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SUPPORTING ORGANIZATIONS

Bupa  Medtronic
Cardinal Health, Inc.  Novartis Foundation
Cisco  Pfizer Foundation
Commonwealth Fund  Philips Healthcare
Duke Health  Robert Wood Johnson Foundation
Duke-NUS Medical School  Sanofi
GlaxoSmithKline  The Zuellig Group
Health Foundation  World Economic Forum
Innovations in Healthcare supports the scaling and adaptation of promising healthcare innovations worldwide. We improve healthcare by sourcing, strengthening, studying, and scaling the best healthcare innovations globally.

Innovations in Healthcare was co-founded by the World Economic Forum, McKinsey & Company, and Duke Health in 2011, and operates as a nonprofit organization hosted by Duke in North Carolina, USA. Over five years, we have developed a network of 67 leading healthcare innovators working in 49 countries and serving over ten million people.

Our Vision is to scale healthcare innovations worldwide.

Our Mission is to source, strengthen, study, and scale promising innovations, and thereby increase access to quality, affordable healthcare worldwide.

Source
We increase awareness of promising new strategies to address health challenges by curating a network of the most innovative healthcare enterprises from around the world.

Strengthen
We offer programming to support the development and growth of innovative health organizations, including business support, networking and learning opportunities, and access to financing.

Study
We facilitate development and dissemination of focused insights and new evidence about global innovation, offering smart, practical strategies and ideas for growth.

Scale
We help spread these innovations by supporting the planning, piloting, and evaluation of their adaptation into new settings.
Dear Friends and Colleagues,

Our five years of efforts, together, to support the scale and replication of healthcare innovations have helped spur new ways to increase access to affordable healthcare globally. We generate and use our strengths to create impact, collaborating with our network of innovators, multinational corporations, funders, governments, and academics.

We have accomplished many things this year. Here are some highlights:

- **Expanding our innovator network**, we sourced innovators across the globe, welcoming twelve new organizations to the network this year, bringing our network total to 67 innovators working in 49 countries. Veteran innovators remain engaged with the network, and work closely with each other and with new innovators to share ideas and market insights.

- **Targeting innovator-friendly strategies for fundraising**, we focused on how investors can learn, understand, and take action in new emerging markets. We traveled to India, Kenya, and Mexico to work with investors, the public and private health sectors, and innovators, generating and documenting insights for investment collaborations.

- **Building new evidence**, we analyzed innovation ecosystems in Latin America and East Africa so that we can help shape those ecosystems, continually inviting new players and possibilities into our work.

- **Exploring Southeast Asia**, we launched a new initiative to analyze the innovation ecosystem in the region, in collaboration with the Duke-NUS Medical School.

- **Deepening our engagement with supporters**, we leveraged additional resources for our innovators, from targeted connections at our Annual Forum to evaluation support for grant-funded projects, to competitively matching consulting expertise to specific capacity-building projects.

- **Providing evaluation technical assistance to fifteen innovators**, serving as an advisor in evaluating and synthesizing the results of a Foundation grant program.

This year brought new activities and collaborations, extending our reach by launching the first health hackathon in East Africa and creating new partnerships with academic institutions in East Africa and India. We have also advised many collaborators on their own innovation initiatives.

We thank all our supporters, collaborators and innovators for continuing and extending their engagements with us, and invite others to join and help shape the innovation ecosystems to increase access to quality, affordable healthcare worldwide.

Warmly,

Krishna Udayakumar
Executive Director, Innovations in Healthcare
In selecting our 2016 Innovator Cohort, we found that these top organizations illustrate three broad ideas in healthcare: the right price, place, and partners.

THE RIGHT PRICE

We identified leading organizations that are working to provide healthcare at the right price, focused on affordably meeting the needs of local populations. Veteran innovator Narayana Health has been a pioneer in finding ways to make surgery more affordable in India. Now, its new venture in the Caribbean is successfully adapting these ideas in another part of the world. Health City Cayman Islands is working to provide more affordable surgical care to patients in the Caribbean, the US, Canada, and Latin America through its medically advanced tertiary care hospital.

Reversing the rising rates of chronic disease requires stronger partnerships between providers and patients and between public and private sector healthcare systems. AccuHealth is a tele-monitoring company in Chile that uses data to predict and prevent complications from chronic diseases, ultimately saving both patients and health systems money.
AccuHealth provides patients with portable technology that enables them to collect their own biometric data such as blood pressure, blood glucose, and temperature. The information is then sent to a tele-monitoring center, analyzed by AccuHealth professionals, and relayed to patients’ main health providers. So far, the organization has monitored over 8,000 patients and reduced treatment costs by 60%.

In many parts of Latin America, health systems are struggling to find the right harmony between public and private services. Long waits in overburdened public systems can result in poor health outcomes. While people with higher incomes are able to turn to the private sector for needed services, few private services are affordable for lower-income populations. Clínica SiM is a retail clinic network that provides affordable and accessible healthcare to people in Northeast Brazil where some 58% of people live in poverty. The organization currently includes six clinics that offer about 17,000 medical services a month.

In India, where the public sector plays a much smaller role in healthcare relative to Latin America, disjointed care within the private sector tends to increase costs for health facilities and their patients. Additionally, few physicians choose to become primary care providers, causing shortages, particularly in underserved areas. These shortages often leave rural and low-income populations without reliable or affordable access to quality care, and patients often seek routine care at costlier hospitals. NationWide has built a primary care delivery network, using a combination of clinical facilities and telehealth to improve the sustainability of primary care delivery. NationWide currently operates thirty clinics, and estimates that they benefit approximately 300,000 people. Through standardized training and testing requirements, clinical protocols for common conditions, and regular provider assessment, the organization is also helping to train and retain quality family care doctors.

THE RIGHT PLACE

Too often, health systems are built around hospitals instead of around people. Many of the innovators in our network have found ways to bring localized services to populations, making healthcare more accessible.

Almost 70% of India’s population lives in rural areas, and only two percent of medical professionals are working in these areas. The Rural Health Care Foundation operates a chain of eleven low-cost primary healthcare centers spanning four districts in underserved West Bengal. These clinics, which offer primary care, ophthalmology, dental, and homeopathy services, are providing improved access to healthcare for low-income people, mitigating the dearth of both public and private healthcare delivery facilities and practitioners.

In Brazil, Projeto CIES uses a fleet of mobile medical centers built into vehicles such as wagons, vans, and shipping containers to provide moderately complex exams and procedures to communities in need. The organization started by building the “Health Wagon” in 2008, a mobile health center which was equipped to provide ten types of specialty care to 3,000 patients per month. Since then, Projeto CIES has expanded its fleet of mobile medical centers to sixty units in ten regions of Brazil, which together serve over 2,000 people each day.
They have provided care for over 500,000 people since their founding and have helped to dramatically reduce waiting times, in some cases from four years to less than thirty days.

In Nigeria, where the healthcare delivery system is very fragmented, PurpleSource is working to elevate the quality of existing clinics in Lagos and link care across the healthcare system. PurpleSource takes over the management of conveniently located clinic networks in Lagos that are over forty years old and in a state of decline, building them back to functioning, sustainable enterprises. By focusing on improving care in these clinics and finding ways to use technology to lower costs, standardize quality, and empower patients, PurpleSource has revitalized clinics providing care to more than 30,000 patients in Lagos. Ultimately, the company intends to offer its management and financial expertise to clinic networks throughout Nigeria.

An organization working across four continents is showing how one of the most influential places to affect healthcare is within homes and communities. Microclinic International uses the power of social relationships and networks to create positive change in individual and group behavior. Microclinic International uses a “train-the-trainer” model to lead community groups that meet to learn about healthy behaviors, manage and monitor their health, and engage in social activities. In most locations, such as in the Middle East and the United States, Microclinic International’s programs focus on managing cardiovascular diseases, obesity, and diabetes; in Kenya, they have expanded their focus to HIV/AIDS and are using social groups to improve medication adherence and patient retention in care. The organization has established and worked with over 1,500 social groups worldwide.

THE RIGHT PARTNERS

Partnerships are central to healthcare innovation and creative organizations are designing the best ways to form sustainable relationships to advance health.

In Mexico, as in many countries in Latin America, public systems struggle to meet demands and public-private partnerships can help alleviate gaps. This is especially true for Mexico, where health facilities are disproportionately concentrated in large urban areas, resulting in a lack of access to comprehensive, affordable healthcare for people in non-urban areas. COFAS constructs hospitals in rural and semi-urban areas of Mexico and is able to make care affordable through the efficient use of technology, improved processes, and intelligent resource allocation. In 2015, COFAS hospitals provided care to over 80,000 patients. One COFAS hospital was accredited through Seguro Popular, a Mexican public insurance program serving low-income populations. By partnering with the governmental program, COFAS will be able to expand the reach of the hospital even further.
In Kenya, LiveWell Clinics is a primary healthcare company that uses a “hub-and-spoke” model to serve densely-populated, low-income areas in Nairobi. The main clinics (hubs) are supported by several satellite clinics (spokes) run by nurses. By partnering with hub and spoke clinic owners, this organization is able to provide back-office support services to all clinics, such as claims processing, referrals, training, quality improvement, and supply chain management.

Partnerships between technology companies and clinics are showing promise in increasing quality and lowering costs in healthcare. access.mobile is a digital health company operating in Uganda, Kenya, Tanzania, Nigeria, and Ghana, digitizing patient records into a light and secure patient management system and automating communication with patients via SMS, email, and smartphone notifications. Its primary product, marketed to hospital and clinic administrators, is called amHealth. Clinics pay an annual licensing fee for use of the software, which allows the organizations to streamline and automate patient care and communication between medical providers and patients. With its smart technology, access.mobile increases efficiency and patient engagement, leading to greater patient retention and ultimately, increased revenue for clinics and hospitals.

One of the most important partnerships is that between a provider and a patient. In the US, WiserCare has created a shared decision-making platform to help physicians and patients make customized treatment choices through an online survey platform that uses an individual’s clinical information and survey responses to determine best-fit treatment options. The physician’s office sends a WiserCare survey invitation to a patient and the patient completes the secure online survey prior to his or her appointment, answering questions designed to discern personal values and preferences. WiserCare analyzes the results of this survey in conjunction with an individual’s key clinical measures to help the physician and patient discuss what treatment paths best fit the patient’s needs and preferences. The WiserCare platform produces a personalized report for the patient, as well as a summary for the doctor. Founded in 2011, WiserCare has decision-making modules for ten urological conditions, spinal disk herniation, lung cancer, birth control, childbirth, and is in the process of adding modules for other medical conditions.
BUILDING CONNECTIONS AND PARTNERSHIPS

THE INNOVATIONS IN HEALTHCARE ANNUAL FORUM: Connect, Collaborate, & Learn

In April 2016, Innovations in Healthcare hosted its Fifth Annual Forum in Washington, D.C. We welcomed over 160 participants from Nigeria, Kenya, India, Chile, Mexico, Brazil, the UK and many other countries. The event offered an incredible opportunity for regionally-focused conversations, presentations, networking opportunities, and insights into compelling subjects across global healthcare innovation.

KEY HIGHLIGHTS INCLUDED:

- Presentations from more than twenty innovator organizations – some new, and some veteran members of the Innovations in Healthcare network
- Panel conversations discussing the state of healthcare innovation in Latin America, East Africa, and Southeast Asia, as well as patient engagement, chronic disease management, fundraising, and adaptation across borders
- Fireside chats addressing strategies for growth and lessons on managing change

THE SOCIAL ENTREPRENEURSHIP ACCELERATOR AT DUKE (SEAD)

Launched in 2012, the Social Entrepreneurship Accelerator at Duke (SEAD) is a USAID-funded global health enterprise accelerator program at Duke University, led by Innovations in Healthcare and the Center for the Advancement of Social Entrepreneurship (CASE) at the Fuqua School of Business. SEAD mobilizes a community of practitioners, investors, policymakers, faculty, staff, and students to identify, assess, build the capacity of, and scale health and healthcare enterprises operating in India and East Africa.

Through SEAD, a subset of 25 Innovations in Healthcare innovators have the opportunity to participate in a rigorous program of engagement and evaluation designed to help them scale their impact, including participation at the annual SEAD Summit, an intensive three-day event held at Duke University. Activities from this year’s event included mentor-led conversations on employee training, building patient loyalty, and learning from failure. Innovator spotlights and workshops highlighted fundraising, strategies to influence the public sector, and communicating value to corporations.
For the second year in a row, our East Africa team is helping organizations in our network to scale up through targeted support from expert consultants. Thanks to funding from USAID’s Kenya and East Africa Mission, select East African innovators involved in SEAD were matched with local consulting firms to assist with priority capacity-building projects. Five innovators received support, including Safe Water and AIDS Project (SWAP), LifeNet International, MicroClinic Technologies, Afya Research Africa, and ZanaAfrica.

Their capacity-building projects cover a range of topics, from developing a business plan with key funder mapping, to refining marketing strategies to better address customer preferences, to implementing platforms for data collection. The firms selected to provide these capacity-building services included Think Place, Vera Solutions, Intellecap Advisors, Open Capital Advisors, and BTL Consulting. The SEAD Capacity Building Fund is a great example of how innovators in our network are matched with timely and strategic resources.
KENYA HEALTH HACKATHON 2015

With support from the SEAD program, the team hosted Kenya’s first health hackathon in September 2015. Our East Africa innovation ecosystem research highlighted the opportunity to better connect the health and technology sectors in the region. While innovation continues to thrive in each sector, there were few ventures in the digital health space. The health hackathon was conceptualized to explore this gap.

The hackathon was a collaborative problem-solving exercise to test innovative concepts through rapid prototyping of low-cost solutions. The event, held over 48 hours, attracted over 100 participants who pitched twenty innovative solutions across three thematic areas: managing non-communicable diseases, improving quality of maternal and child health, and increasing access to healthcare.

Key partnerships ensured success of the hackathon. The event was co-hosted with Strathmore University in Nairobi. Teams from the university provided logistical support and mentorship to winning teams post-event. Corporate and academic partners provided mentorship, insights, and data to help teams frame solutions, sponsoring prizes to winning teams. iHub Africa, a Kenyan technology hub, helped draw technology expert participants and partnered to host a pre-launch event. Professional associations, such as the Kenya Medical Association and the Kenya Pediatric Association, publicized the event within the health professional community.

The health hackathon spurred initiatives to support digital health innovation among various ecosystem actors in East Africa. Some examples include: the launch of the Merck Accelerator in Nairobi by one of the hackathon’s corporate sponsors; a medical devices hackathon in August 2016, hosted by Villgro Kenya, which incorporated learnings from the health hackathon; and the launch of the UNFPA iAccelerator innovation challenge. Innovations in Healthcare serves as an advisor to the UNFPA innovation challenge program across Eastern and Southern Africa.
STUDENT IMPACT

Innovations in Healthcare and our network organizations benefited from student talent through internship and fellowship programs. We sourced projects from our innovator network and matched them with Duke University graduate students in business, global health, and medicine, focusing on specific skill sets needed to help tackle the tough challenges facing innovators.

Depending on the internship, students worked with network organizations for two months or up to one year, producing high-quality deliverables. Projects this year ranged from modeling return on investment for a new product launch in the US, to the creation of a dashboard to monitor performance across a network of clinics in Kenya, to a research study on health outcomes among surgery patients in India.

Our summer interns planned and facilitated a one-day workshop for more than 100 undergraduate students from Makerere University in Kampala, Uganda. The interactive workshop, co-hosted by Makerere’s College of Engineering, Design, Art, and Technology, the Innovation Village, and SEAD, introduced Makerere students to the “Ten Types of Innovation” framework developed by Doblin, a global innovation firm. Participants applied the framework to well-known Ugandan brands as well as their own start-ups, helping them to better understand and assess innovation.

Through a new partnership with Carnegie Mellon University and with funding from SEAD, the Innovations in Healthcare East Africa team also placed graduate students from Carnegie Mellon University Rwanda with network innovators. These three-month summer projects focused on technology, such as developing new capabilities for electronic health record systems.
Health systems around the world, including in the United States, struggle to balance affordability, quality, and access to care. In many low- and middle-income countries, urgent health needs within resource-challenged settings drive the development of promising new technologies and models of care, especially health innovations that embody frugality – the ability to do more, with less, for many. There is growing recognition of the potential of these internationally-developed solutions to improve cost efficiencies, access to care for rural and vulnerable populations, patient engagement, and other key challenges in the United States.

Partnering with the Commonwealth Fund, our team produced a series of case studies documenting examples of “frugal” innovations that hold promise for adaptation into the United States. These case studies examine the business models of three of our innovators — MedicallHome, Narayana Health, and BasicNeeds – with the potential to address the diverse needs of the US health system. Spanning approaches and health domains, the case study models were further analyzed through primary and secondary research, including site visits and stakeholder interviews.

**ADAPTING FRUGAL INNOVATIONS TO THE UNITED STATES**

MedicallHome is a subscription telemedicine program connecting patients throughout Mexico by phone with doctors in a Mexico City call center. Using standardized protocols, these doctors resolve more than sixty percent of issues over the phone. ConsejoSano, an adaptation of this model, was launched in the United States in 2014, connecting Hispanic residents to the same doctor-staffed call center in Mexico. Although doctors serve as health advisors, rather than physicians, to US customers, they fill an important gap in the supply of healthcare providers for the fast-growing Spanish-speaking population.

Narayana Health, one of the largest multispecialty health systems in India, was founded in Bangalore to provide high-quality affordable cardiac care. It combines innovative technology and a highly efficient delivery system, boasting quality outcomes that rival the United States at a fraction of the cost. Through a joint venture with Ascension Health, Narayana Health recently established Health City Cayman Islands, a 101-bed tertiary-care hospital on Grand Cayman, to test the model in a new market.

Using a community development approach, BasicNeeds’ Model for Mental Health and Development leverages existing resources in new ways to increase access to and effectiveness of mental health services. The model, which is now used in twelve low-income countries in Africa and Asia, has demonstrated many positive impacts on access to treatment, mental health outcomes, quality of life, and engagement in income-generating work. Being tested in Detroit, Michigan, the model might also prove to be a cost-effective approach in U.S. communities for addressing disparities in access and lack of care coordination in mental health management.
The case studies highlight several promising trends in the US that support adaptation of these models. Rising interest in moving care out of healthcare facilities and into community and home settings could drive demand for models like BasicNeeds. Ongoing changes to payment models may increase provider flexibility and incentives to experiment with new population health and care delivery approaches. Innovations like MedicallHome and Nayarana Health could be more attractive in this context. Increasing use of relatively new health worker roles in the US, such as community health workers and advanced practice providers, could also support task-shifting models like Narayana Health and BasicNeeds.

EAST AFRICA AND SOUTHEAST ASIA

We know that overcoming common challenges to growth is easier for organizations when knowledge, talent, and ideas are shared across a larger ecosystem of supportive players. Expanding our work and number of partners in East Africa, we wanted to understand better how the East Africa ecosystem is impacting healthcare innovations and how key players can generate more positive impact. Combining interviews with more than sixty stakeholders and data from our 2015 pipeline sourcing process, we identified trends in healthcare innovation across the East Africa region, significant gaps in the ecosystem, and market opportunities.

In our full report Healthcare Innovation in East Africa: Navigating the Ecosystem, we also provide practical tips for key players, including funders, entrepreneurs, governments, and intermediaries, to interact more effectively to support the growth of healthcare innovations.

Expanding our ecosystem research, we launched in 2016 a study of healthcare innovation ecosystems in Southeast Asia. This project examines gaps and opportunities across major themes such as aging populations, chronic care, and digital health to uncover insights that will strengthen the uptake and growth of promising models in the region.
In late 2015, the Pfizer Foundation launched a new Global Health Innovation Grants Program as part of its charitable purpose to support social innovation in healthcare delivery and technology for underserved patients in low- and middle-income countries. The Foundation has strategically focused its impact portfolio on three main areas of investment: primary healthcare, women and children’s health, and healthcare technologies for low resource settings.

Through a competitive, targeted process, the Pfizer Foundation awarded one-year grants of $100,000 to 15 global health innovators ($1.5 million total) for projects launching in 2016. Thirteen of the 15 grantees in the pilot cohort are in the Innovations in Healthcare network: Afya Research Africa, ayzh, Clínicas del Azúcar, Jacaranda Health, LifeNet International, North Star Alliance, One Family Health, Operation ASHA, Penda Health, salauno, Sevamob, Swasth, and World Health Partners. The program is a fantastic opportunity for our network innovators to secure grant funding to test a high impact project or deepen existing work.

The Pfizer Foundation requires grantees to monitor and evaluate their projects, and we are serving as an evaluation partner, working with the grantees to monitor progress and assess performance against project targets. We are providing guidance to individual grantees and also identifying learnings from across the entire cohort of grantees. In addition, we are also generating insights about how best to collectively advance healthcare innovations through such evaluation partnerships.
After several months of research, multiple site visits, and many expert interviews, we launched a report describing the state of healthcare innovation in Latin America and the Caribbean. Since the launch of our network in 2011, we have worked with many forward-thinking healthcare organizations in the region, including MedicallHome, APROFE, and salauno. Our efforts identified clusters of innovations emerging in Mexico, Brazil, and Colombia. We noted the growing interest from multiple stakeholders, and, in response, studied and analyzed those clusters to understand better the trends in the region, along with specific ecosystem characteristics that promote or hinder the development and scale of healthcare innovation.

Four key themes emerged across our research, and have far-reaching implications across all three study countries:

- **Governments are key players.** Relative to other geographies such as India and Kenya, governments in Latin American countries play a very large role in healthcare delivery and payment, especially for low- and middle-income populations.

- **Regulations hamper labor flexibility and implementation of task-shifting models.** We found that outdated regulations and entrenched interests of professional groups in Latin American countries hamper labor flexibility and implementation of task-shifting models.

- **Innovators in all three focus countries cited a lack of grant funding and flexible risk capital as a primary challenge to growth.** The health sector is increasingly attracting investors because of the potential for high financial returns and clear social value. But the majority of investors are fairly new to the sector and cannot effectively evaluate healthcare entrepreneurs, do not fully understand the risks and rewards, and cannot effectively provide technical assistance to help facilitate business growth.

- **Government partnerships can be beneficial to private sector players, enabling rapid large-scale expansion, as well as access to a large population of publicly insured patients.** However, private sector innovators have found partnering with the public sector to be difficult, often plagued with long waits for repayment, opaque tendering processes, and, at times, corruption.
WHY FOCUS ON FUNDRAISING?

In emerging markets like Kenya, India, and Mexico, entrepreneurs are launching new and exciting ways to deliver healthcare. This groundswell of innovation is vitally important; many of these companies are poised to fundamentally change health and healthcare in their home countries and beyond. But the majority of fundraising support offered today in these ecosystems goes to help established businesses or blueprint-stage ventures - a trend that has left healthcare enterprises in early stages of growth struggling for high-quality backing.

With support from the Pfizer Foundation, we facilitated three workshops between September 2015 and March 2016 in India, Kenya, and Mexico in collaboration with local partners Intellecap, Open Capital Advisors, and New Ventures, respectively. We captured key insights from these workshops in our report, “Context is Key to Investing in Health Innovation: Perspectives from Health Entrepreneurs in India, Kenya, and Mexico.”

We found that philanthropic capital fuels healthcare research, helps develop local talent, and supports other types of capacity-building – all necessary ingredients in fostering business growth in the health sector. Yet a number of key challenges limit innovators’ ability to access philanthropic capital, including difficulty keeping up with changing donor interests and requirements, managing cash flow with grant funds in the mix, balancing multiple funders’ interests, and a shortage of this type of funding.

Investment challenges were noted across all three countries. We found increasing interest in the healthcare sector among investors of all types. For most, and particularly impact investors, the space is relatively new, and in all three settings there are limited (if any) funds focused solely on healthcare. For these reasons, raising investment funds can be challenging, due to the difficulties of working with investors who are not local, problems navigating dissimilarities in financial and business standards, aligning expectations around impact and returns, and barriers to accessing debt.

A few challenges appear consistently across countries and funding types, including time limitations, a limited understanding among innovators of their own capital needs, a mismatch of available capital and innovators’ capital needs, and difficulty connecting with potential sources of capital.

The challenges detailed point to a lack of alignment and understanding between funders and innovators—a situation that is not surprising, given the recent rapid growth in the healthcare innovation landscape. There is real opportunity for funders to pioneer a new approach to supporting healthcare innovators in these settings.
On The Horizon for 2017

Building upon five years of experience, and expanding our passionate and diverse community, we will continue to strengthen our efforts and launch new initiatives. Key priorities for 2017 include:

- **Recruiting a new cohort of innovators.** We are well on our way to sourcing and selecting the best healthcare innovators in the world to join our network, which will grow our overall network to over 70 enterprises operating in over 50 countries.

- **Supporting our innovators and the network.** We will continue creating partnerships to build the capacity of our network and to help shape the ecosystems where they operate. Key to this effort will be leveraging and expanding our growing community of supporters and collaborators through local and global events.

- **Advancing adaptation of innovations.** Leveraging our new frameworks of innovation bundling and integration with a focus on adaptation and evaluation, we will deepen our leadership in addressing complex health problems around the world.

- **Engaging with new partners.** With our growing presence in East Africa and new funding, we will engage with new partners to help build and shape the innovation ecosystem there.

- **Creating a Global Health Innovation Center at Duke.** The mission of the new Global Health Innovation Center is to study and support the scaling and adaptation of innovations and related policy reforms to address critical health challenges worldwide. This Center will work closely with Innovations in Healthcare to improve health and healthcare globally.

- **Deepening our exploration and engagement across South and Southeast Asia.** From our strong relationships in India and the beginning of our ecosystem analysis of healthcare innovation in Southeast Asia, we hope to create new partnerships in support of our mission.
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