



## Better Health through DIGITAL FINANCIAL INCLUSION

**Health costs force 100 million people  
into extreme poverty every year.<sup>1</sup>**

### THE OPPORTUNITY

Digital finance allows households to cope better with health emergencies without being forced into poverty. Healthcare providers can extend their services into low-density rural areas through digital payments and financing.<sup>2</sup>



### CHALLENGES\*

**Healthcare is too expensive** for many households: Roughly 100 million people globally are pushed into extreme poverty every year due to out-of-pocket health expenses.<sup>3</sup>

Citizens of low- and middle-income countries pay 37% of all health expenditures out of pocket, compared to 21% in high-income countries;<sup>5</sup> in part due to **low levels of public and private health insurance coverage.**<sup>6</sup>

**A shortage of caregivers and medical facilities in rural and remote areas** makes it harder to deliver effective and affordable health services.



### SOLUTIONS\*

Digital financial services such as digital savings and insurance products can help households **prepare for and cope with unexpected healthcare expenses.**<sup>4</sup>

Digital finance can make **public or private micro health insurance affordable and viable** for more people. Digital payments mean lower costs of registering, paying premiums, and receiving disbursements.<sup>7,8</sup>

Digital payments, including incentive payments for workers,<sup>9</sup> can deliver **larger and more reliable incomes**, encouraging caregivers to live and work in rural and remote areas.



“Ensure healthy lives  
and promote well-being  
for all at all ages.”

**BANGLADESH** By paying incentives with mobile money, MAMA Bangladesh managed to mobilize enough community health agents to **register over 1 million new mothers** to their maternal mHealth program. The mothers received vital health information from pregnancy to infancy on their mobile phone.<sup>10</sup>

**KENYA** TM-Tiba's mobile health wallet enables health payments, savings, and access to credit. It has already reached 1 million Kenyans since its launch in 2016, **facilitating 150,000 patient visits to medical facilities and \$2 million in medical payouts.**<sup>11</sup>

**PAKISTAN** Mobile money-enabled incentives increased the efficiency of a tuberculosis detection program by mobilizing a wider population of screeners and improving availability of data. The program **resulted in a 300% increase in detection** over a year in one catchment area and a **90% increase in patient treatment adherence.**<sup>12</sup>



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**SIERRA LEONE** Shifting to digital payments at the height of the Ebola crisis from 2014 to 2016 helped critical health workers receive their pay quicker – **reducing payment time from over a month to around one week** – which eliminated worker strikes and secured the Ebola response workforce that saved countless lives.<sup>13</sup>

\* These represent only a few of the many important challenges and solutions. They should not be read as an exhaustive list.



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