## PSI COVID-19 RESPONSE **DIGITAL INTERVENTIONS**



For 50 years, Population Services International (PSI) has been working in over 50 countries to strengthen and build health systems for our beneficiary—we call her 'Sara.' While our work has made great strides, we know that COVID-19 will seriously strain already fragile healthcare systems in many of these countries. We also know that a lack of information and outright misinformation during a pandemic is dangerous and can result in people being less protected from the spread of COVID-19. Countries will need a coordinated government effort to track local outbreaks and establish prevention and response systems for this health crisis, as well as the next.

Toward these immense challenges, PSI has outlined the following **digital response strategy** to be used and adapted globally, as appropriate, in our local country contexts and in collaboration with local governments.

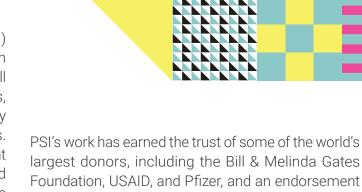
### 50 YEARS STRONG FOR SARA

PSI has a long history of getting hard things done in difficult times. We're working to live up to that legacy now more than ever.

COVID-19 is the latest in a series of infectious disease emergencies that PSI has responded to in its 50-year history, including **Cholera, Ebola, and Zika**. We'll use this expertise to design our response to COVID-19.

### **PARTNERSHIPS**

PSI enters into partnerships to fund, scale, and implement health solutions that are built to last. We work with governments, corporations, foundations and individuals to build thoughtful, innovative and strategic partnerships committed to helping Sara lead a healthy life and plan for the family she desires.



Now more than ever, partnerships are critical to our work

from philosopher and author Peter Singer for being

### OUR GLOBAL RESPONSE STRATEGY

### COMMUNICATIONS

a "highly effective charity."

Develop communications campaigns to spread information, to increase prevention and connect people to testing.

### CAPACITY BUILDING

Deliver digital training to healthcare providers on COVID-19 testing and treatment in real time.

## DIGITAL PLATFORMS

Use digital technology so Sara can access information, self-diagnose, and get help as needed.

## **EMERGENCY OPERATIONS**

Work with Ministries of Health to strengthen data surveillance, emergency operations, and management information systems.



## PSI'S DIGITAL RESPONSE STRATEGY

Here are PSI's key areas of support using digital interventions:

### **CONSUMERS**

- Raising awareness through digital channels
- Selfcare powered by digital solutions
- Online support using cyber educators
- Signposting consumers to testing and treatment sites
- Direct consumer insight gathering digital data collection
- Indirect consumer insight gathering online monitoring of public opinion/ sentiment

## HEALTH WORKERS & HEALTH SYSTEM MANAGERS

- Remote capacity building/social behavior change (SBC) support for health workers
- Strengthening public sector surveillance
- Supporting data capture through private sector channels

We use digital technology to spread information designed to increase prevention efforts, to selfdiagnose, and to connect people to testing, as needed.

### DIGITAL LANDSCAPING

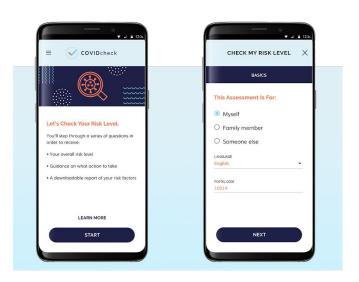
Data engagement, in the context of a respiratory virus epidemic, presents additional challenges and risks which exacerbate existing inequalities and leave behind portions of the population who don't have access to digital devices such as phones and computers. PSI can conduct rapid digital landscape analyses of digital penetration and heterogeneity in access to digital platforms. Based on these analyses, PSI develops interventions that still safely reach these populations with COVID-19 related health communications, including those most effective in reaching high risk groups. This includes the elderly, People Living With HIV/AIDS (PLHIV) who are not virally suppressed, those with tuberculosis, diabetes, hypertension, and other chronic diseases.

## SHAPING BEHAVIOR THROUGH DIGITAL CHANNELS

In order to attract online audiences, PSI works with in-country teams to develop robust digital marketing strategies utilizing websites, search engine optimization, sponsored ads, social media, social listening, and social media influencers. PSI can A/B test to refine messaging during social media campaigns, and use social media listening to monitor and measure engagement and sentiment related to different messaging approaches.

### SELF-CARE POWERED BY DIGITAL SOLUTIONS

PSI supports the scaling of digital tools to help consumers assess their individual risk, self-manage potential exposure and/or symptoms, find nearby testing sites, and access alerts from public health authorities. An example of these tools is COVIDcheck, which is a risk assessment tool developed by the Commons Project based on guidance from the World Health Organization (WHO), the US Centers for Disease Control, and the Africa Centers for Disease Control & National Ministries. COVIDcheck includes information on exposure, symptoms of illness, and clinically advised self-risk assessment for self- monitoring. The tool also provides guidance on physical distancing and self-isolation.



# ONLINE SUPPORT AND DIGITAL EDUCATION THROUGH "CYBER EDUCATORS"

PSI builds on its successful internet- and social mediabased SBC outreach programs. Online cyber educators based in each country can expand access to realtime, one-on-one communication while maintaining social distancing. Cyber educators will respond to consumer questions by phone, messaging, and webbased channels to improve knowledge, dispel myths, raise awareness and promote protective behaviors. These educators will use digital risk assessment tools to facilitate client risk assessments, and refer clients to local health providers where appropriate.

## SIGNPOSTING CONSUMERS TO TESTING AND TREATMENT SITES

Digital self-counseling tools can direct users to sites where and when, based on risk assessment, they should seek reliable testing and treatment. For smartphone users, this involves the use of service locator solutions that direct users to the geo-mapped location of providers within the approved Ministry of Health/National listing. For basic handset users, the service locator can be powered to operate using USSD/IVR/SMS. PSI will collaborate with MOHs to update, as much as feasible, the referral site information in these tools.

## DIRECT CONSUMER INSIGHT GATHERING—DIGITAL DATA COLLECTION

Remote data collection approaches (that protect staff and participants from COVID-19), include: phone surveys, SMS surveys, online surveys, and online bulletin boards. All of these can be used in place of inperson approaches to collect quantitative or qualitative data to understand communities' knowledge, attitudes, practices, risk perception, and trusted information sources about the novel coronavirus. They can also identify high-risk and vulnerable populations and capture local perceptions around coronavirus vulnerability in affected communities. In addition, these approaches can develop and test messages and channels for communicating high-quality coronavirus

Social Behavior Change Communications (SBCC); and monitor the reach and outcomes of interventions.

### MESSAGE TESTING FOR EFFECTIVENESS

PSI has successfully used remote data collection approaches including phone-based, SMS, and online surveys in place of in-person approaches to understand knowledge, attitudes, and practices in local communities—and to develop and adapt messages for target populations. A/B testing of specific messages using online platforms can also be conducted to understand message effectiveness and impact on outcomes of interest (e.g. symptom checking via COVIDcheck, a healthcare risk assessment tool). These surveys can also gather important data on the channels that are most effective in reaching highrisk groups.

## INDIRECT CONSUMER INSIGHT GATHERING—SOCIAL MEDIA MONITORING

PSI applies social media monitoring and social listening software tools to assist in the regular and systematic tracking of public opinions related to PSI's and other implementing partners' SBC efforts. The tools allow PSI's SBCC team to better analyze demographic data, trending topics, interactions and reactions in order adjust content to better engage target users. These tools can also allow for the identification and tracking of misinformation about COVID-19, and to evaluate the effects of SBC messaging to combat this, or to track examples of COVID-19-related racism, discrimination, intimate partner violence, or xenophobia that might also need to be targeted with additional interventions, including improved messaging.



## DIGITAL TOOLS FOR HEALTH WORKERS AND HEALTH SYSTEM MANAGERS

We give digital training to healthcare providers on COVID-19 testing and treatment in real time and we increase the capacity of Ministries of Health for improved and timely surveillance of COVID19.

## REMOTE CAPACITY BUILDING AND SBC SUPPORT FOR HEALTH WORKERS

PSI leverages existing digital tools such as e-Learning platforms as a route to provide timely and cost-effective capacity building and SBC support to providers on COVID-19 related matters. These tools are being adapted for use by both smart phone and basic handset users (IVR/USSD/SMS based support for the latter). This provides a convenient avenue for both training and follow up. In addition, messaging platforms such as WhatsApp be leveraged to drive collective engagement with providers, encouraging peer-to-peer information and knowledge sharing.

## DEPLOY AND ADAPT DHIS2 FOR EMERGENCY OPERATIONS

District Health Information Software – or DHIS2 – Is the world's largest HMIS platform, in use by 67 low and middle-income countries. DHIS2 has released a digital data package to accelerate case detection, situation reporting, active surveillance and response for COVID-19. The COVID-19 digital data package, developed by the University of Oslo, includes standard metadata aligned with the WHO's technical guidance on COVID-19 surveillance and case definitions and implementation guidance, to enable rapid deployment in countries. DHIS2 is currently being used for COVID-19 surveillance in 8 countries, and is soon to be deployed in 19 countries.

PSI is a longstanding partner to the University of Oslo, collaborating on the system's roadmap, developing best practices for implementation and data use. PSI can support the adaption and use of the COVID-19 digital data package by:

# ASSISTING THE MOH WITH DHIS2 TRACKER CONFIGURATION, TESTING AND ROLL OUT

- Facilitating procurement, DHIS2 tracker installation and distribution of tablets to health care facilities for registering COVID-19 testing results and cases
- Strengthening the use of surveillance data generated, by establishing standard analytics and dashboards, as well as building the capacity of staff on how to engage with the data to drive effective response
- Training of assigned health care facility staff in DHIS2 tracker use (via digital tools)
- · Assisting with historical data entry into DHIS2 tracker
- Performing remote technical support on tracker use via WhatsApp group or Helpdesk support

### SUPPORT DATA CAPTURE AND REPORTING FROM PRIVATE SECTOR CHANNELS

PSI is exploring effective routes to capture data regarding suspected cases presenting at private sector clinics and pharmacies, and looks to support contract tracing to further support recommendations for self-isolation. In addition, PSI will work with country Ministries of Health (MOHs) to integrate data on suspected cases with the national Health Management Information Systems (HMIS) to support surveillance and control efforts.

### CONTACT

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### **ABOUT PSI**

Population Services International (PSI) is a global nonprofit organization focused on encouraging healthy behaviors and delivering affordable health products and services around the world. We bring innovation to scale through our presence in 50 countries and a network of over 10,000 health clinics and pharmacies. PSI takes a business approach to saving lives, designing effective, scalable, and sustainable solutions to the world's biggest challenges in healthcare.

Learn more at: give.psi.org

