



Umana: A platform for accessing health services

*by Paula Cardenau**

Umana is a **platform that creates access** to health services on a large scale, especially for people who do not have adequate medical cover. It allows its users direct access to **excellent health services and doctors of all specialities**, without delay, procedures or referrals, and at a very low cost. It uses **technology as a tool** to achieve personalised prevention, computer-based mechanisms for access to medical attention, sanitary health, data management and ultimately, a better healthcare system.

Today, Umana operates in Argentina. How does it work? Anyone can join Umana; there are no restrictions. By joining – at the moment, for a symbolic value of \$7 USD/year, and it is probable that in the future it will be for nothing – the person will automatically gain access to the Umana Network of Medical Providers. Any one of these providers may give them a quick appointment, tend to them with dedication and provide them with a clear diagnosis, at an affordable price (between \$7 and \$11 USD). The directory of medical providers covers all medical specialities, and includes laboratories, diagnostic imaging centres and pharmacies. The incentive for the doctors is obvious: they achieve a greater influx of patients, who also pay upfront for the visit – meanwhile, for each prepaid or welfare patient, they will receive the same amount as with an Umana member, but 60 days later and after a lot of bureaucracy. In this way, Umana takes a shortcut in the heavy intermediation that comes with systems of prepaid or welfare patients, which aim to create a business of health insurance rather than guarantee a just access to healthcare for all.

As well as **transparency**, another essential pillar of Umana is **prevention**. Nowadays we know that many deaths and illnesses can be avoided with information and healthy lifestyles. If you do not smoke, it is difficult to get lung cancer. If you engage in protected sexual relations, you are less likely to contract HIV. If you watch what you eat and exercise, you lower your risk of cardiovascular illnesses or diabetes. If a woman decides to become sexually active and is informed, she can avoid unwanted pregnancy. The examples go on, the point is the same: Umana seeks for all of its members to realise that prevention is the best path towards a full life for themselves and for their families, and between all of us we are building a system in which the ethics of care will be a co-responsibility for all.

According to the Pan American Health Organisation, more than a quarter of the population of Latin America does not have regular access to basic health services. That is one hundred and fifty million people – one hundred and fifty million! – who do not have a doctor to give them a clear diagnosis and effective professional advice, nor do they have the information, incentives or means necessary to live a healthy life that would prevent many illnesses. Who increase their family expenditure on healthcare, and at the same time lose income when they become ill – those in casual work, who are their own bosses – which only strengthens the



vicious circle poverty and illness. Who suffer millions of premature deaths from illnesses that could have been prevented, from misdiagnoses, or from risky situations that were neither detected nor treated in time. Who depend on a public health system that has collapsed because it almost exclusively prioritises hospital activity and destines the majority of its resources to secondary levels (diseases requiring special care), tertiary levels (high complexity) and emergencies, and delays primary attention. To neglect primary attention is to neglect the possibility of providing 80% of the healthcare that the average person will need in their lifetime. It means neglecting strategies of prevention and promotion, and above all it undermines the key role of the emergency services. In any case, this creates the image that, regrettably, is often seen in thousands of hospitals in Latin America: very long queues of people who have been waiting, resigned, since the early hours of the morning – far from their homes and knowing that they are missing a day at work – knowing almost certainly that they will not receive an appointment that day and that they will have to come back tomorrow and the next day, until they are finally seen to by a professional who is neither capable of affording them the time nor the care required for an effective diagnosis and treatment.

Those who are in a vulnerable situation, the very old and the very young, women, children, ethnic minorities, migrants, patients with chronic diseases, amongst others, are the groups most affected by this problem. All of this continues to deepen social inequity. In the case of Argentina, 41% of the population depends exclusively on public healthcare. I do not even know if it is worth mentioning these figures, because they are so obscene and so high, that at one point they stop having a concrete meaning, they become depersonalised, they give us the sensation that what must be done is too much and, instead of calling us to action, they immobilise us. In the northernmost province of Argentina, Jujuy, nine years ago, a gynaecologist, Jorge Gronda, met an infinite number of women who came to him for medical advice whilst being at a high risk of mortality due to cervical cancer, which could have been avoided, or due to badly- or self-performed abortions, in the most extreme cases of misinformation and vulnerability. Alongside his wife Irene and his family, he decided to create a health system that connected its users with doctors, based on promotion and transparency, and whose genius lies in its simplicity and ample incentives. From this experience, which had already provided access to healthcare to thousands of people of low incomes in Jujuy, is where Umana was born.

For Umana, **the care of the user** is central. Due to this, we base ourselves on a technological platform that allows us to:

- reach out on a massive scale to millions of people with the offer of Umana,
- generate personalised prevention campaigns,
- provide incentives via SMS and other innovations,



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- achieve traceability of our users in order to capture crucial statistical information on aspects related to their health,
- enable the users themselves to be the ones regulating the system, so as to be able to make a virtual qualification of the doctors, amongst other aspects.

Moreover, Umana is adding another type of service that contributes to the welfare of its users. One example is the case of micro-insurance in alliance with insurance companies.

90 % of Umana's members are women. We have a special focus on women for two reasons. On the one hand, especially in low-income households, the woman is generally the head of the household, is in charge of the family's health and can influence the best healthy practices of the whole group. On the other hand, Umana seeks to justly strengthen the prominence of women, with the objective of equalising gender opportunities, through information, promotion and care.

Umana is currently operating in Jujuy and Salta (Argentina), it has a network of 85 professionals of 21 medical specialities, and it has benefited 68,000 users, of which a 90% are women. We are in a process of arming our scaled strategy, and are looking for investment in order to reach a million users in Argentina and Latin America in the next three years.

***Paula Cardenau** is the Co-founder and Director of Umana.

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This is a translation of the responsibility of the EU-LAC Foundation; to read the original version in Spanish, please follow the link:
https://eulacfoundation.org/en/system/files/Gender_Cardenau_ES.pdf