Connecting People to Better HealthCare through MTIBA

Kigali

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PharmAccess FOUNDATION

Health Insurance Fund

MEDICAL CREDIT FUND AFRICA

SafeCare BASIC HEALTHCARE STANDARDS

PHARMACCESSGROUP

The Great Escape from Poverty

"To those who regularly visit Sub-Saharan Africa, the pace of change is indeed astonishing, and there are many reasons to be optimistic about the region. We should, however, also realize that very little has changed for the poor in rural settings, and that the lives of those who left for urban slums are extremely difficult. To include these groups in the 'great escape' from poverty is the big challenge ahead."

Joep Lange, July 2014

Overview of Activities In Kenya

- **Quality program:** better quality for patients and professionals. Reduces risks for patients, investors and governments

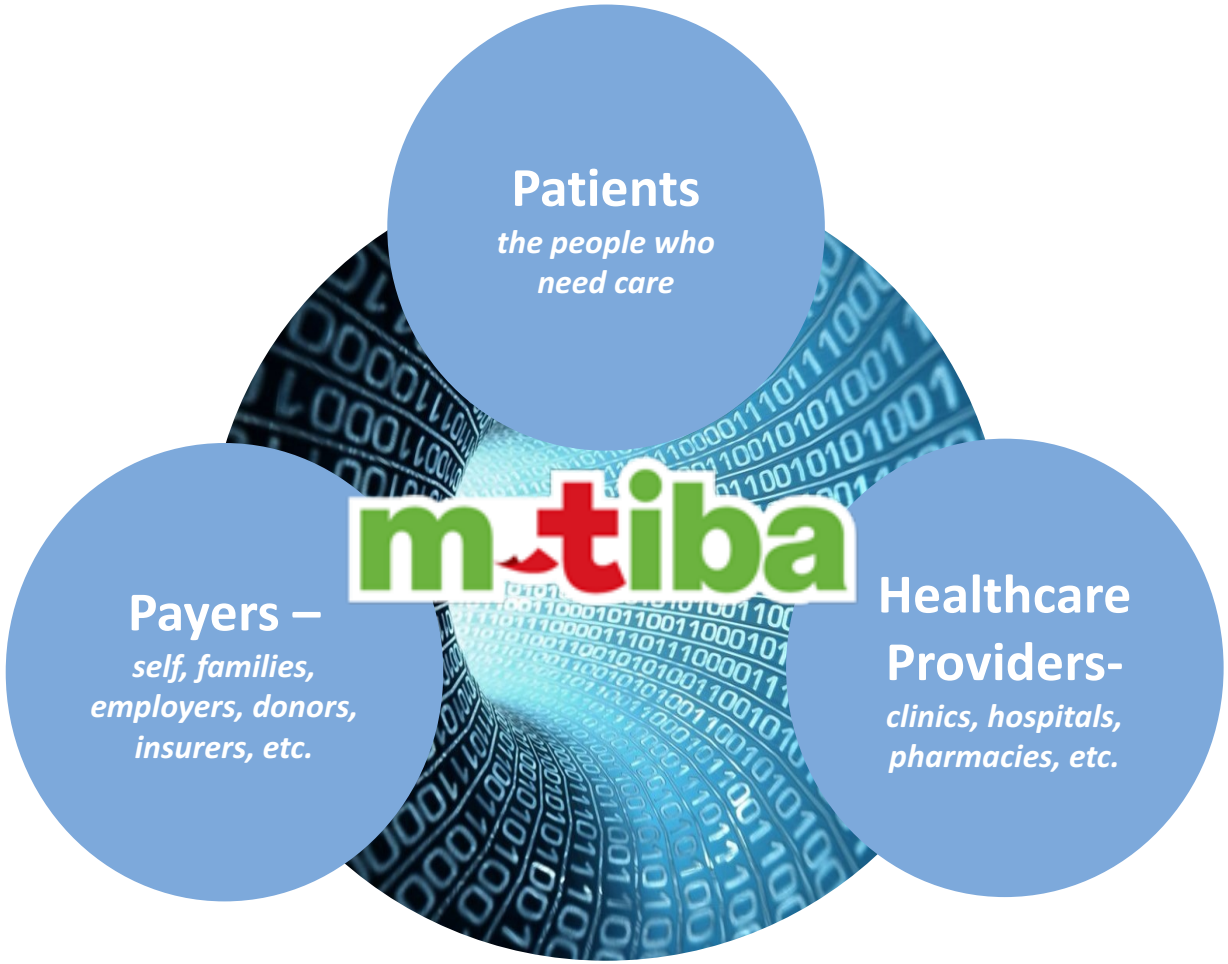
- **Loans for clinics**: crowd in investments for quality

- **Health insurance & savings**: our health plans reduce out-of-pocket expenses and create access to affordable quality care for low-income people

- **mHealth:** technological innovation to reduce costs, reach the poor, achieve scale

- **Research and advocacy:** advocate for change based on rigorous impact research, and provide technical assistance to governments and other health systems stakeholders

In 2016, we developed a payment platform that connects payers, patients and providers, built on MPESA, in partnership with Safaricom and CarePay



The M-TIBA platform creates unprecedented insight in medical and financial aspects of the care process

Money in

Health financing products create money flow into the system

Eg: savings, insurance, remittance, donor

universal care process

1. Patient falls ill
2. Diagnostics of illness
3. Treatment of illness
4. Claim for diagnostics and treatment

Data out

Data collected along the patient pathway

Socio-economic classification patient

Diagnostics, procedure, test

Treatment, medicines, adherence

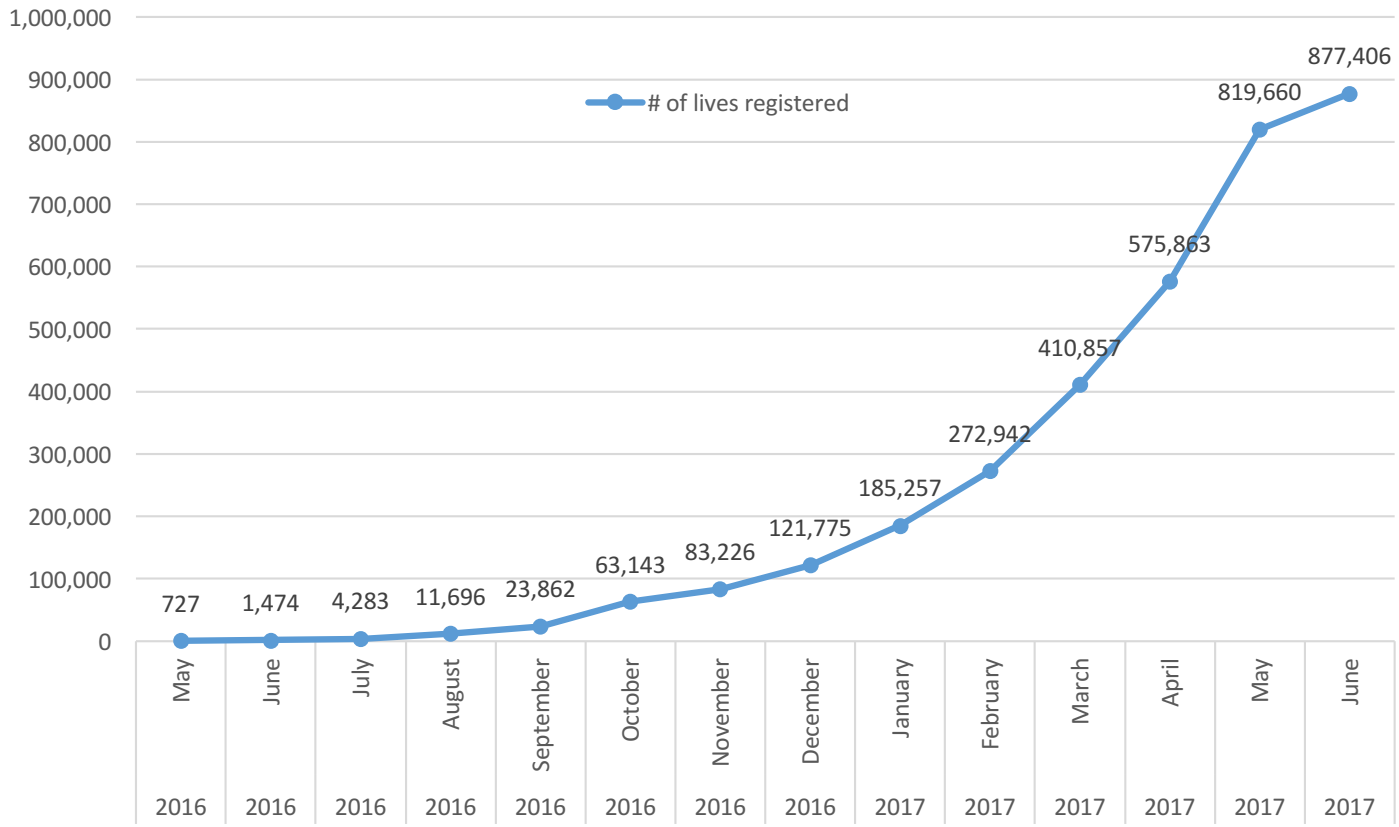
Claim data, financial

M-TIBA was launched in 2016 using a three track approach to connect patients, providers and payers

1 Connect patients to M-TIBA through savings proposition	• Savings wallet that allows patients to put money aside for healthcare • Uses top-up incentive to stimulate savings on and contributions to M-TIBA wallets • Perform first market segmentation based on Safaricom data
2 Develop digital healthcare provider infrastructure	• M-Tiba payment system and IT installed at providers • Digital loan product enables providers to receive an advance payment on future M-Pesa and M-TIBA transactions
3 Use M-TIBA to distribute funded care (benefits) to groups of patients directly on their phones	• 50,000 low income beneficiaries registered with a benefit package on their M-TIBA wallet • Registered beneficiaries access healthcare services at 5 clinics in Nairobi's slums

The number of connected lives on M-TIBA continues to exponentially grow in the first months of 2017

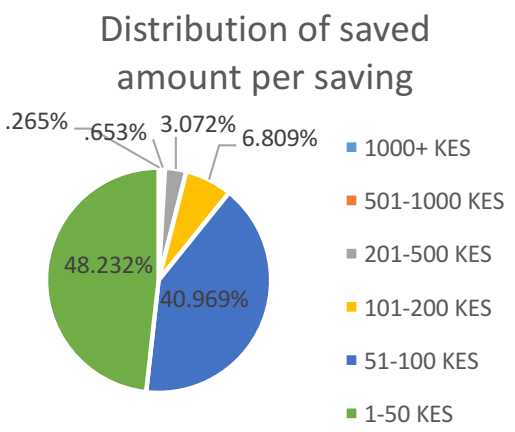
Highlight: End of July , **900,000** lives were registered on M-TIBA.

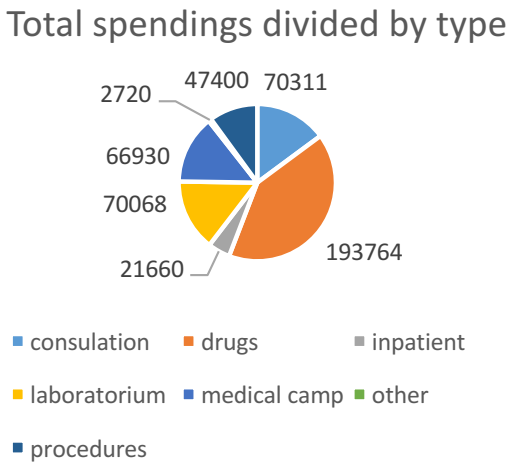


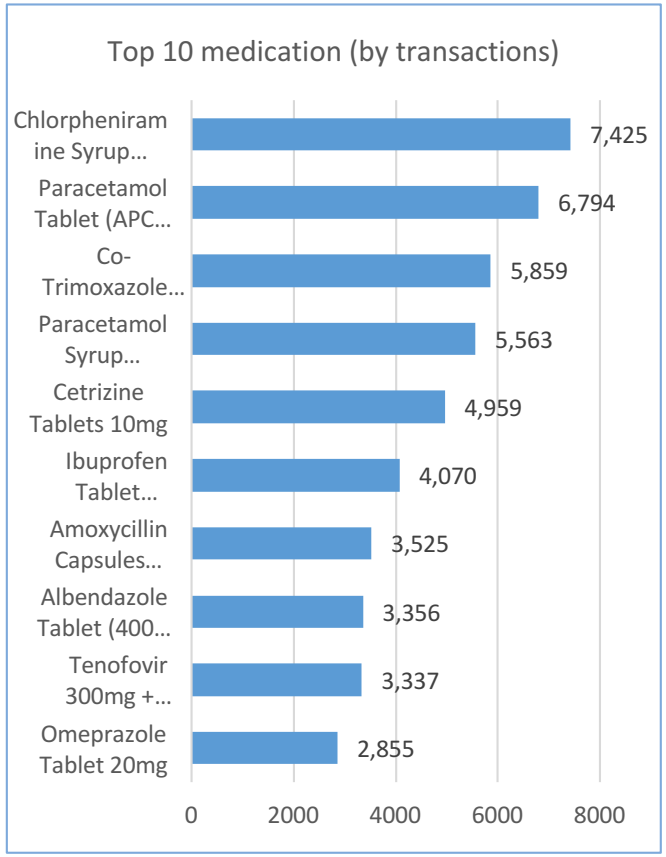
Age profile of all M-TIBA users

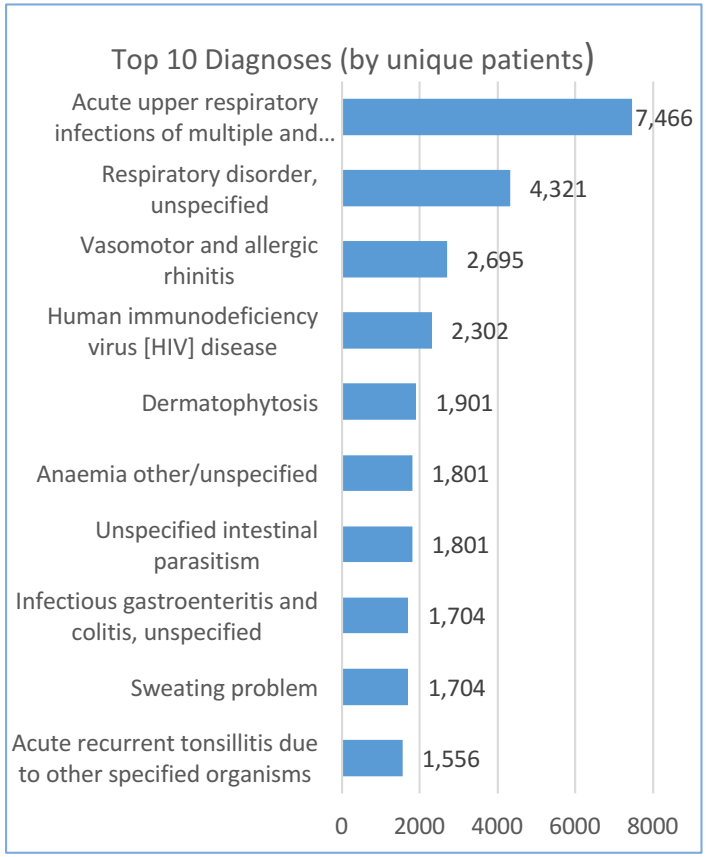
- 5% 0-5 years
- 6% 5-14 years
- 35% Female, 15-49 years
- 48% Male, 15-49 years
- 5% 50+

Advantage #1: Fast, actionable data



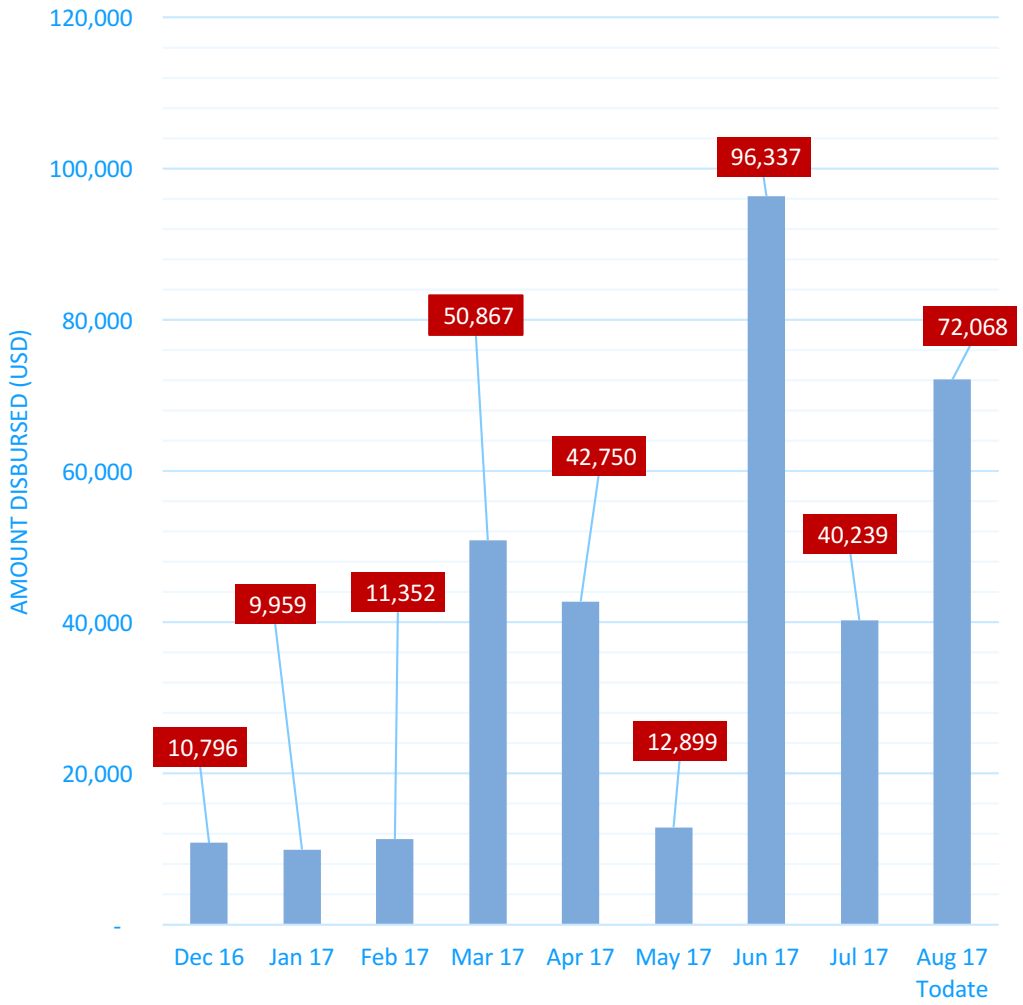






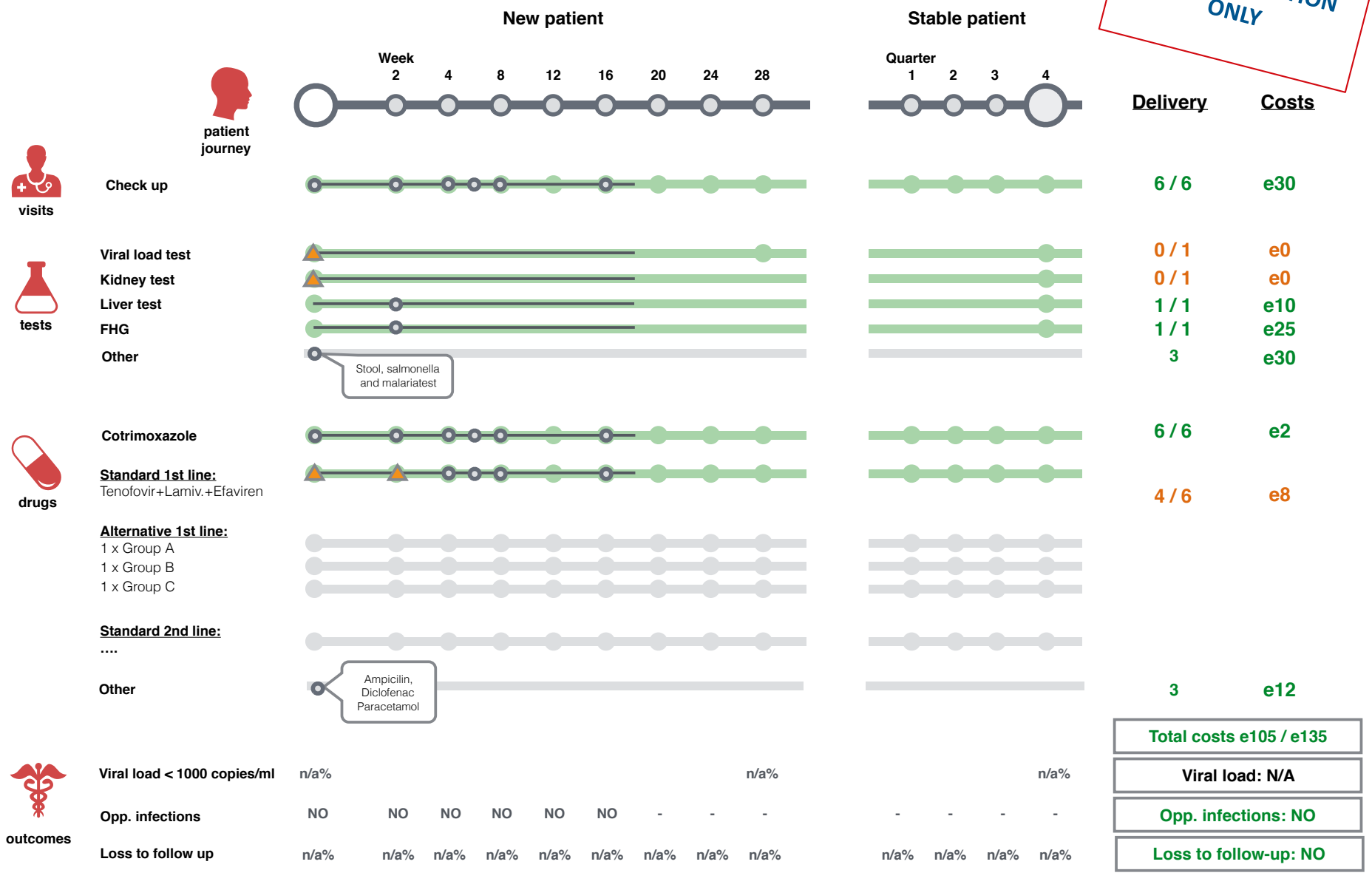
Advantage #2: New products such as mobile Cash Advance in high demand

- Up to now there are 142 cash advances disbursed, to 68 providers, with a total value of USD334,818.
- There are 73 repeat Borrowings. 12 Providers have borrowed more than 4 times
- 35 Providers have borrowed at least twice. 33 providers are servicing their first loans and are likely to Borrow once they repay fully. The demand for Cash Advance is huge and as evidenced by the repeat Borrowers.
- 1 Cash Advance - Mobile Asset Finance of USD 23,000 was disbursed in Jun.
- The repayment is at 100% (No default cases)

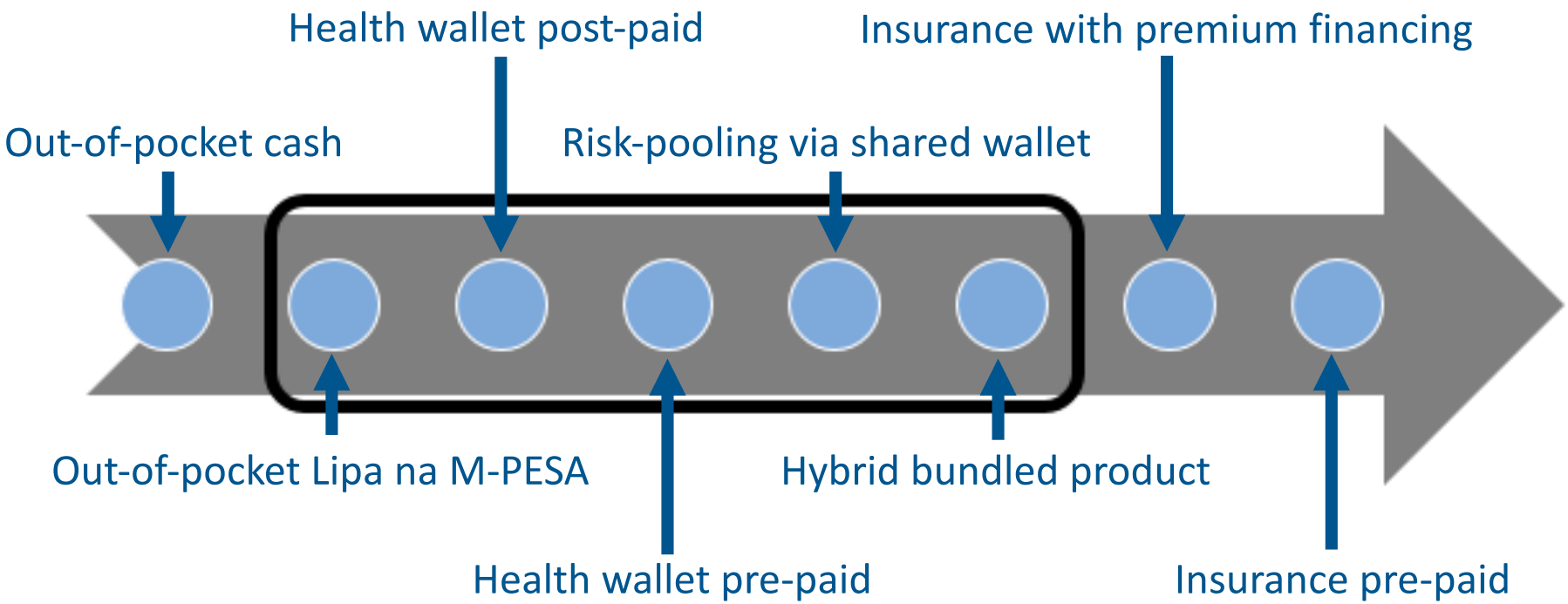


Advantage #3: Data – Patient journeys insight

FOR ILLUSTRATION ONLY



Advantage #4: introducing new financing types



Five new health financing types are created of which three are based on prepayment
Financing types do not have to be sequential

Advantage #5: mobile-data segmentation

1. Slum dwellers (15.6%)

Slum population living hand to mouth from day jobs and hawking

2. Rural indigents (16.7%)

Subsistence farmers living hand to mouth off a small plot of land or small live stock, and day laborers

3. Household workers

Household workers at wealthy families (guard, cleaner, nanny, driver)

4. Nomadic communities

Nomadic people living of herds. Substantial health risks due to living conditions, small support network

5. Small scale farmers & traders

(upper) low-income small-scale farmers living off the land (subsistence & cash crops), livestock and small trade

6. Employees medium businesses

Owners willing to finance health insurance for their employees

7. Employees large scale farms

Large-scale farms, taking care of one to hundreds of employees

8. Owners small businesses (9.2%)

Entrepreneurs of SMEs such as M-Pesa shop or bodaboda driver. Low to upper low income

9. Caretakers (18.4%)

Ambitious with urban jobs, middle to high income, supporting relatives

10. Chama members (28.0%)

Social/ member driven groups with purpose of saving with each other

11. SACCO members (9.1%)

Members of bigger savings and credit co-operatives, owned and managed by its members

12. M-Shwari and KCB customers

Economically active and engaged in entre preneurship. Some receive financial support (M-shwari 10%)

13. Women at reproductive age (22.7%)

Women aged 15-44 yrs

14. Girls at risk of teen pregnancy (3.2%)

Girls at risk of teen pregnancies, living in rural, traditional locations

15. People living with (at risk of) HIV/AIDS

6% living with HIV, and people living at risk lifestyles (sex workers, truck drivers)

16. Poor children < 5 (13.0%)

Children < 5 at risk of childhood diseases in indigent, lower to upper lower income households

17. Households in disease prone areas (74%)

Households living with animals, sleeping in cooking areas and often in high-malaria prevalence areas

18. Orphans (2.7%)

Orphans living with uneducated, low-income to indigent caretaker

19. Elderly > 65 (2.7%)

Elderly, prone to arthritis, hernia, hypertension, diabetes, rheumatism

20. Chronically ill (>25.6%)

Chronically ill (hypertension, diabetes), limited exercise. limited education on risks

- Segments composed from different parameters, e.g. vulnerable groups, economic & financial behavior, health risks
- Segments not mutually exclusive and some yet to be quantified (work in progress by Safaricom and PharmAccess)
- Donors/payers are invited to design their own mobile wallet propositions for target segments (e.g. vouchers)

Targeting Women of Reproductive Age with Insurance Benefits

Reproductive Health as an Entry Point into Insurance

- **Target** : Women of reproductive age, Pregnant Women and Women with Children Under 5 years
- **Product** : Comprehensive Health Insurance offered by the National Health Insurance Fund (NHIF)
- **Premium:** USD 60 P/A
- **Premium Payment :** Savings on MTIBA
- **Enrolment**: Done by Community Health Workers
- **Incentives:** Premium subsidy for the target population
- **Data:** Utilization data collected through MTIBA

Thank you!

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