GLOBAL FINANCING FACILITY

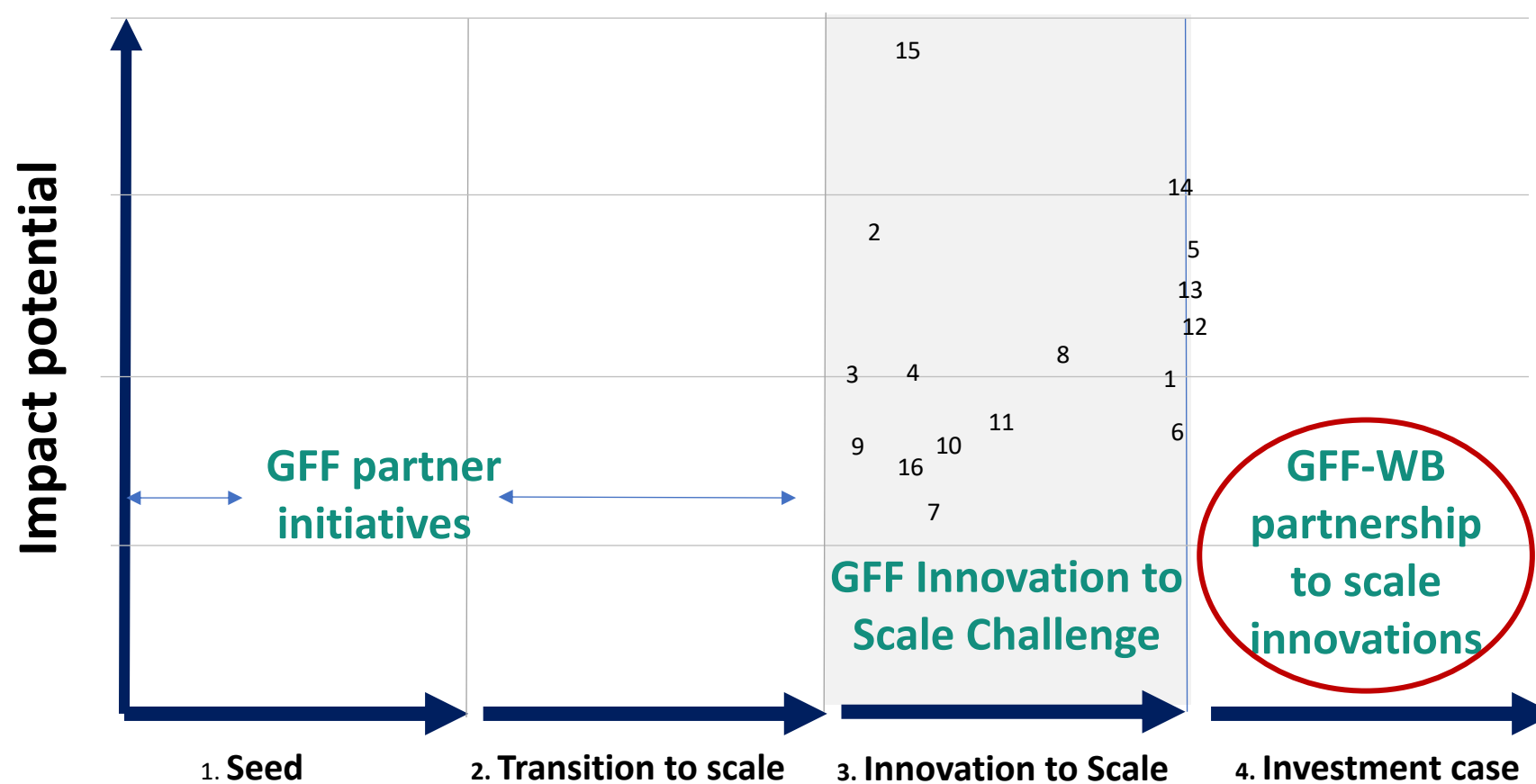SUPPORTED BY WORLD BANK GROUP

GFF-WB Innovation Partnership

Innovations:

Reimagining Primary Healthcare for the Unreached

Continuum of innovation

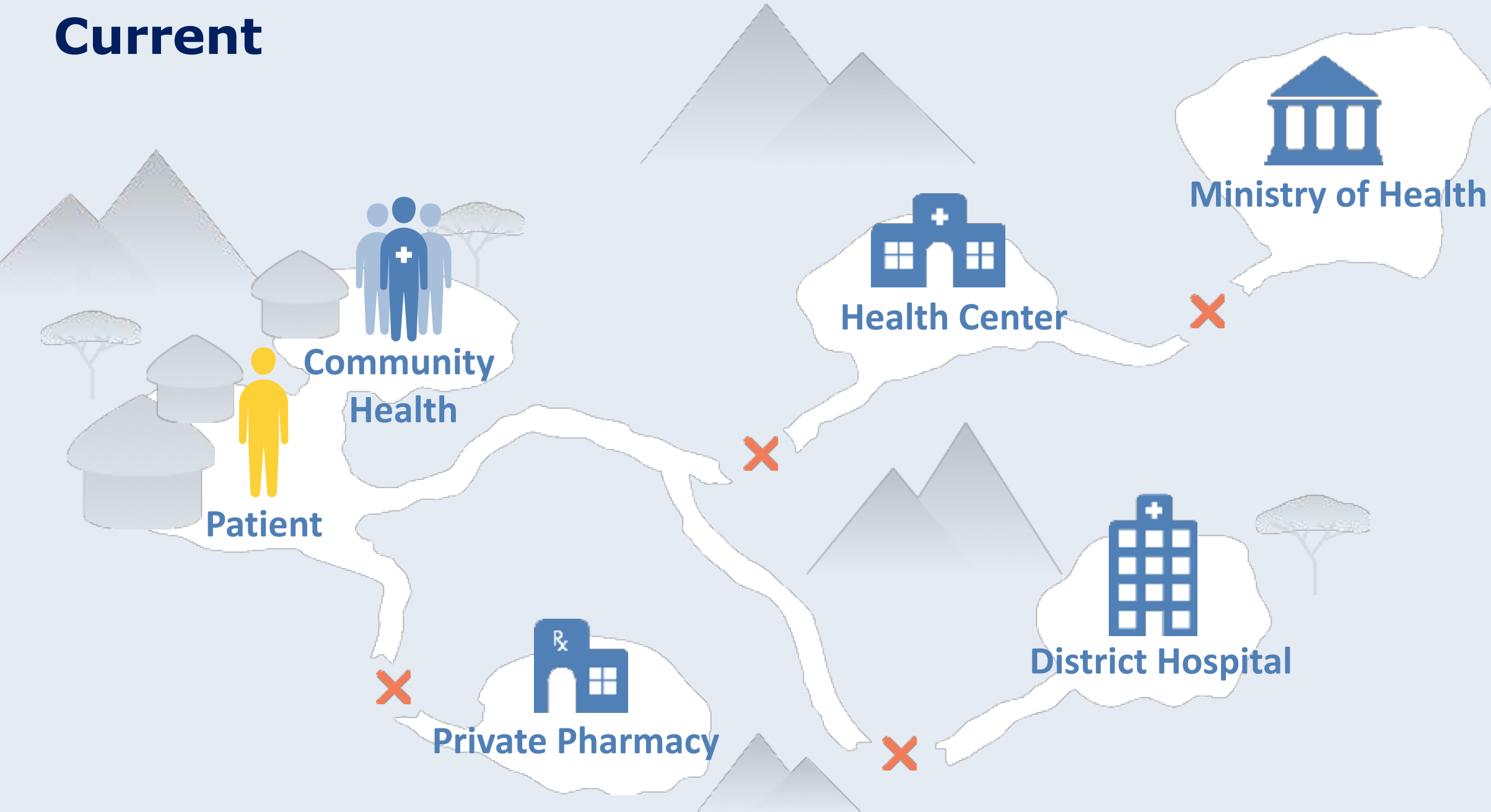The GFF supports innovation in various ways, and in collaboration with partners

Impact potential

15

14

2

5

13

12

8

3   4   1

11

9   10   6

16

7

GFF partner initiatives

GFF Innovation to Scale Challenge

GFF-WB partnership to scale innovations

1. **Seed**   2. **Transition to scale**   3. **Innovation to Scale**   4. **Investment case**

Imagine a primary health system where….

- Time to diagnosis and treatment decreases from 6 hours to 15 minutes.
- Immunization rates increase from 70% to 95% from mass communication.
- Clinician productivity increases from 20 to 80 patients per work day.
- All members of Parliament sign up for a reporting system to directly hear what their constituents want.

Assets

Vision: Engaging people on their health at home and in their communities

Effectiveness
- Increasing frequency of touchpoints improves health literacy and behavior change

Efficiency
- Reducing costs through automation and task shifting to lower skilled workers
- Decreasing physical travel for a more productive workforce

Equity
- Increasing coverage to people that face geographic or financial barriers to using fixed facilities

Vision: Connecting people to services when they need it and where they want it

Effectiveness
- Utilizing quality services at home and in the community to avoid delays and gaps in care
- Reducing dependency on unqualified health workers by improving access

Efficiency
- Triaging effectively at point of patient contact reduces unnecessary visits and waste

Equity
- Integrating with private sector to reduce out-of-pocket health costs for the most vulnerable
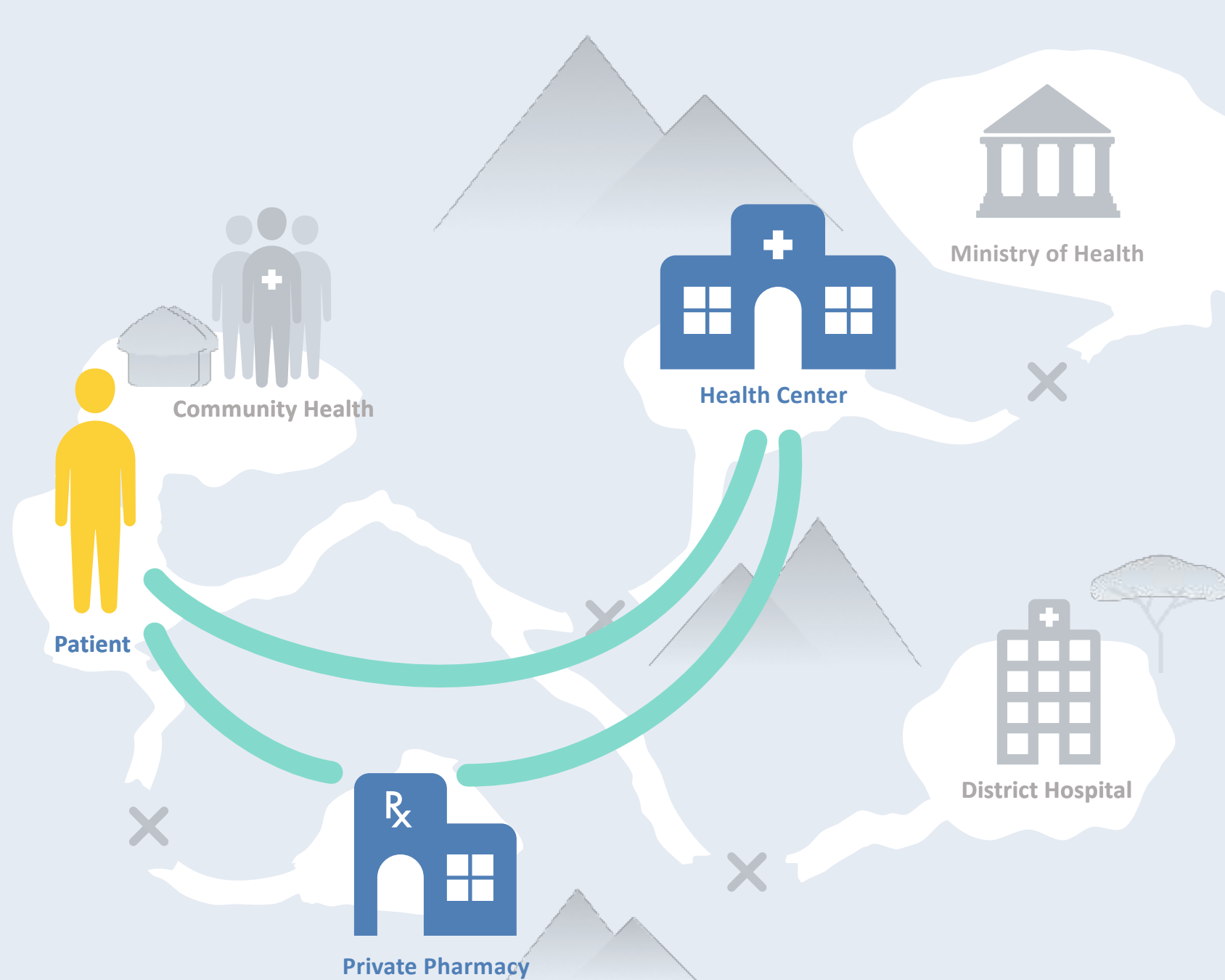
Vision: Empowering health workers to better serve the needs of their communities

Effectiveness

- Improving quality of the frontlines with decision support
- Integrating health centers and pharmacies to reduce stockouts

Efficiency

- Boosting productivity by relieving reporting burden and better prioritizing households

Equity

- Enabling health workers to be more mobile and adapt to changing physical conditions improves coverage for fragile communities
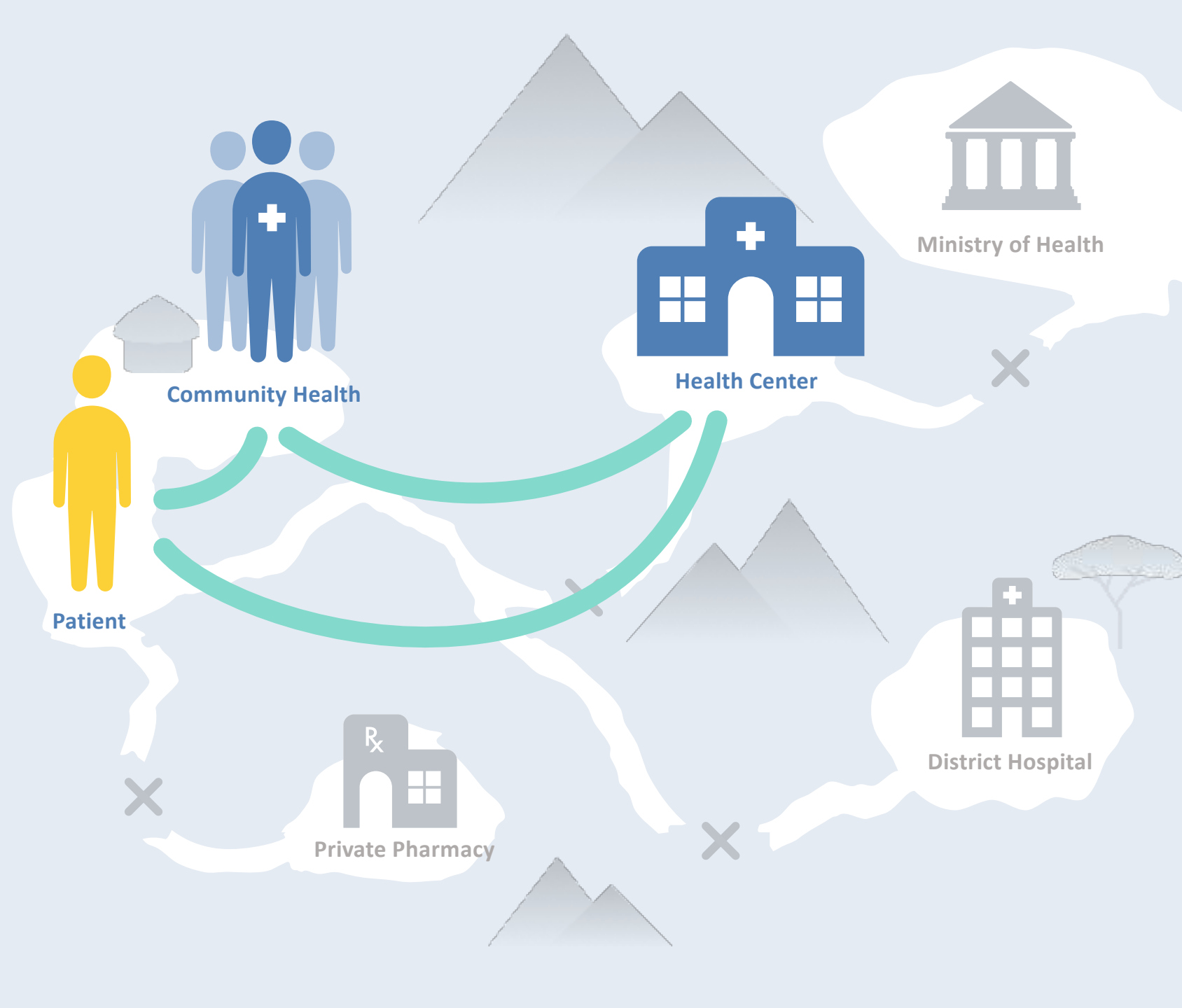
Vision: Building continually adaptive systems that respond to user needs

Effectiveness

- Using real-time feedback to improve the care of the current patient and the system for the next patient

Efficiency

- Surveying patients directly to simplify monitoring and reporting
- Increasing automation to reduce documentation costs

Equity

- Decreasing reliance on facility-based assessments increases representation of hard-to-reach populations
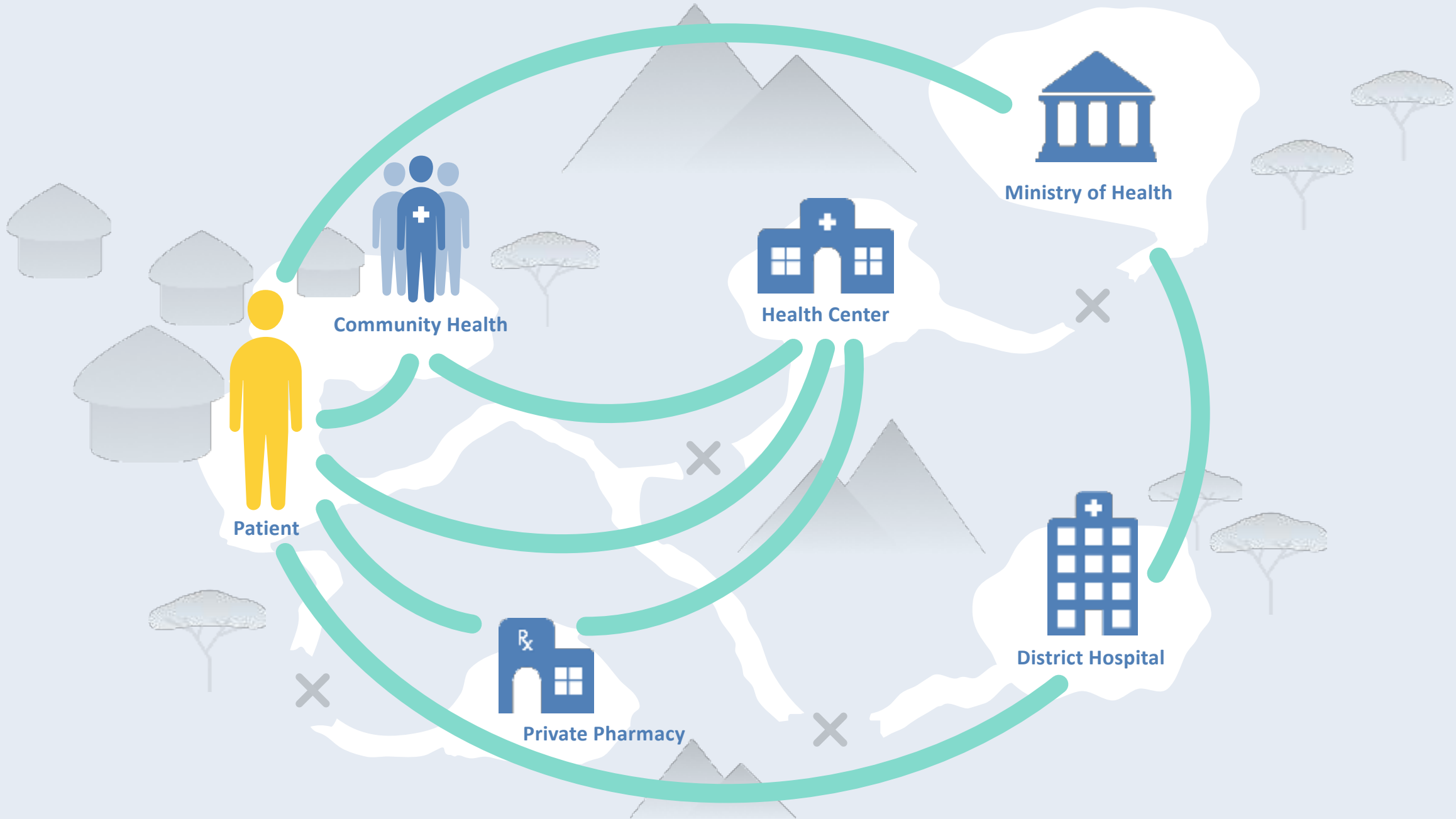
Salma & Mariam face real challenges to effective PHC

Salma is 24 years old and has a 5th grade education. She has a 3 month-old infant, Mariam. They live in a remote area. The nearest health center is over 20 kilometers away. There is a nearby private pharmacy but it is costly. A community health worker visits her once a month but between visits she is on her own. She rarely goes to the doctor and generally distrusts government.

Salma has a mobile phone that she uses to message with her family one village over. She is always curious to learn more about ways of keeping herself and her baby healthier. She values the monthly visits with her community health worker. Salma is proud of her village and trusts her elders.

Salma & Mariam's PHC Experience
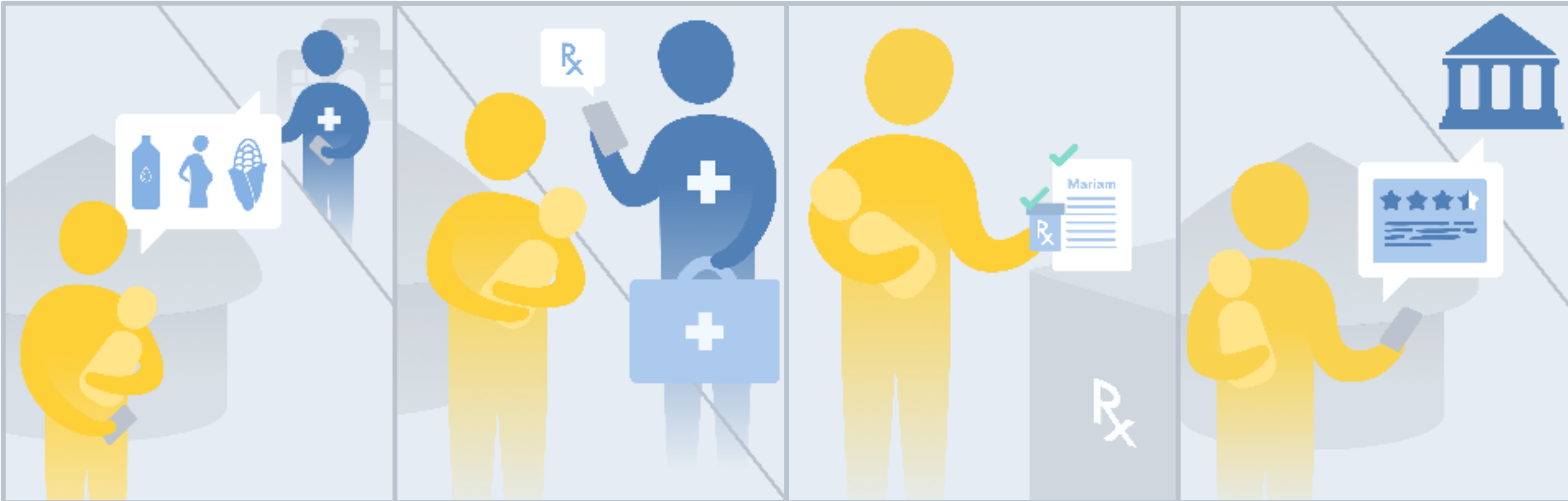
Salma and Mariam are enrolled in the system. Salma receives health information on her mobile phone tailored to her needs and gets timely answers to her questions.

Mariam gets sick. Salma reaches out for help using a phone and receives prompt information and care through her phone and health worker.

Salma travels to the nearby private pharmacy to where her prescription has already been verified and the medication is available and free.

Salma provides direct feedback on her care experience and feels empowered when her feedback is heard.

Proactive

Connected

Integrated

Participatory

Discussion questions 1/2

What are your experiences implementing solutions that reimagine PHC?

Where do you see opportunities to do things differently?

What challenges have you encountered when implementing new solutions?

What challenges do you anticipate in doing things differently?

Exemplars

Successful examples of countries
that have begun to re-imagine PHC

MomConnect South Africa: Mobile messaging to improve the health of new mothers

Challenge

- Maternal mortality decreased to 154 per 100,000 live births, but not meeting SDG3
- Pregnant women and new mothers lack consistent contact with the health system

Solution

- Women are registered at their health center and connected using SMS or WhatsApp
- Receive automated health promotion messages tailored to their needs
- Send health questions to a national call center staffed with trained health workers
- Complete surveys on quality of services; complaints must be addressed within 10 days

Ministry of Health

Patient

Building Blocks

- Mobile phone access
- Zero rating of messages
- Data standards to support data sharing with national registries
- Regional buy-in to register moms
- National identifier at birth

MomConnect South Africa: Mobile messaging to improve the health of new mothers

- Over 2 million women connected across 95% of all health facilities

- Over 60% of all pregnant women attending first antenatal appointment registered

- 60% of women respond to surveys

- Provide actionable data to MOH by integrating with other systems

- Similar programs are showing significant improvement in MCH practices
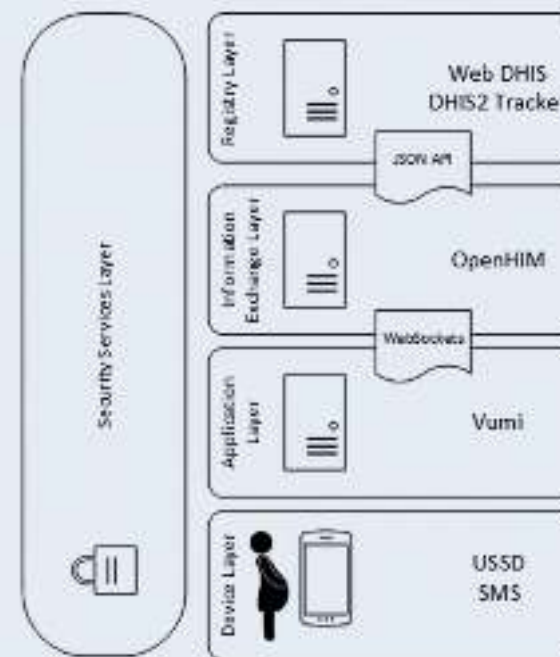
Babyl Rwanda: Integrating virtual care with the public & private sector

Challenge

- Access to doctors is severely limited in Rwanda, with one doctor per 14,000 inhabitants and one pharmacist per 20,000 inhabitants
- Long wait times with 67% of patients waiting several hours
- Many hard to reach populations don't have health facility nearby

Solution

- Patients receive virtual triage and primary care services via telephone
- Electronic presciptions sent through SMS and can be filled at public or private pharmacies
- Health call center integrated into national insurance scheme

Patient

Health Center

Private Pharmacy
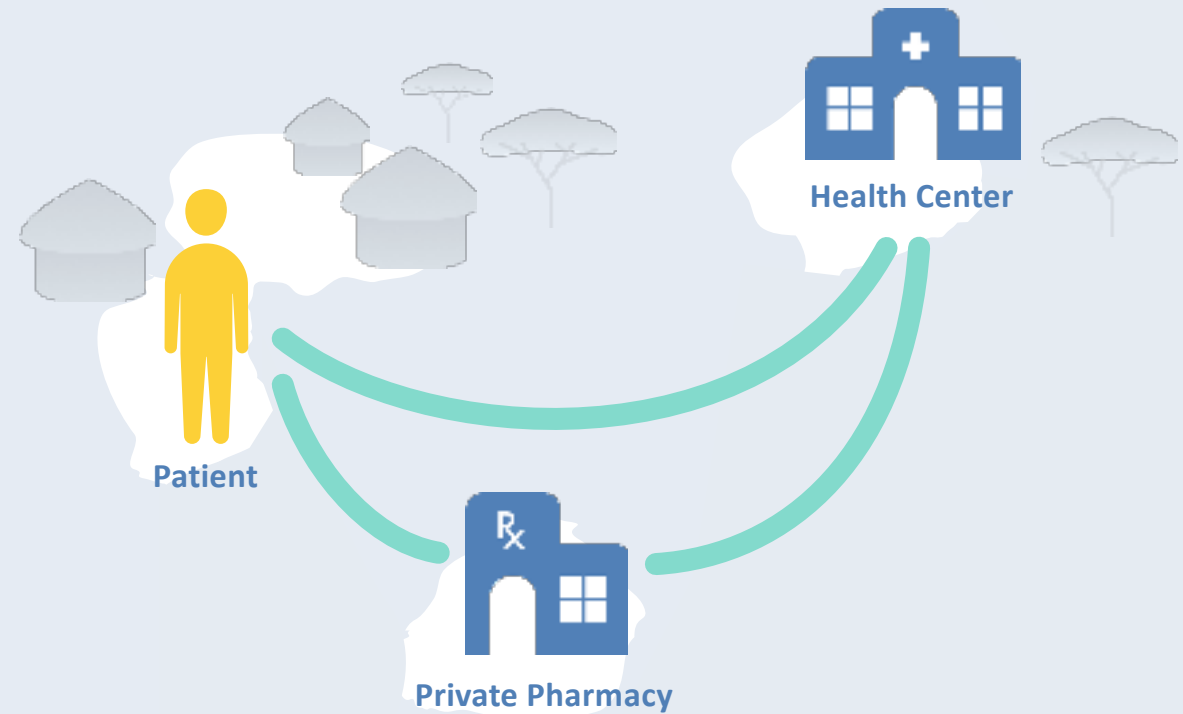
Building Blocks

- Mobile phone access
- Regulatory environment that enables electronic prescription and telemedicine
- National identifier
- Supply chain for medicines

Babyl Rwanda: Integrating virtual care with the public & private sector

- 2 million registrations in 3 years

- 190,000 virtual visits

- 450 clinics and pharmacies in network

- 83% of consultations finished within one hour

- 95% recommend service to others
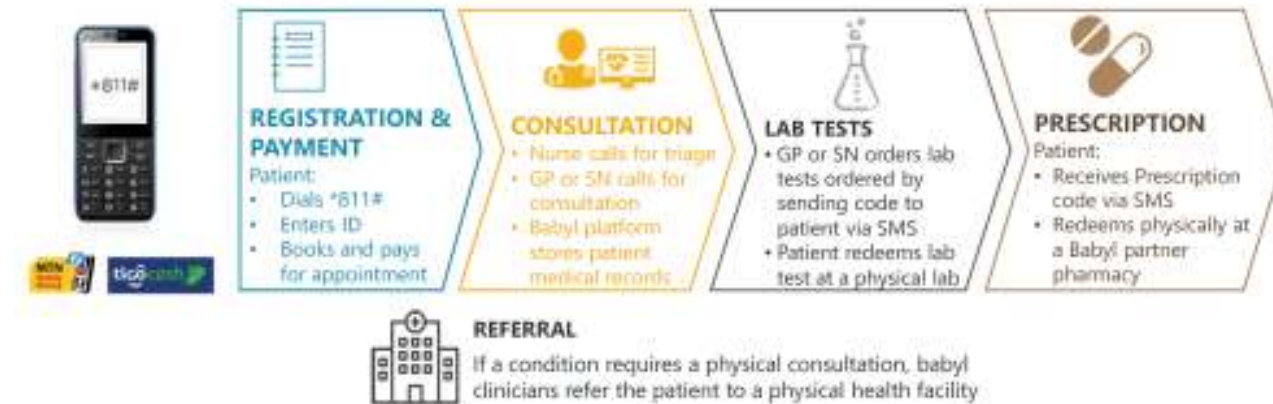
upSCALE Mozambique: Mobile app to strengthen CHW program

Challenge

- Mozambique has 3,300 community health workers (CHWs) scaling up to 7,000
- CHWs are covering many patients (up to 1200 each) especially in remote areas
- Supervisors lack sufficient resources to adequately manage CHWs

Solution

- Smart phone app for CHWs that provides better adherence to protocols and real-time data
- Improves the management, delivery, and quality of health services

Patient

Community Health

Health Center
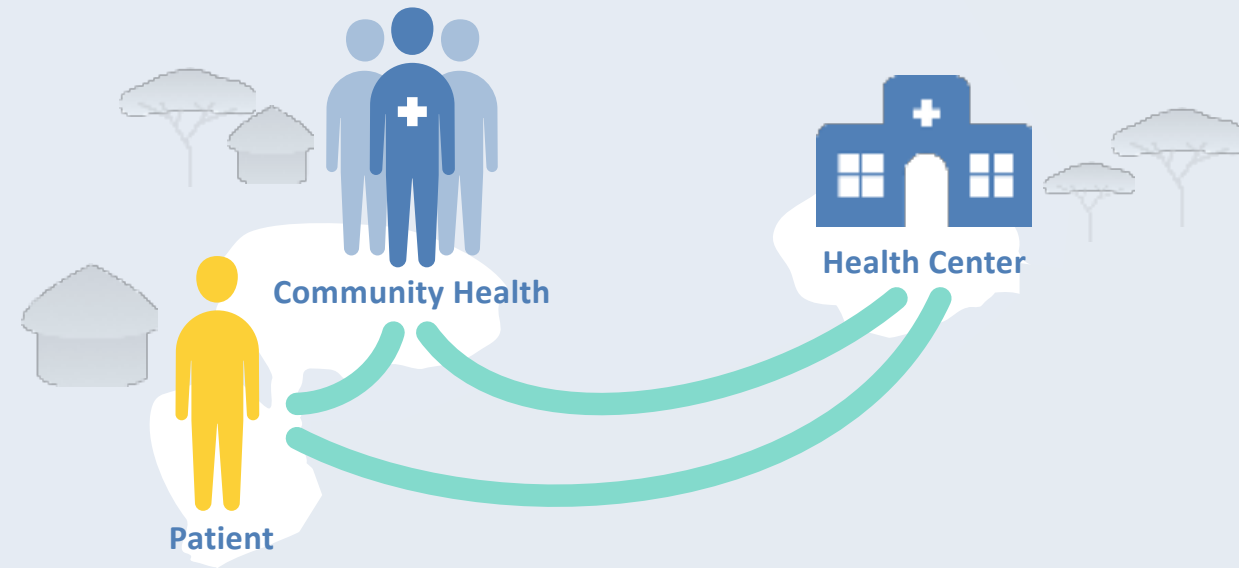
Building Blocks

- Health workforce training to use app
- Supply chains for CHWs
- Smartphones for CHWs
- Clinical guidelines and protocols

upSCALE Mozambique: Mobile app to strengthen CHW program

- Based on a platform used by 455,000+ CHWs in 50+ countries

- Over 95% retention rate of trained upscale CHW

- Over 300,000 patients registered

- Total cost per beneficiary projected to drop from $0.35 to $0.09 USD

- Preliminary findings show improvement in quality of care
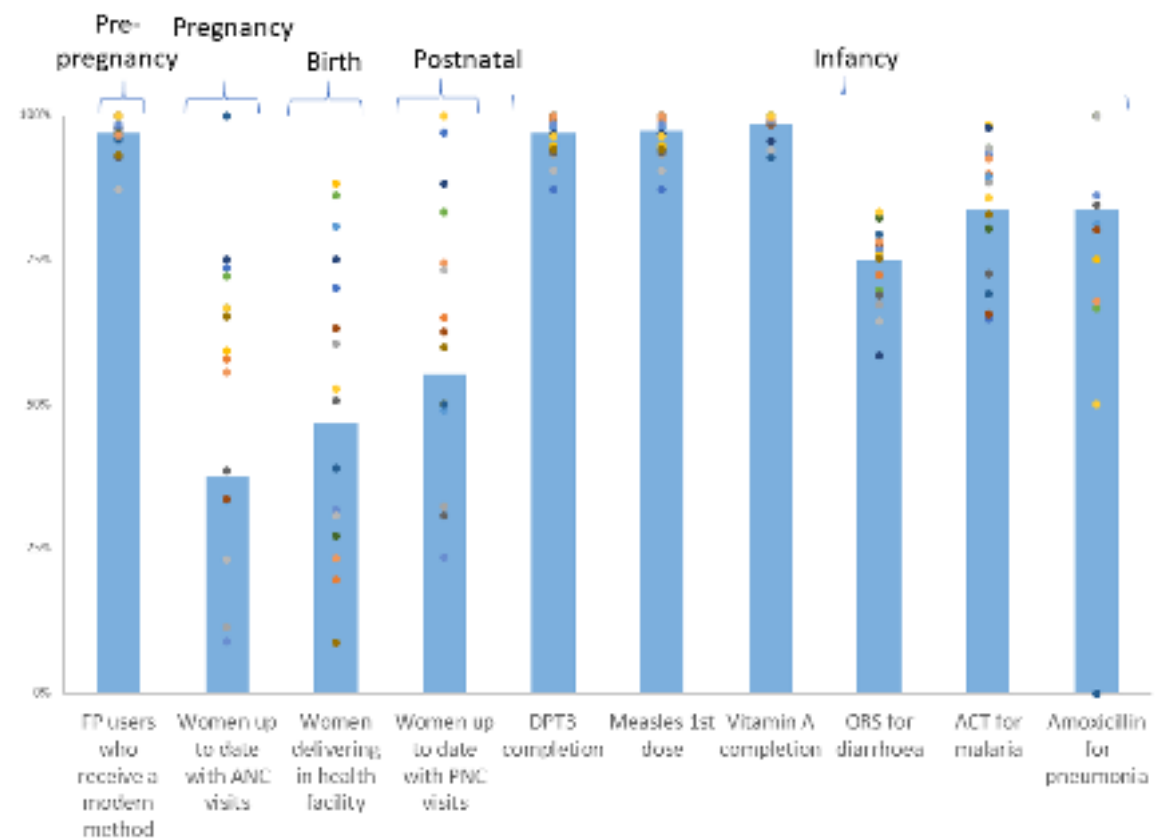
U-Report: Engaging citizens for increased accountability

Challenge

- People live in a world of mass connectivity, which provides many opportunities to voice their views, but few opportunities to be heard
- This is especially true for those at risk of, currently experiencing, or recovering from instability or gender-based discrimination
- Too often decision makers dismiss young people at society's peril

Solution

- Free SMS platform for community participation and social cohesion through polling and dialogues
- Gauges people's needs and informs government and partners

Ministry of Health

District Hospital

Patient
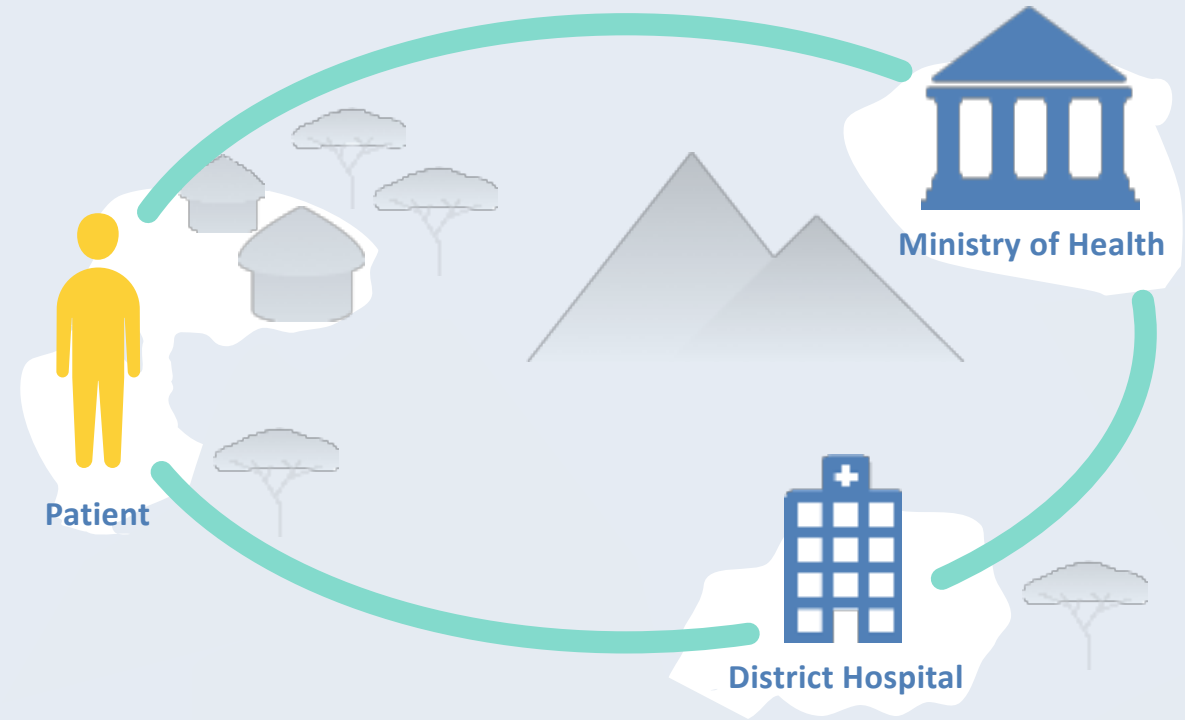
Requirements
- Mobile phone access
- Effective management processes to take action on reports
- Zero-rating of messages

U-Report: Engaging citizens for increased accountability

- 6.5+ million users in 55 countries

- In Uganda, all Parliament members signed up for the system to directly hear from constituents

- 70% of U-Reporters share topics with friends or family

- U-Report feedback used on average once a month by governments

Countries face real challenges to fulfilling this vision

- **Lack of discernment** between the plethora of innovations, particularly given the rapidly changing digital health landscape and evidence base.

- **Need to adapt** exemplars and innovations to country contexts and prove their value.

- **Fragmentation** across donors and multitude of pilots

- **Insufficient capacity and financing** to take ownership of innovations and invest in digital health and health system building blocks required to take programs to scale.

GFF–WB partnership has designed a financing and TA package that systematically addresses these challenges

- **Adaptable:** Countries can start at any part of the TA process.

- **Context-specific**: There is no one-size-fits-all approach. Interventions used and implementation plans should be tailored to local context.

- **Just-in-time**: Countries' needs through the process will vary widely and TA must be responsive and timely.

- **Inclusive:** Non-state actors dominate service delivery in many countries and often countries have local innovations that should be prioritized and taken to scale.

- **Flexible**: Additional funding and implementation partners available based on individual country needs.

Financing and TA package is aligned with donor principles on digital health to ensure sustainability and scale

1 **Design with the user**

2 **Understand the existing ecosystem**

3 **Design for scale**

4 **Build for sustainability**

5 **Be data driven**

6 **Use open standards, open data, open source, and open innovation**

7 **Reuse and improve**

8 **Address privacy & security**

9 **Be collaborative**

PLANNING AND COSTING GUIDE FOR DIGITAL INTERVENTIONS FOR HEALTH PROGRAMMES

World Health Organization

PATH

OVERVIEW MAP

INTRODUCTION

FORM THE TEAM AND ESTABLISH GOALS

INPUTS
- National eHealth/digital health strategy
- Health programme objectives, progress and any evaluations
- Organograms describing Ministry of Health (MOH) and relevant government bodies

OUTPUTS
- Named team and list of stakeholders
- Shared vision of programme goals
- Personas within the health programme

Digital Tool available at dev.toolkit.pulilab.com

PLAN THE IMPLEMENTATION

INPUTS
- Future state user journey/task flow diagrams
- Enabling environment assessment
- Functional and nonfunctional requirements
- Landscape analysis results
- Personas

OUTPUTS
- Detailed implementation plan

DETERMINE APPROPRIATE DIGITAL HEALTH INTERVENTIONS

INPUTS
- Targeted health programme process
- Current state task flow diagrams
- Prioritized pain points and health system challenges

- Identify Digital Health Intervention(s)
- Define functional Requirements
- Inventory

OUTPUTS
- Future state user journey/task flow diagrams
- Enabling environment assessment
- Functional and nonfunctional requirements
- Landscape analysis results

IDENTIFY HEALTH SYSTEM CHALLENGES

INPUTS
- Named team and list of stakeholders
- Shared vision of programme goals
- personas within the health programme
- Historical and/or baseline data

- Map pain points to Health System Challenges

OUTPUTS
- Analysis of the health programme process(es)
- Current state task flow diagrams
- Prioritized pain points and health system challenges

DEVELOP A BUDGET

INPUTS
- Historical budgets and costs
- Implementation plan

- Cost & Budgeting Tool

OUTPUTS
- Programme budget

MONITOR THE IMPLEMENTATION AND USE DATA EFFECTIVELY

INPUTS
- Historical and/or baseline data and analysis
- Historical M&E and adaptive management plans

OUTPUTS
- M&E and adaptive management plans

VALUE PROPOSITION AND NEXT STEPS

INPUTS
- Outputs from previous chapters

OUTPUTS
- Defined health system challenge
- Appropriate digital health intervention
- Enabling environment assessment
- Implementation plan
- Budget
- M&E and adaptive management plans
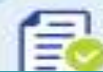
Identify system bottlenecks through analytics and country dialogue

Case example: Rwanda

Context
Improve the operational effectiveness of the country's 60,000 volunteer community health workers (CHWs).

Tasks
- Provide country teams just-in-time technical expertise in health informatics and quality of care
- Conduct field visits to understand gaps from the end user perspective
- Provide trusted and independent assessment of potential technology partners

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World Health Organization · PATH

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Identify health system challenges
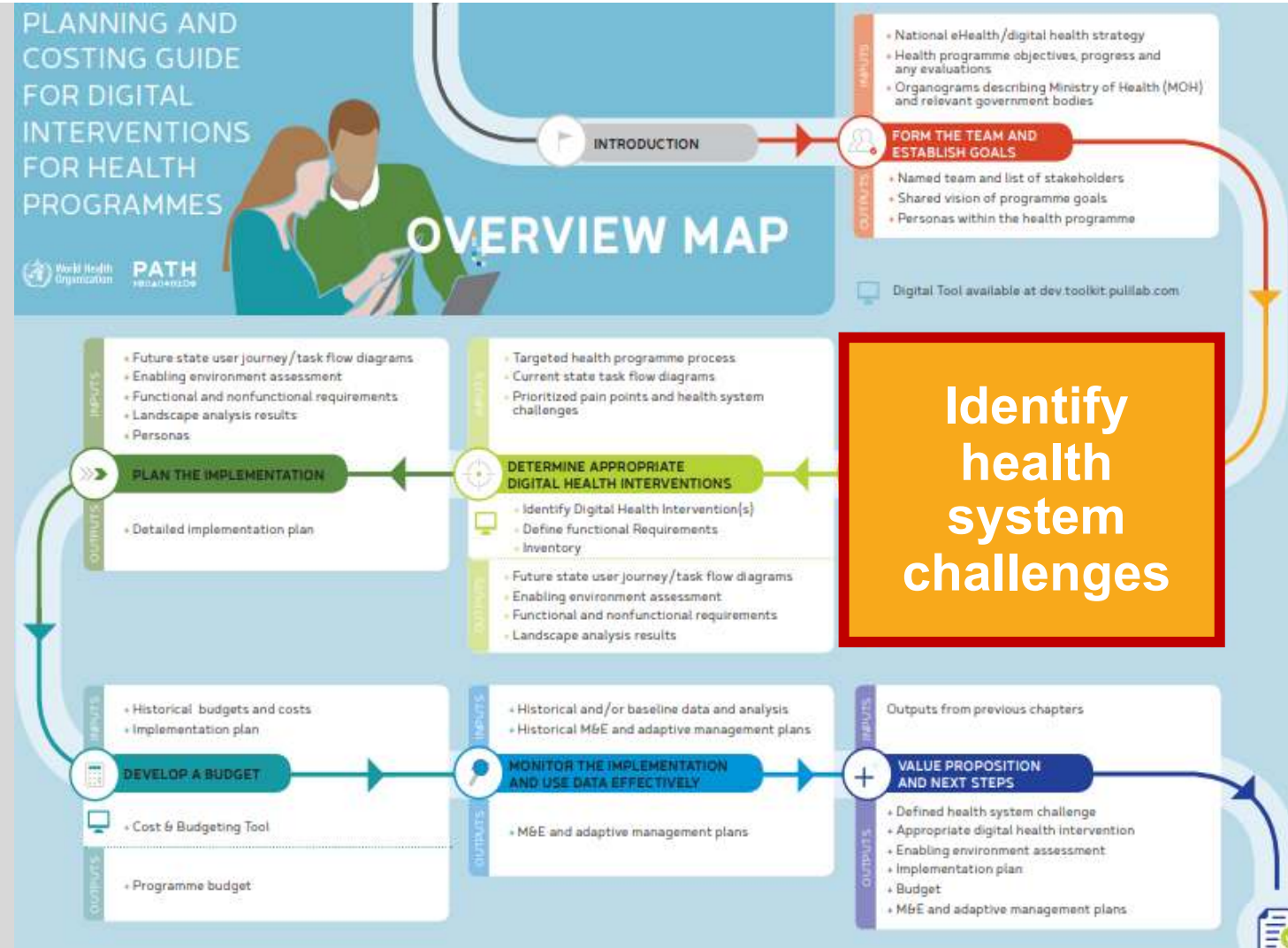
PLAN THE IMPLEMENTATION
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DEVELOP A BUDGET
OUTPUTS
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MONITOR THE IMPLEMENTATION AND USE DATA EFFECTIVELY
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VALUE PROPOSITION AND NEXT STEPS
OUTPUTS
- Defined health system challenge
- Appropriate digital health intervention
- Enabling environment assessment
- Implementation plan
- Budget
- M&E and adaptive management plans

Prioritize evidence-based interventions that will address system challenges

Case example: Somalia

Context

High rates of mobile phone and mobile money penetration have created a strong enabling environment for reaching the most vulnerable.

Tasks

- Curate an inventory of local and regional digital health interventions
- Identify system readiness for digital health and service delivery innovation
- Identify current challenges to scale up
- Liaison between potential private sector partners and country teams
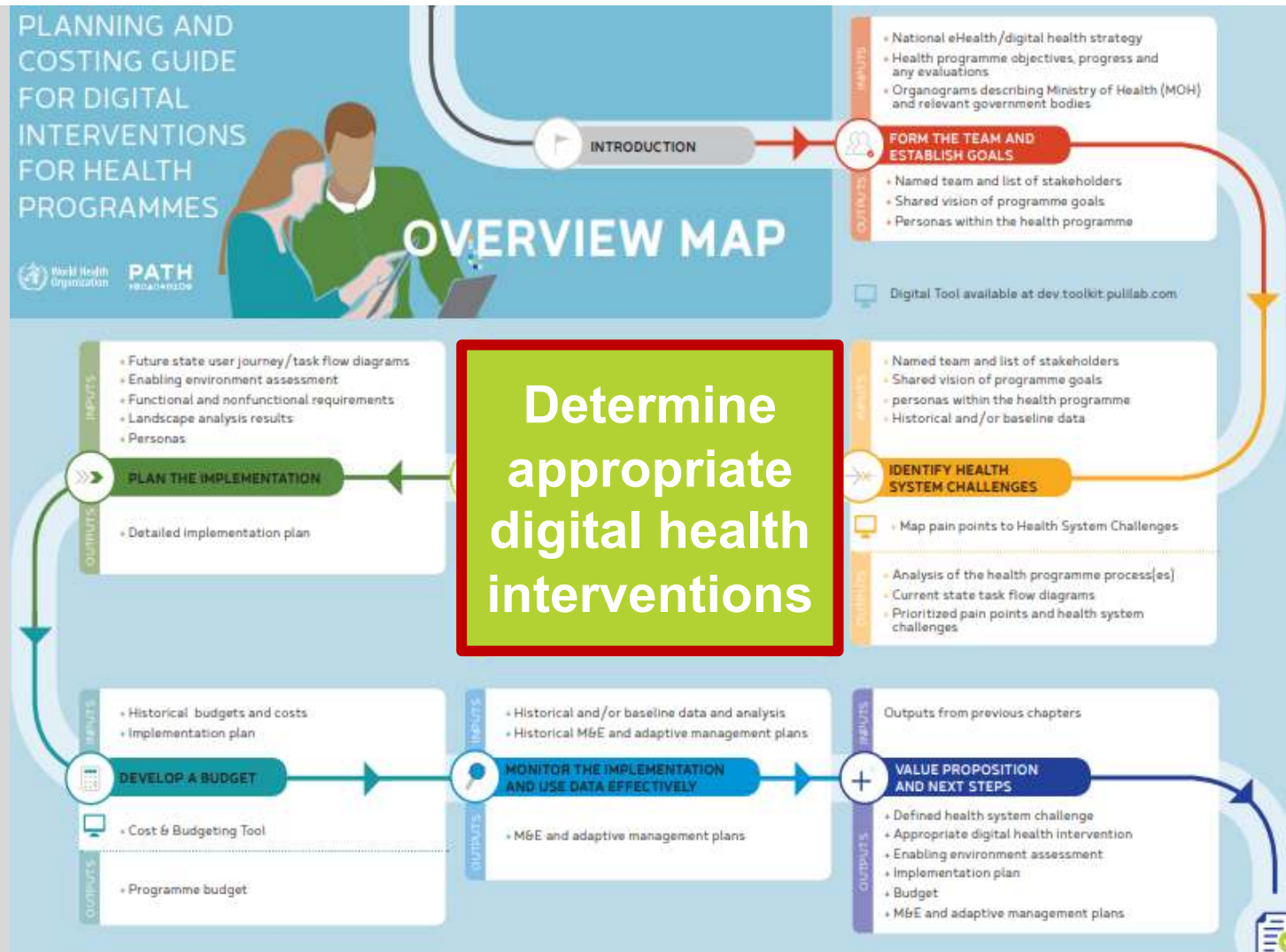
Design and adapt interventions to meet local needs and context

Case example: Mozambique

Context
Digitalization of community health workers (APEs) has created opportunities to enhance quality of care.

Tasks
- Design a digitally enabled quality of care assessment tool with experts at Harvard
- Translate the tool into local language and pilot it in-country
- Partner with the national CHW mobile app vendor to integrate the new assessment tool into their existing software

Integrate innovations into GFF investment case and/or national plans to maximize efficiencies

Case example: Burkina Faso

Context

Creating a community health plan that aligns with competing national plans and addresses changing conditions on the ground.

Tasks

- Provide country teams technical expertise in data science, service delivery, and technology to review and reconcile existing national plans
- Curate a set of innovative service delivery options to present to the MOH
- Engage in technical facilitation to cost and budget the new proposal
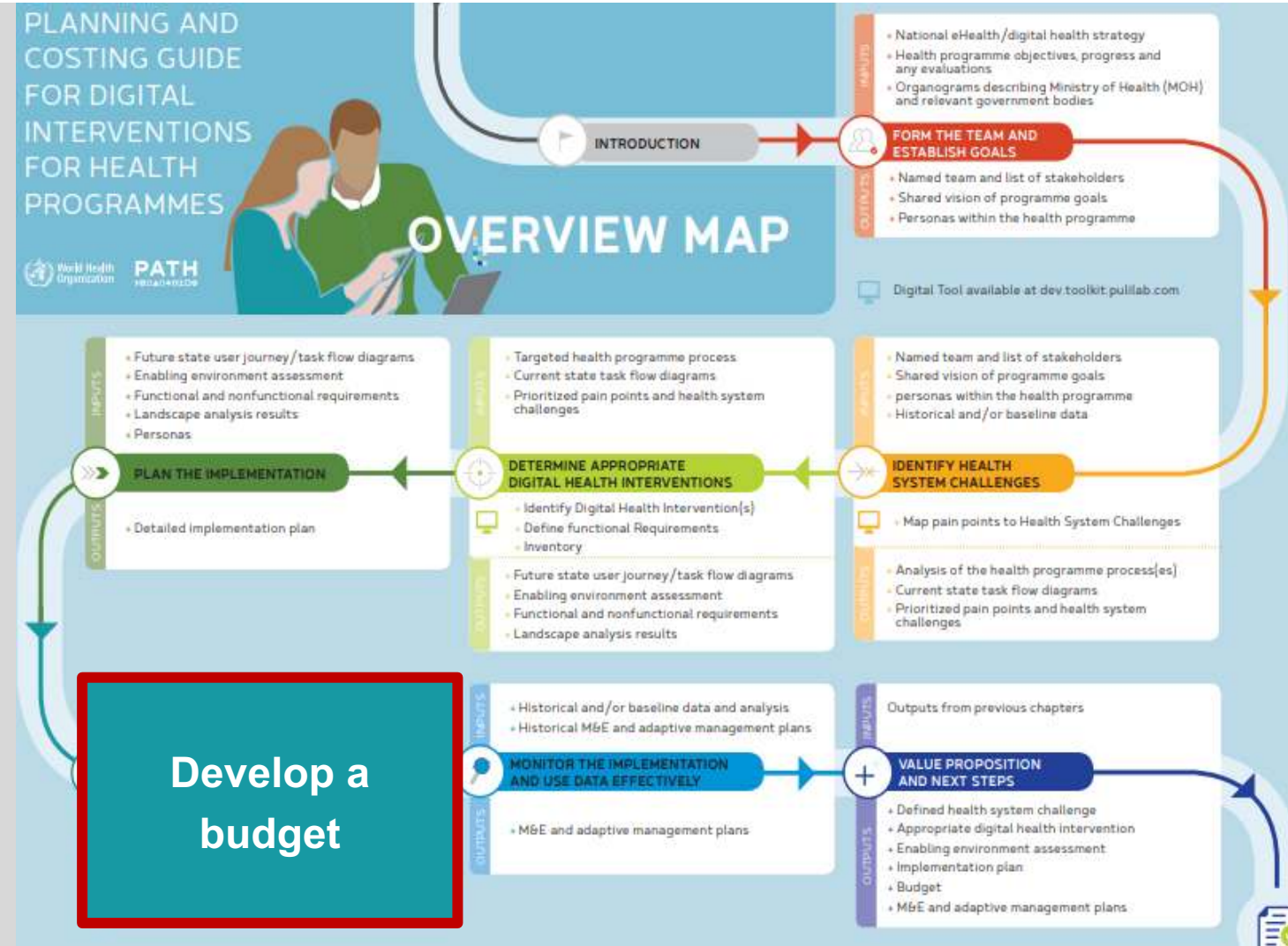
Develop a budget

Identify bottlenecks

Process matrix

Root causes of common pain points

Pain Point to Health system challenge mapping to UHC layer worksheet

Identify digital health solutions

Pain point mapping worksheet

WHO classification of digital health interventions

Digital health intervention (DHI) selection matrix

Future state workflow diagrams

Digital Health Atlas and country exemplars

Global Digital Health Index

Plan implementation

Implementation summary template tool

Scoring matrix for selecting a technology vendor

Questions to ask technology vendors

Country exemplars

Open IHE

The Open Group Architecture Framework

Develop budget and investment case

Sample budget

Total cost of ownership template

Next steps

Country teams with an interest in receiving GFF innovation support please contact:

Mickey Chopra (mchopra@worldbank.org) and **Sneha Kanneganti** (skanneganti@worldbank.org)

with GFF focal points in copy