What is needed to scale entrepreneur-led family planning and reproductive health innovations?

Insights from global consultations and case studies from Kenya, Rwanda, Nigeria, and India

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Opening Remarks

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Empowering FP/RH Innovations for Scale

MOMENTUM Country and Global Leadership Innovation Accelerator Team:
- *Dr. Marie Renee B-Lajoie,* MOMENTUM Country and Global Leadership/McKinsey & Company
- *Molly Bode,* MOMENTUM Country and Global Leadership/McKinsey & Company
- *Anne Pfitzer,* MOMENTUM Country and Global Leadership/Jhpiego
- *Rajat Chabba,* MOMENTUM Country and Global Leadership/Jhpiego

Innovations are essential to achieving collective health goals

Current progress in MNCH/FP/RH is insufficient; ensuring late-stage innovations reach users is an important part of accelerating progress

Overview

The current **pace of progress** in MNCH, FP, and RH **is not sufficient to achieve the SDGs and our collective health ambition.**

In addition, COVID-19 has stalled and may reverse progress in MNCH/FP/RH due to health systems disruptions. Recent Goalkeepers report highlights backsliding.

Innovation is needed to advance MNCH / FP / RH progress – **the MCGL Innovation Accelerator is designed to address this need**

The demonstrated need for innovation

In many countries, maintaining the current pace of mortality reduction will not be sufficient to achieve shared global goals for maternal and child survival. Progress has stalled in several countries that must double, or nearly triple, their current rates of progress to improve their trajectories to desired outcomes.

- USAID, *Acting on the Call* (2020)

Maternal mortality:
Current rate of declines are less than half the pace of what is required to achieve the 2030 goal (~211 deaths per 100,000 live births today; SDG target of 70 deaths per 100,000 live births)

Under-five mortality:
53 countries are not expected to meet the 2030 goal, 12 of which are in Asia and 2/3 of which in sub-Saharan Africa
(~39 deaths per 1,000 live births today vs. 25 deaths per 1,000 live births target)
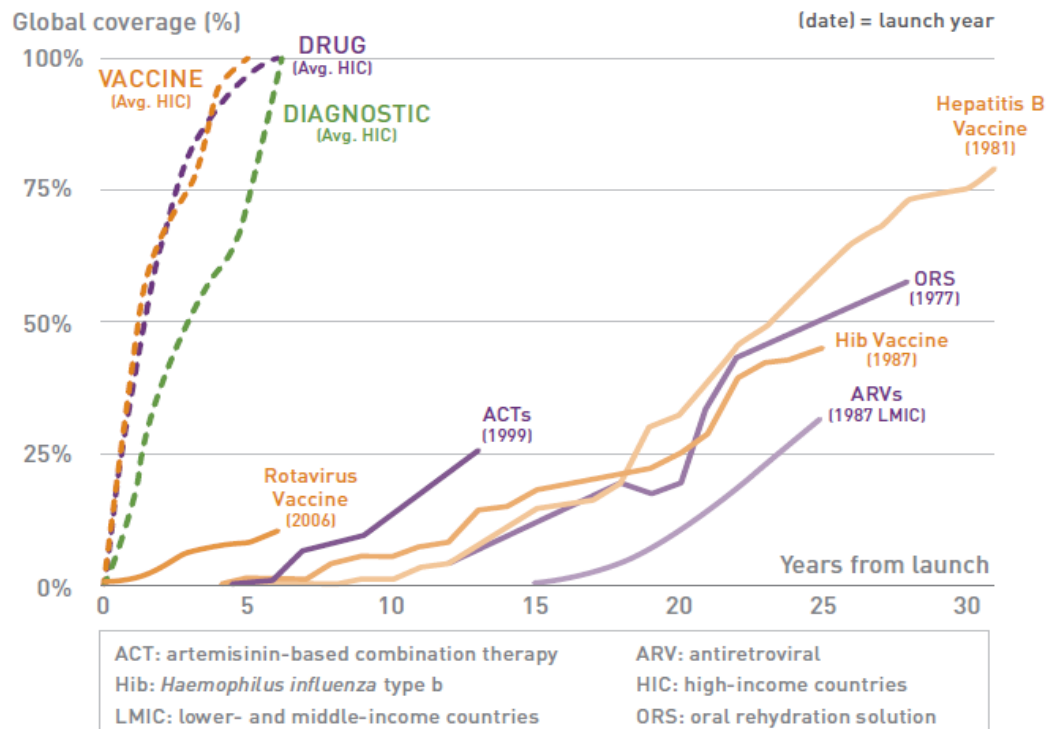
Family planning:
Demand satisfied is lagging global goals (total demand satisfied in sub-Saharan Africa is 56%; the global benchmark is that every country should exceed 75%)

1. MMR as of 2017, under-5 mortality as of 2018, access to modern family planning as of 2020

SOURCE: The Sustainable Development Goals Report, 2021 (https://unstats.un.org/sdgs/report/2021/goal-3)
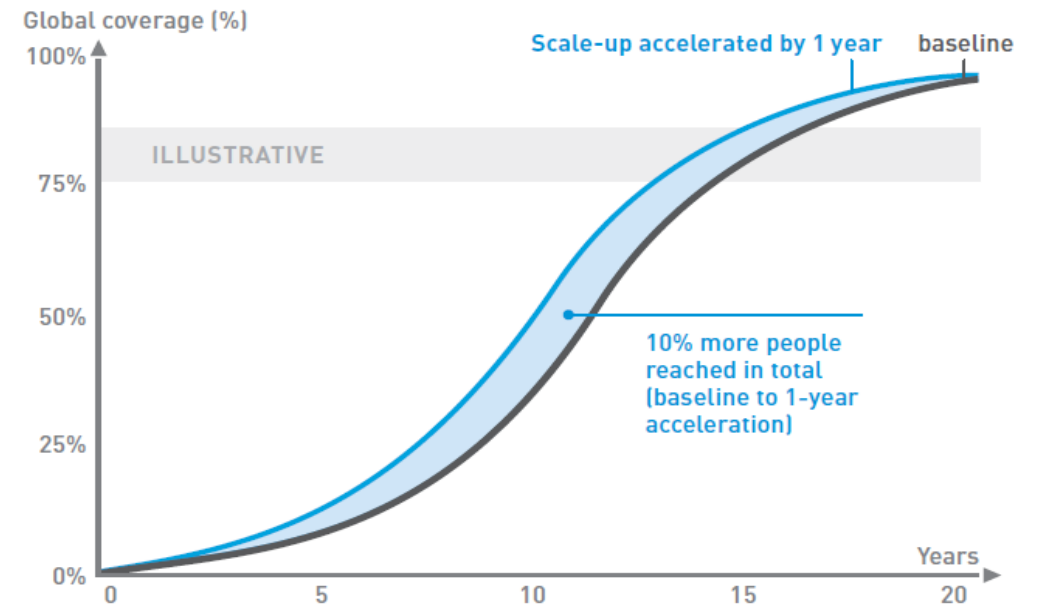
4

Prompt support to innovators will increase margin of impact

Introducing and scaling-up innovation requires careful orchestration over time

Years to scale-up for key health interventions in LICs & HICs

Global coverage (%)

(date) = launch year

VACCINE (Avg. HIC)
DRUG (Avg. HIC)
DIAGNOSTIC (Avg. HIC)
Hepatitis B Vaccine (1981)
ORS (1977)
Hib Vaccine (1987)
ARVs (1987 LMIC)
ACTs (1999)
Rotavirus Vaccine (2006)

Years from launch

ACT: artemisinin-based combination therapy
Hib: *Haemophilus influenza* type b
LMIC: lower- and middle-income countries
ARV: antiretroviral
HIC: high-income countries
ORS: oral rehydration solution

Illustrative benefit of improved introduction & scale-up

Global coverage (%)

Scale-up accelerated by 1 year
baseline

ILLUSTRATIVE

10% more people reached in total (baseline to 1-year acceleration)

Years

The aim is to accelerate innovators on their path to sustainability by identifying optimal ways to support them over time.

SOURCE: USAID, Idea to Impact: A Guide to Introduction and Scale of Global Health Innovations (2015)

MOMENTUM Country and Global Leadership's Innovation Accelerator Journey

PY1 and PY2

PY1 – Defined design choices, including innovation scale up-model

PY2 – Identified critical factors for success in scale up, inc. working sessions with Nest360 and Jacaranda PROMPTS
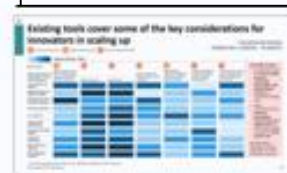
PY3/4

Evaluated landscape of resources and tools for scale up

Hosted 60+ consultations and synthesized key country-level lessons

Published scale up guide and lessons for broader impact

Reinforced learning and efforts

Innovation accelerator concept and design principles expanded other initiatives, such as YASH Entrepreneurs

Ongoing MOMENTUM work with Nest360, hormonal IUD

Tools are being used by other stakeholders

Additional opportunities for collaboration at country-level (e.g., MPHD on health financing)

Initial pilot programs with stakeholders (e.g., MOMENTUM Country and Global Leadership: India Yash)

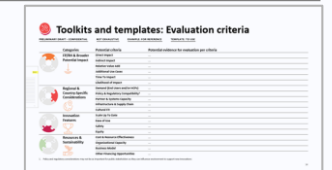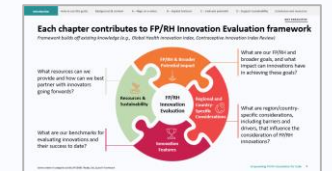**180+** consultations completed across project years on FP/RH innovation

20+ working sessions conducted to iterate and build **Empowering FP/RH Innovations for Scale**

4 documents published to synthesize findings

Empowering FP/RH Innovations for Scale

*Empowering **FP/RH Innovations for Scale** is a **set of resources** to provide an approach to stakeholders to better assess and support the scale-up of FP/RH innovations and accelerate progress towards FP/RH goals.*

Resources	Content covered
Summary and user's guide An overview of the resources shared and guidance on how to use	Describing resources and key users, and providing context for how resources can be used together
Scale-up guide A guide to identify, evaluate, and support FP/RH innovations for introduction & scale-up	Sharing a roadmap for approaching FP/RH innovation scale-up through four chapters: • Align on a vision • Expand horizons • Evaluate potential • Support sustainably
Toolkit and templates A comprehensive collection of all PPT and Excel templates referencing in scale-up guide for facilitators to utilize	Providing materials than can be utilized for various tasks, including conducting meetings, aligning on goals, identifying barriers and drivers, and evaluating and prioritizing innovations
Scale-up lessons and case studies A set of insights based on experiences in FP/RH innovation scale-up	Illustrating lessons in practice through: • Country-level lessons • Innovator case studies • Lessons by intro & scale-up components - such as market & user considerations • Cross-cutting lessons – such as by innovation type

The Empowering FP/RH Innovations For Scale suite of resources can be found at: https://usaidmomentum.org/resource/empowering-family-planning-reproductive-health-innovations-for-scale-momentum-innovation-accelerator/

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Source: USAID; FP2030; WHO; World Fertility and Family Planning 2020; Guttmacher Institute

Resources for various stakeholders

Stakeholder groups	Illustrative names and titles	Example key questions resources address[1]
Innovators	**Pooja** Chief Executive Officer at a start-up innovating in reproductive health	• What are the **key criteria** that stakeholders look at when evaluating FP/RH innovations? • Who are the **right stakeholders** to engage for country-level innovation scale-up?
Public health officials	**Valence** Deputy Director of Family Planning in LMIC	• What **role do innovations play** in achieving your FP/RH goals? • How can you best **prioritize** between different innovations? • Who are the **key stakeholders** to bring together for additional technical expertise and resources?
Donors and funders	**Caroline** USAID Mission Family Planning Team Lead	• What **criteria** are other stakeholders using in this space? • What are best practices in **gathering evidence** for innovation evaluation? • Which other stakeholder can you engage to ensure **sustainable scale-up?**
Investors	**Jeannine** Head of LMIC-based impact investing firm	• How can you **build a pipeline** for FP/RH specific innovations? • What **FP/RH-specific** investment criteria can you consider? • What **sustainable business models** can help FP/RH innovations generate long-term value?
Implementing partners	**Lance** Project manager for NGO working alongside donor	• What are the key considerations to make **innovations sustainable**? • How can you **prioritize** the different innovations you are supporting? • How can you **engage with donors** and other officials to support scale-up?

Representatives of these groups were consulted as part of developing these resources, and each stakeholder may use these resources differently and they can be adapted or separated out as needed. Users can also be "facilitators," helping navigate others through this guide.

These stakeholders are also not exhaustive. Other user groups (and needs) could include community organizations (for example, considering how to prioritize different innovations locally), health care professionals (for example, identifying sources/types of innovations), academic and research institutions (for example, considering innovation impact), and others.

Different journeys for different users

Depending on where users' organization are on the journey of supporting FP/RH innovations, they can start at different points in this guide. While this guide provides a flow, it is also designed to be modular and users can use various elements of the guide as helpful. Supporting FP/RH innovations is an ongoing journey that this guide can help support.

Regardless of where users are in this journey, they can review the separate scale-up lessons and case studies to understand key insights and experiences.
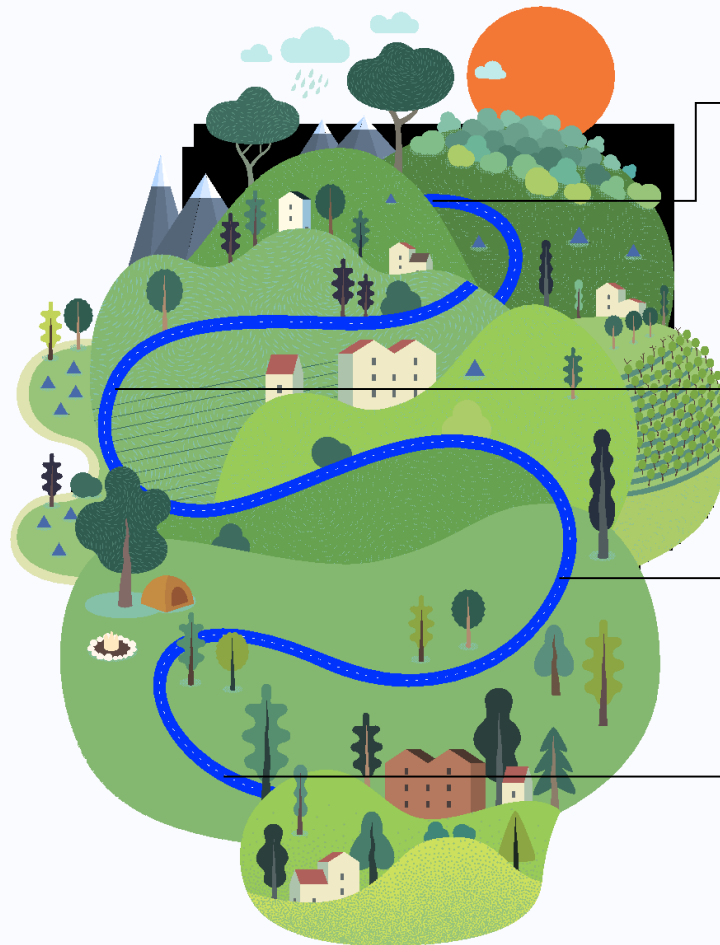
If users are **aware of their FP/RH goals** but looking to better engage with innovations, start with Chapter **B** "Expand Horizons", referencing **A** as needed

Example: Investor considering types of FP/RH innovations

If users are already supporting innovations and want to learn how to help them more **sustainably scale-up** over time, begin with Chapter **D** and review the rest of the guide as needed

Example: Implementing partner helping scale innovation

After engaging with innovations, if users are looking to better **evaluate and prioritize** FP/RH innovations, start with Chapter **C** "Evaluate Potential," referencing **A** and **B** as needed

Example: Ministry of Health wanting to better prioritize resources

If users are **just starting out** in their FP/RH innovation journey, users can review the entire guide, starting with Chapter **A**

Example: Donor looking to provide greater support in FP/RH

Scale-up Guide: Key topics

Within the scale-up guide, there are four core chapters which cover different components of FP/RH innovation scale-up that can be useful to varying stakeholders depending on where they are in their journey.

	Chapter	Key questions addressed
A	**Align on a vision**	• How can **innovations help** achieve FP/RH goals? • What are **regional and country-specific barriers**? • How do you **engage the right stakeholders**? • What **resources** can you provide to support scale-up?
B	**Expand horizons**	• What are **different types of FP/RH** innovations? • What **types of FP/RH innovations** do you need to achieve your goals? • How can you best **engage with proven FP/RH innovations** to scale-up?
C	**Evaluate potential**	• What are **key criteria** to consider in FP/RH innovations? • How might **criteria** differ based on stakeholders? • What are best practices for **evaluating innovations?** • How can you **prioritize** across different innovations?
D	**Support sustainably**	• How do you co-develop **implementation plans**? • When is **piloting** a potential innovation helpful? • What are opportunities for **sustainable financing**? • How can you **regularly reflect** on your progress?

Chapter example: Identifying goals and priorities

To identify appropriate innovations or to know if an innovation may support broader health goals, stakeholders can begin with aligning on goals and priorities.

Key questions to consider

What are your **goals** as it relates to family planning and reproductive health?

What is your country/region's **progress to date** in these goals and what are the **existing gaps**?

Are there any **barriers** that have prevented existing FP/RH products or services in achieving target goals? Where can innovations be the most helpful?

How can FP/RH innovations help achieve **broader health goals**?

How can FP/RH innovations be incorporated into other **health programs**?

What are other **priority considerations** for your region in scaling up FP/RH innovations?

Tips & best practices

Goals and priorities can already exist as part of **FP2030** **commitments** and/or other national strategies

Goals should be **SMART** – Specific, Measurable, Achievable, Relevant, Time-bound

Example output for Country X

Example goals, progress, and barriers

Goal/Metric	Target[6]	Current	Recent Progress and Efforts	FP/RH-related Barriers
mCPR	65%	12%	Only 3% increase in past 5 years despite contraceptive availability	Low demand for contra-ceptives
Unmet need	25%	40%	Decreased from 50 to 40% in past year	Limited distribution channels for FP/RH
Maternal mortality (per 100,000)	70	200	Mortality rate increasing in past few years in select regions	Low FP services access in some regions

Other example priority considerations for FP/RH:

- Reducing school dropout for adolescents given unintended pregnancies
- Maximizing local manufacturing in supply chains where possible
- Increasing funding and support from private sector stakeholders as part of national policy initiative

Example timeline to achieve goals: By 2030

6. Targets based on existing country benchmarks or goals as noted by FP2030, USAID, WHO, etc.
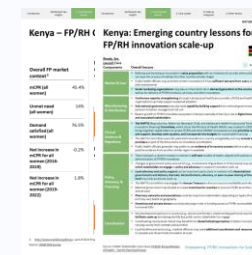
Scale-up lessons and case studies

The scale-up lessons and case studies are based on four angles: country-level lessons, case studies, introduction and scale up categories, and lessons across other factors

Innovators invited today

1 **Country-level lessons**

Overview of country lessons by countries:
- Kenya
- Rwanda
- Nigeria
- India

2 **Case studies**

Lessons from select experiences of FP/RH innovations scaling up:
- Hormonal IUD Access Group
- DMPA-SC
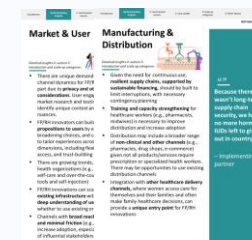- Babyl Health
- Jacaranda PROMPTS
- Maisha Meds

3 **Introduction and scale-up categories**

Synthesized insights across:
- Market & User
- Manufacturing & Distribution
- Clinical Evidence & Regulatory
- Advocacy, & Financing
- Coordination

4 **Lessons across other factors**

Lessons on factors such as:
- Innovation type
- User behavior

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USAID Mission examples of FP/RH Innovator Support

Each USAID Mission has opportunities to support innovators with key public and private stakeholders in-country to test demand and reach scale, and examples of support are shared below

This analysis does not reflect any endorsement for any policy or recommendation; information subject to change given rapidly evolving landscape.

Select Example Best Practices based on Current Mission Support (Not Exhaustive)

India
- Has set up a formalized **consortium of partners** to bring together donors, experts, and governments to establish adolescent health as a priority in India; government has taken this up after success in many regions, and now works through an adolescent priority program
- Has completed an **innovator map** to share between regions for fit; can be leveraged to help innovators launch in new countries

Rwanda
- Supports efforts on post-partum family planning, including **collaboration with private sector stakeholders** (for example, pharmacists)
- Helping **introduce and scale** new commodities and other FP/RH innovations in collaboration with community partners

Nigeria
- **Provides logistical support** for last-minute delivery of FP/RH innovations in different regions
- **Supports state and local governments** in quality of FP service delivery in public and private health facilities

Kenya
- **Developed private sector portfolio** to map opportunities for support and partnership in MNCH/FP within the private sector
- Effort is meant to complement the current Ministry of Health's technical working group, which includes implementing partners in the private sector

Source: USAID mission interviews, global consultations

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Please reach out to us

We are excited to have 1:1 conversations with you and your team to discuss potential ways these resources can be helpful to you!

For more information,
please reach out to our team
Marie-Renee_B-Lajoie@mckinsey.com
and Molly_Bode@mckinsey.com

And don't forget to access the package of resources on USAIDMomentum.org.

Roundtable: What are the major "unlocks" to scale innovations in FP/FH?

Moderated by **Dr. Marie Renee B-Lajoie**, MOMENTUM Country and Global Leadership/McKinsey & Company

Panelists

Dr Jules Mukeshimana

Acting Medical Director,
Babyl Rwanda

Nick Pearson

Founder and co-Executive Director,
Jacaranda Health

Babyl Rwanda

Telehealth

Dr Jules Mukeshimana

July 2023

babyl

Our Mission

To put an

accessible and affordable

quality health service

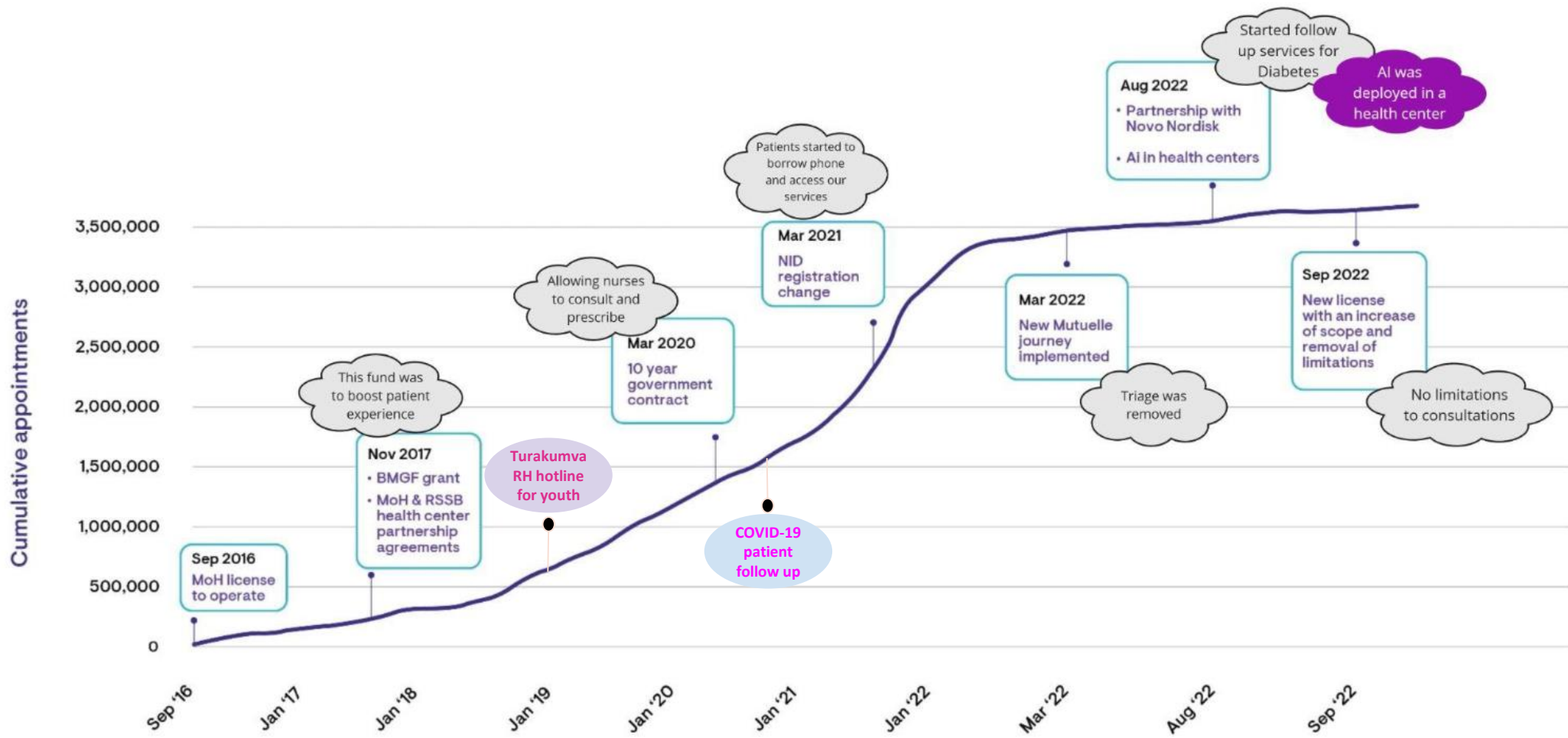in the hands of every person on Earth

Why Rwanda

Babylon was invited by the Rwandan Government to contribute to the Rwandan efforts to ensure access to quality health for all through digitally-enabled healthcare.

- Speaks to our mission

- Proof of concept country

- Aligned with the vision of Babylon

- 1:8,000 doctor-patient ratio

- Existence of universal health scheme

Evolution of Babyl's service

The State of Health Care in Rwanda Today

Rwanda Healthcare System

Administrative structure	Numbers of Public Health Facilities	BABYL Digital Health
Countrywide	7 Tertiary Level Referral Hospitals	
5 Provinces	4 Provincial Referral Hospitals	
30 Districts	36 District Hospitals	
416 Sectors	510 Health Centers	♥ babyl
2,148 Cells	380 Health Posts	Digital Consultations, + Referrals + Prescriptions
14,837 Villages	~60,000 Community Health Workers	

87% of the population is insured
80% have universal health coverage

RUKURA HEALTH CENTER

HOW IT WORKS

Registration & payment
Patient dials *811#
Enters ID
Books & pays for appointment

Consultation
AI triage
GP or SN calls for consultation.

Lab test
GP or SN orders lab tests by sending code to patient via SMS.
Patient redeems lab test at a physical lab.

Prescription
Patient receives prescription code via SMS.
Redeems physically at a Babyl partner pharmacy.

Follow up
Health center staff uploads lab test results into Babyl portal.
Babyl clinician reviews lab test results then calls the patient to complete consultation.

Referral
If a condition requires a physical consultation, Babyl clinicians refer the patient to a physical health facility

+2.5 M registered users (equating to 19% of 13m population)

+ 3,6M Completed consultations

3,000 average daily appointments are closed

10 year government contract signed March 2020

501 partner public health centres, (+additional private lab facilities, pharmacies)

Call center

babyl

134 Clinicians

80% Phone Penetration

Since the Babyl has started

172 Doctors

326 Nurses

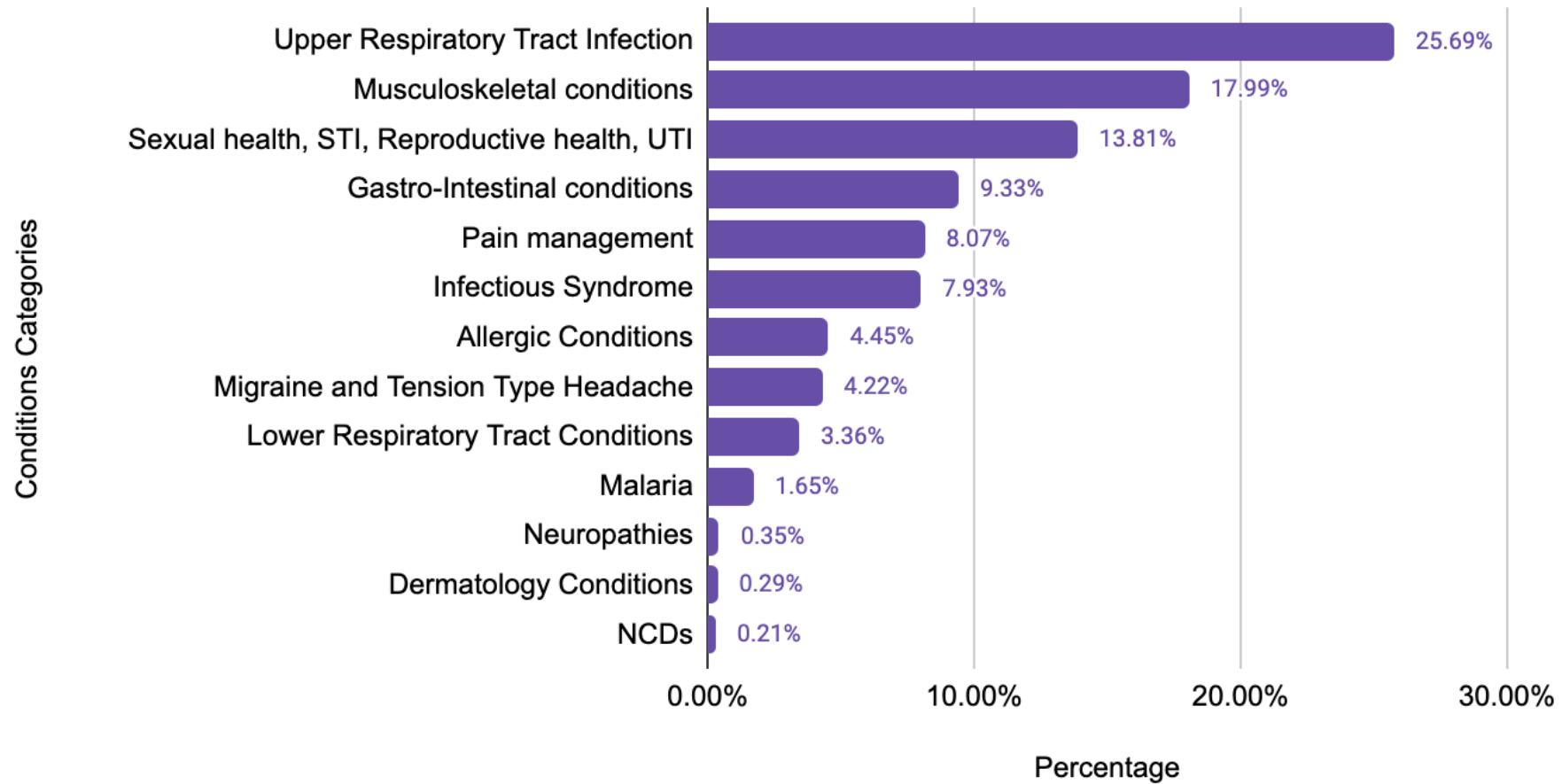**AI to support health centers TRIAGE.**

Babyl is supporting the government of Rwanda in its **digitalization agenda.**

In a context of low smartphone penetration, introducing AI-triage within both the Babyl call center and in public health centers takes us a step closer towards directly empowering Rwandans with the benefits of Babylon's AI.
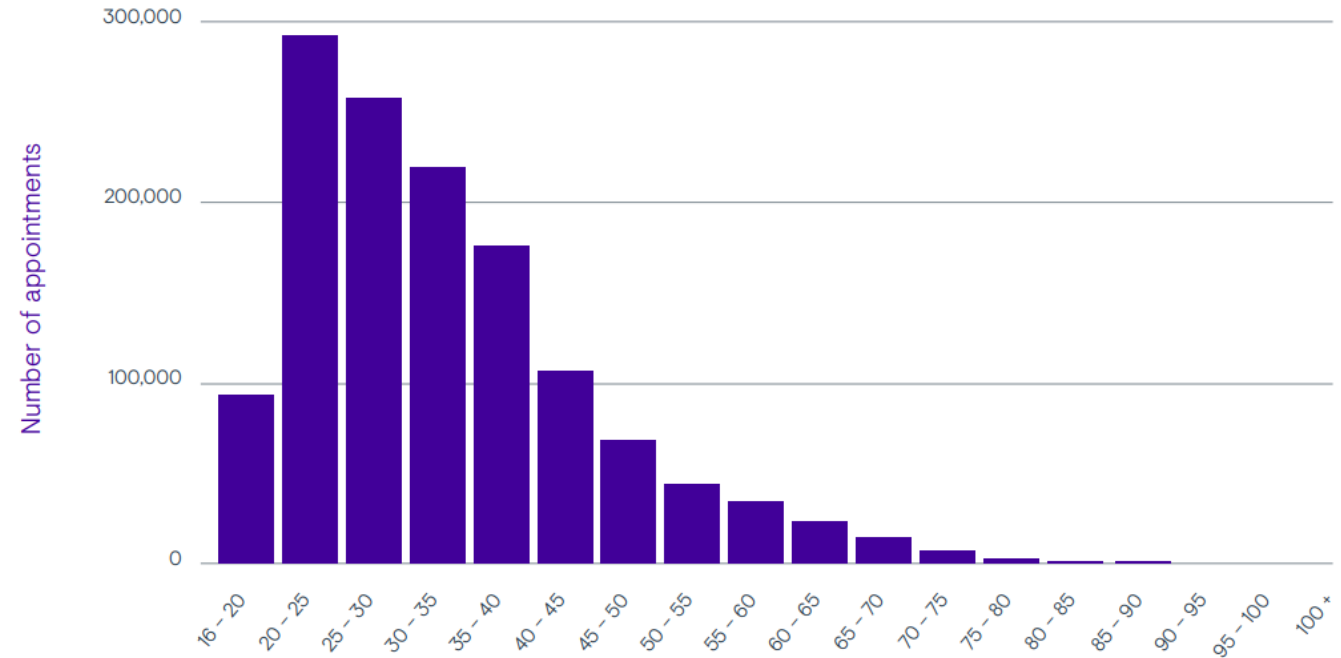

Patients using Babylon AI at a health center.

Most common conditions

Chart: Most common conditions (Percentage by Conditions Categories)

Condition Category	Percentage
Upper Respiratory Tract Infection	25.69%
Musculoskeletal conditions	17.99%
Sexual health, STI, Reproductive health, UTI	13.81%
Gastro-Intestinal conditions	9.33%
Pain management	8.07%
Infectious Syndrome	7.93%
Allergic Conditions	4.45%
Migraine and Tension Type Headache	4.22%
Lower Respiratory Tract Conditions	3.36%
Malaria	1.65%
Neuropathies	0.35%
Dermatology Conditions	0.29%
NCDs	0.21%

babyl

Who we serve

babyl

Patients using Babyl's services represent the **breadth and diversity** of Rwanda's population.

2022 Female vs Male

Male 42.3%
Female 57.7%

...to all age groups...

Number of appointments

300,000

200,000

100,000

0

16 – 20, 20 – 25, 25 – 30, 30 – 35, 35 – 40, 40 – 45, 45 – 50, 50 – 55, 55 – 60, 60 – 65, 65 – 70, 70 – 75, 75 – 80, 80 – 85, 85 – 90, 90 – 95, 95 – 100, 100+

...and occupations.

Farming **46.9%**   Small Business **9.3%**   Teacher **4.7%**   Student **3.9%**   Not Working **16.4%**

Thank you

babyl
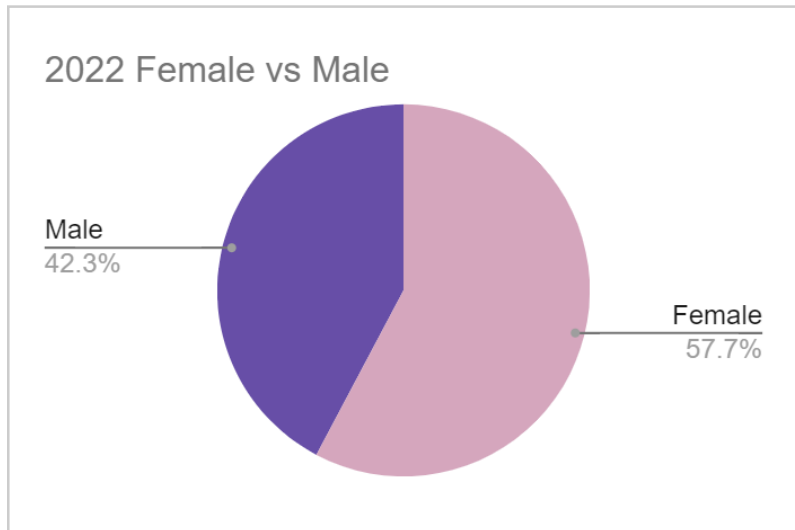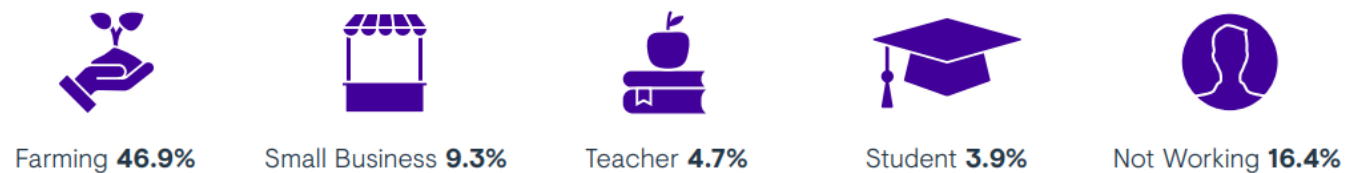
Unlocking scale
to drive better quality care for mothers and babies

JACARANDA
H E A L T H
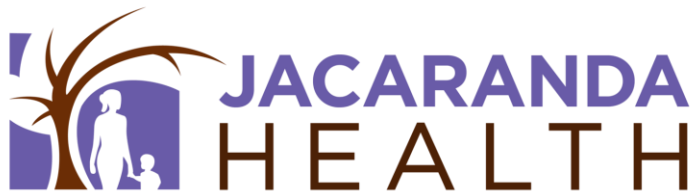
Where We Work

Snapshot of Operations and Scale

By partnering with national and county governments, our solutions are already impacting **~50% of all facility-based deliveries across Kenya each year.**

Our ambition is to scale these solutions to a critical mass of public hospitals, setting the stage for **sustained change in the quality of MNH care.**

2.3 million
mothers reached

22
county partnerships

1,300+
partner health facilities

700+
Skilled nurse champions

A package of core solutions that supports a mother's safe journey through the health system
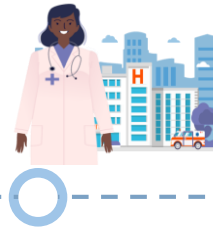
GETTING MOTHERS TO CARE AT THE RIGHT TIME...

Empowering mothers with information during and after pregnancy, and connecting them with lifesaving care.

PROVIDING QUALITY CARE WHEN SHE GETS THERE...

Equipping government nurses with lifesaving skills and knowledge to champion high quality care in facilities.

IN A SUSTAINABLY FINANCED HEALTH SYSTEM...

Helping governments use data to direct limited resources towards priority health system gaps.

PROMPTS
A suite of digital tools that connects mothers to care at the right place and the right time

SEQUENCE OF GESTATION-SPECIFIC MESSAGES designed to influence key behaviors linked with better outcomes

AI-ENABLED CLINICAL HELPDESK that reads, triages, and responds to mothers' questions, and sparks a rapid referral chain if a risk is identified.

DATA INFRASTRUCTURE that collects and aggregates data from mothers to inform quality of care.

2.2m+
Mothers enrolled to PROMPTS

27%
Increase in 4+ prenatal care check-ups

2 x
Increase in mothers taking up PPFP

85%
Of mothers flagged with a danger sign go to hospital

A facility-based program to improve and sustain EmONC skills among frontline providers

An Innovative 'Training of Trainers' Model

Jacaranda Lead Mentors equip government mentors with emergency care skills.

Government Mentors champion high quality care among their peers.

Mentees gain emergency care skills from mentors through CMEs and drills.

A blended approach to sustainably improve clinical performance and motivation

■ **A training package**, incl. simulations around emergency scenarios.

■ **In-facility coaching** to build skills while delivering services.

■ **Advisory support** to resolve system bottlenecks impacting services.

With measurable results in scale and impact

800+ program mentors actively cascading skills to their peers in facilities

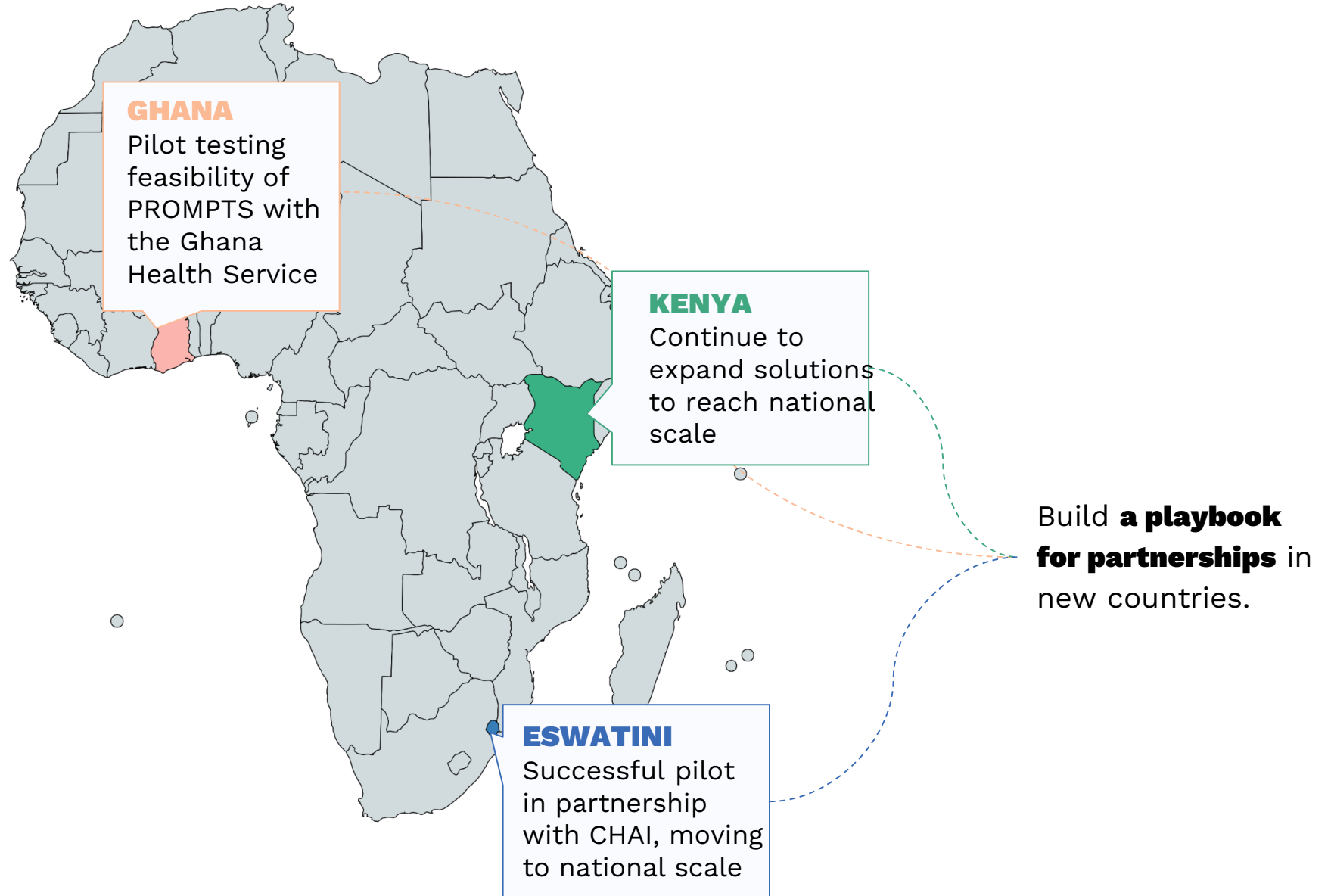**87%** of program nurses with improved confidence and competence

PULSE

Multiple datasets from mothers and facilities are aggregated into real time Quality of Care dashboards to drive informed government decision making and resource allocation

GOAL: EXPANDING REACH

Improve pregnancy journeys for 5M+ mothers

GHANA
Pilot testing feasibility of PROMPTS with the Ghana Health Service

KENYA
Continue to expand solutions to reach national scale

ESWATINI
Successful pilot in partnership with CHAI, moving to national scale

Build **a playbook for partnerships** in new countries.

5 Lessons for Unlocking Scale

01

Design solutions for cost, not just for impact

02

Unlock demand for solutions by designing for users

03

Using the right technology platforms accelerates scale

04

Smart data enables quick wins and drives greater buy-in

05

Invest in being a true partner to local and national governments

Design for cost, not just impact

To achieve sustainable financing, build solutions that are affordable, and anticipate the mechanics and constraints of government budgets. Be creative with cost-share.

~$1

PROMPTS has a low life-cycle cost to ensure governments can sustain and own the platform

40%

MENTORS is 40% cheaper to run per provider than similar 5 day classroom trainings

01   02   03   04   05

Unlock demand by designing with and for users

PROMPTS: No cost to users, leverages SMS for broad accessibility, HCD for message content and helpdesk support

MENTORS: CPD points incentivize professional development.

DATA: Give women and frontline providers a voice in the health system

01   02   03   04   05

450K

Mothers have shared feedback w/ PROMPTS

FROM PROMPTS

Hi Mum. Your feedback helps us help you get the best care. On your last check-up, were you treated with respect? This means; no physical abuse, treated with dignity, addressed directly, consenting to procedures and privacy.

PROMPTS amplifies mothers' voices in the health system

RESPECTFUL CARE: Mothers prompted to share feedback on experiences of care in facilities

UPTAKE OF KEY SERVICES: Mothers asked if they attended their last ANC check-up, received infant vaccines, or took up PPFP.

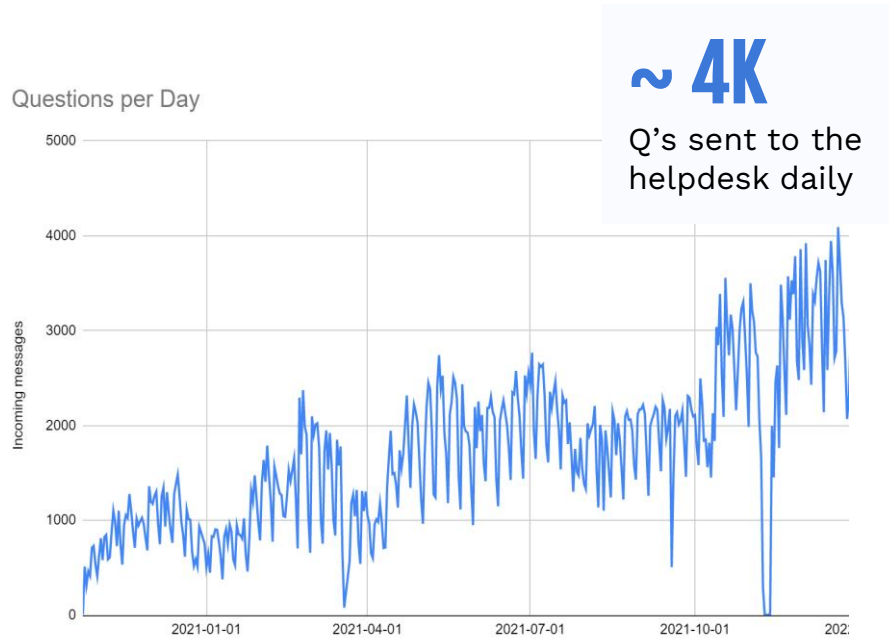**CLINICAL QUALITY**: Mothers prompted to share which clinical steps or information were missed at ANC.

01   02   03   04   05

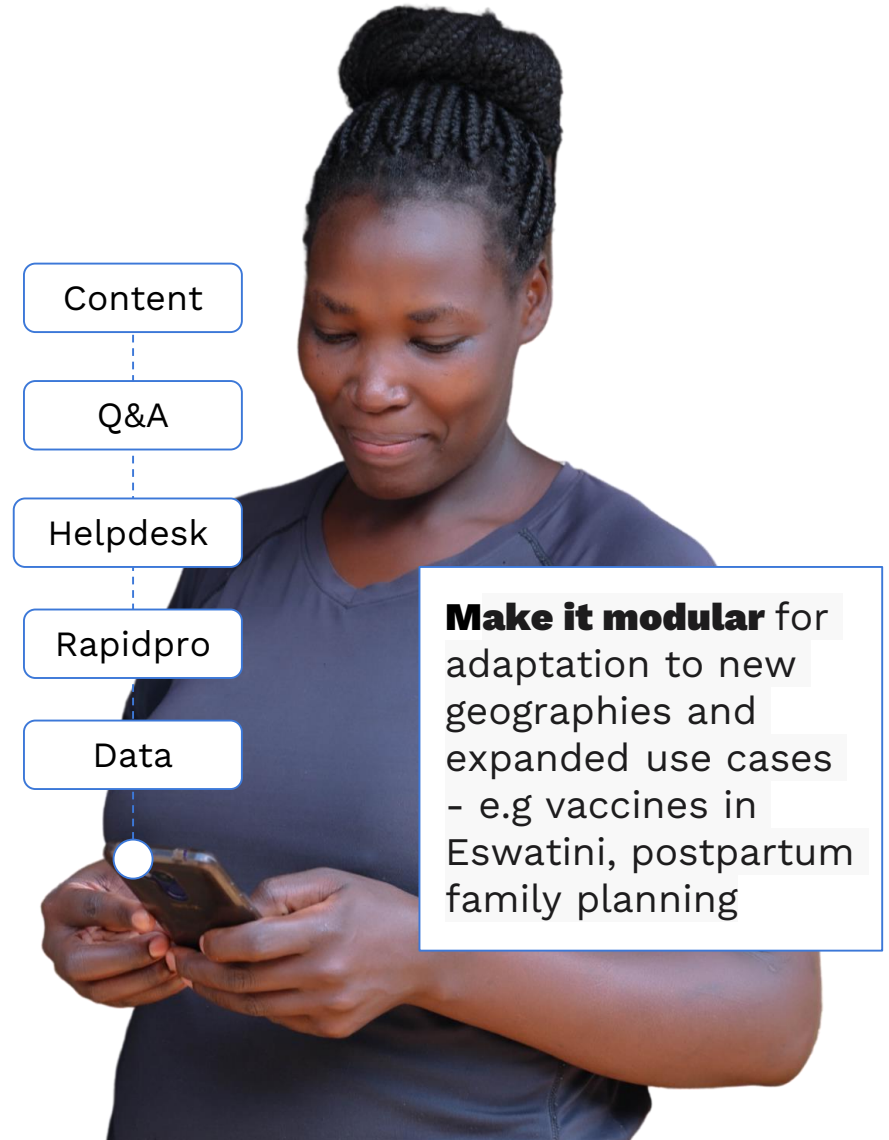# The right technology platforms accelerate scale

~ 4K
Q's sent to the helpdesk daily

Questions per Day

Leverage locally developed AI-based triage system reads and responds to thousands of questions daily.

Content

Q&A

Helpdesk

Rapidpro

Data

Make it modular for adaptation to new geographies and expanded use cases - e.g vaccines in Eswatini, postpartum family planning

01   02   03   04   05

Smart data enables quick wins and drive buy-in

Co-design data tools with government partners to be useful and usable and address pain points.

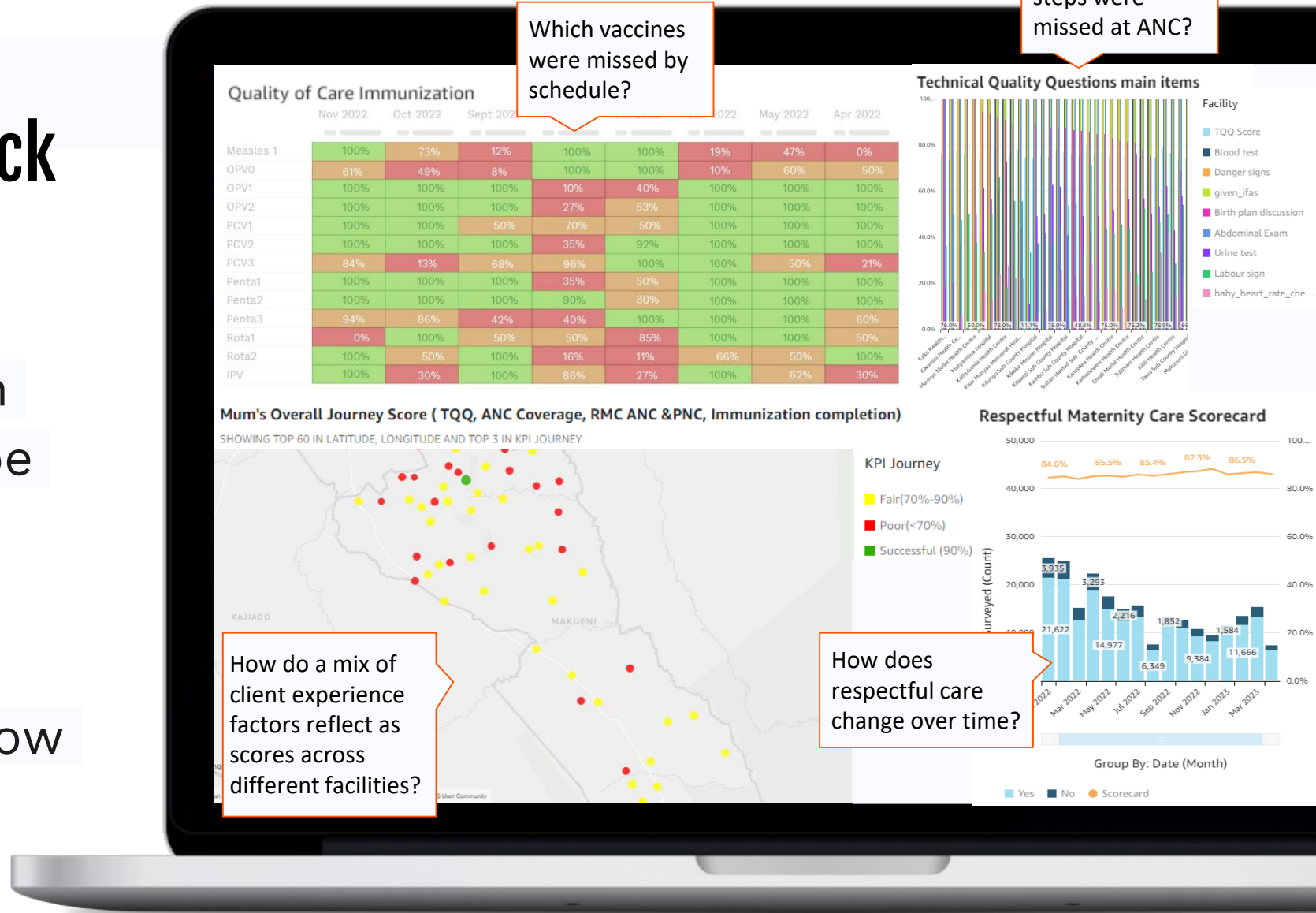Real-time dashboards allow rapid improvements to quality of care.


01   02   03   **04**   05

Invest in being a true partner to governments

- Identify the right government partners to scale solutions (e.g. counties in Kenya, GHS in Ghana)
- Invest in government relations teams and long-term relationships at multiple levels
- Be seen as a resource, not just transactional.

County vs. Jacaranda Cost Share (MENTORS)

65%
of MENTORS running costs covered by county governments
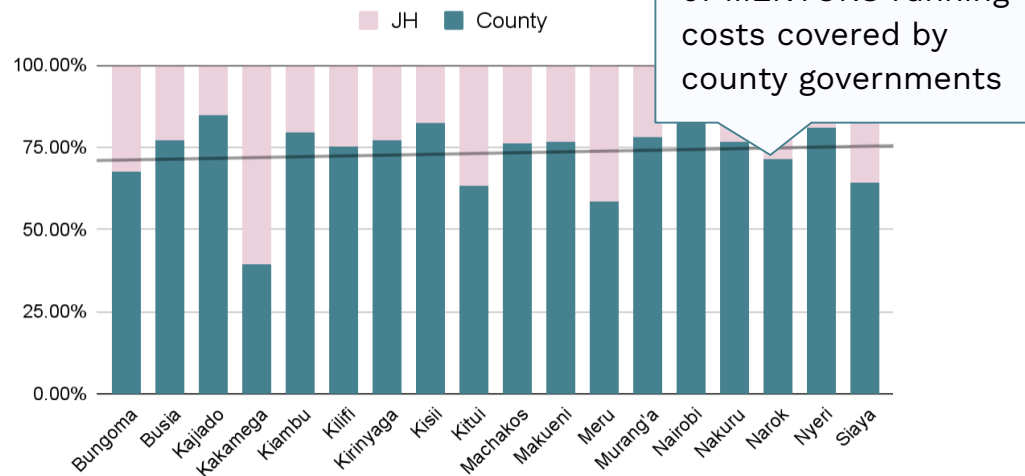
The Division of Family Health has endorsed national scale-up of our PROMPTS + MENTORS programs.

Our work has helped shape Division of Family Health's National EmONC Mentorship Manual and training.

01   02   03   04   05

Roundtable Discussion

Audience Question and Answer

Closing Remarks

Rajat Chabba

Technical Director - Market Solutions, MOMENTUM Country and Global Leadership/Jhpiego

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