



# GLOBAL HEALTH OPEN MIC VIRTUAL EVENT

## ALTERNATIVE PATHWAYS TO CARE

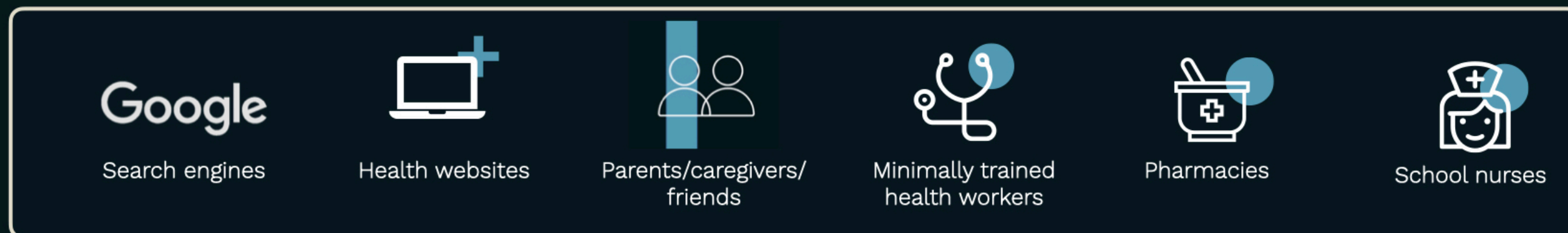
Key Points | 15 September 2021

On 15 September, THINKMD hosted a Global Health Open MIC event

GLOBAL HEALTH OPEN MIC HOSTED BY



In the age of digital health tools & COVID-19, health seeking patterns are shifting dramatically.



Join us to share your view points in a five-minute open mic slot on what the alternative pathways to care look like and how we can make sure they meet the same standards as traditional pathways to care, in terms of accuracy and quality.

THINKMD will be hosting a series of opportunities to provide an accessible platform for global health dialogue, in the form of Virtual Open MIC events. No long presentations, no text-heavy slides; this is short, sharp and to the point with expertise and thought leadership at the forefront. This is a forum for all voices on important and challenging global health topics, from the individual beneficiaries and frontline health workers to the content experts and leaders. THINKMD's role? Simply to help facilitate dialogue.

[Join our next one.](#)

A range of speakers from across the globe joined the event





## Natasha Sunderji - Global Health Lead Accenture Development Partnerships

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- Due to COVID-19, digital health solutions & virtual care have become a necessity; they have become an integral part of health access and delivery.
- We're seeing health patients in the US, UK, France, Germany, China, and Japan change their health-seeking behaviour; they are becoming increasingly comfortable getting treatment at home and communicating with the health providers using technology.
- Translating growth of virtual care into sustainable and equitable access requires us to tackle significant challenges including policy, digital literacy, mobile device ownership and connectivity
- We need policy and legislation that supports telehealth infrastructure and initiatives; countries that have experienced the largest gains from telehealth and virtual care expansion through COVID-19 are ones that already had or swiftly adapted their policy frameworks to enable these technologies from a financing, insurance and reimbursement perspective.
- We have to empower individuals with education to better utilize digital tools.
- Robust virtual care provision is dependent on affordable, reliable internet access. If we don't tackle connectivity, particularly in lower socioeconomic regions and countries, we will continue to leave people behind.
- We should be excited by the growth we are seeing in telehealth and virtual care usage. With thoughtful planning and investment, we can ensure that all individuals and communities have the opportunity to take advantage of these pathways towards better health and wellbeing.



## Amaan Khalfan - CEO Goodlife Pharmacy Africa

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- The cost of healthcare is increasing substantially, with pharmacies the first point of care for the majority of the population. There is enormous opportunity in digital health, but we have not yet figured out how we can monetize it.
- Kenya has high internet penetration capability but the uptake of digital health is on the slow side. One challenge is changing the culture of people to accept speaking to a phone or a computer when wanting to access a physician.
- We need to be able to take data and turn it into a consultation, whether digital or otherwise, and then hopefully convert that into a prescription so you can get it at your pharmacy, in an integrated platform.
- Regulation is an issue that is slow to change, and we need a big push from corporates or insurance c companies who accept and roll-out a tool, including within the national health system.
- Lastly, there can be pushback from clinicians who feel it may take away from their day-to-day business: we need to figure out how to get clinicians working within these systems.
- Investment is required, especially in terms of marketing and awareness for the general public. Overall, I think we are in a good space to not only ride this wave, but have it as a new frontier.



## Bobby Jefferson - CTO and Vice President DAI Global Health

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- The challenge is how to have healthcare services in LMICs, among underserved populations. We need an “Uber Health Model” where healthcare services can be delivered to the patient and to the people. We need to support entrepreneurs in this “Uberization of healthcare”.
- The power of the smartphone is that you can connect to healthcare, like a blood pressure screening or diabetes screening, in the home.
- The challenge in entrepreneurship is that women founders are a minority in health tech. Only 2% to 3% of these receive VC funding. This is one of the areas that I am trying to bring awareness to.
- I also want to raise awareness about the bias in a lot of AI and machine learning, which can exacerbate health inequalities, as highlighted in [this example where a male presenting with a set of symptoms was diagnosed with a heart attack and a woman presenting with the exact same symptoms was diagnosed with depression/a panic attack.](#)
- It is important for us to understand what is happening behind the scenes and make sure that all of the data is representative of all of us.



## Jeanne Teshler - CEO Teshler Accelerator Group

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- We can find a solution to the problem that we have within three domains: technology, consumer behaviour and healthcare. The problem? We are not engaging with our health. Diabetes rates are rising in double digits every year. 80% of all of our spending in the US is dealing with chronic conditions. So how do we solve it?
- There are two environments in which we work in health: one is the nest, where healthcare is delivered, where we get diagnosed. The other is the wild, where we live when we are not in the nest.
- 99% of our health does (or doesn't) occur in the wild, that is where we are either promoting or ignoring our health. Our health is determined by choices that we make in the wild. We have to figure out how to intervene - at the point of choice.
- 80% of our effort needs to be focusing on the wild to solve this problem where it occurs. 20% needs to be how to connect the nest and the wild together, which is where technology and digital devices can play a role.
- The barriers need to be understood. Consumers have a lot of problems that they are dealing with; a chronic condition is one more thing. We have to directly connect to the consumer and help them when they hit a problem.
- Our job is to figure out how to make things that are healthy, as equally accessible to those that aren't. We have to empower consumers to make better choices, by connecting them back to the nest.

[ACCESS JEANNE'S SLIDES HERE.](#)



## Joanna Bascom - Data Management & Analytics Healthy Learners

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- Healthy Learners is in Zambia, where we are implementing a government school health program in partnership with the Zambian ministries of health and education, focused on school-aged children; a group often overlooked in programs that focus on children under-five or adults.
- We train 10% - 20% of teachers as School Health Workers and they are given technology to be able to screen, treat and when necessary refer learners to a health facility.
- In 2019, we switched to a digital diagnostic tool from paper-based methods. This technology features the same logic and clinical approach used by physicians, and provides automated weight and age specific triage, along with treatment and follow-up recommendations that comply with WHO guidelines.
- We work in settings in Lusaka, where internet access is more readily available, and in rural settings, where we need to be able to work offline. This tool works both off and online. We have tablets/phones at the school so teachers can screen learners for common childhood illnesses.
- We normally refer a third of these learners to nearby health facilities. We work on bridging schools and the health facilities and making sure that if a learner is referred to a health facility, they've already been screened, which alleviates some of the burden of overcrowding and at-capacity health and ensures that when they get to a provider, are screened quickly and are back in the classroom faster
- A digital tool has been pivotal for impact in terms of competence and assistance, confidence for testing, treating and referring learners and maintaining quality of care. It also collects granular, syndromic and school health record performance data, which allows for automated, customized reports. The tool has allowed the program to scale in urban and rural settings, which is now in 135 schools, reaching about 265,000 learners.





## Dr. Nirmal Ravi - Director for Medical & Scientific Affairs eHealth Africa

- Laboratory diagnostics are often invisible in healthcare, yet at least three quarters of patient interactions involve diagnostic testing. In the developing world, the diagnostic focus is on: HIV, TB and malaria, but outside of this, diagnostics is often ignored.
- COVID-19 forced the developed world to pivot to the digital health model of delivering care, but this is not quite happening the developing world. We are seeing that patients in Nigeria are not trustful of receiving care in the digital space. We also received feedback where people believe the quality of care may not be as high or offer the same privacy if it does not happen at a health facility.
- Our question is: how can we address diagnostics when a patient is getting a telemedicine consult with a doctor? With malaria, for example, the WHO guidelines state that you need to test before you treat. But how do we get a test to those people?
- We have programs where we send COVID-19 PCR tests, for example, directly to the patient. We are trying to expand this to other diseases and conditions, where people can self-test such as HIV, hepatitis B, and then connect to a doctor to interpret the test results.
- However, it is not enough to provide a good test, we need to address behavioural issues as well as psychological and economic factors too.
- Another factor to consider is competition for resources. If you have \$2 to spend, will it be spent on the test or the treatment? We have to take cost factors into account.



## Dr. Rashed Shah - Department of Global Health Save the Children

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- Implementation of the recommended guideline for integrated management of childhood illness, IMCI, is extremely important and critical to ensure standard quality of health services provided for sick children. Often a lack of healthcare provider compliance to the guidelines is a critical barrier.
- This is one of the barriers we have addressed through digital technology, implementing them in a number of projects across Bangladesh, Indonesia and Kenya, to support decision making by the frontline health provider.
- Our aim was to improve the health care provider's skill, practice and compliance to follow WHO recommended guidelines. In our project in Kibera informal settlements in Nairobi, we train private healthcare providers to use the digital health tool which is compliant with WHO's IMCI guideline, supporting their decision making for the management of sick children. Use of the technology has improved compliance significantly, ensuring a standard quality of care.
- Health providers in drugstores and pharmacies often lack institutional training and skill. During a pilot phase, we saw significant improvement of skill and compliance among provider using technology, including addressing inappropriate use of antibiotics.
- A COVID screening tool was also added to the platform.

## Resources

- Jeanne Teshler shared slides on [Creating Better Health Outcomes in a Consumer Driven World \(2021\)](#)
- Natasha Sunderji shared a Broadband Commission for Sustainable Development report by the Working Group on Digital and AI in Health called: [Reimagining Global Health through Artificial Intelligence: The Roadmap to AI Maturity \(2020\)](#).
- Bobby Jefferson shared an article by [PublicTechnology.net](#), called: [Gender bias concerns raised over GP app \(2019\)](#)

# THINKMD

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