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HIGHER EDUCATION SOLUTIONS NETWORK - ANNUAL REPORT (FY 2014)

DUKE UNIVERSITY
SOCIAL ENTREPRENEURSHIP ACCELERATOR AT DUKE
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I. Executive Summary

In FY14, SEAD engaged six additional global health social entrepreneurs (SEs) into the program (Cohort 2), bringing to total number of SEs in SEAD to 17. The majority of the SEs are based in India and East Africa. SEAD provided support virtually and in-person to the SEs to address the key challenges as defined by SEAD, and continued to refine the programming strategy for the SEAD accelerator. In April 2014 SEAD brought together all SEs for the annual SEAD Summit and Symposium. Through Investors' Circle, SEAD continued to build the pipeline of global health venture investors and support global health ventures to access capital. Also during the year, SEAD team members presented at over 30 conferences/events, finalized the structure of the Program Evaluation, engaged Duke faculty in SEAD-related research, and engaged over 400 students in a variety of activities related to global health and social entrepreneurship. Toward the end of FY14, SEAD was awarded funding from USAID/East Africa to extend SEAD's work in that region, and the planning and implementation will move rapidly into FY15

2. Major Milestones and Events Completed

- Accepted and engaged 6 entrepreneurs in 2nd SEAD cohort, bringing total number of SEAD entrepreneurs to 17.
- Refined pipeline & selection process based for SEAD's 3rd cohort; received over 120 nominations.
- Hosted 2nd annual SEAD Summit and Duke Symposium on Scaling Innovation in Global Health in April 2014.
- Refined programming strategy for SEAD accelerator and delivered programming virtually and in-person.
- Continued to build pipeline of global health venture investors and support ventures in accessing capital.
- Published report: "Fundraising for Global Health Social Enterprises: Lessons from the Field."
- Collaborated with Calvert Foundation to launch a Global Health Investment Landscaping Project on the investment marketplace in global health.
- Members of the SEAD team presented at over 30 conferences.
- Awarded funding from USAID/East Africa to extend SEAD's work in that region.
- Finalized structure of SEAD Program Evaluation and collected data.
- Launched RFP for SEAD research to Duke faculty, and awarded four projects.
- Engaged over 400 students in a variety of activities related to global health and social entrepreneurship.

3. Key Activities

Objective 1.1: Build Global Health Pipeline—SEAD will identify a qualified pool of innovative technologies, systems, business models, and approaches for healthcare and preventive services.

1. Finalized application form and process for selecting global health SEs for the second SEAD cohort.
2. Solicited and collected 15 applications from global health SEs in joining the SEAD cohort (selected upon initial review of nomination form).
3. Reviewed applications and conducted additional due diligence to inform final selections. USAID were involved from the start of the selection process for the 2nd cohort, from developing and refining the core criteria to assessing the overall process and inviting SEs to apply. As members of the Selection Committee, USAID also helped identify applicants.
4. Selected the second cohort of social entrepreneurs during this period, which includes six SEs from India and East Africa: Arogya Finance (India), Forus Health (India), LifeNet (Africa), North Star Alliance (Africa), Sughavazhvu (India), Swasth (India). See Appendix for short profiles of the SEAD Cohort 2 SEs.
5. Announced the new cohort via several blog posts that highlighted their innovative models, including those listed in the Communication section.
6. Refined our process for recruiting innovators for the third cohort based on our experiences during the first two years. Specifically, we: 1) recruited for an external committee comprised

- of NGOs, funders, and other health experts working in India and E. Africa to advise on our selections, 2) adapted our application template to allow for the collection of a fuller and more relevant set of applicant data, 3) conducted more systematic outreach to identify nominations for the program.
7. Received more than 120 nominations for organizations looking to participate in the SEAD program as part of our third cohort and, from that set, identified 30 organizations that were aligned with USAID priorities and in SEAD regions of focus. These 30 organizations are currently completing the updated application form for review by our internal and external committees in November.

Objective 1.2: Develop Resources and Capabilities—SEAD will help social entrepreneurs to scale their social impact by developing and strengthening skills to design effective business models, develop and implement scaling strategies, and attract sufficient resources.

The activities in this section can be grouped into three buckets: 1) on-boarding of new cohort and goal-setting, 2) program refinement activities, and 3) program delivery

On-boarding of new cohort and goal-setting

1. To orient the second cohort of innovators to the SEAD program and prepare them for the April SEAD Summit, we:
 - a. Hosted a “Welcome to SEAD Webinar” for all new innovators in January. This webinar provided an overview of the program, introduction to other cohort members, and an overview of upcoming SEAD programming activities
 - b. In February, we conducted 1:1 intake calls with each innovator. These calls allowed us to develop a more in-depth understanding of the specific objectives and goals of each innovator as they relate to the key “challenge areas” of focus within the SEAD curriculum. See Appendix 2 for a copy of the intake form.
 - c. During March, we held 3 webinars to share more specifics on the SEAD Summit and IPIHD Annual Forum including what to expect, how to best engage partners and faculty, and tips related to their 3-minute pitch presentation.
2. We also worked with participants in both cohorts to identify key areas where they needed support regarding their scaling strategies

Program Refinement Activities

2. In the first half of the year, we refined our programming strategy based on innovator feedback and lessons learned during our first year. A key change is the designation of “engagement managers” for each innovator rather than “coaches” to check-in with innovators on a periodic basis and steward their participation in the program. Designating an Engagement Manager provides the entrepreneur with a single dedicated point-of-contact irrespective of the nature of the question or need; it also allows the EMs to develop strong relationships and deep knowledge on a focused set of entrepreneurs. Additionally, over the first year of the program we realized that innovators face challenges that change rapidly over time, and so rather than picking one coach with expertise in a functional area to address each of these challenges it is more effective and customer-centered to have one main contact and pull in different experts as needed. The

team also built a more robust programming roadmap – allowing the team to deliver a more structured suite of content across key challenge areas and identifying resources to create tools, key experts to engage on specific topics, and opportunities for regional events to pull key stakeholders together with innovators. See Appendix I for a copy of the capacity building programming model and map.

Program Delivery

3. We designed and coordinated the programming and logistics for the SEAD Summit, a three-day event on the Duke campus in April. Specifically, the team identified and recruited expert speakers to deliver content in key areas based on innovator needs including: maintaining culture through organizational growth, behavior change frameworks, forming corporate partnerships, turning metrics into impact, and preparing for and accessing grant funding and equity. We also arranged for a number of 1:1 meetings between innovators and Duke faculty and innovators and Investors' Circle to refine their pitches. We also hosted two dinners bringing together diverse faculty from across the university. Finally, we organized and arranged the travel itineraries for all the innovators attending the Summit.
4. Throughout the year, we have continued to have regular interactions and provide customized support to all innovators based on their specific needs and challenges as identified during their intake calls and refined over the course of their engagement with SEAD. Examples of this support include:
 - a. Conducting site visits and in-person workshops in India and East Africa with all of the innovators in the 2nd cohort and some in the 1st cohort. Workshop content including support with strategy planning, impact measurement, and fundraising.
 - b. Connecting innovators with each other across similar challenge areas including retention strategies for clinical and non-clinical talent, fundraising needs, use of data for research/public health purposes, and creating an influence strategy for results driven healthcare policies, etc. Given that SEAD is a virtual accelerator, we have completed a number of e-mail connections between innovators as we find they are facing similar challenges (and can be thought partners) and also when we find one struggling with an issue where another is strong. Deepening relationships and helping them build trust with each other is also highly critical for them to help each other. A good illustration of this kind of connection is Nicholas from Penda (Kenya) and Sundeep from Swasth (India) who met at the SEAD Summit last year and after spending three days together, built a strong relationship where they now Whatsapp each other questions about primary care, culture, etc. Overall, we see that connections are ultimately a personal/human interaction and collaboration seems to work best when people are brought together to meet in person as a first step. Innovators appreciate us connecting them to each other to have conversations with people tackling similar challenges, but phone calls are not always the easiest medium through which to dig into the tough issues. Therefore, through in-person meetings in India, Kenya and Mexico (through IPIHD) we will be providing an opportunity for innovators to meet more than just once a year (at the Summit). We also use conference showcases as another opportunity for innovators to connect on a more global platform.

- c. Engaging students, staff, and external experts to support specific innovator projects, including: 1) helping an innovator evaluate the feasibility of launching a social franchise model, 2) researching the private health insurance market in Mexico for an innovator looking to expand to the region, 3) reviewing business plans, grant proposals, and investor pitches for several innovators, 4) supporting the design and refinement of impact metrics for several innovators, 5) supporting the development of an innovator’s behavior change marketing strategy, 6) supporting and training the CFO of an innovator organization on basic financial modeling, 7) supporting an innovator to develop clinical protocols and key metrics for common conditions seen, and 8) facilitating training and research collaboration between innovators and Duke faculty (e.g. Duke Eye Center and SalaUno).
 - d. Hosting events in the US, E. Africa, and India to bring innovators together with one another and other key actors in the ecosystem as well as identifying speaking opportunities for innovators to showcase their work at other events globally.
5. We also began developing resources to support the abovementioned delivery. The specific resources that have been developed and/or are in development are noted in Appendix I but include workshop templates and innovator-friendly guides on some of the abovementioned topics.

Objective 1.3: Leverage Impact Investing—SEAD will serve as a bridge between global health social entrepreneurs and the impact investment community to facilitate increased access to investors, innovative deal structures, instruments, and funding partnerships.

Engaging the Investors’ Circle Global Health Advisory Board

- 1. Convened the Investors’ Circle (IC) Global Health Advisory Board (GHAB) first in-person meeting at on October 21, 2013 in Washington, DC. Fifteen of 18 GHAB members were in attendance. Full day conversation centered around how to increase pipeline and investor interest in the global health sector (See Appendix 2 for agenda).
- 2. Leveraged the GHAB’s connections to solicit applications to the second SEAD cohort, and received at least 6 nominations via these channels.
- 3. Hosted the quarterly IC Global Health Advisory Board call on Jan 15, 2015; 17 out of 19 advisory board members were able to join. SEAD updates included getting the GHAB’s input on the debt capacity effort, and beginning to plan the October convening on global health investing. Other takeaways were introductions to angel groups on the ground in E. Africa and India, an advisory board member sharing challenges working on an investment for a mobile diagnostic tool for diabetes in India, and the board re-iterating the need for trusted partners and visibility into what investments are happening in global health.
- 4. IC hosted the quarterly Global Health Advisory Board call on May 7, 2014; 11 out of 19 advisory board members were able to join. Agenda included: Changamka presentation; SEAD update; Takeaways from SEAD summit and USAID meeting; Global Health Investment Landscape Project update and feedback request; October convening planning. One IC GHAB member announced during the call that he would be speaking on a webinar entitled Measuring Impact in Health. After Changamka pitched, the presentation deck was sent on to

IC members and Zach was directly connected to several interested investors to begin due diligence.

5. Leveraged the GHAB's connections to solicit applications to the third SEAD cohort, and received many of our strongest nominations via these channels.
6. IC hosted the quarterly Global Health Advisory Board call on August 27, 2014; 10 out of 19 advisory board members were able to join. Agenda included: SEAD update; Global Health Investment Landscape Project update; upcoming October Convening and Beyond the Pitch – goals, agenda, invitations, IC call for deals; Updates from GHAB members.

Hosted Pitch Events

7. IC hosted a quarterly Beyond the Pitch event on Oct 22, 2013 with a Global Health track. Five companies with international development impact pitched, two of which had a global health focus. A summary of the event can be found here: <http://www.investorscircle.net/beyond-the-pitch-impact-dc>
8. In Q4 2013, one company with global health impact that pitched at the October DC event received funding from IC investors. Micro Energy Credits enables low-income people in developing countries to buy clean energy products from their local microfinance institution.
9. IC hosted a quarterly Beyond the Pitch event on Feb 11, 2014 in Denver with a Global Health track. Five companies with international development impact pitched, two of which had global health impact potential.
10. IC hosted a quarterly Beyond the Pitch event on July 31, 2014 in Seattle with a Global Health track. Three companies with international development impact pitched, two of which had global health impact potential.
11. IC launched Call for Deals for its Beyond the Pitch: Boston event, attracting applications from several global health enterprises.

Building pipeline, knowledge, and partnerships

12. Investors' Circle and CASE i3 presented a private capital workshop, "Navigating the Road from Grant Capital to Impact Investment," to twelve registrants from USAID on October 21, 2013. The workshop introduced USAID personnel to the private equity raising process and criteria, shared SEAD learnings on scale readiness, provided examples from the SEAD cohort, and concluded with a discussion about how USAID can incorporate these learnings into its own grant processes. The average value rating by attendees was 4.4 out of 5.
13. During IC's monthly virtual member meeting on December 3, 2013, we engaged IC members around investing in global health.
14. IC continued to develop a set of pipeline partners (incubators, accelerators, investors) to create a stream of referrals of companies ready to access capital in global health. IC has started to identify and sort potential investment pipeline partners into Priority 1 and Priority 2 Pipeline partners depending on their connections to East Africa or strong investor connections (including if several members of the GHAB think they would be strong partners). IC has begun outreach and 1:1 conversations with potential investment pipeline partners to increase connections to global health innovators and investors.
15. SEAD and IC partnered with the Calvert Foundation to develop the Global Health Investment Landscaping Project (or GHILP) on the investment marketplace in global health.

- This project is co-led by SEAD staff and a CASE i3 alumna currently working at Calvert, Beth Bafford. The project deliverables are: 1) Identify and map the sources of capital available for global health ventures in East Africa and India, with a specific focus on debt providers, and 2) Investigate if there are enough debt providers that fit Calvert's criteria in order to create a robust global health investment note for non-accredited investors.
16. Rachele traveled to Nairobi in June to build the pipeline of global health investors in East Africa. The week was packed with meetings with investors, incubator programs, and entrepreneurs, and IC got a better understanding of the investor landscape in the region.
 17. Preparations made for the Global Health Learning Lab, scheduled on Oct 27, and the Global Health Advisory Board meeting on Oct 28, 2014 in Boston. The Learning Lab will include several "Challenge Talks" with investors and an entrepreneur panel (See Appendix 3 for agenda). During the GHAB meeting on the 28th, findings from the GHILP will be presented so board members can provide further insight and context around the report's conclusions.
 18. CASE and IC engaged in supportive conversations with Swasth India, Naya Jeevan, and Changamka around investment opportunities.

Objective 2: Enhance Knowledge and Policy—SEAD will broaden and enhance understanding of the conditions that foster or inhibit effective, sustainable, scalable innovations in health care and preventive services; and, based on this knowledge, it will recommend regulatory and policy strategies as well as private sector mechanisms to foster more promising innovation and more effective scaling of impact.

SEAD Program Evaluation

1. SEAD developed a framework for the Program Evaluation (PE), which will identify factors that influence global health social entrepreneurs (GHSEs) to scale their impact in a sustainable and effective manner. It is hoped that identifying these factors will allow Duke, USAID and other incubators/accelerators to target their resources to maximize impact on these organizations. In March 2014 SEAD submitted the PE design and modules to the Duke Institutional Review Board for review, and received approval in April 2014.
2. In consultation with experts within Duke and external to Duke, SEAD developed a set of outcome and output measures for the program evaluation. SEAD developed two survey tools – one to collect data on the outcome measures one focused on most of the output measures – with questions that built upon vetted survey tools.
3. In late Spring/early Summer 2014, SEAD delivered the Outcomes Survey to the 17 SEs in SEAD cohorts one and two, and received responses from all. SEAD has cleaned the data, and as of the end of the reporting period is coding the data.
4. In early Fall 2014, SEAD delivered the Outputs Survey to the 17 SEs in SEAD cohorts one and two. As of the end of the reporting period, SEAD is still receiving responses. The responses will contribute to our continued improvement of the SEAD program, and will also help us to develop questions for a focus group session during the 2015 SEAD Summit.

SEAD Research Working Group

5. In March 2014, SEAD held the first SEAD Research Working Group meeting, bringing together staff and faculty across Duke schools to discuss interests and opportunities to

- collaborate on research using SEAD as a platform and contributing to some of the overall SEAD knowledge goals. The group has met several additional times with various group members presenting their work, and discussions of research opportunities with the SEAD SEs. SEAD also regularly shares internal and external funding opportunities with the working group to help spur proposal development.
6. SEAD developed and released an RFP for small research grants, receiving 12 proposals from a wide range of Duke faculty in response. Following an internal review process and review with USAID, SEAD awarded four grants to researchers working on projects related to scaling global health innovation. See Appendix 4 for brief summaries of each research project.
 7. Specific Innovator Collaboration:
 - a. Continue to facilitate learning opportunities/collaboration between Duke hospital and an innovator. Collaborations include weekly cross-learning calls between doctors, co-development of a sub-specialty program, development of an educational conference, opportunity for in-person exchange.
 - b. Collaboration between Duke faculty and innovator to understand clinical outcome quality related to their clinic and delivery model.

Knowledge Products & Recommendations

8. Using critical insights gained through endeavors including SEAD, our faculty have contributed recommendations to development and social entrepreneurship stakeholders, including:
 - a. Private Capital for Public Good report (<http://www.nabimpactinvesting.org/>) – Cathy Clark contributed recommendations for US National Advisory Board for the G8 Social Impact Investing Task Force.
 - b. Through participation on the National Advisory Board, Cathy Clark developed recommendations to encourage and support innovative impact oriented organizations and impact investing opportunities
 - c. Stages of Development for social ventures – shared with USAID in various forums
 - d. Cathy Clark provided support to Peter Roberts of Emory to fine-tune his social entrepreneur survey
 - e. With ANDE, members of the SEAD team are thinking about how incubators and accelerators need to work together and hand-off one to the other, as well as how they add value and support enterprises.
 - f. In a white paper for the Future of Healthcare conference, presented a set of 16 ideas that different stakeholders – the government, industry, academia and other relevant organizations – could drive to enable the adoption and scale-up of innovations. (Attached in FY14 Q2 Report)
9. CASE i3, in collaboration with SEAD, published a report targeted to global health entrepreneurs that reviews lessons learned in fundraising: "Fundraising for Global Health Social Enterprises: Lessons from the Field." (Link: http://sites.duke.edu/casei3/files/2014/03/CASEi3_Fundraising_Report_.pdf). The report focuses on funding lessons from the global health social entrepreneurs who are part of SEAD. They are based across the globe in Asia, Africa and Latin America, working to scale

- their impact through ventures that include providing last mile delivery, operating hospitals and clinics, selling micro-insurance, and using technology to combat counterfeit drugs. See also the Huffington Post Blog about the paper, Pitching Investors in Global Health: Funding Lessons From Social Entrepreneurs.
10. Cathy Clark and collaborators published “The Impact Investor: Lessons in Leadership and Strategy for Collaborative Capitalism,” a hands-on resource that details the practices and performance of a new class of savvy investors delivering positive social and environmental outcomes alongside competitive financial returns (<http://sites.duke.edu/casei3/the-impact-investor/>). The book has been welcomed with great excitement by all varieties of social impact investors, and the authors have embarked upon 18+ book tour in events across the country.
 11. Per item 15 under Objective 1.3, SEAD and IC is partnering with the Calvert Foundation to develop the Global Health Investment Landscaping Project (or GHILP) on the investment marketplace in global health.
 12. Two members of the SEAD team attended a convening at MIT focused on accelerator research. The Kauffman Foundation, which sponsored the convening, has invited SEAD representatives to engage in ongoing activities of this network. SEAD is reviewing the research questions raised at the convening for consideration for inclusion the SEAD research agenda. SEAD has also continued discussion with attendee Peter Roberts of Emory who is also collecting information from social entrepreneurs involved with accelerators. Additionally, SEAD has been discussing ways to collaborate with other leaders in the field to better understand accelerator impact.

Objective 3: Engage Students and Faculty—*SEAD will increase the engagement of students and faculty in meaningful opportunities for experimentation, innovation, learning, civic engagement, and knowledge development in the field of global health.*

- I. Provided opportunities for students to engage directly in global health innovation and social entrepreneurship through the following activities:
 - a. Summer Internships:
 - i. Selected and supported 5 MBA interns and fellows for the SEAD/IPIHD summer internship, where the students provided in-person, direct support to innovators in the SEAD/IPIHD network. SEAD also provided support to one additional MBA student consulting with a SEAD innovator (independent of the summer internship program). Student and project descriptions are as follows:
 - Tim Morilla, a first year MBA, is working with salaUno in Mexico. SalaUno operates a network of eye clinics in Mexico that aims to provide affordable, accessible, and high-quality eye care to low-income populations.
 - Cristina Arellano, a first year MBA, is working with SughaVazhvu in India. SughaVazhvu operates a system of Rural Micro Health Centers (RMHCs) that provide critical healthcare to impoverished, remote

villages that traditionally have not had access to the healthcare they need

- Wonjae Lee, a recent Fuqua alumnus, is working with North Star Alliance in Kenya. North Star Alliance converts shipping containers into Roadside Wellness Centers (RWCs) strategically placed alongside transport corridors to provide medical services to migrant populations such as truck drivers and sex workers.
 - John Emami, a recent Fuqua alumnus, is working with Jacaranda Health in Kenya. Jacaranda Health operates a system of affordable, comprehensive maternity clinics that provide maternity care for 1/5 the cost typically found in private hospitals in Kenya.
 - Jose Magaña Paredes, soon to be entering his first year as an MBA, is working with IPIHD innovator Medica Santa Carma in Mexico. Medica Santa Carma provides affordable prevention and treatment of kidney disease to low-income populations in Mexico.
 - Pablo Ramos Amtmann, a first year MBA, worked with the Innovation Coordinator at salaUno to test new business ideas to widen the services currently offered by the company. Specifically, he developed a pilot program to test telemedicine in the startup.
- ii. Launched a new summer film internship program for undergraduate students (part of the Robertson Scholars at UNC and Duke) and selected a 4-student team to travel to India this summer to make a short documentary film about a global health innovator, OperationASHA. The film is being used by OperationASHA for marketing purposes, and will be showcased at the Duke Global Health Institute Global Health Showcase and USAID HESN TechCon.
 - iii. Worked closely with USAID and multiple schools across Duke to promote the openings through the USAID HESN Summer Internship program. The SEAD office received applications from 28 students, and selected 20 of those to forward on to USAID. USAID offered positions to nine students, and four students accepted the offer and interned with USAID over the summer.
 - iv. Selected four students to receive SEAD summer fellowship funding to participate in the Duke in Geneva Global Health Fellows Program; met with program leaders to discuss content for the associated intensive one-week course and incorporation of global health innovation.
- b. Incorporated global health social innovation content and SEAD innovators into courses around Duke, including:
- i. SEAD innovator salaUno led a discussion in Spanish through Skype for the DGHI/Sanford Voices in Global Health class, discussing their business model and using social entrepreneurship to tackle global health challenges.
 - ii. SEAD organized for USAID Bureau for Global Health/Office of HIV/AIDS Supply Chain for Health Division Director (John Crowley) and Deputy

Division Director (Sherif Mowafy) to present the challenges of the global HIV/AIDS supply chain and how innovation has greatly increased performance and access to two Fuqua Supply Chain Management classes; the USAID presenters also opened students' eyes to career opportunities in global health supply chain.

- iii. SEAD presented on innovation and scaling in global health to the School of Medicine's Health Policy and Global Health course.
 - iv. Completed Health Care Provider Strategy student class project with group of MBA students and SEAD innovator ClickMedix looking at an evaluation of Brazil and Peru with focus on diabetes and heart disease to gauge potential impact of mHealth and evaluate partners for market entry.
 - v. SEAD collaborated with CASE to organize a session on human-centered design for students participating in the Fuqua Client Consulting Practicum who were working on social impact and international development projects, in preparation for their field visits. SEAD also provided support as students conducted their field visits in South Africa over their Spring Break; the FCCP clients in South Africa included Saving Lives at Birth finalist Wits Health Consortium, working on their mHealth component.
 - vi. Collaborated with colleagues at FHI360 to identify MBA students to work on sustainable business models for healthcare innovations through an academic Mentored Study Program.
2. To expose students and faculty to the complexities and opportunities in global health innovation, organized, hosted, and/or collaborated on a number of events
- a. Design and Implementation of Duke Symposium on Scaling Innovations in Global Health. Over 200 entrepreneurs, faculty, students, and community members attended the 2014 Duke Symposium on Scaling Innovations in Global Health, where they listened to speakers and participated in panel sessions that highlighted the perspectives and experience of SEAD innovators, Duke faculty, and other HESN stakeholders. Chuck Slaughter of Living Goods delivered the keynote address, and participants then had the opportunity to attend two of seven panel sessions on topics ranging from innovation in East Africa to financing a social venture to learning from failure. See Appendix 5 for the Symposium program, and <http://www.dukesead.org/2014-symposium.html> for photos from the event.
 - b. SEAD Case Competition: SEAD worked with innovator Changamka to identify an issue that Duke students could tackle through a Case Competition. Forty-two students from a wide variety of graduate and undergraduate programs worked together in nine teams to conduct research and propose recommendations to Changamka. Four finalist teams presented live in front of the case competition judges (who included a Marketing professor, USAID rep (Karen Clune), a SLB grantee who is also a Duke faculty member, the CEO of Changamka, and SEAD Program Director), and selected a winning team that presented a number of innovative customer saving incentive schemes. Changamka CEO Zack Oloo reported that he would take many great ideas from all of the submissions back with him to help address the company's issue. See SEAD's blog on the Case Competition at: <http://www.dukesead.org/1/post/2014/04/42-students-participate-in-sead-case-competition.html>

- c. Workshops: SEAD collaborated with Duke I&E and others to host a Social Entrepreneurship 101 Workshop open to students around the university. Twenty-nine students attended the four hour workshop on a Saturday, representing many undergraduate and graduate programs; the students reported high satisfaction with the workshop, and recommended additional future workshops that would focus on specific areas in greater depth. The workshop revolved around a number of global health-related examples. Additionally, SEAD collaborated with CASE and the Fuqua Design & Innovation in Business club to develop a Design Thinking for MBAs workshop (with social impact slant and health-related examples) to take place in April 2014.
 - d. Engaged 17 students in the 2013-14 SEAD Student Advisory Committee, representing multiple schools and programs at Duke, to help inform and organize student-facing programming. In April 2014, recruited students for the 2014-2015 SEAD SAC, and received over 30 applications.
 - e. Hosted speaker Eric Bing, author of *Pharmacy on a Bicycle*, to discuss engaging both the public and private sector to tackle healthcare challenges in the developing world.
 - f. Hosted Lunch & Learn for MBA students with representative from SEAD innovator Jacaranda Health to discuss business strategy options given realities of healthcare and ecosystem challenges and opportunities in Kenya.
 - g. Supported five Duke students to participate in HESN TechCon; two students presented their own innovations at the Innovation Showcase.
3. Engaged students in research
- a. Completed work of DGHM MSc and Duke undergraduate student research assistants for this academic year, including publishing research on healthcare innovation in China, designing a program evaluation for a Chinese innovator, creating both in-depth and brief profiles of healthcare innovators, background research in best practices in recruitment and retention for healthcare providers in developing countries, and research on eye care innovations in Kenya.
 - b. Supported two MBA student Research Assistants through SEAD to provide support on mini-consulting projects for the SEAD innovators.
 - c. Presented to first year medical students about IPIHD and SEAD and opportunities to be involved in the research and clinical side of global healthcare innovation during medical school. Duke medical students spend their 3rd year as a research year at Duke, and we are interested in having them paired with our innovators for a 9 month research project and have started this process.
 - d. Continued regular work of DGHM MSc students with IPIHD including research on innovation in China, profiles of healthcare innovators and assessment of policy challenges in replicating healthcare innovation.
 - e. Met with faculty at across Duke's many academic departments, schools, and institutes to discuss future opportunities for collaborations with faculty and students on global healthcare innovation through SEAD.
 - f. SEAD faculty submitted a successful proposal through Duke's high-profile Bass Connections to work with a group of interdisciplinary students to increase our understanding of the drivers of scale for health-focused social entrepreneurs and the impact of these organizations in improving the health and healthcare of their target populations. Students

will have an opportunity to work with social entrepreneurs to perform health market research and evaluate marketing strategies. Recruitment for this project will take place in Fall 2014. See the following link for more information about the project: <https://globalhealth.duke.edu/projects/evaluation-scaling-innovative-healthcare-delivery-east-africa>

- g. SEAD also made a connection between a Fuqua faculty member and USAID's CALL that ultimately resulted in another successful proposal through Bass Connections to focus on obstacles to scale for chlorhexidine. This course is running through the 2014-15 academic year.

4. Engagement of Partners and Other Actors

Faculty Engagement: SEAD spent significant time in the beginning of FY 2014 holding 1:1 meetings with key faculty across Duke to educate them on the SEAD innovators, understand their areas of focus for research and identify internal existing resources that could support SEAD curriculum development (i.e. performance management, nurse training). SEAD then launched a Research Working Group bringing together many of these faculty for regular interactions to increase opportunities for collaboration; through the working group, SEAD launched a research RFP and awarded four faculty teams with small grants. Additionally, SEAD requested input from faculty from a variety of disciplines on the outcome measures for the SEAD Program Evaluation, and worked with a number of faculty from different schools to incorporate global health innovation content into courses.

Specific SEAD Entrepreneur Collaboration: Continue to facilitate learning opportunities/collaboration between researchers and faculty at Duke and the SEAD entrepreneurs. A few specific collaborations have formed or expanded during the year, including:

- **Changamka:** As Changamka rolls out its Linda Jamii, health insurance product, they are working in close partnership with NYTimes Best-selling author and Duke faculty- Dan Ariely- on behavior change marketing through a SEAD research grant. This research kicked off August 2014 and focuses on identifying key messages to drive savings for health insurance in Kenya.
- **salaUno:** As a way to further the field of eye surgery and global health innovation, salaUno has partnered with Duke University's Eye Center to conduct collaborative research, trainings, and share ongoing learnings between doctors.
- **Sproxil:** After meeting several Duke faculty at the SEAD Summit, Sproxil has had a number of conversations with engineering and law professors focused on shaping future research topics and participating in class sessions

Interdisciplinary Student Engagement: SEAD promoted interdisciplinary engagement among students through a number of activities and events specifically designed to bring together multisector perspectives, including the SEAD Student Advisory Council (representing students from seven schools within Duke), the SE101 Workshop, SEAD Case Competition (where the large majority of teams were interdisciplinary), SEAD Symposium, and development of the interdisciplinary SEAD Bass Connections program.

Summary of Collaboration Across HESN: For High Value Areas of Collaboration with other HESN Labs, we have undertaken the following:

- AidData: Hosted Alena Stern of AidData at Duke, and connected her with SEAD innovators, Duke students, and Duke faculty on April 2nd. Alena shared AidData's work through a brownbag session, meetings with SEAD innovators, and meeting with faculty. Students and faculty were very interested in AidData, and students expressed an interest in hosting a DataFest in 2014/15 with W&M.
- Berkeley DIL: Engaged Berkeley Development Lab rep to serve on IC Global Health Advisory Board; member of SEAD team attended Berkeley DIL conference in March 2014; promoted BigIdeas competition on Duke's campus.
- RAN: Discussing potential collaboration on E Africa work.
- ALL: SEAD reached out to all HESN labs to notify them of the opportunity for cohort 2 recruitment. In particular, SEAD reached out to MIT-IDIN to contribute to the pipeline for the SEAD cohort two recruitment process, as they have been engaged with mid-stage social entrepreneurs in our geographies of interest. SEAD also promoted a summer fellowship opportunity to all labs.

5. USAID Engagement

5.1. USAID/Washington Interactions

In addition to regular interactions with the SEAD AOR in OST and Activity Manager in the GH Bureau and the HESN TechCon, SEAD team members had the opportunity to engage with USAID Washington staff through the October workshop presented by Investors' Circle and CASE i3. Investors' Circle and CASE i3 presented a private capital workshop, "Navigating the Road from Grant Capital to Impact Investment," to twelve registrants from USAID on October 21. The workshop introduced USAID personnel to the private equity raising process and criteria, shared SEAD learnings on scale readiness, provided examples from the SEAD cohort, and concluded with a discussion about how USAID can incorporate these learnings into its own grant processes. The average value rating by attendees was 4.4 out of 5. Additionally, one representative from USAID attended the meeting that afternoon of the IC Global Health Advisory Board, and two representatives attended the IC Beyond the Pitch event the following day. SEAD also actively engaged the HESN and CAII teams around the Summit design and planning, and identified a range of ways for various USAID representatives to participate – including members of the Global Development Lab and broader agency. Additionally, Fuqua Professor Jeff Moe continued to work with David Milestone of GH/CAII and a Fuqua student to explore scaling of chlorhexadine. Professor Moe was able to build upon the momentum to apply for a Bass Connections program to continue this work, which was awarded (<https://globalhealth.duke.edu/projects/chlorhexadine-umbilical-cord-care>) and is highlighted in Section I.1.7.

We would also like to highlight that the SEAD team shared lessons learned from the past year with Cohort I to the SEAD AOR at the time (Lala Faiz) and CAII in November, and the AOR has since

reported that she has already used some of these lessons learned by modifying the eligibility and selection criteria for the Grand Challenge focused on water.

5.2. USAID Mission Interactions

USAID/ East Africa Mission

SEAD Co-PI Krishna Udayakumar visited Kenya in February, and met with the USAID/East Africa Mission to discuss and refine the scope of work for the SEAD engagement in that region. SEAD incorporated that feedback into a revised proposal, including a plan for performance monitoring. Additionally, SEAD co-hosted the Sankalp East Africa dinner on healthcare innovation along with USAID/East Africa.

In June 2014, four other members of the SEAD team visited East Africa to meet with SEAD entrepreneurs and coordinated ahead of time with USAID/East Africa on meetings and events. However, given other priorities for the USAID/East Africa Mission during that visit, they were not able to attend any of the meetings or events.

Additionally, in late summer 2014, USAID/East Africa and SEAD finalized an agreement for additional funding to extend SEAD's work in East Africa.

USAID/India Mission

SEAD had multiple interactions with USAID India mission in March 2014 focused on opportunities for SEAD to collaborate more substantively with USAID India mission, including participation in future local events.

In September 2014, three members of the SEAD team conducted site visits with SEAD innovators, held meetings with regional investors, academics accelerators, and other innovators, and hosted events on healthcare innovation. A representative from USAID/Washington attended many of the meetings, as did representatives from USAID/India.

6. Monitoring & Evaluation

6.1. M&E Updates

SEAD has spent a significant amount of time on the development of the Program Evaluation tools, which will also collect data needed for the SEAD PMP. As our program has matured we have determined how to best ask the appropriate questions and further define our indicators (and in particular, our custom indicators); we proposed a number of revisions to our M&E plan during the submission of our FY15 work plan, and will share a fully updated version of that plan – along with relevant targets – following the submission of the annual report.

As the measures and questions have been refined for the Program Evaluation, many of them no longer align with the baseline survey given to the first cohort of SEAD innovators, and therefore the data

collected through the first Program Evaluation survey (completed in Spring 2014) will serve as the baseline for both cohorts one and two. Additionally, as the program has matured, we have redefined the challenges on which we are focusing with the SEs (i.e. moving from SCALERS competencies to a set of SE-defined challenges), and so the information we collected from Cohort 1 related to SCALERS are not comparable with the data we collected from them in Year 2 about a different set of challenges. A number of our indicators for Objective 1 in our PMP require at least two years' data, and so we will be able to report on those in the FY15 annual report.

6.2. Deviance from M&E Targets

Please see notes below about some of the indicators on which we cannot fully report this year:

	Indicator	Explanation
Gin1 ^H	# of transformative innovations, technologies, or approaches that achieved wide-scale adoption with human, financial, or institutional resources contributed by SEAD	We need one more year's data to be able to determine achievement of wide-scale adoption, comparing FY14 results with FY15.
O1in1	# and % increase of beneficiaries served by global health ventures participating in the SEAD portfolio	To calculate % increase, we need one additional year's data for comparison.
O1in2	Portfolio Performance Index: # and % of SEAD ventures achieving or exceeding targets	To calculate # and % achieving targets, we need one additional year's data. We have collected targets CY14 and will collect actuals for CY14 during FY15.
IR1.2in1	# and % of SEAD ventures achieving improvements in targeted SEAD challenge area competencies	To calculate # and % improvements, we need one additional year's data for comparison.
IR1.2in2 ^H	Time required for developing, piloting, adopting, and scaling transformative innovations, technologies, and approaches receiving human, financial, or institutional resources contributed by SEAD	We need one more year's data to be able to determine achievement of wide-scale adoption, and will then be able to report time required for any of those achieving it.
O3in1	% of student and faculty respondents to surveys reporting evidence of Objective 3 outcomes	In FY14, there were very few respondents to our survey for overall SEAD programming. However, we received very positive feedback on evaluations for specific SEAD programming.

7. Lessons Learned / Best Practices

See appendix

8. Future Activities

See work plan for additional specific upcoming activities, including:

- Select 3rd Cohort of SEAD innovators
- Start planning for SEAD Symposium and Summit
- Attend HESN TechCon

- Analysis of SEAD Program Evaluation data
- Conduct Global Health Learning Lab in late October in Boston, which will include “Challenge Talks” with investors and an entrepreneur panel

APPENDIX

FY14 Annual Report Appendix: SEAD Lessons Learned

LESSONS RELATED TO OBJECTIVE 1.1: BUILD GLOBAL HEALTH PIPELINE

Challenge	Recap of Issue and Lesson for Year Two	Reflections
Extent of Outreach for Building Pipeline	<p>Cohort 1: Entrepreneurs from IPIHD and Saving Lives at Birth</p> <p>Cohort 2: Selected from over 60 pipeline partner organizations</p>	<ul style="list-style-type: none"> • Leveraging our growing networks and connections in the regions where SEAD works, we were able to recruit a larger number of prospective participants for cohort 3 as compared to previous years. • We expanded our selection pipeline to over 120 partner organizations (VC's, corporate, universities, etc.). We proactively targeted high potential entrepreneurs from Ashoka, Echoing Green, GCC, our Global Health Advisory Board, and others. And we promoted our selection process through various industry blogs, newsletters, tweets, etc. • As a result, we received more than 120 nominations for participants this year compared to the 60 we received last year. The highest quality and best-fit nominations were received from current entrepreneurs and from the SEAD investor network. Additionally, the pool of nominees from India was a better overall fit with our criteria compared with the pool from East Africa.
Rigor of Application Process	<p>Cohort 1: Rapidly compiled cohort from IPIHD and limited pipeline partners</p> <p>Cohort 2: Significantly improved selection criteria, pipeline partners, internal evaluation process</p>	<ul style="list-style-type: none"> • Based on learnings in the first two years, we refined our application for cohort 3 to ask more about an organization's current state of growth, financial projections and level of data tracking. We believe these data will allow for a better assessment of applicant fit with program and likelihood to scale. • To complement the expertise on our team and enhance our diligence of entrepreneurs, we created an external review committee comprised of investors, accelerators, USAID staff and others. • We also developed a more rigorous set of selection criteria for screening and evaluating finalists. • Finally, to better manage entrepreneur expectations from the outset, we developed clearer language as to the tangible benefits that entrepreneurs would receive and what would be required of them.
Range of	Cohort 1: Global	<ul style="list-style-type: none"> • Our geographic focus in cohort 2 has proven valuable in allowing us to design and

Geographies in Cohort	Cohort 2: India and East Africa (Kenya, Burundi)	<p>deliver more targeted and in-person programming to participants. It has also allowed us to focus our efforts in identifying and forming relationships with key local partners to support our work.</p> <ul style="list-style-type: none"> • We will continue to focus on organizations working in India and East Africa for cohort 3, with a goal on diversifying beyond Kenya and Burundi (looking at Ethiopia and Uganda specifically). • We look forward to building on this regional focus with the upcoming deepening of our programming in E. Africa.
Number of Entrepreneurs in Cohort	<p>Cohort 1: Started with 13 entrepreneurs, now 11 Cohort 2: 6 entrepreneurs</p>	<ul style="list-style-type: none"> • The size of the overall SEAD program is more relevant than the size of any specific cohort, since entrepreneurs interact regardless of cohort year. We expect to add 6 – 8 new entrepreneurs for cohort 3 based on team capacity and based on our sense that 25 total entrepreneurs will foster a tight-knit and engaged participant community. • To provide good peer learning, connections, and targeted programming, it is important to have a critical mass of entrepreneurs in a region and developing similar types of solutions
Stage of Growth/Development of Entrepreneurs	<p>Cohort 1: Mix of early-growth stage entrepreneurs Cohort 2: Focused on entrepreneurs in stages 3-5 of development (on our internal Stages of Development framework with seven stages)</p>	<ul style="list-style-type: none"> • One of the benefits of clustering organizations at the same stage in their development is that entrepreneurs face common challenges together. A challenge, however, is that they are sometimes less able to support each other through those common challenges since they are facing them at the same time. • The challenges faced by entrepreneurs in stages 3-5 are often complex and intertwined (i.e., an entrepreneur can't grow to scale to truly demonstrate benefits of program without more funding but can't get funding without being able to credibly demonstrate benefits). These issues take time to resolve and often require both strategic and operational support to fully address. • We expect to keep our focus on entrepreneurs in stages 3-5 of development for cohort 3. However, we are currently exploring ways to adapt/refine our programming and delivery model to better support them.

LESSONS RELATED TO OBJECTIVE 1.2: DEVELOP RESOURCES AND CAPABILITIES

General Reflections on Working with Entrepreneurs

Entrepreneur Relationship Management

- **Importance of regular engagement:** Routine engagement of entrepreneurs is important in both maintaining trust and understanding changing priorities/needs. The team checks in with an entrepreneur every 4 – 6 weeks which appears to be the right cadence for maintaining a strong relationship with the entrepreneur.
- **Pros/cons of the engagement manager model:** The team switched from a coaching model to an engagement manager (EM) model in 2014. Functionally this has meant that entrepreneurs consistently work with the same SEAD team member to talk through growth goals and associated challenges and then that EM is responsible for actively engaging across the full SEAD team and its networks for further support. This provides the entrepreneur with a single dedicated point-of-contact irrespective of the nature of the question or need. It also allows the EMs to develop strong relationships and deep knowledge on a focused set of entrepreneurs. The challenge has been that this model requires strong internal coordination and knowledge management processes to ensure that the EM triages effectively, identifying the key issues and then matching the right expertise across SEAD to address them, and following up to be sure lessons from the engagement are captured

Process: Tools for Entrepreneur Learning

- **Peer learning matters:** Peer learning is incredibly important and highly valued by the entrepreneurs. In 2014, the team added more time at the SEAD summit to facilitate peer exchange and also hosted regional events to create additional opportunities for peer connections. In addition, the team has been made aware that (outside of core SEAD programming) entrepreneurs are reaching out and working with one another to share tips and ideas. It is our hope in the coming years of the program to build on this peer learning and to facilitate new and different models of entrepreneur exchange.
- **In-person meetings are a necessary complement to virtual engagement:** It is valuable to complement the regular virtual check-ins with entrepreneurs with in-person meetings during the site visits, at regional conferences, and during the SEAD summit. These in-person meetings allow for the delivery of deeper and more complicated content, ensure engagement of staff at the entrepreneur organization beyond the primary day-to-day contact, and allow the SEAD team to better understand the context in which the entrepreneur is operating which then informs the nature of future programming support. We expect this in-person model to be further supported in the upcoming East Africa regional engagement.

- **Entrepreneur “resources” need to be pithy and practical:** In 2014 the team began developing resources and tools designed for entrepreneurs to help address some of their key challenges. In developing these documents, we’ve learned how important it is to structure them so that they are easy to digest and actionable in nature. Specifically, after working closely with one entrepreneur over six months to develop a set of clinical quality metrics for common diagnoses, we reached out to other entrepreneurs with the same need and asked how we could help them learn from this work. They requested a short, simple and clear process roadmap accompanied with some basic tips as to what worked well and what didn’t work.
- **Students are an important resource for SEAD:** Students continue to serve as important project/research resources to assist with specific entrepreneur needs. This student support allows the SEAD team to deliver customized services to entrepreneurs, in addition to the core programming, and allows for students to learn about tangible and specific entrepreneur challenges. The most valued opportunities for the entrepreneurs and the students are those where the student works in person with entrepreneurs for an extended period.

Context: What Entrepreneurs Want and Need

The below reflections are based on the collective insights of the teams that have been working closely with the program participants. In the months ahead, we intend to supplement these learnings with the feedback provided directly by the entrepreneurs via the program evaluation surveys, which include questions about the extent to which entrepreneurs value and perceive benefit from specific SEAD activities.

1) Innovators want to collaborate with Duke faculty

Appeal of SEAD for many innovators is the potential to tap into the expertise of faculty across Duke. Key challenge has been getting faculty and innovators interests/timing/funding to match.

- **Key Innovator Needs:** Include *developing evidence* about the efficacy of their products/services in achieving target health outcomes often required to secure additional funding and/or contracts that are key to their scale up.
- **SEAD Success Stories:** SEAD has seen a handful of productive collaborations emerge between faculty at the medical school (e.g. Duke Eye Center and SalaUno), behavioral marketing (e.g. Changamka and Dan Ariely's lab) and at the global health institute (e.g. Sproxil and the Digital Health institute).
- **Key Learnings:**
 - *Matching innovator/faculty needs means long faculty cultivation period* and importance of timing research request with faculty down time
 - *Innovators' understanding of data collection/capture often doesn't match* with type of data faculty are looking for
 - *Need for financial support for faculty involvement* (ranges from several thousand to conduct white papers to several hundred thousand to conduct an RCT)

2) Innovators want to be part of a peer community

Peer learning is incredibly important and highly valued by the innovator. The challenge for SEAD – as a predominantly virtual network – has been creating sufficient opportunities to proactively bring the community together.

- **Key Innovator Needs:** The network of peers that SEAD provides allows the innovators to share and learn from the experiences of others who have had similar challenges, have pursued various strategies for addressing them, and can provide insights to help each other improve upon many aspects of their work.
- **SEAD Success Stories:** SEAD innovators frequently connect to learn about primary care model best practices from India/Kenya, influence strategies for changing the public health system through evidence, fundraising advice, business connections, etc.
- **Key Learnings:**
 - *Initial in person relationships matter* in building long-term peer support networks. Before people are interested in working together, they need time to meet in person, learn more about who they are and decide how they can best work together.
 - In lieu of constant in person connections, *SEAD can play a role identifying similar challenges* that innovators can help each other on.

3) Innovators want and need help fundraising

The majority of the SEAD innovators are seeking grants or capital. Key challenges include innovators' understanding of the types of funding needed, availability of funding and best strategy at obtaining this.

- **Key Innovator Needs:** Few of these innovators have a clear understanding of the funding that could be available to them (i.e. the sources and types) and the implications associated with raising different types of funds at different stages in their growth. The SEAD team, with its field-level perspective and expertise in this area, is well-positioned to help innovators working to raise funds.
- **SEAD Success Stories:** Work with Penda, Changamka and North Star Alliance directly contributed in increased funding- through strategic introductions, pitch/grant review, impact evaluation support.
- **Key Learnings:**
 - *Fundraising is a long-term relationship-building process* which often goes against an innovators' need for immediate capital. SEAD has worked with innovators to proactively address this- asking about capital needs and preparation well before the need is there. Often includes strategic and financial analysis.
 - Most *innovators struggle to communicate* in proposals or pitches what makes their business model compelling and relevant to different funder. SEAD can provide an external perspective, drawing out the innovative components of each organization and tying to the bigger picture.

4) Innovators want and need connections to others

Whether looking to expand their Board of Directors, connect with a potential strategic partner, or seek input on a specific business issue, the SEAD innovators often have insufficient access to the types of experts that can help them successfully resolve these needs. Key challenges include having the right introduction or network to efficiently identify the right people at the right time.

- **Key Innovator Needs:** SEAD innovators seek thought partners and business connections to move past key obstacles and scale into new markets.
- **SEAD Success Stories:** The SEAD team – with its global network of partners – has been able to provide significant value to the innovators in many cases by just providing a targeted introduction to a key connection. As noted in a previous section, specific examples of this have included connecting innovators with potential Board members, corporate partners, experts on data privacy, among others.
- **Key Learnings:**
 - Highly important for SEAD to understand innovator ongoing needs to efficiently make connections.
 - SEAD acknowledges it has strong expertise/connections (fundraising, evaluation, strategy, clinical) in certain areas, but may be better positioned to outsource connections in other areas (in country training, financial analysis).
 - Many SEAD entrepreneurs need support developing stronger boards and governance models. They also often need help getting their stakeholders aligned around shifts in their strategy.

LESSONS RELATED TO OBJECTIVE 1.3: LEVERAGING IMPACT INVESTING

Entrepreneur lessons

1. Transitioning from grant to investment funding is challenging: SEAD entrepreneurs tend to underestimate the preparation required to move from grant funding to impact investment. Most entrepreneurs carry forward the practices that worked for them as grant recipients to the realm of impact investing. They underestimate the rigor with which their business model and financial analyses must be prepared, unit costs must be understood and documented, and customer segments delineated and studied to convince investors of the robustness of their model.
2. Generating strong applications for challenge funding programs and competitions is difficult: We have started to coach several of the SEAD entrepreneurs through the process of applying for DIV and other similar funding programs. The language and requirements of the application processes are much less clear and straightforward to them than we imagined, and we have often served as a translator. For example, the impact requirements

have been confusing for our entrepreneurs. They have also needed substantial help in finding ways to answer questions in compelling and clear ways in written applications across grant program applications.

3. Many entrepreneurs lack investor relationship management skills: We have had several SEAD entrepreneurs who reached the point of engagement with investors and then compromised the relationship by responding in ways that surprised the investors. For example, an entrepreneur stopped being responsive to investor communications after the investor said they couldn't move forward for a month or more. The entrepreneurs do not always realize that relationship-building for investment can include a period of lesser engagement and "watching," even when investors are interested in a venture. As another example, an entrepreneur didn't follow through on asks by the investors in a timely manner. This shows that our entrepreneurs do not always understand that investors are testing responsiveness and "coach-ability" through their interactions. Last, we have seen that entrepreneurs have struggled to understand how to convey setbacks in a positive way.
4. As a result of these lessons, SEAD has started to pilot a more intensive end-to-end "capital access services" process in which SEAD entrepreneurs can ask to participate after submitting basic funding materials. Once selected, we are providing a more hands-on set of services and support to work with the entrepreneurs which include business planning, strategic communications, and investor relations. We look forward to seeing if this helps them be more successful in creating successful relationships with impact investors that result in more funding.

Investor lessons

1. The Global Health Investment Landscape is growing but is still forming. Our research into the global health investment landscape across East Africa and India will be released soon; early lessons include widespread acknowledgement that there is an emerging set of investors in all stages and vehicle types interested in global health deals, but that players across sectors (government and private funds) and across impact focuses (e.g., low income and mobile health) do not always know each other well, even in local markets.
2. Investment vehicle matters for the organization's growth. In the same study, we saw and heard examples of enterprises getting funding from the first investor that said yes, but not always the right kind of funding for their stage of development. Both investors and entrepreneurs need better rules of thumb for the right capital for the right stage.
3. There is initial interest, though some trepidation, among impact-focused and non-impact focused investors in collaborating on these deals. The same is true for private investors working with public sector players. The early to mid-stage investment landscape for the SEAD entrepreneurs is still complex and evolving.
4. There are certain population segments that will be more likely appropriate for grant and impact-focused capital in the health field. There are also examples of funds that break through and find innovative ways to scale models for low-income populations, but they are rare.
5. There is a need for better hand-offs between both funds and entrepreneurial support organizations in terms of investor readiness criteria. We are exploring with ANDE the development of some more robust industry-wide criteria.

LESSONS RELATED TO OBJECTIVE 2: ENHANCE KNOWLEDGE & POLICY

SEAD Program Evaluation

- The SEAD program evaluation includes both formative and summative components. Output indicators have been developed to measure the formative aspects of the SEAD program, and to help the SEAD team refine program activities to best respond to entrepreneur challenges. Outcome indicators have been developed to measure the summative aspects of the program and to assess whether SEAD is having an effect on the entrepreneur's performance across a variety of metrics. Due to design features of the SEAD program and small sample sizes, among other factors, it will not be possible to estimate a causal effect of the SEAD program on entrepreneur performance; however, we believe that our data should allow us to provide a number of generalizable learnings about scaling, the path of entrepreneurs on the way to scale, and reasonable pathways in which our intervention contributed. We will also facilitate annual focus groups to augment our output and outcome survey data, to help explain and contextualize our findings. Additionally, we are capturing and tracking the work performed by the SEAD team to account for dosage and intensity of our program.
- Over the past year we have learned that the formative evaluation may provide the richest findings about the effectiveness of accelerators, and how best to support healthcare entrepreneurs in LMICs. Accelerator research is still in its infancy, and in this phase it is most important to understand how best to engage and support these social entrepreneurs.
- Our program evaluation requires additional time from our participating entrepreneurs to complete two annual surveys on their performance and subjective feedback on the program. Although we have made every effort to limit this burden given the many demands on their time, the entrepreneurs have generally been slow to respond to the two PE surveys delivered thus far. We are also unsure of the quality of some of the data reported, in particular ways in which the entrepreneurs are defining "reach."

SEAD Research & Faculty Engagement

- *SEAD entrepreneur expectations and interests with respect to research.* Many of the SEAD entrepreneurs have expressed interest in engaging with Duke faculty in research, and we have begun to recognize that their research interests are focused primarily on impact evaluations and other research that has the ultimate goal of building knowledge for their program and demonstrating that their activities work (often to make a case for funding). As SEAD's core research funding is intended to be used for generating more generalizable findings, we are considering various ways to facilitate and support the research interests of the entrepreneurs, recognizing we might need to leverage resources outside of SEAD.
- *Scope of SEAD's research efforts.* We continue to gain more insights regarding the scope of global health funding allocations for SEAD and the limitations on funding work in certain global health areas. As we better understand the implications of the allocation sources, including restrictions on the types of global health social enterprises and/or the types of research projects that can be supported by SEAD, we are thinking through the implications for our research efforts. As the aim of SEAD is to broaden understanding of conditions that foster and inhibit the scale of global health innovation, we have focused our efforts on global health innovations and methodologies for scaling impact that are likely to be applicable across many areas of global health. However, many promising models are currently being implemented

through enterprises that focus on areas of global health that USAID has recently communicated cannot be supported through its current funding for SEAD (e.g., diabetes care, dialysis); therefore, this restriction limits the pool of models we are able to test. Additionally, the restrictions limit our ability to collaborate with students and faculty across the university who are working on exciting global health innovation opportunities outside of those which USAID has communicated we can support through SEAD. We will continue to work with our USAID colleagues to more fully understand the implications of the USAID Global Health funding sources and, accordingly, the types of global health innovation we are able to support and study.

- In order to bring together a diverse group of Duke faculty and researchers with interests in global health, innovation, and social entrepreneurship, SEAD launched a Research Working Group to help facilitate connections, collaboration, and interdisciplinary learning. Given the diverse interests and incentives among the members of the Research WG, we are still considering how to use this group most effectively. We do see that there is significant interest from a diverse swath of faculty around global health innovation, as evidenced by the response to the SEAD research RFP; we received proposals from 12 research teams within the university, including those from Biomedical Engineering, Duke Global Health Institute, Center on Globalization, Governance & Competitiveness, various divisions of the School of Medicine, Business, and the School of Nursing.

LESSONS RELATED TO OBJECTIVE 3: ENGAGE STUDENTS AND FACULTY

Student & Faculty Engagement

- *Student engagement with SEAD entrepreneurs.* Students are very interested to engage with SEAD entrepreneurs through internships, small projects, and research. SEAD has had success with the summer MBA internships, as well as with small consulting projects for the entrepreneurs through RAShips and select class projects. Additionally, we have identified a number of established courses or academic requirements (e.g. thesis) where students must take on medium or long-term projects, and a number of students are interested in working on topics related to global health and social entrepreneurship. While sometimes the students' goals match well with entrepreneur goals, there are many times when the student work would not necessarily contribute to the overall effort of the entrepreneur, and therefore would potentially distract the entrepreneur from other important business. In order to try to provide students with the opportunity to engage directly with entities practicing health innovation, we have also built or strengthened relationships with other entities that have opportunities for students to engage – such as PATH, FHI360, and global health entrepreneurs within the Duke system.
- Faculty are largely enthusiastic about offering students timely cases and project/research questions from the SEAD entrepreneurs to use in required class projects (such as Capstone courses, class consulting projects, and thesis projects). SEAD also benefits from these efforts, as it is able to leverage the effort of the faculty in advising and mentoring the students throughout the process, and the students have a clear structure and deliverables.
- *Skills-building & Inspiration.* In our effort to engage students in meaningful experimentation around global health social entrepreneurship and skills building to better equip the next generation of innovative problem solvers in the international development space, we have seen

significant student excitement and inspiration in our skills-building workshops, summer internships, and competitions/challenges. Through the workshops and competitions/challenges, we have been able to reach students across many disciplines (which are often harder to engage in global health or international development) engage them in working together in a meaningful way.

- Following our first full year with the SEAD Student Advisory Council (SEAD SAC), we recognized the need to add additional elements to the experience in order to ensure more meaningful and consistent engagement. For the 2014-15 academic year, we are structuring the SEAD SAC to serve also as a leadership development tool for students, and are finding that the students in turn are higher performing with respect to their roles.
- Additional lessons learned on faculty engagement can be found in Objective 2.

APPENDIX I. HESN Monitoring & Evaluation (M&E) Indicators - FY 14

Code	M&E Code Description	Target Value	Reached Value	%
HESN_0in01	\$ Total dollar value of outside (non-USAID) resources utilized	1,000,000	1,465,900	146.6%
HESN_0in05	# transformative innovations, technologies, or approaches that transitioned to scale with human, financial, or institutional resources contributed by HESN Development Labs	1		0.0%
HESN_0in07	# US students serving as fellows	30	28	93%
HESN_0in08	# innovations, technologies or approaches in the innovation pipeline		22	---
Custom SEAD Indicator	# beneficiaries reached		17,841,628	---
HESN_0in11	# innovations, technologies, or approaches that have reached more than 1 million people		2	---
HESN_0in12	# innovations, technologies, or approaches that have reached more than 5 million people		1	---
HESN_1.3zSE AD-in1	# events held with leaders of health systems, government agencies, policy advocacy groups, NGOs, and/or the private sector	10	29	290%
HESN_1.3zSE AD-in2	# regulatory and policy changes and private sector mechanisms recommended through SEAD presentations, events, knowledge products, and other activities	3	5	166%
HESN_2.0zSE AD-in5	# global health ventures that are selected for and join the SEAD cohort	7	6	85.7%
HESN_2.0zSE AD-in2num	Portfolio Performance Index: # and % of SEAD ventures achieving or exceeding targets	8; 62%	Not reported [data not available]	
HESN_2.0zSE AD-in6nume	# and % SEAD ventures attributing progress in addressing targeted SEAD challenge area competencies to support provided by Duke		9 (of 11) 81%	---
HESN_2.3zSE AD-in1	# global health ventures that receive "access to funding" assistance through SEAD	6	23	383%

Code	M&E Code Description	Target Value	Reached Value	%
HESN_2.3zSE AD-in2	# global health ventures presented at Investors' Circle events	8	6	75%
HESN_2.3zSE AD-in3	# investors participating in Investors' Circle events with global health deals	70	143	204%
HESN_2.3zSE AD-in4	# ventures that receive funding with the support of human, financial, or institutional resources contributed by SEAD	5	8	160%
HESN_3.0in3	# new development related classes or disciplines created by university departments with human, financial, or institutional resources contributed by HESN Development Labs	0	3	---
HESN_3.2in1	# visitors to Network knowledge-sharing platforms	250	10,288	2276.4%
HESN_3.3in1	# classes supported by HESN Development Labs with human, financial, or institutional resources contributed by HESN Development Labs	4	13	0.0%
HESN_3.4in1	# students participating in short term practica or other field experiences through human, financial, or institutional resources contributed by HESN Development Labs	12	16	133%
HESN_3.4in3	# participants in Hubs, summits, and other problem-solving institutions created with human, financial, or institutional resources contributed by HESN Development Labs	25	78	312.0%
HESN_3.4zSE AD-in1	# student and faculty participants in events and activities affiliated with SEAD	350	569	163%
HESN_3.4zSE AD-in2	# global health innovations proposed or developed in targeted student programs		0	---
HESN_2.2in1	# of white papers, articles, assessments, analyses, and evaluations on development challenges, innovations, technologies, approaches, and contexts (drafted with human, financial, or institutional resources contributed by SEAD) published in targeted fora and publications OR provided to USAID operating units, HESN partners, and the broader development community	4	3 [plus 5 leveraged]	75%

APPENDIX II.A. Innovations: Technologies and Approaches - FY 2014

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	Operation ASHA	Works to prevent and treat tuberculosis with the ultimate goal of eliminating TB among disadvantaged communities by utilizing SMS and biometric technology to ensure treatment adherence.	India	Stage 4: Transition to Scale	No	No
Approach	Arogya Finance	Health Loans for the Traditionally Unbankable. Provides health loans within 24 hours to patients, approving patients based on a proprietary behavioral test rather than formal system requirements like a bank account or collateral.	India	Stage 4: Transition to Scale	No	No
Technology	Forus Health	Intelligent Medical Technology. Focused on “Democratizing Wellness,” Forus Health develops affordable technology solutions that can easily be used by a minimally trained technician, thereby making health service accessible and scalable. Creator of 3nethra- an intelligent pre-screening ophthalmology device.	India	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Kenya	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Lesotho	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Malawi	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Nigeria	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Gambia	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Zambia	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Zimbabwe	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	South Africa	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Mozambique	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Gambia	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Botswana	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Zimbabwe	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Swaziland	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Tanzania	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Dem. Rep. Congo	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Kenya	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Uganda	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Zambia	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Malawi	Stage 4: Transition to Scale	No	No
Approach	Naya Jeevan	A hybrid social enterprise that seeks to bring low-income families throughout the emerging world out of poverty by providing them with affordable access to quality healthcare, mobile health technology and mobile-enabled financial inclusion.	Pakistan	Stage 4: Transition to Scale	No	No
Approach	SughaVazhu	Evidence Based Blue Print for Primary Care. Offers low-cost primary healthcare services through an easy to follow blue print clinic system. This includes a focus on evidence-based primary care, use of a proprietary health management information system, community engagement tactics and highly developed protocols to treat the most common 80+ illnesses.	India	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	Swasth	Low Cost, Patient Centered, Primary Care Franchise. Driven by the motto "Health for all," Swasth India operates a chain of primary care centers in slum areas with a model that provides a 50% reduction in out of pocket expenses to the patient. Provides everything in a 150 square foot facility that offers access to a family doctor, rapid diagnostics on site, discounts on drugs, referrals with discounts, in patient day care services and electronic health records.	India	Stage 4: Transition to Scale	No	No
Approach	Vaatsalya	Builds and manages hospitals/clinics in semi-urban and rural areas of India to bring healthcare services where they are most needed.	India	Stage 4: Transition to Scale	No	No
Approach	salaUno	Applies operating and strategic principles pioneered by the successful Aravind Eye Care System in India as well as engineering best practices such as Lean and Kaizen to bring timely and affordable eye surgery services.	Mexico	Stage 4: Transition to Scale	No	No
Approach	Changamka	An integrated health financing company that utilizes an electronic platform, accessible by mobile phones, to facilitate the financing of healthcare services for the working poor in Kenya.	Kenya	Stage 4: Transition to Scale	No	No
Approach	Jacaranda	Combines business and clinical innovations to create a self-sustaining and scalable chain of clinics that provide reproductive health services to poor urban women.	Kenya	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	United States	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Bangladesh	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Botswana	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	China	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Chile	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Egypt	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Ghana	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Guatemala	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	India	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Mexico	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Peru	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Philippines	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Taiwan	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Trinidad and Tobago	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Uganda	Stage 4: Transition to Scale	No	No
Approach	Penda Health	Builds a chain of primary healthcare clinics to finally bring quality healthcare to Kenya's lower income families by utilizing a unique staffing model and a focused set of services that address key outpatient needs in order to bring down costs.	Kenya	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Cameroon	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Dem. Rep. Congo	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Eritrea	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Ethiopia	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Kenya	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Liberia	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Malawi	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Nigeria	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Rwanda	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Senegal	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Sierra Leone	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Somalia	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	S. Sudan	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Tanzania	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Gambia	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Uganda	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Zimbabwe	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Mexico	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Nicaragua	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Haiti	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Afghanistan	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Burma	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	India	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Pakistan	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Japan	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Nepal	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Papua New Guinea	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Philippines	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	China	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Viet Nam	Stage 4: Transition to Scale	No	No
Approach	LifeNet International	Efficient Capacity Building for Local Health Clinics. Strengthens local healthcare capacity, by partnering with community health centers to build their medical and administrative capacity and connect them with necessary pharma/medical equipment.	Burundi	Stage 4: Transition to Scale	No	No
Technology	Sproxil	Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	Ghana	Stage 4: Transition to Scale	No	No
Technology	Sproxil	Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	Nigeria	Stage 4: Transition to Scale	No	No
Technology	Sproxil	Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	India	Stage 4: Transition to Scale	No	No
Technology	Sproxil	Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	Kenya	Stage 4: Transition to Scale	No	No
Technology	Sproxil	Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	United States	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	Operation ASHA	Works to prevent and treat tuberculosis with the ultimate goal of eliminating TB among disadvantaged communities by utilizing SMS and biometric technology to ensure treatment adherence.	India	Stage 4: Transition to Scale	No	No
Approach	Arogya Finance	Health Loans for the Traditionally Unbankable. Provides health loans within 24 hours to patients, approving patients based on a proprietary behavioral test rather than formal system requirements like a bank account or collateral.	India	Stage 4: Transition to Scale	No	No
Technology	Forus Health	Intelligent Medical Technology. Focused on “Democratizing Wellness,” Forus Health develops affordable technology solutions that can easily be used by a minimally trained technician, thereby making health service accessible and scalable. Creator of 3nethra- an intelligent pre-screening ophthalmology device.	India	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Kenya	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Lesotho	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Malawi	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Nigeria	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Gambia	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Zambia	Stage 4: Transition to Scale	No	No
Approach	Riders for Health	An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	Zimbabwe	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	South Africa	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Mozambique	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Gambia	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Botswana	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Zimbabwe	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Swaziland	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Tanzania	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Dem. Rep. Congo	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Kenya	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Uganda	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Zambia	Stage 4: Transition to Scale	No	No
Approach	North Star Alliance	Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	Malawi	Stage 4: Transition to Scale	No	No
Approach	Naya Jeevan	A hybrid social enterprise that seeks to bring low-income families throughout the emerging world out of poverty by providing them with affordable access to quality healthcare, mobile health technology and mobile-enabled financial inclusion.	Pakistan	Stage 4: Transition to Scale	No	No
Approach	SughaVazhu	Evidence Based Blue Print for Primary Care. Offers low-cost primary healthcare services through an easy to follow blue print clinic system. This includes a focus on evidence-based primary care, use of a proprietary health management information system, community engagement tactics and highly developed protocols to treat the most common 80+ illnesses.	India	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	Swasth	Low Cost, Patient Centered, Primary Care Franchise. Driven by the motto "Health for all," Swasth India operates a chain of primary care centers in slum areas with a model that provides a 50% reduction in out of pocket expenses to the patient. Provides everything in a 150 square foot facility that offers access to a family doctor, rapid diagnostics on site, discounts on drugs, referrals with discounts, in patient day care services and electronic health records.	India	Stage 4: Transition to Scale	No	No
Approach	Vaatsalya	Builds and manages hospitals/clinics in semi-urban and rural areas of India to bring healthcare services where they are most needed.	India	Stage 4: Transition to Scale	No	No
Approach	salaUno	Applies operating and strategic principles pioneered by the successful Aravind Eye Care System in India as well as engineering best practices such as Lean and Kaizen to bring timely and affordable eye surgery services.	Mexico	Stage 4: Transition to Scale	No	No
Approach	Changamka	An integrated health financing company that utilizes an electronic platform, accessible by mobile phones, to facilitate the financing of healthcare services for the working poor in Kenya.	Kenya	Stage 4: Transition to Scale	No	No
Approach	Jacaranda	Combines business and clinical innovations to create a self-sustaining and scalable chain of clinics that provide reproductive health services to poor urban women.	Kenya	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	United States	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Bangladesh	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Botswana	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	China	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Chile	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Egypt	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Ghana	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Guatemala	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	India	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Mexico	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Peru	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Philippines	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Taiwan	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Trinidad and Tobago	Stage 4: Transition to Scale	No	No
Technology	ClickMedix	Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	Uganda	Stage 4: Transition to Scale	No	No
Approach	Penda Health	Builds a chain of primary healthcare clinics to finally bring quality healthcare to Kenya's lower income families by utilizing a unique staffing model and a focused set of services that address key outpatient needs in order to bring down costs.	Kenya	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Cameroon	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Dem. Rep. Congo	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Eritrea	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Ethiopia	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Kenya	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Liberia	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Malawi	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Nigeria	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Rwanda	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Senegal	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Sierra Leone	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Somalia	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	S. Sudan	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Tanzania	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Gambia	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Uganda	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Zimbabwe	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Mexico	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Nicaragua	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Haiti	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Afghanistan	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Burma	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	India	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Pakistan	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Japan	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Nepal	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Papua New Guinea	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Philippines	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	China	Stage 4: Transition to Scale	No	No
Technology	We Care Solar	Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	Viet Nam	Stage 4: Transition to Scale	No	No
Approach	LifeNet International	Efficient Capacity Building for Local Health Clinics. Strengthens local healthcare capacity, by partnering with community health centers to build their medical and administrative capacity and connect them with necessary pharma/medical equipment.	Burundi	Stage 4: Transition to Scale	No	No
Technology	Sproxil	Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	Ghana	Stage 4: Transition to Scale	No	No
Technology	Sproxil	Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	Nigeria	Stage 4: Transition to Scale	No	No
Technology	Sproxil	Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	India	Stage 4: Transition to Scale	No	No
Technology	Sproxil	Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	Kenya	Stage 4: Transition to Scale	No	No
Technology	Sproxil	Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	United States	Stage 4: Transition to Scale	No	No

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	SEAD Research: Database of Mobile Technology and Cellphone Distribution in South Africa	Despite being the world's poorest continent, cellphone ownership in Africa approaches almost 80%. We propose to investigate the unprecedented spread of these devices, especially into the poorest, most remote rural areas and develop a model of the distribution pattern. This model would not only attempt to characterize this pattern but also determine the level of technology in use and, if possible, the capabilities of the data network in these rural areas. Using this information, appropriately designed, cellphone-driven medical devices could be disseminated along these targeted distribution routes to the population with the fewest resources and the greatest need.	South Africa	Stage 1: Development	No	Error
Technology	SEAD Research: Postpartum Hemorrhage Education Via Simulation	An inter-professional team in the Human Simulation and Patient Safety Center (HSPSC) is pioneering the use of scalable and distributable healthcare simulation using commercial game technology with a multi-player module that specifically addresses postpartum hemorrhage (PPH). As a proof-of-concept for global health, the PPH simulation software will be used to address gaps in care at Mulago International Referral Hospital in Kampala, Uganda, and to decrease disparities in healthcare education. We will host inter-professional, interactive, games-based simulation training sessions from Durham to Mulago using the Internet. This pilot program aims to reduce the incidence of postpartum hemorrhage, to serve as a broader model for using simulation to scale education and spread virtual learning through the developing world, and to collect preliminary data to support a future proposal to study the efficacy of screen-based/games-based learning in global health.	Uganda	Stage 2: Initial Piloting	Error	Error

Output Type	Name of Output	Description/Abstract	Country	Phase	Phase Compl.?	Evaluation Cond.?
Approach	SEAD Research: Using Behavioral Science to Improve Linda Jamii Registration and Enrollment in Kenya	Linda Jamii is a non-profit micro-insurance scheme that provides low and middle-income Kenyans with a financial savings mechanism for health insurance. As is the case in many emerging economies, formal insurance products can be slow to catch on because strong cultural norms guide people to rely more on communal support than formal insurance. Unfortunately, these communal mechanisms are not always enough to cover expenses and people must resort to selling property to finance healthcare. This makes emerging from poverty that much more difficult. This project's goal is to leverage insights from the behavioral sciences to boost registration and continued enrollment in Linda Jamii health insurance.	Kenya	Stage 1: Development	Error	Error
Approach	SEAD Research: A Process & Impact Evaluation of Pro Mujer's Facebook Intervention : Pro Mujer Salud	Little is known about how workplaces can leverage social media sites like Facebook to encourage adoption of healthy behaviors and change social norms regarding physical activity and better nutrition. This is especially true in the developing world where chronic disease is becoming increasingly prevalent. Pro Mujer is a social entrepreneurship organization that provides poor women in Latin America with the means to build livelihoods for themselves and their families through financial services, business training, and health care support. The Global Digital Health Science Center at Duke, in partnership with Pro Mujer, is conducting an evaluation of Pro Mujer's Facebook platform to determine the reach, participation patterns, and engagement levels of the page among staff members. Additionally, we will evaluate the Facebook page's effect on beliefs about the ease and effectiveness of chronic disease prevention habits such as: eating more fruits and vegetables, avoiding sugary drinks, good oral hygiene, and increasing physical activity.	Nicaragua	Stage 2: Initial Piloting	Error	Error

APPENDIX II.B. Evaluations - FY 2014

Output Type	Name of Output	Description/Abstract	Country	Status
Evaluation	SEAD Program Evaluation	<p>The SEAD Program Evaluation was designed to meet both the programmatic and research goals of SEAD. From its inception, SEAD has been conceptualized as a learning accelerator. Being hosted at Duke University, SEAD naturally brings together a unique group of academic and non-profit partners, all of whom have a strong desire to produce generalizable knowledge on factors influencing the scaling of social enterprise. Because there remains a dearth of literature on the efficacy of accelerator programs on organizational or population-based outcomes, the SEAD program recognized a strong need for formative research and evaluation to produce an evidence base for which to develop the accelerator program. Furthermore, we also recognized a strong need for understanding how changes in the SEAD program, and differing exposure levels to SEAD activities, would impact the organizational performance of the SEAD innovators. With this in mind, we developed a strong summative evaluation component to measure these program effects.</p>		Ongoing

APPENDIX II.C. Data-Related Approaches, Tools, Best Practices - FY 2014

Output Type	Name of Output	Description/Abstract	Country	Status
----- No Entries -----				

APPENDIX II.D. Publications or Reports - FY 2014

Name of Publication or Report	Description/Abstract	Country	Status
"Fundraising for Global Health Social Enterprises: Lessons from the Field." CASE i3 Report	Authors: Cruikshank, Clark, Bartlett; Publication Date: March 2014; link: http://sites.duke.edu/casei3/files/2014/03/CASEi3_Fundraising_Report_.pdf		Complete
Impact Investing 2.0: The Way Forward - Insight from 12 Outstanding Funds	Authors: Clark, Emerson, Thornley; On November 7, 2013, CASE i3 launched its new report, "Impact Investing 2.0: The Way Forward - Insight from 12 Outstanding Funds." (http://www.bit.ly/impinv) This report, created in partnership with InSight at Pacific Community Ventures and Impact Assets, identifies twelve high-performing funds that have seen both financial and social returns on their investments.		Complete
"(Leveraged) Role of Innovation in Achieving Universal Access to Healthcare," White Paper for Future of Healthcare Conference	Authors: IPIHD, McKinsey; Publication Date: February 2014		Complete
"(Leveraged) What can the UK learn from healthcare innovation in India?" Thought Paper	Author: Health Foundation; Publication Date: February 2014; link: http://www.health.org.uk/publications/what-can-the-uk-learn-from-healthcare-innovation-in-india/		Complete

Name of Publication or Report	Description/Abstract	Country	Status
(Leveraged) "Smart Failure," Innovations Insights Series	Authors: Taylor, Vlachos, Gelfand; Publication Date: September 2014; link: http://www.ipihd.org/images/smart%20failure%20ipihd.pdf		Complete
(Leveraged) "How Anti-Counterfeit Innovations Can Improve Global Healthcare Supply Chains," Innovations Insights Series	Author: Cruikshank; Publication Date: September 2014; Link: http://www.ipihd.org/images/anticounterfeit%20tech%20and%20supply%20chains%20final.pdf		Complete
(Leveraged) Toniic E-Guide to Early-Stage Global Impact Investing	CASE i3 and the Toniic Institute have released a first-of-its-kind online primer, the "Toniic E-Guide to Early-Stage Global Impact Investing." (http://www.toniic.com/toniic-institute/early-stage-e-guide/) Production of the guide was made possible by a grant from The Rockefeller Foundation. Sourced from the experiences of the Toniic Network's member investors, this e-guide is a fundamental reference for anyone seeking to understand how to successfully invest at the early stage for both a financial return and social or environmental impact.		Complete
From Ideas to Practice, Pilots to Strategy II: Practical Solutions and Actionable Insights on How to Do Impact Investing (Chapter in World Economic Forum Report)	Cathy Clark was an author of this chapter in the World Economic Forum Report, which discusses three key components for creation of impact investing in universities. http://www3.weforum.org/docs/WEF_ImpactInvesting_Report_FromIdeastoPractice_II.pdf		Complete
"Fundraising for Global Health Social Enterprises: Lessons from the Field," CASE i3 Report	Authors: Cruikshank, Clark, Bartlett; Publication Date: March 2014; link: http://sites.duke.edu/casei3/files/2014/03/CASEi3_Fundraising_Report_.pdf		Complete

Name of Publication or Report	Description/Abstract	Country	Status
Impact Investing 2.0: The Way Forward - Insight from 12 Outstanding Funds	<p>Authors: Clark, Emerson, Thornley;</p> <p>On November 7, 2013, CASE i3 launched its new report, "Impact Investing 2.0: The Way Forward - Insight from 12 Outstanding Funds." (http://www.bit.ly/impinv) This report, created in partnership with InSight at Pacific Community Ventures and Impact Assets, identifies twelve high-performing funds that have seen both financial and social returns on their investments.</p>		Complete
"(Leveraged) Role of Innovation in Achieving Universal Access to Healthcare," White Paper for Future of Healthcare Conference	<p>Authors: IPIHD, McKinsey; Publication Date: February 2014</p>		Complete
"(Leveraged) What can the UK learn from healthcare innovation in India?" Thought Paper	<p>Author: Health Foundation; Publication Date: February 2014; link: http://www.health.org.uk/publications/what-can-the-uk-learn-from-healthcare-innovation-in-india/</p>		Complete
"(Leveraged) "Smart Failure," Innovations Insights Series	<p>Authors: Taylor, Vlachos, Gelfand; Publication Date: September 2014; link: http://www.ipihd.org/images/smart%20failure%20ipihd.pdf</p>		Complete

Name of Publication or Report	Description/Abstract	Country	Status
(Leveraged) "How Anti-Counterfeit Innovations Can Improve Global Healthcare Supply Chains," Innovations Insights Series	Author: Cruikshank; Publication Date: September 2014; Link: http://www.ipihd.org/images/anticounterfeit%20tech%20and%20supply%20chains%20final.pdf		Complete
(Leveraged) Toniic E-Guide to Early-Stage Global Impact Investing	CASE i3 and the Toniic Institute have released a first-of-its-kind online primer, the "Toniic E-Guide to Early-Stage Global Impact Investing." (http://www.toniic.com/toniic-institute/early-stage-e-guide/) Production of the guide was made possible by a grant from The Rockefeller Foundation. Sourced from the experiences of the Toniic Network's member investors, this e-guide is a fundamental reference for anyone seeking to understand how to successfully invest at the early stage for both a financial return and social or environmental impact.		Complete
From Ideas to Practice. Pilots to Strategy II: Practical Solutions and Actionable Insights on How to Do Impact Investing (Chapter in World Economic Forum Report)	Cathy Clark was an author of this chapter in the World Economic Forum Report, which discusses three key components for creation of impact investing in universities. http://www3.weforum.org/docs/WEF_ImpactInvesting_Report_FromIdeastoPractice_II.pdf		Complete

APPENDIX II.E. Hubs - FY 2014

Name	Description	Country	Status
SEAD Summit	The SEAD Summit offered healthcare innovators from around the world an intensive three day accelerator focused on scaling proven healthcare solutions. Highlights from the 2014 SEAD Summit Agenda include: Innovation presentations by SEAD Innovators; peer-networking and challenge sharing by SEAD Innovators; actionable workshops focused on behavior change marketing strategies, unit economics, performance management for improvement, etc; roundtable discussions with USAID, DIV, and other grant funders; opportunities to meet 1:1 with Business School professors and Duke Medicine leaders to discuss collaboration possibilities; keynote by Muhammad Pate, Former Minister of State for Health in Nigeria	United States	Complete
SEAD Case Competition	SEAD worked with innovator Changamka to identify an issue that Duke students could tackle through a Case Competition. Forty-two students from a wide variety of graduate and undergraduate programs worked together in nine teams to conduct research and propose recommendations to Changamka.	United States	Complete
SEAD Summit	The SEAD Summit offered healthcare innovators from around the world an intensive three day accelerator focused on scaling proven healthcare solutions. Highlights from the 2014 SEAD Summit Agenda include: Innovation presentations by SEAD Innovators; peer-networking and challenge sharing by SEAD Innovators; actionable workshops focused on behavior change marketing strategies, unit economics, performance management for improvement, etc; roundtable discussions with USAID, DIV, and other grant funders; opportunities to meet 1:1 with Business School professors and Duke Medicine leaders to discuss collaboration possibilities; keynote by Muhammad Pate, Former Minister of State for Health in Nigeria	United States	Complete
SEAD Case Competition	SEAD worked with innovator Changamka to identify an issue that Duke students could tackle through a Case Competition. Forty-two students from a wide variety of graduate and undergraduate programs worked together in nine teams to conduct research and propose recommendations to Changamka.	United States	Complete

APPENDIX II.G. Major Events - FY 2014

Name	Description	Country	Status
World Economic Forum, Davos - IPIHD Dinner Reception	IPIHD Dinner Reception: Highlighted SEAD as part of the health innovation work connected to IPIHD, to over 40 global leaders, including communications minister of Nigeria, Director of US National Institutes for Health, and several corporate CEOs. Follow-up includes invitation for SEAD/IPIHD to participate in the National Institute of Mental Health's workshop, "Solving the Grand Challenges in Global Mental Health: Partnerships for Research and Practice" in June 2014, and addition of Philips Healthcare as financial sponsor of IPIHD, increasing leverage provided to SEAD.	Switzerland	Complete
IC Beyond the Pitch: Denver	IC hosted their quarterly Beyond the Pitch event, continuing to promote the global health track. Five companies with international development impact pitched at the event, and two of those have potential for global health impact.	United States	Complete
Sankalp East Africa Forum	<p>Dinner on Healthcare Innovation: Co-Hosted Sankalp East Africa Dinner on Healthcare Innovation with ANDE, USAID East Africa, OCA, SEAD: Invited 50 corporate, government, entrepreneurs and investors in the healthcare innovation space to a dinner in Nairobi. Benefits included engaging key players in the healthcare space in East Africa- start to future conversations on collaboration opportunities. SEAD also leveraged the time and travel of two IC GHAB members who attended the Sankalp meeting and participated in the dinner event.</p> <p>Panel Discussion: Krishna Udayakumar participated on a panel discussion at the Forum on unconventional and disruptive technology interventions for healthcare, which provided an opportunity to discuss SEAD's work in supporting innovation.</p>	Kenya	Complete
Duke Sustainable Business & Social Innovation (SBSI) Conference: Shaping the Future Through Innovation	Co-Sponsored the Duke Sustainable Business & Social Innovation (SBSI) Conference: Shaping the Future Through Innovation. On February 12, 2014, SEAD co-sponsored the annual Duke SBSI Conference, and contributed to the planning and facilitation of the global health panel (Global Health: Pioneering advancements to reach the bottom of the pyramid). SEAD team members participated on various panels sessions.	United States	Complete
Future of Healthcare Conference	Special address highlighting SEAD, IPIHD, and DIHI's complementary work supporting global health innovation. See transcript: http://www.future-of-healthcare.org/Transcript-of-Role-of-Innovation-in-Achieving-Universal-Access-to-healthcare.aspx . IPIHD also co-authored a white paper with McKinsey on role of innovation in supporting universal access (see in publications).	India	Complete

Name	Description	Country	Status
SwitchPoint Conference	Dr. Krishna Udayakumar, SEAD Co-PI spoke about global innovation at the SwitchPoint regional health innovation conference.	United States	Complete
Health Innovation Discussion	The SEAD team hosted three events in different cities in India to discuss global health innovation and bringing together SEAD innovators, investors, industry members, and others.	India	Complete
Health Innovation Discussion	The SEAD team hosted three events in different cities in India to discuss global health innovation and bringing together SEAD innovators, investors, industry members, and others.	India	Complete
Health Innovation Discussion	The SEAD team hosted three events in different cities in India to discuss global health innovation and bringing together SEAD innovators, investors, industry members, and others.	India	Complete
ANDE Annual Conference	Each year, the ANDE Annual Conference is the largest gathering of members from around the globe. The event is targeted at high-level executives of ANDE member organizations, including leading investors, capacity development providers, foundations, banks, corporations, and research institutions. The highly interactive agenda features workshops on solutions to common challenges, networking sessions, and plenaries with leading thinkers in the SGB space. Cathy Clark was the Keynote Interview (by Anne Field of Forbes) to speak on The Impact Investor. SEAD project associates Logan Couce and Sylvia Sable presented insights about scaling global health innovation at this event.	United States	Complete
Unite for Sight Conference	Matt Nash and Krishna Udayakumar presented on SEAD and scaling, and on student engagement programming.	United States	Complete
Global Solutions Summit (US Dept of State)	Matt Nash spoke on a panel (Technology Deployment – Institutional Support) and gave an overview of the SEAD program	United States	Complete
Saving Lives at Birth Development Exchange	Matt Nash delivered presentation titled Common Pitfalls and Strategies for Scaling Impact	United States	Complete
Ashoka U Exchange	Matt Nash delivered a session on research and engaging faculty.	United States	Complete
ANDE Metrics Conference	Two members of the SEAD team sat on a panel discussion titled "Health Metrics: From Development to Deployment" at the ANDE Metrics Conference. The panel talked about the challenges in developing metrics in the health sector and how our innovators are using metrics to evaluate their performance and impact.	United States	Complete

Name	Description	Country	Status
Symposium for Practitioner Reflections on Policy and Market Infrastructure Needed to Stimulate Impact Investing	CASE i3 co-hosted, with the Skoll Centre at Oxford, an invitation-only Symposium for Practitioner Reflections on Policy and Market Infrastructure Needed to Stimulate Impact Investing, at the Said School of Business prior to the Skoll World Forum. Cathy ran discussion on policies needed to support small and growing business development in LMICs.	United Kingdom	Complete
Devex Impact Session at Pfizer	CASE i3 Director Cathy Clark moderated a panel for the Devex Impact Session held at Pfizer's offices in NY on the role of impact investing and development. Speakers included Ricardo Michel of USAID, Giselle Leung of the GIIN, Kate Ahern of the Case Foundation, Celia Wong of Deutschebank, and Mitchell Strauss of OPIC. Check @deveximpact for tweets and blogs from the rich conversation about the role of public private partnerships, cross-sector collaboration, layer cake funds, and different ways that corporations can get involved in impact investing for development.	United States	Complete
Society for International Development	Following a keynote address by USAID Administrator Shah, Cathy Clark participated in a plenary panel with representatives from MasterCard Corporation and World Bank Group to speak on how private investors and public sector donors can collaborate and ensure success in both development impact and financial returns. Cathy's contributions were very well-received among the conference audience of approximately 700.	United States	Complete
(Leveraged) National Advisory Board – G8 Task Force	At this June 2014 meeting in London of all National Advisory Boards and task forces, members participated in a preliminary review of all recommendations and papers. Cathy represented the US along with 10 others. (travel not funded by SEAD)	United Kingdom	Complete
Investors' Circle Global Health Advisory Board (GHAB) Meeting	Convened the Investors' Circle Global Health Advisory Board (GHAB) first in-person meeting at on October 21st in Washington, DC with 15 GHAB members in attendance. Full day conversation centered around how to increase pipeline and investor interest in the global health sector.	United States	Complete
Investors' Circle Beyond the Pitch: Denver event	Pitch event included a global health track; Five companies with international development impact pitched, two of which had global health impact potential	United States	Complete
Investors' Circle Beyond the Pitch: Seattle event	Pitch event included a global health track; three companies with international development impact pitched, two of which had global health impact potential	United States	Complete

Name	Description	Country	Status
Duke Symposium on Scaling Innovations in Global Health	Over 200 entrepreneurs, faculty, students, and community members attended the 2014 Duke Symposium on Scaling Innovations in Global Health, where they listened to speakers and participated in panel sessions that highlighted the perspectives and experience of SEAD innovators, Duke faculty, and other HESN stakeholders. Chuck Slaughter of Living Goods delivered the keynote address, and participants then had the opportunity to attend two of seven panel sessions on topics ranging from innovation in East Africa to financing a social venture to learning from failure	United States	Complete
SEAD Summit Dinner #1	Brought together key Duke stakeholders with SEAD SEs to share their work and network.	United States	Complete
SEAD Summit Dinner #2	Brought together Duke faculty with SEAD SEs to identify opportunities for research collaboration	United States	Complete
Speaker: Alden Zecha	Co-hosted SEAD entrepreneur Sproxil to give talk "Scaling Innovations in Global Health" during Duke's Entrepreneurship Week.	United States	Complete
Speaker: Eric Bing	Hosted speaker Eric Bing, author of Pharmacy on a Bicycle, to discuss engaging both the public and private sector to tackle healthcare challenges in the developing world.	United States	Complete
Speaker: Alena Stern	Invited Alena Stern from HESN AidData lab to present AidData's work to students and faculty at Duke Global Health Institute.	United States	Complete
World Economic Forum, Davos - IPIHD Dinner Reception	IPIHD Dinner Reception: Highlighted SEAD as part of the health innovation work connected to IPIHD, to over 40 global leaders, including communications minister of Nigeria, Director of US National Institutes for Health, and several corporate CEOs. Follow-up includes invitation for SEAD/IPIHD to participate in the National Institute of Mental Health's workshop, "Solving the Grand Challenges in Global Mental Health: Partnerships for Research and Practice" in June 2014, and addition of Philips Healthcare as financial sponsor of IPIHD, increasing leverage provided to SEAD.	Switzerland	Complete
IC Beyond the Pitch: Denver	IC hosted their quarterly Beyond the Pitch event, continuing to promote the global health track. Five companies with international development impact pitched at the event, and two of those have potential for global health impact.	United States	Complete

Name	Description	Country	Status
Sankalp East Africa Forum	<p>Dinner on Healthcare Innovation: Co-Hosted Sankalp East Africa Dinner on Healthcare Innovation with ANDE, USAID East Africa, OCA, SEAD: Invited 50 corporate, government, entrepreneurs and investors in the healthcare innovation space to a dinner in Nairobi. Benefits included engaging key players in the healthcare space in East Africa- start to future conversations on collaboration opportunities. SEAD also leveraged the time and travel of two IC GHAB members who attended the Sankalp meeting and participated in the dinner event.</p> <p>Panel Discussion: Krishna Udayakumar participated on a panel discussion at the Forum on unconventional and disruptive technology interventions for healthcare, which provided an opportunity to discuss SEAD's work in supporting innovation.</p>	Kenya	Complete
Duke Sustainable Business & Social Innovation (SBSI) Conference: Shaping the Future Through Innovation	Co-Sponsored the Duke Sustainable Business & Social Innovation (SBSI) Conference: Shaping the Future Through Innovation. On February 12, 2014, SEAD co-sponsored the annual Duke SBSI Conference, and contributed to the planning and facilitation of the global health panel (Global Health: Pioneering advancements to reach the bottom of the pyramid). SEAD team members participated on various panels sessions.	United States	Complete
Future of Healthcare Conference	Special address highlighting SEAD, IPIHD, and DIHI's complementary work supporting global health innovation. See transcript: http://www.future-of-healthcare.org/Transcript-of-Role-of-Innovation-in-Achieving-Universal-Access-to-healthcare.aspx . IPIHD also co-authored a white paper with McKinsey on role of innovation in supporting universal access (see in publications).	India	Complete
SwitchPoint Conference	Dr. Krishna Udayakumar, SEAD Co-PI spoke about global innovation at the SwitchPoint regional health innovation conference.	United States	Complete
Health Innovation Discussion	The SEAD team hosted three events in different cities in India to discuss global health innovation and bringing together SEAD innovators, investors, industry members, and others.	India	Complete
Health Innovation Discussion	The SEAD team hosted three events in different cities in India to discuss global health innovation and bringing together SEAD innovators, investors, industry members, and others.	India	Complete
Health Innovation Discussion	The SEAD team hosted three events in different cities in India to discuss global health innovation and bringing together SEAD innovators, investors, industry members, and others.	India	Complete

Name	Description	Country	Status
ANDE Annual Conference	Each year, the ANDE Annual Conference is the largest gathering of members from around the globe. The event is targeted at high-level executives of ANDE member organizations, including leading investors, capacity development providers, foundations, banks, corporations, and research institutions. The highly interactive agenda features workshops on solutions to common challenges, networking sessions, and plenaries with leading thinkers in the SGB space. Cathy Clark was the Keynote Interview (by Anne Field of Forbes) to speak on The Impact Investor. SEAD project associates Logan Couce and Sylvia Sable presented insights about scaling global health innovation at this event.	United States	Complete
Unite for Sight Conference	Matt Nash and Krishna Udayakumar presented on SEAD and scaling, and on student engagement programming.	United States	Complete
Global Solutions Summit (US Dept of State)	Matt Nash spoke on a panel (Technology Deployment – Institutional Support) and gave an overview of the SEAD program	United States	Complete
Saving Lives at Birth Development Exchange	Matt Nash delivered presentation titled Common Pitfalls and Strategies for Scaling Impact	United States	Complete
Ashoka U Exchange	Matt Nash delivered a session on research and engaging faculty.	United States	Complete
ANDE Metrics Conference	Two members of the SEAD team sat on a panel discussion titled "Health Metrics: From Development to Deployment" at the ANDE Metrics Conference. The panel talked about the challenges in developing metrics in the health sector and how our innovators are using metrics to evaluate their performance and impact.	United States	Complete
Symposium for Practitioner Reflections on Policy and Market Infrastructure Needed to Stimulate Impact Investing	CASE i3 co-hosted, with the Skoll Centre at Oxford, an invitation-only Symposium for Practitioner Reflections on Policy and Market Infrastructure Needed to Stimulate Impact Investing, at the Said School of Business prior to the Skoll World Forum. Cathy ran discussion on policies needed to support small and growing business development in LMICs.	United Kingdom	Complete

Name	Description	Country	Status
Devex Impact Session at Pfizer	CASE i3 Director Cathy Clark moderated a panel for the Devex Impact Session held at Pfizer's offices in NY on the role of impact investing and development. Speakers included Ricardo Michel of USAID, Giselle Leung of the GIIN, Kate Ahern of the Case Foundation, Celia Wong of Deutschebank, and Mitchell Strauss of OPIC. Check @deveximpact for tweets and blogs from the rich conversation about the role of public private partnerships, cross-sector collaboration, layer cake funds, and different ways that corporations can get involved in impact investing for development.	United States	Complete
Society for International Development	Following a keynote address by USAID Administrator Shah, Cathy Clark participated in a plenary panel with representatives from MasterCard Corporation and World Bank Group to speak on how private investors and public sector donors can collaborate and ensure success in both development impact and financial returns. Cathy's contributions were very well-received among the conference audience of approximately 700.	United States	Complete
(Leveraged) National Advisory Board – G8 Task Force	At this June 2014 meeting in London of all National Advisory Boards and task forces, members participated in a preliminary review of all recommendations and papers. Cathy represented the US along with 10 others. (travel not funded by SEAD)	United Kingdom	Complete
Investors' Circle Global Health Advisory Board (GHAB) Meeting	Convened the Investors' Circle Global Health Advisory Board (GHAB) first in-person meeting at on October 21st in Washington, DC with 15 GHAB members in attendance. Full day conversation centered around how to increase pipeline and investor interest in the global health sector.	United States	Complete
Investors' Circle Beyond the Pitch: Denver event	Pitch event included a global health track; Five companies with international development impact pitched, two of which had global health impact potential	United States	Complete
Investors' Circle Beyond the Pitch: Seattle event	Pitch event included a global health track; three companies with international development impact pitched, two of which had global health impact potential	United States	Complete
Duke Symposium on Scaling Innovations in Global Health	Over 200 entrepreneurs, faculty, students, and community members attended the 2014 Duke Symposium on Scaling Innovations in Global Health, where they listened to speakers and participated in panel sessions that highlighted the perspectives and experience of SEAD innovators, Duke faculty, and other HESN stakeholders. Chuck Slaughter of Living Goods delivered the keynote address, and participants then had the opportunity to attend two of seven panel sessions on topics ranging from innovation in East Africa to financing a social venture to learning from failure	United States	Complete
SEAD Summit Dinner #1	Brought together key Duke stakeholders with SEAD SEs to share their work and network.	United States	Complete

Name	Description	Country	Status
SEAD Summit Dinner #2	Brought together Duke faculty with SEAD SEs to identify opportunities for research collaboration	United States	Complete
Speaker: Alden Zecha	Co-hosted SEAD entrepreneur Sproxil to give talk "Scaling Innovations in Global Health" during Duke's Entrepreneurship Week.	United States	Complete
Speaker: Eric Bing	Hosted speaker Eric Bing, author of Pharmacy on a Bicycle, to discuss engaging both the public and private sector to tackle healthcare challenges in the developing world.	United States	Complete
Speaker: Alena Stern	Invited Alena Stern from HESN AidData lab to present AidData's work to students and faculty at Duke Global Health Institute.	United States	Complete

APPENDIX II.H. Workshops/Trainings/Capacity Building - FY 2014

Name	Description	Country	Status
Arab Health Conference	Krishna Udayakumar co-chaired the Health Innovation track of the Arab Health conference, and highlighted SEAD as part of IPHID's health innovation work. Additionally, ran a half-day workshop on implementing innovation, including case study on one of our SEAD innovators (ClickMedix).	United Arab Emirates	Complete
Social Entrepreneurship 101 Workshop	Co-Led student Social Entrepreneurship 101 Workshop: Since Duke students outside of the Business School have little opportunity to formally learn about the frameworks behind social entrepreneurship, SEAD and co-sponsors offered this workshop to students from around the campus.	United States	Complete
Navigating the Road from Grant Capital to Impact Investment	Investors' Circle and CASE i3 presented a private capital workshop, "Navigating the Road from Grant Capital to Impact Investment," to twelve registrants from USAID on October 21. The workshop introduced USAID personnel to the private equity raising process and criteria, shared SEAD learnings on scale readiness, provided examples from the SEAD cohort, and concluded with a discussion about the stages of development.	United States	Complete
Design Thinking for MBAs workshop	SEAD collaborated with CASE and the Fuqua Design & Innovation in Business club to develop a Design Thinking for MBAs workshop (with social impact slant and health-related examples) to take place in April 2014.	United States	Complete
Lunch & Learn: Jacaranda Health	Hosted Lunch & Learn for MBA students with representative from SEAD innovator Jacaranda Health to discuss business strategy options given realities of healthcare and ecosystem challenges and opportunities in Kenya.	United States	Complete
Arab Health Conference	Krishna Udayakumar co-chaired the Health Innovation track of the Arab Health conference, and highlighted SEAD as part of IPHID's health innovation work. Additionally, ran a half-day workshop on implementing innovation, including case study on one of our SEAD innovators (ClickMedix).	United Arab Emirates	Complete
Social Entrepreneurship 101 Workshop	Co-Led student Social Entrepreneurship 101 Workshop: Since Duke students outside of the Business School have little opportunity to formally learn about the frameworks behind social entrepreneurship, SEAD and co-sponsors offered this workshop to students from around the campus.	United States	Complete
Navigating the Road from Grant Capital to Impact Investment	Investors' Circle and CASE i3 presented a private capital workshop, "Navigating the Road from Grant Capital to Impact Investment," to twelve registrants from USAID on October 21. The workshop introduced USAID personnel to the private equity raising process and criteria, shared SEAD learnings on scale readiness, provided examples from the SEAD cohort, and concluded with a discussion about the stages of development.	United States	Complete

Name	Description	Country	Status
Design Thinking for MBAs workshop	SEAD collaborated with CASE and the Fuqua Design & Innovation in Business club to develop a Design Thinking for MBAs workshop (with social impact slant and health-related examples) to take place in April 2014.	United States	Complete
Lunch & Learn: Jacaranda Health	Hosted Lunch & Learn for MBA students with representative from SEAD innovator Jacaranda Health to discuss business strategy options given realities of healthcare and ecosystem challenges and opportunities in Kenya.	United States	Complete

APPENDIX II.I. Other Outputs - FY 2014

Name	Description	Country	Status
Consortium of Universities for Global Health's (CUGH) 5th Global Health Conference	As the Millennium Development Goals (MDGs) come to an end in 2015, this conference looked at the future of the global health enterprise. SEAD Research Program Manager Andrea Taylor and SEAD innovators from Jacaranda Health and Clickmedix attended.	United States	Complete
Social Capital Markets	Cathy Clark, Anne Katharine Wales, and Sarah Gelfand attended the Social Capital Markets conference to meet with potential innovators and engage with global health investors. Additionally, the concept of Multilingual Leadership, expounded upon in the book <i>The Impact Investor: Lessons in Leadership and Strategy for Collaborative Capitalism</i> , was debuted at the annual SOCAP conference by co-authors Cathy Clark, Ben Thornley, and Jed Emerson. Cathy, Ben, and Jed spoke during the plenary session on Wednesday, introducing this important topic to conference attendees from all sectors of the impact investing universe.	United States	Complete
Triangle Global Health Consortium	The Triangle Global Health Consortium's inaugural conference brought together leaders and innovators from the pharmaceutical and biotechnology industries, the international health development NGO community, and academia. Participants explored opportunities for cross-sector collaboration and advancing innovation from research to practice. Alden Zecha, CFO of SEAD innovator Sproxil gave a panel presentation on innovation in infectious disease management to regional global health conference.	United States	Complete
(Leveraged) Clinton Global Initiative	Sarah Gelfand attended the Clinton Global Initiative Annual Meeting attending several sessions focused on global health.	United States	Complete
US Global Leadership Coalition: Innovations and Smart Power Expo	SEAD had a booth at the event to share information about the SEAD program with participants.	United States	Complete
SEAD Program Evaluation	SEAD Program Evaluation is collecting data on SEAD SE outcomes and SEAD program outputs		Ongoing
Consortium of Universities for Global Health's (CUGH) 5th Global Health Conference	As the Millennium Development Goals (MDGs) come to an end in 2015, this conference looked at the future of the global health enterprise. SEAD Research Program Manager Andrea Taylor and SEAD innovators from Jacaranda Health and Clickmedix attended.	United States	Complete

Name	Description	Country	Status
Social Capital Markets	Cathy Clark, Anne Katharine Wales, and Sarah Gelfand attended the Social Capital Markets conference to meet with potential innovators and engage with global health investors. Additionally, the concept of Multilingual Leadership, expounded upon in the book <i>The Impact Investor: Lessons in Leadership and Strategy for Collaborative Capitalism</i> , was debuted at the annual SOCAP conference by co-authors Cathy Clark, Ben Thornley, and Jed Emerson. Cathy, Ben, and Jed spoke during the plenary session on Wednesday, introducing this important topic to conference attendees from all sectors of the impact investing universe.	United States	Complete
Triangle Global Health Consortium	The Triangle Global Health Consortium's inaugural conference brought together leaders and innovators from the pharmaceutical and biotechnology industries, the international health development NGO community, and academia. Participants explored opportunities for cross-sector collaboration and advancing innovation from research to practice. Alden Zecha, CFO of SEAD innovator Sproxil gave a panel presentation on innovation in infectious disease management to regional global health conference.	United States	Complete
(Leveraged) Clinton Global Initiative	Sarah Gelfand attended the Clinton Global Initiative Annual Meeting attending several sessions focused on global health.	United States	Complete
US Global Leadership Coalition: Innovations and Smart Power Expo	SEAD had a booth at the event to share information about the SEAD program with participants.	United States	Complete
SEAD Program Evaluation	SEAD Program Evaluation is collecting data on SEAD SE outcomes and SEAD program outputs		Ongoing

APPENDIX III. Partners - FY 2014

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
Investors' Circle	Low	NGO	United States	Investors' Circle is the oldest, largest and most successful early-stage impact investing network. Together with hundreds of angels, venture capitalists, foundations and family offices, we have propelled \$172 million plus \$4 billion in follow on investment into 271 enterprises dedicated to improving the environment, education, health and community.	Leverage (other than cost-share)
Investors' Circle	Low	NGO	United States	Investors' Circle is the oldest, largest and most successful early-stage impact investing network. Together with hundreds of angels, venture capitalists, foundations and family offices, we have propelled \$172 million plus \$4 billion in follow on investment into 271 enterprises dedicated to improving the environment, education, health and community.	Cost-share.
International Partnership for Innovative Healthcare Delivery (IPIHD)	Low	NGO	United States	IPIHD, in collaboration with investors, sponsors, industry, and innovators, actively seeks ways to overcome the key challenges in scaling innovations identified in the innovation research through four core programs	Leverage (other than cost-share)
Duke University	Low	Higher Education Institution/ Research Organization	United States	Includes cost-share from Fuqua (including CASE), School of Medicine, Investors' Circle, and Duke Global Health Institute	Cost-share.
Duke University (Multi)	High	Higher Education Institution/ Research Organization	United States	Includes leverage from DukeEngage Engineering World Health, I&E, DIBS, FCCP	Leverage (other than cost-share)

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
Duke University Bass Connections	Low	Higher Education Institution/ Research Organization	United States	Bass Connections is a university-wide initiative that links faculty and students to respond to complex challenges through problem-focused educational pathways and project teams. SEAD has contributed to the development of two Bass Connections projects - one on Evaluation of Health Innovation and one on CHX scaling.	Leverage (other than cost-share)
Duke Africa Initiative	High	Higher Education Institution/ Research Organization	United States	The Africa Initiative (AI) is a faculty-led initiative that brings scholars together – from across Duke University and Duke University Health System – who have a shared interest, whether through their research or programmatic activities, in the countries and cultures of the African continent.	Leverage (other than cost-share)
Calvert Foundation	High	Private Philanthropy/Foundation	United States	Calvert Foundation enables people to invest for social good. Through the Community Investment Note, Calvert Foundation connects individual investors with organizations working around the globe, developing affordable housing, creating jobs, protecting the environment, and working in numerous other ways for the social good. Calvert Foundation is a Community Development Financial Institution (CDFI), a type of financial institution providing community development financing and services to underserved communities in the US.	
Operation ASHA	Low	NGO	India	This innovator is part of the first SEAD cohort. Works to prevent and treat tuberculosis with the ultimate goal of eliminating TB among disadvantaged communities by utilizing SMS and biometric technology to ensure treatment adherence.	
Arogya Finance	Low	Commercial Enterprise	India	This innovator is part of the second SEAD cohort. Health Loans for the Traditionally Unbankable. Provides health loans within 24 hours to patients, approving patients based on a proprietary behavioral test rather than formal system requirements like a bank account or collateral.	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
Forus Health	Low	Commercial Enterprise	India	This innovator is part of the second SEAD cohort. Intelligent Medical Technology. Focused on “Democratizing Wellness,” Forus Health develops affordable technology solutions that can easily be used by a minimally trained technician, thereby making health service accessible and scalable. Creator of 3nethra- an intelligent pre-screening ophthalmology device.	
Riders for Health	Low	NGO	Kenya	This innovator is part of the first SEAD cohort. An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	
Riders for Health	Low	NGO	Lesotho	This innovator is part of the first SEAD cohort. An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	
Riders for Health	Low	NGO	Malawi	This innovator is part of the first SEAD cohort. An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	
Riders for Health	Low	NGO	Nigeria	This innovator is part of the first SEAD cohort. An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	
Riders for Health	Low	NGO	Gambia	This innovator is part of the first SEAD cohort. An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	
Riders for Health	Low	NGO	Zambia	This innovator is part of the first SEAD cohort. An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
Riders for Health	Low	NGO	Zimbabwe	This innovator is part of the first SEAD cohort. An International social enterprise that manages and maintains vehicles for health-focused partners in sub-Saharan Africa which enables health works to deliver vital health care to rural communities on a reliable and cost-effective basis.	
North Star Alliance	Low	NGO	South Africa	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	
North Star Alliance	Low	NGO	Mozambique	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	
North Star Alliance	Low	NGO	Gambia	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	
North Star Alliance	Low	NGO	Botswana	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	
North Star Alliance	Low	NGO	Zimbabwe	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
North Star Alliance	Low	NGO	Swaziland	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	
North Star Alliance	Low	NGO	Tanzania	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	
North Star Alliance	Low	NGO	Dem. Rep. Congo	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	
North Star Alliance	Low	NGO	Kenya	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	
North Star Alliance	Low	NGO	Uganda	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa's transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
North Star Alliance	Low	NGO	Zambia	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa’s transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	
North Star Alliance	Low	NGO	Malawi	This innovator is part of the second SEAD cohort. Shipping Container Clinics for Transport Workers. Operates a network of converted shipping container clinics placed along Africa’s transport corridors currently serving over 215,000 people in 13 countries. Partners with over 70 public, private and social organizations including Chevron, Heineken, UPS and others	
Naya Jeevan	Low	NGO	Pakistan	This innovator is part of the first SEAD cohort. A hybrid social enterprise that seeks to bring low-income families throughout the emerging world out of poverty by providing them with affordable access to quality healthcare, mobile health technology and mobile-enabled financial inclusion.	
SughaVazhvu	Low	NGO	India	This innovator is part of the second SEAD cohort. Evidence Based Blue Print for Primary Care. Offers low-cost primary healthcare services through an easy to follow blue print clinic system. This includes a focus on evidence-based primary care, use of a proprietary health management information system, community engagement tactics and highly developed protocols to treat the most common 80+ illnesses.	
Swasth	Low	Commercial Enterprise	India	This innovator is part of the second SEAD cohort. Low Cost, Patient Centered, Primary Care Franchise. Driven by the motto “Health for all,” Swasth India operates a chain of primary care centers in slum areas with a model that provides a 50% reduction in out of pocket expenses to the patient. Provides everything in a 150 square foot facility that offers access to a family doctor, rapid diagnostics on site, discounts on drugs, referrals with discounts, in patient day care services and electronic health records.	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
Vaatsalya	Low	Commercial Enterprise	India	This innovator is part of the first SEAD cohort. Builds and manages hospitals/clinics in semi-urban and rural areas of India to bring healthcare services where they are most needed.	
salaUno	Low	Commercial Enterprise	Mexico	This innovator is part of the first SEAD cohort. Applies operating and strategic principles pioneered by the successful Aravind Eye Care System in India as well as engineering best practices such as Lean and Kaizen to bring timely and affordable eye surgery services.	
Changamka	Low	Commercial Enterprise	Kenya	This innovator is part of the first SEAD cohort. An integrated health financing company that utilizes an electronic platform, accessible by mobile phones, to facilitate the financing of healthcare services for the working poor in Kenya.	
Jacaranda	Low	NGO	Kenya	This innovator is part of the first SEAD cohort. Combines business and clinical innovations to create a self-sustaining and scalable chain of clinics that provide reproductive health services to poor urban women.	
ClickMedix	Low	Commercial Enterprise	United States	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	Bangladesh	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	Botswana	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
ClickMedix	Low	Commercial Enterprise	China	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	Chile	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	Egypt	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	Ghana	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	Guatemala	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	India	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	Mexico	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
ClickMedix	Low	Commercial Enterprise	Peru	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	Philippines	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	Taiwan	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	Trinidad and Tobago	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
ClickMedix	Low	Commercial Enterprise	Uganda	This innovator is part of the first SEAD cohort. Brings affordable and quality health services to underserved populations by connecting patients to doctors through mobile technologies and community-based health providers to achieve continuous healthcare delivery to patients.	
Penda Health	Low	NGO	Kenya	This innovator is part of the first SEAD cohort. Builds a chain of primary healthcare clinics to finally bring quality healthcare to Kenya's lower income families by utilizing a unique staffing model and a focused set of services that address key outpatient needs in order to bring down costs.	
We Care Solar	Low	NGO	Cameroon	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
We Care Solar	Low	NGO	Dem. Rep. Congo	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Eritrea	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Ethiopia	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Kenya	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Liberia	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Malawi	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Nigeria	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
We Care Solar	Low	NGO	Rwanda	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Senegal	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Sierra Leone	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Somalia	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	S. Sudan	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Tanzania	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Gambia	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
We Care Solar	Low	NGO	Uganda	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Zimbabwe	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Mexico	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Nicaragua	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Haiti	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Afghanistan	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Burma	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
We Care Solar	Low	NGO	India	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Pakistan	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Japan	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Nepal	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Papua New Guinea	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	Philippines	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
We Care Solar	Low	NGO	China	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	

Partner Name	Level of Engagement	Partner Type	Partner Location Country	Partner Description	Support Type
We Care Solar	Low	NGO	Viet Nam	This innovator is part of the first SEAD cohort. Promotes safe motherhood and reduces maternal mortality in developing regions by providing health workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.	
LifeNet International	Low	NGO	Burundi	This innovator is part of the second SEAD cohort. Efficient Capacity Building for Local Health Clinics. Strengthens local healthcare capacity, by partnering with community health centers to build their medical and administrative capacity and connect them with necessary pharma/medical equipment.	
Sproxil	Low	Commercial Enterprise	Ghana	This innovator is part of the first SEAD cohort. Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	
Sproxil	Low	Commercial Enterprise	Nigeria	This innovator is part of the first SEAD cohort. Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	
Sproxil	Low	Commercial Enterprise	India	This innovator is part of the first SEAD cohort. Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	
Sproxil	Low	Commercial Enterprise	Kenya	This innovator is part of the first SEAD cohort. Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	
Sproxil	Low	Commercial Enterprise	United States	This innovator is part of the first SEAD cohort. Provides world-class brand protection services in emerging markets by allowing consumers to verify product genuineness within seconds through SMS texts.	

APPENDIX IV. Classes & Disciplines - FY 2014

Name	Description	Institution	Status
Design for the Developing World	Design of custom devices to help the specific and unique needs of developing world hospitals. Formal engineering design principles will be emphasized; overview of developing world conditions, patent issues, engineering ethics. Oral and written reports will be required. Students may elect to personally deliver their projects to a developing world hospital, if selected, in the summer following the course. SEAD provided financial support for this course, taught by Bob Malkin.	Duke University	Ongoing
Fuqua Client Consulting Practicum	The goal of the Fuqua Client Consulting Practicum (FCCP) is to enhance students' business education by developing collaborative consulting engagements with businesses and nonprofit organizations in which our students assist their client organizations in addressing existing and emerging challenges. SEAD worked to recruit global health and international development-focused clients for the course, including two SEAD innovators in 2014-15 and 3 organizations engaged in global health innovation in 2013-14.	Duke University	Ongoing
Fuqua Client Consulting Practicum	The goal of the Fuqua Client Consulting Practicum (FCCP) is to enhance students' business education by developing collaborative consulting engagements with businesses and nonprofit organizations in which our students assist their client organizations in addressing existing and emerging challenges. SEAD worked to recruit global health and international development-focused clients for the course, including two SEAD innovators in 2014-15 and 3 organizations engaged in global health innovation in 2013-14.	Duke University	Ongoing
Health Policy and Global Health	This one-week mandatory session is designed to expose students to fundamental health economics and global health concepts. Through a variety of learning modalities, students integrate knowledge to consider issues outside the confines of a single discipline. SEAD gave a presentation on global health innovation during the course.	Duke University	Complete
Voices in Global Health	Through practical and theoretical discussions around case studies, personal narratives, documentaries and recorded interviews in the Spanish language, students will examine how language and culture impact health beliefs and behaviors. Explore underlying reasons for different beliefs and behaviors with the goal of creating culturally appropriate interventions. SEAD invited Mexican-based salaUno to present their work via Skype during the Spanish language course.	Duke University	Complete

Name	Description	Institution	Status
Supply Chain Management	This course introduces the main concepts, best practices, and key strategies of supply chain management. SEAD coordinated with the professor to bring two representatives from USAID's Supply Chain for Health division to present the students with how the supply chain concepts are applied in the global health setting - particularly with the HIV/AIDS supply chain.	Duke University	Complete
Health Care Provider Strategy	This course provides students with the tools to understand, formulate and innovate strategy in today's global provider space. Cases span the US, Canada, India, and South Africa, and introduce the Blue Ocean strategy innovation approach. Students took on projects within the course, and SEAD arranged for one team of students to work on a project for a SEAD innovator.	Duke University	Complete
Health Policy and Law	Within this course on health law and policy, SEAD guest presented on global health innovation and the policy and legal/regulatory challenges and opportunities.	Duke University	Complete
Seminar Series on Health Sector Management	The business of health care has become increasingly complex. To address emerging issues and guide this sector in the future, leaders will need strong general management skills coupled with an in-depth understanding of the health sector's complex business relationships. The Health Sector Management program's curricular framework encourages students to use the general management skills they are acquiring in core MBA courses directly in the health sector. SEAD gave a presentation on global health innovation during the course.	Duke University	Ongoing
Fundamentals of Global Health	Introduction to global health issues and challenges. Develop an understanding of key concepts, tools, and frameworks essential for continued study in global health. Focus on global disease burden, health determinants and disparities, health policy and actors, and challenges of global health interventions. SEAD engaged with the course related to their case competition; the professor required all teams to incorporate learnings from the SEAD Summit into their solutions, and a SEAD team member served as a judge in the finals.	Duke University	Complete
Innovation and Policy Entrepreneurship	Innovative approaches are increasingly seen as key to solving difficult, complex or new challenges in this century, whether the challenges are local survival in the face of persistent droughts or boosting productivity to meet global competition. It is policy entrepreneurship that is needed to craft the policy innovations or the frameworks that encourage innovation and private sector entrepreneurship. SEAD gave a presentation on global health innovation during the course.	Duke University	Complete

Name	Description	Institution	Status
Bass Connections - Evaluation of Scaling Innovative Healthcare Delivery in East Africa	The goal of this Bass Connection Project is to increase our understanding of the drivers of scale for health-focused Social Entrepreneurs (SEs) and the impact of these organizations in improving the health and healthcare of their target populations. This Bass Connections project will allow us to perform health market research (e.g., literature reviews, secondary data analysis, a standalone questionnaire, etc.) on methods to increase primary care utilization in resource poor settings. We may also perform an evaluation to assess whether Penda's marketing is reaching the intended users.	Duke University	Ongoing
Bass Connections - Evaluation of Scaling Innovative Healthcare Delivery in East Africa	The goal of this Bass Connection Project is to increase our understanding of the drivers of scale for health-focused Social Entrepreneurs (SEs) and the impact of these organizations in improving the health and healthcare of their target populations. This Bass Connections project will allow us to perform health market research (e.g., literature reviews, secondary data analysis, a standalone questionnaire, etc.) on methods to increase primary care utilization in resource poor settings. We may also perform an evaluation to assess whether Penda's marketing is reaching the intended users.	Duke University	Ongoing
Bass Connections - Chlorohexadine for Umbilical Cord Care	Through a year long class (Sep 2014 - May 2015) and field trip to Kenya (~ May 2015), students on this Bass team will explore global health topics, analyze CHX for Cord Care gaps and propose solutions to problems identified through their research. The course will cover general topics regarding global health, economic analysis of innovations like CHX for cord care, manufacturing and distribution of drugs and devices in and for resource poor settings; orientation to CHX and Kenya in preparation for the May 2015 field trip. SEAD connected the Duke faculty for this course with USAID, which spurred the development of this course. SEAD also connected the students with learning resources.	Duke University	Ongoing
Bass Connections - Chlorohexadine for Umbilical Cord Care	Through a year long class (Sep 2014 - May 2015) and field trip to Kenya (~ May 2015), students on this Bass team will explore global health topics, analyze CHX for Cord Care gaps and propose solutions to problems identified through their research. The course will cover general topics regarding global health, economic analysis of innovations like CHX for cord care, manufacturing and distribution of drugs and devices in and for resource poor settings; orientation to CHX and Kenya in preparation for the May 2015 field trip. SEAD connected the Duke faculty for this course with USAID, which spurred the development of this course. SEAD also connected the students with learning resources.	Duke University	Ongoing

Name	Description	Institution	Status
Bass Connections - Innovation & Technology Policy Lab	The Policy Lab will conduct empirical case studies of the business models, intellectual property strategies and regulatory context of innovators for development in both developed and developing countries. These case studies will combine the entrepreneur's perspective and the view from various policy stakeholders (government officials, users, competitors). They will inform comparative analysis from which the Policy Lab will present IP policy options to development agencies. SEAD contributed a small amount of funding to support the course.	Duke University	Ongoing

APPENDIX V. Fellowships & Practica - FY 2014

Name	Short Description	Host Organization	Total # Students	Status
SEAD/IPIHD MBA Summer Internship/Fellowship	Within the SEAD/IPIHD summer internship, MBA students provide in-person, direct support to innovators in the SEAD/IPIHD network.	Duke University	2	Complete
SEAD/IPIHD MBA Summer Internship/Fellowship	Within the SEAD/IPIHD summer internship, MBA students provide in-person, direct support to innovators in the SEAD/IPIHD network.	Duke University	1	Complete
SEAD/IPIHD MBA Summer Internship/Fellowship	Within the SEAD/IPIHD summer internship, MBA students provide in-person, direct support to innovators in the SEAD/IPIHD network.	Duke University	2	Complete
CASE Summer Internship Fund	MBA student provided support to SEAD innovator salaUno.	Duke University	1	Complete
Duke Global Health Fellows Program	The Global Health Fellows program is designed to equip students to join in the fight against HIV/AIDS, tuberculosis, malaria, and other pressing health challenges. The program will provide students with both an academic and experiential perspective on how intergovernmental institutions, public-private partnerships, and non-governmental organizations shape global health policy.	Duke University	4	Complete
USAID-HESN Internship	Students interned with USAID/Washington over the summer.	USAID	4	Complete

Name	Short Description	Host Organization	Total # Students	Status
Fuqua Client Consulting Practicum	The goal of the Fuqua Client Consulting Practicum (FCCP) is to enhance students' business education by developing collaborative consulting engagements with businesses and nonprofit organizations in which our students assist their client organizations in addressing existing and emerging challenges. SEAD supported students to provide support to global health ventures in South Africa through Wits University and Imperial Health Sciences.	Duke University	8	Complete
Developing World Healthcare Technology Lab	Students worked on a pilot of the Pratt Pouch in Tanzania	Duke University	2	Complete
DukeEngage Engineering World Health	Students worked through Engineering World Health to facilitate the transfer of healthcare technology to regional hospitals through medical equipment repair and technical training.	Duke University	8	Complete
DukeEngage Engineering World Health	Students worked through Engineering World Health to facilitate the transfer of healthcare technology to regional hospitals through medical equipment repair and technical training.	Duke University	12	Complete

APPENDIX VI. Communications - FY 2014

Communication Title	Description	Location
<u>Pitching Investors in Global Health: Funding Lessons from Social Entrepreneurs.</u>	By Cathy Clark and Lila Cruikshank. Posted on the Huffington Post.	
<u>Mysteries of Social Marketing Revealed (Mostly).</u>	By Sylvia Sable. Posted on Next Billion.	
<u>(Leverage) Success in Impact Investing Through Policy Symbiosis.</u>	By Ben Thornley, Cathy Clark, and Jed Emerson. Posted on Huffington Post.	
<u>Encouraging Investing Beyond Financial Returns</u>	"Encouraging Investing Beyond Financial Returns" – Adjunct Prof Cathy Clark part of a national advisory board recommending policy changes to the US Government at the White House and US Capitol.	
<u>A Guide to "Good" Investment</u>	Cathy Clark reviews Judith Rodin's "The Power of Impact Investing" on SSIR	
<u>Mission-Driven Returns</u>	Cathy Clark, Jed Emerson, & Ben Thornley blog on SSIR	

APPENDIX VII. Travel - FY 2014

Country	# Travelers	Partner(s) Engaged	Purpose	Outcome(s)	Next Steps
Mexico	1	SEAD innovators, corporate partners	Facilitated Panel on Corporate Partnerships at 4th Annual Latin American Impact Investment Forum (FLII)	Facilitated a panel discussion with SEAD innovators and corporate partners (CEMEX, FEMSA) on key partnership lessons, advice. Used opportunity to identify new pipeline organizations and created strong partnerships for innovator looking to expand into Mexico. Also built relationships with key investors in the Latin American market as well as other accelerator programs for cross-learning opportunities.	
Kenya	1	ANDE, OCA	Co-Host Sankalp East Africa Dinner on Healthcare Innovation with ANDE, USAID East Africa, OCA, SEAD; Meet with USAID/East Africa about the proposed SEAD SOW	Continuing to refine the SOW for SEAD's deeper engagement in East Africa with the USAID/East Africa Mission.	
Mexico	5	salaUno	Assessed key challenges at salaUno	Formulated ways that SEAD can support; Identified ways clinical leaders at Duke can work with salaUno on clinical challenges	
Kenya	4	SEAD innovators	Site visits with SEAD innovators, meetings with regional investors, academics, accelerators, and other innovators; hosted a dinner on healthcare innovation; interviewed candidates for E. Africa positions	Follow up with SEAD innovators on workshop content; - Follow up with prospective partners and job candidates	

Country	# Travelers	Partner(s) Engaged	Purpose	Outcome(s)	Next Steps
Burundi	4	SEAD innovators	Site visits with SEAD innovators, meetings with regional investors, academics, accelerators, and other innovators; hosted a dinner on healthcare innovation; interviewed candidates for E. Africa positions	Follow up with SEAD innovators on workshop content; - Follow up with prospective partners and job candidates	
India	3		Site visits with SEAD innovators, meetings with regional investors, academics accelerators, and other innovators; hosted events on healthcare innovation	Follow up with SEAD innovators on workshop content; - Follow up with prospective partners and collaborators	
Kenya	1		To meet with researchers at Kenyatta University, the University of Nairobi and Makerere University about developing research projects related to the SEAD project. To meet with several SEAD innovators based in Nairobi to discuss research collaborations and the SEAD program evaluation; also to meet with members of the USAID EA mission to discuss the SEAD East Africa project.		
Uganda	1		To meet with researchers at Kenyatta University, the University of Nairobi and Makerere University about developing research projects related to the SEAD project. To meet with several SEAD innovators based in Nairobi to discuss research collaborations and the SEAD program evaluation; also to meet with members of the USAID EA mission to discuss the SEAD East Africa project.		

Country	# Travelers	Partner(s) Engaged	Purpose	Outcome(s)	Next Steps
Kenya	1		Rachele traveled to Nairobi in June to build the pipeline of global health investors in East Africa. The week was packed with meetings with investors, incubator programs, and entrepreneurs, and IC got a better understanding of the investor landscape in the region.		
India	1		Attended the Future of Healthcare Conference and delivered special address highlighting SEAD, IPIHD, and DIHI's complementary work supporting global health innovation.		
India	1		Research Assistant traveled to India to support SEAD innovator Operation Asha to identify and evaluate potential approaches to packaging their health data for researchers and others.		