Digital Strategy Group discusses challenges around e-health

On 2 July the Digital Strategy Group met to discuss some of the challenges around digital in Africa, and in particular when it comes to providing health services across the continent in the context of recovering from the Covid-19 pandemic.

E-health was a major element of disscisions, with the group having previously decided to focus on non-communicable diseases (NCDs), noting that two out of three maternal deaths are due to NCDs.

Five challenges were described at the outset:
The first related to infrastructure. It was noted that there are issues around vertical integration and interoperability, as well as horizontal integration and interoperability, due in large part to how African countries arrange their health services. Ideally, it was argued, patient information should flow freely between different hospitals and different communities.

The second challenge is the weak business case around e-heath solutions, and it was said that this is preventing the deployment of investment in e-health across Africa. For example, of the US$1 billion of investment last year in Africa, just 9% went to e-health. There is therefore a clear need to make the business case more attractive.

The third challenge relates to the asymmetry of information. For example, NCDs are perceived as the disease of the rich, whilst communicable diseases are seen as the disease of the poor, and this needs to be addressed.

The fourth challenge relates to the pace of technology development compared to the policy level. This results from health tech innovators not communicating with policymakers and results in the different sectors moving forward at different speeds.

The fifth and final challenge relates to digital inclusion, including the affordability of devices, given the fact that there is a lack of smartphones at the base of the societal pyramid. It was stated that Information must be accessible to patients, and there is a need for more patient engagement, but this is also in the interest of health service providers more broadly.

The "digital citizenry" needs to be empowered to tap into these opportunities related to data, which was described as "the new gold," whilst acknowledging that a key concern of citizens regards privacy and security.

Issues raised by the other participants included emphasising the importance of technological independence, the problems entrepreneurs face in accessing hard currency in Africa, the need to build an "ecosystem" of partnerships on the demand and supply side, and building up research capacity.

Some speakers also challenged the claim that there is no business case for e-health, whilst acknowledging that there was not much venture capital coming in.

A question posed by one participant was why some pilot projects are not scaled up, adding that this required some benchmarking to see what worked elsewhere, particularly regarding financing.
It was also proposed to establish an innovation or knowledge hub that would map out some of the major initiatives and highlight some of the small up-and-coming SMEs that that are potentially scalable, as well as identify some "Africa-Europe champions" in the health sector that could have an impact in Africa and potentially scale up.

The meeting was concluded with agreement that the Working Group starts to consider some very broad principles that can be put in place and begin engaging with policymakers.