

# A Literature Review of Tele-dermatology Programs in the South African Public Health Sector: KwaZulu-Natal perspective

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## Introduction:

South Africa's HIV/AIDS prevalence rate is 17,9%, the highest being in KwaZulu-Natal. Dermatological diseases are linked to HIV/AIDS. Tele-dermatology was not part of the 1998 National Telemedicine Project. Only phase I (of three) was implemented in 2000. South African telemedicine-survey of 2010 depicts tele-dermatology as one of the most common types of telemedicine implementations. Videoconference based tele-dermatology service commenced in KwaZulu-Natal in 2004. The aim is to report on the current status of tele-dermatology programs in public health with a KwaZulu-Natal perspective.

## Materials and Methods:

Literature review used Scopus, PubMed, Science Direct, and searching of grey literature. Search terms were "tele-dermatology" OR "teledermatology" OR "telemedicine" AND "South Africa" OR "KwaZulu-Natal", with no date exclusions. One-hundred-and-fifty-nine sources were identified. Abstracts were read and sources extracted with reference to tele-dermatology programs. Ninety-three sources after removal of duplicates. Full-texts were read, synthesised and analysed. Sources from 1995 to 2015 form the basis for 12 programs. The tele-dermatology programs were analysed using the 2015 MOMENTUM-TREAT toolkit developed by the European-Union in support of scale-up and integration of telemedicine into routine healthcare.

## Results:

Of the 12 programs identified, six (50%) are tele-dermatology, five (42%) are tele-dermatology related and one is (8%) general telemedicine. Evidence support tele-dermatology's potential to alleviate the referral-load. Little to no evidence of full-scale integration, program governance, and documentation of mobile programs.

## Discussion:

Of the six tele-dermatology programs identified, only three are active. No evidence of full-scale integration into routine healthcare. Opportunities exist for readiness assessments, program governance, and alignment to government policy direction.

## Conclusions

Full-scale tele-dermatology integration is possible. Study will inform development of a tele-dermatology scale-up framework to assist with integration of tele-dermatology into routine healthcare.