

**Making
more
health**

**by Ashoka and
Boehringer Ingelheim**

Making More Health 2012 Annual Report

WHAT IS MAKING MORE HEALTH?

Making More Health (MMH) is a global social initiative which was established at the occasion of the Boehringer Ingelheim (BI) 125th anniversary in 2010. It builds on the long term commitment of its shareholders to bring “more health to mankind” (Leitbild). It is an opportunity to support change and innovation in the field of health around the world at a transformational time for the health sector, while preparing Boehringer Ingelheim for its future.

Consistent with BI’s “Value through Innovation”, ***the vision of MMH is to identify new and better ways of improving health globally***. Our main objective is to create social impact in health, which will also prepare BI to play a key role for patients and providers now and into the future.

We believe that the most pressing problems in health around the world will require new types of collaboration between market- based companies, NGOs, and governments, which will build on their respective field-based experience to create new systems to improve health. This is why, under the umbrella of MMH, BI has embarked on a journey with Ashoka to explore the field-based activities of people around the world known as ‘social entrepreneurs’ who implement new ideas to improve health in their communities.

MMH is an initiative where business and social values can be combined to unleash innovation and achieve both economic and social progress. In the long term, BI could become a global pioneer in spearheading new types of economic health models, thus continuing to live up to the values it has promoted for the past 125 years: leadership and innovation.

WHO IS ASHOKA?

Ashoka is the global association of leading social entrepreneurs – men and women with pattern-changing solutions for the world’s most urgent social problems. Since 1981, Ashoka has elected nearly 3,000 social entrepreneurs as Ashoka Fellows, providing them with living stipends, professional support and access to a global network of peers in more than 70 countries. Through their innovative solutions, Ashoka Fellows help society re-envision what is possible; they inspire, recruit, and enable the world’s citizens to act as changemakers for the most pressing issues of our day. Through this work, Ashoka is building an Everyone A Changemaker™ world.

Did you know?

“Ashoka” means the ‘absence of sorrow’ in Sankrit. Ashoka was an Indian leader who unified the Indian subcontinent in the third century BC, renounced violence and dedicated his life to social welfare and economic development.

CORE AREAS OF WORK



Identify a
community of
health
innovators



Empower
employee
changemaker
talent



Build bridges
to BI's business



Identify a community of health innovators

BI and Ashoka are using two different strategies to source innovations. First, we are identifying **social entrepreneurs** with new solutions to global and regional health challenges. Second, we are using an open source approach to invite the general public to enter health innovations onto **online competitions** hosted on Ashoka's Changemakers.com where they can win monetary prizes and gain recognition. These innovations are fundamentally changing health systems by introducing efficient, low-cost solutions, thereby increasing health access.



Empower employee changemaker talent

We are also bringing new opportunities to BI employees through personal and professional development, as well as a sense of pride and motivation as BI supports pressing health issues around the world. Employees can join a virtual global **Making More Health Changemakers community** to offer their expertise to health innovators. A group of employees will also have the opportunity to work intimately with social entrepreneurs through Ashoka's **Executive in Residence**. Finally, employees can get involved in Ashoka's **Youth Venture** program where they can provide mentorship and support to young entrepreneurs aged 12-24. But most importantly, employees can initiate their own ideas to improve health in the workplace or community!



Build bridges to BI's business

The pharmaceutical industry has and will continue to change. The way it reaches patients, particularly those in lower income populations, will be different than it has been in the past. Our societies need BI to continue to innovate and bring solutions for health to patients in all geographic regions and at all economic levels. This will require us to identify new solutions, new partners and new business models. Through MMH, we are gaining insights from leading social entrepreneurs and health innovators around the world on how to address these changing needs.

2012: ACHIEVEMENTS TO DATE

35 MMH Fellows

100 Youth Venture Teams launched

1 Changemaker Competition with a second on-going

32 Countries engaged in MMH

2237 BI employees engaged via MMH activities

20+ Value through Innovation (VTI) days showcasing MMH

2 Potential 'Unconventional Partnerships' identified

6 Executive in Residence placements

1 MMH Convention with a second in the planning

160 Local MMH team members

SOCIAL ENTREPRENEURS

BI and Ashoka identified 21 social entrepreneurs in 2012 under the Making More Health partnership. Known as *Making More Health Fellows*, these individuals are pioneering new solutions in health. In total, MMH is supporting 36 MMH Fellows to date.

Steve Leafloor, Canada, Blueprint for Life

Empowering youth to overcome mental health crisis through music and dance



Nattaya Boonpakdee, Thailand, Women's Health Advocacy Foundation

Changing community perceptions towards reproductive health issues

Gisela Solymos, Brazil, CREN

Addressing the psychological effects of poverty to alleviate malnutrition



Simone Berti, Brazil, Chefs Especiais

Training people with intellectual and physical disabilities in the culinary arts

Fernando Botelho, Brazil, F123 System

Improving access to knowledge and information for the visually impaired



Did you know?

Ashoka's Fellow selection process is based on five criteria: The New Idea, Social Impact, Entrepreneurial Quality, Creativity and Ethical Fiber. **Each Fellow candidate goes through both a national and international vetting process consisting of interviews, reference checks and selection panels staffed by social and business entrepreneurs.**

SOCIAL ENTREPRENEURS CONTINUED



Andres Rubiano, Colombia, Meditech

Fostering a new consciousness for integrated trauma care among under-resourced health systems



Gustavo Farruggia, Argentina, La Higuera

Bringing pediatric care to rural and marginalized communities



Sehnaz Layikel, Turkey, RUSIHAK

Improving the mental health care system in Turkey



Heidi Wang, Norway, NOEN

Supporting dementia sufferers and their families to improve long-term care



Martin Guzman, Venezuela, Lumen

Improving visual health in children by training teachers to perform eye exams



Sameer Sawarkar, India

Improving access to health care in rural India through technology



Sam Agutu, Kenya, Changamka

Making health insurance accessible through the purchase of a mobile phone



Shona McDonald, South Africa, Shonaquip

Designing wheelchairs to foster postural education of disabled children

SOCIAL ENTREPRENEURS CONTINUED



Ogo Maduewesi, Nigeria, Vitiligo Support & Awareness Foundation

Changing perceptions about vitiligo through mass and social media initiatives



Ingrid de Jonghe, Belgium, Tejo

Connecting distressed youth with mental health professionals for free therapy



Katarina Thorova, Czech Republic, APLA

Providing comprehensive support to people with autism and their families



Junto Ohki, Japan, ShuR Group

Developing the world's first open source sign language dictionary



Katherine Freund, USA, ITN

Providing 24/7 transportation services to elders in the USA



Genevieve Moreau, Belgium, Intelligent Nutrition

Building a value chain of healthy, sustainable food



Elisabeth Raith-Paula, Germany, MFM-project

Improving body confidence and self-awareness in children



Mohammad Al Ubaydli, UK, Patients Know Best

Reinventing doctor-patient communication



HIGHLIGHTING SOCIAL IMPACT

Sam Agutu-Changamka



HIS STRUCTURAL CHANGE:

Changing Kenya's health care system to provide for individual versus institutional health insurance

ACTIVITIES AND OUTPUTS

- 11,000 Smart Cards distributed (for mobile health savings)
- 4,000 maternity cards distributed
- 30 accredited medical establishments
- 500 money transfers per month
- 600 hospital transactions per month
- 35 providers accept the card
- 2,300 beneficiaries of health education for women

OUTCOMES

- Empowering low income individuals to build funds for health (targeting the 91% of Kenyans with no insurance coverage)
- Maternal health improvements (hospitals that accept the cards have seen the number of female visits increase by 30%)

Heidi Wang-NOEN



HER STRUCTURAL CHANGE

Standardizing patient-centered prevention treatment for dementia patients

ACTIVITIES AND OUTPUTS

- 22 subscribers to the dementia program
- 36 clients being served
- Mobile phone application under construction

OUTCOMES

- Increased patient functioning: allows patients to extend time living at home by 2 years
- Cost savings for health system: cost of service reduced by 120%; cost savings of over \$12 million for town of 20,000 inhabitants
- Marginalized individuals now have employment (27 individuals employed)

Fernando Botelho-F123 System



HIS STRUCTURAL CHANGE:

Enabling social and economic inclusion of the blind and visually impaired

ACTIVITIES AND OUTPUTS

- 700 software licenses sold in 23 countries (for visually impaired)
- 504,000 users of the software
- 3 major clients (institutions) - and soon 6
- 5 training projects undergone

OUTCOMES

- Computers now accessible and affordable for visually impaired (100% accessible for users; costs 6-10% of conventional screen readers)
- Enhanced professional and educational prospects for visually impaired (55% of graduates trained with F123 are employed)
- Savings for society/health care system (average cost savings to society of US\$4200/individual)

MMH ONLINE COMPETITION #2

In Summary

Ashoka and BI launched its second MMH online competition on January 23, 2013. *Transforming Health Systems: Gamechanging Business Models* aims to find the most innovative businesses models and ideas in health care. Cash prizes total \$85,000 and winners also receive pro-bono consulting from BI.

This year, the competition seeks entries from innovators tackling two of the most pressing issues in global health – namely, that many people around the world suffer from *limited access to healthcare* due to financial or other constraints and secondly, that the *incentives in many health systems are poorly designed*.

“Traditional healthcare systems in mature markets are not designed to encourage enough collaboration between key players, such as care providers, insurance companies, and government organizations. Often, the systems’ misaligned incentives fail to produce real value for patients and society. Innovative business models are urgently needed to solve this issue.”

Jean Scheftsik de Szolnok, BI Vice-President Southern Europe and MMH Steering Committee Chair

Highlights

The competition closed with **260 entries** from across **58 countries**. Read about the two early entry prize winners below. The final three winners will be announced at the beginning of July.



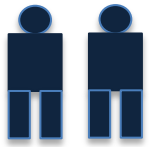
Sarrell Dental & Eye Centers has done something that many in the U.S. health industry thought was impossible—providing dental care to children covered by Medicaid, while running a sustainable business and lowering the cost of care to the government. It has 14 state-of-the-art offices and a mobile dentist bus.



Diabetes is the primary cause of death in Mexico, but diabetes-related health services are much too expensive for 80 percent of the population. Clinicas del Azúcar is changing all this through its franchised health centers, called “low-cost, one-stop shops,” that focus solely on diabetes. (Clinicas del Azúcar is an organization founded by Ashoka Fellow Javier Lozano.)

EMPLOYEE ENGAGEMENT

Employees are finding creative ways to get involved in MMH in the workplace and community. Engagement opens up a global network of health innovation and equips employees with new experiences and skills necessary to face a rapidly changing society.



The Placement

Thalita Guimaraes

ROLE: Senior Project Manager, Brazil

FELLOW: Krystian Fikert (MyMind), Ireland

PROJECT: Developing a sustainable financial model for MyMind's online mental health platform



The Experience

"Working with MyMind has made it clear that pharmaceutical companies need to offer more than relationships with doctors; they need to spread out to other businesses and other countries." -Thalita



Claire Fowler

ROLE: Business Head Animal Health, UK

FELLOW: Stephen Friend (Sage Bionetworks), USA

PROJECT: Leading a communications/marketing strategy and university engagement for Sage's annual congress

"This is a sophisticated organization that offers many opportunities to learn and grow: there is a lot of new thinking around research as well as opportunities to get involved with lots of different people, in a way that is different from my BI home office." - Claire

Kazumi Tadashi

ROLE: Head of Group in System Solutions, Japan

FELLOW: Sharon Terry (Genetic Alliance), USA

PROJECT: Support the technical development of Genetic Alliance's online platform that allows mothers to input their babies' genetic data

"This experience has been much better than any of the other professional development opportunities available at BI. I have been forced outside of my comfort zone and learned about an area of health that would not have been available to me at BI." -Tadashi

EMPLOYEE ENGAGEMENT CONTINUED

Thomas Franck

ROLE: Senior Business Consultant, Germany
FELLOW: Ana Mari Angeleri (Fundacion Educacional), Argentina
PROJECT: Develop a university and corporate engagement strategy.

"Working with an Ashoka Fellow in an NGO in a different country and culture is a lifetime chance to change perspective, to look at what you've been doing in the past from a completely different point of view...and to gain real insights into a country's culture and current (political) situation"

-Thomas



Michael Doell

ROLE: Head of Global Category Creative Agency and Promotion, Germany
FELLOW: Frank Hoffman (Discovering Hands), Germany
PROJECT: Build a support network for visually impaired Clinical Breast Examiners in the Discovering Hands® system.

"I am constantly stepping out of my comfort zone while working in a project where I am not the expert but a newcomer. I am trying to add value by sharing observations and perspectives, setting new or enhancing existing strategies, managing change in a newly created market place. This finally helps me to master ambiguous situations in my professional life." -Michael



EMPLOYEE ENGAGEMENT CONTINUED

Snapshot from BI UK



Over 2012, BI UK rolled out MMH to **800** employees with the full support of Country Manager **John Dixon**. As a result of their efforts to build engagement around MMH, BI UK was the **winner** of the 2012 VTI Day Award, ("Are We Growing Together?").



In BI UK, a local team of **10 employees** oversees the MMH strategy, approves Fellows locally and leads projects work streams. BI UK is supporting **2 Fellows** to date, an engagement which helps employees learn about new market segments and community health challenges. They are also matching offers/needs between Fellows and select employees based on employees' development plan.

The MMH competition was launched at an annual Prescription Medicine Conference and Vedmedicare Conference followed by a Lunch and Learn for employees. BI UK has specific team members devoted to communications and are using the internal magazine, intranet and VTI Day as communications channels.



Keys to Successful Engagement

1. Create a local structure to guide MMH.
2. Identify an effective local leader and solidifying support from the Country Manager.
3. Introduce employees to social entrepreneurs and shift mind-sets from mass volunteering to strategic engagement.
4. Connect MMH with a talent development aspect and build a strong strategy for local communication.

EMPLOYEE ENGAGEMENT CONTINUED

2012 Highlights from Youth Venture

In Germany, the MMH team decided to help BI apprentices to be changemakers: 150 employees participated in youth info session and mentor training workshops. In 2013, the plan is to target 800 apprentices!

For example, Ante Jonjic (20) and Nathalie Castello (16) created their venture, BE Integrated, which aims to promote dialogue and collaboration between different apprenticeship years. In 2013, this team will organize a campaign day where all apprentices work together to develop a networking platform. They also plan to provide each new apprentice with a mentor of a higher year.

In the US, the MMH team is encouraging social action among BI children. To date, 70 BI USA employees participated in a Youth Venture webinar, Dream It Do It workshop, as a panellist or mentor and 4 BI children

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“I'm new to this - I'm curious to learn from others. I really want to see more changes to public school cafeterias to provide more health options to students. Both my parents work at BI so health topics aren't new to me. I'm hoping by joining this program it will give me opportunities to see other challenges around the world.”

More Health in School, Caitlyn, child of BI employee



Successful collaboration involves co-inventing new solutions that provide both economic and social value. It is not pure philanthropy, nor is it pure business, but a space where business and social values can be combined to unleash innovation and achieve economic and social progress. In order to identify new economic health models that could be relevant for the future, BI and Ashoka have identified major trends, barriers and principles among the work of health innovators. As a sample of this work, below are the main 4 barriers and the 6 design principles to address them and to leverage change in the health field.



BARRIERS

Barrier #1: Incentives are not designed for value. Stakeholders have different competing goals and thus are dissuaded from sharing and collaborating for pure health gains.

An example of a possible innovative collaboration is Frank Hoffman with Discovering Hands teaches blind people to detect breast cancer among women in Germany. Indeed, their touch is a lot more sensitive and the use of their skill has a dual effect: it improves the efficiency of the detections and gives work for the people who are the best to do it.

Barrier #2: Healthcare is sick care. Healthcare systems focus on disease treatment rather than on prevention and healthy living.

In order to prevent obesity and improve healthy nutrition, Geneviève Moreau (Intelligent Nutrition) makes accessible for everybody reasonable methods to eat well, taking in count every stakeholders and the impact on the planet.

Barrier #3: Information asymmetry. Lack of appropriate information and actionable knowledge leads to inefficiencies in providing healthcare.

By developing a program enabling the patient, the doctor and his or her family to check online for his or her medical record, Dr. Mohammad Al Ubaydli (Patients knows best) improved the flow of information concerning health care.

Barrier #4: Lack of social contract for access. The lack of financial funds and/or priority by the government leads to gaps in public healthcare infrastructure and services.

As the government is not deeply taking care of the mobility among old people, ITN created by fellow Kathrine Freund proposes a 24/7 low-priced transportation service for elders.



Design principle 1#: Target surrounding conditions. By changing the environment in which individuals operate, behavioral changes happen.

Vandana Gopikumar (Banjan) focuses on ill homeless women from the streets of India. She thought, and was right, that bringing them into a benevolent community could heal them or at least improve their behavior and health.

Design principle 2#: Ensure beneficiary-centered design. Interactions and interventions are designed with or informed by patients, end-users, caregivers and/or other beneficiaries.

By developing at-homes programs, a set of advice and an app to track changes, Heidi Wang (NOEN) empower patients suffering from dementia and their families. She created a system where the patient and his or her environment are in the centre of the treatment.

Design principle 3#: Design for efficiency. Deploy new technology, tailored, streamlined processes and/or structural redesign to create efficiencies and empowerment.

DBS-Dry Blood Screening- is a system designed by Jordi Marti, that enables a simple, low-cost, and fast analysis of blood to track diseases.

Design principle 4#: Redefine roles. Shifting/re-skilling of individuals into new roles of delivering health services and the link of those in a collaborative ecosystem.

For example, Cool-2-Care trains Personal Assistants to become health providers for a disable child, working and helping the family by saving them time and energy.

Design principle 5#: Create Uncommon connections. Collaborations and learning take place with non-health partners, typically not seen as traditional options for health provision.

As an example, Martin Guzman created Lumen in order to train school teachers to detect vision-related problems among children.

Design principle 6#: Enable access to finance for health. Leverage new models, volume-based financing and risk-sharing to provide new health financing (and insurance) mechanisms.

With Changamka, Sam Agutu had the idea to sell mobile phones with health insurance smart cards in grocery stores throughout the country.