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Heartfile Health Financing

IMPLEMENTATION DATE: 2010 to Present

Financial risk protection for people with non-communicable diseases in Pakistan

There are two health systems models operating in the world: the Beveridge system, in which revenues fund public facilities and services, and the Bismark system, where pooled funds and intermediary agencies procure services from the private sector for those employed in the formal sector. These models are limited in their ability to offer financial risk protection to the poor working in the informal sector; especially in countries with mixed health systems where public and private service providers coexist but out-of-pocket payments remain the major means of health financing.

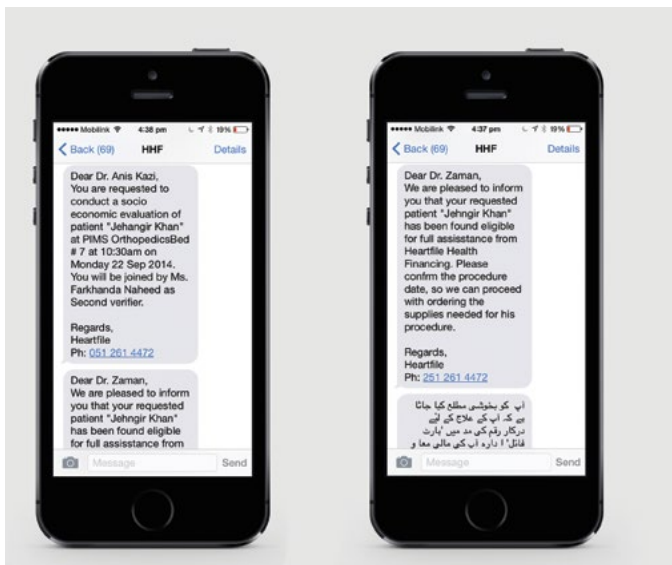
In such settings, public sector facilities do not offer free onsite services for the entire spectrum of needs. Therefore, individuals seeking care for major illnesses, especially non-communicable diseases, end up spending catastrophically on healthcare and are either pushed into poverty or forgo healthcare altogether. These problems exist in Pakistan as well as in most developing countries with mixed health systems. Access to financial services has been termed as one of the three impediments to seeking healthcare in WHO's World Health Report on Health Financing, 2010. Heartfile has developed a health system model to overcome this gap.

About Heartfile Health Financing

Hearfile Financing is an mHealth-enabled fund-based purchasing system. The fund currently has a full grant and a partial grants window in operation. Because of the unique donor empowerment features (real time micro-transaction alerts, full web viewing of grant allocation to individual patients, etc.), these windows have expanded overtime and are now being supported by a range of donors—individual

philanthropy, bilateral and multilateral agencies, and institutional donors. Two other windows are planned for introduction in an effort to move towards sustainability. A mobile saving program backed by telco-microinsurance linkages helps to underwrite partial health costs and a health loans program.

The Heartfile Financing system runs on mobile phones. The SMS function is being used as the backbone of communi-



cation rather than smartphone features in order to make the program widely available in developing countries where smartphone penetration is still low. Requests from pre-registered hospitals arrive as SMSs, which trigger the system. Automated alerts go to patients and doctors in local vernacular to gauge a patient's eligibility for assistance. Automated SMS-based decisions are conveyed to patients and doctors, followed by SMS-based purchase orders to suppliers and pre-registered hospitals ordering supplies and/or procedures for a particular patient.

Once a procedure is done or services are delivered, a monitoring officer confirms completion with a cell phone message and the doctor acknowledges the same. This segregation of responsibilities helps to protect against abuse and the possible introduction of a 'ghost patient' in the system. A donor is then matched with a patient according to donor preferences and an SMS alert is sent to convey case closure. The cell phone messaging is part of a workflow algorithm. For each patient, this workflow is performed on tablets in the field and on a technology platform at the clearing house at Heartfile. Unique transparency features enable tracking of individual patients on a web platform, linking doctors, patients, and service providers.

Evaluation and Results

Both impact and process evaluations are currently in the final phase of analysis. A series of ethnographies of beneficiaries of the program from across Pakistan were conducted. This study has completed the data collection and analysis phases. A process evaluation is also underway. Expressions of interest for third party evaluations and case studies have been solicited.

Lessons Learned

- **Innovations have to be developed at multiple levels** and in a holistic way in order to build an innovative system to overcome a specific challenge. Innovations in partnerships, technology, systems, and procedures have to be integral to this process.
- **Building a system is an iterative process**—initial development, deployment, operationalization, learning from implementation experiences, and evidence-based modifications have to be part of the process.
- **The use of cell phones has made this new model widely acceptable to all stakeholders**, especially users, as they do not have to make an investment in hardware and do not have to spend much time learning new skills.
- **The transparency of the program** has been valued by all stakeholders.

Conclusion

Heartfile Financing is a health systems model which aligns with mixed health systems to achieve financial risk protection for the poor in the informal sector. The model is scalable and replicable in settings other than Pakistan, where it was developed and is being tested. The key variables for scale-up and replication are a reliable cell phone network and internet connectivity for the clearing house. The features and controls built into the system help protect against abuse, improve efficiency, and achieve value for money. ■

Geographic Coverage: Pakistan

Implementation Partner: Heartfile

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