ereach52

Reducing the Digital Divide: How to Ensure an Enabling Environment for Equitable Tech for All

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Over **52%** of people cannot access essential health services

World Health Organisation, World Bank

Up to 90%
of medicine purchase
is out-of-pocket and they
are often

20-30x

more expensive in emerging markets

World Health Organisation, Financial Times, CGDev



Our core offerings

One-stop distribution, engagement and insights





- Product registration: regulatory work to register products
- Distribution and commercial: commercialization and third-party distribution management



- Health promotion campaigns: education and screening to build patient awareness and referrals
- Health workforce training: doctors and other health workers, build knowledge

In progress



- Digital stack: tech to support Access, Impact
- Insights platform: dashboards, insights, automation
- Market research ad-hoc given our reach
- 'Triggers' to automate actions



How it works

Create insights, run health campaigns, sell products



Collect local data for emerging markets health insights

- Community team trained on our tech
- Collect resident health needs and local health insights
- ✓ Efficient and localised strategy and plans



Run health promotion campaigns and training

- Awareness, education, screening; medical education
- Multichannel, community level events, and 1-1 touchpoints
- ✓ Drive demand, improve health outcomes



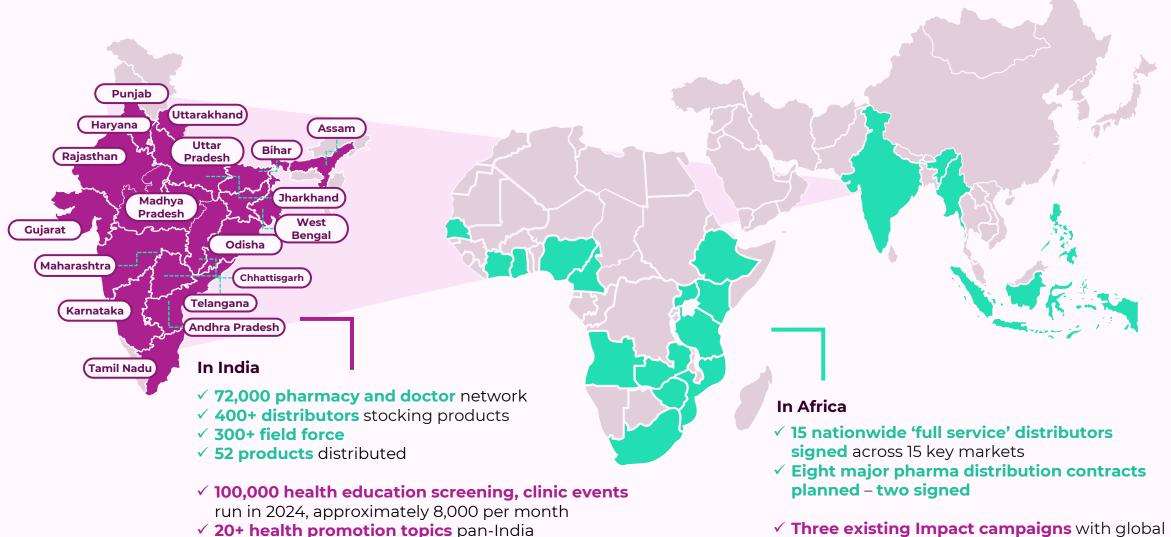
Distribute products to pharmacies, health providers

- Pharmacies/clinics/hospitals buy products from reach52/distributor
- reach52 can market/distribute innovator and/or generics
- ✓ Sales/marketing revenue from product supply



Traction

Near-nationwide in India, with expanding footprint



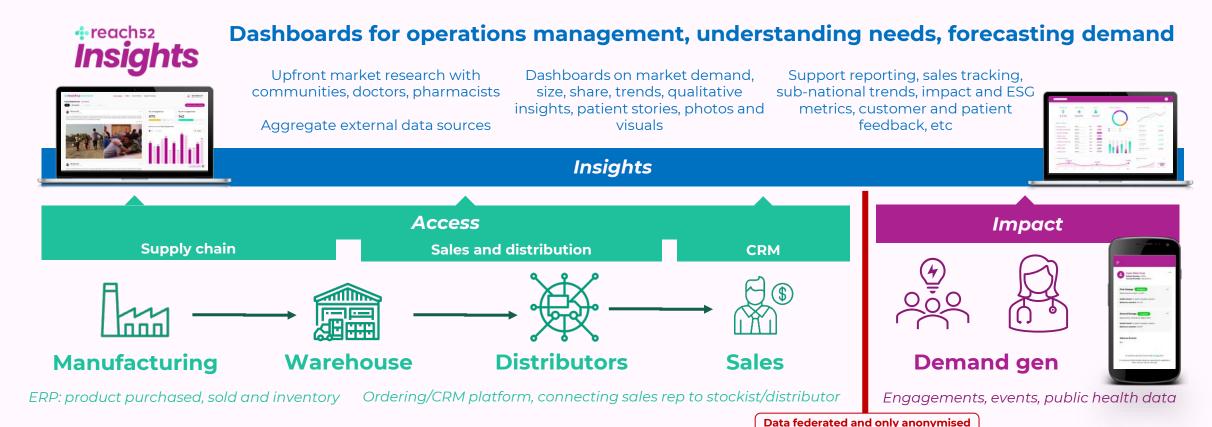
√ 38.000 health workers trained total. 14.000 in 2024



multinational partners

Embedding tech and data

Started to build next gen ops – opportunity to create data asset and unique insights at our core



For all tech in different markets we will embrace a best of breed product and focus on data integration and aggregation as the 'intelligence layer' (e.g. different CRM for India and Kenya)

for business compliance / legally



We believe...

Hyper-localise healthcare

Data-driven efficient models

Optimise limited resources



The needs

Looking at hypertension screening needs...

Philippines

Risk Factors	TOTAL PH
Smoker	18.95%
Has hypertension in the family	8.17%
Physically inactive	6.67%
Overweight/Obese	3.32%
Daily alcohol drinker	1.32%
Has diabetes	0.85%
TOTAL AT-RISK	30.7%

Indonesia

Hypertension Risk Factors	TOTAL INDO	
Smoker	31%	
Overweight/Obese	23%	
Physically inactive	3%	
Has hypertension in the family	1%	
Diagnosed with diabetes	0.64%	
Daily alcohol drinker	0.01%	
TOTAL AT-RISK FOR HYPERTENSION	50%	

Cambodia

Risk Factors	TOTAL KH
Physically inactive	61%
Overweight/Obese	21%
Smoker	6%
Diagnosed with diabetes	0.84%
Has hypertension in the family	0.23%
Daily alcohol drinker	0.12%
TOTAL AT-RISK	71%

India

Risk Factors	TOTAL IN	
Overweight/Obese	55%	
45 years old & above	24%	
Physically inactive	1%	
TOTAL AT-RISK	64%	



Our platform

From an 3% overall malnutrition prevalence in the region...

Constituency	# of households onboarded	# of residents screened	# of malnourished residents	% of malnourished residents ¹
Masked sub- region names	2,885	2,565	21	0.82%
	16,055	14,453	35	0.24%
	4,383	3,931	113	2.87%
	3,435	2,407	36	1.50%
	5,133	1,957	593	30.30%
	8,876	7,189	76	1.06%
	4,721	4,124	118	2.86%
	4,988	4,604	370	8.04%
	50,476	41,230	1,362	3.30%

^{1.} Out of residents screened



A new NCD

We're starting to look at mental health – the 'new non communicable disease'

	PH	INDO	КН	IN
Excellent	38%	67%	0%	34%
Good	21%	16%	4%	35%
Average	38%	14%	80%	23%
Somewhat poor	3%	2%	8%	4%
Poor	1%	0%	8%	3%



Access to meds

The lack of data on product availability and pricing masks huge issues that are solvable

General availability but inconsistent demand

- Oxytocin
 - USD0.28 0.76
 - ~60% availability
- Iron folic acid
 - USD1.33 10.75
 - Widely available
- Azithromycin
 - USD0.72 14.68
 - 37 generics

In the market but not widely available

- TXA
 - USD0.08 3.42
 - Rare
- Magnesium sulphate
 - USD6.08 15.18
 - Less than 30%
- Misoprostol
 - USD0.26 24.6
 - Only private sector

No significant presence

- Carbetocin
 - USD0.97 15.36
 - Only one supplier
- Amox Dt
 - No prices
 - No examples found



Social impact

Health and business outcomes, audited impact in three SDGs

- Holistic healthcare
- 20+ health areas
- Proven outcomes

Diabetes, hypertension Mental MCH and nutrition From 2500 communities Vaccines across six countries

TB

98% adherence to non-

communicable disease care

80% of health systems reporting improved data management

70% of mothers engaged went for referrals / ANC visits

78% of vaccine-hesitant residents got vaccinated

30% of residents bought health WASH products after engagement

Social Return on Investment (SROI): For every **\$1 invested, we save people \$2.10 in health costs**







2.5X increase in health workers demonstrating better knowledge

Holistic impact across in 18+ health areas

65% reduction in stage 2 hypertension



Challenges and learnings

Whilst digital holds potential, it is not a 'silver bullet' and needs to be embedded within a strong system





Governance, consent, common data standards to avoid future silos that create interoperability issues, etc



Must have a 'digital front door' to a system that can help

Trained health workers, referral pathways, and generally supporting the increased demand that can come from good digital and Al programs



Focus on enablement first and 'channel shift' at a suitable pace

We are finding digital (and soon AI) more useful at the 'back end' first vs client facing – but over time the shift can happen (like banks, airlines, etc)



Join us to reach 52% of the world









in @reach52health

