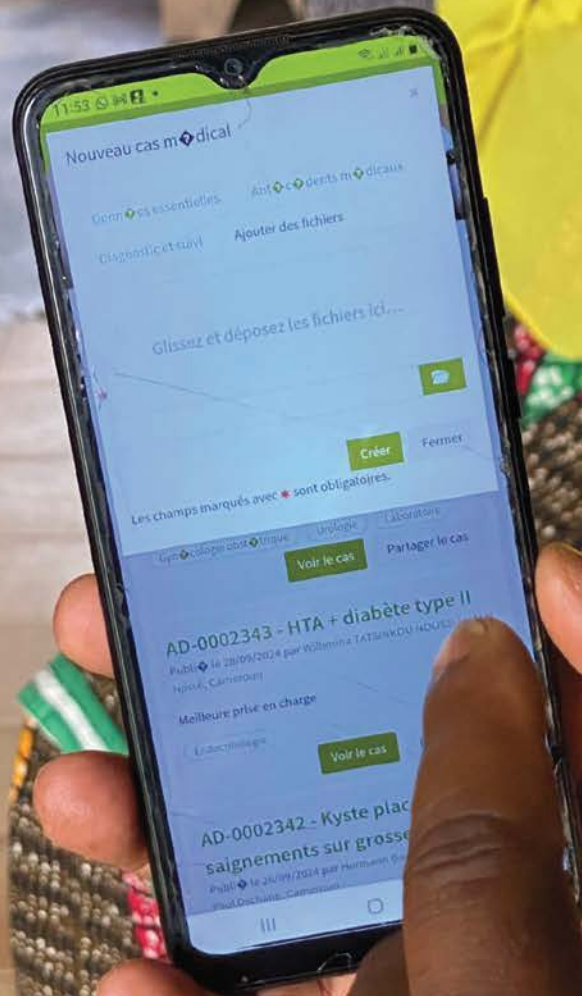




Telemedicine: a pragmatic solution to medical deserts around the world: the Recover Foundation's initiatives in Africa

Text Writing: Marcelle Medou

Text Review and Proofreading: Marta Marañón, Nery Villalobos, Emilie Ngono, Cristina Rodrigo

Supervision: Marta Marañón

Design and Layout: Texturas Comunicación

Translation: Mariana Navarro-Grau

Text Review: Rafael Márquez

Fundación Recover, Hospitals for Africa
Hilarión Eslava, 27 Bis, 1st office, Suite 7, 28015 Madrid
Tel: +34 91 411 09 68
info@fundacionrecover.org
www.fundacionrecover.org

Year: 2026

Acronyms and abbreviations

CC: CHRONIC CONDITION

SMR: SHARED MEDICAL RECORD

WHO: WORLD HEALTH ORGANIZATION

UN: UNITED NATIONS

PC: PERSONAL COMPUTER

NSPDH: NATIONAL STRATEGIC PLAN FOR DIGITAL HEALTH

GDPR: GENERAL DATA PROTECTION REGULATION

EU: EUROPEAN UNION

Table of Contents

I. INTRODUCTION	4
1. MEDICAL DESERTS: A CHALLENGE FOR ALL HEALTH CARE SYSTEMS WORLDWIDE	
1.1 The Consequences of Medical Deserts	
1.2 Sub-Saharan Africa: An Alarming and Worrying Case of Health Inequality	
II. TELEMEDICINE: A PRAGMATIC AND INNOVATIVE SOLUTION FOR STRENGTHENING HEALTHCARE SYSTEMS	11
1. THE INTEGRATION OF DIGITAL HEALTH INTO VARIOUS HEALTHCARE SYSTEMS	
1.1 Digital Health in the European Union	
1.2 Digital Health in Cameroon's Healthcare System: Africa in Miniature	
2. TELEMEDICINE: A "TOOL" FOR REDUCING MEDICAL DESERTS	
2.1 Overview and Benefits of Telemedicine	
3. THE CHALLENGES AND REQUIREMENTS OF TELEMEDICINE	
III. RECOVER FOUNDATION'S TELEMEDICINE SERVICES IN AFRICA	22
1. OBJECTIVES OF RECOVER FOUNDATION'S TELEMEDICINE PROGRAM	
2. ORIGINS, TOOLS, AND EVOLUTION OF TELEMEDICINE	
2.1 Health 2.0 Telemedicine on <i>Medting</i>	
3. DISTINCTIVE FEATURES OF SPARKSPACE TELEMEDICINE	
3.1 Digital Medicine that Respects Medical Ethics	
3.2 Patient Data Protection	
3.3 Referral of Medical Emergencies	
3.4 A Form of Medicine that Does Not Replace Human Expertise	
3.5 A Simple and Resilient Infrastructure Adapted to Local African Realities	
3.6 Required Devices: A Smartphone and/or a Computer	
3.7 Strengthening Skills and Enhancing Academic Training	
4. RECOVER FOUNDATION TELEMEDICINE: A MEANS OF CONTINUING EDUCATION FOR LOCAL HEALTHCARE PROFESSIONALS	
4.1 Enhancement of Academic Training for African Healthcare Professionals	
5. ASSESSMENT OF RECOVER FOUNDATION TELEMEDICINE PROGRAM	
6. RECOVER FOUNDATION TELEMEDICINE: A TOOL FOR COOPERATION, CLOSER COLLABORATION, AND HEALTH EQUITY	
6.1 A Catalyst for International Cooperation and Solidarity	
6.2 A Tool for Local Solidarity Among Healthcare Centers	
6.3 A Tool for Bringing People Together	
6.4 A Commitment to the Realization of the Right to Health	
IV. CONCLUSIONS AND RECOMMENDATIONS	53

Introduction

Many people live in “medical deserts,” defined as geographic areas characterized by an insufficient supply of healthcare relative to the population’s needs. This situation leads to a marked imbalance between the number of patients and the number of healthcare professionals, thereby contributing to increased health inequalities.

Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), is outraged and states that “it is totally unacceptable that half the world’s population still lacks access to the most essential health services.” “This is all the truer given that a solution exists: Universal Health Coverage (UHC) ensures that everyone can access the health services they need, when and where they need them, without facing significant financial hardship.”

Telemedicine is among these essential health services. This is all the truer given that there are 17.2 doctors per 10,000 people worldwide. This implies that all health care systems are affected by the shortage of doctors.

It is also important to recognize that not all regions of the world can reach a minimum level of development at the same time. Upon closer examination, these various systems contain structural elements that contribute to the emergence of medical deserts. In this context, telemedicine is now emerging as one of the solutions that enables governments and organizations to overcome geographic barriers and bring healthcare closer to the populations that need it most.

1. 1.MEDICAL DESERTS: A CHALLENGE FOR ALL HEALTH CARE SYSTEMS WORLDWIDE

The World Health Organization (WHO) defines health care systems as “all organizations, individuals, and actions whose primary purpose is to promote, restore, or maintain health.”¹ To do so, they must have a foundation consisting of six fundamental elements:

1. Leadership and governance
2. A high-performing health workforce
3. A sound health financing system

1. OMS rapport 2008 cité par Deuxième Evaluation indépendante de l'ONUSIDA, Annexe 7 Renforcement des Systèmes de Santé

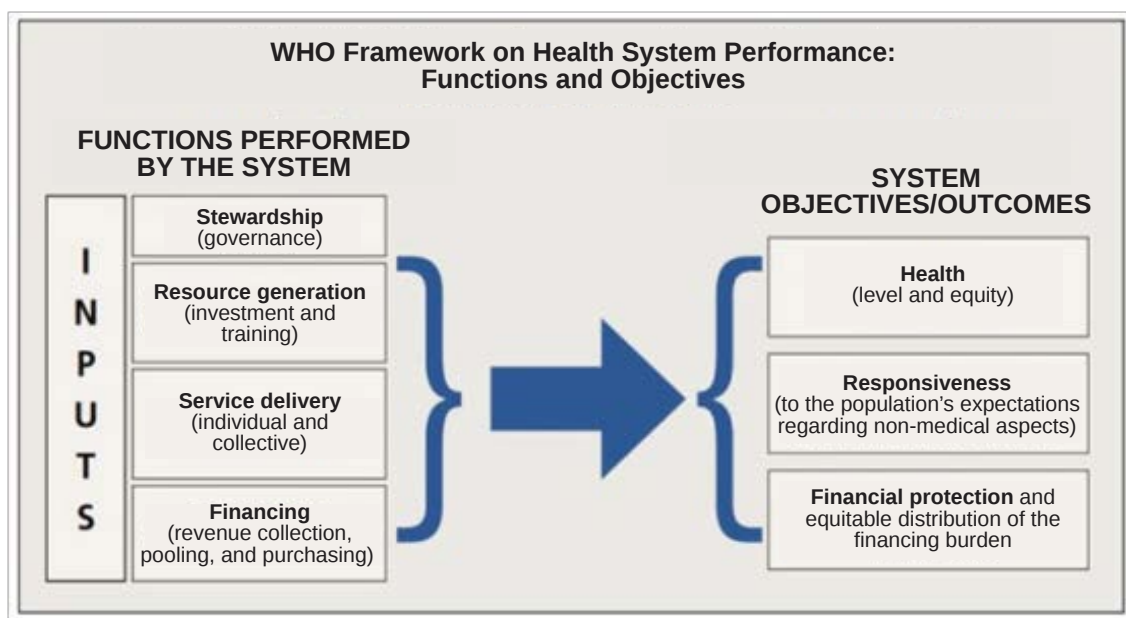
4. Responsive health services
5. An effective health information system
6. Equitable access to essential medicines, vaccines, and medical technologies

All these elements are essential and enable health systems to contribute to “improving and protecting health.”

However, as the World Health Report points out, “it is not enough to achieve an average level of health and responsiveness; inequalities must also be reduced in order to improve the situation of the most disadvantaged.” Reducing inequalities to ensure equitable access to care is an “Achilles’ heel” or even “a major challenge” for many health systems around the world, including the most effective ones.

Therefore, it is worth asking why, despite advances in medicine and the development of public health policies, access to care remains unequal across different populations. What factors explain the persistence and spread of medical deserts around the world? Furthermore, while medical deserts appear to be a problem shared by many health care systems, do they manifest in similar ways across all national contexts?

To answer these questions, we will conduct a comparative analysis of two contexts: the European Union and sub-Saharan Africa.



Source : Des systèmes de santé renforcés sauvent plus de vies : un aperçu de la stratégie européenne de l'OMS en matière de systèmes de santé. Copenhague : OMS-Europe, 2005, p. 10. En ligne : https://who-sandbox.squiz.cloud/_data/assets/pdf_file/0003/78915/healthsys_savelives_fre.pdf

2. Rapport sur la santé dans le monde, 2000 : pour un système de santé plus performant. Genève : Organisation mondiale de la Santé, 2000, 12 p. En ligne : <https://iris.who.int/bitstream/handle/10665/83428/fa4.pdf?sequence=1&isAllowed=y>

3. Idem

1.1 The Consequences of Medical Deserts

Medical deserts lead to numerous problems:

- Long wait times for medical appointments increase the risk that patients' health problems will worsen.
- Emergency services in the affected departments and regions are overburdened and less effective.
- Treatment pathways are sometimes interrupted, and medical care is incomplete.
- Medical reimbursements are held up due to the lack of a primary care physician.

For patients, this also means it is difficult, or even impossible, to find a primary care physician, to see a doctor without an appointment, or to receive regular follow-up care from a specialist. Ophthalmologists, pediatricians, and gynecologists are the types of doctors most in short supply.

While this situation already poses a significant challenge for the European Union, it takes on an even more alarming dimension in Sub-Saharan Africa, where health care systems often have far more limited resources.

1.2. Sub-Saharan Africa: An Alarming and Concerning Case of Health Inequality

Sub-Saharan Africa is the part of the African continent located south of the Sahara Desert. It comprises 48 countries.

It is particularly affected by the phenomenon of medical deserts. Unlike other regions of the world, Sub-Saharan Africa faces a combination of factors that hinder equitable access to healthcare, including a shortage of healthcare professionals, insufficient infrastructure and medical equipment, and challenges related to staff training. In the long term, projections regarding the evolution of the health situation are very concerning.

1.2.1. A combination of causes

a. a. Staff shortages⁵

When we talk about shortages in Africa, we focus on the term's primary meaning, which is "lack" or "deficiency." "The African population suffers from a severe shortage of human resources in the health sector."

4. Paul Perrot, Les déserts médicaux en France, Publié le 04/05/2023 in <https://www.opticiensparconviction.fr/les-deserts-medicaux#:~:text=Cons%C3%A9quences%20des%20d%C3%A9serts%20m%C3%A9dicaux,l'absence%20de%20m%C3%A9decin%20traitant>

5. Lilhope, Réduire les déserts médicaux en Afrique avec la télé-médecine

Indeed, Africa currently accounts for only 3% of the world's healthcare workforce, even though it is home to nearly a quarter of the world's patients. On average, there are 15 health care professionals (3 doctors and 12 paramedical professionals) per 10,000 inhabitants—a figure well below the critical threshold of 23 per 10,000 set by the World Health Organization (WHO). The United Nations agency estimates that there is a shortage of 1.8 million healthcare workers on the African continent.”

Of the 57 countries worldwide facing a shortage of healthcare workers, 36 are in Africa. This situation has direct consequences for the health of the population: the infant mortality rate in Africa is 15 per 1,000, the highest of any continent. The infant mortality rate in Africa stands at 89 deaths per 1,000 live births, while in Spain, it is only 3.01 per 1,000⁶. Each year, there are 13.8 million deaths in Africa (equivalent to 0.45 people every second—[counter]⁷), while in Spain, 0.014 people die every second.

As Dr. Matshidiso Moeti, WHO Regional Director for Africa, states, “The severe shortage of health care professionals in Africa has disastrous implications. Without adequate and well-trained staff, addressing challenges such as maternal and child mortality, infectious diseases, and noncommunicable diseases—as well as providing essential health services like vaccination—remains an uphill battle.”⁸

b. The lack of infrastructure and medical equipment

Compounding the staff shortage is a lack of medical equipment in hospitals and health centers. In many regions of Africa, particularly rural areas, most small health centers and clinics lack a steady power supply, access to water, sanitation systems, and oxygen supply networks. Essential equipment for maternity, neonatal, and laboratory services, as well as diagnostic tools (electrocardiographs, ultrasound machines), is limited in these facilities. Yet these tools are indispensable for the effective care of patients, particularly in emergency situations.

Furthermore, healthcare centers equipped with state-of-the-art medical equipment do not always have qualified healthcare professionals to interpret the results. Patients are then referred to hospitals located in regional capitals. Faced with the cost of travel, distance, or a lack of information, many give up on continuing their care or prefer to seek other solutions for treatment.

This situation is exacerbated by the concentration of healthcare infrastructure and doctors in major cities. Capital cities often account for most specialists, even though a large portion

6. Institut National de Statistique de l'Espagne (INE) données 2024

https://ine.es/dyngs/INEbase/operacion.htm?c=Estadistica_C&cid=1254736177004&menu=ultiDatos&idp=1254735573002

7. <https://www.planetoscope.com/mortalite/26-deces-en-afrique.html>

8. <https://www.afro.who.int/fr/news/des-penuries-chroniques-de-personnel-entravent-les-systemes-de-sante-en-afrique-dapres-une>

of the population lives in rural areas. These rural areas therefore have very limited access to quality care. Five African countries⁹ occupy the bottom five spots on the “Universal Health Coverage Service Coverage Index” established by the WHO. These are “Somalia, Chad, Madagascar, South Sudan, and the Central African Republic.”

c. A “bleak and alarming” outlook

The forecasts and outlooks are very bleak, reinforcing the idea that medical deserts persist across the continent.

Several factors underpin this analysis:

- The increase in the number of diseases
- Mass migration of medical personnel

According to the WHO, the region will face a shortage of 6.1 million health care workers by 2030, a 45% increase compared to 2013. The result: preventable deaths, delayed diagnoses, and increased pressure on urban hospitals.

1.2.2. The case of Cameroon: “Africa in Miniature”

Cameroon is a country in Central Africa located on the Gulf of Guinea. It is bordered to the south by Equatorial Guinea, Gabon, and the Congo; to the east by the Central African Republic; to the north by Chad; and to the west by Nigeria. Cameroon has a population of approximately 30,000,000 and covers an area of 475,442 km².

Cameroon is often described as “Africa in miniature” because it encompasses a wide variety of geographic, cultural, social, and health conditions found in other countries on the continent.

In Cameroon, despite the significant progress made in the field of health—including the construction of new infrastructure, the upgrading of technical capabilities, improvements in patient care, and the treatment of certain complex conditions—the following observations can be made:

- An imbalance in the regional distribution of infrastructure
- The concentration of doctors and specialists in the major cities of Yaoundé and Douala
- Massive brain drain of doctors. The daily newspaper Cameroon Tribune reports that, according to “several sources, 75% of the approximately 1,000 doctors trained each year

9. <https://semen-africa.com/2023/11/21/etat-des-lieux-des-systemes-de-sante-en-afrique-subsaharienne-quelles-perspectives/>

- by the Cameroonian government leave the country for Europe and North America.”¹⁰ All of these factors weaken an already vulnerable healthcare system.

a. a. The Vulnerability of Rural Communities and the Most Disadvantaged. A Life Story.

Let us imagine the case of Ms. Magny Noubissie, a 69-year-old woman. She lives with her children in Bamendjou, a town in western Cameroon, and occasionally visits her local health center. On the morning of April 7, 2015, she came in for her routine appointment, visibly upset with Laurence, the young nurse, her face contorted with anger. The head nurse at the center asked the elderly woman what the matter was. To which Ms. Magny replied, *“I think this girl doesn’t want to treat me anymore. Usually, when I have aches and pains, she gives me pills that I take, and then the pain goes away. Now I’ve come back with the same problem, and instead of doing what she usually does, she’s telling me to go see someone in Yaoundé. Do I have the money for transportation to Yaoundé? Do I even know of a hospital in Yaoundé? Who’s going to feed me, and where am I going to sleep while I’m there? If she doesn’t want to treat me anymore, she should just tell me, and I won’t come here anymore!”*

Laurence looked with great affection at this mother who was so diligent about her medical appointments, yet she also felt very sad for her. Despite the treatment she had started, her condition was not improving, and she absolutely had to see a specialist for her sciatica. But the specialist was located more than 300 kilometers from Bamendjou.

Laurence regularly encounters cases like Mrs. Magny’s. In this small corner of Cameroon, the outcome is almost always the same: the patient refuses to travel to see a specialist—that is, a doctor who is trained and has the necessary skills to help them.

Laurence feels disoriented and devastated when she sees in the eyes of some of these patients a glimmer of hope she cannot sustain, expectations she cannot meet, and silent prayers she cannot answer. She is just a young nurse, raised in this village, who has been trained for two years. She is fully aware of her role and her limitations. She knows that, for certain conditions, only a doctor can make the most accurate diagnosis and tell her the best course of action to take to help the patient.

Unfortunately, these men and women put her in a difficult situation. To them, anyone wearing a white coat is a **“Docta”**—that is, a doctor, according to a common term in Cameroon—and they assume we know everything. However, this title is a misnomer, resulting from a misuse of language and a translation error. In fact, for the local population, any staff member at the health center is a **“Docta,”** whether they are a nurse, a nursing assistant, a lab technician, etc.

10. Rousseau Joel, « Maintenir le cap » in <https://www.cameroon-tribune.cm/article.html/72628/fr.html/maintenir-le-cap> publié le 03 septembre 2025

Laurence's daily life is typical of many nurses who, every day, care for patients who are unable to see a specialist—either due to a lack of resources or because of the distance they must travel to reach major cities. While major cities have doctors, specialists, hospitals, and modern medical facilities, these resources remain inaccessible to a large portion of the population living in villages, small towns, hamlets, or isolated areas.

Telemedicine: a pragmatic and innovative solution for strengthening health care systems

Digital health¹¹ (e-health) is a set of tools and services that use information and communication technologies (ICT) to support and improve the various stages of health care, from prevention and diagnosis to treatment, follow-up, and management.

1. THE INTEGRATION OF DIGITAL HEALTH INTO VARIOUS HEALTHCARE SYSTEMS

1.1 Digital Health in the European Union

In the EU, e-health is considered an essential tool for:

- Enhancing the efficiency of health care
- Improving the quality of care
- Expanding equitable access to health services
- Empowering citizens to play a proactive role in managing their health
- Supporting health care professionals in their daily work

1.2 Digital Health in Cameroon's Healthcare System: Africa in Miniature

Cameroon's Minister of Public Health, Dr. Manaouda Malachie, stated that: "The main challenges facing our healthcare system—such as geographic inaccessibility, low demand for services, delays in care delivery, poor adherence to clinical protocols, and out-of-pocket costs—can be mitigated through the implementation of digital health interventions."

Cameroon has already adopted two national strategic plans for digital health:

1.2.1 2020-2024 Plan on the National Digital Health Strategy

The first plan aimed to:

- a. Meet the health needs of the population and improve living conditions through access to the best possible health care
- b. Enable patients to make informed decisions about their health and receive effective, efficient, and personalized health care

11. https://health.ec.europa.eu/ehealth-digital-health-and-care/digital-health-and-care_fr

c. Achieve Universal Health Coverage, which will effectively contribute to better patient care and the surveillance of emerging and re-emerging diseases

Significant progress has been made, notably in the deployment of tools from the National Health Information System, such as the BAMNHI system.

Implemented following the introduction of the Electronic Health Record, the BAMNHI system “not only ensures unique identification but also enables the collection of high-quality data, thereby contributing to better patient care.” Created with support from the Centers for Disease Control and Prevention (CDC), the BAMNHI platform enables the secure management of medical records and

enhances transparency in care processes. The integration of international standards, such as OpenMRS and FHIR, thus lays the foundation for a digitalization initiative tailored to the realities of Cameroon.”¹²



The first National Digital Health Plan was evaluated in 2025, and despite “significant progress, particularly in the areas of governance, the national digital health architecture, the deployment of tools for the National Health Information System, and capacity building for healthcare professionals, the system’s maturity level, estimated at 1.8 out of 5, highlights the need for institutional, legal, and financial consolidation.”¹³ This evaluation led to the adoption of a second National Digital Health Plan (PSNSN).

1.2.2 The 2026–2030 Plan

The new plan is based on a clear vision: to provide Cameroon, by 2030, with an integrated, interoperable, secure, inclusive, and patient-centered digital health ecosystem, while ensuring health data sovereignty.

Structured around eight priority strategic areas—including governance, legislation, human resources, infrastructure, interoperability, and innovation—the PSNSN is intended to be a coherent and budgeted response to the identified challenges.

12. Santé numérique : Le Cameroun avance vers la Couverture Santé Universelle grâce à la digitalisation, Marcelle NDZANGA/Celcom/Minsanté

13. OROCK Audrey / Celcom / MINSANTE, SANTÉ NUMÉRIQUE Publié le 05 mars 2026 <https://www.facebook.com/MINSANTE.Pa-geOfficielle/posts/-sant%C3%A9-num%C3%A9rique-cameroun-met-officiellement-en-route-son-plan-strat%C3%A9gique-nati/1347249934102009/>

With a total budget of 29,007,000,000 CFA francs over five years, this plan represents a strategic investment in the country's future in public health. According to health authorities, it will improve access to care, reduce wait times for treatment, enhance traceability and transparency, and improve the management of public health emergencies.

Its implementation will be based on a multisectoral governance framework that brings together, alongside the Ministry of Public Health, the government agencies involved in digital development, technical and financial partners, the private sector, civil society, and academic institutions.

2. TELEMEDICINE: A “TOOL” FOR REDUCING MEDICAL DESERTS

In the field of e-health, telemedicine appears to be one of the most useful solutions for addressing the uneven geographical distribution of doctors.

2.1 Overview and Benefits of Telemedicine

2.1.1 What is telemedicine?

Telemedicine is “the provision of health care services—where distance is a determining factor—by health care professionals using information and communication technologies, on the one hand, to facilitate the exchange of valid information for the purposes of diagnosis, treatment, and prevention of diseases and injuries, and, on the other hand, for the purposes of continuing education for health care providers, as well as research and evaluation, always with a view to improving the health of individuals and the communities to which they belong” (WHO, 2009).

Simply put, telemedicine allows a patient or healthcare professional to obtain a medical opinion without the specialist being physically present. It can take several forms. It encompasses five types of services, namely: teleconsultation, tele-expertise, teleregulation, telemonitoring, and medical teleassistance:

2.1.2 Teleconsultation

A teleconsultation allows a patient to consult with a healthcare professional remotely using information and communication technologies. It is a medical procedure and a synchronous interaction (the patient and doctor speak to each other in real time). It enables the healthcare professional to conduct a comprehensive assessment of the patient to determine the appropriate course of action following the teleconsultation.

2.1.3 Remote Expertise

Remote Expertise allows a medical professional to remotely seek the opinion of one or more medical professionals using information and communication technologies. It is primarily a

medical procedure and an asynchronous process (the patient and doctor do not speak to each other). It involves two doctors, one of whom may be present at the initial consultation and the other one, the remote.

2.1.4 Remote Monitoring

Remote monitoring allows a healthcare professional to remotely track data collected at the patient's home.

2.1.5 Telemedicine

Telemedical assistance allows a medical professional to remotely assist another healthcare professional while that professional is performing a medical or technical procedure.

2.1.6 Medical Regulation

Medical Regulation refers to remote medical guidance—particularly in the context of call centers or emergency services—provided to assess a patient's condition and direct them to the most appropriate course of action.

2.2 The Benefits of Telemedicine

Telemedicine offers numerous advantages and benefits for patients, healthcare professionals, and healthcare systems.

2.2.1 A Faster and More Responsive Answer

Telemedicine saves valuable time for doctors, healthcare professionals, and patients. First and foremost, it enables healthcare professionals to share information more quickly and efficiently, and it can help reduce congestion at doctors' offices for certain straightforward situations, such as minor ailments, the communication of test results, or prescription renewals.

2.2.2 No travel restrictions

Telemedicine reduces unnecessary travel, which is a significant benefit for both patients and healthcare providers. It is particularly useful for people with limited mobility, those without access to transportation, or those who live far from healthcare facilities. It can also help limit certain trips, thereby saving time and reducing the environmental impact.

2.2.3 The Solution to Medical Deserts

Telemedicine is undoubtedly the most viable solution to the problem of medical deserts. Indeed, some remote areas lack general practitioners, and residents sometimes must travel dozens of kilometers to see a doctor. Telemedicine can facilitate access to medical advice—including specialized care—when wait times for appointments are long or specialists are located far away.

2.2.4 Improved patient follow-up

Telemedicine also enables better coordination among healthcare professionals in patient care, particularly through the shared medical record (DMP). This digital health record stores and secures all a patient's health information (treatments, test results, allergies, etc.), which the patient can share with the healthcare professionals of their choice. Tele-expertise, tele-monitoring, and tele-assistance also facilitate information sharing and care coordination, particularly for patients with chronic diseases or long-term conditions.

The COVID-19 pandemic has significantly accelerated the development of telemedicine and helped raise its profile among a wider audience.

2.3 Some Examples of Telemedicine Practices

Connected devices and solutions developed by startups are among the key innovations driving the growth of telemedicine.

2.3.1 The *Tyto Home*, an innovative telemedicine device¹⁴

Tyto Home is a connected device that allows users to perform remote medical examinations on themselves or on another person. Using an app, users can send the results to a doctor, who can then analyze them and communicate with the patient at their convenience.

The *Tyto Home* Device



14. <https://www.swica.ch/fr/prive/sante/aide-medicale/telemedecine/tytohome#vorteile333>

Overview of Tyto Home Tests

	Body temperature measurement (integrated thermometer)		Heart rate examination (stethoscope)
	Ear examination (otoscope)		Heart examination (stethoscope)
	Examination of the throat, neck, and mouth (spatula and integrated camera)		Lung examination (stethoscope)
	Skin examination (using the integrated camera function)		Asthma and blood pressure management (monitoring and reminders)

Source : <https://www.swica.ch/fr/prive/sante/aide-medecale/telemedecine/tytohome#vorteile333>

The *Tyto Home* device offers many advantages:

- **It can be used anywhere:** patients can perform the exams themselves, no matter where they are.
- **It facilitates good quality diagnosis:** *Tyto Home* collects reliable data, which is then sent to a doctor for analysis.
- **It saves time:** it requires no appointment, no trip to a doctor's office, and no time wasted in a waiting room. If needed, prescriptions for medications available only by prescription are sent directly to the nearest pharmacy.
- **It's easy to use:** audiovisual instructions guide the user step by step through the tests.
- **For everyone:** *Tyto Home* is suitable for adults and children (recommended for ages 12 months and up). A single device is enough for the whole family.

2.3.2 Startups Bringing Healthcare Closer to Remote Villages¹⁵

Several African startups are currently developing solutions to bring healthcare closer to people living in remote areas.

In Kenya, **Ilara Health** provides rural clinics with affordable diagnostic tools, enabling doctors to perform high-quality examinations without the need for heavy infrastructure. A similar approach is being developed in Cameroon by **Waspito**, which connects patients and practitioners via a mobile app, offering video consultations, medication delivery, and access to lab tests.

15. Samira Njoya, E-santé : la télémédecine, une réponse aux déserts médicaux en Afrique subsaharienne publié mardi, 16 septembre 2025 10:53 in <https://www.wearetech.africa/fr/fils/actualites/tech/e-sante-la-telemedecine-une-reponse-aux-deserts-medicaux-en-afrique-subsaharienne#:~:text=Face%20%C3%A0%20la%20p%C3%A9nurie%20de%20m%C3%A9decins%20et,En%20Afrique%20subsaharienne%2C%20environ%2057%20%25%20de.>

In remote villages in Chad, **Telemedan** is installing solar-powered telemedicine kiosks, ensuring accessible consultations even where infrastructure is lacking.

In Ghana, **Diagnosify** uses artificial intelligence to detect skin diseases early and refer patients to dermatologists, thereby expanding access to specialized care even to the most remote areas.

3. THE CHALLENGES AND REQUIREMENTS OF TELEMEDICINE

Telemedicine presents numerous challenges that vary depending on whether one is in Africa or elsewhere in the world.

3.1 The Challenges of Telemedicine Worldwide and in Africa

The **Légit health**¹⁶ website presents “5 Challenges of Modern Telemedicine”:

3.1.1 Funding

The introduction of new technology or infrastructure often raises the question of cost. However, focusing solely on the costs of transitioning the healthcare system to telemedicine is too narrow a view if one does not consider the potential savings and benefits.

The balance between the costs and economic benefits of telemedicine will undoubtedly be one of the greatest challenges to overcome, and companies offering services in this field must keep this in mind.

3.1.2 Regulations

Another major challenge involves laws and regulations. To varying degrees depending on the country, but everywhere in the world, the use of medical devices is heavily regulated.

When these devices collect or transmit patient information, data protection becomes essential. In Europe, for example, the General Data Protection Regulation (GDPR) imposes strict rules to ensure the security, confidentiality, and integrity of health data. Any telemedicine initiative must therefore take the applicable legal framework into account from the design phase onward.

3.1.3 Adoption

No technology, no matter how advanced, can be truly useful if the people who are supposed to use it do not know how, or are unwilling to adopt it. In this case, the challenge is twofold, as both doctors and patients must come to terms with the idea of incorporating these new technologies into dynamics that have been ingrained in our collective consciousness for centuries.

16. <https://legit.health/fr/blog/telemedicine-5-great-challenges-of-implementing-it>

We must not only convince patients that they can communicate effectively with their doctors via computers and smartphones but also help doctors integrate these new tools into their daily practices.

3.1.4 Technology

Technology is at the heart of telemedicine, but it should not be an end in itself. The most important factor remains the quality of care provided to the patient. Digital tools must therefore be simple, reliable, secure, and tailored to users' actual needs.

3.1.5 The Evidence

In the medical world, good ideas are worthless unless they are backed by solid clinical evidence. This applies to procedures, medications, medical devices, and, of course, general concepts or services such as telemedicine.

Gathering scientific evidence is perhaps the most difficult challenge telemedicine must overcome before it can become widely accepted. Every system, application, medical device, or technology implemented to make this change possible must be rigorously evaluated before being deployed on a large scale. These evaluations help verify their safety, effectiveness, impact on the quality of care, and acceptability by both patients and healthcare professionals.

3.2 The Challenges of Telemedicine in Africa

In Africa, telemedicine faces many challenges.

Although artificial intelligence (AI) has the potential to transform telemedicine into a clinical support network that enables local staff to manage more cases and refer patients more effectively, there is a risk of errors or biases stemming from a lack of data, poor connectivity, data privacy concerns, and recommendations that are not tailored to the local context.

That is why the WHO's digital health strategy recommends integrating digital solutions into human resources, financing, organization, and infrastructure, rather than implementing them as isolated projects¹⁷.

In a 2019 publication, Professor **Pierre Simon**¹⁸ highlights three factors that constitute the main challenges of telemedicine in Africa: technical constraints, medical uncertainty, and adoption.

17. Global strategy on digital health 2020-2025 <https://iris.who.int/server/api/core/bits-treams/1f4d4a08-b20d-4c36-9148-a59429ac3477/content>

18. Pierre Simon, « Télémédecine en Afrique : défis et avancées (2) » publié le 13 mars 2026, in <https://fr.linkedin.com/pulse/t%C3%A9l%C3%A9m%C3%A9decine-en-afrique-d%C3%A9fis-et-avanc%C3%A9es-2-pierre-simon-djgde>

3.2.1 Technical Constraints

A constraint refers to any factor that may have a negative impact by limiting, conditioning, or influencing the feasibility and viability of a project. As such, it can take several forms, namely: compliance with a requirement and the existence of a vulnerability factor, such as a lack of resources, for example. In the context of telemedicine, the lack of technological infrastructure (smartphones, computers, the Internet) and inadequate communication infrastructure are the two major technical constraints in Africa.

Indeed, there is a disconnection between population growth and infrastructure in Africa. As the second-most populous continent, Africa will have more than one billion inhabitants by 2025. Yet entire communities remain cut off from communication networks and the Internet. Furthermore, only a small fraction of this population is connected to the Internet (2%). Furthermore, Africa's IT infrastructure is very fragile, with a large portion of the population lacking access to either a PC or a smartphone.

The consequence is clear: the existence of a digital divide that eliminates any competitiveness with other continents. This limits the widespread adoption of telemedicine across the entire African population. However, even where the Internet is available in certain urban areas, its bandwidth is often so low that it does not support the use of devices or applications as resource intensive as those required for remote medical examinations.

Finally, difficulties in securing a reliable electricity supply are the other Achilles' heel of telemedicine in Africa. Only 10% of rural areas have electricity¹⁹, while urban areas experience frequent power outages that hinder telemedicine procedures. Clearly, the prevalence of these constraints continually limits the availability and use of next-generation information technology devices. However, major hospitals in Africa are turning to generators to ensure the continuity of telemedicine services.



19. <https://www.proparco.fr/fr/article/lelectrification-rurale-en-afrique-une-opportunite-de-developpement-economique>

3.2.2 Adoption

According to Pierre Simon, adoption is one of the main challenges facing telemedicine in Africa, linked to the population's low purchasing power. This concept thus refers to the difficulty that African populations, healthcare professionals, and healthcare institutions face in accepting and sustainably integrating remote medical practices.

Furthermore, the fact that telemedicine services are not free—with costs comparable to those in urban hospitals—exacerbates this reluctance. Indeed, the cost of a consultation in 2026 varies between a general practitioner and a specialist. For a general practitioner, it is 12\$, while for a specialist, it is 17,80 \$

Furthermore, patients spend exorbitant amounts relative to their standard of living²⁰: approximately 27\$ for an X-ray, 30\$ for an ultrasound, or 35\$ for an electrocardiogram.

This is why, although telemedicine has significantly improved access to medical care in rural areas, it has not been able to address the challenges related to costs. Telemedicine thus faces a dilemma in Africa: ensuring the installation of cutting-edge, expensive technological equipment, which precludes the provision of free medical services.

Consequently, telemedicine, as a tangible healthcare service, requires patients in Africa to pay a fee to access it—a cost that these patients, who are often impoverished, are unable to afford. The problem, therefore, remains: telemedicine brings healthcare closer to African populations, but their vulnerability often prevents them from benefiting from it.

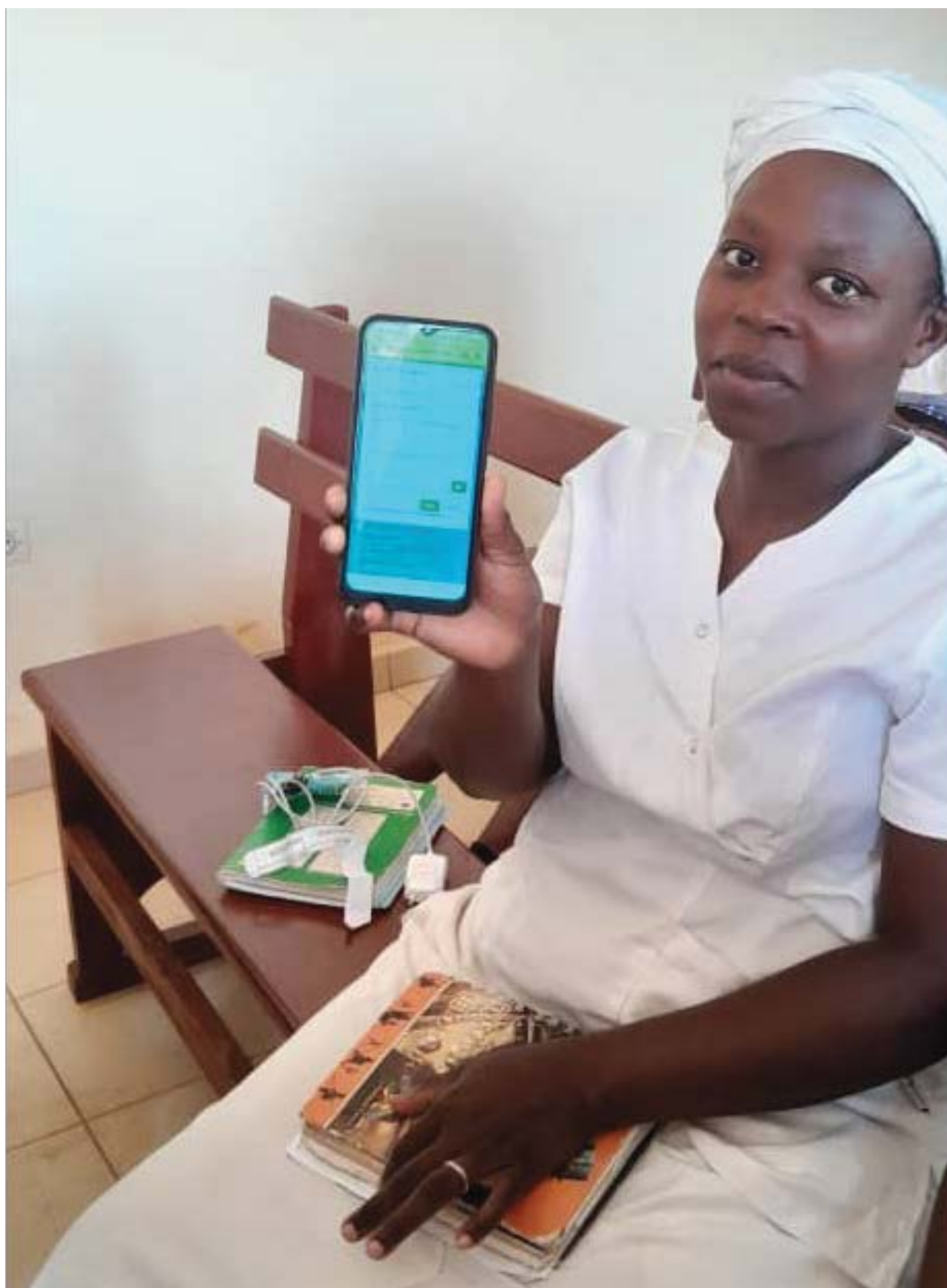
3.2.3 Medical Risk

An accurate telemedicine diagnosis depends on the quality of the information the doctor gathers from the patient. In other words, the patient must provide detailed and accurate information. Pierre Simon explains that some patients withhold information to downplay the severity of their condition. This hesitation stems from the fear of being hospitalized, the reluctance to discuss the issue, and financial insecurity.

That is why, in Africa, an accurate diagnosis is the result of cross-referencing the information provided by the patient during an interview with the physical examination conducted by the doctor, particularly auscultation. But with telemedicine, a comprehensive physical examination of the patient is virtually impossible given the distance between the doctor and the patient. This is where the risk lies: the uncertainty of basing a diagnosis solely on the information provided by the patient.

However, telemedicine remains of significant importance in Africa. It can benefit several sectors, notably healthcare—particularly in the fight against infectious diseases such as tuberculosis, HIV/AIDS, hepatitis, Ebola, and malaria—to ensure patient follow-up and limit transmission.

20. The minimum interprofessional wage in Cameroon is \$79.50 in 2026.



Recover Foundation's telemedicine services in Africa

The telemedicine platform developed by Recover Foundation is a digital tool that connects healthcare professionals in Africa with volunteer specialists based in Spain and other parts of the world. Through a platform called “Sparkspace,” healthcare providers at partner centers can present clinical cases, share medical information, and receive remote support to guide patient diagnosis and care. The Sparkspace platform was developed for Recover Foundation by the Spanish company Divisa IT, based on a structure tailored to the foundation's operational procedures. Its development and maintenance are made possible through collaboration from Quirónsalud.



Telemedicine from Recover Foundation Recover

Next, we will discuss the benefits of telemedicine in greater detail. We will explore how it originated, how it works, its unique features, and the added value it brings to partner health centers, local healthcare professionals, and patients. Finally, we will examine the results achieved and its impact over the years.

1. OBJECTIVES OF RECOVER FOUNDATION'S TELEMEDICINE PROGRAM

Recover Foundation's telemedicine program is a digital tool that enables healthcare professionals in Africa to receive support and guidance from specialists in Spain and other countries in the day-to-day management of complex medical conditions. Through this tool, Recover Foundation pursues four main objectives:

- Assist staff in diagnosing complex cases
- Enable patients to consult with specialists without leaving their health centers
- Provide ongoing and continuous training for medical staff
- Promote communication and collaboration between health centers and hospitals in the Recover network.

1.1 Assisting staff in diagnosing complex cases

Telemedicine enables healthcare professionals (particularly nurses and technicians) in rural areas to quickly seek the advice of doctors or specialists. This assistance helps improve the accuracy of diagnoses and reduces the risk of medical errors, leading to decision-making that is better suited to the patient's situation.

1.2 Enable patients to get expert opinions while remaining at their healthcare facilities

This telemedicine service offers patients the opportunity to seek a specialist's opinion without having to travel to hospitals that are often far away. This approach reduces transportation costs and shortens wait times for medical consultations. It thus improves equity in access to health care, particularly for people living in rural areas.

1.3 Provide ongoing and continuous training for medical staff

Telemedicine tools are an excellent way to enhance the skills of healthcare professionals through regular remote training. Webinars, online conferences, and best-practices exchange sessions can be organized without disrupting patient care. This continuing education allows medical staff to stay informed about scientific advances, new clinical guidelines, and updated protocols. It contributes to professional development and improves the quality of care.

1.4 Promote communication and collaboration among health centers and hospitals in the Recover network

Communication is strengthened among the various healthcare facilities in Recover Foundation's telemedicine network by facilitating the sharing of information and expertise.

Medical teams can discuss patient records and provide better follow-up care for referred patients. This collaboration promotes the harmonization of medical practices within the healthcare network. It also helps foster a genuine spirit of teamwork, benefiting both patients and the efficiency of the healthcare system.

2. THE ORIGINS, TOOLS, AND EVOLUTION OF TELEMEDICINE

Recover Foundation's telemedicine program began in 2013 through exchanges between radiology technicians at the Saint Martin de Porres Catholic Hospital in Mvog-Betsi (Yaoundé) and a volunteer radiologist from the Recover Foundation in Madrid. These exchanges, which involved interpreting medical images, took place via phone calls and emails. However, this process was very time-consuming, communication was difficult, and it was not very efficient, as the technicians had to wait for weeks before receiving a response from Spain. Faced with these challenges, Recover Foundation decided to create a digital solution to facilitate the exchange of medical information between Spain and this Cameroonian center.

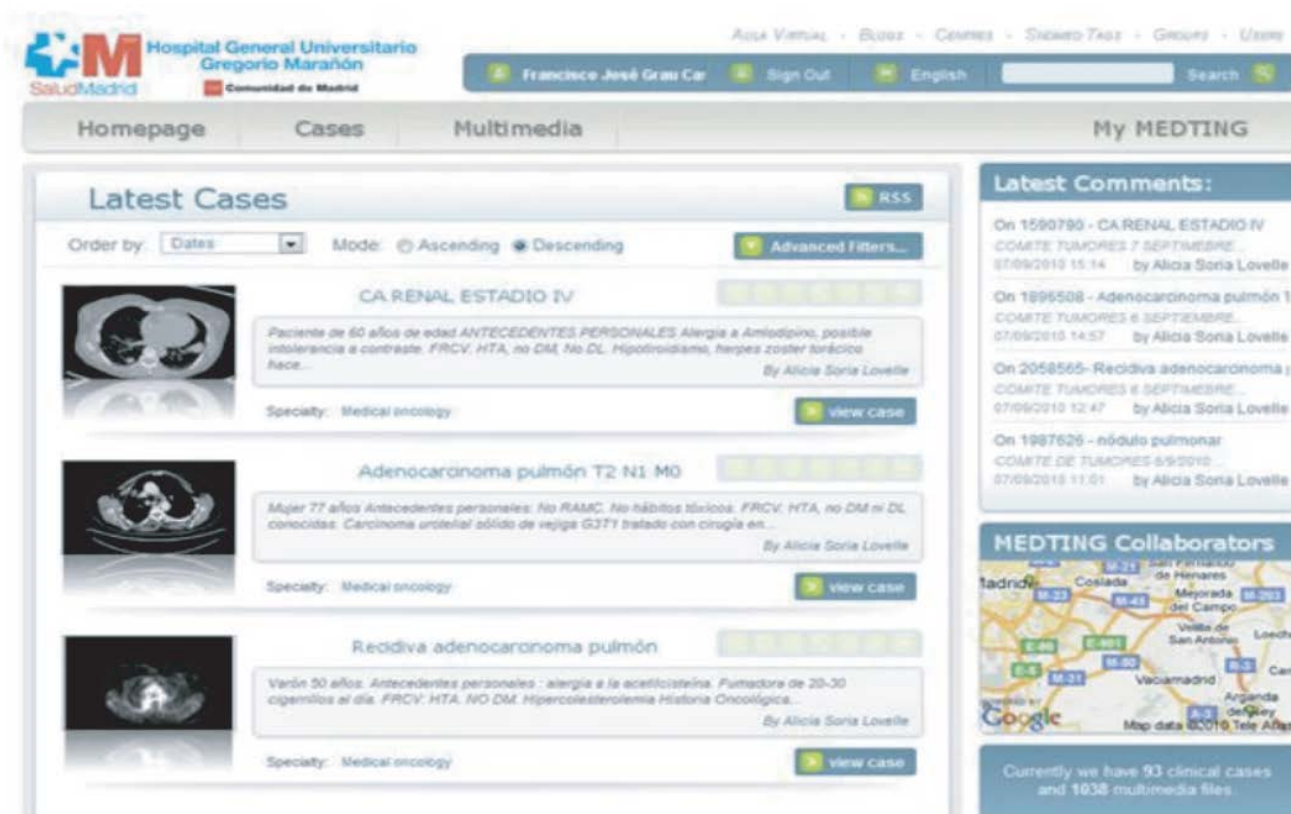
2.1 Health 2.0 Telemedicine on *Medting*

In 2013, telemedicine was developed and implemented in three health centers. At that time, telemedicine was referred to as “Health 2.0” because it was based on the use of Web 2.0 technologies.

Web 2.0 is also known as the “participatory social web.” Indeed, the tools made available to users allow them to interact with websites and to create or contribute content. This content is no longer static, but dynamic. Consequently, through Health 2.0, users can post case studies online for Spanish doctors to review. This tool was hosted on the MEDTING platform, an asynchronous system developed for a Spanish startup and designed to facilitate the discussion of clinical cases among Spanish hospitals.

In 2016, this initiative was taken over by the American company Best Doctors. At the end of 2017, the company decided to shut down the platform.

The results achieved from 2013 to 2017 were quite satisfactory: 27 medical specialties, 45 healthcare centers in four countries participating in telemedicine; 991 diagnostic cases and 49 training participants.



Medting Interface

2.2 Telemedicine on Sparkspace

The migration to a new platform resulted in a change of name. The former tool, "Santé 2.0" (Health 2.0), was renamed "Telemedicine: Healthcare That Connects" and is now hosted on a new platform called Sparkspace. *Sparkspace* is a more accessible asynchronous service that is better suited to collaborative work through both the web and a mobile application. The platform was developed by the Spanish company DIVISA IT with financial support from Quirónsalud.

The tool was designed with local devices and field realities in mind. Users are therefore free to use either the mobile application or the web platform, depending on their preference. Choosing one over the other does not present any difficulties, as both are well adapted to local conditions, particularly regarding internet bandwidth. With as little as 100 megabytes of data, users can access the platform and submit a simple clinical case.



Welcome to *Sparkspace* platform

2.2.1 Services de *Sparkspace*

The *Sparkspace* platform includes four main services: Diagnostic Support (DS), the Media Library (ML), Multifunctional Communities (MC), and one-to-one Chat (CH).

a. Diagnostic Support (DS)

Diagnostic Support (DS) is the most widely used service on the platform and constitutes the cornerstone of the Recover Foundation's telemedicine program.

It enables the sharing of clinical cases and provides support for the diagnosis and management of patients through clinical cases uploaded by healthcare professionals. The service is led by African medical professionals, with support from specialists in Spain and other countries.

In practice, whenever a physician, nurse, midwife, nursing assistant, or healthcare technician in Africa encounters a complex case in the field, the case is uploaded to the Diagnostic Support (DS) section of the platform. It is then assigned to one or more specialists, who provide guidance through comments, recommendations, and relevant reference materials to assist their colleagues in diagnosing and managing the patient.

Healthcare providers in Africa upload their patients' cases on their phones using an integrated form available on the platform. The form includes fields for various anonymized data, such as the patient's age, sex, suspected condition, medical and family history, vital signs, laboratory findings, current diagnosis and treatment, as well as the option to upload supporting multimedia files, including documents, images, and videos.

Nuevo caso médico

Datos básicos Antecedentes Diagnóstico y seguimiento Adjuntar ficheros

Patología *

Sexo del paciente * ☐ Masculino ☐ Femenino

Edad del paciente *

Razones por las que comparte este caso en SPARKSPACE

Especialidad *

Palabras clave

Los campos marcados con * son obligatorios.

Siguiente Cerrar

The specialist volunteer receives a notification by email or through the mobile application, reviews the case, and provides a response in the comments section. Depending on the patient's condition, additional diagnostic tests may be recommended or requested.

AD-0002789 - Constipation | Magloire DJOUMENI | Inf | CS Kueka, Cameroun

Seleccionar idioma

Datos básicos

Número de caso AD-0002789

Fecha de publicación 04/06/2026

Sexo del paciente Masculino

Edad del paciente 68

Palabras clave Légère ballonnements

Especialidad Medicina Interna Cirugía General y Digestiva Radiología

Razones por las que comparte este caso en SPARKSPACE

Meilleurs prise en charge

Documentos

41bf2796998f40fda9225938a... 66.31 KB

IMG_20260604_083908_656.jpg 4.19 MB

IMG_20260604_083858_125.jpg 5.46 MB

VID_20260604_083920_469... 22.80 MB

Comentarios

Ignacio PASTOR | Radiologue péd | Colab @ipastor hace 5 días

No tengo experiencia en adultos, pero me llama la atención que no existen heces en el intestino grueso y cuando se introduce contraste en el colon ascendente se observan en la pared intestinal pequeñas burbujas aéreas y no se si en las diverticulitis se ven así, pues mi experiencia es con neonatos con enteritis necrotizante que pueden verse burbujas de aire, aunque no es el caso de este hombre, aunque si genericamente en las enteritis y no tengo experiencia en trombosis mesenterica

Magloire DJOUMENI | Inf | CS Kueka, Cameroun @mdjoumeni hace 5 días

Merci beaucoup Dr Ignatius .

Atenea MORCILLO | Radiologie | HUMAN COOP @amorcillo hace 5 días

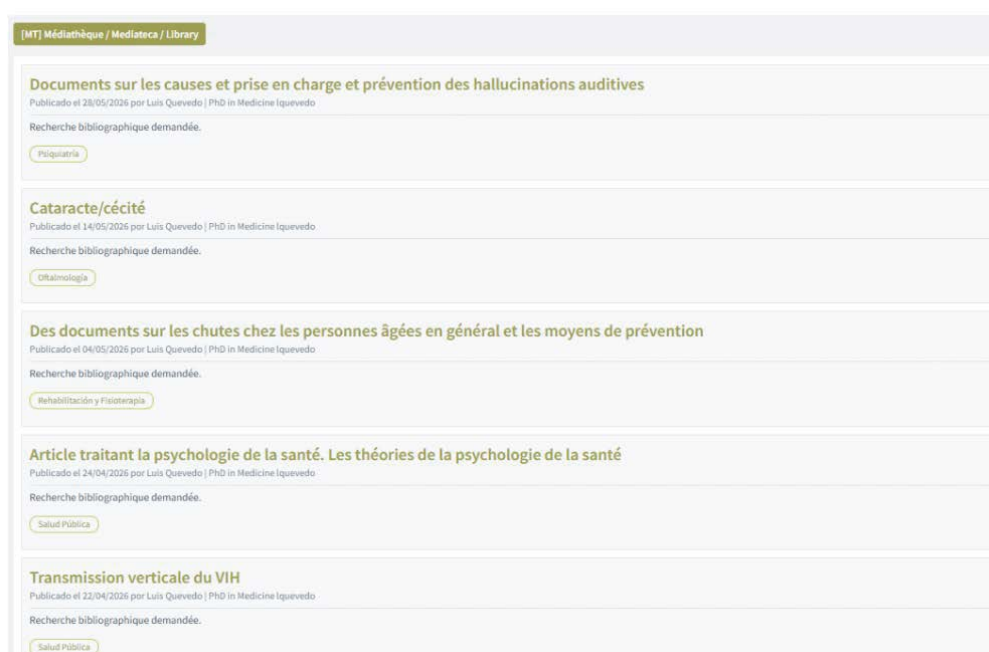
J'ai examiné les images et sur la radiographie abdominale, on observe une dilatation des anses de l'intestin grêle et du gros intestin, avec une image en bec au niveau du colon descendant distal, qui sur les coupes coronales du scanner semble correspondre à une masse hyperdense occupant la totalité de la circonférence du colon, avec des signes d'infiltration de la graisse, y compris de la gouttière pariéto-colicque ipsilatérale, avec un implant arrondi d'environ 1,5-2 cm.



b. Media Library (ML)

The Media Library is a virtual library whose documentation and various services were provided until 2024 by the Spanish NGO “**Información Sin Fronteras (Information Without Borders)**”. Since then, it has benefited from the support of a volunteer specializing in documentary research.

Articles and bibliographic references on various medical conditions have been shared through the Media Library. It is designed for both healthcare practitioners working in health centers and researchers (such as nursing and medical students) for their various academic and professional projects, including presentations, dissertations, theses, and publications. To obtain information from the Media Library, users must complete a questionnaire available on the platform. The request is then handled by volunteer experts in documentary research.



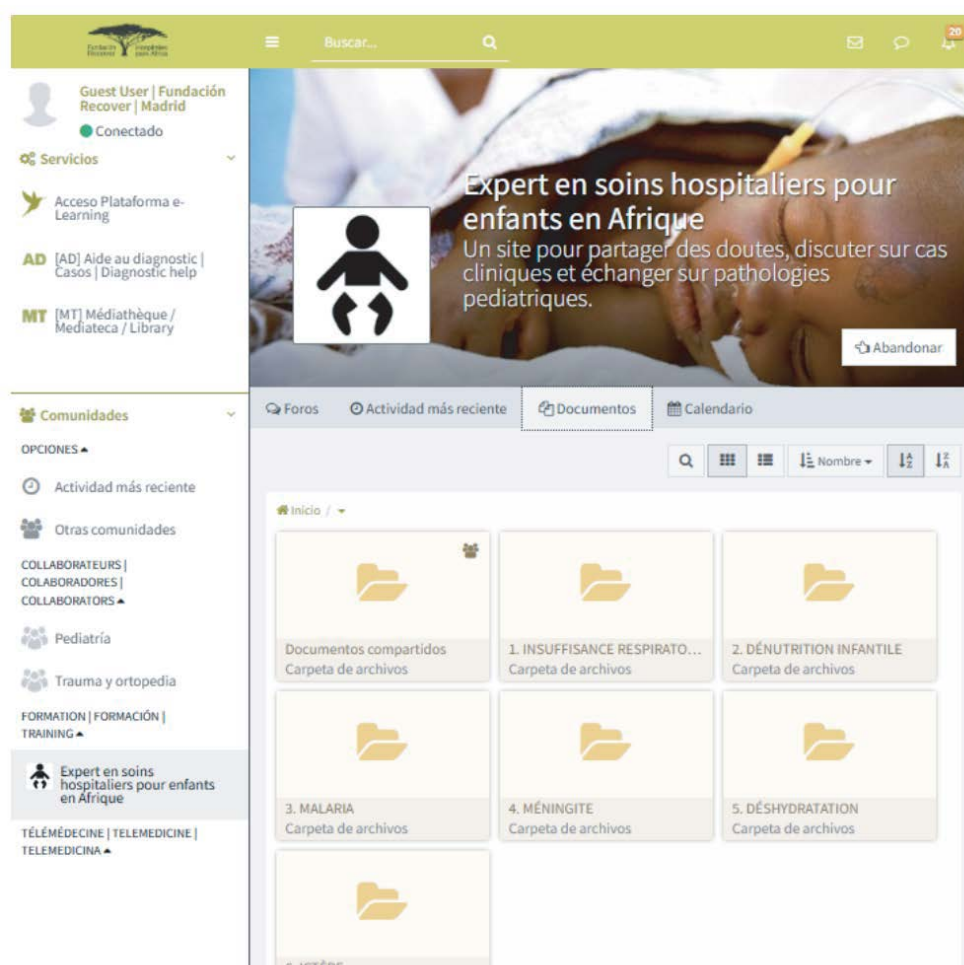
c. Learning Communities (LC)

These are private spaces within the platform that enable targeted activities, such as training sessions. These spaces allow participants to share educational materials related to the training and to obtain further clarification on topics they have not fully understood.

Each community includes a forum where learners can ask questions directly to trainers, as well as a document management service where training presentations and other resources can be downloaded.

The communities are not accessible to all users; they are only available to people directly involved in a specific activity. Several communities exist on the platform, including the African Pediatric Hospital Care Experts Community, the Sick Cell Disease Screening Campaign Community, the 2023 Ultrasound Course Community, and the ECG Cardiology Community, among others.

- **The African Pediatric Hospital Care Experts Community** aims to share clinical questions, discuss clinical cases, and exchange knowledge on pediatric conditions. Led by Spanish pediatricians, this community, at the request of healthcare center staff, has initiated several online training sessions on topics such as child malnutrition, neonatal jaundice, childhood dehydration, and other related subjects.



Each topic is followed by an in-depth session held via videoconference.



Poster announcing the training of the African Community of Experts in Pediatric Hospital Care

d. One-to-One Chat (CH)

The One-to-One Chat enables direct and immediate communication with any member of the platform, once this type of communication has been approved. It also allows users to send files.



2.3 Evolution of Telemedicine

Over the course of its thirteen years of existence, Recover's telemedicine program has gone through several key stages:

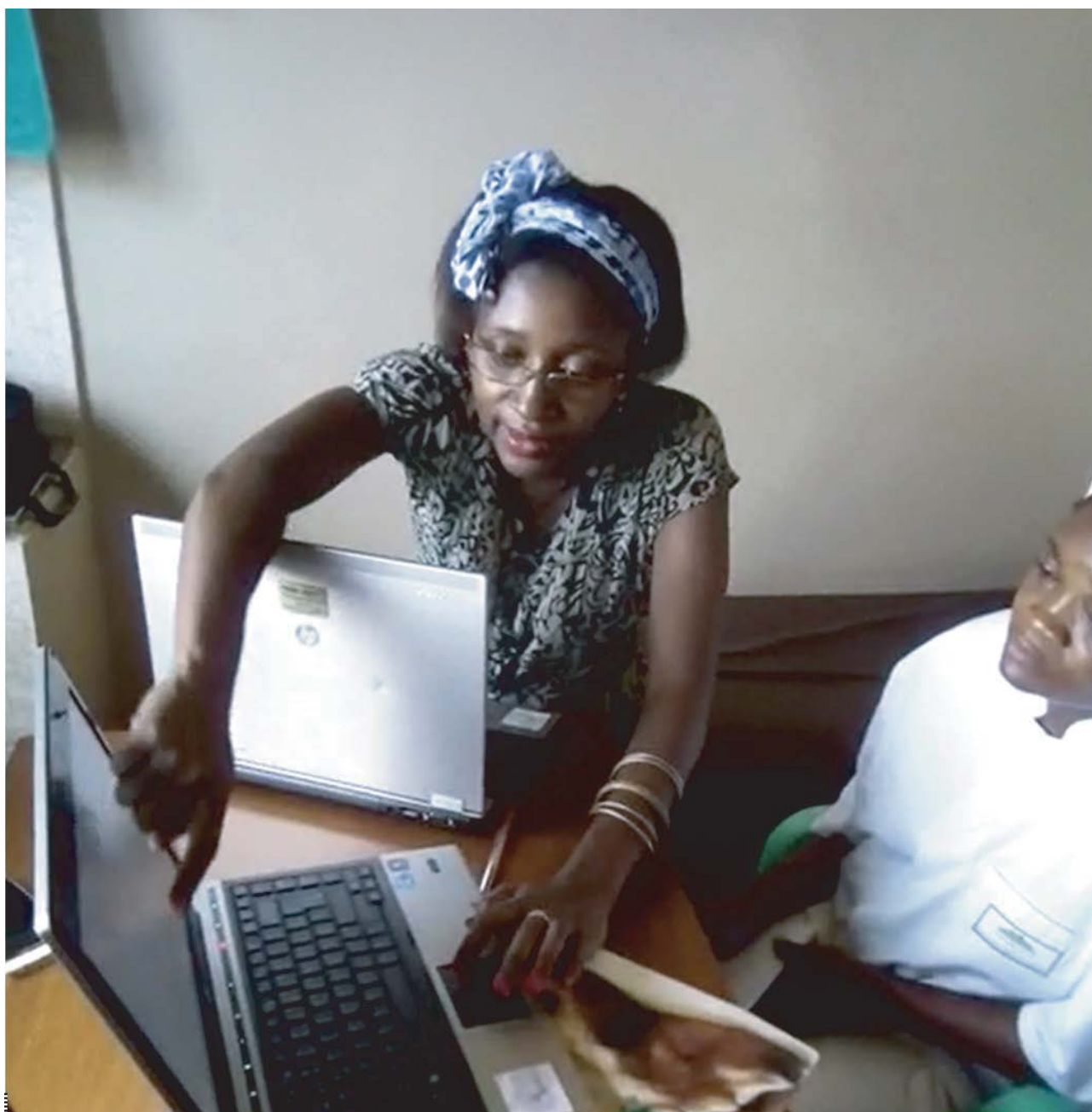
2013. First Meeting of Telemedicine Professionals in Cameroon

The first meeting brought together approximately 30 participants, with the presence of three Spanish volunteers specializing in radiology, family medicine, and thoracic surgery. Since then, these meetings have been organized annually. In 2019, they evolved into the “**Santé 2.0 Cafés**”, now known as “**Telemedicine Cafés**.”



2015. Recruitment of a Local Coordinator in Cameroon

Telemedicine activities were initially promoted in the field by a long-term volunteer, Silvia Lorrio, who returned to Spain in 2014 following the Ebola epidemic. Subsequently, Fundación Recover hired a local professional, Marcelle Medou. Since joining the Foundation, she has played a pivotal role in the development of the telemedicine program, supporting its implementation across several regions of Cameroon, including the Centre, West, South, Littoral, East, and Far North regions.



In recent years, the telemedicine program has expanded to the Democratic Republic of the Congo, followed by Burkina Faso, Benin, and Côte d'Ivoire. Contacts have also been established with Sierra Leone, Tanzania, Madagascar, Burundi, Uganda, Mauritania, and the Sahrawi refugee camps in Algeria.



2016. Deployment in Côte d'Ivoire

Two project managers, Benjamin Kouakou followed by Romeo Adjobi, supported this phase of the deployment. Between 2016 and 2018, fourteen healthcare facilities were enrolled in the telemedicine program; however, only a few became actively engaged. In 2019, due to the limited results achieved, Recover Foundation decided to discontinue the project manager position in the country.



2016. Launch of the Telemedicine Awards

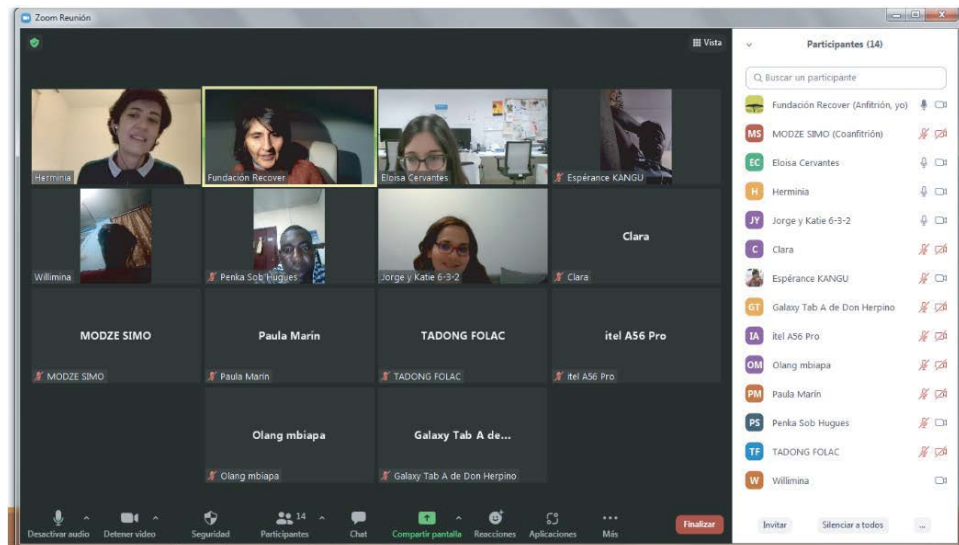
The Telemedicine Awards were established to recognize the motivation, dedication, and commitment of the most active African healthcare professionals involved in the telemedicine program. Since their launch, 26 professionals have received a training scholarship in either Spain or Cameroon, along with computer equipment and internet connectivity to support their professional activities.



2018. Creation of Thematic Communities

Training communities were established around specific medical specialties or pathology. The first initiative focused on neurology, combining the sharing of educational materials with videoconferencing sessions. This approach later evolved into **training capsules** complemented by online sessions.

In 2020, the Pediatric Experts Community and the COVID-19 Community were launched. In **2022**, additional communities dedicated to psychiatry, ECG cardiology, sickle cell disease, and cervical cancer were created. To date, more than 220 participants have benefited from these training sessions.



2021. FOREDEPROSSAM Project in Mental Health

The FOREDEPROSSAM project aims to train students and healthcare professionals in western Cameroon in scientific research, with a particular focus on health and mental health. The literature-search training programme focuses on academic excellence and reducing plagiarism in the health sciences. Participants use the Media Library to request scientific articles and other reference materials to support their education and research activities. To date, more than 992 people have benefited from this service, including final-year project supervisors and directors of health schools in Cameroon.

FORMATION GRATUITE !

THÈME Recherche documentaire pour une pratique clinique et les travaux scientifiques de qualité.

Cible: Professionnels et étudiants en santé et santé mentale.

22 Janvier 2022

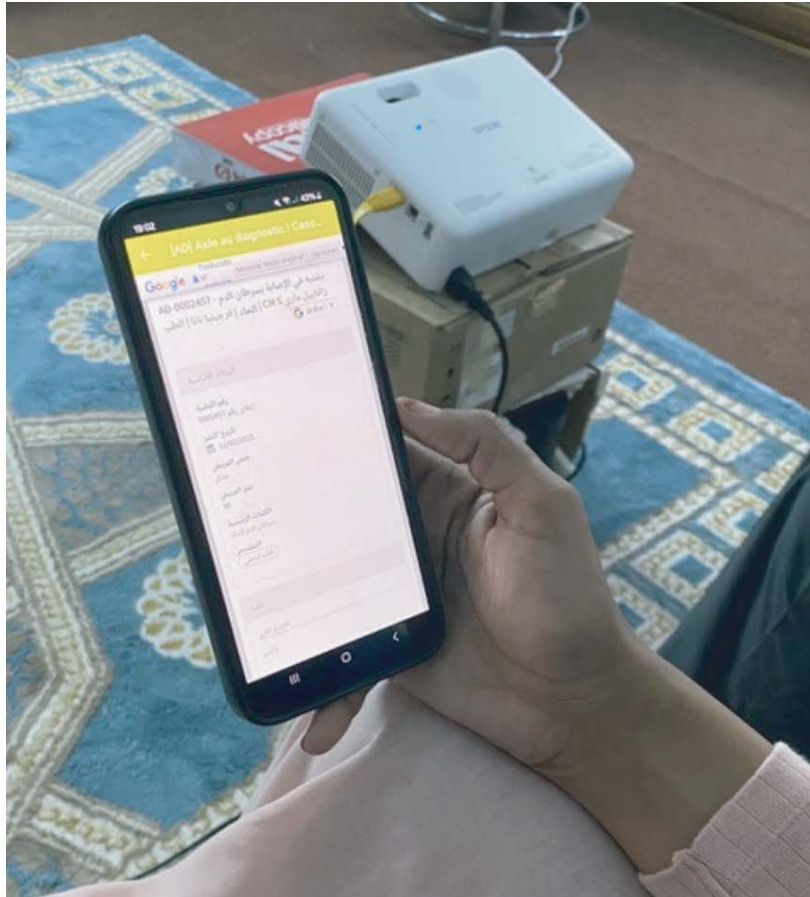
NOS PARTENAIRES

CONTACTS: 696137639 / 670335791 sarispsysante20@yahoo.com
sarispsysantésarispsihealth-officiel

Dischang, après l'agence ENEO (Ex SONEI) au premier étage de « maison blanche SONEI »

2021. Launch of the Sparkspace Mobile App

The launch of the *SPARKSPACE* mobile application marked a major milestone, particularly in Africa, where most users access the platform primarily through their mobile phones. The app facilitates case follow-up, enables faster responses from volunteer specialists, and enhances communication and collaboration with African healthcare professionals.



3. DISTINCTIVE FEATURES OF SPARKSPACE TELEMEDICINE

Recover Foundation's telemedicine program stands out from other initiatives in several respects. First, it places a strong emphasis on medical ethics. Second, it does not replace healthcare professionals, and third, it is a resilient service that adapts to local African realities, which are often very different from European healthcare settings and standards. Finally, it provides local healthcare professionals to update their knowledge and clinical skills.

3.1 Digital Medicine That Respects Medical Ethics

Medical ethics refers to the set of professional standards and rules of conduct that guide healthcare professionals in their interactions with patients. These principles include, among others, medical confidentiality and patient referral.

Medical confidentiality aims to protect the patient's privacy, while referral ensures that patients receive appropriate care by transferring them to a more qualified healthcare facility when the current facility does not have the necessary expertise or resources.

In telemedicine, patient privacy is preserved through the protection of personal data, and the telemedicine system requires that patients be referred for further care in emergency situations when necessary.

3.2 Patient Data Protection

Patient data protection is a fundamental requirement for participating in telemedicine. It is formalized through the "Telemedicine Commitment" document, which consists of seven articles. Article seven states: "When I share a case on Sparkspace, I commit not to upload patients' personal data (name, surname, telephone number, or facial photographs that could identify the person), in accordance with the General Data Protection Regulation (EU) 2016/679: (<https://eurlex.europa.eu/legalcontent/FR/TXT/HTML/?uri=CELEX:32016R0679&from=ES>).

Participants therefore understand that any case uploaded to the platform must contain only medical information and must not include any other data that could personally identify the patient. Signing this document is the act that grants access to the creation of an account on the platform.

3.3 Referral of Medical Emergencies

In line with medical ethics principles, healthcare personnel are required to refer all medical emergencies appropriately. This is one of the reasons why Recover Foundation chose an asynchronous telemedicine model.

The asynchronous model is based on the fact that telemedicine is supported by physicians who

are Spanish volunteers and volunteers from other countries around the world. These professionals work regularly and provide support in their respective hospitals and will only participate in the platform when they finish with their own local work. Therefore, emergency cases cannot rely on assistance from physicians who are not required to provide immediate responses.

Consequently, the nurse or healthcare provider who receives the patient is responsible for assessing the patient's immediate condition. If the patient is considered to be in a critical situation and the healthcare provider's available skills or resources are insufficient, they have the obligation to refer the patient to an appropriate hospital or healthcare facility.

3.4 A Form of Medicine That Does Not Replace Human Expertise

Another distinctive feature of this telemedicine approach is that it does not replace human interaction and expertise. It is not simply a tool that collects medical parameters and automatically generates a treatment plan. On the contrary, healthcare professionals are involved throughout the entire process.

A healthcare professional (physician, nurse, or midwife) is the one who physically examines the patient. The same healthcare professional then transfers the patient's clinical history to Spanish specialists and other experts to support diagnosis and provide guidance on treatment. In this way, the patient is not left alone with an application or an automated system but is followed by trained and qualified healthcare personnel. As a result, prescription practices are supervised, and the quality of patient follow-up is improved.

This approach is particularly important because self-medication is becoming increasingly common in Africa, where people may sometimes adopt information found on the internet without taking sufficient time to verify its accuracy or reliability.

3.5 A Simple and Resilient Infrastructure Adapted to Local African Realities

Resilience is a term borrowed from physics, where it refers to the ability of a material to withstand an impact or to return to its original shape after being subjected to shock or pressure.²¹

A resilient infrastructure is one that contributes to long-term sustainability objectives while incorporating measures designed to improve its capacity to withstand and adapt to shocks and stresses. The practice of telemedicine generally requires access to a reliable, high-bandwidth internet connection, as well as the use of appropriate digital devices and high-resolution images, including computers, digital cameras, video cameras, and Wi-Fi connectivity.

21. <https://www.oecd.org/fr/themes/infrastructures-durables-et-resilientes.html>

In the European context, these requirements generally do not pose a significant barrier. In many parts of Africa, however, access to a computer, a digital camera or video camera, and a reliable internet connection remains a luxury. As a result, conventional telemedicine may be impractical or even impossible in many remote areas, despite the fact that these communities are often the most affected by shortages of healthcare professionals.

To address these challenges, and building on the lessons learned from Medting, the previous platform, a new, more flexible platform was developed. It was designed to operate with minimal internet connectivity and to be accessible from both computers and smartphones, the latter being far more widely available to the local population.

3.6 Required Devices: A Smartphone and/or a Computer

To participate in Recover Foundation's telemedicine program, users must have access to a smartphone, computer, or tablet with an internet connection. Across the healthcare facilities involved in the program, participants have reported that they prefer using their smartphones. The platform has therefore been optimized to support images and videos captured with smartphones.

As a form of recognition for their active participation on the platform, some users receive free internet connectivity, provided annually by Recover Foundation.

3.7 Strengthening Skills and Enhancing Academic Training

Another distinctive feature of Recover Foundation's telemedicine program is that it enables African healthcare professionals to continuously update their knowledge while encouraging them to pursue further academic and professional training.

3.8 Awards and Recognition Received by the Telemedicine Program

The originality of the Recover Foundation's telemedicine program has been recognized with eight awards, acknowledging its contribution to the training of healthcare professionals in Africa and its role in improving healthcare for vulnerable populations with limited access to medical services.

The telemedicine program has received the following distinctions:



Prix des 100 meilleures idées (2016)

Prix Anesvad (2016)

Prix DKV Innovation (2017)

XVIIe Prix Fondation Cofares (2017)

IXe Prix SaluDigital (2017)

Prix de l'Association espagnole des fondations (2017)

Prix de la Société Espagnole de Neurologie — SEN (2018)

XIVe Édition du Prix ABC Solidario (2018)

4. RECOVER FOUNDATION TELEMEDICINE: A MEANS OF CONTINUING EDUCATION FOR LOCAL HEALTHCARE PROFESSIONALS

Telemedicine is not limited to uploading clinical cases online each week. Beyond the cases submitted, it includes the comments and feedback provided by specialists. These responses are generally accompanied by practical recommendations, scientific articles, and the most up-to-date medical literature available.

The specialists' comments provide an opportunity for physicians to share with African colleagues new techniques, innovative approaches, updated treatment dosages for certain conditions, and the latest clinical protocols, which are sometimes not even available through local partners.

Through the training sessions organized within the communities, some trainers also demonstrate to healthcare professionals how to create, from basic resources, a practical “tool” capable of performing functions like those of specialized equipment in crisis situations.

4.1 Enhancement of Academic Training for African Healthcare Professionals

Academic training refers to structured theoretical education received within an institutional setting, such as a school or university. It enables professionals to obtain a recognized qualification or degree issued under the authority of the Ministry of Higher Education.

Recover Foundation contributes to enhancing the academic training of local healthcare professionals through the provision of training scholarships. These scholarships are awarded through the “Telemedicine Commitment Award”, which recognizes three winners each year.

The scholarships are intended to support the recipient's academic training in a field aligned with the needs of their healthcare center or hospital. The training program is selected by the beneficiary in consultation with and with the approval of the head (director) of the healthcare facility where they work.



Antoine Nono
2018 Gynecology internship in Spain



Nurse Marie Clémence Ntolo
2018 Gynecology internship in Spain



Nurse Mary Efufa
2017 Anesthesia Course in Cameroon



François Mani, RN
2019 Ultrasound Training Program in Spain



Ph.D. Roger Nguepy
2019–20 EMDR Therapy Course in Psychology in Cameroon
2024 Neurology Conference in Spain



Laurence Fotie, RN
2018–19 Nursing Classes



Fleur Damou, RN
2018–19 Gynecology Internship in Spain



Raymond Folac Laboratory Technician
2018–19 Laboratory Courses
2026 Bacteriology Courses



Nurse Eric Marcel Nheghachie
2019–20 Nursing Course in Cameroon



Lab Technician Willimina Tatsinkou
2019–20 Blood Transfusion Training in Cameroon
2025–26 Laboratory Health and Safety in Cameroon



Herpin Awono, RN
2019–20 Ultrasound Training



Cyrille Tasson, RN
2020–21 Epidemiology Course



Hugues Penka, RN
2020–21 Laboratory courses in Cameroon
2025–26 Clinical cytopathology courses in Cameroon



Magloire Djoumeni, RN
2022–23 Nursing Course in Cameroon



Hermann Smith Tchedje, RN
2022–23 Nursing Course in Cameroon



Jean Calvin Njibokeu, RN
2023–24 Nursing Course in Cameroon



Olivier Folefack, RN
2023–24 Mental Health Courses in Cameroon



Dr. Martial Ngounzo
2025 General and Digestive Surgery Internship in Spain



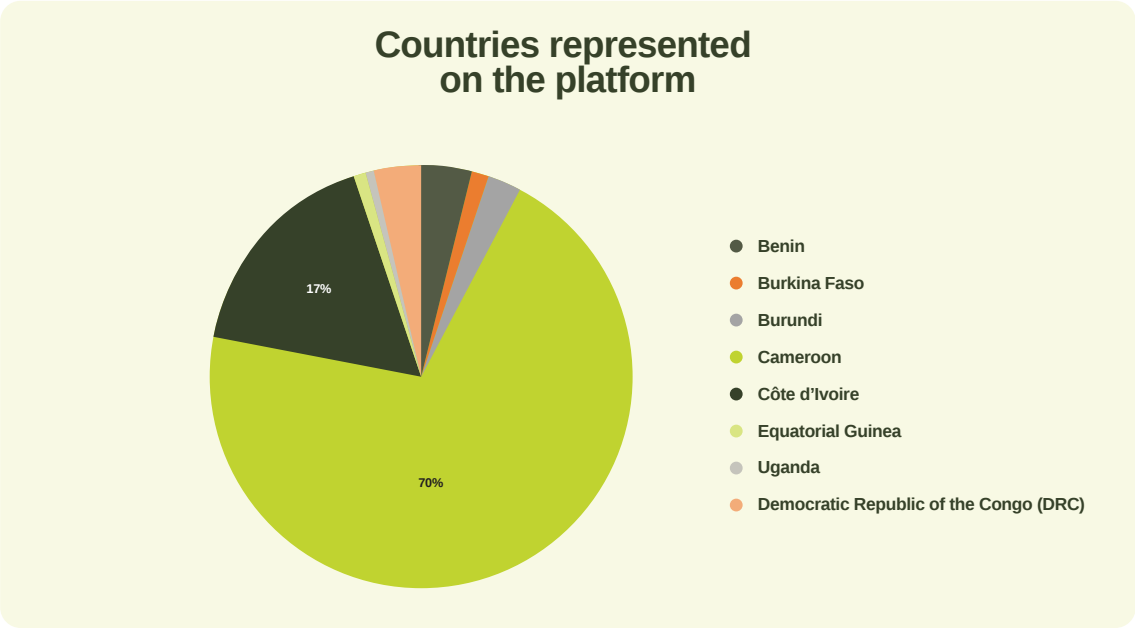
Fadimatou Mapon, RN
2024–26 Ophthalmology Course in Cameroon



Herman Gael Nampa, RN
2024–26 Master's in Public Health in Cameroon

5. ASSESSMENT OF RECOVER FOUNDATION TELEMEDICINE PROGRAM

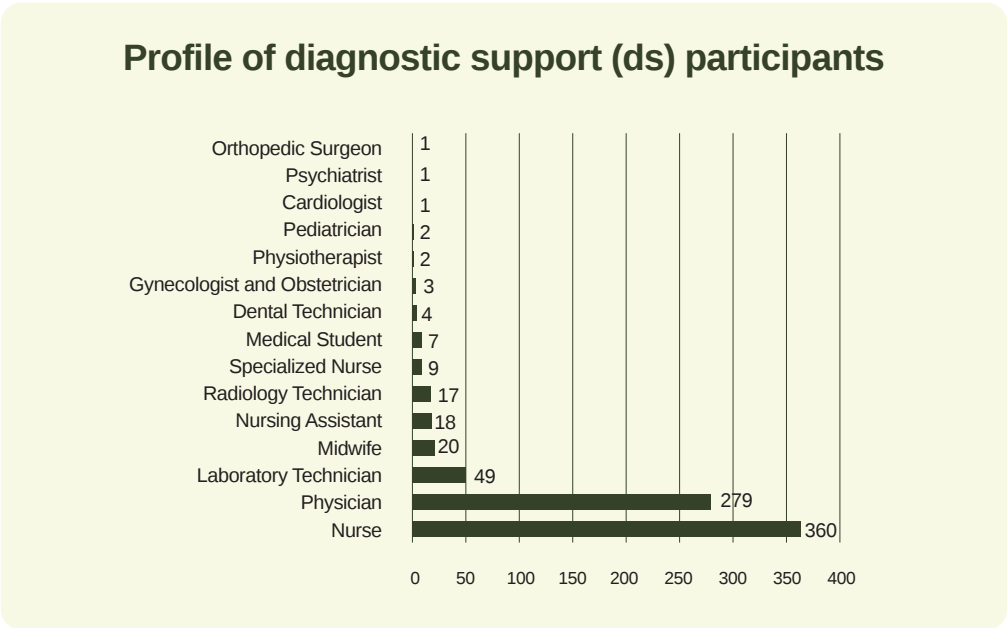
As of June 2026, the telemedicine program brings together participants from eight African countries: Algeria (Sahrawi refugee camps), Benin, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Equatorial Guinea, Mauritania, and the Democratic Republic of the Congo, who interact and collaborate with Spanish specialists.



To date, the telemedicine program includes:

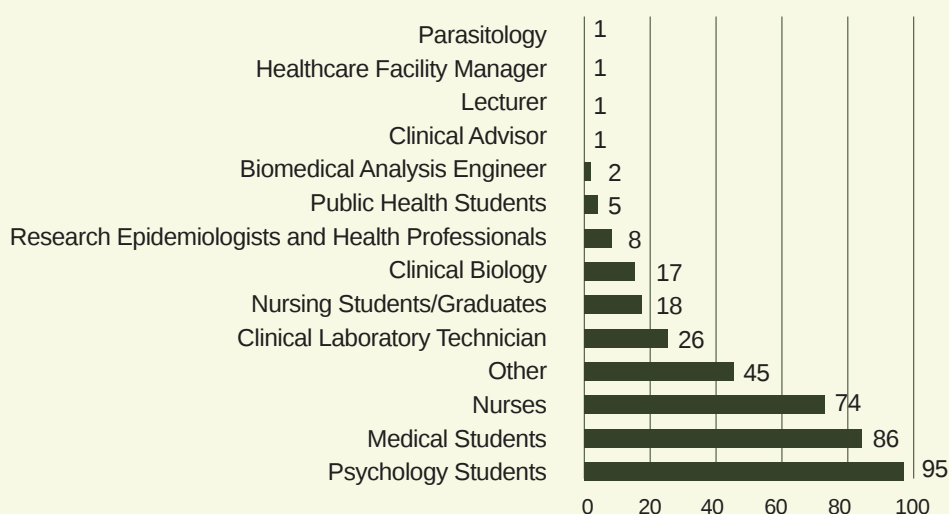
- **522 participants** from eight registered countries on the platform.

A very high level of participation from nursing professionals has been observed in the **Diagnostic Support (DS)** service. This demonstrates that nurses are managing patient cases that, in other healthcare settings, would typically be handled by physicians.



- This chart highlights the higher proportion of nurses and **healthcare technicians** compared with **physicians** and **medical specialists**.
- This profile differs from that of **Media Library (ML)** users, who are primarily **undergraduate and master's students**. The Media Library has **379 participants**, including medical students, public health students, researchers, university faculty members, etc.

Media library member profile



- **77 volunteer specialists** from Spain, the United Kingdom, Canada, Germany, and Argentina, with an equal distribution between public hospitals (50%) and private healthcare institutions (50%). Since the telemedicine program was established, a total of 179 volunteer specialists have participated.
- 23 medical specialties, including anesthesiology, cardiology, general and digestive surgery, dermatology, endocrinology, gynecology and obstetrics, laboratory medicine, chronic disease management, family medicine, internal medicine, neurology, dentistry, ophthalmology, oncology, pediatric oncology, otorhinolaryngology (ENT), pediatrics, pharmacy, psychiatry, radiology, nursing, traumatology, and urology.
- **3,800 diagnostic support cases** have been shared through the telemedicine platform. The following table presents the major milestones in the program's development, including its launch, the Ebola epidemic (2014), the enrollment of additional healthcare centers and the launch of the Telemedicine Awards (2016), the migration to a new platform (2018–2019), and the COVID-19 pandemic, which significantly increased participation from 2020 onward.

Evolution of DS activity (Diagnostic support)

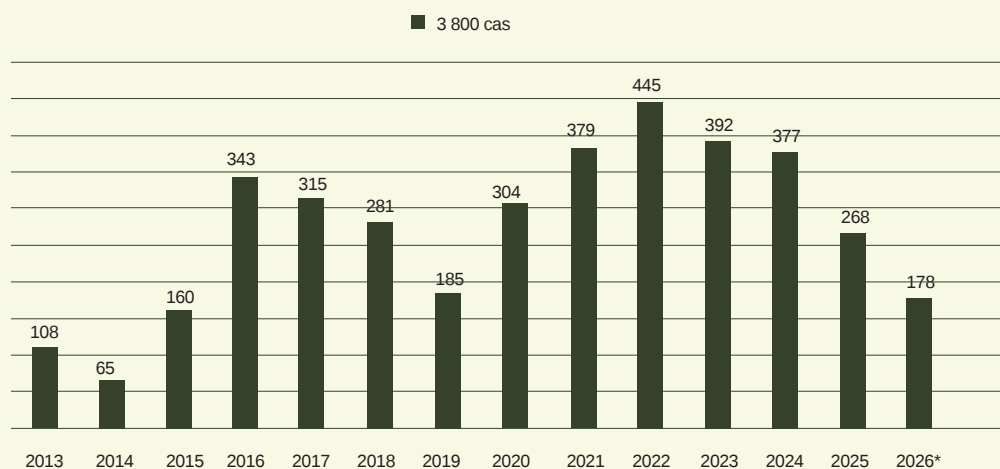


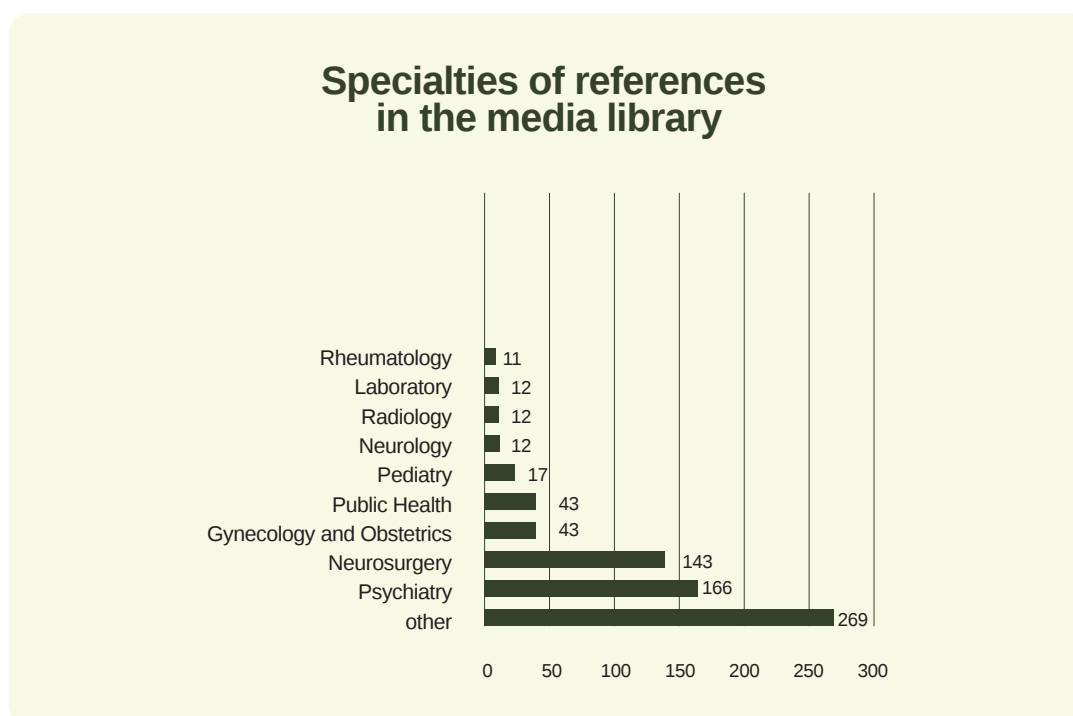
Figure 1 *Nombre de cas à juin 2026

A higher number of requests for diagnostic support have been observed in the fields of gynecology and obstetrics, internal medicine, dermatology, and pediatrics. This distribution highlights the healthcare needs of these patient populations and underscores the demand for specialist support in managing these conditions.

Distribution of cases by specialty



- **728 documents and bibliographic references** are available in the Media Library, covering a wide range of topics, including public health, child nutrition, and many other areas of healthcare.



6. RECOVER FOUNDATION TELEMEDICINE: A TOOL FOR COOPERATION, CLOSER COLLABORATION, AND HEALTH EQUITY

Telemedicine, as a medical practice that integrates information and communication technologies, has evolved beyond the boundaries of virtual interactions. Through these exchanges, it has fostered meaningful relationships that extend beyond the digital environment, creating bonds of solidarity and friendship between Spanish specialists and African healthcare professionals. As such, it has become a genuine instrument of international cooperation and harmonious relations.

6.1 A Catalyst for International Cooperation and Solidarity

International cooperation encompasses all the activities undertaken by organizations to support people in need and to promote economic, social, and cultural development around the world²². It includes humanitarian assistance, development cooperation, and peacebuilding initiatives.

22. <https://www.cinfo.ch/fr/individus/sinformer/quest-ce-que-la-cooperation-internationale>

Telemedicine has enabled Recover Foundation to gain a better understanding of the activities carried out by participating in healthcare centers and hospitals. Based on this indicator, Recover Foundation has implemented additional projects in the most active healthcare facilities.

These facilities, which initially benefited from occasional collaboration as telemedicine participants, have gradually developed broader partnerships with Recover Foundation. This is the case for the Njissé Protestant Hospital and the Batcham Catholic Medical Center, located in Cameroon's West Region. These centers receive comprehensive support and guidance from Recover Foundation to promote further development and progress toward greater autonomy.

Comprehensive cooperation aims to improve infrastructure and equipment, strengthen hospital management, develop the skills of healthcare professionals, and carry out awareness campaigns among local communities. It also includes on-site medical missions conducted by Spanish volunteers.

All these actions are complemented remotely through telemedicine support and online training programs.

6.2 A Tool for Local Solidarity Among Healthcare Centers

Through exchanges on the platform, a form of decentralized and informal collaboration has developed between healthcare centers.

This collaboration is based on the principles of mutual support and solidarity.

One example occurred in 2017 between Saint Luc Hospital in Mbalmayo and the Père Louis Kremp Catholic Health Center. Through its physician, Saint Luc Hospital in Mbalmayo provided in-person consultations for certain cases that had been submitted on the platform by a nurse from the Père Louis Kremp Health Center.

With the evolution of telemedicine and the introduction of new telemedicine devices in healthcare centers, particularly TytoHome devices, this form of solidarity continues to grow. For example, the consulting nurse from the Père Louis Kremp Catholic Health Center (Centre Region) can rely on the support of the physician from Njissé Protestant Hospital (West Region) for image interpretation and assistance with case follow-up. Examinations performed using the device can be shared remotely, allowing continued collaboration and support between healthcare professionals from different regions.

In the same spirit, the Concha Arraiza Mother and Child Health Center in Bogo (Far North Region) can rely on the support of Saint Vincent de Paul Catholic Hospital in Dschang (West Region) for the weekly follow-up of mental health cases and postpartum depression.

This local solidarity is encouraged and valued by Recover Foundation, as it reflects the local

ownership of its vision by healthcare centers and hospitals. These institutions have a moral responsibility to support the development of others so that they can also grow and ultimately provide dignified care to the most vulnerable populations.

6.3 A Tool for Bringing People Together

The physical coming together of people is facilitated through convivial spaces such as telemedicine cafés and telemedicine meetings.

6.3.1 6Telemedicine Cafés: Spaces for Social Interaction and Exchange

Telemedicine Cafés are thematic meetings held annually, bringing together participants from all telemedicine centers within the Recover network.

When the Café is organized virtually, as was the case during the COVID-19 years, participants from other African countries also take part, including those from Benin, Côte d'Ivoire, etc.

The main purpose of these Cafés is to present the Telemedicine Commitment Awards to the most active participants. This award recognizes and rewards healthcare professionals who demonstrate outstanding engagement and consistent participation on the platform.

In addition, Telemedicine Cafés also serve as training forums that strengthen participants' capacities in managing conditions frequently discussed on the platform, such as mental health and cardiovascular diseases.

Beyond the presentation of awards, these Cafés provide an opportunity for virtual collaborators to meet. Participants from healthcare centers across different regions of Cameroon come together physically, fostering professional relationships as well as friendships that strengthen local solidarity.

Through these meetings, a local, face-to-face network of healthcare professionals is developed.

6.4 A Commitment to the Realization of the Right to Health

Through telemedicine, Recover Foundation demonstrates its commitment and determination to provide everyone with dignified and sustainable healthcare. Unfortunately, unequal access to healthcare remains a reality today. Thousands of people die every day because they live in medical deserts or in areas where only the wealthiest can afford access to general practitioners, and even more so to specialist care.

With the exceptional support of Spanish specialists, Recover Foundation is committed to engaging in dialogue with decision-makers and governments. The objective is to highlight telemedicine as a major opportunity to address the limitations of current healthcare systems and to help achieve universal access to healthcare.

7. TESTIMONIES

"I've been involved in telemedicine, as a member, since 2014, and the early days weren't easy as I hadn't yet fully grasped all its benefits. It was in 2018, during the presentation of a case involving a premature newborn admitted to our hospital, that I realised the true impact of telemedicine: Dr Katie's (a paediatrician) recommendations had enabled the team to provide better care for this patient. Between 2014 and 2026, telemedicine has made me a more effective healthcare professional, not only within my own field of expertise but also across all medical specialities, through my involvement in clinical cases, publications, training modules and the award of a scholarship. I am proud to be a member of this platform; I talk about it to my colleagues and students, I encourage volunteers to get involved, and I will never stop being a member."



Willimina Tatsinkou

Medical technician at the Protestant Hospital in Njissé

"I have had the pleasure of being part of the wider telemedicine family since 2015, when I was working at Saint Rosaire Hospital in Mbalmayo (Central Region), and this programme has enabled us to deepen our knowledge. It has assisted us in diagnosing certain conditions, as well as in treating and monitoring patients, particularly in cases involving surgical conditions, gynaecological and obstetric conditions, certain mental health conditions and burns. It has also enabled our staff to develop their curiosity and seek to keep their knowledge up to date in order to provide better care for patients. Some people have also benefited from this support in caring for their sick children in Spain. Thank you."



Magdalena Effufa

Nurse

"I joined the Recover Foundation as part of its telemedicine programme in 2015. Since then, I have been actively involved in this platform, which enables health issues to be referred to specialists in Spain and around the world. The discussions and contributions from these experts help to clarify diagnoses, interpret certain test results and improve patient care.

This experience has made a significant contribution to my training and specialisation in mental health, as well as to my professional and academic development.

In particular, the Recover Foundation has enabled me to specialise in EMDR psychotherapy (Eye Movement Desensitisation and Reprocessing) and to benefit from essential work tools, such as a computer, a mobile phone and an otoscope."

Roger Nguépy

Nurse, PhD in Clinical Psychology and Psychopathology at Saint Vincent de Paul Hospital, Dschang



"The Telemedicine programme is a programme – indeed, 'the key programme' – that enables us to improve and adapt patient care at our centre.

It is a tool that allows us to offer a range of specialist services at our health centre.

Through telemedicine, I learn about cases from other centres, and once I explain the challenges I face, solutions are usually found; I am also able to manage many cases and provide relief to far more patients. What I particularly appreciate is that our Spanish colleagues always make an effort to take local realities into account in the support they provide us.

Thank you, Recover Foundation, for this tool, this help."

Martial Ngounzo

General doctor working at the Monavebe Health Centre and Maternity Ward



“Participating in Recover Foundation’s telemedicine program represents an opportunity for me to connect with a reality that, from Europe, is completely unfamiliar to us.

On the one hand, there is the satisfaction of contributing to the training of African healthcare professionals. On the other hand, as a multidisciplinary program where each participant contributes their own perspective, it also provides an opportunity to learn from colleagues in other specialties.

Laboratory medicine is fully automated in developed countries, and making the intellectual effort to adapt knowledge to the resources available in Africa is, for me, the most challenging aspect. Nevertheless, the experience is truly worthwhile.”

Neus Bassa

Microbiologist

Salzungen Clinic, Berlin, Germany



“Cooperation is often difficult to achieve due to the constraints of our daily lives, and telemedicine provides a very useful tool for collaborating with those who need it most.

Telemedicine offers rapid and practical support to our colleagues in Africa, thereby contributing to better care for patients with limited resources.

In my case, despite the distance, it is very rewarding to be able to support my colleagues and contribute to improving patient care. It is my small contribution to a project carried out with great commitment.”

Jon Cabrejas

Assistant Physician in Internal Medicine, Hospital Universitario del Sureste Arganda del Rey, Madrid, Spain



"The time I have dedicated to telemedicine in collaboration with Recover has been one of the most rewarding experiences of my professional career. From my computer screen, I have been able to support colleagues and patients thousands of kilometers away, and I have learned as much, if not more, than what I have been able to contribute.

Every consultation, every question answered, and every patient who receives guidance they would otherwise not have had access to reminds me that medicine knows no borders.

I feel deeply grateful for the opportunity to make my modest contribution to this cause, and I encourage any colleague who wonders whether it is worthwhile to take part in this experience: you receive far more than you give."



Ana Linares

Urologist at Hospital Universitario Infanta Sofía
Madrid, Spain

"Just a few years ago, a tool like the Recover telemedicine project would have been little more than a beautiful dream. Today, the possibility of sitting at home and taking time to reflect on a clinical case transforms that dream into a responsibility that is difficult to ignore.

Because on the other side there is not only a patient, but also a healthcare team seeking support and a decision that can be better guided. It also involves a leap into the unknown: we never know when, how, or to what extent the assistance provided through our response will make a difference.

However, we know that, in the long term and collectively, this gesture contributes to improving patient care, strengthening the learning of the healthcare professionals who support them, and enriching our own knowledge as well."



Miguel García

Pediatrician, Bustarviejo Health Center
Madrid, Spain



IV. Conclusions and recommendations

Telemedicine represents a major transformation in the organization of healthcare delivery. However, telemedicine-based cooperation initiatives between OECD countries and Africa remain relatively limited. After thirteen years of implementation, the relevance and contribution of Recover Foundation's telemedicine program to health cooperation have been clearly demonstrated.

Its implementation has contributed not only to improving the quality of life of populations but also to reducing inequalities in access to healthcare services and medical knowledge, thereby promoting greater health equity.

All healthcare systems worldwide face numerous challenges, including the issue of medical deserts: the unequal geographical distribution of healthcare professionals. Unfortunately, Africa faces an accumulation of factors that further intensify this situation, making the goal of "health for all," so strongly advocated by the World Health Organization, increasingly difficult to achieve.

The continent's development challenges, along with the socioeconomic and political crises and humanitarian conflicts it experiences, are major factors that amplify medical desertification and widen disparities in access to healthcare services.

Although decisions are being made and actions are being implemented, there is a need to fundamentally rethink the configuration of healthcare systems and integrate telemedicine as part of the range of available healthcare services.

The experience of Recover Foundation demonstrates that it is possible to develop resilient telemedicine adapted to African realities, if there is sufficient commitment and determination, despite the structural weaknesses highlighted above.

Therefore, our recommendations are addressed to three main stakeholders: public authorities, healthcare facilities, and healthcare and technical personnel.

1. To the Public Authorities:

1.1 Strengthen the implementation of existing plans and regulatory frameworks.

Ensure the effective application of already adopted strategies and commitments so that they move beyond the stage of official documents and administrative procedures and translate into concrete actions.

The implementation of pilot telemedicine projects through networks connecting referral hospitals in capital cities with healthcare centers located in rural areas, combined with

rigorous evaluation and the publication of results, would help demonstrate their feasibility and added value.

Such an approach could encourage decision-makers to support telemedicine development and motivate healthcare professionals to become more actively involved in its expansion.

1.2. Digitalize public healthcare systems so that hospitals can transmit information digitally rather than manually, as it is done presently. This requires providing the necessary technical support, including the development of simple information systems adapted to local realities and easily deployable within healthcare facilities.

Once connected to the Internet, these systems would enable not only the regular and reliable transmission of healthcare activity data to the Ministry of Public Health but also the strengthening of healthcare professionals' digital skills and literacy. This would create a favorable environment for the gradual adoption and integration of telemedicine.

1.3. In coordination with other government institutions, facilitate the deployment of high-speed Internet coverage, particularly in rural areas. Access to reliable Internet, while ensuring cybersecurity, can contribute to the development of remote regions. This measure should be accompanied by improved access to electricity. Investment can be made in more sustainable and innovative alternatives, such as using solar energy as a source of power.

1.4. Integrate digital skills into national education plans. Training in digital skills should be provided from school onwards and should also be included in vocational education, not only in university education. The digitalization of healthcare systems also requires the development of continuous training programs for healthcare professionals across different regions of the country, as well as for information technology specialists. These programs should aim to strengthen their capacities in the use of networks, digital platforms, and healthcare information systems.

2. To healthcare centers:

2.1. Strengthen ownership of telemedicine. Healthcare centers should further appropriate and integrate telemedicine platforms within their activities by developing a dynamic of specialization in specific areas of care, such as pediatrics, mental health, and other priority health conditions.

Through this specialization, healthcare facilities would be better able to demonstrate the concrete impact of telemedicine on patient care and thereby contribute to increasing its credibility among public authorities.

2.2. Integrate telemedicine into the healthcare facility's overall strategy in relationship to the objectives of the healthcare center. It contributes to improving access to specialized care, reducing unnecessary referrals, strengthening healthcare professionals' skills, improving the management of hospitalized patients, and enhancing continuity of care.

The World Health Organization emphasizes that telemedicine should be planned, implemented, and maintained as a structured component of the health system, supported by appropriate human resources, organizational arrangements, financial resources, and technological infrastructure.

Therefore, it is important for the management of each healthcare facility to appoint a telemedicine focal point or a small, dedicated team responsible for coordinating telemedicine activities within the center. This team should define objectives, monitor progress, and receive appropriate training so that it can support other colleagues and help address practical challenges that arise.

Such an approach would enable healthcare facilities to move from passive participation to active management of the telemedicine service.

2.3. Communicate the value of telemedicine within healthcare centers. La Telemedicine should be recognized as a distinctive advantage of healthcare facilities and promoted as a strategic tool for improving the quality of care, strengthening institutional positioning, and supporting the development of healthcare activities.

Healthcare facility management can present telemedicine to patients and local health authorities as an additional service that provides access to specialist advice without the need for long, costly, or sometimes impossible travel.

This approach could contribute to increasing the clinical activity of healthcare centers, provided that certain conditions are met. Its impact will depend on the quality of the service provided, the availability and commitment of healthcare professionals, the effective organization of appointments, and appropriate communication with patients and communities.

3. To healthcare and technical staff at healthcare facilities

3.1. Strengthen ownership and use of available telemedicine services. Healthcare and technical professionals should further recognize the practical value of telemedicine in their daily activities. They should understand that telemedicine does not replace their clinical judgment but rather complements it by providing access to second opinions, remote specialist expertise, and support for clinical decision-making.

This is particularly valuable for cases requiring image interpretation and for the management of hospitalized patients, allowing healthcare teams to receive professional guidance from specialist volunteers.

Telemedicine professionals will continue to benefit from the support and accompaniment of Recover Foundation.

3.2. An opportunity to be part of a scientific network. As a learning and knowledge-sharing tool, telemedicine creates a culture of professional exchange, allowing healthcare workers to share knowledge and experiences with colleagues from the same country or from other countries.

Some healthcare professionals may initially be reluctant to share their clinical knowledge, experience, or expertise with colleagues. This attitude can limit professional collaboration, hinder collective learning, and reduce the positive impact of telemedicine.

It is therefore important to promote a culture of collaboration, trust, and knowledge sharing within telemedicine networks in which the exchange of experiences should be understood to improve the health care quality rather than a loss of personal recognition.

3.3. Overcome reluctance to seek training support. Healthcare professionals should be encouraged to overcome any hesitation in requesting educational support when they identify areas for improvement in their clinical practice.

Seeking training or professional guidance should not be perceived as a sign of professional weakness, but rather as a responsible approach aimed at strengthening skills, improving the quality of care, and better addressing patients' needs.

Telemedicine is not merely a technological tool; it is a collaborative working approach that connects healthcare professionals across different levels of care, improves the quality of patient management, reduces professional isolation, and helps address medical deserts, which are the central focus of this report.

Awards received by the Recover Foundation's telemedicine program



**The Recover Foundation
Telemedicine program is possible
thanks to its partners**

