MEETING OF THE GSMA mHealth COMMUNITY OF PRACTICE

SELECTED mHealth PARTNERS ON NIGERIA'S SOML AGENDA
Tuesday, 11th FEBRUARY, 2014

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Meeting particulars

Meeting: Meeting of the GSMA mHealth Community of Practice: fast-tracking Nigeria's Saving One Million Lives Agenda

Date: 11th February, 2014

Time: 10am-1:30pm

Venue: SURE-P MCH Project Implementation Unit, Garki, Abuja

Record of meeting

This meeting is a follow-up to that of 22nd-23rd January, 2014 meeting at Saving One Million Lives office in Maitama, Abuja.

Introductions

Seyi Ibidapo, Programme Manager, SOML welcomed participants and asked that everyone introduce themselves and the organisation they represent.

Welcome/Opening Remarks

Following the introductions, Victor thanked SURE-P for agreeing to host the meeting. **Dr. Adetokunbo Oshin,** Deputy Director SURE-P MCH, again welcomed everyone and said it was an honour to host them at their office. He exhorted the Community of Practice (CoP) to remain on schedule with their planned deliverables as the first quarter of 2014 was already half over.

He opined that, in Nigeria there are often too many good ideas which fizzle out. He harped on the importance of collaboration among partners and a straightforward timeline to deliver on. He mentioned that on the part of government, there is an appetite to use mHealth in programmes and how it can be deployed to increase the efficiency of programmes. The growing interest, again ties in with the launch of Health innovation market place in Lagos last week by the Private sector Health Alliance.

He stated that SURE-P has scaled up and is now in 1,200 facilities, in addition to 1,000 MSS facilities. This will allow for a subset of sites to showcase how mHealth can assist their work and improve results. SURE-P gives the platform for a national programme in every State, which can help achieve great scale as against the numerous pilot programmes across Nigeria.

Laura Morris and **Victor Ohuruogu** then presented the highlights of the previous meeting. Victor particularly encouraged organisations to continue collaborating and for those in collaborative programmes to update the CoP with their progress.

Dr. Oshin at this point, apologised for not being able to attend the meeting in full. **He mentioned that for the first time in Nigeria, mHealth line item has been included in the 2014 SURE-P's budget that is before the National Assembly for consideration and that if it sails through, would provide a much needed boost to fund programmes.** This news was greeted with great delight by members.

Presentations from the various collaborating organisations

Victor presented a refined list of organisations active in the CoP, and an outline of which organisations were already in partnership. Each group of partners presented short updates on their progress and current state of play.

1. SURE-P/Pathfinder International/Vas2Nets

- **Emeka Chukwu** (Pathfinder) explained that Pathfinder and SURE-P had seen the need to leverage the experience and expertise of mobile aggregators and eventually to work with Mobile Operators through the Aggregators as advised by GSMA from experience in engaging MNOs in Nigeria.
- **Victor** (GSMA) advised Pathfinder that a better business model be put together and assisted by the MNO engagement guide to enable Pathfinder build a better model that will attract Mobile operators. He also advised that a mobile messaging component, to address health and nutrition be included in the design. Talks are ongoing between SURE-P, Pathfinder and Vas2Nets on a daily basis. At present, Pathfinder and SURE-P are going ahead with the mCCT pilot in selected facilities with support from Vas2nets and technical support from GSMA.
- **Teniola Stuffman (Vas2Nets)** explained that at the last meeting they had settled on a strategy to ensure zero billing across networks for every first caller. This will allow data collection from the largest possible group of beneficiaries (pregnant women) while still enabling the MNOs to earn revenue from subsequent calls.

- **MTN and Airtel have agreed to zero rate the first two minutes of call to enable registration.** Vas2Nets will be meeting Etisalat and Globacom next week to get their buy-in and support.
- **Dr. Chichi (SURE-P MCH)** updated the group from a programmatic standpoint stating that one of the cluster originally intended for piloting in FCT-Abuja was found to have no network coverage at all and so is being changed to an alternative cluster. This was a good example of the kind of programmatic challenges they faced.
- **Victor Ohuruogu (GSMA)**, stated that this possible challenge was identified and discussed in the last meeting and had asked commitment from Vas2Nets to help provide information on network coverage which is crucial for planning and deployment so resources are not wasted. **Seyi Ibidapo (SOML)** checked that Vas2Nets was working with the Department of DPRS in the FMoH, which housed DHIS data. Victor commented that SURE-P's role include ensuring that the relevant Govt. units are carried along in this regard, while Vas2Net's role is to assist with technology and in deploying DHIS2 wherever it is not operational yet in the SURE-P sites.
- Seyi flagged the risk of duplication of DHIS data from different channels, to which Teniola assured the group that Vas2Nets' software had sufficient safeguards to detect double counting.
- Seyi also raised the issue of accountability if facility recording personnel now sends report into the DHIS2 to the LGA M&E Officer. It was clarified that data received will bear the identity of the sender and there are quality checks in the transmission process to ensure correct data submission.

2. Vas2Nets/Lagos State Government

- Teniola stated that progress has been made to date with community based training, technological upgrades and training of the PHC staff on DHIS2 and provision of computer systems for electronic data record in PHCs at Ikeja Local Govt. of Lagos State. Victor is assisting their design to include mobile messaging and registration/data surveillance with focus on nutrition and health for pregnant women and U-5 year children.
- There is a plan to engage and see how to cover Lagos State, and Victor is supporting with linkage and advice of possible expansion and engagement with Osun and Ogun States to test out at State levels.

3. Grameen/Airtel/Vas2Nets

- Grameen Foundation will be implementing Mobile Midwife (*see previous meeting notes*) in Nigeria.
- Grameen is now able to use universal codes and is partnering with Vas2Nets, brokered by Victor given Airtel's requirement of them to work with a licenced VAS operator.
- A request had been made to the FMOH through Dr. Kelechi Ohiri for an endorsement as requested by Airtel which GSMA assisted to broker.

4. CHAI/HISP/Vas2Nets

- **Juliet Odugwu (CHAI)** stated that CHAI will be implementing a health training programme using mobile and routine immunisation tracking system. Vas2Nets has done the product technology architecture to map out what CHAI requires, and tailor a solution to fit their objectives.
- Last week it was agreed that the programme architecture was ready to go live while the next step is commercial planning.
- **Peder Andreas Ivergaard,** from the team that built the DHIS2 at the University of Oslo hinted on the progress made across Nigeria on DHIS2 training. Peder mentioned that health staff in Makurdi, Benue State have been trained this week on how to report into the DHIS2 using simple SMS, with many of the staff being able to send their report and immediately see the aggregated data on DHIS2. On average it took the staff approximately 20 minutes to type and send an SMS with about 25 data elements.
- **Emeka of Pathfinder**, asked about the possibility of deploying java applications, which DHIS2 has developed.
    - Andreas explained that the ideal solution in a few years would probably be browser-based, but at present this was not viable as they needed to target using the lowest common denominator which is SMS from the most basic phone.

- SMS was most feasible due to limited data coverage, although some sites still have no GSM coverage.
- Giving health workers feature-phones and SIMs would reduce compliance compared to ensuring everyone use their own phone; it also raised difficulties deciding who would be responsible for buying airtime.

5. MSH/VAS providers

- The concept behind this potential collaboration is being currently designed.
- Andreas highlighted the need to ensure all parties were using the same definitions and codes in their work, to ensure records could be shared as the collaboration develops.

6. MSH/NACA/CHAI/Vas2Nets/Starfish Mobile

- This partnership is awaiting further meetings as each partner has identified strengths that can be leveraged.
- MSH will provide all the beneficiary target of pregnant women; NACA to provide responses to such women with HIV/AID (counselings, referrals etc.) and CHAI to assist with EID services while Vas2Nets will provide technology and leverage MNOs infrastructure.

7. Well Being Foundation/MAMA/Vas2Nets/Starfish Mobile

- MAMA is leading on this programme. The launch will be in the fourth quarter of this year.

8. Vas2Nets/Food Basket Foundation International/LGAs in Osun and Ogun State

- The concept for this collaboration is currently being discussed and will include mobile messaging and registration regarding MNCH and nutrition. Food Basket has done tremendous work for some years now on MNCH week in these two States.

9. Private Sector Health Alliance/Vas2nets/Starfish Mobile & NPHCDA

- This is also a potential collaboration that will involve scaling the individual mHealth solutions and services of the two VAS providers incrementally across the sites of NPHCDA as assisted by Private Sector Health Alliance.

Mobile Deployment Framework

Victor recalled that in the last meeting, it was agreed that a team of members should begin work on putting together a simple framework that will assist members whenever designing/planning mHealth interventions. He appreciated members of the team for their efforts so far and reminded them to take the draft further after today. He then called on **Benjamin Akinmoyeje (MSF)** to provide an update, on behalf of the team. He posited that in designing mHealth solutions, members should take note of the followings:

- **Network Neutrality: solutions should be network agnostic with definition for:**
  - ✓ same short-code for USSD, SMS, IVR ranges across all network for mHealth
  - ✓ same APN across all network for mHealth

The report from Vas2nets that a standard short code across all networks has been achieved for mHealth was welcomed by members.

- **Technology resilient: given the Nigerian environment**
  - ✓ It should be adaptable to 2G, 2.5G, 3G, LTE, etc. and for such channels as data, USSD, SMS, IVR or voice, etc.
  - ✓ use multi-SIM devices or roaming SIM because of issue of inconsistent service availability

Members agreed that it should be able to work with the lowest common denominator across network for data transmission, which is SMS, since more than 20% of the target audience are in the BoP and do not have access to advanced technologies.

- **Device/OS independent**: the solution should be able to work across most device
  - ✓ android, ios, Java, Blackberry, symbian, older phones (via USSD menu)

- **Data reusability and should be DHIS 2.0 compliant:**
  - ✓ create API framework for cross platform integration to enable automatic synchronisation/importation into main databases.
  - ✓ layered architecture – client-server, three-tier solution
  - ✓ API to get information, authentication, synchronization with main database.

- **Interoperability of platforms:**
  - ✓ The platforms should be able to speak to each other across programmes/interventions or technology.

- **Others**
  - ✓ Local languages compatibility: must address the various basic Nigerian languages
  - ✓ Culture sensitive: it must appeal to the various cultural nuances across Nigeria
  - ✓ Standard Content: standardized and localized relevant content
  - ✓ Standard Training: end-users such as HCWs must be trained for effective use
  - ✓ Minimum requirement: basic simple requirements that makes for sustainability

DHIS2

Victor informed members of the meeting held in Lagos with Peder (a member of the team that created the DHIS from the Department of Informatics, University of Oslo) and Vas2Nets regarding a possible collaboration and confirmed that from the collaboration, Vas2Nets is already deploying DHIS2 in their sites in Ikeja LGA as they register pregnant women. He then called on Peder to formally introduce DHIS2 to the CoP as the Fed. Govt. has mandated everyone to report into the DHIS2. Peder highlighted the followings:

- DHIS 2 is an open source software developed, customized and used for reporting, analysis and dissemination of health data for many health programmes and is the integrated repository for all health statistics.
- It is endorsed by the WHO and operational in more than 40 countries and is the national standard in 12 countries and counting.
- DHIS was piloted for use in South Africa in 1994, and has been adopted by other governments in Africa, Asia and Latin America. Training and collaboration is conducted not only by the team in Oslo but now by partner organisations in each country. Their partner organisation in Nigeria is Health Information System Programme (HISP).
- DHIS2 is well suited to reporting, analysis and dissemination of health data for multiple health programmes: the more use the national framework receives, the more value each data element has.
- The dashboard provides real-time trackable and friendly information, which can be made available to the public. Data is presented both as graphs/histograms and as coded maps.
- Levels of technology supported by the DHIS2 include:
    - PC/laptop/tablet (usually at LGA level)
    - Android app
    - Browser
    - Java
    - SMS (largely used at facility level at most PHCs).
- He mentioned a couple of case studies from Malawi, Uganda, Kenya and stated that one method of improving reporting now is by generating and sending replies with feedback and motivation, to create a more interactive user experience. For example, telling someone they are in the top 10% of reporters for their area. Expanding this feedback is the subject of current research in Oslo.
- He posited that real-time reporting of data has a lot of value for policy advocacy and decision-makers by presenting results as they come in.

Lessons learnt on the Principles for upscaling pilot programmes include:

- Leverage existing systems – think national
- Work with the Ministries of Health
- Put servers online, but think offline
- Think scale already in the pilot phase
- Support a range of mobile devices
- Do not get locked in to one mobile operator
- Use local resources to drive implementation
- Work with partners – a network of action
- Share the collected information!!

Further discussion and issues raised

Progress made on Problem Statements identified in the last meeting

Victor presented the identified Problem Statements and facilitated discussions to reveal achievements made viz:

I. Most Network operators demand for exclusivity and this does not allow for easy scale and greater reach across the country. Can the FMOH engage with the relevant Govt. agencies (e.g. NCC; Min. of Communications Technology), to request that all mHealth services impacting on MNCH and Nutrition be allowed to run across all networks. In order words, request for one common short-code, for SMS or USSD, that can work across all the networks.

Update: This has been achieved through Vas2nets successful engagement of MTN and Airtel using a strong business case and model to secure a common Short code. They will approach GLO and Etisalat before the end of February.

II. Cooperation and collaboration is required of banks and Network operators for reduced bank charges, reduced tariffs and provision of business infrastructure that can contribute to success for all mHealth services having a mobile conditional cash transfer (CCT) component: how do we achieve this and who should engage the banks & telcos in this regard?

Update: Vas2Nets has achieved clear progress in securing zero first billing plans with MNOs (discussed above). Discussion is ongoing with the Private Sector Health Alliance to assist with respect to banks collaboration. We hope to get some feedback on this in the next meeting.

III. Is it possible to achieve a blanket tariff for voice and data or tariff reductions/discounts/reverse billing and zero rating regarding all development sector-driven mHealth services in Nigeria? Is this possible, who will spearhead this and how?

Update: Some good achievement have been recorded here as MTN and Airtel have agreed to zero rate calls, in principle, the first two minutes of call, for registration of pregnant women.

IV. Are there implementation obstacles such as requirement for VAS license for Development partners who are requesting partnership with Network operators? Can we request for an umbrella waiver by the NCC, through the FMOH and Min. of Comm. Tech.

<u>Update</u>: Given Airtel's request to Grameen for VAS licence, this problem statement has been discussed with Dr. Kelechi and Dr. Muntaqa and we will follow up on this to report in the next meeting.

V. Given current ongoing mHealth interventions, though with very few mobile messaging services due to difficulty in accessing localised relevant content, members asked if there are available health and nutrition contents for mobile messaging that can be adapted by partners in dire need of one. How can GSMA facilitate access and linkage to appropriate content and research to support mHealth concepts that aligns with national priorities?

Update: Linkages to content holders, in the interim, is being provided by GSMA and it was agreed that more will be listed by anyone with contacts. For the long term, GSMA's work-streams on research and content are ongoing and will be available later in the year for everyone.

- ✓ On the content need, Dr. Chichi (SURE-P) expressed the willingness of SURE-P MCH to input on content, as they have experience in crafting socially and culturally acceptable messages for community engagements.
- ✓ Kia-lik (GSMA) informed that GSMA's Content workstream will commence in April to run for 3-6 months and they will be conducting assessments of the existing content sources, consumers of such content and at what level. Further to this, it will provide guidance on how to adapt content for local acceptability in each location.
- ✓ Victor asked participants to think of how those who needed content immediately should proceed. Victor stated he is assisting Grameen to source professional local partners whose work is to translate and adapt content localisation.

VI. Engagement at State level is very crucial, going forward, in order to accelerate progress on the MDGs. Who could assist to rally the State Govts. and how can the Private Sector Health Alliance assist.

<u>Update:</u> GSMA informed that engagement at State level and across States is very crucial, as highlighted in the meeting of development/funding partners with the Minister of Health. SURE-P informed that they have steering committees with robust membership in all the States where they are working. GSMA advised all stakeholders to leverage the work of the existing SURE-P's Steering committees for their work in their focal States.

Engagement at State level

- It was agreed that all projects should work with government and stakeholders at the Sstate level.
- Dr. Chichi shared the SURE-P MCH experience in setting up CCT Steering Committees in all their focal States. These in practice varied in their activity but were invaluable as a resource for mobilizing all primary stakeholders.

VII. Endorsement is often required by mobile operators for partners with highly feasible and impactful mHealth initiatives that maps to MNCH and Nutrition in Nigeria. What are the requirements for endorsement and how can we secure one for interested players.

Update: GSMA advised that stakeholders should seek endorsement from relevant groups and Govt. units as this is crucial. Seyi also mentioned some other Govt. units (DPRS etc). Victor informed that Grameen has applied for endorsement from the FMOH through Dr. Kelechi.

Vas2Nets has secured endorsement from doctors by approaching them directly with the anticipated content and workflow. The FMoH has previously been critical in brokering endorsements.

VIII. An additional problem statement was discussed on the need to engage Private health facilities to comply by reporting into the DHIS2 across Nigeria? A vibrant discussion ensued on this with all stakeholders agreeing that Govt. should not only mandate that all private health facilities report into the DHIS2 but also enforce it and engage with their membership organisations so we could all work toward achieving the health MDGs. The highlights of the discussion are:

- Reporting rates vary across States: zero in Niger State to almost complete reporting in Lagos State.
- The issue is not lack of policy directives but non-compliance with the existing policy, for various reasons, including facilities not receiving the required tools.
- One potential avenue is working through their professional associations, including both medical and nursing organisations.
- Fundamentally we need to consider the value to private facilities of reporting their data to the government; in Lagos State reporting is high because it has tax implications and is tied to licencing.
- The incentive must be strong enough to make reporting a routine, necessary part of facility operations. Given that the most common complaint is pressure on time from extra duties, it should also be simple for facilities to report electronically instead of paper forms.

GSMA Country Feasibility Report

To achieve confidence building, victor asked Paul and Kai-lik (GSMA) to make a brief presentation of the Country Feasibility Report (CFR), which was shown with holding data and data gaps to be sourced locally. Highlights of the report include:

- Summary of mobile network/device landscape
- Summary of health ecosystem in terms of morbidity/mortality and health system
- Estimated acceptable price point for VAS to be replicable, sustainable and receive repeat usage
- Subscriber demographic profiles and preferences
- Results and profiles of projects from the mHealth Tracker

The next extension of the report will be the extraction of **best use cases** and **best practice**.

Seyi pointed out that the CFR would have to be presented to the steering committee on ICT for SOML which are co-chaired by both the Ministers of Health, and Communications Technology. Victor also added the GSMA will ensure that there is sufficient validation of the CFR across the various stakeholder groups before it is finalised for publication.

Other discussions

- Victor exhorted all the various collaborating groups to keep pushing their collaborative agenda and that by end of February they are expected to solidify their plans. He also asked them to take advantage of any funding opportunity, a good case in hand is the Nigeria Health Innovation Market place challenge being run by the Private Sector Health Alliance and available on their portal.
- Kai-lik in summarising the collaborative arrangements stated that the nine (9) listed groups will be rated against proof points from the MNO Engagement Guide and that success stories will be developed with a clear action plan. He stated that the successful well developed concepts from the nine groups will be published in the CFR as 'Best Practice' scenarios for wider attention.
- The next stage of GSMA's work in Q2 2014 is a wider piece of research work commissioned on consumer profiles with mobile usage habits and health/nutrition background. This, he said will require an assessment of what research has already been conducted to avoid duplication: for example, Food Basket International has done related research.
- Andreas asked if **Vas2Net's first call zero-rated USSD** secured would have the same code between MNOs; Teniola confirmed that so far this is the case, and it will be finalised when agreements are concluded with the remaining two MNOs.

Next Steps

In closing, Victor thanked everyone for making out time to attend and share with others at the meeting while members agreed on the following immediate follow-up actions:

- All the collaborating groups to work hard and concretise their plans for implementation by end of February.
- Success stories to be developed from the successful collaborating groups for input into the CFR
- Data gaps in the CFR that can be sourced locally will be escalated to respective organisations for support.
- The CFR will be presented to the CoP in March 2014; date and location will be communicated. Subsequently the report will be shared with mobile operators and the ICT4SOML ministerial steering committee through Dr. Kelechi Ohiri (SOML) before it is published in April 2014.
- The raw database of the GSMA mHealth Tracker will be shared with all the relevant organisations to review their data before its final inclusion in the CFR.

Existing deliverables to circulate are:

- **GSMA**:
    - Provide SURE-P and Grameen with details of content specialists.
    - Share raw data from Country Feasibility Report/mHealth Tracker.
    - Circulate Harmonised MDGs Action Plan due to lack of time to discuss in the meeting; this will be discussed further at next month's meeting.
- **Vas2Nets**:
    - Update CoP with progress in securing a Pan-African Short Code.
    - Provide details of USSD to DHIS2 team.

Attendance Sheet: GSMA mHealth Community of Practice

Date: Tuesday, 11th February, 2014
Venue: SURE-P MCH Project Implementation Unit office, Garki, Abuja

	Participant	Designation	Organisation	Phone Number	Email
1	Dr Adetokunbo Oshin	Deputy Project Director	SURE-P MCH	08055065556	tokunbo.oshin@gmail.com
2	Dr Chichi Aigbe	CCT Operations Unit Lead	SURE-P MCH	08036005903	clobasi@yahoo.com
3	Jamila Bello-Malabu	HRH Officer	SURE-P MCH	07053904500	j.malabu@gmail.com
4	Laura Morris	CCT Planning & Evaluation	SURE-P MCH	08172889418	laura.nphcda@gmail.com
5	Bimbo Ajayi	FCT CCT Field Supervisor	SURE-P MCH	08035851376	bimbolaajayi@yahoo.com
6	Victor Ohuruogu	Project Manager	GSMA	08032009330	vohuruogu@gsma.com
7	Willie Ngumi	mHealth Tech Expert	GSMA	+254 731988905	wngumi@gsma.com
8	Paul Marry	Research Manager	GSMA		pmerry@gsma.com
9	Kai-lik Foh	Programme manager	GSMA		kfoh@gsma.com
10	Seyi Ibidapo	Programme manager	SOML	08104651212	seyi.ibidapo@soml.org.ng
11	Emeka Chukwu	mHealth/IT	Pathfinder International	08030851801	echukwu@pathfinder.org
12	Dr. Habeeb Salami	Project Manager	Pathfinder International	08055177960	hsalani@pathfinder.org
13	Irene Pam	mHealth/IT Assistant	Pathfinder International	08030831800	ikaneup@fpathfinder.org

14	Peder Andreas Nergaard	DHIS2 Mobile Coordinator	University of Oslo	+47 92247500	andreasn@ifinio.no
15	Brooke Cutler	Senior manager	MAMA		bcutler@unfoundation.org
16	Carol Morgan	Project Director	BBC Media Action	+237 7091901888	carol.morgan@bbc.co.uk
17	Juliet Odogwu	eHealth Analyst	CHAI	08143368226	jodugwu@ clintonhealthaccess.org
18	Elor Ukot	IT	MSH	08095036019	eukot@msh.org
19	Nicole Dakut	IT	MSH	07037766724	ndakut@msh.org
20	Benjamin Akinmoyeje	IT Manager	MSH	08077099635	bakinmoyeje@msh.org
21	Steve Felix Uduh		NPHCDA		stevennamdi@yahoo.com
22	Dr Luther King Fasehun	Tech/Policy Lead	The Wellbeing Foundation	08134739411	luther.fasehun@wbfafrica.org
23	Teniola Stuffman	Biz Dev. Dir.	Vas2Nets	08033014320	t.stuffman@vas2nets.com