

The Swiss Re Foundation
in 2019

Voices for resilience

How we're
improving basic
healthcare delivery
with our partner
Living Goods

page 4

Bringing healthcare where it's needed most

The Swiss Re Foundation partners with the community health NGO Living Goods to bring basic healthcare to remote places, like the village in Kenya pictured here. Equipped with smart technology and training, community health workers help fill gaps in “last mile” healthcare delivery by providing education, diagnosis, treatment and referrals right where people live. Read more in our Focus Report on page 4.





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Africa needs an estimated 3 million more health workers by 2030. Together with Living Goods, we're training people to provide basic healthcare and referrals in their own communities.



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In 2019 Swiss Re employees supported the Foundation's projects and partners in diverse ways, including by serving as mentors, coaches and jury members in our award programmes.

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CHAIRMAN'S MESSAGE

As a new decade begins, the Swiss Re Foundation is making headway in implementing its new strategic direction. The 2019 Report spotlights its activities in the new focus area called "Access to Health and Income Opportunities".

The link between health and prosperity seems obvious. Historically, economic growth has been correlated with advances in medical treatment and healthcare. And major progress has indeed been made in improving the health of millions of people globally, with higher life expectancy, lower maternal and child mortality and better prevention of prevalent communicable diseases.

But in many parts of the world – especially in developing countries, where access to quality healthcare remains unaffordable for most people – we see an inverse development: The risk of poverty rises and resilience decreases. A recent study by the Swiss Re Institute (see p. 7) puts the health insurance protection gap in emerging markets alone at USD 2.9 trillion. In addition to the financial stress that out-of-pocket spending creates, uninsured people face high risks and costs related to health conditions that may arise or worsen when they forego care due to a lack of finances.

The Focus Report shows what this big picture means for people in Busia County, Kenya – and how community health workers support them with health advice, treatment and referrals. To help scale up this approach, the Swiss Re Foundation partners with Living Goods, an organisation that supports governments in East Africa in developing effective community-level systems for delivering healthcare.

The interview with Anthony D. So, a leading researcher on transformative technologies in the Hopkins Alliance for a Healthier World, offers additional perspectives on health. Professor So served on the jury for the 2019 Entrepreneurs for Resilience Award, which recognised social entrepreneurs who are using digital technologies to improve access to healthcare and health services.

The Foundation's focus on health in 2019 does not upstage the diversity of its full portfolio: you will find highlights across the report. On behalf of the whole Board of Trustees, I wish to thank the employees of Swiss Re, the Foundation's partners and of course the Foundation team for managing and supporting all these activities.

Finally, a special word of welcome goes to Anette Bronder, who in 2019 joined Swiss Re as Group Chief Operating Officer and the Swiss Re Foundation as Trustee. Her expertise in the transformative power of digital technologies will support the Foundation's strategic goal of leveraging technologies to build resilience.



Walter B. Kielholz
Chairman of the Board of Trustees
Swiss Re Foundation

Bringing healthcare where it's needed most

The Swiss Re Foundation wants to build societies with the capacity to survive, adapt and prosper in the face of economic, environmental and health risks.

One of the greatest threats to resilience in sub-Saharan Africa is that the healthcare supply falls far short of need. Most primary healthcare facilities are understaffed, and staff are often inadequately trained and lightly monitored. Shortages of medicine are chronic. In some remote areas, many people can't access professional care at all. More than 7% of children die under the age of 5, most from easily preventable or treatable diseases.

Backed up by digital technology and sound advice, simple supplies like rapid malaria tests save lives. We're partnering with Living Goods to strengthen healthcare delivery in poor, rural areas of Kenya by recruiting and training community health workers who bring quality healthcare right to people's doorsteps.



A Living Goods employee uses a motorbike taxi to visit community health workers she supervises in remote villages of Busia County, Kenya.

FOCUS REPORT

For many families in the developing world, healthcare options are bleak and few. When a child needs medicine, worried parents can buy it at a private drug store, but the price might be a few times above market rate or the product counterfeit. Or they can miss out on a day's earnings to travel to an understaffed public health facility and wait in line for free medicine that may be out of stock or improperly prescribed. Even when obtainable, the right care may come too late, with tragic results.

Health systems stretched to the limit

If they live in Africa, these parents face particularly daunting obstacles to getting their child healed. Public health facilities on the continent often have medicine stock-out rates well above 50% and not only too few staff but poor training and monitoring of performance. According to a WHO background paper from 2016, African countries will need 3 million more health workers in 2030 than in 2013 to provide universal health coverage and meet all the UN's health-related Sustainable Development Goals. Such healthcare shortages and challenges will continue to be most acute in remote rural areas of sub-Saharan Africa.

With a projected 2019 growth rate of 5.7% and nearly one mobile phone per person, by World Bank estimates, Kenya is one of Africa's strongest, most advanced economies. In the realm of health, its government has made great strides – for instance, in expanding access to primary healthcare and free maternity services – and began piloting

a universal health coverage scheme in 2018. Yet data from 2014 show there were just two doctors for every 10 000 people in Kenya – one-fifth of the WHO-recommended ratio – and four out of five households have no health insurance.

Without the safety net of insurance, a single illness threatens the health and well-being of entire families. Many avoid or postpone necessary hospital visits or end up receiving substandard care simply because it's all they can access. Also, poor families often pay for healthcare in ways that leave them worse off in the long run, for instance, by selling livestock or eating less food. According to the national health ministry, the costs of healthcare alone push nearly 1.5 million Kenyans into poverty every year.

First-line care from neighbours for neighbours

Community health workers (CHWs) are integral to efforts to deliver effective frontline healthcare on the huge scale required, especially in remote areas. Working in their own neighbourhoods, CHWs provide basic medical education, assessment, treatment and referrals right in people's homes. They focus on health areas where they can make a big difference at a low cost. Maternal health monitoring, newborn care and the diagnosis and treatment of illnesses such as malaria and diarrhoea in children under 5 are all in a day's work.

A pioneer in digital health solutions, the nonprofit Living Goods partners with

governments in sub-Saharan Africa that are bolstering their community health systems. It provides training, supervision, medicines and mobile technology – all designed to empower CHWs to deliver the best possible primary care. Most CHWs trained by Living Goods see themselves as part-time volunteers and have other jobs. In addition to the community's respect, they earn performance-based pay or monthly stipends linked to their follow-through on essential health services, such as making sure to visit newborns within 48 hours of birth.

The Swiss Re Foundation is helping Living Goods train and deploy CHWs to look after people in underserved peri-urban and rural communities in six Kenyan counties. Armed with basic supplies and a dedicated app on their mobile phones, CHWs are able to diagnose and treat childhood illnesses, register and track pregnancies and determine which patients and services need priority support. A cloud-based performance dashboard allows field office staff at Living Goods – and, in a growing number of contexts, government officials – to monitor, optimise and verify each worker's results in real time.

Since home-based care is at the heart of the approach, this Focus Report journeys to Busia County, a mostly poor and rural area bordering Lake Victoria, to hear the stories of three CHWs and one patient and find out how CHWs learn to do this important work.

WHY LIVING GOODS?

Founded in the United States in 2006, Living Goods supports governments in sub-Saharan Africa that are working to improve primary healthcare delivery by bolstering community health systems. As an implementer, it trains, equips and monitors community health workers in the field. As an advisor and advocate, it provides technical assistance to governments and the broader global community on health policies, financial frameworks, workforces and digital health solutions and promotes collaboration between and among local and national governments. The organisation is most active in East Africa, which arguably leads the continent in technology-enabled solutions to public challenges.

The Swiss Re Foundation chose to work with Living Goods because it's pursuing one of our core goals – improving access to healthcare – in a way that's innovative and evidence-based. We support the use of digital technologies not only to bring quality care to people who need it most, but also to make healthcare system management more efficient and to collect health data for honing promising programmes and protocols. To test the effectiveness of a community health programme that Living Goods co-developed with partners in Uganda, researchers at Innovations for Poverty Action ran a randomised controlled trial in 500 villages from 2010 and 2013. It found the programme reduced counterfeit drug prevalence by half and under-5 child mortality by 27%.

Huge gaps in healthcare

The WHO estimates that 6.2 million children and adolescents under the age of 15 died in 2018, nearly half of them as newborns. The leading causes of death among those under 5 are preterm birth complications, pneumonia, birth asphyxia, congenital anomalies, diarrhoea and malaria.¹

In sub-Saharan Africa, children are more than 15 times more likely to die before the age of 5 than in high-income countries. The region also accounted for about two-thirds of maternal deaths worldwide in 2017, despite being home to just 13.5% of the global population.

In 2017 about half the world's people lacked access to some or all the healthcare services the WHO deems

essential, such as vaccinations and attended childbirth. The reasons for this are many and wide-ranging. One crucial one is that most of them lack insurance and cannot afford the full out-of-pocket costs of care.

In emerging markets, this protection gap – defined as the shortfall in finances to fund health expenditures – is USD 2.9 trillion, according to a recent study by the Swiss Re Institute.² Like health outcomes, the protection gap varies significantly from region to region. At 14.7% of total GDP, it is proportionally largest in Africa excluding South Africa.

With our access to Swiss Re's understanding of resilience and exposure to risk, the Swiss Re Foundation is well

placed to support efforts to overcome the financial and other barriers that keep people from getting the healthcare they need and to measure the impacts of those efforts. Realising the UN's 2030 Sustainable Development Goals of sharply reducing maternal mortality, eliminating preventable child deaths and expanding universal health coverage to all will require scaling up community health programmes in partnership with public authorities and carefully targeting investment in what works best.

¹ Children: reducing mortality, WHO, September 2019.

² Sigma 5/2019: Indexing resilience, Swiss Re Institute, 2019.



Phanice Mangeni

**Community
Health Worker**
Funyula Bung'are,
Busia County





Facing: Phanice Mangeni at home in Funyula Bung'are, where she has worked as a community health worker for over a decade.

Top left: Phanice visits a family whose young child is running a fever.

Lower right: One drop of blood is enough to test for malaria using this kit.



“

I was born here, and almost everybody is a neighbour, a relative, a friend. I've been a Community Health Worker since 2006, and joined Living Goods in 2017.

When I started as a CHW, this place was not as you see it today. You would see children who were malnourished, and things like family planning were absent. Most of my community members were full of sickness.

I had no background in health before. Before Living Goods, we knew what malaria was and the signs, but we couldn't test for or treat it. Since attending the Living Goods trainings and seminars, I can tell the difference between somebody who is well, somebody who is sick and somebody who is malnourished. I also have testing tools and medicines to treat common illnesses.

It's a long way from here to most hospitals. People who don't have the money for transport might have to walk for one or two hours to get there. Sometimes the nurses go on strike and you're forced to come back, or you go and find the queue is very long. Then there are times they tell you they have no medicine.

I go to people's homes, assess them, treat them when possible and refer them to the hospital otherwise. I can visit ten households in a day when people aren't sick, but if I reach a household where somebody is sick or needs advice, I take more time there. People come to my place for help too. Sometimes children fall sick at night. If the child is nearby, I assess and treat them right away.

I also teach people how to keep their living space clean as well as about nutrition and a lot of other things related to their health. Since I started making home visits and giving health talks in my community, the number of malaria cases has gone down.

At first it was difficult for me to approach people. But when they saw what I do – maybe I had treated somebody, and she had got well – they became interested and opened up. It's very satisfying work.



Phanice spends several days a week visiting people in her community to spot health problems and teach them how to stay healthy.



FOCUS REPORT

Mwanadi Abdisiz

Patient
Khwirale,
Busia County



Facing: Mwanadi Abdisiz values her community health worker's advice on malaria prevention and home hygiene.

Top right: Community health worker Beatrice Awuor visits Mwanadi at home to check on the children's health.



“

I'm 34 years old and married, with six children. I support my family with casual farm work.

I've known my Community Health Worker, Beatrice, for two years. She lived in my neighbourhood, so I didn't consider her to be a stranger. When I see her, I know the healthcare person – the “doctor” – has arrived. Normally I don't call her; she comes on her own, every month.

I used to get health advice and medicine at the hospital in the town centre. I used a motorbike to get there. But sometimes you go and there are many people there, and

even finding a doctor can become a challenge. Now when the children fall ill, I call Beatrice, and she comes to take care of it.

We live near the lake, and mosquitoes lay eggs there. Just last year my baby was getting headaches and a fever. He was sweating a lot and had a very high temperature. It was malaria, and it had spread to the head. So Beatrice came in and did a test and gave my baby medicine to help him get well.

Beatrice visited me when I was pregnant. She advised me on how to take care of a baby when you give

birth. I was so happy. Without her I couldn't have made it. Beatrice also teaches me things like that I shouldn't give the baby porridge or water until he is six months old. She tells me to tie up a rope to air the baby's clothes to keep insects from crawling on them. I've also learned from her about toilet hygiene and taking care of the environment in the home, sleeping inside a net to protect the child from mosquitoes, things like that.

What helps me the most is Beatrice's frequent visits to us, which make life easier. She loves her job, and she does it very well.

Beatrice Awuor

Community
Health Worker
Khwirale,
Busia County



“

I am 52 years old, and I have a husband and four children. I'm a farmer and run a small business selling maize, beans and hens that I raise. I learned many things about farming from my father, who was an agricultural officer. This knowledge comes in handy in my work as a Community Health Worker. When I'm talking with somebody about nutrition, I can tell them how to grow what they need.

I trained as a nurse. So that's how people in this community know me, and in 1989 they chose me as their CHW. Because CHWs come from the community, people know us, and the rapport is good.

I've received several trainings from Living Goods, especially on the prevention and treatment of malaria, pneumonia and diarrhoea as well as topics like nutrition and childrearing. We CHWs also received trainings in the past, but we had no mandate to treat people. With Living Goods, we have that authority.

Being a CHW has changed my life. As you improve the community, you start improving your own family too. As I make my rounds in the community, I learn useful things. For example, if you visit somebody who has a chicken farm, you might become interested and start raising chickens yourself.

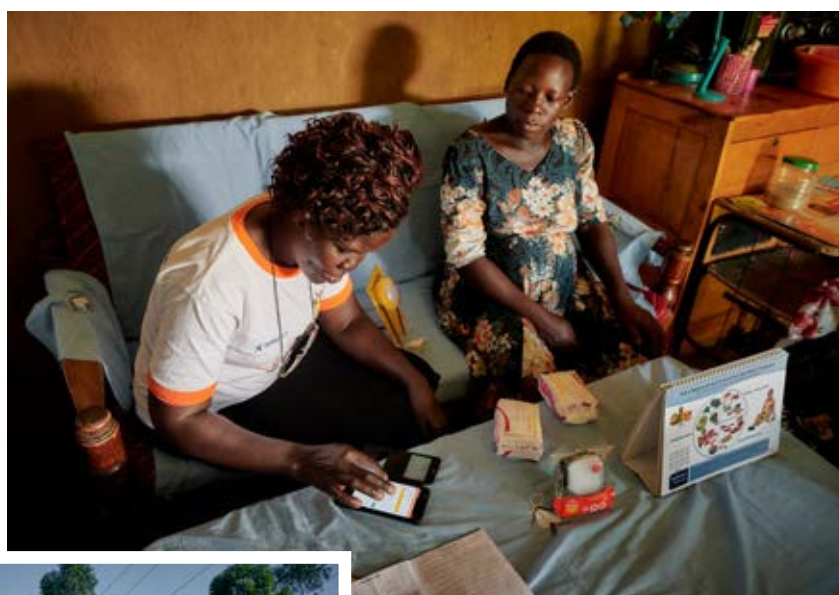
In this community, the major health problem is malaria. I pass by homes educating people on how to prevent it by clearing bushes, avoiding stagnant water and making sure to sleep under treated mosquito nets. When a malaria case is severe, we refer people to health facilities, but we treat it ourselves when we can.

One time I visited the home of a two-year-old baby whose family was scared because he had convulsed.

Instead of helping him, they were crying; they thought he was dead. But after assessing the child, I told them he was alive, and we rushed him to hospital for treatment. We saved his life.

Before we had CHWs in the community, people would go to the clinic only when a child was very sick, and that was when deaths were occurring. Hygiene was also very poor. Now our diagnoses and treatments help those who are sick. We also educate people and try to reach them as early as possible before a disease becomes worse.

The most inspiring thing about this kind of work is that I'm always learning and doing something practical. When the treatment I give heals somebody, that's an achievement.



Facing: Beatrice Awuor says being a community health worker has changed her life for the better.

Middle right: Beatrice keeps tabs on a pregnant neighbour and teaches her about newborn care.

Lower left: Living Goods staff regularly visit community health workers in the field.

Amos Magero

Community
Health Worker
Sango,
Busia County



“

I am 64 years old, and I live in Sango, in Busia County, which is my home village. I worked as a banker in the city for many years. After retiring early, I came back home to serve my community.

Through my involvement with Living Goods as a Community Health Worker, I've been trained in many health subjects and in how to make a household visit. You learn how to approach people, how to talk to them, how to teach them, how to present yourself and how to enter a home. The most important advice I give everyone is to be responsible for their health and observe good sanitation and hygiene. If they can take that in, we'll have very good outcomes.

It's satisfying for me, spiritually, to have this know-how. I find people are very open with me because I've been trained, and I've built close relationships with them. I serve 137 households at the moment. I treat maybe three or four people in a day, usually two days a week but sometimes more often.

Our interventions are focused on malaria in pregnant mothers and children under 5. The Living Goods app helps a lot because if it is malaria, I don't need to scratch my head. The app makes diagnosis easy by taking you through the steps. In most cases, we can provide services in people's homes. That saves them the cost of transport and drastically reduces the queues in health facilities.



Men have a challenge as CHWs, especially when dealing with women. Husbands may not trust you to visit their homes when they're not there. But thanks to the training, I've been able to overcome that resistance. Now, some men say, "Amos, my wife is pregnant. Why not come to my home?" And some women tell me that they are pregnant before even their husbands know!

Once or twice I felt I really saved a life. One time a neighbour's child fell sick with malaria. It didn't look like a severe case, but when I took her temperature it was extremely high. The child also had diarrhoea, and I could see she was dehydrated. Since the fastest way to get intravenous rehydration would be in Busia, I personally took the child there with her family, and she was quickly seen to.

The next day the child smiled, and the doctors told me, "If you had delayed, this child would have died."



Facing top: A retired banker, Amos Magero returned to his home village to become a community health worker.

Facing left: Amos makes his rounds with a supervisor from Living Goods.

Middle: Home visits like these aim to lower child mortality and improve community health as a whole.



TRAINING MEETS TECHNOLOGY

In many parts of Africa, governments work with NGOs and other local partners to help train, deploy and monitor the large number of community health workers (CHWs) needed to serve their citizens. Living Goods has partnered with governments in East Africa in this way since 2008. At the end of 2019, it supported nearly 10 000 CHWs in Kenya and Uganda.

Most government-recruited CHWs have no previous experience in healthcare. After receiving a single training, they set off to work on the front lines of community health delivery, typically without medications, technology or compensation. When Living Goods recruits such CHWs, they're required to take part not only in a comprehensive base training, but also in regular refresher courses, usually monthly, to stay up to date and ensure they're providing quality care.

Spanning about 13 days, the Living Goods base training covers CHWs' core areas of work, including maternal and newborn child health and integrated community case management of diseases such as pneumonia and malaria, and how to use Smart Health, a mobile health app co-developed by Living Goods. During the training, participants learn and practice how to conduct a sick child assessment, use the app's built-in breathing timer to check for pneumonia and walk a woman through standardised education about family planning options, among other typical CHW tasks.

All courses are taught by health experts such as pharmacists and public health professionals, with the support of Living Goods branch staff and local health ministry officials. While most instruction takes place in a classroom-style setting with up to 60 participants, every CHW is subsequently assigned a supervisor who accompanies them on field visits once a month to provide intensive in-person coaching and mentoring. A separate tablet-based workflow helps supervisors spot performance issues, potential disease outbreaks and other important developments.



Many community health workers are unfamiliar with smartphones at first. Living Goods trains them in how to use mobile technology as well as the Smart Health app.



The app allows community health workers to track every family they visit and to diagnose and treat the most common illnesses.

Behind the scenes at Living Goods

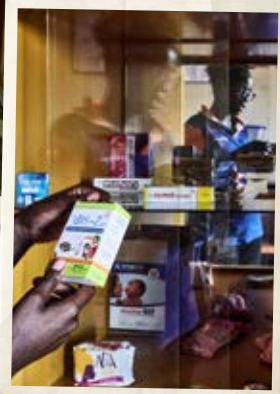


A lot of thought goes into maximising our impact and reaching as many households as possible.

We're the Living Goods team in Nairobi that's responsible for coordinating the efforts of our thousands of CHWs across Kenya.



This CHW stopped by the office to make sure she has enough medicine for her upcoming rounds through the community.



The medicines Living Goods supplies allow CHWs to provide treatment door to door even when the local public clinic is out of stock.



Living Goods staff in western Kenya check in at the office before another long day in the field.



Some of the most rural communities we serve can be reached only by boat.



Without a health clinic nearby, this mother is grateful for the CHW who comes to her home to give advice and make sure her children grow up healthy.





Most Living Goods patients are subsistence farmers with low, unpredictable incomes.



Women collect water from Lake Victoria. Lack of access to clean water can lead to life-threatening diarrhoea, particularly in children.

FOCUS REPORT

Hopes for universal access

Illness and disease are universal, while access to healthcare is not. Moreover, ill health exacerbates and cements poverty, which breeds ill health – a vicious circle. Health expenditures alone push an estimated 100 million people worldwide into extreme poverty each year. A lack of financial resources or information, in turn, can stand in the way of accessing health services.

Does healthcare really have to work least well for those who need it most? At the Swiss Re Foundation, we believe the answer is no. Following through on our focus on improving healthcare access where it's lacking, in 2019 we stepped up our collaboration with partners that are helping make the universal health coverage envisioned under the UN's Sustainable Development Goal 3 a global reality. We're especially keen to support efforts to increase the availability and financial accessibility of high-quality basic healthcare services, medicines and vaccines.

Partnering across sectors

To achieve universal coverage, governments must improve health systems at the country level by prioritising health in policymaking, mobilising resources through taxation, increasing spending efficiency and driving implementation. The private sector and civil society can support them by fostering innovation to meet the healthcare needs of the most vulnerable and boost efficiency in health systems management.

Our collaborations with partners like Living Goods represent small steps toward mastering these big challenges. The work helps increase the efficiency of health system management with low-cost, often digital solutions, evidence-driven insights and the involvement of key stakeholders – especially local communities and national governments.

Living Goods starts at the grassroots level by recruiting health workers who have lived at least five years in their community and prioritising candidates who come recommended by local leaders,

community partners and district health staff. Instead of creating a parallel care delivery system, it works hand in hand with government, training CHWs on and operating within government regulations and approved training curriculums. In August 2019, it integrated with the Kenyan public health system still further by pushing anonymised

community-level data from its Smart Health app into two county government systems, enabling independent analysis of community-level health indicators.

Continuous learning

The Living Goods approach to managing and incentivising CHWs' performance is reducing healthcare costs while expanding coverage. It's fuelled by technology, metrics, process improvements and CHW training. Building on its successful platform in Kenya and Uganda, Living Goods is now looking to expand into Burkina Faso, Ethiopia and Rwanda. Such a community-based approach to primary healthcare delivery might allow many other solutions to fall in place as well, such as health savings wallets and micro-insurance schemes – solutions that the Swiss Re Foundation has already begun to support.

We're now exploring how to leverage Swiss Re employees' expertise in data science and artificial intelligence to help Living Goods and future community health partners of the Swiss Re Foundation better shape and structure healthcare delivery in sub-Saharan Africa. We also aim to advance understanding of the risks and challenges of the Living Goods approach, support related government demonstration programmes and perhaps even facilitate adaptation of the model to other countries in future.

Our collaborations help increase the efficiency of health system management with low-cost, often digital solutions.





Bustling downtown Nairobi seems a world away from Busia County.



IN 2019
WE KICKED OFF
18
PROJECTS

Sharpening our focus

2019 was a year of transformation for the Swiss Re Foundation. We began putting our strategy for 2019–2021 to the test, strengthening our resilience-building in three areas where we can best leverage the expertise of Swiss Re employees: natural hazards and climate risk management, access to health and income opportunities and innovation to build resilience. To further concentrate our impact, we also phased out water as a focus area and will wind down the ReSource Award programme in 2020.

If the Foundation's activities in 2019 had a theme, it was healthcare access. This is not only because our ambitious collaboration with the digital health pioneer Living Goods moved into high gear, helping close the healthcare gap in remote regions of Kenya (see p. 4). We also invited Swiss Re employees worldwide to support Living Goods through a Foundation-sponsored

Charity Rally in which more than 900 participants from 48 countries and 36 Swiss Re office locations raised enough money to onboard 12 more community health workers than were covered by its original grant.

We dedicated the 2019 Entrepreneurs for Resilience Award to surfacing and supporting digital innovations that make healthcare more broadly and readily accessible to underserved communities (see p. 28). The winner, Care Pay, offers a mobile wallet that lets people save, pay for and manage their healthcare using a single app. One of the two runners-up, China's Yibao Plan, works to fill the health protection gap at the bottom of the pyramid by helping develop, distribute and sell micro-insurance. The other, Fyodor Biotechnologies, has developed a urine test for malaria as a less invasive alternative to the conventional blood test.

Many of our efforts in 2019 have been related to health. We're specifically supporting academic partners and innovation hubs that are developing promising solutions and building a rigorous evidence base. In September the Foundation's Board of Trustees approved our first randomised controlled trial, which will be conducted by researchers at the University of Zurich and test the impacts of a health insurance product designed for unprotected low-income families in Kenya.

For a detailed overview of projects supported by the Swiss Re Foundation, visit our website:

[swissrefoundation.org](https://www.swissrefoundation.org)

FOCUS AREAS



ACCESS TO HEALTH AND INCOME OPPORTUNITIES

We ease access to healthcare and viable income opportunities in underserved communities.



INNOVATION FOR SOCIETAL RESILIENCE

We fund research that sheds light on what drives resilient societies and support worthy causes near Swiss Re locations.



NATURAL HAZARD AND CLIMATE RISK MANAGEMENT

We support people in preparing for, preventing and bouncing back from catastrophes and coping with climate risk.

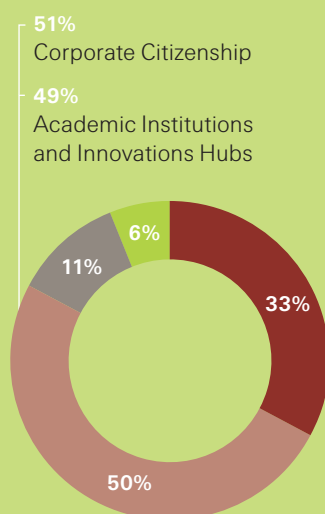


WATER*

Water and sanitation are as central to our work as to the survival of the planet and the people living on it.

TOTAL COMMITMENTS BY FOCUS AREA

- Access to Health and Income Opportunities
- Innovation for Societal Resilience
- Natural Hazard and Climate Risk Management
- Water*



*This focus area will be phased out as of end 2020

REGIONS

AFRICA

Commitments (in CHF)	2 190 000
Number of projects** (above CHF 30 000)	18
Number of new projects (above CHF 30 000)	9

AMERICAS

Commitments (in CHF)	920 000
Number of projects** (above CHF 30 000)	12
Number of new projects (above CHF 30 000)	4

APAC

Commitments (in CHF)	890 000
Number of projects** (above CHF 30 000)	10
Number of new projects (above CHF 30 000)	2

EUROPE

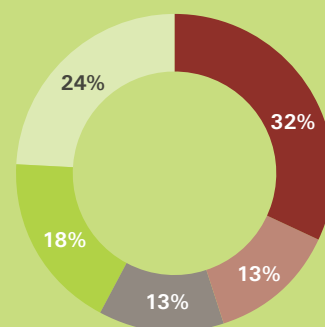
Commitments (in CHF)	1 250 000
Number of projects** (above CHF 30 000)	8
Number of new projects (above CHF 30 000)	1

WORLDWIDE

Commitments (in CHF)	1 700 000
Number of projects** (above CHF 30 000)	7
Number of new projects (above CHF 30 000)	2

TOTAL COMMITMENTS BY REGION

- Africa
- Americas
- APAC
- Europe
- Worldwide



**including new projects



6 950 000

TOTAL COMMITMENTS
IN CHF



18

TOTAL NUMBER OF
NEW PROJECTS



119 761

TOTAL FUNDS RAISED BY
EMPLOYEES WORLDWIDE IN CHF



Entrepreneurs for Resilience Award 2019

With the 2019 Swiss Re Foundation Entrepreneurs for Resilience Award, we aimed to promote the innovative use of digital technologies to improve healthcare access. CarePay took first place for a mobile wallet that lets people save, pay for and manage healthcare using a single app.

For more information, visit:
[swissrefoundation.org/our-work/
keyinitiatives/resilience-award/](https://swissrefoundation.org/our-work/keyinitiatives/resilience-award/)

Despite rising life expectancy and reductions in maternal and child mortality and the prevalence of communicable diseases, at least half the world's people lack access to essential health services. In developing countries, even those lucky enough to have healthcare must often shortchange other basic needs or borrow on ruinous terms to pay for it.

In regions with better access to mobile phones than to healthcare, smart technology can save lives. We dedicated the 2019 Entrepreneurs for Resilience Award to discovering and supporting digital innovations that make healthcare more accessible to underserved communities – a growing focus in our work.

Five Swiss Re experts helped us review more than 200 applications from established start-ups in 56 countries,

more than half of them in Africa. After whittling down the field, we chose Kenya-based CarePay, which is transforming how people pay for healthcare, as the winner.

In Kenya, around 25% of all healthcare costs are paid out of pocket, and illness-related expenses push an estimated 1.5 million people into poverty each year. Two out of every five people who need care don't go to medical facilities for lack of a way to pay. Yet demand for health financing solutions such as insurance, though rising, remains low. Also, whilst donors make about 30% of all health payments, they're often unable to track how the funds they disburse are used.

To increase transparency and lower costs, CarePay developed a cloud-based healthcare "wallet" called M-TIBA that users can access from

any mobile phone to pay for healthcare and to make informed decisions about how to finance their own healthcare and that of their relatives, friends or employees. The wallet can collect funds from multiple sources, including personal savings, family remittances, donors and health insurance. In just five years, CarePay has grown into a solution provider for all types of payers, with more than 2 500 healthcare providers and 4.5 million people enrolled on its platform.

M-TIBA is well suited for use in a universal healthcare scheme like the one Kenya's government began piloting in 2018. To showcase its benefits in this context, CarePay is using its Resilience Award grant to roll out the platform at 200 public healthcare centres in two of the pilot counties.



ReSource Award Winner 2019

With freshwater shortages likely to touch one in four people by 2050, the world must make the most of every drop. Foundation for Environmental Monitoring, winner of the 2019 ReSource Award, offers low-cost, smartphone-integrated kits for testing the safety of drinking water and soil.

For more information, visit:
swissrefoundation.org/our-work/key-initiatives/resource-award/

Clean water, safe sanitation and hygiene are essential for people to stay healthy and productive. Thanks to great progress in the past decade, more than 90% of the world's population now use improved sources of drinking water. Still, millions die from diseases associated with inadequate water supply, sanitation and hygiene every year. More efficient use and management of water are sorely needed as the demand for water, threats to water security and the frequency and severity of droughts and floods grow.

2019 was a transitional year for the ReSource Award programme. We're phasing out the programme along with the Water focus area to strengthen other parts of our portfolio – especially partnerships that improve healthcare access for underserved communities. To review the nearly 400 award applications received, the Swiss Re

Foundation worked with an international jury of experts, including three Swiss Re employees.

Fittingly, the award winner, Foundation for Environmental Monitoring (ffem), works at the interface of water management and human health and livelihoods. A nonprofit based in Bangalore, India, ffem develops and commercialises low-cost, open-source testing kits for monitoring drinking water quality and water in lakes and rivers for contamination and soil nutrients.

In India, over 75 million people are exposed to fluoride and arsenic in their drinking water, and about 150 000 die every year due to faecal contamination, most of them children. Often, the simplest way to avoid these risks is simply to drink from clean sources, but diagnostic tools for identifying such

sources in the field are few and unreliable. There's also a lack of accurate water quality data and ways to collect it. Local water purification systems require frequent monitoring.

Designed for use by field staff with little to no formal training in chemistry and data collection, ffem's tools can test a range of water quality parameters and make data collection at water points easier and more reliable. The company is now seeking partners in implementing micro-entrepreneur models whereby local contacts would be offered ffem's kits for purchase along with access to a public platform for monitoring and sharing data on water quality.

Volunteering

At the Swiss Re Foundation, we're able to amplify our impact by inspiring Swiss Re employees to support our partners with their time and know-how. In 2019, 1 769 of them took up the challenge by participating in our skills-based volunteering initiatives and Community Days.

We involve Swiss Re employees in our activities not only to foster social engagement in the communities where Swiss Re operates but to give our partners the benefit of employees' exceptional know-how. From finance and marketing to health and climate change risk, Swiss Re has a trove of expertise relevant to building resilience.

Our flagship skills-based volunteering initiative is the Global Entrepreneurs Program (GEP), which engages Swiss Re employees as pro bono consultants to social start-ups that have partnered with the Foundation. In 2019, the start-ups in question were both former ReSource Award winners serving low-income communities. MSABI offers a subscription-based system for maintaining water points in Tanzania, and CASSA builds safe, affordable and environmentally sustainable housing in Guatemala.

We aim to expand our skills-based volunteering programmes further. We'll also continue organising Community Days, when Swiss Re employees are invited to spend a working day volunteering for a good cause. In 2019, 1 702 employees in 20 countries joined in local Community Days, building temporary shelter for earthquake victims in Mexico, preparing about 5 000 meals for needy people in Singapore and helping maintain protective forest land in Switzerland. In addition to strengthening community ties, such experiences offer a change in scenery and perspective that help employees see the contributions they make in their day-to-day jobs with fresh eyes.



2

"The GEP has given me a better understanding of my own strengths and how important it is to leverage each individual's unique skill set to ensure a team's overall success."

Lisette Hamilton
Governance Manager
Kansas City



1

"My colleagues and I helped build temporary housing for people who lost their homes in an earthquake. This kind of experience feeds my soul and my mind and makes our mission of building a more resilient world feel more concrete."

Eric Ramirez
Senior Management Consultant
Mexico City





1769

SWISS RE
VOLUNTEERS



17 859

VOLUNTEERING
HOURS



123

COMMUNITY
DAYS

3

"I took part in several Swiss Re Foundation activities this year, including a Community Day where we revitalised a daycare facility for cognitively disabled children and adults.

Volunteering has made me realise more than ever that little by little, a little becomes a lot."

Martin Sikula

Senior Information Engineer
Bratislava

4

4

"GEP has been an intense, 'out-of-comfort-zone' learning experience.

My team and I returned from Guatemala with a shared vision that inspires and challenges us to help maximise the impact of CASSA every day."

Swati Jetli

Lead HR Partner
Bangalore

For more information, visit:

swissrefoundation.org/our-work/key-initiatives/employee-engagement/



Johns Hopkins University Professor Anthony D. So explains why improving health-care access calls for more than smart technologies.



Dr. Anthony D. So
Professor of the Practice
Johns Hopkins Bloomberg
School of Public Health

Advancing health equity

Anthony D. So is Professor of the Practice at the Johns Hopkins Bloomberg School of Public Health and Founding Director of the School's Innovation + Design Enabling Access (IDEA) Initiative. He also serves as Director of the Strategic Policy Program of ReAct-Action on Antibiotic Resistance and Co-convenor for the UN Interagency Group on Antimicrobial Resistance. The Foundation came to know his work through his participation as a jury member for the 2019 Entrepreneurs for Resilience Award.



Q As our Focus Report highlights, inequities in access to quality healthcare both fuel and are fuelled by poverty. Is this an issue mostly in developing countries or more broadly?

Health inequities know no political boundaries. Though regions such as sub-Saharan Africa clearly face much bigger challenges, we see stark inequities in high-income countries as well. In cities like Chicago and London, people living in neighbourhoods a few subway stops apart may have average life expectancies that vary by more than a decade. The US is the world's biggest spender on medical care, but we trail other high-income countries on life expectancy and access to care. So, at an aggregate level, health and wealth don't move in lockstep.

Q The Hopkins Alliance for a Healthier World focuses on technologies and institutions that have the potential to transform healthcare access. Why?

When people talk about the potential of healthcare technology, they're often thinking of a product, such as a device or an app. At the Alliance, we're more interested in the human component – the people-driven processes that facilitate access to healthcare. These include the training, infrastructure, financing and political commitment that allow technology to be used to improve public health.

For example, the research and development behind the first generation of triple-therapy AIDS treatment, which

emerged in the mid-1990s, received substantial public sector support. But at over USD 10 000 per patient per year, the treatment was far out of reach for most of the 25 million people in low- and middle-income countries living with HIV/AIDS at that time.

The first grant I made as a young officer at the Rockefeller Foundation enabled a nonprofit called Consumer Project on Technology to negotiate the entry of a generic drug combination, brought to market by the Indian generics firm Cipla, that could treat AIDS for USD 350 annually. Only then did a Global Fund to support the treatment of AIDS become possible to imagine.

Q How can digital solutions help surmount therapeutic, financial and structural barriers to access?

Improving therapeutic access requires investing in R&D that will bring technologies that meet public health priorities to market. Digital solutions can transform that process, for instance, by harnessing the power of machine learning for drug discovery. Financial access can be increased using tools that allow patients to save, collect insurance and pay for their healthcare – like the digital wallet created by CarePay, winner of the 2019 Entrepreneurs for Resilience Award – or systems that make accessing and sharing knowledge cheaper and easier for researchers, healthcare providers and patients.

Structural access is about the last mile of the journey from lab bench to bedside, where digital solutions can also be pivotal. SMS texts can alert healthcare

HOPKINS ALLIANCE FOR A HEALTHIER WORLD

This interdisciplinary initiative and resource hub works to apply the knowledge and innovation generated at Johns Hopkins University to addressing complex, systemic health inequities to effect change. It focuses on promoting equity and justice in gender, food and nutrition security, healthy environments, transformative technologies and institutions that serve disadvantaged people around the world. In addition to technical inputs, the Alliance integrates perspectives from disciplines ranging from medicine and education to bioethics and business to inform research design, implementation, analysis and knowledge translation.

facilities and public authorities when drug inventories or the local blood supply will run short. Telehealth services can bring expertise that's not locally available into the village health clinic.

Finally, the digital age will bring us new accountability technologies that will empower citizens, communities and civil society to monitor key stakeholders and hold them accountable.

Q What's the focus of your own research and policy work in this area?

Globally, about 700 000 people die of drug-resistant infections every year. Much of our work in the IDEA Initiative aims to ensure access to life-saving antibiotics now and in the future. In particular, our research has focused on re-engineering how novel antibiotics are brought to market and what incentives, business models and approaches to ensuring stewardship would be needed, particularly in low- and middle-income countries, to keep resistance from developing.

We're also studying the societal cost of using medically important antibiotics in food production and starting to bring bench scientists and experts in health systems together to consider how antibiotic pollution affects the environment, ecosystems and the human microbiome.

Q How can public and private partners work together to improve healthcare access? What unique contribution can foundations like ours make to such efforts?

Finding common ground between the public and private sector in delivering healthcare is a start, but the answer depends a lot on how local healthcare delivery systems are structured. On the input side, pooling procurement of drugs and other commodities can boost healthcare systems' buying power and offer suppliers economies of scale. On the output side, we might align government reimbursement for healthcare to the achievement of community-wide goals. This would encourage collaboration with the private sector, particularly where hospitals and clinics must work with both public and private insurers.

Players in the public and private sectors may differ in how they manage risk, whether they operate on an annual or a multi-year budget and what returns they must realise on investments made. For foundations like Swiss Re's, these differences open the door to a range of opportunities, such as shaping new financial instruments that tap into the unique strengths on each side.

Finally, whether they're tackling climate change or antimicrobial resistance, policymakers should make bolder investments today to head off dangers that will cost much more to address tomorrow. I've proposed launching a Foresight Fund that would make evidence-based investments in the type of longer-term public health priorities that governments find hard to address. Supporting such initiatives, designing new approaches and helping overcome collective action failures – this is where I think foundations can make a catalytic difference.

“Policymakers should make bolder investments today to head off dangers that will cost much more to address tomorrow.”

Dr. Anthony D. So

Driving what works

In 2019 the Foundation continued to focus on building evidence for initiatives that show promise. We also bade farewell to a long-time member of our Board and welcomed a new one.

A five-member Board of Trustees shapes the Swiss Re Foundation's strategic direction and governance. Trustees meet with our Director every quarter to learn about developments at the Foundation and in the regions and topic areas where we're active. They also give guidance and take decisions on grant requests. Among the new projects approved in 2019 is the Foundation's first randomised controlled trial, which will be conducted by researchers at the University of Zurich and will test the impacts of a health insurance product for unprotected low-income families.

Thomas Wellauer, a Board member who helped build and strengthen the Foundation's partnerships from its inception in 2012, resigned as Trustee upon retiring from Swiss Re in June 2019. He is succeeded as Trustee and as Swiss Re's Group Chief Operating Officer by Anette Bronder, who brings to both roles expertise in technology and digital transformation – a growing focus for us and our partners.

Anette sees digitisation playing an important role in the Foundation's work, allowing us to multiply our impact in partnership with innovators in government, NGOs, academia and the private sector.

“Digitisation will be a crucial enabler of Swiss Re’s and the Swiss Re Foundation’s shared vision – a world that’s resilient in every sense.”

Anette Bronder



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Title: The Swiss Re Foundation in 2019 –
Voices for resilience

Concept, graphic design and production:
Swiss Re Corporate Real Estate & Services/
Media Production, Zurich

Photographs: Christian Bobst Photography,
cover image, pp. 0–1, pp. 4–25, p. 28, pp. 36–37
CarePay, p. 28
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Johns Hopkins Bloomberg School, p. 32

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Order no: 1505775_19_EN
03/2020, 500 en

