

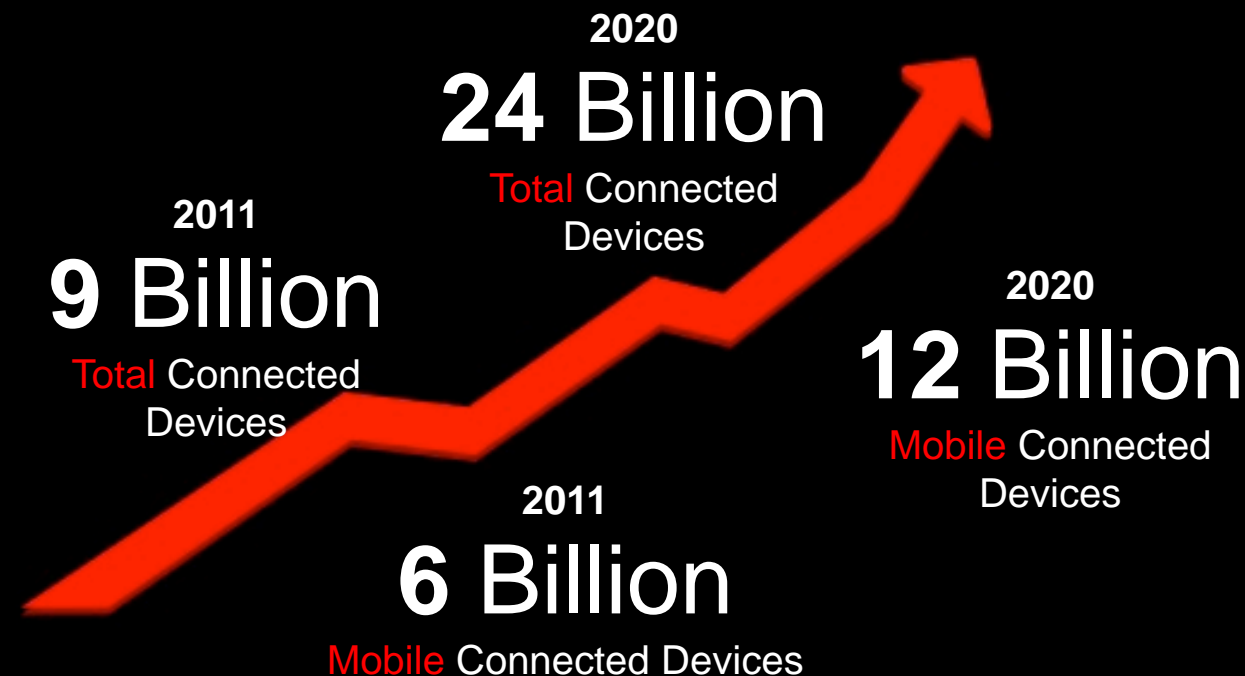


ABUJA
October 19, 2012

Leveraging Mobile & Internet, Communications & Computing Technology (ICT) for Universal Access in Reproductive, Maternal, Newborn & Child Health



The reach of mobile and ICT

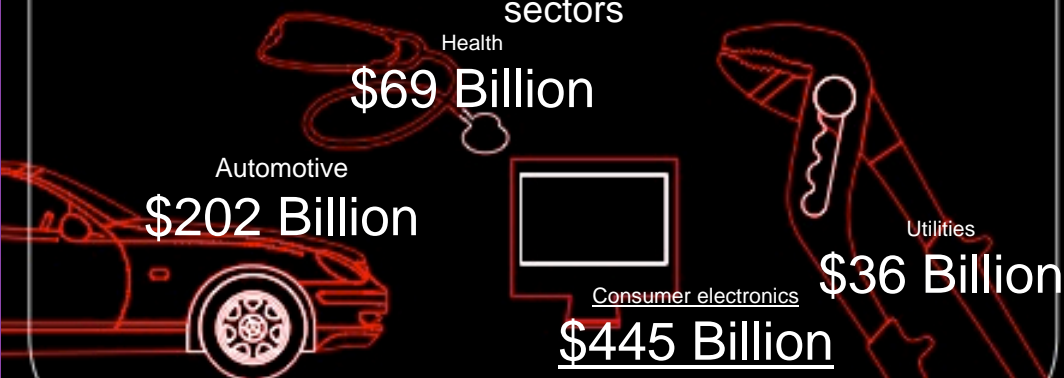


Expansion into adjacent markets: Health, Agriculture, Gender equality, Education, Money, other

Global Opportunity:

CREATE SHARED VALUE

Revenue opportunity for connected devices in vertical sectors



CREATING OPPORTUNITIES THROUGH CROSS-INDUSTRY COLLABORATION

Recommendations – use of ICT in support of Every Woman Every Child

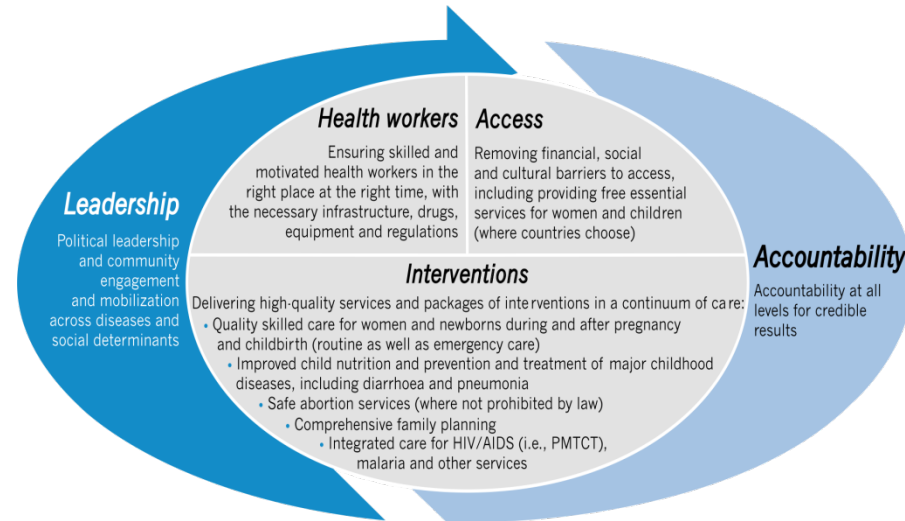
COIA Recommendation 3: helping countries integrate the use of ICTs in their national health information systems

iERG Recommendation 4: accelerate the uptake and evaluation of eHealth and mHealth technologies

UN Commission Recommendation 6: By 2015, all EWEC countries have improved the supply of life-saving commodities and build on ICT best practices for making these improvements.

Delivery of Essential Interventions



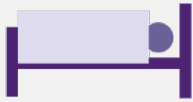

Creating shared value to support the Global Strategy



Examples of existing mobile and ICT commitments:

- **Safaricom** – Leverage mobile assets (+mPESA) into MNCH
- **Intel** - 1Mx15 initiative
- **HP** - Apply human, technical, intellectual, financial assets
- **Infosys** – India PPP to end diarrheal deaths
- **J&J** – MAMA and Baby Centre
- **GSMA** – Pan African mHealth Initiative

Example of services that can support Life-Saving Commodities work

| Continuum of care |  Reproductive |  Maternal |  Maternal & newborn |  Maternal & child |
|-------------------|---|---|---|---|
| Commodity | 1. Condoms 2. Implants 3. Emergency contraception | 1. Magnesium sulfate 2. Oxytocin 3. Misoprostol | 1. Chlorhexidine 2. Injectable antibiotics 3. Resuss equipment 4. Antenatal steroids | 1. ORS 2. Zinc 3. Amoxicillin |
| Service examples | DEMAND GENERATION prevention, promotion, participation, behaviour change | | | |
| | REGISTRATION mobile & health identity | | | |
| | HCW health risk assessments, job aids, quality control, reporting | | | |
| | SUPPLY CHAIN stock outs, facility management, authentication | | | |
| | ADHERENCE & MONITORING reminders, surveillance, diagnostics, referral | | | |
| | m(OTHER) mWomen, mMoney, mLearning, other | | | |

Evidence to support implementation

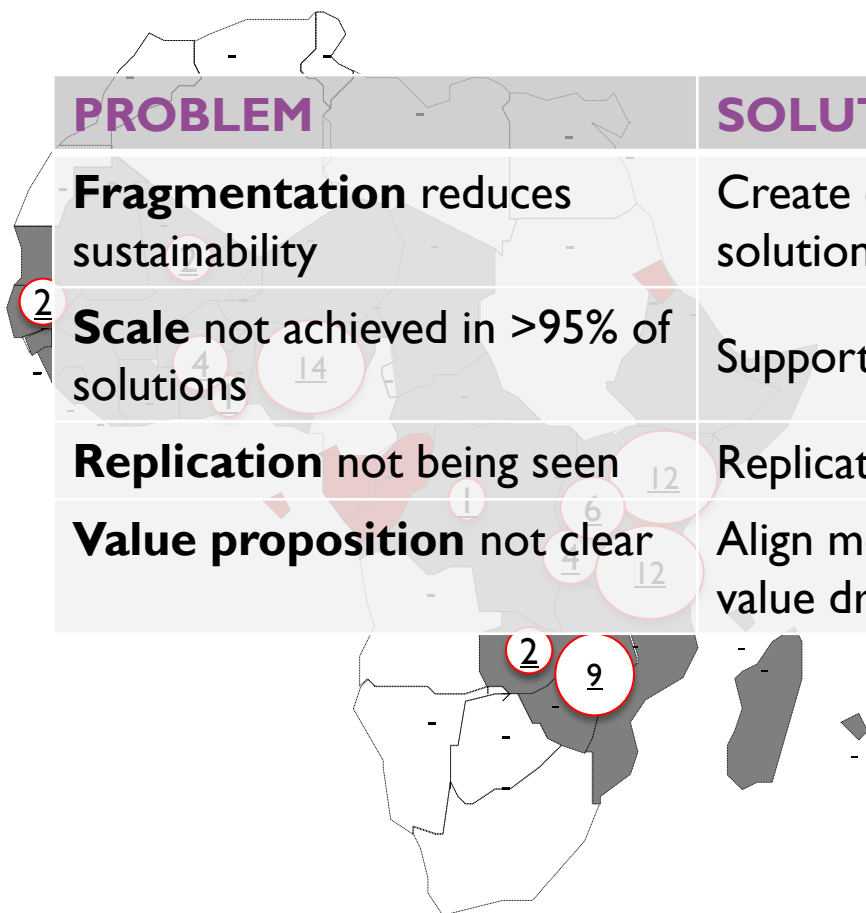
A sample of 6000 patients in UK Department of Health were involved in a double blind Randomised Clinical Trial (RCT):

Initial findings:

- 15% reduction in A&E visits
- 20% reduction in emergency admissions
- 14% reduction in elective admissions
- 14% reduction in bed days
- 8% reduction in tariff costs
- 45% reduction in mortality rates



Converting latent potential to sustainable impact for MNCH



A map of Africa is overlaid on the table, with numbered circles indicating data points for various countries. The numbers are: 2 (in a red circle) in West Africa, 4 (in a red circle) in Central Africa, 14 (in a red circle) in Central Africa, 12 (in a red circle) in East Africa, 1 (in a red circle) in East Africa, 6 (in a red circle) in East Africa, 12 (in a red circle) in East Africa, 2 (in a red circle) in Southern Africa, and 9 (in a red circle) in Southern Africa.

| PROBLEM | SOLUTION (Objectives) |
|--|---|
| Fragmentation reduces sustainability | Create ethical, interoperable, secure, integrated solutions that meet RMNCH needs |
| Scale not achieved in >95% of solutions | Support implementation amongst PPPs |
| Replication not being seen | Replicate across multiple countries |
| Value proposition not clear | Align mobile/ICT and health around common value drivers |

Linking the need with PMNCH work plan

| SOLUTION (Objectives) | Link to PMNCH work plan (support) |
|---|--|
| Create ethical, interoperable, secure, integrated solutions that meet RMNCH needs | SO 1.1 – Synthesise evidence on priority areas and innovation |
| Support implementation amongst PPPs | SO 1.3 – Promote action SO 2.2 – Facilitate advocacy coalitions SO 3.1 – Link to iERG and COIA |
| Replicate across multiple countries | SO 1.2 – Facilitate/broker multi-constituency buy-in SO 2.3 – Facilitate accountability |
| Align mobile/ICT and health around common value drivers | SO 2.1 – Design communication strategy SO 2.4 – Provide advocacy support |

Next steps

1. Develop a communication strategy that can be distributed,/advocated amongst PMNCH membership;
2. Synthesise evidence and address gaps by leveraging advocacy efforts by global organisations;
3. Facilitate/broker partnerships between PMNCH members for leveraged impact;
4. Identify select countries to develop a reference implementation (e.g. Nigeria, India)
5. Ensure mobile and ICT form part of post MDG agenda



Thank you