How can digital health improve our propositions for the mass market?

Michal Matul, AXA Emerging Customers
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Outline
How can digital health improve our propositions for the mass market?

1. Inclusive health insurance
   - Progress so far and main bottlenecks

2. Digital health
   - Experience so far, couple of promising approaches

3. Conclusion
   - Long-term approach to build health ecosystem
1 | Health issues for mass consumers are much different than for affluent

Main pain-points for mass consumers

- Sub-optimal health-seeking behaviors (postponing care, self-medication, getting informal advice)
- Quality tax (misdiagnosis, bad referrals)
- Undiagnosed chronic & mental health
- High out-of-pocket on meds and labs
- Under protected for catastrophic costs (hospitalizations, specialty/ chronic care)

Trends in global health impacting LMICs

- Shifting disease burden with NCDs
- Double whammy in SS Africa & S Asia with NCDs, infectious diseases & maternal health issues
- 1bn+ people above poverty line yet with no access to UHC, especially quality primary care
- Shortage of 18m healthcare professionals by 2030
1 | Insurers struggle to develop mid-range health insurance

**simple, lower $, low freq, less tangible**

**complex, higher $, high freq, more tangible**

**Hospital cash plan (HCP)**
- 5,000 NGN (group)

**In-patient (IP) medical expenses**
- Critical illness (two-stage pay-out)
- 50,000 NGN lump sum for any hospitalization > 2 days (4x per year).
  No waiting period, limited exclusions. Any hospital.

**In-patient (IP) medical expenses**
- Hospital cash plan (HCP)
- In-patient (IP) medical expenses
- Critical illness (two-stage pay-out)

**Mid-range, IP& out-patient (OP)**
- 10,000 NGN (retail)
- 20,000 NGN (retail)
- 45,000 NGN (retail)

**Comprehensive IP&OP**
- 60,000 NGN (retail)
- 80,000 NGN (group)

50,000 NGN annual premium

**Coverage**

**OP – 75,000 NGN, IP – 100,000 NGN**
- 9m waiting period on maternal, surgical, dental, check-ups, 20+ exclusions, 10k sub-limit for maternal, 3k for dental... only at provider panel

**6,000,000 annual limit**
- Sub-limits: 250k for surgical, cancer, chronic; 15k for dental, only at provider panel

**HCP/IP with OP through digital health**

1,000 NGN = 1 EUR (this year NGN devaluated 100%);
- Monthly household income: 200k (D class) -> 600k (C class)

Urban Lagos medical expenses:
- GP consultation 3-5k NGN, specialist 10-25k NGN, baby delivery 200-300k, chronic meds 2-10k per month
Our digital health work 2020-22

- Schemes: 18
- Countries: 10
- Customers reached: 3.5m
- Customers enrolled: 2m
- Number of consultations: 120k

...and key-takeaways

- While ongoing engagement on health can drive utilization of telemedicine services, the behavior change required is substantial and purely digital approach is not creating empathy and trust.

- Digital health can effectively improve quality of existing low-cost primary care networks.

- Customer journey requiring new app download is a no-go.

- Low-cost business models are possible for schemes with insurance premium > €2 per month.
Chat-a-doc as digital entry door to primary care with 🌟 Abi Global Health

Good utilisation with right engagement, using messenger apps, cost-efficient, medically-sound

- **41% activation rate**
- **42% usage rate** among active accounts
- ~2 consultations per user on average

- **57%** Of cases resolved online
- **82%** Of answers within 15 minutes
- **90%** Of users via Facebook messenger

Customer satisfaction*:
- **4.7/5**
- **14%** Repeat users
- **75** Net Promoter Score
Digital therapeutics for chronic disease management with

Good start of health engagement at worksite, higher cost, at least 3 years to see impact on claims

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<tr>
<th>Predict</th>
<th>Prevent</th>
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<td>Physical Health Assessment</td>
<td>Naluri’s Digital Coaching</td>
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<td>Mental Health Assessment</td>
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<td>24/7 WhatsApp Textline</td>
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<th>Physical Health (PH)</th>
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<td>Screened (%)</td>
<td>54%</td>
<td>70%</td>
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<tr>
<td>Enrolled (%)</td>
<td>34%</td>
<td>2%</td>
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Registered (among registered)

Enrolled to PH program (among registered)

Enrolled to MH program (among registered)
**Conclusion** | the right care at the right time and the right cost

Creating health ecosystems for the mass customers so that the insurer is their first resort when they fall sick

- **Health engagement & disease prevention**
  - “I make informed decisions about my health and that of my family”

- **Inclusive health insurance**
  - “I need economic support to cover my out-of-pocket health expenses”

- **Primary care access & navigation**
  - “I need affordable access to quality healthcare”

- **Digital therapeutics for chronic & mental health**
  - “I want my chronic conditions are under control”

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Everyday health