What a year. When 2020 began we were poised to continue the successful expansion of our health professional digital education content, primarily focused on new mothers and their children. Convinced that digital health education solutions can improve health outcomes, we continued to develop and hone an approach to scaling health education globally. Our randomized trial of our tablet-based breastfeeding intervention was nearing completion and its rigorous evaluation aimed at identifying the importance of digital health education was scheduled for analysis. Before March, we regarded the development and distribution of maternal and child health education as the clearest pathway to improving global health outcomes. And then came the onslaught of the pandemic.

We quickly made the decision to redeploy all of our resources to respond to the critical educational needs necessary to understand, prevent and treat COVID-19, especially in under resourced communities. Our talented creative teams at Stanford and in Cape Town, guided by Stanford faculty content experts, created visually rich digital infographics, animations, and short videos, designed to resonate with community health workers and their clients in countries around the world. The content focused on the prevention of transmission of coronavirus, the recognition and management of infected individuals, and the collateral damage resulting from social isolation, including strains on mental health.

Concurrently, we forged critical collaborations with new distribution partners including Medic, CommCare by Dimagi, Viamo, and the Community Health Impact Coalition and expanded our work with existing collaborators, including Noora Health and Last Mile Health to assure that our content had the widest possible global impact.

Our evaluation team worked to determine if our intended impact was attained so that we could recalibrate and reiterate as needed. Our generous funders stood by us and supported our decision to veer from our pre-pandemic programmatic plans to lend the necessary support to one of the greatest global health challenges of the last century.

There has never been a more urgent example of the critical need for access to reliable and rapidly scalable health education. We were fortunate to have been able to contribute as a result of our work in mobile digital health education for several years prior to the pandemic. I am proud of our entire team and grateful for their expertise, dedication, selflessness, and passion.

I have no doubt that 2021 will be a year of recovery, continued growth, and impact.

Charles Prober, MD
Senior Associate Vice Provost for Health Education at Stanford University
Founding Executive Director of the Stanford Center for Health Education
Professor of Pediatrics, Microbiology and Immunology at Stanford School of Medicine
Access to health education is a human right. We are committed to reaching communities worldwide with accurate, timely, and understandable health information.
Program Summary 2020

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Founded in 2016, Digital Medic is an initiative of the Stanford Center for Health Education. We are a team of clinicians, global health researchers, educational experts, and designers with offices in Stanford and Cape Town.

We work in strategic collaboration with a wide variety of groups to train frontline providers, educate our most vulnerable communities, and understand the impact of our health education interventions. Our expertise lies in translating complex health information into rich learning experiences that resonate with learners across backgrounds and literacy levels.

We exist because we believe that expanding access to engaging education has the power to change behaviors, improve health, and ultimately save lives.

**Education Design**
We help identify high-need health topics and employ human-centered design principles to create relevant, actionable, and enjoyable learning experiences.

**Global Collaboration**
We partner with nongovernmental organizations, governmental bodies, researchers, and others to produce, share, and evaluate our content.

**Impact Evaluation**
We measure the impact of our initiatives and continuously iterate based on our findings. We are a collaborative learning lab and share research to promote global advances in health education.
Our mission is to create engaging, high-need digital health education that can scale quickly and cost effectively to communities worldwide.

We work to:

- Build capacity for the global health workforce
- Sustain knowledge gains
- Increase health-promoting behaviors
- Improve health outcomes
5 Reasons Why Our Approach Works

**1. Accessible**
The Challenge: Public-facing educational content is often limited and, if available, usually delivered in text-heavy formats that exclude individuals with literacy barriers.

The Solution: Our video-based and visual-centric content overcomes literacy barriers.

**2. Engaging**
The Challenge: Health education materials are often presented using a traditional, didactic pedagogical approach, leading to lower engagement and reduced knowledge retention.

The Solution: Our story-based materials engage learners to increase knowledge retention.

**3. Adaptable**
The Challenge: Health education content is often created for specific audiences with context-specific visuals and does not efficiently or cost-effectively adapt for new populations.

The Solution: Our animated avatars and editable infographics are easily adapted for new populations.

**4. Scalable**
The Challenge: The delivery of content often does not leverage new widespread forms of communication that allow us to directly reach target audiences.

The Solution: Our content is widely accessible through our global technology partners and the Digital Medic app.

**5. Credible**
The Challenge: In our current era of global misinformation, many people do not know who to trust for their health information. What appears to be credible is often not accurate, leading to lack of trust.

The Solution: Our content is created and vetted by Stanford health experts, and distributed through locally-trusted health sources.
Strengthening Health Systems at All Levels

Our team of educators, designers, and researchers partner with Stanford content experts to produce digital health education programs. This in-house expertise paired with deep global collaborations position us to produce credible and relevant materials for learners across health systems.

Engaging education must be accessible at all levels to build capacity in a sustainable manner. We create and evaluate digital health education for community health workers, health professionals, and the general public, with a focus on learners in low- and middle-income communities.

2020 Projects, by Target Learner Audience

General public

“Well done on making this information widely accessible.”
- YouTube learner

Community health workers

“The videos help the healthcare workers. It legitimizes the message that they’re sending. So it becomes a confirmation.”
- Nomzamo Matodlana, Philani Maternal Child Health and Nutrition Project

Other health professionals

“The thing which I have loved most in this course is the simplicity … the instructors have given the information in a brief way which is easily palatable.”
- Coursera learner
Ensuring Accessibility Across Devices and Data Barriers

The digital era has presented an unprecedented opportunity to democratize access to life saving education. Despite the rapid growth of digital technologies worldwide, data and device access varies widely across communities.

At Digital Medic, we create adaptable content in a variety of formats to reach as many learners as possible through our global network of technology and distribution partners. Our design has a balance of localization and scalability in mind, so the material we create for one community can be adapted to resonate in other communities with different needs.

**SMS / IVR Messages**
Text and voice messages deliver critical and concise health information using minimal bandwidth to reach anyone with access to a basic mobile phone.

**App-Based Smartphone Education**
Through the Digital Medic and our collaborators’ mobile apps, content is downloadable and accessible, even when offline.

**Online Community Engagement**
Social media posts feature new content and research findings to help us engage with people where they are online.

**Web-Optimized Learning Experiences**
Rich multimedia is available to our learners through platforms like Coursera and edX. Content is also available for direct download from our website and viewable on our YouTube channel.
Collaborating to Distribute Content on a Global Scale

Impactful and sustainable change is only possible though working together with other organizations. The adaptability and universal relevancy of our content, paired with the deep reach and unique strengths of each of our collaborators, makes it possible to get high-need content to learners in all parts of the world.

<table>
<thead>
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<th>New formats</th>
<th>New classrooms</th>
<th>New coalitions</th>
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<td>One of our foundational values is making our content as accessible as possible. For many people living in low- and middle-income communities, IVR and SMS are preferred to more multimedia-heavy formats. Viamo, Dimagi, and Medic helped us adapt and distribute our COVID-19 toolkit to reach millions of new learners in 2020.</td>
<td>Through the global reach of online learning platforms Coursera and edX, over 60,000 learners have formally enrolled in our COVID-19 Training for Healthcare Workers course. YouTube has connected us with influential figures and featured our content on their homepage, promoting general public health education on a massive scale.</td>
<td>We are proud new members of two coalitions: The Community Health Impact Coalition (CHIC), with whom we will advocate for community health workers on a global scale; and COVID-19 Digital Classroom, where we will work with other organizations to share credible information to help slow the spread of COVID-19.</td>
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Global Reach with Local Resonance

Our local partners remain pivotal to ensuring our content reaches and resonates with the intended audiences. We collaborate with in-country governmental agencies, nongovernmental organizations, and academic institutions who have a deep understanding of their communities. We do this to ensure that our content is relevant and actionable, and of benefit to our intended audiences.

Spotlight on South Africa

Our local partnerships have continued to grow in South Africa, where we have a Digital Medic team based in Cape Town. Our South Africa-based projects include:

- Conducting a cluster randomized control trial with the Philani Maternal, Child Health and Nutrition Trust. Their community health workers, known as “Mentor Mothers”, helped us create and share educational videos with mothers and caregivers in the Western Cape province, and helped measure changes in breastfeeding knowledge and practice.

- Creating a story-based video education series with the national Grow Great campaign to help prevent stunting in children.

- Working with One to One Children’s Fund to deploy the Digital Medic app loaded with maternal and child health content to their community health workers in the Eastern and Western Cape.

- Collaborating with the National Department of Health to expand the reach of our maternal and child health content.
Milestones in Our Journey

2016
Digital Medic founded in the Stanford School of Medicine
First digital health education series created for a global audience

2017
Initial pilot projects completed in India
Digital Medic South Africa office and team established in Cape Town

2018
100% Breastfed Campaign launched in South Africa
Collaboration with Noora Health formalized in India
Digital Medic app released for iOS and Android

2019
Maternal Child Health RCT launched in India with 1500 participants
Content endorsed by South African National Department of Health
The COVID-19 pandemic has extracted a devastating toll on communities around the world. We felt fortunate that our years of experience digitizing and localizing health information positioned us well to respond to the urgent need for credible health content during this global emergency.

2020

- 140 countries with active learners
- 15,000,000 estimated population reach
- 564 videos, gifs, and infographics in our asset library
- 67,862 unique learners who engaged with our COVID-19 content
- 7 new collaborators focused on COVID-19 response
COVID-19 Toolkit: Adaptable and shareable assets to promote healthy behaviors and curb viral spread.

When the pandemic struck, people around the world were full of questions and many organizations were searching for ways to provide medically-sound answers. To help, we developed a toolkit of visual assets that communicate critical health messages on hand washing, physical distancing, mental health, mitigating spread, and more.

Our toolkit contains over 250 infographics, animations, and videos in 14 languages. These assets are mobile-friendly, mindful of varying contexts, and light on text to resonate across geographies and literacy levels.

We know that information is more likely to be accepted when it is perceived as coming from a trusted local source. For this reason, our assets are directly editable so organizations can localize the text and add their own logos, promoting trust and acceptance within communities.

The full toolkit is available for download on our website and through the Digital Medic app. Many messages from our toolkit have also been adapted into IVR and SMS format to promote our reach of this vital content.
COVID-19 Training for Healthcare Workers

All providers must be prepared to recognize, stabilize, and treat patients affected by COVID-19.

With the global outbreak of a new disease, expert knowledge on how to prevent spread and treat patients must be shared as quickly and as broadly as possible. Developed in partnership with Stanford Emergency Medicine International, our COVID-19 Training for Healthcare Workers course provides video-based training for physicians, nurses, community health workers, and other providers on the frontlines of the pandemic.

Freely available through Coursera, edX, YouTube, and the Digital Medic app, our COVID-19 Training for Healthcare Workers course has reached over 60,000 learners as of February 2021.

We surveyed 10,000 providers who completed the course and found that their COVID-19 knowledge scores improved across learner backgrounds and geographies. Learners reported increased confidence in their ability to care for COVID-19 patients and over 90% of learners stated they were likely to recommend the course to colleagues.

The popularity of the course and our survey findings demonstrate the potential of open-source digital training to rapidly provide access to emerging knowledge during a public health crisis.

“We do not have enough knowledge [around] COVID-19 in our country, and such courses allow us to fill this gap.”
- Coursera learner from Kazakhstan
Scaling for impact: Adapting our COVID-19 Training for Healthcare Workers for new audiences

The popularity of our COVID-19 Training for Healthcare Workers course in English has created demand for the content in other languages and for targeted use cases.

Over 57,000 learners have enrolled in the English version of our COVID-19 Training for Healthcare Workers course since it launched in July 2020 on Coursera and edX; thousands of additional learners have also accessed the course on YouTube and through our Digital Medic app.

Due to the course’s success in rapidly sharing credible medical training in English, we recently translated the entire course into Spanish to reach more learners. Since the Spanish course launched in December 2020, nearly 3,000 people have enrolled.

We are partnering with Translators Without Borders and local medical organizations such as AfreHealth to translate the course into several new languages to continue extending the course’s impact. We are also using Artificial Intelligence solutions to create translated voiceovers of our videos, enabling rapid dissemination of content to learners.

“The Stanford COVID-19 course was a great learning experience [...] the technical assistance for conducting virtual visits made it easier to implement the knowledge practically and added to our clinical management skills.

-Dr. Adeya Ahmed, eDoctor with Educast

Educast leverages the power of telehealth to train female physicians in virtual care provision and connect them with communities in need of care. These “eDoctors” are able to put their medical training into practice and help fill provider shortages remotely. Currently, Educast eDoctors are providing remote care to all patients who test positive for COVID-19 across several provinces in Pakistan.

We worked with Educast to develop a learning module on telehealth best practices and create a customized instance of our COVID-19 Training for Healthcare Workers. This additional module has helped the eDoctors and other providers as they practice COVID-19 consultations in a virtual setting.

Over 400 eDoctors have completed the course as of March 2021. We are working with Educast to study the impact of this course on health outcomes for their patients in Pakistan.
Debunking Global COVID-19 Myths with Dr. Seema Yasmin

With fear and misinformation spreading almost faster than the virus itself, it is more important than ever to ensure myths are debunked and accurate health information is accessible to all. Our “Debunking Myths” audio series and YouTube collaborations have helped us reach millions of new learners with credible COVID-19 information.

Our “Debunking COVID-19 Myths” series addresses misinformation related to COVID-19 and offers evidence-based responses from Dr. Seema Yasmin, Director of the Stanford Health Communication Initiative and Clinical Assistant Professor at Stanford University Department of Medicine.

This audio series has busted over 40 myths so far, and we have plans to expand the series in a video-based format in 2021.

Through our collaboration with YouTube, Dr. Yasmin joined supermodel Naomi Campbell and physician Doctor Mike in two virtual chats on their respective channels.

These videos have over 2 million views as of March 2021. We aim to continue these collaborations to work with influential, trusted figures to reach new audiences with evidence-based health information.

Among marginalized groups, disparities in access to information along with significant mistrust of government sources exacerbates inequities in health outcomes. Non-governmental organizations (NGOs) involved in community-level health education can play an important role in effectively reaching vulnerable populations during a global public health crisis.

Our evaluation team launched a qualitative study from May to June 2020, conducting semi-structured interviews with the leaders of 19 NGOs in Zambia and South Africa. Our goal was to better understand how these organizations were responding to the pandemic and to understand their needs in educating and supporting the communities they serve.

We found that NGOs play an important role in community-based COVID-19 education given the access and trust they have established in communities. NGOs intimately understand the needs of their constituents, and are well equipped to work with local leaders to adapt and deliver content that resonates in the local context and is trusted by its recipients.

NGOs reported that they would benefit from access to tools that can be easily modified, validating the need for our resources. The main adaptations requested included translation into local languages and modifications to address local resource constraints (e.g. lack of running water) in order to meet “local acceptability”.

“We believe that not one cup fits all. We’ll always want to ensure that we have appropriately and generally accepted messages and culturally sensitive messages.” - NGO Leader and Study Participant
Investigating the Impact of COVID-19 Lockdowns on Maternal and Child Health in India

While India has made strides in improving maternal and neonatal health, the risks to mothers and newborns are still far greater in India than in most places. Evidence suggests that family support plays an important role in maternal and child health outcomes, and severe lockdown restrictions at the beginning of the pandemic resulted in changes to key support structures.

Together with our partners at Noora Health, we conducted a phone survey between May to June 2020 with a random sample of 841 mothers who gave birth at government district hospitals in Karnataka, Punjab, Madhya Pradesh and Maharashtra in the prior 6 months. Nearly 70% of our sample resided in villages, and 65% lived below India’s poverty line.

We asked new mothers about their experiences during lockdown, and our results confirmed many anecdotes being shared during this time: mothers experienced increased anxiety and diminished access to health services and family support.

77% of mothers said they were spending more time engaged in child care, and 42% indicated they had no family or friends to turn to for help because of the lockdown. A majority of mothers reported increased anxiety as a result of the pandemic.

Nearly half of mothers reported decreased access to local community health workers, and 10% of families missed at least one of their baby’s routine vaccinations because of the lockdown. Our results also reflected a lack of knowledge among mothers about how to protect themselves and their families from the risks of COVID-19.

In light of these findings, the need for digital support and information sources for new mothers appears greater than ever. We are collaborating with Noora Health to better understand how 2-way digital health messaging can fill the information gaps caused by the pandemic and address rising mental health concerns.
Scaling eLearning Strategies with the University of Global Health Equity

The University of Global Health Equity (UGHE) is an independent, private university based in Rwanda. An initiative of Partners in Health, UGHE aims to transform medical education and care for the rural poor, serving as a model for more equitable health care in Rwanda and around the globe.

Our collaboration with UGHE began in 2019 but deepened in response to global COVID-19 lockdowns and physical distancing requirements. We advised UGHE on their educational technology strategy and recommended audiovisual solutions to enable remote teaching and learning.

Their adoption of these remote education solutions enabled them to be the only medical school in East Africa that continued studies through COVID-19 lockdowns. Our successful collaboration highlights the importance of capacity building across the health system so critical institutions are able to adapt to shifting conditions and continue operations, no matter where they are in the world.

In 2021 we will be working with UGHE in leading a consortium of partners to train healthcare leaders in Africa to strengthen digital capacity with the Digital Health Applied Leadership program.
While we rapidly responded to the global need for credible COVID-19 education, we also worked to produce engaging health content in other high-priority topic areas.
Continuing to make maternal and child health education more accessible

The World Health Organization reports that the majority of global maternal and infant deaths occur in low- and lower middle-income countries, and that most of these mortalities can be prevented. Sharing relevant and actionable knowledge that leads to health-promoting behaviors is often an important part of prevention, and for this reason an important focus for Digital Medic.

Strengthening collaborations to share educational content
We have continued to share essential education on maternal and child health through collaborations with key partners including Stellenbosch University, One to One Children’s Fund, La Leche League, and Philani Maternal, Child Health and Nutrition Trust. Though these collaborators, over 400 community health workers are actively engaging with our content.

Through our educational videos, we communicate messages in story-based formats that are available in local vernacular. Critical topics include the benefits and challenges of breastfeeding, how to prevent stunting, and nutrition guidelines for pregnant women and young children.

Coloring-in Pediatric Food-Based Dietary Guidelines (FBDG)
Country-specific FBDG are evidence-based recommendations for an optimal healthy diet based on local food availability and culture. In 2019 we turned these guidelines into actionable, visual learning tools in Tanzania and Zanzibar. In 2020, we worked to spread these health-promoting guidelines in South Africa through a coloring book developed with the Western Cape Provincial Department of Health.

Each page represents various parts of the pediatric guidelines for the country and aims to educate both children and their caregivers through a fun bonding activity.
Research Wrapped: Does Mobile Video Education Promote Breastfeeding in the Western Cape Province of South Africa?

Humans tell stories to entertain, to teach, to justify - whatever the purpose, stories engage us in the moment and tend to stick with us later on. Narrative video-based approaches to health education have emerged as potentially powerful strategies for promoting behavior change.

We conducted a cluster randomized control trial with the Philani Maternal, Child Health and Nutrition Trust in the Western Cape province of South Africa, an area with one of the lowest exclusive breastfeeding rates in the world. Our goal was to measure the impact of a video-based education intervention on exclusive breastfeeding and safe infant feeding practices among new mothers.

**Design**
In the control arm, community health workers (CHWs) provided standard face-to-face perinatal in-home counseling. CHWs in the treatment arm provided the same face-to-face counseling plus the video intervention. The study included 1502 new mothers, and mother-child pairs were followed until 5 months post-delivery.

The primary outcomes of the study were exclusive breastfeeding at 1- and 5-months of age. We measured impact on other safe infant feeding practices and maternal knowledge of infant feeding practices & care.

**Results**
We observed a significant increase in maternal knowledge at 1 month among treatment mothers. We also observed comparable rates of breastfeeding and other practices between treatment and control groups, suggesting that the intervention was as effective as standard face-to-face perinatal counseling.

An analysis of video use showed that CHWs used videos as a partial substitute for verbal counseling. In qualitative interviews, CHWs reported that the videos eased their workload and added to their credibility with clients, suggesting added benefits and increased efficiency resulting from the intervention.
Advocacy Training for Community Health Workers

Historically, community health workers (CHWs) have not been included in discussions that influence their work and their communities. In collaboration with the Community Health Impact Coalition, we are working to help change this by providing CHWs with the skills to effectively share their stories and promote the health issues most important to their communities.

The Community Health Impact Coalition (CHIC) brings organizations together to work toward professionalizing CHWs worldwide. We joined forces to develop a digital course that equips CHWs with advocacy and storytelling training, giving them the tools to become effective champions for change.

Available through the Digital Medic mobile app, this advocacy course is designed to be engaging, interactive, and suitable for a wide range of literacy levels.

The course covers:
- the history and background of CHW programs.
- how to advocate for improved health care and working conditions.
- how to tell personal stories to advocate for change.
- how to use technology tools to participate in global conversations.

Our human-centered design process has incorporated the voices of CHWs throughout the development of the course, ensuring that all content is relevant, action-oriented, and reflective of the realities of CHWs’ work and the challenges they face.

Our evaluation team will be measuring learner engagement with the course as well as how virtual training impacts knowledge, attitudes, and practices of CHWs.
In Southeast Asia, malaria has historically been a leading cause of febrile illness. However in recent years, rates of malaria have declined due to rapid diagnostic technology and robust prevention programs. Now there is a need to identify the other causes of febrile illness so that new tests and medicines can be made available.

We are working with the South and Southeast Asian Community-based Trials Network (SEACTN) on a study to help identify common causes of febrile illness. The study will take place in sites across Myanmar, Bangladesh, Laos, Cambodia, and Thailand.

We created two videos for this study in collaboration with site representatives who helped develop the scripts and record voice-over in five local languages:

- One video explains the study’s purpose and is designed to recruit village health workers to conduct the study, to enlist participants, and to gain the support of village leaders. Our aim is to explain how the community’s support and participation will lead to long-term benefit by bringing better tests and medicines to the community.
- The other video teaches village health workers how to collect a dried blood spot sample for the purposes of the study.
Thank You to our Collaborators and Supporters

Our work is made possible through the generous support of our donors and the expertise and energy of our collaborators.

We are stronger together, and we thank you.
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