Concept Note: Southern Africa Digital Community System Workshop

Last updated: September 13, 2023

Executive Summary

This concept note outlines plans to deliver a **digital community system**[1] workshop for four countries (Botswana, Eswatini, Lesotho, and Namibia) supported by USAID's Southern Africa Regional Health Office (RHO) and the Global Health Bureau's Center for Innovation and Impact in November 2023. The workshop will convene key stakeholders, including from ministries of health, USAID country teams, implementing partners, and other donors to co-create (or update if already existing) written roadmaps for digital community health systems in their respective countries.

The workshop objectives are to:
1. Support countries to develop and/or strengthen client- and health worker-centric systems focused on supporting service delivery, integrated across health focus areas.
2. Deepen awareness of digital community system standards, guidelines, and approaches.
3. Support countries to strengthen governance structures for digital community systems as part of broader digital health governance.
4. Facilitate cross-country learning to help optimize and sustain digital community systems.

Background

Community health workers (CHWs) are a cornerstone of primary health care delivery and provide vital services across the programs that USAID, The Global Fund, U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and other funding partners support. Ministries of health (MOHs) across the region are at different stages of reviewing or revitalizing the role of CHWs and are expressing interest in an integrated approach to using digital tools to support community services. Data collected through CHW interactions is important for delivering quality health services at the point of care, conducting aggregate reporting and monitoring, and supporting care across a continuum over time, for improved health outcomes. Digital systems for CHWs can be valuable tools, providing decision support to guide CHWs at point of care, enabling timely data for monitoring and reporting, and supporting integrated, longitudinal care across levels of the health care system.

Challenges

Digital tools can fail to live up to their potential when systems are fragmented, duplicative, or designed to support data collection without considering service delivery and workflow requirements. Frequently,

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[1] In this context, a **digital community system** refers to a digital tool that supports the effective delivery of high quality community services, including health care.

digital tools are designed and implemented to support one program, one health focus area, and/or one geographic area. This approach has unintended consequences, leading to duplicative systems. Often these systems are unable to exchange data and lack appropriate consideration for data privacy and protection. The resulting digital system architecture creates burdens and inefficiency across the healthcare and other systems and makes it challenging to leverage data for improved service delivery.

From a patient or client perspective, digital system fragmentation often reflects and reinforces approaches to services that are disease- or probelm-centered, rather than person-centered. This type of approach can lockclients' information in different systems and makes providing integrated services challenging. Continuity of care is especially difficult, as clients must receive support from a multitude of health workers using disparate digital systems that do not exchange information with each other.

In addition, there is a difference between digital solutions focused on data collection for reporting and those that are service provider- and patient-centered and designed to support service delivery. While most countries across Southern Africa are moving beyond pure data collection systems for facilities and introducing things like Electronic Medical Records (EMRs) that support clinical service delivery processes, many current and planned digital community systems are still primarily focused on data collection.

Opportunity

Across the countries supported by the Southern Africa Regional Health Office (SA/RHO), there is an urgent need and unique opportunity to explore the potential of digital community systems to support service delivery. Countries are increasingly committed to investing in digital community systems that are integrated across health focus areas, and PEPFAR also has a strong interest in this area. Given the focus on digital community systems, there is an opportunity to work with partner country governments, includings MOHs, USAID country teams, and other partners to support a cross-country learning approach that supports integrated service delivery and avoids duplicative, fragmented systems. The approach will help teams consider medium- and long-term integrated service delivery objectives and governance needs when planning and designing digital community systems.

A workshop convening key community digital system stakeholders will offer a valuable opportunity to advocate for these systems to support integrated service delivery–including through primary health care–and to support countries in kickstarting the development of concrete plans for implementation. The workshop objectives and outcomes follow in the table.

Workshop objectives	Workshop outcomes
1. Support countries to develop and/or strengthen client- and health worker-centric digital community systems focused on supporting integrated service delivery.	a. Select digital community system use cases identified for prioritization. b. Country-specific digital community system roadmaps developed, using template.

2. Deepen awareness of digital community health system standards, guidelines, and approaches.	a. Familiarity around key resources and approaches (e.g., building blocks of the enabling environment, SMART Guidelines, OpenHIE) strengthened and considered by countries for inclusion in roadmaps.
3. Support countries to strengthen governance structures for digital community systems as part of broader digital governance.	a. Plan developed to strengthen or build digital community system governance structures and incorporated into digital community system roadmap.
4. Facilitate cross-country learning to help optimize and sustain digital community systems.	a. Awareness increased around best practices and approaches from countries in the region. b. Potential of regional learning hub explored.

Pre-Workshop Preparation

To support real-time workshop engagement, countries will have access to support for a digital community system stock-taking exercise. This exercise will ensure that workshop participants have access to all the information required to successfully engage with workshop exercises.

Target Audience

Target participants for the workshop include roughly six representatives from countries involved, with priority given to the following:

1. MOH staff (it is important to ensure that the MOH representation includes both leadership and technical staff).
    a. MOH Digital Health/Health Management Information System (HMIS) team leads responsible for planning and managing national digital health systems.
    b. Leadership and technical staff from MOH division overseeing implementation of community health programs.
    c. MOH-selected catalytic vertical programs (e.g., malaria, HIV) with active community health interventions.
2. USAID mission representatives managing community or data systems investments.
3. Representatives from USAID implementing partners involved in community services or digital health systems.
4. The Global Fund, WHO, and/or World Bank representatives responsible for digital health investments within focus countries' community health programs or digital architecture to foster coordination of future investments.

5. The planning team would like to invite three representatives from countries with advanced digital community systems that already support quality service delivery or countries with strong lessons learned from past attempts. Ethiopia, Eswatini, and Tanzania are countries with more advanced digital community systems that could share experience planning and implementing digital community systems.

Other important participants to involve closely in the pre-work and post-work surrounding the workshop even if they do not travel for the workshop due to resource constraints include representatives from participant countries' other government ministries involved in community programs (e.g., ministries of social welfare, ministries of education, multi-sectoral aids coordination bodies).

Workshop dates and location: November 13-17, 2023 Capetown, South Africa

Priority Use Cases

Preliminary list of potential priority community use cases

1. Community follow up for missed appointments or services.
2. Information, education, and communication messaging.
3. Appointment reminders sent to clients.
4. Remote drug delivery.
5. Community and facility service referrals (uptake of referred services and feedback loops).
6. Unique client identification and data security protections for use of health data in community services.
7. Linkages with birth and death registration.
8. Use of combined facility and community data to monitor effectiveness of prevention or other community interventions. For example, by linking prevention service information with identified HIV Testing and Services (HTS) information, users (e.g., health managers) can monitor the extent to which those that received different combinations of services remained negative.
9. Use of combined facility and community data models to apply machine learning to develop risk scores and improve targeting of services to those most at risk.
10. Automated client feedback methods to collect data on health outcomes and quality of services.
11. Support prioritized screening to detect undiagnosed health conditions.
12. Planning and prioritizing CHW travel or household visit schedule according to comprehensive need across all supported health programs. Supporting CHW to prepare required supplies according to projected service needs.
13. CHW management and performance monitoring.