



Health Systems Program

August, 17, 2021

From:

Mr. Tolbert Nyenswah, LLB, MPH
Senior Research Associate, JHU

To:

Prof. Dr. Mouhamed Mpezamihigo, VC KIU, Chair VODAN-Africa

Prof. Dr. Mirjam van Reisen, LUMC

Prof. Dr. Mark Musen, Stanford University

Prof. Dr. Francisca Oladipo, KIU, Director VODAN-Africa

Dear Profs. Mpezamihigo, Van Reisen, Musen and Oladipo,

In my capacity of former Assistant and Deputy Minister of Health in Liberia for Diseases Surveillance and Epidemic Control from 2012-2016, I learned from the experience of the country during the Ebola Crisis that early detection of cases is the key to epidemic prevention and control.

I also was the Director General of the Public Health Institute in Liberia and the Incident Manager of the Ebola Crisis 2012-2014. We realized that early detection requires contact tracing and inclusion of all communities, especially also the most vulnerable ones.

These are relevant lessons from the Ebola crisis for the COVID-19 Pandemic. Inclusion of the most vulnerable is critical to the prevention and control effort, but this is also a major challenge.

The Virus Outbreak Data Network (VODAN)-Africa is a collaboration of researchers and health practitioners across fifteen African countries to address this challenge.

As a senior researcher of John Hopkins University, I have specialized in high as well as low- and middle-income countries, health policies and systems and public health emergencies preparedness and response, advising on incident management system functionalities.

VODAN-Africa proposes that the improvement of data is obtained by empowering the health facilities directly with simple technology. You produce the data under ethically and regulatory

sound frameworks that recognize the relevance of the data ownership to the facilities. You promote interoperability with the Ministries of Health and beyond under strict criteria of permission. It is called 'data-visiting'.

Data obtained in real-time from distributed data analytics provide a new horizon for early detection and control.

As I was made to understand, the John F. Kennedy Hospital in Liberia has already agreed to work with you on this method, and to learn how it can improve the way data is handled. This is a welcome development.

I am now with Johns Hopkins University and our university has been hailed for the quality of the health data we have published on COVID-19. This being the case, data from Africa on COVID-19 has been generally scarce and limited. There is a need to rectify this bias.

Hence, as a John Hopkins senior scholar, and a former Deputy Minister of Health, I find it extremely relevant that you investigate how the quality of data can be improved, and how data-visiting of data in health facilities in real-time can be realized, without jeopardizing regulatory and ethical concerns. This requires community involvement, as you recognize.

The research to understand the conditions for data-inclusive methodologies, adapted to ways that can work within the different communities, is really relevant.

I am excited to see this project comes to fruition. Indeed, I look forward to engaging as member of the JHU family in this journey of investigation, and to partnering with your team.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tolbert Nyenswah', is written over a faint, light blue circular stamp or watermark.

Tolbert Nyenswah, L.L.B., M.P.H

Former Deputy Minister Liberia

Senior research Associate, Johns Hopkins Bloomberg School of Public Health

Department of International Health