



Digital Health for Emerging Customers

Lessons learnt 2020 from the COVID-19 response and beyond

Michal Matul, AXA Emerging Customers

28 October 2021

Agenda

- A. Overview: digital health for low-income people in emerging markets
- B. Case studies Egypt, Thailand, Indonesia
- C. Lessons learnt so far

Emerging Customers and their health

They often forego check-ups and treatments leading to very bad and tragic health outcomes

1. They are hit by both **infectious diseases**, which they know, and a rising tide of **non-communicable diseases**
2. They know only basic facts what it means to **live healthy** and aspire to know more
3. **Self-medication** is a first call often with traditional medicine or paracetamol
4. They will often go to **chemist or pharmacy** to get advice or buy drugs directly
5. **Tests** are perceived as doubling the price so they try to avoid them
6. Poorer & rural segments will use **public health** care while others access private care more often
7. **Outpatient** care is sought at overcrowded public hospitals, often in emergency services, regular check-ups are rare
8. **They have hard time to fund healthcare**, i.e. deprioritize small health expenses and can't find a lump sum to deal with catastrophic expenses

Emerging Customers are low-income to mass market, in informal or formal jobs, un(der)served by financial service providers, e.g. microentrepreneurs, SMEs, farmers, shop owners, teachers, nurses, drivers, factory workers, builders, migrant workers.



Lydia's case

- ❑ At age 27, Lydia, a young woman in Kenya, was experiencing a lingering illness. She went to the hospital at least four times during that year, and each time she was told she had malaria. On each visit, she would be given a new medicine.
- ❑ After showing no improvement, she started going to private clinics – but that didn't help either.
- ❑ As a last resort, she turned to traditional medicine, but her condition continued to worsen. Then, just before Lydia died, she was diagnosed with very late-stage tuberculosis.
- ❑ By that point, her family had spent a fortune on various treatments – yet tuberculosis care is free in Kenya.
- ❑ *“Low-income people are subject to a substantial quality tax, with treatment costs escalating as individuals seek care from multiple providers to resolve even common illnesses.”*



AXA EC mass health proposition as digital window to healthcare

Building blocks to offer affordable, standardized quality healthcare in a convenient way



AXA EC's digital health portfolio in 2020



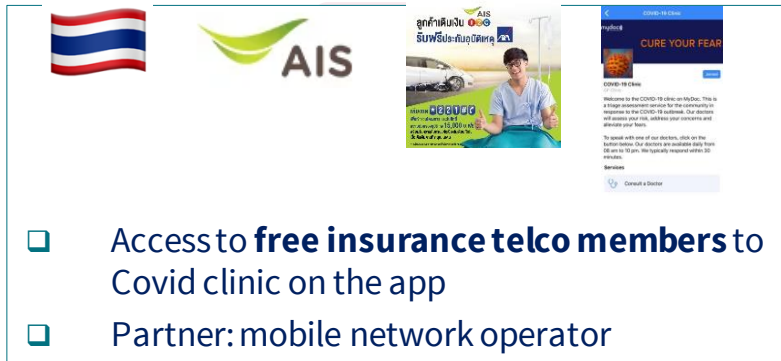
Comparing three cases




Creating value for €0.3 per user per month



 **ALODOKTER** 

- ❑ **Cross-selling insurance & chat-a-doc** to telemedicine provider's customer base
- ❑ Partner: health portal/ telemedicine



- ❑ Access to **free insurance telco members** to Covid clinic on the app
- ❑ Partner: mobile network operator



- ❑ Unlimited tele-consultations for insured borrowers and their families; with **welcome calls and health engagement**
- ❑ Partner: microfinance institution

Access

50,275

350,171

64,351

Sign Up

50,275

100%

557

0.16%

18,954

29.5%

Unique Usage

17,120

34%

22

3.9%

2,038

10.8%

Lessons learnt so far

- ❑ Ongoing **engagement on health** is key to drive utilization
- ❑ Not all the telemedicine providers can **drive utilization for mass consumers**
- ❑ **Customer journey with just an app** results in very high drop-off
- ❑ **Low-cost business models** are possible for insurance premium > €2 per month
- ❑ **Cross-selling insurance to telemedicine customers** is possible
- ❑ **Chronic care management** is next