Objective The primary aim of this study was to portray the level of spread and the dynamic of diffusion of mobile phone technology in sub-Saharan Africa during the last two decades. The secondary aim was to investigate factors related to the use of mobile phone technology in sub-Saharan Africa and to derive profiles of the most suitable areas to conduct mobile phone technology-based research.

Methods The present work was based on the data collected by the World Bank database; a collection of public access data derived from yearly surveys conducted at country level. Two methods were applied to perform the selection of variables related to the diffusion of mobile phones in sub-Saharan Africa. Firstly, a Least Absolute Shrinkage and Selection Operator (LASSO) regression was applied. Afterwards, a system of simultaneous equation was applied to estimate the model coefficients and determine the joint statistical significance.

Results The number of mobile phones subscriptions in relation to the population of sub-Saharan Africa has increased consistently during the period 2000 to 2010. The rate of mobile phones subscriptions in relation to the population ranged between less than 1% to more than 90%. Urban areas and having a lower number of people leaving in slums seems to be the most suitable places to conduct mobile phone-based interviews. This information is useful in identifying countries and macro areas to conduct mobile phone interviews; and this could be extended to smallest area within a country.

Discussion More effort is required to better understand how to identify areas suitable for conducting research using mobile phones and other electronic-based tools. Such an effort should be based on individual level surveys to understand not only the material possibility but also the will to participate to research based on data capturing made by mobile phones and similar tools.
**Introduction**

The goal of universal health coverage (UHC) demands that everyone has access to basic healthcare. Human capital is the single most important investment in achieving UHC. According to World Bank’s human capital index, Tanzania’s child potential is only 40% as he/she reaches 18 years versus 84% in Singapore. So, what eats away 60% of the child’s potential?

**Methodology**

We gather and synthesize the intellectual contributions from participants of the 7th and 8th Tanzania health Summit with a focus on the UHC and the role of human resources in achieving UHC. The discussions were recorded and key points extracted, validated, and re-structured for coherence and for policy brief publication.

**Results**

The country needs to invest in the two aspects: first, increasing adolescent and child health nutrition, which will improve school attendance and increase their cognitive ability. Adolescence health will increase labor and productivity and also reduce fertility rate and child mortality. Second, improving adult health and nutrition increases access to natural human resources, improves the economy, and increases investment in physical capital which will lead to a large and effective labor force pool. In addition, the government must focus on the public health promotion and prevention domain, also the need for a responsive health system architecture that will focus on equity, innovation, and resilience.

**Discussion**

In this perspective, strengthening human capital in primary healthcare is critical, and it should include a system shift to equity in accessing healthcare. Also a shift to execution by adopting technologies that will enhance accountability, like direct healthcare financing mechanisms in the country. And lastly, a shift to the primary healthcare efficiency by empowering people and communities, multisectoral policy and action, and improved integrated health services.

**References**

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