ACCESS Health International

2007-2017

Our ten year journey to improve access to high quality, affordable healthcare for all

William A. Haseltine, Ph.D.
Our vision is that all people, no matter where they live, no matter what their age, have a right to access high quality and affordable healthcare.
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"Our first ten years have exceeded my best hopes and aspirations. I believe we have made an impact on government policies and care practice on a global scale."

I am pleased to introduce a summary of the first ten years of activity of ACCESS Health International.

In ten years, we have grown from an organization with a single office in Hyderabad, India to one with activities in many of the major cities of the world, including New Delhi, Singapore, Beijing, Shanghai, Manila, Stockholm, and New York. We were instrumental in launching the Joint Learning Network for Universal Health Coverage. The Network now includes twenty seven countries in Asia, South Asia, Africa, and Central and South America.

Here I would like to thank those who have made our work possible starting with John-Michael Lind, a member of our Board of Directors who together with me developed the initial ideas behind ACCESS Health. John-Michael has been and is a continuing stabilizing presence on our Board.

I give special recognition to Sofi Bergkvist, our first employee, who played a founding role in establishing ACCESS Health as an important international organization. Sofi spent her first eight years with ACCESS Health as Executive Director of the organization, working in Hyderabad, India. Sofi’s insights lie behind many of our most important initiatives including a focus on healthcare financing, healthcare systems, and maternal and child health. Sofi is the force behind ACCESS Health work with the Joint Learning Network for Universal Health Coverage. Sofi continues to embody the values and
aspirations of ACCESS Health.

I thank our Board of Directors who give generously of their time. These include our members on long standing, Blaise Guerrand-Hermès of France, Lars Thunell of Sweden, John-Michael Lind and Robert Hormats of the United States, as well as members who have joined more recently, Jeffrey Lehman from China, Ranga Krishnan and TianQiao Chen both of Singapore and the United States, and R.M. Mashelkar of India. I also thank Molly Coye of the United States for her interest and support as an active member of our Board for eight years.

ACCESS Health places great trust and responsibility in our country and regional leaders. In this we have been blessed with the good fortune to have as our leaders some of the finest people I have known. Each is endowed with a generous spirit, devoting their entire efforts to our mission of assuring that all people, no matter where they live, no matter what their age, have access to high quality affordable healthcare. Each has shown exceptional leadership and entrepreneurial skills.

I thank leaders both past and present: Sofi Bergkvist, the original leader of our India team and now executive director of our international programs; Siddhartha Bhattacharya, leader of our rapidly growing India team; Chang Liu founder of our offices in Beijing and Shanghai and leader of our greater China and Singapore offices; Vera Siesjo leader of our work in the Philippines; Adrienne Mendenhall who led our work in Singapore for many years and Fredrik Knoeff who plays a key role in our work there; and Jean Galiana, tireless researcher and writer on the topic of elder and dementia care in the United States. I also thank the exceptional people who have led our country offices in the past, Stephanie Treschow who founded our office in Sweden and
developed the first concept for our Modern Aging programs, as well as Sofia Widén who continued to work on aging issues in Northern Europe, and Echo Collins-Egan who worked tirelessly in Morocco to improve eye care for children.

Work of any not for profit organization requires financial support from those who identify with our mission. Two foundations have been with us almost from the start and we could not have accomplished what we have done without them, The Rockefeller Foundation and The Bill & Melinda Gates Foundation. We are deeply grateful to them for their enduring interest, guidance, and support. Over the years and still now we have been fortunate to have both the support of governments and private foundations for many of our specific programs. We received early support from the John-Michael Lind Family Trust and continuing support from the William A. Haseltine Charitable Foundation. Our work in Morocco was sponsored by a donation from Xavier and Blaise Guerrand-Hermès and our early work in the Philippines by Mercedes Zobel. We recently received a significant donation for our work in China from our Director TianQiao Chen and his wife Chrissy Luo via the Shanda Foundation. A more complete set of our donors is listed at the end of this book.

Much of our work is done in partnership with others. The governments we work with are not only supporters but close partners in the design and implementation of our programs. Early on Barbro Ehnborn of the Swedish American Life Science Summit provided valuable assistance. Barbro recommended Sofi Bergkvist as our first country leader. Reuben Abraham introduced us to the Indian School of Business that in our founding years provided facilities and support without which we could not have begun our work. Krishna Reddy and Care Hospital, Hyderabad was and is an inspiration for our work in India. The Ministry of Health of
Singapore and the National University of Singapore played a key role in establishing our country office there. Mercedes Zobel and the Ayala Foundation together with the Asian Institute of Management played a central role in the establishment of our office in the Philippines. Our partnership with Results for Development based in Washington D.C. has been and remains central to much of our work including the Center for Health Market Innovations and the Joint Learning Network for Universal Health Coverage. Our partnership with TusPark and Tsinghua University, NYU-Shanghai and the US China Health Summit helped us begin our work in China. A more complete list of our partners is included in a following table.

Our first ten years have exceeded my best hopes and aspirations. I believe we have made an impact on government policies and care practice on a global scale far beyond what John-Michael Lind, Sofi Bergkvist, and I could have anticipated those many years ago. I am convinced that our impact on improving the lives of those living in all our program countries, rich and poor alike, will only increase in the coming years. I and the entire team of ACCESS Health look forward to the next ten years. We have great expectations!

William A. Haseltine
Chair and President
ACCESS Health International
August 2017
Maternal, Newborn, and Child Health
Improving the Health of Mother and Child

Improving the health of mother and child is a primary goal of ACCESS Health. We work in low and middle income countries to improve maternal, newborn, and child health and to reduce neonatal, infant, child, and maternal morbidity and mortality. We identify successful programs in both rural and urban settings and work with care providers to document their success and share best practices. We work with both public and private sector service providers to help them adapt these best practices to their own programs, improving the quality of their work and overall health outcomes. We promote collaboration among institutions, policymakers, health insurance agencies, and other payers of care to bring best practices to scale and to ensure lasting institutional change.

The Center for Health Market Innovations

Some of our earliest work in maternal and child health was part of our participation in the Center for Health Market Innovations. This work is described in more detail later in this book. As part of this work we documented more than three hundred innovations in maternal and child care in India. A complete set of these studies can be found on the Center website: healthmarketinnovations.org.

We described sixteen of the best practices in our book, Improving the Health of Mother and Child: Solutions from India, which was co-authored by Priya Anant, Prabal Vikram Singh, Sofi Bergkvist, and William A. Haseltine of ACCESS Health, and Anita George at the Indian School of Business. The book is available at no cost as a PDF at accessh.org or in print on Amazon.com. This work laid much of the foundation for our subsequent efforts to reduce newborn and child mortality and maternal death.

ACCESS Health International believes that improving the quality of
care for every woman and child, especially pregnant women and newborns, is of the utmost importance. ACCESS Health International has teams of quality improvement experts who develop Quality Improvement Kits that house clinical best practices to improve the outcomes of neonatal care. The teams support health facilities in addressing the main causes of neonatal mortality, such as sepsis, birth asphyxia, and complications due to premature birth through implementation of change ideas. The quality improvement teams mentor facility staff on using data for action and tracking quality improvement over time. Through collaborative learning sessions, ACCESS Health provides a platform for cross learning.

**Designing Maternal Child Health Programs in two Indian States: Bihar and Odisha**

Our work documenting best practices in maternal and child health inspired others to explore new public private partnerships to save the lives of mothers and children. Among the organizations interested in our work was the Norway India Partnership Initiative. The Partnership Initiative asked us to look more closely at the Indian states of Bihar and Odisha to assess the role of the private sector in maternal and child health and to identify and develop opportunities to improve access through public private partnerships. As part of this work, we analyzed healthcare expenditures and behaviors, mapped healthcare providers, and organized a series of workshops at district and state levels to discuss partnership opportunities.

The response from healthcare providers in the private sector and representatives from the public sector was overwhelming – they all wanted to build partnerships that would reduce out of pocket expenditures and ensure improved access to healthcare for women and children. Based on these responses, we designed a
program for public private partnerships that was initially approved by the state government in Bihar. After learning about our work in Bihar, the Bill & Melinda Gates Foundation asked ACCESS Health to use the same approach to design a primary care system for Uttar Pradesh. Our Uttar Pradesh work has been approved by the state government in Uttar Pradesh and is slated for implementation in 2017.

**Reducing Neonatal Death: Safe Care, Saving Lives**
Improving the quality of healthcare services is a prerequisite for reducing newborn and child death. A striking example comes from southern India in the newly formed states of Telangana and Andhra Pradesh. Just prior to the division of the original Andhra Pradesh into two states, the government completed a major program with UNICEF to improve the infrastructure by building new facilities including a set of neonatal intensive care units. Despite this investment, the rates of neonatal death remain relatively constant and high.

We developed our Safe Care, Saving Lives program after taking part in a study of facility based newborn care in Andhra Pradesh led by UNICEF. The study, which was published in 2012, included an assessment of fourteen newborn care units in the public sector. One of the key recommendations in the report was to focus on improving quality and processes in special newborn care units. We received funding for Safe, Care Saving Lives from the Children’s Investment Fund Foundation, based in the United Kingdom.

The goal of Safe Care, Saving Lives is to reduce the neonatal and perinatal mortality rates by fifteen percent over a four year period. Our method is to improve the quality of care through a bottom up and top down approach. Our work from bottom up includes improving the outcomes in the neonatal intensive
care units and in birthing centers. Our top down work includes a focus on accountability for outcomes emanating from the central government which pays for the service.

The Safe Care, Saving Lives program now covers fifty four special newborn care units and neonatal intensive care units in public and private healthcare facilities in the states of Telangana and Andhra Pradesh. The plan is to cover eighty four facilities by the end of the four year project. This would cover all public sector special newborn care units and select private sector neonatal intensive care units.

Our bottom up program involves hands on work with hospital administrators, doctors, and nurses. We worked closely with our partners at the Institute for Healthcare Improvement to develop a year long training program to help program and hospital staff implement quality improvements through a specific process and improvement model. This process helps individuals identify what needs to be improved, how to identify opportunities for improvement, how to measure the impact of changes, and how to implement ongoing improvements once some initial success has been achieved. In addition to the training program, ACCESS Health staff and consultants visit healthcare facilities regularly to provide in person support in their quality improvement work.

Our top down work includes a close partnership with the Indian Department of Health and Family Welfare. We train Quality Managers at the state and district level. We work closely with State Quality Assurance Committees. We also create Quality Improvement Cells within the public insurance trusts. The Quality Improvement Cells help set overall standards of care. They also develop differential incentives based on quality improvement.
Working closely with the public health insurance providers and medical and health departments, Safe Care, Saving Lives will create lasting institutional change, improving the quality of care across the entire healthcare market and strengthening the government’s leading role in ongoing quality improvement.

We are also developing an information technology platform to enable hospitals to capture data electronically, to analyze data relating to quality improvement, and to use the data to track improvement.

We plan to expand the quality collaborative to other states within India. We believe the quality improvement methods we are developing in the Safe Care, Saving Lives program can be directly transferred to our work in primary health care in India and in other countries. Our experience in improving the quality of care for newborns is the foundation of our quality improvement work that we intend to apply to other areas of healthcare services in India and elsewhere.

**Assessing the Magnitude of Maternal and Child Deaths in India**
We are working closely with the Ministry of Health and Family Welfare in India to ensure that no maternal or child death in the country goes unrecorded. With support from the Bill & Melinda Gates Foundation, we conducted a study of the Maternal and Child Death Review System in four states: Assam, Haryana, Madhya Pradesh, and Tamil Nadu. We looked at how many deaths were reported and the quality of those reports.

Our study showed that underreporting was primarily due to lack of training for providers and data entry operators, lack of ownership of the process by healthcare administrators, and fear of punitive
action among health workers and officials. We proposed a series of recommendations to improve data collection and analysis, ranging from improved coordination among healthcare agencies to implementing standardized coding practices. We are now assessing the feasibility of adopting a national integrated web based platform to strengthen the death review process and improve the speed and quality of data analysis.

**The Indian Neonatal Collaborative**
Together with our partners at the Institute for Healthcare Improvement, we have also brought together representatives from six of the best public and private neonatal intensive care units to develop and pilot a standard set of hospital processes to reduce the number of care driven infections among newborns.

**A Book on the Emergency Medical Response System of India**
Transport of mothers to birthing facilities is a critical component of maternal and newborn health. India has developed what may be the most advanced emergency medical public transport system in the world, the 108 system. Over a ten year period we estimate that the 108 system has transported more than thirteen million pregnant women to birthing facilities. The system has reduced maternal mortality by up to thirty five percent in the regions where it works.

Our President William A. Haseltine, with the help of ACCESS Health India Country Director Siddhartha Bhattacharya (former chief operating officer of EMRI) and Stuti Shukla, are researching and writing a book on the origin and activities of the 108 system with a focus on the Emergency Medical Response Research Institute (EMRI) that initiated the 108 service. We believe that similar efficient emergency medical transport systems can save millions of more lives if implemented throughout Asia and Africa.
Using Telemedicine to Improve Maternal Child Health

ACCESS Health launched a mobile health project to improve maternal and child care in the Philippines. The program, launched in 2014, is named e-AKaP based on a Tagalog acronym that stands for eAction for Universal Health. The e-AKaP project equipped frontline community health workers with a mobile application and a tablet. We trained the community health workers to use the application to monitor and to communicate information to expectant mothers and families. The application delivered targeted multimedia health messages to families and helped community health workers manage follow up visits.

The application also made it easier for community health workers to track health progress and report health data to the City Health Office, healthcare facilities, and national government offices. An economic evaluation following the completion of the project showed that using the application halved the cost of healthcare delivery and reduced time spent on collecting, processing, and reporting health data. More information about the project and the evaluation is available at accessh.org.
Primary Care
ACCESS Health works to improve primary healthcare services in low and middle income countries. Primary care is the backbone of an efficient health system. With proper primary care, healthcare providers can identify illness at its onset before it becomes more severe and costly to treat. Our goal is to ensure everyone has access to high quality affordable primary care.

Understanding the State of Primary Care in India
In 2015, ACCESS Health conducted a review of primary healthcare systems in rural and urban India. We explored new ways to deliver care. We examined finance, governance, service delivery, and community engagement. We identified strengths and weaknesses in care. We paid special attention to innovations. We published our results in a report entitled *Landscaping of Primary Healthcare in India* available at accessh.org. This work was supported by the Bill & Melinda Gates Foundation.

Transforming Primary Care in Uttar Pradesh
Our primary care research lay the foundation for our current work in Uttar Pradesh, where we are transforming the way primary care is managed and delivered. Our goal is to improve the efficiency of the healthcare system, the effectiveness of services, and overall health outcomes. The Primary Care Pilot Program uses private sector skills and resources to manage healthcare delivery in the public sector. It also restructures the way payments are made to providers, moving away from input based funding to outcome based funding. The program will increase the use of public health services from twenty percent of the local population to eighty percent within four years.

In addition to designing the program, ACCESS Health will monitor the performance of the project. We identify areas for improvement and determine the most effective method to expand the program
to other regions. The four year program is funded primarily by the state government, with additional support from the Bill & Melinda Gates Foundation. More about the project is available at accesssh.org.

**Guiding Primary Care Reforms**
ACCESS Health developed a set of guidelines to help government and private sector leaders make informed decisions when investing in primary care. Our guidelines assist governments and the private sector as they assess the current primary care situation, debate primary care reforms, and prioritize investments in health. The guidelines were based on our nationwide review of primary care delivery in India. ACCESS Health will publish these guidelines in the second half of 2017 in a report entitled *Framework to Assess Private Sector Primary Healthcare in India*.

**Providing Comprehensive Primary Care in Kerala**
We are a partner and advisor to the government of Kerala as they undertake a series of health system reforms. The government of Kerala is currently implementing reforms to ensure universal access to preventive and primary care services. We are helping the government design a training program for primary care doctors to assist diagnosis and patient management. We monitor and evaluate the program. The program has been widely featured in national media, including a *Business World* article entitled Bold Pilot Project Helps India To Achieve Universal Health Coverage available at businessworld.in.

**Delivering Primary Care in Urban Centers of India**
ACCESS Health conducted a survey of more than one hundred public and private urban health facilities in Andhra Pradesh and Telangana. Our survey discovered processes that facilitate public-private partnerships. Insights from the study encouraged us to
create Catalysts for Change. Catalysts for Change promotes partnerships between private providers and governments to improve urban primary care. Ten percent of the urban primary care health centers in Andhra Pradesh are now part of Catalysts for Change activities. You can read more about the program at accessh.org/catalysts-change.

**Delivering Primary Care in Rural Areas of India**
In Rajasthan, more than three quarters of the population live in rural areas. We worked with the government to develop public private partnerships for health. More about our work is available at accessh.org/partnering-progress.

The Primary Healthcare Transformation project is a collaboration between ACCESS Health, the Boston Consulting Group, and the government of Rajasthan to improve primary healthcare. The Boston Consulting Group solves staffing and infrastructure problems in primary healthcare centers. ACCESS Health will work with Boston Consulting to ensure accountability within the primary care system. We will also apply our expertise on maternal and child health to reduce neonatal mortality in specific districts.

**Improving Access to Primary Care in India through Technology**
The government of India provides healthcare to its poorest citizens through a national health insurance program. The insurance program provides coverage for secondary and emergency care but leaves primary healthcare largely outside the scope of the program. We partnered with Deutsche Gesellschaft fur Internationale Zusammenarbeit (GIZ) to improve access to primary care. Our focus was integration of primary care services with the national health insurance programs. We found that the national insurance program could become the bedrock of a universal primary healthcare system for the country. The full report with our
findings, entitled *Integrating the Rashtriya Swasthya Bima Yojana Program with Primary Healthcare: An Analysis of Information Technology Systems and Processes*, is available at [accessh.org](http://accessh.org).

**Increasing Private Sector Engagement in Primary Care**
ACCESS Health engages the private sector to ensure affordable access to primary care. Most recently, we partnered with management consultants Palladium Group to explore new sources of financing for healthcare businesses that provide primary care and prevention services in India. The report was developed in partnership with the Department for International Development in the United Kingdom, the University of California, San Francisco, and Project Ujjwal at the Johns Hopkins Center for Communications Programs. The report, entitled *Impact Investment for Healthcare in India*, will be released in the second half of 2017.

**Managing Markets for Health in India**
ACCESS Health launched the first ever face to face policymaker course in India on Managing Markets for Health. Proper management of healthcare markets is essential to ensuring high quality and affordable primary care for all. With the support of the World Bank and the University of Edinburgh, we brought more than twenty policymakers from Bangladesh, Ethiopia, Kenya, and Tanzania to India to discuss how policy can guide healthcare markets to improve preventive and primary care health outcomes. More about the course is available at [accessh.org/managing-markets](http://accessh.org/managing-markets). We also organized a series of study visits for government leaders in India to other mixed market systems, like Thailand, Turkey, and the United Kingdom. The goal of the visits was to improve understanding of how other primary care systems function and how to replicate similar efforts at home.
Elder and Long Term Care
Demographic change is a defining issue of our time. The population of elderly continues to grow at an unprecedented rate. As the global population ages, the healthcare and welfare systems of every country will face challenges of scale in providing for the elderly and the chronically ill. ACCESS Health International takes a comprehensive approach to ensure all individuals have access to high quality, affordable care throughout the course of their lives.

ACCESS Health has conducted an examination of long term care systems and innovative care solutions in Sweden, the Netherlands, Singapore, and the United States, as well as in China and Hong Kong. Our team brings the technical expertise needed to adapt best practices in elder care to other countries that face similar challenges as their populations age.

**The Importance of Innovation**

We believe innovation in elder care services and technologies is critical to addressing issues of elder care, especially so in resource limited settings. Many healthcare systems already face ongoing shortages of financial and human resources. Maintaining the status quo will not help these countries keep up with the increasing demands of an aging population, including an increasing number of individuals living with one or multiple chronic illnesses. To keep pace with growing demand while keeping costs at a minimum, public health systems need to make better use of the technological advances and innovations of today.

**Modern Aging**

ACCESS Health International created the Modern Aging programs in Sweden, Singapore, and China to accelerate healthcare innovation for an aging population. Our Modern Aging programs facilitate the creation of new businesses focused on the needs of the elderly, by bringing innovators, investors, business leaders,
policymakers, service providers, and academia together.

We provide in person and online opportunities for collaboration, facilitating the identification of new innovations and adoption of best practices. We also search for the best healthcare startups in the field and accelerate their development with dedicated tutorship and funding. We have successfully launched new companies in Sweden and in Singapore and we have built significant communities of innovators, investors, and academics in Singapore and in China.

You can read more about our Modern Aging work at modernaging.org. An overview and links to the studies we have done on long term care systems globally are included below.

**Singapore**

Our Modern Aging program in Singapore is among our most robust. You can view the work being done as part of the program at modernaging.sg. This is a website entirely devoted to *Modern Aging Singapore*, a program developed and executed together with the National University of Singapore. The Singapore team also launched the highly successful Stay Young Navigators program in 2015. Stay Young Navigators is a community based program that trains active elderly to help their peers manage their health by serving as liaisons for health services, community resources, and financial assistance programs. As part of the program, we published a study detailing the experiences of older patients living with chronic illness. That study is available at accesssh.org. You can also read one of our Chair's most recent Huffington Post articles on patient centered and “people powered” healthcare for the elderly and chronically ill at huffingtonpost.com/william-haseltine.

In 2013, our Chair and President authored *Affordable Excellence:*
The Singapore Healthcare Story that describes how Singapore is confronting the growing impact of demographic change on its healthcare system and economy. The full book is available at accessh.org/affordable-excellence. He and our Singapore colleagues are currently working on the follow up to this book, A City for All Ages.

Sweden
ACCESS Health International considers Sweden a success when it comes to caring for aging adults. Our studies in Sweden focus on innovative elder care models, such as mobile emergency teams, remote monitoring, and integrated patient record systems. The full range of case studies and interviews is available at accessh.org/sweden, under Featured Resources. ACCESS Health Sweden also recently published a book, Aging with Dignity, written by our chairman and former country manager Sofia Widén. Aging with Dignity is a detailed analysis of elder care in Sweden, based on interviews with care providers throughout the country. The book highlights what works and what yet remains to be done and is available at accessh.org/agingwithdignity.

United States of America
The ACCESS Health team conducted more than two dozen in depth interviews on elder care and optimal aging in the United States. Access to the full transcripts of these interviews is available at accessh.org/agingwell. Our Chair and Jean Galiana, project manager, are writing a new book that summarizes lessons learned from these studies.

Netherlands
ACCESS Health International and the Dutch government are partnering on a series of studies that will explore how healthcare and elder care are financed and monitored in Sweden, Denmark,
and Norway. While these studies are still ongoing, we have previous published a number of in depth interviews exploring elder care innovations in the Netherlands. Those interviews are available at accessh.org.

**China and Hong Kong**
The Modern Aging program in China is a year old and growing rapidly. The ACCESS Health China team hosted a two day training program in Shanghai for finalists of the Third National Innovation for the Elderly Competition, which is described at accessh.org/innovation-elderly-competition-china. We also conducted a series of in depth interviews with elder care providers in Hong Kong. The full transcripts of those interviews are available at accessh.org.

**Dementia Care**
Sofia Widén and Jean Galiana have conducted a series of interviews with pioneers in dementia care in the United States, Sweden, the Netherlands, Denmark, and Norway. These will be available in a book *Voices in Dementia Care* that our Chair and Director of Communications are preparing for publication.
Health Financing
Finance is a key component of high quality affordable healthcare in rich and poor countries alike. ACCESS Health studies effective healthcare financing to understand best practices. ACCESS Health works with governments and the private sector to design and to implement healthcare finance reforms. We place special emphasis on facilitating public private partnerships in the design of healthcare financial systems. More about our work on public private partnerships is included later in this book. We also work on the design of finance for integrated health systems.

**Evaluating Health Financing Reforms**
ACCESS Health surveyed nineteen thousand households in Andhra Pradesh to measure the impact of a new public health insurance program that provides free hospital care for people living under the poverty line. Our survey was one of the largest health financing reform evaluations conducted in Asia. We found a significant increase in access to hospital based care and a considerable decrease in out of pocket expenditures. Our findings were published widely, including in the *World Bank Research Digest* and *BMJ Open*.

We believed we could replicate the success of the Andhra Pradesh insurance program elsewhere. We invited policymakers from Bangladesh, Ethiopia, Kenya, and Tanzania to India to study the program. Following the visit, we supported participants as they introduced and adapted similar financing innovations in their home countries. The Department for International Development in the United Kingdom funded the study visit. The work is described in more detail at [accessh.org/understanding-indian-health](http://accessh.org/understanding-indian-health).

**Creating a Global Network to Improve Health Financing Reforms**
Health financing reform is a fundamental feature of the Joint
Learning Network for Universal Health Coverage. We created the Joint Learning Network in 2010, with partners at the World Bank, Results for Development, and six founding countries across Africa and Asia. The network brings experts from twenty seven member countries together to reflect on and identify common challenges in achieving universal access to health. Through the joint learning process, members create solutions to specific health financing challenges. These solutions are documented in reports and reference manuals.

In 2011, the Joint Learning Network produced a report on provider payment systems. The manual helps countries to assess the status of their current system and to develop plans for reform. The manual, entitled *Using Data Analytics to Monitor Health Provider Payment Systems: A Toolkit for Countries Working Toward Universal Health Coverage*, has been used by numerous countries. The full manual is available [here](#).

The Joint Learning Network produced a costing manual with practical guidance on overcoming provider payment challenges in low and middle income countries. ACCESS Health trained technical experts from across Asia and Africa on how to use the manual and adapt it to local challenges. The report, entitled *Costing of Health Services for Provider Payment: A Practical Manual Based on Country Costing*, is available at [jointlearningnetwork.org](http://jointlearningnetwork.org).

ACCESS Health organized and led a Joint Learning Network workshop for the Morocco Ministry of Health entitled *Health Coverage for the Poor*. More than one hundred participants from a dozen countries across Europe and Africa attended. More information about the workshop is available at [accesssh.org](http://accesssh.org).

A full list of Joint Learning Network reports and a detailed
description of our work creating and managing the network is included later in this book.

**Improving Provider Payment Models**

We work with the government of Uttar Pradesh to change the way government pays healthcare providers. We led a shift away from input based payment models and toward an outcome based model. As part of our Primary Care Pilot Program, providers must now ensure that a minimum fraction of the local population is screened for basic health indicators. If providers do not reach screening quotas, they are not paid for the services. The program will increase the use of public health services from twenty percent of the local population to eighty percent within four years. In addition to designing the program, ACCESS Health monitors the performance of the project. Our ultimate goal is to improve the efficiency of the healthcare system, the effectiveness of services, and overall health outcomes. The four year program is funded primarily by the state government, with additional support from the Bill & Melinda Gates Foundation. More about the project is available at [accessh.org/primary-care-pilot-program](http://accessh.org/primary-care-pilot-program).

**Moving Governments Toward Strategic Purchasing**

ACCESS Health works with state governments in India to improve the strategic purchasing of health services. We create opportunities for our government partners to share strategic purchasing experiences and challenges. We provide our own insights on strategic purchasing gained through our research. We offer recommendations on cost effective interventions to deliver priority healthcare services and on potential providers in the public and private sectors. Our work on strategic purchasing is funded by the Bill & Melinda Gates Foundation.

**Improving the Quality of Services through Public Health**
**Insurers**
We work with public health insurance providers in India to drive improvements in the quality of care. We create Quality Improvement Cells within public insurance trusts. The Quality Improvement Cells set overall standards of care. The Quality Improvement Cells also develop differential incentives based on quality improvement. By working within the public health insurance programs, we create lasting institutional change that improves quality of care across the entire healthcare market.

**Informing Fiscal Reform in India and the Philippines**
ACCESS Health studied the impact of recent healthcare reforms in India. The reforms give state governments more control over healthcare decisions and healthcare spending. We explored how reforms affected healthcare allocations, government accountability, and management of the health system. Our findings are included in a report entitled *Fiscal Devolution in India Taking Stock of the Changing Policy Environment*, which is available at [accessh.org](http://accessh.org).

In the Philippines, the national Department of Health asked us to examine whether government efforts to give hospitals more autonomy over finances and care are effective. We are currently finalizing our work on this study. More about our work is available at [accessh.org/corporatizing-public-hospitals-philippines](http://accessh.org/corporatizing-public-hospitals-philippines).

**Finding New Sources of Health Financing**
ACCESS Health and our partners at the management consulting firm Palladium Group identify innovative new sources of financing for health in India. We believe there are increasing opportunities for private impact investors in the Indian healthcare market. We developed a report that outlines what social enterprises must do to become investor ready. The report, entitled *Impact Investment*
for Healthcare in India, will be published in partnership with the Department for International Development in the United Kingdom, the University of California, San Francisco, and Project Ujjwal at the Johns Hopkins Center for Communications Programs. It will be released in the second half of 2017.

Managing Markets for Health in India
In India, we organized a workshop to teach policymakers how healthcare financing can improve health outcomes in mixed health markets. Around thirty policymakers from India, Bangladesh, Ethiopia, Kenya, and Tanzania attended the workshop. The workshop was conducted in partnership with the World Bank and the University of Edinburgh. More about the workshop and links to additional material are available at accessh.org/managing-markets.
Public Private Partnerships for Health
ACCESS Health assists national and regional governments to improve healthcare delivery through engagement with the private sector. Public private partnerships in health are one approach to addressing inadequate or failed public sector healthcare.

**Public Private Partnerships in Andhra Pradesh and Telangana**
Ten years ago the government of Andhra Pradesh moved aggressively to improve healthcare by implementing an insurance program that provides free hospital based care to much of the population. The insurance program is funded by the state, in part through an increased tax on liquor. Care is delivered by both public and private healthcare providers. To develop the program, the government partnered with a private health insurance company. The private company created the software for the program, identified participating private healthcare facilities, and managed the payment process. The programs continue in the newly created states of Andhra Pradesh and Telangana.

We studied the impact of the new insurance program and analyzed the parts of the program that were working effectively. Our findings were shared widely by the global health community and published in the *World Bank Research Digest*, *BMJ Open*, and *Health Policy and Planning*. Our work gave us a practical understanding of the challenges of large public private partnerships. We became widely recognized as experts in the field. Our understanding of the issue eventually led us to create a new network of twenty seven countries to help policymakers and healthcare practitioners overcome similar challenges. We created the Joint Learning Network for Universal Health Coverage in partnership the Rockefeller Foundation, the World Bank, and Results for Development. You can read more about the network later in this book.
Improving Maternal and Child Health in Bihar and Odisha
In 2010, the Norway India Partnership Initiative asked us to apply our expertise to identify new opportunities to improve healthcare for women and children in Bihar and Odisha. We investigated the current maternal and child health landscape, mapped healthcare providers, and analyzed healthcare behaviors and expenditures. We also organized a series of workshops with public sector and private sector partners to determine the best ways to strengthen private sector engagement. We created a policy framework and public private partnership program that was accepted and approved by the state government in Bihar.

Transforming Primary Care in Uttar Pradesh
We are now helping the government of Uttar Pradesh apply a similar approach to transform primary care across the state. Government health centers in Uttar Pradesh are insufficiently staffed and often lack the medicines, drugs, and equipment to treat patients effectively. With the support of the Bill & Melinda Gates Foundation, we have pioneered a new initiative that uses private sector skills and resources to build solutions to these public health challenges. The initiative is called the Primary Health Care Pilot Program. More about the project is available accessh.org/revolutionizing-primary-healthcare-delivery.

Prompting Policy Changes in India
We advise state governments across India on cultivating polices that foster private sector engagement on issues related to public health. In Andhra Pradesh and Telangana, we recently conducted a survey of more than one hundred public and private urban health facilities. The results of these studies provide a sound basis for assisting governments to develop policies to optimize urban healthcare delivery that engage both the public and private sectors. In Rajasthan, we work closely with the government to
create a policy framework for new partnerships to improve public health. The partnerships created under this framework address a wide range of health issues. This work strengthened primary care in rural areas, improved the availability of lifesaving drugs, and increased access to diagnostic tests and services. Our work in Rajasthan is described in more detail at [accessh.org/partnering-progress-rajasthan](http://accessh.org/partnering-progress-rajasthan).

**Assessing the Impact of Privatization in the Philippines**

We are a trusted advisor of the Philippines Department of Health Policy Development and Planning Bureau and the Health Facility Development Bureau. For the last three decades, the Philippines has been implementing a series of reforms to its health system. These reforms include the corporate restructuring of government hospitals to improve service delivery and the privatization of some public health services. We work closely with the government to assess the full impact of these reforms on access to care and the efficiency and quality of services. Our work will help the government shape future healthcare reforms. More about this work is available at [accessh.org/corporatizing-public-hospitals-philippines](http://accessh.org/corporatizing-public-hospitals-philippines).

**Managing Markets for Health in India**

Managing mixed public and private healthcare markets is a daunting challenge for many policymakers. More than half of all health services in the country are provided by the private sector. We developed a training program to teach policymakers the most effective approaches and techniques to steer mixed markets toward improved health. In partnership with the World Bank and the University of Edinburgh, we organized an in person training for about thirty policymakers from India, Bangladesh, Ethiopia, Kenya, and Tanzania. More about the workshop and links to additional material are available at [accessh.org/managing-markets-health](http://accessh.org/managing-markets-health).
**Encouraging Entrepreneurs to Explore Opportunities in Elder Care**

We are building an international ecosystem to encourage private sector entrepreneurs to address public health challenges related to an aging population. Our Modern Aging program develops new companies focused on elder care and long term care solutions and grows existing startups that do the same.

**Modern Aging Singapore**

In Singapore, [Modern Aging](#) is a business development accelerator. We identify young entrepreneurs. We mentor them as they develop new ideas for products and services that serve the needs of the elderly. The companies we have fostered are working on new monitoring devices, advanced medical equipment, and wearable sensor technologies. Our work is regularly featured in national and international media. You can see some of our work in a recent documentary by Channel News Asia, featured on our website at [accesssh.org/international-documentary-features-modern-aging](accesssh.org/international-documentary-features-modern-aging). Part of what makes our program in Singapore so unique is the investment in the program by the National Ministry of Health. The ministry funds the program and we manage it in partnership with the National University of Singapore.

**Modern Aging China**

We launched Modern Aging China in 2016. Our focus in China is on building a robust network of entrepreneurs invested in elder care. We help would be entrepreneurs understand elder care needs and identify new business opportunities to meet that demand. We organized a series of meetings throughout 2016 and 2017 to build our network and to share new innovations from Modern Aging programs across the world. You can read more about our work at [accesssh.org/modern-aging-china](accesssh.org/modern-aging-china).
Creating Private Sector Solutions to Public Health Challenges in the Philippines
We worked closely with the government of the Philippines to build a network of entrepreneurs invested in health. In 2014, we launched the Pinoy Health Innovations Project. The project helped young entrepreneurs create new healthcare solutions. One of our most successful new initiatives is a program called e-AKaP. The e-AKaP Program improved healthcare services for expectant mothers significantly. The e-AKaP Program provides frontline community health workers with a mobile application and a tablet. We train the health workers to monitor the health of their patients via the application and to use the tablet to communicate lifesaving information to expectant mothers and their families. An economic evaluation of the program by the University of the Philippines Econ Foundation found that e-AKaP halved the cost of delivering care. The evaluation is available at futuregov.asia. More information about the project is available at accessh.org.
The Joint Learning Network for Universal Health Coverage
Universal Access to High Quality, Affordable Healthcare

At the heart of our work is the belief that all individuals, no matter where they live or what their age, deserve access to high quality, affordable healthcare. To help achieve this goal, ACCESS Health International and our partners at the World Bank and Results for Development created and manage the Joint Learning Network for Universal Health Coverage.

The Joint Learning Network brings together experts from twenty seven countries, providing them with a rare opportunity to reflect on and identify common challenges in achieving universal health coverage. Members of the network are almost exclusively healthcare practitioners working on the design and implementation of national healthcare reforms, and experts in specific technical areas.

Through the joint learning process, members share their experiences tackling common challenges. They create potential solutions to specific technical challenges that are documented in reports and reference manuals. The ultimate goal is to achieve universal healthcare coverage in all member countries.

Since its launch in 2010, the Joint Learning Network has created nearly twenty reports that member countries can adopt and adapt to fit local needs. Countries that have used Joint Learning Network reports to implement national reforms say the materials help them avoid common challenges and advance more quickly toward universal coverage.

The Birth of the Joint Learning Network
The Joint Learning Network arose from the ACCESS Health India office just a few years after we began our work in the country. We
studied the newly formed state insurance programs in Andhra Pradesh and around India. We were asked by the government of Andhra Pradesh to find solutions to the practical challenge of rapidly expanding health insurance coverage to eighty million people within one year. We began looking at best practices in expanding health coverage in other parts of India. We worked closely with the World Bank in India to create a practitioner to practitioner training program that would help state insurance programs expand their coverage and accelerate healthcare reforms.

About the same time, our partners at Results for Development, the World Health Organization, and the Rockefeller Foundation were meeting in Geneva with government representatives from Ghana, Thailand, and India who were facing similar challenges with their healthcare reforms. Having heard about our work in India, the Rockefeller Foundation asked us to work with the team that met in Geneva to organize a global practitioner to practitioner event. We interviewed national leaders of healthcare reforms and leaders of national healthcare purchasing agencies to identify and to prioritize common challenges. In 2010, we hosted the practitioner to practitioner meeting in Manesar, India with participants from six countries: Ghana, India, Indonesia, Philippines, Thailand, and Vietnam. The Joint Learning Network for Universal Health Coverage was born during that meeting. The six participating countries became the founding members of the Joint Learning Network. ACCESS Health and our partners at Results for Development coordinate the network.

The Joint Learning Network is singular in its approach to expanding health coverage. It is a country driven network, meaning that all activities are prioritized, shaped, and led by healthcare experts and policymakers from member countries. The activities follow a
process of joint learning that is based on real experiences, where members listen and learn from each other before working together to produce and experiment with new ideas to expand health coverage.

As the number of member countries in the network grew, a formal governing structure was created. The Joint Learning Network is led by a Steering Group of seventeen members, the majority of those members being representatives from member countries. The Steering Group sets the strategic direction for the network, defines expected outcomes, and approves new members. The Steering Group appoints Network Coordinators to manage daily operations, assess the quality of the work, and ensure coordination among technical partners and member countries. We are one of the Network Coordinators, along with Results for Development. The World Bank acts as Secretariat for the Steering Group, providing all relevant materials and support to the Steering Group.

**Creating New Resources to Enhance Healthcare Reforms**
The work of the Joint Learning Network focuses on six key technical initiatives that are common elements of all healthcare reforms: information technology, health financing, provider payment systems, primary care, quality of care, and expanding healthcare coverage. The Joint Learning Network created working groups for each of these initiatives and selected individuals from within the network to serve as technical facilitators for each group.

Working group members identify common challenges across countries and the technical facilitator helps the group determine which challenge would benefit most from the joint learning process. Working group members share their own unique knowledge and expertise on the challenge addressed. Many members use the information they learn directly through the joint
learning process to implement reforms in their countries. Most working groups eventually develop a report that documents their experiences and international best practices. This report serves as a reference manual for others trying to implement reforms while facing a similar challenge. Lessons from reforms implemented as a result of the joint learning process are directly incorporated into the reports.

One of the first manuals we produced was on provider payment systems. The manual (available at jointlearningnetwork.org) helps countries assess the status of their current system and develop a plan to implement reforms. It synthesizes the experiences of member countries and international best practices into clear steps that can guide others. The figure below illustrates the recommended steps to use data analytics to monitor provider payment systems.

The provider payment systems manual has been used in several countries, including Mongolia. Mongolia is now guiding other countries on the use of the manual, thereby exponentially increasing the reach and impact of the original work. You can read more about the experience in Mongolia in a report available at jointlearningnetwork.org/resources.

The full list of reports produced by the Joint Learning Network are listed at the end of this document. The principal Joint Learning Network reports are all available on the Joint Learning Network website under jointlearningnetwork.org/resources. The principal reports include:

Engaging the Private Sector in Primary Health Care to achieve Universal Health Coverage: Advice from Implementers, to Implementers
Using Data Analytics to Monitor Provider Payment Systems: A toolkit for countries working toward universal health coverage  
Costing of Health Services for Provider Payment: A Practical Manual Based on Country Costing  
Universal Health Coverage Primary Health Care Self Assessment Tool  
Promoting Interoperability of Health Insurance Information Systems Through a Health Data Dictionary  
Determining Common Requirements for National Health Insurance Information Systems  
Open Health Data Dictionary  
Requirements for National Health Insurance Information Systems  
Closing the Gap: Health Coverage for Non-Poor Informal Sector Workers  
User experience analysis: a “people-centered” approach to improving enrollment in health insurance  
Universal Health Coverage Comparative Case Studies Database  
Connecting Information Systems for Better Health  
Health Insurance Terms Glossary

Expanding Health Coverage Through the Joint Learning Fund
As part of our work within the network, we manage the Joint Learning Fund. The Fund is a flexible pool of resources that member countries draw upon to expand health coverage through joint learning activities. As manager of the fund, we have helped countries create solutions that improve quality of care, reduce fraud, and expand access to health care.

Most recently under our leadership, we brought together eight countries to develop methods to improve the effectiveness of their medical audit systems. We invited the Health Insurance and Regulatory Agency in South Korea to lead the technical work of
the collaborative, as they have an advanced system for medical audits. You can read more about this work at [accessh.org/improving-healthcare-medical-audits](http://accessh.org/improving-healthcare-medical-audits).

Some of the most successful work we have facilitated includes a two week study tour to Taiwan for members of the **Malaysia** Ministry of Health. The delegation from Malaysia was eager to learn more about the national health insurance system in Taiwan. The study tour helped the Malaysian Ministry of Health plan improvements to their own insurance system.

In 2015, our work with the Fund led to a return visit to Taiwan. This time, representatives from the Malaysian Ministry of Health were accompanied by members of the Ministry of Health in **Ghana**. The joint delegation participated in the Taiwan National Health Insurance 20th Anniversary Symposium and Roundtable Discussion. The visit helped guide healthcare reforms in both Ghana and Malaysia. The reforms were not solely focused on health insurance. In Malaysia, for example, the follow up visit to Taiwan helped them explore possible frameworks for an information technology platform to provide more user friendly and comprehensive healthcare information to the public.

In **India**, we facilitated a series of workshops in Kerala on costing and provider payment mechanisms. We brought in healthcare practitioners from Andhra Pradesh to describe common challenges in setting rates for services. The practitioners also discussed how to use costing studies to solve challenge. We later facilitated a study visit for six representatives from Karnataka, India, for a one week study visit to the United Kingdom. The visit provided the Indian delegation the opportunity to learn how to design and develop standard treatment guidelines and clinical pathways for cancer related conditions. The goal was to improve
the quality of healthcare services within hospitals affiliated with the public health insurance program in Karnataka. The delegation returned to India and began implementing much of what they learned. This led to the creation of standard treatment guidelines and clinical pathways for six types of cancers.

The Ministry of Health in Nigeria was interested in the process of developing and implementing a comprehensive quality strategy. With our support, a delegation of seven representatives from the Ministry participated in the 2013 International Forum on Quality and Safety in Healthcare. The visit helped the representatives from Nigeria build the national healthcare improvement methodology and research base for dissemination and implementation. It also provided exposure to international experts and resources that the Nigerian representatives used throughout the quality improvement process.

In 2013, we supported fourteen government officials from Vietnam on a visit to the National Institute for Health and Care Excellence in the United Kingdom. The visit provided an opportunity for the Vietnam representatives to learn about the process and methodology adopted by the National Institute for Health and Care Excellence to improve performance and quality standards. They also learned how to prioritize and identify appropriate resources, based on the British example.

Another example of our success in Vietnam centers on reforms to its healthcare payment system. With our support on provider payment mechanisms, the government conducted a rigorous study of the costs of primary care. The information was used to design a new provider payment system that was pilot tested in four provinces. The lessons from Vietnam were then incorporated into the Joint Learning Network reference manual on how to
estimate healthcare costs.

The national health insurance programs in the Philippines recently shared millions of claims records with the health insurance agency in South Korea. The two countries assessed the claims data together to see how they could prioritize medical audits. Those discussions led to major efforts in the Philippines to improve the standards for data collection. The health insurance agency in the Philippines is now in a much better position to use their data to make decisions about audits, and changes to their policies.

**Testimonial of Success**

We are constantly seeking feedback from Joint Learning Network members to help us improve our work. According to members, one of the most valuable aspects of the Joint Learning Network is that it is a neutral learning platform, where members can freely discuss the challenges of developing and implementing healthcare reforms and receive unbiased feedback from technical peers. Network membership provides member countries the opportunity to partner and to collaborate with other ministries of health and technical experts, exchanging experiences, discussing challenges, and solving technical problems jointly.

The Steering Group of the Joint Learning Network is currently working on a new strategic plan for the network. The goal is to ensure the long term sustainability of the network and increase its impact in improving universal health coverage in member countries. We remain committed to our work within the network and in our support to members of the Joint Learning Network.
Full Inventory of Joint Learning Network Reports

**Closing the Gap: Health Coverage for Non-Poor Informal Sector Workers**

**Compendium: 12 Country Approaches to Covering Poor, Vulnerable, and Informal Populations**

**Beijing Learning and Knowledge Exchange Country Briefs**

**User experience analysis: a “people-centered” approach to improving enrollment in health insurance**

**User Challenges and Country Solutions Map**

**UHC Comparative Case Studies Database**

**Connecting Health Information Systems for Better Health**

**Costing of Health Services for Provider Payment: A Practical Manual Based on Country Costing Challenges, Trade-offs, and Solutions**

**Determining Common Requirements for National Health Insurance Information Systems**

**Health Insurance Terms Glossary**

**OpenHDD**

Requirements for National Health Insurance Information Systems

Promoting Interoperability of Health Insurance Information Systems Through a Health Data Dictionary

Provider Payment Reform and Information Technology Systems: A Chicken and Egg Question for National Health Coverage Programs

UHC Primary Health Care Self-Assessment Tool

Promising Practices Case Studies:
Incorporating Community Based Health Insurance into the national framework
Engaging CSOs to promote health insurance
Using private insurers to facilitate enrollment in villages
Mobile phones for communications and resource mobilization
National Strategies to expand health coverage through Mutuelles de Sante
KaSAPI program for engaging MFIs for information campaigns and collection
Experience with Mutuelles de Sante
Using cooperation with civil society organizations and local government to promote good security
Health camps for awareness, diagnosis and treatment
Aarogymithra patient advocates for awareness
Community health workers to ensure appropriate use of health prevention and promotion services
24/7 call center and end-to-end IT solution
Application of national citizen ID number for universal coverage in Thailand
Voluntary contributors’ system software program
ACCESS Health guides new health innovations from discovery to implementation. We identify innovations that respond to the greatest public health challenges in the countries where we work. We assist public and private sector partners as they adapt existing innovations to fit local needs and as they create innovative new products, services, and healthcare approaches. When we find a new innovation that works, we document and share it widely to ensure maximum impact.

**Innovations in Elder and Long Term Care**
Through our Modern Aging program, we are building an international network of entrepreneurs focused on creating new innovations to improve elder and long term care. Our Modern Aging programs in Singapore and China act as business development accelerators. We identify young entrepreneurs and mentor them as they develop new products and services.

**Modern Aging Singapore**
Our Modern Aging program in Singapore is our most robust. The program was developed with the support of the Singapore Ministry of Health and is executed in partnership with the National University of Singapore.

Modern Aging Singapore has helped create and grow dozens of new companies. For the past two years, we have held a public event in Singapore where entrepreneurs pitch their ideas to a team of judges. The judges pick the top three ideas that they believe will have the most positive impact on an aging population and respond to a specific challenge or opportunity in the elder care market. Modern Aging then awards seed funding to the top three teams.

Last year two teams tied for the top spot. One had developed a
smart insole with a flexible pressure sensor technology that helped address diabetic foot ulcers. The other built a wearable monitoring device that tracks, analyzes, and monitors rehabilitation of patients who are recovering from lower limb surgery. The winner of the inaugural event created SoundEye, a monitoring device that can be set up in a home and allow family members or other caregivers to monitor their loved ones from afar. SoundEye is launching internationally just two years after being part of the Modern Aging program. You can read more about the device at sound-eye.com.

Modern Aging Singapore is regularly featured in national and international media. You can see some of our work in a recent documentary by Channel News Asia, available on our website at accessh.org/international-documentary-features-modern-aging. You can find out more about the program by visiting the Modern Aging website at modernaging.org.

Creating a Center for Health Market Innovations
In 2010, we created the Center for Health Market Innovations with our partners at Results for Development. The Center identifies and documents health systems innovations in emerging economies. We created a public database at healthmarketinnovations.org to allow people easy access to the most up to date innovations currently in practice. We share information about new innovations through the website and through regular meetings and workshops with healthcare policymakers and practitioners across the world. We have documented more than one thousand innovations in more than one hundred countries. A summary of our work with the Center is included later in this book.

Introducing Existing Innovations to New Markets in China
We work closely with a leading global insurance company to bring
innovations created in their innovation center to new markets. The company established its innovation center in the Asia Pacific region. One of the most promising innovations coming out of the center is a mobile application that tracks the mental health of individuals. It can pinpoint signs of dementia at a very early stage and has been used widely in mental health centers throughout the United States. We are working with the insurance company to bring this valuable product to China where the largest number of people living with dementia now live.

**Connecting Private Sector Partners to New Innovations**
We connect private sector leaders to innovative healthcare projects and partners through our Health Industry Leaders Network. Our network includes leaders from some of the largest pharmaceutical companies, information technology companies, management firms, and pharmaceutical distributors in the world. These organizations all have a common interest in healthcare innovation. Our private sector partners rely on us for three types of support. We provide technical research and assistance on specific innovations and areas of health. We facilitate new partnerships by linking companies to individuals and organizations with the most promising new products and services. We help our private sector partners adapt and implement new innovations as needed. Some of the companies we work with through our network include IBM, Shanghai Pharma, and Skane Care AB.

**Expanding Health Financing Innovations to Africa**
Ten years ago, the government of Andhra Pradesh implemented one of the most innovative health financing initiatives to improve access to care. They created a new health insurance program that provides free hospital based care for all people in the state living under the poverty line. The program was paid for, in part, through an increased tax on liquor. We studied the impact of this new
financing program. Based on our research, we believed the program could be replicated successfully elsewhere, especially in Africa where the need was great. With the support of the Department for International Development in the United Kingdom, we invited policymakers from Ethiopia, Kenya, and Tanzania to India to study the program. Policymakers from Bangladesh joined the delegation. Following the visit, we worked with each policymaker to introduce and adapt similar financing innovations in their own countries. The work is described in more detail at accessh.org.

With additional support from the United Kingdom, we also created a global Health Financing Support Program. The program supports policymakers worldwide as they implement innovative health financing reforms. We developed a process for policymakers and private institutions to diagnose their current health financing systems. Once a country has determined the challenges in their current system, we assist them in identifying reforms to improve health financing. We also created an information hub to store research on innovative new health reforms. More about the program is available at accessh.org/project/health-financing-support-program.

**Applied Innovations**
Our experience exploring new innovations and adapting them for new markets led us to develop a groundbreaking new program called the Applied Innovations Program. The program identifies innovative solutions to the most pressing public health challenges and matches those solutions with the much needed funding to achieve sustainable results. The program will help governments cut down on public healthcare costs and will lead to a fundamental shift in the way public health systems use and benefit from technology. We are currently working with the government of India
to launch a pilot program.

**Documenting Innovations in Maternal and Child Health**
Some of our earliest work documenting healthcare innovations was focused on new mothers and their babies. We examined more than three hundred maternal and child care innovations in India. We selected sixteen of the most innovative practices and compiled them in a book, *Improving the Health of Mother and Child: Solutions from India*. The book is co-authored by Priya Anant, Prabal Vikram Singh, Sofi Bergkvist, and William A. Haseltine of ACCESS Health, and Anita George at the Indian School of Business. The book is available at no cost as a PDF on our website at [accessh.org](http://accessh.org) and in print on [Amazon.com](http://Amazon.com).

**Documenting Innovations in Elder and Long Term Care**
Our President, William A. Haseltine, recently released a new book which documents innovative solutions to the global challenge of an aging population. *Aging with Dignity* explores elder care innovations through the lens of the Swedish healthcare system. The book is available on [Amazon.com](http://Amazon.com) and on our website at [accessh.org/agingwithdignity](http://accessh.org/agingwithdignity). It is based on interviews we conducted with more than thirty long term care professionals in Sweden. You can read the primary interviews on which the book is based on our website as well.

**Documenting Emergency Medical Response Innovations**
India developed what may be the most advanced emergency medical public transport system in the world, the 108 system. What began with fourteen ambulances has grown into a fleet of about ten thousand that provide care to roughly three quarters of India’s population. Our president is working on a new book on the 108 system, with ACCESS Health India Country Director and former chief operating officer of the company that runs the system.
The Center for Health Market Innovations
Innovation in healthcare is a central focus of ACCESS Health. We foster innovation in healthcare services and finance, the creation of new companies to serve the needs of mothers and their children as well as the elderly. We create innovation centered ecosystems in many of the countries in which we work.

The Center for Health Market Innovation arose from our interest in health systems innovation in the private sector. Together with Results for Development, a Washington D.C. based foundation, we created the Center for Health Market Innovations to explore health systems innovations in emerging economies. The method was to identify and to document such innovations and to disseminate what we learned through a publicly available website. The center also convenes meetings and presents seminars that focus on specific topics such as innovations in maternal child care. The Center’s activities are funded by the Bill & Melinda Gates Foundation and the Rockefeller Foundation.

The Center has documented over one thousand innovative programs in more than one hundred countries. To execute this work, more than fifteen in country partners were recruited. We at ACCESS Health documented more than five hundred innovative practices in India, Bangladesh, and Brazil. The work was coordinated by our partner, Results for Development.

**Innovation in Maternal Child Care in India**

Innovation in maternal child care is one of our major interests. Most of the work of the Center is the discovery and documentation of innovations in prenatal and neonatal care in India. We documented over three hundred innovative practices in geographically diverse states and regions within India. Sixteen of these reports, which we believe summarize the very best of what we observed, are presented in a book we published titled
Improving the Health of Mother and Child: Solutions from India. The book was co authored by Priya Anant, Prabal Vikram Singh, Sofi Bergkvist, and William A. Haseltine of ACCESS Health and Anita George at the Indian School of Business. This work is available a no cost as a PDF on our website at accessh.org and in print on Amazon.com. All the individual studies are available on the Center for Health Innovations portal.

Documentation of best practices and innovation in maternal child care in India gave us a strong base of specific knowledge that has both inspired and facilitated our later work, including the design of maternal child care programs in Bihar and Odisha and our efforts to reduce neonatal mortality in Telangana and Andhra Pradesh thought the Safe Care, Saving Lives program.

In addition to the maternal and child health studies ACCESS Health conducted in India, we also documented more than two hundred other innovations in India, including private sector health service delivery models, primary care models, healthcare financing models, and healthcare technologies. This work laid the foundation for much of our subsequent work in that country. You can view the full database of the studies we conducted in India at healthmarketinnovations.org.

Innovation in Mobile Health Technologies in Bangladesh
We believe the innovation in mobile health technologies is key to providing high quality health services to underserved rural and urban populations. To explore this area in more depth we studied the use mobile health technologies among community health workers in rural Bangladesh.

We developed a case study of a local foundation, SAJIDA , that formed a partnership with a private company, Click Diagnostics,
to provide maternal and child health information and services to rural women. Our case study examines this program in detail. The SAJIDA staff collected healthcare information via the Click Diagnostic mobile phone software and shared that data with doctors in a central healthcare facility. The doctors then monitored patients and provided medical advice in real time. The full case study is available at healthmarketinnovations.org.

In addition to the study on mobile health innovations, ACCESS Health documented more than fifty other health innovations in Bangladesh. You can view profiles of all the Bangladesh organizations documented using the site search feature at healthmarketinnovations.org.

**Innovation in Social Franchises in Brazil**

We believe that social franchises are a useful approach to providing health services to the underserved. Social franchises are networks of private sector providers that are linked through agreements to provide socially beneficial health services under a common franchise band. Typically a not for profit organization oversees and administers the program.

We conducted a detailed study of the Associação Saúde Criança franchise model of Brazil. You can read a summary of our work at healthmarketinnovations.org. You can also read our case study of ASEMBIS, a health enterprise based in Costa Rica and partnered with the University of São Paulo, at healthmarketinnovations.org/program/asembis.

**Communication and Dissemination of Center Discoveries**

We have worked together with Results for Development and on our own to disseminate the results of the Center. ACCESS Health has contributed to the many workshops, meetings and seminars
coordinated by Results for Development. We have provided the lion's share of the best practices documented on the Center's website.

In some cases, we have conducted our own in country workshops. Notable were those we held in Brazil to disseminate knowledge of high quality public and private affordable health care innovations. ACCESS Health led a series of workshops bringing entrepreneurs and business leaders together in partnership with students and professors at medical schools to seed cost effective and high quality healthcare projects.

**Future**

The initial fact finding phase of the Center for Health Market Innovations has drawn to a close. We are actively exploring with our partners how to broaden and to deepen this work. Our new Applied Innovation programs may benefit from a renewed and expanded Center.
We would like to thank our generous partners and supporters over the years, including:

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