

Lessons Learned Report

Telehealth: Providing Safe Access to Health Care During COVID-19 in Myanmar

April 2022



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EXECUTIVE SUMMARY

As a third wave of COVID-19 spread across Myanmar at the end of May 2021 and peaked in July, many people were unable to access lifesaving health care. The highly infectious Delta variant had emerged at a time when much of the population remained unvaccinated against the disease, resulting in rapid transmission and soaring case numbers, particularly in the country's largest and overcrowded city of Yangon. The ongoing global pandemic together with Myanmar's political instability had significantly impacted the health system, resulting in a severe shortage of health care workers. Public hospitals were unable to provide essential health services to everyone in need, leaving many without access to COVID-19 prevention, treatment, and care, except in private clinics or through home-based care.

With generous support from its donors, Community Partners International (CPI) responded by establishing a new model of care - a telehealth service - to provide safe, quality care through phone-based medical consultation for people with COVID-19, and referral to health facilities as needed. Providing a service without direct physical contact enabled people to access vital health care from home, at a time when they needed it most, while reducing health care workers' risk of exposure to COVID-19.

Opening on July 16, 2021, Yangon Medical Cover (the telehealth service) was staffed with receptionists, medical officers, and specialists, and fielded up to 100 calls per day. It operated 24 hours a day, seven days per week, focusing on Yangon, a city of 4,477,638 peopleⁱ, where COVID-19 cases were initially concentrated. The medical officers provided a free-of-charge telephone consultation and treatment advice to patients. Common areas of advice included explaining to patients and caregivers how to monitor oxygen levels and what to do if levels were declining, how to manage COVID-19 illness with comorbidities, how to administer medication by injection, and when to seek urgent medical care at a health facility. They provided follow-up care via phone to patients for as long as required and sought guidance from specialists for patients with complex or severe illness.

The purpose of this report is to describe the model of care provided by Yangon Medical Cover and to reflect on the lessons learned from service implementation between July 16, 2021, and September 30, 2021. It can be used to inform future implementation of telehealth services in Myanmar, particularly in emergency or hard-to-reach settings where the provision of in-person health care may not be possible or safe. The discussion is informed by data on service usage and treatment outcomes collected by the telehealth receptionists and medical officers. This is supplemented with results from patient surveys and insights gathered from the CPI senior management team, the telehealth program coordinator, and from interviews with ten health care workers from the telehealth team.

Overall, the telehealth initiative was considered a success, with patients reporting a high level of satisfaction with the services they received. The key strengths of the service included its rapid start-up to meet urgent community needs enabled by flexible donor funding, partnering with local organizations to increase access to essential medication and equipment, providing responsive organizational leadership and governance, recruiting the right workforce, and offering psychosocial support to the team. At the same time, suggestions for improvement included strengthening communication and coordination, workforce training, embedding policies and procedures, including for procurement and logistics, and ensuring comprehensive data collection to better understand patient and population health trends and to inform planning and evaluation. The findings of this report contribute to understanding the provision of telehealth services during COVID-19 in low-resource settings, and specifically in the Myanmar context. It also paves the way for CPI to explore and expand the provision of innovative digital health activities to meet the significant, complex, and diverse needs of people across the country.

BACKGROUND

Community Partners International (CPI) is a U.S. non-profit international non-governmental organization dedicated to empowering vulnerable communities in Asia to meet their essential health, humanitarian, and development needs. Founded by doctors in 1998, the organization has grown to serve more than one million people each year. CPI's activities in Myanmar reach all states and regions and the organization maintains field offices in several locations around the country.

As COVID-19 cases started increasing in Myanmar at the end of May 2021 and were peaking in mid-Julyⁱⁱ, CPI responded by establishing a telehealth service in Yangon. The service had four key objectives:

1. to provide diagnosis and medical advice to people with mild to moderate COVID-19 illness, including advice to immediately isolate to prevent further transmission,
2. to provide people in the community with access to health care while maintaining the safety of health care workers,
3. to support people with COVID-19 to access oxygen concentrators and essential medicine (such as Enoxaparin and Dexamethasone) at reduced cost and,
4. to support referral to a health facility for people in emergency situations.

MODEL OF CARE

The design of the telehealth service was informed by available evidence and an understanding of the local context. Services were provided in Yangon, where data indicated COVID-19 cases were highest at that time. The model was also informed by the low-resource setting in which it would be implemented, noting that around 80 per cent of people with COVID-19 in such settings typically have mild symptoms and need basic clinical care; 15 per cent of people need critical care and oxygen therapy; and the remaining 5 per cent need advanced care.ⁱⁱⁱ The telehealth service was accordingly designed to support approximately 95 per cent of people experiencing mild to moderate COVID-19 illness requiring either basic care, or critical care and oxygen therapy.

Workforce composition

The telehealth team comprised 35 staff in total. This included six receptionists (nurses), one team leader (senior nurse) providing support and supervision to the receptionists, 25 medical officers (doctors), two specialists, and one program coordinator from CPI functioning as the focal person overseeing implementation and coordination between CPI and the telehealth team. The nurses and doctors were recruited as paid employees specifically for the telehealth service. The team worked remotely (i.e., not physically co-located), liaising with one another through phone, email, and social media. Substantial support in project initiation, guidance and oversight, human resources, administration, and procurement processes was provided to the new telehealth team by several existing CPI teams.

Workflow

The service operated 24 hours per day, seven days a week, with staff working in shifts to enable service continuity around the clock. The service was offered free-of-charge to patients. Nurse receptionists were the first point of contact for members of the community calling the telehealth service. The receptionists triaged incoming calls and, if medical care was needed, they provided the person with the phone number of a telehealth medical officer. They also advised the medical officer when a patient had been referred to them. The receptionists kept a list of which patients were assigned to which medical officers, to help them distribute workload evenly between available doctors. If medical care was not required or the inquiry was outside the scope of the telehealth service (e.g., the person had an illness other than COVID-19), the receptionist provided other relevant health information to the caller or referred them to a more appropriate service.

The medical officers provided a phone-based consultation upon receiving a call from the client, including relevant treatment advice. Common areas of advice included

explaining to caregivers how to monitor oxygen levels and what to do if levels were declining, how to manage COVID-19 illness with comorbidities, how to administer medication by injection, and when to seek urgent medical care at a health facility. The medical officers continued to follow-up with further phone calls to their patients for as long as needed, usually until the person had recovered.

The team leader provided supervision and support to the receptionists, including assisting in resolving complex or sensitive issues arising during calls with clients or medical officers. The team leader was also responsible for managing access to medication and rental equipment (mainly oxygen concentrators), if the treating medical officer advised that such support was required for a patient. The team leader kept a list of equipment and tracked incoming and outgoing items. If a patient required oxygen, the team leader provided them with a code number to take to partner organization, Ratana Metta, where the equipment would be provided upon presentation of the code. The team leader also provided certain medication at discounted prices to patients, if advised by the medical officer that medication was required.

If a medical officer was contacted by a person with severe illness or medical complications, the medical officer could contact the telehealth specialists for guidance. The telehealth specialists were doctors with postgraduate qualifications at the senior assistant-surgeon level. They interacted only with the medical officers and not directly with the patients, except in a few instances to prescribe medication. Medical officers could independently, or in consultation with a specialist, instruct patients to attend a health facility in emergency situations.

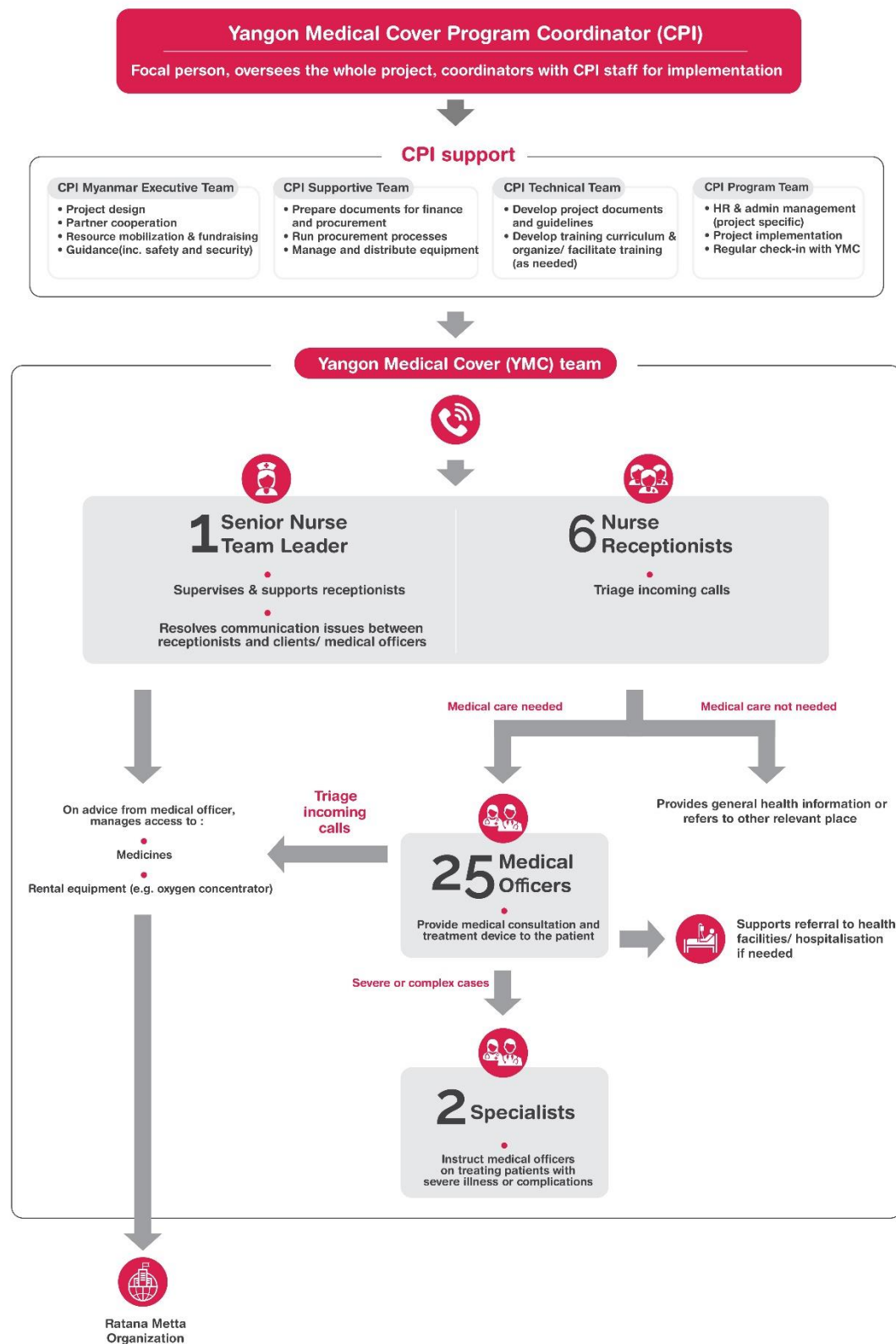


Figure 1: Telehealth service workflow

DATA

Yangon Medical Cover received a total of 1,184 calls between 16 July and 30 September 2021, with up to 100 calls per day. Of these, 1,045 (58%) were assessed by nurse receptionists as requiring medical care and were referred to a telehealth medical officer to be enrolled in care. A small proportion (8%) of referred people decided not to proceed with enrolment (for reasons not captured in routine data collection), leaving 958 patients enrolled with the telehealth service during this period. Most enrolled patients (86%) were treated solely by a telehealth medical officer, with the remainder (6%) treated jointly with other physicians or specialists at the request of the telehealth medical officer. The patients receiving joint care were typically those with severe illness or complications.

The remaining 769 callers (42%) were assessed by the nurse receptionists as not requiring medical care and were therefore not referred to a medical officer. People in this group called the telehealth service for a range of reasons, for example, often seeking information about the location and supply of oxygen concentrators or seeking general information about illnesses other than COVID-19.

Of all enrolled patients, 57% were female and 43% were male. In terms of age, almost half (46%) of all enrolled patients were aged 60 and over, a higher-risk group for severe illness and death from COVID-19. In this older cohort, more were female (56%) than were male (44%) (Figure 2).

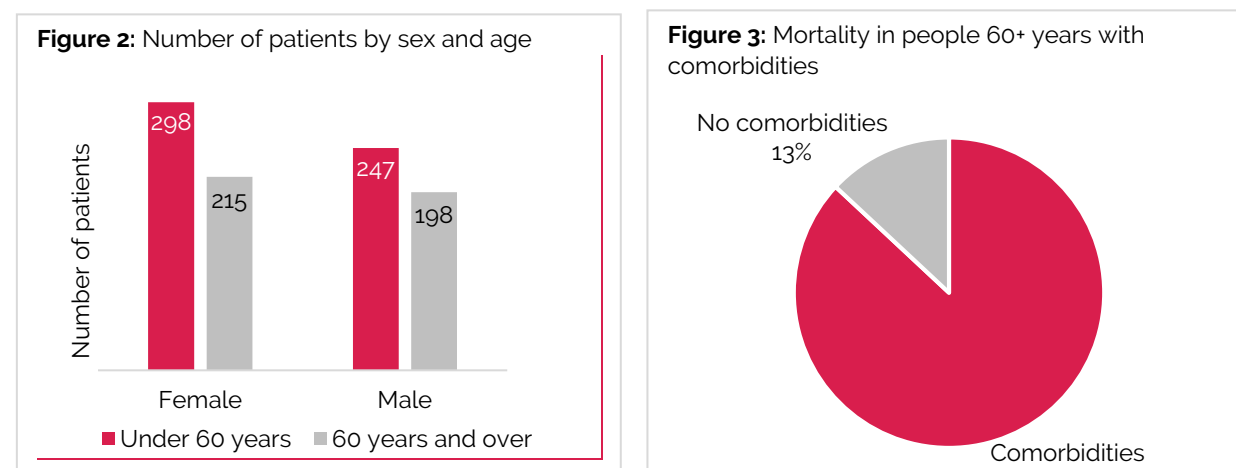
The telehealth medical officers kept data on treatment outcomes for patients enrolled in their care. Data was captured for 924 of the 958 patients as one medical officer (with 27 clients) resigned from the service for personal reasons and data for those patients was not obtained for this report. A further seven patients were still receiving treatment at the end of September 2021 and have therefore also not been included in treatment outcome data.

Table 1: Treatment outcomes

	Care provided by:		Total	
	Telehealth medical officer only	Joint care with other physicians		
Total # patients	862	62	924	
Treatment outcome				%
Recovered	637	33	670	73%
Referred to a health facility	88	14	102	11%
Lost to follow-up	80	4	84	9%
Death	55	11	66	7%

Of the 924 patients for which treatment data was recorded, the vast majority (73%) recovered; 11% were referred to health facilities; 9% were lost to follow-up (i.e., could not be reached when medical officers called to check on the patient); and 7% died (Table 1).

Of the people who died, 34 were female and 32 were male, with 70% aged 60 years or older. Of the cohort aged 60 years and older, most (87%) had comorbidities (Figure 3).



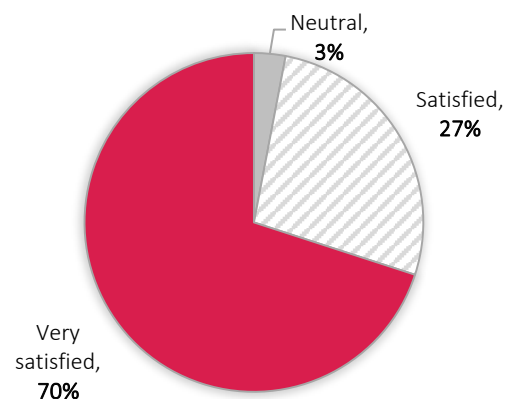
PATIENT FEEDBACK

CPI conducted surveys with a random selection of 30 patients (or their caregivers) enrolled in the telehealth service between July 16 and September 30, 2021. Of the 30 survey participants, 15 were female and 15 were male. Two-thirds of respondents were between 20 and 50 years of age, while the remaining third were over 50 years of age.

Survey participants were asked seven questions, including how they knew about the telehealth service; who communicated with the telehealth team (e.g., spouse, daughter, son, grandchild, other); how satisfied they were with services received; if they experienced any barriers or noticed issues that could be improved; if the patient receiving the service had any comorbidities; and what other care they were receiving during their illness (e.g., oxygen from Yangon Medical Cover or from another source, health team visiting the house, hospital care - public, private, or charity). Lastly, participants were asked if they would recommend the telehealth service to their friends or relatives if they had COVID-19 symptoms or illness (and, if not, why not).

Participants reported learning about the existence of the telehealth service through the Yangon Medical Cover Facebook page or word-of-mouth. The vast majority reported feeling either very satisfied (70%) or satisfied (27%) with the services they received, while only 3% remained neutral (Figure 4). Only five of the respondents identified barriers, and these were primarily about delays in receiving a response from the telehealth team.

Figure 4: Patient satisfaction with telehealth services



Similarly, most participants did not identify areas for service improvement, however a few people suggested future improvements could include expanding telehealth services beyond Yangon, providing home visits, arranging 24-hour support for oxygen, and providing a faster response on the Viber app. All participants stated that they would recommend Yangon Medical Cover to their relatives or friends if they had suspected or diagnosed COVID-19.

Quote 1 and 2: Survey feedback

“ဆရာမတို့အဖွဲ့ကပေးတဲ့ ဝန်ဆောင်မှုတွေက အဆင်ပြေတယ်။ YMC ကို မဆက်သွယ်ခင်က ကျွန်တော့်ညီလေးက Oxygen ၈၀ ကျော်လောက်အထိ ကျသွားသေးတယ်။ Oxygen အိုး လိုက်ရှာသေးတယ်။ ဈေးလဲတအားကြီးနေတော့ အပိုင်လဲမဝယ်ဖြစ်ခဲ့ဘူး။ YMC နဲ့ ဆက်သွယ်မိပြီးနောက်မှာတော့ ဆရာဝန်ပေးတဲ့ အကြံညာချက်တွေကြောင့် အကုန်အဆင်ပြေသွားတာပါ။ ဆရာဝန်က နှစ်ပတ်လောက်အထိ ကျွန်တော့်ညီလေးကို မနက်ရော၊ ညပါ ဂရုတစိုက်နဲ့လှမ်းမေးပြီး လိုအပ်တာတွေ ပြောပြပေးတယ်။ လူနာကလဲ အားတက်လာတာပေါ့။ အကြံညာချက်ပေးချင်တာကတော့ ဖုန်းနဲ့ဆက်သွယ်တာထက်စာရင် အိမ်အထိလာကြည့်ပေးတာမျိုး လုပ်ပေးနိုင်ရင်တော့ အရမ်းကောင်းမှာပဲလို့ တွေးမိပါတယ်။” (Client_30)

“The services you provided are great. My younger brother’s SPO2 (Blood Oxygen level) dropped under 80% before we connected with Yangon Medical Cover. We looked for Oxygen cylinder to buy but we didn’t buy it as it was very expensive. Everything was okay after we got connected with Yangon Medical Cover and after we received advice from the doctor. The doctor provided the necessary treatment and advice day and night. The patient also felt motivated. As a suggestion for improvement, I think it will be better if you can also provide home-visits in addition to the teleconsultation.” (Client_30)

“Recommend ပေးပါတယ်ဗျ။ အခုလိုအရမ်းခက်ခဲနေတဲ့အချိန်မျိုးမှာ ဒီလိုမျိုး မြန်မြန်ဆန်ဆန်နဲ့ အသေးစိတ်ညွှန်ကြားချက်တွေပေးနိုင်တဲ့ YMC လိုမျိုး Tele Consultation Service တွေရှိတာ ပြည်သူတွေအတွက်တော့ အရမ်းအဆင်ပြေပါတယ်။ ကျေးဇူးလဲတင်ပါတယ်။” (Client_18)

“Yes, I do recommend it. It is very convenient for society to have teleconsultation services like Yangon Medical Cover which is responsive and gives detailed advice and I am also thankful.” (Client_18)

LESSONS LEARNED

In addition to patient feedback, insights were gathered from the CPI senior management team, the telehealth program coordinator, and from interviews with 10 health care workers from Yangon Medical Cover, to better understand the strengths and limitations of the service and potential ways to improve service delivery in future. This section explores their perspectives on the key successes of the telehealth service and opportunities for development, including in relation meeting community needs with unrestricted donor funding, partnering with local organizations, organizational leadership and governance, communication and coordination, workforce, psychosocial support, embedding policies and procedures, including for procurement and logistics in emergencies, and ensuring comprehensive data collection to better understand patient needs and population health trends, and to inform project planning and evaluation.

Meeting community needs with flexible donor funding

The most important strength of the telehealth service was that it filled a critical gap in the health care system when COVID-19 was rapidly spreading and access to health care in Myanmar was limited. The service provided access to health care in a way that reduced the risk of COVID-19 transmission to health care providers while still meeting the communities' urgent needs, when many people were feeling distressed, helpless, and hopeless.

It was through flexible, unrestricted donor funding that such a response was possible. This type of funding, along with additional in-kind donor support (particularly procurement in-country), empowered CPI to identify and respond quickly to an emergency with a relevant and effective service tailored to the local context. Donor willingness to provide unrestricted funding was a key strength underpinning the creation of the telehealth service, enabling safe access to health care during COVID-19 in Myanmar.

Partnering with local organizations

Another major strength of the service was in its collaboration with a local organization to support vulnerable people in the community. As COVID-19 caused difficulty in breathing, particularly for people with severe disease, supplementary oxygen was often required by telehealth patients, but as case numbers surged in Myanmar oxygen concentrators were in short supply. Yangon Medical Cover collaborated with local non-government organization, Ratana Metta Organization, to help critically unwell patients access essential oxygen concentrators to support them to breathe.

Organizational leadership and governance

A further strength of the service was in the agile and responsive leadership, governance, and oversight provided by the CPI Myanmar Executive Team and Board of Directors. The telehealth service needed to be implemented quickly to support people with urgent need. From an organizational perspective, this involved recruiting new telehealth staff, procuring medication and equipment, ensuring logistics support for the new team (telephones, computers etc.), and establishing relevant processes and procedures, often under much shorter timeframes than routine 'business-as-usual'. The Myanmar Executive Team provided prompt guidance and decision-making, which subsequently enabled CPI teams to rapidly implement the necessary recruitment, procurement, and logistical arrangements for start-up of the telehealth service.

Communication and coordination

In any workplace, good communication and coordination are important components of an effectively functioning organization. This is even more so in an emergency context, where the situation can change quickly, priorities can constantly shift, the intensity and volume of work may be higher, and there may be a surge in new staff or partners who are implementing new processes.

Challenges in communication and coordination – both internally and externally - were noted by members of the CPI and telehealth teams. While overall, the teams worked collaboratively and committedly, internal communication (within the organization) was recommended as an area for improvement. Some participants suggested that more regular team meetings would ensure everyone was well-informed, particularly in such a fast-paced and changing environment. Similarly, regular meetings and information flow could commence from the outset between the Myanmar Executive Team, program teams, and the telehealth service team, then continue at regular intervals throughout service implementation to strengthen working relationships and improve clarity around roles and responsibilities.

External communication and coordination with the community was also challenging at times. An example was provided in which several prior telehealth patients had shared

the personal contact details of telehealth staff members with new clients, who then directly contacted staff seeking health advice and/or oxygen concentrators, rather than firstly contacting the receptionists as per the standard procedure. Due to the rapid implementation of the service and other more immediate priorities to address, there had been less emphasis on explaining to the community how to correctly access the service and follow its procedures. Given the context, in which community members were often very ill, distressed, or facing life-or-death situations, it was understandable that some had circumvented the standard procedures, however the team acknowledged there was scope to strengthen the level of communication with the community going forward.

Similarly, some participants suggested that coordination with external partners could be enhanced. The partnership with Ratana Metta Organization was important to, and valued by, the telehealth team, and they considered ways to further strengthen such partnerships in future. One suggestion included having a designated focal point in the telehealth team assigned full-time to managing and communicating with external partners. Another suggestion was to facilitate routine meetings with partners to reduce communication gaps. A further and complementary suggestion was to offer partners the opportunity to participate in emergency management capacity development activities or training.

There was a commitment to continuing partnerships with local organizations to develop referral linkages between telehealth services and on-the-ground health care providers for further management and treatment of patients. In addition to local partners, some participants mentioned the importance of connecting telehealth services with other CPI services to provide integrated care for patients. Taking this lesson on board, by October 2021, the telehealth service had connected with the CPI mobile team, and this team was able to provide home visits to patients with COVID-19 when needed (for example, to administer medication by injection).

Workforce

Recruiting the right workforce in a timely manner is critical to responding effectively to emergency situations. The telehealth service was able to engage nurses and doctors with prior experience in managing patients with COVID-19, and this was a contributing factor to its success. The level of experience of the team enabled them to effectively communicate with patients, provide quality care, and problem-solve. Employees of the telehealth team felt they were part of a collaborative team effort, committed to serving the communities' humanitarian needs and diligently performing their tasks, while 'learning by doing', and refining their procedures along the way.

Establishing a new service in a short amount of time also required strong project support. While existing CPI teams provided such support to the telehealth service (e.g., administration, procurement, logistics, human resources, finance, and project coordination) there were recognized limitations in this approach. These teams supported the telehealth service while also continuing to manage their business-as-usual commitments. At times the workload was high, and the teams were stretched, particularly because employees and their families were also impacted by COVID-19.

Some participants suggested, budget permitting, that it would be helpful to have dedicated project support roles situated within the telehealth service in future.

Other suggestions for improvement in relation to workforce included regularly providing refresher training to telehealth staff with updated information, including on newly emerging COVID-19 strains and symptoms, and updated treatment guidelines. More broadly, it was suggested that all CPI staff (not only telehealth employees) could benefit from regular training in emergency response. Similarly, undertaking a review and keeping track of CPI employees' experience in emergency response could enable timely re-deployment of staff in future to support emergency planning, management, and project support should the need arise.

Psychosocial support

An important element and strength of the telehealth model was its provision of psychosocial support to employees. CPI utilized one of its Mental Health and Psychosocial Support (MHPSS) practitioners to support staff during the COVID-19 Delta outbreak, and this support was extended to employees on the telehealth team. The psychosocial service provided online counselling sessions. Telehealth employees spoke positively about the experience, suggesting it demonstrated that the organization cared about their psychological and emotional wellbeing when they were under pressure as frontline workers with a demanding workload, and when their own family members and friends became ill with COVID-19.

Quote 3: Interview with telehealth professional

“Psychological counselling လုပ်ပေးတာကောင်းတယ်။ အဲ့အချိန်တုန်းက ကျွန်မတို့ အရမ်းအဆင်မပြေတော့ အရမ်းလိုအပ်တဲ့အချိန် လုပ်ပေးနိုင်တာရှိတယ်။ မလုပ်ပေးနိုင်တာရှိတယ်။ ကျန်းမာရေးဝန်ထမ်းအနေနဲ့ ခံစားရတယ်။ အရမ်းစိတ်ညစ်ရတယ်။ အဲ့ session တစ်ခုနားထောင်ရတာ တော်တော်လေးနေကောင်းသွားတယ်။ စတင်ချင်းလုပ်တဲ့ July လထဲမှာ တော်တော်ခံစားရတယ်။”
(Telehealth professional_2)

“It is very good to receive psychological counselling. As a healthcare provider, there are times when I feel terrible that I am not able to help everyone as much as I want to because of the situation. I felt better after listening to that [counselling] session. My emotional state was at its worst in July when we started working.” (Telehealth professional_2)

Policies and procedures

Clear policies and procedures help employees to understand what is expected of them and what actions they need to take in certain situations. The telehealth employees felt

that a key strength of the service was its clear workflow, which helped them to understand their roles and navigate responsibilities. Some participants also mentioned the importance of the process used by nurse receptionists in tracking the total number of patients that had been assigned to specific medical officers, as this enabled patients to be quickly and efficiently assigned to a doctor with availability. It also helped to manage the workload of the medical officers by ensuring a relatively even distribution of patients between them.

Despite the clear workflow and collaborative team environment, further development and embedding of standard operating procedures (SOPs) was identified as an area for improvement. Going forward, a set of SOPs could provide clear instructions about the scope of work of the telehealth service, day-to-day operations and workflow, and roles and responsibilities, including decision-making functions. Moreover, a framework of relevant policies and procedures could be used to foster individual and organizational accountability, to evaluate the strengths and weaknesses of workflow processes, manage risks, and to continually streamline and improve the service for people providing and receiving care.

Procurement and logistics

In an emergency setting, the timely procurement, supply, and delivery of certain equipment can be critical to relieving the suffering of people and supporting life-saving interventions. The telehealth service needed such critical equipment – oxygen concentrators – to immediately support patients with severe COVID-19 illness but encountered a shortage of supply in the market. CPI's supplier was unable to provide rapid renewal of stock as needed. With support from a donor, CPI was able to quickly connect with wider supply networks to access oxygen concentrators, highlighting the value of in-kind donor assistance in the face of urgent and challenging circumstances.

Despite establishing access to a supply network, this critical equipment still had to be sourced in several batches. On reflection, the CPI team felt they did not initially have strong processes and procedures in place to track the multiple batches of oxygen concentrators. They had to quickly develop data solutions to ensure they had an accurate inventory and tracking of stock. The team acknowledged there was scope to strengthen and embed procedures for procuring, tracking, allocating, distributing, and auditing goods and materials in future, tailored to emergency settings.

Data collection

Data provides the basis for evidence-based planning and decision-making and can enable more targeted, appropriate, and efficient health service delivery. The initial focus of the telehealth service had been to rapidly provide health consultation and treatment in an emergency context, rather than to collect extensive data. On reflection, CPI and the telehealth team recognized there may have been scope to collect more detailed data to learn about the patient population and to inform targeted outreach based on key trends.

Additionally, more complete service data and analysis would support future planning, monitoring, and evaluation, helping to identify achievements and gaps. Going forward, the telehealth service could accordingly benefit from more systematic and expanded data collection.

Table 2: Summary of Lessons Learned

Strengths	Scope for improvement
<ul style="list-style-type: none">• Donor flexibility, unrestricted funds, and in-kind support enabled a rapid and tailored response to an emergency.• Urgent health care was provided to the community when needs were high and access to care was limited, while keeping health care workers safe.• Service design was informed by available evidence and understanding of the local context.• Agile and responsive leadership, governance, and oversight supported quick start-up of the new service.• Collaboration with local organizations increased access to lifesaving medicine and equipment.• Recruitment of workforce with clinical background and prior experience in managing patients with COVID-19.• Telehealth services were available 24/7.• Substantial project support was provided by existing CPI teams (e.g., logistics, procurement, finance, human resources, administration).• Psychosocial support was provided to employees.• Clear, easy-to-follow service workflow	<ul style="list-style-type: none">• Internal communication and coordination (within the organization/ between teams).• External communication and coordination (with the community and partners).• Partnerships with more local organizations to develop referral linkages with healthcare providers for integrated patient care.• Logistics and procurement procedures in an emergency setting.• Dedicated project support roles situated within the telehealth service (budget permitting).• Regular refresher training (e.g., new COVID-19 variants and clinical guidelines) for telehealth staff and emergency response training for all staff.• Strengthen and embed telehealth standard operating procedures (SOPs).• Collect more systematic and detailed patient and service data.

CONCLUSION

The Yangon Medical Cover telehealth service was delivered successfully in the emergency context of a third wave of COVID-19 in Myanmar. Patients and caregivers reported a high degree of satisfaction with the telehealth service and suggested they would recommend it to their relatives or friends if they had suspected or diagnosed COVID-19. The model of care in which experienced nurses, doctors, and specialists worked together around the clock meant that medical expertise and treatment could be accessed by patients when they needed it most, while keeping health care workers safe.

The strengths and challenges outlined in this report contribute to understanding the provision of telehealth services during COVID-19 in low-resource settings, and specifically in the Myanmar context. It highlights areas of good practice and areas with scope for improvement that can be used to inform future implementation of telehealth services in Myanmar and elsewhere, particularly in emergency or hard-to-reach settings where the provision of in-person health care may not be possible or safe.

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ⁱ World Population Review 2021, <https://worldpopulationreview.com/countries/myanmar-population>

ⁱⁱ <https://covid19.who.int/region/searo/country/mm> - WHO cumulative data for Myanmar identified 40,004 cases and 2,620 deaths on 19 July 2021 and 26 July 2021 respectively

ⁱⁱⁱ <https://www.cgdev.org/blog/strengthening-basics-approaches-covid-19-care-low-resource-settings>

