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# The Moving 'it'

Exploiting the power of the Internet for international development including health, nutrition, population and HIV/AIDS



Just when you find  
out where it's at  
someone moves "it"

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# Always Plan Ah

e

a

d

Another theme to which we will return



Just because you are  
paranoid does  
not mean they are not  
to get you

Groucho Marx



Just when you find out  
where  
Information  
Technology is at  
someone moves I.T.

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Strategic Implications



The full papers which include everything in this presentation can be read and downloaded from:

[http://www.comminit.com/downloads/  
word\\_docs/TechAssist-01-05-01.doc](http://www.comminit.com/downloads/word_docs/TechAssist-01-05-01.doc)



Underscore

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An argument for a  
strategic way forward  
for USAID and C.A.s  
to better exploit the new  
technologies for improved  
international health standards



The argument comes from  
the following work:

Data on new tech trends in  
16 developing countries

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[Attempt at] on line discussion  
forums with people in 16  
developing countries

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Interviews with Silicon Valley and  
Northern Virginia New tech leaders



# Profiles of USAID and CA present use of the New Technologies

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2 on-line Surveys in new technology use - for C.A.s and other organisations in developing countries



## Commentary papers on:

Use of ICTs in sub-Saharan Africa

Use of ICTs in other development disciplines - eg Agriculture, Environment

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Commentary papers [continued]

Overview of ICT initiatives in  
Africa

Paper based on the Silicon Valley  
and Northern Virginia interviews



Commentary papers [continued]

These papers researched and written by Ian Grant, John Daly, Muthoni Wanyeki and Ami Becker respectively.



The argument is based on  
the intersection between 6  
factors

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- The 5 Strategic Objectives
- Health and Development Trends
- New Tech Trends in The 'South'
- Technical Assistance principles
- Experience to Date
- Hardware, Software, Application Trends



When you look at these  
separately..and...you  
'mix them up' to look at the  
relationships between them  
what do they suggest?



Also want to address in the  
course of this some of the  
objections to  
expanded use of the  
new technologies  
eg “not everyone has access”

realise everyone here is committed but many in your

organisations will not be so sure



# 1. Health, Population, Nutrition, HIV/AIDS

## Description:

Examples of recently produced statistics

**5.3 million people worldwide were newly infected with HIV in 2000.**

**Indonesia: poor teenager 5x's more likely to bear a child than a rich one**



**18% of the world's population lacks even a basic water supply.**

**30 million of 130 million children born each year are not vaccinated**



**80 million unwanted pregnancies; 20 million unsafe abortions; 500,000 maternal deaths (99% in developing countries); 333 million new STI's annually (5 female for every male infection)**



**Women above the age of 15 whose husbands had beaten them at some point or the other - India**

**Rural: 23%; Urban: 17%**

**When a country at \$250 per capita makes an investment in public health of 3% of GDP, translates into annual spending of \$7.50 per person per year - compared with public health spending of ] up to] \$5,000 per person in the rich countries.**



**[Despite claim of achieving] Goal of immunizing 80% of vulnerable populations around the world, many sub-Saharan countries have [now] fallen below 50% and in parts of India the situation is scarcely better.**



**By 2020 it is predicted that tobacco use will cause more deaths worldwide than HIV, tuberculosis, maternal mortality, motor vehicle accidents, suicide and homicide combined.**



**By the mid 2020s, it is predicted that only about 15% of the world's smokers will live in developed countries as there will be a shift in the use of tobacco from developed (wealthy) to developing (poor) countries**

...and many more...



## IMPLICATIONS

**THE TRENDS ARE NOT GOOD**

**THE CHALLENGES/SCALE ARE HUGE**

**PRESENT STRATEGIES ARE 'STRUGGLING'**

**WE NEED ALL THE HELP WE CAN GET**

**NEED TO MOBILISE ALL AVAILABLE  
RESOURCES**



**AND...MORE IMPORTANTLY**

**CULTURE**

**PEOPLE**

**LOCAL ACTION**

**NO QUICK FIX - NO 'OBJECTIVE'  
REMEDY**



**AND...EVEN MORE IMPORTANT**

**INFORMATION**

**DEBATE**

**DIALOGUE**

**NORMS**

**LONG TERM**



**EQUITY**

**CUSTOMISED DECISIONS**

**RIGHTS**

**STIGMA**

**POLICIES**

**STRUCTURES**

**ADVOCACY**



## **EQUITY**

**and...the need to ensure**

**A. Synergy across issues - Maternal Mortality, Mother-to-child HIV transmission, Nutrition and Domestaic Violence are linked**

**B. Increased work on the fundamentals - gender issues and rights - not just the presenting problems - only way to get sustainable progress**



## **2. DEVELOPING COUNTRY COMMUNICATION TRENDS**

### **EXAMPLES**

**Cote D'Ivoire: 3.09 subscribers per 10,000 inhabitants in 1999, up from 0.68 in 1997.**



**Ghana: 6.88 subscribers per 10,000 inhabitants in 1999, up from 3.13 in 1998.**



**Bangladesh: inauguration of Bashabo digital telephone exchange for 6 areas**  
**- turning analog lines into digital ones, free of cost.**



**Botswana: 6 ISP's, 4,000 dial-up subscribers and 1,000 web sites**

**Egypt: 20,000 institutional users of the web in business, education and private sectors – up from 2,000 in 1993.**



**India: 2.7 PCs per 1,000 people and 0.18 Internet hosts per 10,000 people in 1998.**

**South Africa: In 1998 there was a 1,100% increase in dial-up subscriber accounts – up to 370,000; total number of users expected to reach 2 million by 2001.**



**Kenya: for 1999, estimates are 25,000 internet users with 15 ISPs.**

**Mexico: 1.5 million internet users - expected to triple by 2002.**



**”Nearly all African countries have both fixed and cellular operators. In most cases the growth of cellular subscribers far outweighs that of fixed wire subscribers”**

**[from Ian Grant paper]**



**and..from the on-line surveys and discussion forums...  
..specific data in the detailed papers...**

- widespread use**
- NGOs better equipped than governments**
- CA connected organisations - country offices and/or partners very well equipped**
- email use extremely high**
- web use lower but growing**
- costs high but coming down**



## Implications

- **Sufficient critical mass**
- **Particularly amongst decision-makers**
- **Past 'Growth' rates indicate substantial 'future growth'**
- **Esp. important if you want to be ahead of the curve**



Implications continued

**- Do not have to have everyone connected for these technologies to be valuable**

[point strongly made in John Daly's paper]

**Recalling that something like 40% of the people in the world have never made a phone call**



Implications continued

- **Democratising information within organisations**
- **Equalises information globally - [potentially] as connected in Lilongwe as New York**



Implications continued

- **Much easier to get information flow South to North**
- **‘Instant’ real time connection**
- **Significantly expands ‘source’ choices**



Implications continued

**- Raises reliability and accuracy issues**

**[though those have of course existed since time began]**



### **3. TECHNICAL ASSISTANCE PRINCIPLES**

Detected increasing criticism about how technical assistance has been provided

- too connected to funding
- over-emphasis on “northern” sources
- too little harnessing of “southern” knowledge and expertise



- takes too long to get assistance
- that assistance is too costly
- there is a lack of scale as assistance tends to be 'specific' project related
- too little sharing of knowledge



- best practice collections come too late and by definition are not context specific

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How many people in your office have been to Kenya in the last year?



and...

...changing expectations of technical assistance as the issues where there are clear and proven 'products' to deliver - eg ORT, condoms - are joined and sometimes superceded by the very different scenario of rights, stigma, sustainability, etc



## Implications

Need to further develop technical assistance that:

- Has scale commensurate with the problems - results driven against the overall S.O.s - rather than specific projects



Implications continued

- Has equity - equal profile to knowledge, skills, perspectives in the South
- When needed - real time
- Recipient choice



### Implications continued

- Community of interest driven - as opposed to 'few experts' driven
- Debate, discussion, review, dialogue [genuine] rather than 'following the expert'.



Implications continued

- Links information from a range of issues
- Promotes synergy between those issues

And.....



Implications continued

..a controllable e-mail inbox!!



## **4. NEW TECHNOLOGY TRENDS**

- The Real Moving “IT”
- everything is possible - as Ami Becker found out in the interviews - response to what will happen in the next 5 years was - “what do you want”



## Relevant examples include

- Rapid expansion of wireless
- Personalisation processes
- Better and easier on-line video
- Improved Voice recognition
- Data Mining
- Distributed Learning software



- E-translations much better
- E-book and E-report processes



## Implications:

\* There is a growing, intrinsic capacity in the new technologies to provide the processes required by both the nature of the development issues we are facing and the nature of the technical assistance that is most needed.



# QUALITIES OF THE NEW TECHNOLOGIES

**Interactive**

**Real Time**

**Inclusive**



**Range of perspectives**

**Flexible**

**Scale**

**Discursive**

**User Driven**



**Easily connects - in an infinite number of possibilities that can be programmed by the individual user a variety of themes and issues**



# 4. USAID and CA use of the New Technologies

Will not focus too much on this as you know what is happening - much more detail in the papers.

## General Observations



- \* Excellent performance by almost all C.A. orgs in making the hardware and software available in developing countries and encouraging/supporting use
- 100% of staff in developing country offices have email access and 33% have their own mail address
- good quality hard and software in almost all offices



\* All 26 CA organisations that responded have developed their own web sites

- web style is very mixed - from electronic brochure to central programming tool

- web site use is equally mixed - from less than 1,000 uniques/distincts per month [13] to more than 15,000 [6]



\* When comparing the CA survey results as relevant to Sub-Saharan Africa to the global results for all non-CA organisations, the CA organisations indicated better performance across almost all categories.

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\* There is some very innovative and creative work taking place in a leading group of 7 or 8 CA orgs.



## Implications

1. Tremendous base for action by CA orgs to expand use of new technologies
2. Requires better synergistic links between the CAs
3. Need to better exploit the combined “force”



4. Sufficient body of expertise to take the next 'giant leaps' forward

5. Potential scale in the use of the new technologies for programming purposes is impressive

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# **GENERAL OBSERVATION**

**The “match” between:**



- Action required on the health and development issues for the 5 SOs**
- Requirements for effective technical assistance**
- New Technology Trends**



**and the base developed through**

- In country new technology trends**
- In country development organisation  
new tech capacity**
- CA org capacity and experience in  
using the new technologies**

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# Proposals



Require action that:

- Exploits the capacities of the new technologies focussed on the central health issues
- Builds of the collective reach and capacity of the CA orgs



- Works to effective technical assistance principles - as stated
- Builds synergy and links between issues and programmes



- Builds a foundation that accommodates and can exploit the moving “IT” - must not be one technology dependent - needs to be able to bolt on, add in, etc the new developments



-The planning “ahead” needs to be at the strategic level of the foundations that need to be put in place - including who makes the decisions. Rapidly changing technologies and development issues make detailed planning “harzadous”



- has the maximum critical mass -  
eg the more a web site is accessed  
by the people you want to reach the  
more helpful and influential it will be.



# Proposal 1:

A comprehensive information  
and interaction center - call it  
a portal if you wish



**Target: USAID, Missions, C.A. s,  
their offices and Partners**

**Role: Dynamic real-time center for  
information, support, dialogue on  
health policy and programming issues.  
eg describes and updates on ongoing  
programmes, focuses discussion on problematic areas,  
links problems to skills, develops policy consensus**



Note: This does not mean that each org's individual site is abandoned.

It does mean contributing and sharing financial and human resources - and agreeing a joint management system

field and individual CAs benefit



# Proposal 2:

Maximum use of the “pull”  
personalisation technologies



Incorporating within this process technologies that allow people to “pull” down - by default according to their interests and needs - the information most relevant to their work.



# Proposal 3:

Building and facilitation of  
Technical Assistance  
communities

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Identifying and facilitating “on-line” communities amongst people with common for the purpose of providing technical assistance.

2 levels:

Presenting issues: eg malaria

Fundamental, cross -cutting issues: eg women’s rights



# Proposal 4:

Develop on-line  
mechanisms for day-to-day  
work



Providing on-line support tools for people to do their jobs better

eg planning frameworks, data analysis, evaluation “boxes”, mission reports

Done as working tools on-line - info completed on-line which allows for further review and assistance



# Proposal 5:

Negotiate and sustain long term Partnerships with the new technology sector



As Ami's paper highlights they are interested - can provide the new technology technical support and guidance that we all lack.



And, finally, back to Groucho Marx.

Paranoia overstates this....

But I recognise that many of the organisations here compete with each other.



But this will only work if it has large critical mass

Strong presence on the web and other technologies will be essential for “influence” in future.



That critical scale can come from a joint initiative - it can not come from a number of comparatively small operations.....

...working collaboratively will benefit health and the organisations involved



And, in relation to this club or ‘syndicate approach please do not adopt the attitude inherent in Marx’s much famous quote concerning the condition for joining

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**Thank you**