



Securing Women's Access to Healthcare in Rural Colombia

A Kampala Principles case study



Global Partnership
for Effective Development Co-operation

Introduction

Colombian citizens have a guaranteed right to healthcare and enrolment in the national healthcare plan is compulsory.¹

However, lack of access to timely medical care and treatment has led to unnecessary deaths and health inequities among women.

Sixty-one percent of premature deaths among women are due to cancer and cardiovascular disease.² And preventative healthcare is limited: fewer than 1 in 4 women who need a mammogram have access to the procedure.³

Bive, derived from the Spanish phrase “Vivir con Bienestar” meaning to “live with well-being,”

is a female-led social enterprise that provides affordable, high quality healthcare access to low-income women in Colombia's Caldas and Risaralda states. The innovative business provides women with treatment options and education—knowledge that empowers them to make decisions about their health. Bive is also a leader in establishing grassroots partnerships that serve both individual and community needs (Figure 1).

A member of the UNDP Business Call to Action network, Bive demonstrates how entrepreneurial approaches to social impact can be amplified by development co-operation that brings together international learning with local wisdom and culture. It is such co-operation that the **Kampala Principles** aim to promote (see Figure 2 and **bolded orange text** throughout).

Bive: Inclusive by Design

Bive's cofounders, Diana Quintero and Jorge García, were university students when they recognized the demand for medical care access among the poorest Colombians.⁴ Together, they conceived an entrepreneurial idea to connect patients to health providers in a way that would bypass hurdles, bridge gaps in Colombia's healthcare system, and emphasize preventative care and the value of maintaining good health. Bive was established in 2012.

According to 2015 data, 97.6% of Colombians had healthcare coverage through the national General Social Security Health System.⁵ Yet access to quality medical care remained expensive, bureaucratic, and time-consuming, with typical wait times of between one and three months.⁶

Bive's solution is a membership plan with a monthly fee that entitles patients to receive medical care at discounted prices—up to 60% less for specialist visits, laboratory work, and other healthcare services compared to market price.⁷ Bive patients receive appointments within days after requesting service through a dedicated patient helpline called *Linea Amiga*.⁸

This Case's Connection to the UN Sustainable Development Goals:



Agreements with doctors enable low and middle-income patients to pay for additional services at a fee that is proportional to their income.

Ninety percent of Bive's customers are low-income individuals who earn less than US \$5 per day. Bive offers two distinct membership plans based on the client's income, with higher income customers purchasing a slightly more expensive plan, which subsidizes the plan costs for lower income individuals.

As a social enterprise, Bive generates income from individual and corporate membership fees and investments, which are largely philanthropic.⁹

To ensure the viability of its business model, Bive aims to expand its customer base through frequent follow up phone calls to increase the renewal rate of individual annual membership plans, as well as through widening its network of corporate clients.¹⁰ Since 2012, Bive has provided 8,500 health services to its 21,000 members.¹¹

Bive fills a gap in rural care. No other medical organization specifically targets low and middle-income households. Individual health needs are identified via calls to the patient helpline. Bive then seeks to match patients with a specialist. The team later follows up with patients after their appointment to assess their quality of care.

“We try to find what is the main problem of health at the moment or to be aligned with the needs of the populations,” says Daniela Castaño Vasquez, Bive’s Chief Executive Officer. For instance, the team organized a health brigade for ocular (eye) health after it observed many people calling for an ophthalmologist.

Wide Network, Deep Relationships

Relationship-building has been key to Bive’s success. Co-founders Ms. Quintero and Mr. García met with doctors and patients who might be interested in their business model and took to the streets to promote health consciousness.

In order to gain trust and confidence, Ms. Quintero and Mr. García recognized they needed representatives who could easily connect with their audience. As a result, Bive’s team is overwhelmingly composed of women (19 out of 24 staff) from rural families in coffee growing communities. These women understand the local culture and protocols in a way that city dwellers cannot.

In 2014-2015, Bive was growing. **Ms. Quintero and Mr. García realized they needed to increase memberships by continuing to cultivate partnerships built on trust.**



A few of Bive's beneficiaries at dental and eye clinics that have taken place since 2012.

They started working with farmer associations and coffee growers’ cooperatives in Caldas and Risaralda states¹² to offer services to their members (Kampala Principle 3: Inclusive Partnership). With personal ties to these coffee-producing communities, Bive’s staff worked effectively alongside the new partners.¹³ Partnerships brought together the managers and councils of coffee cooperatives. These individuals locally represent their municipality, expediting decision making.

Bive also partnered with public hospitals, universities, and private healthcare centers to build a network of 260 medical providers. The general aim was to engage health institutions that were geographically close to patients.

To accomplish this, Bive identifies and adapts to the needs of healthcare providers. When private healthcare providers join the Bive network, they are guaranteed to receive a steady stream of patients who need their services. Providers receive payments for office visits directly from their patients rather than having to wait for reimbursements from a third party, which is the standard practice under the Colombian healthcare system.

Bive's emphasis on continuity of care ensures that clients attend their follow-up appointments, which leads to better health outcomes for patients and predictable workloads for doctors.

Providers understand the positive impact they are making in their communities by helping low-income patients from underserved rural regions. Often, patients who would otherwise undertake long journeys to visit a doctor are profoundly grateful for the healthcare services they receive.¹⁴

Bive also engaged with municipal authorities, signing memoranda of understanding¹⁵ to ensure mutual co-operation and complementarity between private sector initiative and the government's work (Kampala Principle 1: Inclusive Country Ownership).

Figure 1: Bive's Grassroots Partnerships

In its communities:

- Memoranda of Understanding signed with municipal governments.
- Work alongside farming associations and coffee growers' cooperatives to offer medical services to their members.
- Partner with the managers and councils of coffee cooperatives to expedite decision making.

With medical professionals and institutions:

- Social agreements with doctors to facilitate services for low-income families at income-proportional costs.
- Created network of 260 medical providers in partnership with public hospitals, universities, and private healthcare institutions.

On its team:

- Nearly all staff are women from rural families.
- Community health leaders are women from local communities.





*A group of community health leaders for *Mujer Bive tu salud* from *Cooperativa de Caficultores de Anserma*, one of Bive's coffee growing cooperative partners.*

In partnership with public hospitals, Bive identified and connected patients with doctors who provide medical services covered by the Colombian healthcare system.¹⁶ The overarching objective for Bive is to complement government efforts to reduce preventable illness and provide better health outcomes for the least fortunate members of society, thereby reducing multidimensional poverty.¹⁷

In cases when Bive users had difficulty exercising their right of access to health they could take advantage of Bive's Social Guidance Advice. Patients could receive professional advice—courtesy of pro bono lawyers—on filing processes for petition rights, for instance. Bive also worked with the ombudsman office in several municipalities.

"Companies that develop inclusive business models are much more agile to serve those who are being left behind and also to partner with local governments."

- Luciana Aguiar, PhD, Programme Manager, Business Call to Action, UNDP¹⁸

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Mujer Bive tu Salud Initiative

Gaps in accessing health care are accentuated by gender and rooted in a culture that prioritizes the healthcare needs of men, women's financial dependency on their husbands, and dependency on husbands to accompany them to the hospital.¹⁹ In Colombia, an increasing number of women were being diagnosed with advanced stages of breast cancer.²⁰

The ability for rural women to see a doctor was impeded by the high cost of travel to a hospital, an average of US \$150 per patient.²¹ Further, women might wait six months between their first doctor's appointment and receiving a diagnosis²² due to patient backlog, administrative and bureaucratic inefficiency, and low quality of services.²³

Compounding all of this is that women's health needs are typically a taboo subject in rural Colombia.

With support from the Linked Foundation, in 2019 Bive launched its *Mujer Bive tu salud* (MBS) or “Woman, Live Your Health” initiative, which provides low-income women aged 40 to 60 with free preventative medical care, diagnosis, and treatment referrals for breast and cervical cancers and cardiovascular disease.²⁴

The initiative includes a mobile clinic to bring medical professionals to isolated rural communities in the state of Caldas (Kampala Principle 5: Leave No One Behind). Most participants in the MBS initiative were already users of the subsidized Bive health plan.²⁵ Building off its relationship with local coffee cooperatives and farmer organizations, these groups co-financed about 30% of the initiative’s costs.²⁶

Through MBS, women receive a free general medical exam, HPV testing, breast examination, pap smear, and a cardiovascular health assessment.²⁷ Following this checkup, telemedicine connects women with specialists who interpret their test results and provide a diagnosis.²⁸ Patients with abnormal test results receive follow-up care via telephone²⁹ and are referred to specialists within Bive’s network of providers. This whole process takes about 10 days³⁰—substantially shorter than the wait times they may face within the public medical care system.



Watch on YouTube: A video produced about *Mujer Bive tu Salud* initiative

Not only concerned with treatment, MBS also addresses an important prevention component. Patients within the initiative receive education on women’s sexual and reproductive rights and self-care practices related to breast cancer and cardiovascular diseases.³¹ To date, MBS has trained 35 community health leaders who have reached 237 women with health trainings.³² In fact, the outreach to the additional 237 was an unexpected outcome undertaken at the initiative of the first trained cohort. Bive has also expanded local healthcare capacity for prevention by training more than five dozen nurses on the early detection of breast cancer.³³

"[Bive] has been very good to me and the appointments are very convenient. I have been given referrals, which have made me very satisfied with the attention. Bive is quality."

- Maria Clemencia Cardona, Bive user³⁴



Bive's mobile clinic offers healthcare services to the most isolated of rural communities.

Business Call to Action Impact Champion

In 2017, Bive joined **Business Call to Action** (BCtA), an international alliance of donor governments. **BCtA's members are private sector companies who use inclusive business models and practices to contribute to the UN Sustainable Development Goals (Kampala Principle 2: Results & Targeted Impact).**

Bive, like all BCtA members, underwent a strict risk assessment and due diligence process on environmental, social, and governance criteria (ESG). It reports every year on its performance towards its agreed impact indicators.

As part of its inclusion in the Business Call to Action Impact Champion's program, Bive conducted an extensive impact assessment of Mujer Bive tu salud (Kampala Principle 4: Transparency & Accountability).

Although the company already had advanced capabilities in social impact measurement, it joined the BCtA program to better collect data in ways that would support its decision making and the scaling of its initiatives—while also providing results and evidence-based solutions.³⁵

Impact data is essential to Bive's stakeholder relations: it reinforces advocacy and communications with policymakers and ensures service improvements through ongoing feedback from patients.

Over a six-month period, Bive collected data from 1,025 women—nearly everyone who participated in MBS. The survey found that 95% of women gained a better understanding of risk prevention measures, and 79% acquired more knowledge of self-care practices.³⁶ Bive published the results of its initiatives online along with recorded patient and healthcare provider testimonials, which ensured the transparency of its work.

With BCtA assistance, Bive mapped its full impact value chain, which demonstrated the effect of its business activities on beneficiaries, the community, and the SDGs. It found that MBS services connected women to the health system, increased the adoption of self-care practices, strengthened knowledge for prevention and diagnosis of breast cancer, and encouraged healthy lifestyles.


By the Numbers: Mujer Bive tu Salud

Reached **1,750**
rural, low-income women
who faced barriers in
accessing healthcare



4,000+
health procedures performed,
including mammograms, pap
smears, and HPV tests³⁷

35 
community leaders
trained on women's
health and self-care

 **520 women** with conditions requiring
further diagnosis and specialist treatment
referred to the public health system³⁸

237 women trained by
community health leaders



A few of the female leaders participating in *Mujer Bive tu salud* during a meeting in February 2020. These women are also involved in coffee cooperatives in Risaralda and Caldas states.

By improving the health of rural Colombians, Bive's patients have been sick less and can continue working to earn an income for their families.³⁹ Ultimately, MBS has contributed to a reduced burden on the Colombian healthcare system and the prevention of health conditions and early mortality.⁴⁰

"The introduction of the impact value chain and social impact indicators into Bive's strategic framework provided a more objective picture about the outputs directly connected with social impact and the size of the impact of Bive's programs.

This provides us information for making decisions based on evidence and can guide us in improving the quality of services."

- Diana Quintero, Bive Co-Founder, on working with Business Call to Action⁴¹

Through the BCtA network, Bive has benefited from networking opportunities with other social enterprises, allowing it to learn from its peers' experiences, access new ideas, and thereby strengthen its business model. Bive's participation in BCtA has also enhanced its overall capabilities to conduct impact measurements, enabled better decision making based on available data, and set realistic goals and projections. Bive has also enjoyed an enhanced domestic reputation in Colombia and gained greater international visibility, which has opened the doors to new strategic partnerships and funding opportunities.⁴²

Conclusion

Bive's work demonstrates how the private sector can play an important role in promoting gender equality and advancing the rights of vulnerable populations.

Together with its partners, the female-led social enterprise is bridging the healthcare access gap in rural communities by connecting low-income female patients with high-quality, affordable, and convenient healthcare.

The Kampala Principles are evident in Bive's practices and partnerships at the community level. Locally rooted and data driven, Bive has been highly agile in identifying and responding to the needs of its communities. It is difficult to conceive of any donor-driven initiative that could pinpoint gaps in service, mobilize local networks, and follow up with beneficiaries as effectively as Bive has done.

Partnerships have been fundamental to Bive's inclusive business model. Relationships with public and private health providers and coffee co-operatives and farmer associations alike have created a wide-reaching network of care. This network enables a viable business model, the provision of specialist care, and increased awareness of women's health needs and rights.

Bive's involvement in the Business Call to Action network shows how a development partner can contribute to the success of an enterprise by imparting evaluation skills, providing exposure to funders or strategic partners, and helping to map its impact value chain. BCTA can also leverage the contributions of other investors, be them for-profit or philanthropic. While social purpose is the driver of an inclusive enterprise like Bive, the revenue it generates sustains the work, creates the ability to scale, and structures growth around principles of equity and leaving no one behind.

Bive empowers Colombian women to lead healthy lives and contributes to the prevention of early death and health conditions. Impact-oriented businesses and development partners can learn much from Bive about how gender equality involves more than a single SDG—and applies all five Kampala Principles for effective co-operation.

We need more people to know about the Kampala Principles and #CooperationInAction!

- 1 Share the link: bit.ly/KampalaPrinciplesCaseStudies
- 2 Join the Knowledge Platform and share your thoughts on this case.

Using the Kampala Principles in your work? **We want to hear your story!** Click here and tell us more.



For further information, consult the [Kampala Principles](#) or contact the Joint Support Team:

 info@effectivecooperation.org

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Figure 2: Applying the Kampala Principles*

Principle 1: Inclusive Country Ownership

1A: Define national PSE goals through an inclusive process.

- Not applicable

1B: Align and co-ordinate PSE through development co-operation with national priorities and strategies.

- Memoranda of Understanding with municipal authorities and agreements with regional departments in Colombia.
- Complementary to Colombia's national health system.

1C: Invest in capacities for PSE through development co-operation.

- BCtA membership strengthens social enterprises' business models and impact measurement and opens doors to new strategic partnerships.

Principle 2: Results & Targeted Impact

2A: Focus on maximizing sustainable development results.

- Closes gender gaps in healthcare access of rural low-income women.

2B: Ensure sustainable results by aligning core business and development interests.

- Social enterprise with an inclusive business model.
- Private healthcare providers benefit from direct payments from patients and increased client base.

2C: Engage in partnerships according to agreed international standards.

- To become a BCtA member, Bive underwent strict due diligence screening according to UNDP standards.

Principle 3: Inclusive Partnership

3A: Support and participate in inclusive dialogue and consultation.

- Bive conducts an annual phone survey of 200 users to assess barriers to healthcare access and members' satisfaction. Survey results guide the design of Bive programs.
- The survey asks for members' annual income to ensure that the cost of Bive's plans are affordable.

3B: Promote inclusive, bottom-up, and innovative partnerships and raise awareness of engagement opportunities.

- Partnerships with coffee cooperatives and farmers organizations based on trust.
- Partnerships with public hospitals, universities and rural health departments in local municipalities.

3C: Make partnerships more accessible.

- Trained local female leaders and healthcare providers in best health practices.

Applying the Kampala Principles (continued)

Principle 4: Transparency & Accountability

4A: Measure results.

- Conducted evaluation and impact measurement of projects utilizing BCtA framework.
- Hired independent consulting firm to conduct a comprehensive impact measurement.

4B: Disseminate results.

- Comprehensive reporting through BCtA's Impact Champions program, social media channels.

4C: Ensure accountability.

- Monthly internal audits of company finances and project reports, reviewed by the Boards of Advisors and Directors.
- Bive complies with strict Colombian laws for non-profit organizations, requiring the annual publication of financial reports and information on Board of Directors on the websites of Bive, government agencies and the National Tax and Custom's Directorate (DIAN).

Principle 5: Leave No One Behind

5A: Ensure that a private sector solution is the most appropriate way to reach those furthest behind.

- The public healthcare system is unable to adequately meet the needs of rural low-income households and women due to waiting periods, high cost, and long travel distances.
- Bive is the only healthcare organization targeting low and middle-income patients in rural Colombia.

5B: Target specific locations, markets, value chains, and investor types that are most likely to have a positive impact on those furthest behind.

- 1,750 rural low-income women able to access preventative and diagnostic healthcare treatment.
- 90% of the 21,000 members are low-income individuals who earn less than US \$5 per day.
- Telemedicine and a traveling health clinic enabled women in remote regions to receive specialized services.

5C: Share risks proportionately to incentivize private sector contributions to leaving no one behind.

- Bive provides vulnerable patients with pro-bono legal advice to ensure seamless and timely access to healthcare, referrals, testing, and treatment through the Colombian healthcare system.

5D: Establish provisions to mitigate and manage risks.

- Bive established technology policy to safeguard sensitive patient information.

**The table indicates which partnership practices and features correspond to specific Kampala Principles based on the authors' interpretation of available information.*

Endnotes

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- 6 - "Bive," Innovator Profile, Innovations in Healthcare 2015.
- 7 - <http://bive.co/en/about-us#que-hacemos>
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Endnotes (continued)

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