

↳ Dalberg Global Development Advisors: A snapshot of the mHealth Sector

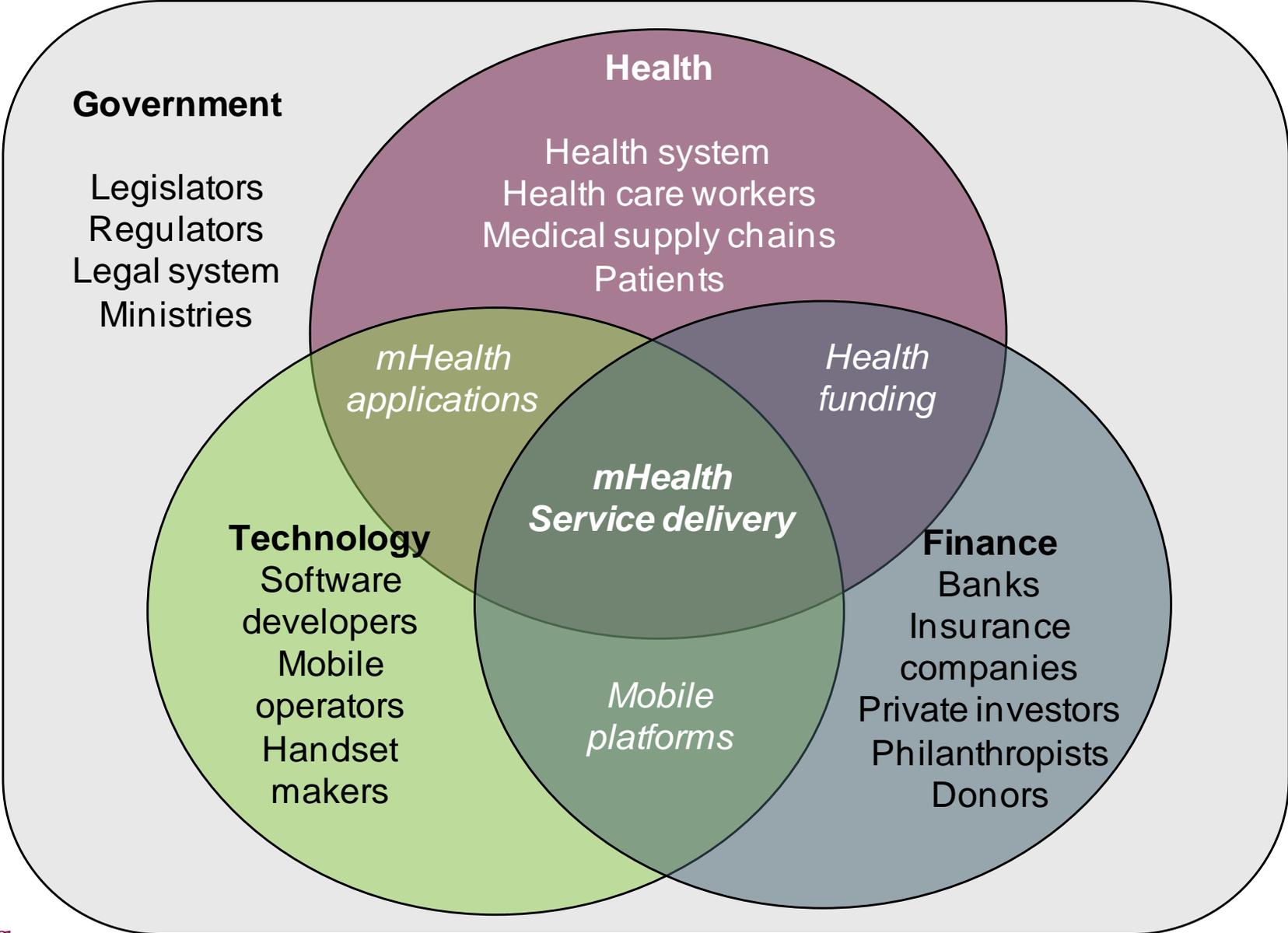


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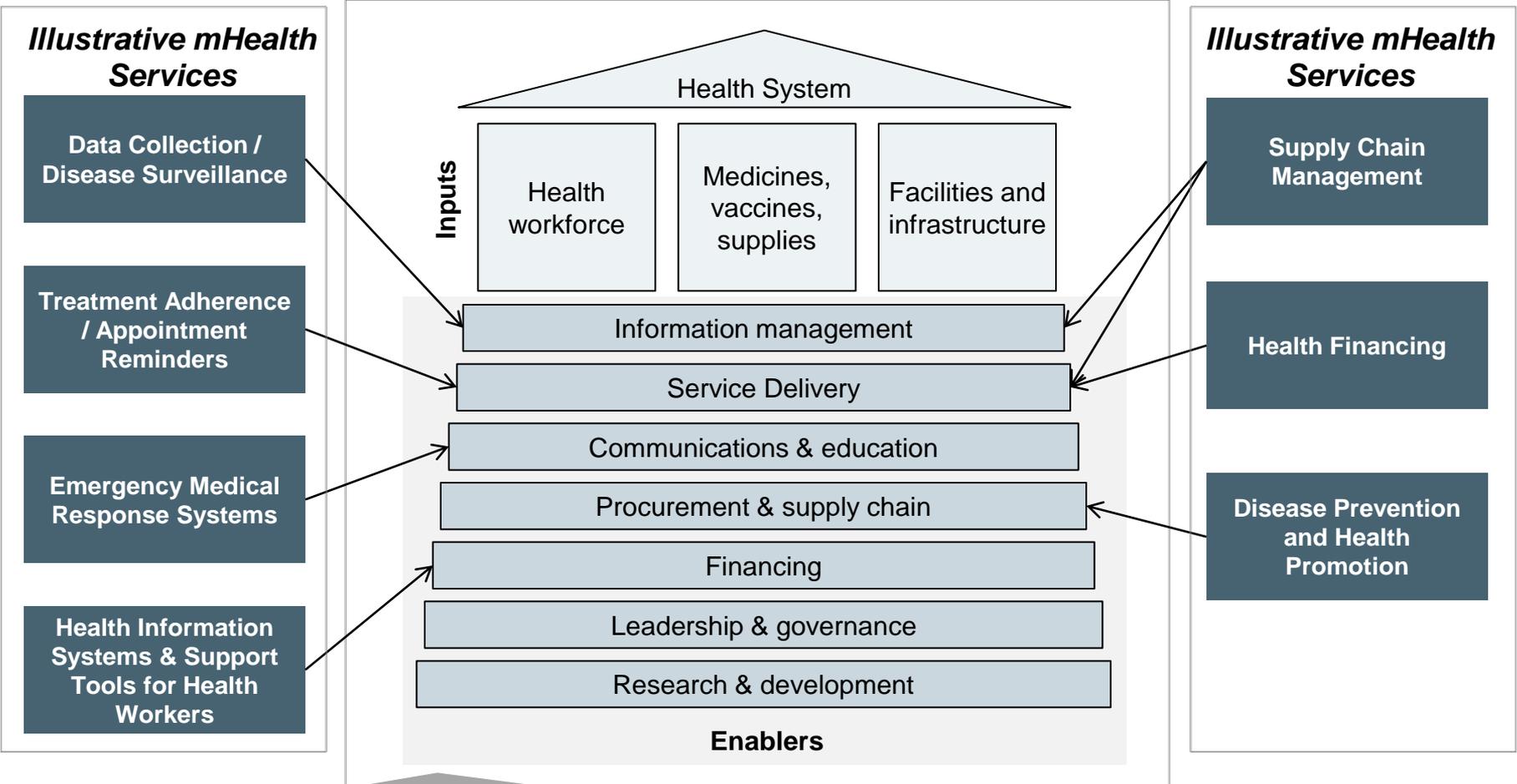
Dalberg's global footprint



The mHealth ecosystem consists of multiple players



mHealth emerging as tools to enable healthcare delivery at numerous points across the health system



The potential “market” for mHealth solutions consists of a diverse range of buyers including consumers, care providers and payers

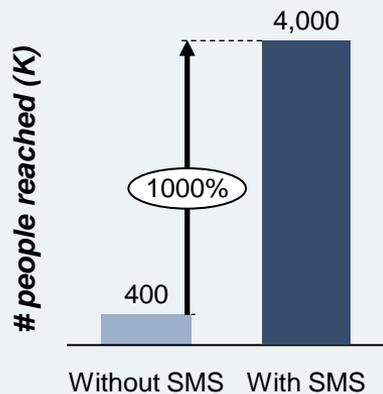
There is limited (but growing) evidence of improved health outcomes; most assessments to date are self-reported and focus on efficiencies

Examples of operational efficiencies

Emergency response, Haiti



1000% increase in # of people reached



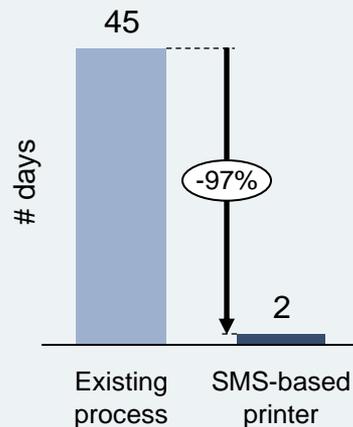
Types of benefits

- Expanded geographic reach of services (e.g. to rural areas)

HIV testing, Kenya



97% decrease in processing time

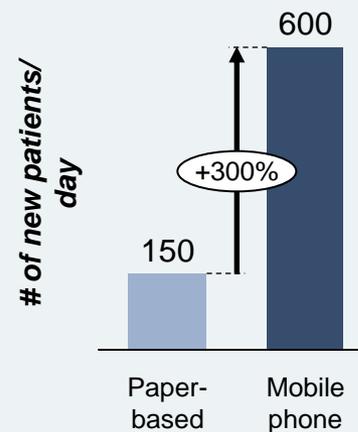


- Increased speed of information delivery
- Improved supply chain efficiency

Patient registry, India



300% increase in volume of data captured



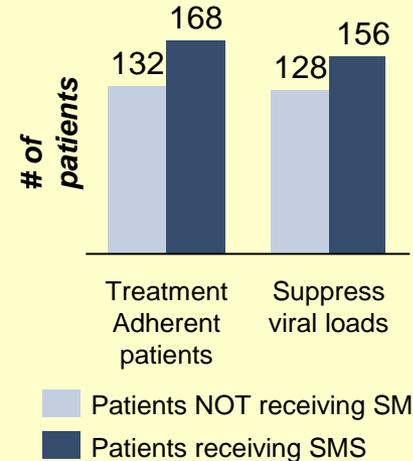
- Promotion of healthy behavior and norms
- Increased quantity and accuracy of information

Example of improved health outcomes

Patient reminders, Kenya



Dramatic increase in adherence to care plans

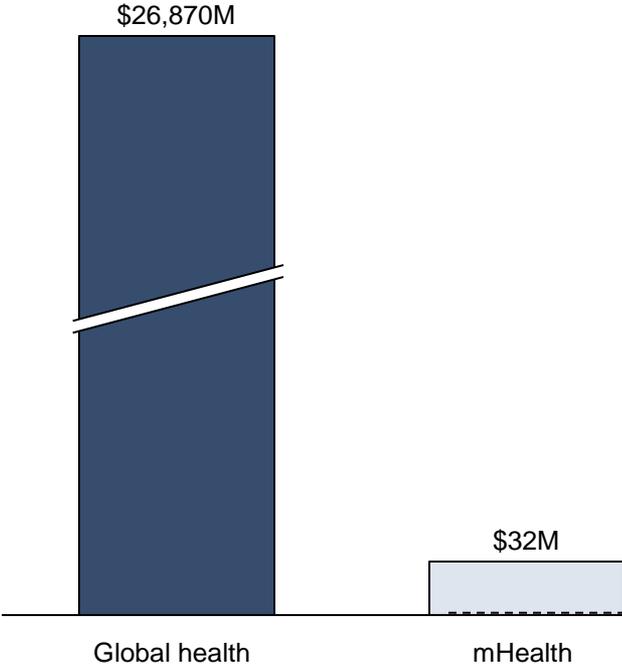


- Increased quality of care
- Improved capacity of health care workers to manage patients

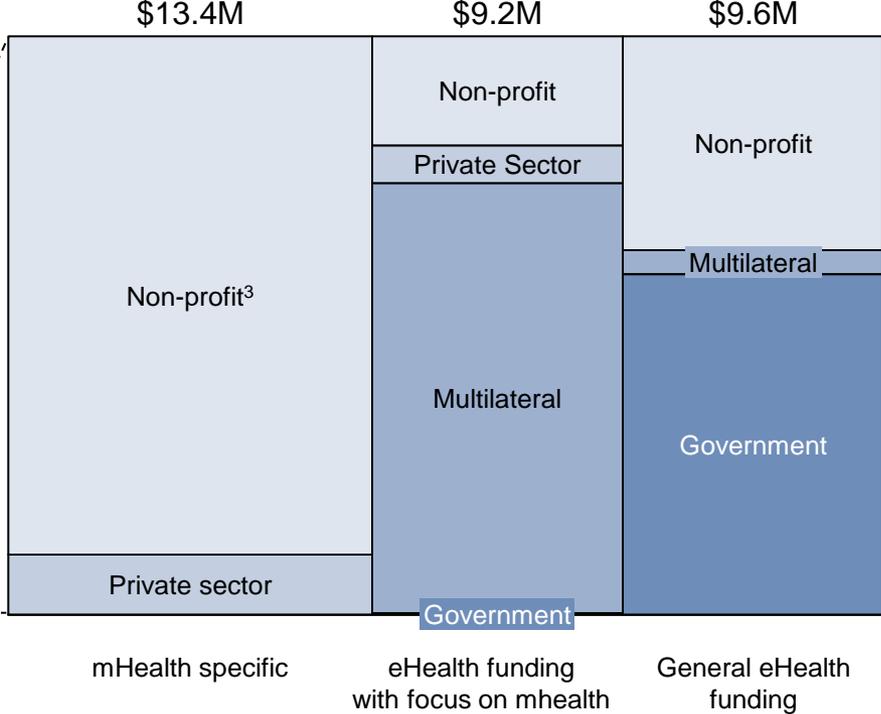
Source: Dalberg research and analysis from World Bank's "Study on Mobile Applications for the Health Sector," as presented in January 20, 2011 webinar - *Mobile Applications: Case Studies and Business Model Analysis*

In 2010, a very small portion of global health funding was spent on supporting mHealth

Global Health Funding 2010¹



mHealth Funding by Type (2010 - illustrative)²

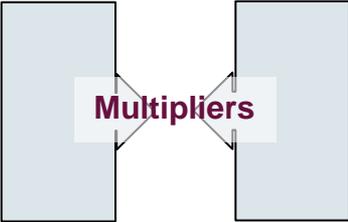


Funding for mHealth was ~0.05% of funding for Global Health in 2010

There are a number of major gaps and barriers constraining the development of the mHealth ecosystem

mHealth impact area

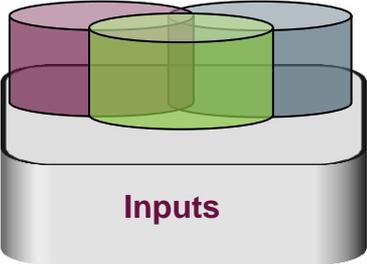
Key gaps and barriers to be addressed



- Lack of **rigorous evaluations**
- **Siloed relationship** with **other mServices** (e.g., mMoney, mEducation)
- Lack of **effective dissemination platform** for knowledge and learnings
- Weak **technology support markets**



- Nascent financing markets (primarily philanthropic; limited **second-phase funding** to scale pilots)
- Limited understanding of full **cost of implementation**
- **Low engagement of major health funders** (GAVI, Global Fund etc)
- Challenges in negotiations and **brokering relationships with MNOs**
- Lack of **interoperability** with enabling systems or technologies
- Lack of **evidence-based studies** to support business case



- Lack of **mHealth policy** or alignment with eHealth policy at national level
- Low levels of **cross-sectoral understanding** between health and mobile communities
- Lack of **standards to enable interoperability**
- Limited **connection** between the **global north & south**
- Low levels of **coordination between players** at national level

Key actions to realize the potential of mHealth

Overcoming barriers to scale and sustainability

Ensure technology is demand-driven

Monitor and evaluate every stage of mHealth service development

Plan for scale beyond pilots

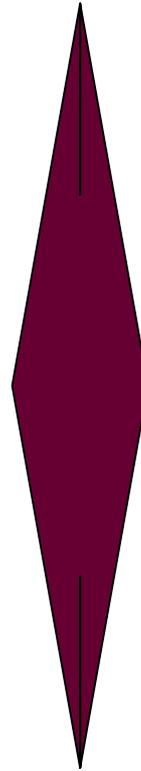
Tap into large scale public spending and budgets

Multiplying the impact of successful applications

Make health information systems standard and interoperable

Institute standards across mobile applications

Invest in literacy and training in ICT and health



Q&A

