2022 YEAR REPORT

MOBIKLINIC UGANDA

REVOLUTIONIZING ACCESS TO HEALTHCARE

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Last of 2022

DIGITAL HEALTH

A potential catalyst for Universal Health Coverage

Ddembe Andrew
Chief Executive Officer & Founder Mobiklinic

When asked about the potential of digital health at the digital health innovation summit in San Francisco in 2014, Aiden Petrie (a prominent English innovator) had this to say and I quote verbatim, "Early disease detection is where digital health could make a difference." Like Aiden, different people have different perspectives about the potential of digital health. It goes without saying that the more the world gets technologized, the more all services have to adapt to the positive trend. Beyond simply trending, technology gives us an avenue to solve some of the world's biggest problems. Digital health has enormous potential in simplifying and unlocking health access for millions of people.

For the benefit of those who may not be well versed with the term digital health, let me define it. Digital health is simply any technology that **uses computing platforms, connectivity, software, and sensors for health care and related uses**. These technologies span a wide range of uses, from applications in general wellness to applications as a medical device. This fast growing industry of digital health can enable today's world to achieve universal health coverage. Universal health coverage means that **all people have access to the full range of quality health services they need, when and where they need them, without financial hardship**. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

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According to the World Economic Forum Global Risks Report 2019, half of the world (that is 3.8 billion people then) lack access to basic health services. The world is in dire need of avenues that can enable more people to gain health access and in my view; digital health has enormous potential to positively change this status quo. Digital health technology so far has eased the way we think about universal health coverage with the ability to bridge the gap between access to healthcare and finance and location – the two critical barriers to healthcare access.

Digital health has the potential to prevent disease and lower healthcare costs, while helping patients monitor and manage chronic conditions. Its potential can be summarized in three ways;

- Providing all people with access to health services
- Providing the full spectrum of essential, quality health services
- Protecting people from overwhelming financial consequences of medical bills

Having seen the advantages and potential of digital health, the World Health Organisation prudently acted and came up with a Global Strategy on Digital Health 2020-2025. This strategy was primarily to encourage countries across the world to start embracing digital health. The developed countries are implementing this strategy much better than developing countries. Developing countries such as in Africa have done little due to limited financial resources. It should then become a priority of development partners to support digital health in these low income countries given that poor health access is a big development problem.

At Mobiklinic we have demonstrated the power of digital health even in low income areas.

COVID-19 pandemic further underscored, more than ever, the importance of digital health in addressing systemic inequities and social justice issues in healthcare, forming a fundamental component of universal health coverage. Our organization Mobiklinic has demonstrated the transformative power of digital health even in low income areas.

Training Community Health Professionals on Family Planning - Sayana Press Distribution

FOCUS ON UNIVERSAL HEALTH COVERAGE

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It should be remembered that at the core of universal health coverage is the undisputed belief that health is a basic /fundamental human right and that everyone, regardless of their socio-economic status or geographical location, should have access to the healthcare they need to live a healthy life. Universal health coverage contributes to the realization of SDG No. 3. SDG 3 aspires to ensure health and well-being for all, including a bold commitment to end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases by 2030. It also aims to achieve universal health coverage, and provide access to safe and effective medicines and vaccines for all.

In Uganda, the 1995 Constitution under the National Objectives and Directive Principles of State Policy provides for the state's role in ensuring medical services. National Objective 20 of the aforementioned states “The State shall take all practical measures to ensure the provision of basic medical services to the population. It is prudent for the Ugandan government to fully embrace digital health in a bid to fulfill its obligation to the citizens.

In many parts of the world, particularly in low-resource settings, factors such as poverty, lack of infrastructure, and inadequate financing often prevent large segments of the population from accessing quality healthcare. This results in significant health inequities, with disadvantaged groups often experiencing a disproportionate disease burden and premature mortality.

ADDRESSING COMPREHENSIV E INNOVATIONS

Digital health platforms like MobiKlinic address these issues with comprehensive innovations. For example a digital platform that connects patients with doctors remotely - defeating the geographical barriers and improving access to basic healthcare where it would otherwise be difficult to obtain. The benefits of MobiKlinic go beyond just improving access to care, however. By enabling remote consultations, it also helps to reduce the burden on overstretched healthcare systems, freeing up resources for more critical cases. This measure is vital in countries where healthcare systems are often underfunded and overburdened, making the concept of universal health coverage nearly impossible to achieve.

States have an obligation to ensure and protect the right to health for their citizenry.

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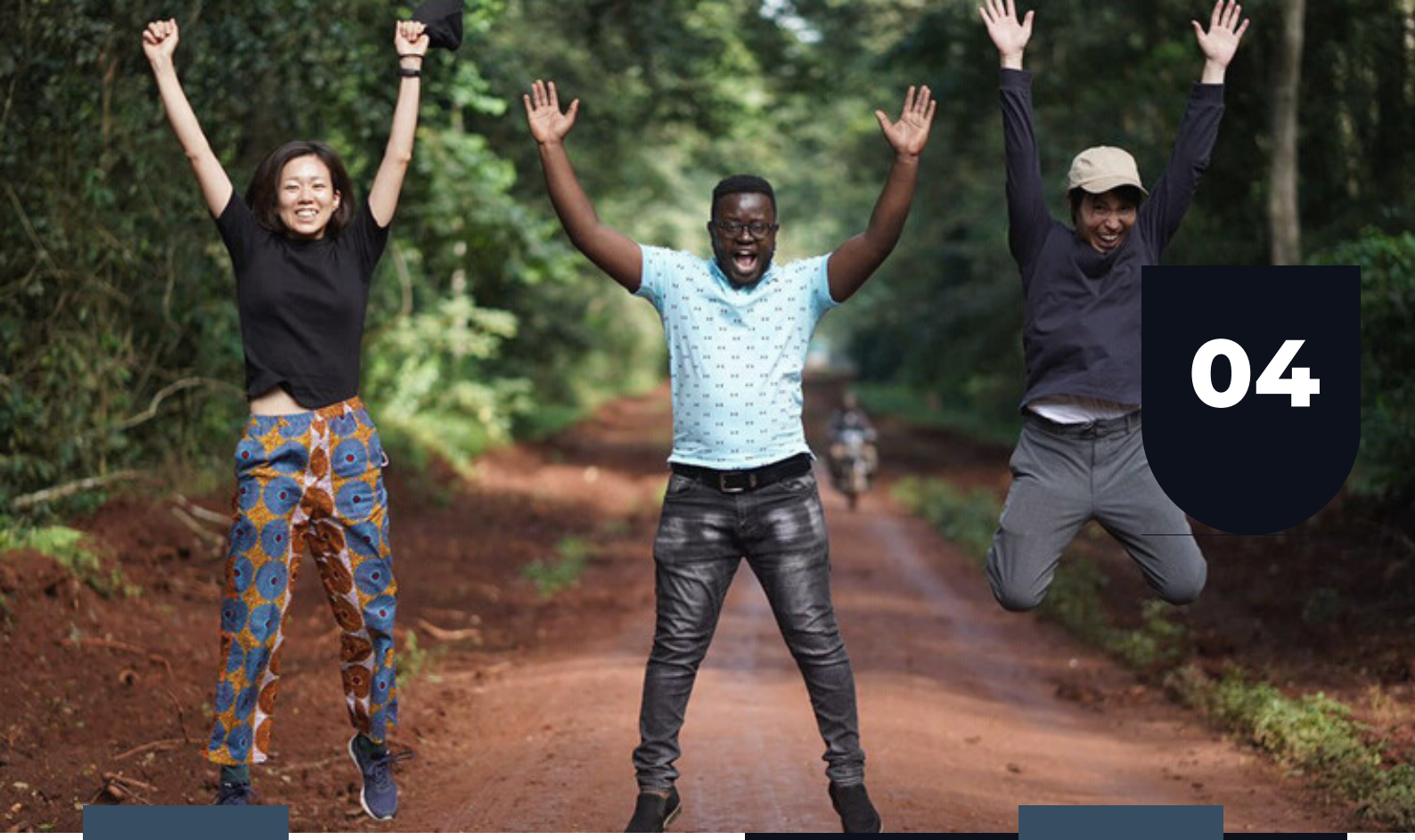

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In addition, digital health technologies like MobiKlinic have the potential to promote social justice and equity in healthcare. This can be achieved by empowering community members to take a more active role in their own healthcare by providing them with access to information and resources that can help them manage their health and seek care when needed and through the use of data and analytics to identify and address health disparities in the country by the government. This uplifts marginalized communities who may face barriers to healthcare due to social, cultural, or economic factors hence promoting universal health coverage.

Finally, with digital health technologies, efficiency and effectiveness in healthcare delivery can improve, enabling healthcare providers to reach more patients in a shorter amount of time and reducing wait times, not to mention the potential to reduce the cost of healthcare delivery. By leveraging technology to streamline processes and eliminate unnecessary steps, digital health platforms can reduce the overall cost of care, making it more affordable for patients.

In conclusion, digital health is a vital pillar of universal health coverage, providing a solution to the long-standing barriers of finance and location, and promoting social justice and equity in healthcare. The companies like MobiKlinic are taking charge in demonstrating the transformative power of digital technology in this regard. It is crucial that we continue to support and invest in such initiatives as we work towards the very ambitious yet attainable goal of universal health coverage for all.

Engagement with District Health Officer of Buikwe District

WHO WE ARE?

REVOLUTIONIZING ACCESS TO HEALTH CARE

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OUR VISION

Basic Health care for everyone in Africa

OUR MISSION

Revolutionizing access to health care in low-income areas by utilizing a fusion of physical and digital means to offer basic health services

GOAL

To attain a community health professional to patient ratio of 1:100 so as to meet community health needs

MobiKlinic is a not-for-profit organization that was founded in 2019 by three people who are committed to improving community health in rural areas and low-income urban settings. We are a legally registered entity that has been offering basic community health services in Buikwe district since 2019.

MobiKlinic's ITED strategy which stands for Identify, Train, Equip, Deploy is central to our work in the community. We identify village health team members in a community, train them on basic health matters, equip them with basic medical supplies & our mobile application and finally deploy them into the community to offer basic health services in the community.

THE ITED STRATEGY

Identify

We identify eligible members of the community

Train

We train basic health care skills to become community first respondents to their community of origin

Equip

The trained members are equipped with basic healthcare kit that contain essential medicines and sundries together with our digital tool.

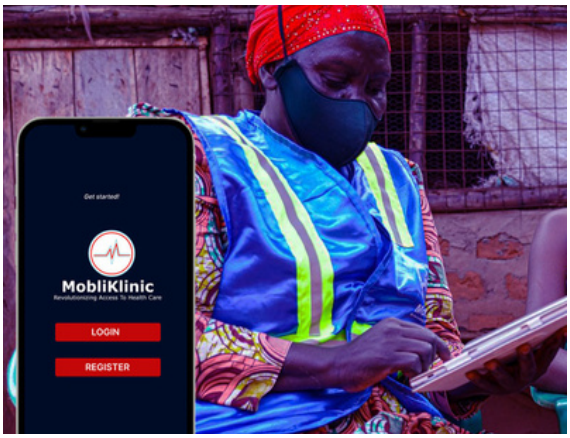
Deploy

Now they are set to go work as community first respondents in the community of their origin

Our digital products

Mobiklinic Application

A community health professional's (CHP's) companion during health service delivery. In times of trouble it acts as a digital safety net for the CHP due to its ability to foster communication between a CHP and a distant physician in case the CHP requires guidance on how to handle a complicated patient case. Other features include patient data storage and ambulance requests.



A CHP using our digital tool to help a patient

e-learning platform

A virtual academy for training first line health respondents in communities.

Our Journey

In the year 2018, the MobiKlinic idea was presented to Novartis International/ Sandoz Hack and it emerged as the best healthcare access idea. In October 2019, we began to provide affordable home-based healthcare service to vulnerable communities in Buikwe District. The following year saw the organization's launch of the MobiKlinic mobile application phase as well as partnerships with Clarke's International University who help train our community health professionals and the US Embassy who provided support for our digital maternal health program.

In 2021, we were the winners of the D prize grant that was used to distribute Sayana Press self-injectable family planning to women in Buikwe district. MobiKlinic is thankful for the year 2022 and we are pleased with what we were able to achieve. Through a partnership with UNICEF Program, we were able to train 50 community health professionals. Some of these community health professionals not only in Buikwe but for the very first time in Kampala.

Our partnership with Clarke International University as quality controller in training CHP

Training session for the Kampala cohort

Digital Maternal health program

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Digital Maternal health program

In Partnership with the US Embassy in Uganda, we ran an 8-month project in Najjembe and Kiyindi Town Council in Buikwe district where our community health professionals were given health knowledge through training and a smartphone containing our mobile application. These trained community health professionals were deployed into their respective communities to offer maternal and child healthcare.

Mobiklinic eHealth initiative

This is an initiative where we partnered with UNICEF in 2022 and empowered a new cohort of 50 community health professionals with health training in both Kampala and Buikwe. Through this partnership, we also developed an eLearning platform that will digitally train individuals intending to become community health professionals.

By Aaron Sempa, Partnerships Lead Mobiklinic

Pictures of some of the Community Health Workers in Kampala low-income areas

DISTRICT HEALTH OFFICER - BUIKWE

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Dr. Richard Bbosa

District Health Officer- Buikwe District, Eastern Uganda

About 80% of the Ugandan population resides in rural areas where there is less improved access to health care. Despite gains made by the Ministry of Health in improving the health of the Ugandan population we are yet to reach the desired goal of health for all where every Ugandan has access to the basic healthcare that they need and as such greatly reducing mortality and morbidity associated with preventable causes.

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Together we can supplement/support each other and collectively ease access to health care for our people in rural areas of Uganda and Africa

The Ministry of Health has put in place various strategies and policies to try and remedy the poor health situation in the country. In 2001, the Village Health Team (VHT) Strategy was introduced with the aim of empowering communities to participate in the improvement of their own health and ease access to basic health services at community and household levels. The VHT strategy did help improve the health statuses of communities but it was not without its challenges hence the health status of Ugandans still remaining relatively poor characterized by mortality and morbidity happening from preventable causes.

After carrying out the 2014 National VHT Assessment with the objective of determining the national status and functionality of VHTs in Uganda in order to improve the planning and delivery of health services to households and communities various gaps in the VHT strategy were identified and recommendations were made which recommendation would inform what would be included in the revitalized strategy known as the Community Health Extension Workers Policy (CHEW). The general of the CHEW policy is to establish adequate and competent CHEWs for equitable delivery of quality, preventive, promotive, and (selected) basic curative health services at the community level

MOBIKLINIC INLINE WITH

CHEW POLICY

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In Buikwe district, MobiKlinic has been inline with the CHEW policy through training community health professionals on the following topics as per the CHEW policy:

- Health promotion and education
- Human anatomy and physiology
- First aid
- Communicable diseases
- Non-communicable diseases
- Family and reproductive health
- Environmental health and personal and household hygiene, dental inclusive
- Neglected tropical diseases
- Essential medicines and supply chain management
- Community health services management
- Disaster and risk management
- Vital statistics and data management
- E-health

A CHP performing a community surveillance on malaria control.

Mobiklinic digital tool eases service delivery for these VHTs. Through its different programs, Mobiklinic has generated significant beneficiaries due to their innovative approach to community health. As the Buikwe district health Officer, I have supported their cause through collaboration efforts with them and introduced Mobiklinic to other players and stakeholders in the district health ecosystem. When we join hands together, that is to say, government, private sector and development agencies, we can be able to supplement/support each other and collectively ease access to health care for our people in rural areas of Uganda and Africa.

By Dr. Richard Bbosa

District Health Officer- Buikwe District, Eastern Uganda

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Alert!

NEW BOARD LEADERSHIP ALERT

Bright Asiimwe, a Ugandan Public health professional and entrepreneur is the new chairperson of the board of non executive directors in Mobiklinic. She takes over the mandate from Barry Shrier whose tenure had come to an end and who served excellently well over the past 2 years in the role.

The new lead Bright is an experienced leader/professional. She is the multi country Monitoring and Evaluation Lead at CRAFT East Africa. She is a Public Health professional with over 15 years' experience. She has worked previously with a number of organizations including Ministry of Health Uganda, USAID , etc. We wish her the very best in her tenure.

Bright Asiimwe
Incoming Chairperson Board of Executives

admin@mobiklinic.com

www.mobiklinic.com

Paul Crook
Mobiklinic Lead Technical Advisor and Non-Executive director

INCREASING DIGITAL HEALTH TRENDS AS A SOLUTION TO LAST MILE HEALTH PROBLEMS

It is apparent 'last mile' is granting the wrong impression since it is not just the physical infrastructure blocking access to quality health care.

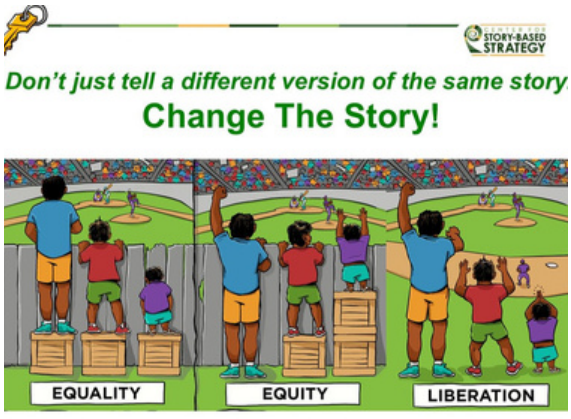
Outreach has been tried but the real shift was facilitated with digital engagement. A number of the Global actors have sought to take digitalisation as their own thinking, but the means are wholly driven by the private sector. The reduction in cost for the hardware and the almost exponential growth in quality coverage for mobile telephony networks has sponsored fresh thinking.

Fresh thinking, regularly sponsored by the capability to turn a penny, earn a living, as markets have not just changed but been created.

Outreach has been tried but the real shift was facilitated with digital engagement. A number of the Global actors have sought to take digitalisation as their own thinking, but the means are wholly driven by the private sector. The reduction in cost for the hardware and the almost exponential growth in quality coverage for mobile telephony networks has sponsored fresh thinking.

Fresh thinking, regularly sponsored by the capability to turn a penny, earn a living, as markets have not just changed but been created.

Last mile should really fit to the cartoon below:-



Digitalisation has allowed cost effective delivery of a multitude of services. Digitalisation has offered the opportunity to liberate people from the barriers of geography, cause fresh thinking on the lack of investment in people and structures offering a comprehensive approach to health and challenge the hegemony on poor supply of health provision.

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FRESH THINKING FOR

THE SHORTAGE OF HEALTHCARE WORKERS

Digitisation is best known for cash-based programming and how mobile money has taken on fresh dynamics, for good and for bad, across East Africa where cash distributions are being confused with the development of a proper social protection. This is where the elements of health provision come forward. Digital health is not going to offer open heart surgery but what is does do is change the dynamics along the continuum of promotive and preventive working where people can take responsibility for themselves or skill up to address the preventable illnesses and ailments afflicted people.

MobiKlinic is not alone in being an organisation with a social ethos taking forward the provision of digital health. What grants the organisation a unique perspective is the networking to allow engagement both on the provision of health services to hard to reach people in a cost effective way but also to develop the skills of people seeking a career in the health sector.

The situations, the problems, across the continent are similar; there are variations between countries with the ubiquitous access considerations when looking at rural – urban dichotomies and the inevitable considerations of cost alongside provision to the urban poor.

This is where the 'last mile' euphemism has to be challenged as what is the key consideration is first shilling, franc, kwanza, escudo, dollar not being available

The World Health Organisation makes note of the growing shortage of health workers but they are continuing to think very linearly in terms of how we used to deliver health care will be the way we will deliver wellbeing.

WHO estimated there were 0.1 physicians per 1,000 people across Sub-Saharan Africa in 2017. This figure has remained near constant throughout the last two generations. It is interesting to look further at the manner preventive, immunisations being the main element, and promotive, public health work and related nutritional and occupational conditions have developed to, certainly, cut the demands on curative health services. Of the 3.6million health workers across the 47 countries WHO sampled, 37% were midwives and nurses, 14% community health workers (CHWs) and 10% laboratory technicians (9% are physicians/doctors).

If we can develop the knowledge of people to take promotive health actions and empower the 'bottom of the period'/frontline health workers, facilitate their access to knowledge and support this with practical work to enable the knowledge to realize positive gains, then we impact the health and wellbeing of most people far swifter and with far reaching consequences than seeking to train doctors

Compare the statistics for mobile phone ownership to that of passive training of doctors. In 2000 mobile phones were owned by 2 in every 100 people, 0.2 per 1,000 – same as physicians per 1,000 population. In 2021 93 people in every 100 adults owned or had access to a mobile phone.

We are now a digital continent, have taken to digital finance and discussing politics via social media with an enthusiasm bordering on total dependence for the former and a middle class indulgence for the latter. We will find women in the markets selling vegetables totally conversant with digital monetary transfers and able to do exchanges of commodities to (digital) cash and yet our engagement with promotive health positive messaging and advice remains in its infancy.

The aid and development community have sought to command cash-based programming with calls for social protection systems to be developed. This has regularly stymied the local entrepreneurial engagement required for innovations and replication of quality approaches.

Regarding health, we have challenges where entrepreneurs sponsored by the telecommunication giants can, will, change the nature of health provision across the continent. Free-to-air accessible advice and guidance requires the network to be robust and the availability of mobile telephony to go one step further with smart phones being with people. However, push messaging is happening with advice and guidance, promotive and preventive health messaging to individuals, gaining credence. Place this with initiatives of MobiKlinic and its contemporaries building skills development allied to ongoing support to primary health care workers. The blended approach offers the capability to build knowledge, change attitudes and embed, reinforce, good practice. It is the essence of localisation to reach people who may be right next to you on the street of Kampala, Nairobi and Lagos but a million shillings away from you in their ability to access health and wellbeing improvements for themselves and their families.

”””

A phone will not immunize you. Yet. But already it will support front line workers developing their skills and delivering preventive health work.

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A phone will not immunize you. Yet. But already it will support front line workers developing their skills and delivering preventive health work. It will connect people to take early action when complications in pregnancies are diagnosed by midwives and CHWs. It does provide means to deliver promotive and public health advice and guidance. With further corporate engagement we will build wider and deeper learning networks as, following the lead of enlightened places such as Rwanda and Somaliland, we see shared value emerging from narrow corporate social responsibility. We are already witnessing social entrepreneurs establish enterprises delivering affordable health care and support to professionals committed to their communities.

The future is digital as we remove barriers for people to be part of the benefits that can accrue from technological developments. Health will be improved with greater accessibility to promote inclusion. Livelihoods will take major shifts allowing promotive health to make step changes where people take far greater control of the means to impact their work and wellbeing.

By Paul Crook

Mobiklinic Lead Technical Advisor and Non-Executive director

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DIGITAL HEALTH

An enabling tool for health service access and financing especially for last-mile health delivery

By Professor Robin Kibuuka
Non-executive director
Mobiklinic

The Covid-19 pandemic, and its related social distancing, accelerated the applications of digital solutions to help deliver products and services more directly and efficiently to customers. Such applications are even more revolutionary for remote customers like people in rural areas, especially in developing countries. With very limited access to hospitals or clinics, health professionals (like doctors, nurses, midwives, and lab technicians), transport (compounded by limited and bad roads), it makes it very difficult and costly for villagers to have timely access to health services. Digital applications cut through limited communications and distances to help first responders--usually community health workers (CHWs)—to link more easily with health professionals and hospitals/clinics to provide enhanced services to customers much closer to their locations. In addition, the cost of health service access can be substantially reduced and even financed when customers are linked to several health service providers and fintech services like mobile money or MoKash. Thus, somebody in a remote village can use their phones to reach CHWs and through them, health professionals, clinics and hospitals and even pharmacies and pay or borrow money to make it easier to get treatment for themselves and their families.

This is where innovators like MobiKlinic have stepped in to develop the requisite digital applications that are particularly appropriate for Uganda and other developing countries. These include:

- The Mobiklinic App (linking CHWs with health professionals, hospitals, clinics, laboratories, and even ambulance services
- The e-learning platform (to train CHWS, and others)

As a result of its innovative approach, MobiKlinic has been recognized through several global and local awards including:

- Sandoz global healthcare award 2019
- First runner up award in Enterprise of 2020 by Enterprise Uganda
- Innovation of the year award 2020 by CEO Summit, Uganda;
- Emergent ventures global award 2020;
- Best global hea… project by Nova…
- Top emerging venture of 2020 by Mercatus Center, George Mason University
- Listed among 30 health tech start-ups in Africa in 2020 by Norrsken Kigali Health Hub;
- First runner up award for social enterprise in Africa 2022 by ACT Foundation.

Moreover, MobiKlinic is increasing its networks mainly through collaboration/partnership with the Ministry of Health, local governments, and private health providers. In addition, MobiKlinic is working with UNICEF, Rotary International, the Japan International Cooperation Agency (JICA) and the Kigali Health Tech HUB to improve and gain synergies in the delivery of health service in Uganda. Thus, between its innovative approach and efforts to leverage its work with others in the health and financial sectors, MobiKlinic is poised to play a significant role in improving access while reducing the cost of health service in Uganda and beyond. In this regard, MobiKlinic is contributing significantly to promoting the United Nations Sustainable Development Goals, specifically SDG 3 indicator of universal health coverage.

Given my financial background as well, I think MobiKlinic's innovative approach is a significant step toward enhancing health service access and may open a revolutionary approach to integrating health service with FinTechs and the broader financial sector. This is especially important for Uganda, given that we do not yet have a national health insurance scheme to de-risk the sector and address a major financial barrier to accessing health services. Better linkages between the health service and financial service sectors would greatly enhance the scope and participation of various financial service providers, notably banks and insurance companies, which are already partnering with Fintechs. In addition, as more health service providers come on board with MobiKlinic, this will translate in more diverse and likely deeper collaboration between the health and financial sectors to enhance the seamless operations amongst the two sectors and further benefit customers.

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GROUND RESEARCH

IN COLLABORATION WITH FVITAL -JAPAN

Assessing readiness, uptake, and experience with mobile health tools among community health health workers

Laying a foundation for digital migration in healthcare in Low-middle-income countries.

By Dr. Miro Chraish, Head of Research department Mobiklnic

Abstract

Background

Uganda is experiencing significant health inequity between the rural and urban sub-populations. A form of a community health workers' (CHWs) program, known as the Village Health Teams (VHTs) program was incepted by the government in 2001 to bring about a balance, and general enhancement in primary healthcare delivery (PHC). However, VHTs have suffered a plethora of challenges, such as inadequate structures to support remote healthcare delivery, inconsistencies in training, and delays in supplies that have undercut the program's expected potential. Meanwhile, mobile health (mHealth) technology has been identified as a potential optimiser of various healthcare programs.

The integration of mHealth into CHWs programs is also promising, as mHealth technology facilitates the autonomy of CHWs and bottom-up solutions.

Objectives

The study aimed assess the readiness, uptake, and experience of CHWs with mHealth technology to lay a foundation for large-scale mHealth migration. Its specific objectives were:

- To assess CHWs' knowledge about and access to mHealth technology.
- To assess CHWs attitude to and usage of mHealth technology.
- To explore barriers and facilitators of the digital migration of CHWs.
- To explore the design space of applying mHealth in assisting CHWs program

Methods

This was a cross-sectional mixed methods survey collecting both qualitative and quantitative data. The study sites were Buikwe South, a rural area still presenting low healthcare indicators, and Namuwongo, Kampala, a low-income suburb having limited healthcare access. Using purposive sampling, 196 participants were enrolled into the study. Quantitative data was analysed using SPSS to perform bivariate and multivariate analyses. Qualitative data recordings was transcribed verbatim, and analysed using thematic analysis concepts.

78% HAD EVER USED A SMARTPHONE

50% PERSONALLY OWNED A SMARTPHONE

72% IN URBAN SETTINGS OWNED A SMARTPHONE

Preliminary findings

We interviewed a total of 171 CHWs. Majority of the CHWs (78%) had ever used a smartphone, but only 50% personally owned a smartphone. There was a higher smartphone penetration in the urban dwelling CHWs. All CHWs expressed enthusiasm about adoption of smartphones for routine community health service provision. Financial constraints like, high installation and maintenance costs for the smartphones were implicated in the low smartphone penetration among CHWs. CHWs in rural areas experienced poor network, that limited their ability to do timely reporting.

Preliminary Discussion

Exposure to current IT trends in urban centres could explain the disparity in smartphone penetration between urban and rural areas. The low purchase power in rural areas has limited investment in information technology by private for-profit Telecom companies. This has brought about issues like poor network signal strength, and inability to support online functions of mobile health tools, like real time doctor-CHW interactions.

Preliminary conclusion

Subsidies and asset financing options should be advanced to CHWs in rural areas to be able to acquire smartphones, adopt mhealth tools and ease their routine community health services.

Public-private partnerships will be handy in extending the much needed IT infrastructures in areas of low purchase power, to be able to achieve equity in utilization of mhealth tools.

IMPACT OF INCOME INEQUALITY ON ACCESS TO HEALTHCARE

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By Andrew Ddembe
Health Equity Advocate

Research Abstract

This particular research report examines the impact of income inequality on access to healthcare services in Uganda, specifically Buikwe district. The study specifically aimed at identifying the causes of income inequality, the legal framework on access to health care. The study thoroughly identified the key drivers to income inequality for example regressive tax policies, corruption, the inequality wedge in land matters among others. The country therefore, continues to suffer with income inequality and limited access to health care to the extent of claiming lives and other adverse effects. The study recommends radical reforms which among others include the need for the Government to implement all the legal instruments it has put in place to address diversities in access to healthcare in Uganda, such as the Uganda National Social Protection Policy. In addition, the study highlights the dire need to increase financing for health care in rural districts of Uganda.

Report Recommendations

Uganda should e**nsure that all health services are economically accessible and affordable** to allow people access to health care services without discrimination of any kind. This is because the poor often face a far greater economic cost of ill-health than the rich. This will solve the current problem of difficulty in accessing and affording health care in rural districts like Buikwe.

The government should ensure increased investments in the health infrastructure by ensuring health facilities have the necessary equipment, especially in regions with low health facility population coverage such as the Buikwe district. This is because instead of the poor using government health services, they opt for private facilities because of several reasons which among others include poor quality services, long distance to the government facilities. Efforts should also be directed to ensure the functionality of the government health facilities in these regions by stocking them with the necessary medical commodities and equipment. This will solve the problem of low trust that the citizens have in government facilities.

Government should implement policies that support local savings groups and economic cooperative groups in Buikwe district to boost people's income levels such that they too can afford a meaningful livelihood including health care. This will solve gross poverty that stops many from affording basic health services.

It is recommended that the government provides Free health care (FHC) policies. Sufficient financial resources for the government to finance the exempted services are crucial for FHC policies to contribute towards universal health coverage. Free health care (FHC) policies have gained popularity over the past 10 years, mostly in western Africa.

This can be adopted by Uganda. FHC policies remove formal user fees at the point of service. They can apply to everyone for all health services, or to a selection of specific population groups or services like those in rural areas/ low income affected areas like Buikwe district. FHC policies may trigger an increase in the use of services hence improving access to healthcare and reduction in income inequality.

RECOMMENDATIONS

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By Andrew Ddembe
Health Equity Advocate

Also the government can promote investment in early childhood education or education overall which would lead to citizens being learned, thereby being able to attain income as well as health in the long run.

Government through the Ministry of Health should revive its policy that was started in 2001 of training willing community members to form Village Health Teams (VHTs) who help in health sensitization for communities. This will solve ignorance in rural communities. Sometimes people are not aware of services at the government health facilities.

In this era of technology and digitization of services, and premising on the fact that annually smartphone penetration is on the increase in Uganda, Government should act prudently and endeavor to increase internet penetration across Uganda to enable digital health innovations reach last mile areas. These can enable people in rural areas to get timely consults without spending transport and time while traveling to see a doctor for a consultation. This in a way can slightly ease the government's health delivery burden.

Government should introduce health insurance or programs that protect those most affected by income inequality. Access to health care consists of coverage which facilitates entry into the health care system. Uninsured people are less likely to receive medical care and more likely to have poor health status. Insurance will therefore reduce income inequality and will enable the poor to access health care services.

The government should implement programs that seek to protect the vulnerable that are those with low income, for example the parish model. Any model introduced should be tested for its feasibility in the environment that it is being implemented in, with evaluation to gather evidence of costs and benefits for the right to health. This equally relates to the role of the growing number of private health sector players, and the necessary regulations of this sector to ensure equitable access to quality services and to protect poor people from violations of their right to health in these services.

Digital Health as a public health tool

By Bright Asiimwe

In coming Chairperson Non-Executive Board

Today, digital health which involves the use of technology to improve health outcomes, has become an increasingly important tool in public health.

There are a number of ways in which digital health has been used as a public health tool:

First and foremost, Telemedicine has become an important tool in public health. It has helped to increase access to healthcare services, particularly in far and remote areas where access to healthcare is limited. During the COVID-19 pandemic, telemedicine was used to provide medical care to patients while minimizing the risk of infection. To date, some people especially in the urban areas have learnt that it's possible to access medical services from the comfort of their homes because of telemedicine, this reduces long queues in the health facilities and possible re-infections from a health facility setting.

Remote patient monitoring: With the advent of wearables e.g. blood pressure monitors, fitness trackers etc and other digital health tools, patients can now monitor their health in real-time, and healthcare providers can remotely monitor their patients. This has been particularly useful during the COVID-19 pandemic, as it has allowed healthcare providers to monitor and manage patients with mild to moderate symptoms remotely, reducing the burden on healthcare systems.

Health education and promotion: The use of digital health tools such as apps and social media platforms have been used to promote health education and awareness. They have been used to disseminate information on healthy behaviors, disease prevention, and management, and other health-related topics. This was evident during the COVID-19 pandemic and Ebola outbreaks. This increased health literacy and empower individuals to take control of their health and eventually reduce the risk of disease transmission.

Data collection and analysis: Digital health tools have been used to collect and analyze health data, which in the end is used to inform public health policies and programs. This is key in helping identifying health trends and patterns, and inform the development of effective interventions and resource allocation.

Disease surveillance: Digital health tools are used for disease surveillance, which involves tracking the spread of infectious diseases. This helps to identify outbreaks early, and facilitate a prompt response to contain the spread of disease.

In the 21st century and with advent of Artificial Intelligence, digital health has the potential to be a powerful tool in public health. It has the capacity to improve access to healthcare services, increase health literacy, and inform public health policies and programs immensely. However, it is important to ensure that these tools are accessible and affordable to all, and that they are used in a way that protects patient privacy and data security.

TOP 2022 ACHIEVEMENTS

25

04
Programs & Projects done

850
Community Health workers

03
Awards won

80
Smartphones distributed

60%
Digital tool usage in communities

75,000
Direct Beneficiaries

200,000
indirect Beneficiaries

10
Health facilities partnered with

Social change driven by Technology
2nd position

27

Volunteer Program

Through Cross fields of Japan, we managed to onboard 3 volunteers that are working with us This team comes from a Japanese digital health company called FVITAL. FVITAL has worked with us on a small research project to understand attitudes of community health workers to digital innovations. The software engineers in this team also greatly improved our digital tools

2022 END OF YEAR PARTY

COUNTRY HEAD OF JICA AT MOBIKLINIC

Hosted JICA Chief Representative (Mr. Taka Uchiyama) at Mobiklinic in September 2022

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OUR CEO REPRESENTING AT THE EU COMMISSION

Our CEO presented on digitization in Africa, at the European Union Commission Headquaters in Brussels Belgium

Key partners

REVOLUTIONIZING ACCESS TO HEALTH CARE

Mobiklinic Uganda

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Thank you!