



BE HE@LTHY
BE MOBILE

Investing in mHealth

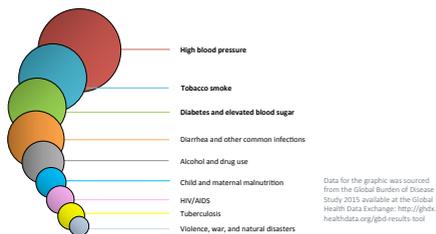


Why invest in this space

Health systems around the world are struggling to cope with the global demand for health care. Current models cannot deliver what people need to prevent and manage disease.

Attributable Deaths for Selected Causes and Risk Factors

Global Estimates for Both Sexes in 2015



For noncommunicable diseases (NCDs) – cancers, diabetes, heart disease and lung disease – it is a serious problem. These conditions cause over 60% of global deaths every year, with the majority of preventable deaths happening in developing countries.

Countries simply do not have the funds or capacity to respond to a problem on this scale. The World Health Organization receives more requests for support for assistance with NCD control than any other set of conditions.

Mobile phones can help resolve some of the issues around access to services. There are now over 7 billion mobile phone subscriptions worldwide – one for almost every person on the planet.

Mobile subscriptions by technology (billion)

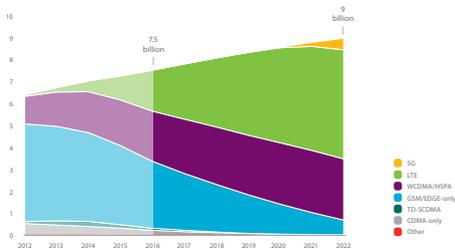


Figure note: IoT connections and Fixed Wireless Access (FWA) subscriptions are not included in the above graph.

The majority of these are in developing countries, offering a way to reach people currently outside the formal health system. The potential for mobile health (mHealth) services to reach consumers is massive.

For the private sector, there is a clear investment case: new delivery models, new digital services, and savings from disease prevention.

But to make technology deliver on its potential, stakeholders from across the mHealth ecosystem – academics, governments, healthcare providers, technology providers, apps developers, mobile operators, regulatory agencies, consumers and patients – must work together.



Be He@lthy, Be Mobile

In 2012 the World Health Organization (WHO) began working with the International Telecommunication Union (ITU) to help scale up mHealth by uniting the ecosystem. Their joint initiative—*Be He@lthy, Be Mobile*—is the first UN initiative to help governments use mHealth for NCDs.

In its first phase of work (2013-2016) the initiative worked with partners from a wide range of sectors, involving them in different areas of work based on their skills. With support from partners, national mHealth programs were launched in India, Senegal, Egypt, Zambia and the Philippines. Global handbooks on how to design and run large-scale mHealth services were published, including content and lessons from the country programs.

The Initiative received a WHO Award for Excellence, was shortlisted for a Guardian Sustainable Business award, and their work was profiled in publications such as *The Economist*.



Handbooks

➔ Completed handbooks:

mDiabetes,
mTobaccoCessation,
mCervicalCancer



➔ Under development:

mSmartLife,
mBreatheFreely
(COPD and asthma),
mTB-Tobacco



Country programs



India: Over 2 million users of SMS services for tobacco cessation and diabetes.



Zambia: Over a million SMS sent on cervical cancer screening and awareness.



Senegal: Over 100,000 users of an SMS service for people with diabetes during Ramadan.

Phase II

In Phase II (2017-2020) the Initiative will be expanding its work. It will be developing handbooks for more diseases, working in more countries, and moving beyond SMS to other forms of evidence-based digital technology.

This will include establishing a European mHealth 'hub' to coordinate mHealth research and share best practices. It also includes a new work stream around innovations, to look at how new types of digital tools can meet country needs and which of these could be used within national health systems.

This work is a rare opportunity for private companies to support this need. It allows them to understand what is needed to create and maintain a large-scale mHealth service, and how they can best help governments achieve this. The real-time nature of digital feedback from programs also means they are able to later see the impact of mHealth on behaviour change, disease awareness and outcomes.

We are actively seeking partners who share our vision and would like to contribute to Phase II.

How to Partner

Partnership will be at a global level but may focus on a specific thematic area or region. It is held directly with ITU, and typically covers a four-year partnership with an annual renewal and new 12-month work plan of joint objectives and activities.

Partnership includes a minimum financial commitment of USD 150,000. However major focus areas can be selected from the following global activities and included in annual work plans.

Work area	Work stream	Investment target (USD) by 2020
1. Services	1.1 Work with countries to set up mHealth services for NCDs	5,000,000
	1.2 Help countries manage services locally	300,000
	1.3 Set up an mHealth hub for research and best practices	3,000,000
2. Experience	2.1 Look at new mHealth services	2,000,000
	2.2 Help countries learn from international mHealth experiences	200,000
3. Innovation	3.1 Develop low-cost innovations	1,000,000
	3.2 Support innovation scale-up	300,000





For more information, please contact:

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BHBM would like to thank its Phase I partners for their support, including;

