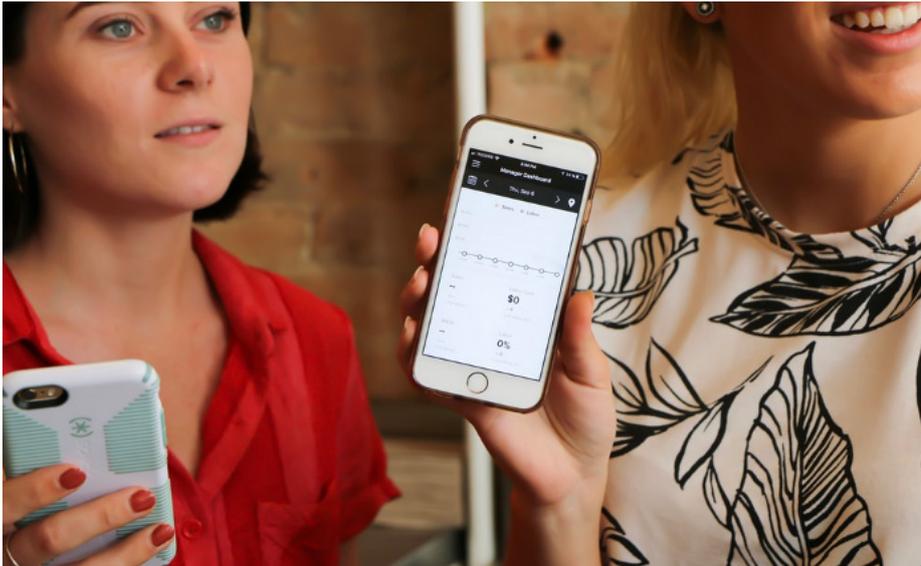# Mobile phones for targeted communication with clients, patients and the public: implementation considerations

Governments and health systems are starting to use mobile phones to communicate with clients, patients and the public. Common types of communication are **text messages** that remind people to go to appointments or to take their medicines. Other types of communication include **phone calls** or **video messages** that offer health-care information, advice, monitoring, and support. This type of communication may be particularly relevant in situations and settings where it is difficult to meet patients and the public face-to-face, such as during pandemics.

Questions for implementers when implementing mHealth strategies

Access issues

- Do clients own or have access to a functioning mobile device? If not, have solutions to access issues been considered?
- Do clients have access to network services in the area where they will be engaging with the digital health intervention? If not, have solutions to access issues been considered?
- Do clients have access to electricity to charge mobile devices? If not, have solutions to access issues been considered?

Who is this summary for?

Below are a set of questions that are drawn from the findings in a Cochrane Review. They may help implementation agencies, ministries of health, programme managers, and other stakeholders to plan, implement, or manage digital targeted client communication strategies.

About the review

A recent Cochrane Review of qualitative research explored how clients, patients, and the public view and experience targeted communication by mobile phone (Ames 2019). The review analysed 35 qualitative studies from around the world. The review focused on communication with pregnant women and parents of young children, and with adults and teenagers about sexual health and family planning. The review findings show that people see a number of benefits but also challenges with these types of services.

How up-to-date was this review?

The review authors searched for studies that had been published up to July 2017.

- Is participating in the digital health intervention free or very low cost to ensure that there are no barriers to participation? If not, have solutions to access issues been considered?
- Have solutions been considered for when clients change their phone numbers or sim cards in order to maintain intervention engagement and avoid losing contact?
- Have solutions been considered for when clients have their access to a phone controlled by someone else?

Content issues

- Have solutions been considered for tailoring or changing intervention content to engage clients who have low literacy, differing language skills, or limited digital literacy?
- Have solutions been considered for tailoring or changing intervention content to ensure the privacy and confidentiality of clients and to avoid any harms that a break in this privacy may cause?
- Has an attempt been made to explore how clients perceive different sources of digital health interventions as more or less reliable, trusted, and credible? Has an attempt been made to use those sources that are perceived as trusted, reliable, and credible to send digital health messages?
- Have members of the client target group been given an opportunity to offer feedback about their needs, preferences, and experiences regarding the intervention during intervention development, implementation, and evaluation?

The questions presented in this summary are from a Cochrane Review. The review authors have searched for, assessed and summarised relevant qualitative studies using a systematic and predefined approach. They have then used the review findings to develop a set of questions for implementers.

Reference