

HIV/AIDS: THE MOBILE HEALTH OPPORTUNITY IN KENYA

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BACKGROUND

HIV/AIDS is a leading cause of death and disability.
Around 1.5 million Kenyans are living with HIV
100,000 AIDS-related deaths occurring annually.
Access to good quality HIV services is crucial in reducing the HIV burden.
With increasing mobile phone penetration in remote areas and near-100% penetration elsewhere, mobile health (mhealth) opportunities need exploration.

METHODOLOGY

Literature review
The Levesque model of access to health services
Mhealth and ICT application framework were used

RESULTS

Findings showed that several key demand and supply factors influenced access to HIV services.
Mhealth applications were found to improve sexual behavior and treatment adherence.
They also increased antenatal and postnatal clinic attendance, improved provider training, communication among providers for improved care, and enhanced supply chain management.



Mobile phone applications promote behavior change, timely referrals and facilitate remote supervision of healthcare workers.
However, mhealth pilotitis remains a MAJOR barrier to mhealth interventions.



CONCLUSION/RECOMMENDATIONS

Mhealth applications can be used to motivate behavior change and improve treatment adherence.
They also reduce treatment delays, case referrals, and facilitate remote training of health workers.
Technical, infrastructural, and design challenges affect the acceptability, feasibility, and scalability of mhealth interventions.
The alignment of mhealth interventions with the national health strategy and addressing design and implementation limitations are vital to the success of mhealth interventions.

POLICY TO PRACTICE

