



PACIFIC HEALTH SUMMIT
SEATTLE - LONDON

2012 Calls for Collaboration from Summit Participants

In inviting our participants to submit Calls for Collaboration, we seek to highlight specific, tangible efforts to create new bonds between motivated players in global health. This collection of “Calls” offers readily actionable opportunities for cross-sectoral collaboration with new partners through existing infrastructure and project mechanisms, without seeking financial support.

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Call for partners to join a new working group on “smart risk-taking” around innovations in maternal and child health (MCH) to accelerate the incubation, adoption, and scale-up of innovative technologies in developing countries

FROM | Absolute Return for Kids (ARK)

CONTACTS | Samukeliso Dube, Head of Health, Africa, samu.dube@arkonline.org; Susannah Hares, Head of Innovation, susannah.hares@arkonline.org

OVERVIEW | As organizations accelerate their efforts to help achieve the Millennium Development Goals, MCH challenges have come to the spotlight. These challenges largely call not only for more resources, but also for innovative technologies and ways of programming, with a general recognition that the development community’s current approaches are not keeping up with the pace and the nature of global change. To be truly innovative, the sector needs to be more prepared to take risks to identify and nurture solutions that are catalytic, scalable, and sustainable. To shift the needle on MCH, more high-risk investments with the potential to deliver breakthrough solutions are essential. However, investors and program implementers alike seem to be more risk-averse than ever in the MCH arena. Collaboration is therefore essential to smartly manage high-risk, high-potential investments and thus dilute risk for potential investors and implementers.

ARK is seeking partners to be part of a working group that will conceptualize new approaches to innovation and risk-taking within MCH.

TARGET PARTICIPANTS | The private sector (including the pharmaceutical and medical equipment industries, commodity suppliers, and the financial services sector); bilateral investors and venture capitalists; and foundations, NGOs, social enterprises, and academic institutions

NATURE OF COLLABORATION | The proposed working group will share experiences, expertise, and smart risk-taking methods to advance and scale up innovations (technologies, business models, and processes) for MCH for use in developing countries. The working group will aim to perform the following:

- Conceptualize, test, and disseminate new approaches to risk-taking and identifying breakthrough solutions to MCH.
- Share expertise and encourage collaboration.
- Encourage the development of multi-sectoral alliances to find solutions and address key bottlenecks.
- Build an evidence base of proven innovative approaches to MCH.
- Develop tools to encourage and enable smart risk-taking and conduct analyses of specific ventures.
- Write papers and present best practices at various fora on MCH.¹

We are also looking for evaluation data; specifically, case studies and reports on successful innovative interventions in MCH that have been implemented in developing countries.

¹ Some fora that have been identified for participation include the Global Conference on Maternal and Child Health in Tanzania in 2013, the Women Deliver Conference in 2013, and the UN Commission on Life-Saving Commodities.

Call for partners to share expertise and experience in social business models and/or point-of-care diagnostic tests (POCT) to inform the introduction of POCTs to pregnant women and babies in Peru

FROM | Brighter Futures Project, Universidad Peruana Cayetano Heredia (Peru)

CONTACTS | Patricia J. Garcia, Principal Investigator for Brighter Futures Project and Dean of the School of Public Health and Administration, Universidad Peruana Cayetano Heredia, patricia.garcia@upch.pe

OVERVIEW | In 2011, the Universidad Peruana Cayetano Heredia—with support from Grand Challenges Canada—launched the Brighter Futures Project, which focuses on maternal and child health (MCH).¹ The goal of Brighter Futures is to address the unacceptably high burden of maternal and child morbidity and mortality by developing and evaluating a model to introduce point-of-care diagnostic tests (POCT) to pregnant women and children under one year of age. These POCTs must be 1) sustainable and cost-effective, and 2) effective and appropriate across the diverse geographic and socioeconomic environments of Peru—a country of coastal, jungle, and mountainous regions that is home to very-low income, low-income, and lower-middle income groups.

We have collected initial information about the need and willingness to pay for POCTs from community members, local health providers, national health experts, and entrepreneurs at the local and national levels. The collaboration we propose would explore innovative POCTs, as well as existing social business models, designed to engage and benefit

local communities, which could be used to introduce POCTs for MCH in Peru's diverse settings.²

TARGET PARTICIPANTS | Experts in health-related social business models and in the development of POCTs; development agency representatives; government and NGO leaders; and business sector leaders, including developers of diagnostics for human health

NATURE OF COLLABORATION | We invite interested partners, including diagnostics developers who would like their products to be part of this business model, to join an international advisory team focused on the implementation of POCTs for MCH in Peru.

*July 2012—
September 2012*

- Discussion of possible business models
- Discussion of POCT(s) to be included in model

*September 2012—
Jan 2013*

- Virtual meetings for updates
- Sharing of experiences

¹ Every year more than half a million women die from pregnancy-related complications and 8.8 million children die before their fifth birthday, two-thirds from infectious diseases. More than 90% of maternal and child illnesses and deaths occur in developing countries.

² Social business, as first defined by Nobel Prize recipient Muhammad Yunus, is a non-loss, non-dividend company designed to address a social objective.

Call for applications for funding from Global Impact's Accelerator Fund

FROM | Global Impact

CONTACTS | Scott Jackson, CEO, scott.jackson@charity.org; Teresa Connor, Vice President for Partnerships and Strategic Alliances, teresa.connor@charity.org

OVERVIEW | Global Impact recently launched its Relief and Development Accelerator Fund, which encourages initiatives that address the world's most pressing problems. The Accelerator Fund will provide funding for international programs targeted at improving the health of women and girls, food security, education, and other issue areas that represent the greatest potential to sustainably promote physical and mental well-being. In order to maximize results and encourage partnerships, successful applicants to the Accelerator Fund must obtain co-funding and investments in their programs from other approved sources that enable the applicant's organization to grow exponentially.

TARGET PARTICIPANTS | Nonprofit organizations with international programming

NATURE OF COLLABORATION | Global Impact seeks applications that focus on the following areas:

- Economic development; particularly programs that complement small business development
- Education at the pre- and primary school levels with definitive goals
- Environmental sustainability and reversal of environmental degradation
- Food security and water purity
- Health and nutrition geared toward eliminating non-contagious disease
- Women and children; particularly developing women's roles to create healthy economies

Funding will be awarded to international programs that represent the greatest potential to sustainably promote physical and mental well-being and leverage their Accelerator-awarded funds into longer-term funding initiatives.

- Two levels of funding requests have been made available:
 - Grants up to \$35,000—applicants must demonstrate a return on investment of 5:1 or greater
 - Grants up to \$50,000—applicants must demonstrate a return on investment of 7:1 or greater
- Awarded funds may be used for dedicated program staff, direct costs, new program initiatives, co-funding requirements as established by other funders for new and current initiatives, or for increased capacity and infrastructure over time.
- Funding must be matched in dollars by other co-funders or internal sources.
- Projects should demonstrate potential for leveraging Accelerator-awarded funds into longer-term funding initiatives.

Review Process

Global Impact will evaluate all applications and notify applicants of their eligibility for funding by June 30, 2012. This is an inaugural Accelerator Fund round; we encourage organizations to send a letter of interest if they are not able to meet the June 30 deadline, given the timing of the Pacific Health Summit.

For a copy of the application, please email teresa.connor@charity.org.

Call for partners to assess the impact, and inform the scale-up, of smartphone-based ultrasound imaging technology

FROM | Mobisante Inc.

CONTACT | Sailesh Chutani, CEO, Mobisante Inc.,
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OVERVIEW | Access to diagnostic ultrasound in most emerging markets is still limited due to the high cost, complexity, and bulk of existing devices. This has adverse consequences on maternal and fetal health, since many complications go undetected during pregnancy. In addition, there is also a missed opportunity to increase patient, family, and community engagement in maternal health by making pregnancy less “abstract” through providing images that bring the baby to life throughout the stages of pregnancy.

A smartphone-based ultrasound imaging system exists that can be carried in a pocket, work off of the electrical grid, and used by low- to mid-level health professionals to acquire and send images to remote experts for interpretation via cellular networks. The device and system model has been cleared by the U.S. Food and Drug Administration and tested with hundreds of patients in Sierra Leone and Nepal; it has proven effective at detecting complications and providing routine screening. Mobisante is searching for partners interested in implementing the model at scale in select regions and countries in order to establish the effectiveness of the ultrasound imaging system in reducing maternal and fetal mortality, and increasing engagement by patients and families in their healthcare. The results, if positive, could be applied globally. The goal is to study and explore the types of collaborations that could work to facilitate the integration and adoption of this technology, not to market or sell a specific device.

TARGET PARTICIPANTS | Local hospitals and providers, ministries of health, academic researchers, and healthcare delivery-focused NGOs from any of the following regions: Africa, Latin America, or Southeast Asia

NATURE OF COLLABORATION | Mobisante is specifically looking for:

- Academic researchers to help fine-tune the clinical study to adapt the system to the local environments.
- Hospitals and providers to test the screening service in their regions.
- Ministries of health to provide local and political support.
- NGOs to communicate with and build support within the target communities.

Mobisante will provide the equipment and the know-how to build the systems and service at no charge for this collaboration effort. The cycle is expected to take 9–12 months.

Call for partners from health priority-setting institutions to support global and domestic health technology assessment (HTA) systems

FROM | The Center for Global Development (CGD) and the National Institute for Health and Clinical Excellence (NICE) International on behalf of the CGD's Working Group for Priority-Setting Institutions for Global Health¹

CONTACTS | Amanda Glassman, Director of Global Health Policy & Research Fellow, CDG, aglassman@cgdev.org; Kalipso Chalkidou, Founding Director, NICE International, kalipso.chalkidou@nice.org.uk

OVERVIEW | A fundamental challenge for all health systems is to allocate finite resources across the unlimited demand for health services. This is ultimately a rationing problem because it requires active or passive choices about what services are provided to whom, at what time, and at whose expense. Gains from reallocating toward more cost-effective health interventions can be substantial, illustrating the human and financial costs associated with weak and implicit rationing institutions. Yet in most countries, the rationing compromises under the current implicit priority-setting mechanisms are rarely made explicit to policymakers or the citizens they serve. In response, CGD has formed a diverse group of 30 experts to identify practical solutions for resource allocation and priority-setting for health technologies in low- and middle-income countries (LMIC). Specifically, these recommendations are 1) a global HTA facility should be created to provide technical and consultative support to global funding agencies and LMIC governments, and 2) direct support should be provided to LMICs that are creating or growing their own HTA systems.

TARGET PARTICIPANTS | Leadership from multilateral organizations, NGOs, donors, national governments, and industry (technology developers, private payers, and product development partnerships) as well as HTA organizations and ministries of health and finance

NATURE OF COLLABORATION | We invite interested parties to share their time and expertise in global health priority-setting through a forum for partnership, starting with the establishment of an interim secretariat for taking the recommendations of the report further and for scoping out, in a consultative fashion, an options analysis for operationalizing the proposed HTA Global Facility. Additionally, we are looking for:

- Several countries in which to pilot HTA strengthening activities.
- Organizations that will lend their expertise and capacity for improving accreditation and resource allocation processes.
- Technical support from organizations currently undertaking comparative effectiveness assessment and HTA work in low- and middle-income countries. This is to be done through participating in the secretariat, implementing these recommendations, and volunteering human resources through a peer-to-peer mentorship model.

¹ For more information regarding priority-setting institutions for Global Health, visit http://www.cgdev.org/section/topics/global_health/working_groups/priority_setting_institutions.

Call for telecommunications providers to partner with health insurance providers in Southeast Asia and Africa to develop new business models and payment collection solutions

FROM | PATH

CONTACTS | Kate Wilson, Senior Program Officer, kwilson@path.org; David Lubinski, Senior Adviser, dlubinski@path.org

OVERVIEW | Globally, countries are expanding health coverage to more of their citizens through the development of national health insurance schemes. While the strategies, policies, and technologies used to support these schemes are as varied as the countries implementing them, one common challenge is continuously cited—the facilitation of payments between citizens, providers, and insurance funds.

In 2011, PATH and our partners, PharmAccess Foundation and the Public Health Informatics Institute, began working on information and communication technology issues with ten countries that are members of the Joint Learning Network (JLN) for Universal Health Coverage.¹ Member countries are in various stages of implementing new health insurance information systems, yet all of them are struggling with the collection of micropayments and recurring payments, particularly from citizens who may not have a home address or stable employment. Our project is working with JLN member countries now to develop functional information system requirements for various scenarios of payment collection. It seeks to bridge this work into the development of standard applications that can link insurer platforms to mobile provider solutions.

¹ The Joint Learning Network (JLN) for Universal Health Coverage is a resource for countries in the process of implementing universal health coverage (UHC). Current members include Bangladesh, Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, the Philippines, South Africa, Thailand, and Vietnam. For more information, see JLN's website, www.jointlearningnetwork.org.

Through this collaboration, we would propose partnering with telecommunications providers to:

- Develop a better understanding of challenges facing both parties.
- Specify some interoperability standards that will work in multiple countries.
- Develop business model template(s) that can be used by insurers or telecommunications partners globally. The intended result is a pilot of the model between a network operator and one or more JLN member countries.

TARGET PARTICIPANTS | GSM Association mobile payments and eHealth Working Group members, JLN insurance provider representatives, International Telecommunications Union members, World Bank mobile payments, and health divisions

NATURE OF COLLABORATION | We invite interested partners to join an international team that would develop the following activities outlined below. All facets of this collaboration are being designed as a template that can be scaled up for broad-based replication in other geographies and health domain areas by organizations globally. We will provide free, open access to all materials generated by the project via the Web.

Activities

- Convene a small team of mobile payment, ehealth, and insurance providers to develop high-priority use-case studies and the technical requirements for payments for insurance, including interoperability needs.

Call for telecommunications providers to partner with health insurance providers in Southeast Asia and Africa to develop new business models and payment collection solutions (*continued*)

Activities (continued)

- Develop and test, with network operators and insurance providers, alternative business models that are the most attractive to both parties in the JLN member countries.
- Publish findings and models in a free, open, online repository that is accessible to all countries and operators.
- Disseminate vital information and case studies to health policymakers and opinion leaders directly and through partners, with free, open access to all materials.

TIMELINE

July–August 2012

Host virtual meeting(s) to review initial-use cases and functional requirements developed for payment collection.

September 2012

Host two-day meeting in London to discuss and agree upon technical standards and business models.

December 2012

Pilot an example of payment collection for insurance in a JLN member country. Issue progress report and next steps.