

# Treatment of Communicable and Non-Communicable Diseases Using Telemedicine

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## Communicable diseases and implementation of telemedicine

The study looked at how telemedicine may be used to treat infectious diseases including HIV and AIDS, SRH therapies, Ebola, and TB in Africa, particularly among hard-to-reach communities. Publications on mobile health technology, such as smartphones and instructional apps, are being used to strengthen Ebola contact tracing, monitor current HIV and AIDS prevention programmes, HIV home-based testing and counselling, and SRH among kids and adults [1]. Smartphones and mobile applications enabled medical healthcare between 2011 and 2020, according to this research. Furthermore, this research found that in countries like Malawi and South Africa, mobile health technology such as smartphones, SMS, and mobile applications provided novel approaches to providing young adults with reproductive health care and information. In studies on HIV/AIDS and SRH-related topics, the usage and preference, candidacy, and efficacy of mobile phones, apps, and online portals to assist HIV/AIDS prevention and care as well as SRH therapies among adolescents and adults were investigated. As a result, telemedicine, which included HIV/AIDS home-based testing and counselling, provided a one-stop-shop to reduce poverty by targeting the rural poor who were hampered by a lack of cash and a long distance to travel to seek treatment. Telemedicine employees also see their job as a unique purpose that empowers individuals. Some patients recognised and embraced this thinking to form social bonds and obtain answers to pressing issues. The technical assets supplied accurate and fast patient information. Aggregated data was utilised by health professionals to focus resources and manage medicine shortages [2,3]. Telephone triage was found to be an effective management technique for after-hours patient loads at primary healthcare clinics in treating TB [4]. During an emergency, mHealth biometrics and mobile phone apps have been meticulously tailored to give patient identification, information, and learning opportunities. Despite the challenges of obtaining high-quality contact tracing in Africa's low-resource situations, Sierra Leone's usage of contact tracking apps like Dimagi Comms care platform was a sign of mHealth development. The public's willingness to use it demonstrated a desire for sensible solutions to health catastrophes like Ebola. Africa, South Africa has the largest number of mobile phone subscribers. Young Africa Live, for example, has 2 million youngsters enrolled. Vodacom and development organisations such as the US Agency for International Development have partnered with Young Africa Live (USAID). The website makes educational and health materials available to children, allowing them to study, exchange ideas, and make educated sexual decisions. Users not only change their personal lives, but they also act as agents of social change, addressing societal challenges. Despite the achievements highlighted above, there are still obstacles to telemedicine's complete acceptance. Most mHealth programmes, particularly in South Africa, have moved without addressing sensitive problems, including low-skilled health competence and the role of social actors in sexual health policy

and implementation. Several attempts failed to address sexual rights and stigma. The public's willingness to use it demonstrated a desire for sensible solutions to health catastrophes like Ebola. Africa, South Africa has the largest number of mobile phone subscribers. Young Africa Live, for example, has 2 million youngsters enrolled. Vodacom and development organisations such as the US Agency for International Development have partnered with Young Africa Live (USAID). Other objections concern privacy concerns in the desire to use mobile applications, SMS, and interactive voice messaging for maternal and child healthcare, such as those on South Africa's Mom Connect and Rwanda's Rapid SMS [5].

## Non-communicable diseases and implementation of telemedicine

In this study, telemedicine was utilised to treat non-communicable disorders such as hypertension, hearing loss, cervical and breast cancer, and chronic headache. Several novel applications of cell phones, customised text, SMS, and videos by healthcare providers to treat hypertension, cancer, and chronic headache were documented in the study. Popular opinions on the use of cell phones and short messages to promote hypertension patients' health awareness and behaviour modification were mixed. The ability of patients to receive health information via mHealth aided in the development of trust and confidence in the knowledge of health providers [5]. Additionally, smartphones and personalised messages were utilised to administer and reinforce post-healthcare treatment and services, including task shifting and client follow-up. These technologies have been used in workload shifting and physician allocation for post-stroke patients, for example. According to studies, healthcare staff adapted effectively to the treatment of cervical and breast malignancies. The smartphone, SMS, and teleradiotherapy text and network greatly aided management and follow-up with customers enrolled in cancer screening programs[6]. Telehealth has adapted successfully to apply its knowledge and abilities to the treatment of different diseases and disorders. The mHealth programme DREAM, for example, was given as an example of a programme that can assist in combating chronic headaches, which continue to plague millions of people in Sub-Saharan Africa, where resources are few [7]. In Ghana, audio-visual use was established, evaluated, and regarded as a possibility for treating patients with mental illnesses. The use of smartphones for hearing disorder consultation, referral, and screening has been documented in several papers. Recent research comparing the accuracy and reliability of smartphone self-test audiometry in adults focused on non-sound-treated surroundings and reference audiometry in community clinics in low-resource settings. Others focused on smartphone and audio teleology accuracy and reliability for self-test audiometry, as well as diabetes screening programmes for individuals in low-income and vulnerable regions. Additional research has indicated that telemedicine can help adults and children in Africa's low-resource areas manage burns and hearing loss [8].

## References

1. Adeagbo, O., et al. "Exploring people's candidacy for mobile health-supported HIV testing and care services in rural KwaZulu-Natal, South Africa: Qualitative study." *J Med Internet Res* 21.11 (2019): e15681.
2. Comulada, S.W., et al. "Using mHealth to deliver a home-based testing and counselling program to improve linkage to care and ART adherence in rural South Africa." *Prev Sci* 20.1 (2019): 126-136.
3. Mogoba, P., et al. "Smartphone usage and preferences among postpartum HIV-positive women in South Africa." *AIDS care* 31.6 (2019): 723-729.
4. Adeniji, A. and Mabuza, L.H. "'Telephone Triage': a possible means of managing the after-hours patient load at primary health care facilities in South Africa." *South African Family Practice* 60.6 (2018): 219-224.
5. Barron, P., et al. "The MomConnect mHealth initiative in South Africa: Early impact on the supply side of MCH services." *Journal of public health policy* 37.2 (2016): 201-212.

6. Cremers, L.A., et al. "Patients' and healthcare providers' perceptions and practices regarding hypertension, pharmacy-based care, and mHealth in Lagos, Nigeria: a mixed methods study." *Journal of hypertension* 37.2 (2019): 389.
7. Leone, M., et al. "What headache services in sub-Saharan Africa? The DREAM program as possible model." *Cephalalgia* 39.10 (2019): 1339-1340.
8. Pimmer, Christoph, and Francis Mbvundula. "One message, many voices: mobile audio counselling in health education." *Journal of health care for the poor and underserved* 29.1 (2018): 463-480.