**Enhancing the Epidemiologic Bulletin for Actionable Decision-Making**

To improve the Epidemiologic Bulletin, I would focus on **stakeholder engagement, content redesign, data flow automation,** and **integration into decision-making processes**.

**Step 1: Stakeholder Engagement**

The first step would be identifying current bulletin users by engaging with the team responsible for generating and disseminating the report. A representative group of users would be convened to understand how the report is used, its limitations, and what information supports their decision-making. Later, multiple draft versions of the redesigned bulletin would be shared with the group to gather feedback on proposed content and design revisions.

**Step 2: Bulletin Redesign and Content Refinement**

Insights from stakeholders would guide the selection of refined metrics tailored to the bulletin users’ needs. Key metrics might include:

* **Trends in suspect case incidence rates and test positivity ratios** with clear indicators for thresholds passed at the provincial or district level.
* **Timeliness gaps**, such as the interval between sample collection and receipt at the lab, identifying areas with the largest gaps.

The bulletin’s layout, figures, and tables would be redesigned to emphasize actionable metrics while retaining essential elements. Automation would generate the report in an editable format (e.g., Word) with space for an **executive summary and analytic notes**. Those generating the report would be expected to complete these sections to reinforce data interpretation.

**Step 3: Data Flow and Automation**

Once redesigned, I would improve the data flow from sources to the report through enabling direct access to key data sources:

* **Weekly HMIS Data from DHIS2**: Pull data through API connections.
* **Maternal Deaths**: Access the full linelist at the source for better analysis and reliability.
* **Measles Lab Data**: Collaborate with the lab to explore direct database access options.

Routine data quality and validation checks would be implemented to ensure timely feedback and corrections at the source.

**Step 4: Dissemination and Integration into Decision-Making**

If relevant, customized reports would be developed for different user levels – e.g. national and provincial. A platform would be identified—or created if necessary—for stakeholders to access the report. If there is an existing decision-making meeting, such as a weekly all-hands meeting, mechanisms should be developed to ensure the report is reviewed at this meeting.

Data analysts and health officers would be trained in using the automated R scripts and making minor adjustments as needed to ensure timely report generation.