We empower organisations to deploy **USER-CENTRIC DIGITAL PLATFORMS** for healthcare programs across the world.
The Everwell Hub is our integrated platform for adherence and case management, designed for high-burden healthcare programs.

Health care staff can log into a single portal to support the entire cascade of care from registration, diagnostics, follow up, digital payments, virtual care and engagement, and digital adherence technologies.
Our growth journey

Incubated in Microsoft Research in 2013

Journey till 2020

1 of 7
TB patients globally registered on Everwell Hub

> 10 mn
TB patients globally registered on Everwell Hub

32k
Health Care Workers use our platform daily.

72mn USD
Patient Benefits transferred directly to bank account

4
Diseases - TB, HIV, Mental Health, Maternal Health

14
Countries use us for digital adherence management

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Our Platform

Digital Adherence Management (DATs)
Integrated adherence module to support multiple digital technologies

Dispensation
Prescriptions and refills to track drug delivery

Direct Benefit Transfers
Payment module for initiating, approving, and completing payments as per DBT schemes

Reports & Data Analytics
Provider access to data dumps and visualisations

Diagnostics
Module for adding tests and integration with diagnostic machines and services

Virtual Care
Communication services like SMS, IVR, whatsapp and telemedicine for patients
**Platform Benefits**

**Open Source Technology**
Designed as an open source toolkit, available for use or adaptation by any government or health care organization.

**Highly Secure Environment**
Hosted on Microsoft Azure, an extremely secure cloud server guaranteeing data privacy and security.

**User-Centric Design**
UI / UX based on user-level research across countries, with customizations to suit local contexts.

**Scalable Infrastructure**
Built using microservices, the platform is designed to scale easily across countries.

**Multiple Integrated functions**
Digitizes the complete cascade of care for patients - notifications, diagnostics, adherence and outcomes.

**Interoperability**
Easy to integrate and exchange data with existing digital health systems through custom APIs.
Digital Adherence Management

SINGLE PLATFORM - MULTIPLE DATs
Custom 99DOTs envelope, Video Observed Tech and pillbox - all technologies supported.

INTERNET NOT COMPULSORY
Can also work in low-resource patient settings without internet or smartphones.

NO ENGLISH LITERACY REQUIRED
Adherence calendar is color coded and can also be translated across multiple languages.

REAL-TIME FLAGGING OF NON-ADHERENCE
Facilitate digital observation of pill-taking

DIFFERENTIATED CARE
Aggregate data allows for rapid triage of patients, helping providers to quickly determine those who need more support
Patients receive medication

Blister packs are wrapped in customized envelopes, or stickers in the case of pill bottles with instructions and phone numbers printed on them.

Report adherence

Upon dispensing medication, patients reveal the hidden numbers. They place a call to it or text upon taking their medication, free of cost for them.

Real-time access

The call/text by patients is reflected in real-time on a calendar style-dashboard that their healthcare workers can access, and follow-up with patients if necessary.
Video-Observed Therapy (VOT)

01 Patients download app
Available on iOS and Android, simple interface for patients with translations for local context

02 Ingestion of pills is recorded
Recording done at convenient time and place, Videos uploaded in real-time to Everwell Hub

03 Video is reviewed
Staff review video at their convenience, and adherence is recorded accordingly
**Medication placed in smart pill box**
No internet or phone required for patients, compartments available to segregate medication

**Box is opened to take medication**
Alarms can be set on the box to remind patients everyday, as well as for refill visits

**Recording of adherence**
Adherence signal is transmitted to the platform, reflected on the calendar-style dashboard for healthcare workers
Virtual care

A large percentage of people live far from clinics and would otherwise struggle to meet a healthcare provider on a regular basis. To support people where they are, the Everwell Hub promotes features and opportunities for virtual care.

- Text messages: SMS, Whatsapp for medication reminders, motivation
- IVR calls for clinic visit reminders, refill reminders, health check-ins
- Whatsapp integration for provider to call patient from the mobile application
- Smartphone application with video and text based channels integrated to communicate with healthcare providers remotely.
Diagnostics

Healthcare providers and doctors rely on a variety of diagnostic tools for effective, early detection and diagnosis of diseases, which the Everwell Hub caters to.

- Unified Workflow for providers to request test results for a suspected case
- Ability to receive results from a host of compatible devices or tools
- Ability to view pending and received results by facility or geography
- Designed to drill down on results specifics per test per case.
- Defined APIs to connect devices including the leading diagnostics machines and AI-based x-ray analyses.
Digital Payments through HUB

- As of **Feb 2020**, **INR 815 Cr** worth of benefits have reached patient and supporter accounts directly for the India TB program.

- The Everwell Hub’s Digital Payment Module exposes workflows for authorizing payments based on the Government welfare scheme logic for patients and providers.

- Ability to integrate with payment systems to initiate payments directly to users.

- Ensure accurate targeting of the beneficiaries, de-duplication and reduction of fraud.

**Rs 500 has been credited into your account **3694** for the month of September 2020.**
DBT Transaction Flow

1. Pending at Maker
   - Benefit pending approval by facility
   - Benefit pending approval by officer
     - Removed
     - Deferred
     - Paid External

2. Waiting for Approver
   - Benefit sent to finance system for processing
     - Rejected by DBT Checker

3. Sent to PFMS

4. Rejected
   - Finance system rejected payment request. User to check rejection
   - Finance system validated

5. Benefit Credited
Dispensation

Dispensation and refills are a key to ensuring patients receive continuous treatment. Some of the major features of the proposed Dispensation module on the hub are:

- Automated dispensation day calculation based on treatment start date and number of adherent days (where applicable)
- Visual representation of dispensation day for each individual patient
- Auto-calculation of next refill visit
- Tasklist populating patients who are due for dispensation or refill
- Product details of drugs dispensed
- Prescription history of patients
The Everwell Hub is designed around simplifying data and synthesizing reports based on the intended audience.

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**Actionable insights**

- Customizable Task lists
- Data summaries by geography
- Real-time Visualizations

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**Reports**

- interactive Reports module
- Filter based data exports
- Detailed activity logs
Implementation Support

One-stop shop for creating and deploying an intervention

Scoping workshop
Everwell works with your team to understand the context, and propose appropriate solutions based on your metrics for success

Project design and set up
We customize the platform and virtual patient engagements, and set up the infrastructure based on the local protocols and context

Training and launch
Whether in person or remotely, we conduct master trainings for your team on the platform, along with materials for downstream training and reference

Maintenance and scale
Through data analytics and our helpdesk, Everwell supports the project through scale up, modifying functionalities as the project evolves

Publications and case studies
We are avid proponents of supporting the broader community by sharing findings, experiences, and data about tools supporting public health*

*Everwell does not own, modify, publish, or sell any data that we host without explicit consent from the partner.
Everwell Hub Deployed as PaaS - India TB

1. Screening
   - Once
   - Walk-in to a HF or contact tracing or Active case finding

2. Diagnosis (Test)
   - Once
   - Enrolment of patients in Nikshay
   - TB diagnostic tests requested
   - (X Ray, SM, CBNAAT) by Staff/Provider
   - Test results updated in Nikshay
   - SMS to patient on diagnosis

3. Diagnosis Confirmation
   - Once
   - In-person consultation with provider and basis test results, confirms diagnosis and initiates Treatment
   - Updates Prescription details in Nikshay

4. Dispense Medicines
   - Multiple
   - Patient collects drugs from Public or Private chemist
Everwell Hub Deployed as PaaS - India TB

5
Adherence Support & follow-up
Continuous
Health Care staff or TS follow up with patient and monitors adherence via Adherence Calendar and refer for further follow-up tests

6
Bank details entry & validation
Once
Patient provides Banking details to Health staff who enters into Nikshay

7
Two-way communication
Continuous
- Patient is connected to health care staff/provider
- Patient can call CC for any information on treatment/DBT
- 2-way communication channels via WhatsApp, Phone
- Use Follow Up Module for recording and scheduling communications

8
Treatment completion, long term follow up
Once
As patient completes treatment, Provider declares Treatment Outcome

HF: Health Facility, TS: Treatment Supporter, SM: Sputum Microscopy
Platform Statistics

1. **Enrolment**
   - 149 Lakh persons enrolled, 1.64 lakh facilities on board

2. **Test**
   - 206 Lakh Test results captured, 43 Lakh CBNAAT Tests added (Cumulative since 2017)

3. **Treatment**
   - ~79.5 lakh patients registered
   - ~75 lakh initiated on Rx
   - ~15 lakh presently on Rx

4. **Adherence**
   - 1.2 Lakh patients presently on Digital Adherence Tool (DAT)

5. **Deduplication**
   - 1.82 Lakh duplicate notifications identified

6. **Patient Transfer**
   - 33 Lakh patients transferred since 2017. ~ 50 – 60 % of patients move from one facility to another for treatment

7. **Communications**
   - 40 Lakh SMS sent to patients (per month)

8. **Direct Benefit**
   - INR 1,205.44 Crores of Incentive paid out (across schemes) (Cumulative since April 2018)

9. **Task Lists**
   - 11 Task Lists across Modules are available

10. **Reports & Dashboards**
    - 28 Registers (Line lists)
    - 21 Reports
    - 5 Dashboards

**Nikshay User base**

<table>
<thead>
<tr>
<th>Count</th>
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<tbody>
<tr>
<td>Total users (all time)</td>
</tr>
<tr>
<td>~ 4 Lakhs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Count</th>
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<tbody>
<tr>
<td>Monthly Active unique users</td>
</tr>
<tr>
<td>60 thousand</td>
</tr>
</tbody>
</table>
Global Deployments

Scaled deployments globally I Focus on engagement I Open Source and Interoperable Platform
A 360° Impact View

**Beneficiary Interface**
A mobile application with patient-facing interface empowering ~4,500 patients to access details of their tests, treatment, Direct Benefit Transfer and contact details of Staff to make them aware of their treatment details, as a step towards increasing patient engagement and literacy (snapshot of TB Aarogya Sathi patient interface)

**Staff Interface**
A dedicated application for programme staff and healthcare workers enabling ~55,000 users for notification of TB cases, monitoring of treatment progress, visit to the households and payment of benefits under social support schemes in addition to providing access to reports and dashboard for assessing overall progress (snapshot of Nikshay Staff app)

**Bureaucracy Interface**
Access to Nikshay Dashboards and monthly Performance Reports to monitor performance of National TB Elimination Programme in their geographies. Integration with National and State level Dashboards like DISHA, eTaal, Gujarat MIS, UP MIS for comprehensive and seamless monitoring of NTEP along with other programmes (snapshot of TB Index Dashboard and Monthly Automated Reports)
A 360° Impact View

सम्पूर्ण स्वास्थ्य is designed to work effectively for the three key stakeholders.
I’m also very happy to announce that a mobile application, ‘TB Aarogya Saathi’, has been developed for patients, giving them access to critical information on TB services, such as treatment updates, nutrition and entitlements among others. To motivate states to become ‘TB free’ we’ve initiated a sub-national certification of states to recognise their efforts.

The 99DOTs pilot project... is based on using mobile technology and worked very well in India.

Launching 99DOTS for TBHIV patients, World TB Day

One of the things that was really pleasing for me to see was, we had worked for a long time on essentially a medical adherence technology at the lowest cost using essentially someone calling you and messaging you on a cell phone for TB. And we now see that... it was called the 99DOTS program. But the thing that really warms my heart is to see that taken by a startup called Everwell Health Solutions and really scaling that out as a medical adherence technology for everyone.
96% providers reported reduced workload

The evidence also showed that when patients receiving treatment adherence interventions (e.g. different combinations of patient education, staff education, material support, psychological support, tracer and use of medication monitor) in conjunction with DOT or SAT, the treatment outcomes were significantly improved compared to DOT or SAT alone.

WHO DS-TB Guidelines, 2017

As treatment supervision alone is not likely to be sufficient to ensure good TB treatment outcomes, additional treatment adherence interventions need to be provided.

WHO DS-TB Guidelines, 2017

Report by KNCV - DAT (99DOTS) to support patients and health care workers in a rural setting - Evidence from Tanzania
The TB REACH project, which is funded by the Stop TB Partnership, supported drug-sensitive (DS) TB patients through 99DOTS. The project is the predecessor of the ASCENT project, funded and supported by Unitaid.

396 DS-TB patients were enrolled on 99DOTS between Dec 2018 and Jun 2020.

The project implemented a SMS short-code based system instead of a call to a toll free no

A successfully logged-in 3-digit code registered green on the Everwell Hub platform

If a patient did not log their dose before 6pm, they would receive a reminder SMS

HCWs monitored patient adherence via online dashboard and Android app, and also received daily SMS reports on nonadherent patients.

Daily adherence rate for patients on 99DOTS was 93.41%.

IsoScreen urinalysis tests confirmed the accuracy of 99DOTS in monitoring adherence in a sampling of patients

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I felt relieved when nurse Anton mentioned that I didn’t have to visit the clinic every day for him to see if I took my medicine. A visit every two weeks for drug refill was all that he asked of me. This meant I saved on transportation money. Unable to continue earning a living because of my illness, I had to budget the little amount I had saved.

Juan (27)
To explore the practical aspects of using multiple Digital Adherence Technologies (DATs) in a local context in Ukraine, the W6 TB REACH project piloted the use of EvriMED boxes and Video-Observed Therapy (VOT) for TB patients.

PATH-Ukraine was the implementing partner, along with KNCV.

From November 2018 to December 2019, 902 MDR-TB patients, in high TB burden regions in southern Ukraine were enrolled in this program.

The successful outcomes, and patient acceptance of these technologies has now led to it being scaled up as part of the ASCENT project, funded by UNITAID and planned to run over 3 years, starting 2020 and will enroll 15000 patients in Ukraine.

“This is so advanced yet simple; I believe my patients love it. The application is amazingly helpful and supportive to ensure patient adherence especially in this COVID-19 crisis. Without this app, it would not be possible to remind and track adherence..”
The 3HP regimen (targeted at LTBI patients and PHLIV) entails individuals to consume their medication once every week for 12 weeks.

The Hub is now designed to allow flexibility in dosing schedule and is the only solution that caters to the 3HP regimen at the moment.

To reduce the burden of patients coming into clinic each week, patients on this regimen receive IVR check-ins and dosing reminder each week empowering the front end worker to know how patients health conditions on a real-time basis.

These check-ins ensure that front-end workers follow up with those patients who have checked-in negatively on priority and take necessary immediate measures.

Like our other projects, this solution also ensures that patients are kept engaged with dosing reminders pre and post dosing day.

Our pioneering efforts cater to 1700 patients in Uganda who are maintaining an average adherence of XX%.

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I see the task lists as soon as I get to work and follow up with patients who need immediate attention. This helps me provide differentiated care to all my patients.

Lidiya (Pharmacy Technician)
The Hub is the first of its kind ICT solution catering to address adherence related issues for PLHIV, implemented on a large scale.

The solution aims at assisting early habit formation - newly initiated HIV patients are enrolled on the Self Verified Adherence (SVA) program for the first 6 critical months of treatment.

The scale up of our successful pilot (average adherence: 82%) is set to cater to over 6500 PLHIV in India across 40 ART centers and is in association with JHU and NACO.

To ensure PLHIVs are closely monitored, the Hub has integrated with the national AIDS helpline who are alerted for follow ups when doses are missed as per protocol.

“"No one at home knows my HIV status, so I feel cared for when I receive a call from the counsellor as soon as I miss taking a dose.” - PLHIV on 99DOTS - SVA (anonymous)
Founding Team

Andrew Cross is the CEO and co-founder of Everwell.
Andrew leads the organizational vision and operations of the company and engages with global partners on deploying Everwell’s solutions for both adherence and broader ICT support. Before founding Everwell, Andrew worked at Microsoft Research India for five years, focusing on developing technology in support of health, education, and other social sectors. Andrew earned a BS in Electrical Engineering from the University of Texas at Austin, and an MPhil in Engineering for Sustainable Development from the University of Cambridge.

Bill Thies is the Chairman and co-founder of Everwell.
Bill is also a Senior Principal Researcher at Microsoft Research, where he works on using technology to positively impact low-income communities (a field known as ICTD). Bill’s research has resulted in various awards (including a MacArthur Fellowship) and has led to over 80 peer-reviewed publications. Bill received his B.S., M.Eng., and Ph.D. degrees from the Massachusetts Institute of Technology, where he studied programming languages and computer architecture.

Nakull Gupta is the COO of Everwell and responsible for supporting its work across the board. Starting with 99DOTS, he has been at the forefront for building Everwell’s technology solutions. Nakull is responsible for driving the Nikshay vision and interfacing with the leadership of the consortium of partners that interact with Nikshay across India.
Before joining Everwell, Nakull worked at Microsoft Research India for a few years and was a part of the team which created the 99DOTS Adherence solution. Nakull has done his Computer Engineering from BITS Pilani.
Everwell Values

- Excellence In Products
- Impact
- Dedication To Users
- Excellence In Commitments
- Data-Driven Approach
- Sustainability
Awards & Recognition

Everwell has been awarded Semi-Finalist SKOCH Award 2020

SKOCH Award 2020
Thank You!

Everwell

An ISO 27001 Certified company

www.everwell.org
contact@everwell.org