Healthy Entrepreneurs

SRHR solutions via Healthy Entrepreneurs

Burkina Faso

Introduction

Improving access to basic health care interventions through Community Health Workers (CHWs) can prevent 3 million deaths a year. The economic value of the increase in productivity through CHWs in Kenya is estimated to be $24,5 billion in 10 years (2017-2026) (World bank). People are healthier, live longer, children develop better, are more capable of working and contributing to the national economy. On a shorter term, it can decrease the burden on health centres and hospitals, reduce costs and identify, diagnose and treat illnesses earlier. Its social impact is broadly recognized such as the empowerment of women.

While CHWs have contributed significantly to improve health outcomes in well-funded and organized study settings, there are severe performance, retention and sustainability problems when CHW programs are implemented in widely challenged health systems. Most of these problems are related to the absence of a sustainable income, an inadequate supply chain of SRHR products, medicines and health products and insufficient training and supervision, which often depend on temporary donor funding.

A sustainable program to amplify the effectiveness of the CHW system while increasing the reach to the most isolated communities at the bottom of the pyramid is poised to have a significant positive impact on health outcomes. The model of Healthy Entrepreneurs (HE) can save millions of lives each year by making proven interventions such as antibiotics for pneumonia, oral rehydration therapy for diarrheal, and the provision of malaria treatment easily accessible and continuously available in the most remote and hard to reach areas of Sub-Sahara Africa.

HE model

Healthy Entrepreneurs (HE) is a social business where women become small business owners, selling essential (over-the-counter) medicines, health products and disseminating information. HE's business model addresses the persistent problem of the un(der)paid community health workforce and insufficient provision of health interventions to rural areas. HE supports the public system and engages existing Community Health Workers (CHWs) in a cost recoverable business that allows them to improve health in their community while generating income. Once scaled, the model can cover all costs of the operation, and hence operate without external funds.

HE offers CHWs an investment opportunity to become 'Community Health Entrepreneur' (entrepreneur). Qualified CHWs pay an investment fee of $40 to enter the program. In exchange, they receive training, a solar-powered smartphone and a starter kit of health products worth $100 on credit. The training includes modules on health, business skills and the use of two apps that support their work. The health app with videos and workflows to support the quality of their work and the product app promotes the assortment and facilitates pre-ordering.

Every month a group of 20 entrepreneurs meet at a cluster meeting for further training on health, business topics and deliveries of new products. The entrepreneur provides her customers with convenient access to health information and a range (+55 items) of affordable and high-quality medicines and health products. The assortment includes vitamins, malaria test and treatment, condoms, Sayana Press, reusable sanitary pads etc. The driver of HE's sustainability and value proposition is the integrated supply chain, with full control of products and prevention of unnecessary mark-ups along the chain of supply. This enables HE to provide entrepreneurs with quality products at a ~15% lower price than elsewhere. With a margin of 35%, the entrepreneurs can earn ~ $22 per month to complement other income-generating activities. For remote families, of each dollar spent on healthcare, around 55% is spent on transport cost. By bringing health products and services closer to patients, HE offers up to 62% savings on current out of pocket expenses.

In addition to the provision of health commodities, entrepreneurs can provide health services supported by a remote health professional. Our telehealth solution allows the entrepreneur to consult a doctor or nurse for health advice, conduct health screening for diseases and remote diagnosing and prescription of medicines.

The HE model is proven effective. A study conducted in 2018 by Erasmus University Rotterdam (M.O.Kok) found a significant improvement in the income and motivation of the entrepreneurs compared to regular CHWs.

Entrepreneurs have significantly better availability of essential generic medicine (80%) and basic equipment, were more motivated, referred twice as many patients, spend more time on health work, followed more refresher training and doubled their income. After 2 years, more than 85% are still active. The entrepreneurial approach provides entrepreneurs with the incentives, products and equipment that improve and sustain their functioning. Find the published article here.

Thus far we have reached major cost savings for 8,000,000 customers. We have sold over 25,000,000 impact products at a 15% lower price. We have onboarded more than 7,500 entrepreneurs and doubled their income. Key learnings are the characteristics of a successful entrepreneur; mother, 3 years of CHW experience with proven health and commercial skills. In Uganda, HE currently operates with > 5,000 entrepreneurs in 40 out of 131 districts, covering ~30% of the market..

Brief summary of the proposed program

Healthy Entrepreneurs (HE) has developed a unique but practical proven concept to serve rural markets with a complete range of basic health products and services to create a sustainable income for CHWs. So far, HE has onboarded more than 7,500 entrepreneurs, of which 85% women, in multiple countries and has secured investments for expanding the network with > 23,000 new entrepreneurs in Kenya and Uganda.

In the proposed program Healthy Entrepreneurs brings the entrepreneurial model to Burkina Faso. Through a phased approach, including deliveries of milestones and targets, Healthy Entrepreneurs will groom an operating team in Burkina Faso to run the operation. We will start with a market and feasibility study to validate the market opportunity and the legal operating framework and design the operating model to the context in Burkina Faso. In parallel, the existing internal procedures, materials and training curriculums are adjusted to the new context. We will start with a test of 200 new Agent Sante Base Communitaire (ASBC) or entrepreneurs in a specific geographical area. The entrepreneurs will sell and provide basic health commodities, which include SRHR products. Together with provision of health information, these products will be made available in rural areas of Burkina Faso. Like in other countries (for example Burundi) HE proposes a go-no-go decision at the end of phase 1 where the Dutch Embassy and HE decide together to further expand the network or not. In case of further expansion, the program delivers 2,500 entrepreneurs in 3 years in Burkina Faso.

The feasibility of scaling our successful concept is high. HE has developed procedures, technology, training and marketing materials, based on lessons learned. One of the main risk is the non-performance of the local country team which can be mitigated by proper assessment at the start and constant monitoring and support from a dedicated HE team. Other risks are one prevalent in fragile states including weak buying power due to poor harvest seasons and (civil) unrest due to elections or diseases which are generally hard to mitigate.

Problem statement

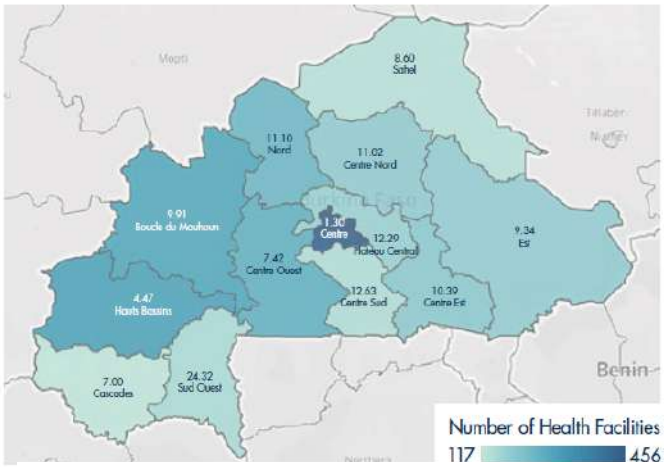
Dysfunctional community health systems in Sub-Sahara Africa result in at least 3 million preventable deaths every year. Health is key in sustainable development and the economic potential of functioning health systems is immense. The economic value of the increase in productivity through CHWs in Kenya is estimated to be $24,5 billion in 10 years (2017-2026) (World bank). People are healthier, live longer, children develop better, are more capable of working and contributing to the national economy. On a shorter term, it can decrease the burden on health centers and hospitals, reduce costs and identify, diagnose and treat illnesses earlier. Its social impact is broadly recognized such as the empowerment of women.

However, governments and international organizations have not succeeded in building effective and scalable community health systems that serve entire populations. Sub-Saharan Africa faces shortages in trained

medical personnel. While CHWs have contributed significantly to improve health outcomes in well-funded and organized study settings, there are severe performance, retention and sustainability problems when CHW programs are implemented in widely challenged health systems. Most of these problems are related to the absence of a sustainable income, an inadequate supply chain of SRHR products, medicines and health products and insufficient training and supervision, which often depend on temporary donor funding.

In Burkina Faso almost 70% of the population lives in remote and rural settings. Despite increased government funding and the expansion of its range of health interventions, Burkina Faso continues to face important challenges in the health sector. The insecurity in the country aggravates the provision of health centres as facilities are understaffed and the public supply chain is not functioning as it should be. Communicable diseases remain the primary cause of morbidity and mortality in the country - malaria is the largest cause of mortality for children under the age of five[1]. Malaria is responsible for 43% of health provider consultations and 22% of deaths[2]. 13% of total mortality is estimated to be caused by cardiovascular disease, with 25% of the total population having a raised blood pressure. The non-communicable diseases like hypertension, cancers and diabetes account for 33% of total mortality. The unmet need for family planning is high, with a specific burden in rural areas.

Community Health Workers Per 10,000 Inhabitants[8]



Burkina Faso | Global Financing Facility

The government deployed over 17.000 ASBC of which one cadre is focusing on the communities within a 5km distance of a health facility (5.000 ASBC) and another cadre focusing on the communities outside the 5km zone (12.000 ASBC). The community health workers are financially compensated by the government through a monthly incentive of 20,000 FCFA (around €30). However, recent media statements from the Community Health workers Labor Union in May 2021 show that many CHW's are unhappy with this pay as it is below minimum salary (SMIC), there are severe delays in payment (up to 12 months) and a lack of product supplies. ASBC are only trained once every two years. It shows that there is a great potential and willingness to provide access to basic health services, however with a poorly functioning (community) health system is will remain a challenge.

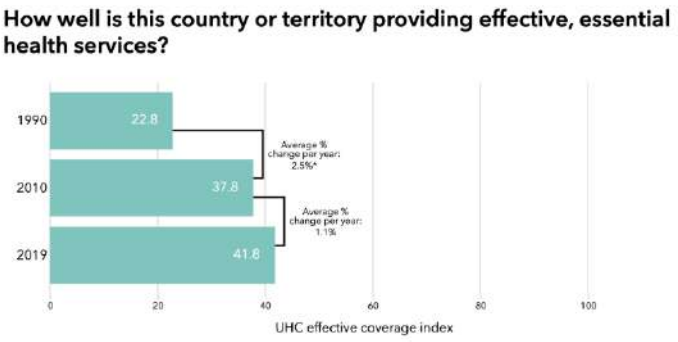
Efforts and resources towards development of an effective and sustainable community health workforce unfortunately lack efficacy. CHWs, most of them female, are trained, but no sustainable jobs are created.

A sustainable program to amplify the effectiveness of the CHW system while increasing the reach to the most isolated communities at the bottom of the pyramid is poised to have a significant positive impact on health

[1] Health | U.S. Agency for International Development (usaid.gov)

[2] Malaria in Burkina Faso: Statistics & Facts | Severe Malaria Observatory

and SRHR outcomes. The model of Healthy Entrepreneurs (HE) can save millions of lives each year by making proven interventions such as antibiotics for pneumonia, family planning methods, oral rehydration therapy for diarrhea, and the provision of malaria treatment easily accessible and continuously available in the most remote and hard to reach areas of Sub-Sahara Africa. On the longer run, the Healthy Entrepreneurs' model, including telehealth features, offers solution for chronic diseases and the pressure of the existing health infrastructure The model, also, supports the ambition of the Burkina Faso government to reach Universal Health Coverage by 2025.



Approach and main activities

Impact

In our theory of change we envision to achieve impact in Burkina Faso on three major elements:

1. Improved health outcomes and quality of life for rural, hard to reach communities
2. Improved functioning of the community health system and embedding in the value chain, and,
3. Improved empowerment and sexual health of (mainly) women

With a well-functioning network of Community Health Entrepreneurs (CHEs), HE will be able to deliver health services and health commodities based on the demands from hard-to-reach communities. Through our regular supply of medicines and other health commodities, access to basic health services will be improved. Diseases can be treated earlier avoiding severe complications. (Young) women and men will be able to access family planning commodities, which in return could reduce unwanted pregnancies and Sexual Transmitted Infections and improve child spacing. At the same time the CHE will provide health information to prevent rural families to become sick or affected by a poorer health status. During regular encounters with clusters of CHEs, refresher courses are provided about Sexual and Reproductive Health, other community health topics and skills to improve performances.

The financial model backing the HE implementation will provide a sustaining operation which does not heavily depend on unreliable external or government funding. Through sustained operations, the functioning of the community health system improves and can become more effective.

Through the service provision conducted by the CHE's, rural families can access a complete basket of Sexual and Reproductive Health products and services. The package includes access to health education (e.g. video's - apps), medical consultations on family planning methods, referrals to health facilities and access to a range of commodities.

Outcomes

The overall objective of the program is creating new jobs for CHWs which generate additional income, and to sustain and strengthen their role in community health care, while at the same time improve the access to basic health and SRHR services in rural areas of Burkina Faso.

This program is successful when, in the coming 36 months we have created 2,500 new jobs for existing CHW of which 80% are women. The program aims for improved decency of the job, including additional focus on health,

safety and investments for additional future income (pension). For all female entrepreneurs, we strive towards increased female autonomy and agency over own income and a strengthened position and acceptance in the household and community. In addition the program will distribute health commodities including family planning which will improve the health and SRHR situation for women and men in rural areas. We expect to distribute thousands of essential health commodities on an annual basis.

These new jobs improve and sustain the availability of healthcare products and services in remote and hard to reach areas serving 625.000 families (each entrepreneur can reach 250 families). Through the network of entrepreneurs we offer the final customers or patients a saving of more than 60% of their out-of-pocket expenses on primary healthcare. Their total estimated potential saving in the coming three years is $41million (and $118million in 5 years).

Improved quality of the service provision by the entrepreneurs is an outcome in which they strengthen their knowledge attitude and motivation which leads to an increase of recurring final customers and increase of income.

Outputs

The program creates and improves sustainable community health jobs for mainly young women, who will significantly increase the efficacy of nationwide investments in community health.

The first output is a market and feasibility study to identify the actual players in the market, competition, the estimated size of the market and the competitiveness of the actual HE portfolio of products supplied through the HE Uganda warehouse. The study also explores (together with UNICEF) the opportunities and restrictions of the health system. The study results in the way the HE operation will be positioned in Burkina Faso (e.g. for profit health facility, out-reach activities, dispenser etc.). The third part of the study focusses on operational matters including the supply chain, the preconditions for the HE team, international and local payments and practicalities like housing. The result of the study is a clear roadmap for the implementation including recommendations for adjustment of the model to the context in Burkina Faso.

HE will train and support the recruited staff in Burkina Faso training, standard operational plans and on-the-job inception experience in Uganda enabling the team to operate. For both the onboarding of the new staff, we will use the HE Uganda experience and expertise of managing > 5000 entrepreneurs and the recommendations how to adjust the HE model to the Burkina Faso context.

Another output is the onboarding of 2500 new entrepreneurs. The risk of displacement is limited as we empower young CHWs who are currently not sufficiently incentivized and are poorly motivated and lack time and resources to perform their voluntary job. Governments, local manufacturers, wholesalers and distributors in existing countries acknowledge that the model is complementary to their activities and recognize the remote and hard to reach areas as untapped or underserved areas.

Qualified and selected entrepreneurs receive a training of 5 days organized by HE and health experts from the district on health topics, business skills and the use of the apps. They receive a solar-charged smartphone, access to credit to start their own business and continues support, training and supervision. During the monthly cluster meeting, entrepreneurs are supplied with products, discuss their performance and receive training on a business and a health topic.

Well-performing entrepreneurs can expand the portfolio with additional screening services, products and access to an expert at a distance (Entrepreneur+). As an output, we will set up a telehealth solution with health professionals at a distance and technology to support to conduct screening, consultations, diagnosing and prescriptions. The supporting technology and professional at a distance will improve the service level of the

entrepreneur in multiple communicable and non-communicable diseases. As a result the structural pressure on the poorly functioning health facilities could be lifted. In all the model will allow for a growing service level including self-care, community health and primary health. Entrepreneur+ create additional income and increase their reputation in their village. HE offers entrepreneurs a long-term job opportunity including ways to continue growth.

Every onboarded CHE will sell and distribute health commodities and provide health/ SRHR information to rural women and men. In the inception phase the first basket of health products including SRHRH commodities will be finalized.

Activities

Phase I

HE is responsible for the operational licenses, and the development of the complete toolkit for the new HE team in Burkina Faso, including a manual with guidelines, procedures, IT-support systems, training materials for employees and entrepreneurs.

HE engages national and district offices for deployment of the HE-model. Inception meeting in districts will conclude with Memorandums of Understanding (MoUs) with the district offices and support for recruitment of entrepreneurs.

HE will identify country manager to lead the inception phase of the Healthy Entrepreneurs scaling to Burkina Faso. The country manager will consult relevant government, (inter)national stakeholders, community health workers and the communities to develop the plan. The country manager will be selected based on leadership skills, experience with community-based work and relevant commercial experience. An assessment is part of the selection process. The country manager will start building the organization including recruitment of entrepreneurs according to target. During the entire program, HE provides training and support to the country team where needed.

For the improved of recruitment and selection, creating the right matches, and ensuring equal opportunities, HE will work closely with experts of Randstad, primarily on the redesign of the process and the development of supporting tools. Interventions can include tele- or digital questionnaires (phone or tablet), assessments on soft and entrepreneurial skills, registration of candidates and the use of predictive models. We can use historical information of well-performing entrepreneurs as reference. We have evidence that female entrepreneurs are more resilient, which has resulted in the high percentage of female entrepreneurs. The improved selection process is tested at small scale by HE Uganda and once ready for execution implemented by all replicators.

Together with partners of the Dutch Embassy regarding SRHR, HE will adjust the portfolio of SRHR strategy and related products and services offered. The tools and materials HE use are easy to adjust and adapt and HE has experience to adjust materials to other contexts (e.g. Uganda, Kenya, Tanzania, DRC, Burundi). For the implementation, we will train all new entrepreneurs and give regular follow-up during refreshers, group calls for remote training, flyers and materials on the HE apps.

The proposed SRHR products are

- Condoms
- Oral contraceptives
- Sayana press
- Oral emergency pill
- Pregnancy test

- Lubricant
- Optional HIV self-test, syphilis test
- Menstruation and personal hygiene

Other services:

- Referral to health facilities for other modern contraceptives
- Access to the toll-free telehealth service for medical consultation on Family Planning methods
- Video's and education materials available on the smartphone of the entrepreneur
- Monthly refresh training and courses on FP for the entrepreneur

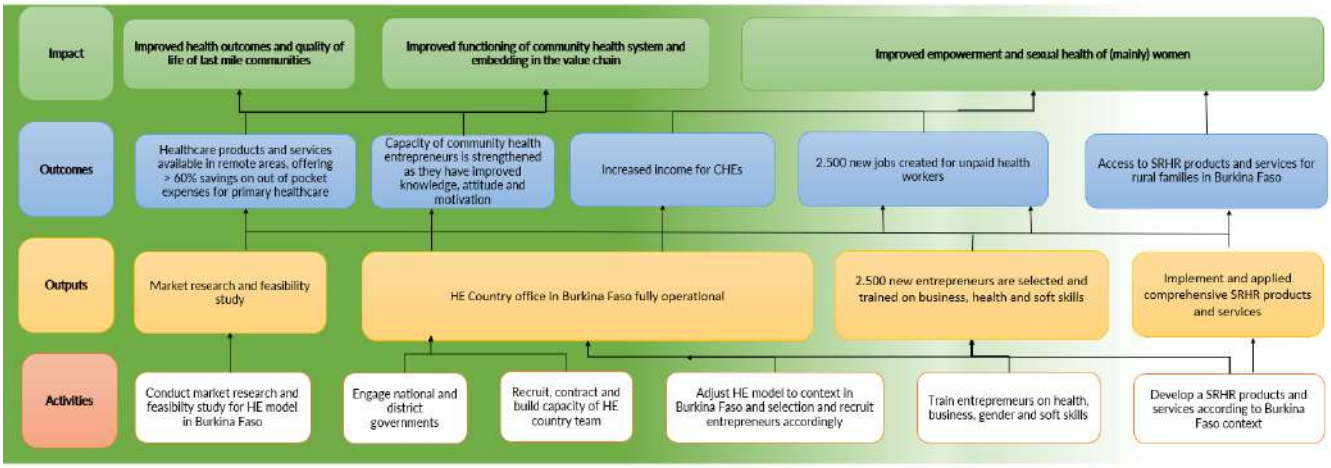
HE will use and adjust the already developed telehealth solution to the context of Burkina Faso which will be deployed in phase II,

Phase II

Based on positive results in phase I, HE will onboard 2.300 entrepreneurs in phase II and further develop the country office to manage the operation. The basket of health and SRHR products and services will constantly be assessed to meet the needs of men and women in rural communities in Burkina Faso

Theory of change

Community health work has a lot of potential in improving access to health care for all. In Uganda, but also in many other countries, governments and international NGOs make an immense effort to strengthen the healthcare system but they are only partially successful. Community health workers (CHW) generally are not or partly paid to fulfill their task, they lack health products and other resources to be effective and their training is not standardized which leads to fragmented healthcare systems and unequal distribution.



Most CHWs feel responsible but since their task doesn't provide them with an income, the time and effort they can spend on it is limited. Hence, access to healthcare in remote and rural areas is still limited; too far and too expensive (at the district hospitals). Building effective and scalable community health systems that serve entire populations, needs a more sustainable approach or model.

Healthy Entrepreneurs has a proven solution where unpaid / partly paid Community Health Workers become Community Health Entrepreneurs, allowing them to earn a decent income. Rural communities receive access to an essential full package of community health products and services through this network of well-trained Community Health Entrepreneurs.

The program creates and improve 2.500 sustainable community health jobs for mainly young women, who will significantly increase the efficacy of nationwide investments in community health. This scale will be reached by making our current operation explicit into a standardized operation model which can be used for scaling to new countries. The total portfolio includes a specific package for sexual and reproductive health

Indicators for this program

For the program, we have defined the following indicators

1. HE team selected and fully operational
2. Number of entrepreneurs recruited and onboarded
3. # and type of (new) user friendly SRHR products and services on the market
4. # of entrepreneurs offering SRH and HIV/AIDS services per year
5. % of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraceptives
6. # of people receiving interventions against TB, malaria, hepatitis and NTDs

In the inception period Healthy Entrepreneurs will be able to develop a PMEL framework which covers the full scope of the program including the SRHR indicators. The PMEL framework will be developed together with the Dutch embassy in Burkina Faso.

Organizational capability and resources required

Organizational capability

HE's area of expertise is last-mile service delivery. We provide rural areas of Sub-Sahara Africa access to basic health products and services through a network of well-trained entrepreneurs. Our vision is basic healthcare for all. Our mission is to train men and women to become entrepreneurs.

To date, we have mobilized over 6000 entrepreneurs (1800 in Haiti, 3000 in Uganda, 900 in Kenya and 300 in Tanzania). HE started in Haiti and the DRC. Between 2012 and 2015 HE developed the franchise model, designed supporting IT systems and gained experience in implementation, management and optimization of networks of quality care providers.

In 2016, we successfully started the operation in Uganda and Tanzania. As of 2017, we have been working towards an investable business case. In Uganda we successfully completed a DREAMS PEPFAR program, mobilizing 750 female entrepreneurs. The Dutch Ministry of Foreign Affairs initially funded the design and development of the concept. In 2018, we started operation in Kenya. In Haiti we successfully implemented the 'Boutik Sante' project running 1800 entrepreneurs together with Fonkoze, the largest social micro-finance institution.

HE has 70 local colleagues with health, logistics, sales and finance expertise. A small team of 6 international staff provides support on (IT) systems, finance and control, stakeholder management, employee development and funding. The local teams consist of highly motivated – talented Ugandan, Kenyan and Tanzanian staff and a network of 7,000+ entrepreneurs. In Uganda and Kenya, there is a local leadership team managing the operation.

HE is a respected private partner of the ministries and actively participates in several working groups, among others Integrated Community Case Management (ICCM) program and the Health Education and Promotion Program. HE promotes and distributes free contraceptives. Close collaboration with (inter)national partners is key for HE to leverage on existing expertise and experience. Based on 8 years of experience managing networks of micro-entrepreneurs in multiple countries combined with the expertise of the local team, we are ready to scale the model and grow to the next level. Based on its experience and operational and expertise and focus on cost-effectiveness. HE is adequately equipped to guide new country teams on their journey to impact.

In the last 9 years, HE has developed a proven concept – tested in multiple countries and built a successful business case. The existing organization is well-established – processed all learning – implemented improvements – has all systems in place. With the expertise of the local and international support team and the hands-on experience HE offers an adequate base to facilitate the new country team in Burkina Faso.

Program leadership

Since scaling to new countries is the next step in the growth and further expansion of HE the core team of HE is responsible for the execution of the program.

The program leadership includes:

- Joost van Engen, founder and managing director HE, based in Uganda, masters in business administration, 20 years of experience in marketing and distribution of mainly essential medicines on African continent, Ashoka fellow since 2016
- Cees Rustenhoven, finance director, based in Netherlands, masters in finance, 20 years of experience in management including 3 years in Haydom hospital Tanzania. Joined HE in 2013
- Tosca Terra, project manager, currently based in Uganda, master's in nutrition and public health, 5 years of HE experience in various countries
- Germaine van Teeffelen, country manager Kenya, master in logistics and supply chain, 20 years of experience including 5+ in Eastern Africa
- Thijs Bergervoet, systems and IT manager, based in Uganda, masters in IT and communication, 6 years of HE experience
- Fiona Okello, procurement, warehouse and logistic manager, 10 years of experience in procurement and warehouse management.

The program leadership will onboard new management staff in Burkina Faso and will provide the technical expertise to set up a new operation.

Resources required

For the program, we need additional capacity to complete the team

- French speaking health expert in Uganda, managing the daily operation together with the Burkina Faso team.
- Program leader in Burkina Faso who will conducts (part of) the market and feasibility study and supports the adjustment of the franchise model and paves the road for the HE country team.
- SRHR expertise specifically for the Burkina Faso context, most probably an expert who is part of the network of the Dutch Embassy in Burkina Faso
- Country team with manager, sales & training officers and warehouse management in Burkina Faso.

Partners and stakeholders

For a successful implementation we have identified a number of key stakeholders

- UNICEF, key for the alignment of the model with the national policies and authorities if needed, providing health content and priorities and alignment with other players in the field. UNICEF Burkina Faso is in favor of the Healthy Entrepreneurs model and would like to facilitate the introduction to the Ministry of Health and will endorse the model once active in Burkina Faso
- Ministry of health to endorse the approach and provide the necessary support at national level (department de la promotion et de la education de la sante (including Sante Communitaire), direction de information a sante) and at district level
- International agencies (e.g. Care, Global Fund, USAID) with significant experience with SRH can help

aligning the materials and organize advocacy for the use of modern contraceptives in the areas where entrepreneurs are operating
- Global Financing Facility Burkina Faso | Global Financing Facility
- World Health Organization
- Transport and clearing companies facilitating the smooth transport of products into and within Burkina Faso
- Potential implementation partners who could deploy the model, if qualified and capable to manage and further scale the operation once fully operational. HE will initially setup the organization herself before considering local implementing partners.

In the scoping mission and the inception phase HE will identify the partners who HE will collaborate with during the implementation of the program. HE will actively engage government agencies for alignment and support. NGO's and social enterprises like Maya, Living Goods for community engagement, defining the regions with most potential and SRHR interventions. Private sector for optimizing the supply chain and product basket and UN agencies for expertise, advocacy and endorsement.

Planning

The program knows two phases

1. Phase 1 (15 months) includes the following activities
    a. Market and feasibility study
    b. Adjustment of the franchise model to the Burkina Faso context
    c. Preparation of the HE model to adapt it to the Burkina Faso context
    d. Selection of the HE country team
    e. Onboarding of the first 200 entrepreneurs
    f. Design the basket of health and SRHR products and services
    g. Development of monitoring framework
2. GO – NO GO decision. At the end of phase 1 the Dutch Embassy in Burkina Faso and HE have both the right to decide not to continue to phase 2, based on reasonable findings during the feasibility study and execution of the pilot of 200 entrepreneurs. Reasons to decide to end the program include the lack of market potential, restrictions in the health regulation and guidelines, nonperformance of HE in the execution etc.
3. Phase 2 (21 months);
    a. Further scale up to 2500 entrepreneurs
    b. Fully operational Healthy Entrepreneurs Country Team in Burkina Faso
    c. A basket of health and SRHR products and services fitting the unmet need the rural communities of Burkina Faso

Risks

Provided in a separate Excel sheet.

Exit strategy

The HE model is designed to sustain and continue providing products and services with 2,500 entrepreneurs active. The total estimated market is 8,000 entrepreneurs managed by area managers within the HE team serving different geographical areas. This program aims to reach 2,500 entrepreneurs in total in three years. At the end of the program, the HE team in Burkina Faso is facilitated with access to additional (investment) funding to further growing the network up.

Epilogue

The proposal is made in close collaboration with the Dutch Embassy of Burkina Faso. HE has clearly expressed concerns about activities in Burkina Faso due to the political instability and the resistance of investors to invest. At the same time, HE acknowledges the potential of the market and the need for improved service provision in rural and hard to reach areas in Burkina Faso.

HE Foundation is the contracting partner of the Dutch Embassy responsible to execute the program, the HE country team with support from HE HQ is responsible for execution of the model.

Regarding the funding for this program, HE is willing to start the program on short notice when the Dutch embassy is willing to commit herself to the proposal for both phase 1 and 2. HE is not willing to take responsibility to raise additional funds for phase

Annex

1. Brief summary of our first market assessment of Burkina Faso
2. Policy & planning
3. EUR research in HE
4. Gender-Based constraints impacting CHW performances (Kevin McKague 2020)

Annex 1 1st market assessment Burkina Faso

1. **General Information**
   a. Burkina Faso is characterized by its modest economic size, with a total GDP of about US$13 billion, and rapid population growth, with one of the highest per capita birth rates in the world (5.3 births per woman). It is also one of the world's poorest countries, with an extreme poverty headcount of 40 percent and an annual GDP per capita of just US$650(OECD report, 2019).

   b. Burkina Faso needs to create 300,000 jobs annually to match its demographic growth,1 while about 90 percent of its workers are in the informal sector. The Burkinabè population is growing at almost 3 percent per year but the country does not create enough jobs to absorb its additional population into the labour force
   c. Specifically, converging international indicators show that corruption is much less prevalent in Burkina Faso than in its coastal neighbours.
   d. Source: https://www.ifc.org/wps/wcm/connect/f45fd7a3-f8be-430b-bd9f-eb958ebe2d89/201907-CPSD-Burkina-Faso-EN.pdf?MOD=AJPERES&CVID=mNf5Bxk

2. **The current national policies on community health service provision**
   a. **Health financing:** As of January 2017, the country had three financing mechanisms: Government-financed health services, the National Social Security Fund (Caisse Nationale de Sécurité Sociale, CNSS) for the formal sector, and Community Based Health Insurance (CBHI) for the informal sector. Mechanisms to be combined into a single financing system to improve efficiency.
   b. **Universal Health Coverage:** Burkina Faso aims to achieve UHC by 2025.
   c. **Community-based health services:** They are implemented through an integrated package of community-level interventions, including community-based healthcare service locations and community-based health workers

3. **Current access to health services in rural areas**
   a. **Overall physician density:** 0.08 physicians/1,000 population (2017)
   b. Less than 10% of the Burkinabe population is covered by some form of health insurance. Exceptions are community based schemes for employees in the public and private sector, the military and students.
   c. Since 2008, the country has consistently allocated at least 15% of its annual public budget to healthcare. Several health services are completely free. These include malaria treatment and insecticide-treated bed nets for children under five years of age and pregnant women.[2]
      i. **Intermediate health care level:** comprises 13 health regions with eight regional hospitals that serve as referral centres;
      ii. **Peripheral health level:** 70 health districts with 45 district hospitals, 57 medical centres and 1,839 health facilities;
      iii. **Private sector facilities:** 133 hospitals, 397 medical and nursing centres, 45 health facilities run by NGOs or faith-based organizations, 140 biomedical laboratories, 246 private pharmacies, and 617 private drug sellers.

4. **Access to Medicines:**
      i. Essential Medicines in Burkina Faso are purchased and distributed primarily through the Centrale d'Achats des Médicaments Essentiels (CAMEG), or Central Purchasing of

Essential Drugs system (CAMEG, 2018). This CAMEG system operates with two agencies in Ouagadougou, and then has seven additional agencies in other zones of the country (see map). From the zonal agencies, the CAMEG supplies 67 District Dispatching Depots (DRDs), and also supplies University Hospital Centers, regional hospitals, and additional services provided by the Ministry of Health. For the private sector, the CAMEG manages supplies for NGOs, faith-based organizations, medical laboratories, pharmaceutical companies, and the Global Fund for HIV, tuberculosis, and malaria.(CAMEG, 2018). Source: http://malariamatters.org/burkina-faso-ensures-essential-medicines-reach-the-front-line/

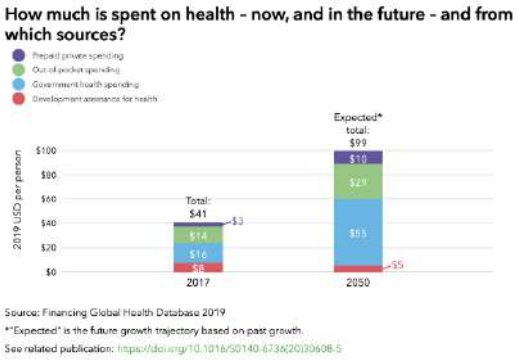
ii. Study with data from a national household survey conducted in 2014:
    1. 42.70% of the respondents travelled 1 to 4 km to obtain healthcare and almost three-quarter of the respondents lived within 5 km distance from the health facility.
    2. The most visited health facilities (81.39%) were the primary healthcare centres. About 89.55% of the healthcare users were satisfied with the care used.
    3. With regard to health expenditures, the data show that the fees incurred by the respondents during the last episode of healthcare seeking, ranged from $.004–$6000 and the average amount paid was estimated to be $28. Source: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06145-5

5. **Population density and distribution in country**
    a. **Total population:** 21,415,417 (Median age = 17.6 years)
    b. **Population density:** 76 per Km^2 (198 people per mi^2) – relatively high for SSA
    c. **Population distribution:** 30.6 % of the population is urban (6,397,911 people in 2020), largest city = Ouagadougou in the center of the country
    d. Most of Burkina Faso's population is concentrated in the south and centre of the country.
    e. Hundreds of thousands of people regularly migrate to Ghana and Cote d'Ivoire for seasonal work.

6. **Current situation around Community Health Workers:**
    a. **How well are they trained?**
        i. Pre-service training duration: 15 days
        ii. Require grade-school level: Primary Education Certificate
        iii. Receive refresher training periodically
    b. **Are they renumerated?**
        i. Status: Volunteer CHW
        ii. Pay: Motivation per diem, Global Fund pays CFA 20,000 or 34 dollars a month *(not clear how this relates to national renumeration of CHW)*
        iii. CHWs are making **profit on products sale** (besides motivation and per diem)
        iv. Consultations provided by CHWs are free of charge
        v. The program is secured by a financing plan, investment case is ongoing
            1. and The Global Fund = main donors to the community health program
        vi. National budget only funds CHWs incentives, budget: (3,378,160,000 FCFA)
    c. **Are they allowed to handle and sell medicines**
        i. Free CHW services drugs and supply only for some services: Only a few treatments are free such as treatment for malaria, diarrhoea, and pneumonia, vitamin A, or family planning
        ii. Authorization for providing drugs relies only on less formal documents, namely norms and protocols, training modules, and decision trees and algorithms
        iii. Contraceptives are provided by CHWs

iv. Regarding management of severe acute malnutrition with Ready-to-Use Therapeutic Food, CHWs are not officially authorized

7. **Potentially purchasing power of the population**



a. Average income of small-scale food producers: 634.57 (2014)
b. With an average annual per capita income of less than US$700 and an extreme poverty rate of about 40 percent (2014 estimate), Burkina Faso is one of the poorest countries in the world. Source: https://www.ifc.org/wps/wcm/connect/f45fd7a3-f8be-430b-bd9f-eb958ebe2d89/201907-CPSD-Burkina-Faso-EN.pdf?MOD=AJPERES&CVID=mNf5Bxk
c. Because formal employment is scarce and confined to the most competitive sectors, wages are not commensurate with Burkina Faso's labour productivity. The average monthly wage in the formal sector stands at CFAF 115,000 in Burkina Faso (roughly US$200). The monthly minimum wage is set at CFAF 34,664 in Burkina Faso (roughly US$60), significantly lower than elsewhere in the WAEMU (Source: Also IFC as above).
d. Out-of-pocket expenditure (% of current health expenditure) in Burkina Faso: 35.83% (World Bank, 2018)
e. WHO estimate on primary healthcare spending per capita in Burkina Faso for 2015 was 23 USD (Source: https://improvingphc.org/sub-saharan-africa/burkina-faso)