BE HE@LTHY, BE MOBILE
Personas Toolkit

World Health Organization

ITU

BE HE@LTHY, BE MOBILE

Personas Toolkit

World Health Organization

ITU

Be He@lthy, Be Mobile Personas Toolkit

ISBN 978-92-4-151652-5 (WHO)
ISBN 978-92-61-29701-5 (ITU)

© World Health Organization and International Telecommunication Union, 2019

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO or ITU endorses any specific organization, products or services. The unauthorized use of the WHO or ITU names or logos is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO) or the International Telecommunication Union (ITU). Neither WHO nor ITU are responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (http://www.wipo.int/amc/en/mediation/rules).

Suggested citation. Be He@lthy, Be Mobile Personas Toolkit. Geneva: World Health Organization and International Telecommunication Union, 2019. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. ITU Publications can be obtained from ITU Bookshop http://www.itu.int/en/publications. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO or ITU concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO or ITU in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO and ITU to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO or ITU be liable for damages arising from its use.

Photographs and illustrations: © World Health Organization

Layout and design

Blossom | blossoming.it

Contents

vi **Background**

01 **What is a persona?**

01 **When to use personas?**

02 **Designing personas**

02 Audience segmentation

04 General attributes

05 Guiding questions

06 **Using personas**

06 Convening workshops

07 Promoting empathy

09 User journeys

10 Programme design

14 **Revisiting personas**

14 Programme evaluation

15 Iteration

16 **Conclusion**

17 **Annex 1: Make-your-own personas**

Background

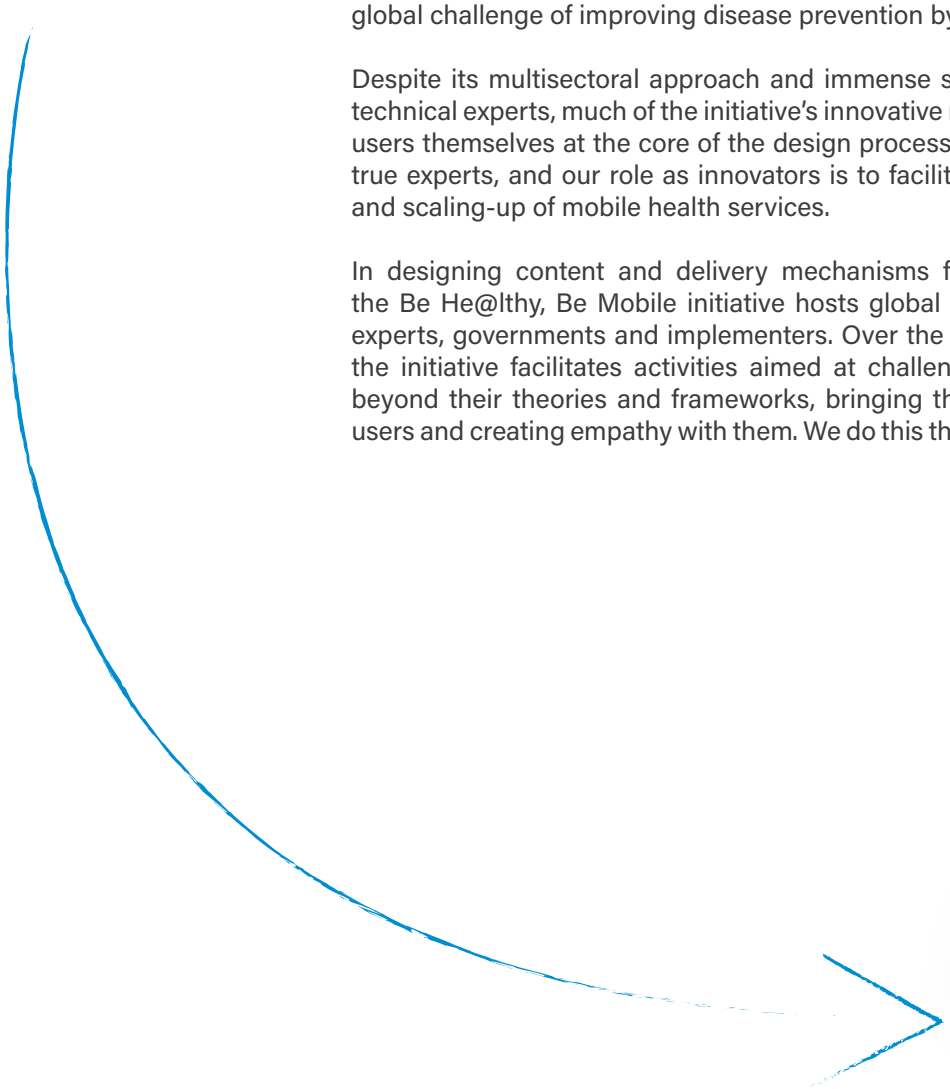
Preventing disease is the most sustainable way of improving population health. However, it can be challenging to reach people with the right information to stop avoidable conditions from developing.

By using a technology that most people already have in their pockets, we could solve this problem just by using what already exists – a truly sustainable enterprise.

The Be He@lthy, Be Mobile initiative seeks to achieve this. It is an award-winning initiative run jointly by the World Health Organization (WHO) and the International Telecommunication Union (ITU), the United Nations agencies that deal, respectively, with health and information and communications technologies (ICTs). Since 2013, it has worked with governments to address the global challenge of improving disease prevention by using mobile technology.

Despite its multisectoral approach and immense support from a network of technical experts, much of the initiative's innovative nature stems from keeping users themselves at the core of the design process. Our beneficiaries are the true experts, and our role as innovators is to facilitate the creation, adoption and scaling-up of mobile health services.

In designing content and delivery mechanisms for mHealth programmes, the Be He@lthy, Be Mobile initiative hosts global workshops with technical experts, governments and implementers. Over the course of each workshop, the initiative facilitates activities aimed at challenging the experts to think beyond their theories and frameworks, bringing them into the minds of the users and creating empathy with them. We do this through the use of personas.



What is a persona?

A **persona** is a fictional archetype of the actual user of a product. For the Be He@lthy, Be Mobile initiative, personas represent the various users who may directly or indirectly benefit from a specific mHealth programme. Personas represent the lived experiences and specific characteristics of potential user types and are intended to promote empathy among programme designers – experts, government officials and implementers – and bring them into the mind of the user. Through the use of descriptive visuals, personal anecdotes and key user information, programme designers gain insight into the realities and complexities of the users' lives that are likely to influence their engagement with the programme.

When the design features of a programme are not aligned with the users' needs, users are less likely to engage – even if the product has proven and well understood benefits. The price of "not getting it right" is a poorly designed programme that fails to serve the user and fails to achieve its intended impact. The value of the persona lies in the perspective gained by programme designers and their strengthened ability to design high-quality programmes that effectively meet the needs of the user.

When to use personas?

Personas are essential to the Be He@lthy, Be Mobile design thinking process, and can be applied to most problem-solving activities. A key activity of the initiative is the development of mHealth toolkits – comprehensive, evidence-based documents that provide guidance for governments and policy-makers for developing, implementing and evaluating mHealth programmes. The digital health content developed for these toolkits is then adapted by governments to meet country-specific needs.

The initiative convenes global workshops for the development of the Be He@lthy, Be Mobile mHealth programmes, which serve to address the growing burden of noncommunicable diseases. The message content for these mobile-phone-based mHealth programmes is developed by a group of technical experts and designed to be easily adapted to different contexts. Personas are applied to the design thinking process during the initiative's global workshops, which are attended by these technical experts and serve as the basis for the toolkit design. The persona activity allows experts to consider the variety of potential users and design from the perspective of the beneficiary. The personas can also be utilized by governments in the adaptation of content to the context of their country. The exercise serves to strengthen our understanding of the user and deliver high-quality programmes designed to meet the needs of the beneficiaries.

DESIGNING PERSONAS

Get to know your audience and design personas

Use personas to promote empathy and bring technical experts on the users' journey

Produce an mHealth programme strategically designed to meet the needs of its users

Audience segmentation

The design of personas begins through segmentation of the target audience, based on a few key factors that may shape their engagement with the product.

The audience will likely consist of several different types of beneficiaries. Depending on their respective roles and the way they may interact with the product, they will make up different segments of the audience, which must all be represented and considered in your design. Consider the issues that the product aims to resolve, and the people who are directly or indirectly affected by those issues. This will help to identify who will benefit from the product.

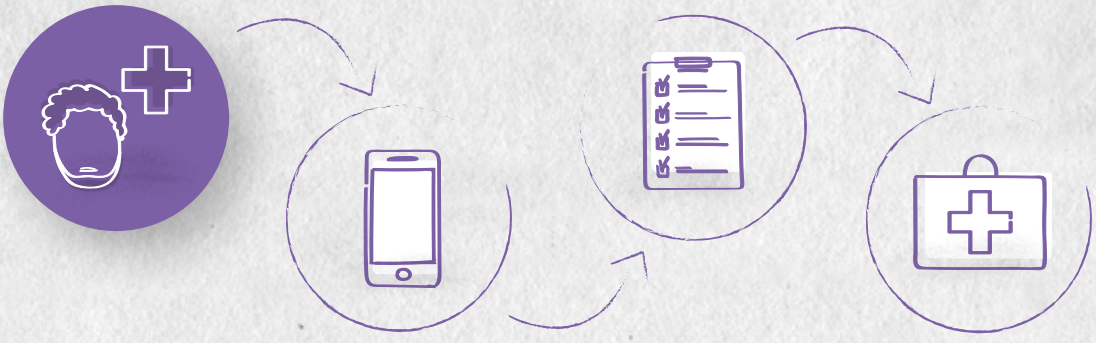
DEMOGRAPHIC
Age, gender, income level, literacy level

GEOGRAPHICAL
Home environment, work environment, settlement (urban, rural, suburban)

BEHAVIOURAL
Communication channels, access to information

PERSONAL
Knowledge, attitudes, values, beliefs

The users' interactions with the product will vary according to their relationship to the health condition concerned. The user journey below outlines the various ways in which different segments of the target audience are likely to interact with the mDiabetes (mRamadan) programme.



1.
Health-care worker (HCW) needs support to help patients prevent and manage diabetes

2.
HCW self-enrols in programme (text code, online, or missed call)

3.
HCW receives regular support on diabetes evaluation, diagnosis, management, and patient education

4.
HCW can more effectively recognize, diagnose and treat patients with diabetes or pre-diabetes

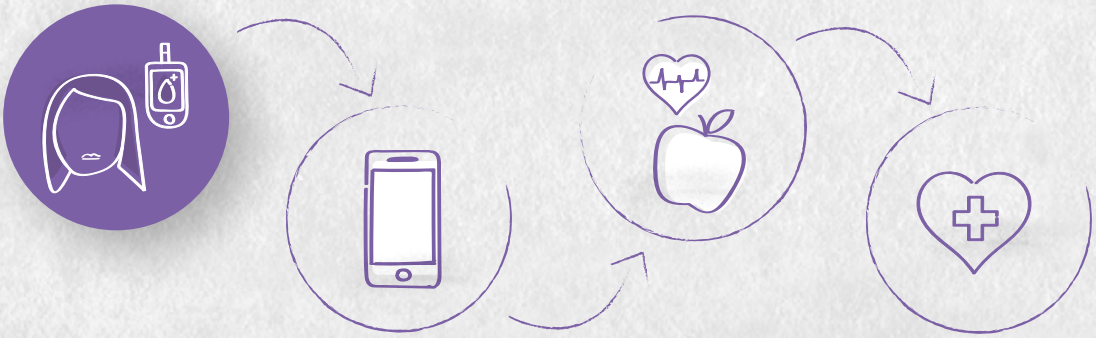
1.
General population/ pre-diabetic individual needs support to prevent diabetes

2.
Individual self-enrols in programme or is enrolled by a health-care worker or family member (text code, online, or missed call)

3.
Patient is put into a message group based on criteria such as age, gender, pregnancy status, risk factors

4.
Individual receives SMS-based advice on small changes they can make to reduce risk factors for diabetes – e.g. diet, exercise

5.
Patient prevents onset of diabetes



1.
Diabetic patient needs support to manage and control their diabetes

2.
Patient self-enrols in mRamadan or mDiabetes programme or is enrolled by a health-care worker or family member (text code, online, or missed call)

3.
Receives regular support and advice on diabetes care management strategies through diet, foot care, reminders to measure A1c

4.
Patient reduces diabetes-related emergencies and complications, and increases overall health and quality of life

General attributes

Using information gathered about the target population and the audience segments that will benefit from the product, create **personas** to guide product design so that the outcome fulfils the needs and desires of its users.

Create at least two personas per stakeholder, or user type. Personas should be designed in a way that promotes empathy with the user.

Key techniques for promoting empathy include assigning each persona a name, picture, and brief "about me" bio. Identify a few factors that may influence engagement with the product, and that will be important for identifying key features, such as income, literacy, technology literacy, education, finances, family structure, support system, access to health-care services. In addition to these general attributes, a few product-specific attributes will help guide your persona design.

Disease status, comorbidities and challenges that may influence how the product serves the user

Timing and frequency of user interaction with the product

Functional ability of the user for interaction with the product

Mode of delivery of the service

Access to the product

1 2 3 4 5

In designing your persona, fill in some of the information to put the product designer in the mind of the user, but also leave a few things for the designers to fill out on their own to prompt designers to begin *thinking* like the user.

These characters need to be put together very carefully, because the groups will identify with them for the rest of the workshop. We have learned that any information included in a persona is taken very seriously, so do not write anything you want the group to ignore.

TALA

ABOUT ME

Hi, I am *Tala* . I am 30 years old. I live in America. I am on a 6 month TB treatment program and I smoke cigarettes.

INCOME

LITERACY

MY FAMILY

husband

MY COMMUNITY (5 min)

Who are the people I refer to and trust the most?

ROLE ROLE ROLE ROLE

OTHER INFORMATION ABOUT MY NETWORK (5 min) (*family history, languages spoken, anyone else who has TB, cultural or religious links, etc.)*

MY RISK FACTORS

MY TB TREATMENT (2 min)

6 months pills

24 months Pills & injectable

Side effects?

ME & THE HEALTHCARE SYSTEM (10 min)

where do I go for medical and DOTS treatment? Who do I interact with, and at what frequency?

CHW

DOTS PROVIDER

CLINIC

PHARMACY

HOSPITAL

OTHER

OHER DIGITAL HEALTH INTERVENTIONS (5 min)

What are other digital health programs related to TB-tobacco in the USA?

What are some existing digital health solutions?

MY DEVICES (5 min)

SMART PHONE

PERSONAL COMPUTER

MAIN USE

At Work SMS voice

For Personal Life Apps Other

DAY IN MY LIFE (10 min)

What my usual day looks like, where I go, how I commute, activities I do (interaction with healthcare system, leisure, etc.), people I meet.

MORNING

AFTERNOON

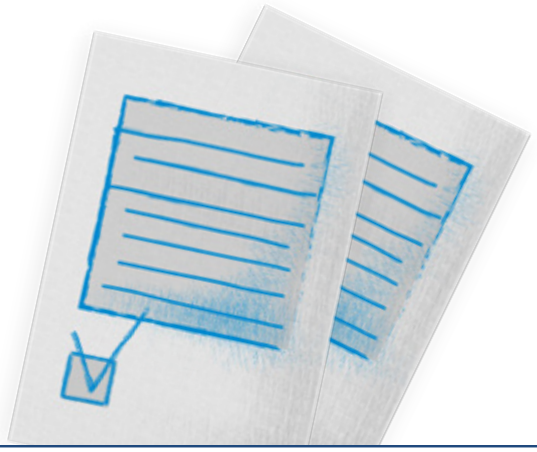
EVENING

Persona from workshop for developing mTB-Tobacco programme

Guiding questions

In addition to creating personas to promote empathy with the end-user, **guiding questions** are essential to prompt a discussion about the way to operationalize the product. The questions should also guide designers in identifying potential intervention points and key features of the product, depending on the desired outcome.

As you have done for the personas, create a set of guiding questions **for each user type** (see Figure 4 below). Ask simple questions about the way the product should function to serve the user, based on a few of the key factors outlined in the persona. Designing with these key elements in mind will direct the development of content and identification of delivery mechanisms that are aligned with the user's needs.



Guiding questions from workshop for mTB-Tobacco programme

II. KEY MESSAGES: an mHealth for TB-Tobacco programme should result in patients receiving information during the following stages of TB treatment and quitting tobacco use. What are the top 5-7 key points within each of the following stages?

1. **Contemplation** (**6 min)** What kinds of informational messages, motivational messages, empowering messages should be received to help patients at this stage and covering what subjects?

2. **Action** (**6 min)** What kinds of informational messages, motivational messages, empowering messages should be received to help patients at this stage and covering what subjects ?

3. Maintaining (**6 min)** What kinds of informational messages, motivational messages, empowering messages should be received to help patients at this stage, and covering what subjects?

4. Relapsing (**6 min)** Akila works with patients who have started smoking again and stopped their TB treatment. What kinds of new messages does she need to receive to help her patients during this stage?

USING PERSONAS

Convening workshops

Personas are typically used by the Be He@lthy, Be Mobile initiative for **global workshops**, but can be applied to any design activity and work particularly well when designing in groups. The purpose of personas is to modify the technical viewpoints of experts, promoting empathy with the user to help them design with reality in mind. The result may not be the "technically" correct way to deliver the service, but it should be the **best way** considering the circumstances. Designing with the end-user in mind can be challenging and personas facilitate this process.

The outcome of Be He@lthy, Be Mobile global workshops is a toolkit that consolidates all the relevant information and background necessary for **governments and policy-makers** to set up, sustain and scale digital health programmes. The handbooks typically include guidelines or resources that specify operational blueprints, SMS content libraries, and other technical tools.
The participants of a **global workshop** for digital content development might include key stakeholders, relevant government agencies, country representatives, academics, public health experts, experts in the health topic, experts in product design, private sector, civil society, donors and global partners.

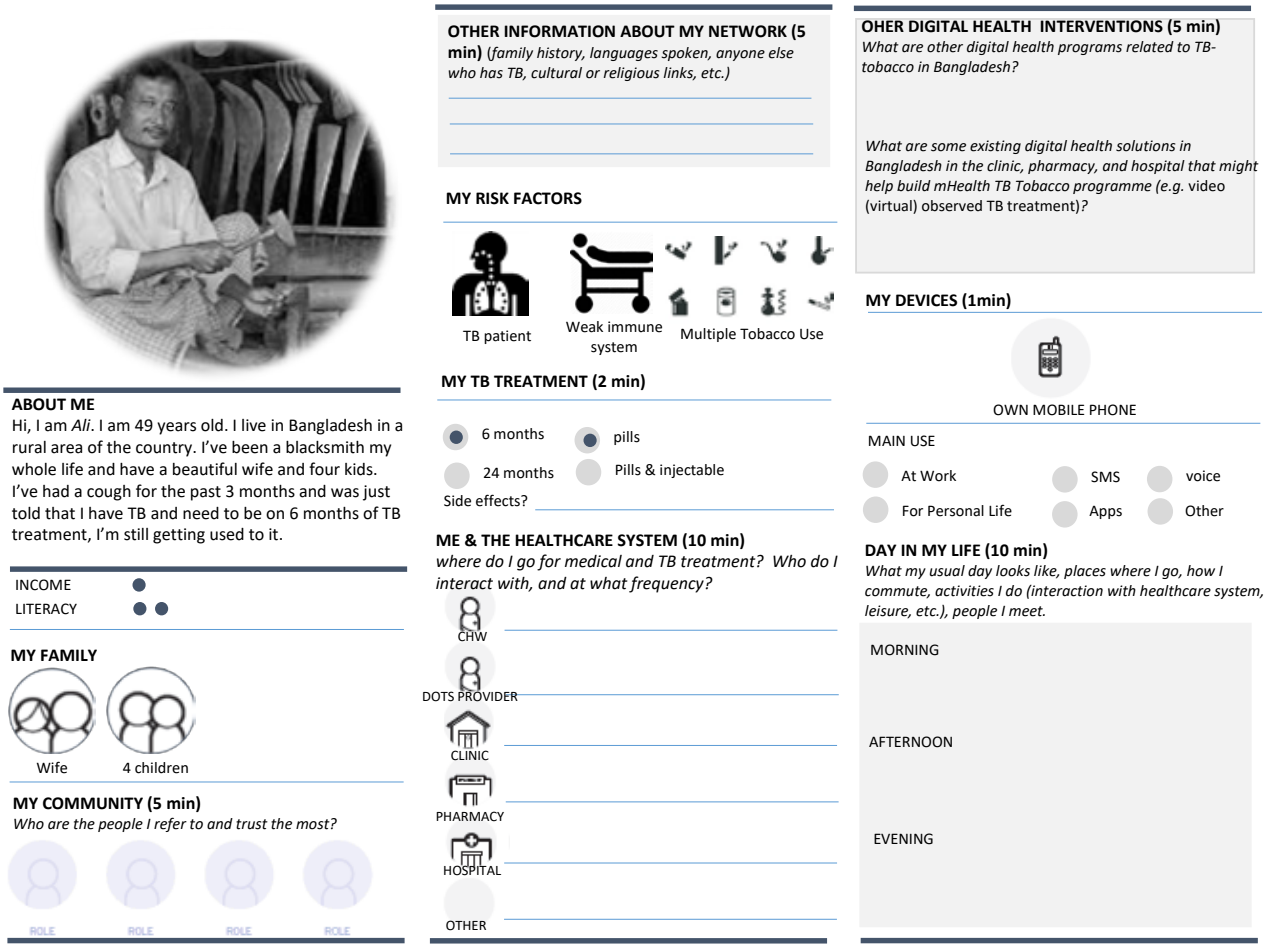
Once key members of the workshop have been identified, individuals are divided into smaller groups of 6-8 participants. Groups are carefully selected for a balance of experience and demographics.

The session should be led by a facilitator who is familiar with the process – ideally, someone who has helped design the activities in the ideation phase – and documented by a rapporteur to capture important discussion points and ideas.

mActive global workshop at Stanford University
March 2018

Promoting empathy

Each group will be assigned a persona and asked to evaluate, address, and solve the problem as that archetype character. By reading through the existing information and filling out the missing information, group members begin **empathizing** with the persona and putting themselves **into the mind** of the user.



Persona filled out as part of a workshop for developing mBreatheFreely programme

The persona activity is used as a precursor to the message review and evaluation, as a way of building empathy for the end-users of the proposed programme. One persona should be assigned to each group (e.g. if there are four groups, you need to create four personas). Each persona should broadly represent a target user population for the programme. The goal of the activity is to help the group understand the particular considerations of this type of programme user and begin to think about how to address these concerns through the programme content.

There are two parts to the activity: (1) groups will go through the details of the persona, change anything they do not agree with and fill in the sections on "Me and the health-care system" and "A day in my life"; and (2) the group will brainstorm the key text messages they would need to send this persona to address her condition(s), and identify how they might recruit her into the mHealth programme.

The groups will then answer the guiding questions that were developed to help them think through programme design features, keeping in mind the key factors that influence their personas' engagement with the product, and distil the answers into key messages.

This is an opportunity for the different group members to bring their experiences to the table as they try to identify: (1) the key elements that are needed for a functional and impactful product; and (2) what key components could then be translated to a product implemented in their own target setting (e.g. low-resource setting).

I. What are the top 4 potential intervention points for targeting tobacco cessation in TB patients (i.e. when are they most susceptible to receiving messages) (5 min)?

1. When she gets the laboratory results
2. when she finds out TB is infectious + can infect her children.
3. when she meets her TB doctor.
4. when she starts her drug treatment,
5. when one of her children falls sick.

II. RECRUITMENT AND MARKETING (PATIENT) (15 min): As a group, discuss the **top 4 key strategies** to recruit Geb to an mTB Tobacco programme. Think about her network (family and community), her access to the health care system, her daily life, and her access to technology. What are the main motivational drivers for her to join this programme ? What is the best way for her to hear about the programme (e.g. word of mouth from other TB patients, her family, her doctor, her TB treatment provider, a leader in her community) What are other important factors to consider?

1. motiv. drivers "Protect your kids" (Good role model)
2. TV campaign
   Mosque campaign
   Dramas - Smoking uncool.
   WNTD
   WTB Day
3. Incentives / rewards ⇒ social ~~mtel~~ marketing
   ↳ nicotine patches/discounts

III. RECRUITMENT AND MARKETING (TB TREATMENT PROVIDER) (10 min): As a group, discuss the **top 4 key strategies** to consider when targeting caregivers to recruit patients into the programme? Why is the program important to them, and how can they enroll patients?

1. Training workshops for NTP staff showing them that by helping their TB patients to quit smoking it will help them achieve their TB goals.
2. Send one sms message to tell them.
3. Incentives program - vouchers, free air time from mobile companies if pass on TB/tobacco messages, rewards, code of practice for all doctors & give them certificates.

Guiding questions from workshop for mTB-Tobacco programme

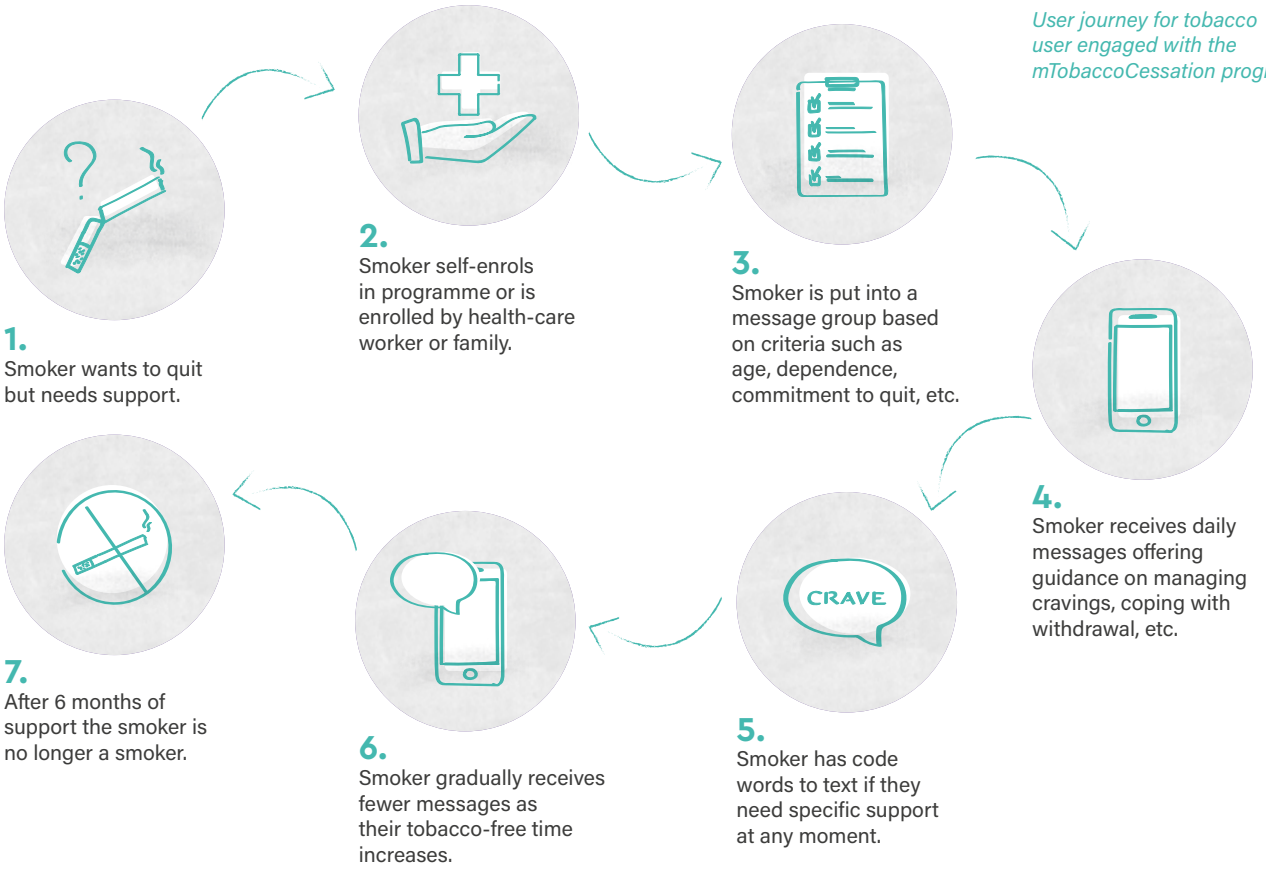
Focus group India

Focus group India

User journeys

Once the general concept for the product has been developed, and some of the design content has been established, the groups should take their persona through a user journey and dive deeper into the users relationship with the product.

User journey for tobacco user engaged with the mTobaccoCessation programme



1.
Smoker wants to quit but needs support.

2.
Smoker self-enrols in programme or is enrolled by health-care worker or family.

3.
Smoker is put into a message group based on criteria such as age, dependence, commitment to quit, etc.

4.
Smoker receives daily messages offering guidance on managing cravings, coping with withdrawal, etc.

5.
Smoker has code words to text if they need specific support at any moment.

6.
Smoker gradually receives fewer messages as their tobacco-free time increases.

7.
After 6 months of support the smoker is no longer a smoker.

Programme design

The groups are now well equipped to bring their respective experiences and understanding of user types to the design phase. This activity will serve to identify more specific programme design features and content.

In the case of a global workshop, each group now has a strong understanding of one user type thanks to the persona activity. Facilitators should present the problem statement and proposed solution in very simple terms. They should also present the key desired outcomes that need to be achieved through the product design.

This may be done:

systematically, where the facilitator has already defined the key programme features, and the groups simply assess whether or not the features are relevant to the persona and whether they address the problem at hand
or
informally, where groups work together to identify the key programme features and assess whether or not the features are relevant to their own and the other groups' personas and whether they address the problem at hand. The groups should consider how the key features of the product affect various stakeholders. Consider the ways in which some of the key features of the systems and services add value to: (1) the patients; (2) the patients' family members; and (3) the health-care providers/ health professionals.

Groups should identify the main systemic components of their product design, such as necessary funding, legal agreements, procurement, distribution, infrastructure, skills and competences. They should also identify multisectoral stakeholders/actors whose support might be needed to deliver the products and services (nongovernmental organizations, commercial product and service companies, telecommunications companies, etc.).

BRAINSTORMING TIPS

The process of ideation and content development can be complex. Streamline the brainstorming process through simple activities to help boost innovation.

1

MINDMAP

write your problem statement in the middle of the page. Write main ideas close to the problem statement, and secondary ideas further away, to visualize and rank potential solutions.

2

GAP FILLING

state the current problem. State what you'd like to achieve. Identify the gaps that need to be filled to reach your goal.

3

RAPID IDEATION

Spend a few minutes discussing the problem and what you'd like to achieve. Then spend 30 minutes writing down every idea and concept that might address the problem.

Tip! Use sticky notes or white boards.

mHypertension workshop

With the input from the diverse workshop participants, as well as the key design features that emerged from the personas, guiding questions, user journey and brainstorming activities, the design of the product may now be refined. The information from the different groups should be synthesized into product features that meet the needs of each end-user type.

In the case of the Be He@lthy, Be Mobile initiative, this next step is the development of a content library. The content is based on WHO guidelines, existing clinical trial evidence on effectiveness and delivery and existing programmes, if any. The experts in the technical area and relevant fields, country representatives, WHO staff and partners check and operationalize the content to be included in the global programme.

This includes drafting message content that is educational, motivational or provides support for the patient, helping people to self-manage through information and advice, and encouraging healthy behaviours across various disease areas (see Table 1). In addition to the content of the messages, experts develop an algorithm for effective delivery of the messages. The global content is then adapted by countries implementing national mHealth programmes to meet the specific requirements of the country's target audience and national health system.

mHypertension workshop

Experiences of Be He@lthy, Be Mobile: mAgeing workshop persona activity and programme design

The persona activity will lead to the main content for the mHealth programme. The participants are asked to review and edit the actual SMS content (which should be developed prior to the workshop by either a WHO technical expert or a consultant) and comment on the programme algorithm, that is, the duration of the programme and the frequency and order of the messages. It is easiest for participants to think through this activity if they can connect it to their persona (so the persona really needs to represent an end-user population accurately!)

Example of content development activity

Group number:

Name of rapporteur:

INSTRUCTIONS:

1. As a group, please read through the programme algorithm document, noting the recommendations (10 min).
2. As a group, please read through the mAgeing SMS message library, keeping your persona in mind.
3. For each message, as a group, write down any changes you would make to the message, the relevance to your persona, and any notes.
4. After you review the messages with your group, discuss any comments or edits to the programme algorithm recommendations.
5. As a group, please be prepared to present back on the main points of your conversation for each of the topics noted above (1–5).

Table 1.
Sample messages for a programme of integrated care for older people

Week	Day	ICOPE Outcome	Behaviour change technique	Message	Name of persona: Relevance to your persona (1=low, 4=high)	Notes
1	1	General Introduction		Welcome to the [name] programme. This is the first of many messages you will receive to help you stay healthy as you age	1 2 3 4	
	1	General Introduction		The [name] programme will send you regular messages with information on healthy living. Good luck and stick with us!	1 2 3 4	
	2	Mobility impairment	5.1	Did you know? Regular daily exercise can help keep you moving well. Exercise keeps your body strong and flexible, and improves balance	1 2 3 4	
	2	Mobility impairment	9.1	Exercise programmes should include 4 types of training: strength, aerobic, balance and flexibility. Your texts will explain how to do different exercises	1 2 3 4	
	3	Malnutrition	5.1	Your body needs certain types of foods to stay well. Fruits, vegetables and milk/dairy products keep your muscles and bones strong	1 2 3 4	
	3	Malnutrition	9.1, 4.1	Doctors recommend 3 servings of milk products each day. Try to have 1 serving of yogurt, cheese or milk at each meal to help meet this goal	1 2 3 4	
	4	General message	1.1	The key to goal-setting is to set small specific goals; make them stick by writing them down and reading them regularly	1 2 3 4	
	4	Visual impairment	9.1, 4.1	Your eye care professional can help you with vision problems that happen as we age. Stay up to date with regular visits to get the treatment you need	1 2 3 4	
	5	Hearing impairment	5.1, 5.6	Hearing well is important for your health and happiness. See your health care professional for regular hearing check-ups every 3 years	1 2 3 4	
	5	Hearing impairment	9.1	There are steps you can take to improve your hearing. Regular check-ups and using hearing aids can help	1 2 3 4	

REVISITING PERSONAS

Programme evaluation

Before mHealth services are implemented at scale, the programme should be tested with a small group of people that represent the target population. Pre-testing programmes provides an opportunity **to identify and resolve any content, technical or operational kinks** in the product before it is made available to your target population.

It is important to find out whether engagement with the service platform is feasible and acceptable for the end-user, as well as whether the service successfully delivers the intended health content and has the potential to achieve the desired health outcome.

The main criteria for pre-testing the mHealth services include:

User engagement: is the target audience enrolling in and engaging with the product?

If there is low uptake of the product, try to identify barriers to engagement. The barriers may be lack of awareness that the product is available, but they may also be more specific to the programme features.

User satisfaction: is the product serving their needs and desires?

The product may not have any barriers to use, but if users do not feel that it satisfies their needs sufficiently, they may be less inclined to use the product – even if it has proven benefits.

User retention: are users staying engaged with the product?

Uptake of the product may be strong initially, but that level of use may not be sustained over time. Tracking users' sustained engagement with the product will be important in determining whether the product truly achieves the desired outcome.

Parts of the service may work well, and other parts may not. Instead of entirely changing or removing a feature, identify the components that work and make small adjustments to address the components that do not. Minor adjustments to the product design may resolve seemingly major design flaws.

The prototyping of design changes provides another opportunity to revisit the personas. Review with key stakeholders and experts, revisit the personas, guiding questions and user journey, and consider whether these new design features meet your users' needs.

EXPERIENCES OF BE HE@LTHY, BE MOBILE

When mTobaccoCessation was initially launched in India, users received multiple messages and were asked to answer multiple questions before being enrolled. An assessment of the enrolment process found that the number of messages and questions leading up to a user's enrolment was acting as a barrier to recruitment. Be He@lthy, Be Mobile adjusted the frequency of pre-enrolment messages and has successfully improved user retention. **The programme has reached over 2 million users to date.**

Iteration

Test any changes in your design before adopting. In order to understand whether the adjustment is effective, cross-compare the new design with the old design by adopting the new feature for a selected number of users initially. By testing the changes with a select group, you can test risky ideas without ruining the existing product.

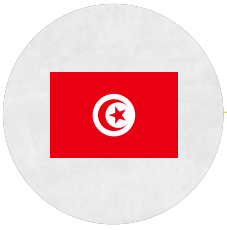
Once the new design proves that it can achieve the desired outcome more efficiently than the old design, **adopt the changes** and make the revised product widely available.

The adoption of your product is just the beginning. Remember, the process is **iterative**. The needs of your users may shift over time, and the key features of your product design should be adapted to new conditions.

EXPERIENCES OF BE HE@LTHY, BE MOBILE

INDIA

The initial launch of mTobaccoCessation and mDiabetes in India resulted in some of the largest national Be He@lthy, Be Mobile programmes by number of users in the world. After a year of implementation, programme leads began developing "Version 2" of each intervention. This new version includes professional voice prompts for Interactive Voice Response and translation into the 12 official national languages of India. These additions to the programmes were based on feedback from users over the first year of implementation and with the intention of increasing access and reach across the country.



TUNISIA

Feedback from the first instalment of Tunisia's mDiabetes module to reduce diet-related hospitalizations among diabetics during the Holy Month of Ramadan – mRamadan – is being incorporated into future iterations of the programme. Users suggested adjustments to the number of messages from two per day to one per day, the time of message delivery from 10 a.m. to 12 noon and the addition of French language messages as an option.

These suggestions were promptly incorporated into the content libraries and technology algorithm for use in later iterations of the mRamadan module and in the expanded version of the national mDiabetes programme.

Conclusion

The *Be He@lthy, Be Mobile* initiative was set up to address the challenge of advancing the scale-up of mHealth services for noncommunicable diseases. Millions of people have been reached by the programmes, and evaluation shows that they have a positive impact on users' health. The persona activity has effectively guided the development of Be He@lthy, Be Mobile programmes, and has ensured their success through its emphasis on the user experience.

Make your own personas! Rip out one of the templates available in the Annex or check out some of our existing personas here:

Khartoum, Sudan 2018

NAME

ABOUT ME

Income

Literacy

MY FAMILY

MY COMMUNITY

OTHER INFORMATION ABOUT MY NETWORK (5 min)

(family history, languages spoken, cultural or religious links, etc.)

MY RISK FACTORS

MY TREATMENT (3 MIN)

ME & THE HEALTHCARE SYSTEM (10 MIN)

Where do I go for medical and treatment?
Who do I interact with, and at what frequency?

- CHW
- Pharmacy
- Clinic
- Hospital
- Other

OTHER DIGITAL HEALTH INTERVENTIONS (5 min)

What are other digital health programmes?

What are some existing digital health solutions?

MY DEVICES

- Mobile Phone
- Smartphone
- Personal Computer
- Other

MAIN USE

- At Work
- SMS
- Voice
- For Personal Life
- Apps
- Other

DAY IN MY LIFE (10 min)

What my usual day looks like, places where I go, how I commute, activities I do (interaction with healthcare system, leisure, etc.), people I meet.

Morning

Afternoon

Evening

KEY ADVERTISING MESSAGES

For each method, suggest a phrase or slogan which might be used in the advert. How should these vary between the different forms of media to most effectively target the particular audience who will most often interact with that media?

#1

#2

#3

#4

KEY ADVERTISING METHODS

As a group, discuss key methods which could be used to reach [INSERT PERSONA NAME] so that she/he considers signing up to the [INSERT MHEALTH PROGRAMME NAME]. Suggest four different ways to advertise to her/him. Where would the adverts be and what media would they use? Think about their network (family and community), their access to daily life, and their access to technology. What are the main motivational drivers for them to join this programme? What is the best way for them to hear about the programme? What are other important factors to consider?

#1

#2

#3

#4

KEY MESSAGES

What are the main topics you want to address? What are the benefits for [INSERT PERSONA NAME] to join the programme? What kinds of informational messages, motivational messages, empowering messages does he/she need and covering what subjects? What would be the best sequences to follow (category of message, timeframe...)

#1

#2

#3

#4

Discuss the potential indicators which could be used to access how effective the programme is at improving literacy/knowledge/outreach and at changing health behaviours.
List at least 10 and then choose the three best ones. How could these three indicators be measured? Would they be measured at an individual or population level? What measurement tool would be used? How frequently would the indicator be measured? Who would be responsible for carrying out measurement? How would we ensure that the data were of good quality?

1)

2)

3)

4)

5)

KEY RECRUITMENT STRATEGIES

As a group, discuss key messages to attract people like <insert persona name> to the mHealth programme. What are important factors to consider when targeting programme participants?

1)

2)

3)

4)

5)

MARKETING CAMPAIGN

Come up with a key marketing approach/campaign and present back to the bigger group.

Preventing disease is the most sustainable way of improving population health. However, it can be challenging to reach people with the right information to stop avoidable conditions from developing.

The award-winning Be He@lthy, Be Mobile initiative uses technology that most people already have in their pockets – mobile phones – to deliver a series of carefully designed health messages.

A persona is a fictional archetype of the actual user of a product. For the Be He@lthy, Be Mobile initiative, personas represent the various users who may directly or indirectly benefit from a specific mHealth programme. This toolkit explains what a persona is and how it can be used in global workshops for the development of mHealth programmes – helping designers to enter the mind of the user and design high-quality programmes that will keep their attention and meet their needs.

ISBN 978-92-4-151652-5

World Health Organization

ITU