



INNOVATIONS IN HEALTHCARE™

Pfizer Foundation Global Health Innovation Grants Program:

How flexible funding can drive social enterprise
and improved health outcomes

ERIN ESCOBAR, ANNA DE LA CRUZ, AND ANDREA TAYLOR

WHITE PAPER



ABOUT INNOVATIONS IN HEALTHCARE

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 74 leading healthcare innovators working in over 70 countries and serving over ten million people.

PFIZER FOUNDATION SUPPORT

The Pfizer Foundation provided the funding for this work. The Pfizer Foundation launched its Health Delivery and Social Innovation portfolio with the intention to broaden the use of its resources to magnify public health impact. The goal is to improve healthcare delivery and access for low-income populations by supporting healthcare entrepreneurs and enterprises and fostering local innovation.

The Pfizer Foundation has implemented this strategy using two mechanisms: impact investing that seeks to generate social impact, and catalytic grant making. The Pfizer Foundation Global Health Innovation Grants were launched in 2016 to help support promising innovations that improve access to quality healthcare for underserved populations in Africa, Asia, and Latin America.

The Pfizer Foundation is a charitable organization established by Pfizer Inc. It is a separate legal entity from Pfizer Inc. with distinct legal restrictions.

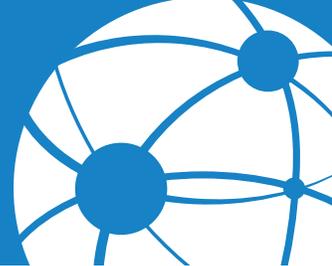
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The Pfizer Foundation

A charitable foundation established by Pfizer Inc

Introduction



- **In 2014, the Pfizer Foundation¹ launched its Health Delivery and Social Innovation portfolio with the intention to broaden the use of its resources to magnify public health impact. The goal is to improve healthcare delivery and access for low-income populations by supporting healthcare entrepreneurs and enterprises and fostering local innovation.**

The Foundation has implemented this strategy using two mechanisms: impact investing that seeks to generate social impact, and catalytic grant making to develop the pipeline of social entrepreneurs and support their growth. The latter mechanism aims to develop a pipeline of health-focused social entrepreneurs working on health interventions and to support them as they grow and scale.

The Pfizer Foundation Global Health Innovation Grants program (GHIG) was launched in 2016 to support promising the growth of innovations that improve access to quality healthcare for underserved populations by testing new models, penetrating new geographies, and expanding to different populations. GHIG focused on innovations in Africa, Asia, and Latin America in three strategic areas of investment: primary healthcare delivery, women's and children's health, and healthcare technologies for low-resource settings. The market for healthcare innovation in low- and middle-income countries is often not yet mature enough to absorb significant traditional capital; therefore, the Foundation deployed grants to serve as bridge funding for these innovations, with the intent to support organizations in their growth trajectory.

This white paper describes the Pfizer Foundation GHIG model, highlighting program results from 2016 and summarizing the key components of the model's successes and challenges, with recommendations for other programs and funders seeking to scale the potential impact of global health innovation.



Source: Penda Health

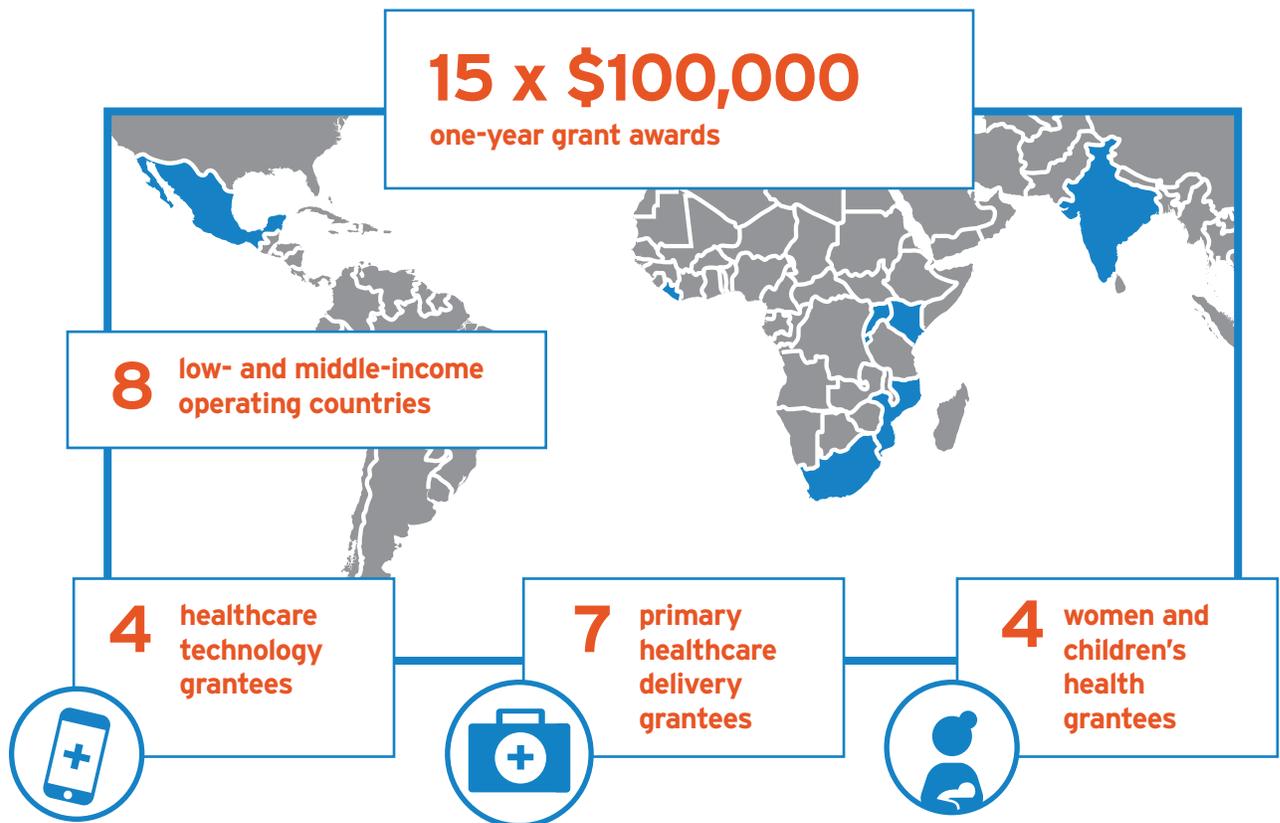
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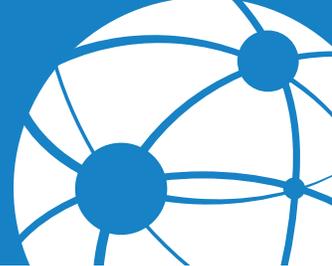
The GHIG model and methodology

- Through a competitive, targeted Request for Proposals process, the
- Foundation awarded one-year grants of \$100,000 to 15 global health
- innovators in eight low- and middle-income countries.

The models, which include both non-profit and for-profit entities, were evaluated based on innovative approach and potential scalability, the organization's path to sustainability, and alignment with the Foundation's charitable mandate and strategy. The inaugural GHIG cohort of 15 grantees was comprised of seven organizations working in primary healthcare delivery, four working in women's and children's health, and four working in healthcare technologies for low- resource settings (see Graphic 1). Thirteen of the 15 grantees in the pilot cohort are in the Innovations in Healthcare network.

Graphic 1 | GHIG pilot cohort at a glance



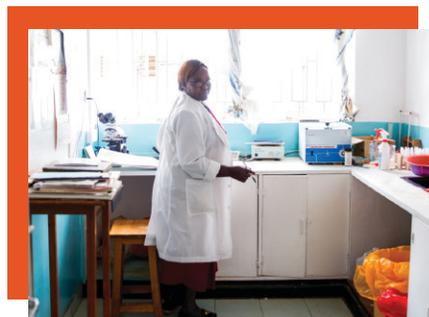


Methodology

Innovations in Healthcare serves as a project advisor, undertook an external evaluation, and synthesized the results of the evaluation to make future recommendations for the program. The goal of the evaluation was to generate insights about the portfolio-level health impacts of the cohort and to measure the effectiveness of the grant program in improving access to quality care. Innovations in Healthcare also provided guidance to individual grantees and identified learnings from across the entire cohort to help inform the Pfizer Foundation's overall investment strategy.

A mixed-method evaluation was designed to be both participatory, involving both grantees and the funder in key steps, with innovator coaching along the way, and practical, focused on outputs and outcomes that matter to stakeholders, with an eye toward data already being collected. Projects funded by the GHIG program cover a diverse range of activities, target populations, geographies, and outcome goals. Grantees collect a similarly wide range of data, with differing institutional capacity to measure and evaluate health outcomes in addition to key performance indicators. The research team conducted an intake assessment of each grantee to clarify project goals and identify which data were already being collected to track project outputs.

Based on review of individual grantee project plans, we identified areas of common activity across the cohort and developed a set of core metrics for the portfolio. We identified six healthcare strategy areas: expansion, workforce development, community outreach and education, deploying health technology, increased reach, and partnerships. All innovators in the cohort focus on at least three of the six, which allowed cohort grouping and analysis of progress across the six strategies.



In addition to output data, most organizations are also tracking metrics to measure program and health outcomes. Innovations in Healthcare requested information related to data collection and results-to-date in a number of other outcome areas, including changes in patients' health outcomes, healthcare quality, and adherence to proper health guidelines and care processes. Grantees were also asked to describe their measurement of healthcare worker training and knowledge.

The research team conducted quarterly check-in calls to track progress, and all grantees self-reported output and outcome information, using data collection tools developed by the research team, at the mid and end points of the grant period. As part of the biannual reporting, we administered an online survey to collect general feedback from the cohort about the GHIG program. Additionally, throughout the project year, we undertook site visits with about half of the grantees, which included staff members from both the Pfizer Foundation and Innovations in Healthcare teams.

Through analysis of data from quarterly check-in calls, site visits, and biannual reporting, we were able to measure grantee progress relative to their project metrics, as well as successes, challenges and operational learnings of the grant program as a whole.

2016 portfolio evaluation results

Deploying funding to successfully scale services

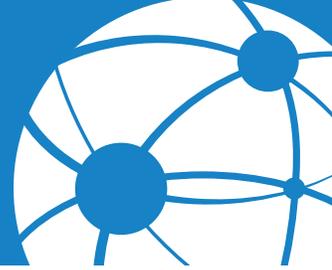
The GHIG program allowed grantees to expand their reach and enhance their services over the course of the one-year project period. The funded entrepreneurs are working in many ways—they are building new facilities, expanding to new communities with both services and outreach, recruiting and training healthcare providers, implementing leading-edge technology, and securing key alliances to meet performance milestones and enhance their services for underserved populations in rural and urban settings.

Grantees expanded healthcare access for rural and low-income market segments, establishing over 70 new points-of-care serving 175 new geographic locations, most of which are rural. While not surprising that the technology grantees are deploying the highest number of new devices, the use of technology is a theme across health enterprise grantees, with nearly all grantees using mobile applications and deploying devices to help manage or deliver care.

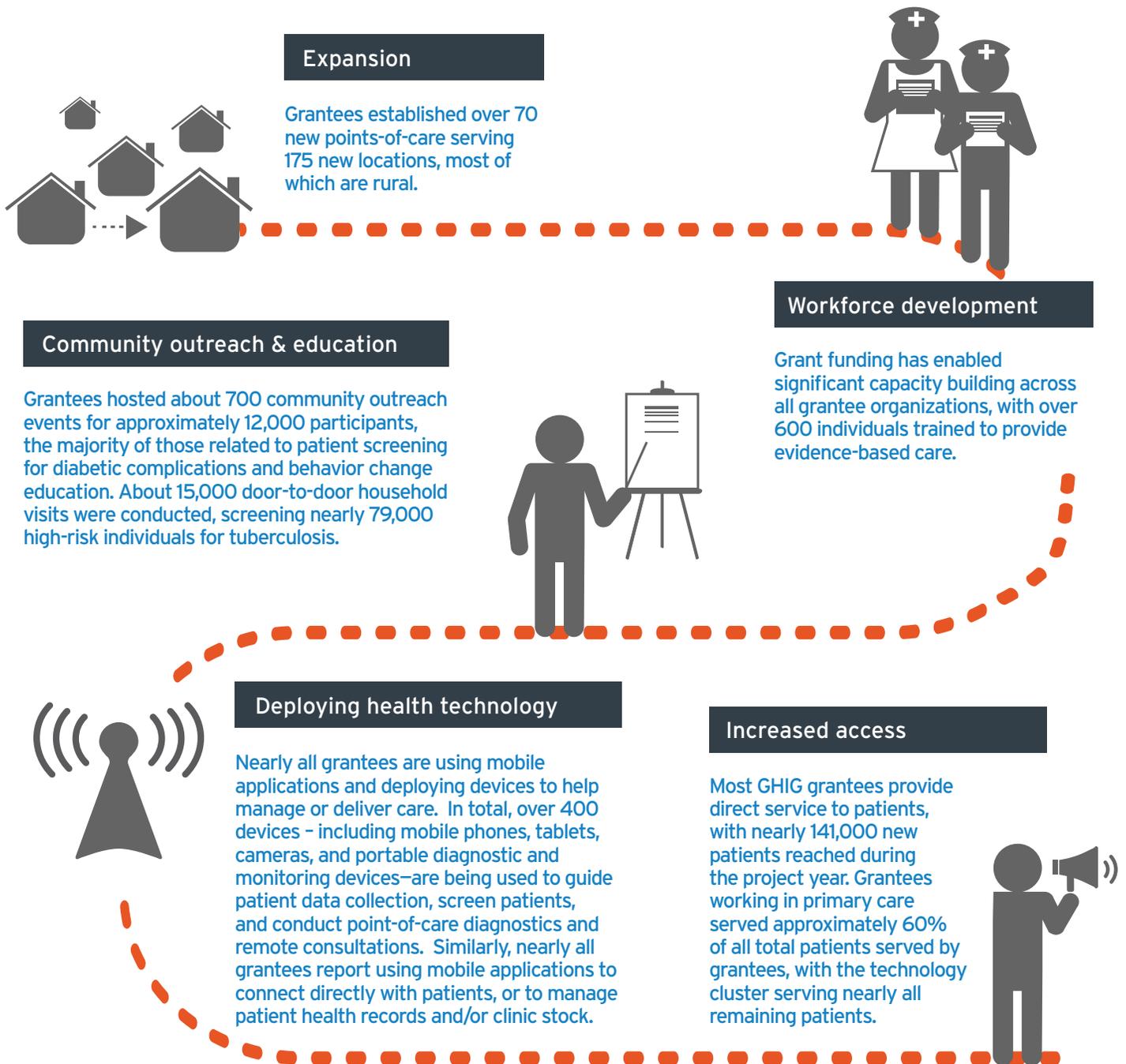
All grantees reported that the GHIG funding has enabled capacity building within their organizations, with over 600 individuals trained to provide evidence-based care. Most GHIG grantees provide direct service to patients, with nearly 141,000 new patients reached during the project year. Grantees working in primary care served approximately 60% of all total patients served by grantees, with the technology cluster serving nearly all remaining patients. Grantees also executed robust community outreach strategies to expand access, including about 700 community outreach events for approximately 12,000 participants, the majority of those related to patient screening for diabetic complications and behavior change education. About 15,000 door-to-door household visits were conducted, screening nearly 79,000 high-risk individuals for tuberculosis.

GRANTEES EXPANDED
HEALTHCARE ACCESS FOR RURAL
AND LOW-INCOME MARKET
SEGMENTS, ESTABLISHING OVER
70 NEW POINTS-OF-CARE SERVING
175 NEW GEOGRAPHIC LOCATIONS,
MOST OF WHICH ARE RURAL.





Graphic 2 | Output data by strategy area



2016 portfolio achievements

Demonstrating social impact

Many organizations are measuring outcomes across four key areas: care processes, healthcare access, patient satisfaction, and healthcare worker training and knowledge. Although a baseline assessment was not a condition of the grant agreement, eleven of the fifteen organizations (73%) reported that they have some form of baseline or comparison data to aid evaluation of the results of this grant program. Two thirds of the grantees were able to complete some type of pre- and post-analysis using baseline or comparison data. The baseline data varies from basic pre-intervention output data (number of people receiving services), to market research to establish the need for services, to surveys measuring the level of health worker knowledge before and after the program.

While measuring outcomes takes significant time and resources, the following examples highlight how GHIG grantees were already able to report promising impact results beyond basic outputs from their 2016 work:

CARE PROCESSES

LifeNet International works to increase provider adherence to medical best practice protocols in existing primary care facilities in Uganda, Burundi, and the Democratic Republic of the Congo. Using baseline assessment data from the 10 clinics supported by GHIG funding, they reported that correct IV usage increased from 10% at baseline to 90% post-intervention; use of sterilized ampules increased from 30% to 90%; and proper labeling of liquids and containers increased from 5% to 90%.

HEALTHCARE ACCESS

Last Mile Health equips community health workers in Liberia with mHealth technology, supervision tools and disease prevention and education content. They track baseline and ongoing data in catchment areas supported by the GHIG grant across a number of health areas, including: under 5 vaccine rates (increased by 27 percentage points in one catchment area), facility-based deliveries (increased by 24 percentage points in one area) and pregnant women receiving four prenatal visits (increased by 11 percentage points in one area).

PATIENT SATISFACTION

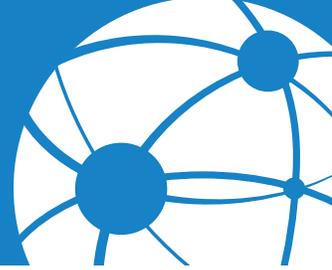
ayzh, which produces and distributes maternal, child, and women's health kits in India and Kenya, measured women's perception of the childbirth experience post-intervention (clean birth kits available) and compared it to other deliveries without the kits and trained staff. In general, they reported a higher level of satisfaction with access to clean birth kits compared to previous birth experiences.

TRAINING AND KNOWLEDGE

Jacaranda Health, which provides maternal and newborn healthcare in Kenya, administered a knowledge test before and after emergency obstetric and neonatal care training for public sector nurses. At the end of the grant-funded program, which included additional training related to teamwork and communication skills, knowledge scores had increased by 23% and newborn resuscitation skills check scores had more than doubled from 29% to 83%.

These examples demonstrate how grantee organizations are not only working to establish innovative healthcare delivery programs, but are also making significant efforts to measure their impact.

Designing a needs-driven funding model to promote grantee success



Needs-driven funding model

Traditional donor funding models are donor-driven: the funding follows the needs and priorities established by donor agencies themselves, and not necessarily the implementing organizations that are working to address critical health challenges. This can make it difficult for health innovators to keep up with and track different donor interests. Programs are then designed around interests that may not represent the best solution in a given context, and which may change at any time. Recognizing this challenge, the GHIG program was designed to provide flexible funding based on the needs of local health entrepreneurs. Several grantees noted appreciation for this funding flexibility on the year-end survey, as well as less intensive reporting requirements.

"THE SUPPORT PROVIDED BY PFIZER FOUNDATION AND INNOVATIONS IN HEALTHCARE WAS EXTREMELY VALUABLE IN THAT IT HELPED TO SET AND MAINTAIN VERY CLEAR EXPECTATIONS THROUGHOUT THE DURATION OF THE AWARD. THE BALANCE BETWEEN FLEXIBILITY AND STRUCTURE HAS BEEN APPRECIATED AND WE FEEL THAT A GOOD COMPROMISE WAS ACHIEVED BETWEEN [OUR] PROGRAMMATIC NEEDS AND THOSE OF THE GHIG PROGRAM."

.....
2016 GHIG GRANTEE

Leveraging the award to pursue other funding opportunities

We learned that GHIG funding is being effectively leveraged by grantees to attract additional resources, which was a primary goal of the program. **About 75% of grantees are leveraging the GHIG grant award to pursue new funding**, with more than a quarter of organizations reporting that the award has helped them secure other funding. **The majority (84%) of new funding opportunities secured, or being pursued, are grant funding**, with two reported examples of debt funding, and one example of equity. The range of funding sought is between 20K - 1.2M USD. The new funding is being secured from a wide range of donors and investors.



The importance of learning partnerships

Partnering to increase impact

Grantees' ability to navigate and secure local alliances played an important role in their ability to meet performance milestones and enhance their services. Eighty-seven percent of grantees reported at least one organizational partnership. Partnerships are being used to: increase access to patients (outreach); increase logistics and operational efficiency; access technical assistance for activities such as monitoring and evaluation (M&E); and ensure that services are complementary and not in competition with government-provided care. Partnerships, especially those with government and NGOs, are an important asset for most grantees.

"VISITING ANOTHER INNOVATOR FROM THE SAME COHORT AND SAME CLUSTER WOULD BE VERY HELPFUL AS WE CAN LEARN FROM DIFFERENT MARKETS AND SHARE BEST PRACTICES."

..... 2016 GHIG GRANTEE

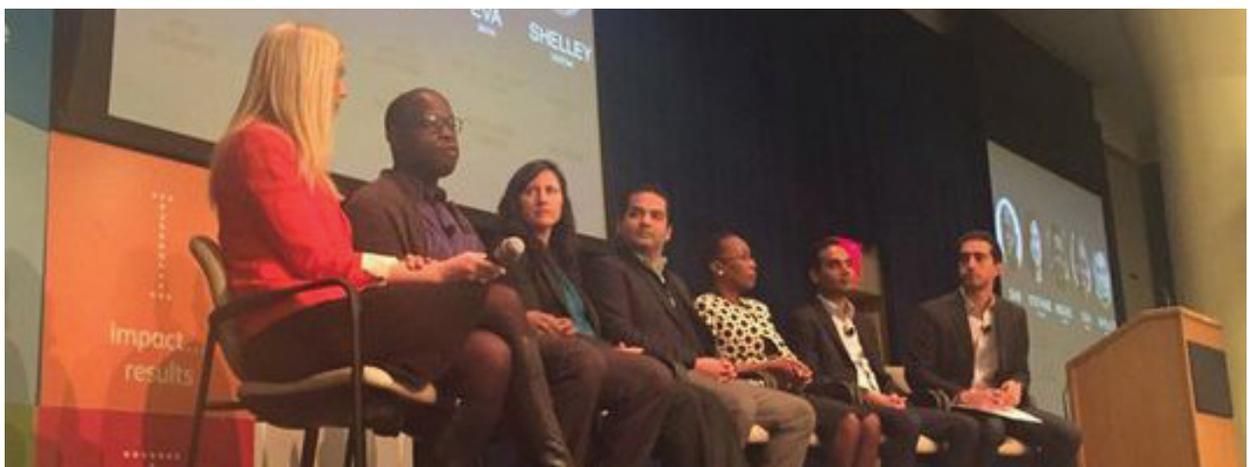
Learning opportunities in a global cohort

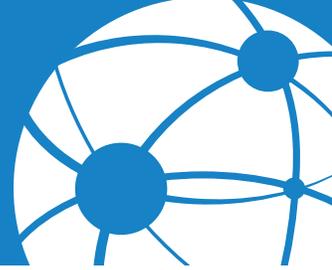
"WE REALLY ENJOYED MEETING THE PFIZER AND [INNOVATIONS IN HEALTHCARE] TEAM IN 2016 AND WOULD LOOK FORWARD TO MORE OF THOSE INTERACTIONS THAT WILL HELP US THINK ABOUT IMPROVING OUR SERVICES IN NEW WAYS, AS WELL AS MEASURING THE IMPACT OF THOSE SERVICES."

2016 GHIG GRANTEE

As part of the program, grantees participated in a number of structured meetings and events, allowing Pfizer Foundation and the Innovations in Healthcare team to monitor and support individual grantee progress, as well as provide peer-learning opportunities within the cohort. Participants benefitted from quarterly webinars and one-on-one consultations, as well as ongoing communications support. One of the most widely echoed recommendations across several survey questions was for more opportunities to network and learn from other programs, which can be challenging given the geographic diffusion of the cohort.

Based on this feedback, Pfizer Foundation is exploring additional ways to include more networking opportunities between grantees, and regionally between grantees and other key actors, such as government agencies and potential partner companies, in the future. Grantees had positive feedback about cohort-wide webinars, and provided specific suggestions for future discussion topics, which included M&E, engagement with government, supply chain issues, fundraising, and opportunities for partnerships between grantees.





Implementation delays

Nearly all organizations experienced implementation delays in the start-up phase. Government partnerships were the primary source of early project delays, with about half of grantees reporting delays due to working with the government. Public partnerships can add significantly to the processes and tasks needed to launch, including establishing formal memorandum of understanding agreements, facility inspections, securing permissions across multiple states, alignment with national Ministry of Health programs, scheduling issues for public sector employees, and navigating visa and customs regulations. However, these relationships are critical to the work of many grantees and their ability to scale.

One third of grantees noted that moving into new geographies, which includes identifying new sites and identifying optimal new partner organizations, accounted for implementation setbacks, while staff recruitment was the other top reason cited delays in project activities. Despite early delays, by the end of the grant year, close to 90% of planned activities across the cohort were completed, with incomplete milestones generally related to timeline modifications for specific activities, or lower-than-anticipated targets as a result of moving into new markets or geographies.

Need for multi-year funding

Many grantees noted that they would benefit from multi-year project funding, which could accommodate a preparatory phase to mitigate start-up delays such as those noted above. Having predictable funding over a longer period of time could also improve grantees' ability to test and iterate their models and work toward sustainability. Building on the success of their pilot year projects, all 2016 grantees applied for and received additional funding in the second year of GHIG, with most seeking support to continue their original project. This follow-on funding will also allow for a more robust evaluation of social and health impact measures.

Study limitations

Across all categories, data is self-reported by each organization using different data collection methods, with grantees collecting a diverse range of data on outputs and outcomes. The data highlighted a similarly wide range among grantees in understanding and knowledge of social impact outcomes, differing institutional capacity and need to measure such outcomes, and a strong desire for more support in this area. Specifically, grantees referenced the difficulty and associated cost of collecting baseline data, and general sharing of M&E reporting systems. Therefore, the extent to which it is possible to compare and aggregate program-specific performance and health outcome-related data across the portfolio is limited. However, we attempted to develop a clear picture of each grantee's performance, and synthesize operational learnings, successes, and challenges across the cohort based on the data that was available.

Conclusion

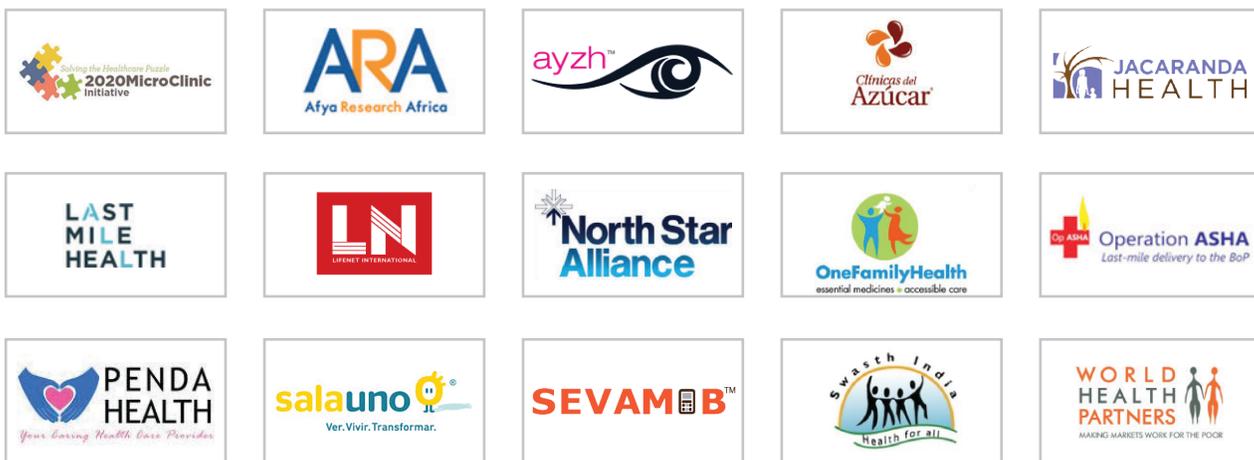
The inaugural year of the Pfizer Foundation GHIG program was a valuable learning experience, and led to the achievement of many of the stated initial program goals. With one-year, \$100k grant funding, 15 organizations demonstrated increased scale of primary care, maternal and child health, and health technology services in eight low- and middle-income countries. In addition to increasing the reach of services, these social enterprises also demonstrate increased efforts to measure social impact with a variety of health and quality outcome metrics.

Innovations in Healthcare's evaluation identified several aspects of the program that contributed to its success, including the flexibility of funding, reasonable reporting requirements, support for program expansion to new areas, and the opportunity for grantees to participate in a learning cohort. Key challenges were also identified, including compressed time frames and level of funding. The evaluation design allowed the Pfizer Foundation and Innovations in Healthcare to jointly identify evaluation technical assistance needs throughout the project duration, and incorporate grantee capacity-building during all stages of the grant period.

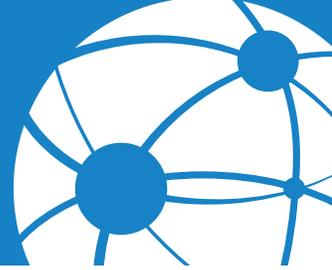
The Pfizer Foundation has initiated a second cohort of 20 grantees in 2017, including the 15 grantees from the first cohort. Innovations in Healthcare will continue to evaluate grantee and portfolio performance in the second year, allowing the research team to build on and strengthen the findings from 2016.

The results from the inaugural year of the GHIG program highlight the importance of the growing healthcare innovation ecosystem in low- and middle-income countries. This grant-making program's model of providing grant capital as a means of testing an innovation prior to investment may be applicable to other sectors with markets not yet mature enough for more traditional investing mechanisms.

2016 GHIG GRANTEES



About the authors



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Erin is part of the research and knowledge development team at Innovations in Healthcare. She leads research in innovative models of care, including the development of evaluation metrics. Before joining Duke University, Erin worked at the University of California, San Francisco, most recently within the Global Health Sciences division. She holds a Master of Public Health degree from the University of North Carolina at Chapel Hill.

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Anna is an independent consultant with expertise in evaluating and improving upon innovative market solutions to poverty. Before starting her consulting practice, Anna gained experience evaluating international development programs working in several nonprofit and academic organizations, including the UCSF Global Health Group, Innovations for Poverty Action, and the Financial Access Initiative at New York University. She received a Master's in Public Administration with a focus on International Policy from New York University, and a Bachelor's in International Studies from the University of Washington.

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Andrea manages the research and knowledge development agenda and directs student programs for Innovations in Healthcare, including internships and fellowships. Prior to joining Innovations in Healthcare, Andrea managed research on health and economic innovations both for the federal government and for UNC Chapel Hill. Her background is in health and social policy, program evaluation, and global mental health. She has a master's degree in Social Service Administration from the University of Chicago.





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