

# Digital health interventions for SRHR during Covid-19

## Background

IPPF's Director General's statement on March 30th stated that "There is an obvious need to expand access to no-touch services, and self-management of SRH care". IPPF's Task Force on Covid-19 has summarized the rapid responses MAs have made to the pandemic, including use of existing digital health interventions, and requests for support. This document is in response to requests for guidance on digital health interventions during the Covid-19 pandemic. It is aimed at Member Associations looking to initiate or up-scale digital information and services during the restrictions in place during Covid-19.

### DEFINITION:

'Digital health interventions (DHI)' are comprised of both the *digital channel* (eg SMS, apps, social media, telemedicine) and *information / content* share through that channel (eg CSE, clinical services, e-learning) used in health programming.

## What kinds of digital health interventions are there?

The WHO's [Classification of Digital Health Interventions](#) (2018) categorizes the following:

- Interventions for clients including targeted client communication (to a specific population); untargeted client communication (to the general public); client to client communication (peer support); on-demand information services to clients.
- Interventions for service providers include decision support; telemedicine (eg consultations and case management); service provider communication (eg to supervisor or peers); referral coordination; training.
- Interventions for health system or resource managers including supply chain management; human resource management.
- Interventions for data services including data collection, management and use; ensuring interoperability.

To demonstrate the potential for DHIs to respond to Covid-19, here are some examples of how they might relate to the four recommendations for MAs in responding to the pandemic, from IPPF's IMAP statement on Covid-19:

1. Strengthen community education and awareness about Covid-19
  - Interventions for clients: on-demand information / untargeted client communications with information about Covid-19 as well as the continued importance of SRH services with links to available services
2. Ensure continuity of essential sexual and reproductive health services
  - Interventions for clients: targeted client communications to deliver SRH service information including links to available services.
  - Interventions for service providers: telemedicine for clients, remote monitoring of clients including support with self-care interventions.
2. Ensure security of essential SRH commodities and supplies
  - Health system managers: inventory management and stock level notifications, record training of service providers.
3. Ensure safety of service providers and clients
  - Interventions for clients: peer groups for clients and / or service providers (motivational messaging and psychosocial support); citizen-based reporting.
  - Interventions for service providers: training content and clinical guidance provision.

*This document introduces how MAs can approach digital health interventions to respond to the Covid-19 pandemic, focusing on clinical services and comprehensive sexuality education (relating to 1, 2 and 4 above). It will be followed by more detailed decision-making guidelines on how to select suitable DHIs for different MA operating environments, with accompanying 'how to' information about implementing these.*

*NB: DHIs for communications, advocacy and supply chain management are beyond the scope of this document. Please use the Slack channel if you require specific guidance on these.*

## Important considerations in digital health interventions during Covid-19

- ❖ DHIs ensure life-saving service continuity over the short-term of acute crisis response, such as Covid-19. They can also serve as permanent service delivery channels with income-generation potential. MAs initiating DHIs during Covid-19 should be conscious of which category they likely fall in to, and the resulting considerations of each eg ensure exit-strategy for short term DHIs or business model for longer term DHIs. This will be a unique decision for each MA context.
- ❖ DHIs are rarely an ‘easy win’ or silver bullet. While they often complement face to face service provision under normal circumstances, during Covid-19 DHIs may be required to rapidly replace face to face services. In the haste to ensure business and service continuity, the fundamental priority must be to *do no harm*. DHIs should be monitored for unanticipated outcomes such as increased intimate partner violence (Riess et al, 2019).
- ❖ User-engagement is consistently demonstrated to be the prime factor in successful DHIs. While it will be difficult to engage target users without traditional means (eg focus group discussions), every effort must be made to ensure users’ needs and preferences are central to DHIs. If not, scant resources may be wasted in creating content that users will not engage with, through channels they cannot access.

## What are priorities for SRHR digital health interventions?

Table 1 uses IPPF’s IPES framework to summarize guidance on DHIs through an SRHR lens, including reference to self-care intervention areas (self-management, self-testing and self-awareness). Please see ‘Resources’ at the end of the document for specific examples of existing SRHR DHIs, mapped against WHO’s classification of relevant DHIs.

**NB:** <sup>1</sup>CSE is added to the IPES framework as a priority SHRH focus area; <sup>2</sup>key MISP objectives (‘preventing and managing the consequences of sexual violence’ and ‘preventing maternal and infant mortality’) are highly relevant during Covid-19.

Table 1: Summary guidance for DHIs applied to SRHR during Covid-19

SRHR focus	Summary advice during Covid-19; initial guidance; considerations	Self-care area
counselling	<u>ADAPT AND CONTINUE.</u> <u>Initial guidance:</u> DHI channels which enable individual client to provider dialogue. <u>Consider:</u> client and provider privacy and confidentiality.	Self-awareness
contraception	<u>ADAPT AND CONTINUE.</u> <u>Initial guidance:</u> Follow clinical guidance during DHI consultations eg self-care regarding LARCs and availability of EC, particularly linked to SGBV services. <u>Consider:</u> commodity access (eg e-pharmacy, community distribution); clinical waste management at home	Self-awareness, self-management
safe abortion	<u>ADAPT AND CONTINUE.</u> <u>Initial guidance:</u> Follow clinical guidance during DHI consultations and support self-care options where available, including post-abortion contraception. <u>Consider:</u> ensuring remote provider support, advice for later term abortions.	Self-awareness, self-management
STIs	<u>ADAPT AND CONTINUE.</u> <u>Initial guidance:</u> Support self-sampling, syndromic management through DHI consultations. <u>Consider:</u> commodity access (eg e-pharmacy, community distribution); clinical waste management at home.	Self-awareness, self-testing, self-management
HIV	<u>ADAPT AND CONTINUE.</u> <u>Initial guidance:</u> Support self-testing; online counselling, including adherence counselling; access to PrEP, <u>Consider:</u> commodity access (eg e-pharmacy, community distribution); clinical waste management at home.	Self-awareness, self-testing, self-management
Gynecology	<u>ADAPT AND SCALE DOWN.</u> <u>Initial guidance:</u> Support self-testing for HPV if available, share video-guides for breast self-exam, links to cervical cancer services if available. <u>Consider:</u> commodity access (eg e-pharmacy, community distribution); clinical waste management at home.	Self-awareness, self-testing, self-management

Maternal health	<p><u>ADAPT AND CONTINUE</u></p> <p><u>Initial guidance:</u> Fertility management support (eg existing cycle tracker apps; confirmation of pregnancy through validated digested checklist); remote antenatal care (eg client-provider dialogue, or on-demand information through website).</p> <p><u>Consider:</u> commodity access (eg e-pharmacy, community distribution); clinical waste management at home.</p>	Self-awareness, self-testing, self-management
CSE	<p><u>ADAPT AND SCALE UP.</u></p> <p><u>Initial guidance:</u> many options from virtual sessions to existing groups to non-targeted communications sharing links to existing platforms such as <a href="#">AMAZE</a> (animated videos for 10-to-14 year olds) and <a href="#">Roo Chatbot</a>.</p> <p><u>Consider:</u> multiple opportunities depending on existing capacity and available channels. Focus on those that are easy to scale in your context, predominantly sharing existing materials through non-targeted communications.</p>	Self-awareness
GBV	<p><u>ADAPT AND SCALE UP.</u></p> <p><u>Initial guidance:</u> In order to do no harm, SGBV services through DHIs is very dependent on existing MA experience and capacity. Case management (screening, counselling and referral) is not recommended during Covid-19 if MAs do not already have experience and capacity for this. Focus should be on sharing information and resources, including for psychological first aid, through on-demand or targeted client communication channels. Additionally, MAs could undertake a service mapping and referral pathway for SGBV support and make this information available to survivors. Ensure links to fertility management and safe abortion services and collect gender disaggregated data.</p> <p><u>Consider:</u> adapt existing service provision if appropriate, and support health authorities to adapt theirs eg. making SGBV helplines available, potentially through DHIs (eg SMS, call centres, app if available). Continue to advocate for integration of a gender lens in the Covid-19 response, and consider opportunities that DHIs offer to amplify this, using every opportunity and channel (including radio, TV, social media) to promote SRHR to the public.</p>	Self-awareness

In summary, all SRHR focus areas are amenable to self-awareness DHIs, for example targeted / non-targeted client communications and on-demand information. However, self-management and self-testing often require individual client-provider dialogue and potentially supply of commodities or medications. The latter are therefore more challenging and will need to consider quality of care translated to a digital delivery channel. For example, client and provider confidentiality; safety and security of clients and potentially others in their household (eg during home testing for HIV); consent; unique medical records and safe disposal of clinical waste.

## How to develop digital health interventions

Below is a generic summary of key steps and considerations for developing DHIs. A more detailed 'how to' guide will be developed for MAs looking to develop new DHIs will follow.

### Key principles for developing digital interventions:

- Keep it simple - don't reinvent the wheel: DHIs are rarely cheap and easy to develop and deliver. Accurate information from a credible source is enough to have a dramatic impact, therefore use existing content and channels where these are appropriate and quality-assured.
- End-user engagement: define and engage with end-users early to tailor to their needs. **NB** IPPF's Covid-19 response must ensure we are still able to reach the poorest and most under-privileged so we must be aware of the 'digital divide' in relation to SRHR eg gender and rural / urban imbalance in access to mobile devices – who will DHIs *not* reach?
- Iteration: development of both an accessible digital channel and effective content require rapid prototyping and testing. These need not be lengthy processes, especially during Covid-19, but they are essential to ensure maximum impact and value from DHIs.
- Sustainability: Consider 'sustainability' as continuity of SRH services and information, not necessarily of the specific DHI. It will not be appropriate to sustain all DHIs put in place for Covid-19 response because <sup>1</sup>cost-effectiveness in the post-crisis operating environment may be very different (eg mobile operators may be willing to reduce prices during Covid-19 but not after); <sup>2</sup>FIGO and WHO recommend provider-client telemedicine only to complement, rather than replace, face to face delivery. Monitoring of effectiveness and a planned handover as face to face services resume is key.



Resources:

- [Reiss, K et al Kate \(2019\) Unintended Consequences of mHealth Interactive Voice Messages Promoting Contraceptive Use After Menstrual Regulation in Bangladesh: Intimate Partner Violence Results From a Randomized Controlled Trial. Global health, science and practice, 7 \(3\). pp. 386-403.](#)
- [Loraine J et al \(2019\) Using Digital Technology for Sexual and Reproductive Health: Are Programs Adequately Considering Risk? Global Health: Science and Practice December 2019, 7\(4\):507-514](#)
- [WHO Digital Health Intervention classification](#)
- Girl Effect (2018) Digital safeguarding tips and guidance. Available online [here](#)
- WHO (2015) The MAPS Toolkit: mHealth Assessment and Planning for Scale. Available online [here](#)
- PATH () Planning an Information Systems Project: A Toolkit for Public Health Managers. Available online [here](#)
- UNICEF () Designing Digital Interventions for Lasting Impact: A Human-Centred Guide to Digital Health Deployments. Available online [here](#)
- PATH (2014) mHealth Mobile Messaging Toolkit: Considerations When Selecting a Mobile Messaging Platform Vendor. Available online [here](#)
- WHO (2019) Guidelines on Digital Interventions for Health Systems Strengthening. Available online [here](#)
- FP High Impact Practices () on digital interventions. Available online [here](#) (contains useful 'how to' step by step)
- 3ie (2020) Ethical considerations of conducting digital / telephone surveys during Covid-19. Available online [here](#)
- WHO (2019) Self-care Guidelines. Available online [here](#) (p100 for good practice on DHIs)
- UNESCO (2020) Switched on: sexuality education in the digital space. Available online [here](#)
- [Digital Health Network](#)
- IPPF SEAP – Online. Onpoint. Tbc.

Table 2: Existing SHR digital health interventions

		WHO classification of Digital Health Interventions					
		Targeted client communications	Client to client (peer)	Personal health tracking	On demand information	Client : provider telemedicine	Commodity access
IPPF SRHR focus area	Counselling						
	Contraception	-- <a href="#">Sayana Press 'how to' video</a>			-m4RH - <a href="#">Nivi</a> -CyberRwanda - <a href="#">Brook</a>	Jojo - <a href="#">Sevamob</a>	Jojo Kasha
	Safe abortion				Samsara - <a href="#">WomenOnWeb</a>	- <a href="#">global safe abortion hotline info</a>	
	STIs		- <a href="#">Chalo!</a>		Uzazi		Kasha
	HIV	- <a href="#">where to get PrEP</a>					
	Gynecology				- <a href="#">Cervical Cancer info</a> - <a href="#">HPV 'how to' self-sample</a>		
	Maternal health	- <a href="#">MomConnect</a>		- <a href="#">Dot</a>	Elimika		- <a href="#">Bozun</a>

	<a href="#">-WHO Q&amp;A on obstetrics and Covid-19</a>					
<b>SGBV</b>	<b>Targeted client communications and On demand information</b> <a href="#">-Guidance on online safety in relation to SGBV</a>			<a href="#">-Resources for survivors of tech abuse</a> <a href="#">-Choosing and using apps: considerations for survivors</a>		
<b>CSE</b>	<b>Targeted client communications and On demand information</b> <a href="#">-SH:24</a> <a href="#">-SexPositive</a> <a href="#">The 3Rs Curriculum (Advocates for Youth)</a> <a href="#">Answer (by Rutgers)</a> <a href="#">AMAZE</a> – animated videos for 10-to-14 years old	<a href="#">Quiero Saber</a> (ashasexualhealth.org) <a href="#">Roo (PPFA) Chatbot</a> <a href="#">Denmark</a> <a href="#">The Netherlands I; The Netherlands II</a> <a href="#">France I; France II</a> <a href="#">Bosnia and Herzegovina</a> <a href="#">Sweden</a> <a href="#">Ukraine</a>	<a href="#">Switzerland</a> <a href="#">Belgium</a> <a href="#">Tajikistan</a> <a href="#">Malaysia Sex Ed Web Show</a> <a href="#">Indonesia SOBAT Ask (multi media SRH platform)</a> <a href="#">Philippines U4U (online SHR)</a> <a href="#">Ask without shame</a> (Platform + APP for android) <a href="#">Scarleteen</a> (USA) <a href="#">Sex, etc.</a>			