



USAID Philippines ReachHealth Project

Innovation Scouting Report

December 13, 2019

SECTION I. INTRODUCTION

USAID's ReachHealth Project aims to respond to the unmet need for family planning (FP) in the Philippines that has led to high levels of teenage pregnancy, by improving FP knowledge on the individual, household, and community levels; increasing access to comprehensive quality care, increasing provider capacity to deliver comprehensive, quality, and respectful care; strengthening health systems; increasing demand for FP and MNH services; and transforming gender norms.

The ReachHealth Project, in partnership with the Duke Global Health Innovation Center (GHIC), in order to achieve sustainability across the intersection of the project's goals to increase healthy behaviors in underserved populations; increase access to care; and bolster health systems on the local, regional, and national levels, will include a Grand Challenge that, through the provision of grants, individualized mentorship, and strategic connections, aims to foster innovative solutions to reduce unmet need for FP and support their transitions to scale within the Philippines. Providing grants and mentorship to selected innovations will increase sustainability by equipping those organizations with both financial and nonfinancial resources upon which to draw while scaling their operations. Strategic connections to private and public sector partners will help precipitate cross-cutting collaborations and public-private partnerships (PPPs) that serve to strengthen both the health systems and the private sector.

In the Philippines, despite an investment of 162,227,532 USD annually from government's domestic budget, contraceptive prevalence rate (modern methods) has only risen 1.7% from 2014-2019. In the same time frame, the percentage of women with unmet need for modern method of contraception has decreased by less than one percent (0.7%). Perhaps more indicative of the gap in family planning access is the percentage of women whose demand is satisfied with a modern method of contraception, which increased by 2.2% in that five-year span.¹ Given this persistent challenge in spite of significant investment, we need to look to innovation, or new ideas, methods, products and approaches, to augment existing solutions, and we particularly need to create innovation frameworks to create the right conditions for innovation to develop and scale. We believe that the right ecosystem needs to be in place to encourage and promote innovation from anywhere, but especially from those closest to the problem. In that spirit, the ReachHealth Innovation Community, inclusive of the Grand Challenge, is designed to be an adjunct, bottom-up approach to identifying and supporting the scale of innovative solutions in order to connect, test and scale these innovations into the broader top-down, capacity building efforts across the ReachHealth program.

In Year 3 of the ReachHealth project, the Grand Challenge call for applications will be released, and a small group of innovators will be selected to receive grants, mentorship, and strategic connections to support their efforts to scale. In this report, we present the innovation framework that was developed as the basis for the Grand Challenge sourcing and scouting efforts, illustrate the demand for innovation as it maps onto that framework, and analyze the scouting findings that resulted from the application of the innovation framework to the existing landscape of FP innovations. Finally, we draw conclusions from those findings and present next steps towards the Grand Challenge and towards further supporting an environment conducive to health innovations throughout all regions in the Philippines.

SECTION 2. INNOVATION FRAMEWORK

GHIC developed an innovation framework around which to focus desk research, innovator scouting, and design of the Grand Challenge. This framework situates the role of innovation within the larger goals of

USAID's ReachHealth project: reducing unmet need for family planning and decreasing rates of teenage pregnancy.

2.1 PROJECT APPROACH

The ReachHealth Grand Challenge approach is centered around the use of a Grand Challenge Call for Innovation (an RFP-based process) to strengthen and support innovative approaches to reducing unmet need for FP and rates of teenage pregnancy in the Philippines. Through purposive innovator scouting and assessment in combination with targeting mentoring and acceleration for the selected innovators (winners of the Grand Challenge), GHIC will strengthen local capacity for scale and sustainability, increase private sector engagement, and complement other key aspects of the ReachHealth project, such as the local grants program.

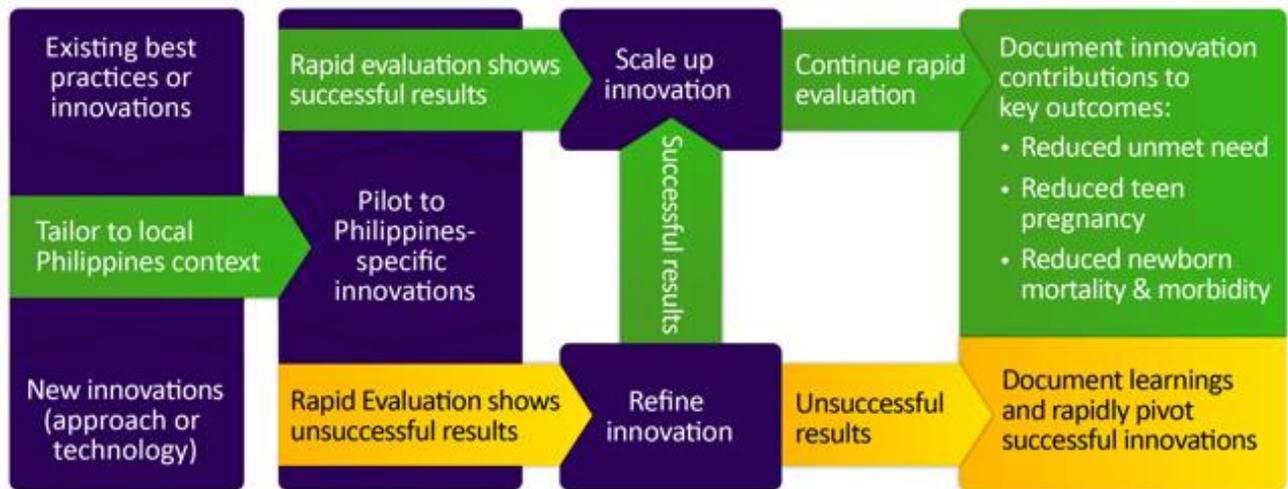


Figure 1: The ReachHealth Innovation Framework. This framework outlines the project's approach to infusing innovation into the broader goals of the ReachHealth Project.

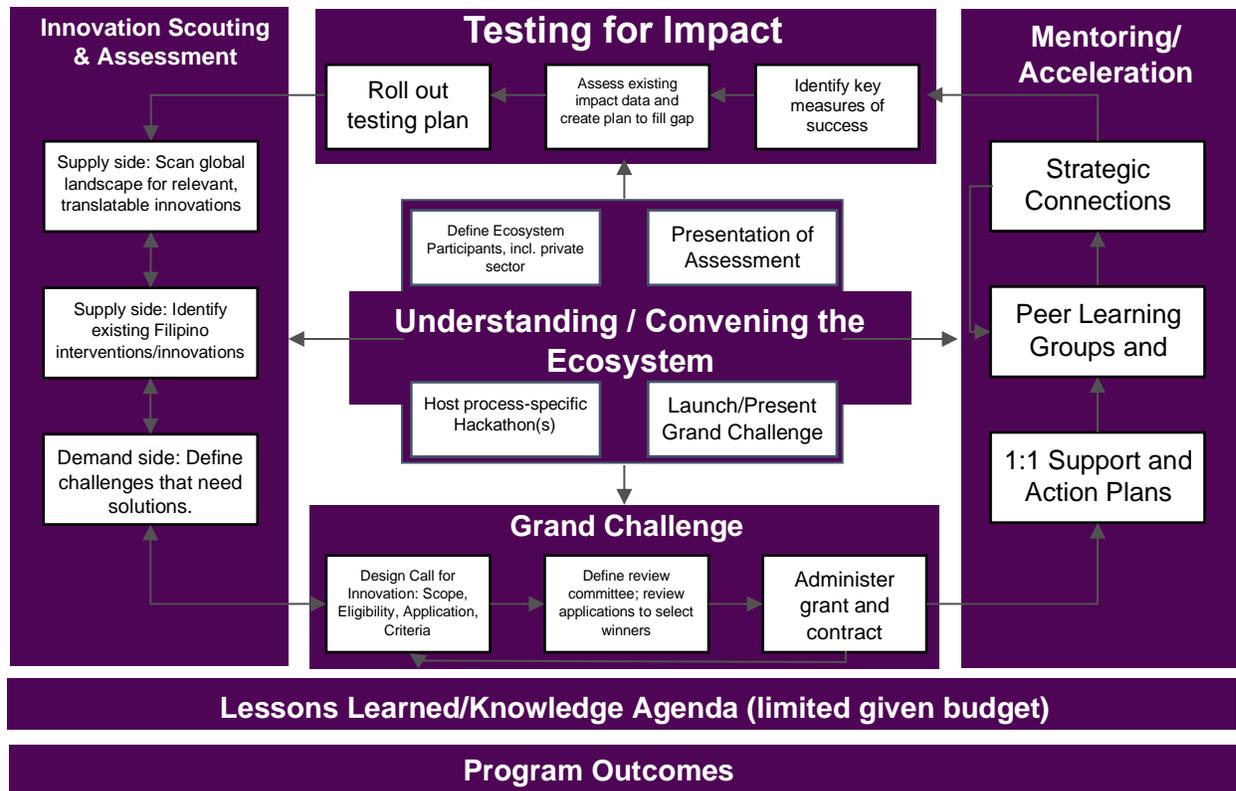


Figure 2: ReachHealth Innovation Process. This figure visually represents the operationalized steps that are involved in creating the innovation community and preparing for a Grand Challenge as part of the structure of that community.

2.2 FAMILY PLANNING VALUE CHAIN

A value chain framework for family planning provides a model for social, cultural, environmental, and economic factors that contribute to unmet need for FP for women, men, and adolescents. The development of this value chain framework was based on qualitative findings from informal interviews across the ReachHealth team as well as external stakeholders such as innovators, accelerators, incubators, investors, foundations, and health care providers. This framework provides an essential structure onto which to define demand for and compare to the existing supply of interventions and innovations can be mapped, providing greater insight into where the largest gaps, and thus the biggest opportunities, lie. Provider bias, contraceptive technology, supply chain & infrastructure, adherence & support for adherence, education, media & messaging, patient demand, service delivery points (health facility access and/or quality), and healthcare provider (access, training, and incentives) proximally impact an individual's motivation, choice, and ability to access family planning services. Underlying these factors are financing, policy, and sociocultural influences that come into play at each step in this value chain.

The following category definitions were developed as part of the value chain analysis process; these are not considered to be comprehensive and broadly applicable. Rather, these categories form a dynamic schema that can be applied to understand and group innovations with the inherent limitation that innovation often defies neat categorizations.

Category/Area	Definition	Philippines Context	Potential for Innovation
Media and Messaging	Communications through traditional and new media channels such as television, radio, and social media.	“Inakup Arekup” ad: 37,120,620 impressions from 2018-2019. ⁱⁱ	DKT, Nurx, Nivi, Sciventions, Valea Health, Admov
Education	Information, guidance, counseling, messages, communications, etc. received through educational or education-focused groups, institutions, or structures.	Educational Usapan sessions conducted at 72% of RHUs, but only 24% of Public Hospitals. ⁱⁱⁱ	Renewsiya Foundation
Social Influences	Peer, family, community, or society level attitudes, norms, behaviors, and other factors that causes a change on behavior of an individual.	Religious beliefs are not identified by women as important barriers to adopting a modern method of contraception. ^{iv} The high value placed on virginity until marriage (identified as important for 83% of women aged 15-24*) discourages women from admitting sexual activity and related health concerns. ^{vi}	DKT, Nivi, ParentUp, Renewsiya, Sciventions, Sinaya Cup
Demand	An individual’s desire and willingness to seek out, obtain information on, or otherwise access family planning methods.	57% of RHUs provide pre-marital counseling, in contrast to other demand-generation activities that are conducted at over 70% of RHUs. Pre-marital counseling has the potential to specifically target adolescents who may not otherwise be reached. ^{vii}	Well-Family Midwife Franchise Clinics, DKT, CarePay Kenya, Nurx, Nivi, ParentUp, Renewsiya Foundation, Admov
Service Delivery	Factors relating to access (physical and financial) to points of care or other instances when healthcare or health	2,450 FP delivery point facilities nationwide ^{viii}	Well-Family Midwife Franchise Clinics, Mother

	services are provided, the quality of these service delivery points, or incentives for improved healthcare at these points.	721 public hospitals, 1,075 private hospitals ^{ix}	Bles Birthing Clinics, KonsultaMD, Medifi, Arooga Health, MedGrocer
Contraceptive Technology	Commercial products, biomedicines, therapeutics, pharmaceuticals, methods, guides, devices, or other products used for family planning.	FP2020: Modern methods available include: sterilization (male and female – 19.3% of women use), condoms (male – 4.4% and female), IUD (8.8%), implant (2.8%), injectable (12.4%), pill (51.0%), LAM (1.2%).	
Provider	Access to a healthcare provider that is knowledgeable, trained, and available to provide family planning services, training of providers to empower them to provide family planning services, and any incentive mechanism to improve quality, access, availability, or capacity of healthcare providers.	Percentage of SDPs with least one service provider is 97.7% at RHUs/HCs/OPCs, 91.3% Public Hospitals, and 89.0% at Private LIC; however, this masks potential access issues that arise when the trained service provider is not available. ^x 24.8% of women were provided with information on FP during recent contact with a health provider. ^{xi}	Allied World Healthcare, Roots of Health, Friendly Care, Well-Family Midwife Franchise Clinics, Mother Bles Birthing Clinics
Provider Bias	Perceptions, attitudes, practices, and other factors that impact the manner and willingness of healthcare providers to counsel, provide, or otherwise disseminate information regarding family planning or family planning methods	Adolescent-friendly attributes aim to reduce stigma, but only 38% of RHUs, 16% of Public Hospitals, 6% of Private LICs, and only 0.4% of Private Hospitals display 3 key	

		<p>adolescent-friendly attributes.^{xii}</p> <p>Health facility staff report that providers who are members of the church face pressures not to distribute contraception. These pressures can also be from anti-reproductive health groups.^{xiii}</p> <p>Provider perceptions that may limit their provision of counseling include: lack of comfort, assumptions about patient pregnancy risk, negative beliefs about contraceptive methods, and reliance on patients to initiate discussions.^{xiv}</p>	
Adherence and Support	Factors that influence an individual's likelihood to continue to use a family planning method	A 2019 study using a nationally representative cross-sectional survey found that 20% of the women attending clinics included in the study has previously used an effective contraceptive method but had discontinued use, suggesting that continuation rates need to be improved. ^{xv}	Nivi, ParentUp, Renewsiya Foundation, Sciventions, MedGrocer
Supply Chain and Infrastructure	Factors related to the flow of contraceptive products and technologies from production to consumer and the physical and organizational structures of	Stockouts for pills, condoms, and implants all exceed 20% at both RHUs and public	Allied World Healthcare, Roots of Health, Friendly Care,

	society that directly or indirectly impact supply chain.	hospitals (Jan-Mar 2019). ^{xvi}	DKT, Nurx, Maisha Meds, MedSource, mPharma, mClinica, MedGrocer
Financing	Factors impacting financial accessibility of family planning methods, including but not limited to prices of family planning products, individual-level access to capital and empowerment to do so, health insurance schemes, and prices of healthcare services.	LARCs such as IUDs and implants are more effective than short acting methods but are used less frequently; financial barriers to LARC uptake include the need for specially trained workers and upfront payments. ^{xvii} In 2018, Php162,642,000.00 was spent to procure family planning commodities at the national level. FP commodities included Birth pills, DMPA, condoms, IUDs, Digital Thermometers, cycle beads, Cervical Mucus Methods Charts, Basal Body Temp. Charts, Symptothermal Method Charts. ^{xviii}	Allied World Healthcare, Maria Health, Friendly Care, DKT, CarePay Kenya, mClinica
Policy	Concerning any aspects of public policy at any level that affects family planning.	National policy allows only accredited facilities to administer LARCs, resulting in lower availability at peripheral level facilities. ^{xix}	

I Media and Messaging: Communications through media channels such as television, radio, and social media.

2 Education: Information, guidance, counseling, messages, communications, etc. received through educational or education-focused groups, institutions, or structures.

3 Social Influences: Peer, family, community, or society level attitudes, norms, behaviors, and other factors that causes a change on behavior of an individual

4 Demand: An individual's desire and willingness to seek out, obtain information on, or otherwise access family planning methods.

5 Service Delivery: Factors relating to access (physical and financial) to points of care or other instances when healthcare or health services are provided, the quality of these service delivery points, or incentives for improved healthcare at these points.

6 Contraceptive technology: commercial products, biomedicines, pharmaceuticals, methods, guides, devices, or other products used for family planning.

7 Provider: Access to a healthcare provider that is knowledgeable, trained, and available to provide family planning services, training of providers to empower them to provide family planning services, and any incentive mechanism to improve quality, access, availability, or capacity of healthcare providers.

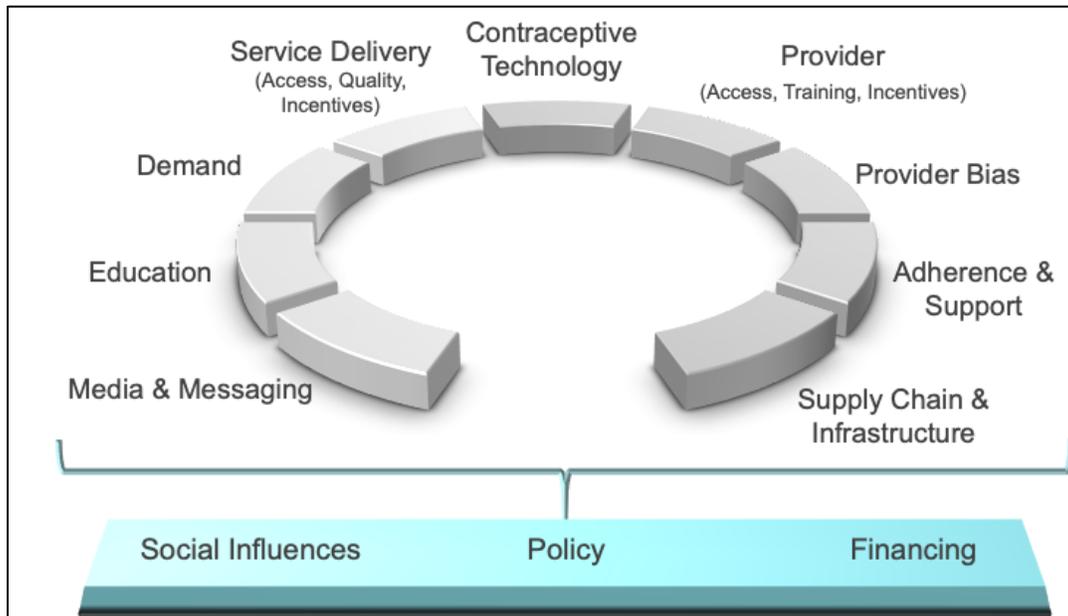
8 Provider bias: perceptions, attitudes, practices, and other factors that impact the manner and willingness of healthcare providers to counsel, provide, or otherwise disseminate information regarding family planning or family planning methods.

9 Adherence and support: factors that influence an individual's likelihood to continue to use a family planning method.

10 Supply chain and infrastructure: factors related to the flow of contraceptive products and technologies from production to consumer and the physical and organizational structures of society that directly or indirectly impact supply chain.

11 Financing: Factors impacting financial accessibility of family planning methods, including but not limited to prices of family planning products, individual-level access to capital and empowerment to do so, health insurance schemes, and prices of healthcare services.

12 Policy: Concerning any aspects of public policy at any level that affects family planning.



This visualization of the framework displays the foundational factors of financing, policy, and social influences below the other 8 areas, which are arranged in a non-sequential arc to represent their equal theoretical likelihood of influencing an individual's access to family planning methods.

A business roundtable was held in the Philippines in June 2019 with the objective of assessing and socializing the value chain framework, validating the Grand Challenge format, and bringing to the table essential and representative views of the demand for family planning innovation. Eighteen stakeholders and the ReachHealth team convened to discuss and provide feedback on the value chain framework and give input on how to optimize impact of innovation on family planning and teenage pregnancy. Findings from this roundtable discussion were essential to informing and validating the design of the project. Private sector players expressed interest and enthusiasm about a Grand Challenge model's potential to foster innovation and the involvement of the private sector in a Grand Challenge approach. Members of the private sector also affirmed the value of convening stakeholders across various groups. Discussions highlighted the importance of cross-cutting solutions that can address barriers to accessing family planning from multiple angles; for instance, attendees expressed that an intervention such as Family Planning in the workplace must essentially be coupled with innovations addressing demand for family planning on the individual level and the supply chain of family planning products in order to generate lasting impact.

SECTION 3. INNOVATION SCOUTING

In order to realize and maximize impact from innovations and this innovation framework over the 5-year ReachHealth program runway, innovation scouting focused on existing, post-revenue, growth stage innovations ready to scale. As such, twenty-seven innovators or interventions have been scouted and mapped onto this family planning value chain. The most commonly addressed point on the value chain is supply chain & infrastructure (10), followed by service delivery point/health facility (8), then financing (6), sociocultural influences (6), media & messaging (6), and provider training (6). This supply of innovations includes existing innovations in the Philippines and innovations in other lower- and middle-income countries (LMICs) whose work was identified as potentially translatable to the Philippines.

	Financing	Policy	Social & Cultural Influences	Education & Schools	Media & Messaging	Patient Demand	Service Delivery (access, quality, incentives)	Provider (Access, Training, Incentives)	Provider Bias	Contraceptive Technology	Supply Chain & Infrastructure	Adherence & Support
Renewsiya Foundation*			X	X		X						X
Sciventions*			X		X							X
Valea Health*					X							
Sinaya Cup*			X									
KonsultaMD*							X					
mClinica*	X										X	
Medifi*							X					
Arooga Health*							X					
MedGrocer*							X				X	X
Admov*					X	X						

SECTION 4. CONCLUSIONS

In Year 1, we created a family planning value chain framework from which to evaluate and balance the existing supply of innovation. Through our scouting efforts, we identified and qualified 27 innovations in preparation for the Grand Challenge launch in Year 3 and we created the foundation for the ReachHealth Innovation Community that we intend to build and engage in Year 2. Productive and continuous engagement with this community will not only build capacity for supporting and scaling innovation within this group of innovators, but will also create momentum and spark innovation in other regions and potential co-investment from other stakeholders, including the private sector. Through engaging events such as the Grand Challenge, hackathons, roundtables, and learning sessions, both online and in-person, the ReachHealth Innovation Community will establish a new model for supporting, incubating, and scaling innovations through the creation of a virtual community.

SECTION 5. ANNEX

5.1 INNOVATION PROFILES

5.1.1 ALLIED WORLD HEALTHCARE

Location of Operation: Philippines

Year Founded: 2015

Overview: Social enterprise sustainably delivering basic healthcare services in underserved communities and filling the gaps where traditional healthcare services do not reach.

Value Proposition: Digital health platforms increase convenience and accessibility of healthcare support and services to individuals who face barriers to care.

Business Model: Non-profit

Scaling Potential in Philippines: Has successfully expanded into Cuartero, Guimbal and Pototan in Central Philippines, and Santa Maria.

Impact/KPI: Work has spanned 50 communities, empowering almost 100 new 'Community Access Managers' to manage and coordinate healthcare services.

Current Work/Goals: IT platforms for health worker education, strengthening local systems, and last-mile delivery management. Goal to connect 250M people to healthcare in the next 10y.

Investors/Funding: government, global charities and private sector

5.1.2 MARIA HEALTH

Location of Operation: Philippines

Year Founded: 2015

Overview: Online sales platform that allows individuals to easily shop & compare health insurance plans from major healthcare providers in the Philippines.

Value Proposition: Increases health insurance uptake by pooling together various small businesses/individuals and to create a large group that can then access to the same quality healthcare, same benefits, and same competitive rates that larger businesses enjoy.

Business Model: For profit, start up. Partnered w/20 of the top health insurance providers, primary care clinics and ambulatory service providers in the Philippines.

Scaling Potential in Philippines: enough support and funds for scaling up in the PHIL.

Impact/KPI: 1200 members

Current Work/Goals: Propose the HMOs add FPMCH in their packages. Expand partnership with more healthcare providers. Recently launched its marketplace for prepaid health cards, which are designed to cover specific needs.

Investors/Funding: seed funds, investments, revenue (est. 2M/year)

5.1.3 ROOTS OF HEALTH

Location of Operation: Philippines

Year Founded: 2009

Overview: Roots of Health works to empower women, young people, and families to lead healthy reproductive lives by providing rights- and results-based educational and clinical services.

Value Proposition: Empowers marginalized youth through health education, free clinical services, and system strengthening in underserved communities where there are barriers to accessing both paid and government health services.

Business Model: Non-profit. Partners: DoH of Palawan

Scaling Potential in Philippines: demonstrated ability in scale significantly in Palawan

Impact/KPI: in 2017 trained 1162 Barangay Health Workers and 124 Youth Advocates; 1,184 referrals for contraceptives and HIV testing services; >8,000 young people impacted by Youth Advocates.

Current Work/Goals: Healthy Pregnancy Program, Community Health Advocates, Contraceptive Missions, School-based Education, Youth Advocates, Health Workers Training (barangay health workers, municipal nurses & midwives), Municipal Implementation Teams, Inventory Support to local government health facilities

Investors/Funding: donors, grants, and supporters

5.1.4 FRIENDLY CARE

Location of Operation: Philippines

Year Founded: 1999

Overview: Network of outpatient clinics providing affordable quality family and reproductive health services in a friendly and compassionate manner.

Value Proposition: Offers an alternative facility between expensive private health care facilities and crowded public health centers. It focuses on responsible family planning, total family health, and quality health services that are affordable and accessible to a diverse market.

Business Model: Nonprofit, NGO. Partnerships: POPCOM

Scaling Potential in Philippines: 6 clinics (4 in Metro Manila, 1 Cebu, 1 Davao). Want to scale to more areas in PHIL but funding is the hurdle.

Impact/KPI:

Current Work/Goals: FP in the workplace (“good business sense”), FP Outreach, The challenge: how to serve more women with unmet needs for family planning, how to scale up its operation.

Investors/Funding: Donors, grants, Revenue (USAID in the past)

5.1.5 WELL-FAMILY MIDWIFE FRANCHISE CLINICS

Location of Operation: Philippines

Year Founded: 1997

Overview: Social franchise network of local midwife-run family planning and MCH clinics; targets low- and middle-income families and provides business training for franchisees.

Value Proposition: Social franchise model positions community midwives as both providers and stakeholders in their clinics, providing motivation to succeed and serving as investment in local economy. WFMC also provides continuing technical assistance and business training to ensure high quality and effective service delivery.

Business Model: Social franchising

Scaling Potential in Philippines: 120 clinics in Metro Manila and across 28 provinces; strong presence and model conducive to scaling

Impact/KPI: Claims significant number of mothers and children receiving quality care and midwife-entrepreneurs increasing their income due to the clinics.

Current Work/Goals: Continued service provision

Investors/Funding: USAID funded the piloting of the franchise, further supported by the TANGO project in the Philippines

5.1.6 MOTHER BLES BIRTHING CLINICS

Location of Operation: Philippines

Year Founded: 2010

Overview: Network of PhilHealth-accredited facilities offering maternal, reproductive, and FP health services in high maternal mortality areas; public-private partnership to target low-income mothers.

Value Proposition: MBBC’s careful selection of locations with highest need for reproductive health services ensures equity in its provision of services and reach of underserved populations; it also empowers local midwives through training.

Business Model: PPP

Scaling Potential in Philippines: Established 50 clinics in 3 years across several provinces, high potential for scaling as long as there is buy-in from local communities

Impact/KPI: Aims to reduce maternal mortality ratio in the provinces with clinics

Current Work/Goals: Continued operations.

Investors/Funding: Partnership between KaKaK Foundation (NGO), Private Practicing Midwives (NGO), and public PhilHealth facilities, so funding is from government-funded insurance and out of pocket payments.

5.1.7 DKT PHILIPPINES

Location of Operation: Philippines

Year Founded: 1991

Overview: Social marketing to sell low-cost contraception and increase uptake of modern FP methods. Also runs social franchises within government clinics.

Value Proposition: Social marketing increases demand for FP, and the methods DKT sells are highly affordable. Social franchises (called PopShops) in government clinics increase access.

Business Model: Non-profit

Scaling Potential in Philippines: Well-advertised products create brand recognition and partnerships with government clinics facilitate scaling into new communities.

Impact/KPI: In 2018, generated over 3M CYP

Current Work/Goals: Looking to increase number of people served and offer a wider range of services.

Investors/Funding: Revenue from sales, fully sustainable now.

5.1.8 CAREPAY KENYA

Locations of Operation: Kenya, Nigeria, Tanzania

Year Founded: 2015

Overview: Mobile platform addressing low insurance penetration rates and high out-of-pocket payments by directing funds to a health wallet on the patient's mobile phone.

Value Proposition: Overcomes barrier to insurance use due to mistrust by placing purchasing power in the hands of the patient. Demand-side financing model increases patient empowerment to seek care and fosters competition for affordable and high-quality provision of services on the provider/supply-side.

Business Model: For-profit, B2B, B2C, B2G, contracts with health payers, works with governments for UHC enrollment

Scaling Potential in Philippines: Have scaled in new regions since initial implementation in Kenya, tech-based model is replicable

Impact/KPI: Cost of administration per life reduced by more than 50%, in Kenya the platform has handled over 1.4M transactions and has paid out \$6.4M to providers.

Current Work/Goals: Raising funds for further expansion

Investors/Funding: Currently negative net income but expects to break even in 2020 in Kenya. Just completed a \$45M Series A funding round.

5.1.9 NURX

Location of Operation: USA

Year Founded: 2014

Overview: Online telehealth platform for oral contraceptive prescription and delivery via mail. One of several businesses with the same model in the US.

Value Proposition: Patients are able to use the website or app to fill out a health questionnaire and obtain a prescription for an oral contraceptive, which is then delivered directly to them via mail. Accepts insurance. Overcomes barriers due to stigma, lack of transportation, lack of providers.

Business Model: For-profit

Scaling Potential in Philippines: Online platform easily adapted and scaled but depends on legality of telehealth, online prescription, and medication delivery.

Impact/KPI: Served over 200,000 patients, NPS consistently 90.

Current Work/Goals: Working on adding at-home STI tests and treatment to their range of services.

Investors/Funding: \$41.4M in total funding raised over 4 years, most recently raised \$36M from a Series B round in July 2018.

5.1.10 NIVI

Locations of Operation: Kenya, India

Year Founded: 2016

Overview: Chatbot providing information about family planning and sexual and reproductive health and recommending healthcare providers that can be accessed on any mobile phone via SMS, Facebook messenger and WhatsApp.

Value Proposition: Online platform for individuals to access free, accurate information about family planning tailored to their responses, without needing to visit a facility in-person or having to reveal to parents/peers that they are seeking this information. In English and Swahili.

Business Model: For-profit, could generate revenue in the future via partnerships with providers, charging users, contracts with governments

Scaling Potential in Philippines: since Nivi is an online platform, it can be easily adapted and scaled in new settings, launching in India in July'19.

Impact/KPI: Between Sept 2017 and Jan 2019, 28,021 users sent 87,180 messages

Current Work/Goals: following a pilot study, the team is now conducting a larger study in Kenya investigating Nivi's impact on probability of contraceptive uptake. Looking to expand to Uganda and India

Investors/Funding: seed funding from Merck for Mothers, research funding from Duke to evaluate model

5.1.11 PARENTUP

Location of Operation: Philippines

Year Founded: 2016

Overview: Toll-free SMS-based consultation service that provides guidance on maternal & child health, emotional well-being, and reproductive and sexual health and rights to teenagers and young mothers in low income communities.

Value Proposition: provides reliable and up-to-date health information in a non-judgmental way, to mothers facing this very delicate stage in their lives. Also available 24/7 at no cost to low-income families.

Business Model: non-profit

Scaling Potential in Philippines: looking to transition to scale in the Philippines and implement in more communities and gain more government and organizational partners.

Impact/KPI: have impacted the lives of over 100 families to date

Current Work/Goals: 2 major pilots in different communities in the Philippines, and currently setting up a new pilot community to validate specific health outcomes.

Investors/Funding: Grand Challenges Canada

5.1.12 MAISHA MEDS

Locations of Operation: Kenya, Tanzania, Nigeria, Egypt, Ghana

Year Founded: 2016

Overview: Offers pharmacy owners an android-based POS system that collects procurement and patient data. Negotiates prices with manufacturers, coordinates orders and deliveries.

Value Proposition: Real-time POS data provides pharmacists easy ordering and tracking of stock and improved forecasting capacity. Also negotiates prices to ensure high quality medicines are affordable for patients and that counterfeit/substandard medicines are excluded from the supply chain.

Business Model: B2B, non-profit. Leases system to providers, partners with distributors.

Scaling Potential in Philippines: Android-based POS system can easily be adapted and can operate in settings with or without traditional electrical grids.

Impact/KPI: Network of 300+ clinics, software supports 130,000+ patients/month

Current Work/Goals: Exploring additional services such as payment subsidies for patients

Investors/Funding: \$40k from Villgro Kenya, 2 \$100k grants from Gates (2015, 2017)

5.1.13 MEDSOURCE

Location of Operation: Kenya

Year Founded: 2018

Overview: Group purchasing organization that negotiates on behalf of its members. Also provides business management, IT training and access to credit

Value Proposition: Lowers prices of medicines.

Business Model: Group purchasing organization. For-profit.

Scaling Potential in Philippines: Fairly young, but parent org has extensive experience in 150 countries

Impact/KPI: ?

Current Work/Goals: Working on arranging framework agreements for medicine pricing for clients and on building its on POS system.

Investors/Funding: Fully-owned subsidiary of Management Sciences for Health (MSH)

5.1.14 MPHARMA

Location of Operation: Ghana, Nigeria, Zimbabwe, Zambia

Year Founded: 2013

Overview: Purchases, distributes stock for pharmacies in their network; members only pay for what they dispense. Offers quality improvement services

Value Proposition: By purchasing drugs on behalf of pharmacy network and taking on liability for the stock purchased, mPharma increases access to affordable medicines, reduces stock-outs, and increases certainty of drug availability for both pharmacies and consumers.

Business Model: Vendor-managed inventory system for private pharmacies

Scaling Potential in Philippines: Strong track record of expanding to new settings.

Impact/KPI: Manages inventory for 243 pharmacies and clinics, serving 40,000+ patients/month

Current Work/Goals: Aiming to be profitable within the next three years. Acquired Kenyan pharmacy chain Haltons in March 2019.

Investors/Funding: Raised \$25.1M over 7 funding rounds, latest is \$1.5M grant from the Skoll Foundation in April 2019

5.1.15 RENEWSIYA FOUNDATION

Location of Operation: Philippines/Cebu

Year Founded: 2018

Overview: Runs “A Healthy Me”, a Grand Challenges Canada-funded program to empower Filipina adolescents through small-group sessions with girls, parents, government staff, and teachers.

Value Proposition: Convenes small, peer-based groups to provide comprehensive SRH education in a setting designed to overcome sociocultural barriers to discussion.

Business Model: Nonprofit

Scaling Potential in Philippines: Significant potential to scale beyond Cebu

Impact/KPI: Goal is to reach 576 girls aged 14-24, 360 parents, 240 government health staff, 14 high school teachers, with a 50% increase in knowledge.

Current Work/Goals: Currently within grant period (March 2018-September 2019).

Investors/Funding: This specific program is funded by \$67,261 from Grand Challenges Canada

5.1.16 SCIVENTIONS, INC.

Location of Operation: Philippines/Palawan

Year Founded: January 2017

Overview: Completed a radio-based project with broadcasts twice weekly covering menstruation, conception, contraception, and nutrition. Project funded by Grand Challenges Canada from January 2017-December 2018.

Value Proposition: Highly accessible medium of radio broadcast reaches rural and remote areas, and the public nature helps overcome cultural barriers to discussing RH

Business Model: Specific project funded for 2 years by GCC.

Scaling Potential in Philippines: Radio broadcast format is easily scalable. Must consider listenership demographics.

Impact/KPI: Collected survey data at beginning, 6-, 12- and 15-month points.

Current Work/Goals: Project has ended. A plan to scale is mentioned in initial program description.

Investors/Funding: 75,000 USD from Grand Challenges Canada

5.1.17 VALEA HEALTH

Location of Operation: Philippines

Year Founded:

Overview: SMS or chat-based health coach (AI and Human) focused on health behaviors. Available in English or Filipino.

Value Proposition: establishes a constant, easily-accessible communication point with a health coach to obtain information and advice, encourage and reinforce healthy behaviors. Accessible in rural areas to any SMS-capable phone.

Business Model: B2B, clients can be employers, LGUs, barangay health centers. For-profit.

Scaling Potential in Philippines: Content of health coaching is easily adaptable to including family planning

Impact/KPI: ?

Current Work/Goals: states goal to work towards SDG3 (NCDs) through work in communities

Investors/Funding: Initial \$10,000 startup grant from IdeaSpace. Also supported by incubators/accelerators: IdeaSpace, BrainSparks, Launch Garage, Makesense

5.1.18 SINAYA CUP

Location of Operation: Philippines

Year Founded:

Overview: Menstrual cup marketed as healthy, clean, and eco-friendly.

Value Proposition: Provides a cost-saving method for managing menstruation. For-profit.

Business Model: Sells cups and donates to underserved women in the Philippines

Scaling Potential in Philippines:

Impact/KPI: 5995 cups sold, 1079 donated.

Current Work/Goals:

Investors/Funding: Part of Makesense Philippines incubation cohort.

5.1.19 KONSULTAMD

Location of Operation: Philippines

Year Founded:

Overview: 24/7 telehealth service available through subscription plans providing triage, medical information, reading of lab results, health coaching, OTC information, and referrals to physical points of care.

Value Proposition: Affordable, always-accessible doctors with no wait times.

Business Model: Subscription-based service with three options, covering individuals or families. Also offers members discounts at some healthcare service providers.

Scaling Potential in Philippines: Specific family planning services should be easy to integrate or develop further if already covered in primary care services. Telephone medium is very scalable across regions.

Impact/KPI: Average consultation duration is 12 minutes.

Current Work/Goals: ?

Investors/Funding: Jointly founded by Salud Interactiva and Globe (telecom)

5.1.20 MCLINICA

Location of Operation:

Year Founded:

Overview: Currently operates 3 mobile platforms: SwipeRx, a social network of pharmacies; Connect, a patient assistance program; and SnapRx, a HIS based on prescription data. Founded 2012.

Value Proposition: Addresses fragmentation of pharmaceutical systems. Their platforms strengthen the pharmaceutical supply chain by uniting independent pharmacies on a common platform.

Business Model:

Scaling Potential in Philippines:

Impact/KPI:

Current Work/Goals:

Investors/Funding: 6.3M USD Series A in Feb 2017.

5.1.21 MEDIFI

Location of Operation:

Year Founded:

Overview:

Value Proposition:

Business Model:

Scaling Potential in Philippines:

Impact/KPI:

Current Work/Goals:

Investors/Funding:

5.1.22 AROOGA HEALTH

Location of Operation:

Year Founded:

Overview:

5.1.23 MEDGROCER

Location of Operation:

Year Founded:

Overview:

5.1.24 ADMOV

Location of Operation:

Year Founded:

Overview:

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