

m/eHealth COMMUNITY OF PRACTICE

10th July 2015

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Meeting Details

Meeting: Meeting of the e/mHealth Community of Practice (CoP)

Facilitator: Vitalwaves

Date: Friday, 10th July, 2015

Time: 9am

Venue: Sheraton Hotel, Abuja

Summary

The 8th CoP was attended by 46 organizations with presentations as follows:

- Olasupo Oyedepo – Draft National Health ICT Strategic Framework including the Action plan document Tour
- Eddington Danda - Insights from GSMA Consumer Research Findings in Nigeria and Q&A

- Alexandar Paxton - GSMA Market Access Survey: Measuring the health and economic proof points around Mobile

The Presentation can be assessed using the link: [PRESENTATIONS](#)

Question and answers were entertained after each presentation

Introduction

The meeting started at 10:18am with a brief welcome remark by Emeka Chukwu. He enlightened that the community of practice with initial support from UN Foundation and GSMA is designed to provide the platform for collaboration and knowledge sharing around health ICT. He then invited Brooke Partridge of vital waves to facilitate the meeting. Everyone present subsequently introduced themselves and their organization.

Presentations

1. Draft National Health ICT Strategic Framework – Olasupo Oyedepo

Olasupo Oyedepo started by providing a background to the health ICT framework development process. He then walked participants through the draft health ICT strategic framework document. He explained that the document has three parts:

- Vision
- Action Plan
- M&E Plan

He started that the health ICT vision which was collaboratively drafted:

“By 2020 health ICT will help enable and deliver universal health coverage”

He posited that the 7 components of the WHO-ITU enabling environment for eHealth were used as a guide for the recommendations to help address the Health ICT vision. He went on to give a brief highlight of some recommendations in the draft

framework and how they informed the action plan. He explained that the action plan was in three parts :

- Phase 1 – Setup (year 1)
- Phase 2 – Deployment (years 2-3)
- Phase 3 – Maintenance (years 4-5)

He also explained how the activities are grouped according to the 7 health ICT enabling environment action lines to align with the recommendations.

Q/A

At this juncture, Mr. Oyedepo sought questions on the draft framework and detailed the action plan presentation.

-Tony thanked Olasupo for his presentation and asked the question on the way they could present the information gained from the meeting to their team in international NGOs to seek their help. Olasupo spoke on the questionnaire that would be distributed on the basis of organizations. Olasupo used Gertrude, a MCH Advisor with USAID as an example; he explained vividly how the framework document would assist her in uniquely identifying the challenges she faces and properly brief her line managers. In essence, the framework would serve as trouble shooter to address challenges that may emanate from field experience.

-Benjamin, MSH enquired on the existence or otherwise of existing ICT applications in Health to which to received affirmative answers. Olasupo confirmed, the document recognized the existence of some ongoing work for which more was required to consolidate.

In contributing to the conversation, Emeka chukwu called attention to the last item of the detailed action plan - solutions [services and application] component which showed an “ongoing scale-up of priority services and application”.

-Salami, commented on the absence of data connectivity, quality and unification of data in the framework document. Dr. Robert, NIMC offered a response by giving an overview of the architecture of sharing collected data in the framework.

It was at this point plenary broke into forum discussions to fill the questionnaires in organizational groups. Whose responses, the facilitator explained would be analysed for informed decision making. This activity lasted for about 15 minutes after which tea break was observed for 20 minutes.

2. Insights from GSMA Consumer Research Findings in Nigeria and Kenya - Eddington Danda

Upon resumption from tea break, the Executive Director of TNS on behalf of GSMA presented GSM consumer research findings in Nigeria.

He presented that Nigeria on the one hand has over 145 million active mobile lines with a paltry 12% penetration mobile money usage. Kenya on the other hand has about 57 million people with 22 million registered lines and 18 million active lines their mobile money usage stands at 82%.

This figure he explained presents an untapped gap in Nigeria which can be bridged.

He gave a brief about a GSMA and TNS, their commitment to alleviating poverty through mobile among disadvantaged people. With strong presence in Nigeria and Ghana

In building their business model, here is highlight of what they recognized:

- The industry was highly fragmented. There is no shortage of ideas. There is basically no funding by Government, banks or insurance companies. Sustainability is easy to achieve. He buttressed it with the proverb, "If your neighbor is hungry, your chickens are not safe".

- Consumers of mHealth are willing to pay. And this conclusion came from their quantitative and qualitative research in the presentation
- mNutrition Platforms have been created by mobile partners – Airtel, MTN, ETISALAT
- Survey revealed a key role of women in household decision-making
- Regional realities are also impacting households' nutrition vulnerability e.g North East, North West Nigeria

Q/A

-A participant asked how the Wazizi Nipendem relates with the Ringback tone in Nigeria and Ghana

He answered the question by presenting the features of the Wazizi Nipendem to include, Auto Voice Messaging and Appointment Reminder. In the Wazizi Nipendum model, a prior subscription is required to access service unlike the Ringback tone which is bought and paid for at the point of usage.

-The second question was raised on the interoperability in the IT ecosystem. He responded by saying the failure of one affect the other. He listed the players as;

- Consumers
- Technology
- Policy
- Industry players.

3. GSMA Market Access Survey: Measuring the health and economic proof points around Mobile - Alexandar Paxton

Alexander Paxton, MSPH, a Health Policy Analyst with the Futures Group. His presentation centered on The Case for mNutrition in Nigeria: Health and Economic Proof Points.

Alexander stated that his organization undertook a research in Nigeria in March and the finalized analysis of their findings would be available soon via GSMA. He presented on the following:

- Introduction
- Estimating the Reach of mNutrition
- Cost-Financial Forecast Model (FFM)
- Health impact-lives saved ToolList
- Value for money (VFM) of mNutrition
- Stakeholder feedback
- Recommendations

The challenge of malnutrition in Nigeria is real as evidenced with 36% Of children under 5 years, 18% experience wasting. There are 45% donor-funded commercial and NGO-led mHealth service providers in Nigeria as recorded by GSMA.

GSMA mNutrition product concept involves sms messaging of nutrition content and voice messaging.

The challenge:

- lack of evidence for mHealth
- compelling evidence is limited.
- Program reach
- Health impact
- Cost

- Cost effectiveness

QUESTIONS

- How many women can be reached
- Cost
- Health impact
- Lives saved, wasting avoided

Reach assumption:

Service would potentially be available to all women with mobile access.

GSMA costs are excluded estimating cost. Sms only costs less than sms and IVR

Estimating impacts showed reduction in stunting and wasting in children.

Recommendations:

Alexander recommended the following:

- Government can utilize it to reduce wastage of children live
- Public- private partnership can be hatched

Q/A

-A participant asked how we could manage the mNutrition initiative against the backdrop of several unsolicited messages received from mobile companies. He answered that it happens in many parts of the world. However, mNutrition messages would not be sent to subscribers who have not registered on the mNutrition platform. He opined that the success of the initiative would be on the basis of value. Only women who signed up would receive the targeted messages. That is, it would be a registration- based service.

-The second question asked by Balogun was "to what extent is the government of Nigeria involved in the mNutrition initiative"? Alexander reckoned that his

colleague, Victor, who was unavoidably absent would have answered the question better. However, he mentioned a couple of government officials like , Dr Azeez the Public policy Assistant Director at the FMoH as one they have met.

Plenary

Alvin Marcelo of the University of Philipines, an expert on eHealth was invited for a remark. Alvin congratulated the Nigerian team on the success of the draft framework.

In his submission, he stated that Healthcare was very complex, and so is ICT. Therefore, we could imagine the complexities that would arise from combining both. This he concluded justifies the need to develop the draft framework for eHealth. He further emphasized the need to socialize the document to make it a wholly owned Nigerian document. He congratulated the drafters of the document and called on them to stand for recognition.

Dr. Momah of NITDA gave the closing remark. He used the opportunity to invite all present to the NITDA Conference on eHealth billed to hold in September, 2015 with a request to the organizers of the Community of Practice meeting to kindly avail him of the attendance list so e-mail invites could be forwarded to all present.

The meeting came to an end at 2.30pm and participants treated to a sumptuous lunch.

8th m/eHealth Community of Practice Attendance Sheet

(ict4health-nigeria@googlegroups.com)

S/N	ORGANIZATION	NAME	DESIGNATION
1	AeHIN	Alvin Marcelo	AeHIN CHAIR
2	Asseco.Galaxy	Ogunboye Omowunmi	Office Manager
3	Asseco.Galaxy	Michael Musa	Service Provider
4	BMGF	Ken Warman	Sr. Program Mgr
5	CMD	Usman Musa M	SMDO-ICT
6	CMD	J. O. Kalu	CEO
7	CMD	Idiaghe Michael	Web. Admin
8	PACT	Anthony Uduh	IT Manager
9	Doctors on call Initiative, Sf TEHIN	Dr. Adejobi Adeloye	Country Dir (NOVADOC)
10	FCT HHSS	Ini Ekong	DO eHealth
11	FCT-PHCB	Chizoba Edemba	FCT-PHCB
12	FMCT	Emmanuel Ante	FMCT Comp. Analyst
13	FMCT	Ovedooh Samson	CEO
14	FMCT	Abdulrahman Iliya	System Analyst
15	FMCT	Onwukwe Chisom Joy	System Analyst
16	FMCT	Olufeko Olufemi	AD
17	FMCT	Titilayo Osinubi	CS (e-govt)
18	FMCT	Stevens Otavie	Sr. System Engr
19	FMOH	Adeleke Balogun	Head ICT
20	FMOH	Ajah Nwanne	PPO
21	Futures group	Alexander Paxton	Health Public Analyst
22	Galaxy Backbone	Samir Abubakar	Service owner
23	GHMC	Dr. Victor A. Ordu	Program Consultant
24	HealthTech Global Solution	Ikpeme Neto	CEO
25	HSDF	Anuli Erike	HSDF Intern
26	HSDF	Ibrahim K. D. Ibrahim	PMTCT
27	HSDF	Dr. Femi Owwoeye	HSDF
28	ICT-FMOH	Oyewole Rosemary	FMOH
29	ICT4SOML	Emeka Chukwu	Project Manager
30	ICT4SOML	Salama A. Oseghale	Comm. Associate
31	IHVN	Gibril Gomez	System Analyst
32	IHVN	Aghatise Joseph	System developer
33	IHVN	Steve Job	Program Officer HMIS
34	Instrat Global Health Solution	Jimmy Daniels	Program Manager
35	JSI	Jonah Dienye	IT Advisor
36	JSI/SPR	Peggy Koniz-Booher	Nutritionist
37	Management Sciences for Health	Elor Ukot	IT

38	Micronutrient Initiative	Anjorin Olufolakem	Program Officer
39	Micronutrient Initiative	Dr. Adoke A. Toluhi	Sr. Program Officer
40	MSH	Benjamin Akinmoyye	IT Manager
41	NACA	Taophiq	MIS IT
42	NACA	Alabi Abiodun	IT Officer
43	NAFDAC	Olufemi Balogun	Head ICT
44	NAFDAC	Samuel Amlai	CAII
45	NCC	Benson Kekeocha	Deputy Mgr (P&R)
46	NCS	Okoronkwo Phillips	Sec NCS Abj
47	NCS	Joshua Kalu	NCS (PRO)
48	NHIS	Kenneth Okereafor	AGM-ICT
49	NIGCOMSAT	Elidiamen Anenih	DM ITS
50	NIMC	Dr. Robert Attuh	Consultant BD/S
51	NIMC	Sandra Nwachukwu	Asst. Manager legal services
52	NIMC	Alilonwu Sandra	Legal services
53	NITDA	Dr. Nkem Momah	Coorindator (eHealth)
54	NPHCDA	Winifred Onwuka	Progam Analyst
55	NPHCDA	Steve Felix Uduh	Program Analyst
56	NPSCMP/FMOH	Dr. Ogba Ogbu	Chief Pharm.
57	NUC	Ajileye Titilayo	ACP
58	NUC	Engr. Kayode Odedina	e-Learning CDD
59	Pathfinder	Irene Pam	IT/mHealth office
60	Pathfinder	Ayomipo Edinger	mHealth Coordinator
61	PHN	Adaora Odukwe	Analyst
62	PHN	Chidera Ezeigwe	Analyst
63	SFTEHIN	Dr. Justin	Content Strategist
64	Starfish Mobile	Adetola Adefarakan	Bus. Dev
65	Starfishmobile	Gbozahan Salami	Bus Analyst
66	SURE P MCH	Joyce Igwebuike	M&E Officer
67	Technology Adivsor	Ndubuisi Okonta	Practice Manager
68	TNO	ED Danda	Executive Director
69	UDC	Victoria Felix	Bwari
70	UNF	Jonathan Payne	Sr. Tech. Adv.
71	UNFPA	Nike Adedeji	FP/RHCS
72	UNFPA	Gabriel Idokio	IT/ Manager
73	UNICEF	Dr. Daniel SD Salihu	Health Specialist
74	USAID	Dr. Gertrude Odezugo	eHealth FP/MCH Mgr
75	VCORY	Dr. O.A. Eguagie	Consultant Paediatrician
76	Vital wave	Noble Ekajeh	Sr Consultant
77	WaterAid	John Chiokwe	IT
78		Julius Phillip	Rapporteur
79		Ifunanya Amobi	Registrar

