How Digital Health Platform 1DOC3 exploits the Global South

5 minutes to read

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1DOC3, a recently created Colombian digital health platform, claims to be the future of medicine. With a public discourse of universal access, its business model profits from global inequality.

Technocapitalism, data and 1DOC3

V. Voloshinov was probably thinking about global technocapitalism in 1929 when he wrote that *"sign becomes an arena of class struggle"*. How do you convince billions of people to provide their data to you for free and willingly if you don't speak their language? The answer lies in seemingly positive words such as "community", "connectivity" and giving away your product "for free". Who could be against this? Yet the ideological struggle over the meaning and evaluative accent of these signs is apparent: "community" is understood as "market segment"; "connectivity" becomes "surveillance"; and "gratis" means ... well, if you're not paying for it, it means that somebody else is paying for you.

This is the case of 1DOC3, a new digital health platform. Its website defines it as a free telemedicine app in which *"doctors answer your health-related questions anonymously and for free"* with the aim of providing millions of people with trustworthy medical information. In business publications, however, its CEO adds a second objective: *"to turn the collection and organization of all those interactions into information, or insights, that can be used by the healthcare industry, health insurers, the pharmaceutical industry, and even governments"*.

1DOC3: a success story

1DOC3 is a Colombian startup founded in 2014 by Javier Cardona, its current CEO. When Cardona launched his company, he had experience in tech companies and was an experienced player in the world of finance. The first substantial financing for 1DOC3 came from his former employers' startup accelerator, Wayra, owned by telecommunications giant Telefónica Movistar.

In 2015, it was added to the launch of Internet.org in Colombia, the highly controversial initiative by Facebook, which was looking for content written in Spanish for its platform. In 2016, Mark Zuckerberg himself praised the

company during a public event, which was widely covered by Colombian media as a reason for personal and national pride.

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Latin American tech companies are the panacea of vernacular capitalism: they show the world that *we* too can be globally successful; at the same time, *we* can bring some of that glory to our home countries. It doesn't really matter whether the company is located in a tax haven or whether it is actually funded by American venture capitalists such as TheVentureCity (who raised U\$S 2 million for 1DOC3 in 2017). It's the Latin American dream: socially responsible, economically successful and blessed by the American corporate heavyweights.

How does it work?

In its early years, the platform emulated the Uber model by contacting health-related questions asked by anonymous users with identifiable certified doctors, who answered them. These first answers were provided by human doctors. However, the main objective was to train artificial intelligence technology specialized in recommending one of the already available answers to every new question.

> **Doctors are not paid for their content. Instead, they are offered "online presence", "networking", "more connection with our patients" and "being able to help more people with our knowledge".**

In the current state of the application, a user can receive an answer immediately from the database or wait from one to several hours to receive an answer from a human doctor. Cardona claims that the app's current user base consists of 1.5 million Spanish-speaking individuals, but plans to reach 21 million this year. This exponential growth in the user base is expected thanks to the integration to Free Basics by Facebook.

What do doctors receive in exchange for their content? According to a recruitment post, they are not paid for their content. Instead, they are offered "online presence", "networking", "more connection with our patients" and "being able to help more people with our knowledge".

What do users receive in exchange for their AI training questions and personal and medical data? Either second-hand answers or new answers provided by doctors who are not being paid and who cannot provide any clinically valid assessment.

Public discourse and business models: Free? Basics for the Global South

1DOC3's public discourse revolves around a free product and universal access to healthcare, especially in poor countries. It is integrated in the Free Basics by Facebook initiative, which is delivered in Latin America and Africa to an unknown number of beneficiaries.

What is Free Basics? An initiative by Mark Zuckerberg's company to connect people to the Internet who currently have no access, either because they live in areas without internet coverage, or because they can't pay for a connection. For the latter, Facebook strikes deals with mobile carriers to offer a small number of services (the

"free basics") through an app for free. This is the core of the proposal, and its most controversial side: the initiative affects the principle of net neutrality because it curates Internet access. To millions of poor people in Africa and Latin America, the Free Basics services have become the only Internet they have access to.

However, the humanitarian model (albeit restricted) also has an attractive economic side: beneficiaries of Free Basics don't pay in money, but they do pay by providing data and labor. When using these services, they generate personal information that goes straight to the app owners' databases. What is this information used for?

> **"Universal access to healthcare" is the new name for global inequality, in which Global South data are harvested to cure the First World.**

Well, that depends. Facebook is known for selling users' data to political consultants, for example Cambridge Analytica, a company that didn't make most of its revenue from the glamorous Trump campaign or Brexit, but from presidential elections in developing countries.

In the case of 1DOC3, data is sold to insurance companies and the pharmaceutical industry. 1DOC3 offers three different products based on this model:

1. "Dr. Plugin" is a chatbot integrated to insurance companies' own platforms, trained by 1DOC3 questions and answers;
2. "Awareness" offers segmented communication and advertising campaigns based on users' data; and "
3. Digital Insights" prepares reports for pharmaceutical companies, collecting information on rare diseases, medication use and medication effects, according to users' symptoms.

Global South data to cure the Western World.

The pharmaceutical industry has a history of "collaboration" with the Global South by testing new drugs in countries with fewer regulations and cheaper infrastructure. Patients involved in these trials usually see them as the only way to access medical treatment in countries where the welfare state has retreated and basic human rights, such as healthcare, are not guaranteed. The medical outcome of these trials, however, is only accessible to those who can afford it. From an economic standpoint, the upper and upper-middle classes – especially in the wealthy First World – have traditionally benefited from research conducted on the poor.

The distribution of 1DOC3 through Free Basics takes this model to a planetary scale: multinational corporations collect very sensitive information from poor people to develop medical goods for upper and upper-middle class consumers, usually in First World countries.

This business model needs a specific public discourse: "universal access to healthcare" is the new name for global inequality, in which Global South data are harvested to cure the First World.