

THE GLOBAL SOUTH



EHEALTH OBSERVATORY



FONDATION PIERRE FABRE

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# Survey report

## The Global South eHealth Observatory 2020

### reach52

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*Figure 1 : A community health worker from reach52 on a home visit in the Philippines*

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April 2020

## Preamble

*This report has been produced in the framework of the ODESS 2020. It complements the presentation of the Initiative by reach52 through information and data collected between April 6th to 8th 2020 via 8 distance interviews and documents provided by the applicant. People were interviewed, informed about the purpose of the interview, and provided oral consent to it. Interviews lasted 60-90 minutes and consisted of approximately 30 open questions.*

## Context/ Project Background and Origins

### The Philippines

The Philippines at a glance<sup>1</sup>:

Total population (2016)	103,320,000
Gross national income per capita (PPP international \$, 2013)	7,820
Life expectancy at birth m/f (years, 2016)	66/73
Probability of dying under five (per 1 000 live births, 2018)	28
Probability of dying between 15 and 60 years m/f (per 1 000 population, 2016)	244/141
Total expenditure on health per capita (Intl \$, 2014)	329
Total expenditure on health as % of GDP (2014)	4.7

Health care in the Philippines has been defined by the WHO as "fragmented", meaning there's a large gap between the quality and quantity of health services for the poor and the rich. Despite substantial progress in improving the lives and health of people, achievements have not been uniform and challenges remain. Deep inequities persist between regions, rich and the poor, and different population groups. Many Filipinos continue to die or suffer from illnesses that have well-proven, cost-effective interventions, such as tuberculosis, HIV and dengue, or diseases affecting mothers and children. Many people lack sufficient knowledge to make informed decisions about their own health<sup>2</sup>.

The Government's vision for the Philippines has been translated by the Department of Health into the Philippine Health Agenda 2016–2022. Reducing health inequities is singled out as the most important result of three health guarantees: 1) ensuring financial protection for the poorest people; 2) improving health outcomes with no disparities; and 3) building health service delivery networks for more responsiveness.

Regarding maternal and child health, in the Philippines, the lifetime risk of maternal death is 1 in 140. Deaths of young children have significantly declined in recent years. Between 1990 to 2015, deaths per 1000 live births of infants dropped from 41 to 21 and from 59 to 27 among children under five years.

Non-Communicable Diseases take almost 300,000 lives in the Philippines every year. The main NCDs are diabetes, heart disease, stroke, cancer, and chronic diseases that affect the airways and lungs<sup>3</sup>. More than one third of people aged 15 years and above – some 15.7 million – smoke tobacco while over half of men and women aged 20 years old and above engage in binge drinking. More than one in five people have high blood pressure. The proportion of adults who are overweight or obese has doubled in the last 20 years, and obesity in children and teens is rising at an alarming rate.

<sup>1</sup> <https://www.who.int/countries/phl/en/>

<sup>2</sup> [https://apps.who.int/iris/bitstream/handle/10665/136828/ccsbrief\\_phl\\_en.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/136828/ccsbrief_phl_en.pdf?sequence=1)

<sup>3</sup> Manila Bulletin, Published May 8, 2018, <https://news.mb.com.ph/2018/05/08/time-for-action-to-stop-the-deadliest-diseases-in-the-philippines/>

In the recent past, the Philippines has seen many outbreaks of emerging infectious diseases and it continues to be susceptible to the threat of re-emerging infections such as leptospirosis, dengue, meningococcaemia, tuberculosis among others. In the past few years, vaccine-preventable diseases are again rampant in the Philippines, potentially reversing the positive results of decades of successful immunisation campaigns. In 2019 the country has reported outbreaks of dengue, diphtheria, measles, and polio<sup>4</sup>. In 2018 the Philippines was the country with the fastest growing HIV epidemic in the world: UNAIDs recorded about 13,384 new HIV infections by the end of 2018, 203 percent higher than infections recorded in 2010. Cities and urban areas are particularly affected.

## Cambodia

Cambodia at a Glance<sup>5</sup>:

Total population (2016)	15,762,000
Gross national income per capita (PPP international \$, 2013)	2,890
Life expectancy at birth m/f (years, 2016)	67/71
Probability of dying under five (per 1 000 live births, 2018)	28
Probability of dying between 15- and 60-years m/f (per 1 000 population, 2016)	205/140
Total expenditure on health per capita (Intl \$, 2014)	183
Total expenditure on health as % of GDP (2014)	5.7

The quality of health in Cambodia is rising along with its growing economy. The public health care system is a high priority for the Cambodian government and with international help and assistance, Cambodia has seen some major and continuous improvements in the health profile of its population since the 1980s, with a steadily rising life expectancy. A health reform of Cambodia in the 1990s, successfully improved the health of the population, placing Cambodia on a track to achieve the Millennium Development Goal targets set forth by the United Nations.

Among priority health concerns are: Maternal and child health; Tuberculosis; Malaria; HIV/AIDS; Avian flu. Other widespread health problems include malnutrition, diarrhoea diseases, acute respiratory infection and dengue fever<sup>6</sup>.

Between 2000 and 2014, the infant and under-five mortality rates both decreased by over 70 per cent, while the maternal mortality rate decreased dramatically from 472 to 170 deaths for every 100,000 live births. Improved antenatal and postnatal care, better immunization coverage and skilled birth attendance are some of the driving factors behind these improvements. Major causes of child and maternal deaths include a lack of adequate, affordable and accessible health services, poor quality services, poor hygiene, a lack of skilled health staff, and harmful traditional practices<sup>7</sup>.

In 2018, NCDs accounted for 64% of all deaths in Cambodia. One in every four Cambodians (23%) dies prematurely, before the age of 70 years, from one of the four main NCDs: cardiovascular disease (CVD), diabetes, chronic respiratory disease and cancer. This is due largely to the high prevalence of several major risk factors for NCDs, which remains high, despite notable progress in implementation of certain regulatory measures (e.g. stronger tobacco control legislation)<sup>8</sup>.

<sup>4</sup> Editorial| Volume 19, ISSUE 12, P1265, December 01, 2019, Infectious disease crisis in the Philippines, The Lancet Infectious Diseases, Published: December, 2019, [https://doi.org/10.1016/S1473-3099\(19\)30642-5](https://doi.org/10.1016/S1473-3099(19)30642-5)

<sup>5</sup> [www.who.int/countries/khm/en/](http://www.who.int/countries/khm/en/)

<sup>6</sup> Open Development, Cambodia : Priority Health Concerns, 2017 in <https://opendevelopmentcambodia.net/topics/priority-health-concerns/>

<sup>7</sup> <https://opendevelopmentcambodia.net/topics/maternal-and-child-health/>

<sup>8</sup> Prevention and control of noncommunicable diseases in Cambodia The case for investment Prepared for the Ministry of Health of Cambodia by United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases, WHO Regional Office for the Western Pacific, United Nations Development Programme in <http://www9.who.int/nmh/Cambodia-IC-Report-Final.pdf>

Major infectious diseases include food and waterborne diseases (of which there is a very high risk) such as bacterial and protozoal diarrhoea, hepatitis A, and typhoid fever. Vector borne diseases include dengue fever, Japanese encephalitis, and malaria. Cambodia has been certified as being polio free since October 2000. While HIV emerged as a major infection affecting the lives of approximately 2.4% of the population in 1998, major public health work has been done to reduce the prevalence rate through implementing education and promoting safer sex via condom use targeted to specific population groups who are at the core of the infection web.

## Origins of the project

Edward Booty, reach52's CEO and founder, started the organization in 2017, after a career in health care across a number of private, public and non-profit organizations. He has an extensive background in digital healthcare, patient and market access, health insurance, business development and new service delivery models for both developed countries and emerging markets.

After working and living in several Asian countries, Edward decided to use his knowledge and skills to pilot a new model for primary health care, in order to make it more affordable and accessible for remote, marginalized communities. He was struck by the lack of appropriate and accessible health care for a large majority of people living in underserved and impoverished communities and decided that he wanted to do something innovative and impactful for them.

In 2017, Edward founded Allied World Healthcare, which was renamed as reach52 in November 2019. Edward thinks that merely investing in health care system enhancement is not enough. He believes that

*“...inventing and implementing new digital health solutions for low- and middle-income countries, harnessing data to drive precision public health, and forging new partnerships to provide access to affordable medicines, diagnostics and health insurance that communities need...”<sup>9</sup>*

are key solution to improve access and affordability to primary health care for the 52% of the world population which is not covered by Universal Health Care (UHC)<sup>10</sup>: hence the name reach52. He is currently based in Singapore from where he leads the reach52's projects in the Philippines and Cambodia.

## Project Objectives

reach52 aims to increase the affordability and accessibility of quality healthcare for rural underserved communities by complementing and expanding local health systems, providing screening; affordable medicines; and insurance products supported by digital tools.

While the objective of the initiative is in line with SDGs and UHC principles, it is mostly how this is achieved that makes reach52 an innovative and unique initiative. According to Edward Booty, if we want to achieve universal accessibility to health, we need to accelerate and expand the use of digital technology, apply precision medicine through reliable data that provide insight into communities' needs and drive a system change, looking at the whole health eco-system rather than having a fragmented approach.

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<sup>9</sup> <https://reach52.com/allied-world-healthcare-re-launches-as-reach52/>

<sup>10</sup> Tracking universal health coverage: 2017 Global Monitoring Report. Joint WHO/World Bank Group report, December 2017, <https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf;jsessionid=E21980EA33E39DA594C2DA85021C060E?sequence=1>

## Team

**reach52 employs 100+ people and counts teams based in Singapore, London, Philippines, India and Cambodia.** Their offices operate as hubs for community sites and services across current and prospect countries.

Hereunder there is a brief description of their structure based on the distance interviews performed. While it is not an exhaustive description, it provides an idea of how their work is organized:

- Community Access Managers and Market Area Managers are locally recruited, identified through local authorities and many of them were already involved in the local health system as health volunteers. At the field level, in Cambodia and the Philippines, reach52's team includes **Community Access Managers, who are in charge of profiling the health status of the communities** and **Market Area Managers, who promote micro insurance packages and lower cost medicines among residents in target communities.**
- They are supervised by implementation managers who monitor the activities and ensure coordination with partners, quality and accountability at local level.
- ➔ **All grassroots managers receive a pay** and according to the opinions of reach52's CEO and of the Country Director of Temple Garden in Cambodia, partnering with reach52, salaries for local managers have highly improved their lives, motivate them in their task, and contribute to enhance the local economy.
- **The social business branch of reach52** is supervised by managers who take care of the supply chain for medicines and micro insurance after sale services. Each sector (Partnerships, Financial Services and Insurance, Project Delivery...) is led by a designated senior staff.
- There is a Country Manager in each implementation country.

## Project Implementation and Activities

**reach52 works in three Districts (with more than 100 villages) in the Philippines and in three districts in Siem Reap Province in Cambodia.** As of December 2019, they had reached **38,057 residents in rural underserved communities (51% women)<sup>11</sup>, of which 6,590 in Cambodia.**

reach52's activities consist of **four** main domains of intervention:

### 1. Profiling to understand the needs in target communities

Thanks to Community Access Managers, who are predominantly women from the target communities, **data about community members are collected digitally in order to identify the main health issues in the community**, the socio-economic status of its inhabitants, their health story, knowledge, attitudes and behaviours toward health. The data are collected through reach52 Access, a mobile digital application where data can be **collected and stored offline by local people**. The interview for each profiled inhabitant takes 30-40 minutes and it consists of 30+ closed and multiple-choice questions<sup>12</sup>. The data provided are analysed by reach52 staff in the Philippines and **shared with local authorities and local stakeholders**. The profiling informs health public policies and interventions by the District Health Department, reach52 and its partners. Community Access Managers as much as their line managers, partners and the senior management team's members interviewed for this report flagged the user-friendly nature of this platform, which can easily be used by people with very little-to-no digital literacy. The platform has been designed to collect a meaningful set of data which can provide

<sup>11</sup> reach52 Impact Summary- December 2019- Independent Evaluation by IIX (document submitted with confidence by the Applicant)

<sup>12</sup> Information provided by Community Access Managers in the Philippines, interviewed on the April the 7<sup>th</sup> 2020.

an in-depth overview of the community health status and related issues and conditions, allowing stakeholders to make well informed decision on how to design and support better health services.

## 2. Provide screenings and diagnostic services

Screenings and diagnostics happen mainly through local events, where medical doctors and nurses from the public health systems reach out to very remote communities and provide screenings and diagnostics to the target population – all of which are organized by reach52. Examples of diseases screened for during community events include hepatitis B and hypertension. These free public health events allow those who normally do not have the time and money to travel and to pay for doctors to get screened in their own village. Community Access Managers follow up with the community members who are diagnosed with health conditions (i.e. those diagnosed with hypertension can have their blood pressure regularly checked by the Community Access Managers).

According to the opinions expressed during the interviews, Community Access Managers play a key role in attitude and behaviour change in their communities. Mark, Community Access Manager in the Philippines, said:

*“When we do the house to house profiling, we also educate people and provide advice. I invited a pregnant woman- who I met during the profiling in her house, to come to the Hepatitis B event in her community. I was very happy to see her at the community screening.”*

This is confirmed by Gina, a mother of three who is currently pregnant of her fourth child and who received the visit from one of the Access Managers. He recommended her to go to the community screening for hepatitis B, where not only she was screened, but she also received information on how to prevent it and the risks related to it. She said:

*“I would not have done this test if I was not advised to, I am happy that someone told me and that I had the opportunity to learn more about how to stay healthy and keep my baby healthy too.”*

Data collected at these events together with the door to door activity, contribute to the community profiling.

## 3. Provide affordable medicines

**reach52 provides medicine to underserved communities at lower cost than the average market cost and offers a last-mile delivery service that reaches remote regions.** Medicines in the Philippines can cost 60 times more than international reference prices. As such, **spending on medicines accounts for 64 percent of the out-of-pocket spending of households.** This, in addition to poverty and deprivation, equals too often to insufficient medicine consumption and health-seeking behaviour<sup>13</sup>. Thanks to partnerships with national and international pharma companies, reach52 has been able to build a marketplace and supply chain of quality medicines, responding not only to the need for cheaper medicines, but also to the need of **quality ones**, as the Philippines suffers from the highest level of counterfeit drugs in Southeast Asia. According to reach52’s CEO, **the price of medicines they sell through an online platform (reach52 Marketplace), and thanks to a logistics app (reach52 Logistics), is reduced by 50%** (including the costs of transportation). The logistics app optimizes the work of reach52 in the entire process, from the order by a client -to the last mile delivery. The platform is used by Marketplace Area Managers, who collect and input the needed information to set an order and the

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<sup>13</sup> reach52 Impact Summary- December 2019- Independent Evaluation by IIX (document submitted with confidence by the Applicant), page 6

process is followed up by reach52 logistics team to ensure the purchase is processed and the medicines are delivered to the client by the Marketplace Area Manager.

*During the Covid-19 pandemic, as managers cannot make door-to-door sales, orders or public events, reach52 is trying to promote their services via advertisements on Facebook, aiming to keep on promoting and offering their products and services.* According to the Head of Project Delivery in the Philippines, there is a very high percentage of returning clients: those who purchase once through reach52 Marketplace (via the local managers) tend to order medicines again.

Challenges in this service are:

- a) Disruption in the provision of medicines (which is a general problem in the Country)<sup>14</sup>;
- b) Mistrust of people on cheaper medicines. The Head of Project Implementation in the Philippines said:

*“People think it is too cheap to be good”*

- c) Clients do not have the needed documents to purchase medicines. Without a valid prescription, people cannot buy medicines through reach52 Marketplace. Because of the limited accessibility to health care, people tend not to have prescriptions or to have already expired ones.

#### 4. Micro Insurance which is adapted to the needs of highly vulnerable communities

This service has been available in the Philippines since 2019 and was recently launched in Cambodia. The idea of offering micro insurance comes from the fact that many residents of deprived communities do not meet the basic conditions for accessing a traditional insurance. Currently reach52 is partnering with Malayan Insurance, a very popular Filipino non-life insurance, which is leading the insurance sector for 19 years. A senior staff member of Malayan flagged that the insurance company had catered a package for highly vulnerable people including: property (house), accident and hospitalization. **The cost per annum is around 5 USD for rural communities<sup>15</sup>, this price is approximately the half of the price proposed by competitors.** The coverage and the price have been adapted to the local socio-economic context thanks to a study on the needs and economic situation of the target clients. Micro insurance service is still at early stages for reach52, the pilot started in December 2019 in four barangays<sup>16</sup> in the Philippines and it was planned to finalize in March 2020, when they would have started to expand this business. *The plan had to be postponed because of the global pandemic of Covid-19.* Once the pilot is finalized, reach52 will be better poised to liaise with a wider number of insurers who can cater accessible and appropriate insurance products (with late-stage discussions with a number of large global insurers).

According the Head of Project Implementation and a representative from Malayan Insurance, lower-income segments of the population lack awareness of the possibility to purchase a micro-insurance, thus Marketplace Area Managers need to work hard to inform people on its existence, availability and benefits. Community events to promote the micro insurance had been planned for market days, when

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<sup>14</sup> A research conducted in 2017 on « Access to and Use of Medicines in the Philippines » reveals that key essential medicines selected for the country are partially available in public health facilities (69%), warehouses that supply public health system (74%) and private pharmacies (63%). The length of stock out durations at the public procurement (69 days) and public sector (63 days) indicate that the key essential medicines are not continuously available. These figures reflect some inefficiencies in the public health system procurement and distribution. The public sector procurement and distribution system needs to be reviewed and enhanced to increase availability and access to key essential medicines. Ref: <http://ehealth.ph/health-facility-and-household-survey-on-access-to-and-use-of-medicines-in-the-philippines/>

<sup>15</sup> Data provided by the Head of Project Delivery in the Philippines during an interview held on April the 7<sup>th</sup> 2020

<sup>16</sup> The smallest administrative division in the Philippines

people from remote communities gather to conduct businesses and /or shopping. *These events have been postponed because of the current lockdown.*

reach52 does not only bridge vulnerable communities with insurance companies who cater for them micro insurances, they also help people with their claims, providing an **after-sale services** which is highly accessible to the micro insurance clients as reach52 managers are living in their same or neighbouring communities.

While there is a certain level of promotion of micro-insurance packages, Edward Booty – CEO – flagged that the commercial promotion of this product has been minimal and residents, once aware of what micro insurance, seem interested and keen to purchase one. This would serve as an evidence that the proposed insurance package responds to their needs. According to the Head of Project Implementation, the micro insurance

*“is well received in the four barangays where it was piloted, and we have a satisfying number of closed sales”.*

Focus Group Discussions have been implemented after the second month of the pilot, in order to learn what to do better and who to target. The main challenges they encountered in the pilot period are:

- a) Inconsistencies in the explanations of how the micro insurance works from the Marketplace Area Managers to the potential clients. This was solved with the creation of a simple video which summarizes the main features of the product;
- b) A limited number of people was reached.

## Beneficiaries

reach52 direct beneficiaries can be segmented in four main groups:

### 1. Residents of remote and deprived target communities

They are men and women, boys and girls, living under the poverty line, who generally do not prioritize their health and have poor information and health seeking behaviours. During two interviews with residents of target communities in the Philippines, one lady said:

*“People in our community are too poor to go to the doctor”.*

This translates in very low accessibility to health care: last time she had seen a doctor was during her last pregnancy, three years ago.

Community Access Managers and residents who participated to the interviews for this report, underlined the **importance of receiving useful information about health** by reach52. This seems what they value the most, together with free screenings and diagnostics. Anjelou, implementation manager in the Philippines, told me:

*“People are very thankful when we bring doctors who can check their health to their communities. They recognize me on the street and they ask for more health education events.”*

As already mentioned, residents in rural communities generally cannot afford the time and resources for healthcare. Bringing health services closer and providing them the opportunity to know their health status, **fills one of the major gaps of the public health system, which is struggling to provide prevention and diagnostic services.**

## 2. Patients

reach52 offers secondary prevention services to residents with health conditions. They provide lower cost healthcare products and services (screenings, diagnosis, micro insurance in the Philippines). The follow up on patients is provided by Community Access Managers who regularly check community members with conditions, advise to see a doctor and make appointment with the needed services, serving as a bridge between the patient and the available health care services. reach52 is currently considering to expand their services by providing ultrasound machines to communities' health workers.

## 3. Women

They are the majority of the profiled community members, possibly because during door to door profiling, they are the ones who stay at home the most. reach52 offers specific Maternal and Child Health programs, like vitamin A and de-worming campaigns.

## 4. National Health Care System

Ministry of Health is a key partner for reach52 and details regarding this collaboration are provided in the next section "Partnerships" in this document. Nevertheless, from the interview with the Municipal Medical Officer in one of the target District in the Philippines, it is evident that **the public health system is not only a partner but also a beneficiary of the project**. With only one doctor for 80,000+ inhabitants, the district is not able to deliver health care at a minimum quality standard. According to doctor Rodina, thanks to reach52's support, the municipal health service has been able to deliver national programs that had been dormant for years. As doctor Rodina says:

*"The collaboration with reach52 fills in the pieces that should have been covered by the government, allowing us to mobilize programs that are part of our (Government) strategy".*

## Partnerships

reach52 collaborates with private, public and no-profit partners to leverage its impact and to offer market opportunities in the context of emerging economies. reach52's CEO explained:

*"We help private organizations to implement their corporate social responsibility".*

**Private companies collaborate to accomplish their social responsibilities and to tap into new potential markets, each partner prioritizing either the former or the latter to different degrees.**

Through interviews implemented for this report, three partners have been consulted:

**Malayan Insurance – which provides micro insurance for reach52's target communities**

According to its representative, who works for them for 10 years, the company is both investigating a potential market and supporting less advantaged fellow nationals. They see the partnership convenient because reach52 is actually reaching people at community level through their Marketplace Area Managers. Their insurance does not traditionally achieve such diffuse penetration in local markets.

He describes the opportunity for people living in poverty to purchase a (more) affordable insurance as a way to increase their resilience against adversities. Within this partnership, reach52 provided data about the economic and health status of community members, allowing Malayan to design an insurance product which is sustainable for their company and affordable and appropriate for the target clients.

## Ministry of Health (Cambodia), Department of Health (Philippines)

According to the interviews to reach52' Head of Partnerships, the CEO and one district doctor, the partnership with the MoH can be summarized as follows.

a) It is regulated by a **MoU (memorandum of understanding)** in each one of the two Countries, defining the roles and responsibilities of the MoH (in the Philippines and in Cambodia) and of reach52.

b) It has been described by the CEO and the District Doctor as a strategy to **fill the gaps of the public health system**. The District doctor declared:

*“The public system cannot do it all, and if private and non-profit sectors step in, collaborating with us, I think it is good”.*

She describes the partnership as a way to scale the Government's Health policies reach52 provides means to implement public health services complementing the mandate of the Ministry of Health. Thanks to the use of digital technology and availability of human resources, the activities are more effective. She mentions as an example the vitamin A campaign, where reach52 was able to deploy its Community Access Managers together with the 41 midwives from the health district.

c) Consistent with the idea of filling the gaps, the CEO- Edward Booty has provided interesting examples of how reach52 and the public health system complement each other: during screenings and campaigns, reach52 covers the costs for the implementation while MoH provides the needed human resources and part of the needed materials.

According to one implementation manager, their public health system not only widely collaborates with reach52, but also considers the organization as a key partner, and they are asked to participate in decision making and initiatives. The screening program on Hepatitis B is a good, concrete example: the MoH is very satisfied with the methodology proposed by reach52 and they are replicating it in other districts (without the financial support by reach52).

d) In the framework of this partnership, reach52 has been able to **collect and analyse relevant data, allowing the public health service to better understand the priorities for the territory**, project and budget for appropriate interventions.

*“Now we know who are the people with hypertension in the district and we know this is a priority, together with diabetes.”*

e) The collaboration is highly participative, before starting the initiative people have been consulted “from the barangay up to the district”.

f) reach52 has also been able to provide **capacity building for local health workers and nurses**, in order them to be better able to implement national programs.

## Temple Garden Foundation (TGF) Cambodia

Temple Garden Foundation opened in Cambodia in 2008 to improve livelihoods through sustainable development and the empowerment of rural communities. They support projects focusing on four interconnected areas: children's education, health, income generation, and water & sanitation. Their intervention targets **one district in Seam Reap**. Their health program is benefitting from the collaboration with reach52, which offered to profile five of their target communities, providing to them data and information which has been used to strategize their intervention together with the local authorities. reach52 plans to provide in TGF's target District the same health services they are already

providing in the Philippines, enhancing and integrating the work done by TGF. reach52 is implementing the very same model with adaptations to the Cambodian Health and Administrative Systems.

The Country Director of TGF, interviewed for this report, seemed satisfied of the collaboration with reach52. When asked about challenges, he mentioned that the planned pilot process had been more slowly than expected, because of the adaptations that reach52 had to do to their model (i.e. translate all the tools and materials) and because of the lengthy administrative processes required in Cambodia to have approval from the Government to be able to operate. This challenge was also mentioned by Community Access Managers, who were complaining about the fact that after the profiling of the communities (some ended 4 weeks prior to the interview, some other were finalized in February 2019), there had not been any actual health activity. This delay is due to the lengthy process to receive the green light by the Provincial Health Department to implement activities in the communities.

## Impact

### Increased health knowledge

The first impact mentioned by most of the people interviewed is the **increase in knowledge about health by residents** and Community Access Managers. Unfortunately, there is little evidence regarding this and there is even less clarity on whether people change positively their attitudes and behaviours towards health once they better understand health issues that might concern them. While the CEO affirmed that counts with a SBCC strategy, interviews did not provide evidence that communication and health education activities are following a clear and shared strategy to improve health behaviours.

### Improved public health system

According to partners (district health department and TGF) **service delivery has significantly improved** through outreach, rural clinics screenings and diagnostics, allowing people to be aware of their health status and to take action when needed.

### Relevant health data provided

For strategic health planning, market opportunities and advocacy.

### Improved employment conditions of community health workers and community members in general

Community Access Managers receive a salary which enables them to live a dignified life, motivates them in their job and contribute to fuel the local economy. Almost all the community access managers are women, who are traditionally more vulnerable to unemployment or under employment and who, thanks to reach52's project, have the opportunity to have a job, to cover a positively recognized role in their communities and to increase their economic and social capital.

### The HIV program

Implemented by reach52 together with the provincial MoH has had a better impact because of the presence of young Community Access Managers who can better liaise with young local people and sensitize them.

### People are more resilient thanks to micro insurances

Feedback and testimonials from those who have already purchased a micro insurance is very positive. While it is too early to measure the impact of micro insurance, all people interviewed flagged it is a positive additional asset to the services provided by reach52. Not only people with a low income feel safer purchasing a micro insurance, but they also feel supported and included in a system which is now able to cater for them.

## Ethics

reach52 does not have a framework for selection of their partners, a rule of thumb seems to be that everything which serves the cause of the organization, is innovative and provides a social benefit to the communities, is acceptable.

In terms of confidentiality and data protection, the CEO informed that they transfer the required minimum data of their clients to other entities only when needed (i.e. purchase an insurance or medicines) and only when they have the consent of the person. In their database, all personal names are coded. While from the interview it seemed that data protection is well covered by reach52, one of the recommendations of the independent evaluation they had in 2019 focused on the need of improving data protection.

## Future perspectives

reach52 is currently in touch with MedTech companies and other partners to increase the range of their services and to scale up their model. They are maternal and child health ultrasound screening with a major global MedTech company in August 2020.

People in the field strongly suggested that reach52 continues providing health education, possibly reaching more people.

Both the Implementation Manager and the District Doctor suggested to expand services in the field of distance screening, consultations and prescriptions, contributing to better access to primary health care.

## Conclusion

**reach52 is proposing an innovative model to expand and scale UHC to deprived communities, where current health systems cannot reach.** Combining a wide set of partnerships with **public, private and non-profit stakeholders**, empowering highly deprived communities' members and providing essential primary health care services, reach52 is increasing the quality and the accessibility of health to highly vulnerable populations, making them more resilient and knowledgeable about health together with strengthening the existing health system. Thanks to new technologies, their model is efficient, evidence based and accessible to a higher number of people. reach52 sustainability is granted by two main elements: the collaboration with multiple actors, among them the **Ministry of Health** of both target Countries, and the **social enterprise branch of the organization, which is able to make revenue** that contribute in making reach52's activities viable and continuous. reach52 is still working to improve the capacity of scaling up its model, ensuring a sustainable impact and integrating more services that are of high need for the most deprived segments of population they work for and with.