



## FREQUENTLY ASKED QUESTIONS (FAQS)

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## CAN MOBILE PHONES ACTUALLY IMPROVE HEALTH?

The greatest current potential for “mHealth,” as it is called, is in raising awareness about risks and symptoms. Ailments such as heart disease, stroke, lung cancer, and diabetes – so-called non-communicable diseases (NCDs), meaning they are not caused by infections passed from person to person -- are caused to a great extent by behavior. These illnesses can be prevented or significantly reduced in severity by information that persuades people to behave in more healthy fashion. And mobile phones are extremely good at delivering information, especially in developing countries, where the percentage of the population with access to mobile phones often exceeds 90%. Over 80% of deaths caused by NCDs each year occur in these countries, and a major breakthrough will be achieved if mobile devices overcome a long-running disconnect in less-wealthy nations between health systems and the public. That is especially true if mobile-phone-based information is backed up with other forms of support.

NCDs kill 36 million people per year. They are the leading cause of death in low- and middle-income countries and almost half of these fatalities are premature. Well-composed, accurately delivered, and timely information can be effective medicine in combatting this challenge. If people at risk of these conditions are simply persuaded to be screened for them, many serious consequences can be avoided. In Senegal, for example, it is estimated that over 80% of diabetics are undiagnosed.

In a New Zealand study more than a decade ago (as reported by The Economist Intelligence Unit), persons attempting to quit smoking who received several text messages a day providing

encouragement and tips on how to resist the craving for cigarettes were twice as successful (a 28% quit rate) as compared to a control group that didn't receive such messages (13%). In a remote area of the United States, persons with serious congestive heart problems were given instruments to allow home measurement of blood pressure, heart rate, weight, and blood oxygen levels. The results were sent automatically by mobile phone to a monitoring health agency. The system caught health problems early, and over a three-month period it reduced the average number of days each patient spent in hospital from 14 to slightly more than 5. That saved US\$9,000 per patient.

Other studies indicate that phone messages reminding people of medical appointments, alerting them to take medications, and giving them a chance to ask questions of health workers also improve health and save resources and time. And phone-based technology that enables health workers in rural areas to share test results and medical imaging with specialists in cities also can have positive effects.

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### WHAT DOES THE FUTURE HOLD?

Mobile-phone applications may soon be available for many other medical purposes, such as directly measuring and reporting on blood pressure, heart rhythms, and blood glucose levels. In addition, numerous laboratory tests may soon be replaceable by phone apps. (Whether people and national health systems will be able to afford such equipment is another matter -- although, by catching problems early and preventing unnecessary appointments and procedures, such approaches are expected to save money in the long run.) Information technology firms and pharmaceutical companies are investing heavily in developing products linking health services to mobile phones.

Among the aims of Be He@lthy Be Mobile is to explore what mHealth can accomplish – to determine what works and what doesn't – and to help countries prepare for the future. By gaining experience now, by getting the technical platforms in place, and by building systems for cooperation between health and mobile communications branches of government, participating nations will be able to take advantage of new technologies when they arrive. In these countries, and a major breakthrough will be achieved if mobile devices overcome a long-running disconnect in less-wealthy nations between health systems and the public. That is especially true if mobile-phone-based information is backed up with other forms of support.

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### HOW DOES Be He@lthy, Be Mobile WORK?

The two United Nations agencies relevant to the subject at hand – the World Health Organization (WHO) and the International Telecommunication Union (ITU) – jointly manage the international program. They help countries develop and put into effect specific projects, and play a leading role in attracting resources and partners who can help make such projects successful.

Since Be He@lthy Be Mobile was launched in October 2012, eight countries – Costa Rica, India, Norway, the Philippines, Senegal, Tunisia, the United Kingdom, and Zambia (ADD LINK TO COUNTRIES HERE) – have proposed efforts to improve health through the use of mobile phones. These undertakings are now in the planning or implementation stages. Generally, each country project begins with a pilot phase. Based on the results, adjustments are made and the program is expanded. A new list of target countries is being developed and Be He@lthy Be Mobile is expected to grow significantly in the coming years.

Overall coordination is carried out by a Be He@lthy Be Mobile Steering Committee made up of high-level officials of ITU and WHO. Staff from the two agencies make up a small secretariat that provides day-to-day and background support to countries proposing and carrying out projects. Among staff activities are compiling and sharing information on mHealth efforts that have proved effective (sometimes called “best practices”) based on clinical evidence from trials around the world. Staff also archive and share case studies and technical literature, keep a record of “lessons learned” from previous mHealth efforts, and offer thoroughly vetted standards (called Planning and Implementation Documents) on policies, regulations, and content for each country-based project.

All such information, along with useful technology platforms and related data, are maintained in what is called a “tool box” made available to any country that is interested.

In addition, the Steering Committee appoints technical expert groups as needed to provide skilled input which is deposited in the tool box and can be reviewed and adapted by countries participating in Be He@lthy Be Mobile. For example, expert groups have been established for mDiabetes and mDiabetes programs.

Similarly, countries carrying out projects under Be He@lthy Be Mobile contribute what they have learned, the technical underpinnings, and other relevant information to the tool box so that other nations can benefit from it.

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### WHO PARTICIPATES?

Supporting Be He@lthy Be Mobile at the international level or through contributions to specific country projects is an expanding cast of partners who offer funding or in-kind contributions such as intellectual property and medical, business, or information-

technology expertise. Participants to date include pharmaceutical firms (such as GSK, Novartis, and Sanofi); health-insurance/wellness corporations (Bupa); regional organizations (African Development Bank, Asian Development Bank), academic institutions (Oxford University, Cambridge University's Judge Business School, the University of Southern California); civil-society health organizations (The NCD Alliance); and telecommunications firms (Verizon).

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### WHAT DOES THE INITIATIVE HOPE TO ACHIEVE?

The main goal is to save lives. It also appears possible that less-wealthy countries -- if pilot projects and expanded programs are carried out, and if lessons and technical findings are shared -- may be able to "leap-frog" over some long-standing gaps in their health care systems, such as shortages of laboratories, clinics, hospitals, and medical equipment. If mobile-phone applications can reduce the incidence of serious ailments such as heart problems, diabetes, and cancer; can reduce the number of unnecessary doctors' visits; can substitute inexpensively for various laboratory tests; and can catch health problems quickly, before they become more serious, more difficult, and more costly to treat, then a great deal of traditional health infrastructure may not have to be built. Just as mobile phones have helped low- and middle-income countries avoid the heavy cost of building fixed-line phone systems, they may help these countries to skip a costly stage in health-system development.

In addition, the all-in-this-together quality of Be He@lthy Be Mobile should be beneficial in the long run. With countries with advanced health systems contributing advice and expertise, other countries carrying out experiments in the health-focused use of mobile-phones, communication firms and medical enterprises developing

and testing new tools, and all participants sharing results and experience, the outcome may be better health for everyone.

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### WHAT DOES THE INITIATIVE NEED?

Financial support, clearly. The initial four years of the program – which aimed at beginning mHealth projects in eight countries and fine-tuning procedures and methods, with a budget of roughly US\$9 million – will end in October 2016. Over 40 additional countries have now approached Be He@lthy Be Mobile with requests to launch projects. The plan is to expand in a measured way, to be sure that methodology and content are of high quality, but it is obvious that the next phase of mHealth efforts will require greater resources. Because of the rapid pace of progress in medicine and mobile communication, contributions of technology from firms in those fields will be highly useful, as will donations of expertise from countries with advanced health systems.