

**REQUEST FOR INFORMATION (RFI):
TECHNOLOGY-ENABLED PRIMARY HEALTH CARE (PHC) SERVICE DELIVERY INNOVATIONS
BILL & MELINDA GATES FOUNDATION**

PURPOSE

The Bill and Melinda Gates Foundation aligns with the WHO's call for primary health care (PHC) toward Universal Health Coverage, which is the only "affordable dream" of expanding coverage to 3.8 billion additional people by 2030.

While PHC is the most affordable and pro-poor path forward, current cost models of PHC delivery would still demand a dramatic increase in global health care expenditure by governments and external funders to drive the scale-up required. Furthermore, given the same delivery models, there are not enough health human resources today or in the pipeline to accelerate access. Another "leaky bucket" – poor quality of care – means that the scarce financial and human resources that are deployed to PHC cannot be assumed to maximize health outcomes, and in many cases risk doing harm.

While we recognize there are no silver bullets to the global challenge of achieving UHC, we also see optimism in today's landscape that some technology-driven solutions may be ready to drastically lower the costs of PHC, improve quality, and therefore enable greater equity in global health access and outcomes. Several solutions are doing so by increasing the productivity (quality and quantity) of health workers' time through improved diagnosis and triage or through virtual services. Some are allowing individuals to assess whether they do indeed need to seek care, often saving their precious travel time and money. And some of these tech-enabled PHC solutions are increasing access for difficult-to-reach populations that are often "hidden" from and underserved by health systems, e.g. adolescents. There is also an important quality angle, as some digital tools are backstopping health workers' decision-making to improve adherence to standards, boost quality, and enable greater agency for individuals to better take care of their own health.

This request for information seeks to identify innovators who have the ability to combine *several* critical accelerators to dramatically scale up *comprehensive* PHC access in low- and lower-middle income countries (LMICs), as we seek to forge new partnerships toward UHC.

SECTION 1: STRATEGIC ALIGNMENT

We seek innovators whose strategies are sufficiently aligned with those of the foundation and our development partners. We will not seek to influence companies working in OECD countries to consider expansion into LMICs.

In general, mutual strategic alignment occurs when innovators:

- A. Have an explicit mission orientation to bring their services to poor populations in LMICs, to cross-subsidize, and to partner with LMIC governments;
- B. Are dedicated to improving delivery of comprehensive PHC services rather than focused on secondary/tertiary, vertical, or specialist care exclusively;
- C. Have a path to a sustainable business model, which generally involves higher-volume, lower-margin services, and may require taking on public financing (e.g., government subsidies); and
- D. Have a path to reaching at least 1 million people per year within the next 5 years.

Strategic alignment is a first requirement for effective partnership between innovators and development partners on tech-enabled PHC systems. Innovators may be for-profit or not-for-profit.

SECTION 2: DESIRED ATTRIBUTES OF TECH-ENABLED PHC INNOVATIONS

In requesting information on tech-enabled PHC service delivery innovations, we seek companies possessing several key attributes that we hypothesize will be necessary for sustainable and impactful operation in LMICs. While no innovation needs to possess all attributes currently, we expect that, over time, the full “stack” will be developed. We are ultimately seeking comprehensive health solutions, not single-use front-line applications. Attributes of interest are as follows:

- A. Focus on improving quality of services:
 - *Description:* Innovation is set up to improve quality of service delivered by PHC system currently. This typically involves health worker / clinical decision support, management support tools, or follow-up / audit functionality to review quality of diagnoses, recommendations, or other services performed.
- B. Focus on improving provider efficiency:
 - *Description:* Innovation leads to improvements in efficiency of service delivery through time savings (e.g., shorter interactions between patient and health worker), service cost reductions (e.g., AI-supported service cheaper than human-only delivery), or other levers.
- C. Facilitation of information and of care-seeking action:
 - *Description:* Innovation permits individuals to access appropriate information to assist in determining whether and how to self-manage, seek further care options, or else choose non-intervention.
- D. Continuity and longitudinal patient tracking:
 - *Description:* Innovation is set up to enable longitudinal tracking of patients receiving services. This generally requires use of either national ID numbers (where available) or a system-specific ID number approach.
- E. Coordination with physical facilities, pharmacies, labs, and other PHC settings:
 - *Description:* Innovation is designed to facilitate gatekeeping aimed at creating efficiencies for both individuals and providers. Innovation facilitates coordination and decision support to providers interacting with patients in physical facilities, pharmacies, labs, and community settings in addition to any virtual / digital interactions involved. This maintains linkage between virtual and physical services from the patient’s perspective and achieves continuity of care. Ideal coordination would extend to referral and linkages to secondary levels of care from the community- and PHC-level and vice versa.
- F. Integration with national data systems:
 - *Description:* Innovation is set up to receive and/or send service information to national data systems; it is not a "silo" installation with its own, walled-off data systems that are not able to share data with national systems.

SECTION 3: REQUIREMENTS FOR VIABILITY

In addition to the key attributes discussed above, please highlight basic requirements for viability of the innovation’s operations in LMICs. Such requirements could include the following:

- A. Connectivity: What network connectivity is needed to enable the innovation? Can it operate largely offline and with only occasional network connectivity?
- B. Hardware (broadly defined): What devices are needed to enable the innovation? Who needs to have these devices to make use of the service (e.g., patients, providers, health system managers, ministry of health personnel, or some combination of the foregoing)? For example, is the innovation accessible through patients’ mobile phones (smart or feature), providers’ mobile phones or computers, and/or other hardware?

- C. Health human resources requirements: What cadre(s) of health workers is (are) expected to use the innovation? E.g, community health worker, nurse, clinical officer, etc.

HOW TO REPLY

Format: Please submit a pitch deck (e.g., PPT, PDF) that provides an overview of your business model, size of your organization, current geographic coverage, current population covered and projections for the population covered in future, PHC service scope, and any other information you choose to highlight. However, **we ask that you completely address Section 1 (A-D), Section 2 (A-F), and Section 3 (A-C)**, noting “not applicable” or “attribute not included” to any part of Sections 1-3 if the innovation does not cover the attribute or requirement. Alternatively, please feel free to submit a write-up (e.g., Word document) that addresses the same sections completely.

Classification: Please refer to the WHO digital health framework (can be found [here](#)) and identify the component(s) that your innovation performs or supports. (For example, an innovation that involves telemedicine would be linked to one or more sub-components of item 2.4, “Telemedicine,” in the framework.)

Submission: Send responses **as soon as possible, but no later than Oct. 1, 2018**, to PHCinnovations@gatesfoundation.org

HOW WE WILL USE YOUR INFORMATION

The Bill and Melinda Gates Foundation will use responses to form a short-list of strategically aligned companies with high potential to improve access to comprehensive PHC services. We will then consider investment opportunities sized according to the potential in catalyzing tech-enabled PHC for UHC in low- and middle-income countries. If you have any questions about sharing your information (which should generally be publicly available and non-sensitive), please contact us:

PHCinnovations@gatesfoundation.org