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.
2012
- Co Founders Coffee Table Discussions
- Incorporation of TMCG Uganda
- Stealth Mode Ops

2013
- Incorporation of TMCG Kenya
- Telemont 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

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

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 Sub-Saharan Africa
- Accredited CPD Provider by UMDPC
- 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
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.

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.

Remote Doctor Consultation

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:

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
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. 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

- Reducing maternal and child mortality
- Reducing new HIV infections
- Reducing malaria prevalence
- Reducing TB prevalence
- Improving nutrition outcomes
- Total fertility rate
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

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
**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

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**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

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*Healthcare workers undergoing mHealth training*
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

Faster to Zero Project

Through the Ministry of Health Uganda, Health Enabled and Elizabeth Glazer 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
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

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
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.**
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 personalized 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

1- The Medical Concierge Group Uganda

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

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

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

J. Okeng1, M. Egol1, P. Laker1, J. Ssebwana1, L. Kamulegeya1, J.B. Bwanika2
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 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. Systems 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% GU (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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BACKGROUND

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.

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

**J.M Bwanika**1, A. Kiragga2, J. Kyenya3, D. Musinguzi4, W. Lubeaga1, L.H Kamulegeya5, Y. Manabe5

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### Abstract

Background

Finding and retaining 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 testing 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 (290) owned at least one mobile phone and 100% consented to mobile money reimbursement and 3-year mobile health 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 (95%) 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 20% of those with syphilis sought treatment at a health facility within 7 days. This increased to 50% at end of 28 days, with the next plan 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.

### Study Design

**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 men who have had sexual encounters with men which has encouraged the medical team on the SMS platform to engage the medical team on the SMS platform to get more information about HIV and syphilis in the first 2 months.

**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.

**Site:**

| Site     | Men recruited | Marital status | Number of sex partners | Number of sex partners consensed
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Nateete</td>
<td>131 (25.5%)</td>
<td>35 (16)</td>
<td>271 (52.6%)</td>
<td>458 (96)</td>
</tr>
<tr>
<td>Katwe</td>
<td>27 (5.6)</td>
<td>21 (4)</td>
<td>234 (47.5)</td>
<td>516 (100)</td>
</tr>
<tr>
<td>Zzana</td>
<td>131 (25.5%)</td>
<td>179 (35.1)</td>
<td>206 (41.9)</td>
<td>350 (12)</td>
</tr>
<tr>
<td>Kabalagala</td>
<td>141 (27.3%)</td>
<td>272 (53.8%)</td>
<td>211 (43.2)</td>
<td>388 (100)</td>
</tr>
<tr>
<td>Mbale</td>
<td>80 (15.5%)</td>
<td>120 (24)</td>
<td>205 (41)</td>
<td>350 (12)</td>
</tr>
</tbody>
</table>

**Number of sex partners:**

- 0
- 1
- >1

**Consensed:**

- Not consensed

**Messages sent in first 60 days:**

- Delivered in <60 seconds
- Delivered in 60-120 seconds
- Delivered within 24 hours
- Not delivered

**Evidence for HIV and Syphilis:**

- 72 study participants

**Findings and Results**

- Consistently use condoms

**Acknowledgements**

- Funding support for this study was obtained from the UNH63007956 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 Household and Fortuptual Uganda.

**References**


5. Evaluation of a Maternal Health Information and Interactive SMS Pilot in Kampala, Uganda: SMS Maama. Under Peer Review
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