



How a Mobile Health Wallet can allow all stakeholders to contribute towards UHC

Lilongwe, 13^h May 2015

PharmAccess
FOUNDATION





Health
Insurance
Fund



Safe Care
BASIC HEALTHCARE STANDARDS

PHARMACCESSGROUP

Our Mobile Health program is run by a strong partnership of multiple organizations (since 2013)

Organization	Description	Role
	<ul style="list-style-type: none">The world's second-largest mobile telecommunications company	<i>Product Design & Executive Support</i>
	<ul style="list-style-type: none">Largest operator in Kenya35-35% owned by Vodafone & GoK	<i>Product Design, Network & Infrastructure, Payments (via M-PESA platform)</i>
	<ul style="list-style-type: none">International financing institution that fights AIDS, tuberculosis and malaria	<i>Pilot investments Lead donor partner</i>
	<ul style="list-style-type: none">Dutch NGO dedicated to strengthening health systems in resource-poor settings	<i>Product & Program Design Implementation Lead</i>

March 2013: MOU signed between Safaricom, M-Pesa Foundation and PharmAccess

May 2014: MOU signed between Vodafone, Global Fund and PharmAccess

Mobile Health Research Lab: Rapid testing of various prototypes in Kenya (since August 2013)



Chamas Tests with different incentive models



Cash Advances to providers
Cashless clinics

Core principles:

1. Test multiple different prototypes at the same time
2. Use small test groups
3. Collect data from many angles
4. Collect data online, real-time
5. Collect user feedback



SMS Loyalty



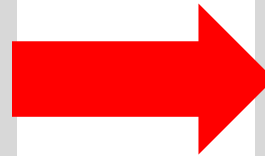
Leverage on existing fundraising structures

Mobile Health Wallet: risk-sharing for health via the transfer of conditional mobile money

1

\$ in

- Private contribution
 - Subscriber (e.g. health savings)
 - (inter)national remittance
 - “Harambee” (fundraiser)
 - Private insurance
- Donor-funded benefits
- Government-funded benefits



2

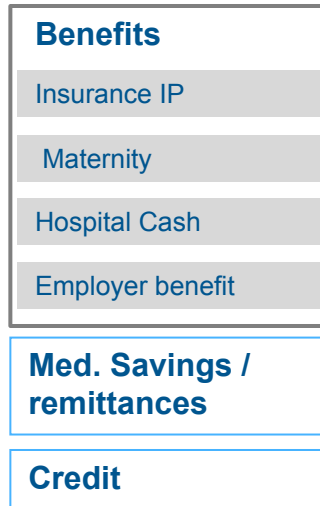
\$ out

- Restricted money transfer, e.g:
 - disease-specific
 - income group-specific
 - location-specific
- Contracted healthcare providers
- Quality assurance included
- Medical data collected with every transaction



Empowering the patient to make her own choices

Health Wallet allows government, donors, insurers, employers, individuals to all contribute towards UHC



Inpatient cover from NHIF

Government entitlement

Insurance top up insurance company X

Entitlements funded by employer

Medical (group or individual) savings for e.g. OOP + incentives paid for by donors

Access to credit based on medical savings and contribution payment history

Example of what a Mobile Health Wallet could look like in Kenya

Platform built in close cooperation with Safaricom

Large scale test: MTIBA program with 10,000 users and 44 clinics in 5 Nairobi slums

- **MTIBA** program with health vouchers launched with Safaricom in March
- Rolled out to 44 clinics and 10,000 mothers in 5 slums in Nairobi
- Voucher to be spent on the healthcare for children under 5 years old
- For each MTIBA transaction clinic submits relevant medical & financial data **in real-time**
- Administration costs radically reduced and pay-out times significantly shortened vs traditional voucher or insurance schemes → **clinic is paid within days instead of months**



Real-time data collection provides a wealth of health-related and finance-related insights



Key messages

- To make mHealth a success, strong partnerships with mobile network operators, donors and public sector are critical
- Key to success (especially also with private sector companies such as Safaricom) is involving these stakeholders at an early stage
- First experiences with a mobile health wallet suggest it can:
 - Unify contributions from government, donors, employers, insurers and individuals directly in the mobile phone of the end-beneficiary
 - Radically reduce administration costs
 - Radically speed up pay-out times to healthcare providers
 - Generate real-time medical data from the most remote locations