

January 2022

DIGITAL HEALTH TOOLS TO ENHANCE THE UPTAKE AND USE OF CONTRACEPTIVES AND FAMILY PLANNING SERVICES

A Landscape Assessment



JANUARY 2022

This publication was prepared by Jorge I. Ugaz (Palladium), Kiran Correa (Palladium), and Erin DeGraw (Plan USA) for Health Policy Plus.

Suggested citation: Ugaz, J. K. Correa, and E. DeGraw. 2021. *Digital Health Tools to Enhance the Uptake and Use of Contraceptives and Family Planning Services: A Landscape Assessment*. Washington, DC: Palladium, Health Policy Plus.

ISBN: 978-1-59560-303-6

Health Policy Plus (HP+) is a seven-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This report was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this report is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.

Contents

Acknowledgments	ii
Abbreviations	ii
Introduction	1
Background and Motivation	1
Objectives	2
Methodology	3
Landscape Assessment Framework	3
Comprehensive Search: Main Findings	6
Overview of Identified Digital Health Tools	6
Key Findings across Features of Interest: Service Linkage, Payment Capacity, and Gender-Based Barriers	9
Next Steps	12
References	14
Annex 1: Digital Health Tools for Family Planning and Related Services	15
Annex 2: Selected Sample of Digital Tools for Family Planning and Other Health Services ..	24

Acknowledgments

The authors express their sincere gratitude to the U.S. Agency for International Development (USAID) for its support. The authors are also thankful for the insights and knowledge shared by Palladium experts, including Vikas Dwivedi, Stuardo Herrera Echeverria, Meryn Robinson, Shreeshant Prabhakaran, Christine Lasway, Lyubov Teplitskaya, Sara Stratton, and Elizabeth Rottach, and by partners and colleagues such as Stephanie Perlson (PRB), Patricia Mechael, Trinity Zan (FHI 360), Bridget Deacon and Anastasia Mirzoyants (Shujaaz Inc.), and Ben Bellows (Nivi).

Abbreviations

CHW	community health workers
HP+	Health Policy Plus
ICT	information and communication technology
mHealth	mobile health
USAID	U.S. Agency for International Development
WHO	World Health Organization

Introduction

Background and Motivation

The use of digital tools for health has expanded rapidly over the last decade. From personal health tracking to referral coordination to data collection and analysis for management and monitoring, digital tools support a growing array of health system functions and users (WHO, 2018). Yet by 2015, out of nearly 100,000 digital health tools created, less than 7 percent were estimated to be linked to family planning, sexual and reproductive health, and pregnancy (Aitken and Lyle, 2015). Among digital health tools aimed at individuals using or seeking family planning commodities or services, most tools initially sought to improve users' knowledge of family planning methods and services; recently, new digital tools aim to modify users' or potential users' behaviors by integrating features related to service provision (WHO, 2016; HIPs, 2018; Aung et al., 2020; Smith et al., 2015). From the provider perspective, digital tools have served as job aids and supported cross-provider communication, data collection, and training for family planning providers, including community health workers (CHWs) (HIPs, 2020). The use of digital tools such as chatbots, hotlines, and telehealth to support information dissemination and service provision for family planning has also seen a boost during the COVID-19 pandemic, as countries started imposing lockdowns and health systems urgently shifted to new, remote service delivery modalities.

Digital health tools can increase the effectiveness of family planning service delivery and campaigns (HIPs, 2018), and they have the potential to address gender barriers that restrict family planning access and use among hard-to-reach populations. Such barriers may include cultural or social norms that restrict women's mobility or ability to access services, young women's fear of stigma or disapproval for using family planning, gender norms around masculinity that limit men's health-seeking behaviors for family planning or their support for partners' family planning use, and the view that health centers are a part of women's space and less that of men, among others (McCleary-Sills et al., 2012; USAID, 2018). At the same time, there is well-documented evidence of a "digital divide" in access to and use of digital tools among men and women (GSMA, 2020). Social and cultural practices and beliefs surrounding who should access technology and for what purposes, who controls household finances, and who makes decisions regarding health and family planning, among other areas, are all relevant when it comes to designing tools that can positively impact gender and power dynamics, as well as generate demand for family planning. Careful attention must be given to if and how digital interventions for family planning address or exacerbate underlying inequities and power dynamics.

The ability of digital health tools to connect with hard-to-reach populations, especially those particularly affected by gender-related barriers to family planning, remains unclear. On the surface, the potential of digital health tools can seem obvious: they can reach these groups through telehealth or tele-counseling, especially during the COVID-19 pandemic; they allow for tailored and targeted information and education, including messages that challenge unequal gender norms; they can use text or audio messages to share links to health community centers, pharmacies, or healthcare providers; they can be launched through social media and other digital channels that potential users access and trust; and they can be a very cost-effective way to collect high-frequency data. Whether this potential can be realized warrants further consideration.

Within this context, the family planning community is interested in assessing the potential of digital health tools to sustainably increase the use of family planning services. Sustainability here has two meanings. First, it means the capacity to improve the uptake and continued use of family planning services by effectively linking users to services and commodities. Although improving knowledge and attitudes around family planning are important goals for supporting more informed personal healthcare decision making, an underlying objective of most digital tools for family planning is to increase its uptake and sustained use among a given target population. Increasingly, digital tools for health have begun to incorporate features that directly connect interested users to providers or health commodities, either virtually or in person, to encourage uptake. Understanding which types of features are most effective in catalyzing these service delivery connections among various populations is therefore important in generating sustainable family planning use.

Second, digital interventions can incorporate mechanisms that would allow potential users to pay (either fully or partially) for family planning goods or services, either before or after the service is provided, or allow the provider to be reimbursed for a service provided. This could be particularly beneficial for women who may be afraid of accessing family planning services due to stigma, as these payment mechanisms could allow them to purchase services without having to physically visit a facility. Such payment features would be expected to increase the chance that some family planning goods or services would be continued.¹

Assessing the full potential of family planning tools requires looking at two primary features, which have not been thoroughly investigated to date: (1) on the financing side, their capacity to effectively connect potential users with providers or pharmacies, and (2) on the demand side, their ability to engage potential users while helping them overcome gender barriers to family planning. In other words, there are gaps in the evidence regarding whether digital health tools are actively linking the supply and the demand sides of family planning delivery by facilitating health service connection and how gender considerations factor into design decisions, implementation, and scale-up.

Objectives

A landscape assessment was conducted to identify family planning digital tools that seek to improve access to and use of family planning services through financially sustainable mechanisms while helping hard-to-reach populations overcome gender-based barriers to these services. It was conducted by the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project. This document provides a summary of the state of digital tools for family planning that meets the assessment criteria and describes common characteristics and features of tools, particularly those related to service delivery and financing, rather than assessing their effectiveness, impact, or challenges related to design or implementation, which will be the subject of future analysis (see Next Steps section).

¹ Another aspect of sustainability relates to digital tools being financially sustainable. Many digital interventions for health, and family planning specifically, originate from donor-funded projects. Issues of how a given tool or intervention will be sustained beyond the project life cycle often are considered secondarily, leading those tools to die out when donor funding ends. This is not a focus of this assessment.

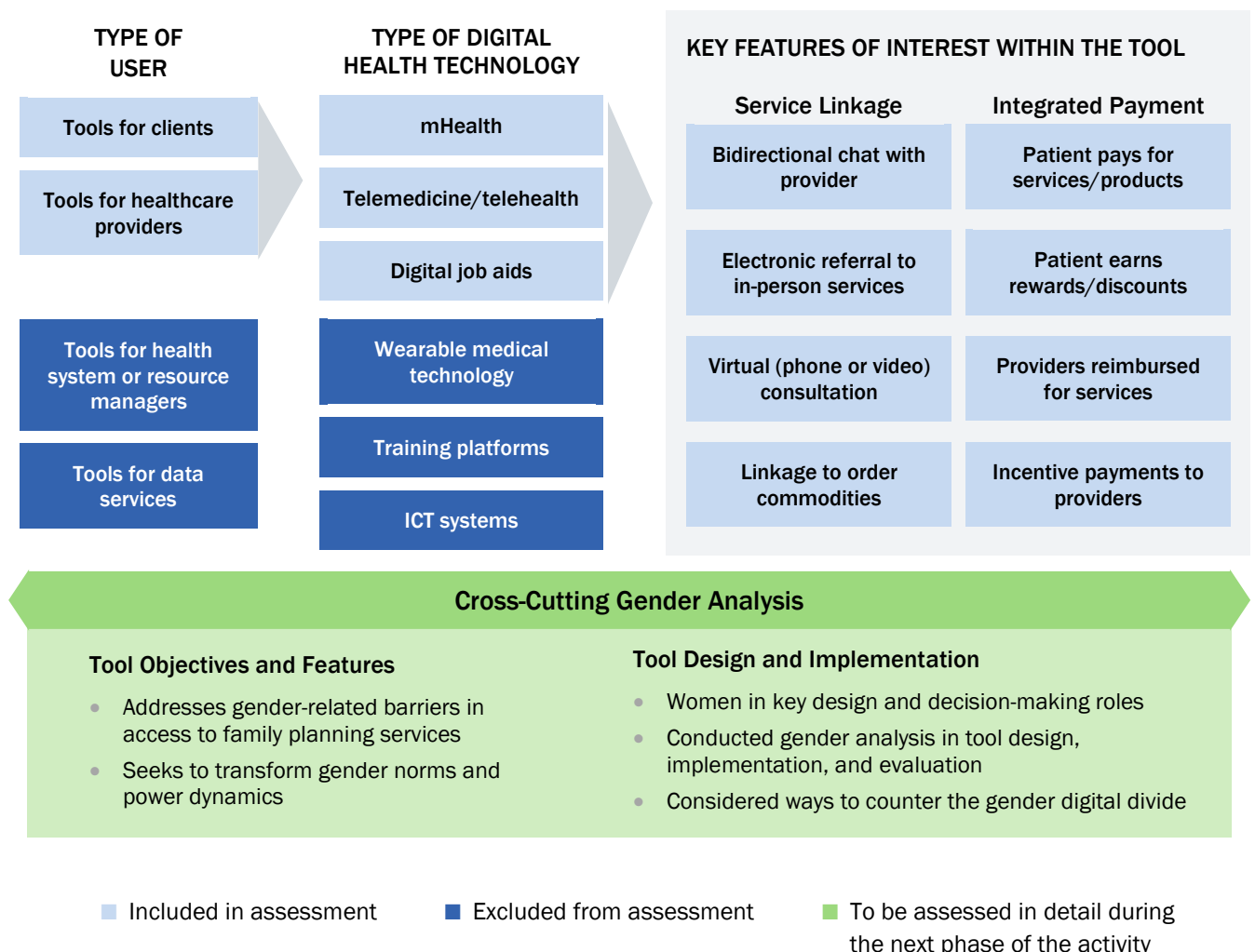
Methodology

A comprehensive search to identify digital health tools was conducted between March and May 2021. The purpose was twofold: (1) to develop a database of digital tools for family planning that meet previously identified inclusion criteria (as discussed later in this section), and (2) to identify a subset of particularly promising tools for an in-depth analysis in the next phase of the activity. This section describes the landscape assessment framework, inclusion criteria, search protocol, and data extraction process and analysis.

Landscape Assessment Framework

The scope of digital tools for health, and family planning specifically, is broad. In line with the objectives outlined previously, this assessment sought to identify and examine a small subset of those tools through a comprehensive review. Figure 1 outlines the guiding conceptual framework and illustrates broadly how the key features of interest were incorporated into the review.

Figure 1. Conceptual Framework



The framework consists of three main parts or steps. First, it considers the target users and types of digital technology that were the focus of the assessment. The World Health Organization (WHO) classifies digital health interventions into four overarching categories based on type of users: interventions for (1) clients, (2) healthcare providers, (3) managers, and (4) data services (WHO, 2018). The assessment focused on the first two categories—clients and healthcare providers—because they could be linked to the inclusion criteria. Tools for managers and data services, although important for effective service delivery systems generally, do not directly facilitate connections for family planning counseling and uptake, or payment capabilities. Within user categories, there are numerous types of tools, platforms, and devices. HP+’s review covered mobile health (mHealth) (e.g., mobile messaging and applications) and telemedicine/telehealth platforms, as well as electronic job aids used by providers (checklists, guided protocols, videos, appointment reminders, etc.). Similarly, these categories were selected because they most closely aligned with features related to sustainably linking users to family planning services. Wearable medical technologies, digital training platforms for providers, and broader health information and communication technologies (ICT), such as facility or health information systems and patient medical records, were outside of the scope of the assessment.

Second, the framework considers the following key features of interest within tools: those that link users or potential users to services and those that integrate financing and provider payment capabilities. These features were chosen because they are crucial to maximize the likelihood that users will end up using a family planning method in a sustainable manner. Therefore, this review sought to understand whether and how tools are successfully linking potential users of family planning to providers and commodities and whether they incorporate features that allow users to pay for those commodities or services, or allow the providers to be compensated. These important features could potentially translate newly generated demand into effective uptake of a family planning method. As discussed, payment capabilities have important implications for the sustainability of digital tools.

Third, the framework considers whether digital health tools seek—directly or indirectly—to break down gender-related barriers to family planning at all stages of the tool design, implementation, and monitoring and evaluation. As such, gender is considered a cross-cutting component in the framework.

Inclusion Criteria

Box 1 summarizes the criteria used to determine which tools to include in the assessment. HP+ relied primarily on the conceptual framework to define the types of tools to include. As such, the assessment focused exclusively on tools that incorporated either or both service linkage and payment integration. The capacity to address gender barrier issues, however, was not considered an inclusion criterion for the landscape assessment due to insufficient published information available on gender considerations; gender-relevant issues will be considered for the next phase of work (see Next Steps).

Additionally, only tools that were active between January 1, 2010, and April 30, 2021, and had been introduced in sub-Saharan Africa and Southeast and South Asian countries were included. Although language was not an exclusionary factor, the search relied primarily on sources published in English, which represents a potential limitation. Additionally, the focus went beyond strictly family planning tools to include tools that also covered maternal and sexual and reproductive health services. This expansion ensured that those tools that potentially included

elements related to family planning but did not explicitly mention it in written material were not inadvertently excluded.

Box 1. Search Criteria

A given tool had to meet the following criteria to be added to the tool database during the search:

- Provided linkage to and/or facilitated payment of health products or services
- Utilized by individuals (e.g., healthcare consumers or providers), not health organizations or systems
- Addressed family planning, sexual and reproductive health, and/or maternal health
- Implemented in a low- or middle-income country in sub-Saharan Africa and/or South and Southeast Asia
- Active between January 1, 2010, and April 30, 2021

Search Protocol

The search proceeded along two parallel complementary tracks: (1) a detailed review of the literature, and (2) a series of key expert interviews.

1. **Literature review:** HP+’s search focused on identifying available tools rather than evaluating their outcomes; it relied on both peer-reviewed and grey literature. Table 1 displays the main types of sources and select examples.

Table 1. Primary Categories of Sources for the Comprehensive Search

Category	Examples
Peer-reviewed journals and databases	PubMed/MEDLINE, WHO Africa Index Medicus, WHO Index Medicus for South-East Asia Region, <i>Journal of Mobile Technology in Medicine</i>
Innovation databases and repositories	WHO Digital Health Atlas, DIAL Catalog of Digital Solutions, Global Goods Guidebook, Digital Health Compendium, Global Innovation Exchange, COVID-RHR Hub
Landscaping assessments and compendiums	USAID mHealth Compendiums (Volumes I–VI), USAID and Health Finance and Governance <i>Mobile Money for Health Case Study Compendium</i>
Webinars and conference proceedings	International Conference on Family Planning, Global Health Sciences and Practices Technical Exchange
Implementing organization websites	Abt Associates, FHI 360, International Planned Parenthood Federation, Ipas, Jhpiego, Marie Stopes International, PATH, Pathfinder, Population Council, PSI, United Nations Population Fund
Internet searches	Newspaper articles, press releases, Google Scholar

2. **Key expert interviews:** The team conducted semi-structured interviews with several key experts to refine the conceptual framework and identify specific tools or potential sources of tools (e.g., documents, databases, and partner organizations) that met the

inclusion criteria. The interviewees included experts in digital solutions for health, gender, family planning, sexual and reproductive health, and service delivery.

Data Extraction Process and Analysis

Digital health tools were organized by health focus (family planning, maternal health, etc.), type of digital health component (mHealth, telemedicine, etc.), target user, whether it included linkages to services or payment capabilities, country of implementation, and implementing partner. This format allowed for rapid comparison across tools while the database served as the basis for selecting a subset of tools for the in-depth second phase of analysis.

Next, HP+ rated tools' features and capabilities along three dimensions: service linkage, payment capacity, and gender-based barriers. A final subsample of six tools were selected to be investigated in greater detail during the next phase of work (see Next Steps; Annex 2 provides a brief overview of these tools).

Comprehensive Search: Main Findings

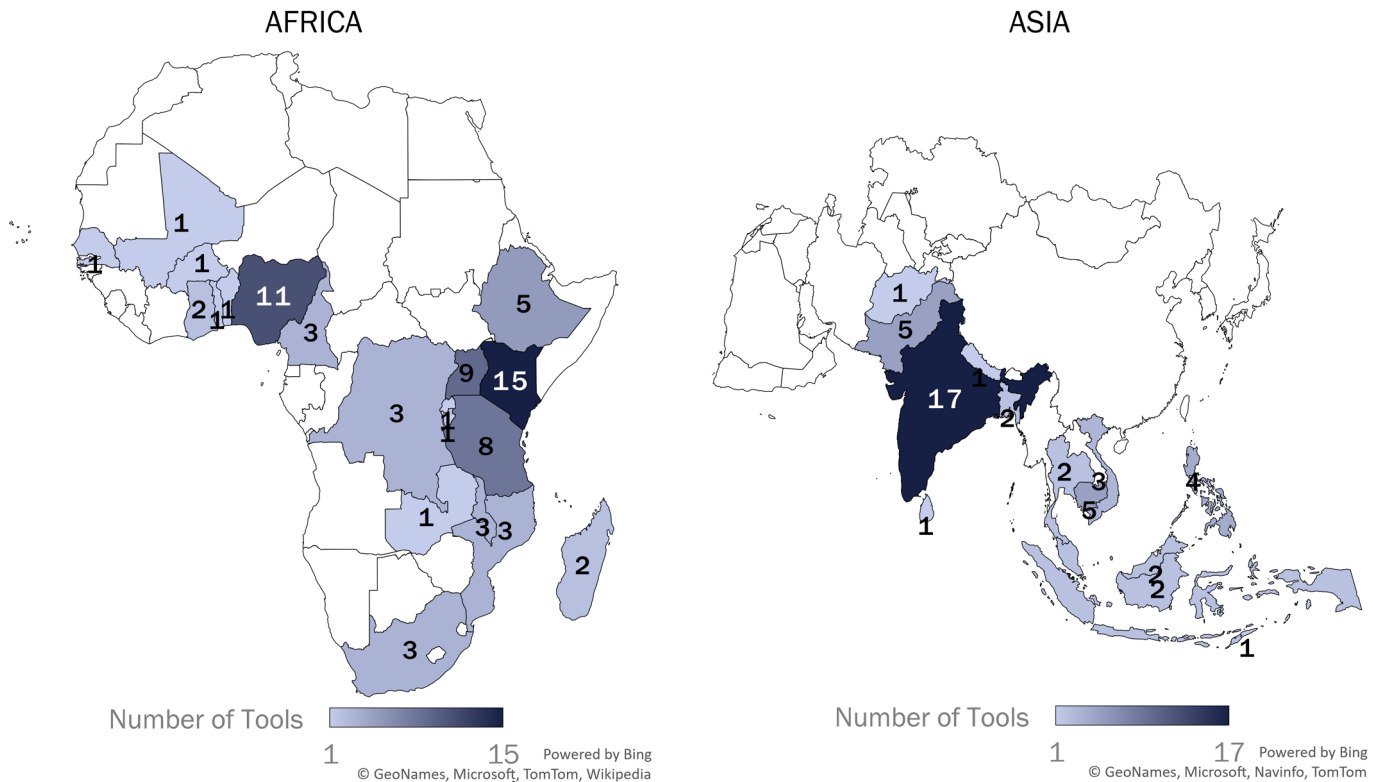
Overview of Identified Digital Health Tools

The comprehensive search revealed a vibrant digital health landscape for family planning, with numerous client- and provider-facing tools having been launched and implemented across Asia and Africa over the last decade. Although the inclusion criteria was relatively narrow, 102 digital tools were identified that met the scope of the assessment. These tools varied across numerous dimensions: geography and scale, health focus, target population, and technology and design features, among other areas. Annex 1 provides the full list of identified tools; trends and common features are highlighted in the following sections. In general, the availability and quality of information on the tools themselves was highly heterogenous. For a few tools, there was little literature beyond brief entries in online databases, whereas for others, much of the information was gleaned from the websites associated with the tool or its implementer(s). In most cases, however, it was possible to triangulate information from more than one source.

Countries and Scale of Implementation

Tools were identified across the two focus regions (see Figure 2); some were available in multiple countries within or across the two regions. In Africa, the most tools were recorded in Kenya (15), followed by Nigeria (11) and Uganda (9). In Asia, India had by far the most tools (17), boosted particularly by the large number of digital supports for CHWs. Additionally, three tools had a global focus: they were available for download/access in multiple languages from anywhere in the world. Data on scale were sparse and difficult to verify. In general, tools ran the gamut from the pilot/randomized controlled trial stage to being fully implemented with more than 1 million users, with most falling on the more modest end of the spectrum.

Figure 2. Reported Countries Implementing Identified Tools



Note: The landscape assessment did not include the Middle East, Northern Africa, and Central Asia. Some tools are implemented in multiple countries or are available globally.

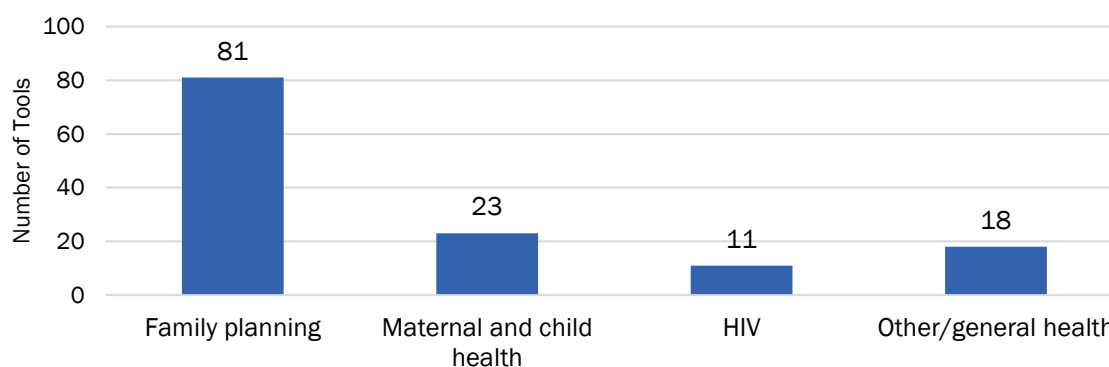
Health Focus Areas and Target Populations

Regarding health areas, 81 tools targeted family planning services exclusively or family planning in conjunction with other health areas (see Figure 3). The most common integration was with maternal and child health, particularly postpartum care. HIV also emerged as an area of overlap, though to a lesser extent. A few tools also linked users to social services, such as legal aid for gender-based violence. Additionally, 18 tools focused broadly on primary care or general health conditions, such as telemedicine platforms that could provide services for numerous types of conditions and health inquiries; it was not always clear in the documentation whether these tools included services or goods related to family planning.² Common target populations

² The assessment identified numerous telemedicine platforms, particularly in the Asia region, that did not explicitly mention whether they covered family planning-related services. Examples of such platforms include Halodoc and Alodokter in Indonesia; Tencent Trusted Doctor and Ping A Good Doctor in China; and Doctor Anywhere and My Doc, which both started in Singapore but have since expanded or are planning to expand to middle-income Southeast Asian countries. Although these platforms strongly meet the inclusion criteria related to service linkage and payment, they were excluded from the database and summary tables and figures because they did not explicitly touch on family planning in their written materials. Only those telemedicine platforms that explicitly mentioned addressing family planning or maternal health were included.

included the following: pregnant women and new mothers, women who have had abortions, youth, and girls and young women specifically. A few tools targeted specific subsets of young women, such as entertainment workers (Cambodia) or female migrant factory workers (Vietnam). At least four family planning tools explicitly mentioned men as target users of the tool, but only as partners of women seeking or in need of contraception.³ Young men and boys were frequently targeted in “youth”-oriented tools, along with young women and girls. Tools aimed at CHWs, such as digital job aids, tended to target lower-income female clients residing in rural areas, although not exclusively.

Figure 3. Reported Health Focus Area of Tools



Note: Total adds up to more than 102 because some tools have more than one health focus area.

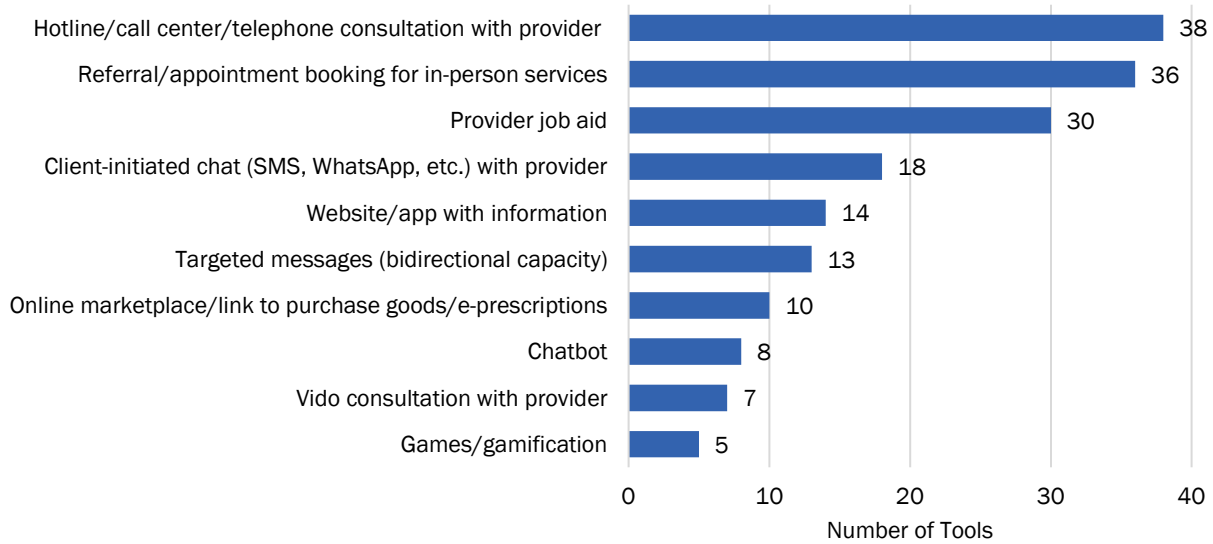
Common Features and Technologies

The technology and features of the identified tools ranges considerably (see Figure 4). Most of the family planning-focused tools intend to provide information and access to services such as counseling on different types of methods and/or to family planning commodities like emergency contraceptives and male and female condoms, often with secondary goals such as reducing barriers to access. For example, the motivation behind some of the tools is to reduce fear of stigma among subsets of women who may be uncomfortable asking a healthcare provider about family planning-related topics considered “taboo” in a face-to-face consultation. Relatedly, some tools geared toward youth also aim to provide “judgement-free,” accessible, and entertaining information on sexual health and wellness more broadly. At least 30 of the identified tools target healthcare providers, particularly CHWs, through job aids to support patient education, counseling, and provider decision making.

To achieve their objectives, tools rely on multiple technological features, such as bidirectional messaging, chatbots, interactive websites, hotlines and call centers, video consultations, mobile applications, online marketplaces, and electronic referrals or appointment booking for offline services, among others. The technological requirements vary based on the tool features. Bidirectional messaging interventions (written or audio) and hotlines rely on basic mobile phone capabilities, as do certain job aids, whereas some of the more advanced interventions require smartphones, tablets, or computers with internet access.

³ These tools include ElectroGames (India), Mobile Technology for Improved Family Planning (Cambodia), Mobile WACH XY (Kenya), and Project Ujjawal (India).

Figure 4. Common Features across Identified Digital Tools



Note: Total adds up to more than 102 because some tools incorporate more than one feature.

Key Findings across Features of Interest: Service Linkage, Payment Capacity, and Gender-Based Barriers

Service Linkage

The assessment broadly defined linkage of users to services to include any digital feature that allow users or potential users to connect to providers of healthcare services or products, or pharmacies, either virtually or in person. Among the identified tools, those intended for exclusive use by healthcare providers inherently involve a linkage to services. For the remaining tools, the nature of service linkages falls into two broad categories, with many tools incorporating more than one feature within and/or across them:

1. **Tools that connect users to services and products virtually:** Most tools virtually connect users directly to providers of products or services. Hotlines and call centers that users can contact to receive information and counseling from a licensed provider or trained counselor were early digital interventions and remain popular today, in part because of their use of simple technology, making them particularly suited to areas with limited internet connection. Bidirectional mobile messaging campaigns also have been used to send targeted messages tailored to a specific population. For example, ParentUp, being piloted in Caloocan City, Philippines, offers weekly automated SMS messages to registered pregnant women based on their stage of pregnancy; women can text or call affiliated nurse providers with questions about pregnancy, antenatal care, birth, postpartum care, and postpartum family planning.

Numerous tools also incorporate live chat features that enable users to chat with a provider directly. In Thailand, the website Love Care Station seeks to generate demand for sexual and reproductive health and family planning services among youth; it includes a live chat feature that allows users to talk to licensed providers from 4 p.m. to midnight local time to accommodate when youth are most likely to be online. Telemedicine

platforms, such as Sehat Khani and doctHERS in Pakistan, and the Medical Concierge Group, which operates in Kenya, Nigeria, and Uganda, allow for video consultations. Finally, some tools incorporate online marketplaces to browse and purchase health products for home delivery. For example, myPaddi is a mobile app that allows users to access sexual and reproductive health information anonymously and purchase products such as condoms, diaphragms, emergency contraceptives, sanitary pads, and sexual wellness products directly in the app.

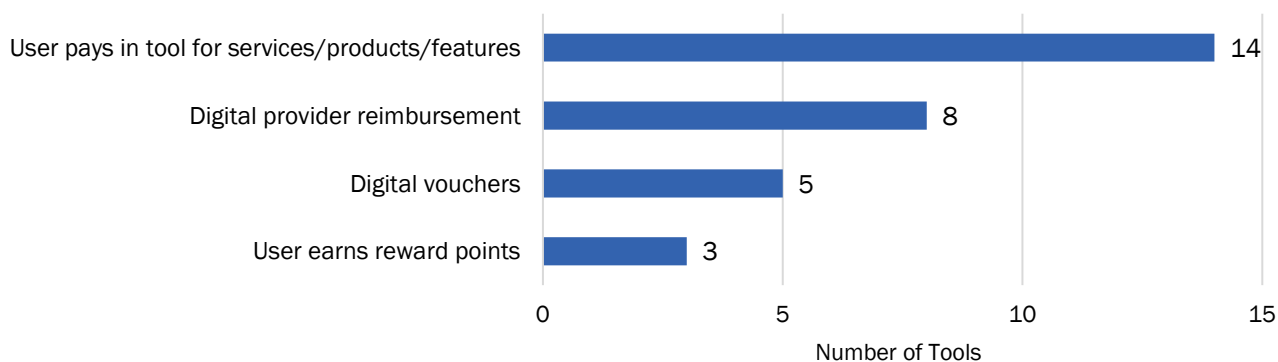
2. **Tools that connect users to in-person services and products:** Many tools facilitate connections to in-person services, either through referrals or appointment bookings. Many hotlines and call centers provide formal and informal referrals to clinics. Some tools are associated with specifically targeted partner healthcare providers for referrals. For example, Honey & Banana, a youth-friendly interactive website providing sexual and reproductive health information in Nigeria, incorporates a referral link that connects users to a network of affiliated clinics to obtain contraception. A few tools also allow for products to be ordered online through the tool but picked up in person, such as CyberRwanda, a youth-focused tool in Rwanda that runs on tablets and is partnered with multiple pharmacies for family planning products and discreet pickup or delivery.

Payment Capacity

Information on possible financing and/or payment functions was not consistently available. In most cases, it was not clear whether a user has to pay to use the tool itself or for the services/products to which it is linked, and if so, whether and how that payment occurs (e.g., digitally or in person, via cash or a digital method, partial or in full, at the point of care or in advance, and reimbursed or not). When tools do not clearly charge the user, details on provider reimbursement arrangements (including whether they are digital) often are lacking.

Based on the available information, whether financing or payment elements are incorporated could only be identified for a fraction of tools. For the 25 tools that did meet the payment criteria, the most common types of features are highlighted in Figure 5. However, given the lack of available information, this figure most likely undercounts the real number of tools that incorporate digital user payment and/or provider reimbursement.

Figure 5. Common Digital Financing Uses across Identified Tools



Note: Total adds up to more than 25 because some tools incorporate more than one payment feature.

At least 14 tools allow patients to pay for some goods or services digitally. Such payment takes many forms. For example, although many of the hotlines and call centers are toll free, in some cases, users face normal outgoing call rates to speak to a counselor/provider. At least one tool that allows for bidirectional messaging charges users on a per-message basis. More technologically complex tools tend to allow for payment for products or services in the app via various means, such as mobile money, credit or debit, or insurance. For example, Whispa Health in Nigeria and Kagwilawo in Uganda facilitate online ordering of sexual and reproductive health products, and have embedded modules to facilitate digital payment, although the accepted payment methods are not specified. Additionally, five tools leverage digital vouchers for family planning and other services/products, which are sent directly to users' phones, entitling them to free or discounted services. Finally, in Kenya, Ubuntu Afya Units (formerly known as M-Afya Kiosks) are community-owned and -operated health kiosks that provide basic health services, including family planning, on a subsidized fee-for-service basis; patients can pay using mobile money.

Some tools do not integrate user payment per se but have related features, such as loyalty clubs or rewards points, that can be put toward the cost of goods or services. Triggerise, which operates in numerous countries in Africa and in India, allows users to earn digital rewards points whenever they access certain services (e.g., contraception and antenatal care), which they can then redeem at partner retailers. Less information is available regarding whether and how tools reimburse providers. At least three tools use mobile money to deliver incentive payments to providers. For example, Family Planning Plus is a CHW job aid and case management mobile app implemented in the Shinyanga region of Tanzania that enables supervisors to manage pay-for-performance schemes for CHWs using mobile money payment.

Whether integration of financing or payment capabilities translates to the improved financial sustainability of the tool is not clear. In many cases, there is little information available regarding whether and how sustainability considerations have been integrated into the tool's design—particularly financing. As illustrated in Figure 5, most tools that explicitly integrate digital payment allow for user payment (rather than third-party provider electronic reimbursement). This aspect of payment has implications for access, not only for lower-income populations, but also for youth, who may not be financially independent, and women, who may have limited control over household finances. Nevertheless, most tools appear to be free to users, which suggests some form of third-party (e.g., donor) financing, thus minimizing financial barriers—but potentially hindering sustainability.

Gender-Based Barriers

As mentioned in the methodology section, HP+ did not assess in detail the capability of tools to address gender-related barriers during the initial landscape assessment. A detailed gender analysis will be conducted for the six tools selected for the second phase. Nevertheless, the landscape assessment revealed a few important, high-level related findings:

- **Most tools target women or girls**, yet few of them focus on youth generally. At least four family planning-related tools explicitly mention men as target users of the tool, but primarily as partners of women seeking or in need of contraception. One of these tools, ElectroGames, was launched in Uttar Pradesh, India as a mobile job aid for CHWs. It features an interactive game for educating communities, with a focus on fathers, to

dispel myths related to maternal and child health and family planning and to encourage pregnancy spacing.

- **A few tools aim for empowerment of women or girls.** For example, Sehat Kahani and doctHERs are both telemedicine platforms operating in Pakistan that virtually connect female doctors out of the workforce with patients, often in remote communities, to provide healthcare services.
- **A few tools aim to reduce fear of stigma among women.** In Vietnam, for example, a free, 24/7 hotline is available to internal female migrant factory workers, particularly young, unmarried women; it provides information on sexual and reproductive health and family planning in a confidential manner. Similarly, two interactive family planning chatbots in Malaysia (Ask Maya) and the Philippines (Ask Mara) help young women access information and resources on family planning and reproductive health in a safe and private way.

HP+ notes a gap in documented literature (e.g., metareviews and comprehensive assessments) regarding whether or how family planning digital tools address issues related to gender, including the gender digital divide or gender barriers in access to services. Additionally, for specific tools, there is limited information available on whether the interventions have gender-related outcomes as part of their objectives, seek to transform gendered power dynamics, or even include women in their design and leadership teams.

Next Steps

The next phase of work for this activity entails conducting an in-depth analysis on a subset of the six most promising digital tools for family planning identified during Phase 1 (see Annex 2). This analysis will entail semi-structured interviews and open conversations with representatives from the local agencies or implementing partners in charge of design, implementation, monitoring, or scale-up of those digital tools, along with a thorough review of all documentation (peer-reviewed, grey literature, websites, etc.) related to the tool, including any unpublished materials obtained from interviewees. The goal will be to gain a thorough understanding of how each tool was conceptualized, designed, and implemented. Special attention will be given to the following:

- Initial objectives and identified problems/gaps they intended to address
- Challenges faced during the design or implementation and how they were addressed
- Specific details on features related to service linkage, payment, technology, partnerships, etc.
- Gender-based considerations and how they were incorporated at all stages
- Whether and how sustainability was factored into the design or scale-up of the tool
- Lessons learned and recommendations for implementing a digital tool for family planning, with a focus on features related to service linkage, payment capabilities, and gender-based considerations

To assess gender-based considerations, HP+ will draw on a framework developed by USAID’s Interagency Gender Working Group and Jhpiego to assess gender inequalities and constraints across four key domains: (1) practices, roles, and participation; (2) knowledge, beliefs, and perceptions; (3) access to assets; and (4) legal rights and status.⁴ HP+ will use the gender analysis to help identify best practices in applying gender-transformative approaches to generate demand and increase access and utilization of family planning, improve reproductive agency, and promote gender equality through digital tool interventions.

During the first quarter of 2022, HP+ will convene an expert meeting to discuss and deepen the findings from the landscape assessment and share some of the knowledge obtained through the interviews with local agencies and implementers. The goal of this expert meeting will be to obtain insights and suggestions regarding how to design, implement, and scale up digital health interventions for family planning that are financially sustainable, address and overcome gender barriers, and link users and potential users to the health system. The event will convene experts in gender, health financing, and design and implementation of family planning digital tools.

Drawing on the feedback and recommendations from the key expert meeting, the landscape assessment, and “deep dive” interviews with stakeholders, the team will summarize technical considerations for the design and scale-up of digital tools for family planning. This summary will review gender-related barriers in family planning access and use that might be addressed through digital solutions, frame the current state of the art, and highlight gaps in the field. It will also include a guide to digital health tools for family planning service delivery, demonstrating how to design solutions that can maximize the possibilities of linking potential users to facilities, take advantage of payment capabilities interventions, and offer other effective innovations. The intention is to inform innovations that, in addition to improving the quality of services, are also sustainable.

⁴ See chapter 4, “Gender Analysis Framework,” of the *Gender Analysis Toolkit for Health Systems* (Jhpiego, 2020) available at: <https://gender.jhpiego.org/analysistoolkit/gender-analysis-framework/>.

References

Aitken, M., and J. Lyle. 2015. *Patient Adoption of mHealth: Use, Evidence and Remaining Barriers to Mainstream Acceptance*. Parsippany, NJ: IMS Institute for Healthcare Informatics. Available at: <https://www.iqvia.com/-/media/iqvia/pdfs/institute-reports/patient-adoption-of-mhealth.pdf>.

Aung, B., J.W. Mitchell, and K.L. Braun. 2020. “Effectiveness of mHealth Interventions for Improving Contraceptive Use in Low- and Middle-Income Countries: A Systematic Review.” *Global Health: Science and Practice* 8(4): 813–826. DOI: <https://doi.org/10.9745/GHSP-D-20-00069>.

GSMA. 2020. *Connected Women: The Mobile Gender Gap Report 2020*. London, UK: GSMA. Available at: <https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2020/05/GSMA-The-Mobile-Gender-Gap-Report-2020.pdf>.

High Impact Practices in Family Planning (HIPs). 2018. *Digital Health for Social and Behavior Change: New Technologies, New Ways to Reach People*. Washington, DC: USAID. Available at: <http://www.fphighimpactpractices.org/briefs/digital-health-sbc/>.

High Impact Practices in Family Planning (HIPs). 2020. *Digital Health to Support Family Planning Providers: Improving Knowledge, Capacity, and Service Quality*. Washington, DC: HIPs Partnership. Available at: https://www.fphighimpactpractices.org/wp-content/uploads/2020/04/DigitalHealth_HIP-Brief.pdf.

McCleary-Sills, J., A. McGonagle, and A. Malhotra. 2012. *Women’s Demand for Reproductive Control: Understanding and Addressing Gender Barriers*. Washington, DC: International Center for Research on Women. Available at: <https://www.icrw.org/wp-content/uploads/2016/10/Womens-demand-for-reproductive-control.pdf>.

Smith, C., J. Gold, T.D. Ngo, C. Sumpter, and C. Free. 2015. “Mobile Phone-Based Interventions for Improving Contraception Use.” *Cochrane Database of Systematic Reviews* 6(CD011159). DOI: <https://doi.org/10.1002/14651858.CD011159.pub2>.

U.S. Agency for International Development (USAID). 2018. *Essential Considerations for Engaging Men and Boys for Improved Family Planning Outcomes*. Washington, DC: Office of Population and Reproductive Health, Bureau for Global Health. Available at: <https://www.usaid.gov/sites/default/files/documents/1864/Engaging-men-boys-family-planning-508.pdf>.

World Health Organization (WHO). 2016. *Monitoring and Evaluating Digital Health Interventions: A Practical Guide to Conducting Research and Assessment*. Geneva: WHO. Available at: <https://www.who.int/reproductivehealth/publications/mhealth/digital-health-interventions/en/>.

World Health Organization (WHO). 2018. *Classification of Digital Health Interventions, v1.0*. WHO/RHR/18.06. Geneva: WHO. Available at: <https://www.who.int/reproductivehealth/publications/mhealth/classification-digital-health-interventions/en/>.

Annex 1. Digital Health Tools for Family Planning and Related Services

Name of Tool	Health Focus Area(s)	Payment Features				Service Linkage Features										Users and Target Population	Country
		Rewards for clients	Patient payment	Vouchers	Digital provider reimbursement/incentives	Job aid (other)	Timed messages (bidirectional)	Client-initiated chat with provider	Games/gamification	Chatbots	Websites/app with information	Hotlines/call centers/phone consultation	Video consultations	Online marketplace	Referral/appointment booking		
ACCESS m-health Initiative	Family planning, maternal and child health					X									X	Community health workers (CHWs) and facility-based providers	Madagascar
Afya-Tek	Family planning, maternal and child health					X									X	Links CHWs, public healthcare facilities, and private drug dispensaries	Tanzania
Aponjon	Family planning		X		X		X								X	Pregnant and postpartum (up to 1 year) women; male partners	Bangladesh
Ask Maya/Ask Mara	Family planning									X						Young women	Malaysia, Philippines
Ask Us Hotline	Family planning														X	Women, young women	Sri Lanka
Aunt KAKI Hotline	Family planning														X	Women, particularly priority and key affected populations	Uganda
Aunt Tasha Hotline	Family planning														X	Women, young women	Zambia
Auntie Marthe/ Tantine Marthe Hotline	Family planning														X	Women, young women	Democratic Republic of the Congo
Aunty Jane Hotline	Family planning							X						X	X	Women, young women	Kenya, Malawi
Aunty Queen Hotline	Family planning													X	X	Women, young women	Cameroon
Aunty Shani/ Shangazi Shani Hotline	Family planning														X	Women, young women	Tanzania
Bridge the GAP (Giving Access to Planning)*	Family planning		X								X	X		X		Marginalized individuals and youth	Pakistan
Chipatala cha pa Foni/Health Center by Phone	General health, including family planning														X	Rural/remote communities	Malawi

Digital Health Tools to Enhance the Uptake and Use of Contraceptives and Family Planning Services

Name of Tool	Health Focus Area(s)	Payment Features				Service Linkage Features								Users and Target Population	Country		
		Rewards for clients	Patient payment	Vouchers	Digital provider reimbursement/incentives	Job aid (other)	Timed messages (bidirectional)	Client-initiated chat with provider	Games/gamification	Chatbots	Websites/app with information	Hotlines/call centers/phone consultation	Video consultations			Online marketplace	Referral/appointment booking
Common Application Software (ICDS-CAS)	General health, including family planning					X										CHWs and supervisors particularly serving mothers and young children	India
CyberRwanda*	Family planning									X			X		Youth	Rwanda	
CycleTel Family Advice & CycleTel Humsafar	Family planning		X								X				Family advice: Not specified; Humsafar: Women using Standard Days Method	India	
Digital Counselling Application (DCA)—MSI	Family planning					X									Facility-based providers serving clients on family planning	Ethiopia, Vietnam	
Digital Village Clinic	Family planning, maternal and child health					X									CHWs serving mothers, children, and women for family planning	Malawi	
doctHERS	General health, including family planning		X									X	X		Facility-based providers, CHWs, and last-mile retailers serving remote/rural communities	Pakistan	
eFamily Planning (e-family planning)	Family planning					X									CHWs serving clients for family planning	Tanzania	
eHealth Intervention for Internal Migrants in Vietnam	Family planning						X				X				Young, female, internal migrant factory workers	Vietnam	
Electro Games	Family planning, maternal and child health					X			X						CHWs serving a range of clients, particularly men and fathers	India	
Ethiopia CHIS	General health, including family planning					X									CHWs serving clients, particularly families, women, and girls	Ethiopia	
Family Planning Plus	Family planning				X	X								X	CHWs and supervisors serving women, particularly in rural areas	Tanzania	

Digital Health Tools to Enhance the Uptake and Use of Contraceptives and Family Planning Services

Name of Tool	Health Focus Area(s)	Payment Features				Service Linkage Features										Users and Target Population	Country
		Rewards for clients	Patient payment	Vouchers	Digital provider reimbursement/incentives	Job aid (other)	Timed messages (bidirectional)	Client-initiated chat with provider	Games/gamification	Chatbots	Websites/app with information	Hotlines/call centers/phone consultation	Video consultations	Online marketplace	Referral/appointment booking		
Game of Choice, Not Chance	Family planning								X	X	X			X		Urban and peri-urban girls and young women (15–19 years of age)	India
HealthCare Mobile	General health, potentially family planning		X													CHWs and CHW clients	Nigeria
Hello Doctor	General health, including family planning		X									X				Rural communities	Ethiopia
HelloJubi	Family planning									X		X		X		Urban poor	India
Hesperian Family Planning App	Family planning					X										CHWs and peer supporters	Global
Hidden Pockets	Family planning											X				Women, young women	India
Honey & Banana*	Family planning							X			X	X		X		Youth	Nigeria
Hotline RRAAM (Reproductive Rights Advocacy Alliance Malaysia)	Family planning														X	Women, young women	Malaysia
iLoveLife.mobi	HIV	X									X					Youth (12–24 years of age)	South Africa
InfoAdoJeunes	Family planning								X		X		X			Youth	Togo
Information and Communication Technology Continuum of Care Services (ICT-CCS)	Maternal and child health, potentially family planning					X										CHWs serving low-income pregnant women and their children	India
Innovative Mobile Phone Technology for Community Health Operations (ImTeCHO)	Maternal and child health, potentially family planning				X	X									X	CHWs serving low-income, marginalized pregnant women and mothers and children	India
Intelehealth—Cloud-based software suite of programs	General health, including family planning					X							X	X		CHWs serving rural and low-income communities	Multiple countries, including India and the Philippines

Digital Health Tools to Enhance the Uptake and Use of Contraceptives and Family Planning Services

Name of Tool	Health Focus Area(s)	Payment Features				Service Linkage Features										Users and Target Population	Country
		Rewards for clients	Patient payment	Vouchers	Digital provider reimbursement/incentives	Job aid (other)	Timed messages (bidirectional)	Client-initiated chat with provider	Games/gamification	Chatbots	Websites/app with information	Hotlines/call centers/phone consultation	Video consultations	Online marketplace	Referral/appointment booking		
Interactive Mobile Application for Contraceptive Choice (iMACC)	Family planning					X										Women and young girls on or seeking family planning, especially postpartum	Kenya
Ipas Mobile Referrals Project	General health, including family planning							X							X	CHWs and facility-based providers serving mainly women	Kenya
Kagwilawo	Family planning, HIV		X					X		X			X	X	Piloted with university students	Uganda	
Learning by Living (different names in different countries)	Family planning							X								Youth	Cambodia, Egypt, Mali, Morocco, Nigeria, Senegal
Liga Inan	Maternal and child health, potentially family planning							X								Facility-based providers, pregnant women, and postpartum women	Timor-Leste
Ligne Verte	Family planning										X				X	Individuals seeking information on family planning; no target population, but most users (80%) were men	Democratic Republic of Congo
Lily Health	Family planning						X									Women	Kenya
Love Care Station	Family planning and other services							X		X					X	Youth, particularly men who have sex with men and youth in the entertainment and escort industries	Thailand
Ubuntu Afya Units (formerly, M-Afya Kiosks)	Family planning, HIV, maternal and child health		X		X											Hard-to-reach communities	Kenya
M-Sawazisha	Family planning, maternal and child health															CHWs serving pregnant and postpartum women living in informal settlements	Kenya
m'Care Ville	General health, including family planning					X									X	CHWs serving rural/remote populations	Nigeria

Digital Health Tools to Enhance the Uptake and Use of Contraceptives and Family Planning Services

Name of Tool	Health Focus Area(s)	Payment Features				Service Linkage Features										Users and Target Population	Country
		Rewards for clients	Patient payment	Vouchers	Digital provider reimbursement/incentives	Job aid (other)	Timed messages (bidirectional)	Client-initiated chat with provider	Games/gamification	Chatbots	Websites/app with information	Hotlines/call centers/phone consultation	Video consultations	Online marketplace	Referral/appointment booking		
m4Change ANC Application	Family planning, maternal and child health					X									X	CHWs serving pregnant and postpartum women	Nigeria
MarieTXT	Family planning, HIV							X								Facility-based providers and their clients	Uganda
mHealth for Safer Deliveries	Maternal and child health, seeking to expand to family planning				X	X										CHWs serving pregnant women	Tanzania
MIRA Channel (Women Mobile Lifeline Channel)	Family planning, maternal and child health					X				X						CHWs, facility-based providers, and rural women, particularly pregnant women and children under 5 years	India
mMom	Family planning, maternal and child health						X									Pregnant and postpartum (up to 1 year) women	Vietnam
Mobile Kunji	Maternal and child health, potentially family planning					X										CHWs serving pregnant and postpartum women and children	India
Mobile Link	Family planning, HIV						X									Female entertainment workers	Cambodia
FHI 360 Mobile Screening Apps	Family planning					X										CHWs serving women for family planning	Global
MOBILE Technology for Improved Family Planning (MOTIF) Study	Family planning		X				X				X					Post-abortion women seeking family planning	Cambodia
Mobile WACH XY	Family planning						X									Postpartum women and their male partners	Kenya
MobyApp	Maternal and child health, HIV, potentially family planning					X										CHWs and facility-based nurses serving pregnant and postpartum women	Tanzania

Digital Health Tools to Enhance the Uptake and Use of Contraceptives and Family Planning Services

Name of Tool	Health Focus Area(s)	Payment Features				Service Linkage Features								Users and Target Population	Country	
		Rewards for clients	Patient payment	Vouchers	Digital provider reimbursement/incentives	Job aid (other)	Timed messages (bidirectional)	Client-initiated chat with provider	Games/gamification	Chatbots	Websites/app with information	Hotlines/call centers/phone consultation	Video consultations			Online marketplace
MomConnect	Maternal and child health, potentially family planning						X					X			Pregnant women	South Africa
Movercado	Family planning, public health, nutrition			X	X										Community micro-entrepreneurs and low-income communities	Mozambique
Ms Rosy Hotline	Family planning										X				Women, young women	Nigeria
MSI Call Center Initiatives	Family planning										X			X	Women, young women	27 countries
MSI e-Voucher Programs for Family Planning	Family planning			X	X										Youth	Ethiopia, Kenya, Madagascar, Nepal, Uganda
My Healthline	Family planning, HIV		X					X							All users, particularly rural, lower-income populations	Cameroon
My Virtual Planning	Family planning								X			X		X	Youth	Democratic Republic of the Congo
myPaddi*	Family planning		X					X		X					Youth	Nigeria
NaijaCare	General health, including family planning	X		X									X	X	Informal medicine vendors and their clients	Nigeria
Naribandhob Hotline	Family planning										X				Women, young women	Bangladesh
Nena Na Binti Hotline	Family planning										X				Women, young women	Kenya
Nighedaasht	Maternal and child health, family planning					X								X	Community midwives and facility-based providers serving pregnant and postpartum women	Pakistan
Nivi/Ask Nivi*	Family planning								X				X	X	No specified target population	India, Kenya, Nigeria, South Africa
SMS and IVR to Improve Family Planning Services	Family planning						X	X							Potential family planning users, particularly those interested in intrauterine devices and implants	Uganda

Digital Health Tools to Enhance the Uptake and Use of Contraceptives and Family Planning Services

Name of Tool	Health Focus Area(s)	Payment Features				Service Linkage Features										Users and Target Population	Country
		Rewards for clients	Patient payment	Vouchers	Digital provider reimbursement/incentives	Job aid (other)	Timed messages (bidirectional)	Client-initiated chat with provider	Games/gamification	Chatbots	Websites/app with information	Hotlines/call centers/phone consultation	Video consultations	Online marketplace	Referral/appointment booking		
No-Yawa	Family planning						X				X	X			X	Youth	Ghana
Pakistan Safe Abortion Hotline	Family planning											X				Women, young women	Pakistan
ParentUp	Family planning, maternal and child health						X									Young mothers	Philippines
Parivar Swasthya Vaani (PSV)	Family planning					X								X	CHWs serving women for family planning and tubal ligation	India	
Paywast mHealth Call Center	Maternal and child health				X						X			X	CHWs serving pregnant women	Afghanistan	
Project Ujjwal	Family planning					X					X				CHWs and potential family planning users (young rural couples)	India	
PROMPTS	Maternal and child health								X		X			X	Pregnant and postpartum women	Kenya	
PSI Mobile App to Increase Access to Post-Abortion Family Planning	Family planning													X	Post-abortion women seeking family planning	Cambodia	
PSI Reproductive Health Hotline	Family planning										X			X	All users, including those seeking post-abortion family planning	Cambodia	
ReMiND application	Maternal and child health, potentially family planning					X								X	CHWs serving rural and low-income pregnant women, new mothers, and their children	India	
safe2choose	Family planning							X		X					Women, young women	Global	
Samsara Safe Abortion Hotline	Family planning							X			X				Women, young women	Indonesia	
Sehat Kahani	General health, including family planning		X					X			X	X		X	Not specified	Pakistan	

Digital Health Tools to Enhance the Uptake and Use of Contraceptives and Family Planning Services

Name of Tool	Health Focus Area(s)	Payment Features				Service Linkage Features										Users and Target Population	Country
		Rewards for clients	Patient payment	Vouchers	Digital provider reimbursement/incentives	Job aid (other)	Timed messages (bidirectional)	Client-initiated chat with provider	Games/gamification	Chatbots	Websites/app with information	Hotlines/call centers/phone consultation	Video consultations	Online marketplace	Referral/appointment booking		
Smart Health App	General health, including family planning					X									X	CHWs serving mainly pregnant women, children, and women for family planning	Kenya, Uganda
Sophie Bot	Family planning									X						Youth (14–24 years of age)	Kenya
SUSTAIN smartphone app	Maternal and child health, potentially family planning					X									X	CHWs serving pregnant and postpartum women	Tanzania
Telecounseling for depot medroxyprogesterone acetate (DMPA)	Family planning															DMPA users	India
Text me! Call me! Flash me!	HIV						X	X							X	People living with HIV, particularly men who have sex with men and sex workers	Ghana
Text to Change	HIV			X			X		X							All users	Uganda
Texting for Maternal Wellbeing	Family planning					X										Women not on family planning	Benin
Thailand Safe Abortion Hotline	Family planning															Women and young women	Thailand
The Medical Concierge Group	General health, including family planning		X					X		X		X	X			Not specified	Kenya, Uganda, Nigeria
ThinkM	General health					X										Not specified	8 African countries
Triggerise/Tiko*	Family planning, maternal and child health	X							X						X	Adolescent girls and young mothers	Burkina Faso, Burundi, Cameroon, Ethiopia, India, Kenya, Mozambique, South Africa, Uganda
Unala	Family planning											X		X	X	Youth (15–24 years of age)	Indonesia
upSCALE	General health, including family planning					X									X	CHWs	Mozambique

Digital Health Tools to Enhance the Uptake and Use of Contraceptives and Family Planning Services

Name of Tool	Health Focus Area(s)	Payment Features				Service Linkage Features										Users and Target Population	Country
		Rewards for clients	Patient payment	Vouchers	Digital provider reimbursement/incentives	Job aid (other)	Timed messages (bidirectional)	Client-initiated chat with provider	Games/gamification	Chatbots	Websites/app with information	Hotlines/call centers/phone consultation	Video consultations	Online marketplace	Referral/appointment booking		
Whispa Health	Family planning		X					X			X			X		Youth	Nigeria
Wired Mothers	Maternal and child health, potentially family planning			X								X				Pregnant and postpartum women	Tanzania
youRHotline	Family planning											X				Women, young women	Philippines

* Tool selected for Phase 2 (see Annex 2).

Annex 2. Selected Sample of Digital Tools for Family Planning and Other Health Services

Name of Tool (Country)	Overview	Service Linkage Features	Payment Features
Bridge the GAP (Giving Access to Planning) (Pakistan)	<ul style="list-style-type: none"> Mobile application and website providing access to information, services, and products for family planning for men and women, with services available in multiple languages, including audio information 	<ul style="list-style-type: none"> Telehealth services to connect users to a counselor for a call consultation Online ordering and home delivery of commodities (sanitary pads, condoms, pregnancy tests, etc.) Geo-tagged map of family planning clinics 	<ul style="list-style-type: none"> Details on payment not available in the literature
CyberRwanda (Rwanda)	<ul style="list-style-type: none"> Application, available on tablets, that connects youth to information on family planning and reproductive health to allow them to explore topics on their own and shop around for pharmacy products online, including identifying service delivery points where they can access products for free; pharmacy staff are trained in youth-friendly service provision 	<ul style="list-style-type: none"> Online ordering of pharmacy products for in-person pick-up; can sign up for SMS order updates 	<ul style="list-style-type: none"> Users pay market rates for products
Honey & Banana (Nigeria)	<ul style="list-style-type: none"> Website providing youth-friendly family planning and sexual and reproductive health information via blogs, quizzes, and stories on family planning topics; also has links to connect to providers, both virtually and in person 	<ul style="list-style-type: none"> Live chat feature connects users with medical experts to answer their questions about family planning Referral feature links users to DKT Nigeria partner clinics Toll-free call center provides information and referrals for offline users 	<ul style="list-style-type: none"> Details on payment not available in the literature
myPaddi (Nigeria)	<ul style="list-style-type: none"> Mobile application providing youth access to sexual and reproductive health information and products, prioritizing anonymity 	<ul style="list-style-type: none"> In-app chat feature connecting users with providers Online ordering and home delivery of products (condoms, diaphragms, emergency contraception, sexual wellness products, menstrual products, etc.) 	<ul style="list-style-type: none"> Users can pay for products in the app
Nivi/Ask Nivi (India, Kenya, Nigeria, and South Africa)	<ul style="list-style-type: none"> Online platform using a chatbot powered by artificial intelligence to provide information on family planning and sexual and reproductive health, and connect users to goods and services available through WhatsApp and Facebook Messenger 	<ul style="list-style-type: none"> Referrals to e-consultations with providers and e-pharmacies 	<ul style="list-style-type: none"> Chatbot is free to users
Triggerise/Tiko (Burkina Faso, Burundi, Cameroon, Ethiopia, India, Kenya, Mozambique, South Africa, and Uganda)	<ul style="list-style-type: none"> Flexible platform connecting youth to a range of wellness services, including contraception, sexual and reproductive health, and antenatal care, using features such as reminders, behavioral nudges, gamification, and instant rewards, with options for high-tech, low-tech, and offline users 	<ul style="list-style-type: none"> Connects users to a network of service providers, from pharmacies to doctors to beauty salons and local shops 	<ul style="list-style-type: none"> Digital incentive platform entitles members to earn rewards points when they access certain services, which can be spent at partner retailers Financial discounts

For more information, contact:

Health Policy Plus

Palladium

1331 Pennsylvania Ave NW, Suite 600

Washington, DC 20004

Tel: (202) 775-9680

Fax: (202) 775-9694

Email: policyinfo@thepalladiumgroup.com

www.healthpolicyplus.com

