Scaling to New Markets:  
A Framework for the Adaptation of Health Innovations  

Andrea Taylor, Katherine Flowers, Pratik Doshi, Krishna Udayakumar
INTRODUCTION

All over the world, entrepreneurs are solving for pressing health issues. New models for delivering care fill gaps from provider shortages to poorly equipped facilities. New diagnostic products improve outcomes when rapid responses are needed. Microinsurance and cooperative saving schemes help poor communities pay for urgent care. However, many of these innovations are addressing local problems, and the organizations behind the solutions struggle to expand impact beyond their original context.

Scaling into new countries and regions requires significant understanding of regulatory, financial, and cultural systems. It also requires the resources and patience to tread water while establishing connections and networks, testing and iterating, and setting up a viable market strategy in a new country.

In our work with healthcare innovators over the past decade, we have noticed that this step, scaling into new countries, is where promising innovations most often get stuck. Incubator and accelerator programs support innovation teams with early development and market testing in their original markets. Impact investors and development financing support further expansion of innovations that are already showing market potential in multiple locations. But there are few programs and funders supporting the steps in between from the supply side, the slog of the initial push into a new country.

This is also a challenge on the demand side: health systems struggle to identify and adapt innovations from other countries that can address their high-priority issues. This is not because of a lack of relevant innovative models but rather because finding these models and fitting them to a new context is difficult and time-consuming.

PURPOSE AND METHODOLOGY

Through our work with the Social Entrepreneurship Accelerator at Duke (SEAD), we developed a framework to guide the process of expansion into new markets. This framework can be used by innovators, adopting providers, payers, and policymakers to develop expansion and adaptation strategies.

Supported by the United States Agency for International Development (USAID), SEAD was a five-year program (2012-2017) that provided programmatic support, resources, and partnerships to 25 innovation teams operating in low- and middle-income countries (LMICs). Scaling support provided by SEAD’s interdisciplinary team led to the growth of many successful health enterprises currently serving millions of people around the world.
We drew on insights gained through the SEAD program as well as our work with other accelerator programs and the Innovations in Healthcare innovator network, a competitively selected network of more than 100 organizations worldwide. We identified tasks and challenges at each stage of the adaptation process and field-tested the resulting framework with innovators, accelerator leaders, funders, and health system leaders globally to validate its use and broad application across health sectors and regions. We then conducted semi-structured interviews with three innovators about their adaptation experiences to further test the framework and build case studies illustrating real-world applications of the process.

Our aim in publishing this framework is to provide a tool for innovation teams and health systems ready to adapt established innovations to new populations. The framework assumes that the innovation has already been successfully implemented in at least one market and is designed to guide the expansion of that model to new markets (e.g., from India to the United States, from Mexico to the Philippines).

**HOW TO USE THE FRAMEWORK**

This framework presents key stages, milestones, and challenges for four stakeholder groups on both the demand and supply sides:

- **innovators**
  - SUPPLY SIDE

- **adopting providers**
  - DEMAND SIDE

- **payers**
  - DEMAND SIDE

- **policymakers**
  - DEMAND SIDE

These will not all be relevant for every adaptation process, and stakeholder categories can be collapsed as needed. Sometimes there is no adopting provider, such as when an innovation is marketed directly to the end user. Sometimes the end user and payer are the same. In most cases, there is no direct role for policymakers, as adaptations typically work within existing regulatory boundaries. But in countries with large public-sector health systems and in cases where system-wide adoption is the goal, policymakers (such as Ministry of Health leaders) will be key stakeholders. Any adaptation process should begin by considering these four perspectives and identifying which will need the most attention.

Stages of the adaptation process differ somewhat from growth stages of scaling an innovation. This process essentially fits within Stage 5 (“Scaling”) and Stage 6 (“Sustainable Scale”) in the International Development Innovation Alliance (IDIA) Scaling Stages framework. There is some return to the work of earlier stages (such as research and development, establishing proof of concept, and preparing for market entry), but the tasks are different, as the innovation model is already established in at least one location.

Three case studies provide real-world examples of adaptation and illustrate how the framework can be applied to better understand and streamline international expansion. While designed for social impact innovations solving global health challenges, the adaptation framework and lessons highlighted in the case studies are broadly applicable to other sectors.
FRAMEWORK FOR THE ADAPTATION OF HEALTH INNOVATIONS

DEFINITIONS

**Adoption**
Replcation (expansion) of an innovation, adapted to fit a new geographic, regulatory, and/or cultural context.

**Adopting provider**
The health system, service provider, or distribution partner that is integrating or hosting the innovation in the new market (e.g., a hospital system adapting a new model for electronic health records). In some cases, this may be the same as the innovator, or there may be no adopting provider, such as when the innovation is marketed directly to the end user.

**Innovation**
With regard to the health innovations that are the focus of this framework, any new drug, product, digital health system, model for care delivery, financing, or provider training, and everything in between.

**Innovator**
The team or organization responsible for the development, implementation, and scaling of the innovation.

**Payer**
The entity or individual who pays for the innovation once it is in use (often not the funder supporting the adaptation process). This may be the same as the adopting provider or the end user but in some cases may be a health insurance provider, private-sector employer, multilateral donor, or Ministry of Health.

**Policymaker**
The government leader responsible for the development of legislation and regulations relevant to the innovation. For many adaptations, this category will not be relevant, but innovation teams and adopting providers should consider early in the process if and when it may be.
### CENTRAL STAKEHOLDERS

**Innovator**

<table>
<thead>
<tr>
<th>Phase 1: Scouting for target markets (supply side)</th>
<th>Phase 2: Research and adaptation</th>
<th>Phase 3: Field testing and validation in new market</th>
<th>Phase 4: Market entry and preparation to scale in new market</th>
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<tbody>
<tr>
<td><strong>KEY TASKS</strong></td>
<td></td>
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</tr>
<tr>
<td>• Build evidence of impact in current market</td>
<td>• Conduct thorough assessment of top-ranking markets</td>
<td>• Working with adopting provider (when relevant), establish roles and scope for pilot of innovation in new market</td>
<td>• Select scaling strategy</td>
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<tr>
<td>• Identify drivers of success — what are the necessary inputs and components?</td>
<td>• Test feasibility of innovation — does it meet a significant need, align with health system priorities, fit within regulatory context?</td>
<td>• Share data from previous implementations</td>
<td>• Ensure clarity on roles and commitment from partners</td>
</tr>
<tr>
<td>• List required and preferred market features</td>
<td>• Select target market</td>
<td>• Ensure fit with regulatory and cultural context</td>
<td>• If leading rollout, establish targets for both growth and impact</td>
</tr>
<tr>
<td>• Identify potential markets and evaluate suitability and feasibility</td>
<td>• Establish critical partnerships, including adopting provider if relevant</td>
<td>• Launch pilot, measuring impact and feasibility</td>
<td>• Set success metrics — how will you know the new market is or is not working? What is the time frame for deciding to carry on or close it out?</td>
</tr>
<tr>
<td>• Adapt model as needed to fit new context while ensuring that essential components remain</td>
<td>• Adapt model as needed to fit new context while ensuring that essential components remain</td>
<td>• Engage stakeholders needed for wider rollout, including payers and policymakers as relevant</td>
<td>• Use continuous improvement cycle to iterate as needed</td>
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**KEY CHALLENGES**

| • Building sufficient evidence base for impact of innovation | • Gaining sufficient understanding of new market, including competitive landscape | • Identifying financial resources to support pilot | • Maintaining intellectual property (IP) and brand fidelity of the innovation when scaling through partners |
| • Connecting with right stakeholders in potential markets | • Finding and engaging the right partners in new market | • Balancing competing needs for short-term metrics and credible data on impact | • Identifying financial support for market entry and scale-up |
| • Balancing need to adapt innovation with need to retain essential components | • Balancing need to adapt innovation with need to retain essential components | • Managing risk of failed pilot | • Challenges will differ by scaling strategy |

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**Adopting Provider**

<table>
<thead>
<tr>
<th>Phase 1: Scouting for solutions (demand side)</th>
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<td><strong>KEY TASKS</strong></td>
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<tr>
<td>• Identify key needs and priorities for which solution is needed</td>
<td>• Conduct thorough assessment of top-ranking solutions — assess fit with priority needs, provider culture, and regulatory context</td>
<td>• Working with innovator (when relevant), establish roles and scope for pilot of innovation in new market</td>
<td>• Share data internally and externally on impact</td>
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<tr>
<td>• Identify stakeholders who need to be involved in selection and testing process (e.g., nurses, schedulers, budget managers)</td>
<td>• Select innovation for pilot test</td>
<td>• Launch pilot, measuring impact and feasibility</td>
<td>• Identify drivers of results (both positive and negative)</td>
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<tr>
<td>• List required and preferred outcomes</td>
<td>• Establish partnership with the innovation’s organization</td>
<td>• Engage internal and external stakeholders needed for wider rollout, including payers and policymakers as relevant</td>
<td>• If model shows promise, scale throughout provider system</td>
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<tr>
<td>• Identify solutions implemented in other places and evaluate suitability and feasibility</td>
<td>• With innovator, identify key components of model to fit within provider context, identify process barriers</td>
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<td>• Set success metrics — how will you know if the innovation is working at scale? What is the time frame for deciding to carry on or close it out?</td>
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<td></td>
<td>• Gaining sufficient understanding of the potential impact of innovative models in new context</td>
<td>• Getting buy-in from internal stakeholders</td>
<td>• Use continuous improvement cycle to iterate as needed</td>
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<td></td>
<td>• Balancing need to adapt innovation with need to retain essential components</td>
<td>• Balancing competing needs for short-term metrics and credible data on impact</td>
<td>• Large-scale process changes may be needed to roll out at scale</td>
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<td>• Balancing need to adapt innovation with need to retain essential components</td>
<td>• Ensuring there is a path forward if pilot is successful</td>
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<tr>
<td>• None</td>
<td>• Help to adapt innovation to fit within available payment mechanisms • Identify potential payment barriers to implementing innovation at scale</td>
<td>• Provide input into pilot metrics to test feasibility from payer perspective</td>
<td>• Share data related to cost impacts and value of innovation at scale • If pilot is successful, address changes to payment mechanisms needed to enable scale</td>
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<td><strong>KEY CHALLENGES</strong></td>
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<tr>
<td>• None</td>
<td>• Securing internal buy-in for adaptation and pilot process at early stage</td>
<td>• Securing internal buy-in for adaptation and pilot process at early stage</td>
<td>• Modeling value at scale with limited pilot data • Large-scale changes to payment mechanisms may be needed to enable scale</td>
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<tr>
<td>• None</td>
<td>• Help to adapt innovation to fit within existing regulatory mechanisms • Identify potential regulatory barriers to implementing innovation at scale</td>
<td>• Provide input into pilot metrics to test feasibility from policy perspective—what data would be needed to move forward with large-scale rollout?</td>
<td>• If pilot is successful, address regulatory barriers to widespread adoption • Engage implementation and financing partners needed for widespread adoption</td>
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<td>• Securing internal buy-in for adaptation and pilot process at early stage</td>
<td>• Securing internal buy-in for adaptation and pilot process at early stage</td>
<td>• Significant regulatory changes may be needed, which can be complex and have a long timescale • Reticence of stakeholders (particularly those whose role would change under rollout)</td>
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LifeNet International (LifeNet) works with faith-based health centers to improve healthcare quality through capacity-building training in medical care and healthcare management in East, Southern, and Central Africa. LifeNet got its start in Burundi in 2009 with a two-person team focused on improving sustainability of partner health facilities. Their work quickly expanded into training and quality assurance support for nursing staff after observing a critical need. By 2012, the organization had three training modules in place and was operating in 10 facilities in Burundi; by 2015, it had expanded to a total of 60 partner facilities in Burundi and added new training modules for nurses as well as management training modules. Since then, LifeNet has expanded into Uganda, the Democratic Republic of the Congo (DRC), and Malawi, with plans to expand into a total of 10 countries by 2023.

Scouting for Target Markets

As LifeNet prepared for expansion into a new country, the first step was to identify the best target market. The organization leaders wanted to stay in the same region for the first expansion and assessed these criteria in neighboring countries:

1. **Need**: Would LifeNet’s training and quality improvement model meet a critical need for healthcare facilities?
2. **Funding**: Are there donors ready to support expansion? What other development work is happening in the country?
3. **Partners**: How strong is the presence of faith-based health providers? Is the leadership open to partnering with LifeNet?
4. **Context**: Would the societal structures and regulatory context enable LifeNet’s model?

Through market assessments conducted in 2014, the team discovered that Uganda was a strong contender on all four dimensions. Baseline healthcare worker knowledge and metrics in many existing facilities in Uganda were worse than those in Burundi. At the same time, they identified major donors willing to fund an expansion to Uganda and strong networks of potential partners, with 60 percent of healthcare in Uganda provided by faith-based facilities. Based on preliminary conversations with leaders of the faith-based health providers in Uganda, the LifeNet team believed their model could work within the local regulatory and cultural context. They also saw Uganda as a strategic hub from which they could later expand into other East African markets.

**Key challenge: Identifying the right stakeholders**

As they prepared for the Uganda expansion, the LifeNet team already knew that they wanted to work with faith-based partners, as they had found through their work in Burundi that faith-based health facilities were likely to align well with LifeNet on vision, mission, and values. The team took a top-down approach, engaging first with the archbishops in Uganda and getting their buy-in. From there, they connected with the dioceses, which in Uganda run all of the church-based education, health, and social programs. These dioceses ultimately became the strategic fulcrum of the program.
Research and Adaptation

Before launching in Uganda, LifeNet staff spent months conducting a thorough market assessment and engaging local partners. They used this understanding of the health system and context to develop a strategy to adapt the LifeNet model to the Ugandan market.

Adaptation 1: Uganda covers a much larger geographical area than Burundi, and the team found that they could not easily travel between partner sites and the headquarters in Kampala. To make site visits easier, they designed a moving “hub and spoke” model. LifeNet teams set up a temporary satellite location (hub), where they stay for one week. From this base camp, they can conduct day trips to various healthcare facilities (spokes).

Adaptation 2: In Burundi, local churches support the model by providing housing and meals to LifeNet staff during training and site visits, which helps to keep costs low and promote partner buy-in. In Uganda, the staff realized that many churches were too resource-poor to provide food and lodging to LifeNet and that it would not be feasible to ask them to do so. LifeNet adjusted its budget to include food and lodging costs for training in Uganda. This approach ultimately adopted back into Burundi and became the norm for future expansions.

Adaptation 3: Finally, LifeNet changed its weekly workflow to adjust to Ugandan travel times. In Burundi, the team gathers in the office on Mondays, travels to sites midweek, and returns to the office on Fridays. In Kampala, higher traffic volumes mean that efficient travel is only possible on certain days. To work around this, the team gathers in the office on Fridays in Uganda, instead of Mondays.

Field Testing and Validation in New Market

To launch the Uganda expansion, LifeNet started with a four-person staff and a cohort of 10 partner health facilities. At this stage, the team had already conducted market assessment, engaged partners, and secured funding for the pilot.

They designed the pilot to gather data that would support longer-term success in the new country context. For example, when identifying their pilot cohort of partner facilities, LifeNet intentionally chose facilities from different church denominations in both rural and urban settings. Using this strategy, the team quickly learned which partner attributes fit best with LifeNet’s model in Uganda.

During the pilot phase, the LifeNet team gathered user feedback from partner facilities to measure what was working and what was not, and refined their model based on that feedback. Overall, the pilot was very successful and proved that LifeNet’s model met a need and could successfully scale within Uganda.
In addition to refining the model for the new context, LifeNet used the country expansion as an opportunity to innovate further. The team redesigned their evaluation tool, piloted a digital remote data collection system, and reworked their training curriculum. All of these changes were later adopted in Burundi and became the norm for future expansion.

**Key challenge: Ensuring fit with regulatory context**
LifeNet needed an NGO permit to operate in Uganda. The application process required the organization to demonstrate the work it was doing, but in order to start that work, it needed the permit. It took the team some time to resolve the issue and obtain the necessary permit. However, this delay allowed them more time to develop relationships with partners and adapt the model, which meant that they were ready to launch when they received approval.

**Market Entry and Preparation to Scale in New Market**
Early success from the pilot helped LifeNet generate additional demand within Uganda, with word-of-mouth spreading from diocese to diocese. Soon the team was able to develop a pipeline of partners who wanted to work with them. They quickly surpassed their threshold for success in the Ugandan market and set aggressive targets for growth and impact. While they did not meet these targets, they believe that being ambitious with their goals prompted them to reach and accomplish more than they would have otherwise.

Between 2015 and 2021, the LifeNet Uganda team grew from 4 to 35 people and went from 10 to 92 health facilities. Even though the program is now well established, the team is still using continuous improvement practices, and uncovering challenges has driven further innovation. “The fearlessness that comes with innovation allows us to develop all kinds of new ideas,” said Josh Guenther, LifeNet Country Director for Uganda. “We don’t stop iterating just because we’ve found something that works. If you aren’t failing, how often are you learning? The fear of being stagnant overwhelms the fear of making mistakes.”

LifeNet International has since expanded into the Democratic Republic of the Congo and Malawi and is currently planning an expansion into Kenya, Ghana, and Zambia. Each of these new markets has forced the team to rethink the model and adapt it to new contexts. In the process of adapting, they often discover new strategies and approaches that can then be used to improve existing country programs.
Jacaranda Health (Jacaranda) is a nonprofit organization that works to improve maternal and neonatal health outcomes in Kenya. Jacaranda partners with county governments and public hospitals to deliver two core programs: the Emergency Obstetric & Newborn Care (EmONC) Mentorship program and the PROMPTS digital health platform. This case study focuses on the expansion of the PROMPTS program.

PROMPTS uses short message service (SMS) and artificial intelligence (AI) technology to connect new and expectant mothers to lifesaving advice and referral to care. The program began as a way to follow up with new mothers who did not come in for postpartum care. In testing follow-up methods, Jacaranda found that SMS messaging, telephone calls, and community health worker visits were all effective in improving health behaviors and care seeking, with SMS being the lowest-cost option.

Jacaranda developed a series of SMS nudges to increase health-seeking behavior, from pregnancy through postpartum care. The Jacaranda team realized there was demand for a more interactive service so they built a help desk platform that allows mothers to text questions and receive answers from help desk staff about pregnancy, postpartum, or newborn health. Jacaranda has also added an AI service to triage incoming messages. When the AI recognizes a potential danger sign, that user will be prioritized for response and receive a referral to the nearest hospital. Jacaranda's core mentorship model has always been firmly rooted in Kenya, scaling by adding county governments as demand grows. But the team realized that the PROMPTS program is scalable and could expand into other countries.

Scouting for Target Markets
Jacaranda has identified a few strategic factors to assess potential markets for PROMPTS:

1. **Need**: What are the significant needs in maternal health, how many people are not able to access care, what percentage of women deliver in public health facilities, etc.?
2. **Funding**: Is there a funder or investor willing to support the expansion?
3. **Partners**: Are there willing and enthusiastic partners on the ground? How does the Ministry of Health collaborate with external players?
4. **Context**: What are the rates of mobile phone usage and population literacy? How competitive is the landscape? Are there security concerns?

While Jacaranda is currently scouting for new markets in Africa, the organization has recently expanded into the US, in the state of North Carolina. Though the maternal health landscape in the US is different than in Kenya, there are significant gaps in maternal and newborn health, and racial disparities in access to care and outcomes. The Jacaranda team researched the need and saw a clear fit with their model. Several of Jacaranda’s board members, including the Executive Director, are based in the US, with inroads to funding and key partnerships.
Key challenge: Building the evidence base
Jacaranda’s initial testing of the SMS platform in Kenya showed that the program was effective in improving postpartum follow-up care. A recently published randomized controlled trial conducted in 2017-2018 showed that the SMS service improved knowledge of postpartum danger signs, postpartum care-seeking behavior, and uptake of family planning among new mothers in Kiambu County, Kenya. Through its own program monitoring, Jacaranda has found that mothers enrolled in PROMPTS are more likely to complete at least four antenatal care visits and to take up postpartum family planning. Data from Kenya, however, was not seen as relevant for the US market. The Jacaranda team knew that demonstrating success in the US market would be important to building credibility there.

Research and Adaptation
Jacaranda spent two years assessing the US market, establishing connections with potential partners and researching the needs and gaps within the health system relevant to its model. However, before it could launch a pilot, the Covid-19 pandemic struck and the US health system went into crisis mode. Jacaranda’s team saw an opportunity to adapt again in order to meet an emerging need. They drew on the market research they had already conducted and developed the COVID Moms Helpline, a service to help mothers in North Carolina navigate pregnancy during the pandemic.

Key challenge: Balancing adaptation with essential components
The COVID Moms Helpline model was adapted to the circumstances and borrows technology from the PROMPTS program in Kenya. It marries the help desk platform from the PROMPTS program with a team of local perinatal educators to answer questions from new and expectant mothers. It does not include SMS sequences or AI triaging, running more like a crisis textline, answering questions and connecting pregnant women to community resources like housing programs, mental health support, insurance, and local health providers. The team found that the help desk element could operate on its own to quickly meet a significant need in the new market.

Field Testing and Validation in New Market
Jacaranda planned to pilot-test a care coordination model in the US, but with the onset of the COVID-19 pandemic, the team pivoted. A small seed grant allowed them to hire a small team, develop a knowledge base, and pilot the COVID Moms Helpline in North Carolina. They also partnered with a coalition in New York City, providing a similar platform for a group of birth doulas focused on equitable access to birth care.

Through this pilot, Jacaranda is testing a new use case for the help desk platform as well as a new market. The organization hopes that this pilot will broaden its evidence base by demonstrating that it can address unmet needs in the US and successfully work with US partners, including the government Medicaid program. Jacaranda is continuing to engage with key partners to prepare for testing of its larger innovative model in the future.
Market Entry and Preparation to Scale in New Market

Jacaranda intends to follow the COVID Moms Helpline pilot by continuing to scale its services in North Carolina and in other US states. Results from the pilot demonstrate high demand for these services. Most of the users reached so far are vulnerable populations that are underserved by the current health system, broadly reflective of the population eligible for Medicaid. The team would like to launch additional elements over the next year, including helping to enroll more people in Medicaid and providing care coordination. They plan to build a business model for this more-comprehensive program and to shift from a short-term solution to a long-term sustainable platform in the US market.

“It will carry a lot of the DNA of the Kenya model. The US model aims to be patient-centered, evidence-based, scalable, cost-effective, just like our work in Kenya. But how this translates to the US will look very different.”

NICK PEARSON | JACARANDA EXECUTIVE DIRECTOR

Bempu Health

Bempu Health (Bempu) is a for-profit company based in India that sells low-cost, innovative medical products that help prevent neonatal mortality. Its flagship product, the TempWatch, monitors hypothermia in low-birthweight newborns so that parents can provide timely care to prevent further injury and death. Bempu also makes the KangaSling, an ergonomic wrap that promotes kangaroo care and breastfeeding, and the ApneBoot, a pulse oximeter designed for newborns’ feet that sounds an alarm when it detects bradycardia and desaturation, and stimulates the sole of the foot to prompt breathing.

Scouting for Target Markets

Bempu first established its presence in India, selling to private and government hospitals and building evidence of impact. Before the organization had developed an international strategy, it was contacted by UNICEF in Papua New Guinea, which placed a large order, becoming Bempu’s first expansion. Word spread through UNICEF country offices, opening up doors to other countries in Africa and Asia.

While Bempu is happy to work with UNICEF and similar partners anywhere in the world, the company is also strategically scouting future markets using the following assessment criteria:

1. **Need**: What is the size of the market (e.g., number of babies)? What is the percentage of institutional deliveries? What are the newborn mortality and injury rates?

2. **Funding**: Is there a funder ready to support expansion in the new market? How much healthcare funding is available in the country?

3. **Partners**: Are there credible distribution partners (e.g., UNICEF) who are enthusiastic about the product, have on-the-ground knowledge, and can help build the market?

4. **Context**: What is the level of corruption? What is the ease of doing business?

Using these criteria, Bempu identified eight countries to prioritize for international expansion.
**Key task: Building evidence**
The COVID Moms Helpline model was adapted to the circumstances and borrows technology from the PROMPTS program in Kenya. It marries the help desk platform from the PROMPTS program with a team of local perinatal educators to answer questions from new and expectant mothers. It does not include SMS sequences or AI triaging, running more like a crisis textline, answering questions and connecting pregnant women to community resources like housing programs, mental health support, insurance, and local health providers. The team found that the help desk element could operate on its own to quickly meet a significant need in the new market.

**Research and Adaptation**
Once Bempu identified potential countries for expansion, staff traveled to those countries to conduct on-the-ground research and to engage with potential stakeholders. The Bempu team has found that, during this stage, it is helpful to talk to other innovators already operating in the target country. Their experiences can provide insight into challenges and contextual issues that might not be apparent during the secondary research stage. For example, using their market assessment strategy, the Bempu team had identified Indonesia as a market where their products could have significant impact. Through speaking with others, however, they learned that importation requirements make expanding into Indonesia infeasible at this time, leading them to refocus on other markets for now.

In terms of adaptation, the products themselves are designed to be straightforward to use and culturally acceptable in a wide variety of contexts. While the products do not need to be adapted for new markets, Bempu does adapt the market-entry approach and the training provided to each country.

In countries where it partners with UNICEF, Bempu works closely with each UNICEF office to understand that country’s newborn programs and determine whether it would make more sense to implement through the frontline healthcare programs or at the critical care hospitals. UNICEF also provides information about the language and training that is needed. Commercial distributors that work with Bempu are able to specify what they need to help sell the product. These needs might include language translations, technical specifications, or information about clinical study results.

**Key challenge: Engaging stakeholders**
Bempu has struggled to find the right partners in some of the markets it has targeted. Because there is not already an established demand for products like Bempu’s, it is essential for the company to partner with champions who are not only interested in the product but who can work with Bempu to help build the market in the target country. Using a push strategy, in which Bempu looks for partners in strategically selected countries that meet its criteria, has been challenging overall.

The pull strategy has worked better, in which interested partners find Bempu and bring the company into a new market. Although Bempu does sell products to country governments and commercial distributors, its most successful expansions have been through partnerships with country offices of public health organizations such as UNICEF, UNFPA, and the UNHCR. These organizations are already familiar with the contexts of the geographies in which they work, have on-the-ground connections, and can often make decisions more quickly than government agencies.
Field Testing and Validation in New Market

Bempu runs pilot tests with its products in nearly every market it enters to develop evidence of impact in the local setting. Working with partners on the ground—often UNICEF country offices but also governments, commercial distributors, and entrepreneurial doctors—Bempu tailors the clinical studies to fit the particular needs of each market. The Bempu team depends on the knowledge of their local contacts to shape the pilot test and market strategy to fit the opportunity.

**Key challenge: Ensuring a path forward if pilot is successful**

While it has been relatively easy for Bempu to find partners to run pilots, sometimes these pilots do not result in a larger rollout, even if the results are successful. Because the products are intended for use in countries where resources are limited, some of the governments and other organizations that recognize the potential impact (and ask for localized data) are unable to purchase Bempu’s products. To avoid investing time in pilots that do not have a viable path forward, Bempu leadership recommends speaking with other innovators who have worked in the target market to learn which government agencies regularly run pilots but rarely adopt an innovation long-term.

Another strategy Bempu uses is to make sure that partners always have some “skin in the game.” During the early years of the company, Bempu would sometimes offer free units to run a pilot, but now the company rarely offers anything for free. Requiring that implementation partners contribute financially to pilots ensures that the partner is serious about potential commitment over the longer term.

Market Entry and Preparation to Scale in New Market

Bempu has found that getting into a market may be the easy part; scaling and building a core market in the new country can be much harder. In some cases, the company has had a few sales here, a few more there, and it seems like things aren’t going anywhere, but within a year or two, those sporadic sales multiply and lead to long-term traction in the market.

“International expansion sounds sexy—it looks great to put on your website that you are in 34 countries. But it is really about: What are you trying to do? How are you going to implement there, make it a program, reach scale?”

**RATUL NARAIN | BEMPU FOUNDER**

Working with UNICEF has really helped Bempu expand within new markets since UNICEF purchases, implements, and works at scale in many countries. UNICEF and Bempu also share a common goal in wanting to encourage the countries they work in to be self-sufficient over time. Through UNICEF, Bempu has been able to enter and scale in many countries, including Cameroon, Guinea-Bissau, Benin, Zimbabwe, and Pakistan.

Bempu now finds that having a strong evidence base from different regions in the world, regulatory approvals (including CE certification), as well as a proven track record of adaptation and scale have made further international expansion easier. The company is looking at US and European markets in addition to countries in Africa, Asia, and Latin America and seeking to collaborate with other large public health partners such as Save the Children as well as other enthusiastic partners. “Part of me wants to say we took on too much; the other part of me wants to say we had to take on a lot,” says Ratul. “We needed to reach babies.”
CONCLUSION

These case studies highlight innovations that have scaled to new markets using different approaches and scaling strategies. Despite the wide range of experiences, however, common themes emerge:

1. **Strong partnerships with trusted organizations** in the new country are crucial to successful market entry.

2. **Robust evidence of impact from other countries** can help open doors, but local data and proof of concept will be needed to scale.

3. **Pull strategies**, in which there is an enthusiastic adopting provider or partner, can be easier than push strategies.

4. **The adaptation process will require pivots and flexible approaches**. Using a continuous improvement process can help to strengthen implementation even at scale.

The process of adapting health innovations to work in new contexts can be fraught and complex but can also open new opportunities to achieve the mission of the organization. By integrating this framework and its approaches, innovators and expansion partners can support the growth of effective health innovations to new settings to produce real-world impact and improve care.