COVID-19 Response Coordination Call
Digital Technology

March 27, 2020
CORE Group Community-Based e-surveillance for COVID-19 Response

Presentation by
AHMED ARALE
CORE Group Polio & GHS Project
March 27, 2020
Contribute to global AFP & GHSA priority zoonotic disease surveillance in hard to reach nomadic and cross border communities.

<table>
<thead>
<tr>
<th>Country</th>
<th>INGO</th>
<th>NGO</th>
<th>Region/Counties</th>
<th>Districts/Sub-counties</th>
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<tbody>
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<td>Ethiopia</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>85</td>
</tr>
<tr>
<td>South Sudan</td>
<td>-</td>
<td>5</td>
<td>4</td>
<td>37</td>
</tr>
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<td>Kenya</td>
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<td>7</td>
<td>21</td>
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<tr>
<td>Somalia</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Uganda</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>12</td>
<td>21</td>
<td>156</td>
</tr>
</tbody>
</table>
Community Based e-surveillance

- Kenya has a 91% penetration of mobile subscriptions compared to Africa’s 80%.
- Community-Based Surveillance helps to detect diseases early and take appropriate action in a timely manner to prevent further spread of the disease, minimize disabilities or deaths, mitigate against future occurrence of the disease, influence health-seeking behaviors and helps to understand local diseases affecting them.
- Focus on active case search for AFP suspect cases, Measles, NNT and 5 priority GHSA zoonotic diseases (Anthrax, Trypanosomiasis, Rabies, RVF, Brucellosis)
- Use of CHVs who are part of the existing community health units, supervised and report to the catchment health facility.
Community Based Surveillance Workflow

1. **Signal Detection**
   CHVs/CDRs and key informants identify signals at the community. CHV sends the signal using SMS to CHA/AHA & PO

2. **Triaging**
   The CHA/AHA receives an SMS notification, calls back the CHV/CDRs to gather more information on the signal. Assesses whether the signal has been reported before and matches one of the signals on the list.

3. **Verification**
   CHA/AHA confirms that the signal is indeed happening, sends SMS notification to the SCDSC/SCVO and PO, fills hardcopy Master logbook and submits a verification form using ODK.

4. **Risk Assessment**
   The SCDSC/SCVO receives an SMS from CHA/AHA, that a signal has been verified and confirms it is as an event, evaluates all of the available information and assesses the level of risk that the situation poses to public health. Submits an assessment report.

5. **Investigation**
   The SCDSC/investigates the event by gathering information on signs and symptoms being reported and submit investigation report.

6. **Response**
   The SCDSC/SCVO/ Mandated partners responds to the event based on the level of risk. He/she can direct the CHAs/AHA to respond to the event if they have the capacity and expertise.
Mobile Data Collection (ODK)

- CHVs trained on the use of Mobile phones to capture timely and accurate information on both human and animal related conditions.
- Use of Open Data Kit (ODK) & KOBO collect App, a free & open-source set of tools.
- Use of ONA platform as a database: A paid up platform for mobile data collection and visualization.
- Timely and reliable data, geocodes of the reported conditions, the system works offline, easy and does not require technical knowledge.
- Digitized reporting tools: immediate signals, weekly report, outreach, social mobilization, and verification tools to be used by the supervisor.
- The near-real-time system involves the CHVs detecting signal and alerting the Supervisor (CHA/AHA), who then call back to verify the signals to confirm if it's an event or not.
Data collection process

• CHVs detect signals that matches Community case definition and initiate the following steps:

• **STEP 1: RECORD** the details on the **CBS SIGNAL RECORD Sheet** and **ONA Electronic tools**

• **STEP 2: REPORT** signal immediately to the supervisor through SMS

• **STEP 3: SUPPORT**: Provide health talk to the family on ways of preventing and managing the event

• **Use the CGP-GHS Flip Chart**: Follow the instruction to provide care to the person, household and community to curb the spread.

• **ZERO REPORTING** If no Signals are encountered during your activities, you must send a ZERO Report on the KOBO tool. A ZERO report is sent as signal code “0”

• **RUMOR REPORTING**: RECORD the suggestions, rumors, fears etc. that you hear in your community & Share with CBS Supervisor.
### CBS Alerts - Human

<table>
<thead>
<tr>
<th>Volunteer ID</th>
<th>Village ID</th>
<th>Code</th>
<th>Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Name</td>
<td># Village</td>
<td>HUMAN</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>A newborn baby who dies within the first month of life.</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>Any person with hotness of the body and rash</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td>Any child less than 15 years with a sudden onset of weakness of leg(s) and/or arm(s) not caused by injury</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td>Any person 5 years of age or more with lots of watery diarrhea.</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td>Hotness of the body, Cough and Breathing problem in a person who had travelled from a Country/Territory / Areas community reporting local transmission of Covid19 OR Two or more people who have interacted having hotness of the body, cough and breathing problem</td>
</tr>
<tr>
<td>41</td>
<td></td>
<td></td>
<td>Unusual illness or deaths of people</td>
</tr>
</tbody>
</table>

### CBS Alerts - Animal

<table>
<thead>
<tr>
<th>Volunteer ID</th>
<th>Village ID</th>
<th>Code</th>
<th>Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Name</td>
<td># Village</td>
<td>ANIMALS</td>
</tr>
<tr>
<td>61</td>
<td></td>
<td></td>
<td>Cluster of livestock abortions</td>
</tr>
<tr>
<td>63</td>
<td></td>
<td></td>
<td>Aggressive animal bite, Rabies symptoms</td>
</tr>
<tr>
<td>65</td>
<td></td>
<td></td>
<td>Loss of weight, shedding tears, fever</td>
</tr>
<tr>
<td>67</td>
<td></td>
<td></td>
<td>Cluster of unusual animal deaths</td>
</tr>
<tr>
<td>69</td>
<td></td>
<td></td>
<td>Deaths with unusual bleeding</td>
</tr>
</tbody>
</table>

**ZERO REPORT**

| 0 | I am active, but have not seen alert this week |
Which animal alert are you reporting?

- Cluster of abortions or deaths of young animals: 15
- Aggressive animal bite, possible Rabies symptoms: 33
- Progressive loss of weight: 9
- Cluster of unusual animal deaths: 26
- Sudden animal deaths with unusual bleeding: 3
- Abortion in late pregnancy; retained placenta; swelling of ...: 11

Which Human illness alert are you reporting?

- suspected_malnutrition: 1
- suspected_tb: 2
- suspected_rabies_human: 6
- suspected_pneumonia: 9
- Death of a child between 3-28 days of age with unknown cause: 2
- Any person 5 years of age or more with lots of watery diarr...: 2
- Hotness of the body and rash: 13
- Child less than 15 years with a sudden onset of weakness of...: 3
- Cluster of unusual illness or deaths of people: 1
- Hotness of the body, Cough and Breathing problem in a perso...: 1
For COVID-19, How do we protect the communities and the volunteers and also get the surveillance reports & health messages out?
Way forward

- Use of social media e.g. WhatsApp in providing information to the households and communities on COVID-19.

- Training of the community volunteers through the mobile phones without bringing together in big groups.

- Develop protocols House to House visits for COVID-19 surveillance & response for community volunteers.
Partnership avoids duplication of Efforts, saves resources, enhances development and brings change.
Zenysis Technologies
National COVID-19 – Disease Surveillance System

Dr Neranga Liyanaarachchi (MBBS, PgDip, MSc, MD, TOGAF) Ministry of Health, Sri Lanka
Everyone has only one goal; one priority: to combat the disease

The intra- and extra-sectoral collaboration

Multiple partners to offer support: Development partners/private sector/ NGOs/ etc.

Expertise can be pooled without usual barriers

Strengthening the existing infrastructure, processes and systems

Further increase the credibility about different sectors in safeguarding the citizen and their rights
Ministry of Health (Epid, HPB, MS1, Hospitals …)

Ports of Entry
- Pre-arrival clearance
- Flagging & recording

Ministry of Foreign Affairs
- Registration
- Request for help
- Facilitation of assistance

Sri Lankans in other countries

Telemedicine Support/centre
- Remote consultation

Quarantine Centers
- Case reporting & management
- Resource management

Released

Hospitalized

Travelers

Community response by MOH
- Community response

Hospitals
- Case reporting & management
- Resource management

Record your location locally
- Receive official news
- Case location notification
- Registration if exposed
- Guidance on your case
- Quarantine management

DHIS2 based system
- Case & facility records
- Case mapping & contact tracing
- Citizen communications
- Resource management

Case & facility records
- Contact tracing

Case mapping & contact tracing
- Citizen communications
- Resource management

Case location notification
- Registration if exposed
- Guidance on your case
- Quarantine management

Quarantine management
- Quarantine management

Record your location locally
- Receive official news
- Case location notification
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- Quarantine management

Community response
- Community response
COVID-19 surveillance package released

DHIS2 has released a digital data package to accelerate case detection, situation reporting, active surveillance and response for COVID-19.

Find out more

Global impact

DHIS2 is the world’s largest health management information system (HMS) platform, in use by 67 low and middle-income countries. 2.28 billion (30% of the world’s population) people live in countries where DHIS2 is used. Read more in the factsheet.

Learn more »

Integrated system

DHIS2 is typically used as national health information systems for data management and analysis purposes; for health program monitoring and evaluation, as facility registries and service availability mapping, for logistics management and for mobile tracking of pregnant mothers in rural communities.

Runs on everything

With DHIS2 you can capture data on any type of device, including desktops, laptops, tablets, smartphones and feature phones. Most solutions work offline, enabling improved reach in locations with poor connectivity. DHIS2 provides a wide range of solutions based on HTML5, SMS and Java.
DHIS2 in Ministry of Health

• Has been used by public health programmes for many years
• Separate deployment for COVID-19 surveillance started with the aim of incorporating all disease surveillance activities in future
• Now being set up for integrated comprehensive management of COVID-19 response
• There is a consensus to implement all components
Case/suspect management

- Enrollment into
- Suspect reporting
- Case reporting
- Metadata pack and country specific modifications
Tracking case dependency in the Disease Surveillance system
Tracing the places case/s travelled
### Quarantined persons

#### Quarantine Statistics

<table>
<thead>
<tr>
<th>Locals</th>
<th>Foreigners</th>
<th>Total</th>
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<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>1. No. Quarantined (by yesterday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. New Quarantines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Hospitalizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Released from Quarantine</td>
<td></td>
<td></td>
</tr>
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</table>

**Today's Total:**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Resource management
Integrated Mobile application
COVID-19 tracker ➔
My Health Sri Lanka app
FUNCTIONALITY

What happens after installing

- Receive official updates and notifications from Health authorities
- Track your location & update locally
- Self-register in to the COVID19 System
- Provide personalized messages
  - Patients
  - High risk
- Emergency contacts

What happens after installing
Integrations and new developments

**Integrations**
- Immigration system
- Telecom tower information
- My Health Sri Lanka app

**Developments**
- Contact-case mapping tool
- Tool to supporting addresses into community org unit assignment
- Tracing the case’s travel
- My Health Sri Lanka app
- ICU bed availability management
Stakeholders/ collaborators

<table>
<thead>
<tr>
<th>Ministry of Health</th>
<th>External</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Epidemiology Unit</td>
<td>• The national COVID19 Task force</td>
</tr>
<tr>
<td>• DDG-Public Health Services I</td>
<td>• Ministry of Defense</td>
</tr>
<tr>
<td>• Health Information Unit</td>
<td>• ICT Agency of Sri Lanka</td>
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<tr>
<td>• Medical Services Unit</td>
<td>• Department of Immigration</td>
</tr>
<tr>
<td>• Health Promotion Bureau</td>
<td>• The tri-forces</td>
</tr>
<tr>
<td>• Hospitals</td>
<td>• Ministry of Foreign Affairs</td>
</tr>
<tr>
<td>• PDHS/RDHS/MOH</td>
<td>• HISP Sri Lanka</td>
</tr>
<tr>
<td></td>
<td>• Health Informatics Society of Sri Lanka</td>
</tr>
<tr>
<td></td>
<td>• Mobile providers</td>
</tr>
<tr>
<td></td>
<td>• WHO Sri Lanka</td>
</tr>
<tr>
<td></td>
<td>• Volunteer developer community in Sri Lanka</td>
</tr>
<tr>
<td></td>
<td>• Global DHIS2 community</td>
</tr>
</tbody>
</table>
Contact the core team

neranga.liyanaarachchi@gmail.com (Dr Neranga Liyanaarachchi)
priyanga.senanayaka@gmail.com (Dr Priyanga Senanayake)
pamodm@gmail.com (Dr Pamod Amrakoon)
sanjiva@weerawarana.org (Dr Sanjiva Weerawarna)
A crisis can become opportunity.

Thank you
How might we rapidly inform and empower communities around the world to stay safe and healthy during the COVID-19 outbreak?

Community members contributed experiences and inspiration through three opportunity areas:

1. Sustainable and equitable access to information
2. Inspiring and uplifting each other
3. Thoughtful preparation for a new reality
Our global community showed up in BIG ways...

26,000+ Unique Visitors
700+ Submissions
75+ Countries Submitting
400+ Comments
High Level Participant Overview

We saw the highest participation from individuals coming from these fields: Design, Communications, Business, Students, Engineering, Research, Technology, Health and Medical.

We asked participants: What populations or personas are not currently being addressed with today’s COVID-19 information?

Here’s who’s missing:
- Digitally disconnected populations
- Elderly
- Homeless
- People with disabilities
- People who are undocumented
- People that are new to a country
- Low income
- Low education
- Rural/remote communities
- Nomadic
- Indigenous
- Freelance and wage workers
- Young people and children
- All people feeling socially isolated
3 Insights + Inspiration around Digital Communications

Exploring resilience within communication systems
Who do communities trust? It changes.

“A 37-year-old boda boda operative from Bungoma has attracted praise for using loudspeakers mounted on his motorcycle to encourage residents to wash their hands and avoid handshakes. I saw that the media alone may not reach all the people in the county and I decided to help as I knew they would easily listen to me,” said the father of seven. This is because they know me and I have been working with them here.”

—Rapudo Hawi, Governance and Security Consultant, Nairobi Kenya
“As roommates, we knew we needed to talk about living together responsibly during a pandemic. So we created this conversation guide. We recently learned that our conversation guide is reaching people beyond the United States borders, so in addition to English, our guide is now available in Spanish and Mandarin.”

—We’re a collaborative team of doctors, community connectors, and concerned cohabiters.
Viruses are invisible

Jane Martin, Designer Researcher from the UK who worked at Comic Relief and Handicap International, was unclear around how to apply some of the digital resources shared with her. She took these materials and visualized them to be more effective for herself and others. (Help people wash their hands effectively by visualising germs – Jane Marten, International Development Consultant, London, UK)

‘6 Feet of Ribbon’

“In the era of COVID-19 VIRUS, we are struggling to survive. Social distancing is getting important. In living life, the place where we cannot avoid people is grocery mart. We need to fine the way to respecting social distancing. I suggest ‘Six feet along’ with little red ribbon on the leg of shopping cart. It is a campaign that let people know social distancing by visual aid. In this campaign, market visitors & mangers tie six feet long red ribbon on the right side leg of shopping cart. By walking, six feet ribbon will visualize people about social distancing.” —용성 백, Student, South Korea

‘Getting specific and tactical’

Len was frustrated by what felt like over-politicized information, so he got raw data from the CDC and organized it in a way that felt more actionable and contextually-relevant, specifically to individuals in the military, which he then shared verbally– Len Hennessy, Writer, Officer, Georgia, US
Join us and continue the discussion April 7 for a webinar:

COVID-19 Communication: Global Community Insights from an Open Call

Sign Up and Get More Details: https://ideo.in/covidwebinar
FIGHTING EBOLA WITH INFORMATION: Learning from the Use of Data, Information Flows, & Digital Tech in the West Africa Ebola Response
Fighting Ebola with Information:
Learning from the Use of Data, Information Flows, & Digital Technologies in the West Africa Ebola Outbreak Response

● USAID report published in December 2016

● Research initiated at the request of former USAID administrator Raj Shah, and looked at:
  o (1) how data and information flows were being used to support the response, and
  o (2) what role digital technologies were playing to support the response.

● Commissioned by the USAID Global Development Lab, co-authored by AAAS Fellow, Larissa Fast, and myself

● Between December 2014 and February 2016, we interviewed around 130 people representing more than 60 organizations—including governments, multilateral bodies, NGOs, and corporations

● Final report extensively peer reviewed by USAID offices in Washington and relevant field offices, as well as by the CDC

● Foreword co-authored by the heads of USAID’s OFDA, Global Health, and the Global Development Lab
Credit: USAID/Lab Ebola Team
Figure 1: Timeline of Key Events, New Cases, and Cumulative Ebola Cases and Deaths (West Africa)

Source: US CDC, based upon figures from the WHO together with the governments of Guinea (Ministère de la Santé Publique), Liberia (Ministry of Health, http://www.mohslv.gov.lr) and Sierra Leone (Ministry of Health and Sanitation, http://health.gov.sl/page_id=583). Note that these data reflect corrected figures and differ from earlier published reports, including WHO figures from March 2016.
Lessons from the West Africa Ebola Outbreak

"Information was critical to the fight against Ebola. Both for responders, who needed detailed and timely data about the disease’s spread, and for communities, who needed access to trusted and truthful information with which they could protect themselves and their loved ones.

Yet, as we now know all too clearly, the technical, institutional, and human systems required to rapidly gather, transmit, analyze, use, and share Ebola-related data frequently were not sophisticated or robust enough to support the response in a timely manner."
A Closer Look at Challenges with Ebola Case Data

- Existing digital systems were un- or under-prepared to deal with the volume and velocity of Ebola cases, and the corresponding needs of the response
- Digitization primarily through manual data entry at a district/national level, created errors, delays
- A proliferation of digital tools and systems were deployed, complicating data management and use
- Data often were released as non-machine readable PDF documents or aggregate statistics, complicating reuse
- Differing protocols and standards for the collection and management of case data lead to variations in reporting
COVID-19 Personal Triage, Education and Surveillance Monitoring Tool

www.thinkmd.org
https://covid19.thinkmd.tech/#/start
Immediate COVID-19 Response Challenges

Demands on clinics and hospitals
Paucity of individual health data
Dissemination of Public Health info

To prevent COVID-19 it is safest to avoid physical contact when greeting. Safe greetings include a wave, a nod, or a bow.

#Coronavirus  #COVID19
HINKMD COVID-19 Personal Triage, Education and Disease Surveillance Monitoring Tools

- Individual COVID-19 Risk Assessment Screen
- Physician based Bayesian algorithms
- COVID-19 Clinical/Epidemiology Data Repository
- Data Analytics Visualizations and Predictive Disease Modeling
- Distribution
  - Ministries of Health
  - Inter. Health Agencies
  - Implementation Partner

- COVID-19 WHO Education Prevention, Protection, Health-Seeking Information

- Demographics
- History
- COVID-19 Symptoms
- Prevention, Protection Education
Distribution Models for THINKMD COVID-19 Triage and Education Tool

Server Based

- Server based “URL” offering
- COVID-19 risk Assessment Screen
  - COVID-19 Education Info.
  - COVID-19 Triage Risk Assessment
  - WHO protection/prevention information
- URL Links to additional public health information or health service sites

Mobile Network Operator

- SMS distributed Text to Direct to Customer Model
- Global Mobile Network Operators

FHW/CHW

- Field-Community based CHWs Assessments-Diagnostics
- Will work off/on-line
- Community / Site based Assessment Screening On and off-line
- COVID-19 risk Assessment Screen
- Respiratory Risk Assessment Screen

COVID-Response
Initial Mobile Network Operator Global Distribution

- **Africa**: 412 Million
- **Asia Pacific**: 430 Million
- **Europe**: 371 Million

Key Committed MNO Distributors:
- India
- South Africa
- Egypt
- Nigeria
- Kenya
- Zambia
- UAE

Connection in millions unless specified.
CommCare for COVID-19 Response

Gillian Javetski, Dimagi Chief of Staff
gjavetski@dimagi.com
CommCare

WHO Contact Tracing Template Application

- Patient Counseling
- Health Worker Training
- Real-Time Data Collection
- Program M&E
- Surveillance and Contact Tracing
- Screening & Triage Protocols
- Sensitization & Information Dissemination
- Diagnostics and Lab Tracking
- Supportive Supervision
Activities from the last two weeks

- Pro Bono Software Subscriptions for COVID-19
- Template Application of WHO Contact Tracing Protocols in English, French, Spanish, and Portuguese
- Documentation, videos, demos, Users Forum, multimedia
- Live projects in Nigeria & with the CDC in California
- Agreements with various governments, including Sierra Leone and Assam India (so far)

www.tinyurl.com/cc-covid19
Li: SMS Monitoring of Confirmed Cases

Develo: WHO Contact Tracing

Live: Risk Monitoring and Triageing

Developed: WHO Contact Tracing

Live: PUI Management

Developed: WHO Contact Tracing

Live: PUI Management

Prevention & Education

Triage / Testing

Tracking & Tracing

Quarantine Management

In-Hospital Management

Post-care management & Prevention
Next Up: Mental Health

Next Up: Rapid Remote Training

Next Up: Facility Readiness & Supply Chain

Next Up: Community Members Under isolation

Prevention & Education  
Triage / Testing  
Tracking & Tracing  
Quarantine Management  
In-Hospital Management  
Post-care management & Prevention
Thank you! Please feel free to email me: gjavetski@dimagi.com
Chart 1: Digital health applications for patient care during the Coronavirus pandemic

**PREVENTION, DIAGNOSIS**

**DIGITAL TOOLS**
- Disease information and protection guidelines
- High risk group definition
- Maps with confirmed cases, infection clusters and alerts
- Anxiety management
- Behavioral change

**Tools**
- Symptom checkers incl. chatbots
- Online questionnaires
- Remote doctor consultations
- E-prescriptions, digital sick notes
- Remote diagnostic (e.g. cough analysis)
- Testing site finders
- Test kits

**SUPPLY**

**PEOPLE AFFECTED**

**TREATMENT**

**In-hospital management**
- Geofencing
- Quarantine remote monitoring (symptoms, vital signs)
- Connected medical devices
- Telehealth
- Online pharmacies
- Communities, online groups
- Mental health support

**Post-care management**
- Post-discharge follow-ups for the discharged from hospital, quarantine
- Telehealth

**Chart 3: Actions to be taken by three major groups of healthcare players**

**Digital health providers, 1st line**

- Telehealth providers
  - Temporary waive license fee
  - Expand offerings (e.g., chatbots, testing site finders)
  - Scale up (challenge)
  - Business side - seek reimbursement

- Triage, testing
  - Add value proposition
  - Risk assessment and funneling

- Tracking, tracing
  - Quarantine geofencing
  - Population travel tracking

**Digital health providers, 2nd line**

- DTs providers
  - Adapt to COVID-19 case, incl. isolation and quarantine
  - Add specialised services, e.g., questionnaire, quarantine coaching

- Connected devices
  - Supply the relevant devices for the case
  - Target remote examination at hospitals, at home, quarantine monitoring

- Mental health
  - Expand to mental health support for quarantine, hospital stay
  - Support for general public
  - Support for HCPs

**Enablers**

- **Primary care providers**
  - Increase use of robots, bots to automate, minimize HCP-patient contact
  - Telehealth adoption
  - Remote examination, monitoring

- **Pharma**
  - Diagnostic arms, respiratory franchises
  - Recalibrate strategies, partner with digital health providers
  - Drug/vaccine development support

- **Governments**
  - Support tools for distribution of information, guidelines
  - Waiver on digital health restrictions, expansion of reimbursement
  - Screen, select and promote the use of the best digital tools
COVID-19 Response
Medic Mobile and
The Community Health Toolkit
Community Health Toolkit

The Community Health Toolkit (CHT) is a global public good and community of people advancing global health equity. Medic Mobile serves as the technical steward for the CHT. It includes:

**Tools**
Open source software frameworks and applications

**Resources**
Guides to help you design and use the framework

**Community**
An active community for collaboration and support
The Core Framework

CHT’s Core Framework makes it easier to build scalable digital health apps that equip health workers to provide better care in their communities.

A highly configurable framework, it runs on a range of devices, supports multiple hierarchies and users in a health system with integrated care workflows, and is interoperable with other systems.
Medic Mobile’s COVID Response Strategy

Medic Mobile has been focused on supporting global response efforts in solidarity with the partners, health workers and communities that we serve in the following ways:

● Accompanying Ministries of Health through staff secondment to Health Emergency Operation Center (HEOC), Epidemiology and Disease Control Division (EDCD) units

● Evolving existing digital health systems to support COVID-19 prevention, detection and containment efforts

● Coordinating with the wider community health and digital communities of practice to harmonize our response
COVID-19 CHT Use Cases

Based on priorities emerging from our partners and the broader global community, we’re focused on exploring several critical use cases and workflows for COVID-19 response:

- **Surveillance**
  - Port of entry screening
  - Contact tracing
  - Event-based surveillance in the community and facility
  - Community-based symptom screening

- **Patient Assessment, Testing & Referrals to Care**
  - Community-based assessments
  - Rapid diagnostic testing
  - Referrals to care
  - Proactive messaging

- **Support for Community Healthcare Workers**
  - App-based CHW education & training
  - Support for CHW mental health & wellbeing
  - Modifications to existing PHC workflows
COVID-19 Port of Entry Screening App

- Designed and launched in partnership with MoHP Nepal (HEOC and EDCD)
- Supports enrollment of all incoming travelers at ports of entry, Covid-19 screening, and follow up for the self-quarantined. Added functionality can include contact tracing workflows.
- Based on MoHP Nepal and WHO guidelines
- Currently exploring adoptions with MoH Kenya
COVID-19 Rapid Diagnostic Test App

- Supports rapid diagnostic testing for COVID-19 screening, detection, response and containment

- Based on PIH's protocol for the Antibody (IgM/IgG) test, but can be adapted for different rapid tests.

- Designed to:
  - Enable community symptom screening
  - Improve quality of testing and care
  - Help health workers stay safe
  - Improve patient follow-up
  - Support patient education
  - Be adapted as needed and integrated into existing apps and surveillance platforms.
COVID-19 Self-Symptom Screening
*(coming soon)*

- CHT integration with RapidPro for automated, interactive messaging support
- Supports identified at risk persons (e.g. CHWs, people in quarantine following port of entry screening or contact tracing)
- App-based automated daily messages asking for self-symptom screening, automated thanks and educational messages
- For people self-reporting symptoms, this flow helps triage symptoms and connects those experiencing symptoms with a health worker
Questions or ideas?
hello@medicmobile.org
Forum.communityhealthtoolkit.org (COVID-19 category)
Communication to counter the COVID-19 ‘info-demic’

Core Group Covid-19 Coordination Call
27 March 2020

Yvonne MacPherson
North America Director, BBC Media Action
Phase I: Rapid response to the ‘infodemic’

Focused on rapid and constant dissemination of social media content in Asia:

Bangladesh, Cambodia, India, Indonesia, Myanmar, Nepal.

On our own social media platforms and shared with others.
Creation of generic content for wide dissemination
Content on our popular FaceBook pages

Klahan9
929.5K followers

Latest Videos

Klahan9
12 hours ago - 2.6K Views

Covid19
3 days ago - 23.6K Views

Covid19
6 days ago - 38.4K Views
Phase II: Scaling and expanding

• Scaling to the Middle East, North and Sub-Saharan Africa
• Expanding our digital learning (use of analytics)
• Adding messaging apps to our dissemination platforms
• Preparing for longer format programming on social, economic psychological effects of Covid-19
Q&A
Discussion
Thank you!

*Please see our website for more information:*

CORE GROUP COVID-19 Response Coordination Calls and Resources