"A lot of community mobilization": Wintana Belai on radio ad success and how Maisha Meds helps tech work for people

Ambika Samarthya-Howard

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Ambika Samarthya-Howard: If you could start by talking a little bit about your model and your organization and provide a little bit of background.

Wintana Belai: Yes, absolutely. We are, as you may know, a tech healthcare company. We are focusing on using technology to increase access to primary healthcare in the countries that we work in. But I think what makes us Maisha Meds and the work that we do is, in countries where we work, the majority of the population accesses care in the private sector and especially in these small private pharmacies and clinics. And sometimes that's not only the first place, but the only place in the area where people can access this care. And so we, as Maisha Meds, are really focused on improving care at the access points where people are already going.

And a lot of the work in the global health space, I think, usually doesn't really focus on the private pharmacies and clinics, although as I mentioned, they are often the primary and sometimes the only source of healthcare that people have. We have technology that these small pharmacies and clinics use to manage the business. That helps them to manage their inventory and so forth. But then through that, we were able to design programs using the same platform to reward attendants for proper care and for following standards of procedure for different program areas. And so that is kind of the model that we work with.

Ambika Samarthya-Howard: Can you give me an example of how you work? Specifically for these eyeglass initiatives, can you tell me exactly what happens? What are the steps in which you're involved in?

Wintana Belai: I think maybe let me illustrate it in two ways so that you're able to see the Maisha Meds picture and then zooming it into the vision program. So for example, for the malaria care that we do, a lot of the practice in the places that we work with is like if a patient has a fever, maybe they'll go to the pharmacy or a small drug shop, and then they'll say they have a fever. But because malaria is quite common in this region, there's often no testing. And so a patient is just prescribed antimalarials without really proper testing. And so what we do is, for our pharmacies that are enrolled in our program, we make sure that through the tech that each patient transaction is verified.

You log in the patient information, but then before you dispense any type of antimalarials, you have to do the testing first. And then only if the attendant is able to demonstrate that it's positive and they capture the positive test results on the app, and only then they are able to then dispense antimalarials. We get each claim, we have a claims' management team that reviews each claim. If we see that the patient was tested and there is a verification that the test was positive through the tech, then we reimburse them a small amount.

Ambika Samarthya-Howard: That's a Maisha Meds app that the pharmacist uses when somebody comes in? How does the app actually work in terms of that? And then when you said that they get reimbursed, do you mean the pharmacy gets reimbursed or the patient gets reimbursed?

 **Wintana Belai:** It depends. So all of this takes place on the application. You can access it on an Android application by phone or tablet. And so when a patient comes in, they enter the patient's full name. And then we have different ways of patient verification, IDs or USSE codes and so forth. And then the app walks [the pharmacist] through each care pathway, depending on which program area it is. It's carefully designed to guide the dependent through the care. And so then they will test the patient, and then once the test result is ready, they take a picture of the test results.

And so if it's positive, then it takes you through the section where it's connected to a stock inventory management system, where it automatically deducts the stock, and then the patient receives the anti-malarial. Another key point is the medications that we provide for our programs are all quality assured. And so a lot of the problem here is sometimes you might not get good quality medications, or the supply chain system is very fragmented. So for our pharmacies, we do the supply chain, we make sure that every month we are stocking them with high quality medication and then the products are subsidized. So at our pharmacies, the prices are lower.

Ambika Samarthya-Howard: When you say that they're Maisha Meds pharmacies, does that mean that you've hired them, you've built them, or that they're privately owned by you?

Wintana Belai: No, that's a really good question. So they are partnered pharmacies. We don't have our own pharmacies. These pharmacies are owned by just business owners. We only partner with

them, so we call them our partner pharmacies if they have bought into the program and we have onboarded them and they are the users of our platform.

Ambika Samarthya-Howard: How many pharmacies do you have right now?

Wintana Belai: We have over 3,300 pharmacies across four countries at the moment.

Ambika Samarthya-Howard: And how many are specifically doing the eyeglass work?

Wintana Belai: The eyeglass work is 45.

Ambika Samarthya-Howard: How did you decide amongst those thousands of pharmacies which were going to do the eyeglass work? How did you roll that out?

 **Wintana Belai:** With this project it was kind of open-ended. The question we're asking is, can pharmacies be viable access points to the dispensation of reading glasses? We thought it would be good to test this program in an area where we already have a network of pharmacies that we have established this working relationship with, just because this reading glasses is a new product area to be in pharmacies. And so we said, "Okay, we need pharmacies that are already in our network so that it's kind of easier." They are already familiar with our other programs, so it's easier for them to use the digital application for this project.

But then we also wanted to include a mix of rural, urban, and very urban, so we can see if there's any geographical differences. And then among all the networks of pharmacies that we have in these, we are implementing this program in two counties in Kenya and across all these pharmacies. We also looked at their average monthly transaction to see their foot traffic, so that we're testing this in pharmacies that already have some level of foot traffic to see if we can convert the clients that are already there, already it's an active pharmacy.

So how do we use this as a channel to test this program? We mainly focused on leveraging the established relationship that we have with these pharmacies. Plus there is already existing foot traffic and their familiarity with our tech. But beyond that, it's also as I said, a mix of geographical location.

 And then we are testing different price points. In one county we're testing at one price, and then the other county we are testing another price. It's of course test pricing, but how we decide on which county gets which pricing is kind of based on economic activity in the city and county. [Which] we think would be more comfortable with the higher pricing. These are the ideas that came into play when we were deciding which pharmacies would be onboarded on this program.

Ambika Samarthya-Howard: After you selected the pharmacies, were they in touch with the rest of your partner pharmacies? Do the other pharmacies who weren't selected know that these were selected?

 **Wintana Belai:** We actually have not told the other pharmacies which ones were selected versus not selected. Sometimes through conversations that come up. For example, we have a pharmacy here closer to Nairobi that has been using our platform for a very long time that has heard about this vision project, who really wants to be onboarded. But because it's in Nairobi, it's outside of the design of the scope of the project. We said we would maybe bring it, especially as we are considering scale, but overall, I think we reached pharmacies on an individual basis. So we haven't announced it in a way that tells the other pharmacies, but we have some radio ads and billboards that we have put up in these counties. We believe that some pharmacies are aware of the program.

Ambika Samarthya-Howard: That makes sense. And then with the 45 that you worked with, can you talk a little bit about how you onboarded them? We've been hearing that you have to get people to trust pharmacies to give them eyeglasses, but even more than that, the pharmacist needs to trust themselves that they can sell eyeglasses, both regulatory wise as well as making sure that they have the expertise. So I'm curious, did you train the pharmacists, and did you train them individually or as a group?

 **Wintana Belai:** We onboarded the 45 pharmacies in phases. Not all of them were onboarded all at once. We are a tech healthcare program, so we always kind of pilot our tech before we onboard additional pharmacies. There was a batch of pharmacies at the beginning who were trained individually. The trainers went to their pharmacies to train them. There were I think maybe five or six of them. Then there was another batch of pharmacies when we did the scale of the pilot back in August. Then we did a group training, and we added about 15 [pharmacies] at the end who also had group training. And so yes, they are trained. That was a really important piece of this work, for example, in Kisumu and Mombasa, these are the counties that we're working with.

 When we first did this study to understand what is currently available, mostly there's optical shops that were quite expensive, and then there's also street vendors that were very cheap. And so what we discovered through research is that, okay, there are glasses that people can find on the streets, but they didn't always trust that the vendor knew how to provide this service accurately. And so we really took this training seriously and that's where we're partnering with VisionSpring. That's our partner in terms of our supply.

Ambika Samarthya-Howard: I'm really curious how your pharmacists responded. I'm also curious about the pharmacist's perspective. What was the biggest challenge and then also what did you expect to be a challenge that wasn't a challenge?

Wintana Belai: The training has two components. There is a technical component where people like pharmacists, the attendants, are getting trained on how to actually administer care. That is vision care. So how to screen, how to prescribe the lens power and all of that. But then there's a separate training that is for the application itself to go through the care pathway. And so in our other programs, we're used to programs like VisionSpring. They are kind of new for us in that we don't have the technical expertise to train our pharmacies directly. So we've had to partner with someone like VisionSpring to support us with that. But then our team still had to do the training on the care pathway.

The challenge with the group training is I think sometimes when you organize trainings, people don't show up and it's really hard for pharmacies to close to send the attendants to a remote training. If they only have one attendant, that means the shop has to be closed for two or three hours. So that's a challenge. And so if a pharmacy has not made it to the scheduled training, then you have to coordinate a different training for them, which usually we should be okay with because we have the training for our other programs in-house. But then when you're partnering with an external trainer, your schedule becomes dependent on the availability of the trainers. And so sometimes coordination is a bit of a challenge.

 And then I think I was curious to see if people would find the screening process and the prescription process more complicated, but the feedback that we've gotten so far is that pharmacists are actually quite comfortable doing that. And the data entry bits, I think that's a challenge that we see across all our programs just because we're a tech company, but I think we haven't seen that as much with this project because the care pathway is fairly simple and short. So we work hard to simplify the data entry process that they have to follow. And as I said, they're already users.

Ambika Samarthya-Howard: Do people come in and get a screening and then come back? Or do you do everything with one touch point?

Wintana Belai: It's usually one touch point. So a person comes in, they screen them, and then depending on whether they need the reading glasses or not, they will sell the glasses and then they will fill out the application there. But sometimes we might not have, for example, the power that a certain patient needs. And so in these cases, we have to be a bit more creative in terms of how we think about this.

We've introduced something called Patient Cards where you've already done the screening. Once you find out that you don't have the power that the patient needs, then you write them a little card where it shows that they've been screened and the power that they've been prescribed, and then they can take that either to another pharmacy in the area where this program is being administered, or they can come back to that pharmacy at a later date when the stock is back to purchase. That's the only time where we're doing the multiple touch points, but ideally you would want it to be one touch point.

Ambika Samarthya-Howard: Did you feel like when people came in that they came in because of the radio ads or because of the billboard? Or does the pharmacist introduce the idea of screening to people who came in for other reasons? How do you get people interested?

Wintana Belai: It's a combination of these things that you mentioned. We kind of let pharmacists do their thing in terms of conversion of sales because in the past that's how we've done it. We tell people this is for you. And for vision, I think it's different because we're only targeting people over 40.

And so they can see if a person who looks older than 40 comes in, they can engage in how they want to screen. We tell them that they can be creative in terms of how they convert sales at the pharmacy, but at the same time, we have the posters there, so somebody can walk in and say, "Oh, I see that you have this service."

 We are running billboards and radio ads, which have generated a huge attraction. So for example, for the radio, how we know that people are engaging with it is during the time that we ran these ads, the radio stations were getting a huge volume of callers asking about that program. And so they reached out to our team to organize a Q&A session so that people can dial in and then our team can answer those questions. And so I think that is evidence that our radio ads were working and that people were [responding to] them.

Ambika Samarthya-Howard: Can you tell me a little bit about the radio ads, did you script them? Who produced them?

 **Wintana Belai:** We are working with a marketing partner for this project because as part of our questions around scale up, and since this is a new product area, as we said earlier, we've had to think creatively about how to create demand and make people aware of these programs. And so our marketing partner is the one that has been supporting us with all these different strategies. For the radio ads specifically, we sat down and they helped us draft the script, and then our team reviewed them. They were translated to the local languages and they chose the stations that are really prominent in these areas. And so that's kind of how it came about.

 We're also doing a lot of community mobilization, and that's what has actually generated a lot of the sales. This is where we are looking at markets outside of churches. We set up tents to tell people that we are running these free screenings for people who might need glasses and then selling them at X price. Because we're targeting market areas, or popular areas, this has been the main way of reaching people.

Ambika Samarthya-Howard: Can you tell me a little bit more about this? Do the pharmacists show up? Because one of the things that we've been hearing is that sometimes when people do awareness campaigns or community mobilization work, they don't see their pharmacist

there, so when they get to their pharmacist there's a disconnect. So I'm just curious who does the screenings at your events?

Wintana Belai: The pharmacists. We make sure that it's the pharmacists that are doing the coordination, we're just helping with the facilitation of this. We help with setting up the tents and managing the coordination, the logistics, but they actually have to show up to do the screening, the data entry and all of that. And then our marketing partner has some brand ambassadors, they call them, who go there and wear [branded] shirts. [They walk around, connecting with people], and bring them in and introduce them to the pharmacist and so forth.

Ambika Samarthya-Howard: How often do you do these events? How long do they last? Could you tell me a little bit more about the logistics?

Wintana Belai: We do market activations at least once a week, but then sometimes sporadically when there might be an event. For example, we had one for a women's event on Women's Day on March 8th. And we work with some community mobilizers that know community groups, for example, that work with the elderly. And so if they have any events, if they have any meetings planned, then we work with them to plan these activations. And so some of them are sporadic in that they depend on what's happening in the community, but then consistently we are doing at least one activation a week in markets.

Ambika Samarthya-Howard: Can you talk to me a little bit about the numbers? How many glasses have you been committing or selling? What is the percentage of people who come in and get screened compared to those who buy glasses?

Wintana Belai: That's a great question. So if they get screened, it depends. It is almost like a one-to-one ratio. We have done 7,097 screenings and the number of readers dispensed is 5,633 so far. We began this program in August and have screened close to 7,100 people and sold 5,633 glasses so far.

Ambika Samarthya-Howard: So that's across your pharmacies?

Wintana Belai: Yes.

Ambika Samarthya-Howard: I would love to hear a little bit more about what you're seeing. I'm sure that the numbers are not divided equally amongst all of the pharmacies. So I'm curious, the ones where you're seeing higher rates, what are the insights you've gotten from that?

Wintana Belai: For screenings, as long as there is talk and people are getting proper screening and they are found to [need] glasses, they're mostly getting the glasses. I think some of the feedback that we get is, for example, if a patient has diabetes, then we don't subscribe. We don't actually give them reading glasses. And so then that kind of creates this channel where even

if people are not getting reading glasses at the pharmacy, then they're referred to seek proper care elsewhere.

Other feedback that we get is that there are people younger than 40 who come kind of curious and interested in eye screenings, and then maybe they do find that they need glasses, but we are not serving those patients just because we are only targeting patients over 40. And we think that, generally speaking, if you're under 40 and if you have presbyopia, then you should get checked for other conditions. And so there's this feedback that people want this service even for younger patients. And so I think that as we're looking at this program, if we are seeking to demedicalize access to reading glasses, and if we're wanting people to just go to the pharmacy and get them whenever they need, do we then open up this project or this type of program for patients that are under 40 or do we keep it at 40?*

I have received a lot of feedback for screenings that don't make it even in the app [due to the large number of patients seen during community activations].

Ambika Samarthya-Howard: Across your pharmacies, within your 45, what do you feel has distinguished the ones that have been more successful from the ones that have been less successful? For the ones that haven't been able to do as many screenings, what do you feel is the main reason? And then vice versa. What do you think is their differentiating factor?

 **Wintana Belai:** I think some of them are a bit remote, depending on exactly where the pharmacy is. That does affect the number of sales that they've been able to make. And then when we invite pharmacies to the marketing activation days, sometimes we see that some pharmacies are more active in wanting to be involved in this. And as opposed to other pharmacies, I think this has to do with availability of attendants. As I said, if a pharmacy has only one attendant, then sending this attendant out to an activation day for half a day might not be feasible. But then there might be other pharmacies who have more than one attendant and who might benefit from this.

So it's a matter of willingness, but also capacity from the pharmacy perspective. And then I think just general business savvy. For some, they're a bit more involved in terms of how to make sales, but I think we're going to see a lot more. We're going to look more into that as we're finishing this program because we're going to do some sort of assessment with the pharmacies asking them what their strategies were, in addition to what we've been doing so far.

** Livelihood Impact Fund (LIF) is encouraging programs to ensure that the eligibility criteria does not exclude those with presbyopia who are under 40.*

Ambika Samarthya-Howard: Let's talk a little bit about price points. What are you seeing?

 **Wintana Belai:** So at the beginning of the program, we were testing setting the glasses for 600 shillings, which was about $5. But we were not seeing uptake of the program despite some of the awareness patient activities that we were holding. And so what we discussed was that we needed to make the price point even lower than that. I think we initially knew that this price point

was going to be a bit high just based on some of the research that we did at the beginning, but then we wanted to kind of see a price point where we thought, okay, there is some level of subsidy, but also we want to test a price that might be sustainable even if a subsidy program like this does not exist.

We were kind of trying to see what price point would be comfortable for people. Surely enough we were not seeing that much uptake. And so we then restructured our pricing and decided to implement two different pricing structures, 150 shillings, which is around $1.10 or around that, and then 300 shillings in another, which is a little less than $2.50. After the pricing restructure, we saw a huge increase in uptake, and we're still seeing a lot. Uptake is a lot higher in the lower price with 150 shillings than the 300 one. So the price has been quite significant.

Ambika Samarthya-Howard: How have you navigated any regulatory issues? Have you worked with the Ministry of Health? How have you convinced pharmacists that they are able to sell eyeglasses?

 **Wintana Belai:** We did research at the beginning of the project to see what laws exist in terms of who is able to sell reading glasses in Kenya specifically. And there's actually no laws that specifically say that pharmacies cannot sell reading glasses.

We spoke to someone from the Association of Optometrists in Kenya that came from the Ministry, and we were told the same thing. We spoke to an ophthalmologist who has a close relationship with the Ministry of Health and has been working in the space. And so we were able to have these conversations aside from the research that we were doing into the policy. We were also verifying these findings with people who have worked in the field for a long time.

What we found was that there was no basic regulatory barrier that prevents pharmacies from selling reading glasses. At the same time, it is still unclear that the law also doesn't say pharmacies should sell. And I think maybe in other countries, if we ever think about doing a similar program, you might come across laws that specifically state something. But in the case of Kenya, that wasn't the case.

 But I think it was still important for us to do that research at the beginning to make sure that the pharmacists felt comfortable. And pharmacies so far have not raised any concern around that. And I believe that has to do with the fact that they are aware that they're able to sell because, and we really take the regulatory piece quite seriously at Maisha Meds, all of the pharmacies that we work with are certified by the PPB, the Pharmacy and Poisons Board, which is the entity that issues licenses for pharmacies. We know we don't want to compromise their standing so we were thorough in terms of that research before we felt comfortable proceeding with a program like this, given what exists in the regulatory space at the moment.

Ambika Samarthya-Howard: In terms of the pharmacists trusting that they could sell the glasses and really feeling confident, I suspect a lot of that had to do with your pre-existing relationship with many of these pharmacies and how much they trusted you?

 **Wintana Belai:** I believe so. We've had really good relationships with our pharmacies for a long time. As I said, we are working with pharmacies that have been in our network for some time, and we have established a good working relationship, and they are trusted providers in their communities as well. I think that has helped with this as well. And I think they also do their own research.

 With this regulatory context, we were still anticipating that maybe we might get some heat from opticians or optometrists in the area, especially when they see our marketing materials. But so far we have not been met with resistance.

Ambika Samarthya-Howard: Can you talk to me a little bit about what you're doing next? What are you trying next with your pilots and pharmacies and what are you hoping to see?

Wintana Belai: We are nearing the end [of the vision program]. We are re-evaluating the program uptake and how we feel about the success of the program so far at the end of April.

When that comes, we want to see some of the learnings around cost-effectiveness, how to do the supply chain better. Is there any part of the technology that when you're thinking about scaling or implementing this in a different context, that you need to be cognizant of? What are the demand generation strategies that have been effective in terms of reach, but also cost-effectiveness? [At the end of this phase we will do an] assessment of these things and see what we think about the program in terms of the scalability and how pharmacies see it. We want to run a short survey to assess their engagement with the project.

And so what we're really hoping to see is, was this project successful? And by that I mean, have we really tested to see if pharmacies can be viable access points for reading glasses? And if yes, why? And how did we make that happen? What are the strategies that we used, and are these

strategies able to be implemented at a larger scale? And what would it take to do that from logistics, operational, technology and cost perspectives.

Once we analyze this, I think it's then to see how we scale this and how we serve more patients. And I think, even if we think that the way that we've done things or the strategies that we've implemented are not, maybe as they are, scalable, I think there's still a lot of learnings that we have gathered from this project, even from a supply chain [perspective].

 Right now, all of our pharmacies are on a collateral model, they have to pay some money upfront before they get more stock in the future. But for reading glasses, because it was a new product area, we introduced this as a consignment. Pharmacies don't pay anything upfront, but that also has its own challenges moving forward.

I think there's a lot of learnings that we're gathering even from an organizational and tech perspective. How we can grow ourselves as an organization to serve new product areas like vision that might be different from something like malaria, where the testing is the same, there's standard care in a way, which is not always the same for vision.

What I'm hoping for next is really honing into these learnings. How do we apply them to a larger scale as we think about expanding this project? We've seen enough impact and engaged enough interest from pharmacies for them to be able to want to stay in this program and even introduce more pharmacies into it. So that's the hope.

Ambika Samarthya-Howard: Since you've used your existing technology, how do you feel like the technology has served you or hasn't served you for eyeglasses as opposed to what you did previously, like for malaria or other health needs?

 **Wintana Belai:** When I look at some of the care pathways that we have, since we have malaria, family planning, HIV care, and now vision, depending on the program area, the care pathway looks different. The goal is always to make sure that the care pathway you're designing is capturing all the information that you need it to, and at the same time for it to be as intuitive and as it can possibly be. And so for vision, the care pathway is fairly simple, but we've had to do a few iterations to make it more user-friendly, for example. How you approach something like vision is going to be different from how you would approach a different program, like HIV for example.

Ambika Samarthya-Howard: Let's say that I had a digital health service, and I wanted to do eyeglasses. What would you say would be the things that I should know for my technology? What would be your advice?

 **Wintana Belai:** If I'm starting new in this landscape, I think understanding exactly what you need to capture and why you need to capture it and what is the most intuitive way to capture

that information [is key]. And sometimes, for example, the challenge that I see with screening, sometimes I fear that not all the screening data makes it to the application if the screening does not end up in a person actually purchasing reading glasses, because sometimes the pharmacy might just feel like it's just a waste of time to enter a patient's information if they're not really getting glasses at the end.

But I think a way that we are trying to solve that is shortening the care pathway and making it as simple as possible. And the reward program that we have also incentivizes them entering the screening data. And so you have to think about who your user is. Basically it's behavior change. You have to be able to convince the attendant that it is worth their time to enter this data for the specific program, because you are essentially the main user of the data, not them. And so you have to really sit down and say, "How do I make sure that the data that I'm asking for is what I really need, how do I get it, and how do I convince the attendants to make sure that they are capturing it?"

Ambika Samarthya-Howard: So are you saying that if they don't get the glasses, the pharmacists don't capture the screening data? Is that what you're kind of intuiting?

Wintana Belai: No, they do that and that's why we're getting a lot of the screening data, the numbers that I told you. But I think it's still, for me, as someone who's implementing this, and as a tech organization, we're always trying to make sure that the tech that we are putting out is compatible with the users that we have in mind. And so making sure that, yes, you have the technology, but you still have to make it usable for the person, and you have to find strategies to make sure that the person is using the technology.

Ambika Samarthya-Howard: You talked a lot about the insights, about what you're trying to learn. What would your main considerations be if you were going to scale across all of your pharmacies?

Wintana Belai: I think at Maisha Meds, we are quite good at implementing something in a larger network of pharmacies once we've really tested it out on a smaller scale just because we have a team that's dedicated to making sure that there's operational support given to these pharmacies. So we know how to do it. But what you do need is absolutely operational support and capacity to make sure that yes, you are expanding this program in all these pharmacies, and you also need to make sure that they have the support to be able to continue implementing that.

 And then the other pieces I would consider is both the pricing as well as the supply chain piece. So in terms of pricing, as I've mentioned earlier, we are testing two different price points. And we're seeing that one has higher uptake than the other, but each of these pricing structures have their own details in terms of cost recovery, operational and logistical requirements and all of that as a company. And so some of the considerations are, are the systems and processes that you currently have in place scalable if you're onboarding additional facilities? And then if you do

that, at what price point are you doing it, and do you have the capacity to be able to support that? I think these are some of the considerations I would be thinking about.

Ambika Samarthya-Howard: Thank you so much for taking the time to talk with me today. These are important insights.

ICON LEGEND

Ambika Samarthya-Howard (she/her) is Solutions Journalism Network's Chief Innovation Officer. She strategizes on communications, metrics, impact, product and technology, leveraging platforms for the network and creating cool content. She also leads the Solutions Insights Lab, an initiative of SJN that uses targeted research and analysis to identify and interrogate what's working and what's not in a particular sector or field. She has an MFA from Columbia's film program and has been creating, teaching and writing at the intersection of storytelling and social good for two decades. She has produced content for Current TV, UNICEF, Havas, United Nations Population Fund (UNFPA) and Prism.

** This interview has been edited and condensed.*