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# CORPORATE AFRICA

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## AFRICA HEALTH AND MEDICARE REPORT



# Mhealth Drives Medicare in Africa

**ORBIS: Ethiopian Vision**

**WHO INTERVIEW: Free Healthcare  
for the masses**





Corporate Africa speaks with *Anne Roos-Weil*,  
CEO of Pesinet Mali

# Pesinet in Mali



**P**esinet uses mobile technologies to perform its services. How do they work?

A.R: Pesinet is a non-profit organization using mobile technologies to reinforce the capacities of the national health systems to provide prevention, early detection, and quality of care, especially to children and women.

Pesinet encourages families to visit a doctor as soon as first symptoms of illness occurs and facilitates access to affordable care by partnering with existing community-based public healthcare structures. Health workers from the communities reach out to mothers and children every week, twice a week for children under one year old, either at home, in schools or in markets where mother and child are together. The workers gather data and send it daily to a secure, centralized database. The doctors at the local healthcare center accesses the data via a web interface that automatically signals potential abnormalities. Based on the health data collected, the doctor can generate an “examination ticket” to call-in the children for examination the very same day.

In countries such as Mali, where there is a lack of medical resources and where benign diseases still account for more than 50 per cent of child mortality cases, the provision of a simple prevention and early-care system is crucially needed. Pesinet has demonstrated the benefits of its operation to reach this objective and drive new efforts into prevention, reducing child mortality, and advancing mothers' health. The package of healthcare service includes prevention, early detection, treatment, and follow-up, as well as a financing mechanism that allows affordable access to healthcare. Over one thousand children have been enrolled in

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the service and one out of four is being examined by the doctor at least once a month, ensuring a much higher rate of healthcare use than for other children.

## What are its successes?

A.R: Pesinet's is willing to empower local actors, working in close collaboration with the healthcare structures at local level, as well as with the Ministry of Health. The service is well-designed to drive the demand for healthcare and increase access to early treatment because it combines periodic health check-ups, remote monitoring, and a financial incentive to visit doctors' surgeries. With a US\$ 1 fee per month, children get home-base monitoring as well as free examination and discounted medication in cases of need. In addition, Pesinet enables doctors to access hundreds of files in less than 20 minutes daily from within the workplace. In doing so, it meets local needs while reinforcing doctors' capacities to reach the families who do not usually come early enough to the healthcare center.

Our team of eight people, all experienced from the field, including skills in

management and social work, contributes to Pesinet's success.

## How do you envision the scaling-up of Pesinet?

A.R: We are currently in the process of scaling up the program in two new health care centers before the end of 2011. We are also working with the Ministry of Health and the federation of health care centres in Mali to facilitate the scaling-up of Pesinet, starting in urban health centres. We are also working at designing a more specific rural program for Pesinet, defining the organisation models for rural areas so as to scale up the program in both urban and rural areas in 2012.

The partnership we have with the ministry of health is about finding the right model to scale-up the program. We are still working very closely with the health care centers and national institution to work out the best models.

## What are the challenges you are

## facing to scale up the service?

A.R: In Mali, the primary healthcare system is made-up of health centers which are managed by community associations. They are responsible for implementing activities aligned with the national health policies, but are quite autonomous in their management.

One of our challenges is to make sure that those centers can manage the service by themselves and sustain it in the long run. In doing so, we need to create the demand within the communities for the service while lobbying the national health system that it is worth integrating this service into the health policies at national level. We need both local non-profit community healthcare centers and national institutions to buy-in to this service so that we can upscale and develop it at the same time.

We are also working to include maternal health monitoring in our services. Through these services, mothers will seek medical help for both themselves and their children, and then our program will reach the whole household. As a result, we will be more

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efficient and reach out to more people. We will also add more services integrating vaccines, nutrition, and education. This will contribute to diversify and improve our offer.

Technology is not a real challenge. Right now, the main problem is integrating the technology and its initiatives into current healthcare systems, not just providing information systems in the country, but also integrating them into the daily routine of healthcare policies and programs.

A more significant challenge is that everyone right now is focused on one objective at a time and we need a broader connection with the government so as to really push for change in healthcare beyond technology itself.

## How do you measure the impact of Pesinet on the national health system?

A.R: Pesinet's subscribing mothers and their children visit the health centres twice as much as mothers from other areas. This outstanding progress is greatly due to the aforementioned factors. Moreover, the contribution of the families, of one euro per month, to Pesinet's expenses has also been effective in helping mothers value the benefit of early detection. It will take time to change behaviors completely, but Pesinet shows that we are moving forward in the right direction.

This move is also the result of Pesinet's training to promote good practices with hygiene, sanitation, and prevention through simple and routine actions like hand-washing, sleeping under mosquito nets, or improving babies' nutrition through breast-feeding.

Through Pesinet, we create a new perception of prevention. We are trying to encourage people to visit their doctors as soon as they can and as soon as symptoms of illness appear. One out of every three people visits their doctor once a year. Most people do not visit their doctor and if they go, they usually wait until the last minute or an emergency. We are really working toward changing the whole perception of healthcare, and have developed our micro-insurance policy, which is helping people to visit their doctor more easily. These policies have made it financially possible for people to go to the doctor more often.

As a result, our subscribers in the areas that we cover visit the doctor twice as often as other people in the country. 70 per cent of the children examined at the healthcare center from the targeted zone are already enrolled in the program and 70 per cent of the children who come to the doctor after receiving an examination ticket do so on time.

But many still don't come even when they are asked to, so changing behaviour toward prevention is a long process.

## What are the main areas for improvement in Mali?

A.R: We are closely collaborating with the governmental agency, the National e-Health Agency, to share experiences and follow-up on the progress of the program. As for Pesinet, there is still more improvement to be made, especially in terms of raising awareness and having the government actively involved.

International Aid has focused very much on improving the supply of qualified medical personnel in recent decades. The problem right now is that there is not a need to have more doctors if nobody goes to see them. The main challenge really is to push demand for treatment so as to avoid under-use of healthcare centers in par with resources available. People are not going to health care centers, so it is difficult to finance doctors and there are no incentives to train them. That is why our main focus should be on demand increasing access through education, awareness, and insurance systems adapted to poor families.

What is really required now is government investment to expand the program and create a system for maintaining it. This is really an area where the public sector and the private sector should work together, and where both of them can find common interests.

There is a social security process that has been launched in Mali, which is a great step forward, but this insurance only covers people from the formal economy, i.e. 30 per cent of the population. There is still more that needs to be done.

As already mentioned instead of just focusing on technology, we need to monitor the social impact of our initiatives, to keep track of how they affect the current system, and how sustainable they are. We need to figure out what is actually feasible; it is not enough to just come up with and try new ideas, but we also have to keep track of which programs work the best.

It would be really helpful for the government to create a central framework to combine the analysis and monitoring of pilot programs through the criteria of sustainability, integration into the national systems, and impact upon national health. ■