Health care is about information as much as medicine. A well-informed consultation can save patients significant time and money they might have lost through later self-diagnosis. PSP4H is working with health clinics and pharmacies in Kenya to market consultations as part of their core offering and persuade more urban poor to consult qualified clinicians before buying medicine.

Self-diagnosis a key constraint

Health care in Kenya is heavily influenced by donor funding. There are nearly 300 ongoing health projects, and nearly half of the government’s health budget is externally funded. Despite this subsidy, health care remains a patchwork network of actors with different priorities and access points. As a result, many poor people use pharmacies as their first point of contact.

Launched in September 2013, PSP4H undertook significant research to understand why and how poor Kenyans were accessing health care, finding that many were self-diagnosing and buying medications without seeking advice. When this diagnosis was wrong, their symptoms often worsened to the point of emergency and the associated high cost of immediate, qualified treatment.

Overall, there was a widely held mind-set that paying for consultation was a waste of money. However, looking at their overall annual income, many of the poor could pay for health care, including consultation services. PSP4H research showed the number who could pay was nearly 50 per
Quality the key to change

PSP4H’s vision is that pharmacies and health clinics deliver increased access to quality, affordable healthcare services. It supports high potential businesses who want to grow their sales by serving the poor. In particular, the program wants healthcare providers to see consultations as crucial to gaining and retaining customers. A high functioning market system would have pharmacies and clinics competing based on the quality of treatment as well as the price of drugs. To achieve this, PSP4H needed to find private sector partners willing to test the true market size for low cost health care.

Piloting a proof of concept

In early 2015, PSP4H partnered with Viva Afya, a chain of low-cost private health care clinics mostly located in densely populated areas of Nairobi. Even though the company employs qualified clinicians, most of their sales come from medicine rather than consultations. To try and shift this pattern, PSP4H negotiated to cost-share a marketing pilot to influence more poor customers to pay for consultations. Viva Afya would cover the personnel costs (75 per cent), while PSP4H would pay for the marketing materials, outreach activities and data collection (25 per cent). The new strategies to test were:

- Offering customers a discount for referrals and giving a free consultation to new customers
- Offering progressive discounts to family members seeking consultations. This encourages loyalty and reinforces the behaviour of consulting before purchasing medicine
- Bundling consultation, drugs and lab tests together for young children.

The pilot was designed to prove to Viva Afya that more people were able to pay for consultations than had done previously. Once achieved, PSP4H would let the company pay for its own marketing having done a cost-benefit analysis for each market test. The programme also planned to encourage other clinics to replicate the model by sharing results.

Consultations rise by a fifth

Three months into the marketing pilot, Viva Afya's participating clinics had seen an overall 17 per cent increase in the number of customers, and more importantly a 20 per cent increase in the number of consultations.
PSP4H is currently working with Viva Afya to conduct an analysis of the cost vs revenue for the marketing tests, to determine which to roll out more fully to its full suite of 14 clinics.

In parallel to the marketing pilots, PSP4H linked Viva Afya to businesses developing other pro-poor business models. These included firms building a common brand for quality medicine and those offering insurance and health savings products to address cash flow issues of Kenya’s working poor who are usually informally employed. Viva Afya became one of the first companies in a network offering quality assured medicine under a common brand and health service provider for the health insurance product. This decreases the risk to consumers of receiving counterfeit drugs, improves the company’s reputation, and increases profit margins through bulk purchase of medicine. PSP4H didn’t initially plan for Viva Afya to participate, but saw an emergent opportunity to connect firms from its various interventions together. Rather than sticking exclusively to the details of isolated intervention plans, the programme acted on a chance to achieve its vision of a health care system that better serves the poor.

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