SPEECH BY DR. CLEOPA MAILU, CABINET SECRETARY FOR
HEALTH DURING THE MOBILE HEALTH FORUM AT PAN AFRIC
HOTEL ON 5TH APRIL 2016

- Distinguished Guests
- Ladies And Gentlemen

It is a great privilege and honour for me to join you during this occasion of Mobile Health Forum whose theme is “Leveraging mobile money and m-Health in bringing healthcare to base of the pyramid population in Kenya.”

I would like to thank the organisers of this important forum, who have enabled delegates in the region to come together to learn, share and discuss the power and potential of mobile technologies to improve health and patient care in this country.

As you are aware, the success of any country depends on how well it applies the latest Information and Communication Technology (ICT) to accomplish its tasks and operations locally and globally. This forum has come at an opportune time when our country is strengthening ICT.

The development of new technologies has created a new global communication
explosion. The Mobile technology is the most intriguing of the new electronic method that is changing health communication in Kenya.

Mobile health (mhealth) or the use of wireless network and mobile devices to support health care, offers several solutions and models of success. Cellular phones have revolutionized the way people communicate. They are the basis for information gathering as well as communication. These services promise to increase quality and access to healthcare in Kenya.

In Kenya, the mobile telephony service has undergone tremendous growth and many Kenyans now own them. The usage of the service which was introduced in 1990s has increased to a penetration of 88.1% as at March 2015, according to the national regulator, the Communications Commission of Kenya. To date Kenya has four mobile providers namely Safaricom Ltd, Airtel Networks Kenya Ltd, Essar Telecom Kenya Ltd and Telkom Kenya Ltd (Orange).

This figure is significantly higher than the African combined average of 65% according to the regulator. In Kenya, the usage of mobiles is even higher (60.5%) among people living below $2.5 USD per day. The mobile signal has also improved from the initial 2G to 4G network which is more robust and offers subscribers better connectivity and signal clarity.

Ladies and gentlemen, the unprecedented proliferation of mobile technology and rapidly increasing ICT development, have accelerated a continental revolution in healthcare, utilising mobile technology to provide medical and public health – the era of mobile healthcare. We should now seize the opportunity that the growing reach of cell phones presents to improve access to health service delivery and real time information for decision making.
We must now ask the question, how can we best use ICTs, particularly mobile, to enable better data and health information transfer at key delivery points? And more importantly, how can these technologies be incorporated into larger efforts to deliver essential medicines and lead to overall health system strengthening.

Ladies and gentlemen, m-Health has a wide variety of applications for health workers, governments and the general public. It makes the mundane process of keeping track of people, their appointments and their records fast and efficient.

It can deliver checklists to front line health providers to make sure they follow protocols. It can monitor health epidemics, track the progress of vaccinations, measure drug supply stocks and broadcast health information and public service announcements to millions of people.

But that is just a small sample of what m-Health can do. There are more sophisticated and transformative uses, over the horizon.

The Ministry of Health is keen to ensure an enabling regulatory environment to encourage innovation and use of mobile technology in improving the health of Kenyans. mHealth is one of the pillars in the Kenya e-Health Strategy. The other four are telemedicine, Health Information system, e-learning and Information for citizens.

Currently it’s estimated that about 68% of all e-Health applications utilises mobile telephony as the most preferred mode of service delivery. Most of these mobile applications are more focussed on the Reproductive Maternal, Neonatal Child Health (RMNCH) and HIV. However, only about 4% of these mobile health applications have fully matured to scale, while all the others have aborted or terminated at various stages of their development/implementation.
Nevertheless, let me share some insights of the mobile applications that have been used in the health sector with variable successes;

- They have been used to monitor Vital Events such as notification of Births and Deaths in the community. Now in Nakuru County and ready for scale up to other counties
- To improve adherence to HIV and TB treatment through SMS reminders
- Scheduling appointment and reminders on clinic days for ANC, HIV and immunization
- NHIF payment by Mpesa
- Reporting by community health volunteers on Community Nutrition parameters
- *Uliza Clinicians* offers consultation services and advice to HIV care providers
- Early Infant Diagnosis - relaying of PCR results from KEMRI through SMS to service providers
- Verifying of registration status of the Medical and Pharmacy practitioners
- SMS for weekly surveillance reports from sub-county to the National IDSR unit.
- Kenya clinical guidelines application on android phones
- Malaria Commodity reporting by mobile phones
- *Lipa na Mpesa services* –to avoid leakage of revenue at MTRH and PPB

The Mpesa system is now universally recognised as the global torchbearer in socially inclusive financial systems enabled by basic technology which is the mobile phones. In Kenya the system allows everyone to send money, withdraw cash, buy airtime, pay bills, buy goods etc. As you see the system can also be used to pay medical bills.
It’s now clear the m-health has potential to strengthen health system and improve access to quality health care for all Kenyans, rural as well as urban. It can also improve disease surveillance, health promotion and consumer participation.

My ministry has accepted this fact and we are ready to embrace the technologies to improve service delivery. The Ministry is encouraging our stakeholders to make use of the policies and standards documents that we have developed to guide the sector, in order to safeguard the privacy and confidentiality of clients and information sharing as enshrined in the constitution.

I always remind myself of the old wisdom that the best way to predict the future is to shape it. We need to harmonize health information for better coordination. Currently the sector is grappling with so many information systems driven by different partners and stakeholders. This has resulted to parallel systems that do not feed the national reporting system hence denying the health sector much needed data, to support programming and inform decision making.

My ministry considers information as a requirement and it is important that all mobile health systems and other similar applications periodically upload the data they collect to the national health information system popularly referred to as DHIS 2, which is the national aggregate reporting platform for all our data needs from all the health service providers in Kenya.

Currently, the Ministry is working on various policy guidelines and standards to enforce standards.

- The e-Health strategy 2011-2017 is under review to see how we can
leverage on technology as an enabler to improve service delivery.

- The first e-Health Policy 2016 – 2030 has been developed to guide the health sector to respond to the rapid technological advancement and uptake and this will be launched before June 2016.
- The Kenya Health Enterprise Architecture will be availed to the public before June 2016, to guide the innovations and deployment of electronic technology in the health sector and the m-health standards to guide the use of mobile telephony in the sector.
- The m-Health Standards and guidelines, have been developed for use by our stakeholders to develop their m-health applications, in the health sector
- The Ministry has a Data Service Layer (warehouse) able to integrate data from different sources. Currently the warehouse integrates data from DHIS2, Kenya Health and Master Facility List (KHMFL), Logistics Management Information System from KEMSA and the integrated Human Resource Information System (IHRIS). The aim is to enable detailed analysis of the health sector data to inform policy, planning and programming for improved healthcare in Kenya.

I am urging all stakeholders and partners to familiarise themselves and refer to these documents for guidance as we expand the use of technology in the sector.

Finally, I would like to thank the organisers and all the collaborating agencies for coming together for purposes of improving health care delivery in this country.

One of the most important things m-health will deliver to Kenyans is the ability to dramatically improve health service delivery. It will enable us to
meet the challenges of rising health care needs and a decreasing workforce. It will address the challenges of distance that affect the regional and remote areas of Kenya. Thank you