



INSTITUTO
UNIVERSITÁRIO
DE LISBOA

Business Plan - Development of a Donation Management Application in the Health Sector

André Filipe Siopa

Master in management

Supervisor:

Prof. Doutora Alexandra Fernandes, Professora Auxiliar,
ISCTE - IUL

October, 2020

Department of Marketing, Operation and Management (IBS)

Business Plan - Development of a Donation Management Application in the Health Sector

André Filipe Siopa

Master in management

Supervisor:

Prof. Doutora Alexandra Fernandes, Professora Auxiliar,
ISCTE - IUL

October, 2020

Acknowledgements

This thesis represents the final stage of my Master's Degree in Management, it is a victory for me and a huge victory in my life, academic and personal. It has not been an easy path much less an easy year due to being working and there being a Pandemic crisis all over the World (Covid-19). Regardless, several people in my life, in one way or another, have helped me, motivated me and given me strength to continue this thesis and finish it, and to them I wish to express my thanks.

To Professor Alexandra Fernandes, not only for accepting to be my supervisor, thank you as well for all of the knowledge shared and all your guidance that allowed me to finish my thesis.

To my parents, brothers and grandparents, especially to my mum that never gave up on me and helped me to conclude the final step of my masters, thank you for your love, kind words and support over the years.

To rest of my family and friends, that in one way or another have helped me to make this thesis possible.

Finally, to my dear friend Jorge, for all the discussions and debates that allowed me to achieve more and to think outside the box, to João for all the work and hours spent helping me with my thesis, and to Marta that did not let me give up and, by giving me strength and support, forced me to continue the thesis and deliver it on time, thank you.

It has been a long journey and a lot of learning, thank you all.

Resumo

Cada vez mais os donativos estão presentes na nossa sociedade para diversas causas sociais e o crescimento das novas tecnologias, principalmente da internet, permitiu dar um maior destaque a um número de causas em todo o mundo, causas estas a que hoje é mais fácil de chegar. Apesar de existirem plataformas e meios de ajudar os mais necessitados, não existe uma ferramenta completa que permita um controlo, uma maior transparência e sentido de pertença dos doadores, nesse sentido, surgiu uma ideia de um plano de negócios para o desenvolvimento de uma aplicação de gestão de donativos na área da saúde.

A ideia surgiu tendo como base casos passados que aconteceram em contexto nacional e que levantaram uma série de dúvidas quanto ao processo de transparência e finalidade do dinheiro. Foi tida em consideração a grave pandemia que se vive (Covid-19) onde foi ajustado o plano de negócio, este plano tem como objetivo a criação de uma ferramenta, aplicação de telemóvel (android/ios) e website, que permita uma melhor gestão e transparência no processo de donativos, gratuita e disponível a toda a sociedade, aumentando assim o grau de consciencialização das dificuldades em todo o mundo e como podemos ajudar os mais necessitados através de uma plataforma digital.

Foi realizado um levantamento e análise de plataformas com o mesmo objetivo, de maneira a fazer-se um estudo prévio do que já existe e o seu funcionamento, assim, foi possível desenvolver um plano de negócio inovador que permita uma maior gestão e transparência de donativos.

Palavras-chave: Donativos, Aplicação, Saúde, Internet, Tecnologia, Covid-19.

Sistema de Classificação JEL:

O31 - Innovation and Invention: Processes and Incentives

O33 - Technological Change: Choices and Consequences • Diffusion Processes

Abstract

Increasingly, donations are present in our society for various social causes, and the advent of new technologies, especially the internet, has made it possible to give greater prominence to the number of causes worldwide. Causes that today can be reached through donations. Although there are platforms and ways to help those most in need, there is no complete tool that allows control, greater transparency, and a sense of belonging from donors. Thus, an idea arose for a business plan for the development of management of donations in the health area.

The idea came up based on past cases that happened in a national context and that raised a series of doubts about the process of transparency and the purpose of the money. Taking into account the full pandemic that is happening (Covid-19) came the business plan which aims to create a tool, a mobile application (android/ios) and a website, which allow for better management and transparency in the donation process. Making it free and available to society, thus increasing the awareness of difficulties around the world and how we can help those most in need through a digital platform.

A survey and analysis of platforms were carried out with the same objective, in order to make a preliminary study of what already exists and how it works, thus, it was possible to develop an innovative business plan that allows for greater management and transparency in the donation process.

Keywords: Donations, Application, Health, Internet, Technology, Covid-19.

JEL Classification System:

O31 - Innovation and Invention: Processes and Incentives

O33 - Technological Change: Choices and Consequences • Diffusion Processes

Index

Acknowledgements.....	iii
Resumo.....	v
Abstract	vii
Chapter 1 – Literature Review.....	1
1.1. Internet.....	1
1.2. Health.....	3
1.3. Fundraising.....	6
Chapter 2 – Methodology.....	9
2.1. Data collection.....	10
Chapter 3 – Market Analysis.....	11
3.1. Ordem dos médicos, enfermeiros e farmacêuticos.....	11
3.2. Watsi	12
3.3. Transparent Hands.....	14
3.4. Discussion of Results.....	15
Chapter 4 – Competitive analysis	19
4.1. SWOT Analysis.....	19
4.2. Critical Success Factor.....	20
Chapter 5 - Objectives of the Plan.....	21
Chapter 6 - Development Strategy.....	23
6. 1. Marketing	23
6.2. Organization.....	24
6.3. Financial evaluation.....	25
Conclusion.....	32
Bibliography	33
Appendices	35

Chapter 1 – Literature Review

1.1. Internet

Over the years, society has gone through several industrial revolutions, and as such, in the past few years we have experienced a new revolution: the creation of technologies of information processing and communication. Today, information technology is what new sources of energy were to the previous industrial revolutions (Castells, 1996). OECD defines ICT as the merger between manufacturing and service industries that capture, transmit and display data and information electronically (OECD, 1998). This new era of information technology began with the creation of the Internet.

The internet was created, during the late 1950's, by the US Defense Department's Advance Research Project Agency (ARPA) for military use. But with its constant development in the beginning of the twentieth century and with the unique blend of military strategy, scientific cooperation, technological entrepreneurship and countercultural innovation it became global and accessible for most of the population. Thus, the internet emerged as a global network of interconnected computer hardware and software systems, allowing for the storage, retrieval, circulation, and processing of information and communication across time and space (Slevin, 2007).

Today the internet is part of our world and is in constant growth. If I drew a comparison between its humble beginnings, to be used as a personal and professional tool until nowadays I can tell a high evolution from 16 million users (1995) to 4,536 million users (Jun 2019), it is a growth of 283,43% and represents 58.8 % of the world population: 4,536,248,808 million people out of 7,716,223,209 (Internet World Stats, 2019). As I can observe this is a tendency that is not going to stop, at least not for now, since millennials (people that were born between 1980s and mid-1990s) use the Internet more than the rest of the populational generations (Huttunen and Christensen, 2019), and so, I expect that the number of internet users will continue to grow in the future.

In Portugal most of the population, 6,639,342 out of 10,283,822 individuals (Pordata, 2019), has an age somewhere between 15-64 years old, so I can understand that this group is comprised of several different generations, and these individuals grew up with the creation and development of the internet and are a part of the ICT revolution using the

internet as part of their daily-lives. Today the use of the internet has spread to all different age groups and more than 70% of the Portuguese population uses the internet (Appendices 1). That is the sum of 7,198,675 people, and as I had already seen there is a continuous increase of the usage of the internet, so this number is expected to grow in a few years.

Ever since the creation of the smartphone (the first being the Simon Personal Communication by IBM in the early 1990s) that the world of mobile phones has had a drastic change. I have seen a large evolution in this field mainly since the launch of the iPhone in 2007, thirteen years after the first smartphone launch. Ever since the introduction of the iPhone there has been a massive creation of mobile phones that offer more advanced computing ability and connectivity than the basic mobile phone (Charlesworth, 2009). Currently there are roughly 5.5 billion smartphones in use across the world (Datareportal, 2019). There are now more smartphones than people using the internet and all of them are connected online, as I can see in Appendices 2, there is a natural tendency for this to continue to grow, not only with the development of new smartphones but also with newer generations.

With the constant development of smartphones and their portability there come numerous advantages: They provide personal internet access, that sometimes is more convenient than home access, access to all information in any part of the world, access to a countless applications and since 2009 there has been an increase in sophistication that allows for the creation of several mobile applications (Mossberger et al., 2012). However, this access is only possible to those who have the tools (smartphone and internet) and the knowledge to use them. The smartphone had emerged as a powerful instrument that provides access to thousands of mobile applications (Business Week, 2010), and like the incremental growth of the number of people that use the internet and mobiles (Appendices 3), there is also an incremental development of mobile apps, there was an annual growth of 9% in the number of mobile apps downloaded, that is, 194 billion of apps, (Appendices 4).

When I look at Portugal, as I have already stated, more than 70% of the population uses the internet, and 67% of them have used or installed apps during 2018 (Pordata, 2019). If I look at the population in study, I can notice that the highest percentage of users of such applications belong to the millennial generation (Pordata, 2019), and like the remaining statistics have already showed this is a tendency that is still growing. The average revenue per user in Portugal is 2,02€ of a market segment that in 2019 had a

revenue of 3 million, regarding to the number of app users in 2018 there were 1,4 million users and the number is continuing to grow (Appendices 5).

1.2. Health

The World Health Organization defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 1946), but over the years this definition has been criticized because it has never been updated in 60 years.

Machteld Huber and colleagues criticize this definition, firstly relaying that this definition unintentionally contributes to the medicalization of society followed by the argument that since 1948 the demography of the population and the nature of diseases have changed considerably. Lastly, they criticize that the WHO definition concerns the absoluteness of the word “complete” in relation to wellbeing (BMJ, 2011), despite the fact that a new definition should be created the specialists prefer to create a concept or conceptual framework of health.

As I can see from Appendices 6, when the WHO created a definition of health it coincided with the increase of life expectancy, I can observe that in the late 40s there was a big evolution in the fields across the world, principally in developed countries. On the other hand, Africa a less developed country, despite the jump still has a big difference when compared with the remaining populations.

Deloitte launched a report (Global Health Care Sector Outlook, 2019) , and through its analysis, it can be identified that this sector is in continued growth where it is expected an increase at an annual rate of 5,4% in 2018-2022 that represents a rise from 2,9% in 2013-2017. Like we have previously seen the life expectancy appears to continue to climb. It is projected to increase from 73,5 years in 2018 to 74,4 in 2022 which represents a major improvement for the health care sector that have a social economic effect, since there is an increased output per worker that is associated with the increased real GDP.

Despite the continued growth of this sector there is also a higher number of costs, as I can see in Appendices 7, The global costs with this sector has grown 77% from 7,724 trillion dollars in 2012 to 10,059 trillion dollars in 2018, not only from a personal perspective, where health care spending per person is expected to continue to grow, but

also in the governments where it is expected to continue expanding or deepening their public health care systems.

The healthcare business is also changing drive from the disruptive market entrants, it is becoming more digital and impacting both clinical and business operations. It is becoming a necessity to adapt to the digital in this sector. Innovations like blockchain, cloud-based computing, virtual health, AI and robotics, digital reality and the internet of Medical Things (IoMT) are reshaping the future, allowing this sector to be more efficient and accessible. This necessity of digital innovation also arrives from the trends of the market, where there is an increase of internet users like Appendices 8 shows.

Nowadays there are more than 6000 rare diseases all over the world, and these diseases have a rare genetic component. The patients with these rare diseases are increasingly willing to engage with research as it often offers the only hope of accessing a diagnosis or benefitting from a treatment or a cure. Because of these diseases there are a lot of systems and protocols that are needed to be implemented in different countries and so different regulatory rules can be incompatible (Courbier et al., 2019). The regulatory rules and protocols, despite being necessary, make it difficult for people that have these diseases to find a cure or to have access to the medications they need. Not only because of the time they need to wait for approval but also the money they need to pay for these medications or experimental treatments. The true costs of rare diseases are unknown, and their impacts are felt not only by the patient but by family members, careers, the health service and wider society (Simpson, 2016).

The costs of rare diseases don't come only from the financial outlook, but it is one of the most crucial, and since most people don't have the possibilities to acquire the experimental drugs or trials, they end up resorting to donations, so they can pay for these treatments.

Over the past few years the Portugal healthcare system has seen major reforms. Like the remaining countries in the European Union, there is an increase of life expectancy (figure 5) that originates from the investments that have been made in this sector over the years. When I look at Portugal, I have the National Health Service (Serviço Nacional de Saúde (SNS)), this is a service that was created during the early 20th century by the government in order to provide health care for the Portuguese population. Before this system being implemented there was a number of hospitals that were built and then managed by

Misericórdia institution in order to provide health care for the poorest Portuguese population (Fernandes et al., 2016).

Over the past years the Portuguese Government has upped their investment in the healthcare system, except for the 2010 crisis with the implementation of the Troika program. If I take a look at 2003 the gross domestic product (GDP) was about EUR 146 billion and the health expenditure per capita was EUR 1639 (9,2% of the GDP) in health care systems, in 2010 before the crisis the GDP was EUR 180 billion, the healthcare expenditure per capita was EUR 2219 (10,2% of the GDP), the GDP increased and also the percentage of investment in this sector but in 2011 (after the introduction of Troika program the GDP decreased to EUR 176 billion and the healthcare expenditure per capita was about EUR 2058 (9,7% of the GDP), if I compare to the rest of the EU, the medium healthcare expenditure per capita was EUR 2911 (9,6% of the GDP), this means that we were spending the same healthcare expenditure per capita as the remaining EU countries in terms of percentage by GDP but in reality our GDP is lower than the average and so the total of euros per capita is lower. In 2018, eight years after the crisis, the GDP was EUR 203 billion and the healthcare expenditure per capita was around EUR 2861 (9,1% of the GDP) (OECD, 2018).

The constant increase of healthcare expenditure per capita came from several factors that I can analyze: on one hand I have a demographic factor, the number of population aged over 65 increased from 1.7 million people in 2003 to 2.2 million person in 2018 (Pordata, 2019), while population with an age over 65 rarely sees the health-related quality of life improving at the beginning of this age. There is also a difference between men and women. Another important factor is socioeconomic, namely the risk factors to health. In Portugal the risk factors include smoking, binge drinking and obesity. These are factors that contribute to the development of health issues like cancer, cirrhosis and heart attack. In 2018 data shows that 20% of the Portuguese population were smokers, in 2015 (there was not available data in the posteriors years) 10% of the population showed to have drinking problems and in 2018 22% of the population displayed obesity problems (European Commision, 2019).

1.3. Fundraising

Fundraising is defined as the process of soliciting financial support (usually as grants) for a non-commercial cause (Business Dictionary 2019), but it is so much more than raising money, it is also about raising donors. In long term the only way we can raise money year after year is by developing a broad base of loyal individual donors who are committed to your work (Fundraising, 2013), if we have committed donors to our work there's also a higher commitment to the project.

Inside the fundraising we have a tool called a donation, it is the act by which the owner of a thing voluntarily transfers the title and possession of the same from himself to another person, without any consideration, a gift. A donation is never perfected until it is accepted, for the acceptance is requisite enough to make the donation complete, the person making the gift is called the donor and the person receiving the gift is called the donee if made to a qualified nonprofit charitable, religious, educational or public service organization (US Legal, 2019).

This concept of donations in time spread all over the world. International non-governmental organizations (NGOs) are known by two forms of activities: where they can deliver basic services to people in need, and organize policy advocacy and public campaigns for change but also in a wider range they specialize in other works such as emergency response, democracy building, conflict resolution, human rights work, cultural preservation, environmental activism, policy analysis and research and information provisions (Kanji 2009). The Amnesty International, Greenpeace, Oxfam are described as important political actors for transparency, being drivers for transparency (Petersson, 2020).

The traditional role of NGOs has been the delivery of services to alleviate the symptoms of poverty and not necessarily its causes. This usually happens in the areas of food, health, housing, education, production, credit and micro finance and fostering self-reliance (Bradshaw et al., 2003), but these days anyone with internet access can start his own donations campaign. There are several tools that allow us to launch our own campaigns such as crowdfunding websites like Indiegogo, Gofundme, and several others. This is a common and new alternative to the traditional NGOs. When it comes to a specific goal, for instance social causes, we can use sites like Fundly, OpenIDEO or even Facebook. Recently there has been an enlargement of these tools

Taking into consideration all the above available alternatives to fundraising, it is important to understand why people donate for fundraising and to charity. A sense of duty can play a part leading them to make philanthropic donations based on their income and an estimate of the benefits produced by their gifts. Since the donations provide at least two kinds of benefits they can have the psychological benefits or the marginal benefits of their gifts, providing increases in charitable services (Ackerman, 1982). But several studies indicate that the donor preferences vary and can be divided into segments, and so, the knowledge of potential donors' preferences towards different donation targets can help to enhance the fundraising opportunities. It is important to take into account the preferences and characteristics when designing their messages and target those donor groups with the messages that are most likely to resonate with them. These characteristics are currently easy to include when reaching out to donors through tools such as social media advertising in the websites.

Chapter 2 – Methodology

The central activity in organizational research has been the development of a theory. Over the years, several authors have developed their theory by combining their observations from previous literature, common sense, and experience, but the link to data has often been thin (Perrow, 1986; Pfeffer, 1982). According to Glaser and Strauss (1967) it is the intimate connection with empirical reality that permits the development of a testable, relevant, and valid theory (Eisenhardt, 1989)

Eisenhardt's (1989) approach to the case study has a research strategy which focuses on understanding the dynamics present within single settings, and that, can involve single or multiple cases and numerous levels of analysis. This method of research contains a combination of data collection like archives, interviews, questionnaires and observations, and the evidence may be qualitative or quantitative in order to achieve certain goals; provide description (Kidder, 1982), test theory (Pinfield, 1986; Anderson, 1983), or generate theory (Gersick, 1988; Harris & Sutton, 1986).

Additionally, a research design in a case study is the logical sequence that allows the connection between the empirical data, the study's research question and the study's conclusions. The purpose of the research design is to ensure that the evidence collected relates to the research question and that relations between the variables can be established.

The creation of a consistent Innovative Business Plan that can be implemented as a tool of success is going to have as research context the "donations in healthcare". In this context I am going to study what donations are and their impact in the sector of healthcare, following the thesis' purpose - How can I increase peoples trust in donations? How can I create a tool that leads the people to trust and agile the donations system?

At a first instance, I was supposed to develop a questionnaire that would be distributed to a specific population, the evidence on this questionnaire would be quantified in order to provide a better analysis and understanding, however in the beginning of the year an outbreak named Corona virus (Covid-19), which is an infectious disease caused by a newly discovered coronavirus (World Health Organization, 2020) appeared initially in China and spread all over the world. The first case in Europe happened on the 24th of January in France (World Health Organization, 2020), marking this a pandemic, namely one of the deadliest of the XXI century, killing more than 680.000 people all over the world.

Since the appearance of Covid-19 in Europe, Portugal was not exempted, and the first case appeared on the 29th of February. After the first case the number of infected increased substantially, compelling the government to declare in first instance State of Emergency from the 18th of March until 2nd of April declaring the State of Calamity soon after. During the state of emergency, the population was limited to their houses, not being able to go to the street, coexist, walk, and other things with the exception of performing their basic needs.

Taking into consideration the above, regarding to Covid-19 and all the adaptations from a safety and accessibility point of view that were made, I have changed the methodology of this business case opting to instead of doing a questionnaire doing a multiple case-study method to be able to compare and add value to my business plan. A multiple case study method when compared to single case-study, offers more convincing evidence and arguments, as also the evidence produced is stronger due to coming from different sources (Yin, 2009).

2.1. Data collection

There are different sources of gathering data for research studies, however, none of them has clear advantages over each other. In order to have a good case study I need to use many possible sources (Yin, 2009).

These days there is plenty of information available on the internet, and with that considered, documentation has a very important role in data collecting, because it will allow us to analyze, compare and draw some conclusions. It is important to create some filters to ensure that I focus on what is important and relevant to the research study.

I will do a documentary research to the very evolution of what is happening in the market, and also to the main trends, through research on the internet and sustaining the study and the creation of value, contributing from a social and economic point of view.

Chapter 3 – Market Analysis

Since the methodology has changed from a questionnaire to the multiple case-study method, I need to do a market research and identify the companies/platforms where my approach of business plan can/or is already being applied. After that I will analyze those companies/ platforms and the ways in which my approach can value facing them. In that sense, the following requirements are needed in order to reduce the list of companies/ platforms to analyze:

- Must have an application (ios/android) or a website;
- They must be in the healthcare sector and allow donations (species or genus);

Taking into consideration the above, and after a market research, the following companies/ platforms fulfil the requirements and will be analyzed:

- Ordem dos médicos, enfermeiros e farmacêuticos as is illustrated on Appendices 9
- Watsi as seen in Appendices 10
- Transparent Hands as seen in Appendices 11.

3.1. Ordem dos médicos, enfermeiros e farmacêuticos

During the year of 2020 a platform was created by the Portuguese Medical Association, Nurse Association and Pharmaceutical Association, this platform emerged to answer the public health emergency situation that is affecting the whole world, that being Covid-19.

Facing this situation, the above associations have been receiving several contacts by our civil society, anonymous citizens and companies, that wish to contribute with donations to help in any way possible, in products or services. Everything from personal protective equipment to meals and temporary accommodation for health professionals, are being offered and addressed to this association.

In view of the growing requests to help this association, they decided to get together and create a common platform shared by all, where all the received donations can be registered. This is a free access platform and can be consulted from the website of the association so that, those who need support have access to the contacts of those who have something to contribute.

This platform can only be accessed via the internet in the following website: <https://ordemdosmedicos.pt/donativos/lista-donativos.php>, and it is intended for the

systematization and availability of contacts between people or entities that have goods or services to offer and people or entities that need them, not accepting donations in money.

Those who have goods or services that want to donate must send an email to the respective associations, where it should indicate, as detailed as possible, the characteristics, quantity, region of the country to which it is intended (if applicable), of that donation. The person or company must always provide an email, the name of the person or entity and the telephone number to allow contact with the recipient of the good or service, this information is not going to be available in the platform.

The platform only makes available the good or service donated, the quantity, region, the association that must be contacted to reach out and if there are additional charges and notes. Through this platform the associations aim to approach the institutions where health professionals work, to the goods or services donated. The objective of this platform is to get two interested parties together and make widely available the kind of services or goods that are being donated through a more transparent system.

3.2. Watsi

Founded in 2011 in San Francisco, Watsi is a nonprofit healthcare crowdsourcing platform that allows the individual donors to donate money to help finance the medical care of people who are in countries in development that cannot afford medical care, their mission is to make healthcare accessible for everyone.

For these individuals, Watsi is more than a platform it is a lifeguard, since it allows the possibility to pay for the medical care of the neediest so they can get treatment. This platform can only be accessed via the internet in the following website: <https://watsi.org/> and aims to fund healthcare for people around the world. 100% of the donations fund life-changing healthcare. Not only can they count with the support of Donors, but also, have the support of several companies that in one way or another help Watsi to achieve their main goal.

Watsi has considered itself a 100% transparency platform since ensuring the path of the donations is one of their most important values, and so, they ensure transparency in all donations in a number of different ways. They post all of the financials reports on their transparency document, which is a document that comprises all of the costs, including screenshots of fund transfers for every patient, real updates of a post-treatment photo and

information about the outcome of the treatment that the donor funded. Since they work with some of the most well-respected medical organizations in the world, they must have high standards to ensure trust and confidence from these institutions. The donations are transferred directly to their medical partner for the purpose of covering the cost of the patient's healthcare.

This platform has two elements, on the one hand it has the perspective of the donor, where they can verify the patients who need a life-changing surgery, and on the other, the perspective of the patient who seeks care and has a process until his disease can be available on Watsi.

On the perspective of the patient there is a set of steps that must be verified until his case can be available in the platform. Firstly, the patient that cannot afford to pay the treatment seeks care in one of the medical partners of Watsi. In this instance a medical partner is a on-the-ground organization that provides reliable healthcare to underserved populations in low income countries. In order for Watsi to form a relationship with a medical partner, they must maintain the highest of ethical standards and fit the several criteria (Watsi, 2020).

After seeking care, the patient learns about Watsi from one of their medical partners' staff, who asks if they would like to share their story with the world, always maintaining high standards of privacy. The patient will be informed about what is Watsi and how it works, this responsibility belongs to the medical partners. If in any case a patient does not wish to be featured on the website, there is an option to have their healthcare funded via General Fund without ever appearing on the website.

When the medical partner submits the patient to the platform, after they accept to share their story, there will be a review and the case may be or not approved by Watsi. If approved the case will be available in the platform for donors to begin funding, when the goal is reached and the patient receives treatment, the donors will then receive patient updates. The medical partner will submit a post-treatment update on the patient and send it to the donors, and the funds raised are transferred to the medical partner to support the cost of another case.

On the other hand, we have the perspective of the donors, where they enter into the platform and have a list of patients that need healthcare, they can meet a patient who needs a life-changing surgery and know more about his condition, then they can fund his care and donate as little as \$5, after the donation they receive an update by email about

the patient's healthcare. The donors can also sign up automatically to support a new patient every month, and so, donate monthly to several new patients.

3.3. Transparent Hands

Founded in 2014 in Lahore, Pakistani, it is the largest technology platform for crowdfunding in the healthcare sector of Pakistan: <https://www.transparenthands.org/>. Offering a complete range of free healthcare services, it can encompass medical and surgical treatments, medical camps and tele-health facilities and provide them to the underprivileged community of Pakistan. The main goal of this platform is to reach the millions of needy patients all over Pakistan who are suffering because of the lack of healthcare facilities, serving humanity by providing the best healthcare in Pakistan.

As the name of the platform shows, they distinguish themselves as one platform with 100% transparency on all levels, since the donation to a specific campaign until the patient is completely recovered after the surgery or medical procedure. They ensure this type of transparency by allowing the donors to keep a record of the entire donation amount and track the progress of the campaign, through regular updates, even after the surgery or medical procedure. The medical bills and reports of the patient are also uploaded to the website for the donors to see, keeping the whole process as transparent as possible. This is a way to keep them involved in the campaigns and allowing the forging of a bond of trust.

Despite Transparent Hands being oriented to the Pakistan Healthcare sector, they also have other foundations, namely at, the United States of America, United Arab Emirates and in the UK/Europe. Its main purpose is to spread the word on an international level and to collect donations from as many regions as possible to get medical and surgical treatments that are registered with Transparent Hands Trust in Pakistan. Even the donations carried out in the United States of America, United Arab Emirates and in the UK/Europe flow smoothly from that location to Pakistan.

If we take a deeper look at this platform, we can witness the results and the impact they already have in the healthcare sector in Pakistan. They have already done more than 940 surgeries & medical procedures, had 61 medical camps organized, 22,440 medical camps patients treated, \$ 943,570,00 funds spent and it counts with more than 1,343 supporting Donors, not only private donors, but also the support of organizations all over

the world, that in one way or another help to contribute to the expansion of this platform and contribute to medical cares.

Unlike other type of platforms, like Watsi, in Transparent Hands there are no medical partners that inform about this platform, its objective and how it works. In this case it is the own patient or family that come across the available information and need to research more about this platform, how they can apply and if they are eligible to get donations for their medical issue. In the absence of a medical partner the workload will drop under the patient or family and for the people that are not prone to deal with new technologies this may be a challenge since they may not have all the necessary knowledge to deal with all the steps and requirements needed to get support.

On the other hand, for the donor, this platform is very simple and clean. The donor enters the website and then he can choose the type of medical care, surgeries, medical procedures and special campaigns. After choosing the medical care he can scroll to the available cases that exist and he can read more about the condition, its story, how much is required and how much has been raised. It is as simples as selecting a campaign and making a donation, after that the funds are transferred to Pakistan to pay for the medical care. The Donors receive updates about the patient's condition even after the treatment.

3.4. Discussion of Results

As previously seen, there are already a number of platforms of crowdfunding in the healthcare sector that allows for donations to help solve medical care issues for the needy. Not only do these represent a solution to help others, they also show us the high numbers of people that need treatment in less developed countries who cannot afford treatment. But we need to take into consideration that these platforms, at least Watsi and Transparent Hands, have already more than six years, and so, they are not prepared for the recent worldwide situation deriving from Covid-19. This leads to a higher need of medical care mainly in the less developed and poorest countries. Despite the “Ordem dos médicos, enfermeiros e farmacêuticos” platform having been created during the quarantine with the main purpose of helping with goods or services to offer to the people or entities that need them, not accepting donations in money, they emerged to respond directly to this situation and after the stabilization of this pandemic the platform will no longer have any use.

So, a new market opportunity surges from this situation, taking into consideration the already existing platforms, and the way they work, a new solution must be developed, not only providing access to medical care to less developed countries, but also to anyone else that needs treatment and cannot afford it. Independently of the country or age, for example, if we take a look at Portugal at the population at risk of poverty, total and by age group in 2018 (in percentage), the average is 21,6% of the population that is at risk of poverty, if we analyze by age group, the population with 0 and 17 years has 21,9% to be at risk of poverty, facing the population with an age between 18 and 64 that have 21,6% to be at risk, the older group, with the population over 65 years or more, has a 21,2% to be at risk (Pordata, 2018), we can identify that there is a high percentage (21,6%) of people that are at risk of poverty. Despite Portugal being considered a developed country and having access to good primary health care this situation can result in a certain number of people not having access to medical care that is not covered by the National Health Service, forcing them to pay the expenses out of their own pocket.

The recent case of baby Matilde, who was a baby that was born in 2019 and in the first two months was diagnosed with a rare condition: spinal muscular atrophy type 1, resulted in her needing a promising treatment called “Zolgensma”, which is the most expensive drug in the world costing nearly two millions euros. This drug was not reimbursed by the National Health Service, and so, it fell on the parents to arrange the necessary money to start the treatments. Since they did not have any available options to get the money, they launched a solidary account and hoped that with the help of donors they could reach the money they needed, and in fact they did. The baby Matilde had become a national phenomenon and was even on national television. They achieved more money than they needed, reaching 2,5 million euros. For this campaign they did not use any platform, they only shared prints of the total amount of the bank account making the case become viral and leading to the State intervening and buying the drug in its total amount. The money donated is under investigation, the parents claim that they have used the money to help with other expenses of the baby and helping other children with the several rare conditions. The truth is that more than 2,5 million euros were donated but there is no way of confirming how and where the money is being applied. The lack of a platform that allows the control and transparency of the donations led to several doubts about where the money goes. This is not a unique case, several more cases have surfaced, not only in Portugal but across other countries, and so, it is necessary the implementation

of a tool through a platform that helps to manage the donations and make this a more transparent process.

Taking into account the present situation regarding Covid-19 and the reality that has emerged from the pandemic, it becomes clear and undeniable that a platform must be developed to be used by all people regardless of country or financial state. While being the most transparent possible and preparing this forthcoming new reality and future. The medical resources right now are being used to fight Covid-19, but after that, they are going to be needed to continue fighting the rest of the diseases that exist.

We can take some advantage of the present situation and based on the platforms that already exist we can create a new platform that allows us to sustain a competitive advantage. One valuable offer is going to be more relevant in this period of global pandemic and funds will be needed (through donations) after the situation stabilizes.

Several companies and public figures have donated millions to fight Covid-19 and helped mitigate the losses caused by the virus. We have numerous cases like BNP Paribas that donated 450 thousand Euros to three hospitals in Portugal. In Italy a total amount of 28 million Euros was raised by 17 billionaires, the like of the Italian retailer Esselunga who donated 2,5 million Euros to hospitals and institutions involved in taking care of the affected and engaged in scientific research on the disease. Armani donated 1,25 million Euros to four hospitals and the civil protection of Italy. Several other companies have donated. Public figures, like Chiara Ferragni e Fedez (one of the highest influencers in the world) have started a campaign with the purpose of constructing an intensive care unit at the San Raffaele hospital in Milan.

As I can see, several companies and public figures have made several donations and campaigns, but there is no entity or platform available that allows for the management of these donations with transparency and that allows the donors to keep track of what is been done by their contribution to this cause. And so, we can adapt and react to the market offering a new solution: a platform that answers these questions, creating sustainable competitive advantage against the remaining platforms and solutions, that are not prepared for this pandemic.

Chapter 4 – Competitive analysis

4.1. SWOT Analysis

The literature review reveals that it is difficult to trace the history of SWOT analysis. Several authors state that SWOT was a concept used by Harvard academics in the 60's (Haberber, 2000) while others state that it was created by Albert Humphrey in the 1960's and 70's. This being owned to a study at the Stanford Research Institute using data from Fortune 500 companies (Hindle, 2008). There were also several authors that contributed to the development of this concept, like Weihrich, Dealtry Wheelen and Hunger (Koch 2000).

SWOT analysis is a framework tool for assessing the organizational resources and capabilities, internal factors (strength and weaknesses) that depend upon the organization's objectives, and external factors, market situation (opportunities and threats). The strengths and opportunities are helpful to the organization while the weaknesses and threats are harmful (Abdi, Azadegan-Mehr, & Ghazinoory, 2011; Frost, 2003; Gunn & Williams, 2007; Helms & Nixon, 2010; Knott, 2008; Panagiotou, 2003; Stenfors, Tanner, & Haapalinna, 2004)

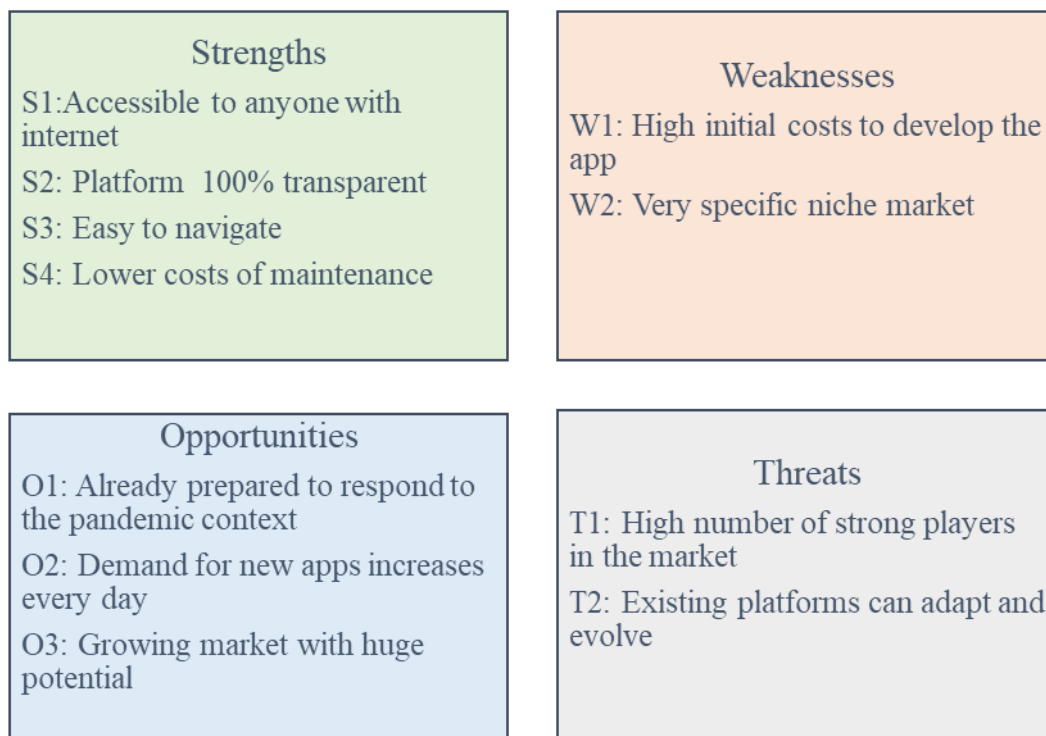


Figure 12 - SWOT Analysis (created by the author)

4.2. Critical Success Factor

Critical Success Factors are strategic elements, services and product attributes that are geared towards a competitive success in the market by gathering resources and capabilities (Thompson, 2012). Through these indicators we can guide the business towards success but can also change it according to the environmental changes of the organization or the problems and opportunities of each manager (Rockart, 1979). According to Porter (1986), one of the proficiency factors of companies is related to the way of managing costs and the associated advantages. In order to perform their activity with full efficiency, in comparison with the competition in the sector, companies can use the early identification of critical success factors as variables that can influence the company's competitive advantage or disadvantage.

In terms of critical success factors for the development of donation management applications in the health sector there is a market in constant growth with high potential, capable of reaching everyone through the internet. It is the capacity of a platform that is prepared to respond to the current pandemic situation.

Chapter 5 - Objectives of the Plan

The objectives of the plan can be divided into short-term, medium-term and long-term objectives, each of these phases is aimed at a specific goal.

The short-term business objectives can be defined into the 12 months following the implementation of the platform. They aim to make sure that revenue stays ahead of the costs of the platform, management costs and the productivity of resources.

The medium-term business objectives can be defined within 1 to 3 years. These ensure the platform is already being used and aim to guarantee an excellent customer service while developing leadership abilities.

The long-term business objectives can be defined up to 5 years. These try to maintain a sustainable growth while staying profitable and ensuring the best service.

To see if an application is capable of profit, we can observe the first three years of its life, this will eventually demonstrate if this application is capable of surviving its first years, which is the real test of survival.

In order to develop a successful plan, it would be needed to use our fundraising time wisely, find the right investors and not rush into things. Revising the business plan to reflect on any changes, regularly surveying customers to ensure that we provide what they need, doing a competitor analysis, these are such means. And thus, every month an email is sent with a customer survey to every user to ask about the quality of the service and recommendations to improve our app. The financial statements that contain information (such as profit and loss), a balance sheet and a cash flow forecast will be shared with all of the stakeholders so that there may be up-to-date information to have an accurate overview of the business available to all, As such, better decisions may be taken with transparency, helping to improve this application.

A management team needs to be created for the decision-making, for the coordination, control, analysis, and visualization of information on the application. It would be produced by a specialist on a quarterly basis. Regarding the IT programmer, he would be in charge of any updates needed to be made on the app updates and would keep in contact with our customers

Chapter 6 - Development Strategy

6. 1. Marketing

In order for the application to go to market, a marketing plan must be developed which will allow the application to reach its target market. This will ensue aided by sales/marketing methods that shall promote and position the app in the market and aid it in reaching a target audience.

It is necessary to position the application in the target market in order to keep it up to date with current technological developments and to provide a quality service for our users in a user-friendly way. There also must be also some benefits for using our application, like to better serve the patient's needs through access to donations for their health condition, giving them the possibility to manage the money in a transparent way and to commit the users to the purpose of this application.

For the promotion of our service the marketing methods I need to use are the following:

Take the segmentation and targeting to identify consumers most likely to convert and thus direct your efforts to actions that really work. Optimize marketing budget in order to achieve results with only a small percentage of the cost of traditional advertising. Increase sales with current and former clients while communicating with our current customers to keep the relationship alive while bringing value. Upgrade our loyalty strategies with direct contact with our customers allowing us to customize and to keep them using the application. Emails and offers are also created to bond with customers and create new business opportunities in order to adapt to market demands at all times and respond more effectively.

For a fast and global expansion of this application several marketing channels must be used. In the digital marketing the distribution of fliers, cookies and banners on the hospitals' websites, Social Media, Digital influencers and App store are some of the tools that can be used.

Public relations can also be used to expand this application, particularly in public events, magazines, direct communication, following the latest trending blogs and social media/social networks. One of the most important ways to promote this application is

through direct sale through person-to-person selling such as salespeople who attend industry conferences and events.

On the other hand, and since this is an application, internet sales are very important, and so, we need to create ways to promote it. Ways like the creation of coupons in order to attract people to install the application. Creating a Sense of Urgency to help the neediest by putting a deadline and target to the cases that need help. Making the signup area user friendly, having a customer service team available for any and all questions that may rise during the registration and donation, adding images and first person feedback to make it appealing to visit the website and know more about these cases.

Since I do not have a product to sell, the link of the consistency between our sales method and the marketing plan do not exist, but the application must be delivered to our customer and it will be done through the mobile channel: App store (for IOS), Play store (for androids) and the websites.

This application relies on donations while being free and having no cost to the consumer. It requires constant investment and maintenance that entails certain costs, in that sense our app is going to be free in order to achieve more clients. however, a small fee must be due for the cost of maintenance and as such to complement the application will rely on advertising regarding the medical sector

6.2. Organization

For this application to succeed there must a management team involved in this organization. The management team is constituted by people with the know-how in the marketing, financial and management sector, and it is needed in our service someone with contacts in the medical sector and in several countries in order to prepare the entry in this market. So, it is expected that to launch this application a team of at least four people will be needed to achieve success.

Due to the uncertain times that we live in and in order to optimize costs, there will be no need to have an office. The management team can work remotely only needing access to the internet and a computer, and when there is a need to meet there are several available and safe hubs for that. Some of the roles must be outsourced to save on costs. These can be roles such as the account and the computer programmer responsible for the app conception and features, and the digital worker.

6.3. Financial evaluation

The development of the app has an estimated total cost of about 22.100€ including the website and the app design. These values were calculated being taking into consideration several simulations on the current market. After the development of the app, there are two regular external expenses: the license IOS and an accountant which makes for a regular annual expense of 3.160€. There is also a fixed cost with the brand maintenance of 200€ per year. Since the app has the main purpose of helping the most needed, the main goal is not the profit, and so, there must be a way to make the app viable. This works through advertising. The ads will be limited to the health sector and new discoveries and developments that can contribute to our health, I expected to have an annual cost with the advertising included of 16.848€ per year, but a high return is expected with this that can help with the costs (Figure 13).

Operational Costs		
CAPEX Year 0	Cost	
App Development	15 000 €	
Website Development	6 500 €	
App Design	600 €	
Total	22 100€	

Fixed External Supplies and Services	Monthly	Annual
Licenses (IOS)	8€	100€
Accountant	75€	900€
App maintenance	180€	2 160€
Total	263€	3 160€

	Year 1	
Variable Cost	Cost	Annual Cost
Advertising		
CPM (1€ per mile)	1 000€	12 000€
CPC (1,32€)	404€	4 848€
CTR (7,5%)	0€	0€
Total	1 404€	16 848€

Year 1		
Fixed Costs	Monthly	Annual
Brand Registration	-	200,00€
Total	0€	200€

Year 2 and others		
Fixed Costs	Monthly	Annual
Brand Maintenance	-	200,00€
Total	0€	200€

	1	2	3	4	5
Total Variable costs	16 848€	0€	0€	0€	0€
Total Fixed costs	3 360€	3 360€	3 360€	3 360€	3 360€
Total	20 208€	3 360€	3 360€	3 360€	3 360€

Figure 13 - Operational Costs

What is concerning about the sales projection is the fact that there are not any specific sales, since it is not the purpose of this app. It is expected to have donations from several donors to help maintain it functional. When the money we expect to make from advertising since the highest investment is made a fee of 2,5% will be charged to the donations until the sum of the fees plus the donations to the app will reach enough money to make the platform sustainable for fifty years. It is expected that in the first year the sales will attain 8.010,00€ and in the subsequent fifth year 30.177,14€ (Figure 14)

Sales Projection					
		5%	10%	15%	20%
	Year 1	Year 2	Year 3	Year 4	Year 5
Donnors	5 000,00 €	7 500,00 €	10 000,00 €	15 000,00 €	25 000,00 €
Sales (cost per click)	3 010,00 €	3 160,50 €	3 476,55 €	3 998,03 €	4 797,64 €
Fee for maintenance (2,5%)*	0,00 €	250,00 €	275,00 €	316,25 €	379,50 €
Total Revenue Platform	8 010,00 €	10 910,50 €	13 751,55 €	19 314,28 €	30 177,14 €

*until having enough for fifty years of maintenance

Figure 14 - Sales Projection

For the development of the app it is necessary a Capex of 22.100€, with VAT the value increases to 27.1883€ where it is expected that 15.000€ comes from crowdfunding, and a shared capital of 20.000€ (Figure 15)

Capital Structure	
Capex	22 100 €
Capex with VAT	27 183 €
Share Capital	20 000 €
Crowdfunding	15 000 €

Figure 15 - Capital Structure

In the moment of implementation (year zero) it is expected to have a profit of 9.117€ derivate of the financial income, but during the first to the third year a net loss is expected facing the low sales and the costs to maintain the app. Only in the fourth year is the profit attainable of 886€ (Figure 16), and like the finances show (Figure 17), the financial need will only decrease in the fiftieth year, until there is an increase of the financial needs, which is normal during the first years of a new business.

Income Statement at Constant Prices

	0	1	2	3	4	5
Sales		8 010 €	10 911 €	13 752 €	19 314 €	30 177 €
COGS		- €	- €	- €	- €	- €
Gross Profit Margin		8 010 €	10 911 €	13 752 €	19 314 €	30 177 €
Variable External Supplies and Services		16 848 €	16 848 €	16 848 €	16 848 €	16 848 €
Contribution Margin		- 8 838 €	- 5 938 €	- 3 096 €	2 466 €	13 329 €
Fixed External Supplies and Services		200 €	200 €	200 €	200 €	200 €
Costs with staff		1 380 €	1 380 €	1 380 €	1 380 €	1 380 €
EBITDA		- 10 418 €	- 7 518 €	- 4 676 €	886 €	11 749 €
Depreciations & Amortizations	- €	- €	- €	- €	- €	- €
EBIT		- 10 418 €	- 7 518 €	- 4 676 €	886 €	11 749 €
Financial income	11 541 €	- 11 439 €	- €	- €	- €	- €
Financial expenses	- €	- €	- €	- €	- €	- €
EBT	11 541 €	- 21 857 €	- 7 518 €	- 4 676 €	886 €	11 749 €
Loss Report /Net Loss	- €	- €	21 857 €	29 375 €	34 051 €	33 165 €
Taxable Income	11 541 €	- 21 857 €	- 29 375 €	- 34 051 €	- 33 165 €	- 21 416 €
Income Taxes	2 424 €	- €	- €	- €	- €	- €
Net Income	9 117 €	- 21 857 €	- 7 518 €	- 4 676 €	886 €	11 749 €
Net Loss to report	- €	21 857 €	29 375 €	34 051 €	33 165 €	21 416 €

Figure 16 - Income Statemet at Constant Prices

Financial Plan						
	0	1	2	3	4	5
Investment in CAPEX	22 100 €					
Investment in Working Capital	- €	- €	- €	- €	- €	- €
Repayments of Medium Term Loans	- €	- €	- €	- €	- €	- €
Repayments of Short Term Loans		- €	13 002 €	20 737 €	25 689 €	25 189 €
Interest of Medium Term Loans	- €	- €	- €	- €	- €	- €
Interest of Short Term Loans (from the previous year)		- €	- €	- €	- €	- €
Payment of Income Taxes		2 424 €	- €	- €	- €	- €
Investment Suppliers		- €	- €	- €	- €	- €
Financial needs	22 100 €	2 424 €	13 002 €	20 737 €	25 689 €	25 189 €
EBITDA	- €	10 418 €	7 518 €	4 676 €	886 €	11 749 €
New Equity Capital	20 000 €					
Medium Term Loans	15 000 €					
Return of financial instruments		- €	- €	- €	- €	- €
Credit from Equipment Suppliers						
Financing sources	35 000 €	10 418 €	7 518 €	4 676 €	886 €	11 749 €
Balance=Total Sources-Total Needs	12 900 €	12 842 €	20 519 €	25 414 €	24 803 €	13 440 €
BOY	- €	24 441 €	160 €	20 359 €	45 773 €	70 576 €
Potencial Liquidity	12 900 €	11 599 €	20 359 €	45 773 €	70 576 €	84 016 €
Desired liquidity	1 359 €	160 €	218 €	275 €	386 €	604 €
Financial Needs	- €	13 002 €	20 737 €	25 689 €	25 189 €	14 043 €
Balancing Short Term Loan	- €	- €	- €	- €	- €	- €
Interest	- €	- €	- €	- €	- €	- €
Financial Surplus	11 541 €	11 439 €	- €	- €	- €	- €
Investment in Financial Instruments	- €	- €	- €	- €	- €	- €
Income from Financial Instruments	11 541 €	11 439 €	- €	- €	- €	- €
EOY	24 441 €	160 €	20 359 €	45 773 €	70 576 €	84 016 €

Margin for contingencies in investment	5%
Cash margin (Safety margin)	2%
Dividend % if there is surplus	50%

Figure 17 - Financial Plan

Despite this being an app taxes need to be paid and received, in this case, there is VAT to receive, that will decrease the investment in net working capital needs from the operations (Figure 18).

Working Capital

	0	1	2	3	4	5
Working capital Needs						
Accounts receivable (VAT included)	- €	- €	- €	- €	- €	- €
VAT to receive	- €	9 731 €	10 504 €	11 276 €	12 049 €	12 822 €
Total	- €	9 731 €	10 504 €	11 276 €	12 049 €	12 822 €
Working capital Resources						
Accounts payable (w/ VAT)		1 684 €	280 €	280 €	280 €	280 €
State	- €	203 €	219 €	235 €	251 €	267 €
Total	- €	1 481 €	61 €	45 €	29 €	13 €
Net Working Capital Operating Needs	- €	8 250 €	10 442 €	11 231 €	12 020 €	12 809 €
Investment in Net Working Capital Needs	- €	8 250 €	2 193 €	789 €	789 €	789 €

VAT over Sales (Charged to Customers)	- €	- €	- €	- €	- €	- €
VAT over purchases (Paid to Suppliers)	4 648 €	773 €	773 €	773 €	773 €	773 €
VAT to be paid	- 5 083 €	- 4 648 €	- 773 €	- 773 €	- 773 €	- 773 €
(Accumulated) VAT due to be paid	- 5 083 €	- 9 731 €	- 10 504 €	- 11 276 €	- 12 049 €	- 12 822 €
VAT to be received	5 083 €	9 731 €	10 504 €	11 276 €	12 049 €	12 822 €
VAT to be paid	- €	- 9 731 €	- 10 504 €	- 11 276 €	- 12 049 €	- 12 822 €
Credit VAT to be paid (end of the year)	- €	- 2 433 €	- 2 626 €	- 2 819 €	- 3 012 €	- 3 206 €
Costs with Staff	40 000 €	40 000 €	40 000 €	40 000 €	40 000 €	40 000 €
Social Charges	- €	- €	- €	- €	- €	- €
VAT to Recover -Authorities debt balance	5 083 €	9 731 €	10 504 €	11 276 €	12 049 €	12 822 €
Social Charges + VAT	- €	- 2 433 €	- 2 626 €	- 2 819 €	- 3 012 €	- 3 206 €

VAT	23%
Average VAT payment (months)	3
Average Social charges payment	1
Average Collection period	0
Average payment period	1

Figure 18 - Working Capital

Considering all of the above and the expected net income from the financial data of this app, despite only in the fifth year there being profit, the expected time to payback the account is eight years and the financial investment is nine years (Figure 19), it becomes necessary to achieve the funds as fast as possible for the maintenance of the app.

Cash Flows at Constant Prices							
		0	1	2	3	4	5
EBIT		- €	- 10 418 €	- 7 518 €	- 4 676 €	886 €	11 749 €
Financial Expenses		- €	- €	- €	- €	- €	- €
		- €	- €	- €	- €	- €	- €
EBT		- €	- 10 418 €	- 7 518 €	- 4 676 €	886 €	11 749 €
Adjusted Income taxes	21%	- €	- €	- €	- €	186 €	2 467 €
Net Income		- €	- 10 418 €	- 7 518 €	- 4 676 €	700 €	9 282 €
Operating Cash Flows		- €	- 10 418 €	- 7 518 €	- 4 676 €	700 €	9 282 €
Investment in Net Working Capital Needs		- €	8 250 €	2 193 €	789 €	789 €	789 €
CAPEX		22 100 €					
Project Net Cash Flow		- 22 100 €	- 18 668 €	- 9 710 €	- 5 465 €	- 89 €	8 493 €
Cumulated Net Cash Flow		- 22 100 €	- 40 768 €	- 50 478 €	- 55 943 €	- 56 032 €	- 47 539 €
PV of Project Net Cash Flow		- 22 100 €	- 17 313 €	- 8 352 €	- 4 360 €	- 66 €	5 827 €
Cumulated PV		- 22 100 €	- 39 413 €	- 47 765 €	- 52 124 €	- 52 190 €	- 46 363 €
Nominal Discount Rate			7,83%				
NPV		-	46 363 €				
IRR			-40%				

Profitability Index		-1,10	Year	Months	Days
PAY BACK (Accounting)		-7,236	-8	9	5
PAY BACK Discounted (Financial)		-8,956	-9	0	16

Figure 19 - Cash Flows at Constant Prices

Conclusion

The main objective of this thesis is to develop a practical and realistic business plan for the development of an application that can be accessed through the phone (ios/android) and website for the management of fundraising in the healthcare sector.

After a previous analysis of the literature review and the main themes of the essay: Namely the internet, healthcare and fundraising systems, I used these as a starting point for the conception of this business case. In order to develop this app, there must be a comprehensive approach of the themes and tools that are present, so that, this app goes in the same direction as its main themes.

The Covid-19 crisis that we currently are living through was taken into account during the development of this business case. It had, of course, an impact in the conceptualization and objectivization of this tool which represents an opportunity, due to the changes in the market, to use this context to urgently develop a tool with these characteristics.

Since no questionnaire was applied, a more practical approach was taken: a benchmarking process was undertaken for tools with similar purposes and an analysis was made to understand how they work, what their goal is, the flaws or positive aspects and how they can be improved in one major tool available worldwide and that can be accessible for everyone to help in social causes allowing a deeper control, not only for the beneficiary of the donation but also for the donors in a transparency process.

For this business case to be as realistic as possible, A competitive analysis was made through SWOT to identify the strengths and weaknesses of this tool and to see the applicability of the same in the market. There was also a development strategy created from a marketing, operational and financial perspective, where the inputs given are as updated as possible so I can have all the necessary information and support to implement this app.

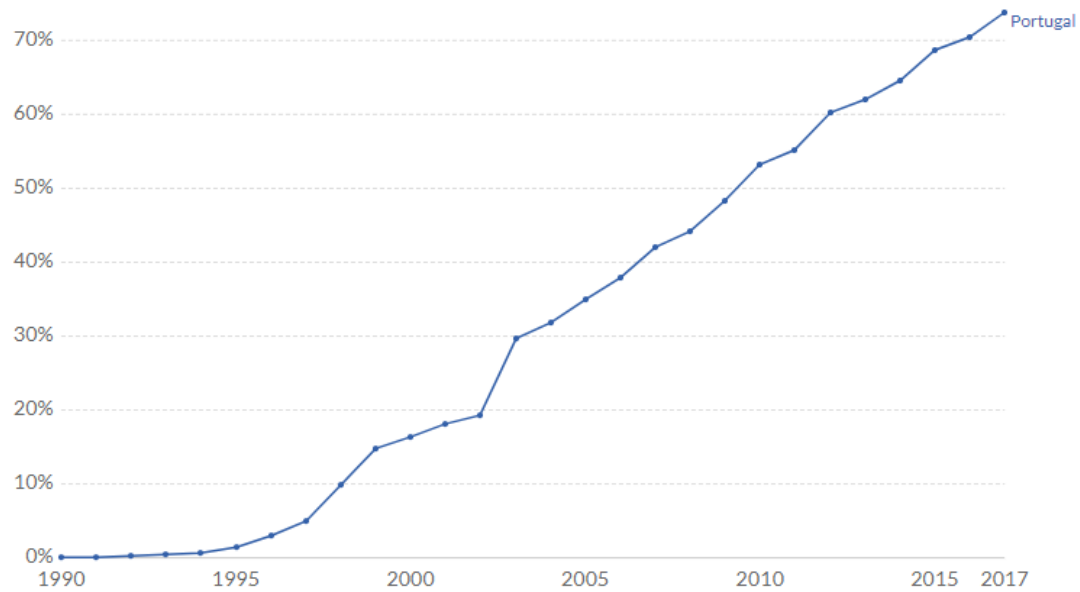
Finally, this business plan is developed to be the most practical possible taking in consideration the current context that we live in and being for the structuring of a donations app in the healthcare sector.

Bibliography

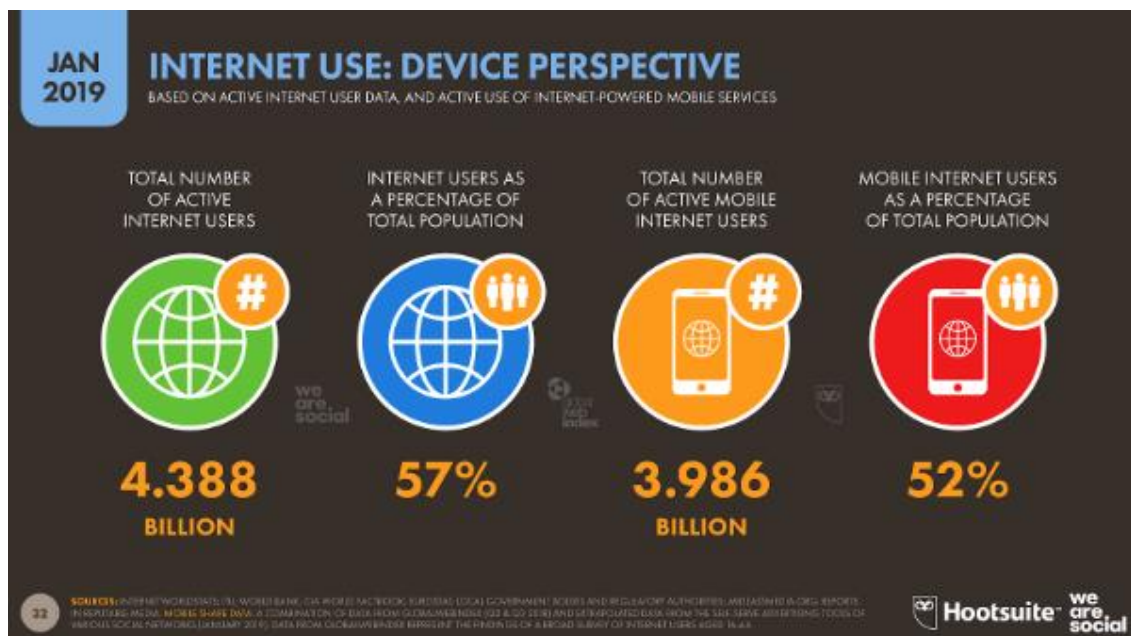
- Ackerman, S. (1982). Charitable Giving and "Excessive" Fundraising. *The Quarterly Journal of Economics*, 97(2). doi: 10.2307/1880754
- Application users. (2020). Pordata Web Site. Retrieved from <https://www.pordata.pt/>
- Bradshaw, S., Linneker, B., Zúniga, L. (2003). Civil society responses to poverty reduction strategies in Nicaragua. *Progress in Development Studies*; 3(2):147-158. doi:10.1191/1464993403ps058ra
- Business Dictionary. (2019). Retrieved from <https://www.businessdictionary.com>
- Castle, M. O. (1996). *The rise of the network society*. United States: Blackwell Pub.
- Charlesworth, A. (2009). *The ascent of smartphone*. *Engineering & Technology*, 4(3), 32–33.
- Courbier, S., Dimondet, Bros-Facer, V. (2019). Share and protect our health data: an evidence based approach to rare disease patients' perspectives on data sharing and data protection - quantitative survey and Recommendations. *Orphanet Journal of Rare Diseases*, 14:175. doi.org/10.1186/s13023-019-1123-4
- Deloitte. (2019). *Global Health Care Sector Outlook*. Retrieved from <https://www2.deloitte.com/content/dam/Deloitte/global/Images/infographics/lifesciences-healthcare/gx-lshc-hc-outlook-2019-infographic.pdf>
- Eisenhardt, K. M. (1989). Building Theories from Case Study Research. *Academy of Management Review*, 532 – 550. doi:10.2307/258557
- Fernandes, A., Burnett, S., Major, Maria. (2017). The National Health System in Portugal. *Review of Business and Legal Sciences*, 85. doi.org/10.26537/rebules.v0i27.747
- Haberberg, A., (2020). *Swatting SWOT: Strategic Planning Society*
- Hindle, T., (2008). *Guide to management ideas and gurus*. London, England: John Wiley & Sons.
- Huber, M. (2011). How should we define health? *BMJ* doi: 343:d4163
- Huttunen, J., Christensen, H. (2019). *Engaging the millennials: The citizens' initiative in Finland*. London: SAGE Publications Ltd.
- Internet usage statistics. (2020). Internet World Stats Web site. Retrieved from <https://www.internetworldstats.com/>
- Kanji, D. (2009). *Non-Governmental Organizations and Development*. London, England: Taylor & Francis.
- Koch, A.J. (2000). SWOT Dos Not Need to be Recalled: It Needs to be Enhanced. *State University of West Georgia*. Vol. 1, no. 1, pp. 1-14
- Madsen, D. (2016). SWOT Analysis: A Management Fashion Perspective. *International Journal of Business Research*, 16(1), 39-56.
- Magal, S., Carr, H., & Watson, H. (1988). Critical Success Factors for Information Center Managers. *MIS Quarterly*, 12(3), 413-425. doi:10.2307/249208
- Mosseberger, K., Tolbert, C., Hamilton, A. (2012). Measuring digital citizenship: Mobile access and broadband. *International Journal of Communication* 6: 2492–2528.
- OECD. (2002). *Measuring the Information Economy*. Retrieved from <http://www.oecd.org>
- OMS. (2020). *Constitution of the world health organization*. Retrieved from <https://news.un.org/en/>
- Pertersson, M. (2020). Transparency in global fisheries governance: The role of non-governmental organizations. *Elsevier Journal*. doi:10.1016/j.marpol.2020.104128

- Portugal Health Care & Long-Term Care Systems. (2016). *The Joint Report on Health Care and Long-Term Care Systems & Fiscal Sustainability*.
- Portuguese Population. (2020). Pordata Web site. Retrieved from: <https://www.pordata.pt/>
- Recommendations. *Orphanet Journal of Rare Diseases*, 14:175. doi.org/10.1186/s13023-019-1123-4
- Simpson, A. (2016). The hidden costs of rare diseases A Feasibility Study. *Genetic Alliance UK*. London, England.
- Slevin, J. (2017). *Internet*. In The Blackwell Encyclopedia of Sociology. G. Ritzer
- Smartphone applications. (2010). Business Weekly. Retrieved from <https://www.bbc.co.uk/>
- Smartphones Across the World. (2020). Datareportal. Retrieved from <https://datareportal.com/>
- US Legal. (2020). US Government. Retrieved from <https://www.usa.gov/donate-to-charity>
- WHO. (2006). *Constitution of the world health organization*. Retrieved from www.who.int
- Yin, R. K. (2009). Case Study Research: *Design and Methods* . Thousand Oaks: SAGE.

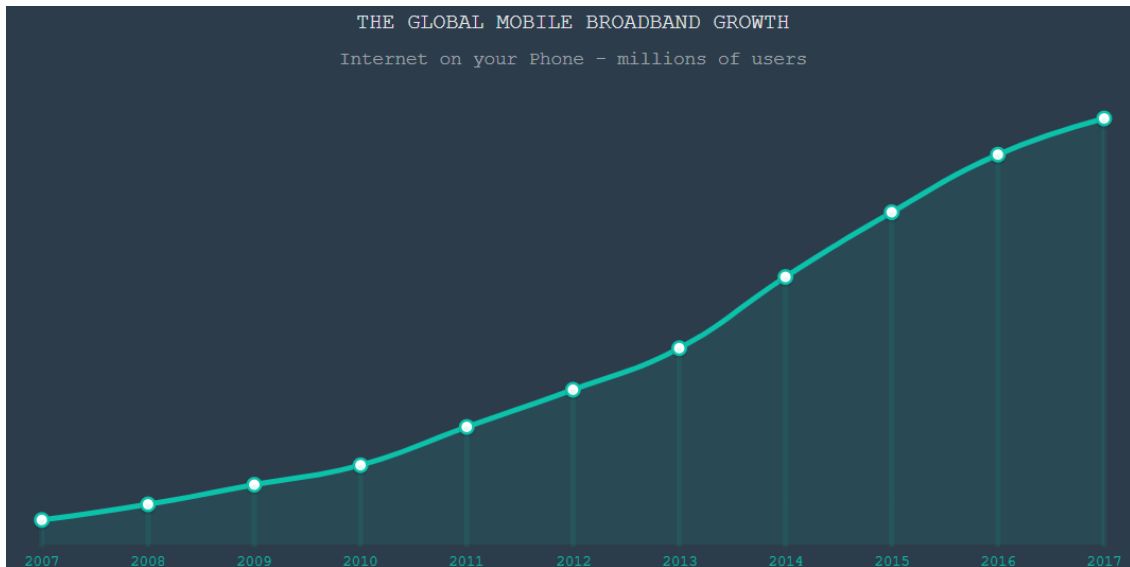
Appendices



Appendices 1 - Number of users of Internet in Portugal (World Bank, 2019)



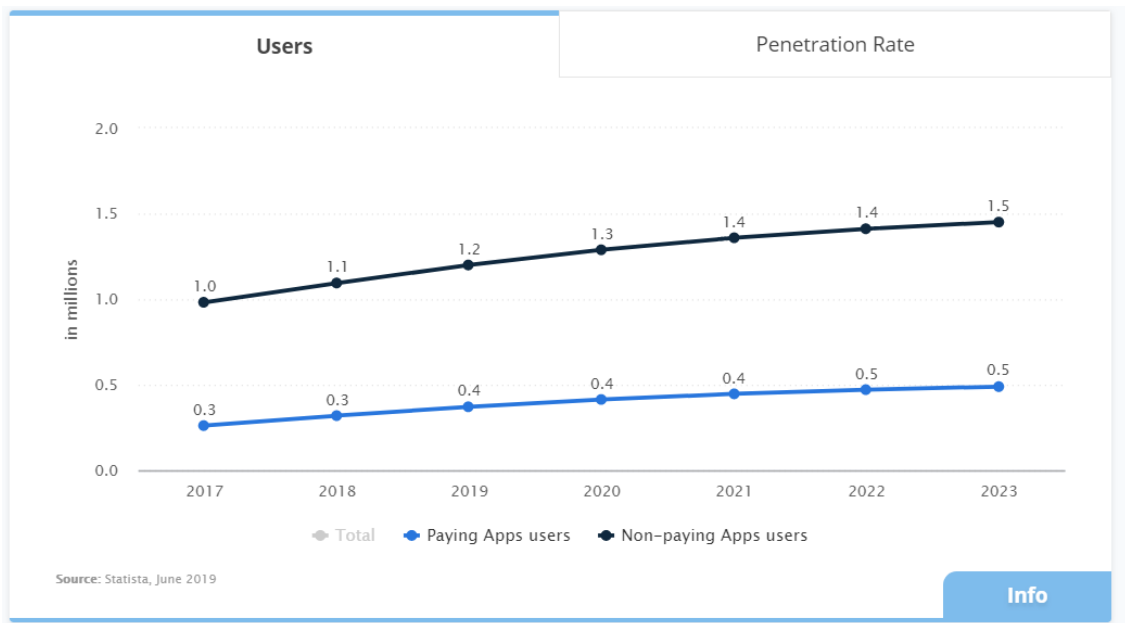
Appendices 2 - Internet use (Datareportal, 2019)



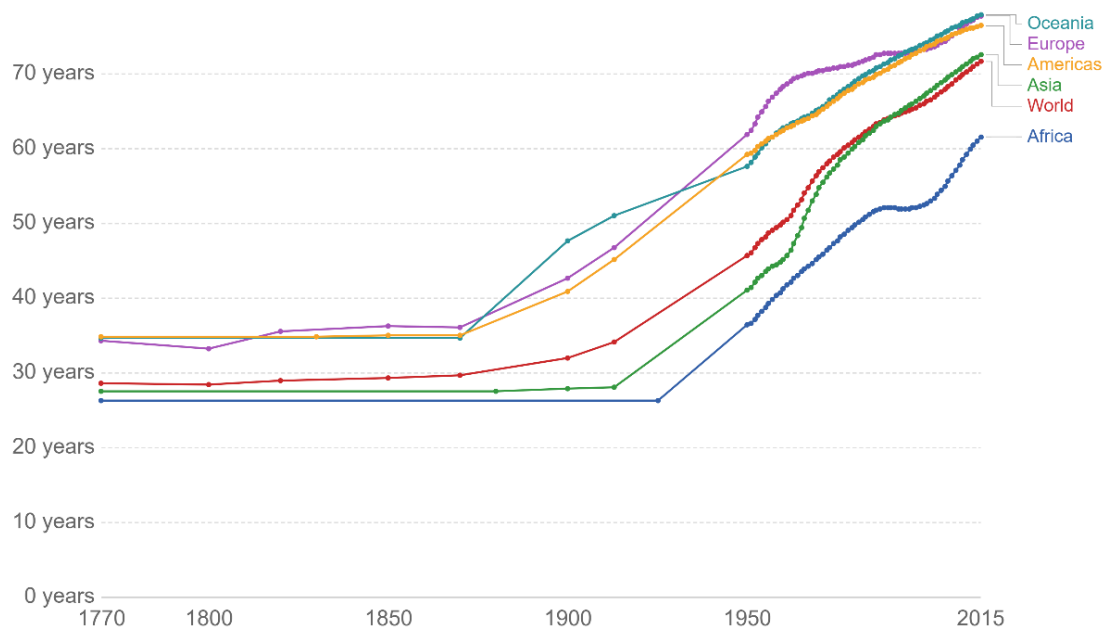
Appendices 3 - Global Mobile Broadband Growth (Traceroute-online, 2019)



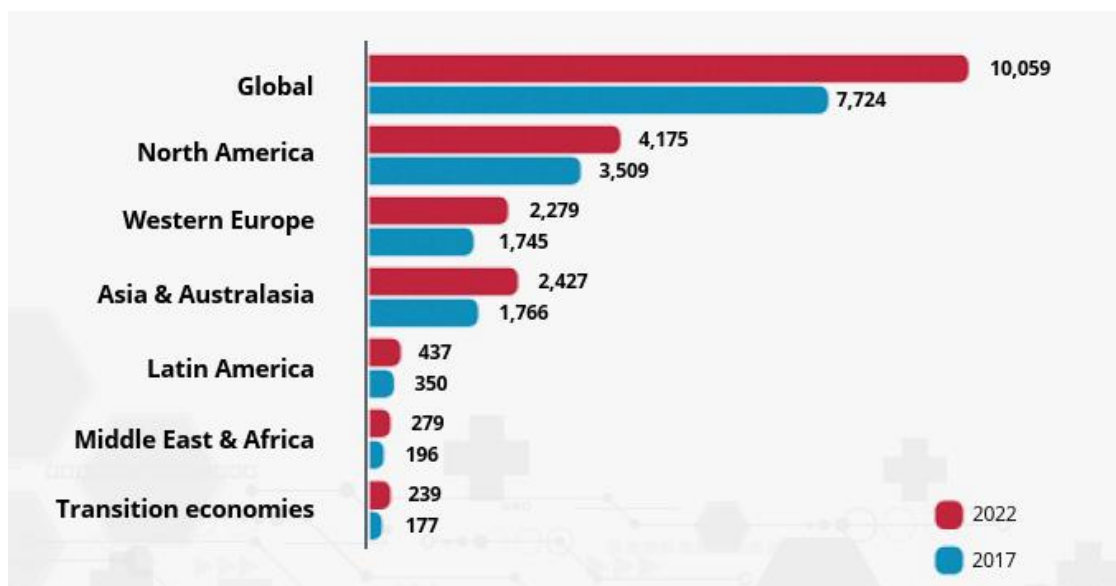
Appendices 4 - Mobile Apps Global Trend (Datareportal, 2019)



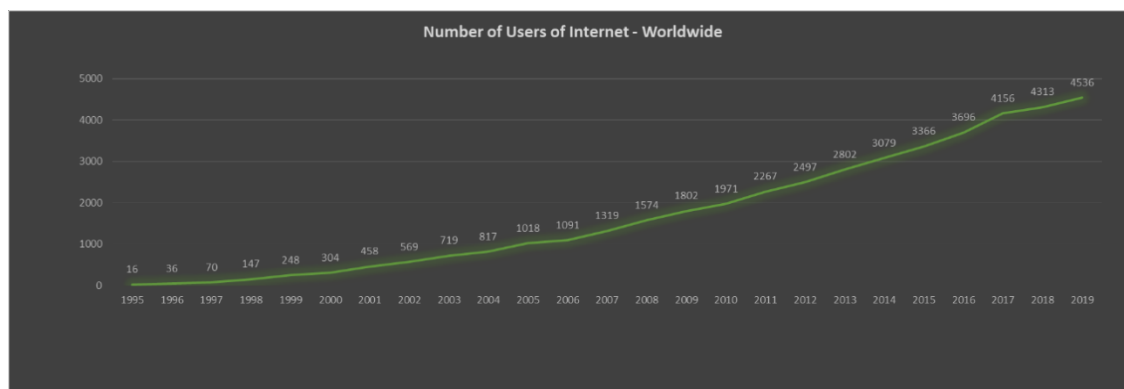
Appendices 5 - App Number of users (Statista, 2019)



Appendices 6 - Life Expectancy (Ourworldindata, 2019)




Appendices 7 – Health Care Sector costs in dollars (Global Health Care Sector Outlook, 2019)



Appendices 8 - Number of users of internet Worldwide (Evolutionoftheweb, 2019)

Plataforma disponibilizada por:



Donativos disponibilizados

100 registros por página

Pesquisar:

Código	Disponibilizado	Qtd	Concelho	Ordem contacto	Encargos adicionais	Notas
1	Transporte - Viaturas de Frota	n.d.	n.d.	donativos@ordemdosmedicos.pt	Sem custos, desde que, seja garantida a utilização das viaturas de forma responsável, e a devolução livre de danos	
2	Alojamento Local - Porto	2	Porto - Boavista	donativos@ordemdosmedicos.pt	n.d.	2 quartos (cada um com 2 camas) Zona - Rua Júlio Dinis à rotunda da Boavista - Porto Livre a partir de 25-03-2020
4	Máscaras Luvas Álcool Gel	2650	n.d.	donativos@ordemdosmedicos.pt	sem custos	Não disponível (Luvas - 60 cx (100 unid) + Máscaras - (2500 unid) + Álcool Gel 500 ml (50 unid))
5	Serviços Administrativos	1	n.d.	donativos@ordemdosmedicos.pt	sem custos	Auxílio disponibilizado para Hospitais, Clínicas Zona de Peniche e arredores
7	Alojamento - Hotel - Quartos	12	Macedo de Cavaleiros	donativos@ordemdosmedicos.pt	sem custos	Quartos para profissionais de saúde que não possam ir a casa ou não queiram colocar em risco os seus familiares, para assim terem o descanso merecido
8	Intercomunicadores com Câmara - CHICCO	672	Todo o país, incluindo Madeira e Açores (São Miguel)	donativos@ordemdosmedicos.pt	sem custos	Artigo indisponível

Appendices 92 - Platform Ordem dos Médicos, Enfermeiros e Farmacêuticos (Plataforma Ordem dos médicos, 2020)


Everyone deserves healthcare

100% of your donation funds life-changing healthcare — we prove it by being radically transparent.

Meet a patient

Donate directly to a patient who needs a life-changing surgery.

[Meet a patient](#) [Learn more](#)




27,460 donors have funded 20,572 surgeries for patients like Benedict.

Donate monthly

Sign up to automatically support a new patient every month.

[Donate monthly](#) [Learn more](#)



5,998 donors have signed up to donate to a new Watsi patient every month.

Appendices 30 - Platform Watsi (Watsi, 2020)



Transparent Hands
Providing Free Medical & Surgical Care

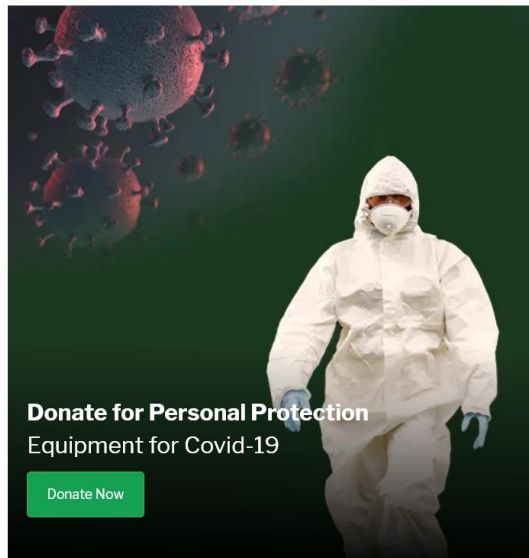
About Us

Patients ▾

Success Stories

Medical Camps ▾

Contact Us



Surgeries

Medical Procedures

Medical Camps



Children at Pehli Kiran School need your assistance

\$ 1,250
Required

\$ 250
Raised

Donate Now



Your Support is Needed for Our Medical Camp in Multan

\$ 1,375
Required

0
Raised

Donate Now



The Suffering Population of Swat Is Calling Out for Hel...

\$ 1,875
Required

\$ 14
Raised

Donate Now

[View All Medical Camps](#)

Appendices 11 - Transparent Hands (Transparent Hands, 2020)