



MARKETLINKS

ADVANCING HEALTH OUTCOMES & HEALTH SYSTEM PERFORMANCE WITH DIGITAL HEALTH SOLUTIONS: THE ROLE AND OPPORTUNITY FOR GOVERNMENTS, THE PRIVATE SECTOR AND DEVELOPMENT INVESTORS

PRESENTATION TRANSCRIPT

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Lori Reid:

Welcome to this Marketlinks webinar on advancing health outcomes and health system performance with digital health solutions the role and opportunity for governments, the private sector and development investors. Before we begin our event, I want to remind everyone that you are muted by default. There will be an audience Q&A session towards the end of the event. If you have any questions at any point during the presentation you can enter them in the Q&A box which is found at the menu, which is probably at the bottom of your screen. It says Q&A, if you click on that, a box will pop up and you can enter your questions there. We'll be capturing your questions throughout the presentation to share them with the speakers to address during the Q&A portion of the event.

Without further ado I will turn it over to Neetu Hariharan, the health systems advisor with the office of health systems and the bureau for global health at USAID.

Neetu Hariharan:

Hi, everyone and thank you Lori for the introduction and also the rest of the Marketlinks team who helped pull this webinar together. My name is Neetu Hariharan and I sit in the office of health systems at USAID and will be one of your moderators today and I'll get to introduce the rest of the panel at the end. Before we get started I also wanted to say a big thank you to all of you joining us today wherever you are to discuss how leveraging digital solutions can advance country health outcomes and system performance. So let's begin.

Over the last two decades the rapid emergence of mobile phone networks across the globe presented an opportunity for improved development outcomes over multiple sectors from education, to agriculture, to education and transportation and everything in between. For global health, mobile phones, other digital innovations entering the market are showing more potential to tackle many challenges experienced by health systems including early diagnosis, access to quality care, information and equitable provision of services among public and private sectors. The technological advancements over the last decade have since found a way to help health workers and people they serve to capture helpful information for decision makers even in hard to reach area and reduce the response time with real time data. We've all witnessed the impact COVID 19 has had on a global level, especially as the pandemic tests the markets around the world and during the course of the pandemic several digital technologies have been employed to address the most urgent needs including in the immediate outbreak response and while the pandemic has been a big catalyst in the rapid adoption of Digital Health Solutions, there are still system wide challenges such as capitalizing on digital financial solutions to expand

access to health insurance and strengthening real time insurance data while ensuring don't undermine development gains.

So it's a pleasure to have the space and opportunity to discuss the potential of leveraging the digital market for health, exploring what facilitates success such as good digital governance and highlighting examples of digital solutions and actors that are currently in advancing the field. Without further ado let me introduce who's with us today to explore this topic further and if panelists want to turn on their cameras, they're more than welcome to. First I would like to introduce from USAID Kelly Saldana who is our director of office of health systems. Next we have Adele Waugaman who is our senior digital health advisor also from USAID and sitting with the center for impact and innovations. And lastly from USAID we have Kelly Thomas who is a technical advisor in the office of health systems also in the global health bureau and she will be moderating the Q&A portion after the panel.

We're also joined by a couple of people outside of USAID. First we have Henry Mwanyika from PATH who is there regional director of Africa from the center of digital and data excellence and Matthew Guilford, the founder and CEO of CommonHealth, an organization that uses digital and mobile technology to advance universal health coverage.

So I want to thank the panelists again for joining us today. And I think we're all going to actually turn off our cameras or if you want to keep them on, please do just for bandwidth issues since I know a few have been experiencing that tech issue as of late.

So to on kick things off, I would like to actually ask our first question to my colleague Adele Waugaman. Adele, I think I've quickly touched upon what digital within the health sector refers to, but can you spend a bit more time giving the audience an overview of what we mean when we say "digital health?"

Adele Waugaman:

Sure. And thanks forth opportunity to be here. Digital health is a concept that has evolved as the field has evolved over the past 15 or so years we've been working in the space. We started out talking about e health and electronic health and there was this new wave of mobile phone growth and people started thinking about how do we use mobile phones to reach clients directly to people with mobile phones and thus was the new generation of e health and now we're seeing a convergence through digital health by which we are referring to any digital tool or system and the data that those tools and systems produce being used to inform decision making in all levels of the health system to strengthen a health system and strengthen a health outcome. Next slide, please.

And this includes not only e health and m health but also HIS, LMIS as well as newer technologies that are increasingly coming to the fore, such as the use of artificial intelligence and machine learning, advanced data analytics, data lakes. These of those are components how we're using digital technologies to help meet health goals and to help overcome health systems challenges. And what we're seeing now, and I think we'll hear this threaded throughout the course of the conversation today, is we're looking at digital technologies not for the sake of digital, but really through the context of a systems level understanding of where there are key system bottle necks that need to be addressed, where there is gaps data needed to support decision making and based on that assessment and that wider systems level understanding, how can we most be strategically engaging with digital technologies and using digital technologies to advance country health systems and to help meet country identified health needs. It's been an important recess that's happened throughout the global health sector throughout the past few years and you can see that reflected in a new USA policy document that I'll talk more about in a few moments. Where USAID is among the 30 plus global health donors who have endorsed the principles of donor alignment for digital health. This is a recognition of the fact that past approaches to digital health have been challenging because they've introduced fragmentation and it's been difficult to introduce data between all these digital systems and we need a new approach. And this new USAID document is more about how USAID is articulating how it will begin to operationalize principles of donor alignment for digital health that it both co authored and endorsed. This is a field that has grown incredibly rapidly as technology has grown rapidly around the world so we're looking at how we build on the successes of the past investments, but also leverage key insights and key lessons from the space and ensuring we're bearing those in mind in future planning.

Neetu Hariharan:

Thank you Adele for that wonderful background. I want to turn it over to Kelly to build on what you said especially as you highlighted this refocus on the system. So Kelly, can you talk a little about how digital health efforts support strengthening health systems and achieving development outcomes?

Kelly Saldana:

Thank you and good morning, good afternoon, good evening everyone. Digital solutions when they're done as part of a comprehensive approach. Since about 2007, health systems strengthening has been primarily defined by six what are called health systems buildings blocks, government, finance, information, human resources, service delivery and medical presence. Digital solutions have the ability to enhance in each of those areas. However what we've learned is merely strengthening one of these key functions does not often lead to replicable improvements in outcomes which is ultimately the goal of health

programs. The same can be said for digitization efforts. Digitization may support those individual programs but does not strengthen the overall health system and can create its own challenges.

Over the past decade we've seen a proliferation of digital efforts within countries that have led to fragmentation and duplications. USAID's recently released digital health vision provides a framework to address these issues. But from a health systems perspective, success will come when these principles are applied within an overall health systems strengthening approach. When we program for health systems we start with our desired outcomes, whether that is to improve access to health services, the quality of those services, or the efficiency and affordability with which those services are delivered. We look across the system to develop a plan of change and we design programs to address major bottlenecks and take advantage of notable opportunities. As part of that programming process, incorporating digital technologies can enhance our approach. We look for opportunities where these technologies can enhance our efforts and we work to implement them in ways that support interoperability and cohesion throughout the system.

For example, USAID Indonesia wanted to improve maternal and newborn outcomes by addressing shortages in areas. Sought to improve the available information on the health workforce to support review, attention, deployment and redeployment of workers that's cutting down on the shortages. The solution was a digital ecosystem that provides real time quality data for strategic use, while also supporting policy development that addresses the known challenges in the health workforce.

These investments in the health workforce and the optimization of information systems proved crucial for supporting health workers during COVID 19. The Indonesian ministry of health was able to rapidly develop and deploy data dashboards for decision making during response planning.

Additionally, this work was recently recognized by USAID's digital development award program. Another exam is the from Mali where access to care was compromised by shortages of medicines and supplies. In fact these were due to inefficiencies and gaps caused by two separate systems. They each aggregated for different health commodities. Often users were required to enter the data into both systems. To decrease the workload at the facility level, USAID helped the ministry of health designate DHIS2 as the primary platform for data entry while making it interoperable. This reduced errors and workload for health workers and improved the quality of the data helping the government determine where more commodities are needed and where. At USAID we believe that our health system strengthening efforts cut across both government and the private

sector. Often, strong health systems are those systems where strong collaboration and connections exist between these sectors.

Last fall USAID awarded the inclusive health access prize to recognize organizations that have successfully partnered across both public and private sectors to expand access to healthcare. One winner in Nigeria makes healthcare more available and accessible by providing a mobile and web based platform that connects people with chronic diseases with personalized integrative care support. Members have access to both virtual and in person healthcare teams that help them create and achieve their health goals digital tools, nudges and in person meetings. By partnering with three hospitals, they created an ecosystem of integrated care solutions for people with chronic health needs. Not only does this innovation expand access and availability of high quality health services and products, but it also empowers individuals to take charge of their own health needs. It continues to adapt to changes in health system. M dot created a testing treatment and isolation center and became an aggregator and transmitter of information about COVID 19.

Digital solutions can be used to increase the performance of health systems and to help countries reach their national health priorities and health outcomes. But success lies in a country's ability to appropriately design and scale, not only the digital health solutions, but also the support of policies, regulatory environment and infrastructure that follow an increased opportunities for financing and sustainable local capacity. Thanks.

Neetu Hariharan:

Thank you, Kelly, for that response.

And I want to underscore the last thing you said. You noted several examples. But really the success of it lies in countries' ability to have the supportive policies, regulatory environment and the infrastructure in place while to allow those technologies and innovations that enter the market to be used effectively and appropriately.

So with that sort of line of thinking and thought, I do want to turn it back to Adele to talk a little bit more about how USAID is engaging with governments in partner countries to drive the health sector digital transformation, which includes pushing stronger governance across public and private sectors. Adele?

Adele Waugaman:

Thanks. Yeah. So it is a treat to be able to talk about the USAID vision for action and digital health or the digital health vision that I referenced earlier. And Kelly mentioned some of these points, but I will just briefly talk again about the problem statement that the digital health vision is trying to address. Because it really is so pervasive and it's something that we need to fix. In fact I was kind of taken aback, or impressed by the number of low and middle income country

government spokespeople who I have heard over the past number of years talk about the challenges of having so many digital systems and their countries and how that in and of itself has become a development challenge. And so we need to be very much mindful of a global health funder perspective. How we are making our investments in these digital systems and as Kelly said, really being mindful of the broader ecosystem in which these digital tools are used.

So specifically, we are looking to overcome the challenge of fragmentation. We can see on the right hand side there is a mapping of the country who mapped their digital systems organized by color to reflect the type of digital system and by size to reflect the scale of digital system and it gives you a quick pictorial representation of the kind of fragmentation that we're talking about, but also duplication of systems. And it doesn't take much to understand how that can lead to inefficiencies on the funder side, from a funding perspective, and on the partner country side, a burden for the health systems managers, for the policy makers and importantly for the help of workers who often times the one on whom this burden most heavily falls in terms of having to report to multiple data and digital systems when that competes with their ability to provide care. We've got a lot of reasons to pay close attention to this including because of this lack of interoperability when you have individual systems that have been invested in for single point solutions without a broader systems lens in mind frequently means it's really hard to exchange data between these systems and that is a big challenge on an ongoing basis for routine health service delivery, but in diseases where you need to be able to rapidly change data between systems.

So here is an example from Dr. Sam Kargbo talking about how data has been captured in a fragmented manner that impedes decision making or the ability to have an accurate and reliable picture of exactly what is happening. Next slide, please.

So there's a real development imperative to get this right. This is a picture that probably will look familiar to a number of folks on the line of a whiteboard. This is a drawing representing the various digital data systems that were needed to form the Ebola response and how difficult it was.

Like Kelly was saying, we really need to, as USAID and as a global health funding community in general, think about digital technologies from a systems lens. We need to understand the reach and quality of digital connectivity and who has access to it. We need to be supporting countries as they strengthen their policy and regulatory environment to ensure these tools are used in a way that is effectively and efficiently meeting their needs. We need to be building institutional and workforce capacity. This change management that is needed

globally with donors as well as with partner countries from the USAID perspective, to help build new skill sets, develop new policies and practices, and new workflows, is really critical. And that's something we as USAID are saying we are going to be putting top of mind as we do future planning and procurements in the health space as it relates to digital technologies.

So I will close with just mentioning briefly each of the four priorities of the Digital Health vision and if there's questions I'm happy to dig in a little bit more. The Digital Health vision focuses on four things that we're seeing as an initial policy document governing the way we make our investments, here are the four things we're going to do to start and this is a four year document that will likely be renewed in 2024. And so the first is to make sure we are assessing where countries are in their health sector digital transformation. This is a complex process. A lot of building blocks like capacity, regulatory architecture that each require their own deep dive to understand where countries are in this process so we are leveraging strengths they exist and as funders have a more targeted sense where we need to be directing in the future to help countries in a strategic and systemic way.

The second priority is national digital health strategies. This is something we've begun to hear a lot more about. We have a newly released WHO digital strategies. Both of these documents calling for increased attention to national digital health strategies and where these exist. Often times we have precursor documents that can be leveraged and built upon. And where these documents exist alongside implementation and road maps we have for the first time of series of budget line items that directors can think about how they direct funding aligning too. That is a key planning document for countries but also for their international development partners. The third is to strengthen national architectures. I like to think of this as the urban plan for digital systems. How do the digital technologies come together and how are they prioritized in such a way so that data can be used to meet decision making needs. And the fourth priorities around leveraging global goods. We have tremendous investment that has already been directed into the space over the past 15 years including a number of really robust mature digital solutions designed for a lower to middle income country context in way they are digitizing so we should be considering these tools and leveraging them wherever appropriate.

So that's the digital health vision in a nutshell and I'm happy to talk more about it in the Q&A period. Thanks.

Neetu Hariharan:

Thank you Adele for that overview. For everyone in the audience, if you want to dive deeper I believe Adele put in the chat a link where you can find digital

health vision. Please take an opportunity to go ahead and open it and browse that.

I want to now pass it over to Henry from PATH to actually tell us a little bit more, to dive deeper into the role of digital governance about the process of establishing good governance through experiences through Tanzania and the east African region. Henry, would you kindly take the floor?

Henry Mwanyika:

Yeah. One of the critical ingredients in digital transformation journey Tanzania is country but also East African region as a whole is to have a strong leadership coordination and governance. And we've seen that for you to achieve that, you need to have a common vision. Which means leaders, both policymakers and decision makers and technical individuals within the government, needs to share common vision. And that vision needs to be supported by officials at all levels of the health system.

So this will help them know when they're successful, what their success look like, but also the same time when things don't go according to plan, they know that they're yet to achieve that vision. And we don't want to say common vision because if you're aligned with the same vision and you're likely to support each other, in order to achieve that vision.

Another aspect is making sure that our government officials and counterparts in countries were informed. They become informed clients. And this can be achieved by exposing them to later strengths in technology but also attending and bringing different countries together through webinars, for them to learn from each other.

So by making them informed clients, you are likely to they are likely to provide great leadership and steer especially to move in the right direction.

But also governance structures and policies. This can be in the form of steering committees, at national level to make sure they can have a discussion at policy level, but also technical individuals can come together and provide direction in terms of where their countries are moving towards.

And this is critical in order to make sure that always if the things go according to plan, there's somebody who can provide feedback. If things don't go according to plan, there's a group or a structure that is available to make sure that they can provide that leadership and directives.

So in Tanzania also the policies another area to make sure that the government is always in the driver's seat. That will achieve success as we work with Tanzania and community we make sure the government or East African

community is leading the process. So even though you provide some technical insights and technical inputs, but the government is always in the driver seat. They have convening powers. They can facilitate the discussions and partners can come in and provide the needed support, whether it's financial or technical and facilitate discussion, but the government has to be seen and run the process.

One area that is critical, since the digital transformation journey involves everybody. So you need to make sure all stakeholders are involved. It's not easy different partners come in with different experiences, different visions and different focus. You have to make sure government is empowered that all stakeholders are involved to reach these decisions and also people can provide the needed inputs.

So involvement of stakeholders is extremely important in order to make sure there's a common vision, coherent plan that is supported by everybody in this.

One thing I just want to finish up with. Digital transformation is not a destination. It's about people. We have culture, leadership, and engagement of not only people you work with, but also your consumers. In this case your clients. The whole point of having the transformation in the health sector is to prove clients' experience. So it's about engagement of your customers. In this case the health sector, they're your clients. So digital transformation is not a destination, it is a journey. Through those critical areas is to make sure you can together you can move forward. I'll stop there if there's any specific questions I'll be able to react later on.

Neetu Hariharan:

Thanks, Henry for sharing that experience and emphasizing that digital transformation doesn't only occur at the national level, nor is it solely based on changing the market dynamics to allow more technologies to flourish. But really includes people, it includes understanding the culture actively engaging and empowering. So that common vision that you mentioned is created together and that ultimately leads to successful sort of transformation processes. So thank you for that.

And now I think it's time that we maybe tried to dig a little bit deeper into a few of the innovations that are taking off in the health sector and helping countries advance towards universal health coverage. So I want to start off with Kelly Saldana who will speak about leveraging digital financial services. Kelly, can you explain how digitalization and specifically digital financial services advance financial protection and resilience among health users and support health facilities in both public and private sectors?

Kelly Saldana:

Sure. Thank you. First I want to note that my points are all covered more comprehensively in this document, the role of digital financial services in advancing USAID's health goals. The document recognizes that financial inclusion is one source of resilience. Resilience being the ability of people, households, communities, countries, and systems to mitigate, adapt to and recover from shocks and stressors in a manner that reduces chronic vulnerability and facilitates inclusive growth. Financial inclusion is when individuals and businesses have access to useful and affordable financial products and services such as transactions, payments, remittance, savings, credit, and insurance, which meet their needs and are delivered in a responsible and sustainable way.

So at a big picture level, financial services contribute to resilience by building assets and capacity not only at the community or individual level, but also at organizational and management levels. And when we say digital financial services, we're referring to financial services that are digitized. This includes not only banking, like savings and loans, but also insurance and payment services, like remittances and bill payments. Digital financial services can support all three of the key functions we are concerned with those include revenue collection, the pooling of funds from different sources and payment for services. And those payments can be made by governments to insurance companies or by individuals directly to health facilities. When financial services are digitized, that means that these services can be accessed by digital channels such as mobile phones, electronic cards, credit, debit, or prepaid cards, electronic vouchers, computers, and other electronic instruments. Often within the health system, one of the biggest challenges is dealing with money at the front line of care. Health workers often need to take time off to travel to urban areas to collect their pay. Districts and facilities have limited means of managing budgets at the local level, and citizens may have difficulty paying for the care that they've received.

So digital financial services and health can enable and support governments in transferring funding and pay to front line institutions and healthcare workers, and they can also support citizens with payment or prepayment for care.

In Rwanda for example people can pay community based health insurance premiums using mobile money. As mobile money is already a norm in places like Rwanda this option is appealing. In Senegal, a prize winner is a digital payments platform that ensures money intended for health purposes is not misused by allowing drug prescriptions to be paid for with points instead of cash. It's an app that allows health programs, both public and private, in Senegal, members of diaspora can also buy points online and people can buy points in health facilities or with mobile money that can be used later in quality

approved facilities and for qualified approved medicines. This allows various options, thus improving access to care. But digital financial services also enable health governance by providing traceability of funds. Digital financial services systems typically record all transactions ensuring a high degree of accountability of the funds and enabling improved oversight and transparency. Using data generated by financial services for health can also then be used to improve programming or management to better influence and incentivize health seeking behavior, and to understand service utilizations and costs. Much more can also be done with the data.

So overall there's a recognition globally that digital financial services can be used to sustain improvements in health system performance. Digital financial services facilitate protection and access to essential services, expands coverage and supports responsiveness all components of universal health coverage. Thank you.

Neetu Hariharan: Thank you Kelly and I appreciated the examples you included in there especially because it highlighted the people as the center of these innovations and also understanding the culture of finances at community levels and how money flows in and out of communities, a really important component to that design aspect of these digital solutions. And as Kelly mentioned, a lot of this information has come from this document and that was created about a year or two ago called the role of digital financial services in advancing USAID's health goals you can find that on USAID.gov and it's in the Marketlink website and in the chat as well.

And now certainly not least I want to pass the final question to Matt who has been very patiently awaiting. Matt joins us with several years' experience in the private health sector particularly leveraging mobile phone networks to break down barriers in empowering individuals to make healthy choices. Matt can you speak more about how the potential opportunities in benefits are in linking digital solutions to one, drive service delivery, especially in underserved communities. Two, to increase financial protection and three actively engage in health education at the community level?

Matthew Guilford: Great, thank you so much, Neetu and it's such a pleasure to hear the other presenters as well. So thank you all for the opportunity to be with you this evening, this afternoon, this morning, wherever you are.

You know I'll start off if we go to the next slide by sharing a bit about how we view our mission, which again is around using mobile technology to advance universal health coverage. And you know, we view that as three components. The first which again is sort of well understood is around access to essential

health services. That is a critical part of UHC. The second part is providing financial protection for families as they interact with the health system. But then there's a third piece that we believe is likewise equally important and that's really looking at how do we identify the main drivers of risk and cost in the system. And that's because we know that LMICs face \$176 billion annual health financing gap according to the world bank, and an actual fact what COVID has really done is to set us further back in closing that gap. So as important as expanding access to services and helping pay for care in better ways is, we also need to find ways to drive more efficient performance of health systems. And that's where so many of the things that Kelly and Henry and Adele spoke about become really important.

If we go to the next slide. So how are we doing in many of the markets where we work across LMICs in Asia. And what we see is real challenges on each of these dimensions. I think overall human resources for health is a well understood challenge in LMICs across the board, that's what you see on the left side. And that we do see very high rates of out of pocket spending on health. And what that does mean is we're not seeing the risk pooling that we need, and we're also not seeing protection against catastrophic expenses. So that's a real challenge for advancing UHC, and at the same time we see again this double burden of noncommunicable diseases like diabetes and hypertension that are really facing LMICs as they're again working out getting universal health coverage working.

I think just one piece on that middle component. You know it's really exciting to be in a discussion around markets because I think what that middle chart shows is there are markets for health services in many LMICs and those markets in many places have spending that is dominated by the private sector. Where we work primarily Bangladesh and Myanmar is through out of pocket payments. So finding ways to get the private sector to perform better in finding solutions for that becomes really critical in advancing UHC.

In the next slide I'll share a bit about how our approach how we worked on addressing it.

CommonHealth is focused on developing and scaling up mobile technology to advance universal health coverage. Our heritage is in scaling mobile enabled health micro insurance to beneficiaries in Bangladesh. That's where beneficiaries would use mobile infrastructure to make premium payments, to receive telemedicine services, but also to receive payment of benefits through digital financial services infrastructure. So what we see is that mobile technology has a role to play, both in terms of the front end, around looking at beneficiary recruitment and premium collection, but also in terms of service

delivery. And our focus is working across four dimensions. One is around health financing and payments. How do we pay providers and if necessary pay benefits to patients as well. Bundling health financing with access to primary care over the phone, both as a way of expanding access to essential health services and playing a role as a gatekeeper in helping ensure that resources are utilized more effectively, driving health information, and then delivering this coordination of care that becomes so important in addressing these main drivers of challenges to financial sustainability for health systems. And that really do rely on this shared architecture and strategy that Adele mentioned.

And so we are working across Bangladesh, Myanmar and increasingly other countries where we see the opportunity is on pulling together again public and private sector delivery and financing to start to help families and health systems manage the complexity that is coming as we see this changing disease burden.

So with that I'll pause there and happy to speak more during the question and answer period. Thank you.

Neetu Hariharan:

Thank you, Matt. And thank you also for including data. I think it was incredibly helpful to sort of see the situation so that country example in that context and highlighting how the digital solutions were being adapted to that situation and to address those needs. If you want to learn more about his organization, please don't hesitate to reach out to Matt directly. I think his information is available on the slide deck.

And I think for now I know we only have about 10 minutes left so we'll conclude the panel portion of the presentation and I want to thank the panelists again for joining us today and remind the audience that several of the documents that were mentioned in this webinar can be found on USAID.gov and it's cross linked with the Marketlinks website and you have the information from the panelists here so feel free to reach out on your own if you have additional questions.

But with the limited time we have remaining I want to turn it over to you all and also to my colleague Kelly Thomas who will moderate the Q&A portion. So thank you.

Kelly Thomas:

Hi, all. I'm just briefly turning on my video to wave. We've been collecting your questions. I see a quick yes or no question for Matt before we get into the more broad discussions. So Matt, could you quickly answer this question of does this system apply to grants given to local NGOs in order to monitor the use of the money?

Matthew Guilford:

It's a good question. So what we're doing now actually is we have different models. So obviously there is a market based model where we're looking at

subscriptions that individual households may choose to enroll in and pay for themselves. We are also working with a large multilateral institution in Myanmar right now that is looking at this issue around third party funders of services. And how do we administer that in such a way that we're able to pay for care at local clinics and at local healthcare providers and ensure that that gets to the right place and that we're also able to monitor really the outcomes from that and what happens downstream.

So I would say we're seeing multiple different models. One that is primarily again sort of quote unquote market rate, where households pay their own way for subscriptions but increasingly we are working with third party funders, like donors and NGOs.

Kelly Thomas: Thanks Matt. I'm sure you could reach out to Matt for further information. Now I'll ask a question from Sasha about what do the panelists see as the role or obligation of implementing agencies in introducing digital solutions for specific services, recognizing that it's hard enough to do that with stakeholders working on malaria, nutrition, HIV, ANC, maybe nearly impossible.

I wonder if Henry, you could provide a quick answer first and maybe we could follow up, Adele or Kelly could further elaborate. Henry?

Henry Mwanyika: Thank you. So that's a great question. It's always very difficult. One of the ways you can achieve that is making sure that you take a systemic view of your digital transformation journey. So instead of looking at it from a specific disease, where it is good to take a systemic view. We know the same individual may need access to malaria, ANC or HIV interventions so having a holistic view and look at them as clients instead of as a malaria client. But also there's a plan how everything can fit together and that can be achieved by having architecture in place but provides a way how different components fit together and how they can communicate with each other in order to avoid fragmentation.

Kelly Thomas: I don't know if Kelly or Adele have other comments?

Adele Waugaman: I want to double down on everything that Henry said and note that we as a sector are much further along in the space than we were two years ago. We do have tools like the global digital health index that standardize the way we conduct landscapes and public that publicly. And we have the digital health atlas which is a repository of digital systems so not only do you understand where a country is in terms of their infrastructure and their architecture and their policy environment, but you also know what tools are already in use in a country that could be adapted and used. And that kind of situational awareness we had been sorely missing and I think we're making good speed and building

out that knowledge and understanding and really trying to scrutinize the use of those tools so it's getting easier. Thanks.

Kelly Thomas:

Thank you, Adele.

I'm going to turn to another question that I think perhaps Kelly might have a comment on. From audience member David, the digital transformation journey makes a lot of sense and mirrors the national development strategies in other areas. How does such a journey get its start? Transformation to digital requires significant financial investment especially in countries where digital equipment infrastructure are not yet very advanced. Many of these countries would want to have comprehensive and strategic systems but don't have the funds. How do they get started and what role do donors and partners play to get this going?

Kelly Saldana:

Sure I'll also note on the previous question taking a look at the principles for development, provide some guiding thoughts on if there is a need for a digital solution that's specific to one program, ways to implement it, that allows for future integration.

And then I think to David's question, from a health systems strengthening perspective, we would expect digitalization and national digitalization strategies to be part of a strengthening approach and as part of countries' national priority setting and vision setting for where they want their health system to go. So many countries have what they call universal health coverage plans, which are sort of their long term goals and objectives for reaching by 2030 a state where more people have access to services without financial hardship. And so if countries are working down that road towards health systems strengthening, they can then start to look where are the priorities for integrating a comprehensive digital solution into that. So, for example, Ethiopia has done a pretty good job of this. They have a national 2030 health systems plan of where they want their health system to be by 2030. And then they've fully incorporated that into their digital transformation plan. So some of that started with just getting access to technology, to Internet and in health facilities and while they were in health facilities they were able to perform partnerships to do that. They were able to take a look at what specific sources of information and sources of digital were the most important to bring online in different parts of the sector. So they're looking specifically with respect to supply chain management how to digitize that. There's a component of quality assurance with drugs and pharmaceuticals and there's a component related to facility level patient data which is a little slower to come online but it's all part of a strategy and vision. I don't think countries can sort of achieve digital transformation overnight. But if they're doing so in a way that aligns to their overall health

sector plans, as well as their sort of common vision and prioritize activities in that way, I think it can be very successful.

Kelly Thomas:

Thank you, Kelly. Henry and Matt, do you have any follow up points?

Matthew Guilford:

I guess the thing that I would say on this question about vertical programs, it's a really interesting one. You know, from our experience working pretty closely with providers and with patients, people don't see vertical programs. So patients and families that need medical care don't know where the funding is coming from for that care. They just see problems and they're looking for solutions. And I think as Henry said, a lot of the work that can be done to set these to use vertical programs as a catalyst for broader health systems changes, that becomes really exciting. But that's really dependent upon I would say the funders of those programs, and the implementers of those programs to explicitly approach how that's done with an eye towards driving broader systems change. And so that's a piece where really the intention on how those programs are implemented matter. And if that intention is there, then they can play a really powerful role in advancing broader universal health coverage and digital infrastructure. So that's sort of just my perspective on that question.

Kelly Thomas:

Thanks, Matt. Henry, any follow up points before we move on to the next question?

Henry Mwanyika:

The only thing I can add is nowadays I think it was mentioned by one of the panelists that having in place an investment model that outlines areas of investment that the country wants to invest in. And that can be to have discussions with donors and investors once you have that. And for you to have a good and informed investment, you need to do a landscape analysis in order to know where the country is at, to identify the gaps and then you can come up with priority investments.

And once you start investing in these investment areas priority investments, now you start gaining efficiency and you bring in more and more people to get behind that investment plan. These are transformation is expensive but if you take baby steps you can achieve the bigger picture.

Kelly Thomas:

I see we are at 11:01. I don't want to keep you all. I see Adele added some additional information in the chat. Why don't we turn it back to Neetu to close us out.

Neetu Hariharan:

Thank you everyone. And thank you Kelly for that. I just want to thank you all for joining this morning for this webinar and please do not hesitate to reach out

to any one of us. I think you can reach out to the Marketlinks team there's a few emails that have been shared with you all so you can reach out to the panelist but we would love to continue the conversation after this. So if you have any additional questions, please, please do reach out to us. But thank you all again and I know it's 11:01 so to not keep anyone any further, enjoy the rest of your day.

Lori Reid:

Thank you, Neetu and thank you everyone for joining. This was a new topic for Marketlinks but one we hope to feature in the future. If you found this interesting, mark your calendars for February 11th at 9:00 a.m. for a webinar on health finance and the application of the blended finance road map. And finally thank you a big thank you to everyone who took the time to join us today. We will be posting a recording of this webinar along with the transcript in a few days. In the meantime you can find some of the resources that were referenced during this webinar on the Marketlinks website in the event post about this webinar. Thanks for the moderators and speakers and for everyone who attended.

[End of Presentation]