The Community Health Toolkit (CHT) is a digital public good that supports health workers as they deliver care in reimagined health systems. The CHT includes a collection of open-source software (OSS) frameworks and applications, with resources to help partners design and deploy digital tools (“apps”) for care teams with the support of an active community of collaborators. The CHT is able to support care coordination for antenatal care, postnatal care, non-communicable diseases, immunizations, integrated community case management, and nearly any infectious disease, including TB, HIV, and most recently, COVID-19. The CHT’s modular tools work together as an integrated platform for infectious disease preparedness, surveillance, and response as well as routine community health services, and can be quickly configured for specific partner needs.

Apps built using the CHT Core Framework can support many languages, run offline-first, and work with basic phones (via SMS), smartphones (via Android apps), tablets, and computers. App developers can define health system roles, permissions, and reporting hierarchies, and leverage five highly configurable areas of functionality: messaging, task and schedule management, decision support workflows, longitudinal person profiles, and analytics. While frontline teams use apps built on the CHT for doorstep care coordination, managers and decision-makers use tools for performance management of CHWs, continuous program impact monitoring and evaluation, and data-driven resource planning and population health management.

General Details

PRIMARY USERS:

The CHT supports approximately 40,000 frontline community health workers (CHWs), CHW supervisors, nurses, and facility-based teams implementing community health systems. While frontline teams use apps built on the CHT for doorstep care coordination, managers and decision-makers use tools for performance management of CHWs, continuous program impact monitoring and evaluation, and data-driven resource planning and population health management.

TYPE:

Software Application

OPEN SOURCE LICENSE:

GNU Affero General Public License version 3 (AGPL)

Access Information

SOURCE CODE

https://github.com/medic/cht-core

WEBSITE

https://communityhealthtoolkit.org

CONTACT

hello@medic.org

WHO System Classification

PRIMARY

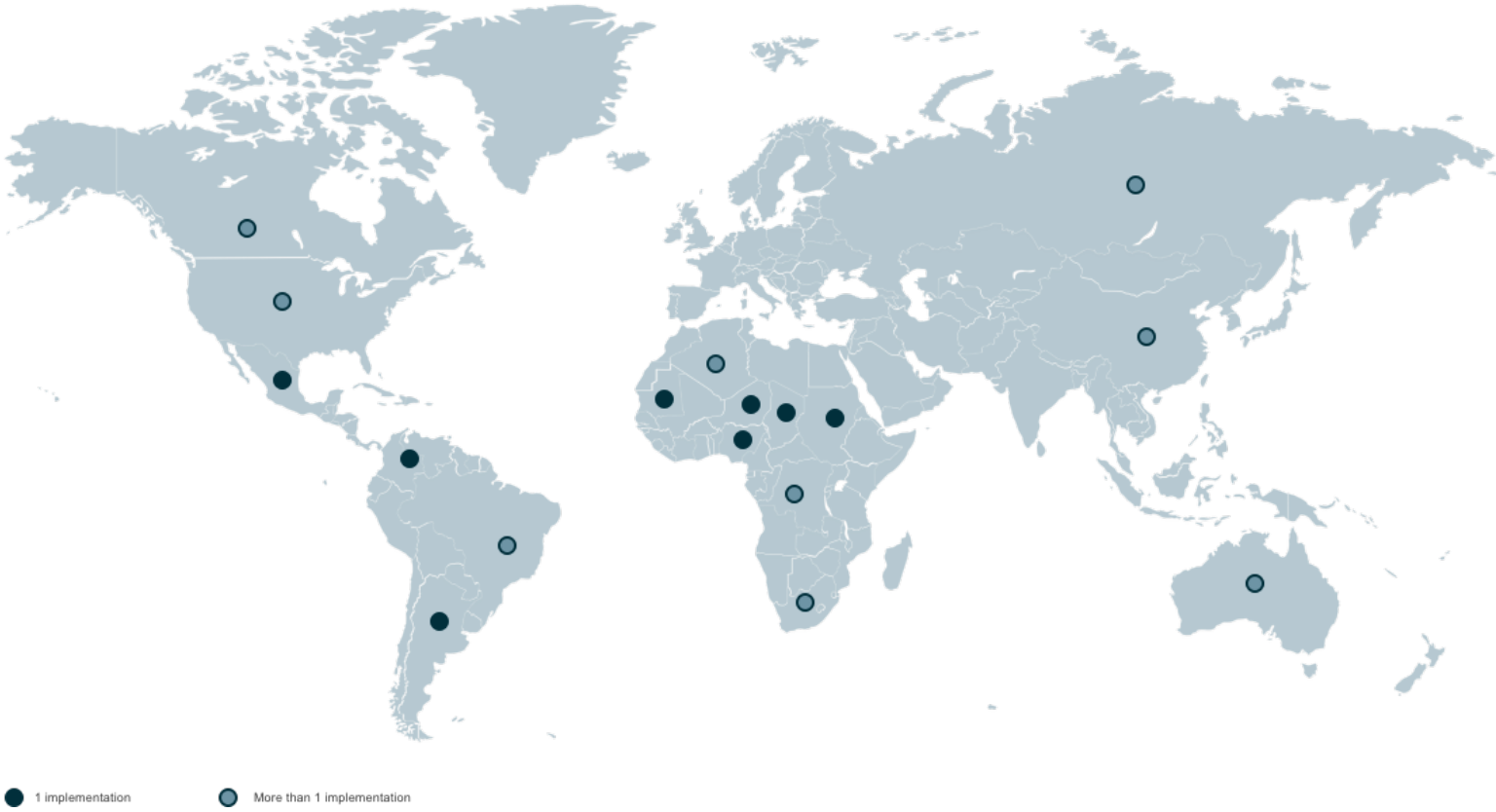
A2 | A2 Community-based information systems

ADDITIONAL

D2 | D2 Data interchange and interoperability
A5 | A5 Electronic medical record systems
D6 | D6 Health management information systems (HMIS)
E2 | E2 Public health and disease surveillance system

Geographic Reach & Impact

Apps powered by the CHT currently support nearly 40,000 health workers in 15 countries across Africa and Asia (Burundi, Democratic Republic of the Congo, India, Kenya, Malawi, Mali, Nepal, Niger, Philippines, South Africa, Tanzania, Togo, Uganda, and Zimbabwe). To-date, health workers using CHT apps have conducted over 85 million health care activities. Additionally, Medic partners with ministries of health and local governments to design, implement, embed, and scale digital health tools in the national health system with a focus on government adoption and ownership. Six governments (Kenya, Mali, Nepal, Niger, Uganda, and Zanzibar) have selected the CHT as a digital community platform of choice, with roadmaps to scale to their collective 350,000 CHWs. Medic and the CHT community are supporting these governments to deploy and scale CHT-based tools alongside public and private implementing and technical partners.



Standards & Interoperability

Tools built with the CHT can be manually set up to adhere to/incorporate the HL7 FHIR standard, as demonstrated with a recent “lost-to-followup” prototype, built in collaboration with Ona (OpenSRP) and Dimagi (CommCare).

STANDARDS

HL7 FHIR, Other

OPENHIE COMPONENT

Point of service

Maturity

All maturity model assessments are self-reported by the funded organization leading the software development of the global good.

Maturity Matrix: 2023

Global Utility

Country Utilization	High
Country Strategy	High
Digital Health Interventions	Medium
Source Code Accessibility	High
Funding and Revenue	High

Community Support

Community Engagement	High
Community Governance	High
Software Roadmap	High
User Documentation	High
Multi-Lingual Support	High

Software Maturity

Technical Documentation	High
Software Productization	High
Interoperability and Data Accessibility	High
Security	Medium
Scalability	High

Resources

Documentation URL
https://docs.communityhealthtoolkit.org/core

Architectural Documentation URL
https://docs.communityhealthtoolkit.org/core

Issue Tracking URL
https://forum.communityhealthtoolkit.org/c/support/18

Troubleshooting URL
https://docs.communityhealthtoolkit.org/core/

User Guide URL
https://docs.communityhealthtoolkit.org

Functional Spec URL
https://docs.communityhealthtoolkit.org/apps/guides/hosting/requirements/

Community

The CHT community is made up of developers, designers, program managers, health policy experts, frontline healthcare workers and researchers from ministries of health, technical organizations, global health NGOs, CHT implementing partners and research institutions.

COMMUNITY CALLS / FORUMS

The CHT community members primarily engage with each other through the CHT Forum, an online space where members ask and answer questions, provide clarifications and insights from various CHT implementations, and engage in dialogue with other community members. Community members also contribute to CHT open access resources by making documentation contributions on the CHT documentation site (https://docs.communityhealthtoolkit.org/).

https://forum.communityhealthtoolkit.org/c/community/community-calls/33

The open-source technical and non-technical resources that make up our global public good rely on volunteer and community contributions. Volunteer developers and engineers contribute to the CHT's technical framework by suggesting features, testing our tools, and even contributing code. We have welcomed volunteer contributors from Google, Facebook, Apple, Quora, Top Hat, and Khan Academy.

The broader community also participates in monthly Round-Up calls; which are centered on community engagement, impact of various CHT deployments, updates from partners on instances of the CHT in their projects and contexts, and updates from Medic's product team regarding product initiatives, new features, and enhancements forthcoming on the roadmap.

PLATFORMS / MAILING LISTS

https://forum.communityhealthtoolkit.org

https://forum.communityhealthtoolkit.org/tos

Sustainability

Philanthropy is Medic's largest source of revenue since our beginnings in 2010, supporting development of the CHT core product and our R&D efforts. As a non-profit, we provide the least expensive solution to partners, by funding the majority of our core product development through philanthropic support. As a result, we do not charge any per-CHW or per-user license fees, which makes scale achievable at a very low cost. We believe our approach and pricing will lead to increased replication, reuse of the tools, scale without pricing constraints, and long-term ownership and adoption of the core software components by partners. An additional source of income is the contract revenue earned for partner services. This includes end-to-end support to design, implement, and deploy digital health programs, and capacity building services that empower technical and implementing organizations with design and software development capacity to independently adopt and extend the Core Framework for their own unique contexts. Medic is grateful to our many incredible, long-standing funding partners who provide multiyear commitments and dedicated engagement with Medic's work and to the CHT as a scalable global good. These include: Rockfeller Foundation, The Ray & Tye Noorda Foundation, The Skoll Foundation, The Elma Foundation, Rippleworks, Inc, Bayer Foundation, Dovetail Impact Foundation, Johnson & Johnson

Linked Registries & Initiatives