

## RFA #2019-020 Q&A #2 Transcription

**Amanda:** Alright. Hi, everyone. My name is Amanda BenDor or I am partnerships and community manager for Digital Square and I'm really excited to tell you today about the digital financial services on health outcomes and health systems RFA that we have hosted through Digital Square on our public Open Application Process and platform. Sometimes it's a bit of a tongue twister. This is our second Q&A webinar. The opportunity is for you all to ask questions today, but what we will do is tell you a little bit more about the process and how to submit an application and the logistics of the platform. We'll provide an overview of the scope of work and provide a bit more technical detail on the contents of the RFA, and then open the floor for discussions and questions. As I say, we had a call last week that was very well attended, so all of the questions and answers from last week's call and from today's call will be put on our wiki later this week, as well as the recordings from the two calls.

So just jumping in. This is our Open Application Process and platform. This is what that screen shot looks like from the first page. You will go here, and you can also find this through our wiki, to find the opportunity. At the very bottom of the page is where you would click for this current opportunity. The reason that we use our Open Application Process and platform for Digital Square is so that the larger community can provide feedback and put comments, advice, and even look for partners, have a space to do that. And the way this is set up, it's all open and transparent and easy to comment on applications. So that's why we use this, for this, and for several of our other procurements.

The way we run this, is first to have a concept note phase. The concept note phase is an opportunity for someone who's interested and responding to the solicitation to give a high level overview of they're thinking their response would be for the application. The idea is that the concept would be no more than three pages. On the left here, I've outlined what the requirements are for the concept: it needs to have a title; an executive summary; list your consortium team, if it's just you. If you're looking for partners, you can list it here; or if you've already been talking to folks and say, we want to partner up and go on and submit this together, you can describe that here. Then have a project description which is inclusive of a problem statement, your approach and risk mitigation.

On the right I screenshotted from our open application platform. This little arrow, where it says click here to have more information about the submission requests, I really do encourage you to do that before submitting your concept note because this provides a little bit more detail about those requirements. We just want to make sure everyone is on the same page and is aware of what the requirements are for the concept notes. Then no one is disqualified because they, for example, forgot to mention anything about their consortium team or didn't fill something out for their application, which is which will come later in the process. But as I said, the concept note phase is really that first step; not for you to spend, you know, too terribly long and a very long application, but really to get your ideas out there. And if you're asking for feedback, you can also put in that concept: I would love feedback on x.

The timeline for this is we have this concept phase running now through October 18. After that, the Digital Square team will review the concept notes, and just make sure everyone has dotted your i's and crossed our t's, and everything is okay operationally, and nothing is completely and wildly out of scope. Those who do advance to the application co creation phase will be notified on October 29 and then that phase opens through November 18. Again, you can find more information about what the application looks like by clicking where that blue arrow is on our portal. We'll have another Q&A call before that, during the application phase for folks to ask questions. But all in all, we anticipate the applications to be

submitted by December 20. Then after the new year an evaluation committee will be reviewing applications and we anticipate awarding this in February of 2020.

I mentioned that one of the reasons that we do this, is to allow for commenting from the community. So why would you want to comment or have someone comment on your concept note? As I mentioned, it's to offer ideas or suggestions on the proposed concept and give that feedback. You can recommend forming a consortium or asking to join a consortium. It's a great way just to get in touch. You can also comment and say, Hey, I was reading your content note and this thought this idea isn't really clear, you may want to clarify this. You can go on this portal and upload your concept note and make as many changes to it as you want to, as you're getting that feedback, up until that deadline on October 18; that's when we, you know, have the cutoff date. I encourage you to put your concept note up there and to keep going back to it and looking at the comments and making the changes in the updates that you want to, just to make sure you have your best concept note, you know your best foot forward.

All right, at this point, I'd love to welcome Amani M'Bale from USAID who is going to tell us a little bit more about the technical portion of the RFA, and then we'll open it up for questions.

**Amani:** Thanks so much. Hi, everyone, my name is Amani M'Bale and I am a Digital Financial Services Advisor with the Office of Health Systems at USAID's Bureau for Global Health. We are really preoccupied with understanding pathways to a financial protection, which is a core objective of universal health coverage. It's one of the SDG goals, in fact, and so we understand that key to protecting people is to ensure that prepayment and pooling of resources is important prior to the individual going to a health service facility. This prepayment is going to be understood as savings; and pooling can be understood as insurance. These are two key financial services which support household resilience, individual resilience, against any number of financial expenses, but this one in particular, looks at the context of the provision of these services, health savings and health and digital health insurance in the context, obviously of health seekers.

The goal of our landscaping is essentially to understand how digital health savings and insurance models are used efficiently and effectively to advance financial protection amongst targeted groups, as well as how this financial protection encourages the utilization of health services. We want to understand is for the purpose of informing implementation. We are conducting this study to inform ourselves and our stakeholders and our collaborators on how to effectively design health savings and digital health insurance products so that we are reaching health outcomes.

We also understand that digital financial services do not exist in isolation, rather they are working in a digital ecosystem of services. We understand that this landscaping should include where possible, a review and analysis of adjacent digital solutions such as: digital payment, digital patient tracking, referrals, and decision support tools, digital communications etc, which support the functioning of the health system and support users engagement with that health system. This is an important insight for us as well, to understand what are the complimentary or adjacent digital services that support behavior change both at the user level as well as for health service providers themselves.

We acknowledge that the private sector is very, very important to us and oftentimes is the source of the digital solutions. We know that this opportunity will require us to understand from leading digital health service providers and firms to learn from them, their lessons learned; how are their solutions designed; how they work; how do they not work; what are some pre conditions that we should understand for these types of services to work in particular markets, etc? Again, all this is to inform implementation

moving forward. Implementation, obviously, not only for users and also for health service providers, but understanding how to move forward with private sector service providers who are in this space.

We are seeking to increase our knowledge and informing our practice. This assessment should result in improved knowledge on our part, and especially as it pertains to enabling in an operational environment for digital solutions within the health sector. We understand that change management, that is to say, the process of an institution, let's say, a health institution changing from paper based operations to digital operations, even if it isn't 100%, even if it is gradual, that understanding how that works and the right circumstance for which that works most successfully is going to be very important for us. We would also like to, obviously, have an understanding of the impact of the client level in regards to financial protection and health utilization, as I said earlier, and finally, understanding the enabling policy environment which lends itself to the innovations surrounding digital solutions in the health sector.

**Amanda:** Great, thank you so much Amani. Everyone, this is when I open the floor for you. So if you have a question either about how the platform works or about the RFA technical content you can take yourself off mute, or you can type your question in the chat, whichever you're most comfortable with it. I will open the floor.

**Q:** I know that it talks about a focus on more low resource health systems, so I wondered if there was a definition that people should use as the guidance for what constitutes low resource health systems.

**A:** I can speak to that. We are looking at the markets which traditionally are labeled lower middle income countries, both by, you know, major institutions like the UN, as well as the countries that USAID typically works in. We would be very interested in learning about the countries that have digital health insurance rollout and how they are working. Does that answer your questions in terms of LMIC?

**Q:** Yeah, so not limited to USA countries of interest.

**A:** No, not limited to USAID countries. We are we are open and happy to learn from countries that may not be a USA focal point, but have lessons that can be reached by a community at USAID and elsewhere.

**Q:** When we think about the digital health space and digital financial services and the intersection: so there could be platforms built from the ground up with that with health in mind, but then, as we know, there's also a lot of digital financial services systems that are for general payment use. So is the hope to look at the cross section of both use of generic platforms, or is it to focus on ones that have in their initial design a health focus?

**A:** I think for us, our primary area of interest is the ones that are designed for health. But having said that, if there are solutions out there that are not specific to health, but somehow have had an amazing impact in the health sector that would be very interesting for us to understand as well. As we were conceiving this this assessment of this landscaping, we had in mind the private sector actors that have actually customized solutions to the health sector, given that we are looking at both sides of the equation, meaning the supply side; how does digital financial services, how does health insurance digital health insurance, health savings impact the ability of the of the health facility to deliver those services get services, given that they have kind of a more transparent, or more apparent, resource ability to attract revenue. Also looking at the user side, that whole piece on financial inclusion and protecting ones from financial economics shocks. If there is a solution out there that didn't intend to do that but it's doing it, I'd be very curious to hear about it. My suspicion, and I stand to be corrected, is that in order to

address both sides of the supply and demand for health, you actually have to be deliberate in that. Does that make sense.

**Q:** Yeah, absolutely. I was just thinking of the one example from aways back where there was mobile money was used to advance transport costs for women to get to prenatal visits. So, it wasn't a particular health application, but the implementer was using mobile money to facilitate that increase the demand and use of a health product.

**A:** Absolutely, and so yes, that's D-Tree International in East Africa. D-tree is health focused though. They are a health focused technologist or technology enabled firm that's using mobile money without having transformed that mobile money product into a specific health product. So that's, that's fine. I think that would be a good example of, I guess, some light customization for a health service delivery enabler.

**Q:** On the health side, in terms of measurement and evaluation for health outcomes, would USAID, because it's a collaborator, here make available, things like work plans that we could see evaluation reports that might be done, so we could look at that? So if somebody was running a maternal health program and they were using a digital solution, but maybe we don't have access to the evaluation reports. I wondered if there would be collaborative work with the research and USAID on that, to see.

**A:** Well, first of all, I will say that there will be collaboration between USAID, and I assume, Digital Square and the researcher at large. Anything that is publicly available, you know, we will be sure to share that information if it isn't evident where to find it. I would say that there will be obviously engagement from the successful firm with the private sector actor or institution. For the example of D-Tree International, we may not have data for D-tree, but certainly we would expect that the successful applicant would reach out to D-tree and we'd be happy to help make that introduction, but they would go ahead and source those materials from them directly if they didn't come pass through USAID corridors.

**Q:** If this report will potentially inform future activities does participation preclude an organization from participating and/or betting on any work which might be influenced by these results?

**A:** I do not think so. I concur. I do not think that if you help, if you are successful in this RFA and you are able to conduct the assessment, I do not believe that I will preclude you from implementation.

**Amanda:** Thanks for that question in the chat; that's a great one. We did mention on Friday and will mention here that we're still looking for co-investments for additional funds to support this work in the current RFA, just to note that the amount of funding listed in RFA now \$170,000 is the lowest, it would be. We're hoping to get additional funds.

**Amani:** I can, I can confirm that, that we are working on that in a concerted manner to raise additional funds for this initiative, given that we'd like to see an implementation phase after the assessment. The funds are being raised. Also, with that in mind.

**Q:** So first, in terms of the anticipated product, the deliverable. Do I correctly interpret that in relation to the earlier report, the role of digital financial services and accelerating USAID's health goals, the intent is mostly to just go deeper and expand on financial health protection in particular, whereas in the previous report, that had been just one of several areas in the health system.

**A:** Yes

**Q:** Then within that, my read on that earlier landscaping report had been that it was focusing primarily on examples that seem to be successful, case studies. Is that also the scope here? Or are you envisioning a discussion also of some risks and some potential failures or lessons from other sectors, such as digital financial tools in agriculture?

**A:** Yes, the first paper was kind of a menu; it looked at digital financial services across a stream of health system core functions, finance and outcomes as well. And so financial protection was one of them, but obviously, they were they were others. And so, you are correct and understanding that the purpose of this assessment is to drill down deeper on providing examples circumstances where financial protection is actually happening and how it is happening. In addition to that, because we want to inform implementation, we would like to understand, if you will, the formula or what formulas work for implementing agencies. So if we're talking about, let's say, a financial technology firm that entered into the health insurance space or the health savings space, what works in that configuration? What are the some of the key opportunities and risks that these firms have to keep in mind, as for future firms who have to keep in mind, as they want to also go into this space. You might want to include some lessons learned, or some principles or what have you, for insights for donors, not only for USAID, there might be other donors that will come in and fund this. So, what insights do donor agencies need to be aware of if we are to move forward in the digital health insurance/digital health saving space. What are some key lessons and insights for us as well. So you have a couple of audiences that you're going to want to speak to is going to be donors; it's going to be, perhaps a you know, a country level don't representative, so in the case of USAID that would be us a missions, potentially, you want to think about other private sector actors who what might be attracted to this space, but didn't know, didn't have enough market insight to, kind of delve, so providing some of that. For te donors amongst us, also government, how do health facilities configure and all this? How does it help them? What are their risks, etc? Does that, does that answer your question?

**Q:** It does. And then in terms of the practicalities of eligibility. Unless I missed, I didn't see any reference to whether this was structured as a grant and hence needed to be like only nonprofit organizations or LLC s with fiscal sponsorships or eligible, or is this structured as a contract that LLC's can straightforwardly apply to? Do applicants need to be a 501C3?

**A:** This will not be structured as a contract; this will be a more like a grant. We're issuing a request for application, so it will be subaward or assistant type agreement that will be issued out of this, although non-profits and private entities are eligible. Just to confirm, both and nonprofits and private sector firms can apply for this opportunity. Correct. Correct, yes.

**Amanda:** Do we have any, any other questions on the line or in the chat small group today. That means you can ask as many questions as you want.

**Amani:** I'll just chime in, by saying that we do hope, my office and the advisory team at USAID does look forward to working very closely with the successful applicant. We are also looking to learn from the research and the and the landscaping exercise. We look forward to participating as partners in this exercise. So just wanted to provide that insight as well.

**Q:** And other questions in the chat, the RFA mentioned the possibility of two awards. If the world would be split, how would that be handled?

**A:** That's a great question. The purpose of doing this through a concept phase and for an application phase and splitting it up is seeing potential partnerships may be forged or, you know, what kind of feedback as part of the commenting through the concept notes. When we get to the application phase, we do encourage partners to submit their responses with work packages. So, you know, breaking up the activities that you would do, both in terms of the budget, but also in explaining the activities. There may be a case where the review committee is, you know, positive on certain of those work packages from one application and may also would want to support investment and additional work packages and another application, which is complimentary. The possibility of two awards, that statement gives that flexibility to say it could be more than one consortium, that is awarded some portion of funding to do this work. So hopefully that answers the question; it really is about investing and the best pieces of work and the best response to the RFA so that we get the most pertinent information to inform planning and digital financial services and the way forward.

This question came up last week as well, and I think it's also possible that there are not two, there might only also be one award made. So yeah, so that's also a possibility.

We just have some flexibility there.

**Amanda:** I do you encourage everyone to go on to the platform or register. If you have not, it just takes a moments and you have to get approved and it takes less than 24 hours to get that approval to get on the platform. They're already a number of concept notes posted. Feel free to read through those comments, get your get your content, new ideas posted sooner rather than later. If you want input from the community, you can solicit input through the platform.

**Q:** One of the reasons in my own doctoral research on household demand for health for primary health care and health expenditures that I'd moved away from an initial focus looking exclusively at savings and excluding health expenditures was, at that point when I realized that in the settings I was looking at that, the average quality of care was sufficiently low, and that just increasing the ease with which households could make money available and hence increase their demand and hence providers could actually increase their prices and response. There was a high theoretical likelihood that increasing savings would increase utilization without increasing actual health. I'd be curious is the scope of this project includes for discussions, ideally, of course substantiated by the experience of existing financial providers, but also just the theoretical and academic constructs behind it of the impact on quality. I think we can presumably we would all like to avoid a scenario where we make it easier for people to spend more money if it's not actually producing more health.

**A:** I think that is an excellent question. The digital health insurance and the digital saving rollouts that I have seen that have reached some level of scale, all look at both the supply and the demand for health. So when I say supply, I am referring to the quality that is very important, and that is why there was a slide in my presentation to look at digital solutions beyond DFS, looking at medical protocol support decision tools that are also digitized and potentially even attached to or link with the health insurance. So, for example, we know that there are solutions out there that exists, whereby a clinic is digitized. The doctor has access to a drop down menu and can say, I would like to, you know, based on these findings or this initial consultation with patient X, I would like to conduct these tests, will this be covered by health insurance? Because this is digitized and that there AI in the background, the approval is almost instantaneous, perhaps 30 seconds, I can go ahead and make that decision. My suspicion, and I'd like this assessment to help me confirm or discount, is that digital financial services package without looking

at quality is not impactful for the user or the health system. So in order for us to have this kind of wonderful good feedback mechanism whereby improve quality results in increased demand, right, we need to have those two sides of the equation balance out. Otherwise, if we're just looking at improving people's ability to access health care without looking at the quality of healthcare, I think will be we're going to be quite remiss.

**Q:** Yes, perfect. I'm glad I'm glad to hear that you agree that that's in scope and yeah excited to continue thinking more about that.

**A:** Yes, and the initial paper on DFS for health actually talks about that as well, look, talks about decision support tools, it talks about communications, it talks about behavior change and all that has to be considered when we're essentially, at the end of the day, we're looking to change to the two key users behavior: the user who is the client, who is seeking health services, and the user who is the health provider. Right. So those two individuals, those two key stakeholders together make that partnership work. We're getting good ones really, really strong questions today; thank you everyone.

**Amanda:** Right, I'm sensing a shift. Thank you everyone for participating and the webinar today. Stay tuned to our wiki for Q&A posted from the questions and answers from both webinars. Pay attention to the Open Application Process and platform we post announcements there. You can see announcements about this opportunity. I encourage you to follow, if you hit follow on, you'll get you'll be notified of those announcements. We look forward to seeing your concept notes on the platform. Thank you so much, everyone.

**Amani:** Thanks, everybody.