Over the past several years, eHealth (the use of information communication technology in health) has exploded onto the global health scene. Health programs all over the world are beginning to employ these new tools, funders are looking to support the most innovative and promising uses of information communication technology (ICT), and researchers are avidly discussing the benefits and downsides of this new field. Despite the buzz around eHealth, studies on this field frequently focus on the work of specific programs; fewer studies have taken a higher level look at this field. Therefore, for this Database at a Glance, we are asking: what can the CHMI database tell us about the landscape of eHealth?

Where are ICTs being employed for health?

There are currently more than 260 programs in the CHMI database using ICTs. As seen in the map above, these programs can be found worldwide. Interestingly enough, while this map indicates certain hubs of high activity, such as India and East Africa, an attempt to correct for CHMI’s regional bias shows much more comparable levels of activity in all regions. Nevertheless, South Asia, Southeast Asia and East Africa maintain particularly thriving eHealth communities.

What types of ICTs are being used?

Many people who study eHealth focus on mobile health (also known as mHealth), the use of mobile technologies (largely referring to cell phones) for health, and as the graph shows, cell phones are one of the most utilized ICTs in the CHMI database. Nevertheless, there are number of promising programs that use other devices, such as Operation ASHA, which uses fingerprint scanners to help treat
TB patients; Comprehensive Medical Emergency Response Services in Punjab, India, which uses GPS to coordinate its ambulances; and Changamka, which uses smart-cards to help pregnant women save for care.

*Changamka health savings account card

**What are ICTs being used for?**

Most technology-enabled programs in the CHMI database use ICTs in order to extend geographic access to care, often through telemedicine (see Sehat First) or helplines (see Healthline, Bangladesh). The second most common reason for employing eHealth is data collection and organization, a field where ICTs have greatly improved efficiency by replacing paper forms. Another common use is facilitating patient communications, allowing doctors (and the general health community) to be in contact with patients outside of traditional doctor visits (see mDhil). Other programs, such as D-Tree International use ICTs to help health workers with little training improve diagnosis and treatment.

Preventing fraud and abuse is one of the least common reasons for using ICTs. Nevertheless, Unique Identification Mobile Verification, Sproxil and mPedigree, which all use cell phones to help detect counterfeit medications, proved to be quite successful and have been scaling rapidly. Similarly, improving financial transactions, a less common reason for ICT use, shows great promise for scaling up. Programs such as Mamakiba in Kenya, which uses text messages to help women save money for healthcare during pregnancy, could be scaled to cover a much greater portion of the population, especially given the high penetration of mobile phones in East Africa. Another program in Kenya, Changamka, is likely switching from smart-cards to mobiles for exactly this reason.

As we gather more data about the universe of health market innovations, we will continue to track trends and highlight new insights gleaned from analysis of the aggregate. We invite you to do the same by downloading the CHMI Database and sharing your findings with us!

*Photo at Top: Trained informal provider accessing a hotline organized by World Health Partners in Bihar, India.*