SOCIAL INNOVATION IN HEALTH INITIATIVE

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LIVEWELL CLINICS LTD

CONTINENT	Africa
COUNTRY	Kenya
HEALTH FOCUS	Primary health care
AREAS OF INTEREST	Private providers
HEALTH SYSTEM FOCUS	Health workforce

LIVEWELL CLINICS LTD (FORMERLY VIVA AFYA), KENYA

A private, low-cost, hub and spoke, primary health care model serving the low-income urban population in Nairobi, Kenya.

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This case study forms part of the Social Innovation in Health Initiative Case Collection.

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ABBREVIATIONS

CEO	Chief Executive Officer
MOH	Ministry of Health
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
US$	United States dollar
WHO	World Health Organization

CASE INTRODUCTION

LiveWell Clinics (LiveWell), formerly Viva Afya Ltd, was launched as a private, for-profit company in 2009 in response to the need for accessible and affordable primary health care for people from the urban low- and emerging middle class in Nairobi, Kenya. It is organized as a hub-and-spoke primary health care model, and is located in the low-income, densely populated urban areas of Nairobi. LiveWell aspires to create a sustainable and profitable business by focussing on attaining high patient volumes at a low profit margin, and delivering operations in an efficient way. By 2015, the model comprised five larger hub clinics and seven smaller spoke health centres. The hub clinics provide comprehensive primary health care services, including laboratory, pharmacy and dental services. These clinics have a clinical officer, a lab technician, a nurse, a pharmacist, a receptionist and a visiting obstetric specialist. Smaller spoke health care centres have a clinical officer or nurse, and a receptionist. In 2014, the clinic chain provided 56 000 clinical consultations. On average, about 6 000 customers per month receive consultations, diagnostic procedures or pharmaceuticals.

To support appropriate private sector engagement in enhancing primary health care service delivery and achieving universal health coverage, there is a need for greater focus on non-state actors who have succeeded in delivering care through innovative, affordable and accredited means. Across Sub-Saharan Africa, a range of newer private organizations have been established to improve primary health care delivery. LiveWell shows that it is possible for private companies to do so in affordable and high quality ways through a strong focus on patient experience, innovative staffing models, a combination of medical and business skills, standardization of processes, alternative financing streams and collaboration with other public or private organizations. However, succeeding and becoming profitable in the delivery of low-cost private primary health care often requires long-term investment horizons in both time and money. As the LiveWell case study illustrates, large private capital investment to support aggressive scale can result in unforeseen negative consequences for a small organization and its beneficiaries. A valuable avenue for further study would be the impact of different funding options on the success and scale of social enterprises.

"They [clients] come to us because of the convenience. They know they're going to pay something but, it's quick service. Get it sorted out, go back to work, so you don't lose a day." (Liza Kimbo, CEO, LiveWell Clinics)

1. INNOVATION PROFILE AT A GLANCE

Organization Details

Organization name	LiveWell Clinics Ltd (formerly Viva Afya)
Founding year	2009
Founders	Liza Kimbo and Moses Waithaka
Founder nationality	Kenyan
Current head of organization	Liza Kimbo (CEO)
Organizational structure	For-profit company
Size	54

Innovation Value

Value proposition	A private low-cost primary health care model seeking to serve the low-income urban population in Nairobi, Kenya.
Beneficiaries	Low to middle-income urban population
Key components	Neighbourhood-based primary health care chain providing access to clinical officers at affordable private rates

Operational Details

Main income streams	Private investment, revenue generated through services and product sales
Cost per person served	Average bill value of US$ 6 per person served

Scale and Transferability

Scope of operations	12 clinics in Nairobi
Local engagement	Recognised by local health insurance companies as an official provider
Scalability	The minimum enabling conditions for scaling to another setting include: • high out of pocket health expenditure and a willingness to pay for health care; • supportive regulation for private health providers; • high population density; • availability of quality generic pharmaceuticals.
Sustainability	A long-term view and slow approach to scale is required to achieve sustainability and profitability while not compromising affordability for patients.

2. CHALLENGES

In 2015, the Sustainable Development Goals were proposed by the United Nations as the new guiding framework for international development. Universal health coverage (UHC) was included as a key target of the SDGs to be achieved in the next decade. UHC does not only refer to reducing the financial risk associated with health care, especially for those at lower income levels, but also to enhancing access to all needed health care services, especially primary health care (World Health Organization, 2016). Primary health care service delivery has been hailed as the foundation of a strong health care system. In recent years there has been a renewed call by the health community to revitalise the principles agreed upon in the 1978 Alma Ata Declaration, such that health for all can be achieved (Walley et al., 2008). To meet the goal of UHC, there has been a renewed focus on the role of non-state actors in supporting the delivery of primary health care services, as governments alone cannot achieve the intended health outcomes for their population, especially for people living in hard to reach areas. Non-state actors include a wide range of providers: from larger for-profit, non-profit, and faith-based institutions to informal providers. Goal 17 of the SDGs states: "A successful and sustainable development agenda requires partnerships between governments, the private sector and civil society" (Feeny, 2013; United Nations, 2015).

Kenya, an East African low-income country, is working towards achieving UHC for its citizens. This country of 45,5 million people has a large population (46%) who live below the national poverty line (World Bank, 2005). Coupled wth a general decline in economic growth, the government has been struggling to provide accessible and comprehensive primary health care services. Challenges include poor health infrastructure, pressing shortages of health care workers (0,2 physicians per 1 000 people); low equipment and essential drug availability and a high case load of communicable and non-communicable disease (World Health Organization, 2015; PHC Performance Initiative, 2015).

As part of its goal to achieve UHC, the Kenyan Government abolished user fees at all public clinics in 2013 (user fees still apply to drugs and laboratory services) and encouraged the development of the private sector as part of their Vision 2030 strategy (Chuma & Maina, 2014). Of outpatient health care services, 58,4% are provided by public clinics and hospitals; 30,1% provided by private clinics and hospitals, and the remainder by faith-based or nongovernmental organizations (Ministry of Health, Government of Kenya, 2014). Private sector utilization in Kenya is not only for the upper-income tier but even among the poor it is an important source of health care. Of the poorest quintile of Kenyans, 47% report first seeking care from a private facility when a child is sick, believing that the quality is superior to that received in public health care facilities (Marek et al., 2005; Barnes et al., 2010). Primary health care facilities where user fees have been eliminated account for 40% of all outpatient visits in Kenya. Private health care facilities are the major provider of outpatient care in urban areas (Ministry of Health, Government of Kenya, 2014).

Private sector engagement in health service delivery has improved access to care. However, many families are negatively affected by the high costs incurred from out-of-pocket payments for services. The private sector is responsible for 59.1% of the total health care expenditure while the public sector is responsible for 40.9% (2012) (Kenya National Bureau of Statistics, 2014). Out-of-pocket household payments contribute the most to private expenditure (67,4%) (World Bank 2012). The average out-of-pocket spend on a single paid visit is reported to be US$ 8,07 and the total annual health spending for the average Kenyan is estimated at US$ 18,86 (Ministry of Health, Government of Kenya, 2014). These costs can be a significant financial barrier to accessing health care services and have severe implications on households.

Beyond financial consequences, other negative effects associated with the rapid expansion of the private sector include the increase in unregistered clinics and laboratories, doctors operating more than one clinic, poor inspection of facilities and associated corruption, and unlicensed professionals practising, leading to malpractice and negligence. Several private facilities operate purely as a business, seeking to drive services and procedures in order to maximize profits (Doherty, 2015; Muthaka et al., 2004).

To support appropriate private sector engagement in enhancing primary health care and achieving UHC, there is a need to cast a greater focus on non-state actors who have succeeded in delivering care through innovative, affordable and accredited means. Across Sub-Saharan Africa, a range of newer private organizations have been established to improve primary health care delivery. The enablers supporting these organizations to do so in affordable and high quality ways include: a strong focus on patient experience, innovative staffing models, a combination of medical and business skills, standardization of processes, alternative financing streams, and collaboration with other public or private organizations. LiveWell Clinics (formerly operating as Viva Afya) in Kenya is one of these organizations, delivering primary health care through an innovative private health model (Bhattacharyya et al., 2015).

3. INTERVENTION AND IMPLEMENTATION

LiveWell Clinics (LiveWell), formerly Viva Afya Ltd, was launched in 2009 in response to the need for accessible and affordable primary health care for people from the urban low- and emerging middle class in Nairobi. Kenyan-born Liza Kimbo and Moses Waithaka are co-founders of this company, which was established to innovatively deliver services that are licensed and accredited in accordance to regulations of the Ministry of Health (MOH).

LiveWell is organized as a hub-and-spoke primary health care model, and is located in the low-income, densely populated urban areas of Nairobi. By 2015, the model comprises five larger hub clinics and seven smaller spoke health centres. The hub clinics provide comprehensive primary health care services including laboratory, pharmacy and dental services. These clinics have a clinical officer, a lab technician, a nurse, a pharmacist, a receptionist and a visiting obstetric specialist. Smaller spoke health centres have a clinical officer or nurse, and a receptionist.

Clinical officers are health professionals with four years of medical training, capable of treating a range of primary health care conditions. These clinical officers, although employed as salaried workers, manage the clinical and operational duties of their facility with decentralised autonomy. Not only is facility-based care part of the LiveWell service offering, but each facility also extends into the community to deliver health promotion and disease screening services.

This neighbourhood primary health care chain has invested in gaining an in-depth understanding of the clientele and delivering a service within walking distance from their homes or workplaces, open at convenient hours from 8am to 8pm, and provides all major services, tests and medicines at an affordable cost. LiveWell has placed great value on ensuring its staff deliver a high quality service in a trusting, caring and compassionate manner.

3.1. BUSINESS MODEL AND COST CONSIDERATIONS

LiveWell Clinics Ltd is a for-profit company and has been successful in identifying an opportunity gap within the local health market in Kenya. It caters for the middle tier of the market, an urban population earning between US$ 2 and US$ 10 per day. Approximately 30% of LiveWell patients have

some form of corporate health insurance; the remainder pay out of pocket. The goal for the company is to build up its insured clientele to 90% of the total. This is becoming a strong reality in Kenya, with increased micro-health insurance and increased coverage by the National Health Insurance Fund.

LiveWell aspires to create a sustainable and profitable business by focussing on attaining higher patient volumes at a lower profit margin and delivering operations in an efficient way.

LiveWell clinics treat on average between 15 and 25 patients per day at a consultation price of US$ 3 to US$ 4, with an average bill value of US$ 6 (tests and drugs included). This excludes retail pharmacy and lab sales for walk-in clients. LiveWell aims to deliver a competitive service compared to both the public and private sector. In the public sector, consultation costs have been abolished but the cost of care can easily amount to US$ 3 to US$ 4 due to transport costs and drug purchases. In contrast, the cost per consultation at the large private hospital groups in Kenya could amount to US$ 9. To increase patient visits and revenue, LiveWell has embarked on several marketing strategies. Firstly, all clinics share a branded look, and standards are maintained across all clinics. Secondly, community outreach programmes are conducted for health promotion and disease screening. Thirdly, a referral incentive programme allows any newly referred client to receive a free first visit and the existing client to receive a discount.

To increase efficiency, LiveWell has adopted several changes to ensure that expenditure remains lower than that of its competitors. It employs clinical officers instead of medical officers, and invests in training them in managerial competence; it has a standardised treatment formulary of generic drugs; clinics are established in high-density areas; and where possible LiveWell tries to use affordable rental premises.

LiveWell has found that clinics can achieve a breakeven point in two years or less, but instead of individually managing clinics, all clinics in the network share costs and profits. The costs of establishing Embaskai LiveWell Clinic (a typical 'hub' clinic) amounted to US$ 55 000 inclusive of infrastructure, equipment, stock and clinic supplies (2013). This clinic, located in a densely populated, low-income housing community, served 552 clients (average of 23 per day) through its medical consultancy alone in the first month. This hub clinic achieved breakeven revenues within three months, and recorded a profit within the first year of operations, with revenue sales of US$ 101 350 and recorded profit before taxes of US$ 10 302. Profits continue to be re-invested to expand clinic operations across the network. The current biggest expenses of the company remain staff costs, premises rental and data connectivity to support a centralised electronic information management system (see *5. Sustainability and Scaling* for more information).

3.2. ORGANIZATION AND PEOPLE

LiveWell was co-founded by Kenyan-born Liza Kimbo. Her father was a businessman, and Kimbo acquired an admiration and passion for entrepreneurship and business at an early age. She pursued this interest with a business degree in the United States. On her return to Kenya she worked in the banking industry for several years, but during this time she noticed the opportunity within the pharmaceutical sector. She established her first company in this area and ran it for five years until she was introduced to the founder of the CFW Shops (community franchise health outlets), who exposed her to the lack of access to basic health services for the rural poor in Kenya. She became encouraged to take up this cause to improve access and quality of health care for her fellow Kenyans. Over the years, Kimbo has enjoyed the opportunity to creatively address some of the persistent challenges experienced in health care.

Through her current work in primary health care, Kimbo continues to keep her focus on her ultimate vision of reaching one million mothers and children annually. *"There's health care, and for me, it's about primary health care. It's a lot about the mother and child. It's about relieving that suffering, it's about being able to give mothers the support – because they have children, go through the whole giving birth experience – and then the follow-up care of both the mother and the child. … That is what I get very passionate about. And I have a keen interest and a real area where I see, because of the*

primary health care need, we can really really make a difference. That's my passion." (Liza Kimbo, CEO, LiveWell Clinics)

Kimbo works hard to translate her passion and motivation to her employees, building a strong, supportive company culture where everyone in the team understands their role. Together with her co-founder Moses Waithaka, roles and responsibilities are divided. Kimbo plays the more nurturing role for her employees and ensures that she is always accessible and reachable to them. Waithaka handles the financial and general operations.

Across the organization, compassion is a central theme that does not only translate in the care provided to clients but also as experienced by employees in the way they are supported by their senior managers. Employees, especially clinical officers who manage each of their respective facilities, value their engagement with senior management and the opportunity to bring new ideas or challenges to the table for discussion. *"Anything you think that you can say that will help the clinic, they are open to it. Nobody criticizes you. Nobody condemns you. And then if it's something that you can get an instant feedback on, they give it to us. If it's something that needs to take time, they always tell you, 'Give us time to think about it.' And then they get back to us after they get a solution to your problem."* (Edith M, Clinical Officer, LiveWell Clinics)

Having the necessary supplies and environment in which to perform their duties as per their clinical judgement, is a benefit of working for LiveWell compared to being in the public sector. Employees are proud of the professional and high quality of health care which they are able to provide. Employees further value the autonomy they receive to lead and manage their clinics as clinic CEOs.

4. OUTPUTS AND OUTCOMES

4.1. IMPACT ON HEALTH CARE DELIVERY

LiveWell tracks a regular set of indicators to measure progress. The two most frequent are customer visits per clinic and revenue generated. On average, about 6 000 customers per month receive consultations, diagnostic procedures or pharmaceuticals. In 2014, the clinic chain provided 56 000 clinical consultations. To date, there has been no other measurement of clinical care indicators. Experience of care is assessed annually through a clientele satisfaction survey. In 2014, 90% of clients reported satisfaction with the care received.

[Clients] come to us because of the convenience. They know they're going to pay something, but it's quick service. Get it sorted out, go back to work, so you don't lose a day. (Liza Kimbo, CEO, LiveWell Clinics)

4.2. ORGANIZATIONAL MILESTONES

A theme that serves as an organization milestone is external recognition. It was a key moment when an investor called, after having seen an interview by Kimbo on CNN television news. The validation was an important motivator. Gaining acceptance as an accredited provider by private health insurance companies was a long and arduous process. LiveWell is now recognized by all major insurance firms, including the Kenyan National Health Insurance Fund, and it is able to deliver services to these clients.

5. SUSTAINABILITY AND SCALABILITY

When I really think about what we do in LiveWell Ltd, why we are different … it is because from the beginning we established ourselves to build to scale; established ourselves to say we are going to have many clinics and this is what the clinics are going to be doing. So it is built right from inception. (Liza Kimbo, CEO, LiveWell Clinics)

The organization was established in 2009 with equity investment from the founders and one other private investor. Family, friends and other small investors continued to provide support, which enabled five pilot clinics to be established in poor urban areas. In 2012, LiveWell received its first major capital investment from a foreign investor wanting to pursue small to medium enterprise development in East Africa. This influx of capital, coupled with an ambitious scaling vision, enabled the organization to expand rapidly. However, in 2014, the investor withdrew the investment due to a change in its global health investment strategy. LiveWell Clinics, operating as Viva Afya from 2012 to 2014, faced a serious crossroad to continue or cease operations. Under this investment, the average bill value for patients increased from US$ 3,75 to US$ 7,5 – and even higher at selected hub clinics, due to additional investments in diagnostic and imaging equipment such as ultrasounds and dental care. Overheads also grew significantly as the company was operational and simultaneously building the capacity to scale to 50 clinics in three years. The abrupt disinvestment led to significant disruption to the overall operations. With great determination and resilience from its founders, the company reverted to its original brand, LiveWell, and is rebuilding itself through local direct investment. Today, Kenyan shareholders solely own the company. The founders are working hard to restructure the company and cut back on expenditure in order to achieve profitability for the reduced-size company and ensure that the average bill value of clients can be reduced.

This experience has been a hard but valuable learning curve for the founders. It supported them going back to question their starting motivation in establishing the company, and to be true to providing affordable care to Kenyans. In 2015, despite still having the same ambitions to expand, they view scaling very differently. Scaling in the health care industry requires a long-term time horizon with focused dedication and commitment such that the end result is sustainable. The revised scaling strategy for LiveWell speaks to this. Over the past five years, 14 clinics have been established, and two were shut down in the restructuring process. In the next two years they will continue to invest in Clinical Officers, enabling them to own the clinics within the network. Thus, LiveWell will focus on 'back office' support, enabling Clinical Officers to own the retail clinic infrastructure and build even deeper relationships with clients. LiveWell will concentrate on financial investment and support; management skills training of the Clinical Officers, oversight of recruitment; clinic registration and licensing and claims processing. Under this new model the LiveWell Clinic Network growth can be better sustained, without geographical restrictions. To ensure a smooth process, great attention is being paid to ensure processes, and procedures and protocols for quality services are being standardized and maintained in the clinics.

LiveWell is eager to test its neighbourhood care model in other contexts. Countries such as Uganda, Tanzania and Ethiopia have been under consideration. The minimum enabling conditions for scaling to another setting include: high out-of-pocket health expenditure and a willingness to pay for health care; supportive regulation for private health providers; high population density; and the availability of quality generic pharmaceuticals. Whether within Kenya or abroad, the biggest requirement for scale according to the founders is 'patient capital': to take a long-term horizon and wait for profits with patience, not compromising quality, affordability or sustainability.

6. KEY LESSONS

6.1. IMPLEMENTATION LESSONS

Getting Started

Opportunities in health care abound, and people from different backgrounds have the capacity to get involved. Liza Kimbo had to pursue a career in banking ahead of seeing the opportunities for her to work in health care. Bringing her learning from this sector and her keen interest in entrepreneurship was essential in reframing the access to care challenge and building a sustainable business to address this need.

Maintaining Efforts

LiveWell sees itself as a mission-driven company. The vision has remained constant over the years, but at regular points the team has had to unite to ensure that the mission is tightly defined and brought back into focus. At the same time, continuous innovation and evolution of the business model has to be pursued to adapt to prevailing circumstances in the market and business environment.

Every effort starts with the client. For Kimbo and her team at LiveWell, the client remains the primary source of inspiration and motivation for the work they do. By listening and investing in them and searching for new solutions to improve their experience, innovation becomes a core part of an organization. In a similar fashion, listening and paying attention to staff across all levels of the organization is core to nurturing a culture of continuous improvement and innovation.

Overcoming Challenges

The company experienced a challenging time when its main investor withdrew. It was a time of either releasing the vision or an opportunity rather to fuel an even stronger and more sustainable vision of improving health care for the low and middle-income population. With significant restructuring and refocus, Kimbo and her team have been able to overcome this setback and rediscovered the core of who they are and want to be as a company.

6.2. PERSONAL LESSONS

For Kimbo, building LiveWell has had many ups and downs, and unexpected changes in trajectory. Despite the challenges, she has been resilient and persistent. One of the hardest things was to have trust broken by fellow colleagues, and experience moments where she wondered whether she should continue or not. But it is her strong conviction to improve the lives of her fellow Kenyans, and the moments of gratitude expressed by clients, that continue to spur her on.

To other innovators the beginning is always exciting and you dive in many times not knowing how deep the pool is. You reach a point of wondering whether a pool is too deep, are you going to drown... and you keep going, never saying no. Just keep going, everyday keep making those connections and eventually you will look back and realize that even at your worst times there is probably something successful. You need resilience to keep going. Never give up. If there are elements that show what you are working on can be successful, then just keep trying. (Liza Kimbo, CEO, LiveWell Clinics)

CASE INSIGHTS

1. To succeed and become profitable in the delivery of low-cost private primary health care requires a strong business model, and long-term investment horizons in time and money.

2. Large private capital investment in support of aggressive scale can result in unforeseen negative consequences for a small organization and its beneficiaries. To overcome negative effects, leaders need to return to their original vision and ensure that future funders are similarly aligned.

3. Incentives to increase motivation amongst primary health care workers include ongoing clinical professional development opportunities, together with training in business and management practices. Health care workers value the opportunity to gain insight and understanding in the managerial aspects of the organization they work with.

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