BE HEALTHY
BE MOBILE
FACT PACK
What this fact pack is for
This fact pack gives a broad overview of the Be He@lthy, Be Mobile initiative and how it fits into the 2030 Sustainable Development agenda
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Section one
1. Noncommunicable diseases: a global challenge
### Noncommunicable diseases (NCDs) and their risk factors

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Tobacco use</th>
<th>Unhealthy diets</th>
<th>Physical inactivity</th>
<th>Harmful use of alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Noncommunicable diseases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cancer</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>✓</td>
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</tr>
</tbody>
</table>
• NCDs cause more deaths than all other causes combined
• NCD deaths are projected to increase from 38 million in 2012 to 52 million by 2030
• Over 80% of NCD deaths happen in developing countries

Probability of dying from the four main noncommunicable diseases between the ages of 30 and 70 years, comparable estimates, 2012.

9 global targets to be attained by 2025

- A 30% relative reduction in prevalence of current tobacco use
- A 25% relative reduction in risk of premature mortality from cardiovascular disease, cancer, diabetes or chronic respiratory diseases
- Halt the rise in diabetes and obesity
- A 30% relative reduction in mean population intake of salt/sodium
- At least a 10% relative reduction in the harmful use of alcohol
At least **50%** of eligible people receive drug therapy and counselling to prevent heart attacks and strokes

A **25%** relative reduction in prevalence of raised blood pressure or contain the prevalence of raised blood pressure

A **10%** relative reduction in prevalence of insufficient physical activity

An **80%** availability of the affordable basic technologies and essential medicines, incl. generics, required to treat NCDs
Cost of inaction

US$ 7T

The cumulative lost output in developing countries associated with NCDs between 2011-2025

Cost of action

US$ 170B

The overall cost for all low and middle income countries to scale up action by implementing a set of “best buy” interventions between 2011 and 2025, identified as priority actions by WHO

Reports are available at www.who.int/ncd
NCDs at the UN: 2011-2018

• For the second time in United Nations history, the UN hosted a high-level summit on a health issue
• NCDs were acknowledged as an international health priority
• Call for innovation and public-private partnerships
2. The rise of the mobile phone
Raising your voice:

- **1876** Alexander Graham Bell holds the first two-way telephone conversation.
- **1961** 85 years later, fixed-line subscription reach 100 million.
- **1978** First commercial cellular mobile services established.
- **2002** There are over a billion mobile subscriptions, passing fixed-line users.

The number of mobile subscriptions will soon overtake the world’s population.
The rise of the mobile phone

The development and progress of the telephone

[Graph showing trends in mobile-cellular telephone subscriptions, Active mobile-broadband subscriptions, Individuals using the Internet, and Fixed-broadband subscriptions.]

Note: * Estimate. Source: ITU World Telecommunication/ICT Indicators database
- >7 billion mobile subscriptions globally
- In 2015, 95% of the world had mobile network coverage
What is mHealth?

“Medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices”

(Global Observatory for eHealth, 2011)
What is mHealth?

1. Client education & behaviour change communication (BCC).
2. Sensors & point-of-care diagnostics
3. Registries / vital events tracking
4. Data collection and reporting
5. Electronic health records
6. Electronic decision support
   - Information, protocols, algorithms, checklists
7. Provider-to-provider communication
   - User groups, consultation
8. Provider workplanning & scheduling
9. Provider training & education
10. Human resource management
11. Supply chain management
12. Financial transactions & incentives
Why mHealth?

Mobile phone subscriptions versus population:

7.194 billion subscriptions vs 7.5 billion people
Why mHealth?

More people have access to mobile phone than clean water or toothbrushes
Advances in mobile phone and wearable devices means we can record and use our own data for health and behaviour change.
3.

NCDs and digital health at the United Nations
The SDGs represent an integrated set of goals that emphasizes cross-sectoral development. These SDGs are important for all UN agencies and determine a number of specific targets for each overall goal.
The changing face of global health

Previous focus of global health
- Communicable diseases
- Vertical programs
- Disease management

Post-2015: the changing agenda
- Move from vertical to comprehensive programs (holistic health)
- Universal health coverage
- Disease prevention, especially noncommunicable diseases
mHealth and the Sustainable Development Goals

Mobile technologies have the potential to play an important role in advancing universal health coverage and are well-positioned to contribute to the achievement of many of the Sustainable Development Goals (SDGs).
mHealth to support NCDs (SDG 3.4), Universal Health Coverage (3.8) and tobacco control (3a) through:

- Behaviour change communication
- Data collection
- Health worker training
- Reminders
- Empowering women
Be He@lthy, Be Mobile is supporting SDG 9 by:

- Encouraging ministries of health and technology to work together to deliver health services using ICT infrastructure
- Fostering national innovation by supporting technology development, research and innovation in developing countries (SDG 9.b)
Be He@lthy, Be Mobile is supporting SDG 11 by:

- Supporting mHealth programmes at the individual level, municipal level, and the national level
Be He@lthy, Be Mobile is promoting partnerships for sustainable development through:

- A multisectoral partnership models for mHealth (SDG 17.17)
- Horizontal collaboration between countries to share knowledge and expertise (SDG 17.6)
mHealth and NCDs at WHO

- WHO resolutions have recognized the centrality of NCDS and digital health to the core work of the organization

- WHO declarations on NCDs and digital health from 2011-2018 include:
  - Resolution WHA 58.28
  - Resolution WHA 64.11
  - Resolution A/RES/66/2
  - Resolution EB 139/8
  - Resolution WHA 66.24
  - Draft resolution for WHA 71

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mHealth: use of mobile wireless technologies for public health

Report by the Secretariat

1. Mobile technologies are becoming an important resource for health services delivery and public health due to their ease of use, broad reach and wide acceptance. According to a report prepared by ITU in 2015, there are more than 7 billion mobile telephone subscriptions across the world, over 70% of which are in low- or middle-income countries. In many places, people are more likely to have access to a mobile telephone than to clean water, a bank account or electricity.1

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10. Significant technical engagement by the Secretariat towards the development and implementation of mHealth programmes, include:

- the joint initiative with ITU “Be Healthy Be Mobile” for the prevention and management of noncommunicable diseases;
- the development of guidance for mHealth applications in the area of reproductive health through the mHealth Technical and Evidence Review Group for reproductive, maternal and child health;
- building on digital solutions to help tuberculosis patients.
4.

Be He@lthy, Be Mobile
mHealth challenges

- Suffering from “pilotitis” – many small-scale mHealth pilot and research studies
- Programs not designed for sustainability or SCALE
- Leads to fragmented evidence base
• Be He@lthy, Be Mobile was created in 2012 to address these challenges and opportunities and help countries scale up national mHealth programs for NCD prevention and management
BHBM Objectives

Mission: 
Save lives and improve the world’s health through digital.

1. Help committed countries build, scale, sustain digital health programmes. 
2. Develop content that works 
3. Enter into meaningful partnerships 
4. Explore and expand innovations
WHO Mission

“The attainment by all peoples of the highest possible level of health.”

WHO Strategic Priorities

• Health coverage – 1 billion more people covered
• Health emergencies – 1 billion more people safe
• Health priorities – 1 billion lives improved

BHBM contribution to strategic priorities

Digital platforms, digital content, digital programmes to reach these 3 billion people
Our impact is more than just numbers
<table>
<thead>
<tr>
<th>Health System</th>
<th>Individual citizens</th>
<th>Country’s Economy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
• Joint UN program between WHO and ITU
• Looks at SCALE: institutionalising mHealth tools
• Inter-UN, multisectoral structure
• Builds country capacity for innovation management in mHealth and digital health care
• Develops validated content
2013 – 2016
Be He@lthy, Be Mobile Programme

- Develop best practices for mHealth at scale in 9 countries
- WHO-ITU build & trial technical guidance to be shared globally
- Cross-sectoral partnership model
- Sustainability models in countries
2017 – 2020

• Share experience quickly through knowledge and innovation hubs
• Explore apps, wearables for NCDs
• Explore cities and workplaces for NCDs
The three pillars of Be He@lthy, Be Mobile

1. Handbook development
2. Country implementation

3. Partnerships
Section five
5.

Pillar one: Handbook Development
The end-user is the starting point in the handbook development process

Be He@lthy, Be Mobile has borrowed from the tech industry, implementing an innovative process is which end-user needs, limitations and context are given extensive attention at each stage of the product-development process.
What is an mHealth handbook?

Be He@lthy, Be Mobile mHealth handbooks:
• Present all information necessary to implement an mHealth program in the form of ready-to-use options
• Are developed for each Be He@lthy, Be Mobile intervention by an informal expert group in collaboration with WHO, ITU, and other relevant stakeholders
• Are based on the best available evidence from the literature and experience
The evidence base: BHBM handbook foundation

- WHO has reviewed numerous studies and clinical trials where mHealth has been used successfully in the prevention and management of NCDs.
- The results of this systematic review of evidence are the basis for the BHBM handbooks.
Steps in designing a text messaging intervention

**STEP 1**
Conduct formative research for insights into target audience and target health behaviours

**STEP 2**
Design the text message programme
- Review functional outcomes and incorporate country-specific findings from needs assessment (list examples)
- Review and adapt communication objectives (such as beliefs, attitudes, knowledge) and behavioural techniques (such as actions)
- Review and adapt the framework or algorithm for the programme (timing and frequency of messages)
- Adapt the message library

**STEP 3**
Pre-test the text messaging programme concept and messages

**STEP 4**
Revise the text message programme
mHealth handbook development process

Each Handbook is tailored for country use during national workshops, to suit the specific needs of each country.
Informal expert group and WHO/ITU expert review

Executive Clearance and Publishing

3

4
The 5 core handbook content areas

Handbook annexes also include content libraries and algorithms, templates, literature, and additional resources.
The handbook content is technology agnostic and can be delivered via numerous platforms
mHealth Handbooks

- mDiabetes
- mTobacco Cessation
- mCervical Cancer
- mTB-Tobacco
- mBreatheFreely
- mAgeing
- mHypertension
- mActive
- mSmartLife
## mHealth handbooks by type of prevention

<table>
<thead>
<tr>
<th>Prevention Type</th>
<th>Primary (Wellness)</th>
<th>Secondary (Diagnostics)</th>
<th>Tertiary (self-care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it?</td>
<td>Primary prevention avoids the development of disease</td>
<td>Secondary prevention activities are aimed at early disease detection and treatment</td>
<td>Tertiary prevention reduces the negative impact of an already established disease</td>
</tr>
<tr>
<td>Key drivers</td>
<td>collect data, identify patients, increase awareness, calculate risk, effective promotion, improve enrolment and change</td>
<td>Stratify risk, target at risk groups, change attitudes, increase uptake and streamline follow-up</td>
<td>Help patients take charge of managing their condition through improved understanding, recording/monitoring, adherence to treatment, sharing of information</td>
</tr>
<tr>
<td>Be He@lthy</td>
<td>mTobacco-Cessation mDiabetes mSmartLife mActive mHyper-tension</td>
<td>mCervical Cancer mDiabetes mHyper-tension mBreathe-Freely</td>
<td>mDiabetes mTB-Tobacco mAgeing mBreathe-Freely</td>
</tr>
<tr>
<td>Be Mobile handbooks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Be He@lthy**
- Tobacco-Cessation
- Diabetes
- SmartLife
- Active
- Hyper-tension

**mDiabetes**

**mCervical Cancer**

**mDiabetes**
- Hyper-tension
- Breathe-Freely

**mTB-Tobacco**

**mAgeing**

**mBreathe-Freely**
Country implementation of a handbook: a learning cycle

1. Handbook developed
2. Country requests
3. Country adapts
4. Experts review
5. Country implements
6. Country shares results
mHealth for Tobacco Cessation

Key: Digital solutions

- Database
- Algorithm
Recruited

Smoked tobacco
Sets quit date
Behavior change Quit Program
Does not quit tobacco
Quits smoking

• User Records
• Real time data (Dashboard)
mHealth for Diabetes

Key: Digital solutions

- Database
- Algorithm

Behavior change lifestyle Modules: Prevention

Not diabetic

Health care workers
Recruited
\arrow{down}
categorized
\arrow{down}
diabetic
\arrow{down}
Diabetics \arrow{down} Pregnant women \arrow{down} Elderly
\arrow{down}
Behavior change lifestyle Modules: \textit{Management}
\arrow{down}
\text{Not controlled}
\arrow{down}
\text{Controlled diabetes}

\textbf{Health Care Worker Training}

- User Record
- Real time data
  (Dashboard)
Digital Service Platform for Hypertension

Key: Digital solutions

- Database
- Algorithm
- Device
- Location
- Financial

Behavior change lifestyle Modules: 
- Prevention

Behavior change lifestyle Modules: 
- Management

Medications
- Access (location based)
- Access (affordability)

Treatment protocol

Back into PC system when controlled

Untreatable at PC level

Recruited

Screened

Not HTN
Section Six
6.
Pillar two:
Countries
Be He@lthy Be Mobile Programmes
2012-2018
Be He@lthy Be Mobile is currently working in 10 countries, and has received requests for support from more than 90 more...

- Burkina-Faso
- Costa Rica
- Egypt
- India
- Norway
- Philippines
- Senegal
- Tunisia
- United Kingdom
- Zambia
<table>
<thead>
<tr>
<th>Country</th>
<th>Selected mHealth programme and achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>mTobaccoCessation has ~2.1 million users as of Q1, 2018. Full scale program evaluation (May 2017) showed 6 month quit rate at ~7%. Program to introduce new languages and IVRS. MoH added mDiabetes program within 6 months of launch of the mCessation program. Will introduce mAging and mTB/Tobacco program in 2018.</td>
</tr>
<tr>
<td>Philippines</td>
<td>Launch of mTobaccoCessation and tobacco quitline took place in June 2017.</td>
</tr>
<tr>
<td>Senegal</td>
<td>mRamadan 2017 had ~117,834 diabetic patients and ~5000 health care providers. The program has consistently seen an increase in subscriber base since its launch in 2014. Results from biometric evaluation indicate that SMSs have positively influenced control of diabetes in the intervention group.</td>
</tr>
<tr>
<td>Zambia</td>
<td>mCervicalCancer national program launched in October 2016 by the First Lady. 600,000 clients received text messages on cervical cancer on the launch day. Since Feb 2017, SMS have been sent to 500,000 men and women in Lusaka province. Program being developed as a continuum of care model for cervical cancer.</td>
</tr>
<tr>
<td>Egypt</td>
<td>mRamadan program (April 2016) reached out to 50,000 people with diabetes. 2017 edition reached out to 180,000 diabetics. mTB-Tobacco program to be launched in 2018.</td>
</tr>
<tr>
<td>Country</td>
<td>Description</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>National platform set up and sharing experiences with regional counterparts</td>
</tr>
<tr>
<td>Tunisia</td>
<td>mTobaccoCessation service launched nationally in December, 2017 and has more than 65000 users as of Q1, 2018. mDiabetes under design.</td>
</tr>
<tr>
<td>UK</td>
<td>Looking at digital hypertension and the process for scaling digital health in government systems.</td>
</tr>
<tr>
<td>Norway</td>
<td>BHBM activities are linked to the national program on Continued Chronic Healthcare (CCH), a broad program including services for COPD. Four different COPD systems are being trialled to show remote support can be helpful.</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Setting up a program for mTobaccoCessation and mCervicalCancer</td>
</tr>
</tbody>
</table>
Example of a country mHealth management team

**WHO, ITU, and informal expert group**

Group of ageing and mHealth experts to assist in drafting the handbook and advising on implementation

**International mAgeing steering committee**

With representatives from the ministries of health and telecommunications and national and international representatives of WHO and ITU, to decide the overall direction and agreements

**National technical advisory group**

Government sectors (including health, telecommunications, business, media, treasury and planning) to set up the legal, technical and financial framework for a sustainable programme. This group will network with a large group of potential partners such as the telecommunications and software industry, local telcos and mobile network providers, non-governmental organizations, health professionals, academic and research organizations, health insurance groups, health service providers, civil society groups, opinion leaders, the media and others as appropriate

National operations, content, promotion, technology, and monitoring and evaluation project leaders (subset of the TAG)

Operations  Content  Promotion  Technology  Monitoring and Evaluation

Management of overall programme operations, including needs assessment, workplan, budget and legal aspects

Development and adaptation of the content of the intervention

Management of recruitment, communications, marketing and dissemination

Management of technical aspects of programme development and implementation

Management of the development and implementation of monitoring and evaluation plans
## Estimated timeline to implement an mHealth program

<table>
<thead>
<tr>
<th>Task</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>TAG formation</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Stakeholder engagement</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Needs assessment</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Resource assessment</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Creation of target population database</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Refinement of SMS content and delivery algorithm</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>mHealth program pilot testing</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Refinement of target population and intervention</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Implementation of mHealth intervention</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>
Logic model to evaluate an mHealth program

### PERSON CENTERED DOMAIN

<table>
<thead>
<tr>
<th>INPUT</th>
<th>OUTPUT</th>
<th>OUTCOME</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outgoing</td>
<td>Reach and registration</td>
<td>Improved literacy/ knowledge/ outreach</td>
<td>Improved health outcome</td>
</tr>
<tr>
<td>messages</td>
<td>Information about the user population</td>
<td>Behavior change</td>
<td>Improved use of resources</td>
</tr>
<tr>
<td></td>
<td>Ease of understanding messages</td>
<td>Return on investment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Technology performance</td>
<td></td>
</tr>
</tbody>
</table>

### PROGRAM CENTERED DOMAIN

<table>
<thead>
<tr>
<th>INPUT</th>
<th>OUTPUT</th>
<th>OUTCOME</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>Coverage of intervention</td>
<td>Integration with health systems</td>
<td>Improved health outcomes (SDG 3)</td>
</tr>
<tr>
<td>Policy data</td>
<td>Intervention quality</td>
<td>Improved health literacy</td>
<td>Improved digital capacity (SDG 9)</td>
</tr>
<tr>
<td>Resources (Finance, Human resources, ICT architecture)</td>
<td>Interoperability</td>
<td>Access to intervention</td>
<td>Efficiency &amp; efficacy</td>
</tr>
<tr>
<td>Content development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data from “Person centered domain”</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**INPUT:**
- Outgoing messages
- Incoming messages
- Surveys, Interviews

**OUTPUT:**
- Reach and registration
- Information about the user population
- Ease of understanding messages

**OUTCOME:**
- Improved literacy/knowledge/outreach
- Behavior change
- Return on investment
- Technology performance

**IMPACT:**
- Improved health outcome
- Improved use of resources
Case study: mTobacco Cessation in India

- About Half of the tobacco users in India want to quit (GATS).
- Limited face to face counselling facilities.
- High interest and commitment in the under Digital India initiative.

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**INDIA’S MOBILE INTERNET**

- **900 million** still don’t have internet access
- **78%** access the internet through mobile devices
- **96%** fall in cost of mobile data between 9/2016 and 12/2016

*Source: Counterpoint Research, 2017 study by Google and KPMG*

**INDIAN MOBILE USERS**

- **650 million** total mobile users
- **300 million** smartphone users
- **+176 million** new smartphone users in the next 5 years

*Source: Counterpoint Research, 2017 study by Google and KPMG*
mTobacco Cessation in India: current status

- National services launched in Jan 2016 as part of Prime Ministers Digital India Initiative
- Innovative registration method
  - Real time data dashboard
- 2.2 Million users registered as of Nov. 2017
- The initiative is listed in the top 100 innovations of the Prime Minister's Office
- mDiabetes launched within 6 months, using same platform
- mAgeing and mTB-Tobacco expected in 2018

Full-scale program evaluation completed in May 2017 showed the effective 6 month quit rate at 7.2% (7.2% of users who subscribed to the program were able to quit tobacco use at 6 months).
<table>
<thead>
<tr>
<th>Example mTobacco Cessation messages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1</strong></td>
</tr>
<tr>
<td><strong>Day 10</strong></td>
</tr>
<tr>
<td><strong>Day 15 (1)</strong></td>
</tr>
<tr>
<td><strong>Day 15 (2)</strong></td>
</tr>
<tr>
<td><strong>Trigger words e.g</strong>: CRAVE</td>
</tr>
</tbody>
</table>
mTobacco Cessation user journey

1. Tobacco user wants to quit but needs support

2. User self-enrolls in program or is enrolled by health care worker or family through missed call, website, or SMS

6. User receives gradually less messages as their tobacco-free time increases.

7. After 6 months of support the tobacco user is tobacco-free.
3. User is put into a message group based on criteria such as type of tobacco use (smoked vs. smokeless)

4. User receives support until quit date, followed by daily messages offering guidance on managing cravings, coping with withdrawal, etc.

5. User can text key words to if they need specific support at any moment.
Case Study: mHealth in Senegal

First phase
• SMS messages sent during Ramadan to help diabetics manage their diabetes
• High visibility and engagement at the population level

Second phase
• Three tracks:
  – Prevention (general population risk awareness)
  – Management for diabetics
  – Health care worker training
Adapting mDiabetes for Ebola

- Senegal used mDiabetes partnerships and platform to encourage people to alert health authorities of anyone showing signs of a fever and bleeding by calling a toll-free number. Messages were shared ahead of large-scale public events, including football matches and rallies.
- Senegal’s SMS Ebola campaign was rolled out at top speed thanks to the existing collaboration among stakeholders created by the mDiabetes platform.
- As part of a massive public awareness effort, Senegal’s Ministry of Health sent 4 million SMS messages to the general public warning of the dangers of Ebola and how to prevent it.
Case Study: mDiabetes in Egypt

- Egypt used the mDiabetes handbook and experience from Senegal’s mDiabetes program to launch their initiative.
- The mDiabetes program in Egypt was launched in November, 2015 as a national application of the global mHealth initiative.
### Example mDiabetes messages

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Walking is the best physical activity for good health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 2</td>
<td>Healthy diet, regular exercise and regular medication are the 3 main pillars of blood sugar control</td>
</tr>
<tr>
<td>Day 3</td>
<td>Soft drinks contain lots of sugar; avoid them!</td>
</tr>
<tr>
<td>Day 4</td>
<td>30 mins a day and 5 days in a week of walking or cycling or any activity which increase your breathing is healthy for a person</td>
</tr>
<tr>
<td>Day 5</td>
<td>To find out more about any of these messages, visit [govt website]</td>
</tr>
</tbody>
</table>
mDiabetes user journey (customised for user groups)

1. Healthcare worker needs support to help patients prevent and manage diabetes
2. Healthcare worker self-enrolls in program (text code, online, or missed call)

1. General population/pre-diabetic individual needs support to prevent diabetes
2. Individual self-enrolls in program or is enrolled by a healthcare worker for family member (text code, online, or missed call)
3. Patient is put into a message group based on criteria such as age, gender, pregnancy status, risk factors

1. Diabetic patient needs support to manage and control their diabetes
2. Patient self-enrolls in mRamadan or mDiabetes program or is enrolled by a healthcare worker for family member (text code, online, or missed call)
3. Receives regular support on diabetes evaluation, diagnosis, management, and patient education

4. HCW can more effectively recognize, diagnose and treat patients with diabetes or pre-diabetes

5. Patient prevents onset of diabetes

4. Individual receives SMS-based advice on small changes they can make to reduce risk factors for diabetes – e.g. diet, exercise

3. Receives regular support and advice on diabetes care and management strategies, through diet, foot care, reminders to measure A1c

4. Patient reduces diabetes-related emergencies and complications, and increases overall health and quality of life
Case Study: mCervical Cancer in Zambia

- National launch by the First Lady of Zambia took place in October 2016
- The objective of the initial phase of mCervicalcancer program is to increase awareness on cervical cancer prevention via the use of SMS, thereby increasing demand and uptake of screening services among women in Zambia.
“Women should not die from highly preventable diseases such as cervical cancer due to lack of access to information. We are excited that Zambia will be launching the mCervicalCancer program, the first in the world. mCervicalCancer will enable women in hard to reach areas of Zambia have access to life-saving information...”

Her Excellency, Mrs Esther Lungu, First Lady of the Republic of Zambia
“I got this message today and I am going for cervical cancer screening.”

Health Fact!

Early screening prevents cervical cancer. Women 25 years and above should come for screening at the nearest clinic.

Be Healthy. Be Mobile.
Example mCervicalCancer messages

<table>
<thead>
<tr>
<th>Day</th>
<th>Health Fact!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Did you know that Cervical Cancer is the most common cancer in Zambia? Women 25 years and above should come for screening at your nearest clinic.</td>
</tr>
<tr>
<td>Thursday</td>
<td>Human Papillomavirus is the main cause of early changes on the cervix that lead to cervical cancer if left untreated. Get screened!</td>
</tr>
<tr>
<td>Sunday</td>
<td>Healthy looking women may have changes on the womb without knowing. These changes are treatable. Get screened for Cervical Cancer!</td>
</tr>
</tbody>
</table>
Woman aged between 25-29 receives SMS inviting her to join the program

She self-enrols by sending an SMS to the number

She is around for her children and her children’s children

The screening finds she has very early symptoms and treats her for them
She receives SMS every day for 2 weeks with different information on how a cervical cancer screening could save her life and inviting her to a free screening.

At least one of the SMS makes her think of her family and friends and how they need her.

She goes to a nearby clinic for screening.
7.

Pillar three: Partnerships
• Be He@lthy, Be Mobile’s multi-sectoral partnership approach is designed to engage partners whose skill sets match the needs of the global initiative or country-level work in technology, health, governance and innovations management.
• By approaching mHealth from an ecosystems perspective, the aim is for programs to be more sustainable as they are less vulnerable to shifts in the broader mHealth landscape.
The mHealth ecosystem

- New care provision
- New engagement platforms
- New funding models
- New sustainability frameworks
Be He@lthy, Be Mobile is a unique initiative in that it adopts a multi-sector partnership structure and engages country partners and governments to maximize success.
Be He@lthy Be Mobile partners

Private Sector

Country governments

NGOs, Civil Society, Academia, Philanthropies
Why partners are so important

Knowledge and data sharing

Funding support

Public relations, communications and advocacy

Country-specific support

Private Sector: Telecoms, Insurance, Pharma, Wellness, IT

UN
Co-creation of new tools and programs

Provision of products and services

Global advocacy and leadership

Technical Expertise
BHBM is an opportunity for learning and innovation

- Egypt is learning from Senegal
- Zambia is utilizing existing screening capacity
- India is adapting content and adding services on their national digital platform
- Senegal used their infrastructure and network with telecoms to send messages to rural areas during Ebola crisis
- BHBM informal expert groups and partners are learning from country experiences
2015 Global Consultation on Lessons Learned
8.

Be He@lthy, Be Mobile programme results
Phase 1 achievements (2013-2016)

- Nomination for a sustainable business award (May 2015)
- WHO DG Award for Excellence (March 2016)
- Programmes in 10 countries
- 3 toolkits published (mTobaccoCessation, mDiabetes, mCervicalCancer) and 4 under development
- Partnerships/collaborations with 10 countries and over 18 international organizations
Harnessing the power of mobile technology to improve health

Private healthcare business is contributing to a global effort to tackle non-communicable diseases using mobile technology.

Bupa is collaborating with several partners to help tackle non-communicable diseases (NCDs) including cancer, heart disease, diabetes and respiratory illnesses by reaching patients and carers via mobile technology.
Be He@lthy, Be Mobile
2017-2018 country results

INDIA, mTobacco Cessation:
6 month quit rate = 19%

INDIA, mDiabetes:
Full scale evaluation of the program indicated that mobile technology has the potential to positively change behaviour in the context of diabetes, and serve as an enabler to reach a large number of people in a short time with minimum effort and cost
ZAMBIA, mCervical Cancer:
~ 6% increase in first time screens*

*attributable to the mCervical Cancer program; preliminary data collated from 12 out of 19 clinics in Lusaka province between the period of Feb- July 2017

SENEGAL, mDiabetes:
Results of a biometric evaluation indicate that sending SMS was associated with an improvement in glycaemic control in people with type 2 diabetes
BMJ Innovations special edition on digital health and innovation

• First international interdisciplinary journal focused on innovations
• BHBM special issue on digital health and innovation, including country results
• Publication date in mid 2018
Staying in touch: monthly postcards
9.

Be He@lthy, Be mobile programme innovations
Talking Book

- Partnership between Literacy Bridge BHBM, ARM
- Provides health messaging orally
- Funded for pilot testing in Gabon

Features:
- Speaker for group listening
- Speakers the local language
- Updated and monitored over USB
- Mic for user feedback
- Embossed for use in the dark or when blind
Robust tablet for health care workers in LMICs

- Partnership between WHO, DFID, ARM
- Currently in development
mHealth Knowledge & Innovation Hub (2017-2020)

Objective of hub
- Scale-up mHealth services
- Compile best practices
- Focus innovation around key needs and gaps

Structure
- Jointly managed by WHO, ITU & EC
- Three-year project with:
  - Hub selection
  - Set-up
  - Scale-up
- National and international experiences solicited
Core Functions

Operational research

Train and educate

Identify standards, regulatory and policy gaps

Implementation support and consulting

World Health Organization

HUB
mHealth Knowledge and Innovation Hub – EU Project

- Four year project funded by the Horizon 2020 Program (2016-2017 Work Programme)
  - 1st March 2017 – 28th February 2021
- ITU and WHO are Partners
• Objectives:
  – Establish an EU mHealth Hub for collecting and disseminating research and experience relating to large-scale implementations of mHealth programs
  – Build capacity for the Hub to be able to support Member States in implementing national mHealth programs
European Community expected impact of the project

1. Creating evidence on health outcomes, quality of life and care efficiency gains in the NCD management by using mHealth solutions.

2. Enabling mHealth to be deployed in national and regional level health services and to deliver large-scale benefits, first of the selected entities, and later in the rest of Europe.

3. Becoming the focal point for expertise on mHealth in the EU and identifying and highlighting trends and gaps in policies, standards, regulations, etc. and best practices and barriers to the creation of consistent mHealth infrastructure and strategy.

4. Unique platform to support innovation in and up-scaling of mHealth by convening cross sector stakeholders (young entrepreneurs, start-ups, governments, technical officers etc.).

5. Creating synergies with the existing EU platforms of stakeholders such as eHealth network of Member States and also the EU EIP on Active and Healthy Ageing (requirement, scope, impact).
Beyond the EU project

- Use as a model for regional mHealth Hubs
- Strengthen regional/local context for mHealth
- Network of Hubs
- Strengthen Be He@lthy Be Mobile outreach and knowledge base
- Will have to balance local role and relationship to other regional mHealth stakeholders with relationship to network of Hubs and relationship with ITU and WHO
- Avoid becoming another project and pilots operator
“eHealth: Harnessing technology on the road towards universal health coverage ... An example is the initiative Be He@lthy Be Mobile, which promotes the use of mobile technology to help Member States combat the growing burden of noncommunicable diseases”

Carissa F. Etienne
Director,
“The WHO ITU joint initiative on mHealth for NCDs is a promising innovative intervention to see how to use new technologies to better health outcome”

Helen Clark • Former UNDP Administrator • 31 January 2013
• Harvard School Public Health• Boston, Massachusetts
“I firmly believe that technology has a pivotal role to play in helping the world achieve Universal Health Coverage”—@DrTedros to #ITUWTDC.

“WHO and ITU are successfully using eHealth to address non-communicable diseases and risk factors via their mobile phones”—@DrTedros @Broadband commission UNGA.

Dr Tedros at the ITU WTDC and Broadband commission
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