mHealth: Experiences from the Field

September 2014

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Malawi
SMS Linkage in Prisons (Design)
SMS High VL to Clinics (Ongoing)

Mozambique
SMS ePassport for Health (Design)

Zimbabwe:
SMS VL to Patients (high or low) (Ongoing)

South Africa/Lesotho
Khayelitsha: SMS Results & Tracing: Self Testing (Design)
Virtual Support Groups for Youth Clubs (Ongoing)
Mobile Data Collection Pilot for Clubs (Ended)
Stop Stock Outs: Patient/HCW Stock Out Reporting, Mapping & Case Management
KZN: SMS Patient Messages for Adherence, Linkage, PMTCT (Design)
LSO: Defaulter Tracing
Lesotho: VHW Defaulters Tracing

- Project Problem: 1. High number of missed appointments (PMTCT, HIV, TB) 2. Low referral rates from the clinic to VHWs for tracing. 3. Lack of accurate data re: patient tracing

- Rationale mHealth: **Long distances** (rural setting) to villages (monthly VHW meetings) + **Long time** to trace (PMTCT)
Lesotho – SMS Referrals: Protocol

Developed with: Clinic Nurse, Counseling Team, VHW, Doctor, Midwife and mHealth Advisor

SMS Referral

Clinic → VHW

SMS Tracing

Outcome (1-7)

Referral to: VHW
Lesotho – SMS Referrals: Protocol

Developed with: Clinic Nurse, Project Counseling Team, VHW, Project Doctor, Project Midwife and mHealth Advisor

Day 1
Missed Appointment

Day 7
Patient has not arrived
Action: Clinic sends SMS referral to VHW

Day 14
VHW responds with referral outcome

Day 14 +
Patients referred back should have arrived + 1 Referral Loop Verification

Patient Confidentiality: Password Protected phones, Coded SMS Messages
Online SMS Database – (Telerivet)
Lesotho – SMS Referrals: Evaluation

Aim 1: LTFU rates are reduced with SMS VHW referrals
- Patients Traced
  - # Patients Returned to Clinic/# Patient Referred
  - # Patients with known LTFU Outcomes/# Patient Referred
- Length of time to Refer and VHW to trace

Challenges: Evaluate against Standard of Care
- First improve Standard of Care (Paper Referrals)
KZN – SMS Interventions Along the Cascade

1. Linkage; 2. Adherence; 3. PMTCT
KZN – RCT Linkage Patient SMS

• Project Problem: Low linkage to care rates

• Rationale mHealth: Mixture of Rural/UUrban Setting; High penetration of mobile phones; Reduced contact points with health system post-testing (early contact points in 3 months)
KZN – RCT Linkage Patient SMS

Protocol: Patients receive 1 SMS per week for 12 weeks after enrollment

Primary Outcome
• Linkage from community to clinics

Secondary Outcome
• Retention in care at 6 months
• Time to linkage
KZN – RCT Linkage Patient SMS

Developing the Messages:

Themes for perceived barriers to adherence and linkage gathered from literature

Exploratory focus groups. Open discussion and some sharing of relevant evidence by chair.

Generation of potential SMS messages

Messages tested (local HIV positive NGO committee)

Final messages developed
Challenges/Considerations:
- Patient Confidentiality/Accidental Disclosure (ex. Shared Phones) – Informed Consent
  - Contents of the Messages
    - HIV Related Wording
    - General vs Directed Messages (ex. You/Your)
  - Adverse Event Plan (One phone call per opt out)
Lessons Learned

1. Developing an evaluation protocol early
2. Improve standard of care within clinics (parallel process)
3. Patient Directed Interventions may have more impact
4. mHealth solutions have flexibility for ongoing reiteration and adaptation/personalization

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