

# BE HE@LTHY BE MOBILE

**REPORT**  
JANUARY 2013 TO DECEMBER 2014

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2015

  
World Health  
Organization



## CONTENTS

2	FOREWORD
3	BACKGROUND AND ORIGINS TO BE HE@LTHY, BE MOBILE
8	COUNTRIES AND IMPLEMENTATION
14	PARTNERSHIPS
16	TOOLKITS AND DEVELOPMENT
17	COMMUNICATIONS AND ADVOCACY
19	GOVERNANCE AND PROGRAMME MANAGEMENT
22	ANNEX 1: STEERING COMMITTEE AND INFORMAL EXPERT GROUPS
24	ANNEX 2: FUNDRAISING, INCOME AND EXPENSES, JAN 2013 – DEC 2014

## FOREWORD



**Brahima Sanou,**  
*Director Telecommunication  
Development Bureau, ITU*



**Dr Oleg Chestnov,**  
*Assistant Director-General for  
Non-communicable Diseases and  
Mental Health, WHO*

"In the 21st century, information and communication technologies (ICTs) have become key enablers in every facet of human activity, and mobile communication has become the most widely-adopted technology in history. We are in the midst of a digital explosion around the globe which is allowing us to be more connected and with greater access to data than ever before. Well over 90% of the world's population is already covered by a mobile cellular network, and by the end of 2014, the number of mobile-cellular subscriptions will reach almost 7 billion. As a result, mobile health - the use of mobile and wireless communication and devices for providing healthcare services or achieving health outcomes - is at a significant tipping point.

Mobile phones have unique advantages in the health sector, in being available, accessible, affordable and portable – as well as being both innovative and empowering. Today, mobile phones help overcome barriers for people to get health care such as a lack of infrastructure, or trained health staff. Mobile phones are particularly important for those who have limited access to the formal health system including the marginalized, excluded and disadvantaged – and provide a platform which is always available.

Mobile phone technology can be harnessed to influence behaviours that can help control the world's biggest killers - non-communicable diseases (NCDs) such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. More than 38 million people die annually from NCDs (68% of global deaths), including more than 16 million premature, preventable deaths.

Recognizing these trends, and as a response to the 2011 United Nations Political Declaration on Non-Communicable Diseases, the International Telecommunication Union (ITU) and the World Health Organization (WHO) jointly launched the global mHealth programme Be He@lthy, Be Mobile in October 2012 specifically to target non-communicable diseases, in alignment with the WHO's Global Action Plan for NCDs 2013-2020.

The Be He@lthy, Be Mobile team is delighted to share with you the first annual report on this new initiative. It spans the period from October 2012 to December 2014 and reflects the work of staff in our two agencies, as well as the partners and countries we are working with. We are excited by this beginning and we look forward to working with our partners over the next few years to build Be He@lthy, Be Mobile".

Geneva, December 2014

## BE HE@LTHY, BE MOBILE BACKGROUND AND ORIGINS

Non-communicable diseases (NCDs) represent one of the major development challenges of the 21st century. NCDs, which include cancers, diabetes, heart and lung diseases, are responsible for 38 million deaths each year.

Low and middle-income countries are particularly affected, bearing nearly three quarters of NCD deaths, just under half of which are premature<sup>1</sup>. The estimated cumulative loss in economic output due to NCDs in developing countries is US\$7 trillion for 2011-2025, according to a Harvard University study<sup>2</sup>.

These diseases are largely preventable provided that effective steps are taken. This means programmes need to be developed that target the four risk factors for developing NCDs: tobacco use, unhealthy diet, physical inactivity and excessive alcohol consumption.

The global coverage of 6.9 billion mobile phones<sup>3</sup> provides a reliable and inexpensive way to reach people living in even the most remote areas.

Be He@lthy, Be Mobile harnesses the power and reach of mobile phones to address the NCD risk factors by educating people to make healthier lifestyle choices to help prevent and manage NCDs via their phones.

The origins of the initiative lie in the response to the Moscow Declaration on NCDs<sup>4</sup>, the Political Declaration on NCDs<sup>5</sup> to identify concrete actions to be undertaken by Member States, and the WHO Global NCD Action Plan 2013-2020<sup>6</sup>, marking when the WHO decided to scale up activities to reduce the global burden of NCDs using innovative technologies.

As the lead UN agencies for health and ICTs, WHO and ITU are in a unique position to create a collaborative platform working with key stakeholders to address many of the current mHealth challenges. These include complexity, systems incompatibility, under-funding, lack of a sustainable business model, or failure to show concrete evidence of their impact.

<sup>1</sup> Global status report on Non-communicable diseases. Geneva: World Health Organization. 2014

<sup>2</sup> Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. The Global Economic Burden of Non-communicable Diseases. Geneva: World Economic Forum, 2011.

<sup>3</sup> ICT Facts and Figures, Geneva: International Telecommunications Union, 2014

<sup>4</sup> Resolution WHA64.11

<sup>5</sup> Resolution A/RES/66/2

<sup>6</sup> Actions 48(c) and 49(d)



Photo credit: Y. Tsuno/AFP

“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,  
UNDP Administrator, in remarks  
made at Harvard School of Public  
Health, Boston, Massachusetts,  
January 2013

The initiative builds on evidence of previous success in using mobile phones to improve access to health services, to train health workers, to ensure treatment compliance, and to change behaviours and manage chronic diseases.

The Be He@lthy, Be Mobile initiative aims to implement mHealth strategies initially in eight countries, including at least one in each WHO region. This will be done in order to focus on the issue of prevention and treatment of NCDs, and support the current policies that address these diseases.

The initiative, which runs over a four year period, will also develop standard operating procedures (called Planning & Implementation Documents, or PIDs) for running mHealth national programmes in order to support more traditional NCD prevention and control work.

Be He@lthy, Be Mobile is dependent on voluntary contributions from its global partners to supplement the funds that participating countries and local partners contribute domestically. Be He@lthy, Be Mobile aims to raise \$10 million over 4 years, in line with the signed agreement between WHO and ITU. These funds are used to support global technical work and select country operations.

Be He@lthy, Be Mobile recognizes the particular strengths of the private sector, academia and civil society – acknowledging that the resources of government and philanthropy alone are insufficient to address the world’s biggest challenges, such as the NCD epidemic. Ultimately, cooperation from every sector is needed in the efforts to find sustainable and effective solutions to the prevalence and negative impact NCDs have in the world.

## RESULTS IN A SNAPSHOT

	2013-2014 Results	4 Year Target
Number of countries joining the initiative	<b>7</b> Costa Rica, Norway, Philippines, Senegal, Tunisia, United Kingdom & Zambia	<b>8</b> with at least one from each WHO region
Partnership fundraising over 4 years	<b>\$4.7 million</b>	<b>\$10 million</b>
Toolkits developed	<b>4</b> mTobaccoCessation published mDiabetes, mWellness, mCervicalCancer expected to be published in early 2015	<b>8</b>

## BE HE@LTHY, BE MOBILE HOW IT WORKS

Non-communicable diseases, such as cancer, heart disease, diabetes and respiratory diseases cause 68% of global deaths.

And 96% of the world has access to mobile phone networks.

The Be He@lthy, Be Mobile initiative uses mobile phone technology to deliver disease prevention and management information direct to mobile phone users, and strengthens health systems by providing training to health workers.

It provides governments with best practices for mHealth interventions, based on existing clinical evidence from trials around the world.

It also catalyses the establishment of national and global partnerships to ensure the long-term sustainability of mHealth programmes within national health systems.

Governments can then launch national mHealth interventions, such as mDiabetes in Senegal, using the tools and support provided by the initiative.

The results and experiences of each country's programme are then fed back into the initiative's global toolkit and evidence base to support work in other countries.

A photograph of a busy street scene at sunset. The sky is a bright, warm orange and yellow. In the foreground, a man in a light blue shirt and dark pants stands on the left. In the middle ground, several bicycles are parked on the side of the road. A bus is visible on the left, and other people are walking or standing in the background. The overall atmosphere is one of a bustling, everyday life scene.

# BE HEALTHY

# BE MOBILE



## COUNTRIES AND IMPLEMENTATION



To raise awareness of the mTobaccoCessation programme in Costa Rica, an advertising campaign featuring soccer players from local clubs was released nationally in the media during the summer of 2013.

Be He@lthy Be Mobile targets eight countries from different regions over a four year period. In the first year of the initiative, Be He@lthy, Be Mobile launched programmes in two countries – Costa Rica and Senegal. In the second year, five additional countries joined the initiative: Zambia, Norway, Philippines, the UK and Tunisia. These countries were selected because of their high burden of NCDs and political commitment to technology, thereby demonstrating their potential for generating significant results which can be replicated in other countries.

### mTobaccoCessation in Costa Rica

The Costa Rican government, with the support of WHO and ITU, is implementing the world's first national mHealth service to reduce the number of people smoking. Following a new anti-smoking law passed in March 2012, the Costa Rican Government asked Be He@lthy, Be Mobile to help develop a national programme using mobile technology to assist smokers to quit. Locally, the Be He@lthy, Be Mobile team worked closely with the Ministry of Health, the Ministry of Science and Telecommunications and a selection of public sector, private sector, and academic partners to develop the programme, based on best practices from the US, Turkey, the UK and New Zealand, among other countries.

The mTobaccoCessation programme is aimed at the estimated 500,000 current smokers in Costa Rica. Smokers can join the programme by sending a text message to a special number with the phrase "I want to quit"; they can also be recommended by a health worker or family friend. Participants then receive a series of tailored messages to help them explore their behaviour and provide support, as well as opportunities to link with advisors and peers who are also trying to quit. The programme monitors in real time how many people sign up, how many attempt to quit, and how many successfully quit.

The first indications of the Costa Rican programme are positive. Notably, the Government of Costa Rica pioneered the use of tobacco taxes to finance the national smoking cessation campaign. WHO has found tobacco taxes to be an effective public health tool in cessation programmes: in a win-win scenario, by increasing tobacco taxes above inflation rates, tobacco becomes more expensive which in turn reduces consumer demand. This innovative financing mechanism is a key step in ensuring the sustainability of the programme.

### mDiabetes in Senegal

In Senegal, over 80% of the country's estimated 400,000 people with diabetes go undiagnosed, prompting the Government of Senegal to focus on influencing individual awareness of the disease. Be He@lthy, Be Mobile is working with Senegal to make use of mobiles in four areas: to increase awareness about diabetes through SMS messages, to train health workers, to provide remote consultation services and to provide treatment and management support for people with diabetes.

The first phase of mDiabetes was launched in time for the month of Ramadan, a period of high sugar consumption and dietary irregularity where health authorities witness a peak in the urgent hospitalization of people with uncontrolled diabetes. Members of the country's diabetic patient association, health professionals and the general public are encouraged to sign up to receive free text messages that aim to increase awareness and help people with diabetes to avoid the complications that can be triggered by fasting and feasting.

Typical messages include:

1. "Drink one litre of water every morning before you begin fasting."
2. "Take care not to overeat and watch out for foods high in sugar such as dates."

## THE FULL mDIABETES PROGRAMME IN SENEGAL LAUNCHED IN NOVEMBER 2014 WITH THREE MAJOR AREAS OF INTERVENTION:

1. A disease prevention component using SMS-based campaigns in order to equip the general population with information on diabetes
2. A disease management component as a way of educating people with diabetes about preferred management and treatment methods, and a patients monitoring component that sends images of diabetic feet taken by mobile phones to a central server for remote consultation and second opinions
3. An mTraining programme for health professionals and community health workers (CHW) in rural areas using SMS-based training and Smartphone/ tablet-based educational programmes

3. "Ask your doctor to adapt the dose and timing of your diabetes medication before you fast."

During the initial mRamadan phase, 80,000 SMS messages were sent out to more than 2,000 users. This pilot phase will be used to evaluate the cost of running the system before developing a business model that will ensure the Senegal programme is self-sustaining. Plans are also under-way to incorporate voice messages to target illiterate users in future versions.

### mCervicalCancer in Zambia

Zambia has one of the highest prevalence rates of invasive cervical cancer in the world, with morbidity thought to be compounded by the high prevalence of HIV<sup>1,2,3</sup> Nevertheless, cervical cancer is highly preventable and can be cured if diagnosed very early and treatment is offered promptly. Most Zambian women are unaware of this or lack access to services or follow-up, despite a national screening programme.

In Zambia, Be He@lthy, Be Mobile will help provide a national SMS-based service as a way of encouraging women to get screened for cervical cancer, and for health workers to provide follow-up and scheduling services via mobile phones. The programme, which is expected to launch in the first half of 2015, is an innovative way of supporting existing efforts undertaken to prevent and control cervical cancer in Zambia.

### mHealth for NCDs in Norway

NCDs contribute to more deaths in Norway than all other causes combined, with the crippling effects of cardiovascular disease and diabetes particularly prevalent in a country with a rapidly aging population. These diseases require continuous care and management, in a quantity which not even a developed country's national health system is equipped to provide on a long-term, universal basis. The mHealth initiative in Norway aims to foster behavioural change via health promotion and empower patients to manage their own diseases via their daily use of mobile phones.

Norway's domestic mHealth programme will focus on four tracks:

1. **Healthcare services: integrating mHealth into the provision of national health services, covering mHealth quality control, structuring and regulation and including data protection, intervention quality, instruments, guidelines, new business models and financing.** The overall aim is to define a national mHealth strategy (possibly mAgeing or mWellness).
2. **Solutions: integrating solutions into the national eHealth infrastructure, including existing consumer technology to be shared with physicians, treatment providers and patients.**
3. **Research: defining objectives for domestic and broader mHealth work; connecting the domestic Be He@lthy, Be Mobile programme with the wider mHealth research agenda.**

1 GLOBOCAN: Cancer incidence and mortality worldwide database. International Agency for Research on Cancer; Lyon, France. <http://globocan.iarc.fr>

2 Sun XW, Kuhn L, Ellerbrock TV, Chiasson MA, Bush TJ, Wright TC Jr. Human papillomavirus infection in women infected with the human immunodeficiency virus. *N Engl J Med.* 1997 Nov 6; 337(19):1343-9

3 Parham GP, Sahasrabudde VV, Mwanahamuntu MH, Shepherd BE, Hicks ML, Stringer EM, et al., et al. Prevalence and predictors of squamous intraepithelial lesions of the cervix in HIV-infected women in Lusaka, Zambia. *Gynecol Oncol* 2006; 103: 1017-22 doi: 10.1016/j.ygyno.2006.06.015 pmid: 16875716



Former First Lady of Zambia, Dr Christine Kaseba-Sata, has long championed the cause to improve women's health, in particular the disproportionately high burden of cervical cancer in Zambia. Her efforts highlighted the need for Zambia to launch the Be He@lthy, Be Mobile mCervicalCancer intervention.

**4. Innovation: how to shape and regulate private and public sector innovation, different models for sustainability and patient efficacy for the specific domestic programme and longer-term innovation models for mHealth, such as the establishment of a hub to service regional needs for mHealth research and innovation.**

Norway will mirror the global Be He@lthy, Be Mobile programme in bringing together different sectors, including bilateral organizations, academia, civil society, and the private sector with the government to support the programme.

In addition to rolling out a domestic programme, Norway will support the global Be He@lthy, Be Mobile programme with funding and secondments to the Secretariat, funding for low-income countries in the initiative, and the formation of a regional knowledge and innovation hub.

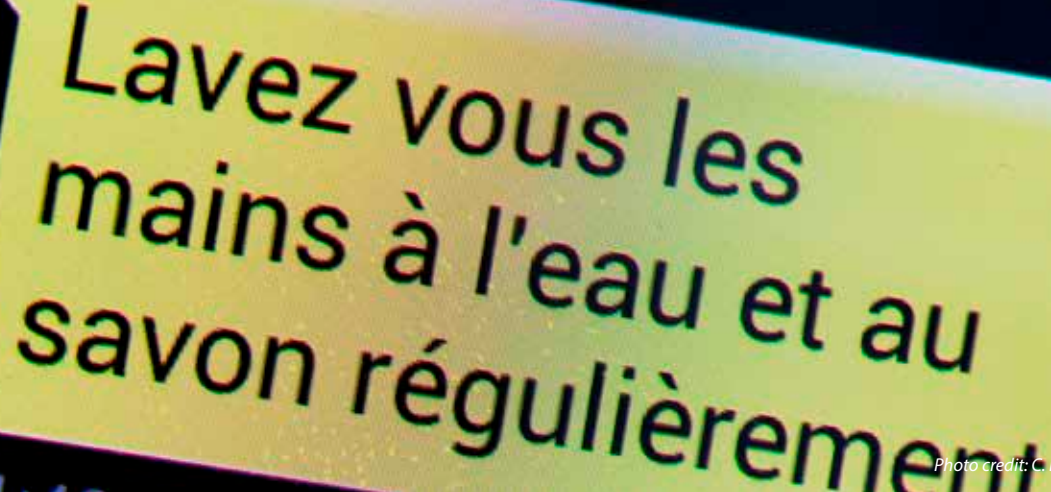
#### **mHealth for NCDs in the United Kingdom**

The UK has significant experience in projects focusing on reducing NCDs through the use of mobile phones. The National Health Service maintains a library of smartphone applications which

can be used to help people quit smoking, increase physical activity and track dietary intake, and is working on a formal qualification system for additional health apps to expand this library. A number of large-scale trials have been carried out using mobiles to target patient wellness, including the Three Million Lives Campaign, the largest randomized control trial of telecare and telehealth in the world, aimed at reducing diabetes, heart failure and lung disease.

Under the Department of Health, Public Health England are already running national SMS mTobaccoCessation programmes and focusing on developing new mHealth initiatives to prevent NCDs.

The UK officially joined the initiative in July 2014 with a formal launch at the opening ceremony of the Commonwealth Games. The focus of its partnership with the initiative will be on assisting in the development of Planning & Implementation Documents (PIDs) and toolkits (apps, SMS content), sharing existing digital assets, financial support, assisting in-country operations and strengthening the links with the eHealth innovations community.



Lavez vous les  
mains à l'eau et au  
savon régulièrement

Photo credit: C. Black/WHO

## SMS WARNINGS ABOUT EBOLA

In August 2014, Senegal's Ministry of Health followed the example of the mDiabetes programme to drive massive public awareness about Ebola. 4 million SMS messages, targeted to people living in the capital city of Dakar and the St-Louis region, were sent to the general public warning of the dangers of Ebola and how to prevent it.

Through the SMS campaign, launched in partnership with major mobile phone operators in Senegal, people were encouraged to alert health authorities of anyone showing signs of a fever and bleeding by calling a toll-free number. The messages were shared ahead of large-scale public events, including football matches and rallies.

Senegal's SMS Ebola campaign could be rolled out at top speed thanks to the existing collaboration among stakeholders created by the mDiabetes platform. "The common use of the technology platform shows how investment in mobile health is a way to improve overall population health as quickly and efficiently as possible," said Dr Douglas Bettcher, WHO Director of Prevention of Non-communicable Diseases.

### mTobaccoCessation in the Philippines

The Be He@lthy, Be Mobile initiative was introduced during the Philippines mHealth Forum in April 2014, and initial engagement between the Department of Health and the programme Secretariat was held during the "ICT for Development in the Asia-Pacific Region" with the Asian Development Bank in July 2014. The Philippines Department of Health chose mTobaccoCessation as their first intervention, focusing on implementing the best practices that have been identified in the field and upscaling the country model for the mHealth interventions. The kick-off workshop in November 2014 defined the project scope and plans for implementation, promotion and evaluation. Technical development and testing of the programme are ongoing, and the official launch is planned for 31 May 2015 on World No Tobacco Day.

### mTobaccoCessation and mDiabetes in Tunisia

The Tunisian Ministry of Health approached Be He@lthy, Be Mobile with the intent of scaling up a country model for both the mTobaccoCessation and mDiabetes interventions and implementing the best practices that have been identified during field application in other Member States. This will provide valuable lessons in the re-appliability and scalability of programmes.

The first national mHealth programme will be developed in 2015, and will be a multi-sectoral collaboration with stakeholders including the Tunisian Ministry of Health, WHO global, regional and country offices, and ITU global and regional offices. A national steering committee has already been formed and held initial sessions, and field visits are underway.

### Sustainability

There is increasing importance of sustainability in development projects, including sustainable funding mechanisms, cost sharing and capacity building. The Be He@lthy, Be Mobile country programmes are significant as they are all carried out at a national level and are sustained government programmes, integrated into local planning processes with government ownership for budgets, staff, facilities and platforms.

Importantly, the infrastructure developed in Costa Rica, Zambia and Senegal can be used in future programmes to include a multitude of mobile solutions for different countries. The knowledge gained by these national NCD mHealth programmes will help patients, health care workers, health providers, governments, as well as health entrepreneurs and donors, to better tackle NCDs and other health issues in the future.

An elderly woman with dark hair, wearing a white lace-trimmed blouse, is smiling warmly while looking at a smartphone. The phone is being held by another person whose hands are visible. The background is a bright, out-of-focus outdoor setting with greenery and a white railing. The overall mood is positive and focused on digital literacy for the elderly.

**BE HE@LTHY**

# BE MOBILE



Photo credit: ©Tim Bishop/TimBisMedia

Lord Leitch,  
Bupa Chairman and  
Dr Hamadoun Touré,  
ITU Secretary-General,  
January 2014

## PARTNERSHIPS

Welcoming the partnership with Bupa,  
ITU Secretary-General  
Hamadoun I. Touré said:

*“Non-communicable diseases are the single greatest factor contributing to mortality and the overall disease burden in developed countries and emerging economies alike. Where mHealth is concerned, ITU works with WHO to share our long-standing experience and our competence in mobile technologies and healthcare as well as our network of partners. We are truly excited about the potential of this new partnership with Bupa to help us accelerate the adoption of mobile health interventions worldwide.”*

Bupa CEO Stuart Fletcher said:

*“Of the 36 million people who died from chronic disease in 2008, nine million were under the age of 60; and 90 per cent of these premature deaths occurred in low- and middle-income countries. mHealth is a cost-effective and accessible way to get health information and tools to people so that they can keep well and we can reduce the impact of chronic diseases worldwide. Through this partnership we will be at the heart of a systemic intervention in healthcare and will help millions of people to live longer, healthier, happier lives, fulfilling our purpose.”*

The Be He@lthy Be Mobile initiative has a clear partnership strategy and is eager to work with private sector, philanthropies, national governments and civil society who share the Be He@lthy, Be Mobile vision.

Participating organizations contribute to the programme through funds. In addition, in-kind contributions such as intellectual property, knowledge, and other support for country projects and global work is encouraged.

The private sector has demonstrated high interest in joining the joint UN initiative, including companies from the pharmaceutical, insurance, and technology industries.

These companies have partnered with the programme to share their expertise, provide funds and improve knowledge about how to best tackle NCDs using mobile phones.

As of December 2014, nine partners from the pharmaceutical, telecommunications and devel-

opment sectors have formally signed agreements to join the global initiative. In addition, civil society partnerships play an important role, providing advocacy and technical experience to the initiative.

At country level, mHealth initiatives attract the involvement of multiple partner organizations who play an important role in the success and sustainability of national mHealth programmes.

The initiative has a clear policy on conflict of interest, and all partners who join must undergo a due diligence process to screen for commercial activities in the fields of tobacco, arms, child pornography and child labour.

The Steering Committee commissioned an external review of the Be He@lthy, Be Mobile partnership strategy, which concluded that the initiative was meeting objectives and in line with standards. A recommendation to strengthen communications with partners has been addressed.

## BUPA PARTNERSHIP, SIGNED 12 NOVEMBER 2013

The International Telecommunication Union (ITU) signed a ground-breaking partnership agreement with international healthcare company Bupa on 12 November 2013 to collaborate on the mHealth initiative Be He@lthy Be Mobile. Bupa and ITU joined forces to provide multidisciplinary expertise, health information and mobile technology to fight chronic non-communicable diseases (NCDs), including diabetes, cancer, cardiovascular and chronic respiratory diseases, in low- and middle-income countries.

## BUPA WILL CONTRIBUTE WITH:

1. \$2 million in funding over a four year period
2. Expert knowledge
3. Health information
4. Innovative technology

These key contributions will support the adoption of mHealth interventions by governments to address prevention and treatment of NCDs and their common risk factors, including tobacco use, diet, stress and physical inactivity.

*"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

*"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

*"This initiative presents us with many great opportunities, as a member state. We have a very high penetration of mobile phones, and this is a very cost effective way to reach a lot of people in a short time."*  
Emmanuel Makasa, MD, Counsellor-Health, Republic of Zambia

*"Our experience has been good. It's a low cost but highly effective system."*  
Daisy Corrales, former Minister of Health, Costa Rica

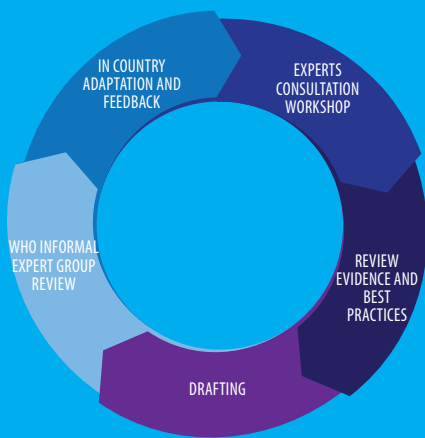
*"This is most exciting time in healthcare since we discovered penicillin. There is the ubiquity of the mobile communications device together with the understanding that real time data can radically change health outcomes."*  
David Rowan, Editor, Wired

*"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



## TOOLKITS AND DEVELOPMENT

### PID DEVELOPMENT PROCESS



**Planning & Implementation Documents (PIDs)** for each mobile intervention are developed by the Secretariat together with academic and technology partners. These documents contain business and technology rules and operations guides, as well as the content for the specific intervention.

The PIDs are standard operating procedures which are created, refined, used in countries, and then further tailored to deliver the highest level of efficiency. The PIDs also become the blueprint for how a country can run a national mHealth programme; once they are published, they act as a model for all other countries.

The mTobaccoCessation PID has been published and four further mHealth PIDs are under development: mDiabetes, mWellness, mCervicalCancer and mHypertension (treatment and management). The next area of focus will include mAlcoholCessation.

A future area of technical work is the development of a “Technology Implementation Toolkit” which will provide guidance to countries on how to build end-to-end interoperable, scalable and secure mHealth systems, and the required enabling ecosystem that can ensure secure and integrated delivery of mobile health services for all citizens.

#### Measuring performance

The Be He@lthy, Be Mobile initiative, in collaboration with Cambridge University’s Judge Business School, developed a monitoring and evaluation framework specifically for mHealth against NCDs in Low and Middle Income Countries. Based on existing literature and expert advice, the framework contains a set of 12 core indicators to provide an objective methodology for assessing programme effectiveness and impact. These indicators include programme accessibility to the target audience, potential barriers, impact of the programme design on behavioural change, financial sustainability, and benchmarks to other solutions tackling NCDs.

Monitoring and evaluation components are fundamental elements of the country projects and are assessed in an ongoing, iterative process using a simple qualitative assessment tool. This allows the identification of programme strengths and weaknesses as well as development of an action plan to address problems and improve efficacy.

**Commonwealth Games, July 2014.**

From left to right:

Dr. Fiona Adshead,  
*Bupa*Baroness Neville-Rolfe,  
*UK Department for Business,  
Innovation & Skills*Mr. Ramil Burden,  
*GSK*Mr. Nick Banatvala,  
*WHO*Mr. Yushi Torigoe,  
*ITU*

Photo credit: ©Andrés Martín/Bupa

## COMMUNICATIONS AND ADVOCACY

*"The Be He@lthy, Be Mobile initiative employs successful mobile strategies for people with diabetes and their caregivers, and provides access to training resources for health workers in countries around the world, furthering Sanofi's aim of bringing about far-reaching improvements in comprehensive diabetes management, treatment and care."*

*Pierre Chancel, Senior Vice-President,  
Sanofi Global Diabetes*

Be He@lthy, Be Mobile has been promoted and profiled at a number of global events, reaching a large audience that represents all related sectors and stakeholders within the mHealth for NCD ecosystem. These outreach activities have been critical in raising awareness of the initiative and generating interest from participating countries and potential partners. Following the mHealth Side Event at the 2013 World Health Assembly, 23 countries expressed interest in joining the initiative. Of these, seven countries – Costa Rica, Senegal, UK, Zambia, Norway, the Philippines and Tunisia - have joined the programme in its first two years.

## KEY EVENTS IN OUTREACH & ADVOCACY

### MAY 2013, WORLD HEALTH ASSEMBLY, GENEVA

- » *mHealth Side Event include a panel from the Ministries of Health of Costa Rica, Mali, Russian Federation & Zambia*
- » *The Global NCD Action Plan 2013-2020, adopted by the Assembly, referenced the Be He@lthy Be Mobile initiative*

### JULY 2013, UN ECOSOC MEETING, GENEVA

- » *At the Ministerial Breakfast, Be He@lthy, Be Mobile was profiled with 13 senior government representatives*
- » *The Representatives participated in brainstorming discussions with private sector and NGO community*

### OCTOBER 2013, EUROPEAN COMMISSION MEETING, AUSTRIA

- » *Members of the Be He@lthy, Be Mobile Secretariat were invited to present the initiative by the European Commission at their annual health meeting in Gastein*

### NOVEMBER 2013, GIZ CLUSTER MEETING, VIETNAM

- » *The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH expressed interest in supporting the initiative and in co-funding a country model for mHealth*

### JANUARY 2014, BUPA MHEALTH EXPERT PANEL, LONDON

- » *An expert panel was co-organized with Bupa, to discuss the transformative role of mHealth*
- » *The event was attended by several key UK-based players in the mHealth for NCD ecosystem*
- » *Attendees were highly enthusiastic about the potential role of the initiative in addressing those challenges*

### FEBRUARY 2014, MWEALTH WORKSHOP, LOS ANGELES

- » *A three-day Global mWellness Workshop was co-organized with the University of Southern California*
- » *The event brought together universities, governments, private sector & philanthropic foundations to profile successful mHealth interventions*
- » *The consultation is in the process of establishing a working group with academic experts and sectors involved in the initiative*

### JULY 2014, COMMONWEALTH GAMES, GLASGOW

- » *An event was held announcing that GSK and the UK government joined the initiative*

### NOVEMBER 2014, EHEALTH IN NORWAY (EHIN) CONFERENCE, OSLO

- » *The conference brought together a range of public and commercial operators to create a common forum on the theme of digitizing health care in Norway*
- » *The Norwegian government's participation in the initiative was announced during the conference to approximately 1,000 participants from Norway's health and technology sectors*

### NOVEMBER 2014, TECHNICAL PLANNING WORKSHOP, MANILA

- » *The workshop kicked off the Philippine mTobaccoCessation programme, with agreement on project scope and plans for implementation, promotion and evaluation*

### NCDs Side Event at the World Health Assembly, May 2013.

From left to right:

H.E. Dr. Peter Mwaba,  
*Ministry of Health, Zambia*

H.E. Dr. Svetlana Axelrod,  
*Ministry of Health, Russian Federation*

H.E. Mr. Makadji Zoumana,  
*Ministry of Health, Mali*

Dr. Douglas Bettcher,  
*WHO*

H.E. Dr. Daisy Corrales-Diaz,  
*Ministry of Health, Costa Rica*

Mr. Brahim Sanou,  
*ITU*

Dr. Najeeb Al-Shorbaji,  
*WHO*



Photo credit: R. Farrell

## GOVERNANCE AND PROGRAMME MANAGEMENT

Two bodies coordinate the Be He@lthy, Be Mobile initiative: the Secretariat and the Steering Committee.

The mHealth Secretariat, staffed by WHO and ITU, is responsible for operations, fundraising, technical development of PIDs, country coordination and implementation and partnership outreach. Secretariat HR expenses for staff are modest – WHO has one full time staff member and two staff members who contribute 20% of their time. ITU has one full time staff member and one staff member who contributes 50% of their time.

The Steering Committee, made up of senior staff from WHO and ITU, meets at least once every quarter and provides the Secretariat with guidance and oversight.

Informal Expert Groups (IEGs) are established by the Steering Committee for each mobile intervention area. The role of IEGs is to review the successes and failures of existing projects, provide advice and adapt best practices from existing projects to different countries, develop a generic framework for monitoring and evaluation, and develop a campaign and costing model for mobile health interventions at national scale.

Partners and countries who join Be He@lthy, Be Mobile support the initiative through a Stakeholders Forum which meets once a year.

In line with the goals of the programme, the Secretariat manages all its operations through the use of mobile management software.

**INITIATIVE  
MILESTONES****OCTOBER 2012**

- » *Be He@lthy, Be Mobile* initiative launched

**JANUARY 2013**

- » *Costa Rican government requests to join the initiative*

**MAY 2013**

- » *Initiative presented at the World Health Assembly, with over 175 delegates attending*
- » *mCessation toolkit developed for Costa Rica*

**JULY 2013**

- » *M&E framework for Costa Rica developed*
- » *IFPMA and Verizon join as global partners*

**OCTOBER 2013**

- » *mTobaccoCessation service launched Costa Rica*

**NOVEMBER 2013**

- » *Ministries of Health of Senegal and Zambia formally join the initiative*
- » *Bupa joins as a global partner*

**JANUARY 2014**

- » *The NCD Alliance joins as a global partner*

**MARCH 2014**

- » *The Philippine government joins the initiative*

**JUNE 2014**

- » *mRamadan, the first stage of mDiabetes, launches in Senegal*
- » *UK government joins the initiative*

**AUGUST 2014**

- » *Novartis joins as a global partner*

**NOVEMBER 2014**

- » *Norwegian government joins the initiative*
- » *The full mDiabetes programme launches in Senegal*

**DECEMBER 2014**

- » *Sanofi and GSK join as global partners*
- » *mTobaccoCessation PID is published*



**BE HE@LTHY  
BE MOBILE**

## ANNEX 1 STEERING COMMITTEE

THE STEERING  
COMMITTEE IS  
COMPOSED OF THE  
FOLLOWING  
MEMBERS:

**Dr Najeeb Al-Shorbaji,**

*Director, Department of Knowledge Management & Sharing, WHO*

**Dr Nicholas Banatvala,**

*Senior Adviser to the Assistant Director General, Non-communicable Diseases and Mental Health, WHO*

**Dr Douglas Bettcher,**

*Director, Prevention of Non-communicable Diseases, WHO*

**Mr Kemal Huseinovic,**

*Chief of the Infrastructure, Enabling Environment and E-Applications, ITU*

**Dr Eun-Ju Kim,**

*Chief of Partnership and Innovation Department, ITU*

**Mr Yushi Torigoe,**

*Deputy to the Director and Chief of Administration & Operations Coordination, ITU*

**Former members:**

**Mr Mario Maniewicz,**

*Chief of the Infrastructure, Enabling Environment and E-Applications, ITU*

**Mr Philippe Metzger,**

*Deputy to the Director and Chief of Administration & Operations Coordination, ITU*

## INFORMAL EXPERT GROUPS

TWO INFORMAL  
EXPERT GROUPS  
(IEGS) HAVE BEEN  
ESTABLISHED TO  
DATE:

### mTobaccoCessation:

**Dr. Lorien Abrams,**

*Associate Professor and Director of Public Health Communication and Marketing, George Washington University, Washington DC, USA*

**Dr. Erik Auguston,**

*Program Director in Tobacco Control Research, National Cancer Institute, Bethesda, MD, USA*

**Dr. Caroline Free,**

*Senior Lecturer in Epidemiology, London School of Hygiene and Tropical Medicine, London, UK*

**Dr. Pratima Murthy,**

*Chief of De-addiction Services, National Institute of Mental Health and Neurosciences, Bangalore, India*

**Dr. Robyn Whittaker,**

*Public Health Physician, Waitemata District Health Board, New Zealand*

### mDiabetes:

**Dr. Line Kleinebreil,**

*Primary Care Physician, Paris, France*

**Dr. Marc-Andre Raetzo,**

*Primary Care and Public Health Expert, Onex, Switzerland*

**Dr. Ambady Ramachandran,**

*Researcher, Indian Diabetes Research Foundation, Chennai, India*

**Dr. Nalini Saligram,**

*CEO, Arogya World, Napierville, IL, USA*

**Dr. Nikhil Tandon,**

*Professor, All India Institute of Medical Sciences, New Delhi, India*

**Dr. Nigel Unwin,**

*Professor of Public Health and Epidemiology, University of the West Indies, Cave Hill, Barbados*

**Dr. Josefien Van Olmen,**

*Institute of Tropical Medicine, Antwerp, Belgium*

**Dr. Robyn Whittaker,**

*Public Health Physician, Waitemata District Health Board, New Zealand*

**The IEGs for mWellness and mCervicalCancer are currently undergoing formation.**



## ANNEX 2 FINANCIAL OVERVIEW: INCOME AND EXPENDITURE

**TABLE 1.**  
FUNDS RAISED BY  
SECTOR FOR 2013-2016  
(IN US DOLLARS)

	2013	2014	2015+	4 Year Total	Funding gap 2013-2016
<b>Pharmaceutical</b> IFPMA, GSK, Novartis and Sanofi	\$104,603	\$150,000	\$1,421,516	<b>\$1,676,119</b>	<b>\$323,881</b>
<b>Health insurance/ wellness</b> Bupa	\$150,000	\$350,000	\$1,500,000	<b>\$2,000,000</b>	-
<b>Sporting goods</b>					<b>\$2,000,000</b>
<b>Telecoms/technology</b> Verizon	\$71,429		\$71,429	<b>\$142,858</b>	<b>\$1,857,142</b>
<b>Bilaterals/ foundations</b> African Development Bank, Asian Development Bank			\$880,000	<b>\$880,000</b>	<b>\$1,120,000</b>
<b>All Sectors</b>	<b>\$326,032</b>	<b>\$500,000</b>	<b>\$3,872,945</b>	<b>\$4,698,977</b>	<b>\$5,301,023</b>

### Financial highlights

Fundraising for Be He@lthy, Be Mobile is carried out across 5 industry groups, targeting \$2 million per group across pharma, insurance, sporting goods, technology and bilaterals/foundations sectors for the four years of the initiative. Partners give

donations to ITU directly, and the Steering Committee allocates funds to countries and for technical work.

By December 2014, partners have committed \$4.7 million for the four years of the initiative, leaving a gap of \$5.3 million still to be raised.

### IN-KIND CONTRIBUTIONS NON-FINANCIAL SUPPORT FROM PARTNERS, COUNTRIES AND ACADEMIC INSTITUTIONS

Donor	In-kind support
<b>WHO</b>	Additional Staff to Secretariat & Steering Committee
<b>ITU</b>	Additional Staff to Secretariat & Steering Committee; support for Telecoms 2012
<b>IFPMA</b>	Publication "Health at your fingertips"
<b>Bupa</b>	Provision of technical expertise, content related to diabetes tools, expert contribution to the mDiabetes PID and to country implementation
<b>The NCD Alliance</b>	Advocacy support and technical support across various PIDs
<b>Government of Costa Rica</b>	Technology platform
<b>University of Cambridge</b>	Financial modelling seminar and Monitoring & Evaluation Framework, March 2013
<b>University of Southern California</b>	Workshop on mWellness, February 2014
<b>University of Oxford</b>	Workshop on mHypertension, January 2015

**TABLE 2.**  
SECRETARIAT OPERATING  
INCOME & EXPENSES  
FOR 2013-2014  
(IN US DOLLARS)

INCOME		2013-2014
<b>Total Income</b>		<b>\$967,283</b>
Voluntary contributions		\$826,032
Cash contributions		\$140,959
Interest earned		\$292
<b>EXPENSES</b>		
<b>Total Expenses</b>		<b>\$770,314</b>
<b>Global Activities Subtotal</b>		<b>\$422,740</b>
Programme Coordination and Management (staff to support global and country activity)		\$282,528
Toolkit Development		\$119,163
Promotion & Partnership		\$41,050
<b>Country Activities Subtotal</b>		<b>\$256,630</b>
Programme Planning and Implementation Support		
Costa Rica		\$131,377
Norway		\$12,853
Philippines		\$22,559
Senegal		\$52,030
Tunisia		-
UK		\$13,500
Zambia		\$17,023
Other		\$7,289
<b>Operations Subtotal</b>		<b>\$70,943</b>
Administrative and Operational Services (AOS)		\$54,244
ITU Administrative Agent's Cost (1%)		\$8,237
Bank and Other Charges		\$8,463
<b>Remaining Funds for the Period 2013-2014</b>		<b>\$196,969</b>

Expenses for 2014 include commitments as at December 11th 2014. The 2014 figures are unaudited pending finalization of the 2014 financial period. Where applicable, figures in Swiss Francs (CHF) have been converted to US Dollars (USD) using the average UN operational rate of exchange for the relevant financial period.

## ITU PARTNERS

Be He@lthy, Be Mobile  
would like to express  
its appreciation to all its  
donors and partners.



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