

Mobile health and telemedicine years ahead in maturity

Mobile phone technology has been a huge enabler in helping many African populations gain access to affordable health insurance solutions and medical expertise, says **Mr Robin Ali** of **The Consilient Consultancy**.



Technology can be used to enhance both the distribution and the costs of providing health insurance to populations, as well as how delivery of care could be achieved at minimal cost given that many live in rural and remote areas. This was one of the main messages from the International Health Insurance Forum for sub-Saharan Africa held in Nairobi, Kenya.

The advanced level that some African countries have reached in terms of the use of technology in the areas of health insurance distribution, product design and telemedicine is commendable. These countries are probably a decade ahead of even the most advanced countries in the Middle East.

Distribution and the use of MoMo

Mobile money – or commonly referred to as MoMo – allows users the ability to pay for goods and services using their mobile phones. It is a relatively new concept in the Middle East but in some countries such as Ghana and Kenya this is a very well-developed service that is widely used among the population. Kenya even has a MoMo ‘currency’ known as M-Pesa which can be used to pay for services that most people in, for example, the UAE, would otherwise use a credit card for. It is a simple concept: you load your mobile phone with funds paid to your telco operator and when you pay for goods or services, the appropriate amount is deducted. This allows people without a bank account or payment card to now buy insurance using their phone. Coupled with microinsurance products, this vastly improves accessibility to affordable products, for example, funeral expenses and health insurance.

Innovative product design

Mobile network operators (MNOs) and microinsurance companies are forging partnerships to develop products made available through mobile networks. In some African cultures, there is an aversion to buying insurance due to a belief that buying life or health insurance will precipitate

death or sickness. What some MNOs offer is a bundled mobile package with data, talk time and an insurance plan, the last being paid for monthly through a small deduction from the airtime package. This extends the reach of insurance to people who otherwise would not buy it.

Telemedicine and mHealth

Whilst even the more advanced Middle Eastern countries are only now introducing laws and regulations to allow medical diagnosis by telephone, video or VOIP, several African countries such as South Africa and Kenya have been actively developing telemedicine as a cost-effective solution for many years. Kenya-based Daktari Africa has been providing such services for over a decade, admittedly starting out with simple solutions but improving them over the years with the advancement in technology.

Today, even where internet access is a challenge, having access to a mobile phone can ensure that a patient can receive advice from a doctor or nurse hundreds of kilometres away.

Daktari Africa even provides facilities in pharmacies to allow access to a medical opinion. This can be important, for example, for someone who goes to a pharmacist to buy cough medicine, but there is no doctor to identify the cause of the cough. With this facility, the customer can use the online access to talk to a doctor who, after asking a few questions, identifies the causes for the patient.

Whilst in the Middle East, the increased interest in e-health is attributed to cost containment efforts and patient convenience more than anything else, in Africa, it arose out of necessity. There is much to be learned from such models in Africa.

The International Health Insurance Forum attracted delegates, speakers and sponsors from Ghana, Nigeria, South Africa, Tanzania, the UAE, Lebanon, Singapore and, of course, Kenya. [M](#)

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