reach52 is dedicated to improving health access for rural populations of LMICs. To support this work, we rely on partnerships with established community-based organizations, to help us co-implement our healthcare access services and extend our impact into new geographic areas. We understand that local orgs are experts in their communities, having the relationships and trust required to make innovative community interventions successful.

The reach52 model can be integrated as an addition to an organization's existing community initiatives, bolting on to current projects. The tech solution provided by reach52 works to digitise networks of community health workers, allowing them to easily collect and access individual-level health and demographic data on beneficiaries in their catchment area. Alongside this, the facilitation of a rural marketplace of health-supporting goods and services provides a sustainable revenue stream.

reach52 does not have a fixed partnership approach, but rather a modular set of tools and processes ensuring that we co-develop programs which addresses the needs of all stakeholders, including project beneficiaries. Generally, there are 3+ main phases which we seek implement. These phases may be implemented in partnership either in part, or in full.

Set-up phase: During the set-up phase, community-embedded peer workers are identified, upskilled, and provided with reach52's mobile Android application. These peer workers can be existing Community Health Workers, or individuals living in the partner-community who are already engaged in leading programming with the partner organization. Termed '**Marketplace Area Managers**' (MAMs), this network of workers serves as the public face of our work.

Phase 1: Community research, and resident onboarding	Phase 2: Marketplace launch and implementation	Phase 3: Targeted health services and financing
We first seek to learn more about the various health status of people living in the partner-communities. MAMs gather data about residents through community events and door-to-door efforts using our 'Access' mobile application. This provides important insights, while also onboarding individual residents to our platform. Alongside this, we also conduct qualitative research, comprised of interviews and focus groups, to provide a deeper understanding of local healthcare needs and barriers, which we can then help solve.	MAMs begin the work of launching a last-mile marketplace of affordable health services. Through partnerships with private sector suppliers, reach52 offers a marketplace of medicines; micro-insurance policies; and consumer health products. Products are sold and fulfilled by MAMs, supported by our eCommerce platform and last-mile logistics solution. Prices are typically lower than existing channels. Products are delivered directly to rural residents with a goal of reducing out-of-pocket health expenses. Small margins on each order are shared between MAMs; partner organizations; and reach52, creating a sustainable revenue channel.	Once a suitable network of MAMs are operational, and residents have been onboarded, reach52 and the partner organization work to co-develop interventions to respond to local health issues and barriers identified in Phase 1. A variety of outside funding sources are considered, including open calls, and existing relationships with the private sector in support of their CSR, sustainability and/or access goals.

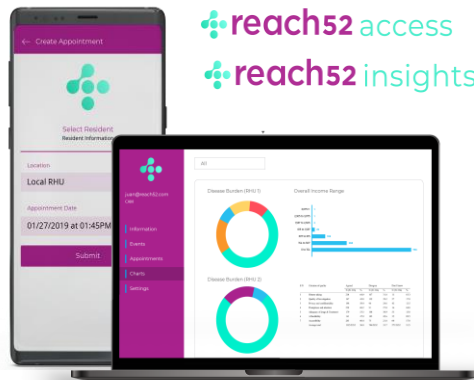| reach52 brings:	Partner organization brings:
• **Expertise in digital and offline health solutions where access and affordability are barriers to universal healthcare** • **Financial resources for project start-up** • **External partners in pharma, diagnostic and insurance offering affordable products** • **Award-winning digital tools for community engagement and health worker training**	• **Established local presence, including relationships with health systems and valuable insights** • **The trust of community members** • **Knowledgeable and passionate senior leadership team, with extensive experience and networks into health systems** • **Existing, complimentary programs that can be augmented and extended**

Improved health outcomes and economic resilience for hard-to-reach communities
Data collection to drive insights for targeted health programs and interventions
Digital health capabilities built into existing models and teams
New sustainable revenue streams for partners

reach52 access
reach52 insights

reach52 marketplace
reach52 logistics

Collecting data on needs, providing insights, building digital primary care

Ordering products and services, payments, managing last-mile supply chain

reach52 partnership FAQ:

Q: Does my organization need to support all phases of implementation to partner with reach52?
A: The reach52 partnership model is designed to be modular. We are seeking expressions of interest from organizations who might be able to support at any stage of implementation.

Q: How is this model funded?
A: This model is designed to achieve sustainability through a social business approach. Most of reach52's revenue is generated through the sale of B2B consulting projects, with a small margin coming from the sale of products/services through the B2C marketplace. The size of funding from reach52 to implementation partners varies depending on services provided.

Q: Which geographic areas are reach52 targeting for expansion?
A: We are interested in exploring potential implementations in lower- and middle-income countries throughout Asia and Africa

Q: What is the ideal profile of a reach52 beneficiary?
A: reach52's health access model is designed to impact individuals living in rural areas of LMICs who face financial and geographic challenges accessing health products and services. They typically earn $3 – 8 USD per day and live 1+ hour from a clinic or hospital.

Q: What languages is the tech platform available in?
A: We currently support English; Hiligaynon; Khmer; and Kannada. Additional languages can be easily added by reach52. The technical process can be completed in 3-4 weeks.

Q: How does reach52 collect and use personal health data?
A: Personal health data are collected to inform the development and implementation of interventions. A process of informed consent is built into our apps and included as part of our trainings. Data are stored and managed in accordance with national regulations (or Singapore's Personal Data Protection Act in jurisdictions lacking regulation). Individual-level data are never sold or monetized.