

AFYA RESEARCH | Care delivery | Non-profit

Kenya

The Need: Communities in rural and informal urban settlements in Kenya face significant barriers to accessing healthcare. Health providers and services are often located far from where people live and the available care can vary widely in quality because of a lack of health system capacity to monitor and assess provider quality.

The Innovation: ARA's M-Afya Kiosk Project provides quality primary care health services to underserved populations through easily accessible health kiosks developed in collaboration with local communities. Located within walking distance of target communities, the kiosks offer health supplies and diagnosis and treatment services from community health workers at a subsidized cost, through a model that incorporates co-ownership with community members. ARA's health information management system allows tracking of quality-related metrics at each kiosk, such as services provided and patient outcomes.

The Impact: Started in late 2013, ARA's community health kiosks have served more than 6,000 clients across Kenya through nine M-Afya kiosks. ARA plans to increase their impact through telemedicine services and adding higher-level care providers to their network.



Afya Research Africa



APROFE | Care delivery | Non-profit

Ecuador

The Need: Lack of affordable, high quality health care services including family planning, primary care, reproductive health, and pediatrics for low- and middle-income populations.

The Innovation: APROFE provides patient-centric care including an affordable clinic model for urban areas and outreach programs that combine health care with social and economic development for rural areas. APROFE has developed a highly efficient service model, which maintains private-care quality through strict quality control and monitoring procedures and continuous patient feedback, keeping the patient at the center of their holistic health care delivery model.

The Impact: APROFE operates a network of 18 centers, a maternal and surgery clinic, and mobile clinics that reach 20 rural communities around Guayaquil that have no other access to medical services. APROFE has 1.5 million patient visits each year and employs 800 people.





AROGYA | Financing | For-profit

India

The Need: Traditional bank loans in India are only accessible to those who can provide periodic salary payments or other assets as collateral. This excludes most Indians, especially the poor and informally employed. If they are unable to borrow from family, they either borrow from moneylenders, often at interest rates of 60% or more, or go without care until health conditions become an emergency. This leads to catastrophic healthcare spending, which drives 30 million Indian citizens into poverty each year.

The Innovation: Using a new model for measuring credit worthiness and risk, Arogya Finance provides medical loans to the poor and informally employed population. Lending decisions can be made within three hours, rather than the seven to ten day wait of most traditional banks. This speed is critical in health emergencies. If approved, the Arogya pays the hospital or doctor directly and treatment can begin immediately.

The Impact: Launched in 2011, Arogya Finance has partnered with 50 hospitals and healthcare service providers across India and processed 320 loans. The default rate is 2%. They plan to expand to provide 30,000 loans in the next three years.



AYZH | Product/technology | For-profit

Afghanistan, Haiti, Honduras, India, Laos, Multiple countries in Africa, USA

The Need: Globally, approximately one million mothers and newborns die each year from infections linked to unhygienic birthing practices. Mothers and newborns are often at risk because low-cost tools and supplies for safe birthing do not exist in resource-poor settings.

The Innovation: Ayzh developed a customizable “\$3 Clean Birth kit,” which contains essential tools recommended by WHO that ensure safe and sterile conditions at the time of childbirth – at half the cost of key competitors. Ayzh also provides training and education to healthcare workers through a mobile training program to assure proper implementation of birth kits. Ayzh is primarily owned and operated by underemployed women, who serve as advocates of safe birth practices in their local communities.

The Impact: Founded in 2010, Ayzh has sold more than 100,000 clean birth kits, impacting about 500,000 people globally, and trained over 400 healthcare workers.



BASICNEEDS | Systems support | Non-profit

China, Ghana, India, Kenya, Lao PDR, Nepal, Pakistan, South Sudan, Sri Lanka, Tanzania, Uganda, Vietnam

The Need: Globally, an estimated 13% of all disease is attributable to mental health disorders and mental illness is projected to be the leading burden of disease by 2030. The majority (75%) of those suffering from mental illness live in low- or middle-income countries. In developing countries across the world, there is an urgent need for mental health treatment. Lack of understanding of mental illness combined with lack of available resources and solutions contribute to a treatment gap of up to 85%.

The Innovation: BasicNeeds partners with over 90 organizations, ranging from farmers' cooperatives to ministries of health, to implement a proven and scalable community-based model for mental health that has been tested in 12 countries around the world. The BasicNeeds model works with existing resources in each community to decrease stigma, mobilize providers to coordinate and deliver mental health services, and facilitate opportunities for affected people to work and earn a living. By nurturing local leadership and capacity, BasicNeeds ensures long-term sustainability of the model in each location.

The Impact: BasicNeeds has provided treatment for more than 100,000 people struggling with mental illness or epilepsy, since being founded in 2000. Program data demonstrates that the BasicNeeds model significantly increases access to treatment, reduces symptoms, and increases ability to work and participate in community activities. In the next 3 years, BasicNeeds plans to scale to 20 new locations and reach 1 million people.



BIODENT | Care delivery | For-profit

Mexico

The Need: Dental issues represent a major unmet public health need. In low-income countries, only 2.5% of dental problems are treated and these untreated issues compound over a lifetime. In Mexico, 60% of children already have cavities by age 6, and this increases to 80% by age 12. The vast majority (80%) of adults over the age of 60 have an average of only 10 teeth remaining.

The Innovation: Biodent offers high quality affordable dental care services to low-income communities in the city of Oaxaca, Mexico. Unlike other dental providers targeting the poor, Biodent brings elements of higher-priced private care, such as top-of-the-line laser technology and a strong customer service model, to underserved low-income communities. The organization partners with schools to provide educational workshops and focuses on prevention. High patient volume allows prices to remain affordable.

The Impact: Currently, Biodent's education program is being implemented in 10 schools, reaching 3,500 school children each year. The prevalence of cavities at participating schools has decreased 20%. In the next 3 years, Biodent plans to scale to 5 new locations and reach 22,000 new patients. Biodent's founder hopes to change the way that health services are provided to low-income communities, increasing the focus on preventive care and high quality.





BIVE | Financing | For-profit Colombia

The Need: Over 80% of people in Colombia are insured, but low- and middle-income populations face significant barriers to accessing quality primary care services because of long wait times, burdensome administrative procedures, and denial of health services and medications. Nearly one in two Colombians report having used an emergency room in the past two years – leading to poorer outcomes and higher costs than primary care.

The Innovation: Bive provides members access to a network of more than 55 healthcare providers and 60 different kinds of medical services, with shorter waiting times than public facilities. Services are discounted at rates up to 70% lower than regular health insurance, and provided through a flexible, affordable membership and payment structure. Bive also assists users in scheduling health services through their Linea Amiga Bive phone line, where patients can also obtain information on health user rights.

The Impact: Bive operates in three cities in Colombia and currently provides up to 1,300 families with access to over 150 different services from a network of over 100 doctors.



BODHI HEALTH EDUCATION | Workforce training | For-profit India

The Need: Skilled frontline workers are essential to the public health systems of most middle- and low-income countries. However, countries often face chronic shortages of health workers to provide basic services to rural and underserved populations because of a lack of standardized capacity building solutions and training resources.

The Innovation: Bodhi Health Education uses low-cost mobile technology and customized e-learning tools to provide quality and scalable training to health workers. Complex medical topics are taught using interactive and pictorial videos in regional languages, to engage health workers from all literacy levels. The use of a mobile platform increases flexibility of training schedules and locations, and allows health workers continuous access to material to refresh and renew their learning.

The Impact: Bodhi Health Education currently operates across three states in India and has trained over 650 health workers, impacting more than 500,000 lives.



CHANGAMKA | Financing | For-profit

Kenya

The Need: In Kenya, 90% of the population lacks access to health insurance; most don't qualify for or can't afford existing insurance packages. As a result, families go without critical health services or are thrown into a cycle of poverty by crippling out-of-pocket health costs.

The Innovation: Changamka offers three products that allow Kenyans to save over time for quality healthcare. With Smart Cards for maternal health care and family health care, customers can use mPesa to transfer money via their cell phone into a dedicated savings account and then use the account to pay for care when needed. In partnership with Safaricom and Britam Insurance, Changamka recently launched a third product, Linda Jamii, a comprehensive health insurance plan costing only US\$140 per family/year with full healthcare coverage and income replacement benefits. Using mPesa, individuals can save towards the purchase of Linda Jamii. Doctors prefer patients with Linda Jamii as it is easy to verify the authenticity of this insurance coverage and they receive payment through mPesa.

The Impact: Since June 2011, 9,500 Smart Cards and 3,200 maternity cards have been distributed and 600 hospital transactions are paid for each month using the Smart Cards. Through national partnerships, Changamka aims to bring health insurance coverage to 1M Kenyans by 2014.

**CLICKMEDIX | Product/technology | For-profit**

Bangladesh, Chile, China, Ghana, Guatemala, India, Mexico, Peru, Philippines, Taiwan, Trinidad and Tobago, Uganda, USA

The Need: Given the limited supply of doctors around the world, many health systems face a common challenge of providing patients with timely access to high quality medical services. As a result, patients face long waiting times to see doctors, high costs for physician consultations and transportation, and lack of physical access to the quality, affordable care they need. In many rural areas, a complete lack of specialists exacerbates this problem.

The Innovation: ClickMedix provides an innovative smart-phone-enabled technology platform that connects medical providers and patients without the physical presence of a doctor. For patients who do not have access to smart phones, ClickMedix is used by health workers and rural nurses, who serve as eyes and hands of remote doctors to provide information needed for diagnosis and treatment advice. Based on remote physician's advice, the health workers and nurses can administer timely treatment and speed up care delivery. The innovation achieves two major improvements in health systems. First, it connects lesser-trained clinicians directly to specialists, dramatically increasing the range of clinical care and triage they can offer. Second, doctors and specialists are able to increase their patient volume through the connection by 4-10 times with more patients and other providers.

The Impact: Completed 5 years of pilot programs in 15 countries, 61 clinics and hospitals, 3 governments and 10 research institutions and medical schools, 4 NGOs, 4 multi-national corporations, reaching a population of more than 700,000 and scaling to 50M patient reach with current pipeline of customers in the next 5 years.





INNOVATIONS IN HEALTHCARE™

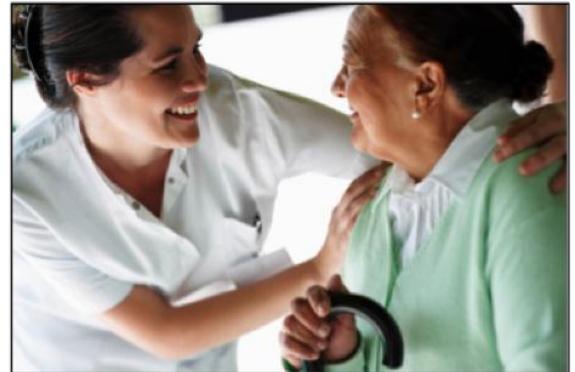
CLÍNICAS DEL AZÚCAR | Care delivery | For-profit

Mexico

The Need: Diabetes is the second most common cause of death in Mexico and rates of diagnosis are increasing. However, diabetes care in Mexico is expensive, inconvenient, and inaccessible to 90% of the population.

The Innovation: Clínicas del Azúcar is a one-stop shop, providing easy access to an array of services for patients with diabetes. Patients receive care at successive diabetes “stations,” where the provider deploys evidence-based care algorithms that assess the patient’s readiness to change and disease experience, modifying the message at subsequent stations based on patient response. Fixed-cost membership fees make care available to more people at a reduced cost by allowing patients to plan for the cost of care and the clinic to spread costs across members; facilitated diabetes support groups help patients manage their care.

The Impact: Clínicas del Azúcar is piloting their first clinic and plans to open 50 more clinics in 5 years. The first clinic provided care to 400 patients in 2 months and is projected to reduce the annual cost of care by more than 70% and the waiting and consulting time by up to 80%.



DR.CONSULTA | Care delivery | For-profit

Brazil

The Need: The public health system in Brazil is overcrowded, varies in quality, and is understaffed, often resulting in delayed care and reduced access. For example, wait times for diagnostic services in the public health system are up to 480 days, dramatically delaying the window for treatment options. Low-income, uninsured people in Brazil rely on this system and cannot afford private alternatives.

The Innovation: The Dr.Consulta model integrates primary and secondary health services into one location, providing patients with access to services 25 times faster than public options, and with prices that are 70% to 90% lower than the private market. Clinics are located closest to the homes where the demand and need for services is highest, further reducing barriers to accessing care.

The Impact: Founded in 2011, Dr. Consulta has served more than 150,000 patients. As of January 2015, Dr. Consulta operates five clinics in Sao Paulo and plans to expand to 20 clinics by 2016.





FORUS HEALTH | Product/technology | For-profit

India

The Need: India has 12 million blind people and over 80% of these cases are due to treatable conditions, such as cataracts, diabetic retina, glaucoma, cornea issues and refraction problems. However, a critical shortage of providers means that millions are unable to access treatment and go blind, unnecessarily.

The Innovation: Forus Health provides an innovative platform utilizing affordable technology solutions that can be easily used by minimally trained technicians, making healthcare more accessible and scalable. Forus Health's flagship product is 3nethra, an intelligent, affordable, portable eye-screening device that allows a health worker to screen a patient in less than 5 minutes for five major eye conditions. The 3nethra device is portable, can be operated easily, and can be deployed in remote areas. Mobile connectivity allows for immediate remote diagnosis by specialists, enabling them to provide care in the remotest areas without leaving their offices.

The Impact: The 3nethra eye-screening device has a three-pronged impact. It augments and expands the reach of existing health systems, creates employment for rural entrepreneurs, and renews the economic prospects and livelihood of those living with preventable blindness. The 3nethra has is currently used in 220 systems across 14 countries and has since screened 600,000 eyes worldwide.

Forus



GRAND-AIDES | Workforce training | Non-profit

Bangladesh, USA

The Need: Physician and nurse shortages in the US and other countries create challenges of overburdened emergency departments, managing chronic conditions, and providing access to care in rural areas. These challenges are exacerbated by the increase in older populations around the world.

The Innovation: Grand-Aides trains experienced caring lay workers who are supervised by health professionals to provide care at a reduced cost and prevent hospital readmission. The model uses telemedicine, home visits, and patient education to reduce unnecessary hospital visits, increase access to care in rural areas, and leverage patients and families to take an active role in their care. Grand-Aides operates in transitional and chronic care, primary care, maternal-infant care, school-based care, palliative care, and rural care delivery.

The Impact: Pilot studies in the US indicate that care provided by a Grand-Aide and nurse supervisor could have prevented 62% of visits to a primary care clinic and 74% of visits to an emergency room, dramatically reducing costs for patients and the health system.

Grand+Aides®





HEARTFILE | Financing | Non-profit

Pakistan

The Need: In Pakistan, low-income individuals are highly susceptible to becoming indebted or falling into poverty due to catastrophic health care expenses. Existing government social protection programs are slow and subject to abuse.

The Innovation: Heartfile developed an internet-based and mobile technology platform, validation and prioritization system, and health equity fund that allow providers to seek fast and transparent cash transfers for low-income individuals. The system accesses country demographic data to validate and facilitate requests for funding of health care provision and enables complete transparency to donors on the types of patients being financed.

The Impact: 2,100 individuals have received aid to cover health care costs through Heartfile with an average grant size of \$450 USD. Five tertiary care hospitals with catchment areas of 700 kilometers have access to the system, providing aid for cardiac care, orthopedic care, and surgery.

Heartfile



JACARANDA HEALTH | Care delivery | Non-profit

Kenya

The Need: Every year over 250,000 women and one million babies die in childbirth in Africa. Women cite disrespectful care, overcrowded facilities, and lack of accessible counseling services as reasons they avoid giving birth at a hospital. Those that do go to deliver in formal facilities receive low quality care that results in high rates of maternal and newborn mortality.

The Innovation: Jacaranda is creating a network of affordable, high-quality maternity hospitals specializing in respectful, evidence-based care for low-income families. We are building cutting-edge systems and protocols to drive down costs of care, improve quality, and create a higher standard of nursing care.

The Impact: Jacaranda operates one flagship maternity hospital in peri-urban Nairobi, about to launch a second, and will open a third facility in 2014. The first hospital has served over 3,000 low-income women and impacted nearly 10,000 family members at one-fifth the cost of other private health facilities. Our plans are to reduce cost of deliveries to less than \$80, and build world-class systems for quality improvement and nurse development. Over the next 5 years, we will expand these into our own chain of hospitals in the region, and also work through influence partnerships to replicate these innovations in the public and private sector.





INNOVATIONS IN HEALTHCARE™

LE NEST | Care delivery | Non-profit

China

The Need: China is one of the most rapidly aging countries in the world. Non-communicable diseases (NCD) account for 80 percent of deaths in china and 70% of the total disease burden. The number of NCD cases in people over 40 are expected to increase two and three-fold over the next two decades. NCD care and management among the elderly are becoming an increasingly important social and public health issue.

The Innovation: Le Nest leverages trained volunteers and professionals to provide NCD disease management education, physical and psychological interventions, physical therapy, and hospital-visit counseling for a fixed yearly membership fee.

The Impact: Le Nest operates five community health centers in Shanghai, serving a total of 1,800 elderly people each year and reducing the burden on overcrowded hospitals.



LIFENET | Workforce training | Non-profit

Burundi

The Need: Lack of affordable, high-quality basic health care services in remote low- and middle-income populations in Burundi due to last-mile distribution challenges.

The Innovation: LifeNet identifies and recruits church-based clinics into their franchise conversion program designed to improve quality, encourage growth through financing mechanisms, and train nurses to provide care, manage pharmaceutical supplies, and run their clinic using economies of scale created by the franchise.

The Impact: LifeNet currently operates a network of 42 clinics across Burundi with each serving between 30 and 150 patients per day. All 42 clinics saw a total of approximately 50,000 patients per month in August and September of 2013. Quality Score Card measures, created using Ministry of Health and USAID/Smiling Sun Health Services quality indicators, had increased by 140%, 138% and 49% in Cohorts 1 through 3 respectively by the end of September 2013. 90% of LifeNet partners had positive earnings in September 2013.





INNOVATIONS IN HEALTHCARE™

LIFESPRING | Care delivery | For-profit

India

The Need: A lack of affordable, high quality maternal care in India forces low- and middle-income women to choose between home deliveries, low quality, poorly resourced public hospitals, or incurring debt to access expensive private hospitals.

The Innovation: LifeSpring developed a unique combination of service specialization, right-skilling of clinical workforce, evidence-based clinical protocols, high asset utilization, a “no frills” approach, and customer focus that allows delivery of high-quality, affordable care targeting the urban working poor.

The Impact: LifeSpring serves 35,000 pregnant women each year, has delivered 23,000 babies at one-fourth the cost of competitors and created medical records for 100,000 low-income women. LifeSpring currently operates 12 hospitals using 32 doctors and 120 nurses.



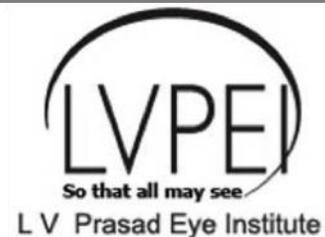
L V PRASAD EYE INSTITUTE (LVPEI) | Care delivery | Non-profit

India

The Need: India accounts for 8.1 million of the global blind and 20% of the world’s visually impaired. However, patients in India often lack access to basic high-quality eye-care services and the poor, who are most affected by visual impairment and blindness, are largely prohibited by cost from seeking care.

The Innovation: The LVPEI Pyramid of Eye Care model delivers care at all levels, from community outreach to advanced specialties including cornea transplants. A focus on efficiency in clinical operations and a tiered pricing system through which wealthy patients subsidize lower-income patients allow LVPEI to provide high-quality care to all, regardless of ability to pay. LVPEI has also integrated research and education directly into their model of care delivery to drive constant clinical and workforce improvements.

The Impact: Since its founding 26 years ago, LVPEI has grown to a large network serving over 15 million people across all levels of care and has performed more than 600,000 surgeries. About 50% of patients receive care free of charge.





INNOVATIONS IN HEALTHCARE™

MEDICA SANTA CARMEN | Care delivery | For-profit Mexico

The Need: Kidney disease is one of the leading causes of death worldwide and in Mexico. Mexico leads the world in end-of-stage renal disease (ESRD) incidence and key ESRD drivers such as diabetes and obesity. In Mexico, children make up a large portion of the ESRD burden. The high disease burden is compounded by a public healthcare system seriously lacking in quality prevention and treatment of kidney disease.

The Innovation: Medica Santa Carmen is a certified kidney care provider in compliance with national standards and boasts a zero in-clinic mortality rate and a reputation of trust and confidence. The Medica Santa Carmen clinic incorporates the latest technologies and is strategically located near bus stops and a major highway. Charges are based on patients' ability to pay and the clinic frequently works with IOU's, in addition to cross-subsidizing costs for patients that cannot afford to pay. Costs are kept low through operational and supply chain efficiencies, reducing mistakes, and treating a high volume of patients.

The Impact: Medica Santa Carmen opened their first clinic in 2011 and is currently building their second and third clinics. Since 2011, Medica Santa Carmen has provided 20,000 treatments and employs approximately 30 people at their flagship clinic. By 2016, Medica Santa Carmen plans to operate 7 to 10 clinics serving more than a thousand patients in kidney care as well as related therapies and services.



MEDICALLHOME | Care delivery | For-profit Mexico

The Need: Individuals living in semi-rural areas often face challenges in accessing high quality healthcare due to lack of adequate healthcare professionals and facilities, high costs, and variations in quality.

The Innovation: MedcallHome leverages the existing network and billing platform of the leading telecommunications company in Mexico, TelMex, as part of a joint venture to provide customers with 24/7 access to medical advice over the phone, eliminating unnecessary travel and payment for clinic visits.

The Impact: MedcallHome serves 5 to 6 million individuals annually in Mexico for the cost of \$5 USD per family per month, charged through their phone bill. Nearly two-thirds of patient issues are resolved over the phone and emergency visits decreased from 6% to 1%. Patients who need to see a doctor can go to any of the 6,000 doctors and 3,200 health care delivery sites in the MedcallHome referral network at a significant discount.





MICROCLINIC TECHNOLOGIES | Product/technology | For-profit

Kenya

The Need: Rural clinics provide over 80% of health care in Kenya. However, most clinics operate at 25% capacity or less, due to poor management of patient volume, and nearly 40% of patients are misdiagnosed, due in part to a lack of diagnostic equipment. Without reliable means to track the inventory or quality of medicine, clinics also face supply shortages and are at greater risk of selling counterfeit medicine.

The Innovation: MicroClinic Technologies' ZiDi application enables clinics and hospitals across Africa to improve the efficiency of health services by improving monitoring and evaluation of patient care, medicines, and personnel. Offered as a prepaid service, ZiDi includes an electronic medical record system and real-time drug dispensing tracking. Patient encounters, collected revenues, and drug inventories are all tracked through the application. Reports on staff productivity, financial data, and service utilization rates can also be created to reduce the burden of administrative duties.

The Impact: The ZiDi application is used by more than ten private clinics and five public facilities serving more than 100,000 patients.



MICROENSURE | Financing | For-profit

Bangladesh, Ghana, Grenada, India, Jamaica, Kenya, Malawi, Malaysia, Mozambique, Pakistan, Philippines, Rwanda, St. Lucia, Tanzania, Zambia

The Need: Access to financial services, in particular health insurance, for individuals at the base of the pyramid is extremely scarce in developing countries with little health insurance infrastructure. For example, nearly 95% of Ghanaians have no health insurance coverage and, with one-third of the country's population living on less than \$2 per day, there is a critical need for protection against a number of financial risks.

The Innovation: MicroEnsure was founded to bring insurance coverage to the bottom of the pyramid. MicroEnsure leverages existing relationships between consumers and major brands, such as telecom companies, to deliver affordable insurance at scale. The organization utilizes mobile technology, customer insight, and innovative product design to create viable insurance products. MicroEnsure has also tested a primary care project in Tanzania, using telemedicine, community health workers, and a central clinic, with 15,000 clients enrolled.

The Impact: MicroEnsure makes insurance accessible for over 4 million people around the world, 80% of whom have never been insured before. Two million clients are in Africa and served through subsidiaries in Kenya, Ghana and Tanzania, as well as satellite operations in Malawi, Mozambique, Rwanda, Zambia and Zimbabwe. MicroEnsure hopes to expand its insurance coverage to 10 million people and its primary care project to 5 new sites serving 250,000 customers in the next 3 years.





INNOVATIONS IN HEALTHCARE™

MTTS | Product/technology | Non-profit

Benin, East Timor, Ghana, Hong Kong, Malaysia, Myanmar, The Philippines, Singapore, Thailand, Vietnam

The Need: Every year nearly four million newborns die from diseases, a majority of which are easily treatable with access to lifesaving neonatal equipment. However, many of these medical devices have high operational costs and are not suitable to the needs of hospitals in remote and resource-constrained settings.

The Innovation: MTTs designs safe, simple, effective, and low-cost medical equipment for neonatal intensive care units in low-resource hospitals. MTTs also provides free installation, training, and after-sales support to providers for the implementation of their devices. MTTs technologies include technology for respiratory distress syndrome, two kinds of phototherapy for neonatal jaundice, warmers for hypothermia, and hand sanitizers for infection control.

The Impact: MTTs distributes their products in ten different countries, through partnerships with more than 250 hospitals and NGOs. Since 2004, MTTs medical devices have provided therapy to over 700,000 babies.



NARAYANA HEALTH | Care delivery | For-profit

Cayman Islands, India, Malaysia

The Need: High quality tertiary and specialty care, including cardiac care and cancer treatment, are unaffordable for most of India's poor. However, incidence of heart disease, cancer, and chronic conditions like diabetes, are projected to increase.

The Innovation: Narayana's process innovations including highly standardized processes and protocols, assembly-line inspired surgery procedures, right-skilling of clinical workforce, and telemedicine enable Narayana to provide specialized care with quality outcomes that rival those of the UK and US at a fraction of the cost.

The Impact: Narayana increases access to care by dramatically reducing costs: open-heart surgeries at Narayana cost \$2,000 USD (or less) compared to between \$20,000 and \$100,000 in the US. In addition, Narayana provides free care for patients who are unable to pay. Narayana has 18 hospitals in India and also serves 800 remote locations through telemedicine, including 53 locations in Africa.





NAYA JEEVAN | Financing | For-profit/Non-profit hybrid

Pakistan

The Need: The vast majority healthcare spending in Pakistan is out-of-pocket; there is very little government coverage and insurance is typically only available for corporate employees. As a result, shop owners, domestic staff, contract workers, and other informal-sector workers are at risk of falling into poverty caused by medical emergencies.

The Innovation: NAYA JEEVAN is pioneering a health insurance and catastrophic care coverage plan developed in partnership with (and often subsidized by) multinational corporations that pool risk and create bargaining power to negotiate lower rates. This insurance coverage targets individuals who play a critical role in the multinational's business (e.g., shop owners selling the corporation's products or domestic workers of senior executives). NAYA JEEVAN has created value-added health and preventative services, such as health education and an emergency health fund, to this product.

The Impact: NAYA JEEVAN's plan costs about \$2 USD per month and has enrolled 23,000 members across more than 100 corporate, academic and non-profit partners.



NEPHROPLUS | Care delivery | For-profit

India

The Need: Anywhere from 200,000 to 400,000 Indians suffer from kidney failure each year. Kidney patients in India have a 33% chance of becoming cross infected with Hepatitis B, Hepatitis C and/or HIV during treatment. An increase in the sale of kidney care products at a rate of 30% per year since 2006, demonstrates an increasing demand for kidney services. Increasing incidence of kidney disease and diabetes, a risk factor for kidney disease, will further compound the shortage of providers and lack of affordable care that leave many without access to high quality treatment.

The Innovation: NephroPlus manages a chain of kidney care clinics specializing in high quality, affordable kidney care, including kidney dialysis, at home dialysis, removal of kidney stones and other minor urological surgeries as well as nutrition and kidney care education for patients. A patent-pending innovation and standardized clinical protocols and operating procedures help prevent cross-infections. By partnering with other health care providers as outsourcing agents, NephroPlus drives specialization and standardization of services in turn increasing patient volumes as well as the quality of care.

The Impact: NephroPlus serves 1,200 patients per month and has conducted more than 400,000 dialysis sessions since inception at a 30% to 35% lower cost than corporate hospitals in India. NephroPlus currently operates 11 centers in Southern India with plans to expand into Northern India in 2014.





INNOVATIONS IN HEALTHCARE™

NOORA HEALTH | Workforce training | Non-profit

India

The Need: Hospitalized patients and their families often receive limited knowledge on how to manage their medical event or chronic condition outside of an inpatient setting and lack quality pre-discharge education and support systems. Even in high-literacy patient populations, only 20% of medical professionals' advice is remembered after leaving the hospital, leading to poor care at home and preventable hospital readmissions, which drives up costs (for both the patient and the hospital) and reduces patient satisfaction.

The Innovation: Noora Health creates customized patient training programs at hospitals, and facilitates the training of patients and their families with high-impact skills to bridge the gap from hospital to home.

The Impact: Noora Health has trained more than 15,000 caregivers reaching more than 10,000 patients. After program implementation, participating hospitals have increased patient satisfaction by 55%, and reduced 30-day preventable complications and readmission rates by 36% and 24% respectively in post-surgical patients.



NOORAHEALTH



NORTH STAR ALLIANCE | Care delivery | Non-profit

Multiple countries in Africa

The Need: Populations such as truck drivers and sex workers facing increased health risks, as well as rural communities, systematically experience limited (and often no) access to health care.

The Innovation: North Star converts shipping containers to repurposed mini-clinics. These Roadside Wellness Centers (RWC) are semi-mobile and rapidly reproducible primary care and STD/STI centers staffed with local health care workers and behavioral change communication specialists. North Star uses a sophisticated technology system, COMETS, to track health trends and identify optimal locations for RWCs and to allow patients to access their records at any clinic.

The Impact: North Star currently operates 29 RWCs in East, West, and Southern Africa, and in 2012 delivered treatment, testing, and counseling to 219,681 people. North Star plans to double the number of people served by 2015.





ONE FAMILY HEALTH | Care delivery | For-profit/Non-profit hybrid

Rwanda

The Need: Rwanda's national health insurance scheme covers 90% of Rwandans. However, this insurance is only accepted at public facilities and many Rwandans must walk long distances or pay high costs for transportation in order to access healthcare. In addition, the public community health centers are overburdened and underfunded, making basic primary care difficult to obtain.

The Innovation: One Family Health manages a nurse-run, business-franchise chain of primary care clinics (called health posts) established through a public-private partnership with the Rwandan Ministry of Health, GSK, and EcoBank. Each nurse-owned health post provides basic primary care for the most common causes of mortality across sub-Saharan Africa. The One Family Health network hires and trains local nurses to operate the posts and utilizes mobile technology to update patient records and keep track of clinic utilization and stock information in real time.

The Impact: One Family Health operates 40 health posts, each serving an average catchment area of 5,000 people, with plans to grow to 500 posts by 2017. Within the first seven weeks of 2013, One Family Health clinics served 56,000 patients. One Family Health intends to expand its model to additional countries in East Africa.



OPERATION ASHA | Care delivery | Non-profit

Cambodia, India

The Need: Around the world, 14 million people suffer from tuberculosis (TB), a quarter of whom are in India. TB is curable and often the medication is provided free of charge. However, TB is a highly stigmatized disease and accessing treatment safely, affordably and discretely is often impossible. Further, failure to complete treatment regimes exacerbates the spread of multi-drug resistant TB, which is much more difficult and expensive to treat.

The Innovation: Operation ASHA created a community based program model that uses local workers in areas with high TB prevalence to set up local treatment centers integrated within existing community resources, like temples and shops. The efficacy of the program is ensured by portable fingerprint identification system (eCompliance) that tracks and compiles patient adherence data and alerts health workers to follow up with a patient within 248 hours of a missed treatment. The model also includes outreach and counseling programs to detect and support TB patients.

The Impact: Operation ASHA has successfully treated 30,150 patients while reaching a population of nearly 6 million people in more than 3,000 slums and villages across India and Cambodia. Operation ASHA's eCompliance has reduced default rates to 3%, 3-20 times lower than alternative treatment options.



PACE | Workforce training | For-profit

Mexico

The Need: Medical practitioners and health workers serving in remote settings in Mexico lack opportunities for continuous education and training to practice in emergency settings.

The Innovation: PACE provides context-specific local and live simulation courses in a variety of disciplines, which take into consideration local factors in emergency treatment such as availability of medical equipment and cultural barriers. Blended courses are offered online and in practical workshops, along with a post-course telementoring. The program is beginning to integrate mHealth and telemedicine into its strategic plan. Training of providers in more remote areas allows for patients to be treated earlier in the course of their illness, when basic interventions are more effective. This increases the likelihood of survival in emergencies.

The Impact: PACE has trained over 30,000 health providers per year in different knowledge and skill sets as well as 10,000 providers in emergency obstetrics courses, indirectly impacting over one million lives. For example, the State of Chiapas significantly reduced maternal mortality by 32% in the first two years of PACE training.

**PENDA HEALTH | Care delivery | For-profit**

Kenya

The Need: Many low-middle income individuals across East Africa lack access to affordable, high quality health care. Women and their families often face a choice between low-quality care and going without care altogether.

The Innovation: Penda utilizes a high patient-to-provider ratio, unique staffing model, patient-centric approach to care delivery, and a focused set of services that addresses key outpatient needs in order to lower the price of services. Innovative marketing strategies and local partnerships allow Penda to integrate into the community and better understand community needs. In addition, Penda is piloting membership model health plans to test whether this increases access to the right care at the right time.

The Impact: Penda opened its first clinic in early 2012 and is now serving nearly 1,000 patients per month. Penda reached cash flow positive status at its first clinic in July 2013 and now operates a second clinic slated to be cash flow positive in six months.



PRO MUJER | Care delivery | Non-profit

Argentina, Bolivia, Mexico, Nicaragua, Peru

The Need: The chronic disease burden is increasing in all countries. Longer life expectancy paired with decreased physical activity and worsening diets result in an increased rate of chronic diseases such as heart disease, hypertension, diabetes, and cancer.

The Innovation: Pro Mujer is a women's development organization that is primarily known as a financial services provider. Pro Mujer bundles financial services with healthcare delivery at the point of service. Customers typically come in for loan services and then are also able to receive healthcare, including chronic disease prevention and early detection, on site. Pro Mujer has also been testing prepaid packages as a way to promote access to in-demand health services in a sustainable way. This bundled set of services is included in the client's loan or savings account, guaranteeing health access to all Pro Mujer clients.

The Impact: Pro Mujer currently runs 130 branches across 5 countries, with 1,300 employees. Pro Mujer is expanding the range of health services provided in each location and plans to establish 15 new sites, serving 70,000 people in the next 3 years.

**RIDERS FOR HEALTH | Systems support | Non-profit**

Gambia, Kenya, Lesotho, Malawi, Nigeria, Zambia, Zimbabwe

The Need: Lack of access to healthcare services in areas with poorly maintained roads and challenging terrain; providers unable to safely and reliably reach remote areas or transport lab samples and medicines.

The Innovation: Riders for Health developed an end-to-end transportation solution for ministries of health and other health-focused organizations, which can include the following components: accurate budgeting and planning, appropriate vehicle selection, driver and rider training, route planning, preventive maintenance, fuel management, and monitoring and evaluation for a set cost-per-kilometer. These systems can utilize already existing fleets of vehicles, or the vehicles can be leased out as a complete service, including drivers, where Riders retains ownership of the asset.

The Impact: Fleets managed by Riders have a 300% longer lifespan and outreach health workers are able to reach 6 times as many people and go 4 times further when using Riders-managed motorcycles. Riders currently employs 422 people and manages 1,400 vehicles.





INNOVATIONS IN HEALTHCARE™

SALAUNO | Care delivery | For-profit

Mexico

The Need: Cataracts are the second leading cause of vision impairment in Mexico, causing 50% of blindness cases. The aging of the Mexican population and increasing incidence of diabetes will lead to increases in cataracts and other vision impairments. Many Mexicans are unable to afford cataract surgery at private, more expensive hospitals and there is a large backlog of patients waiting for surgery.

The Innovation: By replicating many of the principles from Aravind Eye Care (India), salaUno has increased clinic efficiency through specialization, cost-effective surgery techniques, economies of scale, outreach campaigns, a right-skilled workforce, time-driven activity-based costing, and tiered pricing. Hub-and-spoke model reaches patients at all levels of care.

The Impact: salaUno can provide cataract surgery at one-third to one-half the cost of competitors and the pilot clinic hit positive cash flow status within the second month of operation. salaUno plans to expand to 10 clinics in 2015.



SEVAMOB | Care delivery | For-profit

India

The Need: Life expectancy in India is 14-18 years lower than that in many developed countries. A lack of primary healthcare in India, particularly in smaller cities and villages outside of major urban centers, results in poor health outcomes and shortened life expectancy.

The Innovation: Sevamob delivers primary healthcare through mobile clinics to low-income groups for an annual subscription ranging from \$4 USD for children and \$10 USD for adults. Mobile clinics are supplied with software (operable offline and from remote locations) to track patient medical records. Sevamob also launched India's first telehealth marketplace where patients are able to receive video consultations, second opinions, and in-clinic appointments from participating health providers.

The Impact: Sevamob currently has 6,000 subscribers to its mobile clinic service and serves 10,000 people through the telehealth marketplace, with a network of more than 300 healthcare providers. By 2017, Sevamob intends to have over 200,000 mobile clinic subscribers and 2.5 million marketplace users.





SPROXIL | Product/technology | For-profit

Ghana, India, Kenya, Nigeria, USA

The Need: An estimated 15% of drugs sold in the world are fake and in Africa and Asia this figure can range from 10% to 30%, compromising 10% of the global medicine market. In addition to therapeutic failure and drug resistance resulting from counterfeit medications, anywhere from 30 to 2,500 patients have died from individually recorded instances of counterfeit drug sales every year. Further counterfeit drugs decrease incentives for pharmaceutical companies to enter markets, potentially limiting access to needed drugs.

The Innovation: Sproxil created a mobile-based drug verification tool, Mobile Product Authentication (MPA)™ that enables tracking and verification of drugs at every step in the supply chain including at the point of consumption. Through SMS messaging, it allows patients to ensure at the moment of purchase that their drugs are from reputable manufacturers and distributors; limiting the negative health impacts of counterfeit drugs and other consumer products.

The Impact: Sproxil has verified over 6 million and counting products as of November 2013, giving everyone along the supply chain the power to quickly and confidently verify the authenticity of a drug at each step, ensuring patient safety.



SAFE WATER AND AIDS PROJECT (SWAP) | Systems support | Non-profit

Kenya

The Need: Households in remote and underserved areas in western Kenya face the highest burden of HIV and infant mortality in the country, yet lack access to health information and products that can help alleviate these conditions. Nearly half (47%) of families in the Western province lack access to improved water supplies and 66% lack adequate sanitation. In addition, women affected by HIV in the province often face stigma and lack economic security.

The Innovation: SWAP operates Jamii centers, which serve as a one-stop shop for quality health products and information. Centers are staffed by Community Health Promoters drawn from HIV support groups in the area and trained on a range of topics including safe water, primary health care, and behavioral change techniques to promote positive health behaviors in the community. The Community Health Promoters also conduct door-to-door sales of health and hygiene products. SWAP's model is designed to improve both disease prevention and socio-economic empowerment of the target population.

The Impact: Founded in 2005, SWAP operates five Jamii centers across Kenya's Western Province, serving over 30,000 households and 150,000 individuals through their door-to-door health promotions and products. SWAP plans scale up to 18 Jamii centers by 2017.



SUGHAVAZHVU | Care delivery | Non-profit

India

The Need: The majority of India's population (70%) lives in rural villages, with limited to no access to healthcare services. Rural India also faces a rising chronic disease burden and a lack of preventive services. For most rural Indians, quality medical care is not affordable or accessible.

The Innovation: The SughaVazhvu model provides technology-enabled, evidence-based primary healthcare through a network of clinics in rural Indian villages. SughaVazhvu trains health workers of varying levels of education and licensure to utilize protocol-based medicine and technological innovations, building the skills of the existing rural healthcare workforce. SughaVazhvu also conducts community-based risk screening, subscription-based disease management, and community engagement. A rapid-risk assessment allows them to identify high-risk populations for chronic conditions such as diabetes and hypertension. The data analytic capability built in to their health information system allows SughaVazhvu to monitor population-level health outcomes.

The Impact: SughaVazhvu currently runs a network of seven clinics that reach a population of 70,000 individuals. SughaVazhvu clinics have provided primary healthcare services to 40,000 patients and conducted community-based risk screening for diabetes and hypertension among 6,000 adults. SughaVazhvu plans to establish 100 new clinics, reaching 500,000 new patients, in the next 3 years.



SWASTH INDIA SERVICES | Care delivery | For-profit

India

The Need: With 80% of health expenditures in India paid out-of-pocket, health catastrophes are the single largest cause of poverty in the country and India's urban poor are particularly at risk. They are two to three times more likely than rural poor to experience non-communicable diseases, the second largest cause of death in India.

The Innovation: Swasth India operates a chain of primary care centers in urban slums and adjacent low-income areas. Their one-stop-shop model provides primary and preventive care for half the cost of prevailing market rates. Each Swasth Health Center provides services in a 150 square-foot facility, offering access to a family doctor, rapid diagnostics on site, discounts on drugs, referrals with discounts, and electronic health records.

The Impact: Swasth India reduces healthcare spending in three ways: 1) a 50% reduction in out-of-pocket costs; 2) prevention and early diagnosis of non-communicable diseases; and 3) locating clinics in the communities of the urban poor, reducing indirect costs for patients, such as travel. Swasth currently operates 8 Health Centers in Mumbai slums. Over the next three years, Swasth plans to expand to 60 Health Centers, reaching 75% of Mumbai's poor and saving patients USD \$2.5 million.





INNOVATIONS IN HEALTHCARE™

VAATSALYA | Care delivery | For-profit

India

The Need: 70% of India's population lives in peri-urban and rural areas. However, about 80% of health care facilities are located in urban areas. Faced with long distances to travel and high cost for services many go without health care.

The Innovation: Vaatsalya has created an efficient, franchise network model that specializes in a specific and limited set of health services that are in high demand in each local community. Through right skilling the clinical workforce and centralizing administration and management costs across the network, Vaatsalya drives costs down.

The Impact: Vaatsalya currently operates 17 hospitals and serves approximately 100,000 patients per quarter in their outpatient departments and 3,500 patients per month in their inpatient departments.



VISIONSPRING | Care delivery | Non-profit

El Salvador, India

The Need: Vision loss takes a toll on the global economy, as a major cause of decreases in productivity. However, of the 733 million people suffering from vision loss worldwide, 70% can be helped with eyeglasses. But access to high quality vision care, including eye exams and glasses, is out of reach for many low-income populations.

The Innovation: VisionSpring developed a highly efficient delivery system that functions at all levels of care. Using a franchise model VisionSpring increases access to eye care professionals, by employing self-sustaining vision entrepreneurs who launch their own 'business-in-a-bag' selling eyeglasses and conducting basic eye exams. They also operate optical stores and mobile vans and partner with like-minded organizations. Partnerships help VisionSpring use economies of scale to decrease costs and sell each pair of eyeglasses for only \$1.

The Impact: VisionSpring employs 9,000 vision entrepreneurs across 16 countries and has sold over 1.5 million pairs of eyeglasses.



WE CARE SOLAR | Product/technology | Non-profit

25 Countries

The Need: In areas with undependable power grids, providers face the significant challenge of loss of adequate light and electricity needed to carry out medical procedures, compromising the safety of their patients.

The Innovation: We Care Solar developed a portable, cost-effective Solar Suitcase that can provide health care workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.

The Impact: Approximately 300 Solar Suitcases are being used in 25 countries around the world with plans to expand regional programs in Sierra Leone, Uganda, and Malawi.



WORLD HEALTH PARTNERS | Care delivery | Non-profit

India, Kenya

The Need: Most parts of rural India lack any form of quality healthcare providers; patients either go without or rely on informal providers. Specifically, there is a large unmet need for family planning and primary care services among rural populations.

The Innovation: WHP combines existing social and economic infrastructure with the latest advances in communication, diagnostic and medical technology to establish a large scale, cost-effective health service network and create a viable market for health care services among the most vulnerable populations.

The Impact: WHP now serves approximately 3.2 million people in 1,000 villages, through 1,800 franchise providers. The organization hopes to expand their operations into additional countries in the coming years.



MAKING MARKETS WORK FOR THE POOR





ZANAAFRICA | Product/technology | For-profit

Kenya

The Need: In East Africa, 4 in 5 girls do not have regular access to sanitary pads. Unhygienic alternatives cause urinary and reproductive tract infections, which left untreated, lead to increased susceptibility to HIV and STIs. Girls who lack sanitary pads miss up to six weeks of school annually, putting them at an increased risk of dropping out of secondary school, further compounding their risk of contracting HIV or STIs.

The Innovation: ZanaAfrica delivers a set of low-cost, high-quality products for managing menstruation, ranging from disposable and reusable pads to underpants, coupled with creative health education. Products are sold in flexible package sizes to meet the purchasing needs of women and girls living on \$2 to \$4 USD per day, and are packaged with comics that educate girls about reproductive health. ZanaAfrica sanitary pad products are locally manufactured and are the first to be marketed in Swahili or to feature East African women on the packaging.

The Impact: ZanaAfrica is based in Nairobi, Kenya and partners with distributors across eight counties in Kenya to serve over 10,000 customers to date. ZanaAfrica plans to expand into kiosks to reach over 165,000 customers by the end of 2016.



ZIQITZA | Care delivery | For-profit

India

The Need: Road traffic accidents are among the leading causes of death in all countries. However, low-income countries often lack the emergency response infrastructure to provide needed care for accident victims.

The Innovation: Ziqitza increases access to emergency response services for victims of road traffic accidents and mass casualty incidents in under-served populations. Ziqitza's model uses in-house maintenance teams and GPS technology to allow for efficient deployment of emergency response teams. A differential pricing strategy is employed based on patient destination (Ex: private hospital, government hospital or accident victims) and is used to cross-subsidize transportation costs.

The Impact: Ziqitza provides emergency response services in 108 locations throughout India in a public-private partnership with the Indian government.

