

## Public health research in the UK: in response to McCarthy *et al.*

Sirs,

We read with interest 'Public health research in the UK: a report with a European perspective' by McCarthy *et al.* published in June 2014. We are conscious that, since the study was undertaken in 2010, the public health research landscape in the UK has developed considerably. A number of programmes were set up in 2009 which now have strong portfolios of public health research. All parts of the National Institute for Health Research (NIHR) support research in public health to provide significant opportunities for researchers and evidence for practitioners and decision-makers ([www.nihr.ac.uk/publichealth](http://www.nihr.ac.uk/publichealth)). Public health research is particularly funded by the NIHR through the Public Health Research programme, focusing on interventions outside of health care, and the School for Public Health Research. The Health Technology Assessment programme evaluates NHS interventions, while Programme Grants for Applied Research supports NHS research delivering findings with early practical application. While the remit varies by programme, covering England or the UK, the application of research findings could extend across Europe. Research for public health is also supported by other Department of Health funding schemes, such as the Policy Research Programme and other funding bodies; for example, a recent option for early-phase intervention research is the Medical Research Council's Public Health Intervention Development scheme. NIHR outputs are captured in a suite of five peer-reviewed, open access journals for anyone to use (<http://www.journalslibrary.nihr.ac.uk/>). We welcome contributions to identify research needs, deliver research to answer key questions and bring new evidence back into practice to strengthen public health research in the UK for the future.

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doi:10.1093/pubmed/fdu088

Advance Access Publication November 13, 2014

## Mobile health: is it really a great advance?

The emergence of affordable mobile phones has allowed many developing countries that were far from the development of infrastructure such as fixed-line telephone and postal services to effectively leap frog these steps in development. This has been greeted with great excitement by much of the public health community, many of whom view mobile phone services as a panacea for suboptimal utilization of health services.

At first glance, the excitement is justified. In various parts of the world, clinical trials have demonstrated improved attendance at clinic appointments, improved compliance with treatment regimens, and improved communication with remote healthcare workers.<sup>1</sup>

However, our practical experience in Timor-Leste advises caution.

Timor-Leste is a young country, having regained its independence with the withdrawal of Indonesia after a 1999 referendum. Prior to the departure of Indonesia, development was poor, and this was compounded by the fact that as the occupying forces left 70% of buildings destroyed, along with the telephone system.<sup>2</sup> Timor-Leste is now building infrastructure at a rapid rate, largely thanks to oil and gas revenues. However, there is yet to be a comprehensive fixed-line telephone system or postal service.

In recent years, mobile phone up-take in Timor-Leste has been enthusiastic with the arrival of two carriers in addition to the previous monopoly market leader. However, there is a significant variation in this take up, largely related to relatively high prices by global comparisons. Latest estimates are that 90% of households in Dili have a mobile phone, and only 25% in the enclave of Oecussi. 16% of the population does not have any access to media (radio, television, newspapers, internet or mobile phone).<sup>3</sup> The purchase of mobile phone SIM cards in Timor-Leste is simple, with SIM cards freely available from vendors on the street and many shops. At times mobile phone providers provide incentives to purchase a new SIM by offering a higher value of credit than the purchase price.