

Assignment - SWOT Analysis - Opportunities and Threats (External Factors)

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Several restrictions could raise possible issues with implementing markup languages in specific areas. I have researched the demographics and infrastructure of all the primary and secondary transmission zones. listed below are the results and findings

Primary and secondary transmission zones analysis

The Egyptian health system has a strong infrastructure of physicians, clinics, and hospitals, availability of technology and pharmaceuticals, and excellent physical access to care, with 95% of the population being within five kilometers of a medical facility (*CIA, 2020*). They have a secure infrastructure and place adaptability to technology to implement the communications effort application with a markup language.

They do have known terrorist organizations that could become hostile during interventions of medical treatment. Egypt is a source, transit, and destination country for men, women, and children subjected to sex trafficking and forced labor; Egyptian children, including the large population of street children, are vulnerable to forced labor in domestic service as reported in the due to this implication W.H.O could have trouble treating patients or working with the local authority to quarantine. Cairo is a major hub, that supports local government and has a secure infrastructure for communications. Also, the native language there is Modern Standard Arabic (*CIA, 2020*).

Ethiopia has the lowest level of income-inequality in Africa and one of the lowest in the world. Ethiopia also has known terrorist organizations and rebellion forces that may pose a threat to operational WHO administrators. This destabilization is based in many areas that are highly probable to affection and transmission. Especially due to the low rate of infrastructure and

economy (*WHO, 2020*). The inner cities have the only means of implementing technology that could be used with the application of markup language. Trying to communicate the data would serve as an issue outside major districts.

Ethiopia's health care system includes primary health facilities, clinics, and hospitals. Only major cities have hospitals with full-time physicians, and most of the hospitals are in Addis Ababa (*Ministry of Health Ethiopia, 2020*). Access to modern health care is very limited, and in many rural areas, it is virtually nonexistent. also, the native language of Ethiopia is Amharic (*CIA, 2020*).

Morocco has limited centralized infrastructure and older technology. They do have internet access and the native language is Arabic (*CIA, 2020*).

Khartoum in Sudan has limited medical resources and the health care delivery system. Yet their native language is Arabic, but they do incorporate English on a national level. In Libreville, Gabon W.H.O has a regional office and a progressive infrastructure to communicate via markup application. There are several native languages in Libreville including French, Fang, and Bantu. There are no translation modules in the Bantu language (*CIA, 2020*).

N'Djamena in Chad where the virus was first identified. Has a limited infrastructure and every poor survival rate for citizens (*CIA, 2020*). At 381/338 people, with the average life expectancy of 53/55 years old. The native languages include some French and Toumaï mini urbanize areas in Chad that do not allow this language to be spoken (*WHO, 2020*).

Many other countries in secondary locations such as Zanzibar, Tunis, Monrovia, Luanda, and Accra all have limited communication infrastructure, limited health facilities but do have access to internet services in most places (*World Health Organization, 2020*) (*CIA, 2020*). Also,

in many of these cities exist terrorist organizations, rebellion forces, and Warring factions. These regions have specific native languages that have many different dialects and can be miscommunicated quite easily through English based markup.

Angola, Algiers, Cape town, Johannesburg, Marrakesh, Port Louis, and Zanzibar city all have more modernized health and communications systems with access to internet services. All of these areas have individual native languages inducing English in South Africa (*Telecommunications in Angola, 2020*).

As you can see, several factors can cause issues with the use of implementing and communications application with markup language to communicate awareness. Between unstable regions, terrorist, unreliable communications infrastructure, poor healthcare systems, and communications barriers pose a challenge to implementing the markup.

If the outbreak spreads beyond the African continent. I have identified how the markup language communication method I have proposed could be expanded beyond the initial implementation. To meet the issues of communication barriers we could implement software plugins that will do an immediate translation. though there might be some miscommunication based on the syntax.

I think that we could use keyword-specific search terms for the general internet identifying the symptoms as well. I think we can collect data using a WHO health emergency dashboard. An application that is interactive, letting possible patients and cases select their areas visually on a map.

Then allocate data collection using more visualizations such as The Wong-Baker Faces scale (*Wong-Baker FACES Foundation, 2020*). This scale is used globally and could detect how

severe symptoms are in digital format. also, use different close-up images people with an individual symptom such as cold, hot, coughing, fever, and other visual representations in the markup language for those with languages barriers to directly communicate and submit their symptoms, then a visual bar chart could pop up to display options for the patient and instructions of what to do next. some severe symptoms could directly alert the WHO Health emergency department to send immediate help to the specific area.

While markup languages can facilitate transversal communication and information via internet and Technology infrastructure like any other programming language, they are limited to what they are developed for. Markup languages can transmit and receive information very quickly more effectively than many other means of transmission. This is good because we can get pertinent and information to the specific locations we need to.

While on either hand using visual communication methods such as symbols pictures people can automatically relate the communication as soon as they see them. The good thing about using markup languages that we could interject pictures symbols data charts and graphs to represent the criteria of the market.

Using images and symbols in markup we can trigger actions through programming languages to get quick results and notifications and communication. But again imagery and symbols have to be implemented on top of the markup language. Using markup language tags that describe specific computer-readable and human-readable information that is interpreted through web browsers and mobile devices. The images are the actual documents and DOM objects that allow people to fully interact with them.

Conclusion:

Given the primary and secondary transmission sites that are many challenges due to the poor infrastructure instability in the regions and major language barriers. Using a markup technology through the world wide web and implementing common structures in indicators as an interactive layer do the medium that we will be creating. Will allow us to collect and allocate specific data in targeting and eradicating this virus. Though there are many different communication barriers between different languages symbology and visual representation will be are the greatest chance at success.

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