

4 February 2008 – Julia Royall

Dear Nelson,

I wanted to give you an update on things from my end.

MedlinePlus African Tutorial on Malaria

Mifumi village residencies

Visit by students in November – 5 days – 5 students

Carried out baseline survey on knowledge of people in Mifumi village about malaria – over 100 respondents

Results have been analyzed and report compiled

Visit by 2nd student team January 15-28 – 4 volunteers

Substantial work in clinic and community

Rolled out information intervention in booklet and poster forms

Full report due on February 12

Visit by rest of team, including project manager, artist, and another collaborator-doc from Walter Reed November 24-26

Audio now in Luganda, Rukiga, Luo, and English

Phase 2 – to be carried out in April

Testing of electronic version of tutorial – now transferred from online to CD-ROM and thumb drive formats – at health center, with youth, and in school

Audio version – for radio as well as for on site use at health center (with people waiting to be treated), with youth, and in schools

Longitudinal tracking

Will compare morbidity and mortality month by month for the next year as well as walk around, observing whether prevention practices have been implemented.

Plan is to continue to track over the next 5 years.

Project Manager – Daniel Hama engaged fulltime with salary funded by NLM. Daniel is a video and audio producer who has worked mostly volunteer for the past few months.

Tutorial booklets and posters distributed to all November COBES groups

Status of future tutorials

Diarrhea – nearly complete

Nutrition and Addiction – early stages of production

Mifumi as COBES site

Have held two meetings with Dr. Mwanika and representatives from Mifum Project

Report from students on January visit due February 12

Workshop

Date to be set between February 21-28

To be invited: Dean; Associate Dean for Education; Director of COBES Program; Mifumi Project staff; medical students; Dr.

Otaala, Minister of State for Health; and Dr. Obonyo, Acting DMO of Tororo

Partners at Walter Reed and Mifumi Project

Health Informatics Center

I am attaching the latest draft and would appreciate all comments from you. In a sense, the Center has already begun with the work we are doing, but the physical venue will give it a nexus. I am in the process of purchasing one and a half acres in Lubowa with personal funds.

Library

Training of PhD students in Bo Lambert's journal club

Is there another class like that of Prof. Karamaji last semester? I thought our approach of going directly to the students, focusing on topics they were researching for their theses was useful and productive. Could this activity actually become part of their required curriculum? Prof. K certainly seemed pleased with it.

Training of Pharmacy and Surgery students

Publications and presentations

Keystone symposia – May

I was invited to present and have encouraged students to submit posters. At least one student, William Lubega has been accepted – he will be reporting on MedlinePlus African Tutorial on Malaria

Woods Hole medical informatics workshop –

A highly competitive workshop held by NLM in the US and a model for what could be done here at the Health Informatics Center
Occasionally, a foreign participant is among those selected – I have mentored student William Lubega in his application

E-path presentation and paper by Ian Munabi and Moses Isyagi

eHMIS at Tororo Hospital

Visited Tororo Hospital and saw the pilot installation – NLM may fund next phase of equipment and research on effect of eHMIS on patient care

I have put Simon Ndira/Tororo Hospital and Jim Kahn/UCSF/White House Institute in touch with one another

Contacts with Ministry

Met with Dr. Otaala, Minister of State for Health

Met with Dr. Sam Zaramba, Director General of Health Services

Met with Dr. Rwakimari, National Malaria Control Program

Travel to Gulu

Visit to the medical school (at present, this is being organized for me by U.S. Embassy) this month.

Can I do anything for you there?

Grameen, health insurance, cell phone

Grameen Foundation was put onto me by a colleague, and we took two of their contractors with us to Mifumi village. They are very interested in health insurance for people in developing countries and are also working with MTN to

demonstrate the possibilities of cell phone technology in rural areas (for example, make it possible for peasants in villages to search batch numbers to make sure they are getting valid drugs or to get a diagnosis.) Unfortunately, they did not visit the village, only the health center where they talked with the medical students whom they can see in Kampala. I believe they have now engaged the students in developing the application.

Between you and me, I am concerned as to whether or not what is theoretically sexy will make any practical difference. But you know me – that is always my question! I trust this will be an interesting experience for the students. Grameen impressed me as a vacuum cleaner for information without giving back much in return. It seems they want a backdrop against which to showcase an experiment. I have offered to look at their proposals and be helpful where I could.

Prior to the interaction with Grameen, I started working with the idea of using the ability of the cell phone to “push” info upon request (entertainment, sports, etc.) in the service of health. For example, simple health messages or reminders could be broadcast daily to those who desire them. Along with the message is a phone number to call for more information. A call center could handle the FAQs with triage to higher levels of doctors if desirable. This idea does not encompass diagnosis or drugs – both of which are fraught with liability issues. More on that one if it warms up.