WILL MOBILE COMMUNICATION BRING ABOUT 'THE ULTIMATE DAY'?

By Jarret Cassaniti

As a Peace Corps Volunteer in rural Zambia from 2003 to 2005, I relied on word of mouth, bush note or a bike ride to the district capital to try the unreliable landlines for communication. A year after returning home, I received news from the community that a cell tower was raised in the district capital and people had a new option for communicating. I also found out I had missed most of Web 2.0's opening act and rushed to set up accounts on Friendster and MySpace. I bought a feature phone and, as a grad student at Emory's Rollins School of Public Health, read about the Blackberry craze with great interest.

Fast-forward to 2010 when I delivered HIV capacity building assistance to community health centers in the US for HealthHIV, a non-profit. I traveled to rural parts of the U.S. in Mississippi, Louisiana and California. I was struck at the similarities these communities had with rural Zambia. Their isolation from areas offering health care was obvious but deep rooted cultures that knew little about HIV and AIDS was also a commonality. It was

Dr. Zipporah Kpamor shares what global mHealth means to her at the Knowledge for Health booth at the 2013 mHealth Summit.

in these communities that I learned a little about telemedicine as way to provide clinical support and improve health outcomes by overcoming geographical barriers.

At this point in my professional life, mHealth had not yet made a significant appearance. That changed when I joined the Knowledge for Health (K4Health)

Project at the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs in 2012.

According to the mHealth Working Group that K4health facilitates and supports, "mHealth is the use of mobile technologies in public health and health service settings. The mHealth Working Group builds capacity, encourages collaboration, and shares knowledge to frame mobile technology within a larger global health strategy."

I learned more on a work trip to Abuja, Nigeria, when I had the opportunity to test a mobile job aid with family planning providers. The Application for Contraceptive Eligibility (ACE) mobile phone app was developed by my K4Health colleagues in fall 2011 for Android phones and updated in May 2012.

The testers were given scenarios depicting fictional family planning clients and asked to determine eligibility for family planning methods. They had no prior experience with the app and I provided no instruction, so everything they did was through intuition. They valued that they could use it without the Internet or even phone service once the app was downloaded and saved to a smart

phone. They were also excited that the app could be used as an alternative to a heavy laptop or cumbersome books.

One tester suggested the app would enable providers to deliver counseling inconspicuously. Whereas non-electronic mobile job aids have just one function, the mobile phone, by nature of being a ubiquitous multipurpose tool, can help providers deliver counseling privately.

Three quarters of the world's population has access to mobile phones while only two thirds have access to toilets. More people also have access to mobile phones than electricity and clean drinking water. The opportunity to leverage mobile phones to tackle poverty in the developing world has never been greater since "more than 80% of the 660 million mobile subscriptions added in 2011 were in developing countries" according the mHealth Summit.

The Mobile Solutions team at the US Agency for International Development (USAID) is working to harness this technology to accelerate USAID's development goals. In an essay about John F. Kennedy's founding vision for USAID in 1962, Charley Johnson and Priya Jaisinghani discuss the "Ultimate Day"; the day "when all nations can be self-reliant and when foreign aid will no longer be needed." They discuss the transformative nature of roads, railways, and the Internet and compare these developments to mobile phones with mobile money (mMoney) at its center.

My undergraduate education in anthropology taught me that the development expert's definitive measure of success is the transfer of capacity leading to the elimination of assistance. In Peace Corps I saw how difficult this is to achieve so I was shocked at the assertion that the "ultimate day" could be close at hand. While Mr. Johnson and Ms. Jaisinghani acknowledge the need for healthy skepticism and cite the prediction of TV in 1964 as a panacea for the information

needs in resource limited countries, I am optimistic that mHealth and mMoney can bring about far-reaching change.

It's been almost ten years since I began my service in Zambia and, through my work at K4Health, I finally feel like I'm no longer a step behind the mobile revolution. Mobile communication devices have the potential to redefine global citizenship, superseding religion, music, science, consumer consumption or human rights, the things I usually identify with universal culture. More importantly mHealth has the potential to help end development assistance and alleviate poverty. **WV**

Jarret Cassaniti *(Zambia 2003-2005) has 10 years of experience working in public health and international development in Zambia, the United States, Nigeria and East Africa. He has collaborated with community groups, health centers, government bodies and professional associations. His experience includes designing eLearning modules for CME and CPD credits for medical professionals. He earned a BA in anthropology from the University of Vermont and a MPH in global health from Emory University. He is currently a program officer at Johns Hopkins Center for Communication Programs. You can read his blog: www.k4health. org/blog/authors/jarret-cassaniti.*