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Title: Enabling Sustainable Primary Healthcare Access through an Informal Use of Mobile Phones

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Abstract: In many parts of Asia, Africa and Latin America a plural healthcare system, or medical pluralism, which involves the co-existence of traditional and biomedical practices as separate but complementary elements, provides a set of alternatives to meet primary healthcare needs. The importance of medical pluralism in the organisation and spatial distribution of healthcare services between rural and urban areas in these regions has considerably attracted the interest of the anthropological and scientific research community. Indeed, scholars have deliberated extensively on the binary categorisation of biomedical and traditional practises, and distinction between public and private health institutions as the dominant discourses that shape the understanding of how plural health system is organised and practiced. However, recent studies have begun to raise critical questions and argue persuasively about the limitations of this binary divide between modern and traditional medicine (e.g. Hampshire et al 2015 & 2016; Leach et al, 2008). These guestions have generated interesting responses that suggest a radical shift in therapeutical landscape from the dominant distinction between biomedical and traditional practise, and between public and private health institutions, to new and fluid categories that represent the actual health practices (Leach et al, 2008). This paper advances the debate on the multiple health-seeking practices, with a specific focus on the informal use of mobile phone as a mediated space for negotiating remote healthcare access. It explores the extent to which low-income, marginalised populations with limited healthcare access use the mobile phone as an informal communication tool to seek healthcare in complex, multiple therapeutic landscapes in Sierra Leone. Drawing on the social dimension of the capability approach and building on ethnographic data obtained in Sierra Leone, this paper particularly interrogates the role mobile phones play to mediate health seeking behaviours among marginalised people, focusing on key actors, socio-economic and cultural dynamics, and the practices associated with searching, negotiating and seeking healthcare from multiple providers. It concludes by arguing that the informal use of the mobile phone offers the capability to shape remote organisation and access to healthcare in underserved communities, but the sustainability of this practice depends largely on its recognition and integration into the broader healthcare interventions in Sierra Leone.