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Capturing Impact

Whether it's at the country, corporate or individual level, this blog considers how to gauge and measure impact.

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New CHMI Report Highlights 5 Market-Based Health Models to Watch

By Rose Reis

A chain of well-designed private clinics where the poor can afford care. A telemedicine-in-a-box solution connecting villagers to doctors in cities miles away over low-bandwidth internet. Two dollar coupons that women can redeem for safe deliveries.

All are promising and emerging health care solutions in countries where health systems resemble marketplaces in which the poor choose between providers of questionable quality and pay out of pocket for much of their health care.

Launched in 2010, Center for Health Market Innovations (CHMI) is a freely accessible web platform on programs improving the access, quality and affordability of privately delivered health care for the poor. In its first phase of operation, CHMI identified more than 1,000 programs and policies in 107 countries. CHMI highlights observations about health market innovations in a new report out today.



Output-based aid voucher program in Kenya

Using a network of partners in 16 countries, CHMI searches for programs-run by NGOs, social entrepreneurs, governments or private companies-which serve the poor through private providers and work to improve the market for health care by organizing delivery, financing care, regulating performance, changing provider and consumer behavior, and enhancing business processes, such as the use of technology to improve efficiency and extend access to care.

CHMI looks for programs in multiple countries with the same models or similar goals, services, organizational structures, and operational processes. We're hunting for the next Aravind-or really the next 50 Aravinds, because the field is moving that fast.

Among the new observations, here is a list of 5 health models proliferating around the world during the past decade. Check the report for more examples of these creative models.

1. Low-cost, high-quality retail pharmacies



Mom and pop drug shops line the streets of cities and villages across the developing world. Unfortunately, the quality of their offerings is equally all over the map, with many shops offering counterfeit drugs that don't work and can be toxic. Professionalized pharmacy chains and franchise networks proliferating in Asia may improve drug quality and operational efficiency to keep prices low. In the Philippines, Botika ng Bayan and Generics Pharmacy are two popular franchise networks that have seen success. (Check out a previous NextBillion post on Generics). Similarly, in India, the pharmacy chain MedPlus originated in tech-hub Hyderabad and has since spread nationally.

2. Affordable Primary Care Clinic Chains

These chains-often for-profit-are set

up to standardize quality and give low-income people more care options. Many chains operate in urban areas where large volumes can help them keep prices down. Inspired by the U.S. drug store chain CVS and its Minute Clinics, Saúde 10 opened in 2011 in Rio de Janeiro, Brazil. In Nairobi, LiveWell's main clinic is fully automated to reduce waiting times and provides consultation, diagnosis, and treatment for a wide range of illnesses, while qualified clinical officers and registered nurses run satellite clinics.

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3. Vouchers



Distributed for free

or sold for a small fee, vouchers increase access to key health services by allowing low-income people to "purchase" (through donor or government subsidies) a specific package of services from approved clinics which often include both public and private facilities. Kenya's Output-Based Aid Voucher program enables poor mothers to deliver their babies in their choice of accredited institutions for a small fraction of the normal price. (For more about how this works, read an interview with voucher expert Ben Bellows). Private maternity clinics have been able to expand their services and extend their customer base to poorer clients as a result.

4. Telemedicine

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In many countries doctors and specialists cluster in urban areas leaving rural areas underserved. Telemedicine can bridge the rural-urban health divide. Programs like BuddyWorks in the Philippines connect family doctors with specialists living miles away via SMS and Skype. Other telemedicine programs connect village patients to doctors based in cities via high-speed video over internet. Devices like the Neurosynaptic ReMeDi box allow doctors to monitor a patient's vital signs, diagnose illnesses, and recommend treatment via videoconference. World Health Partners is a not-for-profit telemedicine network using ReMeDi in India's rural north.

5. Health Hotlines



Health hotlines provide basic health information and connections to health services to people lacking access to trained doctors. Well known examples include MedicallHome, a program funded through subscription fees in Mexico, and HMRI, an Indian program funded

by government contracts. MeraDoctor is a for-profit health line recently launched in Mumbai. Hello Doctor 24x7 is an Orissa-based Indian health advice line so popular that competitors have adopted the very same name to attract customers. Popular throughout South Asia, these well-utilized businesses may soon be replicated in East Africa.

All models offer very cool, interesting approaches. But what programs truly expand access to care, demonstrate health impact, and operate with a sustainable business model such that they can help people in the long run?

Researchers, innovators, and funders-whether they are in governments, investment companies, or foundations-should work together to ensure that promising new models are implemented, evaluated, and brought to scale. For its part, CHMI is collecting better evidence that will be used to promote the scale-up and replication of high-impact programs.

Check out the report for more insight into market-based health programs,

including:

- <u>Six ways enterprises</u>, <u>NGOs</u>, and <u>others can mobilize private providers</u> to deliver better care through franchising, high-volume specialty hospitals and other commercial models.
- <u>Five approaches to expand access and give purchasing power to the poor</u>, including government insurance programs, contracting with the private sector, and mHealth savings.
- An analysis of how information technology can be effectively utilized in health care, presenting 6 key reason why
 technology can improve access, efficiency and achieve other management goals.
- Ten clear, quantifiable ways to report program performance without an academic evaluation
- Other examples of the 5 health models emerging around the world.

Image Credit:

NB readers - what do you think? Is there another exciting health model that should be on the list? Comment below to share your view.

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- 1. Generics Pharmacy in Manila. Image credit: Ida Marie Pantig/PIDS for CHMI.
- 2. LiveWell in Nairobi. Image credit: Chris Whiteman for CHMI.
- 3. Output-based Aid Voucher Program in Kenya. Image credit: Richard Lord courtesy of the Population Council.
- 4. Women in northern India communicating with a doctor over the internet in a connection facilitated by World Health Partners. Photo courtesy of CHMI.
- 5. Technology used at a health advice line hub in India. Photo courtesy of Results for Development.



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