



Design Thinking Workshop – Opportunities in the Healthcare Space in Africa

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Submitted by:



intellectap

About Sankalp Forum:

Intellecap is a pioneer in providing innovative business solutions that help build and scale profitable and sustainable enterprises dedicated to social and environmental change. Founded in 2002, the Aavishkaar - Intellecap Group now manages assets of over USD 650 million and have directed over USD 1 Billion of Capital to entrepreneurs working on such challenging problems sustainably through equity funds, venture debt vehicle, microfinance lending or investment banking intermediation. Intellecap provides a broad range of Consulting, Research and Investment Banking Services, to Multilateral Agencies, Development Finance Institutions, Social Enterprises, Corporations, Investors, Policy Makers and Donors. In 2017 Intellecap won the 'Impact Market Builder of the Year Award' from Global Steering Group (GSG) Chicago, a G20 Think tank. For more details please visit, www.intellecap.com

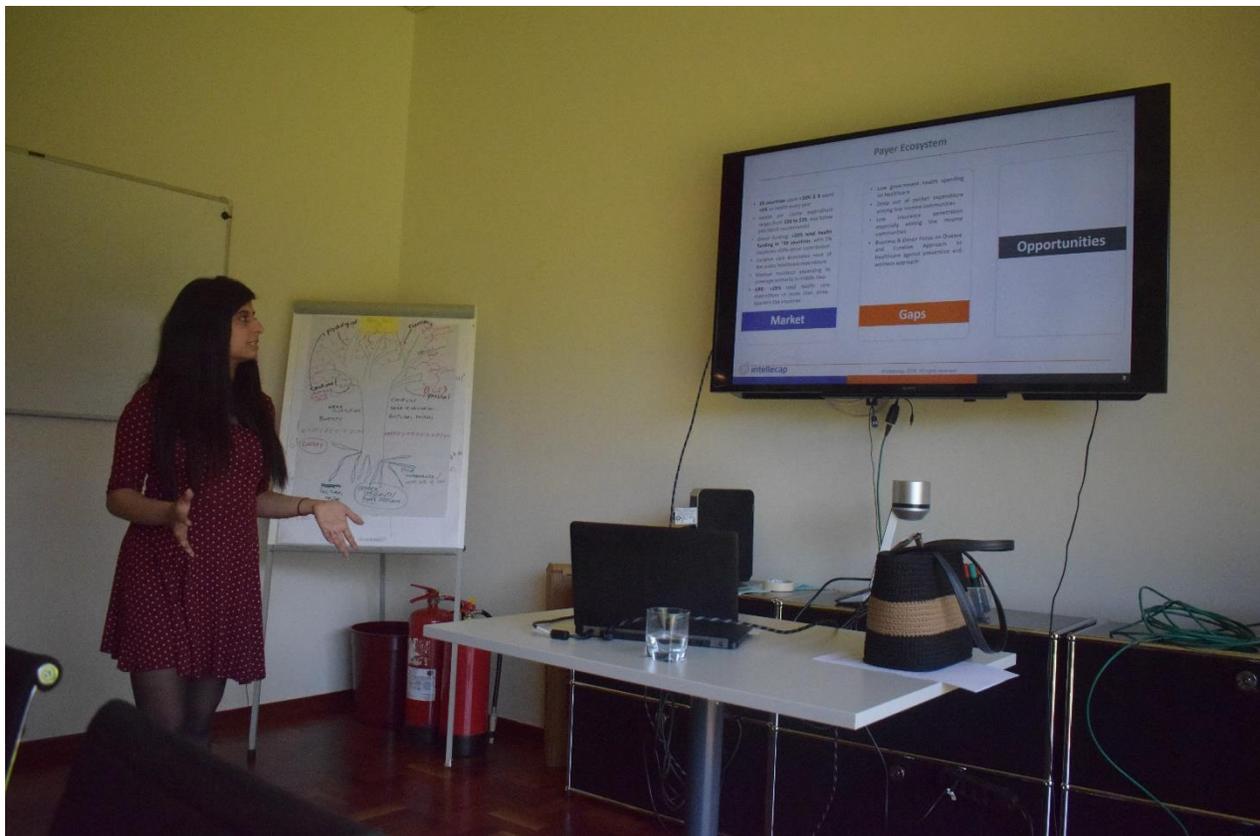
About the Swiss Agency for Development and Cooperation SDC Workshop:

This workshop was put together by Intellecap and Cardno as part of the bi-annual meetup of SDC staff and partners to discuss innovations in health-care. The workshop was part of a larger agenda and covered two aspects: a field visit in the morning led by Cardno, and a design thinking session in the afternoon led by Intellecap.

Design Thinking Workshop

Context Setting:

The session started off with context setting by the session facilitator; Sheena Raikundalia; a management consultant at Intellecap, who described the current challenges in the health-care space, the investments required and the opportunities for donors, governments and the private sector.



The challenges for health-care in Africa were broadly bucketed as access to affordable, quality health-care.

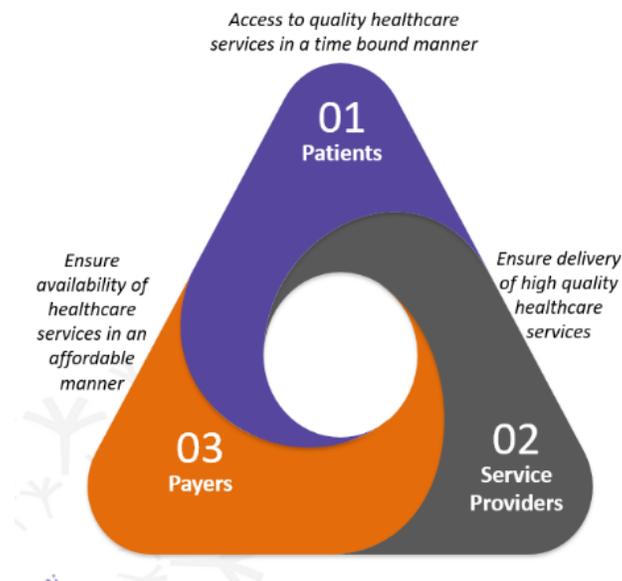
Figure 1: Health-Care Challenge Health-Care

Challenge	Description
ACCESS	<ul style="list-style-type: none"> • Under resourced clinics • Low health-care workers at all levels • Limited basic outpatient services • Service providers concentrated in cities or urban areas
AFFORDABILITY	<ul style="list-style-type: none"> • Low government expenditure • Low insurance penetration • High out of pocket expenditure (OOPE) • Majority low income population
QUALITY	<ul style="list-style-type: none"> • High levels of misdiagnosis • Many diseases are preventable • Under preparedness to deal with NCDs • Counterfeit drugs are prevalent • Poor Health Indices for African countries

With huge shortfalls in health-care infrastructure and work-force, the African continent requires a total additional investment of *between US\$ 84 billion and US\$ 140 billion* to strengthen national health systems and scale up priority interventions over a 5-year period

Whilst African governments have made commitments to providing universal health coverage (UHC), improving efficiency in health centers and hospitals, and building capacity of health workers, donors and the private sector have an important role to play to achieve SDG 3. The health-care ecosystem can be broken down into the 3 Ps: payers, providers of the services, and patients/users of the services.

Figure 2: The 3 Ps: Patients, Providers, Payers



Case Studies

in order to dive deeper into the innovations in the health-care space 2 case studies were discussed:

Access Afya - Health-Clinics for Low Income Patients

Ms Melissa Menke from Access Afya Limited, briefed the workshop participants on what *Access Afya* is all about. She detailed where and how they work and their business model. She explained the reasons behind launching clinics to deliver healthcare access to low income communities which is *Access Afya's* primary market. She provided details on what has worked for them so far, and how they plan to grow their business.



Sagitarix Limited - Health Logistics

Next, participants got an opportunity to listen to Ms Diana Wangari, a medical doctor and co-founder of Sagitarix Limited. This is a drug and medicine supply chain and logistics fulfilment firm that has managed to set up several first-contact pharmacy facilities in remote locales in Kenya. They use these to shorten drug delivery timelines whilst making a margin to be sustainable.



Design Thinking Workshop:

The second part of the workshop centered around design thinking where participants were put to work to sit in huddles and discuss, debate and feedback to the rest of the room.

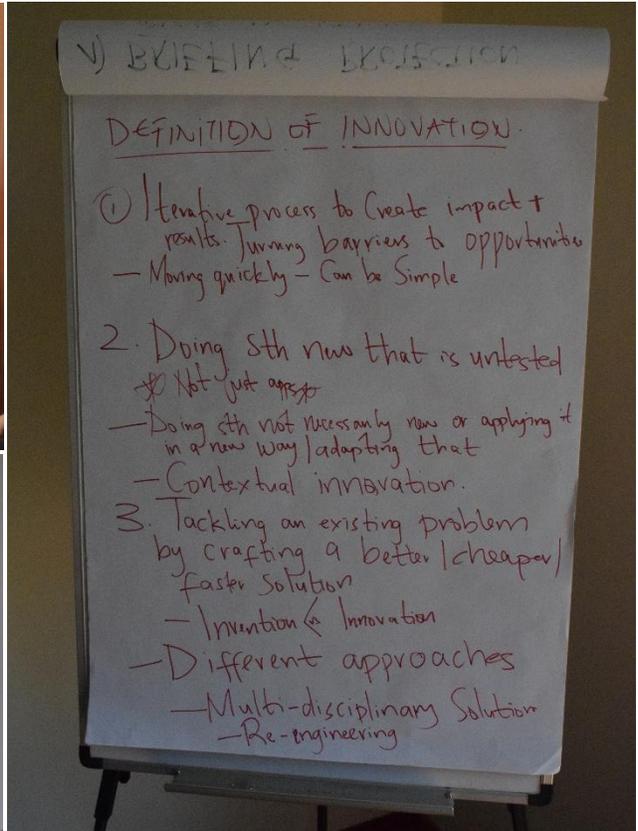


The aim of the workshop was to ideate, co-create and ensure buy-in to enable real change. The workshop focused on 3 key themes:

1. Defining Innovation,
2. Measuring Success, and
3. Understanding the Evolving Role for Donors.

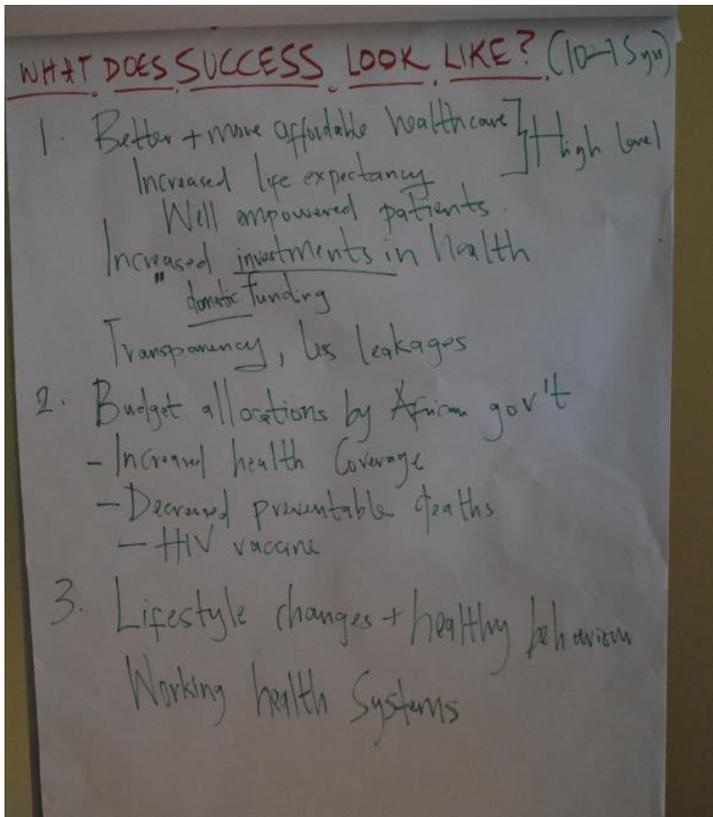
Question 1 - What does innovation mean to you? Responses to this were:

Group 1	Group 2	Group 3
<p>Innovation is an iterative process that creates impact, and improves results overall. It also looks at things from different angles, moving quickly to change things while taking on risk and allowing yourself to fail. Innovation does not have to be technological (have technology at its core).</p>	<p>Innovation is doing something that is new and untested. This could be a new process, or changing a simple behavior, or doing something that is not new but in a new way. A good summary would be discovering a different way of doing things.</p>	<p>Innovation is tackling an old problem in an impactful way by getting a solution in a better, cheaper, and faster way. Innovation can be both technological (using tech's capacity to solve existing problems) or repurposing and reengineering old solutions to fix new problems by focusing less on the 'what' and more on the 'how'. A good example was given here on camels being used to deliver drugs in semi-arid areas; an old-fashioned tool being used in a new way.</p>



Question 2 - What does success look like to you in the context of healthcare in Africa? How can we measure the impact of healthcare interventions in Africa? Responses to this were:

Group 1	Group 2	Group 3
<ol style="list-style-type: none"> 1. More budget allocation from African governments for their own internal resource mobilization 2. Up to 50% insurance coverage in Africa 3. Successfully dealing with avoidable deaths and child mortality 4. A vaccine and cure for HIV/AIDS, 5. Creation of an enabling environment for universal health coverage to flourish 	<ol style="list-style-type: none"> 1. Zero new HIV/AIDS infections (a vaccine) 2. Control and effective treatment for cancer, high blood pressure, and diabetes as well as an end to NDCs. 3. Creation of a citizen-friendly health insurance product that is for the people, by the people and benefiting the people 	<ol style="list-style-type: none"> 1. Better universal health coverage, and a bigger healthcare workforce 2. Significant increase in the investment in healthcare in Africa 3. Increase commitment and move from last to first priority 4. Increase in domestic funding for healthcare initiatives (15% from government budget) 5. More accountability and less 'leakage' of funds meant to healthcare delivery 6. Empowerment of patients – more information and more push towards patients to take responsibility for their own healthcare (keep fit)

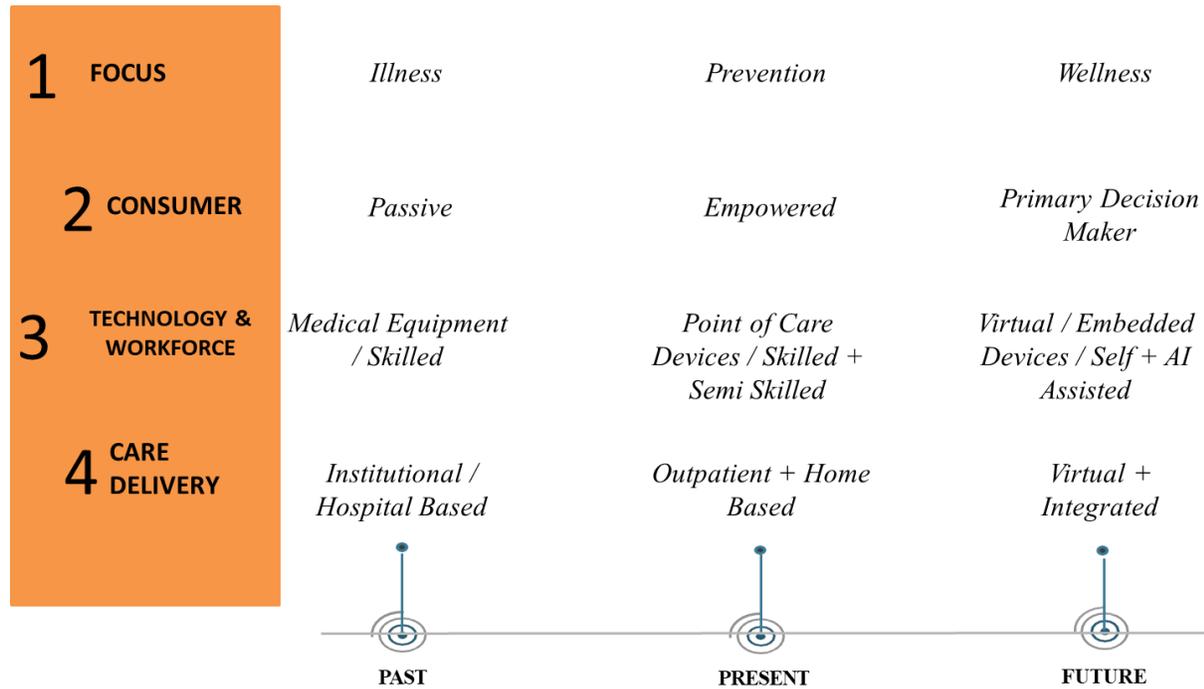


Question 3 - What are donors doing now, and what do they need to start doing to inspire the growth of the healthcare space in Africa? Responses to this were:

Group 1	Group 2	Group 3
<ol style="list-style-type: none"> 1. A need to find areas of synergy where the SDC can support health initiatives (like performance-bonds, health insurance) 2. Work on catalyzing and solidifying more Public Private Partnerships that will advance health interventions for the benefit of low- income communities 	<ol style="list-style-type: none"> 1. Promote mass education on the benefits of adopting healthy lifestyles 2. Move to strengthen social accountability (demand for basic healthcare services) 3. Move to address issues of corruption and push for more government accountability 4. Adopt a multi-sector approach and push the gender equality narrative 5. Lobby for governments to open borders and standardize medical interventions across borders 6. Develop new partners and new rules of engagement with these new partners 	<ol style="list-style-type: none"> 1. More profound discussions on investments in the health space at donor level 2. New market solutions and inspiring new market enterprises 3. Discuss new ways of working with private sector to justify the injection of capital into public health, and at which point we inject the money (shift from single-entry into multi-entry point) 4. Start looking at self as investors and not donors 5. Accepting that an exclusive public health system is not tenable 6. Looking at blended finance, and 'profit but not as a dirty word' – good, risky ideas getting capital unlocked and good returns



Intellectap presented its thoughts on the Future of Health:



Conclusion:

At the end of the session, the facilitator, Sheena Raikundalia, closed the session by thanking session participants for being truly creative and for participating positively in the session. She also thanked Ms. Barbara Profeta from the Swiss Agency for Development and Cooperation for convening the session and bringing her international team to participate in the session.

Ms Profeta then ended the session by thanking all participants and urging them to create connections that would allow them to make meaningful interventions in the healthcare space in Africa by way or partnerships, and investments.

Intellectap was delighted to once again partner with the Swiss Agency for Development and Cooperation SDC and look forward to working together again and highlighting innovative technology solutions for a sustainable and inclusive Africa.



Contact Us:

We look forward to working with you again in the near future. Thank you!

Sheena Raikundalia

+254 707 323 385

Sheena.R@intelcap.com