Looking for mHealth Sustainability? Look for Country Ownership and See how Africa is Leading the Way

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There have been a collection of high-profile and well attended mobile health (mHealth) “summits” held around the world in the past few years, including last month’s second annual mHealth Summit in Washington, D.C. (headlined by Bill Gates and Ted Turner), but the really interesting conversations are happening on the African continent. While large providers in the “developed world” are talking about the need for business plans and analysis, the debate in Kenya and Nigeria and Ghana is on how country-based leadership can scale up proven programs, develop sustainability, and provide practical and integrated models for cooperation between the government, mobile service providers, the medical community and the private sector.

I had the honor of being asked to speak at the first mHealth Africa Summit, held in Accra, Ghana, December 2 and 3, about some of the mHealth projects that Management Sciences for Health (MSH) is doing on behalf of developing countries, with USAID support, around the world. It was also an opportunity to tell people about the mHealth Toolkit that the Knowledge for Health (K4Health) project is developing collaboratively with a number of USAID partners. And while it was heartening to hear from folks who are working with mobile phones to improve health in rural communities every day that they’re interested in learning more about our experiences in the mHealth space, I left knowing that I learned much more than I imparted.
Examples of country ownership are numerous, but consider the following. In Ghana, Mobile Technology for Community Health (MoTeCH)—a joint initiative between the Ghana Health Service, Grameen Foundation, and Columbia University’s Mailman School of Public Health—is addressing maternal and neonatal health and mortality through its “Mobile Midwife” Program. In Nigeria, State Governments, with support from the World Bank, are demonstrating remarkable reductions in maternal and infant mortality by providing mobile phones to pregnant mothers; in Ondo State, health officials are seeing a 50% reduction in infant mortality, a 50% reduction in maternal mortality, and an 80% increase in skilled birth attendant presence. In Kenya, the incorporation of mobile phones into monitoring and treatment protocols is dramatically improving adherence to ARTs.

What was particularly interesting about this conference was that the presentations about the work in progress was not delivered by technology providers or donors; it was presented by government health officials. Not only do they “get it,” but they know their support is critical to ensure sustainability. The magic of these two days resulted from having health ministers and officials at the same table as mobile service providers, doctors, technologists, and financiers—thereby allowing for a complete and frank discussion.

I believe that in years to come, people will look back on this meeting as a turning point, the place where a new conversation started. What is emerging from the country perspective is that instead of being led by donor-funded projects, mHealth initiatives need to be country-led—conducted in close collaboration between government, mobile service providers, and the medical community—and integrated into the overall health systems of a country. A new integrated model for scale and sustainability is taking shape: ministries responsible for health and telecommunications are becoming active participants in the process, helping to define needs, regulations, and specifications that will cut down on duplication while ensuring that these projects meet the long-term needs and visions of the countries’ health strategies. The ministries can ensure sustainability by incorporating mHealth elements into the overall health systems, rather than seeing them as stand-alone pilot projects.

If you want to learn about how mHealth is changing the face of health service delivery, don’t attend a conference in Washington. Instead, look at the holistic, country-based approaches that are rising up. Go to Kenya to see how mHealth is being incorporated into the overall health system, or how mFinance is changing the way commerce works in the country. Go to Ghana to witness the Mobile Midwife program. Go to Nigeria to see how State Governments have produced remarkable results in reducing maternal and child mortality by adding mobile elements into their work. We need to stop thinking about eHealth or mHealth as some sort of add-on and get to where we’re just talking about health, and where we view new and constantly innovating mobile services as powerful but integrated tools to help save lives and improve health.

My great appreciation goes out to the organizers of the conference—the Anadach Group[11]—for having the vision to pull together this excellent meeting, and to the visionary participants who attended. The talk is of having this conference next year in Kenya, and I suspect that it will get a lot more participation, especially if we can involve some of the global promoters of the value of mHealth, such as the mHealth Alliance[12] and their online mHealth portal, HUB[13].

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Africa[14], Ghana[15], Kenya[16], Knowledge for Health[17], mHealth[18], mHealth Summit[19], mobile health
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