

Local health systems need to learn, namely through timely information sharing and deliberation among management teams to respond to emerging health issues quickly and sustainably. “District.Team” – a facilitated web-based platform that combines local data visualization and peer-to-peer discussions – was developed to address this learning need and to enhance knowledge exchange among health district management teams (HDMTs). It was piloted in 2016-2017 in Benin and Guinea by a cross-facilitation team from the two countries with funding from UNICEF. The learning model consisted of five cyclical steps – identification of a health issue or challenge to investigate – development of the survey questionnaire by the facilitation team – completion of the questionnaire by HDMTs – analysis, visualization, and publication of the results on the web platform – online discussion of results and synthesis of lessons learned.

Participation rates were generally well sustained throughout the five cycles conducted and learning occurred at individual/team level, across information, deliberation, and single loop, leading to optimized learning capabilities among HDMTs. However, the short implementation period (14 months) of District.Team could not allow for the assessment of its health system-wide effects.

Despite the successes, District.Team failed to win endorsement from the central level (due to political unwillingness), contributing to the gradual decline in participation by HDMTs across cycles. Some HDMTs perceived District.Team as a threat, as it promotes transparency and accountability in managing local health systems. Nevertheless, we believe that District.Team may scale up, as context has changed (e.g., good political will, increased interest in e-health and learning health systems among many stakeholders). Based on lessons learned (triple loop learning by the facilitation team), the updated District.Team will add the sixth step (Knowledge translation) to the learning model, and advocacy will be needed for its institutionalization, by creating interoperability with the existing health information platforms (DHIS2) and integrating into existing health programs.