



GFMER "MHealth4SRH" 2013
Online training course Mobile Phones
for Sexual and Reproductive Health
Weblecture, April 2013

mHealth projects: some critical issues

mHealth for maternal and newborn health in low-resource settings, Sierra Leone

Hermen Ormel
Senior Advisor Health
Royal Tropical Institute, Amsterdam

Portal www.mhealthinfo.org
h.ormel@kit.nl / www.kit.nl





Acknowledgement



Medical Research Centre



Government of Sierra Leone



University of Sierra Leone



Royal Tropical Institute

Mannion Daniels

This research was carried out and reported on by:

- ❖ Ministry of Health and Sanitation, SL
- ❖ Medical Research Centre, SL
- ❖ University of Sierra Leone
- ❖ Royal Tropical Institute (KIT), NL
- ❖ Text to Change, NL
- ❖ Mannion Daniels, UK



Overview

- Refer to Pres 1

Critical issues:

- Context, technology, operations
- Health system challenges
- Vision and division



Context, technology, operations

- Technology
- Inter-operability
- Cost
- Battery charging
- Airtime





Context, technology, operations (2)

- Privacy & confidentiality
- Literacy
- Language
- Opt-in approach

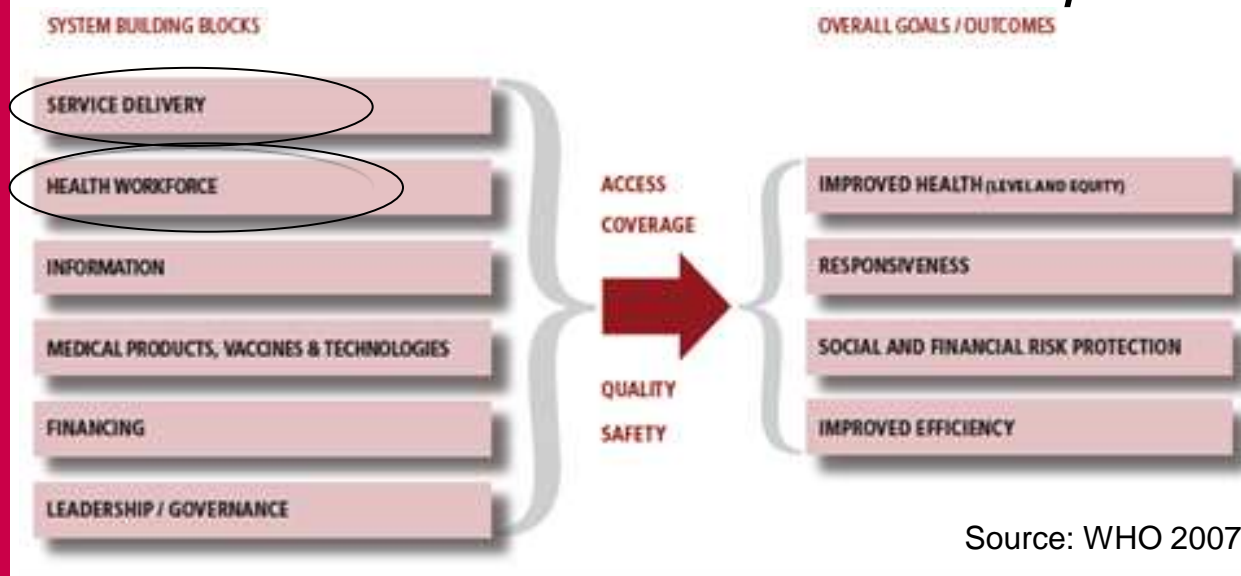




Health system challenges

❑ **Service delivery:**
potential to increase
service use, efficiency.
*Risk: clients who should
come, only call*

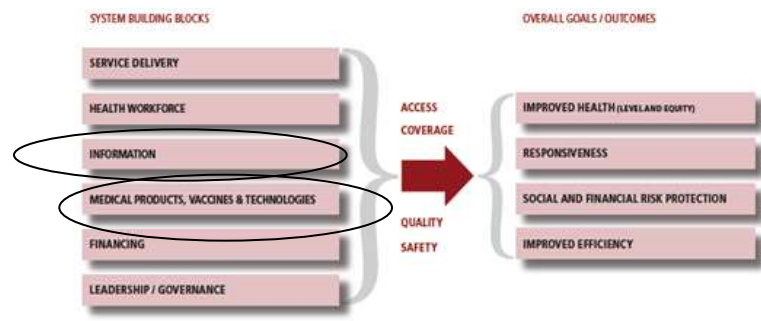
❑ **Health workforce:**
opportunity for
learning; need to solve
logistics. *Risk:
increased workload
> protocol needed?*





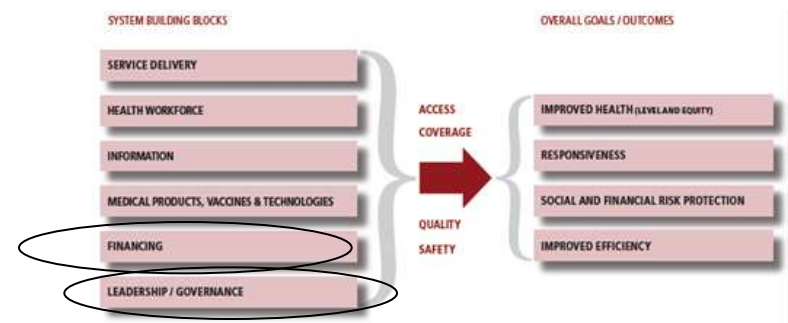
Health system challenges (2)

- Information (to HW, clients) key potential, explore options vis-à-vis illiteracy; need to create standards (what, when, whom)
- Technologies: choice of technology, applications, inter-operability, cost to HW, cost to clients, languages, confidentiality.
Risk: cost to clients widens information gap > options?



Health system challenges (3)

- ❑ **Financing:** explore money transfer options, service vouchers?
- ❑ **Governance:** need for regulatory framework, national coordination, assess sustainability, PPP.





Vision and division

Hype vs. Reality

- Often focus on gadgets and **technology**, not health system and health needs
- But no magic **bullet**?
 - mHealth shouldn't be about 'm' but about '**health**'...





Vision and division (2)

Public vs. private or PPP?

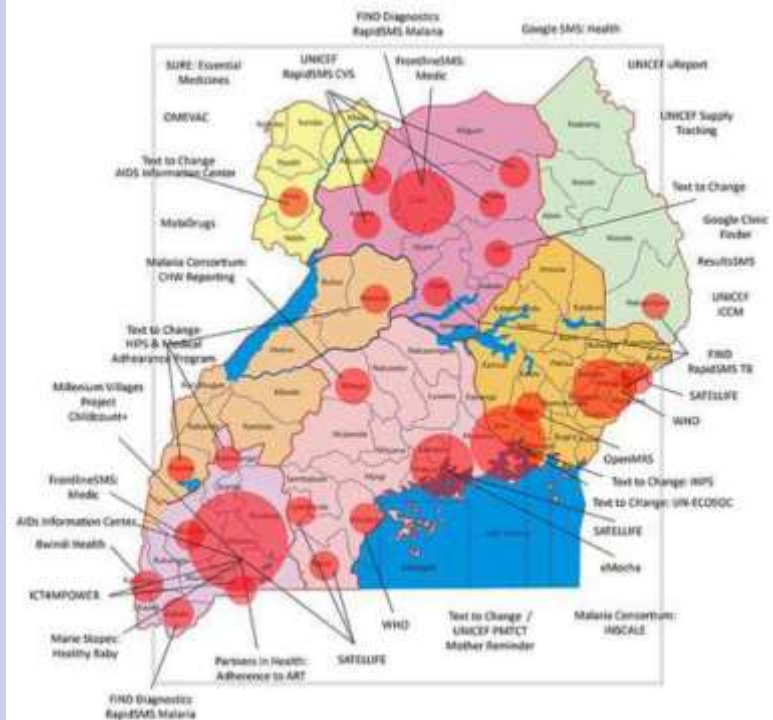
- Natural meeting ground for not-for-profit and for-profit partners
- Opportunities exist...
- ...but public and private interests don't always coincide



Vision and division (3)

Governance, scaling up

- Many pilots – where's the evidence?
- Stronger mHealth stewardship needed to ensure
 - cost-effectiveness
 - benefits to the public





Vision and division (4)

The mobile divide

- Many can access phones, technology...
- ...but some others cant
- Mobile revolution → new divide?
- Emphasis needed on 'simple', not 'smart'?





References

Labrique AB (2012), Mainstreaming mHealth: Shifting focus from the “m” to the ‘Health’. Presentation during the Mobile Health Summit, Cape Town, 30-31 May. See www.mobilehealthsummit.com.

Van Gemert-Pijnen JEWC, Wynchank S., Covvey H.D. and Ossebaard H. C. 2012. Improving the credibility of electronic health technologies. Bull World Health Organ 201(90):323.



Acknowledgement 2

We are grateful for the financial support by:

❖ **DFID** – New and Emerging Technologies Research Competition



Department
for International
Development

Disclaimer

This presentation is an output from a project funded by the UK Department for International Development (DFID) for the benefit of developing countries. However, the views expressed and information contained in it are not necessarily those of or endorsed by DFID, which can accept no responsibility for such views or information or for any reliance placed on them.

❖ **MDG5 Meshwork** (*co-funding*)

Photo credits: KIT (K.Herschderfer, C. Jansen, H. Ormel)