



World Health  
Organization



# BE HE@LTHY BE MOBILE

ANNUAL REPORT 2017



**Be He@lthy, Be Mobile Annual Report 2017**

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“The BHBM global initiative is the best example of supporting countries to effectively implement mHealth on a large scale that I have seen.

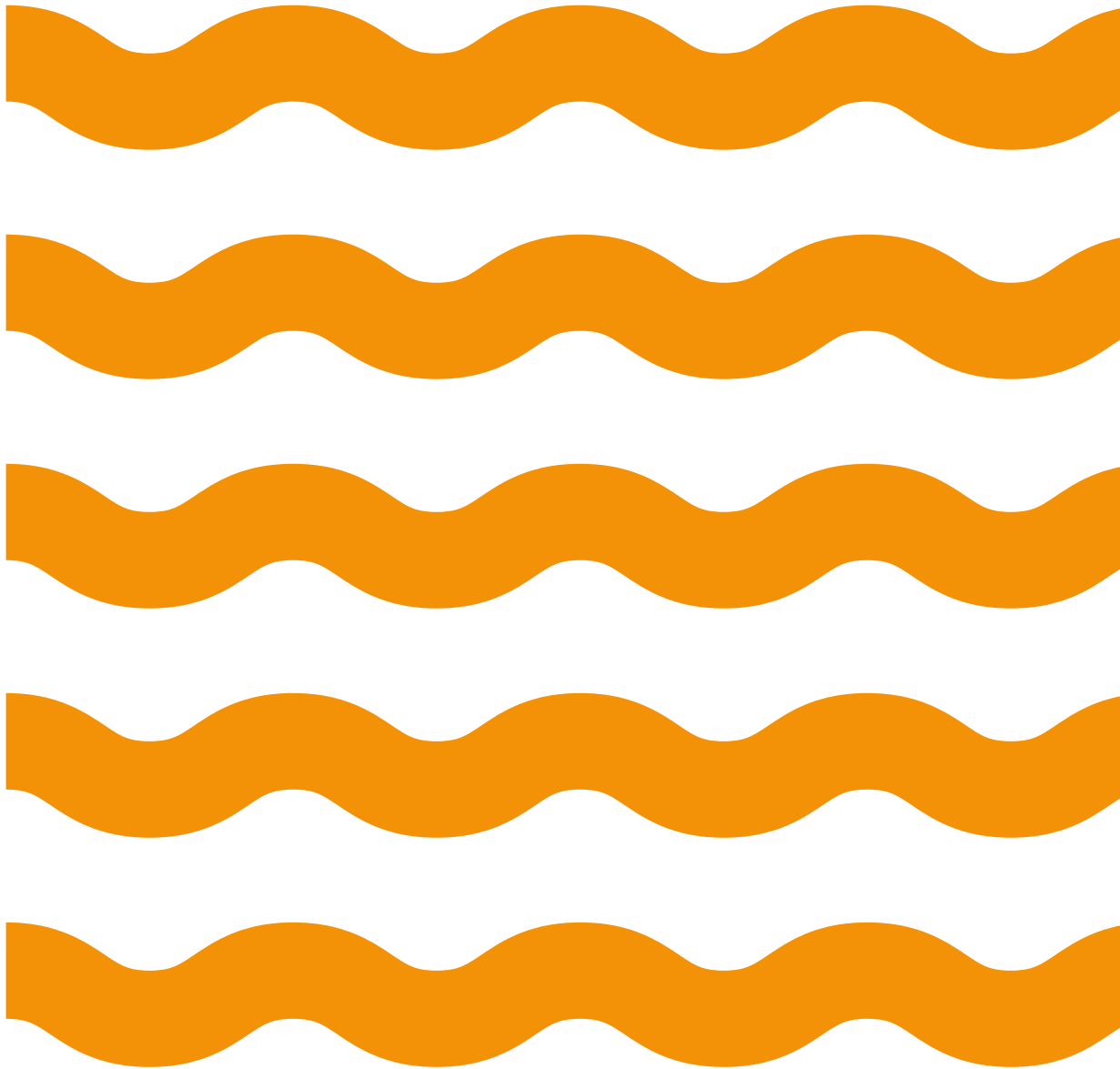
The team brings the evidence, expertise and the experience to Ministries of Health and stakeholders who are serious about implementation.

This has made the difference in moving mHealth from small-scale siloed pilots and projects, as were previously seen, to large-scale, integrated, government supported programmes.

Countries that follow this formula are also better placed to add further mHealth initiatives once the first is implemented.”

**Dr Robyn Whittaker,**  
**University of Auckland**

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# Foreword

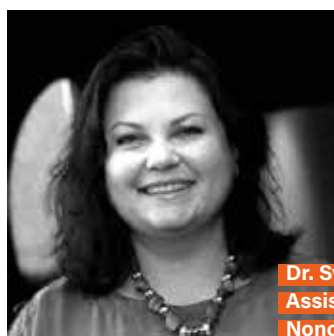
Six years ago, the 2011 Political Declaration on Non-communicable diseases (NCDs) placed NCDs on a par with the HIV crisis. The world began to realize the consequences of this shift in the global health landscape. However, NCDs continue to be the biggest cause of death globally and health systems are still struggling to adapt to this change.

There is a substantial amount of evidence on how mobile technology can be used to help prevent and manage NCDs. However, very few examples have successfully transitioned from small-scale studies to large-scale programmes. Since its founding in 2012, the Be He@lthy, Be Mobile (BHBM) initiative, which is a joint initiative of the International Telecommunication Union (ITU) and the World Health Organization (WHO), has made significant progress in developing national scale mHealth services for NCDs and their risk factors. BHBM works with governments to introduce evidence-based mHealth services into their national health systems, evaluate their impact and share best practices between countries. It is the first initiative of its kind, and collaborates on some of the largest government-run mHealth programmes in the world.

There are now five published global mHealth handbooks – mTobaccoCessation, mDiabetes, mCervicalCancer, mBreatheFreely and mAgeing – and a number of other titles under preparation. Programmes have been implemented in 10 countries and the results are promising. Over 2 million people are registered in India's mHealth services, 117,000 people living with diabetes were helped in Senegal, and 180,000 people have been supported in Egypt. Fifteen more countries are already planning programme implementation and over 90 countries have expressed an interest in joining the initiative.

BHBM is starting to understand what it really takes to scale digital. Programmes are affected by many factors, which can be internal, related to the content, technology, legal, infrastructure, integration and management, but also external, such as existing services, partnerships, financing models, sociocultural preferences, or political events. Adaptability is also fundamental – a programme that starts as a Short Messaging Service (SMS) may one day become a smartphone app or an artificial intelligence avatar. Along with working on programme implementation, the initiative is also beginning to look at standards and norms around mHealth, as well as how other kinds of digital technology can promote health.

Global interest in the digital health continues to grow in both the health and technology spaces. We look forward to seeing how the lessons from our joint programme continue to benefit not only BHBM programmes, but also scaling up of other digital health solutions around the world.



**Dr. Svetlana Akselrod,**  
**Assistant Director-General for**  
**Noncommunicable Diseases**  
**and Mental Health, WHO**

# Overview

## 01

### Handbooks



**Handbooks are the starting points for planning large-scale mHealth programmes.**

These are comprehensive and evidence based documents that provide guidance for country governments and policymakers to develop, implement, and evaluate an mHealth programme

## 02

### Countries



**Countries develop mHealth programmes.**

The countries which develop BIBM programmes come from a range of regions and income levels. BIBM supports each country in implementing a different intervention or a combination of interventions

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