



Melissa Menke
Founder and CEO, Access Afya, Kenya

Integrating IT in a Collaborative Care Model to Empower Low-Income Patients in Kenya

Access Afya is a social enterprise creating a model for integrated community health. Access Afya runs a chain of micro-clinics in Nairobi's informal settlements and a Healthy Schools program that delivers check-ups, treatments, and training to children in their schools. Its model makes a difference by getting essential health products and services to a population that is ill served by the current health system. We speak to Founder & CEO Melissa Menke.

It is shocking to see such low ratio of physicians and beds to people there. The issue of low accessibility to care is so immense. How did Access Afya even start?

MM: There is a narrative that health is a public good and should be free. While we believe that health is a right at Access Afya, our team has seen that access to this right is not guaranteed for many people living in the developing world because of overburdened and underfunded public hospitals. This year for example in Kenya, doctors or nurses have been on strike for 3 out of the first 6 months, and the nurse strike is ongoing. We already have too little to work with, and what we have does not always work.

I saw this gap in access to care in Kenya when I first came in 2007. I also saw a similar trend when I lived in Jordan. Yet while access to quality health care was clearly a struggle affecting millions of people across the globe, there seemed to be considerably less participation from the private sector in providing this service than in other industries. While low-income populations have less disposable income, I felt certain from my experience that they would still pay for a great health experience that actually worked. Access Afya believes that our market - people earning \$50-\$200 / month - is a large global market and there is a huge opportunity to be a leader in this market.

So I saw a problem, I saw a business opportunity, and I also saw the solutions had already emerged, but they were just stuck in higher income markets. If you want to make health more affordable, you use digital tools to get services to people where they are, you standardize operations and care protocols, you get community members involved in care, and you think about small margins spread across large populations.

Access Afya is a digitally-driven, community-oriented primary care company. We use great existing digital health tools and sometimes build our own, always with an emphasis on adapting and integrating them to low-resource settings. It is an innovation system and the more we grow, the more we will be able to distribute great technology from around the globe through our healthcare network.

Share with us the key fundamentals of Access Afya's collaborative care model.

MM: The fundamentals of Access Afya's collaborative care model are:

1 Access Afya runs primary care clinics. Each clinic team is comprised of Kenyan clinicians and people hired from the specific slum where the clinic is located. Our clinic assistants provide a familiar, smiling face to our patients when they walk in. They are trained in basic use of technology and use tablets and phones to register patients as they arrive, and also are trained to manage the queue and triage all patients. By the time the patient gets to the clinician room, their data has synced and the CO can start consultation. This workflow continues as they move to lab, and back to the clinic assistant for check-out.

2 We also are about getting care closer to people where they already spend time. We have a team busy delivering care in the field, at factories and schools. This team has a clinician working with a member of the community. In these settings we can work with people who have an interest in improving productivity: at the place of work or school. This is important in a country where around 75% of the population remains uninsured: find ways to deliver care in groups and share costs, find payers who have an incentive to invest in health, and find ways to bundle prevention with treatment. At our clinics, screenings and prevention would be a tough sell but in groups this makes sense.

People within the factories and schools then become a part of our ecosystem, where members of the facilities can alert our team on who to pay extra attention to, or send people to our clinics on days when we are not visiting that location.

3 With partners, we run special programs to educate and screen for conditions that our community knows less about. Access Afya Labs is our environment for innovation, where we work with strategic partners to test innovations in digital health devices, health delivery strategies and also learn through data generated by Labs programs. We are currently working with Boehringer Ingelheim on a program called Akiba ya Roho, which is an NCD screening, savings, and condition management program. Through their support, we have our trained community health agents screening 10,000 people in the field. Each person is signed up for a mobile health wallet where they are given an initial savings amount that they can spend on care at Access Afya clinics. We have full processes to pass the patient back and forth from encountering us at field events or in their home and at our clinics when needed.

4 Our follow-up, escalation, quality control and customer care is all centrally managed. We have a dedicated customer care team that is communicating with our patients: each and every one gets a follow-up sms from us after their visit inquiring about the outcome. From here, cases can be internally or externally escalated, de-escalated down to a community member for home follow-up, or referred back to our clinics. We also ask patients to rate us on our customer care and give us feedback on how to improve Access Afya, which is fed back to the management team each month.

What will be your next goal? How far along are you in achieving it?

MM: We have proven that our model works: the unit economics, quality of care, and patient satisfaction. We are now expanding to 12 new clinics over the next 18 months, bringing us to a chain of 15 by the end of 2018. After that we will have a proven repeatable model ready for larger scale.

We are also looking at other strategic partners to join us in Access Afya Labs projects, and are investigating Informatics and Advisory business lines using our core team and systems. Additionally we have been making large progress with health financing, having landed partnerships with a mobile savings provider, a unique mobile lending partner and the national insurance fund in the last year. These partnerships mean our patients have more payment options to cover their care.

Melissa Menke will speak about **Healthcare Everywhere** on 12 September at HIMSS AsiaPac17 Conference & Exhibition. View the program [here](#).

HIMSS AsiaPac17