About HISP SA
- DHIS originates from SA.
- 1999: National Department of Health (NDoH) adopts DHIS as the routine data collection system.
- HISP SA has 97 permanent, full time facilitators and developers; 27 contracted staff and 18 staff seconded to the NDoH.

Successes
- June 2016 — integrated case-based IDSR developed, using DHIS2 Tracker.
- Case-based Malaria Reporting System fully integrated with IDSR: case reporting, case investigations, case follow-up, entomology, Indoor Residual Spraying.
- All EPI-related case investigations integrated in same NMC case program: Acute Flaccid Paralysis surveillance, neonatal tetanus, and others.

IDSR DHIS2 in SA
Currently being piloted — National roll out expected later in 2017. The goal is to have one system managing individual patient data for all programs.

Main components of IDSR:
- Notifiable Medical Conditions for diseases requiring immediate reaction and response (malaria, AFP, neonatal tetanus, meningitis, and cholera).
- Notifiable contacts of the patients to be traced and followed up.
- Adverse events after immunisation although rare, require detailed investigation and follow-up.
- Congenital disorders concern 5% of live births (cleft palate, club foot, or foetal alcohol syndrome).

A successful integrated system depends on the good will and commitment of all programs and staff.