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Ashoka Looks Internationally for Great Ideas

Replicating scalable innovations in health care from around the world

SUMMARY

Ashoka: Innovators for the Public sponsored *Innovations for Health: Solutions that Cross Borders*, a worldwide online competition for innovative health care projects in developing countries that have the potential for replication in the United States. Ashoka, an Arlington, Va.-based global association of social entrepreneurs, sponsored the competition through Changemakers, its initiative that aims to "grow" innovative ideas by promoting collaboration.

Ashoka evaluated 373 entries from 66 countries and selected 15 finalists and ultimately three winners. The winning projects, from Benin, Brazil, and India, each received unrestricted awards of $10,000.

Ashoka had previously sponsored six other online "idea competitions," also funded by the Robert Wood Johnson Foundation (RWJF). These focused on topics as varied as intimate partner violence, computer and video games to promote health, and societal challenges facing young men at risk.[1]

The 2011–2012 competition was part of a Pioneer Special Solicitation put forth by RWJF's Pioneer Portfolio team. This thematic call for proposals was made to stimulate and challenge the field to offer ideas and innovations to compete for funding. It focused on consumer empowerment as a driving force for disruptive innovation in health and health care. (See Program Results on the solicitation.)

The Project

Project staff described the project and its results in a report to RWJF, an interview with Project Director Emily Bosland conducted for this report, and on the Ashoka website.

[1] These competitions ran from August 2006 through October 2011. See Program Results on the 2006–2007 competition (grant ID# 57515); Program Results on the 2007–2008 competition (grant ID# 63280), and Program Results on the 2008–2011 competition (grant ID# 63695).

Structuring the Competition

- **Ashoka staff identified and partnered with 14 organizations that have a health care entrepreneurial focus.** Examples of partners include the Center for Health Market Innovations, which works with private health care providers, and GlobeMed, a network of university students partnering with grassroots organizations around the world. Each helped to mobilize their constituents to participate in the competition.
- **Twelve expert commentators shared insights and feedback with the organizations that entered the competition.** They also helped to evaluate the quality of the 373 entries.
- **An Ashoka team of evaluators chose 15 finalists, and five judges chose the three winners.** The panel of judges included Deborah Bae, MPA, an RWJF program officer, and a representative from the Mayo Clinic and from Venrock, a venture capital firm.

Results

Competition Winners

- **VaxTrac: Improving Immunization in Developing Countries (Benin) built a mobile vaccination registry that links a child's fingerprint to an electronic vaccination record.** Every year, more than 24 million children do not receive basic vaccines and 2.5 million of them die from vaccine-preventable diseases. Though vaccine supply is limited, faulty record-keeping means many children receive duplicate immunizations, resulting in up to a 50 percent rate of vaccine waste.

  Health workers in two regions of southern Benin travel to remote villages with a cold box of vaccines and a VaxTrac field immunization unit comprised of a netbook, fingerprint scanner, and GPS receiver. They scan each child's fingerprint, and either establish a new vaccine record or check an existing one to determine which vaccines have been received and which need to be administered.

  Now in its pilot stage, the program currently covers a population of approximately 400,000 people. The pilot program is designed to reduce vaccine waste and provide greater coverage at lower cost.

- **Saúde Criança: Holistic Health Solutions for Low-Income Families (Brazil) addresses the larger socioeconomic context in which illness occurs by providing a package of family-centered support designed to break the cycle of poverty.**

  Families participate in a two-year, tailored intervention that includes:

  — Health services, including specialized foods, medicine, and technical support designed to manage chronic and acute illness

— House repairs and upgrades, including water and sewage service, painted walls, and roofs that don't leak

— Training programs to provide marketable skills and higher incomes

— Guidance in obtaining documents that permit access to government social services

— Education in such areas as nutrition, hygiene, violence and domestic abuse, infant development, family planning, and sexually transmitted diseases

The program currently operates 11 chapters in six states in Brazil and has served 40,000 people. Project staff reported that more than half the children whose families completed the two-year program are in good health (52%), compared to 28 percent at the launch. Family income increased by an average of 32 percent and the average number of days a family member was hospitalized fell by 66 percent.

- **E HealthPoint: Transforming Rural Healthcare (India) provides low-cost, high-quality, basic health care and clean drinking water to underserved, rural communities.** E HealthPoint builds and operates clusters of "eHP units," comprised of a clinic and a WaterPoint (a place to get clean drinking water) in a central village, with two or three additional WaterPoints in smaller, surrounding villages.

  Each unit uses inexpensive technology and charges affordable fees for five critical services:

  — Safe, affordable drinking water produced on-site with a reverse osmosis filtration system ($1.50 per month per household)

  — Consultation with qualified physicians located in urban centers using two-way video and supported by electronic medical records ($0.40 per consultation)

  — An on-site diagnostic laboratory capable of investigating 70 potential diagnoses (averaging $1 per test)

  — A licensed pharmacy stocked with 250 prescription and over-the-counter medicines, mostly low-cost generics

  — Responsible referrals to other public or private health care facilities

  Although clean drinking water is not an issue in the United States, "the judges saw how it's an exceptionally good business model," noted Bosland. "The judges thought using points of retail transactions for health care services (in the United States, a 7-Eleven® or the post office) was what this program had to offer."

- **Ashoka also awarded two "early entry" prizes to encourage applicants to submit their entries prior to the final deadline.** The two projects each received $500 and a one-hour consulting session to further polish their entries. The awardees were:

  — Centre for Patient Leadership (United Kingdom), which trains patients as leaders able to catalyze and create change in the health care system

— Beyond Borders (Pakistan and India), which provides low-income families in the developing world access to quality health care through hybrid insurance models.

Developing a Health Entrepreneurs Community

- **The World Health Care Congress Affordable Health Innovations, one of Ashoka's partners, invited the finalists to attend its annual conference and present posters. Eight finalists were able to attend, and met at a breakfast session to discuss collaborative ideas.**

  "We were able to develop an informal community of health care social entrepreneurs operating in countries around the world. The competition helped us identify these health care social entrepreneurs, as did the convening through the World Health Care Congress," said Bosland.

  A list of the participating partners, commentators, and judges is on the Changemakers' website. The site also includes descriptions of all competition entries.

Lessons Learned

Bosland offered the following lessons to RWJF:

1. **Be clear and specific about what a competition is looking for.** Competition guidelines did not explicitly state that the competition's goal was to find health care solutions in the developing world that would work in the United States (because Ashoka did not want to discourage organizations that did not understand the U.S. system).

   As a result, few entrants explained how their innovation would work here, leaving evaluators to draw their own conclusions. The quality of the entries improved after the partners and commentators helped potential entrants understand the goal and frame their submissions with that in mind.

2. **Higher cash prizes might attract stronger entries.** "We think there are some larger and successful programs we didn't hear about because the amount of money at stake in the competition meant that participating wasn't worth their time," said Bosland. Although Ashoka has not yet tested the hypothesis, Bosland believes "that offering a larger pot of money, even if that meant fewer winners, would have attracted programs with higher levels of success in the health field."

Funding

RWJF funded the *Innovations for Health* competition with a $377,635 grant to Ashoka from September 2011 through June 2012.

Afterward

RWJF and the Ashoka Changemakers maintain RWJF Open, a Web page that allows health innovators to share their ideas on the website and receive feedback on their strategy from RWJF staff.

RWJF is working with Saúde Criança to develop a proposal as part of its new global health work, which seeks to develop ideas from other countries for use in the United States. The Foundation also maintains interest in other initiatives identified through this and other Ashoka idea competitions.

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BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Articles

"Antidote to Compassion Fatigue: Lessons from West Africa for US Health Care." (blog) *Huffington Post*, May 2012. Available online.

"Getting Health Care Out of the Middle Ages and into the 21st Century." (blog) *Huffington Post*, March 2012. Available online.

Communications

Boston A. "E HealthPoint transforms rural health care by providing access to clean water and affordable treatment." (blog) Ashoka Changemakers, Posted April 25, 2012. Available online.

Ramos V. "#innovatehealth Interview Series: Richard Bartlett on the Gold Standard for Health Innovation." (blog) Ashoka Changemakers. Posted February 29, 2012. Available online.

Feinberg C. "Finally! A Dose of Innovation for the Maintenance of Health." (blog) Ashoka Changemakers. Posted February 21, 2012. Available online.

Jones M. "Re-imagining Health Care for the 21st Century." (blog). Ashoka Changemakers. Posted on February 10, 2012. Available online.