Is Australia’s experience relevant to LMICs?

mHealth and Telemedicine
Contents

- Definitions and Context
- Objectives
- Methodology
- Findings
- Discussion and Conclusions
<table>
<thead>
<tr>
<th>Definitions</th>
<th>eHealth</th>
<th>mHealth</th>
<th>Telehealth</th>
<th>Telemedicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICT for health</td>
<td>Supported by mobile devices</td>
<td>Distance is a critical factor</td>
<td>Synonymous with Telehealth</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
eHealth

mHealth

TeleMedicine
mHealth and telemedicine: why the interest?

- Can improve access and efficiency
- Can address the ‘tyranny of distance’
- Connectivity is improving in LMICs
- Australia has experience in this field
Objectives

1. Situational analysis for Indonesia, Cambodia, Papua New Guinea, and Samoa
2. Situational analysis for Australia
3. Lessons from Australia to LMIC?
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Methodology

- Review of public data sources
  - GSMA Intelligence
  - www.mhealthevidence.org
  - Follow-up with Google/Google Scholar

- Key informant interviews
### Findings

<table>
<thead>
<tr>
<th>Country</th>
<th>SIM penetration (% of population) Q4 2014</th>
<th>Unique subscribers (% of population) Q4 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>121</td>
<td>40.17</td>
</tr>
<tr>
<td>Cambodia</td>
<td>152</td>
<td>52.99</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>48</td>
<td>31.01</td>
</tr>
<tr>
<td>Samoa</td>
<td>124</td>
<td>61.29</td>
</tr>
<tr>
<td>Australia</td>
<td>126</td>
<td>90.14</td>
</tr>
</tbody>
</table>

Sources: GSMA Intelligence 2015 (https://gsmaiintelligence.com/markets); ITU datasets 2015
Samoa - Initiatives in the pipeline

Indonesia - 5 mHealth - 4 Telemedicine

PNG - 3 mHealth - 3 Telemedicine

Cambodia - 7 mHealth - 1 Telemedicine

Sources: Google maps, Research findings
Findings

• **Improved communications**
  – Client education
  – Hotlines
  – Provider education

• **Data transfer**
  – Routine data collection
  – Surveillance

Findings

- **Improved communications**
  - Client education
  - Hotlines
  - Provider education

- **Data transfer**
  - Routine data collection
  - Surveillance

Pictures: CAMeWARN presentation, Mr IENG Varna, Communicable Disease Control Department, Ministry of Health, Cambodia
Challenges

- SIM card switching
- Low literacy rates
- Lack of policies and regulation
- Poor capacity for technology

More fundamental
Australia - mHealth

National Drugs Campaign
My Quit Buddy
National Health Services Directory
My Child’s eHealth Record
… and a significant number of others
Source: http://www.uq.edu.au/coh/telepaediatrics
The private sector

- Seen as heavily cost-saving
- Invested in:
  - Software development
  - Electronic documentation
  - EPR-based remuneration
Discussion:
Is Australia’s experience relevant to LMICs?

Australia has plenty to offer!

But aren’t they too different?
Is Australia’s experience relevant to LMICs?

- Developed software and content
- The role of financial incentives
- Winning over health professionals
- The role of coordination
- Improved M&E and cost-effectiveness data
- National eHealth Transition Authority (NEHTA)
But…
other challenges might need to be addressed first

- Capacity for technology
- Health systems integration
- Health systems financing
- Legislation and regulation
Conclusions

• The potential for mHealth and telemedicine is huge
• Australia can offer assistance in terms of its existing experience
• However, basic building blocks must be in place first
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