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# Lessons learnt from implementing AI for Health in LMICs

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## Equitech Collective: Tech for Equity

- *Medibot*  
AI CDST for rural PHC providers in Timor-Leste
- *AI 4 Mama*  
AI CDST for midwives in Timor-Leste
- SCH Telebot  
AI chatbot triage and linkage for MH in Myanmar and Thailand
- SCH TB  
AI data systems for TB control in Myanmar

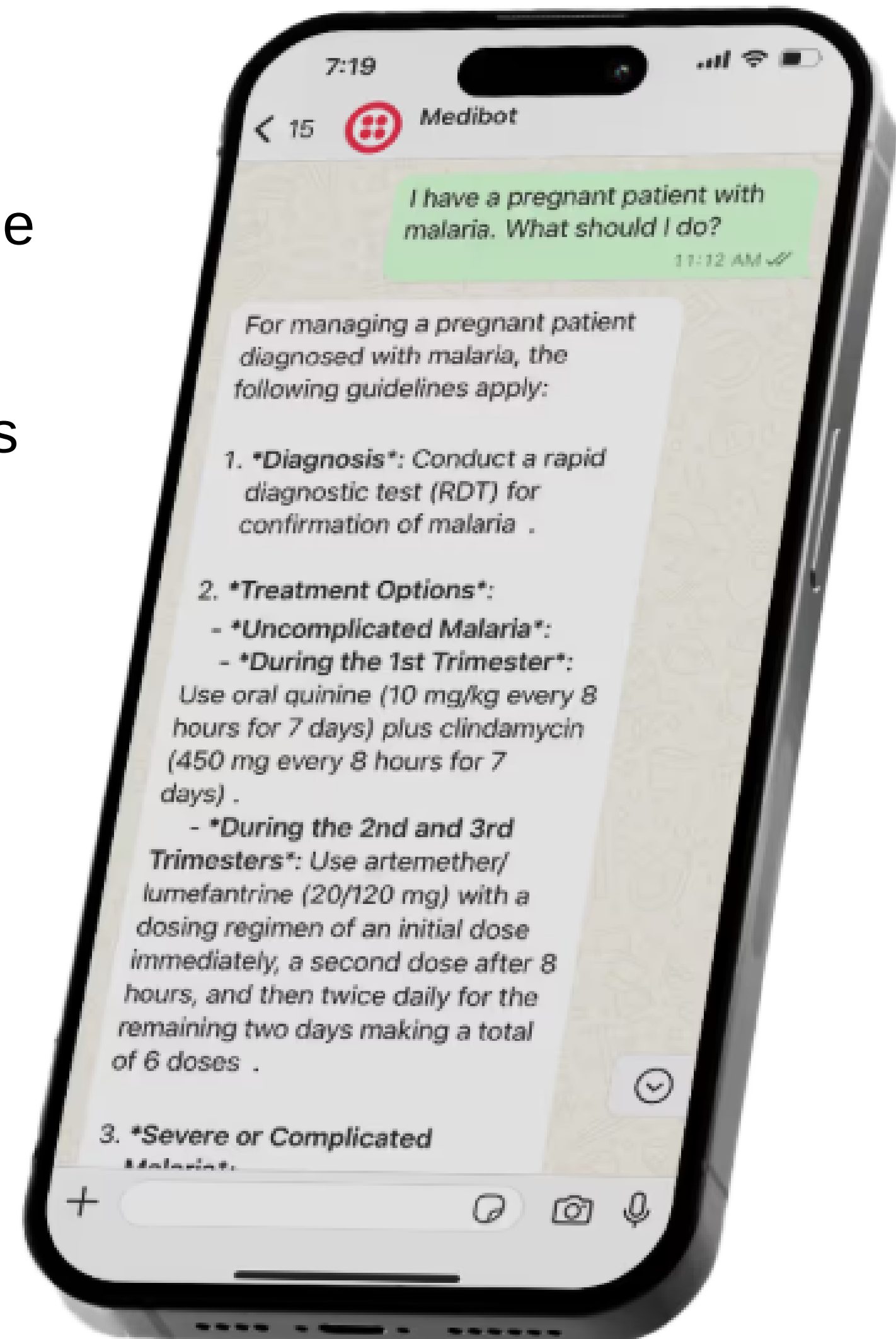
Medibot enables rural PHC providers to access national clinical guidelines through the WhatsApp messaging platform.

It is being piloted by the Equitech Collective and partner organisations across 4 rural sites in Timor-Leste, covering 12,000 patients.

**The Problem:** Primary healthcare providers in rural areas are junior healthcare professionals with limited supervision and specialist support. Their access to reference materials at the point of care is difficult due to language and logistics.

**How Medibot Works:** users are able to retrieve nationally approved guidance in a conversational interface in the local language within a widely used messaging app (Whatsapp). The chatbot uses RAG (Retrieval-Augmented Generation) based on nationally approved clinical guidelines, and machine translation, supported by a community of clinical practitioners for AI safety and validation.

**Clinical Use-Cases:** Support for common clinical decisions such as: differential diagnoses, treatment, drug dosage calculations, drug safety in pregnancy and breastfeeding, drug alternatives for allergies or stock-outs, referral to higher levels of care, follow-up.



#1.

Challenge  
**inconsistency**

Choice  
**inclusion? reconciliation?**

Our Decision  
**layered KB, citations**

Lesson Learnt  
**KM governance is a  
prerequisite**



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#2.

Challenge  
**site selection for PoC**

Choice  
**public? NGOs?**

Our Decision  
**NGOs**

Lesson Learnt  
**public systems need to  
deliberately create space for  
innovation**



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#3.

Challenge  
**variable uptake at sites**

Choice  
**keep? kill?**

Our Decision  
**selectively killed**

Lesson Learnt  
**prerequisite for QI tech  
adoption is QA governan**



#4.

Challenge  
**bad translations**

Choice  
**solution at which layer?**

Our Decision  
**model selection,  
GTranslate**

Lesson Learnt  
**when applying LLMs in  
low-resource languages,  
need to pay special attention  
to translation**



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#5.

Challenge  
**frontline change management**

Choice  
**push top-down? adapt bottom-up?**

Our Decision  
**adapt (Medibot)**

Lesson Learnt  
**workflow adaptation is especially difficult because of missing middle**

