EARLY MARKET ENGAGEMENT – NOVEMBER 2022
DIGITAL HEALTH SOFTWARE DEVELOPMENT

1. PRESENTATION OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

The International Red Cross and Red Crescent Movement (*Movement*) is a global humanitarian network of 80 million people that helps those facing disaster, conflict, and health and social problems.

It consists of the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC), and the 192 Red Cross and Red Crescent National Societies in different countries.

Health is the core of the *Movement*, ensuring that people in need can get basic health care that meets universally recognized standards. This may involve assisting existing health services or temporarily replacing them, and actions to avert or reduce people's financial hardship due to health-related spending[1].

2. HUMANITARIAN CONTEXT AND PROBLEM STATEMENTS

The Norwegian Red Cross (NORCROSS) and ICRC provide Cash and Voucher Assistance (CVA) to individuals to access the quality health goods and services they need. Nevertheless, the population we assist often live-in outreached areas where NORCROSS/ICRC staff cannot access, in addition, generally these outreached areas present poor connectivity networks or insufficient reliable and stable connection.

The lack of connectivity and geographic isolation prevents health teams from reaching the population not only physically but also by digital means, presenting great challenges to providing financial support or vouchers when the person cannot be easily attainable, hence the person cannot access the needed health assistance.

The main challenges that actors within the *Movement* have urgent needs to be addressed are the following:

1. facilitate remote *creation and delivery of CVA* by non-technical staff
2. *monitor the voucher* and *assistance usage* along the project cycle and patient journey
3. *evaluate the quality of provided goods/services* to track outcomes and identify eventualities.
4. improve *communication with patients*, especially in outreached areas where staff cannot visit
5. send *public health personalized messages* according to the patient's profile
6. allow CVA delivery and patient communication in disconnected environments with *zero internet connectivity*
7. *beneficiary's authentication* process through a guaranteed validation method suitable for low literacy levels
8. keep and maintain the *beneficiary's privacy* through a paperless and a data protection protocol
9. offer *IT automation* to facilitate staff's work and turn process more efficient

More detailed information in Annex 1 – Problem Statements

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[1] WHO/Global Health cluster March 2018. working paper for considering CTP for Health in Humanitarian contexts

3. DIGITAL HEALTH SOFTWARE'S PERFORMANCE BASE REQUIREMENTS

With support from '*Innovation Norway*'[2], NORCROSS and the ICRC joined efforts to tackle the challenges exposed before through the development of a '*digital health software*' named *Mobile Voucher Assistance Platform for Health (MoVAP for Health)*, venturing to answer those gaps and difficulties by exploring expertise and innovation within the private sector.

The *MoVAP for Health* aims to provide healthcare to people living in outreached areas, without the need to handle cash/cards or have an internet connection. The *MoVAP for Health* explores ways to send vouchers of cash, goods, or services to allow patients to access various health services with pre-identified service providers, combining automation rules to improve communication with patients to increase their adherence to treatment.

The *MoVAP for Health's* ambition is to offer remote management of patients and remote CVA delivery, it's about connectivity, ease of use, and making information available to patients and health practitioners. The goal is to keep patients engaged and move them through defined relationship stages for predictability and automation.

Following this market dialogue, we may initiate other specific market dialogues if deemed necessary. We will initiate one or several procurement processes based on this market dialogue.

4. THE *MOVEMENT* AND THE HUMANITARIAN SETTINGS

One drawback to consider while thinking of NORCROSS and ICRC contexts of intervention is that most people we assist only use basic mobile services such as voice and text, rather than the Internet. In these contexts, plain cell phones operating over low-speed or narrowband mobile networks are the most common means to communicate.

The humanitarian context and challenges must be carefully identified, analysed, and understood during the market dialogue before a solution can be proposed or tested.

Before laying out the arguments to support through an 'off-the-shelf' solution, NORCROSS and ICRC need to set forth a concept of reality, logical, well-supported, and instrumental in addressing the problems statements we enclose in Annex 1.

During the market dialogue, we will present the humanitarian context, the background of the organization and the challenges that led to this project, details about what we want to achieve, and an indication of timescales and duration, etc...

5. WHY THIS PROJECT IS INTERESTING FOR PRIVATE COMPANIES?

Make your company's activity meaningful. Your company can directly contribute to humanitarian interventions in the worst crisis in the world when the most vulnerable lack access to basic needs such as food, shelter, and health care. Helping to find better ways to bring humanitarian aid will bring essential relief in times of need. Working with NORCROSS and ICRC to build a system to get to the unreachable, your company will play a part in saving human lives, soothing human suffering, and maintaining human dignity.

Direct turnover benefits. Survey reports about consumption behaviour reveal that most consumers think businesses should support charities. When consumers are faced with a choice between two companies that offered products and services for the same price, the highest percent would base their decision on whether a company engaged with humanitarian or social actions.

Defining the corporate identity. The humanitarian element of a company can be a cornerstone of your brand showing the world that you are ethical and trustworthy. It can also define your company as different from your competitors, which aids your brand image and can be an important recruitment tool, for attracting top talents concerned with humanitarian purposes to your business. In addition, in many business awards applications, there is a question about the companies' CSR practices.

The Movement and the humanitarian sector as a market. The humanitarian aid industry is growing, fuelled by large-scale conflicts and natural disasters. Humanitarian crises are becoming more frequent and more complex. They last longer and affect more people. The global humanitarian appeal for 2017 was a record $23.5 billion, targeting 93 million

[2] Support for humanitarian innovation (innovasjonnorge.no)

people in need of assistance. Humanitarian assistance costs are predicted to rise to $50bn per year by 2030, on the basis of current trends[3].

6. WHY YOUR COMPANY SHOULD ATTEND THIS EVENT?

The purpose of the market dialogue is to support the NORCROSS and the ICRC in the preparation of the overall procurement process of a digital health software named *MoVAP for Health*, by attending this event you can establish a deeper understanding of both organisation requirements, from technical specifications to buying motivations to the policy objectives and learn as much as possible about NORCROSS and the ICRC.

You will be able to network with other suppliers, the 'market dialogue' is a perfect opportunity to identify potential partners and service providers who could help boost your business. Your company will have the opportunity to signal your understanding, capabilities, or innovative approach to how your company can help NORCROSS and the ICRC before the formal publication of tendering is published. You will get access to bilateral meetings with the project manager and technical experts and get the chance to meet and request explanations in detail.

7. ACRONYMS

ANC/PNC – Ante Natal Care /Post Natal Care
CVA – Cash and Voucher Assistance
HSB – Health Seeking Behaviour
ICRC – International Committee of the Red Cross
IFRC – International Federation of Red Cross and Red Crescent Societies
MoVAP – Mobile Voucher Assistance Platform
Movement – International Red Cross and Red Crescent Movement
NCD – Non-Communicable Diseases
NORCROSS – Norwegian Red Cross
ODA – Official Development Assistance
PRM - Patient Relationship Management
RCRC – Red Cross and Red Crescent

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[3] World Economic Forum world-economic-forum-annual-meeting-2018

8. ANNEX 1 – PROBLEM STATEMENTS

Problem statement 1	*'Cash & voucher delivery'* Ideally, health practitioners would be able to deliver health treatment and CVA to those who are needing medical care the most, usually people living amid violent conflict. Currently, in contexts where NORCROSS and ICRC intervene there are usually high out-of-the-pocket expenditures, reducing the possibilities for people to access healthcare. NORCROSS/ICRC provides Cash and Voucher Assistance (CVA) to individuals, households, or communities to enable them to access - promptly - the quality health goods and services that they need. Special challenges arise when cash&voucher should be distributed to unreachable communities in areas where health staff cannot access them, in addition usually communities are not financially included excluding the use of a pre-existing financial delivery mechanism. Vulnerable communities that cannot access healthcare and treatment exacerbate trauma, morbidity, and mortality. ➢ The '*MoVAP for Health*' allows to create and send coupons/vouchers to patients remotely. The vouchers can be customized according to country/program, they can offer a monetary value, can represent specific item/s, or correspond to a service. ➢ Users of this 'one-time payment' mechanism will not need to access any card, digital payment app, or internet banking to redeem the voucher. The process- should be an end-to-end digital transaction not requiring any physical issuance of cards/vouchers. ➢ The '*MoVAP for Health*' ensures that payment is made to the service provider only after the transaction is completed, tracking voucher usage and redemption rates.
Problem statement 2	*'Health CRM– Patient Communication'* Ideally, health practitioners should know whether patients accessed health services as prescribed, if the assistance given through CVA was used as intended, if there were added vulnerabilities caused by the CVA assistance or if new situations arose that prevent the patient recover as expected. Currently, in contexts where insecurity poses serious restrict of movement limiting health practitioner's access to affected communities, there is no effective means of collecting feedback, If the patient received CVA for transport or medicines with '*no show patients*' there is no system in place to find out whether the person didn't access healthcare by an autonomous decision or there was an encountered issue that NORCROSS/ICRC should address. Lack of insight into a patient's progress and her/his actual use of health services remotely prevents health teams to apply actions or relevant amendments to the project design. ➢ The '*MoVAP for Health*' should be designed as an all-in-one solution for various programs' follow-up needs, gathering patients' feedback about Cash&Voucher Assistance related issues and general health concerns '*beyond the hospital fence'*.
Problem statement 3	'*Health CRM – Public Health Communication*' Ideally, health promotion messages are clearly understood by patients, and awareness and trust in NORCROSS/ICRC services are promoted so patients adopt health practices determining when best to seek medical help and adhering rather more to treatment. Currently, in contexts where NORCROSS and ICRC intervene people are presenting low levels of confidence about formalized healthcare and the importance of following advice and treatment as prescribed by doctors. There are strong beliefs in traditional systems leading to misinformation and frequent treatment adherence failure. Patient nonadherence can be a pervasive threat to health and wellbeing, especially to ANC/PNC and NCD such as diabetes or heart diseases where awareness and early detection of complications are vital.

	➢ The '*MoVAP for Health*' optimizes health promotion communication with patients, sending personalized visual/audio messages that can be easily understood to promote/empower health-seeking behavior. ➢ The '*MoVAP for Health*' offers the possibility to set up 'voucher claim actions' to redeem while listening/watching a specific health message or responding to a survey.
Problem statement 4	**'*Communication & Connectivity*'** Ideally, NORCROSS/ICRC handle Patient Relationship Management (PRM) through various means of communication adapting to patients/beneficiaries' preferred channels and existing telecommunication channels. Currently, the conditions in which telecommunication services are established in developing countries where NORCROSS/ICRC intervene are very different from those in the industrial nations, According to recent statistics, over 4 billion people still lack internet access, or at best, a sufficiently reliable connection. Lack of connectivity together with geographic isolation represent higher rates of health risk behaviors, population not only faces health access barriers but also challenges to receiving support from NORCROSS/ICRC to access health services when the person cannot be easily attainable. ➢ The '*MoVAP for Health*' must be able to communicate to/from feature phones. Including 'text message coupons' or 'SMS-based vouchers', along with 'Follow up' and 'HSB' SMS and MMS messages ➢ The '*MoVAP for Health*' should offer different communication channels according to the community's most used means. 'Vouchers', 'Follow up' and 'HSB' messages can be sent either by SMS, email, or through an app,
Problem statement 5	**'*Authentication and literacy levels*'** CVA support is given to beneficiaries that have been assessed and present financial barriers, CVA is purpose-specific to various health needs and it is exclusively used by the designated beneficiary. The reality is that many people targeted by NORCROSS/ICRC have lost their identity papers or do not have any, presenting challenges to confirming the beneficiary's eligibility without formalized means of identification. Additionally, entitlements or vouchers are sometimes transferred to peers or sold. To verify the person's entitlement to receive the assistance, especially if we are distributing cash we have sometimes used pin-codes or passwords, however, the population's low literacy levels that NORCROSS/ICRC usually targets makes this option quite ineffective as most beneficiaries forget or misplace a predefined pin-code. Program managers require additional assessments to confirm the beneficiary's eligibility by examining on a case-by-case basis and asking personal questions, making this method quite impractical to be managed remotely. ➢ The '*MoVAP for Health*' must provide a secure way to confirm beneficiary eligibility and voucher validity without the need for the physical presence of NORCROSS/ICRC staff. ➢ The '*MoVAP for Health*' must allow the voucher to be redeemed in a few easy steps without the beneficiary needing to memorize any code. ➢ The '*MoVAP for Health*' must prevent fraudulent tactics from both sides, previous assisted telephone numbers should be recognized and we should assure that Service Providers are effectively distributing the cash/goods/services ➢ The '*MoVAP for Health*' assures vouchers for special goods such as medicines are delivered befitting and not replaced by alternative drugs
Problem statement 6	**'*Beneficiary Data protection*'** Data security is fundamental for NORCROSS and ICRC while implementing health and humanitarian programs, protecting 'individual personal data' falls within the overall objective of protecting beneficiaries' lives, integrity, and dignity.

Improper handling and protection of Personal Data is particularly sensitive and could cause significant harm to the individuals concerned, with consequences such as harassment or persecution by authorities or Third Parties.

Failing to provide appropriate data protection would create risks to individuals of discrimination, persecution, marginalization, or repression.

➢ The '*MoVAP for Health*' must keep beneficiary details confidential; Beneficiaries will not need to share personal details when redeeming the voucher hence their privacy is maintained.

➢ The Service Provider offers a 'data security protocol' and specific guarantees should be implemented to reduce the risks of leaks while storing or using NORCROSS/ICRC's patient's personal data. Accordingly, these measures should be applied to the physical security of databases, data traffic, data sharing, etc...