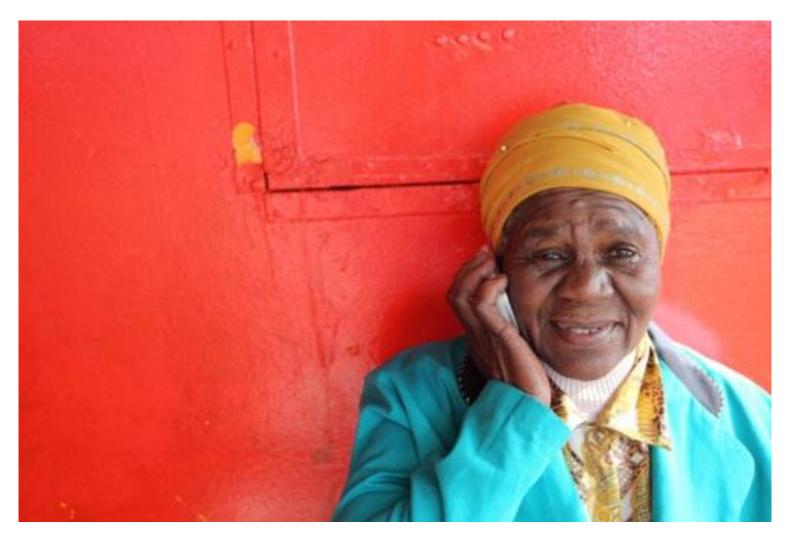**Mobile Health**

Market Entry Toolkit:

Mobile Health Services Marketing
An Examination of Current Approaches to Branding, Pricing and Promotion

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Introduction

This paper provides an initial look at the current state of Mobile Health services marketing in developing countries and begins to synthesise the learnings and draw out the differences with respect to the marketing and promotion of Mobile Health services relative to traditional health services or other mobile VAS.

It constitutes the first part of a larger Mobile Health Marketing workstream, which aims to define best practices for the marketing of Mobile Health products and services to help guide the mobile industry in the delivery of sustainable business models.

The current findings have been gathered through a combination of a literature review and interviews with organisations that are currently offering or are planning to offer Mobile Health products and services.

Marketing Models for Mobile Health

In the GSMA paper titled 'Mobile Health Service Development: Key Design Considerations for Mobile Health Service Development', the GSMA identified the various categorisations of Mobile Health products and services including the high level models through which they can be delivered. These varying categories and models can be segmented into two primary models with respect to marketing – Business-to-Business (B2B) and Business-to-Consumer (B2C).

The marketing model required will depend on the health system and regulations of a country and their impact on the channel to market, as well as the type of products and services being offered and whether they involve delivery direct-to-consumer (e.g. health hotline) or to/through institutions and healthcare professionals (e.g. remote data collection).

This initial examination of the promotion of Mobile Health products and services will focus primarily on direct-to-consumer propositions and therefore B2C marketing efforts. However, some initial observations regarding B2B marketing of Mobile Health products and services will be made.

Business-to-Business Marketing

An initial examination of Mobile Health implementations to/through institutions and health professionals highlighted that to-date many implementations have been limited to pilot deployments and/or are CSR initiatives. Because in such cases the mobile operator tends to provide solutions or services for free, formal marketing initiatives in this context have been negligible.

For example, in the case of SMS for Life in Tanzania, which uses SMS for management of medication stock, each partner paid for their own part of the service, with Vodafone supporting the design, funding and development of the system application and the implementation of the technical solution.[1]

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[1] Barrington, J., Wereko-Brobby, O., & Ziegler, R. SMS for life: Tanzania pilot project report. 2010.

However, in cases where B2B marketing has been undertaken, the activities themselves appear to be very similar to traditional B2B marketing efforts and include:

- Specialised salesforces to develop personal relationships
- Attendance at healthcare events
- Use of sponsorship
- Press campaigns
- Demonstration centres

While B2B marketing activities for Mobile Health products and services appear to be similar to traditional B2B marketing efforts, differences do exist with respect to the audiences the mobile industry must address.

The mobile industry needs to navigate relationships with new players, such as healthcare providers, health insurance companies, pharmaceutical companies and health authorities. In order to be successful in this space, an understanding of these players and their drivers is required.

In marketing to these audiences, the mobile industry must bear in mind the different pace and requirements of the healthcare ecosystem, which is generally more evidence-based, risk averse and slower moving. One of the key criteria for success is winning the confidence of healthcare providers and other influencers such as regulatory and insurance stakeholders, which will involve demonstrating the health benefits, safety, and/or cost advantages of Mobile Health products and services.

Business-to-Consumer Marketing

In the Business-to-Consumer space, the majority of Mobile Health products and services currently being delivered in developing countries are education and remote consultation services, such as awareness campaigns via SMS and health hotlines.

The GSMA examined how these services are currently being branded, priced and promoted and found that while there are some similarities with the marketing and promotion of mobile VAS services, there are also considerations that need to be made specifically with respect to Mobile Health services.

Branding

There are various options with respect to branding, the choice of which will depend on the role of the mobile operator and its partnerships, and desired level of risk, as well as the strength and perception of the mobile operator brand in the market. The main branding options include:

- No brand exposure
- "Powered by"
- Existing brand
- New brand
- Co-brand

Using health hotlines as an example, we have found that where operators play a lead role in the health hotline, the 'existing brand' and 'co-brand' options are most prominent.

For example, Grameenphone brands their HealthLine in Bangladesh with the Grameenphone brand. GrameenPhone is the top brand in the country and is associated with trust. Therefore, due to the strength of the brand, the evolution to provide healthcare related services was accepted and trusted by its end users. Similarly, Safaricom piloted a health hotline service in Kenya called Dial-a-Doc under its own brand. Safaricom is perceived as an innovative and trusted brand in the market, particularly with the prevalence of M-Pesa, and as such that trust was extended into the provision of its Mobile Health service offerings.

MTN, which has partnered with Health Insurance provider Sanlam, recently launched its health hotline service in South Africa and has also done so under its own brand, with the name 'MTN CareConnect'.

In other examples, mobile operators have augmented their brands through co-branding with or endorsements from healthcare professionals. One of such examples is Aircel, which delivers a health hotline in India in association with Apollo Healthcare, one of Asia's largest healthcare groups. The service is called MobileHealth 24x7 and is delivered as a co-branded initiative: 'Aircel Apollo Mobile Healthcare'.

Telenor uses its own brand to offer its TeleDoctor service in Pakistan, although the mobile operator does highlight that the service is endorsed by Ministry of Health, Sindh.

One of the concerns that has been raised with respect to mobile operators offering Mobile Health services under their existing brands is the risk that is involved (e.g. malpractice liability) and the potential impact on their image. The level of risk involved will very much depend on the types of products and services being offered. Continuing to use the health hotline as an example, mobile operators have addressed some of the risks by co-branding services, as well as:

- Including disclaimer messages in their communications

Example: Aircel Apollo MobileHealth 24x7 disclaimer message[2]

Any Medical or healthcare information provided on this service is designed to support and not replace the relationship that exists between you and your existing physician. It is not a substitute for medical examination by your Doctor and is not a diagnosis of your medical condition.

This service is designed to address minor health issues and not medical emergencies. If you think you have a medical emergency, please call your doctor or an ambulance immediately.

Example: Telenor Tele Doctor disclaimer message3

This service is designed for the subscribers solely for the purpose of providing easy access to doctors in order to obtain secondary medical advice if and when possible. Telenor neither gives secondary medical advice directly nor engages in the practice of medicine. In all cases Telenor is not accountable for the malpractices, genuineness or authenticity of the advice/information given through this service or for the credentials of the medical experts giving the information/advice and Telenor shall not be liable for any loss or damage caused to any subscriber or any other party as a result thereof.

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[2]http://www.aircel.com/AircelWar/appmanager/aircel/chennai?_nfpb=true&_pageLabel=P18000595871294468421662
[3] http://www.telenor.com.pk/services/teleDoctor.php

■ Outlining detailed terms and conditions of the service

> **Example: MTN CareConnect**
>
> MTN outlines very detailed terms and conditions for its CareConnect service on its website, including the purpose of the service, indemnity, services offered, availability and costs, warranties, and other general terms and conditions.
>
> For more information go to:
> http://www.mtn.co.za/SUPPORT/LEGAL/TERMSANDCONDITIONS/Pages/MTNCareConnectTCs.aspx

■ Staffing health hotlines with only qualified doctors and actively managing quality control

> **Example: Grameenphone HealthLine**
>
> The Grameenphone HealthLine is staffed exclusively by licensed doctors whose workstations are located in Grameenphone premises in order to ensure a good quality end user experience. While the doctors are appointed through a third party, Grameenphone leverages its expertise and experience in call centre management to ensure the doctors provide a high quality end user experience that reflects positively on their brand. Grameenphone trains the doctors in telephone techniques, motivates them, and closely monitors the standard of the calls.

The GSMA will continue to explore the benefits and risks of various brand models as they relate to different Mobile Health product and service offerings in order to determine the best practices and factors that influence them.

Pricing

Given that a number of Mobile Health implementations are pilots and/or CSR initiatives, many of the services are being offered free to the users. Where services are currently being charged for, various pricing models are being used. Current health hotline pricing models will be used to illustrate some of the different models being implemented.

Per Minute Pricing	Fixed Pricing	Fixed/Variable Combination	Subscription-based Pricing
■ Dial-a-Doc (Safaricom): 20 shillings (approx. $0.23) per minute ■ MobileHealth 24x7 (Aircel Apollo): 40 paise (approx. $0.01) per minute ■ TeleDoctor (Telenor): Rs 8 (approx. $0.09) + tax per minute ■ CareConnect (MTN): 5 Rand (approx. $0.70) per minute	■ Pure flat rate pricing models for health hotline and related SMS programme offerings are currently being tested by some mobile operators with good levels of acceptance depending on the price point	■ HealthLine (Grameenphone): BDT 15 (approx. $0.20) for first 3 minutes + Tk5 (approx. $.06) per minute (price + VAT)	■ Medical Link (China Mobile): CNY8 (approx. $1.23) per month for full suite of services. CNY3 (approx. $0.46) per month for health home sub service ■ MedicalHome (non-mobile operator service in Mexico): $5.00 per month

At present there does not appear to be one model that stands out as best practice with respect to health hotlines, although from the examples explored, models that include per minute pricing are the most prevalent.

The most successful model will likely depend on the segment being targeted and their price sensitivity and current alternatives they benchmark against. In many cases, health hotlines are currently being targeted at mid-level income segments and as such per minute pricing is more accepted. In order to extend services to lower income segments, mobile operators are exploring fixed price options that will help reduce the fear of uncontrolled costs.

The most common benchmark identified for all price models is the cost associated with a visit to the doctor in a self-pay model, which will be further augmented with costs to travel and loss of income due to time away from work. In some cases, the cost associated with a doctor's visit can be up to 4x more than the cost of a call to a health hotline.

Some health hotlines provide supplementary services as free value added services, which can encourage preference, adoption and continued use. For example MobileHealth 24x7 (Aircel Apollo) provides free follow up calls within 72 hours for users following up on the condition of the original call. Other mobile operators are considering special price promotions such as discounted rates for frequent callers.

Some mobile operators are also looking at offering premium services at higher prices, which could enable different models, for example providing basic services for free as a teaser and charging for more complex services, therefore subsidising basic services with premium services.

In addition to looking at healthcare hotline examples, other direct-to-consumer Mobile Health service implementations provide some learnings with respect to pricing, which include:

- Users are reluctant to pay for a service that was once offered for less or for free, or which may be considered a CSR offering

  Example: Google Trader[4]

  Known locally as Akatale SMS in Uganda, the Google Trader service was implemented to provide agricultural advices, weather forecasts, health information, and clinic finder services to rural users via SMS. The service was initially launched as a free service for MTN subscribers only, but when MTN started to charge per enquiry usage dropped substantially and end users switched from the premium service to a more basic service that was free at the time.

  Example: du Health Text[5,6,7]

  When du launched Health Text in Dubai, which included a diverse five product portfolio of SMS based tips, suggestions, factoids and advice for leading a better and healthy lifestyle, they received feedback from customers querying why they had to pay for a "health" service that they typically associated as a CSR offering.

  One of the novel channels of launch has been social networking sites like Twitter and Facebook, that du uses innovatively to target a dominant digital community in UAE. This social channel is very responsive and rapid, and can be a double edged sword. It can influence quick adoption, yet is also be a medium which has to be carefully nurtured. The customer feedback that du received came primarily through these highly visible and viral social networks.

  The mobile operator subsequently prepared the relevant messaging and advised its tweeters and call centre staff regarding the appropriate response.

- Advertising-based models can be implemented to augment revenues

  Example: 12580 Mobile Medical Service (China Mobile)[8]

  In Guangdong Province, China Mobile enables patients to book hospital appointments and access a variety of health information services through mobile, IVR, China Mobile's call centre or via a website. In addition to revenue being generated from hospitals paying to have the appointment reservation system installed, as well as planned registration and consultation fees, additional fees are also generated through advertising placed on appointment confirmation SMS messages and through the branding of voice hotlines.

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[4] Hellstrom, J. The innovative use of mobile applications in East Africa. Sida Review. 2010.
[5] Interview: Santanu Biswas, e-Health Services Director Commercial, du. 8 June 2011.
[6] Email: Santanu Biswas, e-Health Services Director Commercial, du. 4 July 2011.
[7] Email: Santanu Biswas, e-Health Services Director Commercial, du. 5 July 2011.
[8] FREng., I. L., Sherrington, S., Dicks, D., Gray, N., & Chang, T. T. Mobile communication for medical care: A study of current and future healthcare and health promotion applications, and their use in China and elsewhere. University of Cambridge and China Mobile. 2011.

It should be noted that while some mobile operators, such as China Mobile, have implemented models that include advertising revenues, other mobile operators have decided against advertising-based models for services such as health hotlines due to concerns about losing authenticity. Therefore, this type of model should be evaluated in the context of the products and services being offered and potential end user perception.

Promotion

Customer research/profiling

In the GSMA paper titled 'Mobile Health Products and Services: What Do We Call Them and Why Does it Matter?' we highlighted the benefits of customer profiling to define key segments, target markets, needs, drivers and barriers to adoption, as well as end user expectations in order to define relevant Mobile Health products and services. The value of this activity extends further in that it also helps to define key elements of the marketing mix such as price thresholds, branding, messaging and promotion strategies.

At present, mobile operators have conducted varying degrees of market research in order to gain feedback on product and service offerings and their marketing related elements. In some cases this has included research to better understand perceptions and experiences of current healthcare systems as well as information and service needs within this space.

This type of research is particularly useful in terms of understanding the differences that exist with respect to marketing typical mobile VAS and Mobile Health services. For example, barriers have been identified that extend beyond traditional ICT-related barriers such as literacy and ICT literacy levels, hierarchical access to technology, cultural factors, gender issues, and affordability, to include health-specific barriers such as confidentiality, anonymity, stigmatisation, cultural norms that make health topics taboo, and behavioural patterns with respect to healthcare (e.g. existing sources of information and preferences for face-to-face communication). Understanding these barriers, as well as key drivers for Mobile Health service adoption (e.g. concern over the health of a child, reassurance that a drug is genuine) and perceived benefits, concerns and mis-perceptions about Mobile Health services will be key in delivering effective behaviour change communication campaigns.

The market research will also be useful in identifying the influencers that drive health choices, such as village elders and mothers-in-law in order to define effective strategies to target these audiences to help drive behaviour change and the adoption of new services.

In order to provide additional guidance with respect to market research in this area, the GSMA will develop and provide more detailed guidelines with respect to the factors that need to be covered.

Market Segmentation & Messages

Market research is also useful in determining whether existing customer segmentation models are applicable to Mobile Health or whether new segments need to be defined. At present a number of mobile operators, for example, are overlaying Mobile Health services onto existing customer segments. However, it is unclear at this time whether this approach will be the most successful or whether new segments (e.g. based on ailment, patient risk, etc.) will be required.

Using health hotlines as an example, based on the data that has been provided to-date, there appears to be greater use by females and younger populations within a mid-income range, which are more likely to adapt to new ways of doing things and who may be more accepting of the role of the mobile operator in the in the delivery of health related services.

Promotional campaigns will be more effective, and cost efficient, when they are tailored to specific segments and address the drivers and barriers of that segment, as well as address aspects such as preferred mediums, languages and references.

The following examples of health hotline advertisements demonstrate the images and messages that are used to attract the female segment. The advertisements focus on a key driver of adoption being concern over the health of a child and the benefit being immediate, anytime access to medical help.

These advertisements also illustrate the use of a shortcode for access to the health hotline, which for this type of service is a key component required for adoption. People are likely to only want the information when it is actually needed. Therefore, by promoting and popularising easy-to-remember shortcodes, consumers will be able to recall them and access the services when they are needed.

In addition to conducting market research prior to services being developed and launched, it is also useful to gather data on an ongoing basis. For example, in the case of a health hotline information such as number of calls, demographics, time of calls, call duration and type of ailment are useful in not only determining the success of the service, but are also being used to adjust promotional campaigns and messages to address primary users and the ailments that are most prevalent.

Additionally, bundles of services may be marketed to consumers based on their segmentation profile, as opposed to a specific service. Nokia for example is taking this approach with its Nokia Life Tools offering, which bundles services such as agriculture, healthcare and information based on the users lifestyle and overall needs.[9]

Mediums

Mediums will vary according to the segments being targeted, their location and existing sources of information. For example rural marketing best practices such as radio, events, fairs, and wall paintings would be used in these kinds of environments.

In general, similar mediums are used for direct-to-consumer Mobile Health services promotion as for other mobile VAS services. For example, in the case of health hotlines a variety of mediums have been used including television, billboards, radio and advertisements in newspapers and in post-paid billing communications and on pre-paid SIMs. Mobile operators are also leveraging their existing mediums, such as SMS to deliver notifications about service offerings, or in the case of Project Masiluleke, which is an HIV and TB awareness campaign in South Africa, the ad space in Please Call Me (PCM) messages was used.

For younger segments, social media is a useful marketing tool for the promotion of Mobile Health services. mDhil, for example, which provides healthcare information to Indian consumers via text and mobile web, promoted their services via a facebook campaign. In January 2011 mDhil had 200 fans and as of May 2011 this had increased to 33,000.[10]

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[9] Nokia Life Tools presentation (PowerPoint), 24 March 2011.
[10] mDhil overview presentation

Existing implementations have demonstrated the usefulness of using a variety of mediums, as in the following case study.

Case Study: Text to Change[11, 12]

Text to Change launched a pilot in Arua, Uganda to increase HIV/AIDS awareness and encourage participants to access HIV Counselling and Test Centres (HCT). Participants received interactive text messages in the form of multiple choice questions on their phone, which participants would respond to. Correct answers would automatically guarantee a participant free HCT services and qualify them into weekly draws to win various prizes including mobile phones and airtime.

A number of mediums were used for promotion:

- Over 100 posters and flyers were posted at strategic locations in town and others were distributed to the community.
- 60 radio announcements, DJ mentions and spot messages were aired on 4 FM radio stations.
- One radio talk show to sensitive the listeners about the programme and address potential challenges that may hinder successful implementation.

Text for Change found that it was important to sensitise people in advance with the use of other promotional mediums prior to sending out SMS messages due to the volume of unsolicited SMS messages that are sent in the country that people are spammed with.

The project ran for 6 weeks and targeted 10,000 MTN subscribers. It achieved a response rate of 21% and an increase in HTC visitors of 33%.

While there are a number of similarities in terms of the mediums used, there are some differences that pertain to Mobile Health services. For example, because consumers will only use some Mobile Health services when they actually have a problem, strategic locations should be identified and leveraged such as pharmacies, hospitals, nursing homes, clinics,and schools. It should be noted however that locations such as clinics may pose some challenges with respect to doctors and nurses feeling 'replaced', which may limit support and active promotion. Therefore, it is important to define and communicate the value proposition for these stakeholders in order to gain buy in and maximise success.

Additional promotional means should also be considered to ensure information on services is readily available when needed. For example, promotional items that are retained within the home (e.g. fridge magnets) are being considered as a way to ensure that health hotline numbers are in a prominent location when needed. Similarly health hotline numbers can be pre-programmed into mobile phones for ease of access.

In some cases, depending on the product or service being offered, additional education will be required beyond typical promotion in order to ensure consumers understand the service and how to access and use it. This may involve sending representatives out into communities to help educate people. Some mobile operators are also developing relationships with NGOs in order to educate people and promote services.

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[11] Vital Wave Consulting. mHealth for development: The opportunity of mobile technology for healthcare in the developing world. Washington, D.C. and Berkshire, UK: UN Foundation-Vodafone Foundation partnership. 2009.
[12] ITU. Question 14-2/2: Mobile eHealth solutions for developing countries. 2010.

Incentives

The Text to Change case study also highlights the use of incentives to drive behaviours, which in this case was free HCT services, and the possibility of winning mobile phones and free airtime. Incentives such as these can be considered, particularly with the launch of new services in order to drive adoption. Incentives can also be used to get frontline health workers to help promote services within the community where they work, however this should be done carefully so as to ensure that the right behaviours are adopted.

Promotional Budgets

As with all promotion activities, ongoing promotions are key to being top of mind for consumers. When promotions have been increased, for example in the case of health hotlines, mobile operators have seen increased usage. And in other cases, such as in the example of Google Trader, analysis showed that the offering had not been that successful overall mainly due to poor marketing after official launch combined with some technological hiccups.[13] But of course ongoing promotional efforts can be costly. In the case of China Mobile's Medical Link service for example, the company spends CNY2.75 million (approx. US$ 424,000) per month on promotional activities.[14]

The level of promotional efforts required will depend on what kind of activities are needed to increase awanress and adoption among target segments, as well as depend on available budgets and the business case for the service being implemented.

Conclusions and Next Steps

In summary, while many marketing activities will be the same regardless of whether traditional mobile VAS services or Mobile Health services are being promoted; there are some differences that are emerging thus far that need to be taken into account.

In the B2B marketing model, the mobile industry will need to develop relationships with new market players and understand their needs and drivers, as well as demonstrate evidence with respect to the health benefits, safety and cost effectiveness of some products and services.

In the B2C marketing model the following differences are emerging:

- Mobile Health services are more personal and require a more targeted approach, rather than a blanket approach that may be appropriate for some other services.

- Choice of branding model will depend on the role of the mobile operator and its partnerships, and desired level of risk, as well as the strength and perception of the mobile operator brand in the market.

- There are different levels of risk associated with offering and promoting Mobile Health services that need to be addressed.

- Additional market research is needed to better understand healthcare perceptions, expectations and needs, as well as to define segments and understand their specific needs, barriers, drivers and behaviour patterns relating to healthcare.

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[13] Hellstrom, J. The innovative use of mobile applications in East Africa. Sida Review. 2010.

[14] FREng., I. L., Sherrington, S., Dicks, D., Gray, N., & Chang, T. T. Mobile communication for medical care: A study of current and future healthcare and health promotion applications, and their use in China and elsewhere. University of Cambridge and China Mobile. 2011.

- Health-specific barriers (beyond traditional ICT-related barriers) need to be addressed such as confidentiality, anonymity, stigmatisation, cultural norms that make health topics taboo, and behavioural patterns with respect to healthcare.

- Customer perceptions regarding CSR initiatives versus commercial offerings need to be considered and addressed.

- Strategic locations for promotions need to be considered, such as pharmacies, hospitals, clinics, nursing homes and schools, as well as additional promotional means to ensure information on services is readily available when needed.

- Educational activities should be considered as well as new channels to market such as NGOs.

While this initial examination has provided a good starting point in terms of defining best practices with respect to the marketing of Mobile Health products and services in developing countries, further research is required to identify additional differences between the marketing of healthcare or traditional mobile VAS services and Mobile Health products and services.

Additional questions that need to be explored include the following:

- What evidence is needed for different payers in the B2B model and how does this differ for various Mobile Health products and services?

- How can risk best be managed from a marketing perspective?

- What are the best pricing models for various products and services, as well as segments?

- Are advertising revenue models appropriate for Mobile Health services and in which contexts?

- What market research needs to be undertaken and what specific questions should be asked?

- What segmentation models are emerging for Mobile Health products and services and how do they differ from existing segmentation models?

- What aspects of Behaviour Change Communications are most applicable to the promotion of Mobile Health products and services?

These questions will be addressed by the GSMA through additional research as part of the Mobile Health Marketing workstream. Additional discussion papers, case studies and guidelines will be published as part of this effort to assist mobile operators with their thinking about marketing activities around Mobile Health products and services.