

## Section 5: Case Examples

### Introduction

The supplemental, online-only section of this book presents additional case examples illustrating the topics presented in the print sections. Whether they narrate experiences with specific health informatics projects, or chronicle the history of successful initiatives, these case examples highlight the complexities around health issues, and the requirement for both a system-level understanding and the knowledge of the contextual details in order to address them.

Raghu and Clifford describe the challenges they faced in designing and implementing a mobile application to screen for cardiovascular diseases in rural India. They recount how engaging the community health workers in the design process was crucial to the success of their project. Selanikio gives an overview of Magpi, a mobile phone data collection system that facilitates collaboration and communication in the field. Another example of community mobilization is provided by Fallah. He and his colleagues created a user-friendly and easily accessible mobile application for the surveillance of the Ebola Virus Disease outbreak in Liberia. Bosl and company review the use of information and communication technology for mental health and make a call for action to rectify what they deem as *failure of humanity* due to the high burden of mental health problems and the lack of solutions to address them. Tapia focuses on another predicament—babies born prematurely in resource-limited settings—and summarizes the steps taken by Embrace Innovations for a successful implementation of their incubator in the field. Finally, three well-established open source initiatives, OpenMRS, DHIS, and Sana are presented. The OpenMRS electronic medical record system, the DHIS health management information system, and the Sana mobile health platform are all innovations in global health informatics with origins in academia. The core concepts reviewed in the book are rooted in lessons learned from these projects.

We encourage the readers to reach out to the people behind these ventures and to the global health community at large. We are not the first generation of innovators and entrepreneurs who have sought to improve global health. It would be pure arrogance to think that we are smarter than the previous generation. But we have two things going for us. First, we know the value of collaboration across disciplines and across organizations. Second, we can learn from the experiences of others. Let us not reinvent the flat tire. Together, we can establish best practices in the design, adoption, evaluation, and scale-up of innovations in global health informatics.