



CAPABILITY DOCUMENT

AUGUST 2019



SAVICS®



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FOREWORD



Every year, almost 4 million people die from tuberculosis, HIV, Malaria, and Hepatitis. These diseases and many others are curable and preventable. We believe that we can save many lives by helping health teams to move their operations from paper-based to digital data management.

Doing so, we can provide all stakeholders with the information they need to speed up the time to treat patients.

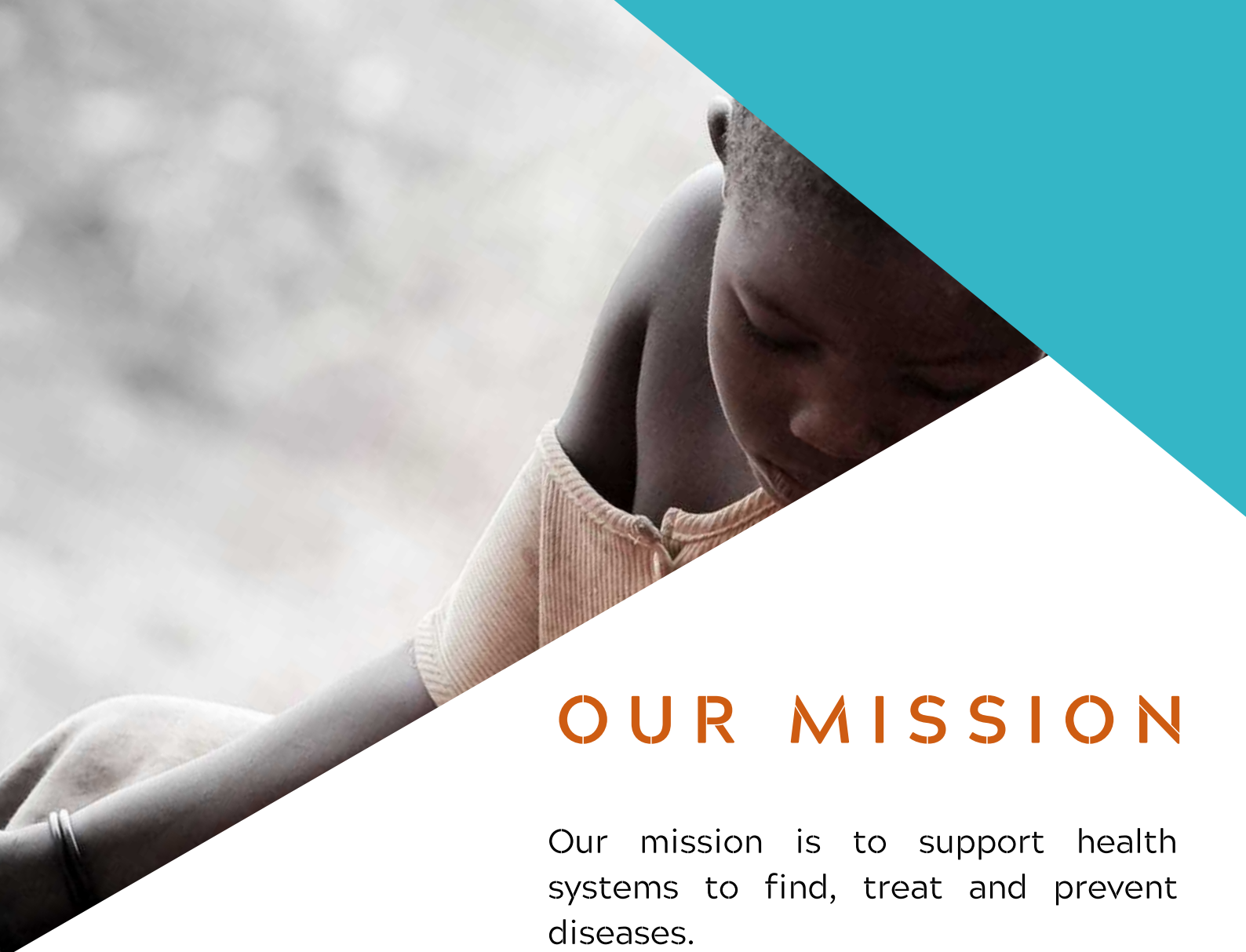
When data is available, health leaders can target those who need care the most with the right services, improve the quality of operations, and reduce the cost of care.

We have partnered, and gained the trust of recognised actors working in the TB and HIV program such as WHO, Global FUND, USAID, Mérieux Foundation to deploy our solutions across 13 countries.

Within our organization, and externally, we nurture respect, co-creation, transparency, and self-management.

In this document, we summarize our expertise, focus areas, solutions, and impact. We look forward to collaborating with you.

Dr Xavier Morelle, CEO



OUR MISSION

Our mission is to support health systems to find, treat and prevent diseases.

We do this by leveraging existing technologies and field knowledge to deploy software, applications and services that address gaps in data management.



OUR FOCUS AREAS

DISEASE SURVEILLANCE

We develop web-based prediction maps, and operational apps that support surveillance teams in early disease detection activities within marginalised communities. Our tools help in tracking and following-up new disease cases to ensure they receive care in a timely manner.

LABORATORY SYSTEMS

We customize and deploy our web and desktop based apps to support patient diagnostics from facility level to regional & national levels. Our tools are used to collect and disseminate lab data, support maintenance of lab equipment and stock management of valuable lab supplies.

PATIENT CARE

We are building tools that improve service delivery at facility level. Our electronic medical record system replaces paper-based systems. These tools allows for easy referrals and data transfer across health care units of health care centres.

HEALTHCARE COORDINATION

We address coordination gaps by providing tools that enable resource mapping, knowledge sharing and collaboration amongst health stakeholders.



OUR APPROACH

We collaborate to create user-friendly tools that you need and not what we think you need. Our technologies are available in the local languages of the countries we operate in. We dedicate time to understanding health administrative systems, work processes, and customise reporting templates to suit the needs of the end-users.

Equipped with local knowledge, we meet the data needs of health ministries and other partners even in areas with incessant power outages, and poor network connectivity. Our solutions are interoperable, and compatible with health information systems like DHIS2.

We maintain a short feedback loop, ensuring we receive field input as early as possible. Our solutions are compliant to the European Global Data Privacy Regulation (GDPR). Our team delivers tailored training and provides mentorship to local data management teams, to maintain national servers, and databases.

Driven by the vision to utilize our unique skills to provide access to health care, we deliver services conscientiously, and leverage resources across borders; ensuring that each country or program benefit from solutions upgrades developed for others.

OUR EXPERTISE

Software Engineering

We build web, desktop, and smartphone apps, that aid electronic data management. We incorporate artificial intelligence to develop predictive models for various diseases to enable appropriate resource allocation. We help health systems to transition to eHealth platforms, and integrate legacy platforms to avoid efforts duplication; such as DHIS2, open medical record systems (OpenMRS), lab information systems (LIS), etc.

Technical Support

In-field and remotely, we manage software installation, deliver targeted training, and provide mentorship to local staff to effectively manage deployed solutions and scale up adoption.

Capacity Building

We deliver in-person and remote trainings on the installation and use of data management apps to strengthen health systems.

Data Analytics

Savics builds solutions that enhance the reporting capabilities of our patient care program across various settings, and deliver targeted health care analytics; transforming data into useful actionable information.

Project Management

We are PRINCE 2 certified, and adopt agile methodologies to develop our solutions. We partner with health stakeholders to understand the context of the areas they operate in, and map traditional workflows. We manage project, stakeholder relations, and expansive scale-up of our solutions, with its risks and challenges.



PRODUCT PORTFOLIO

DATATOCARE

A suite of integrated applications that collects and disseminates diagnostic and surveillance data from remote laboratories to regional and national stakeholders; and medical teams access data for decision making.

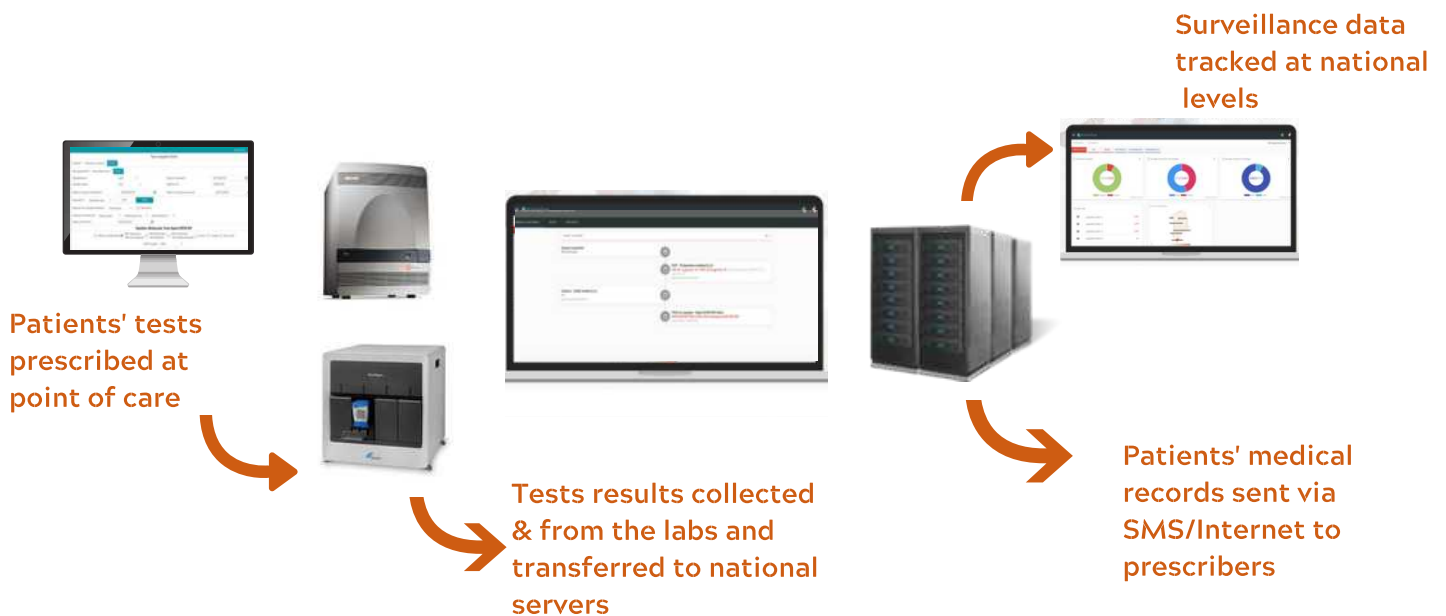
DataToCare desktop - installed across laboratories to collect and transfer diagnostic data and send via internet or SMS to central databases (server).

DataToCare server - installed at central level, computes diagnostic or epidemiological data from points of care and remote laboratories.

Why DataToCare

- Efficient lab data management
- Reduces laboratory turnaround time
- Prescribers receive test results/patient notifications once results are ready in real time
- Works in areas without internet connection by using SMS
- Works on different operating system. such as Linux, macOS, and Windows (Windows XP, Vista, 7, 8, 10).
- User friendly, with easy installation
- Available in 6 languages, more to come
- Secure data transfer
- Data back-up to prevent data loss
- Data Owned by the country
- Customisable reports

How does DataToCare Work?



Doctors can **add consultations for patients** at the clinics on patients' medical records.

Test captured automatically from GeneXpert, Abbott machines, & more (Xpert MTB/RIF, Xpert HIV Viral Load, Xpert HCV/HBV, Xpert Ebola etc).

Report and share for other diagnostic tests (Microscopy, Culture, DST, LPA, Rapid test, etc.) electronically.

Data transfer via SMS/internet works offline as well.

Schedules & reports maintenance activities carried out on diagnostic machines (GeneXpert, others can be integrated).

Manages stock levels of vital laboratory supplies; cartridges, etc.

Analyze lab data and displays on a customizable dashboard in near real-time.

Sends notification SMS/emails on disease reports to relevant personnel based on pre-agreed thresholds.

Sends notification about patient diagnostic test results SMS/emails to prescribers/patients.



www.datatocare.org

MEDISCOUT

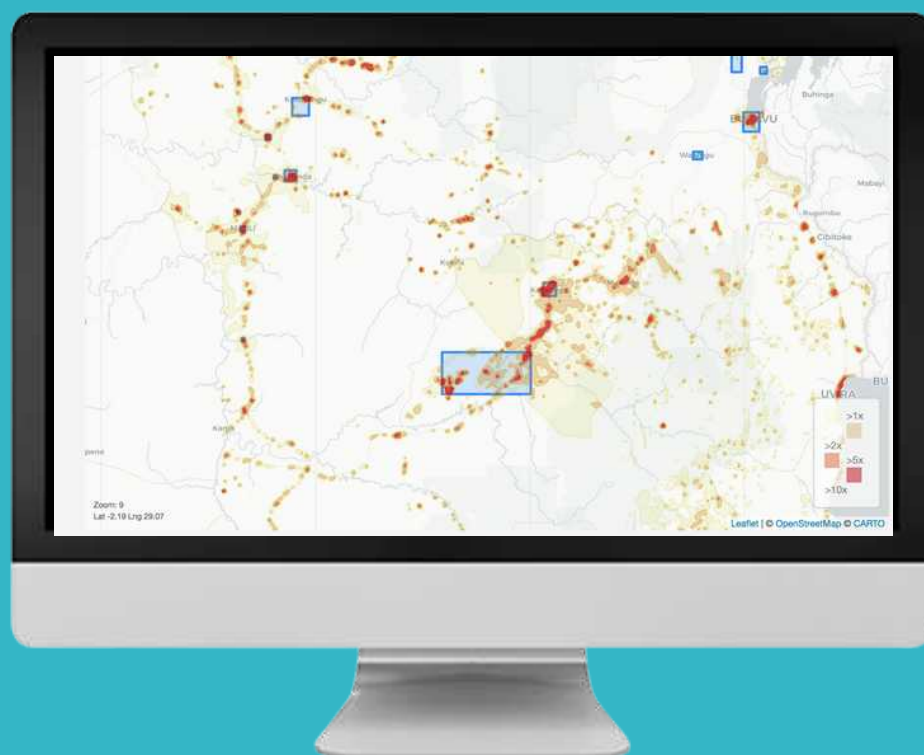
MediScout is a disease surveillance and community survey tool that improves; the detection and reporting of diseases, & quality and sensitivity of surveillance activities.

The app is made of:

1. An **online prediction map** that identifies tuberculosis disease hot-spots and populations likely to be missed in emergencies.

Why MediScout?

- Identify populations more likely to have diseases like TB, HIV, etc.
- Plan, manage, and report disease detection activities. (active case finding, etc).
- Digitize field screening & facility assessment tools.



2. A **web app** used for micro planning, design of field screening tools, monitoring of field teams performance & analysis of field data.

3. A **mobile app** that guides field teams to at-risk sites & allows them to report in-field screening activities on/offline.

WEB APP

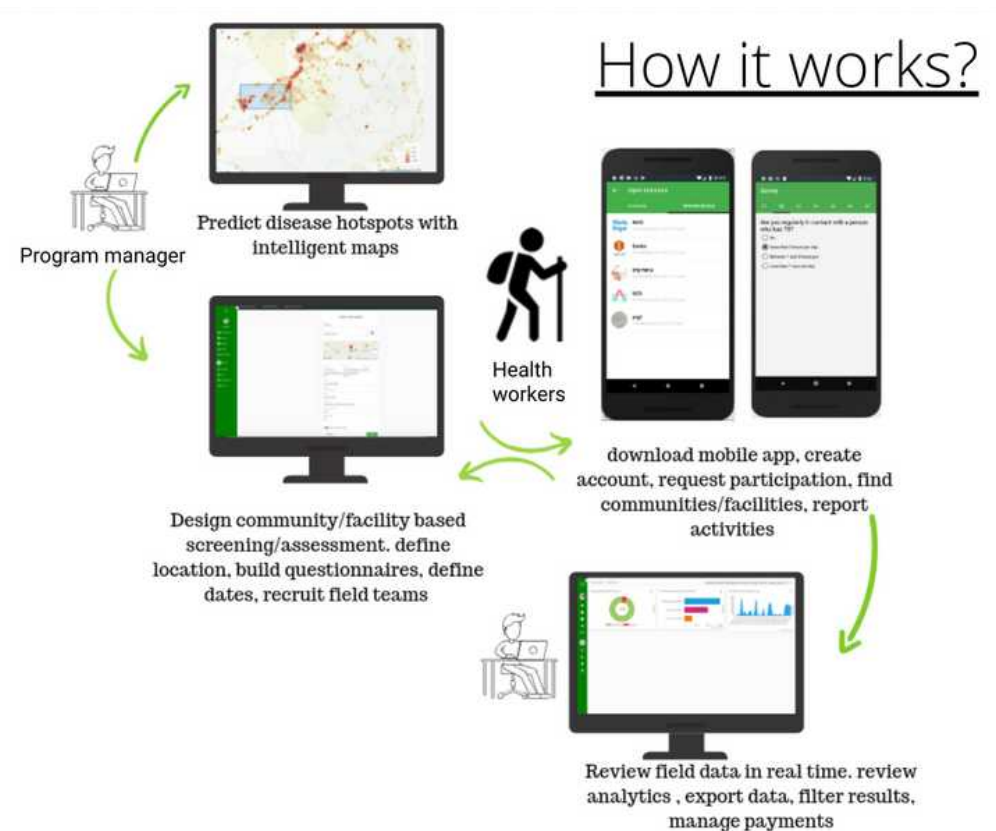
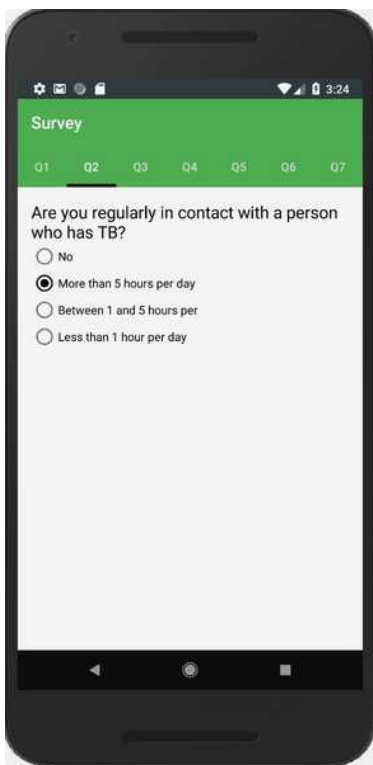
- Design multiple community-based screenings for single/integrated disease programs
- Questionnaire builder to design community based assessment tools
- Define screening/survey sites with embedded GIS maps
- Question scoring and threshold setting. Provide guidelines to inspire action for each threshold set.
- Field Data Analytics and visualization.
- Data export in XLSX features



www.mediscout.org

MOBILE APP

- Report community/facility-based activities (screenings, active case finding, etc).
- Embedded GIS maps to guide CHWs to right site of assessment
- Works offline where there is no internet
- Ease payment process (in development)



Alics

- Alics consists of a mobile and web app; that can be used to find, and share data on resources at health facilities. it maps health centres, organisations working in the sector, people, and facilitate interactions, and collaboration amongst stakeholders.

WHY ALICS?

- Know what is available, identify deficits, and optimize resources
- Improve program design, planning & implementation of initiatives
- Step-up collaboration and coordination of health actors
- Avoid effort duplication and waste through knowledge and data sharing



www.alics.org

FEATURES

Map health resources; organizations, people, facilities, and update easily. Data import (in development)



Messenger app embedded to facilitate discussions, & knowledge sharing

Make simple searches on the publicly accessible login-based facility registry



Make advanced search with multiple filters & generate interactive reports (soon developed)

Find and connect with partners. List view of health professionals



APIs developed to facilitate Interoperability with 3rd-party applications e.g DHIS2, organizational websites

SELFICS

Selfics is a portable biometric unique patient identifier, still in development. The tool adopts vein network patterns of the human palm as a biometric identifier. It has the lowest error rate amongst available biometric technologies in the market (fingerprint, facial recognition, etc.).

Why Selfics?

Several persons in Africa and South-East Asia do not have personal identification cards. This makes it complex to build electronic patient medical records because it is difficult to ascertain for sure the patient presenting at a health facility.

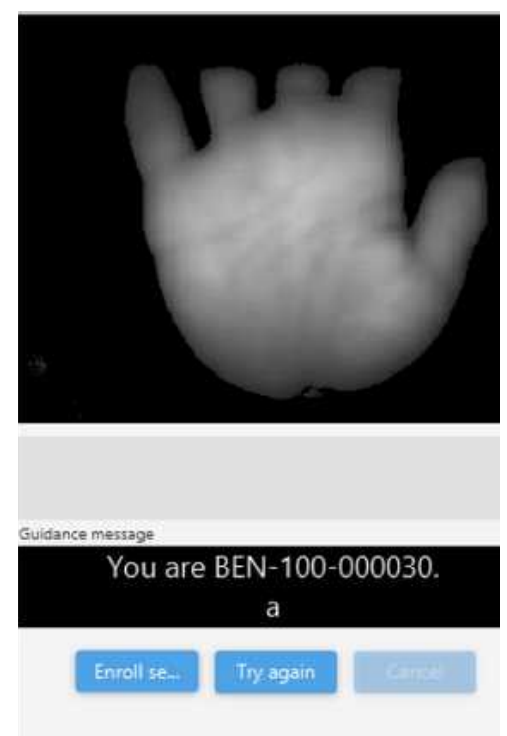
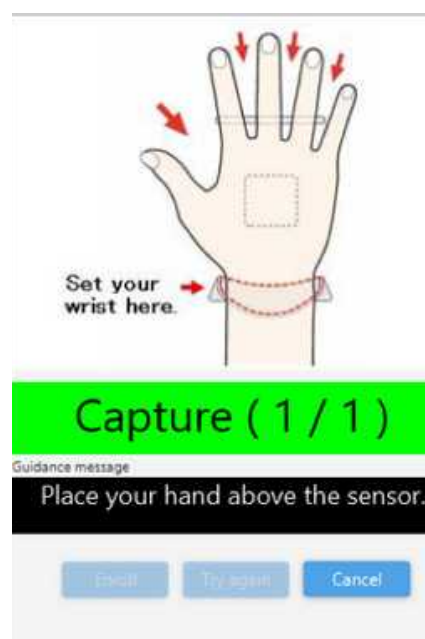
Selfics provides a way out, it provides a sure way to identify patients care, enabling medical record systems.

Features

- Portable identifier that can be used in laboratories, in clinics, during field surveys, in health centers, laboratories as a means of identification
- Sends data via SMS in areas with poor network
- Integrated with other platform or existing database.



The screenshot shows a 'Census Form' for the Selfics application. The form includes fields for 'Given Name *', 'Name *', 'Phone *', 'Email *', and 'Age'. The user's information is: Given Name: Jon, Name: Burck, Phone: 002244458796, Email: jon.burck@hotmail.com, Age: 25. At the bottom, there are two buttons: 'Identify left hand' and 'Identify right hand'.





TUBERCULOSIS ACTIVE CASE FINDING IN DRC

We are supporting DRC Ministry of Health, in detecting missing TB cases. Savics and Catholic University of Louvain developed surveillance applications to support this work. We are working with a civil organisation ALTB (Les Ambassadeurs de Lutte Contre la Tuberculose) that supports carry out active case finding of TB in South-Kivu Region.

Using Mediscout hotspot prediction map, we identified eight communities in South Kivu that are ten times likely to be home to people with TB. The online map uses the past incidence of TB, demographic information, and data from open sources as metrics for prediction.

Community Health Workers use Mediscout mobile app to report the risk assessment score of people screened from house-to-house. For every question asked, a score is computed. They collect sputum samples of those with the highest score for diagnosis in nearby clinics.

Using Mediscout optimizes resources deployed for active case finding. It allows for timely detection of missing TB cases. Rapid detection of tuberculosis will allow for early diagnosis and treatment. We received funding from Innoviris, Belgium to implement this project.



EXPANDING EFFICIENT LAB DATA MANAGEMENT

In 2016, we partnered with Benin National Tuberculosis program with funding from WHO to install DataToCare to 3 pilot labs in Benin. At the time, GeneXpert was gaining more popularity as the gold standard in detecting multi-resistant TB. Despite the value of these devices, lab teams were having difficulty using the inherent software on GeneXpert devices. Also, many of the labs were located in poor settings, with limited access to network, they couldn't report. This limited the ability to use the machines especially in remote settings.

Our tool, DataToCare, was built with engagement of end-users. We worked with the end-users to identify the pain points, and met their demands. We created test forms like the standardized paper forms used for data entry. We translated the software to their language, and configured the software to analyze and present data the way they prefer. Our tool allowed them to report even without internet.

We have since managed installation in 13 countries, and trained 500+ lab staff to ensure early adoption. We offer health systems remote or on-site technical support, and mentor the IT teams to manage the system. Through the program we have supported national TB programs in improving TB and HIV diagnostics. Currently we are working on integration of HCV, HCB, Flu, Meningitis with Morocco.

OUR IMPACT

500+

Laboratory Staff, &
Surveillance
Officers Trained

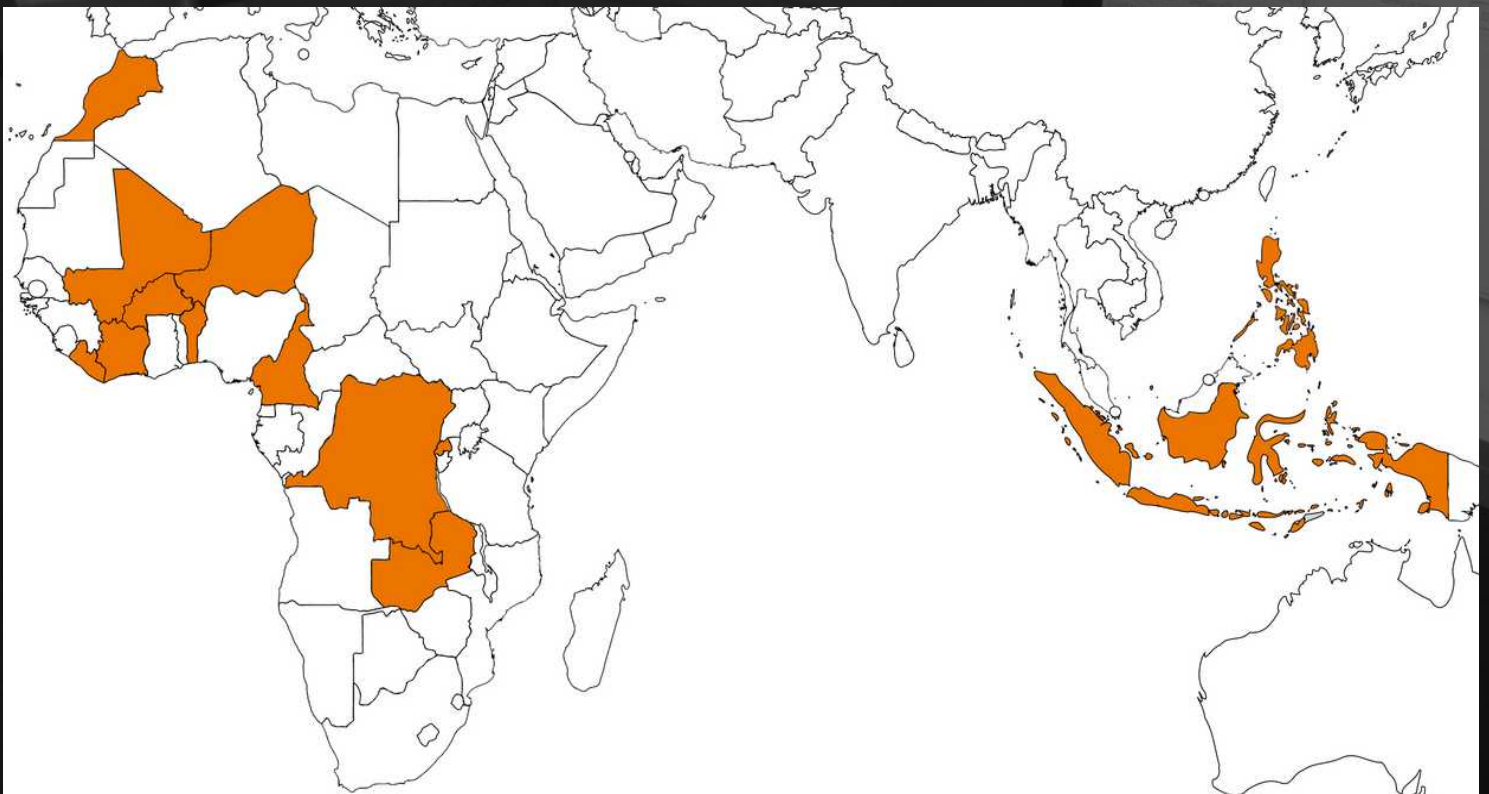
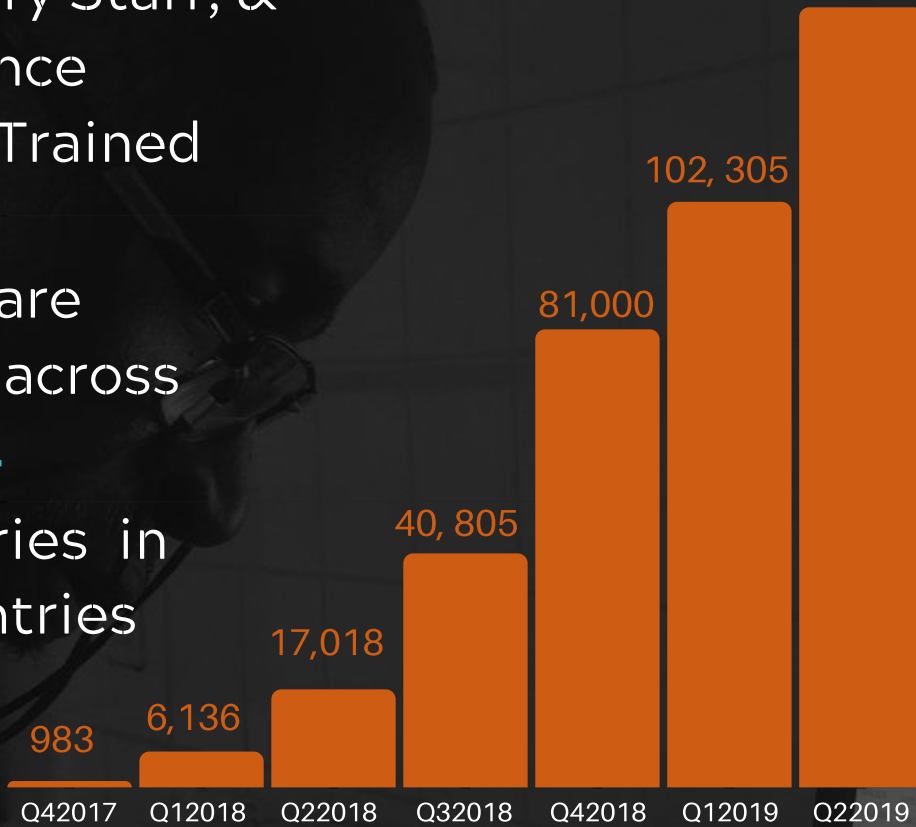
DataToCare
Installed across

300+

laboratories in
13 Countries

136,338

Patients
TB/HIV
Diagnostic
Data
Managed.





RWANDA HEALTH INFORMATION EXCHANGE

Rwanda has introduced different eHealth systems to support health data management over the last few years. This includes; electronic medical records, the laboratory information system, management information system, etc.

The non-integration of these various platforms causes data duplication, and affects data quality. Health professionals spend significant time trying to upload information on these systems.

Savics is building the Rwanda Health Information Exchange (RHIE) by developing interconnections between health information systems that allow HIV data exchange and better patient identification (the EMR will be linked to the national ID database). This will synchronize data entry and reporting done by health workers. The project will enable to reduce time, spent on data entry, and allow for easy monitoring of field activities.

We are collaborating with the Rwanda Biomedical Center (RBC), with support from CDC PEPFAR.



IMPROVING DISEASE PREDICTIVE MODELS

We are working with Sagacify SPRL, KU Leuven (Katholieke Universiteit Leuven) with financial support from the European Space Agency to extend the functionalities of our surveillance application-Mediscout. In the current project, we are incorporating the use of satellite images, historical incidence rates of TB, and data from other sources to refine predictive models to identify disease hotspots in large cities. This additional layer of information will optimize significantly the ability of MediScout to promptly inform surveillance programs of emerging high-risk zones, and guide field interventions in order to detect, treat and prevent TB before it spreads due to inadequate health services. In addition, we will use geospatial information (GPS) of locations visited by community health workers, survey results, and our rich laboratory connectivity database to continuously improve the tool's efficiency.

22 FROM 12
COUNTRIES



OUR TEAM

Currently, our team consists of highly qualified, Software Engineers, GIS professionals, Project Managers, Public Health Professionals, and Business Analysts that adopt agile methodologies and proven industry standards to implement quality interventions in record time.

We meet in-person quarterly, or annually to plan, strategize and strengthen team bond. We occasionally recruit short-term local hires to support kick-off, capacity building of end-users, monitoring, and evaluation of our projects.

All Savics employees imbibe the core values of trust, mutual respect, transparency, collaboration, continuous learning, flexibility, and curiosity as listed in our organizational manifesto. Everyone is committed to contributing their quota to improving the health systems in the communities we serve. Together we utilize our collective strengths, and skills to achieve our goals.

LEADERSHIP, BUSINESS DEVELOPMENT & PROGRAMS



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