

Global Digital Health Summary

PORTFOLIO AT-A-GLANCE

- 14 PROJECTS ACROSS 11 COUNTRIES
- 3,339 ACTIVE CHW USERS
- 257 NON-CHW USERS
- 330 PARTICIPATING HEALTH FACILITIES
- 288,995 BENEFICIARY COMMUNITY MEMBERS REACHED
- 9 PROJECTS DESIGNED FOR SCALE UP
- 36 PROJECTS IN 20 COUNTRIES RESPONDING TO COVID-19



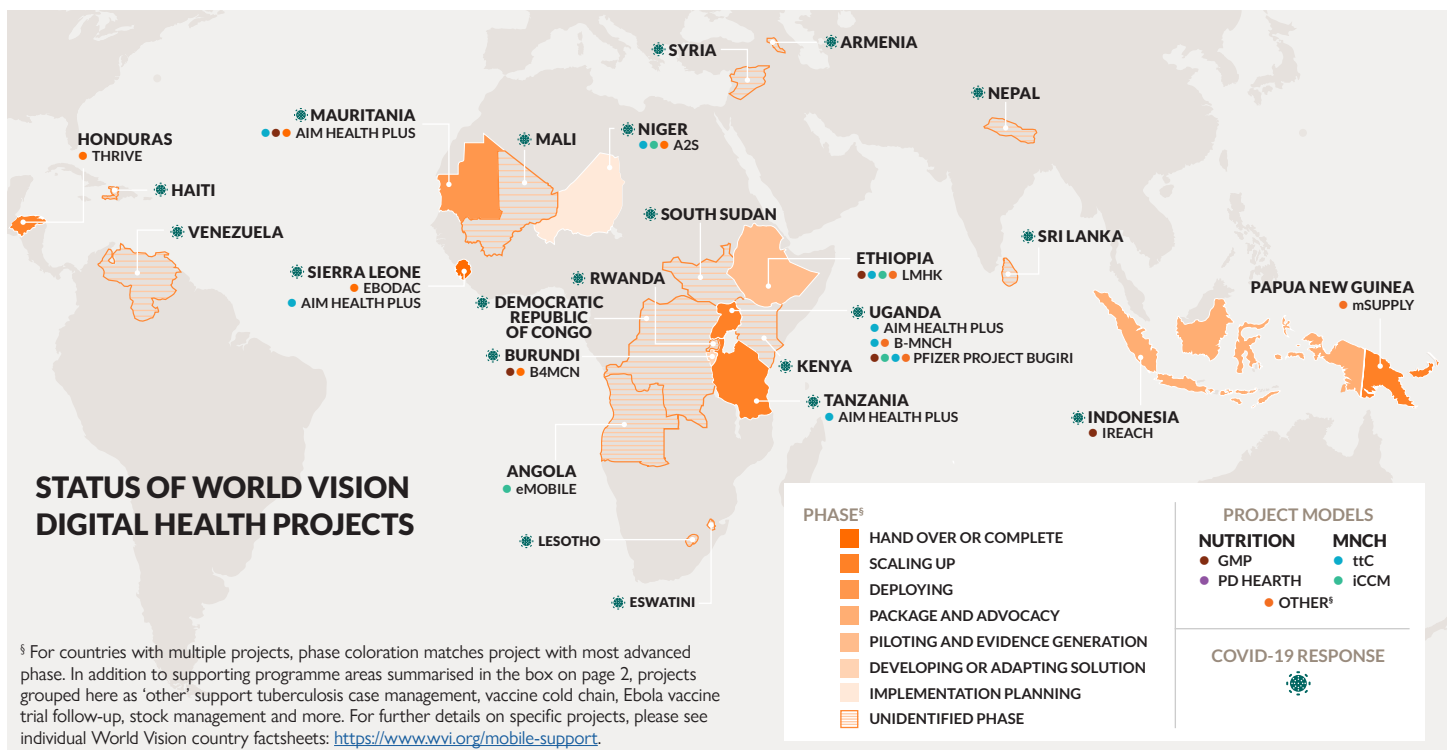
Overview

At a time when children and their families around the world are grappling with the global COVID-19 pandemic, World Vision has pivoted to support health and nutrition programmes that prevent transmission, care for those affected by the novel coronavirus and support health systems under strain. The drive to innovate has continued, with tools supporting multi-sectoral programmes focused on mitigating the effects of the pandemic. To help fast-track technology deployment, World Vision vetted six applications and identified three as preferred for the organisation's global COVID-19 response: Viamo, Last Mile Mobile Solution (LMMS), and CommCare.

In addition, longer-standing projects continue to make solid advances towards scaled deployment in strong partnership with governments and other partners. For the period October 2019 through September 2020, a total of 11 country offices led 14 digital health projects focused on a range of maternal, newborn, and child health and nutrition programming, some of which are part of World Vision's global COVID-19 response (see map).

For the year ending in September 2020, World Vision gave access to digital health tools to more than 3,000 community health workers (CHWs) and 330 health facilities. Through their work, World Vision's digital health portfolio reached more than 288,000 beneficiaries – 61,712 of whom were children under age 5 and 11,482 of whom were pregnant or lactating women. In addition, World Vision's reach includes 36 recent deployments using its preferred tools across 20 countries (see map) as part of its COVID-19 response.

World Vision's community-focused programming tends to concentrate on preventive and promotive interventions. Figure 1 reflects this by showing a broad scope of health focus areas served by technology for several current health projects. To serve these varied needs, a diverse set of technology requirements emerged. These requirements are reflected in Table 1, which maps the functionalities* addressed by World Vision digital health projects for the year ending September 2020.



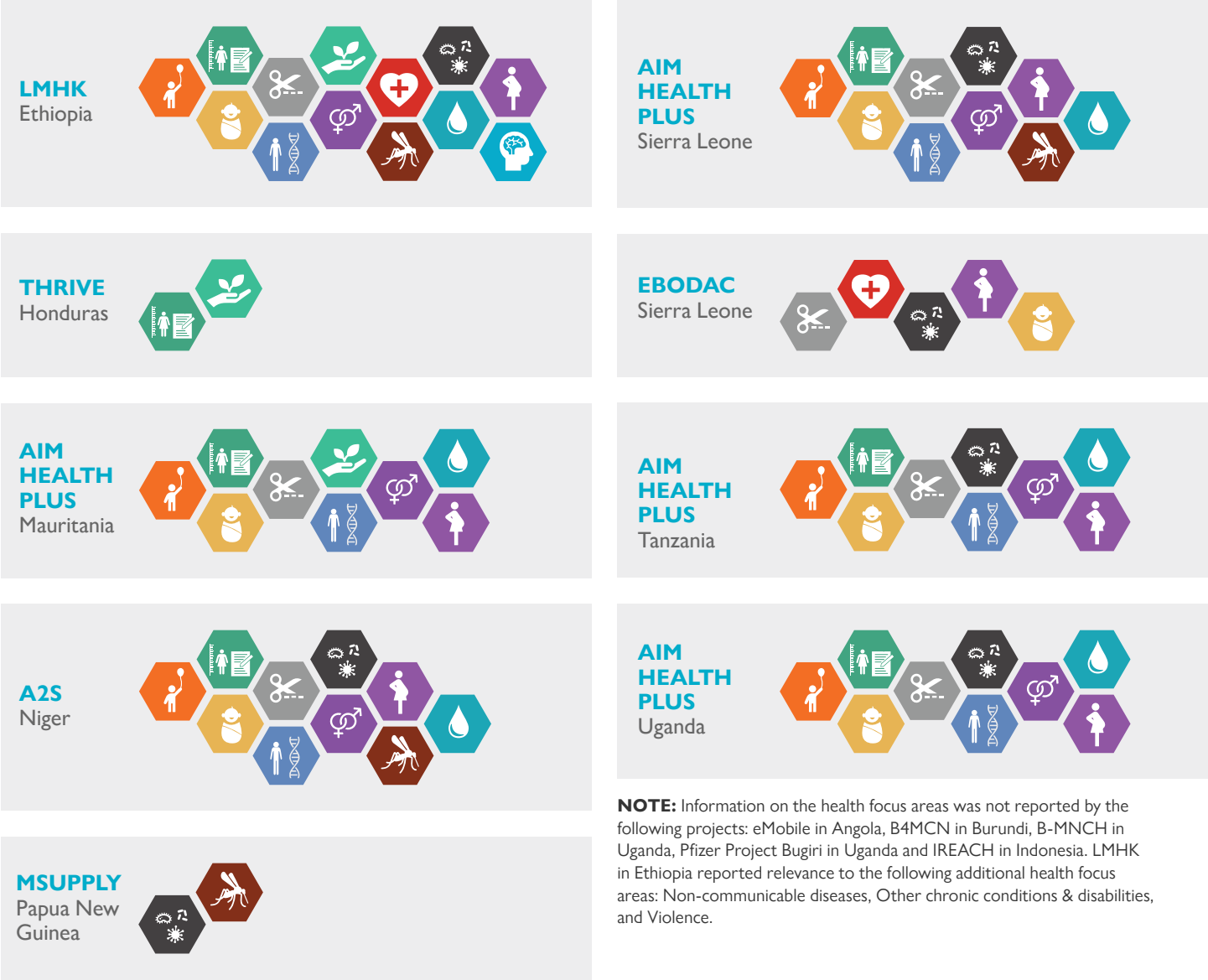
*Categories used in Figures 1 and 2 and Table 1 are all taken from the World Health Organization [Classification of Digital Health Interventions](#) or from the [Digital Health Atlas](#).

Similarly, this portfolio of technology projects collectively is designed to meet a wide range of health systems challenges*. Table 2 on page 4 summarises the most common types of challenges.

World Vision’s portfolio of digital health programming continues to reflect the organisation’s maturity around what it takes to bring a project to scale. In 2020, nine digital health projects were designed for scale and are either in the scale-up process already, are preparing to enter that process, or are being prepared for handover to government partners.

Partnering is a key element of scale up, and World Vision’s digital health work continues to reflect a commitment to collaboration with key partners across the digital health ecosystem (see partners listed on back page).

Figure 1: Alignment of World Vision Digital Health Projects with Health Focus Areas*



KEY:

ADOLESCENT & YOUTH HEALTH

CIVIL REGISTRATION & VITAL STATISTICS

CROSS CUTTING

ENVIRONMENTAL HEALTH

HUMANITARIAN HEALTH

INFECTIOUS DISEASE (NON-VECTOR BORNE)

MATERNAL HEALTH

NEWBORN & CHILD HEALTH NUTRITION

NUTRITION & METABOLIC DISORDERS





SEXUAL & REPRODUCTIVE HEALTH

VECTOR-BORNE DISEASES

WATER SANITATION & HYGIENE (WASH)

WELLNESS & MENTAL HEALTH

Table 1: Digital Health Interventions* Implemented by World Vision Projects

INTERVENTION FOR:	 CLIENTS Members of the public who are potential/current users of health services & caretakers	 HEALTH CARE PROVIDERS Members of the health workforce who deliver health services	 HEALTH SYSTEM MANAGERS Those involved in administration and oversight of public health systems	 DATA SERVICES Consists of crosscutting functionality to support data collection, management, use, & exchange
LMHK Ethiopia	1.1 Targeted client communication 1.3 Client-to-client communication 1.4 Personal health tracking	2.1 Client identification and registration 2.2 Client health records 2.3 Health-care provider decision support 2.4 Telemedicine 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training	3.1 Human resource management 3.3 Public health event notification	4.1 Data collection, management, & use 4.2 Data coding 4.4 Data exchange & interoperability
THRIVE Honduras	1.7 Client financial transactions	2.1 Client identification & registration		4.1 Data collection, management, & use
AIM Health Plus Mauritania	1.1 Targeted client communication 1.4 Personal health tracking 1.6 On-demand information services to clients	2.1 Client identification & registration 2.2 Client health records 2.3 Health-care provider decision support 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training	3.2 Supply chain management 3.4 Civil registration & vital statistics 3.6 Equipment & asset management 3.7 Facility management	4.1 Data collection, management, & use 4.3 Location mapping 4.4 Data exchange & interoperability
A2S Niger	1.1 Targeted client communication 1.4 Personal health tracking 1.6 On-demand information services to clients 1.7 Client financial transactions	2.1 Client identification and registration 2.2 Client health records 2.3 Health-care provider decision support 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training 2.9 Prescription & medication management 2.10 Laboratory & diagnostics imaging management	3.2 Supply chain management 3.6 Equipment & asset management 3.7 Facility management	4.1 Data collection, management, & use 4.3 Location mapping 4.4 Data exchange & interoperability
AIM Health Plus Sierra Leone	1.1 Targeted client communication 1.4 Personal health tracking 1.6 On-demand information services to clients	2.1 Client identification and registration 2.2 Client health records 2.3 Health-care provider decision support 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training	3.2 Supply chain management 3.4 Civil registration & vital statistics 3.6 Equipment & asset management 3.7 Facility management	4.1 Data collection, management, & use 4.3 Location mapping 4.4 Data exchange & interoperability
EBODAC Sierra Leone	1.1 Targeted client communication		3.1 Human resource management	4.1 Data collection, management, & use
AIM Health Plus Tanzania	1.1 Targeted client communication 1.4 Personal health tracking 1.6 On-demand information services to clients	2.1 Client identification and registration 2.2 Client health records 2.3 Health-care provider decision support 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training	3.2 Supply chain management 3.4 Civil registration & vital statistics 3.6 Equipment & asset management 3.7 Facility management	4.1 Data collection, management, & use 4.3 Location mapping 4.4 Data exchange & interoperability
AIM Health Plus Uganda	1.1 Targeted client communication 1.4 Personal health tracking 1.6 On-demand information services to clients	2.1 Client identification and registration 2.2 Client health records 2.3 Health-care provider decision support 2.5 Health-care provider communication 2.6 Referral coordination 2.7 Health worker activity planning & scheduling 2.8 Health-care provider training	3.2 Supply chain management 3.4 Civil registration & vital statistics 3.6 Equipment & asset management 3.7 Facility management	4.1 Data collection, management, & use 4.3 Location mapping 4.4 Data exchange & interoperability

NOTE: Numbering of interventions corresponds to the classification system for digital health interventions published by the World Health Organization. Empty cells indicate project does not address this intervention grouping. Information on the digital health interventions was not reported for the following projects: mSupply in Papua New Guinea, eMobile in Angola, B4MCN in Burundi, B-MNCH in Uganda, Pfizer Project Bugiri in Uganda and IREACH in Indonesia.



Table 2. Most Common Health System Challenges* Addressed by World Vision's Digital Health Portfolio

DOMAIN	HEALTH SYSTEM CHALLENGE
Information	<ul style="list-style-type: none"> • Delayed reporting of events • Lack of quality/reliable data • Lack of access to information or data • Insufficient utilisation of data
Availability	<ul style="list-style-type: none"> • Insufficient supply of health services • Insufficient supply of medical equipment
Quality	<ul style="list-style-type: none"> • Low quality of health commodities • Inadequate supportive supervision • Poor adherence to guidelines
Utilisation	<ul style="list-style-type: none"> • Geographic inaccessibility • Low adherence to treatments • Loss to follow-up (patient not following up medical care)
Efficiency	<ul style="list-style-type: none"> • Inadequate workflow management • Lack of/inappropriate referrals • Delayed provision of care
Cost	<ul style="list-style-type: none"> • High cost of manual processes • Lack of effective resource allocation
Accountability	<ul style="list-style-type: none"> • Insufficient patient engagement • Absence of community feedback mechanisms • Poor accountability between levels of the health sector • Inadequate understanding of beneficiary population

- **Applications vetted for COVID-19 response:** LMMS, CommCare, Viamo
- **Mobile Network Operators:** Africel, Airtel, Chinguitel, Halotel, Mattel, Mauritel, MTN, Orange

Key Stakeholders

- Ministries of Health, including targeted programmes (e.g. malaria control), several countries[‡]
- Ministry of Agriculture & Livelihood, Burundi
- Ministry of Home Affairs, Burundi
- Ministry of Environment, Agriculture and Livestock, Burundi
- Ministry of Finance, Tanzania
- Ministry of Information & Communications Technology, Tanzania
- Ministry of Public Sanitation, Niger
- District/provincial and local governments and health centres
- District/provincial and local community leaders and groups
- Sierra Leone National Telecommunication Commission
- Sierra Leone eHealth Hub
- Sierra Leone CHW National Coordination Hub
- Alliance for Sustainable Health and Wealth in Africa
- UNICEF
- World Health Organization (WHO)
- Dimagi
- SLK TECHLABS
- Sustainable Solutions
- Grameen Foundation
- VisionFund
- Salesforce
- Alliance for Sustainable Health and Wealth in Africa, Uganda
- Community Advocacy Development Agency, Sierra Leone
- Save the Children, Indonesia
- Salvation Army, Indonesia
- Faith leaders
- Tadulako University, Indonesia
- Janssen Pharmaceutical of Johnson & Johnson

Key Funding Partners

- The Global Fund
- Australia Government
- Irish Aid
- EBODAC – EU Innovation Medicine Initiative
- Janssen Pharmaceutical of Johnson & Johnson
- Pfizer Foundation
- World Vision United States including its Major Donors Programme
- World Vision Australia
- World Vision Hong Kong
- World Vision Ireland
- World Vision Canada

Key Health and Nutrition Models[†] Supported

- Growth Monitoring & Promotion (GMP)
- Positive Deviance Hearth (PD Hearth)
- Timed & Targeted Counselling (ttC)
- Integrated Community Case Management (iCCM)
- **Other health and nutrition models or approaches:** Citizen Voice and Action, Community Health Committees; Community-Based Disaster Risk Management; Community-based Management of Acute Malnutrition; Community-based TB Prevention; Grandmother Approach; CHW Training
- **Other supporting models or approaches:** Building Secure Livelihoods; Channels of Hope; Farmer-Managed Natural Regeneration; Local Value Chain Development; Water, Sanitation and Hygiene (WASH).

Technology Applications and Partners

- **Software:** CommCare, eClinic, mSupply, MOTECH, Open Data Kit (ODK), Salesforce, XForm/ODK Technology, DHIS2, mPowering, Kobo Toolbox, Power BI, HOPS (Health Care Solutions Provider, Operations and Service)

[†] For more information on these approaches, including technical briefs, and to appreciate the overall World Vision Health and Nutrition strategy, please visit <https://www.wvi.org/health>.
[‡] Ministry of Health entity reported for 9 countries as follows: Angola, Burundi, Ethiopia, Mauritania, Niger, Papua New Guinea (Department of Health), Sierra Leone (Ministry of Health and Sanitation), Tanzania, Uganda.

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