**Global mHealth Forum, Gaylord Hotel, PG County Maryland**

**December 10-11, 2014**

**Overview**:

This year’s mHealth Summit piloted a new format with a separate Global Forum designed to address the needs of international development practitioners working in LMICs. The [mHealth Working Group](https://www.mhealthworkinggroup.org/) has taken over from the now-defunct mHealth Alliance in overseeing the conference agenda and format. More than 560 participants attended the Forum, and gave positive feedback about the highly interactive structure which included 7 thematic tracks (finance, evidence, access, design, ecosystems, innovation, local ownership), application demos, hands-on implementation sessions, and “speed networking” events.

**Abt highlights**:

Abt was represented at the Forum by Pamela Riley, Eric Couper, Joe Contini, Emily Sanders, Pamela Dasher, and Lena Koylada. Abt played a signification role including :

* On the Advisory Board of the mHealth Working Group to shape the Forum agenda
* Facilitation of the Finance Track
* Evidence Plenary (SHOPS)
* Poster session (SHOPS)
* Roundtable on Mobile Money (HFG)
* Workshops on Budgeting (CTC)
* Fail Fest celebrating lessons learned

Abt also proposed and was invited to set up a real-time SMS polling option for Forum attendees on behalf of the conference organizers. Eric Couper and Joe Contini negotiated with TextIt to provide free SMS for participants, and a sponsorship message for Abt. Below are some sample responses to the request for a conference “gem”:

* We've moved from asking "does mHealth work" to asking "Does mHealth maximize what we know works".
* "Technology amplifies human intention"---humans are behind all mHealth work. The messy human-ness is not an obstacle but an asset.
* USA health has much to learn from global mHealth initiatives - our Medicaid, underinsured, uninsured could benefit from many of these high touch low tech connections

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Other Abt activities:

* Eric Couper facilitated a well-reviewed session on budgeting mhealth initiatives, which featured a real use case in which small groups were asked to create a budget and compare assumptions against other groups using pre-populated Excel spreadsheets. Abt will package and publish the exercise which addresses a gap in mhealth implementation resources.
* AIRS representatives Pam Dasher and Lena Kolyada were able to spend time with tech partner Dimagi. Key takeaways included Dimagi’s substantial growth over the past year (now over 100 employees) and their development of JSI’s stock tracking system in Mali which may be leveraged for AIRS electronic inventory system.
* Poster session offered far more exposure than past sessions due to layout along the wall of the central Forum networking/lunch/roundtables room. Emily Sanders reported constant flow of traffic/people taking photos of the poster, and dozens of attendees stopping by to discuss the SHOPS research study using SMS with health workers in Ghana.
* USAID announced a Memorandum of Understanding with mobile operator Orange to collaborate and contribute resources to develop scalable mhealth platforms. SHOPS project facilitated this agreement and is supporting the first set of applications in West Africa. Pam Riley, USAID and Orange executives met at the Forum to discuss partnership parameters including need for regional solutions which cross national boundaries.
* Government plenary with Ousmane Ly from Mali MOH, Dr. Ade Oshin from Nigeria MOH, and Dr. Alvin Marcelo from Philippines MOH emphasized the progress in their three countries toward large scale initiatives, a change from the “pilotis” of years past. Afterwards Pam Riley was able to arrange a private meeting with Dr. Oshin to brief him on HFG’s planned cost effectiveness study of Nigerian government’s transition to mobile money for their conditional cash transfer program and obtain his commitment to support.
* Two Roundtable sessions on mobile money moderated by Pam Riley highlighted the still prevalent gap between the handful of countries where mobile money is used (e.g. Kenya and Bangladesh) and the majority where consumers demand is low. Most of the roundtable participants had not considered the role of health systems in driving adoption of digital finance to smooth consumption, mitigate risk and improve service efficiencies.

**Other trends and themes**

* UNICEF’s U-Report is getting a lot of buzz – provides access to voice of local citizens. It is a voluntary SMS service targeting youth in Uganda and Nigeria, offers health polling questions, posts FAQs, provides counselor number to report gender based violence. Live poll in Nigeria conducted during Forum received 17, 271 responses asking top health issues. The most important health issues identified include malaria, HIV/AIDs, cancer, Ebola, child nutrition and family planning, high blood pressure and diabetes, reproductive health issues and public health.
* Extensive discussion is taking place about the need for new vocabulary for the sector, given the artificial difference between ehealth (traditionally the backbone data networks) and mhealth (devices in the hands of people to implement public health applications). Some are calling for mehealth, some for digital health to better reflect the convergence.
* Many implementers are struggling with the middleware between data collection and data analysis tools, in the same way that Abt is. Per Joe Contini, Abt needs to accelerate its research into ETL (Extract, Transform, Load) platforms to link mhealth off-the-shelf platforms.
* Lack of places to charge phones has grown as a barrier to scaling mhealth. More solar chargers are coming on the market, especially important for tablets and smartphones. Potential suppliers include Voltaic (backpack chargers), and Goal Zero.
* Telerivet and TextIt (both used by Abt) remain the primary SMS tools for low cost interventions.
* eLearning for community health workers is a growing area, but the applications remain fragmented, dominated by English language content, and lacking in evidence.
* Ebola panel concluded that there is “Ebola fatigue” in West Africa. mHealth solutions designed to address the crisis need to incorporate broader health needs.
* Gender themes included the need to train women as software programmers, empower women with ICT skills when marketing mhealth solutions, and conduct research specifically with women users.

**Post-conference follow up:**

* CTC met with Jodi Scarbrough of VecnaCares ([www.vecnacares.org](http://www.vecnacares.org)) who is large scale integration activity in Nigeria. Their systems pipe data into DHIS2 with good potential for HFG. Will follow up in January.
* CTC met with MCDI (previous lead of USAID’s ARMS3 project) with potential to partner of mhealth in future.
* Pam Riley met with International Institute for Communication and Development (IICD Hilde Eugelink, [heugelink@iicd.org](mailto:heugelink@iicd.org)), a Dutch NGO with experience developing French language content for mobile and integrating mobile payments for health savings groups in West Africa. Will explore partnership options for Orange West Africa platform.
* Emily Sanders made connections with Denitza Andjelic, Program Officer – Universal Access, IPPF.