



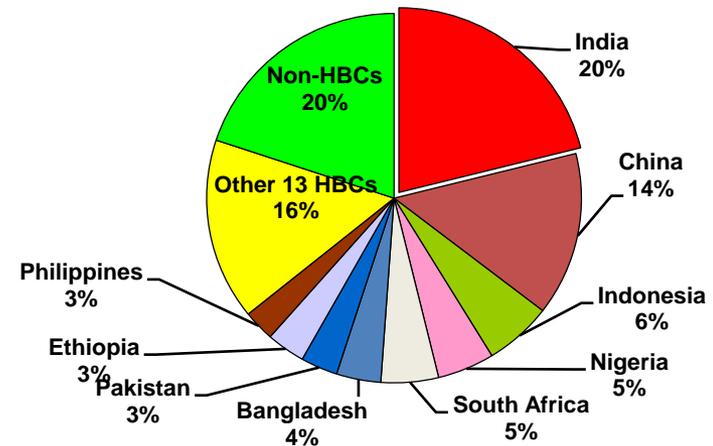
# The Arogya Parivar Initiative

Rural Health Delivery Business Model

*The model won the RMAI Silver Award for the 'best long term rural marketing initiative and the WOW 2008 Silver Award*

# The Context: TB and India

- India is the Highest TB Burden Country Accounting for One Fifth of the Global TB Incidence
- 1.8 million new cases annually
- 370,000 deaths due to TB each year, i.e. over 1000 deaths a day
- Indirect costs of TB to society estimated to be \$3 billion and direct cost is \$300 million





# The Rural Health Initiative

The rural guide path

# Key Challenges

- Awareness
  - Most families are not aware that there is a TB patient in the family
  - Patients have poor discerning capability to identify the appropriate doctor for their ailment
  - Patients have no idea if the medicines prescribed by doctor is same as those given by chemist
  - Patients have no idea if 'medicines' are preventive, curative or maintenance
- Availability
  - Availability and reliable health services and medicines have been the major problem.
  - Qualified doctor (private or government) and licensed drug store is not available in villages

# Key Challenges

- Affordability
  - On paper the treatment is free at the government hospital but in reality the patients end up incurring cost as
    - Medicines are often out of stock and have to be purchased from private chemist
    - In addition patients go to private diagnostic centers for tests and X-Rays
- Acceptance
  - Patients have their own perceptions about ailments. Only those ailments which affect their work productivity, are attended to.
  - Treatment of children gets priority over adults

# Strategy

- To create Awareness among the local population, establish a network of 'foot soldiers' recruited from villages to work as 'Health Educators' to handhold patients and follow up to complete the treatment process. Awareness created by organizing village level meeting, van campaign and audio visual shows
- To improve Availability of health services, qualified doctors need to be identified either from a medical institution or individual practitioners in towns with population < 50000 (block towns or below)

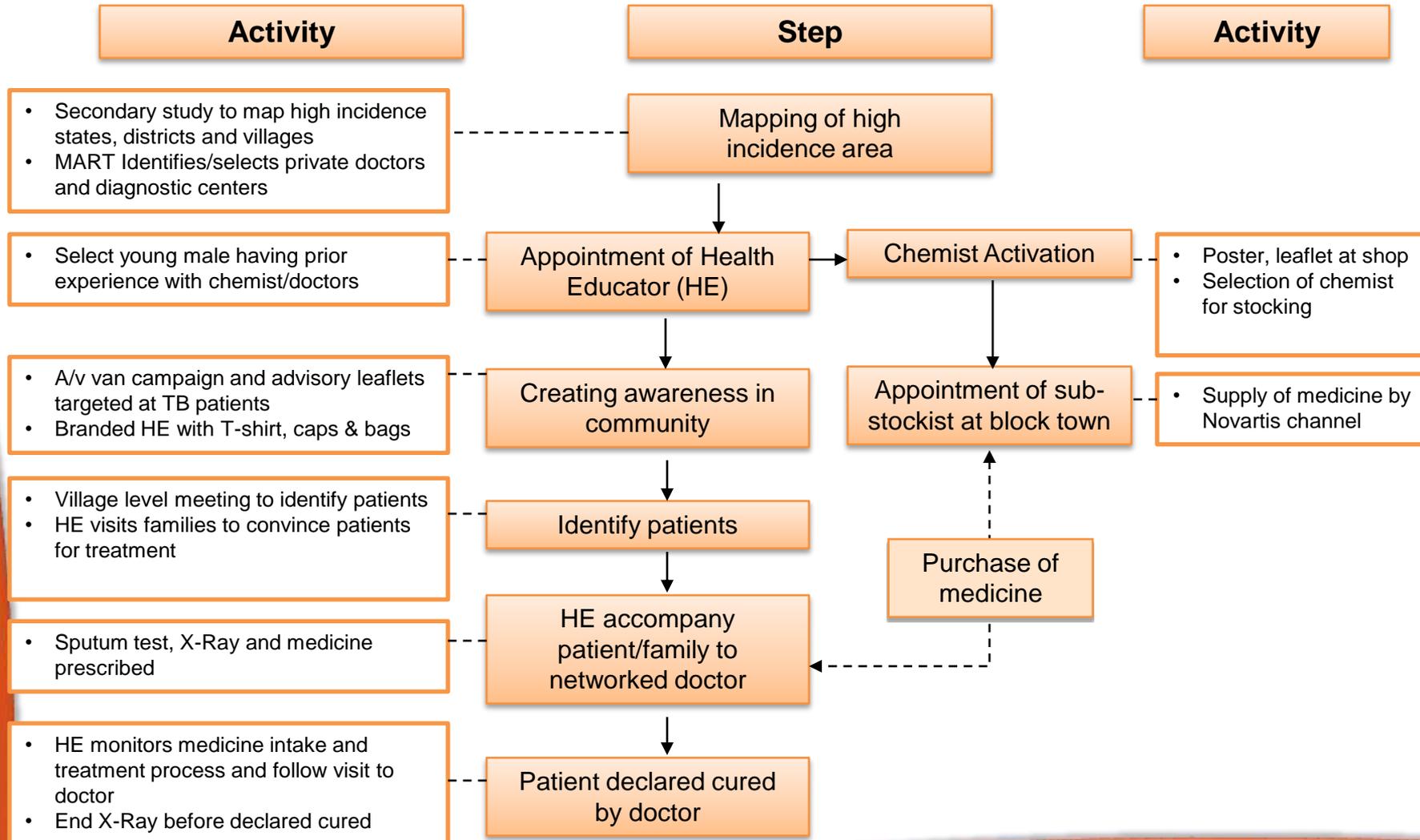


# Strategy

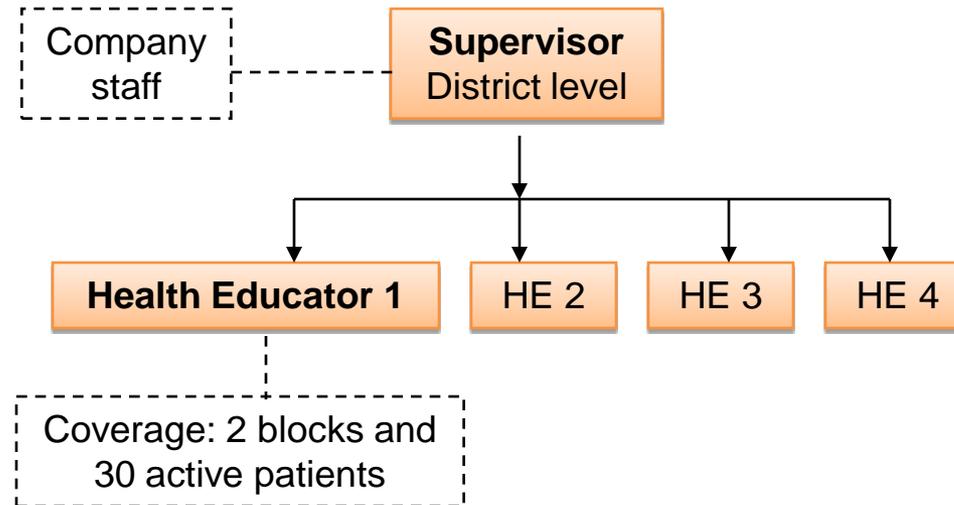
- **To make health services Affordable;**  
Patients were often mis-informed about total treatment cost and believed it to be much higher than actual cost because of which they avoided seeking treatment. This wrong perception need to be corrected for patients to realize that the treatment was affordable.
- **To make health service Acceptable** the program identified critical health issues which related to infection, nutrition and allergies. Arogya program addressed these identified issues which delivered good results building trust with the community.



# Arogya Model for TB Treatment



# Programme Structure



## Role of Health Educator

- Create awareness of disease in community
- Accompany patients to doctors/diagnostic center
- Ensure proper administration of medicine
- Ensure completion of the treatment

## HE's Income

- Rs 1500 / month paid by Novartis
- HE earns from sale of medicines .
- New products being added to supplement income

# Sustainability of the Model

- Health Educator handles 30 active patients and each consumes medicine worth Rs 500 / month (Rs 15,000/month)
- He earns a commission of 10% on medicine i.e. around Rs 1500 per month
- Company expense on communication and promotion is compensated through the margin from increased sale of their medicine
- To further increase the income of the HE, company is adding more health products

# Communication Approach

- Branded Audio-Visual Vans
- Community meetings
- Advisory Leaflets
- Brand the Health Educators



## Impact

- 138 districts in UP, Maharashtra, MP, Bihar and Rajasthan are covered under the initiative
- In a relatively short period of time around 13 million people across 5 states have gained access to quality healthcare
- 12000 patients treated so far in 1000 villages

# Learning

- Poor are willing to pay for quality and effective treatment
- Earlier male TB patients were reluctant to consult ANM (females), where as Arogya HE is a male and able to gain acceptance, convince and handhold
- Chemists started stocking Novartis products once doctors started to prescribe them
- Doctors are motivated due to increase in income and therefore willing to participate in the programme.
- Doctors are professionally satisfied that patients now complete treatment and getting fully cured

## Way forward

- Company sees this initiative as a profitable business and has plans to extend it all over the country
- Mother and child nutrition, skin allergy and diabetes are being added to the list of treatments.
- Novartis plans to add allied products like sanitary napkin, water purification products and clean delivery kits to supplement the income of HE

**THANK YOU**

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