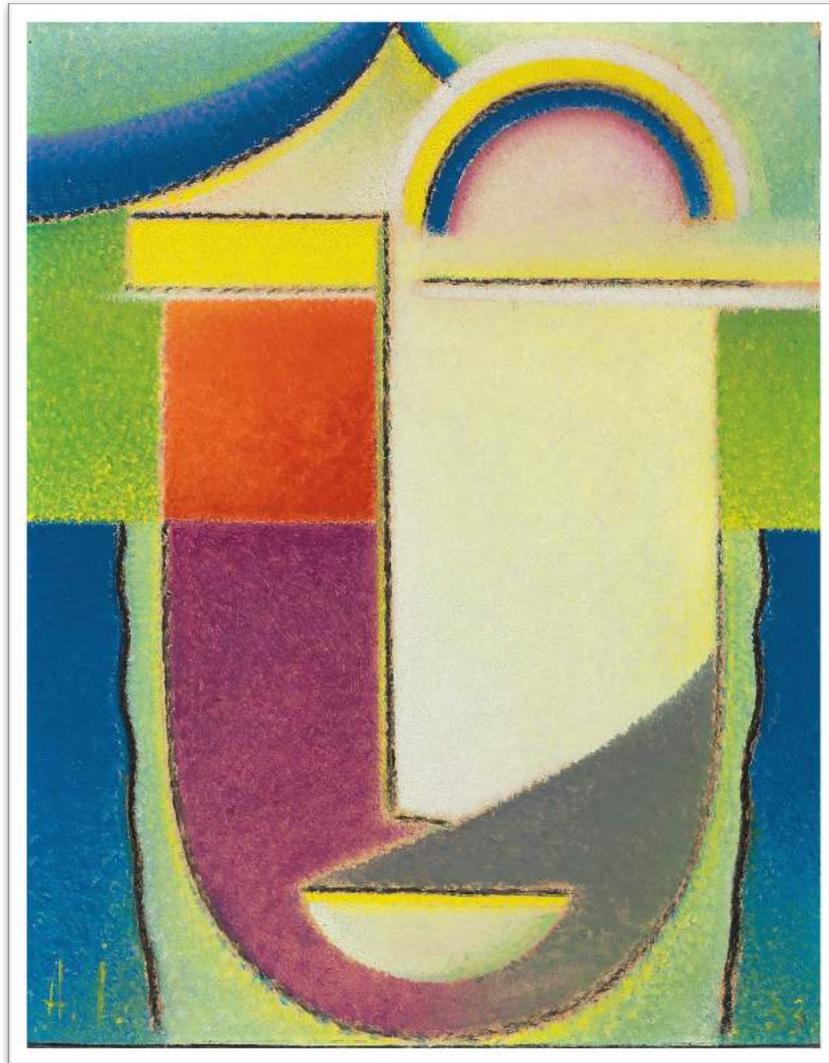


# ACCESS

health international

ANNUAL REPORT

2016



ACCESS Health International



**ACCESS**  
health international

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.

[www.accessh.org](http://www.accessh.org)

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## Letter from the Chairman

To our Friends and Supporters,

2016 was a year of significant growth and expansion for ACCESS Health International. We expanded activities across India, China, and the Philippines. We strengthened our work in Singapore and the United States. We strengthened our collaboration with many of our partners. We nearly doubled our staff and our funding.

Each day I am inspired by the dedication of the ACCESS Health team. As a trusted advisor to Indian central and state governments, we are now leading more than a half dozen transformative healthcare programs and research projects across the country. In 2016, we launched a series of new initiatives including a new partnership with the United States Pharmacopeial Convention to strengthen the quality of medicines in India.

In China, we established ourselves as a catalyst in healthcare innovation. We created a powerful network of innovators, investors, industry leaders, academic experts, policymakers, and young entrepreneurs eager to develop new solutions and share best practices in health.

In the Philippines, we strengthened our relationship as a trusted partner of the Government of the Philippines. We now provide technical support, research, and analysis to inform the government approach to national healthcare reforms.

On an administrative level, we close out 2016 with a steady eye on the future. We designed a plan to increase our internal management capacity substantially in 2017. All our efforts, both administrative and programmatic, are focused on one single goal: to ensure that people everywhere, no matter where they live, no matter what they age, have access to high quality, affordable care.

Sincerely,

William A. Haseltine  
Chair and President, ACCESS Health International

## India

ACCESS Health began work in India in 2006. Initially, we focused on identifying best practices in high quality and low cost healthcare. We have since expanded our work to ensure that best practices are understood and applied broadly. We work in close collaboration with state governments and the private sector. ACCESS Health India focuses on advancing health finance systems and understanding how these systems can improve the quality of healthcare services. ACCESS Health India designs and manages programs and projects that drive domestic healthcare improvements and that inspire improvements in other countries.

### Programs

#### *Primary Care Pilot Program*

ACCESS Health partnered with the Bill & Melinda Gates Foundation to improve primary care in Uttar Pradesh. In 2016, ACCESS Health helped the government of Uttar Pradesh launch a Primary Care Pilot Program in partnership with the private sector. ACCESS Health facilitated the approval of the project by the Uttar Pradesh Cabinet and ensured ongoing financial support for the project from the state government. ACCESS Health worked closely with a transaction advisory group and legal firm, KPMG and Advaita Legal, to draft the documents required for a competitive bid to select a private implementing partner. The bid documents were published in December 2016. The state government is currently evaluating two bids that were received by the private sector and the project is expected to launch the final quarter of 2017. ACCESS Health will serve as an independent Performance Monitoring Agency for the project when it is underway.

#### *Kerala Health System Reforms*

We are a partner and advisor to the government of Kerala on a series of health system reforms. The Government of Kerala initiated efforts to launch an integrated prepayment program through an effective convergence of various existing state and central government financial protection programs. To determine the best method to integrate the state and central financial schemes, we analyzed current institutional and governance mechanisms of programs in Karnataka, Telangana, Andhra Pradesh, and Tamil Nadu. In addition to our initial analysis, we provided technical support to the government around benefit package formulation, costing of services, developing performance indicators, and documentation. We analyzed claims data from Tamil Nadu,

Karnataka, and Andhra Pradesh to understand which procedures accounted for the top seventy percent of claims in those states. We developed a detailed matrix for this comparative analysis.

### *Safe Care, Saving Lives*

ACCESS Health International created the Safe Care, Saving Lives program in partnership with the public health insurance programs in Andhra Pradesh and Telangana, the Institute for Healthcare Improvement, and the Children's Investment Fund Foundation. The program reduces neonatal and perinatal mortality rate by fifteen percent over a four year period by improving the quality of maternal, child, and newborn care. In 2016, we entered into year two of the program. The program organized a third learning session in Telangana which provided a platform for facilities implementing the quality improvement program to share their experiences with each other. The Commissioner Health and Family Welfare, Telangana and the Chief Executive Officer Aarogyasri Healthcare Trust inaugurated the session for fifteen wave one facilities. A learning session report was published and disseminated at the state and national level.

We established a Quality Improvement Cell within the Telangana insurance program in 2016. The quality cell is an institutional mechanism to drive collaborative quality improvement in empaneled facilities. It will also help expand the quality improvement initiative beyond newborn and child health and into other health areas, such as cardiology, nephrology, and neurology. Safe Care, Saving Lives was asked to support quality assurance activities run by the National Health Mission in Andhra Pradesh and Telangana. This was an important landmark to ensure the sustainability of the project. Programmatic work also expanded. By end of year, more than fifty healthcare facilities were part of Safe Care, Saving Lives.

The program also identified a technical agency to develop an information technology platform for the program that will facilitate error free and quick data entry, and help monitor progress. The Government of Telangana initiated an ambitious labor room transformation program to improve birthing units in the public sector. ACCESS Health along with other partners is supporting the Government in this activity.

### *Quality of Pharmaceuticals*

ACCESS Health and the United States Pharmacopeial Convention-India launched a research project on pharmaceutical quality in the last quarter of 2016. The study

identifies challenges and potential interventions to strengthen the quality of medicines in India. In 2016, we interviewed more than thirty representatives from the public and private sectors, as well as industry representatives and members of academia. We classified findings by demand, supply, and policy and regulatory interventions. We organized a roundtable discussion to discuss our findings. The Drug Control General of India and representatives from public and private sectors deliberated priority interventions during the roundtable discussion. We will continue our partnership and conduct collaborative policy research on public procurement quality requirements throughout 2017.

## **Publications**

### *Primary Care*

ACCESS Health completed a public expenditure tracking study in Kerala and Tamil Nadu in 2016. The study analyzes the distribution of state funds allocated to primary, secondary and tertiary care, with a detailed field level analysis of process and flows of health expenditure and allocation in the state of Kerala. In 2016, ACCESS Health collected and analyzed data. The work was part of our Research and Analysis for Primary Health Care grant with the Bill & Melinda Gates Foundation. The report explores issues of health financing and primary healthcare. It will be published in 2017.

ACCESS Health developed a set of guidelines to help policymakers understand the role and diversity of private sector primary care in India. The guidelines assist policymakers as they strategize interventions and assess potential solutions to increase access to and improve the quality of primary care. A first draft of the guidelines was completed in 2016. It will be published in the third quarter of 2017.

### *Fiscal Devolution*

In 2016, ACCESS Health completed a study on the implications of and state responses to a new national fiscal devolution policy. The study, which was published on the ACCESS Health website in 2017, is titled: [Fiscal Devolution in India: Taking Stock of the Changing Policy Environment](#).

### *QuTub*

QuTub is a program that assesses efforts to improve tuberculosis care in the cities of Mumbai and Patna. We partnered with McGill University, the World Bank, and the

Institute of Socio-Economic Research on Development and Democracy (ISERDD) to perform the assessment. Our work provided rich data on how healthcare providers behave when they patients present with symptoms of tuberculosis. In 2016, we published an [article](#) in *The Lancet* with some of our results.

## **Partnerships**

ACCESS Health India continues to strengthen its partnership with the Bill & Melinda Gates Foundation. In 2016, we expanded our technical support on primary care, health financing, and health systems strengthening. We led state level assessments, national level assessments, as well as research into specific domains of the health system, such as human resources and regulations. As part of our partnership, ACCESS Health facilitated and organized policy discussions on strategic purchasing and health governance. We conducted an analysis of public surveys to promote evidence based decision making at the policy level. We are in the process of working with the Foundation to understand the scope of using the employee state insurance program in India, as a template for expansion of universal health coverage.

In 2016 ACCESS Health India laid the foundation for a new partnership with TATA Trust to provide technical support to the government of Arunachal Pradesh. Together, ACCESS Health and TATA Trust will assist the state government in the redesign of the healthcare system.

We also fostered a new partnership with the Boston Consulting Group on state level health systems transformation.

# China

Healthcare policy innovation and system reform are among the most important healthcare priorities in China. ACCESS Health China has become a catalyst for healthcare innovation across the country. Our initial focus is on finding new solutions and sources of funding to meet the healthcare needs of the elderly.

## Programs

### *Innovation Network and Resource Center*

ACCESS Health China continues to build and strengthen its global network of knowledge, resources, experts, best practice, and innovators in health and aging. In 2016, ACCESS Health began developing professional tools needed to build and manage the Innovation Network and Resource Center, including a contact database, international resources database, investor network, and an innovator and entrepreneur community database.

### *Health Futures*

ACCESS Health China created the Health Futures Industry Leaders Innovation Network as part of the Innovation Resource Center. The network brings together industry leaders in health, science, and information technology. The goal is to encourage and accelerate the development of new health technologies. In 2016, we began recruiting companies to join the network.

### *Modern Aging*

The Modern Aging program launched in China at the end of 2015. The program grew rapidly throughout 2016. ACCESS Health China hosted Modern Aging events regularly, including Open House days, a two day training program in Shanghai for finalists of the Third National Innovation for the Elderly Competition, and a Sweden-China knowledge sharing lecture on entrepreneurship and aging in Scandinavia.

## Publications

In partnership with the Sweden office, ACCESS Health documented best practices in elder care in mainland China and Hong Kong and published them on our website in a [report](#) featuring a series of interviews with elder care leaders. The report explores elder

care in China from the perspective of policymakers, healthcare providers, and academic researchers.

### **Partnerships**

In 2016, ACCESS Health China established itself as the knowledge and implementation partner to public and private sector leaders in health. We developed new high level partnerships with organizations such as the US-China Healthcare Summit, the Future Forum, and NYU Shanghai. We will strengthen these partnerships and form new connections in 2017

## Philippines

For the last three decades, the Philippine health system reform has been directed to improve service delivery, strengthen health regulation and expand health financing by increasing access to healthcare for all Filipinos through the National Health Insurance Corporation. The Philippine National Health Insurance Corporation now cover more than ninety million Filipino citizens, providing access to a number of health benefits through public and private hospitals accredited by the Philippine National Health Insurance Corporation. ACCESS Health Philippines is a trusted partner of the government of the Philippines, providing analysis on the impact and implementation of these national healthcare reforms.

### Programs

In September 2016 ACCESS Health initiated its first policy research project for the Philippine Department of Health. The project is a nationwide study that will evaluate the effects of corporatization of public hospitals in the Philippines. The study, composed of two phases, will evaluate the differences in efficiency, patient outcomes, and service delivery between hospitals that have been operating with increasing degrees of autonomy and enterprise like reforms and hospitals that have retained a traditional structure whereby all managerial, structural, planning, and financial decisions are coursed through and approved by the local government. ACCESS Health Philippines will finalize the first phase of the study in 2017.

The first phase of the study will map out the extent of corporatization on public hospitals, as this data is not available at the Department of Health. ACCESS Health will conduct several consultative meetings with the Department of Health to share findings of the first phase of the study. Our findings will provide insight into procedural and regulatory changes that have demonstrated impact on outcomes. ACCESS Health will produce a policy recommendation to guide future law and implementations for future and current decisions once the second phase of the study is finalized.

## Sweden

Sweden, like many other countries, confronts significant challenges due to population aging. Estimates suggest that nearly a quarter of the population of Sweden will be sixty five years or older by 2050. ACCESS Health Sweden documents promising practices in long term care in Sweden and in neighboring countries like Norway and Denmark. The Swedish office also partners with innovative thinkers in both the public and private sectors to improve the quality of long term care.

### Programs

ACCESS Health Sweden developed the framework for a new joint learning program from healthcare providers as part of our work with Saffier, a Dutch nonprofit care group, and Aleris, a private sector Swedish care provider. ACCESS Health provided the initial fundraising push for the program.

### Publications

In 2016, the Swedish office published ten new [case studies](#) from the Netherlands and Hong Kong. These studies detail innovative care models in two of the oldest regions in the world.

ACCESS Health International President William A. Haseltine and Sweden Program Manager Sofia Widen completed the writing of their latest book [Aging with Dignity: Innovation and Challenge in Sweden – The Voice of Care Professionals](#), which will be published in 2017 by Nordic Academic Press. *Aging with Dignity* is a study in the future of long term care through the lens of the Swedish healthcare system. It is based on a series of interviews ACCESS Health conducted with more than thirty long term care professionals in Sweden.

### Partnerships

ACCESS Health Sweden launched a new partnership with the Dutch Task Force Health Care and the Dutch Ministry of Foreign Affairs in December 2016. ACCESS Health will organize three fact finding missions in 2017 to explore healthcare systems in Sweden, Denmark, and Norway. ACCESS Health will then develop three reports, providing an in depth look at how healthcare and elder care are financed and monitored in each of the three countries. It will also provide a detailed look at the current healthcare situation in

each country, recent reforms and developments in healthcare, and the role of the private sector in primary, secondary, and tertiary care.

ACCESS Health Sweden partnered with Swecare to examine the possibility of bringing a Swedish approach to primary care to China. ACCESS Health Sweden organized a joint trip with Swecare to China to explore opportunities. The result was a study, *Pre-feasibility study for Zhengding Sweden-China Primary Health Care Centre for the Elderly*, jointly developed by ACCESS Health Sweden and Swecare.

## Singapore

Singapore has one of the fastest aging populations in the world. The government of Singapore estimates that one in five Singaporeans will be sixty five years or older by 2030. The Singaporean healthcare system is transitioning from an acute care system to a community care system in order to better meet the needs of an aging population. ACCESS Health Singapore is documenting this transition. It joins program partners in spearheading an innovation ecosystem for aging with the mission to improve access to high quality, affordable healthcare for people of all ages in Singapore.

### Programs

#### *Modern Aging*

ACCESS Health Singapore continues to co organize the Modern Aging Singapore program with NUS Enterprise. Duke-NUS Center for Ageing Research and Education and the NUS Business School continue as academic partners to Modern Aging. In 2016, Modern Aging hosted six educational and networking events with partners including SingHealth Innovation, the Agency for Integrated Care, ACE Seniors, and LumenLab. Modern Aging partnered with Singapore Polytechnic and People's Association to offer a Seniors Academy design thinking course.

Modern Aging received eighty one applications to the 2016 business accelerator program. Fourteen teams were chosen to continue in the NUS Lean LaunchPad business development program and were matched with industry mentors. ACCESS Health and NUS Enterprise awarded fifty thousand Singapore dollars to two teams as seed funding to launch their companies. These two teams, along with three Modern Aging startups from 2015, are being incubated jointly by ACCESS Health and NUS Enterprise, with continued mentorship, work space, investors relationships, and coaching.

#### *Stay Young Navigators*

The Stay Young Navigator program trains active seniors to help their peers manage chronic conditions by serving as liaisons for health services, community resources, and financial assistance programs. In addition to a focus group study on the program (described below),

ACCESS Health Singapore conducted interviews of community care providers in Singapore. The result is a "third act" strategy describing how to engage older adults in

volunteer and paid paraprofessional roles in Singapore and as active members of care teams.

### **Publications**

ACCESS Health Singapore published a focus group study describing perceived acceptability of a peer to peer community program, Stay Young Navigators, targeting seniors. Seven focus groups were conducted in late 2015. The results were analyzed and published in a report on the ACCESS Health website.

The ACCESS Health Singapore office continues to document the government of Singapore approach to aging in an upcoming book entitled *A City for All Ages*. The book will describe a comprehensive policy planning approach, starting with the Ministerial Committee on Aging, and its implementation through innovative pilot programs, health systems restructuring, and city design.

## United States

ACCESS Health United States documents models of excellence in elder care and optimal aging in the United States. We disseminate our research widely, influencing and improving elder and long term care planning and implementation in the United States and beyond.

### Publications

Throughout 2016, ACCESS Health United States researched best practices in aging, specifically issues related to: acute and hospital level care in the home and community, person centered care, home based care, aging in place and community, primary care, palliative care, dementia, caregiving, social inclusion, age and ability inclusive environments and housing.

ACCESS Health United States published twenty two [interviews](#) and five blogs on the ACCESS Health International website. The inspiration for this research derives from the commitment of ACCESS Health to the belief that sharing best practice is an essential tool to help societies and health systems make the adaptations needed to support the growing aging population.

Many of the best practices that we identified were fueled by or made possible by value based reimbursement policy. Value includes lower costs, better health outcomes including patient satisfaction, and more access to care. We plan to analyze the findings from our research in an upcoming book entitled *Aging Well: Seven Lessons of High Quality Affordable Elder Care – Insights from Experts in Elder Care in the United States*. It is our hope that the lessons gained from our publications will contribute to the well being of older adults and move health spending toward a sustainable path.

## Joint Learning Network for Universal Health Coverage

ACCESS Health International cofounded the Joint Learning Network and continues to facilitate network activities as a Network Coordinator. The Joint Learning Network currently includes twenty six countries in Asia, Africa and Latin America working to achieve universal health coverage.

### Programs

ACCESS Health is also part of the network coordination team and as such helped organize an event in Malaysia in July 2016, where all new and old members of the network came together to set priorities for future work of the network and get exposure to the rich work what has already been done within the network.

### *Joint Learning Fund*

ACCESS Health manages the Joint Learning Fund. In 2016, we provided funding for and launched a Medical Audits Collaborative. Twenty three practitioners from eight member countries came together to discuss and share country experiences on developing medical audit systems. It resulted in a guiding document to assist countries wanting to advance their own audit systems. The Health Insurance Review and Assessment Service in South Korea hosted the Collaborative. The collaborative met in person three times throughout 2016, in addition to regular virtual meetups.

Through the Fund, we supported Joint Learning Network members from Malaysia, India, and Vietnam to attend a primary healthcare workshop in Chennai, India.

We supported Joint Learning Network members from Kenya interested in health finance reforms to participate in the World Health Organization Advanced Course on Health Financing for Universal Coverage held in Spain. This was an opportunity for the Kenyan representatives to gain valuable insight on health financing in a short period of time. The Fund also supported a Country Core Group meeting in Kenya which brought together public and private sector representatives working on universal health coverage in Kenya.

We supported representatives from India, Malaysia and Philippines to participate in the Good Governance and Quality Product Development Roundtable Meeting in Tanzania. The meeting explored different perspectives and approaches on governance toward universal health coverage and delivery of quality care.

We supported Joint Learning Network members from Sudan and Morocco to help them finalize two Joint Learning Network reports, entitled [Primary Health Care Self-Assessment Tool](#) and [Engaging the Private Sector in Primary Health Care for Universal Health Coverage](#).

We supported delegates from India, Kenya, Mali, Nigeria, and the Philippines interested in attending the Global Symposium on Health System Research in Canada. The participants launched the [Joint Learning Network Data Analytics Toolkit](#) at the symposium and the visit laid the foundation for an implementation strategy for the Data Analytics Toolkit.

We supported fifteen practitioners from Kenya, Bangladesh, Malaysia, and the Philippines on a study visit to India to learn about the Indian claims management system. Delegates visited Andhra Pradesh, Gujarat, and Delhi and explored how claims management worked through the state run public health insurance programs.

We assisted Joint Learning Network members from Malaysia who were hosting the 19th National Institutes of Health Scientific Seminar entitled "Transforming Health Systems for Better Outcomes. Malaysia plans to incorporate learnings from the seminar into the national planning process for health system transformation.

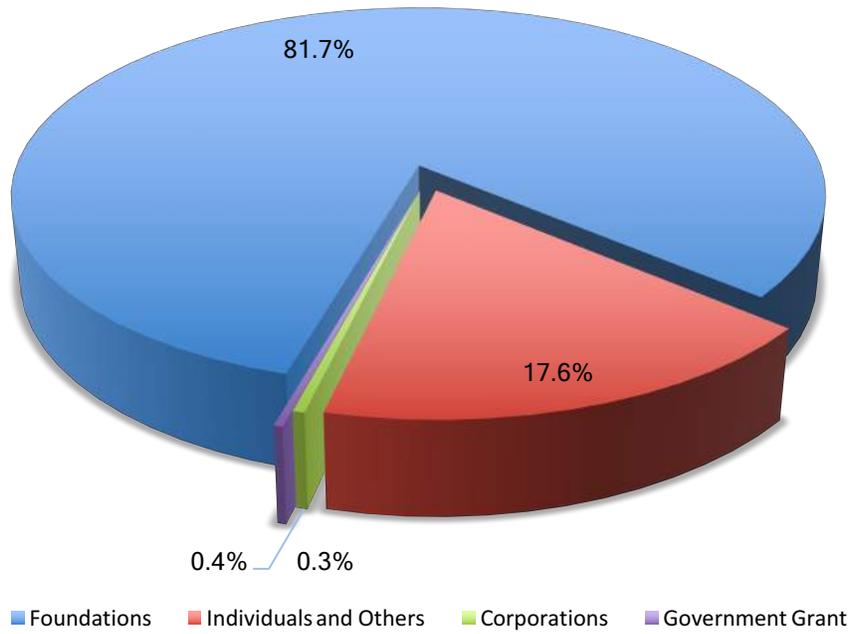
We supported a primary healthcare workshop organized by Joint Learning Network members in Indonesia. The workshop provided insights into human resource for health policies in Indonesia and the use of technology to deliver primary healthcare services.

## Consolidated Statement of Financial Position December 31, 2016

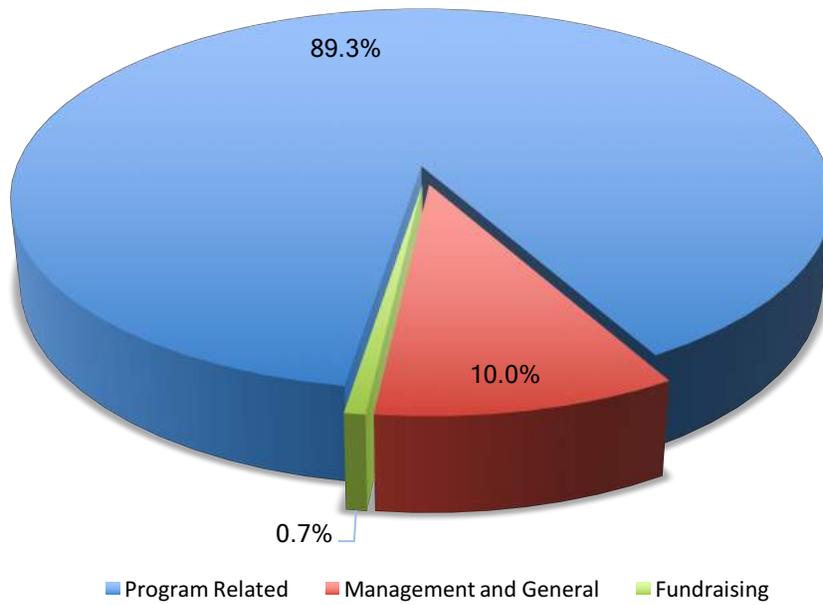
	<u>2016</u>	<u>2015</u>
<b>Assets</b>		
Cash and cash equivalents	\$ 3,556,140	\$ 2,425,352
Contributions receivable	1,710,690	214,711
Other assets	63,128	35,530
Furniture, net of accumulated depreciation of \$14,535 and \$13,824, respectively	6,132	-
<i>Total assets</i>	<u>\$ 5,336,090</u>	<u>\$ 2,675,593</u>
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable and accrued expenses	\$ 486,635	\$ 131,293
<i>Total liabilities</i>	<u>486,635</u>	<u>131,293</u>
<b>Commitments</b>		
<b>Net Assets</b>		
Unrestricted	205,481	73,528
Temporarily restricted	4,643,974	2,470,772
<i>Total net assets</i>	<u>4,849,455</u>	<u>2,544,300</u>
<i>Total liabilities and net assets</i>	<u>\$ 5,336,090</u>	<u>2,675,593</u>

<b>Revenue Sources</b>	<b>USD</b>	<b>Expenses</b>	<b>USD</b>
Foundations	5,954,625	Program Related	4,580,813
Corporations	28,613	Management and	
Government Grant	24,677	General	513,368
Individuals and Others	1,279,829	Fundraising	36,939
<b>Total</b>	<u><b>7,287,744</b></u>	<b>Total</b>	<u><b>5,131,120</b></u>

## Revenue Sources



## Expenses



## Expense Allocation by Geography (USD)

<b>Expense</b>	<b>Global</b>	<b>India</b>	<b>Sweden</b>	<b>China</b>	<b>Singapore</b>	<b>Philippines</b>	<b>Total</b>
Administration	23,357	419,926	6,293	26,611	38,467	3,410	518,064
Programs	610,814	1,186,400	3,006	0	99,042	3,477	1,902,739
Salaries	151,788	256,121	62,608	200,242	239,825	19,094	929,678
Subgrants	285,175	1,428,243	0	12,148	54,670	403	1,780,639
<b>Total</b>	<b>1,071,134</b>	<b>3,290,690</b>	<b>71,907</b>	<b>239,001</b>	<b>432,004</b>	<b>26,384</b>	<b>5,131,120</b>