to workshop agendas, such as consolidating breakout sessions or focusing on plenary discussions to maximize engagement and learning.
* Multi-workstream implementation: With larger groups or diverse objectives, the program may be divided into multiple workstreams, each addressing separate challenges or thematic areas. This structure allows for targeted problem-solving and deeper collaboration across teams. Logistical considerations such as breakout rooms should be planned accordingly.

By offering these adaptable modalities, I-LEAD ensures that every implementation, whether aimed at solving an immediate problem or nurturing long-term leadership capacity, can be customized to local needs and operational realities. This flexibility underpins I-LEAD’s effectiveness and supports sustainable, context-driven impact.

Key features

* **Prepackaged, adaptable resources:** Ready-to-use toolkits, guides, slide decks, and templates for quick adaptation in various contexts.
* **Contextual flexibility:** Adaptable to country needs and languages, hosted by champions like MOH, digital health agencies, or public health institutes.
* **Flexible delivery:** Materials are primarily prepared for in-person delivery. Champions and custodians can adapt this to other modalities to increase access and sustainability.
* **Sustainability plan:** Allows for onboarding an in-country implementation team (implementers and facilitators), embed I-LEAD into continuing professional development programs.
* **Collaboration:** Explore partnerships with digital health networks (HELINA, AeHIN, RECAINSA), academic institutions, digital health hubs, and institutions.