

A healthcare worker, likely a nurse or doctor, is shown in profile, wearing a blue surgical cap and a white face mask. She is holding a blue folder or clipboard. The background is a clinical setting with wooden cabinets and a white wall.

MOBILIZING FINANCE FOR INFECTIOUS DISEASE PREVENTION, DETECTION, AND RESPONSE: CASE STUDY ANALYSIS

JANUARY 2022

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RELATED RESOURCES

This series of case studies is one of three complementary resources that include:

[Using Blended Finance To Generate Additionality And Human Impact: Guidance Note](#)

[Mobilizing Finance for Infectious Disease Prevention, Detection, and Response: Learning Brief](#)

EXECUTIVE SUMMARY

The ongoing COVID-19 pandemic has exacerbated weaknesses in the global health care system. Health care systems were underfunded and understaffed before COVID-19 emerged. The pandemic has worsened conditions. Significant investment is required to better prepare for infectious disease outbreaks and strengthen health systems worldwide.

USAID and other donors can play a key role in mobilizing finance and catalyzing private sector engagement for addressing infectious diseases and strengthening health systems. Donors can foster incentives for public and private sector actors to collaborate and accelerate investments to support infectious disease prevention, detection, and response.

Catalyzing private sector investment often requires blending the resources of donor funding, philanthropic capital, and private capital. No one source has the resources or the necessary incentives to fully address existing financing gaps. Well-structured financing allows impact-oriented donors and private sector players to deploy capital alongside each other and reach goals not otherwise achievable.

The five case studies presented provide examples of donor support for private sector action for health and demonstrate how this support led to additionality and human impact.



PREVENTION

Adequate prevention measures, such as research and development (R&D), production, distribution and administration of vaccines are necessary to avoid infectious disease outbreaks.



DETECTION










Rapid detection and verification of potential health emergencies are critical for mitigating threats and saving lives. These efforts require surveillance, reporting, and communication networks to share news of outbreaks, perform risk assessments, and share expert advice.



RESPONSE

Rapid, effective response is necessary to save lives once an infectious disease outbreak occurs. Such responses require skilled health care workforces, health system readiness, and access to personal protective equipment (PPE) and medications.

Case Studies

CASE STUDY	LOCATION	BLENDED FINANCE SUPPORT	HEALTH FOCUS
<p>A Global Ebola Vaccine Stockpile (2014) GOAL: Increase access to Ebola vaccines for low and middle income countries (LMICs) DONOR ROLE: Advance purchase commitments and grant funding to support vaccine development, manufacturing, and roll out</p>	Global	Guarantee/Risk Insurance	Prevention 
<p>B MedAccess COVID-19 Procurement Guarantee (2020) GOAL: Secure lower prices and create a sustainable supply of medical products for Sub-Saharan African (SSA) countries DONOR ROLE: Procurement guarantees from MedAccess and the Bill and Melinda Gates Foundation (BMGF) allowed UNICEF to provide prefinancing commitments to LMICS for COVID-19 supplies</p>	Global (SSA and South Asia)	Guarantee/Risk Insurance	Response 
<p>C The Open Doors African Private Healthcare Initiative (ODAPHI) (2021) GOAL: Provide emergency working capital to distressed private healthcare small- and medium-sized enterprises (SMEs) in SSA DONOR ROLE: Catalytic capital from President’s Malaria Initiative and loan guarantees from DFC and foundations for Medical Credit Fund to provide emergency loans to health care SMEs</p>	Ghana, Kenya, Nigeria, Tanzania, Uganda	Guarantee/Risk Insurance	Prevention & Response  
<p>D Babyl Rwanda (2016) GOAL: Develop proof of concept for digital solutions provided by private health care services that can support public health infrastructure DONOR ROLE: Support in covering pilot costs for Babyl Rwanda</p>	Rwanda	Technical Assistance	Prevention & Detection  
<p>E Sustainable Access to Markets & Resources for Innovative Delivery of Health Care (SAMRIDH) (2020) GOAL: Provide emergency medical supplies for COVID-10 response and strengthened health care SMEs in India DONOR ROLE: USAID and foundations provided catalytic capital to mobilize debt and equity, and fund transaction advisory services</p>	India	Catalytic Capital, Technical Assistance	Prevention, Detection & Response   

1 Problem Statement and Solution

- What is the health problem?

2 Stakeholders and Beneficiaries

- What is the role of various stakeholders? Who are the beneficiaries? What is the time frame?

3 Overview of Model

- How does the model work? What is the role of the donor(s)?

4 Financial and Ecosystem Additionality

- How was donor support additional?

5 Human Impact

- What are the achieved and expected impacts?

6 Lessons Learned

- What are lessons learned that can be applied to other contexts?

CASE STUDY A

GLOBAL EBOLA VACCINE STOCKPILE COORDINATION

Guarantee through advance purchase agreement coupled with grants to create incentives for development of Ebola vaccine and stockpile for countries in need

HEALTH FOCUS



PREVENTION



Credit: NIAID

Overcoming limited supply and stalled R&D of Ebola vaccines

HEALTH PROBLEM

A limited Ebola vaccine supply risked rapid spread and high morbidity and mortality rates during outbreaks, particularly in SSA.

FINANCING GAP

Uncertain end markets and limited ability to pay for Ebola vaccines stalled private sector R&D.

SOLUTION

Create Private Sector Incentives:

- Provided advance purchase commitments (APC) to a pharmaceutical manufacturer of Ebola vaccines to create a commercial incentive to continue R&D

Alleviate Cost Burden:

- Donor funding covered wrap-around vaccine roll-out needs, such as initial delivery costs.

Gavi-funded advance purchase for global Ebola vaccine stockpile

OVERVIEW

Gavi, the Vaccine Alliance

- Donor organization working with International Coordinating Group (including WHO, UNICEF, International Federation of Red Cross and Red Crescent Societies, and Médecins Sans Frontières) created a free stockpile for eligible LMICs. Gavi's \$90 million grant supported vaccine roll-out (e.g., training, etc.) and health systems rebuilding in Ebola-affected countries.

Merck

- Pharmaceutical company working on vaccine production in region entered \$5 million APC to develop vaccines.

- Donor organization providing \$20 million to Gavi to fund first delivery of vaccines into stockpile.

Population

- Poorer communities in urban and rural SSA Countries where Ebola is endemic and communities are more likely to experience Ebola outbreaks.
- Women, including pregnant women are disproportionately affected by health system disruptions, leading to higher rates of illness and mortality. As family caregivers and health care workers, women have a higher likelihood of being exposed to Ebola.

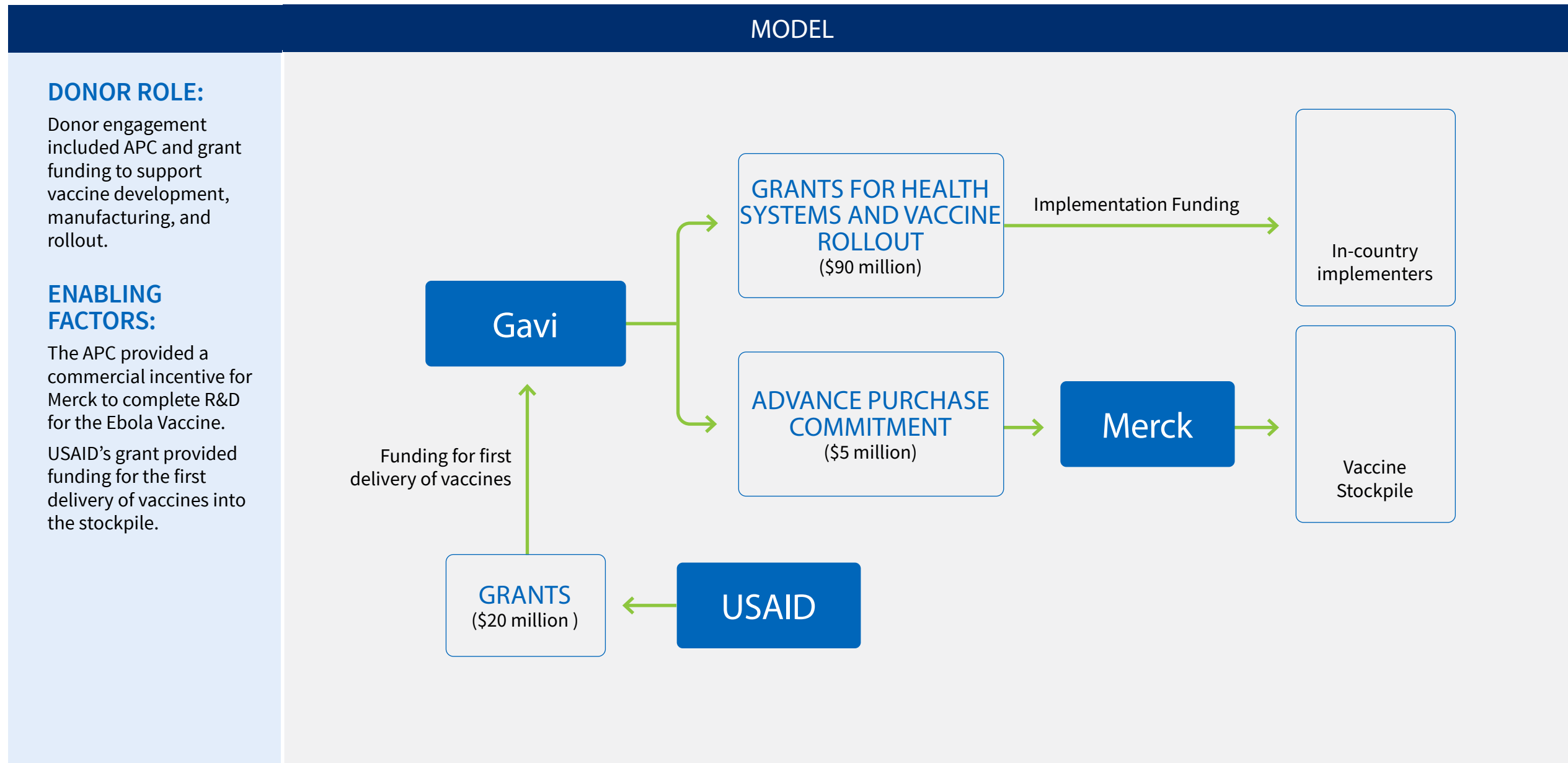
USAID

TIMELINE

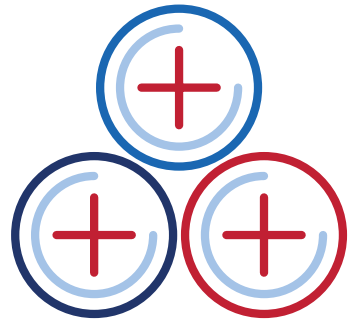


A

Gavi and USAID support health systems and vaccine rollout



Advance purchase and grant support addresses key barriers



ADDITIONALITY

FINANCIAL ADDITIONALITY

Innovative Financial Instruments: With \$5 million in APCs and \$20 million in grants for initial delivery, Gavi's and USAID's contributions helped to address some of the risks associated with creating a product for an uncertain commercial market by offering to buy products from private actors if they completed R&D for the Ebola vaccine.

ECOSYSTEM ADDITIONALITY

Sector-wide growth: Gavi's APC contributed to Merck's completion of R&D, licensure, and prequalification. USAID's commitment enabled timely delivery of a set volume of vaccines.

Gavi's APC created a commercial incentive, which contributed to an enabling environment that led to an increase in the number of Ebola vaccines in various stages of R&D from five in 2001 to 17 in 2019.

GAVI allocated grants to support recovery of health systems in Guinea, Liberia, and Sierra Leone after the 2014 Ebola crisis. The grants supported restoration of health infrastructure while strengthening systems for long term, holistic interventions that helped countries to recover from prior outbreaks, and prepare them to respond quickly in the future.

Strengthened health infrastructure in Guinea, Sierra Leone, Liberia



HUMAN IMPACT

Increased access to basic services by contributing to the creation of free and effective vaccines available in the event of an Ebola outbreak for LMICs.

An established vaccine stockpile will accelerate response to outbreaks and reduce the spread of infection and resulting morbidity and mortality. Gavi's grants help health systems prepare for vaccine distribution.

Achieved impact:

350,000 Guineans received the vaccine at no cost during the 2018-2020 Ebola outbreaks. The vaccine was 97% effective according to WHO.

Expected impact:

Stockpile of 500,000 doses over the next 2-3 years, available to any country with outbreak, free for LMICs.

A

Guarantees and grants address infectious disease prevention

Covering initial R&D costs for neglected diseases help ensure solutions like vaccines are ready before infectious disease outbreak.

While more than 10 Ebola vaccines were in various manufacturers' R&D pipelines by 2014, lack of commercial markets discouraged development, licensing, and deployment of vaccine, stalling progress. APC provided commercial incentive for private actors to complete R&D, catalyzing final stages.

“Financial incentives were aligned for manufacturers to accelerate development and have certainty that there is a buyer for doses, which would be included in a stockpile, helped to facilitate the process.”

– Paolo Sinson, Director of Innovative Finance at Gavi

2 Targeted donor funding fills financing gaps to ensure successful transfer of products and services from supplier to consumers (e.g., delivery costs, training, infrastructure).

Gavi's commitment accelerated vaccine development and rebuilt Ebola-affected health systems in Guinea, Liberia, and Sierra Leone. Gavi also provided funding necessary for infrastructure, and support for vaccine rollout, such as transportable cold-storage units.

Sources

[UNICEF, WHO, IFRC and MSF announce the establishment of a global Ebola vaccine stockpile,](#) WHO

[500,000 doses of Ebola vaccine to be made available to countries for outbreak response,](#) Gavi

[Ebola vaccine purchasing commitment from Gavi to prepare for future outbreaks,](#) Gavi

[Gavi commits to purchasing Ebola vaccine for affected countries,](#) Gavi

[The race to develop an Ebola vaccine,](#) Gavi

CASE STUDY B

MEDACCESS COVID-19 SUPPLY PROCUREMENT GUARANTEE

Donor supported guarantees enabled access to UNICEF revolving fund for COVID-19 medical supplies for Africa

HEALTH FOCUS



Procurement guarantees unlock funding for COVID-19 equipment and supplies

HEALTH PROBLEM

Limited PPE and medical supplies for COVID-19 for SSA and South Asia increases likelihood of infections, morbidity, and mortality.

FINANCING GAP

LMICs lacked available financing for PPE. UNICEF had existing earmarked Fund but required payment guarantee to utilize for COVID-19 response.

SOLUTION

Unlock funding for COVID-19 supplies

- Provide procurement guarantees enabling UNICEF to provide LMICs pre-financing commitments for COVID-19 PPE and medical supplies.

B

Procurement guarantees ensure sustainable supply of medical products

OVERVIEW

MedAccess

- MedAccess is a \$200 million subsidiary of CDC Group. With philanthropic partners it provided volume and procurement guarantees to ensure a sustainable supply of medical products for LMICs. MedAccess provided a \$50 million procurement guarantee to UNICEF for COVID-19 supplies for LMICs.

Bill and Melinda Gates Foundation (BMGF)

- Private foundation provided \$50 million procurement guarantee to UNICEF.

UNICEF

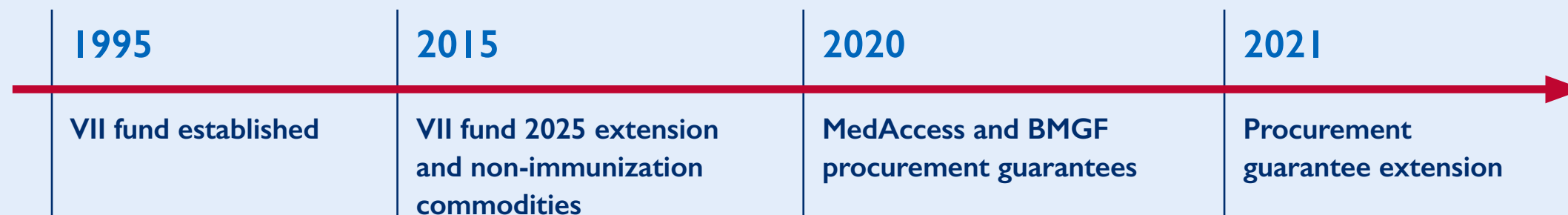
- Used MedAccess and BMGF procurement guarantees to ensure

repayment of funds earmarked for a different purpose. UNICEF was able to redesignate funding from Vaccine Independence Initiative (VII) Revolving Fund for COVID-19 PPE and medical supplies. UNICEF provided LMICs with pre-financing commitments for \$313 million of COVID-19 supplies.

Population

- 55 LMICS in South Asia and SSA could access pre-financing to order more than \$313 million of COVID-19 supplies, including oxygen, respirators, and diagnostic tests.

TIMELINE



B

Guarantees enabled UNICEF to lend from revolving loan fund

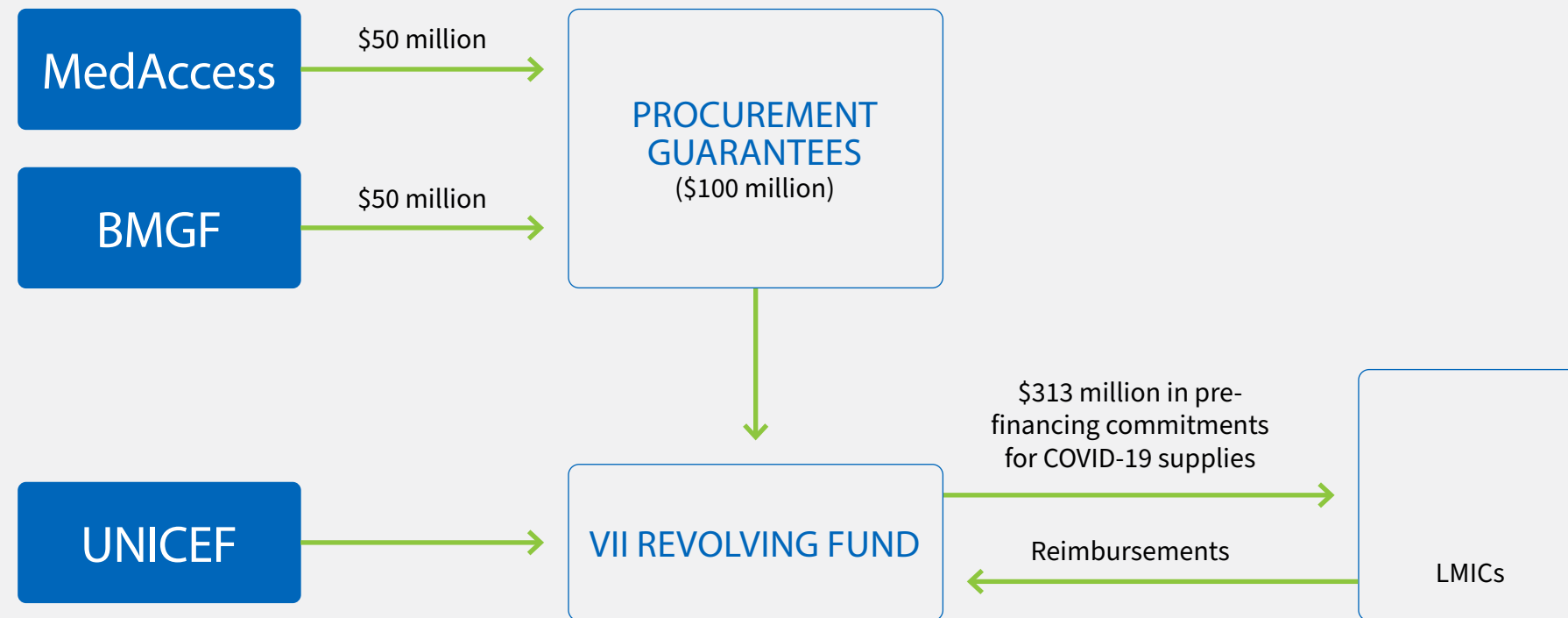
MODEL

DONOR ROLE:

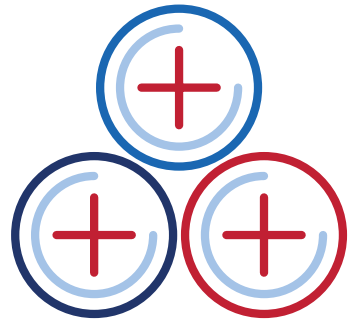
Donor engagement included procurement guarantees from MedAccess and BMGF, which allowed UNICEF to provide prefinancing commitments to LMICs for COVID-19 supplies

ENABLING FACTORS:

The procurement guarantees allowed UNICEF to lend from its VII Revolving Fund, which is earmarked for vaccines. VII funds are limited, therefore UNICEF could not accept risk of country default



\$100 million procurement guarantee unlocked \$313 million of COVID-19 supplies



ADDITIONALITY

FINANCIAL ADDITIONALITY

Risk Mitigation. During crisis, UNICEF's VII Revolving Fund had funds, but the vaccine earmark meant it could not be diverted for PPE and COVID-19 supplies if there was a risk of default. MedAccess and BMGF mitigated the risk by providing \$100 million in procurement guarantees. This allowed UNICEF to support shipments of \$313 million of COVID-19 supplies.

ECOSYSTEM ADDITIONALITY

Sector-wide growth. UNICEF's pre-financing commitments expedited availability of PPE and medical supplies by up to six months by providing upfront capital for orders to 55 LMICs. LMICs needed PPE but were unable to access financing without the commitments from UNICEF.

“Volume guarantees are useful when the manufacturing challenge is a lack of visibility into the market, or fragmentation [that makes] reaching a particular volume for a lower price challenging, or if it’s a brand-new market.”

- Hafeez Ladha, Vice President of Market Shaping Investments at MedAccess

Reduced COVID-19-related morbidity and mortality



HUMAN IMPACT

Response to infectious disease through increased access to PPE and medical supplies reduced COVID-19 related morbidity and mortality.

Many LMICs did not have funding for PPE; however, they needed to access supplies quickly to protect healthcare workers and mitigate COVID-19 spread. Health systems were already vulnerable and with limited capacity to address COVID-19.

Procurement guarantees and pre-financing commitments accelerated access to PPE and medical supplies, reducing morbidity and mortality related to COVID-19.

Achieved:

- Procurement guarantee and pre-financing commitment increased the accessibility and affordability of essential medical equipment for LMICs by locking in prices and volumes for more than \$313 million in supplies for COVID-19 response.

B

Guarantees effective for rapid response with experienced partner

Experienced implementing partners can accelerate delivery of needed health supplies, particularly by addressing working capital.

UNICEF is experienced procurer with global infrastructure to distribute materials quickly; however, financing constraints limited its ability to act quickly. Donor guarantees unlocked funding and accelerated disbursements by four to six months. This was made possible by UNICEF's well-established processes.

“Guarantees work for infectious disease because of high level of donor support and involvement at all levels of the value chain.”

– Hafeez Ladha, Vice President of Market Shaping Investments at MedAccess

Sources

MedAccess

[UNICEF Extension of the Vaccine Independence Initiative and its revolving fund](#), UNICEF

[Update on the UNICEF response to COVID-19, with a focus on vaccine roll-out](#), UNICEF

[The Vaccine Independence Initiative \(VII\)](#), UNICEF

Dalberg Stakeholder Interviews, 2021

CASE STUDY C

OPEN DOORS AFRICAN PRIVATE HEALTHCARE INITIATIVE (ODAPHI)

Emergency loan guarantee providing
finance to private SME health
providers in five high malaria
burdened African countries

HEALTH FOCUS



PREVENTION



RESPONSE



Credit: USAID/Tanzania

Loan guarantee enables finance to SMEs at risk of closure due to COVID-19

HEALTH PROBLEM

COVID-19 disruptions threatened private health care SMEs that deliver nearly half of all healthcare in SSA.

FINANCING GAP

Decreased revenue due to COVID-19 threatened operations of health care SMEs. Medical Credit Fund's covenants restricted it from lending to companies at high risk of default.

SOLUTION

Funding unlocked for private health care SMEs during health crisis

- Provided loan guarantees to unlock emergency loans for private health care SMEs, helping them offer essential health services, including malaria testing and treatment, during crisis.

Emergency loan guarantees allow continuation of essential health services

OVERVIEW

The Open Doors African Private Healthcare Initiative (ODAPHI)

An emergency loan guarantee facility operating through Medical Credit Facility. ODAPHI was developed by the Health Finance Coalition (HFC), a group of leading health donors, investors, and technical partners, including Malaria No More, the Rockefeller Foundation, Skoll, BMGF, WHO, World Bank, and the Global Fund. ODAPHI is seeking to scale blended finance solutions to achieve SDG3 and Universal Health Coverage in Africa. HFC played a leading role in the development and coordination of the deal and manages loan facility on behalf of private guarantors.

Medical Credit Fund (MCF): ODAPHI operates through MCF, which aims to provide \$30 million in emergency loans for health care SMEs.

U.S. President’s Malaria Initiative (PMI) and DFC: PMI made a catalytic investment of \$700,000, which covered DFC’s subsidy costs and enabled DFC to provide a \$17 million loan guarantee to ODAPHI.

The Rockefeller, Skoll, and other foundations: Each foundation provided \$1.5 million of loan guarantees to ODAPHI, which accelerated credit availability.

Population: Healthcare providers in Ghana, Kenya, Nigeria, Tanzania, and Uganda could continue providing essential services, including malaria testing and treatment, throughout the COVID-19 pandemic. Includes 3 million low-income patients, 2.4 million women and 1.4 million children disproportionately at risk for malaria.

TIMELINE





Health Finance Coalition mobilizes \$19.2 million loan guarantee unlocking \$30 million in emergency loans

MODEL

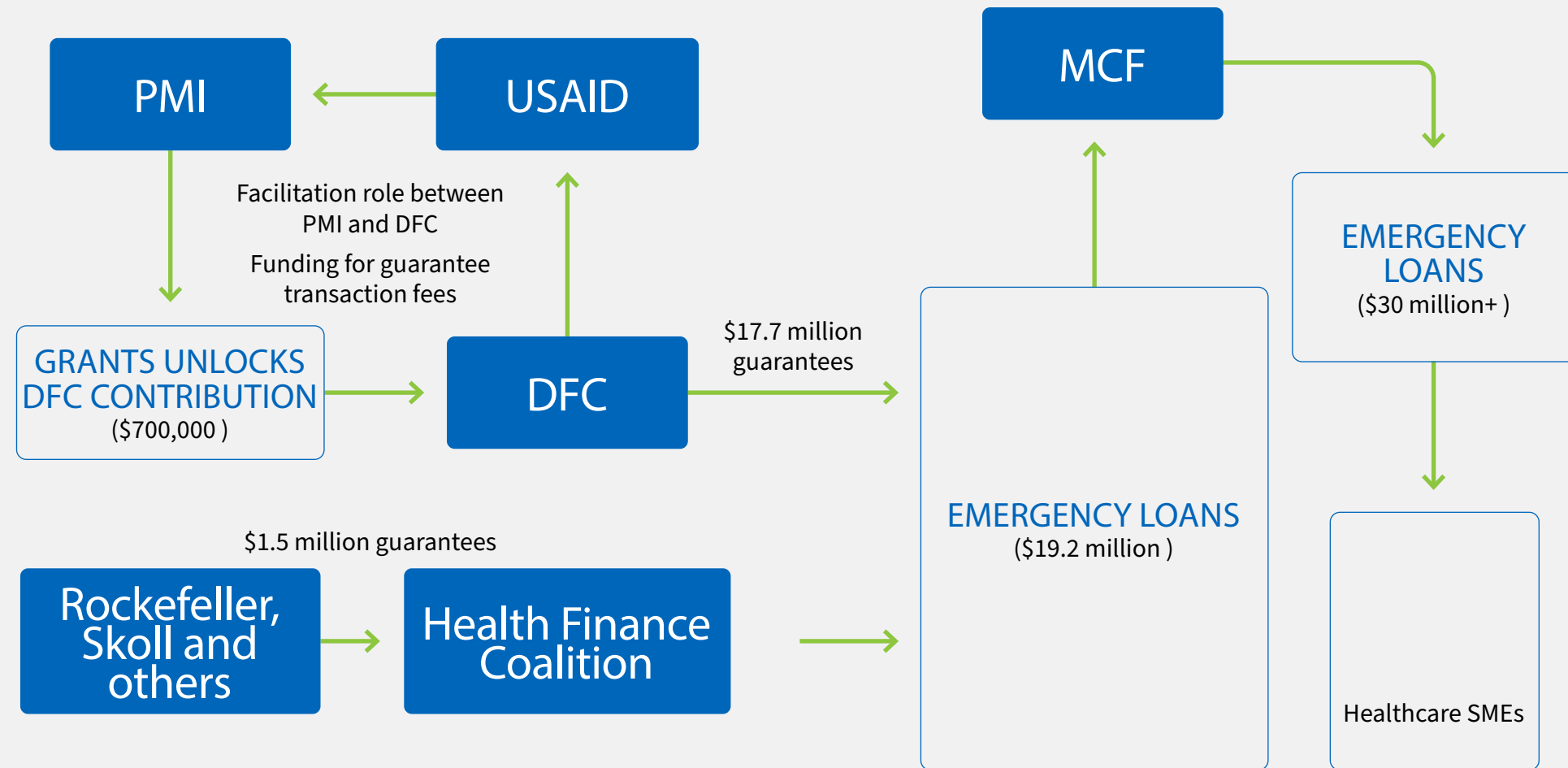
DONOR ROLE:

Donor engagement included PMI catalytic grant in transaction fees for DFC to provide emergency loan guarantees with other funders, enabling MCF to provide loans to SMEs.

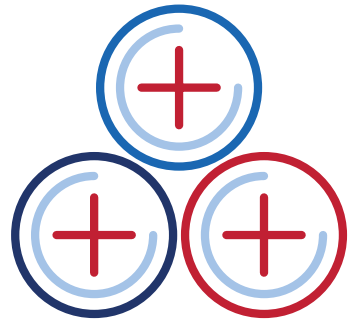
ENABLING FACTORS:

PMI's funding covered the DFC's transaction costs, which enabled it to provide guarantees.

Rockefeller, Skoll, MCJ Amelior could provide guarantees faster than DFC due to fewer requirements, allowing MCF to provide funding while DFC's contributions were pending.



\$30 million raised for emergency loan guarantees, supports continued care for 5 million people



ADDITIONALITY

FINANCIAL ADDITIONALITY

Innovative Financial Structures: Private health care SMEs were distressed during COVID-19 and needed funding, but MCF's covenants restricted lending to companies at high default risk. DFC loan guarantees paired with Rockefeller, Skoll and MCJ Amelior foundations guarantee to cover 80% of loans provided by MCF. This allowed MCF to provide emergency support to facilities that would otherwise not be possible.

Resource Mobilization: PMI covered \$700,000 worth of transaction fees, which enabled DFC to provide \$17.7 million of loan guarantees, and secured an additional \$1.5 million in loan guarantees from various foundations. Altogether, \$30 million of emergency loans were mobilized from MCF for SMEs.

ECOSYSTEM ADDITIONALITY

Sector-wide growth: PMI's subsidies as well as the foundations' loan guarantees enabled MCF to begin distributing funds up to nine months sooner than they would have with only the DFC's support. By addressing working capital challenges, loan guarantees support SMEs against permanent closure, supporting overall health infrastructure.

PMI mission offices collaborate with Medical Credit Fund Country staff on loan pipeline in PMI priority geographies.

“The private sector jump started the process – otherwise we would have waited nine months for DFC to come online.”

-John Simon, Managing Partner at Total Impact Capital

ODAPHI helps 1,600 health facilities continue treatment for malaria and essential health services



HUMAN IMPACT

Catalytic grants and emergency loan guarantees increased access to basic services by supporting the continuation of life-saving tests and treatments.

Private health care companies provide about 50% of health care in SSA, including malaria treatment and vaccinations.

COVID-19 lockdowns threatened to limit revenue for private health care companies and close operations. Service disruptions in 2020 could have led to an estimated 100,000 malaria deaths in SSA.

Expected:

- As a result of the emergency loans, 1,600 health care facilities are expected to continue operations, with an average of 3,200 patients served annually at each clinic. As a result, 5 million people in Africa are expected to have continued access to health care throughout the COVID-19 pandemic.
- The health care facilities supported by the loan benefit 3 million low-income patients, 2.4 million women and 1.4 million children who are disproportionately at risk for malaria.

“This [financing] facility is one of the first solutions of its kind to address the twin health and economic crises facing the private health sector in Africa due to COVID-19.”

– Martin Edlund, CEO, Malaria No More

Guarantees and experienced partners are effective for rapid response

Safeguarding economically distressed health care SMEs during crisis by providing emergency financing.

While many banks halted credit lines during COVID-19, MCF could continue to provide credit because the guarantees insured against losses and allowed MCF to abide by its covenants.

“You can’t be afraid of moving aggressively during a crisis. [Nonperforming loans] went from 3% to 10%; now its back down to 5%. Hopefully, it will go lower as the crisis abates, though not instantly, and as entities get used to managing the crisis while meeting the needs of their constituents.”

– John Simon, Managing Partner at Total Impact Capital

2 Partnering with diverse set of public and private actors helps to streamline transactions by filling timing gaps in fund disbursements.

Private actors were able to provide guarantees to MCF sooner than the DFC, which had to complete lengthy funding requirements. This allowed MCF to begin loan disbursements to SMEs faster than if it only worked with the DFC.

“Blended financing isn’t just about different forms of capital, its about different timeframes and being able to meet the need, especially in a pandemic. Use different investors money at different times.”

– John Simon, Managing Partner at Total Impact Capital

Sources

[New loan guarantee facility unlocks over \\$30m to shore up private sector health care in five African countries during COVID-19](#), Malaria No More

CASE STUDY D

BABYL

Technical assistance supported digital health services pilot building Rwanda health infrastructure



HEALTH FOCUS



PREVENTION



DETECTION

Digital health services help provide quality affordable health care in rural areas

HEALTH PROBLEM

Public health infrastructure in Rwanda is limited, and many rural regions have limited access to affordable, quality health care.

FINANCING GAP

To prove that Babyl's digital services could act as input to public service offering, the initial pilot operating costs needed to be covered.

SOLUTION

Provide upfront costs to pilot digital health solutions

- Provided grants to cover pilot and evaluation costs (technical assistance) for Babyl to offer high quality health care services that fill gaps in public health care service provisions and qualify for public sector funding.

Private telemedicine company, Babyl, leveraged technical assistance. Successful pilot led to expanded operations

OVERVIEW

Babyl

- Babyl, a subsidiary of the digital health service provider, Babylon, signed a contract with the Government of Rwanda (GoR) in 2018 to enable service provisions. However, initial funding was provided by Babylon and the Bill and Melinda Gates Foundation.

Bill and Melinda Gates Foundation (BMGF)

- BMGF provided over \$1.2 million to support Babyl's pilot in Rwanda. This was helpful in proving viability to the GoR and becoming integrated into public health system.

USAID's Investment Support Program

- USAID's Investment Support Program provided grant funding to

pay for Babyl's impact evaluation. Evaluation was critical for Babyl to secure a contract with GoR and access future funding.

Government of Rwanda

- In 2010, GoR signed a contract to expand Babyl's services to Rwandans over the age of 12 through the government's community-based health insurance scheme, Mutuelle de Santé.

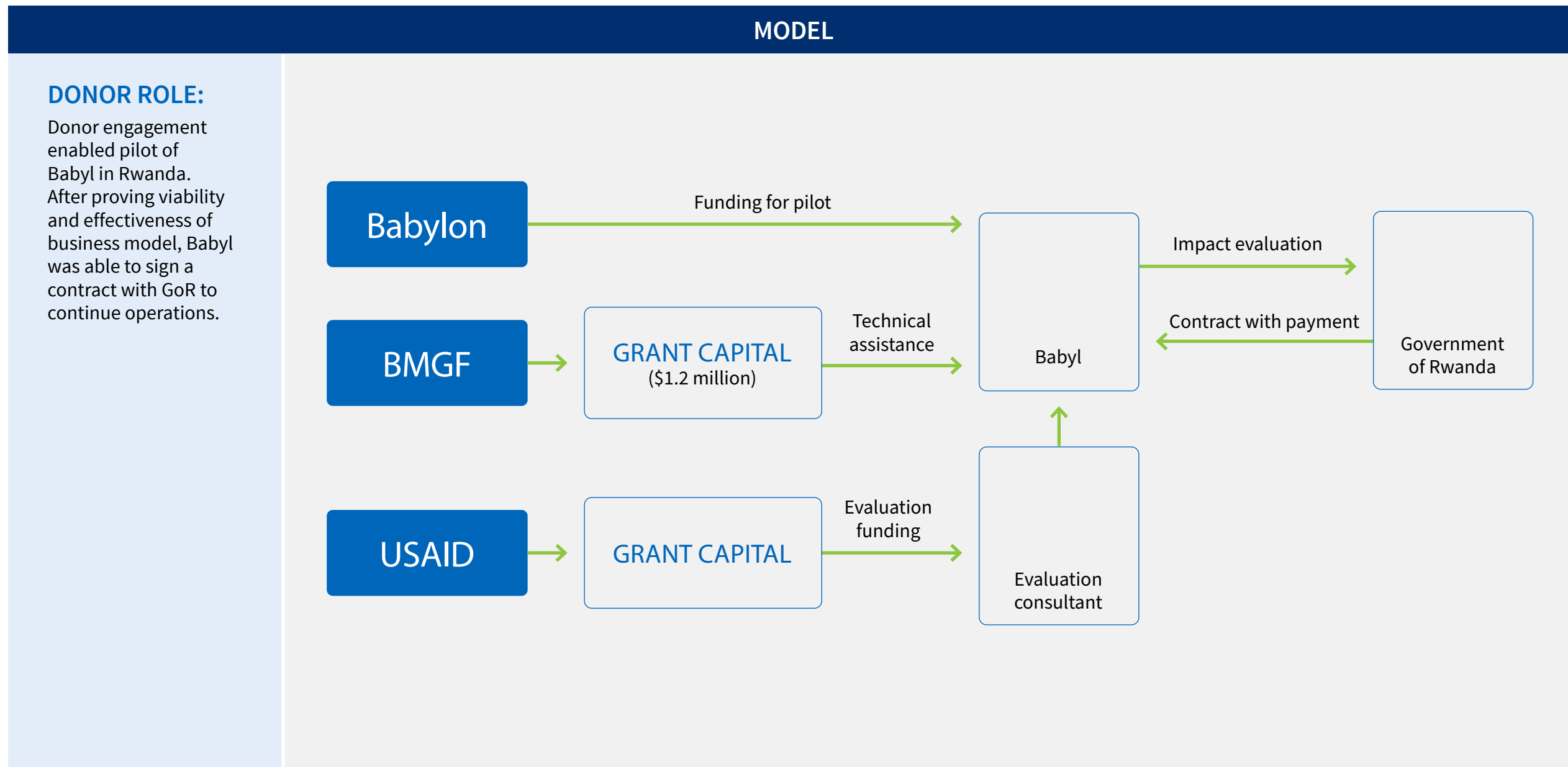
Population

- The focus population was all Rwandans over the age of 12. Since 2016, over 2 million Rwandans have registered for Babyl. Booths with digital services are available at pharmacies throughout the country.

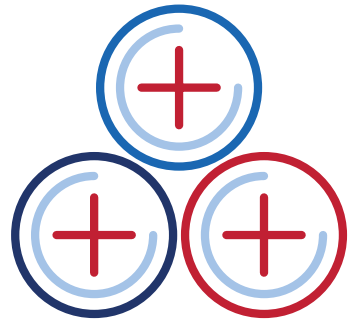
TIMELINE



BMGF early-stage funding allowed Babyl to pilot operations



Evaluation demonstrated effectiveness of digital model and potential for expansion



ADDITIONALITY

FINANCIAL ADDITIONALITY

Innovative Financial Instruments: BMGF addressed some risks of entering new markets by providing Babyl with grant funding to pilot digital health services in Rwanda. This funding helped Babyl to offset initial operation costs because it could not secure funding from the government until it proved its business model in country.

ECOSYSTEM ADDITIONALITY

Demonstration effects: BMGF's funding for Babyl's pilot and USAID's funding for an external evaluation helped Babyl to demonstrate effectiveness of digital model and potential for universal primary health care in Rwanda. As a result, GoR signed a 10-year contract with Babyl, including payment for service, which allowed Babyl to continue operations.

Babyl delivered more than 1 million consultations and created 300 jobs



HUMAN IMPACT

Digital technology reduces burdens on health care systems and increases access to basic services. Making use of digital platforms allows for services to reach more rural areas, without putting extensive burden on the health care infrastructure.

Babyl enables patients to receive faster health care treatment, conduct fewer trips to health facilities, receive prescriptions, and lab requests, referrals, and more. This reduced patient costs in time and travel required to receive care, aiming to provide universal primary health care to Rwandans over 12 years.

Remote care supports health infrastructure, addressing physician shortages in Rwanda, where there is one physician for every 12,000 citizens.

Achieved:

- Over 30% of adult population in Rwanda is registered on Babyl. Doctors and nurses completed 3,000 consultations daily. Babyl has delivered more than 1 million consultations in Rwanda.
- Babyl has created 300 jobs in digital health, and expects to continue employment and training opportunities in Rwanda.

“With the reduced burden on health centers and other medical institutions, our medical professionals will be able to spend more time and resources on the most serious medical cases, further increasing the quality of health care delivery across the country.”

– Dr Daniel Ngamije, Minister of Health in Rwanda

Technical assistance supports market for innovative models

Promoting digital health solutions in new markets by covering high market entry costs to support innovation and infectious disease detection.

GoR required demonstrable impact before engaging Babyl through its public insurance scheme. By providing upfront capital, BMGF enabled Babyl to enter the market and show proof of concept.

“Digital health care is a significant step towards ensuring that all our members can conveniently access doctors without fear of loss of income or worry about travel to a medical institution. Early intervention with easier access to health care will also reduce the burden on our universal health care scheme.”

– Regis Rugemanshuro, Director General of RSSB

Sources

[Rwanda will be the world's most advanced country for digital health](#), Babylon

[Rwanda partners with Bill & Melinda Gates Foundation, telehealth company to launch health app](#), Beckers Hospital Review

[Committed Funding: Babylon Holdings Limited](#), Gates Foundation

CASE STUDY E

SUSTAINABLE ACCESS TO MARKETS AND RESOURCES FOR INNOVATIVE DELIVERY OF HEALTHCARE (SAMRIDH)

Multiple blended finance solutions support health innovators through technical assistance (TA), loans, partial risk guarantees, interest subvention, pay for performance instruments and grants

HEALTH FOCUS



PREVENTION



DETECTION



RESPONSE



SAMRIDH's funding supports critical care, medical supplies, and health care infrastructure resilience

HEALTH PROBLEM

The COVID-19 pandemic has disrupted services and stressed India's health care infrastructure and ability to respond to health emergencies.

FINANCING GAP

Limited access to appropriate capital for innovative health care SMEs, emergency response, and broader health care system strengthening.

SOLUTION

Funding COVID-19 response

- Provides technical assistance to support investible health care initiatives pipeline

Strengthening India's Health Care Systems:

- Provides catalytic capital to fund COVID-19 response and long-term systems strengthening

SAMRIDH provides grants and syndicated loans and supports health care SMEs COVID-19 response

OVERVIEW

Sustainable Access to Markets & Resources for Innovative Delivery of Healthcare (SAMRIDH): A health care blended finance facility to catalyze \$100 million to provide grants and syndicated loans to support India's COVID-19 response and other emerging health care needs.

SAMRIDH provides technical assistance, blended loans, partial risk guarantees, interest subvention, pay for performance instruments, and grants to health care innovators and enterprises.

USAID and other funders: Donors provides ~\$40 million to support SAMRIDH operations and mobilize additional funding from the Indian Institute of Technology–Dehli, Rockefeller, Ford, and Bill and Melinda Gates Foundations.

Scientific organizations: The Principal Scientific Advisor to the Government of India, the National Health Authority, and NATHEALTH partnered with SAMRIDH to provide technical collaboration.

Population: Targets vulnerable 40 percent of Indian population with a high disease burden, including COVID-19, tuberculosis, and malaria, as well as low-income and underserved communities.

SAMRIDH intends to fund programs focused on and led by women and tribal populations.

TIMELINE



USAID played an anchor role and catalyzed \$100+ million from other funders

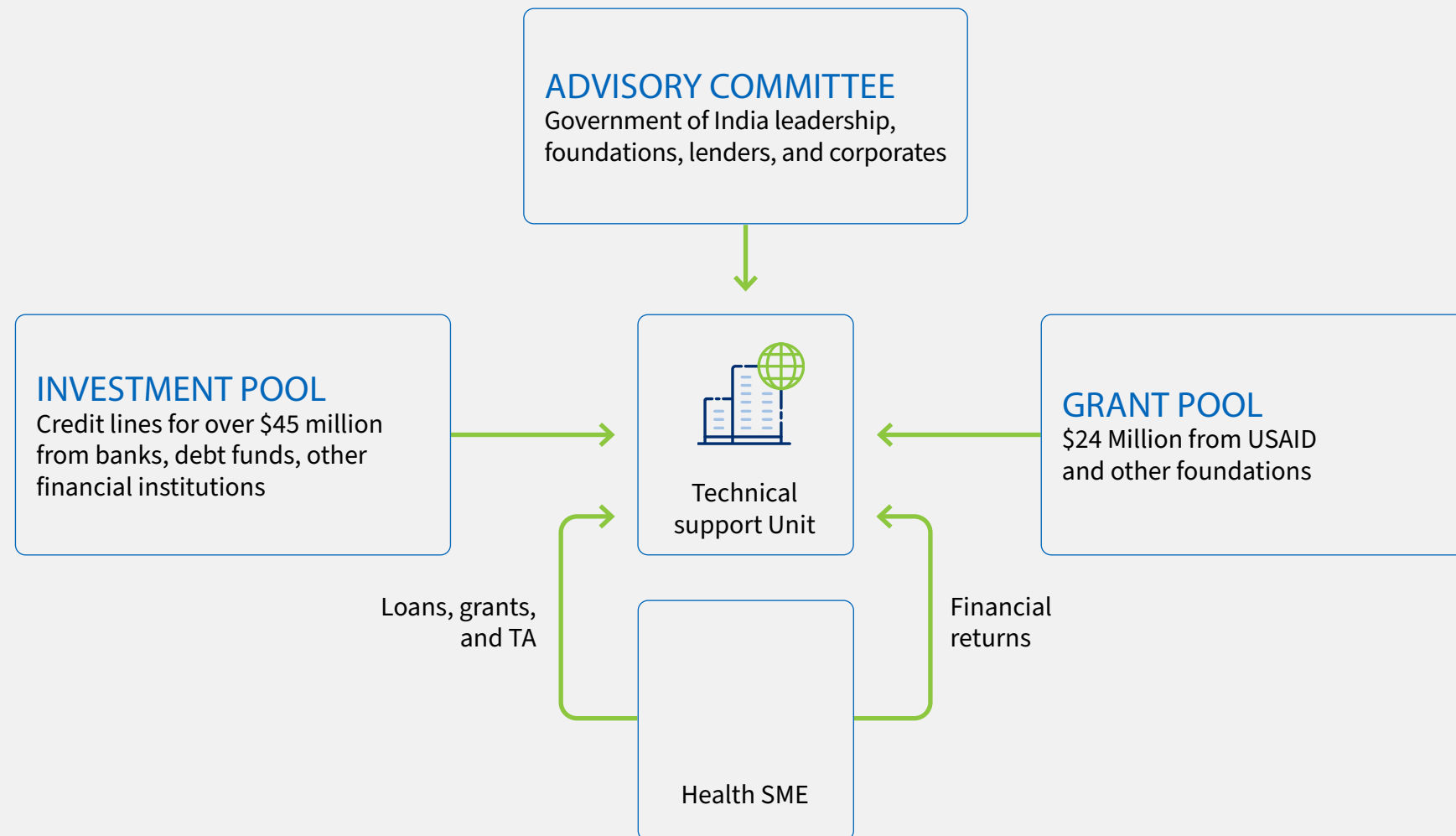
MODEL

DONOR ROLE:

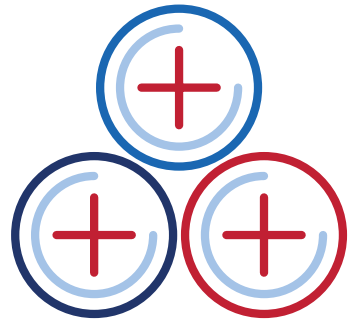
Donor engagement included grant commitments and credit lines to support health care SMEs to respond to COVID-19 and roll out innovations.

ENABLING FACTORS:

Initial funding from USAID and input from scientific institutions lent credence to SAMRIDH's effort and mobilized additional funds from Rockefeller, Ford, and Gates Foundation.



SAMRIDH achieves additionality by mobilizing funds for health care SMEs and developing a pipeline of investable entrepreneurs



ADDITIONALITY

FINANCIAL ADDITIONALITY

Innovative financial structures: SAMRIDH used catalytic capital from USAID to mobilize additional funding from foundations. This capital also allowed SAMRIDH to establish a syndicated loan facility, which leveraged five to ten times loan funding for every dollar of grants.

ECOSYSTEM ADDITIONALITY

Pipeline development: As a result of catalytic capital, SAMRIDH is strengthening the pipeline of health care innovators by providing technical assistance and tailored financial products to 35-40 high potential health care companies.

Sector-wide growth: SAMRIDH is intentionally performing monitoring and evaluation of its investments to share measurable indicators, impact, and lessons with the broader field and establish strong exemplars of blended finance transactions.

SAMRIDH to increase affordable quality health care access, serving 15-20 million people in India



HUMAN IMPACT

By expanding hospital capabilities, increasing critical care beds, training health care workers, providing PPE, and more, SAMRIDH is strengthening India's health care infrastructure, increasing access to basic services, and aims to have direct and indirect impact on 15–20 million people across country.

Expected:

- Reduce morbidity and mortality related to COVID-19 in near term, and tuberculosis, malaria, and other communicable diseases in long term.
- Strengthening services and reducing out-of-pocket-expenditure for the vulnerable 40% of population in India with a high disease burden (e.g. COVID-19 and other infectious diseases).
- SAMRIDH intends to fund programs focused on and led by women and tribal populations. For example, helping increase the amount of critical care beds available for tribal populations.
- SAMRIDH intends to support at least 35 health care innovators to access affordable capital and operationalize their interventions.

Catalytic capital and technical assistance support crisis innovations

Fast-tracking new health care initiatives at early stages can allow health services to reach the market quicker during an emergency.

SAMRIDH received catalytic capital from USAID and technical assistance from India's scientific community, which helped de-risk SAMRIDH for public and private investors.

2 Strategically structuring emergency funding can address urgent needs in emergency response (e.g. PPE) and crowd in capital for long-term infrastructure and workforce strengthening.

SAMRIDH provides grants for short-term PPE and medical supplies, while also using emergency funding to leverage syndicated loans, which it can use to fund long-term systems strengthening.

“We want investments to have multiple effects...not just focused on one intervention, but layering additional interventions, like access to technologies, without increasing funding.”

– Dr. Ashish Mendhi, Project Director at SAMRIDH

Sources

[SAMRIDH](#); Stakeholder interviews