



COMMITTED TO
IMPROVING THE STATE
OF THE WORLD

UHC2030 Private Sector Constituency: Building a Healthier World Together

From commitment to action: private sector engagement for UHC
29 January 14.00 -17.30



33 members platform

As of October 2019



The UHC2030 Private-Sector Constituency is the convening platform for private sector entities wishing to exchange and collaborate on universal health coverage (UHC)



Membership: UHC2030 accepts new Private-Sector Constituency members every three months. For-profit private entities that are directly working on health system strengthening

2019 UHC2030 PSC Milestones

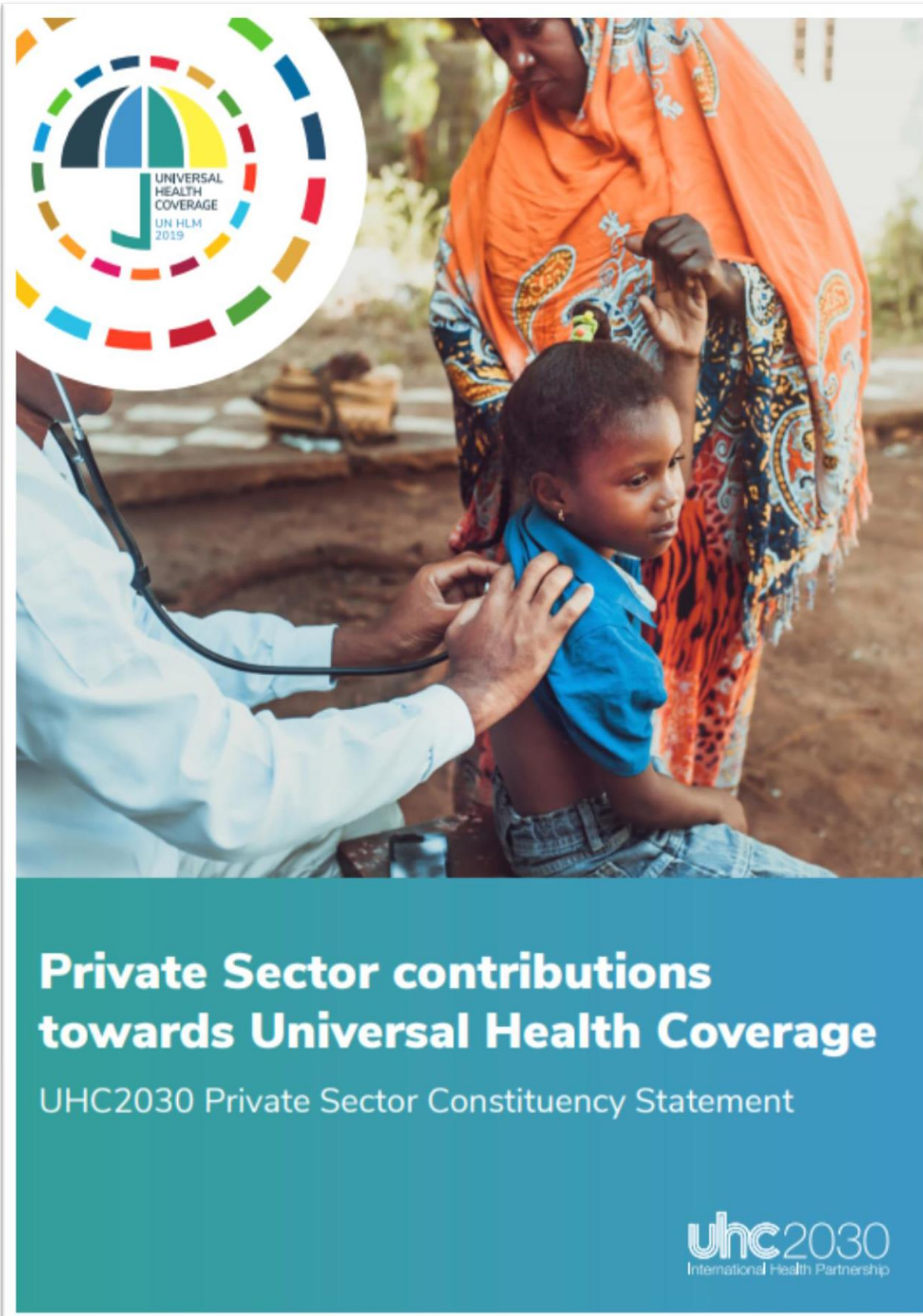
Created to mobilize private sector for UHC goals



- ❑ Launch of UHC2030 private sector statement
- ❑ Content generation and dissemination
 - 10 blogs published by PSC members averaging over 2500 views
- ❑ Growing membership - 20 new private sector entities in 2019
- ❑ Convening opportunities
 - World Economic Forum Annual Meeting 2019, Davos-Klosters, Switzerland
 - Africa Health Agenda International Conference (AHAIC), Kigali, Rwanda
 - Side event at 72nd World Health Assembly, Geneva, Switzerland
- ❑ Participation at global events
 - Interactive Multistakeholder Hearing, New York
 - UN High-level Meeting on Universal Health Coverage, New York

Background on UHC2030 Private Sector Constituency Statement

Released 20 September 2019



The statement highlights:

- ❑ **Overarching principles:** five key principles for collection action in the UHC2030 Global Compact. This provides a basis to guide collaboration that includes the private sector
- ❑ **Enabling environment:** emphasizes the role of government and other stakeholders in creating an enabling environment for the private sector to contribute
- ❑ **Private sector contributions:** outlines seven ways the private sector can contribute to UHC

Background on UHC2030 Private Sector Constituency Statement



Private Sector Contribution to UHC



1. Offer quality products and services that consider the **needs of all people**, including poor and marginalised populations, and make these affordable, accessible and sustainable
2. Incorporate UHC principles, including to **leave no one behind**, in core business models and objectives
3. Develop, test and scale up innovative business models that **align with UHC goals**
4. Create, adapt, apply and scale up **innovations**
5. Help strengthen the **health workforce**, responding to local context, priorities and needs
6. Contribute to efforts to raise the **finance** available for UHC
7. Engage in, champion and **build capacities for relevant policy dialogue** and partnerships with government and other stakeholders


2019 UHC2030 PSC Milestones

Reactions to the Statement



Private Sector contributions towards Universal Health Coverage

UHC2030 Private Sector Constituency Statement





“It is essential to reframe public and private sector engagement as a partnership for shared outcomes.

This statement provides a helpful basis for dialogue to promote shared universal health coverage goals.”

Peter Salama
Executive Director UHC/Life Course, World Health Organization



“UHC is the overarching umbrella for the SDGs, we need to create the conditions for all actors to work together, with a particular mention of governments and private sector entities.”

Arnaud Bernaert
Head, Healthcare Industry, Member of Executive Committee, World Economic Forum



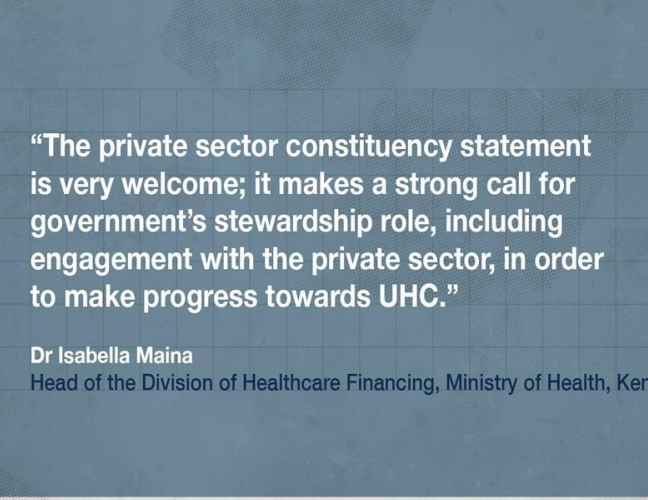
“This UHC2030 private sector constituency commitment to overarching UHC principles of affordability, quality and equity in accessing essential health services is imperative.”

Muhammad Ali Pate
Global Director Health, Nutrition and Population, Global Practice of the World Bank and the Director of Global Financing Facility for Women, Children and Adolescents



“To achieve universal health coverage, it is critical to ensure strong cooperation and partnership between public and private sectors.”

Dr Zweli Mkhize
Minister of Health, South Africa



“The private sector constituency statement is very welcome; it makes a strong call for government’s stewardship role, including engagement with the private sector, in order to make progress towards UHC.”

Dr Isabella Maina
Head of the Division of Healthcare Financing, Ministry of Health, Kenya



“The private sector is vital in efforts towards universal health coverage.

It is exciting to see the diverse membership of UHC2030’s Private Sector Constituency agree these common principles and actions.”

Dr Githinji Gitahi, MBS
Group CEO Amref Health Africa and Co-Chair of UHC2030

“The launch of this statement of commitment to equity and non-discrimination, transparency and accountability and multistakeholder engagement is a step forward for improving the private sector’s contribution to public good.” **Justin Koonin, The Civil Society Engagement Mechanism for UHC2030 (CSEM).**

Interactive Panel Discussion

UHC2030 Private Sector Members Contributions towards UHC



Moderator: Toomas Palu, Adviser, Global Coordination, The World Bank Group; UHC2003 Core Team

Presenters:

- The reach52 programmatic approach, **Edward Booty**, CEO & Co-Founder, reach52
- Population health strategy, **Patricia Monthe**, CEO MEDx eHealthCenter
- Scaling up quality services in LMIC, **Berit Hamer**, Director International Cooperation, Ottobock
- Affordable & accessible healthcare for all in APAC, **Shirley Lim**, General Manager, Fullerton Health Foundation
- The role of private sector in advancing UHC, **Pompy Sridhar**, Director, MSD for Mothers
- Every school a health promoting school, **Priya Prakash**, Founder & CEO, HealthSetGo
- Financing Healthcare in LMICs, **Chris Gray**, Senior Director, Global Health & Patient Access



Supporting UHC in rural and remote areas of SE Asia
through innovative digital solutions, multi-sectoral
partnerships and community-integrated networks

Edward Booty

Founder and CEO

 edward@reach52.com

    [@reach52health](https://www.instagram.com/reach52health)

 +65 9814 1424



What we do

We connect communities with low access to healthcare to government services, and a marketplace of affordable products.



A social problem

52% our planet lacks access to healthcare. Healthcare spend is increasing. Out-of-pocket spend pushes 100m a year into poverty. Traditional health infrastructure can't reach rural areas efficiently. SDGs require Universal Health Coverage by 2030.

A business problem

“Operating in emerging markets requires multinationals to make their medicines available to lower-income countries and patients” using “innovative business models and technologies”. Global brands operating in LMICs has doubled in 10 years (McKinsey).

Source: <https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/whats-next-for-pharma-in-emerging-markets>



We connect underserved, rural and disconnected communities to public sector health services, and products they can afford



Community

Training members of local communities, Access Managers...

Digital

...to use offline-first apps for health support and access, prioritising public services...

Marketplace

...working with private sector to access free-or-affordable products



Our app suite enables sustainable social impact and financial growth

reach52 Access. Health access and HCP education

reach52 Marketplace. eCommerce marketplace and care coordination

reach52 Logistics. Last-mile distribution

reach52 Insights. Data insights and integration across our platforms





Population Health Strategy

Aggregating patient data to support resource allocation

- ***Patricia Monthe***
- ***CEO MEDx eHealthCenter***

JAN
2019

OVERVIEW: POPULATION & ECONOMY

ESSENTIAL DEMOGRAPHIC AND ECONOMIC INDICATORS



TOTAL
POPULATION



57.73
MILLION

FEMALE
POPULATION



50.9%

MALE
POPULATION



49.1%

ANNUAL CHANGE
IN POPULATION SIZE



+1.2%

MEDIAN
AGE



27.3

URBAN
POPULATION



67%

GDP PER CAPITA (PPP)
(CURRENT INTERNATIONAL \$)*



\$13,498

OVERALL LITERACY
(ADULTS AGED 15+)



94%

FEMALE LITERACY
(ADULTS AGED 15+)



93%

MALE LITERACY
(ADULTS AGED 15+)



95%

SOURCES: UNITED NATIONS; U.S. CENSUS BUREAU; WORLD BANK; IMF; UNESCO; UNICEF; CIA WORLD FACTBOOK; PEW RESEARCH (ALL LATEST DATA AVAILABLE IN JANUARY 2019). ***NOTE:** 'INTERNATIONAL DOLLARS' ARE NOTIONAL MEASURES THAT PROVIDE A CONSISTENT BASIS FOR COMPARISON. AN 'INTERNATIONAL DOLLAR' WOULD BUY A COMPARABLE AMOUNT OF GOODS AND SERVICES IN THE CITED COUNTRY THAT A U.S. DOLLAR WOULD BUY IN THE UNITED STATES.

Improving Health Towards UHC in Western Cape

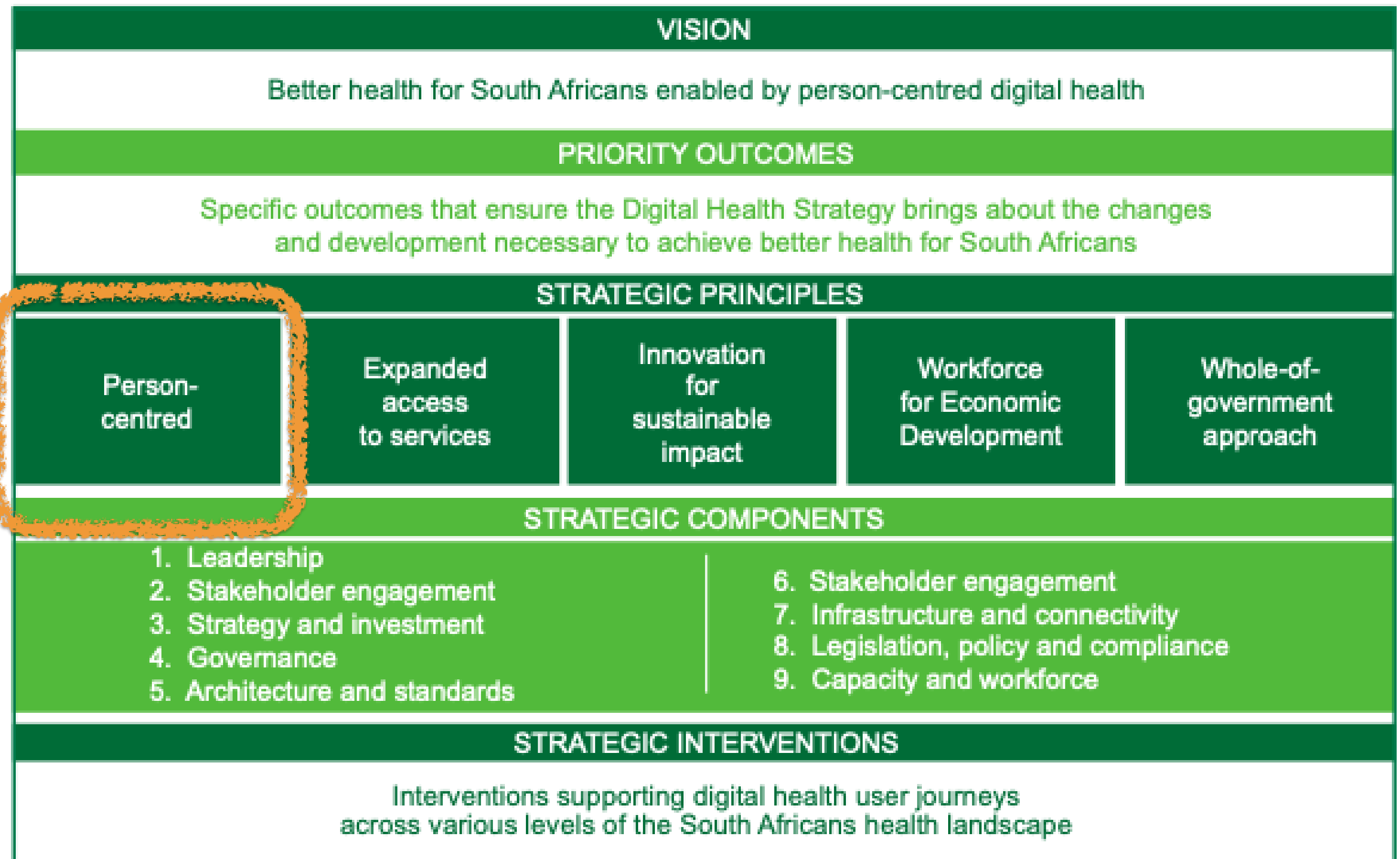


Figure 2: Components of South Africa's National Digital Health Strategy



Outcome & Impact

.Economic stability (income, debt, employment)

- **Education (literacy, language, training, services)**
 - **Physical environment (housing, transportation, safety, parks, walkability)**
 - **Food (hunger levels, access to healthy options)**
 - **Social support networks (social integration, community networks)**
 - **Access to healthcare (available providers, cultural diversity needs, quality of care, insurance)**
-

- **Lower-risk populations, such as pre-diabetics or those with early hypertension, as well as populations managing multiple chronic conditions at home;**
- **Walking well and healthy but at-risk populations, active participants with potential future health needs based on life, genomic or behavioural impact.**



ASK

How to ensure we don't just focus on ensuring coverage to the people in financial and risk need but that we correlate Financial/Health status to available public health fund so that on a year to year basis; the governments are according to their budget getting the best Value to its citizen as whole?



Extending Prosthetic Service Provision in Kenya

Robust solutions for critical needs

SCALE (SUSTAINABLE CARE)
active local engagement

January 2020



Context

Treatment Demand Situation

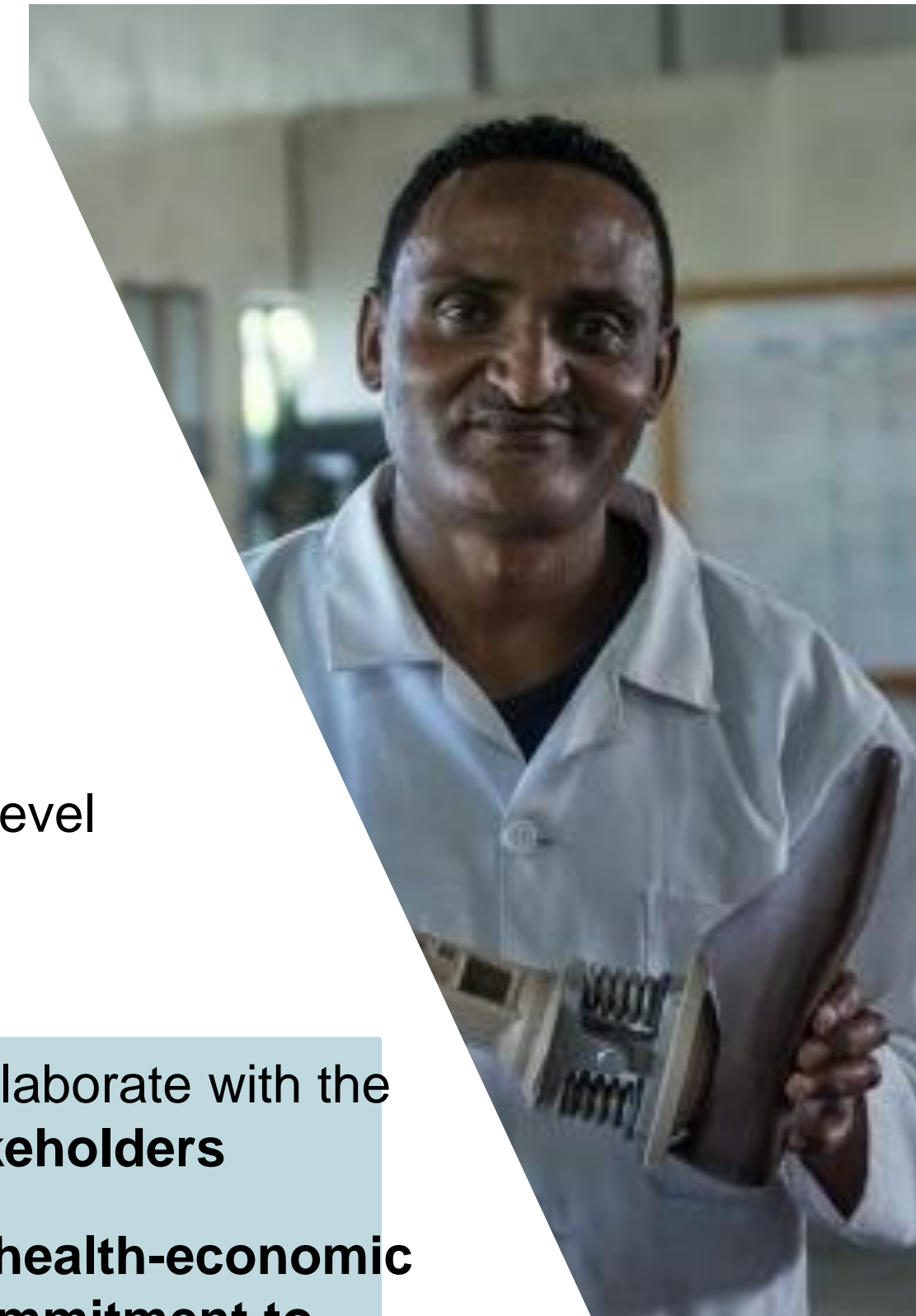
- **Over 70% currently do not have any form of prosthetics (est.) which means 75 – 85,000 required prosthetics**
- In line with global initiatives, the Kenyan government has started country-led activities including **prosthetics and related rehabilitation** into PHC / UHC provision

Training & Education Situation

- In Kenya there are only a **small number of well-trained prosthetists**, significantly less than required for universal prosthetic provision
- There is a however a good number of prosthetic professionals with some level of training, but who **require a more effective solution** to be productive in providing prosthetic services

Proposed Way Forward

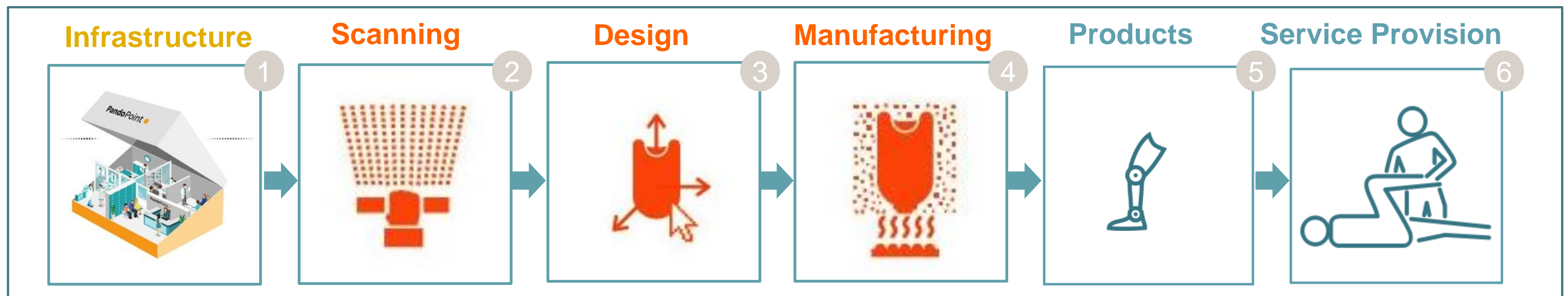
- ProsFit and Ottobock propose a **Public Private Partnership (PPP)**, to collaborate with the **Kenyan government, public insurers, funding partners and other stakeholders**
- The goal of the proposed PPP is to **undertake capacity building, prove health-economic outcomes, and support the Kenyan government in delivering their commitment to UHC**



Digital Solutions for Confident Mobility



Service Provision Process



Strong benefits for Sustainable Care



Accessibility: through a country wide service network of asset light clinics and tele-rehabilitation support



Affordability: through cost reduction by use of new technology solutions, scale, and facility & equipment savings



Availability: through increased productivity and increasing the number of service points



Acceptability: through comfort and modern design



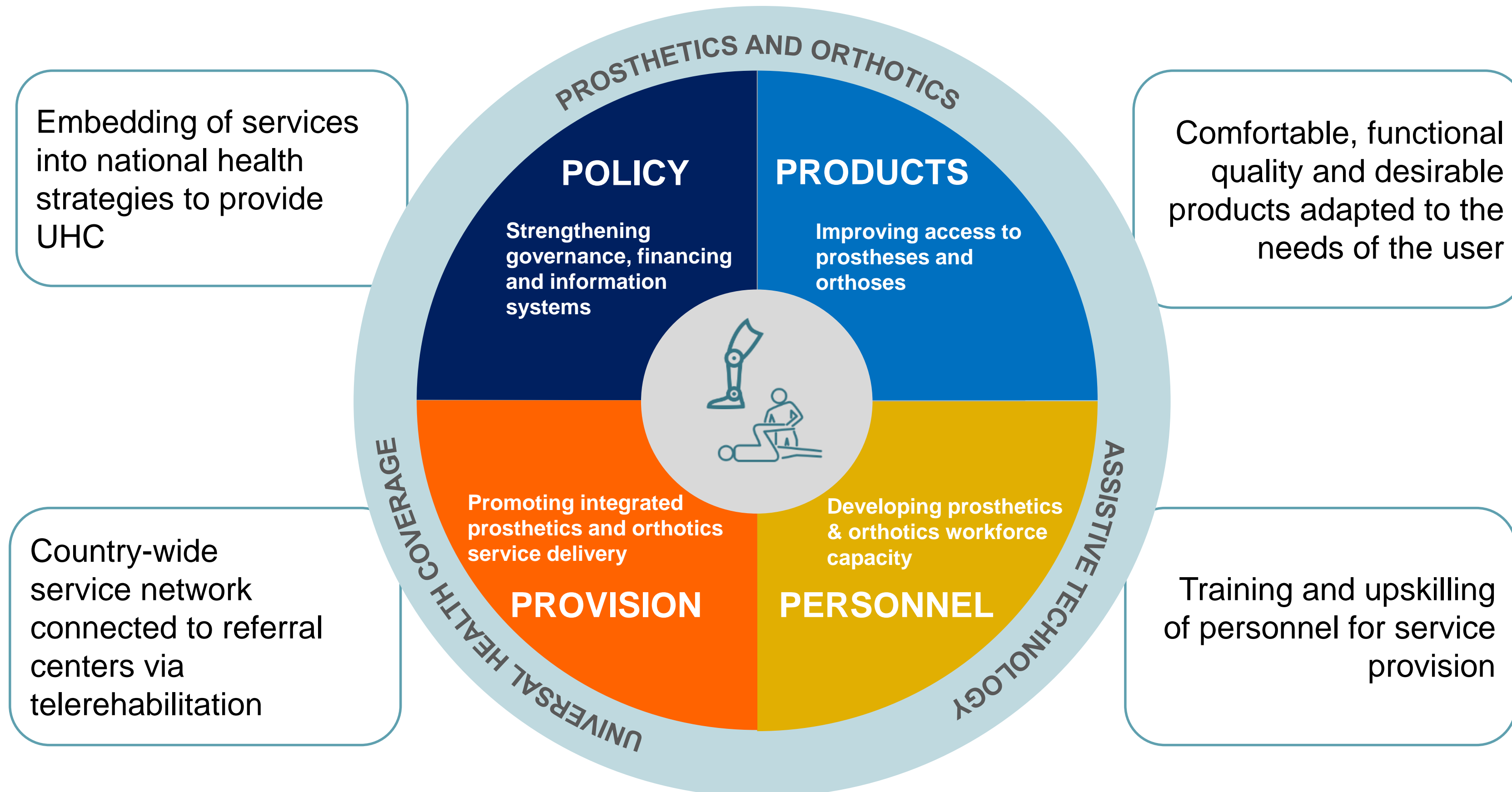
Quality: through improved reliability of processes and manufacturing



“My ProsFit socket was comfortable straight away, and even feels a bit flexible. I’m happy!”

Komla Deh
BK Amputee, Togo 🇲🇵

Sustainable Care - Aligned with WHO Standards*





FULLERTON

HEALTH FOUNDATION

Affordable and Accessible Care for All in Asia Pacific

FULLERTON HEALTH GROUP

WE ARE A LEADING ENTERPRISE PRIMARY HEALTHCARE PROVIDER

Fullerton
Health
Group:
Employed
Population

>550

Owned
Medical Centres

>12,000

Network Partners



Fullerton
Health
Foundation
(FHF):
Underserved
Population



SINGAPORE
AUSTRALIA
CHINA
HONG KONG
INDONESIA
MALAYSIA
NEW ZEALAND
PHILIPPINES

9 Markets	12 Call Centres
>18,000	Corporate Clients
>13.4m	Patient Encounters Per Annum

INTRODUCTION TO MEDICAL CHECK UPS (MCUs)

Services of MCUs

Check-ups are compulsory in Indonesia for all employees. Our preventive approach to worker health integrates fit-to-work assessment through customisable annual medical check-ups with online, paperless reporting and longer term occupational monitoring for more productive performance.

Tests we do include the following:

- Laboratory and blood tests
- Ultrasound
- Radiology
- Treadmill
- Electrocardiography
- Spirometry
- And others

We **follow through** by providing a comprehensive report and our recommendations for future action and implementation

MCUs can be done via 2 ways

1

At our specialised and dedicated medical centres across Indonesia



2

At your workplace

Consisting of a dedicated team of doctors, nurses and logistics personnel, we will bring our mobile equipment to your location



FHF INDONESIA

Our objective in supporting TB in Indonesia is to re-use our core capabilities and resources to help increase detection and diagnosis. This work helps to reduce the burden on the public health system, Indonesia's MoH.

Tantang TB - March 2018

- We covered 20 villages and 2,000 villagers in South Sulawesi, for TB screening using our mobile clinics
- Our detection rate was 10x more cases than the national average incidence rate
- **Fully funded by FHF/ FHC as our CSR program**

Resources

- 1 mobile bus with x-ray, GeneXpert and **500** cartridges
- HIV rapid tests
- Blood Sugar Tests



Human Resources

- Puskesmas Staff :
 - ✓ 2 Doctors
 - ✓ 1 Nurse
- Tirta Staff :
 - ✓ 2 Lab analysts
 - ✓ 2 Radiographers
 - ✓ 1 Radiologist
 - ✓ 3 Admin and Med Records
 - ✓ 2 drivers

SUSTAINABLE GROWTH TO OUR CSR WORK

- A shared purpose drives the Foundation and the company toward the same goal. As the company grows in access to markets capabilities, capacity and capital, so will the Foundation's ability to serve the disadvantaged communities.
- Successful TB programs has placed FHF in the spotlight. This has led to opportunities to work with the following :

1. Working with Government

- Indonesia's MoH TB program to detect TB covering a population of 150,000 people in across high risk population groups (boarding schools and prisons)



2. Working with NGOs

- Partnering with local stakeholders involved with TB such as the University of Gajah Mada in a program called ZeroTB to screen 25,000 people in Jogjakarta living in city slums and boarding schools



New Projects for 2020:

3. Working with grant funding

Applying to international grant schemes and awarded a grant for TB screening in factory workers in Jakarta as a partner of Yayasan KNCV Indonesia to screen 100,000 workers

4. Working with clients

Our work has inspired our clients to screen for TB in the surrounding community in which they operate; we secured a contract to screen for TB in over 200,000 people in the community as part of our client's CSR

Scalability and Replicating in other Fullerton Markets

- Replicating similar TB screening project into the Philippines
- A new market that recently joined the Fullerton family in 2018

The growth of the FHF is closely intertwined with the growth of the corporate business. When the business grows, it also increase the assets and capacity of FHF.

It is a non-exclusionary relationship.

CALL TO ACTION

- How would you work towards creating uniform access to healthcare across all socioeconomic levels?
- Come and chat with us to see how we can work together to reduce cost of healthcare and increase coverage to more people



THE ROLE OF PRIVATE SECTOR IN ADVANCING UNIVERSAL HEALTH COVERAGE

THE IMPORTANCE OF PARTNERSHIP AND COLLABORATION

January 29, 2020
Ms. Pompy Sridhar
India Director, *MSD for Mothers*



MSD for mothers

Universal health coverage — a cornerstone of the Sustainable Development Goals — is a global call to ensure that every individual is able to obtain good quality health services without facing financial hardship.



MSD for Mothers
believes that achieving
UHC requires:

1

Availability

Integrating local private providers into strategies to achieve universal health coverage expands the availability of health services to reach more people

2

Affordability

Investing in innovations that encourage women to plan and save for childbirth helps patients safeguard against catastrophic health expenditures

3

High quality

Focusing on quality ensures that health services are effective, and that consumers and payors receive better value

OUR APPROACH AND SOLUTIONS



EMPOWER WOMEN

with the information, choice, and voice needed to access the health care they want



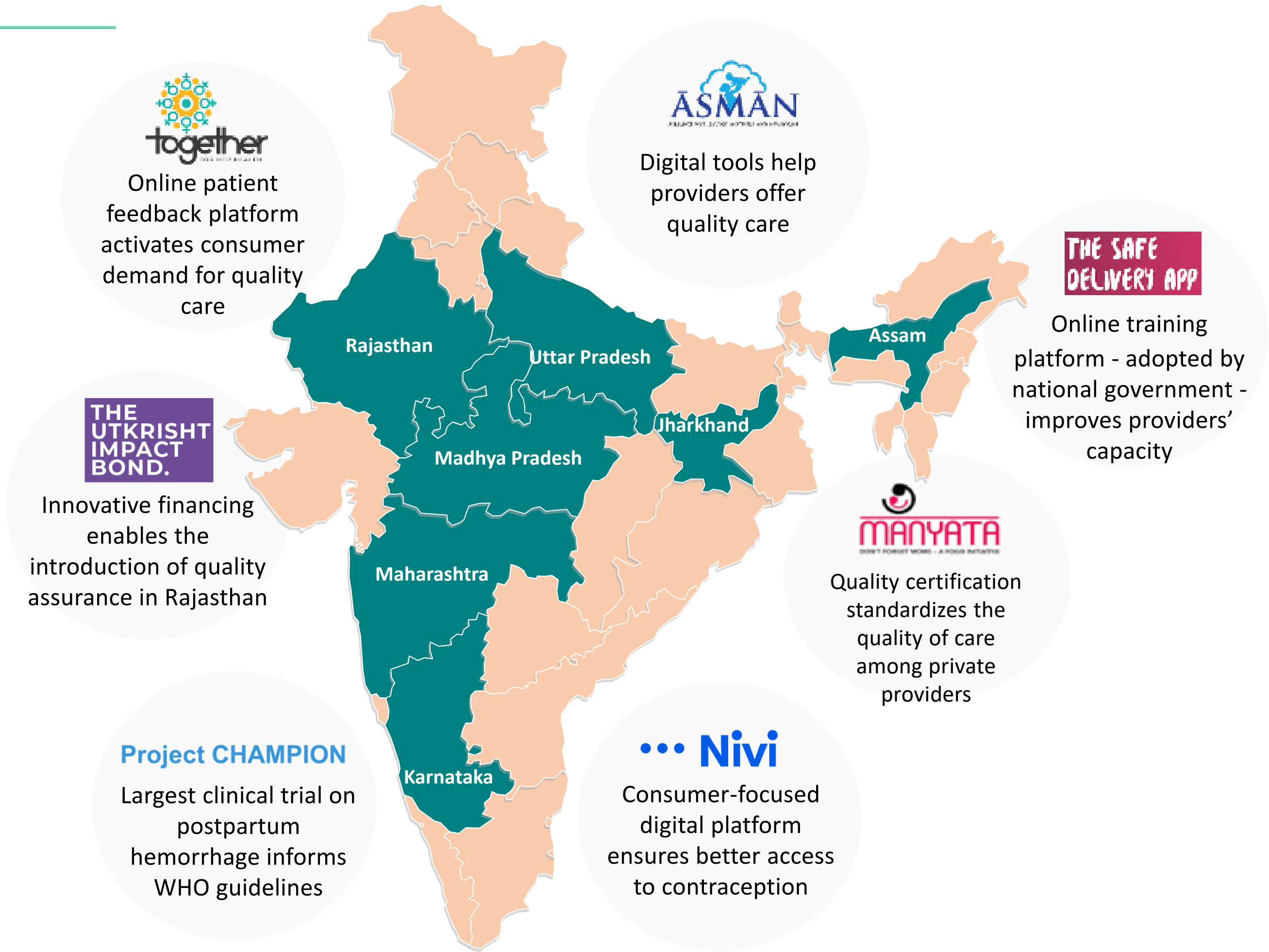
EQUIP PROVIDERS

with innovative products and platforms to offer better quality care



STRENGTHEN HEALTH SYSTEMS

with new models to better finance and deliver quality care



BY 2022 WE AIM TO REACH ATLEAST 5 MILLION WOMEN IN INDIA

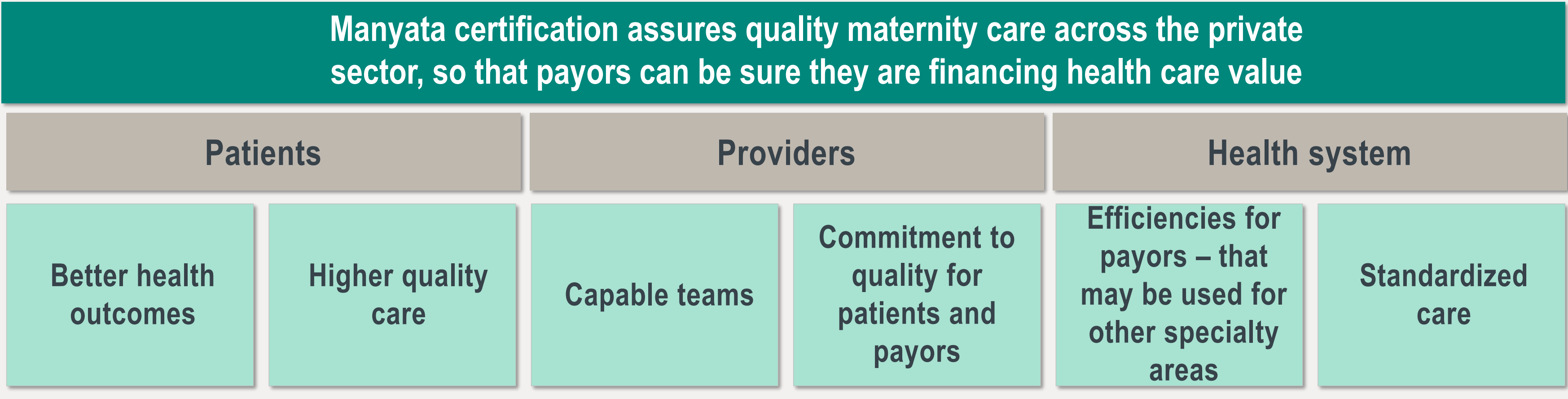
VALUE PROPOSITION OF ALL STAKEHOLDERS DRIVES SUSTAINABILITY

How patients, providers, and the health system benefit from quality certification



FOGSI-endorsed quality certification for private maternity care, using WHO-aligned standards

5 states >600 facilities certified >5,000 providers trained >300,000 women reached



Partners



IMPACT INVESTMENT UNLOCKS PRIVATE CAPITAL FOR SCALE, SOLIDIFIES BUSINESS MODEL

THE UTKRISHT IMPACT BOND.

Utkrisht aims to ensure that women receive the care they deserve by leveraging public and private capital to improve the quality of private maternal health care in Rajasthan

Project:

- **Improve provider skills and capacities** to meet quality standards
- **Incentivize providers** to achieve ambitious quality standards
- Introduce new **NABH-FOGSI certification**
- **Donors pay for performance**; private investors provide starting capital for implementation, shifting risk from donors to investors

Place: Rajasthan

Scale: ~400 providers

Partners:



OUR PHILOSOPHY AND THEREFORE, ASK

COLLECTIVE ACTION THROUGH ENGAGEMENT, PARTNERSHIPS AND COLLABORATION

Engaging the private sector beyond traditional aid and philanthropy will be critical as we strive to achieve the Sustainable Development Goals.

MSD for Mothers believes that **solutions from private sector** can be leveraged to improve reproductive, maternal, child, and adolescent health, particularly through:



Financing and resource mobilization | Filling the \$33 billion funding gap in RMNCAH requires new financing instruments, partnerships and models.



Harnessing private sector expertise | From information technology to data analytics to supply chain, the private sector has capabilities that can help improve health and development faster, more efficiently and with greater impact.



Leveraging the reach of local private health providers | These doctors, nurses, midwives, drug shop owners, and others are an untapped resources to help countries expand health services to reach more people.

EVERY SCHOOL A HEALTH PROMOTING SCHOOL

A PRESENTATION FOR PMAC

BY:
PRIYA PRAKASH
FOUNDER & CEO
HEALTHSETGO



INDIA

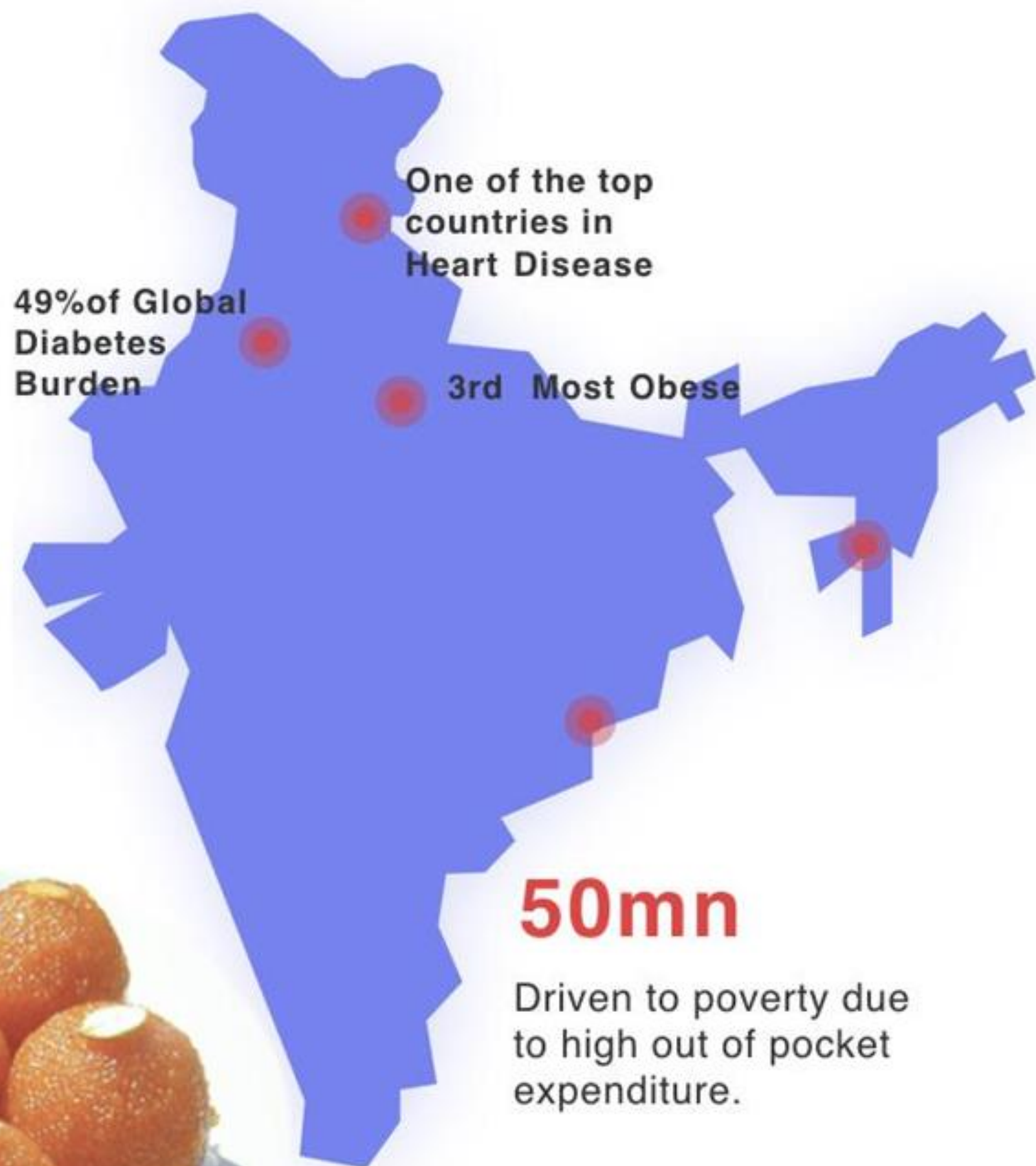
A SICK NATION



NON COMMUNICABLE DISEASES CAUSE
61% OF ALL PREVENTABLE DEATHS.



INDIA'S "HEALTHY" CHILDREN



2nd
HIGHEST

OBESE
CHILDREN

<45
MINUTE

PER WEEK OF
ACTIVITY



1/3rd

CHILDREN
STUNTED

40%
ANAEMIC

EVERY SCHOOL A HEALTH PROMOTING SCHOOL



77+
CITIES



HealthSetGo is India's largest health organization for schools with the vision to create a **healthy planet**:
One Child, One School at a time.

250+
SCHOOLS

500+
TRAINED
TEACHERS

650+
TRAINED
DOCTORS

5,00,000+
STUDENTS &
PARENTS IMPACTED



MEDICAL SERVICES

EARLY DETECTION OF HEALTH ISSUES CAN **SAVE LIVES**. EVERY HEALTH RECORD SHOULD BE DIGITISED.

300,000

UNSEEN CONDITIONS
DETECTED



GROWTH
ASSESSMENT

PHYSICAL
ASSESSMENT



DENTAL
ASSESSMENT

EYE
ASSESSMENT



HEALTHSETGO
DENTAL ASSESSMENT
THE BENCHMARK FOR HEALTHY SCHOOLS



MEDICAL REPORTS

WE BELIEVE THAT DATA
GIVEN TO THE RIGHT
STAKEHOLDERS AT THE
RIGHT TIME CAN HELP
SAVE LIVES.



PARENT PLATFORM

- ✓ LIFETIME MEDICAL RECORD
- ✓ TRACK VACCINATIONS
- ✓ STORE DOCUMENTS



SCHOOL PLATFORM

- ✓ MACRO REPORT FOR SCHOOL
- ✓ DISEASE BUCKETIZATION
- ✓ STUDENT WISE HISTORY



THE CHILD MEDICAL HISTORY

VACCINATIONS

ALLERGIES

ONLINE
REPORTS



GROWTH REPORT



PHYSICAL REPORT



EYE REPORT



DENTAL REPORT



YOUR HEALTH SCORE

65

Medium Risk

Extreme

High

Medium

Moderate

Minimal

HEALTH HUBS



THE SCHOOL NURSE USES AN APP TO LOG DAILY HEALTH HUB VISITS.



Exclusively For
Venkateshwara M. Bhattacharjee

HSG ID: 99999

EACH CHILD GETS \$1500
INSURANCE PER YEAR
AND DISCOUNTS ON
HEALTHCARE PROVIDERS.



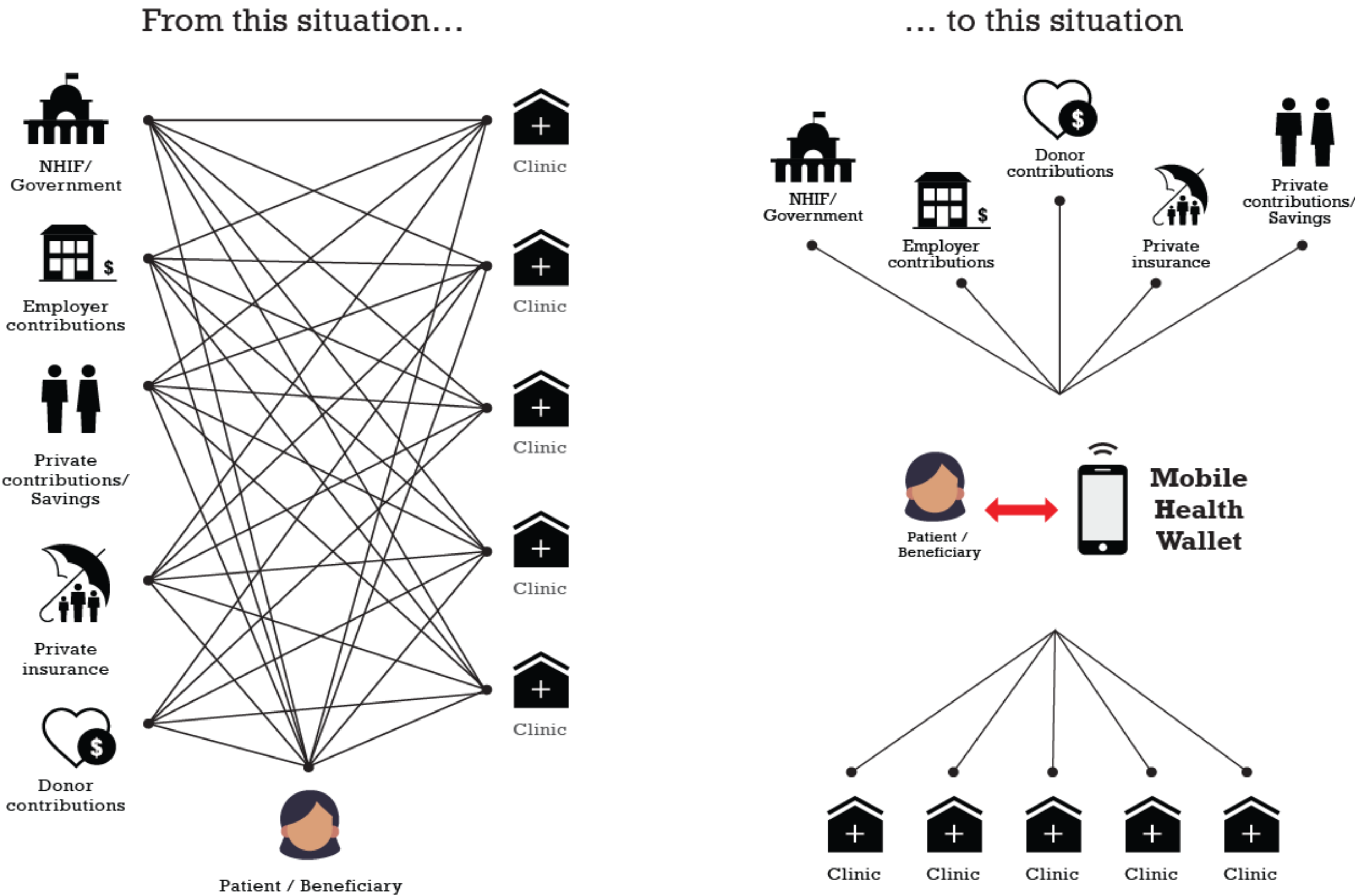
Financing Healthcare in LMICs

Innovative partnerships aimed at unlocking private capital. From individuals to multistakeholder coalitions

Chris Gray, Senior Director, Global Health & Patient Access

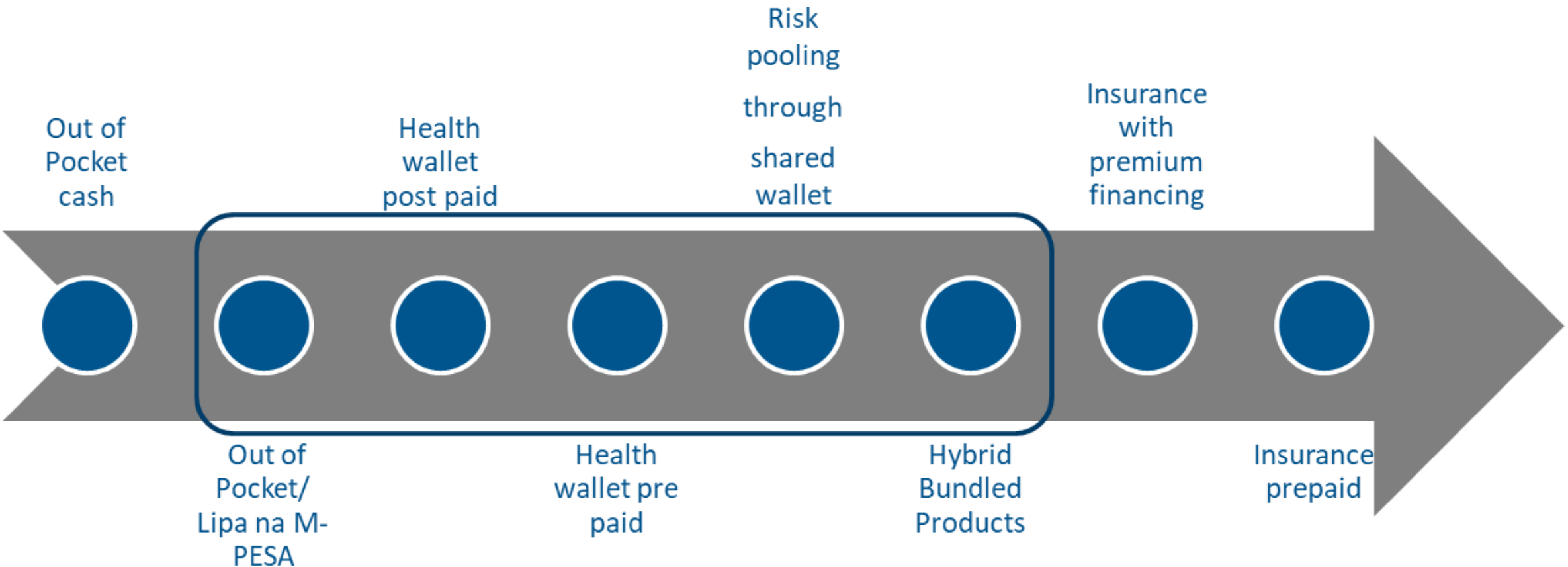


Empowering patients to aggregate funding



Source: PharmAccess Group

The road from out of pocket payments to health insurance through M-TIBA



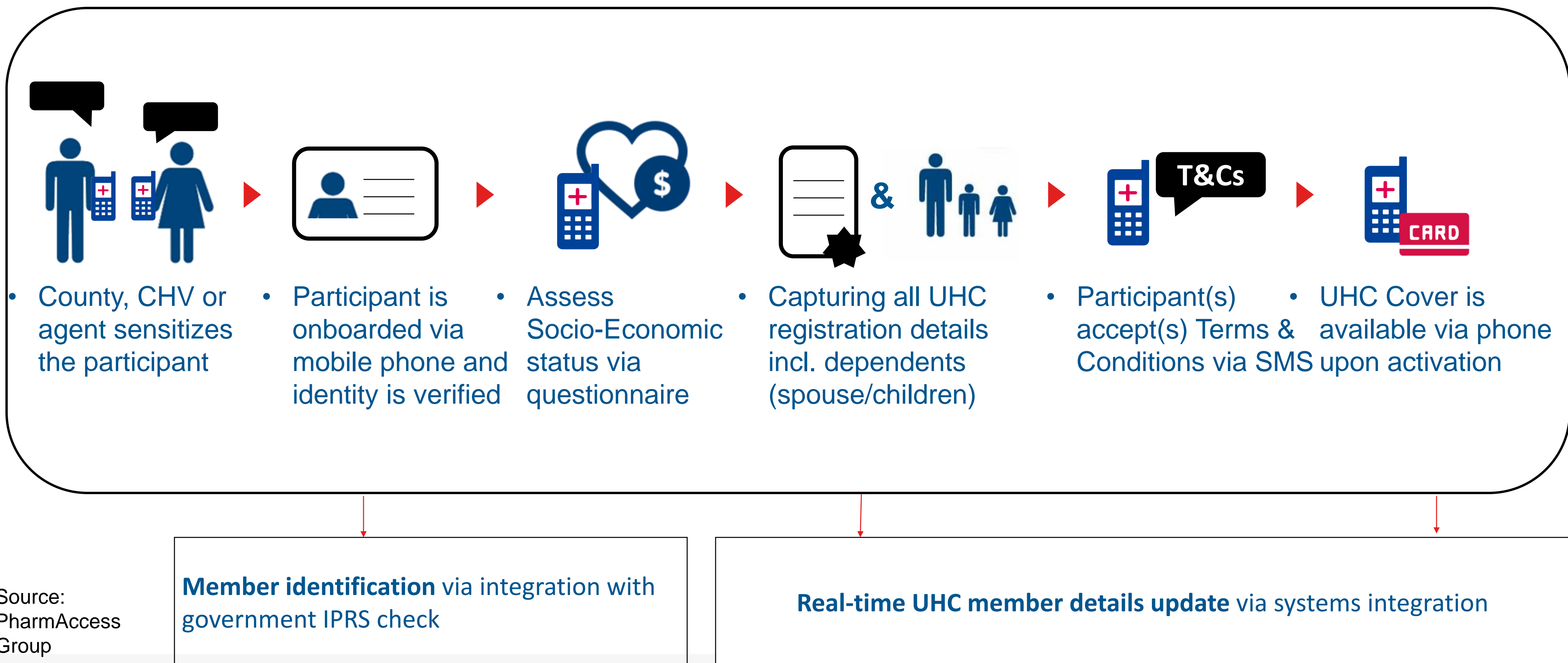
- Pfizer Foundation contributed to:**
- a strategy that works towards empowering people through a trusted mobile wallet to pre-pay for health insurance
 - Implementing the first step (mobile health wallet post paid) and applying learnings to the strategy
 - Building track record in market through the mobile savings
 - Attracting public and private users to the M-TIBA platform for insurance

- Government strategy in Kenya to quickly connect people to UHC insurance plan
- M-TIBA has the potential to register fast an cost-efficiently and to combine different funding sources (and co-payments) in one wallet based on ability to co-pay
- Hired by National Hospital Insurance Fund (NHIF) in Kenya to register all families in 3 counties on a UHC cover through mobile UHC wallets

- Five new health financing types of which three are based on prepayment

Source: PharmAccess Group

National Health Insurance Agency now using M-TIBA platform UHC registration



Source:
PharmAccess
Group

Breakthroughs that
change patients' lives

UHC2030 Private Sector Constituency



The UHC2030 Private-Sector Constituency is the convening platform for private sector entities wishing to exchange and collaborate on universal health coverage (UHC)

Membership: UHC2030 accepts new Private-Sector Constituency members every three months. For-profit private entities that are directly working on health system strengthening. To submit an application visit: <https://www.uhc2030.org/what-we-do/private-sector-engagement/>

Contact: Sofiat Akinola, Project Lead, [Shaping the Future of Health and Healthcare](#) at sofiat.akinola@weforum.org



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