



Be He@lthy Be Mobile: A digital approach to disease control

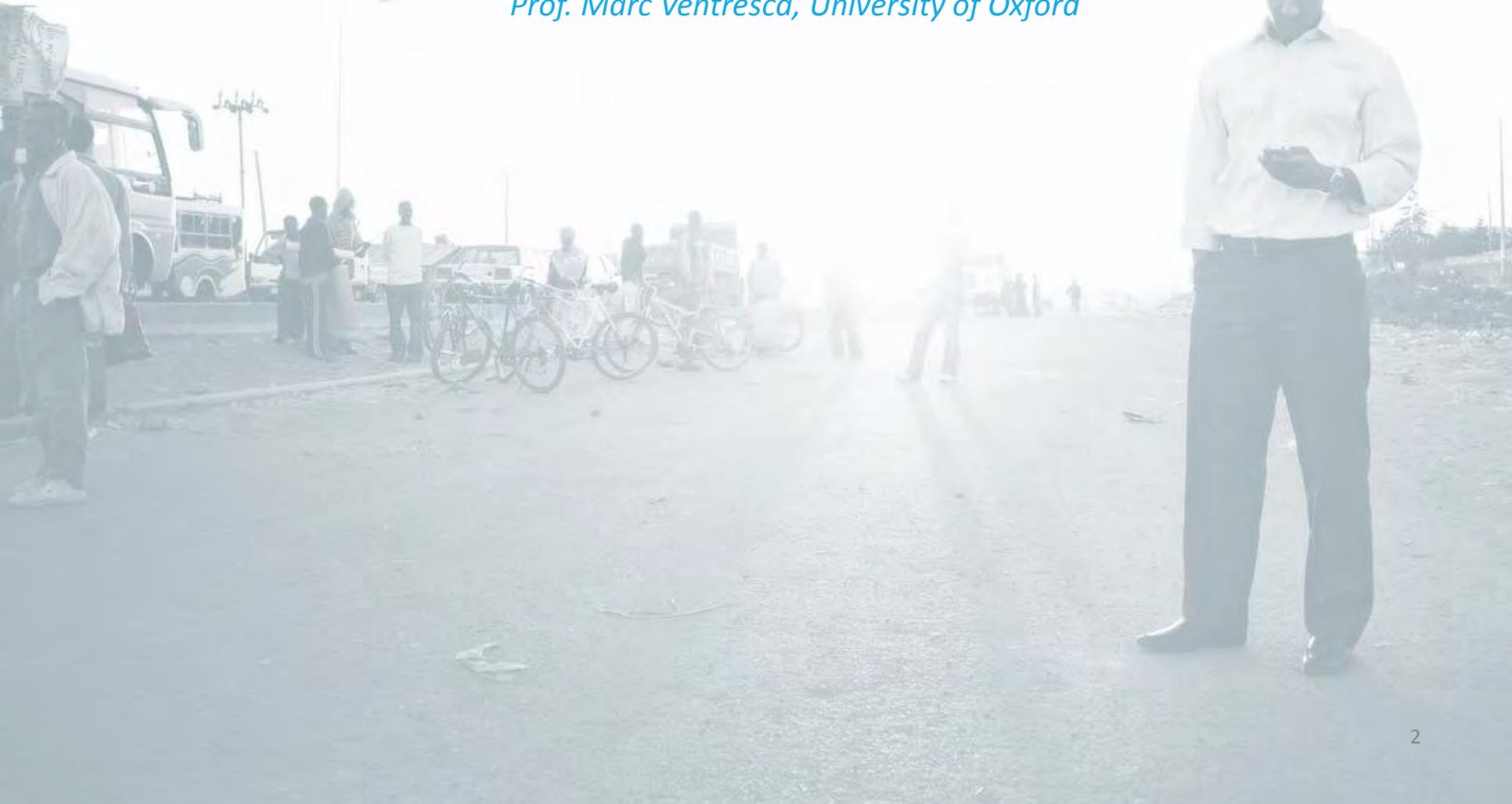
www.who.int • mhealth4ncd.itu.int

A collaborative initiative between



*“**Innovation** is embedding invention in routine systems that give it reach and impact.”*

Prof. Marc Ventresca, University of Oxford

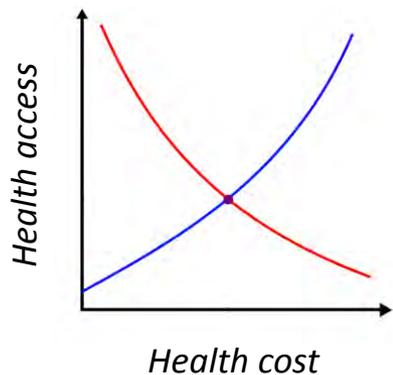


The need: a global challenge

Noncommunicable diseases – **38 million** deaths annually

2011 UN High-level Declaration on NCDs

Call for innovation and public-private partnerships



Key question:
How do governments **increase** health service provision whilst **reducing** costs?



The tool: the mobile phone

- Almost 7 billion mobile devices in the world



- Mobile penetration stands at 89% in developing countries and is on the rise (ITU 2013)

- More people have access to a phone than to clean drinking water



Mobile Health solutions could save **1 million lives** in sub-Saharan Africa over the next 5 years

The opportunities

- **Reach**

- Large Audiences
- Underserved people

- **Reduce**

- Cost burden on healthcare system both in treatment and long-term health issue avoidance

- **Engage**

- Increase access to intervention
- Decrease barriers to participation
- Decrease gap between treatment & behavior
- Integrate user interaction with treatment within their daily life

The solution

Be He@lthy Be Mobile

Joint UN program between WHO and ITU

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Looks at **SCALE**: institutionalising successful mHealth tools within national health systems

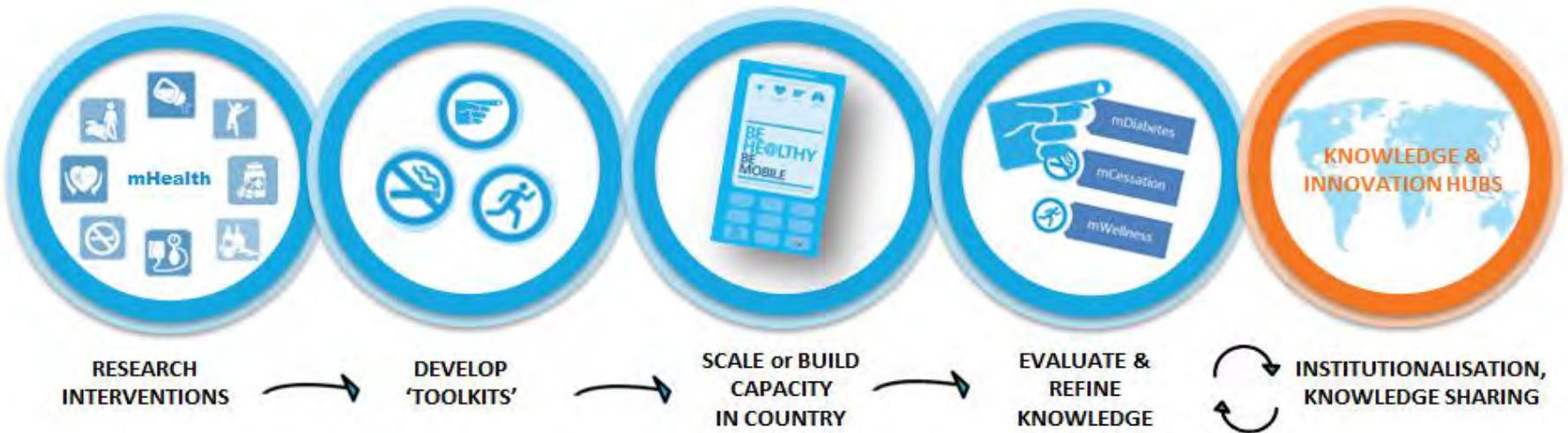
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Aims to help embed innovation management for mHealth and digital health care within countries, bridging the gap between small-scale trial and national service

The innovation is in the HOW and not just the WHAT



The solution: sustainable scale-up



2013 – 2016: Be Healthy Be Mobile Programme

- Develop best practice for mHealth at scale
- WHO-ITU build & trial reusable tools to be shared globally

Beyond 2016

- Scale mHealth globally in a meaningful way
- Develop light touch service models

Aims

SCALE

- National mHealth programs in 8+ countries
- Handbooks for all NCDs and major risk factors based on evidence

BUILD

- Build the global evidence base
- Build country capacity to run sustainable mHealth programs

INNOVATE

- Develop new content through research
- Build innovation channels into governments

SHARE

- Disseminating country experiences
- Knowledge and Innovation Hubs
- Multi-sectoral partnership model

Core operational areas:

1. Handbook development

2. Country implementation

3. Partnerships

mHealth handbooks

	mDiabetes
	mCessation
	mHypertension
	mCervicalCancer
	mAgeing
	mTB/Tobacco

Status as of April 2016

- ✓ Completed
- ✓ Completed
- ✓ Under development
- ✓ Completed
- ✓ Under development
- ✓ Under development

Country programmes

Country	Achievement
India	National launch mTobaccoCessation in January 2016, currently over 1,000,000 registrations
Philippines	Launch of mTobaccoCessation in 2-3 cities by end of 2016
Senegal	Multiple national mDiabetes campaigns for prevention, treatment support and health worker training
Costa Rica	National mTobaccoCessation platform set up, leading regional interest in the technology (Mexico, Nicaragua, Panama)
Tunisia	National mTobaccoCessation platform launch January 2016
United Kingdom	Foundations laid for an mHypertension component in nation-wide health promotion campaign (2016)
Norway	National replication of the BHBM structure for mCOPD (2016)
Zambia	mCervicalCancer under preparation for launch in 2016
Egypt	Launching mDiabetes service for 10,000 users in early April



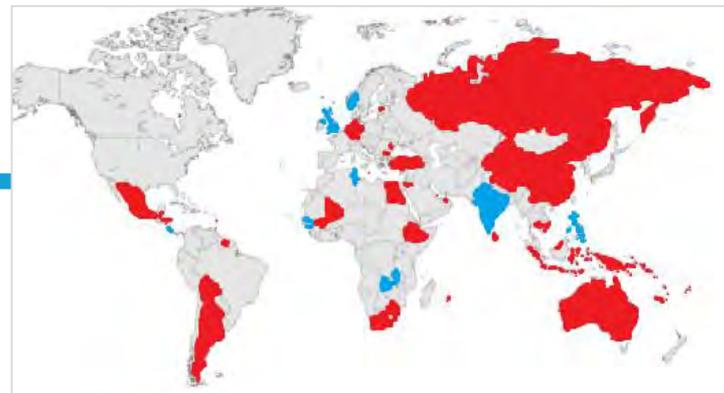
But that's not all...

Countries that have sent an Official Request (16)

Brunei	Mexico
Costa Rica	India
Moldova	Mauritius
Norway	Panama
Egypt	Philippines
Russian Federation	United Kingdom
Senegal	Zambia
Suriname	
Tunisia	

Countries that have expressed interest in joining the initiative (45+)

Argentina	Honduras	Saudi Arabia
Bahrain	Indonesia	Sri Lanka
Barbados	Israel	Spain
Brazil	Jordan	Thailand
Bolivia	Mali	Tonga
Bulgaria	Malta	Turkmenistan
Comoros	Mexico	Turkey
Estonia	Pacific Islands (Fiji, British Samoa, American Samoa)	UAE
Ethiopia		Viet Nam
Germany		



mTobacco Cessation, India: background

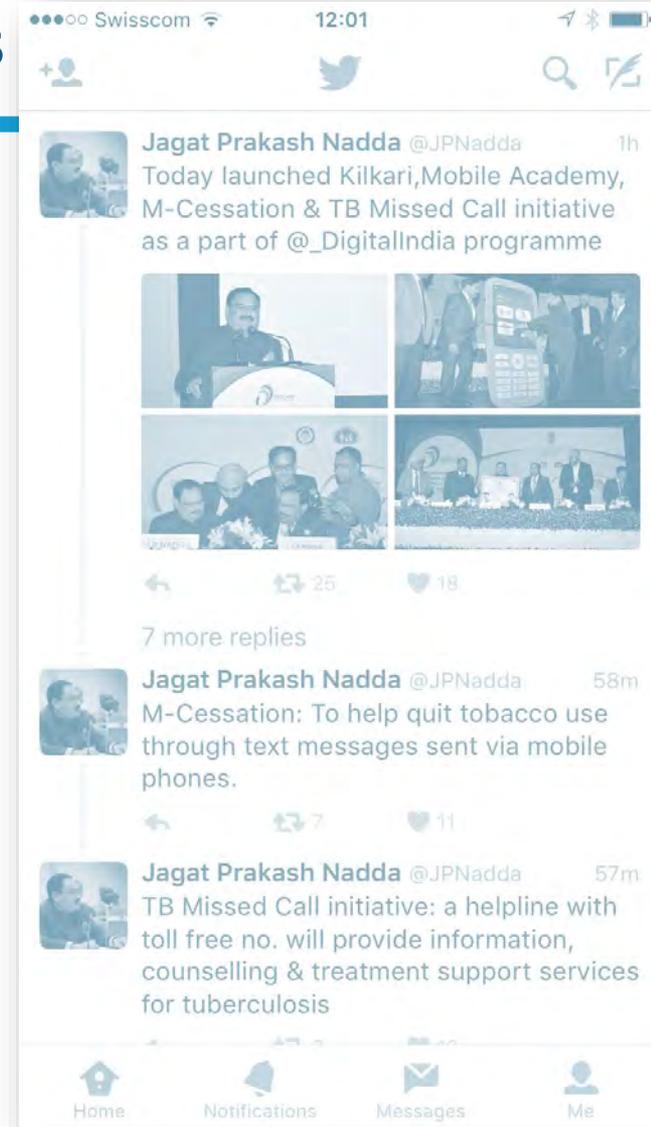
- Approx. 275 million adults consume tobacco in some form in India
- Tobacco kills almost one million people in India every year.
- Almost 50% of those who use tobacco want to quit.

Challenge: limited facilities and high cost of govt supported tobacco cessation programs

Opportunity: High penetration of mobile phones both in rural and urban areas, known evidence that mCessation services are effective

mTobacco Cessation, India: progress

- MoH organized a workshop in March, 2015 and a roadmap was developed for mHealth for tobacco cessation project.
- WHO ITU, MoH and MoCIT worked to prepare the program
- mTobacco Cessation launched in India on 15 Jan 2016



mTobacco Cessation, India: key successes

Government Leadership and ownership by relevant stakeholders MoHFW, MoCIT (DEITY NIC), Regulator (TRAI)

Strategic approaches used:

- A **missed call service** with designated toll free mobile number 01122901701 for registration to the programme
- Active **dashboard** for program monitoring created
- **Two way SMS short code** earmarked for project viz. 5616115
- **SMS library adapted** to include smokeless tobacco
- Over 1.1 million users registered in the first 3 months.



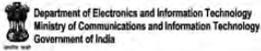
mTobacco Cessation, India: live dashboard



mCessation Programme – QUIT TOBACCO FOR LIFE



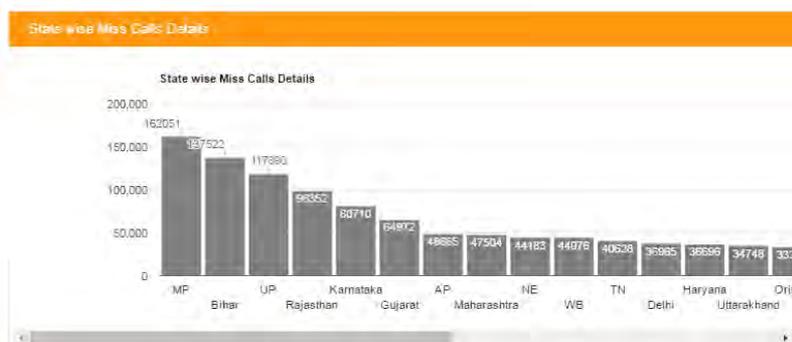
In Support With



Till Date Report Today's Report Reg. No. Detail User Response Download Report Welcome NHP & WHO TEAM Logout

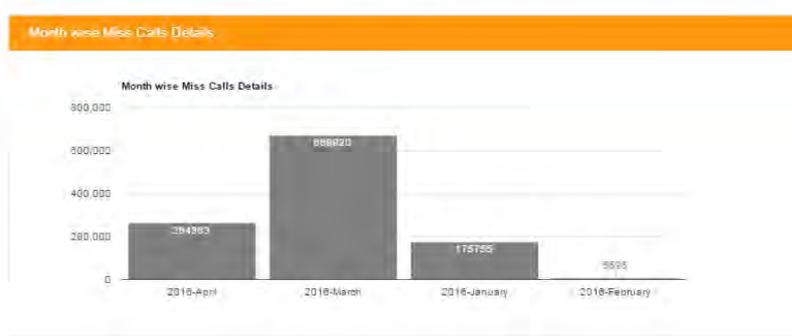
Registration Summary

Total Registered	1115627	View
Register By Mobile	1085977	View
Register By Website	29650	View



Language Summary

Hindi Language	22131
English Language	13717
By Default English Language	107395



Tobacco Summary

Use Chew Tobacco	6857
Use Smoke Tobacco	13795
Use Both Tobacco	891377

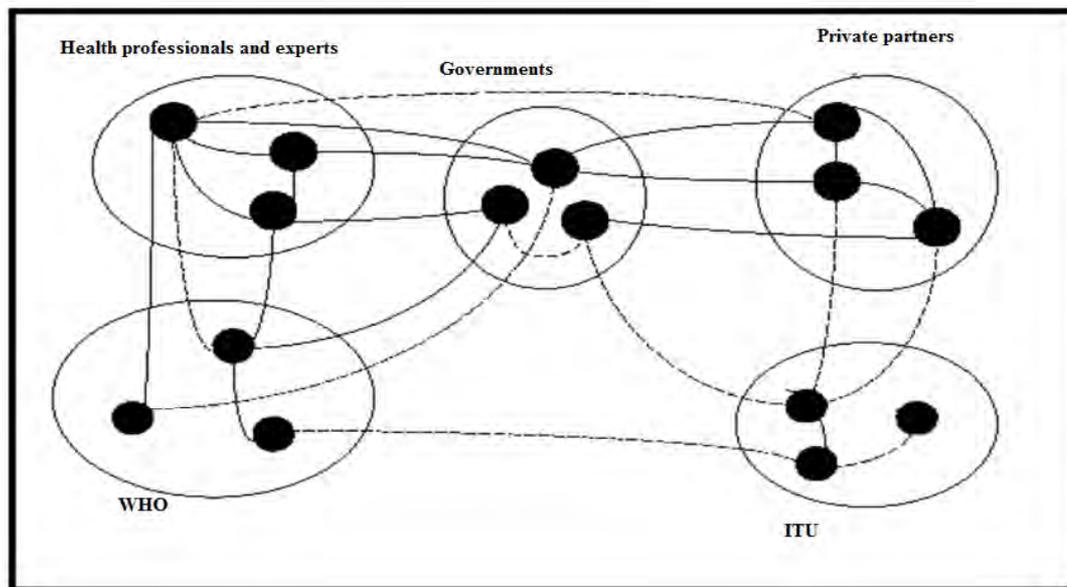


mTobacco Cessation, India: way forward...

- Expand mHealth for Tobacco Cessation to all official languages in India
- Launch mDiabetes by the end of the year
- Launch mAgeing and mTBTobacco next year

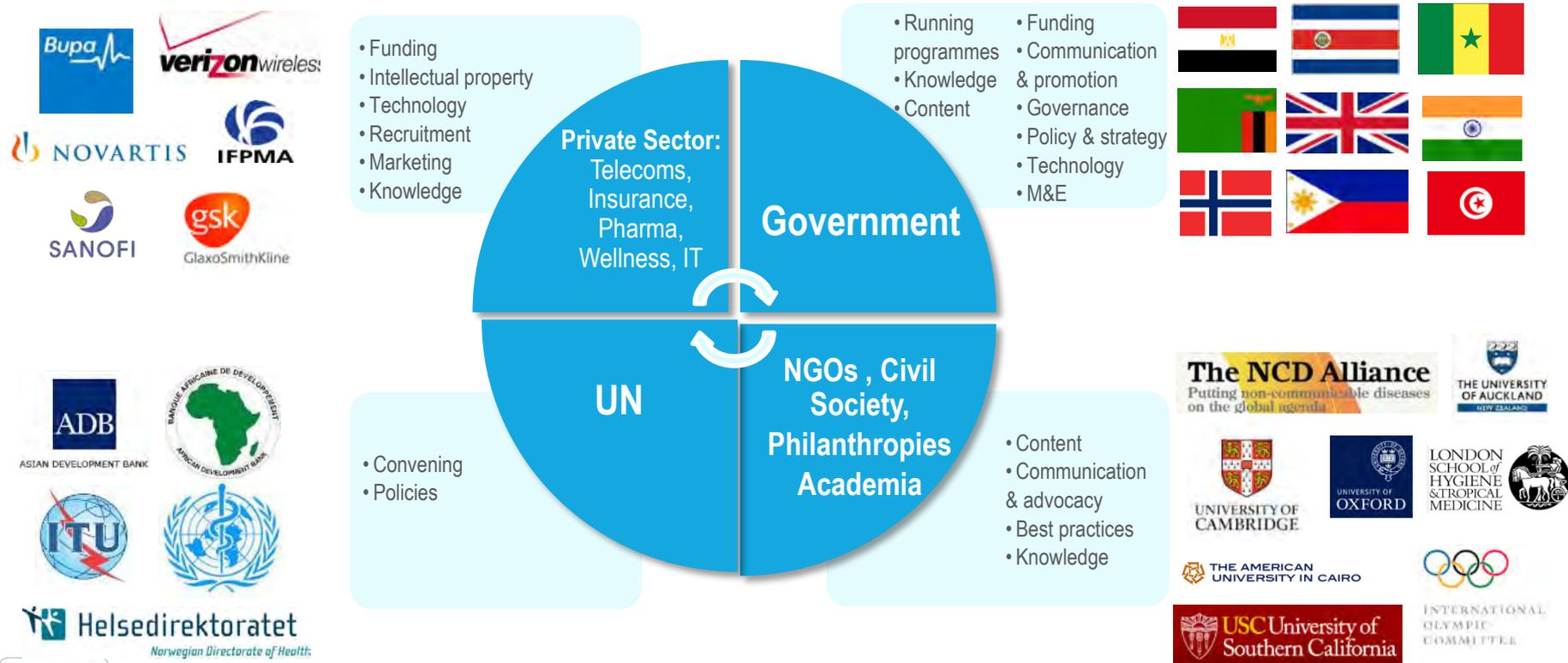
Preparing an mHealth ecosystem

- Programs are government-owned but highly collaborative:
 - INTERNALLY: Ministry of Health, Ministry of Communications, eGovernance...
 - EXTERNALLY: multisectoral between governments, civil society, multilaterals, academia and the private sector.

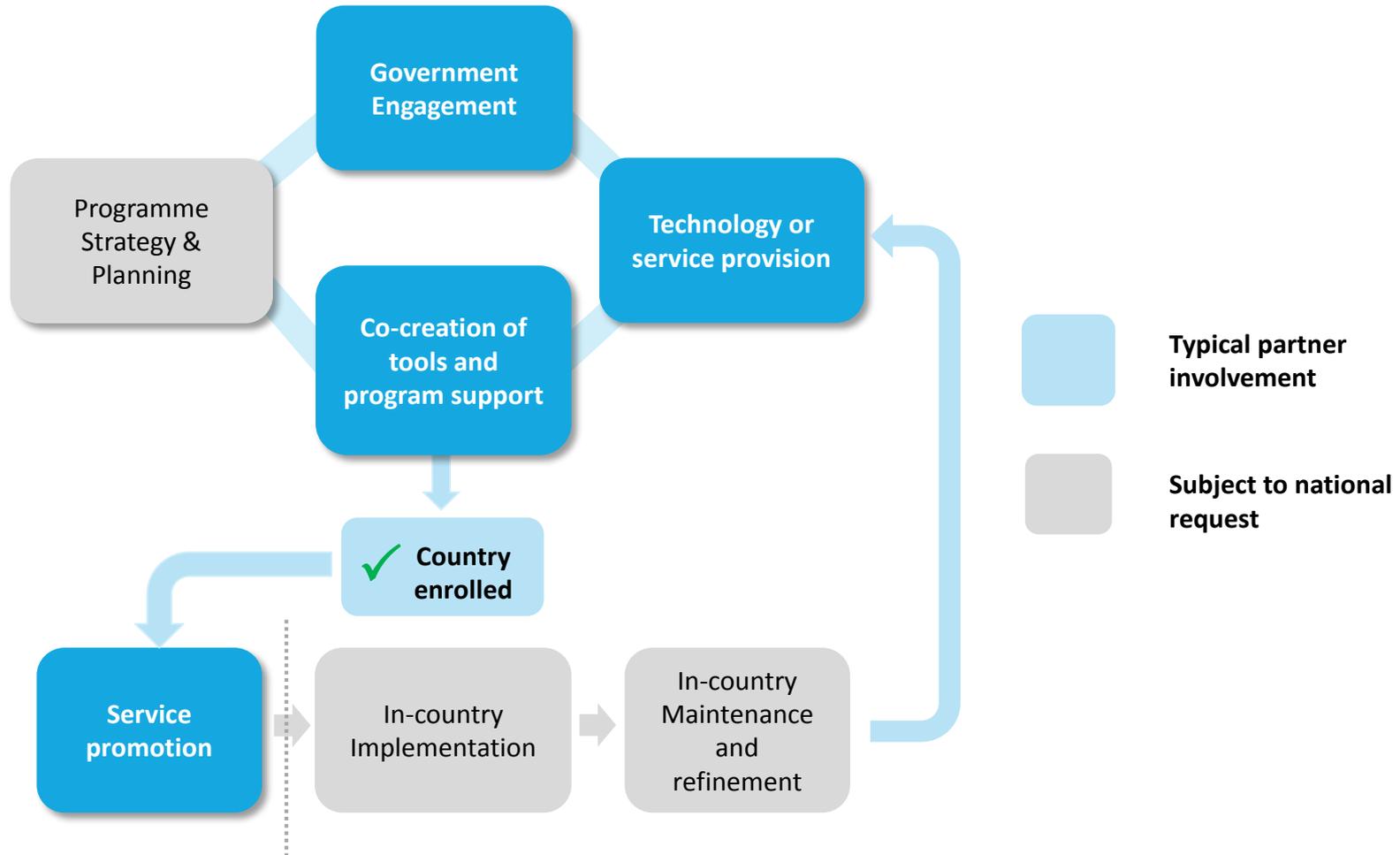


Partnerships: cross-sectoral model

THE PROGRAM IS UNIQUE IN THAT IT ADOPTS A MULTI-SECTOR PARTNERSHIP STRUCTURE AND ENGAGES IN COUNTRY PARTNERS AND GOVERNMENTS TO MAXIMIZE SUCCESS.



How do partners fit in?



How can partners collaborate?

At global level

Be a Core Global Partner

As a strategic core partner, provide financial, in-kind and IP contributions to the global program.

Be part of Expert Groups

Provide expertise to support the development of international guidelines for mHealth interventions, monitoring & evaluation frameworks, share best practices, research results, evidence, etc.

Share content & tools

Share content and mHealth assets to enrich the WHO/ITU toolkit.

At country level

Actively engage in country program

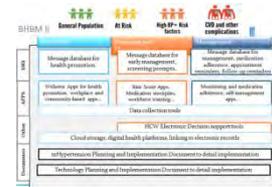
Engage in multi-stakeholders consultations, contribute to national expert groups, share innovations, etc.

How other partners are getting involved?

1. Providing promotion support for mHealth services



2. Offering mHealth tools and knowledge for inclusion in global handbooks



3. Providing in-kind support for country programs (at the request of governments)

4. Providing advocacy and communications



How other partners are benefitting?

1. Bilateral relationships with other partners



2. Supporting national governments



4. Multisectoral network of partners working in the mHealth space



3. First-hand knowledge of what it takes to scale an mHealth service

5. Networking at mHealth events

6. PR/visibility

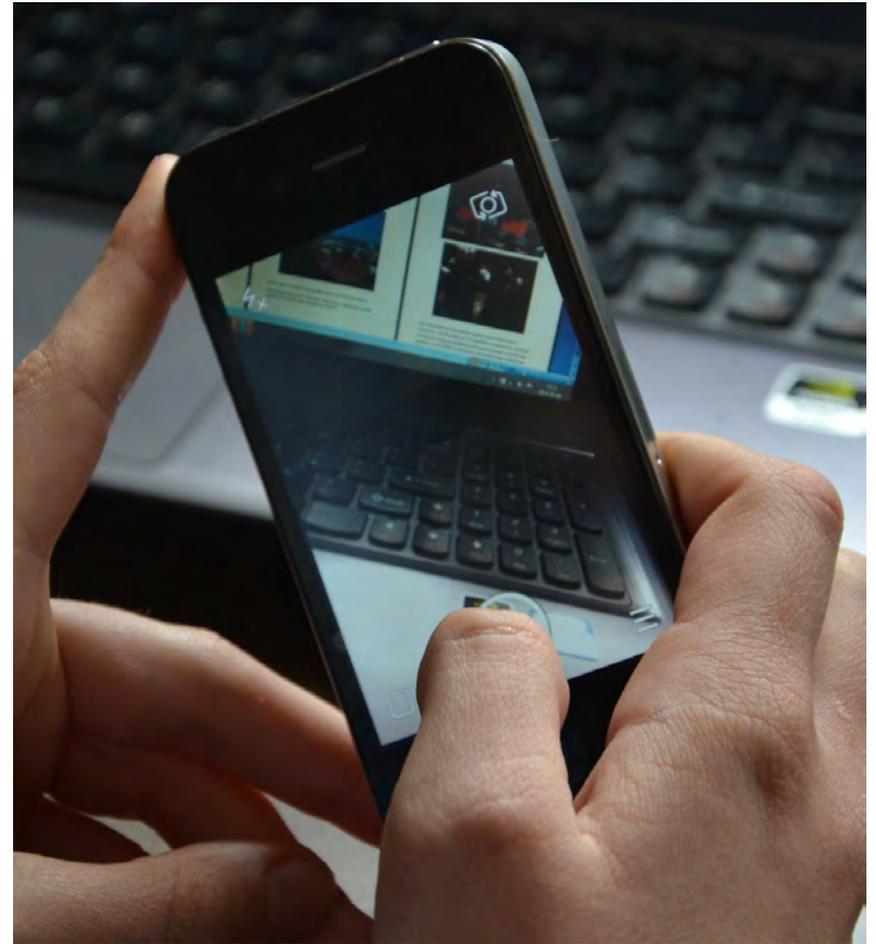


mTobacco Cessation, Philippines: background

- Tobacco kills 240 people daily
- Overall, 28.3%(17.3 million) of the population aged 15 years old and above, currently smoke
- Tobacco related health care costs have reached USD 4.09 billion for only 4 tobacco related diseases(2011)
- Current rates of tobacco use/youth-Boys-18%, Girls-9%
- Current tobacco smokers(aged 15+ and above)-men-45%, women-8%

mTobacco Cessation, Philippines: landscape

- Mobile penetration: 105% in 2014
- ~2 billion SMS messages daily
- Smartphone penetration – 15%, BUT growing quickly as prices of smartphones drop



mTobacco Cessation, Philippines: key successes

- Buy in and strong interest from Local Government Units
- Department of Health(DOH) Knowledge Management and Information Technology Unit supportive, and facilitating short code (165-DOH) activation
- Message library translated into local language and pre-tested
- Pilot testing in an LGU underway

- Launch in 3rd Quarter.
- Issues and challenges --- Support from telecom operators to scale up the program at national level.

mTobacco Cessation, Philippines: way forward

- Expand pilot testing in two other Local Government Units
- Re-engage Department of Health officials after the May 2016 elections
- Strengthen governance aspect of the initiative
- Scale up mCessation nationwide in the last quarter of 2016

Partners Testimonials

“I appreciate that Norway has got the opportunity to participate in Be He@lthy Be Mobile, together with 7 other countries. We will contribute to the realization of the global goals and objectives for **prevention and reduction of NCDs** in Norway, and also contribute to **disseminate successful solutions globally.**”

Bent Høie, Minister of Health, **Norway**

“Mobile technology is playing an ever increasing part in **helping communities across the globe** access health information and services. [Be He@lthy, Be Mobile] is an exciting opportunity to collaborate with a range of partners to help **initiate and scale up innovative programmes** that support health workers and patients alike.”

Ramil Burden, Vice-President Developing Countries, **GSK**

“Be He@lthy, Be Mobile has a **global reach**, but is also **effective at the national level**, in terms of implementing prevention, treatment and enforcement initiatives. It is **showing the world** that Governments, UN organizations and other partners are taking action on NCDs.”

Katie Dain, Executive Director, **The NCD Alliance**



HEALTH FOR NON-COMMUNICABLE DISEASES (NCD) INITIATIVE

CANCER CARDIOVASCULAR DISEASES DIABETES RESPIRATORY DISEASES

**BE
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THANK YOU

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