

**Innovation Working Group**

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EVERY WOMAN  
EVERY CHILD

# Fostering Healthy Businesses

## Delivering Innovations in Maternal and Child Health



A report by:  
The IWG Task Force on Sustainable Business Models



## Every Woman Every Child Initiative

The Every Woman Every Child (EWEC) initiative was launched by the United Nations Secretary-General Ban Ki-moon during the United Nations Millennium Development Goals Summit in September 2010. The initiative is an unprecedented global movement aimed at saving the lives of 16 million women and children in the 49 poorest countries by 2015 and accelerating achievement of the Millennium Development Goals.<sup>1</sup>

EWEC works to mobilize and intensify international and national action by governments, multilaterals, the private sector and civil society to address the major health challenges facing women and children around the world. The initiative puts into action the Global Strategy for Women's and Children's Health. This presents a roadmap on how to enhance financing, strengthen policy and improve delivery of the health services and products needed in the countries to help women and children. For more information on the Every Woman Every Child effort, please visit [www.everywomaneverychild.org](http://www.everywomaneverychild.org).

## The Innovation Working Group (IWG)

The Innovation Working Group (IWG) was convened by the United Nations Secretary General in 2010 to harness the power of cost-effective innovation to accelerate progress towards achieving the health Millennium Development Goals (MDGs). In support of the Global Strategy for Women's and Children's Health, the IWG serves as the global hub for innovation in the UNSG's Every Woman Every Child initiative.<sup>2</sup> In contributing to improve women's and children's health, the IWG catalyzes the initiation and enables the scaling of innovations across technological, social, financial, policy and business domains. The IWG pursues leadership in supporting collaborative efforts among mHealth stakeholders.

The IWG is a broad network of interested parties with a small secretariat, working through partner organizations. The IWG comprises members of governmental, inter-governmental and non-governmental, profit and non-profit private-sectors, with everyone on an equal footing.

The IWG is co-chaired by Tore Godal, Special Adviser to the Prime Minister of Norway on Global Health, and Scott Ratzan, Vice President of Global Health, Government Affairs & Policy at Johnson & Johnson. Project management is provided by the Norwegian Agency for Development Corporation (NORAD) and a Secretariat is housed at the Partnership for Maternal Newborn & Child Health (PMNCH).

Four IWG task forces have been convened to develop innovations for improving maternal and child health: Sustainable Business Models, Checklists, Medical Devices and Innovative Finance. For more information on IWG, please visit [www.everywomaneverychild.org/resources/innovation-working-group](http://www.everywomaneverychild.org/resources/innovation-working-group).

## The Task Force on Sustainable Business Models

The focus of the Task Force on Sustainable Business Models is the landscape of health businesses that serve women and children in low- and middle-income countries. Its charge is to understand the unique challenges that these businesses face; identify the business model innovations that are needed for them to reach scale—and to reach the poor; and to make recommendations that can help advance their establishment, growth, and success, with the ultimate goal of improving health outcomes.

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We also want to express our gratitude to Rabin Martin—a global health strategy firm based in New York—for providing Secretariat support for the Task Force on Sustainable Business Models. We thank the team of **Adam Lewis**, **Tricia Morente**, **Maria Schneider**, and **Jeffrey L. Sturchio** for supporting the work of the Task Force and for their valuable research and editorial contributions to this report. We also thank **Tina Flores**, **Irene Wood Castillo**, and **Samantha Young** for their assistance in bringing the report to final form.

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# 1. Executive Summary

## A preventable problem

Put simply, the world is not on track to meet Millennium Development Goals (MDGs) 4 and 5. While there has been noteworthy progress in reducing maternal and child mortality since the declaration of the MDGs in 2000, nearly 300,000 women continue to die each year during pregnancy or childbirth, and roughly 7.6 million children fail to reach their fifth birthday. Almost all of these deaths are preventable. The vast majority of maternal and child deaths occur in the developing world, most of them concentrated in sub-Saharan Africa and South Asia.

To accelerate progress and keep MDGs 4 and 5 in sight, governments, donors, businesses, and NGOs cannot act alone. We need new models of collaboration among the public and private sectors. We need to think more creatively about innovative ways to draw on all available expertise and resources to provide healthcare to those in greatest need. And, as this report argues, we need to tap into the vast potential of private health businesses to deliver high-quality, affordable, and accessible care to those at highest risk of maternal and child mortality.

The challenge, however, is to ensure scale-up of these health businesses as *healthy* businesses—not dependent for their survival solely on the good intentions and one-off grants of donor governments, multilateral agencies, and private foundations.

The *Every Woman, Every Child* Innovation Working Group (IWG) has set out to understand the complexities and challenges in achieving financial viability and to recommend ways of overcoming barriers to growth and sustainability for companies and organizations committed to improving maternal and child health outcomes in low- and middle-income countries.

## The emerging and existing private health sector

The past few years have seen an unprecedented burst of activity among entrepreneurs and socially minded innovators seeking to improve health for some of the poorest people in the world. Their businesses offer direct delivery of care (such as low-cost hospitals and franchise clinics) or ways to facilitate care (such as emergency transport and mobile phone service).

Collectively, these businesses comprise an emerging group in the global health and development community worth watching closely to identify how to learn from their models, enhance their success, and fulfill their potential to help reduce maternal and child mortality.

At the same time, it is critical that we not overlook the vibrant private healthcare system that already exists—and is growing rapidly—in many low- and middle-income countries throughout the world. In fact, more than half the people in Africa and four-fifths in South Asia are estimated to seek care from private providers.

The private healthcare system—a diverse mix of independent physicians, nurses, and midwives, together with private clinics, hospitals, pharmacies, health insurers, and health shops—has tremendous reach into high-need communities. They are based in the communities they serve, have many touch points with families, and, as businesses, have learned how to establish trust and build customer loyalty. The frequent criticism of private healthcare, however, is that it is not always regulated and that quality of care is sometimes poor.

## Task Force on Sustainable Business Models in Health

Given its reach and ability to innovate, private healthcare has an important role to play in complementing public health systems and supporting governments' efforts to reach the MDGs. But these businesses need support to help them reach scale, become more inclusive, and have a real impact in saving the lives of women and children.

The Task Force on Sustainable Business Models—commissioned by the IWG—has been charged with exploring the landscape of health businesses serving poor women and children in low- and middle-income countries to understand what it will take for such organizations to reach scale and yield long-term improvements in health.

Task Force members brought a wide variety of practical experience to the work. They harnessed their deep knowledge and consulted with dozens of experts in global health and development to learn about promising new business models; creative ways by which longstanding businesses are reaching poorer populations; and the challenges all of these businesses continue to confront as they try to grow, survive, and—most importantly—thrive.

## Key findings

What we heard consistently is that there is a missed opportunity for private healthcare to become a greater partner with government in helping to improve healthcare for the poor—and that this takes work and a change in mindset. Too often, private providers and owners of health businesses have a small voice when governments are making decisions about health policy and financing and the role the private sector can play in strengthening health systems.

We found that the leading barriers today's businesses face fall into three main categories: gaining access to working capital and management skills; designing the right model to make services affordable for the poor and financially sustainable for the business; and partnering with government—and others—to reach scale.

But perhaps the most striking finding—which, while obvious, is nonetheless critical—is that businesses striving to reach low-income populations face the same constraints and opportunities as other businesses. The financial, organizational, and leadership challenges of managing a successful business are the same whether a company is trying to serve people who are very poor and lack basic healthcare or a wealthier and healthier customer base.

All still struggle with securing working capital, identifying customers in a competitive marketplace, generating adequate cash flow, hiring and retaining a skilled workforce, optimizing operational efficiencies, sourcing and managing inventory and supply, ensuring and improving the quality of products and service delivery, producing convincing outcomes, and ultimately providing desired products reliably to customers at affordable prices that ensure the company's solvency.

## Recommendations

There is unrealized potential for business to be a strong partner with governments and communities in improving healthcare for the poor. Private clinics, independent midwives, pharmacists, and drug shop owners are all part of the health ecosystem. But we need better channels to amplify the voices of private providers and healthy businesses to help inform policy and funding decisions.

The Task Force's actionable recommendations center on three complementary areas: changes in policy, new and expanded incentive schemes, and innovative financing. Our focus is on strategies that governments, businesses, and investors can employ to integrate their work more thoroughly in service of a shared mission: to strengthen health systems that will provide improved and more equitable healthcare for women and children.

### *1. Establish an enabling environment for healthy businesses*

Governments need to engage businesses more proactively in their efforts to improve maternal and child health outcomes, with a focus on helping businesses do what they're best at: innovating and bringing new products and services to the marketplace.

By forging strategic public-private partnerships, implementing commerce-friendly policies, and enacting regulatory measures and registration requirements to weed out substandard businesses, governments can advance the ability of private providers and health businesses to make quick and long-lasting positive changes in health—and thus expand and reinforce what government can achieve on its own. National governments can also work across national and regional borders to explore and strengthen multilateral initiatives to facilitate the flow of best practices and support their adoption.

We suggest that governments engage and support healthy businesses by means of national and regional private-sector forums on maternal and child health, accreditation programs to encourage high-quality services, and by using the existing South-South Global Assets and Technology Exchange (SS-GATE) network to connect businesses interested in maternal and child health with potential investors and service providers. There is also an important opportunity here for convergence with the findings and recommendations of the U. N. Commission on Life-Saving Commodities for Women and Children by focusing the work of these private sector forums, accreditation programs, and networks on improving the availability of critical maternal and child health medicines and supplies.

### *2. Offer incentives to help businesses reach the poor*

Governments and businesses should develop creative incentives to encourage the use of health-related products and services and expand access to quality healthcare among those with greatest need. Governments are experimenting with performance-based incentives, voucher programs, conditional cash transfers, subsidies, guarantees, and insurance. Similarly, businesses are testing out cross subsidies, no-frills models, and medical savings programs to attract and retain a diverse customer base to ensure sustainability. These are exciting developments for maternal and child health, but it is critical that incentive programs are evaluated so successful ones can be replicated and scaled.

We recommend further experimentation with micro-insurance and community savings and loans programs to overcome cost barriers; tactics such as social marketing, aspirational marketing, and voucher schemes to generate demand; and cross-subsidies models to help businesses serve poor communities.

### *3. Spur new kinds of investment*

Traditional financing for maternal and child health has typically been driven by the donor community. As we look toward more sustainable models, it will be important to consider how to channel resources in a way that spurs entrepreneurial activity and achieves desired health outcomes on a broad scale. Financial cooperatives, angel investor clubs, social venture capital funds, local development banks, credit guarantees, and other investment mechanisms are being used more widely, and specific tools can be adapted to healthy businesses at different stages of their evolution.

We need to evaluate and continue to refine the most effective ways to support the incubation and scale-up of health enterprises that serve the poor. We also need to think more broadly about the multiple opportunities for businesses (health and non-health) to thrive across the spectrum of maternal and child healthcare. It is important to think in terms of the complete value chain of healthcare delivery, recognizing the interdependence among diverse businesses in creating a successful ecosystem to improve health.

Among the innovative financing mechanisms that could be helpful in this respect are a working capital loan facility for maternal and child health businesses, further exploration of impact investing approaches, and a Healthy Business Incubation Task Force to equip entrepreneurs with the know-how to scale promising innovations in maternal and child health.

## Moving forward

The IWG is committed to mobilizing its multi-sector membership to carry out our recommendations, working closely with governments, affected communities, non-governmental organizations, financial institutions, investment firms, multilateral organizations, bilateral donor agencies, healthcare companies, business associations, research institutions, academic centers, and others. Our goal is to catalyze wide-ranging action on innovative methods to establish and support new enterprises to improve maternal and child health outcomes in low- and middle-income countries; to encourage experiments in a wide variety of settings; and to disseminate results broadly so that lessons learned will spark additional innovations.

Special thanks to our Task Force members and the many experts from NGOs, investment firms, donor agencies, UN organizations, academic institutions, consulting firms, and, most importantly, health businesses, who generously shared their experiences and insights on the key ingredients for healthy businesses—those that will save women’s and children’s lives today and for years to come.

### Chairs

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## 2. Understanding the Problem

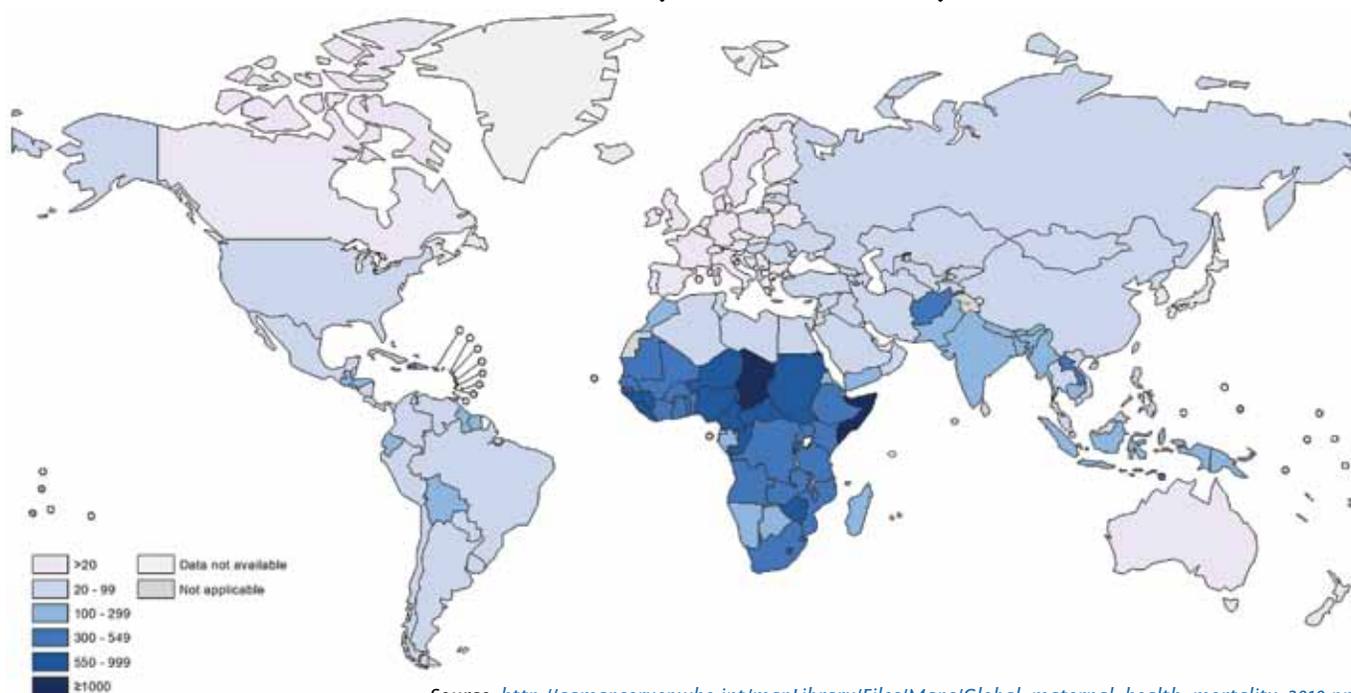
### 2.1 Maternal and child mortality

Between 1990 and 2010, maternal mortality worldwide dropped by nearly half (47%).<sup>3</sup> That's the good news. But maternal mortality remains unacceptably high, with an estimated 287,000 maternal deaths occurring in 2010. Every day, an estimated 800 women die from complications related to pregnancy and childbirth, and nearly all of these deaths are preventable.

These maternal deaths are not evenly distributed around the world (Figure 1), with 99% of all deaths occurring in low- and middle-income countries. In 2010, three out of every five maternal deaths occurred in sub-Saharan Africa and an additional three-tenths in South Asia, highlighting global inequities in access to health services and clinical care. Indeed, the average maternal mortality ratio in developing countries is 240 (number of deaths per 100,000 births), as compared to 16 in developed countries. In fact, in some regions of sub-Saharan Africa and South Asia, women face a one in 11 chance of dying while carrying or delivering a baby. Two countries alone account for one-third of avoidable maternal deaths—India (19%) and Nigeria (14%).<sup>4</sup>

**FIGURE 1**

**MATERNAL MORTALITY RATIO (PER 100 000 LIVE BIRTHS), 2010**



Improved access to quality health services can prevent these deaths. Four complications account for 80% of all maternal deaths: severe bleeding, infections, high blood pressure during pregnancy (preeclampsia and eclampsia), and unsafe abortion (Figure 2). By focusing on these complications, we have a greater chance of reducing the rate of maternal mortality worldwide.

To date, education has been a critical tool in preventing maternal mortality. But it is not enough. Only about 50% of women in low-income countries complete the WHO-recommended four antenatal care visits with a doctor or nurse to detect risk factors, such as preeclampsia.<sup>5</sup> Two-fifths of women in low-income countries give birth without a skilled attendant on hand, even though most maternal and newborn deaths occur during childbirth or in the immediate postnatal period.

#### ***A deadly link***

Maternal and child mortality are inextricably linked. The death of a woman during pregnancy or childbirth has a domino effect on her family, often leading to the death of the infant. In fact, maternal mortality yields a ten-fold increase in the likelihood of other children dying within two years of a mother's death.

Nearly 9 million children still die each year before their fifth birthday, with a staggering 4.4 million of those deaths—nearly one in two—occurring in sub-Saharan Africa. In 2008, one in seven children in sub-Saharan Africa died before reaching the age of five.<sup>6</sup> The situation is comparable in South Asia, particularly India, where nearly a quarter of all deaths of children younger than five occur.

An estimated 70% of all under-five deaths occur within the first year of life, and almost half of those happen within the first month (the neonatal period).<sup>7</sup> The causes of preventable childhood mortality point to the need for a range of preventive and therapeutic interventions.

## 2.2 The need for innovative models

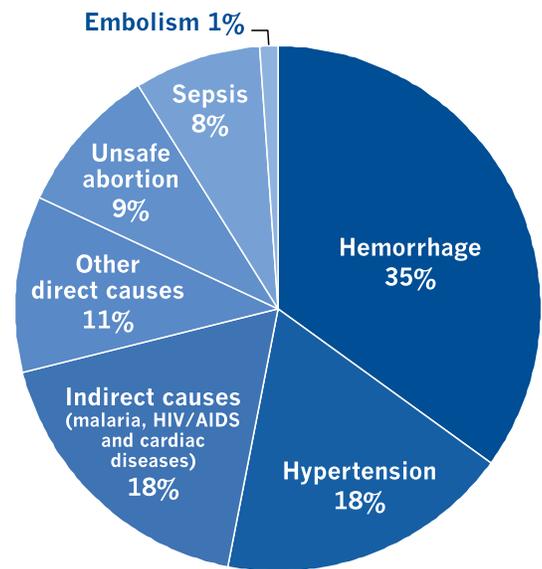
We know that the majority of maternal and child deaths could be prevented if women had greater access to skilled care during pregnancy, childbirth, and the first month after delivery. However, we need new solutions and innovative models that increase access to affordable and quality healthcare services.

In the past five years, new approaches to developing sustainable, scalable models for providing healthcare in countries with significant unmet needs have emerged. But it remains a challenge to create a new service paradigm that both generates revenue so that the business is viable and provides quality health services that are affordable to the poor.

We need to support the development and growth of market-based healthcare models that will meet the needs of low-income women and children globally. Health businesses can become *healthy* businesses with the help of other private sector partners, governments, and civil society.

**FIGURE 2**

**THE MAJORITY OF MATERNAL DEATHS ARE PREVENTABLE**



Source: <http://www.countdown2015mnch.org/documents/2012Report/2012-complete-no-profiles.pdf>

## 3. From Health Business to Healthy Business

### 3.1 What is a healthy business?

While *sustainable business* is a familiar global development term, its precise definition remains elusive. Some experts regard sustainability in terms of a business model whereby the business is structured to deliver financial, social, and environmental returns. Others think of sustainable business in terms of outputs, and whether or not a business yields negative effects on a surrounding environment or community. In a more traditional definition, a sustainable business is simply one for which revenues cover costs, and thus the business continues to operate for the long run.

For the purposes of this report, the Task Force on Sustainable Business Models defines a “sustainable business” as a *private entity operating within a competitive marketplace that remains financially solvent while selling goods or services to consumers*.

To give our study more focus, we use the term *healthy business* to refer to a sustainable business that relates specifically to maternal and child health, as well as other global health issues.

The key elements of a healthy business include:

- *Private entity* – The businesses referenced in this paper are all privately managed; that is, they are both entirely exclusive from a government body and owned and operated by a select set of individuals. Under this definition, the private entity could be a for-profit enterprise, a non-profit organization, or a hybrid.
- *A competitive marketplace* – While we do not distinguish businesses that set out to make a profit from those that do not, we only discuss organizations that operate within a market economy. This implies both a competition-driven price structure as well as a business model based directly on supply and demand.
- *Financial solvency* – One of the chief elements of a healthy business is solvency, which means that its revenues cover its costs, thus ensuring that it can be sustainable.
- *Selling goods or services* – It is important to emphasize that we focus only on entities that provide goods or services in exchange for compensation, thus excluding donation programs and other free services, whether publicly or privately provided.
- *Consumers* – Perhaps the most salient feature of a *healthy business* is that the consumer is not required to be the direct beneficiary. In our study, we deliberately incorporated business models that feature an external payer—such as a government, donor, or another business—as well as those that traditionally target individual consumers.

### 3.2 Delivering healthcare in low-income settings

In most low- and middle-income countries (with the notable exception of India), governments, civil society, and multilateral organizations have largely led the delivery of healthcare services to the poor. However, over the last two decades, the private sector has played an increasing role in the provision of both healthcare delivery and healthcare financing.

In countries like Ghana, India, and Uganda, more than two-thirds of all healthcare is delivered by private providers. In addition, in countries like Ethiopia, Kenya, Nigeria, and Uganda, more than 40% of people in the lowest income quintiles continue to seek care from the private health sector.<sup>8</sup> This rate is even higher in parts of Latin America and South Asia, where higher per capita incomes support more commercial activity in health.

While private health providers often bring to mind large hospital conglomerates that cater to the rich, other types of market-based models have emerged in recent years. These include low-cost hospitals, private clinics, health kiosks, pharmacies, health shops, and independent physicians, nurses, and midwives. In addition, many non-health sectors such as transportation, mobile technologies, and finance are entering the health arena to facilitate the delivery of care.

This new ecosystem for delivering health services is gaining acceptance from countries as well as the development community. A diverse range of businesses is becoming more and more critical in providing developing and emerging markets with high-quality health services that are both affordable and accessible.

## 4. The Path to Sustainability

### 4.1 Cultivate demand

#### **Does “build it and they will come” hold true?**

Healthy businesses provide critical goods and services to low-income consumers in a financially sustainable way, the key to which is strong customer demand. However, when providing goods and services to the poor, it is important to differentiate between *need* and *demand*.

As Monitor Inclusive Markets’ *Emerging Markets, Emerging Models* report notes, “[The poor] should be seen as customers and not beneficiaries; they will spend money, or switch livelihoods, or invest valuable time, only if they calculate the transaction will be worth their while.”<sup>9</sup>

For instance, Procter & Gamble partnered with the Centers for Disease Control and Prevention to develop PUR, a product that converts contaminated water to drinking water. Three years of test marketing ultimately resulted in a low return on investment and weak penetration rates. (This commercial failure later turned into a philanthropic success.)

Dr. Erik Simanis of Cornell University’s Johnson School of Management sums up this failure: “Yes, when asked, villagers told the researchers that they needed clean water and would be prepared to pay for it. But when it came time to buy and use the product, the villagers decided, for whatever reason, that it didn’t make sense in their lives and simply wasn’t worth the effort.”<sup>10</sup>

Indeed, as is often the case when selling to low-income consumers, healthy businesses need to begin with the basics, namely converting need into demand and creating the market.

#### **The limitations of traditional market research in low-income markets**

Healthy businesses often use traditional marketing tools, such as interviews and focus groups, to better understand their customers. But as Steve Jobs—the founder of Apple—noted, “It’s really hard to design products by focus groups. A lot of times, people don’t know what they want until you show it to them.”<sup>11</sup> While this is true across all income levels, the challenge of differentiating what people will purchase from what they need is even greater when working with low-income consumers.

Adding to this complexity is that in a more traditional model of investment in human capital, individuals invest in a health product or service if they believe that the expected benefits will outweigh the cost.<sup>12</sup> Yet many “invisible” costs come into play, likely associated with long-held assumptions that traditional focus groups and community visits often miss. To understand customers’ desires, it is essential to speak with them—but simply asking what they “want” is not enough. Observing their day-to-day activities, asking the right questions, truly listening, and developing empathy are crucial steps. It is equally important—if not more important—to *discover* consumer demand as it is to generate it.

Often, this level of observation and insight-generation occurs best not in a focus group, but through immersion in consumers’ communities and homes. For many years, Hindustan Unilever Ltd. (HUL) has sent young managers to live in remote rural Indian villages for eight weeks as part of its entry-level leadership training boot camp. These rural immersions have enabled HUL to better understand the needs *and* demands of rural families, leading to the success of initiatives such as its “Project Shakti.”

Observing how much time rural women spend at each other’s homes, HUL developed “Project Shakti” to enable women entrepreneurs (called “Shakti Ammas”) to sell HUL’s soaps and shampoos door-to-door in rural areas where there is no retail distribution network, little advertising, and poor roads.<sup>13</sup>

#### **Understanding what consumers want: innovation and human-centered design**

In addressing the challenge of converting need into demand, many successful businesses have taken a design approach to innovation, popularized by design firms such as IDEO, Frog Design, and Idiom.

One useful tool is IDEO.org’s Human-Centered Design Toolkit, an innovation guide for social enterprises and NGOs. Created with International Development Enterprise (IDE) with a grant from the Bill & Melinda Gates Foundation, the toolkit helps healthy businesses better understand their consumer base. By listening to what community members say about their needs and desires, a healthy business can better translate need into demand, prototype ideas, and develop innovative solutions.<sup>14</sup>

#### **Challenge: Converting need into demand**

Organizations in maternal and child health often focus on need and take demand for granted. Because of this, many businesses struggle to truly understand what their customers want; successfully communicate their value proposition to end customers; and enable an “easy” point of sale for customers, leveraging their daily habits or rituals.

Living Goods, which sells health products door-to-door, also uses a design-based approach, emphasizing small experiments that enable it to learn what works quickly and in rapid cycles.<sup>15</sup> In the maternal and child health space, LifeSpring Hospitals uses a design-based approach in its work, as does Embrace Global, which has developed a low-cost infant warmer.

Each of these models demonstrates the need to be innovative in developing a completely new product, rather than just a stripped-down version of existing ones. Jane Chen, CEO of Embrace, says, “We didn’t just take existing incubators and cost-reduce. We tried to think about the product in an entirely different setting—for example, the needs of rural mothers.”<sup>16</sup>

### ***Communicating the value proposition: moving from “education” to insights***

A second challenge that healthy businesses face in converting need to demand is communicating the value proposition of its product or service, or “social marketing.” Traditionally, social marketing has revolved around educating consumers in an attempt to transition from “bad” behavior (e.g., delivering a baby without a skilled birth attendant) to “good” behavior (e.g., having a skilled birth attendant present during delivery).

This approach is based on the assumption that if people simply “knew” what they were doing is bad for their health and wellbeing, they would certainly change their actions and habits. However, we know even from personal examples that this is not the case (e.g., exercising regularly).

The organizations that are most successful in communicating value proposition do not focus on “education,” but rather base their marketing on crucial insights learned about their target customer. One of the most successful marketing approaches of this kind is the “Truth” anti-smoking campaign.

The Truth campaign, which is the largest national youth-focused anti-tobacco social marketing campaign in the U.S., is based on the premise that youths smoke cigarettes largely as a desire to defy authority. The Truth campaign uses this very insight to portray large tobacco companies as the ultimate authority figures, thus portraying them as the ones teenagers should defy by not smoking. Nearly 90% of youths aged 12 to 17 said that the ads are convincing.<sup>17</sup>

Organizations, particularly in the private sector, use insight-based marketing to emphasize aspirations and hopefulness. Melinda Gates, in a TEDxChange Talk, discusses what nonprofits can learn from Coca-Cola: “Ultimately, Coke’s success depends on one crucial fact: that people want Coca-Cola. What is the secret to their marketing? It’s aspirational. It associates its product with the kind of life that people want to live.”

Gates contrasts the themes of celebration and unity in Coca-Cola’s marketing with the “avoidance” and “education” messages traditionally used by health and development organizations: “Use a condom... don’t get AIDS” or “Wash your hands... don’t get diarrhea.” The former builds on customers’ happiness, pride, and unity; the latter is almost condescending, focusing on “should.” She touches on marketing challenges faced by global health organizations, saying, “We make a fundamental mistake—we make an assumption and think that if people need something, we don’t have to make them want that.”<sup>18</sup>

One organization that uses multi-platform marketing and is moving toward aspirational marketing is Population Services International (PSI). To encourage health-seeking behaviors, PSI engages in mass media, community theater, and mobile multimedia events. During the cholera outbreak in Haiti in 2010, PSI leveraged the power of communications to arm local Haitians with information. Taking a grassroots approach to social marketing, some of PSI’s tactics during this crisis included mobile vans and entertainment education.<sup>19</sup>

### ***Customer-focused delivery channels***

Identifying customer wants and communicating them in an aspirational way is not enough to generate demand and guarantee a sale of a product to a low-income consumer. The final step revolves around the actual point-of-sale.

Successful companies make buying a product easy for their customers. This means understanding their daily habits and routines. eHealth Points (launched by Healthpoint Services, Ashoka, and Naandi Foundation in 2009), for instance, bundle their products and services together, making it easy for consumers to purchase. Each eHealth Point offers clean drinking water, medicine, and healthcare services. This notion builds on the idea of “demand discovery” by integrating health services into existing routines. In the case of eHealth Point, the business recognized that women are willing to regularly walk to a clinic for water so they began building health services into these clinics, and found that this model—which offered a cluster of valuable services—was able to reach more women than one that provided these services independently.

Another successful strategy is to develop a portfolio of uses for a particular product targeted to the poor. Dr. Erik Simanis notes: “When creating a market from scratch, it’s impossible to predict customer reaction. As we’ve seen, even a seemingly critical product like PUR may not gain a commercial foothold. So, instead of introducing just one product, companies should come up

with a bunch of ideas, all centered on the same core technology, in the hopes that one or two may catch on.” He continues, “For an example of how this might work, look at the infomercials that show 20 different things you can do with an odd tool for the kitchen or garden. PUR could have followed that approach—why limit the pitch to water purification? Show how PUR can be used to make great-tasting soups, rice and curries or fruit juices by adding purified water to fruit pulp.”<sup>20</sup>

## CASE STUDY

### LifeSpring Hospitals (India)

Before starting LifeSpring Hospitals, an expanding chain of low-cost maternity hospitals that serve low-income women and newborns in India, founder and CEO Anant Kumar worked in health social marketing. He spent much of his time in low-resourced public hospitals, where he observed the long waiting times that pregnant women faced when attempting to see a doctor, as well as the low-quality service they often received. He thought there had to be a better way, and later developed a chain of low-cost maternity hospitals that provide affordable, quality care and treat pregnant women with respect and dignity.

Upon speaking with women and their families, Kumar learned that they desired a better birthing experience. With some families going into debt to give birth in expensive private hospitals, they also needed a more affordable option.

#### *Human-centered design*

LifeSpring approaches the challenge of converting need into demand through a human-centered design approach. Each hospital is designed to be welcoming and not intimidating, with pink walls, smiling nurses, and information boards listing all prices. Outreach workers are the marketers and are often women who live in the very communities they are trying to reach. Doctors are trained to view women as customers (rather than patients), and customers are asked to provide feedback on the degree to which their doctors treated them with dignity and respect.

Through these techniques, LifeSpring provides a service that women value, building a demand for low-cost, customer-centered maternal healthcare that has translated into a greater likelihood of women returning to the hospital for antenatal checkups before their delivery.<sup>21</sup>

## 4.2 Reach the poor

### *Increasing accessibility*

Access to healthcare is one of the key challenges facing the poor. Market-based solutions for delivering healthcare to poor communities must overcome two major barriers to access: geographic (proximity to services) and financial (affordability). Businesses must make it easier and more convenient for intended customers to purchase products and reach services. The issues surrounding access to healthcare are numerous, and include supply chain management, distribution, user fees, and transportation costs.

#### *Enabling geographic access*

A healthy business consistently addresses the challenge of geographic accessibility for its customers—an important consideration in the developing world. As noted earlier, a high percentage of maternal and child deaths occur in remote regions of sub-Saharan Africa and South Asia, where women and children are often too far removed from the health system’s products, services, and infrastructure to get the care they need when they need it. This issue is exacerbated when women need emergency obstetric care, for which they must be referred to higher-level facilities that may be located many miles away from their community.

Businesses in maternal and child health have confronted this challenge in a number of ways. For instance, many groups—such as Living Goods and “Project Shakti”—are exploring community distribution networks, whereby they hire agents to sell products door-to-door in rural communities. This approach has allowed these distribution agents—many of them women—to establish micro-businesses for themselves while also playing an important role in the health system.

#### **Challenge: Balancing affordability with sustainable pricing to reach the poor**

Businesses that target the poor must strike a balance between a price that is affordable for their consumers and one that allows for their own solvency. However, because this is so difficult, it is vital that governments and businesses work together to reach vulnerable populations.

Other approaches that address the issue of geographic accessibility include rural hospitals (such as Vaatsalya Hospitals in India), social franchising (such as PSI's Profam network of clinics in Uganda), and healthcare kiosks (such as eHealth Points in India). But perhaps the most inspiring examples of efforts to reconcile geographic gaps are those in transportation.

Groups like Ziqitza Healthcare in India and Riders for Health throughout Africa have managed to overcome the various infrastructure barriers that often keep women and children from the care they need. Ziqitza operates a network of nearly 1,000 ambulances in several Indian states, working with local governments and nearby hospitals to arrange emergency transport for low-income patients. Similarly, Riders for Health manages a sustainable transportation network for health workers throughout sub-Saharan Africa. By pairing the provision of reliable vehicles with training and maintenance assistance, Riders for Health enables health workers to drive their patients to care when they need it, and has managed to put in place a model that communities can sustain themselves.<sup>22</sup>

### *Enabling financial accessibility*

Establishing the right price for a particular product or service is crucial for market-based models in healthcare, which must balance affordability for the patient with sustainability for the organization. This can be a formidable challenge, as the consumers of these products or services are often engaged in the informal economy or in agriculture, where the cash flow is not steady.

Monitor Inclusive Markets advises that healthy businesses should price their products to match their customers' cash flows: "Cash flow is king; business models that ignore the irregularities of cash flows in low-income segments are unlikely to succeed. The issue here is not just that the poor have limited amounts of cash. It's that they have unpredictable, lumpy cash flows. This in turn drives a general aversion to paying higher prices, even for products and services that pay for themselves relatively quickly. Unless the ticket price is sufficiently low and the payback period is sufficiently brief, there will be no sale."<sup>23</sup>

Physical payment is a related challenge. The World Business Council for Sustainable Development notes: "Traditional payment schemes may not be suited for communities lacking postal addresses, phones, credit cards, or bank accounts." However, its "Doing Business with the Poor" field guide suggests that prepayment for ongoing services, incentives to encourage payments, and a collective billing system that allows a community to make a common investment are innovative payment solutions for businesses trying to reach the poor. Besides these, government subsidies, micro-loans, and credit schemes may help enable revenue collection for products and services targeted at poor customers.<sup>24</sup>

### *Successful government programs*

Governments also can play a role in increasing financial access. One example is India's Janani Suraksha Yojana (JSY) initiative, launched by the government in 2005 to reduce maternal and child mortality. A conditional cash transfer scheme, JSY uses cash incentives to encourage women to give birth in a health facility rather than at home.

Coupled with the JSY scheme, the government of Gujarat has also implemented the Chiranjeevi Yojana program, a public-private initiative that offers pregnant women free treatment for delivery at a private hospital, plus medicines, laboratory charges, and low-cost transportation. The obstetrician is then paid by the local government. Gujarat has similar incentives for private facilities, like Alka Hospital, a 50-bed maternity hospital in the province. The hospital has developed the "Sampurna Suraksha Card" to provide antenatal care, delivery (including normal and complicated cases), and postnatal care for Rs 1,500 INR (approximately \$30 USD).<sup>25</sup>

Governments have also helped healthy businesses make health services more accessible to the poor by partnering directly with the businesses themselves instead of with consumers. For instance, eHealth Point is engaged in a public-private partnership with the Rajasthan Government, under which the state provides support to open eHealth Points in areas where the formal public health delivery system is weak or non-existent, and demand is high. These eHealth Points will include screening women and children for anemia, assessing cardiovascular risk, diabetes screening, addressing child malnutrition, ensuring antenatal care, and providing eye camps.<sup>26</sup>

### *Cross-subsidy approach*

To balance affordability and sustainable pricing, several healthy businesses take a cross-subsidy approach to pricing their products and services. For instance, India's Aravind Eye Care System has established differential pricing based on patients' choice of amenities and type of lens. Wealthier patients who pay market rates subsidize the services for the poorer 70% of patients. Another example is Ziqitza Healthcare, whose Dial '1298' for Ambulance model in Mumbai is financed through cross-subsidy. When patients call the ambulance service, those who request a private hospital are charged above cost, while those who are transported to a government hospital pay a nominal cost, and trauma patients do not pay. An estimated 20% of patients who

have used Dial ‘1298’ were subsidized. Cross-subsidy models may not work optimally for all healthy businesses, as they hinge on the products or services a business makes available and the mix of incomes of their customers or patients.

There can also be drawbacks to this approach. In some cases, the incentives may cause organizations to focus more on the relatively wealthy segment to ensure that margins are sufficient to continue to cover the remaining patients. It may be useful for healthy businesses contemplating the use of cross-subsidies to consider the mix of products they offer and to develop business plans that ensure profitability across the range of their products and services. Living Goods, for instance, charges more for fast-moving consumer goods, which allows them to charge less for health products that have less demand.<sup>27</sup>

## CASE STUDY

### Greenstar Social Marketing (Pakistan)

Greenstar Social Marketing Pakistan is a non-profit organization focused on social marketing, particularly around the areas of family planning and reproductive health services. Greenstar works through the private sector and with the government of Pakistan to improve access to affordable health products and services through its network of more than 18,000 private doctors.<sup>28</sup> Through its social franchising approach, Greenstar has established two networks of care—a core network of private providers focused on family planning, and a broader network of private health providers under the brand “GoodLife.”

To reach the poor, Greenstar focuses on demand-side financing, using a voucher system aimed at low-income individuals for maternal healthcare and family planning services. Pregnant women participating in Greenstar’s voucher program receive a voucher booklet worth \$50, for which the women pay Rs 100 PKR (\$1.21). The voucher booklets comprise a \$31 coupon for delivery, four antenatal care visits, one postnatal care visit, and one family planning visit. Healthcare providers reimburse each woman \$3 for transportation for the delivery and \$0.60 for other visits.

To balance affordability with sustainable pricing, Greenstar uses a cross-subsidy model through its voucher system. Greenstar’s pay-for-performance model consists of supply-side payment to providers and demand-side vouchers that subsidize the costs of reproductive health services and transportation for poor women. Coupled with this, Greenstar has developed an outreach strategy to target women who have previously had a home delivery, as well as accreditation and training for private providers through Greenstar’s network.<sup>29</sup> Three-fourths of its healthcare outlets are located in low-income neighborhoods, and 70% of its clients report a household income of less than Rs 7,000 per month.<sup>30</sup>

The government of Pakistan has played an important role as well, helping Greenstar reach low-income Pakistanis by providing government exemptions for commodity imports and exemptions around Greenstar’s social advertisement campaign. The Ministry of Population Welfare facilitates the execution of Greenstar’s operations, and also supports Greenstar’s access to foreign assistance.<sup>31</sup>

## 4.3 Connect locally

Healthy businesses that serve poor communities are often well integrated into the communities they serve. These connections enable them to be more attuned to the demands, routines, and spending habits of customers living in a particular area. Organizations that leverage local knowledge, networks, and people are better positioned to succeed.

These local entities (micro-entrepreneurs, health shop owners, traditional birth attendants, and others) are often part of the informal sector, or the branch of an economy that is not taxed or included in GDP. The informal sector is sometimes dubbed the “informed” sector because of its reach, level of trust in the community, and general insights into the routines, desires, and spending habits of local populations. Although these local groups may be difficult to regulate, consumers in the developing world continue to seek the products and services they offer, thus making them important actors to consider when exploring private models of care.

Trust is a big part of this equation, as consumers tend to trust businesses that are locally bred and grown. As Acumen Fund notes, “There is no currency like trust...Trust is the most precious commodity we can offer. Building it takes time, and it can be destroyed in an instant.”<sup>32</sup>

### Challenge: Making local needs a priority

Whether formal or informal, local businesses have insights into their community’s needs, desires, and routines. They have also a level of trust among their community members that outsiders struggle to reach. Building on local connections can help new businesses take root and existing businesses expand.

Beyond trust, healthy businesses must be deeply rooted in the community they serve to ensure their sustainability. Regardless of how innovative their products might be or how creative they are in delivering them, a healthy business is more likely to succeed if it establishes and maintains strong relationships with its surrounding community.

The Acumen Fund has argued that to solve the toughest problems of poverty, what's needed are "robust local solutions whose long-term viability is based not on the decisions of a faraway funder, but because they have deep, lasting support from local teams, local capital, and, most importantly, millions of local customers. This approach can take longer to execute, but it's the only one that lasts...We won't succeed in the long term without cultivating local leaders, local money, and strong local communities."<sup>33</sup>

## CASE STUDY

### Living Goods (Uganda)

#### *"The 'Avon' of pro-poor products"*

Living Goods provides low-income families with access to affordable health products. The company is focused on prevention, treatment, fast-moving consumer goods, and pro-poor innovations such as clean-burning cookstoves. At the core of its model is a network of community health promoters—a cadre of independent agents who sign a franchising agreement to operate under a Living Goods license. As with the Avon model, local health promoters bring the market straight to consumers' doors, increasing access to health products. In this way, Living Goods has been able to capitalize on existing local networks within the communities in which it operates.

#### *Tapping local knowledge*

From the outset, Living Goods has strategically and deliberately tapped into local knowledge. When the organization began operations in Uganda, CEO and Founder Chuck Slaughter visited local village councils for recommendations on women who were most likely to succeed as community health promoters, thus targeting the most well-connected and potentially highest-earning women. Slaughter himself became an Avon representative in California to learn more about the Avon model and techniques to successfully train community health promoters. As he later said, "Avon has a simple but brilliant tool that we shamelessly knocked off."<sup>34</sup> This consisted of developing a social map of each agent's network, based on a list of everyone they know. Each agent then developed a marketing plan based on this social map. In this way, Living Goods continues to leverage each community health promoter's local networks to sell goods.

Living Goods has relied on local knowledge to determine which products to sell. The company cross-subsidizes critical health products by lowering prices on high-impact items and making up the margin elsewhere in the product portfolio (e.g., fast-moving consumer goods). By gaining insight into local consumer behavior and knowledge of which merchandise local consumers desire, this strategy has proved to be viable and successful.

#### *Community health promoters*

To join the Living Goods network, aspiring community health promoters sign a franchise agreement and take out two forms of loans: a fixed capital no-cost-loan for uniforms, a storage chest, and a thermometer; and a low-interest loan of about \$75 a year for purchasing inventory. Living Goods' field staff then provide community health promoters with an initial two-week training course, refresher trainings, marketing support, field mentoring, and performance monitoring.

## 4.4 Partner for greater impact

### *Deciding when to partner*

As is the case for traditional businesses, understanding one's competitive advantage is crucial for healthy businesses. It's important for a business to stay focused on its impact and prevent the diffusion of its resources across varying activities and initiatives. Clarifying this focus, however, may be difficult when addressing complex, interdependent health needs.

A key challenge for a maternal health business, for example, is distinguishing between its core business (such as antenatal care) and related health areas that may be better handled through partnerships with external organizations (such as transportation providers). While there is much buzz around public-private partnerships, what tends to happen most on the ground are collaborations between for-profit businesses and NGOs.

The World Business Council for Sustainable Development has identified three key imperatives for healthy businesses:

- Focus on core competencies;
- Partner across sectors; and
- Localize value creation.<sup>35</sup>

In thinking about partnerships in maternal and child health, it is perhaps most useful to picture an interconnected “ecosystem” of care. No business in a developing or emerging market can insure patients, connect them with a facility, transport them, provide care, sell products, etc., all at once. For this reason, it is vital that healthy businesses focus on a set of core competencies, and do their best to partner with institutions and organizations (from the public sector, private sector, or civil society) around ancillary areas of their business.

In the field of maternal health, ClickMedix and Changamka have both developed innovative partnerships with mobile carriers in Botswana and Kenya respectively. Greenstar has developed partnerships with the private sector through social franchising. At the 2010 m-Health Summit, Healthpoint Services announced a learning partnership with Procter & Gamble designed to advance a scalable, self-sustaining model to deliver water, healthcare, and other benefits. Through the learning partnership, Procter & Gamble has provided financial support, experienced people, and in-kind services.<sup>36</sup>

### **Challenge: Recognizing strengths and weaknesses when deciding to partner**

Healthy businesses stay focused on their core competencies. Businesses should examine their models to determine if and where a partner could fit in to help facilitate an ancillary function of the business.

## CASE STUDY

### Changamka MicroHealth (Kenya)

Changamka MicroHealth provides products that allow low-income individuals to save money toward doctor visits, medicines, and other health needs. Originally focused on smartcards sold in retail outlets, Changamka is currently shifting its business model to a fully mobile-based platform, a process which is expected to be completed in 2012. Its focus will remain on outpatient services, maternal health, and e-vouchers for beneficiaries of safe motherhood, family planning, and food programs.

#### **Partnerships**

Changamka MicroHealth partners across technology platforms, insurance, mobile financing, distribution centers, and a network of hospitals and clinics, thus leveraging existing private sector channels for healthcare delivery, as well as identifying nontraditional opportunities to collaborate, such as with mobile phone operators.

On the supply side, Changamka collaborates with hospitals as well as NGOs (health clinics and networks). Hospitals are taken through an accreditation process to control for quality. Its medical provider network includes Pumwani Maternity Hospital in Nairobi (with capacity to deliver 300 babies per day), as well as 25 clinics and medical centers across Nairobi, Kikuyu, and Mombasa for outpatient services. In July 2010, Changamka began partnering with two other maternity hospitals in the outskirts of Nairobi, two in Mombasa, and one in Nairobi.

On the demand side, Changamka has partnered with Safaricom, the dominant mobile network operator in Kenya, and insurance companies, including Kenya’s National Hospital Insurance Fund and GA Insurance. Clients can save on a smartcard through mobile money systems (M-PESA) and make payments at designated providers. Safaricom is also the GSM network provider used to carry out transactions.<sup>37</sup>

Changamka MicroHealth currently has 18 distributors across Kenya (including Chandarana Supermarkets, LiveWell Ltd, I & M Bank, and Uchumi Supermarkets) where clients can buy smartcards.

## 4.5 Tap the power of technology

### **A helpful tool for addressing global health challenges**

Within global health, technology has the potential to create lasting change. In recent years, technological innovations in maternal health have included clinical advances like pocket-sized ultrasound scanners produced by General Electric and others, and a portable fetal monitor developed by the West Wireless Health Institute.<sup>38</sup>

Technological innovations now allow patients to consult with a doctor remotely, as well as use mobile phones—ubiquitous across many parts of the developing world—to relay information. mHealth SMS messages, for instance, provide pregnant women with information about their pregnancy based on their due date.<sup>39</sup> In Vietnam, ThuocNET is a for-profit, private, e-health website that provides medical information and tools to doctors and clinical staff, including information on drugs, as well as management software for clinics and hospitals.<sup>40</sup>

World Health Partners uses a social franchising model to improve the quality of and increase access to healthcare services in Bihar, India. It uses mobile and web technology to link patients to health facilities that provide a suite of medical services that include video consultations, tele-diagnostics, and other non-emergency clinical services.<sup>41</sup>

Besides arming pregnant women and end users with pertinent and timely information and increased access to healthcare, technology also increases the effectiveness and efficiency of back-end operations. For instance, Dimagi's CommCare strengthens the effectiveness of community health workers across 10 countries by equipping them with open source software that contains registration forms, checklists, monitoring tools for high-risk pregnancies, and tracking of patients.<sup>42</sup> At Dial '1298' for Ambulance, Ziqitza Healthcare's emergency medical response service, employees who staff the 24-hour control room track calls using Google Earth and global positioning systems on each ambulance.<sup>43</sup>

### *Technology alone is not the answer*

While crucial, dissemination of information through technology, whether by SMS message or tele-medicine services, is only the first step. A healthy business helps customers make the leap from knowledge (SMS message: "there are dangers associated with giving birth without a skilled birth attendant present") to behavioral change (giving birth with the assistance of a skilled birth attendant). We all know from personal experience that health information (e.g., the importance of working out and getting adequate sleep) does not often translate to healthier behavior. Although this is the case for every rung of the income ladder, many organizations still focus predominantly on "education" as the core driver in changing behavior in poor communities.

Technology must also be backed with a strong business model that addresses an unmet demand. As Acumen Fund reflects, "People buy services that they understand; they don't buy technologies alone. Innovations in delivery—which require genuine input from customers, working partnerships with distributors, and getting economic incentives right—are often more important than elegant designs."<sup>44</sup>

Some novel and innovative products and services require a drastic shift in the mindset of the consumer. One rural telemedicine model in South Asia, for example, spoke of the difficulties in convincing patients that the doctor on the computer screen was a genuine doctor interacting with the patient in real time—and not merely a video that is played for every patient.<sup>45</sup>

## CASE STUDY

### ClickMedix (Bangladesh, Botswana)

ClickMedix is a global mobile health (mHealth) organization that focuses on addressing the challenges of accessibility, affordability, and shortages of trained health professionals. Its platform of mHealth products consists of medical services, patient management, administration and planning, and mPayment and financing.

Women's healthcare is a major focus of ClickMedix' work. The organization has partnered with BRAC Manoshi, where ClickMedix designed an mHealth system specifically focused on maternal, newborn, and child health. In Botswana, ClickMedix designed an mHealth system focused on cervical cancer screening, as well as HIV clinical staging, mobile tele-pre/post-oral surgery, tuberculosis screening, mobile tele-dermatology, and mobile tele-radiology.<sup>46</sup>

Telemedicine also plays a large role in Botswana, where the model revolves around a junior doctor or nurse in a rural clinic capturing patient information through Orange's 3G mobile broadband, GPRS, and EDGE telecommunication networks. This information can then be sent to a medical specialist in the capital city of Gaborone or the U.S., through the Botswana-University of Pennsylvania Partnership Program.<sup>47</sup>

### **Challenge: Introducing innovation to the poor**

Convincing the poor to purchase a new product or service is generally quite difficult, as they can be risk-averse and wary of innovation. It is important to introduce technology in a way that accounts for preconceived notions, habits, and levels of understanding.

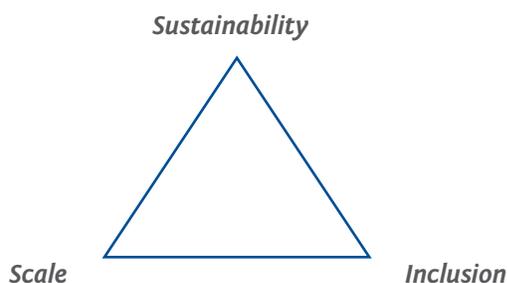
## 4.6 Scale up

### *The need for scale*

Because of the sheer magnitude of global health challenges, scalability is the “holy grail” for healthy businesses as they aspire to improve the lives of millions of poor people. However, scale is very difficult to reach and takes a long time to achieve, particularly for businesses aiming to both reach the poor and be sustainable.

**FIGURE 3**

**THE SCALE -INCLUSION -SUSTAINABILITY TRADE-OFF**



In fact, one of the key factors underlying this difficulty of scale is what we have termed the “scale-inclusion-sustainability trade-off” (Figure 3). If we take “scale” to mean reaching a large number of people in a given market, “inclusion” to mean reaching the lowest rungs of the income ladder, and “sustainability” to mean lasting into the long term, it becomes clear that businesses striving to achieve all three goals will often have to compromise one to attain the other two. For instance, in a wealthier market, it may be feasible for a business to operate at scale for many years, but this will likely come at the expense of inclusion. Likewise, businesses may be able reach the poor over a long period of time, but there will generally be a limit to the size of their customer base. The challenge facing healthy businesses is to find the right balance of these factors to increase their impact over the long run.

Monitor Inclusive Markets touches on this concept in its “Emerging Markets, Emerging Models” report: “Only a handful of enterprises in low-income markets are commercially viable and operate at scale, even in a huge potential market like India, with its more than 700 million living at or below the poverty line. There and elsewhere... only a small handful—mostly well-publicized ones like Grameen Bank and Aravind Eye Care—attained a scale sufficient to transform a “business model” into a “solution.”<sup>48</sup>

One example of a successful scale-up is BRAC, an NGO that began developing community-based programs for the poor in Bangladesh 40 years ago. It now has operations in Sri Lanka, Pakistan, Afghanistan, Tanzania, Uganda, Southern Sudan, Liberia, Sierra Leone, and Haiti. However, organizations that have scaled to this extent are few and far between.

### *The crucial role of government*

Government support of market-based solutions for care—by way of financing or policy—is a key factor in reaching scale and achieving sustainability. Governments can support entrepreneurialism and commercialized models for care through “social innovation,” which can include establishing an enabling policy environment or supporting local businesses through micro-credit or micro-loans.

Indeed, the power of the government to help grow businesses that serve the poor can be seen in LifeSpring Hospitals, a joint venture between HLL Lifecare Limited, a government enterprise, and the Acumen Fund. This partnership has enabled LifeSpring to procure free vaccinations from the state of Andhra Pradesh, a benefit that is passed on to the women the hospital serves.

Monitor Inclusive Markets recommends: “Address regulations that discriminate against small and medium enterprises in terms of access to finance, ability to compete, subsidized competition, and other activities that distort the playing field.” Concurrent with this, they also recommend that governments “encourage and provide incentives to [larger] corporations to share, extend, and adapt existing channels, since often they are the owners of the best networks even to rural areas, and this will often cost less and take less time than building new channels from scratch.”<sup>49</sup> While the for-profit private sector and government often are seen at odds, there is opportunity to leverage each sector’s strengths in scaling up sustainable businesses.

### **Challenge: Encouraging governments to support policies that help businesses scale up**

Businesses targeting the poorest communities are often constrained by a policy environment that inhibits the growth of the private sector. There is a need for governments to invest in and commit to social innovation, whereby they also delineate a clear role for businesses in bringing about positive change in maternal and child health.

## Ziqitza Healthcare Limited (India)

Ziqitza Healthcare operates emergency medical response services through its Dial '1298' for Ambulance in Mumbai and Kerela, and its Dial '108' for Emergency in Bihar, Trivandrum, Rajasthan, and Punjab. Dial '1298' was launched in 2005 in association with London Ambulance Service, a UK Government Agency, which helped provide processes, systems, protocols, and training assistance.<sup>50</sup> Beginning with 10 ambulances in Mumbai in 2007, Ziqitza now operates more than 800 ambulances in Mumbai, Kerela, Bihar, Trivandrum, Rajasthan, and Punjab, and has served more than 645,000 people since 2005.<sup>51</sup>

### *Public-private partnerships focused on scale*

A core component of Ziqitza's scale-up model has been the development of public-private partnerships through its Dial '108' for Emergency program. Designed as a multi-sector collaboration by the Principal Secretary of Health in Bihar, India, the government used a competitive bidding process to select a private provider to operate the program. An ambulance user fee of Rs 300 INR (approximately \$6) was instituted to encourage the private sector partner to deliver better performance than the government-run ambulance service and to prevent misuse.<sup>52</sup> Through this competitive bidding process, Ziqitza was selected as the principal contracted provider.

Following its success in Bihar, Ziqitza developed a similar public-private partnership program with the Punjab State Government, and began offering services in 2011. Since then, Ziqitza has further expanded, developing services for the areas of Trivandrum and Rajasthan. There, users of the emergency services either pay Rs 300, as they do in Bihar, or are provided free services, based on the particular contract with the participating government.

## 4.7 Measure impact

### *Output vs. outcomes*

The success of a healthy business is measured by profitability *and* social impact. Measuring financial performance is fairly straightforward, but measuring social impact is quite difficult. While most sustainable businesses and impact investors measure *outputs*, or the direct "product" of any activity delivered, only a relative few measure *outcomes*, or the benefit or change resulting from the activity. For example, a business may keep track of the number of safe deliveries and childhood vaccinations, but it is less likely to be able to assess how their work affected child morbidity and mortality as a whole.

Because the resources required for such a rigorous study are so substantial, measuring impact remains elusive (see Section 4.8, Do Good Business).<sup>53</sup> Few studies and independent randomized control trials have researched the impact of social enterprises and sustainable business models. Greater evidence that attests to improved quality, lower costs, and better clinical outcomes will help build the credibility of sustainable businesses, particularly those in the public health community (which is often wary of market-based solutions) and help convince investors who want to quantify the social return of their investment.

### *The path forward*

In recent years, a number of initiatives have begun to address the challenge of measurement by helping to determine how much social impact a given organization generates. The Global Impact Investing Network, for instance, focuses on refining the indicators for one particular industry each year. The industry for 2012 is health, and the organization is currently working with the Center for Health Market Innovations.

In addition, a number of healthy businesses have begun to measure output and impact using external partners. Understanding the need to measure and evaluate results, particularly in the healthcare delivery space, ClickMedix has engaged in a study to assess the extent to which a mobile-based solution can improve maternal and child health, specifically focusing on efficiency, cost benefit analysis, usability, and value creation.<sup>54</sup>

### **Challenge: Measuring impact in real time**

Randomized control trials that measure impact are important, but they are expensive and resource-intensive for small and medium-sized businesses. At the same time, traditional monitoring and evaluation tends to focus on results that have already happened. By shifting impact assessment to a real-time exercise, organizations can learn more and have greater impact.

A 2008 study published in the *Harvard Health Policy Review* showed that franchisees of Greenstar Social Marketing Pakistan served a higher proportion of poor clients than government facilities, and that Greenstar franchises provided higher quality services than both for-profit private facilities and non-profit private facilities (see Table 1).<sup>55</sup>

**TABLE 1**

**QUALITY SCORE BY TYPE OF FACILITY**

Type of facility	N*	Cost per client (Rs) (median)	Poor clients served % (95% CI)	Total quality score (mean)
Greenstar franchises	654	32.5	35.1 (33.4-36.8)	24.9
Government facilities	279	38.2	23.4 (21.9-25.0)	26
Private (for-profit) facilities	688	29	36.0 (34.3-37.8)	15.2
NGO facilities	86	23.3	5.1 (4.3-5.9)	18.1

Source: [http://www.dfid.gov.uk/r4d/PDF/Outputs/FutureHealth\\_RPC/184-197HealthHighlights\\_Bishai\\_edited.pdf](http://www.dfid.gov.uk/r4d/PDF/Outputs/FutureHealth_RPC/184-197HealthHighlights_Bishai_edited.pdf)

More recently, Changamka partnered with SHOPS (Strengthening Health Outcomes through the Private Sector project, funded by the U.S. Agency for International Development) to begin evaluating its model. The study, which will be released in the latter part of 2012, will measure the impact of maternity savings cards on access to quality care.<sup>56</sup> Living Goods has engaged with the Poverty Action Lab on an independent randomized control trial, focused on how well Living Goods has been able to meet its primary objective of reducing mortality and morbidity for children under five. At the mid-line evaluation, researchers found that the price of malaria medicines were significantly lower in treatment areas, while quality was significantly higher.<sup>57</sup>

**Practical measurement**

Ideally, impact measurement enables a healthy business to understand whether it is truly meeting its social mission objectives, and helps investors and policymakers better understand where their investments and policies generate the greatest returns. Key to this process is being able to examine not just whether an intervention was effective, but *why* it was effective, and *how* it created change.

One example of practical measurement is the maternal and child health work done by the Center for Private Sector Health Initiatives at FHI 360, a nonprofit human development organization. The POUZN Project in India, Tanzania, and Indonesia was a public-private partnership aimed at providing greater access to zinc and oral rehydration therapy (ORT) to treat diarrhea. During this project, FHI 360 measured real-time metrics through a data center, which could be used to improve the program. In parallel, they worked with Johns Hopkins University to conduct an evaluation of the program.<sup>58</sup>

Using metrics to evaluate programs allows businesses better understand where their resources are creating the greatest change. At the same time, external organizations, especially academic institutions, can help determine impact on a macro-level.

**CASE STUDY**

**RedPlan Salud (Peru)**

The Instituto Peruano de Paternidad Responsable (INPPARES) is the largest private, non-profit provider of family planning services in Peru. In 2002, INPPARES launched RedPlan Salud (RPS), a network of midwives that serves lower-income, able-to-pay clients. RPS providers are licensed midwives with pre-existing clinics serving low-income women in urban and peri-urban areas of Peru.<sup>59</sup>

RPS focuses on monitoring and evaluation to ensure quality assurance of its products. The assessment involves collecting monthly information on the products sold and services provided by midwives through a reporting form that is completed locally and then submitted to headquarters. Every other year, RPS conducts surveys of its member midwives' satisfaction with the RPS network.<sup>60</sup>

## 4.8 Do good business

Put simply, business is business. Healthy businesses operating in resource-limited settings face the same challenges as traditional businesses that serve wealthier and healthier markets. These include myriad operational, pricing, distribution, and financing challenges—with the added complexity of balancing direct social impact.

As the World Business Council for Sustainable Development states in its “Doing Business with the Poor Field Guide”: “Companies may have to develop new ways of packaging, marketing, distributing, advertising, and charging—the same old business problems, with new solutions...Normal business principles apply and are essential to the success of sustainable livelihood ventures in the same way that they are for conventional businesses.”

### **Challenge: Obtaining access to capital, determining legal structure, and hiring talent**

Arguably the most prevalent difficulty faced by aspiring healthy businesses in low-income communities is obtaining capital beyond start-up and angel funding. Coupled with this is the challenge of finding talent. Innovative financing products that can support businesses at various phases of their growth cycle (e.g., start-up vs. growth phase) can be one way to help match capital to needs.

### *The importance of business fundamentals*

In its report “Emerging Markets, Emerging Models,” Monitor Inclusive Markets emphasizes the importance of remembering the business fundamentals of supply and demand even when developing products and services for the poor. It notes, “A great product idea married to a noble mission...is rarely enough to make meaningful progress in the face of massive social challenges like improving the lives and livelihoods of billions worldwide living in impoverished conditions.”<sup>61</sup>

Take the case of the Serval's Venus burner, for instance, which uses 30% less kerosene than conventional models. Despite expectations, sales of the Venus burner remained low when it launched because of distribution challenges and cost: the Venus was priced at double the price of traditional burners because of its fuel efficiency.

Once the company focused on business fundamentals such as pricing and distribution, however, sales of the Venus burner grew tremendously, surpassing 1 million units in 2008. The company reengineered the burner, revised the price to be more competitive, and improved dealer margins. What Serval's Venus burner demonstrates is that despite innovative technology and a core mission focused on improving lives, business fundamentals must be in place for a company to thrive.<sup>62</sup>

### *A delicate balance: aligning objectives*

Healthy businesses must take care to balance their business objectives with their social objectives. Successful healthy businesses strive to keep both goals in balance, and make appropriate changes if they are not.

For example, LifeSpring Hospitals began with a model of cross-subsidization where customers who could afford LifeSpring's semi-private and private wards subsidized the care of customers in the general ward. A typical LifeSpring Hospital had 70% of its beds in the general ward. But because the overall profitability rested on the high occupancy of its semi-private and private wards, LifeSpring found itself conflicted between honoring its mission to serve its lower-income patients, and catering to more affluent patients on whose patronage the hospital's sustainability relied.

Over time, LifeSpring shifted its model from a cross-subsidy approach to a “general ward-only” model. In doing so, it engaged in a rigorous activity-based costing analysis to further lower its operational costs, although it also raised prices to ensure the general ward-only model was profitable. Continuing beyond the pilot and rollout period, LifeSpring conducted a socioeconomic analysis of its customer base to ensure that it was still reaching its target group of women living in families making \$2-5/day (the typical income of wives of auto rickshaw drivers or vegetable sellers).

### *Gaining access to capital*

By far the most common challenge cited during this study is the difficulty aspiring healthy businesses face in securing capital beyond start-up and angel funding. Many CEOs of healthy businesses indicated that they spend 50% or more of their time raising capital, which can be arduous for early-stage ventures that are not yet profitable. Traditional investors typically have a target return and a target exit date—expectations that are not easy to meet for healthcare companies with high start-up and capital expenditure costs. On the other hand, traditional foundations are typically wary of donating to private healthcare providers (which may not even be able to accept grant funding).

Another complicating factor is that businesses in low-income markets can be reluctant to seek loans— even if the rates are lower than those offered by local money lenders—because they prefer to compete for grants from donors, which will not put them into debt. The problem here is that grants are time-limited while loans can be used to invest in long-term growth, ideally leading to sustainability. Additionally, many existing lending facilities only offer loans with a minimum value that is generally far too high for a local business serving a small community.

Fortunately, in the past 10 years, there has been an increase in the number of social impact investors, such as Acumen Fund, Omidyar Network, SONG Investment Advisors, and Bamboo Finance that look for a blend of social and financial returns. These organizations often offer seed money to businesses geared toward improving the lives of the poor. Indeed, despite the economic slowdown of recent years, investor interest in social enterprise has remained stable, most likely because of the industry’s recession-proof nature, social objectives, and relatively small size of investments required.<sup>63</sup>

Aspiring healthy businesses have also experimented with a number of legal structures that leverage available financial capital. Some have become private corporations, some have registered as a 501(c)(3), and others are using a hybrid organizational model.

At the same time, practitioners point to “The Blended Value Map” and what Jed Emerson of ImpactAssets has called for to bring the impact investing industry to the next level: “We must move beyond the current capital chasm that contributes to preventing blended value ventures from achieving scale and blocks potential investors from moving new forms of capital into the market... It is obvious that new investment instruments are required, new syndication opportunities need be advanced, and an evolved, integrated capital market must be brought into reality—a market that pursues economic performance with social and environmental impacts.”<sup>64</sup>

## Good help is hard to find

After funding, the challenge of hiring talented staff came up most frequently during interviews with leaders of healthy businesses. Recruiting top-tier employees is even more daunting for cause-driven businesses, who are often unable to pay competitive wages in the low- and middle-income countries in which they work. These difficulties are compounded by the specific clinical requirements necessary in the healthcare sector and the relative dearth of skilled medical professionals in sub-Saharan Africa and rural South Asia.

## CASE STUDY

### Healthpoint Services Global

As a social enterprise, Healthpoint Services Global struggles with the same operational business challenges as any other enterprise—but with the added challenge of serving the poor, profitably. In managing and scaling its eHealthPoint kiosks, which provide clean water, medicine, and healthcare services, senior leadership point to the challenges of talent, financing, and competition, as well as to the need for flexibility and innovation in this market.<sup>65</sup>

As its co-founder and CEO Al Hammond notes, one of the most difficult challenges that Healthpoint faces is finding good, talented people willing to work in rural areas. While growing businesses everywhere may face the challenge of attracting and retaining talent, the challenge is exacerbated in rural areas throughout the developing world. Hammond suggests that being backed by a well-known investor or funder can help in attracting talent.

Funding is a second key challenge. As in traditional businesses, most early stage social ventures are not yet profitable, yet an enterprise must be profitable in order to attract capital. Like other leaders of social enterprises, much of his time is spent raising money. Healthpoint is completely funded by private investors, and is currently closing its third equity round. The enterprise expects to be profitable as a company in 2013.

A third key challenge revolves around competition. Like any other new business, Healthpoint must differentiate itself from competitors, most notably, providers who are not trained to deliver the same level of health services. In response to this challenge, Healthpoint is offering more comprehensive services such as chronic care management.

“Another lesson has been around bringing a certain package of services to rural communities,” Hammond says. “We didn’t have this right when we started. We took those pieces apart and figured out what to improve and ways to do this efficiently. We’re not at the end of that process yet. We’re committed to figuring out how to do this sustainably.”

## 5. Recommendations

As this report has argued, there is unrealized potential for business to be a strong partner with government and civil society in improving healthcare for the poor. Private clinics, hospitals, independent practitioners, pharmacists, and drug shop owners are all part of the health ecosystem. Based in the communities they serve, owners and managers of these enterprises gain valuable insights into trends, needs, and desires. But we need better channels to amplify their voices to help inform policy and funding decisions.

Our recommendations focus on strategies that governments, businesses, and investors can employ to become better integrated in a shared mission: to strengthen health systems that provide better healthcare for women and children throughout the world.

### 5.1 Establish an enabling environment for healthy businesses

Many of the challenges that health businesses face in resource-constrained settings are often the result of policies and measures that actually inhibit their ability to conduct business. Ranging from the ease of securing loans to the degree to which a government registers and regulates businesses, these policies are a major threshold that must be crossed to bring market-based solutions to bear in improving maternal and child health.

The following recommendations outline several approaches for establishing an enabling policy environment for businesses delivering maternal and child healthcare in low-income settings:

#### *Create country-based business forums and councils to promote business-friendly policies*

Current and aspiring business owners know best which national policies help or hinder them in conducting business most efficiently and effectively. Country-based business councils can advise national governments on what changes are needed to help them start and expand their efforts to deliver maternal and child health services, improve health outcomes, and spur economic activity.

The councils would address issues that may be germane to all businesses: ease of business registration, establishing tax status, obtaining construction permits, access to electricity, and the like. In addition, they would provide recommendations specific to businesses involved in maternal and child health, such as securing working capital to maintain a supply of maternal and child health products, generating demand for quality healthcare, and developing incentives to provide obstetric care to poor women. There is an important opportunity here for convergence with the findings and recommendations of the U. N. Commission on Life-Saving Commodities for Women and Children by focusing the work of these private sector forums on improving the supply of the critical medicines and other health supplies required to improve health outcomes for women and children at the grassroots level.

Council members may include representatives from a country's Ministry of Health, Ministry of Finance, and Ministry of Commerce or Industry, as well as local business leaders in the health industry (pharmacies, hospitals, insurance) and related industries (transportation, mobile phone, finance).

One model we can tap into is the South-South Global Assets and Technology Exchange (SS-GATE), launched in 2008 by the Special Unit for South-South Cooperation at the United Nations Development Program. By using the existing SS-GATE platform to disseminate and scale up innovations in maternal and child health, we could match up maternal and child health demand with innovative regional and global solutions; engage new businesses and other organizations aiming to improve maternal and child health through technology and capital transfer; connect stakeholders to essential services like finance and training; and broker transactions to expand healthy businesses in maternal and child healthcare.

#### *Establish accreditation programs to encourage high-quality services*

A stamp of approval for healthy businesses helps attract customers and raises awareness of what quality healthcare looks like—and what customers should expect. Formal accreditation of clinics, pharmacies, and drug shops encourages businesses to consistently meet pre-determined standards (e.g., staffing, sanitation, hours of operation, inventory); provides a mechanism to enforce those standards; and establishes a legal basis for closing “informal” and second-rate businesses that fail to meet them.

Accreditation can also encourage healthy competition and help to ensure that businesses are evenly distributed geographically, an important consideration for governments seeking to provide quality services in rural and remote areas and reduce health disparities. Accreditation can also be an opportunity for assuring the availability of pre-approved, often critical maternal and child health medicines, such as those put forth by the U.N. Commission on Life-Saving Commodities for Women and Children, by including supply of these essential products among the criteria for accredited businesses.

Nonetheless, accreditation can also have unintended negative effects—for example, requiring accreditation of pharmacists could raise costs for, and prevent the expansion of, low-cost pharmacies. Accreditation efforts must therefore strike the right balance between protecting healthcare quality and encouraging its growth.

## 5.2 Offer incentives to help businesses reach the poor

As noted throughout this report, the increased uptake of private health services hinges on building business models that effectively communicate a value proposition, feature an appropriate pricing structure for target markets, and foster innovations in partnership and delivery of care. To help these models strike a balance between reaching the poor and achieving financial solvency, businesses and governments should explore various forms of incentives that will encourage healthy businesses to reach a greater proportion of those in need and drive families to seek care at an appropriate price.

Whether they take the form of public-sector financing mechanisms, redefined pricing structures within the private sector, or innovative public-private programs, incentives are critical to achieving financial viability, sustainability, and scale, and to expanding the reach of private care at an affordable rate for patients.

The following recommendations outline incentive-based approaches that businesses and governments can employ to encourage the use of private services:

### *Establish micro-insurance and community savings and loans programs to help overcome cost barriers*

Cost is an acknowledged barrier to receiving good healthcare, but in many cases it is lack of available cash, not lack of income, that is the real problem (especially for women). Women who do not have access to money may be reluctant to seek antenatal care or deliver in a facility, whether they want to or not. If a woman experiences complications during childbirth and needs blood or a C-section, for example, the costs of this emergency care can be prohibitive and impoverish a family for years.

In the absence of national-level insurance, micro-insurance, savings programs, and financial cooperatives are being tested more and more as economic development tools that also can achieve strong health outcomes. These programs operate on a much smaller level than programs traditionally run by insurance companies and banks and cater specifically to low-income populations. They hold promise for encouraging the consistent use of healthcare.

There is also a business opportunity to enter the insurance and savings market in the developing world. Just as consumer goods companies have adapted their products to make them more affordable, financial services companies can be more creative in how they sell their services to a new and growing customer base. Partnerships among insurance companies, banks, and healthy businesses at the community level could yield both financial and health benefits.

### *Use social marketing, vouchers, and aspirational marketing to generate demand for quality services*

Promoting the benefits of good maternal and child health, especially among the poor, is key to increasing people's use of the health system and improving public health. Social marketing campaigns have been particularly effective in the HIV/AIDS and family planning arenas. They have potential to do more in the area of maternal health, especially in encouraging pregnant women to seek facility-based care.

These campaigns also have a role to play in raising awareness about what communities have a right to expect from their health providers, whether in a public or private setting. Coupling social marketing with vouchers to be redeemed at approved or accredited health facilities can drive demand for services, as well as help ensure that women and children receive quality services.

We also recommend further investigation into new, even revolutionary marketing approaches. Aspirational marketing techniques, for example, position a product (e.g., a soft drink) so that it becomes associated with status or success. Adapting techniques like these to the maternal and child health market may help create demand for health businesses that serve poor communities.

### *Encourage the use of cross-subsidies to help businesses serve the poor*

As with an insurance pool, balancing a business' patient pool according to income enables it to stay solvent. Cross-subsidies are an important component of how businesses can reach the poor and still operate as healthy businesses. Most of the businesses we reviewed could not afford to serve only the very poor and maintain high-quality services, nor could they reach the poor at prices that would consistently generate a profit. Government vouchers, tax rebates, and other financial incentives could help subsidize the cost of care for customers least able to pay—making it economically attractive for businesses to expand their customer base to lower-income populations.

We also recommend the creation of a technical assistance guide that would outline the practicalities of establishing cross-subsidies in healthy businesses and describe how to make use of available incentives (including vouchers and tax rebates). Tools might include activity-based costing exercises to help healthy businesses understand the true costs of their services and focus groups and customer surveys that can help them understand the ability and willingness of customers at different income levels to pay for those services.

### 5.3 Spur new kinds of investment

The donor community has led traditional financing of maternal and child health. But efforts by government-run development agencies, private foundations, and individual philanthropists to improve maternal and child health have mostly been unsustainable, despite their good intentions and valuable commitments.

Current donor funding models are often too inflexible or the funding itself too unpredictable to support innovative businesses and market-based solutions that can improve healthcare. Further, the jury is still out on whether donor capital can be used to start-up businesses that serve low-income people—and do not require continual infusions of funding.

Clearly, the field is ripe for new kinds of investment. Most often thought of in terms of products, innovation can also apply to business models, delivery channels, partnerships, demand generation activities, and, most notably, financing mechanisms. These mechanisms are critical tools for catalyzing entrepreneurial and other commercial activity while achieving desired maternal and child health outcomes on a broad scale.

We remain confident that attracting funds into this field by way of investments, instead of through traditional donations, will provide enough mutual incentive for investors and businesses alike to build long-term, sustainable models.

The following recommendations offer innovative financing mechanisms that we believe could improve maternal and child health while simultaneously allowing for financial solvency:

#### ***Establish a working capital loan facility to help businesses stay afloat***

Businesses sink or swim based on cash flow. To stay afloat, they obviously need to have products to sell, but keeping shelves stocked requires cash on hand. Money is also often needed for capital investments, such as equipment.

Regrettably, banks often view small businesses—especially independent health providers—as a credit risks and either do not provide them with loans, or do so at exorbitant interest rates. Providing small businesses with ready access to capital would help them avoid stock outs of products like contraceptives, a frequent problem that can have serious health consequences. Other health and business benefits of available capital include upgrading medical equipment to improve quality of services, investing in technology to increase the efficiency of operations, and refurbishing exam rooms to expand physical capacity to serve more patients and increase revenue.

A working capital credit facility targeted to small- and medium-sized healthy businesses could help to expand the funds available to these businesses for operational expenses, procurement, management training, and other needs; give businesses the opportunity to generate more revenue; and provide incentives to maintain adequate stocks of quality maternal and child health medicines and other supplies. The Task Force on Innovative Financing Mechanisms of the IWG is well-positioned to take the next steps in designing such a working capital loan facility.

#### ***Explore social impact investing***

Good financial returns and positive health outcomes should not be mutually exclusive. There is emerging interest in novel approaches to investing that measure return on investment (ROI) in more than just financial terms. Impact investing is a new vehicle designed to spur the growth of businesses—especially social enterprises—that are committed to serving the poor in a financially responsible way. Financial institutions and healthy businesses should collaborate to explore how to change the investment paradigm to encourage broader participation in helping healthy businesses grow.

#### ***Create a Healthy Business Incubation Task Force***

Members of the global health community agree that in many cases we know which products and services can help save women's and children's lives—but the challenge is ensuring that women and children have access to them. There has been an impressive response to the call for more innovation and better use of technology to address global health challenges. However, health outcomes depend not only on innovative products and services, but also on innovative channels to deliver them.

The next step here is moving from prototype to healthy business.

As such, we recommend that the IWG explore a Healthy Business Incubation Task Force, which would provide the management, financial, and technical support to equip entrepreneurs with the expertise to establish and grow profitable, scalable, and ultimately sustainable businesses. The Task Force would focus specifically on supporting aspiring maternal and child health innovators and entrepreneurs to help ensure a strong pipeline of new businesses, perhaps beginning with the winners of recent competitions such as the Saving Lives at Birth Grand Challenge.

## The change to come

There is enormous potential for improving the state of maternal and child health services in areas of the world where they are still too often lacking. But if we are to transform the lives of women and children and reach Millennium Development Goals 4 and 5, we must change the opportunities and incentives that govern the launch and growth of businesses serving the poor. These recommendations are only a beginning, but we hope that they will plant the seeds of new business growth and sustainability, and help every health business that seeks to serve women and children become a *healthy* business.

# APPENDIX A - Methodology and Reference Group

## Methodology

The Task Force used a variant of a snowball-sampling technique to gather data about relevant business models and to test our conclusions. We asked members of the Task Force for their advice on interesting innovative enterprises to explore and relevant experts to contact; from there, we developed a reference group to whom we turned for additional advice and information.

In each case, we used a value chain analysis across the maternal and child health continuum (Appendix B) as a starting point for discussion, asking each expert to think about how market-based models might improve outcomes at different points in this continuum.

The Task Force supplemented findings from these interviews with information gleaned from a literature review. We developed detailed case studies on key sustainable businesses that emerged from this research (see Appendix C). These cases provide illustrative examples for our findings and the basis for our recommendations.

## Reference Group

### *Private Sector*

- **Sam Agutu**, Managing Director and Chief Executive Officer, Changamka MicroHealth
- **Pedro Arboleda**, Partner, Monitor Group
- **Stephanie Bridges**, Senior Associate, Health Portfolio, Acumen Fund
- **Robert Collymore**, Chief Executive Officer, Safaricom
- **Ernest Darkoh**, Founding Partner, BroadReach Healthcare
- **Martin Fisher**, Founder and CEO, Kickstart
- **Maureen Harrington**, Director and Head, International Development Group, Corporate and Investment Banking, Standard Bank
- **Michael Kubzansky**, Global Head, Inclusive Markets Initiative, Monitor Group
- **Tore Laerdal**, Managing Director, Laerdal Global Health
- **Judy Njogu**, Business Development Manager, Safaricom
- **Barbara O'Hanlon**, Owner, O'Hanlon Consulting
- **Kyle Peterson**, Managing Director, FSG
- **Steve Rabin**, Chairman, Rabin Martin
- **Angel Solorio**, Senior Vice President, Global Debt Products - Americas, Standard Bank
- **Kari Stoeber**, Vice President, External Affairs, Aeras

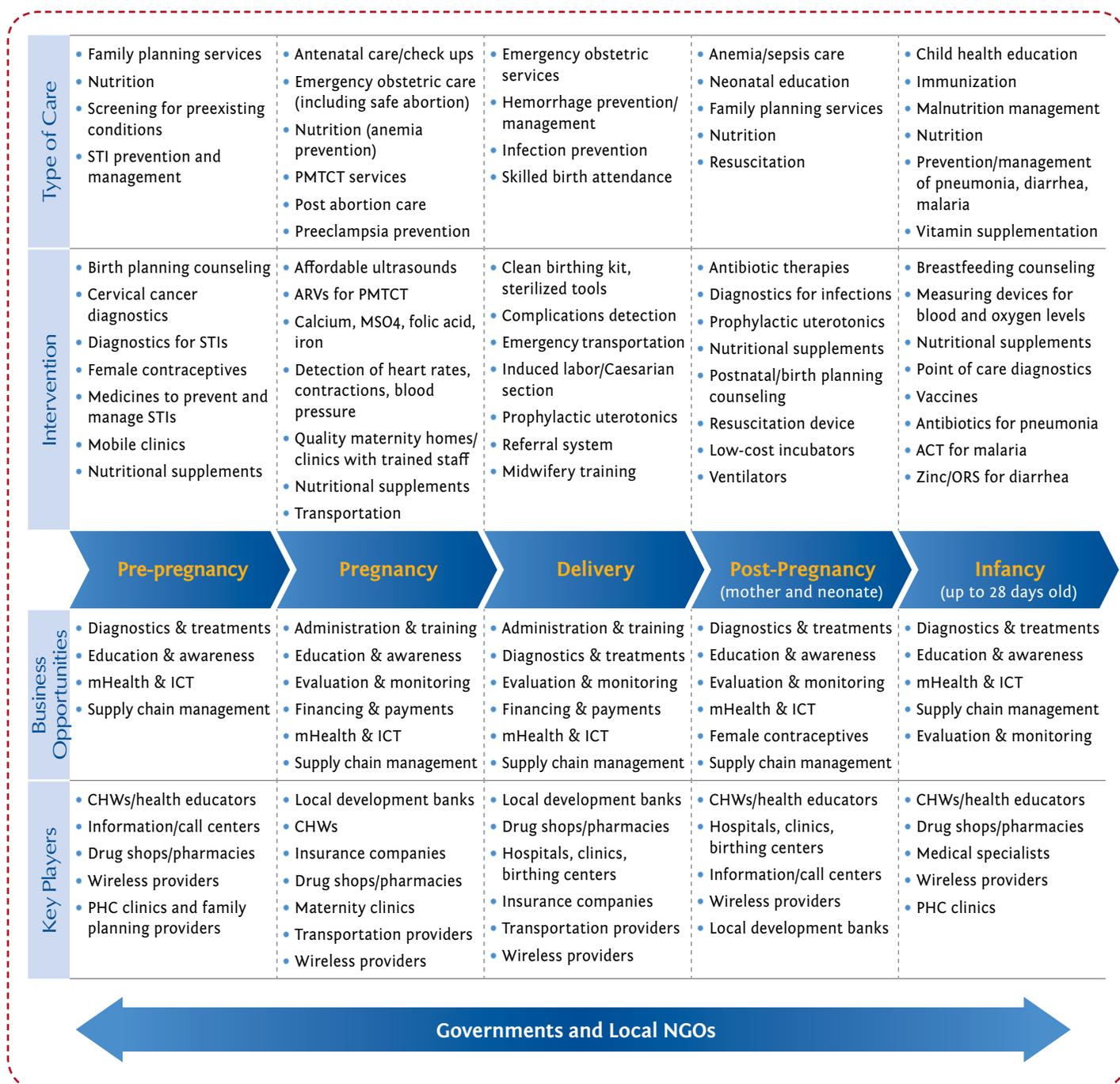
### *NGOs/Foundations/Academe*

- **David Aylward**, Senior Advisor, Global Health and Technology, Ashoka
- **Barbara Bulc**, President, Global Development, Senior Advisor to PMNCH and WHO
- **Claudia Jay-Harner**, Senior Program Officer, Program for Appropriate Technology in Health (PATH)
- **Beth Jenkins**, Research Fellow, CSR Initiative, Kennedy School of Government, Harvard University
- **Renee Kaplan**, Chief Strategy Officer, Skoll Foundation
- **Patricia Mechael**, Executive Director, mHealth Alliance
- **Jacqueline Sherris**, Vice President, Global Programs, Program for Appropriate Technology in Health (PATH)
- **Prashant Yadav**, Senior Research Fellow and Director, Healthcare Research Initiative, University of Michigan

### *Multilaterals/Governments*

- **Marguerite Farrell**, Health Development Officer, United States Agency for International Development (USAID)
- **Mario Merialdi**, Coordinator, Department of Reproductive Health and Research, World Health Organization (WHO)
- **Alexander Preker**, Head, Health Industry and Investment Policy, World Bank Group
- **Sandhya Rao**, Senior Private Sector Technical Advisor, United States Agency for International Development (USAID)

# APPENDIX B – Value Chain Analysis: Maternal and Child Health Continuum



## APPENDIX C – Profiles of Healthy Businesses

### Changamka MicroHealth

#### Overview

Launched in 2008, Changamka MicroHealth provides products that allow low-income individuals to save money toward doctor visits, medicines, and other health needs. Originally focused on smartcards sold in retail outlets, Changamka is currently shifting its business model to a fully mobile-based platform, a process which is expected to be completed in 2012.

The company's existing products (which will be rolled over into the mobile-based platform) include:

- *Maternity Smartcard*, a pre-paid card that costs KSh 250 and provides for antenatal, maternal, and postnatal services at participating maternity facilities. The card can be topped up through M-PESA (a mobile banking application that allows people to transfer funds) or at the hospital terminal.
- *Outpatient Smartcard*, a pre-paid card that provides for a treatment package that includes one consultation, one laboratory test within list, and medicine for diagnosed ailment. These smartcards are available at select supermarkets and other distribution points, and can be topped up through M-PESA.
- *Smartcard for third-party schemes*: smart-cards that can be loaded with value as “e-vouchers” for beneficiaries for safe motherhood, family planning and child health; school programs; and food programs.
- *In-House Smartcard*, a card aimed at institutions (e.g., universities) to help in administering the healthcare scheme, particularly through paperless monitoring and control.

#### Mission

Changamka's mission is to “innovatively use mobile technology to create mechanisms for delivery of easily accessible, affordable, quality healthcare.” If the poor are given a mechanism to save for healthcare, they will have better health outcomes and be less likely to go into debt to pay for healthcare services. Specifically within maternal health, the objective of Changamka's maternity product is to reduce maternal mortality (MDG 5) by:<sup>66</sup>

- Providing sustainable financing to poor mothers by enabling them to save for their antenatal, delivery, and postnatal payments (\$50 covers all);
- Increasing the usage of quality antenatal and maternity facilities for low-income women in Kenya.

#### Sustainability model

In order to operate at their desired scale (reaching 95% of the Kenyan population), Changamka has developed partnerships with mobile operators, the government, and hospitals. Specifically, hospitals provide patients a discount on price in return for volumes that Changamka offers. Changamka receives revenue from each patient visit, leading to sustainability of the model.

Changamka receives funds from grants and subsidies. At the same time, it is putting into place a new model that focuses on partnerships with mobile carriers, and expects to be operationally profitable in 18 months.<sup>67</sup>

#### Impact

As of January 2012, 11,000 outpatient smart cards and 3,200 maternity cards have been distributed, with 2,300 women given health education each month.<sup>68</sup> Each month, approximately 600 hospital transactions using the cards occur and 500 “top ups” take place.<sup>69</sup> Since hospitals have started accepting the maternity cards, they have seen the number of women regularly visiting them increase by 30%.<sup>70</sup>

Recently, Changamka has partnered with the USAID-funded SHOPS project (Strengthening Health Outcomes through the Private Sector project) to begin evaluating the impact of the Changamka model. This report, focused on outpatient care and maternal health, is expected to be available in 2012.<sup>71</sup>

## Overview

Incorporated in 2008, ClickMedix is a global mobile health (mHealth) social enterprise that works in Africa, South Asia, and the Americas, and has recently piloted a mobile tele-dermatology project in Egypt. Its mHealth platform consists of models focused on medical services (e.g., primary care tele-consultation and triage); patient management (including electronic medical records), administration and planning; and mPayment and financing.

In the area of women's healthcare, ClickMedix has partnered with BRAC Manoshi in Bangladesh, where ClickMedix designed an mHealth system specifically focused on maternal, newborn, and child health. In Botswana, ClickMedix designed an mHealth system focused on cervical cancer screening, as well as HIV clinical staging, mobile tele-pre/post-oral surgery, tuberculosis screening, mobile tele-dermatology, and mobile tele-radiology.<sup>72</sup>

## Mission

ClickMedix addresses the following challenges: lack of access, whereby patients cannot easily reach doctors; lack of funds, whereby patients cannot afford healthcare services; and lack of medical resources due to shortages of trained healthcare professionals. Its mission is to “bring affordable and quality health services to underserved communities, by enabling the creation of proactive and self-sustaining health systems driven by mobile technologies, community-level entrepreneurship, and value-based partnerships.”<sup>73</sup>

## Sustainability model

Under the ClickMedix business model, a community health worker or woman entrepreneur takes out a loan from a micro-finance institution in order to purchase a mobile phone, medical equipment, and training certification. She then provides healthcare to patients who provide payment for these services. There is a revenue-sharing arrangement between the community health worker and ClickMedix. In addition, government or health organizations may provide payment to the community health worker for health data collection, and revenue to ClickMedix for health data services.<sup>74</sup>

Other partnerships help support pilots and play a role in eventual sustainability. In Botswana, for instance, ClickMedix partnered with the mobile company Orange Botswana, which sponsored pilots using ClickMedix technology in collaboration with the Botswana-University of Pennsylvania Partnership program.

## Impact

ClickMedix has rapidly expanded its geographic scope to include Africa, South Asia, the Americas, and, most recently, the Middle East through its pilot in Egypt. Through its partnership with BRAC Manoshi (funded by the Bill & Melinda Gates Foundation), it has served 18,000 households and 2,000 pregnant women in Bangladesh in its mHealth pilot program for maternal health.<sup>75</sup> In Botswana, it has screened more than 1,500 women for pre-cancer changes of the cervix.<sup>76</sup>

### Overview

Founded in 1991 by Population Services International (PSI), Greenstar Social Marketing Pakistan is a private, non-profit organization focused on social marketing, particularly around the areas of family planning and reproductive health services. Greenstar works through the private sector and with the government of Pakistan to improve access to affordable health products and services through its network of over 18,000 private doctors. It is the country's second-largest provider of family planning services (after the government), distributing more than a quarter of all contraceptives in Pakistan.<sup>77</sup>

### Mission

The mission of Greenstar Social Marketing Pakistan is to “improve the quality of life among people throughout Pakistan by increasing access to and use of health products, services, and information, particularly in lower socio-economic population groups.”<sup>78</sup> Greenstar focuses on improving access to quality health products and affordability, recognizing that these are challenges in a country where 70% of the population seek care in the private sector.

### Sustainability model

Greenstar Social Marketing Pakistan's model rests on social franchising, whereby private doctors, paramedics, and pharmacists become franchisees and receive subsidized supplies and signage, as well as benefit from advertising for the clinic network and contraceptives.<sup>79</sup>

Additionally, Greenstar uses a cross-subsidy approach to pricing to increase access to care among low-income citizens. Specifically, Greenstar provides vouchers to low-income people for maternal health (including antenatal care, delivery, and postnatal care) and family planning services. The vouchers have two components –one to pay the Greenstar provider for providing health services and another to reimburse the clients for transportation costs to reach the provider.<sup>80</sup>

A nonprofit, non-governmental organization, Greenstar's primary source of funding is through donors, including USAID and the German Development Bank.<sup>81</sup>

### Impact

Greenstar trained 24,000 doctors, paramedics, and pharmacists between 1995 and 2006, and 19 family health products are supplied through 80,000 retail outlets across the country. Three million clients have been reached through social marketing, and its family planning products protected one out of every four married couples using modern methods.<sup>82</sup>

A 2008 study published in the *Harvard Health Policy Review* showed that Greenstar franchises served a higher proportion of poor clients (35.1%) than government facilities (23.4%), and that Greenstar franchises provided higher quality services (24.9 = mean total quality) than both for-profit private facilities (15.2) and non-profit private facilities (18.1).<sup>83</sup>

### Overview

Launched in 2009 by Ashoka, Naandi Foundation, and Healthpoint Services, eHealth Points are health services units owned and operated by Healthpoint Services India that provide families in rural villages with clean drinking water, medicine, diagnostic tools, and tele-medical services. Through its service and product bundling, and its focus on safe drinking water and health, eHealth Point takes both a prevention and treatment approach to saving lives.

eHealth Point uses a clinic model, in which telemedical consultations are conducted via video-conferencing with licensed medical doctors and with lay health workers or clinical assistants who are recruited from local villages and trained by Healthpoint Services India. Each eHealth Point is equipped with diagnostic tools (ECG, blood pressure monitor, etc.) and is stocked with pharmaceuticals dispensed by a licensed pharmacist. eHealth Points is currently adding maternal and child health services to its clinic model, in the form of defined products that will likely be sold as a package (e.g., antenatal care and medicines).

### Mission

By employing a service delivery model that uniquely leverages the benefits of technology in the healthcare, ICT, and water sectors, eHealth Point works to provide rural and peri-urban families with greater access to high quality healthcare and safe drinking water. The goals are better health, enhanced productivity, and improved standard of living, as well as new opportunities for employment generation in local areas.<sup>84</sup>

### Sustainability model

eHealth Point is designed to be a sustainable social enterprise, with potential for replication and scale. Services are offered on a fee-for-service basis at each eHealth Point; many of these services are priced at approximately \$1.<sup>85</sup> For instance, the subscription fee for water treatment per household is Rs 75 (approximately \$1.50) per month for 20 liters of clean drinking water daily. The average cost per diagnostic test is Rs 40, with many tests priced at less than Rs 25 and with no test costing more than Rs 200. The company expects to be profitable by next year.<sup>87</sup> The company is fully funded by private investors, and it is currently in the midst of closing its third equity round.

### Impact

As of September 2011, eHealth Points have provided more than 29,000 telemedical consultations, performed 15,000 diagnostic investigations, filled 3,000 prescriptions, and provided safe drinking water to 350,000 users daily. eHealth Point plans to scale its model across India and implement the model in additional regions, such as Southeast Asia and Latin America.<sup>88</sup>

### *Overview*

Founded in 1976, INPPARES is the largest private, non-profit provider of family planning services in Peru. INPPARES provides reproductive health services as well as diagnostic imaging, cardiology, dermatology, and ophthalmology.

In 2002, INPPARES launched RedPlan Salud (RPS), a network of midwives that serves lower-income, able-to-pay clients. RPS providers are licensed midwives with pre-existing clinics serving low-income women in urban and peri-urban areas of Peru.<sup>89</sup>

### *Mission*

RPS aims to serve women and youth within the lowest socioeconomic groups, which represent 35% of the population in Peru. Through high-quality, low-cost drugs made available through RPS, poor women have increased access to affordable healthcare.

### *Sustainability model*

By signing a one-year agreement to sell contraceptives, midwives are able to receive training as well as purchase these products at lower prices. They also benefit from the network's marketing activities. RPS is able to obtain volume discounts from major pharmaceutical companies and procures approximately 50 products, which are distributed to member midwives through the program's team of sales representatives. Midwives are also allowed to provide other services and products that are not part of the RPS bundle.

RPS' business model is such that these 50 products are sold to midwife members at a markup (although the products remain cheaper than alternative channels due to the large volume discount). This profit margin on the products covers the operational costs of the RPS program.

Currently, member midwives do not pay a franchise fee, although RPS management is considering charging a fee to generate an additional revenue stream.

### *Impact*

As of 2011, the RPS network has grown to include more than 1,600 midwives in Peru thanks to word of mouth and recruitment by RPS's sales representatives.

## Overview

LifeSpring Hospitals is an expanding chain of low-cost maternity hospitals that serve low-income women and newborns in India. Through its market-based approach, LifeSpring fills the gap of quality maternal healthcare at affordable rates for India's low-income population. Before LifeSpring, a pregnant woman could deliver at home, at an under-resourced government hospital, or at an expensive private hospital—often needing to sell assets or take out loans to do so. LifeSpring's mission is to meet women's demand for an alternative. Its hospitals provide antenatal care, delivery, and postnatal care.

## Mission

LifeSpring believes that a fundamental shift occurs once a woman stops being viewed as a passive “recipient” of healthcare, and instead is seen as an active “customer” who takes ownership of her health and the health of her newborn. By delivering low-cost, high-quality maternal healthcare in a way that recognizes women's dignity, the following outputs will result:

- From a health perspective, women will be more likely to come for antenatal visits with a skilled obstetrician and deliver at a hospital that follows evidence-based clinical protocols, as well as bring their newborns for postnatal checkups.
- From a financial perspective, women and their families will be less likely to go into debt for maternal healthcare expenditures. At a macro level, LifeSpring will reduce the burden of rising health costs in low-income urban communities.

## Sustainability model

LifeSpring Hospitals is financed through equity from HLL Lifecare Limited (an Indian government enterprise) and the Acumen Fund (a venture philanthropy organization based in New York), as well as debt from the State Bank of India. LifeSpring Hospitals is a 50-50 joint venture between HLL Lifecare Limited and Acumen Fund, a partnership that began in early 2008. Each LifeSpring hospital is designed to be operationally profitable within 18 months of opening. Its low-cost model is possible because of its service specialization and high asset utilization, no frills set-up, and low capital expenditure model.

Although LifeSpring is a for-profit organization, it prices its services at 30-50% of prevailing market rates. For example, the price of a normal delivery is Rs 4,000 INR (\$70), while a caesarian section is Rs 9,000 for a two- and five-day hospital stay (all-inclusive), respectively. LifeSpring also provides prenatal care throughout the length of a woman's pregnancy; the price of an antenatal checkup with a gynecologist is Rs 75 for each visit.

## Impact

As of November 2011, LifeSpring had delivered more than 13,000 healthy babies across its 12 hospitals and provided more than 250,000 antenatal and postnatal checkups, with a 49% market share in its flagship hospital. Over the next five years, it plans to scale across India, targeting urban slums. Since its initial expansion in 2007, LifeSpring has been approached by organizations in Pakistan, Bangladesh, Afghanistan, Ghana, Kenya, and Senegal to share learnings and insights on its low-cost model for maternal healthcare. Through its model, it hopes to stimulate the emergence of low-cost maternity hospitals globally.

### Overview

Dubbed the “Avon” of pro-poor products, Living Goods supports micro-entrepreneurs who sell life-saving and life-changing products door-to-door. Their community health promoters sell products focused on prevention, treatment, fast-moving consumer goods, and pro-poor innovations, such as clean-burning cookstoves and solar phone chargers. In the area of maternal and reproductive, Living Goods’ community health promoters sell clean birthing kits, iron folate, pregnancy tests, cotton for use during delivery, rubber gloves, and family planning products.

Product assortment allows Living Goods to cross-subsidize critical health products (e.g., lower prices on key impact items are possible because of higher margins elsewhere in the product portfolio, such as fast-moving consumer goods). Coupled with these products, Living Goods seeks to achieve health impact through education, behavior change strategies, and through referrals for secondary care.

### Mission

Through its social franchising model, Living Goods aims to:

- Reduce child mortality by at least 15% in the areas in which it operates
- Improve access to life-saving and life-changing innovations
- Create livelihoods and empower women entrepreneurs
- Ensure sustainability and be fully self-funded at scale.

### Sustainability model

Living Goods’ long-term goal is to create a commercially viable venture that also improves the health and economic well-being of the communities it serves. It identifies three levels of sustainability necessary for this goal:

1. Sales agent level: ensure franchisees can make an adequate living on margins from their sales.
2. Branch level: generate enough profits to cover direct branch level costs. Each branch supports 20 to 40 agents, employs one to two branch managers (who have direct P&L responsibility), and has a budget of approximately \$6,500 per year. The cost of training a franchisee, or community health supporter, is less than \$200 a month.<sup>90</sup>
3. Country level: generate enough contribution margin to cover the network costs of administration, finance, training, and marketing.

The main drivers of revenue are two-fold: (1) margins on products sold; (2) financing on inventory loans (on par with a micro-finance loan). Living Goods has also begun to experiment with a third revenue stream through wholesale margins. Living Goods does not charge a franchise fee to its agents. Its buying power and ability to cut out intermediaries allow it to set prices at 10% to 30% below prevailing market levels.<sup>91</sup>

### Impact

Living Goods has engaged with The Poverty Action Lab to develop an independent randomized controlled trial focused on how well Living Goods has been able to meet its primary objective of reducing mortality and morbidity for children under five. At the mid-line evaluation, researchers found that the price of malaria medicines were significantly lower in treatment areas, while their quality was significantly higher.<sup>92</sup>

By December 2010, Living Goods had trained more than 600 women in 30 branches in Uganda, who in turn served over 450,000 clients.<sup>93</sup> The organization’s key performance indicators span social and financial measures, including percent of newborns visited in the first 48 hours by an agent, number of under-five malaria and diarrhea treatments per agent, and branch profitability.

### Overview

Founded in 2005, Ziqitza Healthcare is the first private, for-profit ambulance service in India that reaches customers across the income spectrum. It operates emergency medical response services through two models: Dial '1298' for Ambulance, which works through a cross-subsidy model in Mumbai and Kerela, and Dial '108' in Emergency, which operates as a public-private partnership with state governments in Bihar, Trivandrum, Rajasthan, and Punjab.

### Mission

Many cities in India lack reliable emergency response services, forcing individuals to take auto rickshaws or other unreliable means of transport to reach hospitals. Ziqitza was founded to address this gap, and now provides a 24/7 call center with ambulance tracking systems. It focuses on improved health outcomes in times of emergency through reliable emergency response services, which includes ambulances equipped with personnel trained in basic and advanced life support.

### Sustainability model

Ziqitza's Dial '1298' for Ambulance employs a cross-subsidy model, whereby end users are charged fees on a sliding scale based on whether the individual chooses to go to a private hospital (full rate) versus a government hospital (subsidized rate; an estimated 20% of users are subsidized).<sup>94</sup> Accident victims, unaccompanied unconscious individuals, and victims of mass casualty incidents are provided with free service. In this model, Ziqitza owns its ambulances, which are made self-sustainable through this cross-subsidy approach.

Ziqitza's Dial '108' in Emergency works through a public-private partnership with state governments and is a service provided to emergency victims. Based on the specific contract with the state government, the end user would either pay a user fee or receive service for free.

Ziqitza is a private, for-profit company whose investors include the Acumen Fund, Emergency Medical Services Corporation, Housing Development Finance Corporation (HDFC), Infrastructure Development Finance Corporation (IDFC), and India Value Fund Advisors.

### Impact

Beginning with 10 ambulances in Mumbai in 2007, Ziqitza now operates more than 800 ambulances in Mumbai, Kerela, Bihar, Trivandrum, Rajasthan, and Punjab, serving over 645,000 individuals since 2005.<sup>95</sup> The company's vision is to be the leading ambulance service provider in the developing world.<sup>96</sup>

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