Analysis of Global Health Organizations

Potential partners and programs for corporate public health initiatives

180 Degrees Consulting, University of Pennsylvania

March 2017
THIS REPORT AIMS TO:

EVALUATE TRENDS AND SUCCESS FACTORS AMONG A SELECTION OF LEADING GLOBAL HEALTH ORGANIZATIONS, WITH A FOCUS ON MATERNAL HEALTH AND MENTAL HEALTH INITIATIVES
Overview of Organizations Analyzed
RESEARCH METHODOLOGY

• Quantitative and qualitative data was gathered to identify trends for leading global health organizations with regards to their strategy, initiatives, scale and performance.

• 52 organizations (22 mental health, 30 maternal health) were selected as a representative sample from a pool of 300+ maternal/mental health organizations in developing nations in Africa and the Asian sub-continent. Major traits such as model, target demographics, scale, etc were analyzed and outlined in this report.

• Data sources include the Center for Health Market Innovations, organizations’ websites, and press releases. Our team also reviewed academic literature on maternal health and mental health initiatives to identify common trends and develop recommendations for corporate public health divisions.
ORGANIZATIONS ASSESSED IN THIS REPORT

Number of Organizations

52
Maternal Health

30
Mental Health

Maternal Health Organizations

- Averting Maternal Death and Disability (AMDD)
- AYZH
- Biocon Foundation
- BlueStar Pilipinas
- Breath of Life
- Care: Nutrition at the Center
- Child and Family Wellness Shops (by HealthStore)
- CHN On the Go
- CycleTel Humsafar
- doctHers
- Jacaranda Health
- LifeNet International
- LifeSpring Hospitals Private Ltd.
- Living Goods
- Mama Rescue
- mama SASHA project
- MAMTA Health Institute for Mother and Child
- MIRA Channel (Women Mobile Lifeline Channel)
- Mobile Phones for trC/MNCH in Sierra Leone

Mental Health Organizations

- AASRA
- Africa Mental Health Foundation
- Aga Khan Development Network
- eHealth Resource Centre
- Alan J Fisher Centre for Public Mental Health
- Anjali
- BasicNeeds
- Community Based Psychological Recovery
- doctHERS
- E-counseling PULIH
- Health[e]Foundation
- Kurji Holy Family Hospital
- Manas Foundation
- Mentally Aware Nigeria Initiative (MANI)
- Quinta Bonita
- Sangath
- Sanjivani
- Ta Na Hora
- The Live Love Laugh Foundation
- The Minds Foundation
- TrustCircle
- Wayo-Nero Strategy
- White Swan Foundation
**COUNTRIES OF OPERATION**

**INDIA**
- AASRA
- Anjali
- Biocon Foundation - Management of Malnutrition
- CycleTel Humeafar
- Kuruji Holy Family Hospital
- LifeSpring Hospitals Private Ltd.
- Mamas Foundation
- MIRA Channel (Women Mobile Lifeline Channel)
- Nav Bharat Jagriti Kendra (NBJK)
- Sangath
- Sanjivani
- The Live Love Laugh Foundation
- The Minds Foundation
- White Swan Foundation

**KENYA**
- Africa Mental Health Foundation
- Child and Family Wellness Shops (by HealthStore)
- Jacaranda Health
- mama SASHA project
- OGRA Foundation - Obstetric Fistula Repair and Care Project
- Tulivu Imaging
- Tunza Family Health Network

**Kения, Uganda**
- 10+ COUNTRIES
- Aga Khan Development Network eHealth Resource Centre
- Averting Maternal Death and Disability (AMDD)
- AYZH
- BasicNeeds
- Breath of Life Health[e]Foundation
- Solar Suitcase
- Venture Strategies Innovations
- BANGLADESH, BENIN, ETHIOPIA
- Care: Nutrition at the Center
- BANGLADESH, INDIA, NEPAL
- MAMTA Health Institute for Mother and Child
- KENYA,UGANDA
- Living Goods
- BURUNDI, UGANDA
- Lifenet International
- KENYA, SOUTH AFRICA, UGANDA
- Powerfree Education Technology
- DIGITAL
- TrustCircle

**OTHERS**
- 10+ COUNTRIES
- Aga Khan Development Network eHealth Resource Centre
- Averting Maternal Death and Disability (AMDD)
- AYZH
- BasicNeeds
- Breath of Life Health[e]Foundation
- Solar Suitcase
- Venture Strategies Innovations
- BANGLADESH, BENIN, ETHIOPIA
- Care: Nutrition at the Center
- BANGLADESH, INDIA, NEPAL
- MAMTA Health Institute for Mother and Child
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- Powerfree Education Technology
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## TARGET DEMOGRAPHICS

### Maternal Health

<table>
<thead>
<tr>
<th>Population Target</th>
<th>No. of Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women and Children</td>
<td>15</td>
</tr>
<tr>
<td>Women</td>
<td>5</td>
</tr>
<tr>
<td>General population</td>
<td>5</td>
</tr>
<tr>
<td>Children</td>
<td>3</td>
</tr>
<tr>
<td>Young adults</td>
<td>2</td>
</tr>
</tbody>
</table>

### Mental Health

<table>
<thead>
<tr>
<th>Population Target</th>
<th>No. of Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>General population</td>
<td>14</td>
</tr>
<tr>
<td>General population with focus on young adults</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>5</td>
</tr>
<tr>
<td>Children</td>
<td>1</td>
</tr>
<tr>
<td>Formal sector workers</td>
<td>1</td>
</tr>
</tbody>
</table>

### Income

<table>
<thead>
<tr>
<th>Income</th>
<th>No. of Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest and/or lower income</td>
<td>23</td>
</tr>
<tr>
<td>Low and middle income</td>
<td>3</td>
</tr>
<tr>
<td>All incomes</td>
<td>3</td>
</tr>
</tbody>
</table>

| Lowest and/or lower income          | 3                    |
| Low and middle income               | 3                    |
| All incomes                         | 16                   |
## MODEL

### Maternal Health

<table>
<thead>
<tr>
<th>Approach Taken</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology (software/apps, SMS/voice, fintech)</td>
<td>10</td>
</tr>
<tr>
<td>Health Service Delivery (primary/secondary care)</td>
<td>9</td>
</tr>
<tr>
<td>Capacity Building</td>
<td>7</td>
</tr>
<tr>
<td>Franchise Networks</td>
<td>6</td>
</tr>
<tr>
<td>Community Field Workers</td>
<td>6</td>
</tr>
<tr>
<td>Healthcare products</td>
<td>4</td>
</tr>
<tr>
<td>Policy Advocacy</td>
<td>3</td>
</tr>
<tr>
<td>Health Financing</td>
<td>1</td>
</tr>
<tr>
<td>Knowledge Dissemination</td>
<td>1</td>
</tr>
</tbody>
</table>

### Mental Health

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<tr>
<td>Knowledge Dissemination</td>
<td>7</td>
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<tr>
<td>Counseling</td>
<td>7</td>
</tr>
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<td>Capacity building</td>
<td>5</td>
</tr>
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<td>Health service delivery (primary/secondary care)</td>
<td>4</td>
</tr>
<tr>
<td>Technology (software/apps, SMS/voice)</td>
<td>4</td>
</tr>
<tr>
<td>Support Network</td>
<td>2</td>
</tr>
<tr>
<td>Research</td>
<td>2</td>
</tr>
<tr>
<td>Policy Advocacy</td>
<td>2</td>
</tr>
<tr>
<td>Livelihoods Programming</td>
<td>1</td>
</tr>
</tbody>
</table>

**Notes:**
- Approach classifications are not mutually exclusive
- Capacity building covers staff training, workshop facilitation, support on clinical decision making, strengthening existing health system collaboration (government and grassroots organizations), and support in partnership building
- Support network includes provision of linkages between young people and the mental health community, peer support groups, and facilitation in finding experts in the sector
- Health financing refers to provision of loans meant for growth of health centers
FUNDERS/PARTNERS

Maternal Health

Sources

- Donations: 12
- Mixed: 10
- Corporate partnerships: 10
- Foundations: 4
- Bootstrapped: 2
- Revenue driven: 2
- Government: 1
- Investor equity: 1

Mental Health

Sources

- Mixed: 10
- Donations, in-kind: 7
- Foundations: 2
- Government: 1
- Corporate partnerships: 1
- Revenue driven: 1

Notes:
- Source classifications are not mutually exclusive
# SCALE - MATERNAL HEALTH ORGANIZATIONS

## Sample scale indicators for largest organizations*

<table>
<thead>
<tr>
<th>Organization</th>
<th>Scale</th>
</tr>
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<tbody>
<tr>
<td>AYZH</td>
<td>Sold over 20,000 clean birth kits (2013)</td>
</tr>
<tr>
<td>Breath of Life</td>
<td>450,000 newborns treated</td>
</tr>
<tr>
<td>Child and Family Wellness Shops</td>
<td>66 clinics and shops running with 38,000 clients in 2014</td>
</tr>
<tr>
<td>LifeNet International</td>
<td>Network of 90 facilities seeing over 1,000,000 patient visits annually</td>
</tr>
<tr>
<td>LifeSpring Hospitals Private Ltd.</td>
<td>Operates 12 facilities, has delivered over 34,000 babies</td>
</tr>
<tr>
<td>Sangini Franchising Network</td>
<td>3192 franchising outlets in 2013</td>
</tr>
<tr>
<td>Solar Suitcase</td>
<td>By August 2014, had served 10,200 clients. Looking at expanding into countries such as Uganda, Ethiopia, Malawi, Philippines</td>
</tr>
<tr>
<td>Tunza Family Health Network</td>
<td>Over 50,000 women have received family planning services, 100,000+ clients tested for HIV</td>
</tr>
</tbody>
</table>

Including only organizations reporting comparable scale metrics (26 of 30 orgs.)
## SCALE – MENTAL HEALTH ORGANIZATIONS

### Sample scale indicators for largest organizations*

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<td>AASRA</td>
<td>Have reached over 300,000 people in 10 years.</td>
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<td>Aga Khan Dev. Network eHealth Resource Centre</td>
<td>38 facilities/outlets with 750 clients</td>
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<td>BasicNeeds</td>
<td>646,584 people have been through their programs in 12 countries</td>
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<tr>
<td>Manas Foundation</td>
<td>8 facilities/outlets serving 260 clients per day</td>
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<td>Kurji Holy Family Hospital</td>
<td>~560 employees</td>
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*Including only organizations reporting comparable scale metrics (11 of 22 orgs.)

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Trends & Success Factors
Key Sector Trends

1. Establishing Family and Pregnancy Planning Tools
2. Creating and Distributing Important Health Tools & Equipment
3. Franchising Church-Based Health Centers
4. Establishing Peri-Urban Clinics
ESTABLISHING FAMILY AND PREGNANCY PLANNING TOOLS

• Use telephone and web platforms to help women plan pregnancies and anticipate key stages of the pregnancy cycle

• Service is prevalent in developing countries where medical services are not always available on demand

• Effective and cheap means to reduce dangers associated with pregnancies

CASE STUDY

• **CycleTel Humsafar** uses a mobile platform to remind women of key stages during their pregnancy and when to receive check-ups

• It also offers reminders to aid with conception

• **Jacaranda Health** provide high-quality and affordable maternity care in areas where low-income women otherwise lack access to respectful obstetrics treatment
CREATING AND DISTRIBUTING DURABLE, SUSTAINABLE, AND EASY-TO-USE SURGICAL TOOLS AND EQUIPMENT

• Scarcity of easy to use tools and equipment reduces the chances of successful delivery

• A large contributing factor to high maternal mortality rate is lack of constant supply of electricity required by the surgical tools and equipment

• High quality surgical tools are scarce because the supply chain to restock depleted resources is highly fragmented

CASE STUDY

• Solar Suitcases is developing surgical lighting equipment that can operate on solar power

• Created to address the 1.1% mortality rate during childbirth (among the world’s highest) in Nigeria

• Living Goods offers door-to-door deliveries of health supplies at a fee to help resupply clinics and homes of expecting women
FRANCHISING CHURCH BASED HEALTH CENTERS

• Churches often operate networks of health centers in African nations

• Model draws on business principles to ensure long term financial sustainability

• Franchises can be linked to the same pharmaceutical distributors to reduce cost

CASE STUDY

LifeNet International uses a conversion franchise model by converting church based health centers to franchises, which significantly increases both their daily patient count and the quality of patient care. LifeNet has expanded to 90 facilities in Burundi, Uganda, and the DRC. In the first quarter of 2016, the partner health centers treated 206,700 patients. Franchises allow centers to eventually be financially sustainable and the church setting attracts community members easily.
ESTABLISHING PERI-URBAN CLINICS

• Peri-urban locations are located between rural and urban settlements

• Rural populations have low access to healthcare

• Peri-urban locations can link urban networks to people in rural areas

CASE STUDY

Through setting up peri-urban clinics that grant greater access to health facilities for women living in the outskirts of cities, Jacaranda Health works to reduce the 30% of women in Kenya that still deliver at home due to transportation being too expensive. Jacaranda’s peri-urban location allows it to provide patient care to an additional 2.02 million people living in informal settlements. Labor strikes in the public sector including hospitals make Jacaranda’s facilities integral to the community.
Common Pitfalls & Risks
Key Weaknesses

1. High Start-up Cost and Investment in Human Capital
2. Negative Stigma Limits Patient Base
3. Lack of Providers in Rural Settings
HIGH START-UP COST AND HEAVY INVESTMENT IN HUMAN CAPITAL

• Lack of existing infrastructure results in need for significant human capital development

• Amount of time required to specifically train each worker with a different job drags out the time needed to expand project

• Each worker must be well aware and up-to-date at all times on their job to ensure the entire system can operate efficiently

CASE STUDY

• Mama Rescue established a network of emergency healthcare workers to transport expecting mothers to hospitals on short notice and deliver new-borns if necessary

• The downside to this premium service is that it requires heavy investment in human capital and has high start-up cost
NEGATIVE STIGMA LIMITS PATIENT BASE

• Community members are reluctant to use mental health services

• Partnerships with local organizations or government programs can encourage patients to seek help.

CASE STUDY

Started in 2010, The Minds Foundation is a non-profit organization that provides high-quality, cost-effective mental health care to every corner of rural India. The relatively small impact they have had in their first few years was largely due to the barriers to entry in this market, including: accessibility, costs, and social stigma. The organization provided 175 patients with care in 2013.
LACK OF PROVIDERS IN RURAL SETTINGS

• Many foundations focus on providing preventive care and treatment to urban populations

• Maternal health organizations have expanded into rural settings, but mental health organizations are far from satisfying the demand by rural populations

• Scarcity of organizations associated with stigma against mental health patients

CASE STUDY

• The Manas Foundation is specifically focused on individuals in urban settings in India because cities in India have incredibly dense populations, so it may be possible that impact will be great due to the density

• However, this target demographic (urbanites) limits the impact that Manas is able to provide with respect to offering care to the rural population.
THANK YOU

FOR FURTHER INFORMATION, CONTACT:

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