Report for the Global South eHealth Observatory of the

FONDATION PIERRE FABRE

Djantoli

Preventive care in deprived parts of Ouagadougou (Burkina Faso)

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StartupBRICS

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Origins

In West Africa, one in five children dies before the age of five. In nearly 60% of cases, deaths are due to complications related to mild illnesses, such as respiratory infections, diarrhoea, malaria, etc. Although these patients can be easily treated in existing health centres, families often do not use these facilities. "Families do not go to doctors due to a lack of confidence in the health system, because the health centre is too far away, or because it's too expensive," says Anne Roos-Weil, founder of Djantoli.

Founded in September 2007, Djantoli (originally called Pesinet) is an association which develops a programme of prevention and detection of diseases in Mali and Burkina Faso, for a subscription of less than 1 euro per month. The association has two main objectives: 1) improve the prevention and detection of common diseases at home; 2) increase the use of quality primary health services. In February we went to see this project which responds to real health problems, especially in "squatter" neighbourhoods lacking essential infrastructure and abandoned by the authorities.

Economic model and operation

The service consists of a system of monitoring children at home to detect diseases and refer them to the community health centres that are at the base of the health system pyramid in Burkina Faso. It operates via field representatives, women in the community who have a mobile phone app and who regularly visit subscribed families and collect data on the child (weight, diet, symptoms). They then send this data via the mobile network to create an "electronic health record" that is accessible via a web platform at partner health centres.

The Djantoli model is based on comprehensive health care, from prevention to cure, offered in the form of a low-cost subscription (monitored children's families pay a subscription of about one euro per month), which includes: **regular home visits, remote medical monitoring, family alerts, health insurance and educational talks.**

The association is based on a hybrid business model. If the headquarters is funded exclusively by subsidies, **local programmes are funded by subsidies and income (monthly contributions from families, from a few tens to a few hundred CFA francs).**

The association aims to eventually develop "delegation/public service provision" financing, at the local level, notably by implementing **local systems to improve the effectiveness and scope of public prevention and health insurance policies** (under development).

To date, the Djantoli system has ensured the health monitoring of **more than 6,000 children and strengthened the healthcare skills of 3,500 mothers, in partnership with 10 primary health centres.** The association has 36 staff members, nine of whom are salaried employees. "We are now monitoring 2,300 subscribers, who benefit from two health visits per month thanks to the tool. Our partner health centres provide approximately 350 consultations per month (in Mali and Burkina Faso)."

Current needs & Expansion prospects

Currently, the main challenges facing the association relate to the need for human resources, including the gradual transfer of responsibilities and expertise from the project leader to a permanent, on-site team.

Djantoli would like to diversify its activity, expanding its area of intervention in the field of maternal health, intrinsically linked to child health. The team also reported problems of internet network accessibility in Burkina Faso and Mali, and they face difficulties in involving health centre staff in systematically using the tool (due to connection difficulties and because it represents additional work).