

WORLD HEALTH PARTNERS  
ANNUAL REPORT 2014





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संचालिका

BRINGING HEALTHCARE WITHIN WALKABLE DISTANCE.

MAKING MARKETS WORK FOR THE POOR.

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डॉ. मो. मुश्ताक  
ग्राम- गिंजास, जिला- मुजफ्फरपुर

शहर के डॉक्टर  
घर के पास

# BUILDING HEALTHCARE SOLUTIONS IN THE HERE AND NOW.

The advent of 2015 came with dark tidings for the global health community. None of the 21 Millennium Development Goals, barring six economic sub-goals, will have been achieved. For me, this is only a part of the challenges we face. With the announcement of 2030 as the target year for achieving sustainable development goals, there has been a palpable easing of pressure among government ministries and international health planners. This course shift leaves us with less urgency at the precise moment when I believe more urgency is needed. We need to focus on solutions that work today, not 15 years from now.

There is no denying that long-term goals are useful for setting pathways to achieve better health and reproductive health outcomes. But, they force us to take our eyes off the here and now. We at WHP stood in support of the first Universal Health Coverage Day on December 12, 2014, and I believe that not failing to serve the urgent health needs of communities violates something fundamental to human rights. This distortion of priorities cannot be accepted.

We work at WHP to affect changes in the here and now. We support the admiral goals of improvements by 2030, but we also know what it takes to make change happen today. We believe that by working with existing providers and identifying the tools, both educational and technological, to improve their capacity for health care, we can impact lives at the village level. Again, impact today, not in 15 years. As technology infrastructure improves even in rural communities of India and Africa, we agree that the future looks bright, but we will never ignore the needs of the present.

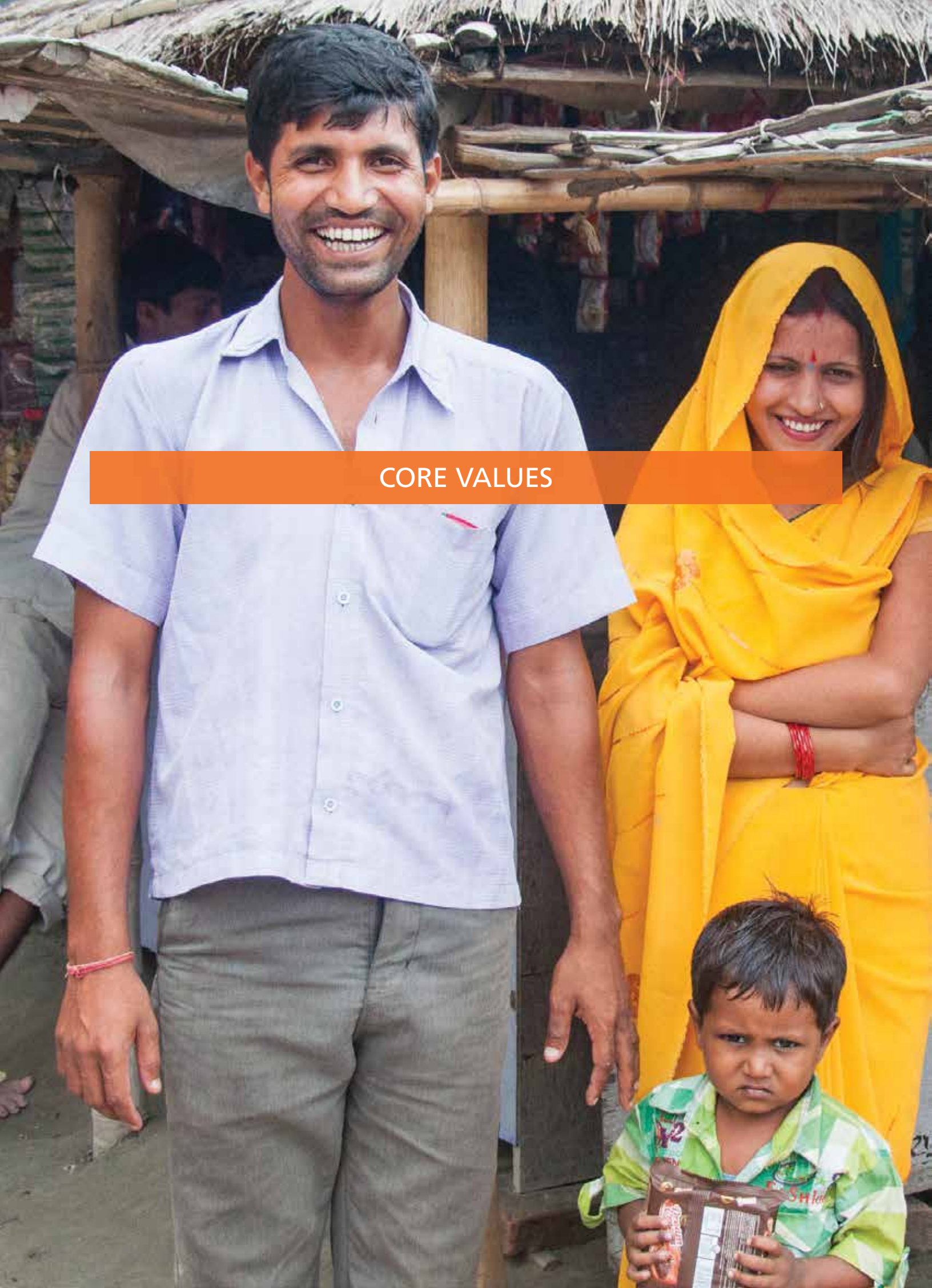
With each passing year, our understanding of the issues and the opportunities that are available to address them have become clearer. In the coming years, WHP will be taking more confident steps, our expertise forged in the crucible of our experiences over the past seven years, enabling us to provide viable solutions to health challenges now, without waiting another 15 years. WHP is increasingly engaging with the public sector, meaning systems and technologies that have been developed to harness private sector market resources can also be applied there. After all, every resource is a national resource and needs to be leveraged to address the basic health needs of the community, wherever they are.



A handwritten signature in black ink, appearing to be 'Gopi Gopalakrishnan'.

**Gopi Gopalakrishnan**

President, World Health Partners



CORE VALUES



### BE BOLD

We deliver health services and products to the most underserved communities, taking on challenges that few are willing to address.



### THINK BIG. ACT SMART.

We address problems that affect billions of people; operating at scale, in volume and range, as a tool to drive costs down.



### IMPROVISE TO INNOVATE

Innovation lies in improvising and improving on locally available resources. We organize and leverage existing assets—people, facilities and technologies.



### DELIVER FULL-SPECTRUM HEALTHCARE

Healthcare provision is a chain of events. WHP plans, coordinates and delivers comprehensive healthcare ecosystems to set providers up for success.



### CULTIVATE ENTREPRENEURSHIP

We enable our network participants to succeed and deliver quality care by providing the necessary tools, systems, and training.



### ACT FAST. THINK DEEP.

WHP takes data analysis seriously. We work on the ground to make rapid assessments for quick start-up and course corrections.

## OUR WORK



हेल्थ  
सेटर  
स्वास्थ्य का वादा  
स्काई का इरादा





## PEDIATRIC CARE IN BIHAR



In rural Bihar, we work with existing providers to improve capacity to deliver basic care for child-killing illnesses like diarrhea and pneumonia. We use technology to connect rural providers with qualified doctors, allowing for consultations with complicated cases. Our work saves child lives today, not in 15 years.



## TB CARE IN BIHAR



In urban Bihar, WHP works with existing doctors and diagnostic centers to find and treat private sector TB patients. WHP uses technology to track TB cases, notify the government, and monitor treatment adherence. We work with both government and the private sector to reduce the burden of TB now, not in 15 years.



## MATERNAL AND REPRODUCTIVE HEALTH SERVICES IN UP



In UP, we leverage existing rural providers to deliver maternal and reproductive health services. In UP, technology allows us to monitor pregnant women and their antenatal care progress and is a way for our providers to consult with qualified doctors. Our work builds healthy families now, not in 15 years.



## WHP PILOT PROJECT IN KENYA



Our pilot project in Kenya, launched in mid-2014, uses telemedicine to connect rural communities with quality care by placing the right technology tools in the hands of frontline healthcare providers. We use technology to connect rural Kenyan communities with the health care they need now, not in 15 years.



WHP IN 2014





# 2014 IMPACT



135,189

Teleconsultations  
Conducted



1,236,426

Children Treated  
for Pneumonia



11,378

WHP Providers in India



94

WHP Providers  
in Kenya



5,940

TB Patients Diagnosed  
and on Treatment



1,265,464

Children Treated for  
Diarrhea



673,881

Couple-years of Protection  
(CYPs) Delivered by WHP



50%

Percent of WHP Patients  
Coming from the Poorest Two  
Wealth Quintiles



# 2014 FINANCIALS

FISCAL YEAR APRIL 2013 – MARCH 2014

## 2014 REVENUE

92%

GRANTS &  
CONTRIBUTIONS

\$8,267,553  
TOTAL REVENUE  
(USD)

1%

IN-KIND DONATIONS

7%

OTHER INCOME\*

## 2014 EXPENDITURE

84.3%

PROGRAM  
SERVICES

\$7,254,149  
TOTAL EXPENDITURE  
(USD)

12%

MANAGEMENT &  
GENERAL

4%

FUNDRAISING

\*Miscellaneous receipts from Sky teleconsultations,  
registration fees, and clinic revenues



# WHP COLLABORATION WITH PUBLIC SECTOR IMPLEMENTATION



The public sector plays a critical role in providing safety nets to segments of the population who cannot afford to access health services from the commercial sector. WHP has been trying to integrate the medical skills of the public sector with the people skills of the private sector. This experiment in Uttar Pradesh has produced stunning results which has induced WHP to take the next steps in engaging with the public sector.

Technologies and management systems developed for the private sector projects are currently being offered to the public sector with suitable modification. An important area of partnership is to set up metric based implementation so that the supervisory levels of the public sector will use metrics gathered at arm's length to bring about higher levels of efficiency. The executive authority vested in the senior levels of the public sector will be brought to optimum levels to achieve course corrections with WHP taking on responsibilities for gathering the metrics and, with appropriate analytics, giving the senior levels points of intervention. Such an approach will correct the inherent weakness in the public sector so far—the non-availability of real-time analytics to take management decisions.

All of the government facilities starting from subcenter upwards will be linked through an electronic channel of telemedicine and data collection to have a well-managed system that will make healthcare accessible for all. Using technological platforms, such as mDOC and ReMeDi, which run through mobile or internet connection, WHP will enable ANMs or doctors consult specialists located at the CHC, the District Hospital, the Medical College, or the Central Medical Facility. Accordingly, WHP's model of service provision is ready to be scaled up in the public sector. In summary, the model is: leverage existing resources; use technology to enhance skill and accessibility; deliver services close to clients; and, ensure continuum of care with a broad basket of services.



# IN THE FIELD

## CASE STUDY



Faqrn (L) and Farukh Nisha – clients who became motivators for others to adopt FP services

WHP Field Officer Ambrish Kumar was making a regular visit to the rural Sky center in Mahsi, a village in Bahraich district, Uttar Pradesh, when he met Faqrn Nisha, a 30-year-old mother of four children, and her husband Farukh, who live in Jungle Purva, a remote village. Ambrish learned that the couple had decided they did not want to have more children. Faqrn had been receiving Depot medroxyprogesterone acetate (DMPA) injections every three months.

Ambrish asked Faqrn whether it was convenient for her to travel for an injection every three months. Faqrn replied that it was a challenge for her – in terms of both time and money – but that

she had few other options. Ambrish talked to Faqrn about the potential benefits of long-lasting methods – including a multiload IUD.

Farukh had heard that IUDs caused infections and other complications. Ambrish briefed the couple on how IUDs worked and shared data about the relatively low risks of the device. Ambrish also emphasized the point that WHP trains providers on aspects of maintaining quality as a core component of their work. After some discussion with her husband, Faqrn decided to try the method. A trained nurse visited the WHP facility and inserted the contraceptive device.

When Faqrn came for her follow-up appointment the following month, she was far more comfortable with the IUD than with DMPA. Farukh was also happy and wanted to tell others about their experience. He asked if a WHP team could visit his village.

WHP field staff visited Faqrn's village and had a discussion with the community. Farukh shared with his peers Faqrn's experience with the device as a long-term family planning method. From the audience, four couples decided to opt for IUD insertion at the nearby WHP provider. Farukh now works as a community motivator, helping to inform other couples and women about their family planning options and where to obtain services.



We are excited for the future of WHP. We are confident that the experience of stress-testing our programs in rural India, in some of the most resource-poor communities in the world, gives us a foundation on which to continue leading the charge towards finding health solutions for the here and now. The global health community has made great strides over the past decade, but the needs in rural communities are no less urgent, and we cannot wait until 2030. Join us as we bring health solutions that help vulnerable communities now – in India and the rest of the world.

Learn More.

[www.worldhealthpartners.org](http://www.worldhealthpartners.org)