Going Forward: According to Nigeria Communications Commission, there are over 152 Million active phone lines and this mobile communication technology a great tool to disseminate text messages providing health and wellness tips, provide information on availability of medical supplies and professional services at the various locations in order to ensure full implementation and use of medical services. To further push for quality access to healthcare for all, I lead the team that initiated the construction of high-tech hospital in Ancha, Kaduna State, Nigeria.

Funding: None yet. But through the generous donations of individuals, and material supports from some government agencies, we have been able to expand health coverage to 4 states in Nigeria.

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Bottom-up design of information and communications technology in an era of transdisciplinary global health & disruptive social innovation

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Background/Methods: Information and communications technology (ICT) is making significant impacts on global health worldwide. The introduction of new and emerging technologies in low-resources settings has increased the availability of health information in impoverished communities to improve population health. An innovative transdisciplinary initiative at the Center for Global Public Health at UC Berkeley aims to unite faculty and students across the campus together with their international partners, to explore not just what new ICT tools can be developed, but how they can be developed and implemented in transdisciplinary, sustainable, relevant, and impactful ways to promote global public health.

Results: The initiative explores innovative ICT tools as well as "Media from Below" created in and between diverse silos at UC Berkeley together with community partners in the arenas of public health, human rights, public policy, behavioral economics, advanced media studies, anthropology, and information technology. We discuss examples of innovative platforms that are successfully engaging populations to actively improve health. For example, HIV researchers in Tanzania are using human-centered design concepts to create novel approaches to improve treatment compliance. Syrian physicians, with support from their colleagues at the Human Rights Center and other institutions, are using mobile devices to collect and disseminate real-time data on attacks against hospitals and health clinics. In Nicaragua, tools such as "Dengue Chat" motivate communities to participate in mosquito control by integrating mobile technology, entomological data collection, education, and game concepts. In Brazil, local community stakeholders are using dynamic media approaches to engage and encourage urban slum populations to overcome obstacles to healthcare access.

Findings: ICTs should ensure that social innovations are imbued with core values that promote equity, sustainability, and human rights. Our new initiative supports ICTs that are evidence-based; transdisciplinary in nature; necessitate high levels of community engagement and participation; are built from the bottom-up and thus promote bi-directional knowledge generation; encompass local values, involvement, leadership and implementation; and incorporate human-centered design, communications, and advanced media concepts.

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HIV treatment initiation and retention strategies for rural populations: Follow-up care at the far end of the road

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Program/Project Purpose: In rural Malawi access to health care facilities is limited. For many who are HIV+, frequent visits to a fixed health center for HIV testing, CD4 counts to determine ART eligibility, and treatment maintenance and adherence is unmanageable. GAIA mobile clinics have helped fill the testing gap, but follow-up for initiation on treatment and adherence support remain challenging. In 2014 GAIA initiated a follow-up program for individuals who are known or suspected to be HIV+. Nurses travel by motorbike to provide education and support as clients move through the treatment cascade.

Structure/Method/Design: Seven follow-up nurses (one per clinic) were engaged to serve approximately 250 villages. Nurses are trained in ART and HTC. During mornings, they provide health education at the mobile clinics and village gatherings and during afternoons each makes patient follow-up visits, conducting 54 client visits on average per month. Clients are recruited primarily through the mobile clinics but also through village health committees or community health workers. Adherence counseling, health information, and referral are provided by coordinators, and clients are followed until stable on ART.

Outcome & Evaluation: Outcomes for 211 clients to date: 74% discharged with health improving, 8% died, 7% opted out of care and 12% were lost to follow-up. Of the 87% of clients eligible for treatment according to WHO treatment guidelines for resource-limited settings, 97% were on ART and 91% were adhering to treatment when discharged. 85% of all HIV clients were on ART regardless of eligibility compared with a national estimate of 49% on ART.

Going Forward: The program's success can be attributed to the commitment of the follow-up coordinators going to the end of the road to reach those in need of HIV care. Challenges remain as nutritional intake in rural villages is often insufficient for ARVs to be optimally effective. We plan to incorporate a nutrition component into the program by linking those in need to food supplementation programs. Support groups and medication adherence clubs could also improve long term adherence after clients are discharged from the intensive follow-up care.

Funding: The mobile clinics and follow-up nurse coordinator program are funded by The Elizabeth Taylor AIDS Foundation.

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