



## EXPANDING ACCESS TO AFFORDABLE HEALTHCARE IN GUINEA: CLINIC+O'S TECH-FORWARD APPROACH

**SINCE 2020, CLINIC+O HAS BEEN WORKING TO PROVIDE ACCESS TO QUALITY AND AFFORDABLE HEALTHCARE FOR MARGINALIZED POPULATIONS IN GUINEA THROUGH A SIMPLE, HYBRID MODEL THAT INCORPORATES IN-PERSON CARE, COMMUNITY INPUT, AND TELEMEDICINE. WITH FISCAL SPONSORSHIP FROM THE KING BAUDOIN FOUNDATION UNITED STATES (KBFUS) AND SUPPORT FROM LOCAL AND INTERNATIONAL PARTNERS, THE SOCIAL VENTURE HAS RAPIDLY EXPANDED ITS OPERATIONS AND NOW REACHES OVER 2 MILLION INDIVIDUALS THROUGHOUT THE WEST AFRICAN NATION.**

About 100 million people lack access to primary healthcare in West Africa. In Guinea, Clinic+O has been working to address this problem by facilitating home care, mass consultations, and teleconsultation through tech innovation - such as streamlining and modernizing an underfunded and under-resourced health sector, reducing travel time

and costs for patients in rural and remote areas, and building partnerships to decentralize the healthcare system for patients, care providers, and other stakeholders alike.

### **FROM FACEBOOK TO FOUNDER**

It was in the summer of 2020 when Nasser Diallo, a

former radio journalist then working as a policy analyst at Facebook, launched Clinic+O as a project dedicated to improving access to affordable healthcare in his native Guinea, where there is just 1 doctor per 10,000 people, according to the most recent estimates from the World Health Organization (WHO).

The timing was critical as the COVID-19 pandemic approached its peak, exposing and threatening vulnerable healthcare systems in the process. Such had been the case in Guinea following the 2014 Ebola outbreak in West Africa—the largest in history—which highlighted the country’s weak infrastructure for basic healthcare and generated ongoing mistrust toward health workers.

By the fall, Diallo reached out to Sage Ramadge, Clinic+O’s Director of Impact Strategy, to explore the possibility of scaling up the project. “We had a network of doctors and an NGO in Guinea that Diallo had started,” says Ramadge. “So we partnered with a law firm, incorporated an entity here in the U.S., connected with KBFUS to set up the fiscal sponsorship for the Guinean NGO, and then started raising funds, initially through our family, friends, and networks.”



Additional grant funding was secured via key donors already supporting projects in West Africa, such as the Segal Family Foundation and a dozen or so other organizations working in the region. “We partnered with Clinic+O in 2021, when the organization was taking off for a journey of promoting access to primary healthcare in Guinea,” says Yvan Gatoto, Program Officer at the Segal Family Foundation. “A journey that requires hard work given the demand, many iterations, and adaptations, and of course, resources which aren’t always available to make it all possible—things we have attested to during our visit to Clinic+O last year.”

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**NASSER DIALLO,  
CLINIC+O**

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Clinic+O has since expanded at an extraordinary pace, prompting Diallo to leave his job at Facebook in July of 2021 and split time between Brooklyn and Guinea in his role as CEO. “We now have about 90 health professionals on our platform—some of them full-time employees,” adds Ramadge. “And about 7,000 people in our network who we have either done health screenings for or are receiving ongoing care.”

#### **A SIMPLE, MODERN APPROACH**

Following the 2014 Ebola outbreak, the Guinean government began reassessing the healthcare system by drafting several development and recovery plans. The key takeaways included addressing “a paucity of essential



trained health professionals, lack of diagnostic equipment and supplies, and general lack of laboratory preparedness of trained staff,” according to a 2020 report.

For Clinic+O, a straightforward, modernizing approach is the first step toward making progress. “No partner has unlimited resources to help us with infrastructure—why can’t we bring in technology to bridge that gap and reduce the burden of overhead first?” says Diallo. “Healthcare is here, but it is stagnant,” he adds. “Traditional healthcare is not working.”

This is particularly true for a majority rural population in which a little more than half of the Guinean labor force relies on agriculture for employment. Clinic+O, in turn, began with a simple premise to reach these communities: to equip medical professionals with essential tools, such as a smartphone and mobile apps like Google Docs and WhatsApp, and record patient consultations with an eye toward early intervention for treatable conditions.

“We are not coming here and saying let’s build a healthcare facility,” explains Diallo. “What we are saying

is, what are the conditions bothering you here? Can we help train someone in your community that you trust, that speaks your language, that you have chosen—we will train them.”

#### **A CULTURE OF INNOVATION**

Clinic+O is now partnered with the Ministry of Health to help digitize an outdated healthcare system, having developed a mobile app and electronic medical record. “Once you see a physician, they will give you a notebook, a tiny notebook, where they write everything; that’s what we are replacing,” explains Diallo.

Instead, patients now have any pertinent information—medical, demographic, and vitals—stored as a digital health ID card that physicians can access remotely. “We’re only collecting the data we need...and doing it with the simplest technology,” says Diallo.

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It’s a first-of-its-kind hybrid model that integrates community health and technology. “Healthcare implies you have trained teams. It implies you have the equipment—all these assumptions do not exist in our case. What we did is to say, we want to create a simple, interoperable system that will enable patients to go anywhere within our network and access the care they need,” Diallo says.

### COMMUNITY PARTICIPATION & EMPOWERMENT

Moreover, Diallo emphasizes the low cost of solving these existing problems and empowering communities that may be technology-averse or even wary of community health workers. “We are entering these communities with the available tools to change their lives without disturbing their way of living,” he says.

To this end, Clinic+O has also conducted surveys and encouraged participation to develop a sustainable model to avoid potential stigma for marginalized, low-income communities.

“We realized communities cannot pay \$20 for healthcare every time they get sick or seek treatment, but they can pay one dollar, and that dollar means they will take our services seriously,” says Diallo. “Because that one dollar is a hard-earned dollar for them. That means if we ask them to do something, they will do it. If not, they will just say this is free. And free has a connotation.”

Ultimately, Diallo explains, “we are building this technology with the community, not for the community. Our team includes locally-based Guinean software developers, who get into the community, where they ask questions, and then once we come back, we develop things.”

### BUILDING CAPACITY FOR THE FUTURE

Three years in, Clinic+O’s impact can be felt in an ever-expanding network that bridges the divide between patients and healthcare providers. Ramadge highlights several partnerships, “in addition to the Ministry of Health, we work with the global NGO FIND to incorporate diagnostic testing into our software - so malaria, malnutrition, COVID, diabetes etc. We also

work with private employers, which are sponsoring healthcare screenings and treatment in areas affected by their work.”

Adopting the mentality of a tech start-up, Clinic+O now boasts an administrative team of eight full-time employees while continuing to increase its fundraising goals and services with each successive year. “But this problem is not going away just because we’ve done a little bit of work,” says Ramadge. “It’s something we really need to reach scale.”

**<https://clinic-o.org/>**

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