



THE MEDICAL CONCIERGE GROUP  
UGANDA | KENYA | NIGERIA

# COMPANY PROFILE





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## Who we are

The Medical Concierge Group (TMCG) is a digital health and telemedicine company in Africa that connects patients to healthcare providers and services through communication technologies.

We provide access to **medical doctors, laboratory, and pharmacy services** from the convenience of your home, workplace, school, or recreation facility.



### Vision

To be the leading world-class digital health company in Africa.



### Mission

We design and deliver innovative digital health solutions that are value-based, efficient and achieve the best outcomes throughout the healthcare value chain.



### Values



**Integrity:**  
A commitment to Ethics



**Innovation:**  
A focus on Ingenuity



**Quality:**  
A devotion to Excellence

# TMCG in the course of time

## 2012

- Co Founders Coffee Table Discussions
- Incorporation of TMCG Uganda
- Stealth Mode Ops

## 2013

- Incorporation of TMCG Kenya
- Telekom Innovation Contest Finalist
- Launched TMCG on Social Media
- Official Launch of TMCG Uganda Dr. T. Elioda
- Microsoft 4Afrika Award, Health Category

## 2014

- Launched WhatsappDoc
- Google Africa Connected Award
- UCC ACIA Award, ICT4D Category
- Indigo Trust Partnership
- UNICEF MoH UReport Partnership

## 2017

- Software Engineering Internship Program
- Clinical Research Projects: 3 IRB. 2 RCTs
- Software Development Long Term Agreement with UNICEF
- MOH Call Centre Benchmarking Visit
- Two Top 30 Messenger Bots in SubSaharan Africa
- Accredited CPD Provider by UMDPC
- Y Combinator Startup School Certification
- Health Informatics Internship Program with MUKSPH
- FC- EMTCT Project & UgandaEMR Interoperability
- mHealth for HIVST

## 2018

- Launched Lab, Pharmacy services and Cos
- RHITES North Lango
- Mirembe AI
- Ada Tele-support
- LVCT Call Centre
- PSK HIVST Project
- UNICEF FC EMTCT Web App
- Research with UoM, IDI
- Internships in Finance, Comms, Informatics
- Oral & Poster Presentations

## 2019

- Launched Rocket Health brand
- Launched Rocket Health subscription plans
- Launched Rocket Health Clinic
- Launched partnership with UAP and ICEA

## 2020

- Launched partnership with UAP, Prudential, ICEA, Liberty, Sanlam and Jubilee insurance
- Acquired the SBCA grant

## 2015

- 40-40 Foundation Medical Partnership- UoC/Oxford
- University Social Innovation in Health Initiative
- USAID HIWA Project Launched
- SMS mHealth service
- Launched a toll free voice call service
- Blackbox Silicon Valley Program

## 2016

- Incorporation of TMCG Nigeria
- GSMA mNutrition Project
- Pediatric HIV/AIDS Mobile iOS & Android Application



# History

The Medical Concierge Group was incorporated in 2012 with an aim of providing an end-to-end digital health solution through a 24 hour Doctor-on-Call Service that provides direct access to a team of healthcare professionals, leveraging the infrastructure of a call centre via voice calls, chat and video calls.



24 hour Doctor-on-Call Service that provides direct access to a team of healthcare professionals



Video calls



voice calls



chat

TMCG set out to create a complete ecosystem leveraging technology that provides a health care experience with affordable and quality healthcare solutions, convenient accessibility and desirable healthcare outcomes.



TMCG has a strong patient-focused culture that the employees believe in and pursue every day. Each member of the team makes inherent contributions and is working toward a common goal to improve patients' lives.



# Our Services

## Rocket Health

Our direct-to-consumer model aims at bringing affordable quality healthcare closer to the masses and was launched under the brand name Rocket Health.

Through Rocket Health, TMCG is redefining healthcare to multitudes of people within and outside Uganda.

The services we offer under the Rocket Health brand include:

## Remote Doctor Consultation



We operate a 24-hour call centre that allows you to directly contact medical practitioners wherever you are without the time delays experienced in waiting rooms.



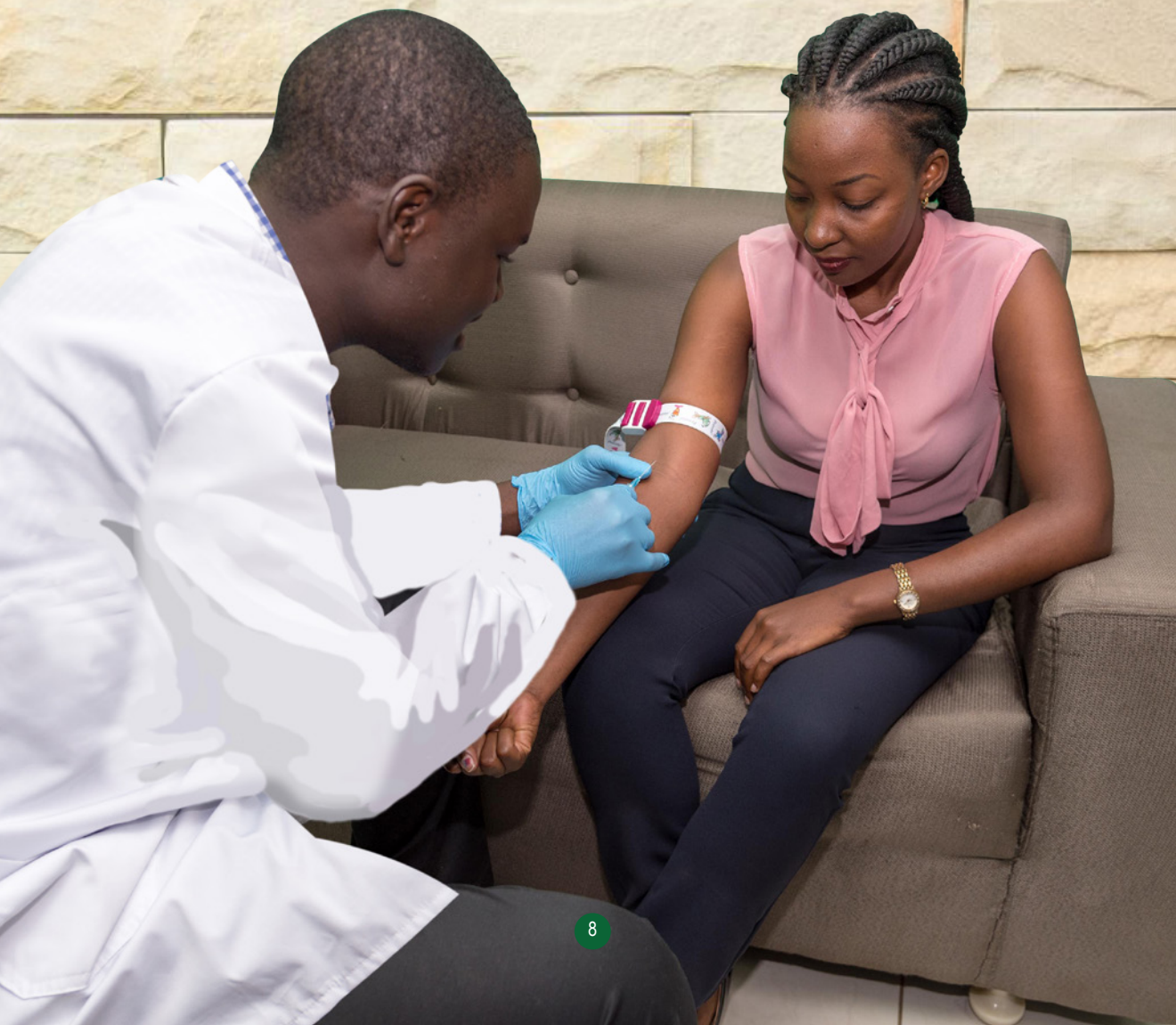
To consult a doctor from your location, send an SMS with the word 'CARE' to 8080.





## Laboratory Sample Pick-up

We have a range of services to make laboratory tests simple and convenient to access from any given location.



## Mobile Pharmacy

We deliver medicine and other pharmacy products to your location.



## Other services

- + State-of-the-art clinic facility
- + Annual healthcare plans
- + Chronic care management program
- + Vaccinations
- + Specialists services
- + Family planning
- + Antenatal care and more

## Accepted Insurance Partners



**For more information,**  
Call **toll free 0800 277015** or  
visit **[www.rockethealth.africa](http://www.rockethealth.africa)**



# Projects, Research & Development

At TMCG, we strive to identify and develop new, meaningful products that fill significant unmet medical needs of our partners and patients. We support health care organisations throughout the needs analysis, conceptualization, prototyping and development of the appropriate solution architecture for digital health.

Our projects include;

1.



**USAID**  
FROM THE AMERICAN PEOPLE

## Social & Behavior Change Activity (SBCA)

The Social Behavior Change Activity (SBCA) project is aimed at fostering a nation where individuals and communities are not just healthy, but resilient.

This project is implemented as a consortium of partners led by John Hopkins CCP and partners including TMCG, Busara, World Vision, PEPFAR and WI-HER.

### Duration:

**April 2020 -  
September  
2025**





2.



## PSFU– Spotlight Workplace Gender-Based Violence (GBV)

TMCG uses a call centre led mHealth approach through digital communication platforms such as SMS, toll-free voice line and social media to increase awareness, prevention and support victims of GBV specifically targeting employees.

From its inception in January 2020, over 1900 individuals have subscribed to receive weekly information messages, and some have integrated this information in workplace campaigns.

**Duration:**  
January-  
June 2020

**1900**  
individuals have  
subscribed from  
its inception in  
January 2020



3.



**USAID**  
FROM THE AMERICAN PEOPLE

## RHITES North Lango Project

In consortium with partners in the RHITES-North Lango project, TMCG enhances access to health information to drive up demand for health services.

This is achieved through **SMS and toll-free lines** where beneficiaries are able to contact doctors through our **24/7 call centre**.



Interactions range from clinical consultations, treatment and referral to appropriate physical health facilities, give guidance on family planning, and remedies for Gender-Based Violence among others.

**Duration:**  
July 2018 -  
June 2023

**20,984**  
beneficiaries  
served



**GO CIM BOT DAKATAL**  
☎ 0800 107 070

**IT'S FREE**



**CALL A DOCTOR**  
☎ 0800 107 070

**IT'S FREE**



4.



## REHEAT Project

The Reproductive Health Empowerment Through Telehealth project (REHEAT) is a cohort study in collaboration with the Infectious Diseases Institute (IDI) targeting men in Uganda, to address the low involvement of men in issues of family planning and sexual reproductive health services.

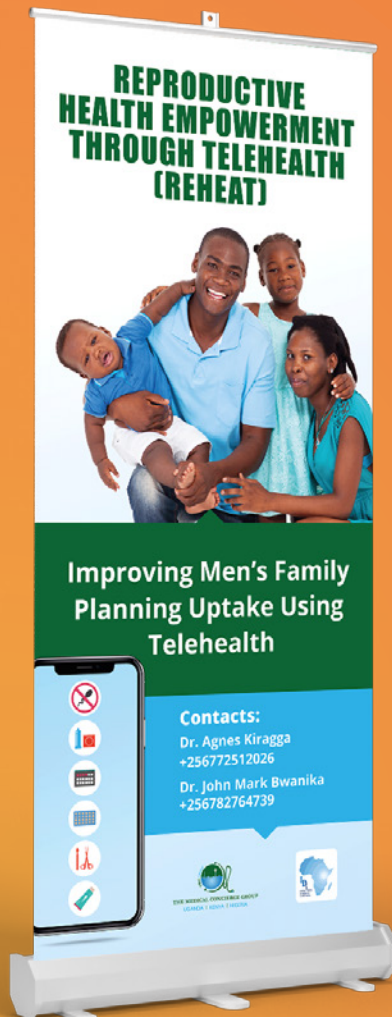
TMCG employs user-centred mobile-based reproductive health content targeted for men and disseminates through SMS and interactive voice responses.

### Duration:

**September 2019 -  
December 2020**



**Over 400**  
male participants  
have been able to  
benefit from this  
service



14



5.



**USAID**  
FROM THE AMERICAN PEOPLE

## HIWA Project

The HIV/Health Initiatives in Workplaces Activity (HIWA), is a USAID funded project aimed at reducing the incidence of HIV/AIDS and other communicable diseases among members of the Uganda Police Force, private security guards, Uganda Wildlife Authority staff and communities in the conservation areas.

TMCG used a call centre led mHealth (voice and SMS) approach to provide easy access and coordination to health services aimed at improving the health of the beneficiaries. We provide a toll free phone line to the beneficiaries to call in and consult with a doctor any time at no cost on their part.

### Duration:

**July 2015 - June 2020**



*Healthcare workers undergoing mHealth training*



*HIWA staff training beneficiaries on how to use mobile phones to access health information*

15



6.



UNIVERSITY OF MINNESOTA

## SMS Maama Project

SMS Maama is an Institutional Review Board (IRB)-approved cohort study aimed at assessing the value of mobile health and mobile messaging for antenatal care retention as well as positive medical outcomes for both mother and baby.

It is being implemented by the University of Minnesota with support from TMCG using the RapidPro SMS system. The mHealth service shares pregnancy related health communications and screening for possible symptoms of pregnancy complications are interrelated to the women, hence improving communication between women and their health care providers.



**117**  
participants



**13,010**  
messages  
were shared

**2,485**  
message  
responses



7.



## Faster to Zero Project

Through the Ministry of Health Uganda, Health Enabled and Elizabeth Glaser Pediatric Foundation, The Medical Concierge Group developed digital health tools to support the **Elimination of Mother to Child Transmission of HIV (EMTCT)**.

**TMCG worked closely with the Makerere University School of Public Health** under the METS Project to integrate these digital health tools with UgandaEMR, the national repository for patient.

**Duration:**

**September 2017 -  
September 2018**





8.



## HIV Self-Testing Mobile Health Project

TMCG in collaboration with the University of Minnesota and the Infectious Diseases Institute (IDI) implemented an HIV self-testing pilot project in Kampala aimed at assessing the feasibility of using a digitally supported distribution model of HIV self-testing kits.

Acceptability of the digitally supported HIV self-testing delivery intervention was high with most (76%) participants reporting that the HIVST was very easy to complete, 93% that the instructions were very clear, 95% were very satisfied with HIVST, and 99% would recommend it to a friend.



**Duration:**  
**June -  
December  
2019**

**76%**  
of the participants  
reported that the  
HIVST was easy to  
complete.

**93%**  
say that the  
instructions were  
very clear

**95%**  
were very satisfied  
with HIVST

**99%**  
said they would  
recommend HIVST  
to a friend

9.



UGANDA  
VOICE MATTERS

U-report is a free SMS platform funded by UNICEF Uganda that enables youth to communicate with decision makers and other youth all across Uganda. U-report users share their opinions by replying to weekly SMS polls or by sending unsolicited messages on issues that they feel strongly about. All SMS messages are free of charge and the system is 100% anonymous.

**Duration:**  
**Ongoing**

 **FREE**  
weekly SMS

**100%**  
anonymous system



**Youth:**  
Enables youth to  
communicate with  
decision makers





# Conferences Abstracts & Publications

## Conferences

The team took part in numerous conferences locally and globally which yielded tremendous growth and exposure for TMCG. Below are some of the conferences attended;



American Telemedicine Association Conference



Joint Annual Scientific Health Conference.





East Africa Telemedicine and eHealth Conference.



Global Digital Health Forum



Uganda Diabetes Association Scientific Conference.

## Abstracts



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### Using Mobile Phones for Social Behavioral Change Communication (SBCC) in HIV Prevention; Learnings from a Mobile Phone based Stepping Stones approach in Uganda.

**\*D. Rusoke\*, S. Ninsiima\*, M. Ego\*, L. Kamulegeya\*, JM Bwanika\***  
1- The Medical Concierge Group, Uganda

#### Background

The current modalities for customised Social Behavioral Change Communication (SBCC) require large amounts of limited resources and contact time with target beneficiaries. Leveraging on Uganda's increasing phone coverage, Short Messaging Service (SMS) can overcome the shortage of information on HIV/AIDS prevention and drive up personalised demand for uptake of HIV/AIDS care services. We assessed the feasibility of using this mobile phone based Behavioral change communication as a means of mitigating HIV/AIDS.

#### Methods

**Targeted youth:**  
From December 2016 to October 2018, The Medical Concierge Group (TMCg) a digital health organization, targeted youth with behavioral change messages using a mobile based hierarchical stepping stones approach via SMS supported by a digital platform called Rapidpro. Over a six week period, weekly messages on different HIV/AIDS related topics were shared along with quizzes at the end of each weekly topic.

#### Results

**5,743 clients** with a median age of 23 years (IQR 18-40) participated in the 6 weeks mobile based hierarchical stepping stones activity over the 34 months period.

Of these, **3,518 (61.3%) were males** and **2,225 (38.7%) were females**

**Highest response rates:**  
**Weekly quizzes on STD** ..... 34%  
**Family planning** ..... 40%  
**HIV prevention** ..... 51%

On average, **72% of the responses** to weekly quizzes were correct.

#### Lessons

High level of mobile use is both an opportunity and a platform for contemporary dissemination of knowledge whilst overcoming geographical, time and limited resources as barriers to the traditional physical stepping stones methodology. Such digital stepping stones content can be standardized, translated into different languages, approved and availed for open sourcing at a national level. This mobile phone based approach be into integrated into different public health programs.



**Short Messaging Service (SMS)** can overcome the shortage of information on HIV/AIDS prevention and drive up personalised demand for uptake of HIV/AIDS care services.





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## ADVERSE EVENT NOTIFICATION AND TRACKING AMONG HIV POSITIVE PATIENTS ON ART: LESSONS FROM A TELE-HEALTH CENTRE IN KAMPALA

J. Okeng<sup>1</sup>, M. Ego<sup>1</sup>, P. Laker<sup>1</sup>, J. Ssebwana<sup>1</sup>, L. Kamulegeya<sup>1</sup>, J.B. Bwanika<sup>1</sup>  
1. The Medical Concierge Group, Uganda

### BACKGROUND

Uganda made strides in achieving 95:95:95 UNAIDS strategy with 84% PLHIV knowing their status, 87% on antiretroviral treatment and 88% virally suppressed. Low retention in care remains a major driver for suboptimal viral suppression with factors like adverse drug reactions leading to treatment stoppage. Currently, there are no streamlined platforms for PLHIV to report ART adverse drug events (ADEs) for timely follow up support. We report lessons from a telehealth support centre for a large public health program covering 9 districts of Lango Subregion, Northern Uganda.

### SETTINGS

The Medical Concierge Group supports HIV/AIDS care and treatment in the RHITES-North Lango project through provision of SMS and toll free voice lines for remote support. HIV positive clients consented for mobile health (mHealth) support, had their demographics including age, gender and ART care facility collected. Information on ADEs inquiries and advice offered was collected via electronic medical records and analysis done using MS Excel 2019 for data from January to December, 2018.

### RESULTS



**16,062 patients** consented for mHealth support from 15 facilities across 9 districts of the Lango sub-region.



**78%** of ADEs reporting came through the **voice platform** and

**22%** through **SMS**.

### System categorization of ADEs were:

**31.4%** CNS (dizziness, headaches, nightmares);

**27.1%** Musculoskeletal (joint pains, body weakness);

**20.1%** skin (rashes, discoloration);

**10.7%** GIT (nausea, vomiting, diarrhea, reduced appetite);

**6.3%** GUS (erectile dysfunction, urine discoloration) and

**4.4%** ENT/Eye complaints (itchiness, discoloration, discomfort).

**80.4%** complaints were remotely resolved, the remaining **19.6%** referred and followed up for outcome.

### CONCLUSION/LEARNINGS

mHealth approaches (SMS and voice call-ins) provide feasible means of tracking ADEs among HIV positive patients in real time.

Scaling up mHealth platforms for routine care and support of ART patients will improve adherence hence help achieve the UNAIDS 95-95-95 target.



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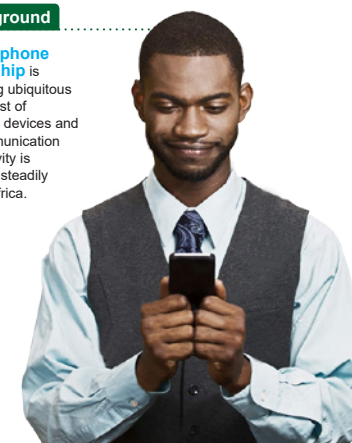
## Medical Call Centre and Mobile Health Platforms for Advancing HIV Prevention and Treatment Efforts by Promoting Male Inclusion in Uganda.

Bwanika John Mark<sup>1,2</sup>, Musinguzi Davis<sup>1</sup>, Lubega William<sup>1</sup>, Kamulegeya Louis<sup>1</sup>, Ssebwana Joseph<sup>1</sup>, Abigaba Wilson<sup>1</sup>

1. The Medical Concierge Group Limited, Kampala - Uganda  
2. Infectious Diseases Institute Limited, Research, Kampala, Uganda

### Background

**Mobile phone ownership** is becoming ubiquitous as the cost of acquiring devices and telecommunication connectivity is reducing steadily across Africa.



Uganda's mobile phone users have grown from **1 million** to **22 million** between **2013 & 2016**.



**Public health** programs are increasingly leveraging mobile phone platforms for health information dissemination and patient engagement.

Our team sought to explore the value of mobile health in reaching previously hard-to-reach Men with HIV prevention and treatment information.

### Description

The Medical Concierge Group Limited (TMCG) operates a medical call centre that provides **24/7 access to doctors & pharmacists** for medical consultations.

### Access is through:



TMCG disseminates health information and responds to questions on general HIV prevention and treatment options including Post-Exposure Prophylaxis (PEP). This is done in real-time and is accessible throughout the country.

### Lessons learned

TMCG presently has **50,000 monthly users** of the teleconsultation platform for various health issues. **80%** of these are youths below **35 years** with a male to female ratio of **70:30**.

**WhatsApp** and **Facebook** are the **most popular platforms** with most queries on **condom use, emergency contraception, HIV Post-Exposure Prophylaxis (PEP)** as well as **male circumcision** services.

The high utilization of mobile health platforms among men is not only due to higher mobile phone ownership but also attributed to the confidentiality and privacy they provide. Most men adapt better to mobile health platforms for consulting on HIV prevention and treatment rather than through physical interactions.

### Conclusion

**The growth of mobile phone** use has effectively opened up new channels for health communication that promotes inclusion of previously hard-to-reach populations. With much fewer men attending physical health facilities than women, mobile health platforms and call centres provide an avenue for reaching them and linking them into HIV care.





Abstract No: **THPEC329**

JOHNS HOPKINS  
MEDICINE

## Sports Betting Centres And Mobile Health Engagement: How To Find, Link and Retain Men for HIV Prevention Or Treatment

\*J.M Bwanika<sup>1,2</sup>, A. Kiragga<sup>1</sup>, J. Kyenkya<sup>1</sup>, D. Musinguzi<sup>2</sup>, W. Lubega<sup>2</sup>, L.H Kamulegeya<sup>1,2</sup>, Y. Manabe<sup>3</sup>

<sup>1</sup>The Infectious Diseases Institute Limited, Kampala, Uganda

<sup>2</sup>The Medical Concierge Group Limited, Kampala Uganda

<sup>3</sup>Johns Hopkins University, Baltimore, United States

\*Email: jbwaniika@idi.co.ug

Tel: +256-782-764739

### Background

Finding and testing men at high risk for HIV infection and linking and retaining HIV positive patients in care or referring those who test negative for HIV prevention is a priority in sub-Saharan Africa. Mobile phone use offers new avenues for health information dissemination, long term engagement and mobile money reimbursements. We assessed the feasibility and acceptability of using mobile platforms for HIV prevention messaging, participant reimbursement using mobile money and preliminary pilot assessment of impact on linkage to treatment.

### Methods

Men at five sports betting and gaming centres in Uganda were consented for on-site point-of-care HIV and syphilis tests using national testing guidelines between May and September 2017. Information on condom use, number of sexual partners, commercial sex and alcohol intake was collected using a structured questionnaire on the REDCap platform. Men were also consented to join a two-year mobile phone follow-up cohort and initiated onto the RapidPro SMS platform on site. Reimbursement for research participation was done using mobile money payment within 7 days of their sign-up.

### Results

We enrolled 516 men into the study; the median age was 28 years (Interquartile range (IQR) 24, 34), 52.6% were married and 89.3% were employed with an average monthly income of \$120. A majority (96%) owned at least one mobile phone and 100% consented to mobile money reimbursement and 2-year mHealth engagement. During the first 60 days of the study, 2,919 SMS messages were sent out with either linkage information for those who were HIV/syphilis positive or prevention content for those with a negative test result. Most (81%) SMS messages were received within 60 seconds, 12% within 24 hours and 7% were not delivered due to mobile network or phone availability issues. 72 study participants engaged the medical team on the SMS platform to get more information about HIV and syphilis in the first 2 months. Although the absolute number of patients that tested positive for HIV (n=4) and syphilis (n=18) was small, 25% of those that tested positive for HIV and 26% of those with syphilis sought treatment at a health facility within 7 days. This increased to 50% at end of 28 days, with the rest planning to go during the following month.

### Conclusion

Mobile health engagement coupled with mobile money reimbursement is a feasible way to maintain mobile phone contact with participants. Additional qualitative work will be needed to improve the impact on linkage to HIV care and behavioral messaging for HIV prevention practices.

### Background

Men have historically shunned medical services until their health deteriorates to levels due to severe immunosuppression[1, 2]. This is even particularly worse for conditions like HIV that might take years before the emergence of any clinical symptoms or decline in physical activity[3]. Finding and testing men for HIV infection as well as linking and retaining HIV positive patients on treatment has multiple merits and is a top priority in sub-Saharan Africa[4]. Service models incorporating community outreaches and mobile phone platforms extend beyond physical confines of hospitals and complement their reach. They offer new avenues for health information dissemination and sustained engagement for health behavioral modification.

### Aim

- We assessed the feasibility and acceptability point-of-care HIV and syphilis testing through outreach events at public betting and gaming houses.
- We assessed the acceptability of HIV prevention messaging, research participant reimbursement using mobile money and reminders for linkage to treatment using mobile platforms.

### Methods

#### Sites Involved:

- Sports and Gaming houses located in: Nateete, Katwe, Zzana, Kabalagala (All suburbs of Kampala city) and Mbale town centre, Uganda.
- The Medical Concierge Group (TMCG) Telehealth centre, Kampala Uganda.

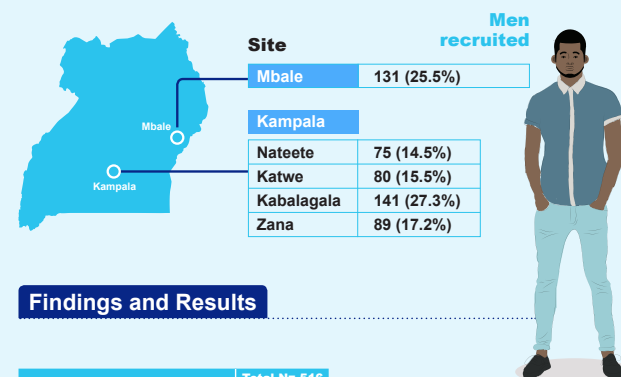
**Period:** May 2017 to September 2017.

**Study Design:** Mixed cross-sectional and prospective cohort study.

**Ethical Approval:** Approval to carry out the research was given by the Joint Clinical Research Centre (JCRC) Institutional Review Board (IRB) and the Uganda National Council of Science and Technology (UNCST), Kampala Uganda. Approval was also obtained from the Johns Hopkins University IRB.

**Project set up:** Men at five sports-betting and gaming centres were consented for on-site point-of-care HIV and syphilis testing using nationally approved testing guidelines. Sexual risk behavior information regarding condom use, multiple concurrent sexual partners, commercial sex and alcohol intake was collected using a structured questionnaire on the REDCap platform. Participants were also consented to join a two-year mobile phone (virtual) follow-up cohort and initiated onto the RapidPro SMS platform there and then. Reimbursement for research participation was done using mobile money payment within 7 days of their sign-up.

Data analysis was done using the in-built analysis tools of the open source Asterisk voice call software, Rapidpro SMS platform and REDCap platform.



### Findings and Results

Site	Total N= 516 n (%)
Nateete	75 (14.5)
Katwe	80 (15.5)
Kabalagala	141 (27.3)
Zana	89 (17.2)
Mbale	131 (25.5)
Acceptance	
• Betting houses approached	15
• Participating betting houses	12
Participant age in years Median (IQR)	28 (24, 34)
Marital status	
• Single	215 (41.8)
• Married/cohabiting	271 (52.6)
• Separated/divorced/widower	29 (5.6)
Average monthly Income	\$120
Ever tested for HIV	472 (91.6)
HIV prevalence	4 (0.8)
Syphilis prevalence	18 (3.5)

Number of sex partners	
0	52 (10.6)
1	206 (41.9)
>1	234 (47.6)
Consistently use condoms	179 (35.1)
Mobile Phone Ownership	
-At least one	495 (96)
-None	21 (4)
Mobile money Reimbursement	
• Consented	516 (100)
• Not consented	0 (0)
Messages sent in first 60 days	2919
• Delivered in <60 seconds	2364 (81)
• Delivered within 24 hours	350 (12)
• Not delivered	205 (7)

Seventy two (72) study participants engaged the medical team on the SMS platform to get more information about HIV and syphilis in the first 2 months.

Although the absolute number of patients that tested positive for HIV (n=4) and syphilis (n=18) was small, 25% of those that tested positive for HIV and 26% of those with syphilis sought treatment at a health facility within 7 days. This increased to 50% at end of 28 days, with the rest planning to go during the following month.



### Conclusions and Recommendations

Uganda's World Health Organization (WHO) country profile reports the percentage of people aware of their HIV status to be at 74% and those linked to treatment to be 67%[5]. AAs we aim to reach the UNAIDS 90-90-90 targets, initiatives like outreaches to men-dominated localities provide a positive outlook for identification and linkage of the previously elusive male.

Mobile health messaging and mobile money reimbursement may be feasible and acceptable ways to maintain engagement with target beneficiaries.

Additional large scale assessment is needed to further demonstrate the impact on linkage to HIV treatment and HIV risk behavioral modification.

### Acknowledgements

- Funding support for this study was obtained from the U54EB007958 National Institute of Biomedical Imaging and Bioengineering at the National Institutes of Health for the Johns Hopkins Center or the Point-of-Care Technologies Research Network.
- Staff at the Infectious Diseases Institute (IDI) and The Medical Concierge Group (TMCG) Limited.
- The Management of Homebet and Fortebet Uganda.

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to consult.





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Level 2, Wing B  
P.O. Box 4036, Kampala Uganda  
[info@tmcg.co.ug](mailto:info@tmcg.co.ug)  
+256 (0) 800 277 015

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### **Kenya Office**

York Palace,  
Muthangari Gardens, Lavington  
P.O. Box, 102978-00101 Jamia,  
Nairobi, Kenya  
[info@tmcg.co.ke](mailto:info@tmcg.co.ke)  
+254 718 380870

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### **Nigeria Office**

215 Ademola Adetokunbo  
Crescent, Abuja, Nigeria  
[info@tmcg.com.ng](mailto:info@tmcg.com.ng)