



Philips  
Foundation



# Accelerating Healthcare Access

## Interim Report



# Innovating a More Accessible Healthcare System

Ashoka and Philips Foundation know that by unlocking collaboration between social entrepreneurs and health industry leaders, we will, over-time, generate systemic change globally and increase access to healthcare for those most at need. Having first collaborated in 2016, we are delighted to share some key achievements of the past 1.5 years. Under our partnership, we've collaborated with 24 leading social entrepreneurs, **Ashoka Fellows**,\* and have **contributed to improving access to healthcare for 4.4M lives**.

Through the stories here, you will see examples of how Royal Philips staff have supported social entrepreneurs in refining their scaling strategies and consider how lasting system change is possible through adjusted focus and collaborating together. You will learn how working side-by-side with leading innovators has shifted the way Philips employees view their own work. Ashoka Fellows, Philips Foundation and Philips employees are proving that through mutual collaboration we can truly improve access to healthcare around the world.

*\*Ashoka Fellows are leading social entrepreneurs who embody drive, passion, and solid ethical values. Through their work they are already improving the world.*

## Table of Contents

Ashoka's Approach to System Care	3
Breaking Cycles for Stroke Survivors: Stroke Action Nigeria	4
Letting Women Lead on Natal Health: Ekjut	5
From Overcoming Barriers to Eliminating Them: Fundación Natalí Dafne Flexer	6
Uniting Our Networks: ZMQ, Philips Foundation, and Save the Children	7-8
Connecting Leaders for Change	9
Our Impact	10
From Illness Care to Vitality	11
From Formal Facilities to Care at Your Doorstep: Meet Our Fellows	12-14
What's Next	15

# Ashoka's Approach to System Change

Ashoka believes the most powerful force for good is a systems-changing idea in the hands of a social entrepreneur. That is why we select and support leading innovators: people with **strong entrepreneurial skills, drive, passion, solid ethical values, and a relentless desire to improve the world for everyone.**

To eradicate an issue in society, changing the system perpetuating the root problem is key. System change can happen in multiple ways and usually happens through a combination of strategies. Those strategies could include changing market dynamics, advocacy for specific legislation, or changing the mindset of broader society.

**86%** of Ashoka Fellows report that Ashoka helped them see their work at a systems change level.

As a result, **92%** of those Fellows made changes to their strategy.

## Expanding Impact Through Leading Entrepreneurs

Indirect strategies for scaling social impact target systemic change. They prioritize spreading impact (rather than only building their own organization).

Ashoka Fellows often also focus on helping other organizations adopt their models, through open-sourcing or train-the-trainer approaches.

**90%** of Fellows report having seen their idea replicated by independent groups or institutions.\*

**93%** of all Ashoka Fellows report having changed markets and/or public policy.\*

**97%** report that their strategy focuses on mindset shift.\*

Ashoka does this with the support of global partners such as Philips.



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# Breaking Cycles for Stroke Survivors:

## Stroke Action Nigeria

In Nigeria, surviving a stroke can mean a long road of health complications, financial troubles, lacking employment opportunities, and therefore a loss of self-sufficiency. After a long career in healthcare witnessing care discrepancies for survivors of strokes, Rita Melifonwu founded Stroke Action Nigeria, an organization to rehabilitate the physical and cognitive ability of those survivors while educating the public on stroke risk factors through media campaigns and community outreach.

In 2018, Rita regularly worked with a team of four strategic mentors from Philips. During this process, Rita was prompted to re-consider how Stroke Action Nigeria could reach every survivor in increasingly meaningful ways. This exercise illuminated two core themes:

- 1) Many stroke survivors struggled to find paths to self-sufficiency
- 2) In order to be accessible to all Nigerians, Rita would need a network of Stroke Action Centers.

Thus, the idea for Stroke Entrepreneurs was born.

Today, **Rita is piloting a franchise model where stroke survivors are trained to open a local Stroke Action Center and run all aspects of the business from community education to supporting rehabilitation.** She has begun training the 15 pilot Stroke Entrepreneurs for this year and intends to have 1,000 trained over the next ten years, each running their own stroke centers across Nigeria and eventually, across Africa.

With her improved strategy, Rita was invited by the Nigerian Minister of Health to join a summit of healthcare leaders informing new policy around non-communicable diseases. At the summit, she was relentless in advocating for the first formal policy providing a safety net for the 200,000 Nigerians each year who experience strokes. This policy was signed into law in August of 2018.



**40%** of social entrepreneurs who participated in our scaling program are empowering others to replicate their intervention.

“Before attending this program, there was no policy around strokes in Nigeria. Now the 200,000 people per year who experience strokes will have a safety net. Without the [Accelerating Healthcare Access] partnership, I wouldn’t have had the confidence to insist strokes be covered by law.”

– Rita Melifonwu





## Letting Women Lead on Natal Health:

### Ekjut

When Prasanta Tripathy, founder of Ekjut, joined our partnership, he had been successfully using **Participatory Learning and Action sessions (PLAs)** to educate vulnerable families on pre and post-natal health and presumed it was time to tackle other issues. However, it was during one-on-one conversations with his Philips team members that he realized he was uniquely positioned to scale by focusing on market saturation.

Prasanta had developed his unique model since observing the high infant mortality which was assumed commonplace in 2003 in Jharkhand India. He recognized the difficulty of obtaining information on natal care in remote villages, and developed his PLA approach to empower women and expecting mothers to share knowledge about pre-natal and post-natal health through regularly recurring, peer-based learning communities.

Given this strategic insight, he realized that his work would not be complete until he reached a critical mass of households in Jharkhand. Furthermore, the best way to reach that critical mass would be through activating a coalition of organizations targeting the same issue. **Prasanta then shifted his focus to proactively training other NGOs to adopt and implement the PLA model.** Ekjut has been able to apply the PLA model in over 50,000 villages and is seeing significant reductions in infant mortality. These successes have been so significant that even the government has taken notice and recruited Ekjut to support them in scaling his model across India. Ekjut is collaborating with the Government of India by vetting and training NGOs as implementation partners.

Through this partnership, they intend to lower infant mortality rates across India.

“Sometimes the first step to scaling is discovering the discipline for focus.”

- Prasanta Tripathy

**80%** of Fellows who participated in our scaling program are focused on scaling their impact through partnerships.





## From Overcoming Barriers to Eliminating Them:

### Fundación Natalí Dafne Flexer

Since 1995, Fundación Natalí Dafne Flexer has provided information and community to families confronted with a childhood cancer diagnosis and advocated for increased treatment centers outside of major cities. While working with families, Edith Grynszpancholc found that many insurance providers were prolonging the process of approving insurance claims for urgent procedures, forcing families to choose between delaying medical care or paying out of pocket. To overcome this, they designed a new role for social workers as advocates to get the best coverage from insurance companies.

When Edith joined the partnership, her organization regularly received feedback that their work successfully provided patients with the necessary information to seek appropriate treatment. Her advocacy had also helped create 10 pediatric treatment centers outside of major cities. However, it was during conversations around scaling that Edith was pressed to examine the system inefficiencies causing families the most harm. Edith realized that while her advocates worked hard for families, there were limits to what they could accomplish without external protections for patients. **Inadequate access to health information was the barrier which needed to be eliminated to have the most impact on Argentinian families.** To address this, Fundación Natalí Dafne Flexer is building an app to centralize health information so individuals can better navigate treatment choices. Once completed, this app will be open source for experts to populate it with information on other life-threatening diseases.

Edith shifted her personal focus to advocating for legislation to guarantee the right to information on cancer treatment options and insurance policies while penalizing companies that delay and hide information from patients. For Edith, the best part of her innovation team experience was that even when her scaling ideas felt crazy, her advisors encouraged her to explore how to make them reality. **Since shifting focus, Edith has consulted the government on the urgency of this legislation and they have pledged to propose a law codifying the right to information about all diseases (not only cancer) before their congress within the next three years.**

“I never imagined it was possible to change the law, but when you have an idea in your head, it’s impossible to get it out. I realized that we had become the best organization in the world at overcoming barriers, but now is the time to eliminate the barrier.”

– Edith Grynszpancholc

**65%** of social entrepreneurs who participated in our scaling program changed their strategy as a result.



## Uniting Our Networks:

### ZMQ, Philips Foundation, and Save the Children

In rural, low-income communities, health issues often persist due to lack of knowledge of diseases and when to pursue medical attention. Hilmi Quraishi founded ZMQ in 1998 to address this core problem by using stories and games to provide accredited health information and to empower people to change their mindsets and behavior. ZMQ addresses HIV/AIDS, tuberculosis, polio, childhood pneumonia, and personal health promotion through storytelling. ZMQ's MIRA program uses a network of health workers, MIRA workers, that visit pregnant women and recent mothers conduct health checks and share data with local doctors. The MIRA workers visit these women weekly and provide guidance for each stage of their pregnancy and early childhood development. Through the MIRA workers and MIRA technology Hilmi is already reaching millions of men, women, and children.

*“Every scaling program gives you a larger vision and an out-of-the-box thinking approach. It’s like doing a PhD in scaling and replicating your program.”*

*– Hilmi Quraishi*

During the strategic scaling support sessions between Hilmi, Philips executives, and consultants, the team discussed how to expand ZMQ's work to new geographies. This was particularly timely as Hilmi had received a request from the DRC government to explore implementing his model across the country. The team determined that if they prioritized translating their technology to the language and norms of other communities, other groups could more easily replicate ZMQ's model.







After getting familiar with Hilmi's work, the Philips Foundation agreed on a joint project to co-create and share digital stories to provide awareness and prevention messages on childhood pneumonia through the MIRA app and MIRA workers to the existing ZMQ user base in India. The Philips CHARM, a device which analyses fast-breathing in order to diagnose childhood pneumonia, is being deployed by the MIRA workers in order to enable families to gain diagnostic insight.

The Philips Foundation, Philips India, and Save the Children were already discussing how to partner to develop a blueprint for preventing, diagnosing and treating childhood pneumonia in disadvantaged communities in India and it was clear that technology would be a large part of this success. Hilmi and ZMQ were the obvious choice of technology partner given their proven achievement of behavior change, flexible technology, and significant reach of 0.5 million. Initially there was hesitation between both ZMQ and Save the Children about working together, however during facilitated collaboration sessions, they were able to explore their differences and ultimately build the trust necessary to move forward with confidence.

*“Initially there were apprehensions [about working with a social entrepreneur] which led to me holding things to myself, however, I have let them go. In the future I am still anticipating challenges, but nothing that cannot be solved through our collaboration together.”*

*– Dr. Rajesh Khanna, Save the Children,  
Senior Medical Advisor*

***This is only the beginning of a program that will focus on reducing the pervasiveness of childhood pneumonia with the potential to expand to other countries and continents in the future.***



# Connecting Leaders for Change

Philips employees have actively participated in the partnership as advisors, volunteers, and thought partners. Coming from different departments with diverse skill sets, they have each joined teams and engaged in meaningful conversations with social entrepreneurs to identify opportunities for increased impact and better pathways to collaborate and bring shared value. Philips staff engaged in the program, reported increased desire to create an impact of their own and utilize the principles they learned from Fellows in their day-to-day jobs.

## Niels Buning

Niels Buning began his career at Philips working on childhood pneumonia and implement CHARM devices across low resource areas of Africa and is now a New Business Development Manager. Niels has supported the partnership, working with Hilmi Quraishi of ZMQ to explore the viability of implementing CHARM devices across India to tackle childhood pneumonia. He also spent a significant amount of time with Ashoka Fellow Ngu Morcho at Yako Medical Africa collaborating on how to expand access to the middle class who can afford healthcare, but because of system inefficiencies often remains left out.

### **What stood out most about Ngu's approach?**

**Neils:** With Ngu, his story is really inspiring. He's first addressing middle class in Africa who has expendable income, but because of other system inefficiencies still has no access to care. That by and large is never a strong focus of ours and our competitors because it's a long-term view and a high-risk investment. But Ngu is taking that risk and raising \$100M to set up his diagnostic sectors. If we looked at this issue from a long-term lens and were less risk averse, we would see a great opportunity which impacts the lives of many and provides access to a market we are not currently in. That's where the opportunity is. We need to create pockets of growth where impact can happen and be sustainable in the long term.

Of those who attended the in-person collaboration design summit:

reported increased motivation and entrepreneurial mindset **89%** reported discovering new business opportunities or insights on healthcare

## Kacy Harding

Kacy Harding is Head of Philips Professional Services and is part of the DoctHers team as senior advisor to Ashoka Fellow Asher Hasan. DoctHers is a Pakistan based organization focused on enabling female doctors who, for various reasons, are no longer practicing medicine. DoctHers is re-engaging them into the workforce by using telehealth to reach patients. Kacy offered her tech expertise to bring design thinking into the platform, making sure the user experience was designed for each stakeholder.

### **How was this different from other collaborative experiences you have had before?**

**Kacy:** I've worked on creating joint ventures in the past, usually using a piece of technology and leveraging skills to create something better. In some ways the concept is the same, but here you're coming together for a reason that is much more meaningful.

### **Has your outlook on your work evolved at all while working in this program?**

**Kacy:** I really think differently. [These organizations] start by having to be lean and efficient up front; they have to be very deliberate about the decisions they make. I was working on a business case recently and we started with 15 KPIs, and I realized that if we had 15 KPIs we would always be in tension rather than having 2 to 3 to really focus on and improve. Radical simplification is a huge outcome.

### **What was the main value of the partnership for you?**

**Kacy:** The benefit was that I could use my skills to give back in an area relevant to my own work stream, but also learned and contributed in a way I'm not used to. This was what I looked forward to most in the week – taking my own skills and knowledge to help someone else improve.



# Our Impact:

## On the Health Ecosystem

**4,436,116**

lives with improved access to healthcare  
due to strategic changes that emerged through our partnership

**2** external events held to foster  
cross-sector collaboration

**109** external stakeholders engaged at these events and  
other activities

**7** collaborations emerged as a result of external  
stakeholders' participation

**47%** of external stakeholders engaged surveyed report greater  
understanding of access to healthcare challenges

## On Phillips Employees

**87** Phillips employees actively engaged  
in the partnership

**3,334** total hours volunteered by  
Phillips employees through  
Partnership Programs

**95%** of employees engaged  
report additional business  
opportunities and insight on  
healthcare trends

**78%** of employees engaged believe they  
gained new skills from the partnership

**95%** of employees engaged report stronger  
motivation and entrepreneurial attitude  
at their work

## Through Our Fellows

**24** Fellows engaged in our partnership

**30%** of Fellows started new strategic  
partnerships and collaborations

**100%** of Fellows gained support  
for their idea (contacts,  
funding, strategy,  
mentors, deck)

**4** articles about Fellows' work  
published in Forbes





## Meet the Entrepreneurs Transforming Healthcare

Around the world today, many healthcare systems are centered around treating symptoms and disease. When an individual gets sick, they see a doctor. Upon feeling better, health management lessens in priority. In 2017, Dr. Ashwin Naik, founder of the award winning Vaatsalya Healthcare, published author, and three-time entrepreneur, published a study on how healthcare innovators are disrupting the healthcare system. He discovered that in order to build a better system that is accessible to all, it's necessary to shift the priority from **remediating illness to ensuring vitality**.

The 24 social entrepreneurs we collaborate with are leading the fundamental behavior change around preventative health and bringing health solutions closer to home. We have structured the Fellow introductions on the following pages by the leading emerging trends in access to healthcare, highlighted by Dr Naik.

*Ashoka Fellows are leading the fundamental behavior change around wellness and bringing health solutions closer to home.*



## From Formal Facilities to Care at Your Doorstep

**Joost van Engen:**

**Healthy Entrepreneurs, Netherlands**

*Joost Van Engen founded Healthy Entrepreneurs to address the problem of bureaucracy preventing many Africans from accessing health insurance, while giving people the skills and opportunity to run their own business.*

**Asher Hasan: Naya Jeevan/DoctHers, Pakistan**

*Asher Hasan is providing quality, private health insurance to low-income workers in the emerging economies through an approach that distributes cost and social responsibility among several stakeholders affiliated with low-income beneficiaries. Through his new program DoctHers, Asher is connecting qualified but under utilized female doctors to underserved communities without access to proper healthcare.*

**Hilmi Quraishi: ZMQ Software Systems, India**

*Hilmi Quraishi is gamefying essential health messages to inform and empower those with least access to medical information. The deep reach of technology, especially in emerging markets, spurs ZMQ's vision of combating health and other critical social problems through the power of information technology.*

**Andrew Bastawrous: Peek Vision, UK**

*Andrew Bastawrous has created affordable mobile technology for vision and eye health screening and is leading a movement to make eyecare available in rural areas of developing countries.*

**Shona McDonald: Shonaquip, South Africa**

*Shona McDonald is addressing the challenges of children with mobile disabilities with an approach that puts postural education on the agenda of community-based clinical services, custom makes mobility products and builds the capacity of key stakeholders in the system that enables these children to live integrated and inclusive lives.*

**Howard Weinstein: Solar Ear, Brazil**

*Through Solar Ear, Howard Weinstein is providing low income communities access to high-quality hearing technology. His hearing aids use solar-powered rechargeable batteries, freeing the user of the cost burden of regularly purchasing batteries. He also employs deaf people to manufacture the hearing aids.*

**Simon Berry: ColaLife, UK**

*Simon Berry is disrupting the supply-chain to provide access to over the counter medicines in the most rural areas of the world. Through creating public-private partnerships he is catalyzing a sustainable distribution system for medicine distribution.*



**Armida Fernandez:  
SNEHA, India**

*Dr. Armida Fernandez re-orientates and reorganizes the existing resources of India's public health system to ensure quality maternal and neonatal health care reaches low-income families.*





## From Irregular Doctor Visits to Regular Health Management

**Javier Lozano:**  
**Clinicas Del Azucar, Mexico**

*Javier Lozano has created a low-cost, one-stop-shop clinic to treat diabetes and prevent the complications associated with the disease. With advanced technology and diagnostic and treatment innovations, his clinic offers high-class yet medical care at a fixed rate for populations that could otherwise not access it.*

**Marcos Locayo:**  
**Estación Vital, Nicaragua**

*Many Nicaraguans have a reactive approach to healthcare, visiting a doctor only when they are very sick. Marcos Lacayo is helping people become proactive – and preventive – with their health through his organization Estación Vital, which has provided nearly 300,000 health evaluations through kiosks in public places.*

## From Doctor Driven to Health Coach Driven Care

**Rita Milefonwu:**  
**Stroke Action Nigeria, Nigeria**

*Rita is empowering stroke survivors to become self-advocates, or Stroke Entrepreneurs, who advocate to improve their own well-being, change policy and unlock economic opportunity for themselves and other stroke survivors in their communities.*

**Prasanta Tripathy: Ekjut, India**

*Prasanta capitalizes on the will of mothers to ensure healthy lives for their children to improve infant mortality rate. By engaging mothers in interactive storytelling and game sessions, Prasanta helps them comprehend and overcome an intricate web of causes leading to death and disease among them. Through his Participatory Learning and Action (PLA) process, Ekjut has scaled its intervention to 10 states in India, improving the health of thousands of infants and new mothers.*

**Edith Grynszpanholc:**  
**Fundación Natalí Dafne Flexer, Argentina**  
*Edith Grynszpanholc is improving the flow of pediatric cancer information by organizing parents*

*into support groups to help strengthen the healthcare system's response to families in need. Through this she is building the importance that pediatric centers and hospitals place on cancer.*

**DY Suharya:**  
**Alzheimer's Indonesia, Indonesia**  
*DY has pioneered a generational movement to improve the lives of people with Alzheimers and their caregivers, while reducing the risk of dementia among the general population. Through Alzheimer's Indonesia Foundation (ALZI), the first and only organization addressing Alzheimer's in the country, she's building her vision of active dementia and aging-friendly cities across Indonesia.*

**Carlos Atencio:**  
**Fundación Medicina Familiar, Venezuela**  
*Carlos Atencio is providing affordable primary care in Venezuela, training medical professionals in family medicine techniques, and building awareness of patients on their role in their healthcare. His health center focuses on community participation and responsibility.*





**Ngü Morcho:**  
**Yako Medical Africa,**  
**Nigeria**

*Ngü Morcho is working with young doctors and health entrepreneurs, individual investors, and hospitals in Nigeria to provide affordable healthcare, prompt and accurate diagnoses, and access to many health services in a single location. He set up two comprehensive diagnostic centers and a screening center in Lagos in 2018, he plans to reach 400 clinics in 2019, and in three years he aims to reach the entire country.*



## From a Treatment Centered System to Patient-Centric Care

**Andres Rubiano: MEDITECH Foundation, Colombia**

*By training hospitals, emergency medical agencies, and public sector to become better responders to traumatic injuries, Dr. Andrés Rubiano is fostering a new consciousness and system for integral trauma care in Colombia.*

**Sanjeev Arora: ECHO Institute, United States**

*Dr. Sanjeev Arora is building a movement of medical professionals and researchers to combine their research on treatment in one database and making it freely accessible to anyone working to use the research.*

**Mohammed Dalwai: EMGuidance, South Africa**

*To address the large number of deaths in the developing world due to inadequate triage assessment, Dr. Mohammed Dalwai, along with his co-founder Dr. Yaseen Khan, created South Africa's first digital encyclopedia of triage procedures, medicine information, and healthcare practices. It includes instructions and adaptations catered to specific rural areas where the information is accessed and has decreased triage error by 88% in under-resourced emergency rooms in South Africa.*

**Kumar Shailabh: Uplift Mutuals, India**

*Kumar Shailabh co-designed a radically different approach to health insurance in India where communities of women are at the center of design and experience of health insurance for all. Since 70% of Uplift Mutuals' members access their preventative healthcare services, only 2% of their members file claims – one of the most sustainable claims ratios in India.*

**Francesca Fedeli: Fight the Stroke, Italy**

*Unbeknownst to many, stroke is one of the top ten causes of death for children. Francesca has applied some of the most pioneering research on the human brain to improve care for young stroke victims using video game technology while empowering families to play a greater role in their children's healthcare needs. Children get better while playing games, and crucially, the software collects data on each body movement, proposing a rehabilitation plan based on each child's progress.*

**Sam Agutu: Changamka, Kenya**

*Sam Agutu is providing low- and middle-income earners access to affordable healthcare through his mobile technology which helps individuals save money and pay for medical care. Through this access to insurance he intends to see more Kenyans seek care early on.*





# What's Next

We look forward to the next year and a half, where we will deepen the existing collaborations between these entrepreneurs, Philips Foundation, and Philips Employees and we will forge new collaborations where we identify opportunities for mutual benefit and strategic alignment.

If you would like to get actively involved in this AHA! Collaboration and work with leading healthcare social entrepreneurs, reach out to [Anoushka.Bold@Philips.com](mailto:Anoushka.Bold@Philips.com).

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