ICT applications as e-health solutions in rural healthcare in South Africa
himaa.org.au

This paper describes a study that focused on factors perceived to influence the uptake and use of Information and Communication Technology solutions (ICTs) as e-health solutions in selected rural Eastern Cape healthcare centres (South Africa), and on structural variables relating to these facilities and processes. Attention was also given to two psychological variables that may underlie an individual's acceptance and use of ICTs: usefulness and ease of use.

The aim of the study was to better understand how ICTs can be used more effectively to improve the health system in a number of rural Eastern Cape healthcare centres (St. Lucy's Hospital, Nessie Knight Hospital, the Tsilitwa Clinic, the Madzikane Ka-Zulu Memorial Hospital and the Nelson Mandela General Hospital) and to make recommendations for their implementation.

PDF: *http://www.himaa.org.au/members/journal/HIMJ_39_1_2010/Ruxwana%20et%20al%20ICT%20rural%20healthcare%20Sth%20Africa.pdf*

Mobile health card: How to use mobile phones to increase rural Immunisation rates

The rural healthcare system in India alongside many other complex social service institutions operating in the country needs better tracking tools to mark the identity of its beneficiaries. The current approach is paper-and-pen based, requiring extraordinary effort and time on the part of front-line healthcare workers and unnecessary duplication of effort. Two key surfaces are used to track the delivery of services to the beneficiary: the register (system copy) and the health card (user copy). The paper reviews the Routine Immunisation (RI) card system and suggests several new directions that could employ mobile technologies to accomplish the existing functions of the RI Cards, while also improving immunisation rates. The solutions proposed as well as their likely success is discussed in greater detail in the paper.

PDF: *http://www.cks.in/html/cks_pdfs/Mobile%20Health%20Card.pdf*

Use social media to strengthen health systems
scidev.net

How can health scientists in developing countries build networks and share the knowledge needed to make strategic progress towards strengthening health systems? The positive, innovative uses of social media are not without drawbacks. They are open to abuse, as in the case of using Twitter to circumvent the traditional regulatory frameworks that aim to control direct-to-consumer advertising by pharmaceutical companies. The fledgling patchwork of electronic and mobile health is on the cusp of becoming an integrated global solution, either through a series of unifying enterprise architectures (blueprints for information technology management in organisations), or through the adoption of internationally accepted interoperability standards that enable diverse systems to work together.

To date there are 104 mentions of Twitter on PubMed, the primary research database for healthcare sciences. These range from using Twitter for monitoring outbreaks of H1N1 'swine flu' or for promoting sexual health to helping senior healthcare professionals provide feedback for students.

Source: *http://www.scidev.net/en/health/opinions/use-social-media-to-strengthen-health-systems.html*

The elusive power of mHealth
blogs.cgdev.org

Despite successes, mHealth remains in its infancy, with many of the characteristics and issues typical of young industries. Most of its use is at small-scale pilot level so much so that it's been said there are more pilots in mHealth than there are in the US Air Force. In many of these pilots, the evidence base that would enable decision-making and prioritisation for further investment is missing. mHealth tools are not always clearly linked to health system needs and priorities, at times leaving solutions in search of a problem rather than products and services designed with end-user preferences and needs in mind.

mHealth investments and initiatives tend to roll out without much coordination across funders and implementers. There are at least seven different mobile-based electronic medical record (EMR) systems used in Kenya, several of which are highly specialised for ART patients. Though Kenya has endeavoured to develop national standards and a way to integrate systems, these efforts have often been challenged by legacy systems and variation in national and donor requirements. There are also challenges across vertical funding silos.

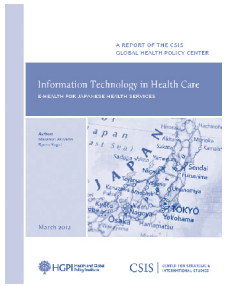
While overseas development assistance for global health in 2010 totalled $27 billion, a bottom-up count of disbursements specifically supporting mHealth totalled less than $50 million, or less than 0.1 per cent of total spending.

Source: *http://blogs.cgdev.org/globalhealth/2011/10/the-elusive-power-of-mhealth.php*

Hope Phones
hopephones.org

The Hope Phones campaign was created in 2009 as an innovative way to fund the global efforts of Medic Mobile, its parent organisation that seeks to advance healthcare in 11 countries with mobile technology. Half a million cell phones are discarded in the United States every day and pollute the environment with tons of plastic and persistent toxins like lead, nickel, beryllium, and cadmium. Cell phone recycling through Hope Phones reduces hazardous waste in communities responsibly, while providing a real public health benefit abroad.

The campaign is looking for individuals, organisations, and companies interested in giving their old phones a new life on the front lines of global health. The process is free and simple whether one is donating a few phones from a drawer at home or organising a drive. When one recycles a used mobile through Hope Phones, the organisation's recycling partner transfers the value of one's phone to Hope Phones' account so they can acquire appropriate new technology for the field. The current average value per used phone is $5.00, but smart phones are regularly valued at $80.00.



Information Technology in Health Care: e-Health for Japanese Health Services Centre for Strategic International Studies. 2012.

As Japan faces rapid aging, a declining birth rate, widening income disparity, expanding fiscal debt, and remarkable hikes in healthcare costs, the sustainability of its health care system is at stake. Despite the need to allocate limited medical resources optimally, Japan lacks a common platform for sharing medical data, ideally over the Internet. An e-health system presents an effective and efficient means to reduce costs and improve the quality of healthcare services. Moving forward on a discrete set of sensible policy and operational reforms is possible and timely, as the Tohoku disaster provides a mandate to change the way the Japanese health system operates.

PDF: *http://csis.org/files/publication/120327_Akiyama_JapaneseHealthCare_web.pdf*

A doctor in your pocket: Health hotlines in developing countries
mobileactive.org

Health hotlines are medical call centres that provide health-related information, advice, referrals, and sometimes prescriptions to individual callers over a phone line. Callers are connected to health professionals (nurses, paramedics or physicians) who usually follow standard protocols to assess medical situations and provide information and advice.

PDF: *http://www.mobileactive.org/files/file_uploads/a_doctor_in_your_pocket.pdf*

Health information as health care: The role of mobiles in unlocking health data and wellness
unfoundation.org

Around the world, countless lives are lost due to insufficient access to quality health information. The availability of accurate, timely, and analysed data is directly relevant to the quality of an individual's health and the healthcare system in general, the delivery of individual care, and the understanding and management of overall health systems.

For more, visit: *http://www.unfoundation.org/assets/pdf/info-as-care.pdf*

Kenya Has Mobile Health App Fever
technologyreview.com

Nairobi start-up's health app surges; Safaricom gives subscribers links to experts for two cents a minute

Mobile health platforms are fast emerging in Kenya, where one start-up's newly launched mobile health platform is attracting nearly 1,000 downloads daily, and the dominant telecom, Safaricom, has forged a partnership that will give its 18 million subscribers access to doctors.

A World Bank official sees significant promise in such efforts, pointing to the fact that 50 per cent of all Kenyan banking is already done on mobile phones — suggesting that the population is ready to go mobile with healthcare too.

"In terms of providing basic services through mobile phones on the continent, Kenya is in the lead in many ways, and showing the way,' says Elizabeth Ashbourne, director of global health information forums at the World Bank in Washington, D.C. "Local applications in the health space are absolutely frontier activities…"

The new app, called MedAfrica — available for smart phones and less powerful feature phones — is the product of Shimba Technologies, a Nairobi-based company founded by two locally educated entrepreneurs, Stephen Kyalo and Keziah Mumo, with $100,000 in seed money from a European VC.

Source: *http://www.technologyreview.com/communications/39364/?ref=rss*

Focus on Health Information Technology

Information technology is transforming the way physicians practice medicine, the way healthcare systems do business, and the way consumers get health information and make decisions about their health. For nearly a decade, RAND researchers have studied how health information technology (HIT) stands to change healthcare.

PDF: *http://www.rand.org/content/dam/rand/pubs/corporate_pubs/2012/RAND_CP639z4-2012-03.pdf*

Mobile phone-based infectious disease surveillance system, Sri Lanka
mobileactive.org

Because many infectious diseases are emerging in animals in low-income and middle-income countries, surveillance of animal health in these areas may be needed for forecasting disease risks to humans. In practice, establishing links between animal and human health data has been difficult because data from animal and human health surveillance systems are obtained at different resolutions and scales and for different purposes. Human health surveillance is often based on aggregated diagnoses data obtained from standardised electronic medical records. Animal health surveillance systems vary widely. Where electronic veterinary records are kept, data can be extracted to central databases and analysed. However, in lower-resource settings, electronic recording of veterinary services is often not feasible.

The primary lesson learned was that mobile phone-based surveillance of animal populations is acceptable and feasible in lower-resource settings. However, any system implementation plan must consider the time needed to garner support for novel surveillance methods among users and stakeholders.

PDF: *http://www.mobileactive.org/files/file_uploads/10-0249.pdf*

Exchange ON HIV AND AIDS, SEXUALITY AND GENDER

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