

TRANSCRIPT

### **HIE PODCAST 3: Bahbak Miremadi and Elephant Health**

**BH:** Hi, I'm Bruno Holthof and you're listening to Health Innovation and Entrepreneurship, a podcast series from the International Health and Tropical Medicines Programme at the University of Oxford.

Our guest today is Babak Miremadi. Babak is a medical doctor who trained as a psychiatrist in the National Health Service in the UK. And between 2009 and 2016, he was co-founder and director of a business providing health, social care and housing solutions for people with dementia.

After a short return to the NHS, he launched a new business in 2018. He is the co-founder and CEO of Elephant Healthcare. This is a global health technology business headquartered in the UK with operations in Africa and Asia.

The first countries adopting Elephant Health's solutions are Nigeria, Kenya and Pakistan. Upon registration with Elephant Health, patients are given an electronic health card carrying a unique code which is used during their journey in the health system.

Elephant's customers are governments and public health authorities, which is a very different approach than what most start-ups take. Their mission is to enable the best healthcare for all and maximize the impact of healthcare budgets by providing a digital platform that supports the implementation of essential care packages and universal health coverage.

Hey, Babak, welcome to the programme. It would be great if you could describe your vision for Elephant Health in more detail and also what impact you hope to achieve in the next 10 years.

**GUESTSPEAKER – BM:** Hi, Bruno. Thank you for having me. I feel like the immediate answer that pops out is the answer that really all healthcare institutions give, which is to enable or deliver services that are more accessible and affordable with better outcomes. I think that we're all striving for those goals. I think where we come from, where Elephant's sort of mission and vision, and you articulated them earlier when you stated the best healthcare for all, that's what we're ultimately trying to achieve.

We think that the root cause of many problems is a lack of accountability. And so, we're aiming to enable an accountable health system. And really, everything can flourish from that point if you have true accountability. We describe ourselves as being focused on the global south.

We describe ourselves as being focused on the global south, and in particular, as you mentioned earlier, on public health systems as our primary customers and target markets within that.

And maybe it's worth just framing something, and I know that your audience is incredibly well informed. In fact, I would say some of the most informed when it comes to global health. But perhaps to frame what we do; I'd remind the audience that the average healthcare spend per capita per annum in our markets is below \$100. Out-of-pocket payments are 70 plus percent and public health insurance has less than five percent penetration. So, healthcare financing is unsustainable and unfortunately unpredictable and as a result in fact many services and outcomes are also unpredictable.

And that sort of lack of predictability and lack of accountability mean that less than 20% of health budgets can be traced to frontline services with scant data on outcomes. And so, you know, I'm setting the scene for the problem that is one of funding. And one can have the greatest interventions, services, products, but without the required financing to deliver those products and services to patients, then that is that is the single biggest barrier. So part of, or I would say 51% of our mission back to the best healthcare for all, is not the best healthcare, it's the "for all" bit. It's getting it into the hands of the right people at the right time and so on. And that is a financing challenge in our mind.

So, we are using technology to create accountability and trust by connecting data to finance and outcomes.

But one of the key facets to achieving our aims is reorientating or in fact orientating healthcare budgets to the needs of the patient and having payments at the point of service with the patient as the conduit.

That is radical in many ways, but we believe the only way really you can change the systems and drive accountability is to drive financing via the hands of the patient tied to their particular needs. It's sort of personalized finance for personalized care and that will enable the most efficient and efficacious outcomes, dare I say value-based care.

Really a system where every dollar spent should be accountable and get the best possible value for the patient.

So, 10 years from now, I hope we're demonstrating that impact. And that we've built a trusted brand that enables the best healthcare for all, with all the metrics and evidence that proves that. So that would be my long answer to your short question.

**BH:** Yeah, no, but a terrific answer, Babak. You've been on a journey here with Elephant Health and I'm sure learned a lot of things that work and didn't work when implementing that vision, especially in a public health sector where little money is currently being spent per capita, as you just explained. So, if you could start over again with elephant health? Would you do certain things differently?

**GUESTSPEAKER – BM:** Yes, is the short answer. Many things I would do differently, but I think that healthcare is about partnerships and I would look to build partnerships earlier on my journey and then my number one the number one thing I would do differently is I try to buy more time.

Change in healthcare, even with the rapid potential of technology, takes time. It takes time to build trust. And I would try to go back and buy more time. And I say that in particular as a venture-backed business, which can be challenging because venture, particularly technology, venture capital, I think operates in general terms on a slightly different cycle to the pace and time it takes to break through with new products in healthcare. So I'd buy more time and you know whenever you put down a plan people always give you the advice of you know double the time and double the money you need.

Perhaps healthcare is triple the time and triple the money. So that would be my answer.

**BH:** And especially in the public sector right you've taken a very courageous approach to bring your technology into public health sectors which probably arguably could even take longer to build those partnerships and build trust and get things implemented so any specific lessons related to public health care.

**GUESTSPEAKER – BM:** I think you've kindly sort of connected the dots on that which is that you need more time I mean public um you know people can be very cynical um about working with the public sector. And it has its challenges, it really has all the challenges that come to mind when you talk about working with the public sector.

But I am a great believer in the sort of the power and potential of the public sector. And I think time and partnerships, apologies not to add a new point or bring a new lesson, but time and partnerships would be the things I'd repeat.

**BH:** Yeah, but I think coming back to what you said around accountability and making sure the money flows to the end users and follow the patients, right? And certainly, in the markets that you operate, that is a key challenge. So having that line of sight and accountability is a very noble purpose. So, you must be applauded for doing that. You know we're; I mean you're taking these sort of leadership roles in difficult environments and difficult challenges. As you know we're teaching students who want to pursue leadership roles in global health here in Oxford. And what sort of advice would you give our students who want to follow in your footsteps?

**GUESTSPEAKER – BM:** I know this is going to sound sort of trite, but I think I would like to ask them all for advice. You have an incredibly diverse student body from all over the world and I think that yeah, I feel like I need more advice than I can give and sorry that sounds if that has sort of a tone of false humility to it but actually it's genuinely what I believe.

I think I would try to encourage people to be bold. If you have a mission or a vision, start walking towards it. I think there is a tendency in health, and I know that because I have felt it myself. I see it amongst my peers. But I think there is a tendency in health to want to have all of the evidence and all the qualifications before taking the first step. And I think that I would encourage people to be bold, to think about building teams. You can hire what you don't know, you need to be clear on what you don't know, but you can build a team around you. So, learn how to hire great people and delegate to them is, I think, for me, a key lesson that I've learned. And, you know, take that first step. Do no harm but start moving. And momentum is really key. And I think I'm now perhaps narrowing from leadership to leadership

within an entrepreneurial context and starting a business or really any institution or any idea, trying to bring it to realization. I think momentum is key. So yeah, in summary, perhaps be bold, build partnerships, build teams, don't underestimate the potential of the public sector. I think I'll pitch for the public sector and buy time.

**BH:** That's so wonderful Babak. I really love your humility, but also passion and real persistence to achieve your what indeed can be called a very noble purpose to crack these difficult problems in public health markets in Africa and Asia and other parts of the world, hopefully in the future as well.

If you also like this podcast and you want to listen to other entrepreneurs in health, don't forget to subscribe to this podcast series. And if you're interested in reading more about the work we're doing in international health and tropical medicine, please click on the link provided below this podcast. Thank you for listening and thank you Babak for joining us.

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