DUKE SYMPOSIUM ON
Scaling Innovations in Global Health

APRIL 4 | DUKE UNIVERSITY | DURHAM, NC

Nothing is Impossible

PROGRAM

Duke Social Entrepreneurship Accelerator at Duke
Higher Education Solutions Network
USAID
Welcome to the 2014 Duke Symposium on Scaling Innovations in Global Health!

Dear SEAD Innovators,

We are thrilled to have you all here and look forward to an action packed three days of learning, relationship building and innovating within global healthcare delivery.

You’ve all been selected for SEAD because you represent extremely visionary organizations - dedicated to providing high quality, low-cost access to healthcare on a global scale. You’re the true pioneers of this space and we look forward to having SEAD serve as a place for you to test your ideas, brainstorm strategic growth opportunities, connect with and position yourself for growth capital and ultimately learn from/work with the peers in your SEAD network.

We continue to be inspired by your passion and dedication to step-change improvements in healthcare around the world and look forward to getting to know you over the next three days!

Best Wishes,

The SEAD Team
The Mary Duke Biddle Trent Semans Center for Health Education

Physical Address: 8 Searle Center Drive
Durham, NC 27708

GPS Address to Closest Parking Deck:
190 Trent Drive
Durham, NC 27708

WiFi Information: network name “guest”.
SEAD BACKGROUND

The Social Entrepreneurship Accelerator at Duke (SEAD), in partnership with the U.S. Agency for International Development (USAID), is a USAID Development Lab for scaling innovations in global health. As such, it aims to provide social entrepreneurs in global health with the knowledge, systems and networks needed to succeed.

SEAD brings together interdisciplinary partners through a coordinated effort across Duke University and leverages institutional relationships and networks to create an integrated global health social entrepreneurship hub for diverse stakeholders across the globe. SEAD, in partnership USAID and its Higher Education Solutions Network (HESN), mobilizes a community of practitioners, investors, policymakers, faculty, staff, and students to identify, assess, help develop, build capacity of, and scale solutions, technologies, and business models for healthcare delivery and preventive services in developing countries. Through this program, SEAD will capture lessons learned and policy implications to ensure that our work impacts both entrepreneurs on the ground and the broader development community.

Across Duke University, we seek to 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 across a diverse set of disciplines. SEAD will act as a clearinghouse to promote opportunities across these communities, aiming to enrich the student experience, support global health innovations, and advance a culture of academic inquiry.

SEAD GOALS

- **Build the Global Health Innovation Pipeline**: SEAD will identify a qualified pool of innovative technologies, systems, business models, and approaches for healthcare and preventive services.
- **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.
- **Leverage Impact Investing**: SEAD will serve as a bridge between our innovators and the impact investment community to facilitate increased access to investors, innovative deal structures, instruments, and funding partnerships.
- **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.
- **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.
ABOUT SEAD

SEAD STAFF

Michael H. Merson, M.D.
Founder of the Duke Global Health Institute (DGHI)

Michael H. Merson is the founding director of the Duke Global Health Institute and the Wolfgang Joklik Professor of Global Health at Duke University. He joined the Duke faculty in November 2006. Dr. Merson was named Vice Chancellor for Duke-National University of Singapore (NUS) Affairs in March 2010. Most recently, Dr. Merson was named the interim Vice President and Vice Provost of Global Strategy and Programs at Duke University in June 2011.

Krishna Udayakumar, M.D., MBA
Executive Director of IPIHD

As Head of Global Innovation for Duke Medicine, Dr. Udayakumar is responsible for the development and implementation of global strategy as well as global business development for Duke Medicine. Dr. Udayakumar also serves as Executive Director of the International Partnership for Innovative Healthcare Delivery, a recently launched non-profit organization affiliated with Duke Medicine that seeks to support innovators to scale and replicate successful healthcare delivery solutions globally. Working directly with entrepreneurs around the world as well as supporters from industry, academia, foundations, and governments, the IPIHD seeks to facilitate the growth of transformative models of care across developing and developed economies.

Sarah Gelfand
Deputy Director of SEAD

Sarah Gelfand is also the Deputy Director for IPIHD. In this role, she provides strategic and operational leadership across IPIHD’s activities. Prior to joining IPIHD, Sarah was a founding director of the Global Impact Investing Network, a non-profit organization focused on scaling the impact investing industry. Sarah previously worked in product development, business development, and strategic planning with several technology companies. Sarah has also previously conducted public health research in malaria, HIV/AIDS, and cancer, among other areas. Sarah holds a BA in Applied Mathematics from Brown University and an MSc in Statistics from the University of Washington.

Matt Nash
Center Director of SEAD

Formerly the executive director of the Center for the Advancement of Social Entrepreneurship (CASE) at Duke’s Fuqua School of Business, Matt is currently the Special Project Director for Social Entrepreneurship at Duke. Matt leads the Executive Certificate in Nonprofit Leadership program for Duke Continuing Studies and he has been a visiting lecturer at Duke’s Sanford School of Public Policy. A returned Peace Corps volunteer, Matt has extensive domestic and international social and public sector experience in social entrepreneurship and social enterprise, strategic planning, organization development, performance measurement, governance, business process transformation, and leadership development.
ABOUT SEAD

David T. Robinson

Professor of Finance at the Fuqua School of Business

David T. Robinson is one of the country’s leading academic experts in the fields of entrepreneurial finance and private equity. His research has appeared in leading academic journals in economics and finance and has been covered widely in the media. He teaches Entrepreneurial Finance and Venture Capital/Private Equity in the daytime MBA program at Duke University, two of the most popular elective courses at the school. He is an award-winning teacher, consistently ranked among the top professors at Fuqua.

Catherine H. Clark

Director of CASE i3, Fuqua School of Business

A former impact investor who has managed both foundation and private investment funds, Cathy helped develop the standards for B Corporations, taught and directed a research program at Columbia Business School for nearly a decade, and has worked across the government, nonprofit and private sectors for over 20 years to promote social change through entrepreneurship. She is a leading authority in social entrepreneurship, impact investing, and impact assessment.

Jeffrey L. Moe, Ph.D.

Executive in Residence and Adjunct Associate Professor, Fuqua School of Business

Jeffrey Moe joined the Health Sector Management program, the Fuqua School of Business, in 2001. His research interests include new R&D incentives for neglected tropical and infectious disease research; identification, scaling and replication of global health care delivery innovation and health care financing and payment reforms in the US health care market.

Kim Bardy Langsam

Program Director of SEAD

Kimberly Bardy Langsam manages the research and evaluation agenda for SEAD, working with faculty, staff, and students to build the knowledge base around scaling innovations in global health. Additionally, Kim oversees SEAD’s student engagement activities, working with a student advisory council to identify ways to inspire and engage the next generation of development professionals who will bring innovative thinking to their work.

Anne Katherine Wales

Project Manager at IPIHD

Anne Katharine Wales role involves managing various programs that provide capacity building services, mentorship and connection to capital to IPIHD’s inspiring innovators.

Logan Couce

Project Associate at IPIHD

Logan supports SEAD innovators primarily with capacity building and business support. Prior to IPIHD Logan was an early employee in several social sector startups, and worked as an organizational development and strategy consultant for a wide variety of organizations, ranging from for-profit startups to public sector institutions.
About SEAD

Andrea Taylor, MSW
Research Program Manager at IPIHD

Andréa manages the research and knowledge development agenda at IPIHD, which is designed to capture knowledge and best practices from the cutting edge of healthcare innovation in order to improve care delivery and facilitate system change. Before joining the IPIHD team, Andréa led research on health and economic innovations at the University of North Carolina. Prior to that, she worked for the US Dept of Health and Human Services, where she developed a program to identify and scale global mental health innovations.

Eleni Vlachos
Engagement Project Manager at IPIHD

Eleni manages the outreach, selection, and engagement of health entrepreneurs, as well as the communications for IPIHD. Eleni has a diverse range of professional management and communications experience including projects at Duke Global, Duke Medicine’s Community Relations, and more. Prior to Duke, Eleni was a legal advocate for individuals with disabling conditions, and a human resources manager for the Seattle Community College District.

Kellie Auman
Project Associate at IPIHD

A Durham native, Kellie has worked in other areas within Duke University before joining IPIHD in 2011. Her role involves managing general communications including social media, the IPIHD website, as well as overall coordination and execution of large events/conferences and webinars.

Kyle Munn
Program Assistant of SEAD

After living in Japan for four years as an ESL instructor, Kyle first joined Duke University working for the Master of International Development Policy program. She now works with SEAD assisting in communications, student relations and programs, and coordination of the SEAD Summit and Symposium among other projects.

Rachele Haber-Thomson
Director of Operations at Investors’ Circle

Rachele manages internal operations at Investors’ Circle, including the deal flow process and vetting entrepreneur applications, and leads special projects such as the SEAD initiative. Prior to IC, Rachele interned at Bridges Ventures, a social venture capital fund in London, and worked with Jalia ventures, a minority-focused impact investing initiative. Rachele previously worked in strategy and operations in for several media technology companies.

Bonny Moellenbrock
Executive Director of Investors’ Circle

Bonny Moellenbrock is the Executive Director of Investors’ Circle, the oldest, largest, and most successful early-stage impact investing network in the world. Since 1992, IC has propelled over $165 million into 270 enterprises dedicated to improving the environment, education, health, and community. Bonny is also the Executive Director of SJF Institute, a nonprofit that has been connecting inspiring, and accelerating impact entrepreneurs since 2001.
SEAD STUDENT ADVISORY COMMITTEE (SAC)

The SEAD SAC is an interdisciplinary initiative to increase student knowledge, interest, and access to opportunities in social entrepreneurship and global health at Duke. It is composed of student representatives from Duke’s undergraduate, graduate, and professional schools. As the Student Advisory Council, these students work hand-in-hand with members of the SEAD team to advise and implement student engagement activities and provide a student perspective to SEAD’s direct work with cohorts of social entrepreneurs and research agenda.

SEAD SAC MEMBERS 2013-2014

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<tr>
<th>Name</th>
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<tr>
<td>Katie Guidera</td>
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<td>Manisha Bhattacharya</td>
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<td>Eugenio San Ciprian</td>
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<td>Sylvia Sable</td>
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<td>Xander Kent</td>
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<td>Connor Cotton</td>
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<td>Beth Hoyler</td>
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<td>Laura Morrison</td>
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Arogya Finance

The Need: Traditional bank loans in India are only accessible to those who can provide periodic salary payments or other assets as collateral. This excludes most Indians, especially the poor and informally employed. If they are unable to borrow from family, they either borrow from moneylenders, often at interest rates of 60% or more, or go without care until health conditions become an emergency. This leads to catastrophic healthcare spending, which drives 30 million Indian citizens into poverty each year.

The Innovation: Using a new model for measuring credit worthiness and risk, Arogya Finance provides medical loans to the poor and informally employed population. Lending decisions can be made within three hours, rather than the seven to ten day wait of most traditional banks. This speed is critical in health emergencies. If approved, the Arogya pays the hospital or doctor directly and treatment can begin immediately.

The Impact: Launched in 2011, Arogya Finance has partnered with 50 hospitals and healthcare service providers across India and processed 320 loans. The default rate is 2%. They plan to expand to provide 30,000 loans in the next three years.

Dheeraj Batra

Like any passionate entrepreneur, Dheeraj has worn many hats at Arogya, including those of chief marketer, fundraiser, and tech geek.

Over the past few years, Dheeraj was involved with several startups. Until recently, Dheeraj was the Head of Business Design, India at IDEO, where he was part of a core team of people which helped establish the office in India. Prior to IDEO, Dheeraj worked at Innosight Ventures focused on building businesses in India. He led and was part of several ventures that cut across a wide range of industries from agriculture to financial services to men’s grooming and medical devices. His work gave him exposure to people from all walks of life - ranging from farmers in rural India to CEOs in executive boardrooms.

Dheeraj holds an MBA from the Wharton Business School and BS degrees in both Finance and Computer Science from the University of Maryland. He lives in Hyderabad with his wife, Rishtee, and 3 year-old daughter Shirin.
Changamka

The Need: In Kenya, 90% of the population lacks access to health insurance; most don’t qualify for or can’t afford existing insurance packages. As a result, families go without critical health services or are thrown into a cycle of poverty by crippling out-of-pocket health costs.

The Innovation: Changamka offers three products that allow Kenyans to save over time for quality healthcare. With Smart Cards for maternal health care and family health care, customers can use mPesa to transfer money via their cell phone into a dedicated savings account and then use the account to pay for care when needed. In partnership with Safaricom and Britam Insurance, Changamka launched a third product, Linda Jamii, a comprehensive health insurance plan costing only US$140 per family/year with full healthcare coverage and income replacement benefits. Using mPesa, individuals can save towards the purchase of Linda Jamii. Doctors prefer patients with Linda Jamii as it is easy to verify the insurance coverage and they receive payment through mPesa.

The Impact: Since June 2011, 9,500 Smart Cards and 3,200 maternity cards have been distributed and 600 hospital transactions are paid for each month using the Smart Cards. Through national partnerships, Changamka aims to bring health insurance coverage to 1M Kenyans by 2014.

Zack Oloo Rombo

Mr. Zack Oloo is the Executive Director. His previous experience includes serving as a General Manager of Employee Benefit Trustees (ICEA), deputy to the Executive Director at Barclays Trust Investment Services Ltd, and General Manager of Loita Asset Management. Mr. Oloo also established the Newday Advisory Group, which he ran until 2009, and is as a Chartered Insurer.
ClickMedix

**The Need:** Given the limited supply of doctors around the world, many health systems face a common challenge of providing patients with timely access to high quality medical services. Patients face long waiting times, high costs for physician consultations and transportation, and lack of physical access to the care they need. In many rural areas, a complete lack of specialists exacerbates this problem.

**The Innovation:** ClickMedix provides an innovative mobile-phone-enabled technology platform that connects medical providers and patients without the physical presence of a doctor. For patients who do not have access to smart phones, ClickMedix is used by health workers and rural nurses, who serve as eyes and hands of remote doctors to provide information needed for diagnosis and treatment advice. Based on remote physician’s advice, the health workers and nurses can administer timely treatment and speed up care delivery.

**The Impact:** Completed 5 years of pilot programs in 15 countries, 61 clinics and hospitals, 3 governments and 10 research institutions and medical schools, 4 NGOs, 4 multi-national corporations, reaching a population of more than 700,000 and scaling to 50M patient reach with current pipeline of customers in the next 5 years.

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**Ting Shih**

As the founder of ClickMedix, Ting relied on her decade of experience in designing and launching technology services, along with associated business strategies for major US government, pharmaceutical and global education companies and organizations. Her areas of expertise include strategy, lean/Six Sigma process improvement, operations management, organization change management, and business development.

She spent three years as a founder of Click Diagnostics, a social enterprise born out of the MIT Media Lab, conducting mobile health projects and pilots in over ten countries in Africa, South Asia, the Middle East, and North America. She was integral to designing mobile health systems that can withstand unreliable or intermittent mobile network, while satisfying the varied needs of healthcare in underserved communities. She founded ClickMedix to build upon the success and learning from the three-year pilot of creating a highly reliable, secure, and user-friendly, HIPAA-compliant telehealth system that can be deployed quickly to health practitioners and connect patients with medical experts worldwide.
Forus Health

Health Workforce & Technology

**The Need:** India has 12 million blind people and over 80% of these cases are due to treatable conditions, such as cataracts, diabetic retina, glaucoma, cornea issues and refraction problems. However, a critical shortage of providers means that millions are unable to access treatment and go blind, unnecessarily.

**The Innovation:** Forus Health provides an innovative platform utilizing affordable technology solutions that can be easily used by minimally trained technicians, making healthcare more accessible and scalable. Forus Health’s flagship product is 3nethra, an intelligent, affordable, portable eye-screening device that allows a health worker to screen a patient in less than 5 minutes for five major eye conditions. The 3nethra device is portable, can be operated easily, and can be deployed in remote areas. Mobile connectivity allows for immediate remote diagnosis by specialists, enabling them to provide care in the remotest areas without leaving their offices.

**The Impact:** The 3nethra eye-screening device has a three-pronged impact. It augments and expands the reach of existing health systems, creates employment for rural entrepreneurs, and renews the economic prospects and livelihood of those living with preventable blindness. The 3nethra has is currently used in 220 systems across 14 countries and has since screened 600,000 eyes worldwide.

**Connor Larkin**

Since graduating with honors from Wesleyan University in May 2012, Connor Larkin has been based in Bangalore, India working for an affordable medical devices start-up called Forus Health. Joining initially as an intern, Connor now works on a variety of projects including business modeling development and international expansion, reporting to the Forus CEO and founder, K. Chandrashekhar. As the only American employee at Forus, Connor has been thrilled to work alongside a high-quality team of engineers and business developers, and to experience Indian ‘frugal innovation’ first-hand. Connor is grateful to be representing Forus at SEAD/IPIHD, and very excited to be meeting other healthcare innovators from around the globe!
The Need: Every year over 250,000 women and one million babies die in childbirth in Africa. Women cite disrespectful care, overcrowded facilities, and lack of accessible counseling services as reasons they avoid giving birth at a hospital. Those that do go to deliver in formal facilities receive low quality care that results in high rates of maternal and newborn mortality.

The Innovation: Jacaranda is creating a network of affordable, high-quality maternity hospitals specializing in respectful, evidence-based care for low-income families. We are building cutting-edge systems and protocols to drive down costs of care, improve quality, and create a higher standard of nursing care.

The Impact: Jacaranda operates one flagship maternity hospital in peri-urban Nairobi, about to launch a second, and will open a third facility in 2014. The first hospital has served over 3,000 low-income women and impacted nearly 10,000 family members at one-fifth the cost of other private health facilities. Our plans are to reduce cost of deliveries to less than $80, and build world-class systems for quality improvement and nurse development. Over the next 5 years, we will expand these into our own chain of hospitals in the region, and also work through influence partnerships to replicate these innovations in the public and private sector.

Alex Cristea

Alexandra oversees finance at Jacaranda and is developing systems to evaluate our performance and our impact on clients. Before joining Jacaranda, Alex worked with BCG in health care projects spanning the Americas, Eastern Europe, and Asia. Prior to working at BCG, Alex gained experience in monitoring and evaluation from her time in Colombia with Innovations for Poverty Action, where she focused on impact evaluation of microfinance. Alex has a degree in public policy from Princeton University, with a certificate in Finance.
LifeNet Franchise

**The Need:** Lack of affordable, high-quality basic health care services in remote low- and middle-income populations in Burundi due to last-mile distribution challenges.

**The Innovation:** LifeNet identifies and recruits church-based clinics into their franchise conversion program designed to improve quality, encourage growth through financing mechanisms, and train nurses to provide care, manage pharmaceutical supplies, and run their clinic using economies of scale created by the franchise.

**The Impact:** LifeNet currently operates a network of 42 clinics across Burundi with each serving between 30 and 150 patients per day. All 42 clinics saw a total of approximately 50,000 patients per month in August and September of 2013. Quality Score Card measures, created using Ministry of Health and USAID/Smiling Sun Health Services quality indicators, had increased by 140%, 138% and 49% in Cohorts 1 through 3 respectively by the end of September 2013. 90% of LifeNet partners had positive earnings in September, 2013.

Stefanie Weiland

Stefanie specializes in empowering business and NGO leaders in the developing world to make a positive local impact. She is currently focused on LifeNet’s social franchising of 43 health clinics in Burundi, building their capacity to deliver quality primary health care. Stefanie has a vision to help the most people possible to have access to quality health care and medicines through a system that is financially sustainable. Expanding LifeNet’s work to Uganda and other African countries in the next few years is her chief creative and mental occupation.

Stefanie holds a BSFS in Science, Technology, and International Affairs from Georgetown University, an MSc in Development Studies from the London School of Economics, and a certificate in Development Management from the Monterey Institute of International Studies. She has learned how organizations grow and thrive through experience in the US Defense Department, California regional government, and a variety of NGOs and consultancies. Her past work includes starting small businesses growth programs in Kosovo and Eastern Europe, community development in Nepal, Mexico, and Thailand, NGO sector development in Japan, economic re-integration for women formerly involved in prostitution in Thailand, and local NGO strategy development in Sri Lanka following the tsunami in 2003. Stefanie speaks English, French, Japanese, and some Swahili.
The Need: The vast majority healthcare spending in Pakistan is out-of-pocket; there is very little government coverage and insurance is typically only available for corporate employees. As a result, shop owners, domestic staff, contract workers, and other informal-sector workers are at risk of falling into poverty caused by medical emergencies.

The Innovation: NAYA JEEVAN is pioneering a health insurance and catastrophic care coverage plan developed in partnership with (and often subsidized by) multi-national corporations that pool risk and create bargaining power to negotiate lower rates. This insurance coverage targets individuals who play a critical role in the multinational’s business (e.g., shop owners selling the corporation’s products or domestic workers of senior executives). NAYA JEEVAN has created value-added health and preventative services, such as health education and an emergency health fund, to this product.

The Impact: NAYA JEEVAN’s plan costs about $2 USD per month and has enrolled 23,000 members across more than 100 corporate, academic and non-profit partners.

Asher Hasan

Dr. Asher Hasan is the Founder and Chief Executive Officer of NAYA JEEVAN (‘new life’ in Urdu/Hindi).

Asher joined the World Economic Forum’s Global Agenda Council on Social Innovation in 2012. He is a 2011 World Economic Forum/Schwab Foundation Asian Social Entrepreneur of the Year, a 2011 Ashoka US fellow, a 2011 Ariane de Rothschild fellow and an invited member of the Clinton Global Initiative for 2009 and 2010. He has also been selected as an Asia 21 young leader in 2010 and a TED India fellow in 2009. In addition, NAYA JEEVAN is also a member of the innovator cohort at the Social Enterprise Accelerator at Duke (SEAD) and the International Partnership in Innovative Health Delivery (IPIHD), a member of the Aspen Network of Development Entrepreneurs (ANDE) and the recipient of a 1st prize in the 2008 New York University Stern Business Plan Competition - social entrepreneurship track.

Asher can often be seen hurtling down alpine ski slopes, is a voracious reader and loves to cruise the Caribbean. Istanbul, Bali and Rio de Janeiro are his favorite destinations for spiritual nourishment.
North Star Alliance

The Need: Populations such as truck drivers and sex workers facing increased health risks, as well as rural communities, systematically experience limited (and often no) access to health care.

The Innovation: North Star converts shipping containers to repurposed mini-clinics. These Roadside Wellness Centers (RWC) are semi-mobile and rapidly reproducible primary care and STD/STI centers staffed with a local health care worker and behavioral change communication specialist. North Star uses a sophisticated technology system, COMETS, to track health trends and identify optimal locations for RWCs and to allow patients to access their records at any clinic.

The Impact: North Star currently operates 29 RWCs in East, West, and Southern Africa, and in 2012 delivered treatment, testing, and counseling to 219,681 people. North Star plans to double the number of people served by 2015.

Luke Disney

Luke Disney is widely identified as a leader in innovative public-private partnerships. For the last eight years Luke has worked on building North Star Alliance into what is has been recognized by UNAIDS, the Clinton Global Initiative and the World Economic Forum, among others, as a best practice on how business, governments and civil society can combine forces to rapidly scale up access to healthcare.

Starting from his attic in 2007, Luke has taken North Star from a pilot project with one drop-in health clinic in Malawi to a network of over 30 “Roadside Wellness Centres” employing 150+ people. North Star’s clinics provide primary healthcare, as well as prevention, testing and treatment services for high-impact diseases including malaria, tuberculosis and HIV to mobile and neglected populations in 15 countries in East, West, and Southern Africa.

Luke is a quick-thinking and creative social entrepreneur, who has stated that his strongest leadership traits are that he is quite comfortable saying “I don’t know” and he can laugh at himself (both traits, he says, are frequently put to use). He studied politics and economics at Dalhousie University (BA) in Canada and the University of Edinburgh (MSc) in Scotland. He currently resides in Utrecht, the Netherlands.
The Need: Around the world, 14 million people suffer from tuberculosis (TB), a quarter of whom are in India. TB is curable and often the medication is provided free of charge. However, TB is a highly stigmatized disease and accessing treatment safely, affordably and discreetly is often impossible. Further, failure to complete treatment regimes exacerbates the spread of multi-drug resistant TB, which is much more difficult and expensive to treat.

The Innovation: Operation ASHA created a community based program model that uses local workers in areas with high TB prevalence to set up local treatment centers integrated within existing community resources, like temples and shops. The efficacy of the program is ensured by portable fingerprint identification system that tracks and compiles patient adherence data and alerts health workers to follow up with a patient within 24 hours of a missed treatment. The model also includes outreach and counseling programs to detect and support TB patients.

The Impact: Operation ASHA has successfully treated 30,150 patients while reaching a population of nearly 6 million people in more than 3,000 slums and villages across India and Cambodia with a 97% treatment success rate (2 to 3 times the success rate of other programs).

Ashvini Vyas

Ashvini has been with OpASHA for more than two years. Beforehand he managed training programs delivering quality in education at elementary level for one of India’s largest education non-profits, Pratham, for 5 years. He holds a graduate diploma in rural management and a master’s degree in public administration. Ashvini’s expertise in developing and expanding organizations is an asset to OpASHA. Ashvini develops operations in new geographic areas as well as actively seeking to address gaps within systems.

Ashvini’s strength is understanding on the one hand the demands of the underserved while on the other being able to balance this with expansive knowledge of government processes and methodologies. This approach has led to successfully establishing strong rapports with multiple stakeholders dominating the government and to an extent donors.

It is his forward thinking that has brought OpASHA to where it is today. Through being able to enhance the lives of many and focus more on outcomes rather than targets enriches the impact services give and the quality of life for the underserved communities we seek to help.
Penda Health

The Need: Many low-middle income individuals across East Africa lack access to affordable, high quality health care. Women and their families often face a choice between low-quality care or going without care altogether.

The Innovation: Penda utilizes a high patient-to-provider ratio, unique staffing model, patient-centric approach to care delivery, and a focused set of services that addresses key outpatient needs in order to lower the price of services. Innovative marketing strategies and local partnerships allow Penda to integrate into the community and better understand community needs. In addition, Penda is piloting membership model health plans to test whether this increases access to the right care at the right time.

The Impact: Penda opened its first clinic in early 2012 and is now serving nearly 1,000 patients per month. Penda reached cash flow positive status at its first clinic in July 2013 and now operates a second clinic slated to be cash flow positive in six months.

Nicholas Sowden

Nicholas Sowden is a seasoned entrepreneur who loves working with great people and in organizations with great cultures. He headed business development at Collective Intellect, a social media company that grew to 65 employees during his time and was later acquired by Oracle.

He built ToughStuff Solar, an award-winning social enterprise that sold over 200,000 solar panels to families in rural areas across 14 countries in Africa. He cofounded Penda Health in 2011, which is revolutionizing primary healthcare in Kenya, and has already delivered quality outpatient care to over 15,000 patients at price of only $7 per visit.

In 2010, he was awarded the University of Colorado’s Outstanding Recent Alumni Awards and in 2012, Nicholas accepted the award of Bid Network Global Entrepreneur of the Year for his work at Penda Health. He lives in and loves Nairobi, Kenya, where you can often finding him eating chapo madondo.
Riders for Health

The Need: Lack of access to healthcare services in areas with poorly maintained roads and challenging terrain; providers unable to safely and reliably reach remote areas or transport lab samples and medicines.

The Innovation: Riders for Health developed a complete transportation solution for rural healthcare providers (governments and NGOs) using a vehicle and motorcycle management and leasing system including preventive servicing, driver training, vehicle performance data, fuel plans and route planning for a set monthly fee.

The Impact: Fleets managed by Riders have a 300% longer lifespan and outreach health workers are able to reach 6 times as many people and go 4 times further when using Riders-managed motorcycles. Riders currently employs 422 people and manages 1,400 vehicles.

Kameko Nichols

Kameko Nichols is the Partnership Director for Riders for Health, a UK social enterprise focusing on vehicle management for healthcare delivery. In this role, Kameko is forming relationships with ministries of health and NGOs to help Riders replicate our successful, life-saving transport management programmes in more African countries, sharing our technical expertise and advocating for appropriate and accurate planning and budgeting for transport.

Prior to Riders, Kameko worked for the Clinton Health Access Initiative (CHAI) in Lesotho with the national laboratory system. While at CHAI, Kameko helped to develop Riders’ inaugural Sample Transport system in Lesotho. Based in Johannesburg, Kameko spends time in Riders’ existing country programmes (Lesotho, Nigeria, Kenya, The Gambia, Zimbabwe, Malawi, and Zambia) for expansion purposes, as well as in other African countries where new programmes are developing.
The Need: Cataracts are the second leading cause of vision impairment in Mexico, causing 50% of blindness cases. The aging of the Mexican population and increasing incidence of diabetes will lead to increases in cataracts and other vision impairments. Many Mexicans are unable to afford cataract surgery at private, more expensive hospitals and there is a large backlog of patients waiting for surgery.

The Innovation: By replicating many of the principles from Aravind Eye Care (India), salaUno has increased clinic efficiency through specialization, cost-effective surgery techniques, economies of scale, outreach campaigns, a right-skilled workforce, time-driven activity-based costing, and tiered pricing. Hub-and-spoke model reaches patients at all levels of care.

The Impact: salaUno can provide cataract surgery at one-third to one-half the cost of competitors and the pilot clinic hit positive cash flow status within the second month of operation. salaUno plans to expand to 10 clinics in 2015.

Omar Honerlage

Omar Honerlage works at SalaUno Eye Care Clinic as a medical sub director. After receiving his medical degree from the Anáhuac University at México city, Omar finished a three year ophthalmology residency program at the “Asociación para Evitar la Ceguera en México” hospital. After finishing a one year cataract surgery fellowship at the same hospital and working in the private practice with a group of ophthalmologists, Omar decided to join SalaUno’s multi-disciplinary team in September 2012.
The Need: An estimated 15% of drugs sold in the world are fake and in Africa and Asia this figure can range from 10% to 30%, compromising 10% of the global medicine market. In addition to therapeutic failure and drug resistance resulting from counterfeit medications, anywhere from 30 to 2,500 patients have died from individually recorded instances of counterfeit drug sales every year. Further counterfeit drugs decrease incentives for pharmaceutical companies to enter markets, potentially limiting access to needed drugs.

The Innovation: Sproxil created a mobile drug verification tool that enables tracking and authentication of drugs at every step in the supply chain including the consumer. It allows patients to ensure at the moment of purchase that their drugs are from reputable providers; limiting the chance of negative health impact of counterfeit drugs and products.

The Impact: Sproxil has verified over 6 million and counting products as of November, 2013, giving everyone along the supply chain the power to quickly and confidently verify the authenticity of a drug at each step, ensuring patient safety.

Alden Zecha

Alden Zecha serves as CFO and Strategist of Sproxil, a U.S.-based company that provides world-class brand protection in emerging markets through software and services that work anywhere there are mobile phones. Responsible for the overall strategy, finance and administration of the company, Zecha brings to the role more than 25 years of broad-range executive expertise in operations, strategy and finance, and vast experience from work in more than 20 countries. Prior to joining Sproxil, Zecha co-founded and served as CFO of ultra-luxury travel company PrivatSea and as CFO of Rethos, a sustainability and corporate social responsibility social media website. Zecha received his MSE and BSE with honors in chemical engineering from Princeton University, where he was a United Technologies Scholar, and holds a certificate in finance from the University of Virginia’s Darden School of Business.
The Need: The majority of India’s population (70%) lives in rural villages, with limited to no access to healthcare services. Rural India also faces a rising chronic disease burden and a lack of preventive services. For most rural Indians, quality medical care is not affordable or accessible.

The Innovation: The SughaVazhvu model provides technology-enabled, evidence-based primary healthcare through a network of clinics in rural Indian villages. SughaVazhvu trains health workers of varying levels of education and licensure to utilize protocol-based medicine and technological innovations, building the skills of the existing rural healthcare workforce. SughaVazhvu also conducts community-based risk screening, subscription-based disease management, and community engagement. A rapid-risk assessment allows them to identify high-risk populations for chronic conditions such as diabetes and hypertension. The data analytic capability built in to their health information system allows SughaVazhvu to monitor population-level health outcomes.

The Impact: SughaVazhvu currently runs a network of seven clinics that reach a population of 70,000 individuals. SughaVazhvu clinics have provided primary healthcare services to 40,000 patients and conducted community-based risk screening for diabetes and hypertension among 6,000 adults. SughaVazhvu plans to establish 100 new clinics, reaching 500,000 new patients, in the next 3 years.

Zeena Johar

Zeena Johar returned to India after obtaining her PhD in Molecular Diagnostics at ETH, Zurich, Switzerland in 2007. As the Founding Member, Zeena led the incorporation of SughaVazhvu Healthcare and IKP Centre for Technologies in Public Health (ICTPH) working towards replicable service delivery networks at the interface of affordable healthcare technologies and innovative human resource solutions for inaccessible rural populations of India. Zeena serves as the President at ICTPH and MD & CEO at SughaVazhvu Healthcare (SVHC).

Zeena spearheaded ICTPH’s academic alliance with School of Nursing, University of Pennsylvania launching India’s first joint certificate Bridge Training Program for AYUSH practitioners as a skill building curriculum for evidence-based medicine. SVHC was awarded the NASSCOM Social Innovation Honor 2014. Zeena is a member of Confederation of Indian Industry’s (CII) – National Council on Public Health and the Governing Board at Institute of Bioinformatics and Applied Biotechnology (IBAB), Bangalore. Zeena has published in The Economic Times, Chemistry – A European Journal, Helvetica Chimica Acta and PharmaBiz Chronicle, NextBillion.net, YourStory.in, ACM DEV-4, Journal of Epidemiology and Global Health. Zeena was elected as an Ashoka Fellow in 2013 and as an Unreasonable Fellow in 2014.
THE INNOVATORS

Swasth India

The Need: With 80% of health expenditures in India paid out-of-pocket, health catastrophes are the single largest cause of poverty in the country and India’s urban poor are particularly at risk. They are two to three times more likely than rural poor to experience non-communicable diseases, the second largest cause of death in India.

The Innovation: Swasth India operates a chain of primary care centers in urban slums and adjacent low-income areas. Their one-stop-shop model provides primary and preventive care for half the cost of prevailing market rates. Each Swasth Health Center provides services in a 150 square-foot facility, offering access to a family doctor, rapid diagnostics on site, discounts on drugs, referrals with discounts, and electronic health records.

The Impact: Swasth India reduces healthcare spending in three ways: 1) a 50% reduction in out-of-pocket costs; 2) prevention and early diagnosis of non-communicable diseases; and 3) locating clinics in the communities of the urban poor, reducing indirect costs for patients, such as travel. Swasth currently operates eight Health Centers in Mumbai slums. Over the next three years, Swasth plans to expand to 60 Health Centers, reaching 75% of Mumbai’s poor and saving patients USD $2.5 million.

Sundeep Kapila

Sundeep completed his B. Tech in Computer Science from IIT Bombay in 2001. While at IIT, he worked with a campus-based startup and subsequently with a Swedish company to develop a technology product which has been spun off as a separate company. Sundeep joined the India practice of McKinsey & Company in 2001 and worked with them for 6.5 years, specializing in the Healthcare and Development sectors. Sundeep left McKinsey in Jan ’08 to pursue his passion in the development sector. Subsequent to that, he has completed LLB (G.M.) from Mumbai University, M.D. in Alternative Medicine from the Indian Board of Alternative Medicine and a Diploma of Associateship from the Insurance Institute of India.
**Vaatsalya**

**Provider**

**The Need:** 70% of India’s population lives in peri-urban and rural areas. However, about 80% of health care facilities are located in urban areas. Faced with long distances to travel and high cost for services many go without health care.

**The Innovation:** Vaatsalya has created an efficient, franchise network model that specializes in a specific and limited set of health services that are in high demand in each local community. Through right skilling the clinical workforce and centralizing administration and management costs across the network, Vaatsalya drives costs down.

**The Impact:** Vaatsalya currently operates 17 hospitals and serves approximately 100,000 patients per quarter in their outpatient departments and 3,500 patients per month in their inpatient departments.

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**Shanthi Mathur**

Vaatsalya

Shanthi Mathur is currently responsible for running the Quality Initiatives, Training programs and IT departments in addition to performance management at Vaatsalya. Prior to joining Vaatsalya, she founded S4care, a healthcare management consulting company and was also the CEO of Asian Heart Institute, Mumbai. Her key contributions were to set up a robust, balanced-scorecard based business performance management system, supported by comprehensive, integrated IT solution.
We Care Solar

**The Need:** In areas with undependable power grids, providers face the significant challenge of loss of adequate light and electricity needed to carry out medical procedures, compromising the safety of their patients.

**The Innovation:** We Care Solar developed a portable, cost-effective Solar Suitcase that can provide health care workers with reliable lighting, mobile communication, and blood bank refrigeration using solar electricity.

**The Impact:** Approximately 300 Solar Suitcases are being used in 25 countries around the world with plans to expand regional programs in Sierra Leone, Uganda, and Malawi.
Cohort 1

Cohort 2

THE INNOVATORS
1:00PM                              Great Hall

Duke Symposium on Scaling Innovations in Global Health: Opening Remarks

Ticora V. Jones, HESN Program Director, USAID

Ticora V. Jones is Senior Advisor and Program Director in the Office of Science and Technology. In her current role Dr. Jones manages the Higher Education Solutions Network, a new university engagement program that was established in 2012. Beginning in 2009 as a AAAS Diplomacy, Security and Development Fellow, she helped manage the establishment of an Agency-wide agenda for science & technology through policy and programming designed to elevate USAID’s presence in this area. Prior to joining USAID, Dr. Jones served as the 2008-2009 Materials Societies Congressional Fellow for Senator Russell D. Feingold (D-WI) where she worked on energy and environment issues.

1:00PM                              Great Hall

Duke Symposium on Scaling Innovations in Global Health: Keynote Address

Chuck Slaughter, President and Founder, Living Goods

After graduating from Yale with a BA in Architecture, Chuck pursued two entrepreneurial ventures: a bike repair shop and a company to produce documentary films about social issues. Both ventures failed, but these experiences enabled Chuck to gain invaluable knowledge about startups.

In 1987, inspired by a New York Times article about Trickle Up (TUP), a pioneer microfinance movement that helped support micro-entrepreneurs around the world, Chuck called TUP and asked for a job. Two weeks later, Chuck became the program officers for the organization in South Asia. While traveling through India, Nepal, and Indonesia, he gained first hand experience about social entrepreneurship and learned about the potential for micro-entrepreneurs to change the world.

In the early 2000s, in affiliation with private equity firm Golden Gate, he participated in the acquisition and turnaround of a half dozen more major consumer businesses including Spiegel, Newport News, Norm Thompson, and Express. He also joined the board of The Health Store/CFW Shops, a struggling system of franchised drug shops based in Kenya, and leveraged his expertise in business and management to help the organization recover from its crisis. While observing idle shop owners passively waiting for sick people to walk in and realizing the limited geographical scope of storefront models, Chuck developed the idea for Living Goods, an Avon-like network of village-based women entrepreneurs who make a living by going door-to-door to sale essential products to the poor, and launched the organization in Uganda in 2007.

1:00PM                              Great Hall

Presentation of CASE Enterprising Social Innovation Award

Erin Worsham, Managing Director, Center for the Advancement of Social Enterprise

As Associate Director, Erin assists in the management of CASE programs including the Global Consulting Practicum, develops and maintains relationships and strategic partnerships at Duke and in the field, and contributes to the overall strategy, marketing, and continued growth of CASE. Erin brings a unique combination of nonprofit, private and public sector experience in both the domestic and international arenas.
2:25PM Classroom 4, 4th floor

Understanding Ecosystem Factors Fostering and Inhibiting Healthcare Innovation in India

Krishna Udayakumar, M.D., MBA, Executive Director, IPIHD

As Head of Global Innovation for Duke Medicine, Dr. Udayakumar is responsible for the development and implementation of global strategy as well as global business development for Duke Medicine. Working directly with entrepreneurs around the world as well as supporters from industry, academia, foundations, and governments, the IPIHD seeks to facilitate the growth of transformative models of care across developing and developed economies.

2:25PM Classroom 4, 4th floor

Understanding Ecosystem Factors Fostering and Inhibiting Healthcare Innovation in India

Manoj Mohanan, Faculty, Sanford School of Public Policy

Manoj Mohanan’s current research projects include development of innovative methods to measure quality of care in primary care, impact evaluation of large public sector subsidy programs, experimental evaluation of provider incentives, evaluation of social franchising models, and estimating the effect of quality information on provider choice. Mohanan is also one of the founding members of the Collaboration for Health Systems Improvement and Impact Evaluation in India (COHESIVE-India).

2:25PM Great Hall C

Understanding Ecosystem Factors Fostering and Inhibiting Healthcare Innovation in East Africa

Peter Armini, Senior Regional HIV Care and Treatment Specialist, USAID

Dr. Arimi joined USAID/EA in August 2008. He is an international public health expert with practical skills and experience in project design, implementation and management, epidemiological research and local capacity development. Prior to joining USAID /EA, Dr Arimi worked as Technical Advisor for Jhpiego program in Kenya focusing on strategic planning and program implementation. Dr Arimi previously worked as Clinical Director for the Clinton Foundation Health Access Initiative in Papua New Guinea (2006 – 2007) and Clinical Research Coordinating Physician for the Harvard School of Public Health in Botswana (2000 – 2006).

2:25PM Great Hall A

Financing Your Social Venture: Navigating the Road to Scale

Cathy Clark, Executive Director, CASE i3

A former impact investor who has managed both foundation and private investment funds, Cathy helped develop the standards for B Corporations, taught and directed a research program at Columbia Business School for nearly a decade, and has worked across the government, nonprofit and private sectors for over 20 years to promote social change through entrepreneurship.
2:25PM Great Hall A
Financing Your Social Venture: Navigating the Road to Scale

Colm Fay, Private Sector Specialist, Strengthening Health Outcomes through the Private Sector (SHOPS)

Colm Fay focuses on market-based approaches to improving health outcomes for the base of the pyramid through his work in the International Health Division at Abt Associates. He currently manages the HANSHEP Health Enterprise Fund, a USAID and DFID supported challenge fund for innovative health enterprises in Ethiopia, Kenya and Nigeria.

2:25PM Great Hall A
Financing Your Social Venture: Navigating the Road to Scale

Lalarukh Faiz, Team Lead, Grand Challenges for Development, USAID

Lala Faiz leads the Grand Challenges for Development team in the Office of Science and Technology at USAID. Previously, she was the Senior Partnerships Advisor in the U.S. Secretary of State’s Office of Global Partnership Initiatives (S/GPI) where she led S/GPI’s “Investing With Impact” initiative and managed other economic growth partnerships. She holds her BA in Neuroscience and History from Oberlin College and her Master of Public Health from the University of California, Berkeley.

2:25PM Great Hall A
Financing Your Social Venture: Navigating the Road to Scale

Kristen Yee, Program Officer, Grand Challenges Canada

Kristen advocates for equity in the field of global health, with particular attention to gender and power. In her role as Program Officer at Grand Challenges Canada, she works to ensure interventions are participatory and champion the perspectives of those such interventions aim to support. She represents Grand Challenges Canada as a member of the Saving Lives at Birth Partnership, in conjunction with USAID, the Gates Foundation, DFID, and the Government of Norway. The partnership solicits ground breaking prevention and treatment approaches to accelerate gains in maternal and newborn survival around the time of birth.

2:25PM Great Hall B
Careers in Global Health Innovation

Brian Seavey, Assistant Director of Undergraduate and Medical School Programs, DGHI

Brian works with DGHI faculty to administer undergraduate programs, such as the global health major and minor, and medical school programs, such as the third year study program. Brian also oversees professional development and career services for DGHI students. He came to DGHI from the Yale School of Public Health, where he first received his MPH and later went on to work as the Program Manager for Global Health Education. He has also served as a Peace Corps volunteer in Mali.
2:25PM  Great Hall B

Careers in Global Health Innovation

Jenny Peterson, Director of Corporate Communications, Futures Group

Peterson currently leads communications for GRM Futures Group, a group of international development companies that encompasses GRM International, Futures Group, the Effective Development Group, and theIDgroup. For global organizations, Peterson has worked on a variety of branding, strategic communications, executive leadership engagement, media relations, and events management efforts. She has built and managed GRM Futures Group’s branding strategy, visual identity, and marketing and communications collateral.

3:25PM  Classroom 4, 4th floor

Role of Behavior Change in Encouraging the Uptake of Healthcare Innovation

Lavanya Vasudevan, Research Scholar, DGHI

Dr. Vasudevan is a public health researcher with expertise in quantitative methods. Her research focuses on developing and evaluating innovative technology-based interventions for Reproductive, Maternal, Newborn, and Child Health (RMNCH) in resource-limited settings. She is a part of an interdisciplinary Community Health and Resource Mapping (CHARM) project at Duke. She also collaborates with researchers at the Johns Hopkins Bloomberg School of Public Health on the mTikka project that aims to use mobile phones to improve timely vaccination coverage among infants in rural Bangladesh. At Duke, Dr. Vasudevan is the lead coordinator of the mHealth@Duke initiative.

3:25PM  Classroom 4, 4th floor

Role of Behavior Change in Encouraging the Uptake of Healthcare Innovation

Eric Green, Faculty, DGHI

Green is an Adjunct Assistant Professor at DGHI and the New York University Master of Public Health Program, who teaches courses on health informatics. This fall, Green will teach a course on health and technology in low-resource settings in the Global Health Focus Cluster, and in spring 2013, he will teach a maternal health class for graduate students. He will also continue his research, including a study that is developing and testing a mobile screening application, Baby Monitor, for pregnant women and new mothers in Kenya. Green wrote the original Saving Lives at Birth Grand Challenge grant for Baby Monitor in 2011 and continues to lead the team today.

3:25PM  Classroom 4, 4th floor

Role of Behavior Change in Encouraging the Uptake of Healthcare Innovation

Trinity Zan, Senior Technical Officer, FHI360

Trinity has eleven years experience working in international development, with the last nine years focused on international family planning in sub-Saharan and Francophone Africa. Her project, the Mobile for Reproductive Health (m4RH), was a finalist for the prestigious Katerva Award. The Katerva Award “recognizes the most promising ideas and efforts to advance the planet forward towards sustainability.”
3:25PM  
Great Hall A

Fail Forward: How Successful Social Entrepreneurs Reap the Benefits of Failure

Christopher Gergen, CEO, Forward Impact

Christopher is CEO of Forward Impact that unleashes the impact potential of next generation entrepreneurial leaders. This work includes launching community-based strategies to develop and scale high-impact entrepreneurs including Bull City Forward in Durham, NC, Queen City Forward in Charlotte, NC, Moore Forward in Moore County, NC, HQ Raleigh, and Think House – an entrepreneurial living community in Raleigh. Forward Impact also helps schools, universities, and communities develop transformational entrepreneurial leadership experiences with partners such as the Center for Creative Leadership, where Christopher is Innovator in Residence.

3:25PM  
Great Hall A

Fail Forward: How Successful Social Entrepreneurs Reap the Benefits of Failure

Rebekah Neal, Associate Program Officer, Gates Foundation

Rebekah Neal joined the Bill & Melinda Gates Foundation in July 2012 working with the Discovery and Translational Sciences (D&TS) team in Global Health. Within D&TS, Rebekah serves as an Associate Program Officer supporting the Grand Challenges family of programs, specifically focusing on the Grand Challenges Explorations (GCE) initiative. GCE fosters innovation in Global Health and Development research through an open, agile grant-making platform. Rebekah supports the initiative from initial topic development through Phase I and Phase II awards.

3:25PM  
Great Hall B

Social Entrepreneur-in-Waiting: How to Get Started and Student Innovation Pitches

Elizabeth Boggs Davidsen, Principal Investment Officer, Inter-American Development Bank

Earlier in her career at the IDB, Elizabeth served as a policy advisor to the IDB’s Executive Vice President, providing oversight on issues related to social sectors, the environment, public management, science and technology, competitiveness, tourism and disaster prevention. She also served as the principal coordinator of the IDB’s Multilateral Investment Fund, which uses both grant and investment mechanisms to strengthen the environment for doing business. Before joining the IDB, Elizabeth spent six years working for the United Nations in the United States, Africa and Europe. She is a graduate of Middlebury College and holds a Master’s degree in Foreign Service from Georgetown University.

3:25PM  
Great Hall B

Social Entrepreneur-in-Waiting: How to Get Started and Student Innovation Pitches

Matt Nash, Center Director, SEAD

Formerly the executive director of the Center for the Advancement of Social Entrepreneurship (CASE) at Duke’s Fuqua School of Business, Matt is currently the Special Project Director for Social Entrepreneurship at Duke. Matt leads the Executive Certificate in Nonprofit Leadership program for Duke Continuing Studies and he has been a visiting lecturer at Duke’s Sanford School of Public Policy. Matt has extensive domestic and international social and public sector experience in social entrepreneurship and social enterprise, strategic planning, organization development, performance measurement, governance, business process transformation, and leadership development.
3:25PM Great Hall B

Social Entrepreneur-in-Waiting: How to Get Started and Student Innovation Pitches

Sarah Burch, Founding Member, Development Innovation Ventures (DIV), USAID

Initially working for USAID’s first Chief Innovation Officer, Sarah has played a key role in managing agency-wide initiatives such as the creation of DIV and the formation of the Office of Innovation and Development Alliances (IDEA). She serves as the water, sanitation, and hygiene coordinator for the DIV team, liaising with the USAID Water Office, Gates Foundation, and other stakeholders.

3:25PM Great Hall B

Social Entrepreneur-in-Waiting: How to Get Started and Student Innovation Pitches

Maya Ajmera, Founder, Global Fund for Children

Ajmera is the founder and most recently the president of The Global Fund for Children, a non-profit that invests in innovative, community-based organizations working with some of the world’s most vulnerable children and youth. Under Maya’s leadership for seventeen years, GFC has awarded more than $25 million in capital to nearly 500 grassroots organizations in 78 countries touching the lives of over 7 million children. She is an award winning children’s book author; her work includes Children from Australia to Zimbabwe, Faith, and To Be a Kid with over 4 million readers worldwide.
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| **13:00 - 13:30** | **SEAD Symposium Opening and CASE ESI Award Presentation**<br>Krishna Udayakumar, Executive Director, IPIHD  
Ticora V. Jones, HESN Program Director, USAID  
Erin Worsham, Managing Director, CASE |
| **13:30 - 14:15** | **Keynote Speech**<br>Chuck Slaughter, Founder and President, Living Goods |
| **15:15 - 15:25** | **Break**                                                             |
| **14:25 - 15:15** | **SEAD Symposium Concurrent Panel Sessions**<br>Understanding Ecosystem Factors Fostering and Inhibiting Healthcare Innovation in India  
Understanding Ecosystem Factors Fostering and Inhibiting Healthcare Innovation in East Africa  
Financing Your Social Venture: Navigating the Road to Scale  
Careers in Global Health Innovation |
| **15:15 - 15:25** | **Break**                                                             |
| **15:25 - 16:15** | **SEAD Symposium Concurrent Panel Sessions**<br>Role in Behavior Change in Encouraging the Uptake of Healthcare Innovation  
Fail Forward: How Successful Social Entrepreneurs Reap the Benefits of Failure  
Social Entrepreneur-in-Waiting: How-to Get Started & Student Innovation Pitches |
| **16:15 - 17:00** | **SEAD Symposium Networking and Poster Session**                       |
## 2:25PM

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<thead>
<tr>
<th>Panel Title</th>
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<th>Panelists</th>
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<tbody>
<tr>
<td>Understanding Ecosystem Factors Fostering and Inhibiting Growth in India</td>
<td>50 min</td>
<td>Krishna Udayakumar, Manoj Mohanan, Sundeep Kapila, Ashvini Vyas</td>
<td>Understanding enabling conditions in India for particular innovations to help social entrepreneurs select the right locations to replicate, and also enable governments, local leaders and development agencies in their efforts to foster and spread innovations.</td>
<td>Classroom 4 4th floor</td>
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<tr>
<td>Understanding Ecosystem Factors Fostering and Inhibiting Growth in East Africa</td>
<td>50 min</td>
<td>Chuck Slaughter, Peter Armini, Stefanie Weiland, Luke Disney</td>
<td>Understanding enabling conditions in East Africa for particular innovations to help social entrepreneurs select the right locations to replicate, and also enable governments, local leaders and development agencies in their efforts to foster and spread innovations.</td>
<td>Great Hall C</td>
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<tr>
<td>Financing Your Social Venture: Navigating the Road to Scale</td>
<td>50 min</td>
<td>Cathy Clark, Lala Faiz, Kristen Yee, Colm Fay, Alden Zecha</td>
<td>Conversation about financing options and implications for scaling innovation, with perspectives from accelerators, donors, technical partners, and health entrepreneurs. What are we learning about the stages that social entrepreneurs need to go through on the way to scale, and how does this match the types of funding available?</td>
<td>Great Hall A</td>
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<tr>
<td>Careers in Global Health Innovation</td>
<td>50 min</td>
<td>Brian Seavey, Ting Shih, Kameko Nichols, Jenny Peterson</td>
<td>Perspectives on preparing for, launching, and advancing a career focused on identifying innovative solutions to global health problems.</td>
<td>Great Hall B</td>
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## 3:25PM

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<td>Role of Behavior Change in Encouraging the Uptake of Healthcare Innovation</td>
<td>50 min</td>
<td>Lavanya Vasudevan, Eric Green, Trinity Zan, Zack Oloo Rombo, Dheeraj Bhatra</td>
<td>Discuss ways to identify and develop more effective customer acquisition strategies, encourage people to seek and adopt innovative approaches, and better understand critical factors to promote healthcare-seeking behavior.</td>
<td>Classroom 4 4th floor</td>
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<td>Fail Forward: How Successful Social Entrepreneurs Reap the Benefit of Failure</td>
<td>50 min</td>
<td>Christopher Gergen, Rebekah Neal, Nicholas Sowden, Asher Hasan, Connor Larkin</td>
<td>Understanding how to take a systematic approach to experimentation, and how to benefit from failures – with specific relevance to scaling impact. Understanding how funders can support such experimentation while still holding organizations accountable.</td>
<td>Great Hall A</td>
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<tr>
<td>Social Entrepreneur-in-Waiting: How to Get Started and Student Innovation Pitches</td>
<td>50 min</td>
<td>Matt Nash, Maya Ajmera, Sarah Burch, Zeena Johar, Ashwin Naik, Elizabeth Boggs, Davidsen</td>
<td>Reflections and recommendations from social entrepreneurs and funders on how to get started as a social entrepreneur. Hear two students pitch their social venture ideas and gain valuable feedback from the panel.</td>
<td>Great Hall B</td>
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SEAD is a joint initiative between the Center for the Advancement of Social Entrepreneurship (CASE) at Duke’s Fuqua School of Business, the International Partnership for Innovative Healthcare Delivery (IPIHD) at the School of Medicine, and the Duke Global Health Institute (DGHI), in collaboration with the Developing World Healthcare Technology (DHT-Lab) at Pratt School of Engineering and Durham-based Investors’ Circle, the world’s oldest, largest and most successful early-stage impact investing network.

In addition, faculty from Sanford School of Public Policy, Department of Economics, and elsewhere across Duke have offered to serve as advisors for the initiative.

The program is funded by USAID, through its Higher Education Solutions Network (HESN).

**The Center for Advancement of Social Entrepreneurship (CASE):** CASE is a research and education center based at Duke University’s Fuqua School of Business. CASE promotes the entrepreneurial pursuit of social impact through the thoughtful adaptation of business expertise.

**The Duke Global Health Institute (DGHI):** DGHI works to reduce health disparities in our local community and worldwide. Recognizing that many global health problems stem from economic, social, environmental, political and health care inequalities, DGHI brings together interdisciplinary teams to solve complex health problems and to train the next generation of global health scholars.

**The Duke Institute for Health Innovation (DIHI):** The Duke Institute for Health Innovation (DIHI) promotes innovation in health and health care through high-impact research, leadership development, and cultivation of a community of entrepreneurship. DIHI aspires to bring innovative solutions to the most pressing challenges in health and health care by catalyzing multidisciplinary teamwork across Duke University and Duke Medicine and by fostering collaborations with national and international thought leaders.

**The Developing World Healthcare Technology (DHT-Lab):** DHT-Lab is dedicated to understanding, creating and disseminating healthcare technology to the world’s neediest. DHT-Lab was developed by Robert Malkin, a Professor of Duke University’s Pratt School of Engineering.

**Investor’s Circle:** 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 $168 million plus $4 billion in follow on investment into 269 enterprises dedicated to improving the environment, education, health and community.

**International Partnership for Innovative Healthcare Delivery (IPIHD):** Catalyzed by the World Economic Forum and formed as a result of the extensive research conducted by McKinsey, IPIHD is a strong network that addresses the following sustainability challenges faced by innovators: access to know-how networks; organizational expertise; regulatory barriers; and access to funding and capital.
Funded by the United States Agency for International Development (USAID): USAID staff work in more than 100 countries around the world with the same overarching goals that President Kennedy outlined in 1961 – furthering America’s foreign policy interests in expanding democracy and free markets while also extending a helping hand to people struggling to make a better life, recover from a disaster or striving to live in a free and democratic country. USAID is made possible through the generous support of the American people.

Spending less than 1 percent of the total federal budget, USAID works in over 100 countries to:
• Promote broadly shared economic prosperity
• Strengthen democracy and good governance
• Protect human rights
• Improve global health
• Advance food security and agriculture
• Improve environmental sustainability
• Further education
• Help societies prevent and recover from conflicts
• Provide humanitarian assistance in the wake of natural and man-made disasters
• Elevate the role of women and girls throughout all our work

Higher Education Solutions Network: USAID has created a constellation of seven Development Labs that harness the intellectual power of great American and international academic institutions and that catalyze the development and application of new science, technology, and engineering approaches and tools to solve some of the world’s most challenging development problems.

These Labs will help USAID and the development community to discover more innovative, results-driven, efficient, cost effective and accessible solutions to global development challenges in areas such as global health, food security and chronic conflict. The HESN will create a novel constellation of seven Development Labs that will enable USAID to:
• Improve its understanding of development problems and solutions through better data and analytics
• Test, evaluate, and catalyze technologies for development
• Design, create, and incubate revolutionary approaches in addressing development problems including the incubation of new low-cost technologies and innovations
• Promote entrepreneurship to sustain and scale these tools and approaches; and harness the enthusiasm and interest of students for development.
OUR PARTNERS

USAID REPRESENTATIVES IN ATTENDANCE

Susan G. Reichle
Counselor to USAID

As a career member of the Senior Foreign Service, Ms. Reichle joined USAID in 1991. She served in Haiti, Nicaragua and Russia as a democracy officer specializing in conflict and transition issues and returned from the field in 2009 after serving as the Mission Director at the U.S. Embassy in Colombia. As Mission Director, she oversaw the management of an annual budget of $200 million and was part of one of the largest Country Teams of any Embassy in the world. Ms. Reichle received several awards from the Colombian government recognizing USAID’s contribution under her leadership.

Karen Clune
Innovation Advisor, Global Health Bureau

As the Global Health Bureau’s Innovation Advisor at USAID, Karen helps identify and develop initiatives, partnerships, and/or activities that support innovations in global health. More specifically, she manages the Saving Lives at Birth Grand Challenge partnership and projects, which aim to dramatically reduce maternal and neonatal mortality and stillbirths. To accelerate the impact of these and other global health innovations, she manages two acceleration programs: the Xcelerator - a partnership with The Lemelson Foundation, the National Collegiate Inventors and Innovators Alliance (NCIIA), and the Bill & Melinda Gates Foundation - and the Social Entrepreneurship Accelerator at Duke University (SEAD).

Ticora V. Jones
HESN Program Director

Ticora V. Jones is Senior Advisor and Program Director in the Office of Science and Technology. In her current role Dr. Jones manages the Higher Education Solutions Network, a new university engagement program that was established in 2012. Beginning in 2009 as a AAAS Diplomacy, Security and Development Fellow, she helped manage the establishment of an Agency-wide agenda for science & technology through policy and programming designed to elevate USAID’s presence in this area. Prior to joining USAID, Dr. Jones served as the 2008-2009 Materials Societies Congressional Fellow for Senator Russell D. Feingold (D-WI) where she worked on energy and environment issues.

Peter Armini
Senior Regional HIV Care and Treatment Specialist

Dr. Arimi joined USAID/EA in August 2008. He is an international public health expert with practical skills and experience in project design, implementation and management, epidemiological research and local capacity development. Prior to joining USAID /EA, Dr Arimi worked as Technical Advisor for Jhpiego program in Kenya focusing on strategic planning and program implementation. Dr Arimi previously worked as Clinical Director for the Clinton Foundation Health Access Initiative in Papua New Guinea (2006 – 2007) and Clinical Research Coordinating Physician for the Harvard School of Public Health in Botswana (2000 – 2006) providing direct patient care in general medical, surgical, pediatric, obstetric and gynecologic services.
**OUR PARTNERS**

**Sarah Burch**

**Founding Member, Development Innovation Ventures (DIV)**

Initially working for USAID’s first Chief Innovation Officer, Sarah has played a key role in managing agency-wide initiatives such as the creation of DIV and the formation of the Office of Innovation and Development Alliances (IDEA). She serves as the water, sanitation, and hygiene coordinator for the DIV team, liaising with the USAID Water Office, Gates Foundation, and other stakeholders.

**Lalarukh Faiz**

**Team Lead, Grand Challenges for Development**

Lala Faiz leads the Grand Challenges for Development team in the Office of Science and Technology at USAID. Previously, she was the Senior Partnerships Advisor in the U.S. Secretary of State’s Office of Global Partnership Initiatives (S/GPI) where she led S/GPI’s “Investing With Impact” initiative and managed other economic growth partnerships. She holds her BA in Neuroscience and History from Oberlin College and her Master of Public Health from the University of California, Berkeley.