

mHealth Working Group Monthly Meeting

Tuesday, May 22, 9:30 – 11:30 am

Save the Children, 2000 L Street NW, Suite 500, Washington, DC

Agenda

- **Save the Children Organizational Strategy for mHealth, Jeanne Koepsell, Save the Children**
- **USAID/Bureau for Global Health Draft eHealth Strategic Framework, Adam Slote USAID**

Thanks to Save the Children for hosting the May meeting. The presentations that accompany these notes, as well as those from previous mHealth Working Group meetings, are available on the mHealth Toolkit at:

<http://www.k4health.org/toolkits/mhealth/mhealth-working-group-1>. Further resources are available on the new website, www.mHealthWorkingGroup.org. For questions or comments, please contact Kelly Keisling (Keisling.kelly@gmail.com) or Laura Raney (lraney@fhi360.org) co-chairs of the mHealth Working Group.

The next meeting of the mHealth Working Group will be hosted by K4Health covering: eMocha, a report back from the Cape Town mHealth Summit, the Nairobi eHealth Summit, considering mobile when programming for the web, the new mHealth Working Group website (www.mhealthworkinggroup.org) as well as the newly revised mHealth toolkit (www.k4health.org/toolkits/mhealth). The meeting will be held on Tuesday June 26, 10:30 am - 1:30 am EDT at 111 Market Street, Suite 300, Baltimore. Lunch will be served. Please RSVP to Laura if you plan to attend (lraney@fhi360.org). To participate remotely:

1. Please join my meeting, <https://www2.gotomeeting.com/join/248423970>, Meeting ID: 248-423-970
2. Join the conference call: 888-651-5908, participant code: 680272

Save the Children's Organizational Strategy for mHealth Jeanne Koepsell, Save the Children

Background: Save the Children is a leading independent organization for children that works in over 120 countries including the US with 29 member organizations. Save works in the areas of Health and Nutrition, Livelihoods, Education and Emergencies. The vision for the Department of Health and Nutrition is: Mothers and their children have access to and use high impact, evidence-based health and nutrition services and adopt healthy behaviors, in both development and emergency situations. The eight areas of expertise in the Department of Health and Nutrition are: Adolescent Sexual and Reproductive Health; Behavior Change Communication; Child Survival; Community Case Management, Emergency Health and Nutrition, Health System Strengthening, Maternal, Newborn and Child Health and Nutrition.

The rationale for developing an mHealth strategy is that Save the Children wanted a strategic approach to: 1) Integrate mHealth, when applicable, into overall health and nutrition programs; and 2) Develop evidence on how to take mHealth activities to scale and sustain them, in order to improve health outcomes in low-resource settings.

The process used to start the mHealth strategy actually began in 2008/2009 when country offices started using PDAs for surveys. It is imperative to get buy-in from all involved: IT, country, etc. It takes time. Attendance at meetings related to mHealth led to thinking about a strategy in late 2009. The background research began in 2010. Background documents included other agencies' activities and SC's structure and results framework.

A series of key informant interviews was conducted with leaders in the Department of Health and Nutrition, emergencies and IT along with potential users of mHealth including TA providers and field staff. Interviews searched out doubters and differences of opinion, (i.e., IT staff wants technology used at a global level vs. program staff want what works in country.) We asked four questions:

1. What experience do we have with technology?
2. What knowledge of mHealth do we have?
3. What do you want?
4. How can we get there?

Research and drafting a document was begun was finalized in 2011, in time for a technology retreat including TA providers, country staff and external stakeholders.

Questions to answer included:

1. What do we want our role to be in the long-term?
2. What added value can we bring and do we want to bring to this?
3. How do we want to partner?
4. How much do we want to invest in this?

Components of the strategy included Save the Children's Vision and mission to find scalable solutions, introduction, strategy, priorities and action plan. The strategy/vision for mHealth is: Appropriate mHealth technologies to be efficiently used at scale to the maximum extent feasible, to increase the quality and use of key interventions and practices for improving maternal, newborn child and adolescent health in the Department of Health and Nutrition's priority countries.

Strategy: Basic principles of mHealth

- Tool to achieve health and nutrition project objectives
- Country offices will employ the most suitable mHealth tools, which will differ across countries.
- Will develop new partnerships (IT providers, phone companies, groups of existing NGOs). IT partners have different needs.

- Expand Save the Children's research focus (operations research). Operations research should look at needs for scale up.

Strategy: General categories examined:

- Expanding use of mHealth
- Technical expertise and capacity development
- Research and learning
- Equipment and infrastructure
- Tools

Save set its priorities by winnowing down 50 potential topics. Current priorities include mHealth expansion, technical expertise, capacity development, research, IT and guidance tools. **Guidance tools address technical capacity for how or if to use mHealth. The guidance tools include training materials, M&E guidelines, and questions to ask in program design.**

Ideally, there would be a mHealth staff and an IT staff in each country that could vet opportunities and know who to contact, requiring a level of basic knowledge and support at the global and regional level. These responsibilities would be a challenge for current staff as the program backstops are busy with standard duties and a dedicated mHealth staff person would be necessary.

Consultative Draft: USAID/Bureau for Global Health eHealth Strategic Framework, Adam Slote, USAID

Context: Ariel Pablos-Méndez, the Assistant Administrator for Global Health at USAID came from WHO and Rockefeller where he developed eHealth Strategic Frameworks. At USAID he asked for a landscape analysis in order to develop the USAID eHealth Strategic Framework. The document has been drafted and shared with external experts. He would now like to hear from us in order to get comments on the draft.

Starting with definitions: **eHealth** is the use of information and communications technology (ICT) in support of health systems. **mHealth** is the mobile component, particularly the use of mobile phones in support of health systems.

eHealth applications can be grouped in many different ways. Here is one grouping:

- Patient information
- Health provider support
- Data collection
- Health information systems
- Telemedicine
- Mobile payments (area of huge potential)

Global constraints to eHealth are many and include: 1) inadequate stakeholder coordination; 2) lack of common evaluation framework; 3) lack of common standards for interoperability; 4) insufficient country-level HR and capacity; and 5) limited country-level plans and regulatory frameworks.

USAID's key assumptions are: 1) that they are already funding lots of eHealth activities; 2) these myriad activities have been independently developed; and 3) due to these factors, USAID has been unable to comprehensively address global health constraints, capture economies of scale or organizational synergies, and make explicit the role for eHealth in its program portfolio or the role of mHealth in country portfolios. USAID therefore developed conceptual framework similar to Save the Children's.

In the conceptual framework, the building blocks consist of a strong evidence base, effective country ownership and interoperable systems. Add to that eHealth applications (i.e., patient information, health provider support, data collection, health information systems, telemedicine, and mobile payments). The Intermediate result is high impact eHealth solutions, integrated into and supportive of USAID's key health interventions. The goal is to improve access to, and the affordability, quality and sustainability of the key health interventions needed to achieve USAID's core global health priorities. The key health interventions are both program specific, including ANC, PMTCT, etc., in addition to health systems, such as health information, supply chain, and finance. Core global health priorities include family planning/reproductive health, health systems strengthening, saving mothers, fostering an AIDS-free generation, fighting infectious diseases and ending preventable child deaths.

Guiding principles are 1) integration; 2) gender equity; 3) innovation to a) increase the scale of existing evidence-based eHealth solutions and b) identify tests and introduce promising mHealth solutions; and 4) partnerships to ensure scale and sustainability.

Tools for eHealth and mHealth can be uploaded to a global repository like HEART, registry for links to source code available later this summer. Some reviews of tools are Constraints mapping for CCM is useful for identifying the needs to be addressed by technology. The CRDM process at PATH is similar to constraints mapping for defining functional requirements.

Don't overlook the obvious – using a cell phone to make a phone call when thinking about innovations. There is no study addressing the improved health outcome of calling a midwife at the initiation of labor. Institutionalizing in a country, for example, giving pregnant women access to a cell phone, requires effort to scale up and sustain. Public private partnerships such as MAMA or in IDEA can address this. USAID is interested in business practices for ICT, such as procurement process, open source solutions and reuse of health information technology. The mHealth Working Group can contribute to this conversation.

About the mHealth Working Group

Founded in 2009, the mHealth Working Group is a collaborative forum for convening, knowledge sharing, promising practices, collaboration, capacity building, advocacy, and member leadership. Composed of more than 700 individuals representing over 200 organizations in 35 countries, the mHealth Working Group seeks to frame mobile technology within a larger global health strategy. By applying public health standards and practices to mHealth, we promote approaches that are appropriate, evidence-based, interoperable, scalable and sustainable in resource-poor settings.

The mHealth Working Group is facilitated and supported by USAID's K4Health Project. Our advisory board includes Abt Associates, Catholic Relief Services, FHI360, Georgetown University Institute for Reproductive Health, Jhpiego, John Snow Inc., Johns Hopkins Center for Communication Programs, Management Sciences for Health, Population Services International and Save the Children.

For more information about the group, please see the new mHealth Working Group website at <http://www.mhealthworkinggroup.org>. Please also see the mHealth Toolkit at <http://www.k4health.org/toolkits/mhealth/mhealth-working-group-1>. Join the mHealth listserv at <http://knowledge-gateway.org/mhealth/join>

mHealth Working Group Meeting Participants May 22, 2012

Name	Organization
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Jessie Davis	Chemonics
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Regina Benevides	E2A Project
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Lauren Wu	HHS
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