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A major global challenge is managing your data globally while keeping your data local

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Altibbi's Ayman Sharaiha outlines the evolution of the company to date to become the largest digital health platform in MENA, explains how the COVID-19 pandemic has accelerated telehealth adoption, and calls for increased innovative collaboration between pharmaceutical companies, health insurance companies and digital health companies.



Can you begin by outlining what Altibbi is and its evolution to date?

Altibbi is the largest Arabic digital health platform in the world and the largest digital health platform in the MENA region aiming to digitalise the entire patient journey. It is the largest Arabic

language content provider with approximately two million pages of healthcare content driving around 700,000 unique visitors per day. These visitors are from organic channels stemming mostly from a patient researching symptoms or any other health information on Google. The company has a massive reach in Saudi Arabia with 25 percent of the user base from the country. Over 60 percent of Saudi Arabians have visited Altibbi at least once.

In addition to its homegrown content, Altibbi has an interactive tool for patients to ask free questions on the site and for registered doctors to answer them. The business has around 20,000 registered and verified doctors that are engaged in its community and this user-generated content establishes a wider availability of information on Altibbi.

However, this setup was not able to generate a sustainable income. In the Middle East, advertising spend per capita is one of the lowest in the world and digital advertising is even lower, particularly with regulatory restraints not allowing pharmaceutical companies to advertise directly to patients. Therefore, Altibbi is not able to sustain itself through advertising and sponsorship revenue, as companies based in other countries such as WebMD in the United States does.

To establish a more transactional model, Altibbi created a virtual primary care platform to connect patients with primary care physicians. The company created this due to a lack of primary care penetration in the region. The first verified doctor that accepts a patient’s notification reads their profile and is connected by phone or chat within less than five minutes. This has become Altibbi’s flagship product with up to 10,000 consultations per day.

How is a telehealth company such as Altibbi able to serve the entirety of a diverse region like the Middle East where healthcare provision is very heterogenous?

The advantage of being digital is the ability to assess a country’s uptake in demand remotely. Initially, the virtual care network was built with Jordanian doctors. However, Saudi Arabia is the largest market by value and the demand from Saudi Arabia has shifted the company’s focus to local doctors there. Nevertheless, our motto is better health for all, and Altibbi aims to deliver quality medical care regardless of income and education levels across the region.

Altibbi’s technology is robust with automated quality control, ratings and feedback loops which help scale the business through additional resources put towards data science, machine learning, and artificial intelligence. While the company’s vision is to serve the entire Middle East region and beyond, the creativity lies in deciding how to achieve that and deciding which distribution strategy

is the best fit for which country.

Our company believes it is not possible to occupy only one segment of the patient journey because they are all connected. Carving out a specific segment will lead to a disconnected journey that will not improve outcomes. The primary care level is connected to secondary care and to medication, labs, and future doctor visits. Therefore, Altibbi is building a one-stop-shop for the patient to start and end their journey on the same platform.

Moreover, it is important to highlight that telehealth is constrained not only by adoption but also by the weakness of digital infrastructure in the region. Online payments are not mature and many are afraid to use credit cards online. Prior to the pandemic, many did not see the value in telehealth as a concept, fortunately, that has changed.

In what ways has the COVID-19 pandemic brought a new focus to telehealth, and what opportunities and challenges are out there?

COVID led to many stakeholders beginning to view digital health differently. Insurance companies needed to offer telehealth in their product range and pharmaceutical companies needed to increase their digital touchpoints with physicians.

These stakeholders started seeking sources of digital authority in different regions with established communities, ecosystems, and engagement for both doctors and patients. This allowed Altibbi to begin partnering with pharmaceutical companies to increase education levels for doctors and patients, engagement of physicians, and awareness of certain OTC drugs for patients.

Altibbi’s platform has become compliant with pharmaceutical needs, for example, blocking the availability of certain educational material between countries and specialties.

How would you characterise the company’s current revenue model?

The biggest revenue driver for the business is B2C telehealth. This model is set up for patients to pay a monthly subscription for unlimited access to primary care 24 hours a day, seven days a week, 365 days per year. The average subscription length in Saudi Arabia is approximately 10 months. Surprisingly, 50 percent of subscribers are insured, however, they are not receiving an offer as sophisticated or instantaneous as that which Altibbi provides.

The subscription-based model is the largest revenue driver for the business, however, partnerships with insurance companies to cover their beneficiary base for primary care telehealth and chronic disease management generates income. Therefore, in Saudi Arabia, Altibbi offers telehealth, chronic disease management and maternity programs to differentiate the insurance company from its competition. The high utilization of this gatekeeping model saves insurance companies money by diverting attention from emergency room visits through accessible digital medical education and healthcare provision.

However, the challenge with partnering with insurance companies is informing the users about the availability of telehealth within their insurance packaged. As a result, Altibbi works with them on communication and marketing strategies to ensure the patients use the service at the time of need and that the service does not get buried in the insurance package offer.

What has been your experience of doing business in Saudi Arabia and have you seen a significant impact from the country's Vision 2030 national transformation plan?

The ability to do business completely online has been a pleasant surprise with the Saudi Arabian government constantly requesting feedback for their systems. While there are myriad registration and government fees, this is commensurate with the level of sophistication received. Furthermore, to receive a license in Saudi Arabia, the license and processes were mature and conducive to telehealth companies such as Altibbi.

As part of Vision 2030, Saudi Arabia wants to increase the penetration of digital health. They are moving towards value-based care which is helpful for Altibbi because the business provides quality care at a lower cost by efficiently redistributing doctor visits through its robust gatekeeping model.

Are regulatory hurdles significant for Altibbi as a Middle-Eastern digital health business?

A major global challenge is managing your data globally while keeping your data local. Big companies with a presence in multiple countries encounter this challenge. Regulators and data centre service providers should work together to come up with practical solutions to overcome this challenge.

The scale of digital health may also be restrained by Saudi Arabia's rules for physicians. Sponsored physicians that work at certain hospitals are not allowed to work with any other digital providers without NOCs, which employers/sponsors are hesitant to provide. The efficiency of Altibbi's healthcare platform stems from its distributed model that maximizes the doctor's downtime to provide consultation and lower costs for patients.

Therefore, more freedom for doctors to choose how and when they want to work under one policy that optimizes their performance would be welcome. This distributed model would eliminate waste and quench market demand similar to that of Uber or AirBnB as patients avoid going to the doctor because of the waiting or travel time. This creates a conducive environment where doctors are allowed to conduct business with specific policies and guidelines to guarantee quality care.

Is enough talent available in the Middle East and in Saudi to really produce the scale and speed that ventures such as Altibbi need?

At the current capacity, it is a challenge to acquire good talent locally for Altibbi to scale up in Saudi or other markets. Good talent required good funding in order to pay market prices that will attract such talent. Essentially it is demand/supply driven.

What message would you like to share with those looking forward to this report?

Post-COVID, operational and business models need to become more creative and innovative to adapt to this new reality. There are mutual gains that can be achieved between pharmaceutical companies, health insurance companies and digital health companies. Incentives can be aligned in different ways to improve outcomes for everyone and add more value than the sum of the parts, creating positive externalities for the patient.

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