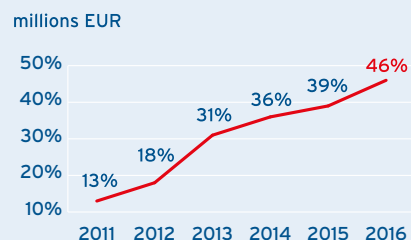


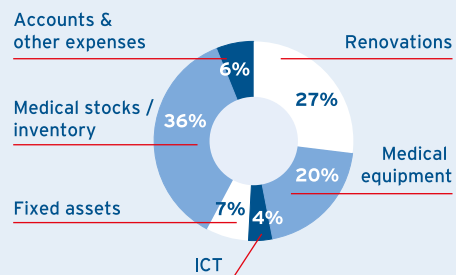
ENABLING HEALTH INVESTMENTS

Access to capital, combined with our technical assistance, is empowering healthcare providers to grow their business and improve the quality of healthcare services for their patients.

Risk sharing between Medical Credit Fund and banks



How healthcare providers invest the loan



By the end of 2016,



1044 loans for healthcare providers were disbursed through one of our partner banks

USD 21,485,493 in disbursed loan amounts

97% historical repayment performance

In September 2016, OPIC, Calvert Foundation and private investors announced the closing of a **USD 17.45 million** agreement to expand the Medical Credit Fund.



RESEARCH AND IMPACT EVALUATION

Scientific and operational research by international and local researchers is an integral part of our work. Advocating for policy change starts with proof of principle.

Research output up to 2016 includes:

- 71** peer-reviewed scientific publications*
- 55** grey literature and reports
- 11** PhD theses
- 10** MSc theses
- 34** case studies, and research and policy briefs

* 90% of these have an African author

DEMAND-SIDE FINANCING

Increased financial protection for patients is improving access to healthcare through products such as health insurance and mHealth wallets.

Top 3 reasons for visits (inc. M-TIBA)

1. Hypertension
2. URTI & ENT infections
3. Malaria



82% of enrollees are women and children

Since 2007, **880,520** people have been enrolled in various PharmAccess-supported health insurance schemes.

In Tanzania, more than **170,000** people were covered under iCHF health insurance.

In Ghana we worked with the IFC / World Bank Group under the AHME program, using a **digital proxy means testing tool** to screen 110,000 households to identify poor households eligible for a premium waiver in the NHIS.



In Nigeria, the Kwara State Health Insurance program won the 2016 **FT/IFC Transformational Business Award**

DIGITAL TECHNOLOGY AS AN ACCELERATOR

M-TIBA is a digital platform for inclusive healthcare that directly connects patients, providers, and payers.



172,000 people and almost 300 healthcare providers connected across Kenya.

Clinics using SafeCare are:

- 69%** private
- 21%** NGO / faith based
- 9%** public



SETTING AND RAISING STANDARDS

The SafeCare standards for resource-limited settings enable benchmarking and form the basis for quality improvement plans.



SafeCare was a 2016 finalist in the **OECD DAC Prize for Taking Development Innovation to Scale**

In early 2017, the SafeCare standards were **re-accredited by ISQua**



621 local assessors trained to implement the methodology

2.2 million patient visits every month

3,574 SafeCare assessments

CAPACITY BUILDING

Human resources are key to building effective health systems.

Professionals in the healthcare market trained on business and quality improvement



Enrollees with access to care



Clinics that received a loan through MCF employ a total of **16,472** staff members

1,100 jobs were created in MCF clinics

IMPROVED SERVICES

Access to life-saving treatments and better care increases clients' trust in and utilization of healthcare.

Results at clinical level

- 61%** of clinics perform more lab tests
- 50%** of clinics perform more HIV tests. Every month, **169,945** people are tested for HIV
- 54%** of clinics perform more malaria tests. Every month, **533,174** people are tested for malaria



38% of clinics have more family planning sessions. Every month, **86,822** people attend family planning



2,203,289 patients have access to improved care



184,710 immunizations per month

Clinics using the SafeCare standards

