From the UgHIA President

The Uganda Health Informatics Association (UgHIA) is pleased to release another edition of its technology digest in collaboration with the Ministry of Health. In times when digitization has evolved, a number of solutions have been developed to curb the pandemic, while also ensuring sustainability of these solutions. Through this digest, the Health Informatics community will continue to inform the public on what’s happening in the digital health space, give guidance, build capacity, and promote professionalism in health informatics. We welcome ideas, and articles on digital health innovations along this journey as we work towards making the digest of value to you.

- Ms. Carol Kamasaka

COVID-19 Digital Health Solutions

MOH Uganda Capacity Building app

MOH Uganda Capacity Building App / formally Covid-19 Uganda is a health worker learning/training platform supported by the Community Health Academy - Last Mile Health in collaboration with Makerere University College of Health Sciences, Uganda Chartered HealthNet and the Ministry of Health using the OppiaMobile app technology. One of the major limiting factors to a timely COVID-19 response in Uganda is the need for social distancing which prevents traditional capacity building efforts such as face-to-face training. Covid-19 Uganda training platform has been developed to address this need in a timely manner.

Two-Way SMS for disease Surveillance

Living Goods has implemented a two-way SMS service that allows for community-level disease surveillance by sending a specific message to the short code 8808. The MoH-approved SMS service has been implemented for COVID-19 to enable community health workers and community members to report suspected COVID-19 cases or contacts for follow-up by the Ministry of Health.

To trigger the SMS service for COVID-19, users can send the message covid to 8808. They will receive a response from the text-Chatbot with a list of options to choose from for the action they would like to take. All MTN and Airtel subscribers can send these messages at no cost through a reverse billing model where Living Goods is billed instead of the users.

COVID-19 Statistics (as of 30-Jun-2020)

These results are picked from the Ministry of Health, Uganda website (www.health.go.ug/covid/)

- 889 cases
- 808 recovered

UPCOMING EVENTS

HELINA UPDATES:
The HELINA 2020 Conference has been re-scheduled for 2021, due to the COVID-19 pandemic

AMIA 2021 INFORMATICS SUMMIT
To participate:
www.amia.org/summit2021/call-for-participation
My Health Informatics Story

I have always had a passion for computing. About 1996 I was introduced to computing – then by studying Microsoft packages and basic programming. I later chose to do a Bachelor’s degree in Computer Science in the pioneer class at Makerere University. I then proceeded to work as an information System Admin at the British Department for International Development (DFID). Within the ICT domain, my passion was to apply the concepts to solve real-life problems. I needed an environment that could allow me to explore new ideas and concepts, something that is consonant with the ever-changing ICT domain. I, therefore, quit DFID and joined Makerere to pursue an academic and consultancy career. I completed my Masters in Information Systems at London Southbank University and later proceeded to pursue a Ph.D. Information Sciences from the University of Bergen in Norway, graduating in 2013.

It is during my Ph.D. that I first picked interest in Health Informatics. The project (OMEVAC) that sponsored me aimed to build mobile tools for data collection and management for vaccines. My research explored how workflows could be managed in mobile and disconnected environments in order to adhere to set study protocols (processes). Upon completion, I was involved in writing a grant proposal with my colleagues and supervisors from the University of Bergen, to train faculty and students at Makerere University in Health Informatics (Hi-Train). I, therefore, pursued a career developing healthcare tools and systems and actively researched in Mobile and Clinical Decision Support Systems.

Health informatics as an industry is still in its infancy. Health care providers were slow to adopt clinical information systems at the point of care. Many health facilities and health-related projects are adopting systems to enable them to manage records. Now that all this health information is in electronic form, the ability to analyze this immense volume of data has created new opportunities to improve care. That’s why I am passionate about it and hope to contribute to this discipline and ultimately the development of quality healthcare in Uganda.

Dr. Peter Khisa Wakholi (Ph.D.)
Lecturer, Dep. of Information Systems, Makerere University

HomeComing Africa Platform

Two female Ugandans have developed a website to track and expedite the repatriation of Africans stranded in foreign countries due to the COVID-19 pandemic. Once on the website, individuals fill in a form detailing their current location, destination city and contact information in order to provide airlines and governments with the information they need to begin the evacuation process. The submitted information is visualized on a live map showing the location of all stranded Africans and their destination countries.

check it out: http://www.comebackhomeafrica.com

Question:
What has artificial intelligence got to do with telehealth and medicine?

Answer:
Artificial Intelligence (AI) enabled telehealth has potential to improve health outcomes. For instance; in patients with chronic illnesses such as cancer, diabetes, and high blood pressure, AI algorithms can be created to enable the intelligent information and communication environment in which clinicians could interact as well as maintain a detailed virtual knowledge base for the progression of the patient’s condition. With issues of mis-distribution of medical supplies and health care services, an algorithm can be developed to match the availability and demand for a particular area.

Dr. Vincent Micheal Kiberu (Ph.D.)
Health Informatics Coordinator, Makerere University

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New mobile health tool measures haemoglobin without drawing blood:

Researchers have developed a way to use smartphone images of a person’s eyelids to assess blood hemoglobin levels. The ability to perform one of the most common clinical lab tests without a blood draw could help reduce the need for in-person clinic visits, make it easier to monitor patients who are in critical condition, and improve care in low-and-middle-income countries where access to testing laboratories is limited.

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