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Wireless health care

M-powered

The convergence of mobile telephony and health care is under way

BILL GATES seems to relish being the skunk at the garden party. The former boss of Microsoft, now a global-health philanthropist, was invited to address a big “m-health” conference in Washington, DC, this week. Some 2,400 proponents of delivering health services over wireless telecoms, from the private and public sectors, gathered to celebrate the dozens of pilot projects under way around the world.

Mr Gates, however, warned the participants not to celebrate too soon. Just because an m-health pilot scheme appears to work in some remote locale, he insisted, don’t “fool yourself” into thinking it really works unless it can be replicated at scale. Rafael Anta of the Inter-American Development Bank was even more cautious: “We know little about impact and nothing about business models.”

Happily, evidence of m-health’s usefulness is at last starting to trickle in. A study this week in the *Lancet*, a medical journal, shows that something as simple as sending text messages to remind Kenyan patients to take their HIV drugs properly improved adherence to the therapy by 12%. **WellDoc**, an American firm, found in a recent trial that an m-health scheme that relies on behavioural psychology to give diabetics advice on managing their ailment has more effect than putting them on the leading diabetes drug.

Another reason to think that m-health has a promising future is the flurry of business interest in it. One push comes from the rise of cloud computing (providing data storage and processing over the internet), which Peter Neupert of Microsoft argues will be “transformative” for wireless health. UltraLinq, an American start-up, uses the cloud to offer medical imaging on the software-as-a-service model. AT&T, a telecoms giant that already collects revenues of \$4 billion a year from health care, has just created a division devoted to pursuing wireless health-care business using cloud computing.

A second shove will come from American policy, which will dispense more than \$30 billion in subsidies over the next few years to encourage doctors and hospitals to adopt electronic medical

records. This coming digitisation of America's disgracefully paper-based health system will, argues Todd Park of the Department of Health, inevitably boost m-health.

A further impetus is likely to be provided by ideas bubbling up from developing countries. Victoria Hausman of Dalberg, a development consultancy, has surveyed dozens of m-health business models in Haiti, India and Kenya in work for the World Bank. She predicts that mobile banking, which has already taken off in Kenya, will be a great enabler of m-health. Firms are coming up with ways for patients to pay doctors, receive subsidy vouchers and so on, using their phones.

Substituting technology for labour (such as the absent doctor at the government clinic) is another trend. Healthpoint Services, a start-up, is establishing for-profit centres in rural Punjab, in India, that provide health services, as well as clean water. Its health workers roam with backpacks carrying diagnostic equipment; a mobile phone captures and interprets the data, which can then be used for paid telemedicine consultations. This week Procter & Gamble, an American consumer-products giant, announced a commercial partnership with Healthpoint.

No doubt a dose of scepticism is warranted about m-health. But given the growing evidence of its usefulness and the new business models from emerging markets, there is reason for hope too. As Mr Gates pointed out this week, "Middle-income countries are where most innovation in health care is going to come from."