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THE 'E-HEALTH' TREATMENT

Startup sets out to find success by saving lives

Mobile-based program is being unfurled in the developing world

By Peter Delevett

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Ram Gopalan remembers the day in the mid-1990s when his college classmate, the late Stanford professor Rajeev Motwani, called with news he'd persuaded two of his doctoral students to start a company with the groundbreaking search algorithm they'd devised. Gopalan says Motwani offered him the chance to become an early employee of

that company — Google — but Gopalan thought the market for search was saturated by the likes of Infoseek.

"You've got to look ahead," he recently said, laughing. Still, the IBM veteran decided not to let opportunity pass again: A year after his near-miss with fortune, he turned serial entrepreneur. Having launched and sold companies to storage maker Quantum and Chinese telecom giant Huawei, he now runs ArguSoft, a

Fremont startup that's combining video, instant messaging and Internet telephony in a platform for "e-health" programs in the developing world.

For instance, in the eastern Indian state of Tripura, Gopalan has linked isolated villages with a hospital in the state capital where doctors can remotely diagnose simple but life-altering problems such as cataracts. Also deployed: a network of traveling health care workers who visit patients in the Indian hinterlands and share treatment information

with doctors via text messaging.

The company's latest and potentially largest mobile-based care initiative is an outreach program to prevent the transmission of AIDS from mother to child. "It's fully preventable, but one of the highest killers of children in the Third World," Gopalan said. At next week's Mobile Computing Summit in Burlingame, he'll present an update on the pilot effort's progress in Tamil Nadu, as well

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Gopalan
Entrepreneur's program can link villages with hospitals.

ArguSoft

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as plans to expand it to the rest of India.

The Indian government has been working to prevent prenatal HIV transmission since 2002, using counseling and testing centers around the country. That program hinges on field workers who up to now have needed reams of paper to maintain information on each client, decide on appropriate next steps in her care and report back through layers of bureaucracy.

"There was a lot of inefficiency, workers misinterpreting instructions, paperwork getting lost," Gopalan said.

ArguSoft devised an application, called mAID, that Gopalan said can run on any Java-enabled phone. Using a simple text-messaging interface, field workers can register HIV-positive mothers in the system and provide regular updates on their care.

"In the morning," he said, "the field worker fires up the cellphone and gets their instruc-

tions: 'Go to house No. 1, make sure they're taking their medication, go to house No. 3 and see if they need their supply replenished.'" Managers can use GPS tracking to ensure those visits are being made; they also can consolidate data on the number of HIV-positive women in an area and whether children born to them carry the virus.

The new program is overseen by the Indian government with financing from the Global Fund, a nonprofit in Geneva that targets AIDS in developing countries. IL&FS, an infrastructure development conglomerate based in Mumbai, is handling logistics.

"There's a huge shortage of qualified manpower in Indian health care," said Prem Anand, who heads IL&FS's health care technology and prevention program. He worked with ArguSoft on the telemedicine project in Tripura, which over the past five-plus years has provided vision care for more than 100,000 patients.

"We wanted a responsible organization," Anand said of the decision to team with ArguSoft on the new program. It

also helped that Gopalan and his brother Ravi, who runs ArguSoft's operations in India, "knew very clearly they would not make a lot of money out of this" initially. The per-phone licensing cost, Ravi Gopalan said, is about \$5 a month.

Ram Gopalan sees the project as both a way to give back and to further develop new technologies for old problems. "One of the beauties of these developing countries is that there may not be landlines, and there may not be Internet coverage, but there is almost certainly cell coverage," he said. "In China and India, even the farmer and the milkman will have a cellphone."

The mAID pilot program, which included 35 outreach workers and about 2,500 clients, began in October and wrapped last month; next up is a nationwide rollout that will include 3,600 mobile workers. Anand said the government and donor both are pleased with the result, and there's already talk of expanding the program to other countries.

Added Lance Leventhal, who's organizing next week's mobile summit at the

Hyatt Regency San Francisco Airport: "It shows how mobile devices can be particularly useful in Third World countries with very limited infrastructures and small budgets."

Looking ahead, Gopalan wants to launch a consulting platform aimed at the U.S. health care market. He's building a network of accredited family-care doctors from India who could be available 24/7 for live video chats with patients. Gopalan said the approach could lower the costs of care in the United States by cutting unnecessary visits to doctors' offices for simple advice or help managing such chronic conditions as diabetes.

But while he has had some conversations with Sand Hill Road venture capital firms, he says many VCs are wary of investing in health care.

"Everybody can see the peaks ahead," he said of the looming crisis in health costs, "but nobody can figure out the opportunity."

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