



Saving Lives Using ICTs

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Strategies / Policies

- **Objectives**

- Accessibility
- Affordability
- Quality

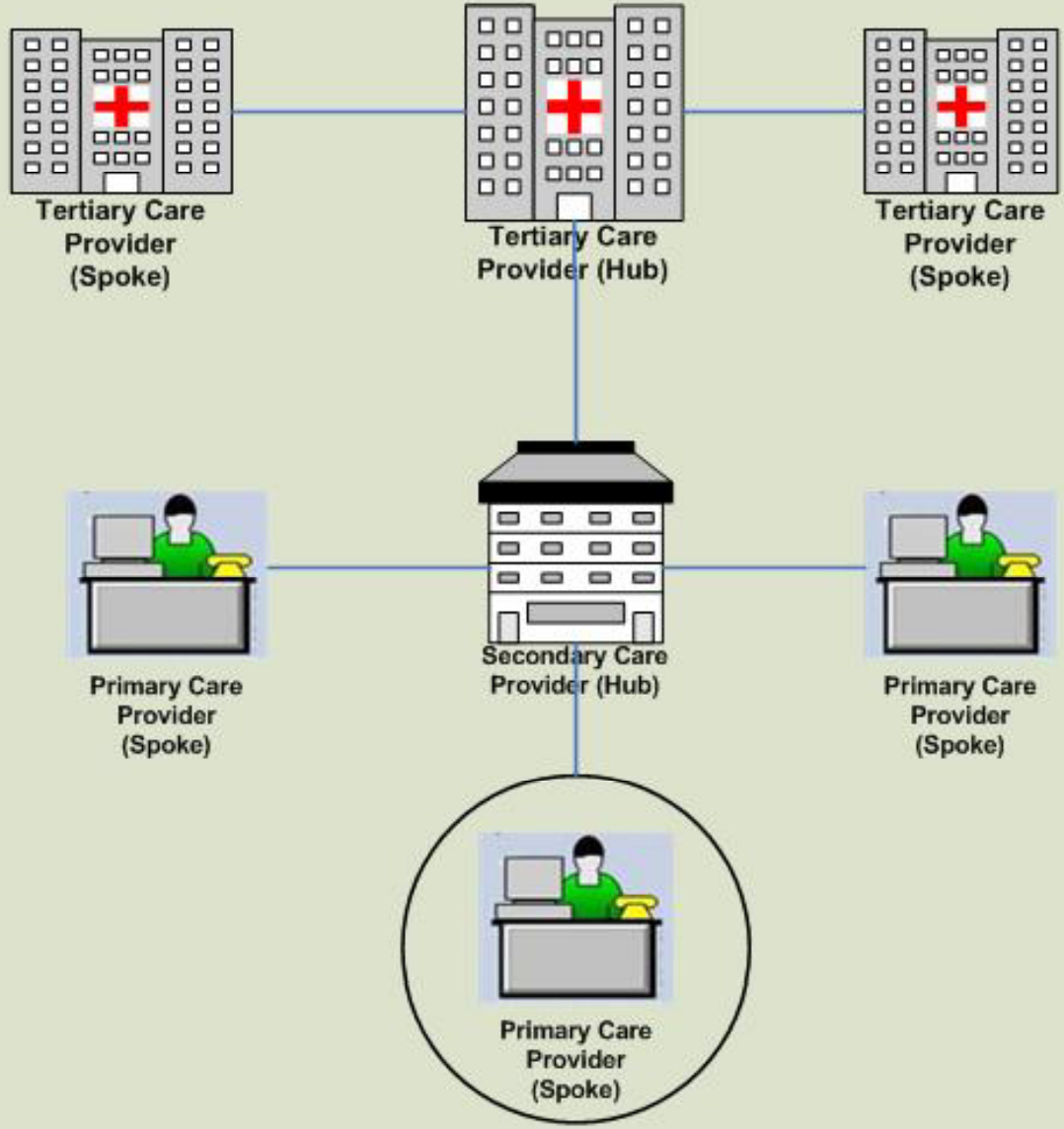
- **Impacts**

- Continuum of Care
- Quality of Care

Current State

- **Tertiary Care Level**
 - Hub-and spoke models have been developed and implemented
 - E.g. JPMC, Holy Family Hospital, AKU, etc.
- **Secondary Care Level**
 - Initiative are in the planning stage
- **Primary / Basic Healthcare**
 - Still no working model
 - Major disease burden

The Hub-n-Spoke Model





Key Challenges

- High Infrastructure Costs
- Long-term Financial Sustainability
- Scalability / Replicability

The Sehat First Model

- Social enterprise model
- Self-sustainable franchises
- Private sector providers
- Franchise tele-health centers
- Multiple revenue streams
- Multiple social impacts
- Tele-health consultations
- Referral network
- 3 proof-of-concept centers in coastal fishing communities of Karachi (Sindh province)



Social Impact Potential

- No. of patients served to date: Over 12,000
- Services
 - Emergency maternal delivery services
 - Health counseling services
 - Immunizations
 - Family Planning
 - Tele-health services (acute & chronic illnesses)
- Local entrepreneurship developed
- 15 jobs created



Lessons Learned: Infrastructure

- **Electricity**

- Frequent power outages for long durations
- Voltage fluctuations / Low voltages
- Damaged equipment
- Frequent tech support required



- **Connectivity**

- CDMA, VSAT, EVDO

- **Weather & Environmental Factors**



Lessons Learned: Solution Design

- Non-technical Users
- Language Barrier
- Training Needs (technology / non-technology)
- User Acceptance (Patients / HCPs)



A Practitioner's Reflections





Thank You!