Healthcare Information for All?
Assessing mobile healthcare information applications for citizens in low-resource settings
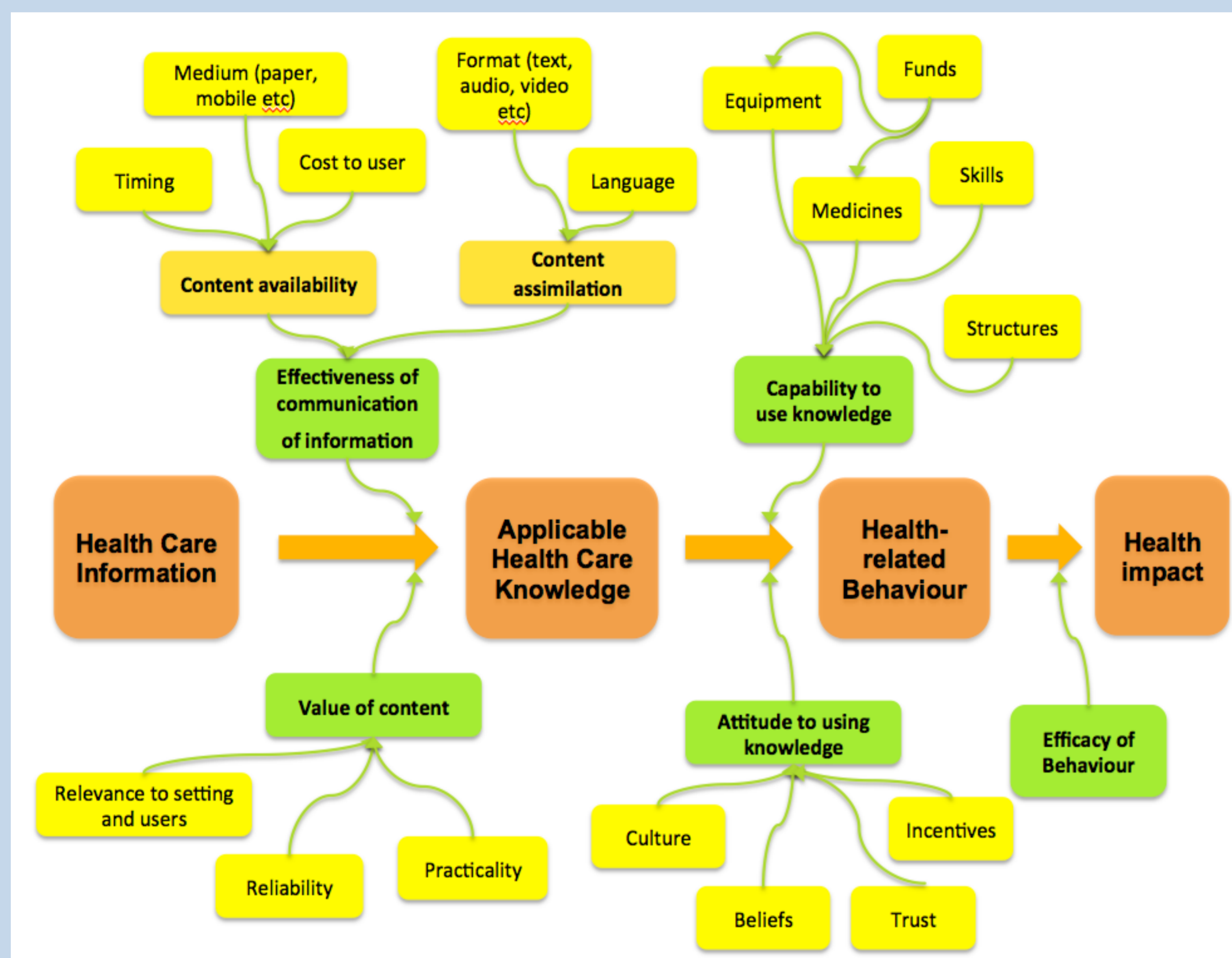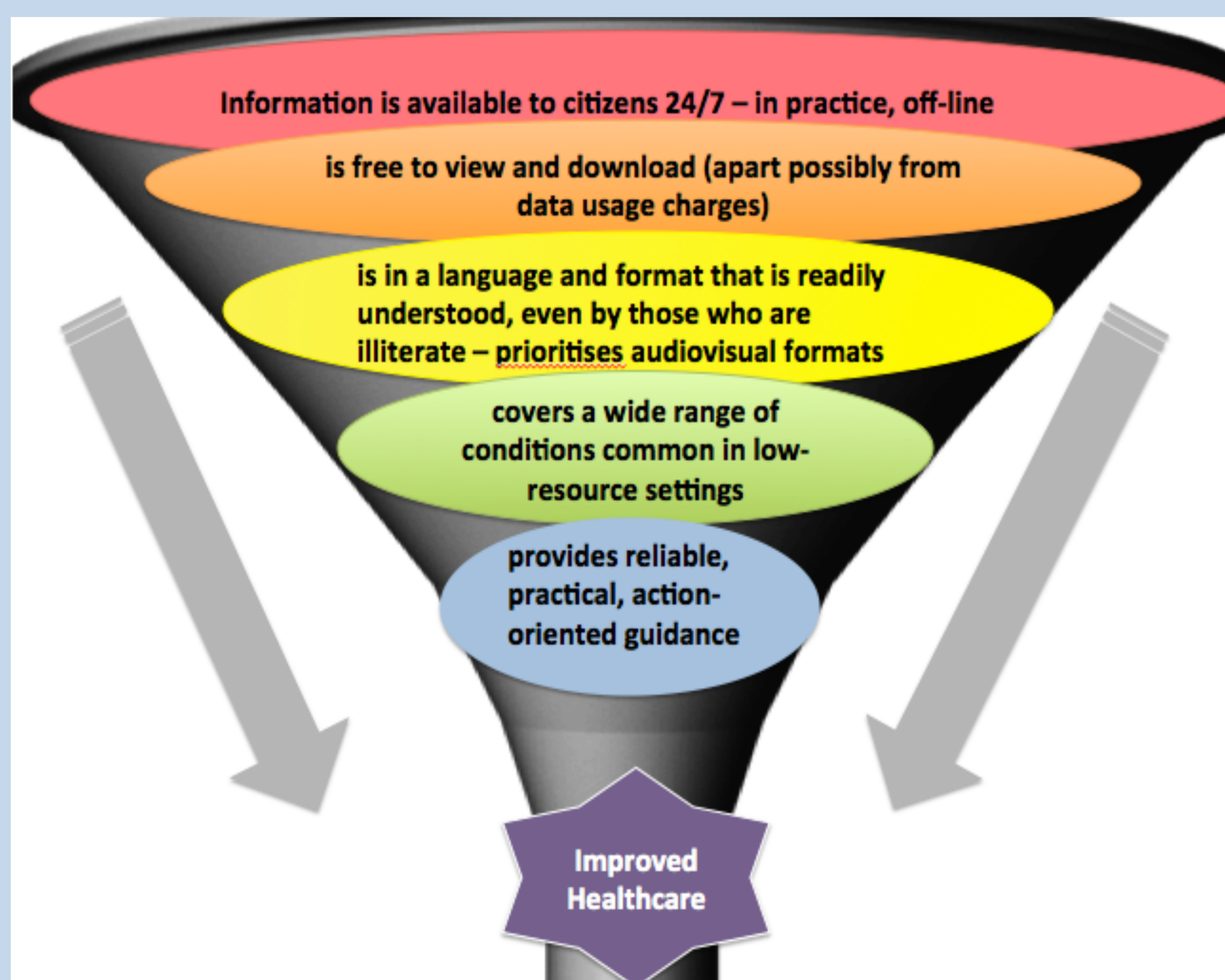
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We can map a path from healthcare *information* to health *impact*

Leading to *key criteria* for mobile "apps" for empowering citizens in low-resource settings with essential healthcare information

ABSTRACT

Background
Mobile phones provide unprecedented opportunities to transform global health. One such opportunity is putting basic, life-saving, healthcare knowledge into the hands of citizens in low resource settings. However, little has been done to assess mHealth information applications from this perspective. This heightens the risk of developing and disseminating inappropriate or ineffective applications.

Objectives
To develop and apply criteria for assessing the potential of mobile applications to provide, to citizens in low and middle-income countries, accessible, reliable, action-oriented information on essential healthcare (such as for common childhood illnesses, complications of pregnancy and childbirth, first aid, and promotion of healthy behaviour and nutrition.)

Methods
Using a system model of access to and use of healthcare information; developing a set of assessment criteria and associated measures and indicators; designing and producing a simple visual template for rapid application of these criteria; and then using this tool to assess a selection of mobile "apps".

Results
Assessed mobile applications varied considerably in how well they met the criteria, and often scored poorly. A few however rated quite well along key dimensions, and some others had weaknesses that should not be too difficult to remedy.

Conclusions
Valuable insights into the likely practical impact of mHealth information apps can be obtained, even without field-based evaluation, from a criterion-based assessment of their features. Developers and distributors need to pay more attention to the range of criteria that must be satisfied if the huge potential of mobile applications to provide essential healthcare information to citizens in low and middle income countries is to be realised.

REFERENCES

1. Hagar C & Kartzinel H. Healthcare Information For All By 2015: Preliminary findings and future direction, *Information Development*, Sept 19, 2014
2. Royston G, Hagar C , Long L-A, Dennis McMahon D, Pakenham-Walsh N, and Wadhwani N on behalf of the mHIFA Working Group, Mobile health-care information for all: a global challenge, *The Lancet Global Health* 2015 Volume 3, No. 7, e356–e357, July 2015

These criteria underpinned a "traffic light" assessment template

The template was then used to *assess specific mHealth information apps* against HIFA aims (illustrative examples shown)

FOR FURTHER DETAILS

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