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Playing leapfrog with wobbly wheels

I've attended three conferences in the last couple of months in different African cities which have featured so-called leapfrog technologies that can help Africans move fast to provide enhanced care delivery, diagnosis, or treatment. It is truly fascinating what new digital technologies can offer with opportunities ranging from blood availability in Lagos, to finding the right specialist in Lusaka, to an m-wallet that allows you to hold your own 'insurance money' and decide when and where to spend it.

The latter is a very interesting programme that has been set-up in Kenya under the name of CarePay with its main product being m-tiba (tiba being the Swahili word for medicine or treatment). It is a mobile 'health wallet' that channels funds for health services directly to recipients, allowing for effective tracking and monitoring of use of funds. People can therefore save and share as they wish, with all funds committed, having to be spent on health at accredited healthcare providers. It runs on an open digital platform, and leverages the mass-market uptake of mobile money to improve healthcare inclusion. This might just be the product that enables universal health care as its users span the gamut of the wealthy to the poorest. People know what they have, and providers don't have to wait months for reimbursement. In a continent where there is a lack of trust for large insurers, here is a solution.

This is a solution born of cultural relevance, and a not inconsiderable investment in establishing the platform, building the network of providers... and

then signing up users. It is a business which I think will flourish, and replicate widely. It is a significant leap forward. But many of the new technologies have been hatched in back rooms of houses by bright people who can spot a niche. Many of the solutions have far-reaching potential, but how do you scale them? How can they be 'continentalised' efficiently? There are a number (for instance) of platforms and apps dealing with motherhood and neonatal care, but the problem is that they tend to drown each other out. When it is not a business with a large marketing budget, they splinter and dissipate. We need an African Committee on Digital Health Interventions who can critique offerings and then if approved (maybe sometimes amended by the developer first) list them under the three categories of being Pan-African, national or hospital/health centre centric; and then by topic within each of the above. It might just help prevent the current proliferation of products, some better thought out than others, but with limited marketing clout, very few have any chance of ubiquity. We are inventing too many wheels... and while some are wobbly and a bit square, we need a platform to shout about the round ones.

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