GE Healthymagination Challenge

Brought to you by the Center for Social value Creation

The Healthymagination Challenge is open exclusively to all Full Time and Part Time MBAs at the Smith School of Business.

Healthymagination is GE’s commitment to healthcare innovation that will help deliver better care to more people at lower cost. Today, it is an initiative offering meaningful solutions that address some of today’s greatest global health challenges: high costs, persistent quality issues and inadequate access.

Challenge Guidelines and Timeline

- **Challenge Launch: Monday, 3/14** Teams are formed and begin working on the Challenge.
  - Teams of 2-4 people. A team leader should be assigned
  - Teams should register in the following link before March 24th.
    [http://tiny.cc/GEChallengeRegistration](http://tiny.cc/GEChallengeRegistration)
  - Team members must also register to attend the Social Enterprise Symposium where first round presentations will take place.

- **First Round Deliverables: Thursday, 3/31**: Teams meet with GE at the Social Enterprise Symposium to learn more about GE Healthcare, to present their response to the challenge and to network!
  - Teams must bring an executive summary (max 1 page) and a 5 slides PPT (excluding cover) of their response to the challenge prompt.
  - Teams will receive feedback and guidelines for the final submission round.

- **Final Challenge Submission (email): Friday, 4/16 at 11:59 pm**, teams submit their final challenge response.
  - An executive summary (Max 1 Page) and detailed written response should be sent before the deadline to lina.montoya@rhsmith.umd.edu

- **Finalists Announced**: Week of April 19th

- **Finalists Present to GE Maternal-Infant Care team**
  - A max 10 Slides PPT (excluding cover)

- **Winner presents to GE Leadership** at the GE offices – date TBD
The Challenge!

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Infant mortality continues to be one of the greatest global health challenges - of the 139 million babies born worldwide every year, nearly 4 million die in the neonatal period (the first four weeks of life). At least 50% of these global births and a majority of the newborn deaths occur in underserved settings where access to affordable technology remains limited. Through its Maternal-Infant Care (MIC) business, GE is committed to making a difference in helping reduce these newborn deaths.

Hypothermia (reduction in body temperature - core body temperature less than 95°F) is a major contributor to death and illness in infants. Low birth weight and premature newborns are especially prone to hypothermia due to insufficient fat beneath the skin. These newborns need help from an external device to help keep them warm, while also not overheating them. We, at Maternal-Infant Care, are investing in cost-effective, innovative infant warming technologies aimed at increasing access to quality care in low resource and rural settings, where the need is most acute.

Governments play a central role in driving access to affordable healthcare in developing markets, especially in underserved rural settings. As we invest in technology for addressing healthcare needs of the newborn, we realize that it is critical to understand better the role of governments in rural markets and at the bottom of the pyramid. Some specific areas where we endeavor to gain better understanding are -

1. Global landscape for government procurement of infant care equipment, with a focus on 4 countries: India, China, Kenya, Indonesia
   a. Provide examples of deals that may have happened in the past 2 years, and any deals that may be currently open.
2. Top 3 non-governmental funding sources (including approximate amount of funds available) for reducing infant mortality
   a. Are there geographies of focus
   b. Timeline for ‘deals’
   c. Scope of funding: Health systems strengthening / equipment / infrastructure etc.
3. In African markets, what are some of the key elements to making rural health facilities self-sufficient after providing initial infrastructure and equipment and make them sustainable in the long run? Please cite sources for best practices / lessons learned.
4. Benchmark and illustrate best practices from other companies (healthcare or others) that are successful in partnering with the government in serving the bottom of the pyramid.
5. Will a “Program+Equipment” approach be more of a selling point for governments rather than equipment only approach? Are there any examples from other providers (any healthcare-related example is useful)?