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World wide web

"Is Twitter a ghost town on Thanksgiving?" *Salon* magazine (@Salon) tweeted last November. "Yes", replied Graham Linehan (@Glinner), author of sitcoms *Father Ted* and *The IT Crowd*, "because there are no countries other than America". Linehan made a valid point: the world wide web can be a surprisingly parochial place. This month, *The Lancet Technology* looks at two projects that think globally.

MedicineAfrica

"We are very much taking that broad definition of global health", says Alexander Finlayson of MedicineAfrica. "Global in the context of its world-wideness, and global in the context of its comprehensiveness." The site that he co-founded supports undergraduates and health professionals in low-income countries in their training, through remote teaching and mentoring. Interactivity is key: "We came across a lot of online static repositories, but my feeling was that if they were enough to replace health-care teaching completely, then we wouldn't need western medical schools. It's real-time, case-based learning, as you would do in regular health care, but stripped down to operate on a low bandwidth."

The project was developed in collaboration with King's College London for Somaliland, where it is one of the major providers of postgraduate medical training. The system, Alexander tells me, is simple. "People in their spare hours, in their lunchtime, between their hours of NHS work, have a real-time conduit to health-care professionals in low-income countries such that they can deliver training and support remotely". And the system works both ways: his group developed "a reciprocal global health programme, where people taking a global health course here in London were being taught by doctors in Somaliland on real-world tropical medicine cases. It was really bringing global health alive".

But how do you deliver something as complex as medical education within the restrictions of IT networks in low-income countries? The secret, Alexander says, is in trying to hit "the right place on the curve—not so far behind that you can't have a data-rich system, but equally not so high-tech that you can't operate on dial-up".

Future projects are underway in seven other countries, including a link-up between Oxford and Palestine, and paediatric oncology nurse training delivered to Ghana via the Royal Hospital for Sick Children in Edinburgh. The development of wireless data networks might mean the system can extend its reach to rural areas. "There is much we can learn from the implementation of health-care technologies where the need is much greater", Alexander concludes, "we might learn something about how we can deliver teaching here".

First contact

"I think information is the key", says Roos Korste, psychologist and founder of in2mentalhealth, "and that's the first thing they need". We're talking about the use of ICT in global mental health, which is the focus of her blog. It's something that grew out of her role as a trainer for Médecins Sans Frontières, educating lay counsellors for projects in low-income countries. The training is important, but of necessity it is relatively brief: ICT can provide consistent, reliable information in the longer term. She tells me that she sees global mental health as being relatively behind in the field of ICT: hence the blog. It's aimed at "health workers, or people who are interested in ICT and also global mental health", and is "a bridge between ICT, what's going on in the world, and between global mental health".

We talk about the way mental health may be an area uniquely suited to this approach, as many interventions, such as counselling or

brief psychological therapies, rely on the provision of information rather than drugs (although, as Roos points out, drugs are both vitally important and often in short supply). What about the technical limitations on internet access in low-income and middle-income countries? Roos has seen these for herself. She describes a discussion with a student in Dar es Salaam: "[he] told me 'if I could spend 1 week in the UK or Holland on the internet, I would just sit there 24 hours a day and just trawl the whole internet—and I would not sleep, I would only look, look, look, because we can't look at most sites.'" So Roos is increasingly turning her attention to mobile technologies: SMS and smartphones. We end by talking about the old false dichotomy of people versus technology: "I have a lot of interaction with people from all over the world", she says, "of course, I don't see them, and I will maybe never meet them—but I think that's also contact between people and people."

This month

Apps

What imaging should you request (if any) for your patient? Support is at hand with *Diagnostic Imaging Pathways* from the University of Western Australia. Clear graphic interfaces allow easy access to information, and organisation encourages browsing. Numerous pictures make it a good learning resource, too. £17.49 from iTunes.

Pillboxie, developed by Jared Sinclair, is one of the smartest apps I've seen.

Just drop your tablets into the virtual pillbox to get reminders when they're due. Useful for patients, physicians, and nurses alike. Free from iTunes.

Twitter suggestions

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For more on **MedicineAfrica** see <http://www.medicinafrica.com>

For more on **in2mentalhealth** see <http://in2mentalhealth.wordpress.com>

For more on **Diagnostic Imaging Pathways** see <http://itunes.apple.com/gb/app/diagnostic-imaging-pathways/id447588886>

For more on **Pillboxie** see <http://itunes.apple.com/gb/app/pillboxie/id417367089?mt=8>