



Banking on Health: A Global and Local Assessment of DFS and Health Solutions for Low-Resource Settings

Executive Summary

Grameen Foundation USA (Grameen), in partnership with IntraHealth International (IntraHealth), proposes to conduct a global landscape assessment to understand the role of digital financial services (DFS) to both advance financial protection of households when seeking health care services and improve health system performance. Drawing on respective expertise in DFS, development of consumer health financing instruments, health systems strengthening and development of digital health innovations, Grameen and IntraHealth will draw on country-level staff and partners to conduct a desk review and in-depth structured interviews that will be designed to capture local lessons, articulate three to four informative case studies, and synthesize lessons and recommendations for both health and financial services actors.

Consortium Team

Grameen: As the prime for the proposed landscape assessment approach, Grameen has over 15 years of experience designing, testing, and scaling health financing and DFS. Grameen brings programmatic experience working at the intersection of health and microfinance, using human-centered design to develop products and services, and participating in consumer protection and social performance management initiatives. Grameen also has experience developing and integrating digital technologies for the health and financial sectors, such as the MOTECH suite of services designed to address community health worker (CHW) training and support and the Mifos open-sourced platform for cloud-based core banking systems. While unpublished, Grameen conducted a desk review for Marie Stopes International (MSI) to inform MSI's strategy for assisting franchisees in gaining access to credit to support startup, operating, and/or expansion capital. Grameen also contributed to the development of two literature reviews (in 2011 and 2017) of microfinance and health protection initiatives, of which health financing was one innovation assessed, and explored the role of financial service providers (FSPs) in health financing.

In 2019, Grameen completed research to outline the lessons learned developing health financing products with FSPs. Some of these products were digital in nature, but the majority representing traditional finance approaches, such as health savings, health loans, linkages to health insurance products and the necessary complementary services needed to ensure effective take-up and use of these financial products as well as the associated health services. The development of these health financing tools was the result of local collaborations with public and private health facilities, FSPs, and insurance providers to ensure the products responded to both household needs and the needs and processes of health facilities in accepting payments for health services. The lessons-learned documentation outlined key lessons such as understanding decision-making power within households (particularly since many health interventions are targeted to women), limiting red-tape for qualifying health events, and the importance of developing an (digital) ecosystem where financial service and health providers can collaborate and remove barriers for households seeking health treatment, among others.

In 2018, with the support of USAID/mStar, Grameen conducted a similar comprehensive global landscape assessment (inclusive of case studies) as well as a webinar, blogs and presentations, of the state of practice related to the use of digital farmer profiles, intended to support the efforts of the USAID Digital Development for Feed the Future (D2FTF) to mainstream digital agriculture tools across Feed the Future programming. USAID D2FTF also completed a case study of Grameen's collaboration with Musoni Kenya on a DFS agricultural loan product for smallholder farmers.

Bobbi Gray, Research Director and Christian Loupeda, Senior Director of Financial Inclusion, who both co-authored Grameen's research on health financing, will lead efforts for the health financing landscape assessment on behalf of Grameen.

IntraHealth: Supporting Grameen, IntraHealth builds on 40 years of experience in assisting countries to strengthen their capacity to plan, develop, manage, and support health workers. IntraHealth's key approaches in human resources for health and health systems strengthening include developing and supporting digital health solutions to help health sector leaders communicate more effectively with health workers, make better, more informed decisions about health workforce policy, planning, training, regulation, and management, and lead successful change management processes to move from paper-based to digital management systems. IntraHealth developed global digital health goods to support continuous improvement of health system management and performance, such as iHRIS, the leading human resources information system for health workforces, mHero, a communication solution for governments to connect with health workers, and the Global Open Facility Registry, for identifying, reconciling, and synthesizing duplicate or incomplete facility records across multiple data sets. All three global goods are supported by members of the Digital Health team.

Wayan Vota, Digital Health Technical Lead, and Pamela McQuide, Health Systems Strengthening Technical Lead will lead efforts for the health financing landscaping assessment on behalf of IntraHealth.

Project Description

Problem Statement: Health emergencies are the most prominent idiosyncratic shocks and stresses that low-income households face, particularly when they affect primary income earners, given that health costs are compounded by loss of income. Despite the availability of national health insurance schemes, free primary health care, and attempts of developing universal health coverage (UHC) in many low-income countries, out-of-pocket health expenses (which can include, but are not limited to: medicines, specialized exams, travel expenses, food, payments to others to manage an income-earner's business or farm while absent, etc.) are still often catastrophic for poor households. These expenses, coupled with inadequate access to customized financial services, place health-seeking families at risk of falling further into poverty. This in turn places the entire health system at risk. Health systems in countries served by USAID are chronically under-funded which can exacerbate patient out-of-pocket health expenses and reduce utilization by those most in need. The Lancet (2019) predicts by 2050, that only 0.6% of global health spending will occur in low-income countries, despite these countries comprising almost 16% of the global population.

DFS, particularly in the form of health savings (which support pre-payment of health costs) and insurance (which support the pooling of resources and risk) and commitment savings devices, are promising approaches to assist households in anticipating, promptly responding to, and recovering from health events while ensuring their financial protection. DFS contribute to the development of a digital ecosystem from which health providers can benefit through efficiencies in digital payments, insurance reimbursements, and payments to community health volunteers and remote staff, among others. Despite advances in capturing lessons from non-digital household-level health financing tools, less is known about how DFS can increase financial protection of households through access to and use of digital health financing tools, or how DFS can improve health systems performance and quality of services to patients. As a result, USAID global health programs do not currently integrate DFS for health approaches, a significant missed opportunity.

Approach: Grameen and Intrahealth propose to conduct a landscape assessment and develop three to four case studies that cover projects, products and services within the scope of DFS for health and health systems performance. While the assessment will be global, a larger share of the research will be focused on USAID’s global health priority countries, especially in East, West and Southern Africa. Grameen will leverage the expertise of the consortium team while also drawing on the experiences and knowledge of other local DFS and health providers in the markets under assessment.

The following primary activities are designed to improve the understanding of the global landscape of DFS for Health innovations that contribute to both financial protection of households, a solid business case for providers, and health systems strengthening. The proposed case studies are intended to enable the replication of DFS for Health innovations.

- *Rapid global scan:* The rapid global scan will include both a rapid desk review and key informant interviews to identify relevant health financing use cases and implementers. Grameen and IntraHealth will draw on their own existing research and documentation and that of mStar, USAID, and other actors to identify stakeholders, resources, and experiences of designing DFS (as well as non-digital insights) for health and health systems performance. Grameen and IntraHealth will co-develop structured interview guides (for in-person or virtual interviews) and conduct the interviews with FSPs, public and private health providers/health systems, beneficiaries, donors, and other domain experts, such as, but not limited to:
 - a. **Microinsurance:** ILO, BIMA, MicroEnsure, the Microinsurance Network
 - b. **DFS providers and FSPs:** M-PESA, MicroSave, ProMujer, Afya Microfinance (Tanzania), CARD MRI (Philippines), Bandhan Bank (India), CRECER (Bolivia), RCPB (Burkina Faso), Cooprogreso (Ecuador), and the various organizations identified in Grameen’s latest landscape assessment of microfinance and health practitioners in India that provide health financing products
 - c. **Health systems strengthening:** IntraHealth, Abt Associates, the SHOPS Plus Project, PATH, John Snow International, Pathfinder, Population Services International, ACCESS Health International, JHPIEGO
 - d. **Mobile network operators and trade organizations:** GSMA, Millicom, Orange, MTN, Digicel, Airtel

- e. **Private-sector innovators:** the Center for Health Market Innovations, M-Tiba, Global Health Direct, TrimesterSave, Digital Mobile Africa, clinicPesa Limited, Possible, Medic Mobile, Himso, among others
- f. **Researchers and Thought Leaders:** IPA, JPAL, Busara Center, John Hopkins University
- g. **Donors:** USAID, UNCDF, DFID, the Bill and Melinda Gates Foundation

A report will be developed to document the lessons learned from these rapid, primarily virtual interviews and the initial interviews will be used to prioritize which efforts are highlighted in the three to four in-depth case studies.

- *Deep-dive consultations:* Once the locations for the three to four case studies are selected with USAID/Digital Square's input, structured interview guides for key informant interviews will be developed and conducted in order to develop a 360-view of the select approaches. While the design for these deep-dive consultations is yet to be finalized given the selection of case studies may influence the final purpose, it is envisioned that the consultations will include perspectives from various stakeholders, such as beneficiaries (patients, clients, household members of services provided), the health service providers, the financial service providers and any other related stakeholders such as supporting organizations, regulators, etc. These consultations will also include a review and analysis of adjacent health information systems that support healthcare delivery, such as digital patient medical records, communication platforms, electronic referral processes, decision support tools, and human resource management systems. The case studies will document the product description (including the partnerships that make up the delivery mechanism), outreach, business case, sustainability issues, factors that contribute to success and challenges or potential failure, the enabling environment, and the degree of integration between health actors and DFS actors, beneficiary perspectives (including gender and decision-making power as well as differences in rural and urban outreach), among others.
- *Publications and dissemination of findings:* A comprehensive final paper will be developed that captures the primary and secondary data used for the assessment, identifying common lessons, and providing practical steps and recommendations for furthering advances in both the health and financial sectors. The paper will aim to identify where key investments are needed, where expertise across the health and financial (inclusive of government's roles) sectors can be leveraged, practical descriptions of design features that are critical for uptake, and ongoing use of health financing products and transactions. Short (1-2 page) briefs will also be developed to facilitate the sharing of the high-level findings. In addition, a PowerPoint presentation will be developed for use during the webinar and for which can be used in future dissemination events that may fall outside the grant period, ie conferences such as SEEP, the CORE group, etc. At least three blogs will be published to share the findings within the financial and health sectors, such as ICTWorks (which reaches 20,000 global subscribers), the Center for Financial Inclusion, NextBillion, Grameen and IntraHealth's blog spaces, and others.

Objectives and Activities: There are two main objectives for the assessment and these are outlined below with their corresponding activities.

Objective 1: Improve understanding of the global landscape of DFS for Health innovations that contribute to both financial protection of households and health systems strengthening.	
Activity 1.1	Conduct kick-off meeting in DC with USAID and Digital Square to define research questions, refine methodology, and identify entities.
Activity 1.2	Develop literature review building off Grameen, USAID, Digital Square, and other research.
Activity 1.3	Identify a list of potential organizations to interview through a rapid assessment.
Activity 1.4	Finalize interview guides and guidance for rapid assessment.
Activity 1.5	Conduct virtual or in-person interviews.
Activity 1.6	Submit rough draft to PATH/USAID/Digital Square for early review of landscape assessment.
Activity 1.7	Finalize landscape assessment documentation.
Objective 2: Enable replication of DFS for Health innovations, building on the lessons learned from three to four case studies.	
Activity 2.1	Identify and prioritize case study candidates.
Activity 2.2	Identify stakeholders engaged with the case study candidates (beneficiaries, financial service providers, health systems actors, MNOs, partners, etc.).
Activity 2.3	Develop interview guides and guidance for all case study candidates and stakeholders.
Activity 2.4	Conduct in-depth interviews with case study candidates and stakeholders.
Activity 2.5	Draft and submit 3-4 case studies to USAID/Digital Square for early review.
Activity 2.6	Finalize case study documentation.
Activity 2.7	Finalize lessons-learned documentation, pulling on landscape and case studies, and other brief(s).
Activity 2.8	Develop PowerPoint presentations for use in webinars and future dissemination events.
Activity 2.9	Develop and publish blogs with key insights from assessment.
Activity 2.10	Conduct outreach, including a webinar to share key findings.

Schedule: The objectives and activities will be achieved with six months of effort. The following schedule outlines the estimates for when objectives and activities will be achieved. Many of the activities will occur concurrently given the iterative nature and short-term timeline of the project. Grameen expects that USAID/Digital Square will establish additional guidelines as to the expectations for review, input into the design, and final clearance of the publications through USAID, if applicable. All activities will be led by Grameen with support of IntraHealth.

Detailed Schedule	Project Months					
	1	2	3	4	5	6
Objective 1: Improve understanding of the global landscape of DFS for Health innovations that contribute to both financial protection of households and health systems strengthening.						
Activity 1.1: Kickoff						
Activity 1.2: Literature review						
Activity 1.3: Stakeholder list						
Activity 1.4: Interview guides						
Activity 1.5: Interviews conducted						
Activity 1.6: Landscape draft						
Activity 1.7: Finalize landscape documentation.						
Objective 2: Enable replication of DFS for Health innovations, building on the lessons learned from three to four case studies.						
Activity 2.1: Identify case studies						
Activity 2.2: Identify case study stakeholders						
Activity 2.3: Case study interview guides						
Activity 2.4: Conduct case study interviews						
Activity 2.5: Draft and submit case studies for early review						
Activity 2.6: Finalize case studies						

Activity 2.7: Finalize lessons-learned documentation and other briefs						
Activity 2.8: PowerPoint						
Activity 2.9: Blogs						
Activity 2.10: Webinar(s)						

Deliverables: The final deliverables will consist of a final landscape assessment document, three to four case studies, a final lessons-learned document that draws on the landscape assessment and case studies, and supporting communication pieces which include a PowerPoint presentation, briefs, blog postings (at least three), and a webinar. Participating in a conference and other in-person events are currently not budgeted due to the likelihood they would fall outside of the grant period, but can be considered upon request and available opportunities.

Risk Mitigation: The primary risk to the success of conducting a comprehensive landscape assessment is the limited availability of information online regarding DFS innovations in this space, which will require more time of the research team to identify appropriate use cases. The key mitigation strategy is relying on the extended Grameen and IntraHealth teams located across the globe to help identify actors in their respective markets. Grameen and IntraHealth, given prior experiences, already understand some of this landscape which will also facilitate early engagement with key actors.

High-level Budget Summary

Grameen requests \$166,000 to complete this assignment, which covers the time of Grameen and IntraHealth staff to conduct virtual and in-person interviews, associated international and domestic travel expenses, development of reports and supporting documents, and communication costs per the activities noted above. Thirty-percent (30%) of the budget will be allocated to Objective 1 which covers the high-level landscape assessment and the remaining seventy percent (70%) on Objective 2 which emphasizes the development of case studies.