

The right place. The right fit. The right future.



MediMatch

Healthcare Intern Staffing Service

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Business Proposal



The right place. The right fit. The right future.

Executive Summary

Overview

MediMatch is a healthcare staffing service application designed to optimise the placement of medical interns and community service doctors in South Africa. The platform integrates psychometric assessments, individual preference data, and national health priorities to improve workforce allocation. Current systems often misalign graduates with placements, resulting in dissatisfaction, inefficiencies, and a persistent urban–rural imbalance in staffing (George et al., 2017). MediMatch provides a holistic solution that enhances individual career trajectories while addressing systemic gaps in healthcare service delivery.

Value Proposition

For doctors: Transparent and fair placement processes that increase career satisfaction, promote skills development, and reduce attrition rates (Naidu et al., 2019).

For hospitals: More balanced staffing, stronger retention of medical staff, and reduced reliance on temporary workforce solutions (Reid, 2018).

For universities and departments of health: Access to real-time analytics, research data for longitudinal studies, and a scalable tool that can be integrated into existing workforce management systems (McQuide, Stevens & Settle, 2013).

Vision

To create an equitable, efficient, and sustainable healthcare workforce allocation system that enhances access to quality care across all regions, while fostering professional growth for healthcare graduates.

Mission Statement

To leverage technology, data-driven algorithms, and behavioural insights to align the placement of medical graduates with their professional aspirations, ensuring that underserved facilities receive the skilled workforce they need.

Strategic Opportunity

The South African healthcare system is characterised by workforce maldistribution: while urban hospitals attract the majority of new graduates, rural facilities remain critically understaffed (George et al., 2017). This imbalance exacerbates inequalities in access to healthcare and contributes to professional burnout among doctors in under-resourced areas. Evidence suggests that incentive structures, when combined with fairer placement mechanisms, can significantly improve rural workforce retention (Koornhof & Van Dyk, 2020). MediMatch directly responds to this gap by introducing a transparent, research-driven allocation system that benefits both individual professionals and national health outcomes.

Business Potential

MediMatch's commercial viability is rooted in its dual role as both a **revenue-generating platform** and a **societal impact tool**. Revenue streams include:

- Licensing agreements with universities and the Department of Health.
- Certification partnerships that reward placements in underserved areas.
- Subscription models for continued use and upgrades.
- Analytics services provide workforce distribution insights.

At the same time, the app supports public health objectives by ensuring equitable workforce allocation and promoting long-term system sustainability.

Financial Outlook

Preliminary modelling suggests that with licensing agreements from at least three major universities, MediMatch could achieve financial break-even within three years. Revenue growth is projected through scaling nationally and expanding into other healthcare professions (nursing, allied health). Development and operational costs will be concentrated in the first two years, with revenue streams expanding as adoption increases (Lichtenstein & Lyons, 2010).

Implementation Roadmap

- **Year 1:** Prototype development and pilot implementation with ~100 interns at one university.
- **Year 2:** Establish partnerships with universities, certification bodies, and the Department of Health.
- **Year 3+:** National rollout, with potential for international scalability, particularly in countries facing similar maldistribution challenges



The right place. The right fit. The right future.

This tagline reflects MediMatch's commitment to aligning healthcare workforce distribution with both national priorities and individual aspirations. Evidence shows that alignment between workplace fit and professional identity is strongly associated with retention, job satisfaction, and career development (Kristof-Brown, Zimmerman & Johnson, 2005).

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1. Introduction

1.1 Background and Context

Healthcare systems globally face persistent challenges in aligning workforce distribution with population health needs. The shortage of healthcare workers, particularly in rural and underserved areas, is widely recognised as a barrier to achieving equitable health outcomes (World Health Organization, 2020). In South Africa, this challenge is especially acute: while the country produces a steady stream of new medical graduates, their distribution is highly uneven, with urban hospitals attracting the majority of applicants while rural and peri-urban facilities remain critically understaffed (Reid, 2018).

Internship and community service placements are a mandatory part of medical training in South Africa. These placements are intended to provide both practical experience and strengthen the healthcare system. However, misalignment between graduate preferences, professional development opportunities, and system priorities often results in low satisfaction, poor retention, and, in some cases, migration of doctors abroad (Bezuidenhout et al., 2009).

1.2 Problem Framing

The current placement process has three interconnected challenges:

1. **Maldistribution of staff:** Rural hospitals face chronic shortages, while metropolitan centres are oversubscribed (George et al., 2017).
2. **Misalignment of placements:** Many interns are placed in facilities that do not align with their career goals or personal circumstances, resulting in dissatisfaction and disengagement (Naidu, Irlam & Sandars, 2019).
3. **System inefficiencies:** The process is often opaque, with limited data integration or predictive tools, leaving health departments without the evidence needed for proactive workforce planning (McQuide, Stevens & Settle, 2013).

Medical Doctors Internship

Definition

The internship is a compulsory two-year supervised training period following completion of the MBChB, as required by the Health Professions Council of South Africa (HPCSA) for professional registration. It consolidates theory with clinical practice across major disciplines (HPCSA, 2022).

Process

1. Graduates apply via the Department of Health placement system.
2. Allocations are made to accredited training hospitals.
3. Interns rotate through core areas (e.g., medicine, surgery, paediatrics, psychiatry).
4. Supervised by senior clinicians who assess competence.
5. Completion leads to eligibility for community service.

Community Service for Medical Doctors

Definition

Community service is a one-year mandatory placement in the public health sector for doctors who have completed internship. Its purpose is to improve access to care in underserved areas while providing further professional development (Republic of South Africa, 2007).

Process

1. Doctors apply through the Department of Health portal.
2. Placements are prioritised in rural and underserved facilities.
3. Doctors work as generalists under less supervision.
4. Incentives such as rural allowances may be offered.
5. Completion grants full HPCSA registration for independent practice.



These challenges exacerbate inequalities in access to care, contribute to professional burnout, and hinder the long-term sustainability of the healthcare workforce.

1.3. The Entrepreneurial Opportunity

This systemic misalignment creates an opportunity for innovative solutions that leverage technology and data analytics. Digital health tools are increasingly recognised for their potential to improve workforce planning and service delivery by matching skills with needs (Feroz, Khoja & Saleem, 2017). MediMatch seeks to harness this opportunity by providing an evidence-based, algorithm-driven platform that benefits all stakeholders in the healthcare ecosystem, including graduates, hospitals, universities, and health departments.

By integrating psychometrics, preference data, and incentive pathways, MediMatch aims to reduce misplacement, strengthen retention, and ensure that rural and underserved facilities receive the skilled workforce they urgently need.

1.4. Target Market / Customer Profile

MediMatch primarily serves **medical graduates** (interns and community service doctors) entering compulsory placements in South Africa. According to a media statement by the South African government, 2101 community service personnel and 2210 medical graduates were placed in January 2024. (South African Government, 2024). These graduates represent a digitally literate, mobile-first generation, accustomed to app-based solutions for career and lifestyle management.

1.5. Competitive Analysis

The current placement process is largely managed by the **Department of Health's allocation system**, which is often criticised for a lack of transparency and misalignment with graduates' needs (Naidu, Irlam & Sandars, 2019).

Direct Competitors:

- Government Placement Portal: *Mandatory but limited in personalisation and support features.*
- Other digital platforms (global): *Tools like Residency Match (USA) or NHS e-Portfolio (UK) exist but are context-specific and not tailored for South African workforce challenges.*

MediMatch Differentiators:

- Uses psychometric testing and preference data in matching.
- Introduces **incentive pathways** (certifications, rural allowances).
- Offers **data dashboards** for universities and policymakers.
- Provides **community features** (forums, peer support), which are absent in competitors.

MediMatch therefore positions itself not as a replacement but as an **enhancement** to existing systems — adding value through transparency, fairness, and career development opportunities.

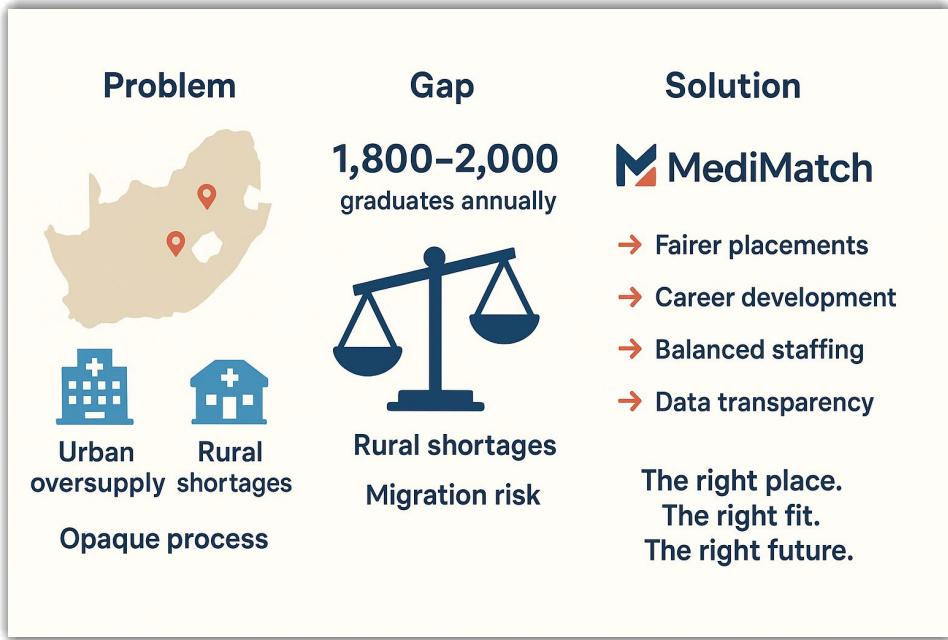


Figure I: Infographic indicating the problem, gap, and solution for intern doctor staffing within South Africa.

2. Business Goals and Objectives

2.1. Values and Principles

MediMatch is built on five guiding principles that shape its strategic direction. At the forefront is **equity**, ensuring that healthcare professionals are distributed more fairly between urban centres and underserved rural facilities. This is supported by a commitment to **transparency**, where placement decisions are data-driven and openly communicated to both graduates and institutions. The platform also embraces **innovation**, using technology and behavioural insights to solve systemic inefficiencies. Equally important is **collaboration**, as MediMatch relies on strong partnerships with universities, hospitals, and government stakeholders. Finally, **sustainability** underpins the model, with financial and operational practices designed to ensure long-term viability and measurable impact.

2.2. Objectives

In alignment with these values, MediMatch has set clear objectives to guide its development and growth. The platform aims to be operational in at least three medical faculties within the first three years, providing proof of concept and adoption at scale. Over a five-year horizon, MediMatch seeks to contribute to reducing rural staffing shortages by at least 15%, while ensuring that a minimum of 80% of graduates report satisfaction with their placements. Financially, the business is designed to achieve break-even within three years, supported by licensing agreements, certification partnerships, and revenue from analytics services. Once established, MediMatch will broaden its scope to include other healthcare professions such as nursing.

2.3. Product Strategy

The strategy for achieving these objectives centres on partnerships, validation, and positioning. Building adoption through universities, professional councils, and the Department of Health will be a priority, as their support ensures both credibility and reach. Evidence of MediMatch's effectiveness will be established through pilot studies, which will demonstrate improvements in graduate satisfaction, retention, and workforce balance. The inclusion of certification and career development incentives is designed to motivate graduates to consider rural placements, while positioning MediMatch not as a competitor to government systems but as a complementary, value-adding solution. The development of analytics capabilities will further strengthen the platform's role by offering actionable insights to universities and policymakers.

2.4. Tactics

The tactical plan provides a phased roadmap for implementation. In the first year, efforts will focus on developing the minimum viable product and piloting the platform with around 100 interns, allowing for real-time feedback and algorithm refinement. By the second year, formal partnerships with at least three universities and one certification body will be established, accompanied by a targeted marketing campaign directed at graduates. In the third year, the priority will shift towards securing national rollout agreements with the Department of Health and launching analytics dashboards for policy and research purposes. From the fourth year onwards, MediMatch will expand to additional healthcare professions and explore international markets facing similar challenges of healthcare workforce maldistribution.





Figure II. Visual representation of MediMatch's values, principles, objectives, strategy, and tactics.

2.5. Description of Product/Service

MediMatch is a digital platform designed to optimise the placement of medical interns and community service doctors in South Africa. Available as both a mobile application and a web-based interface, it combines user data, psychometric assessments, and national health priorities to produce fairer, evidence-based allocation outcomes. The platform not only addresses systemic inefficiencies in current placement systems but also enhances the professional development experience for doctors.

2.6. Key Features

- **Profile and Preferences Input:** Graduates create personal profiles detailing their career goals, preferred locations, lifestyle needs, and family circumstances. This ensures that placement recommendations consider individual aspirations alongside system requirements.
- **Psychometric and Aptitude Assessments:** Integrated psychometric tools evaluate motivation, resilience, and aptitude for different environments. These assessments strengthen placement decisions by ensuring alignment between personal characteristics and hospital needs (Kristof-Brown, Zimmerman & Johnson, 2005).
- **Matching Algorithm:** The algorithm applies weighted scoring to balance graduate preferences, aptitude data, and national health priorities. For example, rural placements may receive a higher score in cases where system demand is greatest, thereby promoting equity without disregarding individual choice.
- **Incentive Pathways:** To encourage service in underserved areas, MediMatch links rural placements with value-added incentives such as funded professional certifications, research opportunities, and continuing education credits. Evidence suggests such incentives improve retention in rural health systems (Koornhof & Van Dyk, 2020).
- **Community and Peer Support:** Built-in features such as discussion forums, local guides, and peer “buddy systems” provide emotional and professional support. This reduces isolation and fosters resilience, particularly for doctors placed in rural or remote facilities.
- **Data Transparency and Analytics:** Universities and health departments gain access to anonymised dashboards displaying workforce distribution, placement outcomes, and trends. This functionality supports policy planning, academic research, and long-term monitoring of system effectiveness (McQuide, Stevens & Settle, 2013).

2.7. Unique Value

Unlike existing government allocation systems, which are often perceived as opaque and inflexible, MediMatch combines transparency with a personalised approach. Its integration of psychometrics, incentive structures, and data analytics provides a holistic solution that benefits graduates, hospitals, universities, and health departments alike.

2.8. Delivery and Accessibility

The platform is designed to be intuitive and mobile-first, recognising that most graduates are digital natives. The app's multilingual capability further enhances accessibility, ensuring inclusivity across South Africa's diverse population. Cloud-based hosting ensures scalability, security, and integration with existing Department of Health systems.



3. Market Analysis

3.1 Market Description and Assessment

South Africa produces approximately 1,800–2,000 new medical graduates each year, all of whom are required to complete a two-year internship followed by one year of community service before receiving full registration (CHE, 2021). This creates a **compulsory and recurring demand** for placement systems, ensuring a consistent user base for MediMatch. The target market, therefore, includes both the individual graduates and the institutions responsible for their allocation, namely, universities and the Department of Health.

Beyond this core market, hospitals and health departments represent key secondary stakeholders. For hospitals, the need for balanced and reliable staffing is significant, particularly in rural areas that continue to face critical shortages of medical personnel (George, Gow & Bachoo, 2017). For health departments, efficient workforce distribution supports policy objectives aimed at achieving universal health coverage and addressing inequities in service provision (World Health Organization, 2020).

Trends in digital health adoption also strengthen the opportunity. Mobile-first solutions are increasingly embraced by younger professionals, while governments and universities are investing in digital platforms that enable data-driven planning (Feroz, Khoja & Saleem, 2017). The scalability of MediMatch further broadens the market opportunity, with potential to expand into nursing, allied health, and eventually international contexts where maldistribution remains a challenge.

3.2 Competition Assessment

The primary competitor in this space is the **National Department of Health's allocation system**, which manages intern and community service placements. While this system is mandatory, it has been criticised for a lack of transparency, limited alignment with graduates' preferences, and inefficiencies in balancing urban and rural needs (Naidu, Irlam & Sandars, 2019).

Internationally, platforms such as the **National Resident Matching Program (NRMP)** in the United States and the **NHS e-Portfolio** in the United Kingdom demonstrate the feasibility of digital allocation systems. However, these tools are tailored to their local contexts and do not address South Africa's unique rural-urban maldistribution challenges. MediMatch differentiates itself by combining allocation with **career development incentives, psychometric assessment, and community support**. Unlike the government's system, which focuses narrowly on placement, MediMatch provides a holistic service that supports both individual doctors and institutional decision-makers. Its analytics dashboards also give universities and health departments valuable insights, positioning it as a complementary rather than competing solution.

3.3. Market Size

South Africa currently produces between 1,800 and 2,000 new medical graduates annually, all of whom must complete an internship and community service before full registration (CHE, 2021). This compulsory structure creates a **stable, recurring user base** for placement systems like MediMatch. When including other healthcare professionals, nurses, pharmacists, and allied health workers, the potential annual user base expands significantly, as all undergo regulated training and placement processes (HWSETA, 2020). From an institutional



perspective, **universities and health departments** form a crucial part of the market. South Africa has **10 medical schools**, each of which could serve as an entry point for MediMatch licensing. Additionally, provincial and national health departments require workforce planning tools to address ongoing distribution challenges, making them key secondary customers.

3.4. Growth Potential

The immediate addressable market is the ~2,000 annual medical graduates. With licensing agreements across all medical schools, MediMatch could reach **100% penetration within five years**. Expansion to community service doctors adds a further **1,800 placements annually** (HPCSA, 2022). By extending into nursing and allied health, the platform could tap into tens of thousands of annual graduates across disciplines (HWSETA, 2020).

Financially, growth will come from:

- **Licensing fees** paid by universities and health departments.
- **Subscription models** for graduates who wish to access career development pathways.
- **Analytics services** are sold to institutions for workforce planning.

Given that digital health is one of the fastest-growing health markets globally, with an expected CAGR of 16.5% between 2022 and 2027 (Fortune Business Insights, 2022), MediMatch is positioned to ride this growth trajectory both nationally and internationally.

3.5. Market Trends

a. Digital Transformation in Health

There is increasing investment in digital health technologies globally and in South Africa, particularly those that improve efficiency and data transparency (Feroz, Khoja & Saleem, 2017). Mobile-based solutions are especially attractive given the high penetration of smartphones among young professionals.

b. Workforce Maldistribution

Persistent rural–urban imbalances in staffing continue to affect health outcomes, with rural facilities disproportionately understaffed (George, Gow & Bachoo, 2017). This creates ongoing demand for solutions that improve distribution equity.

c. Career-centered Placement

Younger professionals place strong emphasis on career development, work-life balance, and alignment with personal values (Kristof-Brown, Zimmerman & Johnson, 2005). Placement systems that recognise these needs are more likely to secure user satisfaction and long-term retention.

d. Global Applicability

Similar challenges exist internationally, particularly in low- and middle-income countries. This trend provides MediMatch with long-term expansion potential beyond South Africa (World Health Organization, 2020).



3.6. Regulatory and Policy Environment

MediMatch operates within the framework of South Africa's **National Health Act** and the **Health Professions Council of South Africa (HPCSA)** regulations. Internship and community service are legally mandated, which ensures consistent demand for placement mechanisms. Importantly, national policy priorities, such as achieving equitable access to healthcare and strengthening rural services, align directly with MediMatch's objectives (Republic of South Africa, 2007).

The platform's integration of transparent data and analytics also supports the government's broader **National Digital Health Strategy (2019–2024)**, which emphasises the role of ICT in health system strengthening (National Department of Health, 2019). This policy environment creates opportunities for MediMatch to position itself as a partner in implementing national priorities rather than a competitor to existing systems.

Strengths: MediMatch offers a **unique value proposition** by combining graduate preferences, psychometric testing, and national priorities into one transparent placement system. Its emphasis on **incentive pathways** and **career development** differentiates it from the existing government allocation system. The app is also highly scalable, with potential applications across multiple healthcare professions.

Weaknesses: As a new entrant, MediMatch will require significant **buy-in from institutions** such as universities and the Department of Health. Initial development and pilot phases may also face **resource constraints**, including financial and technical capacity. Additionally, reliance on accurate user input and data integration poses operational risks if not carefully managed.

Opportunities: The **growing digital health market** and increasing smartphone penetration among young professionals create a strong adoption environment. Policy alignment with the National Digital Health Strategy and workforce equity goals offers scope for strategic partnerships. Beyond South Africa, MediMatch has clear **international scalability**, particularly in other countries facing rural–urban health workforce maldistribution.

Threats: Potential resistance from stakeholders invested in the current placement system could slow adoption. **Data privacy and regulatory compliance** remain critical risks in digital health platforms. Broader threats include funding delays, political changes, and competition from new digital entrants or government-led technology solutions.





Figure III. Visual representation of SWOT analysis for MediMatch



4. Operations and Business Model

4.1. Operations Plan

MediMatch will be developed and implemented in phased stages to ensure feasibility, scalability, and user adoption. Similar staged rollouts have been recommended as best practice in digital health innovation to balance cost, usability, and policy alignment (National Department of Health, 2019).

a. Technology Development

The platform will be built as a cloud-based, mobile-first application with web compatibility. Development will prioritise a secure architecture that protects personal and health-related data, in line with South Africa's **Protection of Personal Information Act (POPIA)** (Republic of South Africa, 2013). The minimum viable product (MVP) will include core features such as profile input, psychometric assessments, algorithm-based matching, and user dashboards. Iterative updates will introduce incentive pathways, peer support forums, and advanced analytics, consistent with recommendations for phased digital health tool development (Feroz, Khoja & Saleem, 2017).

b. Pilot and Testing

The first pilot will run in partnership with one medical faculty, involving approximately 100 interns. This pilot will test algorithm accuracy, user experience, and stakeholder feedback. Adjustments will be made before broader rollout to ensure robustness and credibility, reflecting international evidence that pilot studies strengthen adoption and system trust (World Health Organization, 2020).

c. Partnerships and Integration

Key operational success depends on strong collaborations with universities, the Department of Health, and professional councils. Universities will serve as early adopters, embedding MediMatch into graduate placement processes, while health departments will integrate the platform into broader workforce planning strategies. Partnerships with certification bodies will facilitate incentive pathways that reward graduates for serving in underserved areas. This multi-stakeholder approach mirrors successful models in workforce planning where partnerships drive sustainability (George, Gow & Bachoo, 2017).

d. Support and Maintenance

A dedicated support team will manage onboarding, troubleshoot technical issues, and provide continuous training for institutional partners. Regular updates will ensure compliance with evolving regulatory frameworks and user expectations. Continuous technical support and training are key to sustaining adoption in digital health platforms (Osterwalder & Pigneur, 2010).



4.2. Business Model

MediMatch's business model is designed to balance **financial sustainability with societal impact**, reflecting best practice in social entrepreneurship where revenue is diversified while delivering measurable public value (Osterwalder & Pigneur, 2010).

Revenue Streams: Licensing fees will be paid by universities and health departments for annual access to the platform. Such B2B arrangements are common in digital health ventures that rely on institutional buy-in (Deloitte, 2020). Certification partnerships will generate additional income through collaborations with professional development and accreditation bodies, an approach shown to strengthen both uptake and financial resilience in health-tech ecosystems (George, Gow & Bachoo, 2017). Subscription services will be available for graduates seeking enhanced features such as personalised analytics and mentorship, aligning with trends in mobile health adoption where younger users are willing to invest in career-enhancing tools (Schiffman & Wisenblit, 2019). Finally, aggregated workforce data will be offered to policymakers and researchers for strategic planning, responding to a documented need for stronger data analytics in health workforce planning (McQuide, Stevens & Settle, 2013).

Cost Structure: The major cost drivers include software development, system maintenance, staff salaries, and marketing. Initial capital will be concentrated on platform development and pilot implementation, while long-term costs will be offset by diversified revenue streams. This reflects evidence that health-tech ventures typically require higher early-stage investment but achieve scalability once institutional adoption is secured (Lichtenstein & Lyons, 2010).

Scalability and Growth: Once established in medical graduate placement, MediMatch will expand to other healthcare professions such as nursing, pharmacy, and allied health. This diversification significantly broadens the potential market, aligning with South Africa's sector skills projections that highlight shortages across multiple disciplines (HWSETA, 2020). International scalability is also feasible, particularly in countries where compulsory service or rural–urban maldistribution is a persistent challenge, consistent with the WHO's findings on global workforce imbalances (World Health Organisation, 2020).

Value Capture: MediMatch differentiates itself by offering **dual value**. For institutions, it delivers efficiency, transparency, and actionable workforce data. For graduates, it provides fair placements, career incentives, and peer support features. This dual-sided approach reduces dependency on a single stakeholder and aligns with business model theory, which emphasises balancing customer value propositions with systemic sustainability (Osterwalder & Pigneur, 2010).



5. Marketing Strategy

5.1. Branding

MediMatch will be positioned as a **trusted, transparent, and career-enhancing solution** for medical graduates and institutions. Its tagline — “*The right place. The right fit. The right future.*” — encapsulates its dual focus on system needs and individual aspirations. Branding will emphasise fairness, innovation, and professionalism, supported by a visual identity that appeals to young digital-native graduates while maintaining institutional credibility.

5.2. Target Audiences

Primary Market: Medical interns and community service doctors entering compulsory placements (approx. 1,800–2,000 annually). This group values fairness, career growth, and personalisation.

Secondary Markets:

- **Universities:** Interested in improving student experience and generating research opportunities.
- **Hospitals:** Seeking balanced staffing and reduced turnover.
- **Health Departments:** Needing data transparency and workforce planning tools.

5.3. Marketing Channels

- **Digital Campaigns:** Social media platforms (LinkedIn, Instagram, X, Facebook) will be used to engage graduates with tailored content such as success stories, explainer videos, and testimonials
- **Institutional Partnerships:** Universities will act as key channels by embedding MediMatch into student orientation and graduate placement processes.
- **Professional Networks:** Collaborations with medical associations, certification bodies, and alumni groups will extend reach.
- **Conferences and Events:** Presentations at healthcare and education conferences will establish thought leadership and credibility with decision-makers.



5.4. Campaign Strategy

5.4.1. Campaign Vision

To position MediMatch as the leading solution for equitable and transparent healthcare staffing in South Africa, ensuring adoption by graduates, universities, hospitals, and government stakeholders.

Phase 1 – Awareness (Year 1)

Goal: Build recognition and credibility among medical graduates and institutional stakeholders.

Tactics:

- **Digital Campaigns:**
 - Launch MediMatch social media channels (LinkedIn, Instagram, X, Facebook).
 - Create short explainer videos highlighting the *problem* → *solution* → *benefits*.
 - Share blog posts on issues such as “Why fair placements matter” or “The rural healthcare gap.”
- **University Engagement:**
 - Host information sessions at pilot universities.
 - Provide toolkits for faculty to share with students.
 - Co-brand launch with medical student associations.
- **Media Outreach:**
 - Secure features in medical and education publications.
 - Place opinion editorials on healthcare workforce issues.

Sample Messaging:

- “Fair placements. Better futures.”
- “Transforming healthcare one match at a time.”

Phase 2 – Adoption (Year 2)

Goal: Drive institutional buy-in and wider graduate uptake through proof of concept.

Tactics:

- **Case Studies:**
 - Publish pilot results demonstrating satisfaction rates, reduced mismatches, and rural placement uptake.
 - Use testimonials from interns, university leaders, and hospital managers.
- **Targeted Outreach:**
 - Direct presentations to the Department of Health and university boards.
 - Partner with medical councils and professional associations to endorse MediMatch.
- **Incentive Marketing:**
 - Promote certification and career incentives tied to underserved placements.
 - Run campaigns such as “Earn while you learn – certifications with MediMatch.”

Sample Messaging:

- “Helping doctors grow while serving where they’re needed most.”



- “MediMatch: Where career meets purpose.”

Phase 3 – Expansion (Year 3+)

Goal: Position MediMatch as a national solution and expand to other healthcare professions and international markets.

Tactics:

- **Data-Driven PR:**
 - Share workforce insights from early adopters in the national press.
 - Publish research with universities on workforce distribution improvements.
- **Professional Events:**
 - Exhibit at healthcare and digital innovation conferences across Africa.
 - Host roundtables with policymakers to discuss scaling.
- **Cross-Discipline Marketing:**
 - Tailor messaging for nurses, allied health, and pharmacy students.
 - Highlight success stories across disciplines.
- **International Outreach:**
 - Engage the ministries of health in countries with similar maldistribution.
 - Position MediMatch as a South African innovation for global workforce challenges.

Sample Messaging:

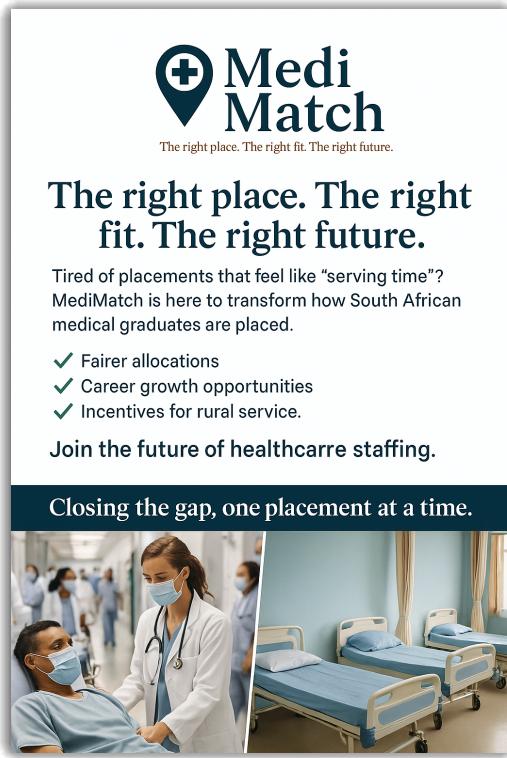
- “Scaling equitable healthcare, from South Africa to the world.”
- “A smarter way to staff health systems.”

5.5 Cross-Phase Engagement Tools

- **Email Campaigns:** Targeted sequences for universities, graduates, and hospitals.
- **Ambassador Programme:** Recruit student ambassadors at medical schools to advocate for MediMatch.
- **Social Media Hashtags:** #RightPlaceRightFit #MediMatchCareers.
- **Content Themes:**
 - *Graduate Voices:* Short interviews with interns about their placements.
 - *Data Insights:* Infographics showing maldistribution gaps and how MediMatch addresses them.
 - *Behind the Scenes:* Updates on partnerships, app development, and impact milestones.



5.5.1. Examples of campaign posts



Social Media Post Poster



Instagram Post



Logo

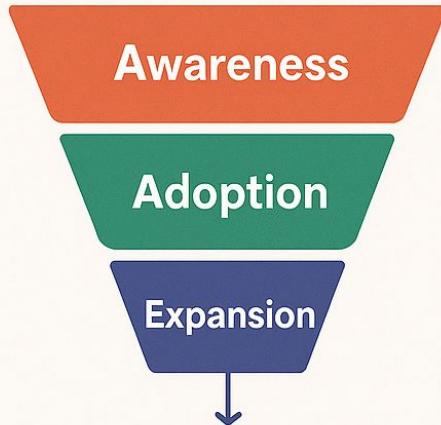
5.6 Value Communication

Marketing will emphasise the **dual value proposition**:

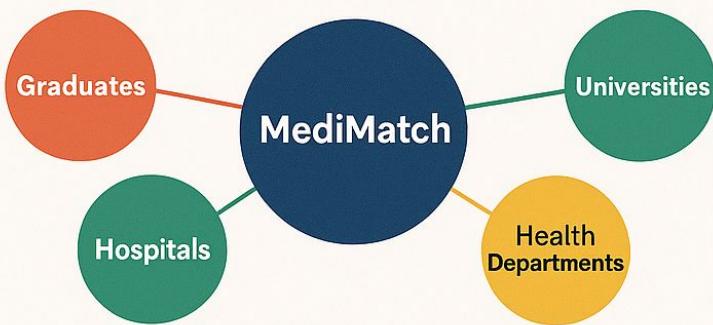
- ◆ For graduates: Fair placements, career development incentives, and community support.
- ◆ For institutions: Workforce equity, retention, and actionable analytics.

By framing MediMatch as both a personal career tool and an institutional planning solution, the strategy ensures broad resonance across all stakeholders.

MARKETING FUNNEL DIAGRAM



STAKEHOLDER MESSAGING MAP



SAMPLE SOCIAL MEDIA MOCK-UPS



Figure IV. Marketing Funnel Diagram



6. Financial Analysis

6.1. Revenue Model

MediMatch employs a diversified revenue model to ensure both sustainability and scalability:

1. **Licensing Fees:** Annual agreements with universities and health departments for use of the platform.
2. **Certification Partnerships:** Revenue from professional development certifications linked to rural placements.
3. **Subscription Services:** Optional premium accounts for graduates offering advanced career tools and mentorship features.
4. **Analytics Services:** Paid access for policymakers and researchers to aggregated workforce data.

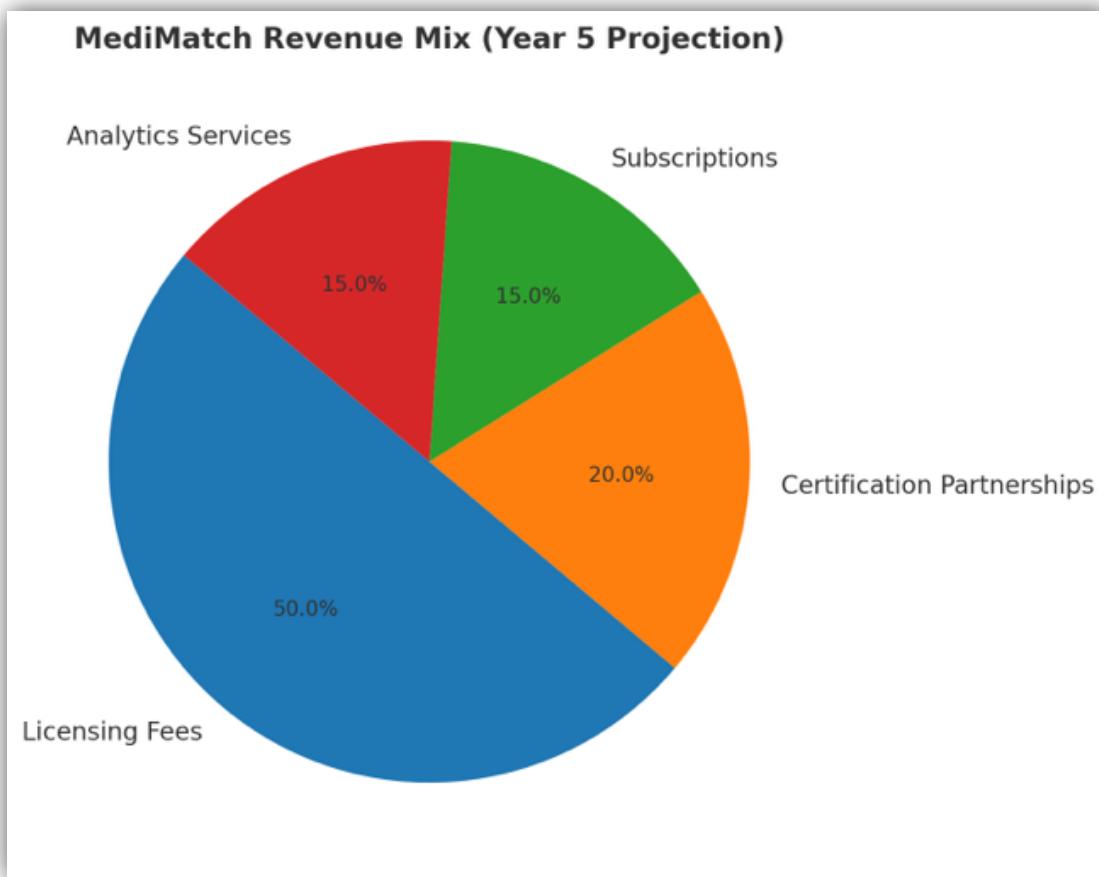


Figure V. MediMatch's revenue mix over 5 years.



6.2. Cost Structure

The primary costs are concentrated in the first two years, when development and pilot activities take place. Ongoing costs stabilise as the platform scales.

- **Development & Technology:** Software engineering, hosting, security, and algorithm refinement.
- **Personnel:** Salaries for developers, support staff, and project management.
- **Partnership Development:** Engagement with universities, councils, and government.
- **Marketing & Outreach:** Campaigns, student ambassador programmes, and institutional presentations.
- **Operations & Maintenance:** System updates, user support, compliance with data regulations (e.g., POPIA).

6.3. Financial Projections (Indicative)

Table I: Financial Projections over 5 years with additional key notes.

Year	Revenue (R million)	Costs (R million)	Net Profit/Loss (R million)	Key Notes
Year 1 (Pilot)	1.5	4.5	-3.0	MVP development, pilot with 1 university, mostly grant/seed funding.
Year 2 (Early Adoption)	3.0	4.0	-1.0	3 university licences + certification partnerships, marketing costs increase.
Year 3 (National Rollout)	10.0	6.0	+4.0	Department of Health licence, 6 universities onboard, analytics services launched.
Year 4 (Scaling)	15.0	9.0	+6.0	Broader university adoption, hospital partnerships, subscription revenue growth.
Year 5 (Diversification)	20.0	12.0	+8.0	Expansion into nursing & allied health, first international pilots.



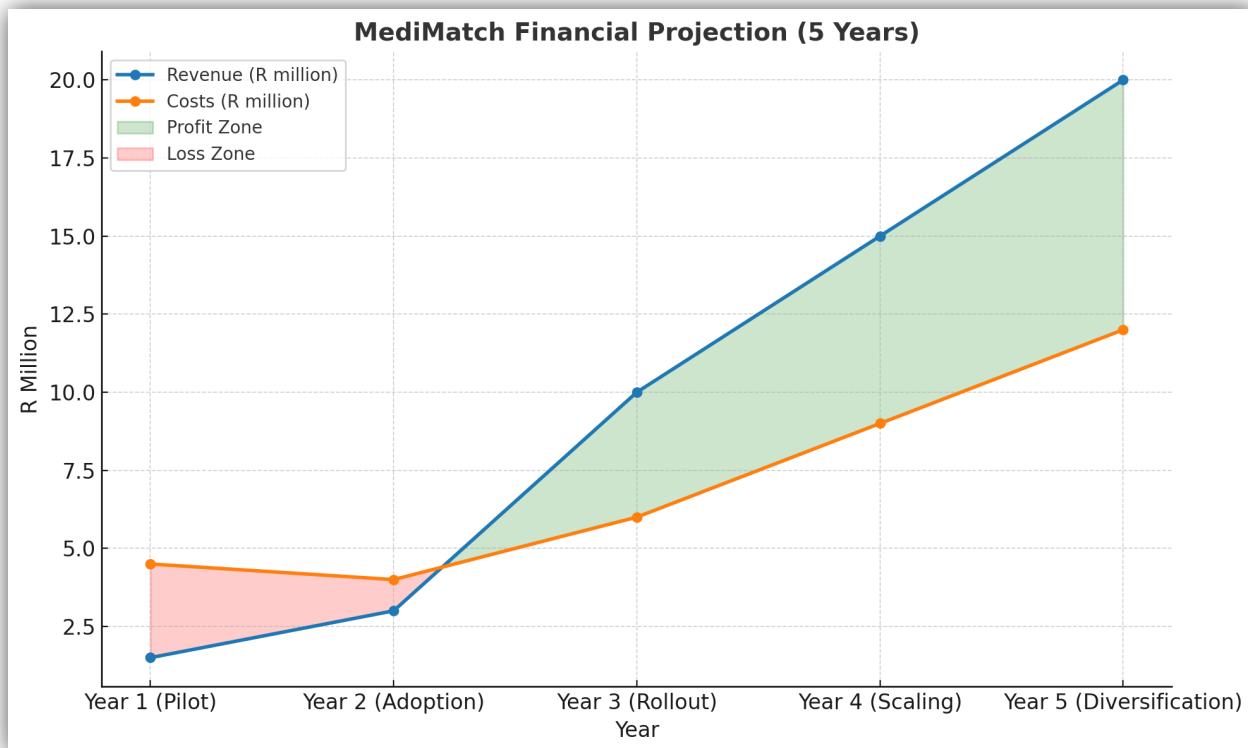


Figure VI. Graphical representation of MediMatch's financial projections over 5 years.

6.4. Sustainability and Risk Management

MediMatch's sustainability lies in its **recurring revenue base** (annual licensing) combined with growth from diversification. Risks include slower-than-expected institutional adoption, regulatory delays, or insufficient graduate uptake. These will be mitigated through:

- Early partnerships with universities and pilot validation.
- Compliance with data security regulations.
- Gradual expansion to other professions for risk-spreading.
- Maintaining low marginal costs per additional user once the platform is established.

7. Risk and Contingency Plans

7.1 Key Risks Identified

a. Institutional Resistance

Universities, hospitals, or government bodies may be hesitant to adopt MediMatch due to reliance on existing placement systems or bureaucratic delays. Studies show that organisational change in health systems often faces resistance unless early pilot evidence demonstrates tangible benefits (Lichtenstein & Lyons, 2010).

b. Data Privacy & Compliance

As a digital platform handling sensitive information, MediMatch must comply with the **Protection of Personal Information Act (POPIA)** and broader global data standards. Non-compliance or data breaches could significantly undermine user trust (National Department of Health, 2019).

c. Adoption by Graduates

Even with clear benefits, graduates may be cautious about adopting a new system if they are unfamiliar with its purpose or distrust its outcomes. Digital health adoption research suggests uptake is higher when users are directly engaged in co-design and see career benefits (World Health Organization, 2020).

d. Financial Risks

High upfront development costs and slower-than-expected adoption may delay financial sustainability. Entrepreneurial ventures in health systems often face cash flow risks in early years before break-even (Lichtenstein & Lyons, 2010).

e. Competition & Substitution

A competing platform could be developed either by government or private actors, potentially replicating MediMatch's features and eroding its competitive advantage. Sustained innovation is therefore essential to maintaining differentiation (Osterwalder & Pigneur, 2010).

f. External Factors

Policy changes, political transitions, or health budget reductions could reduce institutional willingness to invest. This risk is common in health workforce planning, where priorities can shift rapidly (World Health Organization, 2020).

7.2. Mitigation Strategies

a. Institutional Resistance

Demonstrate effectiveness through pilot studies with universities, using data to build a compelling case for adoption (Lichtenstein & Lyons, 2010).



b. Data Privacy & Compliance:

Enforce end-to-end encryption, anonymise workforce analytics, and perform regular compliance audits in line with the National Digital Health Strategy (National Department of Health, 2019).

c. Adoption by Graduates:

Run awareness campaigns, leverage student ambassadors, and highlight peer testimonials to build trust (WHO, 2020).

d. Financial Risks:

Secure early-stage grants and maintain lean operations until licensing revenue stabilises (Lichtenstein & Lyons, 2010).

e. Competition & Substitution:

Protect intellectual property, continuously add new features such as incentive pathways, and emphasise unique value like peer community support (Osterwalder & Pigneur, 2010).

f. External Factors:

Diversify income across universities, hospitals, and certifications to reduce dependency on a single policy or funder (WHO, 2020).

7.3. Contingency Plans

Scenario 1: Slow University Adoption

Focus marketing on professional councils and private hospital groups as alternative channels, while maintaining long-term engagement with public universities.

Scenario 2: Policy or Budget Shifts

Strengthen alignment with national health strategies, including the **National Digital Health Strategy (2019–2024)**, to remain policy-relevant (National Department of Health, 2019).

Scenario 3: Financial Delays

Extend cash runway through phased rollouts, prioritising medical graduate placements before expanding to nursing and allied health.

Scenario 4: Data Breach

Activate an immediate incident response protocol, including user notification, regulatory engagement, and third-party security audits to restore credibility.



7.4. MediMatch Risk Matrix

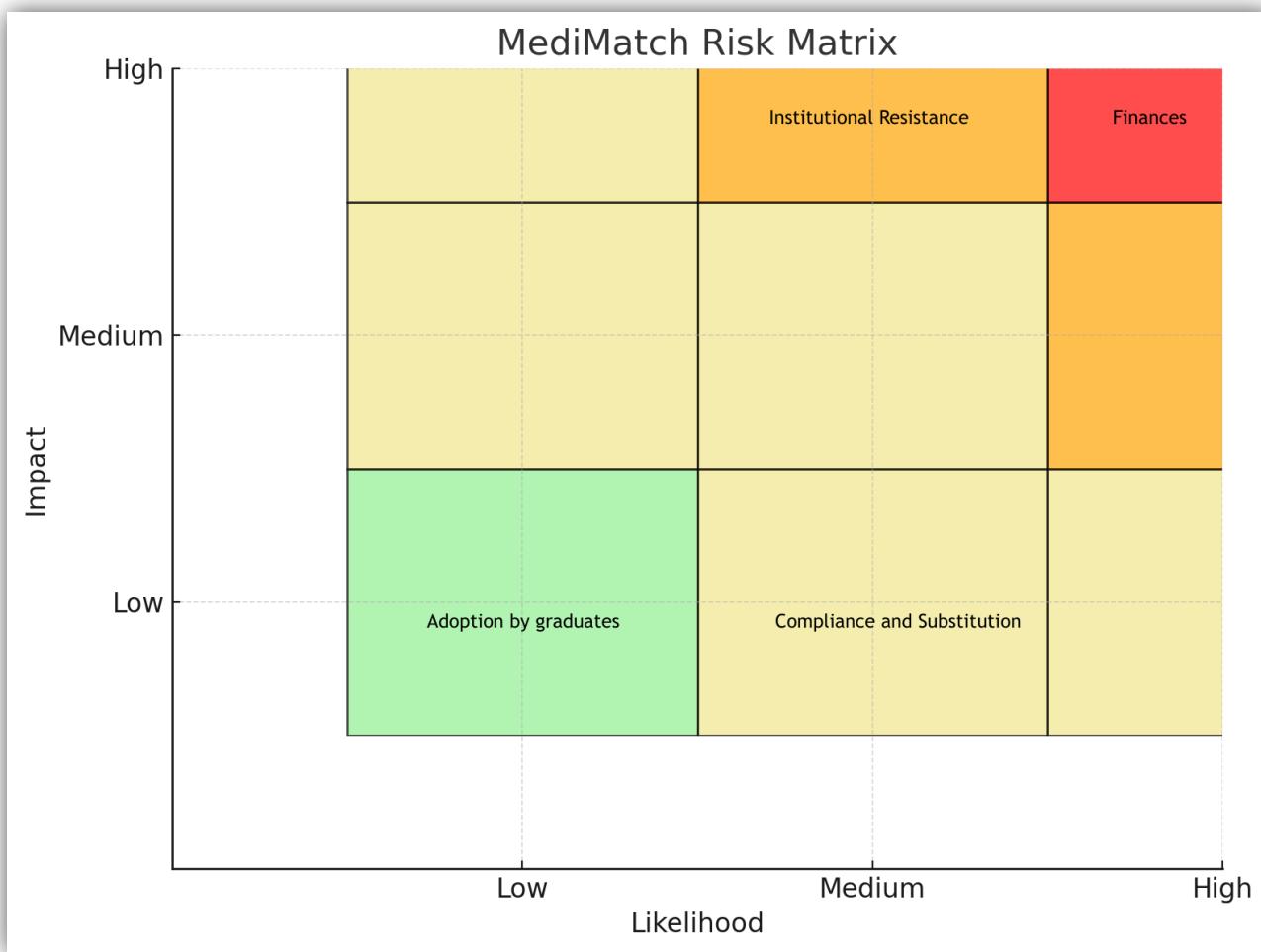


Figure VII. MediMatch risk matrix indicating the likelihood of the risk occurring and the impact of the risk.

8. Team Description

The MediMatch founding team combines **strategic insight, technological innovation, and healthcare awareness**, making them uniquely positioned to tackle South Africa's pressing workforce distribution challenges. You can view the team's CVs by visiting this link: [Team CVs](#)

- **Ethan Terblanche** brings strong leadership and project management skills, with a focus on aligning MediMatch's growth strategy with its social impact objectives. His ability to structure complex initiatives ensures that the platform develops in a scalable and sustainable way.
- **Darmell Samaria** contributes expertise in data analysis, digital platforms, and innovative problem-solving. She plays a key role in shaping the app's algorithm and analytics features, ensuring that MediMatch is evidence-driven, user-friendly, and technologically robust.
- **Anganathi Mdoda** is deeply passionate about healthcare equity and social entrepreneurship. With a strong understanding of the challenges faced by underserved communities, Anganathi drives stakeholder engagement and ensures MediMatch remains rooted in the lived realities of medical graduates and public health priorities.

Together, the team brings a **balanced blend of business acumen, technological competence, and social commitment**. This synergy allows MediMatch not only to function as a viable business venture but also to stand out as a mission-driven innovation that addresses one of the most urgent gaps in the South African healthcare system.



9. Conclusions and Recommendations

9.1 Recommendations

a. Pilot Implementation:

Launch a controlled pilot with one medical faculty and approximately 100 interns to validate algorithm accuracy, assess user satisfaction, and build institutional credibility.

b. Strengthen Partnerships:

Formalise agreements with universities, professional councils, and the Department of Health to secure adoption pathways and policy alignment. Early engagement with certification bodies will also enhance the value of incentive pathways.

c. Expand Marketing and Awareness:

Deploy the phased marketing strategy, with emphasis on digital campaigns, student ambassador programmes, and professional endorsements to increase graduate uptake and institutional trust.

d. Ensure Compliance and Security:

Invest in robust data protection frameworks to ensure full compliance with POPIA and global digital health standards. This will safeguard MediMatch's reputation and build user confidence.

e. Diversify and Scale:

Once validated in the medical graduate market, expand MediMatch to other healthcare professions and international contexts with similar maldistribution challenges. This will diversify revenue streams and increase systemic impact.

9.2. Conclusion

MediMatch has been designed to address one of the most pressing challenges in the South African healthcare system: the misalignment between medical graduate placements and the needs of both individuals and the health system. By integrating preference data, psychometric assessments, and national workforce priorities, MediMatch offers a transparent, evidence-based, and scalable solution.

The market analysis shows a stable and recurring user base of approximately 2,000 medical graduates annually (CHE, 2021), alongside institutional stakeholders such as universities and the Department of Health. With proven demand for equitable distribution of healthcare professionals (George, Gow & Bachoo, 2017) and growing global investment in digital health (Feroz, Khoja & Saleem, 2017), MediMatch is strategically positioned for long-term relevance. The financial analysis indicates that while initial years will require investment, MediMatch is projected to reach break-even by Year 3, with significant growth potential through diversification into nursing, allied health, and international markets. The operational model is realistic and phased, beginning with pilot testing and scaling to national rollout. Risks, while present, have been clearly identified and can be mitigated through strong partnerships, compliance, and continuous innovation.



MediMatch is more than a digital platform; it is a health system innovation that strengthens workforce equity, improves graduate satisfaction, and generates sustainable value for all stakeholders.

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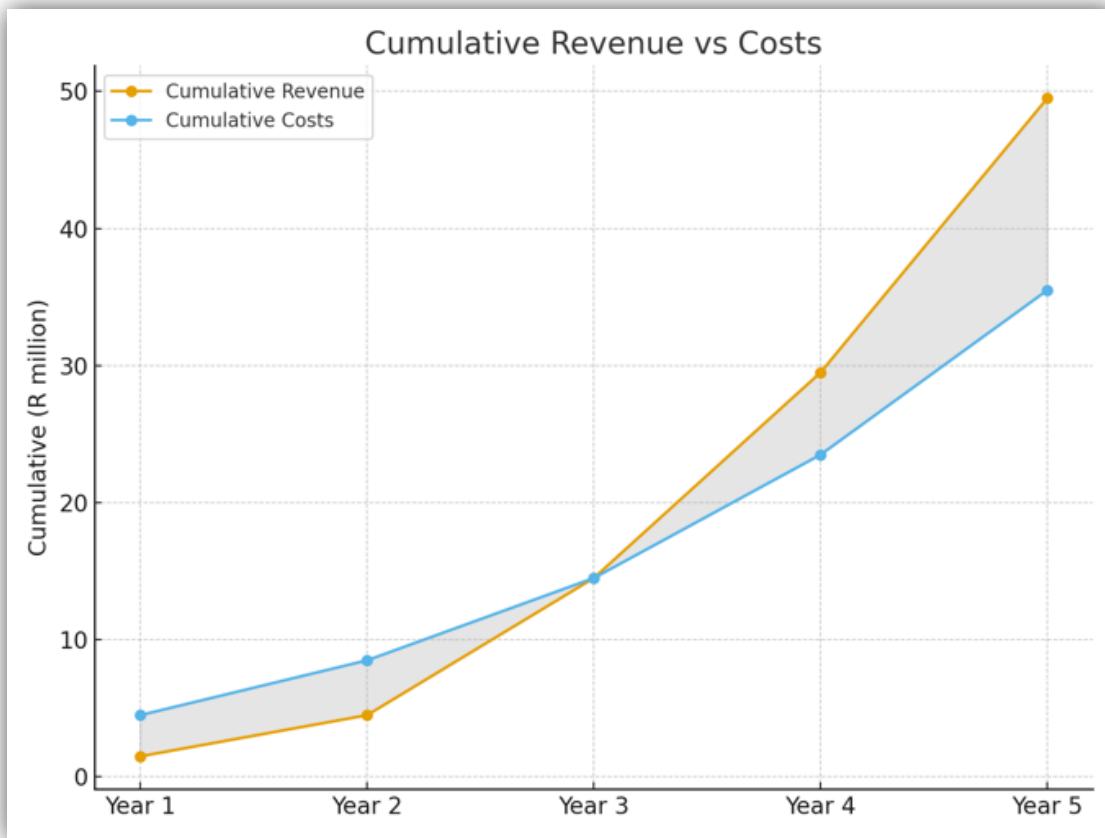
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11. Appendices

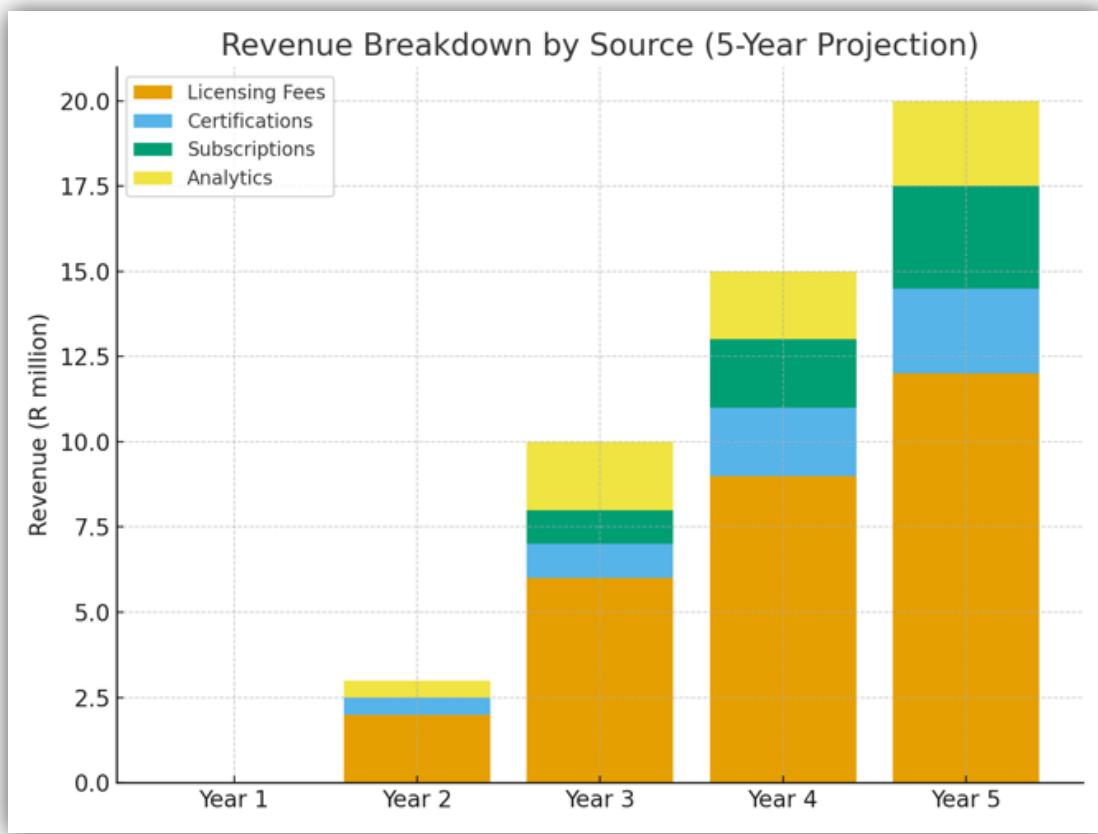
11.1 Supplementary Financial Model

A detailed breakdown of MediMatch's financial projections, including revenue streams, cost allocations, and cumulative forecasts, is available in the supplementary Excel model: [View Financial Projections Spreadsheet](#).

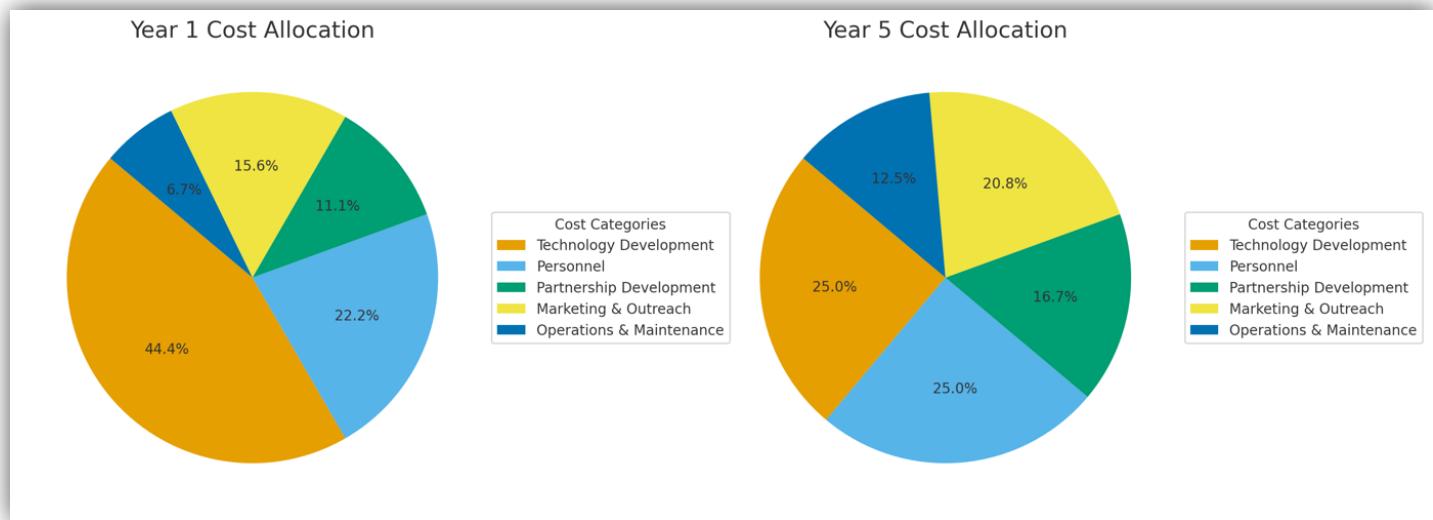


Appendix I. Comparison of MediMatch's cumulative revenue and costs over 5 years.





Appendix II. 5-year projection of revenue breakdown by different sources, namely licensing fees, certifications, subscriptions, and analytics.



Appendix III. Pie charts comparing cost allocation in year 1 and year 5.

11. 2 Work Breakdown Structure

1. Project Initiation

- 1.1 Define project objectives and scope
- 1.2 Stakeholder identification (universities, Department of Health, hospitals, interns)
- 1.3 Develop business case and secure initial funding
- 1.4 Establish governance and project team roles

2. Platform Development

- 2.1 Requirements gathering
 - 2.1.1 Functional requirements (profile input, matching algorithm, dashboards)
 - 2.1.2 Non-functional requirements (security, scalability, multilingual support)
- 2.2 System design
 - 2.2.1 Cloud architecture and database design
 - 2.2.2 User interface and experience design
- 2.3 Development
 - 2.3.1 Mobile app development (iOS/Android)
 - 2.3.2 Web platform development
 - 2.3.3 Integration of psychometric and aptitude assessments
 - 2.3.4 Incentive module (certifications, allowances, credits)
 - 2.3.5 Analytics and reporting dashboards
- 2.4 Testing & quality assurance



- 2.4.1 Unit and integration testing
- 2.4.2 Data privacy & compliance (POPIA)
- 2.4.3 User acceptance testing with pilot group

3. Pilot Implementation (Year 1)

- 3.1 Partnership with one medical faculty
- 3.2 Onboard ~100 interns
- 3.3 Conduct pilot testing of matching algorithm
- 3.4 Collect feedback from interns, faculty, and hospitals
- 3.5 Revise platform based on feedback

4. Stakeholder Engagement & Partnerships (Year 2)

- 4.1 Secure agreements with 3+ universities
- 4.2 Collaborate with Department of Health for integration
- 4.3 Establish certification partnerships (incentive pathways)
- 4.4 Engage hospitals for workforce adoption

5. National Rollout (Year 3+)

- 5.1 Expand to all universities nationwide
- 5.2 Full Department of Health integration
- 5.3 Launch national marketing campaigns
- 5.4 Introduce analytics dashboards to policymakers
- 5.5 Monitor impact on rural–urban workforce distribution

6. Expansion & Diversification (Year 4–5)

- 6.1 Extend platform to nurses, pharmacists, and allied health
- 6.2 Explore international scalability in LMICs facing workforce maldistribution
- 6.3 Develop advanced features (mentorship, research integration)

7. Operations & Support

- 7.1 Establish user support helpdesk
- 7.2 Conduct training for universities & hospitals
- 7.3 Ensure system maintenance, updates, and upgrades
- 7.4 Ensure ongoing data protection compliance

8. Risk Management

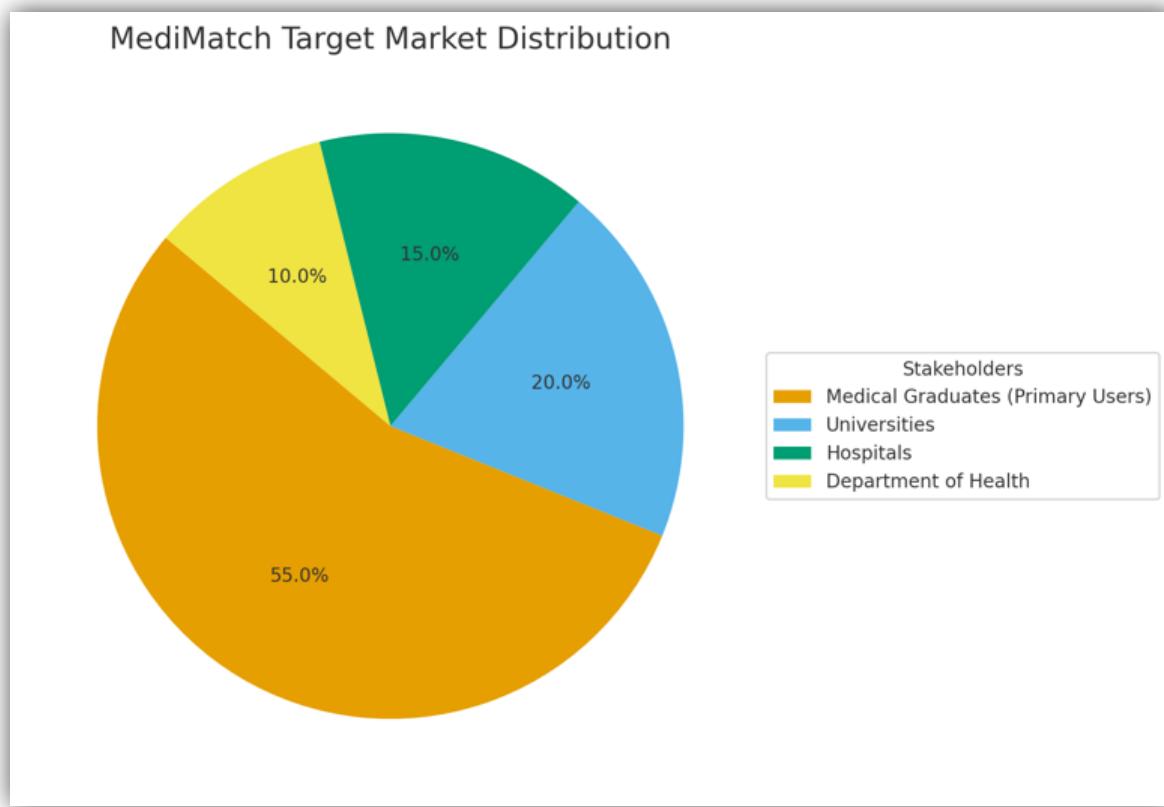
- 8.1 Identify risks (institutional resistance, financial sustainability, competition)
- 8.2 Implement mitigation strategies (pilots, compliance, student ambassadors)
- 8.3 Contingency planning for slow adoption or data breaches



9. Monitoring & Evaluation

- 9.1 Track KPIs: placement satisfaction, rural retention, institutional adoption
- 9.2 Collect ongoing feedback from stakeholders
- 9.3 Publish annual workforce analytics reports
- 9.4 Continuous improvement cycle

11.3 Market Research



Appendix IV. Target market distribution

Competitor Comparison

Criteria	DoH Portal	NRMP (USA)	NHS e-Portfolio (UK)	MediMatch
Transparency	Low	Medium	Medium	High
Career Support	None	Limited	Moderate	Strong
Incentive Pathways	None	No	No	Yes
Analytics Dashboards	None	No	No	Yes
South Africa Adaptation	Yes	No	No	Yes

Appendix V. Competitor comparison using transparency, career support, incentive pathways, analytics dashboards, and the company's adaptability.

