# E-HEALTH FOR SUB-SAHARAN AFRICA Great Demand, Great Opportunities

#### **Alexander Horsch**

Professor, Dr rer nat, Dr med habil, TU Munich, Germany Professor, Telemedicine & eHealth, University of Tromsø, Norway

ARTES Applications Workshop Palazzo Salviati, Rome, Italy, 2013-04-19

## My Background

#### University researcher and educator

- Doctoral degrees in computer science and medical informatics
- Professor for medical informatics & telemedicine at universities in Munich (TUM), Germany, and Tromsø (UiT), Norway
- > 25 years experience from eHealth R&D projects in hospital and region,
  and in operative IT service (medical computing center)
- Research fields: eLearning, telemedicine, computer-aided diagnosis, biosensors, cancer, chronic diseases, healthy ageing, global health

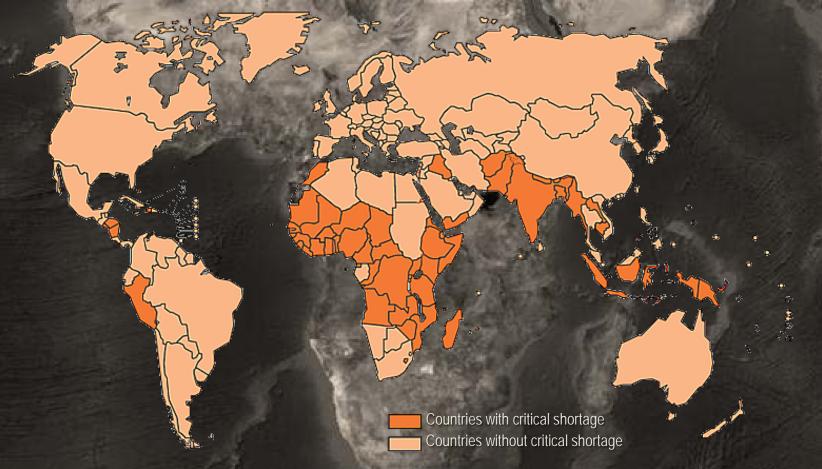
#### Consultant supporting actions of WHO, ESA, EC, UN as eHealth expert

- WHO Interoperability & eHealth Observatory
- ESA Telemedicine Working Group 2004
- TTF (ESA, EC, WHO, AUC, AfDB, RECs) Telemedicine Task Force 2006-2009
- eHSA Satellite-Enhanced Telemedicine & eHealth for Sub-Saharan Africa
- UNOOSA Space for Human Security 2011 & ISS Humanitarian Benefits 2012



# Health Workforce Crisis

Countries with a critical shortage of health workers (doctors, nurses and midwives)



(World Health Report 2006)

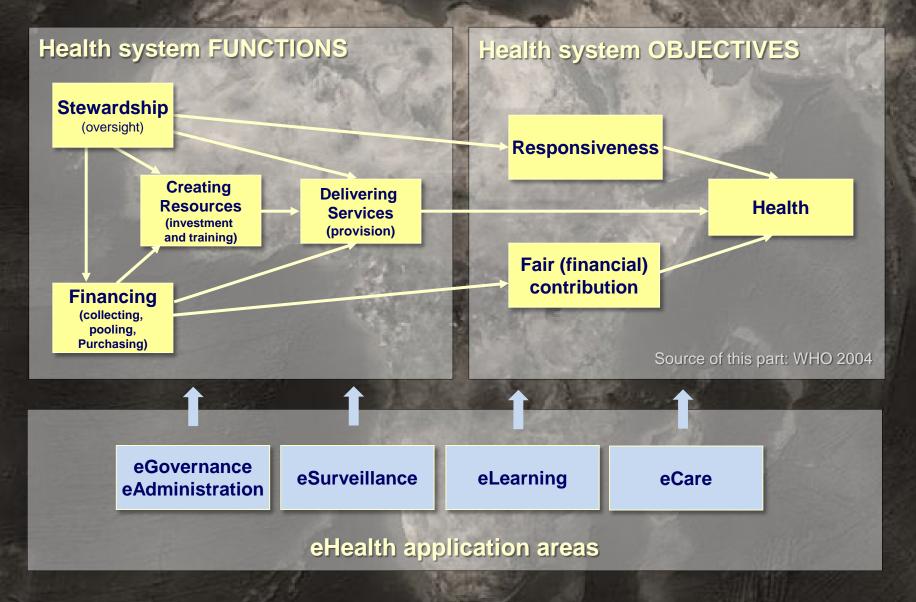
April 2013

## Demand for eHealth\*

- Education and training on a large scale
- Access to health services, including remote areas
- Specialized care via telemedicine
- Advanced surveillance & emergency response
- Incentives for health professionals
- Supporting mobility of patients and health workers
- Health services enhancement
- Increasing healthcare system efficiency

<sup>\*</sup>Use of ICT for health at the locat site and at a distance (WHO 2004)

### Health Systems and eHealth



#### Telemedicine Task Force (TTF)

#### • TTF (2006 – 2009)

- 11 pan-African and international organisations, including AUC,
  AfDB, NEPAD, ECOWAS, CEAC, OCEAC, EAC, WHO, EC and ESA.
- Main conclusions:
  - Telemedicine and eHealth offer great opportunities to Sub-Saharan Africa.
  - A user/demand-driven approach is necessary to grant continuity in time of any related initiative.
  - Satellite technology is crucial to expand health services, allowing pan-African interconnectivity and complementing existing ICTs.
- **ESA was requested** to investigate the role of space technologies to expand eHealth in Africa.
- Agreed strategy
  - Short-term technology demonstration action (SAHEL project)
  - Long-term implementation programme (eHSA)







## Cost Benefit Study 2008

**IKON** in Mali

**Uganda Health Information Network** 

Training of Kenyan nurses / Réseau Afrique Francophone de Télémédecine (RAFT)

Nigeria Malaria Surveillance

Rwanda TRACnet; and Pharmaceuticals Tracking

Sub-Saharan Africa health impact	Lives Saved p.a.	One Year Value	Lifetime Value <sup>1</sup>
eCare in the Clinic	16,800	\$680 million	\$746 million
eCare in the Village	151,800	\$259 million	\$2,576 million
eLearning	85,100	\$145 million	\$1,444 million
eSurveillance	644,100	\$1,248 million	\$55,902 million
eAdministration/ eGovernance	477,900	\$934 million	
TOTAL	1,375,700	\$3,266 million	\$60,668 million

<sup>1</sup>Differences in Lifetime value are attributed to the differences in target populations the programmes are designed to address.

PricewaterhouseCoopers



# eHSA — Satellite-enhanced Telemedicine and eHealth for Sub-Saharan Africa

THEMATIC AREAS



eLearning

eSurveillance

eGovernance/ eAdministration

Governance

HORI-ZONTAL STUDIES

**Regulatory Aspects** 

**Interoperability: System of Systems** 

Sustainability, Liability, Business

The Objective

Implementation of sustainable eHealth services on a scalable infrastructure for the benefit of Sub-Saharan population.

#### The two Phases

- 1. Horizontal studies (max. 2 years)
- 2. Thematic areas related projects (4 6 years)

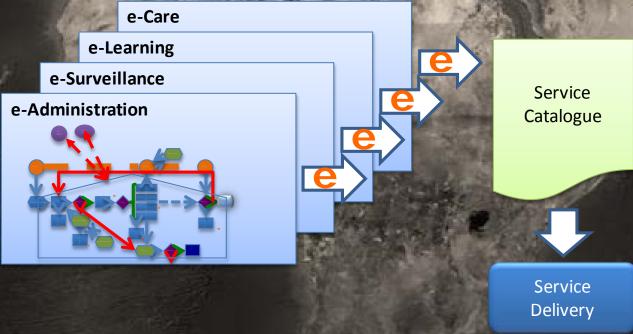


than a-ducty of lunears of st Mathey of Partys Affairs



# eHealth and Beyond





- Infrastructure and related services
- Internet connectivity (with satcom including remote areas)
- Other business, e.g. money transfer, education, entertainment



## Barriers to Implementers



Difficulty to implement a transition strategy

Health Systems Weakness

> Lack of cost effective infrastructure



CANACTORICHA OL MOTEVICO SE Municipal ed Locales ed Se

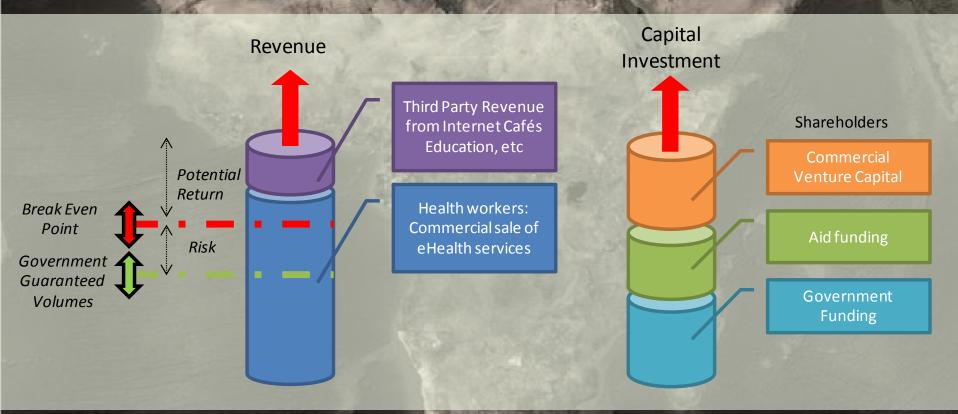


Development Geographics Directors

# Revenue & Capital



Possible revenue streams and capital investment contributions from shareholders



# Transition Model (Example)



Pricing sample	Year 1	Year 2	Year 3	Year 4
Fragile countries health systems	25%	50%	75%	100%
Stable countries health systems	50%	75%	100%	
Advanced countries health systems	75%	100%		4

- Financial capacity and liability grow with use of the eHealth platform.
- Stakeholder board rules criteria for country status, introducing self-regulation mechanism within a regional community of eHealth stakeholders.
- Transition to a full ownership of the cost suggested as appropriate African
  Ownership strategy.
- Underlining self-regulation mechanism based on a Code of Governance that rules the eHealth community and defines how to apply for membership.

# The eHSA Program intends to...

- ... create opportunities for industries
- ... support sustainable eHealth services for Africa
- ... by following a stepwise approach
  - creating the basic assets (horizontal studies)
  - defining opportunities for health and other sectors
  - facilitating the first opportunities (partnerships, funds, advocacy)

## Vision or Goal?

HEALTH FOR ALL IN A KNOWLEDGE SOCIETY

space bridges national and regional borders

new business opportunities for health and beyond

health services accessible and affordable for everyone

satcom includes all remote populations

global surveillance and response

sufficient number of health professionals

