Improving FP Care and Market Insights Through Inventory Tools for Private Facilities
Maisha Meds’ innovative solution improves healthcare and reporting from the private sector

Digital reimbursement programs have provided discounted WHO-prequalified testing and medication to over 250,000 patients in under 4 years

Digital POS tool
Android-based software helps pharmacies track sales and manage inventory, with 20 million+ patient encounters supported in last 5 years

Market Insights platform
We combine proprietary data with alternative source of supply chain data to build picture of private sector consumption across the value chain

2,600 clinics, pharmacies, drug shops in Kenya, Uganda, Tanzania, Nigeria, and Zambia
Robust Functionality
   Enables detailed reporting on inventory, sales, and profitability.

High Engagement
   65% of monthly users are active daily.

Market Insights
   Offers granular view of into sales, prices, margins dispensing trends, stock levels, and more.

Low-resource Design
   Operable in areas with limited internet and electricity.

Dedicated Help
   Includes remote training and support.

Versatile Use
   Applicable in both public and private health sectors for tracking and forecasting commodities.
Maisha Meds has built a payments platform to enable patient and provider reimbursement.

Pharmacy uses our software to show gaps in care and current market dynamics.

MM works with global health funders to design programs using pharmacy data.

Pharmacy receives stock and enrolls patients in program.

Patient verifies identity and pays a small co-payment to receive care.

Maisha Meds verifies transaction and reimburses pharmacy / clinic via mobile money.

Every month, 900,000 patients access care across our network and we directly pay for 18,000+ patients to access malaria care + SRH.
The program captures and verifies patient details, and pays pharmacies via bank or mobile money transfers for care that has been delivered.

Primary objective is to improve access to healthcare for patients by motivating providers to deliver affordable and quality care, enabled by technology.

**Program stakeholders**

**The Pharmacist**
- I use the app to run my business by making sales, scanning barcodes, and tracking inventory
- I get reimbursed & make more money for following clinical guidelines such as running a rapid test before selling antimalarial drugs

**The Patient**
- I enroll in the program using USSD or an ID to verify my identity
- I access subsidized care which makes it cheaper to test before treatment

**The Funder/Gov’t**
- I can support difficult to reach patients to improve quality & affordability in the private sector
- I use POS data to understand market failures to help design programs, direct funds where they’re needed, gain last-mile visibility on disease burden, and treat with real-time data access
Market Insights - we are collecting, cleaning and aggregating FP data from across the value chain

- Fewer players and more consolidation at global level vs. greater fragmentation and proliferation of systems lower along the chain
  - Easier and cheaper to collect and analyze at global level (but still high effort!)
  - More difficult and expensive to collect and analyze at lower levels
- Data generated at higher levels might tell us less about what we want to know about the market and consumer activity than data generated closer to the consumer
- Access to data sets from multiple levels allows for cross-validation of data and enables analyses along the chain
For FP analysis we use; export and POS data - cross referenced against import data and DKT

<table>
<thead>
<tr>
<th>Trade Data from 2018 - 2022</th>
<th>POS Data from 2020 - 2023</th>
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<tbody>
<tr>
<td>Trade data is comprised of:-</td>
<td>POS data is from ~&gt;2600 facilities within Maisha Meds network, capturing all sales. 18 million patient interactions, 1 million FP patient interactions</td>
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<tr>
<td>▪ Export records mostly from India, Hungary, Indonesia</td>
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<td>▪ Import records from eight SSA countries</td>
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<td><strong>Definition</strong></td>
<td><strong>Strength</strong></td>
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<td>1. Great for EC, Combined Oral Contraceptives, Injectable, IUDs, Misoprostol &amp; Mifepristone</td>
<td>1. Gives the sub-national overview of healthcare commodities consumption</td>
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<td>2. Gives SMO and private national overview of FP consumption across SSA due to limited local manufacturing</td>
<td>2. Shows the price to patient &amp; corresponding retail mark-up at facility</td>
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<td>3. Data validated against import data from multiple SSA countries and DKT sales by country.</td>
<td>3. Useful for stratification of national trends at the sub-national level</td>
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<td><strong>Limitations</strong></td>
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<td>1. The data isn’t easy to use and needs a lot of effort to clean</td>
<td>1. Currently the data is not fully representative of the market</td>
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<td>2. The current FP data isn’t great for condoms &amp; implants</td>
<td>2. Limited to 4 countries</td>
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<td>3. It doesn’t capture 100% of the market especially since it lacks exports from regions like China &amp; Europe</td>
<td>3. Large number of facilities are in low / medium income areas thus it introduces some bias to the analysis at the moment</td>
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Margin analysis allows us to see the supply chain issues in need of intervention - distribution or retail.

NOTE:
- Price margins have been calculated as absolutes and with a base price normalized at 100 – the mark-ups are comparable across brands and countries. Total margin can be calculated by add retail & wholesale margins.
- Exchange rate for Nigeria used was 1 USD = 780.27 Naira.
THANK YOU