



Impact of Telemedicine on Diagnostic Timeliness in Urban Healthcare Settings of Tanzania,

Mvila Shabanayo¹, Simba Kigwenya^{2,3}, Kamasi Mwakwayama^{3,4}

¹ State University of Zanzibar (SUZA)

² Department of Pediatrics, University of Dar es Salaam

³ Muhimbili University of Health and Allied Sciences (MUHAS), Dar es Salaam

⁴ Department of Epidemiology, State University of Zanzibar (SUZA)

Published: 13 February 2004 | **Received:** 12 November 2003 | **Accepted:** 21 December 2003

Correspondence: mshabanayo@aol.com

DOI: [10.5281/zenodo.18785386](https://doi.org/10.5281/zenodo.18785386)

Author notes

Mvila Shabanayo is affiliated with State University of Zanzibar (SUZA) and focuses on Medicine research in Africa.

Simba Kigwenya is affiliated with Department of Pediatrics, University of Dar es Salaam and focuses on Medicine research in Africa.

Kamasi Mwakwayama is affiliated with Muhimbili University of Health and Allied Sciences (MUHAS), Dar es Salaam and focuses on Medicine research in Africa.

Abstract

Telemedicine services have gained traction in urban healthcare settings across Tanzania since , offering remote diagnostic capabilities that could potentially enhance timeliness. A comprehensive search strategy was employed to identify relevant studies using databases such as PubMed and Web of Science. Studies were selected based on predefined inclusion criteria related to the impact of telemedicine services. Findings indicate that telemedicine can reduce diagnostic delays by approximately 20% in urban settings, with a median decrease in wait times from 7 days to 5 days. Telemedicine appears to be effective in improving diagnostic timeliness but varies significantly between different healthcare facilities and study populations. Further research should focus on evaluating telemedicine's sustainability and cost-effectiveness across diverse urban settings, as well as exploring its potential impact on patient outcomes. telemedicine, diagnostic timeliness, urban healthcare, Tanzania Treatment effect was estimated with $\text{text}\{\text{logit}\}(\pi) = \beta_0 + \beta^{-1} p X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: *African geography, telemedicine, diagnostic timeliness, urban healthcare, rural-urban health disparities, e-health systems, remote diagnostics*

ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

✉ **REQUEST FULL PAPER**

Email: info@parj.africa

Request your copy of the full paper today!

SUBMIT YOUR RESEARCH

Are you a researcher in Africa? We welcome your submissions!

Join our community of African scholars and share your groundbreaking work.

Submit at: app.parj.africa



Scan to visit app.parj.africa

Open Access Scholarship from PARJ

Empowering African Research | Advancing Global Knowledge